CHAPTER 5

SOCIAL DEVELOPMENT

5.1 Human Development - An overview

In recent years the focus of development planning has shifted from mere material attainments in general, and growth of per capita income in particular, to planning for enhancement of human well being. This has been primarily on account of the experience that there is often an inadequate correspondence between attainment of economic prosperity and enrichment in individual's quality of life, as reflected in the social indicators on health, longevity, literacy, environmental sustainability etc. The latter are valued not only as outcomes that are socially desirable and hence the objectives of the process of development but they are also seen as valued inputs for putting the development process on a sustainable path. It has made human development and improvement in quality of life as the ultimate objective of development in general and planning in particular. Much of the credit for this broadening in the conceptualization of well being, and hence in development, has been due to the popularization of the human development approach by the UNDP, through its human development reports that are being brought out annually since 1990.

2. The general acceptance of this approach has reinforced the need to have a holistic perspective for formulating development plans and policy frameworks, especially for the social sectors in the developing countries. While it is true that human development has always been an important objective in each of our plans since independence, it is only now that the need to explicitly develop an inter-sectoral development framework with policies that strengthen the virtuous cycles of development, cutting across various sectors and yielding outcomes that are socially desirable has been recognized and is being, given shape. Thus, beginning with the Ninth Plan various thematically homogeneous issues under the social sector were brought together in a consolidated write up. This framework was adopted in the Annual Plans as well and the same format is being continued in this document. In this chapter we have brought together social sector issues including those related to education; health and family welfare; housing; urban development; water supply and civic amenities; social welfare; employment and labour welfare; art and culture; youth affairs and sports; and information and broadcasting.

3. A major focus in this year's Annual Plan in respect of human development initiative has been the revamping of the earlier basic minimum services programme. This programme has been given a new name, namely Prime Ministers Gramodaya Yojana to further the initiative on sustainable human development at the village level. In our development context, rural connectivity is being seen as a vital link in furthering multiple developmental objectives in the social sectors. Annual Plan 2000-01 has recognized this and has given a shape, to begin with, through the PMGY.

5.2 PRADHAN MANTRI'S GRAMODAYA YOJANA

It has been long recognized that access to minimum level of infrastructural facilities must be an integral part of the strategy for improving the quality of life of the people and for eradicating poverty. Over the last decade, considerable progress has been made in improving access to primary health care facilities, primary education, safe drinking water and shelter as reflected in an expansion of coverage and also improvements in the indicators of human development.

2. The primary responsibility for provision of funds for these sectors and for planning and implementation of specific programmes lies with the State/UT Governments. However, there has been a recognition that the States do not have adequate resources to provide the basic minimum services to their population. In specific areas, Centrally Sponsored Schemes (CSS) were introduced to complement the efforts and resources of the States. In 1996, a conference of Chief Ministers was held to review the situation with regard to the availability of basic minimum services to the people. The conference identified seven basic services for priority attention, namely, primary health care, universalization of primary education, safe drinking water, public housing assistance to all shelterless poor families, nutrition, connectivity of all villages and habitations by roads, and streamlining of the public distribution system with a focus on the poor. The Conference recommended that coverage of entire population should be done in a time-bound manner. In response to the recommendations of the Chief Ministers conference and in recognition of the fact that States are facing financial constraints, the Government of India decided to provide some additional funds to supplement the resources of the States. A separate budget head was introduced in 1996-97 with provision for Additional Central Assistance (ACA) for BMS. States had flexibility in allocations of their ACA between the sectors as per their own needs and priorities.

3. The strategy under BMS was to mobilize resources and direct efforts to achieve 100 per cent coverage of the population with access to these basic minimum services in a time bound manner. The guidelines also ensured an adequate level of investment for the BMS sectors earmarked in the Annual Plan of a State. Any shortfall in the actual expenditure against earmarked outlays, attracted proportionate curtailment of Central assistance in the following year.

4. Since 1996-97 in each year ACA was provided for BMS in the Central Budget. While in 1996-97, the allocation was Rs.2244 crore, in 1997-98 it was Rs.3100 crore, which was further increased to Rs.3400 crore in 1998-99 and to Rs.3700 crore in 1999- 2000. The Statewise release of ACA for BMS are given in Annexure 5.2.1. While for 1999-2000 Rs.3700 crore were in the form of ACA, the States/UTs spent approximately Rs.12,000 crore from within their own Plans. Annexure 5.2.2 gives state-wise minimum outlays earmarked for BMS in the Annual Plan for 1999-2000. In addition, the BMS sectors are also served by several Centrally Sponsored Schemes and it is estimated that about Rs.8,000 crore are annually allocated for these areas.

5. While comprehensive monitoring formats for assessing both the financial and physical progress under BMS were made and circulated to the State Governments the information received was far from satisfactory. While the utilization against allocations was forthcoming the problem was with the reporting of the physical achievements. This could be attributable to the fact that there was no one place where the monitoring of the BMS took place. There was considerable overlap between provisions from the three sources and there was likelihood of substitution of funds from one head to the other. To illustrate in the case of shelter, there is a CSS called Indira Awas Yojana (IAY) where in free cost housing is given to families

living below poverty line. The Centre contributes 75 per cent and the States are required to provide 25 per cent. It is quite likely that the ACA for BMS was used for providing the State's matching share. In this case the ACA did not contribute to the creation of additional new houses. Therefore, the physical achievement cannot be correctly assessed and it would not correspond to the total financial provisions provided under three separate heads.

6. The discussion on each of the specific sectors is covered in the concerned chapters. However, it may be noted that given the enormous inter-state differences in levels of achievements, the Planning Commission devised a formula based on indicators reflecting infrastructural gaps in the BMS sectors for distribution of ACA among non-special category States. In respect of special category States, the allocations were based on the devolution of normal Central assistance and not on actual gaps in infrastructure. The ACA is in the form of 70 per cent loan and 30 per cent grants for the non-special category States, while for special category States, it is in the form of 90 per cent grants and 10 per cent loan. In the first three years of the Ninth Plan, the ACA for BMS, added to the funds of States/UTs for these services, and were fully utilized.

7. In order to achieve the objective of sustainable human development at the village level, a new initiative in the form of Pradhan Mantri's Gramodaya Yojana (PMGY) was introduced in the Annual Plan 2000-01. This is intended to focus on the creation of social and economic infrastructure in five critical areas with the objective of improving the quality of life of our people living in rural areas. Schemes related to health, education, drinking water, housing and nutrition can be undertaken under this programme. ACA was provided to the States and UTs for this purpose. This replaced the ACA being provided for BMS, thus far.

8. PMGY was implemented in 2000-01 in all States and UTs for the components of primary health, primary education, rural shelter, rural drinking water and nutrition. The concerned Administrative Departments at the Centre formulated guidelines in respect of the five areas identified under PMGY. The basis for distribution of ACA for PMGY among the States remains the same as under the ACA for BMS. Allocations of ACA to the States and UTs for PMGY in the Annual Plan 2000-01 and 2001-02 are given in Annexure 5.2.3 and Annexure 5.2.4 respectively.

9. The concerned Administrative Departments received proposals from the States and UTs in accordance with the guidelines formulated by these Departments for the PMGY. After these proposals were approved, the Ministry of Finance released funds to the States and UTs based on the recommendations of the Departments. It was decided that a minimum of 15 per cent of the total allocation of the States and UTs for PMGY during 2000-01 must be allocated for each of the five areas under PMGY. The States and UTs, however, had discretion to allocate the residual 25 per cent of their allocation to any of the five sectors under PMGY. The concerned Departments are required to periodically monitor the respective programmes under PMGY. The Planning Commission undertook the overall monitoring and coordination of the programme.

10. For the Annual Plan 2001-02, an amount of Rs.2800 crore has been provided as ACA for PMGY to all States and UTs. Planning Commission has allocated these ACA among States and UTs as per the criteria adopted for distribution of ACA for BMS adopted earlier. A copy of these allocations are in Annexure 5.2.4. Rural Electrification has been included as an additional component of PMGY from the current year. The States and UTs are required to allocate a minimum of 10% of their ACA to each of the PMGY sectors except nutrition, for which a minimum of 15% should be provided. The States and UTs, however, have discretion to allocate the residual 35 percent of their allocation to any of the six sectors under PMGY.

ANNEXURE 5.2.1

Release of Additional Central Assistance for the Basic Minimum Services Programme to the States/UT's for the Year 1996-97, 1997-98 1998-99 and 1999-2000

(Rs in Crore)

	States	ACA 1996-97	ACA 1997-98	ACA 1998-99	ACA 1999-2000
	1	2	3	4	5
A	**Non Spl. Category States**				
1	Andhra Pradesh	140.52	170.59	179.61	196.34
2	Bihar	225.67	364.07	383.32	419.04
3	Goa	1.55	1.55	3.63	3.63
4	Gujarat	52.58	72.58	76.42	113.54
5	Haryana	19.08	19.08	40.09	26.96
6	Karnataka	59.4	99.42	104.68	114.43
7	Kerala	69.64	78.69	102.85	110.57
8	Madhya Pradesh	144.09	210	236.1	265.34
9	Maharashtra	96.78	132.23	159.22	152.19
10	Orissa	79.26	147.45	164.25	190.31
11	Punjab	25.59	35.59	36.94	40.37
12	Rajasthan	87.63	132.98	140.01	153.05
13	Tamil Nadu	82.36	119.8	141.13	137.88
14	Utter Pradesh	317.33	456.84	500.99	575.81
15	W.Bengal	150	203.57	214.33	234.3
B	**Spl. Category States**				
1	Arunachal Pradesh	62.18	62.18	90.47	71.57
2	Assam	154.14	163.8	172.46	188.53
3	Himachal Pradesh	64.41	64.41	113.45	109.14
4	Jammu & Kasmir	156.52	156.52	164.8	180.15
5	Manipur	44.3	44.3	64.3	72.64
6	Meghalaya	37.03	37.03	38.99	63.62
7	Mizoram	36.87	36.87	49.96	51.43
8	Nagaland	37.53	37.53	49.51	67.19
9	Sikkim	25.65	25.65	47.25	49.76
10	Tripura	46.37	46.37	55.37	59.92
C	**Union Territories**				
1	NCT of Delhi	9	14.2	14.95	16.34
2	Pondicherry	3.9	6.13	7.45	7.06
3	A & N Island	8	13.19	17.17	15.19
4	Chandigarh	3.72	5.87	6.18	6.76
5	Dadra & Nagar Haveli	1.08	1.71	1.8	1.97
6	Lakshadweep	1.44	2.27	2.39	2.62
7	Daman & Diu	0.86	1.36	1.43	1.57
	Total	**2244.48**	**2963.83**	**3381.5**	**3699.22**

ANNEXURE 5.2.2

Statewise minimum outlays (Minimum Adequate Provision) earmarked in the State's Annual Plan 1999-2000.

(Rs. in Lakh)

Sr. No.	State	Actual Expend-ture 1995-96	Revised Estimates (RE) 1995-96	Additional Central Assistance (ACA) 1999-2000	From unalloca-ed ACA funds	Final allocation of ACA for BMS 1999-2000	15% of ACA (State Share)	Minimum Adequate Provision (MAP) 1999-2000 [(3or4)+ 7+8)]
1	2	3	4	5	6	7	8	9
	NON SPECIAL CATEGORY STATES							
1	A.P		19397.00	19634.00		19634.00	2945.10	41976.10
2	Bihar	20117.43		41904.00		41904.00	6285.60	68307.03
3	Goa		4055.50	178.00	185.00	363.00	54.45	4472.95
4	Gujarat	24250.71		8354.00	3000.00	11354.00	1703.10	37307.81
5	Haryana	6598.82		2196.00	500.00	2696.00	404.40	9699.22
6	Karnataka	55600.00		11443.00		11443.00	1716.45	68759.45
7	Kerala	6815.00		9057.00	2000.00	11057.00	1658.55	19530.00
8	M.P	28362.00		24170.00	2364.00	26534.00	3980.10	58876.10
9	Maharashtra	64957.00		15219.00		15219.00	2282.85	82458.85
10	Orissa	24945.90		16971.00	2060.00	19031.00	2854.65	46831.55
11	Punjab	4758.00		2945.00	1092.00	4037.00	605.55	9400.55
12	Rajasthan	54854.09		15305.00		15305.00	2295.75	72454.84
13	Tamil Nadu	18838.00		13788.00		13788.00	2068.20	34694.20
14	U.P	91719.00		52581.00	5000.00	57581.00	8637.15	157937.15
15	W.B	8907.95		23430.00		23430.00	3514.50	35852.45
	Sub Total	**410723.90**	**23452.50**	**257175.00**	**16201.00**	**273376.00**	**41006.40**	**748558.25**
	SPECIAL CATEGORY STATES							
1	Arunachal	6917.93		7157.00		7157.00		14074.93
2	Assm	26344.48	21564.00	18853.00		18853.00		40417.00
3	H.P		14814.31	7414.00	3500.00	10914.00		25728.00
4	J & K		17011.00	18015.00		18015.00		35026.00
5	Manipur	3952.54		5098.00	2166.00	7264.00		11216.54
6	Meghalaya	5721.69		4262.00	2100.00	6362.00		12083.69
7	Mizoram	4743.89		4243.00	900.00	5143.00		9886.89
8	Nagaland	2544.99		4319.00	2400.00	6719.00		9263.99
9	Sikkim		5046.40	2952.00	2024.00	4976.00		8417.40
10	Tripura		6303.85	5337.00	655.00	5992.00		12295.85
	Sub total	**50225.52**	**64739.56**	**77650.0**	**13745.00**	**91395.00**		**178410.29**
	UNION TERRITORIES							
1	NCT of Delhi	8797.00		1634.00		1634.00		10431.00
2	Pondicherry	2182.31		705.00		705.00		2887.31
3	A&N Islands	3492.00		1518.00		1518.00		5010.00
4	Chandigarh	1144.17		675.00		675.00		1819.17
5	D.N.Hawali	792.82		196.00		196.00		988.82
6	Lakshwadeep	384.54		261.00		261.00		645.54
7	Daman&Diu	444.81		156.00		156.00		600.81
	Sub Total	17237.65	0.00	5145.00	0.00	5145.00	0.00	22382.65
	Grand Total	**478187.07**	**88192.06**	**339970.00**	**29946.00**	**369916.00**	**41006.40**	**949351.19**

Annexure 5.2.3

ALLOCATION OF ADDITIONAL CENTRAL ASSISTANCE (ACA) FOR PRADHAN MANTRI GRAMODAYA YOJANA (PMGY) -2000-01

(Rs.in Lakh)

Sr.No.	Name of State/Uts	ACA 2000-01
	Non Special Category States	
1	Andhra Pradesh	14206.00
2	Bihar	28725.00
3	Goa	78.00
4	Gujarat	6479.00
5	Haryana	1678.00
6	Karnataka	7513.00
7	Kerala	6908.00
8	Madhya Pradesh	11377.00
9	Maharashtra	9913.00
10	Orissa	9855.00
11	Punjab	4040.00
12	Rajasthan	9640.00
13	Tamil Nadu	10479.00
14	Uttar Pradesh	34891.00
15	West Bengal	16782.00
	Sub total	**172564.00**
	Spl. Category	
1	Arunachal Pradesh	6817.00
2	Assam	17957.00
3	Himachal Pradesh	7061.00
4	Jammu & Kashmir	17158.00
5	Manipur	4856.00
6	Meghalaya	4059.00
7	Mizoram	4041.00
8	Nagaland	4113.00
9	Sikkim	2811.00
10	Tripura	5083.00
	Sub total	**73956.00**
	Union Territories	
1	NCT of Delhi	1105.00
2	Pondicherry	477.00
3	A & N Island	1027.00
4	Chandigarh	456.00
5	Dadra & Nagar	132.00
6	Lakshadweep	177.00
7	Daman & Diu	106.00
	Sub total	**3480.00**
	Grand Total	**250000.00**

Annexure 5.2.4

ALLOCATION OF ADDITIONAL CENTRAL ASSISTANCE (ACA) FOR PRADHAN MANTRI GRAMODAYA YOJANA (PMGY)- 2001-02

(Rs.in Lakh)

Sr.No.	Name of State/Uts	ACA 2001-02
	Non Special Category States	
1	Andhra Pradesh	15911.00
2	Bihar	24579.00
3	Chattisgarh	3517.00
4	Goa	87.00
5	Gujarat	7256.00
6	Haryana	1879.00
7	Jharkhand	7592.00
8	Karnataka	8415.00
9	Kerala	7737.00
10	Madhya Pradesh	9225.00
11	Maharashtra	11103.00
12	Orissa	11038.00
13	Punjab	4525.00
14	Rajasthan	10797.00
15	Tamil Nadu	11736.00
16	Uttar Pradesh	37671.00
17	Uttranchal	1407.00
18	West Bengal	18796.00
	Sub total	**193271.00**
	Spl. Category States	
1	Arunachal Pradesh	7635.00
2	Assam	20112.00
3	Himachal Pradesh	7908.00
4	Jammu & Kashmir	19217.00
5	Manipur	5439.00
6	Meghalaya	4546.00
7	Mizoram	4526.00
8	Nagaland	4607.00
9	Sikkim	3148.00
10	Tripura	5693.00
	Sub total	**82831.00**
	Union Territories	
1	NCT of Delhi	1238.00
2	Pondicherry	534.00
3	A & N Islands	1150.00
4	Chandigarh	511.00
5	D & N Havelli	148.00
6	Lakshadweep	198.00
7	Daman & Diu	119.00
	Sub total	3898.00
	Grant total	280000.00

5.3 EDUCATION

An important element of post Independence Educational Policy has been to provide free and compulsory education to all children at least upto the elementary stage. The Directive Principles of State Policy enunciated in our Constitution envisages that the State shall provide free and compulsory education for all children upto 14 years of age within a period of 10 years. The constitutional directive has been spelt out in the National Policy on Education 1986 and in greater detail in its Programme of Action of 1992. The 9th Plan treats education as a crucial investment in human development. In the last year of the 9th plan the schemes of education sector are being implemented with the aim of achieving total eradication of illiteracy and improving quality of education at all levels from primary schools to universities. Various steps had been taken by the two Departments of Education under MHRD and Planning Commission which has resulted in rationalization/convergence of Centrally Sponsored and Central Sector Schemes. A major initiative has been the launching of the Sarva Shiksha Abhiyan to ensure that the schemes of elementary education are implemented in a holistic manner.

ELEMENTARY EDUCATION

2. The Ninth Five year Plan envisaged achievement of Universalisation of Elementary Education (UEE) which means universal access, universal retention and universal achievement. Though considerable progress has been made towards achieving the targets, more rigorous and sustained efforts are required to achieve UEE by the end of Ninth Five Year Plan.

3. Consequent to several efforts, India has made enormous progress in terms of increase in the number of institutions, teachers and students in elementary education. The number of schools in the country increased four fold from 2,31,000 in 1950-51 to 9,30,000 in 1998-99 while enrolment in the primary cycle jumped by about six times from 1.92 crore to 11.0 crore. At the upper primary stage, the increase in enrolment during the period was 13 times, while enrolment of girls recorded a huge rise of 32 times. The Gross Enrolment Ratio (GER) at the primary stage has exceeded 100 per cent. Access to schools is no longer a major problem. At the primary stage, 94 per cent of the country's rural population has schooling facilities within one kilometer and at the upper primary stage, facilities are available to 84 per cent of the rural population within three kilometers.

4. The country has made impressive achievements in the elementary education sector. However, in the last year of the 9th Plan we are yet to achieve the goal of UEE. Out of 20 crore children in the age group of 6-14 years, 4.2 crore children do not attend school. There are problems relating to a high drop out rate, low levels of learning achievement and low participation of girls, tribal and other disadvantaged groups. There are still at least one lakh habitations in the country without schooling facility within one kilometer. Coupled with it are various systemic issues like inadequate school infrastructure, poorly functioning schools, high teacher absenteeism, large number of teacher vacancies, poor quality of education and inadequate funds.

5. It is to fill these gaps that the Govt. launched the Sarva Shiksha Abhiyan a historic stride to achieve the goal of UEE in a time bound integrated partnership with the States with

the aim of providing useful and quality elementary education to all children in the age group 6-14 by 2010. The SSA will totally subsume all existing EE programmes within its overall framework with the district as a unit of programme implementation. The SSA will provide community owned quality elementary education in the mission mode. The programme aims to bridge the gender and social gaps. The Externally Aided Projects of DPEP, Shiksha Karmi, Lok Jumbish continued to be implemented in some States/UTs.

Review of the year 2000-01

6. As against the approved outlay of Rs. 3608.75 crores for Elementary Education Schemes the expenditure upto the end of March, 2001 was Rs. 3117.39 crores. There has been shortfall of expenditure under major schemes of District Primary Education Programme (DPEP), Teacher Education, Non-Formal Education and Assistance to Voluntary Agencies and Sarva Shiksha Abhiyan. The expenditure under MDM Programme, however, exceeded the approved outlay. The proposed new scheme National Programme for Women's Education is in the process of being launched. However, during the year the Mahila Samakhya Programme a hundred per cent Dutch assisted Central Scheme continued to educate and empower women in rural areas specially those belonging to socially and economically marginalized groups. The Ninth Plan outlay for the scheme was Rs. 35 crore out of which a sum of Rs. 23.47 crore has been spent upto the 31st March, 2001. An outlay of Rs. 11 crore is proposed for the Annual Plan 2001-02. In the year under review the Sarva Shiksha Abhiyan will be operationalised in the entire country

Annual Plan 2001-02

7. In the Central Sector an outlay of Rs. 3800 crore has been approved by the Planning Commission for Elementary Education for the Annual Plan 2001-02 (Please see Annexure-I) This includes provision for externally aided projects. The preparatory work relating to formulation of District Elementary Education Plans (DEEP) is going on.

8. The Externally Aided District Primary Education Programme has been spread to 248 districts in 18 States. Expansion in 9 districts of Rajasthan and 8 districts of Orissa and 6 districts of Gujarat is in the pipeline. The programme has added 10,000 new formal schools (another 15000 are in the pipeline). The IED programme under DPEP takes care of education of handicapped children. Likewise 53 thousand alternative schooling centres have been set up covering about 18 lakh children under the Non-formal Education Scheme {now known as the Education Guarantee Scheme and Alternative and Innovative Education (EGS & AIE).}

ADULT EDUCATION

9. The National Literacy Mission continues in the 9th Plan to implement the programmes of adult literacy. Out of the total 588 districts in the country 559 districts have been covered under the literacy campaigns : the Total Literacy Campaign is on in172 districts, the Post-Literacy Campaign is being implemented in 292 districts and the Continuing Education

Programme has begun in 95 districts. The goal of the Mission is to attain full literacy, i.e., a sustainable threshold level of 75% by 2005. The Census 2001 results have shown remarkable improvements in literacy specially in the context of female literacy.

Review of the year 2000-01

10. In the year 2000-01 an outlay of Rs. 120 crore was approved for the schemes of adult literacy. Against this, an expenditure of Rs. 108.16 crore was incurred upto the end of the financial year. Although the total literacy campaigns took the form of a mass movement and spread very quickly throughout the country, in many cases number of campaigns stagnated due to the lack of political will, natural calamities, frequent transfer of collectors etc. Restoration of stagnating projects is a priority area during the 9th plan. This means assessing field realities, drawing up effective strategies and getting the programme back on the track. The National Literacy Mission has permitted and encouraged greater powers, flexibility and innovation to the State Literacy Missions and to Zila Saksharata Samities in designing/implementing literacy programmes to cater to specific/distinct needs of learners in a district. The TLC and PLC are now being treated as an integrated project which will enable smooth progression from one stage to another. The norms of financial assistance of adult literacy schemes have been enhanced in the year 2000. The funding ratio between the Centre and the State Govt. is 2:1 with the exception of tribal sub-plan where the ratio is the 4:1. During the year additional districts were brought under the literacy campaigns, Continuing Education centres (CE) and nodal continuing education centres were set up for providing life long learning and vocational skills to the neo literates. At present over 67,800 CEs and 8,500 NCECs have been sanctioned in 95 districts.

11. The NLM is encouraging participation of people's representatives at the panchayat level as also of industries and corporate houses. The Jan Shikshan Sansthans are offering 225 vocational training courses which cater to the needs of rural population by offering them relevant courses like hand pump repair, tractor repair etc. The 9th Five Year Plan had envisaged 50 new Jan Shikshan Sansthans (JSS). Of these 33 have already been sanctioned. In the last year 1,20,739 persons have been given vocational training. These JSSs are mostly set up under the aegis of non-governmental organizations.

Annual Plan 2001-02

12. During the year Rs. 200 crore has been approved for the schemes of adult education. More than 60% of this outlay is for the literacy campaigns, the Jan Shikshan Sansthans and the Continuing Education Programme.

SECONDARY EDUCATION

Review of the year 2000-01

13. During the year 2000-01 Rs. 600 crore was approved for the schemes of Secondary Education against which an expenditure of Rs. 544.08 crores was incurred. More than 60% of this outlay was allocated for Navodaya Vidyalayas and Kendriya Vidyalayas.

14. In October 2000 the NCERT submitted to the Government the National Curriculum Framework formulated by it. This framework responds to many societal pedagogical

changes within the framework of the National Policy on Education. This framework has been circulated to all States/UTs for implementation of the recommendations. During the year the programmes on inclusive education, environment orientation, promotion of yoga and science were strengthened in the school system. The government decided to revive the Computer Literacy and Studies in Schools (CLASS) scheme for providing computer education in secondary and senior secondary schools. Out of a total of over 16 million children in the secondary school system only 2% of children with disabilities have joined schools. The Deptt. of Secondary Education has strengthened programmes for attitudinal changes, capacity building among teachers and training institutions to educate children in inclusive school settings. The Kendriya Vidyalaya Sangathan and the Navodaya Vidyalaya Samities continued their educational reforms. In the area of vocational education new curricula has been developed at the senior secondary level in vocational courses such ECG, X-ray and Audiometry Technician courses, confectionary and catering, food preservation, etc. A National Resource Centre for Value Education has been established to serve as the national treasure house of material on values. Material has been developed for teachers to inculcate values in children through stories and parables.

Annual Plan 2001-02

15. An outlay of Rs. 648.00 crore has been approved during the year 2001-02 for the schemes of Secondary Education. Of this almost 50%, i.e., to the tune of Rs. 349.50 crore is meant for Navodaya Vidyalayas. The Govt. has allocated Rs. 84.50 lakhs for the revised CLASS scheme which has become operational from 1.4.2000. The remaining outlay has been distributed among smaller schemes/institutions of secondary education.

HIGHER EDUCATION

16. We have one of the largest systems of higher education in the world with 234 universities/deemed universities and more than 11000 colleges spread across the country. Of these, 16 are Central universities.

Review of the year 2000-01

17. The Ninth Plan reiterates the objectives/policy directions of National Policy for Education of 1986 and its Programme of Action of 1992. Broadly the 9th Plan emphasizes on the following strategies which would improve the Higher Education system: Consolidation and Expansion of Institutions, Development of Autonomous Colleges and Departments, Redesigning of Courses, Training of Teachers, Strengthening of Research, Improvements in Efficiency, Review and monitoring etc.

18. To improve the quality of higher education various steps have been taken. New courses which have job potential have been introduced. Curriculum changes have been introduced in existing courses/vocational courses to make them more relevant. The UGC has established 50 Academic Staff Colleges for organizing orientation programmes for in-service/newly appointed lecturers. In addition, the UGC is paying greater attention to granting autonomy to colleges. So far 119 colleges have been conferred autonomous status by the UGC. The Commission is also paying attention to greater networking and increased research. Eight inter-university centres have been set up by the UGC.

19. During the year 2000-01 Rs. 501.85 crore was allocated for the university and higher education. Of this Rs. 435 crore was allocated for the UGC and Rs. 42 crore was sanctioned to IGNOU. Against Rs. 501.85 crore an expenditure of Rs. 497.55 crore was incurred upto 31st March, 2001.

Annual Plan 2001-02

20. In the current year Rs. 575.00 crore has been allocated for the University and Higher Education Programmes which is marginally higher than previous year's allocation.

21. During the year steps were taken to open more colleges to increase access of higher education. We have to increase enrolment in the higher education system. In addition, the enrolment of disadvantaged sections like the SC/ST and women has to increase. The coverage of open universities needs to be extended to the backward regions, remote inaccessible tribal areas of the North East and some of the Eastern States. Apart from IGNOU at present, there are 9 State Open Universities and 52 Correspondence Course Institutes/Directorates of Distance Education in conventional universities.

TECHNICAL EDUCATION

22. The Technical Education system in the country covers courses and programmes in Engineering,Technology, Management, Architecture, Town Planning, Pharmacy and Applied Arts and Crafts.

Review of the year 2000-01

23. During the year under report, a large number of engineering colleges and other technical institutes were established across the country with the approval of the All India Council for Technical Education (AICTE), mainly by mobilization of private initiatives. As in the past, the institutions of national importance/excellence like IITs, IIMs, RECs, IISc, Bangalore and other central institutes, namely, ISM, SPA, NIFFT, NITIE, IIITM, TTTIs, Boards of Apprenticeship Training NERIST, SLIET, etc. provided instructional training to make available high quality trained manpower in the field of Technical Education. The new IIT at Guwahati and new IIMs at Calicut and Indore, Indian Institute of Information Technology and Management (IIITM), Gwalior and IIIT Allahabad have accelerated their pace of activities so as to operationalise fully. Other schemes at the central level which include Programme for Apprenticeship Training (Scholarships and Stipends); Assistance to Universities for Technical Education; Community Polytechnics; World Bank Project for Improvement of Polytechnic Education; Polytechnic for Disabled Persons continued to be strengthened.

24. For strengthening Technician Education and improving the quality of polytechnic pass outs in the country, massive efforts were made using the assistance of the World Bank through a State Sector Project in two phases, covering 17 States and 2 UTs. To sustain the gains made under the project and also to include the states left out, the government has formulated another project so as to cover states of Arunachal Pradesh, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Jammu & Kashmir and Andaman and Nicobar Islands. Avenues for funding this are being explored.

25. The scheme of Community Polytechnics continued to contribute substantially by transferring techno-economic advances in technical education and appropriate technologies to the rural masses.

26. During the year under review, the on-going scheme for upgrading existing polytechnics so as to integrate the physically disabled in the mainstream of technical and vocational education in the country continued to be implemented. The Deptt. of Secondary and Higher Education has identified 50 existing polytechnics which have to be upgraded. Process of admitting students with disabilities has commenced in 12 polytechnics in the academic year 2000-01

27. A meeting was held in the Planning Commission to decide on the projects/areas which have to be taken up during the second phase of Technology Development Missions (TDMs). This meeting reviewed the projects of the first phase of TDMs. The various technologies developed under various missions of phase I have been transferred to the industry.

28. During the year 2000-01 Rs. 500 crore was allocated for the schemes of Technical Education against which an expenditure of Rs. 494 crore was incurred. The major share of the outlay is for the development of IITs and for the AICTE.

Annual Plan 2001-02

29. For the current year Rs. 575 crore has been allocated for Technical Education Sector. As in the previous year the major share of the outlay is for the IITs and AICTE. To meet the emerging need for quality manpower in Information Technology (IT) and related Areas, necessary initiatives have been taken. In this direction, based on the recommendations of a National Task Force, a National Programme of HRD in IT is envisaged. In line with the overall policy approach to upgrade technical institutes wherever possible to the level of IITs, University of Roorkee is being converted into an IIT.

PROMOTION OF LANGUAGES :

30. Language being the most important medium of communication and education, its development occupies an important place in the National Policy and its Programme of Action of 1992. Therefore, the promotion and development of Hindi and the other 17 languages listed in Schedule VIII of the constitution has received due attention.

Review of the year 2000-01

31. The Department of Education continued the implementation of the scheme of appointment and training of Hindi teachers in non-Hindi speaking States/UTs. The Central Hindi Directorate continued its work of preparing bilingual and multilingual dictionaries. The Central Institute of Indian Languages, Mysore played an effective role in the training of teachers in Modern Indian languages other than their mother tongue, language pedagogy and language technology.

32. The National Council for Promotion of Urdu Language and the National Council for Promotion of Sindhi Language continued to work for promotion of Urdu and Sindhi during the year.

33. The Deptt. of Secondary and Higher Education is reviewing the Centrally Sponsored Scheme of financial assistance to States/UTs for appointment of modern Indian language teachers (other than Hindi). This scheme was launched in the 8th Plan. However, due to poor response from the States the scheme is being reviewed. The Central Plan scheme for Development of Sanskrit Education continued last year. Under the scheme 100% assistance is given to States/UTs for the activities of eminent Sanskrit scholars and for appointment of teachers teaching modern subjects in Sanskrit pathshalas.

34. During the year 2000-01 Rs. 75 crore was approved for Promotion of Languages against which an expenditure of Rs. 73 crore was incurred.

Annual Plan 2001-02

35. During the current year Rs. 100 crore has been allocated for the schemes of languages. A major share is for the Sanskrit Division and for the Institutions like Rashtriya Sanskrit Sansthan. This Sansthan is an autonomous organization under the Department of Secondary and Higher Education which is the apex body for development of Sanskrit learning. The Sansthan also gives aids to NGOs for propagating Sanskrit. Apart from this the two deemed universities, namely, Shri Lal Bahadur Shastri Rashtriya Sanskrit Vidyapeeth, New Delhi and the Rashtriya Sanskrit Vidyapeeth, Tirupati also promote Sanskrit.

36. This year, the Indian Languages Promotion Council, an advisory Body under the Chairmanship of the Prime Minister, has been set up to provide guidance for the promotion and development of Indian languages, mentioned in the Schedule VIII of the Constitution.

SCHOLARSHIPS

37. The schemes of scholarships to students from non-Hindi speaking States for Post-Matric Studies in Hindi, National Scholarship Scheme for post matric studies for brilliant but poor students and the Scheme of Scholarship at the Secondary Stage for Talented Children from Rural Areas continue to be implemented through the State Govts/UT Administrations.

NATIONAL SCHOLARSHIP SCHEME

38. The scheme has been in operation since 1961-62. Under this Scheme, scholarships are awarded for post matric studies on merit cum means basis. The rates of scholarship vary fro. Rs. 60 per month to Rs. 120 per month for day scholars and Rs. 100 per month to Rs. 300 per month for hostellers, depending upon the course of study. The income ceiling of the parents for eligibility of scholarship is Rs. 25,000 per annum.

39. The Scheme of Scholarships at secondary stage for talented children from rural areas is being implemented through State Govts. The distribution of scholarship is made on the basis of community development blocks in each State/UT. The scholarship was awarded at the end of middle school stage and continues upto senior secondary level. The selection of the students is made by the State Govt. with the help of SCERTs. Rate of the scholarship varies from Rs. 30 to Rs. 100 per month depending upon the course of study.

40. The scholarships/fellowships are also being offered by foreign countries under the Cultural Exchange Programme, etc. for higher studies in various subjects. During the year 1999-2000, 73 nominations of scholars were sent to the Governments of China, Japan, Germany, Mexico, Israel, Ireland, Belgium, Czech, U.K., Canada and New Zealand.

Review of the year 2000-01

41. As against an approved outlay of Rs. 2.40 crore an expenditure of only Rs. 0.65 crore was incurred.

Annual Plan 2001-02

42. Rs. 3 crore has been allocated for the above mentioned two national scholarship schemes.

BOOK PROMOTION AND COPYRIGHT

Review of the year 2000-01

43. The book promotion activities of the Department of Education are mostly carried out through the National Book Trust. The Trust organized number of book fairs and exhibitions to encourage and inculcate reading habit among the people.

44. The Govt. continued to take active steps for strengthening the enforcement of the Copyright law in the country. It also brought out an Amendment to the International Copyright Order to extend copyright protection to the works of nationals of those countries who have honed copyright treaties since the publication of the Order in 1999. The Copyright Office registered 3207 works during 1999-2000. An Indian delegation actively participated in the Diplomatic Conference on the Protection of Audio-visual Performances convened by the World Intellectual Property Organisation (WIPO) in Geneva in December, 2000.

45. The Department has constituted two new Committees one on promotion of reading habit and development of book publishing industry and another on setting up Educational libraries. During the year 2000-01 Rs. 8.81 crore was approved for the schemes of book promotion and copyright against which an expenditure of only Rs. 3.51 crore was incurred.

Annual Plan 2001-02

46. The National Agency for International Standard Book Numbering (ISBN) System continued to allot ISBNs to Indian publishers while simultaneously organizing and participating in book fairs and exhibitions with a view to popularizing ISBN.

47. For the Annual Plan 2001-02 Rs. 12 crore has been approved for the schemes of Book Promotion and Copyright of which a major share to the tune of Rs. 7.70 crore has been allocated as grant to the National Book Trust.

PLANNING, ADMINISTRATION AND INTERNATIONAL COOPERATION

Review of the year 2000-01

48. The National Institute of Education, Planning and Administration (NIEPA), the premier national training institute for educational planner continued to organize training programmes and provide consultancy and professional support to national, state and institutional level bodies, as well as to international organizations.

49. In pursuance of the Govt's Policy, the Deptt. of Education was able to step up expenditure in the North East Region to over 15% of its Plan budget against North East Region allocating 10% of the Plan Budget for the North East region.

50. The Planning and Monitoring Division of the Ministry continued to compile, analyse and publish data on educational statistics.

51. A separate International Cooperation Cell has been created in the Department of Secondary and Higher Education to facilitate coordination and monitoring of bilateral exchange programmes. The International Commission for Cooperation with UNESCO with its Secretariat in the Department of SE & HE has been contributing to the formulation and implementation of UNESCO's programmes.

52. As against an outlay of Rs. 15 crore only an expenditure of Rs. 6.44 crore was incurred during the year on the schemes of Planning and International Cooperation. The Bharat Shiksha Kosh for which Rs. 1 crore was allocated as Govt's contribution to the Corpus could not be operationalised.

Annual Plan 2001-02

53. Rs. 7 crore has been allocated for the schemes of Planning And International Cooperation during the current year of which Rs. 2 crore is for NIEPA. The Bharat Shiksha Kosh is to be operationalised from the current year. The Deptt. proposes to increase allocation for educational infrastructure for the North East Region in the current year.

Annexure-5.3.1

Outlay and Expenditure of the Scheme of Department of Education – Central Sector in the ninth Plan Period

(Rs. crore)

Sl. No.	Scheme/Programme	Ninth Plan (1997-02) Approved Outlay	1999-2000 Actual Expdr.	Approved Outlay 2000-01	Anti. Expdr. 2000-01	2001-02 Approved Outlay
1	**2**	**3**	**4**	**5**	**6**	**7**
A.I.	Elementary Education	16369.59	2851.97	3608.75	3117.39	3800.00
2	Adult Education	630.39	87.08	120.00	108.16	200.00
	Total (A)	**16999.98**	**2939.05**	**3728.75**	**3225.55**	**4000.00**
B1	Secondary Education	2603.49	484.83	600.00	554.08	648.00
2	University & Higher Education	2500.00	461.91	501.85	497.55	575.00
3	Language Dev.	324.45	60.48	75.00	73.00	100.00
4	Scholarships	25.32	1.04	2.40	0.65	3.00
5	Book Promotion	16.25	3.03	8.81	3.51	12.00
6	Planning and Administration	65.38	4.73	15.00	6.44	7.00
7	Technical Education	2373.51	473.13	500.00	494.00	575.00
	Total (B)	**7908.40**	**2489.15**	**1703.06**	**1629.23**	**1920.00**
	Grand Total (A+B)	**24908.38**	**4428.20**	**5431.81**	**4854.78**	**5920.00**

5.4 HEALTH AND FAMILY WELFARE

5.4.1 Health

Improvement in the health status of the population has been one of the major thrust areas for the social development programmes of the country. This was to be achieved through improving the access to and utilization of Health, Family Welfare and Nutrition services with special focus on under served and under privileged segments of population. Over the last five decades, India has built up vast health infrastructure and manpower at primary, secondary and tertiary care in Government, voluntary and private sectors. The population has become aware of the benefits of health related technologies for prevention, early diagnosis, and effective treatment as well as rehabilitation for a wide variety of illnesses and accesses available services. Technological advancement and improvement in access to health care technologies, which were relatively inexpensive and easy to implement, had resulted in steep decline in mortality between 1950 and 1990. The extent of access and utilization of health care varied substantially between states, districts and different segments of society; this to a large extent, is responsible for substantial differences between states in health indices of the population.

2. During the 90s, the mortality rates plateaued; country entered an era of dual disease burden. On one side there are communicable diseases which have become more difficult to combat due to insecticide resistance among vectors, resistance to antibiotics in many bacteria and emergence of new diseases such as HIV for which there is no therapy; on the other side increasing longevity and the changes in life style have resulted in an increasing prevalence of non-communicable diseases. Under nutrition and micro nutrient deficiencies and associated health problems coexist with increasing prevalence of obesity and life style related non-communicable diseases. Unlike the earlier era, the technologies for diagnosis and therapy are becoming increasingly complex and are expensive, often unaffordable for the individual, institution or the country. As the country undergoes demographic and epidemiological transition, it is likely that larger investments in health will be needed even to maintain the current health status; the technology required for tackling resistant infections and non-communicable diseases will inevitably lead to escalating health care costs.

3. Current problems faced by the health care services include:

- Persistent gaps in manpower and infrastructure in govt. sector especially at the primary health care level, in remote rural, tribal and urban slum areas where health care needs are greatest,
- Sub-optimal functioning of the infrastructure; poor referral services,
- Plethora of hospitals in Govt., voluntary and private sector not having appropriate manpower, diagnostic and therapeutic services and drugs,
- Massive interstate/ inter district / urban-rural differences in performance as assessed by health and demographic indices; availability and utilisation of services are poorest in the most needy remote rural areas in states/districts.
- Sub optimal intersectoral coordination,
- Increasing dual disease burden of communicable and non-communicable diseases because of ongoing demographic, lifestyle and environmental transitions,
- Technological advances which widen the spectrum of possible interventions,
- Increasing awareness and expectations of the population regarding health care services,

- Escalating costs of health care, ever widening gaps between what is possible and what the individual or the country can afford.

4. Health system reforms in the Ninth Plan

Ninth Plan emphasised the need to :

- review the response of the public, voluntary and private sector health care providers as well as the population themselves to the changing health scenario
- reorganise health services so that they become efficient and effective
- introduce health system reforms to enable the population to obtain optimum care at affordable cost.

5. The suggested health system reforms broadly fall into two categories: **structural and functional. It was envisaged that the public sector will play the lead role in health system reforms**.

Structural reforms

6. Health system consists of:

- Primary, secondary and tertiary care institutions, manned by medical and paramedical personnel;
- Medical colleges and paraprofessional training institutions training the needed manpower and giving the required academic input;
- programme managers managing ongoing programmes at central, state and district level; and
- health management information system consisting of two way system of data collection, collation, analysis and response.

7. Policy makers and public health experts recognise composite health system as an essential prerequisite for effective delivery of healthcare functioning; the integrated health system with functional interlinkages has so far not been fully operationalised in the country. Another problem is the mindset; both healthcare providers and the population still feel more comfortable with and prefer the one to one relationship to the systems approach. The existing system suffers from inequitable distribution of institutions and manpower as well as poor functional status due to:

- mismatch between personnel and infrastructure
- need for orientation and skill up gradation of personnel to work as a team
- lack of appropriate functional referral system

The Ninth Plan envisaged reorganisation and restructuring of all the elements of health care so that they function as integral components of a multiprofessional health system.

8. The primary health care infrastructure provides the first level of contact between the population and health care providers. Realising the importance of the primary health care infrastructure in delivery of health services, states, centre and several agencies simultaneously started creating primary health care infrastructure and manpower. This has resulted in substantial amount of duplication of the infrastructure and manpower; inspite of this there are under served areas where the need for the health services is very great.

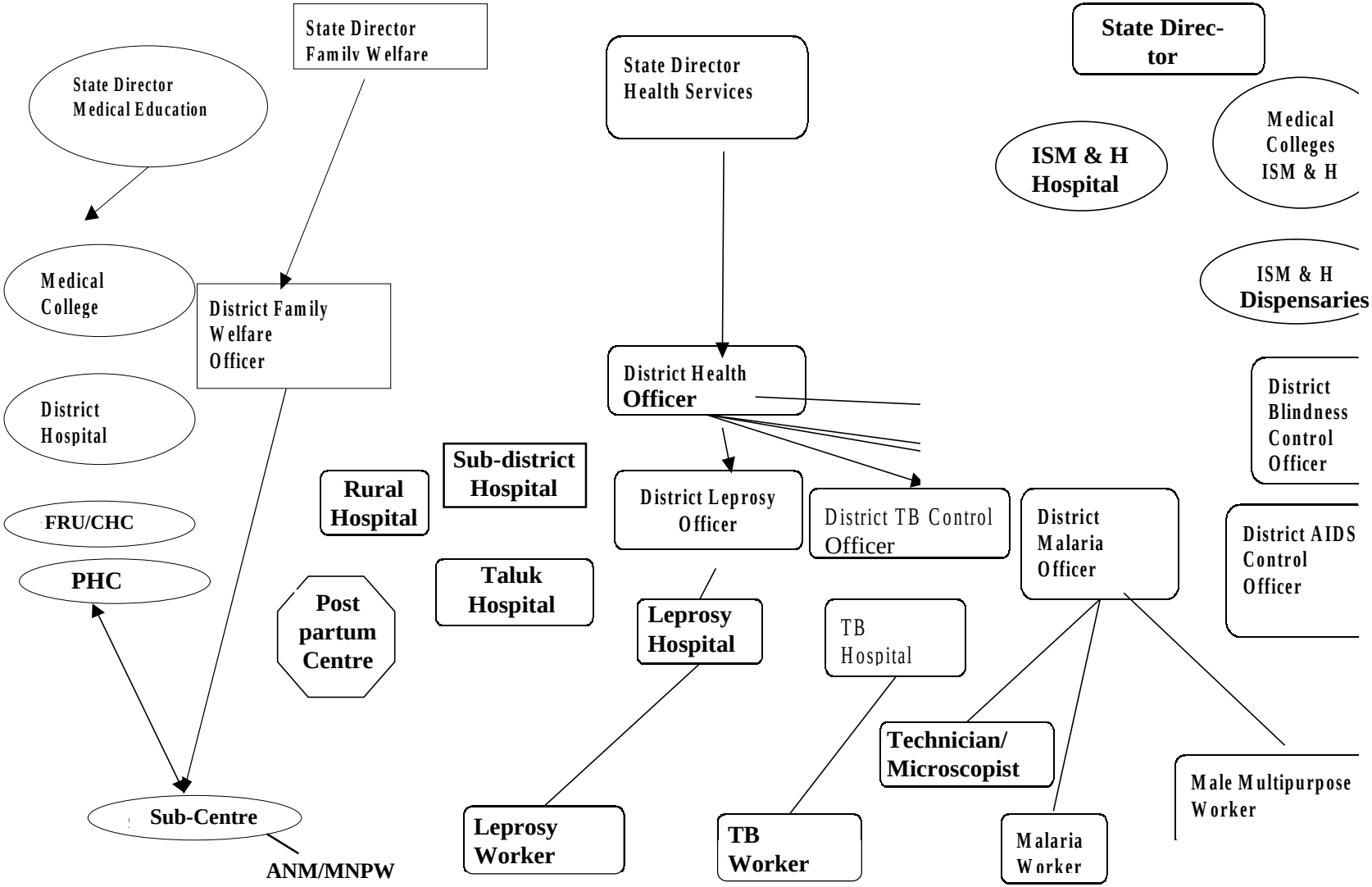
- The primary health care infrastructure created by the states in rural areas under modern system of medicine includes:
  * Subcentres 137271
  * Primary Health centres 22975
  * Community Health centres2935

  Subdivisional/Taluk hospitals
- The Dept of Family Welfare supports personnel in 5435 rural family welfare centres, and has created 871 urban health posts, 1083 urban family welfare centres, 550 district post partum centres and 1012 sub-district postpartum centres.
- Under the Dept of ISM&H there are 22,104 dispensaries, 2862 hospitals.
- Municipalities provide urban health services.
- CGHS provides health care for central Govt employees.
- Railways , defence and similar large Depts have their own hospitals and dispensaries for providing for the health care needs of their staff.
- PSUs and large industries have their own medical infrastructure.
- ESI provides hospital and dispensary based health care to employees
- All hospitals - primary, secondary or tertiary care also provide primary health care services to rural and urban population, thereby under utilising the infrastructure and expertise available.

9. Similar plethora of secondary and tertiary care institutions and medical college hospitals provide primary, secondary and tertiary care to all those who come to these institutions. There are no well organised referral linkages between the primary, secondary and tertiary care institutions in the same locality. The programme managers and medical colleges do not link with any of the three tiers and provide organic linkages between structure and function **(Organisational chart I**). Logistics of supply and HMIS are not operational in most states.

ORGANISATIONALCHART - I

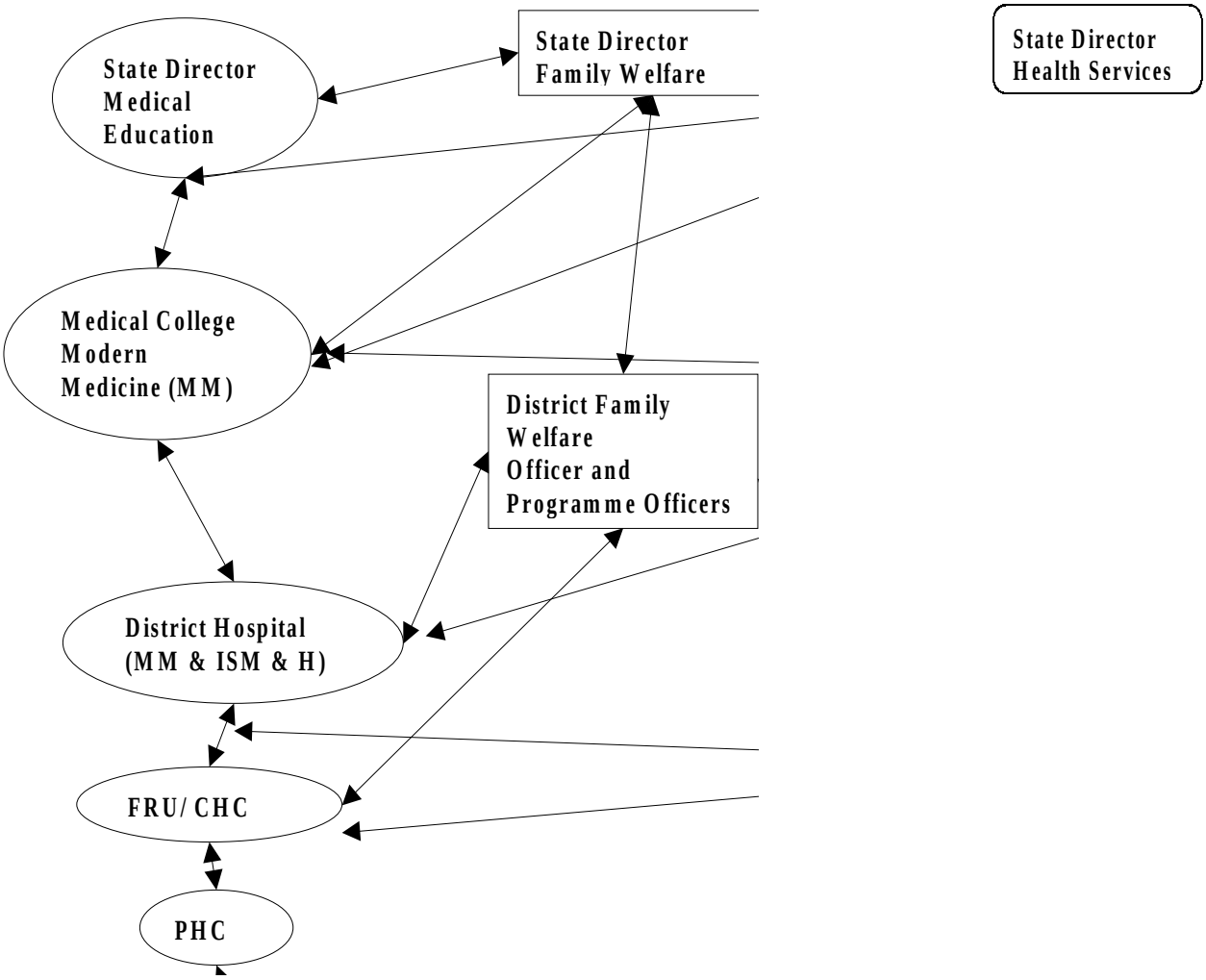
CURRENT STATUS OF HEALTH INFRASTUCTURE



10. In order to achieve substantial improvement in coverage and quality of health services the Ninth Plan proposed appropriate reorganisation and restructuring of the existing infrastructure making them responsible for health care of the population in a defined geographical area. Similarly substantial proportion of the manpower problems can be sorted out by appropriate reorientation, skill upgradation and redeployment of existing manpower. Suggested reorganisation and linkages is indicated in **organisational chart II.**

ORGANISATIONAL CHART-II

REORGANISATION AND LINKAGES PROPOSED IN THE NINTH PLAN



Functional reforms

11. The Ninth Plan envisaged that efforts will be made to improve efficiency by creating a health system with well defined hierarchy and functional referral linkages. The personnel in health system will work as a multi-professional team and perform duties according to their position, skills and level of care. The last link will be provided by the community based link worker who acts as a liaison between people and health care functionaries and ensure optimal utilization of available facilities. The PRI will participate in planning, assist in implementation and monitoring of programme. While many states are experimenting with village level workers and involvement of PRI, the establishment of effective health care system with referral linkage has not been operational even in public sector. There is at present no clearly defined referral system with appropriate "gate keepers" at various levels of institutions. Nor are the institutions in a defined geographical area linked to each other and function as a part of coordinated health care system. In spite of the fact that all the policy documents from the Bhore Committee Report onwards advocate a health care system with well defined hierarchy, it would appear that neither the health care providers nor the population perceive the need of such a system; the popular perception is still one to one relationship between an individual physician looking after the needs of individual patients. Ninth Plan had suggested three categories of functional reforms : efficiency related, resource related and governance related.

12. Efficiency Related:

- Reorganisation and restructuring of existing health care infrastructure including the infrastructure for delivering ISM&H services at primary, secondary and tertiary care levels , so that they have the responsibility of serving population residing in a well defined area and have appropriate referral linkages with each other.
- Human resource development to meet growing health care needs – adequate in number, with appropriate skills and attitudes.
- Skill upgradation of health care providers through CME and redeployment of the existing health manpower so that they can take care of the existing and emerging health problems at primary, secondary and tertiary care levels.
- Horizontal integration of current vertical programmes including supplies, monitoring, IEC, training and administrative arrangements; formation of a single health and family welfare society at state and district levels .
- Fully functional accurate reporting system which provides data on births, deaths, diseases and data pertaining to ongoing programme through service channels, within existing infrastructure; monitoring and evaluation of these reports and appropriate midcourse correction to be done at district level;
- Building up an effective system of disease surveillance and response at district, state and national level within and as a part of existing health services;
- Building up efficient and effective logistic system for supply of drug, vaccines and, consumables based on the need and utilisation.

13. Resources related:

- Continued commitment to provide essential primary health care, emergency life saving services, services under the National disease control programmes and

the National Family Welfare programme totally free of cost to individuals based on their needs and not on their ability to pay

- Evolve, test and implement suitable strategies for levying user charges for health care services from people above poverty line while providing free service to people below poverty line; utilise the collected funds locally to improve quality of care.
- Evolve and implement a mechanism to ensure sustainability of ongoing govt. funded health and family welfare programme especially those with substantial external assistance.
- Working out cost of diagnosis and therapeutic procedures for major and minor ailment in different levels of care and setting cost of care norms.

14. Governance related

- Introduce a range of comprehensive regulations prescribing minimum requirements of qualified staff, conditions for carrying out specialized interventions and a set of established procedures for quality assurance.
- Evolving standard protocols for care for various illnesses at primary, secondary and tertiary care settings – public sector hospitals, medical colleges, professional associations to play a major role in this exercise.
- Quality assurance and redressal mechanism such as Consumer Protection Act and Citizens' Charter for hospitals are to be set up.
- Appropriate delegation of powers to Panchayati Raj Institutions (PRIs) so that the problems of absenteeism and poor performance can be sorted out locally and primary health care personnel function as an effective team.
- Involvement of the Panchayati Raj Institutions in the planning and monitoring of ongoing programmes and making timely corrections for optimal utilisation of services.

15. During the last four years both the centre and the state Govts have taken several steps to implement these recommendations in the Ninth Plan. However, neither the State Govt. nor the Central Ministry of Health and Family Welfare have undertaken a comprehensive review of the reforms/steps initiated, the progress achieved and the lessons learnt. This was done by Planning Commission during the year 2000 and the progress and lessons learnt are reported. During the Ninth Plan period data from National Survey (NSSO 52nd Round NFHS I & II) was designed to provide information on how health services in private, voluntary and public sector were utilised by different segments of the population to meet their preventive and curative care needs and how the health care costs are met. There have been numerous publications regarding these findings; however, the implications of these for formulation of appropriate policies and evolution of strategies for meeting the felt needs for health care by optimal utilisation of available infrastruture, manpower and resources have not been reviewed. In view of the importance of these two aspects for formulation of Tenth Plan, the health chapter of this year addresses these issues. In order to adhere to the chapter length norms, the review of performance of centrally sponsored and central sector schemes have been omitted.

Implementation of the Health system reforms in the Ninth Plan period/State Sector:

16. Health is a state subject; faced with problems of suboptimal functional status and difficulties in providing adequate investments for improving health care facilities in the public

sector, almost all the state Govts. have introduced health system reforms. There are substantial differences in the content and extent of the reform. Several States have obtained external assistance to augment their own resources for initiation of health sector reforms in their State. Almost all the States have attempted introduction of user charges for diagnostics and therapeutic procedures from people above the poverty line and use the funds so generated to improve the quality of care in the institution where funds have been generated.

Some of the ongoing health system reforms to improve health care services include:

- Strengthening/appropriately relocating sub-centres/PHCs e.g. Tamil Nadu, Gujarat
- Merger, restructuring, relocating of hospitals/dispensaries in rural areas and integrating them with existing infrastructure –eg Himachal Pradesh
- Restructuring existing block level PHC, Taluk, Sub-divisional hospitals eg Himachal Pradesh.
- Utilizing funds from BMS, ACA for PMGY and EAP to fill critical gaps in manpower and facilities – all States.
- District level walk-in-interviews for appointment of doctors of required qualifications for filling the manpower gaps in PHC – e.g. Madhya Pradesh and Gujarat with limited success.
- Use of mobile health clinics – Orissa (for Tribal areas), Delhi (for urban slums).
- Handing over of PHCs to NGOs – Karnataka, Orissa. While Karnataka reported success, in Orissa as the NGOs did not have the resources and ability to run the institutions and handed them back to the Government after some time
- Training MBBS doctors in the speciality for 3-6 months (Obstetrics , Anaesthesia, Radiology) in a teaching institution and posting them to fill the gap in specialists in FRUs eg Tamil Nadu and West Bengal
- Improving logistics of supply of drugs and consumables.

17. One of the major initiatives in the Ninth Plan is the Secondary health system strengthening project funded by the World Bank in seven states (Andhra Pradesh, Karnataka, Punjab, West Bengal, Maharashtra, Orissa and Uttar Pradesh). The focus in this project is on strengthening FRUs/CHCs and district hospitals to improve availability of emergency care services to patients near their residence and reduce overcrowding at district and tertiary care hospitals. The States have reported progress in construction works, procurement of equipments, increased availability of ambulances, drugs; improvement in quality of services following skill upgradation training in clinical management, changes in attitudes and behaviour of health care providers; reduction in mismatches in health personnel/ infrastructure; improvement in hospital waste management, disease surveillance and response system. All the States have attempted introduction of user charges for diagnostic and therapeutic services from people above poverty line with varying degree of success.

18. Tamil Nadu had obtained assistance from DANIDA for strengthening of primary health care services and for streamlining the logistics of drug supply and distribution. Andhra Pradesh has obtained World Bank assistance for strengthening of primary health care services. The European Commission is providing assistance for health system reforms in various States as per the State implementation plans submitted by the States. DFID has provided assistance to Orissa for health system reforms in two districts including streamlining of drug distribution**.** The details of some of the reforms initiated by some major States are summarised in the following pages.

Andhra Pradesh

19. Andhra Pradesh has had a steep decline in birth rates in the nineties and is likely to be the third state to achieve replacement level. The state has obtained substantial EAP funds to strengthen primary and secondary health care infrastructure and has embarked on extensive health system reforms . Some of the major initiatives include:

20. **Strengthening of the Primary Health care infrastructure** under the Andhra Pradesh Economic Rehabilitation Project with an outlay of about Rs.300 crores. This project includes the provision of buildings, additional staff training and recurring expenditure.

21. **A system of community health care workers** located at each of 8500 tribal habitations has been set up to improve access to health care for tribal population. These community health workers are engaged by the VTDAs and will take care of the basic health requirements at the village level.

22. **Volunteers covering 20 families** in the urban areas of Hyderabad act as link between community and health care providers. This system is to be expanded to 73 other municipalities.

23. **Filling critical manpower gaps** in medical officers and certain para medical staff on contract basis for a period of one year through district based recruitment.

24. **Setting up of Advisory Committees** consisting of public representatives, voluntary groups, social workers, philanthropists to improve community participation, and monitor quality of services in Sub Centre, PHCs, CHCs, Civil Hospital and district hospitals. The functions of the Advisory Committee are :

- Review of performance under national health programmes
- Delivery of quality health care services for both inpatient and out patient
- Improving patients' satisfaction, monitoring the personnel working in the institutes
- Overseeing general maintenance and upkeep of the hospital
- Overseeing maintenance of equipments of the hospital
- Ensure optimal utilization of available infrastructure
- Overseeing preparation of Annual Action Plan
- Ensuring that funds released to hospitals are utilized properly
- Monitoring drug position and ensuring proper utilization

25. **A system of Hospital Advisory Committees** to provide for greater autonomy and accountability at hospital level has been formed. They have the power to raise revenue for the hospitals and also plan for health care delivery at the hospital level. Hospital Development Societies have been formed in all tertiary level hospitals in the State which are under the control of Director of Medical Education. The Society includes District Collector, Doctors, 3 representatives from Self Help Group/NGOs/Social Workers/Prominent Citizens (of which at least one shall be a women) 3 MLAs Mayor/Municipal Chairman and Superintendent of the hospital. The society is entitled to raise resources through:

- Donations in cash or kind from individuals and philanthropic organizations or Central Sector undertakings or Companies.

- Auction of parking facilities (Cycle/Scooter/ Car stands, etc)
- Fees for use of hospital for various purposes including for training and research facilities
- Charges towards provision of paying rooms, wards, surgery, diagnostic procedures, drugs, consumables and blood
- Auction of condemned material etc,
- The Government from time to time may permit any other source .

26. The hospital revenues so generated may be utilised for emergency repairs of equipments, minor maintenance work of the building, toilets maintenance, cleanliness of hospital wards / hospital compound and procurement of consumables.

27. **Strengthening and upgradation of 150 first referral units** under World Bank assisted Secondary Health systems project with an outlay of Rs.600 crores. This project also includes strengthening of civil infrastructure, equipment, additional staff and has a provision for meeting recurring expenditure.

28. **Centralised system of procurement of drugs for all government institutions** has been put in place. Quality Control measures have been introduced.

29. **Privatisation of non medical services** eg security, cleaning in all hospitals.

30. **Pilot project of Handing over one PHC each** in the tribal areas to NGOs in Vishakhapatnam and Adilabad districts. Subsequently, one PHC each in the remaining districts is to be handed over to reputed NGOs in the State.

31. **Private sector** is encouraged to set up medical and dental colleges and paraprofessional training institutions. A transparent system of selection for ensuring quality control has been introduced.

NCT of Delhi:

32. Delhi with a rapidly growing population of 1.4 crores has taken several steps to improve health status of under-served urban slum population through improved access to health care facilities. Specific efforts have been made to provide linked Primary, Secondary and Tertiary health care in under-served East Delhi areas through **healthy city initiative.**

33. Delhi Govt. has brought out a **directory of all public funded hospitals/dispensaries** in each of the Delhi constituencies as the first step of area specific rationalization In newer hospitals **privatisation of non medical services** e.g. security, cleaning etc. has been Initiative to improve **availability of essential drugs** at affordable cost and rational use of drugs has been taken up.

34. **Registration of all physicians in Delhi** under Delhi Medical Council has been completed. **Hospital infection control and waste management** is taken up as a major thrust area in all tertiary, secondary and primary care institutions. **Child friendly city action plan** for 1998-2002 has been formulated and is being implemented.

Kerala:

35. Kerala was the first State to achieve replacement level fertility; health indices, sex ratio, longevity of the State are comparable to many developed countries. The state is facing challenges of coping with the increasing disease burden due to non-communicable disease including cancers. Health sector reforms in the State focused on decentralized planning, strengthening disease surveillance and increasing the autonomy of institutions.

36. The State has initiated **decentralized planning** right from the inception of Ninth Plan. Kerala has **handed over all the health care institutions upto the district level along with the funds to the Panchayati Raj Institutions**. The progress made and the problems faced in this effort need be evaluated before replication in other States.

The state is implementing a **district hospital project with Additional Central Assistance from Planning Commission.** It is proposed to provide inpatient services in General ward, pay ward and pay rooms; the general ward will be free of cost, the pay ward will be subsidized and pay rooms charged at cost plus rates. The choice of place of treatment is left to the patient. A system of cross subsidy for inpatients has been proposed:

1. 20% of beds are free of cost
2. 20% of beds cost a fraction of the cost incurred in providing the services
3. 50% beds are available at cost price or little more of all services (include professional time, nursing, diagnostics, therapeutic management, consumables and equipments and building maintenance and depreciation etc).
4. 30% of beds available at double the cost or more for beds and all services and in addition have certain charged facilities such as specialists visit on request.

37. The above strategy is expected to meet the recurring cost as well as generate a small surplus (depending on relevant bed occupancy in the sub groups) for continuing modernisation, acquisition of newer diagnostic and therapeutic modalities, adding building and facilities for patients from time to time. Attempts are being made to work out the cost of care for common ailments so that the norms for cost of care are available. The project is being implemented in Zilla Panchayat Hospital, Idukki and Municipal Corporation Hospital, Cherthalla.

38. For effective vector control, the Kerala Government has initiated a **"monitoring and management of mosquitoes programme" in Kottayam, Alappuzha and Ernakulam** with community participation. The details are given under the National Malaria Eradication programme.

39. Kerala is implementing a **model of disease surveillance using data generated from Govt and private sector health care providers**. Health care providers both in the public and in the private sector were sensitized to report 14 readily identified diseases routinely every month through post cards. The data is computerized at district headquarters, analysed and reported. The project has been operationalised in three districts. The details are given under disease surveillance.

Madhya Pradesh

40. Madhya Pradesh with high fertility and mortality and limited access to health care in remote rural and tribal areas has embarked on health system reforms to achieve structural and functional improvement in govt. health care institutions.

41. **In Madhya Pradesh devolution of powers** both financial and administrative to the Panchayats have been completed ; eighteen subjects including health and education have been transferred to the Panchayati Raj Institutions.

42. **Rogi Kalyan Samitis in all districts and a Medical Facilities Development Board at State Level** have been established in the Ninth Plan period. They generate resources from non-budgetary sources by collecting donations and grants, contracting out services and through user charges in the hospitals; these funds are locally utilised for expansion and development of services.

43. In an effort to fully operationalise **decentralised area specific microplanning,** comprehensive information is collected on health and determinants of health at the village level through the Village Health Registers; these are to be aggregated at the district level to form the District Community Health Action Plan. Implementation is by an Advisory Group and is monitored by an Implementation Group. The Advisory Board will be the Zila Yojana Samiti. The progress in implementation of this concept is being monitored.

44. The state is implementing **Swasthya Jeevan Sewa Gaurantee Yojana**. Gram Swastya Samiti is the implementing agency. A core set of Services are guaranteed by the State Government within a specified time frame at the village level. The points for action in the District level Community Health Action Plan are the following:

- Providing a trained Jan Swasthya Rakshak in each village by June 2002.
- Providing a trained birth attendant in each village by June 2002.
- Provision of universal immunization.
- Three ante-natal check ups for pregnant women.
- Provision of safe drinking water supply and hygiene promotion.
- Provision of nutrition to infants and children under three, pregnant and lactating women.
- Sanitation in terms of solid waste management and waste water disposal in all villages.
- Family Planning Services to all eligible couples.
- Ensuring safe and clean delivery and promoting institutional deliveries.
- Planning for provision of essential drugs in all public health outlets.
- Planning for effective control of malaria.
- Planning for STD management and AIDS awareness.
- Placement of health personnel in a rational manner.
- Training of community leadership of Gram Swasthya Samitis/Panchayat leaders community health action.
- Training of health personnel on community health action.
- Training of all Anganwadi workers on the new model of community health to reposition them as community health activists.
- Supervise preparation of Block Level Health Plans.

- Develop a framework for collaboration with NGOs and private sector on community health.
- Develop a District Community Health Action Plan each year and allocate resources.
- Develop monitoring and evaluation indicators and furnish and disseminate an annual public report on Community Health.

Orissa:

45. Orissa has the highest mortality rate in the country; hunger and severe undernutrition are reported from some of the districts in Orissa even now. In order to rapidly improve health care services, the State has obtained substantial funds through externally assisted projects for strengthening primary, secondary care infrastructure and implementation of disease control programmes. Some of the major reforms initiated by the states are :

46. **Improvement in Drug Procurement and distribution** in all public health institutions through establishment of a centralized Drug Procurement and distribution system. **User Charges** were introduced to raise resources for all tertiary, and district level government hospitals in the State from people able to pay, and utilize the funds so generated for the improvement of the hospital and the benefit of the patients. The user charges were introduced for three categories of service, viz. diagnostics, special accommodation (pay wards) and transportation. The districts were divided into three categories on the basis of their economic prosperity and slightly varying rates were fixed for the different categories. Registered societies were set up for each hospital and the user charges collected are retained by the society for use in the hospital. People below the poverty line were exempted from payment. Tests and treatment relating to the national programmes are not charged (viz. Leprosy, TB, malaria, etc). The societies have been given the freedom to enhance the existing rates or introduce rates for new activities. They also have the authority to utilize the funds as they think fit, subject only to general guidelines (viz. no spending on construction, on major equipment or on hiring of personnel).

47. **A pilot project where the cleaning work** of the State's Capital Hospital Bhubaneswar was contracted out to Sulabh International at a negotiated price was initiated. It was agreed that the existing cleaning staff (i.e. the government employees) would be engaged in other work in the hospital. The State government's finance department required that while no retrenchment need take place, existing vacancies of cleaning staff should be abolished and any new vacancies occurring as a result of retirement or death should not be filled up. It was reported that there was remarkable improvement in cleanliness within 2 months.

48. **Petty maintenance of health buildings :**100 CHCs/Block PHCs were identified in the first year and each Medical Officer in charge was given Rs. 10000 to take up petty repairs and to maintain simple accounts. The initiative has been evaluated and has been found to be useful, but certain gaps in communication need to be addressed. Medical officers in all the districts are being trained on how this programme is to be implemented to ensure proper utilization of funds . The initiative is likely to be extended to the whole state shortly.

49. **Mandatory pre-PG rural service** was introduced to improve the presence of doctors in remote and difficult areas and provide better rural orientation to young doctors. Under this scheme, 11 districts which have consistently had a large number of vacancies were selected,

and health institutions in them identified. The entrance examination for the medical post graduate courses is held one year ahead of the date of admission. Those who qualify, are advised about the medical college and the discipline they will get, and thereafter assigned to one of the institutions in the 11districts. Those who are not already in government employment are given contract appointments and assigned to these districts. The doctors are to work in these institutions for one whole year, and only after obtaining a certificate regarding completion of the period, are allowed admission into the PG course. The initiative has been reported to be successful in ensuring the presence of doctors in difficult and remote areas.

50. **Pancha Byadhi Chikitsa (5 Diseases Treatment Scheme)** The scheme created a health entitlement and risk protection guarantee for the poor free of cost. It was estimated that 70% of the patients who attended public health institutions came for treatment of five diseases -malaria, leprosy, diarrhoea, acute respiratory infection, and scabies. Protocols for treatment were developed and drugs for treatment were distributed to all institutions; IEC campaign was taken up to improve public awareness. If any patient had to purchase medicines from outside, the cost would be reimbursed and the prescriptions so reimbursed would be kept for clinical audit. This was to improve rational drug use as per protocol. The scheme was to be evaluated after six months of operation. However it came to a halt after 6 months because of the occurrence of the super cyclone and the pre-occupation with cyclone relief work.

51. **State Health and Family Welfare Society** was established to create a simple, problem free method for making funds available under the centrally sponsored schemes, as and when required. With the establishment of the State Society, all non-budgeted funds were received, channelized and utilized through the Society.

52. **Amalgamation of District Health Societies** was done to ensure better co-ordination of all health and family welfare programmes and to avoid duplication.

53. **Formation of District Cadres for Paramedics was done** to ensure better availability of paramedics in difficult areas, less hardship for personnel due to transfers and consequently better service to the public. The existing personnel in the state cadre are to be divided and allotted to different district cadres. All new recruitment thereafter is to be made by the districts. In the recruitment of new candidates preference is to be given to candidates belonging to the same districts.

54. **To utilize existing health personnel for different activities** the state is implementing a scheme of Multi-skilling of Health Personnel; under this scheme Pharmacists and health workers have been trained in sputum microscopy and blood smear examination, and deployed in the implementation of the RNTCP and the malaria programmes. ANMs have been trained as DOTS providers and deployed in the RNTCP in addition to their own duties. It has been reported that as a result of this a drain on the State's resources has been avoided, health personnel are better motivated and programme management has improved.

55. **A pilot programme of providing a 3 month training in Anaesthesia** administration to CHC doctors to enable them to administer anaesthesia in emergency obstetric care was taken up in Orissa. However, the numbers trained are, so far, very small. The scheme is yet to be evaluated.

56. **Pilot project of handing over PHCs to NGOs** was tried in 2 districts. The NGOs did not have the resources and ability to run the institutions and handed them back to the Government after some time.

Rajasthan

57. Rajasthan has been concerned over the poor access to health care and poor health indices of the population. In an attempt to improve access to health care the state has been investing over 50% of the plan funds for primary health care for the last decade. In order to ensure sufficient funds for development of secondary and tertiary levels of care, the State Government has attempted the following :

58. **Increased Public/Private participation** by a liberal regime of allotment of land and investment subsidy for private hospitals both in rural and urban areas. Fiscal incentives such as exemption from payment of octroi duty and sales tax on medical equipment, plant and machinery on the approved list were provided . These private sector hospitals were required to provide free services to economically weaker sections and for poor patients referred to by the officer authorized by the Govt. Patients are to be provided free OPD facilities for one hour in the morning and one hour in the evening and at least 10% beds should be free for the poor patients.

59. In 1995-96, the State Govt. created autonomous **Medicare Relief Societies, one in each tertiary and secondary level hospital;** these societies enable greater autonomy to administrative heads, to provide measures to conserve resources like adoption of wards, opening life line fluid stores, generating revenue by providing services and charging from those who can afford and obtaining donations, grants and loans from financial institutions to strengthen the revenue resources. All the societies have introduced user charges and many have introduced the life line fluid stores. Fixation of user charges takes into account the cost of consumables, maintenance, depreciation and upgradation of equipments. Nominal fees are charged for outpatient and inpatient registration. Exemption is given to the poor, widows, orphans, emergency and accident cases, pensioners and senior citizens. Resource generated are utilized for purchase of new equipment, repair and maintenance. Medicare societies have promoted the **adoption of wards through institutions like Lions club, Rotary club, charitable trusts and individuals.**

60. Life Line Fluid Stores have been established which sell drugs and other consumables on cost basis with a margin levied as service charges; these stores take care of procurement of material, replacement of defective material, receipt of material, issue of material, appointment of manager, payment to the supplier, sale of material and management of registers and records.

61. **Privatization of non clinical services like cleaning, laundry, security**, transportation services etc. have been attempted in some hospitals.

62. The State has allowed **private sector to provide medical education and training.**

63. The State has **attempted sharing of public sector facilities by private sector** such as services of Government doctors in health camps organized by private sector and NGOs utilizing Govt. Blood Bank, public sector coordination with private sector for referral

of cases for diagnostic purposes, to provide facilities and receive referred cases from private doctors/hospitals.

Tamil Nadu

64. Tamil Nadu was the second State to achieve replacement level fertility; concerned at the relatively high IMR and maternal mortality the state embarked on health system reforms aimed at improving antenatal care and institutional deliveries. To tackle the increasing disease burden due to non communicable diseases attempts were made to improve access to services aimed at early detection and treatment of non-communicable diseases.

65. **Strengthening and reorganisation of Primary health care services** was taken up under the DANIDA assisted Area Health Care Project. PHCs were strengthened so that facilities for emergency care and delivery are available round the clock. Evaluation of the scheme in 1999 showed that there were 1400 PHCs; 94% of PHCs function in their own building and all PHCs had electricity. All the block PHCs have at least one roadworthy vehicle; 224 out of the 250 24 hour PHCs have ambulances; 98% of the ANMs and 95% of the pharmacists were in position. However, 21% of doctors position was vacant. There has been no increase in the average patients treated in the OPD per day which has remained static at 92.75 per day for three years. In spite of having OPD in the evening, majority of the patients are seen in the morning, the evening OPDs are not functioning well. In spite of having 24 hour services at PHCs, on an average PHCs conducts only 3.14 deliveries per month. This amounts to 5.8% of the total rural deliveries in the State. 48.2% of PHCs in the State do not conduct deliveries. There has not been any improvement in the number of deliveries being conducted in PHCs from 1996-97 to 1999-2000. There is gross under utilization of ambulances provided; average cases. transported per ambulance per 24 hour is 0.31/month; 74% of the ambulances are not utilised at all during the month for transport of emergency cases It is noteworthy that over the last five years there has been a steep increase in the institutional deliveries ; over 70% of all deliveries occur in institutions. Currently efforts are to strengthen the CHC/FRU which provide most of the delivery care as well as emergency services.

66. **Loans to purchase Moped were provided to the ANMs** to improve their mobility so that they could visit all the villages on schedule and undertake screening of all pregnant women and children; camps were organised to train the ANMs in driving the moped and discuss how to tackle the problems they may have in ensuring that the vehicle is available for their use.

67. In order to improve access to facilities for **early diagnosis and effective treatment of noncommunicable diseases** the state had initiated a system in which a team of specialists visit villages on a fixed schedule; after initial screening, persons detected to have problems were referred to appropriate facilities for treatment.

68. Tamil Nadu Government set up a **Medical Supplies Corporation** in 1994. The State has completed drawing up essential drug list, completed the training of personnel; protocols for quality assurance and pooled procurement have been drawn up. In addition to drugs currently in use for treatment of various illnesses which are being procured and supplied by the State Government, the State has suggested that all drugs, devices and vaccines and

other supplies under the centrally sponsored programmes may be channelised through the Corporation so that procedures for supply of drugs on demand are streamlined and implemented in a sustained manner.

Central Sector :

69. Although Health is a state subject; centre has a major stake in efficient functioning of the health system because centrally sponsored disease control programmes and the Family Welfare programme are implemented through the state health care infrastructure. Major initiatives during the Ninth plan include horizontal integration of vertical programmes, establishment of the disease surveillance system , strengthening of hospital infection control and waste management, essential drug supply, bioinformatics and telemedicine, and programmes for non communicable disease detection and management.

Disease Surveillance

70. Given the existing conditions of poor environmental sanitation and problems in the public health system it is not possible to completely prevent outbreaks of communicable diseases in the near future. It is, therefore, essential that disease outbreaks are recognized early and contained rapidly. Delays in recognition and reporting of focal outbreaks, absence of functioning HMIS and disease surveillance system result in delays in implementation of appropriate response and consequent high morbidity and even mortality. The Ninth Plan envisaged establishment of a district based system for early detection and prompt response for rapid containment and control of the disease outbreak through the existing infrastructure. The necessary back-up laboratory and epidemiological support was to be evolved by strengthening and optimally utilizing the facilities and expertise available in the national institutions/medical colleges.

71. The Department of Health has initiated a disease surveillance programme coordinated by the National Institute of Communicable Diseases which aims at strengthening laboratories and setting up a disease surveillance system. The major disease control programmes have their own vertical surveillance programmes e.g. Malaria and Polio. In addition to this national effort, some of the states e.g. Kerala and organizations such as ICMR have taken up projects to improve disease surveillance. There is as yet no organized effort to integrate all these into a single disease surveillance and response programme; common epidemic prone diseases are still not being monitored locally or reported systematically to the district level for analysis and response.

72. The Kerala Government has adapted a model of disease surveillance using data generated from Govt and private sector health care providers in the districts which was developed in the 80's in the North Arcot District in Tamil Nadu by Christian Medical College under the aegis of Indian Council of Medical Research. Health care providers both in the public and in the private sector were sensitized through Workshops to report 14 readily identified diseases routinely every month through post cards. The data is computerized at district headquarters, analysed and reported. The project has been operationalised in three districts of Kottayam, Alappuzha and Ernakulam. The experience over the last few months have shown that this system has enabled early detection, epidemiological investigations and effective control of outbreaks of cholera, typhoid fever, food poisoning, hepatitis and leptospirosis in these districts. The state has proposed that information will be systematically

disseminated every month to all people who participate in the disease surveillance through a Disease Information Bulletin and the experience will be fully documented in the next few months. In 2001-02 the state is proposing to extend this sustainable model of private public participation in disease surveillance to three more districts in Kerala.

Hospital Waste Management

73. Increasing incidence of hospital acquired infections and accidental infection in health care providers and waste disposers renders it imperative that efforts are made during the Ninth Plan to improve infection control and waste management through utilization of appropriate, affordable technology at all levels of health care. The Ministry of Health has constituted a National Hospital Waste Management Committee under the Chairmanship of Secretary (Health) to co-ordinate and guide on various aspects, including policy and programme issues on Hospital Waste Management. The Ministry has also initiated a "Pilot Project/Demonstration Projects providing financial support to selected Government Hospitals for Hospital Waste Management" in which financial assistance is given to states/UTs for purchase of equipments for waste treatment facilities/installation of equipment and civil/ electrical works to house the waste treatment facilities, training, IEC activities etc. So far assistance has been given to LNJP Hospital, NCT of Delhi; Aizwal Hospital, Mizoram and Indira Gandhi Institute of Medical Sciences, Patna; Government of Meghalaya for hospitals in the state; SMS Hospital, Jaipur, Rajasthan and 5 hospitals in Sikkim. In addition, a project for Hospital Waste Management is being implemented with WHO Assistance in 11 medical colleges and the Command Hospital (Air Force), Bangalore. Hospital infection control and waste management is also being taken up as a component of secondary health system project. Under the PMGY infection control and waste management in primary health care institutions is being taken up in some States.

Horizontal Integration of Vertical Programmes:

74. Initially, when sufficient infrastructure and manpower were not available for management of major health problems, several vertical programmes eg. National Malaria Eradication Programme (NMEP), National Leprosy Eradication Programme (NLEP) were initiated. Subsequently, over the years a three-tier health care infrastructure has been established. The Ninth Plan envisaged that efforts will be made to integrate the existing vertical programmes at district level and ensure that primary health care institutions will provide comprehensive health and family welfare services to the population. The following measures have been taken:

75. At the Central level:

- Attempts are being made to integrate the activities related to training, IEC,STD/ RTI prevention and management under RCH and AIDS control Programme.
- Co-ordination between ongoing HIV/TB Control Programmes is being worked out.
- Attempts are underway to provide leprosy services through the primary health care infrastructure.

76. At state level:

- The Central Council of Health and Family Welfare has recommended the formation of single Health and Family Welfare Society at state and district level.

States like Orissa and Himachal Pradesh have formed a single Health and Family Welfare Society at state and district level for implementation of all health and family welfare programmes.

- In order to assist the PHC/ CHC officers to effectively implement such a horizontal integration, the middle level public health programme managers who are currently heading the vertical programmes at district level are being given the additional task of ensuring coordination and implementation of integrated Health and Family Welfare Programme at Primary Health Care institutions in defined blocks. Involvement of the public health specialists at the subdistrict level is also expected to improve data collection, reporting, strengthening HMIS, improving the supply of essential drugs/devices for all programmes at PHCs/ CHCs and enabling operationalisation of the disease surveillance and response at district level.

Detection and management of Non-communicable diseases:

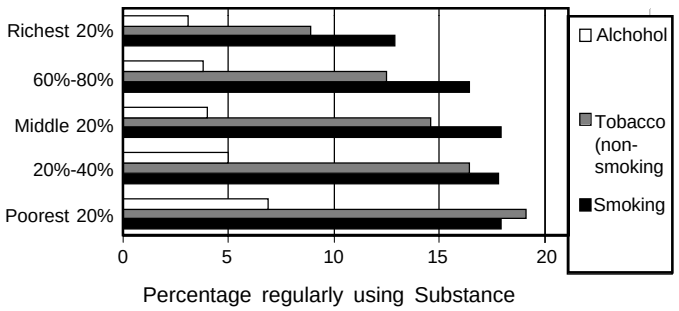
77. Increase in life expectancy, changing life styles and behaviour patterns of people are resulting in increased prevalence of non-communicable diseases. Cigarette smoking and increased tobacco use, alcohol abuse, life style changes and environmental pollution and increased stress contribute to this increase. There is very little data on actual prevalence of many of these factors. It is estimated that there are nearly 5-7 million cancer cases in India; current projections suggest that the total cancer burden in India for all sites will increase from 6.02 lakhs new cases per year in 1991 to 14.14 lakhs new cases in 2026. Data on prevalence of cardiovascular disease from the few studies available are insufficient for national level projections. Available information suggests that 10% and 5% among adult population of urban and rural area respectively suffer from hypertension. The prevalence of Rheumatic heart disease (which constitutes 20-30% of hospital admissions due to all CVD in India) is 507/1000 in 5-15 year age group.

78. It is commonly believed that non communicable diseases are more prevalent in the higher income group. However, data from the 52nd round of NSSO 1995-96 showed that tobacco intake(smoking and non smoking) and alcohol abuse is higher in the poorest 20% of income quintile (Fig-1); the prevalence of non communicable diseases is therefore likely to increase in the lower socio economic groups in the coming years. IEC efforts to reduce tobacco consumption is being stepped up to reduce tobacco consumption in all income groups. In view of the high cost involved in management of non communicable diseases, attention need be focused on prevention of NCD, early detection and appropriate management that is affordable to all segments of the population.

79. As a central sector programme the Centre took up projects for strengthening facilities for care (Cancer Control Programme), setting up models for replication such as District Mental Health Programme and pilot projects on Diabetes Control. These models are to be replicated after appropriate adaptation by the states through existing infrastructure. Centre is also providing funds for equipping hospitals under the Cancer Control Programme. In some states e.g. Kerala, efforts are being made to implement an integrated non-communicable disease control programs at primary and secondary care level with emphasis on prevention of NCD, early diagnosis, management and building up of suitable referral system. Tertiary care centres are being strengthened so that treatment facilities for management of complications improve.

80. As the anticipated increase in prevalence of NCD over the next few decades is at least in part due to changing lifestyles, it is imperative that health education for primary and secondary prevention as well as early diagnosis and prompt treatment of NCD receive the attention that it deserves. The increasingly literate population can then be expected to take a pro-active role and help in achieving a reduction in morbidity and mortality due to NCD.

Prevalence of Alchohol and Tobacco Use in India by Income Quintile Fig-1



Source: NCAER-Who Benefits from Public Health Spending in India and NSSO, 1995-96

Essential Drugs Programme

81. It is estimated that at least about 1/3rd of all the expenditure on health care goes towards purchase of drugs. Drugs play a very critical role in management of illnesses. Yet there are major problems regarding availability and use of drugs in health care system.

- Drugs are not available or there is short supply.
- Several unnecessary drugs and unnecessary combinations of drugs are prescribed.
- There is no list of essential drugs.
- Poor quality and lack of quality control of drugs.
- Problems in logistics of procurement and distribution of drugs.
- Prescription does not follow specific protocol.
- Information for patients on drugs and need for compliance with regimens are not emphasized .

82. Several State Governments have initiated remedial steps. The two States, which are in the vanguard of the movement, are Tamil Nadu and Delhi. These States have initiated an essential drugs programme with the following components:

- Improvement of availability of safe and effective drugs.
- Establish quality control and assurance system.
- Draw up an essential drug list.
- Develop a drug policy, establish a pooled procurement system.
- Encourage rational prescription.
- Ensure that correct drugs are given in the right dosage for appropriate duration.
- Provide objective, information to the doctors through appropriate orientation and training courses so that they follow rational drug prescription practices.
- Provide information about medicines and their use to the patients so that they use drugs appropriately and minimize misuse, incorrect use or short duration use, which could lead to increasing drug resistance.
- Research and monitoring of all aspects of drug use including adverse drug reactions.

83. The essential drug list in generic names cuts down the purchase of unnecessary drugs, and results in rational drug prescription; bulk purchase, central payment and adherence to a strict schedule of payment results in economies of scale and value for money. Strip packing has increased the acceptability of the drugs by the public; quality testing and black listing of substandard drug suppliers has resulted in good quality drugs being supplied.

84. The centre is taking steps to include organisation of logistics of drugs and consumable supplies as a component of all the major programmes including EAPs so that within the next few years a similar system would be set up in all states. Further improvements that are under way are the adoption of a computerized online inventory control system and the formation of a Drug Corporation to take over the procurement and supply of drugs from the government.

Bioinformatics and Telemedicine

85. **Information technology** is now becoming one of the major components of the health management infrastructure. The nationwide network of NICNET provides rapid reporting mechanism for health information; Medlars' Biomedical Informatics Programmes provides ready access to medical databases to post graduates and research workers as well as practising physicians**.** Planning Commission has provided Additional Central Assistance to the Universities of Health Sciences in Karnataka, Andhra Pradesh, Tamil Nadu and Punjab for strengthening of libraries and networking them through **information technology upgradation.**

86. **Tele Medicine Programmes** bring experts together to assist local doctors in management of complicated cases. As a pilot project, Maharashtra has launched a Telemedicine service in three PHCs at Wagholi, Paud and Chakan. The service is provided by Doctoranywhere.com in collaboration with Tata Council for Community Initiatives. The service uses internet based technology to connect the PHC with medical specialists. Some of the major hospitals have taken up online consultation service with other specialists within the country as well as abroad.

Other initiatives

87. Centre has **provided funds to assist States for improving functional status of the health care facilities**

- with earmarked funding of ACA under PMGY to fill critical gaps in infrastructure and for essential maintenance;
- through externally assisted projects for strengthening health infrastructure and
- centrally sponsored programmes in Health and Family Welfare for strengthening infrastructure, covering critical gaps in manpower, equipment, consumables and drugs.

88. Under PMGY, an allocation of Rs. 2800 crore has been provided to the States. A minimum of 10 per cent of this allocation is to be spent by the States on health. Funds from PMGY under primary health care may be utilised for strengthening of existing primary health

care institutions: 50 per cent for procurement of drugs and essential consumables and contingency for travel costs for ANMs, repair of essential equipment, repair/replacement of furniture and 50 per cent for strengthening, repair and maintenance of infrastructure in sub-centres, PHCs and CHCs. Priority will be given to ensure potable water supply, adequate toilet facilities and hospital infection control and waste management.

89. Under the Reproductive and Child Health Care Programme, Rs. 10 lakh per district has been released to the States **for minor repair and maintenance of buildings**, especially for operation theatres, labour rooms and for improvements in water and electric supply. Rs. 10 lakh per CHC/District Hospital is also released to all states for major civil works to **improve facilities for essential obstetric services through construction/repair of operation theatre, labour room/**or to provide/improve facilities for water/electric supply in PHCs, CHCs and district hospitals.

Planning Commission has provided Additional Central Assistance to

- **NCT Delhi, Punjab and Maharashtra Govt.** for development of urban health care services and establishment of referral linkages;
- **Kerala** for strengthening district hospital and make them self sustaining.

The progress and impact of these initiatives are being monitored

90. It is obvious that the Centre and the States have made every effort to implement the recommendations of the Ninth Plan regarding health system reforms. The progress, however, has been uneven. None of the states have implemented a comprehensive package of structural and functional reforms. Most have taken up essential components of reforms such as logistics of drug supply, hospital infection control and waste management. The coverage as well as progress varies between states. Some States have moved far ahead in some aspects , e.g. Kerala in decentralised planning and devolution of funds and responsibilities to PRIs while others have encountered difficulties in implementing similar reforms. It is essential to assess progress and problems in implementation of the reforms in each state and appropriately modify the content and pace of implementation. In some states in the initial phases there may be greater enthusiasm in implementation of the reforms with the centre, state and the externally assisted programme providing financial; the progress in such states should be carefully monitored so that there is no faltering after the initial phase. Others who may have encountered problems in the implementation of the reforms in the initial phases have to be encouraged to persist.

Public – Private Participation in Health Care

91. Right from the pre-independence days private practice is allowed for government doctors; this practice continues even today in majority of states. To cope with lack of medical teachers many Medical Colleges in the fifties and sixties utilized private practitioners who worked as honorary teachers in medical colleges and honorary physician in teaching hospital; this practice dwindled with increasing availability of full time govt. teachers. Over the years both government and private sector have undergone massive expansion and diversification. Both private and public sector institutions grew at similar pace till eighties; subsequently the growth has been higher in the private sector. Over the years modalities

of private public collaboration have evolved taking into account the changing needs and availability of services.

92. In view of the importance of primary health care efforts were made to establish Sub Centre, Primary Health Centre, Community Health Centre according to defined norms in the Govt sector. Information on infrastructure and manpower at the state/central government funded primary health care institutions are reported, periodically updated and monitored.

TABLE 5.4.1.1

	Rural Population per centre	**Tribal population per centre**
Sub Centre	5000	3000
Primary Health Centre	30,000	20,000
Community Health Centre	1,20,000	80,000

93. At national level, the norms have been achieved for Sub centers and primary health centers by the 8th Plan period. Priority has been given to establishment of these institutions in the remote rural and tribal areas where there is an urgent need for health care services. However, availability and utilization of services are poorest in the most needy states/districts. There are persistent gaps in manpower and infrastructure especially at the primary health care level as persons posted in these areas do not stay and deliver services. Contractual appointment of the health care personnel and hiring of private practitioners for providing services in the PHCs have been attempted to fill the gaps but response has been poor. The private sector institution/doctors are not readily available in remote areas because in these areas people do not have the ability to pay and there is a lack of social infrastructure. Thus, population living in remote rural and tribal areas where health care needs are the greatest, have very poor access to functioning government health services or private sector facilities.

94. Private sector institutions have come up depending on availability of personnel, perceived need for health care by population and their ability to pay for health care services provided by private practitioners. At present there is no uniform nationwide system of registering either practitioners or institutions providing health care in private/voluntary sectors and there is no mechanism for obtaining and analyzing information on health care infrastructure and manpower in private and voluntary sectors at district level. This was identified as a priority area in the 9th Plan and a Standing Technical Advisory Committee had been set up under the chairmanship of Director General of Health Services; the Central Bureau of Health Intelligence (CBHI) was entrusted with the task of compiling the data on rural and urban, primary, secondary and tertiary health care infrastructure and manpower in private, voluntary, industrial, governmental and other groups. So far, very little progress has been reported in this important effort.

95. Available data on infrastructure and manpower in private, public sector in urban/rural area computed from CBHI reports is shown in Table-5.4.1.2. While information on the Govt. sector institutions is reliable, it is possible that here has been underreporting of the private sector institutions.

TABLE-5.4.1.2

NUMBER OF HOPITALS AND BEDS

	HOSPITALS	BEDS	DISPENSARIES	BEDS
RURAL	461	122453	12050	13076
URBAN	10416	501366	16175	12106
GOVT.	4473	375987	9460	13406
LOCAL BODIES	335	19677	1634	1254
PVT. AND VOLUNTARY	10289	228155	17131	10531
TOTAL	15097	623819	28225	25182

SOURCE : CBHI, DEPTT. OF HEALTH, 1995 & 96

	Private sector	
	Hospitals	Beds
Andhra Pradesh Census of Hospitals	2802	42192
Reported to CBHI	266	11103
Extent of under-reporting	10.5 times	3.8 times

Source: Census 1993, Director of Health Services and the Andhra Pradesh Vaidya Vidhan Parishad

96. Available data from NSSO Surveys, surveys carried out by independent investigators and studies funded by the Department of Health suggest that majority of the physicians in modern system of medicine and ISM&H work in private sector. In spite of the abundant supply of registered physicians in modern system of medicine and ISM&H, unqualified persons still provide “health care” especially to poorer segments of population living in urban slums, remote rural and tribal areas.

97. Private sector doctors and institutions providing primary health care are more in urban than in rural areas. Both in private and in public sector, secondary, tertiary and superspeciality institutions are situated only in urban areas. Majority of private sector institutions are single doctor dispensaries with very little paramedical support or infrastructure. They provide symptomatic treatment for common ailments at convenient times; because of the convenience and easy access patients from even below poverty line pay for their services and utilize them. These private practitioners do not have access to updated standard protocols for management of common ailments. There are inadequacies in the quality of care provided. There is no attempt to screen persons for complications and refer them to appropriate level of care, no effort is being made to rationalize drug use or contain the costs of treatment.

98. The private sector represents a vast untapped human resource for improving coverage of national programmes and health indices of the population. There are ongoing experiments involving private sector practitioners in the National Programmes e.g. Mahavir Hospital, Hyderabad in DOTS programme in Andhra Pradesh, involvement of private practitioners/

institutions in blindness control programme, utilization of NGOs, not- for- profit institutions in leprosy programme.

Public Private Collaborations in Health Care

99. A wide variety of public-private collaborative efforts have been reported by difference states.

- In states where private practices for Govt. doctor is allowed, 80% of the doctors in government services, practice either in their own private clinic or work in a private clinic as a consultant. They have the advantage of knowledge and skills acquired from ongoing in-service training programmes and can utilize them for the benefit of patients whom they treat in private practice.
- In some states the private practitioners either in modern medicine or ISM & H are given the responsibility of manning a primary health care centre where government doctor is not available; these contract physicians need orientation training so that they can fulfill the role expected of PHC physicians in preventive, promotive and curative care as well as implementation of national programmes.
- Private practitioners especially specialists are hired on contract to provide specialist care in primary health centre/community health centre under RCH Programme, to improve access to RCH services for “at risk” women and children.
- Private sector individuals/institutions e.g. Tata Iron & Steel Company (TISCO) provide health care to the population living in a defined area.
- Private Sector institutions e.g. companies contribute to meet health care needs of a population living in the vicinity of their factory.
- Private superspeciality, tertiary/secondary care hospitals were given permission to import equipment without duty with the understanding that they will provide in-patient/out-patient services to poor patients free of charge.
- Private super-speciality, tertiary/secondary care hospitals were given land, water and electricity etc. at a concessional rate with the understanding that they will provide in-patient/out-patient services free of charge to BPL patients.
- Private practitioners provide information for disease surveillance in some districts.

100. The impact of all these on improving access to health care at affordable cost and improving control of communicable diseases have not yet been evaluated. However, available information suggest that these schemes had succeeded in places where there was a well defined committed group to ensure that the MOUs were implemented fully. It is important that public/private participation should be area specific taking into account the health care needs of the population, presence of each of these sectors, their strength and weaknesses. Monitoring of implementation with participation of the PRI and local leaders will go a long way in ensuring accountability.

101. Since private sector provides most of the curative care in the country, it is important that they are given ready access to updated protocols for management of common illnesses and current regimens used in National Disease Control Programmes and Family Welfare Programme. They may have to be given ready access to drugs, devices, vaccines which are provided through National Programmes. If this were done the private practitioners can play a very important role in increasing coverage as well as containing cost of care. One very important pre-requisite for such an effort will be development of standard treatment protocols appropriate for each level of care. The Medical Colleges and Research Institutions should play a key role in getting these documents made within a short period. The existing government institutions at each level will have to take up the responsibility of testing these management protocols, suggest modifications if necessary, utilizing these for the CME programme for skill upgradation and training of both government and private health professionals and para professionals. They will have to evolve appropriate norms for cost of care at different level of institutions, monitor both cost and quality of care in their own institutions, which will be a "model institution" in the district. The district health officials will have to monitor performance of both public and the private sector institutions in the district and assist them in improving quality of care. Available IT tools have to be fully utilized by CME Programmes to ensure easy access to these materials for skill and knowledge upgradation; online consultation services for doctors with specialists may improve quality of services and reduce the problem in transporting patients to hospitals for diagnosis and advice regarding management.

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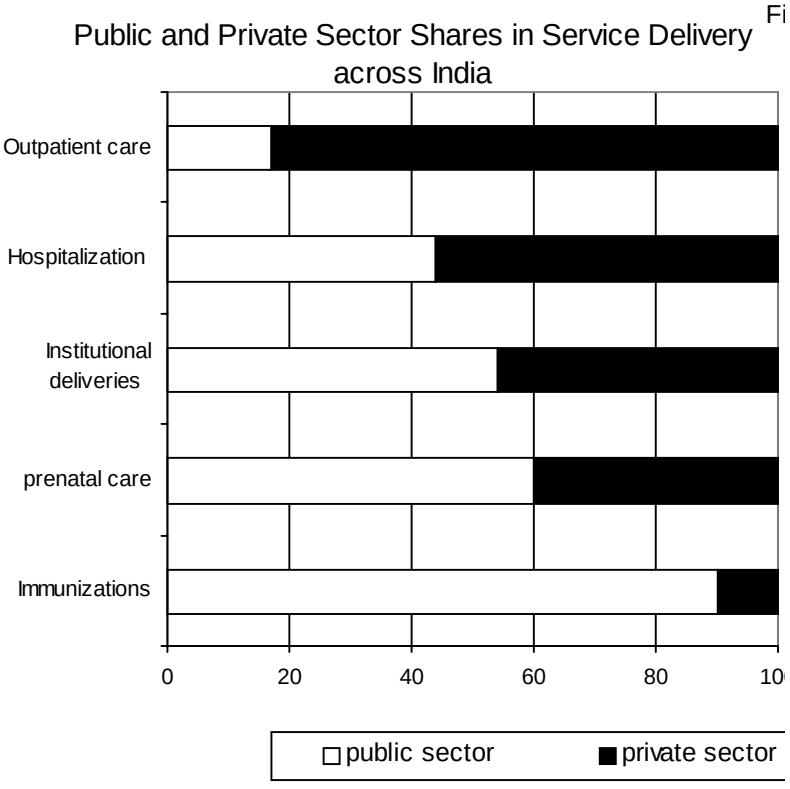
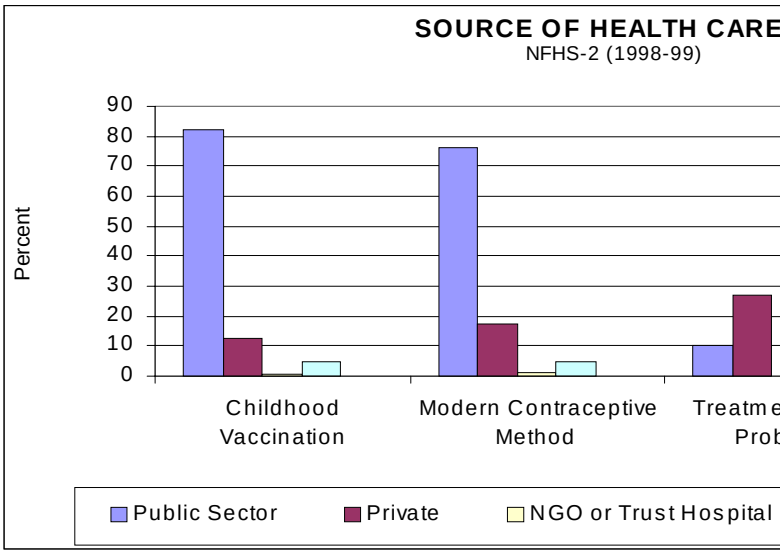
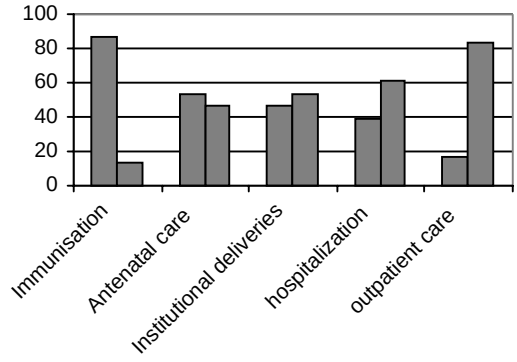


Source: NCAER-Who Benefits from Public Health Spendin India and NSSO - 52nd Round

102. The 52nd round of NSSO and the NFHS I & II provided some insights into the type of services people sought from private and government sector institutions. Data from both these indicated that there were distinct patterns for utilization of out patient and inpatient services.



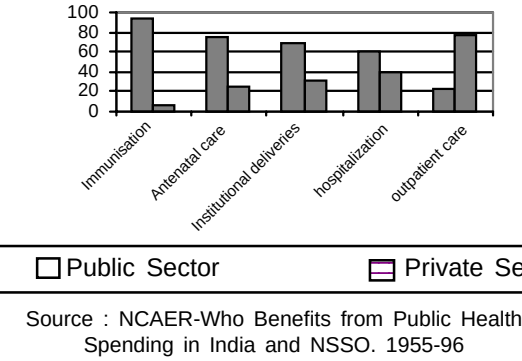
Public and private sector shares in service Delivery for those above Poverty Line. All India, 1995-96 Fig-3a



Source : NCAER-Who Benefits from Public Health Spending in India and NSSO. 1955-96

103. For out patient curative care for minor ailments majority of the population both above and below poverty line utilized private sector; however for obtaining immunization or antenatal care, majority of the population irrespective of income status went to government institutions/persons (Fig-2a, 2b, 3a & 3b). There is very little information about relative proportion of contribution of private and government sector for out patient treatment under disease control programmes, but service reporting under these programmes suggest that government sector provides treatment for high proportion of patients. These data suggest that government sector remains the provider of family welfare services and national disease control programmes related services to majority of the population. The Ninth Plan envisaged that in view of the importance of these for improving health and demographic indices of the population, these services will be provided free of cost to all. The finding from NSSO and NFHS confirm that Govt. sector remains the major source for these services and hence the policy will have to be continued.

Public and private sector shares in service Delivery for those Below the Poverty Line. All India, 1995-96 Fig-3b



Source : NCAER-Who Benefits from Public Health Spending in India and NSSO. 1955-96

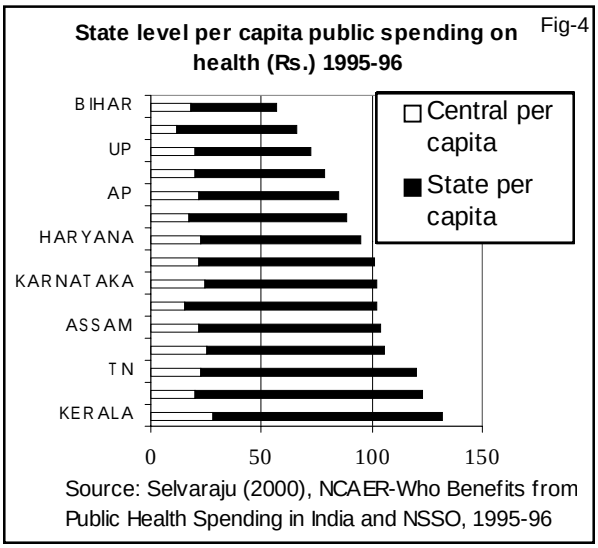
104. Hospitalization for all ailments is shared equally between private and government sector (Fig-2a). The lower cost of the services in the government sector is

cited as the major factor responsible for persons below poverty line seeking government services (Fig-3b). There are substantial interstate, inter-district and urban/rural differences in the presence and utilization of government and private sector institutions for inpatient health care . There have been very few studies documenting the geographic distribution of inpatient facilities, existing collaborations between private sector – public sector institutions and the role each of them play in inpatient health care in different states. The Ninth Plan envisaged that these will be documented and utilized for decentralized district based planning. This objective has not yet been achieved and may have to be taken up on priority basis during the 10th Plan. The 10th Plan will have to take into account the significant presence and utilization of private sector for primary, secondary and tertiary care while planning to meet the felt needs for health care of the population.

Health Care Financing

105. Health care has been recognized as an essential social sector investment for human resource development. Central and State Governments provide funds for development and running costs of Govt. health care institutions; health services in Govt. institutions are provided free of cost to all. The Ninth Plan recognized that with escalating costs of health care, increasing awareness and expectation of the population, it will not be possible to continue this policy and therefore identified some major public health priorities for continued government funding. The Ninth Plan advocated that the centre and state governments should evolve appropriate norms for levying of user charges for other services from people above poverty line. Appropriate mechanisms for collection and local utilization of the funds collected have to be evolved and tested so that these institutions will be able to become more autonomous and have funds for purchase of consumables, maintenance of infrastructure and equipment.

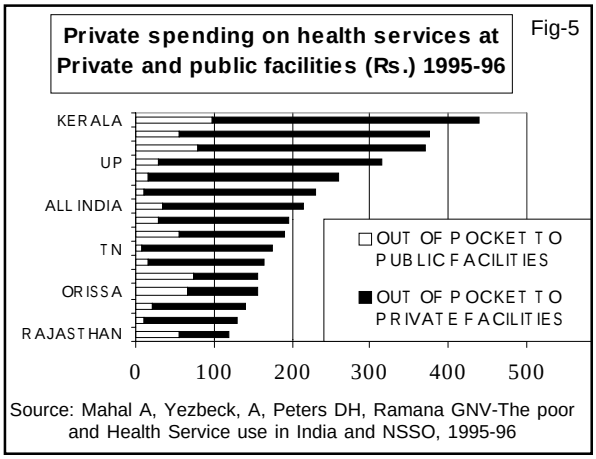
Fig-4



Source: Selvaraju (2000), NCAER-Who Benefits from Public Health Spending in India and NSSO, 1995-96

106. It is estimated that the country at present is spending 4.5% GDP on health; of this 0.9% is public expenditure. India ranks thirteenth from the bottom in terms of public spending on health (World Health Report 2000). It is estimated that currently per capita public health expenditure is Rs.97. There are substantial variations in public expenditure on health between States. However, Central Govt. contribution through Centrally Sponsored Schemes remains relatively similar (Fig–4). There are massive differences in private spending on health care services in public and

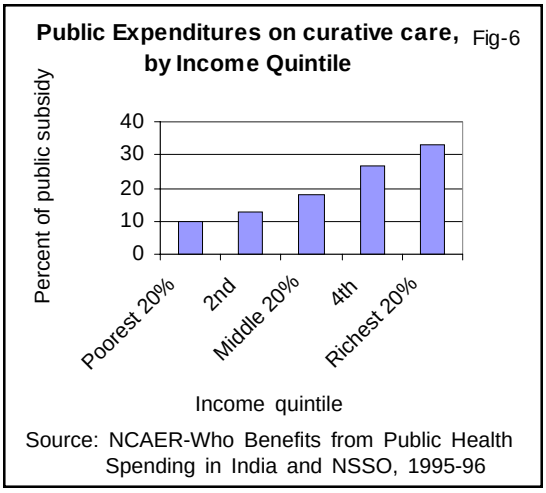
Fig-5



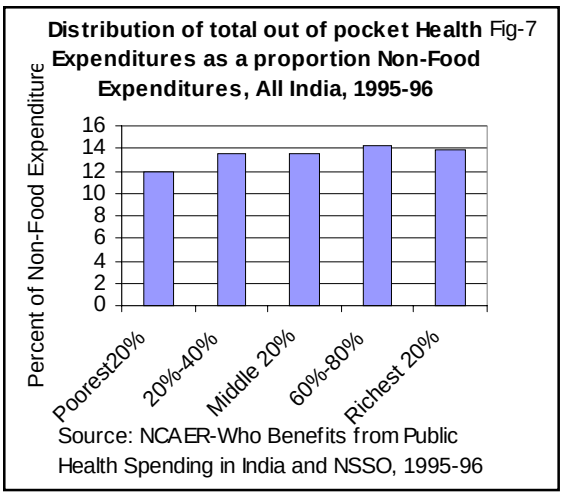
Source: Mahal A, Yezbeck, A, Peters DH, Ramana GNV-The poor and Health Service use in India and NSSO, 1995-96

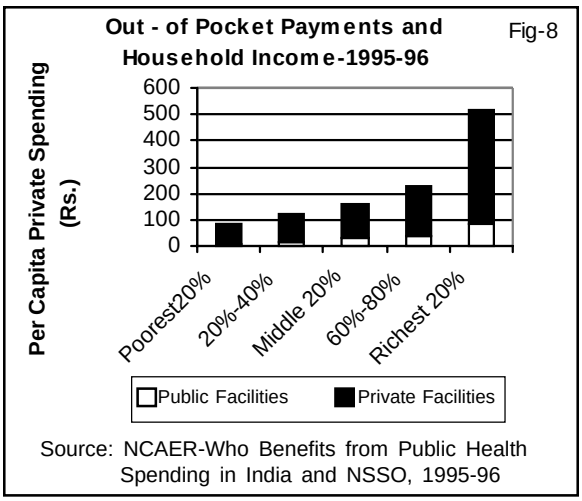
private facilities between states. Kerala and Punjab spend about four times more on health as compared to Bihar and Rajasthan. The high and low spending in private and public sector do not always go hand in hand with each other . Private facilities receive major share of out-of pocket expenditure (Fig-5).

107. The poorer segments of population had less access and utilized public sector curative services far less than the better off segments of population (Fig 6). The richest 20% used over 30% of public expenditure on curative care while the poorest 20% use only 10% of the public expenditure on curative care. It is thus obvious that even in curative care the poor have unequal share of public expenditure

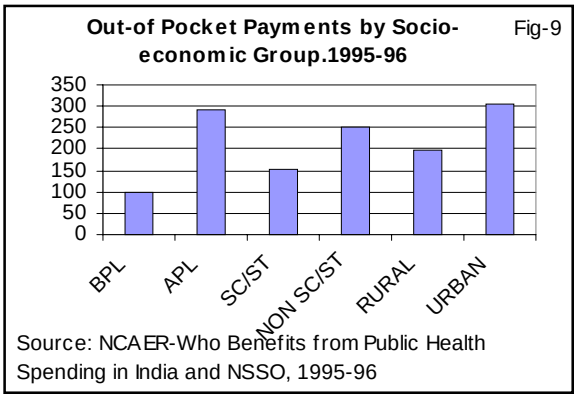


108. Out of pocket expenditure is the most common method of payment for private health care services. It is noteworthy that the poorest 20% spent 12% of the non-food expenditure on health care (Fig 7). The lower 20th Centile Population spends about Rs. 100 per capita on health care - most of it in the private sector. The out of pocket expenditure by upper 20% was five times that of the lowest 20th Centile (Fig 8).





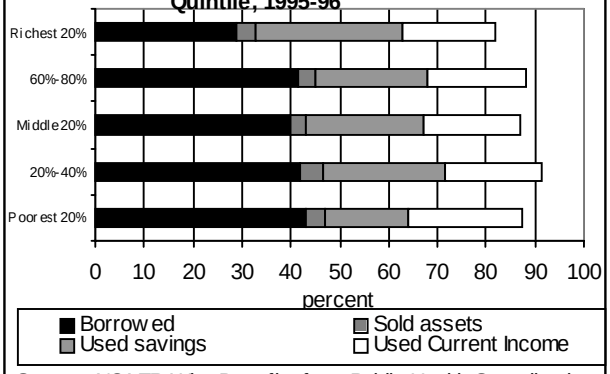
109. There is emphasis on a tribal subplan that the norms provide more institutions/ personnel to improve access to health services for the scattered tribal population; however, due to persistent vacancies in critical posts in primary health care institutions the tribal community continues to have limited access to health care. The out of pocket expenses of SC/ST population is higher than the below poverty line families perhaps because they had greater problem in access to health care services (Fig-9). The



aware urban population spent larger amount on health care as compared to their rural counterparts perhaps because they have ready access to high cost or hi-tech care.

110. Mechanisms by which the different income groups meet the out of pocket expenses for hospitalisation is shown in Figure 10. Hospitalization for major illness is a cause of indebtedness in all income groups. With increasing awareness, people are willing to spend on health care; however, currently there is no mechanism for ensuring that they get due returns in terms of quality of care. There is an urgent need to evolve and implement standard protocols for management of illnesses as well as evolve cost of care norms so that the amount invested by individuals in health care does get appropriate returns in terms health care.

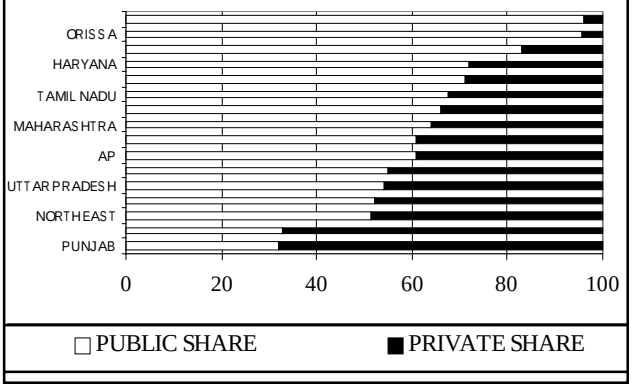
Sources of Financing for Private Expenditures on Hospitalisation in India by Income Quintile, 1995-96 Fig-10



Source: NCAER-Who Benefits from Public Health Spending in India and NSSO, 1995-96

111. There are substantial interstate differences in usage of public and private facilities by people below poverty line. In Himachal, West Bengal and Orissa the poor predominantly use public facilities. In contrast the poor in Bihar and Punjab make very limited use of public sector inpatient facilities (Fig-11). The reason for these substantial interstate differences can be varied. The lack of functional public funded hospitals in Bihar may be the reason for the poor accessing the private hospitals. In Punjab the perception regarding convenience , comfort and quality of care may be the reason why private sector hospitals are utilised even though functional public sector hospitals exist. In Orissa absence of private sector facilities in the remote rural and tribal areas might be the factor responsible for the poor using the available public sector hospitals.

PUBLIC AND PRIVATE SECTOR SHARE OF INPATIENT BED DAYS BY PEOPLE BELOW THE POVERTY LINE Fig-11



112. It is essential that health sector reforms during the Tenth Plan address the issues of equity and need and devise a targeting mechanism by which people below poverty line have ready access to subsidized health services to meet their essential health care needs; simultaneously efforts should be made to build up an appropriate mechanism of payment for health care by other segments of population. Hospitalization for major illnesses represents a major financial crisis for the entire family in all income groups. It erodes into the savings and is a major cause of indebtedness in low and middle-income groups. Appropriate scheme for health financing for different income groups have to be evolved and implemented to meet hospitalization costs. The range of health finance options may include health insurance for

individuals, institutions, industries, social insurance for below poverty line families; alternative mechanism of targeted health care subsidies have to be explored. Global and Indian experience with health insurance/health maintenance organisations have to be reviewed and appropriate steps initiated. In order to encourage healthy life styles early “no claim bonus”/ adjustment of the premium could be made on the basis of previous years hospitalisation cost reimbursed by the insurance scheme.

OUTLAY

State Sector

113. The state-wise outlay and expenditure in the Ninth Plan is shown in Annexure-5.4.1.1. Restructuring of the health care infrastructure, redeployment and skill development of manpower, development of referral network, improvement in the Health management information system, development of disease surveillance and response at district level are some of the critical steps that have to be taken up by the State Governments in order to improve the functional status and efficiency of the existing health care infrastructure and manpower in the States. The centrally sponsored disease control programmes and the family welfare programme provide funds for additional critical manpower and equipment; these have to be appropriately utilized to fill critical gaps. The ongoing and the proposed EAPs are additional sources for resources. Health is one of the priority sector for which funds are provided in the central budget under the head Additional Central Assistance (ACA) for PMGY to utilize these funds for meeting essential requirements for operationalising rural health care to fill initial gaps in health care infrastructure and manpower in rural areas.

CENTRAL SECTOR

114. The Table-5.4.1.3 below provides the central sector outlay and expenditure for Health during the Ninth Plan.

Table-5.4.1.3

APPROVED OUTLAY AND EXPENDITURE FOR HEALTH

(Rs. in Crores)

Ninth Plan Outlay (1997-2002)	1997-98 (B.E.)	1997-98 (Actual)	1998-99 (B.E.)	1998-99 (Actual)	1999-2000 (B.E.)	1999-2000 (Anti.Exp.)	2000-2001 (B.E.)	2000-2001 (R.E.)	2001-2002 (B.E.)
5118.19	920.20	716.15	1145.20	814.34	1160.00	1000.00	1300.00		1450.00

115. Health is one of the sectors identified under the Special Action Plan. In addition to the funds available from Domestic Budgetary Support, several centrally sponsored disease control programmes are receiving funds from EAPs. Outlays for the major schemes (including CSS) are in Annexure 5.4.1.2.

Annexure 5.4.1.1

OUTLAY FOR HEALTH IN THE STATES & UNION TERRITORIES

(Rupees in Lakh)

STATES	9th plan Outlay HEALTH	1997-98				1998-99			
		Outlay		Act. Exp.		Outlay		Act. Exp.	
		HEALTH	MNP/ BMS	HEALTH	MNP/ BMS	HEALTH	MNP/ BMS	HEALTH	MNP/ BMS
1	2	3	4	5	6	7	8	9	10
ANDHRA PD.	63052.00	13937.00	2923.60	12366.00	2923.60	20046.00	3923.60	19865.00	NA
ARUNACHAL PD.	33502.00	3149.00	1021.00	1782.00	1021.00	3520.00	1072.00	1814.00	NA
ASSAM	38410.00	6561.00	3120.00	6223.00	3120.00	7191.00	4334.00	6887.00	4334.00
BIHAR	83200.00	7245.00	5059.00	4950.00	3726.00	12177.00	7518.00	6902.00	3218.28
GOA	8122.00	1082.00	187.80	1032.00	187.80	772.00	101.95	1069.00	105.70
GUJARAT	83225.00	22093.00	12177.00	17180.00	10424.01	23550.00	12132.31	17179.00	NA
HARYANA	35134.00	3882.00	1425.00	4493.00	1425.00	5946.00	2700.00	4126.00	2700.00
HIMACHAL PD.	31765.00	5544.00	2659.10	6535.00	2369.31	8965.70	3341.54	8164.00	3341.54
J & K	110029.00	7450.00	6460.00	6989.00	6460.00	11385.51	6334.86	8244.00	6896.80
KARNATAKA	110000.00	18359.00	12713.00	21914.00	12713.00	19544.30	11785.00	22909.00	11615.85
KERALA	30940.00	6096.00	855.00	5828.00	855.00	6200.00	775.00	7343.00	775.00
MADHYA PD.	56787.00	9331.00	5604.00	7031.00	5604.00	17351.47	4357.78	14524.00	4357.78
MAHARASHTRA	91823.00	17391.00	9882.00	13811.00	9882.00	22993.00	7142.00	16224.00	NA
MANIPUR	3600.00	630.00	271.65	540.00	271.65	809.35	600.00	809.00	550.00
MEGHALAYA	14000.00	2430.00	1306.50	1790.00	1306.50	2430.00	2000.00	2360.00	1750.00
MIZORAM	11201.00	1651.00	795.00	1651.00	795.00	1816.00	794.41	1785.00	781.66
NAGALAND	10631.00	2506.00	1017.00	2480.00	1017.00	2128.00	950.00	2022.00	1139.00
ORISSA	41606.00	4104.00	1907.89	5198.00	2737.09	7526.21	3465.19	7042.00	4376.01
PUNJAB	51159.00	9938.00	3432.00	3187.00	3432.00	16352.00	2579.60	8374.00	1968.60
RAJASTHAN	77060.00	13919.00	7005.05	12339.00	7005.05	15289.00	8830.00	10991.00	6600.00
SIKKIM	8000.00	857.00	267.15	757.00	267.15	814.00	275.05	1914.00	NA
TAMILNADU	78052.00	8909.00	2440.86	11005.00	2440.86	11650.93	3388.14	12843.00	3388.14
TRIPURA	8559.00	1371.00	619.00	1091.00	619.00	1407.92	659.00	1448.00	659.00
UTTAR PD.	118500.00	17312.00	12836.00	15609.00	13037.00	40551.00	27813.00	10862.00	9432.00
WEST BENGAL	97864.00	20633.00	1500.00	3322.00	1030.62	19286.00	3103.00	7811.00	3616.00
TOTAL STATES	**1296221.00**	**206380.00**	**97484.60**	**169103.00**	**94669.64**	**279702.39**	**119975.43**	**203511.00**	**71605.36**
U T s									
A & N ISLANDS	7741.00	1559.00	671.00	1831.59	671.00	1895.00	786.00	2055.29	NA
CHANDIGARH	17065.00	3617.00	353.00	3748.90	353.00	3548.30	222.50	3297.61	NA
D & N HAVELI	514.00	219.00	207.50	148.87	207.50	252.70	91.45	189.82	NA
DAMAN & DIU	887.00	133.00	97.00	165.96	97.00	173.00	153.80	186.91	NA
DELHI	110140.00	15240.50	1800.00	12684.15	1800.00	19700.00	3619.00	13994.62	NA
LAKSHADWEEP	817.46	233.85	151.77	267.78	151.77	333.00	71.00	323.61	NA
PONDICHERRY	10000.00	1630.00	240.52	1546.97	240.52	2370.00	303.87	1921.30	330.28
TOTAL UTs	**147164.46**	**22632.35**	**3520.79**	**20394.22**	**3520.79**	**28272.00**	**5247.62**	**21969.16**	**330.28**
GRAND TOTAL (STATES & UTs)	**1443385.46**	**229012.35**	**101005.39**	**189497.22**	**98190.43**	**307974.39**	**125223.05**	**225480.16**	**71935.64**

Annexure 5.4.1.1 Contd.

OUTLAY FOR HEALTH IN THE STATES & UNION TERRITORIES

(Rupees in Lakh)

STATES	1999-2000				2000-01	
	Outlay		RE.		Outlay	
	HEALTH	MNP/BMS	HEALTH	MNP/BMS	HEALTH	MNP/BMS
1	11	12	13	14	15	16
ANDHRA PRADESH	28033.00	1197.00	28033.00	NA	27749.95	2841.20
ARUNACHAL PRADESH	2947.00	998.00	2957.00	998.00	2068.93	998.00
ASSAM	7741.00	4534.00	7732.00	NA	7439.00	3243.00
BIHAR	12768.00	10800.00	7376.00	6919.34	9891.01	4309.00
GOA	1646.00	106.55	1446.00	NA	1423.00	11.70
GUJARAT	25100.00	11342.82	25100.00	11342.82	26000.00	11905.53
HARYANA	5327.00	2700.00	4229.00	2400.00	5648.00	351.70
HIMACHAL PRADESH	10555.00	3319.83	11495.00	NA	9685.09	1334.00
J & K	11974.00	6312.79	12577.00	6312.79	10595.17	7277.00
KARNATAKA	22774.00	17200.25	22911.00	17254.32	22558.11	1126.95
KERALA	6400.00	607.00	5600.00	607.00	6335.00	627.00
MADHYA PRADESH	13524.00	4056.69	12425.00	NA	11217.62	7006.32
MAHARASHTRA	27798.00	6856.93	27798.00	6856.93	30485.85	1860.00
MANIPUR	1080.00	550.00	1080.00	NA	1250.00	728.40
MEGHALAYA	3079.00	2329.00	3050.00	2329.00	3300.00	2600.00
MIZORAM	2286.00	1830.00	2546.00	2090.00	2562.00	942.00
NAGALAND	2128.00	1139.00	2025.00	1139.00	1577.00	940.00
ORISSA	13208.00	4127.72	5045.00	NA	8405.05	1478.25
PUNJAB	18319.00	2458.00	17313.00	2093.00	19187.00	606.00
RAJASTHAN	17262.00	9656.00	12185.00	6500.00	9914.94	1446.00
SIKKIM	1559.00	540.05	1559.00	NA	1200.00	590.00
TAMILNADU	12426.00	2442.99	15819.00	NA	12724.42	1571.85
TRIPURA	1355.00	630.00	1558.00	NA	1442.46	851.00
UTTAR PRADESH	42816.00	15413.57	8600.00	NA	30200.00	8723.00
WEST BENGAL	23502.00	3246.00	20000.00	2116.00	32176.00	2518.00
TOTAL STATES	**315607.00**	**114394.19**	**260459.00**	**68958.20**	**295035.60**	**65885.90**
U T s						
A & N ISLANDS	2000.00	956.00	2000.00	21.63	1900.00	219.00
CHANDIGARH	3483.00	250.50	3406.63	NA	3717.00	100.00
D & N HAVELI	280.00	121.45	280.00	NA	217.80	19.80
DAMAN & DIU	136.00	128.00	136.00	NA	150.10	17.10
DELHI	27345.00	5525.00	20908.00	NA	26642.00	180.00
LAKSHADWEEP	229.03	141.09	229.03	NA	281.45	52.42
PONDICHERRY	2720.00	453.00	2800.66	446.49	2720.00	71.55
TOTAL UTs	**36193.03**	**7575.04**	**29760.32**	**468.12**	**35628.35**	**659.87**
GRAND TOTAL (STATES & UTs)	**351800.03**	**121969.23**	**290219.32**	**69426.32**	**330663.95**	**66545.77**

@: - As Recommended by Working Group, *: At B.E. level

SOURCE: - 1) STATE PLAN DIVISION, PLANNING COMMISSION

2) ANNUAL PLAN DOCUMENT STATE GOVERNMENT

Annexure 5.4.1.2

SCHEMEWISE APPROVED PLAN OUTLAY AND EXPENDITURE DURING THE NINTH PLAN (FROM 1997-98 TO 2001-02)

PROGRAMME/SCHEME	9TH PLAN OUTLAY (1996-97 PRICES)	1997-98		1998-99		1999-2000		2000-01 App. Outlay	2001-02 App. Outlay
		App. Outlay	Actual Exp.	App. Outlay	Actual Expend	App. Outlay	Ant. Exp.		
CENTRALLY SPONSORED SCHEMES									
1. MALARIA CONTROL (INCLUDING KALA AZAR, FILARIA & JE CONTROL)	1035.00	200.00	142.76	297.00	162.19	250.00	205.00	220.00	225.00
2. LEPROSY CONTROL	301.00	75.00	79.56	79.00	77.92	85.00	82.00	74.00	75.00
3. T.B.CONTROL	450.00	90.00	31.31	125.00	70.42	105.00	95.00	130.00	136.00
4. CONTROL OF BLINDNESS	448.00	70.00	58.06	75.00	72.73	85.00	84.00	110.00	140.00
5. GUINEA WORM ERADICATION PROG.	2.00	0.50	0.38	0.50	0.39	0.25	0.25	0.17	0.10
6. NATIONAL AIDS CONTROL PROGRAMME (INCLUDING STD AND BLOOD SAFETY MEASURES)	760.00	100.00	121.00	111.00	99.26	140.00	140.00	175.00	210.00
Total (1-6)	**2996.00**	**535.50**	**433.07**	**687.50**	**482.91**	**665.25**	**606.25**	**709.17**	**786.10**
7. OTHER PROGRAMMES	15.00	7.59	0.80	4.50	0.18	4.70	4.68	7.50	
8. RURAL HEALTH TRAINING, NAJAFGARH	4.00	0.80	0.20	0.80	0.17	0.80	0.20	1.20	1.00
9. CONTROL OF COMMUNICATION DISEASE	109.70	22.71	16.54	24.97	13.48	27.20	22.13	31.23	37.14
10. CONTROL/CONTAINMENT OF NON-COMMUNICABLE DISEASES	251.50	28.11	26.12	39.35	35.54	46.15	51.30	62.88	72.00
11.HOSPITALS AND DISPENSARIES	247.00	51.35	34.58	57.14	40.53	72.70	53.63	82.56	79.78
12. MEDICAL EDUCATION, TRAINING & RESEARCH	1179.00	202.53	178.26	254.61	223.18	289.74	228.71	327.36	375.98
13. OTHER PROGRAMMES	315.99	71.61	26.58	76.33	18.35	53.46	33.10	78.10	98.00
i) All Other Programmes	255.99	71.61	26.58	70.33	18.35	47.46	33.10	75.10	97.00
ii) Capacity Building for Drugs and PFA	60.00			6.00		6.00		3.00	1.00
GRAND TOTAL	**5118.19**	**920.20**	**716.15**	**1145.20**	**814.34**	**1160.00**	**1000.00**	**1300.00**	**1450.00**

5.4.2 INDIAN SYSTEMS OF MEDICINE & HOMOEOPATHY

1. The Indian Systems of Medicine and Homoeopathy consist of Ayurveda, Siddha, Unani and Homoeopathy, and therapies such as Yoga and Naturopathy. Some of these systems are indigenous and others have over the years become a part of Indian tradition. There are over 6 lakhs ISM&H practitioners. Majority of the practitioners work in the private sector, work in remote rural areas/urban slums and are accepted by the community.

2. The problems faced by ISM&H include lack of well qualified teachers in training institutes (hence quality of training is not of requisite standard); lack of essential staff, infrastructure and diagnostic facilities in secondary/tertiary care institutions; potential of ISM&H drugs & therapeutic modalities is not fully exploited and existing ISM&H practitioners are not fully utilized to improve access to health care.

3. The Central Govt. created Department of ISM&H in 1995 to provide focussed attention for development and optimal utilisation of ISM&H for the health care of the population; 18 states also have separate directorates of ISM&H. Ninth Plan envisaged that the Department of ISM&H should improve the quality, content and coverage of ISM&H services through infrastructure and manpower development; preserve and promote cultivation of medicinal plants and herbs, complete the pharmacopoeia for all the Indian systems of Medicine, draw up a list of essential drugs, encourage good manufacturing practices, ensure quality control of drugs and encourage research and development in ISM&H with a focus on drug development and patenting.

EXISTING INFRASTRUCTURE : PRIMARY, SECONDARY AND TERTIARY CARE INSTITUTIONS

4. ISM&H services are being provided at primary, secondary and tertiary care level by private, voluntary sector as well as by govt. centres/institutes. The current position of infrastructure, medical manpower and medical education facilities available under ISM&H is given in Table 5.4.2.1.

TABLE 5.4.2.1

S. No.	Facilities	Ayur-veda	Unani Medicine	Siddha	Yoga	Naturo-pathy	Homoeo-pathy	Total
1	Hospital	2258	196	224	8	21	297	3004
2	Beds	40313	4872	1811	101	733	12836	60666
3	Dispensaries	14416	970	363	42	56	7155	23028*
4	Registered Practitioners**	367528	41221	12915	-	388	189361	611413
5	i) Under Graduate Colleges$	196	40	2	-	-	149	387
	ii) Admission Capacity$	7070	1280	150	-	-	7610	16110
6	i) Post Graduate Colleges$	49	3	2	-	-	14	68
	ii) Admission Capacity$	645	35	70	-	-	186	936

Note: Nil Information Figures provisional

** Information as on 1.1.99; Source Depatt. Of ISMH

$ As on 1.10.2000 based on Information furnished by CCIM/CCH.

* = Includes 26 Amachi Dispensaries-

5. A huge health care infrastructure under ISM&H exists in India. According to available information in ISM & H there are 611413 practitioners, 3004 hospitals, 60666 hospitals beds and 23028 dispensaries of ISM&H drugs.

6. The state-wise distribution of functioning ISM&H infrastructure is shown in Annexure-5.4.2.1. In Madhya Pradesh, West Bengal, Gujarat ISM&H practitioners are posted as the only medical practitioners in some remote PHCs and they provide primary health care. States like Himachal Pradesh and Kerala have ISM&H practitioners in primary health care in addition to physicians of modern medicine so that complementary health care under both systems are being provided, depending upon patient choice and of health problems. Several states are setting up ISM&H clinics in district hospitals. Speciality clinics of Ayurveda and Homeopathy in Safdarjung Hospital and of Unani Medicine in Ram Manohar Lohia Hospital have been set up, as a research activity through the respective Central Council for Research. Apart from regular OPD, eminent leading Vaidyas /Hakims/Homeopaths are providing services once a week in these clinics. An advanced Ayurvedic Centre for Mental Health care has been established at the NIMHANS, Bangalore. Dept. of Family Welfare is providing ISM&H drugs as part of RCH drugs in selected States and cities.

7. It is important to:

- Utilise ISM&H practitioners working in Government, voluntary and private sector to improve IEC, counselling, increased utilization and completion of treatment in National disease control and Family Welfare programmes.
- Strengthen and upgrade ISM & H facilities and make them fully functional so that they provide promotive and curative services
- Utilize ISM&H services located in remote rural and urban areas to provide primary health care services to the population.
- Identify and ensure regular supply of potent ISM&H remedies for primary health care.
- Motivate local people to take up cultivation/harvesting of medicinal plants and herbs by generating awareness about the therapeutic uses of locally available medicinal plants for common ailments.
- Provide orientation training in traditional and ISM&H related health practices.
- Survey, document and propagate traditional foods, remedies and practices of remote & tribal areas.
- Monitor how the efforts in providing complementary system of health care to patients in the hospitals are utilized by the patients and effect mid course corrections.
- Improve tertiary care institutions especially those attached to ISM&H Colleges and National Institutions so that there will be simultaneous improvement in teaching, training, R&D and patient care.
- Establish effective referral linkage between primary, secondary and tertiary care institutions.

DEVELOPMENT OF HUMAN RESOURCES FOR ISM&H: -

Professional Training in ISM&H

8. Nearly 16,000 ISM&H practitioners of various Indian systems graduate every year; however many of the ISM&H colleges do not have adequate infrastructure or qualified manpower, lack teaching, and training material and are functioning sub-optimally. There are

currently 387 under graduate colleges and 68 post graduate colleges under ISM & H. Majority of these are in Ayurveda, many of which have come up in the last decade. There is a skewed distribution of colleges between states e.g., of the 196 undergraduate Ayurvedic colleges 55 are in Maharashtra and 45 in Karnataka; many of these are run on a commercial basis. The quality of education provided in many of these institutions is sub optimal. It is essential to improve quality of training so that those who graduate from these colleges can effectively provide health care to the patients.

9. The Deptt. of ISM & H has taken several steps to improve the situation. The Central Council of Indian Medicine and the Central Council for Homoeopathy inspects educational institutions, registers qualified ISM&H practitioners and revises curricula. State and Central Depts. of ISM&H provide funds for improving and strengthening the existing undergraduate and post graduate colleges of ISM&H to enable them to achieve the norms prescribed by CCIM/CCH.. These should be optimally utilized for filling the deficits, for upgrading library and for equipment.

10. There are ongoing discussions on modalities for improving the functional status of these colleges both in the Govt and private sector . It has been suggested that CCIM/CCH has to take a proactive role in maintaining standards of education; CCIM/CCH should recognize only those institutions which have the necessary infrastructure and manpower. In addition to the initial inspection prior to recognition, these colleges should be periodically inspected and continued recognition will be conditional upon the fact that the minimum essential facilities are available to improve this. It is essential to improve quality of training so that these graduates can effectively take care of patients.

11. It has been suggested that at the National level the Dept of ISM&H should support one National institution for each of the major systems in ISM&H. For instance one National Institute of Homeopathy, National institute (Unani) may be supported by the centre. These institutions will be model institutions which will help in laying down the norms, provide lead role in teaching and research and patient care. The states will take the responsibility of fully developing at least one state level college with adequate facilities in each of the systems; all the Govt ISM&H colleges will be strengthened in a phased manner. Funds for strengthening will partly come from rationalization of tuition fees including admission of students from abroad as well as user charges for patient care in the hospitals attached to these colleges; essential prerequisite for these is improvement of quality of teaching and patient care in these institutions. Once the standards improve, they may be able to attract foreign students.

Paraprofessional training in ISM&H

12. Lack of well trained para professionals in ISM&H has been identified as an important factor in poor quality of care in ISM&H healthcare institutions. The Deptt. of ISM&H is currently taking steps to initiate the course for Nursing and Pharmacy in Unani medicine. Some private organisations and state governments are conducting courses in Ayurvedic Pharmacy. States like Kerala and Rajasthan are conducting courses on Ayurvedic Nursing. These courses are not recognised by any statutory body. Attempts are underway to sort out this problem.

Continuing Medical Education in ISM&H: -

13. Majority of the ISM&H practitioners have qualified from recognised Institutions and could be utilised for improving coverage of National Health Programmes. Most of these practitioners

are in the private sector and require periodic updating of the knowledge and skills through continuing medical education courses. ISM & H experts in consultation with Departments of Health & Family Welfare should design CME programmes so that the ISM & H practitioners get updated not only in their own speciality but also know the on-going health programmes. This would enable ISM&H practitioners to acquire the necessary knowledge and skills and help them to enter the mainstream of health care. Deptt. of ISM&H has a scheme for re-orientation/in-service training with a total outlay of Rs.6.10 crores during the Ninth Plan period. Under this scheme one month's course for Teachers and Physicians and 2 months each for training in specialised fields like Ksharasutra, Pancha Karma therapy and dental practices and training for yoga, is being provided for ISM&H personnel. Deptt. of Family Welfare has sanctioned Rs. 68.8 lakhs to 30 ISM&H institutions for conducting pre-training programmes for providing orientation for RCH programmes to ISM&H practitioners.

14. To sum up, the following steps may have to be taken to improve human resource for delivery of ISM&H services :

- develop one centre in each system as National Institute with adequate financial assistance so that it functions as a model centre.
- support Govt. institutions which submit well defined projects for strengthening.
- ensure accreditation of all educational institutions before they initiate enrolment and mandatory periodic review for continued recognition.
- ensure that students have access to hospitals with requisite number of patients, so that they get clinical training and develop clinical skills.
- ensure uniformity in entry standards, and uniformity in the curricula.
- improve quality and relevance of the undergraduate training and improve clinical skills through a period of internship with possible multi- professional interaction.
- introduce necessary curricular changes in graduate and CME courses, and develop appropriate course contents so as to design learning experiences related to expected task performance, i.e. increasing the involvement of ISM&H practitioners in counselling and improving the utilization of services under the National Health and Family Welfare Programme.

PRESERVATION AND PROMOTION OF CULTIVATION OF MEDICINAL HERBS AND PLANTS :

15. In view of the increasing demand for drugs in ISM&H and the fact that some of the species of medicinal plants are reported to be endangered, the Department of ISM&H has augmented resources for the development and cultivation of medicinal plants, the objective of which is to augment the production of raw herbs of plant origin by providing central assistance for their cultivation and development. States like Himachal Pradesh are investing in herbal gardens so that drugs required for Ayurvedic dispensaries could be provided by the State Govt. at an appropriate cost.

16. The Department also has a Central scheme for development of agro techniques and cultivation of Medicinal plants used in Ayurveda, Siddha, Unani and Homeopathy. Under this scheme, central assistance is provided to specialized scientific institutions on project basis for development of agro-techniques for identified medicinal plants. The Dept. is implementing 34 projects in different organizations to develop agro techniques for about 126 medicinal plants and expenditure of Rs. 350 lakhs was allocated during 2000-01 on the schemes on medicinal plants.

17. There are certain traditional practices of health care, which usually make use of locally available medicinal plants/herbs. This heritage is notably important to be surveyed, explored and scientifically studied for putting to maximum use, especially when and where medical facilities don't exist. There is also a need to prevent patenting of our traditional knowledge by outsiders. All the available information should be properly formatted in a digital form by using international standards for wider use both at the national and international level. Efforts are underway to create an Indian Tradit
ional Knowledge Base Digital Library.

18. Planning Commission had constituted a Task Force on conservation, cultivation, sustainable use and legal protection of medicinal plants. One of the recommendations was establishment of "Medicinal Plant Board" for an integrated development of the medicinal plants sector. It is expected to formalize and organize medicinal plants marketing and trade, coordinate efforts of all the stakeholders of the sector and ensure health for all by improving the awakening and availability of herbal products, besides generating productive employment to one crore tribals and women on a sustainable basis.

19. As a follow up of the Task Force recommendations, Department of ISM&H has constituted the medicinal plant board. Under this head an amount of Rs. 16.10 crores has been allocated during the annual plan 2001-02.

PHARMACOPOEIAL STANDARDS:-

20. Availability of good quality drugs at affordable cost is an essential pre-requisite for any health programme. Currently the country is facing problems in ensuring quality of drugs. The Pharmacopoeial Laboratory of Indian Medicine (PLIM) and the Homeoeopathy Pharmacopoeial Laboratory (HPL) at Ghaziabad are the major drug testing laboratories in ISM&H. in addition to these the state governments have also been advised to set up drug testing laboratories. Setting up Pharmacoepoeial Standards has been identified as a priority in the Ninth Plan.

21. The Department has finalised and notified Good Manufacturing Practices for Ayurveda, Siddha and Unani drugs in the last two years. There was a major problem in ensuring quality control because of lack of adequate number of ISM&H drug testing laboratories. The department has initiated a CCS on State Drug Testing Laboratories and Pharmacies for ensuring quality control, a grant of Rs. 40.00 crores is being given under this.

22. The feasibility of utilizing:

- laboratories of CCRAS and the Chemistry and biochemistry laboratories of universities/college Departments may be explored.
- effective implementation of stringent quality control measures by the Drug Controllers and strict enforcement of the provision of the Drugs and Cosmetics Act and the Magic Remedies Prevention Act required to achieve reduction of substandard and spurious drugs.

RESEARCH AND DEVELOPMENT:

23. The Ninth Plan has emphasised attention on R&D especially clinical trials on new drug

formulations and clinical trial of promising drugs through strengthening of the Central Research Councils and coordination with other research agencies. There has been special emphasis on encouraging research aimed at improving ISM&H inputs in National Health Programmes. Clinical trials for safety and efficacy of drugs traditionally used in illnesses and those used in tribal societies and research on developing new drug formulation are being taken up.

24. The four Research Councils in ISM&H are currently undertaking clinical research on ISM&H drugs, research studies on drug standardisation, survey and collection of medicinal plants, potency estimation of homoeopathic drugs, as well as shelf life studies of different homoeopathic drugs, and clinical screening and pharmacological studies of oral contraceptive agents in Ayurveda. In addition to the Research Councils, the Department has a programme of Extramural Research Project under which funds for research projects are given to research organisations. The ongoing research projects are scattered and few in number; many not from identified priority areas. The linkages between research institutes with educational and service institutions need to be strengthened.

Involvement in National Progamme

25. The Department of ISM&H is associated with the RCH Programme of the Department of Family Welfare. Thirty institutes have been identified for providing training to ISM&H physicians in RCH and funds have been provided by Department of Family Welfare. Inclusion of Ayurvedic and Unani drugs in the drug kit of ANM is being considered. Involvement in all other Central and State Health Sector Programmes e.g. Malaria, Tuberculosis control, diarrhoeal diseases control will have to be taken up in a phased manner.

Outlays and Expenditure:

26. The total outlay proposed for the Department of ISM&H during the Ninth Plan period is Rs. 266.35 crores. The outlay and expenditure for Annual Plans 1997-98 to 2001-2002 are given in Table below.

APPROVED OUTLAY AND EXPENDITURE FOR ISM&H

(Rs. in Crores)

1997-98 (B.E.)	1997-98 (Actual)	1998-99 (B.E.)	1998-99 (Actual)	1999-2000 (B.E.)	1999-2000 (Actual)	2000-2001 (B.E.)	2000-2001 (R.E.)	2001-2002 (B.E.)
35.30	32.80	50.00	49.00	59.13	52.04	100.00	90.00	120.00

27. The Department is continuing all its earlier schemes and proposes /has initiated 13 new schemes. With an annual outlay of Rs. 120.00 crores, on an average each scheme gets about Rs. 3.00 crores per annum. This may pose problems from the point of view of efficiency of investment, management and accountability of schemes. Various activities for which assistance is made available to institutions can be brought within the ambit of a major scheme. The restructuring undertaken by the Department and the Planning Commission on the ongoing proposed activities in a manner which would prevent the resources being spread too thinly and enable the Department to focus on key areas is recommended/supported.

Annexure 5.4.2.1

STATEWISE/ SYSTEMWISE NUMBER OF DISPENSARIES UNDER INDIAN SYSTEMS OF MEDICINE AND HOMOEOPATHY FUNCTIONING AS ON 1.4.1999

SL. NO.	NAME OF STATES/ UTs	AYURVEDA			UNANI			HOMOEOPATHY			OTHERS		
		Dispansaries	Hospitals	Beds	Dispansaries	Hospitals	Beds	Dispansaries	Hospitals	Beds	Dispansaries	Hospitals	Beds
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	ANDHRA PRADESH	1437	8	444	207	7	390	286	6	280	0	1	135
2	ARUNACHAL PRADESH	4	1	15	1	-	-	41	-	-	0	0	0
3	ASSAM#	329	2	130	1	-	-	75	3	105	4	1	25
4	BIHAR#	522	9	871	128	4	414	181	1	100	0	0	0
5	DELHI#	122	9	771	19	4	311	95	3	190	0	1*	50
6	GOA	59	6	245	-	-	-	56	-	-	0	0	0
7	GUJARAT	539	45	1745	-	-	-	34	9	730	10	1	1
8	HARYANA	414	6	840	20	1	10	20	-	-	0	0	
9	HIMACHAL PRADESH	1064	16	330	3	-	-	14	-	-	0	2	25
10	J & K#	247	1	25	171	2	200	2	-	-	25	1	10
11	KARNATAKA	561	124	6132	45	11	202	25	25	1480	11	18	586
12	KERALA	759#	109	2561#	1#	-	-	2754	72	1440	9#	1#	30
13	MADHYA PRADESH	2105	34	1160	56	1	60	202	12	590	0	0	0
14	MAHARASHTRA#	463	73	11713	23	10	1400	-	77	5505	0	0	0
15	MANIPUR	-	-	-	-	-	-	9	1	10	1	2	65
16	MEGHALAYA	-	-	-	-	-	-	5	-	-	0	0	0
17	MIZORAM	1	-	-	-	-	-	1	-	-	0	0	0
18	NAGALAND	-	-	-	-	-	-	2	-	-	0	0	0
19	ORISSA	527	8	323	9	-	-	503	5	150	65	0	0
20	PUNJAB#	489	11	771	35	-	-	105	6	185	0	0	0
21	RAJASTHAN	3486	90	1179	79	5	270	121	5	160	3	2	22
22	SIKKIM	-	-	-	-	-	-	1	-	-	1	0	0
23	TAMILNADU	10	4	267	6	1	54	41	3	150	339	221	1716
24	TRIPURA	30	1	10	-	-	-	66	1	20	0	0	0
25	UTTAR PRADESH#	713#	1671	9911	148#	136	1186	1378	36	399$	0	0	0
26	WEST BENGAL#	254	3	215	-	2	110	899	14	682	0	0	0
27	A & N ISLANDS	-	-	-	-	-	-	7	-	-	0	0	0
28	CHANDIGARH#	5	1	150	-	-	-	4	1	25	0	1	10
29	D & N HAVELI	1	1	-@	-	-	-	1	1	-@	0	0	0
30	DAMAN & DIU	1	1	5	-	-	-	-	-	-	0	0	0
31	LAKSHADWEEP	4	-	-	-	-	-	2	-	-	0	0	0
32	PONDICHERRY	12	-	-	-	-	-	1	-	-	8	0	0
33	CGHS	31	1	25	9	-	-	34	-	-	5	0	0
34	CENTRAL RESEARCH COUNCILS	32	20	475	8	12	265	41	5	105	4	2	85
35	M/o RAILWAY	38	-	-	-	-	-	124	-	-	0	0	0
36	M/o LABOUR	129	-	-	1	-	-	25	-	-	2	0	0
37	M/o COAL	28	-	-	-	-	-	-	-	-	0	0	0
	TOTAL	14416	2258	40313	970	196	4872	7155	297	12836	487	254	2660

NOTE : THE TOTAL NUMBER OF HOMOEOPATHIC HOSPTALS HAVE REDUCED AS U.P. HAS REPORTED REDUCED FIGURES.

- = NIL INFORMATION.

= Information for the current year has not been received. Hence repeated for the latest available year.

* = Information regarding Yoga Hospitals in Delhi is under clarification.

$ = Figures as on 1.4.98. @ = No. of beds reported nil is under clarification

FIGURES ARE PROVISIONAL

5.4.3 Family Welfare

1. India, the second most populous country of the world having a meagre 2.4% of the world surface area, sustains 16.7% of the world's population. Realising the inevitable high population growth during the initial phases of demographic transition and the need to accelerate the pace of the transition, India became the first country in the world to formulate a National Family Planning Programme in 1952, with the objective of "reducing birth rate to the extent necessary to stabilise the population at a level consistent with requirement of national economy". The National Family Welfare Programme aimed at creating a conducive environment for the people to adopt small healthy family norm by providing ready access to maternal and child health services and contrace care free of cost to all and improving awareness through information, education and communication.

2. The pace of demographic transition in India has been relatively slow but steady. Census 1991 showed after three decades the population growth rate showed a decline. In order to give a new thrust and dynamism and achieve a more rapid decline in birthrate, death rate and population growth rate in the last decade of the century, the National Development Council (NDC) set up a Sub-Committee on Population and endorsed its recommendations in 1993.

The NDC Committee on Population has recommended that there should be a\paradigm shift in the Family Wlefare programme ; the focus should be on:

- Deceentralised area specific planning based on the need assessment
- Emphasis on improved access and quality of services to women and children
- Providing special assistance to poorly performing states/districts to minimise the inter and intra-state differences in performance
- Creation of district level databases on quality and coverage and impact indicators for monitoring the programme

International Conference on Population & Development (ICPD), Cairo 1994 has advocated similar approach.

Concordance between National (NDC Committee) and International (ICPD) efforts has improved funding and accelerated the pace of implemention of the family welfare programme.

3. During the Ninth Plan period the Deptt. Of Family Welfare has implemented the recommendations of the NDC Sub committee on population; the centrally defined methods specific targets for family planning were abolished; emphasis shifted to decentralized planning at district level based on community needs assessment and implementation of programmes aimed at fulfillment of these needs. Efforts were made to improve quality and content of services through skill upgradation training for all personnel and building up referral network. A massive pulse polio campaign was taken up to eliminate polio from the country. The Department of Family Welfare set up a consultative Committee to suggest appropriate restructuring and revision of norms for infrastructure funded by the states and the Department. Monitoring and evaluation has become accepted as a part of the programme and the data is used for mid term correction. The Department has prepared the National Population Policy to achieve replacement level of fertility by 2010, which has been approved by the cabinet.

Census 2001

4. Census 2001 recorded that the population of the country was 1027 million-15 million more than the population projected for 2001 by the Technical Group on Population Projections. The decline in both mortality and fertility during the nineties has been lower than the projections and the goals set for the Ninth Plan. However the decadal growth during 1991-2001 was 21.34% declining from 23.86% for 1981-91- the sharpest decline since independence. The analysis of growth rates of the states starting from the decade 1951-1961 indicate that it took four decades for Kerala to reach a decadal growth rate of less than 10% from a high growth rate of 26.29% during 1961-71. Tamil Nadu also took 40 years to reduce its growth rate from a high of 22.3% during 1961-71 to 11.2 % during 1991-2001. Andhra Pradesh, has shown an impressive fall in growth rate by over 10 percentage points within a short span of a decade. The growth rate in Bihar has shown an upward swing during 1991-2001 and the growth rates in Rajasthan, UP and MP are now at a level where Kerala and Tamil Nadu were 40 years ago.

Population Estimates: Census 2001 vs Projected Population 2001

5. Comparison of the projected population at the state level with the provisional population totals compiled from the current census indicate significantly higher figures compared to the projected figures in the states of Rajasthan, Bihar and Jharkand (combined), Gujarat, Maharashtra and Haryana. For these states taken together the provisional figures

TABLE-5.4.3.1

Population (Projected and Census2001)-Major States				
State	**Total population**			**Decadal growth rate 1991-2001 (Census-2001)**
	Census 2001	**Projected 2001**	**Difference as % to census 2001**	
	1	**2**	**3=(1-2)/1*100**	**4**
Major States				
Andhra Pradesh	75,727,541	76,392,000	(0.88)	13.86
Assam	26,638,407	26,492,000	0.55	18.85
Bihar	109,788,224	101,819,000	7.26	28.43
Jharkhand				23.19
Gujarat [5]	50,596,992	48,972,000	3.21	22.48
Haryana	21,082,989	20,120,000	4.57	28.06
Karnataka	52,733,958	52,720,000	0.03	17.25
Kerala	31,838,619	32,530,000	(2.17)	9.42
Madhya Pradesh	81,181,074	81,189,000	(0.01)	24.34
Chhatisgarh				18.06
Maharashtra	96,752,247	92,057,000	4.85	22.57
Orissa	36,706,920	36,156,000		15.94
Punjab	24,289,296	23,794,000	2.04	19.76
Rajasthan	56,473,122	54,509,000	3.48	28.33
Tamil Nadu	62,110,839	62,252,000	(0.23)	11.19
Uttar Pradesh	174,532,421	174,290,000	0.14	25.80
Uttaranchal				19.20
West Bengal	80,221,171	79,991,000	0.29	17.84

exceed the projected figure by more than 17 million. Among major states, the census population figures exceed the projected ones by more than 2% for Punjab, Haryana, Rajasthan, Bihar and Jharkhand (combined), Gujarat and Maharashtra. Jammu & Kashmir, UP and Uttaranchal (combined). For Madhya Pradesh and Chhatisgarh (combined), Karnataka and Tamil Nadu the difference between the census figures and projected figures are negligible (Table-5.4.3.1).

FAMILY WELFARE PROGRAMME IN THE NINTH PLAN

6. Reduction in population growth rate is one of the major objectives of the Ninth Plan. It recognized that the current high population growth rate is due to:

(1) The large size of the population in the reproductive age-group (estimated contribution 60%);
(2) Higher fertility due to unmet need for contraception (estimated contribution 20%); and
(3) High wanted fertility due to prevailing high IMR (estimated contribution about 20%).

7. While the population growth contributed by the large population in the reproductive age group will continue in the foreseeable future, the other two factors need effective and prompt remedial action.

The objectives during the Ninth Plan were :

- To meet all the felt-needs for contraception
- To reduce the infant and maternal morbidity and mortality so that there is a reduction in the desired level of fertility

The strategies during the Ninth Plan will be:

- to assess the needs for reproductive and child health at PHC level and undertake area- specific micro planning
- to provide need-based, demand-driven high quality, integrated reproductive and child health care.

8. Ninth Plan envisaged a paradigm shift in the FW programme. The Plan proposed to meet all the felt needs of the families and enable them to achieve their reproductive goals, so that the families ensure that the national goal of rapid population stabilization is achieved. Ninth Plan envisaged a paradigm shift from:

- Demographic targets to focus on enabling the couples to achieve their reproductive goals.
- Method specific contraceptive targets to meeting all the unmet needs for contraception to reduce unwanted pregnancies.
- Numerous vertical programmes for family planning and maternal child health to integrated health care for women and children.

- Centrally defined targets to community need assessment and decentralised area specific microplanning and implementation of Reproductive and Child Health care (RCH) programme to reduce Infant mortality and reduce high desired fertility.
- Quantitative coverage to emphasis on quality and content of care
- Predominantly women centred programme to meeting the health care needs of the family with emphasis on involvement of men in Planned Parenthood.
- Supply driven service delivey to need and demand driven service; improved logistics for ensuring adequate and timely supplies to meet the needs.
- Service provision based on providers' perception to addressing choices and conveniences of the couples

9. The programmes were to be directed towards:

a) Bridging the gaps in essential infrastructure and manpower through a flexible approach and improving operational efficiency through investment in social, behavioural and operational research

b) Providing additional assistance to poorly performing districts identified on the basis of the 1991 census to fill existing gaps in infrastructure and manpower.

c) Ensuring uninterrupted supply of essential drugs, vaccines and contraceptives, adequate in quantity and appropriate in quality.

d) Promoting male participation in the Planned Parenthood movement and increasing the level of acceptance of vasectomy.

Components of comprehensive RCH Programme:

Effective maternal and child health care

Increased access to contraceptive care

Safe management of unwanted pregnancies

Nutritional services to vulnerable groups

Prevention and treatment of RTI/ STD

Reproductive health services for adolescents

Prevention and treatment of gynecological problems

Screening and treatment of cancers, especially that of uterine cervix and breast

These services are available in all tertiary and most of the secondary care hospitals

Essential RCH services:

- Prevention and management of unwanted pregnancy,
- Services to promote safe motherhood,
- Services to promote child survival,
- Prevention and treatment of RTI/STD.

These services are to be made available at primary health care level through out the country

Efforts were to be intensified to enhance the quality and coverage of family welfare services through:

a) Increasing participation of general medical practitioners working in voluntary, private, joint sectors and the active cooperation of practitioners of ISM&H;

b) Involvement of the Panchayati Raj Institutions for ensuring inter-sectoral coordination and community participation in planning, monitoring and management;

c) Involvement of the industries, organised & unorganised sectors, agriculture workers and labour representatives.

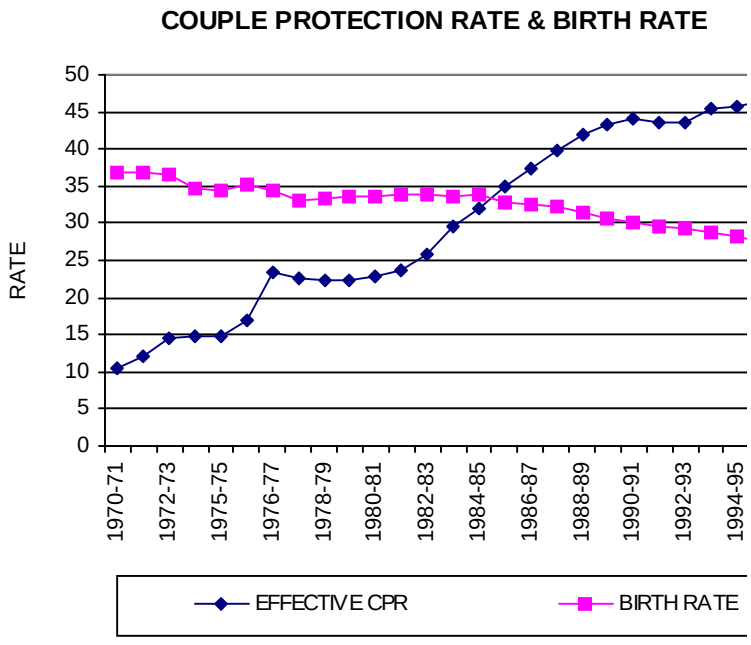
10. Efforts were made to provide adequate inputs to improve availability and access to services to improve performance so that the disparities between states narrowed. It is noteworthy that there are districts in these states where CBR and IMR are well below the national levels; steps may have to be initiated to study and replicate these success stories within each of these states so that the existing disparities between states are minimised.

Performance of the Family Welfare programme

Prevention of unwanted pregnancy:

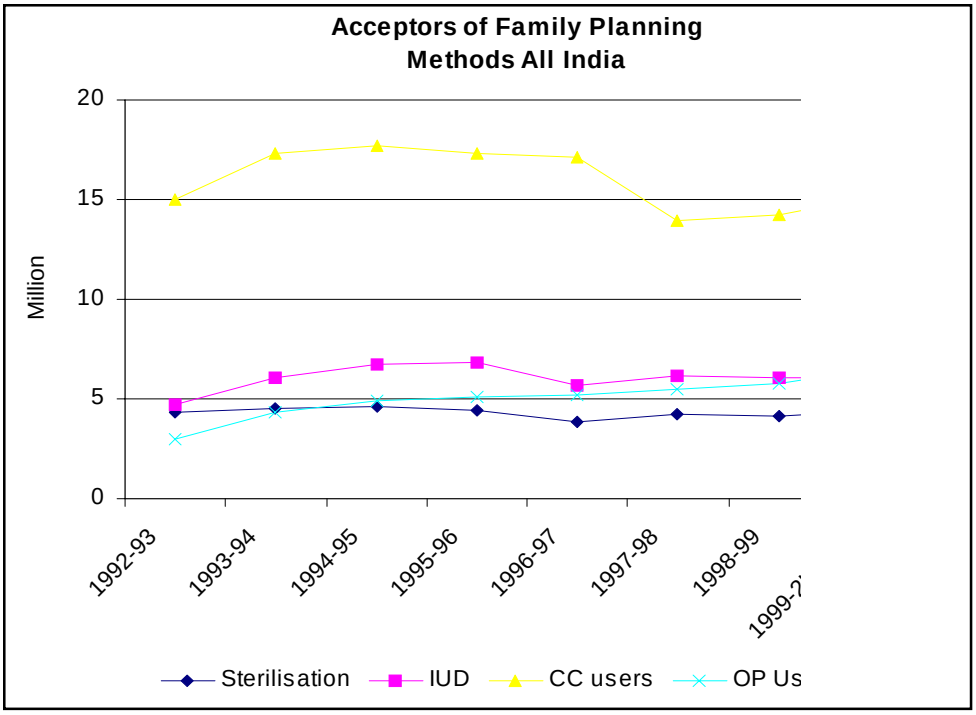
11. Information on CPR and CBR indicate that there has been a steady decline in the

Figu



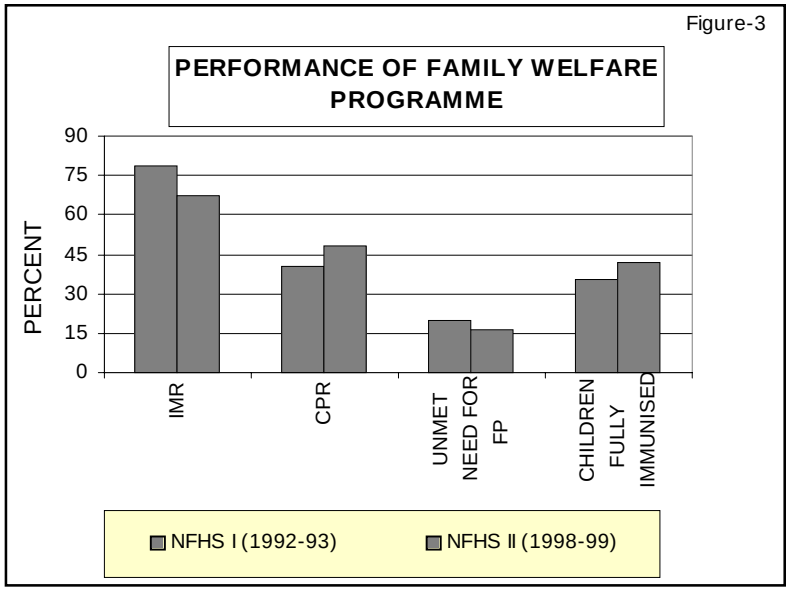
Source:- Registrar General India
Department of Family Welfare

CBR during the Nineties in spite of the fact that the rise in CPR during the nineties has been very slow (Figure-1). This may indicate that there has been improvement in the quality of services being provided and appropriate contraceptives are being provided at appropriate time. It is essential that there should be further improvement in providing counseling and quality of services to enable couples to make the appropriate choice to meet their unmet needs for contraception and thereby achieve increase in couple protection rates; improvement in follow up care will go a long way in ensuring continued use of contraceptives to avoid unwanted pregnancies.

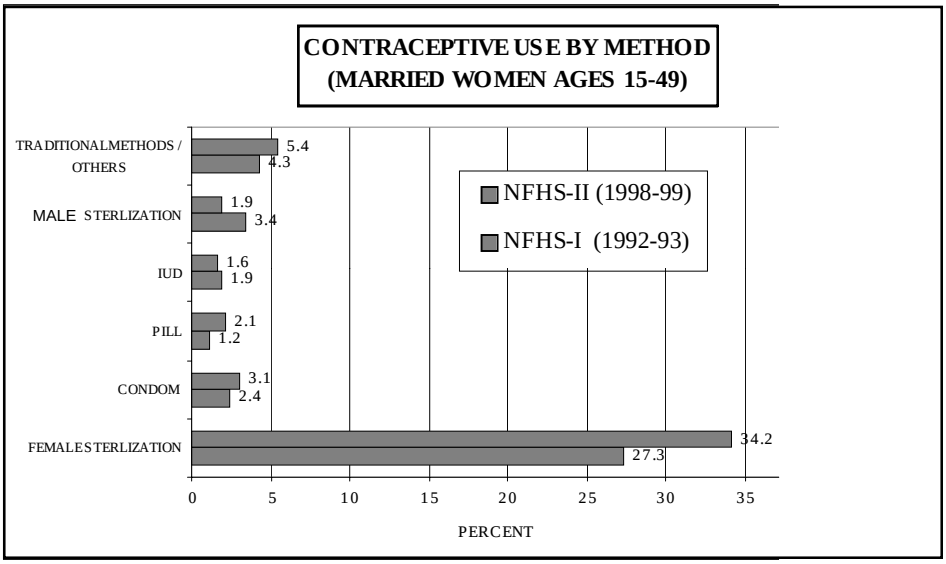


12. Data from service reports during the Ninth Plan period indicate that there has been a decline in acceptors of all family Planning methods except IUD as compared to the level of acceptance in 1994-95 (Figure-2). This has been a source of concern. The National Family Health Survey 1992-93 and 1998-99 provide nationwide data on contraceptive prevalence (Figure-3 & 4). Data from the Survey indicate that contrary to the performance figures

Figure-3



available from the service reports of the Department of Family Welfare, there has been substantial increase in the sterilization and OC use in the country. Only IUD and CC use have shown a decline. The reported improvement is supported by the steady decline in the CBR during the nineties reported by the SRS.



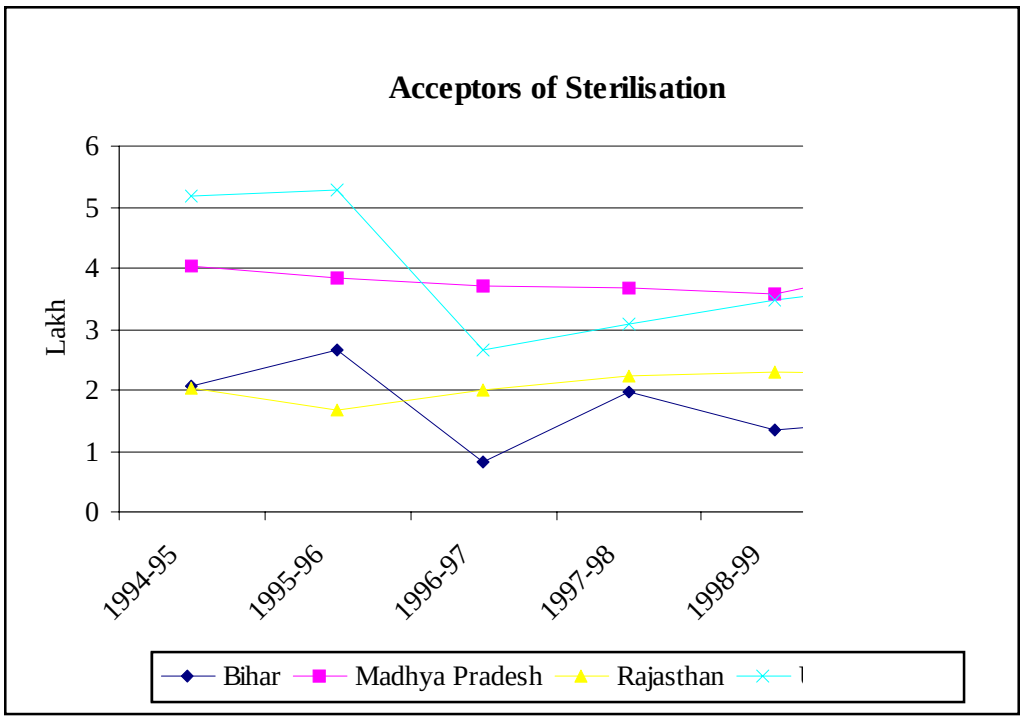
13. The inbuilt independent surveys and coverage evaluations within the Family welfare Programme have provided the reassuring findings that during the decade of the nineties there has not been any deterioration in the performance of the Family Welfare Programme. The reasons for the observed difference into CPR data reported by the Department of Family Welfare and NFHS may include:

- Correction of the earlier over reporting in an attempt to reach the set target.
- Incomplete reporting due to changes in reporting under the Family Welfare Programme during the period.

14. However the coverage figures under service reporting for spacing methods, antenatal care and immunization are still substantially higher than the coverage reported by evaluations. These need to be looked into and corrected so that service reporting provide reliable indication of progress achieved in the programme. It has been suggested that the narrowing of the gap in coverage figures between the service and evaluation reports can be used as a new indicator for the quality in programme monitoring during the Tenth Plan.

Performance of the states with large unmet needs:

15. It is a mater of concern that in UP and Bihar as compared to their own performance in 1994-95, there is a fall in the acceptance of all contraceptive methods (Figure-5 & 6). In MP the decline in marginal while Rajasthan has shown some improvement. It is essential efforts to meet all unmet needs for contraception in these states are made. There are however districts with low CBR in all these states. The states have to study and replicate that the performance of these districts; simultaneously there should be efforts to meet all the unmet needs for contraception in all districts. Data from NFHS I & II also confirm that there is large unmet need for contraception in these states. Dept of Family Welfare and The National Commission on Population have taken several steps to improve the performance in these states/districts.


Acceptors of Sterilisation
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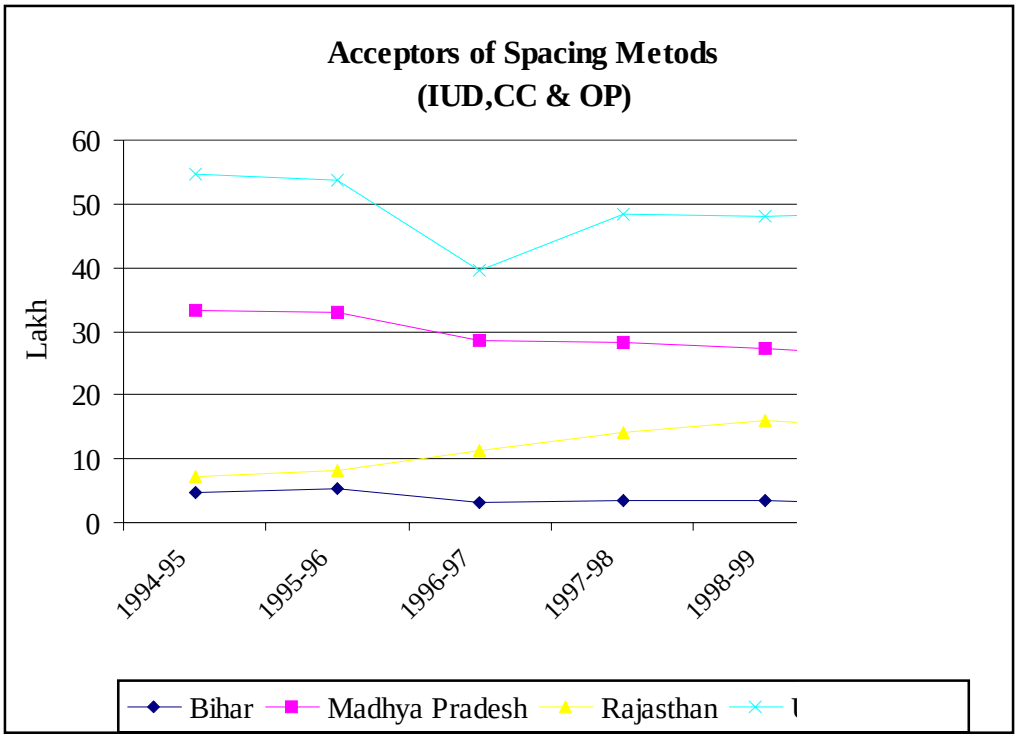
Rajasthan


Acceptors of Spacing Metods
(IUD,CC & OP)
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1997-98
1998-99
Bihar
Madhya Pradesh
Rajasthan

Maternal Health Care

16. Prevailing high maternal morbidity and mortality has always been source of concern and interventions in antenatal and intrapartum care have been components of the Family Welfare programme since inception. In India data on state/district specific maternal morbidity/ mortality is not available. However available data from SRS and survey of causes of death provide sufficient information on mortality rates and causes of death so that rational programmes could be evolved to combat major health problems in women. In the Nineties the SRS and the National Family Health Surveys have provided independent data to assess the impact of ongoing programmes on the maternal mortality.

SRS and the National Family Health surveys have shown that during the nineties there has not been any decline in MMR; more than 100,000 women die each year due to pregnancy related causes.

	1992-93	1997	1998
RGI (Sample Regn. Scheme)	NA	408	407
National family Health Surveys	424*	–	540*

*Differences are not statistically significant

17. In addition to continuing SRS, there is a need to ensure 100% registration of pregnancies, deaths and births so that reliable district level estimates of MMR is made available on a sustainable basis.

18. Ascertaining the cause of death through SRS and also from hospital records will provide some reliable estimates on changes in maternal mortality over time and impact of ongoing interventions on maternal mortality

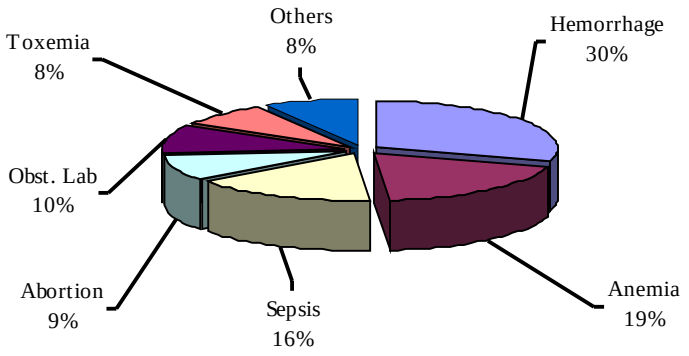
19. Data from SRS of the Registrar General of India indicate that the major causes of maternal mortality are unsafe abortions, ante and post-partum haemorrhage, anaemia, obstructed labour, hypertensive disorders and post-partum sepsis. There has been no major change in the causes of maternal mortality over years. Deaths due to abortion can be prevented by increasing access to safe abortion services. Deaths due to anaemia, obstructed labour, hypertensive disorders and sepsis are preventable with provision of adequate antenatal care, referral and timely treatment of complications of pregnancy, promoting institutional delivery and postnatal care. Emergency obstetric services will help saving lives of women with haemorrhage during pregnancy and complications during deliveries conducted at homes. Maternal mortality is also affected by a wide range of socio-economic determinates, such as the status of women, level of female education, economic dependency, lack of access to services and gender bias. Therefore, to reduce the current level of maternal mortality, besides providing for maternal health care services, it is necessary to improve the standard of education and social status of women. The ongoing interventions under RCH to reduce maternal morbidity and mortality and their impact is reviewed in the next few pages.

Medical Termination of Pregnancy

20. It is estimated that in 1998 about 9% of maternal deaths were due to unsafe abortions (Figure-7). Management of unwanted pregnancy through early and safe MTP services as envisaged under the Medical Termination of Pregnancy Act is an important component of the on going RCH Programme aimed at reducing maternal mortality.

Figure-7

CAUSES OF MATERNAL MORTALITY
India-1998 (SRS)



Ninth Plan initiatives:

Efforts are to be made

- to improve access to family planning services and to reduce the number of unwanted pregnancies
- to cater to the demand/request for MTP
- to improve access to safe abortion services by training physicians in MTP and recognising and strengthening institutions capable of providing safe abortion services

21. Under the RCH programme the following initiatives have been taken up to improve access to safe abortion services :

- MTP equipment is being procured centrally and provided to District Hospitals, CHCs and PHCs wherever required through their respective Medical Stores Depots (MSDs). 180 sets of MTP equipment were procured during 2000-2001.

- To reduce shortage of trained manpower in PHCs/CHCs and sub-district hospitals, assistance is available to the States/UTs for engaging the doctors trained in MTP techniques (Safe Motherhood Consultants) to visit these institutions once a week or at least once a fortnight on a fixed day for performing MTPs and providing other services like ante-natal check up and treatment of pregnancies with complications. These doctors are being paid at the rate of Rs. 800/- per day visit. All the States/UTs are eligible for this facility. Feedback from the States suggests that they have been facing problems in hiring consultants willing to visit remote PHCs on a regular basis. Karnataka, Mizoram and UP have been provided consultants at PHCs on a monthly payment basis.

- In order to promote private sector participation, MTP equipments as well as free training in MTP technique is available to Non-government sector.

- there are 190 recognized MTP training centres in the country ; NIHFW has identified 238 institutions for MTP specialized skill training.

- promote alternate techniques like manual vacuum aspiration for promoting availability of safe abortion services at the level of PHCs and CHCs.

- Explore the feasibility of introducing non surgical methods of MTP initially in medical colleges and later extend it to other hospitals in a phased manner

- States take a long time in registration of the private clinics as per the provisions under the MTP Act. Dept of Family Welfare is trying to get the act amended to decentralize the registration of clinics to the district authorities and provide for stringent punishment to those violating the provisions of the Act.

22. It is a matter of concern that these provisions have been utilized by very few States and the number of reported cases of MTP over the last few years has remained stagnant at around 5.5 lakhs per year. There is a need to accelerate the pace of these processes and monitor the impact both in terms of coverage, number of MTPs reported and reduction in number seeking illegal abortion and suffering adverse health consequences.

Maternal health care

Ninth Plan strategy for improving maternal health indices :

Focus on Essential Obstetric care is to achieve substantial reduction in maternal morbidity and mortality through:

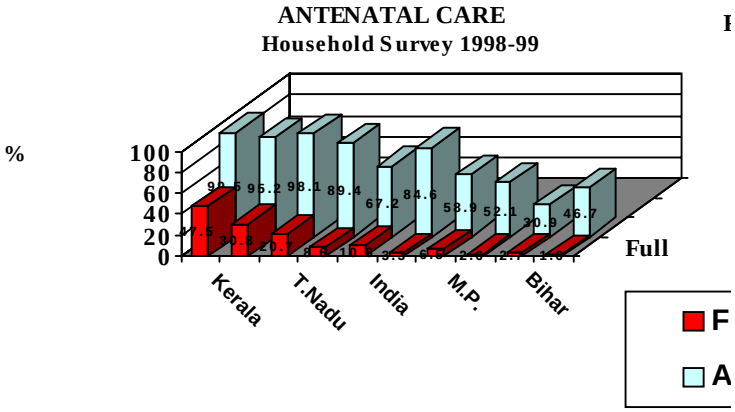
- Early registration of pregnancy (<16 weeks).
- Screening of all pregnant women at least thrice in pregnancy for detection of risks
- Appropriate referral and care for at risk person
- Safe delivery

23. Under the essential Obstetric care the following services are to be provided to all pregnant women:

- Early registration of pregnancy (12 - 16 weeks).
- Minimum three Ante-Natal Check-ups
- Identification of high risk pregnancies and referral wherever required.
- Universal coverage of all pregnant women with TT immunisation.
- Prophylaxis and treatment of anaemia.
- Advice on food, nutrition and rest.
- Promotion of institutional delivery/Safe deliveries by trained personnel.

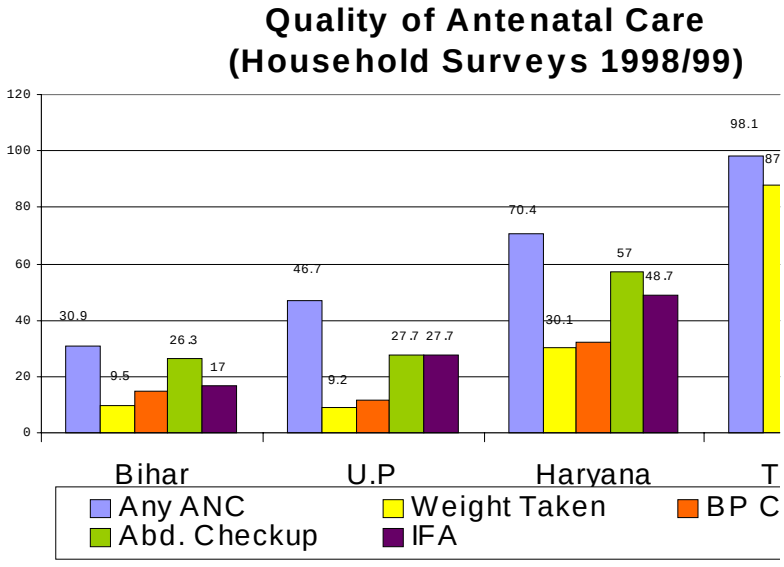
- Counselling for birth spacing.
- Postnatal care to detect complications and provide appropriate referral/treatment.

24. The RCH Programme aims at providing at least 3 antenatal check-ups during which weight, Hb estimation, blood pressure check and abdominal examination are done and 'at risk' women are identified; immunisation with TT, iron and folic acid for anaemia prophylaxis are provided to all the pregnant women. The feedback from the district household surveys



(1998 - 1999) indicate that at the national level 67.2% pregnant women received at least one check-up but only 10.6% had three antenatal checkups. Antenatal coverage in populous states with poor health indices such as of UP, Bihar, MP are very low (Figure-8).

25. District Household surveys 1998 and 1999 also revealed that in UP and Bihar the



content and quality of antenatal care was poor as compared to Haryana and Tamil Nadu (Figure-9). Universal screening of pregnant woman is essential for detection of problems during pregnancy and referral to appropriate facility for treatment. The problem of poor screening is aggravated by the fact that referral linkages for management of problems are also poor in these states and as a result both maternal/perinatal morbidity and mortality continue to be high.

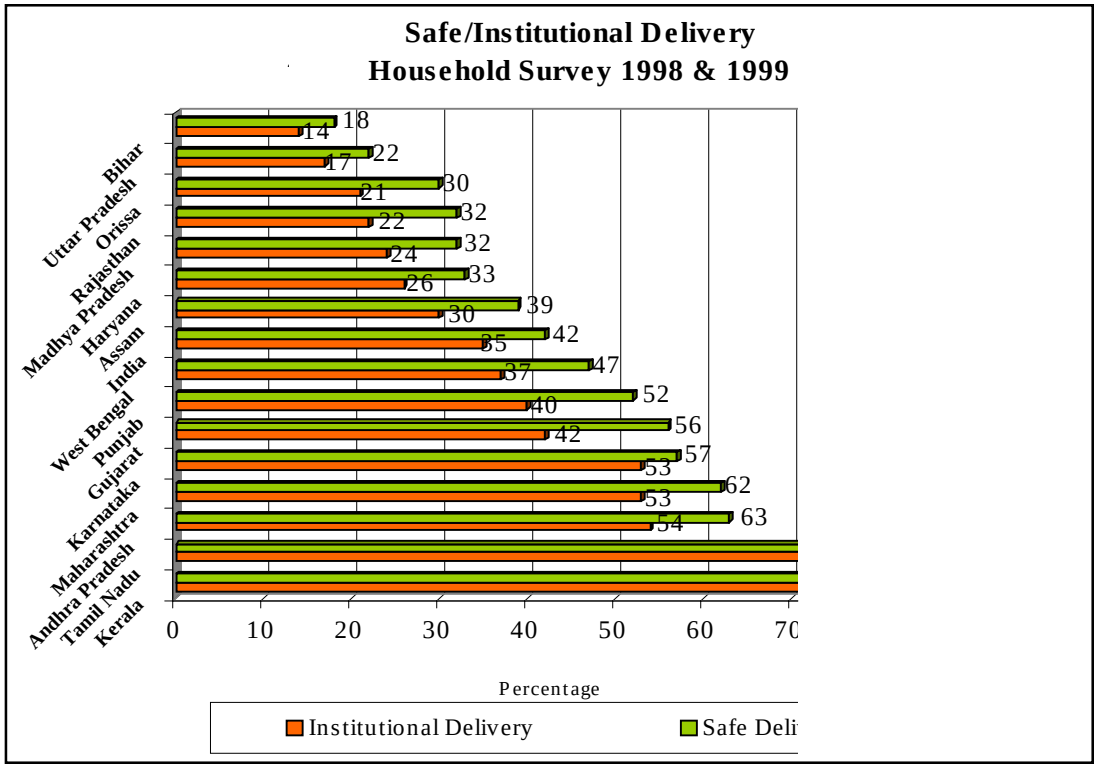
Provision of Essential drugs and equipment

26. Drug Kits of different types are provided under the RCH Programme for facilitating provision of essential obstetric care and care of children. These are:

Drug Kit A - Contains five items i.e. Tablet IFA (large) and (Small), Vitamin A solution,ORS packets and Tablet Cotrimoxazole at all sub centres in the country and urban slum health posts in identified cities in the States.
Drug Kit B - Containing 10 items of drugs and dressings for common ailments – supplied to all sub centres and urban areas as in the case of Drug Kit A.
Essential Obstetric care drug kits for PHCs containing provisions needed for essential antenatal care and delivery services have been provided to 30% of the PHCs in category C districts and 50% PHCs in category B districts.
Equipment Kits for sub-centres : midwifery kits and subcentre general purpose kit have been supplied to the Sub-centres which did not receive supplies under CSSM Programme.

Promotion of Institutional Deliveries and Safe Delivery Practices

27. During the Ninth Plan it was envisaged that efforts will be made to promote institutional



deliveries both in urban and rural areas; at the same time efforts are being made to train the TBAs through intensive Dai's Training Programme in the States where most of the deliveries take place at home.

28. The results of the NFHS-II and Household Suvey-98 suggest some improvement in the institutional deliveries; this is especially in states like Tamil Nadu and Andhra Pradesh;

there are, however, in a large number of districts in many States where the situation with regard to safe deliveries is far from satisfactory.

	NFHS-I (1992-93)	NFHS-II (1998-99)	District Surveys (1998-99)
Institutional Deliveries	26%	33%	34%
Deliveries by Health Professionals (Doctors or Midwives/nurse)	34%	42%	–

29. The Surveys thus reveal that more than 65% deliveries in the country still take place outside any health institution. Of these, a very large number are conducted by untrained dais or relatives of the women. Out of 496 districts for which data on safe deliveries (institutional deliveries and deliveries conducted by trained personnel) is available from the district household surveys, only 123 districts have more than 70% safe deliveries; 240 between 30-70% while 142 districts have safe delivery rate less than 30%.

30. Training of Dais has been initiated in 142 districts in 18 States having safe delivery rate of less than 30% during this year. The States are Assam (9 districts), Bihar (32 districts), Gujarat (1 district), J & K (2 districts), Madhya Pradesh (18 districts), Manipur (3 districts), Meghalaya (3 districts), Mizoram (1 district), Nagaland (3 districts), Orissa (14 districts), Rajasthan (6 districts), Sikkim (2 districts) UP (33 districts) and West Bengal (3 districts). It is expected that deliveries conducted by trained Dais equipped with disposable delivery kits will increase substantially and this will result in substantial reduction in infection related material morbidity and mortality.

Emergency Obstetric Care

31. Complications associated with pregnancies are not always predictable. Therefore, provision of emergency obstetric care as close to the community as possible was envisaged under the CSSM Programme by setting up First Referral Units at the CHC/Sub District Level Hospitals. 1748 First Referral Units were identified by the states and provided with 12 types of equipment kits (Kit 'E' to Kit 'P') which were considered necessary for carrying out laparotomies, caesarian sections, other necessary surgical interventions and newborn care. However, most of the identified FRUs could not become fully operational due to lack of skilled manpower particularly anesthetists and gynecologists, adequate infrastructure, medicines and blood banking facilities.

32. During the Ninth Plan, under the RCH programme, provision was made for supply of drugs to the FRUs in the form of emergency obstetric drug kits containing 65 items of drugs at the rate of 3 Kits in 'C' Category Districts and 2 Kits in each of the 'B' Category Districts in the state. In order to improve availability of Anesthetists, provision was made for hiring the services of private anesthetists for conducting emergency operations at a payment of Rs. 1000/- per case. In order to facilitate transportation of pregnant women requiring emergency care at referral hospitals, a Referral Transport Scheme for pregnant women belonging to indigent families is being implemented. Under the Scheme, funds are provided to the Panchayats for arranging transport for women requiring emergency obstetric care. The department has also initiated special efforts with the assistance of European Commission to further strengthen the existing FRUs to enable them to provide emergency

obstetric care based on the inputs needed by individual states and districts. It is essential that the utilization of these provisions is monitored closely to ensure timely use and consequent improvement in services provided.

Schemes for improving access to and Implementation of Obstetric Care Services Additional ANMs

33. In order to improve delivery of these services, the Dept has provided support for additional 30% ANMs in all category C districts of Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhatisgarh, Orissa, Haryana, Assam, Nagaland, Rajasthan and Assam. The scheme has been extended to the 6 smaller North Eastern States during 1999-2000. In addition, Delhi is eligible for appointing 140 ANMs for extending services to slum areas. 4199 additional ANMs are in position as against a target of 9882; the shortfall mainly in Madhya Pradesh (181 against 3300), Uttar Pradesh (2712 against 3860) and Orissa (145 against 305). A major reason for this is non-availability of trained ANMs due to closing of the ANM Training Schools in the states. Madhya Pradesh has now taken steps to reopen the schools and a large number of ANMs are presently being trained to occupy the vacant positions as indicated above.

Public Health/Staff Nurses

34. Under the programme, Public Health/Staff Nurses are also provided to 25% PHCs in C Category districts and 50% PHCs in B- Category districts.

Laboratory Technicians

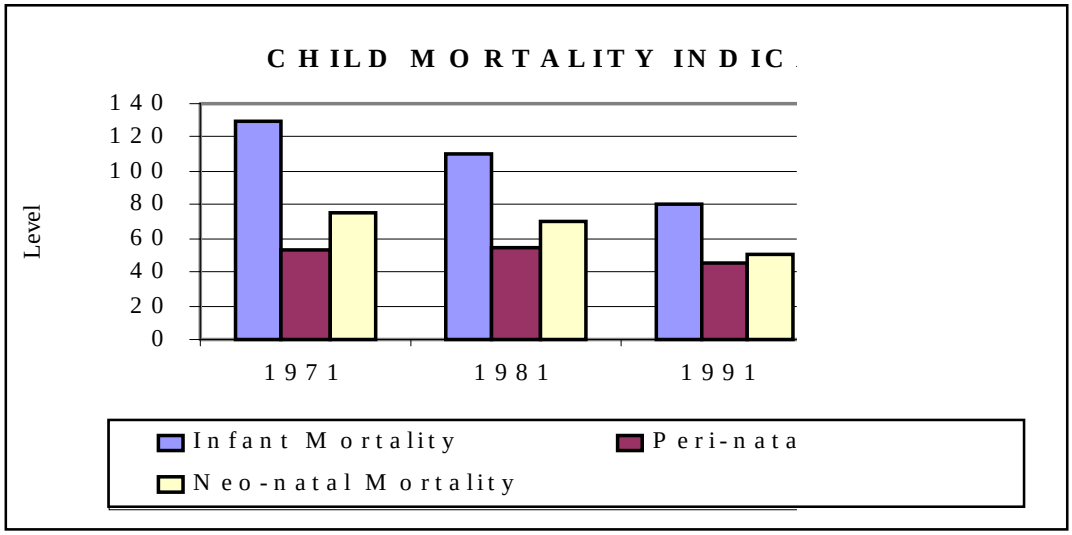
35. To build the capacity of the First Referral Units for looking after the needs of emergency obstetric care and RTI/STIs, the districts are being assisted to engage two laboratory technicians on contractual basis for doing routine blood, urine and RTI/STI tests. 199 Laboratory Technicians have been appointed in 14 states/UTs.

Reproductive Tract Infection (RTI) / Sexually Transmitted Infections (STIs)

36. RTI/STI are common among the women in the reproductive age (15-44 years). In view of the close linkage between STI and HIV/AIDS, prevention and control of STI can reduce HIV transmission. Women with RTI do not present with symptoms in STD clinics; they have non specific symptoms and seek care in antenatal, gynecology FP clinics. Ninth Plan envisaged establishment of facilities for diagnosis and treatment of RTI as a part of essential RCH programme in primary healthcare institutions. Planning and implementation of services for RTI/STI prevention and management is taken up in close collaboration with National AIDS Control Organization (NACO). All STDs clinics at the district level are being assisted by NACO to incorporate the RTI/STI component. The areas of coordination between NACO and Department of Family Welfare are in training, counseling, IEC, social marketing of condoms, supply of RTI/STI drugs and monitoring & evaluation. In addition, the Department of F.W is collaborating with NACO in the implementation of their National Family Health Awareness campaigns. These campaigns are being organized once every six months and the last campaign was carried out during June 2000. Rs 5 crores have been committed by Department of Family Welfare to NACO for assistance in procuring drugs required for this campaign. RTI/STI clinics are being set up in the FRUs in a phased manner. 429 RTI/STI

clinics in the FRUs have been identified by the States for management of RTI/STI cases exclusively. To build the capacity of the First Referral Units, the districts are being assisted to engage two laboratory technicians. The assistance from Government of India is in the form of training, laboratory equipments and RTI/STI drug kits. Training arrangements in RTI/ STI are being set up under the RCH Programme organized through the National Institute of Health & Family Welfare.

CHILD HEALTH CARE PROGRAMMES



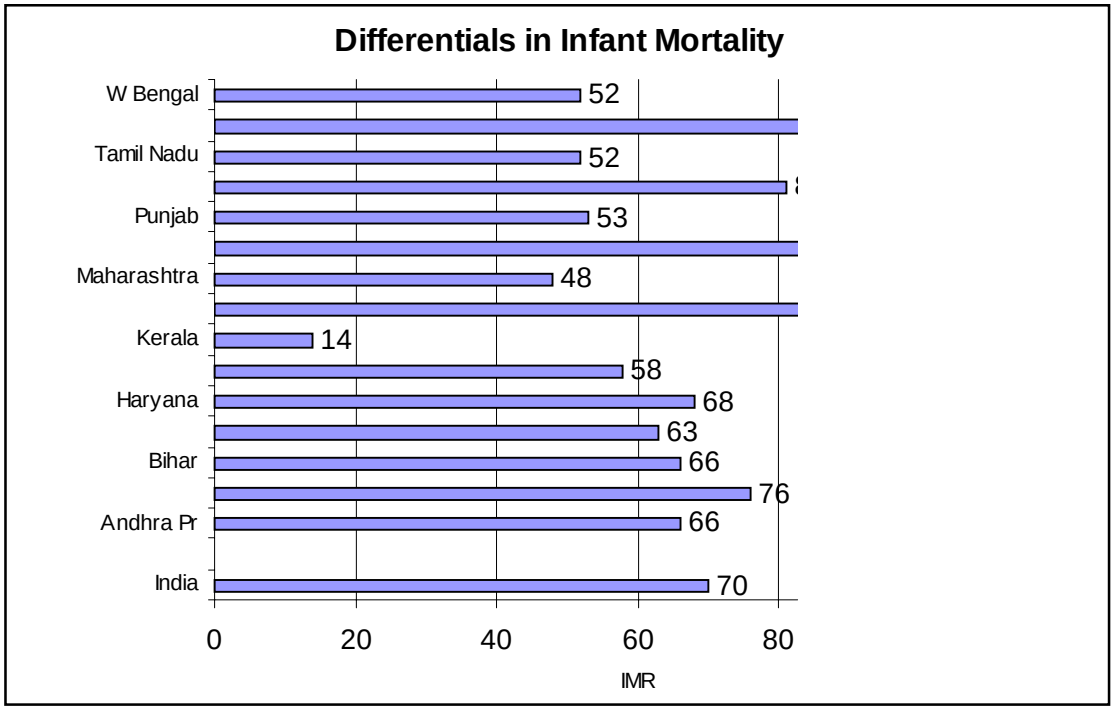


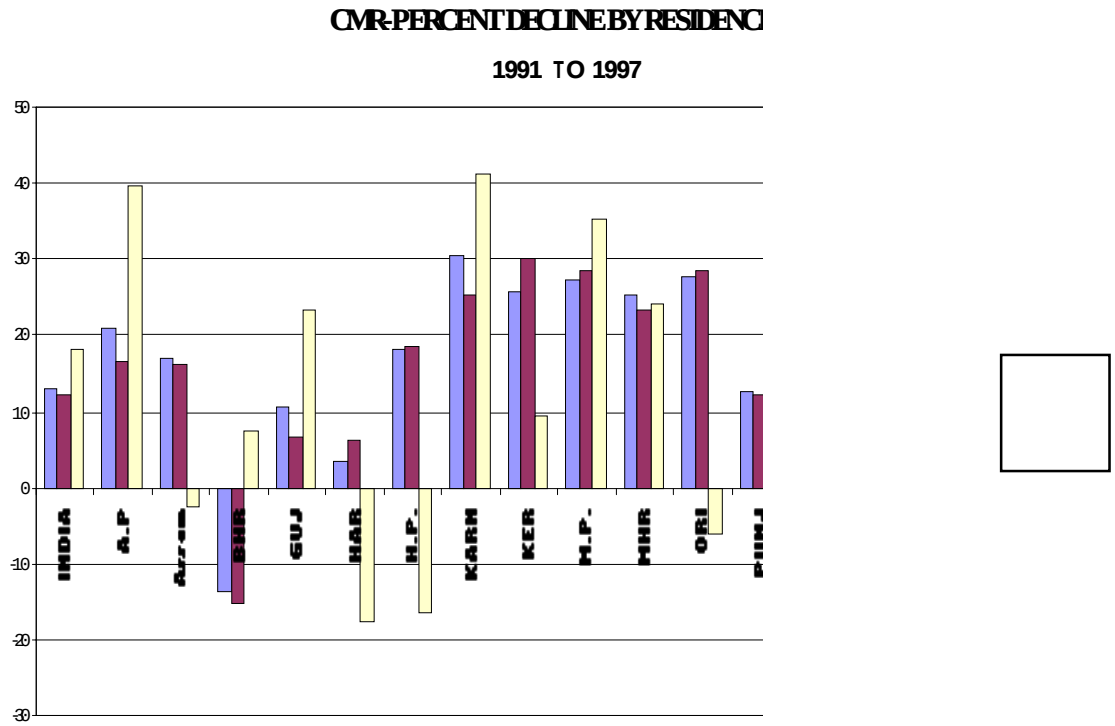
TABLE-5.4.3.2

Early neonatal mortality rates and percentage share of early neonatal deaths to infant deaths by residence India and bigger States, 1996

	Early neo-natal mortality			Early neo-natal deaths as Percentage of infant deaths		
	Total	Rural	Urban	Total	Rural	Urban
India	**35**	**37**	**23**	**48.6**	**48.3**	**50.5**
Andhra Pradesh	38	41	29	58.4	56.0	74.9
Assam	36	37	20	47.5	47.2	54.1
Bihar	33	34	24	46.8	46.9	44.1
Gujarat	30	30	28	48.2	44.8	60.3
Haryana	31	31	29	45.5	44.8	49.0
Himachal Pradesh	32	33	19	50.5	50.4	51.4
Karnataka	33	41	13	62.4	63.9	52.3
Kerala	8	8	8	55.9	58.5	49.8
Madhya Pradesh	47	48	36	48.4	47.5	59.4
Maharashtra	25	30	16	52.0	52.4	50.6
Orissa	44	45	31	46.0	45.9	48.0
Punjab	26	28	18	50.2	51.1	45.9
Rajasthan	44	46	30	51.0	51.2	49.3
Tamil Nadu	32	35	24	59.5	58.4	63.3
Uttar Pradesh	37	39	27	44.1	44.5	41.0
West Bengal	27	29	18	48.4	49.6	41.4

37. Infant and under five mortality rates are excellent indicators of health status of the children. It is well recognized that there are massive differences in the mortality rates not only between states but also between districts in the same states . In India there is no system for collection and analysis of data on morbidity during childhood. In the absence of morbidity data, available mortality data and analysis of causes of death have been utilised for drawing up priority interventions for improving child health. Ongoing major intervention programmes in child health include immunization to prevent morbidity and mortality due to vaccine preventable diseases, food and micronutrient supplementation programmes aimed at improving the nutritional status, programmes for reducing mortality due to ARI and diarrhea and essential new born care. Improved access to immunization, health care and nutrition programmes have resulted in substantial decline in IMR over the last five decades. However it is a matter of concern that the decline in perinatal and neonatal mortality have been very slow (Figure-11). IMR has remained unaltered in the last few years. The massive interstate differences in IMR (Kerala 14 , Orissa 97) continue to be another source of concern (Figure-12).

38. Early neonatal mortality i.e. deaths occurring during then first seven days of life forms an important component of infant mortality rate. At the National level the early neonatal mortality rate for 1996 has been estimated at 35 (37 in rural areas to 23 in urban areas (Table-5.4.3.2). There are wide variations among the states in early neonatal mortality [Kerala



(8) and Madhya Pradesh (47)]. Early neonatal deaths formed 48.6% of the total infant deaths during 1996 at the National level. In states where IMR is relatively low because of successful treatment of ARI and diarrhea, early neonatal mortality constitute more than 50% of IMR; in such states it is imperative that steps to improve antenatal, intrapartum and neonatal care are taken to achieve substantial reduction in NNMR as well as IMR. In states where IMR is high and NNMR constitutes less than 50% of IMR the focus may initially be on simple intervention to reduce death due to diarrhea and ARI.

39. Child Mortality Rate (number of deaths among children (0-4 year) had shown a decline from 41.2 per thousand in 1984 to 23.9 in 1996, a decline of 42%. It is, however, a matter of concern that in most of the states there has not been any decline in CMR during the Nineties and in rural Bihar there had been some increase in CMR (Figure-13).

40. The gender differences in CMR persists. At the National level the SRS, 1996 reported a differential of 3.4 points in the mortality rates for boys and girls; with the exception of the States of Kerala, AP, Orissa and West Bengal CMR was higher in female children. There is no biological reason for a higher mortality rate in females in the age group 0-4 years. The social causes, which adversely affect the mortality rate of girls, need to be tackled.

41. Under 5 mortality is more sensitive than infant mortality to the burden of childhood diseases, including those preventable by improved nutrition and by immunization programme (Table-5.4.3.3).

42. As with IMR & CMR under 5 mortality rate also has plataeued in the nineties and the inter state and sex differential persist.

Major causes of infant and under 5 mortality continue to be:

- Inadequate maternal and newborn care
- Prematurity;
- Diarrhoeal diseases;
- Acute respiratory infections;
- Vaccine preventable diseases (in places where immunization cover-age has not reached optimal levels);

43. It is estimated that under nutrition and anaemia are contributory factors in over 50% of child deaths. Under the Child Health component of the RCH programme efforts are made to address each of these major problems.

TABLE-5.4.3.3

State	Under-5 mortality rate
Kerala	19
Maharashtra	58
Tamil Nadu	63
West Bengal	68
Karnataka	70
Punjab	72
Haryana	77
Himachal Pradesh	80
Gujarat	85
Andhra Pradesh	86
Assam	90
India	**95**
Orissa	104
Bihar	105
Rajasthan	115
Uttar Pradesh	123
Madhya Pradesh	133

Child Health Programme Interventions

Essential Newborn Care

Ninth Plan Strategy:

- Reduce infant and under five mortality and morbidity so that there is a reduction in desired level of fertility.
- Reduction in peri-natal and neonatal mortality will be achieved through universal screening for risk factors during pregnancies, labour and neonatal period, identification and referral of 'at risk' mother and neonates to facilities where appropriate care could be provided

44. About two third of all deaths during infancy take place during the first month of life. About 50% of these deaths are accounted for during the first week of life.In order to accelerate the decline of IMR, essential newborn care was included as an intervention under the RCH Programme. Equipment for essential newborn care is being supplied to districts in the country under the RCH Programme. Medical officers and other staff are being trained at the district hospitals and medical colleges in the use of the equipment to provide essential newborn care. Department of Family Welfare has initiated a project in collaboration with the National Neonatology Forum (NNF) for operationalisation of newborn care facilities at the primary level. NNF is to train medical and para medical personnel at the district and sub-district level health facilities where equipment for essential newborn care is being provided under the RCH Programme. In the current year this scheme has been initiated in 60 districts. It is proposed to expand the scheme over the next two to three years to cover all districts with high IMR.

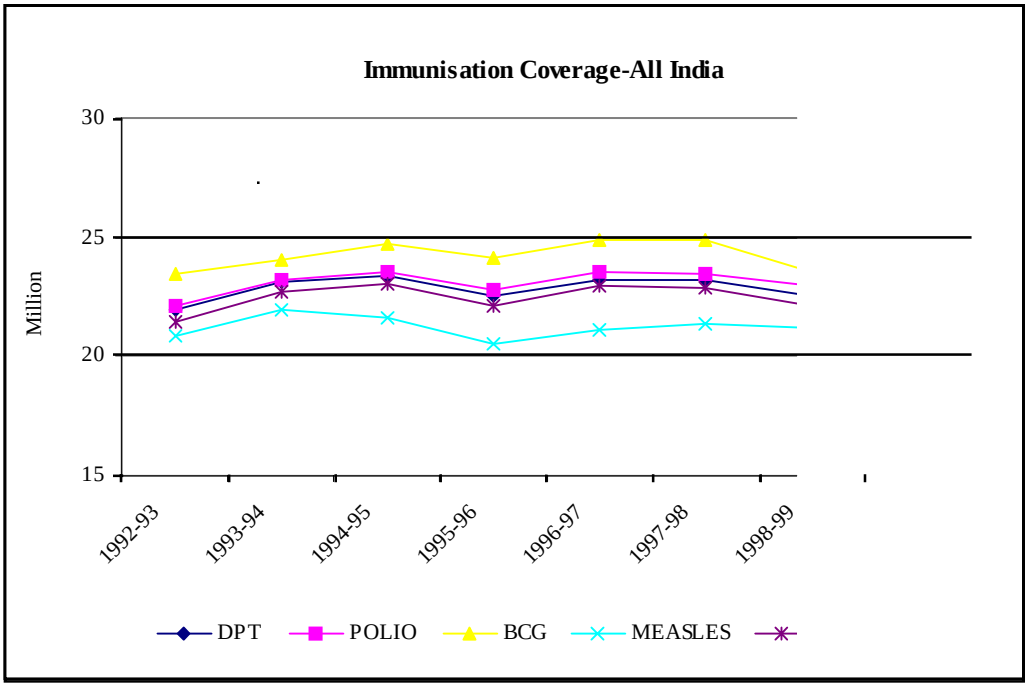
Universal Immunization Programme

45. The Universal Immunization Programme (UIP) was taken up in 1986 as National Technology Mission and became operational in all districts in the country during 1989-90. UIP became a part of the Child Survival and Safe Motherhood (CSSM) Programme in 1992 and Reproductive and Child Health (RCH) Programme in 1997.

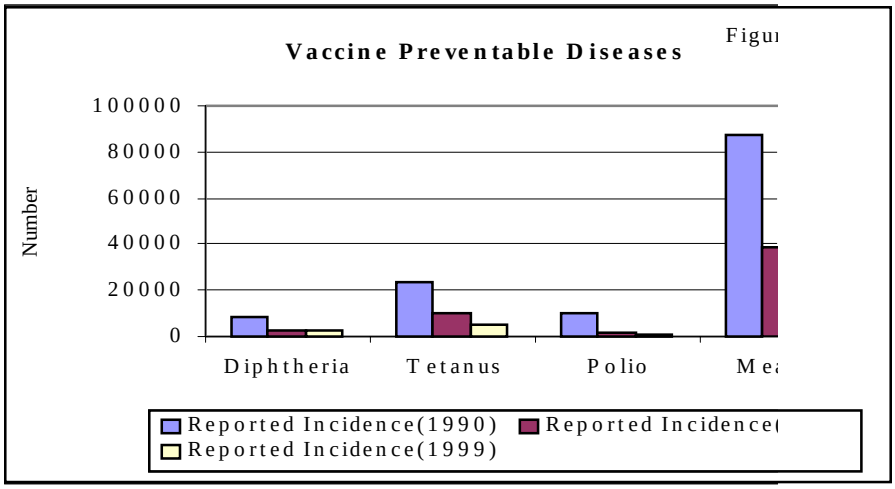
46. Under the Immunization Programme, vaccinations to infant and pregnant women are given for the control of vaccine preventable diseases namely childhood tuberculosis, diphtheria, pertussis, poliomyelitis, measles and neo-natal tetanus.

Performance under the immunisation programme

47. Immunization coverage during the period 1992-93 to 1999-2000 is shown in Figure-14. The immunization coverage has been stagnating at the same level throughout



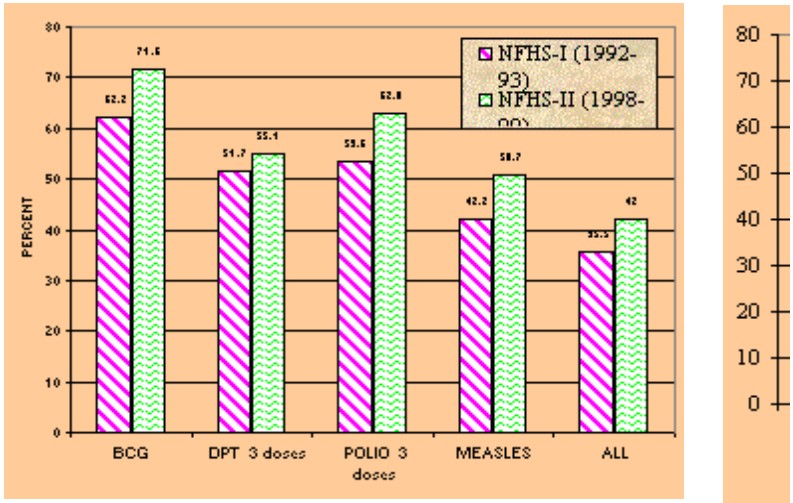
the nineties in most of the states and in some of the states a declining trend is observed. However it is noteworthy that the reported cases of vaccine preventable diseases have declined over the same period. (Figure-15). The coverage evaluation survey conducted by ICMR and National Family Health Survey shows a wide gap between the reported and evaluated coverage. The drop out rates between the first second and third doses of oral polio vaccine and DPT have been very high in most of the states. At the national level the difference between the highest and lowest covered antigens is more than 20 per cent. The difference between the reported and evaluated coverage and high drop out rates is of serious concern. The data from the NFHS-I & II has shown that coverage under immunization programme is substantially lower than the coverage figure reported by service providers; however, there has been some improvement in the immunization coverage between NFHS I & II (Figure-16).



48. Immunization coverage, although far from complete, has improved substantially since NFHS-1, when only 36 percent of children were fully vaccinated and 30 percent had not been vaccinated at all. Coverage of individual vaccines has also increased considerably, and is

Figure-16

IMMUNISATION OF CHILDREN 12-23 MONTHS : NFHS-I (1992-93) AND NFHS-II (1998-99)



much higher than would appear from information on full coverage alone. According to NFHS-2, 72 percent of children ages 12–23 months have been vaccinated against tuberculosis, 63 percent have received three doses of the polio vaccine, 55 percent have received three doses of the DPT vaccine, and 51 percent have been vaccinated against measles. The largest increases in vaccination coverage between NFHS-1 and NFHS-2 are for the first two doses of polio vaccine, undoubtedly because of the introduction of the Pulse Polio Immunization Campaign in 1995. Dropout rates for the series of DPT and polio vaccinations continue to be a problem. Eighty-four percent of children received the first polio vaccination, but only 63 percent received all three doses; 71 percent received the first DPT vaccination, but only 55 percent received all three doses. There are large inter-state differences in immunization coverage. While coverage in Tamil Nadu and Kerala is good but in some states like Bihar the routine immunization coverage has fallen to 20%. It is imperative that routine immunization coverage is improved and the target of 100% coverage for each of the six vaccine preventable

diseases is achieved. The Department of Family Welfare has negotiated the World Bank assistance for routine immunization strengthening programme in the next three years.

Pulse Polio Immunization

49. Under this programme all children under five years are to be administered two doses of OPV in the months of Dec and Jan every year until polio is eliminated. Pulse Polio Immunization in India has been a massive programme covering over 12 crores of children every year. Coverage under the pulse polio immunization has been reported to be over 90% in all States, however, it has been a matter of concern that over the last 5 years coverage under routine immunization has not improved; in fact in some States there has been a substantial decline. There are segments of population who escape both routine immunization and the pulse polio immunization. As a result of all these, the decline in number of polio cases, though substantial, was not sufficient to enable the country to achieve zero polio incidence by 2000.

	1998	1999	2000	2001
Number of cases of confirmed polio	1931	1126	265	9*

* upto 23.04.2001

50. During 2001, 9 cases of wild polio have been detected in the country (6 in Uttar Pradesh one each in Delhi, Haryana and Bihar); mop-up rounds to control the poliovirus transmission in 62 high risk districts in the country and responsive mop-up in 35 districts in some of the States have been conducted.

51. To chalk out the strategy to be adopted during 2001-2002, the Expert Group meeting was held on 30th January 2001 and recommended that in addition to two nation wide National Immunization Days (NID) in December, 2001 and January, 2002, one Sub National Immunization Days (SNID) in Bihar, Delhi, Uttar Pradesh and West Bengal and 50% of the States of Maharashtra, Gujarat and Karnataka in the month of October, 2001 will be conducted. Mop-up immunization will be undertaken following detection of any wild poliovirus including areas with clusters of polio compatible cases and in areas of continued poliovirus transmission. The SNID and NIDs will be conducted using combined fixed posts and house to house approach in all the States. Special efforts will be taken to achieve high routine and campaign coverage in under-served communities and remind families about need for routine immunization during the PPI campaigns.

National Polio Surveillance Programme (NPSP)

52. National Polio Surveillance Programme (NPSP) was started in 1997 with DANIDA and USAID assistance and is working under the management of WHO. The management of NPSP will ultimately be transferred to GOI. The programme has helped in detection of cases, case investigations, laboratory diagnosis and mop up immunization. The programme will take up the surveillance of other vaccine preventable diseases in a phased manner.

Poliovaccines during the 'final phase' Polio Eradication

53. The medical goal of polio eradication is to prevent paralytic illness due to polioviruses by elimination of pathogenic virus so that countries of the world need not continue to immunize

all children perpetually. India has undertaken massive pulse polio immunization since 1995 and it is expected that polio elimination will be possible by 2002. If for the next three years there are no more cases the country will be declared polio free. As and when this is achieved the country will have to take steps to ensure that the disease does not return.

54. The oral polio vaccine contains live attenuated virus. Recent experiences in Egypt, Dominican Republic and Haiti have shown that the vaccine derived viruses can become neurovirulent and transmissible. Such mutant viruses have caused outbreaks of polio when immunization coverage drops. It may, therefore, not be possible to discontinue polio immunization. Several countries which have eliminated polio have shifted to killed injectable polio vaccine after elimination of the disease. India along with other developing countries of South Asia may have to consider this option and prepare appropriate strategies during the Tenth Plan.

Infections in children

55. NFHS-2 collected information on the prevalence and treatment of three health problems that cause considerable mortality in young children, namely - fever, Acute Respiratory Infection (ARI), and diarrhoea. In India 30 percent of children under age three had fever during the two weeks preceding the survey, 19 percent had symptoms of ARI, and 19 percent had diarrhoea. About two-thirds of the children who had symptoms of AR0I or diarrhoea were taken to a health facility or health-care provider. Knowledge of the appropriate treatment of diarrhoea remains low. Only 62 percent of mothers of children aged less than 3 years know about Oral Rehydration Salt (ORS) packets and 34 percent of mothers incorrectly believe that children should be given less to drink than usual when sick with diarrhoea. Forty-eight percent of children with diarrhoea received some form of Oral Rehydration Therapy (ORT), including 27 percent who received ORS. The percentage of children with diarrhoea who received ORS has increased substantially since NFHS-1, when it was only 18 percent, suggesting some improvement in the management of childhood diarrhoea. Among children sick with diarrhoea in the two weeks prior to the survey, the proportion who were given some form of ORT varies from 90 percent in Kerala, 76 percent in Goa, and 73 percent in West Bengal to 34 percent in Rajasthan and 36 percent in Uttar Pradesh. The proportion given ORS varies from 56 percent in Goa and 51 percent in Manipur to only 15–16 percent in Bihar and Uttar Pradesh.

Diarrheal disease control programme

56. Diarrhea is one of the leading causes of death among children. Most of these deaths are due to dehydration caused due to frequent passage of stools and are preventable by timely and adequate replacement of fluids. The Oral Rehydration Therapy (ORT) Programme was started in 1986-87. The main objective of the programme is to prevent death due to dehydration caused by diarrheal diseases among children under 5 years of age due to dehydration. Health education aimed at rapid recognition and appropriate management of diarrhea has been a major component of the CSSM programme Use of fluids at home available and ORS has resulted in substantial decline in the mortality associated with diarrhoea from 10-15 lakh children every year prior to 1985 to 6-7 lakhs deaths in 1996. In order to further improve access to ORS packets 150 packets of ORS are provided as part of the drug kit-A; two such kits are supplied to all sub-centres in the country every year. In addition social marketing and supply of ORS through the PDS are being taken up in some states.

Acute Respiratory Infections Control.

57. Pneumonia is a leading cause of deaths of infants and young children in India, accounting for about 30% of the under-five deaths. Under the RCH Programme, Tablet co-trimoxazole is supplied to each sub-Centre in the country as part of Drug Kit-A. Health workers have been trained in ARI management. Mothers and community members are being informed about the symptoms of ARI which would require antibniotic treatment or referral.

Health Care For Adolescents

58. The nineties witnessed rapid increase in the adolescent population. In the next two decades there will be a rapid increase in the number of adolescents. At the moment there are no specific health or nutrition programmes to address the problem of adolescents.

Ninth Plan Strategy

Appropriate antenatal care will be provided to high risk adolescent pregnant girls under the RCH Programme. Efforts to educate the girl, her parents and the community to delay marriage will receive focussed attention during the Ninth Plan. Efforts will be made to mount programmes for early detection and effective management of nutritional (under-nutrition, anemia) and health (infections, menstrual disorders) problems in adolescent girls.

59. The following initiatives have been taken up:

1. Health care needs of adolescents are being addressed under the RCH Programme
2. Inter-sectoral coordination with ICDS is being strengthened in blocks where ICDS Centres have an adolescent care programme.
3. Proposals for the specialised counselling and IEC material to be provided through NGOs, is being sought under the NGO programme.

The progress in these efforts is being carefully monitored.

Men's Participation In Planned Parenthood Movement

Ninth Plan Strategy:

Men play an important role in determining education and employment status, age at marriage, family formation pattern, access to and utilisation of health and family welfare services for women and children. Their active co-operation is essential for the success of STD/RTI prevention and control. In condom users, consistent and correct use is an essential pre-requisite for STD as well as pregnancy prevention. Vasectomy, which is safer and simpler than tubectomy should be re-popularised.

Promotion of vasectomy

60. Vasectomy is safer and easier to perform in primary health care settings than tubectomy. However since seventies there has been a steep and continuous decline in vasectomy. Efforts to repopularise vasectomy including IEC campaigns and training of surgeons in No Scalpel Vasectomy (NSV) have resulted in substantial increase in vasectomies in some districts in Andhra Pradesh; however similar change has not happened at the national level.

61. During the Ninth Plan specific efforts have been made to promote vasectomy and NSV. Introduction of NSV has resulted in large number of vasectomies being performed in Karimnagar in Andhra Pradesh; Sikkim has reversed the ratio of tubectomy to vasectomy. The reported performance under NSV is given in Table-5.4.3.4.

TABLE-5.4.3.4
Status of No Scalpel Vasectomy (NSV) Project (up to December 2000)

States	Courses	No. of Districts covered	No. of Acceptors	No. of Doctors Trained	No. of Certified Trainers
Andhra Pradesh	78	30	80558	155	11
Assam	1	3	60	5	1
Maharashtra	9	8	546	38	4
Tamil Nadu	10	19	327	40	2
Uttar Pradesh	11	11	391	13	2
Haryana	14	18	567	51	1
Orissa	17	34	1171	72	1
Punjab	16	16	590	61	1
West Bengal	8	6	1084	25	4
Rajasthan	2	3	31	4	1
Sikkim	8	6	677	28	3
Himachal Pradesh	1	1	83	0	0
Kerala	6	7	382	27	1
Bighar	4	2	162	13	0
Gujarat	6	5	118	24	1
Karnataka	12	11	231	45	3
Delhi	4	4	181	15	2
Manipur	5	4	315	20	3
Madhya Pradesh	10	23	3466	119	2
J & K	1	8	19	6	0
FPAI, Mumbai	1	1	88	0	1

62. It is essential that the efforts to popularize vasectomy are continued by addressing the concerns and conveniences of men, and improving the techniques and quality of vasectomy services. This would result not only in improving men's participation in the FW programme but also result in substantial increase in access to sterilisation services, reduction in the morbidity and mortality associated with sterilization.

Logistics Support

Ninth Plan Strategy

Ensure uninterrupted supply of essential drugs contraceptives, adequate in quantity and appropriate in qual

63. The Government of India procures and supplies drugs, equipment kits, contraceptives and vaccines to States for use in Family Welfare programme. While the drug kits are supplied at district level, vaccines and contraceptives are supplied at State or regional level. The States have so far not created any specialised or dedicated system for receiving such supplies, storing them in acceptable conditions and distributing them. As a result there are delays, deterioration in quality and wastage of drugs. Supplies under FW Programme is about Rs.500 crores; it is estimated that the losses due to deterioration and inefficiencies may be to the extent of 20-30%.

64. The DOFW in collaboration with different external funding agencies working in different states has formulated a logistic project for each major state. These proposals envisage creation of a specialised agency at State level which will manage warehouses at regional level for each cluster of 5 - 8 districts. These places will receive indent from each hospital in the area and will ensure delivery within 15 days through contracted transporter. To ensure efficiency, the State Government agency will be paid only on the basis of a percentage of supplies it handles. Logistics project in some states have already been approved.

65. It is essential that the facilities which are being created should handle all the drugs/ vaccine/devices etc. provided by central govt. (Health, Family Welfare, ISM&H) and state governments for all health care institutions. The progress in the efforts and problems encountered have to be monitored and appropriate mid course corrections instituted.

New Initiatives during the 9th Plan Period for improving the coverage and quality of Reproductive and Child Health Services

Flexible Integrated Financial Envelope

66. The purpose of the envelope is to provide flexibility to better performing states to design state specific package of interventions and undertake innovations to address problems of Maternal Health care in their states instead of tying them to national schemes. Under the scheme flexibility was granted to Tamil Nadu, Andhra Pradesh Karnataka, Kerala, Maharashtra & Punjab. An amount of Rs. 270 lakhs have been released to the State of Tamil Nadu, Rs. 337.73 lakhs to Andhra Pradesh, Rs. 69.90 lakhs to Kerala, Rs. 209 lakhs to Karnataka and Rs. 50 lakhs to Punjab.

RCH Camps

67. In order to provide the RCH services to people living in remote areas where the existing services at PHC level are under utilized, a scheme for holding camps has been initiated during this year. The scheme will be implemented in the 10 poorly performing States and also in 7 North Eastern states. Initially 102 districts have been selected in these States and more districts would be added next year. It is proposed to expand the scheme to all category C districts in the country.

RCH Outreach Scheme

68. An RCH Outreach Scheme is being implemented to strengthen the delivery of immunisation and other maternal and child health services in remote and comparatively weaker districts and urban slums in 8 large states. Selected districts will be provided additional

support for mobility of staff, improvement in quality of services and generation of demand for services. In the current year the Scheme has been operationalised in 50 districts. The scheme will be expanded to cover 150 additional districts in 2001-2002.

Border District Cluster Strategy

69. Under this initiative 48 districts spread over 16 States have been selected for providing focused interventions for reducing the infant mortality and maternal mortality rates by at least 50% over the next two to three years. States and districts have been allowed sufficient flexibility to introduce innovations to achieve the objectives. Districts are being supported for development and training of Health and Nutrition Teams, physical up-gradation of sub-centres and primary health centres, additional supply of equipment and drugs, organization of outreach sessions, support for mobility of staff, development of local IEC for social mobilization. In addition, training of medical officers, up-gradation of First Referral Units and filling of vacant posts through contractual appointments has been allowed depending on the needs of the districts.

Participation Of NGOs In RCH Programme

70. Under the RCH programme the NGOs are being assisted at three levels:

(a) Small NGOs: At the village, Panchayat and Block level small NGOs are being involved for advocacy of RCH and family welfare practices and for counselling. As these small NGOs have limited resources, they are being assisted through the mother NGOs. In addition, some NGOs are to be assisted for providing spacing or terminal methods of contraception and for counselling.

(b) Mother NGO: NGOs with substantial resources and proved competence are being approved as mother NGOs. So far 49 mother NGOs have been identified by the Department. The mother NGOs are required to screen the credentials of the applicant small NGOs, obtain proposals from them, consider them for sanction, release money and monitor its work and obtain utilisation certificate from the small NGOs. The mother NGOs are also required to provide training to the staff of the small NGO for both management of the NGO and for management of the programme.

(c) National NGOs: A limited number of National NGOs are being assisted by the Department on project basis for innovative programmes for introducing Baby Friendly Practices in hospitals, for helping in enforcement of Prenatal Diagnostics Technique Act by detecting offending sex determination clinics and collecting evidence for making specific complaints against them to the designated authorities in the State.

The progress in these efforts is being monitored.

Involvement Of Panchayati Raj Institutions (PRIs) In FW Programme

Ninth Plan envisaged Involvement of Panchayati Raj Institutions for:

- Ensuring inter-sectoral coordination and community participation in planning, monitoring and management of the RCH programme.
- Assisting the states in supervising the functioning of health care related infrastructure and manpower such as Sub-Centres (SCs), Primary Health Centres (PHCs) and Aganwadis.
- Ensuring coordination of activities of workers of different departments such as Health, Family Welfare, ICDS, Social Welfare and Education etc. and functioning at village, block and district levels.

71. There are massive diiferences between the states in involvement of PRI in Family Welfare Programme. States like Kerala have embarked on decentralized planning and monitoring programmes utilizing PRIs and devolution of powers and finances to PRIs. In other states the involvement is mainly in planning and monitoring without devolution of power and finances. In some states the PRIs have not yet started participating in the programme. There is a need to constantly review the situation and initiate appropriate interventions.

RESEARCH AND DEVELOPMENT

Ninth Plan Priorities in Research and Development

Basic and Clinical Research

- Development and testing of new contraceptives including contraceptives which are considered to be effective in Indian Systems of Medicine
- Research on methods for male fertility regulation
- Clinical trials on newer non-surgical methods of MTP
- Post-marketing surveillance of Centchroman

Operational Research

- Studies on the ongoing demographic transition and its consequences.
- Studies on continuation rates and use effectiveness of contraceptives.
  Research on operationalising integrated delivery of RCH services, nutrition, education, women & child development, rural development and family welfare services at village level

72. The ICMR is the nodal research agency for funding basic, clinical and operational research in contraception and MCH. In addition to ICMR, CSIR, DBT and DST are some of the major agencies funding research pertaining to Family Welfare Programme. The

National Committee for Research in Human Reproduction assists the Department of Family Welfare in drawing up priority areas of research and ensuring that there is no unnecessary duplication of research activities. Some of the major institutions carrying out research in this area include the Institute for Research in Reproduction, Bombay, National Institute of Nutrition, Hyderabad, National Institute of Health & Family Welfare, New Delhi, Central Drug Research Institute, Lucknow and the Central Council for Research in Ayurveda and Siddha, Delhi. A network of 18 Population Research Centres conduct studies on different aspects of the Family Welfare Programme and undertake demographic surveys.

73. Under RCH Programme the Department of Family Welfare has constituted Expert Committee for Research in Reproductive Health and contraceptives under modern system of Medicine and Expert Committee for Research in Reproductive Health and Contraceptive under ISM & H to examine and recommend the proposals that require funding. In addition the Department is making efforts for creation and support of an appropriate institutional mechanism to test and ensure the quality of products utilised in the programme.

74. Major research areas currently funded by ICMR and other research agencies include:

a) Basic research efforts for the development of newer technology for contraceptive drugs and devices in modern system of medicines and ISM&H to cater to the requirements of the population in the decades to follow.
b) improving the contraceptive coverage for men and women by operational research
c) operational research for improving the performance of Family Welfare Programme and socio-behavioural research to improve community participation for increased acceptance of family welfare services.
d) STI/RTI operational research for detection, prevention and management in different situations

Monitoring And Evaluation

75. Currently, the following systems are being used for monitoring and evaluation of programmes in the Family Welfare Programme:

a) Service reporting system;
b) SRS and Census Data;
c) Research Studies especially designed to look into specific problems

76. The Department of Family Welfare has constituted regional evaluation teams which carry out regular verifications and validate the data on acceptance of various contraceptives. These evaluation teams can be used to obtain vital data on failure rates, continuation rates and complications associated with different family planning methods.

77. Department of Family Welfare had initiated a rapid household survey to obtain information about the progress on programme interventions as well as its impact from the independent surveys at district level. All the districts were covered in a two-year period. The reports are being used to identify district specific problems and rectify the programme implementation.

78. To assess the availability and the utilisation of facilities in various health institutions all over the country, a number of facility surveys have been done during 1998-99. So far data collection has been completed in 101 districts. The survey results are being scrutinised and deficiencies found therein are being brought to the notice of the States and districts concerned for taking appropriate action.

79. Planning Commission and DOFW have developed proforma for monitoring the infrastructure, manpower and equipment mismatch in the primary health care institutions. The format for monitoring the processs and quality indicators have been developed and sent to all the states.

80. The Department of Family Welfare, in collaboration with RGI, had set a target of 100% registration of births and deaths by the end of the Ninth Plan. Steps to collect collate and report these data at PHC/District level on a yearly basis have also been initiated. Available information with RGIs office indicates that as of mid-nineties over 90% of all births and deaths are registered in states like Kerala, Tamil Nadu, Delhi, Punjab and Gujarat. In these States these data should be used at district-level both for PHC-based planning of RCH care as well as evaluation of the coverage and impact of RCH care annually. In districts where vital registration is over 70%, efforts are being stepped up to ensure that over 90% of births and deaths are reported so that independent data base is available for planning as well as impact evaluation of PHC- based RCH care.

Evaluation of RCH programme

81. Monitoring the above indicators do not provide any information on the quality of care or appropriateness of the services. The programme must evaluate 'quality of care' of the services being provided. Efforts should be made to collate and analyse service data collected at the district level and respond rapidly to the evolving situations. Available data from census, demographic and health surveys undertaken in the district by various agencies including the Population Research Centres needs to be analysed and utilised at the local level for area-specific micro planning. Besides, the information generated through adhoc surveys such as National Family Health Survey (NFHS) must also be utilised to identify the shortcomings of the programme and to initiate requisite remedial measures. The census reports, studies conducted through Population Research Centres, adhoc surveys and district surveys under RCH provide data for evaluating the impact of the programme. The data generated through these reports and surveys should be utilized to evaluate the family welfare programme at the PHC level.

National Population Policy-2000

Ninth Plan Recommendation

A National Population Policy should be drawn up so that it provides reliable and relevant policy framework not only for improving Family Welfare Services but also for measuring and monitoring the delivery of family welfare services and demographic impact in the new millennium.

82. One of the major recommendations of the NDC Sub Committee on Population was that a National Population Policy should be drawn up so that it provides reliable and relevant policy frame work not only for improving Family Welfare Services but also for measuring and monitoring the delivery of family welfare services and demographic impact in the new millennium. The Dept of Family Welfare has drawn up the National Population Policy 2000, which was approved by the Cabinet in February 2000.

83. The National Population Policy 2000 has set the following goals for 2010:

i) Universal access to quality contraceptive services in order to lower the Total Fertility Rate to 2.1 and attaining two-child norm.

ii) Full coverage of registration of births, deaths and marriage and pregnancy.
iii) Universal access to information/ counseling and services for fertility regulation and conception with a wide basket of choices.
iv) Infant Mortality Rate to reduce below 30 per thousand live births and sharp reduction in the incidence of low birth weight (below 2.5 kg.) babies.
v) Universal immunization of children against vaccine preventable diseases, elimination of Polio by 2000 and near elimination of Tetanus and Measles.
vi) Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.
vii) Achieve 80% institutional deliveries and increase the percentage of deliveries conducted by trained persons to 100%.
viii) Containing of Sexually Transmitted Diseases.
ix) Reduction in Maternal Mortality Rate to less than 100 per one-lakh live births.
x) Universalisation of primary education and reduction in the drop out rates at primary and secondary levels to below 20% both for boys and girls.

84. To facilitate the attainment of the goals set under NPP 2000 an Empowered Action Group attached to the Ministry of Health & Family Welfare has been constituted.

National Commission on Population

85. The National Commission on Population has been constituted under the Chairmanship of the Prime Minister of India and Deputy Chairman Planning Commission as Vice Chairman on 11th May 2000 to review, monitor and give direction for implementation of the National Population Policy with a view to achieve the goals set in the Population Policy. The Commission has the mandate

- To review, monitor and give direction for implementation of the National Population Policy with the view to achieve the goals set in the Population Policy
- Promote synergy between health, educational environmental and developmental programmes so as to hasten population stabilization
- Promote inter sectoral coordination in planning and implementation of the programmes through different sectors and agencies in center and the states.
- Develop a vigorous peoples programme to support this national effort

86. The first meeting of National Commission on Population was held on 22nd July 2000. There were wide ranging discussions and useful suggestions for achieving the goal of population stabilization. A Strategic Support Group consisting of secretaries of concerned sectoral ministries has been constituted as standing advisory group to the Commission. Nine Working Groups have been constituted to look into specific aspects of implementation of the programmes aimed at achieving the targets set in NPP 2000. A National Population Stabilization Fund with a seed contribution of Rs.100 Crores from Central Government is being set up. Contributions from corporate, industry, trade organizations and individuals are expected.

Goals for the Ninth Plan

87. Table –5.4.3.5 provides information of present status (as indicated by NFHS-II & SRS) of process and impact indicators and the goals set for these in the National Health Policy -NHP 1983 (for 2000), Ninth Plan (for 2002) and NPP 2000 (for 2010). While there has been steady improvement in indicators, the pace of improvement is slower than visualised.

Table 5.4.3.5

Present Level of Indicators and the Goals

No	Indicator	Present Status	Goals		
			NHP-1983	Ninth Plan	NPP 2000
	Target Year		**2000**	**2002**	**2010**
1.	**Family Planning Indicators**				
	• Crude Birth Rate	26.1 (1999)	21	23	21
	• Total Fertility Rate	3.3 (1997)	2.1	2.6	2.1
	• Couple Protection Rate	46.2% (2000)	60%	60%	Meet all needs
2.	**Mortality Indicators**				
	• Maternal Mortality Ratio	540 (NFHS-II)	400	300	100
	• Perinatal Mortality Rate	-	30-35	-	-
	• Neo Natal Mortality Rate	43.4 (NFHS-II)	-	35	
	• Infant Mortality Rate	70 (1999)	Below 60	56-50	below 30
	• Under 5 Mortality Rate	94.9(NFHS-II)	-	-	
3	Full Immunization of infants (six vaccine preventable diseases)	42% (NFHS-II)	100%	65%	100%
	- Measles	51%			
	- DPT	55%			
	- Polio	63%			
	- BCG	72%			
4.	Pregnant mothers receiving ante-natal care	NFHS-II	100%	95%	100%
	• % received at least 3 ANC	43.8			
	• % received IFA for 3 or 4 months	47.5			
	• % received 2 TT Vaccine	66.8			
5.	Deliveries				
	• Institutional Deliveries	34% (NFHS-II)	-	35%	80%
	• Deliveries by trained health personnel including trained birth attendants	42.3% (-do-)	100%	45%	100%
6.	Prevalence of low birth weight babies	30% (Estimated)	10%		

However, the pace can be accelerated through streamlining of infrastructures, improving quality, coverage of services and increasing efficiency of delivery of services.

Externally Aided Projects

Area Projects

88. Area Development Projects have been taken up under National Family Welfare Programme in different States with financial assistance from external agencies such as the World Bank, United Nations Population Fund (UNFPA), Overseas Development Agency Danish International Development Agency (DANIDA) with the objectives of reducing maternal and child mortality, morbidity and birth rate.

89. IPP-VIII and IPP IX projects, Family Health Support Project in Maharashtra assisted by German Government, DANIDA Phase III Project in Tamilnadu, ODA Phase III Project in Orissa and UNFPA assisted district projects in five districts of Kerala, Bihar, Maharashtra, Rajasthan and Himachal Pradesh were implemented during 2000-01 and would continue during 2001-02. The USAID assisted project in UP would also continue during 2001-02.

Funding of Family Welfare programme

Financing of Non-plan Activities through the Plan Funds

90. Family welfare programme is an important programme and was initiated as a plan scheme so that adequate attention is paid with regard to positioning of requisite manpower at various health care delivery institutions. The programme is a hundred percent Centrally sponsored Programme and is being implemented through the state governments. The Department of Family Welfare provides funds to the state governments for the maintenance of health and family welfare infrastructure and implementation of the programme according to certain fixed norms. The plan funds of the Department of Family Welfare are being utilized for infrastructure maintenance, for meeting the expenditure for salaries, recurrent provision for rent, medicines, contingencies etc. which are essentially non-plan in nature. Inspite of the substantial increase in the outlay for the Family Welfare Programme in the Ninth Plan period funds available for innovative programmes to improve quality and coverage is limited because over 50% of the funds are being used to meet the committed non-plan expenditure on salaries and maintenance of infrastructure..

The problem of Arrears

91. The Department of Family Welfare bears the cost of maintenance of Rural Family Welfare Sub-Centres, Post Partum Centres, Urban Family Welfare Services and training activities according to certain norms which were fixed long back. There is a wide gap between the actual funds required to maintain the above services and the funds being provided according to the norms. Thus, it results in the accumulation of arrears payable to the states. The delay in the payment of arrears to the states adversely affects the family welfare services in all the states especially those with fiscal problems; many of these states such as Bihar, UP, MP & Rajasthan are also the ones who have made all efforts to improve performance in FW programme .In view of this the Planning Commission had suggested that there is an urgent need to review the norms for providing funds to the states for implementation of the family welfare programme.

92. Sufficient provision was made in the budget of respective Annual Plans for liquidation of arrears. The outlay for National Family Welfare Programme increased from Rs.2489.35 crore in 1998-99 to Rs.2920.00 crore in 1999-2000 and further to Rs.3520 crore in 2000-2001 and to Rs.4210 crores for 2001-02. In normal circumstances, this sizeable increase in allocation provided by the Planning Commission would have almost solved the problem of arrears for future years. But, as States have started to implement the recommendations of Fifth Pay Commission the problem continues.

93. As suggested by the Planning Commission, the Department of Family Welfare constituted a Consultative Committee to review these norms, evolve realistic norms for salary, contingency and other expenses for different types of infrastructure and manpower funded by the Department of FW. The Consultative Committee constituted by the Department of FW to revise norms has also looked into rationalisation of infrastructure and manpower created in rural and urban areas so that Centre and states both fund the relevant portions of the programme. The department of FW has circulated the draft report of the Committee to the states for their comments; it is expected that the report will be finalised and the recommendations implemented in the current year.

Reorganisation of Family Welfare Infrastructure

94. The recommendations made in the Ninth Plan Document, recommendations of the Consultative Committee, and the views of Planning Commission regarding the reorganization of infrastructure and manpower being maintained by the Department of Family Welfare are at Annexure-5.4.3.1.

95. The Ninth Plan suggested that the infrastructure involved in the delivery of family welfare services should be reorganized in the following manner:

96. The Department of FW may provide funding for

- All the 1,37,271 ANMs functioning in Sub-centres instead of 97,757 ANMs at present. It is imperative that the ANMs, who are crucial for increasing the outreach of the Programme, should be available and fully funded by the FW Programme.
- The ANMs required for Urban in Sub-centres (equivalent of rural Sub-centres) located in urban slum areas may be re-deployed from existing Health Posts/Post-partum Centers/Family Welfare Centers etc.
- 8 to 10% of the administrative costs.
- Requisite supply of consumables, contraceptives and vaccines.

97. Apart from other recommendations regarding Family Welfare Programme, the need to ensure availability of ANMs and taking over of all the ANMs in rural/urban areas is made in order to eliminate any anamoly of different emoluments in the same states (depending

upon whether the state paid for them or Centre), to employ staff with similar qualifications and functions. If the states try to avoid this they may have to upwardly revise the emoluments of ANMs who are being paid by the state which in turn could trigger yet another upward spiral of the infrastructural maintenance costs to be borne by the states who are yet to recover from the financial problems due to implementation of the Fifth Pay Commission recommendations.

98. The States may take over

- Rural Family Welfare Centres
- Type C & Sub-District Level PP centres that are part and parcel of primary health care infrastructure in the states. These can be integrated with PHCs & CHCs.
- Over the last three decades family welfare services are being provided as an integral part of obstetric & gynaecological services by secondary and tertiary care institutions. So type A and B postpartum centres may be taken over by the States and merged with the Department of Obstetrics and Gynaecology in the respective hospitals.
- The staff whose salaries are met from the head “Rural Family Welfare Centre” are functioning as Primary Health Centre officers in most States. The sub- district postpartum centre staff may be posted in FRUs. These two categories of staff will become a part of State primary health care infrastructure.

ACA under PMGY

99. Additional Central Assistance (ACA) is being provided by the central government to the states under PMGY; during 2000-01 15% of the PMGY funds were earmarked for improving identified priority interventions aimed at improving the functional status of the primary health care institutions; in 2001-02 10% of the total PMGY funds of Rs.2800 crores has been earmarked for health sector; these funds could be used for improving the functioning of the primary health care infrastructure in the states, including reorganization of the infrastructure for the delivery of family welfare services.

Outlays for 2001-02

100. The outlay for Annual Plan 2001-2002 for the Department of Family Welfare is Rs.4210 crores. The scheme-wise allocation of the approved outlay is shown in Annexure-5.4.3.2.

Annexure-5.4.3.1

REORGANISATION OF THE INFRASTRUCTURE AND MANPOWER BEING CURRENTLY MAINTAINED BY DEPARTMENT OF FAMILY WELFARE

Scheme	Outlay (Rs.Crores)		Recommendation for the Ninth Plan	Recommendations of the Consultative Committee	Comments of Planning Commission to the Recommendations of Consultative Committee
	1998-99	1999-2000			
Rural F W Centres (Established at all block level PHCs before 1980. There are 5435 such functioning centers)	265.00	350.00	To be made part of the state primary health care infrastructure	The States to take over the maintenance of Rural FW Centres	Planning Commission supported the Recommendations of Consultative Committee
Sub-Centres (Funded by the Deptt. of FW 97757 Funded by States 38782)	340.00	525.00	All ANMs to to fully funded under FW programme	Deptt. Of FW to provide for the maintenance of all the SCs.	
Maintenance of Urban FW Centres & Revamping of urban level organization There are 871 health posts functioning in ten states and two UTs There are 1083 Urban FW Centres	64.00	58.00	States to set up well-structured urban primary health care infrastucture; Funding from Deptt. Of Family Welfare for ANMs only; ANMs for urban health care will be mainly redeployed & gap, if any will be filled.	To set up: Urban Health Centres per 10000 slum population Urban Primary Health Centres per 50000 slum population	
Post Partum Centres There are 550 district level PP centres and 1012 sub-district level PP centres which provide MCH and family planning services.	100.00	120.00	All district level PP Centres to be taken over by the states and mearged with Deptts. Of Obst./ Gyna. Of the respective hospitals during Ninth Plan Sub-district level PP Centres to be merged with PHCs/CHCs	PP Centres to be continued to be supported by the Deptt. Of FW	

Annexure-5.4.3.1 Contd.

REORGANISATION OF THE INFRASTRUCTURE AND MANPOWER BEING CURRENTLY MAINTAINED BY DEPARTMENT OF FAMILY WELFARE

Scheme	Outlay (Rs.Crores)		Recommendation for the Ninth Plan	Recommendations of the Consultative Committee	Comments of Planning Commission to the Recommendations of Consultative Committee
	1998-99	**1999-2000**			
Direction & Administration Under the existing norms the central assistance is restricted to 7.5%/ 8.33% of the total allocation to the state/UT under the National Family Welfare Programme in the year 1985-86.	92.00	185.50		The states with more than/less than one crore population will be entitled to 8%/ 12% of the audited expenditure on the Family Welfare Programmes or the actual expenditure whichever is less.	The Commission supports the recommendations of the Consultative Committee.
Sterilisation beds	1.70	1.70		To evaluate the Scheme for better functioning	
Basic training schools There are 509 ANM Training Schools, 44 LHV Training Schools and 47 Health & Family Welfare Training Centres that provide training to ANMs, LHVs and in-service training to medical and Para-medical personnel at the regional level.	39.95	61.90		To be maintained by the Deptt. Of FW as at present	Shift to States as training is their function
Arrears	250.00	200.00			Deptt. of FW to Revise norms for the salaries and reimburse to the States actual salary costs based on audited statements of accounts
Sub-total	**1152.65**	**1502.10**			
Total	**2489.35**	**2920.00**			

Annexure-5.4.3.2

DEPARTMENT OF FAMILY WELFARE –Annual Plan 2001-02

(Rs. in crore)

	Scheme	Ninth Plan Allocations	Annual Plan 2000-01		Annual Plan 2001-02
			BE	RE	BE
1	Rural Family Welfare Centres	3700.00	857.00	856.00	1105.00
2	Sub-Centres				
3	Maintenance of urban FW Centres	250.00	58.50	58.50	75.00
4	Revamping of urban level organisation				
5	Direction & Administration	700.00	102.10	102.70	120.00
6	Maternal & Child Health				
	(A) Reproductive & Child Health Project	5000.00	951.00	801.00	1252.00
	(B) Immunization Strengthening Projects		46.00	35.00	60.00
	(C) Procurement of Cold Chain Equipment	150.00	5.00	0.40	0.00
7	New Initiatives/ Measures Under National Population Policy	265.00			118.04
8	Sterilsation and IUD insertion	600.00	101.00	101.00	125.00
9	Post Partum Centres	530.00	111.00	111.00	150.00
10	Basic Training Schools	240.00	81.10	78.10	122.00
11	Reseach Institutes	124.00			
12	Information, Education and Communication	170.00	25.50	25.50	35.00
13	Village Health Guides Scheme	50.00	4.75	4.75	5.00
14	Transport	150.00	70.20	70.20	70.00
15	Contraceptives				
	(A) Free Distribution	930.00	203.71	181.71	258.50
	(B) Social marketing of contraceptives				
	(C) No Scalpel Vasectomy				
16	Logistic Improvement	80.00	0.00	0.00	10.00
17	Area Projects/India Population Projects (IPP)	800.00	180.00	180.00	250.00
18	USAID Assisted UP Project	250.00	60.00	55.00	70.00
19	Travel of Experts/Conferences /Meetings etc.	16.10	0.00	0.00	1.25
20	International Contribution	6.30	0.00	0.00	1.69
21	Sterilization Beds	8.60	1.70	1.70	1.50
22	FW Counsellor Scheme	1.00	0.00	0.00	0.00
23	Arrears	950.00	292.00	260.00	380.00
24	Hindustan Latex Ltd.	1.90	0.00	0.00	0.02
25	School Health Schemes & Others	127.00	0.00	0.00	0.00
26	Involvement of NGO/ SCOVA	0.00		0.00	0.00
27	Flexible Approach Scheme			0.00	0.00
28	Other Schemes*	20.10	369.44	277.44	0.00
	GRAND TOTAL	**15120.00**	**3520.00**	**3200.00**	**4210.00**

*- Includs Lumpsum provision for projects in North Eastern Areas & Sikkim for AP 2000-01

Source: Actuals- Department of Family Welfare, BE/ RE-AP 2000-01 & BE-AP 2001-02, Expenditure Budget 2001-02, Ministry of Finance

5.5 HOUSING, URBAN DEVELOPMENT AND CIVIL AMENITIES

5.5.1 URBAN HOUSING

Shelter is the basic human requirement that needs to be met on priority basis. Fast increase in the population, rapid urbanization and regional development are the major factors that have aggravated the housing scenario over the years. While accepting the fact that housing is essentially a private self help activity, housing policies and programmes has to recognise that state intervention is necessary to meet the housing requirements of the vulnerable sections and to create an enabling environment in achieving the goal of **"Shelter for All"** on sustainable basis. The National Housing and Habitat Policy 1998 accepted that even after lapse of more than 50 years of independence living conditions of large section of the population have not improved. This policy document has clearly identified the respective roles of the Central Government, the State Government, local authorities, financial institutions, research standardization and technical institutions etc. However, since housing is a State subject, State Governments have to play primary role in formulating specific action plans and programmes suited to local needs and conditions in consultation with local bodies and citizen groups.

2. In addition to the natural growth of population, constant migration of rural population to cities in search of jobs put unbearable strain on urban housing and basic services. The National Building Organisation (NBO) which estimated the 1991 urban housing shortage at 8.23 millions, expects the absolute shortage to decline to 6.64 millions in 2001. Habitat-II estimates, however, indicate that the shortage will increase to 9.4 millions in 2001.

3. The ultimate goal of the Housing and Habitat policy, 1998 is to ensure the basic need, **"Shelter for All"** and better quality of life to all citizens by harnessing the unused potentials in Public–Private partnership for tackling the housing and habitat issues. Under this policy, government provide fiscal concessions, carry out legal and regulatory reforms and create an enabling environment. The private sector, as the other partner, would be encouraged to take up the land assembly, housing construction and invest in infrastructure facilities

4. In the Ninth Plan, special attention is being focused on households at the lowest end of the housing market. The priority groups identified for such support are people below poverty line, SC/STs, disabled, freed bonded labourers, slum dwellers and women headed households. Government as a facilitator is to create the environment in which access to all the requisite inputs will be in tune in adequate quantum and of appropriate quality and standards. To create conducive environment to facilitate growth of housing activity in the country, the Ministry of Urban Development & Poverty Alleviation and Ministry of Finance have taken certain major initiatives which include:-

- Removal of legal constraints by repealing the Urban Land Ceiling and Regulation Act 1976 (ULCRA) to correct the distortions in the land market.
- Preparation of the Model Legislation for Apartment Ownership, Rent Control and Regulation of Private Builders and Developers for adoption by the State Governments with suitable modifications necessitated by local needs;

- Amendment of NHB Act 1987 to strengthen the control of NHB on the Housing Financing Companies and to provide a simple, speedy and cost effective methods of recovery of over dues of Housing Finance Institutions;
- Granting of fiscal concessions to the housing sector by way of exclusion of interest on loan for self-occupied property from the total income for the purpose of calculation of Income-tax;
- Extension of loan facility to small borrowers at reduced rate of interest who basically belong to EWS & LIG categories;
- Granting of various concessions under Central Excise and Customs Tariff Act with a view to promote the use of cost effective, energy efficient and eco-friendly building materials etc.

5. To augment the flow of institutional finance to the housing sector and promoting and regulating housing finance institutions, National Housing Bank (NHB) was set up as a subsidiary of the Reserve Bank of India in July 1988. Also the Housing and Urban Development Corporation (HUDCO) is functioning with equity support provided by Government of India as the apex national techno-financing agency in the sector with focus on housing for Economically Weaker Section (EWS) and Low Income Group (LIG) .

6. The Special Action Plan (SPA) on housing introduced in 1998-99, also known as the "Two Million Housing Programme" aims at providing shelter to all within a given time frame. Under this housing programme 7 lakhs additional houses are to be constructed annually in the urban areas. As per the programme, HUDCO has been entrusted with the responsibility of being a facilitator for construction of 4 lakh houses. Of the balance 3 lakh houses HFIs were to finance 1.5 lakh, cooperative sector to construct 1.00 lakh and the remaining 0.50 lakh houses were to be constructed by `other sources'. The physical achievement under the programme during 1998-99 had been 7.58 lakh houses. During 1999-2000 (as on 21.3.2000) 795218 units were sanctioned out of which construction of 317911 units have been completed and 335641 units were in progress. During 2000-2001 (as on 31.3.2001) out of the sanctioned 670881 units 529385 units were in progress (The total figure does not include units of Cooperatives and other sources as the same are not available).

EWS and LIG Housing:

7. The housing activity is basically a State subject. The role of the central govt.is mainly for providing Institutional and Research support. The State Governments are implementing various social schemes according to their plan priorities under the 20 Point programme and housing is one of them. The estimation of physical progress of new construction and upgradation of old and dilapidated housing stock is difficult as there is no single agency collecting such data from central/state agencies, cooperative housing societies, Public and Private housing. The only systematic data collection is undertaken in respect of EWS and LIG housing units under 20 Point Programme. State-wise details of EWS and LIG housing for the years 1997-98, 1998-99 and 1999-2000 are given in annexures 5.5.1 and 5.5.2 respectively.

8. Direct public investment is made for providing housing to the Economically Weaker Section in the urban areas. This is supplemented by loans from the HUDCO (Housing & Urban Development Corporation Ltd.). Refinance is also available from the National Housing

Bank to States. Cooperative and other organisation involved in the construction of EWS Housing. During the year 2000-2001 (upto July, 2000) about 1.02 lakh EWS dwelling units were constructed against the annual target of 1.96 dwelling units. LIG Housing is primarily an old continuing scheme and is being executed by the State Governments through Housing Boards and Housing Departments. The budget provision is supplemented by institutional finance. During the year 2000-2001 (upto July, 2000), 5688 LIG dwelling units were constructed against the annual target of 27457 dwelling units. The Income, cost and loan ceiling for EWS and LIG housing are revised from time to time keeping in view the cost escalations and changes in the income of the target groups.

Review of Outlays Annual Plan 2000-2001

9. Scheme-wise details of central sector giving actual expenditure for 1999-2000, BE and RE of 2000-2001and provision for 2001-2002 are indicated in Annexure 5.5.3. During 2000-2001 out of total allocation of Rs.364.01 crores for housing sector major allocation was in the form of Equity support to HUDCO (Rs.155 crores) followed by General Pool Residential Accommodation (Rs.75 crores) and Housing for Para Military Forces (Rs 64.00.crores), Delhi Police Housing (Rs.58 crores) BMTPC (Rs.4 crores), Night Shelter (Rs. 3.4 crores) and S&T grant to institute including Building Centres (Rs.3 crores). The utilization is anticipated to be 96% of the total allocation.

Annual Plan 2001-2002

10. In the Annual Plan 2001-2002, in the central sector, an outlay of Rs .416.68 crores has been provided for Housing. There is an increase of 9% in the provision for 2001-2002 for central sector as compared to allocation of 2000-2001.

11. Scheme-wise details of approved outlay of central sector for the Annual Plan 2001-2002 is given in Annexure-5.5.3. As in the previous year an allocation of Rs. 155 crores has been made to HUDCO as equity support, followed by General Pool Accommodation (Rs. 80 crores), Housing for Para Military Forces (Rs. 100 crores), Delhi Police Housing (69 crores), BMTPC (Rs. 4 crores),Night Shelter (Rs.4.56 crores)and S&T and Grants to Institutes including Building Centers (Rs. 3 crores). State-wise/ UT-wise outlay and revised estimates on housing for the year 2000-01 (State sector) is given at Annexure-5.5.4)

URBAN DEVELOPMENT

12. India has one of the largest urban systems with a projected population of 289 million in 2001 and is anticipated to increase to around 605-618 million in 2021-2025. Urban Development is essentially supportive of economic development in commensurate with the ongoing structural reforms. Its sectoral content comprises a host of subjects comprising demography, land development, provision of infrastructure facilities, civic amenities etc. in cities and towns. The rapid growth of urban areas both physically and demographically has activated changes in terms of land use pattern, town structure, physical infrastructure and socio-economic activities which have a direct bearing on the total urban environment. The positive impact of urbanisation is often over-shadowed by the evident deterioration in the physical environment and quality of life caused by the gap widening between demand and supply of essential infrastructure services like water supply, sanitation, solid waste

management, transportation etc and accelerated development of housing particularly for the people below poverty line and other disadvantaged groups. Clarity of objectives, will help in designing the policy instruments for accomplishing the targets. Fiscal policies need to be used for influencing rational use of land and for financing land development/ provision of basic amenities. The Ninth Plan sought to provide an insight into the foreseeable future development needs in terms of new assets and up-gradation of existing ones by integrating the inter-dependent infrastructure components.

13. The 74th Constitution Amendment Act, 1992 may be seen as a culmination of the process of structural adjustment in the country through empowerment of local bodies at the grass-root level to undertake developmental functions and assuring them of financial powers through constitutional/ legislative provisions. Last two decades have witnessed major changes in urban governance. The concept of cost recovery of the amenities provided by the Urban Local Bodies came into being to enhance their financial base. Efforts need to be backed by actual devolution of powers and responsibilities of their use by municipal bodies. Mid term review of the Ninth Plan observed that there is an urgent need for the State Governments to transfer the functions and responsibilities to the ULBs as envisaged in the 12th schedule of the Constitution as also to ensure that the Legislature provides for such laws that can authorise the municipalities to levy, collect and appropriate taxes and duties to augment the revenue/resources of the ULBs which today are only dependent on government grants. There is also need for capacity building of the personnel of the ULBs to make them competent to organize their functions in the changed scenario. To improve the quality of urban governance, it would be necessary to ensure that all follow-up action with reference to the 74th Constitutional Amendment is pursued in letter and spirit.

Review of Annual Plan 2000-01 and Provision for 2001-2002

14. An outlay of Rs 3496.85 crore comprising Rs. 405.62 crore in the Central Sector and Rs. 3091.23 Crore in the State Sector had been provided for urban development in the Annual Plan 2000-01. The actual expenditure in the Central Sector is placed at Rs. 387 crore and the revised estimate in the State sector is Rs. 2926.26 crores showing a slight shortfall in the utilization level.

15. The current year, 2001-02 is the terminal operational year of the Ninth Five Year Plan. The Plan proposals of the central Sector were reviewed in the background of expenditure incurred on the various schemes vis-à-vis the overall plan size for the Ninth Plan and the physical achievements thereof. The positive development is that the utilization level has been steadily growing. The overall performance was observed to be better during 2000-01 as compared to the previous year. The outlay for 2001-02 is Rs. 401 crores. Annexures 5.5.5 and 5.5.6 give scheme-wise central sector and state-wise (State sector) financial outlays and expenditure respectively.

16. The Urban Planning System has passed through several paradigms from the isolated improvement scheme to comprehensive development plan for town/ city as a whole. The pattern of urban growth across States is heterogeneous. The Centrally Sponsored Scheme of Integrated Development of Small and Medium Towns (IDSMT) initiated during the Sixth Five Year Plan was with a view to reducing migration of population from rural areas and smaller towns to large cities, to generate employment opportunities in the small and medium

towns and to provide infrastructural facilities in these towns. The selection of towns is required to be done after studying the stage of development, growth potential, employment generating capacity, relative importance in their regional perspective etc. The projects so selected needs to be demand driven suited to changing habitat. A provision of Rs. 60.00 crores was made for 2000-01 which was reduced to Rs. 52 crores. Till December 2000, the central assistance of Rs. 10.68 crores was released to 45 on-going towns and one new town. Also Rs,. 24.60 lakhs was released under central urban infrastructure support scheme for preparation of projects. An overall provision of Rs. 70 crores has been made for the Annual Plan 2001-2002.

17. About one-third of Urban India lives in metropolitan cities (million plus). Given the propensity of the major cities to double their size in a brief span of a decade or two, it is absolutely essential to develop acceptable physical standards conceived in a perspective of direct development of cities. The centrally sponsored scheme of Infrastructural Development in Mega Cities was launched during 1993-94 in the five megacities namely, Mumbai, Chennai, Calcutta, Hyderabad and Bangalore with the broad objectives of promoting investment in economic and physical infrastructure and to facilitate building up a Revolving Fund for sustained development of infrastructure in the Mega cities. It is expected that in the coming years, the State Governments would be able to take up more self-sustainable/commercially viable projects. An aggregate outlay of Rs. 91 crores had been provided for 2000-01. The cumulative central share released till February 2001 was Rs. 578 crores and the corresponding expenditure is placed at Rs 1288.37 crores. The state share released upto December, 2000 was Rs. 652.75 crores. Under the programme an institutional finance to the tune of Rs. 922.33 crores had been mobilized. An outlay of Rs. 95.50 crores has been provided for 2001-2002.

18. The above two programmes, viz, IDSMT and Mega City are considered as major initiatives of the Govt. of India to facilitate development of urban infrastructure across the country. The programmes underline the need for full cost recovery and financial viability of its components. In most of the States, mobilization of institutional finance has been lacking and also that the concept of creation of revolving fund (RF) does not seem to have been working except for a few States. Overall, the programmes have been facing major problems like abandonment/ distortion of scope/ location of projects, mobilisation of Institutional Finance etc. resulting in time and cost over-run projects.

19. Traffic congestion has assumed critical dimensions in many metropolitan cities due to massive increase in the number of personalised vehicles, inadequate road space and lack of public transport. A good network of roads and an efficient mass urban transport system make a substantial contribution to the working efficiency of cities especially for their economic and social, development. Its adequacy help to determine development in diversifying production, expanding trade etc. There is a strong linkage between the availability of these services and per capital GDP.

20. During 2000-01, the sum of Rs. 186 crores had been provided for urban transport which include provision for MRTS Delhi and the funds are expected to be fully utilized. A provision of Rs. 167 crores has been kept for the Annual Plan 2001-2002.

21. The only major scheme currently in operation is the Mass Rapid Transit System (MRTS) for Delhi, for which the investment proposals for first phase of Delhi Mass Rapid

Transport System (MRTS) were approved by the Union Government in September, 1996 envisaging introduction of a metro rail system of about 55.3 kms of elevated-cum-surface rail corridors. The estimated cost of the project was Rs. 4860 crores at April 1996 prices. Following the decision to substitute the original rail corridor by another rail corridor, the total route length had been reduced to 51.98 km. The aggregate cost of the project at current prices (1999-2000) is estimated to be around Rs. 8155 crores. The project is scheduled to be completed by March 2005. About 56 percent of the cost is being met through soft loan from OECF (Japan). Till December, 2000, an overall physical progress of about 10.7% had been achieved. The OECF loan is made available to the Delhi Metro Rail Corporation (DMRC) as pass through assistance reflected in the budget of the Ministry of Urban Development and Poverty Alleviation.

22. The planning exercise need continuous data collection, updating of data etc. To help generate comprehensive information, a scheme for preparing base maps using aerial photography and satellite remote sensing techniques was initiated during the Eighth Plan. The central TCPO in collaboration with the concerned State Town Planning Departments is undertaking interpretation of aerial photographs and collection of other secondary data/ information to generate thematic maps and graphic data base for the development of GIS and processing of information for use of town planning departments, local bodies, development authorities, PWD, tax authorities and other sectoral development agencies as multi-purpose maps. The scheme was initiated to cover 50 towns in two phases. Recent reviews held with the State Governments indicated their desire for getting areas in their States covered by the urban mapping programme undertaken by the TCPO. The remote sensing technology is very useful as it gives a high resolution photographs providing not only data which can be utilized for preparation of development plans, master plans and utility maps, but also facilitate updating with improved data on public land holdings, underground utilities etc. which would help in formulating fiscal policies/ tariff structures, and other activities. It is felt that the scheme should also be extended to utility mapping and States' participation may be mobilised.

23. An amount of Rs. 11.18 crores including Rs. 2.50 crores during 1999-2000 was released to TCPO and an expenditure of Rs. 9.95 crores had been incurred by way of payment to NRSA and upgradation of hardware/ software facilities and training of personnel. During the year 2000-01, upto February, 2001 an amount of Rs. 1.44 crores was released. For the II phase aerial photography and mapping etc. 13 towns out of 28 towns were taken up out of which the work with respect to 10 towns have been completed. For the remaining 15 towns, the processing is under progress. A provision of Rs 4.93 crores has been made for 2001-02 under Urban Mapping including for research in Urban & Regional planning.

National Capital Region Planning Board (NCRPB)

24. The NCRPB operating since 1989 had its two core objectives of the regional plan – 2001 for NCR – (i) to reduce the pressure of population in Delhi and (ii) to achieve harmonious and balanced development of NCR. The NCR is spread over an area of 30242 sq.km. comprising NCT Delhi (1483 sq.km), Haryana (13413 sq.km), Rajasthan (4493 sq.km.) and Uttar Pradesh (10853 sq.km.). The NCRPB has decided to include additional areas of 23971 sq.km. comprising the districts of Muzaffarnagar, Mathura and Aligarh of U.P. The NCRPB finances various projects which are required to be funded jointly by the

participating States and the Board specially on those schemes under the Township Development Programmes. For this, necessary budgetary provisions are required to be made by the States/ Implementing Agencies.

25. The review of performance of NCR projects does not show a satisfactory progress. Some of the key issues ascribed are sanction of a large number of projects without any co-relation to availability of funds, prioritisation of projects, lack of coordination within the states, inadequate provision in the outlays by the Central Ministries and the participating states, etc.

26. The contribution to NCRPB during 2000-01 was Rs. 50 crores out of which 25 crores was released upto Nov. 2000 and the anticipated amount is Rs 42 crores. The Board received approval for Rs. 284 crores as IEBR during the same period. A budget provision of Rs. 50 crores has been made for the Annual Plan 2001-2002.

Externally Aided Projects

27. The objectives of externally aided projects point to strengthening the institutional and financing capabilities of the local/ State Government besides aiming to promote equity in services for the very poor and enhancing urban environment.

28. A few externally aided projects encompassing urban infrastructure development, poverty alleviation and housing sectors are being implemented in States like Tamil Nadu, West Bengal, Rajasthan, Maharashtra, Karnataka, Andhra Pradesh etc. The externally aided project of Delhi MRTS project has been provided pass through assistance of Rs. 362.24 crores for the Ninth Plan.

Areas of concern

- Lack of suitable strategy to deal with the housing problem for the socially disadvantaged group.
- Urgent need for follow up action of the74th Constitution Amendment Act by the State Govt.
- Easy access to land for taking up infrastructure development projects;
- Slow progress of the Centrally Sponsored Programmes of IDSMT and Mega City, mobilisation of institutional finance/creation of Revolving Fund for sustainable infrastructural development;
- No area-specific impact study on the implementation of IDSMT, Megacity, undertaken at Government level;
- No impact study of the implementation of NCRPB projects.

5.5.2 WATER SUPPLY AND SANITATION

29. The Ninth Five Year Plan envisages to provide safe drinking water on a sustainable basis to every settlement in the country and to take all possible measures for rapid expansion and improvement of sanitation facilities in the urban as well as rural areas with local participation.

30. Whereas provision of safe drinking water and sanitation is a State subject and primary responsibility of the State Governments and more specifically the local bodies, the Central Government have been supplementing the efforts of the State Governments in the form of financial assistance and technical guidance since 1976-77 by implementing a large scale Centrally Sponsored Scheme in the case of rural water supply, viz. "Accelerated Rural Water Supply Programme (ARWSP)", also known as "the Rajiv Gandhi National Drinking Water Mission". Based on the reports received from the State Governments by Rajiv Gandhi National Drinking Water Mission, there were 26121 left over "Not Covered" (NC) and 213331 "Partially Covered" (PC) habitations as on 1.4.2000 out of a total of 1422664 identified habitations. Besides, as many as 2.17 lakh habitations, which are reported to have been suffering from water quality problems, like excess fluoride, arsenic, salinity, iron etc, also need to be tackled. Thus, the task ahead is significantly large in terms of "No-source" villages/ habitations, extent of quality and quantity problems of water supply to be tackled and more importantly the sustainability of the programme. As regards rural sanitation, a re-structured Centrally Sponsored Scheme with involvement of local people and NGOs has been brought in force from April, 1999.

31. In so far as urban water supply is concerned, a modest Centrally Sponsored scheme viz., Accelerated Urban Water Supply Programme for small towns with population less than 20,000 (as per 1991 census) is under implementation by the Ministry of UD&PA since 1993-94. Similarly, a Centrally Sponsored Scheme of Urban Low Cost Sanitation for liberation of scavengers is also under implementation since 1990 with the primary objective of eliminating the obnoxious practice of manual handling of human excreta, through conversion of all the existing dry latrines into sanitary latrines. Under this scheme, "whole-town" approach is adopted and in the process, assistance is also provided for construction of new sanitary household/community latrines, where no toilet facility exists. Besides, the State Governments have also been putting in substantial plan allocations for urban water supply and sanitation schemes and significant institutional funding availed. However, the per capita or unit costs of incremental water supply and modern underground sewerage schemes are very high and are beyond the means of most of the Urban local bodies/State Governments in their current financial status. More innovative "User-Charges" and pricing principles therefore, need to be adopted to enhance the financial viability of the Sector and permit resource mobilisation through institutional finance, market borrowing, private investment etc.

Review of Annual Plan 2000-2001.

32. The Annual Plan 2000-2001 included an outlay of Rs.8342.58 crore (Rs.6031.75 crore in the State and UT Plans and Rs.2310.83 crore in the Central Plan) for water supply and sanitation sector. Against this, the likely expenditure during the year is Rs.7865.38 crore (Rs.5588.94 crore in the State and UT Plans and Rs. 2276.44 crore in the Central Plan). In addition, an amount of Rs 23.02 crore was also released under Non-lapsable Central Pool of Resources for North-Eastern States and Sikkim.

33. On the basis of reports, furnished by the State Governments to the Rajiv Gandhi National Drinking Water Mission, 56913 villages/habitations have been provided with safe

drinking water supply facilities during 2000-2001, against a total target of 79468 villages/ habitations.

34. Under Centrally Sponsored Accelerated Urban Water Supply Programme (AUWSP), 575 projects costing Rs. 706.88 crore have been approved up to 2000-2001 including 136 projects costing Rs. 207.69 crore during 2000-2001. The government of India has so far released an amount of Rs. 265.57 crore including Rs 64.00 crore during 2000-2001 and States have released a total amount of Rs. 170.22 crore. An expenditure of Rs. 285.81 crore has been reported to have been incurred so far on these schemes.

35. Under the Centrally Sponsored Scheme of "low cost sanitation for liberation of scavengers", HUDCO sanctioned a total of 835 schemes covering 1248 towns after 1989-90 till March 31st 2001, costing Rs.1422.10 crore for conversion of 16.46 lakh individual dry latrines into sanitary latrines and construction of 18.77 lakh new individual sanitary latrines and 3966 community toilets in various States. The total cost of the sanctioned projects of Rs.1422.10 crore includes a component of Rs.498.11 crore as the sanctioned Central subsidy component, Rs.588.55 crore as HUDCO loan component and the balance Rs. 335.44 crore as beneficiaries' contribution. Against this, cumulative amounts of Rs.245.94 crore as subsidy and Rs. 277.70 crore as loan have been released up to March 31st, 2001. These include Rs.29.34 crore as subsidy and Rs. 19.88 crore as loan during 2000-2001. In so far as physical progress is concerned, 13.38 lakh household sanitary latrines (6.62 lakh conversion + 6.76 lakh new construction) and 3966 community toilets have been completed. Besides, 1.09 lakh conversion and 2.22 lakh new construction of household and 185 community toilets are in progress. In all, 37057 scavengers have been liberated and 369 towns declared scavenging-free.

Annual Plan 2001-2002

36. In keeping with the Ninth Plan objective, the Annual Plan 2001-2002 includes a large Plan Outlay including Rs. 2383 crore under Central Plan as shown in Annexure 5.5.7. The scheme-wise break-up of the approved outlays under Central Plan and State-wise details of the State/UT plans are indicated in Annexure-5.5.8 and Annexure-5.5.9 respectively.

Rural Water Supply & Sanitation:

37. Priority during 2001-2002 will continue to be given to the remaining "Not-Covered" villages/habitations and those with acute chemical and bacteriological contamination, the "Partially-Covered" (<10 lpcd) and (>10 lpcd) villages/ habitations in that order. The Annual Plan 2001-2002 envisages to cover 8143 "Not-Covered" and 37383 "partially-Covered" villages/habitations. State-wise details are shown in Annexure 5.5.10.

38. Rain Water Harvesting has been recognised as an important source of water, particularly in hilly regions of North-Eastern States, islands and water-stress areas. This will also help recharge the ground water aquifers and check the depleting ground water table as also reduce severity of floods and quality problems of water, like fluoride, arsenic, salinity, etc. Concerted efforts, therefore, need to be made to construct rain water harvesting structures and conserve the rain water under/over the ground to help meet the water demand. Operation and maintenance of rural water supply is not satisfactory at present and therefore, is an area of concern and needs special attention with the involvement of community, particularly the women.

39. Rural Sanitation programme is now gaining momentum in several States. The type of facilities to be provided would be decided, based on the felt-need and full participation and involvement of Gram-Panchayats, the people, particularly the women and the NGOs. The programme of construction of low-cost household sanitary latrines will continue to get emphasis with priority on conversion of dry latrines into sanitary ones. The concept of total environmental sanitation needs to be adopted. For success of the programme, it may be necessary to ensure alternative delivery system also through "Rural Sanitary Mart", a commercial enterprise with social objective, which apart from being a sales outlet, also serves as a counselling-centre as well as a service-centre.

Urban Water Supply & Sanitation

40. Due to rapid urbanisation and ever increasing population of the cities and towns, their demand for adequate drinking water supply and hygienic disposal of liquid and solid wastes is assuming greater importance year after year. The service levels of water supply in most of the cities and towns are far below the desired norms; in some cases, particularly the smaller towns, even below the rural norms and therefore, augmentation of water supply systems is necessary. While the coverage of urban population by protected water supply is estimated to be around 88%, this however, does not truly reflect the poor service levels and deprivation of the poor, particularly those living in slums. Similarly, in the case of urban sanitation, though about 55% of the population is reported to have access to sanitary excreta disposal facilities, only 30% have access to sewerage system and the balance 25% is covered only with low-cost sanitary latrines. Even where sewered, the same are partial and without adequate treatment facilities in most of the cases. Slums are worst affected and mostly without basic environmental sanitation facilities.

41. In view of constraint on budgetary resources, it would be necessary, as envisaged in the Ninth Plan, that the Urban Water Supply and Sanitation Schemes should increasingly depend on institutional finance and the State budgetary support be provided adequately to meet the counterpart matching requirements of institutional finance. In so far as budgetary provisions are concerned, besides State Plan outlays, the Central Plan also includes an outlay of Rs.95 crore under the Centrally Sponsored Accelerated Urban Water Supply Programme for Small Towns with population less than 20,000 (as per 1991 census). The Operation and Maintenance and Management of Urban Water Supply Schemes has not been given due attention and in most of the cases, the revenue generation is much less than the actual cost of Operation and Maintenance. This calls for an urgent revision of Water Tariff and improvement of Billing and collection Mechanism.

42. The coverage of urban population with sanitation facilities is rather slow. While sophisticated sewerage system and sewage-treatment facilities may be necessary in the case of metropolitan cities and a few important tourist/pilgrim centres and industrial cities/ towns, the low-cost sanitation approach may have to be adopted in all other cases due to constraints on financial resources and other competing demands. Waste-water-recycling for non-domestic uses in the water scarcity areas needs to be given due priority, if found techno-economically viable. This would save a large quantity of fresh water to be used for domestic purpose.

43. With a view to eradicate the most degrading practice of manual handling of night-soil completely in the country within a short time frame, the Centrally Sponsored scheme of urban low cost sanitation for liberation of scavengers has been accorded a high priority during the Ninth Plan. The Annual Plan 2001-2002 includes Rs.40 crore for this scheme under the Central Plan. The Central legislation titled "The Employment of Manual Scavengers and Construction of dry Latrines (Prohibition) Bill 1993" had already been passed by the Parliament and assented by the President in June, 1993. All the State Governments have been requested to adopt the Central legislation or enact State legislation in line with the Central legislation. In addition to Uts, 12 States viz. Andhra Pradesh, Goa, Karnataka, Maharashtra, Tripura, West Bengal, Orissa, Punjab, Assam, Haryana, Bihar and Gujarat have already adopted this legislation. However, the Act is yet to be enforced strictly in these States.

Externally Aided Water Supply & Sanitation Projects

44. The World Bank is assisting various States in Water Supply and Sanitation Programme in urban and rural areas. Currently 4 projects are under implementation as given in Annexure 5.5.11. The disbursement budget estimate for 2001-2002 is about Rs. 290.00 crore. Apart from these projects, several projects are also being funded by other External support Agencies like ADB, OECF, KFW, EEC, DIFD, DANIDA, Netherlands etc.

Annexure-5.5.1

Physical Achievement of EWS Housing Schemes

Sl. No.	States/UTs	1999-2000		2000-01	
		Target	Achievement	Target	Achievement
1	2	3	4	5	6
1	Andhra Pradesh	74250	9548	0	3026
2	Arunachal Pradesh	0	0	0	0
3	Assam	1034	0	1666	0
4	Bihar	4620	221	5082	0
5	Goa	220	0	0	0
6	Gujarat	4400	58	2000	0
7	Haryana	0	0	0	0
8	Himachal Pradesh	33	23	30	1
9	Jammu & Kashmir	825	0	908	0
10	Karnataka	5500	2504	5500	2589
11	Kerala	1760	13421	1936	31100
12	Madhya Pradesh	4400	1224	4000	470
13	Maharashtra	594	0	1340	0
14	Manipur	825	0	880	0
15	Meghalaya	0	0	0	0
16	Mizoram	220	200	440	0
17	Nagaland	0	0	0	65592
18	Orissa	2640	0	144721	0
19	Punjab	1100	0	1811	0
20	Rajasthan	2200	0	1225	11
21	Sikkim	165	65	150	27
22	Tamil Nadu	4055	9452	4461	56
23	Tripura	165	0	0	0
24	Uttar Pradesh	15400	1223	6380	11
25	West Bengal	4400	0	500	0
26	A & N Islands	0	0	0	0
27	Chandigarh	0	0	0	0
28	D&N Haveli	0	0	0	0
29	Daman & Diu	3	0	3	0
30	Delhi	0	0	546	0
31	Lakshadweep	0	0	0	0
32	Pondicherry	1163	0	12728	0
	Total:-	**129972**	**37939**	**196307**	**102883**

Annexure-5.5.2

Physical Achievement of LIG Housing Schemes

States/UTs	1999-2000		2000-01	
	Target	Achievement	Target	Achievement
1	2	3	4	5
Andhra Pradesh	35750	3364	0	946
Arunachal Pradesh	0	0	0	0
Assam	13	0	0	0
Bihar	2310	0	2541	0
Goa	165	0	0	0
Gujarat	1430	100	600	0
Haryana	1100	1056	3900	3386
Himachal Pradesh	288	39	116	0
Jammu & Kashmir	0	0	0	0
Karnataka	0	0	0	0
Kerala	2672	1194	2939	612
Madhya Pradesh	2750	160	0	0
Maharashtra	4866	3022	2952	0
Manipur	550	0	943	0
Meghalaya	0	0	0	0
Mizoram	242	0	356	0
Nagaland	0	0	0	0
Orissa	282	422	949	0
Punjab	550	0	862	0
Rajasthan	1100	0	700	0
Sikkim	0	0	0	0
Tamil Nadu	7173	2494	7890	604
Tripura	110	0	0	0
Uttar Pradesh	1650	467	880	140
West Bengal	275	36	288	0
A & N Islands	55	0	0	0
Chandigarh	0	0	0	0
D&N Haveli	0	0	0	0
Daman & Diu	4	0	4	0
Delhi	0	0	1212	0
Lakshadweep	0	0	0	0
Pondicherry	275	0	325	0
Total:-	**63610**	**12354**	**27457**	**5688**

Annexure 5.5.3.

Scheme-wise outlay on Housing - Central Sector

Rs.lakhs

Name of Scheme	1999-2000		2000-2001		2001-2002
	Approved Outlay	Actual Expend	Approved Outlay	Anti.Exp.	Approved outlay
1	2	3	4	5	6
Department of Urban Employment & Poverty Alleviation.					
HUDCO (Eqty for Housing)	150.00	150.00	155.00	155.00	155.00
H.P.L. (Equity Loan)	0.00	0.00	0.00	0.00	0.00
Housing Census (Peroidic Survey &MIS through NBO	0.52	0.25	0.50	0.50	0.30
S&T & Grant to Instti. & other Programme & Bldg. Centres	3.00	3.00	3.00	3.00	3.00
Night Shelter Scheme	1.00	1.00	3.40	3.40	4.56
I.Y.S.H.Activities/Conferences	0.60	0.60	0.57	0.30	0.32
Building Material and Technology Promotion Council	4.00	3.00	4.00	6.50	4.00
Grants-in-aid to NCHF	0.20	0.20	0.20	0.20	0.20
Contribution to C.G.E.G.W.H.O	0.00	0.00	0.00	0.00	0.00
Counter Part Fund for External aid to HUDCO from KFW Loan	0.00	0.00	0.00	0.00	0.00
Counter Part Fund for external aid to HDFC(Loan from KWF)	0.00	0.00	0.00	0.00	0.00
Special Plan Scheme for Areas affected by natural calamities	0.00	0.00	0.00	0.00	0.00
NEW SCHEMES (subject to approval by Plg. Comm.					
i) Saving linked housing scheme with LIC/ HUDCO support for urban and rural poor	0.01	0.00	0.01	0.00	0.01
ii) PM's Awas Yojana for urban poor affected by natural calamities	0.01	0.00	0.00	0.00	0.00
iii) Development of indicators Programme	0.01	0.00	0.32	0.30	0.30
Total (A)	**159.35**	**158.05**	**167.00**	**169.20**	**167.69**
Deprtment of Urban Development General Pool Accommodation(Res)	80.00	55.00	75.00	75.00	80.00
Ministry of Home Affairs:- (a) Para-Military Housing	58.00	65.72	64.00	59.42	100.00
(b) Delhi Police Housing	N.A.	N.A.	58.00	58.00	69.00
Total (A+B+C):			**364.01**	**361.62**	**416.68**

Annexure-5.5.4

Outlays on Housing-States & Union Territories (State Sector)

(Rs. Crore)

Sl. No.	States/UTs	1999-2000 R.E.	2000-2001	
			Approved outlay	R.E.
1	2	3	4	5
1	Andhra Pradesh	153.51	147.56	96.83
2	Arunachal Pradesh	19.53	18.67	18.83
3	Assam	5.46	5.82	5.82
4	Bihar	32.36	26.72	18.83
5	Goa	6.05	5.40	5.60
6	Gujarat	264.50	344.50	318.55
7	Haryana	16.00	16.00	22.28
8	Himachal Pradesh	84.38	30.12	73.73
9	Jammu & Kashmir	2.71	2.26	2.26
10	Karnataka	149.31	234.76	490.98
11	Kerala	39.00	39.40	30.00
12	Madhya Pradesh	170.30	188.37	188.37
13	Maharashtra	41.22	124.63	124.63
14	Manipur	15.50	14.42	13.56
15	Meghalaya	5.25	10.78	10.75
16	Mizoram	46.39	48.22	36.19
17	Nagaland	25.01	27.31	27.31
18	Orissa	14.24	74.67	150.67
19	Punjab	70.67	27.91	37.07
20	Rajasthan	146.31	103.23	86.39
21	Sikkim	22.45	10.62	10.62
22	Tamil Nadu	219.57	211.67	286.04
23	Tripura	59.28	63.85	62.95
24	Uttar Pradesh	33.87	77.24	162.56
25	West Bengal	45.00	26.56	26.56
26	A & N Islands	15.00	14.54	14.54
27	Chandigarh	5.93	5.90	5.90
28	D&N Haveli	1.77	1.71	1.71
29	Daman & Diu	0.39	0.43	0.43
30	Delhi	27.23	20.82	20.82
31	Lakshadweep	2.39	2.40	2.39
32	Pondicherry	11.54	10.08	10.81
	Total:-	**1752.13**	**1936.57**	**2363.99**

Annexure 5.5.5

Scheme-wise outlay: Urban Development - Central Sector

(Rs.crore)

Name of Scheme	1999-2000 Actual exp.	2000-2001		2001-02 Approved outlay
		Approved outlay	Actual Expend.	
Depatment of Urban Development				
Integrated Development of Small and Medium towns	44.50	60.00	55.00	70.00
Contribution to NCR Planning Board Urban Transport	42.00	50.00	45.00	50.00
i) Equity (DMRC)	90.00	160.00	160.00	165.00
ii) Land Acquisition (DMRC)	58.00	25.00	25.00	1.00
iii) Others	1.00	7.62	5.00	6.64
iv) EAP-Pass-through assistance to DMRC from OECF	52.00	1.00	1.00	1.00
Equity to HUDCO(UD)	3.00	5.00	5.00	5.00
Research in Urban and Regional Planning & Urban Mapping	3.00	4.00	4.00	4.93
Mega City Scheme	90.00	91.00	86.00	95.00
Computerisation	1.00	1.00	1.00	1.00
New Scheme (subject to approval of Plg. Comm.)	0.03	1.00	0.00	1.32
Total	**374.50**	**405.62**	**387.00**	**400.99**

Annexure-5.5.6

Outlays in Urban Development- States & Union Territories(State Sector)

(Rs. Crores)

Sl. No.	States/UTs	1999-2000 Rev.estimate	2000-01	
			Appro.outlay	Rev. estimate
1	2	3	4	5
1	Andhra Pradesh	96.01	82.96	58.66
2	Arunachal Pradesh	2.28	7.42	4.12
3	Assam	11.65	26.32	26.32
4	Bihar	27.68	46.98	10.00
5	Goa	5.80	5.40	6.00
6	Gujarat	220.86	226.12	211.00
7	Haryana	28.54	20.81	20.81
8	Himachal Pradesh	29.76	36.99	35.98
9	Jammu & Kashmir	51.57	37.81	37.81
10	Karnataka	152.70	242.57	195.07
11	Kerala	28.50	43.00	25.00
12	Madhya Pradesh	101.14	88.18	88.18
13	Maharashtra	327.37	198.02	198.02
14	Manipur	5.50	7.43	3.58
15	Meghalaya	9.25	19.00	19.00
16	Mizoram	8.93	28.26	30.17
17	Nagaland	9.81	4.76	4.76
18	Orissa	25.29	30.72	23.87
19	Punjab	66.85	27.80	35.38
20	Rajasthan	381.10	450.45	418.88
21	Sikkim	4.77	4.68	4.68
22	Tamil Nadu	378.69	491.48	463.86
23	Tripura	2.49	2.66	2.31
24	Uttar Pradesh	80.61	129.18	170.32
25	West Bengal	29.00	304.18	304.18
26	A & N Islands	7.00	7.00	7.00
27	Chandigarh	55.19	51.42	51.42
28	D&N Haveli	1.17	1.16	1.16
29	Daman & Diu	1.09	1.08	1.08
30	Delhi	378.12	452.46	452.46
31	Lakshadweep	1.15	1.35	1.35
32	Pondicherry	11.74	13.58	13.83
	Total:-	**2802.61**	**3091.23**	**2926.26**

Annexure - 5.5.7

Water Supply and Sanitation - Summary of Outlays/Expenditure

(RS. Crore)

Scheme	1999-2000 Anti./Actual Expenditure	2000-2001		2001-2002 Approved Outlay
		Approved Outlay	Anticipated Expenditure	
State & UT's Plans				
a) Rural Water Supply & Sanitation b) Urban Water Supply & Sanitation	5329.24	6031.75	5588.94	N.A.
Sub Total (State and UT's Plan)	**5329.24**	**6031.75**	**5588.94**	**N.A.**
Central Plan				
a) D/o Drinking Water Supply Ministry of Rural Development				
1) Centrally Sponsored Accelerated Rural Water Supply Programme.	1717.91	1960.00	1960.00	2010.00
2) Centrally Sponsored Rural Sanitation Programme	92.00	140.00	140.00	150.00
b) D/o Urban Development, Ministry of Urban Development & Poverty Alleviation				
1) Centrally Sponsored Accelerated Urban Water Supply Programme for small towns with population less than 20,000	65.00	87.90	64.00	95.00
2) Centrally Sponsored Urban Low-cost Sanitation Scheme for liberation of scavengers	27.35*	29.80*	29.80*	39.80*
3) Other Schemes	40.75	92.93	82.44	88.00
Sub-Total (Central Plan)	1943.01	2310.63	2276.24	2382.80
GRAND TOTAL	**7272.25**	**8342.38**	**7865.18**	**–**

Note : (i) The above mentioned figures do not include the funds released under the Non-Lapsable Central Pool of Resources for NER and Sikkim.

(ii) *-Beside the above mentioned schemes a Provision of Rs 0.20 crore is made every year for meeting establishment related expenditure under Water Supply & Sanitation

Annexure: 5.5.8

Water Supply and Sanitation - Central Plan Scheme wise outlay/Expenditure

(Rs. lakh)

Sl. No.	Scheme	1999-2000 Actual Expenditure	2000-2001		2001-2002 Approved Outlay
			Approved Outlay	Anticipated Expenditure	
	D/o Drinking Water Supply Ministry of Rural Development				
1	Centrally Sponsored Accelerated Rural Water Supply Programme inclu. Rajiv Gandhi National Drinking Water Mission programme	171791	196000	196000	201000
2	Centrally Sponsored Rural Sanitation Programme	9200	14000	14000	15000
	Sub total (D/DWS)	180991	210000	210000	216000
	D/o Urban Development, Ministry of Urban Development & Poverty Alleviation				
1 2 3	Public Health Engineering Training Prog. Monitoring & Management Information System Research & Development	150	200	168	198
4	Equity to Urban Development and Urban Water Supply Finance Corporation/HUDCO (WS Share)	1800	2000	2000	2000
5	Centrally Sponsored Urban Low-Cost Sanitation Scheme for Liberation of Scavengers	2735*	2980*	2980*	3980*
6	Pilot project on solid waste management near Airport in few selected city in the country.	0	500	74.00	500
7	Centrally Sponsored Accelerated Urban Water Supply Programme for small towns with population below 20,000 (as per 1991 Census)	6500	8790	6400	9500
8	Counterpart fund for external assistance to HUDCO from OECF(Japan)	1675	393	0	0
9	Support to water supply scheme of major cities facing acute water shortage (Ganga Barage)	450	6000	6000	6100
10	Special new scheme for Water Supply	0	100	1	1
11	Special new scheme for Solid Waste Management and Sanitation	0	100	1	1
	Sub Total (D/UD)	**13310**	**21063**	**17624**	**22280**
	Total	**194301**	**231063**	**227624**	**238280**

Note: (i) The above mentioned figures do not include funds released under Non Lapsable Central Pool of Resources for NER and Sikkim.

(ii) * - Besides the above mentioned schemes, a provision of Rs. 0.20 crore is made every year for meeting the establishment related expenditure under Water Supply & Sanitation.

Annexure 5.5.9

Outlay / Expenditure on Water Supply and Sanitation – States and UTs.

(Rs. Lakh)

Sl. No.	State/UT	1999-2000 Anticipated Expenditure Total	2000-2001	
			Approved Outlay Total	Anticipated Expenditure Total
1.	2.	3	4	5.
1	Andhra Pradesh	7509	20924	7321
2	Arunachal Pradesh	2786	2900	3052
3	Assam	7727	6463	6463
4	Bihar	4200	7331	5622
5	Goa	4980	9026	6798
6	Gujarat	60000	65800	60665
7	Haryana	4700	5800	7750
8	Himachal Pradesh	12073	12750	12137
9	Jammu & Kashmir	11571	11949	11949
10	Karnataka	43843	56866	56152
11	Kerala	13160	15125	9000
12	Madhya Pradesh	20811	21161	21161
13	Maharashtra	119420	98458	98458
14	Manipur	5300	5340	4800
15	Meghalaya	2862	3550	3340
16	Mizoram	2680	2650	3250
17	Nagaland	2375	3279	3279
18	Orissa	9027	7205	7385
19	Punjab	11081	8786	8806
20	Rajasthan	30098	37104	35564
21	Sikkim	1747	1459	1459
22	Tamil Nadu	64453	73005	72879
23	Tripura	2620	2846	2872
24	Uttar Pradesh	38000	53748	38898
25	West Bengal	12684	20087	20087
26	A&N Islands	1750	1700	1700
27	D&N Haveli	363	342	343
28	Daman & Diu	282	177	177
29	Delhi	32300	44955	44955
30	Lakashadweep	175	240	221
31	Pondicherry	1157	1473	1675
32	Chandigarh	1190	676	676
	Grand Total	**532924**	**603175**	**558894**

Annexure 5.5.10

Status of Drinking Water Supply in Rural Habitations

(No. of habitation)

Sl. No.	State/UT	Status as on 1. 4. 2000				Coverage during 2000-2001						Status as on 1. 4. 2001				Target for 2001-02		
						Target			Acheivement									
		NC	PC	FC	Total	NC	PC	Total	NC	PC	Total	NC	PC	FC	Total	NC	PC	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1	Andhra Pradesh	0	21583	48149	69732	0	5400	5400	0	3000	3000	0	18583	51149	69732	0	2560	2560
2	Arunachal Pradesh	440	1084	2774	4298	400	300	700	22	41	63	418	1043	2837	4298	60	103	163
3	Assam	1623	24318	44728	70669	1500	3000	4500	822	2004	2826	801	22314	47554	70669	623	3500	4123
4	Bihar	625	144	204667	205436	52	2	54	50	0	50	20	2	105318	105340	2	2	4
5	Chhathisgarh	Included in M.P.				1208	2795	4003	343	952	1295	865	1843	47671	50379	402	817	1219
6	Goa	16	44	336	396	16	37	53	5	3	8	11	46	339	396	11	39	50
7	Gujarat	293	3127	26849	30269	200	1000	1200	35	355	390	258	2772	27239	30269	100	400	500
8	Haryana#	12	276	6457	6745	12	276	288	12	558	570	0	0	6745	6745	0	193	193
9	Himachal Pradesh	2738	12961	29668	45367	1000	1300	2300	1145	1303	2448	1593	11658	32116	45367	900	950	1850
10	Jammu & Kashmir	2348	3726	5110	11184	1200	800	2000	0	0	0	2348	3726	5110	11184	600	400	1000
11	Jharkhand	Included in Bihar				573	142	715	76	23	99	497	119	99480	100096	421	100	521
12	Karnataka	65	23129	33488	56682	65	4485	4550	30	3258	3288	38	22090	34554	56682	10	4990	5000
13	Kerala	842	6927	1994	9763	455	1100	1555	35	92	127	807	6954	2002	9763	30	300	330
14	Madhya Pradesh	1967	8726	149175	159868	759	5931	6690	632	7614	8246	127	0	109362	109489	127	0	127
15	Maharashtra	2597	28740	54593	85930	1000	7500	8500	251	4117	4368	2346	26942	56642	85930	500	2500	3000
16	Manipur	74	469	2248	2791	74	300	374	0	20	20	28	364	2399	2791	28	364	392
17	Meghalaya	633	1127	6879	8639	300	280	580	206	134	340	549	920	7170	8639	240	200	440
18	Mizoram	0	569	342	911	0	569	569	0	76	76	0	553	358	911	0	206	206
19	Nagaland	417	670	438	1525	200	100	300	6	33	39	411	637	477	1525	74	38	112

Annexure 5.5.10 Contd.

Status of Drinking Water Supply in Rural Habitations

Sl. No.	State/UT	Status as on 1. 4. 2000				Coverage during 2000-2001						Status as on 1. 4. 2001				Target for 2001-02		
						Target			Acheivement									
		NC	PC	FC	Total	NC	PC	Total	NC	PC	Total	NC	PC	FC	Total	NC	PC	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
20	ORISSA	448	1469	112182	114099	448	1469	1917	414	1451	1865	34	119	113946	114099	34	101	135
21	PUNJAB	2050	3123	8276	13449	1000	800	1800	258	0	258	1792	3123	8534	13449	513	0	513
22	RAJASTHAN	7864	28843	57239	93946	3000	8000	11000	956	9298	10254	6908	19545	67493	93946	3000	8000	11000
23	SIKKIM	0	624	1055	1679	0	462	462	0	130	130	0	472	1207	1679	0	130	130
24	TAMIL NADU	0	11207	55424	66631	0	6000	6000	0	6617	6617	0	4934	61697	66631	0	4934	4934
25	TRIPURA	541	1198	5673	7412	300	754	1054	114	252	366	427	946	6039	7412	287	370	657
26	UTTAR PRADESH#	432	4999	269210	274641	75	3556	3631	43	3430	3473	57	1131	242445	243633	2	31	33
27	Uttaranchal	Included in U.P.				357	1443	1800	32	268	300	325	1175	29508	31008	164	288	452
28	WEST BENGAL	0	23732	55304	79036	0	7256	7256	0	6317	6317	0	17809	61227	79036	0	5750	5750
29	A & N ISLANDS	0	161	343	504	0	50	50	0	20	20	0	141	363	504	0	50	50
30	D & N HAVELI	56	259	201	516	56	50	106	10	47	57	46	243	227	516	15	24	39
31	DAMAN & DIU	0	1	31	32	0	1	1	0	0	0	0	1	31	32	0	0	0
32	DELHI	0	0	219	219	0	0	0	0	0	0	0	0	219	219	0	0	0
33	LAKASHADWEEP	0	10	0	10	0	10	10	0	2	2	0	10	0	10	0	10	10
34	PONDICHERRY#	40	85	142	267	20	30	50	0	1	1	40	84	143	267	0	33	33
35	CHANDIGARH	0	0	18	18	0	0	0				0	0	18	18	0	0	0
	TOTAL	**26121**	**213331**	**1183212**	**1422664**	**14270**	**65198**	**79468**	**5497**	**51416**	**56913**	**20746**	**170299**	**1231619**	**1422664**	**8143**	**37383**	**45526**

- PC Targets fixed in respect of Haryana, U.P. and Pondicherry are for augmentation beyond the norm of 40 lpcd.

Note :- NC - Not Covered, PC - Partially Covered, FC - Fully Covered

Annexure - 5.5.11

World Bank Assistance for Ongoing Water Supply and Sanitation Projects.

(Rs. Crore)

Sl. No	Name of the Project	Name of State	Total Cost of the project	Terminal Date of Disburse-ment	External Assistance (Loans)		
					2000-2001 Actual drawl	Cummulative drawl upto 31-3-2001	2001-2002 BE
1	2	3	4	5	6	7	8
1	3907-6-IN IInd Madras Water Supply Project dt. 20-11-1995	Tamil Nadu	546.31	30.6.2002	72.385	252.472	113.860
2	Mumbai Sewage Disposal Project. Dt 28-12-1995	Maharashtra	1843.68	30-12-2002	79.425	209.091	142.325
3	4056-In UP Rural Water Supply & En-vironment Sanitation Project dt. 22.07.1996	Uttar Pradesh	300.76	31-05-2002	42.794	84.565	33.209
4	P-362 IN Calcutta Water Supply. Se-werage & Drainage Project. dt. 23-07-1999.	West Bengal		31.7.2001	2.668	2.668	0.950

5.6 SOCIAL WELFARE

5.6.1 Empowerment of Women and Development of Children

WOMEN & THE YEAR 2001

The Year 2001 is very significant for Women of India as the Government made a major policy initiative of declaring the Year 2001 as the Women's Empowerment Year. This was to intensify the efforts of both governmental and non-governmental organisations towards fulfilling the Ninth Plan commitment of Empowering women. Also, the Government has adopted a National Policy for Empowerment of Women in 2001 to provide an enabling environment for women to exercise their rights freely both within and outside their homes at par with men. The National Policy for Empowerment of Women was drawn through a long drawn process of consultations with NGOs, Activists, Academicians, Experts, Subject Specialists, Women Parliamentarians, State Governments and Central Ministries/ Departments etc. Also, the draft Policy was further considered by a Group of Ministers (GOM), headed by Shri K.C. Pant, Deputy Chairman, Planning Commission. The GOM which met twice on – 12 September, 2000 and on 7 December, 2000 recommended the Policy for the approval of the Cabinet. Finally, the Cabinet approved the Policy on 20.3.2001. Further, a Task Force on Women and

Month and Theme	Event
January, 2001 Human Rights for Women	1. Launch of the Empowerment year on 1.1.2001. A function will be organized which will include : • Televised Address by PM • Release of logo, slogan, posters etc. • Award of Stree Shakti Puraskar 2. Launch of an Integrated SHG based Programme for Women
February, 2001 Economic Empowerment of Women	1. National level seminar on Property Rights for Women 2. Expansion of Banking Facilities for Women 3. Micro credit Summit
March,2001 Social Empowerment of Women	1. Introduce Legislation and Amendments such as the Domestic Violence Bill, amendments to include Indecent Representation Act, Sati and NCW Acts. 2. IWD (8 th March) 3. Operationalise District level Committees on Violence against Women
April,2001 Women in difficult circumstances	1. Launch of the Scheme for Women in difficult circumstances 2. Gender Training for Police Officials, Judiciary, Revenue Officials
May,2001 Women & Technology	1. Programme on Environment/S&T/Agriculture 2. Workshop on Women-Centric Technology, Bio-technology etc.
June ,2001 Women & Governance	1. Teleconference to create a dialogue between MPs/MLAs and Grass-root Women 2. Intensification of Leadership Training for Women Members of Panchayats
July,2001 Women and Education	1. Campaign to ensure 100% Enrolment Rates for Girls 2. Country wide poster competitions at school and college level
August,2001 Women & Health	1. Intensification of health camps at PHC level with a focus on anemia control and STI/RTI, towards safe motherhood for women 2. Special Programme on Safe Abortion 3. On going scheme for training of Dais will be implemented in 142 districts of 15 States where safe delivery rate is less than 30%
September,2001 Nutrition	1. National Nutrition Week-Programme on Nutrition 2. Awareness campaign by M/o Health on Nutrition (details to be worked out)
October,2001 Women & Media	1. Film/Documentary Festival on Women (traveling) 2. Sensitisation of Media-Workshop
November,2001 Entrepreneurship in Women	Mela month · Use of traditional Melas specially the Kumbh Mela, fold artists to propogate messages on Women's Empowerment · Delhi Haat · Conference of Women Entrepreneurs
December,2001 Vision for the Future	1. Commemorative book containing prominent Women's view of the vision for the future. 2. Workshops on Future Strategies

Children was also set up in 2000 under the Chairpersonship of Shri K.C. Pant, Deputy Chairman, Planning Commission to review all the existing legislations and the on-going programmes for women and also to draw up an year-long Thematic Calendar of Activities to celebrate Women's Empowerment Year. Details are given in the Box.

2. Some of the on-going strategies and mechanisms that were put into action to empower women include – i) setting up of a National Commission for Women (NCW) in 1992 to safeguard the interests of women; ii) setting up of Rashtriya Mahila Kosh (RMK) in 1993 for women to meet the credit needs of poor and assetless women; iii) adoption of the National Nutrition Policy (NNP) in 1993 to fulfill the constitutional commitment to ensure adequate nutritional standard to its people especially to women and children; iv) setting up of National Crèche Fund (NCF) in 1994 so as to meet the growing demand for creche services; v) launching of Indira Mahila Yojana (IMY) in 1995-96 on pilot basis (Recast and ratified in 2000 as Integrated Women's Empowerment Programme (IWEP); vi) launching of Stree Swa-Shakti Project in 1999 which was earlier known as Rural Women's Development and Empowerment Project (RWDEP); vii) Launching of Balika Samriddhi Yojana in 1997 which was recast in 1999; and viii) Distance Education Programme for Women's Self-Help Groups etc.

REVIEW OF THE ANNUAL PLAN 2000 - 01 AND ANNUAL PLAN 2001 – 02

3. In the Annual Plan 2001 - 02, an outlay of Rs.1650.00 crore (including Rs.165.01 crore for North Eastern Region) has been earmarked for Women and Child Development under the Central Sector. Under the State Sector, no separate figures of either outlays or of expenditure are available, as the women and child development forms part of the 'Social Security and Welfare'. While programme-wise and year-wise details of the outlays at central level are given below, scheme-wise details and the details of the externally aided projects are given at Annexures 5.6.1.1 and 5.6.1.2, respectively.

TABLE 5.6.1.1

Outlays and Expenditure on the Empowerment of Women and Development of Children during 1999-2000 to 2001-2002

(Rs. Crore)

S. No.	Programme	Annual Plan (1999-2000) Actuals	Annual Plan (2000-2001)		Annual Plan (2001-2002) Outlay
			BE	Revised	
I.	**Centre**	**1244.61**	**1460.00**	**1336.07**	**1650.00**
	1. Child Development	1183.69	1183.82	1235.24	1340.94
	2. Women Development	56.77	124.38	94.79	135.79
	3. GIA and Others	2.51	2.90	3.17	4.26
	Sub Total	**1242.97**	**1311.10**	**1333.20**	**1480.99**
	4. Food & Nutrition Board	1.64	2.90	2.87	4.00
	5. Lumpsum provision for North Eastern Region	-	146.00	130.00	165.01
II.	**States / UTs**	**Refer Annexure –5.6.3.2 of Chapter on Social Welfare**			

Source: Department of Women and Child Development

EMPOWERMENT OF WOMEN

4. The Impact of various development policies and programmes and the efforts put in by both governmental and non-governmental organisations over a period of time in empowering women and development, have brought forth a perceptible improvement in the status of women and children.

5. The Ninth Plan attempted convergence of existing services, resources, infrastructure and manpower available in women specific and women related sectors with the ultimate objectives of achieving the empowerment of women. Measures undertaken and the investment made by the nodal Department of Women and Child Development during the Ninth Five Year Plan are as follows :

STREE SHAKTI PURASKARS

6. For the first time in the history of the Department of Women and Child Development, Five National Awards known as **'Stree Shakti Puraskars'** were instituted in 1999, each one carrying a cash prize of Rs. 1,00,000 and a Citation, to be given annually in the name of five eminent women in the Indian History viz., Kannaki, Mata Jijabai, Devi Ahilya Bai Holkar, Rani Lakshmi Bai and Rani Gaidinliu. These will be conferred to honour and recognize the achievements of individual women who have triumphed under difficult circumstances and have fought for and established the rights of women in various areas such as education, health, agriculture, rural industry, protection of forest and environment, awareness generation and consciousness on women's issues through art and media. The Puraskars for the year 2000-01 were conferred on the following by the Prime Minister at a function held in Vigyan Bhavan on 4.1.2001 on the eve of launching of **Women's Empowerment Year 2001**.

- Smt. Kinkri Devi of District Sirmaur, Himachal Pradesh for Jhansi Ki Rani Lakshmi Bai Stree Shakti Puraskar

- Kumari Lalitai Pradkar of District Dhar, Madhya Pradesh for Rni Gaidinliu Stree Shaktiar Puraskar

- Brahmacharini Kamala Bai of District Nagour, Rajasthan for Devi Ahiliya Bai Holkar
  Stree Shakti Puraskar

- Smt. K.V. Rabiya of District Malappuram, Kerala for Kannagi Stree Shakti Puraskar

- Smt. Chinnapillai of Madurai, Tamil Nadu for Mata Jijabai Stree Shakti Puraskar.

Support to Training-cum-Employment Programme (STEP)

7. The programme of STEP, was launched in 1987, aims to upgrade the skills of poor and assetless women through training-cum-employment-cum-income generation activities, credit and market linkages in the traditional sectors of agriculture, animal husbandry, dairying, fisheries, handlooms, handicrafts, khadi and village industries, sericulture, social forestry and wasteland development etc. Under this programme a comprehensive package of services, such as, extension inputs, market linkages etc. are provided besides linkage with credit for

transfer of assets. Since inception of the programme, about 4.92 lakh women have been covered under 96 Projects launched in the states of Andhra Pradesh, Bihar, Gujarat, Haryana, Himachal Pradesh, Kerala, Karnataka, Orissa, Madhya Pradesh, Maharashtra, Manipur, Nagaland, Tamil Nadu, Tripura, Uttar Pradesh and West Bengal. In the year 1999-2000, 5 projects benefiting about 6,100 women have been sanctioned. So far, women in the dairying sector have been enjoying the maximum support, followed by Handlooms, Handicrafts, Sericulture and Poultry. During 2000-01, programme received a significant boost. 12 new projects benefiting around 48,550 women in eight states were sanctioned. Of the Ninth Plan outlay of Rs.88.32 crores, an expenditure of Rs.58.27 crores is likely to be incurred during 1997-2001. For the Annual Plan 2001-02 an outlay of Rs. 18.00 crores (Rs. 3 crores for North Eastern Region) to benefit 30,000 women has been provided.

Employment-cum-Income Generation - cum - Production Units (NORAD)

8. Under NORAD, financial assistance is given to Women Development Corporations, Public Sector Corporations, Autonomous bodies and Voluntary organisations to train poor women / girls mostly in non-traditional trades like electronics, watch assembling, computer programming, garment making, secretarial practices, community health work, fashion designing, beauty culture etc. and to ensure their employment in these areas. This programme was launched with the assistance of Norwegian Agency for Development Corporation in 1982-83. The upper ceiling for assistance under this Scheme is normally confined to Rs. 8,000/- per beneficiary. Since 1996-97, assistance from NORAD has been supplemented with domestic resources. As per the agreement signed between the Government of India and the Government of Norway on 13 November, 1997 for a period of 5 years, a total financial grant of Rs.20 crores (NOK 38 million) is expected to be flowing over for a period of 5 years that is up to 1997-2002. Thus, the share of the Norwegian Government remained around 33 % of the total outlay. Towards better monitoring of the programme, the State Women's Development Corporations have been involved not only at the pre-appraisal stage but also at the mid-term evaluation of these Projects. The Programme which is being implemented with an ultimate objective of extending sustainable employment opportunities for women / young girls could so far benefit 2.50 lakh young women / girls through 1,850 Projects. The procedure for sanctioning NORAD projects has since been streamlined, a large number of 383 projects benefiting 25,650 women were sanctioned during the year 2000-01. Of the Ninth Plan outlay of Rs. 88.98 crores, an expenditure of Rs. 57.61 crores is likely to be incurred during 1997-2001. For the Annual Plan 2001-02, the outlay is Rs.18.00 crores (Rs. 3 crores for North Eastern Region) has been provided.

Distance Education for Women's Development and Empowerment

9. The scheme entails a certificate course by IGNOU to train a large mass of trainers from amongst village level implementers of the projects, their supervisors and district level functionaries. Such trainers, after their successful participation in the programme, would be able to guide sustainable group formation work in their areas. The implementation of the project is being jointly undertaken by the Department of Women & Child Development, Indira Gandhi National Open University (IGNOU) and Indian Space Research Organisation (ISRO). The total cost of the project is about Rs. 3.90 crore consisting of Rs. 105 lakh towards hardware, Rs. 166 lakh for software preparation and rest for printing, distribution and support services. The project also covers the installation of 150 units of receiving terminals with T.V. facilities and 250 new telephone connections at the identified centres. The following are the main objectives of the course:

- Strengthen ongoing efforts to train facilitators / master trainers of SHGs.
- Evolve an effective and sustainable in-country training network and resource pool of such trainers.
- Empower the change agents to function more effectively as trainers and community organizers in helping set up SHGs and addressing gender issues.

10. The certificate programme has been launched on 16.8.2000. Under this programme an expenditure of Rs. 1.41 crore is likely to be incurred during the year 2000-01. Of the Ninth Plan outlay of Rs. 3.60 crore, expenditure incurred, so far, is Rs. 2.31 crore. For the Annual Plan 2001-02, an outlay of Rs. 0.50 crore has been earmarked.

Socio-Economic Programme (SEP)

11. The Socio-Economic Programme (SEP) endeavours to provide employment opportunities on full / part time basis to destitute women, widows, deserted women and the physically handicapped to supplement their meagre family income. This programme is being implemented by the Central Social Welfare Board (CSWB). It assists voluntary organizations for setting up agro-based activities such as animal husbandry, sericulture and fisheries, and self-employment ventures like vegetable or fish vending etc for poor and needy women. The scheme of SEP has been reviewed and modified to expand the scope of the programme. Now organizations, working for the handicapped, women's cooperative organizations and institutions like jails, Nari Niketans etc. are also made eligible to receive grants under this programme. Grants to the extent of 85% of the Project cost are provided by the Board, the balance being the matching contribution from the NGOs. Under this programme, voluntary organisations are encouraged to set up Production Units with a view to provide employment on full or part-time basis and the project proposals are to be cleared by District Industrial Centres, KVICs, etc. from the angle of viability of the projects. A grant is provided by CSWB to facilitate the setting up of Production Units by the grantee institution on a case-to –case basis subject to a limit of Rs. 3 lakhs. During the year 2000-01, grants amounting to Rs. 33.70 lakhs benefiting 5,819 women have been sanctioned under this scheme. Of the Ninth Plan outlay of Rs. 26.42 crores, the likely expenditure for 1997-2001 is Rs. 3.67 crores. The outlay for 2001-02 is Rs. 1.00 crore.

Condensed Courses of Education & Vocational Training Programme (CCE&VT)

12. The Scheme of Condensed Courses of Education and Vocational Training (CCE & VT) was started in 1958 with the objectives of providing basic education and skills to needy women viz. widows, destitutes, deserted and also those belonging to economically backward classes. While the scheme of Condensed Courses, voluntary organizations are given grants to conduct courses of 2-year duration to enable 15+ to pass Middle and Matric level examinations. A vocational training programme extends training for young girls/women in employment-oriented trades such as dress designing, computer courses, typesetting, batik, handloom weaving, nursery teachers' training, stenography etc. to enable them to get employment in government, public sector undertakings, corporations, autonomous bodies, private sector, etc. During the year 2000-01 grants amounting to Rs. 247.47 lakh for conducting 443 courses benefiting 11,225 women have been sanctioned and an amount of Rs.253.32 lakhs have been released till February 2001 for 691 vocational training programmes benefiting 14,250 women. The Ninth Plan outlay for this programme is Rs. 45.60 crores. The likely expenditure for 1997-01 is Rs. 17.54 crores. For the year 2001-02, an outlay

of Rs. 2 crores has been earmarked. The Department of Women & Child has agreed to the suggestion of the Planning Commission, to merge all the above-discussed four on-going programmes of STEP, NORAD, SEP and CCE&VT and formulate an umbrella scheme of "Training and Employment for Women".

Working Women's Hostels

13. To extend safe and inexpensive accommodation for working women of lower income groups, financial assistance is extended to voluntary and other autonomous organizations to the extent of 75 per cent of the cost of the construction of the hostel building and 50 per cent of the cost of the land. The income ceiling for eligibility of hostel accommodation has been raised from Rs.5,000/- to Rs.16,000/- per month in metropolitan cities and from Rs.4,500/- to Rs.15,000/- per month in other cities and towns w.e.f. 14 July 1998. A resident is allowed to stay in these hostels for a maximum period of 5 years. Women undergoing employment oriented education / professional courses are also eligible for accommodation in these hostels.

14. During the year 2000-01, grants amounting of Rs. 7.89 lakhs have been sanctioned for the maintenance of 34 Working Women's Hostels, which benefited 810 women. Of the Ninth Plan outlay of Rs. 51.25 crore, an expenditure of Rs. 29.65 crores is likely to be incurred during 1997-2001. In the Annual Plan 2001-02, an amount of Rs. 9.00 crores (Rs. 1.00 crore for NER) has been provided.

Short Stay Homes for Women and Girls

15. The Scheme of Short Stay Homes which takes care of the women and girls in social/ moral danger, is now being implemented by the CSWB. The scheme provides temporary shelter to women and girls who are - (i) being forced into prostitution; (ii) made to leave their homes without any means of subsistence and have no social protection from exploitation or are facing litigation on account of marital disputes; (iii) being sexually assaulted and are facing the problem of re-adjustment in the family or society; (iv) victims of mental maladjustment, emotional disturbances and social ostracism; and (v) escaped from their homes due to family problems, mental or physical torture and need shelter, psychiatric treatment and counseling for their rehabilitation and re-adjustment in family or society.

16. During 2000-01, 120 new Short Stay Homes have been sanctioned to raise the total number of Short Stay Homes to 272 homes. Of the Ninth Plan outlay of Rs. 55.64 crore, an expenditure of Rs.20.21 crore is likely to be incurred during 1997 – 2001. For the Annual Plan 2001-02, the approved outlay is Rs. 10.00 crore of this Rs. 1.00 crore for North Eastern Region.

Indira Mahila Yojana (IMY)

17. During 2000-01, the Government approved restructuring of Indira Mahila Yojana (1995), into an 'Integrated Women's Empowerment Programme' (IWEP) to empower women through – i) generating awareness by disseminating information / knowledge to bring about an attitudinal change; ii) help women achieve economic strength through micro-level income generating activities; and iii) establish convergence of various services such as literacy, health, non-formal education, rural development, water supply, entrepreneurship etc. The IWEP is being expanded from the existing 238 blocks to 650 blocks by the end of the Ninth Five Year Plan. More than 42,000 Self Help Women's Groups have been formed under

the Scheme, of which about 2000 Groups were formed during 2000-01. For the purpose of sensitizing implementation of IWEP, a series of state / district level workshops are being conducted throughout the country with the assistance of National Institute of Public Cooperation & Child Development at the state/district level. The Ninth Plan outlay for IWEP is Rs. 165.00 crore. Of this, no expenditure was incurred during the first three years of the Ninth Plan (1997-2000) as the scheme was being recast. The expenditure during 2000-01 is Rs. 2.10 crore. For the Annul Plan 2001-02, the approved outlay is Rs. 19.50 crore.

Swa – Shakti Project

18. The Swa-Shakti Project, earlier known as Rural Women's Development and Empowerment Project (RWDEP), was sanctioned on 16 October, 1998 for a period of 5 years (1998 – 2003) with the assistance from IDA and IFAD. The same is in action in the states of Uttar Pradesh, Madhya Pradesh, Bihar, Haryana, Karnataka, Jharkhand and Gujarat with an estimated outlay of Rs.186.21 crore. In addition to, an amount of Rs. 5 crore is being provided as one time Revolving Fund for giving interest bearing loans to beneficiary groups primarily during their initial formative stages. The major objective of Swa-Shakti Project is to strengthen the processes for creating an enabling environment for empowerment of women through - i) setting up of 7400 and 12000 self-reliant women's Self-Help-Groups (SHGs) with 15-20 members each, to help improve the quality of their lives through greater access to and control over resources; ii) sensitizing and strengthening the institutional capacity of support agencies to pro-actively address women's needs; iii) developing linkages between SHGs and lending institutions to ensure women's continued access to credit facilities for income generation activities; iv) enhancing women's access to resources for better quality of life, including those for drudgery reduction and time saving devices; and v) increased control of women, particularly poor women, over income and spending, through their involvement in income generation activities which will indirectly help in poverty alleviation. The Women's Development Corporations, which are the implementing agencies, are expected to involve NGOs in the implementation tasks. The Project at the end of five years is expected to bring about the following qualitative and quantitative benefits:

- Organisation of 7,400 to 12,000 self-help-groups (SHGs) of about 2.14 lakh rural women and strengthening their ability to control their own affairs and to further their own development;

- Increased self-esteem, confidence and self-reliance of women to address the constraints which society has imposed and is imposing on them;

- Improved management and technical skills for women;

- Improvement in the women's social status in both the family and the community;

- Increased mobilization of various public and private sector services for women's benefit;

- Capacity building and strengthening of the support agencies, such as NGOs and Women Development Corporations, to enable them to be more effective in addressing women's needs;

- Orientation of financial institutions and line departments, to facilitate their sensitization to gender issues and better services to women, especially rural women;

- Development of training modules and material which can be replicated and extensively used elsewhere, with such adaptations as may be warranted by the local situations;

- Enhanced involvement of women in economic activities, additional income and control over it, thereby leading to upgradation of standards;

- Integration of women into the social mainstream, especially in the areas of control over and / or access to finance, including credit from institutional and other sources; and

- Improvement in women's well being through improved conditions of living, including drudgery-removal and time saving devices.

19. Of the Ninth Plan outlay of Rs. 102.94 crore, an expenditure of Rs.21.00 crore is likely incurred during 1998-2001. The outlay for the year 2001-02 is Rs. 15.00 crore.

National Commission for Women (NCW)

20. The National Commission for women (NCW), is a statutory body constituted under the National Commission for Women Act 1990 to protect / promote the interests and safeguard the rights of women. The Commission continued to pursue its mandated activities of safeguarding women's rights through investigating into the individual complaints of atrocities; sexual harassment of women at work place; organizing Parivarik /Mahila Lok Adalats; legal awareness programmes / camps; review of legislations etc. The Commission maintains a Complaints Cell as one of the Core Units to process both written and oral complaints and takes suo-moto action in matters relating to - i) deprivation of women's rights; ii) non-implementation of laws; iii) non-compliance of policy decisions; iv) guidelines or instructions aimed at mitigating hardships to women; and v) taking up issues arising out of such matters with appropriate authorities. The Commission received a total of 5286 complaints during the year 2000 which included dowry deaths (527), murder(235), rape (277), molestation (11), dowry harassment (963), sexual harassment (131) bigamy (110), desertion of wives (267) and other type of harassment (2747) Of the Ninth Plan outlay of Rs. 16.25 crore, an expenditure of Rs.12.00 crore is likely to be incurred during 1997-2001. For the Annual Plan 2001-02, a sum of Rs. 5.00 crore has been provided.

Rehabilitation of Widows at Vrindavan

21. For the rehabilitation of marginalized women of Vrindavan and to monitor flow of benefits of Central Schemes to the Target Group, a Central Committee under the Chairpersonship of the Minister of State for Women and Child Development was set up. The Committee consists of the Chairpersons of the National Commission for Women and of the Central Social Welfare Board; Secretaries of the Ministry of Social Justice and Empowerment and Department of Youth Affairs and Sports, Director General of Nehru Yuvak Kendra Sangathan and of the Secretary and Joint Secretary of the nodal Department of Women and Child Development, Chief Secretaries of Uttar Pradesh and West Bengal, besides the representatives of voluntary organisations and women's activists in the field. A meeting was taken by Secretary, D/WCD on 25.8.2000 with the Secretary, Department of WCD Uttar Pradesh and District Magistrate, Mathura and reviewed the measures taken for rehabilitation of the marginalized women of Vrindavan. Another meeting with the trustees of various Bhajanashrams of Vrindavan, Voluntary Organisations and Representatives of

the State Government of Uttar Pradesh was held on 6.2.2001 to finalise a strategy for providing shelter and rehabilitation to the marginalized women of Vrindavan and adjacent areas. On the recommendations of the Central Committee, the State Governments of Uttar Pradesh and West Bengal have taken various steps for providing shelter, health check up facilities etc. to the widows living in Bhajanashrams of Vrindavan.

Development of Children

22. Human Resource Development being the major focus of the development planning, policies and programmes relating to 'Survival, Protection and Development' of Children, especially that of the girl children, were accorded high priority with emphasis on family/ community-based preventive services to fight against the high rate of infant and under - five child mortality and morbidity. For the holistic development of the child the development operates through the country wide network of more than 5000 ICDS Projects spread through out the country.

Integrated Child Development Services (ICDS)

23. ICDS completed 25 yeas of committed service to children and mothers in the country with a renewed mandate to get universalized during the Tenth Five Year Plan. The ICDS caters to improve the nutritional and health status of pre-school children below 6 years and expectant and nursing mothers with a package of services viz. immunization, health check-ups, referral services, supplementary nutrition, pre-school education and health and nutrition education. Universalisation of ICDS contemplated in 1995-96 could not be achieved due to the restrictions imposed upon by the Ministry of Finance. Therefore, of the total 5614 ICDS Projects sanctioned till 1996, only 4200 projects became operationalised by the end of the Eighth Plan. There were about 2.27 crore beneficiaries which included about 1.89 crore children below 6 years of age and more than 0.38 crore pregnant and nursing mothers and about 1.13 crore children of 3 – 6 age groups were getting pre-school education services by the end of Eighth Plan. At present, the number of beneficiaries have expanded to 2.80 crore which includes 2.31 crore children below the age of 6 years of age and 0.49 crore expectant and nursing mothers belonging to disadvantaged sections of the society. Of these, 1.55 crore children (3 – 6 years of age) participate in Central –based Pre-school Activities through 4384 operational ICDS projects. During January, 2000 ban on further expansion of ICDS scheme was relaxed and Government approved the proposal of operationalisation of 390 more projects in a phased manner during the Ninth Plan period with domestic support and 461 additional ICDS projects under the World Bank assisted ICDS-III and ICDS-APER Projects. Additional 120 projects in the North Eastern States have been permitted to be operationalised during the year 2000-01. Thus, it will be possible to cover about 5171 blocks / urban slums in the country by the end of Ninth Plan which indicate 90% coverage of the blocks. However, the process of universalisation will continue beyond the Ninth Plan till all the 5614 Projects become operationalised.

24. The impact of ICDS, which has completed 25 years of its implementation in October 2000, was evaluated by a number of individual Experts and various research organisations. Of these, the National Evaluation of ICDS conducted by the National Institute of Public Co-operation and Child Development (NIPCCD), New Delhi in 1992 and the Mid-term Evaluation of World Bank assisted ICDS need a special mention. The nation-wide evaluation is a sequel to a pilot study conducted by the National Council of Applied Economic Research (NCAER) during 1996-97. The evaluation aimed at examining the performance of the scheme on the ground with a view to assess the capability of the functionaries, to meet the objectives of the programme and to drop the policy license for further improvement. The survey result

indicates the ICDS programme in the country benefited over 50% of the eligible children and women. This is despite the fact that most Anganwadi centres (AWCs) are located within a distance of 100 – 200 metres from the beneficiaries households. Another feature revealed by the survey is that only about 36% of the AWCs in the country were housed in pucca buildings. The findings of the Study by NIPCCD indicated a very positive impact of ICDS on the health and nutrition status of pre-school children. The Mid-term evaluation of the World Bank assisted ICDS (Project-I) conducted in Andhra Pradesh during 1995-96 also revealed that the Project interventions had brought down the IMR to 62 per 1000 live births which was in consonance with the project objective of 60 per 1000 live births. The incidence of severe malnutrition amongst children of 0-3 years was reduced to about 5 per cent and that of 3-6 years to 3 per cent. The proportion of low birth weight babies also came down to 20 per cent as against the project goal of 24 per cent. Similarly, in Orissa, the IMR has come down to 93.6 per cent and the incidence of low birth weight of babies to 23 per cent.

25. Keeping in view the future prospects of ICDS, the following Action Points will continue to receive special attention during 2001-02 also.

- Special efforts to ensure that adequate funds are made available for supplementary feeding of ICDS by all the States/UTs, as there exists a large gap of around 50 per cent between the 'need' and 'supply'. ICDS becomes meaningful only when the funds for food supplementation from States/UTs get synchronized with the funds contributed by the Government of India towards the maintenance of the super-structure for operation and supervision of ICDS.

- The Adolescent Girls Scheme which has been launched to take care of the specific Needs of the adolescent girls has been in operation in 507 blocks benefiting 3.5 lakh adolescent girls under ICDS is poised for a huge expansion covering 2,000 CD blockis during the Ninth Plan period.

- The concept of mini-Anganwadi (four mini-Anganwadi centres can be opened in lieu of full fledged Aganwadis) being flexible enough to take care of the sparse population in remote hilly areas dominated by tribals. The process will continue during the Ninth Plan.

- Other innovative/emergent activities include - models for community participation; integration of the scheme with the activities of Department of ISM&H; strengthening of MIS of ICDS in States; improved service delivery by providing IFA and vitamin 'A' supplementation to adolescent girls; quality improvement at anganwadi centres; strengthening women's component; action research projects aimed at improved nutritional level, inter-State coordination and consultation for devising replicable.

- Iinnovative models, area/project specific intervention for tackling early childhood disabilities etc.

26. Of the Ninth Plan outlay of Rs. 4980 crore, an expenditure of Rs. 3332.16 crores is likely incurred during the year 1997-2001. The reason for less expenditure is due to ban on expansion of ICDS project during the first three years of the Ninth Plan. For the Annual Plan 2001-02 the outlay of Rs. 1198.00 crore (Rs. 148.00 crore for North Eastern Region) has been provided.

World Bank Assisted ICDS Projects

27. There has been substantial progress in human development since independence but still more than half of the children under four years of age are moderately or severely mal-nourished. The World Bank has supported Early Childhood Development Efforts since 1980 through several projects namely Tamil Nadu Integrated Nutrition Project (TINP – I) – I in 1980-89, TINP – II Project in 1990-97, ICDS – I Project in 1991-97, ICDS – II Project in 1993- 2002 and ICDS-II Project in 1999-2004. Apart from providing normal ICDS services, the World Bank assisted ICDS extends additional components like construction of Anganwadi buildings, Office cum godowns on a selective basis, strengthening of training and communications components, improved health facilities, income generation activities for women and Women's Integrated Learning for Life etc.

28. The TNIP- I was implemented in 173 blocks in sixteen districts in Tamil Nadu and TNIP-II was implemented in 318 blocks in nine districts of Tamil Nadu. The World Bank assisted ICDS Project – I launched in Andhra Pradesh and Orissa came to an end in December, 1997. It covered 191 blocks in Orissa and 110 blocks in Andhra Pradesh. All the blocks covered under the Project in both the states have become operational. ICDS-II Project in Bihar (and Jharkhand) and Madhya Pradesh (and Chhatisgarh) became operational in September 1993 for a period of seven years, i.e., upto September 2000. The project has been restructured and extended upto September, 2002 with state of Andhra Pradesh included. Restructuring/ extension envisages 62 new projects in Bihar and 133 new projects in Madhya Pradesh. The project covered 210 blocks in Bihar and 244 blocks in Madhya Pradesh in predominantly tribal and difficult areas, in a phased manner. Following the reorganization of the States of Bihar and Madhya Pradesh in November, 2000 bifurcation of the projects and apportionment of the approved provision between the States of Bihar, Madhya Pradesh, Jharkhand and Chhatisgarh had been ordered. The third phase of the World Bank assisted ICDS Project – III which has started in March 1999 and currently is in action in the States of Kerala, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh. Of the Ninth Plan outlay of Rs. 1163.79 crore, an expenditure of Rs. 663.68 crore is likely to be incurred during the year 1997-2001. An outlay of Rs. 220.00 crore has been provided for the year 2001-02.

ICDS Training Programme - UDISHA

29. The Nation-wide Training component of the World Bank assisted Women and Child Development Project – UDISHA aims to develop all functionaries into agent of social change, people who can shape the situation and also can act positively at all times. UDISHA seeks to address the physical, social, emotional and intellectual development of children, by promoting convergence of action in the area of health, nutrition, early learning and better parenting. The functionaries trained in the programme include the Anganwadi Workers, Helpers, Supervisors, Additional Child Development Project Officers (ACDPOs), Child Development Project Officers (CDPOs), Medical Officers (MOs) and paramedical staff. Training Institutions include the National Institute of Public Cooperation and Child Development (NIPCCD), its three Regional Centres, Middle Level Training Centres (MLTCs) and Anganwadi Workers Training Centres (AWTCs) run by voluntary organisations in cooperation with the State Governments.

30. To ensure effective implementation of UDISHA, an elaborate mechanism for frequent and regular interaction with the States/Union Territories has been introduced. For imparting training to Anganwadi workers, there are 528 Anganwadi Workers Training Centres (AWTCs). Anganwadi Workers initially received three months basic job training, followed by monthly visits from a medical team and subsequent refresher courses. In 1998-99 and 1999-2000, 41193 and 48690 Anganwadi Workers were trained respectively. Till October 2000, 32117 Anganwadi workers have been trained. For imparting training to Supervisors, there are around 43 middle level training centres (MLTCs) in the country, which are academic and professional institutions in the government and voluntary sectors. Three Regional Centres of NIPCCD at Lucknow, Guwahati and Bangalore impart training to Supervisors. In 1998-99 and 1999-2000, 921 and 709 supervisors were trained respectively. Till October, 2000 another 709 supervisors have been trained. The training of CDPOs/ ACDPOs conducted by NIPCCD at its headquarter and three regional centres and also at approved state Institutes. During the Training, efforts are made to familiarize trainees with various aspects of the ICDS scheme, including organizational and administrative structure, with special emphasis on field training and placement in rural, tribal and urban ICDS projects. In 1998-99 and 1999-2000, 386 and 329 CDPOs/ACDPOs were trained respectively. Till October, 2000 349 CPDOs/ ACDPOs have been trained. Of the Ninth Plan outlay of Rs. 329.29 crore, an expenditure of Rs. 89.77 crore is likely to be incurred during the year 1997-2001. For the Annual Plan 2001-02 an outlay of Rs. 40.00 crore (Rs. 5 crore for NER) has been provided.

Balika Samriddhi Yojana (BSY)

31. With a view to extend financial assistance to Below Poverty Line (BPL) families, the scheme of Balika Samriddhi Yojana (BSY) was launched in 1997. During 1997-98 and 1998-99 the scheme was implemented as Central Sector Scheme, under which the funds were released to district level implementing agency such as DRDAs and DUDAs for giving a grant of Rs. 500/- to the mother of new born girl child. . For this, the Government released an ad-hoc grant of Rs.60 crore to cover 12 lakh girl children in the financial year 1997-98. The scheme was reviewed and was recast as a Centrally Sponsored Scheme to extend 100% central assistance to States and Union Territories to provide benefits under the scheme through ICDS infrastructure with the following features - i) a post-delivery grant of Rs.500/- per girl child upto two girl children born on or after 15 August, 1997 which would now, instead of being paid in cash, be deposited either in the Bank / Post Office in an interest-bearing Account in the name of the girl child. ii) Annual scholarships would also be given to the girl child when she starts going to school. The rate of scholarships will be Rs.300 each in classes I-III, Rs.500 in class IV, Rs.600 in class V, Rs.700 each in classes VI and VII, Rs.800 in class VIII and Rs.1000 each in classes IX and X per annum; iii) however, the amount of annual scholarships may be permitted to be utilized for purchase of text books or uniforms for the girl child, with due authorization of the mother/guardian of the girl. The amount of scholarship remaining after such utilization shall be deposited in the same interest bearing Account in which the post delivery grant has been kept. These deposits will be paid to the girl child on attaining the age of 18 years and remaining unmarried till then. The programme of Recast BSY with the above revisions was put into action during 1999-2000. Of the Ninth Plan outlay of Rs.390.00 crores, an expenditure of Rs. 163.63 crore is likely to be incurred during the year 1997-2001. An outlay of Rs. 25.00 crore has been provided for the year 2001-02.

Kishori Shakti Yojana (KSY)

32. The KSY aimed at improving the nutritional and health status of adolescent girls and promoting self-development, awareness of health, hygiene, nutrition, family welfare and management and thus improve the health and nutritional status of women and children and promote the decision making capabilities of women. Therefore, a need was felt to extend the coverage of the Scheme with content enrichment, strengthen the training component particularly in vocational aspects and bring about convergence with other programmes of similar nature of education, rural development, employment and health sectors. The objectives of the scheme are as follows:

- to improve the nutritional and health status of girls in the age group of 11-18 years;

- to provide the required literacy and numeracy skills through the non-formal stream of education, to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities;

- to train and equip the adolescent girls to improve/upgrade home-based and vocational skills;

- to promote awareness of health, hygiene, nutrition and family welfare, home management and child care, and to take all measures as to facilitate their marrying only after attaining the age of 18 years and if possible, even later;

- to gain a better understanding of their environment related social issues and the impact on their lives; and

- to encourage adolescent girls to initiate various activities to be productive and useful members of society.

33. With the implementation of this revised Adolescent Girls – Scheme, the nation-wide unique intervention aimed at empowerment of adolescent girls initially introduced in 507 blocks in the country benefiting 3.5 lakh adolescent girls under ICDS Scheme is poised for huge expansion covering 2000 CD blocks by the end of Ninth Plan. It is estimated that 12.8 lakh adolescent girls from the deprived sections of the society will be benefited under the Scheme.

Pradhan Mantri Gramodaya Yojana (PMGY)

34. In order to achieve the objective of sustainable human development at the village level, a new initiative in the form of Pradhan Mantri Gramodaya Yojana (PMGY) has been introduced. PMGY envisages an Additional Central Assistance (ACA) for the basic minimum services of rural roads, primary health, primary education, shelter, drinking water and nutrition. In order to focus on these priority areas the nutrition component of PMGY has been specifically outlined with the objective of eradicating malnutrition amongst under 3-year children by increased nutritional coverage of supplementary feeding of the se children through ICDS scheme. The ACA for nutrition component under PMGY during 2000-2001 is Rs. 375

crores which is an additionality over and above the provision for supplementary nutrition provided under the State Plan for ICDS scheme.

Crèches / Day Care Centres

35. The Day Care services for the children of casual, migrant, agricultural and construction labourers and also the children of those women who are sick or incapacitated due to sickness or suffering from communicable diseases are covered under the scheme of Creches / Day Care Centres. The scheme which is non-expanding maintained the same level of 12470 crèches benefiting about 3.11 lakh children. This Central Sector Scheme which is being implemented through the medium of NGOs is a non-expanding scheme and is expected to be merged with the National Crèche Fund. Of the Ninth Plan outlay of Rs. 36.05 crore, an expenditure of Rs. 21.90 crore incurred during the year 1997-2001. An outlay of Rs. 7.45 crore (Rs. 0.50 crore for North Eastern Region) has been provided for the year 2001-02.

The National Crèche Fund

36. The National Crèche Fund was set up on 21.3.1994 with a corpus of Rs. 19.00 crore made available out of the Social Safety Net Adjustment Credit of World Bank to meet the growing needs of opening more crèche centres. It has so far sanctioned 2455 crèches (1856 general crèches and 599 Anganwadi cum Crèche Centres). The Scheme envisages that while 75% of the Crèches being assisted by the National Crèche Fund would be of general nature and 25% of centres would be Anganwadi-cum-Crèche Centres. The general crèches assisted by the NCF would be on the pattern of the Crèche Scheme of the Department of Women and Child Development and would provide children below 5 years which would include day-care facilities, supplementary nutrition, immunization, medical and health care and recreation. Children of parents whose monthly income does not exceed Rs. 1,800/- are eligible for enrolment. While an ordinary Crèche receives Rs.18,480/- as recurring grant and Rs.4,000/- as non-recurring grant per center , an Anganwadi - cum - Crèches Centre receives assistance of Rs.8,100/- per crèches per annum under a schematic pattern of assistance. This includes honorarium to two crèche workers per crèche @ Rs. 600/- per month and contingency and emergency expenditure @ Rs. 75/- per month. The Ninth Plan outlay for NCF is Rs.0.03 crores. No expenditure has been incurred during the first four years of the Ninth Five Year Plan as the expenditure on Crèches is being met from the interest accrued over years on the Corpus. However, a token provision of Rs.0.97 crore has been made for the Annual Plan 2001-02.

37. Other programmes for the development of children include – (i) Early Childhood Education (ECE) which extends pre-school education and a distinct strategy to reduce the drop-out rate and to improve the rate of retention of children of the age group of 3-6 years in primary classes. The scheme is being implemented in 9 educationally backward states like Andhra Pradesh, Assam, Bihar, Jammu & Kashmir, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal. Under the Scheme, financial assistance amounting to Rs. 7980/- per centre per annum is given to Voluntary Organisations for running the ECE Centres. With the universalisation of the ICDS the Scheme shall be fully integrated with the ICDS; ii) Balwadi Nutrition Programme aspires to meet the basic very basic nutritional requirements of a child in the age group of 3-5 years by ensuring that she/he is provided with 300 calories and 12-15 gms of protein everyday. Under the scheme a grant of Rs. 17,220/- is given per Balwadi Centre per annum. The Scheme is non-expanding and is likely to be fully integrated

with the ICDS after its universalisation and iii) The National Institute for Public Co-operation and Child Development takes care of the training needs of various ICDS functionaries. The Ninth Plan outlay for these three schemes is Rs. 23.19 crores. The likely expenditure for the years 1997-2001 is Rs. 11.35 crores. The Annual Plan 2001-02 provides an outlay of Rs. 2.52 crores.

National Plans of Action for Children and the Girl Child

38. The National Plan of Action for Children, 1992 had set goals for various indicators for the year 2000 A.D. The achievements of the goals are under are review and fresh goals for the present decade are to be set. Ratification of the UN Convention on the Rights of the Child has given further thrust so as to achieve the goals set under the two National Plans of Action - one for children and the other exclusively for the Girl Child, adopted in 1992. These Plans of Action are expected to ensure survival, protection and development for children. Based on the National Plans of Action, the State Governments of Andhra Pradesh, Arunachal Pradesh, Bihar, Goa, Gujarat, Haryana, Karnataka, Kerala, Madhya Pradesh, Manipur, Orissa, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh, West Bengal and NCT of Delhi have formulated their own State Plans of Action. To monitor the progress of the implementation of these two Plans of Action, Inter-ministerial / Inter-departmental Coordination Committees have been set up both at the Central and State levels.

Role of the Voluntary Organisations

39. The Voluntary Organizations (VOs) have been contributing their mite in a big way in the implementation of various programmes for the empowerment of women and development of children, especially in the areas of creating awareness generation and gender sensitization to change the mind-set of the people in favour of both Women and the Girl Child and also for combating violence / atrocities against women and the girl child.

Annexure 5.6.1

Plan Outlay And Expenditure Under Women and Child Development Sector During 1999-2002

(Rs. in crore)

S. No.	Name of the Scheme	ANNUAL PLANS			
		1999-2000	2000-2001		2001-2002
		Actuals	Outlays	R.E.	Outlay
(1)	(2)	(3)	(4)	(5)	(6)
I.	**CENTRAL SECTOR SCHEME**				
A.	**Welfare & Development of Children**				
1.	Creches / Day Care Centres for children of workingAiling Mothers	3.85	4.50	4.50	6.95
2.	National Crech Funds for Child Care Schemes	0.00	0.01	0.00	0.97
3.	Balsevika Training Programme	0.00	0.00	0.00	
4.	Training of ICDS Functionaries	25.55	35.00	19.95	35.00
5.	National Instiute of Public Co-operation & Child Development (NIPCCD)	3.42	1.50	1.85	2.00
6.	Early Childhood Education	0.00	0.30	0.27	0.01
7	Balwadi Nutrition Programme (BNP)		0.50	0.07	0.01
	Total - A	**32.82**	**41.81**	**26.64**	**44.94**
B.	**Welfare & Development of Women**				
1.	Hostel for working Women	6.98	7.02	7.46	8.00
2.	Setting up of Employment & Income Generation Training cum Production Centres for Women (NORAD)	12.20	13.00	13.93	15.00
3.	Support to Training cum Employment Programme(STEP)	13.04	13.00	14.36	15.00
4.	Short Stay Homes (SSH)	6.75	12.00	8.00	9.00
5.	Education Work for Prevention of Atrocities Against Women	0.01	0.20	0.20	0.28
6.	Programme Monitoring & Evaluation Unit	0.00	0.50	0.00	0.00
7	National Commission for Women	3.25	3.50	3.50	5.00
8	National Credit Fund for Women (RMK)	0.00	3.00	0.00	1.00
9	Common Wealth Meeting Strengthening of WD Bureau	0.50	1.50	0.60	0.00
10	Creation of Office of the Commissioner for Rights of Women	0.00	0.01	0.00	0.00
11	Mahila Samridhi Yojana(MSY)	1.96	15.00	15.95	8.00
12	Integrated Empowerment Project	0.50	1.43	0.00	0.01
13	Condensed Courses of Education and Vocational Training for Women	1.65	1.50	1.50	2.00
14	Socio-Economic Programme	0.00	1.00	1.00	1.00
15	Awareness Generation Project for Rural and Poor Women	2.60	1.80	1.80	3.00

Annexure 5.6.1 Contd.

Plan Outlay And Expenditure Under Women and Child Development Sector During 1999-2002

(Rs. in crore)

S. No.	Name of the Scheme	ANNUAL PLANS			
		1999-2000	2000-2001		2001-2002
		Actuals	Outlays	R.E.	Outlay
(1)	(2)	(3)	(4)	(5)	(6)
16	GIA to Voluntary Organisation through CSWB and strengthen of its Field Organisations	2.33	14.00	14.00	15.00
	Total -B	**51.77**	**88.46**	**82.30**	**82.29**
C.	**Grant-in-Aid and Other Schemes**				
1.	GIA to Research Publication & Monitoring	0.50	0.50	0.56	1.00
2.	Organisation awareness to Voluntary Organisation	0.00	0.20	0.00	0.01
3.	Organisational Awareness in the field of women and child development	0.19	0.20	0.25	0.25
4.	Information and Mass Media	1.32	2.00	1.88	3.00
	Total - C	**2.01**	**2.90**	**2.69**	**4.26**
	Total - I (A + B + C)	**86.6**	**133.17**	**111.63**	**131.49**
II.	**CENTRALLY SPONSORED SCHEMES**				
1.	Integrated Child Development Services (ICDS)	880.15	935.00	1047.59	1050.00
2.	Indira Mahila Yojana(IMY)	0.00	18.00	2.10	19.50
3.	World Bank Assisted ICDS Projects	230.75	180.00	140.01	220.00
4	Rural Women's Development and Empowerment Project	5.00	15.00	8.00	15.00
5	National Resource Centre for Women (NRCW)	0.00	1.00	0.00	2.00
6	Balika Samriddhi Yojana	39.97	27.00	21.00	25.00
	Total - II	**1155.87**	**1176.00**	**1218.70**	**1331.50**
	Total (I + II)	**1242.47**	**1309.17**	**1330.33**	**1462.99**
III.	**FOOD AND NUTRITION BOARD**				
A.	**Central Sector Scheme**				
1.	Fortification of Milk with Vitamin A	0.04	0.00	0.02	0.00
2.	Research & Development	Scheme Merged			
3.	Capital Expenditure	0.00	0.00	0.00	0.00
4.	Production of Nutrition Food	**Scheme dropped**			
	Total - A	**0.04**	**0.00**	**0.02**	**0.00**
B.	**Centrally Sponsored Scheme**				
1.	Nutrition Education	1.53	2.90	2.78	4.00
2.	Implementation of National Nutrition Policy	0.07	0.00	0.07	0.00
	Total - B	**1.60**	**2.90**	**2.85**	**4.00**
	Total - III (A+B)	**1.64**	**2.90**	**2.87**	**4.00**

Annexure 5.6.1 Contd.

Plan Outlay And Expenditure Under Women and Child Development Sector During 1999-2002

(Rs. in crore)

S. No.	Name of the Scheme	ANNUAL PLANS			
		1999-2000 Actuals	2000-2001 Outlays	2000-2001 R.E.	2001-2002 Outlay
(1)	(2)	(3)	(4)	(5)	(6)
IV.	**NEW SCHEMES**				
1.	NEMA	0.00	0.01	0.00	0.00
2.	Distance Education	0.00	1.41	1.41	0.50
3.	National Commission for Children	0.00	0.01	0.00	1.00
4.	Information Technology	0.50	0.50	0.48	0.50
	Total - IV	**0.50**	**1.93**	**1.89**	**2.00**
V.	**Additional Schemes During 2001-2002:**				
1.	Women's Empowerment Year 2001		0.00	0.96	10.00
2.	Schemes for Women in difficult circumstances				6.00
	Total V.	**0.00**	0.00	**0.96**	**16.00**
VI.	**Lumpsum Provision for Schemes for the benefit of NE Region & Sikkim**	**-**	**146.00**	**130.00**	**165.01**
	Total VI	**0.00**	**146.00**	**130.00**	**165.01**
	Grand Total (I+II+III+IV+V+VI)	**1244.61**	**1460.00**	**1466.05**	**1650.00**

Annexure - 5.6.1.2

EXTERNAL AID ROUTED THROUGH BUDGET - UNDER WOMEN AND CHILD DEVELOPMENT SECTOR DURING - 1999-2002

(Rs. in Crore)

Sl. No.	Name of the Programme	Funding Agency	Annual Plan 1999-2000 Actuals		Annual Plan 2000-2001 Outlays		Annual Plan 2000-2001 RE		Annual Plan 2001-2002 RE	
			EAP	Total	EAP	Total	EAP	Total	EAP	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A.	**CENTRAL SECTOR SCHEMES**									
I.	**Welfare and Development of Children**									
1.	Training of ICDS Functonaries	UNICEF & WORLD BANK	20.19	25.55	28.00	35.00	14.16	19.94	28.00	40.00
2.	National Instiute of Public Cooperation and Child Development (NIPCCD)	UNICEF	0.00	3.42	0.00	1.50	0.00	1.85	0.00	2.50
II.	**Welfare and Development of Women**									
3.	Setting up of Employment and Income Generation Training cum Production Centres for Women (NORAD)	NORAD	5.00	12.20	5.00	13.00	5.00	13.95	5.00	18.00
4.	Integrated Empowerment Project	UNIFPA	0.50	0.50	1.43	1.43	0.00	0.00	0.00	0.01
	Total A		**25.69**	**41.67**	**34.43**	**50.93**	**19.16**	**35.74**	**33.00**	**60.51**
B.	**CENTRALLY SPONSORED SCHEMES**									
5.	World Bank Assisted Services (ICDS)	IDA & WB	161.60	230.75	126.00	180.00	98.01	140.01	154.00	220.00
6.	Rural Women's Development and Empowerment Project	IDA & IFAD	4.50	5.00	12.00	15.00	7.00	8.00	13.00	15.00
III.	**FOOD AND NUTRITION BOARD**									
7.	Nutrition Education	UNICEF	0.10	1.52	0.50	2.50	0.50	2.78	0.50	3.00
8.	Implementation of National Nutrition Policy	UNICEF	0.00	0.07	0.00	0.15	0.00	0.07	0.00	0.50
	Total B		**166.20**	**237.34**	**138.50**	**197.65**	**105.51**	**150.86**	**167.50**	**238.50**
	Total (A + B)		**217.58**	**321.61**	**207.36**	**299.51**	**124.67**	**186.60**	**200.50**	**299.01**

5.6.2 Empowerment of the Socially Disadvantaged Groups

40. Welfare and development of the Socially Disadvantaged Groups viz. Scheduled Castes (SCs), Scheduled Tribes (STs), Other Backward Classes (OBCs) and the Minorities occupy a distinct and prominent niche in the country's development planning. To this effect, in the Ninth Plan, empowerment of these Socially Disadvantaged Groups has been accorded high priority, in pursuance of achieving the Constitutional commitment of raising their status on par with the rest of the society. Towards empowering these Socially Disadvantaged Groups, various welfare, developmental and protective programmes are being implemented through a three pronged strategy of – i) Social Empowerment; ii) Economic Empowerment; and iii) Social Justice to ensure removal of disparities, advancement of exploitation and suppression and to ensure their protection. In this endeavor, not only the on-going programmes are being strengthened/ expanded, but also new measures are being initiated wherever necessary to accelerate the process of over-all development of these disadvantaged groups.

Review of the Annual Plan 2000-01 and 2001-02

41. In the Annual Plan 2001-02, while a total outlay of Rs. 992.00 crore (including Rs.411 crore of Special Central Assistance (SCA) to Special Component Plans (SCP)) has been allocated to the Ministry of Social Justice & Empowerment (M/SJ&E) for the welfare and development of the SCs, OBCs and Minorities, an amount of Rs.1040 crore (includes Rs.500 crore SCA to Tribal Sub-Plan (TSP) + Rs.300 crore Grant under Article 275(1) of the Constitution) has been earmarked for the Ministry of Tribal Affairs (M/TA) towards implementing various programmes for the welfare and development of the STs. In the Annual Plan 2000-01, allocations to the tune of Rs. 907.57 crore and Rs.810 crore were made for the well being and improve the lot of SCs, OBCs and Minorities and STs in the Budgets of M/SJ&E and M/TA, respectively. Thus in the Annual Plan 2001-02, a total of Rs.2032.00 crore has been provided for the empowerment of all the Socially Disadvantaged Groups including SCs, OBCs, Minorities and STs as against Rs.1717.57 crore allocated for the same in the preceding year 2000-01. The Governments' increasing concern commitment towards the well-being of the Socially Disadvantaged Groups is obviously manifested in the enhancement of the allocations made under Central Sector during 2000-01 and 2001-02 which has registered 18.3% increase in respect of sectors of Backward Classes and Tribal Affairs.

42. In the State Sector, an amount of Rs.1973 crore was allocated for implementing various socio-economic development programmes meant for the Socially Disadvantaged Groups in the Annual Plan 2000-01. While the scheme-wise details of the outlays allocated and expenditure incurred at the central level on account of welfare and development of Socially Disadvantaged Groups are given at Annexure 5.6.2.1, the details of the outlays in the expenditure in the State sector for the same are given at Annexure 5.6.2.2.

43. In pursuance of the Ninth Plan commitment of empowerment of these Socially Disadvantaged Groups, concerted efforts of both governmental and non-governmental organizations are being made for effective implementation of various policies and programmes to ensure - i) Social empowerment through educational development; ii) Economic empowerment through poverty alleviation and employment and income generation; and iii) Social justice through legislative support and other programmes. The government

accorded special priority for strengthening / expansion of the on-going schemes / programmes to accelerate the over-all development of these disadvantaged groups. One of the important initiatives taken in this direction was that of setting up of an exclusive Ministry of Tribal Affairs at the Centre in October, 1999 with an aim to give more focussed attention to the welfare and development of tribal population as they suffered from typical problems of their own such as illiteracy, ignorance, land alienation, displacement, indebtedness etc.

44. The details of the outlays allocated and expenditure incurred under the Backward Classes and Tribal Affairs Sectors during the Ninth Plan (1997-02) are given in Table No.5.6.2.1.

TABLE 5.6.2.1

Outlays and expenditure on the Empowerment of Socially Disadvantaged Groups during 1997-98 to 2001-02

(Rs. Crore)

S. No	Schemes	Annual Plan 1997-98 Actuals	Annual Plan 1998-99 Actuals	Annual Plan 1999-00 Actuals	Annual Plan 2000-01		Annual Plan 2001-02
					Outlay	RE	
1	2	3	4	5	6	7	8
I 1.	**BACKWARD CLASSES SECTOR (M/SJ & E) Welfare & Dev. Of SCs**						
i)	Central Sector	75.34	123.11	76.58	83.00	44.90	66.51
ii)	CSS	226.49	209.86	233.05	281.70	276.61	394.77
iii)	**SCA to SCP**	308.41	360.83	436.75	423.00	450.39	411.00
	Total – 1	**610.24**	**693.80**	**746.38**	**787.70**	**766.90**	**872.28**
2.	Welfare of OBCs						
i)	Central Sector	-	92.34	101.03	72.61	1.59	21.85
ii)	**CSS**	-	7.46	12.22	17.91	19.99	57.51
	Total – 2	**-**	**99.80**	**113.25**	**90.52**	**21.58**	**79.36**
3	Welfare of Minorities						
i)	Central Sector	41.01	38.22	25.61	29.35	30.68	40.36
	Total – 3	**41.01**	**38.22**	**25.61**	**29.35**	**30.68**	**40.36**
	Total – I (1+2+3)	**651.25**	**831.82**	**885.24**	**907.57**	**819.16**	**992.00**
II.	Tribal Development						
	(Min.of Tribal Affairs)						
i)	**Central Sector**	46.82	45.90	40.49	76.90	52.17	119.50
ii)	**CSS**	15.03	29.29	18.01	112.10	123.60	120.50
iii)	**SCA to TSP**	329.61	380.00	400.00	400.00	400.00	500.00
iv)	**Grant under Art.275(1)**	75.00	75.00	100.00	200.00	191.29	300.00
	Total-II	**466.46**	**530.19**	**558.50**	**810.00**	**715.07**	**1040.00**
	Grand Total (I+II)	**1117.71**	**1361.91**	**1445.96**	**1717.57**	**1534.23**	**2032.00**

SOCIAL EMPOWERMENT

Scheduled Castes (SCs) and Scheduled Tribes (STs)

45. As education is a fundamental requirement for social empowerment and also provides broad-base for all developmental activities, high priority has been accorded to improve the educational status of SCs and STs, especially that of their women and the girl child. To reduce the existing gap between literacy rates of SCs and STs and that of the general population especially through encouraging school enrolment and arresting drop out rates, concerted efforts were made through extending special incentives viz., scholarships, hostels, coaching, Ashram Schools, educational complex etc.

46. Through the nation-wide scheme of Post Matric Scholarships (PMS) for SCs and STs students, which paid great dividends in improving the educational status of SCs and STs, scholarships are awarded to eligible SC and ST students, based on a mean test, for the payment of tuition and compulsory fees and maintenance allowances to pursue higher studies. In 1997-98 the scheme was revised to extend its scope besides increasing the amount of scholarships and the ceiling of income limits of parents. In the Ninth Plan a provision of Rs.614.16 crore was made to cover 99.70 lakh SC and ST students. During the first four year of the Ninth Plan (1997-98 to 2000-01) the total funds released for PMS was Rs.438.17 crore (including Rs. 70 crore for STs under Ministry of Tribal Affairs (M/TA) in 2000-01) to benefit 46.72 lakh SC/ST students. In the Annual Plan 2001-02, outlays of Rs.159.77 crore and Rs.69.60 crore have been earmarked for SC and ST students, respectively. In 2000-01, under the Scheme of PMS outlays of Rs.130 crore and Rs.70 crore were allocated for SCs and STs respectively to benefit 19.25 lakhs SC/ST students.

47. The scheme of Pre-Matric Scholarships for children whose parents are engaged in unclean occupations, was implemented with added thrust with the ultimate objective of diverting the incumbent children from the clutches of the traditional occupation of scavenging. In the Ninth Plan, an outlay of Rs.30 crore was allocated for the Scheme of Pre-Matric Scholarships to cover 16.91 lakh students. So far in the first four year of the Ninth Plan (1997-2002), an amount of Rs.23.28 crore was utilized covering 15.25 lakh students. An outlay of Rs.12 crore has been allocated for the Scheme in 2001-02 as against Rs.9 crore for the same in 2000-01. As many as 3.63 lakh students were provided with pre-matric scholarships during 2000-01.

48. To facilitate the SC/ST students to pursue higher studies especially in professional courses like Medicine, Law, Chartered Accountant, Business Management, Bio-Technology, Engineering, Veterinary and Agricultural and Poly-technic other such courses, text books are made available to them through the scheme of Book Banks for SC/ST students. In the Ninth Plan a provision of Rs.12 crore was made to cover 12,0000 SC / ST students. In the first four year of the Ninth Plan, the expenditure incurred under this scheme was Rs.9.42 crore to benefit 84,470 students. An outlay of Rs.2.50 crore is made for the same in the Annual Plan 2001-02.

49. The Central assistance is provided on matching basis (50:50) to States and to the extent of 100% to UTs for the construction of hostel buildings for SC/ST boys and girls so

as to check the high-drop-out rates amongst the SC / ST students studying in middle, higher and secondary schools, colleges and universities and thus encourage them to pursue studies in educational centres. The NGOs are also involved in the implementation of the Scheme of Hostels with 10% of the cost to be borne by them and the remaining cost to be shared equally between the Centre and the States. During the first four year of the Ninth Plan (1997-98 to 2000-01) Rs.79.31 crore was spent for construction of 518 hostel building with the capacity to host 69,357 students during the same period for SCs. Similarly for the STs, the likely expenditure for the construction of hostels during the first four years of the Ninth Plan was Rs.39.05 crore to construct 486 hostel buildings with capacity of 17,852 seats accommodation.

50. Under the Coaching and Allied Scheme, free coaching facilities are provided to SC and ST candidates, through Pre-Examination Training Centres and the Private Institutions / Universities, to enable them to compete with others in Civil Services and other competitive examinations. The ultimate aim of extending coaching services is to help improve the representation of the SC / ST candidates in various Central, State governments and the Public Sector Undertakings. During 1999-2000 a total of 1490 students were benefited for which a sum of Rs.2.30 crore was spent. The outlay for the year 2001-02 is Rs.10 crore as against Rs.2.4 crore earmarked for the same in the previous year (2000-01).

51. In addition to the above, there are some more educational programmes – which are under implementation to provide the much needed inputs to SC and ST students in the field of education. They include Upgradation of Merit of SC and ST students, Special Educational Developmental Programmes for SC girl students belonging to low literacy areas, setting up of Ashram schools in TSP areas and Educational Complexes to promote education amongst STs and most Primitive Tribal Groups etc. Besides, the National Overseas Scholarships are also offered to meritorious SC and ST students to pursue higher studies abroad.

ECONOMIC EMPOWERMENT

52. Towards promoting economic development amongst SCs and STs, SCA to SCP and TSP is being extended to States / UTs on the basis of their population as well as their performance of implementing the SCP / TSP strategies. During the first four years of Ninth Plan period (1997-2001) 89.25 lakh SC families below the poverty line were benefited through SCA to SCP. Similarly in the case of Scheduled Tribes 42.78 lakh families were supported under SCA to TSP to enhance their productivity and income. Four apex financial organisations working for the economic empowerment of these groups have also been strengthened. They are - i) National Scheduled Castes / Scheduled Tribes Finance and Development Corporation (NSFDC); ii) Scheduled Castes Development Corporations (SCDCs); iii) National Safai Karamchari Finance and Development Corporation (NSKFDC) and iv) Tribal Cooperative Marketing Development Federation of India Ltd. (TRIFED), continue to play important role in the promotion of income-generating activities. These Corporations in collaboration with the State Finance and Development Corporations are expected to work as the catalytic agents besides extending both ‘forward’ and ‘backward’ linkages of credit and marketing facilities to the micro-level agencies to improve the economic lot of these Socially Disadvantaged Groups.

53. The TRIFED, set up in 1987, aims to provide marketing assistance and remunerative prices to STs for Minor Forest Produce (MFP) collected by them and surplus agriculture produce and thus protect them from exploitative private traders and middlemen. The Central Government extends funds as contribution to the share capital of TRIFED and also for Price Support operations. The authorised share capital of TRIFED is Rs.100 crore and the paid up capital is Rs.99.98 crore. In the Ninth Plan, outlays of Rs.29.25 crore and Rs.13 crore have been earmarked for the investment in TRIFED and price support to TRIFED respectively. The likely expenditure during the first four year of the Ninth Plan (1997-98 to 2000-01) for these two schemes were to the order of Rs.29.25 crore and Rs.11.97 crore on account of investment and price-support respectively. Outlays for investment in TRIFED and price support to TRIFED have been maintained at the same level i.e. at Rs.1 crore and Rs.4 crore respectively during 2000-01 and 2001-02.

54. The NSKFDC was set up to act as an apex institution for all round socio-economic upliftment of the Safai Karamcharis and their dependents through extending concessional financial assistance / loans for taking up income generating and viable projects. In the Annual Plan 2001-02, an outlay of Rs.25 crore has been allocated for the NSKFDC. Financing sanitary marts setup with groups upto 25 scavengers for running production-cum-trading-cum service centres and taking up conversion of dry latrines to wet ones, is one of the new initiatives under NSKFDC. These sanitary marts function as cooperative of scavengers and as shop, service centre and production unit. The States have been asked to consider procurement of sanitary related requirements of their municipalities and local bodies from these Sanitary Marts so that they become sustainable and viable units. During 2000-01 as many as 38317 Safai Karamchari had been supported under the activities sponsored by NSKFDC.

55. Efforts towards achieving the national goal of complete eradication of scavenging gathered momentum due to the introduction of sanitary marts with the active cooperation of States. To this effect Municipalities and local bodies have started issuing notices to the owners of individual dry latrines to convert the same to water borne wet latrines under the relevant municipal laws. This is expected to have a significant impact in liberating the scavengers and rehabilitating them in alternative occupations. An outlay of Rs.75 crore is kept for this Scheme in the Annual Plan 2001-02. During the first four years of the IX plan (1997-01) a total of Rs.226.84 crore expenditure was incurred to benefit 1.13 lakh of scavengers through training and rehabilitation.

56. Besides the above, the scheme of 'Grant-in-aid to voluntary organizations working for the welfare of SCs / STs' is also under implementation to supplement the governmental efforts for the development of SCs and STs. Under this scheme, assistance is given to NGOs for implementing a wide spectrum of activities viz., Residential and Ashram Schools, Hostels, Medical Units, Computer Training units, shorthand and typing training units, balwadis / creches, libraries and audio-visual units etc. The grant is generally restricted to 90% of the total approved cost of the project and the balance of 10% is to be borne by the grantee organisation. During 1999-2000, an expenditure of Rs.25.47 crore was incurred for extending grant-in-aid to 376 voluntary organisations in case of SCs and Rs.15 crore

to assist 165 NGOs in the case of STs. Since the establishment of the new Ministry of Tribal Affairs in 1999, the scheme had been bifurcated one each meant for SCs and STs. For 2001-02, an outlay of Rs.30 crore each for SCs and STs is made available as against Rs.26 crore and Rs.28 crore allocated respectively for the same in the previous year (2000-01).

SOCIAL JUSTICE

57. The Protection of Civil Rights (PCR) Act, 1955 and the SC and ST (Prevention of Atrocities) Act, 1989 are the two important legal instruments to prevent / curb persistent problems of social discrimination, prevalence of social evils like untouchability and increasing cases of exploitation and atrocities against these disadvantaged groups. The SC & ST (POA) Act, 1989, provides for special courts / mobile courts for on the spot speedy trials and disposal of cases promptly. To ensure effective implementation of these Acts a Centrally Sponsored Scheme has been under implementation, under which financial assistance is provided for strengthening the administrative, enforcement and judiciary machinery, publicity and for the relief and rehabilitation of the affected persons. In the Annual Plan 2001-02, Rs.30 crore outlay has been provided as against Rs.27 crore for the same in 2000-01. Further, there exist National Commission for SCs and STs and National Commission for Safai Karamcharis, to safeguard the rights and interests of these vulnerable groups, besides investigating into individual complaints and grievances. These commissions continue to function actively with their extensive activities including ensuring social justice to these socially disadvantaged groups.

Special Strategies of SCP, TSP and SCA to SCP and TSP

58. The implementation of the special strategies of the SCP for SCs, TSP for STs and the SCA to SCP and TSP has been receiving special attention, since their inception, as these are affective instruments to ensure proportionate flow of funds for SCs and STs from the other general development sectors. The special strategies of SCP and TSP are being implemented only by 13 and 20 Ministries / Departments, respectively, at the Centre. As per the available information, 24 States / UTs reported earmarking Rs.9561.01 crore (12.70%) under SCP in 2000-01 and Rs.5615.13 crore (8.1%) by 20 States under TSP in 1999-2000. Further, to supplement the efforts of States / UTs towards economic development of SCs / STs, SCA is extended to fill the critical gaps in their SCP and TSP, especially through funding / supporting SC and ST families below the poverty line to take up various income generation and self employment projects. In the Annual Plan 2001-02, Rs.411 crore as SCA to SCP and Rs.500 crore as SCA to TSP have been provided to supplement the efforts made in the poverty alleviation programmes in the sectors of agriculture, horticulture, animal husbandry, forestry, cooperatives, fisheries, village & small-scale industries etc.

59. In addition to SCA to TSP, exclusive grant-in-aid under Article 275(1) of the Constitution to the tune of Rs.200 crore was extended to the States in 2000-01 towards / utilizing the same for raising the level of administration in the Scheduled Areas and also to meet the cost on special projects meant for welfare and development of the tribals. To

accelerate the efforts in improving the situations in the Scheduled Areas and also to give added boost to the special activities taken up for the welfare and development of the tribals, grants under Article 275(1) has been enhanced to Rs.300 crore in the Annual Plan 2001-02 indicating a rise by 50% over the preceding year.

Other Backward Classes (OBCs)

60. An important and vital input for improving the socio-economic status of backward communities and to bring them into the main stream of society is ensured through their access to education, assisting them by upgradation of merit through special coaching programmes and concessional financial assistance for supporting economic activities. Recognising the importance of educational development, four new schemes have been launched by the Government in the Ninth Plan for the OBCs. Further, towards promoting educational development among the OBCs, the allocations for the programmes/ schemes for educational development has been increased from Rs.20.41 crore in Annual Plan 2000-01 to Rs.59.01 crore in the Annual Plan 2001-02. The major components of the investment in educational development programmes include Pre-Matric and Post-Matric Scholarships, Construction of Hostels for OBC Boys and Girls and Pre-Examination Coaching Centres.

61. Towards ensuring economic development amongst OBCs, the National Backward Classes Finance and Development Corporation (NBCFDC) has been playing an important role by extending additional channel of finance to backward classes for economically and financially viable schemes and projects; and for upgrading the technological and entrepreneurial skills of individuals or groups belonging to Backward Classes. The Government of India has so far provided Rs.390.40 crore to the Corporation as paid-up capital and towards the authorized share capital of Rs.700 crore was also made available. The Corporation had disbursed Rs.522.45 crore, up to 31.3.2001. In the Annual Plan 2001-02, Rs.16.84 crore has been allocated for NBCFDC. The Corporation has launched a special scheme for eligible women beneficiaries of backward classes under the name of 'SWARNIMA' extending financial assistance upto Rs.1 lakh at concessional rate of interest. NBCFDC has provided financial assistance to 1.98 lakh beneficiaries during the period 1997-98 to 2000-01 (upto December, 2000).

Minorities

62. The Government is commitedly implementing programmes for the social and economic upliftment of minorities. The Maulana Azad Education Foundation was setup as an autonomous organisation with the objective of promoting education among backward minorities. In the Ninth Five Year Plan (1997-2002), an outlay of Rs.70 crore was earmarked, so as to raise the corpus of the Foundation to Rs.100 crore. The Foundation works through the medium of NGOs for implementing its objectives. During 1999-2000, the Foundation extended a total grant-in-aid of Rs.3.15 crore to support 333 NGOs for establishment / expansion of schools / residential schools / colleges for girls, vocational training centres, modernization of Madarsa Education etc. In the Annual Plan 2001-02, an amount of Rs.22 crore has been earmarked for the Foundation.

63. Pre-examination Coaching Centres for weaker sections, based on economic criteria has been playing a vital role in enabling the Minorities to compete with other candidates in various job-oriented competitive examinations. In Annual Plan 2001-02, an amount of Rs.3 crore has been provided for this scheme as against Rs.2.5 crore provided in 2000-01. In addition to these, the Department of Education has also been implementing exclusive schemes for educational development of the Minorities like Modernization of Madarsas, Community Polytechnics etc.

64. In pursuance of the strategy of area-based approach for tackling the problems of minorities, the scheme of multi-sectoral development plans was launched in 41 districts of Minorities concentration to undertake various developmental activities. In Annual Plan 2001-02, an allocation of Rs.0.10 crore is made for this purposes to ensure equitable opportunities for development.

65. The National Minorities Development and Finance Corporation (NMDFC) plays a vital role for economic development for providing concessional finance to eligible beneficiaries belonging to minorities for setting up self-employment ventures. The Corporation has an authorised share capital of Rs.500.00 crore of which Central Government has contributed Rs.177 crore and the States / UTs have paid Rs.35.12 crore. Till December, 2000, NMDFC has financed 78,995 beneficiaries utilising an amount of Rs.272.41 crore. The NMDFC has taken up micro financing through NGOs for assisting the poorest among the minorities, who have no access to financial institutions. In Annual Plan 2001-02, an amount of Rs.15.26 crore is made for the Corporation.

Efforts of NGOs

66. Voluntary Organizations who have been playing a vital role in delivering services at the grass-root level have been encouraged not only to supplement the government's efforts to extend various welfare and developmental services to these socially disadvantaged groups, but also to assist both the government and the target groups to fight against the social evils like untouchability and social and economic exploitation inflicted upon these groups. In the Annual Plan 2001-02, an amount of Rs.63.50 crore has been allocated for the NGOs to extend various welfare and developmental services to these socially disadvantaged groups which is more than the previous year (2000-01) outlay of Rs.56 crore.

ANNEXURE-5.6.2.1

PLAN OUTLAYS AND EXPENDITURE- BACKWARD CLASSES (SCs, OBCs & MINORITIES) SECTOR UNDER MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT AND TRIBAL DEVELOPMENT SECTOR UNDER MINISTRY OF TRIBAL AFFAIRS)

(Rs. in crore)

S. No.	Sector/Programmes	Ninth Plan 1997-2002 Outlay	ANNUAL PLANS					
			1997-98 Actuals	1998-99 Actuals	1999-2000 Actuals	2000-01		2001-02 B.E.
						B.E.	R.E.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
I.	**BACKWARD CLASSES SECTOR (M/ SOCIAL JUSTICE & EMPOWERMENT)**							
A	**Scheduled Castes Development**							
I	**Central Sector Scheme(CS)**							
1	GIA to Ambedkar Foundation	200.00	40.00	13.00	0.00	1.00	0.00	1.00
2	National SC/ST Finance and Development Corporation (NSFDC)*	241.23	20.23	81.00	30.00	31.50	0.00	10.00
3	National Safai Karamchai Finance & Dev. Corp. (NSKFDC)	81.75	4.75	10.00	20.00	22.00	22.00	25.00
4	Research and Training for SCs	2.85	0.33	0.45	0.27	0.50	0.30	0.50
5	Grant-in-Aid to NGOs for SC	118.03	10.03	18.01	25.61	26.00	22.50	30.00
6	Spl. Education Devp. Programme for girlsbelonging to SC of very low literacy levels	7.70	0.00	0.65	0.70	2.00	0.10	0.01
	Total (I)	**651.56**	**75.34**	**123.11**	**76.58**	**83.00**	**44.90**	**66.51**
II	**Centrally Sponosred Scheme(CSS)**							
7	Post-Matric Scholarship for SC/ST Students *	614.16	54.16	99.94	84.07	130.00	114.15	159.77
8	Pre-Matric Scholarships for children of those engaged in unclean occupation	30.00	2.00	4.40	7.88	9.00	11.63	12.00
9	Hostel for SC boys and girls	97.05	15.05	19.09	20.32	19.80	25.00	40.00
10	Book Bank Scheme for SC/ST*	12.00	1.50	1.26	2.44	2.50	2.49	2.50
11	Scheduled Castes' Devp. Corpn.(SCDC)*	180.00	45.00	60.00	20.00	22.50	27.62	23.00
12	National Scheme of Liberation and Rehabilitation of Scavengers & their Dependants	335.00	90.00	5.90	70.00	67.50	60.92	75.00
13	Coaching and Allied Scheme for SC/ST* Students	16.71	1.71	2.93	2.30	2.40	2.25	10.00
14	Upgradation of Merit of SC/ST students*	5.26	0.76	1.00	1.50	1.00	0.47	42.50

ANNEXURE-5.6.2.1 Contd.

PLAN OUTLAYS AND EXPENDITURE- BACKWARD CLASSES (SCs, OBCs & MINORITIES) SECTOR UNDER MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT AND TRIBAL DEVELOPMENT SECTOR UNDER MINISTRY OF TRIBAL AFFAIRS)

(Rs. in crore)

S. No.	Sector/Programmes	Ninth Plan 1997-2002 Outlay	ANNUAL PLANS					
			1997-98 Actuals	1998-99 Actuals	1999-2000 Actuals	2000-01		2001-02 B.E.
						B.E.	R.E.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
15	Implementation of PCR Act, 1955 and the SC/ST(Prevention of Atrocities) Act,1989*	121.81	16.31	15.34	24.54	27.00	27.08	30.00
	Total - II	**1411.99**	**226.49**	**209.86**	**233.05**	**281.70**	**271.61**	**394.77**
	III. SCA to Special component Plan(SCP)	**2092.95**	**308.41**	**360.83**	**436.75**	**423.00**	**450.39**	**411.00**
	Total- A (I + II + III)	**4156.50**	**610.24**	**693.80**	**746.38**	**787.70**	**766.90**	**872.28**
B	**Other Backward Classes Welfare(OBCs)**							
I	**Central Sector Scheme**							
1	Pre-Examination Coaching for Other Backward Classes	10.00	0.00	0.20	0.03	2.50	0.01	1.50
2	National BC Finance & Dev. Corp. (NBCFDC)	400.00	0.00	91.50	100.00	68.10	0.00	16.84
3	Equity participation in State BC Corporations	10.00	0.00	0.00	0.00	0.01	0.00	0.01
4	Strengthening of BC Bureau	0.75	0.00	0.00	0.00	0.00	0.00	0.00
5	Grant-in-aid to NGOs	10.00	0.00	0.64	1.00	2.00	1.58	3.50
	Total - I	**430.75**	**0.00**	**92.34**	**101.03**	**72.61**	**1.59**	**21.85**
II	**Centrally Sponsored Scheme**							
6	Post-Matric Scholarships including Higher Scholarships for Ph.D. and Higher levels	49.90	0.00	4.65	4.97	8.00	8.99	42.50
7	Pre-Matric Scholarships for OBC students	49.90	0.00	1.50	4.25	5.40	6.00	
8	Hostel for OBC boys and girls	49.90	0.00	1.31	3.00	4.50	5.00	15.00
9	Residential Schools for OBC boys/girls	40.00	0.00	0.00	0.00	0.01	0.00	0.01
10	Mobile Schools,Shelters etc. for Nomadic &Semi-Nomadic tribes	1.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total - II	**190.70**	**0.00**	**7.46**	**12.22**	**17.91**	**19.99**	**57.51**
	Total - B	**621.45**	**0.00**	**99.80**	**113.25**	**90.52**	**21.58**	**79.36**

ANNEXURE-5.6.2.1 Contd.

PLAN OUTLAYS AND EXPENDITURE- BACKWARD CLASSES (SCs, OBCs & MINORITIES) SECTOR UNDER MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT AND TRIBAL DEVELOPMENT SECTOR UNDER MINISTRY OF TRIBAL AFFAIRS)

(Rs. in crore)

S. No.	Sector/Programmes	Ninth Plan 1997-2002 Outlay	ANNUAL PLANS					
			1997-98 Actuals	1998-99 Actuals	1999-2000 Actuals	2000-01		2001-02 B.E.
						B.E.	R.E.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
C	**Minorities Welfare**							
	Central Sector Scheme(CS)							
1	Pre-Examinations Coaching for Weaker Sections based on economic criteria	12.00	0.82	2.24	2.46	2.50	2.72	3.00
2	Grant-in-Aid to Maulana Azad Education Foundation	70.00	40.00	3.75	3.15	2.85	2.85	22.00
3	National Minorities Finance and Devp.Corp.(NMFDC)	111.00	0.00	32.00	20.00	22.50	25.00	15.26
4	Preparation of Multi-Sectoral Plan for Minority concentration Districts	14.10	0.19	0.23	0.00	1.50	0.11	0.10
	Total - C	**207.10**	**41.01**	**38.22**	**25.61**	**29.35**	**30.68**	**40.36**
	Total - I (A+B+C)	**4985.05**	**651.25**	**831.82**	**885.24**	**907.57**	**819.16**	**992.00**
II.	**TRIBAL DEVELOPMENT SECTOR (M/ TRIBAL AFFAIRS)**							
I	**Central Sector Schemes (CS)**							
1	Grant-in-Aid to NGOs for STs	92.09	7.09	11.24	15.23	28.00	21.88	30.00
2	Vocational Training Centres in Tribal Areas	30.25	3.50	6.25	3.75	11.00	2.54	12.00
3	Educational Complex in low literacy packets	23.20	2.20	3.60	1.84	5.40	1.47	7.50
4	Investment in TRIFED	29.25	23.00	6.00	0.25	1.00	0.00	1.00
5	Price support to TRIFED	13.00	1.00	4.00	2.97	4.00	4.00	4.00
6	Grants-in-Aid to STDCs for MFP	45.48	8.23	6.87	9.05	13.00	8.42	14.00
7	Village Grain Banks	12.80	1.80	3.00	1.00	2.00	3.15	2.00
8	Devepment of Primitive Tribal Groups (PTGs)	22.00	0.00	4.94	6.63	12.50	10.71	16.00
9	Rehabilitation of Tribal Villages of protected areas	2.00						
10	National ST Finance and Devepment Corporation			*	0.00	0.00	5.00	30.00
11	Information & Mass Education & others			-	-	-	-	3.00

ANNEXURE-5.6.2.1 Contd.

PLAN OUTLAYS AND EXPENDITURE- BACKWARD CLASSES (SCs, OBCs & MINORITIES) SECTOR UNDER MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT AND TRIBAL DEVELOPMENT SECTOR UNDER MINISTRY OF TRIBAL AFFAIRS)

(Rs. in crore)

S. No.	Sector/Programmes	Ninth Plan 1997-2002 Outlay	ANNUAL PLANS					
			1997-98 Actuals	1998-99 Actuals	1999-2000 Actuals	2000-01		2001-02 B.E.
						B.E.	R.E.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Total - I	**270.07**	**46.82**	**45.90**	**40.71**	**77.90**	**52.17**	**119.50**
ii	**Centrally Sponsored Schemes (CSS)**							
12	Post-Matric Scholarship for ST Students	-	-	*	0.00	63.20	63.10	69.60
13	Girls Hostels for STs	36.77	3.77	7.69	3.93	12.00	2.34	13.00
14	Boys Hostels for STs	36.53	3.53	8.29	6.98	10.80	2.51	10.80
15	Ashram Schools in TSP areas	44.86	4.86	9.39	5.32	13.00	0.00	14.00
16	Coaching and Allied Scheme	*	*	*	-	1.40	0.00	1.40
17	Book Bank Scheme for ST	*	*	*	-	0.90	0.00	0.90
18	Upgradation of merit of ST students	*	*	*	-	0.40	0.00	0.40
19	Research and Training for STs	25.90	2.87	3.92	1.78	7.80	1.25	7.80
20	GIA to Scheduled Tribes Development Finance Corporation			*	2.00	2.60	2.41	2.60
	Total - ii	**144.06**	**15.03**	**29.29**	**20.01**	**112.10**	**71.61**	**120.50**
	Total (i + ii)	**414.13**	**61.85**	**75.19**	**60.72**	**210.00**	**210.70**	**240.00**
iii	**Special Central Assistance to TSP**	**2010.00**	**329.61**	**380.00**	**400.00**	**400.00**	**400.00**	**500.00**
iv	**Grants under Art.275(I) of Constitution**	**750.00**	**75.00**	**75.00**	**100.00**	**200.00**	**191.29**	**300.00**
	Total - II - (i + ii + iii + iv)	**3174.13**	**466.46**	**530.19**	**560.72**	**810.00**	**715.07**	**1040.00**

*Outlays were common for both SCs/STs upto the year 1999-2000

Annexure-5.6.2.2

PLAN OUTLAYS AND EXPENDITURE-BACKWARD CLASSES WELFARE (SCs,STs,OBCs & MINORITIES)- STATES/UTs.

(Rs.in crore)

Sl. No.	States/UTs	IX PlAN 1997-2002 Outlays	ANNUAL PLANS				
			1997-98 Actuals	1998-99 Actuals	1999-2000 Actuals	2000-01	
						B.E.	R.E.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Andhra Pradesh	1240.59	122.71	275.46	140.49	171.93	158.15
2	Assam	179.17	20.31	37.67	26.49	17.13	17.13
3	Bihar	468.00	32.94	28.04	11.61	28.11	16.43
4	Goa	4.50	0.38	0.29	0.63	0.58	0.86
5	Gujarat	1080.00	144.46	144.46	288.64	360.00	328.60
6	Haryana	80.26	6.99	5.36	5.52	6.00	6.70
7	Himachal Pradesh	31.34	6.08	6.71	6.12	6.53	6.24
8	Jammu & Kashmir	29.98	6.88	10.07	4.80	4.94	4.94
9	Karnataka	800.00	197.68	219.97	260.29	212.31	208.18
10	Kerala	640.90	114.04	126.95	58.78	129.00	90.00
11	Madhya Pradesh	635.56	136.68	157.69	122.45	63.27	63.27
12	Maharashtra	1101.27	161.70	214.47	255.64	249.32	249.32
13	Manipur	43.15	3.14	8.52	10.81	8.30	8.40
14	Meghalaya	0.50	0.08	0.07	0.12	0.10	0.10
15	Orissa	444.75	91.43	124.63	128.37	52.67	94.26
16	Punjab	477.36	79.80	23.28	16.22	57.87	61.40
17	Rajasthan	292.05	44.31	59.25	58.35	58.99	46.80
18	Sikkim	15.00	1.32	3.07	0.89	2.35	2.35
19	Tamil Nadu	1000.00	159.60	175.68	158.45	204.40	204.40
20	Tripura	94.80	21.82	25.13	19.69	18.68	19.29
21	Uttar Pradesh	755.50	238.28	220.16	226.21	247.20	238.27
22	West Bengal	172.32	38.05	46.41	59.74	45.32	45.32
	Total (States)	**9587.80**	**1628.68**	**1913.34**	**1858.31**	**1945.00**	**1870.41**
1	A&N Islands	2.10	0.25	0.37	0.73	0.70	0.70
2	Chandigarh	4.91	1.02	0.64	0.62	0.74	0.74
3	D&N Haveli	0.05	0.01	0.00	0.00	0.00	0.00
4	Daman& Diu	1.05	0.25	0.16	0.18	0.18	0.18
5	Delhi	68.25	4.46	2.14	5.11	17.66	17.66
6	Pondicherry	25.00	3.71	5.83	7.62	8.72	9.02
	Total (U.Ts)	**101.35**	**9.70**	**9.14**	**14.27**	**28.00**	**28.30**
	GRAND TOTAL	**9689.15**	**1638.38**	**1922.48**	**1872.58**	**1973.00**	**1898.71**

5.6.3 Social Welfare

67. In line with the Ninth Plan strategies of Empowering the Persons with Disabilities; Reforming the Social Deviants; and Caring the Other Disadvantaged Groups and the specific needs of the target groups, programmes in the field of Social Welfare have been specially designed with a major objective of enabling them to over-come their social, economic, physical and mental disabilities and thus get into the main stream along with the rest of the society

Review of the Annual Plan 2000-01 & Annual Plan 2001-02

68. A total outlay of Rs. 1204.94 crore was provided for the Social Welfare Sector in the Annual Plan 2000-01 which includes Rs. 300.68 crore for the Central Sector and Rs. 904.26 crore for the State Sector. The expenditure for the year was Rs. 288.01 crore for the Central Sector and Rs. 823.06 crore for the State Sector. Of the Rs. 300.68 crore, Rs. 292.68 was meant for the Ministry of Social Justice and Empowerment (M/SJ&E); (Rs. 230.61 crore for the Disabled and Rs. 62.07 crore for Social Defence); Rs. 7.0 crore was meant for the Modernization of Prison Administration, Ministry of Home Affairs; and Rs. 1.00 crore from the Department of Revenue was meant for the implementation of Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act of 1998.

69. Similarly, a total outlay of Rs. 351.80 crore was earmarked in the Annual Plan (2001-02) for Social Welfare Sector at the Centre. This includes Rs. 343.80 crore for the M/SJ&E (Rs. 262.30 crore for the Disabled and Rs. 81.50 crore for Social Defence); Rs. 7.0 crore for Ministry of Home Affairs towards Modernization of Prison Administration and Rs. 1.0 crore from the Department of Revenue for implementation of the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act of 1988. While the year-wise details are given below, scheme-wise details are given at Annexure 5.6.3.1 and 5.6.3.2 respectively:

TABLE.5.6.3.1

Plan Outlays and Expenditure incurred – Social Welfare during 1998-99 to 2000-01

Ministry / Dept.	Annual Plan 1999-2000 Actual	Annual Plan 2000-2001		Annual Plan 2001-02 BE
		BE	Actual	
I. Centre	200.61	300.68	288.01	351.80
- Ministry of Social Justice & Empowerment	192.98	**292.68**	**280.26**	**343.80**
- M/Home Affairs	**7.00**	**7.00**	**7.00**	**7.00**
- D/Revenue	**0.63**	**1.00**	**0.75**	**1.00**
II. States / UTs	**777.20**	**904.26**	**823.06***	**
Total I + II	**977.81**	**1204.94**	**1111.07**	

* Revised Estimate ** Being finalised.

Empowering the Disabled

70. To ensure equal opportunities, protection of rights and full participation of Persons with Disabilities, the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 continued to be implemented to make as many disabled as possible active, self-reliant and productive contributors to the national economy. In order to fulfill the commitments of the Act, efforts are being made not only to expand the on-going schemes but also launching of a few new interventions.

71. In consonance with the policy of providing a complete package of welfare services to the physically and mentally disabled individuals and groups and to deal with the multi-dimensional problems of the disabled population, the 6 National Institutes continued to expand their activities in close collaboration with the concerned organizations both governmental and non-governmental. These National Institutes continued to offer a variety of both long-term and short-term courses ranging from 3 years degree courses in physio-therapy, occupational therapy, mental retardation, education of the deaf, etc. Besides, as a new initiative, these Institutes have started multi-professional rehabilitation services in the slums, tribal belts, foot-hills, semi-urban and rural areas through community awareness programmes and community-based rehabilitation services such as diagnostic treatment at rehabilitation camps and distribution of aids and appliances to the disabled. To act as the extended limbs of the existing National Institutes, 6 Regional Composite Centres and 4 Rehabilitation Centres for Spinal Injured are being set up to cater to the needs of the disabled in various regions of the country. Work is in progress. For running these National Institutes, a total outlay of Rs. 16.05 crore was made available during 2000-01. For 2001-02, an outlay of Rs. 16.70 crore was earmarked for these Institutes.

72. To assist the needy disabled persons with durable, modern aids and appliances, the scheme of Assistance to Persons for Purchase/Fittings of Aids and Appliances will continue during the year under report. Financial assistance was being extended to 106 implementing agencies located in different parts of the country. The Artificial Limbs Manufacturing Corporation of India (ALIMCO) continued to manufacture artificial limbs and rehabilitation aids for the disabled. The product range includes orthodox (calipers) and prosthetics (artificial limbs) appliances, rehabilitation aids like chairs, crutches, 3-wheelers and special tools and equipments requirement for treatment of prosthetic and orthodox assemblies by limb fitting Centres. Under the S&T Mission Mode programme, various research projects and different technology assisted devices viz., educational science kit for the orthopaedically handicapped and communication devices kit for the disabled. 10,000 Plastic Aspheric lenses developed under S&T Mission Mode were distributed to the needy persons with low vision through National Institute for the Visually Handicapped, Dehradun. The outlay for the year 2000-01 for Assistance to Disabled Persons for Purchase of Aids and Appliances was Rs.28.70 crore. For 2001-02, an outlay of Rs. 47.28 crore was provided. The outlay for ALIMCO during 2000-01 was Rs. 6.75 crore and for 2001-02 an amount of Rs. 6.0 core is earmarked. The outlay for the S&T Mission Mode during 2000-01 was Rs. 1.0 crore and an amount of Rs. 3.0 crore is earmarked for 2001-02.

73. To provide a package of comprehensive rehabilitation services to the rural disabled, the 11 District Rehabilitation Centres (DRCs) continued to extend services which include prevention and early detection, medical intervention and surgical corrections, fitment of artificial aids and appliances, therapeutical services like physio-therapy, occupational and speech therapy, etc. Till September 2000, 11,915 persons with disabilities were benefited.

A total of 2956 assisted devises were also provided during April-September, 2000. These Centres were funded through Non-Plan budget. To promote voluntary action for persons with disabilities, the procedures have been simplified for non-governmental organizations. Voluntary organizations are being supported for running a variety of schemes viz., rehabilitation Centres for leprosy-cured persons, institution for man-power development in the field of mental retardation, cerebral palsy, establishment and running of special schools for children with disabilities, etc. Till December, 2000, 418 organizations have been assisted benefiting about 63,629 persons.

74. The Rehabilitation Council of India (RCI) which has a mandate to register rehabilitation professionals and issue certificates, has so far, registered 15,277 professional /personnel in the Central Rehabilitation Register and also issued certificates to them. To meet the need of developing 16 professionals, RCI has developed and approved 59 training programmes. To give an opportunity to special teachers / rehabilitation workers who were working in the area of disability without any formal training / qualification, the National Bridge Course scheme continued till November, 2000. Further, to sensitize the medical officers working in the PHCs regarding disability prevention, early identification, intervention, referral and rehabilitation services, a National Programme on Orientation of Medial Officers working in PHCs, which was launched during 1999 has trained 2800 PHC Medical Officers The RCI has also signed MOUs with Madhya Pradsesh, Bhuj (Open University), Bhopal and Indira Gandhi Open University, New Delhi for conducting training programmes through Distance Learning Mode and to develop audio and video material for sensitization of parents and grass-root functionaries. During 2000-01 an approved outlay of Rs. 7.0 crore was made available whereas for 2001-02, an outlay of Rs. 3.0 crore was provided.

75. To extend employment-cum-income generation opportunities for the persons with disabilities and to integrate them into the main stream of economic development activities, the National Handicapped Development Finance Corporation (NHFDC) continued to provide loans for promoting self-employment ventures, pursuing general/ professional, technical education besides up-gradation of technical / entrepreneurial skills. Till December 2000, 1574 persons have been supported. The outlay for the year 2000-2001 was 12.0 crore and during 2001-02 an amount of Rs. 13.0 crore was provided

76. To extend placement services to the disabled, 41 Special Employment Exchanges, 40 Special Cells for the Disabled Persons in the normal Employment Exchanges continued to function during the year. The total number of disabled persons in the live Register of these 40 Special Employment Exchanges during 1999 was 96,241 and the placement in the same period was 1,281. During 2000-01, an amount of Rs. 1.60 crore was provided and the same amount is earmarked for 2001-02.

REFORMING THE SOCIAL DEVIANTS

77. The Juvenile Justice Act, 1986 has been replaced by a new Act viz., The Juvenile Justice (Care and Protection Children) Act, 2000. The new law is more child-friendly and provides for proper care and protection and ultimate rehabilitation of children in need of care and protection. A clear distinction has been made in the new Law between the juvenile offenders and the 'neglected child'. It also prescribes uniform age of 18 years below which both boys and girls are to be treated as children Further, setting up of Juvenile Justice Board (previously known as Juvenile Court) and Child Welfare Committees (previously known as Juvenile Welfare Board) has been made compulsory. In the revised Act, special emphasis

has been given for rehabilitation and social integration of the children and the alternatives provided for the same are adoption, foster-care, sponsorship and after-care. Further, the role of voluntary organizations and local authorities has been specified by involving them at various stages for handling and rehabilitating children. The outlay for the year 2000-01, was Rs. 12.12 crore, while an amount of Rs. 12.50 crore is earmarked for 2001-02.

78. The scheme of Prevention of Alcoholism and Substance (Drugs) Abuse continued to extend a variety of services like awareness generation, treatment-cum-rehabilitation Centres, de-addiction camps, follow-up and rehabilitation to tackle the increasing problems of drug abuse and alcoholism. Starting with 7 Centres in 1985-1986, the total number of Centres have become 462 as on December, 2000. Of the 462 Centres, 144 are Drug Awareness, Counseling and Assistance Centres and 318 are Treatment cum-Rehabilitation Centres, benefiting 2.66 lakhs in 1999-2000 and 1.69 lakhs (upto September, 1999) alcohol / drug addicts respectively 1999. In the same period about 1.23 lakhs were detoxified in 1999-2000 and 0.66 lakh detoxified upto September, 2000. More than 40% of the cases were alcoholics. Keeping in view the alarmity of the problem in the North-Eastern region, 5 Training of Trainers programmes and 15 training courses for service providers in reputed Centres were conducted. To strengthen and provide technical in-puts to the Drug Addiction Prevention Programme (NCDAP), a National Centre for Drug Abuse Prevention has been set up in the National Institute of Social Defence, New Delhi.with the assistance from United Nation Drug Control Programme (UNDCP). The NCDAP has started conducting a 3-months Certificate Course on De-addiction Counseling and Rehabilitation for functionaries working in De-addiction Centres in all over the country and from neighboring SARC countries. To assess the nature, extent and patterns of drug abuse in the country, a National Survey in collaboration with UNDCP is being conducted. During 2000-01, the outlay was Rs. 18.50 crore. For 2001-02, an amount of Rs. 22.50 crore is earmarked.

79. The National Institute of Social Defence, New Delhi continued to serve as the Central Advisory Body in the field of prevention of crime, treatment of offenders in the areas of juvenile justice administration, welfare of prisoners, probation and allied measures, suppression of immoral traffic and drug abuse prevention, etc. During the year the Institute organized both in-house and regional training programmes for child adoption, care of older persons, etc. During 2000-01, the outlay was Rs. 2.25 crore. For 2001-02, an amount of Rs. 3.0 crore is earmarked.

CARING THE OTHER DISADVANTAGED

80. To tackle the growing problem of the Elderly, an Integrated Programme for Older Persons continued to be implemented during the year. Under this scheme, financial assistance upto 90% is being provided to NGOs for establishing and maintaining Old-age Homes, Day Care Centres, Mobile, Medicare Units and to provide non-institutional services to older persons. At present 733 Old Age Homes/Day Care Centres / Mobile Medicare Units are operational under the scheme. To strengthen the partnership between the young and old a collaborative project has been launched with the Nehru Yuvak Kendra Sansthan under which 100 new Day Care Centres for the Older Persons have been established in different parts of the country. The number of organizations assisted during the year was 470. In addition, financial aid was also extended for construction of Old Age Homes / Multi-service Centres for Older Persons through the scheme of Assistance to Panchayati Raj Institutions / Voluntary Organizations / Self-Help Groups. Under this scheme, 59 Old Age Homes have

been constructed so far, in different parts of the country. To translate the National Policy on Older Persons, a Plan of Action for 2000-2005 has been prepared and circulated to all the Ministries / Departments/ Organizations for implementation. During 2000-01, the outlay was Rs. 9.00 crore. For 2001-02, an amount of Rs. 15.00 crore is earmarked.

81. Due to rapid organization and un-abitated migration of rural poor, population of destitutes, especially that of the Street Children in Urban areas has been increasing. In order to tackle this problem, an Integrated Programme for Street Children continued to be implemented in 39 cities in the country, involving 118 NGOs and benefiting around 1.40 lakh Street Children. The programme provides for Shelter, nutrition, health-care, education, recreation facilities to Street Children and seeks to protect them against abuse and exploitation. Further, recognizing the need for rehabilitation of children of sex-workers, 25 projects in collaboration with NGOs, have been launched. To provide emergency assistance to Street Children and a platform for net-working among organizations, a Child Help Line, Free Phone Service were established in 26 cities of the country, which could be accessed by dialing 1098 on the telephone. To provide support services and to monitor efficient service delivery of the Centres at various locations, a Child Line India Foundation has been established. So far, Child Line has been responded to over 6 lakh calls from children / concerned adults till March 2001. These calls were mainly for medical assistance, shelter, repatriation, missing children, production from abuse motional support and guidance, information and referral services, death related calls etc. . During 2000-01, the outlay was Rs. 9.50 crore. For 2001-02, an amount of Rs. 12.00 crore is earmarked.

82. The Central Adoption Resource Agency (CARA) provides a detailed frame work and for regulating and expediting in-country and inter-country adoption in India. Both Indian and foreign agencies which are engaged in sponsoring Indian children for adoption abroad were given grants. 80 agencies in the country have been given recognition for handling inter-country adoption. In addition, 306 foreign agencies have also been enlisted to sponsor inter-country adoption cases in more than 27 countries. Further, 25 placement agencies in India and 13 agencies abroad have been given recognition for inter-country adoption and 8 Voluntary Coordinative Agencies (VCA) have been given recognition to promote intra-country adoption. During the last 6 years, a total estimated number of 16866 children found homes through these agencies. Of these, 9551 were covered under in-country adoption while 7315 were through inter-country adoption. In order to enhance the capacity building of agencies involved in adoption, 17 training programmes were organized under National Initiatives on Adoption in collaboration with National Institute of Social Defence.. Further, through the schemes of Assistance to Homes (Shishu Griha), emphasis was laid down for providing grant-in-aid to government institutions along with non-government organization for increasing and promoting adoption within the country. Under this scheme, till January 2001, 22 NGOs have been supported benefiting around 1870 children. . During 2000-01, the outlay was Rs. 2.00 crore and the same amount is earmarked for 2001-02. For Shishu Griha, the outlay during 2000-01 was Rs. 2.70 and for the year 2001-02, an amount of Rs. 5.0 is approved.

Voluntary Action

83. In all these efforts, the non-governmental organizations have been playing a very crucial role by shouldering the major responsibility of reaching the welfare services to the most deprived and the needy.

ANNEXURE - 5.6.3.1

PLAN OUTLAYS AND EXPENDITURE-SOCIAL WELFARE (WELFARE OF THE DISABLED SOCIAL DEFENCE & CHILD WELFARE) - MINSITRY OF SOCIAL JUSTICE AND EMPOWERMENT

(Rs. In Crore)

Sl. No.	Name of the Schemes	Annual Plan			
		(1999-2000) Actual	(2000-01)		(2001-02) B.E.
			B.E.	Actual	
(1)	(2)	(3)	(4)	(5)	(6)
A.	**WELFARE OF THE DISABLED**				
1	National Institute of Visually Handicapped, Dehradun	2.50	2.25	2.25	2.50
2	National Inst. of Orthopaedically Handicapped, Calcutta	2.50	2.25	1.12	2.50
3	National Institute for the Hearing Handicapped, Mumbai.	0.00	2.63	2.63	2.90
4	National Institute for the Mentally Handicapped, Secundrabad	3.30	2.97	2.97	3.30
5	National Institute of Rehabilitation, Training & Research, Cuttak	4.08	3.60	3.60	4.00
6	Institute of the Physically Handicapped, New Delhi	1.50	1.35	1.35	1.50
7	National Institute for the Multiple Handicapped, Channai	0.00	1.00	0.00	1.00
8	Artificial Limbs Manufacturing Corporation, Kanpur	6.35	6.75	0.00	6.00
9	Scheme of Assistance to Disabled Person for Purchasing /Fitting of Aids & Appliances	28.42	28.70	29.11	47.28
10	Assistance to Vol. Organisation for the Disabled				
11	Assistance to Vol. Organisation for Rehabilitation of Laprocy Cure Person	53.97	55.00	62.13	65.00
12	Assistance to Vol. Organisation for Person With Cerebral Palsy and Mental Retardation				
13	Assistance to Vol. Organisation for Establishment of Special School				
14	Science & Technology Projects in Mission Mode	0.68	1.00	0.25	3.00
15	Employment of the Handicapped	0.78	1.60	0.99	1.60
16	Indian Spinal Injury Centre	5.40	2.25	2.30	2.25
17	Rehabilitation Council of India	1.95	7.00	3.75	3.00

ANNEXURE - 5.6.3.1 Contd.

PLAN OUTLAYS AND EXPENDITURE-SOCIAL WELFARE (WELFARE OF THE DISABLED SOCIAL DEFENCE & CHILD WELFARE) - MINSITRY OF SOCIAL JUSTICE AND EMPOWERMENT

(Rs. In Crore)

Sl. No.	Name of the Schemes	Annual Plan			
		(1999-2000) Actual	(2000-01)		(2001-02) B.E.
			B.E.	Actual	
(1)	(2)	(3)	(4)	(5)	(6)
18	National Trust for Persons with Mental Retardation	4.00	44.00	44.00	42.00
19	National Handicapped Finance and Development Corporation	10.00	12.00	0.00	13.00
20	Miscellaneous Scheme	0.51	0.51	1.02	1.50
21	Office of the Commissioner for Person with Disability	0.33	1.00	0.25	1.00
22	National Rehabilitation Programmes for the Disabled	5.00	43.00	55.99	43.61
23	Schemes arising out of the Implementation of the Persons with Disabilities (Equal Opportunities, Protection of right and full participation) Act, 1995 - including the scheme for women and children with disabilities	3.50	11.75	4.08	13.75
	New Scheme - UNDP Funded				
24	Support to children with Disability	**-**	**-**	-	1.61
	SUB-TOTAL(A)	**134.80**	**230.61**	**217.79**	**262.30**
B.	**SOCIAL DEFENCE AND CHILD WELFARE**				
1	Education work for Prohibition and Drug Abuse	19.03	18.50	20.66	22.50
2	Scheme of Prevention and Control of Juvenile Social Maladjustment	10.45	12.12	10.53	12.50
3	Central Adoption Resource Agency	0.48	2.00	0.53	2.00
4	Scheme for Welfare of Street Children	7.84	9.50	7.33	12.00
5	Assistance to Home for Infant and Young Children for Promoting Incountry Adoption	1.57	2.70	1.88	5.00
6	National Institute of Social Defence	1.23	2.25	2.13	3.00
7	Assistance to Vol. Org. for providing Social Defence Services	3.00	1.00	2.75	4.00
8	Assistance to Vol. Org. for Programme related to Aged.	10.80	9.00	12.39	15.00
9	Grant in aid for Research Studies and Publication	0.36	0.50	0.27	0.50
10	Information and Mass Education Cell	3.42	4.50	4.00	5.00

ANNEXURE - 5.6.3.1 Contd.

PLAN OUTLAYS AND EXPENDITURE-SOCIAL WELFARE (WELFARE OF THE DISABLED SOCIAL DEFENCE & CHILD WELFARE) - MINSITRY OF SOCIAL JUSTICE AND EMPOWERMENT

(Rs. In Crore)

Sl. No.	Name of the Schemes	Annual Plan			
		(1999-2000) Actual	(2000-01)		(2001-02) B.E.
			B.E.	Actual	
(1)	(2)	(3)	(4)	(5)	(6)
11	Scheme for Beggary Privention	0.00	0.00	0.00	0.00
12	Assistance to all India Vol. Orgns. In the field of Social Welfare	0.00	0.00	0.00	0.00
13	Grant in aid to School of Social Work	0.00	0.00	0.00	0.00
	SUB-TOTAL(B)	**57.19**	**62.07**	**62.47**	**81.50**
	GRAND TOTAL (A+B)	**192.98**	**292.68**	**280.26**	**343.80**

Source :- Ministry of Social Justice & Empowerment**.**

ANNEXURE - 5.6.3.2

PLAN OUTLAY AND EXPENDITURE SOCIAL WELFARE (WOMEN & CHILD DEVELOPMENT WELFARE OF DISABLED AND SOCIAL DEFENCE) - STATE/UTs.

(Rs. in Crore)

Sl. No.	Name of State/ Union Territories	Annual Plans				
		(1998-99)	(1999-2000)		(2000-2001)	
		Actual	B.E.	Actual	B.E.	R.E.
1	2	3	4	5	6	7
	STATES					
1	Andhra Pradesh	50.98	41.72	48.07	32.48	27.66
2	Arunachal Pradesh	1.11	1.10	1.01	1.20	1.52
3	Assam	2.17	3.04	3.03	3.25	3.25
4	Bihar	1.50	11.36	0.50	9.02	1.33
5	Goa	2.71	2.82	2.95	2.91	3.25
6	Gujrat	3.30	44.12	42.31	61.55	56.83
7	Haryana	130.01	122.50	189.35	265.94	314.94
8	Himachal Pradesh	19.91	23.66	23.74	24.75	24.76
9	Jammu & Kashmir	15.03	16.24	15.69	15.92	15.92
10	Karnataka	26.53	37.19	43.59	48.98	54.08
11	Kerala	5.40	5.09	4.67	6.10	4.00
12	Madhya Pradesh	16.53	28.93	16.64	21.34	21.34
13	Maharashtra	11.06	19.24	14.16	13.52	13.52
14	Manipur	1.34	1.10	1.12	1.00	1.00
15	Meghalaya	1.15	2.00	1.28	2.00	1.50
16	Mizoram	1.78	4.57	4.63	3.60	3.55
17	Nagaland	0.58	0.60	0.41	0.40	0.40
18	Orissa	13.92	13.14	12.80	13.66	15.32
19	Punjab	51.60	148.53	165.24	148.71	53.00
20	Rajasthan	6.95	8.83	5.35	14.79	7.55
21	Sikkim	1.43	1.37	1.36	2.30	2.30
22	Tamil Nadu	30.46	28.84	12.64	29.05	29.75
23	Tripura	2.29	2.19	4.71	4.59	5.50
24	Uttar Pradesh	82.01	104.33	78.51	96.34	79.59
25	west Bengal	17.45	22.49	43.94	29.65	29.65
	TOTAL (States)	**497.20**	**695.00**	**737.70**	**853.05**	**771.51**
	UNION TERRITORIES					
1	A & N Islands	1.05	1.10	1.10	1.05	1.05
2	Chandigarh	0.57	0.70	0.77	1.10	1.10
3	Dadra & Nagar Haveli	0.06	0.09	0.06	0.08	0.08
4	Daman & Diu	0.04	0.07	0.06	0.07	0.07
5	Delhi	21.77	30.50	24.79	34.69	34.69
6	Lakshadweep	0.29	0.28	0.19	0.28	0.25
7	Pondicherry	9.98	12.91	12.53	13.94	14.31
	TOTAL (UTs)	**33.76**	**45.65**	**39.50**	**51.21**	**51.55**
	GRAND TOTAL	**530.96**	**740.65**	**777.20**	**904.26**	**823.06**

Source :- State Plan Division.

5.7 EMPLOYMENT AND LABOUR WELFARE

The planning process attempts to create conditions for improvement in labour productivity and for provision of social security to supplement the operations of labour market. The resources are directed through the Plan programme towards skill formation and development, exchange of information on job opportunities, monitoring of working conditions, creation of industrial harmony through an infrastructure for healthy industrial relations and insurance against disease and unemployment for the workers and their families. The achievements of these desirable objectives in the areas of labour and labour welfare are determined primarily by the kind of labour market that exists. The situation of surplus labour, coupled with the employment of most of the workers in the unorganised segment of the economy has given rise to unhealthy social practices like bonded labour, child labour and adverse working conditions faced by the migrant labour. During the Ninth Plan period, elimination of these undesirable practices and aspects such as ensuring workers safety and social security, looking after labour welfare and providing the necessary support measures for sorting out problem relating to employment of both men and women workers in different sectors has received priority attention. To raise living standards of the work force and achieve higher productivity, skill upgradation through suitable training is of utmost importance. Human development to provide adequate labour force of appropriate skills and quality to different sectors is essential for rapid socio-economic development. Employment generation in all the productive economic activities is one of the basic objectives of the planning. In this context, efforts are being made for providing the environment for self- employment both in urban and rural areas.

2. During the Ninth Plan period priority areas in the labour and employment sector are:

- Strengthening of accreditation facilities for vocational training institutes to facilitate investment by private sector in vocational training.
- Extending the ambit of the existing vocational training system to include training in skills required in service sector.
- Modernization of employment exchanges and job placement services. improvement in conditions of workers facing highly adverse work situations
- Elimination of evils of child labour and bonded labour.
- Review of labour laws and harmonise them with the new economic and social setting.
- Expand the provision of social security to workers through efforts to create viable location specific and a self financing system.

3. These priorities were to be addressed by formulating relevant policies and legislation, by expanding activities of self financing public institution and investments through various plan schemes.

Plan Outlay & its Utilization

4. Various plan schemes of the Ministry of Labour and State aim at achievement of plan targets relating to Labour and Employment Sector. Ninth Five Year Plan outlay for this sector was Rs. 792.12 crore for the Central Plan under Ministry of Labour and Rs. 1287.22 crore in th State's Plan.

5. A total outlay of Rs. 792.12 crore including civil works component had been allocated to the Ministry of Labour by the Planning Commission for the 9th Five Year Plan. However, the Ministry re-allocated its initial 9th Plan outlay with the approval of Planning Commission to meet more fund requirements in some schemes, viz. Rehabilitation of Bonded Labour, Information Technology and Child Labour etc. Accordingly, reallocation of Rs. 792.12 crore has been made and re-distributed among various plan schemes pertaining to Labour and Employment Sector during 9th Five Year Plan (1997-2002).

6. The approved outlay for the year 2000-2001 was Rs. 123 crore including civil works outlay of Rs. 25 crore and Foreign Aid Component of Rs. 75 lakh, against which the anticipated expenditure would be Rs. 128.43 crore which is almost equal to the approved outlay during the year 2000-2001.

7. An outlay of Rs. 145.00 crore inclusive of Civil Work Component of Rs. 10.36 crore and Foreign Aid Component of Rs. 47 lakh has been approved for the Labour and Employment (Central) Sector during the year2001-2002. The step-up in Annual Plan outlay is basically on account of expansion of the on-going scheme viz. National Child Labour Project including indo-American project with the matching US grant (+65 crore) for which an MOU has already been signed by the two Governments. **(For Labour and Labour Welfare Sector outlay refer to Annexure 5.7.1 for Central Sector and Annexure 5.7.2 for State Sector)**

8. The nature of work of the Ministry of Labour is regulatory and the various plan schemes aim at achievement of welfare and social security of the working class and maintenance of industrial peace. The major percentage of the plan budget of the MOL relates to the schemes of DGE&T – programmes relating to Employment Services, Vocational Training Schemes and Vocational Rehabilitation Centres for the handicapped. Elimination of child labour through National Child Labour Projects , Rehabilitation of Bonded Labour, Research and Statistics on Labour related subject, scheme for improving working conditions of mines and factories are the other important plan schemes.

9. Women constitute a significant part of the work force of India. Women component plan in Labour & Employment Sector for 2000-2001 works out to Rs.11.85 crore. The Woman's Training Cell of the DGE&T and Women Labour Cell deal with the schemes exclusively meant for women. There are 19 schemes relating to women of which 17 are exclusively for women's training.

10. In line with the general policy of the Government, the Ministry of Labour has formulated several schemes which provide significant benefits to the members of Scheduled Castes and Scheduled Tribes. Together they constitute the common Tribal Sub-Plan (TSP) and Special Component Plan (SCP) for ST's and SC's respectively. During the plan period 2000-2001 Rs. 17.27 crore have been allocated for TSP and SCP.

11. **Special Schemes for Scheduled Castes / Tribes**

- Coaching –cum-guidance Centres for Scheduled Castes and Scheduled Tribes.
- Special Coaching Schemes.
- Labour Welfare Funds / Schemes.
- Rehabilitation of Bonded Labour.
- Survey and Research Studies.

12. In addition to labour and labour welfare sector , in number of labour intensive sectors, and social welfare sectors many initiatives are taken for the benefit of workers through the plan schemes. They are not discussed here because they fall under purview of respective sectoral programmes of the plan.

13. Rationalization of Plan schemes under Ministry of Labour.

(i) With a view to optimising and containing the growth of govt. expenditure and deploying scarce resources in a more cost effective manner, it has become essential to introduce zero base budgeting as an integral part of the budgetary process. To respond to the changing needs of the economy and priorities of the govt, some new schemes are invariably required to be introduced but a simultaneous exercise to weed out old schemes which may have outlived their utility is not carried out. Finance Minister in the Budget Speech for the financial year 2000-2001 had indicated that in preparation for the next years budget it is proposed to initiate a system of zero base budgeting. Cabinet Secretary had written to all the Secretaries of the Ministries / Departments in this regard.

(ii) During 2000-2001, Ministry of Labour was having 142 schemes, but on the suggestion of Planning Commission for the re-organisation of schemes, number of schemes have been reduced to 101 by dropping or merging of some of the redundant or similar schemes of Labour and Employment Sector for the Annual Plan 2001-2002. These 101 schemes are formulated to achieve different objectives of Ninth Plan concerning Labour and Employment Sector viz. training of youth, women, workers, employment and job placement service for the unemployed, industrial relation, and safety, elimination of child labour, rehabilitation of bonded labour, labour statistics and social security of the workers in organised and unorganised segments of the economy.

(iii) The Table given below shows the comparative statement of number of schemes during 2000-01 and 2001-02

Sl. No.	Division / Scheme	2000-2001 (No. of Schemes)	2001-2002 (No. of Schemes)
1.	Employment Dte.	9	6
2.	World Bank Programme (Trg.)	27	21
3.	Women Training Scheme.	14	10
4.	Other Trg. Programmes	35	24
5.	Child Labour	3	5
6.	Women Labour	2	2
7.	Industrial Relations	10	7
8.	C.B.W.E.	1	1
9.	Labour Statistics	14	7
10.	D.G.M.S	10	4
11.	DGFASLI	10	6
12.	V.V.Giri NLI	1	1
13.	GIA to Research Institute / NGOs	1	1
14.	Housing Scheme for Hamals	1	-
15.	Rehabilitation of Bonded Labour	1	1
16.	Information Technology	1	1
17.	Modernisation of Sections	1	1
18.	Training to personnel of the Min.	1	1
19.	Awareness Generation on Labour	0	1
20.	Welfare Scheme for Agricultural Workers.	0	1
	Total	142	101

(iv) The exercise on weeding out / merger is to identify the schemes that will continue in 10th Plan.

Vocational Training / Skill Development Training

14. The primary purpose of Vocational Trianing is to prepare individuals, especially the youth in the age group of 15-25 years for the world of work and make them employable for a broad group of occupations. Vocational Training is a concurrent subject with Central and State Govt. The development of training schemes at National level, evolution of policy, training standards and procedures, conducting of trade tests, certification, etc. is the responsibility of the Central Government, whereas the implementations of the training schemes largely rests with the State/ UT Governments. The Central Govt. is advised by the National Council for Vocational Training (NCVT), a tripartite body having representatives from employers, workers and Central / State Governments. State Governments have been advised to constitute similar State Councils of Vocational Training (SCVT) at State level.

15. The main Vocational Training Schemes comprise of Craftsmen Training Scheme, Apprenticeship Training Scheme, Training of skilled workers, Training of women as a special

Target group, Training of Craft instructors , Training of Supervisors and also to carry out applied research on vocational training problems while paying adequate attention towards preparation and development of instructional material.

16. An Apex level Statutory Body, namely, [All India Council for Vocational Training (AICVT) by merging National Council for Vocational Training (NCVT) and Central Apprenticeship Council (CAC)]; with corresponding bodies at State level responsible for different types of vocational training is under consideration of Union Ministry of Labour. This is intended to :

- Assign a due role to state Governments in accreditation of institutes and award of certificates to candidates.
- Avoid overlapping of functions amongst different vocational training providers.

17. A project is under preparation in the Union Ministry of Labour on these lines. However, it is still at preliminary stage and will require 6 to 7 years to bring into effect the requisite legislative , institutional, inter-departmental and state level changes in Government's role in vocational training. Though the task is complex certain immediate effective steps are necessary.

Craftsmen Training

18. Craftsmen Training Scheme (CTS) under the National Vocational Training System was introduced in 1950 for imparting skill training. Training is imparted mainly in engineering trades. A few trades outside the engineering field are also covered but the bulk of the services sector and need of industries other than manufacturing are not handled by DGE&T. In the area of training, 6 new trades (in the areas of Information Technology, Electronics) in Craftsmen Training Scheme in different ITIs and 9 new trades under Apprenticeship Training Scheme have been introduced.

19. There has been a significant growth and expansion in the network of ITIs in India. In 1980, there were 831 I.T.I.s and the number rose to 1887 I.T.I.s in 1987. During 1990's the growth of I.T.I.s had been steep and presently there are 4274 I.T.I.s (1654 in Govt. and 2620 in Private Sector) having a seating capacity of 6.28 lakh as on 31.12.2000. **(State-wise details presented in Annexure 5.7.3)**

20. The Govt. has initiated the steps for strengthening and Modernisation of Industrial Training Institutes (ITIs) in Jammu & Kashmir. All trades that have demand and local relevance will be covered by including even such activities that are presently outside NCVT approved trades such as construction, carpet weaving, horticulture, catering, tourism, etc. Purpose is that bulk of the youth entrants to labour force get some vocational training for gainful employment. Ministry of Labour has commissioned one of its institutes to design this project.

21. The existing training institutions have, no doubt, been meeting a significant part of the requirements of the skilled manpower of the organised industry. It, however, seems

necessary that the process of restructruing and reorientation of their courses may be made more expeditious with a view to quickly responding to the labour market. For skill upgradation of the workers in the unorganised sector, flexibility in the duration, training and location of training courses would need to be introduced. To the extent a sizeable proportion of employment would have to be self employment in tiny and small units in various sectors, the training system should also gear up not only for providing hard skills suitable trades, but also the soft skills of entrepreneurship, management and marketing, as part of training courses.

22. In order to sustain high quality training infrastructure, it is necessary to have close interaction between I.T.I.s and industry. A new concept of joint management of institutions by the Government and Industry has been developed. A pilot programme in 5 States has been started. Institute Managing Committee (IMC) in one I.T.I. each has been formed in Punjab, Haryana, H.P., J&K, and Chandigarh. Gujarat has also formed IMC at I.T.I. Kuber Nagar. The IMCs have substantial representation of local industry and Confederation of Indian Industry (CII). The chairman of these committees is also from industry. IMCs are playing a role in the following activities:

- Arranging practical on-the-job training in factories for the existing trainees.
- Conducting industrial visits for the existing trainees.
- Placement of the trainees as apprentices under the Apprentices Act after completion of training in I.T.I.
- Organising Campus interviews for employment of the trainees who successfully completed training.
- Joint invigilation with industry experts of the trade tests in I.T.I.s
- Training and development of Faculty.
- Revenue generation.
- Improvement in the monitoring, evaluation and reporting systems in the I.T.I.s including development of MIS system.

Strengthening and Modernisation of Industrial Training Institutes (I.T.I.s) in Jammu & Kashmir.

23. The proposal of Ministry of Labour i.e. a Centrally Sponsored Scheme for strengthening & modernisation of I.T.I.s in the State of Jammu & Kashmir on the basis of recommendations of the working group of Planning Commission has been given principle approval for inclusion of the scheme in the Plan. This will help to tackle the problem of employability of youth to some extent in the State of Jammu & Kashmir. A Centrally Sponsored Scheme is envisaged by Ministry of Labour. At present the consultancy study is underway by the state govt. of Jammu & Kashmir in consultation with DGE&T (Ministry of Labour) and once FR/DPR available, a plan scheme will be prepared for consideration by the Planning Commission.

Establishment of New Industrial Training Institutes(I.T.Is) in the North-Eastern States & Sikkim.

24. Honourable Prime Minister held a conference with the Chief Ministers & Governors of North Eastern States & Sikkim on January 21-22, 2000 at Shillong and announced an

agenda for socio-economic Development of the North Eastern States. The agenda, inter alia, included an item relating to doubling of number of I.T.I.s in these States for imparting training in new trades over the next three years. As per this decision of the Government, action has been taken to revise the scheme for establishing of I T Is in North Eastern States and Sikkim. The existing capacity of I.T.I.s in all the North-Eastern States put together is 7698 as against total seating capacity of 6.3 lakh in the country. It is therefore proposed to open 22 new I.T.I.s in North Eastern States during the next three years to meet the following objectives.

(i) To increase employability of educated youth in North-Eastern States & Sikkim by equipping them with skills suitable for industrial employment / self entrepreneurship.
(ii) To ensure the steady flow of skilled workers in the desired trades to raise the quality and quantity of industrial production.

25. The Schemes which aim at creating and developing infrastructure for training of youth in the identified skill areas as per the demand pattern of 7 North Eastern States and Sikkim, when fully operational will cover 22 new and 35 existing I.T.I.s. this would double the existing seating capacity of I.T.I.s in NE States and Sikkim.

National Employment Service

26. National Employment Service in the context of newly emerging market scenario has to be reoriented. The Employment Services has now accepted its enhanced role and is paying greater attention to compilation and dissemination of comprehensive labour market information. **Year wise registration , placement, vacancies notified, submission made and live register for the period 1989 to 1999 may be seen in the Annexure 5.7.4.** The important reports generated by EMI are " The Quarterly Employment Review", "Occupational and Educational Pattern of Employees in India", etc. There is also plan scheme for modernization and computerization of employment exchanges for strengthening of Employment Market Information Programme.(But this has not progressed much since 1995when Planning Commission included this scheme in Plan.)

Vocational Rehabilitation Centres for Handicapped

27. Seventeen Vocational Rehabilitation Centres (VRCs) for handicapped have been functioning in the country one each at Ahmedabad, Mumbai, Bhubaneshwar, Bangalore, Kolkata, Delhi, Hyderabad, Jabalpur, Jaipur, Guwahati, Kanpur, Ludhiana, Chennai, Thiruvananthapuram, Agartala, Patna and Vadodara. Out of these, the Vocational Rehabilitation Centre at Vododara has been set up exclusively for the disabled women.

28. These Centres evaluate the residual capacities of the handicapped and provide them adjustment training, facilitating early economic rehabilitation . Efforts are also made to assist them in obtaining other suitable rehabilitation services such as job placement, training for self employment and in plant training.

29. Rehabilitation services are also extended to the disabled living in rural areas through mobile camps and Rural Rehabilitation Extension Centres (RRECs) set up in 11 Blocks under 5 VRCs viz; VRCs at Mumbai, Kolkata, Kanpur, Ludhiana and Chennai.

Welfare of Labour

30. Ministry of Labour is mandated to create a work environment conducive to achieve a high rate of growth with due regard to protecting and safeguarding the interests of workers in general and those constituting the deprived, disadvantaged and poor sections in particular. In order to provide welfare measures to workers in the unorganised sector, particularly in trades like beedi rolling and non coal mine, the Ministry of Labour has liberalised and enhanced the scope of various kinds of schemes like housing assistance, health care facilities and educational assistance for children of workers. In the last year, more than 13000 houses were sanctioned for such workers which is the highest ever achievement under the welfare programme. In educational assistance about 4.2 lakh students availed themselves of financial benefits which is also the highest achievement. Likewise in the last year, about 40 lakh workers were given health care assistance under the welfare funds.

31. In order to mobilize resources for implementing Welfare Schemes, the Ministry of Labour collected approximately Rs. 75 crore through levy of cess on the manufacturing / consumption / export of various kinds of products. This cess was imposed under various Labour Laws in order to provide welfare measures for workers in the unorganised sector. It is estimated that in the current year because of better resource mobilization, the cess collection would be of the order of Rs. 127 crore.

National Commission on Labour

32. Central Government has set up Second National Commission on Labour on 15.10.1999. The Commission will suggest rationalization of the existing laws relating to labour in the organised sector and also an umbrella legislation for ensuring a minimum level of protection to the workers in the unorganised sector. The Commission would submit its report by February,2002.

Second National Commission on Labour

33. Terms of reference

a) Suggest rationalization of existing laws relating to labour in the organised sector.
b) Suggest an umbrella legislation for ensuring a minimum level of protection to the workers in the un-organised sector.

34. Government has directed the Commission that following Points be taken into account in framing the recommendations :

a) Follow-up implications of the recommendations made by the commission set up in May,1998 for review of various administrative laws governing industry.

b) (i) The emerging economic environment involving rapid technological changes, requiring response in terms of change in methods, timings and conditions of work in industry, trade and services. Ii) globalization of economy requiring liberalisation of trade and industry., iii) emphasis on international competitiveness and the need for bringing existing laws in tune with the future labour market needs and demands.

c) The minimum level of labour protection and welfare measures and basic institutional framework for ensuring them in a manner which in conducive to a flexible labour market and adjustments necessary for furthering technological changes and economic growth.

d) Improving the effectiveness of measures relating to social security, occupational health and safety minimum wages and linkages of wages with productivity and in particular safeguard facilities required for women and handicapped persons in employment.

Elimination of Child Labour

35. The framers of the Indian Constitution consciously incorporated relevant provisions in the Constitution to secure compulsory universal primary education as well as labour protection for children. Labour Commissions and Committees have gone into the problems of child labour and made extensive recommendations. India's judiciary right upto the apex level has demonstrated profoundly empathetic responses against the practice of child labour. India's policy on child labour has evolved over the years in this backdrop. The NCLP Programme which was drawn up in the Ninth Plan at a total outlay of Rs. 249.60 crore continued to be implemented in 96 districts spread over 13 states of the country. **(Statewise coverage under NCLP is as given in Annexure 5.7.5.)**

36. A review of the implementation of various programmes of child labour also reveals that even though good beginning has been made from 1994-95 onwards, in order to make a significant dent on this old evil a multi strategy coupled with a massive mobilization of resources both physical and financial is required.

37. There is a need to set up a concurrent evaluation mechanism as a part of this project; some independent evaluation studies at the district level should also be got done well before the close of the Ninth Plan so that inputs are available for restructuring this programme in the Tenth Plan period.

38. It would be better to involve the State Governments in implementation of the National Child Labour Scheme in some way or the other, at least for monitoring. Some fora at the State Government level may be formed to monitor the working of district child labour societies which have been created under the National Child Labour Project.

39. State wise coverage under NCLP is as given in Annexure 5.7.5. As can be seen, there exists severe regional imbalance in sanctioning of schools, sanctioned coverage in terms of number of schools in States like Bihar and Madhya Pradesh is too less compared

to their share in total child labour, as per 1991 census. The states in which the National Child Labour Project has made considerable progress are Andhra Pradesh, Tamil Nadu and Orissa. In other States, some progress has been possible through the National Project but much remains to be done on the dimension of the problem. The States will have to formulate their own schemes for rehabilitation of working children; national project concentrates only upon the child labour endemic locations / districts.

Rehabilitation of Bonded Labour

40. Under the Bonded Labour System (abolition) Act,1976, the responsibility for identification, release and rehabilitaiton of free bonded labourers vest with the State Governments. However, with a view to supplement the efforts of the State Governmeent, a CSS was launched by the Ministry of Labour in 1978-79. The expenditure is shared equally by the Central and State Governments on 50:50 basis.

41. The original approved outlay under this Centrally Sponsored Scheme during 9th Plan was Rs. 20 crore. Keeping in view of the demands by State Govts., the scheme has been modified by raising the rehabilitation package from existing Rs. 10,000/- to Rs. 20,000/- per bonded labour released and provision has been made for conducting survey for identification of bonded labour, creation of awareness and conducting evaluation studies.The outlay has been raised to Rs. 35.81 crore after modification of CSS. The Scheme is being implemented and a review will be done before the start of the 10th Plan.

Woman Labour

42. The Ministry of Labour set up a Women Labour Cell in 1975. The intention was to focus attention on the lot of working women in order to bring about improvement therein.

43. An important activity of the Cell is to convene the meeting of the Central Advisory Committee which has been constituted under the Equal Remuneration Act,1976 and follow up the recommendations made by the Committee.

44. Another important activity of the Women Cell is to examine and process project proposals to carry out studies on matters affecting women workers and also to fund programmes aimed at improving their economic well being. Several projects aimed at improving the working conditions of women and raising their economic level were processed by the Women Cell of the Ministry.

Vocational Training for Women

45. The Women's Vocational Training programme, launched in 1974 under the Directorate General of Employment and Training implements various skill training programmes to increase women's wage employment and self employment opportunities. A separate Women's Cell was formed for the purpose, which has now developed into the Women's Occupational Training Directorate. At present under this Directorate in the Central Sector, the Institutional Network includes a National Vocational Training Institute (NVTI), Noida(UP),

and 10 Regional Vocational Training Institutes (RVTIs) in different parts of the country. These institutes organise regular skill training courses at basic, advacned and post advanced levels. Besides regular courses these institutes also organize need based short term / ad-hoc courses for housewives, local industries and refresher Training Programmes in Advance Skills / pedagogy for ITI instructors.

46. Vocational Training facilities exclusively for women at Craftsmen level (Basic Courses) are also provided through a network of Women Industrial Training Institutes (WITIs) / Women's wings in general I.T.I.s under the administrative control of the State Governments. There are about 765 Institutes (231 WITIs and 534 Women wings in General I.T.I.s / private I.T.I.s) with about 46750 training seats.

Training of Women in Indian Institute of Workers Education (IIWE)

47. The Indian Institute of workers' Education Mumbai has established a separate cell on 'Women and Child Labour' and evolved advanced training programmes for the women activists of Central Trade Union Organisations / Federations and Women's Organisations who are involved in the Upliftment and welfare of women and child labour in the country. Modular syllabus for the advanced training programmes on the theme of women and child labour has been prepared by the cell. From 1992-93 to October, 2000, 280 women activists were trained in the various training programmes conducted by the Women and Child Labour Cell of the Institute.

Assistance to Women Job Seekers.

48. The Employment Exchanges took special care to cater to the job needs of women registered with them. During January to December,1998 they placed 42021 women in various employments.

Industrial Relations

49. The Industrial relations situation continued to improve. At the aggregate level, there was a decline in the number of strikes and lockouts during 1999 compared to the previous year. The number of strikes declined to 540 during 1999 as against 665 during 1998. The number of lockouts also came down to 387 in 1999 from 432 in 1998. the reduction in strikes and lockouts was more prominent in public sector and central sphere compared to the private sector and state sphere. The Government's proactive role, seeking solutions through, involvement of social partners in various tripartite fora for arriving at policies programmes on labour interests was responsible for bringing down the outbreak of strikes and lockouts.

Occupational Safety & Health

50. The Constitution of India contains specific provisions for the occupational safety and health of workers. The Directorate General of Mines Safety (DGMS) and Directorate General of Factory Advice Service and Labour Institutes (DGFASLI) strive to achieve occupational safety and health in mines, factories and ports. The schemes relating to occupational safety concentrate on improvement of work environment, man-machinery interface, control and

prevention of chemical hazards, development of protective gear and equipment, training in safety measures and development of safety and health information system.

Directorate General of Factory Advice, Service and Labour Institute (DGFASLI)

51. This organization functions as the technical area of the Ministry in matters concerning with safety, health and welfare of workers in factories and ports/docks. Sixty Five Seminars/ Workshops and longer duration Training Programmes including the one year diploma courses in industrial safety and three months PG certificate courses in occupational health have been conducted for 1523 participants from 683 organisations during April to December, 2000. Labour Institutes in Mumbai, Kanpur, Kolkata and Chennai conducted 259 appreciation programmes for 4816 beneficiaries on safety, health and welfare. Mobile safety exhibitions were set up at 3 factories benefiting 2800 factory workers. DGFASLI completed 45 consultancy studies in the areas of hazardous assesment, environment assessment, safety audit, assessment of occupational health status at the request of various organisations.

Directorate Gerneral of Mines Safety (DGMS)

52. During the year following activities were undertaken at DGMS.

(a) A national tripartite workshop on occupational safety and health was organised by DGMS in collaboration with ILO, in which 54 officials from Mine management, Trade Unions and Enforcement Directorate participated.

(b) Five workshops on “Management of roof and sides” were held in which 98 managers / assistant managers / under managers, 19 supervisory personnel and 11 workmen participated. Also, seven workshops on “Risk assessment” were held, particpated by about 200 officers and supervisory personnel.

(c) A project for “Training of DGMS officials in mines safety” is being executed in collaboration of Govt. of Australia since June,1997. The project was granted as one year extension during which period it was planned to be used as industry examples in India. In October,2000, the Indian project management team visited Australia for review of the results achieved so far in the project along with a visit of DGMS training officers for exposing him to Australian mining and mine safety practices. Visit of two teams of Australian experts have been scheduled in the later part of the year for taking up model studies in Indian coal and non-coal mines.

Labour Statistics

(i) Labour Bureau

53. The Labour Bureau along with its two wings at Chandigarh and Shimla, for regional offices at Ahmedabad, Kolkata, Chennai, and Kanpur and one sub-regional office at Mumbai has successfully played the role of providing data base at the national level for policy formulation, evaluation and research. This office is responsible for collection, compilation and publication of aspects of labour statistics employment, wages and earnings, absenteism,

labour turnover social security, welfare amenities, industrial relation etc. This Bureau also brings out three price indices on regular basis every month. These are:

- Consumer price index for industrial workers (base 1982=100)
- Consumer price index for Rural Labourers as well as for its sub set viz. Agricultural Labourers (Base 1986-1987= 100).
- Retail price index of selected 31 essential commodities in urban areas (base 1982=100).

54. These index numbers are used as an indicator of trend in retail prices for determining dearness allowance, for policy formulation by the government and for wage regulation for the employees of different sectors of the economy.

55. In the Ninth Plan, many initiatives have been taken by the Government for Labour Welfare. The Labour Bureau, Shimla has conducted evaluation studies of the Minimum Wages Act,1948 to determine the degree of implementation in the various employment categories.

56. Data compiled for periodic returns do not meet all the information requirements for planning and policy formulation in the field of labour. With a view to bridge the gap in the availability of labour statistics, the Bureau conducts several periodic / adhoc surveys on different aspects of labour such as.

- New working class family income and expenditure survey.
- Rural labour enquiries.
- House Rent Surveys.
- Occupational Wage Surveys.

57. To update the base year of the existing series of Consumer Price Index for Industrial Workers (Base 1982=100) which is widely used to determine the Dearness Allowance Component of the wages of workers, main survey for collection of income & expenditure data from all the 78 selected centres, launched w.e.f. September,1999 for one year was completed in August,2000. The cost of the scheme is Rs.12.4 crore. The new base will be implemented from 2003.

Workers Education

58. The Central Board of Workers Education (CBWE), Nagpur, sponsored by the Ministry of Labour, Government of India was established in 1958 to implement workers education scheme at National, Regional, Unit and Village Levels. Different types of training programmes are organised by Board for workers in organised, unorganised , rural and informal sectors. The Programme conducted by CBWE reflects new orientation, direction and dimensions for meeting wider edcuational needs of the workers, trade unions and managements keeping in view the changed scenario. The primary objectives of workers education scheme is not only to make the workers more knowledgeable to tackle issues connected with industries relation but also to mould their thinking. Workers Education Programme are to equip the rural workers to know their socio-economic problems and to enable them to find solutions to their problems.

59. The scope of the scheme Rural Education Programme is to cover land less labourers, marginal farmers, rural artisans, educated unemployed in rural areas, forest and tribal workers to generate awareness through 2 day Rural Awareness Camps organsied with the assistance of Rural Education and the organisation of rural workers, tribal labour forest workers and other agencies in the field wherever exist.

Labour Research and Training

60. V.V. Giri National Labour Institute (VVGNLI) is a premier institute of Research, Training and Education in the field of Labour. This is set up in July,1974 as an autonomous body of the Ministry of Labour. The Objectives of the Institute is to carry out research studies on important labour issues such as trends in labour market, employment, relations, rural labour, agrarian relations, women labour , labour legislations, wages, migrant labour, child labour, gender issues etc. Apart from the academic research, the institute also undertakes action research programmes mainly in the field of unorganised labour as well as research based documentations. During the 9th Plan the research on the problems of unorganised labour, specially child labour is proposed to be conducted by the institute. Also, the impact of economic liberalization and structural programmes on the labour market would form subjects of research. During Plan period 75 research projects as proposed to be taken up at an estimated cost of Rs. 2.50 crore.

61. For recurring policy inputs to enrich future labour policies government also finance research studies in approved labour related matters and grant is extended to the desecuring research and academic institutions, voluntary organisations NGOs on the merit of each proposed. Since inception of this scheme in late 1995-96, 28 studies have been taken up under this scheme of which 16 have been completed and 12 studies are in advance progress.

62. The National Labour Institute organised a National Seminar on Child Labour Realities and Policy Dimension in collaboration with the Indian Society of Labour Economics and the Institute for Human Development. The Seminar deliberated on the efficacy of interventions at various levels against child labour in India and evloved an ageda for future action.

63. The institute has decided to initiate two major projects during 2001:

64. Bringing out a National Level Labour Report on an annual basis to be modelled on Reports like World Labour Report, Human Development Report,etc. It is expected to provide an in depth and precise analysis of information, research and policy on various aspects of labour. The Report, the first of its kind in the country, is also expected to develop relevant indices to throw light on the state of labour in the country.

65. Bringing out a volume on labour studies. The volume, which will consist of contributions from leading scholars and practitioners in the area of labour studies, will address core themes in the contemporary world of work.

Social Security

66. There are also laws enacted and schemes established by the Central / State Governments providing for social security and welfare of specific categories of working people. The principal social security laws enacted centrally are the following:

- The Workmen's Compensation Act,1923.
- The Employees State Insurance Act,1948
- The Employees Provident Funds and Miscellaneous Provisions Act,1953.
- The Maternity Benefit Act,1961.
- The Payment of Gratuity Act,1972.

67. The E.P.F. and M.P. Act is administered exclusively by the Government of India through the EPFO. The cash benefits under the ESI are administered by the Central Government through the Employees State Insurance Corporation (ESIC) whereas medical care under the ESI Act is being administered by the State Governments and Union Territory Administrations. The Payment of Gratuity Act is administered by the Central Government in establishments under its control, establishments having branches in more than one State, major ports, mines, oil fields and the railways and by the State Governments and Union Territory Administrations in all other cases. In mines and circus industry, the provisions of the Maternity Benefit Act are being administered by the Central Government through the Chief Labour Commissioner (Central) and by the State Governments in factories, plantation and other establishments. The provisions of the Workmen's Compensaton Act are being administered exclusively by State Governments.

68. Employees Pension Scheme, 1995 was amended in February,1999 to provide for pension to dependent father / mother in respect of deceased member, who has no eligible family members and if no nomination was executed by him during his life time. Permanent and totally disabled children of the PF members were made entitled w.e.f. February,1999 to payment of monthly children / orphan pension irrespective of age and number of children in the family. Disbursement of pension and provident fund benefits on the date of retirement in Public Sector Undertakings and model private sector establishments was introduced. Under the Workmen Compensation Act, persons employed as cooks in hotels / restaurants made eligible for benefits of compensation w.e.f. July, 1998.

Social Security for Unorganised Sector Workers.

69. For workers of poor families not covered under any insurance scheme or any law statute, the Central Government has introduced a scheme of Personal Accident Insurance Social Security Scheme. The Scheme is applicable to all persons in the age group of 18-55 who are earning members of poor families and meet with fatal accidents. The quantum of benefits is Rs. 3,000. The Scheme is implemented through the General Insurance Corporation.

DEVELOPMENT / IMPROVEMENTS MADE IN SOCIAL SECURITY DURING 2000-2001.

70. The Govt. has enhanced the minimum amount of compensation payable under the Workmen's Compensation Act, 1923 from Rs. 50,000/- to Rs. 80,000/- in case of death and

from Rs. 60,000/- to Rs. 90,000/- in case of permanent total disablement. The existing wage ceiling for computation of maximum amount of compensation has been enhanced from Rs. 2,000/- to Rs. 4,000/-. This will facilitate enhancement in the maximum amount of compensation from Rs. 2.28 lakh to Rs. 4.56 lakh in the case of death and from Rs. 2.74 lakh to Rs. 5.48 lakh in the case of Permanent Total Disablement. A Bill in this regard was passed by the Rajya Sabha on 22.8.2000 and by the Lok Sabha on 28.11.2000. The enhanced rates of compensation have come into force w.e.f. 8.12.2000.

71. Under the Employees Deposit Linked Insurance Scheme, 1976 in the case of death in service, the family in addition to pension is also entitled to insurance benefit linked to deposit in the PF Account of the deceased member. There is a ceiling on the maximum amount payable under the Scheme. The ceiling of Rs. 35,000/- was fixed in 1993. Keeping in view the increase in wages / prices, the Government has enhanced the ceiling on maximum amount of EDLI benefit from Rs. 35,000/- to Rs. 60.,000/- A notification in this regard was issued on 13.6.2000.

72. The Finance Minister in his Budget Speech for 2001-2002 has announced introduction of Social Security Scheme for the Welfare of agricultural workers – Khetihar Mazdoor Yojana. Secretary, Planning Commission has accorded in principal the approval of the Planning Commission to Ministry of Labour for introduction of plan scheme " Social Security Scheme for the Welfare of Agricultural Workers.

73. The Finance Minister in his budget speech for 2001-2002 has also announced an introduction of a new scheme of group insurance viz. "Ashraya Bima Yojana" to extend security cover to such affected workers on account of ongoing liberalizaion of the economy. The policy will provide compensation of upto 30% of last drawn annual pay for a period of one year to workers who lose their jobs. It is proposed that the policy will initially cover all employees drawing a salary upto Rs. 10,000 per month. The four Govt. owned general insurance companies will administer this policy on a " No profit No loss" basis.

74. **Initiatives on Social Security taken by the State Govts.**

Assam: The Govt.of Assam has a Honorary organisation for creating general awareness in the minds of tea garden population about the injurious effects of Drugs abuse and the killer disease AIDS

Bihar: The Govt. of Bihar has a Group Insurance Scheme for the rural unorganised workers to provide financial assistance.

In addition to Rs.10,000, the State Govt. is providing extra Rs.6250 to a SC/ST bonded Labourer as Special Central Assistance. State Govt. get Funds from Social Welfare Department.

Goa: The Govt. of Goa has a unique programme of Manpower Development through a society and the society is deputing unemployed persons for training in the industry.

	The Welfare Fund Board set up in the State has 15 schemes to provide benefit to organised workers.
	Govt. of Goa has a time bound programme in collaboration with a UNICEF for the all round development of children and elimination of malpractices associated with employment of children.
Gujarat:	State Govt. give funds to social institutions undertaking the family welfare programmes for workers of unorganised sector.
	The State Govt. has established Ahmedabad Cloth Market and Shops Labour Board and Railway Yards and Goods Sheds Unprotected Manual Workers Board to protect the rights of unorganised workers
	The State Govt. has Group Insurance Scheme which covers agricultural workers salt, forest workers and fishermen in the age-group of 18-60 years. Scheme is in cooperation with the LIC of India and Oriental Insurance Co. The premium of these schemes will be paid by the State Govt. on behalf of rural workers.
Himachal Pradesh	There is a scheme " Skill making and skill upgradation" which help the unemployed youth to get jobs in private sector.
	The State Govt. has a Janta Insurance Scheme for the welfare of organised and unorganised workers.
Karnataka:	To provide social security benefits to the labour class, the State Govt. has set up Social Security Authority in the State.
Kerala:	Agriculture Workers Welfare Fund has been set up to provide benefits such as medical assistance, educational scholarships, advance for houses, marriage purpose, maternity benefits, etc to agricultural labourers.
	For the welfare of Auto-rickshaw Workers, the State Govt. has a scheme which besides other financial assistance provides Rs.1.25 lakh as retirement benefit on the completion of 40 years. Under the scheme, employer and worker contribute and the State Govt. contribute 10% of the contribution made by members.
Madhya Pradesh	To help the agricultural labourers the State Govt.has Krishi Shramik Durghatna Kshati Purti Yojana.
	The State Govt. also gives vocational training to school going children of labourers.

Tamil Nadu To give benefit to construction Workers, Govt. has started Insurance Corpus by levying a small cess on building construction. The cess is levied at the time of passing of building plan lay out itself.

West Bengal: Group Insurance Scheme for Agriculture, Construction and Unorganised Labourers has been started by the State Govt. to provide financial assistance in the form of premium of Group Insurance Scheme, medical expenses in case of accidents and education assistance, etc.

Pondicherry: The administration has a scheme for the welfare of unorganised workers to be implemented in near future.

Indian Labour Conference

75. The 36th Session of Indian Labour Conference was held on April 14-15, 2000 under the Chairmanship of Union Labour Minister. The following agenda items were discussed:

- Industrial Sickness.
- Workers' Participation in Industry.
- Workers' Education.

76. Hon'ble Prime Minister inaugurated the Session. During the course of his address to the Conference, the Prime Minister highlighted the need for the following:

- Re-examining the role of labour movement and defining its stand on various issues concerning labour empowerment and economy.
- Protection and promotion of Labour as an integral part of philosophy of economic reforms.
- Trade Unions to adopt a supportive and positive attitude towards economic reforms and be partners in the reform process:
- Changes in Labour laws have not kept pace with changes in rest of the economy; and
- Reforms in the labour laws and administrative machinery in order to reap the full benefits of economic reforms.

77. The Prime Minister also assured that (i) the problem of employees of CPSUs would be satisfactorily resolved in ongoing efforts to restructure and revive the PSUs; and (ii) the Government is actively considering upgradation of National Labour Institutes and Central Board for Workers' Education into Institutions of excellence.

Institute of Applied Manpower Research

78. The Institute of Applied Manpower Research (IAMR) was established in 1962 as an autonomous organization under the Societies Registration Act of 1860. IAMR has the mission of improving human resource planning, development and utilisation. The main mandate of IAMR is to evolve an institutional framework capable of sustaining and steering of systematic manpower planing process. IAMR is an autonomous body under the Planning Commission. The supreme governing body of the Institute is the General Council. The Labour, Employment

and Manpower (LEM) Division of the Planning Commission is the nodal Division for the activities related to the Institute. The affairs of the Institute are managed by the Executive Council. The Standing Committees assist the EC in its work. The Standing Committee on Research Programmes (SCRP) acts as an advisory committee and approves broad areas of academic work as well as provides directions for future activities of the Institute, keeping in view the Perspective Plan of the Institute and societal needs. There are three more standing committees; one each concerned with staff matters (Standing Staff Committee), budget (Standing Budget Committee) and administration of the Contributory Provident Fund(Committee on Administration of IAMR Contributory Provident Fund). The Chief Executive of the Institute, for its day-to-day management, is the Director, IAMR.

Academic & Research Activities

79. The Institute envisioned, conceptualized and developed a range of academic activities in the field of human resource planning and development, including research, consultancy, information system, training and workshops, seminars and conferences. Research activities of IAMR mainly lay stress on rural and urban employment and unemployment, establishment of computerized labour market information systems, relevance of technical and vocational education-in service and continuing education to upgrade knowledge and skill component, development of skill among women, self-employment generation, human resource development (HRD), issues of decentralised governance and development, emerging areas of science and technology, rural industrialisation, manpower dynamics in agriculture and rural development and impact assessment of social sector development programmes. These activities are carried out by various Units/Cells to achieve continued thrust in direction on major research areas, viz. Employment and Unemployment; Science, Technology and Industry; Human Resource Development; Social Concerns; and Manpower Information Systems.

80. During the year 2000-2001, three International Training Programme, viz., (I) Human Resource Planning and Development, (ii) Manpower Research, and (iii) Technical Manpower Information System were conducted.

81. The Plan Outlay & Expenditure for IAMR

Outlay	Previous year (2000-2001)			Current year (2001-2002) BE
	BE	RE	Expenditure	
Plan Capital	8 crore	4 crore	4 crore	15 crore
Plan Revenue	-	-	-	50 lakhs

Development of New Campus at Narela

82. A new Campus for the Institute is coming up at Narela (35 km from Central Delhi) on a 15 acre plot. Cost of the building project is Rs.16 crore. The Foundation Laying Ceremony of the Institute's New Campus at Narela was held in February, 2000. The building is near completion. The inauguration of Computer Management Block at Narela Campus was done by Hon'ble Deputy Chairman, Planning Commission on 5th Oct., 2001. The Campus is expected to be fully functional this year.

Research & Training Activities

A. Continuing programmes

83. Manpower Profile India Year Book : A compilation in information on various aspects of manpower related to different sectors is brought out annually. The Year Book 2000 was brought out during the year.

84. National Technical Manpower Information System (NTMIS): Compilation of information on technical manpower is done with the aid of All India Council of Technical Education(AICTE), Ministry of Human Resources Development (HRD), Government of India.

B. Studies

85. Twelve time bound studies were completed and eight studies initiated by IAMR during the year 2000-2001.

86. An amount of Rs. 50 lakhs was sanctioned in March, 2001 to the Institute of Applied Manpower Research (IAMR) as a grant-in-aid under Plan (capital account) with the purpose of conducting special studies in the thrust area “Impact of Economic Reforms and Employment” with an objective to promote research competence by (1) taking up a set of studies in house of IAMR and by commissioning papers in consultation with the LEM Division of Planning Commission and (2) developing IAMR research personnel in the thrust area “Impact of Economic Reforms and Employment”.

87. The output of the scheme will be a set of research reports which are useful to Planning Commission, State Govt., and Ministry of Labour and the ministries in charge of Programme and Planning in various sectors leading to employment creation.

C. Training

88. During the year 2000-2001, three international training programmes viz., I) Human Resource Planning and Development, ii) Manpower Research, and iii) National Technical Manpower Information System were conducted. In all, 29 participants from different countries attended the training programme. Among them, seven were female participants. 37 external and 46 internal faculty members were associated with these training programmes.

89. Three orientation programmes were organised for the participants of the Ministry of Planning and Programme Implementation, Government of India.

90. As part of its activities for the HRD of IAMR Staff, the Institute nominated nine faculty members to training programmes conducted by other organisations. The Institute also deputed 11 faculty members to attend Seminars/Workshops/Conferences, etc., organised by other institutions. Under the Faculty Development Programme, the Institute organised six special lectures by eminent experts during the year.

Annexure 5.7.1

Ministry of Labour- Annual Plan 2001-2002

Rs. In lakhs

Sl. No.	Division/Schemes	Approved Outlay Ninth Plan (1997-02)	Actual Exp. (1997-98)	Actual Exp. (1998-99)	Actual Expenditure (1999-2000)	Approved Outlay (2000-01)	Anticipated Expenditure (2000-2001)	Approved Outlay (2001-2002)
1	2	3	4	5	6	7	8	9
1	Employment Directorate	3700.00 (cw 2200)	60.63	869.00 (cw 790)	675.89 (cw 550)	1600.00 (cw 900)	1449.29 (cw 900)	351.00 (cw 1)
2	Training Directorate							
	a) World Bank Projects	18700.00 (FA 9000)	3933.64	5263.12	1359.48 (cw 170)	1532.00 (cw 500)	1387.55 (cw 500)	715.00
	b) Women Training Schemes	1820.00	231.14	307.43	368.22 (cw 260)	480.00 (cw 280)	428.50 (cw 260)	959.00 (cw 544)
	c) Other Training Schemes	9620.00 (FA 1746)	560.16	679.41 (FA 39.01)	940.54 (FA 83.65)	1510.00 (FA 75) (cw 260)	1493.36 (FA 65)	2312.00 (FA 47) (cw 189)
3	Child labour	24960.00	1317.76	2744.00	3796.00	3600.00	4000.00	6700.00
4	Women Labour	100.00	8.58	12.44	15.08	20.00	22.00	20.00
5	Industrial Relations	3856.00	223.20	322.94	467.41 (cw 150)	550.00 (cw 160)	559.63 (cw 160)	600.00 (cw 202)
6	Workers Education (CBWE)	1500.00	161.06	184.12	325.00	468.00	500.00	425.00
7	Labour Statistics (Labour Bureau)	3000.00	468.04	582.22	714.90	800.00	849.60	750.00
8	Mines Safety (DGMS)	4000.00	225.00	124.00	174.25	497.00 (cw 300)	194.85	200.00
9	Industrial safety (DGFASLI)	2500.00	496.63	226.57	131.68	298.00 (cw 100)	202.00 (cw 75)	270.00 (cw 100)
10	Labour Research(NLI)	1075.00	114.00	160.00	268.00	265.00	265.00	250.00
11	Grants-in-aid to Resarch & Academic Institutes/ NGOs	100.00	0.53	9.17	23.33	30.00	30.00	20.00
12	Rehabilitation of Bonded Labour	3581.00	300.12	298.00	383.00	575.00	1300.00	603.00
13	Housing Scheme for Hammals	200.00	0.00	0.00	0.00	0.00	0.00	0.00
14	Information Technology (New)	250.00	0.00	0.00	66.11	75.00	85.50	100.00
15	Training to Personnel of the Ministry	50.00	0.00	0.00	0.00	0.00	25.26	25.00
16	Modernisation of Sections	50.00	0.00	0.00	0.00	0.00	50.00	50.00
17	Awareness Generation on Labour Welfare & Development	50.00	0.00	0.00	0.00	0.00	0.00	50.00
18	Welfare Scheme for Agricultural workers.	100.00	0.00	0.00	0.00	0.00	0.00	100.00
	TOTAL	**79212.00 (FA 10746)**	**8100.49**	**11782.42 (FA 39.01) (cw 1087)**	**9708.89 (FA 83.65) (cw 1130)**	**12300.00 (cw 2500) (FA 75)**	**12842.54 (cw 1895) (FA 65)**	**14500.00 (cw 1036) (FA 47)**

cw-= civil works components FA= Foreign Aid Component

Annexure 5.7.2

LABOUR & LABOUR WELFARE: OUTLAY

(Rs. Lakhs)

States/Uts	Annual Plan 2000-2001	
	Approved Outlay	Revised Outlay
Andhra Pradesh	346.00	382.00
Arunachal Pradesh	118.00	128.00
Assam	4310.00	4310.00
Bihar	254.00	150.00
Goa	323.00	350.00
Gujarat	6550.00	6050.00
Haryana	1860.00	1884.00
Himachal Pradesh	179.00	179.00
Jammu & Kashmir	863.00	863.00
Karnataka	1730.00	3051.00
Kerala	750.00	500.00
Madhya Pradesh	987.00	987.00
Maharashtra	4143.00	4143.00
Manipur	245.00	145.00
Meghalaya	186.00	120.00
Mizoram	75.00	81.00
Nagaland	144.00	144.00
Orissa	300.00	273.00
Punjab	717.00	686.00
Rajasthan	988.00	929.00
Sikkim	30.00	30.00
Tamil Nadu	294.00	266.00
Tripura	56.00	60.00
Uttar Pradesh	1366.00	1200.00
West Bengal	975.00	975.00
Total (States)	**27789.00**	**27886.00**
Union Territories		
A&N Islands	90.00	90.00
Chandigarh	38.30	38.30
Dadra & Nagar Haveli	26.00	26.00
Daman & Diu	27.00	27.00
Delhi	748.00	748.00
Lakshadweep	24.25	25.36
Pondicherry	340.00	350.95
Total (U.Ts.)	**1293.55**	**1305.61**
GRAND TOTAL	**29082.55**	**29191.61**

Annexure : 5.7.3

STATEMENT SHOWING NUMBER OF ITI/ITCS WITH SEATING CAPACITY IN VARIOUS STATES/UNION TERITORIES AS ON 31.12.2000

Sl. No.	Name of State/Uts	No. of Govt. ITI	Seating Capacity Govt.	No. of Pvt.ITCs	Seating Capacity (Private)	Total ITI/ITCs	Total Seating Capacity
1	2	3	4	5	6	7	8
	NORTHERN REGION						
1	Haryana	78	13157	23	1380	101	14537
2	HP	41	3771	2	88	43	3859
3	J&K	37	4044	0	0	37	4044
4	Punjab	103	13999	29	1724	132	15723
5	Rajasthan	79	8256	12	892	91	9148
6	UP	179	38148	93	7204	272	45352
7	Chandigarh	2	904	0	0	2	904
8	Delhi	14	8772	32	1428	46	10200
9	Uttaranchal	66	7372	12	900	78	8272
	Sub-Total	**599**	**98423**	**203**	**13616**	**802**	**112039**
	SOUTHERN REGION						
1	Andhra Pradesh	82	22395	470	83580	552	105975
2	Karnataka	94	15374	355	25024	449	40398
3	Kerala	46	12520	454	41401	500	53921
4	Tamil Nadu	53	17200	603	59200	656	76400
5	Lakshadweep	1	96	0	0	1	96
6	Pondicherry	8	1228	7	440	15	1668
	Sub-Total	**284**	**68813**	**1889**	**209645**	**2173**	**278458**
	EASTERN REGION						
1	Arunachal Pradesh	2	374	0	0	2	374
2	Assam	24	4536	3	84	27	4620
3	Bihar	33	12820	19	3404	52	16224
4	Manipur	7	540	0	0	7	540
5	Meghalaya	5	622	2	304	7	926
6	Mizoram	1	294	0	0	1	294
7	Nagaland	3	404	0	0	3	404
8	Orissa	23	5540	109	10148	132	15688
9	Sikkim	1	140	0	0	1	140
10	Tripura	4	400	0	0	4	400
11	West Bengal	47	11436	12	612	59	12048
12	A&N Island	1	198	0	0	1	198
	Sub-Total	**151**	**37304**	**145**	**14552**	**296**	**51856**
	WESTERN REGION						
1	Goa	11	2492	4	420	15	2912
2	Gujarat	130	54016	90	8202	220	62218
3	Madhya Pradesh	129	21426	20	1720	149	23146
4	Maharashtra	347	66216	269	30724	616	96940
5	Dadra & Nagar Haveli	1	228	0	0	1	228
6	Daman & Diu	2	388	0	0	2	388
	Sub-Total	**620**	**144766**	**383**	**41066**	**1003**	**185832**
	Grand-Total	**1654**	**349306**	**2620**	**278879**	**4274**	**628185**

Annexure: 5.7.4.

Year Wise Registration, Placement, Vacancies Notified, Submission Made and Live Register for The Period 1989 To 1999

(IN THOUSANDS)

Year	Employment Exchanges ($)	Registration	Placement	Vacanices Notified	Submission Made	Live Register
1	2	3	4	5	6	7
1989	849	6575.8	289.2	600.2	5740.4	32776.2
1990	851	6540.6	264.5	490.9	4432.2	34631.8
1991	854	6235.9	253.0	458.6	4531.2	36299.7
1992	860	5300.6	238.7	419.6	3652.1	36758.4
1993	887	5532.2	231.4	384.7	3317.8	36275.5
1994	891	5927.3	204.9	396.4	3723.4	36691.5
1995	895	5858.1	214.9	385.7	3569.9	36742.3
1996	914	5872.4	233.0	423.9	3605.9	37429.6
1997	934	6321.9	275.0	393.0	3767.8	39139.9
1998	945	5851.8	233.3	358.8	3076.6	40089.6
1999	955	5966.0	221.3	328.9	2653.2	40371.4

$:- At the End of the year.

Annexure : 5.7.5

Coverage Under National Child Labour Project
During 2000-01 upto Dec, 2000

Sl. No.	Name of States	No. of Districts covered	Sanctioned coverage		Actual coverage	
			No. of schools	No. of children	No. of schools	No. of children
1	Andhra Pradesh	22	975	61050	984	63991
2	Bihar & Jharkhand	8	194	12200	187	11268
3	Karnataka	3	110	5500	69	3018
4	M.P.&Chhattisgarh	8	237	14500	119	6309
5	Maharashtra	2	74	3700	61	3184
6	Orissa	18	614	36750	580	34620
7	Rajasthan	6	180	9000	136	6800
8	Tamil Nadu	9	425	21900	407	20986
9	UP	11	370	22500	270	16987
10	West Bengal	8	346	17350	277	13841
11	Punjab	1	27	1350	0	0
	Total	96	3552	205800	3090	181004

5.8 ART AND CULTURE

Review of Annual Plan 2001-02

With a view to preserving and promoting the rich cultural heritage of the country, the Department of Culture continued its activities of archaeological excavations, performing visual & literary arts, preservation of the material and non-material heritage, developing of museums, libraries and institutions of National Character etc. The Department of Culture deals with both tangible and intangible heritage of India. In a larger perspective, it also addresses issues relating to National Identity in conjunction with several other Ministries and Departments, such as, Tourism, Education, Textiles and External Affairs. A number of institutions have been actively associated with the promotion, preservation and dissemination of rich cultural heritage of India. Within the conceptual framework, the preservation of cultural heritage through the Archaeological Survey of India (ASI), Museums and National Archives has maintained the continuity of cultural traditions in the context of development.

Review of the Year 2000-01

2. During the Ninth Five Year Plan (1997-98 to 2000-01) an amount of Rs. 635.00 crore was provided by the Planning Commission, out of agreed outlay of Rs.920.41 crore of which Rs.530.66 crore spent during first four years of the Ninth Plan. For the Annual Plan 2001-02 an amount of Rs.225.00 crore has been provided for various activities of the department. In the year 2000-01, the Department accomplished considerable work in a variety of fields and have expanded its activities in North Eastern States including Sikkim. As per the directives of the Prime Minister, 10 per cent of the Plan Budget is earmarked for various initiatives in the North Eastern Region in concurrence with the Planning Commission.

Archaeological Survey of India (ASI)

Review of the Year 2000-01

3. An outlay of Rs.182.49 crore was provided to ASI for the Ninth Plan and for the first four years Plan Rs. 83.33 crore has been spent. Archaeological Survey of India (ASI) is entrusted with the responsibilities for the maintenance, preservation, conservation and management of Centrally Protected Monuments and providing essential infrastructure required for tourists besides looking after the security of monuments. At present, ASI has an inventory of 3606 Centrally Protected Monuments declared to be of National importance, which include 16 Monuments inscribed in the World Heritage list of UNESCO. The total number of individual structure being maintained by the Archaeological Survey of India is over 5000. ASI has increased entry fees w.e.f. October 2000 from Rs.5 to Rs.10 at the 14 World Heritage Sites and Rs.2 to Rs.5 in 109 other Monuments. In addition to this, foreign tourists are charged US $ 10 per head at World Heritage Sites and US $ 5 per head for other Monuments. On an average Rs.85.00 crore revenue collections is done annually by the ASI.

During the year 2000-01, more than 500 monuments were taken up for conservation and structural repairs, chemical preservation and environmental development in various places of Uttar Pradesh, Maharashtra, Karnataka, Orissa, Madhya Pradesh, West Bengal, Punjab, Tamil Nadu, Delhi, Assam, Andhra Pradesh, Rajasthan, Goa, Bihar, Jammu & Kashmir, Gujarat, Kerala and Daman & Diu. For the last 55 years the activities of the ASI have expanded to a great extent and 7 Regional Centers, 1 sub-Regional Center, 1 Permanent Field Station and number of other stations have been established in different parts of the country.

4. The Archaeological Survey of India conducted several important excavations, such as, Dholavira, a Harappan Site in the Rann of Kutch, Gujarat has emerged as one among the five great Centers of Indus Civilization in the sub-continent.

5. The Archaeological excavations at Great Stupa in Kanganhalli, Sannati in Chitrapur Taluk of Gulbarga District, Karnataka has yielded Maha Chaitya built of huge carved architectural blocks in limestone. The Archaeological excavations at Vijaynagar (Hampi), Hospet Taluk of Bellary District of Karnataka have been excavated in the recent years exposing remains of palace complexes, enclosures, residential areas, rectangular halls, guard rooms, screen walls with zigzag entrances, water storage tanks with channels etc. with different enclosures. These structures are scattered over the site. The architectural design found during excavations need to be restored to their original positions.

6. Every year requests are being received from the field offices of the Archaeological Survey of India and various Universities for approval of programmes for carrying out archaeological excavations and explorations in the country. During the current financial year, ASI has approved 63 archaeological excavation programmes and 48 exploration programmes in the country.

7. Kesariya, East Champaran District, Bihar has brought to light a lofty terraced shrine of enormous proportions. It is assignable to the Pala period dating from the 8th century. The excavation has yielded terraces with pradakhahine – paths, which follow the pattern of those reported from Nandangarh (Bihar) and Paharpur (Bangladesh).

8. Excavations were undertaken at Malpur, about 22 km. north – west of Jammu to understand the Neolithic horizon of this region. A fairly good number of Neolithic assemblage of tools including a few from the trench were found which include axes, adzes, chisels, picks, hammer stones, ring-stones, grinder – mullers along with considerable number of unfinished tools. Axes constitute the single largest group among them and in general they have triangular form with rounded butt. However, some of them have pointed butts also. These tools have similarities with Neolithic assemblage of Kashmir and Kangra.

9. During the Ninth Five Year Plan (1997-98 to 2000-01) an outlay of Rs.107.62 crore was provided by the Planning Commission to the Archaeological Survey of India for their various activities and similarly for the current year 2001-02 Rs.46.00 crore .

Museums:

10. An outlay of Rs.237.75 crore is provided for various activities in the fields of acquisition, exhibition, education and conservation of art and objects during Ninth Five Year Plan. During the first four years of the Ninth Plan and amount of Rs109.21 crore has been spent. For the Annual Plan 2001-02 an amount of Rs.42.01 crore has been provided under the scheme.

11. Indian Museums are the repositories of the Nation's valuable treasures. The Department of Culture is of the view that they play a positive and important role in modeling people's tastes and making them aware of the history and creative talent available in India. The emphasis in the Ninth Plan is, therefore, to correct the perception that Museums are only 'Store-house' of curiosities. Department of Culture is striving to change Museums into multi-cultural complexes engaged in promotion of art, education, research and appreciation. At present, the Department of Culture administers five General Museums/Art Galleries of National Importance. These are: National Museums Delhi; Indian Museum, Calcutta; Salar Jung Museum, Hyderabad; Allahabad Museum, Allahabad; and the National Gallery of Modern Art, Delhi and Mumbai. In addition, there is National Museum Institute of History of Art, Conservation and Musicology, which is a deemed a University offering courses and awarding degrees for M.A. and Ph. D. in the fields of History of Art, Conservation and Musicology.

12. The National Council of Science Museums(NCSM), Calcutta, which is a group of 29 Science Centers and Science Museums spread all-over the country also comes under the jurisdiction of the Department. NCSM is an autonomous organization primarily engaged in popularizing Science & Technology amongst students, in particular, and the masses in general through its wide range of activities and interactive programmes. During the last 2 years, several new initiatives have been taken by the Department to modernize the Museums and make them an integral part of India's Development. Some of the major activities of the NCSM during the period under report were exhibits for the Rajiv Gandhi Science Center, Mauritius, which is being developed by the NCSM as a part of its catalytic support programme to the Government of Mauritius. BITM, Kolkata is developing a gallery on the life sciences while VITM, Bangalore is developing one on biotechnology. At NSC, Delhi a gallery on human biology is being developed while science-city, Kolkata is developing a gallery on the evolution of life.

13. The National Research Laboratory for Conservation of Culture Property (NRLC), Lucknow is engaged in the Research & Training in Conservation, providing Conservation services and advice to cultural institutions in conservation matters in the country. To meet these objectives, the NRLC carries out research in materials and methods of conservation, imparts training in conservation, disseminates knowledge in conservation and provides library services to conservators of the country. The Headquarter of NRLC is in Lucknow, however, to provide conservation services in Southern Region a Regional Center is functioning at Mysore.

14. The National Archives of India (NAI), an attached office under the Department of Culture, houses Central Government Records of enduring value for permanent preservation and use by administrators and scholars. NAI has regular programme for assisting various Ministries/Departments of the Government of India in their record management, extending research facilities to scholars and providing financial assistance to various voluntary organizations for the preservation of manuscripts in their custody. The school of Archival studies imparted training under its one year Diploma Course in Archival Studies and other short term courses to Indian and foreign trainees. As part of its programme of creating archival awareness amongst the people, various exhibitions were organized during the year. NAI has one Regional Office at Bhopal and 3 Record Centers at Pondicherry, Jaipur and Bhubaneswar. It has so far collected information in respect of 19,44,960 manuscripts from different sources in respect of Maths, Temples, Churches, Universities, Oriental Libraries and a variety of subjects, like literature, astronomy, music, religion history, yoga, science & mathematics etc. The National Archives of India being the nodal agency for records management appraised 31852 files pertaining to various Departments/offices located in New Delhi and Kolkata. Departmental Record rooms of 11 Ministries/ Departments were inspected during the year, which include the Prime Minister's office, Cabinet Secretariat, Department of Revenue, Ministry of Information technology & Department of Expenditure, supply, Agriculture & Cooperation, Personnel & Training, Heavy Industry, Minerals & Metal Trading Corporation and Min. of Information Broadcasting.

15. Libraries have been the mainstay for all scholarly pursuits since time immemorial. Libraries and librarians have always been at the Center Stage of Document Collection, knowledge possessing and knowledge dissemination to scholars, decision makers, students and technologists. The Department of Culture has undertaken to modernize the libraries and their activities during the period under review. The Department have undertaken the initiative to modernize and computerize the library under its supervision including the National Library, Kolkata, Central Reference Library, Kolkata, Khuda Baksh Oriental Public Library, Patna, Raja Ram Mohan Rai Library Foundation, Kolkata, Delhi Public Library and Rampura Raza Library, Rampur. The Department of Culture has also taken initiatives to modify the delivery of Books Act of 1954 to suit the IT based publishing scenario. The construction of Bhasha Bhawan in the National Library, Kolkata is a major positive initiative to provide all the facilities of a Modern National Library of International Standard.

16. The 3 National Academies viz. Lalit Kala Academy, Sahitya Academy, Sangeet & Natak Academy, are continuously supported by the Planning Commission and provided plan funds. The National Academy of Music, Dance & Drama is an autonomous organization fully funded by the Department of Culture for arranging performance by renowned veterans as well as by talented artists of the new generation through training documentation and award/ scholarships. Sangeet Natak Academy runs Kathak Kendra at New Delhi and Jawahar Lal Manipur Academy at Imphal. The Academy also looks after the management of Rabindra

Rangshala, New Delhi. A number of dance programmes and festivals were organized at different places in India, such as, Gantantra Mahotsava in various places of North Eastern States and series of performances and other cultural events were held. Academy selected 51 artists and scholars and provided 50 Academy Awards for the year 1999-2000. The Academy Awards carry a purse of Rs.25,000/- a Shawl and Citations for Tamarpatra in various fields of music, dance, theatre etc. Sahitya Academy continued its endeavour for the development of its library activities in all the Indian languages recognized by the Constitution of India. The Sahitya Academy has brought out over 3,300 books in 22 Indian languages since its inception and during the current year it has already published more than 100 books. The Academy continued the project of translation of Indian Classics into Foreign Languages in collaboration with various Government Institutions. The Lalit Kala Academy promotes and propagates the understanding of Indian Art, both within and outside the country. An Annual National Exhibition of Art, Rashtriya Lalit Kala Mela, Exhibition, Lectures and Slide Show, and Workshop/Camps/Demonstrations are some of the regular activities of the Academy. The Academy functions with its 4 Regional Centers at Chennai, Kolkata, Lucknow and Bhubaneswar.

17. Keeping in view the promotion, dissemination and protection of cultural heritage of India 7 Zonal Cultural Centers in the country continuously organize cultural programmes and strengthening cultural movements in the country and protect vanishing traditional and folk art in both rural and urban areas. All the zonal cultural centers have been sending their folk artists for participation in the Republic Day Folk Dance Festival since 1993. The festival provides a unique opportunity for folk artistic at the National Level. In addition to performance in the Republic Day Parade Zonal Cultural Centers involved in Documentation of various folk and tribal art forms especially those which are found to be vanishing, is one of the main thrust areas of the Center.

18. Planning Commission has continuously supported the Plan activities of the Anthropological Survey of India (ASI), a scientific research organization under the Department of Culture. The organization is engaged in activities like collection, preservation, maintenance, documentation and the study of ethnographic materials as well as of ancient human skeletal remains.

19. Continuous support is being extended for strengthening the Centers of Buddhist and Tibetan Studies (CBTS) envisaged by Pt. Jawahar Lal Nehru in consultation with his holiness the Dalai Lama for preservation of Tibetan Culture & Tradition, restoration of ancient Indian Sciences & Literature in the Tibetan Language, to offer alternative educational facilities to students from the Indian Himalayan Border who were formerly availing the opportunity of receiving Higher Education in Tibet and providing award of degrees in Tibetan Studies. The Department of Culture supports various institutes engaged in research in Buddhist and Tibetan Studies at Sarnath, Varanasi, Nalanda , Dharamshala , Gangtok, Tibet House, Tawang Monastery School, Central Tibetan Library etc. for improving their infrastructure as being repositories of rare manuscript and Centers of Buddhist Learning. The Department

of Culture has recently taken a view for setting up of a Central Institute of Himalayan Cultural Studies in Arunachal Pradesh.

20. During the year under report all the schemes of the Department. of Culture were reviewed and discussed in detail in regard to the weeding out, convergence and rationalization of schemes being operated by the Department. After the detailed exercise it was decided to abolish some of the smaller schemes. It was also decided to merge some of the schemes

21. Officers of the Education Division, Planning Commission are fully associated with the Monitoring and Review Committees of various Central Sector Scheme like, Development activities of Jallandhar Science City Project, setting-up of Central Institute of Himalayan Cultural Studies in Arunachal Pradesh etc.

5.9 YOUTH AFFAIRS AND SPORTS:

Youth Affairs

In the context of our country, Youth as a distinct group comprises those men and women who are in the age group of 15 to 35 years. According to 1991 census, there were approximately 340 million people in this age group out of which around 74% live in rural areas. The number increased to 380 million in 1997, which is expected to increase further to 510 million by the year 2016. The Century is the Century of the Youth. Nearly 70 per cent of our population is less than the age of 35 years. The percentage of youth in the total population was estimated to be 37% in 1997. This group is more vibrant and resourceful segment of the country's population. The Ministry pursues the twin objectives of man making and nation – building, i.e. developing the personality of youth and involving them in various nation-building activities. Youth have to play a vital role with regard to the fostering and strengthening social consciousness against communalism and social evils. Continuous support is being provided by the Planning Commission for several programmes of Ministry of Youth Affairs & Sports to channelize the energy of youth into constructive work and to inculcate in them patriotic value and to upgrade their skills.

Review of the Year 2000-01

2. An outlay of Rs.353.48 crore is provided for the Ninth Five Year Plan and during first four years of the Ninth Plan Rs.282.77 crore has been spent for the various youth welfare schemes.

3. In view of the fast changing socio economic scenario and also to address the future concerns of the Youth it was felt to have a New Youth Policy. For formulation of New Youth Policy various State Governments, Youth Wings of Political Parties, Members of Parliament, Youth Organization and other concerned agencies were consulted and a draft new National Youth Policy has been formulated for further consideration of the Government.

Youth Welfare

Review of the year 2000-01

4. The response of students to the scheme of National Service Scheme(NSS) has been quite encouraging starting with an enrolment of 40,000 students in 1969, the coverage of National Services Scheme (NSS) has increased to more than 17 lakhs during 2000-01. Volunteers have spread-over 176 Universities and 16 Senior Secondary Councils. From its inception, more than 1.52 crore students from Universities, Colleges and Institutions of Higher Learning have benefited from the NSS activities. The NSS has two types of programmes, viz. “Regular Activities” and “Special Camping Programmes” undertaken by its volunteers. Under “Regular Activities”, students are expected to work as volunteers for a continuous period of two years, rendering community service for a minimum of 120 hours per annum. The activities include improvement of campuses, tree plantation, constructive work in adopted villages and slums work in Welfare Institutions, blood donation, adult and non-formal education, health, nutrition, family welfare, AIDS awareness campaign, etc. Under “Special Camping Programme”, a camp of 10 days duration is conducted every year in adopted areas on specific themes like “Youth for Forestation and Tree Plantation”, “Youth for Mass Literacy”, “Youth for Rural Reconstruction”, “Youth for Development”, “Youth for Social Harmony”, etc. The theme for the current year is “Youth for Healthy Society”. For 2000-01, the target was to enroll 16.89 lakhs students volunteers and to conduct 8000 special camps on Youth for Healthy Society. Besides, it was also decided to adopt 8000 villages for community development activities.

5. Nehru Yuva Kendra Sangathan(NYKS) is an autonomous organization of the Ministry of Youth Affairs & Sports working through its Network in 500 districts in the country for formation of village based organization namely Youth clubs and Mahila Mandals across the length and breadth of the country. NYKS operates through 46 Regional Coordinators and 18 Zonal Directors. During the period under report there were 1.83 lakhs active Youth clubs and Mahila Mandals with a membership of over 8 million rural youth in the age group of 15-35. During the year to mobilize, educate, trained and organize the unorganized rural youth in their respective villages, a total of 1134 programmes were organized and a sum of Rs. 4690 was spent on each programme, for vocational training 3785 programmes were organized and Rs. 20,000 was spent on each programme. Similarly, for generating awareness campaigns NYKS organized 2543 programmes of five days duration each and Rs. 2000 had been earmarked to each Kendra for the activity. Besides, 591 work Camps, 883 tournaments, 543 cultural programmes, 366 adventure programmes, 5243 national integration camps, 572 seminars and workshops were organized during the year. Under the Swarna Jayanti Gram Swarozgar Yojana (SJGSY), NYKS, is implementing this project in collaboration with Ministry of Rural Development, Government of India. The principal objective of the programme is to bring the Below Poverty Line (BPL) families above poverty line in three years. At the initial stage and on pilot basis, the project is being implemented in 800 villages of the 8 districts of 4 states of the country. The total cost of the project is Rs.28.39 crore. Through this project 8000 poor people belonging to the BPL families are expected to get the benefit.

6. During the year an amount of Rs.135 lakhs has been released to 106 voluntary organization for 6255 beneficiaries(up to 31-01-2001). For improving the productive potential of youth through training courses 86 voluntary organizations were financially assisted for training of 3355 youths. In order to promote Youth Activities among the youth of backward tribes based on their needs and potential 102 Voluntary Organizations were assisted for the benefit of 6260 Youth of Backward Tribes under the Scheme for Youth of Backward Tribes. Financial Assistance is given to Voluntary Organizations, NYKS, NSS Regional Centers, and Educational Institutions including Universities, State Government/U.Ts. for organizing exhibition on folk dances, folk songs, painting, art & crafts etc. for 6150 beneficiaries. Under the Scheme of Promotion of National Integration about 150 organizations were given Central Assistance for organizing National Integration Camps.

7. To provide youth avenues for creative and constructive work and to utilize their energy to bring a meaningful socio-economic transformation for our society and nation. Government of India has launched the National Reconstruction Corps Scheme (NRC) on April 1, 2001 as a Central Sector Scheme on a pilot basis . The scheme aims to harness the vital youth energy in constructive channels on a sustained basis. The NRC volunteers would act as catalysts of change. The volunteers would give one-year service to the Community and Nation. The volunteer's qualification would be at least matriculation, and having attained the age of 18 years. Sufficient representation would be given to women, SC/ST and Backward youths. The volunteers will be paid an honorarium of Rs. 1000/- per month, the scheme is being implemented by the Nehru Yuva Kendra Sangathan (NYKS). For the current year the Planning Commission has provided an amount of Rs. 12 crore.

Sports

Review of the year 2000-01

8. After the1982 Asian Games, the Government of India took a number of initiatives for creation of sports infrastructure and promotion of sports in the country. The Government of India, through Sports Authority of India (SAI) is providing grant-in-aid for further creation of sports infrastructure, nurturing of talent spotted at various tournaments and through talent scouting scheme of SAI. An outlay of Rs.472.61 crore provided for sports during Ninth Five Year Plan. The Expenditure during first four years of Ninth Plan is Rs.402.52 crore. During last 3-4 years there has been resurgence in Indian sports, which was evident from improved performance in Asian Games. In Olympic- 2000 the performance of India was not very satisfactory in terms of medals won, but there was an appreciable improvement in the standard of sports as 7 sports persons from different disciplines came in the first 10 at the World Level. Though India won only a Bronze medal in weightlifting, but performance in some of the other disciplines especially in Boxing and Shooting improved appreciably. In fact, Sport promotion is primarily the responsibility of various National Sports Federations. The role of the Government is to create the infrastructure and promote capacity building for broad basing sports as well as for achieving excellence in various competitive events at the National and International Level. For achieving these goal immense resources has been provided by the Planning Commission.

Annual Plan 2001-2002

9. An outlay of Rs.149.39 crore has been provided for the various schemes of Sports for the Annual Plan 2001-2002.

10. Sports Authority of India (SAI) through its regional centers located at Bangalore, Gandhi Nagar, Delhi, Chandigarh, Kolkata , Imphal and sub-Center at Guwahati is implementing various Sports Promotion Schemes, viz; National Sports Talent Contest (NSTC), Army Boys Sports Company (ABSC), SAI Training Center (STC), Special Area Games (SAG), Center for Excellence, Sports Academy & National Coaching Schemes. Under the Scheme of (NSTC), 32 adopted schools and 2 Akharas were functioning benefiting 971 trainees. SAI is providing Sports facilities, equipment and services of 1600 qualified coaches for bringing 3874 trainees in 27 Disciplines in 47 SAI Training Centers during the 2000-01. Under the Special Area Games Scheme a significant increase in training has been achieved. During the year 4 new SAG Centers and 2 Associated Centers were established. The disciplines in which training was being imparted increased from 17 to 21. As a result of new initiative, 1032 trainees were trained in 21 disciplines at 12 SAG Centers and 3 Associated Centers in 2000-01. During the year 2000-01, 278 trainees were trained at 6 Centers of excellence.

11. The first Afro -Asian Games are proposed to be held in India in the month of November this year in New Delhi. The following eight disciplines Athletics; Football; Boxing; Shooting; Swimming; Tennis; Hockey (Men and Women); and Weightlifting (Men and Women). In these games teams from both Asian and African continent will participate. For meeting the expenditure on Infrastructure and conduct of the games Ministry of Youth Affairs and Sports in consultation with the Ministry of Finance has approved an expenditure of Rs.55.00 crore. Out of these Rs.30.00 crore will be for up- gradation of infrastructure and Rs.25.00 crore for the conduct of games. For conducting the Afro- Asian Games an amount of Rs.20.00 crore has been provided by the Planning Commission for Annual Plan 2001-02.

12. During the year 2000-01 all the schemes of the Ministry were reviewed and it was decided to merge following schemes with other schemes so as to bring the required focus and efficient delivery;

a) 'Promotion of Adventure' and 'Establishment of Mountaineering Institutes'.
b) 'Promotion of National Integration' and 'National Youth Awards'.
c) 'Scheme for Youth Development Centres' will be merged into 'Scheme of financial Assistance to Youth & Sports Clubs'.
d) 'Scheme of Assistance to voluntary Organisations working in the field of Youth' and 'Training of Youth and Scheme for Exhibitions for Youth' will be merged into one scheme of 'Promotion of Youth Activities and Training'. With a special component for the youth of tribal areas, replacing the 'Special Scheme for Promotion of Youth Activities in Tribal Areas'.

e) ‘International Cooperation in Youth related Activities’ will replace the existing scheme for ‘Exchange of Delegations of Youth at International Level’, ‘Common Wealth Youth Programme’ and ‘United Nations Volunteers’.

13. Ministry of Youth Affair and Sports has also proposed that all the schemes relating to sports will be brought under six umbrella schemes viz.; Schemes relating to Infrastructure, Talent Search and Training, Events(including holding of National/International Sports events), Awards, Institutions and Incentives for Promotion of Sports Activities.

Annual Plan 2001-02:

14. An outlay of Rs.255.00 crore has been provided for the Ministry of Youth Affairs & Sports for the Annual Plan 2001-02. An amount of Rs.81.86 crore for Youth Welfare Schemes, Rs.149.39 crore for Sports and Physical Education, Rs.0.30 crore for Secretariat and Social Services and Rs.23.45 crore for the North Eastern Component have been provided for the year 2001-02.