CHAPTER 2.1

SECTORAL OVERVIEW

2.1.1 The process of development in any society should ideally be viewed and assessed in terms of what it does for the average individual. The decade of the 1990s saw a visible shift in the focus of development planning from the mere expansion of the production of goods and services and the consequent growth of per capita income to planning for enhancement of human well-being. It is now realized that Human development is about much more than the rise or fall of national incomes. It is about the quality of life, the level of human well-being and the access to basic social services.

2.1.2 There has been, in recent years, a conceptual broadening of the notions of human well-being and deprivation. The notion of well-being has shifted away from just material attainments, or the means for development, to outcomes that are either desirable in themselves or desirable become they support better opportunities for people. There is today a broad-based consensus to view human development in terms of *three critical dimensions* of well-being. These are related to *longevity* – the ability to live a long and healthy life; *education*-the ability to read, write and acquire knowledge and *command* over resources – the ability to enjoy a decent standard of living and have a socially meaningful life. Similarly, poverty is viewed not only in terms of lack of adequate income but as a state of deprivation that prevents people from effective participation in the development process. Good education, health, nutrition and low fertility help reduce poverty by increasing the opportunities to generate incomes.

2.1.3 In view of the above, there has been a renewed focus on development indicators in the area of education and health attainments – which are critical for capacity building – and other social and environmental consequences that have a direct bearing on the state of well-being. Progress in these social sectors is both a vital yardstick and a key element in the reduction of poverty.

2.1.4 India has shown substantial improvement in the fields of education and health. Nonetheless, indicators continue to suggest low levels of literacy and school enrolments, high levels of infant mortality, maternal mortality and malnutrition. Despite mounting of food grains with government agencies, food and nutritional security at the household level continues to be a major problem for a substantial section of population. Moreover, within India, the inter-State and intra-State disparities are still large. Rural urban differences are also wide. The poor, rural women, disabled persons and people belonging to scheduled castes (SCs) and scheduled tribes (STs) continue to stand out as the most vulnerable sections of society.

FOOD AND NUTRITIONAL SECURITY

2.1.5 It is well over a decade since the country attained self-sufficiency in food production. Unfortunately, the food security at the national level has not resulted in nutritional security of individuals especially those from the vulnerable groups from the poorer segment of population.

2.1.6 Despite the food grain production going up from 175 million tonnes in the 1980s to 206 million tonnes in the 1990s, the growth rate in the per capita availability of food grains has come down. Further, food consumption of the poor in India has gone down in the last 10 years. While lack of purchasing power is the major factor for continuing food and nutrition insecurity, the contribution of inequitable distribution of food stuffs between different segments of population and within the households remains an important cause of under-nutrition. This is a very serious matter in view of the huge public stock of food grains. There is a strong case for using these stocks for reducing widespread malnutrition

among the vulnerable sections of the society without adversely affecting food security.

2.1.7 Universal screening of the vulnerable segments of the population to identify families/ individuals who are undernourished and providing them with subsidized foodgrains from available foodstocks will reduce prevalence of severe grades of under-nutrition.

2.1.8 Unfortunately, despite hefty increases in the annual food subsidy, all is not well with the Public Distribution System (PDS) with 36 per cent diversion of wheat, 31 per cent diversion of rice and 23 per cent diversion of sugar on an all India basis being reported during the last review held in 2001.

2.1.9 There is need for several legal and policy changes, including a Central legislasion to ban controls and restrictions on all kinds of trade in agricultural commodities within the country. Common markets are coming into vogue all over the world. The entire country should be treated as one big market. This will remove market distortions. The Food Corporation of India should be allowed to intervene in the market for food-grains within a predetermined price band with a view to moderate prices as well as to facilitate management of its surplus food stocks.

2.1.10 The Government is taking steps to increase the off-take of food grains from the Central Pool under welfare schemes along with the Public Distribution Schemes. These welfare schemes are mainly Annapurna, Sampoorna Gramin Rozgar Yojana (SGRY), Food For Work programme, Integrated Child Development Services (ICDS), Mid-Day Meal Programme for school children, SC/ ST Hostels scheme, World Food Programme etc. As per the data of the Department of Food and Public Distribution (April, 2002) the off-take of wheat and rice from the Central Pool under the above-mentioned welfare schemes between April, 2001 and March, 2002 was 71846 lakh tonnes.

HEALTH & FAMILY WELFARE AND NUTRITION

2.1.11 For a society, a transition from high incidence of morbidity and mortality to a state where people generally enjoy a long and disease free life is considered a desirable and valued social change. Improvement in the health and nutritional status of the population has been one of the major thrust areas for the social development programmes of the country. This has been achieved through improving the access to and utilization of health, family welfare and nutrition services with special focus on the under-served and under-privileged segments of the population. Over the past five decades, India has built up a vast health infrastructure and manpower at the primary, secondary and tertiary care levels in the Government, voluntary and private sectors manned by professionals and para-medicals trained in the country. During this period, the country has increased investment in medical education, which has ensured that India has a large manpower from the super-specialists to the auxiliary nurse midwife (ANM). Technological advances and improvement in access to health care technologies, which are relatively inexpensive and easy to implement, has resulted in a steep decline in mortality. As a result there was substantial improvement in the health indices of the population.

2.1.12 For an average Indian the *life expectancy* at birth has nearly doubled in the last five decades from 32.1 years in 1951 to 62.4 years in 1997.

Year	Life Expectancy at birth(years)
1951	32.1
1997	62.4*

*refers to 1996

2.1.13 However, there are significant inter-state, inter-district and rural-urban differences in life expectancy at birth. In Kerala a person at birth is expected to live for over 73 years, Punjab comes second with life expectancy estimated at 67.4 years. On the other hand, the life expectancy at birth in Bihar, Assam, Madhya Pradesh and Uttar Pradesh has been in the range of 55-60 years. The rural urban difference in the life expectancy at birth is less than a year in Kerala whereas in Assam, Bihar, Madhya Pradesh and Orissa, this difference is around 8 to 10 years.

2.1.14 The *Infant Mortality rate* (IMR) is another indicator of health. As per the 1981 census, the IMR was estimated at 115 per 1000 live births (122 for males and 108 for females). The IMR declined

to 70 infants per 1000 live births in 1999 (Sample Registeration System). India is in the middle of its demographic transition. For the country as a whole, the crude death rates have been declining since 1921, but the decline in crude birth rates has happened with a considerable lag and is remarkably slow, beginning only after 1941. The gap between fertility and mortality has resulted in the rapid growth of India's population over the last five decades. The country's population as per the latest census is 1.027 billion as on march 1, 2001.

2.1.15 The annual average growth in population has been declining since 1971. It was 2.26 per cent in the period 1971-81, 2.13 per cent in the period 1981-91 and has declined to 1.95 per cent in 1991-2001. Though there is a visible reduction in the population growth rate and it now seems to be on a secular decline, the future pace of deceleration in fertility and mortality is by no means certain. Much of this uncertainty comes from the fact that there are considerable differences in fertility across States. While there are States that have already attained replacement level of fertility or are close to attaining it, five States namely, Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan and Orissa, accounting for nearly 40 per cent of country's population in 2001, will contribute well over 50 per cent of the population growth in the next decade. The performance of these States will determine the time and the magnitude at which the country's population stabilizes.

FAMILY WELFARE

2.1.16 The current high population growth rate continues to be so due to:

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

2.1.17 While the population growth contributed by the large population in the reproductive age group will continue in the foreseeable future, the remaining 40 per cent of the growth can be substantially reduced by meeting the unmet needs for contraception (estimated to be 16 per cent) and felt needs for maternal and child health to reduce IMR.

2.1.18 Reduction in fertility, mortality and population growth rate are major objectives of the Tenth Plan. These objectives will be achieved through meeting all the felt needs for health care of women and children . Three of the eleven monitorable targets for the Tenth Plan are demographic indices; reduction in IMR to 45 per 1000 live births by 2007 and 28 per 1000 live births by 2012, reduction in maternal mortality ratio to two per 1000 live births by 2007 and one per 1000 live births by 2012 and reduction in decadal growth rate of the population between 2001-2011 to16.2. The steep reduction in mortality and fertility envisaged are technically feasible with in the existing infrastructure and manpower as has been demonstrated in several States/districts. All efforts are being made to provide essential supplies, improve efficiency and ensure accountability especially in the states where performance is currently sub- optimal so that there is incremental improvement in the performance. It is imperative that the goals set are achieved within the time-frame as these goals are essential prerequisites for improving the quality of life and human development. In view of the massive differences in the availability and utilisation of health services and in the health indices of the population, a differential strategy is envisaged so that there is incremental improvement in all districts. This, in turn, are expected to result in substantial improvement in state and national indices and enable the country to achieve the goals set for the Tenth Plan.

All felt needs for FW services will be met through :

- restructuring the existing infrastructure
- ensuring skill upgradation of the personnel
- providing good quality integrated reproductive and child health services
- improving the logistics of supply
- operationalising the referral system
- involvement of the PRI in planning, monitoring and midcourse correction of the programme at local level
- effective Intersectoral coordination between concerned sectors.
- effective Information, Education, Communication & Motivation

NUTRITION

2.1.19 Over half the children under the age of five years in India are moderately or severely malnourished, 30 per cent of new born children are significantly underweight and nearly 60 per cent of pregnant women are anemic. This situation prevails despite the country having attained self-sufficiency in food production for well over a decade. The prevalence of under nutrition - a condition resulting from inadequate intake of food or essential nutrients resulting in deterioration of physical growth and health – is widespread. Protein/energy malnutrition is the most common form of malnutrition among children in the age group of 0-4 years. Iron deficiency anemia is quite common in children as well as women particularly pregnant women. *Under-nutrition in pregnant women and low birth weight rate has not shown any decline.* A critical consequence of the widespread incidence of malnourishment is the impact it has on cognitive development and learning achievements, reducing the capacity to work and productivity among adults and enhancing mortality and morbidity among children. However, nutritional deficiency diseases viz., Kwashiorkor, marasmus, pellagra, lathyrism, beriberi and blindness due to severe Vitamin-A deficiency, have become rare.

2.1.20 In the Tenth Plan there will be focus on nutrition education. Research efforts will be directed towards defining the nutritional requirements for Indians. Due to major alterations in life styles and dietary intake, there is a consequent increase in the prevalence of obesity and non-communicable diseases. Nutrition monitoring and surveillance will be given high priority so that it will be possible to closely monitor the impact of on-going demographic, developmental, economic transition and ecological and life style changes on nutritional and health status of the population. Based on the data, it will be possible to identify beneficial and adverse trends and initiate appropriate interventions to fully exploit the beneficial circumstances and effectively tackle emerging problems.

CONCLUSION

2.1.21 With the 1990s, the country has entered an era of dual disease burden. On the one hand, there are communicable diseases which have become more difficult to combat due to insecticide resistance among vectors, resistance to antibiotics in many bacteria and the emergence of new diseases such as HIV. On the other hand, increasing longevity and changing life style have resulted the in increasing prevalence of non-communicable diseases.

2.1.22 Thus India's post-independence achievement in longevity and health is a story of mixed success. With all the resources, trained manpower and even a reasonable health infrastructure at its command, a large part of the country continues to suffer from disease burden, morbidity as well as high mortality. The pace of improvement in health services does not compare favorably with most developing countries in East Asia and Latin America where life expectancy is approaching levels of the developed world. *India's approach to Health Sector development has not been sufficiently integrated with the over all process of development.* This is reflected, in the absence of an adequate policy framework that conceives and exploits inter and intra-sectoral synergies between development processes directed at improving the availability of drinking water, sanitation, public hygiene, access to elementary education, nutrition and poverty alleviation, on the one hand, with awareness and access to public health and medical services on the other. In States where inter-sectoral linkages that influence health attainments of people, have existed for historical reasons, or have been consciously forged as a part of planned effort, the results relating to health attainments have been impressive.

2.1.23 *The major focus in the Tenth Plan will be to improve the efficiency of the existing health care system, quality of care, logistics of supplies of drugs and diagnostics and promotion of the rational use of drugs. The focus will also be on evolving, implementing and evaluating systems of health care financing so that essential health care based on need is available to all at affordable cost.*

ACCESS TO SAFE DRINKING WATER AND SANITATION

2.1.24 Millions of people in the country suffer from water borne diseases on account of lack of access to safe drinking water. As per the Census of India, if a household has access to drinking water supplied from a tap, hand-pump/tube well within or outside

the premises, it is considered having access to safe drinking water. The 1991 Census reported that 62 per cent of households in India have access to safe drinking water. This is a considerable improvement over the corresponding level of 38 per cent in 1981. The accessibility to safe drinking water was quite low in Kerala and in parts of the North East. (Much of Kerala's drinking water requirements are met from wells). Despite good monsoons for the last 12 years and high priority on the part of the Government on the programme of augmenting the supply of drinking water by way of funds and attention, the problem of potable drinking water has remained unresolved and is in fact, becoming more serious every year. Independent studies and reports show scarcity of drinking water in about half of the villages in India. What is even more distressing is the fact that this gap has been increasing over the years despite heavy investment.

2.1.25 As per the 1991 Census, less than one-fourth of households in the country had a toilet facility within the premises of the residence. The proportion was less than 10 per cent for rural households and around 64 per cent among the urban households. Apart from the availability of safe drinking water, the lack of sanitation particularly sewage and disposals of solid waste has been observed as the main reason for prevailing ill health and morbidity levels in the country. There are inter-State variations as well. At one end is Kerala with 51 per cent of the households having access to toilet facilities, at the other end is Orissa with less than 10 per cent of households with similar access.

EDUCATION

2.1.26 The 1990s could be called the watershed decade as far as basic education is concerned. Provisional results of the 2001 Census show the highest jump of 13.17 per cent in the literacy rate since 1951, with the average literacy rate going up from 52.21 per cent in 1991 to 65.38 per cent in 2001. (The male literacy rate is 75.85 per cent and female literacy rate is 54.16 per cent.)

Year	Literacy rate (per cent)
1951	16.67
2001	65.38

2.1.27 However, India's educational development is a mixed bag of remarkable successes and glaring gaps. Out of 200 million children in the age group of 6-14 years, 42 million children do not attend schools. There are problems relating to high drop out rates, low-levels of learning achievement and low participation of girls. Coupled with this are various systemic issues like inadequate school infra-structure, high teacher absenteeism, large-scale teacher vacancies, inadequate equipment like teaching-learning material etc. The policy focus and public intervention in provisioning of educational services has not been given the attention it deserves. Even after 50 years of planned effort in this sector nearly one-third of population or close to 300 million persons in the age group 7 years and above are illiterate. The literacy rates for the SC and ST population is much lower than the rest of the population. As against the overall literacy rate of 52.2 per cent in 1991, the literacy rate for SCs and STs was only 37.4 per cent and 29.6 per cent respectively. There is also rural urban variation in the literacy rates. (59 per cent in rural areas as compared to 80 per cent in urban areas as per 2001census). In addition, inter-State variation in literacy rates also persist.

2.1.28 The Govt. of India is committed to universalizing elementary education. As per the Sixth All India Educational Survey, 1993, 94 per cent of the total rural population was served by primary schools. Concerted efforts towards Universalisation of Elementory Eduction (UEE) have resulted in the manifold increase in institutions, teachers and students. During the period 1950-51 to 1999-2000, the number of primary schools increased by more than three times from 2,10,000 in 1950-51 to 6,42,000 in 1999-2000 whereas the number of upper primary schools increased 15 times from 13,600 in 1950-51 to 1,98,000 in 1999-2000.

2.1.29 Various incentive schemes like provision of mid-day meals, free uniforms, textbooks, scholarships etc. are being implemented by Central and State Governments to increase enrolment/ retention and reduce dropouts. The main scheme, viz., the Centrally-sponsored programme of Nutritional Support to Primary Education, commonly known as the Mid-day Meal Scheme was launched in 1995 for increasing enrolment, retention and attendance and simultaneously improving the nutrition status of the children. The scheme

envisages provision of 100 gms of raw wheat/rice per child per school day throughout the country. At present, only 6 States and Union Territories are providing cooked meals to children. Efforts are being made to extend it to the remaining States and Union Territories. At the school stage, both at elementary and secondary level schemes are being implemented for education of the disabled children.

2.1.30 To fill the gaps in elementary education mentioned above, the Government of India launched the Sarva Siksha Abhiyan (SSA), in the year 2000-2001, a key programme through which goals of elementary education sector are going to be met. It is a significant step towards providing elementary education to all children in the age group of 6-14 years by 2010. The Sarva Siksha Abhiyan is a time bound initiative of the Central Government, in partnership with the States, the local Government and the community for achieving the goal of Universalisation of Elementary Education (UEE). The Abhiyan seeks to bring about convergence of the existing institutional effort for elementary education at the State and district level. The programme seeks functional decentralization right down to the school level in order to improve community participation. The programme would cover the entire country. The duration of the programme in every district will depend upon the District Elementary Education Plan (DEEP) reflecting the specific needs of each District.

ADULT LITERACY/NATIONAL LITERACY MISSION

2.1.31 The National Literacy Mission (NLM) is engaged in the task in providing functional literacy to the non-literates in the 15-35 age group. The NLM was set up in May 1988. Over 561 districts (fully or partially) took up the literacy programme. More than 10 million volunteers were mobilized and 91.53 million people in the above age group were made literates upto December 2001 since the launching of the NLM. The goal of the NLM is to attain full literacy, i.e. a sustainable threshold level of 75 per cent by 2005. Functional literacy implies imbibing values of national integration, conservation of environment, women's equality, observance of small family norms, etc. The purposeful and effective education under the literacy campaign gives rich dividends in increased productivity, improvement in health care, family stabilization and general betterment of social and political life of the community. The District Literacy Societies (Zilla Saksharta Samiti) is the nodal agency for adult education. It involves voluntary agencies, professionals from the region, members of the community, Mahila Mandals, Small-Scale Industries and PRIs in the literacy campaigns.

2.1.32 The Constitution of India envisages provision of free and compulsory education for children. The Central Government has introduced the 93rd Constitution Amendment Bill, 2001 for enacting the Fundamental Right to Free and Compulsory Education for children in the age group of 6-14 years. Both Houses of Parliament have passed the Bill. Till this initiative, there was no Central Act on compulsory education, though, fourteen States and four Union Territories had passed laws making elementary education compulsory in their entire State or in certain notified areas. The enactment of a Central legislation would result in adequate provisioning of public resources for improving the accessibility of children to schools, quality up-gradation, and mitigating the costs of school attendance. This would increase school enrolment and retention over successive classes by acting as a deterrent to parents from pre-mature withdrawal of the children from schools and would go a long way in bringing about attitudinal changes among parents towards their children's education.

2.1.33 While school education is an important and a critical factor, we have to go beyond elementary and secondary education. In view of the growing problem of unemployment, vocationalisation of curriculum is necessary to ensure that a disjunction does not take place between the educational system and the workplace. Vocational Education and skill development will be given importance at all levels of education, especially at the secondary school stage. The Tenth Plan will focus on detailed vocational surveys, proper identification of marketable trades, strengthening vocational institutes of various Ministries and Departments and better institute-industry linkages. Steps will be taken for better networking and pooling in resources among Industrial Training Institute (I.T.Is), Polytechnics and Apprenticeship Schools, Boards of Technical Education and Engineering Colleges.

2.1.34 The University and Higher Education Sector also needs attention. Although the number of universities has expanded and many of the universities continue to maintain high standards of education, it is a matter of serious concern that there has been a fall in academic standards. The academic results have not risen consistently in relation to increase in numbers of universities/colleges. Modernization of syllabi, examination reforms and greater attention to issues of governance of universities and colleges all require urgent attention.

2.1.35 The modern economy, which is the knowledge-economy, requires highly educated people. We need high quality scientists, engineers and managers. For running a knowledge society and a technology intensive economy, we need renewed efforts to build institutions of higher education of the highest quality, upgrade and modernize our Indian Institutes of Technology (IITs) and Indian Institutes of Management (IIMs) and other professional colleges. There is a need to step up our capabilities and capacities in new technology areas like biotechnology, nano-technology, bio-informatics, etc. This is likely to lead trained manpower demand for more than 3 million knowledge workers by 2010. Higher education, general and technical education must have links with all industrial and societal endeavours. Towards this end, a large number of centers of excellence to turn out quality manpower in areas relevant to industry and society need to be established with a triangular partnership of academia, industry and government. Education through technology-based learning making full use of developments in Information & Communication Technologies (ICT) such as video-conferencing, web-based learning will accelerate the pace of learning.

EMPOWERMENT OF WOMEN, CHILDREN AND SOCIALLY DISADVANTAGED GROUPS

2.1.36 Societies and cultures and nations have often been evaluated on the basis of how they have been treating their women, children, disabled persons and the deprived in the course of their development. In multi-cultural and multi-religious, linguistically and ethnically pluralistic societies an additional consideration has been the well-being of the minorities and the excluded. The Government is committed to empowerment of women; development of children; empowerment of socially disadvantaged groups which include the SCs and STs, Other Backward Classes (OBCs) and the Minorities; and empowerment of persons with disabilities.

2.1.37 In pursuance of the avowed objective of empowering the *women* as agents of socio-economic change, the National Policy on Empowerment of Women was adopted in April, 2001. On this basis, the National Plan of Action, is being implemented which includes the following strategies, (a) create an enabling environment for women to exercise their rights both within and outside their homes; (b) to reserve one-third of seats for women in the Lok Sabha and State Legislative Assemblies (c) to adopt a special strategy for the Women Component Plan to ensure that at least 30% of funds and benefits flow to women from all development sectors (d) to organize women into self-help groups as a mark of the beginning of empowering them (e) to accord high priority and ensure easy access to maternal and child health services (f) to initiate steps for eliminating gender bias in all educational programmes; and to institute plans for free education of girls upto college levels including professional levels (g) to equip women with necessary skills in modern upcoming trades which would make them economically independent and self-reliant (h) to increase women's access to credit through setting up of Development Bank for women entrepreneurs in the small and tiny sectors.

2.1.38 The Government is committed to the development of *children* by placing the young child at the top of the country's development agenda. Time and again, it has reaffirmed its priority for development of early childhood services as an investment in country's human resource development. To achieve the above objective, the following strategies have been adopted: (a) a National Charter for Children ensuring that no child remains illiterate, hungry or lacks medical care will be instituted (b) to universalize ICDS as the mainstay of development strategy (c) to bring down the Infant Mortality Rate to less than 60 per 1000 and the child mortality rate to below 10 per 1000 (d) to universalize supplementary feeding programme (e) to view girl's education as a major

intervention for breaking the vicious inter-generational cycle of gender and socio-economic disadvantages and (f) to strengthen and expand the schemes for adolescent girls.

2.1.39 The *socially disadvantaged groups* are being empowered by adopting a three-pronged strategy for social empowerment, economic empowerment and grant of social justice. Education being the most important and effective instrument for socio-economic empowerment, high priority is being accorded to improve the educational status of SCs and STs. The gap between literacy rates of SC/STs and that of the general population, unfortunately Continues to persist. The female literacy rate of these communities continues to be very low. Various incentives are being provided to students belonging to SCs/STs, OBCs and Minorities for increasing their participation in education. These include construction of hostels for SC/ST boys and girls, Ashram schools for STs, Coaching/tuition facilities, book banks, merit scholarships (pre-matric and post-matric), modernization of madarasas / maktaps and the implementation of the area-intensive programme of the Ministry of Human Resources Development for education of minorities in 41 minority concentrated districts. Special thrust has been given for employment and income generation programmes to make the socially disadvantaged groups economically independent and self-reliant. These include promoting entre-preneurship and technical support, grant of loans and credit facilities. To eliminate exploitation/ suppression and provide protection, various legislative measures have been introduced like the Protection of Civil Rights Act, 1955 and the Prevention of Atrocities Act, 1989. So far 19 States have appointed special Cells/ Squads to ensure effective implementation of these Laws. The three special strategies of Special Component Plan (SCP) for SCs: Tribal Sub-Plan, (TSP) for STs and the Special Central Assistance (SCA) to SCP and TSP have been receiving attention right from their initiation in the Seventies; they are the most effective mechanism to ensure flow of funds and benefits for SCs and STs from the development sector/programmes.

2.1.40 In the context of tribal communities, certain issues have remained largely unattended: (i) land alienation and non-restoration (ii) indebtedness (iii) tribal forest rights (iv) involuntary displacement due to development projects and lack of proper rehabilitation (v) survival protection and development of primitive tribal groups. There is a proposal to formulate a comprehensive National Policy for Empowering Tribals, which will lay down responsibilities and accountabilities of the different wings of the Government.

2.1.41 Keeping in view the special issues/ problems being faced by the disabled in the Tenth Plan, the focus will be on effective implementation of the Persons with Disabilities Act, 1995 to ensure social justice to disabled with equitable terms. Strengthening and consolidation of the reach-out and extension programmes through the National Programme for Rehabilitation of Persons with Disabilities (NPRPD) will also be given attention.

CONCLUSION

2.1.42 In addition to the attainments in the above-mentioned social sectors, a critical factor that ensures human well-being and sustained development, is good governance. There is a general acceptance that human deprivation and inequalities are not merely due to social and economic reasons but are on account of political factors rooted in poor governance. There are States in the country that have seized governance initiatives in the recent past to register important gains in human development, while others have squandered opportunities despite their natural advantage and favourable initial conditions. Poor governance which is manifested in (a) poor management of economies/persisting fiscal imbalances/disparities in the pace and level of development across regions and districts; (b) threat to life and personal security in face of inadequate State control on law and order; (c) lack of sensitivity, transparency, accountability in State machinery; and (d) lack of credibility etc. has contributed to gaps between inherent potentialities of people and actual realization.