

EXECUTIVE SUMMARY

The Problem :

Despite the facts that there has been a decline in the incidence of poverty over the past two decades, large number of people continue to live below the poverty line in rural areas. In the area of basic minimum services, different Five Year Plans have placed greater emphasis on primary health care, primary education and provision of safe drinking water and shelter. Social sector planning, therefore ensures that appropriate policies and programmes are formulated and adequate investment provided by the State so that poor and vulnerable segments of the society can access essential facilities based on their need.

Since the beginning, a number of social sector programmes have been implemented in the State of West Bengal for upliftment of rural people with the objective of provision of income, employment, health, sanitation education etc. Resources have been pumped into the State to ensure multi-faceted social development. But the impact of all these programmes in terms of improving the quality of life are yet to be felt. The State of West Bengal have implemented a good number of poverty alleviation programmes. But the development process has not percolated down to the poorest sections of the society.

The Study :

Social development is inseparable from the cultural, economic, political in which it takes place. It cannot be pursued as a sectoral initiative in which social development is linked towards the wellbeing of all and for healthy and productive life. The social sector programmes increasingly recognize the responses to changing circumstances and the desire to achieve sustainable development.

The social sector programmes are designed to have positive socio-economic impact on the beneficiary households besides fulfilling their minimum needs through infrastructural support. For this purpose, as stated earlier a total of 200 households of different categories were selected for in-depth analysis about the socio-economic impact.

Findings of the Study :

The micro level analysis have been carried out in ten villages of Midnapore and Birbhum districts of West Bengal. The socio economic impact is reflected through the level of living expressed in terms of quality of life. The impact of social sector programmes in the sample households of Birbhum is better than the sample households of Midnapur district.

The socio-economic dimensions of rural poverty at the micro level is reflected through the level of living expressed in terms of quality of life indicators. These indicators measure both the extremely poor on the basis of hunger criteria and poor on the basis of lack of accessibility to well-being needs, opportunity needs and services needs. The lower the value of QOL, the lower is the incidence of illiteracy, hunger, lack of access to health services, safe drinking water, sanitation etc. leading to low poverty ratio. Higher the value of QOL, the greater the incidence of deprivation in food, literacy, access to health services, safe drinking water, sanitation and hence more number of poor. On the basis of above criteria, the incidence of poverty in sample privileges of Midnapore is highest and the lowest incidence of poverty is observed in sample villages of Birbhum district.

Average days remained hungry or hunger criterion is the worst form of deprivation caused by people having neither the land to produce food not the capacity to purchase it. The other factors like per capita income, illiteracy and expenditure on food are again related to hunger dimensions of poverty. The largest sub group among the hunger consists of small farmers and landless rural workers. They typically spend the bulk of their income on food. A rise in the prices of food or a fall in their incomes deepen their food insecurity. The second group among the chronically hungry people is the unemployed. People may work when employment opportunities exist, but their incomes are not sufficient to satisfy their families dietary requirements. Frequent illness further limit their employment capacity. The third sub group is the ill, the aged,

the crippled and the orphaned, who are less able to earn enough money to support themselves.

People in the first group can take part in the economic development process. The second group, the unemployed, remain at the fringe of the economic development. The third group is marked by chronic undernutrition, poor health, insanitary drinking water. In fact, large families increases their vulnerability to infectious diseases and reduce their capacity to work and performance in study. Villages that have not given priority to programmes of illiteracy, ill health and elimination of hunger and arrest of malnutrition, have made little progress towards the goal of reducing poverty even though they have increased their rate of development. Achieving food production targets alone will not result in assuring food for all people unless those in need have the access to food supplies.

Conclusions drawn :

Finally, it may be concluded that hungry days, per capita income, literacy, and expenditure on food are the critical factors identified in explaining the poverty level in rural areas of Midnapore and Birbhum district in West Bengal. Poverty is linked to periodic hunger which is common in the lean period before harvesting when food is in short supply and incur rise in prices. Periodic hunger is mainly because of low per capital income and low expenditure on food and both are again related to unemployment. Rate of unemployment are high again because of illiteracy and lack of skill and low entrepreneurial quality. Low expenditure on food is due to lack of income and inadequate knowledge about nutrition. Early marriage and closely spaced pregnancies further undermine their health. Low expenditure on food hardly show any visible sign of malnutrition. Long before malnutrition becomes visible, it amplifies the worst consequence of illness which decreases the capacity to work and causes adverse to lead a healthy life. Low expenditure on food results in inadequacy of essential nutrients which includes carbohydrates, proteins, vitamins and minerals. The deficiency is not restricted to nutritional deficiency or protein energy. The balance diet comprises of other essential nutrients like iron, iodine, vitamin A etc. which basically serve as protective food. Iron deficiency is the dominant cause of anaemia prevalent among women. Poorly nourished mothers give birth to under-weight babies-malnourished in the womb. The child carry the effects of malnutrition to adulthood and if female, on to the next generation. **The above identified factors form a vicious**

circle of poverty starting from hunger-low per capita income-unemployment-illiteracy-low expenditure on food ill health hunger, which are correlates of poverty and social development.

The Government of India and State Governments have been implementing several programmes for eradication of poverty. While the objectives of these programmes may be commendable, they are based on a belief that spending of money is in itself a necessary and sufficient condition for poverty alleviation. This belief underplays the role of non-monetary policies and the impact they have on the lives of the people. It has been the experience of many grassroots workers that often certain government policies harm the poor much more than the benefit that accrues to them through money-oriented schemes like the IRDP.

While the weak capacity of the delivery machinery is not disputed, often the policies are in themselves defective and need to be amended if these are to be beneficial to the poor. The anti-poor bias in many sectors stems from the belief that economic development and reduction of poverty require two different strategies. It is believed that whereas the former set of policies have to be geared to increase the production and need not take in to account the interests of the poor, the latter is the responsibility of the Ministry of Rural Development which has no control over the anti-poor policies followed by other Ministries and which are justified in the name of economic development. How existing policies of other departments impact on the poor is hardly analysed by the rural development departments of Central and state governments.

Analysis of poverty at micro level identified the key indicators both causal and consequence or process oriented. The causal indicators are per capital income and employment days while the consequence indicators are hungry days, expenditure on food, illiteracy etc. The causal indicator like income is related to income perspective of poverty which is the root cause of poverty in the rural areas. The consequence of low per capital income and unemployment leads to low expenditure on food and hungry days and in the process turns into ill-health and illiteracy. This concept of deprivation goes beyond the sense of meagre income and includes the basic needs package like food, health, education and sanitation which in turn is known as basic services perspective. The consequences indicators, unlike income and employment, are reflected not in the inputs but as the end products of the basic services. The Quality of life perspective starts with per capital income, employment days, food

security, health, literacy, sanitation etc. which encompasses both income and basic services perspective are the basis for micro perspective. If hunger is the worst consequences of poverty, and malnutrition is the worst consequence of hunger, then the fight against poverty is first and foremost a fight against nutritional risks. Escaping out of poverty within the family and checking its movement from one family to another and one generation to another generation requires an integrated policy and programme package both at macro and micro level.

Policy Recommendations :

The alleviation of poverty can not be effective through anti-poverty programmes alone but will require democratic participation on the one hand and changes in economic structures on the other to ensure access to all the resources, opportunities and basic services. Therefore, policies to alleviate poverty which is based on quality of life perspective will obviously be achieved through access to food security, access to resources, access to basic services, access to institutional facilities, access to employment opportunities and finally access to nutritional programmes. The poverty, thus can only be effectively attacked if an integrated approach highlighting on.

The eradication of poverty requires universal access to economic opportunities that will promote sustainable livelihood and basic social services. The broad alleviation efforts include provision of food security, land rights, education, employment, primary health care services including reproductive health care, safe drinking water and sanitation.

Unless until, the quality of life of the poor are improved, social development can not be achieved in state. The goal is not a reality rather a myth. This is only possible through participatory poverty alleviation where the poor have to involve themselves in identifying the poor, prioritise their needs and monitor poverty at micro level. The participatory micro level poverty alleviation is probably the stepping stone towards achieving the goal of poverty alleviation in the state. Quality of life which is the basis for Poverty perspective, encompasses both rights and duties of the poor. Legislation may have to be taken at the national level in order to ensure the basic human rights to be fulfilled. These are rights to land, common property resources, work, food, credit, education, health, shelter and sanitation. The provision of rights for the growing million of population may not be realised at the initial years. There comes the bunch of

duties where population control may have to be considered as family right or individual duty to have two children family. Therefore, families with two children may be ensured of the quality of life rights so as to pave the way for sustainable development with control of population. It may probably take not less than 20 years to eradicate poverty from West Bengal provided quality of life rights are assured with family rights to control birth with participatory poverty alleviation adopted through micro plan concept.

The ultimate goal should be to achieve social development through the participatory development process. This will be possible only if the individual and the community become the focal point of development. No such development is possible without bestowing the real decision making power on the community. Such empowerment has to be an essential ingredient in all our planning and implementation of programmes. This will call for large scale promotion of strong and viable self-help groups, community-based interest groups, user groups and genuinely strengthening the civil society movement. Merely devolving more functions to the PRIs without involving the community at the grassroots level will be looked upon only as a means to achieve the ultimate end of empowerment of people. **What is needed is 'mainstream of poverty concerns' through overhauling the policies of all government departments, under close supervision of the Planning Commission.**

SOCIAL SECTOR DEVELOPMENT: Major Findings and Recommendations

Goals	Findings	Achievements	Recommendations
1.100% immunisation	100% immunisation	Reduction of vaccine preventable diseases	
2.Full coverage of pregnant women by T.T.	Less than 100%	Not achieved	Increase the coverage of pregnant women
3.Reduce CBR to 20 per1000 population	Family planning methods not familiar	Only among educated couples	Educate couples to delay pregnancies till 21 years of age b)Promote birth intervals of 3 years c)Restrict number of child birth to two