



IAS 100

A Civil Services Chronicle Initiative

HUMAN DEVELOPMENT IN INDIA



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During the past few decades, Indian economy has witnessed high rate of its aggregate GDP growth as compared to the past and also compared with several other countries of developing world. India has also, been able to bring down its poverty level. However, there have also been some clear-cut failures. Agriculture continues to account for 50 per cent of the workforce even though its share of GDP is now less than 20 per cent. In spite of the present agrarian crisis, the country has not been able to generate productive employment outside this sector. As a result a large number of people remain unemployed, which is one of the main causes of persistence of widespread poverty in the country. In the absence of basic food security for a significant portion of population, the inability of the system to ensure basic needs of housing, sanitation, adequate healthcare, universal education, good quality of school education, absence of employment guarantee and gender disparities, etc. have put the country at a very low rank in the area of human development. In addition to these, there are problems caused by the other patterns of economic growth. There are regional imbalances and inequality in control over assets. A large section of the country stands excluded from the benefits of development. There is exclusion from education, income generating opportunities and from the impact of physical and social infrastructural expansion. The state of human development in the country cannot be understood without taking into account the ground realities pertaining to the weaker sections of the society.

India at present is also going through a demographic revolution, with the proportion of working-age population between 15 and 59 years likely to increase from approximately 58 per cent in 2001 to more than 64 per cent by 2021, adding approximately 63.5 million new entrants to the working age group between 2011 and 2016, the bulk of whom will be in the relatively younger age-group of 20-35 years. The demographic dividend can be reaped only if this young population is healthy, educated,

and skilled thus, human resource development plays a significant role in the socio-economic development of the society

ECONOMIC GROWTH AND HUMAN DEVELOPMENT: TWO-WAY LINK

❖ Economic Growth and its impact on Human Development.

In order to evaluate the state of human development in the country, UNDP assesses it in the three basic parameters of human development: economic attainment or well-being, education and health. Economic attainments of individuals and their well-being have conventionally been captured through indicators like per-capita or per-capita GDP of an economy. Per-capita income is the average Net State Domestic Product (NSDP). It is considered an important means by which individuals can improve their economic attainments and well-being. Per-capita consumption expenditure is considered a more preferable indicator of individual's command over resources and as a direct and better measure of economic well-being. This helps in calculating the gap between rural and urban consumption expenditure and thus measure the extent of inequality.

Thus Economic growth is an important factor in reducing poverty and generating the resources necessary for human development and environmental protection. There is a strong correlation between Gross Domestic Product (GDP) per-capita and indicators of development such as life expectancy, infant mortality, adult literacy, political and civil rights, and some indicators of environmental quality.

For example, while the citizens of the Indian state of Kerala have life expectancies and literacy rates comparable to those of many developed countries, the fact that they cannot enjoy many of the benefits of citizens of such countries (such as better housing, transportation, or entertainment) demonstrates the importance of GDP as an instrument for achieving a wide range of capabilities. However, GDP also has a

strong effect on literacy and health outcomes, both through private expenditures and government programs. Thus, higher incomes and growth facilitate the achievement of other crucial human development objectives.

Importance of economic growth:

- Nobel laureate Amartya Sen has described economic growth as a crucial means for expanding the substantive freedoms that people value. These freedoms are strongly associated with improvements in general living standards, such as greater opportunities for people to become healthier, eat better and live longer.
- Growth can generate virtuous circles of prosperity and opportunity.
- Economic growth generates job opportunities and hence stronger demand for labour. Employment growth in the organized sector, public and private combined, has increased by 1.0 per cent in 2011, as against 1.9 per cent in 2010. Employment growth is clearly related to economic growth as:

The unemployment rate (per 1000) among the major states is the lowest in Gujarat(18) and highest in Kerala (73) and Bihar (73) in urban areas and the lowest in Rajasthan (4) and again highest in Kerala (75) in rural areas. This data clearly shows that due to high economic growth in Gujarat and government spending in MGNREGA in rural areas of Rajasthan leads to low unemployment rate. Kerala, which has performed well in terms of social indicators as literacy, health but lacks economic growth, performs less well in terms of unemployment (both rural and urban). This may also be due to the higher level of education in Kerala resulting in people not opting for manual jobs as observed by some studies.

Further, real wages for low-skilled jobs have increased with GDP growth worldwide, which indicates that the poorest workers have benefited from the increase in global trade and growth. Macroeconomic factors, such as low inflation, export orientation and low labour taxes, help to determine how much employment is created by growth. Structural factors, such as the balance of the economy between agriculture, manufacturing and services, are also important.

The relationship between growth and employment is not simply about the quantity of jobs created by growth; it is also about the types of jobs created. India has relatively large informal sectors. The combination of excessively regulated labour markets and low levels of development is the principal driver of the informal sector. Careful deregulation of labour markets will reduce the cost of employment for firms in the formal sector and increase the share of formal employment.

- Higher levels of income reduce infant mortality. India demonstrates the strength of this relationship: a 10 per cent increase in GDP is associated with a reduction in infant mortality of between five and seven per cent. Infant mortality rate (IMR) which was 58 per thousand in the year 2005 has fallen to 44 in the year 2011. This is because economic growth has provided the means to invest in healthcare, sanitation, drugs, etc. Life expectancy is also clearly positively related to the level of per capita income.
- Primary and secondary school enrollment rates are positively associated with higher levels of per-capita income. Strong growth and employment opportunities improve incentives for families to invest in education by sending their children to school. There is rise in growth in enrolment of students in higher education from 49.25 lakh in 1990-91 to 169.75 lakh in 2010-11. Similarly gross enrollment ratio in class I-VIII has risen from 93.54 in 2004-5 to 104.3 in 2010-11. Secondly, economic growth has allowed GOI to move for inclusive growth. Thus huge spending on Right to Education and programmes like the Sarva Shiksha Abhiyan have contributed to the growth in enrollment. Thus it can be concluded that: Growth increases a country's tax base and therefore makes it possible for the government to spend more on the key public services of health and education; and Growth raises the incomes of poor people and thereby increases their ability to pay for activities and goods that improve their health and education.

In general, a growing economy tends to provide greater job opportunities. These lead in turn to increased demand for education as

people expect higher returns for them and their children from the investment of time and money in acquiring skills.

The link works equally in the opposite direction. Increased government spending on health and education tends to boost growth in the future, and households reap the benefits from increased investments in health and education through higher future incomes. This generates a virtuous circle of development.

Present Human development report card of India:

- a) 1/3rd of the world's hungry live in India
- b) 836 million Indians survive on less than Rs. 20 (less than half-a-dollar) a day
- c) 30% of newborn are of low birth weight, 56% of married women are anaemic and 79% of children age 6-35 months are anaemic.
- d) India has 29% of the 872.9 million undernourished people (FAO).
- e) India has 49% of the world's under-weight children (WHO).
- f) India has 34% of the world's stunted children (WHO).
- g) India has over 46% undernourished children (WHO).
- h) 456 million people (about 42%) of the population in India is below the new international poverty line (i.e., earning less than \$1.25 per day).
- i) The literacy rate of India according to 2011 Census is 74.04 per cent with 82.14 per cent males and 65.46 per cent females.
- j) Child sex ratio has declined from 927 to 914.
- k) Overall sex ratio at the national level has increased from 933 to 940.

From the above data, it is however clear that economic growth alone does not guarantee human development. The impact of economic growth on a nation's human development level also depends on other conditions of the society such as social parameters, range of regional disparity.

Regional disparity signifies the different phases of development occurring in different

parts of the country. After independence due to shortage of resources government implemented trickledown theory for development in the country. This theory proposed that development at one place will automatically leads to development of nearby regions i.e., if an industry has been established in an area it will lead to overall development of the region around it. But this policy of government failed to provide fruits of development to the nearby villages and regions.

This unequal development of region widens the gap between haves and have-nots thus led to regional disparity. And in Orissa the area near the coastal plains are more developed than the interiors. Similarly in Uttar Pradesh, West U.P. is more advanced economically than the Bundelkhand region irrespective of vast mineral resources. Thus regional disparity can be natural (in terms of resources available) or can be manmade (unequal economic growth).

Government has proposed many incentives and schemes for the development of backward region but poor implementation mechanism has further broadened the regional disparity.

LPG era has further worsened the situation because more developed regions have been able to attract multinationals and FDI and underdeveloped regions are left behind, widening the gap and acting as obstacle in the field of inclusive growth.

Hence Economic growth is the most powerful instrument for reducing poverty and improving the quality of life in developing countries but depends on well-functioning civil institutions, secure individual and property rights, and broad-based health and educational services.

❖ Human Development and its Impact on Economic Growth

Investments in education, training, health and other social services lead to human development. Higher levels of Human Development have an influence on economy through increasing people's capability and consequently their creativity and productivity. Prior to the nineteenth century, systematic investment in human capital was not considered especially important in any country. Expenditures on schooling, on-the-job training, and other similar forms of investment were quite small. This began to change radically during this century

with the application of science to the development of new goods and more efficient methods of production.

During the twentieth century, education, skills, and the acquisition of knowledge have become crucial determinants of a person's and a nation's productivity. One can even call the twentieth century the "Age of Human Capital" in the sense that the primary determinant of a country's standard of living is how well it succeeds in developing and utilizing the skills and knowledge, and furthering the health and educating the majority of its population.

Each of the various components of human development is likely to have a distinct impact on economic growth. Let's discuss each parameter in brief:

a) Education:

A combination of basic facilities and education leads to economic growth which in turn alleviates poverty and helps the disadvantaged regions to grow locally. Education enriches people's understanding of themselves and world. It improves the quality of their lives and leads to broad social benefits to individuals and society. Education raises people's productivity and creativity and promotes entrepreneurship and technological advances. In addition it plays a very crucial role in securing economic and social progress and improving income distribution.

According to Krueger and Lindahl (2001): "Each additional year of schooling appears to raise earnings by about 10% in the US, although the rate of return to education varies over time as well as across countries".

Educating girls and women is probably the single most effective investment in a developing country. It creates a multitude of positive remunerations for families including better family health and nutrition, improved birth spacing, lower infant and child mortality, and enhanced educational attainment of children.

Therefore, education, with a special focus on employability, is critical to India sustaining its economic growth, especially inclusive economic growth.

India's education industry is expected to grow from \$100 billion in 2012 to \$300 billion in 2022 (Riel Miller and Carl Schoonover). This spending will be jointly led by Indian

government (which currently spends only 4% of GDP on education compared to 5% by Mexico, South Africa, Thailand, the UK; 6% by the US; and 7.5% by Israel) and the private sector. If this mammoth \$100 billion industry does not embed employability inside schools, colleges and universities urgently, India may potentially have a demographic disaster on hand. If we are successful, by 2050 India will grow per capita income from \$1,000 to \$20,000, GDP from \$1 trillion to \$40 trillion and become world's second-richest economy, ahead of the US and behind China.

Education alone, of course cannot transform an economy. The quantity and quality of investment, domestic and foreign, together with the overall policy environment, form the other important determinants of economic performance. Yet the level of human development has a bearing on these factors too. The quality of policy making and of investment decisions is bound to be influenced by the education of both policy makers and managers; moreover, the volume of both domestic and foreign investment is likely to be larger when a system's human capital supply is more plentiful.

Thus Education is indispensable to economic development. No economic development is possible without good education. A balanced education system promotes not only economic development, but productivity, and generates individual income per capita. Its influence is noticeable at the micro level of an individual family.

b) Health:

It is well known that certain diseases and conditions such as HIV/AIDS, malaria, tuberculosis (TB), childhood infectious diseases, maternal and prenatal conditions, micronutrient deficiencies and tobacco-related illnesses represent the main causes of (avoidable) deaths in low-income countries. It is reported that widespread diseases also stunts the exploitation of arable land, migration and trade. Bad health stymies job productivity and an individual's ability to learn and to grow intellectually, physically and emotionally. Through all these channels, ill health pushes the poor deeper into poverty. If disease was controlled so that individuals could reap longer and healthier lives, the pressure to have many children would abate and families could invest more in the health of each child. These improve-

ments in health would in turn translate into higher incomes, higher economic growth and reduced (and more sustainable) population growth. The health improvements can contribute to economic development.

The reasons include:

- **Improved productivity:** Better health can make workers more productive, either through fewer days off or through increased output while working. Improved health of family members will have a similar impact through reducing time lost to caring for dependents.

- **Improved learning:** Improved nutrition and reduced disease, particularly in early childhood, leads to improved cognitive development, enhancing the ability to learn. Healthy children will also gain more from school, having fewer days absent due to ill-health. Enhanced learning through either of these mechanisms will add to human capital - an important determinant of economic growth.

- **Reduced Family Size:** Investments in sexual and reproductive health can lead to reduced poverty by reducing the size of families. At a societal level, similar investments may lead to demographic changes conducive to economic development. In particular, they may lead to a period in which countries have a high ratio of workers to dependents leading to increased national savings. Economic theory suggests that increased savings ought to enhance growth by providing funding for investment. On the other hand, in the medium term, population growth due to reduced infant mortality could reduce GDP per capita if population growth outpaces growth of available resources and capital.

- **Health and Investment:** Healthier individuals will often have the ability and incentive to save more, and, as noted above, this accumulation of capital may help fuel growth through investment. Similarly, companies may be more likely to invest when workforces are healthier or better educated. Improved disease environments may also support the development of sectors such as tourism.

- **Increased availability of land for productive use:** Eliminating particular illnesses may allow cultivation or other use to be made of previously unused land.

- **Reduced Treatment Burden:** Initiatives that prevent certain illnesses or provide for their early treatment can help avoid the major downstream costs associated with illness and subsequent complications. Because of this, such initiatives can reduce healthcare burdens on families and governments, freeing capital for investment in productive activities (freeing funding for governments to invest in infrastructure, for example, or for families to invest in education).

Example: When a family is healthy, both the mother and the father can hold a job, earn money which allows them to feed, protect and send their children to school. Healthy and well-nourished children will perform better in school and a better performance in school will positively impact their future income. If parents ensure that their children have a high probability of reaching adulthood, in general they will have fewer children and they will be able to invest more in health and education for each of them. Additionally, the loss of health affects the poor to a greater extent since the main, and at times, only asset they have is their body. When they become ill they have fewer alternative solutions and suffer greater consequences.

Status of education and health in India

Education:

- All States/UTs have notified the RTE Rules.
- 2,14,561 Primary and 1,76,361 Upper Primary schools have been sanctioned under SSA till date, of which 96% are operational.
- Mid-day Meal Scheme(MDMS) covers children studying in classes I-VIII in Government, Local Body, Government aided and National Child Labour Project schools and the centres run under Education Guarantee Scheme (EGS)/Alternative & Innovative Education (AIE) centres including Madarasas/Maktabas supported under Sarva Shiksha Abhiyan (SSA). During the year 2011-12, 10.54 crore children studying in 12.31 lakh institutions have availed of the Mid-Day Meal.
- Govt. has launched the centrally sponsored scheme to set up 6,000 model schools at the rate of one school per block was launched in November 2008. Implementation of the PPP component of the

Model School Scheme has been initiated from 2012-13.

- Saakshar Bharat has been sanctioned in 372 out of 410 targeted eligible districts in 25 states and one Union Territory.
- Launched Jan Shikshan Sansthan to provide vocational training to non-literate, neo-literate as well as school dropouts by identifying such skills as would have a market in the region of their establishment. Upto October, 2012, 2,19,864 beneficiaries, out of which 2,02,407 are women, have been covered under the various vocational course.
- Establishment of 500 e-Classrooms in 50 KVs and In-house development of e-Content by KV teachers.
- Introduction of teaching of German language approximately in 300 schools from classes VI to VIII.

Health:

- Infrastructure has been strengthened under NHRM by taking up 594 District Hospitals, 2,721 Community Health Centres, 5,459 Primary Health Centres and 31,001 Sub-Centres for new construction or renovation.
- Infant Mortality Rate (IMR) has dropped by 3 points from 47 to 44 infant deaths per 1000 live births during 2011. IMR for rural areas has dropped by 3 points from 51 to 48 infant deaths per 1000 live births while the urban rate now stands at 29 from the previous 31/1000. Among the states, Goa and Manipur have the lowest IMR of 11 infant deaths followed by Kerala with 12 infant deaths per 1000 live births.
- Maternal mortality ratio is 212/100,000 live births.
- Since the past three years, the availability of MBBS seats has gone up from 32,892 to 44,302, including 300 seats in the new AIIMS, an increase of 11,410 seats. The number of PG seats has increased from 13,000 to 22,503, an increase of 9,503 seats. 66 new medical colleges have been established raising the number from 289 to 355 within this period.
- The Government of India has signed a Memorandum of Understanding (MoU) for 'Country to Country' corporation in the fields of Traditional Medicine with Trinidad and Tobago. MoUs are also be-

ing signed with the Governments of Serbia and Nepal, and is in pipeline with the Government of Sri Lanka. MoUs for setting up of AYUSH Chair at Durban University of Technology, South Africa and University of West Indies, Trinidad and Tobago were also finalized.

- AYUSH Information Cell has been set up - one each in Mexico and Port of Spain.
- GOI is planning to launch National Urban Health Mission in line of NHRM.

c) Skill Development:

Skill building can be viewed as an instrument to improve the effectiveness and contribution of labour to the overall production. It is as an important ingredient to push the production possibility frontier outward and to take growth rate of the economy to a higher trajectory. Skill building could also be seen as an instrument to empower the individual and improve his/her social acceptance or value.

The contemporary focus on skill building or skill development in India is derived from the changing demographic profiles in India vis-à-vis China, Western Europe, and North America. These changing demographic profiles indicate that India has a unique 20 to 25 years window of opportunity called "demographic dividend". The demographic dividend is essentially due to two factors (a) declining birth rates and (b) improvement in life expectancy. The declining birth rate changes the age distribution and makes for a smaller proportion of population in the dependent ages and for relatively larger share in the productive labour force. The result is low dependency ratio which can provide comparative cost advantage and competitiveness to the economy. The "demographic dividend" accounts for India having world's youngest workforce with a median age way below that of China and OECD Countries. Alongside this window of opportunity for India, the global economy is expected to witness a skilled manpower shortage to the extent of around 56 million by 2020. Thus, the "demographic dividend" in India needs to be exploited not only to expand the production possibility frontier but also to meet the skilled manpower requirements of in India and abroad.

Statistically 49.9% of India's population would be below 29 years in 2021, leading to

the possibility of 650 million people (a large number of them are English speaking) being in the employable age of 15-59 years in a decade from now meeting the requirements of both the domestic and world economies. Goldman Sachs predicts that India would become the third largest economy in the world by 2035, just behind the United States and the People's Republic of China. Globally, companies have their eyes set on India as a rapidly growing nation that is full of opportunities.

Despite this huge labour pool, however, employability continues to be a major concern in India mainly due to the absence of a proper linkage between the formal education system and vocational training. High school dropout rates (upto 56.8%) and low turnout at the vocational training institutes add on to the challenge. Today, a mere 2% of the Indian workers are formally skilled. In-service training is received by only 15% of workers in the manufacturing sector. A significantly large bulk of the labour force in India - about 93% - works in the unorganized sector, without any formal training.

Countries with higher and better levels of skills adjust more effectively to the challenges and opportunities of world of work. Progress in scientific and technical knowledge has vastly increased the potential productivity and development of an economy. Rapid advancement in computer technology and its applications have made it essential to have a large number of persons with high levels of computer literacy. Development of more powerful applications of information technology has led to its wide application in industry and services. The full utilization of this potential requires the capacity of the education system to produce high quality trained personnel in adequate numbers.

In August 2008, the Prime Minister outlined his vision for skill development in India. The Prime Minister also outlined the institutional structure at the national level for coordinated action in the skills space. This consisted of the establishment of a National Council for Skill Development, chaired by the Prime Minister himself, at the apex to lay down the broad framework for this arena, a National Skill Development Coordination Board(NSDCB) coordinated by the Planning Commission to combine public and private prongs of action

and the setting up of a National Skill Development Corporation(NSDC) as a no-profit-no-loss company through the public-private partnership route to catalyse private sector involvement in the skills space. In March 2009, the government announced a National Policy on Skill Development laying down the framework within which it wanted skills-related training to be conducted. The policy clarified the roles that different stakeholders - government, industry, trade unions and civil society - would need to play for the creation of a skills ecosystem in India.

But the task of skill development has many challenges in India which include:-

- a) Increasing capacity & capability of existing system to ensure equitable access to all.
- b) Promoting life long learning, maintaining quality and relevance, according to changing requirement particularly of emerging knowledge economy.
- c) Creating effective convergence between school education, various skill development efforts of government and between government and Private Sector initiative.
- d) Capacity building of institutions for planning, quality assurance and involvement of stakeholders.
- e) Creating institutional mechanism for research development quality assurance, examinations & certification, affiliations and accreditation.
- f) Increasing participation of stakeholders, mobilizing adequate investment for financing skill development, attaining sustainability by strengthening physical and intellectual resources.

Thus investment in human capital through education, training, health and medical facilities is an investment that yields additional output and brings an economic return that is difficult to calculate but decisively significant. Economic growth theory sees human capital as an important source of economic growth. As the term implies, human capital is conceived as an input to development. Numerous studies have established the relationship between education, health and economic development.

Therefore there is a strong need for their improvement in India.

Human development indicators

The three basic parameters of human development are economic attainment or well-being, education and health.

- Economic attainments of individuals and their well-being have conventionally been captured through indicators like per-capita or per-capita GDP of an economy. But in the context of developing countries these indicators are not very reliable as they rely mainly on market mediated transactions for capturing economic activity. Therefore, the National Human Development Report uses per-capita consumption expenditure instead of per-capita income as the indicator of well-being of the common people. It is not only the average level of consumption expenditure that is important for assessing economic attainments, but also the how the pattern is distributed across the population in the state or region. A state may have high average per-capita consumption expenditure only because of high expenditure levels in the top income deciles of the population. On the other hand, the same average consumption level can be obtained from a more equitable distribution of expenditure levels, for instance, for the bottom five deciles of the population.
- Further the Planning Commission estimates poverty using data from the large sample surveys on household consumer expenditure carried out by the National Sample Survey Office (NSSO) every five years. It defines poverty line on the basis of monthly per capita consumption expenditure (MPCE). The methodology for estimation of poverty followed by the Planning Commission has been based on the recommendations made by experts in the field from time to time. Recent data shows that the Poverty ratio in the country has declined to 21.9 per cent in 2011-12 from 37.2 per cent in 2004-05 on account of increase in per capita consumption. According to the Commission, in 2011-

12 for rural areas, the national poverty line by using the Tendulkar methodology is estimated at Rs. 816 per capita per month in villages and Rs. 1,000 per capita per month in cities. This would mean that the persons whose consumption of goods and services exceed Rs. 33.33 in cities and Rs. 27.20 per capita per day in villages are not poor. The Commission said that for a family of five, the all India poverty line in terms of consumption expenditure would amount of Rs. 4,080 per month in rural areas and Rs. 5,000 per month in urban areas. The poverty line however will vary from state to state. Thus the percentage of persons below poverty line in 2011-12 has been estimated at 25.7 per cent in rural areas, 13.7 per cent in urban areas and 21.9 per cent for the country as a whole. The percentage of persons below poverty line in 2004-05 was 41.8 per cent in rural areas, 25.7 per cent in cities and 37.2 per cent in the country as a whole. In actual terms, there were 26.93 crore people below poverty line in 2011-12 as compared to 40.71 crore in 2004-05.

- HDR measures inequality in terms of two indicators. The first indicator is the income Gini coefficient which measures the deviation of distribution of income (or consumption) among the individuals within a country from a perfectly equal distribution. For India, the income Gini coefficient was 36.8 in 2010-11. In this respect, inequality in India is lower than many other developing countries e.g. South Africa (57.8), Brazil (53.9), Thailand (53.6), Turkey (40.8), China (41.5), Sri Lanka (40.3), Malaysia (46.2), Vietnam (37.6), as well as countries like USA (40.8), Hong Kong (43.4), Argentina (45.8), Israel (39.2), Bulgaria (45.3), etc., which are otherwise ranked very high in terms of human development index. The second indicator is the quintile income ratio, which is a measure of average income of the richest 20 per cent of the population to that of poorest 20 per cent. The quintile income ratio for India was 5.6 in 2010-11. Countries like Australia (7.0), the USA (8.5), New Zealand (6.8),

Singapore (9.8), the UK (7.8), Argentina (12.3), Mexico (14.4), Malaysia (11.4), Philippines (9.0), Vietnam (6.2) had higher ratios. This implies that the inequality between the top and bottom quintiles in India was lower than a large number of countries.

- Employment growth in the organized sector, public and private combined, has increased by 1.0 per cent in 2011, as against 1.9 per cent in 2010. The annual growth rate of employment in the private sector in 2011 was 5.6 per cent whereas that in the public sector was negative. The share of women in organized-sector employment was around 20.5 per cent during 2009-11 and has remained nearly constant in recent years.
- Shelter is another basic human requirement. It is perhaps as important in the life of a human being as food and clothing. Housing is a necessity as well as important economic activity as it is a part of the construction industry. But the Census of India 2001 enumerated 1.94 million homeless people in India of whom 1.16 million lived in villages and only 0.77 million lived in cities and towns. The homeless people counted in Delhi were 24,966,86472 in Tamil Nadu and 42498 in Bihar. However, these numbers are likely to be gross underestimates. The homeless population is certainly living in a condition beyond human dignity. Besides out of this homeless population a large number of people live in slums. The Census of India also provides information about the quality of housing. The available data provides information about the number of rooms available to households and the quality of construction of the residence, i.e., whether household resides in pucca or kutcha construction.
- The UNDP in its HDR 1990, has pointed out that literacy is a person's first step in learning and knowledge building and therefore literacy indicators are essential for any measurement of human development. These can be many indicators to assess the educational

attainments of a society. These can be literacy rate for population as a whole, adult literacy rate, literacy rate for females and for deprived and backward sections of society. Other indicators like a gross enrollment ratio, attendance in schools, dropout rates of the school going children or of a girl child or proportion of population having higher and technical qualification, etc. could also be used to measure the level of educational attainment in a society. Each of these indicators, however focuses on a particular aspect of education and to that extent covers only a limited dimension of educational attainment. India's educational development is a mixed bag of remarkable successes and glaring gaps. In the post Independence period, the pace of educational development was unprecedented by any standard. At the same time, perhaps, the policy focus and public intervention in the provisioning of educational services was not adequately focussed or, even misplaced to the extent that even after 50 years of planned effort in this sector, nearly one-third of the population or close to 300 million persons in age-group of seven years and above are illiterate. Recent surveys conclude that Madhya Pradesh has the highest gross enrollment ratio (GER) (6-13 years) in 2010-11 while Assam has the lowest. Pupil-teacher ratios in primary and middle/basic schools are the lowest in Himachal Pradesh and high in states like Uttar Pradesh and Bihar.

- Health is the third most important indicator of human development. For most individuals the choices to live a healthy life, free from illness and ailments, with a reasonable life span are crucial attributes in the notion of personal well-being. Similarly for a society, a transition from high incidence of morbidity and mortality to a state where people generally enjoy long and disease free lives is considered a desirable and valued social change. Life expectancy of an individual is the number of years the person is expected to live given the prevailing age specific

mortality rate of the population to which he or she belongs. The need to have a measure like life expectancy arises because often the age-specific mortality rates are not correlated. The indicator of life expectancy is closely related to other aspects of health. Kerala is the best performer in terms of life expectancy at birth for both males (71.5 years) and females (76.9 years) whereas Assam is the worst performer for both males (61 years) and females (63.2 years) during 2006-10. Infant mortality rate (IMR) in 2011 is the lowest in Kerala (12) and highest in Madhya Pradesh (59) against the national average of 44. Birth rate is lowest in Kerala (15.2) and highest in Uttar Pradesh (27.8) against the national average of 21.8. Death rate is lowest in West Bengal (6.2) and highest in Odisha (8.5) against the national average of 7.1.

Annual Health Survey 2010-11

The Health Ministry has released the Annual Health Survey (AHS) conducted in 284 districts of eight Empowered Action Group States of Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Orissa and Rajasthan, besides Assam, representing half the country's population.

The objective of the AHS is to yield a comprehensive, representative and reliable dataset on core vital indicators including composite ones like Infant Mortality Rate, Maternal Mortality Ratio and Total Fertility Rate along with their co-variates (process and outcome indicators) at the district level and map the changes therein on an annual basis. These benchmarks would help in better and holistic understanding and timely monitoring of various determinants on well-being and health of population particularly Reproductive and Child Health.

Annual Health Survey(AHS) has been implemented by the Office of Registrar General, India for a three year period spread over 2010-11 to 2012-13.

These nine States, which account for about 48 per cent of the total population, 59 percent of Births, 70 per cent of Infant Deaths, 75 per cent of Under 5 Deaths and 62 per cent of Maternal Deaths in the country, are the high

focus States in view of their relatively higher fertility and mortality. A representative sample of about 20.1 million population and 4.1 million households were covered in 20,694 statistically selected PSUs (Census Enumeration Blocks in case of urban areas and villages or a segment thereof in rural areas) in these 9 AHS States during baseline and to be followed every year. With the present coverage, the AHS is the largest demographic survey in the world and is two and half times that of the Sample Registration System.

Total fertility rate, current usage of family planning, unmet need for family planning, mean age at marriage for female, marriage among females below legal age (18 years), ante-natal care, delivery care, janani suraksha yojana, post-natal & newborn care and immunization.

The new health survey has also revealed that more boys than girls are getting married before the legal age of 21 years. The survey has also revealed that every fourth girl marrying in rural Rajasthan and every fifth in Bihar and Jharkhand are below the legal age of 18 years. The Mean age at marriage of females varies from 19.7 in Rajasthan to 22 years in Uttarakhand. For males, the mean marriage age is 22.2 in Rajasthan and a maximum of 27.6 in Assam.

The survey also reveals for the first time that a woman on an average gives birth to more than three children in Uttar Pradesh, Bihar, Jharkhand and Rajasthan, with the highest of 5.9 children reported in Shravasti district of Uttar Pradesh.

Uttar Pradesh has fared poorly in ante-natal care and immunisation of children. Across 284 districts, less than 1 per cent coverage of full ANC has been reported in Balrampur district of Uttar Pradesh, while Jagatsinghpur of Odisha reported the maximum (36 per cent).

Uttar Pradesh has reported the minimum coverage of 3.9 per cent while Chhattisgarh the maximum (19.5 per cent) of full ante-natal care, which comprises of three or more check-ups and at least one TT injection alongwith iron and folic acid consumption in first 100 days.

Jharkhand reported the minimum of 47.1 per cent and Madhya Pradesh the maximum of 82.2 per cent safe deliveries. About one-

fourth of the districts have reported less than 50 per cent of safe deliveries. Of 14 districts reporting 90 per cent and above safe deliveries, 10 belong to Madhya Pradesh.

GOVERNMENT INITIATIVES FOR HUMAN DEVELOPMENT IN INDIA

A. Poverty Alleviation And Employment Generation Programmes

• Mahatma Gandhi National Rural Employment Guarantee Act.

The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) is an Indian job guarantee scheme, enacted by legislation on 25 August, 2005. The scheme provides a legal guarantee for at least one hundred days of employment in every financial year to adult members of any rural household willing to do public work-related unskilled manual work at the statutory minimum wage of 120 (US \$2.20) per day in 2009 prices.

Provisions under MGNREGA

- a) Adult members of a rural household, willing to do unskilled manual work, are required to make registration in writing or orally to the local Gram Panchayat.
- b) The Gram Panchayat after due verification will issue a Job Card. The Job Card will bear the photograph of all adult members of the household willing to work under NREGA and is free of cost.
- c) The Job Card should be issued within 15 days of application.
- d) A Job Card holder may submit a written application for employment to the Gram Panchayat, stating the time and duration for which work is sought. The minimum days of employment have to be at least fourteen.
- e) The Gram Panchayat will issue a dated receipt of the written application for employment, against which the guarantee of providing employment within 15 days operates.
- f) Employment will be given within 15 days of application for work, if it is not then daily unemployment allowance as per the Act, has to be paid liability of payment of unemployment allowance is of the States.
- g) Work should ordinarily be provided within 5 km radius of the village. In case work is provided beyond 5 km, extra wages of 10% are payable to meet additional transportation and living expenses.
- h) Wages are to be paid according to the Minimum Wages Act, 1948 for agricultural labourers in the State, unless the Centre notices a wage rate which will not be less than 60 (US \$1.10) per day. Equal wages will be provided to both men and women.
- i) Wages are to be paid according to piece rate or daily rate. Disbursement of wages has to be done on weekly basis and not beyond a fortnight in any case.
- j) At least one-third beneficiaries shall be women who have registered and requested work under the scheme.
- k) Work site facilities such as crèche, drinking water, shade have to be provided.
- l) The shelf of project for a village will be recommended by the gram sabha and approved by the Zilla Panchayat.
- m) At least 50% of works will be allotted to Gram Panchayats for execution.
- n) Permissible works predominantly include water and soil conservation, afforestation and land development works.
- o) A 60:40 wage and material ratio has to be maintained. No contractors and machinery is allowed.
- p) The Central Govt. bears the 100 per cent wage cost of unskilled manual labour and 75 per cent of the material cost including the wages of skilled and semi skilled workers.
- q) Social Audit has to be done by the Gram Sabha.
- r) Grievance redressal mechanisms have to be put in place for ensuring a responsive implementation process.

- **National Rural Livelihood Mission**

The National Rural Livelihood Mission (NRLM) was established in June 2010 by the Government of India, to be implemented in all States of the country, to establish efficient and sustainable institutions of the rural poor that enable them to increase household income through livelihood enhancements and improved access to financial and selected public services. NRLM have special focus on the poorest households, who are currently dependant on MGNREGA. These families will be supported to broaden their livelihoods through assets and skill acquisition. This will enhance the quality of their livelihoods significantly.

NRLM is based on:

- It is a demand driven programme and the states formulate their own poverty reduction action plans based on their past experience, resources and skills base; and
- It will provide for a professional support structure for programme implementation at all levels from the national upto the block level in different streams.

The Rural Livelihoods Mission has a three-tier interdependent structure. At the apex of the structure is the National Rural Livelihoods Mission, under the Ministry of Rural Development, Govt. of India. At the State level, there is an umbrella organization under the State Department of Rural Development/ Department which is responsible for implementing self-employment/rural livelihoods promotion programs. The State level Mission with dedicated professionals and domain experts under the State department of Rural Department will be guided financially, technically and supported by the NRLM on need basis. The National and the State Mission will have a symbiotic relationship. They will have mutual access to the knowledge and services in the area of rural livelihoods.

The National Rural Livelihoods Mission (NRLM) seeks to provide greater focus and momentum to poverty reduction to achieve the Millennium Development Goal by 2015. This entails a rapid increase in viable livelihoods among poor rural households (as well as urban ones).

- **Swarna Jayanti Shahari Rozgar Yojana**

With a view to provide gainful employment to the urban unemployed and underemployed through encouraging the setting up of self-employment ventures or provision of wage employment, a new urban poverty alleviation programme, namely, Swarna Jayanti Shahari Rozgar Yojana (SJSRY) was launched by the Government of India on 01.12.1997.

This scheme subsumed the earlier three urban poverty alleviation programmes, namely Urban Basic Services for the Poor (UBSP), Nehru Rozgar Yojana(NRY) and Prime Minister's Integrated Urban Poverty Eradication Programme(PMIUPEP).

An independent evaluation of SJSRY was carried out by the Ministry of Housing & Urban Poverty Alleviation in 2006 to assess the impact of the scheme in improving the conditions of the urban poor. Based on the study findings, lessons learnt in implementation and feedback received from State Governments, Urban Local Bodies and other stakeholders, a revision of the Guidelines of the SJSRY scheme has been made, with effect from the year 2009-2010.

The main objectives of the new revamped SJSRY are:

- Addressing urban poverty alleviation through gainful employment to the urban unemployed or underemployed poor by encouraging them to set up self-employment ventures (individual or group), with support for their sustainability; or undertake wage employment;
- Supporting skill development and training programmes to enable the urban poor have access to employment opportunities opened up by the market or undertake self-employment; and
- Empowering the community to tackle the issues of urban poverty through suitable self managed community structures like Neighbourhood Groups (NHGs), Neighbourhood Committees (NHC), Community Development Society(CDS), etc.

B. Education programmes

- **Right To Education**

Right to education guarantees free and compulsory education to all children between

the age of 6 and 14 in India under Article 21A of the Indian Constitution. It states that 'compulsory education' means obligation of the appropriate government to provide free elementary education and ensure compulsory admission, attendance and completion of elementary education to every child in the six to fourteen age group.

'Free' means that no child shall be liable to pay any kind of fee or charges or expenses which may prevent him or her from pursuing and completing elementary education.

Indian parliament passed this act on 2009 and it came into force on 2010. The passing of the Right of Children to Free and Compulsory Education(RTE) Act, 2009 marks a historic moment for the children of India.

This Act serves as a building block to ensure that every child has his or her right to get a quality elementary education and states have this responsibility, with the help of families and communities to fulfill this obligation.

The salient features of RTE Act are:

- a) All children aged 6-14 shall have the right to free and compulsory education at a neighborhood school.
- b) No direct school fees or indirect cost on uniforms, textbooks, mid-day meals, transportation, etc. needs to be borne by the child or parents to obtain elementary education.
- c) The Government will provide schooling free of cost until the child's elementary education is completed.
- d) All schools must comply with certain infrastructure and teacher norms. Two trained teachers will be provided for every 60 students at the primary level.
- e) Schools shall constitute School Management Committees comprising local officials, parents, guardians and teachers. The SMCs will monitor utilization of Government grants and the school environment. RTE mandates inclusion of 50% women and parents of children from disadvantaged groups in SMCs.
- f) It prohibits (a) physical punishment and mental harassment; (b) screening procedures for admission of children; (c) capitation fee; (d) private tuition by

teachers and (e) running of schools without recognition, etc.

• Model School Scheme

The Model School scheme was launched in November 2008 in pursuance to the announcement of the Prime Minister in his Independence Day speech of 2007. The scheme aims to provide quality education to talented rural children through setting up of 6,000 model schools as benchmark of excellence at block level at the rate of one school per block. The scheme has the following objectives:

- a) To have at least one good quality senior secondary school in every block.
- b) To have a pace setting role.
- c) To try out innovative curriculum and pedagogy.
- d) To be a model in infrastructure, curriculum, evaluation and school governance.

The scheme has two modes of implementation, viz. (i) 3,500 schools are to be set up in as many educationally backward blocks (EBBs) through State/UT Governments, and (ii) the remaining 2,500 schools are to be set up under Public-Private Partnership (PPP) mode in blocks which are not educationally backward. At present, only the component for setting up of model schools in EBBs through State/UT Governments is being implemented. The PPP component of the Model School Scheme is likely to be implemented from 12th Five Year Plan.

• Mid-day meal

The Mid-Day Meal is the world's largest school feeding programme reaching out to about 12 crore children in over 12.65 lakh Schools/EGS centres across the country.

With a view to enhancing enrollment, retention and attendance and simultaneously improving nutritional levels among children all over India, the National Programme of Nutritional Support to Primary Education (NP-NSPE) was launched as a Centrally Sponsored Scheme on 15 August, 1995, initially in 2408 blocks in the country. By the year 1997-98 the NP-NSPE was introduced in all blocks of the country. It was further extended in 2002 to cover not only children in class I-V of government, government aided and local body

schools, but also children studying in Education Guarantee Scheme and Alternative and Innovative Education centres.

Central Assistance under the scheme consisted of free supply of food grains @100 grams per child per school day, and subsidy for transportation of food grains up to a maximum of Rs. 50 per quintal.

In September 2004 the scheme was revised to provide cooked mid day meal with 300 calories and 8-12 grams of protein to all children studying in classes I-V in Government and aided schools and EGS/AIE centres. In addition to free supply of food grains, the revised scheme provided Central Assistance for (a) Cooking cost @1 per child per school day, (b) Transport subsidy was raised from the earlier maximum of 50 per quintal to 100 per quintal for special category states, and 75 per quintal for other states, (c) Management, monitoring and evaluation costs @2 per cent of the cost of foodgrains, transport subsidy and cooking assistance, and (d) Provision of mid day meal during summer vacation in drought affected areas.

In July 2006, the nutritional norm has increased from existing 300 calories and 8-12 gram protein to minimum 450 Calories and 12 gram of protein. Assistance for cooking/ kitchen devices (gas stove with connection, stainless steel water storage tank, cooking and serving utensils, etc.) in a phased manner @ Rs. 5,000 per school.

In September 2007, the name of the Scheme was changed from 'National Programme of Nutritional Support to Primary Education' to 'National Programme of Mid Day Meal in Schools' and the Scheme was extended to cover children of upper primary classes (i.e., class VI to VIII) studying in 3,479 Educationally Backward Blocks. The calorific value of the Mid-Day Meal for upper primary stage was fixed at 700 Calories and 20 grams of protein.

The Scheme was further revised in April 2008 to cover all upper primary schools of country and also to include recognized Madrasas/Maqtabas supported under SSA as Government Aided schools as well as those Madrasas/Maqtabas which may not be registered or recognized but supported under SSA as EGS/AIE intervention in coordination with State Project Directors of SSA.

During the year 2009 the following changes

have been made to improve the implementation of the scheme: Food norms have been revised to ensure balanced and nutritious diet to children of upper primary group by increasing the quantity of pulses from 25 to 30 grams, vegetables from 65 to 75 grams and by decreasing the quantity of oil and fat from 10 grams to 7.5 grams.

C. Health Programmes

• Integrated Child Development Services (ICDS):

It was launched in 1975 with the following objectives: to improve the nutritional and health status of children in the age-group 0-6 years; to lay the foundation for proper psychological, physical and social development of the child; to reduce the incidence of mortality, morbidity, malnutrition and school dropout. It provides supplementary nutrition, immunization, regular health check-up, pre-school non-formal education and nutrition & health education.

ICDS Scheme has since been universalised with effect from 2008-09. The total numbers of sanctioned Projects are 7076 and Anganwadi centres (including Mini AWCs and Anganwadi on demand) are 13.71 lakhs. Against this there are 7025 operational projects and 13.31 lakh operational AWCs as on January 2013. The services are currently availed by 927.66 lakh beneficiaries which include 746.81 lakh children (6 months to 6 years) and 180.85 lakh pregnant and lactating mothers.

Government has recently approved strengthening and restructuring of Integrated Child Development Services (ICDS) Scheme with a budget allocation of Rs. 1,23,580 crore during 12th Five Year Plan.

• Indira Gandhi Matritva Sahyog Yojana:

Indira Gandhi Matritva Sahyog Yojana (IGMSY), Conditional Maternity Benefit(CMB) is a centrally sponsored scheme for Pregnant and Lactating (P&L) women to improve their health & nutrition status to better enabling environment by providing cash incentives to pregnant and nursing mothers. It is being implemented using the platform of ICDS. The scheme was introduced in October, 2010 on pilot basis now operational in 53 selected districts including Bihar. The scheme attempts to partly compensate for wage loss to Pregnant

& Lactating women both prior to and after delivery of the child. The scheme envisages providing cash directly to the beneficiary through their Bank Accounts/Post Office Accounts, in response to individual fulfilling specific conditions. The scheme covers all pregnant and lactating women above 19 years of age and above for first two live births are entitled for benefits under the scheme except all Government/PSUs (Central & State). The beneficiaries in 2011-12 were 3.05 lakhs and during 2012-13 are 3.76 lakhs so far.

- **National Rural Health Mission**

Recognizing the importance of Health in the process of economic and social development and improving the quality of life of our citizens, the Government of India has launched the National Rural Health Mission to carry out necessary architectural correction in the basic healthcare delivery system.

The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate healthcare.

National Rural Health Mission was launched on 12th April, 2005 with an objective to provide effective healthcare to the rural population, the disadvantaged groups including women and children by improving access, enabling community ownership, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralization.

The scheme proposes a number of new mechanisms for healthcare delivery including training local residents as Accredited Social Health Activists(ASHA) and the Janani Surakshay Yojana(motherhood protection program). It also aims at improving hygiene and sanitation infrastructure. It is the most ambitious rural health initiative ever.

The mission has a special focus on 18 states Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttarakhand and Uttar Pradesh.

Goals of NHRM

- a) Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).
- b) Universal access to public health services such as Women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.
- c) Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- d) Access to integrated comprehensive primary healthcare.
- e) Population stabilization, gender and demographic balance.
- f) Revitalize local health traditions and mainstream, AYUSH.
- g) Promotion of healthy life styles.

Rashtriya Bal Swasthya Karyakram is a new initiative aimed at screening over 27 crore children from 0 to 18 years for 4 Ds-Defects at birth, Diseases, Deficiencies and Development Delays including Disabilities. Children diagnosed with illnesses shall receive follow up including surgeries at tertiary level, free-of-cost under NRHM.

- **SABLA scheme**

With the objective to improve the nutritional and health status of adolescent girls in the age group of 11-18 years and empower them by providing education in life-skills, health and nutrition, the Government of India introduced the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls-SABLA in November, 2010.

SABLA scheme will replace the erstwhile Kishori Shakti Yojana (the objective of this scheme was to improve the nutrition and health status of girls in the age-group of 11 to 18 years, to equip them to improve and upgrade their home-based and vocational skills, and to promote their overall development, including awareness about their health, personal hygiene, nutrition and family welfare and management) and Nutrition Programme for Adolescent Girls (under this programme, 6 kg of free food grain per beneficiary per month was given to undernourished Adolescent Girls).

SABLA will be implemented initially in 200 districts selected across the country, using the platform of ICDS. In these districts, SABLA

will replace KSY and NPAG. In rest of the districts, KSY would continue as before.

The objectives of the scheme are to:

- a) enable self development and empowerment of AGs;
- b) improve their nutrition and health status;
- c) spread awareness among them about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH), and family and child care;
- d) upgrade their home based skills, life skills and vocational skills;
- e) mainstream out of school AGs into formal/non-formal education; and
- f) Inform and guide them about existing public services, such as PHC, CHC, Post Office, Bank, Police Station, etc.

D. Skill development Programmes

The current education system does not focus on training young people in employable skills that can provide them with employment opportunities. Today, a large section of India's labor force has outdated skills. With current and expected economic growth, this challenge is going to only increase further, since more than 75% of new job opportunities are expected to be "skill-based."

The Government is therefore strongly emphasizing on upgrading people's skills by providing vocational education and training to them. It has formulated the National Policy on Skill Development and set a target for providing skills to 500 million people by 2022. Various stakeholders are involved in this process.

In the current framework, the Ministry of Labor & Employment is running various schemes and has set up industrial training institutions across the country. Other ministries such as the Ministry of Human Resource Development, the Ministry of Rural Development and the Ministry of Urban Development & Poverty Alleviation have also launched their skill upgrading programs and self-employment schemes.

In addition, as part of its National Skill Development Mission, the Government has established the National Skill Development Corporation in the Public Private Partnership mode to facilitate setting up of large, high quality, for-profit vocational institutions. It also

aims to set up 1,500 new ITIs and 5,000 skill development centers across the country as well as a National Vocational Qualification Framework (NVQF) for affiliations and accreditation in vocational, educational and training systems.

Realizing the significance and need for skilled manpower, private sector entities are taking several initiatives to contribute effectively to the Government's endeavors. Across business sectors, companies and industry associations are not only boosting their in-house training facilities, but are also taking steps to make potential employees job-ready before they join organizations. Some initiatives are:

- I. **Hunar se Rozgar:** The Govt. of India, Ministry of Tourism has launched a Training Programme, christened Hunar Se Rozgar Tak, to create employable skills in the interested youth who are in the age-group of 18-25 years and who are minimum 8th pass. The upper age limit has been raised to 28 with effect from 11th November, 2010. The HSRT initiative is being implemented through expert institutions including the Indian Institute of Tourism and Travel Management, Institutes of Hotel Management, Food Craft Institutes and India Tourism Development Corporation. The State Governments/Union Territory Administrations have also been authorised to implement the initiative through Institutes selected by them for purpose. It is also mandatory for certain star-classified hotels to train a prescribed minimum number of persons.

The courses offered are: A six week full time course in Food & Beverage Service, also covering housekeeping, and an eight week full time course in Food Production. Each course will also have a built in emphasis on improving the trainees in behavior and attitudes in order to enhance their market acceptability. The hotels shall ensure that the quality of training imparted under the said scheme will be of the highest quality so that the pass-outs are proficient enough to be easily employable in the sector.

- II. **Skill, Empowerment and Employment Special Scheme:** SEE J&K Scheme is a

placement linked, market driven skill training programme for J&K youth to be implemented by the Ministry of Rural Development. The objective of the SEE J&K scheme is to provide options and opportunities to all youth in J&K, ranging from school dropouts to college educated, to select training programme for salaried or self employment opportunities as per their interest. The placements will be in the private sector both within and outside J&K. It is estimated that 70% funds will be used to provide salaried employment linked training, and the remaining 30% for self-employment linked training. The training providers for placement linked skill training will give a 75% placement guarantee for the trained youth. Placement for youths will be provided all over the country. Under SEE J&K Scheme, different training strategies will be used for diverse groups of youth - school dropouts, dropouts of XII class level, and those who have had college education. The Special scheme will cover youth both from Below Poverty Line(BPL) category and non-BPL category.

III. Special Industry Initiative Scheme for Jammu & Kashmir (Udaan): Under the scheme, 40,000 youth will be trained in five years. Companies which show interest in the scheme and enter into the agreement with the National Skill Development Corporation(NSDC), will screen and select students from the State. After assessing the skill gap of the trainees, a training module, its duration and nature of training will be designed by the companies. Trainees will be relocated to the training facility. After completion of the training, they will be interviewed for a job with the company and will be placed as far as possible.

The scheme targets youth who are educated, but do not have marketable skills. It includes graduates, postgraduates, three year engineering diploma holders and youth with professional degrees. This talent pool in the absence of job opportunities becomes highly alienated and their potential in turning around

the state economy is wasted. The scheme will facilitate gainful employment to the youth of Jammu & Kashmir. By providing them jobs, the scheme proposes to channelize their energies into creative pursuits.

IV. Himayat Scheme: Himayat is a training-cum-placement programme for unemployed youth in Jammu and Kashmir. Youth will be provided short-term training for at least 3 months, in a range of skills for which there is good demand. At the end of the training, the youth are assured of a job and there is one year post-placement tracking to see how they are faring. The scheme aims to target 1,00,000 youth in 5 years. Placements will be largely in the service sector both in J&K and outside the state. Under Himayat, training centres will be developed in all blocks of J&K in next 5 years. These will also act as youth resource centres, career counselling centres and refer support services for trainees and youth. This will enable capabilities of the youth to be identified and he/she will be trained and placed accordingly.

CONCLUSION

India is currently at an exciting juncture in its implementation of various anti-poverty and social protection policies. Several reforms have been introduced in recent years and many states are demonstrating innovations in moving towards effective delivery of programs. However, the overall returns to spending in terms of poverty reduction have not reached its potential. India devotes over 2% of Gross Domestic Product (GDP) to her social protection programs and the spending allocated to each rural household on major centrally sponsored schemes is significant at 40% of the annual rural poverty line in 2004-2005, the poor are not able to reap the full benefits of such large investments.

The administrative capacity of poorer states is typically low coupled with a range of implementation problems. While states with higher poverty are allocated more funds from the central budget, they have the lowest capacity to spend effectively, the report adds.

Today most safety net and social security programs in most Indian states are characterised by a range of implementation challenges that reduce their potential for poverty reduction. There are programs which have wide coverage but are plagued by leakage of subsidies that limit the impact on the poor (e.g., PDS), others which are well-targeted and well-designed but face a range of implementation challenges (e.g., public works–MGNREGA), and still others which appear to be well-designed and with systems for better implementation (e.g., RSBY). However, experience across programs in states like Andhra Pradesh, Kerala, Gujarat, Tamil Nadu, Rajasthan and Karnataka suggests that problems in service delivery can be overcome.

For the human development in India, public

policy needs to take a comprehensive, 'life cycle approach'. This means taking care of specific individual needs during different stages of a person's life - childhood, adolescence, adulthood and old age.

Thus, as recommended by the World Bank, India should aim for a "3 +block" strategy. This would involve three core Centrally Sponsored Schemes(CSS) or "pillars", combined with a block grant from which states could finance other safety net or social security programs. This will give states more leeway to adapt to the needs of the poor in their states. Programs such as the PDS, MGNREGA and RSBY could serve as the "three pillars". Beyond the three "pillars", states could receive an additional transfer and implement state-specific programmes.

