

How Inclusive is the Eleventh Five Year Plan?

People's Mid Term Appraisal



Voices of the People

Our sincere thanks to the organisers of State and Regional Consultations:

Centre for Community Economics and Development Consultants Society (CECOEDECON), Rajasthan

Church's Auxiliary for Social Action (CASA), Assam

Developing Initiatives for Social and Human Action (DISHA), Gujarat

Hunger Free Bihar Campaign and Wada Na Todo Abhiyan, Bihar

Jharkhand Voluntary Agencies Network (JVAN), Jharkhand

Katha Rakha Abhiyan (KRA), Srusti and Network for Social Accountability (NSA), Orissa

National Centre for Advocacy Studies– Chhattisgarh

North East Network (NEN), Assam

People's Action for Rural Awakening (PARA), Andhra Pradesh

Promotion and Advancement of Justice, Harmony and Rights of Adivasis (PAJHRA), Assam

Samarthan, Madhya Pradesh

Society for Social Uplift through Rural Action (SUTRA), Himachal Pradesh

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World Vision, Tamil Nadu

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PREFACE

By foregrounding the need for "inclusive growth", the Eleventh Five Year Plan (EFYP) sought to make a major shift in the development strategy of the Indian state. This was borne out of the realisation that while at one level, India's economy had recorded an impressive growth rate of 8.9%, during the Tenth Plan period; at another level, large sections of the population remained untouched by the development trajectory of the nation.

Responding to the critical need for bringing people into the exercise of assessing how far the schemes and programmes of the Eleventh Plan have worked for them, a number of civil society organisations came together to facilitate a People's Mid Term Appraisal of the Eleventh Five Year Plan. The main objective of the People's Mid Term Appraisal is to add people's voices to the crucial exercise of evaluating the Plan as well as recommend forward looking strategies. The process involved three strategies:

- Building a larger coalition to democratise the discourse on development planning in the country;
- Building a strong evidence base to critically assess the functioning of the Plan and thereby suggest future directions; and
- Taking people's voices regarding the Plan to the relevant policy makers

With the objective of building a larger coalition and engaging people in the assessment of the Eleventh Five Year Plan, ten State Consultations were held in Andhra Pradesh, Kerala, Maharashtra, Madhya Pradesh, Chhattishgarh, Jharkhand, Uttar Pradesh, Rajasthan, Assam and Orissa. Five Regional Consultations were also held as part of this process in Patna, Chennai, Ahmedabad, Shimla and Shillong for East, South, West, North and North-East zones respectively. This report consolidates the key issues and recommendations that emerged through this consultative process.

In addition, Focus Group Discussions (FGDs) were held in 100 villages (across 20 districts in 10 states) to elicit people's opinions on the status of delivery of basic services such as health, education, drinking water and sanitation and implementation of related government programmes and schemes. The report presents 10 FGDs out of the total sample.

Lastly, the report also presents interesting case stories which bring to fore some critical concerns that demand immediate attention.

We also hope that in the coming years, the Planning Commission will institutionalise the mechanism to collect and reflect on the views of the common people and civil society in a substantial manner.

More than 3150 organisations and individuals participated directly in the process. This process would not have been possible without the active participation of various organisations and individuals who gathered together to share their views on critical issues. We are grateful to all our state and regional partners who coordinated the process of consultations. And, we acknowledge with deep gratitude the support extended by UNDP.

–Amitabh Behar and Yamini Mishra

On behalf of the Organising Committee of the
People's Mid Term Appraisal of the Eleventh Five Year Plan

STATE CONSULTATIONS

Andhra Pradesh

Assam

Chattisgarh

Jharkhand

Kerala

Uttar Pradesh

Rajasthan

Orissa

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'All Central schemes fail to click here'

Govt should prioritise implementation of essential sectors
MUMBAI NEWS, 09 Dec 2009

Government should ensure to end disparity between the rich and the poor. It should focus on the service sector like health and education. The state should also focus on the implementation of the 11th Five Year Plan. The state should also focus on the implementation of the 11th Five Year Plan. The state should also focus on the implementation of the 11th Five Year Plan.

express
 By Express News Service
 10 Dec 2009 12:41:15 AM IST

APPROVED

Agony written for the welfare of the state

...the state government has decided to...
 ...the state government has decided to...
 ...the state government has decided to...

What's new
 ...the state government has decided to...
 ...the state government has decided to...
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We have drawn our last conclusions for the state to click here for its development. For instance, a mere 34% of the health budget has been spent till now.
ANA, GIVE

...the state government has decided to...
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In brief

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Andhra Pradesh

A state consultation was organized in Andhra Pradesh on 21st November 2009. The event saw participation of over 116 citizens representing civil society and the media.

Key Issues

Governance and Panchayat Raj

- In case of urban local bodies, the planning machinery is in a sorry state. The database of vital statistics is very poor. The town planning is confined only to spatial planning and even there too expertise is below satisfactory. The goals of Jawahar Lal Nehru Urban Renewal Mission are not in sync with the idea of decentralized planning.

Health

- Slum areas lack proper health and sanitation facilities leading to many diseases.
- The health centres in rural areas are not easily accessible and the number of healthcare professionals is not adequate. Thus, mechanisms set up under the Eleventh Plan are far from being functional.
- Immunisation programmes are not properly implemented in case of SC/ST inhabited villages. Medical workers do not attend to differently-abled women who belong to the SC/ST community. There is corruption in managing rural health schemes.
- The State Administration boasts its reports to show that it has reached the targets.
- PHCs lack proper diagnostic testing facilities.

Education

- Quality of education and performance of teachers are two areas of urgent concern.
- Number of schools has increased yet facilities are far from satisfactory.
- The Public Private Partnership being proposed by the government will make education more and more inaccessible to the poor and also undermine the present government school system as only the poorest, who will have no way of ensuring a quality education, will be attending the government schools.
- The Right to Education bill does not talk of quality of education.

Rural employment/ NREGA

- The budget allocation has not been increased based upon the increase in the number of districts under NREGA.
- Proper machinery is not in place to implement the programme or monitor the budget allocations and its usage.

Inclusive growth

- The governance process in the tribal areas of Andhra Pradesh is poor from the perspective of decentralization and planning. Panchayats Extension of Scheduled (Areas in the fifth schedule) Areas Act was promulgated in 1996. But till date the government has not framed operational rules under the act.

In the absence of rules, the PESA area is unable to be part of planning process.

- The situation of the children, especially those from the tribal areas is pathetic. There are no immunizations, no food security etc. 16,730 schools in Andhra Pradesh function without buildings. The situation of the classrooms is also very shabby. Only 10% schools have ramps for differently-abled children. 80% dalit children do not go to school.
- There are about 12 lakh domestic workers and out of these 93% are women. They do not figure in the census by the government. There are no budgetary allocations for their welfare.

Key Recommendations

- There is a crying need to merge district level planning machinery under the Chief Planning Office with the District Planning Committees. Added to that, the data collection and planning process at Panchayat level and at urban bodies level has to be strengthened.
- Since Andhra Pradesh has only one department of planning, it needs to set up a state planning board or commission at the earliest.
- There should be decentralization in the planning process and the District Planning committees should include Panchayats in the process.
- It is important to ensure that adequate healthcare services are available in the rural areas.
- Ensure implementation of immunization programmes especially in villages inhabited by the scheduled castes and tribes.
- Providing safe drinking water should be a priority in planning.
- Ensure that slum areas have proper health and sanitation facilities.
- There is a need to take up teacher's education seriously under the Sarva Shiksha Abhiyan.
- Quality of education must be improved.
- There is a need to take a critical look at the Public-Private Partnership being proposed by the government.
- There should be proper machinery in place to implement the programme and monitor the budget allocation.
- It is important to create awareness about the rights and entitlements of the workers.
- All funds under special component plan should be pooled and invested with a nodal agency which should then spend the same through the social welfare department for the development of the scheduled castes and scheduled tribes.
- There is a need to focus on making land reforms work for dalits. It should make provisions for retention and development of their lands.
- Enhance access of differently-abled people to bank loans for entrepreneurial development programmes.
- The government must ensure social security of domestic workers and earmark budgetary allocations for their welfare.
- The money which is earmarked for the differently-abled child education should be utilized properly and capacity building programmes for them should be designed.
- Hostel facilities should be given to the dalit, SC/ST, migrant labourers' children as they are prone to drop out from school. Loans should be made easily available to them.

A state consultation was organized in Assam on 9th December 2009.

PAJHRA (Promotion and Advancement of Justice, Harmony, and Rights of Adivasis) coordinated the process.

Key Issues

Financial management

- The promise of financial inclusion is in a danger as the Credit Deposit Ratio of the State is declining.
- Rural loan sanctions are long and are low in number. The process must be made efficient.
- There is a need to look at the inadequate financial management of the State.

Women

- The Plan needs to include new concepts related to women's issues.
- The promise of a Task force on violence against women in conflict zones has not been honoured.
- Assam has not been given any funds for working against domestic violence.
- Higher level of human trafficking among Adivasi and tribal women is a cause for concern. Only four organizations have been given funds from the Ujjawala Scheme.

Tribal Development and Adivasis

- There are many instances of complete state inaction in cases of tribal-state or tribal-tribal conflict. The affected areas have no health institutions, schools, and even no roads.
- There is no civil or police administration over the well-being of the tribal people in certain areas. However, during conflicts the state sends in the armed forces. Therefore the promise of tribal development has not been kept. This needs to be corrected.
- Adivasis form about 20% of Assam's population who are also known as tea and ex tea tribes. 50% of the population who live in tea gardens have no access to PDS and MNREGS.
- SSA has not progressed in tea gardens as the school teachers who are appointed are different by culture, origin etc. and therefore cannot speak the language of the tea garden tribe.
- NRHM personnel are not in touch with the tea garden workers community, which impedes the effectiveness of health programmes.

Children

- The issue of child protection is more important in case of Assam due to existence of extremism, natural calamities, communal clashes and conflict.
- The Juvenile Justice (Care and Protection Act) has not been given any budgetary allocation.

NREGA

- Implementation of NREGA is very poor in the state.

Key Recommendations

- Under-utilization of funds must be looked into to ensure that the development process is not stifled.
- The Assam Govt. should reply to the queries of the CAG report.
- Zero Based Budgeting is necessary in Government Departments starting with the State Education Department.
- The expenditure pattern of the state government must be appraised for checking underutilisation by agencies such as the DRDAs etc.
- The process of sanctioning rural loans must be made efficient.
- Special efforts must be made to implement the Women's Component Plan.
- A better indicator of women empowerment and participation could be devised for unaccounted issues such as increasing domestic violence in Assam.
- More funds should go to organisations in the state working against trafficking.
- The tribal village councils are a good model for development processes. They should be incorporated into the Plan.
- More socially inclusive programmes by the state are necessary.
- Special attention should be given to the implementation of NRHM.
- It is suggested that educated tribals be appointed as teachers in Adivasi areas.
- Besides education and health, the Planning Commission must address child protection and child abuse.
- Allocation for setting up the Special Juvenile Police Unit is urgently needed, also for setting up more children's homes.
- The Integrated Child Protection Scheme (ICPS) should be speedily implemented and necessary funds should be made available.
- NREGA should be properly implemented in the state.

People's Mid Term Appraisal of the Eleventh Five Year Plan was organized in Raipur, Chhattisgarh on 9th December 2009. Rashtriya Jan Wakalat Adhiyan Kendra, PRIA and other civil society organizations coordinated the process. The state consultation was attended by 45 citizens representing civil society and the media.

Key Issues

Planning process

- Basic services are being ignored.
- There is lack of accountability in the government machinery.
- There is lack of decentralization especially at the grassroots level.

Inclusive growth

- Data on IMR, MMR is wrong and many tribes have not been incorporated under the vulnerable group. There are loopholes in Dalit land rights and untouchability laws of the state.
- Economic planning is not to be merely understood as an increase in GDP. Social justice means eliminating poverty and reducing economic inequality.

Child development

- While the Central government approved 64000 Anganwadis, the state government opened only 35000 Anganwadis.
- Rate of malnutrition is 47% (7% serious malnutrition) among children of 0-3 year age group. Health workers in rural areas are not given any incentive. There is a provision for jhulaghar/balwadi in the workplace under NREGA but these are not provided. The Central government has provided the mother-child help scheme but the state government has not introduced the scheme.
- The number of schools, teachers and children in schools has increased, but the quality of the education is poor.

Health

- Institutional child delivery is still not prevalent.
- State government has not launched NUHM as yet.
- District level health schemes have not been prepared.

Agriculture and food security

- The survey of BPL families in the first years of the five year plan had not yet been conducted.
- Very few families have been provided 100 days work under the NREGA scheme.
- The provision for 2.50 rupees per child meal under Mid-day meals scheme is very low and it affects the quality of the food, given the high inflation rate.

Key Recommendations

- There should be focus on basic services such as education, skill development and health services.
- It is important to increase accountability and reduce corruption.
- Empower the Panchayati Raj institutions.
- Promote social audit.
- The purpose of economic planning in India should be reinforced as economic progress with social justice.
- It is important to eliminate loopholes in Dalit land rights and untouchability laws.
- The government should provide adequate Anganwadis.
- Measures should be taken to tackle malnutrition and effectively implement mother and child development schemes. Health workers should be given incentives.
- The quality of education provided needs to be improved.
- The quality of health care services needs to be improved.
- Institutional child delivery needs to be promoted.
- There should be call centres in rural areas for agricultural development.
- The survey of BPL families in the first years of the five year plan should be conducted at the earliest.
- The NREGA scheme should provide employment to all poor people.
- The amount spent on mid may meals should be increased.

The state consultation for the People's Mid Term Appraisal in Jharkhand was organized on 29th December, 2009. Jharkhand Voluntary Agencies Network (JVAN) coordinated the process. The meeting involved 80 participants from civil society, media and the local administration.

Key Issues

Planning process and governance

- The poor performance of the government policies and schemes could be largely attributed to rampant corruption, political instability and poor monitoring of the planning and implementation process. The allocation in State Annual Plans is very high but utilization rarely exceeds 60% of the commitment.
- Planning implementation is not monitored regularly. The state lags behind in transparency and accountability.

Livelihood and food security

- The Plan itself and the state policies favour inequitable growth by encouraging the industrial sector and mega investments making even the agricultural input costs higher.
- Agriculture is suffering from the lack of water management and policies.
- NREGA is not in line with holistic rural development and its implementation is irregular.
- The state investment models are badly affecting food sovereignty and nutritional status especially of women and children.

Inclusive growth

- Tribal sub plan is not being effectively implemented.
- There is a lack of people's participation in the current growth plan.

Education

- The quality of education is poor.
- Access of disadvantaged communities and the disabled to educational facilities is lacking.
- Lack of education and unemployment are creating unrest and criminalisation among youth.

Health

- Despite highest budget allocations in the health sector, the quality of service is poor.

Key Recommendations

- In order to combat corruption and bureaucracy, random evaluation of ongoing schemes and services should be conducted involving the civil society at state, district and block level, to ensure their effectiveness and regularity.

- Planning implementation should be monitored regularly. The state must maintain transparency and accountability. Information should be shared by means of immediate publication of State Development Report, State Human Development Reports and update of its websites as self-disclosure under Right to Information Act.
- More emphasis should be laid on the agricultural sector.
- A water policy and regulatory mechanism should be developed to promote agriculture intensification. Water rights of the poor communities should be protected.
- NREGA should be effectively implemented.
- The inclusive development process must focus more on empowerment to support special initiatives like Tribal Sub Plan etc. and shift out the administrative interest of service delivery that often attracts corruption. The plan document should reconsider and re-examine the definition of inclusive process, not only as integrated development but respectful of local customs and practices.
- Panchayat elections should be conducted in the state at the earliest to ensure people's participation in inclusive development.
- The education system should provide better quality services with a special focus on the disadvantaged communities including the girl child and children with disability.
- The government should increase the investment as it is leading to quality concerns.
- The government must ensure better quality services for all.

The state consultation for the People's Mid Term Appraisal in Kerala was organized on 18th December, 2009. Maithri coordinated the process.

Key Issues

Education

- Nationally sponsored schemes are national specific only. Regarding the infrastructure, currently the support is extended only to new projects and buildings, while there is a dire necessity to look at the existing ones.

Housing

- Housing in Kerala is beset with manifold issues such as, non-availability of land, rapid increase in cost of land, depleting resources for construction and ecological issues.

Sanitation

- For the Total Sanitation Campaign fund is not the hindrance. Attitudes, water logging, availability of land etc are the problems. Lack of better technology options to address the water logged areas is pausing a major threat
- Other areas for concern are school sanitation and solid and liquid water management, and they need to be urgently addressed to.

Social Exclusion

- Income generating issues of the tribal are to be addressed
- Protective measures are lacking for SC/STs

Fishermen

- Lack of insurance schemes for the fishermen

Policy implementation

- The Appraisal process identified the lack of civil society participation in the planning and implementation process as the major lacunae.
- It also said that several national programmes/projects cannot be utilized by the state since the state had achieved those goals and facing the second generation problems. This was very evident in the case of education.

Key Recommendations

- A mechanism to involve all the stakeholders while planning and implementing the programmes is to be put in place.

- The state planning boards are to be strengthened in order to make it an effective body to play a proactive role in the implementation of the Plan at the state level.
- There is a need to reinforce the acts stipulated to empower the socially excluded groups.
- Social security plans like insurance schemes need to be introduced for the fishermen
- Centralized procurement of products / Preservation should be adopted to safeguard the interests of fishermen.
- There is a need to revisit the norms set by the centre for various central schemes.
- There must be greater focus on the state budgets for local development.

The state consultation for the People's Mid Term Appraisal in Uttar Pradesh was held on 5th December, 2009. The process was coordinated by Uttar Pradesh Voluntary Action Network.

Key Issues

People's participation

- Participation and involvement of people is lacking in the planning process of Five Year Plans.
- State planning processes is predominantly bureaucratic and technocratic.
- Planning Commission has not set a system to collect reliable data to monitor the delivery of basic services.

Education

- Quality of education is very low in UP (among the children studying in Class 5, 5% cannot read anything, 15% can only identify alphabets, 50% can do simple addition and subtraction - Report by Pratham)
- The delivery of educational services has been poor in the state.

Health and Water

- 95% of the people depend on private healthcare system.
- The focus of immunization has largely been on polio, other fatal diseases have not been focused upon.
- ICDS scheme has not been implemented with due diligence - a preliminary survey of Gosaiganj, Malihabad and Bakhshi ka Talab blocks revealed that no food was provided in schools in the last six months.
- Situation of basic services like water continues to be a serious issue irrespective of having several schemes to address them.

Women's development

- On an average, every village has 2 to 3 widows; however, the provision of widow pension continues to be a distant dream for them.
- Land ownership of women continues to be a major problem.
- BPL cards have not reached those who deserve it the most.

Key Recommendations

Public expenditure

- Non plan expenditure budget must be properly utilized. Last Five Year plans have focused on devel-

oping infrastructure. Lack of proper maintenance of school buildings, hand pumps, roads, drainage and toilets results in poor service delivery system.

People's participation

- Ensure the participation of people in the planning process by incorporating their realities through case studies, FGDs in order to make it pro-people.
- Planning commission must set up a system to collect reliable data to monitor the delivery of basic services
- Effective steps must be undertaken to ensure that effective coordination of various departments so as to ensure the effective delivery of services.
- Develop models of best practices in different sectors so that it would help in future action for the empowerment of deprived sections.
- There is a dire need to strengthen the monitoring mechanism of various schemes and programmes and this should involve the effective engagement of various actors and agencies other than the government. Social Audit process should be made compulsory for all programmes like NRHM, SSA and ICDS.

A state consultation was organized in Rajasthan by CECOEDECON Coalition on 4th December 2009.

Key Issues

People's participation

- Lack of involvement of gram sabhas in the planning process.
- There is no involvement of people in the decision making process.

Education

- The ratio of enrollment has declined from 73 to 70.1% (Annual Status of Education Report by PRATHAM - 2005 & 2007)
- Lack of adequate emphasis on preschool education. Only 62.04% children avail Anganwadi facilities in Rajasthan.
- The percentage of out of school children in Rajasthan is 7.1% compared to the national average of 4.3%.

Health

- Adequate steps, like awareness generation are not taken to address the issue of HIV/AIDS.
- The mean age of marriage for boys and girls (marriages that occurred during the 2007) is 20.7 and 17.7. (Source: District Level Household and Facility Survey).

Rural development and livelihood

- Foreign investment is lacking in the state.
- Animal husbandry suffers from the constraints of credit and fodder supply.

Education

- The current definition of the category of children consists of only those who are between 6 and 14.
- The future of children after schooling has not been addressed in the Plan.
- Major schemes of the government for children suffer from ineffective implementation.
- People lack a sense of ownership and this leads to the ineffectual use of given facilities and schemes.

Governance

- Even after 15 years of decentralization of powers to Panchayati Raj institutions, they still have little say in planning and implementation.
- Structure is still bureaucratic in essence; most of the plans are made at higher level without making proper assessment at grassroots level.
- People are not engaged in implementation and monitoring of plans like NREGA.
- The concept of community ownership is not reflected in government planning.

Key Recommendations

- Effective steps must be taken to ensure that the local governance bodies are effectively involved in the planning process.
- Accelerate measures to tackle the HIV/AIDS issue by means of identifying new high-risk groups (truckers, migrants, and street children), integrated health counseling and work place intervention.
- Adopt measures to integrate vocational training with formal schooling in order to arm them with adequate skills.
- Adequate measures have to be taken to address the issues related to pre-school education and its coverage has to be accelerated.
- Empower local governance bodies so as to effectively monitor the delivery of education at the village level.
- Ensure effective usage of the funds available for micro planning.
- Change the bureaucratic nature of government structures so as to involve the people at the grassroots and inculcate a feeling of community ownership.
- Involve Panchayati Raj institutions in the planning process at the local level in order to ensure better implementation and monitoring.

The state level consultation was organized on 5th December 2009 in Bhubaneswar, Orissa jointly by Srusti and National Social Accountability (NSA). Around 120 participants from across 30 districts of the state participated in the consultation.

Key Issues

Basic Services (Education and Health Services)

- Under utilisation of budget and inadequate budget allocation.
- Lack of capacity building of service providers.
- Lack of community participation & monitoring.
- Lack of awareness on health insurance.
- Poor quality of education and commercialisation of school education.
- Disparity & gender gap in education and high drop out rate.
- Lack of educational entitlement to support education as a fundamental right
- Central government initiatives like Kendriya Vidyalaya & Navodaya have no synergy with the state schooling system.

Agriculture, Food and Nutrition Security

- 67% of total agricultural land is under-utilised due to lack of water.
- Government promotion of mono-cropping is creating problems in maintaining food security in the state.
- Decreasing trend in agricultural production is an area of concern.
- Price of agricultural & forest products are controlled by monopolistic profiteering groups instead of government. Therefore, the farmers and tribals of the state are not getting their due share in the value of their produce although for the common consumers, the prices remain exorbitant.
- 100 days employment under NREGS is not adequate to ensure food security in rural areas.

Institutional Issues

- Planning commission does not enjoy constitutional rights to force the government to abide by its recommendations.
- Lack of role clarity between planning commission & finance commission.
- Absence of efforts to pilot or experimentation before launching national level schemes.
- Regional diversity is not addressed in 5 year plans.

Key Recommendations

- The government should ensure that quality healthcare services are available to all and there should be increased spending on the health sector. A clear cut instruction from the Planning Commission

should go to the government of Orissa.

- Independent data generation authority is required to aid planning process in health services.
- Public-Private Partnership or PPP in health services should not be allowed.
- Community managed social audits should form part of the budget of any programme.
- Health infrastructure development in rural areas should be prioritised.
- Capacity building of government health service providers on a continuous basis, particularly the lower level health functionaries is necessary. Creation of autonomous agency to facilitate such training is necessary.
- Robust health grievance redressal mechanism should be developed.
- Disease mapping be done through reputed institutes to help in designing public health programmes.
- NRHM's adolescent sexual health component is grossly inadequate & special programmes should be introduced in consultation with the CSOs and the community.
- Education should be made available to all and at least 6% of GDP should be spent on education during the remaining period of the Plan.
- There is a need to enhance the salary of teachers & there should be only one cadre to ensure quality teaching in government schools.
- Commercialisation of school education should be stopped.
- Disparity and gender gap in education should be removed. There should be special programmes to address inequity in access to education.
- Teachers' training be a regular activity & earmarked budget be provided for it.
- There is a need to create space for tribal languages in order to create inclusion.
- Village level institutions should be involved in deciding matters relating to education.
- There is a need to form a pricing committee to fix the prices of agro and forest produce in the state so that the farmers and forest dwellers get their due share.
- Universal PDS system should be promoted.
- All agricultural interventions are meant for irrigated areas. Plan to invest in rainfed areas which constitute 70% of land should be evolved. Horticulture should be promoted in dry areas to enhance productivity. Irrigation facilities must be enhanced.
- Micro-planning at the community level should be promoted. This can potentially avert farmers' deaths in the countryside.
- Promotion of crop diversification through interface between farmers & research institutes.
- Production and availability of crops like mandia, bajra, ragi etc should be promoted in the state through active government support. Genetically Modified seeds should not to be promoted in the state.
- Need to prioritise agricultural sector by way of creation of supportive infrastructure like godowns, value addition chains, cold chains etc and marketing agencies. Institutional lending should encompass more farmers.

People's Mid Term Appraisal of the Eleventh Five Year Plan in Maharashtra was conducted in Pune on 5th December 2009. National Centre for Advocacy studies coordinated the process.

Key Issues

Inclusive growth and rural development

- Disparities have grown despite the objective of promoting inclusive growth. Industries are becoming sick while big industrialists are becoming richer. Agricultural production is increasing but farmers are getting poor and committing suicide. There is need to demystify the concept of inclusive growth.
- Local governance bodies are not involved in implementation of social security schemes.

Drinking water and sanitation, Health and social safety

- Water is linked to ownership of the land which results in the landless being deprived of their right to water.
- The present criterion for assessing people living below the poverty line is not suitable.
- Marginalised groups are not able to take benefit of social security schemes.
- Public health institutions do not provide adequate medical care.

Disadvantaged sections

- The planning process is not inclusive and minority friendly.
- The budget allocation for the tribal sub plan is not enough.

Agriculture

- Farmers are not supported by the state policies.
- The proposal to allow GM technology is a major threat to the livelihood and food security and the ecosystem.

Employment and child labour

- The rights of crafts persons in the state are not adequately protected.
- Child labour is still prevalent in the state.

Cantonments

- More than 40 lakh people live in sixty two cantonments in different parts of the country, the administration in these areas is lacking.

Key Recommendations

- Decentralise and democratise the planning process. Place emphasis on district planning.

- Involve civil society in the review of schemes like the survey of people living below the poverty line, asset creation under NREGA and work on SSA and Indira Awas Yojana.
- Involve Gram Panchayats in micro planning.
- Decentralise function, functionaries and finance for schemes like micro water shed programs which ensure a dignified life and provide livelihood security.
- Delink land and water ownership.
- Complete water supply augmentation projects.
- ICDS should be universalised. Every child below six years should benefit by at least three rupees per day. In the case of severely malnourished children, the allocation should be five rupees per child per day.
- Draw up a new poverty line to cover all sections that are deprived of basic things like food and health-care. There should be logical criteria for assessing people living below the poverty line.
- Devise a mechanism to ensure that marginalised groups like primitive tribes, female headed households and rag pickers get the benefit of the Antodaya scheme.
- There should be a people's health plan. All public health institutions should provide the full range of guaranteed health services.
- Universal healthcare should be a part of social security for workers in both organised and unorganised sectors.
- Instead of public - private partnership, there should be public regulation and socialisation of private resources for public health goals.
- The planning process should cater to the needs of the disadvantaged sections including people belonging to the schedules castes and tribes, the minorities and women.
- Budget allocation for the tribal sub plan needs to be stepped up.
- The nomadic tribes should be counted separately in the census.
- Procedure for issue of caste certificates should be simplified and made less time consuming.
- Minimum support price for major crops especially food grains needs to be increased substantially.
- Introduction of GM technology should be banned immediately.
- There is need for an independent regulatory and control mechanism to ensure that the benefits of schemes like Rashtriya Krishi Vikas Yojana reach the farmers.
- Crafts persons and artisans should get industry status so that they have better access to credit. Women entrepreneurs should be provided easy access to credit.
- Create effective institutional mechanism to meet the working capital and other credit needs of small and medium enterprises.
- Promote women's enterprise by ensuring that they get property rights.
- All forms of child labour in the case of children upto 14 years of age should be prohibited.
- All central and state government welfare schemes should be implemented in such areas on the pattern of the Zila Parishad and Municipalities.

The Madhya Pradesh consultation on People's Mid Term Appraisal of the Eleventh Five Year Plan took place in Bhopal on 12th December 2009. It was coordinated by Samarthan.

Key Issues

Governance and planning

- There is a lack of decentralisation.
- Local bodies are not included in the process of governance.

Education

- Public-private partnership should be assessed critically.
- The quality of education provided is poor.
- There is a lack of equal educational facilities for the girl child and tribal communities.

NREGA

- NREGA programmes are not being effectively monitored.

Health

- The Central government's health schemes are not effectively implemented.
- Rural areas do not have adequate facilities.

Agriculture, food and social security

- Small farmers are not a part of the market system.
- The present method of assessing people below the poverty line does not represent the ground reality.
- The PDS system is not running effectively.
- There is discrimination against people belonging to the scheduled castes and tribes.

Women's empowerment

- Women working in the informal sector do not have any social security.

Key Recommendations

- Plans and policies should pay more attention to meeting local needs and there should be emphasis on decentralisation.
- Government should involve non-governmental organisations in the empowerment of Panchayati Raj institutions. There is need for better training of Panchayat level managers.

- The process for bringing information to the people at large should be simplified.
- Government efforts should be given priority rather than depending on public-private partnership.
- While taking steps to educate more people, the quality of education provided should also be improved.
- There is need for more efforts to bring education to the girl child and people from the tribal communities.
- While implementing projects under NREGA, local needs should be given priority. Gram Sabha should be involved in the selection of projects.
- Government should play a bigger role in the provision of healthcare facilities. Central schemes should be implemented effectively at the state level.
- Healthcare facilities should be improved in the far flung areas.
- Natural resources should be utilised better and in a sustainable manner for agricultural purposes.
- Small farmers should be connected with the markets. They should also be given a role in the distribution mechanism.
- Public-private partnership in the agricultural sector should be regulated.
- There should be a better mechanism for assessing the number of people living below the poverty line.
- There should be no dilution of the role of the public distribution system. Panchayats should be given charge of running the PDS.
- The informal sector should be brought within the purview of social security.
- There should be a law to bring about women's empowerment in the informal sector. Their exploitation in the economic sense should be stopped. The plan process should include gender budgeting.

Eastern Region Consultation

North East Region Consultation

Northern Region Consultation

Southern Region Consultation

Western Region Consultation

REGIONAL CONSULTATIONS

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आत्ममात नहीं हुए पंचवर्षीय योजना के उद्देश्य: अविंद

राजस्थान पत्रिका
शुक्रवार, 9 सितम्बर 2016

'चुनौतियां आज भी विद्यमान'

11वीं पंचवर्षीय योजना की मध्यमकक्षि समीक्षा के तिर एक दिवसीय कार्यशाला

श्री संकल्पना सायन
राजस्थान सरकार की मध्यमकक्षि समीक्षा के तिर एक दिवसीय कार्यशाला का शुभारंभ किया गया।

निरंतर जो सुर्खियां मिले ने जहां कि राजस्थान में मिलने लगे खसरे में कुकर, कुंभ, शिव, महादेव के रूप में विष्णु के अर्थात् राजस्थान के राज्य धर्म के रूप में स्थापित करने के उद्देश्य से 11वीं पंचवर्षीय योजना के तिर एक दिवसीय कार्यशाला का शुभारंभ किया गया।

राजस्थान सरकार की मध्यमकक्षि समीक्षा के तिर एक दिवसीय कार्यशाला का शुभारंभ किया गया।

Eastern Region Consultation

People's Mid Term Appraisal of the Eleventh Five Year Plan for the eastern region was conducted in Patna on 9th-10th December 2009. Representatives from Bihar, Orissa, Jharkhand, Chattisgarh and West Bengal participated in the appraisal. Bhookh Mukh Bihar Abhiyan coordinated the process.

Key Issues

Planning process

- The planning process should not be looked at from the political angle.
- Bihar and West Bengal have the lowest per capita plan expenditure, put at below 1500 rupees a year. But in Karnataka it is nearly 5000 rupees.
- Inclusive growth has not been achieved.
- Human trafficking is a major issue - migration is often responsible for the phenomenon.

Health

- Healthcare sector needs special attention and increased allocation of funds.
- Healthcare is not available to all sections of society.
- Privatisation of healthcare services should not be allowed.

Agriculture and livelihood

- Only 67% land in the eastern states is utilised properly at present.
- Employment opportunities are not being generated on a sustainable basis through NREGA.
- Illogical standard for measuring poverty has led to many poor people going out of the purview of anti poverty schemes. If the earlier standard of each person in the rural areas getting at least 2400 calories of nutrition and the counterpart in the urban areas getting at least 2100 calories is followed, the number of poor people in the country would be about 75% of the population.

Education and child development

- Quality of education is poor.
- Commercialisation of school education should be stopped.
- Children constitute 42% of the population and they are being exploited because of child labour.

Key Recommendations

- The planning process should be recast from the point of view of the poor people and the farmers.
- There is need to increase the plan expenditure in economically backward states like Bihar.

- Tribal people in Bihar should get budgetary allocation according to their needs.
- Anti-trafficking laws should be enforced strictly to check exploitation of women.
- Budgetary allocation for healthcare should be increased to 10% of the total budget and healthcare infrastructure should be strengthened at all levels right from the health sub centers.
- Healthcare should be universalised so that poor people can benefit. There should be community monitoring of all healthcare programmes.
- There should be bottom-up approach while framing policies on water and sanitation- public participation should be increased at all levels.
- Increase utilisation of agricultural land - irrigation should be given priority.
- Agricultural production has to be increased if poverty is to be reduced.
- Traditional water bodies should be rejuvenated.
- Food for mid day meal schemes should be procured at the village level directly from the farmers.
- Alternative programme of employment generation especially in rural areas is essential for poverty alleviation.
- 100 days of employment under NREGA is not adequate to ensure food security.
- All poor families should get Antodaya food scheme cards.
- There should be a single cadre of school teachers to improve the quality of education.
- High school dropout rate can be brought down only by tackling poverty and social inequity.
- Children's rights should be protected - they constitute 42% of the population - children below 18 years should not be allowed to work in either hazardous or non hazardous industries.
- Take measures to end child trafficking in the eastern states.
- Children should get school education to stop their exploitation by terror outfits.

North East Region Consultation

A large number of civil society representatives took part in the consultation for the north east region held in Shillong on 13th and 14th January 2010. Over 50 people from the states of Nagaland, Mizoram, Assam, Meghalaya and Manipur participated in the consultation. CASA coordinated the process.

Key Issues

Education

- Grants allotted for teacher's salary is often not fully used, due to insufficient number of teachers, and is surrendered to the Union Government.
- The schools lack in terms of infrastructure, teachers, poorly maintained schools, lack of proper laboratories in the field of science.
- The SSA could not address certain issues such as inaccessibility of schools, families choosing to keep their children employed rather than in schools.
- Most schools are run by individuals/organisations having their own systems. Usually the National Agenda for Education does not correspond to that of the school. As different organisations run the schools, the salaries for teachers also differ. Salaries in the rural areas cannot compete with that in the urban; hence they cannot afford good teachers. This greatly hampers the chances for the rural children to compete with the urban.

Health

- 80% of drinking water in rural areas is contaminated by faecal matter.
- Basic healthcare infrastructure is poor in urban and rural areas.

Agriculture and Food security

- The challenges are mainly in the areas of bridging the gap in food grain production, diversification and integrated farming, application of technology and knowledge.
- Various land issues prevail which hamper the overall growth in agricultural activities such as reclamation of cultivable wasteland, utilisation of cultivable fallow land, high rainfall during monsoons results in high runoffs, erosion of fertile soils, framing of land use policy in the state.

Governance

- Bringing people on board is possible only if they are given the necessary platform. Political representatives do not represent what people need; instead they represent the needs of their political parties.
- The grassroots level governance bodies are not involved in the process.
- Programmes for substantial capacity building of Panchayats and other institutions of local self governance are lacking.

Key Recommendations

- Formation of separate monitoring agencies to check the quality and regularity in the education system.
- Regularise half yearly inspections of school infrastructure with compulsory drafting of reports.
- Performance appraisal for teachers and increase in the salaries of teachers as reward.
- Head of institutions and depts. should be rotatory in order to give equal chances to qualified people, to bring in new ideas.
- Community involvement to be strengthened.
- Encourage and utilise indigenous knowledge of medicines.
- Carry out intensive awareness programmes especially mother and child care programmes.
- Provision of basic infrastructure and health facilities in remote areas.
- Anganwadi workers to be trained to care for children less than three years of age.
- Drive for institutional deliveries should be supported by the capacity of health care centre.
- Adequate attention needs to be given to poor both in rural and urban setup.
- Establishment of proper storages and godowns.
- Establishment of markets and market linkages in all the blocks.
- Ensure operational ration shops or fair price shops in all sections.
- Food security schemes should be reviewed and improved.
- Food security for mountain agriculture should be addressed vis-à-vis plains.
- Provide training to rural farmers.
- Support farmers by way of projects, security, seeds and loans (markets and storage).
- Encourage traditional methods of cultivation.
- Dissemination of information on schemes.
- Take up periodic social audit.
- Transportation and connection facilities need to be improved and developed.
- Invite representative of people's organisations during formulation of policies and implementation.
- Coordination with heads of dept. and civil society leaders in distribution, implementation, evaluation and monitoring of projects and schemes.
- Streamlining of budget with proper utilisation of schemes with community participation.
- Empower local communities especially women in governance.
- Quality of life of displaced people to be protected with the participation of local bodies in their rehabilitation and resettlement.
- Governance is of central importance to development. Linkages between development; peace and progress are very intricate and need to be focused upon.

Northern Region Consultation

A large number of civil society representatives took part in the consultation for the northern region held in Shimla on 23rd and 24th December 2009. The states of Uttar Pradesh, Jammu and Kashmir, Punjab, Haryana, Himachal Pradesh and Rajasthan participated in the consultation. Symposium for Himalayan Issues coordinated the process.

Key Issues

Women and Child Development

- No separate ministry for women.
- Need for adoption of the women's reservation bill.
- Need for effective implementation of the laws to protect women from domestic violence.
- Victims of sexual assault do not get effective relief and rehabilitation.
- Need to bring single women/separated women under the widow pension scheme.
- Need for effective implementation of the law on marriage registration.

NREGA

- No social audit of the activities undertaken under NREGA.
- Gross irregularities - job cards in the names of people who have not applied for them, delay in payment.
- People belonging to the backward classes sidelined and their areas not taken up for development.

Healthcare

- Excessive use of pesticides and chemical fertilisers in Punjab a major health hazard.
- Improvement in sex ratio but no consistency.
- Population stabilisation not promoting gender balance.
- Urban poor kept out of the ambit of healthcare services.
- Global nexus of local, national and international agents influencing healthcare policies.
- India no longer self sufficient in production of vaccines.
- Promotion of privatisation in the name of public-private partnership leading to healthcare services going out of the reach of the people.
- Distinction between BPL and non BPL families in respect of healthcare not rational.

Panchayati Raj

- Need to improve functioning of the Panchayati Raj institutions to increase participation by women and the weaker sections.

Key Recommendations

- Women's reservation bill should be passed and a separate ministry set up for women.
- Widow's pension should continue even after son reaches the age of 18 years.
- Anganwadi worker needs to be paid minimum wages as applicable to a full time worker.
- There should be social audit of activities undertaken at the Panchayat level, especially in areas where NREGA is being implemented. Local NGOs and people should be made a part of the social audit team.
- Wages under NREGA should be linked to the consumer price index.
- Activities of the private sector in the healthcare sector should be reviewed and regulated.
- Take steps to check the deterioration in the sex ratio under the policy of population stabilisation.
- Involve civil society in health programmes such as NRHM.
- Increase representation of women in Panchayati Raj bodies to 50%.
- Panchayat members especially women and those belonging to the scheduled castes should get regular training and take part in capacity development camps.
- There should be an accurate database of basic services provided at the grassroots level.
- The role of the Panchayats as overseer of development activities should be clearly outlined.

Southern Region Consultation

The consultation for the southern region was held in Chennai on 11th December 2009.

Forum for Crèche and Child Care Services in Tamil Nadu, Neighbourhood Community Networks and World Vision coordinated the process. It saw participation of over 150 participants representing people's groups, academicians and civil society organizations from Tamil Nadu, Kerala, Karnataka, Andhra Pradesh and Puducherry.

Key Issues

Inclusive growth and governance

- Inclusive development should not become just a rhetorical statement.
- Workers in the unorganised sector are living on less than 20 rupees a day.
- Participation of urban poor is missing.
- Youth & Sports do not find any place in the 'inclusive development' planning.

Health

- The role of the private sector should be looked at critically.
- Healthcare is not available to all sections of society.
- People need to be at the centre of governance.

Education

- The quality of education is poor.
- Many government schools lack basic infrastructure facilities.
- Policy and implementation gap to be addressed. Community involvement in implementation is important and strengthens the existing structures like the Parents Teachers Association (PTA) and Village Education Committee (VEC).

Key Recommendations

- The condition of workers needs to be improved.
- Planning for inclusive development should cover youth who constitute nearly half of the country's population.
- The Election Commission should also be involved in the election of local bodies to ensure that they are free and fair.
- Private sector role in the provision of health services should be regulated.
- Inequalities in healthcare within states should be focused upon and steps should be taken to improve

the lot of the people with low health indicators.

- Gram Panchayats should be entrusted with social audit of healthcare.
- The community should be involved in overseeing the provision of educational facilities. The focus of education should shift to monitoring of quality of education. Panchayats should also be involved in monitoring the performance of schools at the local level.
- The gaps in educational infrastructure especially in teacher's training and provision of toilets for girl students should be plugged.
- There should be a single school system with common curriculum and it should be monitored.

Western Region Consultation

The People's Mid Term Appraisal of the Eleventh Five Year Plan in the western region was conducted in Ahmedabad on 12th December 2009. Disha and Paryavaran Mitra coordinated the process.

Key Issues

Planning process

- Centralised plans cannot cater to the diverse needs of people living in different parts of the country.
- There is inequity in budget allocations in various plans.
- The allocated budget is not actually given to the plan.

Land and agriculture

- Farmers are being dispossessed of their land and are becoming landless which is creating a difficult situation in both rural and urban India.
- There is no firm stand on the issue of development policies that safeguard the rights and interests of the marginalised population.

Caste based discrimination

- Untouchability and the practice of manual scavenging still continue.

Employment/ NREGA

- Local governance bodies are not involved in the process.

Health

- There is need to develop statistics in the area of healthcare, which is missing at present.
- Technically qualified and experienced people & specialised input in health planning is missing.
- Clean drinking water and good quality sanitation should be treated as basic rights of the people. These are still not available in all regions.

Women and Child Development

- Women from rural areas with required training do not get employment near their surroundings. This creates an impediment in their becoming independent which is the objective of such training given to them.
- Apart from budget for SHG formation in the women's programs, there should be allocation for awareness, education & empowerment with women's groups and for activities other than micro finance.

Key Recommendations

- There should be a policy decision on land being cornered by big farmers and corporates. Multi

national companies should be debarred from certain categories of industries.

- The government has to accept reality and take action to eliminate these practices first from its own institutions, (state managed and state funded), government schools and municipalities.
- District planning committees should be established and activated. They should have funds allocated so that they can look after localised planning.
- District Panchayats should have budgetary autonomy.
- Panchayats and other local bodies should be involved in the social audit of plan schemes.
- Technically qualified and experienced people should be involved for getting specialised inputs needed for health planning.
- Clean water and sanitation facilities should be provided without expectation of financial contribution from the people.
- There should be a clear budgetary allocation for the Integrated Child Protection Scheme.
- A stringent policy should be adopted to check the problem of child trafficking.
- Women from rural areas, who receive technical training, should be given priority in allocation of work by government departments. If they belong to the same or surrounding villages where the work is to be allocated, they should not have to go through the process of tendering and winning contracts.

- Focus Group Discussion - 1
- Focus Group Discussion - 2
- Focus Group Discussion - 3
- Focus Group Discussion - 4
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FOCUS GROUP DISCUSSIONS



Focus Group Discussion - 1

Village: Lakshmi Polavaram

District: East Godavari

State: Andhra Pradesh

Lakshmi Polavaram village in East Godavari District, Andhra Pradesh is home to over 7766 people spread over 419 households. The village has a primary school and health centre. 69% of the village is dependant on state social security schemes and nine families live on the Antodaya scheme. A village focus group discussion was held on 14th December 2009 with 46 villagers.

Education

Education is free of charge till secondary school and the educational services are affordable. In the primary school, classes from 1 to 5 are conducted in a single room because they do not have multiple rooms. The teachers and the teaching aids are not satisfactory. There are separate toilets for boys and girls. 90% of the girls in the village are sent to school. There is no secondary school.

Health

Medical services are available free of cost. Nurses visit the villages just twice or thrice a year and are not available in case of emergency. Deliveries are attended by trained nurses. No cases of maternal or infant mortality have been reported in the past year. Pregnant women are suffering from a lack of nutritious food. Local health workers do not discriminate on grounds of caste or gender.

There are services like Antyodaya which provide food for the destitute, widows, pregnant and the aged, but these are not accessible to the people.

Livelihood

People in the village do not get work around the year in general. They only get work 15 days a month. From August to November, villagers suffer a food shortage. They meet their needs through debts from the landlords and from the upper class. Sometimes meals have to be compromised when the families do not receive debt. There are no cases of deaths through starvation in the villages but families experience hunger and suffer from huge debts. Locally defined minimum wages are not available to the poor all year round. Wages are different for men and women even though they do the same work. The NREGA work scheme in the village is not functioning properly. Villagers are given only three weeks of work even though they are supposed to receive 100 days. The villagers are an angry lot and are determined to fight for their rights. "Government should help during the season in which we do not have work" is a common refrain here.

Many families are facing an acute food shortage and there are no state services, such as food subsidies, grain banks, and food transfer schemes for them.

During the main period of scarcity, many children in the village go to work with their parents to earn money. Women in the village do not have land registered in their names and women headed households in the village do not receive any financial or material support from the government. Not even those in dire need of it. "I'm a handicapped woman, but I never got any support from the government", says Gummadi Sathamma with tired eyes.

All that the villagers can do is curse the system that does not come to their help. They question why the government bothers with making plans and policies if it comes to nothing. The pregnant do not receive medical attention, the able do not receive work, and the disabled do not receive sustenance. There is a crying need to make sure that those who need help the most receive it.

Focus Group Discussion - 2

Village Kanai Goan

District: Dibrugarh

State: Assam

Village Kanai Goan in Dibrugarh, Assam has a population of 1110 people spread across 207 households. The village does have a primary school with water and sanitation facilities. It does not have a secondary school or health sub centre. Most households have individual drainage facilities. The state social service schemes like Antodaya and Food for work are not functional here. A focus group discussion was held in the village on 23rd November 2009. 18 women and 24 men who took part in this open discussion came from a cross section of society.

Education

The villagers are satisfied with the standard of education provided in the government school in the village which is free of cost. There is no discrimination against students on the basis of caste, creed or economic status and the girl child is encouraged to come to school. However, it has been noticed that teachers often leave the school to attend to other official work and thus teaching suffers. During floods, the school functions irregularly. Teachers are unable to take care of the academically weak students. While the teachers do talk about basic hygiene, there are no special hygiene awareness programmes run on a regular basis.

Livelihood

The village is severely affected by flooding and soil erosion every year leading to loss of agricultural income. River erosion has taken away vast tracts of agricultural land and many people have lost their livelihood. "We used to worship the river, but still it took way our lands. Now we are forced to seek employment as labourers in the fields of others", said Manikya.

The people are unable to find regular employment within and around the village with the average days of work being 150 days in a year. In such a scenario, the villagers have greatly benefited from the NREGA scheme. There is no child labour in the village. The wage rate is around 80 rupees. While there are no special government schemes for women headed households in the village, men and women get equal wages for similar work. There is no land in the name of women in this village.

There is a scarcity of food especially during the months of October and November and many families are dependant on the public distribution system for sustenance. Ganga appeals to the government, "At least in these times, increase the quantity of food grains given to us." No starvation deaths have been reported in the village.

Health

The local health service is available to all irrespective of caste and gender. The villagers complained that a sub centre was functional in the village, but has been closed for the past few months due to non availability of trained nurses. While mothers usually go to the Assam Medical College in Dibrugarh for child-birth, non-institutional child birth is also practiced in the village. No cases of child mortality or maternal mortality have been reported. Drinking water is not available throughout the village and many people depend on their own tube wells. Sanitation programmes have been started in the village.

This village is subject to the vagaries of nature every year. Every year they hope that the Rain God will be merciful and allow them to live. Every year they hope that the government will listen to their pleas and come to their aid.

Focus Group Discussion - 3

Village: Melengial
District: Dibrugarh
State: Assam

Melengial village in Dibrugarh, Assam has 1220 inhabitants in 290 households. It has a primary school with sanitation and drinking water facilities. There is no health centre in the village. There are many educated yet unemployed people in the village. A focus group discussion was held in the village on 23rd November 2009. Men and women representing scheduled castes and tribes, the poor and aged came together to discuss various issues.

Education

There is a primary school in the village with facilities like toilets and clean drinking water. However, people are not satisfied with the quality of education imparted and the performance of the children. "What is the point of sending him to school if he cannot write properly and get himself a job when he grows up?" asks Cosmeeta, the mother of 10 year old Sayantan. They feel that the teachers should come out with new and innovative methods of teaching. There are no regular cleanliness or hygiene classes in the school. Parents have now started to send the girl child regularly to school.

Health

Since there is no health centre, people are forced to go to a local pharmacy. The closest health centre with qualified doctors and nurses is ten kilometers away. While treatment is free of cost, medicines are not readily available. For specialised cases or deliveries, people go to the Assam Medical College, Dibrugarh. ASHA workers do help them in this regard. No cases of maternal or infant mortality have been reported in the past year.

Clean drinking water is readily available in the village. With the help of Panchayat, people have set up tube wells in homes and at different points in the village.

Livelihood

This village has many tea gardens and therefore work is available throughout the year. Women normally do not work except for paddy cultivation. Only the women of tea garden community go out in the gardens for work. Though some tea gardens are in the name of women, people are unaware about this.

For poor communities in the village, the months of October and November are difficult months. The Public Distribution system has come to the aid of people in these times and no starvation deaths have been reported in the village.

Men and women do not get equal wages for similar work whether in the tea gardens or elsewhere. Women headed households in the village do receive financial support from the government in the form of widow pension, IAYS house, one time pension etc.

Most people in the village are engaged in the tea gardens and are therefore able to fend for themselves. This only points to the sore lack of government support for those who need it. The poor who are dependant on the government still face hunger and poverty every single day of their lives. The government has to deliver in terms of the quality and implementation of facilities.

Focus Group Discussion - 4

Village: Podagatlapallil

District: East Godavari

State: Andhra Pradesh

Podagatlapalli village in East Godavari District, Andhra Pradesh has over 5498 inhabitants in 1433 households. The village has a primary and secondary school and a health centre. AIDS orphans in the village do get support from the state. 66% of the village depends on social security and nine families live under the Annapurna Antyodaya food scheme. A focus group discussion was held in the village on 12th December 2009. The group comprised 10 men and 17 women. Delivery of health services was the major issue of discussion.

Education

There are three primary schools in the village where education is provided free of cost. However, none of them provide clean drinking water. A local institution provided six computers for a school but these are not being used. All classes are being held under a single roof and with a single class teacher. There are no separate toilets for boys and girls. There is no discrimination on the basis of caste and gender. All girls in the village are sent to school, but often children are forced to work with their parents in the fields.

Health

The village does have a health sub centre but it is of no use. Chikkala Veramma can barely conceal her surprise when she says, "I never knew that we are provided with a sub health center".

They are forced to travel six kilometers to avail the services of a Primary Health Center where treatment is free of cost. Medicines are supposed to be supplied free of cost, but are often unavailable. Cases of child-birth are attended to by trained nurses in villages.

Sanitation and provision of clean drinking water are major issues.

Livelihood

People in the village do not get work for the entire year. They only get 17 days a month on an average. Wages are different for men and women even though the work is the same for both.

From August to November, villagers suffer a severe food shortage. They meet their needs through debts from the landlords and from the upper class. Many are never able to get out of the vicious cycle of borrowing in order to make ends meet. "All my life I lived in debt", says 60 year old Varasala Nageswararao. "When I finally die, my sons will live in debt."

Although there have been no hunger deaths, meals have to be compromised when the families do not receive a loan. Many very poor families depend on neighbours and state social security for getting by. Children are forced to work during these times.

Women headed households in the village do not receive any financial or material support from the government.

The villagers rue about the complete lack of healthcare facilities in the village. Those in pain are forced to travel many kilometers in order to find a doctor. In case of emergencies they have no one to turn to, except relying on each other.

Focus Group Discussion - 5

Village: Rampur
District: Varanasi
State: Uttar Pradesh

Village Rampur in Varanasi, Uttar Pradesh has more than 508 households and 2700 villagers. It has a primary and secondary school and a health sub centre. Poor sanitation and cleanliness in the village are the leading causes of deaths in the village. A focus group discussion was organised in the Panchayat on 24th November 2009. The discussion, which saw equal participation by both men and women, brought up some important issues like irrigation, drought and insufficient food production.

Education

The villagers are not satisfied with the management and the quality of the education given in the primary and secondary schools. Education is given at a very nominal cost. The toilets are unclean and remain locked.

Due to economic reasons, very few girls are able to attend school. Instead they do housework or work outside the home. Since there is no high school in the village, girls are unable to study further.

Health

The nearest community health centre is over a kilometer away from Rampur. The poor people for whom it is meant do not benefit from it. Only basic medicines are available there. The doctors are very few in number and there is only one female doctor who is not present on time. Since the death of one baby during childbirth in the village, all deliveries take place in the hospital.

Family planning services are not helping the villagers. "Nasbandi (male sterilisation) was performed on my husband over two years ago. I have had one child since then. It has not been successful", says Chanda, mother of four.

Hand pumps are installed in the village but people often quarrel over water.

Livelihood

The villagers have a tough time looking for employment. Men are forced to migrate to cities in order to find work. "Since my brother went to the city to work, I along with my sister-in-law have been forced to work as labourers. We look after the fields and the children in order to make ends meet. Sometimes we get something to eat and sometimes not", says 25 year old Dhandayee. She is not married.

Things have improved after the implementation of the NREGA scheme, but there has been no work during the past four or five months. Men and women are paid equal wages.

In times of price rise of essential commodities and food grains, women find it very difficult to feed the family. They are forced to borrow money. Many poor people do not have ration cards and therefore do not get food grains. There are three or four blind women in the village who get widow pension but they don't get their fair share of rations. Women do not own land and very few have been nominated for homes under the Indira Avas Yojana.

The villagers are a harried lot. They are forced to migrate to cities for work. The women who are left behind do not receive basic support from the government despite its schemes and policies. Everyday is a fight for ration, water and work.

Focus Group Discussion - 6

Village: Bhawanipur

District: Varanasi

State: Uttar Pradesh

Village Bhawanipur in Varanasi, Uttar Pradesh has 3579 inhabitants spread over 705 households. It has two primary schools and a secondary school. A focus group discussion was held in the village on 23rd November 2009. It saw participation of 21 villagers including men and women.

Education

The villagers did not seem to be happy with the quality of education being provided in the school. There are not enough teachers. Educational materials such as books are not made available to all students and they are rarely used for study. There is a girl's toilet in the school but it remains locked at all times. The villagers cannot send their children to private schools because they cannot afford the fees. Girls study only up to 8th standard as the villagers do not understand the importance of educating them further.

Health

The health sub centre in the village has qualified doctors and nurses. However medicines are not available. Since the doctors charge for treatment, many poor people are unable to afford treatment. The villagers complain of discrimination on the basis of caste and gender.

Trained Aasha workers and midwives take care of childbirth cases. The Janani Suraksha Yojna is prevalent and therefore almost all deliveries are done in the hospital. No cases of maternal or infant mortality have been reported. However since there are very few female doctors in the hospital, they are unable to give much time and attention to each patient.

Clean drinking water is a big problem in the village as the government hand pumps are few and far in between and do not give clean water. "The government has installed some hand pumps but they are always running dry. We are forced to walk long distances to fetch water", says Sunita.

Livelihood

Villagers are not able to get employment for the whole year. They work both as farmers and as labourers. Many people were employed in the traditional sari weaving industry. But since the industries have shut down, they have lost their source of income. The villagers do not get work through the NREGA scheme.

Food scarcity is a major issue in the village. People often go hungry and suffer from malnutrition. The situation is especially bad because of the drought this year. The lucky few with ration cards receive food grains but others are forced to borrow money for food. 40 year old Mohammed Salim who used to earn his living from the sari weaving industry says, "We manage to get kerosene oil from the government ration shop but food grains are rarely available. Mostly we get wheat once in 1 or 2 months. On what are we supposed to survive?"

The villagers say that the government schemes meant for alleviating hunger and starvation are not being implemented properly. Child labour is prevalent with children being employed at tea stalls etc. Women in this village do not have land in their name.

This is the village that used to spin silken beauty for the rest of the country. But their lives are far removed from this magnificence. Like the hand pumps, the patience of the villagers too is running out. They are still hoping that schemes meant for their good like the ration system will deliver what they have promised.

Focus Group Discussion - 7

Village: Laturi
District: Bareilly
State: Uttar Pradesh

Village Laturi in Bareilly, Uttar Pradesh has over 1169 people in over 240 households. There is a primary school in the village. There is no health centre in the village. While there have been no cases of maternal mortality, nine infants have died in the past year. A focus group discussion was organised in the village on 24th November.

Education

Although there is a government school in the middle of the village, it does not deliver quality education. It does have basic infrastructure like toilets, water and educational material. The school does not discriminate amongst the students on the basis of caste or creed. There is the option of going to private schools, but the villagers aren't able to afford their fees.

Girls are unable to study beyond class 5 as the school in the village only gives elementary education. 12 year old Asha who has accompanied her mother to the discussion, perks up at the mention of school and says, "I was the topper in class 5th. I miss going to school." While boys go to the school in the other village, girls are not sent as the junior high school is very far from the village.

Health

The nearest health centre is eight kilometers away. Although it has trained doctors and is equipped with medicines, very few villagers are able to go there for medical attention. The treatment there is free of cost. However, they charge 300-400 rupees for childbirth cases which the villagers are unable to afford. Midwives attend to the delivery cases in the village.

30 year old Rihana lost her baby during childbirth and is yet to overcome the trauma. With moist eyes she says in barely a whisper, "I could not afford to go to hospital, and it cost me my baby. Can the government ever compensate me for that?" The villagers say that the nine infants died due to non availability of health services in the village and lack of awareness. Hand pumps installed by the government in the area ensure that people get clean drinking water.

Livelihood

The villagers are unable to find employment for the entire year. They get work for only 10-12 days a month for which they are not paid minimum wages. There is disparity between the wages earned by men and women. There are no government schemes for employment in the village.

The villagers do face food scarcity and often remain hungry in the rainy season and the months of January and February. Starvation deaths have been reported. The people below the poverty line have ration cards and therefore are able to procure some amount of food for their families. However this is not adequate and they are often forced to pay more than the fair price. Because of this, 50% of the children in the village are forced to work. There are orphans in the village who depend on the kindness of their neighbours in the absence of any support from the government.

Only a handful of women in the village have land in their names. There are no schemes for the backward classes and disabled people in the village.

Nine babies do not seem that many if you go into statistics. But for the people of this village, it is a painful reminder of how they have been forgotten, how their lives are far removed from those who make decisions for them.

Focus Group Discussion - 8

Village: Jangal Karoke

District: Tinsukia

State: Assam

Village Jangal Karoke in Tinsukia, Assam is home to 277 people in 53 households. The village does not have any primary, secondary school or health centre. 25% of the people are dependent on social services provided by the state. The members of this village belong to scheduled castes. The village is economically weak due to floods and attacks from wild animals. The state of roads and transportation services leave much to be desired. A focus group discussion was held in the village on 22nd November 2009. The participants included 10 women and 9 men.

Education

The children are forced to go to a school that is more than a kilometer away. In doing so, there is danger from the wild animals that roam about the village. "The school is surrounded by trees and looks beautiful from outside. But it is dangerous to travel to and fro. We need a school in our own village", Nabajyoti says. Education is imparted free of cost and the villagers seem satisfied about the quality rendered. It has facilities like drinking water and clean toilets. The school does not discriminate against the villagers who belong to the scheduled castes. The girl child is not burdened with household responsibilities like collecting water and is encouraged to go to school.

The villagers were surprised when they heard that water should be tested in order to determine its quality. They have not seen or heard of such a thing. Sanitation and hygiene programmes are not conducted on a regular basis.

Health

The closest health centre with a trained nurse is one kilometer away in a neighboring village. Medicines and treatment there are free. For cases of childbirth, people go to the Margherita Civil Hospital or Tinsukia. There is no discrimination on the basis of caste or gender. Untrained Dais or midwives also function in the village but no cases of deaths of expectant mothers or infants have been reported in the past year. Clean drinking water is easily available and they do not have to travel long distances for the same.

Livelihood

People in the village do not get work throughout the year. On an average, landless people and agricultural workers get employment for 10-15 days in a month, at locally defined minimum wages inside the village for men and another 7 days outside the village.

Women generally work inside the village in paddy fields and during harvesting days. They manage to find work for around four to six months in a year at almost half the wages given to men. Women do not own agricultural land in the village. Women headed households in the village do receive financial support from the government. However, this is not adequate. The villagers do not receive any help from the government during times of food crisis. There are no support services like subsidies, grain banks, and food transfer schemes in the village.

Moreover, the villagers added that no non-governmental organization works or helps the villagers in this regard. People are unable to make use of ration shops because they have no money.

In spite of these economic conditions, the villagers do not encourage their children to work for a living. This is because they want them to have a better future. To be able to enjoy the beauty of what they have. And that will be possible only when the state supports them.

Focus Group Discussion - 9

Village: Kanhilibara

District: Nagpur

State: Maharashtra

Village Kanholibara in Nagpur, Maharashtra is home to over 7253 villagers in 1381 households. The village does have a primary school and a primary health centre. Many farmers are debt ridden. A focus group discussion was held on 21st November 2009. Nearly 20 villagers participated in the discussion.

Education

The primary school located in the village is easily accessible to students. The school has two full time teachers who stay outside the village and hence do not come on time. The school does not have proper sanitation and drinking water facilities. They are also not satisfied with the standard of education imparted. However, the villagers are still satisfied simply because of the condition of neighbouring schools. Also they are unable to afford the fees of private schools which have better facilities.

Health

A Primary health center with one doctor and three trained nurses is located in the village which caters to 27 villages which means around 35000 people. The number of doctors is insufficient considering the number of people that they cater to. The medicines available are not of good quality and many a time people are forced to buy them from outside. This further adds to the debt of the poor and they cannot afford treatment for serious illness.

Childbirth cases are attended to by trained nurses. Although there have been no cases of maternal mortality, two cases of infant mortality have been reported.

On being questioned about any discrimination in the local health services, Maya Barhate said, "Nahi ji tasa kahi nahi pan Shrimant lokana pradhanya dele jate" Meaning discrimination is experienced not on the grounds of caste or gender, but on the basis of class. The rich, landlords and the well to do families are attended first by the doctors and nurses.

Livelihood

Those without land and natural resources have a tough time looking for employment. They get work only during the season on the farms. The NREGA scheme has failed in this village. Even after completing necessary paperwork, they did not receive the work nor do they receive any unemployment wages. There is also a 60% disparity in the wages earned by men and women for the same work.

The villagers accepted that child labour was practiced in the village and said that they were compelled to do so because they needed extra income in order to make ends meet. "I have no choice but to send Sukhi to work, if not for me, he has to feed himself", laments Manoj Bhandekar, a father of two.

There are destitute families in the village who are dependant on the state social security schemes. No support services, such as food subsidies, grain banks and food transfer schemes are available for families who face hunger. The ration shop is usually under stocked and the information is not displayed on notice boards etc. The landlords and the relatively rich in the village take the benefit of the government schemes.

It is indeed a sad state of affairs when parents are forced to send their children to work for money, instead of sending them to school. The work done everyday makes all the difference-it decides whether they will sleep on an empty stomach or have something to chew.

Focus Group Discussion - 10

Village: Tanda
District: Nagpur
State: Maharashtra

Village Tanda in Nagpur, Maharashtra has over 550 villagers spread over 65 households. The village has no primary or secondary school or health centre. 40% of the population does not have proper shelter. A focus group discussion was held in the village on 27th November 2009. The village consists predominantly of people from the Nomadic Tribes.

Education

The villagers expressed their anger over the government's apathy towards the education of children. Netaji says, "The Primary School is situated in Agargaon which is 3 kilometres away from our village. It is we parents who ferry our wards to and fro to the school on bicycle."

There are two disabled children in the village who have never gone to school. While there is no Anganwadi in the village, there is one Ashram Shala. However it does not have adequate facilities and a police case has also been filed against the administration of this Ashram Shala. While most villagers seem keen to educate their children, they are unable to afford this education. Girls do go to school, but in the absence of suitable and safe transport, they are forced to attend school irregularly.

Health

The villagers face tremendous hardships with respect to health services. The nearest sub centre is four kilometers away from the village in Waghumbri. The nearest primary health centre is located in Adegaon which is 17 kilometers from the village. Essential medicines are not available in the sub centre and the people are forced to take loans in order to buy medicines and to travel to the health centres.

There is no trained midwife in the village and expecting mothers have to get admitted one day prior to their delivery date in the PHC. Despite this fact no cases of maternal mortality have been reported in the past one year. But three cases of infant mortality have been reported and villagers attribute this to the fact that expecting mothers do not get proper immunisation and check ups in time. The villagers did not report any discrimination on the basis of caste or gender.

Clean drinking water is not available, so the villagers are forced to fetch water from Agargaon which is two kilometers away. Or they are forced to fetch lake water which is not fit for consumption.

Livelihood

Work is not available to the poor all year round at locally defined minimum wages in the village. Both for men and women, only 5 days work is available in a month on an average and 60 days in a year. Fifty per cent of the villagers are deprived of daily food. Despite the above fact there have been no cases of starvation deaths. But food grains are not available regularly and no information is given about the availability of food grains.

As Ajay Rathod says, "Bahut parivar gav me hai jinki dekhbhal karnewala koi nahi. Hamko sarkar ke bhavase rehana padta hai, lekin anaj ke liye doosre gav me jana padata hai. Kayi logo par karja hai". Meaning some families are in debt. There are destitute families in the village and they have to depend on the state social security schemes. At times they do not get grains for two to three months. There is no facility in the village. The villagers go to the nearby village (Agargaon) to fetch food grains.

Harichand summed up the situation best when he said "Kasala Kay ji, amchya gava kad laksha dyayala wel kuth ahe konale. Amhale Chora Sarkhe Wagavtet. Kutha bhi chori jhali ke amchya pora balayale pak-dun netet". Meaning who has got time to look after our welfare. They have been treating us and our people as thieves for years together. They are least bothered about our welfare.

Case 1

The story of the homeless: Rahit, Taluka Barshitakli, District Akola, Maharashtra.

Manik Sudam Wahurwagh has lived in Village Rahit all his life. This 36 year old father of two lived with his family in a small hut built on his ancestral land. Farm labour is the only source of income for this family that lives below the poverty line. Like all people, Manik too wanted to improve his standard of living. His dream was to make a pukka makaan for his family.

In April 2005, he was allotted a Gharkul under the Indira Awas Yojana and he received a cheque of Rs 5000 as first installment in May the same year. He razed his small hut and began building the base of the house. The progress of the construction was inspected by Kene, an engineer and Mangulkar, a clerk from the Panchayat Samiti. After this, Manik applied for the second installment of the money for construction. You can only imagine the crude shock he received when the same officials told him that it was one big mistake. He had received the cheque due to official oversight and would be charged under the law if he did not return the money immediately. Begging for time, he brought the matter to the attention of the Panchayat Samiti and submitted necessary documents to them.

Despite all these efforts, till date he awaits his second installment. In trying to secure a better life for himself with the help of the Indira Awas Yojana, he has lost both his hut and his faith in the government machinery.

Case 2

The story of a woman widowed by the state: Village Rampur, Varanasi, Uttar Pradesh

Fifty-five year old Dhandeyi has been living in darkness for a long time now. Her husband died a few years ago leaving the blind woman to fend for herself. She has no land of her own and is thus forced to work as a labourer to earn a living.

Not one to give up easily, she opened a small teashop but was unable to earn enough money to sustain herself. She does not receive pension in time. Despite having a white ration card, she does not get the prescribed amount of ration every month.

She is homeless and for her, every day is a fight for survival. A fight which would have been made easier had the government policies and schemes come to her aid.

Case 3

Story of a disabled mother: Titwan, Taluka Barshitakli, District Akola, Maharashtra.

Laxmi Sukhdeo Karvate is a 45 year old mother of five children. They live in a shanty built on encroached land. Five years ago while going home, she fell down and was seriously injured and fractured her leg from

the waist. Since then she has been crippled. She cannot walk nor do any work. She cannot afford to pay for treatment for her leg.

Since the father was the only earning member of the family, the children were unable to attend school. They were forced to work for minimum wages. Even so, she managed to marry off two of her daughters by spending their savings. Despite being landless families, living below the poverty line, they have not received any financial assistance from the government. They applied on four occasions to get a Gharkul, but to no avail. They appealed to the social welfare department for tins on their house which has not happened.

They have also applied under the Karma Veer Dada Saheb Gaikwad Sabalikaran & Swabhiman Scheme for agricultural land, but till date they have not got it. They have not received any pension for disabled persons either.

All that Laxmi can say is "Sanga Bappa Amhi Garibana Jagao Tari Kasa". Meaning, how can the poor survive in such circumstances.

Case 4

The story of a helpless father: Village Ajangaon, Nagpur, Maharashtra

Homdeo Narayan Pimple is a 38 year old father of three. He has been a resident of Village Ajangaon since he was born. The family's yearly income is 30,000 rupees. He had lived in poverty throughout his life and wanted to secure a better life for his children and provide them with better facilities so that they could lead a better life.

To increase his income and build a proper house, he applied for a loan under the Other Backward Classes Vitta Maha Mandal for goat farming in April 2008. He completed all formalities and also gave four thousand rupees to Meshram, the concerned official for the same. In due time, the application was forwarded to UCO Bank, Hingna for further processing and Homdeo received one copy of the approved loan. But after this, there was no progress in the matter. A harried Homdeo ran from pillar to post to enquire about the status of his approved loan. Finally he was informed that his application had been rejected.

Today Homdeo is a broken man. He is under debt for a loan he had taken in order to improve his circumstances. He is under shock from the blow dealt to him by the failure and coldness of the government machinery.

Case 5

The story of a tormented woman: Dohana Peetamrai, Bareilly, Uttar Pradesh.

When Maya Devi was a young girl, she lost her father. Her mother brought her up and later married her to Mahendraji of village Manehara. Ten years later, this mother of five children is abandoned by her husband. He goes away never to return. You can well imagine the plight of a woman in this world who is left by her husband. The villagers despise her and suspect her conduct. Maya Devi now lives with her mother who

taunts her and wants her to move out.

Despite her monetary constraints, she sends her daughters to a government school to study. She is trying to save money for her eldest daughter's marriage. She is forced to eke out a living by cleaning drains and roads in the village and receives 30 kilos of wheat for a whole year. By working as a dai or midwife, she is able to get an extra half kilo. She does not receive any help or support from her brothers who are waiting for an opportunity to evict her from her mother's house.

Today Maya Devi is 40 years old. She has no hope or illusions about her own life but is worried about the future of her three daughters and two younger sons. Society has no compassion for a woman who has been abandoned by her husband. And there is certainly no help from the government.

Case 6

The story of an unborn child: Gopalapuram village, East Godavari District, AP.

Like any other couple, Mummdivarapu Srinu and Mummdivarapu Kumari were overjoyed when they first heard the news of Kumari expecting their first child. It was the silver lining in the cloud for the couple who depend on Srinu's meager income as a rickshaw puller and Kumari's income from farm work for their subsistence. Due to abject poverty, they share with their parents their one room house, which has been built with a government grant.

Her pregnancy was confirmed at a private hospital, Vijaya Lakshmi Nursing Home, and Srinu was instructed to take certain medicines. However, since they could not afford the medicines, she did not take them and did not undergo any further medical tests. Rightly, she turned to the local primary health centre in Ublanka and the Anganwadi centre for treatment and medicines. Neither of them gave her the much needed guidance and nutritional supplements. When she was eight months pregnant, her labour pains started and she was taken to Ubalanka PHC. Despite being in intense pain, she was refused treatment since the resident doctor had gone to a medical camp. She was referred to a private clinic 15 kilometres away in Ravulpalem. A further two hours were wasted in Srinu running from pillar to post in order to gather 6000 rupees for the operation. But in vain. Kumari gave birth to a stillborn baby.

Now in debt and in shock, the constant refrain on Kumari's lips is if only she had gotten the necessary medical attention and help in time, her baby would have been alive. A life was lost, a dream shattered only due to the negligence on the part of the healthcare system in this little village in Andhra Pradesh.

Case 7

The story of a simple Muslim girl: Bhojipura, Bareilly, Uttar Pradesh

In her 42 years of living, Hajra has seen more than her fair share of deaths and troubles. She has been living in the midst of suffering and hardships since she was born. Her father died when she was 10 years old

and her mother supported the family by working in the fields of others. Her eldest sister could only get married with economic help by the neighbors. But as fate would have it, her sister died during childbirth. Hajra was married to her sister's husband, Kauser Ali, who was more than ten years her senior, as the parents had no choice.

After a year, Hajra gave birth to a disabled son followed by five girls in the coming years. With an increasing number of mouths to feed, Kauser overworked himself to death. They could not afford his treatment and once again Hajra was left alone. In these desperate times, Hajra started working in the fields but the family went hungry on many occasions. On top of that, the house was Kuchha and the family faced problems during the rainy season when water came inside the house, with nowhere for the family to go. After a lot of trouble and the support of the villagers, Hajra got her pension under the widow pension scheme. Similarly after spending nearly 35,000 rupees over the years, she managed to get a home allotted under the Indira Awas Yojana. Her son is still not getting any benefits under the schemes meant for the disabled. The ration system too has let her down.

As she looks back at her struggles, Hajra feels that government schemes are not accessible to the people who need them most as many of them do not even know about the various government schemes. No one listens and people who are not eligible get most of the benefits of the government schemes.

Case 8

The story of a girl married to misery: Pachdaura, Bareilly, Uttar Pradesh.

As a young bride, Rukhsana was full of hope and dreams for her future. She entered her new home with the promise of a new life but a rude shock lay in store for her there. She had been deceived, her husband was seriously ill. He had an ulcer in his stomach and no money for treatment.

Taking stock of the situation, she realized that she would have to sell off her husband's land to raise money for his treatment. She faced opposition from her in laws and extended family, who threw her out of the house. Along with her ailing husband, she was forced to move in with her mother who lived in a small hut. Her mother gave her a small piece of land on which they built a small hut of their own. By this time, Rukhsana had her own family to fend for. She managed to make ends meet by doing small jobs in the village. But one day all her efforts went up in smoke. A loose electrical wire passing over her hut came undone and set her hut ablaze. Rukhsana pulled out her one year old baby's body out of the fire. She could not be saved despite efforts by the villagers. But those with mouths to feed cannot afford to wallow in their misery. She manages to sustain her family by cleaning and dusting other people's homes. Her husband has since been crippled in an accident while whitewashing and does not contribute to the family.

Today Rukhsana has lost all will to live. She only goes on for the sake of her other children and hunger that gnaws at the belly. Some days they manage to eat, and some days they sleep in hunger.

Case 9

The story of a widow shunned by her family: Kawdas, Nagpur, Maharashtra

At an age when most people look forward to retiring and living a life of peace and quiet, 80 year old Rupabai Mahadeo Juvade is living a life of torment and trouble. Many years ago while working in the fields, a stone hit her leg and she was seriously injured. This incident left her crippled.

She turned to her sons for help and support. However, her daughters-in-law saw her as a burden as she could not be of much use to them. Rupabai could no longer take the constant taunts and was forced to leave her home. Finally the villagers came to her rescue and told her to apply for pension under the Sanjay Gandhi Niradhar Yojana from the Panchayat Samiti.

She now receives 500 rupees per month. This is the only support for this courageous lady who is her own family.

Case 10

The story of a helpless father: Village Nimbi Bujurg, Taluka Barshitakli, District Akola, Maharashtra.

Panjabrao Natthuji Sarkate has been blessed with two sons and two daughters. But that is where his good fortune begins and ends. He is one of the many peasants living below the poverty line and has no land or natural resources of his own. His family lives in a little shanty built on encroached land.

Like any other father, he wanted to secure a better future for his daughter. He took a loan of 50,000 rupees for her marriage expenditure and is now under debt for the same. His younger daughter and son are studying in school which is in another village. However, since he can't afford to educate both of them, his daughter goes to school only thrice a week. His elder son is ill and he has taken a loan from the Village Self Help group for his treatment. He could get the loan by mortgaging his only possession of any value, the tins of his house. Four years ago his house was washed away in the violent floods that hit the region. However, he has not received any aid from the government till date. He tried to re-build his home by applying under the Indira Awas Yojana, Dada Saheb Gaikwad Swabhimani and Sabalakaran Yojana. But to no avail. This farmer, who toils with the land so that the nation may eat, has no food to feed his family. His ration card does not give him his fair share and certainly not at a fair price.

But this is only half his story, because he does not bribe and bow to the powers that be. Those with money, muscle and power are able to secure their fair share with the local administration. This father of four is unable to get assistance from government schemes and policies which are meant for those who have nothing.

India's model of planned economic development is based on the Five Year Plans. The Five Year Plans provide the overall direction and basic framework for policies, programmes and schemes for the various Ministries and Departments as well as for the Annual Plans of states. The Mid Term Appraisal of a plan provides an opportunity to assess and appraise the functioning of the plan and undertake corrective steps needed to overcome the weaknesses identified during the course of the appraisal. Currently the Mid Term Appraisal of the Eleventh Five Year Plan (2007-2012) is being done by the Planning Commission.

Since people are central to governance, it is imperative that they play a role in the crucial exercise of evaluating the objectives and targets set in the Eleventh Five Year Plan. Recognising the need to bring people into this process, several organisations have come together to organise a People's Mid Term Appraisal, to assess from a people's perspective how the Eleventh has worked.



This report, which is part of the process of the People's Mid Term Appraisal, carries some relevant issues and suggestions made by the people during the FGDs and State/Regional Consultations.