

**Review of
Implementation of Common Minimum Programme and
Status of Millennium Development Goals in Andhra Pradesh**

A Report

**COVA (Confederation of Voluntary Associations) &
PARA (People's Action for Rural Awakening)
In Association with WNTA (Wada na Todo Abhyan)**

Preface

COVA (Confederation of Voluntary Associations & PARA (People's Action for Rural Awakening) in Association with WNTA (Wada Na Todo Abhyan) commissioned a pilot study on the processes and politics of implementation of selected programmes in Andhra Pradesh as part of national level study on the status of Millennium Development Goals.

This study focused on four goals, such as Poverty Alleviation; Education; Health and Women Empowerment. Incidentally programmes selected in the four issues cover six Millennium Development Goals.

The secondary data were collected to assess the status of different goals taken up under Common Minimum Programme and various promises made during election campaign in 2009. A number of programmes are launched for alleviation of poverty, elimination of illiteracy, increasing access to education, improving health care and empowerment of women since 2009. What follows is a report compiled with the help of published data and corroborated with the primary qualitative data generated through focus group discussion.

The report is tentative with an invitation for comments and suggestions for further improvement.

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INTRODUCTION

This study is a modest attempt at understanding the current status of selected issues figuring under Common Minimum Programmes (CMP) and the level of achievement of Millennium Development Goals (MDGs), particularly in Andhra Pradesh, India.

The MDGs are eight international development goals that were officially declared by the United Nations in 2000, as part of the United Nations Millennium Declaration after a millennium summit. All 193 United Nations Member States and at least 23 international organizations agreed to strive to these goals by the year 2015. The eight goals¹ are as follows.

1. Eradicating extreme poverty and hunger
2. Achieving universal primary education
3. Promoting gender equality and empowering women
4. Reducing child mortality rates
5. Improving maternal health
6. Combating HIV/AIDS, malaria, and other diseases
7. Ensuring environmental sustainability
8. Developing a global partnership for development.

The benefits of market economy are yet to reach poor as felt in early 90s. Due to economic inequality, the benefits of growth are unevenly distributed. Poor are remained unorganized consumers without any rights. From eighth plan onwards liberalization policies are ushered in resulting in opening of the economy with a promise to allocate more funds to social sector. However, this promise is yet to be fulfilled.

The Indian State started investing in human development which includes education, health and family welfare. In fact, there are wide variations among States in terms of investment in this sector. The combined expenditure on social services by central and state governments stand at 6.9% of GDP in 2009-10 and it fell to 6.74% in 2011-12. If the figures are disaggregated, expenditure on education in 2009-10 is 3.11% of GDP and it increased to 3.5% in 2010-11 while expenditure on health fell from 1.36 to 1.3%.

¹Of the 8 goals, first six have been combined into four issues and taken for the analysis.

Programmes intended to give boost to inclusive growth are given a priority after international agencies started showing the glaring inequalities in income and wealth. . Programmes like Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS), National Rural Health Mission (NRHM), SarvaSikhshaAbhiyan (SSA), Mid-day Meal, Rajeev Gandhi Drinking Water Mission, ICDS, etc. attempted to correct the imbalances in economy and started making inclusive policies. Reserve Bank of India, in one of its reports, stated that except Haryana all other states are lagging behind in the expenditure for social sector.

Due to several interventions since independence, the literacy rate reached to 75% in 2011 from 20% in 1950. The dropout rate is still 14%. While in Bangladesh it is just 7%. The National Health Mission was announced in 2002. Policies for protection of Women & Child Welfare were initiated since 1981. The Child Mortality Rate which was 110 for every 1000 in 1980 brought down to 47 in 2011. The Life Expectancy Rate also increased to 64.5.

The governments at the center and states are striving to reduce the gender gap and put in efforts for reducing the implementation deficit. But the task ahead is gigantic with all issues relating to Governance. Capturing people's perception through FGDs may lead to identify the gaps in Governance.

Andhra Pradesh is one of the largest populated states with 11.8% of the total population of India (84,655,533 as per 2011 Census). It has a steady growth rate in the last decade. It is regarded as one of the progressive looking states with a GDP of approximately Rs. 5,67,636 lakh crore placing it third among the states. However, AP's economic performance bears no resemblance to its social development. The literacy rate of AP, as per the 2011 Census, is 67.7 per cent placing it on 24th rank and much below the national average of 74.04 per cent. Literacy promotes faster pace of growth. It will be useful to know the status of the programmes for mid-policy correction.

As part of National Policy for Inclusive Development and with an objective to make growth relevant to the deprived and excluded sections of society, the Government of India initiated a number of programmes. In 2004, the United Progressive Alliance (UPA) government tried to incorporate them as part of CMP. With this view, the government initiated several programmes on the lines of CMP. While the State and its agencies are entrusted with the responsibility for monitoring national interventions, independent micro-

level studies are also necessary. The flagship programmes including the MNREGA, NRHM as part of CMP are under implementation in Andhra Pradesh since 2004. The quantitative indicators show the place of AP vis-à-vis India.

This study attempts to obtain a reality picture at the field level. This report is split into four parts – Part I, II, III, and IV. *Part I* provides us a background to the study. *Part II* focuses upon the method of the study. *Part III* furnishes the analyses of the quantitative and qualitative data about the selected MDGs and their indicators and programmes evolved as part of the same. *Part IV* contains the summary of the findings, conclusion, recommendations, and limitations of the study.

It is noticed that some of the MDGs are dovetailed into CMP. We touch upon the impact of CMP primarily with an idea to analyse the intervention. After lot of deliberations, it was decided to focus on four goals. Thus, the selected areas for the purposes of this study include (i) poverty alleviation, (ii) education, (iii) health, and (iv) empowerment of women.

First, poverty estimates at national level (following Tendulkar's Methodology for Poverty Estimates), are shown in Tables 2-5. This is followed by a discussion about the programmes evolved for elimination of poverty. The study took into consideration three interventions which include MNREGS, ICDS and INDIRAMMA (a Housing Programme).

Second area for assessment of interventions is education broadly. Within this sector, the study attempted to capture the impact of the interventions through Literacy campaigns, Enrollment and Dropout rates. Data analysis is restricted to class VIII for enrollment purposes and class X for assessing the dropout rate. Details are presented in Tables 6-9.

Third, the status of health of people of AP is again looked at from four critical dimensions. Details are presented in Tables 10 & 11. The selected indicators of health include (i) Child Mortality, (ii) Child Immunization, (iii) Maternal mortality, (iv) Institutional Delivery, etc. (Refer to MDGs 4&5)

Fourth area selected for assessment is empowerment of women (Refer to Goal 1 in MDGs). Details are presented in Tables 12 & 13. While literacy indicates status of women, the study also attempted to assess the interventions for empowerment through their representation in legislative bodies. The specific reference to this issue can be found

in CMP. The other sub-areas for assessment include (i) steps for improvement of incomes of Anganwadi Workers, (ii) programmes for securing employment. A programme, popularly known as *Pavala Vaddi*, was initiated to promote self-employment through savings and interest-free loans (also referred to as DWCRA). (The Government of AP merged the DWCRA with Velugu and rechristened it as Indira KranthiPatham that encouraged Self Help Groups).

The MDGs have to be viewed as policy prescription to the nation states and India is one of the signatories. The main goals are, one can see, dovetailed into the CMP and the same are included in poll promises. For purpose of this study, it was decided to restrict to the four goals.

METHOD

The study included both secondary and primary data. The secondary data (quantitative) were taken from the available authentic database of Government of India as well as Government of Andhra Pradesh. The primary data (qualitative) were collected by means of focus group discussion (FGD). The objectives, selection of participants and the entire procedure of FGD were mentioned below.

Focus Group Discussion

The objective of FGD was to explore the awareness of the common people on policies, programmes, and actions of the both Central and State Governments in respect of the afore-mentioned issues. Another exploration was in the direction of eliciting responses from the respondents regarding the extent of meeting the promises made by the present ruling party in Andhra Pradesh (AP) in their manifesto during the election campaign. Participants were also encouraged to suggest measures that the Government at the Centre and State need to adopt for better functioning. Another focus was to assess people's reaction about the progress of the country and the State towards the attainment of eight-fold MDGs enunciated by the United Nations.

Since Andhra Pradesh consists of three regions, such as Coastal Andhra, Rayalseema and Telengana, districts from each region were selected for the study. Nellore and Vijayanagaram districts were selected from Coastal Andhra region. Kadapa (presently renamed as YSR) and, Kurnool districts from Rayalseema region and Mahbubnagar and Warangal districts were selected from Telengana region. In every district five different places were identified for conducting FGD. Thirty FGDs across six districts from three regions were conducted. However, the study noted that FGD reports in respect of two districts (Kadapa and Warangal) could not be effectively utilized owing to inaccuracies. Therefore, the study could take note of 20 FGDs with 200 participants for purposes of analysis.

From every district, the employees of COVA were selected for undergoing training programme on FGD. One-day training programme was organised in COVA office at Hyderabad for the moderators and co-moderators (note-takers) to be engaged in FGD. They were trained in different aspects of FGD guided by established methodology, starting

from the selection of site and participants to conducting the session of FGD. Their performance was assessed by means of simulated FGDs in the presence of the trainer. Various aspects, from moderation or facilitation to taking notes, were considered and inputs were given wherever required to enhance the quality of FGD. After satisfaction with their performance, they were sent to the respective district for initiating and conducting the FGD.

Composition of the Sample. Five types of focus groups were formed in each district, such as youth, farmer, Self Help Group (SHG) members, minority (Christian and Muslim) and women (SC, ST and minority). Each focus group consisted of 10 members. In case of the youth focus group, the participants were in the age group of 20-30 years, whereas for others it ranged from 20 to 60 years. All the participants in the SHG members' focus group were women, whereas there was a mixed participation of men and women in youth, farmer and minority focus groups. The participants were selected from the identified locations and explained about the FGD. Their willingness to participate in the FGD was taken in the Consent Forms.

The Process. Moderators provided a welcome and introduction to participants, explained the study's purpose, and set ground rules for participation. The moderator initiated an ice-breaker activity to increase familiarity among the participants and encourage the group to speak more freely. Then the moderator started the discussion as per the guidelines on the topic already framed for the discussion. Throughout the process, the moderator facilitated discussion to ensure all participants had an opportunity to speak, and made efforts to clarify understanding as necessary. Participants had a 5-minute break after each topic of discussion – poverty alleviation, health, education, women empowerment. After completing all questions, participants were given time to further express their ideas, and the moderator provided a summary of the focus group session. The duration of each FGD was approximately from 1 hour 45 minutes to 2 hours. Focus group responses were captured using field note reporting forms recorded by the co-moderator (note-taker). Wherever possible, the FGD sessions were recorded by means of audio and video devices. Soon after the completion of each FGD, debriefing was done by both the co-moderator and moderator and the same was recorded by the co-moderator. The progress of FGD was monitored and evaluated by the expert time-to-time.

Objective of the instrument The purpose of FGD was to explore the reaction of common people on four major dimensions of the contemporary issues – poverty, education, health, and women empowerment – towards the achievement of MDGs by the country as well as the State, In each dimension, discussion was held with five focus questions which are mentioned in Box 1.

Box 1

Main issues and focus questions of FGD

Poverty Alleviation

1. What are the promises made by the Congress Party in Andhra Pradesh for the 2009 Elections for the eradication of poverty in the State?
2. What are the programmes that started by the present Government in Andhra Pradesh to fulfill the promise of the eradication of poverty?
3. To eradicate poverty, how effectively the State Government implements the programmes launched by the Central Government?
4. What is your opinion about the achievement of the promise made by the Congress Government in Andhra Pradesh in the direction of the eradication of poverty?
5. What measures the present Government needs to undertake to achieve its promises of the eradication of poverty?

Education

1. What are the promises made by the Congress Party in Andhra Pradesh for the 2009 Elections for improving the education system in the State?
2. What are the programmes that started by the present Government in Andhra Pradesh to fulfill the promise of improving the education system?
3. To improve education, how effectively the State Government implements the programmes launched by the Central Government?
4. What is your opinion about the achievement of the promise made by the Congress Government in Andhra Pradesh in the direction of improving the education system?
5. What measures the present Government needs to undertake to achieve its promises of improving education?

Health

1. What are the promises made by the Congress Party in Andhra Pradesh for the 2009 Elections for improving health in the State?
2. What are the programmes that started by the present Government in Andhra Pradesh to fulfill the promise of improving health?
3. To improve health, how effectively the State Government implements the programmes launched by the Central Government?
4. What is your opinion about the achievement of the promise made by the Congress Government in Andhra Pradesh in the direction of improving health?
5. What measures the present Government needs to undertake to achieve its promises of improving health?

Empowerment of women

1. What are the promises made by the Congress Party in Andhra Pradesh for the 2009 Elections for empowering women in the State?
2. What are the programmes that started by the present Government in Andhra Pradesh to fulfill the promise of empowering women?
3. To empower women, how effectively the State Government implements the programmes launched by the Central Government?
4. What is your opinion about the achievement of the promise made by the Congress Government in Andhra Pradesh in the direction of empowering women?
5. What measures the present Government needs to undertake to achieve its promises of empowering women?

Millennium Development Goals (MDGs)

1. Are you aware of MDGs?
2. What measures the present Government at the Centre and the State should adopt to achieve the MDGs?

RESULTS AND DISCUSSION

The obtained secondary quantitative data from different authentic sources were analysed both quantitatively (percentages and graphs) and qualitatively. In order to analyze the qualitative data obtained through FGD, *framework analysis*² process was followed. The four main stages followed here included familiarization; identifying a thematic framework, indexing, charting, mapping and interpretation. Familiarisation with the data was achieved by listening to audio and videos (where ever available), reading the whole transcripts several times, and reading the fieldnotes taken during FGD and debriefing written immediately after the FGD with an intention to immerse in the details and get a sense of the FGD as a whole before breaking it into parts. During this process the major themes began to emerge. In the next stage, identification of a thematic framework, memos were written in the margin of the text in the form of short phrases, ideas or concepts arising from the texts, which helped in developing categories. The third stage – indexing – comprised sifting the data, highlighting and sorting out quotes and making comparisons both within and between cases. The fourth stage – charting – involved lifting the quotes from their original context and re-arranging them under the newly-developed appropriate thematic content. Thus data reduction was made by comparing and contrasting data and cutting and pasting similar quotes together. Finally the themes were emerged and interpreted in the context of the objectives of the study. Moreover the themes were developed both from the research questions and from the discussion of the participants during FGD. The main themes and findings of the FGD were described under each of the main topics of discussion - poverty, education, health, women empowerment, and millennium development goals.

The following Table 1 reflects a consolidated picture of Common Minimum Programme (CMP) by UPA, Poll promises of Congress Party in Andhra Pradesh, and concrete Millennium Development Goals (MDG) of United Nations. The components under each of these three segments are presented under four different categories; viz. Poverty Alleviation, Education, Health, and Women Empowerment. This categorization is done more for convenience than for creating water-tight compartments. The programs

²Ritchie, J.& Spencer, L. (1994). Qualitative data analysis for applied policy research. In *Analysing Qualitative Data*, pp. 173–194 [A Bryman and RG Burgess, editors]. London: Routledge.

listed under each category are classified based on their proximity to the goal. Out of this long list few promises are identified based on the available authentic secondary data. Other sources of available data are appended for further reference (see Appendix A). In addition to the detailed CMP and poll promises (Manifesto) are also appended (see Appendix B and C).

Table 1

Categorisation of Common Minimum Programmes (CMP), Poll Promises by Congress Party in 2009, and Millennium Development Goals (MDGs)

CMP	Poll Promises Extracted from Congress Manifesto, 2009	MDG
Poverty Alleviation		
<p><i>Employment</i></p> <ul style="list-style-type: none"> ✓ Implementation of minimum wage laws for farm labour ✓ National Commission to examine the problems facing enterprises in the unorganized, informal sector. ✓ National Employment Guarantee Act. ✓ Revamp the functioning of the Khadi and Village Industries Commission (KVIC) ✓ Rural cooperative credit system will be strengthened <p><i>Food and Nutrition</i></p> <ul style="list-style-type: none"> ✓ Antyodaya cards for all households ✓ Nutrition Programmes for girl child will be expanded ✓ Strengthen the public distribution system 	<ul style="list-style-type: none"> ✓ AbhayaHastham (Pension scheme) ✓ Basic Services for Urban Poor (BSUP) and Integrated Housing and Slum Development Program (IHSDP). ✓ Dhobhi Ghats with all modern facilities ✓ Electrical connection to all ✓ Encouragement of the BC rural artisans (Goldsmiths, blacksmiths, Carpenters, Weavers, Tappers, Washermen etc.) ✓ Four percent reservation for Muslim minorities ✓ Gas cylinders to every household ✓ Increasing the quantity of rice for white card holders from 4 kgs to 6 kgs ✓ Indira Prabha ✓ INDIRAMMA Programme ✓ JALAYAGNAM ✓ Jawaharlal Nehru National Urban Renewal Mission (JNNURM), ✓ Kalyanamasthuprogramme ✓ Land distribution scheme ✓ PavalaVaddi ✓ PavalaVaddi scheme ✓ Pensions ✓ Sanitary toilet facility ✓ Tappers package ✓ Two rupees a kg rice scheme ✓ Urban Infrastructure Development Scheme for Small and Medium Towns (UIDSSMT) ✓ Weaker Section Housing Programme ✓ Weavers package 	<p><i>1. Eradicate extreme poverty and Hunger</i></p> <p>(i) Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</p> <p>(ii) Halve, between 1990 and 2015, the proportion of people who suffer from hunger.</p>

Education		
<p>Education and Health</p> <ul style="list-style-type: none"> ✓ Anganwadi through ICDS ✓ Mid-day meal scheme ✓ Public spending in education to least 6% of GDP 	<ul style="list-style-type: none"> ✓ Complete reimbursement of tuition fee ✓ Girls Literacy rate among the SC, ST ✓ Scholarships and reimbursement of tuition fees for BCs, SCs, STs and Minorities and Economically backward communities. 	<p>2. Achieve Universal Primary Education</p> <p>(i) Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education.</p>
Women Empowerment		
<p>Women and Children</p> <ul style="list-style-type: none"> ✓ Legal equality for women ✓ One-third reservations for women in VidhanSabhas and in the Lok Sabha. 	<ul style="list-style-type: none"> ✓ Rajiv Yuva Shakti programme ✓ Self-Help Group programme 	<p>3. Promote Gender Equality And Empower Women</p> <p>(i) Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education, no later than 2015.</p>
Health		
<p>Health and Education</p> <ul style="list-style-type: none"> ✓ Raise public spending on health to 2-3% GDP 	<ul style="list-style-type: none"> ✓ Effective health care administration Rajiv Aarogyasri 	<p>4. Reduce Child Mortality</p> <p>(i) Reduce by two-thirds, between 1990 and 2015, the Under-Five Mortality Rate. Indicator 13: Under-Five Mortality Rate</p> <p>5. Improve Maternal Health</p> <p>(i) Reduce by three quarters, between 1990 and 2015, the Maternal Mortality Rate. Indicator 16: Maternal Mortality Ratio (MMR)</p> <p>6. Combat HIV/AIDS, Malaria and other Diseases</p> <p>(i) Have halted by 2015 and begun to reverse the spread of HIV/AIDS.</p>

(1) Poverty Alleviation

Secondary Data

Poverty is a state where a person finds it unable to maintain a minimum socially accepted level of standard of living. It is regarded as the root cause for low levels of health and educational outcomes, poor access to clean water and sanitation, inadequate physical security, lack of voice, and insufficient capacity and opportunity for mobility. The World Bank categorized Poverty into two types, i.e. Absolute poverty and Relative Poverty. *Absolute poverty or destitution* refers to the state of severe deprivation of basic human needs, which commonly includes food, water, sanitation, clothing, shelter, health care, education and information. *Relative poverty* is defined contextually as economic inequality in the location or society in which people live³. The World Bank estimated 1.29 billion people were living in absolute poverty in 2008. Of these, about 400 million people in absolute poverty lived in India and 173 million people in China.⁴

Poverty alleviation remained the central to all the state and central level policy making. The Five Year Plans in India had their focus directly or indirectly on reducing the poverty levels. Poverty alleviation involves improving the living conditions of people who are already poor. Since the 1950s, the Indian government and non-governmental organizations have initiated several programs to alleviate poverty, including subsidizing food and other necessities, increased access to loans, improving agricultural techniques and price supports, and promoting education and family planning.

In 2011, World Bank stated, 32.7% of the total Indian people fall below the international poverty line of US\$ 1.25 per day (PPP) while 68.7% live on less than US\$ 2 per day. According to Tendulkar Committee Report 2009-10, 29.8% of Indian population and 21.1 % of Andhra Pradesh Population live below the poverty line. Planning Commission reduced poverty line to Rs.28.65 per capita daily consumption in cities and Rs.22.42 in rural areas, scaling down India's poverty ratio to 29.8 per cent in 2009-10

³<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTPA/0,,contentMDK:20238991~menuPK:492138~pagePK:148956~piPK:216618~theSitePK:430367,00.html>

⁴Poverty and Equity - India, 2010 World Bank Country Profile

Table 2
Poverty Estimates for the years 1993-94, 2004-05 & 2009-10 (Tendulkar Methodology)

	1993-94			2004-05			2009-10		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
India	50.1	31.8	45.3	42	25.5	37.2	33.8	20.9	29.8
AP	48.1	35.2	44.6	32.3	23.4	29.6	22.8	17.7	21.1

Note. Population as on 1st March 2010 has been used for estimating number of persons below poverty line. (interpolated between 2001 and 2011 population census); Population as on 1st March 2005 has been used for estimating number of persons below poverty line; All the figures are in percentage of the total population.

Source. Press Note on Poverty Estimates 2009-10, Government of India, Planning Commission, March 2012

Table 2 shows poverty estimates of India compared to Andhra Pradesh in the years 1992-93 to 2009-10. As can be seen, the targets for poverty alleviation through MDGs are almost achieved. The figure below shows the same data and the gradual development of poverty percentage can be noted.

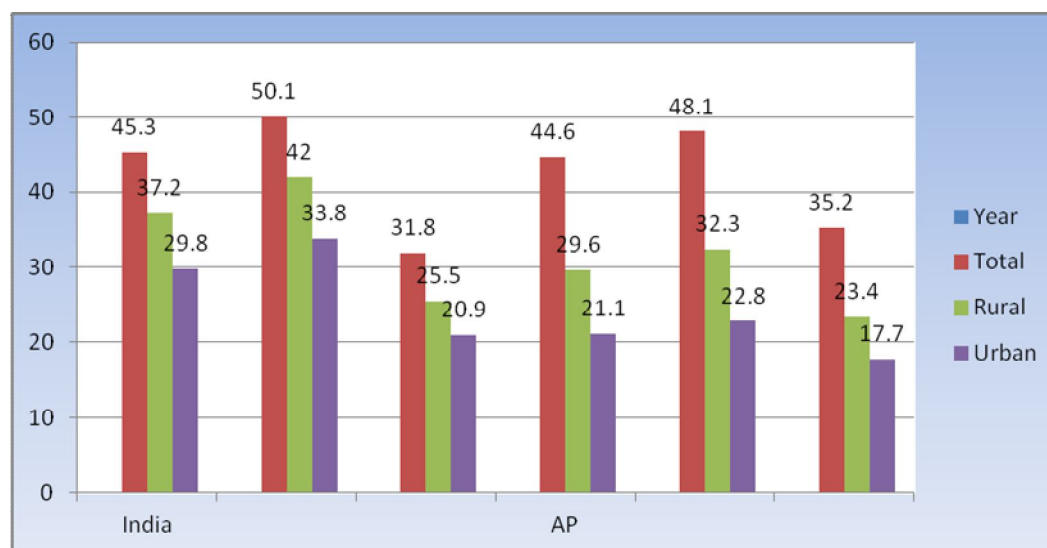


Figure 1. Poverty Estimates for the years 1993-94, 2004-05 & 2009-10 (Tendulkar Methodology)

(i) Flagship Programmes by Governments of India and Andhra Pradesh

Poverty alleviation programmes in Andhra Pradesh can be divided into following categories.

(a) Income Enhancement Programmes

- **Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS)**
- JawaharRozgarYojana (JRY) / Jawahar Gram SamridhiYojana (JGSY)
- Employment Assurance Scheme (EAS)
- Integrated Rural Development Programme (IRDP)
- Development of Women and Children in Rural Areas (DWCRA)
- Training Rural Youth for Self Employment (TRYSEM)
- Swarnajayanti Gram SwarozgarYojana (SGSY)

(b) Providing food and nutritional security

- Public Distribution System (PDS)
- **Integrated Child Development Services (ICDS)**
- ANNAPURNA

(c) Provide basic minimum services

- **Integrated Novel Development in Rural Areas & Model Municipal Areas (INDIRAMMA)**
- Rachabanda (Housing)
- Rajiv Arogyasri (Health)
- SarvaSikshaAbhiyan (Universal Education)
- National Social Assistance Programme (NSAP)
- National Rural Health Mission (NRHM)
- Jawaharlal Nehru National Urban Renewal Mission (JNNURM)

(d) Natural resource management and livelihoods

- Adarana (Livelihood opportunity for rural artisans and backward classes)
- Girl Child Protection
- Deepam (LP Gas distribution to rural BPL women)

Mahatma Gandhi National Rural Employment Guarantee Scheme. The MGNREGS is a job guarantee scheme, enacted by the Indian Parliament on August 25, 2005. The scheme provides a legal guarantee for one hundred days of employment in every financial year to adult members of any rural household willing to do public work-related unskilled manual work at the statutory minimum wage of Rs. 120 per day in 2009 prices. The Central government outlay for scheme is Rs. 40,000 crore in FY 2010–11. This act was introduced with an aim of improving the purchasing power of the rural

people, primarily semi or un-skilled work to people living in rural India, whether or not they are below the poverty line. Around one-third of the stipulated work force is women. The law was initially called the National Rural Employment Guarantee Act (NREGA) but was renamed on 2 October 2009.

Table 3
Overview of MNREGS – AP

Item	2010-11	Cumulative
Total No. of Job Cards issued (in lakhs)	6.50	122.75
No. of Works Completed (in lakhs)	7.54	16.77
Total Expenditure (in crores of Rs.)	5401	17002
No. of Households provided wage employment (in lakhs)	62	91.33
No. of Individuals provided wage employment(in lakhs)	118.90	183
Person days generated (in crores)	33.95	139.33
No. of households completed 100 days (in lakhs)	9.68	35.98
Average no. of days employment provided per household	54.67	
Average Wage Rate per day per person (in Rupees)	97.22	90.65

Source. Socio Economic Survey 2011-12, Government of Andhra Pradesh

Integrated Child Development Services (ICDS). ICDS is a Government of India sponsored programme. It aims to tackle malnutrition and health problems in children below 6 years of age and their mothers. The main beneficiaries of the programme were aimed to be the girl child up to her adolescence, all children below 6 years of age, pregnant and lactating mothers. The gender promotion of the girl child by trying to bring her at par with the male child is a key component of the scheme.

Table 4
Status of ICDS Projects in Andhra Pradesh

Year	Beneficiaries				
	Projects	No. of AWCs	Women	Children	Total
2007-2008	385	73,944	61,87,882	77,42,986	1,39,30,868
2008-2009	385	73,944	1,16,90,063	59,72,851	1,76,62,914
2009-2010	385	73,944	1,17,02,400	60,70,620	1,77,73,020

Source. Government of Andhra Pradesh, Department for Women, Children, Disabled and Senior Citizens, Integrated Child Development Services (ICDS), http://wcdsc.ap.nic.in/schemes_child.php, Accessed on 03.11.2012

Table 4 shows the number of Anganwadi centres and beneficiaries in the years 2007 to 2010. Table 5 describes the supplementary nutrition programme provided through Anganwadi centres in Andhra Pradesh.

Table 5
Supplementary Nutrition Programme in Andhra Pradesh

Sl. No.	Types of Food	Projects	AWCs	Beneficiaries
1.	Ready To Eat (RTE) Food	220	51,467	31,57,884
2.	Local Food Model (LFM)	159	38,239	20,98,723
3.	Community Managed SNP (Local Food)	2	578	36,555
4.	Nandi Foundation	5	907	85,656
5.	Akshyapatra Foundation	1	116	10,364
	Total	387	91,307	53,89,182

Note. Supplementary Nutrition Programme is being implemented in 387 ICDS Projects covering 91,307 Anganwadi Centers. At present the coverage of beneficiaries under SNP component is 76 (average by saturation) for 1,000 population. Total coverage of Beneficiaries category wise is given in the Table -4
Source. Government of Andhra Pradesh, Department for Women, Children, Disabled and Senior Citizens, Integrated Child Development Services (ICDS), http://wcdsc.ap.nic.in/schemes_child.php, Accessed on 03.11.2012

Integrated Novel Development in Rural Areas & Model Municipal Areas (INDIRAMMA). The primary aim of this programme is to provide in every village pucca houses, drinking water supply, individual sanitary latrines, drainage, power supply to every household, Road facilities for transport, pensions to eligible old age persons, weavers, widows and the disabled, primary education to all, special nutrition to adolescent girls/pregnant and lactating women and better health facilities in all the villages over a period of three years in a saturation mode, This shall improve the living standards of the people significantly.

Development of women and children in Rural Areas (DWCRA). Development of women and children in Rural Areas (DWCRA) was launched as a sub scheme of IRDP during the year 1982-83 in 50 districts. It subsequently extended to cover all the districts in the country by 1994-95. The flow of benefits to poor women, in spite of reservation, under various poverty alleviation programmes viz. IRDP and TRYSEM were found to be not making much impact. This intervention aims at not only raising the incomes of rural women of poor households, but also enabling organized participation of groups of women provides all these inputs by considering women as critical to development: also enabling organized participation of groups of women in the programmes of credit, skill training and

infrastructure support for self-employment. DWCRA was introduced for ensuring that the benefits of IRDP reach to women directly. The programme seeks to improve the access of rural women to health, education, safe drinking water, sanitation, nutrition etc; thereby bringing about an enhancement in the quality of general wellbeing of women & children.

In addition to implementing welfare schemes for rural women, DWCRA also aimed at involving the women in development activities by organizing them into groups. The administrative set up of DWCRA involved five levels - village, block, district, state and national. At the village level, Self-Help Groups (SHGs) popularly known as DWCRA groups were formed. Generally, each DWCRA group had 15-20 women members. Every group chose a leader, called the organizer, who conducted group meetings and maintained the group's accounts. Initially, the focus of the groups was on saving money. Most of the groups started with the motto - 'save a rupee per day.' Every month, the savings were deposited at the post office or in the banks.

Primary Data (FGD)

The qualitative data obtained from the FGDs on the issue of poverty alleviation measures undertaken by both the Central and State Governments yielded new insights to the issue.

Awareness of the programmes. While participants in Vizianagaram and Nellore districts were well aware of the majority of the programmes of poverty alleviation, respondents from Kurnool district expressed their ignorance about the major programmes. However, only the One Rupee per Kilogram Rice Distribution Scheme for BPL families under Public Distribution System (PDS) was mentioned by the participants of one of the five groups. Participants from other districts, except Kurnool, were well-aware of the programmes, like MNREGS, Old Age Pension Scheme, Loans Scheme, Antyodaya Anna Yojana, Annapurna Scheme and Housing Schemes. Some of the respondents were also the beneficiary of these flagship programmes or schemes.

Bottleneck in the implementation of the programmes. The people expressed a mixed reaction, when asked about the successful implementation of the programmes run both by the Central as well as State Governments. It was perceived that the common people were more dissatisfied regarding the accessibility of the programmes. People opined that there was a lack of awareness among the common people about the availability

and scope of various poverty alleviation programmes. Though corruption by means of taking bribe, commission and nepotism was very common reaction of the respondents, at the same time, a new issue was observed. In case of any Loans and/or Housing Scheme, some mediator played a crucial role. They acted as a channel in the process of sanctioning either the loan or house and demanded money from the beneficiary. There were complaints against mediators demanding half of the loan amount in exchange of getting the loan sanctioned. The sanctioning authority also took their share. Likewise, the beneficiary had to lose a substantial amount of his original loan amount. Corruption by office bearers in the Gram Panchayat Offices and bureaucracy were held as the main reason for the failure of most of the programmes. In case of MNREGS, only 70 days of employment, instead of 100 days, and wages of Rs.80-90, instead of Rs.120, were provided. Anger and agitation among respondents were observed regarding reduction of wages. People were also unhappy because of the denial of the pension to the deserving people. People also reacted against the indifferent attitude of political leaders who promised so many things prior to the election. After winning the contest in the election, the leaders forgot their promises. In spite of all these, there were some positive feedbacks from two focus groups from Vizianagaram district in respect of the distribution of ration and nutrition supplements in Anganwadis.

Measures to be undertaken for smooth implementation. Participants emphasized upon the importance of the dissemination of knowledge; meaning the people should be aware of the objective and scope of each programme launched by either Central or State Governments. Since the people did not know about the programme, they were devoid of the actual facilities. In majority of cases, they were ignorant of the Government procedure too. They also focused upon curtailing the interference of the mediators who claimed a major chunk of their benefits. Participants gave suggestion for the establishment of district level units to encounter and monitor the unemployment problem; as a result poverty in the rural pockets would be alleviated. While some respondents demanded instant stringent and exemplary punishment to those who were involved in corruption, one of the respondents exhibited frustration and skepticism and stated, 'Government cannot remove poverty at all'. Proper implementation of 100 days' work with wage at the rate of Rs.120 was emphasized. Another suggestion was to provide the wages for every 15 days instead of monthly basis under the Employment Guarantee Scheme. However, the people also asked for proactive political will for the common people's benefit. Thus, wide campaigning to

create awareness among the mass, checking the interference of mediators, effective monitoring agency, stringent punishment for corruption, and above all, a proactive political will were the major measures to be undertaken by both the Central and State Governments for keeping their promises in respect of the alleviation of poverty.

(2) Education

Secondary Data

India inherited a legacy of large-scale illiteracy and lack of proper provision for education. At the first post-Independence Census of 1951, only 9 % of women and 27 % of men were literate. It was resolved by the framers of the constitution that the new Indian state would endeavour to provide free and compulsory education to all children up to age 14 by 1960. This goal turned out to be elusive and the deadline for its achievement has been put back repeatedly in the past 65 years. While even today this goal remains unfulfilled, there has been very encouraging progress in schooling participation and other educational outcome indicators in recent times. The National Policy on Education (NPE), 1986/92 states, "In our national perception, education is essentially for all... Education has an acculturating role. It refines sensitivities and perceptions that contribute to national cohesion, a scientific temper and independence of mind and spirit - thus furthering the goals of socialism, secularism and democracy enshrined in our Constitution".

Education in India falls under the control of both the Union and states' Governments and the States, with some responsibilities lying with the Union and the states having autonomy for others. The various Articles of the Indian Constitution provide for education as a fundamental right. India has made progress in terms of increasing primary education attendance rate and expanding literacy to approximately two thirds of the population. India's improved education system is often cited as one of the main contributors to the economic rise of India. Much of the progress especially in Higher education, Scientific research has been credited to various public institutions.

Recent recognition of Right to Education as a Fundamental Right in the Constitution of India, is a significant step towards the goal of Universal Education. Despite growing investment in education, 25% of its population is still illiterate. Only 15%

of Indian students reach high school, and just 7%, out of this, move towards graduate degree.

Table 6
District wise percentage of Literacy Rates (Population aged 7 years & above) in Andhra Pradesh in 2011

		Male	Female	Persons
<i>India</i>	<i>2011</i>	<i>82.14</i>	<i>65.46</i>	<i>74.04</i>
<i>AP</i>	<i>1991</i>	<i>55</i>	<i>33</i>	<i>44</i>
	<i>2001</i>	<i>70.3</i>	<i>50.4</i>	<i>66.6</i>
	<i>2011</i>	<i>75.56</i>	<i>59.74</i>	<i>67.66</i>
<u>Districts of AP</u>			<u>2011</u>	
Adilabad		71.22	51.99	61.55
Nizamabad		72.66	52.33	62.25
Karimnagar		74.72	55.18	64.87
Medak		72.50	52.49	62.53
Hyderabad		83.35	78.42	80.96
Rangareddy		84.00	71.82	78.05
Mahabubnagar		66.27	45.65	56.06
Nalgonda		74.93	55.05	65.05
Warangal		75.91	56.45	66.16
Khammam		73.20	57.85	65.46
Srikakulam		72.25	52.56	62.30
Vizianagaram		69.04	50.16	59.49
Visakhapatnam		75.47	60.00	67.70
East Godavari		74.91	67.82	71.35
West Godavari		77.63	71.05	74.32
Krishna		79.13	69.62	74.37
Guntur		75.40	60.64	67.99
Prakasam		73.53	53.40	63.53
Nellore		75.93	62.30	69.15
Cuddapah		78.41	57.26	67.88
Kurnool		71.36	50.81	61.13
Anantapur		74.09	54.31	64.28
Chittoor		81.15	63.65	72.36

Source. Government of India, Ministry of Home Affairs, Office of the Registrar General & Census Commissioner of India, Census 2011, http://www.censusindia.gov.in/2011-prov-results/prov_data_products_andhra.html, Accessed on 02-11-2012.

The above table shows the district wise literacy rate among men and women and also the development of literacy from 1991 to 2001 in Andhra Pradesh. As can be seen Andhra Pradesh lags behind the national average. As mentioned earlier, it is placed in a dismal 24th rank among the states in India.

Table 7
Class wise Enrolment 2011-12 in Andhra Pradesh

Class	Boys	Girls	Total
Pre-Primary	229595	180491	410086
Class I	785884	737755	1523639
Class II	738031	703559	1441590
Class III	723300	696741	1420041
Class IV	685491	663101	1348592
Class V	687987	662718	1350705
Class VI	661724	652412	1314136
Class VII	651294	640983	1292277
Class VIII	571733	556522	1128255

Source. Educational Statistics: 2011 – 2012, Commissioner & Director of School Education, State Project Director RVM (SSA), Andhra Pradesh, Hyderabad

Data relating to Primary Education reveals that there is almost hundred percent enrolment across the state. The following tables reveal the details of those enrolled in Class up to V. However, the real challenge to Primary Education, well known to all, is retention. Nearly 15.6% are reported to be dropping out according to the Socio-Economic Survey, Government of Andhra Pradesh, 2012. Independent studies show that the drop out ratio is much higher. Programmes to check the dropout rate like mid-day meals, alternative schools, free books and uniforms, etc. have been under implementation. These have helped in checking the dropout though to a limited extent.

Table 8
Gross Enrolment Ratio of different classes in six districts of Andhra Pradesh during 2011-2012

Age group	Category	Percentage of Gross Enrolment Ratio
Age group (Class I-V)	Boys	101.33
	Girls	100.72
	<u>Total</u>	<u>101.02</u>
Age group (Class VI-VII)	Boys	88.73
	Girls	90.00
	<u>Total</u>	<u>89.35</u>
Age group (Class VIII-X)	Boys	70.83
	Girls	71.12
	<u>Total</u>	<u>70.97</u>

Source: Educational Statistics: 2011 – 2012, Commissioner & Director of School Education, State Project Director RVM (SSA), Andhra Pradesh, Hyderabad

Table 9 shows the year wise school dropout percentage in Andhra Pradesh. Also the gender discrimination can be clearly seen. In primary education, though the dropout rates among girls are below boys, it is much higher in secondary education. It should be noted that while the dropout rates among girls have been gradually decreasing but always more than the boys.

Table 9
School Dropout Rates in Andhra Pradesh since 2001-02 to 2011-12

Year	Class I-V			Class I-VII			Class I-X		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2001-02	35.36	33.64	34.54	51.98	55.77	53.78	71.62	73.28	72.37
2002-03	33.74	30.91	32.39	49.93	53.22	51.52	67.46	71.02	69.12
2003-04	42.42	42.80	42.61	52.71	55.92	54.27	65.08	68.53	66.70
2004-05	31.77	32.14	31.95	51.96	54.46	53.17	62.30	65.24	63.69
2005-06	24.61	24.85	24.73	50.26	52.37	51.30	62.24	65.20	63.67
2006-07	26.76	27.32	27.04	42.14	44.32	43.22	62.99	65.33	64.13
2007-08	19.10	18.48	18.79	33.26	35.23	34.24	62.30	64.00	63.13
2008-09	16.14	15.15	15.65	34.39	35.41	34.89	60.12	61.38	60.73
2009-10	16.34	15.24	15.80	26.38	26.50	26.44	52.73	54.02	53.36
2010-11	18.10	16.73	17.43	22.56	22.11	22.34	45.83	45.59	46.21
2011-12	15.92	15.27	15.60	21.51	20.06	20.79	45.43	45.99	45.71

Source: Government of Andhra Pradesh, Planning Department, Socio-Economic Survey 2011-12

SarvaShikshaAbhiyan (SSA). This is Government of India's flagship programme for achievement of Universalization of Elementary Education (UEE) in a time bound manner, as mandated by 86th Amendment to the Constitution of India making free and compulsory education to the children of 6-14 years age group, a Fundamental Right.

SSA is being implemented in partnership with State Governments to cover the entire country and address the needs of 192 million children in 1.1 million habitations. The programme seeks to open new schools in those habitations which do not have schooling facilities and strengthen existing school infrastructure through provision of additional class rooms, toilets, drinking water, maintenance grant and school improvement grants. Existing schools with inadequate teacher strength are provided with additional teachers, while the capacity of existing teachers is being strengthened by extensive training, grants for developing teaching-learning materials and strengthening of the academic support structure at a cluster, block and district level. SSA seeks to provide quality elementary education including life skills. SSA has a special focus on girl's education and children with special needs. SSA also seeks to provide computer education to bridge the digital divide.

Primary Data (FGD)

Awareness of the programmes. The participants were aware of the programmes like Anganwadi, Fee Reimbursement, Mid-day meal, Free uniform, Scholarships and SaksharBharati. It was observed that the participants from Vizianagaram district, while mentioning the names of the programmes, were sarcastic about the progress of SaksharBharati.

Bottleneck in the implementation of the programmes. The issues relating to the implementation of the programmes were poor infrastructure of schools, lack of basic amenities, less quantity and bad quality of mid-day meals, shortage and irregularity of teachers. There were preferential treatment and nepotism in providing scholarships to the eligible enrolled students. The existing curriculum was not found to be interesting. The participants reported that only one uniform was distributed to each student per year which was insufficient. There were no toilet and drinking water facility in most of the schools.

One of the participants reported, '*My son got fee reimbursement for one year but didn't get in the second year*'.

Measures to be undertaken for smooth implementation. The suggestions coming from the groups were proper implementation of mid-day meal scheme and fee reimbursement scheme. There should be close monitoring and evaluation of teachers' performance. Toilet and drinking water facility should be provided on priority basis to every school. Also the quality of education should be improved in order to escalate the enrolment in Government schools.

However, across the sample districts, the participants opine that there was a dearth of required teachers in every school. High absenteeism among teachers was regularly noticed in most of the schools in their respective localities. Most of the participants emphasized upon quality education at par with the level of private/corporate schools and urged for the interference of State Government to check the mushrooming of private/corporate schools.

(3) Health

Secondary Data

World Health Organization defines Health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.⁵ Today, most governments recognize the importance of public health programs in reducing the incidence disease, disability, and the effects of aging and other physical and mental health conditions.

Public health system in India suffers from many problems which includes insufficient funding, shortage of facilities leading to overcrowding and severe shortage of trained health personnel. There is also lack of accountability in the public health delivery mechanisms. These are some of the reasons which have placed India at the lowest rank in the Human Development Index. At less than 1% of gross domestic product (GDP), India

⁵Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

has one of the lowest levels of public spending on health care in the world. The public health system in India comprises a set of state-owned health care facilities funded and controlled by the government of India. Some of these are controlled by agencies of the central government while some are controlled by the governments of the states of India. The governmental ministry which controls the central government interests in these institutions is the Ministry of Health & Family Welfare. Health care system in India faces many challenges in forms of malnutrition, high infant mortality rate, poor sanitation, inadequate safe drinking water, etc. The Government of India, with an aim of providing effective health care to rural people, launched National Rural Health Mission in April, 2005.

National Rural Health Mission (NRHM). The mission, initially mooted for 7 years (2005-2012), is run by the Ministry of Health. The scheme proposes a number of new mechanism for healthcare delivery including training local residents as Accredited Social Health Activists (ASHA), and the JananiSurakshyaYojana (motherhood protection program). It also aims at improving hygiene and sanitation infrastructure.

The mission has a special focus on 18 states Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttarakhand and Uttar Pradesh. Under the mission, health funding had increased from 27,700 crores in 2004-05 to 39,000 crores in 2005-06 (from 0.95% of GDP to 1.05%). As of 2009, the mid-term appraisal of the NRHM has found that there has been a significant improvement in health indicators even in this short period. However, in many situations, the state level apparatus have not been able to deploy the additional funds, often owing to inadequacies in the Panchayati Raj functioning. Fund utilization in many states is around 70%.

The data relating to health is presented in two tables (Child Mortality and Maternal Health). The first table shows appreciable improvement. While 79 infants in India used to die for every 1000 in the year 1992-93, the figure is now 47 as per Sample Registration System, 2010. As regard to children under the age of five, it is reduced from 109 to 59 for the same period. Andhra Pradesh is placed in a better position compared to national average. Infant mortality rate has come down from 70 to 46 and child mortality rate from 91 to 48 for the period under examination. More details can be gleaned through the tables.

In order to prevent maternal mortality government of India initiated several schemes which include institutional delivery, deliveries assisted by health professionals, mothers receiving three antenatal check-ups, etc. While out of 1 lakh live births, 195 women used to die in 2001-03 before the introduction of National Rural Health Mission, it is reduced to 134 in 2007-09 for which the data is available.

Table 10
Some specific health indicators in Andhra Pradesh from 1992-93, 1998-99, 2005-06 & 2010

Particulars			NFHS –I 1992-93 (In %)	NFHS –II 1998-99 (In %)	NFHS –III 2005-06 (In %)	SRS 2010 (In %)
Child Mortality India & AP	Infant Mortality Rate	India	79	68	57	47
		AP	70	66	54	46
	Under5 Mortality Rate	India	109	95	74	59
		AP	91	86	63	48
Child Immunization India & AP	All Vaccination	India	35	42	44	54 (DLHS-3)
		AP	45	59	46	67 (DLHS-30)

Source: Ministry of Health & Family Welfare, New Delhi, *National Family Health Survey (NFHS) – I* (1992-93), *II* (1998-99), & *III* (2005-06). Registrar General of India, New Delhi, *Sample Registration System (SRS-2010)*. Ministry of Health & Family Welfare, New Delhi, *District Level Household Survey (DLHS-3) - 2007-08*.

Table – 11
Some specific health indicators in Andhra Pradesh from 1992-93, 1998-99, & 2005-06

Particulars (In Percentage)			NFHS –I 1992-93 (In %)	NFHS –II 1998-99 (In %)	NFHS –III 2005-06 (In %)
Institutional delivery		India	25.5	33.6	40.7
		AP	32.8	49.8	68.6
Deliveries assisted by a health professional		India	34.2	42.3	48.3
		AP	49.3	65.2	74.2
Mothers receiving 3 Antenatal check up		India	43.9	42.2	50.7
		AP	75.3	80.2	86.0
Maternal Mortality Ratio According to SRS Data	2001-03	India	301 per 100000 live births		
		AP	195 per 100000 live births		
	2004-06	India	254 per 100000 live births		
		AP	154 per 100000 live births		
	2007-09	India	212 per 100000 live births		

Source. Ministry of Health & Family Welfare, New Delhi, *National Family Health Survey (NFHS) – I* (1992-93), *II* (1998-99), & *III* (2005-06). Registrar General of India, New Delhi, *Sample Registration System (SRS-2010)*. Ministry of Health & Family Welfare, New Delhi, *District Level Household Survey (DLHS-3)* 2007-08.

Primary Data (FGD)

When the issue of Health came, participants' involvement was found to be more in depth. The programmes and schemes initiated by Central and State Governments were extensively discussed.

Awareness of the programmes. Participants were aware of the names of the programmes though they were not familiar with the complex procedures within the programmes leading to confusion and exploitation on the parts of the beneficiaries. The main programmes identified in the discussions were Rajiv Arogyasri Yojana, ASHA (Janani Suraksha Yojana), PHC, 108, Anganwadi, Sanitation, Family Planning, and Girl Child Protection schemes.

Bottleneck in the implementation of the programmes. Like other programmes, the health programmes were also infected with corruption in the form of negligence and denial of services. The problems range from lack of hospital facilities to operational inefficiency. Lack of doctors' supervision, corrupt staff in the hospitals, lack of proper treatment, and unhygienic milieu were common in hospitals. The expected mother was dispersed Rs.600/- instead of Rs.1000/- under the scheme of Janani Suraksha Yojana and the remaining Rs.400/- was going unaccounted. The same disbursement of the same amount was also found to be not on time. It was mentioned that the ASHA workers were careless and did not distribute the required medicines in need. The CHCs/PHCs were not able to provide medicines and health services effectively and efficiently. Instant service was not provided by 108 service. There were discrepancies reported in the State Government's flagship programme of Rajiv Arogyasri Yojana. Some participants complained that the Arogyasri Card was not useful in many hospitals and also found to be limited to very few diseases. The ANMs' visits were irregular. One of the respondents claimed, '*I was told by the KGH Hospital that Arogyasri card would not work anymore*' while another participant described the corruption in hospitals, '*we have to pay money even to take the dead bodies of our own people*'. Another person stated, '*Maaku karyakramaalu telusu kaani aneka ibbandulu vunnai. Andarulan chamadugutunnaru*' (We are aware of the programmes but everyone is asking for bribe).

Measures to be undertaken for smooth implementation. The recommendations emerging from the discussions called for functional improvisation and procedural clarity in the health programmes. There was demand for monitoring mechanism for ASHA workers and ANM since they are the primary health care providers in the remote pockets. The government should evaluate the Rajiv Arogyasri Yojana in order to widen its applicability to all diseases across hospitals. The benefits of Janani Suraksha Yojana under NRHM should be ensured.

(4) Women Empowerment

Secondary Data

Over the past decade, gender equality and women's empowerment have been explicitly recognized as key not only to the health of nations, but also to social and economic development. India's National Population Policy 2000 has identified 'empowering women for health and nutrition' as one of its crosscutting strategic themes. Additionally, the promotion of gender equality and empowering of women is one of the eight Millennium Development Goals (MDG) to which India is a signatory. The pairing of the two concepts of women's empowerment and gender equality into one MDG implicitly recognizes that gender equality and women's empowerment are two sides of the same coin: progress toward gender equality requires women's empowerment and women's empowerment requires increases in gender equality as shown.

The Constitution of India guarantees to all Indian women equality (Article 14), no discrimination by the State (Article 15(1)), equality of opportunity (Article 16), and equal pay for equal work (Article 39(d)). In addition, it allows special provisions to be made by the State in favour of women and children (Article 15(3)), renounces practices derogatory to the dignity of women (Article 51(A) (e)), and also allows for provisions to be made by the State for securing just and humane conditions of work and for maternity relief (Article 42). The Government of India declared 2001 as the Year of Women's Empowerment. The National Policy for the Empowerment of Women was passed in 2001.

The Government of India as well as the Government of Andhra Pradesh, through various legislations and programmes, have encouraged women's participation and empowerment. Age relaxation, reservation and monetary assistance for girl child education are some of the positive steps by government towards women empowerment.

Table12
Percentage of literacy & gender disparity in India 1951-2011

Census Year	Persons (Total)	Males	Females	Male-Female gap in literacy rate
1951	18.33	27.16	8.86	18.30
1961	28.3	40.4	15.35	25.05
1971	34.45	45.96	21.97	23.98
1981	43.57	56.38	29.76	26.62
1991	52.21	64.13	39.29	24.84
2001	64.83	75.26	53.67	21.59
2011	74.04	82.14	65.46	16.68

Note: Literacy rate of 1951, 1961, 1971 Censuses related to population aged five years & above but the literacy rates of 1981, 1991, 2001 & 2011 Censuses related to the population aged seven years & above.
 Source: Census of India-2011 (Provisional figures)

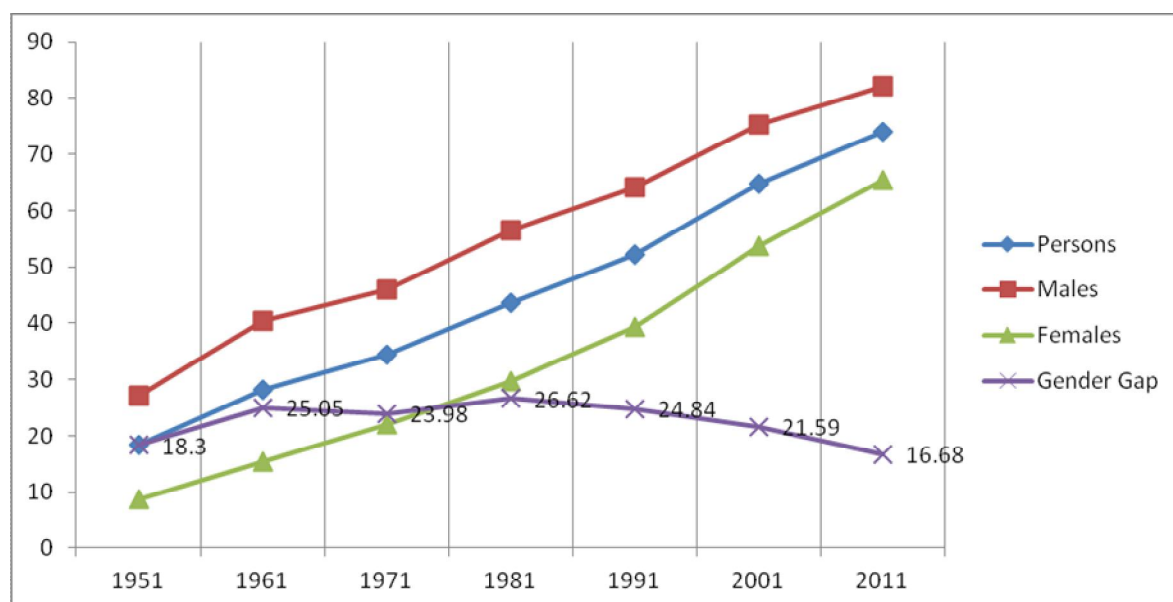


Figure 2. Percentage of Literacy Rate (Persons, Males, Females and Gender Gap) of India since 1951 - 2011

The Figure 2 and Table 11 show the gap between the literacy among men and women since independence. It can be noted that the gender gap on literacy rate is consistently decreasing but still remains at 16.68%.

One of the components of women empowerment as identified by United Nations in Millennium Development Goals is number of women representatives in legislature. The

Table 12 shows the numbers of women representatives in the Andhra Pradesh State Legislative Assembly since 1978.

Table 13
Women in AP Legislative Assembly 1978 – 2009

Year	Number of Women MLAs	Proportion of total
1978	10	3.40
1983	11	3.74
1985	10	3.40
1989	17	5.78
1994	8	2.72
1999	28	9.52
2004	26	8.84
2009	36	12.24

Source: <http://www.empoweringindia.org/new/home.aspx>, Data updated as of 2.07 2012

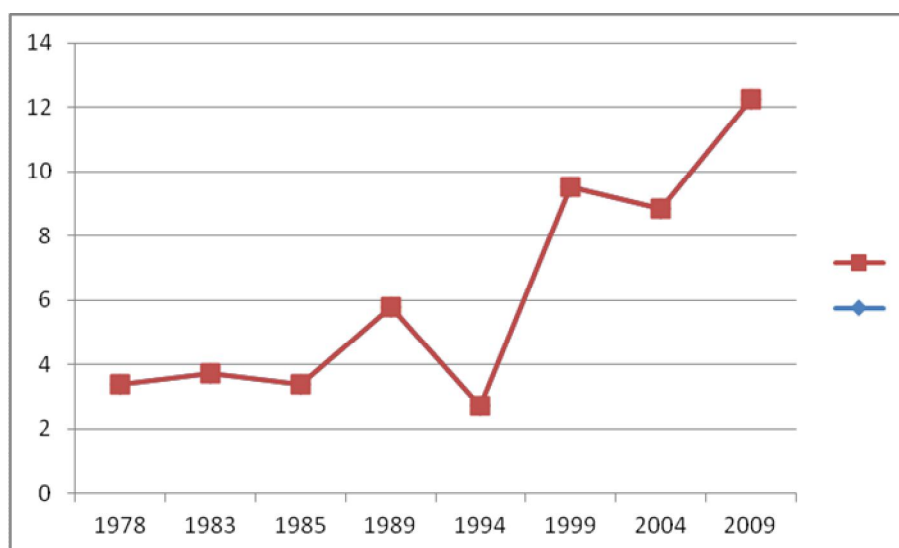


Figure 3. Women in AP Legislative Assembly 1978-2009⁶

⁶The figure is as per the total proportion of women of the total number of members.

Primary Data (FGD)

The discussion on Government's intervention for the empowerment of women brought several new dimensions.

Awareness of the programmes. It was noticed that barring Nellore, all other districts expressed familiarity with the programmes undertaken by Government for women empowerment. Among others, programmes like DWCRA, SHG, 25-Paisa Interest Loan, AbhayaHastam and Velugu prominently figured in the discussion. The respondents were aware of the benefits and procedures of the programmes.

Bottleneck in the implementation of the programmes. Though the participants were aware of the programmes, they mostly possessed negative views regarding the implementation of the programmes. The main problems being identified are corruption, interference of middle men and bribes demanded by the *Bank Mitras*, denial of loans or demanding percentage of loans as bribe, and absence of required training for self-employment. All the districts showed that there were no tailoring training programmes as promised under the programmes for self-employment. Instead of 25-paisa interest, double interest rate was collected. Some groups complained about the denial of loans under DWCRA and Velugu schemes. Wherever it was provided, the same was affected by corruption with middle men demanding money for getting it passed. It was mentioned that women beneficiaries received only 70% of the sanctioned money. One of the participants complained, '*Women were sanctioned a loan of one lakh, but only seventy thousand reached to them. The rest thirty thousand was eaten up by mediators. But they had to pay back the whole amount of sanctioned one lakh*'. On women education, it was mentioned that there was no special facility for girl students in schools.

Measures to be undertaken for smooth implementation. The suggestions for the above problems were simple and direct. The participants were of the view that the programmes with their original spirit were capable of empowering women but effective implementation was the need of the hour. Trainings for self-employment and income generation strategies should be provided to women. Removing the middle men and

sanctioning loans to the needy people would provide opportunities for sustainable development.

(5) Millennium Development Goals (MDG)

Surprisingly, no secondary data relating to the MDGs was available. However, related data from various sources were identified and placed under the broad rubric of the goals.

Further, it was observed in all FGDs that none in the group had any awareness about MDGs.

SUMMARY AND CONCLUSION

The analyses and interpretation of both the primary and secondary data give rise to the following conclusions.

(i) The impact of poverty alleviation programmes made a dent in Andhra Pradesh as a consistent attack on poverty led to reduction from 44.6% to 21.1% from 1992-93 to 2009-10, whereas in India, poverty has come down from 45.3% to 29.8% within the same period in spite of different approaches and methodologies,.

(ii) Educational interventions are inconsistent both in policy and implementation in Andhra Pradesh. For a while, literacy programmes are shown as part of Community Development, Farmers' Functional Literacy, National Adult Education, National Literacy Mission, etc. The literacy position of Andhra Pradesh is 24th among States and Union Territories in India. With a weak elementary education base, the future of education is in doubt. The tertiary education is strong and primary education is weak. Surprisingly the FGDs revealed that the curriculum is uninteresting. Enrolment-wise, it satisfies like 'Education for all', but continuation of high dropout rates is a cause of concern.

(iii) Andhra Pradesh launched 'Aarogyasri', a programme intended to make quality medical care accessible to poor. Rampant corruption is reported across Andhra Pradesh under NRHM especially those meant for Women and Child Welfare. The NRHM brought down the Infant Mortality Rate from 70 in 1992 to 47 in 2010 (See p.25, MDG 4).

(iv) For promotion of gender equality and empowerment of women (CMP/MDG3), although there is high awareness, plethora of programmes are in fact confusing not only evaluators but participants too. Programmes are sometimes merged (Velugu + DWCRA), initiations of new programmes like PavalaVaddi lost its initial stream and now is subject to political willingness and bureaucratic corruption. Loans are not properly targeted and several governance issues call for critical scrutiny. Mediators are playing havoc with the schemes.

At the macro level, better representation of women in legislative bodies improves quality of not only debates; research shows that it reduces corruption in implementation of

public policies. The steady increase in representation of women in Andhra Pradesh Legislative Assembly increased from eight to 36 between 1994-2009.

Limitations of the Study

Some of the limitations of the study include lack of access to authentic data for cross verification and reluctance of bureaucracy in general to share the data besides lack of enthusiasm on the part of respondents to react to specific queries. The study had to abandon the survey research method involving the administration of schedules or questionnaires and resort to focus group due to the Padayatras launched by different political leaders. The field is politically charged and the study had to use only FGDs to ascertain the views of the people. The short time frame was also a drawback for the study. However, FGD became the strength of the study as it focused upon indepth exploration of the common people's reaction within a short span of time.