Excluded and Indigenous Groups: Lessons from Indian Affirmative Action Policy for Post 2015 Million Development Goals Strategy

Sukhadeo Thorat
Nidhi Sadana Sabharwal

Indian Institute of Dalit Studies
New Delhi
## Contents

1. Introduction  
2. Indian Constitution and Legal Safeguards against Discrimination  
3. Affirmative Action Policies  
4. Impact of Affirmative Action Policies  
5. Progress in Human Development Indicators Including MDGs  
6. Policies that brought Improvement—Growth and Government Programmes  
7. Learning from the Indian Experience: Approach for MDGs in Post 2015  

References
1. INTRODUCTION

Excluded, Indigenous and Similar Groups

The Indian society is characterised by high degree of plurality and diversity in its population in terms of social, ethnic and religious belongings. However, the diversity is uniquely combined with (group) disparity in human development. While diversity is good, diversity combined with group disparities is not. In India, group disparity is closely linked with group identity associated with social origin, such as caste, ethnicity, religion, gender, disability, and similar identities in varied forms. Among the heterogeneous mass of population, some groups have suffered more than the others which has led to horizontal inequalities of high magnitude. Some groups suffered from social exclusion due to their social identity which in turn has affected their access to resources and civil rights which is reflected in inter-group disparities in human development. The social and cultural identities which has brought group divide in development is related to the social institutions of caste, ethnicity and religion. The groups which have faced social exclusion include the Scheduled Castes (SC) or the former untouchable castes, the Other Backward Classes (OBC), the Scheduled Tribes (ST) the nomadic and denotified tribes (NT and DNT), the religious minorities like the Muslims, and women across all caste, ethnic and religious groups.

The groups which have suffered from social exclusion and discrimination due to their caste include the former untouchables and socially and educationally backward Hindu sections designated as OBC. The former untouchables who converted to Islam, Christianity, Sikhism and Buddhism also suffered from discrimination and exclusion in some forms, if not in the same form which their counterparts in the Hindu religion suffered. The untouchables who converted to Sikhism and Buddhism are considered as SC and are made eligible for affirmative action policies (about which we will discuss later). In some provinces, the untouchables who converted to Islam and Christianity (known as untouchable Muslims and untouchable Christians) are included in the OBC category and are eligible for affirmative action policy in education and employment.

The ethnic groups which have suffered from physical and social isolation and are similar to that of the indigenous groups in other countries include ST, nomadic tribes, and denotified tribes. Some of the tribes were notified as the criminal tribes in the middle of the nineteenth century and their stigma continued till 1947. The notified stigma of criminality was withdrawn in 1947 and since then they were designated as the denotified tribes. However, the denotified tribes suffered from the legacy of the stigma of criminality in their social life.

The minority religious group that has mainly suffered include the Muslims. They lag behind the majority population (Thorat, 2009). The women also suffered from social exclusion and discrimination although the nature and forms of discrimination varied according to their caste, ethnicity and religious backgrounds. Besides, the other categories who have also found recognition from the government include the differently-abled persons.

The SC, ST and OBC account for about half of India’s population. The addition of religious minorities like the Muslim, and nomadic and denotified tribes will further push the ratio of
these groups to about three-fourths of India’s population. Thus, the recognised caste, ethnic and religious minorities in India constitute a sizable portion of the country’s population.

The government has recognised the unique problems of these groups and has developed group-specific policies as early as in 1930. The government has developed Affirmative Action policies for SC, ST and OBC. The Affirmative Action policies for these three groups are legal in nature. However, in case of religious minorities (the Muslims) it takes the form of informal Affirmative Action policy. Besides, the government has also developed policies along the lines of Affirmative Action for women.

Objectives

In this paper our objective is to analysis the Affirmative Action policies for the two groups, namely SC and ST (for whom the government has used the Affirmative Action policy since 1950 and the official data are available), the outcomes of these policies (indicating some successful policy outcomes) and suggest an approach for the post 2015 Million Development Goals (MDGs). The discussion is organised in few sections. The first section discusses the Constitutional Provisions and Legal framework for equal opportunities and the nature of Affirmative Action policies, including the administrative set up. The second section examines the impact of Affirmative Action policies on various aspects of human development of SC and ST. The last section captures the lessons from Indian experiences of Affirmative Action policies to address the horizontal inequalities for the post 2015 MDGs under the United Nations.

2. INDIAN CONSTITUTION AND LEGAL SAFEGUARDS AGAINST DISCRIMINATION

The government approach towards SC and ST draws primarily from the provision in the Indian Constitution. The Constitution guarantees ‘equality before the law’ (Article 14) (overturning the customary rules of the caste system). Thus, the Constitution makes provisions to promote the political, educational and economic interests of SC and ST; protect them from social injustice and all forms of exploitation (Article 46); provide special measures through reservation in government services; and seats in democratic political institutions (Articles 330 and 335). The Indian Constitution abolished the practice of untouchability and discrimination which arise out of untouchability (Article 17). It also provides for the establishment of a permanent body to investigate and monitor social and economic progress of SC and ST on an annual basis, and to set up a monitoring mechanism at the central and state levels. The Directive Principle contained in the Article 46 of the Constitution states that:

*The state shall promote with special care the educational and economic interests of the weaker sections of the people and in particular, of the Scheduled Castes and the Scheduled Tribes, and shall protect them from all social injustice and all forms of exploitation.*

*(Thorat, 2009)*

Though the Directive Principles of State Policy are not enforceable by any court of law, they are nonetheless, fundamental in the governance of the country and delineate the duties and obligations of the state to apply these principles while executing and amending laws (Article
The Directive Principles set before the state are the ideals for the social and economic democracy in the country.

Legal Safeguards

In accordance with the constitutional provisions, a number of measures have been initiated by the government to provide protection against discrimination. The government provided legal safeguards against discrimination to the SC and ST. The legal safeguards include the enactment of the Untouchability Offence Act, 1955 under which the practice of untouchability and discrimination in public places was treated as an offence. In 1976, the Act was reviewed in order to make it more stringent and effective and was designated as the Protection of Civil Rights (PCR) Act. The PCR Act provides penalties for refusing access to SC to places of public use. In consideration to the fact that the normal provisions of the Indian Penal Code and the PCR Act were inadequate to provide safeguards to the SC and ST against several crimes, an additional act was enacted in 1989 under the name of Scheduled Castes and the Schedules Tribes Prevention of Atrocities (POA) Act. The POA Act was specifically enacted to prevent atrocities against the members of the SC and ST.

3. AFFIRMATIVE ACTION POLICIES

The limitation of the legal provision is that it provides safeguards against discrimination in the present, but it lack elements which are necessary for economic, educational and political empowerment of the excluded groups and to overcome the consequences of the exclusion and discrimination in the past. Therefore, the Indian government developed policies for economic and educational development of the SC, ST and lately for OBC, and their political representation in the governance of the country.

Population Based Representative Affirmative Action Policies for State Sector

Under Affirmative Action policy for employment, specific seats in government services are reserved in proportion to the population of SC (16 per cent), ST (eight per cent) and OBC (27 per cent) in government services, public sector undertakings, insurance and government banking institutions, and state run and supported educational institutions. Article 16(4) of the Constitution empowers the State to make ‘any provision for the reservation in appointments, or posts in favor of any backward class of citizens’. In the case of education, the provision relates to non-discrimination in educational institutions, equal representations and measures for education promotions. Article 15(4) states that: ‘Nothing in this article shall prevent the State from making any special provision for the advancement of any socially and educationally backward classes of citizens or for the Scheduled Castes and the Scheduled Tribes’. Article 29(2) provides protection for admission and against discrimination in any educational institution maintained by the State or receiving aid out of the State funds on grounds only of religion, race, caste, language or any of them. In pursuance of this provision, seats in State education institutions (schools/colleges/universities/research institutions) are reserved in proportion to their populations. These also include measures, such as capacity enhancement of SC and ST students, and giving them scholarship and financial assistance. In case of political safeguards, the Constitution empowers States to take steps to provide due representation.
to SC and ST. Various articles contain the provisions for the reservation of seats for SC and ST in the legislative bodies in proportion to their share in the population, that is in the Central Legislative Assembly (Article 330), the Legislative Assembly of the States (Article 332), municipalities (Article 243T), various Panchayat level bodies, namely villages, taluks and districts (Article 243D). Accordingly, the seats at various levels are reserved in proportion to their SC and ST population.

**Targeted schemes and groups’ focus of Affirmative Action policies:** Outside the population-based representation, Affirmative Action policy in employment, education and politics, the State has also developed various special schemes which exclusively focus on the SC and ST or poorer groups among them to address the specific problems. The schemes for private SC and ST entrepreneurs, schemes for scavenging community, including the fellowship/scholarship are some of the example of group and issue focused Affirmative Action policies for SC and ST.

**General policies with preferential measures embedded into general schemes:** In addition to the population-based representation and targeted schemes type of Affirmative Action policy discussed above, the State has also used general schemes (schemes developed for all, including the SC and ST), to provide a fair share in the general schemes which are developed for all including the SC and ST. These general schemes include various services related to employment, food security, health, education, forest, drinking water and other social needs provided by the government directly or through government approved agencies. Major portion of these general schemes fall under anti-poverty schemes and are targeted for the poor. The government has laid down the guidelines that SC and ST would receive fair share in the supply of these services, so that they also benefit equally. Thus, administrative guidelines for SC and ST which mentioned about fair share to them are embedded in the general guidelines. This is in fact an affirmative action policy in informal form which is intended to secure a fair share to the SC and ST which otherwise may not accrue to them due to discriminatory working of non-market institutions.

**Affirmative Action Policy for Private Sector**

The limitation of the Affirmative Action policy discussed above is that it is confined to the Government sector and excludes the vast private sector. Thus, the State focus Affirmative Action policy excludes the employment and education institutions run by the private sector (Thorat et al, 2005). It is necessary to recognise that government employment accounts a very small proportion of the total employment and, therefore Affirmative Action policy in State employment covers a small proportion of total employment. Since there is no Affirmative Action policy for private sector, the SC and ST are exposed to the possible discrimination in hiring by the private sector. Same is the case in education sector. Recent estimate for higher education shows that about one-third students are enrolled in private education institutions. It is precisely because of this that SC and ST demanded Affirmative Action policy for private sector in employment and education. Finally, in 2008 the government had developed an Affirmative Action policy for the private sector which is ‘voluntary and self regulatory’ in nature without any legal provision. These policies include
self-accepted codes which the three association of industries (Associated Chamber of Commerce, Indian Chamber of Commerce and Federation of Indian Chamber of Commerce) have accepted under which the members promised to developed policies for ‘four Es’, namely to enhance employability, education, self-employment, (private entrepreneurship) and employment of SC and ST. The Affirmative Action policy for the private sector is focussed on the capacity enhancement and promotion without any share and representation in private employment and private education institutions (Thorat et al, 2005).

**Administrative Set Up**

The Central Government has developed an administrative mechanism to regulate, monitor and implement the reservation policy and other programmes. These institutions can be divided into

(a) those which are directly involved in the regulation (that is, preparing rules related to reservation from time to time) and monitoring the fulfillment of the required quotas in Central Government services.
(b) those which act as investigation agencies in the event of violation of reservation.
(c) those which are concerned with policy making and overseeing the overall development of SC and ST.

These organisations are as follows:

(1) Department of Personnel and Training in the Ministry of Personnel, Public Grievances and Pensions
(2) National Commission for Scheduled Castes and National Commission for Schedule Tribes
(3) Parliamentary Committee on Welfare of SC/ST
(4) Ministry of Social Justice and Empowerment and Ministry of Tribal Affairs
(5) Planning Commission, Backward Classes division

The Department of Personnel and Training (DOPT) is a department within the Ministry of Personnel, Public Grievances and Pensions which regulates and monitors the reservation policy in government services. Its main function is to enforce the rules; make changes in the rules and also monitor the fulfillment of the quotas as per the rules in Central Government services. Each ministry and government supported organisations have an administrative unit called the SC/ST Cell with Liaison Officers to operate the recruitment under reservation. The Liaison Officers in the cell are responsible to ensure that instructions in this regard are strictly complied with. The DOPT through the administrative heads of the ministries and organisations monitor and regulate the reservation at the central level.

The other important independent organisations are the National Commission for SC and the National Commission for ST. They also have the function to investigate the specific complaints received from the SC and ST employees regarding services and promotion
matters under reservation. The matter may be related to incidences of discrimination, violation of reservation policy and related matters. The Commissions have the power of the Civil Court and it can call the employer for enquiry and action. The Commissions also oversee the development of SC and ST communities, and prepare annual reports about their progress which is discussed in the Parliament every year since its inception in 1950.

At the policy framing level are the Ministry of Social Justice and Empowerment, the Ministry of Tribal Affairs and the Parliamentary Committee on Welfare of SC/ST. The ministries are the nodal bodies which oversee the task for the development of SC and ST. The ministries are responsible for their overall development. The ministries carry out various schemes related to education and economic development. They work in close collaboration with the Planning Commission which has a special Division for the Backward Classes for the purposes of economic planning.

The Parliamentary Committee on Welfare of SC/ST is another body (comprising SC and ST Members of Parliament) entrusted with the task of examining the progress regarding the representation of SC and ST and makes suitable recommendations for the effective implementation of policies and programmes (Thorat, 2009).

**Financial Mechanism**

The funds for the operation of reservation policies and general development programmes for SC and ST come through an annual budget of the government and are earmarked for their development. The government has created a special financial mechanism in the form of the Special Component Plan for SC and a Tribal Sub-Plan for ST as part of the Five Year Plan. The Special Component Plan and Tribal Sub-Plans are designed to channelise the flow of funds (and hence the benefits) from the general sectors in the plans of states and central ministries for the development of SC and ST. The funds for the annual plans in the case of divisible schemes/programmes are supposed to be allocated in proportion to their population share.

The government has also created separate financial institutions to provide funds for the targeted programmes for SC and ST. These include National Scheduled Castes Finance and Development Corporation (NSCFDC), National Scheduled Tribes Finance and Development Corporation (NSTFDC), and National Safai Karamchari Finance and Development Corporation.

**4. IMPACT OF AFFIRMATIVE ACTION POLICIES**

After the discussion on the nature of Affirmative Action policy, in this section, we will discuss the impact of the Affirmative Action policy on the human development of SC and ST. As mentioned earlier due to availability of official data, the discussion is confined to SC and ST. The discussion related to the impact of Affirmative Action policy is confined to two spheres. First, we will discuss the progress in government employment, education and political representation covered under Affirmative Action policy. This is followed by progress in MDGs which would capture the aggregate impact of all measure—group-specific and general.
Impact of Affirmative Action Policy in Employment, Education and Political Representation

As mentioned above, the Affirmative Action policy is confined only to government jobs and services and educational institutions. Therefore, we look at the progress in government employment of SC and ST and enrolment in government educational institutions. As per the Affirmative Action policy, the SC and ST should have share in proportion to their population, that is 16 per cent and eight per cent for SC and ST respectively (Sabharwal, 2013).

In case of public employment, the most striking feature is the significant improvement in the share of employees from SC and ST in government employment since the early 1960s in all three sectors, namely Central Government jobs, jobs in public sector undertakings and nationalised banks. In case of Central Government jobs, the share of SC has increased from 12 per cent in 1960 to 16.52 per cent in 2004. Similarly, the share of ST increased from only two per cent to 6.50 per cent during the same period. In case of public sector undertaking, the share of SC has increased from seven per cent in 1970 to 18 per cent in 2004. In case of ST, the ratio increased from 2.2 per cent to nine per cent during the same period. In case of nationalised banks, the share of SC has increased from 10 per cent in 1978 to 18 per cent in 2004, and for ST it has increased from 1.56 per cent to 5.72 per cent during the same period.

It may be mentioned that these do not include many other government spheres like educational institutions and with the inclusion of these sectors the absolute number under reservations will increase further. Thus, during the last fifty years or so the share of SC and ST in government services has improved quite significantly due to the Affirmative Action policy. It is doubtful that in the absence of population-based share policy, the share of SC and ST would have increased by this margin. In case of SC, the share is almost close to the population share. In case of ST, it falls short by some margin.

Another interesting feature of the Affirmative Action policy is that it has benefited the relatively poor section of the SC and ST communities. The employment data of Central Government jobs indicate that of the total jobs, more than 60 per cent jobs are from C and D categories which mainly include the jobs of class three and four categories and beneficiaries are from relatively poor section among the SC and ST. The Affirmative Action policy on the whole has been inclusive of poor and relatively worse-off section of SC and ST population.
Table 1: Reservations in Employment in Government Jobs Combined (%)

<table>
<thead>
<tr>
<th>Years</th>
<th>Government</th>
<th>PSUs</th>
<th>Banks</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SC</td>
<td>ST</td>
<td>N-SC/ST</td>
<td>ALL</td>
</tr>
<tr>
<td>1960</td>
<td>12.24</td>
<td>2.02</td>
<td>85.74</td>
<td>100.00</td>
</tr>
<tr>
<td>1970</td>
<td>11.66</td>
<td>2.41</td>
<td>85.93</td>
<td>100.00</td>
</tr>
<tr>
<td>1978</td>
<td>14.81</td>
<td>3.57</td>
<td>81.62</td>
<td>100.00</td>
</tr>
<tr>
<td>1979</td>
<td>15.12</td>
<td>3.89</td>
<td>80.99</td>
<td>100.00</td>
</tr>
<tr>
<td>1980</td>
<td>15.67</td>
<td>3.99</td>
<td>80.34</td>
<td>100.00</td>
</tr>
<tr>
<td>1989</td>
<td>16.41</td>
<td>5.03</td>
<td>78.56</td>
<td>100.00</td>
</tr>
<tr>
<td>1990</td>
<td>16.97</td>
<td>5.33</td>
<td>77.70</td>
<td>100.00</td>
</tr>
<tr>
<td>1993</td>
<td>17.12</td>
<td>5.72</td>
<td>77.16</td>
<td>100.00</td>
</tr>
<tr>
<td>1999</td>
<td>16.70</td>
<td>6.17</td>
<td>77.13</td>
<td>100.00</td>
</tr>
<tr>
<td>2000</td>
<td>16.05</td>
<td>6.23</td>
<td>77.72</td>
<td>100.00</td>
</tr>
<tr>
<td>2004*</td>
<td>16.52</td>
<td>6.46</td>
<td>77.01</td>
<td>100.00</td>
</tr>
</tbody>
</table>

*Forecast figure only for government employees

Coming to education, it is somewhat difficult to estimate the enrolment in school and higher education institutions on account of Affirmative Action policy due to lack of data and difficulty in estimating the number under reservation. In case of higher education, there has been a significant improvement in the enrolment rate. The enrolment rate for higher education was 7.7 per cent for ST and 11.60 per cent for SC in 2007-08 as compared to 17 per cent at overall level. It is difficult to arrive at the figure on account of reservation as it includes the number of students under reservation and without reservation. The admission in general is fairly open in social sciences, humanities as well as some subjects in sciences. The reservation is generally sought in desirable courses, such as engineering, medical, management and similar disciplines. Therefore, there are limited estimates about the impact of reservations on higher education. The limited evidence indicates that the student enrolment has increased and that reservation has a role in this enhancement. In 1981, one estimate puts the proportion of SC and ST graduates around 3.3 per cent and 0.8 per cent respectively which is far below their share in the total population. By the late 1990s the proportion of SC in the total student population had risen to 7.8 per cent and among ST to 2.7 per cent. However, compared to their percentage in the total population which is 16 per cent and eight per cent for SC and ST respectively, the enrolment rate is low. It is difficult to estimate how much students have benefited directly from reservation. One estimate indicates that in 1996-97 roughly 5,10,000 SC students and 1,80,000 ST students were enrolled. Of these, roughly 2,00,000 SC and ST students may have been enrolled in desirable programmes in higher education, where reservation matters. Weisskopf's estimates for 2004 indicate that about one-third of SC and ST students enrolled in universities were pursuing higher education in desirable programmes because of the reservation policy (Weisskopf, 2004). This amounts to about half of 7,00,000 SC and ST students attending universities and being enrolled in desirable institutes or programmes. However, the reservation in higher education has benefited the SC and ST students in several courses and had positive impact on the education status and mobility.

Coming to Affirmative Action in political spheres, seats are reserved in proportion to the population of SC and ST in each province and at the Centre which are mandatory in nature. Thus, in 2004, of the total 543 seats nearly 75 seats (13.81 per cent) in the Lok Sabha were reserved for SC and 41 seats (7.55 per cent) were reserved for ST. Of the total seats in the Vidhan Sabha (State Legislative Assembly), more than 2000 seats were reserved for SC and ST. The reservation in central and state legislatures has provided the share to the SC and ST in governance, policy making and monitoring which would have been impossible without Affirmative Action in politics.
### Table 2: Members of Parliament by Social Groups from 5th to 14th Lok Sabha, India

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Election Years</th>
<th>SC</th>
<th>ST</th>
<th>Others</th>
<th>Total</th>
<th>Percentage Share of Members of Parliament</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5th Lok Sabha</td>
<td>75</td>
<td>33</td>
<td>440</td>
<td>548</td>
<td>13.69 6.02 80.29 100</td>
</tr>
<tr>
<td>2</td>
<td>6th Lok Sabha</td>
<td>64</td>
<td>33</td>
<td>462</td>
<td>559</td>
<td>11.45 5.90 82.65 100</td>
</tr>
<tr>
<td>3</td>
<td>7th Lok Sabha</td>
<td>81</td>
<td>31</td>
<td>453</td>
<td>565</td>
<td>14.34 5.49 80.18 100</td>
</tr>
<tr>
<td>4</td>
<td>8th Lok Sabha</td>
<td>79</td>
<td>43</td>
<td>449</td>
<td>571</td>
<td>13.84 7.53 78.63 100</td>
</tr>
<tr>
<td>5</td>
<td>9th Lok Sabha</td>
<td>81</td>
<td>37</td>
<td>413</td>
<td>531</td>
<td>15.25 6.97 77.78 100</td>
</tr>
<tr>
<td>6</td>
<td>10th Lok Sabha</td>
<td>78</td>
<td>39</td>
<td>427</td>
<td>544</td>
<td>14.34 7.17 78.49 100</td>
</tr>
<tr>
<td>7</td>
<td>11th Lok Sabha</td>
<td>79</td>
<td>38</td>
<td>428</td>
<td>545</td>
<td>14.50 6.97 78.53 100</td>
</tr>
<tr>
<td>8</td>
<td>12th Lok Sabha</td>
<td>74</td>
<td>39</td>
<td>432</td>
<td>545</td>
<td>13.58 7.16 79.27 100</td>
</tr>
<tr>
<td>9</td>
<td>13th Lok Sabha</td>
<td>83</td>
<td>41</td>
<td>443</td>
<td>567</td>
<td>14.64 7.23 78.13 100</td>
</tr>
<tr>
<td>10</td>
<td>14th Lok Sabha</td>
<td>75</td>
<td>41</td>
<td>427</td>
<td>543</td>
<td>13.81 7.55 78.64 100</td>
</tr>
</tbody>
</table>

Source: www.parliamentofindia.nic.in

### 5. PROGRESS IN HUMAN DEVELOPMENT INDICATORS INCLUDING OF MDGS

The three types of Affirmative Action policies which include Affirmative Action policy in State employment, education and politics; issue and groups focus Affirmative Action policy; and the general policies with embedded component of Affirmative Action policy have generated positive outcomes. The consequences of these three Affirmative Action policies are widespread and cover aspects of human development of SC and ST which include access to assets, income, education, employment and ultimately in the reduction of poverty. Therefore, in this section we assess the progress of MDGs in India at the aggregate level by social groups, namely the SC and the ST in comparison to the rest of the population. Depending on the availability of the data, the current status of the MDGs has been studied for the most recent years. The MDG targets relate to the status of poverty and hunger, mortality rates among children under five years of age, reproductive health of women, education and access to housing, water and sanitation. The specific variables are as follows:

**Poverty and Hunger**

1. Proportion of poor below poverty line in India: Poverty ratio
2. Monthly per capita expenditure
3. Prevalence of underweight children under five years of age
4. Anaemic rates for adult men, women and children
Mortality Rates among Children under Five

1. Under five mortality rate
2. Infant mortality rate
3. Full immunisation

Maternal Health

1. Antenatal care (ANC)
2. IFA tablets received
3. Institutional delivery
4. Births attended by skilled health personnel
5. Current contraceptive use among married women 15–49 years of age

Education

Literacy rate of children aged 7 years and above

Access to Safe Drinking Water and Sanitation

1. Proportion of population with sustainable access to and improved water sources
2. Proportion of population with access to improved sanitation

Progress in Poverty Reduction

In this section we examine the changes in the incidence of poverty at all India level by caste/ethnic and economic groups in rural and urban areas. The change in the incidence of poverty (measured as head count ratio or HCR) is reported in Table 3 (Thorat and Dubey, 2012).

Poverty by caste and ethnic groups in rural areas: Table 3 shows that HCR is 30 per cent for SC and 33 per cent for ST while the incidence of total poverty is close to 22 per cent in 2009–10. Between 1993–94 and 2009–10, the rural poverty declined at per annum rate of 2.5 per cent which is equivalent to 15 percentage points decline (Table 3). Across social groups, the rate of decline in poverty has been relatively higher for the ‘others’ (i.e. non-SC/ST) followed by SC and ST—the per annum decline being 2.7 per cent for ‘others’, 2.4 per cent for SC and 2.1 per cent for ST.
Table 3 Incidence, change and rate of change (annual) in HCR for socio-religious groups

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
<td>Total</td>
<td>Rural</td>
<td>Urban</td>
</tr>
<tr>
<td>All</td>
<td>36.9</td>
<td>32.8</td>
<td>35.9</td>
<td>21.9</td>
<td>20.8</td>
</tr>
<tr>
<td>ST</td>
<td>50.2</td>
<td>42.9</td>
<td>49.6</td>
<td>33.0</td>
<td>28.6</td>
</tr>
<tr>
<td>SC</td>
<td>48.3</td>
<td>49.7</td>
<td>48.6</td>
<td>29.6</td>
<td>32.8</td>
</tr>
<tr>
<td>Others</td>
<td>31.2</td>
<td>29.6</td>
<td>30.7</td>
<td>17.5</td>
<td>18.2</td>
</tr>
<tr>
<td>Hindus</td>
<td>36.5</td>
<td>30.6</td>
<td>35.1</td>
<td>22.7</td>
<td>18.8</td>
</tr>
<tr>
<td>Muslims</td>
<td>45.0</td>
<td>47.7</td>
<td>45.9</td>
<td>20.5</td>
<td>34.3</td>
</tr>
<tr>
<td>Other religious minorities</td>
<td>27.1</td>
<td>22.4</td>
<td>25.7</td>
<td>11.7</td>
<td>11.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Socio-religious Groups</th>
<th>Net Change in HCR (percentage point)</th>
<th>Rate of Change (percentage, annual)</th>
<th>1993–94 to 2009–10</th>
<th>1993–94 to 2009–10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
<td>Total</td>
<td>Rural</td>
</tr>
<tr>
<td>All</td>
<td>-15.0</td>
<td>-12.0</td>
<td>-14.3</td>
<td>-2.5</td>
</tr>
<tr>
<td>ST</td>
<td>-17.2</td>
<td>-14.3</td>
<td>-17.0</td>
<td>-2.1</td>
</tr>
<tr>
<td>SC</td>
<td>-18.7</td>
<td>-16.9</td>
<td>-18.3</td>
<td>-2.4</td>
</tr>
<tr>
<td>Others</td>
<td>-13.7</td>
<td>-11.4</td>
<td>-13.0</td>
<td>-2.7</td>
</tr>
<tr>
<td>Hindus</td>
<td>-13.8</td>
<td>-11.9</td>
<td>-13.5</td>
<td>-2.4</td>
</tr>
<tr>
<td>Muslims</td>
<td>-24.5</td>
<td>-13.4</td>
<td>-20.8</td>
<td>-3.4</td>
</tr>
<tr>
<td>Other religious minorities</td>
<td>-15.4</td>
<td>-11.2</td>
<td>-14.2</td>
<td>-3.6</td>
</tr>
</tbody>
</table>

Note: Includes OBC

Source: Calculated by the authors (Thorat and Dubey, 2012) using NSS–CES unit record data for the respective years.

Livelihood categories and caste and ethnic groups: The National Sample Survey (NSS) classifies the households into self-employed and wage labour. Both are further subdivided into those engaged in farm and non-farm activities, namely self-employed in agriculture (SEAG), self-employed in non-agriculture (SENA), agricultural wage labour (AGLA) and non-agricultural wage labour (OLAH).

Among these livelihood categories, the farm and non-farm wage labourers are the most poor. In 2009–10 about 35 per cent farm wage labour households and 26 per cent non-farm labour households were poor. By comparison, the poverty rate for self-employed farmers and self-employed in non-agriculture was about 17 per cent. So poverty of farm wage labour was twice that of self-employed farmers.

During the period 1993–94 to 2009–10, the rate of decline in poverty has been relatively higher for the self-employed in agriculture (2.8 per cent) and non-agriculture (2.9 per cent), but less for farm (2.3 per cent) and non-farm wage labour (2.5 per cent). The decline was the least for farm wage labour households (Table4). Thus, self-employed households have done better in poverty reduction than the wage labour households. Among the wage labour
households, the non-farm wage labour households perform better than farm labour households. The pro-poor growth requires that the most poor, in this case farm wage labourer, should benefit more than self-employed in term of poverty reduction. Evidence shows that the poverty of wage farm labour has declined at the lowest rate.

Table 4: Average annual change in HCR by household types and socio-religious groups in rural sector (1993–94 to 2009–10)

<table>
<thead>
<tr>
<th>Socio-religious Groups</th>
<th>ST</th>
<th>SC</th>
<th>Others</th>
<th>Hindus</th>
<th>Muslims</th>
<th>Other Religious Minorities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENA</td>
<td>-2.8</td>
<td>-2.6</td>
<td>-3.1</td>
<td>-2.8</td>
<td>-3.5</td>
<td>-4.0</td>
<td>-2.9</td>
</tr>
<tr>
<td>AGLA</td>
<td>-1.6</td>
<td>-2.3</td>
<td>-2.4</td>
<td>-2.0</td>
<td>-3.8</td>
<td>-3.3</td>
<td>-2.3</td>
</tr>
<tr>
<td>OLAH</td>
<td>-2.1</td>
<td>-2.1</td>
<td>-2.7</td>
<td>-2.2</td>
<td>-3.4</td>
<td>-4.9</td>
<td>-2.5</td>
</tr>
<tr>
<td>SEAG</td>
<td>-2.4</td>
<td>-2.2</td>
<td>-3.1</td>
<td>-2.8</td>
<td>-2.9</td>
<td>-1.4</td>
<td>-2.8</td>
</tr>
<tr>
<td>Others</td>
<td>-2.9</td>
<td>-1.7</td>
<td>-3.8</td>
<td>-2.9</td>
<td>-3.9</td>
<td>-5.3</td>
<td>-3.2</td>
</tr>
<tr>
<td>All</td>
<td>-2.2</td>
<td>-2.4</td>
<td>-2.8</td>
<td>-2.4</td>
<td>-3.4</td>
<td>-3.5</td>
<td>-2.6</td>
</tr>
</tbody>
</table>

**Note:** Includes OBC

**Source:** Calculated by the authors (Thorat and Dubey, 2012) using NSS–CES unit record data for the respective years

Is the pattern different for caste and ethnic groups of SC and ST? We first take the self-employed households, and then discuss the trend in wage labour households.

**Self-employed households:** During 1993–94 to 2009–10, poverty declined for self-employed farmer households of both groups, but at a lower rate for the SC and ST as compared to others among the social groups (Table 4). All social groups experienced decline in poverty in self-employed non-farm households during 1993–94 and 2009–10. The ‘others’ among the social groups benefited more from the growth as compared to SC and ST households.

**Wage labour households:** As pointed above, the wage labour households are the core of the poor and hence speedy decline in their poverty is critical to the overall decline in poverty. We have seen earlier that during 1993–94 to 2009–10, the incidence of poverty of the farm and non-farm wage labour had declined at lowest rate as compared to self-employed households. Lower decline in poverty was mainly because of ST wage labour households. For instance, the poverty incidence for ST farm wage labour households declined at per annum rate of 1.61 per cent followed by 2.34 per cent for SC and 2.35 per cent for ‘others’ households. Similarly, in the case of non-farm wage labour households, the poverty declined at per annum rate of about 2.06 per cent for ST, 2.09 per cent for SC as compared to 2.75 per cent for ‘others’ households. Thus, both in case of farm and non-farm wage labour, the SC and ST households have fallen behind in poverty reduction as compared to their counterpart from the higher caste.

To sum up, the following trend emerged at the all India level.

a) During the period from 1993 to 2010, the self-employed households have done better than the wage labour households in poverty reduction. The non-farm wage labour did
better than farm wage labour. Thus, growth has been less pro-poor for wage labour particularly the farm wage labour. This also means the growth has been more pro-poor for the poor farmers and poor producer/petty business households.

b) At disaggregate level, during 1993–2010 while all self-employed farmers have benefitted from the decline in poverty, the SC and ST farmers have benefitted less as compared to ‘others’ among the social groups.

c) During the same period, all self-employed non-farm households experienced decline in poverty. However, ‘others’ among the social groups benefited more from the growth in non-farm production/business sector as compared to SC and ST. The SC benefited the least.

d) In case of wage labour households, during 1993–2010 farm wage labour poverty had declined at lowest rate compared to ‘others’ households. Generally, the rate of decline has been lower for SC and ST as compared to the ‘others’.

**Changes in urban poverty:** The poverty level was 20.8 per cent in 2009–10 which is only marginally lower than that in the rural sector discussed in Table 3). During the last 16 years between 1993–94 and 2009–10, urban poverty declined by about 2.3 per cent per annum—only marginally slower than that in the rural areas (2.5 per cent, Table 3).

The incidence of poverty in urban India has been the highest among the SC in 2009–10 followed by ST and ‘others’. It is the change in the incidence of poverty across social groups that presents interesting picture (Table 3). Between 1993–94 and 2009–10, the rate of decline has been the highest among ‘others’ at 2.4 per cent annually while for SC and ST, it has been uniformly at 2.1 per cent.

Among the economic categories, in 2009–10, the highest level of poverty incidence is among the casual labour households and the lowest is among the households whose main source of livelihood is from regular wages and salary (RWSE). The self-employed falls in the middle. Within the casual labour (CALA) households (which suffer from high incidence of poverty), the SC and ST were the most poor in 2009–10. The poverty was also high among the self-employed, it was particularly high for SC (35.5 per cent) and ST (30.0 per cent) in 2009–10.

**Changes in poverty by household types:** When we look at the change in term of annual rate of decline in poverty incidence in the urban areas several interesting features become evident from Table 5. During 1993–2010, poverty declined at per annum rate of 2.3 per cent as reported earlier.
Table 5: Change in incidence of poverty by household types

<table>
<thead>
<tr>
<th>Household Types</th>
<th>ST</th>
<th>SC</th>
<th>Others</th>
<th>Hindus</th>
<th>Muslims</th>
<th>Other Religious Minorities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993–94—2009–10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEMP</td>
<td>-2.6</td>
<td>-2.0</td>
<td>-2.5</td>
<td>-2.6</td>
<td>-1.6</td>
<td>-3.6</td>
<td>-2.4</td>
</tr>
<tr>
<td>RWSE</td>
<td>-3.3</td>
<td>-3.0</td>
<td>-3.1</td>
<td>-3.2</td>
<td>-2.6</td>
<td>-3.6</td>
<td>-3.0</td>
</tr>
<tr>
<td>CALA</td>
<td>-0.6</td>
<td>-1.7</td>
<td>-1.9</td>
<td>-1.8</td>
<td>-1.4</td>
<td>-2.2</td>
<td>-1.8</td>
</tr>
<tr>
<td>Others</td>
<td>-1.2</td>
<td>-2.2</td>
<td>-3.5</td>
<td>-3.0</td>
<td>-2.8</td>
<td>-4.3</td>
<td>-3.2</td>
</tr>
<tr>
<td>All</td>
<td>-2.1</td>
<td>-2.1</td>
<td>-2.4</td>
<td>-2.4</td>
<td>-1.8</td>
<td>-3.1</td>
<td>-2.3</td>
</tr>
</tbody>
</table>

Note: Includes OBC

Source: Calculated by the authors (Thorat and Dubey, 2012) using NSS–CES unit record data for the respective years.

In case of self-employed households (SEMP), the slowest rate of reduction has been for SC at 2 per cent. In case of regular salaried households, the poverty declined at much faster rate for the ST (3.3 per cent) followed by ‘others’ and SC. The poverty for CALA households declined at a relatively low rate for the ST as compared to SC and others (Thorat and Dubey, 2012).

Growth in Income: Monthly per Capita Expenditure

After having studied the changes in poverty, we examine the changes in the mean income (proxies by household expenditure) by place of residence, that is rural and urban areas.

Level and change in real monthly per capita expenditure: In this section, we look at the level and annual growth and variation in the real monthly per capita expenditure (MPCE) (at 1999–2000 prices) at different level of disaggregation. During 1993–94 to 2009–10, the MPCE increased at per annum rate of 1.5 per cent. The per annum rate varies among the groups in a narrow range of 1.3 per cent to 1.8 per cent.

Table 6: Growth of real MPCE (at 1999–2000 prices)

<table>
<thead>
<tr>
<th>Socio-religious Groups</th>
<th>MPCE at Constant (1999–2000) Prices</th>
<th>Rate of Change of MPCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>447.6</td>
<td>743.4</td>
</tr>
<tr>
<td>ST</td>
<td>375.6</td>
<td>615.5</td>
</tr>
<tr>
<td>SC</td>
<td>379.5</td>
<td>557.6</td>
</tr>
<tr>
<td>Others</td>
<td>480.1</td>
<td>779.1</td>
</tr>
<tr>
<td>Hindus</td>
<td>443.7</td>
<td>761.0</td>
</tr>
<tr>
<td>Muslims</td>
<td>423.0</td>
<td>568.1</td>
</tr>
<tr>
<td>Other Religious Minorities</td>
<td>560.7</td>
<td>957.9</td>
</tr>
</tbody>
</table>

Note: Includes OBC

Source: Calculated by the authors (Thorat and Dubey, 2012) using NSS–CES unit record data for the respective years.
Table 7: Growth of MPCE at constant (1999–2000) prices by household types and socio-religious groups in the rural areas (1993–94 to 2009–10)

<table>
<thead>
<tr>
<th>Socio-religious Groups</th>
<th>ST</th>
<th>SC</th>
<th>Others</th>
<th>Hindus</th>
<th>Muslims</th>
<th>Other Religious Minorities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENA</td>
<td>2.2</td>
<td>1.3</td>
<td>1.8</td>
<td>1.7</td>
<td>1.5</td>
<td>3.2</td>
<td>1.7</td>
</tr>
<tr>
<td>AGLA</td>
<td>1.0</td>
<td>1.3</td>
<td>1.3</td>
<td>1.2</td>
<td>2.4</td>
<td>1.7</td>
<td>1.3</td>
</tr>
<tr>
<td>OLAH</td>
<td>0.9</td>
<td>1.0</td>
<td>1.5</td>
<td>0.9</td>
<td>2.2</td>
<td>6.4</td>
<td>1.3</td>
</tr>
<tr>
<td>SEAG</td>
<td>1.2</td>
<td>1.4</td>
<td>1.3</td>
<td>1.2</td>
<td>1.4</td>
<td>2.2</td>
<td>1.3</td>
</tr>
<tr>
<td>Others</td>
<td>1.5</td>
<td>1.4</td>
<td>2.7</td>
<td>2.1</td>
<td>3.5</td>
<td>3.1</td>
<td>2.3</td>
</tr>
<tr>
<td>All</td>
<td>1.3</td>
<td>1.5</td>
<td>1.6</td>
<td>1.4</td>
<td>1.8</td>
<td>3.1</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Note: Includes OBC

Source: Calculated by the authors (Thorat and Dubey, 2012) using NSS-CES unit record data for the respective years

The rate of change in MPCE varies across household types. Among the household types, the non-farm self-employed households engaged in non-farm production and business activities show a higher increase in MPCE (1.7 per cent) and the rest at lower but at similar rate (around 1.3 per cent per annum).

The pattern differs across social groups. We first take the self-employed households, and then discuss the trend in wage labour households. In case of self-employed households, we have seen that during 1993–94 to 2009–10 the self-employed in non-agriculture have done better in the rate of increase in MPCE as compared to the rest of the household types. It emerges that ST and ‘others’ among the social groups have done relatively better in the rate of change in MPCE and the SC lag behind. The differences in the rate of increase in MPCE of self-employed agricultural households across the social groups during the overall period 1993–94 to 2009–10 are less (vary within narrow range of 1.2 per cent–1.4 per cent).

In case of wage labour households, during the period 1993–94 to 2009–10, their MPCE increased at per annum rate of 1.3 per cent with no substantial difference among the social groups. In case of non-farm wage labour households, the MPCE increased at per annum rate of 1.6 per cent. The increase has been much lower for the SC (0.99 per cent) and ST (0.94 per cent) as compared to ‘others’ (1.5 per cent).

We now study the change in MPCE for social groups by livelihood. The non-farm self employed households which had showed better performance during 1993–2010 also did better in case of the ST and ‘others’ among the social groups, while the SC lag behind in MPCE growth. The self-employed farmers also showed positive change for all social groups but with less inter-group differences in the rate of change.

The MPCE of farm wage labour households increased at similar rate for all social groups. For non-farm wage labour households, the MPCE increased for all social groups, but by lower rate for the SC and ST as compared to ‘others’ from social groups.

Growth of MPCE in urban areas: During the overall period, the MPCE in the urban sector grew at the rate of 2.2 per cent per annum. Among the households the growth rate has been relatively higher for the RWSE (2.8 per cent) annually and the lowest for the CALA
households at 1.8 per cent. Among the social groups, during 1993–2010, for the SEMP households, highest rate of growth was for the ST at 3.0 per cent annually and the lowest has been for the SC (1.9 per cent). Among the CALA households, ST had the lowest (1.1 per cent) rate of growth followed by SC (1.3 per cent).

**Table 8: Growth of MPCE at constant (1999–2000) prices by household types and socio-religious groups in urban areas (1993–94 to 2009–10)**

<table>
<thead>
<tr>
<th>Household Types</th>
<th>ST</th>
<th>SC</th>
<th>Others</th>
<th>Hindus</th>
<th>Muslims</th>
<th>Other Religious Minorities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEMP</td>
<td>3.0</td>
<td>1.9</td>
<td>2.3</td>
<td>2.3</td>
<td>1.6</td>
<td>2.7</td>
<td>2.2</td>
</tr>
<tr>
<td>RWSE</td>
<td>3.8</td>
<td>2.0</td>
<td>2.9</td>
<td>2.8</td>
<td>2.9</td>
<td>2.5</td>
<td>2.8</td>
</tr>
<tr>
<td>CALA</td>
<td>1.1</td>
<td>1.3</td>
<td>2.0</td>
<td>1.7</td>
<td>2.3</td>
<td>1.6</td>
<td>1.8</td>
</tr>
<tr>
<td>Others</td>
<td>2.8</td>
<td>3.3</td>
<td>3.6</td>
<td>3.4</td>
<td>3.3</td>
<td>3.8</td>
<td>3.5</td>
</tr>
<tr>
<td>ALL</td>
<td>3.1</td>
<td>1.9</td>
<td>2.5</td>
<td>2.5</td>
<td>2.1</td>
<td>2.5</td>
<td>2.4</td>
</tr>
</tbody>
</table>

**Note:** Includes OBC

**Source:** Calculated by the authors (Thorat and Dubey, 2012) using NSS–CES unit record data for the respective years.

**Hunger and Malnutrition**

**Underweight children**

According to NFHS 2005–06 (latest years for which the data are available), there were nearly 45 per cent underweight children in India. The proportion of underweight children declined over the years from 47.1 per cent in 1999–2000 to 45 per cent in 2004–05 at an annual rate of change of -0.9 at the aggregate level in India (Sabharwal, 2012).

Further, we also find that the percentage of underweight children varies across various social groups, like SC, ST, OBC and ‘others’.

Among children less than five years of age, 56 per cent of ST, 51 per cent of SC, and 45 per cent of OBC children were underweight. For ‘others’ children (non-SC/ST/OBC), the prevalence of underweight was 36 per cent, still disturbingly high but significantly better than among the SC, ST and OBC children (Fig. 1).

Moreover, the decline in child malnutrition levels of SC and ST over the three rounds of NFHS: 1992 to 2006 has been slower than that seen in the case of the ‘others’ category (Fig. 1). The rate of decline in malnourishment was slower for the SC (-0.9 per cent) and ST (-0.8 per cent) children as compared to children from ‘others’ category (2.3 per cent).
Anaemia rates amongst children: Anaemia also effects weight of the children negatively. Hence, we also see the status of rate of anaemia across social groups. The prevalence of anaemia among all caste categories was high: nearly 78 per cent of ST, 74 per cent of SC and 72 per cent of OBC children under five years of age were anaemic as compared to 67 per cent of ‘others’ category children.

Anemia rates amongst adults: We also examined the prevalence of chronic energy deficiency (CED) (body mass index < 18.5 kg/m²) among adult men and women across social groups. For adults, we find significant gender differences as well as social group differences. About 41 per cent women have CED as compared to 38 per cent men in rural India. The undernutrition problem is particularly serious for women from the SC, ST and OBC: close to 45 per cent of SC women, 49 per cent of ST women and 40 per cent of OBC women had a BMI below 18.5 kg/m² as compared to 36 per cent of ‘others’ women. Moreover, about 69 per cent of ST and 58 per cent of SC women suffered from anaemia as compared to 51 per cent in the case of ‘others’ women. The trend is similar for men with 43.3 per cent of ST men, 42.3 per cent of SC men, and 38 per cent of OBC men suffering from chronic energy deficiency as compared to 33 per cent of ‘others’ men.

To sum up, the percentage of underweight children was at 45 per cent in India in 2004–05. The proportion of underweight children has declined over the years (1999–2000 to 2004–05) at an annual rate of change of -0.9 at the aggregate level. Further, we also find that the percentage of underweight children varies across various social groups and is higher for SC and ST groups as compared to OBC and ‘others’. Moreover, the decline in proportion of underweight SC and ST children has been slower than that seen in the case of the general category.

Literacy Rate of 7 Years and Above

At the aggregate level, 73 per cent of India’s population was literate. The proportion of literates increased over the years from 66.9 per cent in 2004–05 to 73.2 per cent in 2009–10 at an annual rate of change of 1.9 per cent at the aggregate level. Across social groups, the
rate of increase was the highest for the ST (3.8 per cent) followed by SC (2.7 per cent), OBC (2.1 per cent) and ‘others’ (1.0 per cent).

The literacy rates were lower amongst the SC and ST (65 per cent for both) as compared to OBC and ‘others’ (72 per cent and 82 per cent for OBC and ‘others’ respectively).

Further, the dropout rates, before completion of five years of schooling, are much higher for SC and ST than for the general population. The dropout rates in 2004–05 at primary levels for SC is 34.2 per cent and for ST is 42.3 per cent as compared to the national average of 29 per cent (Table 9).

### Table 9: Dropout Rates by Social Composition, 2004–05

<table>
<thead>
<tr>
<th>Categories</th>
<th>Primary (I-V)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
</tr>
<tr>
<td>SCs</td>
<td>32.7</td>
<td>36.1</td>
<td>34.2</td>
<td>55.2</td>
<td>60.0</td>
<td>57.3</td>
</tr>
<tr>
<td>STs</td>
<td>42.6</td>
<td>42.0</td>
<td>42.3</td>
<td>65.0</td>
<td>67.1</td>
<td>65.9</td>
</tr>
<tr>
<td>All</td>
<td>31.8</td>
<td>25.4</td>
<td>29.0</td>
<td>50.5</td>
<td>51.3</td>
<td>50.8</td>
</tr>
</tbody>
</table>

**Source:** Selected Educational Statistics, 2004–05

**Mortality Rate**

**Child mortality**

**Infant mortality rate (IMR):** At the all India level, the infant mortality rate was 57 per 100,000 in 2005–06 which declined from 73 per 100,000 in 1999–2000 showing an improvement. The annual rate of change was negative at -3.7 indicating a decline in IMR. Among the social groups, IMR was highest among SC (66.4 per cent) followed by ST (62.1 per cent), OBC (56.6 per cent) and ‘others’ (48.9 per cent). The IMR has declined from the 1999–2000 to 2004–05 across social groups with the corresponding figures being -83 for SC, -84.2 for ST, -76 for OBC and -61.8 for ‘others’. The annual rate of change was the highest for ST at -4.4 followed by OBC (-4.3), ‘others’ (-3.5) and SC (-3.3). The disparity ratio between SC and ‘others’ increased from 1.34 in 1999–2000 to 1.36 in 2005–06 although the disparity gap was negative at -0.01 points indicating negative change.

**Child mortality rate (CMR):** At the all India level, the child mortality rate was 18.4, which declined from 30.6 in 1999–2000 showing an improvement. The annual rate of change was also negative due to the decline in mortality rate and was -6.6 indicating a decline in CMR. Among the social groups, CMR was the highest among ST (35.8 pent cent) followed by SC (23.2 per cent), OBC (17.3 per cent) and ‘others’ (10.8 per cent) in 2005–06. The CMR declined across all the social groups from 1999–2000 where highest CMR was also among the ST (46.3 per cent) followed by SC (39.5 per cent), OBC (29.3 per cent) and ‘others’ (22.2 per cent). The annual rate of change was the highest among ‘others’ (-8.6) followed by SC (-6.9), OBC (-6.8) and ST (-3.8). The disparity ratio between SC and ‘others’ increased from 1.78 in 1999–2000 to 2.15 in 2005–06, while the disparity gap was negative at -0.37.
**Under five mortality rate (U5MR):** At the all India level, the U5MR was 74.3 in 2005–06 which declined from 101.4 in 1999–2000 showing an improvement. The annual rate of change was negative at -5.3 indicating a positive sign. Among the social groups, U5MR was the highest among ST (95.7 per cent) followed by SC (88.1 per cent), OBC (72.8 per cent) and ‘others’ (59.2 per cent) in 2005–06. The U5MR declined across all social groups since 1999–2000 when ST was 126.6, SC was 119.3, OBC was 103.1 and ‘others’ was 82.6. The annual rate of change was highest among OBC (-4.9) followed by ‘others’ (-4.7), SC (-4.4) and ST (-4.1). The disparity ratio between SC and ‘others’ increased from 1.44 in 1999–2000 to 1.49 in 2005–06. The disparity gap was negative at -0.04 indicating a negative change.

**Immunisation**

The vaccination of children against six serious but preventable diseases (tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, and measles) has been a cornerstone of child healthcare system in India. As part of the National Health Policy, the National Immunisation Programme has been implemented on a priority basis. The Expanded Programme on Immunisation (EPI) was initiated by the Government of India in 1978 with the objective to reduce morbidity, mortality and disabilities from the above mentioned six diseases by making free vaccination services easily available to all eligible children. The Universal Immunisation Programme (UIP) was introduced in 1985–86 with the objective to cover at least 85 per cent of all infants against the six vaccine-preventable diseases by 1990’. According to the data collected in both the rounds of NFHS–2 in 1998–99 and NFHS–3 2004–05, these targets have lagged behind in India at the overall level across social groups with SC and ST children fairing the worst.

At the all India level, percentage of children with full immunisation was 43.5 per cent in 2005–06 which slightly increased from 42 per cent in 1999–2000. The annual rate of change did show a positive sign and the percentage of children increased annually at the rate of 0.6 per cent.

Among the social groups, children having full immunisation were the highest among ‘others’ (53.8 per cent) followed by OBC (40.7 per cent), SC (39.7 per cent) and ST (31.3 per cent) in 2005–06. Across social groups, percentage of children with full immunisation increased from 1999–2000 when it was the highest among ‘others’ at 46.8 per cent followed by OBC (43 per cent), SC (40.2 per cent) and ST (26.3 per cent). The disparity gap between SC and ‘others’ increased. It was 0.86 in 1999–2000 while it was 0.74 in 2005–06 indicating a lower achievement in full immunisation for the SC. Thus, the disparity gap was 0.12 which indicates a negative change and lower improvement for the SC as compared to ‘others’.

To sum up, in 2005–06, India recorded IMR of 57 per 100,000, CMR of 18.4, and U5MR of 74.3. Mortality was also higher among SC and ST children as compared to children from ‘others’ caste groups. The mortality rates for OBC, though lower than SC and ST, were still high compared to ‘others’ castes. With respect to changes, the mortality declined for all groups but at a slower rate for SC and ST as compared to OBC and ‘others’. Percentage of children who had all immunisation was generally low in India with SC and ST fairing worst than OBC and ‘others’. Between 1999–2000 and 2004–05, full immunisation rates grew by 0.6 per cent per annum. Across social groups, SC showed lower progress as compared to
‘others’. The disparity gap between SC and ‘others increased. It was 0.86 in 1999–2000, while it was 0.74 in 2005–06 indicating a lower achievement of achieving full immunisation for the SC.

**Maternal Health**

**Antenatal care (ANC):** At the all India level, 76.8 per cent women received ANC in 2005–06. Proportion of women who received ANC has increased from 65.7 per cent in 1999–2000 to 76.8 per cent in 2005–06. The annual rate of change was 2.8 per cent per annum at the all India level.

Among the social groups, a lower proportion of SC and ST mothers had access to ANC as compared to OBC and others. Seventy-four per cent SC, 69.9 per cent ST, 74.1 per cent OBC and 85.2 per cent ‘others’ received ANC in 2005–06. Among the social groups, the annual rate of change was 3.4 for SC, 4 for ST, 2.3 for OBC and 3.1 for ‘others’. The disparity ratio between SC and ‘others’ in 2005–06 was 0.87. Thus, there has been a decline in the disparity gap by 0.01 points which is a positive sign.

**IFA tablets received:** At the all India level, 65.1 per cent women received IFA tablets in 2005–06 which has increased from 57.6 per cent in 1999–2000. The annual rate of change was 2.2.

Among the social groups, an improvement was also observed. Sixty-three per cent SC women, 62 per cent ST women, 61.6 per cent OBC women and 72.2 per cent ‘others’ women received IFA tablets which showed improvement from 54.6 per cent SC women, 48.6 per cent ST women, 56.8 per cent OBC women and 63 per cent ‘others’ women in 1999–2000. The annual rate of change was 2.6 for SC, 4.6 for ST, 1.4 for OBC and 2.4 for ‘others’. The disparity ratio between SC and ‘others’ was 0.87.

**Institutional delivery:** At the all India level, 38.7 per cent women went for institutional delivery as compared to 33.6 per cent in 1999–2000 which shows improvement. The annual rate of change in institutional delivery at the all India level was 2.5 per cent per annum.

Among the social groups a lower proportion of SC and ST mothers gave birth in a health facility as compared to OBC and ‘others’. Thus, 32.9 per cent SC mothers and 17.7 per cent ST mothers gave birth in a health facility as compared to 37.7 per cent OBC and 51 per cent ‘others’ mothers. There was an improvement over the years for all social groups. As evident a lower proportion of mothers gave birth in a health facility in 1999–2000. Among the mothers who delivered in a health facility, 27 per cent were SC, 37.1 per cent were ST, 36.3 per cent were OBC and 40.2 per cent were ‘others’. The progress was slower in case of SC (3.6 per cent per annum) and ST (0.6 per cent per annum) as compared to ‘others’ (4.5 per cent per annum). The disparity ratio between SC and ‘others’ was 0.67 in 1999–2000 and 0.65 in 2005–06. The disparity gap has increased by 0.03 points which is not a positive indication.

**Births attended by skilled health personnel:** At the all India level, 46.8 per cent births were attended by skilled health personnel in 2005–06. This improved from 42.8 per cent in 1999–2000. The annual rate of change was 1.6.
Similarly, an improvement was observed among the social groups. The percentage of births attended by skilled personnel was 40.5 per cent among SC, 25.6 per cent among ST, 46.6 per cent among OBC and 59.9 per cent among ‘others’ in 2005–06 which increased from 37 per cent among SC, 23 per cent among ST, 45 per cent among OBC and 49 per cent among ‘others’ in 1999–2000. The annual rate of change was 1.6 among SC, 1.9 among ST, 0.6 among OBC and 3.7 among ‘others’. The disparity ratio between SC and ‘others’ was 0.76 in 1999–2000 and 0.68 in 2005–06. The disparity gap increased by 0.08 points indicating a negative change.

The disparity gap between SC and ‘others’ increased from 0.68 in 1999–2000 to 0.76 in 2005–06 indicating a lower achievement in the goal of births being attended by skilled health personnel for SC.

**Current contraceptive use among married women 15-49 years:** At the all India level, current contraceptive use among married women was 56.3 per cent in 2005–06 which increased from 48.2 per cent in 1999–2000. The annual rate of change was 2.8. Among the social groups, current contraceptive use was 55 per cent among SC women, 48.1 per cent among ST women, 54 per cent among OBC women and 62.1 per cent among ‘others’ women which improved from 44.7 per cent among SC, 39.1 per cent among ST, 46.8 per cent among OBC and 53.5 per cent among ‘others’ in 2005–06. The annual rate of change was 3.8 among SC, 3.8 among ST, 2.6 among OBC and 2.7 among ‘others’. The disparity ratio between SC and ‘others’ was 0.84 in 1999–2000 which increased to 0.89 in 2005–06. The disparity gap reduced by 0.05 points indicating a positive change.

To sum up, in India at the overall level the progress of the targets to achieve reduction in maternal mortality is a mixed bag. Overall, three-fourths of the mothers in India had access to antenatal care in 2004–05 and this has shown an increase over the years. Further, more than 65 per cent mothers had received IFA tablets to address their anaemia in the antenatal stage. On the other hand, the level and progress is slow for giving birth in a health facility, birth being attended by a skilled health personnel and contraceptive use which are the key targets to achieve the MDG to reduce maternal mortality ratio. In terms of giving birth in a health facility, only two-fifths of the mothers gave birth in a health facility, only 47 per cent mothers were attended by skill health personnel and 48 per cent mothers used contraceptive for family planning. Moreover, mothers who belong to excluded groups, such as SC and ST lag behind and show a slower improvement as compared to OBC and ‘others’ in their progress related to accessing antenatal care, giving birth in a health facility, giving birth with a help of a skilled personnel and in family planning.

**Access to Safe Drinking Water and Sanitation**

**Proportion of houses in rural areas having no drinking water facility**

At the all India level, the proportion of rural houses having no drinking water facility was 56.82 per cent. This level declined from 73.25 per cent in 1993 to 65.57 per cent in 2002, thus showing a steady decline that indicates an improvement among the rural houses where proportion of houses without a basic need, such as drinking water has gone down. The rate of
change of decline from 1993 to 2008–09 has been at -1.60 which indicates a positive change (Arjun 2012).

Among the social groups, the proportion of houses in rural areas having no drinking water facility was found to be the highest among ST (77.26 per cent) followed by SC (67.83 per cent) and ‘others’ (49.58 per cent). Across social groups, the proportion of houses in rural areas having no drinking water facility has declined gradually over the years—it was higher in 1993 at 84.66 per cent for ST, 77.89 per cent for SC and 69.84 per cent for ‘others’. The rate of change from 1993 to 2008–09 shows that it was -0.58 for ST, -0.87 for SC and -2.15 for ‘others’. This indicates a positive change as proportion of houses in rural areas having no drinking water facility have gone down over the years although the improvement has been slower for the SC and ST as compared to ‘others’.

**Proportion of houses in rural areas having no latrine facility**

At the all India level, proportion of houses in rural areas having no latrine facility was 66.41 per cent which gradually declined from 87.24 per cent in 1993 to further 78.34 per cent in 2002. The rate of change of decline from 1993 to 2008–09 has been at -1.72 which indicates a positive change.

Among the social groups, the proportion of houses in rural areas having no latrine facility was highest among SC (77.43 per cent) followed by ST (76.52 per cent) as compared to ‘others’ (60.92 per cent) in 2008–09. Across the social groups, the proportion of houses having no latrine facilities declined since 1993, when it was 91.09 per cent for SC followed by 90.83 per cent for ST and 85.37 per cent for ‘others’. The rate of change in decline from 1993 to 2008–09 was -1.08 for ST, -1.03 for SC and -2.12 for ‘others’. This further indicates a positive change as the proportion of houses in rural areas having no latrine facilities has gone down over the years.

**Proportion of houses in rural areas having open, katcha and no drainage arrangements:** At the all India level, the proportion of houses in rural areas having open, katcha and no drainage arrangements was 75.39 per cent in 2008–09. This level has gradually declined from 90.21 per cent in 1993 and 82.14 per cent in 2002. The rate of change from 1993 to 2008–09 was -1.13 which indicate a positive change. It also implies that the proportion of houses in rural areas with open, katcha and no drainage facilities have declined over the years.

Among the social groups, the proportion of houses with open, katcha and no drainage was found to be the highest among ST (89.09 per cent) followed by SC (79.35 per cent) and ‘others’ (71.71 per cent). Across social groups, a gradual decline was similarly observed since 1993 when it was 95.23 per cent for ST, 91.96 per cent for SC and 88.81 per cent for ‘others’. The rate of change from 1993 to 2008–09 was -0.42 for ST, -0.93 for SC and -1.35 for ‘others’. This further indicates a positive change as the proportion of houses in rural areas having open, katcha and no drainage arrangements have gone down over the years.

To summarise the trend in India, 57 per cent households did not have access to safe drinking water in 2008–09. This level has steadily declined over the years from 73 per cent in 1993 to 63 per cent in 2002 to 57 per cent in 2009–10. This indicates a positive change as the
proportion of houses in rural areas having no drinking water facility have gone down over the years. Among the social groups, proportion of houses in rural areas having no drinking water facility was found to be the highest among ST followed by SC as compared to ‘others’. In addition, the improvement in the proportion of houses in rural areas having no drinking water facility has been slower for the SC and ST as compared to ‘others’ from 1993 to 2010.

The level of sanitation facilities seen in terms of access to toilets is even worse than the access to drinking water. Close to 66 per cent households did not have a toilet in 2009–10 although the situation has improved over the years from 73.25 per cent in 1993 to 65.57 per cent in 2002 and to 66 per cent in 2010. The situation for SC and ST is worse than others. The proportion of houses in rural areas having no latrine facility was the highest among SC (77.43 per cent) followed by ST (76.52 per cent) as compared to ‘others’ (60.925 per cent) in 2008–09. The improvement in access to toilets over the years is also slower for the SC and ST as compared to ‘others’.

**Summary on change in MDGs—Positive improvement, but at lower rate for excluded groups leading to persistence disparities**

The analysis of the trends in the MDGs since the 1990s till 2010 brings out three specific features. First, there has been an improvement in the MDGs for all including excluded groups, namely SC and ST. Secondly, the rate of improvement in case of SC and ST has been generally lower as compared to the rest of the population. This also means that SC and ST have benefited less than ‘others’. Thirdly, since the improvement in the MDGs of SC and ST has been slower in most of the goals (apart from some exceptions), the disparities continued to persist between the SC and ST, and the rest of the population which has been the feature in the past—as the reduction in social group disparities would require higher rate of improvement among the two social groups than the rest of the population. Below we present the summary of these features.

**On Poverty:** In rural areas during 1993–2010, poverty declined at 2.5 per cent per annum. However, ‘others’ experienced the highest decline followed by SC and ST—the decline being the lowest for ST. Among the households, the self-employed households have done better than the wage labour households in poverty reduction; the non-farm wage labour did better than farm wage labour—thus growth has been less pro-poor for wage labour particularly the farm wage labour and more pro-poor for the farmer and non-farm producers.

Among the self-employed farmers and non-farm producers, the SC and ST households have benefitted less than ‘others’. In case of wage labour households too the rate of decline has been lower for SC and ST as compared to ‘others’.

In urban areas during 1993–2010, rural poverty declined at 2.3 per cent per annum, but at slightly higher rate for the ‘others’ as compared to SC and ST. The rate of decline was much higher for regular salaried followed by self-employed and least for casual labour. Across social groups there was less difference in the case of regular salaried although the ‘others’ had marginal edge over SC and ST. In case of self-employed, ST and the ‘others’ did better than SC. The opposite was true in case of casual labour, SC and ‘others’ did better than ST.
Income—Monthly per capita income: In rural areas during 1993–94 to 2009–10, the MPCE increased at per annum rate of 1.5 per cent at overall level with marginally for ST as compared to SC and ‘others’. All household showed positive change, but at relatively higher rate for non-farm self employed households (1.7 per cent) as compared to 1.3 per cent for three households, namely self-employed farmers, and farm and non-farm wage labour. The non-farm self employed households which had showed better performance during 1993–2010 also did better for the ST and ‘others’, while the SC lagged behind in MPCE growth. The self-employed farmers also showed positive change for all social groups but with less inter-group differences in the rate of change. MPCE of farm wage labour increased at a similar rate for all groups. For non-farm wage labour, the MPCE increased at lower rate for SC and ST as compared to ‘others’ from the social groups.

In urban areas during 1993–94 to 2009–10, the MPCE increased at per annum rate of 2.4 per cent, the rate of decline being lower particularly for SC as compared to ST and ‘others’. The increase in MPCE has been relatively high for regular salaried followed by self-employed and the lowest for casual labour. The ST and ‘others’ did better than SC for regular salaried and self-employed. In case of both, SC and ST lagged behind others in rate of increase in MPCE. Thus, SC lagged behind ‘others’ and ST in raising the income level during 1993–2010.

Pro-poorness of growth—Elasticity of poverty reduction: For rural areas during 1993–2010, the elasticity of poverty was positive (-2.4), but lower for SC and ST as compared to ‘others’. Among the economic groups, the elasticity of poverty was relatively high for self-employed farm and non-farm households followed by non-farm wage labour and farm labour (the elasticity of poverty being the lowest for farm wage labour). This imply that while increased farm income helped to reduce the poverty of poor farmers, it lacked in its outcomes to increase the wage income for the farm wage labour. The farm wage labour does not benefit as much as the poor farmers from the growth in farm income. The elasticity of poverty for self-employed, farm and non-farm households was relatively high for all groups. However, it was relatively low for farmers who belonged to SC and non-farm self employed who belonged to ST as compared to their counterpart from ‘other’ households. For the farm wage labour, it was particularly low for ST.

For urban areas the elasticity of poverty was 1.4 at overall level with relatively high figure for SC followed by ‘others’ and ST (the elasticity of poverty was the lowest for ST). Among the three types of household, the elasticity was the high for regular salaried followed by self-employed and casual labour (the elasticity of poverty being the lowest for casual labour). For regular salaried the elasticity was relatively high for SC followed by ‘others’ and ST. In case of self-employed, the ‘others’ had edge over SC and ST (whose elasticity of poverty was similar). In case of casual labour, the SC had an edge over the ST and ‘others’.

Hunger (underweight children): In 2004–05 the percentage of underweight children was 45 per cent and the incidence was high for SC and ST. Between 1999–2000 and 2004–05, the proportion of underweight children declined, although at lower rate, but the rate decline was lower for SC and ST as compared to ‘others’.
**Literacy:** Literacy rates were lower amongst the SC and ST (65 per cent for both) as compared to OBC and ‘others’ (72 per cent and 82 per cent respectively). But the dropout rates before completion of five years of schooling are much higher for SC and ST than the general population.

**Mortality rate:** The IMR, CMR and U5MR were higher for SC and ST children as compared to ‘others’ children. The mortality rates declined for all groups but at a slower rate for SC and ST as compared to OBCs and ‘others’. The percentage of children who had all immunisation was generally low with SC and ST fairing worse than OBC and ‘others’. Between 1999–2000 and 2004–05, full immunisation rates also increased at lower rate for SC which led to increase in the disparities between them and ‘others’.

**Maternal mortality:** Between 1999 and 2005 the indicators related to maternal mortality improved which include access to antenatal care, receiving of IFA tablets, birth in a health facility, birth being attended by a skilled health personnel and usage of contraceptives. The progress has been slow for giving birth in a health facility, birth being attended by a skilled health personnel and usage of contraceptives which are the keys for maternal mortality ratio. In all these indicators, SC and ST mothers show a slower improvement as compared to OBC and others in accessing antenatal care, giving birth in a health facility, giving birth with the help of a skilled personnel and in family planning.

**Housing, drinking water and sanitation:** Access to safe drinking water has improved during 1993–94 and 2008–09 at overall level and for all social groups. However, it has improved at lower rate for SC and ST. As a result, in 2010 the proportion of houses in rural areas having no drinking water facility has been high among SC and ST. The availability of sanitation facilities has also improved. However, with 66 per cent not having toilet in 2009–10, the problems still persist. The SC and ST perform much worse than ‘others’. The improvement in access to toilets over the years is also slower for SC and ST.

6. **POLICIES THAT BROUGHT IMPROVEMENT—GROWTH AND GOVERNMENT PROGRAMMES**

The government has used the growth strategy and the targeted programmatic interventions to increase the income of the poor, reduce poverty and malnutrition and to bring improvement in health, education and gender differences. In this section we discuss the role of growth strategies and social protection policies to bring about improvement in the human development of SC, ST and ‘others’.

**Growth in Income as Factors in Poverty Reduction from 1993–94 to 2009–10**

We try to estimate the reduction in poverty in rural and urban areas by decomposing decline in poverty into growth in MPCE and inequalities in MPCE. In Table 10, we have reported the result of decomposition of decline in poverty into growth and inequalities. Table 10 shows the observed decline in poverty ($\Delta H$), expected decline in poverty incidence because of growth in MPCE (had the distribution not changed) and how far the change in the distribution between 1993–94 and 2009–10 has offset the decline in poverty incidence for the rural as well as urban areas (Thorat and Dubey, 2012).
Table 10 shows that in the rural areas, the observed decline in poverty incidence, $\Delta H$, is -14.2 percentage points. The decline could have been 23.8 percentage points had this growth occurred without any change in the distribution. But because of change in the distribution (i.e. increase in inequality) in the rural areas, the ‘loss’ in the poverty decline is to the tune of 9.6 percentage points.

As we have seen above, the rate of growth of MPCE has not been uniform across social groups. This has resulted in variable decline in poverty incidence. For example, between 1993–94 and 2009–10 because of the growth in the MPCE, the highest level of decline in the level of poverty could have been for the ST by 36 percentage points, but more than 22 percentage points got offset due to rise in inequalities. Similarly, for SC and ‘others’, MPCE growth could have reduced poverty by close to 30 and 26 percentage points respectively. But for the SC, 14.1 percentage points and for the ‘others’ 14.8 percentage points has been offset by rise in inequality.

**Table 10: Decomposition of change in poverty incidence between 1993–94 and 2009–10 (growth and distribution effects)**

<table>
<thead>
<tr>
<th>Socio-religious Groups</th>
<th>Rural</th>
<th></th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\Delta H$ (Observed Declined)</td>
<td>Growth Effect</td>
<td>Distribution Effect (loss)</td>
</tr>
<tr>
<td>All</td>
<td>-14.2</td>
<td>-23.8</td>
<td>9.6</td>
</tr>
<tr>
<td>ST</td>
<td>-13.5</td>
<td>-36.0</td>
<td>22.5</td>
</tr>
<tr>
<td>SC</td>
<td>-15.8</td>
<td>-29.9</td>
<td>14.1</td>
</tr>
<tr>
<td>Others</td>
<td>-11.0</td>
<td>-25.8</td>
<td>14.8</td>
</tr>
<tr>
<td>Hindus</td>
<td>-11.2</td>
<td>-25.7</td>
<td>14.4</td>
</tr>
<tr>
<td>Muslims</td>
<td>-14.9</td>
<td>-33.6</td>
<td>18.6</td>
</tr>
<tr>
<td>Other Religious Minorities</td>
<td>-8.3</td>
<td>-18.1</td>
<td>9.8</td>
</tr>
</tbody>
</table>

In the urban areas because of the growth effect the HCR could have declined by about 26.4 percentage points for all. However, because of distributional changes, 15 percentage points was offset. Among the social groups, growth of MPCE could have reduced poverty by about 28 percentage points for ST over 29 percentage points for SC and by over 22 percentage points for ‘others’, but 9.4, 10.7 and 9.6 percentage points respectively were offset by the rise in inequalities within these groups. Thus, the worsening in the distribution seems to play a role in decelerating reduction in poverty incidence.

**Pro-poorness of Growth—Elasticity of Poverty Reduction with Respect to Income**

After having discussed the changes in poverty and consumption expenditure (as proxy for income), we study the impact of growth in consumption expenditure on poverty by looking at the direction and magnitude of the change. We study the pro-poorness of growth by estimating the elasticity of reduction in poverty with respect to MPCE in both the rural and urban sectors.
In recent times, several researchers have used responsiveness or elasticity of poverty reduction with respect to growth in income to determine the pro-poorness of growth. We adopt the methodology to calculate elasticity of poverty reduction with respect to variation in mean income (MPCE) and inequality (Gini coefficient) at constant (1999–2000) prices, and compute the required estimates of growth elasticity of poverty using panel regression (fixed effect) model for the rural and urban areas. The model used for estimation is as follows:

\[ \ln \text{HCR}_{it} = \alpha + \beta_1 \ln \text{MPCE}_{it} + \beta_2 \ln \text{GINI}_{it} + \nu_{it} \]  

(1)

Where, Ln HCR, Ln MPCE and Ln Gini are head count ratio, mean per capita expenditure and Gini coefficient respectively for ith socio-religious groups at t = 1993–94 and 2009–10.

The estimated equation for rural areas is:

\[ \ln \text{HCR}_{it} = 20.91 - 2.55 \ln \text{MPCE}_{it} + 1.43 \ln \text{GINI}_{it} \]  

(13.02)  (3.85)  

n = 12; adjusted R² = 0.97

and for the urban areas it is:

\[ \ln \text{HCR}_{it} = 17.93 - 1.97 \ln \text{MPCE}_{it} + 1.40 \ln \text{GINI}_{it} \]  

(9.55)  (2.09)  

n = 12; adjusted R² = 0.97

The elasticity coefficient \( \beta_1 \) for both areas could be considered as the average elasticity of reduction of poverty. For the rural areas it is -2.55 and urban areas it is -1.97 and is highly significant.

Since, our focus in this paper is to highlight the differences in elasticity across social groups, given the number of observations for the two years at which we need to calculate the elasticity, it is not feasible to estimate the elasticity separately for each social group. As an alternative, we have tried to calculate elasticity using all too familiar approach to calculate the elasticity called mid-point or relative elasticity defined as:

\[ \frac{\Delta H}{(H_{90}+H_{05})/2} \cdot \frac{(y_{90} + y_{05})/2}{\Delta y} \]  

(4)

Where, \( \Delta H \) is change in the poverty measure, HCR between 1993–94 and 2009–10 and \( H_{93} \) and \( H_{09} \) are HCR during 1993–94 and 2009–10 respectively. \( \Delta y \) is change in the MPCE

1 It could be argued that this is not the most appropriate technique to calculate elasticity of poverty reduction. Since, our objective is to see the differences in pro-poorness of growth across social groups, we report and discuss these calculations. It may be noted that the elasticity estimates that we have reported in equations (2) and (3) above are not too dissimilar to the relative elasticity estimates calculated for all in the rural and urban areas as well as for different socio-religious groups discussed in this section.
between 1993–94 and 2009–10 and $y_{93}$ and $y_{09}$ are the MPCE during 1993–94 and 2009–10 respectively. The elasticities calculated using this traditional formula is also referred to as relative elasticity.

Table 10 presents the elasticity of poverty reduction with respect to growth at overall level and for social groups. For the rural areas, relative elasticity is -2.4 which is lower than the estimated elasticity (though similar) reported in equation (2) above. If we compare relative elasticities across social groups, the ST have the lowest (-2.2) while ‘others’ have the highest relative elasticity (-2.6). The SC have a relative elasticity of -2.3.

In the urban areas, the relative elasticity of poverty reduction is -1.4 which is significantly lower than the estimated elasticity of -1.97. However, relatively elasticity calculation does allow us to see the differences across social groups. The relative elasticities reported in Table 11 shows that among the social groups, the SC have the highest with -1.6 followed by ‘others’ (-1.4). It is relatively low for ST.

**Table 11: Relative elasticities of change in HCR for socio-religious groups by rural and urban areas**

<table>
<thead>
<tr>
<th>Socio-religious Groups</th>
<th>1993–94 to 2009–10</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>-2.4</td>
<td></td>
<td>-1.4</td>
</tr>
<tr>
<td>ST</td>
<td>-2.2</td>
<td></td>
<td>-1.0</td>
</tr>
<tr>
<td>SC</td>
<td>-2.3</td>
<td></td>
<td>-1.6</td>
</tr>
<tr>
<td>Others</td>
<td>-2.6</td>
<td></td>
<td>-1.4</td>
</tr>
<tr>
<td>Hindus</td>
<td>-2.4</td>
<td></td>
<td>-1.5</td>
</tr>
<tr>
<td>Muslims</td>
<td>-3.0</td>
<td></td>
<td>-1.1</td>
</tr>
<tr>
<td>Other Religious Minorities</td>
<td>-2.0</td>
<td></td>
<td>-2.0</td>
</tr>
</tbody>
</table>

**Note:** Includes OBC

**Source:** Calculated by the authors (Thorat and Dubey, 2012) using NSS–CES unit record data for the respective years

**Relative Elasticities for Groups by Household Types: Rural Areas**

Table 11 shows the elasticity of poverty for economic groups by their religious background. We have seen that during 1993–2010 the elasticity was 2.4. The elasticity of poverty was relatively high for self-employed farmers with -3.0 followed by non-farm self employed households and non-farm labour households with -2.5 in the second place. The elasticity of poverty reduction is the lowest for the farm wage labour.

---

2 The magnitude of elasticity discussed in this section is by disregarding the negative sign (-), e.g. though -2.4 > -2.55, by higher elasticity we mean the later.
Table 11: Relative elasticities of decline in HCR with respect MPCE by household types and groups in the rural areas (1993–94 to 2009–10)

<table>
<thead>
<tr>
<th>Household Types</th>
<th>ST</th>
<th>SC</th>
<th>Others</th>
<th>Hindus</th>
<th>Muslims</th>
<th>Other Religious Minorities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEMP</td>
<td>-1.4</td>
<td>-1.4</td>
<td>-1.6</td>
<td>-1.7</td>
<td>-1.3</td>
<td>-2.3</td>
<td>-1.5</td>
</tr>
<tr>
<td>RWSE</td>
<td>-1.5</td>
<td>-2.2</td>
<td>-1.8</td>
<td>-1.8</td>
<td>-1.4</td>
<td>-2.4</td>
<td>-1.8</td>
</tr>
<tr>
<td>CALA</td>
<td>-0.6</td>
<td>-1.6</td>
<td>-1.3</td>
<td>-1.4</td>
<td>-0.8</td>
<td>-1.9</td>
<td>-1.3</td>
</tr>
<tr>
<td>Others</td>
<td>-0.6</td>
<td>-1.0</td>
<td>-1.7</td>
<td>-1.5</td>
<td>-1.4</td>
<td>-2.3</td>
<td>-1.5</td>
</tr>
<tr>
<td>All</td>
<td>-1.0</td>
<td>-1.6</td>
<td>-1.4</td>
<td>-1.5</td>
<td>-1.1</td>
<td>-2.0</td>
<td>-1.4</td>
</tr>
</tbody>
</table>

Note: Includes OBC  
Source: Calculated by the authors (Thorat and Dubey, 2012) using NSS–CES unit record data for the respective years.

Looking at the elasticity of poverty reduction for social groups by the household types, we find that the AGLA and ‘others’ have the lowest elasticity. In case of the self-employed households, elasticity of poverty reduction for SC farmers is lower than the ‘others’ during 1993–2010. The non-farm self employed households had the highest among all groups, except ST during 1993–2010. Thus, during 1993–2010 the elasticity of poverty reduction was relatively high for the self-employed farmers, the non-farm households and the non-farm labour households. The elasticity of poverty reduction was the lowest for the farm wages labour, although it was relatively high for non-farm labour.

**Elasticity of Poverty Reduction: Urban Areas**

During 1993–2010, the elasticity of poverty reduction with respect to growth of MPCE in the urban areas as shown in Table 13 has been -1.4 which is lower than that in the rural areas (-2.4). The higher elasticity is observed for the RWSE for the social groups with the highest being for SC (-2.2) while elasticity has been the lowest for ST.

Table 1113: Relative elasticities of decline in HCR with respect MPCE by household types and groups in the urban areas

<table>
<thead>
<tr>
<th>Household Types</th>
<th>ST</th>
<th>SC</th>
<th>Others</th>
<th>Hindus</th>
<th>Muslims</th>
<th>Other religious Minorities</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993–94 to 2009–10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEMP</td>
<td>-1.4</td>
<td>-1.4</td>
<td>-1.6</td>
<td>-1.7</td>
<td>-1.3</td>
<td>-2.3</td>
<td>-1.5</td>
</tr>
<tr>
<td>RWSE</td>
<td>-1.5</td>
<td>-2.2</td>
<td>-1.8</td>
<td>-1.8</td>
<td>-1.4</td>
<td>-2.4</td>
<td>-1.8</td>
</tr>
<tr>
<td>CALA</td>
<td>-0.6</td>
<td>-1.6</td>
<td>-1.3</td>
<td>-1.4</td>
<td>-0.8</td>
<td>-1.9</td>
<td>-1.3</td>
</tr>
<tr>
<td>Others</td>
<td>-0.6</td>
<td>-1.0</td>
<td>-1.7</td>
<td>-1.5</td>
<td>-1.4</td>
<td>-2.3</td>
<td>-1.5</td>
</tr>
<tr>
<td>All</td>
<td>-1.0</td>
<td>-1.6</td>
<td>-1.4</td>
<td>-1.5</td>
<td>-1.1</td>
<td>-2.0</td>
<td>-1.4</td>
</tr>
</tbody>
</table>

Note: Includes OBC  
Source: Calculated by the authors (Thorat and Dubey, 2012) using NSS–CES unit record data for the respective years.
The lowest elasticity at -1.3 is observed for the casual labour households among the four household types in the urban areas. Among the social groups, the ST (-0.6) has the lowest elasticity. For a large proportion of households who belonged to the SEMP the urban areas range from petty traders to highly qualified professionals. The difference in the elasticity of poverty reduction across social groups in this category to some extent reflects the differences in the skill levels and human capital accumulation. Accordingly, we find lower elasticity among the SC and ST among the social groups. The differentiation across social groups is similar to that of the SEMP households.

**Government Intervention—Role of Schemes Related to Employment, Food, Nutrition, Health and Education**

While economic growth through increase in income brings improvement in the life of poor people, the government also develops specific schemes to focus particular issues which include food security, nutrition, maternal and child health and education. The five schemes include Mahatma Gandhi National Rural Employment Guarantee Schemes (MGNREGS) Mid Day Meal Scheme (MDMS) for children, Integrated Child Development Services (ICDS) and Janani Surksha Yojana (JSY) (women health protection scheme).

The MGNREGS provides guarantee of at least hundred days of employment to the rural wage labour and enables to reduce hunger and poverty of the poorest persons namely the wage labour households.

The Mid Day Meal Scheme was started in 1995 with the aim to enhance enrolment, retention and attendance of children in schools, and to improve their nutritional levels. Under this scheme every child in the school is provided with a nutritional content of 450 calories and 12 g of protein per day. In addition, it promotes universal education at the primary and the middle school levels.

The ICDS was started in 1975 to bring about comprehensive development in child health, pre-primary education and nutrition. It was made universal in 2005. While MDMS cover children in the age group of more than 7 years, the ICDS programme is targeted on the children in the age group of less than 6 years. The ICDS programme is also targeted on pregnant women, lactating mothers and adolescent girls. The main aim of the programme is to provide these groups with early education and nutrition as well as to contribute to the improvement in their health. It provides six services which include:

(a) Monitoring of weight and growth of children
(b) Information about necessary measures to increase child’s weight
(c) To provide food to children from the age of seven months onwards
(d) To provide early childhood education (3–6 years).

The services under ICDS are useful to reduce the chances of child mortality through home visits/follow-up visits within one week of birth, to provide immunisation and to provide Vitamin A supplementation.
The Janani Suraksha Yojana also aims to reduce the newborn mortality and maternal mortality by providing antenatal and postnatal care, and the promotion of institutional delivery. The postnatal care include immunisation of the newborn till the age of 14 weeks, visit by counsel for initiation of breastfeeding to the newborn within one hour of delivery and its continuance till 3–6 months, at least three ANC check-ups including tetanus injections, visit by a trained health workers within seven days of delivery to track mother's health after delivery and facilitate care, including IFA tablets. To encourage institutional delivery, the financial incentives are provided to mothers who deliver in a healthcare facility and births under the care of skilled health personnel. The cash assistance for institutional delivery is integrated with antenatal care during the pregnancy period as well as with institutional care during delivery and postdelivery or natal care.

Thus, these schemes are expected to reduce poverty by providing supplementary employment, enhance children nutrition and health, and increase enrolment and attendance in pre-school and primary and middle school levels. They are also useful to improve children and women’s health and reduce child and maternal mortality.

**Mahatma Gandhi National Rural Employment Guarantee Act**

The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) aims to enhance the livelihood security of people in rural areas by guaranteeing 100 days of wage employment in a financial year to a rural household whose adult members volunteer to do unskilled manual work. The number of households employed in this scheme has increased from 2.1 crores in 2006–07 to 5.49 crores in 2010–12. Similarly, we see an increase in person days of employment from 90.5 crores in 2006–07 to 257.15 crores in 2010–12. The increase was from 43 days to 47 days during this period. There has been an overall increase in average wage per day.

The latest round of NSS on employment and unemployment (2009–10) reported that about 347 households per 1000 households were using MGNREGA card.

**Table 14: Overview of MGNREGA performance, 2006–10**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Households employed (crore)</td>
<td>2.1</td>
<td>3.39</td>
<td>4.51</td>
<td>5.26</td>
<td>5.49</td>
</tr>
<tr>
<td>Person days of employment generated (crore)</td>
<td>90.5</td>
<td>143.59</td>
<td>216.32</td>
<td>283.59</td>
<td>257.15</td>
</tr>
<tr>
<td>Work provided per year to households who worked (days)</td>
<td>43</td>
<td>42</td>
<td>48</td>
<td>54</td>
<td>47</td>
</tr>
<tr>
<td>Average wage per day (` )</td>
<td>65</td>
<td>75</td>
<td>84</td>
<td>90</td>
<td>100</td>
</tr>
<tr>
<td>Total works taken up (lakhs)</td>
<td>8.35</td>
<td>17.88</td>
<td>27.75</td>
<td>46.17</td>
<td>50.99</td>
</tr>
<tr>
<td>Works completed (lakhs)</td>
<td>3.87</td>
<td>8.22</td>
<td>12.14</td>
<td>22.59</td>
<td>25.9</td>
</tr>
</tbody>
</table>

**Source:** Ministry of Rural Development, Government of India.
Table 15: Utilisation of MGNREGA

<table>
<thead>
<tr>
<th>Indicators of MGNREGA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households having MGNREGA job card per 1000 households</td>
<td>347</td>
</tr>
<tr>
<td>Average number of days worked during last 365 days in MGNREGA works by households that got MGNREGA works</td>
<td>37</td>
</tr>
<tr>
<td>Per 1000 distribution of households by status of getting MGNREGA work</td>
<td></td>
</tr>
<tr>
<td>Got MGNREGA works</td>
<td>242</td>
</tr>
<tr>
<td>Sought but did not get MGNREGA work</td>
<td>193</td>
</tr>
<tr>
<td>Did not seek MGNREGA work</td>
<td>538</td>
</tr>
</tbody>
</table>


Integrated Child Development Services and Janani Suraksha Yojana

ICDS is a unique early childhood development programme which aims to address health, nutrition and educational needs of young children, pregnant and lactating mothers. ICDS began in 33 community development blocks selected in 1975 and now it covers almost all habitations across the country. Although it is an old scheme but most of the expansion work (50 per cent) was taken place post 2005.

Table 16: Status of ICDS in 2012

<table>
<thead>
<tr>
<th>Performance of ICDS</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects (No)</td>
<td>7005</td>
</tr>
<tr>
<td>Anganwadi centres (AWCs)/Mini AWC (in lakhs)</td>
<td>13.17</td>
</tr>
<tr>
<td>Children (6 months to 6 years) beneficiaries (in crores)</td>
<td>7.9</td>
</tr>
<tr>
<td>Pregnant and lactating mother beneficiaries (in crores)</td>
<td>1.82</td>
</tr>
</tbody>
</table>

Source: Planning Commission, Twelfth Five Year Plan, Government of India.

At present there are 7005 projects in operation under this programme with 13.17 lakhs AWC/ mini AWC. About 7.9 crores of children in the age group of 6 months to 6 years are registered for the programme and 1.82 crores of pregnant and lactating mothers are getting benefit from this programme. The study reported that about 75 per cent AWCs are located in separate buildings.

Social group data are available for 2005–06 from the National Family Planning Survey of 2005–06 (Table 17) about the number of centres run under ICDS. At the overall level, about 33 per cent of India’s children in the age of 0–71 months were being served by AWC for at least one service in 2004–05. Out of all the AWC services, the service related to weighing of children in the age of 0–59 months had the highest utilisation rates of 80 per cent followed by supplementary food (26 per cent), immunisation (20 per cent) and pre-schooling (14 per cent).

Higher percentage of SC and ST children access services from AWC than children from ‘others’ in case of any service, supplementary food, immunisation and pre-school education.
About 36 per cent SC and 49.9 per cent ST children received at least one service from an AWC as compared to 30.3 per cent by OBC and 28.3 per cent by ‘others’ children. Importantly, a higher proportion of SC children were accessing AWC for supplementary food (44 per cent) as compared to children from ‘others’ category (23 per cent) which indicate their dependence for food from AWC. Moreover, a higher proportion of SC children were accessing AWC for supplementary food (44 per cent) as compared to children from ‘others’ category (23 per cent) which indicate their dependence for food from AWC. Given the poor status of the SC and ST, ICDS is the only source for them to obtain these services. In case of frequency of weighing, the proportion is also high for SC and ST (68 per cent and 78 per cent for SC and ST respectively) but less than ‘others’ (83 per cent). It appears that SC seems to face difficulties in weighting the newborn babies by service providers.

Table 17: Access to essential services provided by ICDS by social groups, 2005–06

<table>
<thead>
<tr>
<th>Variables</th>
<th>ST</th>
<th>SC</th>
<th>OBC</th>
<th>Others</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to AWC services (percentage)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 0–71 months receiving any services from an AWC</td>
<td>50</td>
<td>36</td>
<td>30</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>Children aged 0–71 months who received supplementary food from an AWC</td>
<td>44</td>
<td>30</td>
<td>22</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>Children aged 0–71 months who received any immunisation services from an AWC</td>
<td>33</td>
<td>21</td>
<td>21</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Going to an AWC regularly for early childhood care/pre-school education (for children aged 36–71 months)</td>
<td>16</td>
<td>16</td>
<td>13</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Children 0–59 months covered by AWC by frequency of weighing</td>
<td>64</td>
<td>78</td>
<td>83</td>
<td>83</td>
<td>80</td>
</tr>
</tbody>
</table>

Source: National Family Health Survey, 2005–06.

Provider of ANC and Post Natal Care

NFHS–III (2005–06) indicated that 50 per cent of the mothers in India received ANC and post natal care (PNC) from a doctor followed by public health service providers like an ANM from primary health centre. However, the likelihood of having received any antenatal care and care from doctor is the lowest for SC and ST mothers and the highest for mothers from ‘others’ social group. Close to 64 per cent ‘others’ mothers had received antenatal check-up as compared to 42 per cent from SC and ST. Similarly, the proportion of mothers who have received PNC from doctors and ANM was higher for ‘others’ mothers as compared to SC and ST mothers.
Table 18: Percentage distribution of women who had a live birth in the five years preceding the survey by antenatal care provider during pregnancy, 2004–05

<table>
<thead>
<tr>
<th>Antenatal Care Provider</th>
<th>SC</th>
<th>ST</th>
<th>OBC</th>
<th>Others</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>42.0</td>
<td>32.8</td>
<td>48.4</td>
<td>63.6</td>
<td>50.2</td>
</tr>
<tr>
<td>ANM/Nurse/Midwife/Lady health visitor</td>
<td>28.1</td>
<td>28.3</td>
<td>23.1</td>
<td>17.7</td>
<td>23.0</td>
</tr>
<tr>
<td>Other health personnel</td>
<td>0.7</td>
<td>1.0</td>
<td>0.8</td>
<td>1.6</td>
<td>1.0</td>
</tr>
<tr>
<td>Dai/Traditional Birth Attendant (TBA)</td>
<td>1.5</td>
<td>2.3</td>
<td>0.7</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Anganwadi/ICDS worker</td>
<td>1.8</td>
<td>5.9</td>
<td>1.3</td>
<td>0.7</td>
<td>1.6</td>
</tr>
<tr>
<td>Other</td>
<td>0.1</td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>No one</td>
<td>25.9</td>
<td>29.4</td>
<td>25.5</td>
<td>15.2</td>
<td>22.8</td>
</tr>
<tr>
<td>Missing</td>
<td>0.0</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: National Family Health Survey, 2005–06.

Table 19: Percentage distribution of women who had a live birth in the five years preceding the survey by types of provider of first post natal check up, 2005–06

<table>
<thead>
<tr>
<th>Post natal Care Provider</th>
<th>SC</th>
<th>ST</th>
<th>OBC</th>
<th>Others</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>23.6</td>
<td>14.2</td>
<td>28.2</td>
<td>40.3</td>
<td>29.5</td>
</tr>
<tr>
<td>ANM/Nurse/Midwife/LHV</td>
<td>8.3</td>
<td>8.5</td>
<td>8.2</td>
<td>6.9</td>
<td>7.9</td>
</tr>
<tr>
<td>Other health personnel</td>
<td>0.6</td>
<td>1.8</td>
<td>0.5</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Dai/TBA</td>
<td>3.6</td>
<td>5.6</td>
<td>2.4</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>Others</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Don’t know/Missing</td>
<td>1.0</td>
<td>1.1</td>
<td>0.8</td>
<td>1.7</td>
<td>1.2</td>
</tr>
<tr>
<td>No post natal check-up</td>
<td>62.9</td>
<td>68.6</td>
<td>59.8</td>
<td>47.4</td>
<td>57.6</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: National Family Health Survey, 2005–06

Table 20: Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, 2005–06

<table>
<thead>
<tr>
<th></th>
<th>SC</th>
<th>ST</th>
<th>OBC</th>
<th>Others</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>19.4</td>
<td>11.6</td>
<td>16.1</td>
<td>21.8</td>
<td>18</td>
</tr>
<tr>
<td>Private</td>
<td>13.4</td>
<td>5.8</td>
<td>21.1</td>
<td>28.7</td>
<td>20.2</td>
</tr>
<tr>
<td>NGO/Trust</td>
<td>0.2</td>
<td>0.3</td>
<td>0.5</td>
<td>0.6</td>
<td>0.4</td>
</tr>
<tr>
<td>Home</td>
<td>67</td>
<td>82.3</td>
<td>62.3</td>
<td>48.9</td>
<td>61.4</td>
</tr>
</tbody>
</table>

Source: National Family Health Survey, 2005–06

Place of delivery and percentage delivered in a health facility

At the overall level, 39 per cent mothers gave birth at health facilities and the remaining 61 per cent at home. The share of delivery at health facilities was lower for SC and ST, 33 per
cent and 17 per cent respectively for SC and ST as compared to 37 per cent for OBC and 50 per cent for ‘others’. Conversely, the proportion of delivery at home was high for SC and ST.

**Recent Evidence from Primary Study on ICDS, 2010**

The above discussion is mainly based on the NFHS survey conducted in 2004–05. It was in 2005 that the ICDS was made universal. UNICEF in collaboration with the Indian Institution of Dalit Studies has conducted a survey for three states, namely Uttar Pradesh, Madhya Pradesh and Karnataka covering 4800 households in 2011. The results of this survey present the most recent picture about the working of ICDS by social groups.

The study revealed that about 77 per cent of the eligible households received the benefits from the ICDS services. The percentage of SC users was higher than ‘others’—80 per cent and 75 per cent for SC and ‘others’ respectively. It is interesting to note that the proportion of SC children less than 3 years utilising the ICDS services was at par with ‘others’ and average for all households in weighing and growth monitoring, immunisation, and Vitamin A supplementation. However, SC lack in case of home visits and follow-up visits.

The percentage of children in the age group of 3–6 years registered with AWC was higher for SC as compared to ‘others’. Similarly, the percentage of children (3–6 years age group) who received benefits in weighing and growth monitoring, immunisation, supplementary nutrition, early childhood education, and food at the AWC was higher than the overall average and also compared to ‘others’.

In case of services to pregnant and lactating mothers, the proportion of SC mothers who received ICDS services with respect to nutrition-/health-related counselling through home visits, nutrition/health counselling through community meeting, TT injections, health check-ups, IFA tablets supplementation, monitoring of weight, supplementary nutrition (cooked meals or rations), JSY entitlement (ANC/PNC) were close to overall averages and also similar to that of ‘others’ and in some cases somewhat higher than ‘others’. In case of percentage of women who received supplementary food from AWC during their last pregnancy, the percentage was higher among SC as compared to ‘others’ and the overall average. In case of receiving counselling from AWC regarding how to feed, the percentage of SC mothers was lower than ‘others’, although the ratio was close to overall average. The SC also performed better with respect to benefits received by adolescent girls under ICDS. These findings in a way confirm the results based on NFHS–III (2004–05) regarding the dependence of SC, bulk of whom are poor, on the public health providers. In fact in case of all services where the SC are required to access the services through their own participation, the SC have achieved a comparable utilisation level by enforcing the rights and entitlement to food and health services. The disparities began to emerge in case of home visits/follow-up visits and the counselling on child feeding by sevice provider which involve visit to SC localities. In such cases, the SC tend to receive less service due to differential treatment from higher caste service providers. This also means that SC community tried to make use of the services provided by the health centres although the quality of sevices get affected due to discriminatory treatment by higher caste health service providers. We will discuss this in the next section.
Mid May Meal Scheme

The National Programme for Nutritional Support to Primary Education known as the Mid Day Meal Scheme (MDMS) was started in 1995 with the aim to enhance enrolment, retention and attendance of children in schools as well as to improve their nutritional levels. In the year 2010–11, this programme covered 7.18 crores primary school children and 3.36 crores upper primary children, (Government of India, Twelfth Five Year Plan, 20: 81). At present, MDMS is serving primary and upper primary school children in the entire country. The average coverage of this scheme for the children across the states stood at 72 per cent.

Public Distribution of Food

Another scheme related to food security is the fair price food shops (PDS shops) through which food is supplied to poor families at lower prices. In 2005, about 77 per cent poor families were the card holders which entitled them to purchase food from the fair price shops. Across the social groups, the SC households had acquired a high level of access—about 80 per cent as compared to 75 per cent for ‘others’. The ST households had relatively low access to PDS although in percentage term the proportion of card holders was relatively high at 72 per cent.

Table 21: Percentage of households who have ration cards among different social groups (2004-05)

<table>
<thead>
<tr>
<th>Social Groups</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST</td>
<td>72.2</td>
<td>27.8</td>
<td>100.0</td>
</tr>
<tr>
<td>SC</td>
<td>79.6</td>
<td>20.4</td>
<td>100.0</td>
</tr>
<tr>
<td>OBC</td>
<td>77.5</td>
<td>22.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Others</td>
<td>75.7</td>
<td>24.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>76.9</td>
<td>23.1</td>
<td>100.0</td>
</tr>
</tbody>
</table>


What Caused Slow Progress in MDGs of SC and ST?

While summarising the trends in the MDGs goals since the early 1990s, we pointed out that that there has been an improvement in the indicators of human development for all including the excluded groups, namely SC and ST, but the rate of improvement in their case has been lower as compared to the rest of the population. As a result, the disparities between them and the rest of the population continued to persist.

We also argued that while there are common factors which caused low income and high poverty for all including the excluded groups, however the channels of causation in the case of excluded groups is different which make them vulnerable to more poverty and deprivation than their counterpart from general population. The group-specific factors which are known to affect the excluded groups relate to their social exclusion in the past and its continuation in the present in different forms which result in denial of equal rights and entitlement which lead to lack of ownership of assets like agriculture land, enterprises/business, gainful employment, lack of access to education, health facilities, housing and participation in governance causing lower income and high poverty, illiteracy and ill health. However, as
mentioned above while we recognised the role of ‘social exclusion’, we have much less idea as to how social exclusion caused high deprivation for the excluded groups. What forms the exclusion takes and yield outcomes which induced high level of deprivation? The lack of studies and data has constrained our capacity to develop policies to address the obstacles imposed by processes of social exclusion.

In the following section we present an empirical account of social exclusion and discrimination experienced by SC in market and non-market transactions. In the end, we suggest policy measures to overcome the discriminatory access to the excluded groups.

**Empirical Evidence on Market and Non-market Discrimination Faced by SC**

Economic discrimination associated with the institution of caste and untouchability is something which has been grossly neglected in the Indian mainstream literature. There are, however, limited studies which bring out the nature and forms of discrimination faced by the former untouchables or SC in various markets. We present the evidence put forward by these studies.

**Caste-based Market Discrimination**

The empirical evidence from the limited studies indicate that discrimination associated with caste and untouchability faced by the excluded group, namely SC takes various forms at the time of their involvement in different markets, such as in seeking employment in farm and non-farm operations, in seeking inputs and services necessary to undertake farm and non-farm production including business, and in sale and purchase of products and consumer goods. This indicates that although SC have access to various markets, it is characterised by restrictions and discriminatory behaviour on the part of the higher caste persons (Shah et al, 2006; IIDS, 2013).

**Labour market discrimination:** The study covering 555 villages in 11 states across India, the study by Indian Institute of Dalit Studies (IIDS) of three villages, and more recently an IIDS’ study based on the sample of about 2020 households from seven states of India bring out the nature of discrimination faced by SC in employment in rural area of India. It emerged that the ‘untouchable’ casual labour faces discrimination in access to employment in farm and non-farm activities in various forms and spheres. The discrimination takes the form of denial of employment to SC in some types of work. Panel A presents a description of the spheres and the forms of discrimination experienced by SC labour in the process of hiring, in wages and in work relations. In the farm sector, the SC tends to faced selective exclusion particularly in harvesting fruits and vegetables. In the non-farm work, exclusion is fairly common in case of various types of household work because of the notion of impurity and pollution associated with the status of the untouchables. The ‘untouchable’ women are rarely employed for cooking, cleaning of foodgrains and other eatables, and milking of milch animals. The untouchables from scavenging community faced exclusion because of their occupation—manual scavenging—which is considered unclean and polluting.

The employment in schemes such as MGNREGA is not immune from discrimination. It emerged that SC workers faced delays in issuing the job card and other difficulties which
results in lower public employment and wage earning. More than 60 per cent SC respondents reported the discriminatory behaviour of officials and heads of Panchayat as reason for getting few days of employment under MGNREGA. Furthermore, 18 per cent SC workers reported that the Sarpanch favoured workers from his/her own caste and another 18 per cent mentioned that the Sarpanch failed to tell them about the timing of MGNREGA work. The average wage earning of SC was lower than that of higher caste labour, although the number of days of public employment in some cases was slightly higher for SC workers as compared to higher caste workers. The discriminatory behaviour by the higher caste officials and heads of the Panchayat takes various indirect and subtle forms which ultimately results into low earning of SC workers. The SC workers also faced discriminatory practices at the workplace which include preventing SC workers to take drinking water from the common water source, higher caste serving drinking water to SC workers from a distance, separate eating and drinking arrangements for SC and higher caste workers at MGNREGA work sites.

Panel A: Caste-based discrimination in wage labour

<table>
<thead>
<tr>
<th>Sphere of Exclusion</th>
<th>Nature and Form of Discrimination (Identifier)</th>
<th>Consequences of Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hiring: Employment</td>
<td>Complete denial in hiring, exclusion of lower caste from certain types of jobs, selective inclusion with unequal hiring terms and conditions with respect to hours of works and other terms, hiring for work which is outside the house, denied work inside the house, compulsive and forced work governed by traditional caste-related obligations which involve loss of freedom</td>
<td>Less employment days, loss of freedom which leads to bondage, attachment of family and child labour, income loss, high poverty</td>
</tr>
<tr>
<td>2. Wages</td>
<td>Complete denial (wages not paid), unfair inclusion: unequal treatment reflected in lower wages (lower than market wages), irregular interval of payment</td>
<td>Low wages, inequality in wages, income loss, high poverty</td>
</tr>
<tr>
<td>3. Work conditions (employer-labour/between labourers)</td>
<td>Discriminatory or differential behaviour towards SC in workplace</td>
<td>Loss of dignity, human rights and high poverty</td>
</tr>
</tbody>
</table>

Discrimination in Other Markets in Rural Areas

Agricultural land market: In case of agricultural land market, although the sale and purchase is fairly open to everybody including SC and land transactions are governed by market forces, ‘untouchable’ buyers often confront restrictions of various kinds (Shah and others, 2006; ILO–IIDS, 2003 and IIDS, 2013). Land sales seem to be generally confined to persons of the seller’s caste or of a higher caste, and this provides restricted entry to the ‘untouchable’ buyers. In the event of purchase, the latter face various constraints which involve refusal by higher caste to sell them, refusal to sell good quality land, land purchase at high price (more than the market price), refusal to sale land that is adjacent to the farms of higher castes, near to the village, and/or adjacent to an irrigation project command area. With these caste constrains the untouchables end up buying inferior quality land, land away from village, land located away from irrigation canal, and away from bordering higher caste land.

Agriculture input markets for farmers: The farmers from SC community also faced discrimination in the input markets necessary in agricultural production. It involved restrictions faced by the SC cultivators in purchase of inputs which take the form of higher price for manure, private irrigation water, agricultural implements, and higher caste human and bullock labour; untimely supply of inputs by higher caste, and paying of more than the prevailing market price for the inputs. It also emerged from the respondents that the higher caste wage labourers considered it below their dignity to work on the farm of SC cultivators. As a result, the SC farmers are required to depend more on the wage labour from their own caste. The SC farmers also faced difficulties in supply of implements and transport equipment on hire to higher caste person which affects their income.

Sale of farm products: Studies also provided evidence on discrimination in sale and purchase of farm products. The discrimination is generally in the form of lower price for their goods as sellers, and higher price in purchases of some inputs. It emerged that the SC farmers had limited access to market inside the village and, therefore they relied mostly on local agents and markets outside the village. The SC faced denial by higher caste in sale of consumable items, such milk and vegetable. Faced with selective restrictions on the sale of consumer goods, particularly milk and vegetables, due to the perceived notion of polluting status of SC; the SC try to use the alternative market avenues to sell their products, such as sale in outside markets which involve travelling for distances ranging from a few kilometers to over 100 kilometres which in turn increase the transaction cost and reduce profit and earning.

Empirical evidence from these studies, thus, provide some insight on the discriminatory working of the markets in labour and farm input and output with respect to SC and points towards caste-based discrimination in the Indian market in selective spheres, if not all. There has been a positive change in the traditional restrictions on the lower caste with respect to their participation in economic activities through markets. However, the traditional caste relations have not disappeared altogether—they continued as remnants of the past in some spheres in reduced forms and affect the access of the lower caste untouchable to employment and of farmers to rural markets in purchase of agricultural land, in taking land on lease, in
buying various inputs and services necessary in production process and also in sale of various goods. Studies show that discrimination takes various forms in the markets. First, it operate through denial or exclusion in supply of the factors inputs and services necessary in farm production to the SC farmers by higher caste in few spheres, if not all which affect their input use and farm output. Secondly, it operates in the form of discrimination is access with differential terms and conditions—different from the higher caste farmers, again in few spheres. The access with differential treatment involves condition under which SC farmers are required to pay somewhat higher prices for factor inputs and low price for their farm outputs, leasing of land on unfavourable terms and conditions, untimely supply of input and services of modern implements to SC farmers by higher caste farmers.

The discriminatory working of market for SC farmers has consequences on the productivity and profitability. The selective restrictions on the supply of factors inputs (such as higher caste labour, bullocks, modern machinery, private tubewells and others) affect the input use and productivity. The higher prices for input as compared to higher caste farmers increase the cost of cultivation of SC farmers and reduce their net income. The differential treatment in sale of farm output also reduce the sale which affect income as they are then required to sale at lower prices. The sale of farm output at distant markets due to restriction in village market also increase the transaction cost and labour cost which further increase the cost and ultimately reduce net income and profitability. This limited empirical evidence shows that the discrimination faced by SC farmers in input and product markets affect their input use and cost and ultimately yield rate and net income. The discrimination in employment and wage rate reduce wage earning and aggravate poverty.

Non-market Discrimination: Government Agencies and Schemes

Empirical studies also throw selective evidence on discrimination in non-market transactions, that is goods and services supplied by government/government approved agencies and the schemes runs by the government in some spheres. We discuss the discrimination in government schemes related to food and nutrition, school education, and health services. The services related to food, nutrition, health and education are supplied at fixed prices and/or without any fees.

Discrimination in schemes related to food security: Empirical studies show evidence of denial of access and/or access to excluded groups, such SC and ST with differential treatment in food security programmes like MDMS in AWC and public distribution system (PDS). Discrimination in mid-day meal in schools and AWC takes the form of selective denial of meals, not being served sufficient quantity, serving in the end, serving from a distance, humiliating SC children when asked for second serving, separate seating arrangement for Dalit children, not recruiting SC as cook and helper, higher caste refusal to eat if food is cooked by SC cooks, asking SC children to bring their own plates, refusing to clean the plates of SC children, serving SC children on plates made of leaves, and SC children forced to undertake sweeping and sanitary work in the schools. These forms of discrimination are not universal and uniform across the states, but are experienced by SC children in school and pre-primary school in various forms. However, all these forms of discrimination have impact
on quantity and quality of food and the dignity which ultimately affect the nutrition and the hunger (IIIDS, 2012; Thorat and Lee, 2010).

The studies also provide evidence on discriminatory treatment in the working of PDS (Thorat and Lee, 2004). It emerged from the studies that most of the government approved agents running PDS were from higher caste and they indulged in discriminatory treatment in the distribution of goods from the PDS. The differential treatment include preferential service to the higher caste card holders, segregated timings for higher caste and lower caste customers, and less supply of food and other services to the SC, and discrimination in rendering the services. While the problem is nationwide, the practices vary considerably from state to state. It was observed that where the owners of PDS were SC persons or self group of SC women (such as in Andhra Pradesh) the access of SC to PDS was satisfactory and non-discriminatory in its functioning as compared to the situation where the owners happens to be from higher caste (such as in Rajasthan, Uttar Pradesh and Bihar).

**Discrimination in institutions and schemes related to public health services:**
Although there are limited studies on this theme, some of them do provide evidence to unequal access of SC to public health services. A study of primary health centres which served rural areas in Gujarat and Rajasthan brings out the nature and forms of discrimination faced by SC women and children in accessing health services (Acharya, 2010). Developing an index on 1 to 5 scale for the degree of discrimination, the author found that the highest degree of discrimination in the treatment is during dispensing of medicine followed by diagnostic visit to the doctor (in Rajasthan) and conduct of pathological tests (Gujarat). Consultation for referral treatment was reported as the area of least discrimination in a scale of 1 to 5.

Discrimination is most prevalent in access to information, where SC suffered from lack of information which affect their health seeking and health status. The higher caste health personnel avoid visits to SC habitations and families. When they do visit, they express discomfort and disrespect for the clients. Further, most healthcare camps are held in the dominant caste habitations which restricts the use by SC due to constrains faced by SC on physical mobility in higher caste localities. Responses from the SC children indicate that they would like the healthcare provider to speak gently using respectful words and spending adequate time which usually is not the case.

Another study based on a sample from seven states revealed the nature of discrimination faced by SC women in use of government hospitals. Panel B captures the forms and spheres of discrimination faced by SC women from the doctors, nurses and village health nurses in the government hospitals and outside the hospitals.
### Panel: Spheres and indicators of caste-based discrimination faced by SC women in public health services

<table>
<thead>
<tr>
<th>Spheres of Discrimination</th>
<th>Identifiers of Discrimination</th>
<th>Consequences of Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment at the time of antenatal check-up</td>
<td>Face rude verbal response from health workers, without check-up the nurse gives medicines and send away</td>
<td>Lack of care leads to requirement of private medical attention</td>
</tr>
<tr>
<td>Treatment by ANM for family planning operations</td>
<td>Indifferent verbal response and coerced into taking decisions, e.g. prospect of ration card being withdrawn if refused to have tubectomy, do not receive appropriate post operative care</td>
<td>Lack of post operative care leads to requirement of private medical attention.</td>
</tr>
<tr>
<td>Treatment at the time of delivery</td>
<td>Ignored and kept waiting for long, the staff directs to go to a distant district headquarters hospital for the delivery</td>
<td>The delay complicates delivery which leads to requirement of private medical attention. Take loan for delivery in private hospital.</td>
</tr>
<tr>
<td>Treatment after assault by men in authority (police and dominant caste landlord-employer)</td>
<td>Refusal of treatment by doctors in the local government hospital in order to avoid being involved in a police case</td>
<td>Lack of care leads to requirement of private medical attention</td>
</tr>
</tbody>
</table>

**Source:** Nidhi Sadana Sabharwal (2011), Dalit Women in Political Space: Status and Issues Related to their Participation, in Voices for Equity Minority and Majority in South Asia, Rindas International Symposium Series 1, The Centre for the Study of Contemporary India, Ryukoku University, Japan, p 159.

In another study undertaken by IIDS (2012) on the nature of access and utilisation of the Janani Suraksha Yojana covering 112 villages in seven states (Uttar Pradesh, Bihar, West Bengal, Jharkhand, Odisha, Chhattisgarh and Madhya Pradesh) found the following difficulties experienced by SC mothers. The SC mothers reported hurdles in access to government benefits which included:

- Health link workers avoid visit their neighborhoods SC localities;
- They were not informed/ aware of the auxiliary mid-wife timings and village and health nutrition (VHN) meetings.
- Often, meetings on health and nutrition in village were conducted in higher caste neighborhoods, and the lower caste groups were reluctant to attend these meetings;
- Healthcare services which required contact between the medical professional and the patient/recipient were impacted negatively, e.g. tablets would simply be dropped into the hands of a lower caste person from a ‘contact-safe distance’. SC mothers indicated that they received less post natal check-ups and advice, AWWs avoided holding newborn children to weigh them and instead asked mothers to do it, ANMs avoided holding children’s hands for immunisation, they also ask someone from the SC community to dispense polio drops to the SC children.
The discrimination at home during the visit by the health workers occur by avoiding to enter the house, avoiding to touch the user, avoiding sitting, drinking/eating in the user’s house, and giving medicine and information regarding health camps/programmes to them. It also takes the form of selective dissemination of information regarding health camps and programmes; and exclusion of untouchable in access to certain types of services where touch is involved (such as vaccination). Discrimination also get reflected in the use of indifferent verbal response or coercing Dalit women into taking decisions on family planning operations, and then denial of post operative care to the marginalised community.

Thus, these studies revealed discrimination which is practised by different providers in some spheres and which takes different forms that have adverse consequences on utilisation of health services and dignity. The studies indicate that due to frequent rude responses from staff and refusal of medical treatment, many SC women remained untreated. Discriminatory access has consequences in the form of reduced access to government health services which also increase their dependence on private health providers with expensive medical treatment. This results in borrowing money for treatment in in turn leads to high debt and poverty.

7. LEARNING FROM THE INDIAN EXPERIENCE: APPROACH FOR MDGS IN POST 2015

The analysis of the trends in the MDGs in India since the 1990s and 2000s brings out some features. It indicates that there has been an improvement in the MDG at aggregate level and for two social groups (SC and ST). The poverty which is an aggregate indicator of well-being of people has declined in rural and urban areas. Similarly, the incidence of underweight children, the infant mortality rates, maternal mortality, literacy rates, proportion of those without housing, drinking water and sanitation facilities have also declined at all India level.

To that extent there has been a forward movement in MDGs in India since the early 1990s till 2010 (latest years for which the data are available).

There has been an improvement in these indicators for SC and ST and the rest of the population. However, with isolated exception the rate of improvement in case of SC and ST has been lower as compared to the rest of the population. This means that ‘others’ have benefited more than the excluded groups and as a result the disparities in human development between the excluded group continued (although at high level of human development) as the reduction in group disparities would require higher rate of improvement among the two social groups than the rest of the population.

The causal analysis of improvement in MDGs indicate that the growth in income and the focus in government interventions in employment, food, nutrition, health, education and gender disparities have enabled to bring improvement in the MDGs—in some cases more and in some less.

The social group analysis also brings out the fact that while growth in income has helped to reduce poverty, it has been less pro-poor or poverty reducing for SC and ST, and particularly the wage labour among them. Even the self-employed farmers and non-farm producers who belong to SC and ST in rural and urban areas benefit less as compared to their counterpart
from the non-scheduled groups. However, there are some exceptions especially the regular salaried SC in urban areas is the prominent one.

The causal analysis indicates that less pro-poor growth for SC and ST and the discrimination faced by SC in market transactions and in access to government schemes related to food, nutrition, health and education apparently seems to be the main reasons for slower improvement in the indicators of human development among the excluded groups and the reason to continue disparities between them and non-scheduled groups.

In the light of these experiences of the 1990s and 2000s, we make suggestions to cover the gaps in policies for faster improvement in human development of excluded groups and narrow down the gap between them and the rest of the population. The suggestions relates to both the policies for socially inclusive growth and government programmes.

**Policy Suggestions for Socially Pro-poor Growth**

We find that the growth has brought about substantial decline in poverty that could be attributed to sustained average higher growth in income during 1993–94 and 2009–10. However, we also found substantial differences in gains from growth across social groups. In the light of the results on changes in poverty, and the pro-poorness of the growth by social and economic groups, we indicate the implication for the pro-poor policy. The findings point towards strengthening some well-known existing policies and also suggest some new ones.

**For Farm and Non-farm Producer in Rural and Urban Areas**

The growth in the agriculture sector has been by far more poverty reducing in the rural areas. Relatively high elasticity of poverty for self-employed farmers imply that agricultural growth has been most poverty reducing as compared to any other rural livelihood household category and has facilitated poor small and marginal farmers to reduce their poverty. However, among the self-employed farmers, agricultural growth has been less pro-poor for SC and ST farmers as compared to ‘others’. Therefore, it is important to further strengthen the existing policies and schemes for the small farm sector, and make it bias towards poor small farmers. The elements of such a ‘small farm pro-poor strategy’ will have to be clearly embedded in the pro-poor agricultural policy.

In case of SC and ST there is need for small farm pro-poor policy in the form of a supplementary ‘affirmative action’ agricultural policy. The studies have shown that the net and gross income per acres of SC and ST farmers tend to be lower than ‘others’ (IIDS, 2013). Among other reasons, the lower performance of the SC farmers is linked with lower use of various inputs such as irrigation (particularly private tubewell irrigation), improved inputs, modern implements and other inputs. However, part of the reason for lower use of these inputs is presumably due to discriminatory access of SC farmers to various markets from where these farmers purchase their inputs, particularly in private tubewell irrigation, modern implements and other bio-chemical inputs. The SC farmers also face discrimination in sale of some products, such as vegetables and milk which affect their sale and, in turn, agricultural productivity and profitability. So caste-based discrimination in access to the inputs from the village markets is faced by SC farmers and is specific to them. This would require an additional measure for SC farmers to safeguard them against discrimination in
the input markets and positive support to facilitate access to input and sale of outputs. These
would necessarily include policies with respect to credit, irrigation, seeds and sale of farm
outputs. Similar policies will be necessary for the ST farmers to address their group-specific
policies. The government has developed a procurement policy in government purchase under
which it has earmarked 20 per cent purchases from the small and micro enterprises for the
SC and ST private entrepreneurs. The extension of this procurement policy to the SC and ST
farmers particularly in vegetables, fruits, milk and similar commodities where the SC
farmers faced more discrimination will be a good step to overcome the constraints faced by
the SC and ST small farmers in sale of some goods and to promote socially inclusive
agriculture growth.

The growth has been more pro-poor for self-employed household engaged in non-farm
production, but it has been less pro-poor for SC and ST entrepreneurs. So, positive
affirmative action is necessary for the SC and ST entrepreneurs in rural and urban areas.

Another feature of agricultural growth during 1993–94 to 2009–10 is the lowest elasticity of
poverty for farm wage labour, in general, and those who belong to SC and ST households in
particular. This indicates that agricultural growth has been less pro-poor for SC and ST farm
wage labour. Thus, while agricultural growth has enabled to reduce the poverty of ‘poor small
farmers’ at relatively higher rate, the ‘farm wage labour’ in general and among them, the SC
and ST wage labourers in particular benefited relatively less from the increased income. The
employment increasing agricultural growth is obviously a necessary strategy to make
agricultural growth more ‘pro-poor for farm wage labour’.

The casual non-farm wage labour households in rural areas benefited more than farm wage
labour. Among the reasons for benefit, the support in employment from MGNREGA is the
reason for pro-poor growth which justified the programme of public employment for rural
wage labourer. The casual wage labour households in urban areas are also very poor. This
was particularly the case for ST. Increasing the employability of SC and ST wage labour
households through vocational and skill education is the only alternative to shift them into
regular salaried jobs and pull them from chronic poverty.

In case of the regular salaried, growth has been relatively more poverty reducing for SC
followed by higher castes, than for the ST. The relatively high poverty reducing feature of
regular salaried from SC can be attributed to ‘affirmative action policy in education and
public employment’ which needs to be expanded. While the expansion in the employment in
urban sector should continue there is a need to enhance the employability through
promotion of education and skill among the poor SC and ST households.

Thus, if we go by the experiences since the early 1990s and 2000s, the socially inclusive
policy for farm and non-farm sectors would need emphasis on the following.

a) Focus on the small farm sector as they constitute bulk of the poor among the
farmers. Since agriculture has exhibited features of being pro-poor for them,
accelerated growth in farm output of small farmers will enable to reduce poverty
among them.
b) Among the small farm segment, the small SC and ST farmers will need special focus as agricultural growth has been less pro-poor for them. This will require an affirmative action policy for the SC and ST farmers to facilitate non-discriminatory access to the input and commodity markets.

c) The growth has been more pro-poor for self-employed households engaged in non-farm production, but it has been less pro-poor for SC and ST entrepreneurs. So positive affirmative action is necessary for the entrepreneurs in rural and urban areas.

d) The growth has been less pro-poor for farm wage labour and non-farm wage labour in rural and urban areas. Labour intensive growth is necessary both in agricultural and non-agricultural sectors. But equally important is the promotion of skill and vocational education for the casual labour households to enhance their employability for regular salaried jobs to pull them out of chronic poverty.

**Policy to Overcome Discrimination in Market and Non-market Institutions—Missing Elements in the Present MDG UN Policies**

Beside the socially inclusive growth strategy, there is need to strengthen the working of the present schemes in employment, food, nutrition, health and education as these schemes have enabled the poor and other in increased access to employment, food, nutrition, health services and school education. However, in case of SC and ST, additionally there is need to incorporate in the growth strategy some positive steps to provide safeguards and measures against discrimination and to ensure non-discriminatory access to SC and ST labour for employment in farm and non-farm activities. Also, there is need to have policy measures to ensure non-discriminatory access.

Equally important is the affirmative action policies to ensure non-discriminatory access to services supplied by non-market institutions engaged in implementation of government schemes and programmes in food, nutrition, health, education and gender disparities.

The discrimination faced by SC and ST is one of the reasons for slower improvement in the indicators of human development as compared to their counterpart from non-excluded groups and the persistence disparities between them and the rest. In our view, the absence of policy for non-discriminatory access to the excluded groups in market and non-market transactions in the private sector and non-market institutions is the important missing element in the present Affirmative Action policy. The absence of such a policy, despite the recognition of the negative role of social exclusion in human deprivation of excluded groups in various counties in the world is a matter of concern. Exceptions apart, such as Malaysia which has developed comprehensive Affirmative Action policy both for State and private sector covering multiple economic spheres, in other countries the Affirmative Action policy is narrow and selective in nature. It excludes many sectors where excluded groups faced discrimination. India is one such case. The Affirmative Action policy in employment and education is confined to small state sector and vast private sector which account for bulk of employment and economic activities and has a policy which so far has limited impact. The absence of safeguards against discrimination and Affirmative Action policy results in slower
improvement in human development indicators and persistent disparities between the excluded and non-excluded groups.

Insights from Theories of Discrimination to Reduce Exclusion-Induced Inequalities

There are also lessons from the theories to develop an approach to deal with exclusion-induced inequalities. The recent theoretical writings, most prominently Identity Economics by Akerlof and Kranton (2010), recognised the pivotal role of the norms, social categories and identity in economic decision making. The theory introduces identity and norms derived from the social setting into economic decision and outcome. The incorporation of identity and norms then yield a theory of economic decision making where social context matters. Among other themes, the ‘Identity Theory’ applied the framework to the issue of race and minority poverty. In case of race and minority poverty, the Identity Theory deals with Black-White disparities in discrimination framework. Prior to ‘Identity Theory of Economics’, Becker and Arrow theorised race disparities in terms of market discrimination—Becker’s theory of ‘Taste for Discrimination’ and Arrow’s theory of ‘Statistical Discrimination’ (Becker Gary, 1956; Arrow, 1972). The Taste for Discrimination theory assumed that an individual will discriminate simply because she/he has a taste for it. The taste for discrimination is attributed to prejudice which stems from a set of belief or values which are formed without any objective consideration of fact. Becker then went on to study the effects of such preferences on labour market outcomes. The Statistical Discrimination model by Arrow, on the other hand, locates the source of discrimination in imperfect information with employers about various groups. The judgment about productivity is then determined by the received notion of belief of the employers about the groups who then use these beliefs to hire and decide wages of persons who belong to certain social identity, such as race, gender or caste. The hiring and allocation of jobs and wages are often shaped by the perceived notion of productivity of a group of workers rather than the actual productivity.

Akerlof and Kranton believe that the Taste for Discrimination theory has limitation, in so far as these tastes are not assumed to vary with social context. Basic tastes for discrimination are assumed to be universal, and any variations are attributed to idiosyncratic differences and personal experiences. The Identity Theory, on the other hand, assumed that social context matters for tastes for discrimination. The relationship between White and Black is shaped by what is called ‘oppositional identity’ with a distinction between ‘them and us’. The oppositional identity is influenced and determined by norms of the groups. People follow norms because they want to do so. They internalise the norms and believe in them and follow them. Often the customary norms are based on the institutions and customary rules, and on social and religious ideologies.

However, what is relevant in the present context is that whether the discrimination in multiple spheres is due to economic or non-economic reasons or combination of both, the empirical evidence throws light on the persistence of market and non-market discrimination suffered by excluded groups which constrain their efforts in mobility. Therefore, an approach and strategy for post 2015 MDGs for excluded and similar groups necessarily will have to be duel in nature—general policies for empowerment and capabilities enhancement and these
will have to be supplemented with Affirmative Action policies to ensure equal and non-discriminatory access to market and non-market institutions in resources, capital, employment, education, and civil rights, including the compensatory policies for the excluded groups.

REFERENCES


ILO. 2006. Report on Social Security Extension Initiatives in South Asia India, Yeshasvini Cooperative Farmers Health Scheme (Karnataka), ILO Sub-Regional Office for South Asia, Bangalore.


----------------------- 2006. Discrimination in Labour Market and in Occupation in Rural India, New Delhi: Indian Institute of Dalit Studies.


Perry, Alex. 2003. ‘India’s Great Divide’, Time Asia, 162(5):


----------------------- and Thorat Sukhadeo. 2012. Elimination of Identity Based Discrimination in Food and Nutrition Program in India, IDS Bullein, special issues 43(1):


