

# **Towards Faster and More Inclusive Growth**

An Approach to the 11<sup>th</sup> Five Year Plan



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## 4. STRATEGIC INITIATIVES FOR INCLUSIVE DEVELOPMENT

4.1 Along with sectoral policies aimed at improving livelihood support and increasing employment, a strategy of inclusiveness also calls for new emphasis on education, health and other basic public facilities. Inadequate access to these essential services directly limits the welfare of large sections of our population, and also denies them the opportunity to share fully in the benefits of growth. Indeed, inadequate attention to human resource development limits the growth process itself.

### 4.2 Child Nurture – Starting Right

4.2.1 Any strategy for removing disparities, bridging divides and ensuring the well-being of our people, must begin by respecting the rights of our child population. Rights based development of children must be at the centre of the 11<sup>th</sup> Plan. We must ensure that our children do not lose their childhood because of work, disease or despair.

4.2.2 The Integrated Child Development Programme (ICDS) is a flagship programme aimed at giving children below the age of 6 the right start in life (see Box). The programme covers supplementary nutrition, immunisation, monitoring of weight and height and in some cases, crèche facilities for a limited period. The effectiveness of the programme varies across States but where it works well, it provides much needed facilities especially to the weaker sections. Its coverage, however, is limited and often the youngest children in the 0-3 years age group get left out of its ambit. The 11<sup>th</sup> Plan must universalise ICDS and also find practical ways of reaching out to the children in the 0-3 age group. Strong efforts also need to be made to improve accountability through greater involvement of PRIs.

#### Box No. 6

##### ***Child Nurture – Starting Right***

Development of children is at the centre of the 11<sup>th</sup> Plan. We are committed to ensure that our children do not lose their childhood because of work, disease or despair. We aim to give the right start to children from 0-6 years with effective implementation of the ICDS programme. It is to be a community based programme involving parent groups. The nutrition component has to have imaginative menus based on seasonal and regional variations. The scheme will nurture and strengthen pregnant and lactating mothers.

Currently, the pre-school component of ICDS centres is very weak. Early Childhood Education (ECE) could be placed under the SSA. The ICDS centres then will concentrate on inculcating good health and hygienic practices among the children. For this it will be essential that these centres have toilets and drinking water. The play itself could introduce children to local poetry/folk tales which are often missing from school curriculums. For this purpose, the elders of the community could be asked to visit the children on a weekly basis. This will serve the dual purpose of enriching the child and making the elderly feel part of the educating process.

4.2.3 Meeting the nutritional needs of children however is not enough. Child Mental Health is a much neglected area in our country. According to the ICMR, at any given time, 7-15% of Indian children suffer from mental disorders. It is thus vital to provide counselling services for children in all schools — private or public — to

ensure their well-being and to enable them to grow into productive citizens. Mental health must be made an integral part of the school health programme in the 11<sup>th</sup> Plan.

4.2.4 School is an important element of a child's development. The Sarva Shiksha Abhiyaan (See *Section 4.3*) already aims at providing elementary education to all children in the 6-14 years age group. Children from socially disadvantaged families often have learning difficulties since, among other things, their vocabulary is limited. Special help in pre-primary schools can help them overcome this handicap. Efforts must be made to mainstream differently-abled and other disadvantaged children and to provide them access to education, just like other children their age.

4.2.5 The most vulnerable such as street children, trafficked children, children affected by conflict or calamities, children of sex workers, child labourers, children with HIV/AIDS, victims of child sex abuse, differently-abled children and juvenile delinquents need special attention. Consideration must also be given to other issues essential for ensuring a secure childhood for our children, issues like adoption, rescue and rehabilitation, juvenile police units, shelter homes, counselling and medical aid.

### **4.3 Empowerment Through Education**

4.3.1 Education, in its broadest sense of development of youth, including sports, is the most critical input for empowering people with skills and knowledge and for giving them access to productive employment in the future. The 11<sup>th</sup> Plan should ensure that we move towards raising public spending in education to 6% of GDP, which is an NCMP commitment. It must fulfill the Constitutional obligation of providing free and compulsory elementary education of good quality to all children up to the age of 14. This means we must ensure both access and good quality and standards in respect of curriculum, pedagogy and infrastructure irrespective of the parents' ability to pay.

#### **(a) Elementary Education: Sarva Shiksha Abhiyan (SSA)**

4.3.2 The Sarva Shiksha Abhiyan seeks to provide elementary education to all children in the 6-14 years age group by 2010. It also aims to bridge all social, gender, and regional gaps with the active participation of the community in the management of schools. This is a flagship programme and a 2% education cess has been levied on all taxes and earmarked to fund this programme.

4.3.3 Expanding enrolment has been one of the major objectives of the SSA and almost 100% enrolment of 6-14 year olds is likely to be achieved by the end of the 10<sup>th</sup> Plan. Enrolment, however, is only the first step. Children must also complete eight years of schooling and this continues to present a major challenge. The drop-out rate in primary schools for the country as a whole was around 31% in 2003-04 and it was much higher in many states. Dropout rates for both boys and girls of all social groups must be reduced sharply, if not eliminated altogether.

4.3.4 High drop-out rates are the result of a combination of factors. A school that is far away or that does not function regularly fails to retain students. Similarly, a teacher who is absent or engaged in non-teaching work, is intimidating or uses uninteresting methods of teaching also encourages children to drop out. Often the

need for children of poorer families to work also drives them away from school. With the Employment Guarantee Scheme adding to family income, these pressures are expected to somewhat reduce. Opening of crèches for children at the work site will reduce the incidence of girls dropping out to take care of younger siblings. The experience of many NGOs, in both rural and the urban areas, has shown that child workers can be mainstreamed into education through camps that hook them on to good education after withdrawing them from work. Well run residential schools in regions of extreme poverty keep the children from living on streets or railway platforms or joining the work force prematurely.

4.3.5 Experience has shown that the Mid-Day meal Scheme can help increase attendance and improve the children's nutritional status. It also helps in removing caste barriers as all children sit together for their meals. Involvement of stakeholders, like mothers of children who attend the school, in the preparation of mid-day meals, will guarantee better quality food. Wherever possible, particular attention should be paid to the scope for using the MDMS to tackle micro-nutrient deficiencies through nutrient supplementation and provision of fortified foods. SHGs formed by mothers should be given the task of preparing mid-day meals. Management and supervision mechanisms must be improved and changes in the nutritional status of children monitored regularly. School health programmes must be revived and converged with MDMS and MDMS itself merged with the SSA.

4.3.6 The pre-school education component of ICDS-Anganwadi at present is very weak and the repetition rate in primary classes is, therefore, quite high. This, in turn, discourages many students from continuing their education. The SSA should also have a separate component for at least one year Early Childhood Education(ECE) which can be universalised in a phased manner.

4.3.7 The most difficult task is to ensure good quality of instruction. A recent study<sup>3</sup> has found that 38% of the children who have completed four years of schooling cannot read a small paragraph with short sentences meant to be read by a student of Class II. About 55% of such children cannot divide a three digit number by a one digit number. These are indicators of serious learning problems which must be addressed. Several states have started efforts to raise basic skills in a campaign mode. Their experiences need to be evaluated. A set of national testing standards will be created and a chain of institutions that test and evaluate children according to set norms will be established. These will help us to monitor and improve the quality of learning. However, we should also note that just 28% of our schools had electricity in 2005 and only about half had more than two teachers or two classrooms. Only 40% of primary school teachers were graduates and 30% had not even completed Higher Secondary<sup>4</sup>. For a large proportion of our children, school is therefore an ill-lit classroom with more than one class being taught together by someone who may not have completed her own schooling. The monitoring above will need to correlate such facts with learning skills to identify where the real problems lie: pre-school, teachers, state Governments, design of Sarva Sikhsha Abhiyan or the assumed requirements for universal education. correctives may have to be taken at all these levels.

4.3.8 Our longer term goal should be that all schools in India have physical infrastructure and quality of teaching equivalent to Kendriya Vidyalayas. Provision of

<sup>3</sup> Annual Status of Education (ASER) –Rural 2005 facilitated by Pratham

<sup>4</sup> Elementary Education in India, Analytical Report, NIEPA 2006