

## 14. SOCIAL INFRASTRUCTURE

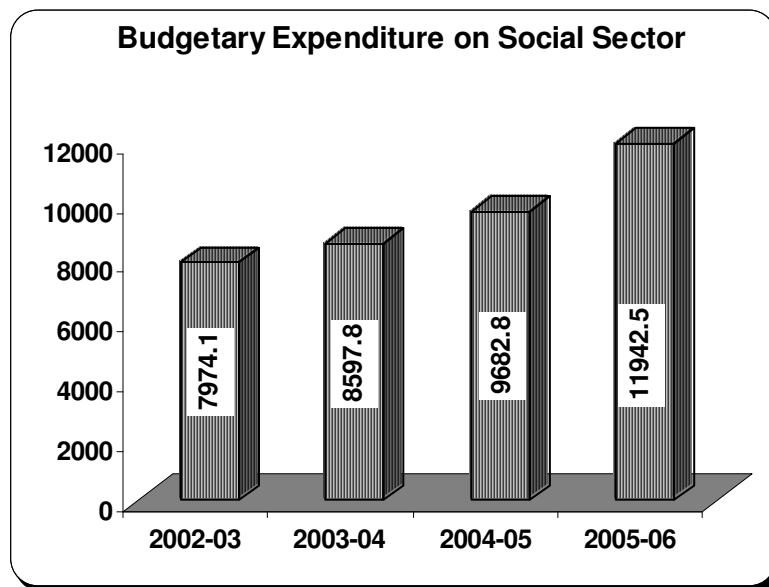
The term 'Social Sector' refers to the factors, which contribute to human capital formation and human development. Some of the important sub-sectors of social sector are education, health and medical care, housing and water supply. Social development is recognised not only as a means to development, but also an end in itself, in terms of expanded individual opportunities, capabilities and freedom. Improvements in the social sector pave the way for equity and in turn for economic development. The Governments, both at the Centre and State, have been increasingly providing public goods in crucial areas such as education, health, sanitation, housing, etc.

### Public Expenditure on Social Sector:

Recognising the pivotal role of social infrastructure in development, the Government of Tamil Nadu has been enhancing its allocation of resources towards social sector in its annual budget. The total funds expended in social sector enhanced to Rs.1194249.72 lakhs in 2005-06 as against Rs.968274.69 lakhs in 2004-05 accounting for an annual incremental

growth of 23.34 per cent. Consistent with the imperative for Human Development, investment in education has been accorded priority in the developmental expenditure. The allocation of resources in education sector has been mounted to Rs.521262.10 lakhs in 2005-06 from Rs.459727.94 lakhs in 2004-05 which accounted for an annual growth of 13.38 per cent. The expenditure for health and family welfare constituted 19.25 per cent of the total allocation for social sector followed by housing (35.34%) and water supply (0.59%).

Though there has been a substantial hike in allocation of resources for social sectors year after year, the fund expended on education constituted hardly 3 per cent of the State income which is far below the recommended share of the Kothari Commission (1966) and Tapas Majumdar Committee (2005). Both Committees stressed that the earmarking of funds for education needed to be raised to 6 per cent of the GDP. With regard to health sector, the State allocation hovered around one per cent of the GSDP as against 3 per cent. Analogous to the call for an increase in investment on education, accepted wisdom also advocates a step up in increased allocation for health.



**Table-1: Public Expenditure on Social Sector**

(Rs. in Lakhs)

year	Education	Health	Water Supply	Housing	Others	Total Social Sector	Total Budgetary Expenditure
2002-03	414532.71	171551.03	21630.10	6173.06	183517.63	797404.53	2568769.74
2003-04	417506.11	188193.92	25284.19	12128.52	216664.17	859776.91	2527095.13
2004-05	459727.94	199187.99	18316.41	8961.99	282080.36	968274.69	2915486.67
2005-06 (R.E.)	521262.10	229883.08	7097.05	13980.41	422027.08	1194249.72	3326414.11

Source: Budget Memoranda, Various Years.

### Human Capital Formation and Human Development:

Human Development is considered as a vital component of economic development. The Human Development Index and the relative ranks reflect that Tamil Nadu had made significant improvements in HDI over the years. Tamil Nadu was positioned in seventh place in 1981 with an HDI value of 0.343. The HDI value enhanced to 0.531 in 2001 which ranked Tamil Nadu third among the major States in the country. Major State-wise details of HDI are presented in the table below:

**Table-2: Human Development Index (HDI) - Major States**

States	1981 Value	Rank	1991 Value	Rank	2001 Value	Rank
Andhra Pradesh	0.298	9	0.377	9	0.416	10
Assam	0.272	10	0.348	10	0.386	14
Bihar	0.237	15	0.308	15	0.367	15
Gujarat	0.360	4	0.431	6	0.479	6
Haryana	0.360	5	0.443	5	0.509	5
Karnataka	0.346	6	0.412	7	0.478	7
Kerala	0.500	1	0.591	1	0.638	1
Madhya Pradesh	0.245	14	0.328	13	0.394	12
Maharashtra	0.363	3	0.452	4	0.523	4
Orissa	0.267	11	0.345	12	0.414	11
Punjab	0.411	2	0.475	2	0.537	2
Rajasthan	0.256	12	0.347	11	0.424	9
<b>Tamil Nadu</b>	<b>0.343</b>	<b>7</b>	<b>0.466</b>	<b>3</b>	<b>0.531</b>	<b>3</b>
Utter Pradesh	0.255	13	0.314	14	0.388	13
West Bengal	0.305	8	0.404	8	0.472	8
<b>All-India</b>	<b>0.302</b>	<b>-</b>	<b>0.381</b>	<b>-</b>	<b>0.472</b>	<b>-</b>

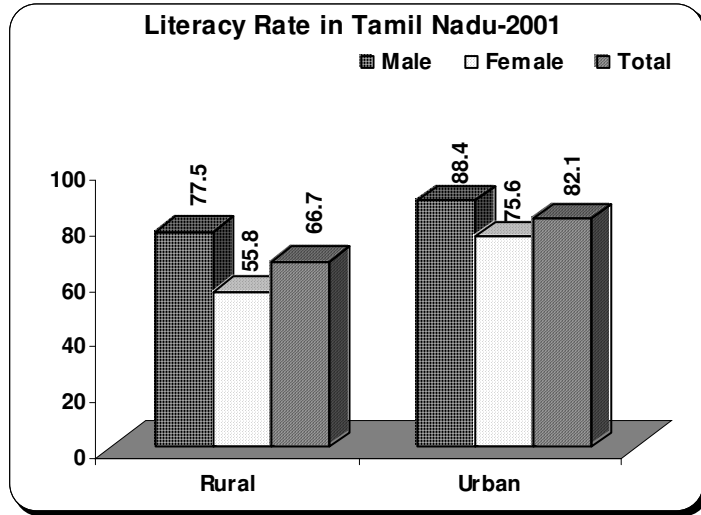
Source: National Human Development Report.

### Education & Literacy:

Education is regarded as the most crucial investment in human development. Education is a vital ingredient of human resource development and it has the potential for acceleration of economic development through transforming the functional and structural capacities of the economy. Adaptation of new technologies, reduction in fertility, mortality, better nutrition, hygiene and health status, empowerment of women, social mobility and political freedom are all visibly linked with the educational attainment of the people.

## Literacy Level in Tamil Nadu:

Tamil Nadu has a longstanding commitment to education and ranks third in terms of overall and female literacy rate due to the efforts made through various plans. The district-wise analysis shows that literacy rate is the highest in Kanniyakumari district (88%) and the lowest in Dharmapuri district (59%). The table below shows the literacy level in Tamil Nadu.



**Table -3: Literacy Level in Tamil Nadu**

Year	Tamil Nadu			All-India		
	Male	Female	Persons	Male	Female	Persons
1991						
Rural	67.18	41.84	54.59	57.87	30.62	44.69
Urban	86.06	69.61	77.99	81.09	64.05	73.98
Total	73.75	51.33	62.66	64.13	39.29	52.21
2001						
Rural	77.47	55.84	66.66	71.18	46.58	58.21
Urban	88.40	75.64	82.07	86.42	72.99	80.06
Total	82.33	64.55	73.47	75.85	54.16	65.38

Source: Census Operations, Registrar General of India.

## Education:

### Primary Education:

Contemporary research seems to suggest that investment in education is the most efficient form of social investment. One of the Millennium Development Goals is to 'achieve universal primary education'. While deepening of investment in education is important, equally important is the quality of investment, in other words, the real outturn from the investment made is significant.

To understand the performance of schools in Tamil Nadu, the grading of schools on the basis of 20 parameters available in District Information System for Education (DISE) has been used. The schools coming under the control of Local Bodies and Department of Education are awarded grades on the basis of marks scored as indicated in the table.

**Table-4: Grades**

Marks scored	Grade
60	O
59-50	A
49-40	B
39-30	C
29-20	D
<20	E

Source: DIES, 2005-06

Both in the case of Local Bodies and Department of Education, a significant number of schools (all types of schools) falls in the B or C category, which indicates that there is lot to be done in respect of improving the standard of education in the State.

The State Government has been evincing keen interest to universalise elementary education and to ensure easy access to education. Recognising the significance of primary education, the need to increase enrolment rate and to minimise drop-out rates at primary level, the State Government is taking various welfare measures which include noon-meal scheme, supply of text books and uniforms, bus pass and mobile library.

**Access:**

The average number of schools available per 1000 school age population (6-14) in the State is 5.13 and the average number of schools available per sq.km works out to 0.39. The school access per 1000 school age population ranged from 2.54 in Chennai to 7.47 in Pudukkottai district. However, when it comes to number of schools per sq.km. it is highest in Chennai (8.60) and in other districts it ranged from 0.13 in Theni district to 0.63 in Kanyakumari district.

**Schools by Category:**

There are 51760 schools in Tamil Nadu which include all types and management as shown below.

**Table-5: Number of schools by category  
(30th September 2005)**

Category	Dept. of Education	Tribal Welfare & Other Dept.	Local Bodies	Private Aided	Private Unaided	Total
Primary	312	1150	22792	5050	4680	339084
Middle	176	290	5981	1737	693	8877
High School	1923	90	111	632	1592	4348
Hr. Secondary School	1533	91	117	1044	1478	4263
EGS School	246	-	-	-	-	246
Unrecognised Schools	-	-	-	-	42	42
<b>Total</b>	<b>4190</b>	<b>1621</b>	<b>29001</b>	<b>8463</b>	<b>8485</b>	<b>51760</b>

Source: DIES, 2005-06.

The Local Bodies account for a major share of 56 per cent of the total number of schools in the State, of which 66 per cent of the schools are primary schools.

**Enrolment:**

The details on the enrolment of students in various categories of schools are given below.

**Table -6: Enrolment**

	Boys	Girls	Total
Primary	1909809	1810680	3720489
Middle	1275417	1227304	2502721
High Schools	855662	839184	11694846
Higher Secondary Schools	2297235	2057595	4354830
EGS	3132	2959	6091

Source: DIES, 2005-06.

It could be seen from the table that the enrolment of boys-girls ratio is higher in High Schools (0.98), followed by Middle Schools (0.96), Primary Schools (0.94), EGS Centre (0.94) and Higher Secondary Schools (0.90). The enrolment of girls beyond high school has to be encouraged through some special initiatives to improve the boys - girls ratio in higher secondary also.

### **Teacher-Pupil Ratio:**

One of the indicators to assess the quality of education is the availability of sufficient number of teachers in each category of schools. Another equally important indicator is the availability of class room facilities . These details are given below.

**Table-7: Teacher-Pupil Ratio**

	<b>Teacher</b>	<b>Class rooms</b>	<b>Enrolment</b>	<b>TPR</b>	<b>SCR</b>
Primary	123681	142400	3720489	30.1	26.1
Middle	64712	69624	2502721	38.7	35.9
High Schools	43718	46629	1694846	38.8	36.3
Higher Secondary School	89409	105222	4354830	48.7	41.4
EGS	237	231	6091	25.7	26.4

*Source: DIES, 2005-06.*

The teacher-pupil ratio is higher than the norm of 1:40 in Higher Secondary Schools; similarly the student classroom ratio (SCR) is higher in this category of schools.

The challenges involved in the field of Secondary education are more complex. Apart from the retention issue, there is a crucial aspect of employability. On a theoretical plane, it has been fairly well established that the returns from Secondary education, are not only positive but also large. In Tamil Nadu, vocationalisation of Secondary education is a challenge for it provides opportunities to enhance employability besides bridging the gap between demand and supply of manpower with the requisite skill sets required for lower and medium levels of employment opportunities.

Considering the significance of vocational education to facilitate the entry students into various jobs in Government and non-Government sectors, the State Government is implementing the vocational education programme. The programme mainly aims to develop the necessary skills amongst students for meeting the challenges of the world of work, provide educational experience relevant to business and industry, to enhance self-supporting capabilities and to prepare students for gainful self/wage employment.

Vocational education has been introduced in 100 Higher Secondary Schools per year during the 10<sup>th</sup> Five Year Plan period. At present, about 1506 schools are imparting vocational education for 1,48,684 children in the State. Given the importance of vocational education, updating the curricula, in-service training for faculty and improvement in pedagogical skills have been identified for follow up.

### **Seventh All India Educational Survey:**

The National Council of Educational Research and Training (NCERT), has released the Seventh All India Educational Survey with Sept. 30,2002 as the reference date. It provides census data on various facets of education for all the states. The attainments of Tamil Nadu in key areas vis-a-vis select States is presented.

### Availability of Schooling Facilities:

AISES throws light on the availability of schooling facilities in habitations at primary and upper primary stages. This is one of the crucial indicators, for better education attainment, in the sense that availability of schooling facilities is a pre-requisite. For obtaining universal education at the primary level also this is needed. A select State-wise picture is presented below:

**Table – 8: Select State wise Availability of Schooling Facilities in Habitations at Primary & Upper Primary Stages**

Sl. No	State	Total No of habitations	Percentage distribution of Habitations having Schooling Facility at					
			Primary Stage			Upper Primary Stage		
			Within them	Within 1 km. But not within them	Beyond 1 km	Within them	Within 1 km. But not within them	Beyond 1 km
1	Tamil Nadu	53980	53.9	34.6	11.5	15.9	58.4	25.7
2	Andhra Pradesh	66528	78.5	15.4	6.1	24.5	50.2	25.3
3	Karnataka	51853	67.4	21.0	11.6	30.7	57.6	11.7
4	Kerala	6664	60.7	18.7	20.5	38.6	45.5	15.9
5	Maharashtra	77800	67.6	23.5	8.8	29.0	49.2	21.8
6	All India	1231391	53.0	33.9	13.1	18.4	59.7	21.9

Regarding availability of schooling facilities in habitations, Tamil Nadu was on par with all-India average in Primary Stage and marginally below all-India average in Upper Primary Stage. In order to achieve Universal Education and to improve the attainment of higher educational levels the availability of schooling facilities near the habitations is being addressed by the Government.

### Primary Schools According to Number of Teachers:

More than availability of schooling facilities, availability of teachers determines the efficiency of the schooling system. In this regard, the survey gives information on the distribution of primary schools according to number of teachers. The details are given in table-9.

**Table – 9: Percentage Distribution of Primary Schools to Number of Teachers**

Sl. No	State	Primary Schools According To Number of Teachers*							Total No. of Schools
		0	1	2	3	4	5	More than 5	
1	Tamil Nadu	0	0	55.39	15.07	8.00	6.45	15.08	33394
2	Andhra Pradesh	0.71	18.55	41.83	15.99	7.82	5.51	9.59	61167
3	Karnataka	3.03	18.93	48.55	16.14	7.50	2.68	3.18	26254
4	Kerala	0.22	0.54	1.57	5.84	25.71	21.80	44.32	6697
5	Maharashtra	0.00	22.23	45.65	8.29	9.79	3.00	11.03	40850
	<b>All-India</b>	<b>1.30</b>	<b>14.99</b>	<b>43.18</b>	<b>16.62</b>	<b>8.83</b>	<b>6.02</b>	<b>9.05</b>	

\* Teachers include para-teachers also but exclude part-time teachers.

An indicator of Tamil Nadu's strength in primary education can be seen from the fact that there are at least one or two teachers in each primary school. This stands out when compared to the situation in Kerala and other southern States.

### Teacher-Pupil Ratio:

The availability of teachers has to correspond to the enrolment level. The teacher-pupil ratio indicates this and is significant in the sense that lower the ratio, better will be the quality of education. The ideal norm of teacher-pupil ratio is 1:40. The ratio obtained at different category of schools in select States is given below:

**Table – 10: Select State -wise Teacher - Pupil Ratio**

Sl. No	State	Primary	Upper Primary	Secondary	Higher Secondary
1	Tamil Nadu	34	40	30	33
2	Andhra Pradesh	33	30	29	32
3	Karnataka	26	37	27	35
4	Kerala	28	28	27	30
5	Maharashtra	36	37	34	39
	<b>All-India</b>	<b>42</b>	<b>34</b>	<b>30</b>	<b>35</b>

The teacher-pupil ratio in Tamil Nadu was within the norm of 1:40 in all categories of schools. The State was better placed than the National norm in respect of Primary and Higher Secondary and on par with all-India in the Secondary schools.

### Collegiate Education:

Tamil Nadu is one of the advanced States in the provision of higher education in the country. There are 670 colleges functioning in the State of which 490 are Arts and Science colleges. A total of 175 colleges including both Arts and Science Colleges and Colleges of Education have been accredited by NAAC in the State. Moreover, there are 67 Autonomous colleges in the State of which 15 are Government, 45 are Government Aided and the remaining seven are self-financing institutions.

**Table -11: Status of Collegiate Education**

Types of Colleges	Government Colleges	Management		Total
		Aided	Self-financing	
Arts & Science College	60	133	297	490
Physical Education	-	3	5	8
Oriental	-	10	-	10
School of Social Work	-	2	-	2
College of Education	7	14	139	160
<b>Total</b>	<b>67</b>	<b>162</b>	<b>441</b>	<b>670</b>

*Source: Policy Note, Higher Education 2006-07.*

### Technical Education:

Tamil Nadu stands first in the country in the provision of Technical Education. There are 248 Engineering Colleges with sanctioned annual student in-take of 90,698. The total number of polytechnic colleges is 236 with a student strength of 65,999.

The infrastructure created for technical education has contributed to the emergence of Tamil Nadu as a leader in I.T. Further the pool of trained manpower has

facilitated the flow of investment into the State. The Government is aware of the need to sustain this leadership and leverage this endowment for accelerated growth of the knowledge industry.

### **Health:**

Tamil Nadu has made rapid progress across different sectors of its health system. The sustained efforts over the planned era have enabled Tamil Nadu not only to control population growth but also to stabilise population. The steady fall in the growth rates of population over the last three decades (1971-2001) can be attributed largely to heavy investment in education and health in the State. The measure of success achieved by Tamil Nadu in stabilising the population growth also raises certain issues, the percentage of population in the 15-64 age group and 64+ will increase. This is termed as the Demographic Dividend, which presents a window of opportunity to the increased number of persons in the working age group. Along side of this, the number of persons in the older age group would also require specific health support mechanisms. Hence, the 'Demographic Dividend' represents a challenge and an opportunity to policy makers so as to reconcile the somewhat conflicting requirements of expansion of employment and improvements in health care keeping the resource constraint in view. The Government focuses on the improvement in the general health status of population, access to health care services and effective control and prevention of communicable diseases. The investment in health infrastructure was enhanced from Rs.3.89 crores in 1990-91 to Rs. 166.54 crores in 1999-2000. This improved to Rs.2035.54 crores in 2004-05 which again was enhanced to 2298.83 crores in 2005-06. The total outlay for health sector for the year 2005-06 accounted for 19.25 per cent of the total allocation for social sector and 7 per cent of the total budgetary expenditure.

Given the huge demands made on the health infrastructure, the case for additional investments becomes obvious. There is also the issue of increasing public expenditure on health. In order to arrive at the optimum level of expenditure on health it would be useful to have precise magnitudes of private expenditure on health which is not readily available. Given the budget constraint on the one hand, limits to capacity creation and the strain on existing infrastructure on the other, alternative paradigm are being considered. There is scope for the civil society and the corporate sector to collaborate in order to achieve this objective. It is in this context, the issue of Public Private Partnership (PPP) Model has emerged as a plausible alternative. It has potential and promise and the Government on its part encourages the same. The status of health is discussed in the subsequent sections.

### **Vital Rates and Life Expectancy at Birth:**

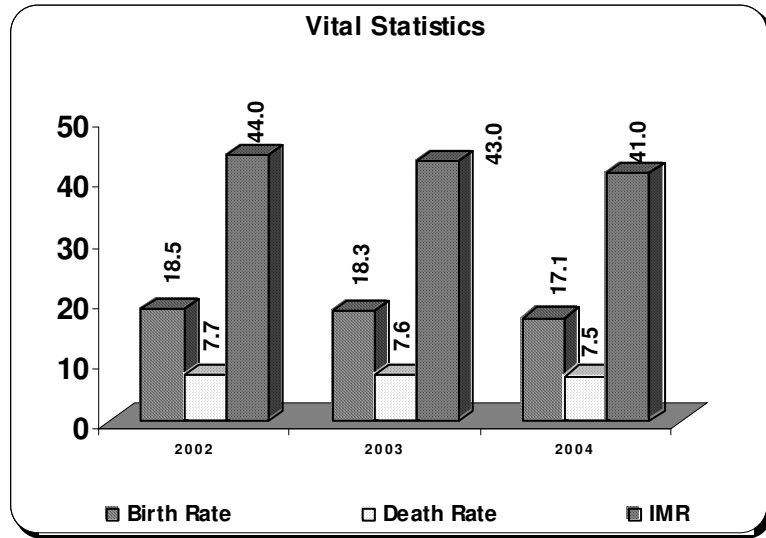
As a result of the increasing investment in public health sector, there is greater availability of health facilities which contributed to decline in mortality and morbidity. The major health indicators are birth rate, death rate, IMR and Life Expectancy at birth. The total annual expenditure on health alone accounted for one-fourth of the total social sector expenditure. Due to advances in medicine and health care, birth rate, death rate and infant mortality rate had declined tremendously during the period 1971-2002. The trends in vital rates are shown in the table below:

**Table -12: Trends in Vital Rates**

Year	Birth Rate (per 1000 population)	Death Rate (per 1000 population)	Infant Mortality Rate (per 1000 population)
1971	31.4	12.7	113
1980	27.9	11.2	93
1990	21.6	8.5	59
2000	19.3	7.9	51
2001	19.1	7.7	49
2002	18.5	7.7	44
2003	18.3	7.6	43
2004	17.1	7.5	41

Source: SRS

Data relating to Infant Mortality Rate reveal that there has been a dramatic reduction in IMR from 113 to 51 in 1971-2000 and again to 41 during 2004. Birth rate and death rate also showed a declining trend during the reference period 1971-2004. According to the latest National Family Health Survey –3 (2005-06), the IMR in the State has come down further to 31.



Development efforts made over the plans has led to the improvement in life expectancy at birth in the State. Life expectancy at birth for male is 67 years where as for female it is 69.75 years in the State during the period 2000-06 as against 41.09 year for male and 39.24 years for female in 1951-61.

**Table -12a : Life Expectancy at Birth – Tamil Nadu**

Year	Male	Female
1951-61	41.0	39.24
1961-71	47.50	46.50
1971-81	52.50	51.90
1981-91	57.40	58.50
2000-06	67.00	69.75

Source: Economic Survey.

### Medical Infrastructure:

Tamil Nadu is endowed with a well established medical infrastructure both in the Government and private sectors leading to increased availability of medical and paramedical personnel to cater to the health needs of the State. The daily average in-patient and out-patient strength ranges to 20925 and 68908 respectively. The medical infrastructure available in the State is shown below.

**Table-13: Medical Institutions and Beds**

Sl. No.	Category	2004-05		2005-06	
		Institutions	Beds	Institutions	Beds
1.	Teaching Hospitals in Allopathy	42	21162	42	21833
2.	District Headquarters Hospitals	29	8478	29	8478
3.	Taluk Hospitals	155	10017	155	10017
4.	Non-Taluk Hospitals	80	2268	80	2268
5.	E.S.I. Hospitals	9	0	9	0
6.	E.S.I. Hospitals	187	2363	187	2363
7.	Government Dispensaries	12	8	12	8
8.	Primary Health Centres	1415	7191	1417	7191
9.	Leprosy Hospitals/Sanatoria/ Rehabilitation Homes/Control units	7	50	7	50
10.	Tuberculosis Hospitals Sanatoria/Chest Clinics	4	130	4	130
11.	Mobile Medical Units	11	0	11	0
12.	Sub-Centres	8682	0	8682	0
13.	Government Women and Children Hospitals	7	98	7	98
14.	Indian Medicine and Homeopathy				
	a). Teaching Hospitals				
	i. Homeopathy	38	50	38	50
	ii. Indian Medicine*	287	915	287	915
	b). Dispensaries				
	i. Homeopathy	5	-	5	-
	ii. Indian Medicine	48	-	49	-

*\*Wings attached to Medical College Hospitals, District Head Quarters Hospitals, Taluk Hospitals, and Non-Taluk Hospitals. Bed Strength inclusive of Dispensaries.*

*Source: Department of Public Health and Preventive Medicine.*

### **Public Health and Preventive Medicine:**

Considerable progress has been made in the last several decades in expanding the public health system and in reducing the burden of diseases. About 62867 lakhs of outpatients and 3.82 lakhs of inpatients were treated in the Primary Health Centres during 2005-06. All the PHCs have been equipped with basic facilities for surgeries and deliveries. Most of the block PHCs have emergency services, facilities for sterilisation and detection of cataract cases. Traditional and Indigenous system of medicine is also encouraged and is integrated with the medical system of the State and bring Sidha, Ayurvedha, Unani, Yoga and Naturopathy and Homeopathy into the main stream of Indian System of medicine. The Government is taking all efforts to provide one ISM practitioner in every PHC in a phased manner.

## Family Welfare:

Family Welfare Programme is implemented as a people's programme with the active participation and co-operation of community at large to improve the maternal and child health services and to stabilise the population growth. Tamil Nadu is one of the model States in providing the Family Welfare Services to the people. The Maternal Mortality Rate in the State is 0.9 per 1000 live births and the Natural Growth Rate is 0.96 per cent.

The key health indicators for Tamil Nadu according to the National Family Health Survey –3 (2005-06) are given below.

**Table-14: Key Health Indicators  
(As per NFHS-3)**

Sl. No.	Indicators	NFHS Results		
		NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)
1.	Total fertility Rate (%)	2.5	2.2	1.8
2.	Institutional Deliveries (%)	64	79	90
3.	Contraceptive use (%)	50	52	61
4.	Antenatal Care (%)	96	98	99
5.	Infant Mortality Rate	68	48	31
6.	Vaccination Coverage (Children 12 – 23 months) (%)	65	89	81
7.	Children's Nutritional Status (children under age 3 – underweight) (%)	46	37	33
8.	Anaemia among children (6-35 months) (%)	-	69	72.5
9.	Anaemia among pregnant women (age 15-49) (%)	-	57.1	53.3
10.	HIV / AIDS knowledge (%)			
	- Men	-	-	98
	- Women	23	87	94

Source: NFHS –3.

## National Sample Survey:

According to the NSS 60<sup>th</sup> Round (Jan-June 2004), the cost of treatment in Tamil Nadu is very low. The average medical expenditure for non-hospitalised treatment per ailing person during a period of 15 days in rural Tamil Nadu was only Rs.184 and it was the second lowest next to Kerala (Rs.182) and in urban areas also it was lowest and the State stood at fourth place, again Kerala (Rs.193) with the lowest expenditure followed by Uttaranchal (Rs.250) and Chhattisgarh (Rs.276). In respect of average medical expenditure per hospitalisation during a period of 365 days in rural areas in the State, the expenditure (Rs.52.38) was lower than all-India (Rs.56.95); however, it was above the all-India average in urban areas.

In Tamil Nadu, both in rural and urban areas, the number (per 1000) of pregnant women in the age group of 15-49 years who availed of maternal care services, was higher in antenatal care services than in post-natal care services. The average expenditure on ante-natal care services was higher than post-natal care services which indicates the less importance attached to post-natal care services in the State.

Another point to be mentioned is that in the State in rural areas Government service was sought in 75 per cent of the ante-natal care and 90 per cent of the post-natal care. The corresponding figures for urban area was 57 per cent and 73 per cent respectively.

From the analysis it appears that the people of Tamil Nadu are much aware of health needs, the expenditure on Government source of treatment is much lower in rural areas compared to many other States. The post-natal care has not gained significant importance compared to anti-natal care.

### **Nutrition:**

The overall well-being of the society is determined by the nutritional status. The sustained efforts made by the Government to achieve a “*State free from malnutrition*” is reflected in the implementation of several schemes viz., ICDS and above all the P. T.MGR,NMP. The scheme covers school students and OAP. The success of this intervention has been well documented and noticeable outcomes in the form of improved retention rates, improved learning, reduction in drop outs. The nutritive value and content of the NMP is subject to periodic review. In fact, Tamil Nadu’s success in implementing NMP is cited as an example of successful Government intervention for improved nutrition.

### **Integrated Child Development Services Scheme (ICDS):**

A total number of 42677 nutritious meal centres are functioning under the Centrally Sponsored ICDS Scheme in the State. Another 41344 Nutritious Meal Centres are operating at school level too. The total number of beneficiaries under various schemes both at Anganwadi and School Centres together accounted to 81,44,681. As per the revised norms, there must be one Anganwadi centre for a population of 500-1500 in plains and 300-1500 in Tribal areas. In addition, the Government of India has sanctioned 3049 additional Anganwadi centres for Tamil Nadu.

**Table - 15: Nutrition Meal Centres at Anganwadis and School  
(As on 31 March 2006)**

<b>Sl. No.</b>	<b>Scheme</b>	<b>No. of Centres</b>	<b>Total No. of Beneficiaries</b>
<b>I.</b>	<b>At Anganwadis</b>		
	1. ICDS	23177	804092
	2. WBICDS	19500	1465587
	<b>Total</b>	<b>42677</b>	<b>2269679</b>
<b>II.</b>	<b>At Schools</b>		
	1. P.T. MGR, NMP - (Rural)	39597	5498309
	2. P.T. MGR, NMP - (Urban)	1747	376693
	<b>Total</b>	<b>41344</b>	<b>5875002</b>
	<b>Grand Total</b>	<b>84021</b>	<b>8144681</b>

*Source: Policy Note, Social Welfare Department.*

To improve the nutritional status of the school going children and their calorie intake, government has been providing protein rich food containing two eggs, 20 grams of boiled potatoes, 20 grams of green / bengal gram per week to each child in addition to dal, vegetable and rice.

The measures taken by the government in the nutritional front is a step in right direction. The nutritional status of the school going children has improved considerably over the years and the percentage of Normal children has improved from 41.40 in 1992-93 to 61.45 in 2005-06. Moreover, severe malnutrition has been reduced from 0.45 per cent in 1999 to 0.07 per cent in March 2006.

Under the Nutrition Programme for Adolescent Girls (NPAG) scheme, from October 2005 onwards the undernourished adolescent girls were supplied with 6 kgs of rice at free of cost to improve their health status.

Kishori Shakthi Yojana scheme is being implemented since 2001-02 in 37 ICDS projects exclusively for the benefit of adolescent girls to improve their literacy level and occupational skills and shape them into better citizens. The major activities undertaken in this project are:

- Awareness campaigns on Nutrition and health, legal rights, home management and child care for adolescent girls aged 11 to 15 years;
- 60 days vocational training is imparted to adolescent girls in the age group of 16 to 18 years.

An amount of Rs.40.70 lakhs is sanctioned every year for this scheme.

### **Tamil Nadu Health System Project:**

With the aim to improve the effectiveness of health care system in the State, Tamil Nadu Health System Project with a total outlay of Rs.482.49 crores is implemented in the State with the World Bank assistance. The project period is five years from January 2005 to March 2010. Phase I of the project was implemented from January 2005 to June 2006 in the districts of Dharmapuri, Krishnagiri, Theni, Kanyakumari and Pudukkottai. The remaining districts will be covered in phase-II

The project has planned major interventions in reduction of maternal mortality and infant mortality, emergency ambulance services, strengthening of hospitals, tribal health, patient's counseling centres, health management information system, bio-medical waste management system, human resource development, quality of care and piloting of screening for cervical cancer.

### **Reproductive and Child Health Project-II:**

This project has been implemented in Tamil Nadu from 2005-06 at a cost of Rs.426 crores for a period of five years. During the year 2005-06 an amount of Rs.72.34 crores was released by Government of India, of which Rs.52.48 crores incurred. The Project aims at lowering MMR, IMR, TFR, RTI/STI control and addressing adolescent health issues. It also focuses on the reduction in the regional disparities in respect of these indicators.

### **Water Supply:**

Provision of safe and assured water supply has been the core of the planning activity. Adequate and safe drinking water and improved sanitation are central to improving health outcomes.

As per Government norms the minimum level of supply of safe drinking water is:

Corporations	-	110 lpcd
Municipalities	-	90 lpcd
Town Panchayats	-	70 lpcd
Rural Habitations	-	40 lpcd

The water supply schemes are being implemented on the basis of the above norms.

### **Rural Water Supply:**

There are 81787 habitations in Tamil Nadu. As per TWAD Board estimates, 55149 habitations were fully covered with safe drinking water supply. Another 25670 habitations were partially covered and 968 habitations were yet to cover.

**Table-16: Rural Water Supply**

<b>Status</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Fully Covered	30117	35727	46249	55149
Partially Covered	40124	36777	32314	25670
Not Covered	11546	9283	3224	968
<b>Total</b>	<b>81787</b>	<b>81787</b>	<b>81787</b>	<b>81787</b>

*Source: TWAD Board.*

### **Urban Water Supply:**

In Tamil Nadu, there are 718 towns comprising 5 Corporations (excluding Chennai), 152 Municipalities and 561 Town Panchayats. Based on the water supply service available, the urban towns are classified into three categories viz. Good, Average and Poor. The status of water supply in urban towns as on 1.4.2006 is given below:

**Table -17: Urban Water Supplies as on April, 2006**

<b>Civic Status</b>	<b>Total</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
Corporation	5	1	4	-
Municipalities	152	54	83	15
Town Panchayats	561	257	280	24
<b>Total</b>	<b>718</b>	<b>312</b>	<b>367</b>	<b>39</b>

*Source: Policy Note, Municipal Administration & Water Supply Department.*

In view of the resource constraint, schemes are also being prepared for funding under Jawaharlal Nehru National Urban Renewal Mission (JNNURM) and Urban Infrastructure Development Fund for Small and Medium Towns (UIDFSMT). During 2006-07, the ongoing water supply schemes in 104 towns will be continued. In water supply schemes, the challenge of encouraging community ownership and participation is being addressed like the implementation of Swajaldhara Scheme.

### **Public Distribution System in Tamil Nadu:**

The Public Distribution System aims to confer food security to the downtrodden by supplying essential items of mass consumption like rice, wheat, sugar and kerosene

through a network of fair price shops. It aims to distribute essential commodities to the cardholders at easily accessible location and at affordable prices. The PDS also helps to regulate and contain open-market prices of commodities that are distributed through the system.

The PDS has undergone drastic changes in its coverage and volume over the years. The Revamped PDS-1992, Targeted PDS-1997, Antyodaya Anna Scheme-2000 and the recent development of Universal PDS were the pattern of changes in PDS. The PDS in Tamil Nadu is unique compared to PDS in other States since it is based on the choice of the people and the principle of Universal Public Distribution instead of Targeted PDS. In order to make available adequate quantities of essential commodities at all times in places nearer to the habitations, Fair Price Shops were opened and operated through many agencies like Cooperatives, Civil Supply Corporation and Self Help Groups. The Government aims to have at least one fair price shop in each revenue village which should be located in such a way that no card holder is required to walk more than two kms. for getting essential commodities. The details of fair price shops in the State are depicted below:

**Table-18: Agency –wise Distribution of Fair Price Shops (as on 31.03.06)**

Agency	Full time	Part time	Total
Tamil Nadu Civil Supplies Corporation	1091	63	1154
Co-operatives	21666	4753	26419
Others	152	13	165
Women FPS	412	173	585
Mobile FPS	-	-	36
<b>Total</b>	<b>23357</b>	<b>5002</b>	<b>28359</b>

*Source: Policy Note, Food and Consumer Protection 2006-07.*

Out of 28359 fair price shops, 82.4 per cent are full time and a meagre 17.6 per cent are part-time ones. Another point to be noted here is that a large chunk of the FPS are operated by Cooperatives (93.2%) followed by TNCSC (4.1%). Around two per cent of the FPS are run by women Self Help Groups.

As on 30-04-06, 17800240 eligible family cardholders are drawing rice under the Public Distribution System. The monthly requirement of rice under PDS and for Antyodaya Anna Yojana was about 3 lakh MTs. Of this, the Govt. of India monthly allocation was 1.70 MTs for covering BPL families under PDS and for Antyodaya Anna Yojana. An additional allotment of 3.00 lakh MTs of rice was made available for covering APL families.

**Table-19: Subsidy given by the State to TNCSC**

The price of rice supplied through PDS in Tamil Nadu is kept at a lower level than the issue price of rice fixed by the Government of India. Hence, the State Government provides the differential cost to the Tamil Nadu Civil supplies Corporation. The details of subsidy provided by Government to the TNCSC are given in the table.

Year	Amount (Rs. in Crores)
2003-04	80
2004-05	1035
2005-06	1200
<i>Source: Policy Note, Food and Consumer Protection 2006-07</i>	

## Housing:

Along with food and clothing, shelter is a basic need. Realising this, the Government of Tamil Nadu aims at to provide “a house for each family”. Not withstanding the high priority assigned to housing there is backlog. According to Census 2001, the housing position in Tamil Nadu and All India is as follows:

**Table- 20: Housing Status in Tamil Nadu**

Parameters	Tamil Nadu	All India
Total Households	14173626	191963935
Percentage of Households living in Permanent House	58.52	51.80
Percentage of Households living in Temporary House	23.31	18.14

*Source: Narrative Notes on Plan programmes, Annual Plan 2005-06.*

During 2005-06, 42195 new houses were constructed with a financial investment of Rs. 14577.50 lakhs and 21449 kutcha houses with a cost of Rs. 2757.10 lakhs under IAY Schemes in the State. The Tamil Nadu Slum Clearance Board had constructed 552 LIG Houses with an outlay of Rs.598.07 lakhs under Slum Improvement Programme and another 5000 houses under VAMBAY Scheme with a financial investment of Rs.1611.18 lakhs.

**Table-21: Housing and Slum Improvement Schemes in Tamil Nadu:**

Schemes	2004-05		2005-06	
	Physical	Financial	Physical	Financial
I. IAY				
a. New Houses	38724	15168	42195	14577.50
b. Kutcha Houses	19925	2425	21449	2757.10
II. Slum Improvement Programme				
a. Slum Clearance Programme	468	425.21	552	598.07
b.VAMBAY Housing	5000	1839.01	5000	1611.18
c.XIth Finance Commission	1787	-	1394.85	-

*Source: TNSCB & Rural Development Department.*

Provision of housing has three dimensions, rural, urban and the slum dwellers. Rural housing has been a priority over the plans and still remains a key thrust area in rural development. Urban housing is relatively more complex and the supply of houses tends to lag behind the demand particularly dwelling units, catering to the weaker sections of the society. Of late, in the wake of urbanization and migration, provision of houses to the slum population is a formidable task. The solution is essentially two pronged at the one level, insitu upgradation of slums and at another level rehabilitation and relocation are challenges in the realm of policy formulation. In the wake of the service sector growth particularly in the unorganised sector, the slum population provides labour services to the urban consumer. There is an added problem of the availability of land for providing housing.

Solutions such as creation of new satellite towns and development of the urban peripheral towns have several implications from the standpoint of political economy and above all the reality of an acute resource constraint.