

# DEVELOPMENT OF SOCIAL SECTORS IN INDIA: AN OVERVIEW

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## ABSTRACT

Social sector comprised of development of social services and economic services which will result into equal participation in economy so that inclusiveness can be achieved. The philosophy of social sector development is in line with Sen who visualizes economic development as an outcome of human welfare first rather than Bhagwati apprehends built upon trickle down approach which evidently failed to achieve its objective in initial phase of Indian development. Indian Economy at the time of Independence was characterized as rural and agricultural, wherein majority of the people earned their livelihood engaging with low productive techniques in agriculture and related pursuits. The state was far from being self sufficient in food and raw materials for industry in spite of the massive population engaged in agriculture. The Sen and Jean Derze model of growth hinged on the precedence to social sector development, an approach which is an adjunct to the capability approach and hence involves growth inclusiveness (Acharya,.(2013). It advocates creating employment opportunities and engagement of the deprived and marginal segments of population.

**KEYWORDS:** Employment Generation, Inclusive Growth, Social Sector Development, Poverty Reduction.

## I. OBJECTIVES OF THE STUDY

1. To examine the status and growth of social sector development in India since economic reforms, both from the perspective of physical and financial milestones.
2. To carry out a critical assessment of policies and programmes pertaining to social sector development since independence

## II. REVIEW OF LITERATURE

The present study attempts to evaluate the functioning of all the policies and programmes of the Government aimed at employment generation and poverty eradication so as to make growth more inclusive. Shariff, Ghosh and Mondal (2002), Dev and Mooij (2004) and Dev (2006) elaborated the number of programmes and strategies adopted in planning related to Wage and Employment Programmes, Housing and Urban Development Programmes, Social Security Programmes, Education and Health related Programmes like Sampoorna Gramin Yojana, Food for Work Programme, Integrated Rural Development Programme, National Old age Pension Scheme, National Family Benefit Scheme, Public Distribution System, Operation Black Board, Mid Day Meal, Integrated Child Development Programmes etc., that ameliorate the weaker section of the society. The prime objective of most policies of the government is to help the poor by employment generation, poverty eradication and social development. The policy makers have to set up the plans with the focus on participation to make growth more inclusive. Panchamukhi (2000), Prabhu (2005), Sarma (2005) and Dev (2010) emphasized on the components of social sector that contributed to the promotion of such values, both at micro individual level and macro societal level. Social sector schemes are community oriented and the sector related problems faced at the ground level are best known to the local community itself. It is the states and the local bodies that should have predominant presence in social sector spending. Inclusive growth implied an equitable allocation of resources with benefits incurred to every section of the society. But the allocation of resources must be focused on the intended short and long term benefits of the society such as availability of consumer goods, people access, employment, standard of living etc. A strategy of inclusiveness also calls for new emphasis on education, health, and other basic public facilities along with sectoral policies which aim at improving livelihood support and increasing employment. Mukhopadhaya and Saha (2005) and Shukla and Mishra (2013) stated that financial and local constraints should be considered while framing the policies with special attention to poor and

the vulnerable sections through participatory process. There is need to increase the investment in social sectors, health and education. There exist a huge gap between policy making and implementation phase. Local authorities need to be involved in planning, implementing and monitoring of developmental programmes. Many flaws and leakages were found while implementation such as favoritism in selection of beneficiaries, allocation of schemes without looking into basic needs and lack of follow up.

### III. POLICIES AND PROGRAMMES FOR SOCIAL SECTOR DEVELOPMENT SINCE INDEPENDENCE

Free India inherited a dilapidated and shattered economy with rampant poverty and retrogressive socio economic antecedent of a monolithic population. Not only income needed to be pushed up, but they needed to be fairly distributed. Although the planning process commenced in 1950, the first four Five Year Plans did not devote that much attention to social sector development as it deserved. The financial outlays by the central and state governments were generally sparse (Ahmad and Bhakta, 2008). The first major development programme launched in India was Community Development Programme (CDP) in 1952 during First Five Year Plan (Table- 1). Core philosophy was integrated development of rural areas and people's participation. This programme was formulated to provide an administrative framework through which the government might reach to the district, tehsil / taluka and village level. All the districts of the country were divided into Development Blocks and a Block Development Officer (BDO) was made in charge of each block.

**Table -1: SOCIAL SECTOR DEVELOPMENT PROGRAMMES SINCE 1950**

Sl	PROGRAMMES	CHARACTERISTICS
		First Five Year Plan (1951-55)
1	Community Development Programme (1952)	To provide an administrative framework through which the government might reach to the district, tehsil / taluka and village level.
		Second Five Year Plan (1956-1961)
2	Intensive Agriculture Development program (IADP) (1960-61)	To provide loan seeds, fertilizer tools to farmers
		Third Five Year Plan (1962-66)
3	Intensive Agriculture Area Programme (IAAP) (1964-65)	To develop the special harvest.
4	High Yielding Varieties Programme(1966)	To increase productivity of food grains by Adopting latest varieties of inputs for crops
		Fourth Five Year Plan (1969-74)
5	Accelerated Rural Water Supply Programme	For providing drinking water in the villages.
		Fifth Plan (1974-79) Five Year
	Minimum needs Programme (1974)	To ascertain a network of basic services and facilities of social consumption in all the areas up to nationally-accepted norms within a specified time-frame.
7	Integrated Child Development Services (ICDS) (1975)	Holistic development of children below 6 years of age and proper nutrition and health education of pregnant and lactating mothers.
8	8 Twenty Point Programme (TPP) (1975)	Poverty eradication and raising the standard of living.
9	Food for Work Programme (1977)	
		9 Sixth Five Year Plan (1980-85)
10	Integrated Rural Development Programme(IRDP) (1980)	To assist the rural population to originate economic benefits from the developmental assets of each area and replaced by Swarna Jayanti Gram Swarozgar Yojana in 1999
11	Indira Awaas Yojana (IAY) (1985)	To provide assistance to BPL families who are either houseless or having pathetic housing facilities for constructing a safe and durable shelter.
12	National Rural Employment Programme (NREP)	To generate additional employment opportunities to the extent of 300-400 million man days per year for the unemployed and underemployed persons in the rural areas
		Seventh Five Year Plan (1986-91)
	National Drinking Water Mission (1986)	For rural drinking water and upgraded to Rajiv Gandhi National Drinking Water Mission in 1991
14	Jawahar Rozgar Yojana	
		Eighth Five Year Plan(1992-97)
15	15 Prime Minister Rozgar Yojana (1993)	To establish lakh tiny units in Industry, Service and Trade areas and to create about 10 lakh employment opportunities (merged 7)
16	Mid day Meal Scheme (1995)	To enhance enrolment, retention and participation of children in primary schools and simultaneously improving their nutritional status .
17	National Social Assistance Programme	

	Ninth Five Year Plan (1998-2002)	
18	18 Sarva Shiksha Abhiyan (SSA) (2000-01)	To provide relevant elementary education for all children of age group 6-14 years.
19	19 Swarna Jayanti Gram Swarajgar Yojana	To provide employment in rural areas.
20	Annapurna Yojana (1999)	Provide food security to indigent senior citizens who are not getting pension under National Old Age Pension Scheme.
	Tenth Five Year Plan (2002-2007)	
21	Bharat Nirmaan Programme (2005)	Development of Rural infrastructure including six components: Irrigation, Water Supply, Housing, Road, Telephone and Electricity.
22	21 22 Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) (2005)	Augmenting wage employment, Strengthening natural resources management and encourage sustainable development
23	National Rural Health Mission (NRHM) (2005)	3 To provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions
24	National Food Security Mission (2007)	To increase production and productivity of wheat, rice and pulses on a sustainable basis. 25 National Rural
	Eleventh Five Year Plan (2007-2012)	
25	National Rural Drinking Water Programme (2009)	To safe and adequate drinking water and to improve public health. (Revised)
26	Rajeev Awas Yojana (2011)	For redeveloping the slums of the cities
27	Prime Minister's Employment Generation Programme (PMEGP) (2008)	To create over 37 lacs jobs by merging Prime Minister's Rozgar Yojana (PMRY) and Rural Employment Generation Programme (REGP) through New Credit linked Subsidy Scheme

Source: Government of India (Various Issues), Five Year Plan Drafts, New Delhi: Planning Commission

Below the Block Development Officers were appointed the workers called Village Level Workers (VLW) who were responsible to keep in touch with 10-12 villages. So, a nationwide structure was created (Government of India, 1952). In order to specifically cater to agriculture and rural development, Intensive Agriculture Development program (IADP) was launched in 1960-61. The core philosophy was to provide loan for seeds and fertilizers to farmers. It was launched on pilot basis in one district of 7 states at that time. The IADP was expanded to rest of the country and later a new Intensive Agriculture Area programme (IAAP) was launched to develop special harvest in agriculture area. The eight years between the commencement of the Third Plan and the Fourth had been years of great significance for Indian agriculture. High Yielding Varieties Programme and Multiple Cropping Programme (1966-67) constituted the two major planks of the new agricultural strategy under the Fourth Five year plan, which aimed at attaining self-sufficiency in food by the end of 1970-71. The Programmes were initiated in areas having necessary organization and facilities which were considered essential pre-requisites for rapid agricultural growth (Chandra, 2008).

Among the various programmes and schemes were introduced for rural development, the Accelerated Rural Water Supply Programme (ARWSP) was introduced in 1972-73 to assist the States and Union Territories to accelerate the pace of coverage of drinking water supply. It aimed at maximum inflow of scientific and technical input into the rural water supply sector and ensures adequate supply of safe drinking water (Government of India, 2010). Drought Prone Area Programme (DPAP) was the earliest area development programme launched by the Central Government in 1973-74. The basic objective of the programme was to minimize the adverse effects of drought on production of crops and livestock and productivity of land, water and human resources ultimately leading to drought proofing of the affected areas (Government of India, 2007). The Minimum needs Programme was introduced in the first year of the Fifth Five Year Plan. The basic needs of the people identified for this programme are Elementary Education, Adult Education, Rural Health, Rural Roads, Rural Electrification, Rural Housing, Environmental Improvement of Urban Slums and Nutrition (Government of India, 1974). The Integrated Child Development Services (ICDS) Scheme was conceived in 1975 with an integrated delivery package of early childhood services. The objective of the ICDS scheme was holistic development of children below 6 years of age and proper nutrition and health education of pregnant and lactating mothers starting with 33 projects and 4891 Anganwadi centres (AWCs) in 1975. The scheme improved the nutritional and health status of vulnerable groups including pre-school children, pregnant women and nursing mothers. A package of services includes supplementary nutrition, pre-school education, immunization, health checkups, referral services and nutrition & health education provided to the needy (Government of India, 2011).

The strategy adopted for the Sixth Plan focused to strengthen the infrastructure for both agriculture and industry so as to create conditions for accelerated growth in investments,

increased opportunities for employment especially in the rural areas and the unorganized sector and meet the minimum basic needs of people. The concept of an Integrated Rural Development Programme (IRDP) was first proposed in the Central budget of 1976-77 but launched in 1980 i.e. in the Sixth Plan. This programme was intended to assist the rural population to derive economic benefits from the developmental assets of each area.

Indira Awaas Yojana (IAY) 1985, a flagship scheme of the Ministry of Rural Development, had been providing assistance to BPL families who are either houseless or having inadequate housing facilities for constructing a safe and durable shelter. It had its origin in the wage employment programmes via National Rural Employment Programme (NREP), which began in 1980, and the Rural Landless Employment Guarantee Programme (RLEGP), which was started in 1983 (Government of India, 2013).

The thrust areas of the Seventh Five-year Plan were social justice, usage of modern technology, agricultural development, anti-poverty programs, full supply of food, clothing, shelter, increasing productivity of small and large-scale farmers and making India an Independent Economy. The Technology Mission on drinking water and related water management was launched in 1986. It was also called the National Drinking Water Mission (NDWM) and was one of the five Societal Missions launched by the Government of India. The NDWM was renamed Rajiv Gandhi National Drinking Water mission (RGNDWM) in 1991 (Government of India, 2010).

The National Policy on Education, 1986 recognized that the empowerment of women is possibly the most critical pre-condition for the participation of girls and women in the educational process. The Mahila Samakhyā programme was launched in 1988 to pursue the objectives of the National Policy on Education (Government of India, 2013). The Eighth Five Year Plan focused on reorientation of the development policy in such a way that it gave primacy to the immediate and urgent needs of the poor, namely, employment opportunities, access to adequate means of livelihood and skills, supplies of food, education, health and child care services and other basic necessities. Thus, Prime Minister Rozgar Yojana (1993) was initiated to provide seven lakh tiny units in industry, service and trade areas and to create about ten lakh employment opportunities. Swarna Jayanti Shahari Rozgar Yojana (1997) was implemented to provide employment and training to individuals including women of urban areas. Mid day Meal Scheme (1995) was executed to enhance enrolment, retention and participation of children in primary schools and simultaneously improving their nutritional status (Government of India, 1991).

The objectives of the Ninth Plan arising from the Common Minimum Programme of the Government aimed at providing Basic Minimum Services. These were viewed in the context of the four important dimensions of State policy viz., (a) quality of life of the citizens; (b) generation of productive employment; (c) regional balance; and (d) self-reliance. Nirmal Bharat Abhiyan (1999) was deployed to motivate individual households so that they realize the need for good sanitation practices at rural areas. Pradhan Mantri Gram Sadak Yojana (PMGSY) was put into service in the year 2000, to provide connectivity to all unconnected habitations in the rural areas through pucca roads. Swarna Jayanti Gram Swarozgar Yojana (1999) was for eliminating rural poverty and unemployment and promoting self employment. Sarv Shiksha Abhiyan (SSA) (2000-01) and Shiksha Sahyog Yojana (2001-02) was brought to endow with relevant elementary education for all children of age group 6-14 years Annapurna Yojana (1999) and Antyodaya Anna Yojana (2000) were to provide food security to indigent senior citizens who were not getting pension under National Old Age Pension Scheme and to below poverty line families (Government of India, 1998).

Tenth Five year plan was proposed to establish specific targets covering economic, social and environmental dimensions of human development. These included targets on reduction in poverty ratio, access to primary education, raising literacy rate, decline in infant mortality rate and maternal mortality rate, raising employment growth rate, improving coverage of villages in terms of access to potable drinking water, reducing gender gaps in literacy and wage rates, cleaning of major polluted river stretches, increase in forest cover and reducing the decadal population growth rate. Bharat Nirmaan Programme (2005) was executed for development of rural infrastructure including six components: Irrigation, Water Supply, Housing, Road, Telephone and Electricity. Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) was initiated in 2005 for wage employment, strengthening natural resources management and encourage sustainable development. National Rural Health Mission

(NRHM) (2005) was implemented for accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions (Government of India, 2000).

The central vision of Eleventh Plan was to make growth more inclusive by significantly increasing the outlay for priority sector programmes. This plan included several inter related components like rapid growth to reduce poverty and create employment opportunities, access to essential services in health and education especially for poor, equality of opportunity, empowerment through education and skill development, environment sustainability, recognition of women's agency and good governance. The Plan intends to offer an exclusive Identification number to every Indian named as Adhaar (Government of India, 2006). The overall objective of the government was to improve the standard of living of the people.

The Twelfth plan aimed for faster, sustainable and more inclusive growth. It set the vision for the next five years of growth (Government of India, 2011). The Ministry for Housing and Urban Poverty Alleviation had launched a new scheme 'Rajiv Awaas Yojana' (RAY) (2013-2022) with a vision to 'create a slum free India' with inclusive cities in which every citizen had access to basic infrastructure, social amenities and decent shelter (Government of India, 2013).

#### IV. SOCIAL SECTOR DEVELOPMENT POLICY SINCE INDEPENDENCE- A CRITICAL EVALUATION

Since the Fifth Plan, the focus was shifted to Sen and Dreze Model of growth which hinges on the social sector growth to development, an approach which is an adjunct to the capability approach and hence involves growth inclusiveness (Acharya, 2013). In spite of above mentioned achievements, growth has failed to be sufficiently inclusive. Whatever policies and programmes were adopted, they did not bear the desired fruits. Its achievements have, however, created new challenges. In the domain of education, from **Table-2**, it can be seen that the Gross Enrolment Ratio (GER) at primary level is 100 percent, at upper primary level is 92.1 percent, secondary and senior level is 65.3 percent and at higher level is only 24.3 percent. Poverty and lack of employment opportunities hence impinged upon the rise in Gross Enrolment Rate (GER). In the sphere of Employment, the quality of employment has remained poor. Over 92% of workforce is employed in unorganized sector which is deprived of social security and job performance. As per the NSS Survey, only 3.07 crore persons are working in the organized formal sector and employment in this sector has declined by 27 lakhs in the last five years to 3.34 crores in 2004-05 (Mathur, 2014). In the areas of providing housing for the poor, Sabke liye Awaas is one of the comprehensive programme for providing houses for Economically Weaker Sections (EWS) and Lower Income Groups (LIG) in Urban and rural areas. At the end of 2014-15, it targeted the construction of 3 lacs dwelling houses, but 84 thousand houses only were constructed in urban India (Government of India, 2015). There is still shortage of 14.8 million houses as in 2015 in rural areas (Government of India, 2017). Likewise, in the relevance of providing drinking water and sanitation for villages, Government of India introduced many programmes. But still there is no adequate potable water for urban as well as rural areas. Kumar and Das (2014) stated that India has been lagging behind as per safe drinking water and sanitation facility. 70 percent of India's rural and slum population are exposed to water borne and vector borne diseases due to lack of basic sanitation facility, unsafe water and unhygienic condition. The mission of epidemics control leave to be desired. Malaria, polio, typhoid, small pox and chicken pox have been controlled but new diseases like dengue and chikungunya have posed major problems for the public health care system in India. In 2012, there were 14,277 clinically confirmed cases of chikungunya fever as it was 1985 cases in 2006. In 2012, as many as 24 Indian states were hit by dengue. It caused 37,070 confirmed cases of dengue. A total of 227 deaths were reported (Palaniyandi, 2013). Since independence, malnutrition is rampant. India faced the problem of under nourished and hungry population. About 63% of the under-5 year children in India were malnourished, 53% were moderately and severely underweight and 52% were stunted (Mukhopadhyay, 2015). **Table -2: Social Sector Development: Physical Achievements in India**

Indicators	1951	1961	1971	1981	1991	2001	2011	2015(P)
<b>Education:</b>								
<b>Gross Enrolment Ratio</b>								
Primary (I-V)	42.6	62.4	78.6	80.5	83.8 1	95.7	115.5	100
Upper Primary (VI-VIII)	12.7	22.5	33.4	41.9	66.7	58.6	85.2	91.2
Secondary & Senior						33.3	52.2	65.3

Secondary (IX-XII)								
Higher (Above XII)						8.1	19.4	24.3
<b>Dropout Rate</b>								
Primary	NA	64.9	67.0	58.7	42.6	40.7	22.3	19
Elementary	NA	78.3	77.9	72.7	60.9	53.7	40.8	36.3
Secondary	NA	82.5	82.5	82.5	71.3	68.6	50.3	47.4
<b>Infrastructure Development</b>								
No. of Primary Schools	209671	330399	408378	494503	560935	748538	748547	847118
No. of Upper Primary Schools	13596	49663	90621	118555	151456	206269	401079	425097
No. of Secondary Schools	NA	NA	NA	NA	NA	131210	131315	135335
No. of Senior Secondary Schools	7416	17329	37051	51573	79796	72046	84133	109318
No. of Colleges for General Education	352	967	2285	3421	4862	7929	11445	38498
Colleges for Professional Education	226	852	992	3542	886	2223	3541	12276
No. of Universities	27	45	82	110	184	254	504	760
<b>Literacy Rates</b>								
Male	27.16	40.40	45.96	56.38	64.13	75.3	80.9	82.14
Female	8.86	15.35	21.97	29.76	39.29	53.7	64.16	65.46
Person	18.33	28.30	34.45	43.57	52.21	64.28	73.01	74.04
Gender Gap	18.30	25.05	23.98	26.62	24.82	21.59		16.68
<b>Health</b>								
<b>Demographic Change</b>								
Life Expectancy Rate	36.7	41.3	45.6	50.4	59.4	64.6	66.90	68.35
Crude Birth Rate	40.8	41.7	36.90	33.90	29.50	26.1	21.8	19.65
Crude Death Rate	25.1	22.8	14.90	12.5	9.80	8.4	7.1	7.30
Infant Mortality Rate	146	146	129	110	80	66	44	37.9
Mother Mortality Ratio	-	-	-	-	398	301	237	216
<b>Epidemiological Shifts</b>								
Malaria(cases in Millions)	75	49	34	2.7	2.12	2.02	1.31	NA
Small Pox (no. of cases)	>44887			Eradicated	-	-	-	-
Guinea Worm Disease (no. of cases)	>3979					Eradicated	--	-
Polio (cases in Millions)	-			29709		265	NA	NA
<b>Infrastructure Développement</b>								
SC/PHC/CHC	725	2565	33601	57363	153505	163181	176820	192882
Dispensaries and Hospitals(all)	9209	12500	16042	23555	38605	38832	43328	63302
Beds(Private and Public)	117198	230000	346855	569495	810548	1068214	1894968	2124646
Nursing Personnel	18054	35584	80620	143887	340208	382901	488538	558956
Doctors	61800	83576	151129	267810	394068	622105	883812	922177
<b>Water Supply and Sanitation</b>								
<b>Access to potable Water Supply</b>								
Rural	NA	1.9	3	31	56.3	73.9	76	91
Urban	NA	41.9	62	72.9	77.8	83.8	92	97
<b>Sanitation Facilities</b>								
Rural	NA	0.7	1	2.4	9.5	17.4	25.2	30
Urban	NA	14	20	28.4	45.9	60.1	63.9	70

Source: 1. Government of India (2016), *Educational Statistics at a Glance*, New Delhi: Ministry of Human Resource Development.

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 Notes: 1 Up to 1990-91, figures for secondary schools included in senior s  
 2 .NA- Not available and P-Projected.

## CONCLUSION AND POLICY IMPLICATIONS

Social sector comprised of development social services and economic services which will result into equal participation in economy so that inclusiveness can be achieved. The overall goal of the government was to improve the way of living of the people. For that the Twelfth Five Year Plan concentrated on faster, sustainable and more inclusiveness for the country's growth. The focus of government should be on growth enhancing policies for an effective poverty alleviation strategy which would benefit the poorest in the country. The whole ground of policy framework which has been astutely designed by policy makers for an inclusive growth must be clearly monitored for effective implementation.

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