

# Well-being and Caste in Uttar Pradesh

## Why UP Is Not Like Tamil Nadu

*For nearly two decades, Uttar Pradesh has had a movement to mobilise the dalits and the other backward castes of the state. However, UP's lower castes had, before the mobilisation began, and still have, the worst social indicators in the state and in the country. Earlier in the last century Tamil Nadu also experienced a mobilisation of the dalits and backwards, but managed to transform the social indicators in health, nutrition, fertility and education after independence. Thus, while UP's mobilisers of the dalits have focused exclusively on capturing power, the gains to the lowest castes have been entirely of a symbolic nature. This paper, after analysing the data from two National Family Health Surveys (1992 and 1999), addresses the reasons why UP's social indicators, including the health and education status of the lower castes, are much worse than in Tamil Nadu – despite the lower caste mobilisation over the last decade and a half.*

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For nearly two decades, Uttar Pradesh has had a movement to mobilise the dalits and the other backward castes of the state. However, UP's lower castes had, before the mobilisation began, and still have, the worst social indicators or indicators of human well-being – not only compared to the upper castes in UP but compared to much of the rest of India. Earlier in the century Tamil Nadu also experienced a mobilisation of the dalits and backwards, but managed to transform the indicators in health, nutrition, fertility and education. Thus, while UP's mobilisers of the dalits have focused exclusively on capturing power, the gains to the lowest castes have been entirely of a symbolic nature. If anything, the bursting into the open of caste-based electoral politics in the last 15 years has merely served to fuel populism in government policies. Symbolic acts of defiance of the established "manuvadi" order have indeed been dominant in UP, without much tangible benefits for the poor and the oppressed to show for it. If anything, the mobilisation seems to have merely benefited a small minority within the lowest castes – in the form of landholdings or reserved government jobs. In fact, populist budgets of the last 15 years have seriously undermined the capacity of the state to finance public investment in infrastructure or health and education services. The UP government's fiscal deficit is one of the most serious in the country [Rao 2005], and unless there is a moratorium on debt repayment its capacity to undertake public investment has been placed on hold on a semi-permanent basis. Tamil Nadu's mobilisation of the lower castes, on the other hand, offers an alternative scenario and a possible model for UP's leaders – though for UP to succeed, the current politics of mobilisation for symbolic gains will have to be substituted by mobilisation for real gains in human capabilities of the oppressed.

Section I compares the human development indicators of the scheduled castes (SCs), scheduled tribes (STs) and other backward classes (OBCs) in UP with those of the upper castes in UP;

but it also compares them by caste in Tamil Nadu. Remarkably, it also finds that the upper castes in UP have social indicators in most cases which are actually worse than those of the SCs in Tamil Nadu.

This section also examines at the end how the social indicators have moved during the 1990s in UP. We examine whether social indicators in UP and India were converging in the 1990s – the period during which lower caste dominated parties predominantly held power. Since it is the lower castes who have social indicators below the average for UP state, if UP is not converging with India, it would suggest that the lower castes gained little tangible during the 1990s in terms of indicators of human well-being.

Section II examines the technical interventions in health and education that resulted in the gains in human development for all caste groups in Tamil Nadu, not just the lower castes. Tamil Nadu was chosen because like UP, it experienced a large scale mobilisation of the lower castes though in an earlier part of the last century – with remarkable results in terms of human development indicators. In other words, Tamil Nadu (like Kerala before it) offers a remarkable example of what a massive mobilisation of the lower castes could potentially achieve – and what in the political process made it possible. In addition to the differences in the history and modes of social movements of scheduled castes and OBCs in the two states, and the emphasis on programme content, we have to note a general difference in the quality of governance between UP ('Ulta' Pradesh) and Tamil Nadu.

Section III summarises the nature of the concerns of the SC and OBC mobilisation have been in UP over the last decade and half, as well as the so-called programmes put in place. It demonstrates that the programmes and the politics of job reservation in UP for the lower castes are so narrowly founded as to have limited tangible meaning for the majority of the lower castes; their symbolic value, however, in giving some degree of self-confidence to the dalits should not be underestimated. Section IV

concludes by summarising the argument of the paper and draws some policy implications.

## I UP and Tamil Nadu: Some Striking Contrasts in Health, Nutrition and Educational Outcomes by Caste

Before we examine the human development indicators by caste in UP, it is useful to establish the caste composition of the total population by states (based on National Family Health Survey, NFHS, data). Table 1 shows the distribution of the population by caste for UP, India and Tamil Nadu. There are some very strong contrasts between the states here, as well as between UP and the rest of India. UP and Tamil Nadu are similar in that both have a higher than average share of population that are SC – not that much higher, but certainly higher. In fact, Tamil Nadu has a slightly higher share of SCs in its total population than even UP (at least according to the NFHS II of 1998-99 we are using). The second fact – of greater significance – is that while about a third of the national population belong to the OBCs, in UP that share is about a quarter of the total population.<sup>1</sup> By contrast, nearly three-fourths of the total Tamil Nadu population consists of OBCs.

Finally, while neither UP nor Tamil Nadu have significant ST populations, the second source of contrast in the caste composition of the populations of the two states is the upper caste share. In Tamil Nadu it is barely 2.2 per cent, while in UP it is 46.2 per cent – even if the latter number differs from that reported by the NSS (according to which it is lower), there is little doubt that the upper caste is much more salient in the total population in UP than in India as a whole, and vastly more significant than in Tamil Nadu. In other words, regardless of the fact that the social mobilisation of the lower castes began much later than in Tamil Nadu, the sheer size of the upper caste population in UP makes its social structure more resistant to change than in the rest of the country, and definitely much more so than in Tamil Nadu. However, the sheer size of the upper caste population cannot be the most important determinant of the dominance of the hierarchical “manuvadi” social structure in UP, for even the most socially progressive state of India, Kerala, seems to have a very large upper caste population (in fact, nearly half of its population, according to Table 1). What other factors might be more important is an issue we will turn to later in the paper.

Table 2 shows that there is a very sharp difference in UP between rural and urban areas in the caste composition of their populations. Two-thirds of UP’s urban population is upper caste, and only 30 per cent of it is SC and OBC. On the other hand, in rural areas the lower castes (SCs, OBCs) are a majority, while upper castes are only two-fifths of the total rural population. In some ways, thus, the lower caste versus upper caste conflict in UP is also something of a rural versus urban divide.

Although data about the availability of electricity, the source of drinking water, sanitation facility cannot be disaggregated by caste for the states, the contrasts between UP and Tamil Nadu in respects of these housing characteristics really stand out. We noted above that SC and OBC populations in UP are largely rural based, while a majority of the upper caste population is urban – and we do have data for these housing characteristics. For access to electricity, while in Tamil Nadu 91 per cent of the urban households and 73 per cent of the rural ones have electricity,

in UP the shares are 87 per cent and 23 per cent respectively. In other words, the majority of rural UP households are pretty much without electricity.

As regards the source of drinking water, while 73 per cent of urban households in Tamil Nadu have piped water for drinking, only 43 per cent of UP urban households do; in urban areas, 55 per cent of UP households depend upon a handpump, but only 16 per cent in Tamil Nadu. What is remarkable is that in rural areas, two-thirds of Tamil Nadu households have piped water; barely 6 per cent of UP rural households do. In fact, only 18 per cent of rural households in Tamil Nadu depend upon a handpump, while 77 per cent do in UP. Given that three-fifths of UP’s rural population is lower caste, it is obviously the lower castes that have a higher incidence of households without electricity, safe water and sanitation.

There are equally sharp differences between UP and Tamil Nadu for sanitation. In urban UP, only 39 per cent of households have a flush toilet for sanitation; 72 per cent of Tamil Nadu households do. In rural areas, there is very little difference between the two states, in that 87 per cent of Tamil Nadu and 89 per cent of UP households do not have any facility for sanitation – which is rather typical of the neglect of sanitation in rural areas throughout India.

Given that safe water, sanitation are critical to good health and the availability of electricity an essential ingredient for children being able to study after sunset, these differences in facilities are indicative of the quality of life differentials between the two states – especially in their impact on rural life. Since we noted earlier that lower caste population in UP is predominantly rural,

**Table 1: Share of Caste/Tribe in Total Population (1998-99):  
UP vs Some Key States**

	SC	ST	OBC	Others	Missing	Total Per Cent
India	18.7	9.1	32.4	38.8	1.0	100
Bihar	20.8	9.9	49.9	19.9	0.0	100
UP	20.2	2.2	26.2	46.2	5.1	100
Kerala	9.3	1.1	40.5	49.2	0.0	100
Tamil Nadu	23.5	0.9	73.4	2.2	0.0	100

*Source: National Family Health Survey II 1998-99 (NFHS) National and State Reports.*

**Table 2: Distribution of UP Population  
in Rural and Urban Areas: by Caste  
(Per cent)**

	Urban	Rural
SC	13.3	22.1
ST	1.1	2.5
OBC	16.9	28.7
Others	65.2	41.1
Don’t know/missing	3.4	5.5
Total	100	100

*Source: NFHS II, 1998-99 State Report for UP.*

**Table 3: Distribution of Ever-Married Women 15-49  
Who Are Illiterate: UP, Tamil Nadu and India**

	Tamil Nadu	Uttar Pradesh	India
SC	64.1	85.0	73.0
ST	76.2	76.7	79.0
OBC	42.9	79.1	60.9
Others	5.0	57.2	43.8

*Source: NFHS II, 1998-99 State Reports.*

these housing characteristics cannot but have implications for the standard of living of the lower castes in UP.

### Schooling and Literacy

The educational level of SCs and OBCs is much lower than that of the upper castes in India, though the situation is much worse in UP. A 1993 NCAER survey shows that in UP the literacy rate in the age group 7 and above is only 32.5 per cent for SCs and STs, but 48 per cent for all Hindus – the corresponding shares for India are higher at 41 per cent for SCs/STs and 53 per cent for all Hindus (*UP Human Development Report, 2002*).

It is true that a UNICEF survey showed that in the 1990s very considerable progress has been made in all the poorer states in enrolling all children, including the lower caste children [Srivastava 2005b in Mehrotra et al]. If we take a ratio of 1 to indicate enrolment share equals share of the social group in the population, then in rural UP the SC ratio is 1 and the OBC ratio is 0.95, while that of upper castes is 1.07. In urban UP the SC ratio is 1.03, the OBC ratio 0.94 while that for upper castes is 1.02. These numbers indicate that the enrolment rates are at near parity in the 6-13 age group. However, there still remains a sharp difference between the educational levels by caste when the entire population, especially the over 15 age group is taken into account. NFHS II data, shown in Table 3, demonstrates in no uncertain terms the difference by caste of the distribution of ever-married women 15-49 who are illiterate. In UP 85 per cent of SC women were illiterate in 1998-99, while only 73 per cent in India and 64 per cent in Tamil Nadu were illiterate. In other words, one aspect of the lack of autonomy of lower caste women all over the country is the high level of illiteracy. But in UP almost all SC and OBC continue to suffer the ignominy of illiteracy. The high enrolment rates of the youngest members of the lower castes noted in the previous paragraph do offer a ray of hope for the next generation, but without some kind of functional literacy programmes being offered for the millions of illiterate lower caste women, especially but not only in UP, there is little hope for the future for the entire cohort of over 15-year old lower caste women who are currently illiterate.

Table 4 offers another insight into the lack of women's autonomy. It compares states according to the share of ever-married women 15-49 years of age in respect of their exposure to the mass media. This is of relevance, since it tells the reader something about their degree of exposure to the world outside the confines of their home, which becomes particularly relevant because so many of them are illiterate. A majority (nearly two-thirds) of SC and OBC women are not regularly exposed to any media in UP; but in Tamil Nadu nearly three-fourths of SC and OBC are. In other words, they don't read a newspaper or magazine at least once a week (hardly surprising if they are illiterate); but

they don't even watch TV or listen to the radio at least once a week. The share of upper caste women with no exposure to media in UP is under half, and negligible in Tamil Nadu. Only 10 per cent of rural residents live in villages that have a community television set, providing further evidence that exposure to electronic mass media is limited in rural UP [IIPS 1999a].

One aspect of the lack of autonomy that women suffer from in northern India is the age at first marriage. Table 5 shows the contrasts between UP and Tamil Nadu for the median age at first marriage, and median age at first cohabitation with husband. In the late 1990s median age at first marriage was 14.7 years in UP, while in India it was 16.4. It is true that median age at first marriage has risen in UP over the past three decades. In rural areas, it is two years higher for women age 20-24 than for women age 45-49. Yet, three-quarters of women age 20-49 in UP married before the legal minimum age at marriage of 18 years for women, as set by the Child Marriage Restraint Act of 1978. What is particularly worrying is that median age at first cohabitation is still only 16 – i.e., at first cohabitation the girls are still children, and still below the legal age of marriage. The median age at first cohabitation is higher only because the formal marriage, in rural areas particularly, will precede the time when a wife starts living with her husband, which typically takes place after the 'gauna' ceremony.<sup>2</sup>

By contrast, in Tamil Nadu the median age at first marriage as well as first cohabitation are both above the legal minimum age (and there is hardly any difference between the age at first marriage and first cohabitation). This clearly demonstrates that just as Tamil women, including Tamil lower caste women, suffer less from illiteracy, they also marry later. When girls are married while they are still effectively children, and their bodies have

**Table 5: Age at First Marriage of Women:  
UP, Tamil Nadu and India (Years)**

	Media Age at First Marriage	Median Age at First Cohabitation with Husband
UP	14.7	16
India	16.4	17
Tamil Nadu	18.7	18.8

Source: National Family Health Survey II 1998-99, National and State Reports.

**Table 6: Total Fertility Rate: UP, Tamil Nadu and India**

	UP	India	Tamil Nadu
SC	4.44 (3.05)	3.15	2.25
ST	4.83 (3.50)	3.06	2.39
OBC	4.12 (2.96)	2.83	2.18
Others	3.77 (2.72)	2.66	1.69
Total	3.99	2.85	2.19

Note: Figure in parentheses are "total wanted fertility rate" – showing unmet need for family planning.

Source: National Family Health Survey II 1998-99, National and State Reports.

**Table 4: Exposure to Mass Media of Ever-Married Women 15-49: UP, India and Tamil Nadu  
(Per cent)**

	Reads Newspaper or Magazine at Least Once in a Week			Watches TV at Least Once in a Week			Listens to Radio at Least Once in a Week			Visits the Cinema Theatre at Least Once in a Week			Not Regularly Exposed to Any Media		
	UP	India	TN	UP	India	TN	UP	India	TN	UP	India	TN	UP	India	TN
SC	6	11	14	22	37	51	24	31	46	2	10	22	64	48	28
ST	12	9	0	21	23	63	26	25	56	1	5	13	66	62	19
OBC	7	19	25	24	45	66	25	36	58	2	13	22	62	41	18
Others	20	30	61	43	56	94	36	42	72	6	11	22	45	31	2

Source: National Family Health Survey II 1998-99, National and State Reports.

not fully matured, they are more likely to have a larger number of pregnancies, less spaced pregnancies, and they and their children are more likely to suffer from medical problems during pregnancy and after childbirth.

### Health Status and Fertility

Table 6 compares the total fertility rate in UP and Tamil Nadu, i.e., the number of children born to women of reproductive age (15-49). In the late 1990s the total fertility rate in UP was nearly double that of Tamil Nadu, and more than one child higher than that in the rest of India. On average, four children were born to every UP woman in the late 1990s, compared to the nearly five children born to them in the early 1990s. What is really remarkable is that SC women in UP in the late 1990s had 4.44 children on average, while Tamil SC women had half as many, or 2.25. In fact, for population growth to stabilise in any country, the total fertility rate should reach 2.1, which is called the replacement rate (i.e., the fertility rate needed to just replace the existing population as the older generation passes away). In Tamil Nadu, that fertility rate had already been nearly achieved at the end of the 1990s – the only state in India, other than Kerala, where this remarkable achievement has been made.

The fact that the fertility rate in UP at the end of the 1990s was double that of the rate required to stabilise the population is a striking indicator of the state of human development in UP. A fertility transition usually follows a health transition and the control of communicable diseases. The hope, however, comes from the fact that between 1992-93 and 1998-99 the fertility rate fell from 4.82 to 3.99, which is a remarkable gain. If this rate of decline continues then it is conceivable that it could decline to replacement level in roughly 10 years from now, or by 2015.

However, the “total wanted fertility rate” tells a story that speaks volumes for the failures of the state in providing a reproductive health service that is effective. Even SC women in UP wanted only three children, but they were having 4.44 children on average (Table 6). OBC as well as upper caste women were also having at least one child more than they wanted to. This is an indicator of unmet need for family planning services. In other words, had the family planning services been effective, SC women in UP would have had on average only three children,

**Table 7: Use of Any Method of Family Planning for Ever-Married Women 15-49: UP, India and Tamil Nadu (Per cent)**

	UP	India	Tamil Nadu
SC	24.8	44.6	48.6
ST	15.1	39.1	54.4
OBC	24.2	46.8	53.1
Others	32.7	53.5	55.8
Total	28.1	48.2	52.1

Source: National Family Health Survey II 1998-99, National and State Reports.

**Table 8: Reproductive Health Status by Caste: Per Cent of Births Whose Mothers Were Assisted at Delivery**

	UP			TN			India		
	Health Professional	TBA (dai)	Others	Health Professional	TBA (dai)	Others	Health Professional	TBA (dai)	Others
SC	17.1	31.1	51.6	74.7	16.1	9.2	38.8	37.7	25.1
ST	13.1	34.4	51.2	–	–	–	23.0	44.4	32.2
OBC	17.7	30.9	52.3	86.9	8.1	5.0	44.9	34.9	19.9
Others	29.7	39.5	30.3	98.9	–	1.6	48.9	31.4	19.5
Total	22	35.0	43.0	83	10	6	42.0	35.0	22.0

Source: As in Table 1.

not four and a half. In other words, the state which was supposedly committed to eradication of discrimination between social groups, and the parties that had mobilised lower castes through the 1990s seem to have ignored the issue of reproductive health of women generally.

If the two topmost priorities of a reproductive and child health (RCH) programme in south Asia are (i) ensuring safe motherhood and improved child health; and (ii) raising contraceptive prevalence rates, then clearly those objectives are yet to be met adequately in UP, while they are largely being met in Tamil Nadu.

Table 7 gives further evidence of the near total absence of a family planning programme worth the name in UP. Barely 28 per cent of the state's women of reproductive age were using any form of family planning – modern or traditional – in the late 1990s. Compared to that, 48 per cent of the nation's women were using some form of family planning, while in Tamil Nadu the share was even higher. Even SC women in Tamil Nadu and the rest of India were using some form of family planning to a greater extent than all UP (or even upper caste UP) women. This demonstrates that in some ways even SC women in Tamil Nadu have more autonomy than the average woman in UP.

One indicator of the health of women and children is the proportion of births that are assisted by a health professional (i.e., a doctor, nurse, or midwife). A traditional birth attendant (or ‘dai’), who is not trained, is not seen as a safe method of birth delivery for either mother or child; nor is help during delivery from a friend or relative. All births in industrialised countries occur in the presence of a health professional, regardless of whether they occur at home or at a health facility. In the late 1990s, barely 22 per cent of births in UP were under the supervision of a health professional. But 83 per cent of births in Tamil Nadu were assisted by a health professional, and barely 10 per cent by a traditional birth attendant, and only 6 per cent by others (i.e., friends and relatives).

It is remarkable that in Tamil Nadu 75 per cent of SC women and 87 per cent of OBC women delivered their children assisted

**Table 9: Reproductive Health Status by Caste: Place of Child Delivery in UP, Tamil Nadu and India (Per cent)**

	UP		Tamil Nadu		India	
	Home	Health Facility	Home	Health Facility	Home	Health Facility
SC	88.9	10.2	30.2	68.7	72.1	26.8
ST	89.8	8.8	–	–	81.8	17.1
OBC	86.6	12.8	17.2	82.8	62.8	36.1
Others	77.7	20.0	–	98.3	59.0	40.1
Total	73.8	15.4	20	79.3	65.4	34.0

Note: Home=Own home (in majority of cases) or parents home; health facility = public, private or NGO / trust. Numbers do not add to 100 per cent because delivery may have occurred at other locations than home or health facility

Source: As in Table 1.

by a health professional, but barely 17 per cent of UP women of the scheduled caste did. SC women in Tamil Nadu were doing much better than even upper caste women in UP. This shows that all women had better reproductive health facility access and use in Tamil Nadu than in UP.

The place of delivery gives yet another indication of how poor the public health delivery system in UP is compared to Tamil Nadu (Table 9). Three-fourths of all UP pregnant women delivered their baby at home; barely 15 per cent at a health facility. The proportions are completely in reverse for Tamil Nadu: three-fourths of Tamil women delivered their baby at a health facility, and only a fifth did so at home. Regardless of which caste you belong to in UP, the probability that the pregnant woman will give birth at home exceeds three out of four.

Not surprisingly the health indicators of UP's children are nearly twice as bad as those of Tamil children (Table 10). A very large proportion of deaths of babies occur in the first week after birth (called neo-natal mortality), it accounts for an overwhelming share of all the infant deaths that occur during the first year after birth. For SC children, the Tamil Nadu infant mortality rate (IMR, or babies that die within the first year of birth) is 42 per 1,000 live births, while in UP it is 110 – or two and a half times higher. Although the absolute gaps between SC and upper caste child mortality rates in both UP and Tamil Nadu are large and roughly of the same order of magnitude, the point is that all children in Tamil Nadu are doing much better than all children in UP.

**Table 10: Infant and Child Mortality Rates by Castes:  
UP, Tamil Nadu and India**  
(No of births per 1000 live births)

	UP		Tamil Nadu		India	
	IMR	USMR	IMR	USMR	IMR	USMR
Illiterate	104.7	146.3	64.1	82.0	86.5	122.8
SC	110	158.1	41.8	63.3	83.0	119.3
ST	83.3	124.5	-	-	84.2	126.6
OBC	105.7	142.2	52.7	63.0	76.0	103.1
Others	82.3	112.1	-	-	61.8	82.6
Total	86.7	122.5	48.2	63.3	67.6	94.9

Source: As in Table 1.

**Table 11: Nutritional Status of Women: UP, Tamil Nadu and India**  
(Per cent)

	UP			TN			India		
	Per Cent below 145 cms	Per Cent with BMI <18.5 Kg/ m <sup>2</sup>	Anaemic	Per Cent below 145 cms	Per Cent with BMI <18.5 Kg/ m <sup>2</sup>	Anaemic	Per Cent below 145 cms	Per Cent with BMI <18.5 Kg/ m <sup>2</sup>	Anaemic
SC	18.4	41.6	51.9	15.5	38.1	64.2	17.0	42.1	56.0
ST	18.9	40.8	53.6	12.7	56.1	61.2	13.5	46.3	64.9
OBC	18.5	38.1	51.0	11.0	26.3	54.2	13.5	35.8	50.7
Others	13.5	34.2	45.2	5.8	12.4	49.4	10.9	30.5	47.6
Total	16.4	35.8	48.7	12.0	29.0	56.5	3.2	35.8	51.8

Source: As in Table 1.

**Table 12: Nutritional Status of Children: UP, Tamil Nadu and India**  
(Per cent)

	UP			TN			India		
	Underweight	Stunted	Wasted	Underweight	Stunted	Wasted	Underweight	Stunted	Wasted
SC	60.3	63.1	115	48.1	41.2	21.6	53.5	51.7	16.0
ST	59.4	69.3	13.7	32.8	25.1	19.3	55.9	52.8	21.8
OBC	53.3	55.7	13.6	-	-	-	47.3	44.8	16.6
Others	45.9	50.3	9.3	-	-	-	41.1	40.7	12.8
Total	51.7	55.5	11.1	36.7	29.4	19.9	47.0	45.5	15.5

Note: Per cent of children under age 3 classified as undernourished on three anthropometric indices: weight for age (underweight), height for age (stunted), and weight for height (wasted).

Source: As in Table 1.

## Nutritional Status

The indicators of nutritional status of women are their mean height (those below 145 cms in height are seen as under-nourished and stunted) and their body mass index (those below 18.5 kg per metre of their height squared are seen as under-weight). As expected, women in UP are doing much worse than women in Tamil Nadu. There are considerable differences between castes in Tamil Nadu, but in UP women of all castes are doing nearly equally badly. The nutritional status of women is of critical concern for the nutritional status of their children. That is because under-nourished, small, under-weight women are more likely to give birth to low-weight babies. And low weight babies suffer from a life-long disadvantage, quite apart from suffering from greater probability of dying before the age of one.

Similarly, anaemic women are more likely than non-anaemic ones to suffer from complications of pregnancy, and give birth to low-birth weight babies. Iron-deficiency anaemia can be easily redressed through regular intake of iron tablets; yet, half of all UP women and over half of all Tamil women suffer from anaemia (Table 11).

The preceding discussion brings me to the nutritional status of children. South Asia has the worst child malnutrition rates in the world, and UP the worst malnutrition rates in India [Osmani 1997; Smith and Haddad 2000; Mehrotra 2004]. Table 12 presents child malnutrition based on three anthropometric indices: weight for age (underweight), height-for-age (stunted), and weight-for-height (wasted). Children who have a weight for age below 2 standard deviations from the mean of the reference population are said to be underweight; stunting (an indicator of chronic malnutrition) and wasting (an indicator of acute malnutrition) are similarly defined as characterising those children whose height-for-age and weight-for-height are below 2 standard deviations from the mean of the reference population. Half of UP's children are underweight, and over half are stunted. However, just over a third of Tamil children are underweight, and only 29 per cent of them are stunted. The caste differences

in malnutrition are also greater in UP than in Tamil Nadu, with the lower castes naturally doing much worse.

### Progress during the 1990s?

Finally, let me turn to the progress in respect of human well-being (education, health and nutrition) that has been made in UP over the period that the dalit and OBC parties have been in power. Table 13 presents data for these indicators for two points of time in the 1990s – at the beginning and at the end of the decade. Naturally, in almost all indicators of well-being there has been some improvement. However, the real test to determine whether UP is catching up with the rest of India or actually lagging further behind is to estimate whether the rate of progress in UP has been greater than the rate of progress in the rest of India. Since UP is a well known laggard in terms of human well-being compared to the rest of India, the concern is whether the state been converging with India or not? For this reason, we adopted the following methodology. We estimated the percentage change over the 1990s for each indicator for UP and also for India. We then compared this difference between UP and India. It is important to note that what we compared was not the percentage point change, because that would be misleading, since larger percentage point changes are bound to occur if the initial value is worse, as it normally is for UP. What we compared rather was the relative magnitude of the inter-temporal improvement, i.e., the percentage change compared to the initial value at the beginning of the 1990s (comparable to the “difference in difference” approach). If the percentage change (i.e., improvement) in the value of the indicator is greater for UP than for India, then one can say that UP was catching up with the rest of India; otherwise not. And since we know from the earlier discussion that it is the SCs and OBCs who have the worst social indicators in UP, catching up for UP really rests upon the progress that these underprivileged groups make over the period of their mass mobilisation and their political parties being at the helm of power.

**Table 13: Progress on Education, Health and Nutrition Indicators between 1992-93 and 1998-99: UP versus India**

	UP		India	
	1992	1999	1992	1999
<i>Education</i>				
Per cent illiterate (females age 6+)	68.5	57.3	56.7	48.6
Per cent attending school (females age 6-14)	48.2	69.4	58.9	73.7
<i>Water and sanitation</i>				
Per cent of households with drinking water from pump/pipe	74.3	85.6	68.2	77.9
Per cent of households with no toilet facility	77.1	71.8	69.7	64.0
<i>Reproductive health</i>				
Per cent of women age 20-24 married before age 18	63.9	62.4	54.2	50.0
Total fertility rate	4.82	3.99	3.39	2.85
Per cent of women using contraceptive method	19.8	28.1	40.6	48.2
Unmet need for family planning (per cent)	30.1	25.1	19.5	15.8
Births delivered in a health facility (per cent)	11.2	15.5	25.5	33.6
Deliveries assisted by health professional	17.2	22.4	34.2	42.3
<i>Child health and nutrition</i>				
Infant mortality rate (no/1,000 live births)	99.9	86.7	78.5	67.6
Under 5 mortality rate	141.3	122.5	109.3	94.9
Per cent of children under 4 underweight	59.0	51.7	53.4	47.0
Per cent of children under 4 stunted	59.5	55.5	52.0	45.5

Source: NFHS I 1992-93 and NFHS II 1998-99.

We know from Census 2001 data that UP's literacy rate increased by 13 percentage points, while India's national literacy rate also rose by 13 percentage points. However, given that UP started from a lower initial rate, UP's change amounts to a higher advance upon its initial status than for the rest of India. Table 13 also shows that for education indicators (per cent illiterate and per cent children attending school) UP made faster advances than the rest of India. However, one should note two important caveats. First, this improvement occurred primarily because of additional resources coming to UP both from the central government as well as from donor sources [Srivastava forthcoming, 2005b; Mehrotra et al 2005; Mehrotra 2005a, b]. The 1990s was a decade which saw, for the first time since independence, very significant donor resources being pumped into elementary education. It was not locally mobilised resources within UP that were the source of this investment. If anything, elementary education spending in UP per capita continues to be one of the lowest of any state. Second, the absolute values in UP for the social indicators are so much worse in UP that a large percentage change is almost inevitable – given that the gap between UP and Indian values are so large.

In respect of most indicators other than elementary education, i.e., water and sanitation, health and nutrition, UP's progress did not exceed that of the rest of India, or the difference in progress was insignificant (for total fertility rate, drinking water, infant mortality, under five mortality, underweight children). In many cases, UP's progress was actually slower relative to that in India as a whole (stunted children, unmet need for family planning, households with toilet, age at marriage, unmet need for family planning). It was slightly better in UP than the rest of India for some indicators of reproductive health – per cent of women using any contraceptive, births delivered in a health facility, and deliveries assisted by health professional. Clearly, this record does not amount to a better performance in the 1990s in UP compared to the rest of India.

## I Technical Interventions that Account for Health Transition and Educational Advances in Tamil Nadu

The Tamil Nadu success story in bringing down the total fertility rate (2.0) and IMR (53) seems to suggest that it had much to do with the success of its RCH programme. The demographic transition of Kerala has been widely acclaimed because its mortality and fertility levels have reached those of developed countries of the world.<sup>3</sup> Tamil Nadu, on the other hand, has accomplished a feat similar to that of Kerala in fertility decline in a much shorter time span and without the same level of educational attainment or decline in mortality.

The state government has shown remarkable initiative in its health policies. The state is better prepared than most others in implementing many components of the reproductive health programme that India launched in October 1997. For example, even before the government of India announced the removal of method-specific family planning targets in major states in 1995 and from the entire country in 1996, the Tamil Nadu government had removed targets assigned to non-health personnel in the district of North Arcot as early as 1991-92 [Visaria 2000]. It went on to take a series of actions which account for the effectiveness of its public health system.

One related to the recruitment of medical officers. A major social change introduced in Tamil Nadu relates to the reservation policy in higher education. As a result, in the past 40 years higher professional education has become available to middle castes and classes from district towns. Consequently, a cadre of doctors with roots in small towns is willing to work in primary health centres in villages at commuting distance.

Employment as medical officers in the primary health centres is attractive on several counts. One, it allows private practice by medical officers under certain conditions. Two, 50 per cent of the postgraduate seats in all branches of medicine are reserved for doctors who complete three years of service in the primary health centres or district hospitals. Three, 15 per cent of the seats for medicine (leading to MBBS degree) and the dental (leading to a BDS degree) courses are reserved for rural schools. This increases the retention of medical officers in rural areas and assumes that people with a rural background would not resist being posted there.

Besides, doctors are recruited on a zonal basis. Tamil Nadu is divided into nine zones, with each zone comprising of two to three districts. Doctors are recruited through the Tamil Nadu Public Service Commission to work in the zone from where they hail for a minimum period of 10 years. Even after five years of completion of service in the primary health centres (PHC), the medical officer is placed in the same zone when released to work in a hospital (Government of Tamil Nadu, 2003).

To strengthen the logistics management system of healthcare, a Tamil Nadu Medical Services Corporation (TNMSC) was established in January 1995. It is the apex body for the purchase, storage and distribution of high quality drugs, medicines, sutures and surgical instruments for government medical institutions in the state. It also supplies equipment to hospitals and maintains its own CT scan centres in a few government hospitals.

The corporation consults the WHO list of rational drugs and finalises every year the list of drugs and medicines required by government medical institutions in the state, based on the recommendations of a committee. Open tenders invited from reputed manufacturers are processed in a systematic manner. Drugs are made available at highly competitive rates by suppliers finalised by the corporation. Processing, placement and distribution of orders of drugs to the PHCs and dispensaries is done using the computer network. This is an almost exemplary programme of drug procurement. Given that out of pocket expenditures account for a higher share of total health expenditure in India than public expenditure does, and drug costs are a significant share of that private expenditure, this is a programme with significant externalities.

In addition, industrialists are encouraged to adopt and maintain primary health centres and government hospitals in the state at their cost. The state government has also actively involved the donor community in its quest for health for all. The state has received assistance from several donors, chief among them being DANIDA.

A reward and incentive system operates at both the individual and community level, and is applicable for the providers and clients. A woman health worker who ensures that there is no infant death during a year in her area is rewarded with a gold sovereign. At the district level, the medical officer of a PHC registering the highest per cent reduction in infant mortality rate in the area gets a rolling shield. The collector of a district also receives a rolling shield for achieving maximum reduction

in IMR in the district. This kind of recognition for achievement in the public health system is demonstrated to have had a remarkable effect on morale and outputs in Brazil, starting with the poor north-eastern state of Ceara in 1989; so successful was the programme that other states adopted it throughout the 1990s.

Further, in order to reduce deliveries by untrained personnel, the woman health worker (VHN) in Tamil Nadu is paid Rs 50 for conducting a delivery at home in the rural areas. Also, VHNs are encouraged to refer complicated pregnancies to higher levels of care and are paid Rs 25 for timely referral. In order to cover the entire sub-centre area regularly, VHNs are given an advance for purchasing a cycle or two-wheeler.

To improve the availability of services, the Tamil Nadu government has introduced a 24-hour service in several primary health centres. To begin with, the block level PHCs were upgraded to function for 24 hours a day to provide delivery care to rural populace. At the end of 1997-98, there were 250 PHCs that functioned as 24-hour centres (Government of Tamil Nadu 2003). Efforts were underway to upgrade the remaining block level PHCs as well. The problems of the staff were being tackled by hiring additional VHNs on a contractual basis and providing living accommodation to those who work night shifts. Most of the day and night PHCs have been provided with an ambulance to be available for emergency obstetric care.<sup>4</sup>

## Reasons for Successes in Education

There are similar reasons for the successes of Tamil Nadu in the field of school education and literacy. Several factors account for the fact that in elementary education, Tamil Nadu is a high-achiever state, relative to other Indian states. First, the Tamil Nadu (or Madras state, as it was then called) literacy rate at the time of the first Census (1951) after independence (1947) was slightly higher than the national average (around 18 per cent). Some historical factors accounted for the situation in what was then Madras state.<sup>5</sup> There was a major shift in the Madras presidency government's education policy from 1910 onwards. Spurred by the national movement under leaders like G K Gokhale, the government of India agreed to subsidise the opening of elementary schools in every village with more than 500 inhabitants. Hence a liberal recurring grant of Rs 5 million was sanctioned from Imperial subsidies that enabled the provincial government to subsidise district boards for the opening of such new schools. This was followed by the Madras Elementary Education Act 1920, as a result of which local authorities were given the responsibility for elementary education. The Act gave powers to levy a special tax to raise funds for education, and introduce compulsory primary education in selected areas based on their financial position. Girls' education benefited: the share of girls in elementary schools rose from one-fourth of all students in 1911-12 to one-third in 1926-27 [Government of Tamil Nadu 2003].

Second, like its neighbour Kerala, the state of Tamil Nadu was the beneficiary of early social movements after independence (see Section III for details). The Dravidian movement, which began in Tamil Nadu, aimed at providing opportunities to all irrespective his/her caste or religion. Educating the people and eradicating superstition that plagued society, was one of its objectives. It had a commitment to social justice which contributed to the education revolution in the state. The Dravidian parties and the earlier Kamaraj regime's biggest achievement was their

dedication to providing primary education. Not surprisingly, enrolment of scheduled castes and scheduled tribe accounted for 24 per cent of total enrolment in 1998-99 – higher than the share of SCs/STs in the state (19.2 per cent) [Government of Tamil Nadu 2003]. This is of interest, since it is precisely the SC/ST children that tend to have the lowest enrolment rates in the northern states (see Panchamukhi 2005 for Madhya Pradesh; Karan and Pushpendra 2006 for Bihar).

Third, Tamil Nadu has pioneered various schemes to enhance enrolment in elementary education, such as mid-day meals (introduced by chief minister M G Ramachandran). Long before the national mid-day meal programme began in 1995, in 1982 the Tamil Nadu government introduced this programme to cover all rural children between the ages of 2 and 9. It was then extended to urban areas and to ages 10-15 in 1984. The government also provides textbooks free to all children up to class 8 in government and government-aided schools, as well as free uniforms to all beneficiaries of the mid-day meal scheme.

Fourth, the Tamil Nadu government has been quite innovative in seeking out private support for government schools. The government noted that only about half of the schools in the state in dire need of maintenance, more classrooms, and so on, actually received any attention. In 1995 the government devised a scheme to honour private donors by naming the school after them, if they contributed at least 50 per cent of the expenditure to construct a primary school, or constructed two rooms for a school [Radhakrishnan and Akila 2002].

Finally, as we noted above, the Tamil Nadu government has been successful in bringing down the infant mortality rate below the national average, and as a result the total fertility rate (TFR) has also declined over time through behaviour change. As a result the number of children at primary level in Tamil Nadu started declining in the 1990s. Thus, even if the government now maintains its current level of expenditure it should be able to improve the quality of the teaching-learning experience. Or, as Tilak and Nalla Gounden (2005) note, even though public expenditure on elementary education fell in the 1990s, per capita expenditure was not particularly affected.

While the technical interventions that account for the health and educational status of the Tamil Nadu population are the proximate reasons for the level of human development in that state, the real explanation for the health, educational and nutritional status lie deeper in the social movements that have characterised Tamil Nadu. The first half of the 20th century saw the rise of many mass movements to mobilise the lower castes in the southern states, especially in Madras presidency.<sup>6</sup> These movements can be credited with many of the social achievements characteristic of the three southern states – Kerala, Tamil Nadu and Karnataka. The social mobilisation in Tamil Nadu has been much longer than in UP – but it has also been more inclusive and thus benefited all, even though contradictions still remain between the OBCs and the dalits. This is very different from the situation from UP [Kumar 1965; Subramaniam 1999; Harris 2001; MSS Pandian 1992 for an analysis of Tamil Nadu social movements]. The Dravidian movement in the state provided socio-political and cultural space for the deprived sections to assert themselves. While it is undeniable that the gainers in this process were largely the middle castes (who were three times as numerous as the dalits in Tamil Nadu), the assertion by the deprived – including the dalits – could hardly be divorced from this movement [Viswanathan 2005].

### III Programmatic Weaknesses of Caste-based Mobilisation of UP

We return now to our primary concern in this paper with UP. The previous two sections were intended to explore first the technical interventions and then the political mobilisation that account for the indicators of well-being in Tamil Nadu being so good. It is now possible to bring together the programmatic and political narratives of this paper. The real reason for the differences in well-being of the populations of UP and Tamil Nadu lies in the programmatic weaknesses of the mass mobilisations of dalits and OBCs that have occurred in UP since the end of the 1980s. These programmes have been described well by others [Pai 2004; Verma 2005]. Suffice here to merely summarise the specific programmatic deliverables of the dalit and OBC parties over the last 15 years.

One can identify six planks to the programmes of the dalit party in UP, their main political party, the Bahujan Samaj Party, as manifested in its three governments in UP (of 1995, 1997 and 2003).<sup>7</sup> (Later we briefly summarise the main political programme of reservations of the Samajwadi Party, the leading political party of the backward castes in UP).

(1) *Education:* A range of scholarships were initiated for children up to high school; hostels were built for dalit students, especially girls in urban areas; ashrama-type schools and coaching centres were also begun. However, these targeted interventions appear to be aimed at children who have at least cleared primary school, and completely ignore the dalit children who are out of school. It ignores also the quality of rural government schools generally, which is the main reason why even children who enrol drop-out before they complete elementary schools as their teachers are regularly absent [PROBE 1999; Mehrotra et al 2005; Mehrotra 2005a, b]. According to the 1991 Census, the literacy rate among the SC population in Uttar Pradesh was 26.85 per cent, compared to 41.60 per cent among the total population. However, literacy among SC females was very low. As compared to 25.31 per cent literacy among all females, only 10.69 per cent of SC females were literate. By 2001, the overall literacy rate in UP was 55 per cent; even if we assume the SC literacy rate increased in the 1991-2001 decade by the same percentage points, it would still mean it stands at 40 per cent for the SC population and 25 per cent for the female SC population. Kerala and Tamil Nadu did not address their exclusion of SCs from the educational system by action targeted merely at SCs or lower castes. It happened because the government education system received the investments that led to all boats rising with the level of the water. Targeted action, aimed only at the SCs helps when the general educational system is providing quality education; and if there is still exclusion for reasons of caste, religion or gender, then targeted action can help to pull up the excluded.

(2) *Social assistance:* Assistance was provided to dalit families during sickness, marriage and other contingencies. Dalit women were provided with work under employment schemes and the target of the Indira Awas Yojana. Priority was given to SC members in the case of supply to sugar mills and farmers of the SC were nominated to all the cooperative sugar cane committees. Other economic measures included granting various contracts to SCs in stone quarries and cane crushing.

However, these programmes do not display any real strategy to alleviate the poverty of the dalits. We saw in Section I that

UP's dalit children have a higher than average probability of being undernourished and stunted. We also saw that dalit women suffer from very poor access to the public health system, and have far worse health indicators than the upper castes in a state which has among the worst health and nutritional indicators for any state in India. In fact, in the programmes aimed at the lower castes of UP, there is not even so much as a mention of a health or nutrition-related intervention, in contrast to the programmes of the Dravidian parties in Tamil Nadu.

(3) *Job reservation:* A number of reserved posts were quickly filled and government included about 15 lower castes in the OBC category and promised them reservations. The constitution of the SC/ST commission was completed. Many posts at the district level, such as police station in-charge, were reserved for dalits. Special courts for dalits were set up in all districts for the first time, which would try cases related to the Protection of Civil Rights Act.

This is a legitimate programme, given that SCs are under-represented in government at appropriate levels. Due to low literacy levels, SC candidates cannot avail of the opportunity of employment even against reserved vacancies.

Though this information is somewhat dated, in 1991 SCs were well represented at the lowest levels of government service (Class D) – or at least proportionally represented at the lowest level. At all higher levels of government service they were under-represented. However, this merely underlines the point above that what is needed in order to correct this injustice is that the government school system, which is what is accessed most affordably by the poor SCs, needs to be transformed – but that is not part of the agenda of either the mass mobilisation of the lower castes or the programme of the relevant political parties.

(4) *Distribution of land:* Since the leaders of the dalit movement believe that the unequal distribution of land is the result of the inequities of the caste system, they do not advocate redistribution of land, but a social revolution. They argue that oppression by upper caste landlords is the fundamental reason why land relations are unequal and landless labourers are ill-treated. Hence, the argument goes, political power should be in the hands of dalits if the oppression is to be checked, and also unused lands and land released by landlords who owned more than the legal ceiling should be distributed to the landless dalits. Accordingly, 81,500 dalits were granted ownership of over 52,000 acres of land. Second, 1,58,000 dalits were given actual possession of the land granted to them. Third, 20,000 dalits were given about 15,000 acres of gram sabha land and all cases of illegal occupation of such land against them were withdrawn. Fourth, all tenants of more than 10 years tenancy were given bhumidari rights, which benefited many dalits and OBC farmers.

The poverty ratio of the SC population with respect to the total population at the national and state level is given in Table 14:

The most important reason for the poverty incidence being higher among the SCs is that 88 per cent of them live in rural areas and a full third (32 per cent) of the rural SC male workers are agricultural labourers [Srivastava forthcoming]. While just a third (34.5 per cent) of rural SC male workers are cultivators (i.e., own some land), by contrast, 61 per cent of OBCs and 68 per cent of upper caste rural male workers are cultivators. Land is clearly an asset that SC households in rural areas need. However, the effectiveness of the land distribution programmes of the UP governments have been challenged in the literature [Pai 2004].

(5) *Area-based development:* The Ambedkar Village Programme was launched in earnest by the first dalit party government in 1995

(although it had been initiated earlier in 1991 by the government of the backward castes party, the SP). It was meant to be an area-based programme to provide social services (link roads, drainage, drinking water, electrification) to villages where the dalits were 22-30 per cent of the total population. Reservations for dalits in panchayat bodies and their politicisation helped to implement this programme. Between 1991 and 1997-98 a total of over 25,000 Ambedkar villages were selected for these services. The idea was that funds for IRDP and NREP, earlier spread thinly through all the districts of the state, were to be concentrated in villages with a proportionally higher SC population.

However, in the case of these programmes as well the benefits went into the hands of a small and already well-off section of the dalits. These better off dalits had taken advantage of the reservation of posts in the panchayats after the 73rd constitutional amendment resurrecting the panchayati raj institutions [Pai 2004].

(6) *Symbolic actions:* The least valuable programme of activities of the dalit party in power was constructing memorials, naming roads, universities and districts after important leaders of the dalit movements, creating 16 new districts and naming them after saints and gurus of the dalits, constructing plazas and parks dedicated to Ambedkar – all of which absorbed very significant sums of state funds in a state where the treasury was essentially bankrupt [Shankar forthcoming and Singh forthcoming]. Most remarkably, during the period of the tenure of the dalit party in power in 1997 alone, 15,000 statues of Ambedkar were installed. More than anything else, these symbolic actions were the public face of the problems with leakage and governance that has characterised the last 15 years of governments. In principle, symbolic actions can be beginning of social revolution (and as we noted earlier, the Tamil mobilisation was also about "maanam" – dignity), but such actions have to be followed by serious, well planned technical interventions.

The fact that these programmes have not changed much in substance even now is indicated by the fact that the UP government's Tenth Five-Year Plan (2002-07), in its chapter on the Empowerment of Weaker Social Groups, is still following the same approach.

It is obvious that none of these programmes compare with what we have narrated in Sections II and III about either the technical interventions or the content of the mass mobilisations in Tamil Nadu. In fact, one of the two areas of similarity appears to be that both did focus on dignity ("maanam" in Tamil, and "sammaan" in Hindi) of the dalits. Other than that, both the rhetoric as well as the reality of the programmes in UP was largely about capturing power, as though capturing power was an end in itself, rather than a means to a larger end.

The other area of similarity was the policy of reservations of government jobs and in institutions of higher education. Reservations were a perennial demand of the lower caste mobilisations in the Madras presidency going back to the 1920s (starting with the Justice Party). That emphasis on reservations really emerged in UP only after the recommendations of the Mandal Commission,

**Table 14: Scheduled Castes Population Living below Poverty Line**

Category	Poverty Per Cent (1993-94)	
	India	Uttar Pradesh
Total population	37.4	40.85
Scheduled castes population	48.9	59.20

Source: UP Government, Tenth Five-Year Plan.

the government of India passed orders in 1991 providing reservation of 27 per cent vacancies to OBC candidates. More than any other party, the party of the OBCs in UP (the SP) took up cudgels on behalf of the OBCs, since the reservations for SCs/STs were already a constitutional requirement since the Constitution of India came into existence in 1950. But as we have noted earlier, reservations merely benefit what in Indian parlance are called the "creamy" layer of the OBCs, rather than the poor OBCs.

#### **IV** **Conclusions and Policy Implications**

The central argument of this paper has been that the mass mobilisation of neither the dalits nor that of the OBCs in UP has served very well the interests of the poor within either of these two sets of social groups. Despite the contradictions between the dalits and the OBCs in Tamil Nadu political parties that have prevailed historically, the mass mobilisation was broad-based enough to create the space for an all-round advance in the well-being of the *entire* population of that state. It is true that the OBC and dalit population together in Tamil Nadu constitutes a much larger share of the total population of that state than these do in UP. However, the OBC and dalit population of UP still constitute a near majority (and possibly a full majority) of its population. The failure of the parties representing their interests is even more egregious for this reason.

The lesson of the social transformation in Tamil Nadu is that there are technical interventions needed to transform the health,

nutrition and education of the poor (Section II). Those interventions are the responsibility of the state government, since health and education are state subjects (although they are also on the concurrent list in the Indian Constitution). The state governments are the ones that account for nearly 90 per cent of total government expenditure on health and education. However, the point is that those technical interventions are unlikely to happen without a social mobilisation – a la Tamil Nadu and Kerala.

Until these social mobilisations happen in the northern states that are lagging behind – the so-called BIMARU (Bihar, Madhya Pradesh, Rajasthan, UP) states – there is a role for the central government to trigger actions at the state level to ensure some empowerment of the lower castes in these states. With the exception of Madhya Pradesh (which has been far more successful at effective social service delivery compared to the other three Hindi-belt Bimaru states within the last decade), there is growing evidence that these state governments have been unwilling to devolve transfer functions and finance on basic health and education to the panchayati raj institutions [World Bank 2004; Mahipal 2004]. It is only if the central government turns the screw on these state governments might they be more proactive and make decentralisation work, consistent with the spirit of the 1993 constitutional amendment mandating the creation of local government institutions. The central government could make fiscal transfers to state governments conditional upon functions and finance being devolved in the health and education sectors to the panchayats. Transferring these functions and finance will help make functionaries (teachers, doctors, auxiliary nurse midwives and nurses) at least partly responsive and accountable to their clients

**Sage**

they are meant to serve, rather than to a superior official in a line ministry [Mehrotra 2005a, b; Mehrotra et al 2005; Panchamukhi 2005]. Such an institutional mechanism of accountability to local clients will help to empower the poor and the lowest castes – who are, as we have seen in this paper, excluded from access to basic services.<sup>8</sup>

The successes of Tamil Nadu (and of course Kerala) in every aspect of human development – education, health, nutrition – is a constant reminder to all who care to study the history of human progress in these states, that mass mobilisation by political parties interested mainly in capturing power is only meaningful to the masses if it leads to tangible advances in human well-being and the capabilities of the poor. The masses reward such tangible advances in their well-being with repeatedly returning such parties to power at the hustings.<sup>9</sup> On the other hand, failure on this count is punished mercilessly by the poor – as the merry-go-round of governments of lower-upper caste coalitions in Uttar Pradesh over the last 15 years has proven. **EPW**

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## Notes

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- 1 The NSS places the share of upper caste population in UP's population at 21.3 per cent and that of OBCs at 33.4 per cent [Srivastava forthcoming].
- 2 In urban areas there is almost no delay between marriage and cohabitation [IIPS 1999a].
- 3 Kerala's achievement has been possible despite the low level of its economic development. Kerala's success is largely attributed to high literacy levels among women and men, and the relatively higher status and high age at marriage of women.
- 4 These paragraphs draw upon Visaria (2000).
- 5 It was then called Madras, which included the backward areas of what is now Andhra Pradesh as well as the backward part of what is now Kerala – Malabar – which together had the effect of reducing the literacy rate in Madras presidency.
- 6 Madras Presidency consisted of parts of what is now Kerala, much of Andhra Pradesh, a small part of Karnataka, and of course, current Tamil Nadu.
- 7 The description of the programmes draws heavily upon Pai (2004) and the UP government Tenth Five-Year Plan document.
- 8 In fact, Kerala in the 1990s is an exemplary case of empowerment of panchayats and bottom up planning. As much as 40 per cent of total plan resources are devolved in Kerala to the panchayats.
- 9 The repeated wins of the Communist Party of India (Marxist) and the Left Front in West Bengal, the Dravidian parties in Tamil Nadu, the 10-year term of the Congress Party in Madhya Pradesh (which ended in 2003), and the Left Front in Kerala are all evidence of this fact.

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