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- Deepen understanding of the main causes of childhood poverty and poverty cycles, and increase knowledge of effective strategies to tackle it in different contexts;
- Inform effective policy to end childhood poverty, ensuring that research findings are widely communicated to policy makers, practitioners and advocates;
- Raise the profile of childhood poverty issues and increase the urgency of tackling them through anti poverty policy and action;
- Work globally to tackle chronic and childhood poverty in developing and transition countries.

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Childhood Poverty in Rajasthan

A review of literature

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Preface

This paper is one of a series of working papers, reports and policy briefings on different aspects of childhood poverty published by the Childhood Poverty Research and Policy Centre (CHIP). CHIP is a collaborative research and policy initiative involving academic institutions and Save the Children in China, India, Kyrgyzstan, Mongolia and the UK. It aims to:

- Deepen understanding of the main causes of childhood poverty and poverty cycles, and increase knowledge of effective strategies to tackle it in different contexts
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The views in this paper are those of the authors and do not necessarily represent those of CPRC, DFID or Save the Children.

Executive Summary

This paper analyses the relationship between livelihoods and childhood poverty and wellbeing in the state of Rajasthan. It uses a livelihoods framework and relates this to key aspects of education, health and work of children, as well as the inter-generational transfer of poverty. The paper forms the basis for the ongoing primary research on childhood poverty in Rajasthan being undertaken by IDS Jaipur as part of the Childhood Poverty Research and Policy Centre (CHIP) programme of work. The paper examines the effects of poverty on children, both now and in later life. Given the stark inequalities in wellbeing in Rajasthan based on gender and caste, the paper explores how discrimination based on these social differences affects children in poverty.

A number of significant indicators reflect the extent and significance of poverty in India in general and in Rajasthan in particular.

1. India accounts for the majority of the poor in South Asia, with 260.2 million people living in poverty in 1999/2000 (GoI, Planning Commission, 2001). Poverty in India is associated with limited access to productive assets, skills, capabilities and infrastructure, which prevents poor people from benefiting from economic growth. A key characteristic of poverty in India is the great diversity in the level of deprivation and social development across the states.
2. According to the 2001 Census of India, the population of children below 18 years is estimated to be around 400 million. While the IMR is 43 and the Under 5 MR is 52 for children in households with a high standard of living, the corresponding rates for children in households with a low standard of living are more than twice as high - at 89 and 130 respectively. The national IMR is 70.
3. The national post-neonatal mortality rate is almost three times higher in households with a low standard of living than in households with a high standard of living; while the child mortality rate is almost five times higher, and the neonatal mortality rate is almost twice as high.
4. Health and nutrition indicators for both children and mothers are poor in Rajasthan. Rajasthan had the highest maternal mortality ratio, the third highest total fertility rate and the fourth highest infant mortality rate among the major states in India in 2001. Half of all children are under-nourished and 49 per cent of women are anaemic; one-third of children have a low birth weight and a third of mothers have a low Body Mass Index (BMI).
5. Only 28 per cent of households in rural areas in Rajasthan used piped drinking water compared to 89 per cent of households in urban areas (who had access to piped drinking water) (NFHS2, 1998-99).

Access to education, nutrition and health resources and services in Rajasthan is much more significantly mediated by gender, caste and class than in other parts of India.

6. The education of girls is of particular concern, as is that of marginalised castes and classes. In 2002/3, the enrolment of girls at the primary level was 45 per cent and 36 per cent at the upper primary level. For boys, enrolment at the primary level was 55 per cent and 66 per cent at the upper primary level. The mean years of schooling increases from 2.3 for the poorest group to 6.4 for the richest group.
7. The health situation in Rajasthan is characterised by a gender imbalance which is manifested in poor indicators such as low life expectancy and high infant and child mortality for girls, and unequal healthcare and nutrition provision (GoR, 2002). The child sex ratio in the state was recorded as 909 in 2001 compared to 916 in 1991 (the child sex ratio is defined as the number of girls per thousand boys in the 0-6 year age group). The practices of female infanticide, female foeticide and strong son preference contribute to this imbalance.
8. The IMR of children belonging to Scheduled Castes and Scheduled Tribes is 98.4 and 95 respectively compared to an IMR of 81 for children belonging to other castes.
9. The health delivery system is inadequate, with poor outreach especially in remote rural areas.
10. The review shows how inadequate educational opportunities and poor health conditions are partly responsible for poverty transfers. The inability to read and write among poor people in general and women and girls in particular makes it difficult to acquire new skills and access information and services. The literacy rate for women is 44 per cent, compared to 76.5 per cent for men. Women are less likely than men to diversify occupationally and thereby increase their earnings. The absence of positive changes in poor women's social position, and in their skills and education, often results in poverty being transmitted to their children.

Household poverty and livelihood strategies also contribute to childhood poverty and the inter-generational transfer of poverty, particularly through children's opportunities, such as their access to education.

11. For example, migration may interrupt schooling, while farming may similarly disrupt school attendance during periods when children's labour is required. Household poverty may also force children to work for wages and forego education. Poor environmental conditions and frequent droughts also contribute to the transfer of poverty to future generations.

12. Preliminary fieldwork conducted during the CHIP study in Banswara district where children accompany groups of pastoralists, reveals that, while migration may ensure short-term survival, it could have negative longer-term implications, particularly because of the trade-off with children's education. This is likely to have inter-generational consequences for development and contribute to long-term poverty traps.
13. Children's differential access to education, health, nutrition and economic resources highlights the need for strategic interventions and an integrated approach to help poor people break poverty cycles.

A number of economic and social policies in Rajasthan are aimed at poverty reduction in general and improving the wellbeing of children in particular.

14. The state government's efforts to implement centrally sponsored programmes to address the health, nutrition and educational needs of children, include the Integrated Child Development Scheme (ICDS), the Midday Meal Scheme (MMS), immunisation programmes, and the Vitamin A Supplement Programme. The MMS has had particular observable impacts on childhood wellbeing. A recent survey found that where midday meals are served regularly they have enhanced school attendance: female enrolment in Class 1 rose by 29 per cent in sample villages, while official enrolment data indicates an increase of 18 per cent in Rajasthan as a whole. MMS has also helped avert an intensification of child under-nutrition in many drought-affected areas. The contribution of midday meals to food security and child nutrition seems to be particularly significant in tribal areas (Dreze and Goyal, 2003).
15. However, the impact of these programmes, which are specifically targeted at children, also needs to be assessed in the context of intergenerational transmission of poverty. No systematic analysis of childhood poverty or intergenerational poverty has been undertaken in the state.

Glossary

APL: Above Poverty Line

BPL: Below Poverty Line

Dalit: Groups classified within the category of Scheduled Castes

Khadi: Hand woven fabrics

GoI: Government of India

GoR: Government of Rajasthan

Lakh: One hundred thousand

Mahua: Local flower used in preparing local liquor

OBC: Other Backward Castes

Panch: Elected representative

Purdah: Veil



I. Introduction

Childhood is a significant stage of life and deprivation during this period can have long-term adverse impacts on the wellbeing of children. Deprived children lack access to human development opportunities and face serious constraints in their development, partly because their families and communities have a limited ability to protect and nurture them. This deprivation constitutes childhood poverty (Harper and Marcus, 1999). Childhood poverty is, therefore, a crucial area of concern because of its role in jeopardising the rights and wellbeing of children and because it may lead them to a life-time of poverty.

Allowing childhood poverty to persist affects the health, wellbeing and productivity of the society as a whole. Family poverty is often passed on to children through poor diet, an inadequate time to mature or the ill effects of alcoholism and depression. Unlike adults, children cannot necessarily overcome the effects of poverty, even short periods of which can have long-term effects. Childhood lived struggling against hunger, humiliation and violence often leads to adulthood spent in similar patterns of survival (Narayan and Petesch, 2002). Children who have a 'healthy' start in life are at less risk of being poor as adults, and of initiating another cycle of poverty with their own children.

Harper et al (2003) analyse the empirical evidence of life-course and inter-generational transmission of poverty, drawing on experiences of countries of the North and South. They conclude that poverty transfers can be stopped by understanding the context in which tangible assets, human capital, attitudes and traditions, value systems and gender bias are transferred across generations, and by taking action to promote the development of assets to prevent poverty transfers.

For the purpose of this paper, childhood poverty is conceptualised in terms of the major deprivations which children face in childhood, particularly in terms of health and nutrition, education and work. We examine childhood poverty in the context of social and economic changes, social practices and attitudes, caste differentials and various policies and programmes in Rajasthan. The access to and control of children and their families over key resources is analysed using the livelihood framework. The framework takes account of natural capital (land and water), physical capital (transport and communications), human capital (education and health), financial capital (savings and credit) and social capital (social networks and relationships).

This review is divided into four sections. Section 1 briefly presents an overview of the Indian context, along with an analysis of the economic and livelihood base of Rajasthan. Section 2 uses the livelihoods framework to discuss the key factors determining people's access to the different types of capital in the state. It situates childhood poverty issues in the livelihoods context in order to understand the intergenerational transmission of environmental, material and financial assets, and human and social capital. Section 3 looks at current policies and programmes which can help break poverty cycles of

children in the state. Section 4 identifies gaps in the literature and highlights areas of future research.

1.1 The Context

By 2001, India had a population of 1.03 billion. With 260.2 million people living in poverty in 1999/2000 (GoI, 2001), India accounts for the majority of the poor in South Asia. In India, poverty is associated with a lack of access to productive assets, skills, capabilities, physical stamina and infrastructure, which prevent poor people from benefiting from economic growth. A key aspect of poverty in India is the great variation in the level of deprivation and social development across states (Narayan and Petesch, 2002). Moreover, observations at the state level do not necessarily hold true for all the regions of a state, as there is also sharp intra-state variation in the incidence and extent of poverty over time. In most states, there are both 'high' and 'low' poverty regions (Vyas and Bhargava, 1999). Poverty in India also intersects with the complex caste system, as well as with other dimensions of social difference, so that the poor are often low caste, tribal, widowed or disabled people, most of whom are without assets (see Section 2).

Over the last five decades, India has made systematic efforts to alleviate poverty through increasing economic growth, direct interventions using targeted programmes, land and tenancy reforms, participatory and empowerment-based approaches and the provision of basic services. Between 1973/4 and 1999/2000, the incidence of poverty (expressed as a percentage of people below the poverty line) declined continuously from 55 per cent to 26 per cent (GoI, Planning Commission, 2001). However, the pace of poverty reduction varied considerably during this period, with a large decline throughout the 1980s, a slowdown in the early 1990s, and a reported, but contested, sharp 10 per cent decline in poverty in the second half of the 1990s. No similar long-term decline occurred in the absolute numbers of people living in poverty. The number of people below the poverty line increased by 8 million during the 1970s, decreased by 21.8 million during the 1980s, increased by 13 million during the early 1990s, and reportedly decreased by a massive 60 million during the mid-to-late 1990s (Mehta and Shah, 2003). However, these figures are controversial and greatly disputed because they are believed to over-estimate the decline in poverty incidence (Sen, 2000; Deaton, 2003; Bhalla and Hazell, 2003).

According to the Census of India 2001, the number of children under 18 years of age was estimated to be around 400 million. With an infant mortality rate (IMR) of 70 (per 1,000 live births), more than a million children in India do not survive beyond the age of one. The slow rate of decline of the IMR, and the fact that it has been stable for the past four to five years, are issues being addressed at the policy level by the immunisation programme and the pulse polio campaign. The National Family Health Survey (NFHS-2, 1998-99) indicates that child mortality fell from 39 per cent in 1988 to 29 per cent in 1998. However, the child mortality rate in rural areas is almost twice that of urban areas. Furthermore, children belonging to Scheduled Castes (SC) and Scheduled Tribes (ST) have higher rates of infant and child mortality than those belonging to other backward classes¹. All indicators of infant and child mortality decline substantially with an increase in the household's standard of living (See Appendix 1). For example, while the IMR is 43 and the under five mortality rate is 52 for children in

1 Backward classes are various groups, not classified as Scheduled Castes and Scheduled Tribes, who are nonetheless deprived and marginalised.

2 See Appendix 1 for definitions of high and low standards of living.

households with a high standard of living², the corresponding rates for children in households with a low standard of living are more than twice as high 89 and 130 respectively. The post-neonatal mortality rate is almost three times higher in households with a low standard of living than in households with a high standard of living; the child mortality rate is almost five times higher, and the neonatal mortality rate is almost twice as high. Similar differentials in infant and child mortality are observed in both urban and rural areas for other variables, such as mother's education, religion, and caste and tribe (NFHS-2, 1998-99). The Registrar General of India has estimated that the maternal mortality rate (MMR) in India was 407 (per 100,000) in 1999. Nearly all estimates suggest that more than 100,000 women die each year due to causes related to pregnancy and childbirth (NFHS-2, 1998-99; Census of India, 2001).

Nutritional status is a major determinant of the health and wellbeing of children. Chronic illnesses are often associated with poor nutrition among children under three. NFHS-2 indicates that nearly half of children under the age of three (47 per cent) are underweight and 46 per cent are stunted, while wasting is evident in 16 per cent of children. Undernutrition is substantially higher in rural areas than in urban areas. Even in urban areas, however, more than one-third of the children are underweight or stunted. Children belonging to Scheduled Castes and Tribes and other backward classes have relatively high levels of under-nutrition. Children from Scheduled Tribes have the poorest nutritional status and the highest proportion of wasting. Children from households with a low standard of living are twice as likely to be undernourished as children from households with a high standard of living. Under-nutrition is a problem throughout the country, but is most pronounced in the states of Bihar, Madhya Pradesh, Orissa, Uttar Pradesh and Rajasthan (NFHS-2, 1998-99).

In the education sector, there has been a substantial increase in the number of primary and upper primary schools since independence, and considerable progress has been made in enrolment at both these levels. Enrolment at the primary level increased from 97.4 million in 1990/1991 to 110.9 million in 1998/99. While the increase in enrolment at the upper primary level from 34 million in 1990/91 to 40.3 million in 1998/99 has been more substantial than that at the primary level, the goal of universal education has not yet been achieved. Girls' share of total enrolment at the upper primary level (41 per cent) continues to be lower than their share at the primary level (44 per cent) (GoI, 2001).

However, national-level indicators hide the great inter- and intra-state differences, as well as the persisting vulnerabilities of some sections of the population. Differences between rural and urban areas, gender differences, and differentials along caste and class lines are all striking (these are discussed for Rajasthan in Section 2.2).

1.2 Rajasthan: Essential Features

Rajasthan is the largest state of India, situated in the north-west of the country. More than half the state lies in the arid and semi-arid regions that constitute a major part of the Thar Desert. The state's present form came into existence in 1956 by integrating 19 princely states, 2 chieftainships and British-administered territory. All had their own systems of administration and jurisprudence, with the ruler as

the final arbiter. The feudal system created multiple hierarchical systems based on caste, age, gender and personal qualities such as loyalty, obedience, sacrifice and bravery. Social distances were objectively manifested, recognised and legitimised. The state, therefore, provides contrasts and tremendous regional variations in terms of ecology, agrarian structures, caste, class and ethnicity. The social structure mediates access to all resources.

The caste composition is distinctive and relations between castes, as well as networks and local understandings, have been built over generations. There is a clear division between the 'upper' and 'lower' castes, with upper castes usually the more economically and socially powerful groups in the local hierarchy. They mediate between poor people and the state and also exercise influence in social affairs at the local level. Caste continues to be significant with regard to social relationships, marriage and occupational pursuits and in influencing people's livelihood choices and strategies. Singhi (1998) asserts that the existing local conditions have played a significant role in the formation of caste and class. There are sub-regional variations in dialect, belief systems, dietary habits and socialisation patterns which influence people's ways of life and local realities and have implications for poverty transfers.

The 2001 Census of India reveals that Rajasthan has maintained its record of one of the highest population growth rates in the country since independence. Its growth rate of 2.5 per cent per annum is about 30 per cent higher than for the country as a whole. With an estimated population of 56.5 million in March 2001, the state's population grew by more than 13 lakhs people in 2000/01. Some demographers have argued that the current pace of decline in the population growth rate will not ensure the achievement of the state's goal of a total fertility rate of 2.1 per cent by 2016, in order to achieve stable population numbers by the middle of the century as noted in the State Population Policy of 1999. This is mainly due to the slow rate of fertility decline which is inadequate to affect the rate of increase of the proportion of couples in reproductive age. The number of couples in this age group in the state increased from 7.5 million to 9.5 million in 2001. Rajasthan also recorded the highest maternal mortality ratio, the third highest total fertility rate and the fourth highest infant mortality rate among the major states in India in 2001 (Kothari, 2001).

The state is characterised by scanty and irregular rainfall leading to frequent drought. With agriculture and animal husbandry the mainstay of the economy, the Gross State Domestic Product (GSDP) has witnessed large fluctuations. This has had a direct impact on the employment situation because the manufacturing and service sectors fail to provide sufficient employment.

Rajasthan, with its low productivity and low density (the average value of the resource per unit of area), is vulnerable to the vagaries of rainfall, particularly the monsoons. Thus, households with a fragile livelihoods base are exposed to various uncertainties, risks and stress. In Rajasthan, the migration rates from rural areas are among the highest of all Indian states. In a survey of migration conducted in three contiguous western Indian districts of Madhya Pradesh, Gujarat and Rajasthan, 67 per cent of households in Rajasthan had migrant members (Mosse et al., 2002).

Livelihoods are strongly determined by natural, human, social, physical and financial capitals and by the prevailing policy and institutional context. Distribution of, and access to, different capitals and institutional entitlements and processes are highly influenced by caste and social status in Rajasthan (Aravali, 2003). Assets owned by the household, employment status and fluctuations in their income and consumption are important indicators of the vulnerability of livelihoods, which can often lead to poverty. Poor people are mainly dependent on casual wage labour, within and outside their community, for their livelihoods. However, the demand and wages for labour fluctuate seasonally (Bhargava and Sharma, 2002). Poor educational status, poor health, limited access to credit, and social exclusion further constrain the income-generating capacities of poor people. Most poor communities have had long histories of frustrating experiences with government programmes and tend to view new initiatives with suspicion (Farrington, 2001)³. However, some programmes have benefited poor people, especially children from marginalised communities (See Section 3).

The official statistics on poverty indicate that the population living in poverty in India has declined from 55 per cent in 1973/74 to 26 per cent in 1999/2000. Rural poverty has declined from 56 per cent to 27 per cent during the same period. In Rajasthan, poverty has reportedly declined from 33 per cent to 14 per cent in the same period (GOR, 2003b). Many have challenged the large decline reflected in the official data, which is based on the National Sample Survey (NSS) consumption and expenditure data surveys which are commonly used. However, the adjustments that are made for generating this trend are not the same and are, therefore, a matter of controversy.

1.3 Childhood Poverty and the Multi-dimensionality of Poverty

In Rajasthan, the status and conditions of children, as well as their growth and socialisation, are significantly determined by familial contexts, cultural practices, belief systems, community linkages and social relations. While attitudes to children and experiences of childhood vary significantly by caste, class, religion, gender, ethnicity and regional locations, the lives of all children born into poverty can be exceptionally vulnerable because they face inequalities in access to crucial resources, leading to further exclusion and marginalisation. Furthermore, practices like child marriage, female infanticide and purdah significantly exacerbate childhood poverty and marginalisation.

Narayan et al (2000) use a conceptual framework for understanding poverty which takes account of its multi-dimensionality. Exploring poor people's definitions of poverty through participatory poverty assessments, they postulate that poverty is dynamic, complex, institutionally embedded, and gender and location-specific. Although the framework derives from a global study, the six dimensions of poverty which it outlines are applicable to Rajasthan, and can be expanded in relation to childhood poverty:

'First, although poverty is rarely about the lack of only one thing, the bottom line is always hunger

³ This has been demonstrated by people's experiences with the Integrated Rural Development Project (IRDP) where the design of interventions did not take their needs and priorities into account, assets received by poor people were of inferior quality and corruption was rampant.

(lack of food)' (ibid: 4). Children's physiological and mental development is challenged by hunger. Children in Rajasthan have high levels of malnutrition, stunting and wasting (see Section 2). This situation was exacerbated by severe drought in 2002-03. During this period, data collected by civil society organisations in the state indicated that 11 children had died of hunger in one tribal district alone. The government failed to act speedily to prevent the drought leading to these deaths (Mishra, 2002).

'Second, poverty has important psychological dimensions, such as powerlessness, voicelessness, dependency, shame, and humiliation' (Narayan et al, 2000: 5). In Rajasthan, certain groups, especially the Scheduled Castes and Scheduled Tribes, are vulnerable to deprivation and marginalisation because of their specific circumstances. First, an individual (or household) is marginalised and deprived of certain privileges and rights primarily because s/he is a member of a devalued group. In general, caste and class determine status, relative power and access to essential resources. Thus, those who are income poor, or belong to a deprived section of society, have a great chance of being marginalised from the distribution of developmental benefits, both by members of the upper class and castes who are more powerful, and also by corrupt functionaries of the state government. Children belonging to certain marginalised and deprived groups (Koli, Bairwas, Bagarias, Balmiki, Chamar, Banjara, Kanjar, Raigar) face discrimination in terms of access to education and health, which can threaten their survival and lead to their entrenchment in poverty as adults (IDSJ, 2000). Second, an individual can become marginalised and thus deprived of essential facilities as a result of various circumstantial and contextual situations that often arise from gender and life cycle-related events. This assumes particular significance in the context of single women, widows and deserted women and their children, as well as older women who, through social exclusion and stigmatisation, are often unable or not allowed to participate fully in community life.

'Third, poor people lack access to basic infrastructure - roads (particularly in rural areas) transportation, and clean water' (Narayan et al, 2000: 5). The unhygienic environment in which many poor people are forced to live can be fatal for children. Several indicators of children's wellbeing such as child mortality, malnutrition, water supply, sanitary excreta disposal and basic education, put forth in the World Summit for Children (1990), are relevant here. Only 5 per cent of primary schools in Rajasthan have drinking water and sanitation facilities. This adversely affects the enrolment and retention of girl students (GoR, 2003). The Rajasthan NFHS-2 reports that only 28 per cent of households in rural areas used piped drinking water compared to 89 per cent of households in urban areas who had access to piped drinking water. Eighty eight per cent of rural households had no toilet facilities compared to 70 per cent of households in urban areas. Moreover, in the absence of adequate transport, children from poorer families in rural areas are often denied access to adequate healthcare and education.

'Fourth, while there is a widespread thirst for literacy, schooling receives little mention or mixed reviews. Poor people realise that education offers an escape from poverty: but only if the economic environment in the society at large and the quality of education improve' (Narayan et al, 2000: 6). In Rajasthan, many poor people clearly value education, but may be unable to send their children to

school (see Section 2.3.3). Such children thus lose out on opportunities for development which also has implications for them as adults. Many parents also regard investing in higher education as futile because there are limited employment opportunities, especially in the rural areas.

'Fifth, poor health and illness are dreaded almost everywhere as a source of destitution. This is related to the high costs of quality healthcare as well as to income lost due to illness' (ibid: 5). High costs deter the poor from accessing healthcare. The high incidence of infant and child mortality are important indicators of childhood poverty in Rajasthan. Institutional deliveries take place only in the case of complications. Poor people often consult unqualified doctors even in cases of serious illnesses among children (Narayan et al, 2000: 5).

'Finally, the poor rarely speak of income, but focus instead on managing assets- physical, human, social, and environmental- as a way to cope with their vulnerability. In many areas this vulnerability has a gender dimension' (ibid: 5). Poverty often means that young children are deprived of important developmental opportunities, eg they are often deprived of time for play, leisure and care. In vulnerable contexts, while parents manage any household assets, children are often forced to work. Boys are encouraged to engage in economic activities, while girls tend to take responsibility for domestic chores and the grazing of household livestock. The number of working children in Rajasthan is the second highest in the country (see Section 2.3.4).

2. Livelihoods and Childhood Poverty in Rajasthan

The term livelihoods has come to denote and combine different meanings. It is most commonly associated with the notion of income and economic returns. In recent years, greater understanding of the psycho-social complexities of survival and the decision-making processes of the poor have made the definition of livelihood systems more holistic and inclusive. People usually make use of five types of livelihoods assets or capitals natural, physical, human, social and financial in order to pursue various livelihoods (Scoones, 1998; DFID, 1999; Carney, 1998; Murray, 2001).

This section presents a review of *natural capital* (including common property resources, water and forests); physical capital such as roads, electricity and market linkage; factors influencing human capital such as health, nutrition and education; *social capital* in the form of community and kinship networks and financial capital such as access to credit.

2.1 Natural Capital

Access to natural capital is highly correlated with caste status in Rajasthan. Thus, across the state, Scheduled Castes and Tribes (SC/ST) have the least land and livestock and the poorest access to groundwater and irrigation sources. The unequal distribution of land is therefore exacerbated by differentiated access to water (Aravali, 2003).

2.1.1 Forests and other Common Property Resources

Forests are an important livelihood source for poor people in Rajasthan. Approximately 5 million tribal people derive seasonal incomes through the collection, processing, transportation and marketing of Non-Timber Forest Produce (NTFP). Among all the categories of NTFP, *tendu patta* (a leaf used for rolling beedis or cigarettes) is the largest source of revenue for the forest department (GoR, 2002). From colonial forest policy onwards, forests have traditionally been considered in isolation from the communities which depend on them for subsistence and income. The forest areas have been sources of conflict between local people and the forest department because they are often the only source of fuelwood, fodder and timber for people.

Bhargava et al (1998), in a study carried out in a tribal district of Rajasthan, found that the destruction of forests had a major impact on livelihoods. Forests were originally the mainstay of livelihoods in this district, as they provided unrestricted grazing for livestock and a source of income through the sale of minor forest produce like gum, honey and fruit. Even today, for the most vulnerable people, such as widows without land, forests remain the only source of income. However, the dependence of the

community on forests for most of their livelihood needs has been entirely neglected by state policy. With the depletion of forest cover, especially in the tribal regions, grazing is becoming more difficult. Forest officials commonly harass girls who graze animals and collect produce in forest areas.

The high incidence of poverty in forest-based regions is related to the erosion of the entitlements of poor people to access and utilise natural resources, low levels of infrastructural development, and social exclusion, all of which reinforce each other. People from Scheduled Tribes also experience problems in accessing forest produce because these are controlled by the government which denies them 'traditional' free access. Poor infrastructure (roads, culverts and bridges) in the undulating mountainous areas further restricts their communication and transport. Depleting environmental resources and lack of infrastructure have an impact on children's lives, and may have long-term consequences which can lead to inter-generational transfers of poverty. The share of land-based livelihoods has been declining in the overall rural livelihoods portfolio, particularly for the rural poor. It is clear that low investment in land-based natural resource management impacts on the rural poor, leading directly to a lack of wage labour and additional food insecurity.

A characteristic feature of Rajasthan is the large tracts of permanent pasture or grazing lands. There are also large mountainous areas, as well as barren and uncultivable land. According to land use classification in 2002, about 15 per cent of land was cultivable waste, 11 per cent was fallow, 8 per cent barren, 7 per cent under forests, 5 per cent was pasture and grazing land and 5 per cent was for non agricultural use (GoR, 2002). All such land which is not cultivated, is mainly used for grazing livestock. Unprotected forests and pastureland are continuously subject to degradation and a decline in agricultural productivity as a result of uncontrolled use and grazing. The regeneration of natural resources, as well as access to and returns from these assets, are generally determined according to customary norms or government-enforced laws. In most regions of the state, the endowment of 'common property resources' (CPRs) (forest products and grasses) determines the numbers of yield from livestock. Where CPRs are robust, communities own more livestock and their distribution is less skewed, while in areas with depleted CPRs, poor people often own few livestock because most animals have to be stall fed from agricultural produce.

Sustainable livelihoods require a sustainable natural resource base; however, the natural resource base is characteristically fragile in most districts of Rajasthan. A baseline survey conducted in 2000 in seven poor districts in the state indicates that in some districts the share of common property resources, including forests and common pastures, is significantly higher than in other districts. These resources are important since livelihoods partly depend on what people derive from common lands, as well as from privately owned assets. Most poor people are dependent on common property resources, such as the forests, for fuelwood and grasses for fodder. There have been few efforts to protect the natural resources and biodiversity; only a very small share of the pastureland and forest area is protected. Large tracts of barren land and wasteland remain unattended (Bhargava and Sharma, 2002). Depleted pastures mean more work for children in collecting fuelwood and grasses, and may also lead to inter-generational poverty as both the amount of pastureland and the number of livestock decline.

2.1.2 Water

Rajasthan has historically been prone to water scarcity and drought. There is marked seasonality and variability of rainfall in the state in general, and in the western half in particular. This is dramatically exemplified by the occurrence of droughts and floods. The availability of water has strongly conditioned the nature of agriculture and farming practices in various parts of the state. Rajasthan makes up about 5 per cent of the country's total population and 10 per cent of the geographic area, but only has a 1 per cent share of water resources. Scanty rainfall, coupled with indiscriminate tapping of groundwater for irrigation and industrial purposes, has led to a steady rate of depletion of the water table of 1 metre per year. Although 88 per cent of all dwellings in the state have been provided with access to a source of drinking water, 25 per cent of the population is exposed to high levels of fluorides, nitrates and salinity in drinking water. There are also a number of water-borne diseases resulting in poor health outcomes (GoR, 2003a).

A recent survey of 122 hamlets in 9 districts indicates that there were serious water shortages in most areas when the drought was at its peak over large parts of rural Rajasthan in 2002-03 (Sivakumar and Kerbart, 2004). One-fifth of the hamlets had no access to any functional water source, about half of the hamlets relied on a single source of water, and only a quarter could meet water requirements from two water sources. People in 81 per cent of the hamlets reported that at least one source of drinking water had dried up, while many more were about to dry up. The acute water scarcity and inaccessibility also saw the emergence of 'water markets' in some regions where government supplies were disrupted or irregular, forcing households to buy water from private water tankers.

A consequence of decreasing water availability has been that women and girls have had to go further away from home in search of water, taking time away from leisure activities (IDS 1991a) and increasing energy expenditure, with potential implications for their health and nutritional status. The situation is aggravated during drought. In addition to the burden of carrying heavy matakas (water pitchers) on their heads, women, especially those in remote hamlets, face difficulties in walking long distances and the inconvenience of waiting in long queues.

Because drinking water is a scarce and precious resource in the extremely dry parts of western Rajasthan, its management is a source of power that has been exercised by powerful sections of the community to maintain their control over marginalised groups. For example, if the village only has one source of water which is located in the upper caste locality, members of lower castes are often expected to provide free farm labour to the upper castes in exchange for water. In other cases, they are not even allowed to fetch water from the source and have to fetch water from a source located some distance from the village (Hedcon, 2001).

Both the government and civil society organisations in the state have been involved in water conservation and management issues. For instance, several civil society organisations have been focusing on water conservation through the construction of water reservoirs, dams, tanks, ponds and

khadins and *tankas* (mud and stone structures for harvesting water) to store rainfall water to meet irrigation and drinking water requirements throughout the year and to promote community ownership of water resources.

The government's development framework for the long-term sustainable development and management of water resources in the state is outlined in the State Water Policy of 2001. However, the policy has a number of major gaps. Firstly, it does not mention how equal access to water, particularly for the poor and marginalised population of the state, is to be ensured. Secondly, it is silent on the issue of urban-rural conflict over sharing of water resources. Thirdly, the policy is gender-blind, as it does not take cognisance of settlement patterns in rural areas to address the problem of drinking water, which is the primary responsibility of women and young girls (Rathore, 2003).

2.2 Physical Capital

The status of physical infrastructure, i.e, rural roads and electricity, market infrastructure, schools and health facilities and services tends to impact on rural livelihoods in the state. The poor condition of roads and weak transport networks affect mobility in terms of access to commodity and labour markets, schools and hospitals. Consequently, wages within villages are likely to be depressed and children, especially girls, may not access higher education, especially post-primary and secondary education. The treatment of illnesses also tends to be postponed which often leads to acute health problems. This usually affects women more because of their restricted mobility and the low value attached to their health needs.

Bhargava and Sharma (2002) indicate that the physical infrastructure and services are in a poor condition in most of the villages of the poorer districts of Rajasthan. Market infrastructure, especially for agricultural inputs and outputs, is situated at a distance from the village which makes the role of village co-operative societies more significant. However, not only do co-operatives often not function smoothly, many households in the majority of villages are not even members of co-operatives. Similarly, dairy co-operatives exist in only a few villages. The Fair Price Shops (under the Public Distribution System PDS)⁴ that provide food grain at subsidised prices have irregular supplies and add to the vulnerability of the poor. Thus, the infrastructure is not only inadequate, but the services are also inefficient. While there are deficiencies in the delivery system, the 'recipient system' is also weak and does not demand better quality services. Both these factors increase the vulnerability of the poor whose access to services is severely constrained.

Services in Rajasthan, particularly education, health, veterinary, agricultural extension and the PDS are weak. However, there is also a need to generate a demand for making services more effective, a regular supply in Fair Price Shops, regular visits of an Auxiliary Nurse Midwife (ANM), agriculture extension and veterinary agents, immunisation and family planning services, ensuring the regularity of

4 The Public Distribution System (PDS) is one of the food assistance schemes implemented by the federal government for people falling below the poverty line. The scheme provides 25 kilograms of wheat at a subsidised price for BPL (below the poverty line) households.

schoolteachers - more effective. A number of NGOs working in rural areas have been involved in raising awareness around these issues and urging communities to exert pressure in order to make the delivery system more accountable.

The benefits of the interventions mentioned above may actually be higher for Above Poverty Line (APL) households than Below Poverty Line (BPL) households because they have greater access to resources and services. BPL households would, however, benefit directly from interventions such as road construction, which would increase their access to wage labour markets. Furthermore, girls would be particular beneficiaries of roads because they would be able to access upper primary and higher education more easily if the transport network was improved.

2.3 Human Capital

Human capital is a key and critical resource in the negotiation of livelihood choices and opportunities. Health and education help to build the capacity for basic labour, skills and stamina. Healthcare and nutritional inputs are important for helping poor people get out of poverty traps. Similarly, in a traditionally unequal society, education has the potential to upgrade human skills and help people break out of poverty and discrimination.

2.3.1 Health

Despite progress since independence, health provision in Rajasthan is still poor, both in absolute and relative terms. The target of 'Health for All by the Year 2000', set at the Alma Ata conference in 1978, had not been reached by 2000.

During the past two decades, the medical and health infrastructure, which is based on a four-tier system (see Appendix 2), has expanded considerably in the state. Between 1988/89 and 1991/92, there was a substantial increase in the number of primary healthcare centres (from 611 to 1,662), and hospitals (which include some centres for healthcare) (from 189 to 214), while the number of dispensaries declined from 710 to 268. The number of people covered by each primary healthcare centre decreased over the years, while coverage increased sharply. This was the result of the government adopting a Primary Healthcare Approach in the achievement of 'Health for All'. However, the government norm of six sub-centres to a primary healthcare centre has not yet been reached in the state (GoR, 2002). Under the Minimum Needs Programme and affiliated schemes, rural health infrastructure has been improved. Progress has also been made with respect to communicable diseases such as small-pox, malaria, leprosy, guinea worm and pulse polio. However, the limited access of poor and marginalised people to public services means that unqualified and unsafe local medical practitioners continue to be their only source of healthcare.

The health situation in Rajasthan is still characterised by a gender imbalance which manifests in poor indicators such as low life expectancy and high infant and child mortality for girls, and unequal

healthcare provision (GoR, 2002). Girls are often discriminated against in the distribution of food and nutrition. The low value accorded to women and girls and restrictions of mobility often results in poor access to healthcare services and a lack of information on reproductive health issues.

The 2001 Census of India recorded the adult sex ratio in Rajasthan as 922 compared to 910 in 1991. The child sex ratio in the state was recorded as 909 in 2001 compared to 916 in 1991 (the child sex ratio is defined as the number of girls per thousand boys in the 0-6 years age group). The decrease of 7 points at the state level is a serious concern, even though the adult sex ratio has improved. Out of 32 districts, 21 districts reported a decline. None of the districts has recorded a child sex ratio favouring girls. The practices of female infanticide, female foeticide and strong son preference in most communities are factors contributing to this imbalance, which is also indicative of the low value and secondary status of the girl child in a state where patriarchal norms and practices continue to operate. Modern technologies like amniocentesis are used for sex-selective abortions and have exacerbated discrimination against the girl child.

Crucial indicators of children's health status and wellbeing are the infant (IMR) and under-five mortality (U-5 MR) rates. Persistently high infant mortality rates are either a reflection of deprivation or an outcome indicator of chronic poverty. Lack of access to inputs such as food and healthcare are associated with a higher probability of children dying between birth and one year of age. In Rajasthan, despite an overall decline in infant and child mortality rates, 1 in 12 children born during the five years before 1998 died within the first year of life, and 1 in 9 children died before reaching the age of five. This clearly indicates that child survival programmes in the state need to be intensified in order to achieve further reductions in infant and child mortality (NFHS-2, 1998-99).

According to the National Family Health Survey (1998-1999), the IMR in Rajasthan is 83, which is higher than the national average of approximately 70 per 1,000 live births. There are striking rural-urban differences in infant and child mortality, with rural infant mortality rates higher, at 83, than urban rates of 70. A similar pattern is reflected in the U-5 MR figures, where the rate for the state is 115, but where the rural rate is significantly higher at 121. The IMR of children belonging to Scheduled Castes and Scheduled Tribes is 98.4 and 95 respectively compared to an IMR of 81 for children belonging to other castes.

Infant and child mortality rates decline substantially with improvements in the household's standard of living. For example, the NFHS-2 reports that for children in Rajasthan in households with a high standard of living, the IMR is 54 and the U-5 MR is 69; the corresponding rates for children in households with a low standard of living are about twice as high at 105 and 165 respectively.

In rural areas (and urban slums), poverty and a lack of drinking water, and health and sanitation facilities make survival difficult during the first few months of life and, later, during the first year. In this context, it is necessary to protect vulnerable children from infections and immunise them against childhood diseases (Joshi, 2000). The NFHS-2 indicates that the achievement of the goal of universal

immunisation coverage for children in Rajasthan is far from complete. Seventeen per cent of children aged between 12 and 23 months were fully vaccinated, while 23 per cent had not received any vaccinations. Only 14 per cent of children were fully vaccinated in rural areas. The standard of living of the household is strongly related to vaccination coverage. Only 6 per cent of children from households with a low standard of living were fully vaccinated, compared to 42 per cent of children from households with a high standard of living (NFHS-2, 1998-99).

Studies also show that the IMR declines sharply with an increase in the education of mothers. Birth spacing also has a powerful impact on the survival chances of children in Rajasthan. Mortality rates decrease sharply as the birth interval increases, while they are particularly high for children born less than 24 months after a previous birth (NFHS-2, 1998-99). Poorer women tend to have shorter birth spacing because of a lack of information and knowledge regarding contraceptives. Often, even if they have adequate information, they may not be able to access contraceptives. There is also familial and social pressure on women to have sons, particularly two sons. Male contraception is resisted, especially vasectomies. Data show that there is negligible use of contraception among young women with no children. Only 3 per cent of married women with no children had used contraception. Family planning was used among 28 per cent of women with three or fewer living children. It has been argued that this has contributed to the increase in population growth in the state (Pendse, 2001).

2.3.2 Health, Nutrition and the Inter-generational Transfer of Poverty

The inter-generational transmission of poverty starts with the nutrition of the mother because the child of an inadequately nourished mother is likely to grow slower than the child of a well-nourished mother. Babies with a low birth weight are more likely to die or be stunted and underweight in early life than those with a greater birth weight. This reduces their ability to fight disease and increases their chances of ill health or death, both during childhood and in later life (ACC/SCN, cited in Harper et al, 2003). Kabeer (1992) similarly argues that inter-generational transmission of poverty occurs through the under-nourishment and overwork of pregnant women. In Rajasthan, more than one-third (36 per cent) of women have a Body Mass Index (BMI) below 18.5 which indicates a high prevalence of nutritional deficiency. Of the 88 per cent of women in the state who were tested for haemoglobin levels, 49 per cent had some degree of anaemia (NFHS-2, 1998-99).

Recent official reports show that the incidence of malnutrition in Rajasthan is high despite great improvements in food production and distribution. The prevalence of child malnutrition increased from 42 per cent in 1993 to 51 per cent in 1999. In 1998-99, NFHS-2 recorded that 51 per cent of children under the age of three were underweight, 52 per cent were stunted and 12 per cent were wasted. Approximately 30 per cent of new-borns have a low birth weight and, even if they survive, they start life at a disadvantage because low birth weight is a significant underlying factor in the death of infants. Average birth weight remains low at between 2.5 and 2.7kg; nonetheless 30 per cent of live births fall below this range (NFHS-2, 1998-99; GoR, 2003a).

Health and nutrition indicators for both children and mothers are clearly low in Rajasthan: half of children are undernourished; 49 per cent of women are anaemic; more than a third of women have low BMI; and a third of children have low birth weight. The indicators presented above also suggest that malnutrition can contribute to inter-generational transfers of poor health. The health delivery system continues to be inadequate, with poor outreach, especially in rural and remote areas.

2.3.3 Education

Rajasthan continues to present challenges in terms of educational access, enrolment and achievement. Problems exist on both the supply-and-demand sides of primary education.

On the supply-side, problems include the availability of functioning schools in remote areas, teacher absenteeism, a lack of female teachers, poor quality education and inadequacy in upper primary schooling infrastructure. While great progress has been made in the provision of schooling facilities in the state in the past decade, in many areas villages are divided into separate hamlets. Children from one hamlet might be unable to go to school in another hamlet because of the distances between hamlets. Even when school facilities are available, they are often inadequate in both quality and quantity terms. For example, there are single-teacher schools which also lack basic facilities like blackboards. There is the problem of teacher absenteeism in remote areas which relates to the unwillingness of teachers to be posted to remote rural villages. Given the socio-cultural environment of Rajasthan, the lack of women teachers has a negative impact on the enrolment of girls because many parents want their daughters only to be taught by female teachers. The lack of upper primary schools is also a major concern, especially for girls, as many parents are reluctant to allow their daughters to attend school outside their village.

On the demand-side, there are problems of gender discrimination, lack of community participation in education and the inability of poor families to send children to school due to the opportunity costs. While there is evidence of growing parental interest in education in the state, there is a distinct gender difference in the educational aspirations for boys and girls. Marriage continues to be regarded as the ultimate goal for a girl and educating girls is therefore not a priority. While community participation in education has been prioritised in many educational programmes in the state, real participation of communities in school-level activities continues to be low.

Problems of access to schooling for children from deprived communities, such as Scheduled Castes, Scheduled Tribes and minorities, are further exacerbated by poor quality teaching and educational facilities and a lack of effort in making the school an inclusive space. The poor academic performance of such children is often attributed to parents' lack of interest, their drunkenness and their failure to create a 'home' environment which is conducive to learning (Balagopalan and Subramanian, 2003).

According to the latest official reports, the total enrolment of children in elementary education (grades 1-8) in 2002/03 was 110.34 lakhs. In that period, the enrolment of girls at the primary level was 45 per cent and 36 per cent at the upper primary level, while for boys it was 55 and 66 per cent at the

primary and upper primary levels respectively. The significant difference in enrolment between boys and girls at the upper primary level confirms that upper primary education continues to be largely inaccessible to most girls (see Table 1).

Table 1: Enrolment in elementary education in primary and upper primary schools in Rajasthan (in lakhs)

Year	Primary School			Primary Schools		
	Total	Boys	Girls	Total	Boys	Girls
1995-96	59.04	37.2	21.84	17.77	12.85	4.92
1996-97	65.59	40.4	25.19	18.56	13.31	5.25
1997-98	69.95	41.64	27.31	19.78	13.96	5.82
1998-99	68.27	41.20	27.07	21.67	15.16	6.51
1999-00	73.81	43.60	30.21	21.47	14.67	6.80
2000-01	77.58	45.27	32.31	22.56	15.20	7.36
2001-02	81.04	46.71	34.33	25.09	15.97	9.12
2002-03	87.22	48.06	39.16	23.12	14.74	8.38

Source: *Pragati Pravedan (Rajasthan mein shiksha ki pragati)*, Directorate of Education, Bikaner

The drop out rate for girls between class V and class VI is 4 per cent for all castes, but is significantly higher for girls from SCs and STs (see Table 2). The drop-out rate at this point in schooling can be explained by the poor network of upper primary schools, and the reluctance of most parents to send girls to schools outside the village because of their physical vulnerability.

Table 2: Drop-out rates of children at primary level

Year	Boys			Girls		
	All castes	SC	ST	All castes	SC	ST
1998-99	-10.7	-15.0	-18.2	4.2	07.9	4.4
1999-00	-09.05	-05.1	-21.9	6.5	15.2	9.9
2000-01	-09.0	-01.4	-13.1	7.7	15.8	4.7
2001-02	-13.2	-06.2	-10.4	4.0	11.5	9.0

Source: *Pragati Pravedan (Rajasthan mein shiksha ki pragati)*, Directorate of Education, Bikaner

A number of studies have examined the dynamics of schooling in India. The PROBE report (1999), examining factors of exclusion of poor and marginalised children from the schooling system in India, shows that while most parents, even poor parents, attach importance to their children's education, in a

significant proportion of families the same importance was not attached to the education of girls.

An analysis of the factors preventing children from accessing schooling indicates that poverty is highly significant across all states. A number of scholars have focused on levels of education achievements by different income groups (Minhas, 1992; Visaria - et al, 1993; Majumdar and Vaidyanathan, 1994). There is a clear pattern of low levels of educational attainment among the poor sections of the population compared to the rich. Tilak (1996), on the basis of National Sample Survey data, notes that mean years of schooling systematically increases with increasing levels of household income. The mean years of schooling increases from 2.3 for the poorest group to 6.4 for the richest group. The poorest women have 0.9 mean years of schooling, while the mean of the top 20 per cent of men is 10.8 year, ie 12 times more years of education. Poor parents face particular constraints: they have less money to pay for schooling, a greater need for children's labour, less ability to create a learning environment at home, and greater difficulty in establishing a rapport with teachers. Drop-out rates are highest among the poorest households and lowest in the richest households. Poor children who drop out of school often lapse into illiteracy, which increases the likelihood that they will be trapped in long-term poverty as adults.

Recent surveys indicate that the costs of fees, books and clothes are a major financial burden for poor families with several children of school age, and play a significant role in discouraging them from sending children to school. For instance, only a minority of children were found to be in possession of all the textbooks required by their grade (Tilak, 1996). The Social Assessment Studies carried out in District Primary Education Project (DPEP) districts in Rajasthan also reported that the most frequently cited reason for non-enrolment of boys was that schooling was 'expensive' (IDSJ, 2000). Using data from a National Council for Applied Economic Research (NCAER) survey conducted in 1993-94, Tilak (2000) shows that dalit households, even in rural areas, incur sizeable expenditures, even at the primary level, for books, stationery and uniforms. On average, households spend around 303 Rupees per student per annum at the elementary level in government schools. The expenditure per student is marginally higher in government-aided schools (325 rupees), and significantly higher in private unaided schools (757 Rupees), which is out of reach for the majority of dalits.

Given the limited number of options available, parents use different strategies to optimise schooling. A common strategy is to send sons to private school and daughters to government schools (PROBE, 1999; Banerji, 2000). There is a general perception that the quality of private education is better than that of government schools. According to parents, the main difference between government and private schools is that in private schools English is taught from class I onwards. They also feel that children in private schools receive more attention from teachers.

The schooling system does not treat different sections of the population equally. The two-tiered education system of public and private schools, where different types of schooling opportunities are available to different sections of population, is one manifestation of social discrimination. Differentials also exist in facilities within the government schooling system: the infrastructure in some government

schools in wealthier areas is much better than in those in deprived villages. Furthermore, social discrimination against deprived groups takes place according to class, caste and gender at various levels of the education system. Indeed, even within the same school children of different backgrounds are often treated unequally (PROBE, 1999).

Discrimination sometimes takes hidden forms and is often reflected in the attitudes of teachers. Higher caste teachers continue to consider Scheduled Caste children as 'uneducable', refuse to touch them, make them feel unintelligent and inferior, target them for physical and verbal abuse and use them to do menial chores (PROBE, 1999; Sainath, 2001). Nambissan (2001), in her study on social disparities in schooling in rural Rajasthan, notes that teachers appear to have definite views of children coming from these castes and communities. Teachers regard dalit children as having inherently poor scholastic abilities because of their caste status and their parents as lacking interest in their education. Although teachers denied discriminating against different pupils, some dalit children said that they were not allowed to drink water from the common water pitchers.

A study by a local NGO, Vishakha, of inclusion and exclusion in schooling in two districts of Rajasthan, found that the schools do not provide a free and open environment for children to develop (Vishakha, 2002). Instead, conservative notions and caste biases are the norm rather than the exception. Teachers carry the caste biases of the society into schools. They often complained that the influx of dalit students reduced the overall performance of the school with respect to examination results. The study also found that teachers do not drink water carried by dalit students, and that dalit girls have to clean the school premises and dirty utensils used by teachers. Teachers force girls to sit separately from boys, and dalit students have to sit in the back rows of the class. Teachers do not intervene when dalit children are treated with disdain by other children. They believe that dalit students have grown up in an environment that is not conducive to learning and that they are therefore incapable of learning and understanding. The study points to a 'hidden curriculum' which reiterates caste identities, and seems to pervade the cultural environment of the school given the widespread prejudice that teachers have towards children of these communities.

Balagopalan and Subramanian (2003) found that the formal mechanisms set up to promote parent-teacher interactions, like the village education committees, were ineffective in the dalit schools which they studied. The most marginalised dalit adults generally dissociate themselves from schools, which is not surprising given that most of them never went to school themselves. Ramchandran (2002) supports the view that parents of dalit children are uncomfortable about visiting schools. Because they are the poorest in the community they do not readily participate in the school forums and other bodies. Even if they are members, they rarely speak in meetings.

The decentralisation of education and the local-level participation of dalits and other marginalised groups are increasingly emphasised in policy documents. Village-level committees are statutorily required to comprise a minimum number of members from these marginalised sections. However, caste relations that prevail at the village level make the notion of 'community' problematic; this needs

to be systematically addressed by policy.

The inadequacies of the schooling system are also an important reason for children's non-attendance. The quality of education in government schools and alternative learning centres, where para-teachers⁵ have been appointed, and the absence of female teachers are important factors which may 'push' children out of school. The inability of teachers to generate interest in the subject from students raises issues about pedagogy, especially for first generation learners. The fear of punishment has also often been cited as a reason for non-participation in schooling, especially among poor children (IDSJ, 2000).

The social prejudices that lead to girls being deprived of schooling, especially in rural areas, are strong in many states in India, including Rajasthan. Girls are often withdrawn from schools because they are expected to engage in domestic activities, including looking after younger siblings. Boys are usually withdrawn for wage work and other economic activities (IDSJ, 2000; Tilak, 2002). The social norms regarding the sexual division of labour clearly influence household decision-making regarding schooling. The tasks given to girls are usually more burdensome and time-consuming than those done by boys, and prevent regular schooling.

Girls in Rajasthan suffer from various cultural prohibitions which deprive them of education. It is important to identify the specific norms and processes by which such deprivation takes place (Rajagopal, 2000) in order to effect changes in existing conditions. One cultural factor that prevents girls from achieving higher levels of education is the belief that too much education would lead to girls making their own decisions and disobeying their parents. Parents also report the difficulty of finding an educated husband if the girl is educated. In many villages where the schools are situated at a distance from their homes, parents are unwilling to allow their daughters to travel to school alone. Many girls are also withdrawn from school after they reach puberty because parents are concerned about their sexual vulnerability. Furthermore, child marriage is still practised among several Scheduled Caste communities, and leads to the withdrawal of girls from school. Although these young girls are only formally sent to their marital homes when they reach puberty, their parents-in-law often refuse to allow their daughter-in-law to study, although she is still residing with her parents.

Clearly, a high drop-out rate and a low enrolment rate make it likely that poverty will be transferred to the next generation. The inability of poor people in general, and women and girls in particular, to read and write makes it difficult for them to acquire new skills and access information and services. Women are less likely than men to diversify occupationally and thereby increase their earnings. The absence of positive changes in poor women's social position, and in their skills and education, often results in poverty being transmitted to their children. This is an area which will be addressed in the CHIP primary research.

5 A para-teacher is a local person who has links with the community. In most cases, there is a relaxation in the minimum prescribed qualifications. Continuous professional support and training is given to these teachers and they are paid an honorarium. Para teachers have been appointed in a number of schools across the country.

2.3.4 Child Labour

In India, for a long time, the debate on child labour appeared to have reached a consensus which supported the view that children work because of poverty. However, alternative perspectives that viewed child labour as a cause of poverty have challenged this view. These contested ideas and competing social pressures have led to analyses which seek to understand the context specificity and the need for positive action. This is illustrated by the shift in emphasis from 'banning' and 'eradicating' child labour to a position that strategically seeks to address the root causes and most exploitative forms of child labour (White, 1996).

In Rajasthan, the non-availability of work for adults, low wages and better returns from self-employment, have forced many poor children to work in order to contribute to their households. Table 3 indicates that more than 16 per cent of children in the 10 - 14 age group are working. These are alarmingly high numbers.

Table 3: Percentage child workers by age group

Age group	Male	Female	Average
5-9	01.5	03.6	02.5
10-14	11.4	23.4	16.7
15-19	50.2	46.8	48.7
All	50.0	38.8	44.6

Source: NSS 55th Round- 1999-2000

In Rajasthan, caste, class, gender, age and family composition are critical factors influencing which children work and which attend school. Often, older children are expected to work in order to help put younger siblings through school. Large households often mean less participation of children in education and slower progress in school. Moreover, a great deal depends on the quality of education and the opportunities and employment available to educated youth.

The IDSJ Social Assessment Studies (2000) revealed that in many blocks of Jaipur and Dausa districts children were working full-time in carpet and khadi factories and did not attend school. In Rajsamand and Karauli districts, children were involved in mining and mineral processing, and did not attend school. In some parts of Dholpur district, children were involved in making cardboard boxes for the shoe industry in adjoining Agra (Uttar Pradesh), and working in *petha* factories. (*petha* are sweets made out of white marrow and sugar). In the tribal areas, children were also engaged in collecting forest products such as *mahua* (tree), *sitaphal* (custard apples), *bers* (berries) and wood. Pressures of agricultural work during the sowing and harvesting periods also compel children to help their parents.

A study by Cecoedecon (an NGO in Rajasthan) in 1999 indicated that children are engaged in two

occupational categories. The first includes all agriculture-related activities, cattle grazing, looking after younger siblings and household work, as well as work in hotels, dhabas (roadside restaurants) and motor garages. The second category includes carpet weaving, beedi (local cigarettes) rolling, gem polishing, embroidery, mining and tie and dye work. Nearly half of child workers were never enrolled in school and were illiterate. The proportion of girls (54 per cent) in this category was higher than that of boys (46 per cent). Of those who had been enrolled in the formal school system, 31 per cent had dropped out at the primary school level (Cecodecon, 1999).

Wazir (2002) notes that nearly 100,000 men, women and children work in sand-stone mines in Jodhpur district. The majority of these workers are migrants who move with their families to seek employment in this industry. Most belong to Scheduled Castes and Scheduled Tribes, and tend to be landless or have marginal and unproductive landholdings. In addition, literacy levels are low. Children start working from the age of about ten and receive a meagre 10-15 rupees per day. Although both boys and girls work in the mines, more boys are employed because girls are usually kept at home to do domestic activities like cooking, fetching water and firewood, and looking after younger siblings.

Davies et al (1998), in their study on gender and livelihood adaptation in three districts of Rajasthan, argue that different routes of livelihood adaptation have different consequences for children. These tend to be overlooked unless their specific strategic interests are considered. The specific route that a household pursues determines which children will work and what work they will do. Agricultural-based adaptation often means more work for children within the household and the farm. Migration can also shift the responsibility of household and agricultural work onto children if parents are absent; it can also lead to children accompanying their parents in search of wage labour (migration is discussed more fully in Section 2.6.2).

Where opportunities for the poor are most realistically to be found in the informal sector, the limited skills acquired through schooling are often considered by parents to be less useful than those learned in the workplace, which can be essential for survival. In such circumstances, work might be regarded as a better option in both the short and long term. Mathur (1991) and Mathur and Bhargava (2000) in their studies of the gem polishing industry of Jaipur observe that, since government school-teachers are often not equipped to deal with first-generation learners, parents who cannot afford to send their children to private schools often prefer their children to learn gem-polishing and other trade related skills, regarding this as more beneficial in the long run. Since children are often employed by close kin who can provide a secure work environment, social relationships established at work have a positive impact on children, and practical skills acquired during childhood can play a role in helping children to escape poverty. However, this does not necessarily hold true for all industries, especially hazardous industries.

2.4 Social Capital

Social capital plays an important role in determining livelihood opportunities and outcomes because it

enables poor people to access additional resources to meet everyday needs. In addition, because poor people can rarely afford formal insurance to protect them in the event of various crises such as natural disasters, financial crises, health emergencies and unemployment, reciprocal relationships provide wells of financial, social, or political support from which they can draw in times of need (Narayan et al, - 2000: 55).

In Rajasthan, social capital is generated through caste and kinship networks which differ significantly between castes. Bhargava et al (1998) point out that Scheduled Castes have had to generate social capital within their own caste groups. Lacking natural, financial and human capital, as well as facing discrimination, social capital becomes critical. There is evidence that social capital generation includes sharing water resources, assistance with well digging, reciprocal support during times of labour shortages, making loans (in both cash and kind) in times of crises, and investment in ceremonies (especially death feasts). Kinship relations also play a critical role in determining migration patterns which are strongly influenced by the presence of kin in particular locations (Aravali, 2003; Krishna, 2003).

The role of caste panchayats⁶ in maintaining social capital is also crucial within the state, as it is an important mediator in cementing relations, settling disputes and forging unity among members. Caste panchayats, to some extent, counteract the influence of dominant castes. Households who attend caste panchayat meetings are more likely to participate in *gram sabhas* (village-level meetings organised under the system of local governance). Field-level studies reveal that participation in caste panchayats is high even when women are not allowed to participate in them. Caste panchayats, however, continue to be male-dominated and patriarchal; even decisions affecting women, especially violence against women, are taken by men in favour of men.

According to Bhargava and Sharma (2002), participation in Panchayati Raj institutions is more likely if a household has strong kinship networks of reciprocity, participates in caste panchayat meetings, and is literate. There are such households among both APL and BPL households. However, APL households are more likely to participate than BPL households.

Fieldwork undertaken during the CHIP research provides an understanding of gender relations at the household level and how these affect the formation of social capital at the community level. It is evident that women and older girls enter into reciprocal relationships by looking after children of their kin when the latter are out working on farms or have migrated outside the village in search of work. Women also provide social support networks in times of ill health and by caring for the elderly. Gender roles and responsibilities tend to follow a traditional pattern. However, where girls are aspiring to higher levels of education (ie college education), there are some changes in gender roles and responsibilities. Where girls are allowed to go out of the village to pursue their education, they are allowed to perform non-traditional roles such as handpump *mistries* (mechanics), women panchs and

6 Caste panchayats are traditional institutions that strengthen caste-specific identity, prescribe norms of behaviour and settle small disputes between caste members within the village.

ward panchs. These experiences are, however, not widespread. It is emerging that the greater participation of women in the political and economic spheres can help to change not only gender relations, but also help build stronger social capital at the village level. Stronger social capital and more equal gender relations will ensure more community support to children and more equal opportunities to the girl child.

2.5 Financial Capital

Access to credit institutions helps to ensure sustainable livelihoods, as well as the possibility of investment in income-generating activities. Singh (2000) indicates that access of the poor to formal sources of credit is very limited. Moreover, the average amount borrowed by an APL borrower from a bank is almost eight times more than that borrowed by a BPL borrower. In the absence of credit from formal institutions, poor people are unable to increase their assets. They are also unable to get loans for agricultural inputs. Poor people, more than the non-poor, borrow from relatives and friends, or moneylenders in times of need (Bhargava and Sharma, 2002). People prefer informal sources of credit because formal loans are only available for 'productive' investments and not for social investments such as marriage and death ceremonies (Bhargava et al, 1998).

Given the high incidence of poverty, low levels of income and extent of under-employment, agricultural-based households often need to borrow money in order to meet their basic needs. However, households borrow for both consumption and investment. Although they might be expected to borrow more, there is a limited number of people who would lend them money. Their low credit-worthiness and their inability to offer collateral against loans limit their capacity to borrow. Thus, they are largely dependent on moneylenders, landlords, friends or relatives for loans for which they often have to pay exorbitant interest charges which they can ill afford (Nayyar, 1991; Krishna, 2003).

The relatively high indebtedness in Rajasthan reflects the chronic poverty of many households. Traditional moneylenders and traders are the major suppliers of loans and credit, while banks account for a mere 16 per cent of loans, and co-operative loans were not reported at all (Aravali, 2003). Debt cycles are often linked to seasonal migration strategies. They can create difficulties for women left behind in the village who sometimes have to deal with irregular remittances. For many villagers in India, migration to urban locations outside the state in pursuit of employment is motivated by the need to repay debts, losses in agriculture, and large expenses because of marriages, festivals and ceremonies. The returns from their income-generating activities outside their village hardly compensate for their labour. There are also costs such as bad health, the desertion of women and children by men, and the deepening of their debt burden, since families often borrow at high interest rates in order to migrate (India, 1998, cited in Narayan et al, 2000).

Existing studies (*Khan Mazdoor* Newsletters, 2002-03) show that the cycle of indebtedness and bonded labour contributes to inter-generational poverty. In Rajasthan, mining tends to be a family occupation, passed on from father to son. With bonded labour, sons frequently inherit their father's debt.

Interestingly, mine owners readily give loans and advance payments, but only for purposes like medical treatment, marriage and funeral expenses. This guarantees that workers remain bonded to them. A loan is almost never given for an activity that could generate an alternative source of income for mineworkers. This ensures a constant supply of cheap labour. Children tend to be most vulnerable since parents' inability to repay debts often results in children being forced into bonded labour for long periods. The inter-generational transfer of poverty through debts and loans needs further in-depth study in order to understand the impact on children's wellbeing.

In Rajasthan, in addition to formal institutions, self help groups (SHGs) have emerged as a vehicle for empowerment and a large majority of development programmes (eg health, education and agricultural activities) use the approach of group-saving and lending to enhance the economic status of the poor. Recent studies indicate that loans are spent on social ceremonies like death feasts, births and weddings, repaying debts, repairs to houses and medical expenses (Vishakha, 2002; Aravali, 2003). The SHG approach, which is in its infancy in some villages, can have significant empowerment impacts and reduce vulnerability. It can enable poor people to mobilise their savings and consequently smooth their consumption and incomes, thus reducing the severity of poverty, helping to build assets and facilitate risk management. The impact of SHGs, especially women's SHGs, on children is an area needing further study.

2.6 Livelihood Strategies

Livelihoods in Rajasthan are made up of different strategies (eg agricultural labour and migration) which determine livelihood outcomes in various ways. These outcomes are derived from the various capital assets available. However, livelihood strategies are mediated by the vulnerability context and cultural factors, as well as the transforming structures and processes (such as local governance institutions).

2.6.1 *Agriculture and Livestock*

Rajasthan is a predominantly agrarian society, with 70 per cent of the population depending on agriculture and related activities. Farmers operate at different levels of endowment, technology, inputs and market access. Improved agricultural practices, introduction of cash crops and increased irrigation have greatly helped to secure livelihoods for people by reducing the risks involved with rain-fed cultivation only (GoR, 2002).

Bhargava and Sharma (2002) point out that poor people adopt a cropping pattern that suits their inferior land quality and the low availability of groundwater. Their crop yields are significantly lower than in Above Poverty Line (APL) households where water requirements are high. Assuming that the crop choice of APL households reflects a high value option, then Below Poverty Line (BPL) households sow lower value crops.

Fluctuations in agricultural output due to drought conditions expose the vulnerability of BPL households more than APL households because they have small landholdings, poor quality land and lack of irrigation facilities. The food production of households is sometimes reduced to the extent that it needs to be compensated and supplemented through wage labour or migration. The decrease in agricultural output also influences livestock yields, with the marginal decline being higher for poor households who depend on crop waste fodder for their already inferior quality of livestock.

The Social Assessment Studies (SAS) which were carried out in District Primary Education Project (DPEP)⁷ districts and specifically looked at children from the most marginalised communities, indicated that landless labourers in the rural areas of many districts primarily work in the agriculture sector which is seasonal in nature. Since food stocks for the entire year need to be secured during this limited period, it is essential that the opportunity to work is maximised. This means involving all family members, including children, in work. The SAS report that at various times nearly 70 per cent of children work with their parents, which affects their education. Furthermore, landless labourers are often forced to take loans from the landowners, and children often become bonded labourers, ending all opportunities for development and frequently leading to inter-generational poverty cycles (IDSJ, 1998).

Some studies point to the fact that intensification in agriculture has led to an increase in children's workload, especially of those in households where agricultural intensification has led to higher production and hence more work. Children are particularly involved in certain tasks such as collecting groundnuts and cleaning grains. During the peak agricultural season, most children from poor households do not attend school (Bhargava et al, 1998).

The participation of children in animal husbandry activities, especially grazing of cows, sheep and goats, is widespread and common to all districts of Rajasthan. Further commercial animal husbandry and a shift in livestock composition has resulted in an increase in the workload of children as they are often assigned the responsibility for grazing small ruminants. When the herd size is small, the parents send girls to graze them in order to avoid the costs of hiring labour and also allowing boys to attend school.

2.6.2 Children and Migration

Migration from Rajasthan to neighbouring states in search of employment is common. Migrants work as labourers in mines and on construction sites on a daily rate. Rajasthan experienced a severe drought for three consecutive years from 2000 to 2003, which has had implications for the economic wellbeing of the population. Many households, including children, have been forced to migrate. Most labourer households in Barmer and Banswara districts reported migration during the lean season, to the northern arid and Banas Chambal regions where there were more agricultural and economic activities.

7

A World Bank-funded project on primary education operating in 19 districts of the state.

The majority of people from the tribal districts migrate to Madhya Pradesh and Gujarat. This disrupts the education of children in the middle of the year before the monsoon. Children who migrate with their parents work for very low wages and some are even forced to beg by their parents (Bhattacharya et al, 2002).

Bhargava et al (1998) reveal that in the tribal district of Udaipur seasonal migration for wage labour has become a mainstay for livelihoods. The adaptation of seasonal migration is necessitated by declining entitlements to forest products, recurrent droughts which lead to a loss of livestock and an inability to restock, population pressure on agricultural land and a failure to intensify agriculture. About 5 per cent of families migrate with their children, leaving livestock in the care of kin in return for payment and use of manure. The most common types of employment for men are as construction workers, trolley pullers and truck assistants (loading and unloading trucks). In a 30 day period they usually find work for 16 days. Average daily earnings are 50 rupees for men, 40 rupees for women and 20-25 rupees for children. In households where the men migrated alone, the women who remained behind shouldered the full responsibility of productive and reproductive activities, caring for children and livestock, and collecting and selling firewood to meet consumption needs, especially when remittances were not sent by the men. Children also had to work hard which resulted in a high drop-out rate from school. The common perception was that education was a luxury which they could not afford if children could earn 20 rupees a day.

Mosse et al (2002), in a study of Bhil tribal villages in the three contiguous western states of Madhya Pradesh, Rajasthan and Gujarat, show that childcare is always a problem for poor migrant families. Occasionally, they bring an 'older' child (eight to ten years) to take care of younger children and infants for 100-150 rupees per month. Usually, however, children accompany adults to the work-site, spending an increasing part of their childhood at the unfamiliar and insecure site. From about seven years of age, or even younger, they start to work on construction or brickwork sites and are deprived of play, leisure and schooling (ibid).

Clearly, different patterns of migration are adopted by households in the state, ie, migration of males, migration of families and migration of parents only. These all have different implications for children's wellbeing. Preliminary fieldwork conducted during the CHIP study in Banswara district, where children are accompanying groups of pastoralists, reveals that, although migration ensures short-term survival, it could have negative longer-term implications because of the trade-offs, especially with children's education. This has potential inter-generational consequences for development and may contribute to long-term poverty traps. Differing patterns of migration and the long-term implications on childhood poverty remain under-researched in the state. This issue will be addressed through primary research in the CHIP study.

2.7 Transforming Structures and Processes

Livelihood strategies are influenced by transforming structures and processes in the state. These are

intended to facilitate the participation of poor and deprived groups in local village bodies in order to inform decision-making processes.

Currently the Panchayati Raj institutions are the main pillars of decentralised governance structures. In addition, programmatic interventions such as the Women's Development Programme of the Government of Rajasthan and the *Bal Sansad* (Children's Parliament) are significant mechanisms towards ensuring greater participation of marginalised groups in the public sphere. However, creating structures where poor people may participate needs to be coupled with processes which will enable them to voice their concerns and collectively demand their rights within these structures.

In the Indian context, the 73rd panchayat Amendment⁸ to the Constitution has led to women's increased participation in community/village political structures, and a challenge to spaces hitherto reserved for men. It has galvanised a new presence of rural women in the institutions of local governance. Although women's role in the panchayat is fiercely debated, there is already evidence of some achievements. Presently, there are a total of 40,507 elected women representatives at local levels in Rajasthan (GoR, 2002). The women representatives have taken up issues related to development at the village level, voiced their criticism of corruption, and ensured accountability of various delivery systems, especially those of water, health and education. The experience of the Women's Development Programme of the Government of Rajasthan, implemented since 1984, also clearly suggests that when women work as a collective they are able to voice their concerns forcefully and act as a pressure group for ensuring access and control over crucial resources such as water, education, fair wages and health. Bhargava and Sharma (2002) found that positive discrimination in favour of backward castes and women has given these groups greater influence in village affairs through Panchayati Raj institutions. However, the dominant castes with their economic power continue to mediate between the poor and the state.

With respect to children, several institutionalised mechanisms have been promoted in Rajasthan by both NGO and government sectors to ensure children's participation in development. The concept of Bal Sansad (Children's Parliament) was initiated in the early 1990s by Social Work Research Centre (SWRC), Tilonia, a leading NGO in Rajasthan. Night schools were set up by SWRC for children of school-going age who were not attending schools but working on farms or homesteads. A person from the same village with an education level of standard VIII was hired as a teacher. On the model of the National Parliament, children from the SWRC night schools elect a Prime Minister, a Cabinet and Members of Parliament from among themselves. This initiative has helped children integrate political science education with the educational process of the night schools, and has raised their awareness of their rights to developmental priorities like education, health, environment and safe drinking water (SWRC, 2000).

Along similar lines, the *Bal Panchayats* initiated by UNICEF in association with the Government of

8 The 73rd Amendment establishes a system of local democracy through local councils known as panchayats. The amendment mandates that resources, responsibilities and decision-making powers be devolved from central government to rural grass-roots people, with elections every five years. The most revolutionary aspect of the amendment is that one-third of all panchayat seats are reserved for women.

Rajasthan in 1997 (on the patterns of the local governance system), have aimed to be facilitating processes whereby children can become agents of change in their own development. A third of members of these panchayats are girls. To date, 200 children's panchayats have been created in Rajasthan. These panchayats have inspired communities to plant trees, open libraries, ban the use of plastic bags and campaign against the use of tobacco (GoI, 2002). The participation of children in *Bal Panchayats* has led to an internalisation of values and habits that have a significant potential bearing on adulthood. The children have demonstrated qualities of leadership, self-confidence and collective work and have demonstrated the ability to make informed choices (IDSJ, 2001).

The role of community forums and networks in fulfilling the needs of children requires further exploration. While the different initiatives of civil society organisations have helped children gain confidence and greater political awareness, the extent to which they have increased children's autonomy and role in decision making within the family still needs to be examined, as does the extent to which they have contributed to broader improvements in child and family wellbeing.

The above review of livelihoods and their relation to children's access to key aspects of education, health and economic resources, highlights the need for strategic interventions and an integrated approach to help poor people break poverty cycles and avoid processes of inter-generational transfer of poverty. We now turn to a number of major areas of anti-poverty policy in India and Rajasthan to examine their role in tackling childhood poverty and breaking poverty cycles.

3. The Policy Context

This section discusses the main thrust of economic and social policies in India and Rajasthan which are aimed at poverty reduction in general and improving the wellbeing of children in particular.

3.1 Economic Policy

Indian economic policy has always had a pro-poor orientation in intention and, to some extent, in practice. An explicit attack on poverty in the country was pursued in three successive phases.

In the first phase, from the beginning of the 1950s until the end of the 1960s, there was a major emphasis on the redistribution of land and improving the plight of poor tenants, especially landless agricultural labourers and landless farmers. The intention of this phase was redistribution of existing non-renewable assets. However, redistributive land reforms have led to redistribution of land in only a few states, including Rajasthan, and have only directly benefited very few marginal farmers or landless labourers.

By the late 1960s, the second phase of Poverty Alleviation Programmes (PAPs) started with measures that promised to address the poor in rural areas directly and exclusively. This target group approach culminated in the Integrated Rural Development Programme (IRDP) and the National Rural Employment Programme (NREP). The distinguishing feature of PAPs during this phase was the emphasis on creating employment opportunities and distributing renewable assets among the poor.

The Poverty Alleviation Programmes (PAPs) have taken a variety of forms and differ in content and organisational structures. These programmes can broadly be grouped into three major categories:

- Provision of reproducible assets (eg animals, tools, equipment), and the organisation of training programmes for the poor to equip them to better utilise these resources. There is also an emphasis on providing easier access to credit by poor households.
- Employment-generation programmes oriented towards the alleviation of poverty through fuller and more sustainable employment among poorer households, particularly those that do not own productive assets, or are not entrepreneurial enough to make use of such assets.
- Providing social safety nets to vulnerable sections of the population through entitlement to cheaper food through the Public Distribution System (PDS). PDS creates a dual market and enables poor people to buy grains and other necessities below the prices of the 'open' market.

From the beginning of the 1990s, the emphasis has shifted to measures aimed at both accelerating economic growth and creating an environment for ensuring the spread of its effects (Vyas and Bhargava, 1999). The impact of the liberalisation policies has been mixed. Initially, in the early 1990s,

as part of the strategy to boost agricultural growth, a price regime supported large scale production of oilseeds. This benefited small and marginal farmers, including those who had little access to irrigation facilities. In the latter part of the 1990s, the liberalisation regime accessed world markets for the import of edible oil, which was obviously detrimental to small farmers who were thus deprived of cash earnings. This also had a negative impact on the edible oil industries using oilseeds as their inputs (Acharya, 2000). Moreover, the growth of employment was lower in the 1990s than in the 1980s.

3.2 Social Policies

Recent international development thinking that has focused on human and social development issues is also reflected in the Indian development context.

'The notion of human wellbeing is broadly conceived to include the accessibility of all sections of the population, especially the deprived and those living below the poverty line, to the basic necessities of a productive and socially meaningful life. Such a conceptualisation of wellbeing encompasses individual attainments in the areas of education and knowledge; health and longevity; as well as in the quality of overall social and physical environment of people' (GOI, Planning Commission, 2002b: 8).

3.2.1 Education

India has a federal system with a well-defined division of responsibilities between the central and state governments. Education, especially school education, is the responsibility of state governments, although it is on the concurrent list⁹. The central government has also been implementing initiatives under its constitutional obligation to supplement the efforts of state governments, by meeting some critical gaps in the public provisioning of literacy improvements, particularly in the educationally disadvantaged states. The efforts have become part of an enabling policy framework the 1986 National Policy of Education, and the more recent introduction of a bill which makes primary education compulsory. Specific programmes, including the Total Literacy Campaigns, the District Primary Education Programme (DPEP) and the Sarva Shiksha Abhiyan (SSA)¹⁰ embody elements of various innovative programmes being implemented in different states. Innovative changes in the curriculum, flexibility in school schedules to accommodate the needs of children who are involved in household labour, and improvements in the enrolment rates of poor children, are some of the areas of policy focus. The Tenth Five-year Plan (2002-07) aims to decrease the gender gap in literacy over the plan's period by 50 per cent.

9 The concurrent list includes issues on which both the state and central governments can issue ordinances. In the case of conflict, central government's ordinance prevails

10 Sarva Shiksha Abhiyan is a time-bound initiative of the Government of India, in partnership with individual states, for universalisation of elementary education. The programme recognises the importance of community ownership of schools for improving the performance of the school system.

3.2.2 Health

The National Health Policy of 1983 and the draft National Health Policy of 2001 have highlighted the need for a time-bound programme for setting up a network of comprehensive primary healthcare services linked to extension and health education. Furthermore, the National Population Policy announced in February 2000 focuses on addressing unmet needs of contraception, health infrastructure and trained healthcare personnel, as well as providing integrated services for basic reproductive and child health. However, there is a multiplicity of public programmes and interventions in the health sector, resulting in available resources and infrastructure being thinly spread.

3.2.3 Child Labour

Child labour is a rather ambiguous concept in the Indian context. Children's heavy involvement in economic activities is reflected in the low enrolment rates and high drop-out rates. The policy of the government is to ban the employment of children under the age of 14 years in factories, mines and hazardous industries, and regulate the working conditions of children in other areas of employment. The policy framework and resulting interventions in most states range from a 'preventive approach', involving suitable legal interventions for checking and regulating the entry of children into the labour market, to facilitative 'public interventions' which create an environment that encourages the withdrawal of children from the labour market. The basic objective has been to create a conducive social and economic environment that discourages the entry of children (in the target age group of 5-14 years) into the labour market.

At the same time, states have made use of publicly funded programmes that are aimed at improving the access to, and enrolment of children in, schools. For instance, they provide midday nutrition to schoolchildren. They also have policies that regulate wage rates for adults through measures such as the minimum wage legislation; this increases household income, and eases the pressures which push children into the labour market. Although most of these measures have been adopted universally across states, success in implementation varies from state to state (Planning Commission, 2002). There are currently about 100 national child labour projects (NCLPs) covering 2.11 lakhs children in 13 states, including Rajasthan, which has the second highest number of working children in India (Indian Economic Survey, 2002-2003).

3.3 Interventions in Rajasthan

In Rajasthan, there are several interventions for tackling issues of poverty alleviation. Programmes have been strengthened over the years to generate additional income, create entrepreneurial skills and raise the income levels of the poor. While several evaluation studies have commented on the performance of the PAPs in Rajasthan (IDSJ, 1989; IDSJ, 1991b; IDSJ, 1997; IDSJ, 2002), the impact of these programmes on specific aspects of childhood poverty remains unexplored. These programmes attempt to augment each form of capital and address issues of vulnerability (See Table 4).

Table 4: Forms of capital / vulnerability and Poverty Reduction Programmes in Rajasthan¹¹

Forms of capital/ vulnerability	Programmes to augment the capital base of poor people
Natural capital	Million Wells Scheme Jawahar Gram Samridhi Yojana through investment in, eg, surface water bodies
Physical capital	Indira Awas Yojana, Jawahar Gram Samridhi Yojana
Financial capital	Swarn Jayanti Gram Swarozgar Yojana (replacing IRDP)
Human capital	Jawahar Gram Samridhi Yojana
Social capital	Swarn Jayanti Gram Swarozgar Yojana by forming self help groups
Vulnerability	Famine Relief Works, National Old-Age Pension Scheme, Annapurna Yojana, Public Distribution System
Voicelessness & powerlessness	Swarn Jayanti Swarozgar Yojana through formation of self help groups; transferring powers to panchayats

Source: Bhargava and Sharma, 2002

With respect to children, the first stage in developing a State Plan for Action for Children was initiated in 1995. It focused on the situation of children in Rajasthan and involved a number of different government departments and NGOs in providing co ordinated services at the local level (IDSJ, 2001). More recently, the state government has formulated the draft Rajasthan State Policy for Children (2003) which reiterates that:

'Every child has the right to the best start in life. Their survival, protection, growth and development in good health and proper nutrition are the essential foundation of human development. Children should be nurtured in a safe environment that enables them to be physically, mentally alert, emotionally secure, socially competent and able to learn'.
(GoR, 2003).

11 The Million Wells Scheme is a programme designed to increase access to common groundwater resources; Jawahar Gram Samridhi Yojana is a wage employment programme designed to augment natural and physical capital, such as water resources, roads and infrastructure; Swarn Jayanti Rozgar Yojana has replaced the IRDP, and provides income-generating assets to poor people through self help groups.

Since the early 1970s, the state government has made efforts to implement centrally sponsored programmes to address the health, nutrition and educational needs of children. These include the Integrated Child Development Scheme (ICDS), the Midday Meal Scheme (MMS), immunisation programmes and the Vitamin A Supplement Programme.

With respect to the education of marginalised children, several programmes for universalising primary education have been initiated by the state with donor support, eg, the Shikshakarmi Programme, the Lok Jumbish Project, the District Primary Education Programme, Rajiv Gandhi Swarna Jayanti Pathshala, and the Janshala Programme. However, an analysis is needed of how these programmes can act as safety nets to protect children from harm (eg through child labour) or actively help them (eg retention in school). Ensuring adequate nutritional levels and schooling opportunities is regarded as helping to break poverty cycles. A brief review of these programmes is presented now in order to provide a background to the issues being addressed by the CHIP research.

Integrated Child Development Scheme (ICDS)

The ICDS is the largest early childhood care and education programme in the country. It is an inter-sectoral programme which attempts to reach children in vulnerable and remote areas and give them a headstart by providing an integrated programme of health, nutrition and early childhood education. The package of services includes supplementary nutrition, immunisation, health check-ups, referral services, health and nutrition education pregnant and lactating mothers, and pre-school education for 3-6 year-olds.

In Rajasthan, the ICDS was launched in the tribal area of the Garhi block of Banswara district as early as October 1975. Gradually, all the districts of the state were covered by the programme. By 31 March 2002, there were 191 ICDS projects in Rajasthan 149 were rural, 28 tribal and 14 located in urban areas (GoR, 2002).

Positive outcomes of the programme include the substantial enrolment of SC and ST children, positive impacts on the health of preschool children in terms of IMR and immunisation coverage and their continuation into primary school. However, evaluation studies, surveys and micro-studies (Singhi et al, 1996) indicate that, despite ICDS having started in the poorest blocks, targeting the poorest households and aiming to change nutrition-related behaviour, the programme has only had a small impact on nutritional status, even where it has been operating for a long time. The main problems affecting the effectiveness of ICDS in reducing malnutrition are:

- Lack of attention to very young children (0-2 years), particularly to their nutrition in the home and early treatment of infections. This is due to inadequate training of workers.
- Inadequacy of services for pregnant and lactating women, including early care, effective anaemia prophylaxis, food supplementation, treatment of infections, and health and nutrition education.

- Insufficient food supplementation: throughout the programme's history, food supplements have failed to cover those who are in most need of them, and the recommended quantities are inadequate to close the caloric gap of the poorest people.
- Poor training of *anganwadi* (early childhood development workers) and health workers, particularly in nutrition, at programme inception, and a lack of co-ordination and supportive supervision of them.
- Inadequate community involvement in the programme, which has stymied both demand - and supply-side improvements (Chatterjee, 1996).

Furthermore, the growth charts and the language of training are inappropriate for local conditions, bearing in mind that many of the functionaries are illiterate or semi-literate. A study conducted in 1998 points to the need for greater flexibility in management and implementation, on the spot training and re-orientation programmes for functionaries. The study shows that men generally perceive the ICDS as a woman-specific programme because it caters for children. The study also recommends the greater involvement of NGOs in the programme (IDSJ, 1998).

Although the nutritional supplement being provided by the programme seems to be reaching children in most villages, issues of regularity, quality, exclusion and its impact on the nutritional levels of children need to be explored in greater detail. More crucially, an investigation is needed as to whether the supplement provided by the scheme is becoming the main component of children's diets because parents are too poor to provide other food for children.

Midday Meal Scheme (MMS)

The Midday Meal Scheme was launched in 1995 to improve the nutritional status and school retention rates of primary school children. The scheme is being implemented in all government, semi government and voluntary upper primary schools and Rajiv Gandhi Pathshala (schools). Children with an 80 per cent school attendance are provided with three kilograms of wheat every month free of charge (GoR, 2002). In 2000, after the Supreme Court's order,¹² dry rations replaced with the provision of cooked meals (*ghoogri*) in all government and government-aided schools in all districts to ensure that the children concerned actually receive this food instead of the possibility of it being consumed by the whole family. A recent survey covering 27 sample schools and 106 households in Rajasthan reveals that the midday meals are served regularly, and that they have enhanced school attendance. Female enrolment in class 1 rose by 29 per cent in sample villages after the MMS was introduced. Official enrolment data indicates an increase of 18 per cent in Rajasthan as a whole. The MMS has also helped avert an intensification of child under-nutrition in many drought-affected areas. The contribution of

12 As part of the Right to Food campaign in the country, a Public Interest Litigation was filed by the Rajasthan unit of the People's Union of Civil Liberties (PUCL), on the basis of which the Supreme Court of India directed all the state governments to introduce cooked midday meals in primary schools. Rajasthan was the first state to comply and cooked lunches rapidly became part of the daily school routine across the state.

midday meals to food security and child nutrition seems to be particularly significant in tribal areas (Dreze and Goyal, 2003).

The question of the sustainability of the MMS and how it can contribute to the overall wellbeing of poorer children is pertinent in the present context. Linking the MMS with related inputs such as micro-nutrient supplementation, health services and nutrition education are areas which need further policy attention.

Programmes of Education

The National Policy on Education (NPE) was formulated by the central government in 1986. The policy defined educational priorities and made an attempt to address issues of quantity, quality and equity in educational processes. After the NPE, several initiatives were started in different states of India with external assistance.

In the past two decades, several innovative programmes for education have been implemented in Rajasthan. The Shiksha Karmi Programme was implemented in 1987 with assistance from the Swedish International Development Assistance (SIDA). The Lok Jumbish Project was also started with donor support from SIDA in 1992. A large multi-state programme of Education for All, the District Primary Education Project (DPEP), has been implemented with support from the World Bank since the late 1990s.

All three programmes have addressed the diversity of needs across gender and caste. It is evident that enrolment, attendance and retention rates have steadily improved in project villages compared to regular formal schools (Rajagopal, 1999; Jain and Mathur, 1996; Govinda and Diwan, 2003; Ramachandran, 2003). A sense of community ownership has also emerged, while one of the broad impacts has been improved literacy levels (Census of India, 2001).

Even with a range of interventions in place, a large number of children remain out of school due to various reasons and circumstances. Making education accessible and providing quality education to the poorest children, especially girls, continues to be a development challenge for policy-makers and planners.

4. Conclusion

The review of livelihoods in Rajasthan shows that the experience of childhood poverty is substantially affected by gender, caste and community, with particularly high discrepancies between the wellbeing of boys and girls compared to other parts of India. It shows how health conditions are partly responsible for poverty transfers and identifies gaps in policies and programmes. Similarly, out-of-school children are also likely to have a lifetime of poverty. The review identifies that some poor children are unable to attend school because of the livelihood strategies adopted by households where children may be forced to work for wages and share the domestic burden of work. Migration accentuates problems of childhood poverty and the inter-generational transfer of poverty. Poor environmental conditions and frequent droughts also contribute to the transfer of poverty to future generations.

The review has found that no systematic analyses of childhood poverty and the intergenerational poverty have been undertaken in the state. The differential access of families and children to key resources indicates that deprivation exists at many levels and, when combined, may lead to intergenerational poverty cycles. CHIP's primary research will address some of these issues, specifically the impact of short and long periods of poverty on children, and the impact on inter-generational poverty transmissions.

The review also highlights other gaps in existing knowledge:

- Understanding how malnourishment contributes to inter-generational transfers of poverty in Rajasthan, given the recurrent drought conditions
- Analysis of the impact of poor levels of educational achievements and high drop out rates among marginalised children, especially girls, and the relationship with inter-generational poverty transfers
- While the different mechanisms initiated by civil society organisations have helped children gain confidence and greater political awareness, the extent to which these have led to the fulfilment of the needs of children needs further exploration
- The inter-generational transfers of poverty through debt and borrowing need to be studied in order to understand the impact on children's wellbeing, as well as on their future prospects
- The different patterns of migration and the long-term implications of migration on childhood poverty in the state need to be researched
- The role of social and economic policies and programmes of the state government, as well as those of civil society organisations, in breaking poverty cycles, requires further research.

Appendix I:

Standard of Living Index

The Standard of Living Index (SLI) as used in the NFHS-2 is calculated by adding the following scores:
House type: 4 for pucca, 2 for semi-pucca, 0 for kachha;

Toilet facility: 4 for own flush toilet, 2 for public or shared flush toilet or own pit toilet, 1 for shared or public pit toilet, 0 for no facility;

Source of lighting: 2 for electricity, 1 for kerosene, gas or oil, 0 for other source of lighting;

Main fuel for cooking: 2 for electricity, liquid petroleum gas or biogas, 1 for coal, charcoal or kerosene, 0 for other fuel

Source of drinking water: 2 for pipe, handpump or well in residence/yard/plot, 1 from public tap, handpump or well, 0 for other water sources

Separate room for cooking: 1 for yes, 0 for no

Ownership of house: 2 for yes, 0 for no

Ownership of agricultural land: 4 for 5 acres or more, 3 for 2.0-4.9 acres, 2 for less than 2 acres or acreage not known, 0 for no agricultural land;

Ownership of irrigated land: 2 if household owns at least some irrigated land, 0 for no irrigated land

Ownership of livestock: 2 if owns livestock, 0 if does not own livestock

Ownership of durable goods: 4 each for a car or tractor, 3 each for a moped/scooter/motorcycle, telephone, refrigerator or colour television, 2 each for a bicycle, electric fan, radio/transistor, sewing machine, black and white TV, water pump, bullock cart or thresher, 1 each for a mattress, pressure cooker, chair, cot/bed, table or clock/watch.

Index scores range from 0-14 for a low SLI to 15-24 for a medium SLI and 25-67 for a high SLI. By this measure, more than one-third (36 per cent) of Indian households have a low standard of living, 44 per cent have a medium standard of living and 18 per cent have a high standard of living.

Definitions

Kaccha houses: mud houses with thatched roofs

Semi pucca houses: cemented, concrete houses with thatched roofs

Pucca houses: cemented/concrete houses with cemented/concrete roofs

Appendix 2:

The Tiered Structure of the Rural Health System of Rajasthan

The 1980s saw considerable expansion of government health infrastructure in rural areas, as a result of which a four-tiered rural health system was established in Rajasthan.

Tier	Personnel	Functions
Tier 1: Health Sub-Centre	A pair of male and female multi-purpose workers	Each caters for approximately 4-5 villages. They provide basic healthcare, maternal and child health services (including family planning). Also undertake simple sanitation and health education tasks
Tier 2: Primary Health Centre (PHC)	One or two doctors and about ten paramedical staff	Supervise six health sub centres. Supervise community health outreach work. Offer general medical and simple surgical services
Tier 3: Community Health Centre (CHC) introduced in 1985	Four to eight medical officers supported by paramedical staff; 30 beds and complete diagnostic laboratory and pharmacy facilities	Serve about 100,000 people. Provide specialist medical, paediatric, obstetric and surgical services
Tier 4: Block/tehsil and District Hospitals	Fully qualified and skilled medical officers and health personnel	Provide specialist medical, paediatric, obstetric and surgical services on a large scale. Other specialities are also provided as required from time to time

Source: Rajasthan Human Development Report 2002

Appendix 3:

Rajasthan: Some Relevant Indicators

Indicators	
Sex ratio	922
Juvenile sex ratio	908
Female literacy	44.3 %
Male literacy	76.5%
Life expectancy for females	58.5
Infant mortality rate	80
Maternal mortality rate (per 100,000)	677
Mothers receiving antenatal check up	47.1%
Deliveries assisted by a health professional	35.8%
Percentage of children (aged 12-35 months) who received all vaccinations	17.3%
Percentage of women (aged 15-49) with any anaemia	48.5%
Mean age at marriage	15.3
Total fertility rate	3.78
Cases of violence against women (2000)	12,476
Rank on the basis of percentage share of crime committed against women in states / Union Territories	4

Source: Census of India 2001, NFHS-2, IIPS 1998-99.

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