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Poverty Reduction Programmes and Child Health in India: Success and Achievement

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Abstract

Poverty is the biggest hurdle in the development of any Nation. India has huge issues of poverty, and it is one of the emerging economies in the world. There are around 872.3 million people, who are living under extreme poverty in the world, and India holds rank third in this strata. For alleviation of poverty, Government has implemented various schemes like IRDP (1978), RLEGP (1983), SJSR (1997), MNREGA (2006), and so on. After successfully implementing these programs, people are coming out with extraordinary destitution. One of the fundamental purposes behind the record decrease in poverty in India's fast monetary development since 1991. Another reason is proposed welfare projects, for example, MNREGA and Mid-Day Meal.

The dimension of poverty in India is extreme, and it influences kids' prosperity. Sick kids are experiencing a higher rate of adverse health and developmental issues. Poor youngsters have a low birth rate and continued development hindering. Lack of healthy sustenance, Maturity, and Morbidity are a component of an expansive number of factors that incorporate nourishment and nourishment access to preventive, promotive and corrective human services programs like Mid-Day Meal and ICDS helps a ton in cutting down ill health and empowering child improvement. All childhood indicators have shown positive increments, but India needs to go far to coordinates with different countries. India' IMR decreased by 23 while the most recent ten years, 90.7% (2015-2016) of kids were vaccinated in public health services, contrasted and 82% in 2005-2006. An extent of kids with diarrhea who got the suggested treatment of oral rehydration salts (50.6%) in 2015-2016 served when contrasted with ten years back.

Nonetheless, there is far to go, India's IMR of 34 still slacks other less fortunate neighbors, for example, Bangladesh (31) and Nepal (29).

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Keywords- Poverty, Poverty reduction programs, Child Health.

INTRODUCTION

Poverty implies low socioeconomic unemployment and small dimensions of education. However, debt is more than low-pay; it incorporates non-money related perspectives; for example, social avoidance, social helplessness, and refusal of chances and decision.

Poverty is a condition where people stay precluded from claiming fundamental necessities of life, for instance, the inadequacy of sustenance, pieces of clothing, and safe house. An enormous bit of the all-inclusive community in India can't get their two times meal, rest at the roadside and wear tarnished and old articles of clothing. They don't get real and sound sustenance, drugs, and another essential thing.

THE IMPACT OF POVERTY ON CHILD HEALTH

Poverty is a significant issue, especially among Indian kids. The dimension of poverty in India is severe, and it influences youngsters' prosperity. Poor youngsters will experience the ill effects of a higher rate of adverse health and developmental issues. Poor youngsters have a low birthrate and continued development hindering. Ailing health and starvation are related straightforwardly with poverty and can prompt stinting. It is the point at which a tyke is short in tallness or weight for their age. It is exceedingly predominant among poor youngsters.

POVERTY REDUCTION PROGRAMS IN INDIA

The government of India began numerous projects for mitigating poverty. In 1978 the administration began integrated rural development program (IRDP) to dispense with country poverty by giving income produced resources for the least fortunate of poor people and make maintainable open doors for independent work in the rural sector.

In 1983 Rural Landless Employment Guarantee Programme (RLEGP) was started to employ landless farmers and laborers.

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PRADHAN MANTRI ROJGAR YOJANA :

In 1993 PMRY was introduced with an objective to help unemployed by providing self-employment by setting up any practical monetary activity. Up until this point, around 2 million units have been built under this scheme, making 3.4 million extra work openings. The objectives for extra work open doors under the Tenth Plan and in 2004-05 are 1.6 million and .37 million, separately. On the other hand, REGP is running in remote and town areas for establishing small enterprises for rural employment generation. Under this scheme only those educated youth are eligible whose family income is 40,000 per year, and it is applicable in both areas rural and urban for taking part in any monetarily suitable action.

SWARNA JAYANTI SHAHRI ROZGAR YOJANA:

Scheme propelled on December 1, 1997. The primary objective of this programme is to generate employment opportunity for urban educated youth. It incorporates only those educated youth who have education till 9^{th} class and also living under the poverty line. There was a 75 % contribution of the Centre and 25% of the state in this scheme. Total expenditure for the year 2003-2004 was 1030 million. For 2004-05, the allocation of the budget was 1030 million, out of which Rs. 903.8 million were used by December 31, 2004. In 2008-2009, 0.9 million recipients benefited under it. Five thousand four hundred ten million spent on this arrangement in 2008-09.

SWARNA JAYANTI GRAM SWARAJGAR YOJANA :

This scheme was propelled in April 1999. The primary objective of this scheme is to accompany the helped low-income families (Swarozgaris) over the neediness line by granting them income generation assets through a blend of Bank credit and Government endowment. Different project and IRDP have been incorporated into this scheme, and bank loan and subsidies are providing to the poor needy to establish small industries. There is 75:25 costs sharing between center and state respectively. From this program, around 12 million people were profited up to 2009. Rs. 271.83 billion spent on this arrangement in 2008-09.

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INDIRA AWAAS YOJANA:

It is a necessary arrangement for the advancement of spots of unserviceable kutcha houses to semi-pucca houses has in like manner been incorporated. From 1999-2000, the criteria for a portion of the spending plan to states/UTs has been changed from dejection extent to the absence of lodging in the state. Moreover, the criteria for designation of spending plan to territory have been changed to correspondingly reflect the SC/ST population and the lodging lack. During 2007-08 Rs. 40.33 billion have been saved for a structure of 2.1 million houses. As indicated by information by the state's 0.90 million homes have been fabricated up to 2008. The Ministry of Rural Development (MORD) gives worth sponsorship to the Housing and Urban Development Corporation (HUDCO) consequently.

ANTYODAYA ANNA YOJANA (AAY):

This programme introduced in December 2000. The principal objective of this plan is to provide food grains to needy people at a much discounted price. Under this scheme, food grains are distributed at Rs. 2 rupees per kilogram for wheat and Rs. 3 per kilogram for rice. Initially, 25 kilograms of food grains were distributed to every family every month. And now it was swelled up to 35 kilograms of food grains for each family every month. In the beginning, 10 million families covered under this programme and the number extended in June 2003 by incorporating 5 million destitute families. Finally, 20 million families covered under this scheme.

ANNAPURNA YOJANA:

Programme propelled in April 2000. Under this scheme, 10 kilograms of food grains are given to older adults free of cost. And it also incorporates those older adults who are getting the benefit of Old age pension schemes. This plan is 100% center sponsored plan.

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PRADHAN MANTRI GRAMODAYA YOJAN:

This scheme was come in to existence in 2000 visualizes portion of Additional Central Assistance (ACA) to the States and UTs for chose fundamental administrations of rural area, for example, primary health, drinking water, education, electrification, rural shelter. For 2003-04 just as 2004-05, theyearly distribution of ACA for PMGY was 28 Billion.

NATIONAL FOOD FOR WORK PROGRAMME:

Program propelled on November 14, 2004, of every 150 most backward districts of the Nation with the target to increase the generation of advantageous compensatory wage employment. The program is available to all rural poor who need wage work and want to do unskilled manual work. It actualized as a 100 percent center-supported plan, and the food grains are given to States free of expense. In any case, the transportation cost, dealing with costs and charges on food grains are the obligation of the States. The authority is the nodal official at the area level and has the in general liability of arranging, usage, coordination, observing, and supervision. For 2004-05, Rs.20.2 billion has been apportioned for the program notwithstanding 2 million tons of food grains.

PUBLIC DISTRIBUTION SYSTEM:

Around 0.4 million shops were opened to distribute food grains to the needy people. This plan is to assure food security for impoverished people. Programme implemented in both areas like urban and rural in some states. Government is spending 3% of its allocated budget on this plan. The scheme has assisted destitute individuals to some degree or extent. For the smooth functioning of this scheme, it was modernized in 2007-2008.

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National Maternity Benefit Scheme this scheme is especially launched for the family of below poverty line and executed by states and union territories. It gives an aggregate of Rs-500 to a pregnant lady for the first two live births. Now it has been changed into Janani Suraksha Yojana with Rs-1440 for each institutional delivery.

National Rural Employment Guarantee Act (NREGA) was launch in 2006. Initially, it was known as the National Rural Employment Guarantee Act, and later Mahatma was added into it on 2 October 2009 (MNREGA). It has formulated under the Indian law in respect of "Right to Work." It was implemented with the aim of employment security in rural areas and provided 100 days of work with wages in a financial year. If the government is not able to provide work within 15 days, the candidate became eligible for joblessness recompense.

The government of India started several other programs for the alleviation of poverty like Jawahar Gram Samridhi Yojana, Sustenance for Work Program, Prime Minister's Employment Generation Program (PMEGP), National Old Age Pension Scheme (NOAPS) for older individuals, National Family Advantage plans, Annapurna. Even though these projects helped in cutting down the destitution, the impact was not commendable.

National Poverty estimates (% below poverty line) during 1993-94 to 2011-2012-

Year	Rural Area (rate)	Urban Area (rate)	Total
1993-1994	50.1%	31.8%	45.3%
2004-2005	41.8%	25.7%	37.2%
2009-2010	33.8%	20.9%	29.8%
2011-2012	25.7%	13.7%	21.9%

Source: Poverty Estimates, 2011 – 12, Planning Commission; Report of the Expert Group toReview the Methodology for Estimation of Poverty (2009) Planning Commission; PRS.

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In 1993-1994 Poverty percentage of the Indian population was 45.3%. Later it was diminished up-to 37.2% in 2004-2005. As per the report released by the Planning Commission of India in 2013, Itreduced to 21.9%. As per these figures, Poverty has demoted at the rate of .74% per year between 1993-1994 and 2004-2005, and at 2.18% per year between 2004-2005.

CHILD DEVELOPMENT PROGRAMMES

The government started many child development programs realizing that they are most vulnerable, and they are most affected by poverty.

Mid-Day Meal

This program was begun in 1995 to upgrade enrolment, maintenance, and participation while at the same time improving healthful dimensions among kids in school.

Integrated Child Protection Scheme (ICPS)

The motivation behind the plan is to accommodate children in troublesome conditions, just as to decrease the dangers and vulnerabilities kids have in different circumstances and activities that lead to mishandling, disregard, misuse, surrender, and division of children.

ICDS (Integrated Child Development Services Scheme)

It was propelled in 1975 to give nutritional help, social insurance and pre-school training for kids under 6 (and for pregnant or lactating moms) to decrease the rate of mortality, lack of healthy sustenance and school dropout.

Reproductive and Child Health Programme

It propelled in 1997, and the primary point of the program is to diminish infant, child, and maternal death rates.

The government began a few different projects like Sarva Shiksha Abhiyan, The Integrated Program for Street Children, The Nutrition Programme for Adolescent Girls Balika Samriddhi Yojana (BSY), National Child Labour Project for development of the child.

Delicate Indicator

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Child mortality is a crucial marker of the nation's financial advancement. Infant Mortality Rate (IMR) and Under-5 Mortality Rate (U5MR) are the two fundamental parts of tyke mortality with the last showing the danger of death to the child inside the principal year of his life which comprehensively additionally implies neglected wellbeing needs and horrible natural components during birth while the U5MR rate is a pointer of presentation to the danger of death the kid in initial five years of life and, an acknowledged worldwide indicator of wellbeing and financial pointer of a given population. It is likewise used to evaluate the effect of different mediations at improving child survival.

The main sources of newborn child mortality are asphyxia, pneumonia, pre-term birth confusions, loose bowels, intestinal sickness, measles, and hunger. Numerous financial factors likewise add to child mortality, for example, mother's degree of instruction, ecological conditions like openness to medical facilities. Improving sanitation, safe drinking water, immunization against overwhelming diseases, and other general prosperity assessments help in diminishing infant mortality.

MISSION INDRADHANUSH:

MOHFW, (Ministry of Health and Family Welfare) has introduced "Mission Indradhanush" depicting seven shade of the rainbow, to completely inoculate over 9 million kids who are either inoculated or halfway immunized. Those that have not secured during rounds of routine vaccination for a different reason they will be inoculated entirely against seven hazardous however immunization preventable ailments which incorporate diphtheria, tuberculosis, polio, hepatitis-B, whooping cough, tetanus and measles.

The first round of the stage began from world health day which held on 7th April 2015 in 201 districts in 28 states and conveyed for over seven days. It was pursued by three rounds of over seven days in the month April, May, June and July 2015. The 201 high focus districts represent almost half of all unvaccinated or halfway inoculated children in the nation.

The aggregate of 297 Districts has focused on the second stage

Accomplishments in the first round of first stage (2015)

- 0.21 million sessions held

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- 5.4 million antigens regulated
- 0.58 million pregnant ladies completely Immunized

2 million youngsters inoculated

- 55% of these are from Uttar Pradesh
- For approx 20%, this was their first contact
- Approx 24% have a place of < 2 years old.

ACHIEVEMENTS

Fourth-National Family Health Survey conducted in 2015-2016; it revealed the data related to child health indicators. According to this survey, there was an improvement in all the signs as before, but India has to go far to coordinate with health facility of neighbor countries.

Infant mortality rate(IMR) of India as per the National Family Health Survey 2015-16 (NFHS-4), it was diminished by 16 points in recent ten years- 41 children under the age of one year for every 1,000 live birth, down from 57.

According to the NFHS-4 (2015-16), the under-5 mortality rate came down to 50 in 2015-16 from 74 in 2004-05.

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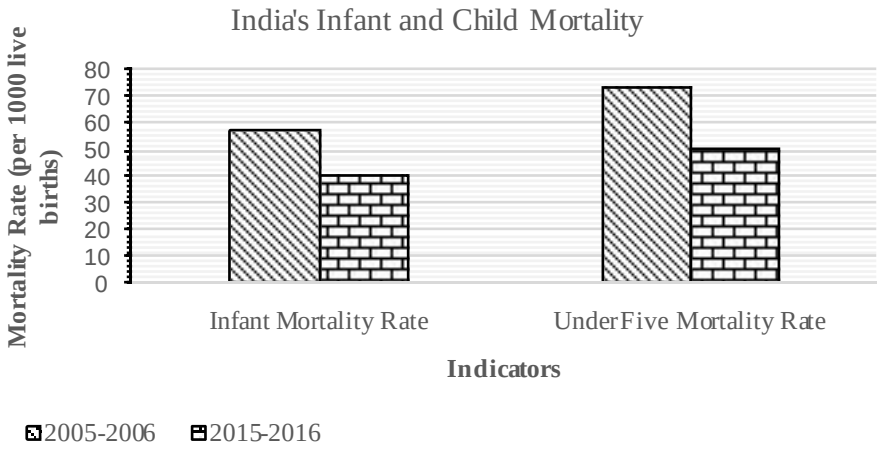


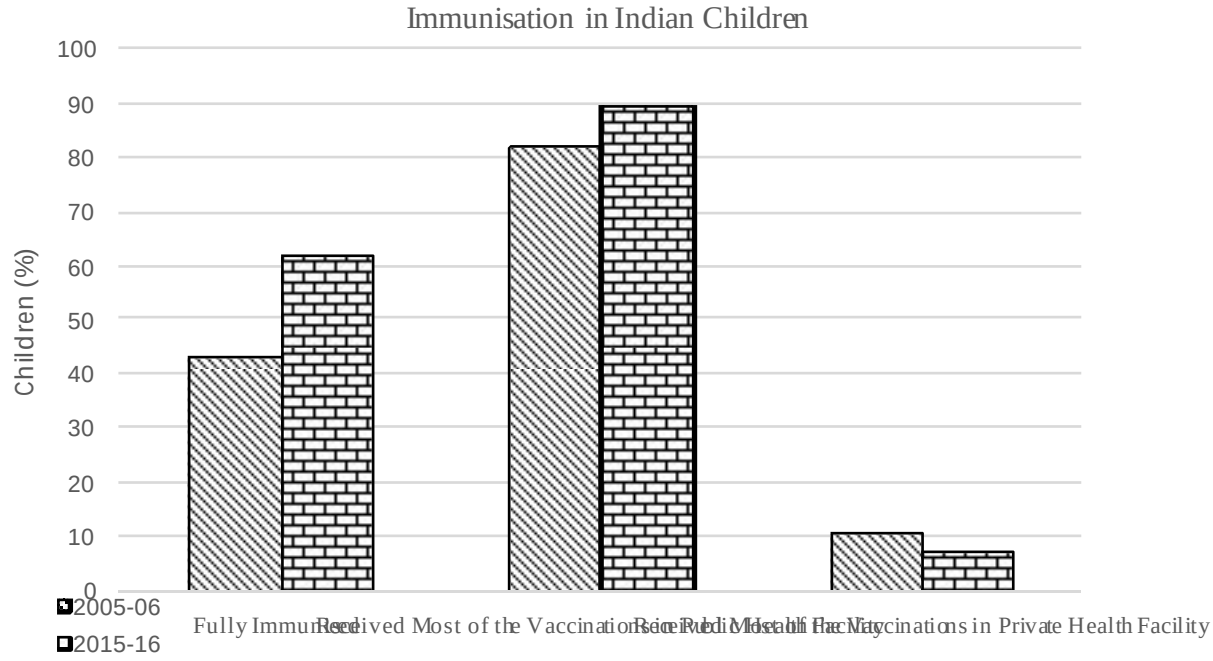
Source- National Family Health Survey – 2015-2016

Immunization

Vaccination is known to be the most financially savvy technique to avert disease and demise.

62% of Children were fully immunized for BCG and measles.

90.7% of kids were immunized in public health services, contrasted and 82% in 2005-06; kids vaccinated in private services dropped from 10.5% in 2005-06 to 7.2%.



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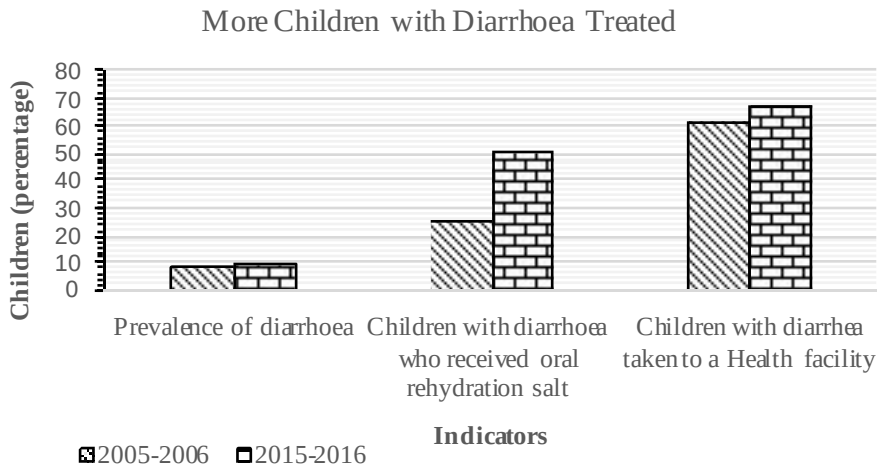
Source National Health Survey, 2015-2016, Children aged 12—23 months

Diarrhea in Children

The extent of kids with diarrhea who got the prescribed treatment of oral rehydration salts (50.6%) multiplied contrasted with 10 years back (26%).

In 2005-2006 61.3% of children got health facility, and later it was expanded to 67.9% in 2015-2016. It was a significant indicator of children's wellbeing and awareness among parents.



Source- National Family Health Survey, 2015-2016 in the two weeks preceding the Survey

Dwarfness Among Children

In 2004-2005 the percentage of dwarf children were 48% and later it was reduced to 38.4% underneath five- the year in 2015-2016. There was a reduction of 10%. And in 2005-2006

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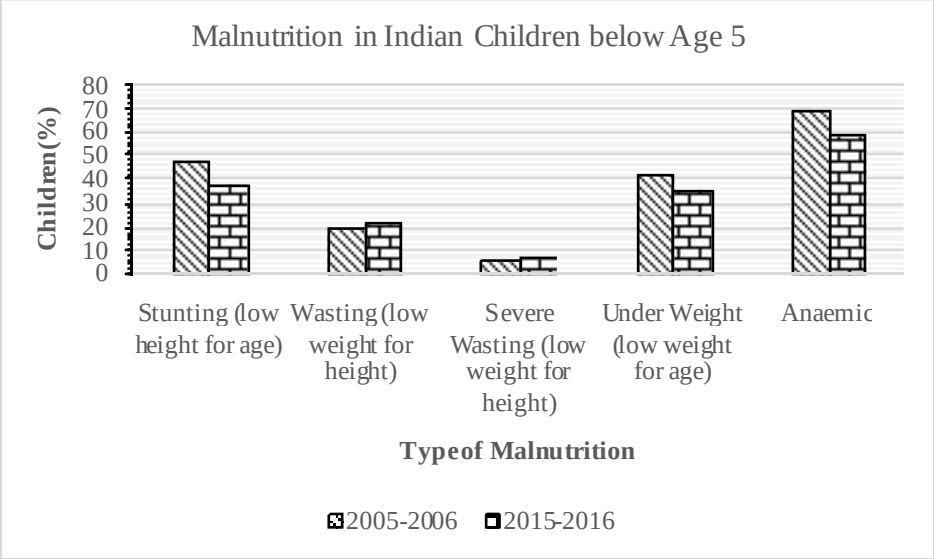
percentage of under-five- underweight children was 42.5%, and it was diminished upto 35.7% in 2015-2016.
Fewer children between developed 59 months to six years encountered an iron insufficiency in 2015-16, (58.4%) stood out from 69.4% in 2015-16.



Source- National Family Health Survey, 2015-2016 Children, aged 6-59 months who have Hemoglobin levels < 11.0 g/dl

Programs like midday meal and ICDS helps a lot in bringing down malnutrition and encouraging a child's development. Poor people cannot afford nutritional diets; these programs are providing nutritiousfoods to children and saving them from starvation. Programs like Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram (JSSK) played an essential role in bringing down maternal death and also helped in improving maternal health. MNREGA provides employment, which means income; this income can be used to provide a nutritional diet to children and prevent them from malnutrition. Sarva Shiksha Abhiyan offers an education, which is an essential element for overall development. RSBY is an insurance scheme launched by Government of India. It covers all the workers who are working in the unorganized sector and

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belongs to below poverty line. These schemes provide financial protection to the poor at the time of illness. India has achieved a lot in improving the health of its citizen, but there's still a lot to be gained.

One Digit By 2030

The administration has demonstrated pledge to diminish child mortality by concentrating on averting neonatal passings. Government has begun a program to decrease the neonate's death to a solitary digit by 2030.The 'India Newborn Action Plan (INAP),' can lessen the deaths through "basic, cost-effective intercessions" previously and following conveyance. The authorities uncovered around 1.4 million youngsters under-5 years pass on in India and .75 million of them in their first month.

The program will be propelled under the current structure of (RMNCHA+) for example, Reproductive, Maternal, Child Health and Adolescents plus. The administration has likewise as of now set up the debilitated infant care units in more than 500 medical clinics and has been fruitful in giving free transportation to pregnant and lactating moms for conveyance and back home. The Accredited Social Health Activists, trained as cutting edge workers under the National Rural Health Mission (NRHM) propelled in 2005, have assumed a critical job in improving the conceptive and kid child health indicators in spite of pervasive debasement; bureaucratic red-tapism and solid protection from change the conventional attitudes and breaking rank and class hindrances.

ROAD AHEAD

All the figures related to child health are showing that they are doing significantly right in respect to previous data.

Nevertheless, India hasto go far to achieve the sound figuresIMR of India 41 still slacks as compare to less fortunate neighbors, for example, Bangladesh (31) and Nepal (29) and the African nations of Rwanda (31) and Botswana (35).India's under-five mortality (50) is

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significantly more regrettable that it is our less fortunate neighbors, for example, Nepal (36), Bangladesh (38) and Bhutan (33).In future policies should focus on bringing down these differences

Indicators	**India 2005-2006**	**India 2015-2016**	**Neighboring Countries Surpass India**	**Neighboring Countries get the worst of India**	**Equivalence**
IMR	57	41	Bangladesh (31), Nepal (29), Rwanda (31)	Haiti (52), Senegal (42), Pakistan (66)	Ethiopia (41)
Under- Five MR	74	50	Nepal (36), Bangladesh (38), Bhutan (33)	Pakistan (81), Rwanda (45), Botswana (44)	Madagascar (50)

Source – NFHS, 2015-2016

Concerning MMR, there was amassive difference among the states. IMR of Chhattisgarh was (54) this was the highest among all states, and MP had the most top figures in respect of under-five mortality (65) in Nation. On the other hand, Kerala had the most significant number in respect of both IMR (6) and under-five mortality (7).

Mizoram was the only state which reports an increment in IMR from 34 in 2005-2006 to 40 of every year 2015-2016. The state with higher infant mortality should learn from a state with lower mortality, and the government should provide resources to those states where resources are scarce.

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The extent of children younger than five who announced experiencing diarrhea in the two weeks going before the overview was about consistent over the decade– 9.2% in 2015-16 contrasted with 9% in 2005-06.The government should try to find out the reason behind it and take necessary measures so in the future prevalence of diarrhea will be reduced

As indicated by NFHS 4, the extent of kids under five who squandered (low weight for stature) expanded from 19.8% to 21%. The number of severely wasted kids grew from 6.4% to 7.5%.In the future, the schemes should consider this aspect while curbing malnutrition

Poverty shouldn't be seen in monetary terms; only it encompasses social exclusion and social vulnerabilities. Future policies should address the barriers faced by backward, marginalized, and lower-class people in accessing not only health care services but also other government services. Children are more vulnerable, especially the girl child. Future policies should address gender imbalances in availing services. Multidimensional poverty index can be used while defining the poverty line. It could cover all the aspects that are responsible for poverty.

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REFERENCES:

1. D, Arthi. (2015, July). Steps to correct
2. Gangopadhyay, D. and Mukhopadhyay and singh, Pushpa, Rural Development : A strategy forpoverty alleviation in India. Retrieved from http://www.nistads.res.in/indiasnt2008/t6rural/t6rur3.htm accessed on 10/1/18.
3. Joyita. (2013, august 5). Poverty estimation in India. *PRS India*.
4. Goosby, B.J. (2006), Poverty and adolescent mental health: The role of maternal psychological resources. Presented in the Annual meetings of the Population Association of America held at Los Angeles, USA during March 30-April 11, 2006.
5. INDIRA AWAAS YOJANA(IAY) en.wikipedia.org/wiki/Indira_Awaas_Yojana accessed on 3 February 2018 pib.nic.in/archieve/flagship/faq_iay.pdf accessed on 25 February 2018 rural.nic.in/sites/downloads/presentations/PDRH.ppt accessed on 26 February 2018
6. Gupta, R. P., de Wit, M. L., & McKeown, D. (2007). The impact of poverty on the current and future health status of children. *Pediatrics & child health*, *12*(8), 667–672. doi:10.1093/pch/12.8.667
7. National family Health Survey, India (NFHS 3-4)
8. National Social Assistance Scheme - Wikipedia, the free encyclopedia en.wikipedia.org/wiki/National_Social_Assistance Scheme Retrieved from rural.nic.in/sites/downloads/our-schemes.
9. PRADHAN MANTRI GRAM SADAK YOJANA (PMGSY) rural.nic.in/sites/downloads/right.../03_CIC_Part_3_PMGSY_F.pdf accessed on 3 march 2018 rural.nic.in/sites/downloads/our-schemes-glance/SalientFeatures.pdf accessed on 5 March 2018.
10. PRADHAN MANTRI GRAMODAYA YOJANA (PMGY) planningcommission.nic.in/plans/annualplan/.../ap2021ch5-2.pdf accessed on 25 April 2018 india.gov.in/govt/viewscheme.php?schemeid=443 28 April 2018 inficentre.blogspot.com/.../pradhanmantri-gramodaya-yojana-pmgy.
11. Paul, V. K., Sachdev, H. S., Mavalankar, D., Ramachandran, P., Sankar, M. J., Bhandari, N., … Kirkwood, B. (2011). Reproductive health, and child health and nutrition in India: meeting the challenge. *Lancet (London, England)*, *377*(9762), 332–349. doi:10.1016/S0140-6736(10)61492-
12. Povert, child, maternal deaths high in India: UN Report. (November 2016) *The Hindu Post*. Retrieved from http://www.thehindu.com/news.
13. PRIME MINISTER's ROZGAR YOZANA.Retrieved from http://industries.bih.nic.in.
14. Srinivasulu Bayineni, (2006), IUP Journal of Managerial Economics, Volume (Year): vol. IV, issue. 3, Pages: 79-89

ISSN:0971-1260
Vol-22- Issue-14-December-2019

15. SWARAN JAYANTI GRAM SWAROZGAR YOJANA (SGSY) www.dif.mp.gov.in/schemewiseTarAllo/schtar1001.html accessed on 18 February 2018 www.izhai.tn.gov.in/PDF/About_Proj/Status_300609.pdf accessed on 18 February 2018 en.wikipedia.org/wiki/Swarnajayanti_Gram_Swarozgar_Yojana accessed on 27 February 2018.

Websites-

- https://byjus.com/free-ias-prep/policies-and-programmes-towards-poverty-alleviation[accessed on 6-01-2018]
- http://www.researchersworld.com/vol4/issue2/Paper_10.pdf[accessed on 12-01-2018]
- https://file.scirp.org/pdf/FNS_2014102011234056.pdf[accessed on 15-01-2018]
- http://www.themenplattform-ez.de/wp-content/uploads/2012/07/2011_05_26-Poverty-and-Health-in-India.pdf[accessed on 15-01-2018]
- http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Monograph%201/Mono01_May_Health_Status_Indian_Children_244-289.pdf[accessed on 7-02-2018]