CHAPTER V

PART "B"

IMPLEMENTATION OF THE SOCIAL SAFEGUARDS

The removal of social disabilities and the promotion of education would, however, be not effective, if they were not implemented by other badly needed facilities like Medical and Public Health facilities, Housing and Communication. Their growing usefulness and necessity have been a part and parcel of the Scheduled Castes and Scheduled Tribes and hence their implementation should not be ignored. How for these things have been implemented with sympathy and interest has been discussed in the following pages.

MEDICAL AND PUBLIC HEALTH:

The tribals and Scheduled Caste people have been chronic victims of many diseases and ailments due to unhygienic conditions of their abodes, faith in witch-craft rather than in medicines and lack of drinking and bathing water facilities. These straightforward, simple and honest people have suffered for long from diseases and have had no protection of modern medicines.

Before independence the only organisation and individual social workers that extended medical facilities to these communities were the Christian Missionaries who did commendable work in the tribal areas. After Independence apart from the Governments, certain non-official organisations have started this work among the tribals.
SURVEY OF DISEASES:

The Estimates Committee of Lok Sabha in their 48th report have opined in 1959 that:

"They were not satisfied with the progress made till then in the eradication of diseases like tuberculosis, leprosy, venereal diseases etc. prevalent among the tribals. They recommend that the Ministry of Home Affairs should have sample surveys made in selected areas in various States to assess the health problems of the Scheduled Tribes and thereafter chalk out a programme for complete eradication of diseases prevalent among them."¹

In Madhya Pradesh survey of yaws and malaria were undertaken to know their incidence and to take steps to control these diseases. In Madhya Pradesh districts there occurred a decrease in the incidence of diseases like malaria, yaws, T.B. & leprosy.² But other States have referred that T.B. is a problem of some magnitude because of the sudden impact with non-tribals.³ This exposes the virgin population to cases of T.B. for the first time.

A survey of village Jawarla (Nander district) in Maharashtra, showed the prevalence of T.B., skin diseases, and those resulting from mal-nutrition. The number of T.B. cases reported to the Dispensary-cum-Health Centre at Jawarla was about 3 per month.¹

The Government of Mysore decided to undertake a survey to arrest the spread of venereal diseases and to study the multi-marriage-system with reference to venereal diseases.

The Government of Uttar Pradesh conducted certain preliminary surveys in connection with their mass venereal disease treatment programme in Janwara Bawar area of Dehradun district. The Nutrition Survey section in the State Health Directorate is investigating deficiency diseases including goitre. A special team has been appointed by the Government of India for the survey of goitre in Janwara-Bawar. It has been reported by the State Government that in certain parts of Ghazipur district, Scheduled Caste persons suffered from leprosy, and in Ballia district on account of eating 'Latrī', 'Kodo' poisonous grain oats because they are cheap.

GOVERNMENT OF INDIA HEALTH & MEDICAL SERVICES:

An amount of Rs. 1.54 crores was spent in the First Plan period to provide medical and public health service

to the Scheduled Tribes. The achievements during the First Plan have been in running 101 Allopathic dispensaries, 23 Ayurvedic dispensaries, 13 Health Centres, 10 House's Disease Centres, 3 Maternity Centres and 27 Health Units, 4 anti-yaws-campaigns and 6 anti veneral disease campaigns were carried out. In addition to distribution of a number of medical chests, grants were given to 266 dispensaries.¹

The main achievements of the Second Plan were the opening and maintenance of 456 dispensaries, establishment and maintenance of 106 medical centres, 71 mobile dispensaries, 77 health units, 52 maternity centres and 3 House's Disease centres at the cost of Rs. 5 crores.² A total of Rs. 6.07 crores was actually spent as is shown in the Table below and an allotment of Rs. 4.82 crores has been made for the medical and public health schemes under the Backward Classes Section in 1960-61.³

<table>
<thead>
<tr>
<th>Category of Backward Classes</th>
<th>Expenditure incurred during the First Plan Period</th>
<th>Expenditure incurred during the II Period</th>
<th>Total Expenditure</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Scheduled Tribes</td>
<td>153.53</td>
<td>123.74</td>
<td>383.14</td>
<td>383.14</td>
</tr>
<tr>
<td>2. Scheduled Castes</td>
<td>-</td>
<td>239.75</td>
<td>223.62</td>
<td></td>
</tr>
</tbody>
</table>

STATE GOVERNMENTS:

For the Third Plan, the total provision for medical and Public Health has been placed worth Rs. 40 lakhs of which Rs. 21.5 lakhs for the establishment of dispensaries and maternity and Child Welfare Centres were spent.

In the Autonomous District of Assam, 103 hospitals and dispensaries were established during the First Plan period. During the Second Plan period a sum of Rs. 49.37 lakhs was spent out of grants under Article 275. The Jowai Civil Hospital was constructed and 22 dispensaries and 6 Maternity and Child Welfare Centres were also established.

In the Plains Districts of Assam, 77 general dispensaries, and 20 bed Kalazar hospitals (at Duddinai in Kokrajhar Sub-Division) were established. During the Second Plan Period about Rs. 33 lakhs were spent out of grants under Article 275.

In Madhya Pradesh, there were two yaws belts in the State (South Bastar & Northern parts of the State) with the yaws areas in the adjoining States of Uttar Pradesh, Bihar & Orissa.

In Rajasthan, guineaworm, malaria and venereal diseases are the important prevalent diseases in the Scheduled areas. The Surveillance Programme was started in May 1960 by dividing
the State into 425 Sectors and 1700 sections for the purpose. There is only one medical aid Centre in the tribal area of the State. It is unfortunate that this tribal corner of the State has still to pay a considerable toll of lives every year on account of this disease even when malaria has been eradicated from most parts of the States.

The following Table shows the number of Ayurvedic dispensaries in the State and in the district of Banswara and Dungarpur:

**TABLE 5**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Rajasthan</th>
<th>Districts of Banswara and Durgapur</th>
<th>Percentage of 3 to 2 column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the First Plan</td>
<td>346</td>
<td>20</td>
<td>5.7</td>
</tr>
<tr>
<td>First Plan</td>
<td>232</td>
<td>5</td>
<td>2.1</td>
</tr>
<tr>
<td>Second Plan</td>
<td>536</td>
<td>15</td>
<td>2.5</td>
</tr>
<tr>
<td>(Only 4 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1164</strong></td>
<td><strong>40</strong></td>
<td><strong>10.3</strong></td>
</tr>
</tbody>
</table>

Banswara and Dungarpur Districts have 4.1 percent of the total population of the State. It can be seen from the above Table that these districts have not received fair deal in respect of opening of dispensaries.

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The Government of Tripura have done good work under the Malaria Control Programme and the subsequent Malaria National Eradication Programme in the Territory.

Certain State Governments and Union Territories have not yet started giving such special pay or allowances to the doctors, nurses etc. posted in inaccessible regions. The Committee on Special Multi-Purpose Tribal Blocks has suggested special allowances for officials working in the Blocks and tribal areas. The Committee has also recommended allowances for other than Block Officers working in that area.¹

Eye Camps are generally organised in various backward areas of States to make available the services of qualified eye-specialists in the interiors. The administration of Manipur has, for example, so far organised 4 eye relief camps in tribal areas with the help of eye surgeons from the Gandhi Eye Hospital, Aligarh, and 2 doctors have been trained in Ophthalmology as a result of which the Administration is now likely to organise such eye relief camps independently and efficiently.

**DRINKING WATER FACILITIES**

The absence of regular supply of unpolluted drinking water is responsible for many intestinal diseases among Scheduled Tribes & Scheduled Castes. The practice of bathing

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¹ Report of the Committee on Special Multi-Purpose Blocks, p. 80.
washing of clothes and cattle in the same stagnant pool from which drinking water is taken, makes the pool a medium of spreading water-born diseases.

In Assam, large sums have been spent in giving grants under Article 275(1) for construction of wells, tanks and water-reservoirs in Hill villages and towns. In Plains Tribal Areas Rs. 6.7 lakhs were spent in giving grants-in-aid to set up tanks and tube wells in the Second Plan.

In Bihar, Rs. 20.01 lakhs were spent on providing wells for drinking water to the Scheduled Tribes and 14.38 lakhs for Scheduled Castes in the Second Plan Period. With these amounts 1703 and 1161 wells respectively were constructed during the First Four Years of the Second Plan. In the Third Plan, there is a provision of Rs. 10 lakhs for construction of wells for Scheduled Tribes and Scheduled Castes.

In Orissa, the scheme of providing sources of drinking water under the Tribal Welfare Programme is an essential part of the Master Plan and because of the restrictive conditions of the Master Plan the tribals are benefitted only to a limited extent.

Under the Central Sector Programme, Rs. 13.47 lakhs were spent for Scheduled Castes in Uttar Pradesh during the Second Plan on 770 wells and 48 hand-pumps. Under the Programme a sum of Rs. 50,000 was sanctioned for the construction of 25 wells during each of the year 1953-60 and 1960-61 at
Maldhan Choura near Khasipur in (Nainital District) where about 400 Shilpkar families have been settled.

The Planning Commission has provided an amount of Rs. 35 crores under the village Water Supply Programme during the Third Plan. A sum of Rs. 4 crores was made available under the programme for the welfare of Backward classes. The greater part of the Village Water Supply Programme will benefit among others, the backward areas. This programme is being undertaken at the block level through village Panchayats and Panchayat Samities, the funds being spent through the organization at the block level.

SANITATION PROGRAMME:

In Bihar, a Public Health Re-organization Scheme has been introduced to improve the sanitation of the backward areas. Under this scheme, each district has a Health Officer and each sub-division an Assistant Health Officer. There is a Sanitary Inspector for 3 police-stations and one Health Inspector for a population of 30,000. In addition, temporary staff is appointed every year to control epidemic diseases.

An Intensive Rural Sanitation Scheme has been operating since 1956 in Kunti Area, in Ranchi for eradication of epidemic diseases and improving sanitation of the area. Expensive medical facilities are being made available by it and as a result the epidemics have been reduced. During the
year 1960-61, there was a provision of Rs.57,300 for this scheme.

In Jammu & Kashmir, sanitary inspectors with some field workers are appointed in each Tehsil. The duties entrusted to them are to make frequent tours in their areas for improvement of sanitary and water-supply conditions and to educate the general masses in this connection.

In Madras, lavatories have been constructed in the rural areas including the areas inhabited by the Scheduled Castes under the Environmental Hygiene Scheme of the Second Plan.

In Mysore, members of Scheduled Castes and Scheduled Tribes are being subsidised to construct ventilated houses. Agricultural colonies opened for them have ventilated-houses approach roads, drinking water wells and drainages.

In Tripura, a scheme for supply of R.C.C. squatting plates free of cost to interested parties has been in operation since the beginning of the Second Plan. Six hundred squatting plates with water sals had been distributed up to the end of 1957-58 when the scheme was dropped.

**TRAINING OF MEDICAL PERSONNEL:**

One way of increasing the medical facilities for Scheduled Castes and Scheduled Tribes is to train young
men and women from among themselves for they are more likely to go back to their villages and work there.

Special stipends for courses of pharmacists, nurses and Dais are awarded both in the Autonomous District and Plains Tribal Areas of Assam. During the Second Plan the number of such stipends awarded in the Plains tribals was 156. An amount of Rs. 1.56 lakhs has been earmarked for the purpose in the Third Plan for the Plains Tribal areas.

A Pharmacy School for the training of compounders has been started in Sultanganj (Patna) in Bihar where 15 seats are reserved for Scheduled Tribes, Scheduled Castes and other Backward Class students.

In Jammu & Kashmir preference is given to candidates of Backward Classes seeking training as compounders, nurses and Dais.

The Government of Madhya Pradesh have reservation for Scheduled Tribes and Scheduled Castes candidates for training in the courses of Auxiliary Nurses, Midwives, Staff Nurses, Non-Professional Dais and Compounders. In various places 90 per cent of seats are reserved for the candidates from Scheduled areas in the training, for example, the Auxiliary Nurses, Midwives' Training Centres at Jagdalpur, Ambikapur, Raigarh, Mandala and Chhindwara.
In the State of Madras, selection of candidates for admission to Diploma in Pharmacy course is made on the general rule of reservation. Candidates who are not in receipt of Government of India or State Government scholarships, are paid a Government stipend of Rs. 20 per month for nine months during the academic year if they sign a bond agreeing to serve the Government for a period of five years after completing the course. Such candidates are also exempted from payment of fee. Priority is given to candidates belonging to the Scheduled Tribes, provided they are otherwise qualified. Twenty five percent of seats for Midwifery and Auxiliary Nurses, Midwives' Training Courses have been reserved for candidates belonging to Scheduled Tribes and Scheduled Castes.¹

In Orissa, 30 Scheduled Tribes & Scheduled Caste candidates received training in 1959-60, as apprentice compounders and pharmacists and 6 as Health Inspectors.

**WORK DONE BY NON-OFFICIAL ORGANIZATIONS:**

Social, economic and political upliftment of these classes cannot be taken up by Governmental agencies alone. Non-governmental agencies too play an important part in bringing about far reaching changes in the lives of these

communities. Keeping in view the vital role of such non-governmental agencies, we assign some place to the study of their work.

At the all India level, Ramkrishan Mission, the servants of India Society, the Indian Red Cross Society and the Shartiya Adimjati Seva Sangh have been doing commendable work for providing medical facilities to the backward and poor people, particularly the tribals. In 1960-61, the Rama Krishna Mission, Shillong, spent Rs.48735 in providing medical relief to about 25000 tribals among others in Shillong and another amount of Rs.30,605 in United Khasi and Jaintia Hills Districts. The mobile unit working in Jantia district benefitted 1,220 tribals.1

The Uttar Pradesh branch of the Servants of India Society maintained 5 dispensaries in certain tribal areas in 1960-61, of which two were in Allahabad district (Khiri and Kohandar), one each (Amileudha & Khantara) at Purkhana, and three in Mirzapur district. The Orissa branch of the Society spent an amount of Rs.5554 on the yaws and eye disease clinics in Koraput District, where 332 cases of yaws and 40 cases of eye diseases amongst the tribals were treated.2

The Iswar Saran Ashram, Allahabad, which gets a grant in aid direct from the Government of India maintains a

2. Ibid., p. 186.
charitable hospital and dispensary. It gives grant-relief to the poor people of over 30 villages around the Ashram which are mainly inhabited by Scheduled Castes and other Backward Classes.1

The Government of Assam has given grant-in-aid to maximum number of organizations working in this field. The following four organizations were given grants-in-aid for anti-leprosy work in the Hills and Plains Tribal Areas of Assam:2

(a) Assam Seva Samiti.
(b) Bhartiya Adinatij Sevak Sangh.
(c) Constructive Wing of A.P.C.C.
(d) Roman Catholic Mission.

The Assam Seva Samiti is running 3 leprosy-treatment colonies and 7 Sub-Centres. The Shresthant Sankar Mission also organised eye relief camps and ran dispensaries with Government aid. The following organisations continued their general hospitals and dispensaries in the Hill Districts with Government aid:

(a) Welsh Mission Hospital, Shillong.
(b) Rama Krishna Mission Dispensary, Shillong.
(c) Christian Hospital - Tura.
(d) Presbyterian Church Synod Hospital, Durthlong.

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2. Ibid., p. 186-187.
(e) Shreemant Sankar Dev Dispensary, Shillong.
(f) Nagarath Dispensary of Roman Catholic Mission.
(g) Dispensary of Roman Catholic Mission, Railang.
(h) Catholic Society Dispensary, Cheerapunji (Assam).
(i) General Dispensary of Milar Hills Seva Kendra.

In the State of Madhya Pradesh, the Vanbasi Seva-Mandal is running one mobile dispensary and 96 medical Chest Centres out of the grants of Tribal Welfare Department of the State Government. The dispensary attached to the Kasturba Vanbasi Kanya Ashram, Naveli, and the following institutions run by non-official organizations or missions which emphasise on institutional and O.P.D. Therapy are working for the control of leprosy:

(a) Leprosy Home and Hospital, Bilaspur.
(b) Belthesda Leprosy Home Hospital, Bilaspur.
(c) Leprosy Home and Hospital, Santipur, Raipur.
(d) Leprosy Home and Clinic, Rajnandgaon, Durg.

The Ashok Ashram at Kalsi, Dehradun district in Uttar Pradesh has been sanctioned Rs. 5000/- for prevention and eradication of leprosy. The work has been carried out in the Jansa-Bawar area of Dehradun district.

Though the facilities of medical and public health provided by the Government of India and State Governments

are satisfactory and nice work has been done by the non-official organizations. Yet it has been seen that the necessary staff in Government Hospitals are not supplied. There are certain backward areas where there is no provision of any medical facilities, for example, Puraia village of Bastar, (M.P.) and Kookhronao village of Vijayawada (Andhra Pradesh).

For improvement of the facilities we have to offer the following suggestions:
(a) To fight the disease of Malaria in the tribal areas National Malaria Eradication Programme should be intensified.
(b) Effective measures should be taken to educate the tribals about the nutrition value of better preparation of rice and other grains.
(c) Efforts should be made to train young tribal men and women as compounders, nurses and Dais.
(d) Simple and harmless medicines should be provided at schools and Panchayats.

HOUSING SCHEMES

The housing conditions of the Scheduled Castes are generally unsatisfactory and many of the members of these classes who reside in slum areas of the cities hardly get protection in the monsoon. In some places, the Scheduled
Caste persons have their huts on the land belonging to others persons or Government's, and they always stand a chance of being evicted from there at a short notice. The problem is further complicated by living in small huts built of reeds and thatched with grass. Certain provisions of suitable houses to these communities are, therefore, urgent and important.

**PROVISION OF HOUSE SITES**

Legislative and executive measures have been taken by the State Governments and Union Territory Administrations for providing house sites to the members of the Scheduled Castes and Scheduled Tribes. They have also given them proprietary rights on the homestead lands already occupied by them.

The Housing and Regional Planning Panel, constituted by the Planning Commission, have recognised the importance of this problem and have recommended in their Report that all landless labourers and others whose monthly income does not exceed Rs. 50 and who do not own any house, should be provided with house-site free of cost to enable them to build suitable houses or huts with their own resources.

In this regard, priority is given to the land-owning labourers and to the landless in the States where the systems like Sagri in Rajasthan, Gothi in Orissa and Halbahi in Madhya Pradesh and Uttar Pradesh are prevalent.
In housing schemes under the Central Sector, first priority has been given to the Scavenger's housing, the second to Scheduled Castes engaged in other unclean occupations and the third for such persons who are included as landless Scheduled Caste and homeless labourers.

During the Second Five Year Plan about Rs.9.3 have been incurred on housing of these people. In the Third Five Year Plan a provision has been made for Rs.10.22 crores as shown in the Table given below:

<table>
<thead>
<tr>
<th>Category of Castes</th>
<th>Expenditure incurred during the 1st Plan</th>
<th>Allocation made in the 2nd Plan</th>
<th>Allocation both under the State &amp; Central Sections both (in Lakhs)</th>
<th>Final Allocation (in Lakhs)</th>
<th>Total Expenditure incurred during the 2nd Five Year Plan under both the State &amp; Central Sectors (in Lakhs)</th>
<th>Provision made during the 3rd Five Year Expenditure (in Lakhs)</th>
<th>Total Yearly Expenditure (in Lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Tribes</td>
<td>13.18</td>
<td>274.464</td>
<td></td>
<td></td>
<td>153.725 93.226 246.951 100.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled Castes</td>
<td>188.02</td>
<td>663.183</td>
<td></td>
<td></td>
<td>464.625 189.033 653.653 922.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>201.20</td>
<td>937.647</td>
<td></td>
<td></td>
<td>618.350 282.259 900.609 1022.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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In the Third Five Year Plan, a provision of Rs. 3.01 crores has been made for housing for sweepers and scavengers and for house sites for the Scheduled Caste persons who are either engaged in unclean occupations or are landless labourers.

By the end of the Second Five Year Plan 93,987 houses had been constructed for Scheduled Tribes. For Scheduled Castes 326 houses had been constructed and 38123 houses were given to them by another provision. Further, 22 colonies and 167 housing societies had been organised for them. Similarly 22,414 houses were constructed for Scheduled Tribes and 107 houses were provided to them during the same period. There were also organised 28 colonies and 254 housing societies for Scheduled Tribes.

As the Scheduled Tribes have their own way of building houses, priority has been given for constructing houses to them in the Third Five Year Plan. The idea now is to provide them house sites at subsidized rates to enable them to construct their own houses.

PATTERN AND EXECUTION OF HOUSING SCHEMES:

Housing schemes have been undertaken both under the State and Central sectors. Under the Central Sector schemes the amount of subsidy fixed was generally Rs. 750 per house and the beneficiary has contributed Rs. 250 in the shape of manual labour. The nature of housing schemes, which are financially assisted by the Centre out of the funds provided
for the welfare of Backward Classes (State Sector Schemes), vary from State to State.

The main objective, which influenced the Central and State Governments and Union Territory Administrations in implementing the housing schemes during the First and Second Five Year Plan, had been to keep the maximum cost of a house as low as possible so as to provide living shelter to as large a number of people belonging to these communities as possible. On the whole, the schemes have worked well in providing house facilities to the Scheduled Tribes and Scheduled Castes,

Under the Central Sector of the Third Five Year Plan, no provision had been made for providing houses to the sweepers and scavengers. There were no sites for the Scheduled Caste persons engaged in unclean occupations to landless labourers among the Scheduled Castes. For the Scheduled Tribes, no such schemes have been included in the Central Sector, excepting the housing benefits that they may get under the scheme relating to the Tribal Development Blocks.

Under the State Sector, various types of housing schemes such as slum clearance scheme, village housing scheme projects etc. have been implemented for the people of the Scheduled Castes in the States of Assam, Kerala, Madhya Pradesh, Mysore, Maharashtra, Punjab, Uttar Pradesh, Delhi, Himachal Pradesh, Manipur and Tripura and Pondicherry.
The progress made in the Scheme has not been bad. In some of the States, like Assam, Madras, Maharashtra and Uttar Pradesh, the progress has been rather poor, as compared to the Plan provisions made for this scheme in these States. On the whole, Rs. 79 lakhs were spent in 1961-62 by State Governments and Union Territories in which the share of 1 Scheduled Castes was Rs. 65.65 lakhs. However, the progress has been most poor in the State of Uttar Pradesh.

In the Union Territories, there are no separate housing schemes under Central and State Sectors. Therefore, the pattern applicable there is the one adopted under the Central Sector Scheme for providing housing facilities to the sweepers and scavengers and house sites only to particular categories of the Scheduled Castes.

Defects in planning and execution of the schemes have been seen in some States. For example, in some of the States the pattern of housing schemes taken up under the Central and State Sectors differs from each other with regard to the amount of subsidy allowed under these schemes.

**SELECTION OF BENEFICIARIES**

The procedure adopted for the selection of beneficiaries differs from State to State. In Bihar the selection of beneficiaries is made by the District Welfare Officer concerned and preference is given to such Scheduled Castes and Scheduled

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Tribes families as are allotted agricultural land. In the State of Kerala, the selection of beneficiaries is made by the District Advisory Committees for Harijan Welfare. In Rajasthan, the Scheduled Caste and Scheduled Tribes persons apply for grants to the Panchayat or the Municipal Boards. The selection of beneficiaries in the State is made by the Panchayat Samities concerned in the case of rural areas, and by the Director of Social Welfare in the case of urban areas. In West Bengal, selection is made by the District Officers. In Delhi, housing subsidy is granted by the Administration on the recommendation of the Harijan Welfare Board.

GENERAL HOUSING SCHEMES:

Besides the housing schemes undertaken by the State Governments and the Union Territory Administrations under the Backward Classes Sector, a number of housing schemes were also started during the Second Five Year Plan for the general population. The Scheduled Tribes and Scheduled Castes have also been benefitted by these Schemes.

The most important schemes were (1) the slums Clearance Scheme, (2) the Village Housing Projects Schemes introduced by the Ministry of Works, Housing and Supply (Government of India), (3) the Intensive Areas Programme of the All-India Khadi and Village Industries Commission and (4) the Housing Scheme for Sweepers and Scavengers, undertaken by various Corporations and Municipalities, Cantonment Boards and other Local Bodies throughout the country.
SLUMS CLEARANCE:

Due to the overgrowth of population in the cities and due to several other factors, slums have come up there and the problem of slum dwellers has assumed astounding dimensions.

Since the inception of the Slum Clearance Scheme up to 31st March 1961, 186 Slum Clearance Projects at an estimated cost of Rs. 17.02 crores were formulated by the States and the Union Territory of Tripura, 52751 housing units were proposed. They are now complete and provide accommodation to slums evictees in various cities and towns of India under the scheme. As regards the Union territory of Delhi, 4926 houses and 105 shops have been constructed in various parts of the Territory.

The Government of India, Ministry of Works, Housing and Supply have since fixed standard rents for dwelling units built under projects for rehousing of sweepers and scavengers who are eligible for a higher rate of subsidy under the Slum Clearance Scheme.

INTENSIVE AREA PROGRAMME:

The All-India Khadi and Village Industries Commission Scheme for the construction of model houses under their Intensive Area Programme of village development is in operation in the districts of Maharashtra and Gujarat States covering 35 villages, and in 3 districts of Uttar Pradesh covering 66 villages. In Maharashtra and Gujarat States, 214 houses allotted
for construction (167 for Scheduled Castes and 47 for Scheduled Tribes) have been completed at a total expenditure of Rs. 2.15 lakhs including an amount of Rs. 2.25 lakhs which was contributed by the beneficiaries.

In Uttar Pradesh, out of 246 houses allotted for construction for Scheduled Castes all the houses except 7 have been completed at a cost of about Rs. 2.85 lakhs including contribution of Rs. 69105 from the beneficiaries. This Scheme has been more successful than others and the houses constructed under the scheme are more durable and conform to a set pattern.

VILLAGE HOUSING PROJECTS:

The Village Housing Projects Scheme was introduced by the Government of India, Ministry of Works, Housing and Supply in October, 1957. Although this is a general scheme and all residents of the selected villages can take advantage of the Scheme, the policy has been to give preference to a village with a large population of the Scheduled Castes and Scheduled Tribes and where housing conditions are poor for want of material and sites. Loan is also admissible to the members of Scheduled Tribes and Castes, in addition to the subsidy granted to them for construction of houses.

The Sub-Committee appointed by the Housing and Regional Planning Panel of the Planning Commission have found that in a number of cases, persons belonging to these communities had, with the help of subsidy available from schemes under the backward class sector, built houses costing Rs. 5000 to 7000
each.

SUGGESTIONS:

To improve the housing conditions and to make speedy progress in that direction, the following points may be suggested:

(a) There is a need for planned and systematic approach to the problem. Attention may be drawn to certain colonies in Madhya Pradesh and Orissa which were made in haste without much consideration and which are now lying vacant.

(b) The houses built under the various schemes should be so designed that the tribals feel at home therein. It has been gathered that the tribals have not liked houses built for them with asbestos roofing and cement floors. There should be only adaptations from their own architecture.

(c) It should be clearly understood that the aim of housing schemes should be to improve and not to supplant the existing pattern of housing.

(d) Special provision should be accorded to highly impoverished groups which are in small numbers like the Katkaris of Maharashtra, the Dublas and Naiks of Gujarat, the Gujjars of Himachal Pradesh and the Kurubas of Mysore.

(e) Grant of housing subsidy under the programme for ameliorating the living conditions of Scheduled Tribes and Scheduled Castes should be given only to the really needy families belonging to these certain communities whose incomes

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do not exceed Rs. 50 per month.

COMMUNICATIONS

India is a vast country and unless many types of communications are developed, it is impossible to remove the backwardness of certain areas and of the Scheduled Castes and Scheduled Tribes. The hilly areas of Northern Uttar Pradesh, Bihar, West Bengal and Madhya Pradesh cannot be developed without providing communication first. Large tracts of Rajasthan, Orissa, West Bengal, Madhya Pradesh, Saurashtra and Andhra Pradesh have remained backward in need of adequate communications. There is, therefore, urgent need for the development of approach roads, village roads and National Highways.

The importance of communications particularly in the tribal areas as a still greater problem has to be seen from two angles - from that of the needs of the tribals and from that of the development of the tribal areas as a whole.

EVALUATION OF EXPENDITURE AND ACHIEVEMENTS

The progress made in providing communications to the Scheduled Castes and Scheduled Tribes in the First Five Year Plan was much accelerated in the Second Plan period. During the First Five Year Plan, about 2500 miles of road including village roads and bridle paths under the plan were constructed.

in various States, while under the Second Plan about 15500 miles of road have been completed in addition to the 40 metalled roads and about 700 bridle paths.

The expenditure in the First Plan was Rs. 4.12 crores. Out of this amount Rs. 3.1 crores was spent in Assam alone. In the year of 1956-57, an amount of Rs. 14756331 was spent in different States for the construction of various roads, bridges, bridle paths etc. Out of the total expenditure of Rs. 1.47 crores, a sum of about Rs. 1.46 crores was spent on schemes for the welfare of the Scheduled Tribes. The following Table shows the expenditure and achievements of communication under the Second Five Year Plan in the Backward Areas of the various States:

Table No.7

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the State</th>
<th>Expenditure in Rupees</th>
<th>Construction of work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Andhra Pradesh</td>
<td>4571000</td>
<td>363 miles new road and 49 miles metalled roads.</td>
</tr>
<tr>
<td>2.</td>
<td>Assam</td>
<td>49511700</td>
<td>1455 miles road</td>
</tr>
<tr>
<td>3.</td>
<td>Bihar</td>
<td>5112500</td>
<td>1547 miles</td>
</tr>
<tr>
<td>4.</td>
<td>Bombay (Maharashtra)</td>
<td>2250000</td>
<td>200 miles</td>
</tr>
<tr>
<td>5.</td>
<td>Madhya Pradesh</td>
<td>6570000</td>
<td>800 miles</td>
</tr>
<tr>
<td>6.</td>
<td>Madras</td>
<td>198000</td>
<td>400 miles</td>
</tr>
<tr>
<td>7.</td>
<td>Orissa</td>
<td>3900000</td>
<td>5375 miles</td>
</tr>
<tr>
<td>8.</td>
<td>Punjab</td>
<td>7754000</td>
<td>255 miles new roads &amp; 143 miles repaired road.</td>
</tr>
<tr>
<td>9.</td>
<td>West Bengal</td>
<td>2338650</td>
<td>323 miles road</td>
</tr>
<tr>
<td>10.</td>
<td>Rajasthan</td>
<td>425000</td>
<td>80 miles and 700 miles briddle paths</td>
</tr>
<tr>
<td>11.</td>
<td>Manipur</td>
<td>2425000</td>
<td>1000 miles road</td>
</tr>
<tr>
<td>12.</td>
<td>Tripura</td>
<td>100000</td>
<td>20 miles bridle paths</td>
</tr>
</tbody>
</table>

It is quite clear from the figures given in the Table that good progress have been achieved in some of the States, especially in Andhra Pradesh, Bombay, Madhya Pradesh, Orissa and Punjab. But in the States of Bihar, Madras and Rajasthan, progress was comparatively slow.

In the Third Five Year Plan a provision of Rs. 5.13 crores has been made under the State Sector of the programme. No separate provision has been made under the centrally sponsored programme, except in Tribal Development Blocks where Rs. 2 lakhs to each block have been provided by the Ministry of Home Affairs.

Here is a statewise account of the progress made in the field of road construction:

**Assam**

In the Hill Districts of Assam where the tribals abound, the problem of communication is probably the most difficult in India. Every area of Plain Districts are cut off during rainy season on account of floods and till bridges are constructed, they remain inaccessible during that season. Attempts, were, however, made to make a nice progress in communications in these parts during the First Five Year Plan when 353 miles of roads were built at an estimated cost of Rs. 2.7 crores in the Districts of United Khasi and Jaintia Hills, Garo Hills, Mizo District and United Mikir and North Cashhar Hills. Construction of some of the permanent bridges, culverts and metalling of the surface of the
roads was speeded over the Second Five Year Plan period. During the Second Plan, 764 miles of new roads were constructed in the districts of United Khasi and Jaintia Hills, United Mikise and North Cachar Hills, Mizo Districts and Garo Hills at a cost of Rs. 2.63 crores.

In the Plain districts, 10 roads with an approximate length of 100 miles were undertaken and completed during the First Five Year Plan involving an expenditure of Rs. 25 lakhs. Another 60 village approach roads and bridges were improved with a total cost of Rs. 2.57 lakhs. In Second Five Year Plan 307 miles of roads were completed with an expenditure of Rs. 88.76 lakhs and in the Third Five Year Plan an expenditure of Rs. 90 lakhs has been made for the purpose in the Plains Tribal areas. Works in the Plain areas is far better and the tribal people have benefitted much from these roads.

KERALA:

During the years 1960-61 and 1961-62, Kerala Government completed three constructions at a total cost of Rs. 9852. They are: (i) Approach road for Kuriarkutty; (ii) Bridge and culvert on P.L. Road; (iii) Suspension Bridge at Iademali. These roads have helped in improving the economic conditions of the Scheduled Tribes living in the areas.

MADHYA PRADESH:

Total expenditure during the Second Five Year Plan amounted to Rs. 46.44 lakhs of which Rs. 10.56 lakhs were
spent in 1960-61. In this year, construction of 719 miles of jeapable roads and 4 bridges in the tribal areas was undertaken under the centrally sponsored Programme. It will accelerate the pace of other welfare schemes to a considerable extent. As the industrial people of Lahaul District are properly linked with the rest of the State, their economic conditions will greatly improve.

RAJASTHAN :

A total cost of Rs. 30 lakhs was made in the year 1960-61 for the construction of new roads and for the improvement of the existing roads in Backward Areas against Rs. 19.53 lakhs spent during 1959-60. In 1960-61, 84 miles of roads were either constructed or upgraded in these areas as against 84 miles of roads during the 1959-60. Culverts were also constructed along with the construction of roads.

UTTAR PRADESH :

In the year 1960-61 seven roads totalling 226 miles were constructed in the districts of Pithoragarh, Almora, Chamoli, Tehari-Garhwal and Uttar Kashi, under special Development Schemes launches in the Uttar Khand Division of Uttar Pradesh at a total cost of Rs. 5.75 crores.

WEST BENGAL :

A provision of Rs. 507 lakhs was made for the construction of 6 roads in 1960-61. These roads are (i) Bagora to

ANDAMAN AND NICOBAR ISLANDS :

Recently survey work was completed for certain roads and Air-Field to busroad (84.8 miles) and Chudi-Dhunis to busroad (3.4 miles) has been built at the total cost of Rs. 30 crores. Special repairs to old Kinos Bridge (120 feet length) were also carried out during 1960-61. Under the Community Development Schemes of the Car Nicobar Block, 7 culverts ( 4 during 1959-60 and 3 in 1960-61) were constructed. The Government and the people shared the expenditure in 50:50 ratio. In addition to the above roads the construction of the Andaman Trunk Road has also been taken up by the Administration. This road will be very vital for the development of inter-island communications in the Andaman Island group. By the end of 1960-61, 14 miles of this road in the South Andaman Island had been completed. Of this, 10 miles have been asphatted and work of metalling the rest is in progress. When the road is completed, it will connect all the major islands of the Andaman Group from North to South.

HIMACHAL PRADESH :

Certain areas of Kinnaur District and Pangi and Bharmour Regions of Chamba District in Himachal Pradesh have been till recently cut off from other parts of the Territory. A vigorous
programme of improving communication was undertaken during the Second Five Year Plan period.

During the year 1959-60 and 1960-61, work on approximately 187 miles of motorable roads, 363 miles of jeepable roads, 20 miles of bridge paths, 15 bridges, 7 Jhullas and 4 inns was undertaken either under general Development Programme or under the Backward Classes Sector.

LACCADIVE, MINICOY AND AMINDIVE ISLANDS:

There is no motorable road nor there is any scope for the construction of roads, as the Islands are too small, the largest island being only about 1.75 sq. miles in area. The construction of village foot-paths was, therefore, taken for execution during 1960-61 under the Local Development Schemes in the islands. An amount of Rs. 3000 was spent on this during the year. The problem of these islands is inter-islands communications and the link with the main roads. The steamer service to Laccadiv, Minicoy and Amindive Islands is possible in fair season from October to May only.

MANIPUR:

Communication Schemes are given priority in the Backward Class Sector as well as in the General Development Programme. The allotment for communication was 32 per cent under the Backward Classes Sector and 26 per cent under the General Development Programme in 1960-61. About 65½ miles of inter-village paths, 64 miles of jeepable roads,
39 small wooden bridges and 2 rest camps were constructed in that year. During 1959-60, 261 miles of roads, both jeepable and inter-village paths, 7 bridges and 1 rest camp were built. Improvement of the Tadubi-Kharosom Ukhrul Road was undertaken under the Tribal Welfare Programme during 1958-59 and 1959-60.

By way of conclusion of this portion of the Chapter it is maintained that the achievements in respect of road buildings in several States and Union Territories are hardly satisfactory. Achievements of some of the States and Territories are comparatively impressive. The State of Assam claims for most of the opportunities in this respect, but the record of the States like Madras, Madhya Pradesh and Kerala has been unsatisfactory. The result is that most of the tribal areas are still isolated from the modern world and as attempts to develop them are made, they are sure to be frustrated in the absence of developed means of communications. As against the all-India average of 28 miles of roads per 100 sq. miles of area, the average length in many tribal areas is not even 12 miles. Thus there is considerable leeway to be made up.

About the execution of the programmes, our impression is that it has been halting, costly and delayed; this is because of not fully mobilizing the local resources and labour and enlisting the cooperation of the local population. This is fully proved by the high degree of under-utilization of the total money available for the purpose in the Second
Plan. Of the total allocation of Rs.9.49 crores only Rs.4.94 crores were spent. The road programme, therefore, requires to be greatly expanded and quickly executed in the Tribal areas.

The following suggestion may be made :-

(a) The work relating to construction of roads should be so planned as to synchronise with the non-working season so that it can provide work to the local tribals when the demands of agriculture on them are not heavy.

(b) Whenever outside labour is engaged there should be no discrimination in the matter of wages between local and outside labour.

(c) The Governments should make its programme of road building according to the needs of the tribals. The tribal is more interested in connecting his village to the forest or the weekly market or to the school. Roads should be designed so as to interlink all these.

(d) Local material should be used as far as possible. Imported material should be used only when necessary.

(e) There are some special problems of communication needing attention, for example, need for communications in the Assam Hill, especially in those areas which depend on markets for their products. The Assam Hills and plains are very large producers of fruits, especially oranges and pineapples. The hill people and the country at large will be greatly benefitted if the necessary communications are quickly established there. Similarly, Manipu should be covered with roads where the tribals will not be forced to seal their paddy to the
foot-hill merchants who have been exploiting them. (f) Rivers and inland transport by water should be developed particularly where there are perennial rivers. (g) The Public Works Department should encourage cooperatives among the tribal labourers. Where this is not feasible, the Department should ensure fair wages for the tribals. Tribals should be given maximum possible jobs in such works. In selecting them for field-staff, their devotion, courage, vitality and stamina would be valuable assets.

With regard to social safeguards the Government of India and the State Governments have done appreciable work in various fields. In the case of removal of social disabilities, though the problem of untouchability has been tackled in the right manner, the efforts made for this purpose have not shown satisfactory results. A thorough probe into the matter by way of surveys is badly needed to know the correct picture. Eradication of certain evils that are detrimental to the social progress of the Scheduled Castes is of prime importance. The joint efforts both of the Government and of the various social welfare agencies would go a long way in doing away with the social evils and disabilities that are eating into the vitals of the body-politic of the backward communities.