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## UNIT 2 MINIMUM NEEDS PROGRAMME

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## 2.0 OBJECTIVES

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After studying this unit, we should be able to:

- describe the need for and the concepts of minimum needs and basic needs;
- list out the related policies and strategies;
- explain various components of the MNP;
- explain the objectives and targets of various programmes; and
- assess the progress made in the implementation of MNP.

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## 2.1 INTRODUCTION

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In this unit we will look into human aspects of poverty and the various approaches to and programmes for human development.

Poverty in a broader sense is not merely concerned with food, clothes and shelter, but it is also related to the living conditions which directly impinge on the quality of life. Thus, economic and human development are two sides of the same coin and without developing both the components of poverty simultaneously, no effort for poverty alleviation can be sustained. It also takes into account the basic objective of development, i.e. growth with social justice. To realize this objective various programmatic efforts were made beginning with the First Five-year Plan. In the initial phase, it was assumed that accelerated economic growth would automatically flow to all the sections of the people because of the ‘trickle-down effect’. And Community

Development Programmes, Land Reforms, Special Agricultural Development Programmes, Cooperatives, etc., put together were thought to be the best way of accelerating economic growth in rural areas.

A review of these programmes during the Fifth Five-year Plan revealed that while in the field of agricultural production we were able to achieve self sufficiency, there was need to improve social services to improve living conditions in rural areas. Accordingly, to meet specific needs of the rural people in general and the poor in particular, the concept of Minimum Needs was evolved and also the Minimum Needs Programme (MNP) conceived as an important strategy for rural development. In this unit you will read about this concept, its components and the related objectives and targets.

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## 2.2 MINIMUM NEEDS: CONCEPT AND APPROACHES

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In this section we will explain the concept of *minimum needs* and also the approaches adopted by the Government to fulfil them.

The assumption was that with economic growth people would be able to improve their social consumption, i.e. they would be able to make use of various social services like better housing, health care, drinking water, sanitation, education, communication, etc. This, however, did not happen during the first two decades of planned development. While the availability of food increased, access to various social services in rural areas, particularly for the poor, did not improve. Many villages did not have schools, health facilities, safe drinking water, roads, etc., which are essential to improve the social consumption of the people.

The concept of Minimum Needs pertained to improving the social consumption with increased incomes of the poor on the one hand, and improving the availability and the quality of social services to the people at affordable costs on the other.

The approach paper for the Fifth Plan (1974-79) stated that the alleviation of poverty required a multi-pronged attack and suggested a separate National Programme for developing social services in relation to basic requirements. It observed “Even with expanded employment opportunities, the poor will not be able to buy for themselves all the essential goods and services which should figure in any reasonable concept of a minimum standard of living. There is a need to supplement the measures for providing greater employment opportunities and resultant increase in income of the poorer sections and investment in social sectors like education, health, nutrition, drinking water, housing, communications and electricity”.

The first step in the formulation of the Minimum Needs Programme (MNP) as stated in the Fifth Five-year Plan (draft) was “to identify the priority areas of social consumption and to lay down for each of these a minimum norm for attainment by the end of the Fifth Plan Period”. Giving the rationale for MNP, it observed that social consumption needs had received low priority particularly in the economically backward states. There was little integration or convergence of services and facilities and budgetary constraints affected these programmes rather adversely. The Fifth Plan therefore proposed MNP “with the objective of establishing a network of basic services and facilities of social consumption in all areas up to nationally accepted norms within a specified time frame. The programme was designed to assist in raising living standards and reducing regional disparities in development”.

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## 2.3 BASIC NEEDS CONCEPT

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Earlier we discussed the concept of Minimum Needs. In this section we will discuss the Basic Needs concept and compare it with that of *minimum needs*.

The ILO document on *Employment, Growth and Basic Needs: a One World Problem* (1977) put forward the *basic needs concept* formally at the Tripartite World Conference on Employment, Income Distribution and Social Progress (1976). The document stated that “The definition of a set of basic needs, constituting a minimum standard of living, identification of the poorest groups and provide concrete targets to help them and to measure progress”. The satisfaction of basic needs was defined as consisting of following two elements:

- Meeting the minimum requirements of a family for private consumption: food, shelter and clothing are obviously included in this; also, some household equipment and furniture is included; and
- Access to essential services such as safe drinking water, sanitation, public transport, health and education, i.e. items of social consumption.

Other elements emphasized in the document as relevant to the *basic needs* strategy are:

- Participation of the people in decision making;
- Putting satisfaction of the absolute level of basic needs within the broader framework of “fulfillment of basic human rights which are not only ends in themselves but also contribute to the attainment of other goals”; and
- Fuller employment, rapid rate of economic growth, improvement in the quality of employment and in conditions of work, and redistribution on considerations of social justice.

The document also stated that basic needs represent the “minimum objective of society, not the full range of desirable attributes”. Further, the basic needs concept is of universal applicability, though the importance and the relative weight of components will vary with the level of development, social and cultural values, etc. One of the implications of the basic needs approach is that a person seeking employment will have an adequately remunerated job with which he can meet the needs of personal consumption and have access to and utilize essential social services.

A merit in the basic needs approach is that it gives primacy to the need for a minimum standard of living for the poor as a central concern of development planning. It therefore contributes to the formulation of a development strategy that aims at reducing poverty and inequality, and at promoting growth of employment (and consequently reduction of unemployment and under-employment) and distributive justice. By stating that basic needs have to be put in the broader framework of human rights, the concept does not confine its scope to material needs only but also extends to non-material needs which, even though abstract and difficult to concretize, are nonetheless very important even for the poor.

**Check Your Progress I**

**Note:** a) Write your answer in the space provided.

b) Check your answer with the possible answer provided at the end of the unit.

1) What are Minimum Needs ?

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Some thinkers are of the view that basic human rights should not be confused with basic needs and cannot be included in the list of basic needs. Lee (1977), for instance, has observed that “a right has an autonomous existence, quite independent of whether one has a need for it or not, by virtue of some theory of law. It is also argued that attainment of the goal of basic needs cannot be a justification for denial or violation of basic human rights.

You may want to know the difference between the concept of *basic needs* as given in the document prepared by the ILO and the concept of *minimum needs* as developed in the Five-year Plans. The *basic needs* concept is wider as it covers both personal and social consumption and also the human rights, people’s participation, employment, and growth with justice. The concept of *minimum needs* covers only the items of social consumption, as the personal consumption components, employment, growth with justice, and people’s participation are covered through other plan strategies and programmes including some which aim specifically at alleviation of poverty and removal of inequalities and regional imbalances.

The concepts of *minimum needs* and *basic needs* are basically the same, though the latter is used in a broader sense, as it includes personal and social consumption as well as some basic aspects of human rights.

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## 2.4 EVOLUTION OF MNP

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With the implementation of the Fifth Five-year Plan, the MNP was introduced in 1975-76. The MNP was not a single programme with a single budget but had inter-sectoral components with financial outlays in their respective sectors. Thus, MNP is a set of various programmes planned and implemented by different sectoral departments. It is therefore an integration of services and facilities, objectives, targets and outlays of programmes of various sectoral departments designed primarily for the poor.

### 2.4.1 Components of MNP

The main components of the MNP are :

- 1) Provision of facilities for universal elementary education for children up to the age of 14 at the nearest possible places to their homes.
- 2) Adult education to improve literacy among the persons above the age of 15 years.
- 3) Development of rural public health facilities. These would include preventive medicine, family planning, nutrition, early detection of morbidity and referral services.
- 4) Supply of drinking water to problem villages suffering from chronic scarcity of safe sources of water.
- 5) Provision of all-weather roads to all villages having a population of 1500 persons or more.
- 6) Provision of housing or developed home sites for the houseless in rural areas.
- 7) Environmental improvement in slums.
- 8) Rural electrification.

Though these services were aimed at serving a variety of needs, they were meant to be implemented in an integrated manner. Thus, villages with primary health centres or schools were to be provided with water supply, electricity and link roads. The implication was that there would be detailed decentralized planning and implementation.

The various components of MNP were visualized as “integral parts of a package of facilities” in a given unit area through convergence of services. The plan also suggested the need for flexibility in relation to norms.

Though the programmes included under MNP were already under implementation in the earlier Plans too, they were brought under MNP, as an integrated concept, which was introduced in the Fifth Plan. The Fifth Five-year Plan made a provision of Rs. 2,803 crores for MNP as against an outlay of Rs. 1,056 crores for such programmes during the Fourth Plan indicating that the MNP approach provided a thrust to improve the services under the programme with an assured investment, and to prevent diversion of funds as also to be able to monitor the progress .

Subsequently, some more items were brought under MNP. For example, rural domestic cooking energy, rural sanitation and public distribution system were added to the list. Similarly, the norms specified for different components at the time of launching the programme were also modified from time to time.

There was no separate specific budget for MNP. The different items under MNP were being dealt with by various ministries/departments of the Central and the State Governments which were suppose to allocate specific amounts for the items concerning them. For example, Elementary Education and Adult Education was under the Ministry/ Department of Education; Primary Health under the Health Ministry; Rural Housing, Drinking Water and Sanitation under the Ministry of Rural Development. Rural Electrification was the concern of the Ministry of Power and Energy, Nutrition was under the Ministry of Food, etc. The financial outlays/expenditure in the Seventh Plan and onwards are provided in Table 2.1.

**Table 2.1: Budgetary Provision/Expenditure on the Various Components of MNP from the Seventh Plan onwards.**

(Amount in Crores)

Components	Seventh Plan (1985-90)	Annual Plan 1990-92	1992-93	1993-94	1994-95	1995-96
1. Elementary education	2985.56	1686.30	1081.11	1190.20	1953.01	2050.01
2. Adult Education	467.56	305.24	157.73	218.91	308.50	330.66
3. Rural Health	971.41	531.42	300.82	331.17	370.00	501.31
4. Centrally sponsored Rural Water Supply	4418.41	1987.54	1304.00	1603.86	1826.80	2420.80
5. Rural Roads	1531.00	845.84	446.41	400.18	462.08	571.08
6. Rural Housing	640.82	238.57	NA	248.19	235.89	305.64
7. Rural Electrification	550.23	229.30	91.78	150.53	157.16	174.90
8. Environment Imp. (urban slums)	238.50	145.45	NA	65.65	65.11	108.33
9. Rural Domestic Energy						
a) Improved Chula	45.29	22.67	17.75	16.52	21.00	15.00
b) Fuel wood Plantation	186.89	82.14	59.63	58.72	52.86	68.00
10. Nutrition	1104.72	430.30	NA	293.68	NA	548.93
11. Rural sanitation	70.36	55.46	67.75	70.12	119.15	158.79
12. Public Distribution system	157.58	50.20	35.73	25.44	33.86	49.32

Source: Rural Statistics – 2000, NIRD, Hyderabad

**Check Your Progress II**

**Note:** a) Write your answer in the space provided.

b) Check your answer with the possible answer provided at the end of the unit.

1) What were the funding arrangements for MNP?

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## 2.5 PROGRESS OF THE DIFFERENT COMPONENTS OF MNP

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### 2.5.1 Elementary Education

One of the important indicators of development in a country is the status of literacy there in that country. At the time of independence, a little more than 16 percent of the population was literate. To increase literacy was therefore an obvious objective for developmental plans. Accordingly, elementary education covering children of 5 – 14 age group was one of the thrust areas of the national development policy. In different Five- year Plans targets were set to move towards hundred percent literacy, but the achievements were not of desired level.

In Block 4 of the course MRD-101, unit 1 pertains to Elementary Education and Total Literacy Campaign (TLC). You must have read in that unit that during the period 1950-51 to 2001, the number of primary schools increased by more than three times, while the number of upper primary schools increased by fifteen times. The enrolment in primary schools has gone up from 19.2 million in 1950-51 to 113.83 million in 2000-01. In spite of all this we have been able to achieve desired breakthrough. A number of new programmes / schemes are being initiated to address this basic needs problem. Important among them is Sarva Shiksha Abhiyan (SSA), which is a major education intervention to achieve education for all.

### 2.5.2 Adult Education

Besides elementary education, it was necessary to impart literacy to a large number adults who are the backbone of the labour force. Accordingly, the Government of India launched the National Adult Education Programme (NAEP) on 2<sup>nd</sup> October, 1978. The Seventh Plan fixed the target of achieving 100 per cent coverage of adults in the age group of 15-35 by 1990 through non-formal education. Subsequently, the target date was revised to 1995. To make a concerted effort towards eradicating illiteracy among the adult population, the National Literacy Mission (NLM) was launched in 1987-88. About 96.64 million adults were covered under various literacy programmes by the year 2001. At present, of the 593 districts in the country, 163 are covered under the Total Literacy Mission (TLC), 264 under PLC (including 30 under the Rural Functional Literacy Programme. The main objective of the new initiatives is to achieve a sustainable threshold literacy level of 75 per cent by 2005.

### 2.5.3 Rural Health

*Health for all* is the basic objective of Primary Health Care and to achieve it target dates and also the norms were fixed and revised many a time. The latest stipulation

was to achieve it by 2000 AD. Accordingly, the basic health facilities were expanded further with emphasis on preventive and promotive health care. Under MNP, the revised norms for strengthening the three-tier system of health facilities comprising Health Sub-Centres (HSCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) are as follows:

- i) Establishment of one sub-centre for a population of 5,000 in the plains and 3,000 in the tribal and hilly areas by 1990 (100 per cent coverage).
- ii) Establishment of one primary health centre (PHC) for a population of 30,000 in the plains and 20,000 in the tribal and hilly areas by 1990 (100 per cent coverage).
- iii) Establishment of one community health centre (CHC) for a population of 1,00,000 or one community development block by 1990 (50 per cent coverage).

As of now, there are 1,37,271 Health Sub-Centres, 22,975 Primary Health Centres and 2,935 Community Health Centres in the country. Besides, there are 5, 435 Family welfare Centres functioning.

#### **2.5.4 Rural Water Supply**

Safe drinking water for rural areas was another thrust area of the national policy under the Minimum Needs Programme. Earlier the village was the unit for the provision of this facility. In the process, it was found that while the main village was covered by the water supply project, many hamlets were left uncovered. The 1994 National Habitat Survey for drinking water revealed that there were 14,30,543 rural habitats of which more than 4,00,000 did not have safe drinking water at all. In order to tackle the problem of drinking water in rural areas, the Technology Mission on Drinking Water in Villages and Related Water Management was launched by the Government of India in August 1986 with the following specific objectives:

- i) to cover all residual problem villages by 1990;
- ii) to supply potable water @ 40 liters per capita per day (lpcd) generally and 70 lpcd in the desert areas of Rajasthan (to include the needs of cattle there);
- iii) to evolve cost effective technology mixes to achieve these objectives within the constraints of Plan allocations; and
- iv) to take conservation measures for sustained supply of drinking water.

To achieve the above objectives, 50 Mini-Missions and 5 Sub-Missions were launched. Voluntary agencies were also involved in the execution and maintenance of rural water supply schemes and for creating public awareness. After the 73<sup>rd</sup> Constitution Amendment, the Gram Panchayats were given the responsibility to develop and maintain drinking water facilities in the villages. In line with these developments, Swajal Yojana was introduced initially in 60 districts and now it covers the whole country.

As in April 1999, of the total 14,30,543 rural habitats, 11,63,193 were fully covered under safe drinking water supply, 2,32,887 were partially covered and 34,460 were yet to be covered.

#### **2.5.5 Rural Roads**

The Sixth Plan indicated a target of covering all the villages with a population of 1,500 and above and 50 per cent of the villages with populations between 1,000-1,500 with all-weather roads within a time span of ten years ending 1990. While connecting villages with a population of more than 1,000, it was envisaged that villages with less than a population of 1,000 would also be taken up after achieving the first objective, and that at the time of planning road linkages, efforts would be made to connect as many small villages en route as possible.

### **2.5.6 Rural Electrification**

Rural Electrification is not only a means for providing electrical energy to the villages for domestic, agricultural and commercial use, but also a symbol of rural modernization in India. The latest objective of the programme is to achieve hundred percent rural electrification. The priority areas for Rural Electrification under MNP have been identified as follows:

- i) All the North-Eastern hill states (Meghalaya, Tripura, Assam, Manipur, Nagaland, Sikkim, Arunachal Pradesh and Mizoram) and the Union Territories;
- ii) Districts in other states with less than 65 per cent of electrification, the districts having the least percentage of electrification to be covered first; and
- iii) All areas included in the Tribal Sub-Plans.

By the end of 2000, of the 5,87,000 villages in the country, nearly 5,00,000 villages accounting for 86 % were electrified. The percentage of rural household using electricity, however, is only 31 %. In the agriculture sector, so far 12.5 million wells have been energized.

### **2.5.7 Rural Housing**

According to the 1991 census, it was estimated that the shortage of houses in rural areas was 1,37,25,000, accounting for 12.30 percent of the total households. The Eighth Plan therefore fixed the target to achieve houses for all by 2000. Under the Indira Awas Yojana, from 1985-86 to 2001-2002, nearly 78.65 lakh houses were constructed and distributed to the houseless, particularly the SCs, STs and the very poor families of other social groups at a total cost of Rs. 13,376.94 crores.

### **2.5.8 Environmental Improvement of Urban Slums**

The target population, which is above 17.5 million in strength, has yet to be provided relief under the scheme of Environmental Improvement of Urban Slums. The Seventh Plan fixed a target of covering 9 million slum dwellers with a stipulation of covering all by the Eighth Plan. It was also envisaged that steps would be taken to provide security of tenure to the slum-dwellers so that they might develop a stake in maintaining and improving their habitat. Increased inflow of migrants from rural areas, however, gives rise to new slums and therefore it is very difficult to achieve full coverage of the target population at any given point of time.

### **2.5.9 Nutrition**

Even at present, more than 50 per cent of the new born children are under weight and 55 per cent suffer from malnutrition. There are three approaches for combating nutrient deficiency: (i) Medicinal supplementation, (ii) Food fortification, and (iii) Dietary diversification. Of the three approaches to deal with the problem of nutritional deficiency among children, pregnant and lactating mothers, the third one is both cost effective and sustainable. The nutrition component of MNP comprises the Special Nutrition Programme (SNP) and the Mid-day Meal Programme (MDM). SNP covers pre-school children below 6 years, pregnant women and nursing mothers. The scheme provides supplementary feeding (300 calories with 8-12 grams of protein per child and 500 calories with 20-25 grams of protein per mother) per day for 300 days in a year. The MDM scheme is for school children in the age group of 6-11 years. It offers supplementary food consisting of 300 calories and 8-12 grams of protein per child for 200 days in a year. Steps are also being taken to link SNP and MDM with other inputs like health, water supply, hygiene and sanitation.

At present, 5296 Central Sector and 318 State Sector projects (total 5614) are in operation. Of these, 733 projects are operational in Tribal areas and 310 in urban areas.



### 2.5.10 Rural Domestic Cooking Energy

The main sources of energy used for cooking in rural areas are non-commercial (firewood, crop waste, animal dung, etc.). Of the total domestic cooking energy needs, 75.5 per cent are met through fire wood and chips and 10.6 per cent by dung cake. Thus, more than 86 per cent of the total demand is met locally. The supply of these sources is rapidly dwindling and the report of the Fuel Wood Committee (1982) states that the availability of cooking energy may soon become a greater constraint than the availability of food itself. Therefore, the two schemes of *rural fuel wood plantation* and the provision of *improved chulhas*, which were in operation in the Sixth Plan, were integrated with and made an additional component of the MNP Programme for Domestic Cooking Energy in 1985-86. During the Ninth Plan period, about 9.7 million improved chulhas and nearly 2.6 lakh hectares were covered under the fuel wood plantation programme.

### 2.5.11 Rural Sanitation

The Rural Sanitation Programme was also added as one of the components of the Minimum Needs Programme in 1987-88. The Rural Sanitation Programme would supplement the efforts made under the various Central and State Sector Programmes by providing sanitation facilities in rural areas through the construction of rural sanitary latrines for individual households so as to improve the quality of life in these areas.

During the Eighth Plan period (1992-93 to 1996-97), Rs. 497.29 crores were spent and 43,37,609 sanitary latrines were constructed. In the Ninth Plan, during the first three years (1997-98 to 1999-2000), about Rs. 527.6 crores were spent and nearly 4.7 lakh latrines constructed.

### 2.5.12 Public Distribution System

Food security is one of the main objectives of the Public Distribution System (PDS), and was therefore made one of the important components of the MNP in 1987-88. The PDS is to ensure that essential items of daily use are made available at reasonable prices to the public, particularly to the vulnerable sections of the society both in the urban and the rural areas. Seven essential commodities distributed through PDS are wheat, rice, sugar, imported edible oil, kerosene, soft coke and controlled cloth. All these commodities are procured and supplied by the states for distribution through their networks of fair price shops. As a measure to help the BPL families, the food grains are being sold at subsidized prices. Under the programme called Annapurna, introduced in the year 2000, the old and/or destitute are provided with 10 Kgs of rice or wheat or both free of cost.

#### Check Your Progress III

**Note:** a) Write your answer in the space provided.

b) Check your answer with the possible answer provided at the end of the unit.

1) What is our achievement under the Primary Health Care Programme?

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## 2.6 LET US SUM UP

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In this unit, we have learnt the concept of *minimum needs* and how it differs from the concept of *basic needs*. We have also learnt that in our development plans MNP pertains to items of social consumption. The concept of *basic needs* has a wider connotation; it includes items of private consumption also and emphasizes such aspects as fuller employment, distributive justice, human rights, people's participation, etc.

We learnt that the objective of MNP was to integrate services and facilities through nationally accepted norms in a particular area, within a specified time frame, thereby raising living standards and reducing regional disparities. We also learnt how the MNP evolved and how it progressed between the Fifth and the Seventh Five-year Plans. Further, we saw that for some of these components, Central Plan outlays have also been made. We studied the objectives and the targets of MNP to be attained by 1990 and reviewed the extent to which the Programmes have received budgetary support and the targets achieved. We noted that the monitoring system gave more importance to inputs rather than the outputs and followed a schematic system of reporting rather than an integrated view of needs, achievements and shortfalls within a unit area.

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## 2.7 KEY WORDS

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<b>Basic Needs</b>	: Besides minimum needs, they cover the aspects of equity, social justice and human rights also.
<b>Distributive Justice</b>	: It refers to equal opportunities for employment and sources to income, and access to social services by all.
<b>Environment</b>	: Natural eco-system or balance between land, water, flora and fauna.
<b>Food Security</b>	: To ensure availability of food for all at affordable costs.
<b>Human Development</b>	: Improvement in the quality of life.
<b>ILO</b>	: International Labour Organization, a sister organization of United Nations.
<b>Minimum Needs</b>	: Facilities/services like housing, health and nutrition, elementary education, safe drinking water and sanitation, which are necessary for improving living standards.
<b>Promotive Health</b>	: It refers to nutrition, hygiene and sanitation.

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## 2.9 CHECK YOUR PROGRESS – POSSIBLE ANSWERS

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### Check Your Progress I

- 1) All the services and social facilities (such as education, health, nutrition, drinking water, housing, communications, electricity, etc.) the help in supporting a minimum standard of living and also supplement the measures for providing larger employment and incomes to the poorer sections are called *minimum needs*.

### Check Your Progress II

- 1) There was no specific budget for MNP separately. The different items under MNP were being dealt with by various ministries/departments of the Central and the State Governments which were supposed to allocate specific amounts for the items concerning them. For example, Elementary Education and Adult Education were under the Ministry/Department of Education; Primary Health under the Health Ministry; Rural Housing, Drinking Water and Sanitation under the Ministry of Rural Development. Rural Electrification was the concern of the Ministry of Power and Energy, Nutrition under the Ministry of Food, etc.

### Check Your Progress III

- 1) Health for all is the basic objective of Primary Health Care. The latest target date fixed to achieve it was 2000 AD. Accordingly, the basic health facilities were expanded further with emphasis on preventive and promotive health care. Under MNP the revised norms for strengthening the three-tier system of health facilities comprising Health Sub-Centres (HSCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) are as follows:
  - i) Establishment of one sub-centre for a population of 5,000 in the plains and 3,000 in the tribal and hilly areas by 1990 (100 per cent coverage).
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  - iii) Establishment of one community health centre (CHC) for a population of 1,00,000 or one community development block by 1990 (50 per cent coverage).

As of now, there are 1,37,271 Health Sub-Centres, 22,975 Primary Health Centres and 2,935 Community Health Centres in the country. Besides, there are 5, 435 Family welfare Centres also functioning.