Chapter 10

Building Capabilities of People and Institutions

10.1 INTRODUCTION

A human development approach places people at the centre of development. Rather than focusing on increasing incomes and output, the aim here is to create an environment such that the people of Meghalaya can realise their potential, expand their choices, and take advantage of emerging opportunities. Thus, instead of passively observing progress in other places, residents' capacities are enhanced so they become active participants in, and can contribute to and benefit from development taking place **in their region, country, and around the globe**. In fact, it may safely be said that no vision for the state can be realised if the political, social, and economic capacities of its residents are not built up adequately.

People's capacities are built in a variety of ways. Good healthcare and education can be said to be the underpinnings of the process, especially in Meghalaya with its overwhelming young population. Well nourished, healthy people, who have the basic skills and education to choose their vocation, are the basis and goal of a state with a developmental vision. No less important for full participation in the development process are the basic necessities of permanent housing with access to toilets, electricity, clean water supply, environmental sanitation, good road access, and mobile connectivity.

While literacy in the state is roughly on par with the rest of the country, the poor quality of education and shortage of vocational training and professional options in Meghalaya has led to a steady haemorrhaging of the best students from the state over the past decades. Healthcare, too, is an area of serious concern as the state's indicators, especially on infant, child, and female health, are nowhere in line with its literacy levels.

Table 10.1: Population: Share by Age Group, 2001

	2001				2011 Projected		
State	**0–14**	**15–29**	**15–65**	**65+**	**0–14**	**15–65**	**65+**
Arunachal Pradesh	39.8	26.37	57.8	2.4	33.1	63.6	3.3
Assam	36.6	27.17	59.6	3.8	31.8	64.3	3.9
Manipur	31.8	30.20	63.6	4.6	25.6	68.8	5.6
Meghalaya	41.6	27.13	55.5	2.9	34.9	62.0	3.1
Mizoram	34.6	30.56	61.6	3.8	28.6	66.7	4.7
Nagaland	35.1	32.13	61.8	3.1	31.1	65.1	3.8
Sikkim	33.6	30.72	62.9	3.5	27.4	68.3	4.3
Tripura	31.7	27.90	63.2	5.1	26.2	68.6	5.2
India	**34.3**	**26.58**	**60.9**	**4.8**	**30.7**	**64.1**	**5.2**

Source: 1. Registrar General of Population, 2. Census of India

Meghalaya has the largest proportion of people in the youngest age group out of all the states in the north-east, and indeed across the country (41.6 per cent of the people in Meghalaya were below 14 years in 2001 against a national average of 34.3 per cent), and even in 2011, the state is estimated to continue to have more than a third of its population below 14 years (*Table 10.1*). Education and healthcare have to, from the early years, adequately equip this vast emerging pool of youth with the skills and capabilities to engage politically, socially, and economically with the mainstream of national and global events. If this does not happen, we are likely to see an intensification of rural-urban migrations within the state as well as Meghalaya-rest-of-India migrations, and a widening of the intraregional disparities that now characterise the state.

10. 1.1 The Human Development Index: Developmental Imbalances

As a starting point to this exercise, one can look at how the state performs nationally in the human development context. Meghalaya's position is low and has been slipping in the national rankings of states by human development indicators — based on levels of education, health, and livelihoods (*Table 10.2*). In the most recent rankings in 2005, it is 26th out of 35 states and union territories, and second lowest in the north-east; its ranking has also slipped from 21st and 24th in 1981 and 1991, respectively.[40] On the rural HDI, its rank slipped from 20th position to 24th between 1981 and 1991, and has remained unchanged for 2005; and its ranking by the urban HDI has swung from 21st, to 10th, and back to 22nd, in the three years under consideration. However, a greater focus on human development outcomes, and appropriate state and local policies and measures could play a key role in building these capacities and bringing Meghalaya on par with neighbouring states like Mizoram and Nagaland, which ranked 4th and 7th in the 2005 HDI rankings.

[40] The ranking of all 35 states by HDI can be seen in *Table 10.A1* in the *annexure*.

Table 10.2: Human Development Index (HDI) Rankings for North-eastern States, 1981, 1991, 2005: Rural-Urban

	1981*			1991*			2005#		
	Rural	**Urban**	**Both**	**Rural**	**Urban**	**Both**	**Rural**	**Urban**	**Both**
Arunachal Pradesh	28	24	31	28	15	29	23	1	22
Assam	26	28	26	26	19	26	28	25	29
Manipur	2	5	4	7	12	9	10	17	11
Meghalaya	20	21	21	24	10	24	24	22	26
Mizoram	9	4	8	10	5	7	6	2	4
Nagaland	19	8	20	13	7	11	4	8	7
Sikkim	16	11	18	17	11	18	11	10	13
Tripura	23	12	24	20	20	22	19	20	23

Sources: *National Human Development Report, 2001

#Meghalaya Human Development Report

Note: The 2005 ranking is for a total of 35 states; rankings for the other two years are for a total of 32 states.

A closer look at the HDIs for the districts and their components across the districts (*Table 10.3*) reveals a picture of lopsided development in the state. Apart from being slow, human development and progress in the past decades has been focused only on some regions and urban areas.

The Rural-Urban Divide

Development in the state has been largely urban-centric and, within that, concentrated in Shillong, and to some extent in its other urban centre, Tura. It is not surprising that the two districts with the highest Human Development Index (HDI) rankings in the state, namely East Khasi Hills and West Garo Hills, are home to the two big urban centres, Shillong and Tura, respectively (Table 10.3).[41]

[41] District-level HDIs were calculated for the *Meghalaya Human Development Report*, which used the infant mortality rate (IMR) as the indicator in the health dimension mainly for reasons of reliability and comparability; for the knowledge indicator it used two — the literacy rate with two-thirds weight, and the combined gross enrolment ratio (primary to higher secondary level) with one-third weight; the standard of living was represented by per capita income.

Table 10.3: District-wise Human Development Indicators, Index and Rank, 2005

Districts	Infant Mortality Rate	Literacy Rate	Combined Gross Enrolment Ratio	NSDP*	HDI	HDI Rank
East Khasi Hills	34.51	76.98	63.10	24,793	0.676	1
West Garo Hills	18.13	51.03	65.99	13,782	0.571	2
Ri-Bhoi	60.63	66.07	50.47	14,752	0.496	3
South Garo Hills	102.01	55.82	85.52	23,321	0.484	4
Jaintia Hills	77.34	53.00	43.31	20,405	0.469	5
West Khasi Hills	86.17	86.17	65.64	9,926	0.405	6
East Garo Hills	90.60	61.70	60.91	12,047	0.396	7
Meghalaya	**52.28**	**63.31**	**62.87**	**17,595**	**0.55**	

Source: Meghalaya Human Development Report 2008, Government of Meghalaya
Notes: * Rs per capita current prices

In sharp contrast, rural Meghalaya still remains largely underdeveloped, with most of its inhabitants lacking access to an efficient transport network, good healthcare, educational facilities, and basic amenities. While this can partially be attributed to the scattered and sparse clustering of rural habitations which makes service delivery a more expensive and complicated task, it is also an outcome of the lack of political will from the state government, buoyed by the absence of supporting demand from local communities. Poor delivery systems and absence of rural infrastructure have stunted the ability of rural inhabitants to build capacities, greatly limiting their choices of livelihoods and leading to a poverty of access to basic amenities. These have, in turn, further widened the rural-urban divide, and increased migration to, and consequently the pressure on urban areas.

The Regional Divide

Of equal concern is the wide disparity in human development across districts (Table 10.3). The wide range of human development indices for the seven districts, from 0.39 to 0.68 across these districts, is a good indicator of uneven development and the extent of disparity across the state — with infant mortality rates ranging from 18 to 102, literacy from 51 to 86, gross enrolment ratios from 43 to 85, and per capita income from Rs 10,000 to 25,000. A more participatory, people-centric approach to development will promote more equal development outcomes across the seven districts in the state, and ensure that rural areas are not excluded by strengthening connectivity and communication links, improving employment opportunities and capacities, and ensuring better access to social services.

Women have a tremendous impact on human development outcomes, and their contribution to improvements in services has been well documented. The next section looks at building women's capacities in Meghalaya and empowering them as stakeholders in major decision-making processes at all levels.

10.2 THE GENDER DIMENSION: NEED FOR TRUE EMPOWERMENT

The matrilineal nature of society in the state, good education linked indicators like female literacy and enrolment, and a high sex ratio, especially vis-à-vis the rest of the country, mask major deprivations that women in Meghalaya face. These have impacted health related indicators, and some say even violence is faced by women in the state.

The deprivation which has the greatest impact on the development of women's capacities and their empowerment is the almost total absence of female engagement in political decision-making. While Meghalaya women have apparently been at the forefront of their society for decades, political representation has eluded them. They are banned from representation in their village durbars (the main decision-making body at the village level) and district councils (middle-level bodies), which have no women members. Not only can they never become tribal chiefs or village headpersons, they do not even have the right to elect candidates to these posts.[42]

Why is the political representation of women at various levels important for a developmental vision for the state? The entry of women in the planning and policy spheres has been shown to have a beneficial effect on the delivery of services, governance issues, general developmental activities, and promotion of human rights. Because of their greater sensitivity to family and women-linked matters, their voice in political decision-making has led to an improvement in living conditions and the inclusion of women's issues in a state's political agenda.[43]

[42] There have been various recommendations to introduce representation of women and non-tribals in the traditional Autonomous District Councils, each of which currently has 30 seats. One recommendation is that the number be increased to 40, and the Governor nominates five women and non-tribal members to each ADC. The other five may be elected as follows: by Syiems and Myntris from among themselves to the Khasi Autonomous Council; by Dolois from among themselves to the Jaintia Autonomous District Council; and by Nokmas from among themselves to the Garo Autonomous District Council. See http://lawmin.nic.in/ncrwc/finalreport/v1ch9.htm

[43] The delivery of services is especially important for women because in their primary roles as caregivers, they rely more on necessities such as healthcare, water supply, sanitation, and education for children than do men. Some ways in which women, through the Panchayati Raj institutions (PRIs), are changing governance are evident in the issues they choose to tackle — water, alcohol abuse, education, health, and domestic violence — and the entrance of women in substantial numbers leads to a change in structures so that they more closely reflect the concerns of women.

Box 10.1: *Women in the Local Durbar*

The Durbar is the traditional Institution at the village level. Traditionally, women were restricted from attending Durbar unless specifically called for a particular purpose. It has been considered abnormal for women to air their views and voice their opinions in public matters among Khasis and Jaintias. Among the Garos, for instance, women are not allowed to hold the position of Nokma; for Khasis the position of headman, and for Jaintias the position of Dalois are off limits for women. They are yet to get a place in representing women's issues in the local durbar and of electing its traditional heads, where only male members are legible to participate in the election. This is, of course, taking a different turn in urban areas. In the political arena, participation of women as candidates is still receiving a lukewarm response from the male members in particular, and the society in general.

Source: *From the Meghalaya Human Development Report.*

The lack of women's representation and participation in traditional administrative institutions in Meghalaya finds reflection at the state level, where very few women candidates are fielded: Agatha Sangma won the bye-election to the Tura Lok Sabha seat in 2008 after a gap of 56 years, when Mrs Bonily Khongmen had entered Parliament as the first woman MP from the then state of Assam in 1952.

Ironically, the fact that Meghalaya is a matrilineal society has worked against empowering its women, the assumption being that in such a society, women 'have all the economic power' and are already are assured of their rights. This is far from the truth, as even though women inherit property under the law, they have no freedom to sell or bequeath it as they wish, or indeed to profit or benefit from it, these decisions being left to the males of their maternal home.

"A lack of awareness about reproductive rights and health tie the women of NER, in particular, to domestic chores and play a role in replicating poverty and nullifying development initiatives. There is a propensity to see women only as members of Self-Help Groups (SHGs), as vehicles for savings and credit. The self-help concept should cover mass-based organisations of women who are legitimately concerned about the lack of food, drudgery, housing, potable water and employment."

The NER Vision Document, 2020

10.2.1 The Way Forward on Women's Empowerment

- Develop a strong, reliable and up-to-date database which will lay the basis for the introduction and monitoring of gender budgeting in all programmes; more conscious efforts to target women as beneficiaries in health and livelihood related schemes;

- Push forward on recommendations to include women's representation in ADCs and village durbars;
- Push forward on the NERCOMP/IFAD model of setting up parallel organisations at the local level that mirror panchayats in their functioning, which have proportional representation for women; and
- Build capacity among women to undertake electoral responsibilities. Women elected to local bodies need support beyond mere technical training; they are more effective in pushing ahead their agenda in local bodies when linked to other organisations, such as women's organisations and elected bodies, and acquire institutional knowledge related to health, education, credit, etc.

In the rest of this chapter we look at the major lacunae in building capacities among the people in Meghalaya, crucial areas that need to be tackled, and measures that will bring the state on par with the rest of the country and, if possible, beyond. The various facets of the human development map of Meghalaya have been thoroughly and expertly explored in the forthcoming publication *Meghalaya Human Development Report;* this section will draw from the conclusions therein and flag areas that need attention so as to build human capacities to realise a vision that is founded on a participatory approach to development.

10.3 EDUCATION: FOCUS ON SCHOOLING

The importance of equipping very young people in the state with the basics to bring forth their full potential cannot be overstressed. Not only do infants and children face nutritional challenges in this hilly state (as we will see in the following section on nutrition and health), but the quality and supply of elementary school education, and professional and vocational opportunities leave a lot to be desired. Even though post-school educational options have been increasing, a large segment of the higher achievers leave for further studies or training in urban centres in other parts of the country, and stay on to work there.

10.3.1 The State of School Education in Meghalaya: A Brief

Meghalaya is a state with a very young population — almost half (41.6 per cent) its population was below 14 years of age at the time of its last census, and 68.7 per cent was below the age of 30. What could prove to be even more challenging for Meghalaya, given its fairly high birth rate, is that by 2030 the number of children under 14 years of age will still account for over one-fourth of the population (26.0 per cent), marginally higher than the average for the country (Table 10.A2 in the Annexure). This has important policy implications for schooling in a state that plans to catch up with the rest of the country by 2030. Much of the human development planning it undertakes will need to focus on providing this young pool of people with the capabilities, environment, and opportunities to become effective contributors to the development effort, as well as beneficiaries from it. There are also the well documented spillover effects of education and literacy on other

developmental parameters, such as health and nutrition levels, unemployment, poverty, awareness, and participation in civic life.

Meghalaya has, for decades, been a sought after destination by other states in the region for its excellent educational institutes. As capital of the undivided state of Assam, over the decades, Shillong developed several excellent schools, boarding schools, and colleges, which attracted students from across the entire state and the north-east region. It provided a variety of educational choices both for schooling and college, as its educational institutes are managed by many different bodies — religious, district council, and state government. Even today, the share of private schools in the state is far higher than the average in the rest of the country (Table 10.A3 in the Annexure).

The *Meghalaya Human Development Report* contains an excellent in-depth analysis of the state of the education sector in Meghalaya. The draft State Education Policy for Meghalaya, 2007 has also highlighted several constraints to improved school education in the state, and a brief summary from both documents is given below, along with suggestions for future action.

10.3.2 Education: Constraints and Issues

As in other states, increased government funding under the *Sarva Shiksha Abhiyan* (SSA) in the past decade has seen some improvement in education indicators such as school enrolments, school infrastructure, hiring of teachers, and so on. Despite these, the state still lags behind the rest of the country on important indicators such as dropout rates, school infrastructure and facilities, and educational outcomes. The following section highlights some of these issues in schooling in Meghalaya.

Unequal Provision

The pattern of educational development over the past decades has resulted in unequal provision of education across the state both in terms of infrastructure and quality. For a start, schools, both secondary and higher secondary, are skewed in favour of the urban areas, particularly Shillong, and to a certain extent the urban centre of Tura; further, almost all the colleges and higher education institutes are also located in these two urban centres. There is high urban-rural disparity in gross enrolments, and rural enrolments in Meghalaya after primary school are below the national average (Table 10.4). The sharp drop in enrolment after primary school — especially noticeable among the boys — could indicate poor access to schools beyond the primary level in these areas.

Table 10.4: Gross Enrolment Ratio by Residence and Sex, 2004–05

(Per cent)

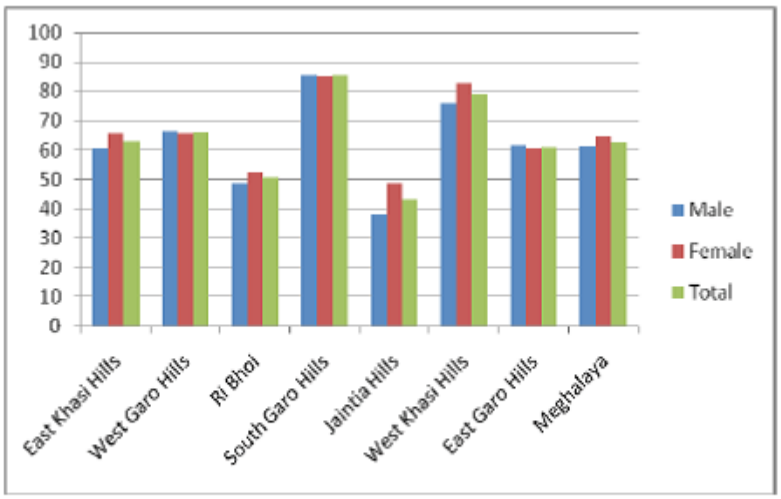
Standard	Rural			Urban		
	Boys	Girls	All	Boys	Girls	All
Meghalaya						
Primary	117.22	118.12	117.63	105.97	96.62	101.58
Middle	51.96	66.69	58.87	110.17	72.42	88.52
Secondary / Higher Secondary	44.29	48.46	46.28	91.47	93.76	92.66
Graduate and Above	1.29	3.32	2.36	16.91	12.67	14.53
All India						
Primary	112.05	106.86	109.63	105.92	100.10	103.09
Middle	80.96	69.44	75.57	85.35	82.71	84.07
Secondary / Higher Secondary	57.30	41.52	50.05	72.19	72.54	72.35
Graduate and Above	7.73	4.49	6.08	18.42	15.99	17.29

Source: From the Meghalaya Human Development Report, based on a special tabulation by the authors of the background paper using NSS 50th and 61st round Employment and Unemployment Data

Low rural enrolments tie in with a related issue of access to schooling. Children are more likely to go to school when they are located close to home. In some districts in the state, almost half the upper primary schools and one-fourth of the primary schools are situated a kilometre away from the habitations (Table 10.A4 in the Annexure). Given the difficult terrain of much of the state, this could deter many young children from attending school.

The disparity in urban and rural school enrolment is mirrored in the literacy rates. Thus, while the state has higher than average literacy rates both among women and men in the urban areas (Tables 10.A5a and 10.A5b in the Annexure), rural literacy remains lower than the national average, and dampens total literacy in the state to below the national average.

Figure 10.1: Gross Enrolment Rates by Districts and Gender, 2002



Note & Source: (a) The gross enrolment ratio is obtained by dividing the combined enrolment numbers by the population aged 5 - 19 years in 2001. The combined enrolment numbers are for Classes I - XII as per the All India Seventh Educational Survey, 2002.

(b) The figures are used for calculating the HDI and GDI of districts and are reported in Table 2.4 and Table 2.5

Further, while female enrolment *vis-à-vis* male enrolment is not an issue in the rural areas (Table 10.4 and Figure 10.1), it is the high intra-district disparities in school enrolment that need to be tackled to ensure more equitable human development in the state.

Infrastructure and Facilities

Many of the schools are in dismal shape, and operate from semi-permanent buildings, often with broken windowpanes, leaving children vulnerable to the elements. A large proportion still does not have the facilities necessary for their effective functioning, such as separate toilets for girls (Table 10.5), drinking water and blackboards (*Tables 10.A6*a and *10.A6b* in the *Annexure)*.

Table 10.5: Schools with Girls Toilets, 2006–07

(Per cent)

Districts	Primary Only	Upper Primary (UP) Only	Primary + UP	UP + Secondary	Primary + Secondary / Higher Secondary
East Khasi Hills	10.9	17.6	22.2	55.6	65.2
West Khasi Hills	2.7	9.3	15.8	37.1	29.6
Jaintia Hills	7.4	18.4	22.4	40.9	36.4
Ri-Bhoi	6.5	15.9	18.3	41.7	29.3
East Garo Hills	2.8	12.2	32.3	63.6	57.1
West Garo Hills	2.4	6.1	10.0	17.7	50.0
South Garo Hills	3.4	3.2	0.0	100.0	100.0

Source: DISE, 2006–07

Dropouts

Dropout rates are far higher in the state than the average for the rest of the country (Annexure Table 10.A7), and have been increasing. The reasons have been well documented and varied: a non-conducive school environment and untrained teachers have been acknowledged to be responsible to a large extent. The Eleventh Plan attributes high dropout to a "poor school environment, curriculum and under-trained and under-qualified teachers."

Quality of Education

In recent years, the overall quality of education in the state has been declining. Schools have ceased to attract the best students in the region, and post-schooling, most of the best students from within the state choose to move outside the region for higher education or training programmes. An independent assessment of rural children's educational performance across all states[44] shows that among all the north-eastern states, Meghalaya has the lowest proportion of children who can read at the highest (story) level, and that this is half the average of children across the country. Its performance in arithmetic also raises a red flag, as it is the only state in the country with fewer than 20 per cent (18.69 per cent) of its rural children being able to perform division at the grade 5 level, thus making it the worst performing state in this regard (*Table 10.6*).

Table 10.6: Assessment of Rural Children's Educational Performance: Meghalaya versus India, 2009

	Reading Assessment					
	Nothing	**Letter**	**Word**	**Paragraph**	**Story**	**Total**
India	6.93	14.95	14.44	16.86	46.81	100.00
Meghalaya	10.97	29.07	15.74	15.84	23.38	100.00
	Arithmetic Assessment					
	Nothing	**NR1**	**NR2**	**Subtraction**	**Division**	**Total**
India	6.91	15.47	19.57	21.61	36.44	100.00
Meghalaya	10.91	21.69	23.62	25.09	18.69	100.00

Source: Annual State of Education Report, ASER 2009 at http://www.asercentre.org/index.php

Notes for Reading: All children in the age group 5–16 are given a "floor level" reading test in the language of their choice, with the highest level equal to Standard 2. Each child is marked at the highest level s/he can comfortably read.

Notes for Arithmetic: All children in the age group 5–16 are administered the "floor level" test of basic arithmetic, and each child is marked at the highest level s/he can comfortably perform as per the following criteria:.

Division: child can solve three-digit by one-digit division; Subtraction: child can solve two-digit by two-digit subtraction with carryover; NR2 (Number recognition 11–99): child can identify four out of five numbers from 11 to 99; NR1 (Number recognition 1–9): child can identify four out of five numbers from 1–9; Nothing: child identifies fewer than four out of five single digit numbers correctly.

[44] http://www.asercentre.org/index.php

Teaching

The teacher is the most important factor in an education system, and the low proportion of trained teachers in the state has spawned issues related to the quality of education, as demonstrated in Table 10.6. Efforts to expand elementary education for all children to meet targets set by the SSA have resulted in an expansion in the provision of school related infrastructure and facilities. However, Meghalaya, like most states across the country, has found it far more challenging to staff this vast expansion in classrooms with adequately trained teachers.

Table 10.A8 in the Annexure shows the share of teachers in the state who have been trained, which declines as one goes to the higher sections. The intention during the Eleventh Plan was that 55 per cent of untrained elementary teachers (the total number was around 22,000 at the beginning of 2007) would be trained by 2010.[45] However, how much progress has been made remains to be seen. Secondary and higher secondary school teachers are largely untrained, and in fact, the share of trained teachers was only 30 per cent in 2007.[46]

10.3.3 Education: The Way Ahead

Universal Enrolment and Reducing Dropout Rate

The state's Eleventh Plan has ambitious plans to achieve universal enrolment among the 6–14 year olds under the SSA by opening new primary schools, upper primary schools, EGS, and AI centres. Several factors feed into the high dropout rates, apart from lack of access to schools. These range from poor school infrastructure, such as amenities and facilities, irrelevant curriculum, and the absence of teachers or poor teacher instruction. A revision of curriculum is currently being taken up by the DERT. A recent evaluation by the North-Eastern Hill University in Meghalaya has found that enrolment and retention has improved as a result of the midday meal programme.

The absence of schools close to where children live, especially in the lower grades, has an inevitable negative effect on enrolments and dropouts. In fact, this is an issue faced by many of the hill states in the country. The scattered nature of habitations and terrain in the rural areas of the state make the provision of schooling — and all the other social services — difficult and inefficient. Innovative solutions have been promoted by the SSA to deal with similar situations, such as the mobile teacher initiative in Mizoram to reach children of *jhum* farmers in the western hills. Instead of children going to school, the teacher brings schooling to the children. He/she cycles to the settlements, carrying his blackboard, teaching supplies, and textbooks, and teaches local children in their own surroundings.

Making rural schools more accessible will help stem the flow to urban areas for all levels of education. As young people stop needing to leave their rural surroundings in search

[45] Education section of State Eleventh Plan
[46] Education Policy

of educational opportunities, they will better integrate with and contribute towards developing rural society and the economy.

Quality of Teaching: Training and Recruitment

- The state has four teacher education colleges which can train and equip teachers with qualifications to teach in secondary or higher secondary schools. The capacity of these colleges needs to be increased to accommodate not only in-service but also pre-service trainees.
- There is a huge backlog of untrained teachers at the elementary level. The DIETs are expected to deal with the backlog of training, but they lack the capacity or the space to deal with the current pool of untrained teachers. They need to be strengthened so that they can help wipe out the backlog of untrained teachers, and to facilitate the adoption of a policy of appointment of only pre-trained teachers.
- Recruitment of teachers should be streamlined, and guidelines formulated and carefully implemented to ensure objectivity in postings and transfers. Minimum educational qualifications for school teachers need to be raised and strictly enforced.

Active Community Participation

Management of schools is increasingly taking place through school management committees and village education committees comprising members of the local community. In fact, the most important initiatives that impinge on education, such as the *Sarva Shiksha Abhiyan*, emphasise deep community ownership in implementation through school management committees, village and urban slum-level education committees, tribal autonomous councils, and other grassroots structures in the management of elementary schools. These committees look into school improvements, and monitor the functioning of these institutions. However, these committees in Meghalaya have largely proved ineffectual in tackling issues related to teacher absenteeism, hiring of qualified and trained teachers, improving school infrastructure, quality of instruction, and overall educational quality.

Greater empowerment of these committees and increasing the accountability of teachers to committees has had successful outcomes in Nagaland's well documented communitisation initiatives. The devolution of similar responsibilities to local government institutions functioning in Meghalaya could have the same effects, but they need to be accompanied by a shift in accountability to parents and an increase in awareness among people about their rights. Most local communities would need some capacity building to improve their management skills, and their ability to act as pressure groups to raise the overall level of school outcomes. Here, non-governmental organisations (NGOs) or community based organisations (CBOs) can play a key role in increasing awareness, so that improvement in the overall supply and quality of education becomes a demand driven

process propelled by the beneficiaries. For this to be made into an effective exercise, the capacity of local NGOs and CBOs will first need to be built up.

10.4 HEALTHCARE AND NUTRITION

Meghalaya is one of very few (only eight) states in the country in which over two-thirds of all households (65 per cent) use government health facilities when they are sick, in contrast to the national practice where on average only 35 per cent of people use government facilities (see Table 10.A9 in the Annexure). This could be the outcome of the low supply of private health services in the non-urban areas, as the wide dispersion of homes and hamlets makes private provision of health services unprofitable outside urban areas.

Among the few homes in Meghalaya that do not rely on government facilities, the most commonly reported reasons for not doing so are the absence of a nearby government facility and the poor quality of health care in government hospitals.

10.4.1 Major Issues in Healthcare Provision

The problems faced in the provision of healthcare services in Meghalaya have been extensively explored and analysed in the *Meghalaya Human Development Report*.[47] In brief, healthcare services in the state need to be drastically improved. Services have not been able to meet the needs of the people, let alone keep up with the increase in communicable and non-communicable diseases in the state, and worse, the availability of healthcare is poorest in areas where it is most needed. At the broader level, services suffer from poor and declining public funding, lack of long term planning in health services, poor coordination among the services provided by directorates, and low absorption capacity for programme funds. The outcomes are severe gaps in and inefficient use of staff, infrastructure, facilities, drugs, and resources. In fact, the almost complete absence of good quality medical services and facilities has propelled residents of the state to seek medical care outside en masse, as described below:

"In Meghalaya, the dependence on external medical diagnosis and healthcare is even more pronounced. Late in 2004, the Meghalaya state government announced, with some fanfare, the inauguration of a 'Meghalaya House' in Vellore, Tamil Nadu, to "provide accommodation to Meghalaya people going for treatment at the Christian Medical College" there. Reportedly, the state government has so far paid Rs 6,500,000 to the Tamil Nadu Housing Board for the 10 houses purchased solely to accommodate those from the state who travel to Vellore — this is a high-traffic route — seeking medical diagnosis and healthcare."[48]

[47] See Chapter 3: Health and Health Care Services in Meghalaya

[48] From "Nagaland has 500 doctors for 2 million people" by Rahul Goswami, infochangeindia.org, June 2005; infochangeindia.org

We discuss below some of the main issues related to health outcomes in the state:

Public Health Spending A root cause of the poor healthcare outcomes in the state is the low and declining levels of public spending on health, which mirrors the situation in the rest of the country. Over the past decade, instead of raising the share of spending on health and family welfare, the state government has allowed it to steadily slide from 8 per cent of total expenditure in 2001–02 to 3.9 per cent in 2008–09 (*Table 10.7*).

Table 10.7: Expenditure on Health and Family Welfare in Meghalaya

Year	State Total Expenditure *(Rs lakh)*	State Expenditure on Health and Family Welfare *(Rs lakh)*	Share of Expenditure on Health and Family Welfare *(% of total)*
1999–2000	85,864.37	6,368.00	7.4
2000–01	1,03,697.08	7,050.59	6.8
2001–02	1,02,447.99	8,206.93	8.0
2002–03	1,09,579.18	8,186.40	7.5
2003–04	1,82,084.77	8,256.43	4.5
2004–05	2,07,234.21	9,194.87	4.4
2005–06	2,00,709.28	9,602.81	4.8
2006–07	2,32,010.25	9,910.97	4.3
2007–08 (RE)	3,44,846.82	12,742.89	3.7
2008–09 (RE)	3,97,322.38	15,484.94	3.9

Source: MHDR, 2008 from Government of Meghalaya "Budget at a Glance", various issues

Poor Child-Related Healthcare and Nutrition

In this state with its young population, the importance of ensuring good health amongst the youth to help utilise their full potential cannot be stressed enough. Infants and children in Meghalaya face severe health and nutritional challenges. While some medical and health related initiatives for children have resulted in improved outcomes for their health, there are other alarming trends that need to be tackled immediately.

On the positive side, the infant mortality rate (IMR)[49] for Meghalaya has improved over the past 15 years (from 64 to 45), and is almost at par with the country's IMR of 44 (Table 10.A10 in Annexure). Vaccination coverage of children up to two years has also improved considerably, from 14 per cent of children to 33 per cent between 1998–99 and 2005–06, although this still means that only one-third of the children in the state are immunised against major illnesses such as tuberculosis, DPT (diphtheria, pertussis, tetanus), polio, and measles, which is far below the national average of 44 per cent of all infants being immunised (*Table 10.A11* in *Annexure*).

[49] IMR is the number of infant deaths per 1,000 live births.

Table 10.8: Trends in Child Nutrition (Children under 3 years)

(Per cent)

	Year	Stunted	Wasted	Underweight
Meghalaya	1992–93	47	18	44
Meghalaya	1998–99	45	13	38
Meghalaya	2005–06	42	28	46
India	2005–06	45	23	40

Source: National Family Health Survey-3

One of the most alarming trends relates to the nutritional status of children in Meghalaya. Almost half the children (42 per cent) under three years of age in the state are stunted, which means that they are too short for their age, indicating they have been undernourished for some time. An even larger share (46 per cent) of children in the state is underweight — a result of chronic and acute undernourishment (Table 10.8).

A large proportion (28 per cent) of children under three years of age was wasted — too thin for their height — as a result of inadequate food intake or a recent illness. In fact the NFHS-3 summary result flags "nutritional problems" in Meghalaya as a cause for concern.[50] A bigger cause for concern is that rather than recognising and tackling these important problems relating to children in the state, the proportion of children found to be wasted and underweight has been increasing since 1992.

Poor Female Health and Nutrition

The absence of a local body to plan and monitor local level delivery of health services, as well as the exclusion of a female 'voice' from the village bodies has manifested itself in poor health and nutrition indicators for women and children. A shockingly low proportion of women in Meghalaya (7.6 per cent) have had contact with a health worker, including auxiliary nurse midwife, woman health visitor, *aanganwadi* worker, or community health worker (the country average is 17.3 per cent) (*Table 10.A12* in Annexure).[51]

Table 10.9: Institutional Care and Antenatal Care (Births in the last 3 years)

(Per cent)

	Women having Institutional Deliveries		Women Availing Any Antenatal Care	
	Meghalaya	**India**	**Meghalaya**	**India**
NFHS-1	31	26	55	65
NFHS-2	17	34	54	66
NFHS-3	30	41	68	77

Source: NFHS-3

[50] "…under nutrition is most pronounced in Madhya Pradesh, Bihar, and Jharkhand. Nutritional problems are also substantially higher than average in Meghalaya and (for stunting) in Uttar Pradesh. Nutritional problems are least evident in Mizoram, Sikkim, Manipur, and Kerala," http://www.nfhsindia.org/NFHS-3%20Data/VOL-1/Chapter%2010%20-%20Nutrition%20and%20Anaemia%20%28608K%29.pdf

[51] Data for 2005–06, NFHS-3

Further, while institutional deliveries have been increasing on average across the country, the proportion of women in Meghalaya who have had institutional births has actually fallen since this was first monitored in NFHS-1 (Table 10.9). Another indication of Meghalaya women's lack of exposure to institutional healthcare is the low level of mothers availing antenatal care, which has resulted in high levels of anaemia among women (Table 10.A13 in Annexure).

Shortage of Medical Personnel

As in most parts of the north-east, Meghalaya suffers from a major shortage of medical and support healthcare staff, especially in the rural areas, and at the secondary and tertiary levels of healthcare. There is a severe shortage of specialists, especially in obstetrics and gynaecology, paediatrics, general surgery, and anaesthesiology, most acutely felt in the community health centres (CHCs) (Table 10.A14 in annexure), and healthcare suffers from poor referral services as well. The newly commissioned medical college in the state, the North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS) — the first medical college in the state — still has several vacancies in various departments. Healthcare is further hampered by the low skills base of existing medical and health personnel, and their lack of exposure to recent advances and technological innovations.

10.4.2 Health: The Way Forward

Improved Monitoring and Supervision

Better monitoring and supervision of the everyday functioning of health facilities are necessary to raise services to the desired level, and the state has been experimenting with different ways to do this. Two such cases are documented below and, given their success so far, these models could be scaled up across the state.

Hospital Management Committees: The Rogi Kalyan Samiti

This is a management structure in which the health centre or hospital is managed by a committee made up of members belonging to local NGOs, local elected representatives, and government officials. The committee is responsible for the centre's functioning, and has a mandate to generate and use its own funds to ensure efficient functioning and the provision of quality health services.

Box 10.2: *Outsourcing Health Management I:*
The Hospital Management Committee (Rogi Kalyan Samiti – RKS)

The first hospital in Meghalaya to experiment with a hospital management committee or RKS was the government-run Ganesh Das Hospital in Shillong in February 2006. The society comprises eight members, two of whom are women. Its main functions are:

- *Maintenance of the hospital in an environmentally sustainable manner;*
- *Acquiring equipment and expanding hospital buildings;*
- *Improving boarding and lodging for patients' attendants;*
- *Partnering with private providers for services such as cleaning, laundry, diagnostic facilities, and ambulances; and*
- *Developing and leasing premises for generating funds.*

Private wards used to be the only source of income for hospitals, but the funds went to the state government. With the RKS' mandate to generate its own funds, it can keep the money generated from private wards and other sources like user fees, donations, renting out of space for shops, and so on.

With its own source of funds, the hospital has the flexibility to prioritise its spending on medicines, equipment, and minor repairs, without waiting for government approval. Funds for schemes such as the Janani Suraksha Yojana (JSY) under the National Rural Health Mission (NRHM) are now given directly to the RKS from the State Health Society, which has improved the disbursal process for beneficiaries. Community involvement has added a sense of ownership, and improved the overall management and services of the hospital. The number of patients going to the hospital has increased, and so has the number of referral patients to PHCs and to district hospitals.

The concept was first applied in the Ganesh Das Hospital in Shillong (see Box 10.2 for details) and is now being extended to the PHC in Mawphlang which caters to 65 villages and 3 sub-centres. It has a ten member RKS with representations from the church, school, and a community based organisation, with the village headman as the member-chairperson. Each member contributes to the society in her/his own capacity. The church leader has provided an ambulance, and the CBO, Sengkynthei, has supplied dustbins. The chairperson, who also works with the state Public Health Engineering Department (PHED), has donated benches. His links with the PHED have proved beneficial in prioritising road building in the area, which has benefitted patients living some distance away from the centre.

Public-Private Partnerships with a Private Trust

Following the example of its neighbour Arunachal Pradesh, the state government has invited a private trust, The Karuna Trust, to manage health centres in Meghalaya (see Box 10.3), through a public-private partnership (PPP) model. This was a new concept for residents of Meghalaya, who initially opposed it, thinking it was a form of privatisation which would require them to begin paying for services. The Trust had to conduct public meetings in the areas served by the health centre to explain how the PPP would work, and to assure people of their right to demand services.

Although these centres are not far from the capital, their communities have been deprived of primary health care. In the past, health centre staff appointed by the government lived in Shillong and would commute to work, with the result that they barely stayed 2–3 hours at the centres.

The main problems faced in services delivery in Meghalaya are lack of awareness among the community about its rights to demand services and the poor infrastructure in the centres.

Box 10.3: *Outsourcing Health Management II:*
The Karuna Trust in Meghalaya

The Karuna Trust has taken over the management of one community health centre (CHC) and two primary health centres (PHCs) in the East Khasi Hills district since March 2009. These are the Ichamati CHC near the Indo-Bangladesh border, and the Mawlong and Mawsahew PHCs.

The Trust has committed to maintaining and operating the health centres along prescribed health and safety norms, and providing the following:

24 hours emergency/casualty services; out-patient services six days a week, 24 x 7; 5–15 bed in-patient facilities; 24-hour labour room and essential obstetrics facilities; minor operation theatre facilities; 24-hour ambulance; essential medicines free of cost; laboratory testing facilities at the PHC level; national health programmes such as the National Rural Health Mission; outreach/IEC activities through medical camps; and management of the sub-centre attached to the PHC/CHC.

The Trust manages the entire operations of health centres, from recruiting new staff, paying salaries, stocking medicines, and so on. It regularly liaises with the government, and tries to ensure community participation through the rogi kalyan samitis, VHSCs, and so on. As in Arunachal Pradesh, the main problem the Trust faces in Meghalaya is a shortage of doctors, specialists, and GNMs, and a high turnover of staff.

While road communication and infrastructure are better in Meghalaya than in Arunachal Pradesh, bus services to the centres are infrequent. Also there are no telephones or mobile services in Mawlong; while Ichamati and Mawsahew are connected through mobile phones, connections are erratic. The power supply to all the PHCs is erratic, and none of them have an ambulance.

Source: From The Karuna Trust (by e-mail)

10.5 UNEMPLOYMENT AND SKILLS DEVELOPMENT

Development is ultimately measured by the people's quality of life and welfare — key determinants of which are their income and employment levels, and access to basic social and economic amenities. Raising income and employment levels will call for building up the skills and knowledge base of youth and other people in the state, so that they can expand their choice of employment options, and improve their income-earning capacity. This is vital for the realisation of the Vision, as moving the state to a higher growth path will require the creation of new skills, as well as a scaling up of old ones.

This section of the report looks at the supply side of unemployment in the state, focusing on building capacities in people for employment, for self-employment, and to meet the needs of the growth spurt in the economy. Demand side factors such as the lack of absorptive capacity in the economy for educated people in the organised sector, low levels of private investment, slow growth of industry and services, and the factors that hamper these will be dealt with in the relevant sections.

10.5.1 Unemployment in Meghalaya

The state suffers from structural unemployment. As we mentioned earlier, Meghalaya has the largest proportion of its population in the 'young' category, which means a large pool of people of employable age, and an equally large pool poised to enter when they finish their education and training. However, the structure and development of the economy has thrown up few opportunities in the organised sector outside the government, and in the last decade even public sector employment has bottomed out. Schemes and opportunities for self-employment have had little success, as these are conceived in a vacuum with little planning for forward or even backward linkages. At the same time, the low skills base among the local population has meant that almost all the labour for construction related jobs, repair work, and so on, has to be brought in from outside the state.

One indication of the unemployment situation can be had from the numbers registered in the state's Live Register of Unemployment Exchanges, which was 37,396 in 2005. However, this is typically a vast underestimation of the actual situation, as it only indicates those who choose to list themselves. A more accurate picture is given by the NSSO data (*Table 1*). Unemployment is particularly high in the urban areas in the 15–19 age group, in the 25–29 age group for men, and in the 20–24 age group and 25–29 age group for women. Further, while rural unemployment rates have increased marginally between 1993–94 and 2004–05, the real increase has been in urban rates, especially for men.

Table 10.10: Meghalaya: Unemployment Rate by Age, 1993–94, 2004–05

(Per cent)

Age Group	Rural			Urban			Total		
	Male	Female	Person	Male	Female	Person	Male	Female	Person
1993–94									
15–19	0.05	0.00	0.03	9.71	0.00	6.64	0.53	0.00	0.33
20–24	0.65	0.00	0.30	6.70	16.10	10.53	0.98	0.50	0.72
25–29	0.00	0.00	0.00	0.84	11.41	3.66	0.08	0.56	0.28
2004–05									
15–19	0.00	0.00	0.00	29.41	3.01	14.33	1.55	0.35	1.10
20–24	0.42	2.49	1.48	2.56	14.86	8.08	0.61	3.38	2.02
25–29	0.06	1.08	0.53	11.12	10.36	10.75	1.27	2.14	1.68

Source: From *Meghalaya Human Development Report,* Table 6.17; special tabulation by authors of the background paper based on unit record data on employment and unemployment conducted by the NSSO

Another relevant factor is that the unemployment rate tends to be high among the best educated, and that the rate increases as education levels increase. Thus, in 2004–05, the unemployment rate went from zero for the lowest educated level (illiterate) to 8.01 per cent for the highest level (graduate and above in general subjects), with 11.29 per cent for females and 3.76 per cent for males. This high discrepancy between female and male rates for the highest educated levels is largely because of the high female unemployment rate of 22.26 per cent in the rural areas.[52]

A survey in 2003 by the Institute of Applied Manpower Research[53] shows that most of the unemployed (74.8 per cent in the urban areas and 54.2 per cent in the rural areas) are looking for jobs with the government. Interestingly, in both areas, more women than men are looking for these jobs (63.2 per cent of rural women and 77.4 per cent of urban women). The next most sought after occupation is self-employment in business or trade, especially in the rural areas, with 22.6 per cent of people (30.1 per cent male and 14 per cent female) listing this as their preferred occupation.[54] The private sector attracts only a very small proportion (3.7 per cent in the rural areas and 5.8 per cent in the urban areas) of the unemployed, which could be a reflection of the prevailing condition of and perceived prospects in the private sector in the state.

There is no dearth of higher educational institutions in Meghalaya, which has 56 colleges (3 government, 15 deficit, 10 *ad hoc*, 8 newly permitted, and 20 unaided). The state was once the educational hub of the north-east, but it appears to have lost its competitive edge, and while the migration of people for work and study is desirable from various viewpoints — professional, cultural, and so on — the economy of the state would benefit

[52] From *the Meghalaya Human Development Report*

[53] Institute of Applied Manpower Research, New Delhi, IAMR Report No. 8/2006

[54] *Table 6.20* in *Meghalaya Human Development Report*

immensely from a reverse 'brain drain' of well qualified and experienced people, both local and non-locals.

New professional and training institutes have recently been set up such as the Indian Institute of Management Shillong, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), teacher training institutes, and so on. However, many of the new and old institutes are hampered by a shortage of qualified academics and teachers, and the quality of the training imparted will only be as effective as the quality of the teaching staff.

10.5.2 Laying the Skills Foundations and Creating Opportunities

There has been a steady migration of youth from the state in search of better education, skill enhancement and training, and employment opportunities — a migration that has begun to escalate as the rest of the country moves ahead, young Meghalayans' aspirations increase, and opportunities in the state continue to stagnate. Rising unemployment among the youth is a matter of serious concern in any part of the country. In a state which has recently been riven with insurgent sentiment, it can have a catastrophic effect on the political stability of the state if it is not dealt with immediately.

Relevant training and skills development are important to realise the development vision for Meghalaya for three main reasons:

- The establishment of new services and industries in the state (being recommended in this vision document), and modernisation or rejuvenation of traditional areas will require a complementary pool of skills, which should ideally be provided by local residents. The multiplier effects of setting up new institutions such as the IIM or NIFT, for example, can be fully experienced by the state when there are complementarities in place, such as an experienced, trained workforce, in addition, of course, to physical infrastructure, ancillary services, and so on.
- Further, the right kind of training and education is important to tap into or build on the innate skills and interests of the youth of the region, whether in the area of IT, the hospitality or music industry, education, nursing, graphic design, or fashion.
- A third reason for providing good training is to develop skills that are necessary for realising the development vision, but are in short supply in the region. These include the need to train professionals in the areas of teacher training, healthcare, medicine and veterinary sciences, horticulture, including medicinal herbs, etc.

The *Meghalaya Human Development Report* contains several sound recommendations for increasing employment opportunities in the state. From the demand side, there are several suggestions, many agro-based, while others are in the services

(banking, tourism, IT, and healthcare industry) sectors. There are also supply side recommendations, such as an expansion in the courses offered by technical institutes. Underlying these suggestions, the report stresses the need to build up infrastructure and basic amenities, especially in the rural areas, before any large scale expansion in employment opportunities can take place.

In its Eleventh Plan, the government stated its intention to strengthen vocational training by increasing the number of ITIs in the state, and by expanding the skills taught. However, before doing so, it may be judicious to carefully analyse the current and projected needs of the state economy, as there appears to be a significant imbalance between this analysis and the training programme of ITIs, which still offer skills that are in decline rather than those in emerging areas of the economy. Towards this end, the Eleventh Plan also had an ambitious plan to promote training in information technology (see Box 10.4), and drew up the IT Vision 2020.

Box 10.4: *State-promoted IT Training*

The state government has drawn up an IT strategy titled IT Vision 2020 which deals with developing ICT for the state and promoting IT education. One of its objectives is to use ICT to create jobs within the state in order to stem the flow of qualified youth from Meghalaya to other areas to find jobs in the IT sector and software companies. In fact, the government has hopes that this strategy will eventually increase state GDP, and lead to socio-economic uplift and an improvement of human development indices.

The IT Department has envisaged the need to have a finishing school in the IT sector. The school will provide training, expertise to students and youth, and also create a talent pool to make them employable in the rapidly growing ICT sector, and meet the local needs of the NeGP. The government intends to train 2,000 students into IT professionals over two years to prepare them for the job market. This is an area that seems to still have infinite scope across the country and in the state.

Source: From the state's Eleventh Plan

One more recommendation that can be added to those presented in the Eleventh Plan and the *Human Development Report*: this is an area that would greatly benefit by inputs from the private sector, to map skills that could be in demand in the near future in the training process via suggestions for curriculum content, special lectures, as a venue for practical training, and eventually in recruitment.

10.6 BUILDING INSTITUTIONAL CAPACITY

Realisation of the vision based on broader participation from the people in Meghalaya will require organisational entities and structures in the state to play a proactive role in the process. Almost all the institutions in the state are weak and not functioning to full capacity. The World Bank in its most recent Country Strategy has identified that in the "North Eastern states, which face significant capacity constraints, the WB would engage in capacity building, analytical work, and possibly lending in selected priority sectors and dialogue on regional issues."[55]

The shift in the policy stance from top-down planning will also call for a substantial shift in the way institutions function currently, so as to provide an effective bridge between the policy context of the vision and the enactment of directives. A wide range of institutions need to be engaged in playing a supporting role — government agencies and departments, academic and research institutes, non-governmental and community-based organisations, etc. Institutional capacity building focuses on overall organisational performance and functioning capabilities, as well as the ability of an institution to adapt to change.

10.6.1 The Different Institutional Agencies

Government Institutions and Agencies

The need to build institutional and administrative capacity among public entities is becoming an increasingly explicit goal of development policy in general. In the state of Meghalaya, it is vital, as many of the key administrative institutions lack the training, ability or even flexibility to work as effective agents in a participatory developmental process. The inefficiencies inherent in traditional public administrative practices in general advocate a shift towards a "management-type approach" based on management practices from successful public sector bodies and private and non-profit organisations.

- A key feature would be increasing exposure to and incorporation of technologies and technical advances that would improve the functioning of these institutions, and at the same time improve monitoring and evaluation of progress towards declared goals. Strengthening the use of ICT through using new technologies to provide more rapid information and more accurate analysis would help in improving transparency; as would promoting the ability to use modern IT tools such as a range of software packages, computational applications, and so on at all levels of the government to improve communication, planning and implementation.
- Building their capacity to partner with community based organisations, and the private sector to provide planning and services delivery, monitoring of projects, and evaluation.

[55] World Bank: Country Strategy for India 2009–12, November 14, 2008

- Building statistical capacity to generate more accurate and timely data from primary sources, to analyse both secondary and primary data using sophisticated statistical tools, presenting them in an easily comprehensible format, preparing social budgets, and so on. For effective policy and planning, an accurate and up-to-date statistical base is vital.
- At the district level, several schemes like the NREGS (National Rural Employment Guarantee Scheme) and the Swarnjayanty Gram Swarozgar Yogna (SGSY) have not performed well in the absence of constitutionally mandated devolution of powers to the third tier of government in Meghalaya. Government agencies like the DRDAs play the role performed by PRIs in the "PRI states", but these agencies need to build up their technical capacities and technical staff to effectively perform the required tasks.
- Other government agencies, organisations, and departments also need to be 'professionalised' in their functioning — whether it is agricultural extension services, the Khadi and Village Industries Commission, labour welfare centres, government health centres, and schools — if they are to provide the required support to the process.

Village Level Entities

Meghalaya, like other Sixth Schedule states, lacks third tier institutions that are non-hierarchical and empowered to undertake participatory planning and implement schemes and projects. District level planning in the state is still carried out largely at the state level, with only a few inputs from district level government entities (District Planning and Development Councils). A shift towards decentralised planning and implementation of projects, as advocated by this vision document, will call for a "redesign of institutions, to empower and ensure participation of people in the planning process."[56]

Just as the panchayati raj institutions have been strengthened to play a more proactive role in planning and implementation at the grassroots, it is as important that tribal councils, village employment councils and the various agencies involved in implementing schemes are strengthened through awareness building, improved knowledge and skills, and sustained efforts to engage them in the processes. For example, the Village Employment Councils (VECs) set up with tribal authorities to implement the NREGS still have to shift from the traditional way of functioning to their new roles.

Community Based Organisations and Non-governmental Organisations

Community based organisations (CBOs) and non-governmental organisations (NGOs) have an important linking role between people and government bodies. Meghalaya already has a good network of CBOs and NGOs that have been working with local communities in some districts to improve livelihoods and involve them in planning processes.

[56] State Human Development Report

Civil society and community involvement can also help promote demand side accountability from potential beneficiaries of developmental schemes and entitlements, given the lack of knowledge of these among many villagers in the state. Civil society, CBOs, and NGOs working in these areas need to have their capacity built for various tasks:

- They need to be able to work effectively as intermediaries with government agencies as well as with citizens to demand transparency and accountability.
- It is important to make people aware of their entitlements, so they can demand accountability from public agencies. Creating awareness among communities, disseminating useful information related to schemes and plans in easily accessible formats, and training people and organisations to effectively monitor progress are all part of this process.
- Models of successful interventions by CBOs, such as the NERCOMP project, can be scaled up to other districts. For this, the capacity of organisations already working in the field with local communities and that of their functionaries needs to be enhanced, and the efforts broadened so that more agencies are involved in the process. Alliances among organisations often help in this process.
- They have played an active role in encouraging the formation of SHGs. They can continue to work through SHGs towards strengthening women's awareness about their health and educational rights, and build their ability to participate in various sectors such as the management of natural resources, and so on. SHGs have been involved in implementing schemes like the SGSY, but are still new to the process and need to be motivated and trained to perform.

Skills and Training Institutions

The high degree of unemployment in the state and growing youthful population places pressure on professional training institutions to provide the youth with employable skills, to raise their employment potential both locally and outside the state. The state is fortunate in that it is home to several institutions of higher and professional education and training — ITI, IIM, NIFT, a nursing college, and several institutes under consideration — for public health, IT, music, and several other sectors. Meghalaya could emerge as a regional hub for professional education and training if the existing institutions and planned ones become strong centres of excellence.

- A starting point would be to improve the quality of physical infrastructure of existing institutions, which should equip them with the environment for the transfer of cutting edge knowledge and skills. Many of the buildings and surroundings need repair, apart from the libraries, laboratories, auditoria, and so on.
- Fundamental to the strengthening of each institution is a realistic assessment of their existing human resource base. The skills base can be strengthened in the state when the

skills of the staff and trainers are strong and up to date. Among other things, we need to ensure transparent staff selection and promotion processes, a focus on performance appraisal, and identification of knowledge/skill gaps and staff training needs.

- The course content is as important as the quality of teaching; curricula have to be current, and structured towards providing employable skills.
- Technical institutes and training centres will benefit from collaboration with private organisations, by setting up strong linkages for practical training, internships, guest lectures, visits, and so on. Thus, they will have to build up their ability to interact effectively with private entities.

10.6.2 Recommendations for Building Institutional Capacity

This section looks at exactly how the capacities of the various institutions listed can be built. Capacity cannot be created overnight, nor is it without costs. It takes time to develop capacity and the necessary systems cannot be put in place at short notice. They need long term nurturing to deliver sustainable benefits. However, the potential benefits are large enough to justify the investment and the recurrent costs needed to set up these systems.

- Systematic capacity building will require a supportive and enabling policy environment, monitoring of progress, and adequate investment in the process.
- A key component of the institutional strengthening process will be IT. Today, IT can be harnessed to combat a wide range of problems, especially those faced by Meghalaya in terms of geographical remoteness from other parts of the country, and the difficult terrain which isolates many communities from markets, services, and so on. This will require the large scale infusion of IT skills and knowledge into the society, both at the educational and professional level. This scale of capacity building will require support from IT professionals from other parts of the country to train the vast majority of government officials and agencies, non-governmental bodies, community groups, those seeking employment, and students.