

CHAPTER - 20

HUMAN DEVELOPMENT

20.1 Human Development unlike GDP growth measures progress in wide array of determinants necessary for a successful and happy life like Education, Health and Income disparities. The pioneer of Human Development considered progress in the wealth of nations as necessary but not a sufficient condition to ensure successful and happy life for all its citizens. In addition to this, the skewed access to commodities and services also results in unfulfilled needs. The measure of Human Development i.e. HDI is primarily associated with three dimensions viz. Life Expectancy, Education/Knowledge and Standard of Living. But it is more comprehensive than this. It can be best summed up in the words of Dr. Mahbubul Haq who said "The basic purpose of development is to enlarge people's choices. In principle, these choices can be infinite and can change over time. People often value achievements that do not show up at all, or not immediately, in income or growth figures like greater access to knowledge, better nutrition and health services, more secure livelihoods, security against crime and physical violence, satisfying leisure hours, political and cultural freedoms and sense of participation in community activities". The objective of development is to create an enabling environment for people to enjoy long, healthy and creative lives.

20.2 The appreciation of Human Development by India was reflected in Eighth Five-Year Plan (1992-97). Global launch of Human Development Report (HDR), 1993 in New Delhi had gone a long way in propagating this model of development. This commitment is shown by the launch of various nation development programs which conforms to the principles of HD for example School Feeding Program, Wage Programs, Total sanitation Campaign etc. were started during this period and taken forward in the coming years.

Measuring Human Development

20.3 A composite Index called as the Human Development Index (HDI) reflects three choices integral to Human Development. These are:

- Long lasting and healthy life
 - Life Expectancy at Birth
- Access to knowledge
 - Adult Literacy Rate, Combined Enrolment Ratio
- Resources for a decent life
 - Per capita income

20.4 For the first time, India Human Development Report (IHDR 2001) was published in 2001. It advocated a governance approach to human

development. Second IHDR 2011 was published in 2011. It argues that interventions in human capital and expansion of human functionings are key requirements for economic growth to be more successful in reducing poverty, and calls for an integration of social and economic policies with a specific focus on inclusion of marginalised sections

20.5 In HDR 2013, India ranked 136 among 187 countries across the world, with a medium level HDI of 0.554, moving 17 rank lower as compared to 2010. According to United Nations Development Programme (UNDP) data, it is among the top 10 movers in Gross Domestic Product (GDP) growth. However, despite this, certain sections of society remain excluded, especially in terms of improvements in human capabilities and entitlements

20.6 IHDR 2011 shows that the HDI has increased by 21 per cent between 1999–2000 and 2007-08 (the latest year for which it can be estimated). Equally important, it shows that the increase in HDI in the states that are among the poorest has been much faster than the national average, and hence there is a convergence taking place between states in terms of HDI.

20.7 In 1981, 1991 and 2001, Rajasthan's HDI and ranks were – 0.256 (12th rank), 0.347 (11th rank), and 0.424 (9th rank) respectively among 15 states. According to the IHDR 2011: Towards Social Inclusion, by the Institute of Applied Manpower Research, Planning Commission, the HDI rank of Rajasthan is 17 in 2007-08 (0.434) among 29 states, where seven north eastern states have been combined excluding Assam

20.8 The first HDR of Rajasthan was launched in 2002. Its main theme was 'Promoting sustainable livelihoods in an era of Globalisation'. It was focused on agriculture on the one hand and the sectoral imbalances on the other. Gender and health issues were identified to be of paramount importance. It prioritised the imperatives for fiscal reform, macroeconomic stabilisation and a strategy for sustainable human development. Updated on Human Development for the State was prepared in 2008. It highlighted the current status of various components of Human Development in the State

Monitorable Targets for Twelfth Five Year Plan and their current status

20.9 During formulation of the Twelfth Plan, in order to ensure consistency between State and National plans, Planning Commission had fixed the overall national growth targets as well as targets for different indicators. These indicators were disaggregated state-wise. The status of these indicators in Rajasthan is given as under:-

Table No. 20.1
Comparative Health & Education Indicators of Rajasthan

S. No.	Monitorable Indicator	12 th Plan Goal	Current Level	
		Rajasthan	Rajasthan	India
1.	Infant Mortality Rate (IMR) (SRS 2012)	40	49	42
2.	Maternal Mortality Rate (MMR) (per one lakh live births) (SRS 2010-12)	200	255	178
3.	Total Fertility Rate (TFR) (SRS Statistical Report 2011)	2.5	3.0	2.4
4.	Malnutrition among children (0-3 years)(NFHS-3 2005-06)	25.3	37	40
5.	Anaemia among currently married women (15-49 years) (NFHS-3 2005-06)	24.3	53.1	55.3
6.	Sex Ratio (0-6 years) (Census 2011)	912	888	919
7.	Total Literacy Rate (Census 2011)	79.57	66.1	73.0
8.	Male Literacy Rate (Census 2011)	91.89	79.2	80.9
9.	Female Literacy Rate (Census 2011)	66.22	52.1	64.6

Sector-wise Scenario

20.10 The current status of various components of Human Development is discussed in subsequent sections.

A. Education

20.11 It has the capacity to transform societies and put economies in trajectories of high growth. Right to Education is an important achievement in this direction:

The current status of education is given as under:

- As per the Census 2011, Rajasthan has recorded a literacy rate of 66.1 per cent compared to 60.4 per cent in 2001, registering a net increase of 5.7 percentage points during 2001-2011. The figures for male and female literacy rates are 79.2 and 52.1 per cent respectively in 2011. As a result, the gender gap between literacy rates in the State has decreased by 4.7 per cent over a period 2001 to 2011 at the national level this gap is 5.3 per cent.
- Drop-out rate at Primary level has been decreased to 5.51 per cent in 2011-12 from 10.76 in 2009-10. Whereas in India; this rate has decreased from 6.76 to 5.62 during this period.
- The Net Enrolment Ratio (NER) at primary level has declined from 87.31per cent to 81.50 per cent (DISE 2012-13) from 2010-11 to 2012-13 whereas, the national NER for 2012-13 is 90.78 per cent.

- Gender Parity Index for Rajasthan in primary education was 0.99 whereas it was 1.01 for India in 2010-11.

Efforts/Initiatives Undertaken by the State Government

20.12 There are many programs that state and Central Governments are implementing to improve the education sector and achieve the target of universal primary education. One of the major programs on elementary education is Sarva Siksha Abhiyan (SSA). This program resulted in tremendous improvement in infrastructure and enrolments. Also, programs like Rastriya Madhyamik Shiksha Abhiyan (RMSA), Continuing Education Programme & Samporna Sakhsar Bharat etc are also being implemented.

20.13 Child Tracking System was implemented in July 2010 which helped in identification of 12.1 lakh out of school children and efforts were made in the form of intensive enrolment drive to bring back these children's. In 2012-13 at least 7.85 lakh children were mainstreamed in formal education system through bridge courses (Camps).

20.14 Government has taken several initiatives to promote girl education. Some of which are:

- Under Kasturba Gandhi Balika Vidyalayas (KGBV) for educational backward area and minorities, girls who are either never enrolled or dropped out are brought back into the education system. In all, 19,030 girls are being benefitted under this program.
- Transport Voucher Scheme has been introduced for girls who travel more than 5 km. to reach their schools so that they can continue their studies. Bicycles are also being provided to girls in 9th standard in rural areas.
- Computer education is being provided to girls free of cost.
- The scheme of 'Inclusive Education of the Disabled at the Secondary Stage' (IEDSS) aims to enable all students with disabilities, who have completed eight years of elementary schooling, is being implemented. It is very useful for the targeted group to complete four years of secondary schooling in an inclusive and enabling environment.
- National Program for Education of Girls at Elementary Level (NPEGL), an innovative scheme is being implemented to promote the girl child education at Elementary level. 4710 model cluster schools are being facilitated under this scheme in the State.
- Girl child from BPL families who lost one or both parents are being provided support under Aapki Beti Scheme where scholarship of ₹ 1100 and ₹ 1500 is being provided to girls studying up to class 8th and 9th to 12th respectively.

- Girl child focused initiatives like Bicycle Distribution, FDR for KGBV enrolled girls, Gargi prize, Balika Shiksha Foundation etc are undertaken.

20.15 Under Rashtriya Madhyamik Shiksha Abhiyan, various civil works have been started in various schools and more than 35,000 senior teachers have been trained in last four years.

20.16 For adult education a Centrally Sponsored Scheme called, 'Sakshar Bharat' was launched on September 8, 2009. This Scheme is being implemented in 32 districts (excluding Kota) in the State. In Kota district, Special Literacy Camps for illiterate women are being organized.

Health and Nutrition

20.17 Health status of the population is assessed on the basis of its health outcomes, reflected in indicators such as life expectancy at birth, infant & child mortality rates, maternal mortality ratio and incidence of morbidity and malnutrition. Current status of the various health indicators in the state is as follows:-

- MMR in the State in 1998 was 508 per one lakh live births (as per SRS 1997-98). Whereas it has slumped to 255 as per SRS 2010-12 which is still high and 77 more than the national average.
- As per NFHS-2 1998-99, nearly 48.5 per cent of women in the State, in the age group of 15-49 years were anaemic. This has increased to 53.1 per cent during NFHS-3 2005-06.
- IMR in the State remained stagnant for most of the nineties. However, in the new millennium, decline in IMR was sharper. The aggregate IMR declined from 85 in 1995 to 67 in 2004 (SRS Bulletin, April 2006) and presently, it is 49 (SRS Bulletin Oct, 2013) for year 2012.
- The percentage of institutional births increased from 12 per cent during NFHS-1(1992-93) to 21.5 per cent during NFHS-2 (1998-99) and thereafter to 32.2 per cent during NFHS-3 (2005-06). As per Annual Health Survey (AHS) 2011-12, the per cent of institutional deliveries is 74.4.
- As per the Census 2011, sex ratio in 0-6 age group is only 888 per thousand males. This is an area of concern if we want to move forward with inclusive growth.
- As per the SRS 2012, Crude Birth Rate and Crude Death Rate were 25.9 and 6.6 respectively.
- During the Eleventh Plan period, TB Detection and Cure Rates were 92 per cent and 88 per cent respectively. Leprosy prevalence, during the same period, was 0.17 per 10000 populations.

- Nearly, 82.3 per cent of children in the age group of 6-35 months were found anaemic (as per NFHS-2 1998-99). The status improved marginally during NFHS-3 2005-06 when the per cent of anaemic children reduced to 79.1.

Efforts/Initiatives Undertaken by the State Government

20.18 In order to achieve further improvement in health indicators, the State Government is adopting a new direction in the State's health policies. National Immunization Programme is being implemented to protect pregnant women and children below one year of age from TT, BCG, DPT, cholera, etc. National Rural Health Mission (NRHM) is being implemented in the State which has resulted in marked improvement in number as well as quality of medical institutions. It has also improved human resource situation by providing additional medical and paramedical staff.

20.19 The concept of 'Micro-nutrient Corners' has been introduced in five districts to address the problem of nutritional deficiency. Special efforts are being made to provide more staff in PHCs having only one doctor. Under NRHM, ASHAs (Accredited Social Health Activists) were selected and trained to provide the much-needed interface between the community and the available health services. To strengthen the ICDS services at grassroots level and regularly counsel the families of ICDS beneficiaries, an additional honorary worker called 'Sahayogini' has also been appointed at all the sanctioned anganwadi centers.

20.20 Mukhya Mantri Nishulk Dava & Janch Yojana was started to benefit all citizens. Under this scheme all outdoor and indoor patients visiting government hospitals are being provided most commonly used essential medicines along with surgical services & detection tests free of cost.

20.21 Chief Minister's BPL Jeevan Raksha Kosh scheme provides free treatment and assistance to the indoor & outdoor patients belonging to the BPL families, State BPL families, Astha card holders, those suffering from HIV/AIDS, Old age pensioners, widows, physically challenged pensioners, beneficiaries of Navjeevan Yojna, Antyodya Anna Yojna, Annapurna Yojna, families of Kathodi Tribe, suffering from Thalassaemia & Haemophilia and some other categories. Separate Directorates have been established for Homeopathic & Unani system of medicines.

20.22 The State Government has started Dhanvantari Ambulance Yojana, in which any person in need of emergency help can dial a toll free number 108. The ambulance reaches the site and rushes the victim to the nearest hospital. Additionally, Rajiv Gandhi Medical Mobile Units scheme has been started in those areas which are tribal, desert and inaccessible and where basic health care infrastructure is not within the reach of poor, especially the women and children. To overcome this problem, Rajiv Gandhi Rural Mobile Medical Unit (MMU) is launched

across the State for facilitating the Urban Reproductive & Child health Centers (URCH) for the benefit of urban slums and poor population.

20.23 Rajasthan Janani Shishu Suraksha Yojna (RJSSY) was started to reduce the IMR and MMR. It provides free medical and other related facilities to pregnant women and new born child. Pregnancy, Child Tracking and Health services management system (PCTS) has online tracking system for all pregnant women for ANC and PNC services. It also tracks children for immunization. More than 9.3 lakh pregnant women were covered by this tracking system in the Year 2012-13.

Status of Women

20.24 Gender is an issue which requires attention in the State. Health care and education, even when available, does not reach a large proportion of female population. Following indicators reflect the current status of women in the state:-

- As per census 2011, Sex Ratio in Rajasthan is 928 while juvenile sex ratio (0 to 6 years) is only 888.
- In 2012-13, Rajasthan had 88 girls per 100 boys in primary education, & in 2010-11 only 57 girls per 100 boys in secondary education and in 2009-10, 58 girls per 100 boys in higher education. The corresponding figures for India were 94, 79 and 68 respectively. Evidently, there is a wide gap between India and Rajasthan especially in secondary education.

Efforts/Initiatives Undertaken by the State Government

20.25 A Gender Cell has been set up in the Directorate of Women Empowerment to promote mainstreaming concept of gender budgeting.

20.26 Keeping in view the low participation of women in the decision making & in senior management and rate of violence against women, special efforts are being made to improve the situation. Programs focusing on financial independence of rural women and their participation in the decision making at the household and the village level are also being implemented. At present, 304 ICDS projects are functioning in the State. Out of these, 40 projects are being implemented in urban areas having one lakh or more population, 36 in tribal area and remaining 228 in rural areas. 54,915 anganwadi centers (AWCs) and 6,204 mini anganwadi centers have been made functional. Some of the new policy initiatives to improve the status of women in the state include- organizing Maternal Child Health and Nutrition Day, Janani Suraksha Yojana (JSY), Rajasthan Janani Shishu Suraksha Yojana (RJSSY), managing child nutrition, formation of Self Help Groups (SHGs) and encouraging community support, etc.

20.27 Rajeev Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)-SABLA was initiated in the state on a pilot basis in 10

districts. Under this scheme, nutrition, life skill and health education is being provided to non-school going adolescent girls of age group 11-15 years and all girls of 15-18 years age group. In each Gram Panchayat, a Sathin has been selected by the Gram Panchayat. So far, 9177 Sathins are working among women to empower them and increase their access to Government schemes. Grant-in-aid for Community Marriages scheme is being implemented to discourage dowry and to reduce the expenditure on individual marriages.

20.28 Following a life cycle approach, to establish the dignity and security of women in the society in a comprehensive and convergent manner, Chief Minister's 7 Point Programme for Empowerment of Women was launched during the year 2009-10 to focus on:

- Safe Motherhood
- Reduction in IMR
- Population Stabilization
- Prevention of Child Marriages
- Retention of girls at least up to class X
- Providing security and safe environment to women
- Economic empowerment by providing self employment opportunities through the Self Help Group Programme.

20.29 All Dy. Directors, CDPOs and Prachetas have been designated as Protection Officers under Protection of Women from Domestic Violence (PWDV) Act, 2005. Mahila Surksha evam Salah Kendra have been set up in 39 police stations and also Priyadarshani Adarsh Self Help Group, Swawlamban, SABLA and Skill Training for Employment Promotion Schemes are being run by selected NGOs.

Livelihood

20.30 Rajasthan is characterized by sharp variations in terrain, livelihood, settlement pattern, and social identity. Distribution of income and assets is also highly uneven. Agriculture and animal husbandry form the major sources of livelihood. However, on account of uncertain monsoon, the agricultural output suffers from wide fluctuations. The per capita income is summarized in the table as given below:-

Table No. 20.2
Per Capita Income (in ₹)

Year	At Current Prices		At Constant (2004-05) Prices	
	All India	Rajasthan	All India	Rajasthan
2004-05	24143	18565	24143	18565
2005-06	27131	20275	26015	19445
2006-07	31206	24055	28067	21342

Year	At Current Prices		At Constant (2004-05) Prices	
	All India	Rajasthan	All India	Rajasthan
2007-08	35825	26882	30332	21922
2008-09	40775	31279	31754	23356
2009-10	46249	35254	33901	24304
2010- 11	54021	44644	36202	27502
2011-12P	61855	52735	38048	28429
2012-13Q	67839	59097	38856	29244
2013-14A	74380	65098	39904	30120

P- Provisional, Q – Quick, A - Advance

20.31 During 2004-05 to 2013-14, per capita income at current prices has increased from ₹18565 to ₹65098 and from ₹18565 to ₹30120 at constant prices (2004-05). The agriculture sector is the predominant source of employment in Rajasthan but its importance is declining and the sector is facing stagnant growth. The share of agricultural labour increased only from 10.6 per cent in 2001 to 16.5 per cent 2011. According to the 2011 Census, it is estimated that Rajasthan has 2.99 crore workers, out of which 2.44crore (1.38crore males and 1.06crore females) reside in the rural area and 0.55 crore (0.45 males and 0.10 females) in urban areas. 56.4 per cent of population in Rajasthan is of non-workers largely due to Rajasthan’s huge population of children which is 15.5 per cent of total population. Work participation rates (WPR) have increased from 42.1 per cent in 2001 to 43.6 per cent in 2011, largely due to an increase in female labor. In 2011, the WPR for the overall population was 43.6 per cent; for males it was 51.5 per cent and 35.1 per cent for females. The annual increase of workforce in the last decade was 1.5 per cent.

Rajasthan Mission on Livelihoods (RMoL)

20.32 To integrate livelihood related interventions, the RMoL was established by the State Government in 2007, in association with a professional agency, BASIX. In January, 2014, through the cabinet decision, Rajasthan Mission on Livelihoods (RMoL) has been reconstituted in place of the Rajasthan Skill and Livelihoods Mission and Rajasthan Skill and Livelihoods Development Council. RMoL is the State level coordinating body for all livelihood related interventions. For increasing employability potential of the unemployed youth in the State, RMoL is carrying out various skill-based training programs in collaboration with the Government departments, NGOs, technical institutions and companies. As a professionally-gearred agency run in a mission mode, RMoL performs more of the role of a planner facilitator; using the latest management tools and working against a focused, time bound plan.

Rajasthan Skill and livelihoods Development Corporation (RSLDC)

20.33 'RSLDC' focusing on skill development of youth in various sectors has set up in Rajasthan. The mission has conducted vocational training programmes and district employment fairs for unemployed youth under Chief Minister's Livelihood Promotion Programme. This is generating competency level for employment among the unemployed youth, particularly those coming from the poor families and from rural background. In the Year 2012-13 & 2013-14 three major schemes namely the Employment Linked special skill training programmes (ELSTP), Mukhyamantri Grameen Rojgar Yojana and the Mukhyamantri Shahri Rojgar Yojana have been put under the umbrella of 'Mukhyamantri Kaushal Vikas Yojana', by the State Government.

20.34 The progresses made under these three schemes are as under:

- Total number of training programmes completed – 1674
- Total number of youth trained – 40505
- Total number of youth employed – 16373 (as per information by training partners)
- Total number of training programmes ongoing – 356
- Total number of youth under training – 8190
- Total number of Skill Development Centres (SDCs) to be established - 346
- Total number of SDCs remained after withdrawal/cancellation – 229
- Total number of active SDCs – 229
- Budget Expenditure – ₹ 2941.00 lac

20.35 For expansion of programmes at a greater level, RSLDC published 8 new EOIs in the current financial year 2013-14, for increasing the total number of training partners as well as increasing interventions in more economic sectors. After scrutiny, agreement has been signed with 84 new training agencies. These agencies will establish 321 Skill Development Centres (SDCs) in next three years and will train 74639 youth in one year and 305505 youth in the next three years. The process of establishment of SDCs by some of these agencies has started.

20.36 Following other activities/initiatives which have been implemented in 2012-13 and 2013-14 by RSLDC:-

National Rural Livelihood Mission (NRLM) Project

20.37 RSLDC has been selected as the Nodal Agency of the State for implementation of Aajeevika Skill Development Programme (ASDP), the skill component of NRLM is to train one lakh rural BPL youth with budget estimate of ₹ 400.00 crore.

Trainings under Optometrist/ ophthalmics (Drishti Bandhu)

20.38 Under this programme, one youth is selected from the cluster of 3 Gram Panchayats for training in ophthalmic sector who will check vision and prepare spectacles for the needy rural people. RSLDC has signed agreement with three training partners who will train 2350 youth in one year and 7300 youth in three years. The trained youth will be called Drishti Bandhu. Training partners will facilitate trained youth in establishment of eye testing and spectacles making unit in rural areas and assist in supply of required lenses and frames.

20.39 RSLDC has signed agreement with Raymonds in April, 2013 for training of 2500 people in five years in garments from amongst shirts, trousers, jackets and suits and will cover all aspects of tailoring. Two training institutes in Jaipur and Jodhpur have been established by the company and trainings have been started at both the places.

Regular Skill Training Programmes

20.40 This programme has been under implementation since 2005 and is presently running all over the State through 34 different skill training courses in partnership with various agencies like ITIs, KVKs, Industrial Training Centres (ITCs), Driving Training Direct & Control System (DTDCs), Academic Colleges and NGOs for enhancing employability of youth in the State. These skill courses have been able to contribute significantly in getting decent employment and thereby contributing immensely in enhancing livelihoods of unemployed youth. In 2012-13, 6107 youth were trained in different skill sets.

Overseas Placement Bureau

20.41 The mission of Overseas Placement Bureau is to train, tune, equip, facilitate and develop human resources of the State for desired occupation/jobs in such a way that they are globally acceptable for employment. The bureau is working for registration of job aspirants, placement, employability skill trainings, language proficiency trainings, pre-departure orientation of emigrant workers, job forecasting, research and development, passport/visa/air ticketing assistance, occupational competency certification, information guidance and counseling and post employment labour welfare.