

CHAPTER - 33

HUMAN DEVELOPMENT

33.1 "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: 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", is how renowned economist Dr Mahbub ul Haq defined Human Development (HD).

33.2 The Eighth five-year plan (1992-97) saw HD as useful in going beyond the measurement of 'nation's physical balances'. The global launch of Human Development Report (HDR) 1993 in New Delhi sparked interest in HDRs for India. The first National HDR was brought out in the year 2001. The nation's size and diversity necessitated State HDRs which reflect priorities of State Governments in different social sectors. More than 22 states in the country are preparing HDRs and/or following up in the direction. Rajasthan also came out with its first HDR in the year 2002.

Measuring Human Development

33.3 A composite index called as the Human Development Index (HDI) reflects the three (3) choices integral to Human Development. These are –

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

Rajasthan vis-à-vis Human Development

33.4 In the years 1981, 1991 and 2001, Rajasthan has been among the low HD states with the HDI in these years and subsequent national ranks being – 0.256 (12th rank), 0.347 (11th), and 0.424 (9th), respectively. The ranking is for fifteen (15) states in the country. The contributing factors in the improvement of HDI have been different in both the decades. During 1981-91, growth in incomes was the main contributor while growth in education and literacy was the contributing factor during 1991-2001.

33.5 The first HDR brought out in the year 2002 had its theme as 'Promoting sustainable livelihoods in an era of Globalisation'. The report focused on problems in agriculture on the one hand, and the extent of sectoral imbalances on the other. For example, in agriculture, it identified excessive land fragmentation and vulnerability to drought. 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.

33.6 Currently, an update on HD for the state is under preparation and would highlight the current status of the various HDIs in the state along with identifying the way forward to be adopted.

Proposed Monitorable Targets for Eleventh Five Year Plan

33.7 Planning Commission has decided the overall growth targets for the country as well as targets for the different monitorable indicators which have further been broken down state-wise. Setting targets would enable to finalise a broad agreement between Planning Commission and the state governments. This exercise would facilitate all the states in preparing their own five year plans and also ensure consistency between the State Plans and the National Plan.

33.8 The monitorable indicators which are essentially Human Development Indicators are as follows –

1. Infant Mortality Rate (IMR)
2. Maternal Mortality Rate (MMR)
3. Total Fertility Rate (TFR)
4. Malnutrition among children (0-3 years)
5. Anaemia among women (15-49 years)
6. Sex ratio (0-6 years)
7. Drop out rate in elementary education
8. Literacy rate
9. Gender gap in literacy rate

33.9 Targets set for Rajasthan for the above mentioned monitorable indicators are stated below along with their current status –

S. No.	Monitorable Indicator	Current Level		11 th Plan Goal	
		Rajasthan	India	Rajasthan	India
1.	IMR	67	58	32	28
2.	MMR (per one lakh live births)	445	301	148	100
3.	TFR	3.9	3.0	2.1	2.1
4.	Malnutrition among children (0-3 years)	50.6	47.0	25.3	23.5
5.	Anaemia among women (15-49 years)	48.5	51.8	24.3	25.9

S. No.	Monitorable Indicator	Current Level		11 th Plan Goal	
		Rajasthan	India	Rajasthan	India
6.	Sex ratio (0-6 years)	909	927	917	935
7.	Drop-out rate in elementary education	68.5	52.2	29.5	20.0
8.	Literacy rate	60.4	64.8	79.6	85.0
9.	Gender gap in literacy rate	31.9	21.6	25.6	10

Sector-wise state scenario

33.10 Following is a sector-wise detail on the current status of the various aspects of HD. Within each sector, targets for the 11th Plan for different monitorable indicators are also listed.

Education

33.11 Education, in the present day context, is perhaps the single most important means for individuals to improve personal endowments, build capability levels, overcome constraints, and in the process enlarge their available set of opportunities and choices for a sustained improvement in well-being. The process of education and attainments thereof has an important impact on all aspects of life.

33.12 Following is an overview of the status of education in the state presented in the form of current status of the indicators of education -

- As per the 2001 Census, Rajasthan recorded a literacy rate of 60.4 percent as compared to 38.6 percent in the year 1991, registering a net increase of 21.8 percent during the decade 1991-2001. The subsequent figures for male and female literacy rates are 75.7 and 43.9 percent respectively. As a result, the gap between literacy rates in the state when compared to the national aggregate has reduced from being 14 percent points in the year 1991 to a mere four percent points in 2001.
- The drop-out rate in elementary education in the year 2003-04 was 68.50.
- Between 1993-2002, the primary Gross Enrolment Ratio (GER) increased from 89 percent to 97 percent, slightly above the national average of 95 percent which increased to 120 percent in 2004. 33.13 Girls GER in primary education grew from 56 percent to 92 percent between 1993-2002 and are only one percentage point lower than the national average.

Efforts/Initiatives Undertaken by the State Government

33.13 The State Government is endeavoring to achieve the objective of total literacy through various programmes/schemes such as Sarva Shiksha Abhiyan, District Primary Education Programme, and

Continuing Literacy Programme. School children are being benefited with mid-day meals in the state. *Apki Beti* Scheme has been introduced for the girl child belonging to BPL families and whose one or both parents have died. A scholarship fee is made available under the scheme. Special bridge courses have been started for physically challenged children and qualified teachers have been appointed for them.

33.14 For improving the learning ability of students, a new quality assurance programme has been undertaken. Under the programme, achievement levels of students are being tested and the feedback obtained is being used to strengthen teaching and undertake capacity building of teachers. To promote girls secondary education, the state government is providing free transport facilities through Roadways, bus pass and free distribution of bicycles in tribal areas. In order to meet the children's right to free elementary education, the state government has initiated efforts such as – free and compulsory educational facilities to children in the age group of 6 to 14 years, free distribution of books, etc.

33.15 During the Eleventh Plan period 2011-12, special literacy camps for illiterate women and vocational training camps have been proposed under Literacy Continuing Education Programme.

Health and Nutrition

33.16 The health status of a population is assessed on the basis of its health outcomes, reflected in indicators such as life expectancy at birth, infant, child and maternal mortality rates, as well as incidence of morbidity and malnutrition.

33.17 Following points are indicative of the current status of the various health indicators in the state -

- Maternal Mortality Ratio (MMR) in the state in the year 1998 was 670 per one lakh live births (as per Sample Registration System 1997). Between 2001-03, MMR in the state declined to 445 per one lakh live births.
- As per NFHS-2 1998-99 nearly 48.5 percent of women in the state in the age group of 15-49 years were anemic. This increased to 53.1 percent during NFHS-3 2005-06.
- Infant Mortality Rate (IMR) in the state has maintained near stagnancy for most of the nineties. However, in the new millennium decline in IMR was sharper. The aggregate IMR declined from 85 in 1995 to 80 in 2001 and further to 67 in 2004 (SRS Bulletin, April 2006). Since, infant mortality occurs during the neo-natal period i.e. within a short period after birth, intervention is mainly required during that period.
- The percentage of institutional births increased from 12 during NFHS-1 1992-93 to 21.5 during NFHS-2 1998-99 and was 32.2

during NFHS-3 2005-06. Low rate of institutional deliveries eventually gets reflected in higher incidence of IMR and/or MMR in the state.

- As per Census 2001, sex ratio in the state was 921 females per thousand males.
- As per SRS 2004, Crude Birth Rate and Crude Death Rate were 29 and 7 respectively.
- During the Tenth Plan period TB Detection and Cure Rates were 68 percent and 86 percent respectively. Leprosy prevalence during the same period was 0.21 per 10000 population.
- Nearly, 82.3 percent 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 percent of anaemic children reduced to 79.6.

Efforts/Initiatives Undertaken by the State Government

33.18 In order to achieve further improvements in the aforesaid health indicators, the State Government is adopting new directions in the state's health policies. Some of the most prominent initiatives taken recently involve – *Panchamrit programme* and *Janani Suraksha Yojana* intended to address issues of safe motherhood. *Janmangal Programme* is being implemented in the state to promote family welfare methods of birth spacing and birth control. National Immunisation Programme is also being implemented in the state to protect pregnant women and children below one year of age from TT, BCG, DPT, cholera, etc. Another initiative launched in April 2005 was the Reproduction and Child Health Programme-II. The Programme involves facilities of round the clock delivery services, training of health workers and organising regular Reproductive and Child Health (RCH) Camps.

33.19 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 National Rural Health Mission (NRHM), ASHAs (Accredited Social Health Animators) have been selected 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 as '*Sahayogini*' has been appointed at all the sanctioned anganwadi centers.

33.20 During the tenth plan period, 2002-07 – a) strengthening of infrastructure such as increase in number of beds, b) quantitative and qualitative development of human resource, c) improved referral system, and d) integrated control of communicable diseases. Some of the other new initiatives undertaken during the Tenth Five Year Plan period

include – Rajasthan Health Systems Development Project (RHSDP), Integrated Disease Supervision Project (IDSP), and European Commission’s Sector Investment Programme. These initiatives focus on strengthening health services, eliminating spread of common infectious diseases, etc.

33.21 The Eleventh Plan has adopted certain broad goals to meet the gaps identified during the Tenth Plan period. These include – reduction in IMR & MMR, reducing fertility to replacement levels for stabilizing population, countering gender imbalance which is a result of discriminatory practices, restructuring health care delivery system for increasing coverage & quality amongst all sections of society, ensuring human resource development & capacity-building, integrating AYUSH into mainstream of health care delivery, consolidating and sustaining achievements of Tenth Plan, and decreasing burden of disease and promoting a healthy lifestyle.

Status of Women

33.22 Women in Rajasthan continue to be seen in the reproductive role i.e. homemakers and child bearers with men seen as providers. Identities and status linked to ability to bear children especially sons and because of low value attached since birth, health care and education even when available does not reach a large proportion of female population.

33.23 Following indicators reflect the current status of women in the state -

- Sex Ratio in Rajasthan was 921 in 2001 while juvenile sex ratio (0 to 6 years) was only 909 in 2001.
- Efforts are being made to reduce gender disparity gap in primary and secondary school enrollments. For Rajasthan, gender gap in literacy has been targeted to be reduced from 31.9 per cent in the year 2001 to 25.6 per cent by the year 2011-12 in the 11th plan.
- A gender responsive budgeting in Rajasthan has been done on six departments viz., Women & Child Development, Agriculture, Social Welfare, Medical and Health, Registration and Stamps, and Education in the initial phase (2006-07) and eight more departments would be doing it in the second phase (2007-08). It was felt that there is an urgent need to ensure that all sectors collect and report sex disaggregated data. This will help in monitoring for evidence of gender disparity.

33.24 Keeping in view, low participation of women in the decision making at policy and senior management levels and rate of violence against women, special efforts are being made to improve the situation.

Efforts/Initiatives Undertaken by the State Government

33.25 Programmes 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. Department of Women and Child Development itself with the network of ICDS centres in Rajasthan has formed more than One Lakh 12 thousand Self Help Groups. ICDS centres have been linked with programmes, such as, Kishori Shakti in order to prepare the women of coming generation to perform better and more recognized roles in the society and home. State Government has provided a Sathin at each Gram Panchayat who helps to generate awareness among rural women about their social, economic and political rights. Also, to help women to participate in income generating activities various NGOs are being assisted under NORAD for undertaking training programmes for various vocations. Pre Natal Diagnostic Technique (PNDT) Act is being implemented with due vigor to curb sex selective abortion of fetuses.

33.26 Some of the new policy initiatives to improve the status of women in the state include – observing Maternal Child Health and Nutrition Day, Janani Suraksha Yojana, managing child nutrition, forming Self Help Groups (SHGs), encouraging community support, etc.

33.27 However, there is need to further strengthen the existing programmes. Special ICDS-type programmes for girls should be launched.

Livelihood

33.28 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 vagaries of monsoon, the agricultural output suffers from wide fluctuations.

Per Capita Income

Year	Current Prices		Constant (1993-94) Prices	
	Per Capita Income (Rs)	Variation (Percent)	Per Capita Income (Rs)	Variation (Percent)
2001-02	13621	8.85	8763	7.19
2002-03	12641	-7.19	7903	-9.81
2003-04 P	15738	24.50	10010	26.66
2004-05 Q	16212	3.01	9853	-1.57
2005-06 A	17695	9.14	10226	3.78

P- Provisional, Q – Quick, A - Advance

33.29 During the period 2001-06, per capita income at current prices increased from Rs 13621 to Rs 17695, recording an increase of 29.90 percent. For per capita income at constant prices (1993-94), the rise during the period 2001-06 was from Rs 8763 to Rs 10226, an increase of 16.70 percent.

33.30 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% in 1991 to 11% 2001.

33.31 According to the 2001 Census, it is estimated that Rajasthan has 2.38 crore workers, out of which 1.99 crore (1.14 males and .85 females) reside in the rural area and .39 crore (.33 males and .06 females) reside in urban areas. 57.94% of population in Rajasthan is of non-workers largely due to Rajasthan's huge population of children. Work participation rates (WPR) have increased from 38.9% in 1991 to 42.1% in 2001, largely due to an increase in female labor. In 2001, the WPR for the overall population was 42%; for males it was 50% and for females 33%. The increase of workforce annually in the last decade was 3.9 %.

Rajasthan Mission on Livelihoods (RMoL)

33.32 'RMoL' focusing on skill development of youth in various sectors has been 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. RMoL has been carrying out various livelihood promotion programmes in collaboration with Government Departments, NGOs, Technical Institutes and Companies. Based on the success of the same, RMoL intends to continue its existing programmes and add few more livelihood enhancement programmes in the Eleventh Plan period. These include -

- Skill Training Programmes for unemployed youth
- Livelihood promotion – Pilot Project Implementation. Degree of success of pilot projects will enable their replication in the state to meet the various livelihood challenges
- Livelihood promotion – agriculture, livestock, horticulture, crafts and industry. These programmes have been designed to complement the existing ongoing government programmes in the state.
- Impact assessment and livelihood related studies for projects of atleast one year duration. Studies on themes/areas which have scope to build further knowledge and understanding at the state level.

- Implementing innovative ideas on livelihood generation

Strengthening State Plans for Human Development (SSPHD)

33.33 In order to implement activities planned under the project 'Strengthening State Plans for Human Development', a Human Development Research and Coordination (HDRC) unit has been established in Directorate of Economics & Statistics (DES), Yojana Bhawan, Jaipur. The project is an initiation of the Planning Commission, Govt of India and is supported by United Nations Development Programme (UNDP). In its first phase it is being implemented in eight (8) states across the country, Rajasthan being one of them. Its key objectives are –

- a) Follow-up of the State Human Development Report (SHDR) by building the institutional capacities of the relevant government departments,
- b) Strengthening State Statistical System to ensure better collection and reporting of district and local level indicators for Human Development, and
- c) Identifying strategic options for financing of Human Development.

33.34 To begin with, DES had conducted a survey in one (1) percent of villages in conjunction with the Vth Economic Census, to collect information on HD related issues. In order to achieve the enlisted objectives, the project entails a wide gamut of activities, some of which are ongoing and certain others to be implemented in the near future. The activities are as follows–

- a) Preparation of District Human Development Reports (DHDRs). Four (4) districts have been selected for preparing the DHDRs, namely, Dungarpur, Barmer, Jhalawar and Dholpur
- b) State/District level trainings/workshops on HD
- c) Institutionalise further the SHDR process
- d) Analysis of selected themes for HD

33.35 A Video Conferencing Unit has been set-up to ensure prompt communication among UNDP, Planning Commission, State HQ and the districts. An update on the status of human development in the state is also being prepared to get a clear indication of the current status of the various human development indicators.

33.36 Thus, while adopting human development approach, it becomes imperative to pursue development processes that enlarges the range of choices of the poor and the vulnerable segments in context to equity, efficiency, participation and sustainability