

### **Box: 11.1**

#### **North Karnataka Urban Sector Investment Programme (NKUSIP)**

This programme is being implemented under the Asian Development Bank Assistance. The goal of the programme is to improve the level, quality and sustainability of basic urban services in the selected ULBs contributing to improve the quality of life among the urban poor. The Bidar TMC is covered under the project. The infrastructure covered is environmental sanitation infrastructure, Water Supply and Urban Storm Water Drainage. The existing drinking water supply scheme in the city provided through New Manjra water supply scheme will be augmented to provide better and regular water supply to the households. The expected benefits from the project are regular water supply, enhanced water quality, better sanitation facilities and improved waste Management system.

**There is an urgent need to give attention to the development of urban cities and towns in the district. Though many schemes are now in implementation process, but the progress is very slow.**

#### **11.5 Concluding Remarks**

Life in urban cities and towns in Bidar district is hard and miserable. The unplanned expansion of cities and towns, inadequate investment, delays in implementation of schemes, and release of funds, lack of policy framework, all these factors have contributed to scarcity of basic services and failure of service delivery mechanism in provision of these services to the people. People are deprived of basic needs potable drinking water, sanitation and drainage facilities, clean environment roads and transport facilities etc., The growth of educational and health institutions in private sector has been beneficial to the middle and the rich class in the cities. The poor and the slum dwellers largely depend on public provisioning of these services that are of low quality and less accessible. In

Aurad Town Panchayat, the availability of basic services like, roads, solid waste management, drinking water and sanitation is highly inadequate. Bhalki Basavakalyan, Humanabad and Chitgupa also lag behind significantly in provisioning of basic services. All these cities and towns are bottomplaced in the state and the provisioning of services is below 30% of the desired norm.

There is an urgent need to give attention to the development of urban cities and towns in the district. Though many schemes are now in implementation process, but the progress is very slow. The human development in urban areas is at critical level and enhancing the availability of services and their efficient provisioning is highly essential to lift it up to a desired level.

## CHAPTER-12

# THE WAY AHEAD

### 12.1 Introduction

Human development is a global as well as national agenda today. Human beings and human resources constitute the focus of development theories, programmes and policies. Increasing human capabilities and promoting equal access to development opportunities for all sections of the people, cutting the barriers of caste, class and gender is the expected outcome of inclusive development. Development is now measured in terms of human development indicators that include the basic dimensions of human well being- Health, education and Standard of living. A Human Development Index captures all these dimensions and provides a crude estimate of achievements in human development.

Bidar district is in the process of transition and development. During last decade there has been a massive flow of resources to the district under various programmes to promote development and bring it in par with other Southern districts in the State. This transitory phase seems to be longer as the outcomes are not clearly visible at the end of the decade. While the aggregate position of the district has improved and the district is placed at 19<sup>th</sup> position, the situation at micro level indicates that the achievements are moderate. The cause of concern is that where the resources have gone and why no significant outcomes are forthcoming.

This chapter intends to suggest

a framework and a course of action for improving the low status of human development in Bidar district. It attempts to provide a road map and inputs for Human Development planning at the district level. The framework suggested here is based on in depth analysis of the various issues analysed in the previous chapters.

This report is a Status Report. It is based on assessment of broad parameters of Human development. It therefore, focuses on a set of factors that determine the general status and level of human development. The human development index is calculated at Taluka level. The analysis is presented at two levels. The position of the taluka is determined within the district and at the second level, the position of the taluka is determined among the 176 talukas in the state.

The report also analyses the situation in the district with regard to Gender inequality, child development, food security, urban development and the overall development of the talukas. This produces a comprehensive understanding of the process in the transitory phase in human development in the district and the position of different stakeholders – the gainers and the losers in the process. This helps for effective formulation and implementation of programmes and policies keeping the needs of the losers in mind. Planning for human development at micro level requires a decentralized planning set

**Planning for human development at micro level requires a decentralized planning set up involving local self governments with appropriate devolution of powers and functions.**

up involving local self governments with appropriate devolution of powers and functions. This institutional set up has been established in Karnataka to promote effective planning and implementation of the programmes at grass roots level. The reorientation of planning at this level with focus on human development is expected to be more effective as adequate scope is given for public participation in both planning and implementation of the programmes and schemes.

The inadequacy or lack of such institutions indicates low level of structural social capital which in turn leads to perpetuation of low levels of human development. Building up a strong base of social capital and ensuring a system of good governance and effective service delivery system are the basic requirements of human development. Bidar district has low level of human development on account of lack of these factors in the system.

**12.2. Human development Issues in the district**

**Outline of Human Development and its measurement**

Bidar district was placed at the bottom of human development in Karnataka State. Its rank was 21<sup>st</sup> among the 27 districts in the state in 2005. Now with the resource flow in recent years and the implementation of various development programmes, the status of various human development indicators has improved and the position of the district in the State is shifted to higher level. The district is now

placed at 19<sup>th</sup> position among the thirty districts in the State with HDI value of 0.429. This change is not observed in the neighboring districts except Bidar.

**• Education**

The district is progressing moderately in the field of education. The overall literacy rate for the district has increased from 60.9 percent to 71.01 percent. The progress in literacy is rapid and the growth of literacy is 10 percent. This is above the growth rate of 8.97 percent for the State. But it is lower as compared to achievements in the neighbouring districts of Koppal (13.18%) Yadgir (12.46 %) and Raichur (11.65%). The gender gap in literacy is reduced at the State level from 19.23 percent to 14.72 percent and in the district it is reduced from 23.57 to 17.54. The gender gap is lesser than the neighbouring districts of Yadgir (22.02) and Raichur (21.79). The growth rate in female literacy is 12.8 percent. This is the outcome of the comprehensive Sarva shikshan Abhiyan programme.

The district is still far away from the goal of 100 percent literacy. With the existing growth rate it will take another three decades for the district to achieve 100 percent literacy. Further, some basic problems and issues of concern continue to remain in the district. The proportion of enrolment in higher education is less. The decline starts from VIII Standard. The dropout rate in primary education is 9.6 percent but it is higher among ST and Muslim Minorities at higher primary level.(15.03 and 17.37)

In secondary education it is 18.23 percent and for girls it is 21.07 percent. The enrolment rate in higher education at graduate and higher education is less than 15 percent.

The quality of education is at very low level. The micro level study has brought out the fact that students in 8<sup>th</sup> standard are not able to read and write and perform simple mathematics of subtraction and division. The SSLC results are improving and the pass percentage in 2013 was 68 percent but the district was ranked 34<sup>th</sup> at the lowest level in the State. The performance of Bidar Basavakalyan and Aurad is very low. The results at PUC level are very low i.e below 40 percent before 2012 and it has increased to 53.68 in 2013. The attainment in education is low as index is below 0.50 for Aurad and Basavakalyan talukas. It has not crossed 70 percent for any taluka. Thus education continues to be a gray area in human development.

- **Health**

The analysis of health and nutrition status of the district brings out the facts that the CMR is 35 per thousand in the district. The incidence of Malnutrition and anemia is also high. The percentage of pregnant women with anemia is 52 percent. There is an improvement in institutional delivery and hence, the MMR has come down. Though the CMR and IMR are declining, yet the results are not satisfactory. ( The IMR is 44 and CMR is 57 as per Sukshema Project analysis).The basic areas that need attention in improving the health status of the people in the district are – Reduction in population

growth among SC/ST population, Maternal and Child Health Care, access to health services, improving the delivery of health services and quality of health care.

The Health Index for all the talukas is above 0.6. Health index, in Aurad taluka is at the top with index value of 0.811 this is due to low CMR and MMR in the taluka. Bidar taluka is in second position with the index value of 0.743. The regional variations in health index across the talukas are relatively low. This is very low when compared with the index of Bangalore Urban i.e.0.919. Thus the health status is improving after the interventions through NRHM but the investment seems to be inadequate. The gray areas are Malnutrition and Anemia among pregnant women.

- **Livelihood and Quality of Living**

The living standard index is very low for all the talukas. This indicates the non availability of basic facilities like housing, water sanitation and safe cooking fuel. The standard of living index is 0.189. This is a very low index but it is better than the neighbouring districts of Yadgir, Koppal and Raichur. Within the district the index is as low as 0.150 in Aurad and 0.205 in Bhalki. These talukas need urgent attention for provision of basic facilities like drinking water, sanitation, cooking fuel, housing etc.

- **Gender Social Groups and Human Development**

The status of women in this backward and traditional society with

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patriarchal values is very low. The female literacy is only 61.55 percent. The Dropout rate in secondary education among girls is 21 percent.

The comparison of overall human development and the aggregate development of different talukas in the district with Gender inequality index clearly shows that the education and economic status of the population indicated by HDI and the overall development status of the taluka (CTDI) has no influence on reducing the gender inequality. It appears that gender inequality is culturally routed.

The high incidence of anemia and malnutrition among women and children, low work participation rates, wage differentials, indicate existence of Gender Discrimination. This is significant in minority community. The family system is based on patriarchy where the resources of the family are unevenly distributed across the male and female members in the family. Women's access to education, food and nutrition as well as sources of income is affected by their low position in the family. Girl children are very often deprived of access to education and opportunities for their personal development. They are trained in the patriarchal value structure to serve the needs of the family members, mainly the male members. Women are largely the victims of domestic violence in lower and lower middle income groups and low caste groups. The cultural stereotypes, the socialization process, the values, norms, customs and traditions play a significant role in legitimizing the dis-

criminatory practices. The socialization process right from birth in the family and early childhood, later through the system of education and integration with the society leads to discriminatory practices against women and girl child and therefore, right to development of her personality can be ensured only through dismantling all the discriminatory practices against women.

### **Social Groups**

The human development status of marginalized groups i.e. SC/STs and the poor in the district has to be enhanced through a comprehensive set of programmes. Their low levels of development are accountable to low access to education, income earning opportunities and lack of control over resources. Majority of these people are working as agricultural labourers. Though some of them are engaged in cultivation, their status is of small and marginal farmers.

Though housing and drinking water supply schemes have helped to improve their livelihood conditions yet the provision of sanitation is very low. Only 36.3 percent of them live in good houses and 19 percent of them cook food outside the house. Only 15 percent have access to safe fuel. Majority of them still depend on hand pumps for drinking water.

The small area study on dalit development has brought out that their status in village society is not improved significantly. The social and economic exclusion still exists in the rural societies.

It is ungraceful that the development programees in the district have

not been able to ensure the minimum conditions of living for these people that are enjoyed by their counterparts in other parts of the state. Thus the backwardness of the district is cumulatively affecting the living conditions of the people.

• **Urban Dimension of Human Development**

Life in cities and towns in Bidar district is also not happy and sound. The Urban development index is low for all the talukas. In urban areas, slums are growing and in Bhalki 18.6 percent of urban population lives in slums, in Humanabad, 17.2 percent of the population lives in slums. Lack of adequate access to drinking water and sanitation, lack of proper roads, contaminated drinking water, lack of good housing conditions, road accidents and crimes all these have made life in cities insecure and unhappy. There are no significant variations across the talukas. The Urban Development Index of Aurad Taluka Panchayat is 0.548 and in Bhalki TMC it is the lowest i.e. 0.369 in Humanabad and the gap is 0.179. All the ULBs in the district rank very low in the State.

• **Governance and Service Delivery**

Issues of governance and service delivery are closely associated with human development. Promoting human development at micro level requires to identify their requirements and priorities and implement the programmes and policies that help to attain “Greatest-Good” for the largest number. Good governance thus ensures better planning and efficient service delivery. It thus

enables people to make right choices to lead a more decent life.

The district has a well established local self governance system but public participation in the governing process is very less, the high levels of literacy and caste based power structures in rural societies has kept the poor and the marginalized groups the majority- away from the power structure. Therefore, planning and implementation of programmes is very slow and the status of service delivery is very inefficient in basic human development affecting areas like primary education, primary health, housing, drinking water and sanitation. The implementation of poverty alleviation programmes is very slow and un-satisfactory. Inefficiency and negligence has contributed to poor functioning of the system and its inability to deliver the goods to the needy sections of population.

• **Combined Human Development analysis of the District**

The Human development index is estimated for the five talukas in the district with a set of 11 indicators, for the base year 2011-12. The index for the talukas varies from 0.889 for Bidar taluka to 0.356 for Aurad taluka. The HDI has a skewed distribution. The gap between the maximum and the minimum is 0.533. The Max Min.Ratio is 2.49. The development is thus concentrated in Bidar taluka. All the other talukas are on the same level and need urgent attention to improve the life of the people.

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**The district is at low level of human Development in the state. But the conditions are not the same everywhere within the district. There are gaps across the talukas in the district. In addition there is rural urban gap which is also increasing over the years. Bidar taluka is experiencing faster growth in human development and has a HDI value of 0.889 whereas, Aurad taluka has HDI value of 0.356.**

- **Regional Disparities in Human Development**

The district is at low level of human Development in the state. But the conditions are not the same everywhere within the district. There are gaps across the talukas in the district. In addition there is rural urban gap which is also increasing over the years. Bidar taluka is experiencing faster growth in human development and has a HDI value of 0.889 whereas, Aurad taluka has HDI value of 0.356. The gap in human development achievement is 0.533 All the other talukas also have HDI achievement values below 45 percent. Bhalki also has very low value of human development 0.372. Further the life of the people staying in Tandas and hamlets in the district is very critical

The regional variations in Standard of living are very significant. The index for Bidar taluka is 0.945 and it is 0.161 for Aurad and the gap is 0.764. Such a huge gap tells about the irony of living conditions of the people in the same district. The achievement in other talukas also is less than 20 percent of Bidar Taluka. The gap and regional variations in education index are also significant. The education index of Bidar Taluka is 1.00 and that of Aurad taluka is 0.347 and the gap is 0.653. The gap is significant across all the talukas. This implies that access to education is very high in Bidar taluka and moderate in other talukas and very low in Aurad and Basavakalyan talukas.

The regional variations are comparatively less in health dimension.

The Health Index is 0.811 in Aurad taluka and it is 0.743 for Bidar taluka and 0.319 for Bhalki taluka and the gap is 0.492 i.e. 49 percent. The achievement in health is below 50 percent for all the remaining talukas. This is due to lower gaps in health indicators across the talukas.

Thus the problem of human development is very complex in Bidar district. It is low human development and significant regional variations in human development. The talukas like Aurad, Bhalki and Basavakalyan need special attention to fill up the regional gaps.

The Composite Taluka Development Index, which is a comprehensive measure of human development, indicates fewer variations across the regions. The maximum value is 0.603 for Bidar taluka and the minimum value is 0.420 for Basavakalyan taluka and the gap is 0.183. The status of talukas in food security also does not vary across the regions.

- **The Way Ahead**

Bidar District is at low level of human development. though it is placed at 19<sup>th</sup> position among the thirty districts in Karnataka State, the Human Development index of the district is 0.429. The rank of the talukas varies from 12 for Bidar district to 149 for Aurad district in the State. Within the district also the talukas are at different levels of human development. This is on account of the variations in achievements in different dimensions of human development. Bidar taluka is well ahead of the other talukas and the gap is more between the maximum and minimum. There is a need to give focused atten-

tion on other talukas in the district. Here, sector/ dimensions specific strategies are required to enhance the value of human development and to reduce the regional gaps in achievements.

- **Future strategy for Education**

The district is far below the State in terms of literacy levels. The gap is 10 percentage points. The literacy levels have to be increased to attain the state level and to attain the targets of 12<sup>th</sup> Plan. To attain 100 percent literacy the gap is 29 percent. To attain this at the end of 12<sup>th</sup> Plan a growth rate of 6 percent is required. This is very difficult task. The first target is to reach the State Level of 75 percent by the end of 2015. This requires intensive efforts to increase the enrolment and to mainstream the dropouts.

The district has to attain some important goals in the field of education for achievement. These goals are i) All the children to complete 8 years of schooling ii) Of those who complete 8 years 100 percent should go on to secondary education iii) Increase achievement levels defined in terms of performance in examinations especially at SSLC and PUC levels. iv) Reduce income, gender and caste gaps in enrolment and educational achievements. Though the performance of the district after the implementation of DPEP and SSA programme has improved substantially yet the district is far away from these goals.

The dropout rate in secondary education is 18 percent and it should be reduced immediately. Along with enrolment, there is a need to focus on

the retention rate. The transition ratio is 85 percent at High school level. This trend should be checked and continuous education for children up to minimum X standard should be ensured.

Though the enrolment of SC and ST students is increasing, yet the literacy rate in this group is very low and the drop out rate is high. It is clear that the SC/ST enrolment continues to be low and it needs to be increased. Further their share in enrolment decreases at higher levels. There is a need to give more attention to improve the transition rates for these groups.

There is a need to focus on quality of education. The achievements in SSLC are very low. Remedial coaching, Nali-kali and other learning programmes to be strengthened. New interventions in capacity building of teachers are required. There is a need to introduce strict monitoring mechanism at primary education level. In this regard the steps taken by district administration are appreciable.

Finishing schools should be established to develop communication skills and personality development to meet the requirements of job market.

- **Future Strategy for Health and Nutrition**

The basic areas that need attention in improving the health status of the people in the district are – Reduction in malnutrition, Maternal and Child Health Care, access to health services, improving the delivery of health services and quality of health care.

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**The nutrition status of the poor women and children in rural areas should be improved through their full coverage under ICDS in Anganwadi Centres. These centres should function effectively. The evaluation of these Centres has indicated that they do not have the required facilities and the functioning of these centres is very poor.**

For controlling population growth an integrated strategy is required that focuses upon, knowledge and information, about family planning methods. Various spacing methods, awareness and development of attitudes in favour of small family, educating the village people and the women to do away with son preference especially in talukas of Aurad, Bhalki, and Basavakalyan are essential components of this strategy.

The percentage of institutional deliveries has increased substantially due to interventions through NRHM schemes and ASHA leading to improvement in maternal and child health. The programmes should be sustained in future with adequate flow of resources. But the system in rural areas is still not operating satisfactorily. The service delivery mechanism should be improved.

The delivery of health services should be improved through provision of adequate health staff and health infrastructure. Many PHCs do not have proper buildings, equipments and O.T. facilities. This makes the conducting of night deliveries very difficult. There is also shortage of doctors and nurses. The quarters for medical officers and other staff are not available or if available they are in very bad position. Improvement in these facilities will create additional incentives for the staff to stay in rural areas. The number of PHCs in 24/7 group should be increased. There is a need for accountability in the system. A system of incentives for good work and penalties for inefficiency should be introduced. The health staff should ensure their availability in Health

centers in rural areas every day and at all times.

The nutrition status of the poor women and children in rural areas should be improved through their full coverage under ICDS in Anganwadi Centres. These centres should function effectively. The evaluation of these Centres has indicated that they do not have the required facilities and the functioning of these centres is very poor. The socio cultural practices of gender discrimination should be abolished through gender sensitization programmes. The value systems should be changed by generating awareness among the illiterate masses through Self Help groups and Women Panchayat Members.

- **Future Strategy for Livelihood Sector**

A large proportion of population below poverty line consists of the agricultural labourers in the district. A major proportion of land in the district (90%) is under dry land cultivation where the average employment for a laborers various between 150 to 200 days, in a year and the average wage rate for a male labourer is Rs.150 to 200 per day and for female labour it is Rs. 75-100 per day. In the dry parts of the district, to ensure adequate employment to the people, the wage employment schemes should be implemented effectively. KREGS is a very comprehensive scheme and it should be implemented effectively. All the existing wage employment programmes are now merged in KREGS to attain proper coordination and effective implementation which may help to provide minimum livelihood to the people and check out migration.

The social auditing should be done regularly.

The agriculture extension network is very poor in the district. This needs to be strengthened. Training programmes should be arranged for the farmers focusing on adoption of suitable cropping pattern, organic farming, Integrated Pest Management, and proper use of inputs like fertilizers and pesticides. Such training programmes should involve women in maximum number who are in need of information about modern dry land cultivation practices.

There is now a Veterinary, Animal and Fishries University now established in the district. The research in the university should be taken to the field to develop dairy, animal husbandry and allied activities in the non farm sector. This may help to promote income security to small and marginal farmers.

- **Water supply, Sanitation and Housing**

The housing conditions are improving in the district due to implementation of various Housing Schemes for the poor. The liberal loan facilities provided by banks and other institutions have helped the lower middle class group to have access to housing. However the conditions are not satisfactory and they are pathetic for the poor class. Only 39 percent of households in Aurad and 45 percent in Humanabad live in good houses. The housing programmes should be implemented effectively. These talukas should be given more attention in future course of action. The quality of houses is very low and this should be monitored strictly

so that the houses constructed are suitable for living. The Housing Corporation should look into it seriously. The houses need to be provided with minimum facilities like water, sanitation and electricity and an approach road. Emphasis should be more on contributory schemes that will take care of the quality. The housing locations, the identification of beneficiaries and the monitoring should take place at gram panchayat level with the assistance of local people and their associations. The transparency in the system should increase.

The access to drinking water needs to be improved especially in all the talukas. In Bidar taluka 25 percent households still get water from poen wells. Many rural water supply schemes need repairs. These should be carried out on urgent footing. Adequate provision should be made in the schemes for maintenance. The defunct schemes should be replaced. The gram panchayats should take lead in planning and management of water supply schemes. Emphasis should be more on contributory schemes and the wastage of resources on account of faulty schemes should be checked.

Rural Sanitation is very poor in the district. Talukas like Aurad, Bhalki, Basavakalyan, need special attention. There is a need to generate awareness among the rural people about health and hygiene and utilization of sanitation facilities. NGOs and other voluntary Associations of the people should be involved in Total Sanitation Campaign.

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- **Future Human Development Strategy for Dalits, Tribals and Minorities**

Bidar district is a Scheduled caste concentrated district. It is also one of the minority concentrated districts in Karnataka state. It is also one of the most backward districts in the State and occupies a lowest position in economic as well as human development. The district is a draught prone area which further adds to the vulnerability of the poor and the minorities living in the district. Majority of the Minority population belongs to Muslim Community. It is mainly engaged in trade business and service sectors in urban area. In rural area, majority of them work as agricultural labourers and a small proportion of them are engaged in trade and petty business. This implies insecurity of income for majority of these households.

The level of education of major proportion of people is low- Primary or secondary level. The enrolment in higher education is also low due to the language problem. The number of Urdu high schools in the district is less and these students have to switch over to Kannada medium for high school education. This is difficult for them. As a result they lose interest in education and dropout of the system.

There is a need to open more high schools and residential schools in Muslim concentrated areas. The gender discrimination is high and girls' access to education is low. There is a need to change the mindsets of the people and sensitize them on gender issues to provide equal opportunities

to girls. The general status of women is low. There is a need to promote Self Help Groups and encourage them to take up economic activities to promote their empowerment.

Majority of these households are engaged in trade, crafts and repair services. Their skills are traditional and need to be upgraded. They should be given training in modern technology and designs. This may help them to earn more Income. The major requirements are

- Training in food processing, Ice creams and soft drinks, processing of mutton, chicken and other animal products with provision of cold storage.
- Training in Tailoring, Embroidery, Beauty parlors and ready made garments for young Girls and Boys.
- Training in new designs and techniques for workers in Bidari craft.
- Computer Training Programme for educated (SSLC) passed students for six months.
- Training in mobile repairs, domestic and electrical appliances and automobile repairs.
- Training in Driving Vehicles.
- Training to Farmers in Horticulture, Floriculture etc. with market linkages
- Finishing schools for improving language and communication skills.
- Provision of housing water supply and drainage facilities.
- Provision of housing, water supply and sanitation facilities

for the poor households.

Thus minorities in the district need attention of the administrators and policy makers to enhance their capabilities and their Human Development Status.

- **Future Strategy for Gender Development**

Gender is another gray area that has remained neglected for a long time. The district has a traditional and patriarchal social structure based on caste and gender hierarchy. The status of women in family and society is low and women exploitation takes place through many discriminatory practices. Though the gender inequality index values are low it does not indicate low levels of inequality. In fact many gender discriminatory practices followed in access to education, assets and opportunities are not captured in gender inequality index. Many dimensions of social and psychological exploitation are also not captured in the Gender inequality index. These factors should be borne in mind before formulating the gender development strategy.

Education is a major requirement of gender development strategy. Female literacy is less than 60 percent in all the talukas.

There is an urgent need for increasing girls' access to higher education. This will increase their access to better jobs and will reduce the fertility rate. Social change and awareness through NGOs and Self Help Groups.

There is a need for starting finishing schools for girls to improve their communication skills and personality development.

Socialization process should

undergo a change by incorporating same value systems for girls and boys and Gender discriminatory practices should be eliminated. The son preferences should also be eliminated so that the Total Fertility Rate (TFR) will come down.

The IEC component in various programmes and policies should focus on gender sensitization and gender awareness.

The Self Help Group Strategy for women empowerment should be strengthened and the networking of these SHGs formed under various programmes should be promoted to increase their status and strength.

The SHGs should focus on economic activities and the government should provide marketing support for these groups in the initial stages. These SHGs should be linked with NGOs for technical support and advice.

The health and nutrition status of women is low. 52 percent of pregnant women suffer from anemia. The degree of malnutrition among women is also high. Therefore, the reproductive health of women needs urgent attention through increasing their access to Anganwadi Centres and Primary Health Centres for improving the health status. There is a need to educate them about the nutrition and hygiene. The food practices and eating habits also need to be changed through awareness and education.

The adolescent girls should be given education and awareness about nutrition and hygienic practices during menstruation period.

Programmes like 108 mobile transport, ASHA workers, Madilu Kit, Janani Suraksha Yojane and Bhaylaxmi schemes should be strengthened and implemented more effectively.

The coverage of 24/7 PHCs should be increased to provide better health services to women.

There is a need for an integrated strategy covering these components for gender development and equality. Gender equality is an unfinished agenda in the district and needs to be addressed urgently.

### **Future Human Development Strategy for Other Sectors**

- **Governance and Service delivery**

The district has a well established local self governance system but public participation in the governing process is very less, the high levels of literacy and caste based power structures in rural societies has kept the poor and the marginalized groups the majority- away from the decision making process. But the situation is now changing and Panchayats are getting empowered to plan and implement various Government Programmes. But the degree of public participation is still low.

The planning and implementation of programmes is very slow and the status of service delivery is very inefficient in basic human development affecting areas like primary education, primary health, drinking water and sanitation. The implementation of poverty alleviation programmes is very slow and un-satisfactory. Inefficiency and negligence has contributed to poor

functioning of the system and its inability to deliver the goods to the needy sections of population.

- **Public Participation**

To improve public participation in governance it is necessary to promote capacity building of the people through information, education, communication and awareness about these issues of and train them in planning, and monitoring and implementation of programmes and services. Social auditing of the programmes is essential. Barefoot approach to be adopted.

- **Promotion of information Technology**

Promoting use of IT indifferent sectors to develop information systems. MIS schemes should be introduced in all departments. This may help to reduce discretion and delays.

To promote transparency and to control speed money it is essential to implement e governance. All the information should be made available in the web sites. In rural areas, the panchayats should display the information about various schemes on boards. The Right to Information Act is also implemented in the district. The civic consciousness of the people should be increased.

Accountability should be developed in the system. Performance linked payment system should be introduced. Inefficiencies and Delays should be controlled through proper human resource management.

### **12.3 Concluding Remarks**

This district and the region had a rich culture and heritage. It gave birth

to social reforms movement during 12<sup>th</sup> century based on principle of equality and secularism. But this culture washed away in course of time and the district was relegated to the status of under-development and backwardness. The magnitude of deprivation of the people in human development indicators - the poor, the women, the Scheduled Caste and Scheduled Tribe and the minorities who constitute 80 percent of the total population is substantial. The Human Development Approach to programmes and policies assumes enormous significance in this context.

The goals for future are very clear demanding focus on better living conditions, education health and empowerment. Poverty and very low levels of income for a majority of the people require adequate economic growth to generate sustainable employment and income security for the poor. Growth of non farm sector and small industries and tertiary sector is essential.

Gender dimension of Human development is very significant in view of wide spread gender discrimination in this traditional society as reflected in low literacy, malnutrition and anemia, low participation in paid work etc. Gender Sensitization and Gender empowerment are significant policy requirements in this direction.

The Scheduled Caste and scheduled Tribe as well as other Minority groups need special attention. Health, education and awareness, information and skill development for better employment are essential for their empowerment.

The Local Self government needs to be strengthened with adequate financial and human resources to plan and implement various human development programmes. . The NGOs and Self Help Groups as well as Voluntary Associations of the people have to play a significant role to bring a change in the traditional social structure and to support Government effort. The district is caught in low level human development trap and it requires a big push to lift it out and put it on the path of sustainable development.

Though the district is far away from the State headquarters, the people have every right to lead and enjoy the same life as others in the State. The Distance should not become a cause of deprivation.

The task is difficult as the dimensions are many and complex. This demands an appropriate policy mix to promote higher investments in economic and human development sectors through PPN (Public, Private and NGO) partnerships.

**Though the district is far away from the State headquarters, the people have every right to lead and enjoy the same life as others in the State. The Distance should not become a cause of deprivation.**

## ANNEXURE-1

Taluk-wise and District Data for HDI Indicators							
Sl. No	Revised Indicators (126)	Bidar					District
		Aurad	B.Kalyana	Bhalki	Bidar	H.Bad	
1	Percentage of HHs having access to Modern Cooking Fuel (Source census 2011)	4.32	7.88	7.13	23.59	8.59	11.6
2	Percentage of HHs having access to Toilet (Source census 2011)	9.5	18.44	13.45	42.99	20.39	23.2
3	Percentage of HHs having access to Water (Water Definition as per Census, 2011) (Source census 2011)	55.28	57.35	54.79	59.39	64.33	58.47
4	Percentage of HHs having access to Electricity (Source census 2011)	84.30	83.53	85.73	91.09	86.06	86.58
5	Percentage of HHs having Pucca Houses (Pucca House Good House as per Census Definition) (Source census 2011)	45.43	46.33	53.94	59.51	39.96	49.86
6	Percentage of Non agricultural workers (main + marginal) (Source census 2011)	36.31	30.02	26.36	59.49	39.85	40.02
7	Per-capita Income (GDP at Taluk Level at current prices) (Source DES)	18586.9 4	26174.04	21088.32	34823.57		25629

8	<b>Child Mortality Rate - CMR* (0-5 years) (Source HMIS 2011)</b>	44	33	68	31	28	35
9	<b>Maternal Mortality Rate (MMR)* (Source HMIS 2011)</b>	44	186	99	119	206	134
10	Literacy Rate <b>(Source census 2011 &amp; DDPI education)</b>	67.34	68.98	71.56	74.51	68.15	70.51
11	Gross Enrolment Rate (GER) (Source census 2011 & DDPI education) (a) GER at Primary (b) GER at Upper Primary (c) GER at Secondary/High-School	95.88	99.66	104.04	124.90	108.70	106.6
12	<b>Maternal Mortality Rate (MMR)* (Source HMIS 2011)</b>	44	186	99	119	206	134
13	Share of Institutional deliveries (ID) (Source HMIS 2011)	98.21	97.56	97.48	98.27	98.31	98
14	Share of Pregnant Women with Anaemia - ANE - (Excluding Normal) (Source HMIS 2011)	84.97	59.68	84.61	98.89	65.67	52
15	Share of female elected representatives in PRIs and ULBs (PR <sub>F</sub> ) (Source DAG/RDPR)	43.5	41.6	42	40.5	40.89	41.71
16	Share of male elected representatives in PRIs and ULBs (PR <sub>M</sub> ) (Source DAG/RDPR)	56.5	58.4	58	59.5	59.11	58.29
17	Share of female children in the age group 0-6 years (CHLD <sub>F</sub> ) (Source Census &	48.71	48.37	48.29	48.4	48.84	48.52



18	Share of male children in the age group 0-6 years (CHLD <sub>M</sub> ) (Source Census & HMIS 2011)	51.29	51.63	51.7	51.6	51.16	51.48
19	Share of female literacy (LIT <sub>F</sub> ) (Source census 2011 & DDPI education)	57.47	59.57	61.8	67.12	58.95	61.55
20	Share of male literacy (LIT <sub>M</sub> ) (Source census 2011 & DDPI education)	76.79	78.05	80.96	81.53	77.01	79.90
21	Share of Female Work Participaton Rate (WPR) WPR = [(Main Workers + Marginal Workers) / Total Workers]*100 (Source census 2011)	37.63	37.35	38.02	26.76	32.52	33.65
22	Share of Male Work Participation Rate (WPR) WPR = [(Main+Marginal) / Total]*100 (Source census 2011)	62.41	62.05	61.55	59.13	59.86	60.79
23	Share of female workers in the non agricultural sector (NAG <sub>F</sub> ) to Total Female workers (Source census 2011)	18.47	24.1	20.2	42.15	25.71	26.60
24	Share of male workers in the non agricultural sector (NAG <sub>M</sub> ) to Total Male workers (Source census 2011)	30.92	43.38	35.87	66.95	47.25	47.15
25	Female Agricultural wage rate(WAGE <sub>F</sub> ) (Source Dept of Agricultural)	80	80	90	90	90	90
26	Male Agricultural wage rate(WAGE <sub>M</sub> ) (Source Dept of Agricultural)	150	150	160	160	160	160

27	Child Mortality Rate - CMR* (0-5 years) (Source HMIS 2011)	44	33	68	31	28	35
28	(a) Percentage of Mal-nourished Children (Excluding Normal) (Source Women and Child devt dept)	53.50	51.54	60.53	66.47	55.98	45.00
	(b) Percentage of Children born under-weight (Source HMIS 2011)	5.23	9.42	14.18	5.52	5.83	8.40
29	Percentage of Drop-out Children Mainstreamed (a) Primary (b) Secondary (source SSA)	45.00	48.90	22.50	52.50	47.90	44.20
30	Cropping Intensity	113.63	120.5	124.1	117.6	116.06	118.5
31	Percentage Change in NSA(Net Sown Area) over the years (2001 – 2011)	-2.95	-10.47	-0.59	-1.2	-0.01	-3.2
32	Per capita food grain production (in Kgs)	132	122.7	126.9	44.4	93.48	97.71
33	Percentage of forest cover to total geographical area	1.9	6	2.36	5.04	11.09	5.11
34	Irrigation Intensity	116	107.8	112.3	106.2	111.8	111.6
35	Percentage of area degraded (cultivable waste) to Total Geographical Area (TGA)	2.8	5.06	2.8	2.26	11.92	7.6
36	Percentage of leguminous (area under pulses) crops in the Gross Cropped Area (GCA)	36.2	38.86	47.95	39.92	43.47	41.43
37	Percentage of BPL Card holders to Total Card holders	69	79.2	72.35	68.96	68.82	71.51

38	<b>Per-capita Income (GDP at Taluk Level at current prices) (Source DES)</b>	18586.94	26174.04	21088.32	34823.57	22242.93	25629
39	Percentage of Non agricultural workers (main + marginal) (Source census 2011)	36.31	30.02	26.36	59.49	39.85	40.02
40	Average size of holdings (Total area of holdings / Total No. of holdings)	2.17	2	1.9	1.75	1.83	1.96
41	Percentage of Agriculture labourers to Total workers (Source census 2011)	44.75	39.97	45.40	30.00	43.30	39.80
42	Percentage of villages having PDS outlets within the village	79.4	100	88.4	92.7	80.4	96
43	<b>Child Mortality Rate - CMR* (0-5 years) (Source HMIS 2011)</b>	44	33	68	31	28	35
44	<b>Percentage of HHs having access to Water (Water Definition as per Census, 2011) (Source census 2011)</b>	55.28	57.35	54.79	59.39	64.33	58.47
45	<b>Share of Pregnant Women with Anaemia - ANE - (Excluding Normal) (Source HMIS 2011-12 data (included Modera and severe Anemia) Posted by HDD)</b>	84.97	59.68	84.61	98.89	65.67	52
46	<b>(a) Percentage of Mal-nourished Children (Excluding Normal) (Source Women and Child devt dept)</b>	53.50	51.54	60.53	66.47	55.98	45.00

48	Female Literacy Rate	57.47	59.57	61.8	67.12	58.95	61.55
60	Decadal population growth rate	13.36	15.01	7.88	15.06	13.06	13.16
61	Population Density	227	286	248	503	338	312
62	Sex ratio (Source census 2011)	956	959	959	949	962	956
63	<b>Percentage of Slum Population in the taluk to Total population in the taluk (2011 census)</b>	4.6	5.7	18.6	5.7	23.1	10.8
64	Percentage of Population in the age group of 0-6 (Source census 2011)	13.33	13.37	12.4	13.08	13.68	13.17
65	Child sex ratio	950	937	934	938	955	942
66	<b>Infant Mortality Rate - IMR (0-1 years)</b> (Source HMIS 2011)	34	25	52	23	21	31
67	<b>Child Mortality Rate - CMR* (0-5 years)</b> (Source HMIS 2011)	44	33	68	31	28	35
68	<b>Maternal Mortality Rate (MMR)*</b> (Source HMIS 2011)	44	186	99	119	206	134
69	Percentage of women headed households (2011 census)	8.5	11.46	11.55	10.78	12.94	11.11
70	<b>Percentage of BPL Cards issued to Total Ration Cards</b>	69	79.2	72.35	67.2	70.9	71.51
71	Cropping Intensity	113.63	120.5	124.1	117.6	116.06	118.5
72	Irrigation Intensity	116	107.8	112.3	106.2	111.8	111.6
73	Percentage of Households provided employment to total number of households registered under MGNREGS	14	16.6	11.4	19.7	25.6	15.8

74	<b>Ratio of average agricultural wage to Minimum wages prescribed by the State (Please refer to clarification note provided on average agricultural wages)</b>	0.66	0.66	0.72	0.72	0.72	0.72
75	<b>Work Participation Rate (WPR) (Source census 2011)</b>	50.29	49.93	50.02	43.35	46.45	47.51
76	Decadal Growth rate of Employment	24.8	25.1	21.4	32.7	24	26
77	Percentage of Cultivators to Total workers (Source census 2011)	28.87	23.71	24.55	10.53	16.77	20.11
78	Percentage of main workers to total workers (Source census 2011)	77.59	78.11	78.3	80.28	77.76	78.53
79	Percentage of workers in Household Industries (Source census 2011)	3.14	2.39	2.18	2.3	2.8	2.57
80	Percentage of Agriculture labourers to Total workers (Source census 2011)	44.75	39.97	45.40	30.00	43.30	39.80
81	<b>Percentage of HHs having Pucca Houses (Pucca House Good House as per Census Definition) (Source census 2011)</b>	45.43	46.33	53.94	59.51	39.96	49.86
82	Percentage of Site less Households	6.1	8.6	4	2.2	14.3	6.7
83	Percentage of Households provided with house sites	8.83	4.69	6.9	9.2	2.4	5.03

84	Percentage of Houses constructed for houseless poor families (RDPR data)	4.3	6.8	5.65	3.24	3	4.53
85	Percentage of households with cycles (Source census 2011)	20.00	34.60	27.00	41.40	34.70	32.80
86	Percentage of households with two-wheelers (Source census 2011)	7.94	11.35	11.78	22.80	12.90	14.30
87	<b>Percentage of HHs with no Assets (Telephone, TV, 2 wheelers and 4wheelrs) (Source census 2011)</b>	31.56	25.73	25.44	18.92	25.46	24.72
88	Percentage of HHs having access to Electricity (Source census 2011)	84.30	83.53	85.73	91.09	86.06	86.58
89	<b>Percentage of HHs having access to Modern Cooking Fuel (Source census 2011)</b>	4.32	7.88	7.13	23.59	8.59	11.6
90	Percentage of women elected representatives in rural local bodies	43.56	41.74	42.16	40.9	41	41.9
91	Percentage of elected SC/ST representatives in rural local bodies	35.8	41.1	31.5	35.2	40.2	36.9
92	Percentage of women elected representatives in urban local bodies	42.8	38.7	39.1	34.3	39.1	38.2
93	Percentage of elected SC/ST representatives in urban local bodies	21.4	13	26	14.3	13	16.1
94	Percentage of active SHGs	100	100	100	100	100	100

96	<b>Share of Pregnant Women with Anaemia - ANE - (Excluding Normal) (Source HMIS 2011-12 data (included Modera and severe Anemia) Posted by HDD)</b>	84.97	59.68	84.61	98.89	65.67	52
97	Share of Institutional deliveries (ID) (Source HMIS 2011)	98.21	97.56	97.48	98.27	98.31	98
98	<b>Percentage of children fully Immunized (Max value 100) (any figure over and above 100 should be taken as 100)</b>	95	97	98	99	98	97.4
99	(a) Percentage of Children born under-weight (Source HMIS 2011)	5.23	9.42	14.18	5.52	5.83	8.40
99	<b>(b) Percentage of Mal-nourished Children (Excluding Normal) (Source Women and Child devt dept)</b>	53.50	51.54	60.53	66.47	55.98	45.00
100	<b>Percentage of people affected by major communicable diseases (Definition as per health Dept.)</b>	0.02	0.2	0.1	0.07	0.2	0.12
101	Average Population served by sub-centres	4965	6508	5332	8804	6056	6331
102	Average Population served by Primary Health Centres (PHCs)	33182	39859	27341	25869	33124	31675

103	Availability of Doctors per 1,000 population	0.66	1.74	0.55	0.57	0.69	0.72
104	Availability of nurses per 1000 population	0.06	0.04	0.05	0.03	0.05	0.04
105	<b>Average population served by Anganwadi centres (0-6 children+nursing mothers+adolescent girls+pregnant women)</b>	792	841	820	1000	1024	901
106	Percentage of villages having Anganwadis within a km. distance	100	100	100	100	100	100
107	Percentage of couples protected by any contraceptive method	56	55	52	54	59	54.5
108	<b>Per capita Health Expenditure</b>	105.9	81.7	101.4	73.6	95.6	98.6
109	<b>Percentage of Gram Panchayats Selected for Nirmal Gram Puraskar Awards to Total number of Gram Panhayats</b>	2.63	2.77	0	0	3.03	0.8
110	Percentage of HHs having access to Toilet (Source census 2011)	9.5	18.44	13.45	42.99	20.39	23.2
111	<b>Percentage of Households with drainage facility (both open and close) (Source census 2011)</b>	31.78	37.82	36.21	55.24	47.8	43.23
112	<b>Percentage of HHs having access to Water (Water Definition as per Census, 2011) (Source census 2011)</b>	55.28	57.35	54.79	59.39	64.33	58.47



113	Percentage of Literacy <b>(Source census 2011 &amp; DDPI education)</b>	67.34	68.98	71.56	74.51	68.15	70.51
114	Gross Enrolment rate – Elementary School	95.9	99.3	104	125	108.7	106.6
115	<b>Net Enrolment rate – Elementary School</b>	83.8	86.6	94.7	100	95.2	94.7
116	Dropout rate in Elementary education	7.8	10.6	10.3	7.7	11.4	9.6
117	Percentage of Drop-out Children Mainstreamed (a) Primary (b) Secondary (source SSA)	45.00	48.90	22.50	52.50	47.90	44.20
118	Student – Teacher ratio for elementary education	25	27.2	21.6	25.1	27.8	25.4
119	Secondary school Gross Enrolment Rate (15-16 years)	77.65	72.5	98.97	82.84	80.92	82.5
120	Drop-out rate in secondary education	26.13	24.13	13.2	14.9	13.3	18.2
121	SSLC pass percentage	45	45.2	63.8	53.5	56	52.7
122	Student - Teacher ratio for secondary education	26.2	24.2	13.5	15	13.4	18.5
123	PUC pass percentage	39.9	32.1	48.9	43.8	32.3	39.4
124	School Infrastructure Index	0.66	0.67	0.69	0.61	0.52	0.629
125	<b>Per capita Education Expenditure</b>	1474.1	1093.3	1428.5	1250	1097.5	1252.8
126	Percentage of villages having a Primary School within 1 km. distance	100	100	100	100	100	100

Source ZP Bidar

## Annexure -2

Sl. No.	Indicators	ULB-wise and District Data for UDI Indicators						
		Aurad TP	B Kalyan CMC	Bhalki TMC	Bidar CMC	H Bad TMC	Chitgupa TMC	District
49	Percentage of ULB population to total population in the taluk	10.76	20.2	14.6	45.8	15.5	8.8	24.9
50	Percentage of Households without Own Houses	2.8	5.6	4.5	11.5	8.7	1.6	4.8
51	Percentage of Slum Population to Total ULB Population	6.9	5.75	18.6	5.6	16.8	17.2	10
52	Water Supply – Percentage of HHs with Tap water connection)	71	65.1	72.1	66.2	76.1	87.9	77
53	Sewerage/ Drainage – Percentage of HHs Sewerage and Drainage (Both Close and Open facilities)	46.31	73.56	59.08	76.49	71.52	77.76	71.6
54	No. of Hospital Beds per 1000 population in urban area	3.34	1.43	2.47	1.8	1.4	1.7	1.9
55	Percentage of Own Resource Mobilization to Total Receipts	10.13	15.4	13	18	16.4	9.73	14.6
56	Per capita expenditure on Development Works	895.5	542.5	645.4	541.6	736.4	648.2	665.8
57	Length of Roads in Kms per Sq. Km of geographical area	2	4.25	2.48	3.16	3.2	3.5	3.32
58	Crime Rate per 10000 Population	22.7	35.2	28.2	26.4	31.3	21.2	29.3

## Annexure -3

### Construction of Human Development Index (HDI)

#### Introduction

The latest UNDP Report-2010 on HDI continues to adopt the same basic three indicators of education, health and standard of living/income for the calculation of HDI. Simultaneously, an effort was also made to arrive at Gender Inequality Index. To compute HDI, 10 indicators were used covering the area of living standard, education and health.

For the purpose of deriving HDI at the Taluk level, use of taluk level indicators will be appropriate. HDI presents information on the human development in three dimensions while GII provides information gender differentials in achievements.

#### Indicators of HDI

The indicators that may be used for deriving HDI at the Taluk level are as follows:

#### Indicators for measuring HDI

Dimensions	Indicators	Methods of obtaining indicators
<b>Living standards</b>	Percentage of HHs having access to cooking fuel	No. of households using modern fuels like LPG, Electricity, Gas etc/ Total number of households *100.
	Percentage of HHs having access to Toilet	No. of households having toilet/ Total no. HHs *100.
	Percentage of HHs having access to Water	No. of households provided with safe drinking water/Total no. HHs *100.
	Percentage of HHs having access to Electricity	No. of households having electricity / Total no. HHs *100.
	Percentage of HHs having access to Pucca house	Total no. of HHs with pucca houses/ Total no. HHs *100.
	Percentage of Non agricultural workers (main + marginal)	No. of non agricultural workers / Total workers *100
	Per-capita Income	Total income of the Taluk/Total population
<b>Health</b>	Child Mortality Rate	Number of Infant Deaths (under the age of 5 years) in a Year / Total number of live Births 1,000
	Maternal Mortality Rate	Number of Maternal Deaths in a Year/ Total number of live births *100,000

Dimensions	Indicators	Methods of obtaining indicators
Education	Literacy Rate	2011 Census
	Gross Enrolment Rate (Primary+Secondary) Schools	Gross Enrollment at primary & secondary schools / No. of children in the age group of 6 to 14

There are two indicators for measuring health, three for education and seven for standard of living. All these indicators reflect human development.

### Method of Estimating HDI

For the estimation of the HDI, the following steps may be followed:

1. All computations would be done at two stages. The first computation would help in understanding the relative positions of different taluks within the district. The second set of computation would relate to the position of a taluk with reference to the remaining 176 taluks.

As a first step, a minimum and maximum value has to be set for each of the above 11 indicators to transform them into indices lying between zero and one. For this purpose, the observed minimum and maximum figures for each of the indicators will be taken. Since the Geometric mean has to be calculated, the minimum value would be taken as 10 per cent less than the observed minimum value in the taluk.

2. To convert the indicators into an index, the formula will be

$$\text{Indicator Index} = \frac{\text{Actual Value} - \text{Minimum Value}}{\text{Maximum Value} - \text{Minimum Value}}$$

However, for per capita income, first convert the actual per capita income, the minimum per capita income and maximum per capita income into natural log values before converting into the index.

Indicators	Actual value	Maximum observed value	Minimum observed value	Converting into index	Sectoral index
Standard of Living					
Gross enrolment rate at (Primary+ Secondary) schools	105.7%	105.7	74.3	1.000	1.000 (1/2) = 0.790
<b>HUMAN DEVELOPMENT INDEX (HDI) = (Geometric mean of sectoral indices)</b>				<b>(0.538 x 0.572 x 0.790)<sup>(1/3)</sup> = 0.624</b>	

Note: The observed minimum and maximum figures for the taluk should be taken into account.

3. For computing sectoral indices (health, education and standard of living) geometric mean is to be used and the method of calculation is as below. Thus there will be three indices one for Standard of living, another for health and the last for education.

Sectoral Index = If  $I_1, I_2, \dots, I_n$  are the  $n$  indices for a particular sector, then the Geometric mean for the sector =  $(I_1 \times I_2 \times \dots \times I_n)^{(1/n)}$ .

4. To compute HDI, aggregate the three sectoral indices using geometric mean with the following formula.

$HDI = (SI_l \times SI_h \times SI_e)^{(1/3)}$ ; where  $SI_l$  is the sectoral index for living standard,  $SI_h$  is the sectoral index for health and  $SI_e$  is the sectoral index for education.

An illustration of the calculation of HDI is presented in Table 5.2.

## Illustration for calculating HDI for Total Population

Indicators	Actual value	Maximum observed value	Minimum observed value	Converting into Index	Sectoral Index
<b>Standard of Living</b>					
Cooking fuel	48.0%	92.9%	9.4%	0.462	$(0.462 \times 0.530 \times 0.981 \times 0.822 \times 0.413 \times 0.349 \times 0.457) \times (1/7) = 0.538$
Toilet	55.0%	94.8%	10.1%	0.530	
Water	97.5%	98.9%	26.8%	0.981	
Electricity	93.1%	98.0%	70.2%	0.822	
Pucca house	56.2%	78.1%	40.7%	0.413	
Percentage of Non agricultural workers (main + marginal)	49.8%	95.4%	25.3%	0.349	
Per-capita Income	58171	152795	25845	$(\ln 58171 - \ln 25845) + (\ln 152795 - \ln 25845) = 0.457$	
<b>Health</b>					
Child Mortality Rate	33.00	67.0	25.0	0.810	$(0.810 \times 0.403) \times (1/2) = 0.572$
Maternal Mortality Rate	235.0	373.0	30.0	0.403	
<b>Education</b>					
Literacy Rate	72.8%	88.6%	46.6%	0.624	(0.624 x

## Construction of Gender Inequality Index (GII)

### Introduction

GII measures the loss in potential of human development due to inequality between female and male achievements. As it reflects an inequality situation, a value of zero represents no inequality and a value of one represents highest level of inequality if the society. The UNDP report of 2010 has brought out the GII index for all the countries. For measuring GII, three dimensions are considered by the report. They are :

1. Reproductive Health
2. Empowerment
3. Labour market

The indicators considered for each of these dimensions in the preparation of District Human Development Reports in Karnataka are given in Table.

### Indicators considered for measuring GII in at Taluk Level

Dimensions	Indicators
Reproductive Health	Maternal Mortality Rate (MMR)
	Share of Institutional deliveries (ID)
	Share of pregnant women with wevere Annemia (ANE)
Empowerment	Share of female and male elected representatives in PRIs and ULBs (PR <sub>F</sub> and PR <sub>M</sub> )
	Share of female and male children in the age group 0 -6 years (CHLD <sub>F</sub> , CHLD <sub>M</sub> )
	Share of female and male literacy (LIT <sub>F</sub> , LIT <sub>M</sub> )
Labour market	Share of female and male work participation rate (WPR <sub>F</sub> , WPR <sub>M</sub> )
	Share of female and male workers in the non agricultural sector (NAG <sub>F</sub> , NAG <sub>M</sub> )
	Female and male Agricultural wage rate (WAGE <sub>F</sub> , WAGE <sub>M</sub> )

### Method

1. Aggregating across dimensions within each gender group using geometric mean

For females

$$G_F = \sqrt{\left( \frac{1}{MMR} \right) \times ID \times ANE \times PR_F \times CHLD_F \times LIT_F \times [WPR_F \times NAG_F \times WAGE_F]^{1/3}}$$

For Males

$$GM = \sqrt[3]{1 * PR_F * CHLD_F * LIT_F]^{1/3} * [WPR_M * NAG_M * WAGE_M]^{1/3}}$$

1. Aggregating across gender group using a Harmonic mean.

$$HARM (G_F, G_M) = \left( \frac{(G_F)^{-1} + (G_M)^{-1}}{2} \right)$$

2. Calculate the geometric mean of the Arithmetic means of the each indicator

$$G_{F,M} = \sqrt[3]{\text{health.empowerment.LFPR}}$$

$$\text{Where health} = \left( \frac{\left( \frac{1}{\left( \frac{\text{MMR}}{\text{ID} * \text{ANE}} \right)^{1/3} + 1} \right)}{2} \right)$$

$$\text{empowerment} = \frac{[PR_F * CHLD_F * LIT_F]^{1/3} + [PR_M * CHLD_M * LIT_M]^{1/3}}{2}$$

$$LFPR = \frac{[WPR_F * NAG_F * WAGE_F]^{1/3} + [WPR_M * NAG_M * WAGE_M]^{1/3}}{2}$$

3. Calculating the GII by comparing the equality distributed gender index to the reference standard. The GII value ranges from zero (no gender inequality across dimensions) to one (total inequality across dimensions)

$$GII = 1 - \frac{HARM (G_F, G_M)}{G_{F,M}}$$

## Example of GII Calculation

Dimensions	Indicators	Indicator values	
		Female	Male
Reproductive Health	Maternal Mortality Rate (MMR)	235	-
	Share of Institutional deliveries (ID)	0.997	-
	Share of pregnant women with severe Anemia (ANE) (converted into positive as 1-anemia)	0.924	-
Empowerment	Share of female and male elected representatives in PRIs and ULBs ( $PR_F$ and $PR_M$ )	0.411	0.589
	Share of female and male children in the age group 0-6 years ( $CHLD_F$ , $CHLD_M$ )	0.490	0.510
	Share of female and male literacy ( $LT_F$ , $LT_M$ )	0.671	0.784
	Share of female and male work participation Rate ( $WPR_F$ , $WPR_M$ )	0.263	0.610
	Share of female and male workers in the non agricultural sector ( $NAG_F$ , $NAG_M$ )	0.410	0.535
	Female and male Agricultural wage rate ( $WAGE_F$ , $WAGE_M$ ) (converted into indicator)	$(105-81)/130-81 = 0.489$	$(140-101)/(160-101) = 0.662$



**Step I**

$$G_F = \sqrt[3]{\left( \frac{1}{235} \times 0.997 \times 0.924 \right)^{1/3} + [0.411 \times 0.490 \times 0.671] + [263 \times 0.410 \times 0.489]}$$

$$G_F = \sqrt[3]{0.158 \times 0.510 \times 0.785} = 0.312$$

$$G_M = \sqrt[3]{1 * [0.589 \times 0.510 \times 0.785]^{1/3} = [0.610 \times 0.535 \times 0.662]^{1/3}}$$

$$G_M = \sqrt[3]{1 * 0.618 * 0.99} = 0.718$$

**Step II**

$$\text{HARM}(G_F, G_M) = \left( \frac{(0.312)^{-1} + (0.718)^{-1}}{2} \right)^{-1} = 0.435$$

**Step III**

$$\text{health} = \left( \frac{0.158 + 1}{2} \right) = 0.579$$

$$\text{empowerment} = \frac{0.513 + 0.618}{2} = 0.565$$

$$\text{LFPR} = \left( \frac{0.375 + 0.599}{2} \right) = 0.488$$

$$G_{F,M} = \sqrt[3]{0.579 \times 0.540 \times 0.488} = 0.542$$

**Step IV**

$$\text{GII} = 1 \frac{0.435}{0.542} = 0.198$$

## **Annexure-4**

### **Process of DHDR**

DHDR Bidar is prepared in a participatory process through a series of meetings and consultations with the people and the officers in the field. It therefore, formulates a base for future programmes and policies. It is a joint effort of different stake holders representing the interests of different sections of the society. The preparation of the report has undergone through the following processes.

- I. At the district level core committee was formed for preparation of the report. The members are ZP president, CEO, people's representatives, Lead Agency and members from the Government depts., members form NGOs. The CPO was the con- vener of the committee.
- II. Formation of subcommittees sub committees were formed at the dept level for collection of the data the committees in- cluded the persons involved in data collection and analysis in the Department.
- III. Organization of a district level workshop. A district level work shop was organized on 17<sup>th</sup> Au- gust 2013 and the concept pa- per was presented and dis- cussed in the workshop.
- IV. Three Taluka level workshops were organized at Bidar (17<sup>th</sup> August 2013), Humanabad (30<sup>th</sup> September 2013) and Bhalki (30<sup>th</sup> September 2013 at 3 PM.) to collect inputs from talukas. The president of Taluka Panchayatand some Gram Panchayaths, peoples' repre- sentatives, members of NGOs and the Govt departments and members of civil society partici- pated in these workshops. Some taluka specific issues like malnutrition, low performance of the students, livelihood and poverty were identified for analysis in the report.
- V. The Draft report was placed before the District Planning Committee in the meeting held on 5<sup>th</sup> November 2014. The ap- proval was given with some suggestions. The suggestions given by the DPC member were incorporated in the final draft.

## Annexure -5

### Note on Availability, Limitations & Quality of Data

Collection and analysis of data is very important for construction of Human Development Index and for the preparation of Human Development Report. The Utility of the report depends on how realistic is the report and this in turn is determined by the quality of data. The availability of data at district level for talukas is very low and inadequate. The District at a Glance prepared by District Statistical Office and published by Zilla Panchayat is the only major source of data. Below taluka level at GP and Village level the data is mainly available from census and is only published once in ten years. Therefore, the regular updated data to measure the trends over the time period is not available for many indicators.

Now data for major sectors like education and health is available under EMIS, HMIS etc. But this is not available for other social and economic sectors. The per capita income at taluka level is not estimated. The DES estimated it for the year 2008-09 for the purpose of preparation of HDRs. The data on institutional deliveries, malnutrition anemia and other diseases that is available with the Health Dept. is used in the report for analysis. The data on crimes and accidents is collected from police Dept. Thus different sources are used to get the required data for the preparation of the DHDR. In a backward & low literacy district like Gulbarga the data availability is very low.

The non availability of the data also is a major limitation for analysis. The data on landless households is not

available. Similarly the data on BPL households is also not reliable. The data on Birth and death rates, per capita income, employment in organized sector is not available at taluka level.

The quality of data at taluka level is very poor. In a backward districts, like Bidar there are many doubts about the available data. The data about the following issues is observed to be less reliable.

- In front Mortality Role
- Child Mortality Role
- Percentage of institutional deliveries.
- Coverage of children under various immunization programmes (except Polio)
- Birth and Death rates.
- Dropout rates at primary and secondary level.
- Attendance in School.
- School completion ratio.
- Percentage of Children born under weight
- Percentage of Site less households.

The data for some of the indicators is available from different sources and varies across the sources. The data from primary source is largely used & other sources are used for validation.

The quality of data published in Bidar District at a Glance needs to be improved as it is the only Major source for data at taluka level. The data maintained by the departments is also less reliable. They have to make efforts to improve its quality and adequacy.

## Annexure -6

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## Annexure-7

### District Human Development Report- Consultancy and contributions.

The preparation of Human Development report is a huge task requiring high level of analytical and writing skills and capacities to present the report in a simple form that helps the common masses to understand the issues. To provide realistic and good quality report discussions and consultations were held with many people and experts in the field. Thus the report is an outcome of a team work.

The quality monitoring group was consulted at the state level and Dr. Shashidhar was a QMG member for Bidar District DHDR. The meetings and consultations with him helped to design the report in a scientific way. Further data for many indicators was provided by the Human Development Division Planning Dept Bangalore. Dr. Madheshwaran's Review and feedback helped to fillup the gaps in the report. Prof. T R Chandrashekar, Dr. G S Ganeshprasad, Prof Narayan Shastri, Prof R N Achyutha, Prof James, Dr. B P Vani offered their suggestions for data analysis and estimation of Human Development Index, Gender Inequality Index, Child Development Index, Urban Development Index food security index etc.

Dr. P C Jaffer and shri.Ujwal Ghosh CEOs ZP Bidar shared their rich knowledge and field level experiences to bring out the realities at the ground level in the report. The CPOs Smt. Siddamma Patil and Shri Kishorkumar Dube provided the inputs to analyse the micro level issues. The other officers - DD Women and Child Development, DDPI, DHOs Dr. Nalini Namoshi and Dr. Sajjanshetty offered their suggestions for analyzing the district specific issues.

Experts like Prof. T R Chandrashekar, Dr. Joshi Krishna, Dr. Basavaraj Kumnoor and Shri Shashikumar contributed significantly for Kannada translation of the report.

## **Annexure -8**

### **Workshops and Meetings**

#### **Workshop- district Level**

The Zilla Panchayat Bidar organized a workshop on 17<sup>th</sup> August 2013 at Zilla Panchayat Bidar at 11 AM. ZP President and Vice President and all the ZP Members, Members from Taluka Panchayat Bidar, officers from the Departments, members from NGOs Public Representatives were invited for the workshop. The chief planning Officer Shri Kishorekumar Dube welcomed the gathering and briefed about the theme of the workshop.

The workshop was inaugurated by Smt. Neelamma Vadde, President, Zilla Panchayat Bidar.

Dr. P C Jaffer DC, explained the need for preparing the DHDR and discussed the concept of human development and estimation of Human Development Index. He also pointed out some basic issues that need to be incorporated in the report.

CEO Bidar also expressed concern about low level of human development and economic development in Bidar District and discussed the initiatives to be taken in this direction. Smt. Razia Balbatti Resource person from ANSSIRD Mysore spoke about the indices of human development. This was followed by the presentation of the Concept paper DHDR Bidar by Prof. Chaya Degaonkar. The following major issues were covered in the presentation.

- A brief introduction- The concept of Human development HDRs by UNDP Govt. of India and Karnataka
- DHDR for Bidar district-Objectives, scope and methodology
- Status of Bidar district in Human Development and economic development in Karnataka.
- Present status in Human development sectors- Education Health and livelihood.
- Focus of the present report-
- New methodology adopted- Index based three basic indicators, Index based on 76 indicators, Gender inequality Index, Child Development Index, Dalit Development Index, Livelihood opportunity index, Food security index and Radar Analysis.

Three Taluka level workshops were organized at Bidar (17<sup>th</sup> August 2013), Humanabad (30<sup>th</sup> September 2013) and Bhalki (30<sup>th</sup> September 2013 at 3 PM.) to collect inputs from talukas. The president of Taluka Panchayat some Gram Panchayaths, peoples representatives, members of NGOs and the govt departments and members of civil society participated in these workshops.

In workshop at Bidar, the issues related to malnutrition, anemia among pregnant women, low quality of education,



problems of Sc/ST and Minorities and housing and sanitation were discussed. In the workshop at Humanabad, issues like quality of services rendered by Anganwadi Centres, gaps in implementation of Govt. programmes, NAREGA and Housing programmes were discussed for inclusion in the report. In the Workshop at Bahlki, issues related to

migration, pregnant women's health, low quality of education, performance of anganwadi centres were discussed. Thus in these workshops, some taluka specific issues like malnutrition, low performance of the students, provision of anganwadi services and livelihood and poverty were identified for analysis in the report.

Meetings of the Core Committee		
17 <sup>th</sup> Jan .2013	15	Sub committees for different sectors formed
21 <sup>st</sup> June 2013	20	Data Requirements and gaps were discussed
7 <sup>th</sup> Oct. 2013	18	Meeting with QMG member Suggestions about data collection –implemented visits to Dept. for verification of data.
23 <sup>rd</sup> Oct. 2013	16	Data for different indicators discussed and gaps filled.
24 <sup>th</sup> Oct 2013	7	Visit to Education Dept. meeting with Sub Committee
19-2-2014	16	Draft Human Development report was discussed in the committee

The Draft report was placed before the District Planning Committee in the meeting held on 5<sup>th</sup> November 2014. The approval was given with

some suggestions. The suggestions given by the DPC members were incorporated in the final draft.