

India Human Development Report 2011: Towards Social Inclusion



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[This is only the second India Human Development Report ever, and the first in nearly a decade. It focuses on social inequalities; specifically on how Scheduled Castes and Scheduled Tribes are doing relative to the rest of society, and also on how Muslims are doing in terms of human development relative to other religious groups. It estimates the Human Development Index for each state, discusses employment and poverty, the state of hunger and nutrition, the status of health, the achievements and challenges in education, the state of housing/access to electricity/telephones, and the condition of the elderly and disabled. It asks the question: is social inclusion being achieved, when examined through human development-related indicators? This Brief reports concisely on the findings.

Chapter 1 and 2: Human Development Index (HDI)

HDI has increased by 21 per cent between 1999-2000 and 2007-8 from 0.387 to 0.467

The HDI is a composite index, consisting of three indicators – consumption expenditure (as a proxy for income), education and health. *India Human Development Report 2011: Towards Social Inclusion (HDR 2011)* estimates the HDI for the beginning of the decade, and for the latest year for which data permits. The top five ranks in both years go to the states of Kerala, Delhi, Himachal Pradesh, Goa and Punjab. States that perform better on health and education outcomes are also the states with higher HDI and thus higher per capita income.

At the other end of the spectrum are mostly the northern and eastern states – Chhattisgarh, Orissa, Bihar, Madhya Pradesh, Jharkhand, Uttar Pradesh, Rajasthan, and Assam – that have an HDI below the national average.

The seven north eastern states (excluding Assam)¹ have done remarkably well in human development outcomes to climb up three rungs from 1999-2000 and 2007-8.

HDI ranges from 0.79 in Kerala to 0.36 in Chhattisgarh.

State	HDI 1999-2000	HDI 2007-8	Rank 1999-2000	Rank 2007-8
Kerala	0.677	0.790	2	1
Delhi	0.783	0.750	1	2
Himachal Pradesh	0.581	0.652	4	3
Goa	0.595	0.617	3	4
Punjab	0.543	0.605	5	5
NE (excluding Assam)	0.473	0.573	9	6
Maharashtra	0.501	0.572	6	7
Tamil Nadu	0.480	0.570	8	8
Haryana	0.501	0.552	7	9
Jammu and Kashmir	0.465	0.529	11	10
Gujarat	0.466	0.527	10	11
Karnataka	0.432	0.519	12	12
West Bengal	0.422	0.492	13	13
Uttaranchal	0.339	0.490	16	14
Andhra Pradesh	0.368	0.473	15	15
Assam	0.336	0.444	17	16
Rajasthan	0.387	0.434	14	17
Uttar Pradesh	0.316	0.380	18	18
Jharkhand	0.268	0.376	23	19
Madhya Pradesh	0.285	0.375	20	20
Bihar	0.292	0.367	19	21
Orissa	0.275	0.362	22	22
Chhattisgarh	0.278	0.358	21	23

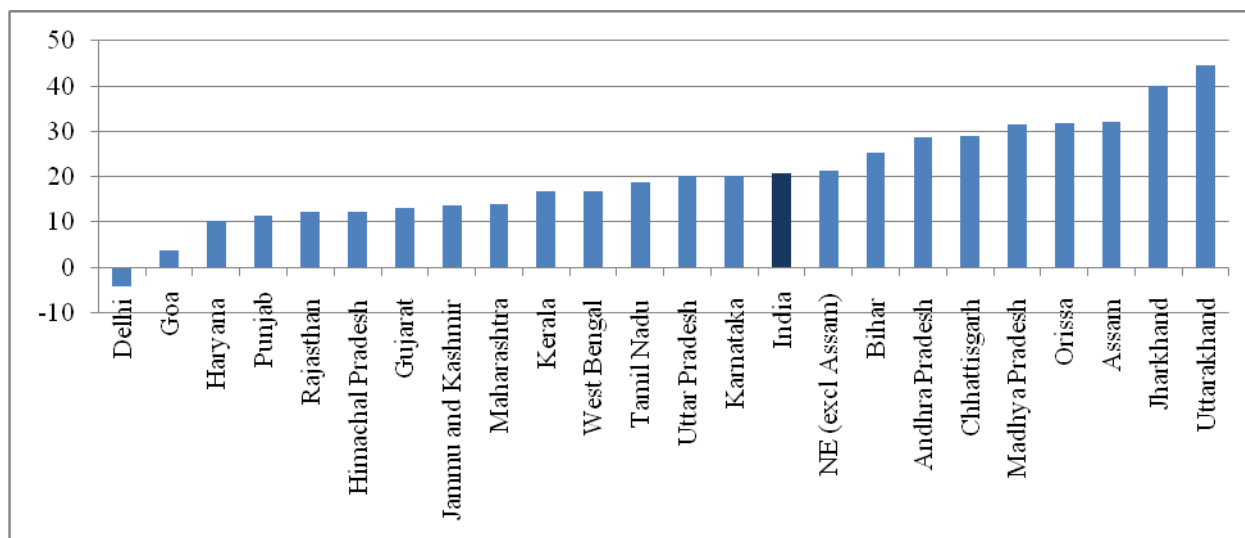
Over the eight year period, HDI has risen by 21 per cent compared to a rise of 18 per cent in India's HDI over 2000-2010 as reported by the global HDR 2010. China's increase in HDI respectively has been 17 per cent.²

¹ Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura

Convergence occurring in HDI and its component indices across states – with inter-state inequality in HDI falling over time

For six of the low HDI states – Bihar, Andhra Pradesh, Chhattisgarh, Madhya Pradesh, Orissa and Assam – the improvement in HDI is considerably above the national average. Despite low absolute levels of HDI in these states, HDI is converging across states.

Percentage change in HDI between 1999-2000 and 2007-8



Change in income index almost the same as the change in HDI over 1999-2000 and 2007-8, i.e. 21 per cent.

The income index (which we have estimated using monthly per capita consumption expenditure, MPCE) ranges from 0.68 for Delhi to 0.13 for Bihar.

However, when income index is calculated with real Net State Domestic Product (or income) per capita (as against inequality adjusted real MPCE), the increase in HDI rises by over 10 percentage points (i.e. the increase is over 30%, not 21%)

HDI increase largely guided by a 28.5 per cent increase in the Education index

The index ranges from 0.92 for Kerala to 0.41 in case of Bihar. Again, the improvement in the Education index has been the greatest in the educationally backward and poorer states of India – Uttar Pradesh, Rajasthan, Orissa, Madhya Pradesh, Andhra Pradesh, Chhattisgarh, Bihar, Uttarakhand, and Jharkhand – suggesting strongly that education outcomes are converging across the states of India.

While the education index has pulled up the HDI, it is the health index which constrains its improvement

The improvement in the health index has been relatively lower (13 per cent) between 1999-2000 and 2007-8. The Health index ranges from 0.82 for Kerala to 0.41 for Assam.

² Income index used in computing HDI in this Report is an estimate of inequality adjusted real MPCE, and not the per capita national income used in global HDR. Consumption is obviously lower than income, therefore we get a lower income and Human Development Index. Thus, the comparable HDI value comparable to the 2010 global HDR's 0.519 (which uses gross national income per capita) is 0.484 (using net national product per capita). That is, when income index is calculated using net national product per capita, HDI increases by a higher percentage compared to 21 per cent.

Nonetheless, the states with the most serious health outcome indicators and the worst health process/input indicators – Madhya Pradesh, Uttar Pradesh, Orissa and Assam – have shown the most improvement. This further underlines the phenomena of a **reduction in inter-State disparity**.

Human development indicators for SCs, STs and Muslims converging with the national average – a move towards social inclusion

The eight poorer states – Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and Uttarakhand, are home to nearly 48 per cent of all SCs, 52 per cent of the STs and 44 per cent of all Muslims in the country. A main thrust of this Report is to assess the relationship between the performance of these States on the human development front, given the concentration of marginalized groups in these states. A detailed assessment is presented in Chapter 2 in State profiles.

The fact that not only the HDI but also its component indices have shown convergence across states -- the poorer states with high concentration of various marginalized groups, catching up with the national average – suggests strongly that these groups are starting to share the benefits of the process of human development. That is, the past decade has seen us **‘move towards social inclusion’**.

This is supported by a convergence in most human development indicators (barring a few important exceptions) for SCs, STs and Muslims with the national average. The table below highlights some of those indicators and the exceptions.

Indicators	Convergence	Divergence
Per capita consumption expend.	SCs	STs, Muslims
Unemployment rate	SCs, Muslims	STs
Child labour rate	SCs, STs, Muslims	
Female malnutrition (Body Mass Index <18.5) rate		SCs, STs, Muslims
Infant Mortality Rate	SCs, STs, Muslims	
Under five mortality rate	SCs, STs, Muslims	
Total fertility rate	SC, Muslims	ST
Child immunization	STs, Muslims	SCs
Toilet facility		SCs, STs
Drinking Water		
Literacy	SCs, STs, Muslims	
Electricity for domestic use	SCs, STs	

States doing well, do it across the board – for all social groups

The importance of good governance and massive social mobilization by state governments gets reflected in the performance of all the social groups residing in the state.

For instance, SCs and OBCs in Delhi, Himachal Pradesh, Tamil Nadu, and Kerala are better off even than the upper castes in Bihar, Chhattisgarh, and UP in terms of various health outcome indicators. Similarly, SCs in Delhi and Kerala have higher literacy rates than the upper castes in Bihar and Rajasthan.

Muslims in J&K and AP are not only doing better than Hindus in their own states but also Hindus in UP, MP, Bihar and Gujarat in terms of some health outcome indicators.

As the mainstream population in the North East, STs are doing a lot better than the forest dwelling STs in the central and eastern belt of India. STs along with other marginalized groups, especially in states affected by extremist violence (like Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Orissa and West Bengal), are not only worse off than other social groups in their respective states, but also their counterparts in the rest of the country (State profiles, IHDR 2011). Over time, there has been an overall convergence in many indicators at the state level, but the absolute levels for these groups in the central and eastern belt of the country remain low. This is particularly true for major health and support infrastructure indicators.

The pace of convergence for these states can improve if the low absolute levels for SCs and STs are duly addressed. Since these states account for 60 per cent of all STs and 46 per cent of all SCs in the country, poor performance of these groups in these states holds back the improvement for all SCs and STs. Universalizing elementary education and reforming the public health system are crucial measures needed particularly for these marginalized communities, to bring them at par with other groups in these states.

However, when comparing SCs and STs with Muslims in terms of human development input and outcome indicators, Muslims consistently perform better than SCs and STs. This is primarily due to their urban concentration. For most indicators, the ladder of performance on human development indicators goes like – STs, SCs and Muslims (in ascending order of absolute levels). The table below highlights the differences in performance across various social and religious groups.

Indicators	SC	ST	Muslims	All Groups
Literacy	63.5	60.5	67.6	72
Malnutrition among Women (BMI<18.5)	41.2	46.6	35.2	33
Underweight Children	47.9	54.5	41.8	39.1
Pucca Housing	38.3	57.9	63.8	66.1
No toilet facility	65	69.1	35.8	49.2
Electricity for domestic use	61.2	66.4	75.2	75
IMR	66.4	62.1	52.4	50
U5MR	88.1	95.7	70	74.3
TFR	2.92	3.12	3.09	2.6
Child Immunization	39.7	5.4	36.3	43.5

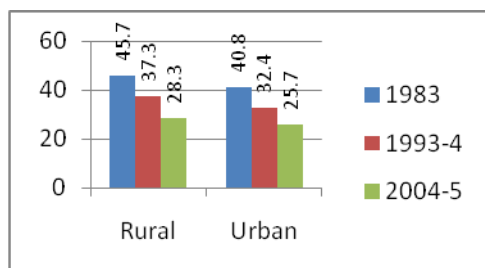
Chapter 3: Employment, Asset Ownership and Poverty

Economic attainment and the well-being of individuals are crucially dependent on the status of employment and access to assets. The focus of this chapter is how different social groups and religious communities have fared in terms of employment, ownership of assets, and incidence of poverty over time.

Achievements

Consistently declining incidence of poverty³

Rising per capita income with economic growth has meant that consumption expenditure has risen over the decade. As a result there has been a consistent decline in the proportion of population living below the poverty line: from 55 per cent in 1973 to 44.5 per cent in 1983, 36 per cent in 1993 and 27.5 per cent in 2004-5. Over this period the size of the country's population increased from 584 million in 1973 to 1.1 billion in 2004-5. This is no mean achievement for a country whose total population has nearly doubled in three decades between 1973-4 and 2004-5.



However, the slow growth of the economy and the limited investment in health and education in the first four decades after independence has meant that the numbers of poor -- based on a consistent definition of, and a consistent method of collecting data (i.e. the uniform recall period) on poverty -- have remained stubbornly high at 320 mn between 1973/4 and 1993/4, falling to 302 million only by 2004/5. This latest fall in the absolute number of poor (18 mn) was due to the sharp increase in the economy's growth rate. The growth rate has increased since 2004-5 and so has the investment in health and education. In fact, for this reason the incidence of poverty should decline faster in the future.

SC poverty rate is declining faster than the national average, but STs' poverty is falling slower

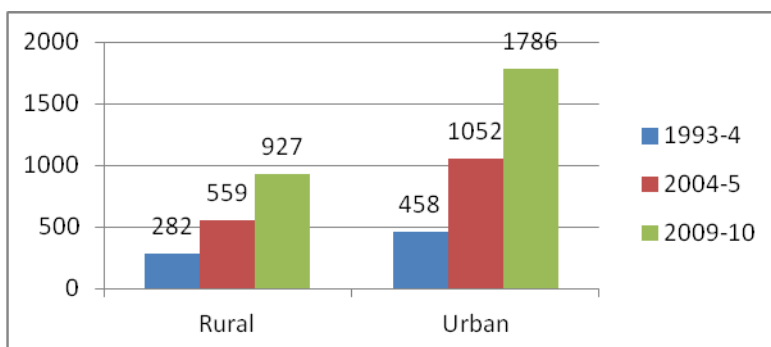
SCs' rural poverty rate fell by 11.5 percentage points between 1993-4 and 2004-5, while the national average fell by 9 percentage points. SCs' urban poverty rate fell by 9 percentage points over the same period, but the national rate fell only 6.7 percentage points (Table 3.35, Pg.116 of the Report). However, the STs' poverty incidence has fallen slower than the national average for the rural STs (4.3 percentage points) as well as urban STs (6.2 percentage points).

The national average for poverty incidence fell from 36% in 1993-4 to 27.5% in 2004-5, while the poverty rate for Muslims fell from 43% to 32%, a similar percentage decline for Muslims as in the national average (Fig. 3.3, Pg. 117 of the Report).

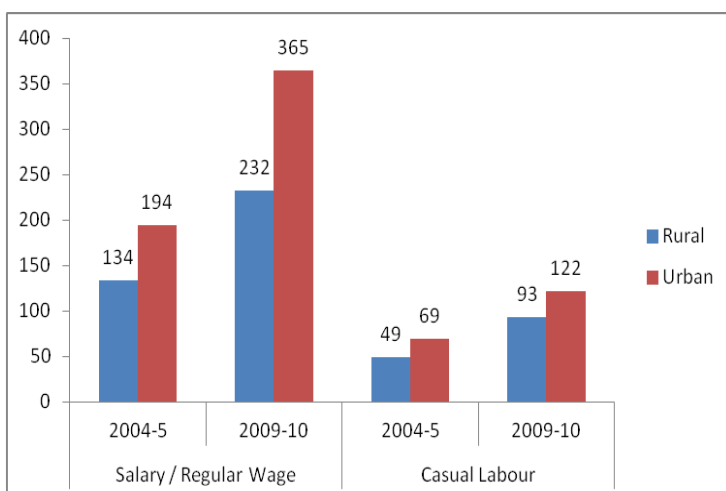
Rising consumption and wages between 2004/5 and 2009/10

The average monthly per capita consumption expenditure (in real terms) has been rising consistently in both rural and urban India after 2004-5, which got reflected in reduction in incidence of poverty over the years (for consumption expenditure, see graph below).

³ This is not the incidence as estimate by the Tendulkar Committee in 2010. The Tendulkar Committee's higher estimate of poverty in 2004-5 of 37% for India is higher for two reasons: one, it is based on a different method of estimation (i.e. the mixed recall period method, as opposed to the uniform recall period); and two, it raised the poverty line. By this estimate, the incidence of poverty fell from 37% to 32% between 2004-5 and 2009-10.



Casual wages in both rural and urban areas increased significantly between 2004-5 and 2009-10 (for wages see graph below).



Declining unemployment rate

Unemployment rate according to current daily status (the most relevant measure for the poorer workers) declined from 8.2 per cent in 2004-5 to 6.6 per cent in 2009-10. There was an absolute increase in employment in manufacturing sector by 10 per cent in 2009-10 as compared to that at the beginning of the decade. Further, during the decade (1999-2000 to 2009-10), there was increase in non-manufacturing industrial employment by a total of 34 million jobs. The number of workers in agriculture fell sharply from 259 to 243 million between 2004-5 and 2009-10, as against an increase in agricultural workers in the first half of the decade. Most of the workers moving out of agriculture were working in the booming construction activity in both rural and urban areas.

A further decline in child labour

The percentage of working children (5 – 14 years) declined from 6.2 per cent in 1993-4 to 3.3 per cent in 2004-5. And even more, the incidence of child labour fell to 2% of all children in the relevant age group by 2009-10. Most children who are still working are doing so as part of the family's own enterprises and farms.

Increasing participation of females in education is reducing female labour force participation

One of the factors behind the sharp decline in female labour force participation rate (15 years and above) was increasing participation of females in education, and this will improve the quality of employment for females in future (Table 3.1, Pg. 97 of the Report).

Challenges

Almost 60 per cent of the poor were concentrated in the States of Bihar (including Jharkhand), Orissa, Madhya Pradesh (including Chhattisgarh), and Uttar Pradesh (including Uttarakhand). Clearly, therefore, even though the divergence in the incidence of poverty has declined over the years across states, some states, particularly Uttar Pradesh, Bihar, Orissa, and Madhya Pradesh, have performed much worse than others in terms of poverty reduction.

Asset ownership in both rural and urban India continued to be extremely unequal, and concentrated among top five per cent of households. In rural India, the top five per cent of households owned 36 per cent of assets, while in urban India, the top five per cent of households owned 38 per cent of assets (Table 3.15).

SC and ST households were characterized by the lack of ownership of assets, while the bulk of asset ownership was concentrated within other (upper caste) households. The lack of assets (and lower levels of education, see later) is a source of their higher levels of poverty, compared to the rest of the population.

Distribution of Assets across Households (%)

Sector	Social Group	% of Households	% of Assets Owned
Rural	Scheduled Castes	22.0	10.4
	Scheduled Tribes	10.2	5.2
	Other Backward Classes	41.0	41.1
	Others	26.7	43.1
Urban	Scheduled Castes	14.6	6.4
	Scheduled Tribes	2.9	1.7
	Other Backward Classes	34.7	27.8
	Others	47.7	64.1

Source: Calculated from NSS Database (AIDIS, 59th round), 2002-3

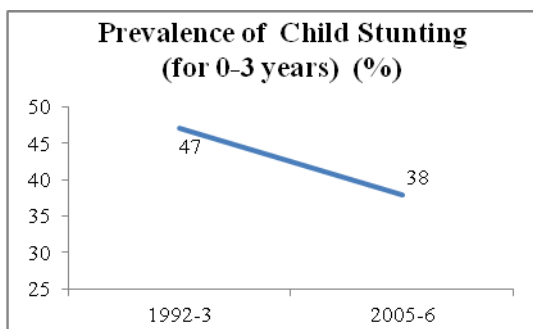
Chapter 4: Right to Food and Nutrition

While poor nutrition starts in utero, it extends throughout the life cycle. Although it affects boys and girls equally, since girls grow up to be mothers, female malnutrition has inter-generational impact on nutritional levels of the whole society. Hence, discrimination against girls and women over the life-cycle affects all. Unfortunately, gender discrimination in India is among the worst in the world, indicated by India's rank of 122 in gender inequality index, according to the global HDR, 2010). Even in 2011, female literacy rate is barely 65 per cent or nearly 17 per cent points behind male literacy. Given intra-household allocation of resources is biased against women, coupled with gender discrimination over the life cycle have resulted in high female and child malnutrition. So it is no wonder, one third of India's women are with BMI<18.5, and more than 40 per cent of children are underweight.

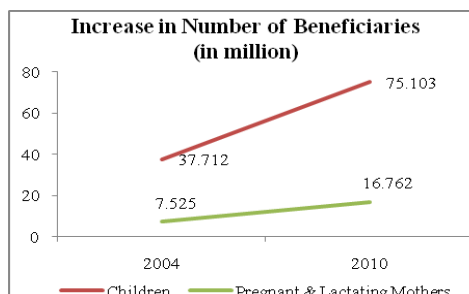
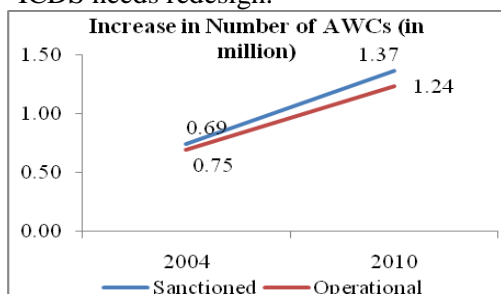
Achievements

There are only very limited achievements in the area of nutrition.

- Sharp decline in percentage of stunted children

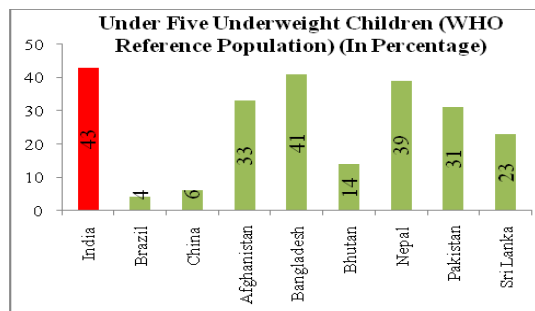
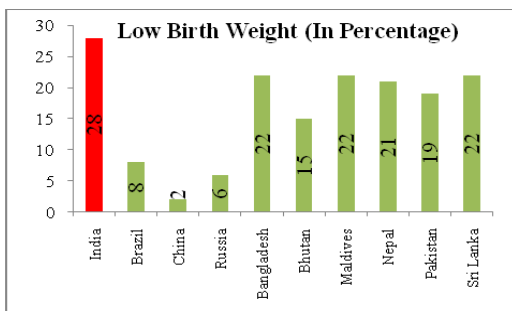


- Near Universalization of ICDS programme in India to fight malnutrition (see below). But ICDS needs redesign.



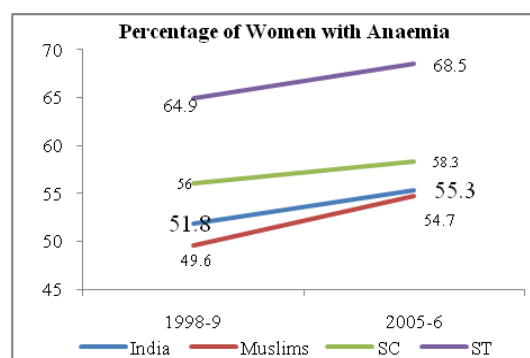
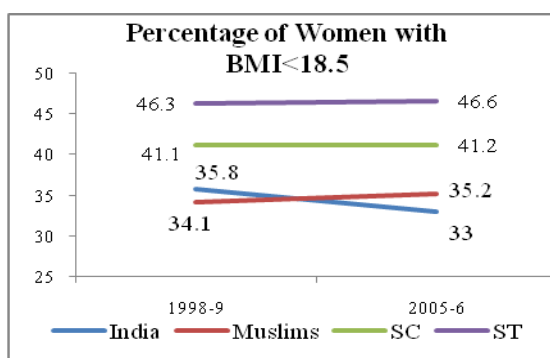
Challenges

- Calorie consumption has been declining, and the poor are consuming calories way below the recommended norm (Calorie consumption in rural area has come down from 2221kcal/day in 1983 to 2047 kcal/day in 2004-5) (See Table: 4.2, and 4.6, Pg. 126, 133 of the Report) *Reform: PDS, and Pass National Food Security -Bill at earliest possible*
- Gender discrimination and lack of education has resulted in prevalence of severe anaemia among adolescent girls being significantly higher (21.1%) (Pg. 140 of the Report).
- India is the worst performer in terms of low birth weight (28%), underweight and wasting among children in BRIC and SAARC counties (Pg. 122 of the Report). Low birth weight children are born to mothers who are themselves malnourished or stunted, thus demonstrating the effect of discrimination over the life cycle.

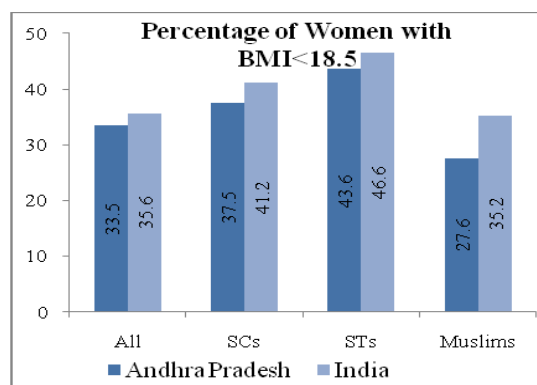
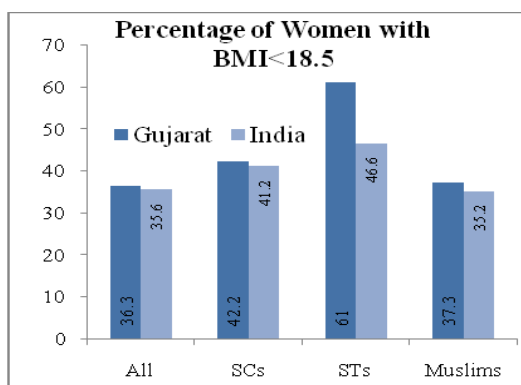


Challenge of high malnutrition compounded by continuing Social Inclusion/exclusion

- Higher incidence of female malnutrition among states with higher concentration of SC and ST population results in adult female malnutrition for SCs and STs to diverge from the national average (Table 4A.3, Pg. 137-138 of the Report).
- Over half of Indian women suffer from anaemia, and there is an increasing trend of anaemia among women for SCs, STs and Muslims (Table 4A.5 and Table 4A.6, Pg. 140 of the Report).
- Worsening of adult female malnutrition for Muslims in terms of percentage of Women body mass index < 18.5 compared to National Average.



- Among the industrial high per capita income states, Gujarat fares the worst (see graph below) in terms of overall hunger and malnutrition (Table 4.8, Pg. 131, 137-139 of the Report).
- Among the industrial states, Gujarat has a very high incidence of malnutrition among SC and ST women (Table 4A.2, Pg. 270 of the Report).
- However, among the low-per-capita income states, SCs, STs and Muslims of Andhra Pradesh have lower incidence of adult female malnutrition compared to their national counterparts (Table 4A.2, Pg 270 of the Report).



Chapter 5: Health and Demography

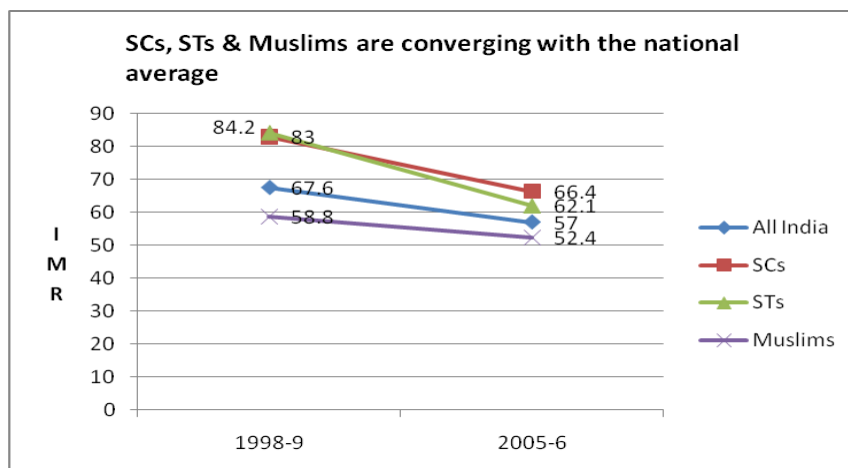
Over the last decade, we have seen improvement in various health outcome indicators. Death rate, infant and under five mortality rates and fertility rate, have all declined.

From 80 per thousand infant mortality rate (IMR) in 1990, IMR has come down to 50 in 2009. However, we are far behind in reaching the MDG target of reducing IMR to 26.7 by 2015. That is,

reaching the MDG target calls for a reduction in IMR by 23.3 in the next 6 years compared to a decline of 30 points in the last 20 years (Table 5A.2, Pg 279 of the Report).

Higher number of Muslim infants compared to national average (in 2005-6) lived beyond their first birthday.

SCs, STs & Muslims are converging with IMR national average - fall in IMR has been sharper in case of STs compared to SCs

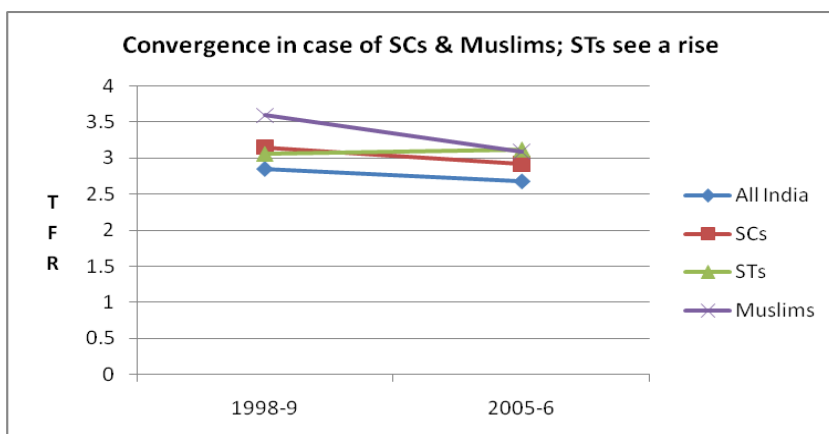


However, under-5 mortality rate (U5MR) in India was still 64 per 1000 live birth births in 2009 compared to 31 in China.

Life expectancy has increased consistently but at a very slow pace. Life expectancy at birth in poorer States like Assam, Madhya Pradesh, Orissa and Uttar Pradesh (58-60 years) in 2004 was still lower than the country's average in 1992-6. Kerala, on the other hand, has life expectancy at birth at 74 years which is comparable to the developed countries of the world.

Nine major states – Andhra Pradesh, Delhi, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, and West Bengal, have achieved the replacement level of TFR (Table 2.1, Pg. 17 of the Report) in 2008, but the poorer states like Bihar, Chhattisgarh, Madhya Pradesh, Rajasthan and Uttar Pradesh are way behind with TFR of over 3 (Table 5A.16, Pg. 293 of the Report). Unless the public health system improves, the population growth rate cannot be reduced. **TFR is at replacement level in the very states with the most functional public health systems (PHCs, Sub-Centres, District hospitals).**

Convergence in case of SCs & Muslims; but STs see a rise in TFR - Maximum fall in fertility rate experienced by Muslims along with a sharp increase in CPR.



The performance of health outcome indicators very crucially depends upon health input and process indicators.

There has been a rise in institutional delivery from 39 per cent institutional deliveries in 2005-6 as reported by NFHS 3 to around 78 per cent institutional deliveries as a proportion of total reported deliveries as of March, 2009 (Pg. 158 of the Report), implying better healthcare for mothers, post National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY).

Delivery at home is the prime reason for maternal mortality. A rise in institutional deliveries has resulted in a decline of MMR from 301 per 100,000 live births in 2001-3 to 212 in 2007-9 – fall of 89 points in six years. To achieve the 11th Plan goal of MMR of 100 by 2012, a reduction of 28 per 100,000 per year is needed (Pg. 159, of the Report).

Expenditure (both public and private) on health as a percentage of GDP in India is 4.1 per cent compared to 6.2 per cent for the African region. Share of public expenditure on health has been consistently low at one per cent of GDP. Share of public expenditure on health is, after the increase on NRHM, still only 1.3 per cent of GDP – one of the lowest in the developing world.

Despite NRHM, India faces a dismal position in terms of health infrastructure – both physical and manpower. Compared to 30 hospital beds per 10,000 population in China, India has nine. India has six physicians per 10,000 population compared to 14 in China. The nurse population ratio in India is 1:1205 as against 1:100-150 in Europe (Pg. 167, of the Report).

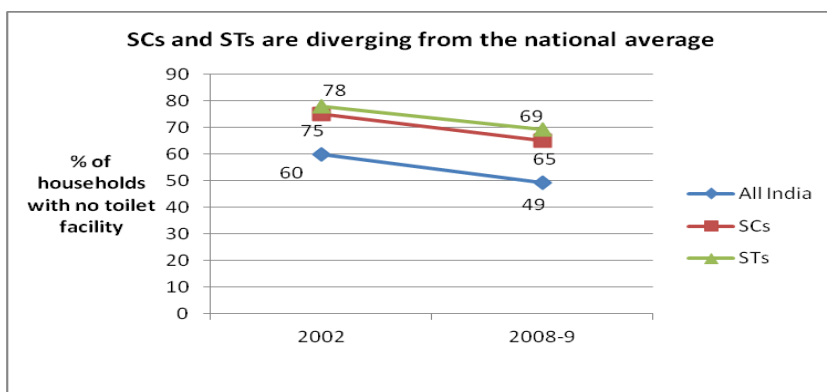
Therefore, just as the 11th Plan was an Education Plan, the 12th Plan needs to be a Health Plan to be able to address all these challenges.

Despite an increase in number of toilets, open defaecation remains the single largest threat to health & nutritional status

Open defecation is a serious threat to health and nutritional status, in addition to the safety of women and girls. About half of Indian households lacked access to sanitation facilities in 2008-9 (see graph below). In Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan and Uttarakhand over 60 per cent of households were without toilets. The situation is more dismal in rural areas, particularly in these states, where more than 75 per cent households do not have toilet facilities. Even if a single household is defaecating in the open, that household can be a source of diarrhea for all households.

In, there are large social and religious inequalities in terms of access to sanitation facilities, with SCs & STs diverging from the national average (see graph below).

Greater proportion of Muslim households compared to SCs and STs have access to sanitation facilities, largely due to their urban concentration.



However, there are also concerns regarding the use of actual toilets built under the biggest toilet building programme in the world: the central government’s Total Sanitation Campaign.. Toilets built through subsidies are often used for storing, bathing, and washing purposes. To be able to sustain open defecation free status, there is a direct need to develop a participatory approach to create an effective demand for sanitation’ without actual use of toilets, building toilets is simply money down the drain.

Access to improved sources of drinking water has seen a consistent increase. In rural India, 90 per cent of households have access to improved sources of drinking water. However, water-quality issues remain serious (arsenic, contamination with septic tanks in Kerala). There has been a consistent across the board (for all social and religious groups) improvement in households with access to improved sources of drinking water (taps, tubewells/handpumps, protected wells).

Chapter 6: Education: Achievements and Challenges

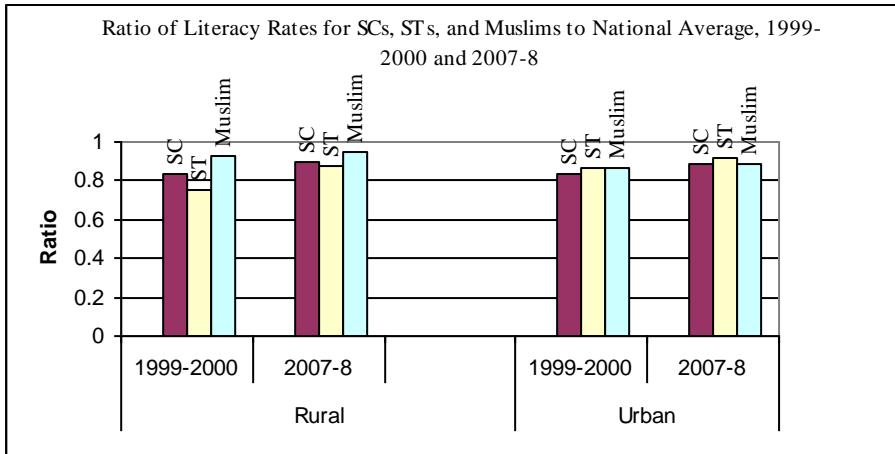
Achievements

Decline in inter-State variation in literacy rate – so poor States are converging with richer ones

With an all-round increase in literacy in the country, the variation across States in terms of literacy rates has come down in both rural and urban India (Table 6A.1 and 6A.2). The rate of increase in literacy was higher in rural India than urban India – so rural and urban India are also converging

Convergence across social groups in literacy rate, thereby implying social inclusion

Over the years the literacy rates for SCs, STs, and Muslims have converged towards the national average (see graph below).



Improvement in net enrolment ratio (NER) at all levels

There has been a sharp improvement in NER at the primary level (96 per cent in 2007-8 as compared to 84 per cent in 2005-6), which can be primarily attributed to Sarva Shiksha Abhiyan (Table 6.6, Pg. 188 of the Report). The

The gender parity index (GPI) at the primary level improved from 0.91 in 2004-5 to 0.93 in 2007-8 (DISE 2010). When subject to international comparison, the GPI for India fares relatively well with most of the regions of the world at the primary level (world average was 0.96 in 2007), mainly because girls' enrolment at the primary level has improved significantly over the last two decades (Table 6.5, Pg. 187 of the Report).

Challenges

India is home to the largest chunk of illiterates

Despite considerable improvement in literacy rates (from 67 per cent in 2001 to 74 per cent in 2011), India is home to the largest chunk of illiterate people in the world.

Illiterates among Muslims concentrated in 3 States

It may be noted here that in three States, namely Uttar Pradesh, Bihar, and West Bengal, the proportion of illiterates among Muslims was much higher in comparison to the share of the Muslim population in the total population. In Uttar Pradesh, literacy rate among Muslims (53.6 per cent) was even lower than the literacy rate among SCs (57.8 per cent).

Female illiteracy in rural India is a major challenge holding back social inclusion

More than half of the females belonging to the SCs and STs in rural India were illiterate (NSSO survey on Education in India, 2007-8).

Further, the male–female literacy gap in rural India persisted and the 20 percentage point gap that existed in 2001 continued in 2007–8 (Table 6A.1). So, despite the improvement in literacy rate, a considerable proportion of females remained illiterate. Among the major states, gender disparity in literacy rate was the highest in Rajasthan, followed by Jharkhand and Bihar.

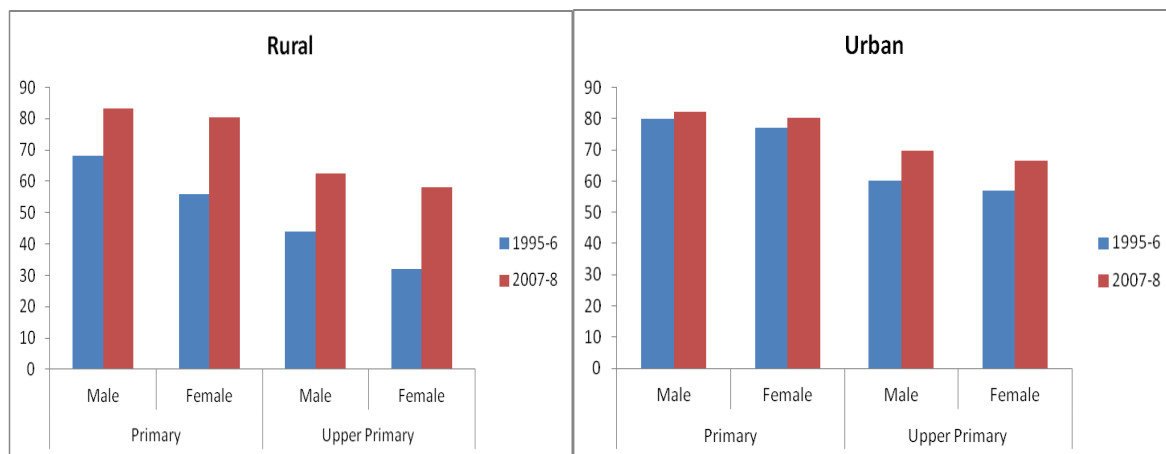
High drop-out rate is a major hindrance in success of Sarva Shiksha Abhiyan

For India as a whole, 19 per cent of the children in the age group 6-17 years were out of school. Across States, Bihar (26 per cent) and Orissa (25 per cent) had the highest incidence of out of school children in the country (Table 6A.14). This poses a serious challenge to the success of Sarva Shiksha

Abhiyan, which had universalization of elementary education by the year 2010 as an important objective.

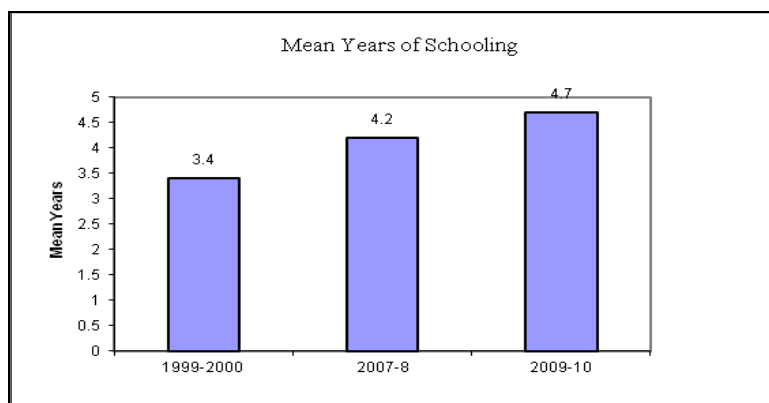
Decline in attendance at higher level of education, again a challenge for SSA

Despite attaining a high NER (96 per cent) at the primary level, the NAR was much lower. Further, there was a sharp decline in attendance at the upper primary level as compared to the primary level.



Low mean years of schooling is a major challenge for inclusive growth

Over the years, there has been an improvement in mean years of schooling. The high incidence of poverty, malnutrition, and lack of effective childhood care has all resulted in high dropout rates. Hence on an average, mean years of schooling in the country remained below the primary level (Table 6.17, Pg. 195 of the Report). Low mean years of schooling were also true in case of adults (5.1 years) in India in 2007, as against 6.4 years in China.



Fulfillment of various provisions of RTE Act, 2009 will remain a major challenge.

<u>Issue Related to</u>	<u>Norm as per RTE Act, 2009</u>	<u>Reality (2007-8)</u>
Pupil – Teacher ratio (at primary level)	30	47*
Number of classroom	One classroom for one class in all schools	9% of schools in India were one classroom schools

Girls' Toilet	School building should have separate toilet facilities for boys and girls	Half of the schools in India did not have separate toilets for girls
Drinking Water	School building should have safe drinking water facility	87 per cent schools have drinking water facility

* Ministry of Human Resource Development 2007-8

Source: DISE 2010

Moreover, as against the Kothari Commission (1966) recommendation of spending 6 per cent of GDP on education, public expenditure on education has remained slightly more than half of what was recommended (Table 6.23, Pg. 203 of the Report). Achieving RTE norms will mean much greater expenditure.

Chapter 7: Supporting Human Development: Housing, electricity, telephony

❖ *Two-third of Indians now reside in pucca houses*

Between 2002 – 2008-9, there has been an improvement (19 percentage points) in the condition of people's *housing*, with 66 per cent of the total population living in pucca houses. But one-third of Indians still reside in kutchha or semi-pucca houses.

Improvement in 2000s has been enormous. In rural India, share of households in pucca houses has increased from 36 per cent to 55 per cent between 2002 and 2008-09 (93 per cent in Haryana, 30 per cent in Chhattisgarh) and in urban areas from 77 per cent to 92 per cent (99 per cent in Haryana, 79 per cent in Bihar) (Table 7A.2-4, Pg. 385 – 388 of the Report).

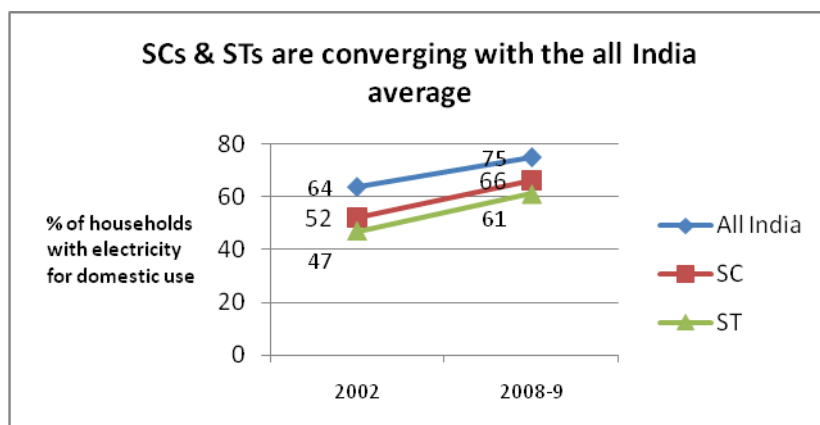
However, a greater proportion of Muslims than SCs and STs live in pucca houses mostly due to their urban concentration. The share of Muslims living in pucca houses is same as in ordinary Indian – convergence is occurring.

Electrification probably holds the greatest reward in terms of multiplier effects on human development. NSS estimates between 2002 – 2008-9 show a rise from 64 per cent to 75 per cent in percentage of households with electricity for domestic use (Himachal Pradesh 98 per cent is the best State, while Bihar 31 per cent has the lowest ratio in India). Improvements in support infrastructure are a reflection of the thrust provided by the Government through Bharat Nirman: rural housing by the Indira Awas Yojana, and rural electrification through the Rajiv Gandhi Grameen Vidyutikaran Yojana.

Even the poorer states have seen a huge increase in the percentage of households with electricity for domestic use in rural areas, but coverage remains low (like Bihar 25 per cent, Jharkhand 43 per cent, Orissa 45 per cent, and Uttar Pradesh 38 per cent) (Table 7A.6, Pg. 393 of the Report).

Still about one third rural households do not have access to electricity for domestic use in 2008-9. China had ensured 94 per cent of rural households had electricity by 1991.

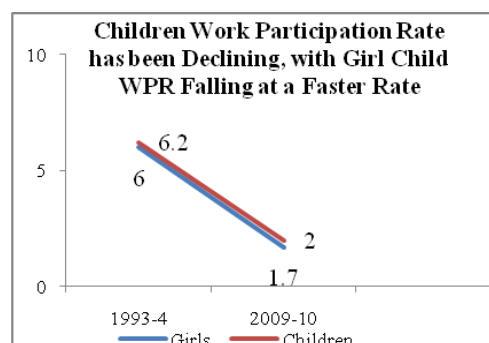
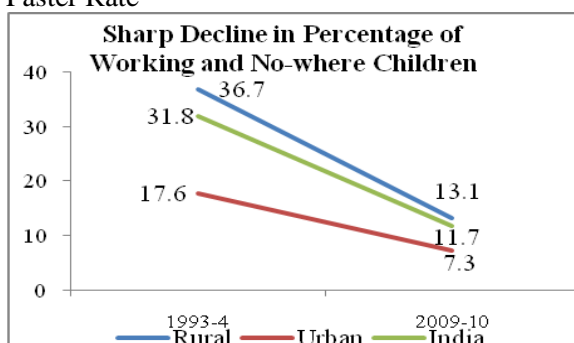
Another good news is that the SCs and STs are converging with the all India average of households with access to electricity for domestic use.



Telephony, by reducing information asymmetry can make the gains of development accessible even the rural masses, and is thus welfare maximizing. Teledensity (both fixed line as well as wireless) has increased at a very impressive pace over time from 22 per cent in 2008 to 66 per cent in December, 2010, largely led by the growth in urban teledensity. The increase in rural teledensity, by over 20 percentage points in this short span is also commendable. Rural: Punjab 53 per cent, Chhattisgarh 3 per cent - households with access to telephone (Table 7A.9, Pg. 393 of the Report).

Chapter 8: Child Labour

- Sharp Decline in Percentage of Working and No-where Children
- Children Work Participation Rate has been Declining, with Girl Child WPR Falling at a Faster Rate



- In terms of Child Work Participation Rate Muslims are doing better than STs
- Not only Convergence of Child WPR of SCs with national average but also they are performing better
- Convergence of Child WPR of STs with National Average

