

EXECUTIVE SUMMARY AND RECOMMENDATIONS ON DEVELOPMENT PRIORITY

Background:

- The Ministry of Minority Affairs (GOI) has identified 90 minority concentrated backward districts using eight indicators of socio-economic development and amenities based on 2001 census data with a purpose to improve all the eight indicators and bring it to the all India level through a multi-sector development plan under the eleventh five year plan. Since it is expected that there may be changes in those indicators after 2001, a baseline survey has been conducted to inform the multi-sectoral development plan (MSDP) with the latest deficits and priorities.
- Hingoli, a backward district in Maharashtra, is having a low infra-structure development status as the performance of some of the key development indicators are below the national and state level, is one of the backward districts in the 90 minority concentration districts in India.

District profile (2001 census based)

- Hingoli is primarily a rural district with 86% of the total population live in the rural areas.
- In Hingoli near 23.38% of the total population represent **minority communities**. Among this, Muslims constitute 6.11%, Buddhists 15.81% of the total minority community in Hingoli. There is hardly any difference reported between Tehshils with regard to the representation of minorities. The Buddhist is the major minority in all the Tehshils.
- The literacy level of Hingoli (71%) is above the national level (67%) (Census 2001). Similarly the female literacy ratio is 60% which is also above the national average. Even sex ratio, i.e., 953 which was above the state and all India level in 2001 and at that time itself the sec ratio below 6 years came down to 923 females for 1000 male child.

Survey findings: Socio -economic Conditions and other Amenities in 2008

In 2008, Hingoli lagged behind all India average in three out of eight indicators such as safe access to sanitation facility, access to safe drinking water and housing facility. The gap that prevails in these indicators between district and all India average is too wide indicating the need to have a very

careful and focused intervention needs to address the catering needs and geographical specificities of the region. The data in the following Table shows the gap between all India and district figures vis-à-vis eight indicators. The district figure is based on the survey findings (2008) and all India figures are of 2005-2006. The distance from the all India figures may be higher, as all India data are a little old.

Table 1: Development Deficit in Hingoli District

Sl. No.	Indicators	Hingoli 2008	All India 2005	Development Gaps Between All India and District	Development Priority of the District
		(1)	(2)	(3=1-2)	(4)
1	Rate of literacy	71.0	67.3	3.72	8
2	Rate of female literacy	59.8	57.1	2.74	7
3	Work participation rate	40.2	38.0	2.19	5
4	Female work participation rate	24.0	21.5	2.54	6
5	Percentage of households with pucca walls	54.6	59.4	-4.83	3
6	Percentage of households with safe drinking water	78.1	87.9	-9.84	2
7	Percentage of households with electricity	68.2	67.9	0.25	4
8	Percentage of households with water closet latrines	12.2	39.2	-27.03	1
9	Percentage of fully vaccinated children	94.2	43.5	50.71	-
10	Percentage of child delivery in a health facility	45.9	38.7	7.21	-

Priorities for Multi-Sectoral Development Plan

- **Water Closet latrines (Rank 1):** The toilet and sanitation facility in Hingoli is one of the lowest among the four Maharashtra MCDs as only 15% of the households have some kind of toilet facility and 85% of the households have to depend on open defecation. It was also reported that the water supply in many part of the district is very erratic and insufficient for cleaning facilities. This clubbed with very poor sanitation facilities in the villages posing a major development gap in the villages. Moreover, it is also important to note that only 19% mentioned that they have drainage facility at household level and the drainage facility at the Muslim household is the lowest with only 8% of the households have drainages. Since, the personal and social cleanliness is one of the major determinants of health, it is associated with the health issue, the MSDP may have to give priority and address it effectively. Considering the number of houses, that require toilets, the development plan can initiate some public toilet facilities with community initiatives. In order to promote the need to have closet facility at the habitat, the MSDP may have to plan for a campaign and also earmarking some fund to provide toilet to those houses which do not have toilet facility.
- **Safe drinking water (Rank 2):** Majority of households (78% of the total households) has to depend on public sources like wells, common tanks and river for drinking water. The drinking

water supply in many places also very erratic and far below the desirable level. Moreover, access to water sources for irrigation and other activity is far below the desirable level. Since access to safe drinking water is a key development indicator, the MSDP would promote discussion at district level with community participation to address this issue. It is very essential to bring community and various CSOs including PRIs to develop a productive and workable drinking water supply system in Hingoli. Moreover, the development plan can provide attention increase the number of public drinking water sources as more tube wells, wells and tanks.

- **Housing conditions (Rank 3):** Near 45% of houses in the district is *kaccha* or thatched ones (in which 35% are living in the *kaccha* houses and rest in *thatched* houses). More than 60% of the minority households are living in *kaccha* or *thatched* houses indicating the need to focus on the housing development in Hingoli among the minorities. Even if the housing condition is very poor in Hingoli only three percent has got support under Indira Awaz Yojana (IAY). This also indicate that the present share of IAY is not sufficient to meet the housing requirements of the people and it may have to increase the amount and also the number of units that IAY can support in the coming years. Therefore, the number of houses under Indira Awaz Yojana in Hingoli can be increased with substantial fund support from the minority scheme for housing. This can be given to those blocks or villages that have minority concentration.
- **Household electricity (Rank 4):** It is around 68% of the houses in Hingoli have access to electricity at household level. Majority of the non-electrified houses depend on lantern for light indicating the need to have access to kerosene oil. Though there is hardly any community difference exists with regard to access to electricity, the Buddhists households reported low level of electrification i.e., only 48% of the houses have access to electricity in the study region. Since most of the villages are electrified in Hingoli, the access to electricity is becoming a household issue and the MSDP can also discuss and design programmes and project aiming increase the coverage of electricity supply at households. Even then, the major issue of electricity supply in Hingoli is not attended properly, i.e., the irregular and erratic power supply. So it is essential to look for and promote alternate energy sources in Hingoli. This may also, in turn, promote micro-enterprise activities in the district.
- **Work participation and female work participation (Rank 5 and 6):** The work participation of Hingoli shows that the overall work participation rate (40%) is also above the national average

(38%). The female work participation rate (24%) is also above the national average (21.5%). However, the work participation rate reported in survey is not as impressive as it is indicating the incidence of unemployment and underemployment among the potential working population in Hingoli. Moreover, the employment aspiration of the people indicates that they wanted to get involved in agriculture and allied activities. Therefore, the district authority can take initiative to bring various stakeholders who is working in the area of rural livelihood to understand, identify the potential livelihood areas and conduct training programmes and facilitate the supply of input including technical support and credit support

- **Literacy rate and female literacy rate (Rank 7 and 8):** The over all literacy rate of Hingoli is 71% in the Census 2001 which is above the national and the state level. Similarly, the female literacy rate (60%) is also above the national average. But, over the years, there is hardly any improvement recorded with regard to literacy rate including female literacy rate. The major issue that the survey identified was the lack of sufficient middle, secondary and higher education infra-structure in Hingoli. Along with there is a major gap exist with regard to the availability of industrial training institutions in Hingoli. The MSDP can develop project to upgrade the primary schools to middle and middle schools to secondary. Also, the MSDP can look at the viability to set up industrial training institutes in Hingoli.

Other key areas:

- **Health infra-structure:** Though the data indicate a better access to immunization and institutional delivery, the infra-structure status of the health centers and its availability far below the desirable level in Hingoli. Moreover, it is also important to note that the communicable diseases are the major diseases that reported in the region during the last one year. This also indicating to the need to focus on the health care infra-structure including hospital facility and preventive care with doctors and para medical staff at the village level. Since health is a key development indicator, it is essential to have some investment in the public health arena as well. The MSDP can provide some attention in improving the hospital and paramedical support in the villages. Therefore, the fund under this scheme can be used to open more PHC sub-centers in Hingoli and ICDS centers also.