

## **BASELINE SURVEY OF MINORITY CONCENTRATION DISTRICT**

### *Executive Summary of Leh District (Jammu and Kashmir)*

#### **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 these 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 must be changes in these indicators after 2001, a baseline survey has been conducted to formulate the multi-sectoral development plan with the latest deficits and priorities.
- Leh, one of the most backward districts of Jammu and Kashmir, stands at the bottom of the 90 minority concentration districts.

#### **District Profile (2001 census based):**

- In 2001 census, the total rural population of Leh district was 88593. The district Leh has only one tehsil i.e Leh and 72.8 per cent of the population of tehsil Leh is rural.
- Scheduled caste population was negligible (0.2 per cent) and scheduled tribe constitutes 87.6 per cent in 2001. Hindu and Muslim population was 3.8 per cent and 12.9 per cent respectively. Minority population was 96.8 per cent
- Work force participation rate was 49.47 per cent in 2001. The proportion of cultivators, agricultural labourers and household workers was comparatively lower whereas other workers were higher.
- 99.1 per cent of the villages of the district were having at least a primary school, which is higher than the State share (87.7 per cent). 58 per cent of the villages have a middle school in the district, which is comparatively higher than State aggregate of 40.8 per cent.
- The literacy status of the district was better (65.30 per cent) compared to the State average of 49.78 per cent. Male literacy was higher (75.60 per cent) and female literacy was 52.70 per cent.
- District has poor health facilities than the State aggregate. As compared to Jammu and Kashmir (39.7 per cent), only 8.9 per cent of the villages of the district of Leh have a PHC within a range of 5 km. Only 0.9 per cent of the villages of Leh district have a MCW centre within 5 km compared to 26.1 per cent of the villages of the State.

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

- In 2008 (survey findings), Leh district lagged behind the all India average in two out of eight indicators and also lagged behind the all India level in terms of one more health related indicators. Table 1 below shows the gap between all India and district figures vis-à-vis ten indicators and prioritises the development intervention vis-à-vis eight indicators. The district figure is based on the survey findings (2008) and all India figures are of 2004-05 and 2005-06. The distance from the all India figures may be higher, as all India data are a little old.

**Table 1: Development Gaps and Priorities for the Multi-sector Plan**  
Development Gaps and Priorities for the Multi-sector Plan

Sl. No.	Indicators	Leh 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	74.4	67.3	7.1	4
2	Rate of female literacy	60.7	57.1	3.6	3
3	Work participation rate	57.4	38.0	19.4	6
4	Female work participation rate	57.8	21.5	36.3	7
5	Percentage of households with pucca walls	53.34	59.4	-6.06	2
6	Percentage of households with safe drinking water	45.55	87.9	-42.35	1
7	Percentage of households with electricity	87.24	67.9	19.34	5
8	Percentage of households with water closet latrines	99.70	39.2	60.5	8
9	Percentage of fully vaccinated children	20.56	43.5	-22.94	-
10	Percentage of child delivery in a health facility	86.04	38.7	47.34	-

Note: (1) Survey data of the district (Col. 1) pertains to the rural area only, but all India data (Col. 2) pertains to total.

(2) Data in Col 2 from Sl. No. 5 to 8 pertain to year 2005-06 from NFHS-3 and the rest of the data in Col. 2 pertain to the year 2004-05 from NSSO.

## Development Priorities as per Eight Indicators:

### 1. Safe Drinking Water:

The provisioning of safe drinking water remains the top most critical gap. Only 45.55 per cent of the households have access to safe drinking water in Leh against all India figures of 87.9 per cent and lag behind by huge margin of 42.35 per cent.

### 2. Houses with Pucca Walls:

All weather protected, pucca house, remains second critical, as only 53.34 per cent of the households are living in Pucca houses. 11.14 per cent and 1.49 per cent of them live in katcha and thatched houses respectively. Government run housing schemes meant for BPL population is virtually absent. IAY can be topped up with the multi-sectoral plan.

### 3. Overall Literacy Rate particularly Female Literacy Rate:

There is a significant improvement in overall and female literacy rates of the rural population in the district since 2001, due to the Sarva Shiksh Abhiyan and the Mid-day meal scheme. The overall literacy rate has increased to 74.4 per cent in 2008 and the

female literacy has also improved and stood at 60.7 per cent in 2008. Nevertheless, the district lags behind all India average and, hence, needs serious attention.

79.02 per cent of the children aged 5-16 years are enrolled in government run schools and are regular and 12.65 per cent of the children are enrolled in private schools. The enrolment in other schools and informal institutions is very negligible. The proportion of the children never enrolled are 4.90 per cent and a negligible proportion of the children left after enrollment (0.49 per cent) and enrolled but does not go to school (0.10 per cent), which implies that enrollment and retention rate is very high and SSA has been making its impact on rural educational scenario of the district in a potent way. However, some of the children have schooling facilities at a distance of more than 4 km, which is really a cause of concern and needs immediate attention of the concerned authorities.

There are a number of villages, which are still without primary school and further the number of girl's school is quite low. Hence, expansion of primary and elementary schools, both for boys and girls, should be taken on a priority basis along with effective measures to minimise drop-outs. It seems that the SSA scheme has not made a significant dent on the provisioning of basic educational services in the rural areas of the district, which needs to be penetrated with fresh rigour.

#### **4. Electricity:**

87.24 per cent of the households are electrified, of them cent per cent are Muslim households and 86.46 per cent of Buddhist households are electrified. Besides the sample households are also using non-electrified sources such as oil lamp (62.79 per cent), lantern (29.07 per cent), petromax (3.49 per cent), and others (4.65 per cent). The Rajiv Gandhi Rural Electrification Mission (RGREM), which targets universalisation of electricity connection to the rural households by the end of 2009 needs to be strengthened.

#### **5. Employment Opportunities more so for Women:**

The work participation in sample households is 57.6 per cent, which was slightly more for females (57.8 per cent) than males (57.4 per cent). Salaried employment is dominant occupation (54.83 per cent) followed by casual labour in non-agriculture (30.36 per cent), casual labour in agriculture (6.86 per cent), and self-employment in agriculture (5.36 per cent). Gender differentials in industry-wise distribution of main workers are quite sharp in agriculture, forestry and fishing, wherein majority of them are reportedly females – one-half of Muslim women and 27.75 per cent of Buddhist women.

54.83 of households are regular employed. The casualness of employment is reportedly high (37.23 per cent) and self-employment is reported by a small proportion of the households (7.94 per cent). The proportion of regular employment is more among the Muslim community and male members of the sample households.

Keeping in view the widespread problem of unemployment and underemployment, there is urgent need to operationalize the NREGA and other employment generating units on a large scale, so that more and more of the rural population will be actively engaged in casual daily wage employment. The female work participation is reportedly better and needs to be improved further, which calls for appropriate policy interventions to raise

their contribution in economic activities so that they should be empowered more and play their role within and outside the family in an effective way.

Higher dependence on salaried occupations and casual labour in non-agriculture is a sign of somewhat better occupational status of the sample population, however, the proportion of households engaged in self-employment is comparatively low and needs to be improved through government schemes of SGSY and other micro income generating programmes.

## **6. In-house Toilet Facilities:**

99.7 per cent of the sample households are defecating inside the household premises in proper spaces. 2.56 per cent and 0.18 per cent of the Muslim and Buddhist households are defecating outside the household premises in open. 81.01 per cent of the sample households have drainage facility in their dwellings.

All this makes it clear that the scheme like Total Sanitation Campaign (TSC), a Centre sponsored scheme, aiming at universalisation of sanitation facilities is running quite successfully in the district and the minor gaps which remains need to be filled in through fresh efforts.

## **Additional Areas of Intervention**

1. Access to health facilities is another area of concern, as majority of the villages are without any medical facilities. Inaccessibility to health facilities is a major deterrent in its utilization. All the sample villages are devoid of health facilities like CHCs, hospital/dispensary, doctors, maternity and child care centres, ayurvedic hospitals and doctors, and homeopathic hospitals and doctors, family planning clinics, and chemists/medicine shops. To avail these facilities, villagers have to travel to district headquarter at a mean distance ranges between 33 km to 42 km, which reveals the appalling health conditions of the population living in sample villages.

Primary health sub-centre is available in 81.5 per cent of the sample villages. 26.55 per cent of the households depend on government-run hospitals for medical treatment, 10.99 per cent of the households depend on private medical practitioners for medical treatment, and 62.16 per cent of them depend on both. The delivery of 84.88 per cent of the lost children born in sample households were performed in government hospital followed by home (13.95 per cent) and dependence on institutional deliveries is quite high (81.98 per cent) followed by trained midwife/ASHA (15.70 per cent). 89.53 per cent of the children born have received pre and post natal care. All the households have immunized their children below the age of 5 years against at least one type of disease, and the proportion of the children fully immunized is very low (20.56 per cent). Almost all the children have been immunized by government agency and dependence on private agency is very negligible.

Keeping above in view, there is need for massive investment to strengthen health facility. The health infrastructure like PHC and Sub Centres, referral and Specialty Hospitals should be strengthened by opening new ones and equipping the existing ones with equipments, medicines, Doctors and Para-medical staff. There is need to equip at least one such centre in every block with bed, pathological testing facility, minor operation and

delivery facilities. There is urgent need to strengthen the National Rural Health Mission in a big way so that it may be able to meet the health needs of the poor rural households and curtail their dependency on private sources which are costly in nature and most of the times these are behind the reach of the poor households and sometimes force them in debt. It is needed to extend the coverage of institutional deliveries of the children so that better pre and post natal care be provided to the children.

2. All weather road connectivity is another glaring infrastructural deficit. As per 2001 Census, most of the villages are without all weather road connectivity. Though rural connectivity has improved since then, yet significant numbers of villages are still without all weather roads.

3. A very small proportion (1.63 per cent) of the sample households is reportedly indebted and depending solely on institutional sources. There is need to initiate more and more income generating activities for rural poor and the institutional sources of credit has to play a vital role in operationalizing them. The government schemes for micro and small enterprise development needs to bin a big way so that their income streams could be viable and sustainable.

4. 42.73 per cent of the sample population is below poverty line (BPL), of them 36.80 per cent had BPL ration cards and 55.19 per cent of them are availing PDS facility. 84.27 per cent of the sample population have complained about insufficient quantity followed by bad quality (11.29 per cent). The huge difference in falling under BPL category and holding BPL ration card and availing benefits from PDS is a matter of very serious concern and the gaps need to be plugged at earliest, so that the poor must get their due share, which could also supplement households' nutrition. There is also need to rejuvenate the PDS to improve its working and performance.