Minority Concentration District Project

Bardhaman, West Bengal

Executive Summary

Sponsored by the Ministry of Minority Affairs

Government of India

The MCD project aims to conduct a baseline survey on the state of minorities in the districts identified by the Ministry of Minority Affairs, Government of India. The minorities are defined on the basis of National Commission of Minorites Act, 1992 and includes Muslims, Sikhs, Christians, Buddhists and Zorastrians (Parsis). Bardhaman is classified as 'A' category district of this project for which both the sets of religion specific socio-economic and basic amenities indicators are below the respective national averages with the values being 43.2 and 35.2. Muslims with a share of 20.36% (as per Census 2001) in total population constitute the minority population of the district.

The purpose of this sample survey is to help the district administration draw action plan for socio-economic and infrastructure development of the district for improving the quality of life of the people and reducing the imbalances during the 11 th. Five Year Plan. However, it may be noted that the benefits will accrue to all sections of people in the district where intervention is executed and not only the minorities.

The survey was conducted in 30 villages in Bardhaman district spread across 20 Blocks during April, 2008. Findings of the survey are categorized under the broad headings of **Basic Amenities; Education; Health; Infrastructure; Occupational conditions; Existence and Efficacy of Government Schemes and any other issue.** We have provided two sets of tables, one for the data across villages to capture the locational variation followed by the district averages computed over all the households surveyed in all the sample villages chosen in the district. For some of the indicators, e.g. total literacy the district performed quite well compared to the national average or for that matter even for the district average as per Census 2001. However, one should interpret these results with caution bearing in mind the fact that the results are based on a sample survey and that it may not tell all the truth. In this particular case of literacy literate does not mean that the people are educated. When one looks into drop out rate the survey results shows a very grim picture. It is worth noting that it is not necessarily the case that the Muslims fall behind the non-Muslim population in general.

The findings for the district as a whole can be summarized in Table E1 below. We provide the deficit of the district for the religion specific socio-economic indicators and the basic amenities indicators where the deficit has been calculated as the deviation of the survey estimate from the national average based on NSSO, 2005 estimates and NFHS - 3 in Table E1 below. In addition to these indicators we have also discussed about some of the indicators, which in our opinion are extremely important for the development of the district.

Table E1: Priority Ranking of Facilities Based on Deficits of District Averages and National Averages

Sl. No.	Indicator	District Average	National Average	Deficit	Priority Rank
I. Socio-economic Indicators					
1	Literacy (%)	71.89	67.3	-4.59	6
2	Female Literacy (%)	64.87	57.1	-7.77	8
3	Work Participation (%)	40.64	38.0	-2.64	5
4	Female Work Participation (%)	8.79	21.5	12.71	3
II. Basic Amenities Indicators					
5	Houses with Pucca Walls	40.41	59.4	18.99	2
6	Safe Drinking Water (%)	93.78	87.9	-5.88	7
7	Electricity in Houses (%)	44.44	67.9	23.46	1
8	W/C Toilet (%)	31.44	39.2	7.76	4
III. Health Indicators					
9	Full Vaccination of Children (%)	55.26	43.5	-11.76	-
10	Institutional Delivery (%)	65.19	38.7	-26.49	-

Note: District averages are estimated on the basis of sample data on rural areas only, and national averages for Sl. No. (5) to (8) are based on NFHS-3, and the rest are based on NSSO, 2005.

It is clear from the above table that the district averages perform very poorly compared to the corresponding national averages in the cases of electricity in houses, houses with pucca wall, female work participation, and marginally lower for W/C toilet. Accordingly the district administration is expected to draw up their development plan funded by the Ministry of Minority Affairs based on the priority ranking of the facilities. However, it may also be noted that the district averages and the deficits are not uniform across the district, there are large variations across the villages. A comparison may be made consulting the relevant tables for the village level averages. In this way one can find out the priority ranking for the villages separately. Given the representative character of the sample one can treat those villages or the blocks where they are situated as the pockets of relative backwardness in terms of the above indicators. We draw the attention of the district administration to be cautious when drawing plan for the district.

In addition to the above priority ranking of facilities we also like to point out that there are some findings that the study team of the CSSSC thinks very important from the standpoint of the development of the district. These are given below.

- The pucca house receives a rank of 2 and the percentage of BPL families covered under

IAY is extremely poor, 6.07%. So we think it is an important area where the district administration should top up.

- The district average of the number of primary teachers per school (3.37) is above the national average based on Census 2001 (2.84), the national average itself is very poor. It means on an average, all the four classes in a primary school cannot be held. So though the district average is not so poor in this case the district administration should pay attention to this.

- So far secondary schools are concerned, the performance of the district is very poor, viz. 0.43 secondary and higher secondary schools per village. This also needs intervention.

- Apparently the district performs reasonably good for health related indicators, on closer scrutiny one is not satisfied just by any absolute standard. For example, no villages have government hospitals in its vicinity, 40 % of villages have primary health centers or sub-centres situated within the village, average distance of primary health center or sub-centres is 3.45 Km., average distance of government hospital is 11.91 Km., average distance of private hospital or nursing home is 12.79 Km.

Performance of the facilities related to ICDS centers is, however, quite good. A very high percentage of 83.33% are housed in government building while 56.67% have good quality building and average number of visits of ICDS employees is, however, only 8.71 days in a year.