Minority Concentration District Project

Gajapati, Orissa

Executive Summary

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). Gajapati 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 41.6 and 16.9. Christians with a share of 33.47% (as per Census 2001) in total population constitute the dominant 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 29 villages (with repetition in one village, though the sample size is 30) Gajapati district spread across 9 Blocks during May, 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. work participation and female work participation (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 work participation does not mean that the it is people's choice. It is worth noting that it is often the case that the Christians fall behind the non-Christian population in many of the cases. In some cases it is the other way round.

We have discussed the conditions of the district in terms of the major indicators; we have provided the current status of the most important eight indicators identified by the Ministry of Minority Affairs, viz. the four religion specific indicators and the four

basic amenities indicators. In addition we have also provided the status of the many other indicators that we thought to be of relevance. Some of these are more disaggregated estimates for a particular indicator. For example we have gone into a detailed account of status of education, at different levels as we thought that only literacy is inadequate. We also provided the status of training in vocational trades and the demand for such training. This is important, in our opinion, as we tried to relate the same with job market situation for the general populace.

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 the table 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.

The above analysis is very broad in nature and requires intervention at a very larger scale and change in the attitude of the process of policy planning. Since the approach of the Multi-sector Development Plan funded by the Ministry of Minority Affairs is supplementary in nature and does not intend to change the very nature of the plan process, it is suggested that the district administration may start working on priority basis with the additional fund in the areas where the deficit can very easily be identified at the district level or at the village or in the pockets of the district. Hence 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 the estimates provided by the NSSO 2005 and NHFS-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.

It is clear from the above table that the district averages perform worst for electrified houses followed by houses with W/C toilet, houses with *pucca* wall and over all and female literacy. In the cases of work participation and female work participation district averages are higher than the corresponding national averages. But this are

compulsion than by choice with so wide spread poverty. In this connection it may be mentioned that people are unaware as well as about direct income generation schemes, such as SGSY and proportion of beneficiaries is also not very impressive. 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 as listed above. However, coverage of IAY for BPL families being only 7.03%, the district authority should pay adequate attention in the provision of *pucca* houses for the BPL families. 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

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

Sl. No.	Indicator	District Average	National Average	Deficit	Priority Rank
I. Socio-economic Indicators					
1	Literacy (%)	50.69	67.3	16.61	4
2	Female Literacy (%)	43.41	57.1	13.69	5
3	Work Participation (%)	58.78	38.0	-20.78	8
4	Female Work Participation (%)	40.72	21.5	-19.22	7
II. Basic Amenities Indicators					
5	Houses with Pucca Walls (%)	35.66	59.4	23.74	3
6	Safe Drinking Water (%)	75.40	87.9	12.5	6
7	Electricity in Houses (%)	26.90	67.9	41.0	1
8	W/C Toilet (%)	3.81	39.2	35.39	2
III. Health Indicators					
9	Full Vaccination of Children (%)	56.02	43.5	-12.52	-
10	Institutional Delivery (%)	14.06	38.7	24.64	-

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.

find out the priority ranking for the villages separately. Given the representative nature 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. This is specially so where district averages are higher than the corresponding national averages. In such cases it makes better sense to concentrate the efforts of the district administration areas other than the above ten indicators as suggested by the Ministry. These are given below.

- Apparently the district performs very poor in terms of health related infrastructure. So looking at only vaccination or institutional delivery is inadequate. No village has government hospital in its vicinity, 8.51 % of villages have primary health centres or sub-centres situated within the village, average distance of primary health centre or sub-centres is 10.04 Km., average distance of government hospital is 22.86 Km., average distance of private hospital or nursing home is 13.79 Km. For taking pregnant women to hospitals for delivery the major means is rented cars though it is lower for Christians than non-Christians. Around 50% of Christian families have no access to motor vehicle for taking pregnant women to hospitals or health centres while it is 20.51% for the non-Christians. This is an important area where the policy makers should think of providing at least one ambulance per village.

- Though ICDS centres are housed in government building for all the villages surveyed and 68.97% of ICDS centres are found to be good condition which are quite good compared to national average, average visits of ICDS supervisors is 2.55 days per annum which is very poor for good supervision of ICDS filed activities.

By no means these can be considered good whether they exceed national average or not, though in many cases they are lower than the national averages.