Minority Concentration District Project

Nicobar, A & N Island

Executive Summary

Sponsored by the Ministry of Minority Affairs

Government of India

Centre for Studies in Social Sciences, Calcutta R1, Baishnabghata Patuli Township Kolkata 700 094, INDIA. Tel.: (91) (33) 2462-7252, -5794, -5795 Fax: (91) (33) 24626183 E-mail: info@cssscal.org 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). Nicobar is classified as 'B' category (sub-category B1) district of this project for which the sets of religion specific socio-economic and basic amenities indicators are 53.4 and 39.0. Christians with a share of 73.35% (as per Census 2001) in total population constitute the minority population of the district for the MCD Project.

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.

A total of 22 villages were chosen across two *tehsils* for the sample survey.¹ However, because of logistical problems the survey could not be conducted in all the 22 villages, it was conducted only in 17 villages. 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 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.

¹ Actually as per our methodology sample size should have been 25, but Small Lapati repeated once and Campbell Bay repeated twice, so that

Sl. No.	Indicator	District	National	Deficit	Priority
		Average	Average		Rank
I. Socio-economic Indicators					
1	Literacy (%)	81.70	67.30	-14.40	5
2	Female Literacy (%)	77.87	57.10	-20.77	6
3	Work Participation (%)	34.85	38.00	3.15	3
4	Female Work Participation (%)	19.39	21.50	2.11	4
II. Basic Amenities Indicators					
5	Houses with Pucca Walls	27.60	59.40	31.80	1
6	Safe Drinking Water (%)	66.90	87.90	21.00	2
7	Electricity in Houses (%)	95.10	67.90	-27.20	7
8	W/C Toilet (%)	67.5	39.20	-28.30	8
III. Health Indicators					
9	Full Vaccination of Children (%)	59.46	43.50	-15.96	-
10	Institutional Delivery (%)	88.35	38.70	-49.65	-

 Table E1: Priority Ranking of Facilities Based on Deficits of District

 Averages from National Averages

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 worst for houses with *pucca* walls, followed by safe drinking water and general work participation. In some cases such as literacy and female literacy, the district averages are higher than the corresponding national averages. 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, 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 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 have also pointed out in our detailed report that there are some findings that the study team of the CSSSC thinks are highly significant from the standpoint of the development of the district. Some of them are:

- The current Kutcha houses are temporary and described as 'shelters' rather than as 'houses', and hence the distinction between Kutcha/ Pucca/ Kutcha-Pucca doesn't hold true here. The proposed housing infrastructure when put in place would further elide the difference, as all houses would be Pucca constructions. Although Priority Ranking of Facilities Based on Deficits of District indicates that there are a large number of Christians (80%) living in Kutcha houses, these houses are essentially temporary relief shelters constructed post-Tsunami and are transitory in nature. The TRP has presently undertaken a massive house-building exercise post-Tsunami.
- Though schools are located at a close proximity to the community housing, say for instance about 40% of Christians and 83% of non-Christians avail school within the distance of one kilometre and 32% of Christians and 6% of non-Christians avail school within 1-2 kilometres, the percentage of the level of education drops significantly after the primary level of education. Our survey indicates that distance of school is not an impeding factor for education, the serious lack of engagement with education is. Lack of opportunities for higher or graduate level education in the district of Nicobar severely constrains aspirations of school going children and their parents, as a result of which although the parents desire their children to attain graduate and post-graduate degrees, it doesn't materialize. We also note that until and unless there is growth of opportunities in higher education and in vocational and technical training, the dependence on agriculture and casual labour would remain as the primary occupation for Nicobarese Christians.
- The need for safe and adequate drinking water in the district is especially important as it is surrounded by the sea and sweet water is not readily available. The MCD may utilize its funds in creating infrastructure using both modern and traditional techniques to harvest rainwater.
- The district of Nicobar lacks specialized doctors and for handling of emergency and crisisladen cases. Our field observation indicates that in such times critically ill patients are often times heli-lifted to Port Blair for further treatment. It is recommended <u>that the government</u>

provides incentives to medical specialists and doctors so that they are willing to serve in this remote district. This we believe would in large measure ameliorate the condition of healthcare, as it exists today.