UDUPI DISTRICT

Human Development Report

2014

Udupi Zilla Panchayath
Rajathadri, Manipal,
Udupi District

Planning, Programme Monitoring
and Statistics Department,
Government of Karnataka,
Bengaluru

Udupi District Human Development Report - 2014

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SIDDARAMAIAH
CHIEF MINISTER

VIDHANA SOUDHA
BANGALORE - 560 001

CM/PS/234/2014

Date : 27-10-2014

MESSAGE

I am delighted to learn that the Department of Planning, Programme Monitoring and Statistics is bringing out District Human Development Reports for all the 30 districts of the State, simultaneously.

Karnataka is consistently striving to improve human development parameters in education, nutrition and health through many initiatives and well-conceived programmes. However, it is still a matter of concern that certain pockets of the State have not shown as much improvement as desired in the human development parameters. Human resource is the real wealth of any State. Sustainable growth and advancement is not feasible without human development. It is expected that these reports will throw light on the unique development challenges within each district, and would provide necessary pointers for planners and policy makers to address these challenges.

The District Human Development reports are expected to become guiding documents for planning and implementation of Programmes within the districts. I urge the Members of Parliament, Legislators, Zilla Panchayat, Taluk Panchayat and Gram Panchayat Members, vis-a-vis representatives of Urban Local Bodies to make conscious attempt to understand the analysis that has been provided in the district human development reports and strive hard to ensure that the identified gaps are bridged through effective planning and implementation.

A number of people from many walks of life including administrators, academicians and people representatives have contributed in making of these reports. I commend each and every one associated with the preparation of the District Human Development Reports. I acknowledge the efforts put in by district committees headed by Chief Executive Officers and Officers of the Planning Department in completing this challenging task.

It gives me great pride to share with you that Karnataka is the first state in the country to prepare district human development reports for all the districts. I am hopeful that this initiative will spur us to double our efforts to make Karnataka, a more equitable progressive State.

Siddaramaiah

(SIDDARAMAIAH)



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MESSAGE

I am happy to learn that the District Human Development Reports (DHDRs) for all the 30 districts in the State are being placed in public domain shortly. A painstaking and massive effort has gone into the preparation of these reports. I heartily congratulate the Zilla Panchayats and the Planning Department for this commendable work.

The reports, I am sure, would help policy makers, administrators, researchers, social organizations and the public at large to understand the critical concerns of human development in the Districts and Taluks of our State and also to bridge such deprivations by initiating suitable policy and programme interventions.

(S R Patil)

VINAY KUMAR SORAKE
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MESSAGE

It is now well recognized that economic growth cannot automatically lead to human development. The well-being of people should be the centre of development. Envisioning this vision, the Government of Karnataka brought out two Human Development Reports; first in 1999 and second in 2005. Subsequently, with a view to capture human development concerns within districts, the Government implemented four pilot projects in Bijapura, Gulberga, Mysore and Udupi in 2008. It is indeed a matter of pride that Udupi District pilot Human Development Report got the first ever all India Manav Vikas Award instituted by the UNDP and Planning Commission.

I am extremely happy to note that the Government of Karnataka has now decided to bring out District Human Development Reports for all 30 districts to assess the disparities in well-being of people at taluk levels in the state. The importance of such an exercise needs hardly any emphasis from policy and decentralized planning perspective. The preparation of the Report was done in a participatory mode by the Zilla Panchayat and Justice K.S.Hegde Institute of Management, Nitte who were appointed as the Lead Agency for this work. A large number of people, institutions, NGOs and local government departments were also actively involved in preparation of the Report. I whole heartedly congratulate all those who worked with commitment and diligence to prepare this report.

The Report deals with various dimensions of human development particularly education, health, income and employment, empowerment of women and marginalized sections and governance. Strengths, weaknesses and opportunities in these sectors are discussed in detail from human development perspective. Besides focusing on human development, the Report has also made attempt to throw light upon gender inequality, child development, food security, urban development, disabilities faced by the Schedule Castes and Schedule tribes in the district and development disparities in taluk development. I am sure that the study will be of immense value for policy makers, planners and other stakeholders.

Though Udupi district achieved relatively good progress in human development, the Report has identified many grey areas of human development concerns. The district's vision is to achieve comprehensive, inclusive and equitable human development on sustainable manner. The Report contains way forward strategies such as improving universal access to quality education in primary and secondary schools, moving towards comprehensive health care system, translating growth towards well-being of people, empowering women and marginalized communities and improving governance and service delivery. I sincerely hope that the Report will contribute significantly towards policy formulation and district planning process and also for resource allocation for development of the district.

Vinay Kumar Sorake
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Dr. Vishal R., I.A.S.
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Message

The well-being of people is the ultimate goal of all development oriented efforts. It calls for a multidimensional approach covering the critical aspects of all-round human development. It is also important to focus on inclusive human development. If the poor and marginalized sections of the society do not have access to education, healthcare and secure livelihoods, then economic development will leave them behind and the gap between the haves and have-nots will widen substantially. Recognizing the critical importance of this perspective at the grass root level, the Government of Karnataka has decided to bring out the District Human Development Reports for all 30 districts in the state. The importance of such an exercise is immense from policy and decentralized planning perspective.

Udupi Zilla Panchayat has coordinated the preparation of the District Human Develoment Report in Udupi district. In the beginning, Mr.S.A.Prabhakar Sharma CEO, ZP and thereafter, Smt. M. Kanagavalli *I.A.S.*, who took over from him as the CEO have steered the initiative and coordinated the process with the able support of the Planning Unit. Justice K.S.Hegde Institute of Management, Nitte was the the Lead Agency for preparation of the Report. They undertook the exercise with great interest and enthusiasim. The entire process of preparation involved close consultation with Deputy Commissioners office, experts, line departments of Udupi Zilla Panchayat and other departments of the district and various institutions. I understand that the former Deputy Commissioners Dr. M.T.Reju, Dr. Muddumohan, Sri S.S. Pattanashetty have made significant contribution in preparation of the Report.

The Report meticulously discusses various dimensions of human development particularly education, health, income and employment, empowerment of women and marginalized sections and governance. Besides focusing on human development concerns, the Report has also thrown light upon gender inequality, child development, food security, urban development, disabilities faced by the marginalized society in the district and development disparities at the taluk level. The chapter *The Way Forward* offers recommendations which I am sure will be of immense value for policy makers, planners and other stakeholders.

I take this opportunity to congratulate and thank all those who have worked very hard to bring this valuable Report on behalf of the Udupi Zilla Panchayat. I also hope that the findings of the report would be disseminated and discussed more widely and enable the evolution of appropriate policies and strategies in further improving human development in the district.

R. 29/01/2015

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Preface

Human development recognizes people as the real wealth of nation and put the well-being of people at the centre of development. Recognizing the critical importance of human development, Karnataka Government brought out two State level Human Development Reports in 1999 and 2005. Since state-level reports have not brought out disparities in various dimensions of human development within the districts, the State Government brought out four pilot District Human Development Reports in 2008 for Bijapura, Gulbarga, Mysore and Udupi. I am glad to record that the Udupi District Report was awarded the first ever Manav Vikas Award instituted by the UNDP and Planning Commission at the national level.

The Government of Karnataka has now decided to bring out District Human Development Reports for all 30 districts in the state. Udupi Zilla Panchayat was made responsible to coordinate the task of preparation of the Udupi District Human Development Report. Justice K.S.Hegde Institute of Management, Nitte, which had expertise in the preparation of such reports, has been appointed as the Lead Agency for preparing Udupi District Human Development Report.

The preparation of the Report was a huge responsibility and challenging task. It has adopted broad based methodology and uniform set of taluk-level indicators with standardized definitions and data sources to ensure taluk and district level commonality and comparability in the state. Besides conventional Human Development Index (HDI), the study computed six other indices to focus on inter-taluk disparities in gender inequality, child development, food security, urban development, discrimination of Dalits and taluk's development from human development perspective. The findings of five small area/micro studies focusing on specific issues affecting Udupi district were also special feature of the study. The Report has twelve chapters focusing on in-depth analysis of all human development related dimensions. The Executive Summary succinctly summarizes present status, issues and concerns in various dimensions of human development and charts out the way forward policies and strategies required for enhancing comprehensive, inclusive, equitable and sustainable human development in the district.

Udupi District Human Development Report is an outcome of collaborative efforts of both the Lead Agency and Zilla Panchayat. I understand that the former President Sri Upendra Nayak and other members of Zilla Panchayath have made significant contributions and participated in the workshops. In the initial stage, Mr.S.A.Prabhakar Sharma, then CEO, ZP and thereafter, Smt. M. Kanagavalli, who took over from him as the CEO spearheaded the task. The Planning Unit under the leadership of Shri V. Vijayakumar Shetty organized two district-level and three taluk-level workshops and coordinated the work of compilation of data from the line departments and carrying out small area studies on problems faced by the district. All the heads of line departments and urban bodies have fully cooperated in provision of requisite data. A team of researchers from the Lead Agency worked very hard in computing various indices and in preparing this Report. Without their dedication, commitment and team efforts, this Report would not be in its present scholastic form. I would like to record our deep appreciation of all those involved for their dedication and commitment in producing this Report in time.

I sincerely hope that the Udupi District Human Development Report would be the basis for our future course of policies, programmes and resource allocation.

Savitha Shivananda Kotian
President, Zilla Panchayat, Udupi

ACKNOWLEDGEMENTS

Udupi Human Development Report 2014 is the product of a collective effort of a dedicated team of researchers of the Institute supported by the Planning Department of Udupi Zilla Panchayat.The entire process of preparation involved close consultation with a large number of experts, line departments of Udupi ZP and various institutions.The Department of Planning, Programme Monitoring and Statistics, Government of Karnataka undertook a number of preparatory steps like developing Guideline Document,organizing two workshops for technical capacity building and providing technical guidance at every stage. We would like to acknowledge their contributions, guidance and support. Special thanks are due to Shri Sanjiv Kumar, I.A.S. former Principal Secrtary, Smt. Anita Kaul I.A.S. (Rtd.), former Additional Secretary, Ms. V. Manjula I.A.S. Principal Secretary and Shri Rajiv Ranjan I.F.S. Secretary, Planning, Programme Monitoring and Statistics Department and Dr. H Shashidhar, SLCC (State level consultant and co-ordinator), HDD, PD for over-viewing the entire process and guiding the preparation of the Report. The DHDR is also supported by UNDP-PCI, under their project HDBI (Human Development: Towards Bridging Inequalities).

Initially, Mr.S.A.Prabhakar Sharma CEO, ZP and thereafter, Smt. M. Kanagavalli, who took over from him as the CEO spearheaded the initiative and coordinated the process with the able support of Shri V.Vijayakumar Shetty, CPO. The Planning Department of the Udupi ZP took keen interest in organizing two district-level and three taluk-level workshops, compilation of data from the line departments and carrying out small area studies on problems faced by the district. The Heads of Departments such as Education, Health and Family Welfare, Agriculture, Horticulture, Animal Husbandry, Women and Child Development, Social Welfare, Urban Local Bodies and others provided required data and participated actively in the deliberations of Core Committee. A team of doctors from the Department of Community Medicine, Kasturba Medical College, Manipal, assisted in carrying out health related two micro studies and providing expert inputs on health related matters. We would like to express special gratitude to all of them for their assistance and contribution. We are also grateful for providing the required assistance by the Deputy Commissioner's Office, Udupi District.

The research team of the Institute consisting of Dr. N.S.Shetty (Lead Coordinator), Dr. G.V.Joshi, Dr. Sudhir Raj K. and Prof. Rakhesh Shetty worked very hard with commitment in computing various indices and in preparing this Report. The Report greatly benefited from the intellectual advice from Dr. N.K.Thingalaya, Emeritus Professor and Dr. M. S. Moodithaya, Registrar of Nitte University. I am profoundly grateful to them.

Special thanks are also due to Prof. Sayeegeetha Hegde of the Department of Humanities, Nitte University, for translating the entire Report into Kannada and Mr Mohan of Quality Monitoring Group for technical support. Dr. Vanishree Joseph, Associate Professor at the institute has made useful comments on the earlier version of the chapter on gender and development. Her help is gratefully acknowledged.

Finally, we thank all those directly or indirectly involved in giving the Report its final shape. We sincerely hope that the Report would be of great policy relevance and provide basis for preparing district planning process from human development perspective.

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ABBREVIATIONS

AAY	:	Anthyodaya Anna Yojana
AIDS	:	Acquired Immune Deficiency Syndrome
ANC	:	Antenatal Care
ANMs	:	Auxiliary Nurse and Midwives
BPL	:	Below Poverty Line
CALC	:	Computer-aided Learning Centres
CBOs	:	Community Based Organizations
CBR	:	Crude Birth Rate
CDI	:	Child Development Index
CDDI	:	Composite Dalit Development Index
CTDI	:	Composite Taluk Development Index
CDR	:	Crude Death Rate
CEO	:	Chief Executive Officer
CHCs	:	Community Health Centres
CMC	:	City Municipal Council
CMR	:	Child Mortality Rate
CPO	:	Chief Planning Officer
CSO	:	Central Statistical Organization
CSR	:	Child Sex Ratio
DC	:	Deputy Commissioner
DCDI	:	District Composite Development Index
DDI	:	Dalit Deprivation Index
DES	:	Directorate of Economics and Statistics
DHDR	:	District Human Development Report
DHFW	:	Department of Health and Family Welfare
ENT	:	Ear, Nose and Throat
DPT	:	Diphtheria, Polio and Tuberculosis
DWCD	:	Department of Women and Child Development
EMIS	:	Education Management Information System
FSI	:	Food Security Index
GDI	:	Gender-related Development Index
GDP	:	Gross Domestic Product

GDDP	:	Gross District Domestic Product
GII	:	Gender Inequality Index
GEM	:	Gender Empowerment Measure
GER	:	Gross Enrolment Ratio
GOI	:	Government of India
GOK	:	Government of Karnataka
GP	:	Gram Panchayat
GSDP	:	Gross State Domestic Product
HDI	:	Human Development Index
HDR	:	Human Development Report
HIV	:	Human Immunodeficiency Virus
ICDS	:	Integrated Child Development Services
IHDI	:	Inequality-adjusted Human Development Index
IMR	:	Infant Mortality Rate
KHDR	:	Karnataka Human Development Report
KMC	:	Kasturba Medical College, Manipal
KUDCEM	:	Karnataka Urban Development and Coastal Environment Management
LEB	:	Life Expectancy at Birth
LPCD	:	Litre per capita per day
MCH	:	Maternal and Child Health
MDGs	:	Millennium Development Goals
MGNREGA	:	Mahatma Gandhi National Rural Employment Guarantee Act
MMR	:	Maternal Mortality Rate
MPI	:	Multidimensional Poverty Index
MESCOM	:	Mangalore Electricity Supply Company
NABARD	:	National Bank for Agriculture and Rural Development
NDDP	:	Net District Domestic Product
NER	:	Net Enrolment Ratio
NGOs	:	Non-Governmental Organizations
NRHM	:	National Rural Health Mission
NSS	:	National Sample Survey
NSSO	:	National Sample Survey Organization
OBC	:	Other Backward Community

PDS	:	Public Distribution System
PHCs	:	Public Health Centres
PMGY	:	Pradhana Mantri Gramodaya Yojana
PNC	:	Post Natal Care
PPP$	:	Purchasing Power Parity in terms of US Dollars
PRI	:	Panchayat Raj Institutions
PTR	:	Pupil Teacher Ratio
PUC	:	Pre-university Course
RCH	:	Reproductive and Child Health
RMSA	:	Rastriya Madhyamik Shikshan Abhiyan
RRBs	:	Regional Rural Banks
RUDSETI	:	Rural Development and Self-employment Training Institute
RTE	:	Right to Education
SCs	:	Scheduled Castes
SDMCs	:	School Development and Monitoring Committees
SGRY	:	Sampoorna Grameena Rozgar Yojana
SGSY	:	Swarnajayanti Grama Swarozgar Yojana
SHGs	:	Self-Help Groups
SIRED	:	Syndicate Institute of Rural Entrepreneurship Development
SKDRDP	:	Shree Kshetra Dharmastala Rural Development Project
SLCC	:	State Level Coordination Committee
SSA	:	Sarva Shikshan Abhiyana
SSLC	:	Secondary School Leaving Certificate
STs	:	Scheduled Tribes
TB	:	Tuberculosis Bacilli
TMCs	:	Town Municipal Councils
TP	:	Taluk Panchayat
TSC	:	Total Sanitary Campaign
UDI	:	Urban Development Index
ULBs	:	Urban Local Bodies
UN	:	United Nations
UNDP	:	United Nations Development Programme
WPR	:	Work Participation Rate
ZP	:	Zilla Panchayat

Part I
EXECUTIVE SUMMARY



UDUPI SRI KRISHNA JANMASTAMI CELEBRATION

Executive Summary

"People are the real wealth of a Nation". With these words, the first Human Development Report (HDR) of United Nations Development Programme (UNDP) in 1990 put the well-being of people at the centre of development. The objective of the development is, accordingly, to create an enabling environment for people to lead a long and healthy life, to acquire knowledge and to have access to resources needed for a decent standard of living. As the conventional measure of economic development based on Gross Domestic Product (GDP) and per capita income did not capture the basic aspects of well-being of people, human development was considered as an alternative development paradigm. As a composite measure of human development, the Human Development Index (HDI) has become a yardstick of well-being of people. The UNDP publishes every year Human Development Report (HDR) focusing on HDIs to measure and rank achievements in human development of every nation since 1990. The human development being multi-dimensional, the UNDP 2010 HDR has made HDI broad based beyond three core dimensions of human development: health, education and standard of living and recommended to the users to take into account all contextual and region-specific key human development concerns in measuring well-being of the people.

All over the world, efforts were made, since then, to bring out HDRs at national and regional levels. The Government of India, for the first time, prepared the National Human Development Report in 2001 providing HDIs state-wise and for the nation as a whole. Karnataka brought out the first HDR in 1999 and second HDR in 2005. These reports have brought out district level imbalances in various dimensions of human development within the State. With the view to gain deeper understanding of the human development concerns within districts, the Government of Karnataka (GOK) initiated four pilot projects for preparing District Human Development Reports (DHDRs) in the first phase in 2005. The districts selected were Vijayapura, Kalaburagi, Mysuru and Udupi. Based on experience of pilot DHDRs and recognizing the critical importance of human development concerns at the grass roots level, the GOK has now decided to undertake DHDRs for all 30 districts in the State.

Preparation of District Human Development Reports

The main purpose of the DHDRs is to capture all the key dimensions affecting well-being of people at the taluk and district levels in the State. Given the current policy emphasis on inclusive growth and eradication of multiple dimensions of human deprivation, the

As the conventional measure of economic development based on Gross Domestic Product (GDP) and per capita income did not capture the basic aspects of well-being of people, human development was considered as an alternative development paradigm.

The main purpose of the DHDRs is to capture all the key dimensions affecting well-being of people at the taluk and district levels in the State.

District HDRs at micro level are considered as important instruments to infuse human development concerns in Government's policies and programmes and thereby, bring the human development agenda closer to the people and reality. The emphasis in the DHDRs was, therefore, laid on all key human developmental issues that enhance the quality and well-being of people at taluk and district levels.

A set of indicators affecting the three core dimensions of human development – health, education and standard of living – has been identified and selected for construction of seven indices.

A common conceptual and methodological framework and uniform set of measurable indicators with standardized definitions and data sources were used to ensure taluk-wise and district-wise commonality and comparability in the State. The following seven indices to measure the human development outcome in various dimensions of well-being of people at taluk and district levels are considered:

1. Human Development Index (HDI)
2. Gender Inequality Index (GII)
3. Child Development Index (CDI)
4. Food Security Index (FSI)
5. Urban Development Index (UDI)
6. Composite Dalit Development Index (CDDI)
7. Composite Taluk Development Index (CTDI)

A set of 118 indicators affecting the three core dimensions of human development - health, education and standard of living - has been identified and selected for construction of these indices. These indicators are chosen by taking into account demographic factors, livelihood and employment related factors, household assets, factors empowering the community, health factors including safe drinking water supply and sanitation, and education factors. Since the Dalits are marginalized community and face distinctly different development problems such as untouchability, social exclusion, social discrimination and deprivation, a Composite Dalit Development Index (CDDI) is computed to capture perception on human development issues specific to Dalit population. The key findings of the DHDR of Udupi district based on these indices, emerging issues and the strategies required to address these issues affecting the well-being of people in the district are summarized below:

Human Development Indices

The HDI is a composite index of three core dimensions viz. health, education and standard of living. Health is measured by child mortality and maternal mortality rates. Education is measured by literacy rate and combined gross enrolment in primary and secondary education. Standard of living is measured by five indicators of basic amenities viz. access to cooking fuel, toilet, safe drinking water, electricity and pucca house and two indicators of command over resources viz. employment in non-agricultural sectors and percapita income.

The HDI of Udupi district works out to 0.674. There is an overall human development deficit of 33 percent. The

challenge before the district is to remove this deficit and achieve the comprehensive level human development. The district has relatively higher index values in regard to education (0.898), but it has lower index value in health (0.499) and standard of living (0.683). Taluk-wise comparison of HDIs shows that Udupi taluk with index value of 0.783 ranks first, followed by Karkala (0.606). Kundapura has lowest index value of 0.562. Udupi taluk ranks first in education and standard of living and lowest in health. Kundapura taluk stands first in health, but lowest in education and standard of living. Karkala taluk ranks second in all dimensions. Inter-taluk variations in health and education are not very significant while in the case of health and standard of living, the inter-taluk differences between Udupi taluk and other two taluks are significant. The higher standard of living index in Udupi taluk is mainly due to higher per capita income, higher percentage of non-agricultural workers due to higher urbanization and better livelihood amenities.

GII is a measure of the inequalities faced by women and girls. It is a composite index of reproductive health, empowerment and labour market participation. The reproductive health is measured by maternal mortality rate (MMR), share of institutional delivery and share of pregnant women suffering from Anemia (ANE). The empowerment represents share of female and male in political participation, child sex ratio and literacy level. Similarly, the labour market participation takes into account male and female differences in work participation rate, share in non-agricultural occupations and agricultural wage rates. The district is found to be in very good status in gender equality (0.034). Kundapura taluks has the lowest gender inequality (0.033), followed by Udupi taluk (0.038). The gender inequality in Karkala taluk (0.039) is slightly higher than other two taluks. Inter-taluk disparity in gender inequality is only marginal. The GII for the district as a whole works out to 3 percent. The dimensional index values, however, show that all taluks are in very good status in reproductive health, in empowerment and labour market participation.

The CDI measured by child health, nutrition and education. The CDI value for the district works out to 0.670. In CDI, Udupi taluk ranks first, followed by Kundapura taluk. Karkala taluk has the lowest index value. The difference between Udupi taluk and other two taluks in CDI is quite substantial.

Food security is critical for human development. FSI is, therefore, computed to measure and rank taluks on food security situation. The key parameters considered for computing FSI are: food availability, food accessibility and food absorption. The district is found in a worse position in food security as reflected in FSI value. The FSI value for the district is 0.582. Taluk-wise, it varies from 0.497 in Kundapura to 0.711 in Udupi taluk. In food availability, Kundapura ranks first with index value of 0.797. Udupi and

Udupi taluk ranks first in education and standard of living and the lowest in health. Kundapura taluk stands first in health, but lowest in education and standard of living. Karkala taluk ranks second in all dimensions.

Udupi Taluk ranks first in HDI, CDI, FSI and CTDI, Kundapura first in only GII and last in HDI, FSI and CTDI. Karkala ranks second in these indices.

Karkala taluks have index values of 0.443 and 0.703 respectively. In food accessibility, Karkala ranks the highest (0.878) and Kundapura, the lowest (0.264). In food absorption, Udupi ranks the highest (1.000) and Karkala, the lowest (0.292). Inter-taluk variations are found significant.

The CTDI is a composite measure of comprehensive development of taluk. A set of 68 development indicators related to health, education and standard of living are taken into consideration for computing CTDI. Taluk-wise CTDI values computed reveal that all taluks are more or less in the same level of development. Udupi taluk, which ranks the highest, has index value of 0.718 and Kundapura which ranks the lowest, has index value of 0.603. The District's Development Index value works out to 0.665, showing development deficit of 34 percent.

The district is witnessing a rapid growth in urbanization. With the growing urbanization, the provision of basic urban services such as housing, safe drinking water, sewerage, drainage etc. poses a real challenge for well-being of people living in urban areas.

Udupi district has urban population of 334061, which constitutes 28.4 percent of the total population of the district. The district has one of the lowest percentages of urban population in the state. However the district is witnessing a rapid growth in urbanization. The decadal growth is 62 percent. With the growing urbanization, the provision of basic urban services such as housing, safe drinking water, sewerage, drainage etc. poses a real challenge for well-being of people living in urban areas. Since growing numbers of people live in urban areas, the urban issues related to human development cannot be ignored.

With a view to evaluate the ULBs from human development perspective, eleven essential urban development indicators were identified to compute composite UDI for each ULB. They are housing, water supply, sewerage and drainage, health, roads crime rate and accidents. ULBs in Udupi districts are of different categories; Udupi ULB is a CMC, Kundapura and Karkala ULBs are TMCs and Saligrama is TP. Hence they cannot be ranked except in the case of Two TMCs. Udupi CMC has the highest UDI value of 0.851. It is in the category of 'very good' in regard to basic amenities and infrastructure related to human development. Karkala and Kundapura TMCs are in 'average category' in terms of UDI. Among TMCs, Karkala TMC ranks first with UDI of 0.499. Kundapura TMC ranks second with UDI of 0.414, which is lagging behind Karkala TMC 17 percent in urban development. Saligrama TP, on the other hand, is in the worse position in terms of all basic urban service indicators. Its UDI is only 0.217

The study also carried out an in-depth disaggregated analysis of the core dimensions of human development to bring out the specific issues involved and the strategies required in order to achieve sustainable and equitable human development in the district. The findings of the disaggregated analysis are summarized as follows:

Education: Achievements and Challenges

Education is a basic ingredient for capability development and functional

empowerment. It is an important input indicator influencing all other human development outcomes like health, livelihood standard, income and freedom. Udupi district has made remarkable progress in literacy rate since independence. As per the 2011 Census data, the district has literacy rate of 86.24 percent. It ranks third in literacy rate in the state; next to Dakshina Kannada (88.62 percent) and Bangaluru Urban (88.48 percent). However, inter-taluk, gender and rural-urban disparities in the literacy rate still persist. The male population has literacy rate of 91.4 percent, while the female literacy rate is 81.6 percent, the disparity being 12 percent. Taluk-wise, Udupi taluk has the highest literacy rate of 89.3 percent, followed by Karkala (86.7 percent) and Kundapura (81.6 percent). The inter-taluk disparity between the highest and lowest works out to 7.7 percent. In rural areas, the literacy rate is 83.9 percent compared to the urban literacy rate of 92.1 percent. The rural-urban disparity is 8.2 percent in literacy levels.

The issues in the education sector are mainly centered on access, enrolment, out-of-school and drop-out rate, retention, transition rate, teacher-student ratio, quality of education, equity, educational attainments and infrastructure. The achievements in terms of most of these parameters in all taluks in the district are quite impressive. The district is almost on the way to universal primary and secondary education in terms of access and enrolment. Almost all habitats have lower primary schools within one km and higher primary schools within three km. The district has one of the lowest out-of school children and drop-out rates in primary and secondary education in the state. The district ranks always first or second in the state in pass-out in SSLC and PUC. The disparities between taluks, rural and urban, across social groups and gender do exist but are not very significant. The district also witnesses a gradual upward movement of the students in the education ladder. It is ranked as one of the best in education attainment in the State.

Despite considerable improvement in the field of education, there still exist many areas of concern, particularly in the quality of education at all levels, transition to higher level of education and persistent social, rural-urban and gender inequalities in access to quality education. Most of the schools in rural areas still fall short of the RTE norms of provision of requisite school infrastructure, all-weather school buildings, one teacher per class room and various other infrastructures such as an office-cum-store-cum head teacher room, separate toilets for boys and girls, drinking water, barrier-free access, library, playground and boundary wall. Some of the emerging issues and key areas of concern in the field of education found in the study are given below:

- The district has still 1, 47,772 adult illiterates, who constitute 12 percent of the total population. The problem of illiteracy is more acute among women and among SCs and STs. in rural areas. Among Koraga ST

The issues in the education sector are mainly centered on access, enrolment, out-of-school and drop-out rate, retention, transition rate, teacher-student ratio, quality of education, equity, educational attainments and infrastructure.

Accessibility, availability and affordability of health care facilities are, Essential for better health outcomes.

community, it is as high as 65 percent.

- Graduation of SC and ST students to higher education is negligible. Most of them drop out after secondary school education. As a result, the prospects for greater upward mobility of these communities in the ladder of education remain bleak. The challenge is how to motivate and enable the SC and ST students to enter higher education.
- The rural-urban divide in access to quality primary and secondary education is another worrisome area in the district. In urban areas, children have easy access to private nursery schools, while in rural areas, children are deprived of pre-schooling. Similarly, urban children are benefiting from mushrooming tuition classes in secondary level whereas the rural students do not have easy access to tuition classes and also it is beyond their afford ability.
- Computer assisted instruction through setting up computer-aided laboratories in all primary and secondary schools is still a dream. Though few upper primary schools are brought under CALC. they have no trained teachers. In the present context, there is a need to leverage computer technology in the education system at the formative years of schooling.
- The phenomenal increase of private English medium schools is threatening the sustainability of Kannada medium Government schools. It creates inequality in education; private English medium schools for elites in urban areas and Government Kannada medium schools for poor and socially disadvantaged sections in rural areas. The affordability of English medium schools in terms of fee is also an area of concern particularly for economically weaker sections in the district.
- At present, there is no provision in mainstreaming vocational training in secondary education for improving their employability and skill development.
- The School Development and Monitoring Committees are politicized and as a result, effective local public partnership or involvement of committed alumnus and stakeholders in affairs of Government schools is not possible.

Healthcare and Nutrition

Health is another core dimension of human development. It is a basic factor shaping both the longevity and the quality of people's lives. Health factors impact not only health outcomes but also learning outcomes, functioning capabilities and earning capacity of the people. A number of factors determine good health. They are adequate nutritionally balanced food, basic amenities such as housing, sanitation and safe drinking water, medical care, healthy life styles, availability of health infrastructure, accessibility of health care and ability to access health care and protection against environmental hazards and communicable diseases. The ability to lead a longer and socially

and economically productive life of people, thus, depends on good health and availability of good health care facility. Accessibility, availability and affordability of health care facilities are, therefore, essential for better health outcomes.

Udupi district is blessed with adequately good health infrastructure. Internationally known Kasturba Medical College at Manipal, played a catalytic role in building up private initiatives for high quality health care services in the district. Public sector health care infrastructure through 59 PHCs, 6 Community Health Centres and two taluk and one district level hospitals renders health care services to rural people, especially poor and vulnerable section of the community at affordable cost. NRHM and other Government health interventions contributed significantly for improve ment in longevity, IMR, CMR, MMR and other RCH indicators. The district has already achieved health related UN Millennium Development Goals (MDGs).

Despite remarkable achievements, the health problems in some areas still persist along with new emerging health challenges. The following are some of the areas of concern confronting the health sector in the district:

- The private sector health facilities and the public tertiary health facilities mainly concentrated in urban centres, while in rural areas, only available healthcare services are from primary public health facilities. Shortage of qualified doctors, non-availability of specialists' services in rural areas and scarcity of paramedical staff adversely affect universal access to quality health care services in rural areas.
- Morbidity and mortality rates among the marginalized SCs/STs and other vulnerable sections of the society are still unacceptably high. They suffer the most on account of poor access to healthcare facilities as well as the issue of affordability.
- Even though the public health programmes in the district have succeeded in the past in controlling communicable diseases such as malaria, TBs, filaria, leptospirosis, Dengue fever, etc, the incidence of these diseases is now reappearing particularly in urban areas in recent years.
- With aging population, non-communicable diseases such as hypertension, diabetes mellitus, asthma, cancer, mental diseases and unnatural deaths such as road accidents and suicides are emerging disease problems in the district. All these require specialists' treatment at affordable costs. The health service network in rural areas is at present not geared to meet this growing requirement. The cost of non-communicable health services of private hospitals in urban areas is beyond the affordability of rural people.
- The declining child sex ratio in recent years in the district which has a favourable male-female ratio till now has serious future demographic implications.

Udupi district is blessed with adequately good health infrastructure.

The private sector health facilities and the public tertiary health facilities mainly concentrated in urban centres, while in rural areas, only available healthcare services are from primary public health facilities.

- Udupi district is one among the eight districts in the state with a high prevalence of HIV/AIDS. The infected people are mostly in their economically most productive year's age group of 25-45, which adversely affect their family livelihood status. The problem is also compounded by ignorance, prejudice and discrimination.
- The current influx of massive number of floating migrant workers because of the rapidly growing urbanization and acute shortage of labor resulted in rising urban slums without basic amenities. These slums are characterized by deteriorated or poorly structured temporary houses crowded together without access to safe drinking water and sanitation. As a result of the unhygienic conditions, these slums are increasingly becoming a breeding ground for communicable diseases.

Income, Employment and Poverty

The district's economy is increasingly becoming a 'money-order' economy.

Living standard is directly linked to percapita income, employment status, ownership of assets and basic amenities. Though Udupi district ranks fifth in percapita income among 30 districts in the state, the scope for improving in future is very limited. Due to acute shortage of labour, agriculture is witnessing a decline. Labour intensive traditional industries like tiles and beedi rolling are almost in closing stage. The sugar industry is non-functional and sugarcane cultivation, which was once a cash crop for large number of small and marginal farmers, is now abandoned. Tertiary sector particularly banking, education and health which contributed significantly in terms of growth and employment in the district have also reached saturation. The district's economy is increasingly becoming a 'money-order' economy.

The limited scope for employment in the district is an area of major concern. The district witnessed one of the lowest employment growths in the state during the last decade. There was a significant decline in the work participation rate among women, which resulted in significant increase in women non-workers. The employment in the agricultural sector- both in terms of number of cultivators and agricultural labourers- declined significantly. The decline in agricultural labour employment has serious implications for women employment of weaker section of the rural community. In the past, beedi industry provided household employment and regular cash income for rural women and not now. In the absence of organized job opportunities, out-migration of younger generation is one of the highest in the district. Though, incidence of poverty in Udupi district is considered as one of the lowest in the state, BPL families as per the eligibility criteria stipulated by the state in terms of assets owned, constitute 46 percent of the families in the district. Most of them are in rural areas and concentrated among marginalized rural communities, such as marginal farmers, agricultural laborers, SCs and STs.

Standard of Living

Udupi district has made good progress as regards housing status, electrification of households and sanitation. Nearly 70 percent of the households have pucca houses. Importantly, the district has made good progress in providing good housing facilities to the weaker and socially marginalized sections under the various government housing schemes. However, there are still a large number of the households (30 percent) living in unsustainable kutcha or semi-permanent housing conditions, particularly in rural areas and urban slums. As regards drinking water, Udupi district has 26.4 percent households having access to safe drinking portable water. Traditionally, most of the houses in rural areas depend on open wells within their premises. The tap water is used mainly in urban areas. Higher proportion of SC and ST families enjoy tap water in rural areas, thanks to various Government schemes. The problem of drinking water in the district is mainly centered on quality of open-well water, availability of adequate drinking water during summer and salinity in coastal areas.

In regard to electrification, all inhabited villages in the district are electrified and nearly 91 percent of the households use electricity. Non-electrified houses are located in remote Western Ghats areas. They are expected to be electrified during the current year. SC and ST households are almost closer to other communities in access of electricity. In the case of cooking fuel, however, there exists wide rural and urban gap. In rural areas, more than three-fourths of the households still use traditional fire-wood for cooking. In urban areas, on the other hand, nearly two-thirds of the families use LPG/PNG. Accessibility and affordability of modern fuel supply/services still remain the main problem particularly in villages.

Sanitation is one of the basic necessities for a hygienic and healthy life. Access to toilet facility within premises provides privacy, dignity and a sense of security to family members especially, the female members. The district has made good progress in sanitation. Nearly 87 percent of the households have toilet facilities within the premises. There are still 13 percent households without toilet facility within their premises. They mainly belong to weaker section of the community and urban slums. The sanitation within premises in slums of migrant labour families in and around urban centres also poses a real challenge. Moreover, the problem of sanitation is not merely the provision of toilet facilities but more importantly, the practice of regular use and hygienic maintenance of toilet facilities particularly, in rural areas.

Gender Inequality and Empowerment

Women constitute 52 percent of the district's population. Inclusive and sustainable human development is not possible unless women are economically, socially and politically empowered. The gender equality - in human capability endowments, in access to assets, in economic opportunities, in social and political

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participation and ability to make choices to lead the life of one's own choice- matters to achieve inclusive and equitable human development. The gender equality and empowerment also matters as an instrument to achieve other development outcomes such as child development, family health outcomes, improvement in standard of living etc.

Udupi district is hailed as one of the most progressive districts in the state with regard to women and their empowerment.

Udupi district is hailed as one of the most progressive districts in the state with regard to women and their empowerment. Various gender-friendly enabling factors such as matriarchal system among the majority of the community, favorable sex ratio, high literacy amongst men and women, easy access to education etc. have contributed significantly to the gender equality and development in the district. The government programmes such as Bhagya Laxmi Scheme free education for girls in government schools up to the secondary level, provision of bicycles to secondary school girls, Stree Shakthi SHG model for social and economic empowerment of women and reservations in political representation in local governing bodies contributed significantly in minimizing gender exclusion and discrimination and improving gender equality particularly, among weaker section of the community. This is reflected in the Gender Inequality Index (GII), which is the lowest in the state.

Notwithstanding these achievements, there still persists some gender development gaps and gender related discrimination and problems. They are found to be as follows:

- Historically deep-rooted gender biased social norms and customs on women's roles, codes of modesty, dress and honour, and dowry system as well as women's genetic inability to perform certain duties still persist particularly, among rural community and SCs and STs.
- The district witnessed in recent years decline in female work participation, feminization of employment and casualization of women's employment in both rural and urban areas. The decline of agriculture and beedi rolling is also adversely affecting employment of unskilled women workforce.
- The women are now increasingly entering unorganized sector such as shops, hotels, domestic works and construction works for employment. The problem of insecurity of jobs, lower earnings and absence of any terminal benefits- all these contribute to gender exploitation and vulnerability.
- With the disintegration of undivided joint family and in the absence of any social security measures, the life of widows and single old women in poor families become miserable. The growing out-migration of married men and increasing divorces also lead to increase in the single woman living, leading to the problem of insecurity.
- With out-migration of married men, an increasing number of poor and young women at the productive age get infected with HIV/AIDS. Moreover, the death of HIV/AIDS infected husband results in social exclusion and economic

impoverishment of their wives and children.

- Alcoholism among young generation is increasing, resulting in family quarrels and spouse abuse.
- In recent years, violence against young women and abduction of young girls is also increasing in the district.

Marginalized Communities: Deprivation and Discrimination

The SCs and STs are historically, socially and economically deprived communities in the district. The well-being of these communities, therefore, requires priority attention and special treatment. Both the Central and the State Governments have implemented several multi-faceted and multi-pronged programmes to bring them to the mainstream development. As a result of the various Government intervention programmes, Udupi district witnessed significant improvement in the well-being of SCs and STs. At present, they are not lagging behind other communities in primary and secondary education enrolment, housing, drinking water supply, electricity, and sanitation.

The SCs and STs still lag behind the rest of the population mainly in the economic empowerment. They continue to be the poorest communities in the district. Their involvement is relatively poorer in higher and professional education, access to productive assets and credit, organized higher-end job market, entrepreneurship and business world. As a result, they could not enlarge their choices and freedoms. Most of the families still depend on their traditional low-end jobs for their livelihood. They are also faced with problem of higher dropouts in secondary education and consequently, could not move up in the education ladder. Though with reservation, they have mandated representation in the governance in local bodies, they are still voiceless and their effective participation is not visible. There is also existence of wide gaps among the sub-castes of the SCs and the STs. Koragas among STs are still economically and socially deprived and the most vulnerable tribal group in the district. The challenge is to recognize such downtrodden among the SCs and the STs and formulate appropriate interventions to bring them to the level of the rest of the population in the district.

The SCs and STs Still lag behind the rest of the population mainly in the economic empowerment.

Governance Issues

Good governance at the local levels means efficient and timely delivery of public services, simplicity and easy accessibility of systems and procedures, accountability, transparency and sound financial management, active people's participation, autonomy in decision making process and strict enforcement of right to information. The three tier structure of panchayati raj in Udupi district comprises of Zilla Panchayat at Udupi, three taluk panchayats in Karkala, Kundapura and Udupi and 146 GPs covering 267 villages. Udupi taluk has the highest number of 61 GPs, followed by Kundapura with 56 GPs and Karkala with 29 GPs.

The performance record of GPs in Udupi district is mixed one; some have

The performance record of GPs in Udupi district is mixed one; some have performed extremely well, some average and others very poor.

A unified and effective administrative set up is necessary in all ULBs with clear accountability to citizens.

performed extremely well, some average and others very poor. With the appointment of the PDOs, though there is a significant improvement in GP level governance, they are still plagued with numerous problems, which include inter alia imposition of programs from above, inadequate allocation of resources, political interference, absence of community participation, lack of knowledge and capability of representatives, corruption, lack of accountability and transparency etc. Unless the GPs are empowered and made autonomous in terms of functions, finances and functionaries, the good governance at the GPs level cannot be ensured. The Grama Sabhas and Ward Sabhas are at present not active. They are not empowered to participate effectively and act as watch-dogs at the GP level.

Udupi district has four Urban Local Bodies (ULBs) viz. one City Municipal Council (CMC) in the district headquarter, Udupi city with a population of 1,44,960, two Town Municipal Councils (TMCs) in Kundapura with a population of 30,444 and Karkala with a population of 25,800, the headquarters of taluks and one Town Panchayat (TP) in Saligrama with a population of 15,123.

In governance, the ULBs in the district have relatively better record of performance. With the outsourcing of water bill collection and implementation of second phase Baje Water Supply Programme, water supply service has improved significantly in Udupi City. Similarly, by outsourcing, the primary collection of solid waste improved significantly. TMCs are also not lagging behind in these regards. It is gratifying to note that the three main ULBs have earned many awards for their best performance in delivery of basic services. However, since urbanization is a dynamic process and expected to grow at rapid rate, it is important to strengthen urban governance from future perspective.

There are many areas where the scaling-up delivery of civic amenities and provision of utilities with emphasis on universal access to the urban poor are urgently required. The following are some of the priority areas which need immediate attention:

- More than one-third of the urban households still depends on open well for drinking water.
- Underground drainage system does not cover majority of the municipal areas.
- Though primary collection of solid waste is 100 percent, its segregation at source is 25-35 percent in all ULBs. In order to ensure scientific solid waste management and facilitate its proper treatment, there is a need to ensure its scaling up at primary source.
- Migrant population suffer from multiple deprivations that include lack of access to basic amenities such as water supply, sanitation, decent housing and electricity.

Way Forward Strategies

The measurement of human development in terms of various dimensions taluk-wise, the ranking of taluks and divergences between

rankings based on these indices and in their components bring out implications for formulating human development strategies and allocating resources. They provide thrust areas for action programme and policy interventions and also pointers for monitoring the programmes in terms of human development perspective. In this section, an attempt is made to summarize the way forward policies and strategies for comprehensive, equitable and sustainable human development at taluk level and in the district, based on the findings of the study.

Improve Universal Access to Quality Education

Udupi district does not require expansion in terms of number of schools. It has already achieved near universal of access and enrolment at primary and secondary stages. What it requires is the improvement in access to quality education in terms of skill and knowledge on equitable basis. Quality issues mainly centered on trained teachers, requisite education infra-structure, good curriculum, innovative pedagogy that impact upon learning outcomes of the children and conducive environment for learning. The emphasis on quality in terms of improving learning outcomes is extremely critical in both primary and secondary levels of education in rural areas to remove the present rural-urban inequity.

The Government schools in rural areas are now faced with the problem of declining number of students. In such a scenario, instead of spreading thinly the scarce resources to number of schools, it would be ideal to consider one model higher primary school to one GP of population below 5000 and provide all facilities required to ensure quality education at lower and higher primary stage. There is no justification for continuing lower primary schools with one or two teachers and depriving the children quality education in rural areas. With a view to facilitate easy acces, the model higher primary schools should be provided with a bus. To remove inequity, English should be introduced as one subject at primary level. There is also a need to integrate pre-school (nursery) education into primary education in these government model schools.

The objective of education policy should be to ensure that all children across gender, social class, rural-urban or differently-abled are able to enjoy equal access to education and educational institutions to empower themselves in various professional fields. This requires a holistic approach and concerted efforts to strengthen the system at all levels of education: elementary, secondary and higher and professional education. Based on the analysis of the present education status in the district, the following emerges as the critical elements of strategy for education policy to achieve the above objectives in the district:

- Effectively operationalize RTE to establish good quality education at primary and secondary level by integrating primary and secondary schools as model school for each GP

and providing free transport to children living beyond one km. Such a model school should also include pre-school education in the system.

- Introduce biometric attendance systems to ensure students and teachers attend schools regularly.
- Achieve universalization of secondary and PUC education by the end of Twelfth Plan.
- Focus on increasing transition rate from secondary to higher education of SCs and STs and other weaker sections. Ensure zero drop-out and out-of-school till PUC.
- Introduce regular assessments of teachers and academic support staff by the district education officials focusing on content and pedagogical knowledge. They should be made responsible for ensuring quality education at both Government and private schools.
- Create IT-based teacher-support tool to provide both content and pedagogical support. To ensure effective use of IT tools, provide free broadband internet to schools.
- Periodical training of teachers to update their knowledge and professional skill is critical for quality education.
- Incentivise teachers for creativity, research and extra-curricular activities at primary stage itself.
- Developing skill and employability of students by offering pre-vocational courses at PUC level either as an add-on or alternative subject to facilitate mobility options for vocational courses to students who do not go for higher education.
- Involving community partnership through SDMC without political interference not only to provide financial support but also to ensure good school governance and act as watch-dog.
- Fund allocation for education under SSA and RMSA should be increased from the present 1.6 percent of District GDP to at least 3 percent to enable the Education Department to undertake the above initiatives.

Towards Comprehensive Health Care System

The health care system in the district has to be comprehensive (preventive, promotive, curative, and rehabilitative), easily accessible and inclusive. It should be comprehensive to cover both communicable and non communicable diseases. It must be inclusive to ensure universal easy access at affordable costs. In order to ensure this, the health policy must focus on preferential treatment for weaker section specific health care needs of elderly, SCs and STs, women and children, those infected with HIV/AIDS etc. and remote areas.

With a view to provide universally accessible quality health services at affordable costs and in an efficient manner in Udupi district, there is a need to consider the following strategies:

- There is a need for public and private sectors to work in tandem to provide appropriate, equitable and affordable health care services at all levels. Besides regulating affordability of private medical services,

there is a need to link the private medical colleges with Taluk and District Hospitals to ensure access to quality and super speciality health services in public sector system.

- The primary health care should be strengthened to provide comprehensively preventive, promotive, curative and rehabilitative health care services. This requires upgradation of PHCs and CMCs as per IPHS standards. Every PHC should have one doctor, a staff nurse, a pharmacist, a health inspector and other supporting staff. The PHC should have a vehicle to provide mobility support to the doctor to do the field work. Every PHC sub-center should have its own building and one Junior Health Assistant (Female).
- Tamil Nadu Model of mapping geographically and setting one Junction Hospital for group of PHCs is worth considering. The Junction Hospital should have 3 doctors and 4 nurses and their services should be made available to the rural people round the clock.
- Every CMC should have three specialists: one Gynecologist, one Pediatric and one Anesthetist to reduce the burden of Taluk Hospitals and ensure easy access to quality maternal and child health care services to rural people. The CMCs should be linked to Taluk Hospitals through 108 (Arogya Kawacha).
- There is a need for network linking through IT all Government health services viz. PHCs, CMCs and Taluk and District Hospitals in order to ensure prompt referral system, close interface, robust surveillance and provision of quality health services.
- Medical insurance coverage of *Vajpayee Arogyashree Scheme, Yashaswini Health Insurance Scheme, Sampoorna Suraksha Scheme, Aarogya (Manipal) Health Card, Rastriya Swastya Bhima Yojane* etc. should cover all BPL households. Most of them are at present not aware of these schemes.
- Medicare facilities for Koraga Community (PTGS) should be strengthened to ensure easy access and effective reach.
- Special Health Care Services through Mobile Units to remote areas, forest areas and social unrest areas should be considered as they are at present deprived of health care services.
- Awareness campaigns and medi-care camps should be organized periodically for chronic diseases like diabetes, hyper-tension, blood pressure etc. in rural areas to educate rural people about these diseases and also provide on the spot medical check-up and treatment.
- Urban health care comes under ULBs, who do not have, at present, Health Departments. With growing urbanization, there is an urgent need to set up Health Department in each ULB for taking care of urban health care needs.
- Mental health programmes are the need of the hour. National Mental Health Programme should be implemented at the district evel at

the earliest so that mental health problems can be managed effectively.

- Allocation of funds for public health services should be increased from present 0.10 percent of the District GDP to 3 percent under National Health Mission to enable the DHFW to undertake above initiatives.

Linking Growth with Human Development

In the ultimate analysis, the human development depends on economic growth. Income, asset ownership and basic amenities not only determine the level of standard of living but also closely linked to education, health and other dimensions of human development. There is, thus, a need to strengthen the virtuous cycle of translating economic growth into human development. Though the district is in the forefront in education and health, it is lagging behind other districts in economic front. The district, has potential for improving growth through diversification of agriculture into high value addition, setting up agro-processing industries and promoting tertiary activities such as tourism, soft-ware and bio-technological park, infrastructure development, communication services, transport, construction etc. It is the cradle of banking and has well known education and health institutions. There is, thus, good scope for increasing income growth, employment and thereby improving standard of living.

The recent spread of communication technology to rural areas has opened up opportunities to foster a variety of secondary and tertiary activities in these areas. In Udupi district, several rural centres have, in recent years, emerged as rural towns. A mere push to this process of urbanization and associated improvements in infrastructure can stimulate employment opportunities both in the secondary and in the tertiary sectors in the surrounding rural areas. The promotion of micro enterprises through self-help groups of women can play a crucial role in encouraging women's participation in household industries. The strategy for human development should, therefore, focus on virtually linking economic growth process with human development.

Empowering Women

The emancipation of women from subordination and discrimination can be achieved only through empowerment of women in all human development dimensions. The process of empowerment involves not only equity in access to and control over resources but also development of functional capabilities to access one's rights and entitlements on equal basis. The empowerment of women has to, therefore, go beyond mere capacity building to get control over the circumstances of their lives, but also address the problems of women's agency, their rights and freedom and their well-being and self-esteem. Conceptualization of poverty reduction, access to livelihood resources, capability building, security against vulnerability and equality of gender relations in all spheres of activities at the grassroots level have to be considered as integral part of the

district's planning process. The interventions and programs should, therefore, be context-specific based on ground realities and by taking into consideration gender differential needs and related emerging issues.

With this perspective, the following strategies for gender empowerment in the district are recommended:

- Engineering social empowerment: The thrust areas as hitherto should continue to be laid on improving health and nutrition, education, relief and rehabilitation of women in distress, women concerns in employment, access and control over resources and enhancing women's capacity to participate effectively in community and political decision-making process.
- Empowering women in agriculture: A multi-pronged strategy through independent land rights for women, strengthening women's agricultural capacities, improving women's access to credit, extension and marketing facilities, designing women-friendly technologies and promoting gender-friendly diversification of agriculture is required to empower women in agriculture in the district.
- Fostering women self-employment ventures and women as entrpreneurs: SHGs have already proved in the district as successful model for social empowerment of poor women and development of their enterprising skills Specific women focused strategies are now required for strengthening this initiative and enabling women SHGs to undertake income generating self-employment ventures on sustainable basis. This requires training in capacity building, technical support, access to credit and creation of backward and forward linkages with industry and service sectors to enable them to graduate into entrepreneurs in micro-enterprises.
- Improving social security protection and basic amenities for poor urban women as with the increasing urbanization, more and more women from rural areas move to urban areas.

Mainstreaming Marginalized Social Groups

For inclusive human development, all sections of the society should receive adequate education, health, food and nutrition, housing, social participation, equal treatment, and freedom from discrimination and violence. To achieve inclusiveness in all human development dimensions without deprivation or discrimination require multi-pronged right based interventions. The various Government social welfare schemes have contributed significantly for social empowerment of SCs and STs and other marginalized section of the community in the district. However, the discrimination and deprivation in some of these areas still persist. They are also still lagging significantly on economic front.

Based on the findings of the study, the following strategies are recommended for improving their well-being and to bring them closer to other communities:

- There is a need for stock-taking and diagnostic exercise on livelihood, education and health status, occupation pattern, poverty and other socio-economic indicators of different sub-groups of SC and ST communities. These data are required for formulating focused community specific demand driven Government interventions with monitorable indicators for the economic and social uplift of these communities.
- Education and capability building of SCs and STs should be now given highest priority in the district development programs. Besides eliminating drop-outs at primary and secondary level, the focus should be to motivate and incentivize their students to enter vocational and higher and professional education. Unless they enter higher and professional education on par with other communities, they cannot be brought closer to other communities economically and socially.
- SCs and STs should be encouraged to enter productive ventures in agriculture, livestock enterprises, small and medium industries and businesses. This requires capacity and capability building of their youth and development of entrepreneurship among them to undertake business ventures and improvement in access to bank credit.
- Koraga community requires a special development package. A comprehensive development package should include health care including health consciousness campaign, access to higher education, access to productive assets and credit, employment opportunities, etc. together with monitorable indicators for all-round well-being of the community.

Improving Governance and Service Delivery:

The main ingredients of good governance at PRIs and ULBs recommended here are:

(i) Efficient and effective delivery system for public services,

(ii) Simple, easily accessible and people-friendly rules and procedures,

(iii) Transparency, accountability and sound financial management,

(iv) Responsive to local needs and aspirations, and

(v) Stringent anti-corruption measures and absence of rent-seeking behavior. Good governance at local level should enable a people-friendly, people-caring, people-participatory and responsive administration.

Under the three tier PRI system, each of the institutions needs to work with these perspectives in harmony with the other to discharge the functions for which they have been created. The agenda for achieving this requires capacity and capability building, leveraging IT technology in governance, effective decentralization of governance, active people participation, involvement of civil society especially, voluntary agencies

and the crucial right to information. The agenda also requires civil service reforms aimed at improving transparency, accountability, efficiency and procedural reform to make them user-friendly. At GP level, the PDO and the Secretary should be made professionally capable, responsible, people-friendly and responsive. The GP members require training on good governance. The Grama Sabhas and Ward Sabhas should be empowered to participate effectively and act as watch-dogs.

In the case of ULBs, though the good progress already achieved in urban infrastructure, there are many areas where the scaling-up delivery of civic amenities and provision of utilities with emphasis on universal access to the urban poor are required. The following are the priority areas in urban infrastructure development which need immediate attention:

- Supply of portable safe drinking water: There is a need to ensure that all households in the municipal areas have access to portable treated water supply within their premises at all times.
- Underground drainage system: The need to cover all households by UGD cannot be over emphasized.
- Solid waste management: In order to ensure scientific solid waste management and facilitate proper treatment of solid waste, there is a need to ensure scaling up segregation of solid waste at primary source. This requires aggressive awareness campaign and enforcement.
- There is a need to address the basic needs of migrant population who are largely employed in the informal sector and suffer from multiple deprivations that include lack of access to basic amenities such as water supply, sanitation and decent housing.

It is also important to strengthen urban governance. A unified and effective administrative set up is necessary in all ULBs with a clear accountability to citizens. This requires empowering the ULBs in planning, management and monitoring. The 'whole city' approach to planning and improvement must be adopted to address systemic issues taking into account all necessary and inter-connected parameters. It is also important to give adequate emphasis on long term strategic urban planning. It must anticipate and plan for outgrowth and expansion. The administrative focus should be shifted towards an outcome-based approach based on effective and efficient service delivery. Electronic-governance (E-governance) can reduce delay and improve ability to get things done on time without waste of resources.

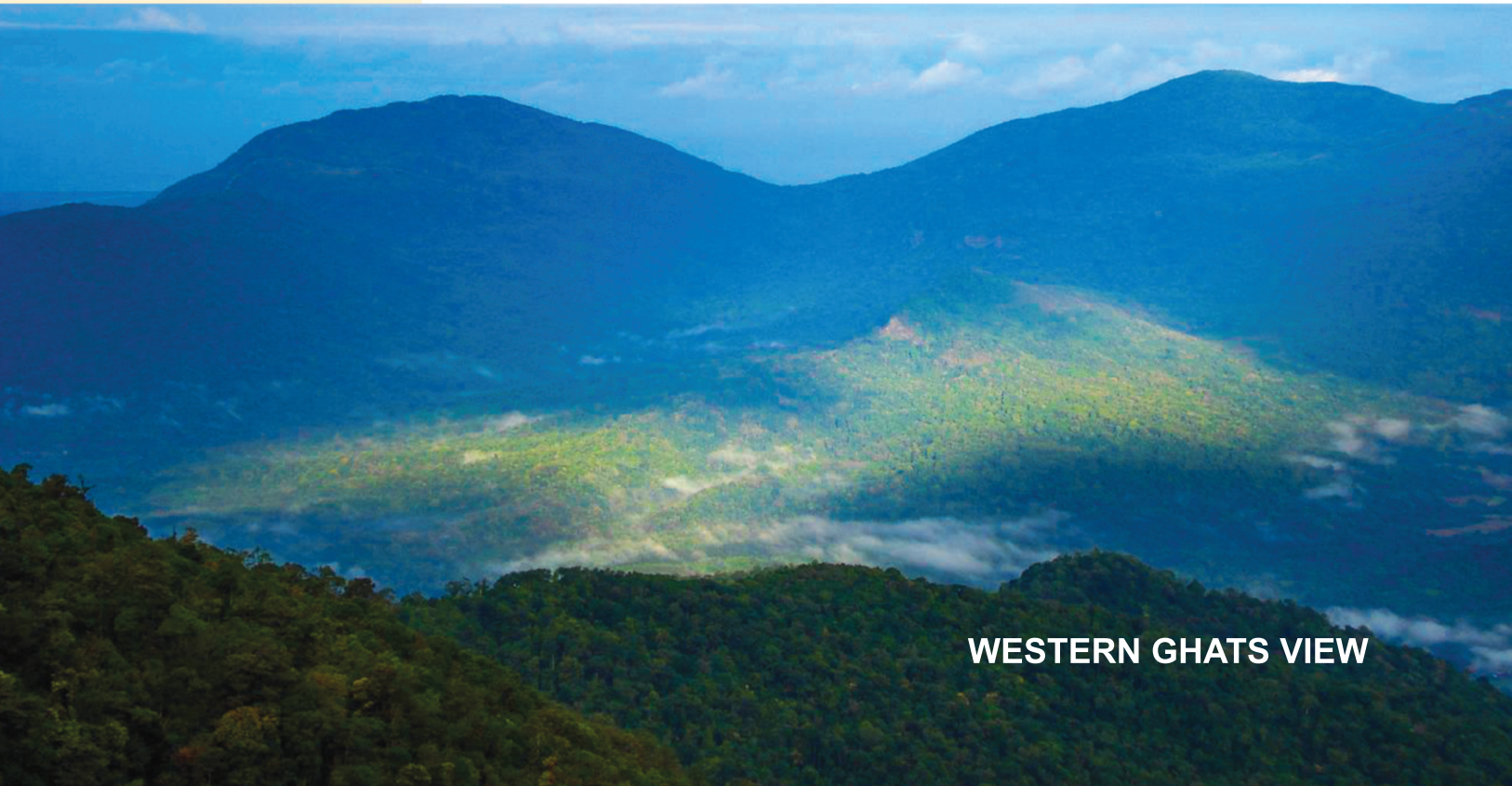
Concluding Remarks

It should be noted that an attempt to compile data on 118 key human development indicators and to construct seven Human Development Indices at taluk and district levels, and also to carry out a disaggregated analysis of human development problems at the grass roots level is itself a pioneering one and is of great importance. For the first time, it would

provide grass root level baseline data on various development issues affecting the well-being of people. Ranking of districts based on human development outcome would also provide basis for policy formulation and development planning at state and district levels from human development perspective.

Udupi district has achieved relatively good progress in human development. However, it is still a long way to catch up with what the top ranking districts, Kerala state and developed countries have achieved. The district's vision should be to catch up and reach the top level inclusive, comprehensive and sustainable human development.

In conclusion, human development concerns are numerous and challenging. An agenda for sustainable and equitable human development is broader and multi-faceted. The agenda should address human development gaps and inequalities in various dimensions of human development, institutional failures, social, religious and cultural barriers, vulnerabilities and emerging concerns affecting the well-being of people. It should be a bottom-up process and take into consideration inter-taluk disparities and needs. Each taluk should build on its strength and opportunities. To formulate and implement such an agenda, each taluk should prioritise human development goals, identify its strength and weaknesses and prepare strategic interventions required. The agenda for human development should be made an integral part of the Comprehensive District Development Plan backed by adequate funds and monitoring mechanism with monitorable human development signposts. Only with proper planning, involvement of local authorities and community participation, sustainable and inclusive human development is possible and can be achieved in the district.



WESTERN GHATS VIEW