

# THE WAY FORWARD

Looking Forward for Better Future



**Health**

**Education**

**Income**

**Empowerment**



# The Way Forward

## Chapter 12

### 12.1 Introduction

Human development approach of UNDP has put the well-being of people at the centre of development. Accordingly the objective of the development is 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. The HDI, as a measure of human development, has now become a yardstick of well-being of people. 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 suggested to take into account other key human development concerns.

Recognizing the critical importance of human development concerns, the Government of Karnataka has decided to undertake DHDRs for all 30 districts in the state. The main purpose of the DHDRs, as per the guidelines issued by the Government of Karnataka, is to capture all the key dimensions affecting well-being of people at the taluk and district level. With a view to achieve this objective, a broader approach and modified methodology in terms of measurable taluk-specific human development indicators for three core dimensions was suggested for DHDR exercise. Accordingly, Udupi DHDR has attempted broad-based approach to measure present status of various dimensions of human development and brought out in various chapters the

taluk and district level disparities and deprivations as well as key human development issues affecting the well-being of people.

This concluding chapter, therefore, aims at taking stock of the findings and issues and concerns discussed in the various chapters and chart out the way forward agenda by setting out policies and strategies required for enhancing comprehensive, equitable and sustainable human development in the district.

### 12.2 Key Findings and Issues

#### 12.2.1: Measurement of Human Development

For any planning or policy to succeed, it must take into consideration disparities existing in various dimensions of human development at the grassroot level and tackle the problems of human development at that level. The HDI is a composite index of three core dimensions viz. health, education and standard of living. The dimensions were measured by key related development indicators. The HDI measures the overall progress in human development. The HDI of Udupi district works out to 0.674. There exists still a gap of 33 percent in human development. The district has relatively higher index values in regard to education (0.898) and living standard (0.683), but it has lower index value in health (0.499). Taluk-wise comparison of HDIs shows wide inter-taluk variations in human development outcomes. Udupi taluk

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**Taluk-wise comparison shows that Kundapura is lagging behind Udupi and Karkala taluks in most of the indices.**

has the highest HDI of 0.783 and is very good category. It ranks first in the district. Kundapura taluk has the lowest HDI of 0.562. Karkala taluk has HDI of 0.606 and ranked second. Both these taluks are lagging behind Udupi taluk in human development. Inter-taluk differences are very wide in all dimensions. The higher standard of living index in Udupi taluk is mainly due to higher livelihood indicators and per capita income. Urbanization contributed for higher standard of living and education. Kundapura taluk stands first in health but it has the lowest index on livelihood.

Five other indices computed together provide a comprehensive view of human development at the taluk and district level. The district is in 'very good' status in GII and in 'good' status in CDI FSI and CDDI. In UDI, Udupi CMC, Kundapura TMC and Karkala TMC are in 'good' status, but Saligram is in 'poor' status. Taluk-wise comparison shows that Kundapura is lagging behind Udupi and Karkala taluks in most of the indices. While Udupi taluk ranks first in HDI, CDI, FSI, and CTDI, Kundapura taluk is in the forefront only in GII. The inter-taluk disparities in the case of standard of living, FSI and CTDI are very wide and a matter of serious concern.

An important implications emerging from analysis of various dimension indices is that there is no close correlation between various dimensions. In the case of HDIs, the taluks which have higher education index values have lower health index values. Similarly, the taluks which have lower standard of living index values have

higher education and health indices. In the case of GII, empowerment and labour market participation are not closely correlated. Implications emerge from this analysis is that all dimensions are equally important for comprehensive human development. The development of one dimension cannot automatically take care of development of other dimensions, though theoretically such relation is possible.

Thus, the overall performance outcomes based on six human development related indices show that there are wide gaps in many development indicators of core dimensions of all six indices which require strategic policy and programme interventions to enable all three taluks to achieve comprehensive human development.

### **12.2.2: Education: Achievement 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 and income. The issues in the field of education are mainly centered on access, enrolment, drop-out rate, retention, teacher-student ratio, quality, equity, educational attainments and infrastructure. Udupi district has witnessed remarkable progress in education scenario and the achievements in terms of most of these parameters are quite impressive. The district is almost on the way to universal literacy and universal primary and secondary education in terms of access and enrolment. The district has one of the lowest out-of school and drop-out

rates in primary and secondary education in the state. Even in the education attainment in terms of pass percentage in SSLC and PUC, the district ranks always first or second in the state. The disparities between rural and urban and 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 ladder of education and particularly towards professional courses. The district is ranked as one of the best in education attainment in the state.

No doubt, the programmes such as Sarva Shiksha Abhiyana (SSA), the Mid-Day Meal programme and now Rashtriya Madhyamik Shiksha Abhiyan (RMSA) have all contributed to this achievement. Despite considerable improvement in the field of education, there still exist many areas of concern particularly in the transition to higher level of education, quality of education at all levels 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. Since the district is already on the way to universal primary and secondary education, the challenge would be now not on expansion but improvement in quality, equity in educational attainment and equipping children with life-skills required to

compete at the higher levels in all spheres.

Based on the analysis of literacy and education status in chapter 3, the following emerge as the key areas of concern in the education dimension of human development in the district:

- ❖ Though the district has high literacy rate, there exists gender, social and rural-urban disparity in literacy rates. The district has 1,47,772 adult illiterates, who constitute 12 percent of the total population. The problem of illiteracy is more acute among women; 70 percent of illiterates are women and 79 percent illiterates are from rural areas. The problem of illiteracy is also most pronounced among SCs and STs. Among Koraga ST community, it is as high as 65 percent. There is at present no programme for improving adult literacy in the district.
- ❖ Even though enrolment and attendance in schools have improved significantly, the quality issues remain very serious particularly in rural areas. Provision of quality education is possible only when proper infrastructure along with qualified teachers is put in place. A substantial number of upper primary schools have no separate toilets for girls, library and playgrounds though the RTE Act stipulates this. This has created rural-urban inequality in quality education.
- ❖ Though the district has favorable pupil-teacher ratio, in many rural lower primary schools, a mandatory

**Udupi district has witnessed remarkable progress in education scenario and the achievements in terms of most of these parameters are quite impressive.**

number of two teachers have to manage classes I to V. With the declining population and enrolment in the district, the number of such schools in rural areas is increasing. How to ensure quality education in these schools is an area of concern.

- ❖ Discontinuation in secondary education is the highest among SCs and STs. Due to poverty and compulsion of providing support to families in livelihood occupations, seasonal and intermittent missing out on school attendance is common among the SC and ST students, which leads to their underperformance in education. As a result, the prospects for greater upward mobility of these communities remain bleak. The challenge is how to motivate and enable the SC and ST students to enter higher education.
- ❖ There is a rural-urban divide in primary and secondary education in the district. In urban areas, children have easy access to private nursery schools, while in rural areas, children are deprived of pre-schooling. Moreover, the urban children are benefiting from the mushrooming tuition classes in secondary level. The rural students do not have easy access to tuition classes and also it is beyond their affordability.
- ❖ Computer assisted instruction through setting up computer aided laboratories in all primary and secondary schools is still a dream. Only few upper primary schools are brought under CALC. Wherever, CALC are set up, they have no trained teachers. Leveraging Computer technology in the education system has to be mainstreamed at the formative years of schooling.
- ❖ The phenomenal rise of private English medium schools is becoming a threat for 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. With the emergence of private English medium schools, affordability of primary and secondary education in terms of fee is also an area of concern particularly for economically weaker sections.
- ❖ The mainstreaming vocational training in general education for increasing employability and skill development should be made a part of higher secondary education. Students should be given certain credits for number of hours of vocational training. Since drop-out of SC and ST students is very high at secondary education level, there is a need to motivate such students in the secondary level to go for vocational training.
- ❖ The School Development and Monitoring Committees are at present politicized, which affect adversely the governance at government schools. The micro study on quality education at primary level clearly brought out the need for local public partnership in affairs of the school. Involvement of

committed people particularly alumnus and stakeholders without political interference would go a long way in ensuring good governance of government schools.

### 12.2.3: Healthcare and Nutrition

Health is another important dimension of human development. It is the basic factor shaping both the longevity and the quality of people's lives. Health factors impacts not only health outcomes but also learning outcomes, functioning capability and earning capacity of the people. In health, accessibility, availability and affordability are essential for better health outcomes. Udupi district is blessed with adequately good health infrastructure. Kasturba Medical College at Manipal, played a catalytic role in building up private initiatives to deliver high quality health care services in the district. Public sector health care infrastructure through PHCs, Community Health Centres and taluk and district level hospitals renders health care services to rural people especially poor and vulnerable section of the community at affordable cost. Good ambulatory facility, availability of qualified and responsible health personnel, good road networks, higher level of education and health conscious population - these are enabling factors that made the district health system an example of laudable success when compared to other districts in the state. NRHM and other Government health interventions contributed significantly in this regard.

In all health indicators such as LEB, IMR, MMR, child mortality rate, malnutrition,

Anemia and other key RCH indicators, the district is in the forefront in the state. They can be comparable to any developed countries. The health related MDGs such as IMR, MMR and child mortality rate have been already achieved. Despite these remarkable achievements, health problems in some areas are still persists along with new emerging health challenges. The following are some of the worrisome areas of concern confronting the health sector in the district:

- ❖ 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 higher. 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 controlling communicable diseases such as malaria, TBs, filaria, leptosperofin, Dengue fever, etc, the incidence of these diseases is increasing particularly in urban areas.
- ❖ With aging population, non-communicable diseases such as hypertension, diabetes mellitus, asthma, alcoholism among youth, mental diseases and increasing unnatural deaths such as road accidents and suicides are emerging disease problems in the district. All these require specialists' treatment

**In all health indicators such as LEB, IMR, MMR, child mortality rate, malnutrition, Anemia and other key RCH indicators, the district is in the forefront in the state**

at affordable costs. The health service network in rural areas is at present not geared to meet this 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 one among the eight districts in the state with a high prevalence of HIV/AIDS. Though effective surveillance and preventive measures have succeeded to some extent in controlling its increase, it still remains a major threat. The problem is compounded by ignorance, prejudice and discrimination. The returning out-migrants also contribute to the continuation of this threat. 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 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. The lack of proper housing, safe drinking water and sanitation in slums is becoming a serious health problem in urban areas.
- ❖ 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. There is a growing rural-urban divide in provision of healthcare services, which creates stumbling blocks towards achieving the dream of 'health for all' and universal comprehensive health care service coverage.

#### **12.2.4 Livelihood Issues**

Living standard is directly linked to per capita income, employment status, ownership of assets and basic amenities. Though Udupi district ranks fifth in per capita income among 30 districts in the state, the scope for improving per capita income in the district is very limited. Due to acute shortage of labour, agriculture is witnessing decline. Employment oriented traditional industries like tiles and beedi are almost in closing stage. The sugar industry is non-functional and sugarcane cultivation is abandoned. Tertiary sector particularly banking, education and health which contributed significantly in terms of growth and employment have also reached saturation. Most of the families in the district depend on the remittances from outside district not only to ensure higher standard of living but also to invest in housing, health and education of children in the rural areas.

The scope for employment is another area of a 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 as well as a 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 labor employment has serious implications for women employment of weaker section of the rural community. In the past beedi industry provided employment and regular cash income for rural women and not now. In 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.

Udupi district has made good progress as regards housing status, electrification of households, safe drinking water supply and sanitation. The housing status in terms of materials used for roofing and walls and quality in terms of availability of dwelling rooms, kitchen and bath room in the district is relatively better than most of the districts in the state. Nearly 69 percent of the households have pucca houses.

Importantly, the district has made good progress in provision of pucca housing facilities to the weaker section under the various government housing schemes. The government pro-active and pro-poor housing policy significantly contributed in this direction. Notwithstanding this, there are still 31 percent of the households living in unsustainable kutcha or semi-permanent housing conditions.

Traditionally, most of the houses in the district had open wells within their premises. Three-fourth of rural households, even now, depends on open wells. The tap water is used mainly in urban areas. Even in urban areas, only one-third of families enjoy tap water. Higher proportion of SC and ST families enjoy tap water in rural areas because of various Government schemes. The problem of drinking water in the district is mainly centered around the quality of water, availability of adequate drinking water during summer and salinity in coastal areas. With the overexploitation of ground water for irrigation through bore wells, the ground water table is depleted and open wells dry up during summer months, creating acute shortage of water for drinking during summer. In the coastal belt particularly in Kundapura taluk, the well water becomes saline during summer. This poses a serious problem for safe drinking water 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.

**Udupi district has made good progress as regards housing status, electrification of households and sanitation.**

They are also 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-fourth of the households still use traditional fire-wood for cooking. In urban areas, on the other hand, nearly two-third of the families uses LPG/PNG. Inaccessibility and unaffordability of modern fuel supply/services still remain the main problem in rural areas.

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. The majority of the households including weaker section have flush latrine facility within home. There are still 13 percent households without toilet facility within their home. They mainly belong to weaker section of the community. Adding to this, access to sanitation facility in emerging slums of migrant labor families in and around urban centres poses a real problem. 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.

#### **12.2.5: Weaker Sections: Deprivation and Discrimination**

The weaker section refers to women, child, vulnerable groups and SCs and

STs. The inclusive human development is not possible unless the weaker sections are economically, socially and politically empowered. The district is hailed as one of the most progressive districts in the state with regard to women and their empowerment. As a result of various gender-friendly enabling factors such as matriarchal system, favorable sex ratio, high literacy amongst men and women, better infrastructure and access in education, health, transport and communication, higher scope for employment in labor intensive and gender-friendly traditional industries like beedi and cashew-nut processing, a strong SHG movement and higher level of out-migration have contributed significantly to the gender development in the district. The various government schemes such as Bhagya Laxmi Programme to provide insurance cover for new born girl's education and marriage of poor families, free education for girls in government schools up to the secondary level, provision of bicycles to secondary school girls, Stree Shakthi SHG model for empowering women and reservations in political representation local governing bodies contributed significantly in minimizing gender discrimination and improving gender equality in the district.

Notwithstanding these achievements, the women in the district are still faced with the following gender related discrimination and problems:

- ❖ Deeply rooted gender biased social norms and customs on women's

roles, codes of modesty, code of honor and dowry system as well as women's ability still persists particularly among rural community and SCs and STs.

- ❖ Declining female work participation, feminization of employment and casualization and marginalization of women's employment in rural areas with the declining of agriculture and beedi rolling.
- ❖ Increasing employment of women in unorganized sector such as shops, hotels, domestic servants etc. without security of jobs and terminal benefits, contributes to gender discrimination 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 becomes miserable.
- ❖ With the growing out-migration of married men and increasing divorce, the single woman living is increasing, 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.
- ❖ Preference of parents to boys rather than girls in professional education. Increasing alcoholism among young generation resulting in family quarrels, spouse abuse etc.
- ❖ Recent increase in theft, violence against young women, abduction of young girls.

The SCs and STs are historically socially and economically deprived communities in the district. The social and economic development of these communities, therefore, requires priority attention and special treatment. The well-being of these communities is not possible only through economic development. It requires social welfare focus - education, health, shelter, basic amenities such as electricity and sanitation. Both the Central and the State Governments have implemented several multi-faceted and multi-pronged programs to provide social infrastructure and incentives for the welfare of the SCs and the STs and thereby bring them to the mainstream development. As a result of these programmes, today, they are not lagging behind other communities as regards housing, drinking water supply, electricity and sanitation. However, they still lag behind the rest of the population in regard to their involvement in higher and professional education, organized job market, entrepreneurship and business world. Compare to other communities, they are also faced with the problems of larger percentage of them in below poverty level, higher dropouts in secondary education and marginal representation in higher-end employment. 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, prepare a plan of action and bring them to the level of the rest of the population.

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

**The SCs and the STs still lag behind the rest of the population in regard to their involvement in higher and professional education, organized job market, entrepreneurship and business world.**

### 12.2.6: Governance Issues

Good governance 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 Constitution Amendment rightly recognized decentralization through the PRI system as an appropriate institutional framework to ensure grassroots participation of the people and effective delivery of public services. Under this framework, the decentralized the panchayat raj institutes are expected to be effective, capable and responsive local administration units. Udupi being a progressive district has done relatively better in governance than most of other districts in the state. However, there are many grey areas, which are mainly systemic and require civil reforms.

GPs are the bottom of the pyramid administrative units for delivery of developmental services for the well-being of people. The performance record of GPs in Udupi district is mixed one; some have performed extremely well, some average and others very poor. With the appointment of the PDOs, there is a significant improvement in GP level governance. The GPs 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. The GPs have at present no financial and functional autonomy. The decentralization entails devolution of political, fiscal and administrative powers to grassroots governing institutions. This has not yet taken place.

The GPs at present act only as grassroots government body for implementing government schemes approved by the State and Central Government. Most of the programs, formulated as one-size-fits all, are imposed from the above without considering the area specific needs and feasibility, aspirations of people and the ability of the local administration to implement the programs effectively. They have not been empowered to raise resources adequately locally and execute development programs based on local needs and aspirations of the people. 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 watchdogs at the GP level.

As against this, the ULBs in the district have better record of performance. They have achieved significant improvement in the development of urban infrastructure and in the provision of basic civic services during last decade. With the outsourcing of water bill collection water supply service has improved. Similarly, by outsourcing, the

primary collection of solid waste improved significantly. It is gratifying to note that the three main ULBs have earned many awards for their best performance in delivery of basic services. Since urbanization is a dynamic process and expected to grow at rapid rate, it is important to strengthen urban governance. A unified and effective administrative set up is necessary in all ULBs with clear accountability to citizens. This requires empowering the ULBs in planning, management and monitoring. It is also important to give adequate emphasis on long term strategic urban planning to ensure that the present agenda is not limited to 'renewal' mission of ULBs. It must anticipate and plan for outgrowth and expansion. The governance focus should be shifted towards an outcome-based approach that is based on effective and efficient civic service delivery rather than an approach aimed at management of investment and asset creation.

Notwithstanding the progress already achieved in development of 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. The following are the priority areas in urban infrastructure development in the district, which needs immediate attention:

- ❖ At present the majority of the households depend on open well for 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.

- ❖ Underground drainage system do not cover majority of the municipal area the need to cover all households by UGD cannot be overemphasized.
- ❖ Though primary collection of solid waste is 100 percent, the segregation of the solid waste at source is 25 – 35 percent in all ULBs. In order to ensure scientific solid waste management and facilitate proper treatment of solid waste, there is need to ensure scaling up segregation of solid waste at primary source.
- ❖ There is a need to address the basic needs of migrant population who suffer from multiple deprivations that include lack of access to basic amenities such a water supply, sanitation, decent housing and electricity.

### 12.3 The Way Forward Strategies

The major thrust of the future policy should be not merely on eliminating disparities across gender, social class and regions in respect of all dimensions of human development but also enhance wellbeing of all people. The recommendations to address the areas of concerns identified in different dimensions of human development have been already indicated in the relevant chapters. In this section, an attempt is made to recapitulate the recommendations to chart the way forward policies and strategies for comprehensive, equitable and sustainable human development in the district.

**Since urbanization is a dynamic process and expected to grow at rapid rate, it is important to strengthen urban governance**

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 have serious implications while formulating 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. Similarly, it is important to recognize in the planning exercise, the human development deficits observed in various indices within the district and disparities existing among the taluks. An important implication emerges from the analysis of various human development indices is that all dimensions are equally important for enhancing well-being of people and the focus on mere growth or development of one dimension cannot take care of development of other dimensions. There is a need to have holistic approach to achieve sustainable and more inclusive human development in the district.

### **12.3.1: Improve Universal Access to Quality Education**

The primary objective of education policy should be to ensure that all children cross gender, social class; rural-urban or differently-abled are able to enjoy equal access to education and educational institutions. This requires a holistic approach and concerted efforts to strengthen the system at all levels of education: elementary, secondary and higher education.

The primary education is the foundation for integrated and holistic personality development of the school-going children. The quality education should, therefore, facilitate realization of all innate potentials of children from primary education stage itself. The innate potential should not be limited to learning text-book subjects only. It should be extended to non-scholastic areas. The realization of potentials in non-scholastic areas can be facilitated through innovative children centered extra curriculum activities, where emphasis would be more towards exploration, project work, experimentation, investigation, field based experiential learning and interactive /communicative learning rather than mere text book teaching. This would enable child to continuously pursue excellence in his/her respective sphere of life. 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 to provide such a quality education. With the declining population growth and declining number of students in Udupi district, there is no justification for continuing lower primary schools with one or two teachers and depriving the children quality education in rural areas.

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 on equitable basis. Quality issues in terms of availability of

trained teachers, adequate infrastructure, good curriculum and innovative pedagogy that impact upon learning outcomes of the children must be the priority focus. The emphasis on quality in terms of improving learning outcomes is extremely critical in both primary and secondary level of education in rural areas to remove the present rural-urban inequity in education. Emergence of English medium schools is already widening inequality in education. The need for introduction of English as one subject at primary level cannot be overemphasized in this regard.

In ultimate analysis, primary education should be made children-centered and interesting, motivating and inspiring to children. Since the district is on the way to universal elementary education, the emphasis should be now on universalisation of secondary education and higher education. Focus should be on retention and upgrading of quality. Considering the scope for non-farm self-employment and small and medium industries and also tertiary sector, there is a need for incorporating vocational education at pre-university courses. Developing vocational courses for drop-outs from the high schools also needs to be considered. With a view to improving infrastructural facilities and good governance, school adoption programme and freeing of School Development and Monitoring Committees from politics can be considered. In the field of higher education, the on-going private-public sector initiatives should be encouraged.

Based on the present education scenario in the district, the following emerges as the critical elements of strategy required in the field of education:

- ❖ 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 1 km. Such model school should also include pre-schools in the schooling system.
- ❖ Introduce biometric attendance systems to ensure students and teachers attend schools regularly.
- ❖ Achieve universalization of secondary and PUC education by 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 district education officials focusing on content and pedagogical knowledge. They should be made responsible for ensuring quality of education 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.
- ❖ 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 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 present 1.6 percent of District GDP to at least 3 percent of District GDP to enable the Education Department to undertake the above initiatives.

### 12.3.2: Towards Comprehensive Health Care System

With the increasing involvement of private initiatives in health services and declining quality in public health services, access to health services is beyond the capacity of the majority of the rural people and weaker section in urban areas. While the government health initiatives are more towards preventive health care, the curative health care has so far not received the attention it deserved. With the high out-migration of youth and more aging population, the problem of easy access to affordable health care requires immediate attention. The NRHM though made remarkable progress in rural health care, it focused heavily on RCH. Since rural people do not have

easy access to health care for non-communicable diseases, it must expand to a more comprehensive vision of health care and include all non-communicable diseases. There is also question of under-coverage; SCs and STs particularly Koraga community are still deprived of easy access to health care facilities.

The health care system in the district has to be comprehensive, 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 special treatment of different groups; specific health care needs of elderly, SCs and STs, women and children, those infected with HIV/AIDS etc. Convergence and integration of all these initiatives with NRHM is required to move towards comprehensive health care in rural areas.

As regards health infrastructure is concerned, there is need to upgrade existing PHCs and CHCs to IPHS norms to work as mini-hospitals. This would require not only infrastructure upgrading but also qualified human resource support and well developed delivery system. In order to ensure referral facility and specialists' services for emergency, there is a need for computerizing and interlinking all Government health facilities (PHCs, CHCs taluk and district hospitals). The network linking would be effective only if prompt services for transportation of

referred cases are available and mobile medical units with requisite emergency equipment, drugs and trained paramedic staff are at the disposal of PHCs/CHCs. The use of IT/Mobile technology would be also worth considering for creating close interfaces and robust surveillance systems.

The public-private partnership is essential for comprehensive quality health care system. Since health is a basic necessity for human life, there is, however, a need to regulate fee charged by the private hospitals which is at present exorbitantly very high and beyond the capacity of majority of the people. There is also a need for extending private initiatives in health services in rural areas and the government should consider providing incentives to private sectors in this regard. In urban areas, the major challenge is to ensure access to health care services to slum settlements. Even though the district in the past succeeded in controlling communicable diseases such as malaria and TB, the incidence of these diseases is increasing in urban areas. This warrants strengthening of monitoring and surveillance as well as preventive measures in urban areas. Similarly the prevalence of HIV/AIDS requires both preventive and curative measures.

To enable weaker section to access health care facilities from both private and public, there is a need to provide health insurance cover. Yashawini Health Insurance Scheme can be extended to include marginalized SCs, STs, people below poverty line,

disabled, and abandoned elderly people in rural areas.

The Twelfth Plan strategy envisages achievement of Universal Health Coverage (UHC) over two or three plan periods. The ultimate goal of UHC is to guarantee affordable easy access to a defined package of quality health services to all citizens. With a view to provide universally accessible quality health services at affordable costs and efficiently in Udupi district, there is a need to consider the following strategies in the health sector:

- ❖ Considering the prevailing mixed institutional health system in the district, there 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 specialty 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, Manipal Health Card, Rastriya Swastya Bhima Yojane etc should cover all BPL households as 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 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 medicare 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.
- ❖ Incidence of Cancers is increasing in the community; all efforts should be made to diagnose early through awareness campaign and camps, so that life expectancy can be increased.
- ❖ 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 level 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.

### 12.3.3: Linking Human development with Growth

In 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 dimension of human development. There is, thus, a need to strengthen the virtuous cycle of linking human development with economic growth. Though the district at present provide worsening scenario in development in productive sectors, it has challenging 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 technological spread of communication technology to rural areas has opened up opportunities to foster a variety of secondary and tertiary activities in rural 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 non-farm employment opportunities both in the secondary and in the tertiary sectors in the surrounding rural areas. The promotion 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 human development with achieving higher, sustainable and more inclusive economic growth in the district.

### 12.3.4: 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 be therefore context-specific based on ground realities and by taking into consideration gender differential needs and elated 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:**

Specific women focused strategies are required for organization of women SHGs, capacity building, business skill development, credit linkage, provision of industry specific inputs and organization of marketing networks.

❖ **Development of women as entrepreneurs:**

Through enhancing skill and management training, capacity building, access to credit, industry-specific technology support, marketing- help, and providing incentive such as seed capital, women could be enabled to take up entrepreneurial activities in new and emerging business fields.

❖ **Improving amenities for poor urban women:**

With the increasing

urbanization, more and more women from rural areas move to urban areas for low ladder jobs mostly in construction and informal sectors. There are also growing single women employees in the organized sector. It is important to focus on providing enabling living conditions to these women through hostel facilities.

- ❖ **Strengthening SHG initiatives:** SHGs have already proved in the district as successful model for socio-economic empowerment of poor women. What is required now is to strengthen this initiative not only to widen the coverage geographically and in reaching out the unreached poor but also to empower them to undertake income generating activities. 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 to micro-enterprise entrepreneurs. Gradually they should be developed on cluster basis on line with Chinese Townships and Village Enterprises (TVEs) model which has been proved as one of the most successful rural development initiatives.

### 12.3.5: Marginalized Social Groups

Human development has to be inclusive. 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. In the district, the marginalized social groups include mainly SCs and STs. To achieve inclusiveness in all human development dimensions without deprivation or discrimination require multiple right based interventions. The various Government schemes like, Anthyodaya for food security for the poorest of poor, free education upto secondary level for SC and ST students, RCH initiatives for welfare of SC and ST women and children, reservations in political participation, promotion of Stree Shakthi SHG model for empowering SC and ST women etc have contributed significantly for social empowerment of these 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, All these result in their under performance in almost all human development indicators and therefore require immediate remedial interventions.

The well-being of these communities is not possible only through social empowerment. Hitherto emphasis was given on social welfare focus - education, health, shelter, basic amenities such as electricity and sanitation. No doubt these initiatives should be continued and strengthened. Now what is required is their capacity and capability building to actively participate in productive sectors and other economic activities to economically empower them as they are still in lowest rung of socio-economic ladder. They should graduate from their low-end

traditional occupations to high-end professional occupations on par with other communities.

The following strategies are therefore recommended for improving the well-being of the marginalized social groups in order to bring them closer to other community:

- ❖ 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 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 to socially and economically empower SCs and STs should be now given highest priority in the district development programs. Besides eliminating drop-outs at primary and secondary level, how to motivate and incentivize their students to enter higher and professional education should be considered on priority basis. Unless they enter higher and professional education on par with other communities, they cannot be closer to other communities economically.
- ❖ The vocational training for skill development and employability for those who completed secondary education and do not want to pursue higher education should be considered to enable them to

undertake various income generating micro enterprises as well as to enable them to enter organized job market.

- ❖ SCs and STs should be encouraged to enter productive ventures like agriculture, livestock enterprises, small and medium industries and business world. This requires capacity and capability building of their youth and development of entrepreneurship among them to undertake business ventures.
- ❖ Health profile of Koraga community is relatively very poor and therefore requires special attention. A comprehensive health package should include health consciousness campaign, monitorable health indicators for the community, medical insurance coverage etc.

### **12.3.6 Improving Governance and Service Delivery:**

In order to achieve inclusive and sustainable human development, the good governance at local institutions matters. Improving good governance at PRIs and ULBs enables people friendly and people-responsive administration and ensures that public authority is exercised for the common good. The main ingredients of good governance at grassroots level 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 thus enables a people-friendly, people-caring, people-participatory and responsive administration.

Thus, efficient governance at the bottom of the pyramid requires responsible and responsive panchayat raj institutions. Under the three tier system, each of the institution needs to work in harmony with the other to discharge the functions for which the institutions have been created. Only then, they could fulfill their stated objectives and carry out their assigned responsibilities in managing the affairs of the society. The agenda for improving governance at local administration level therefore 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 includes civil service reforms aimed at improving transparency, accountability, efficiency and procedural reform to make them user-friendly.

The capacity building at GP level should be undertaken for need assessment, priority setting, formulation of projects/programs, and effective implementation of programs, sound financial management, transparency and accountability as well as right to information. 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 at the GP level.

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 needs immediate attention:

- ❖ There is a need to ensure that all households in the municipal areas have access to portable treated water supply within their premises.
- ❖ Underground drainage system: The need to cover all households by UGD cannot be overemphasized.
- ❖ In order to ensure scientific solid waste management and facilitate proper treatment of solid waste, there is need to ensure scaling up segregation of solid waste at primary source. This requires aggressive awareness campaign.
- ❖ 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 important to strengthen urban governance. A unified and effective administrative set up is necessary in all ULBs with 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 to ensure that the present agenda is not limited to 'renewal' mission of ULBs. It must anticipate and plan for outgrowth and expansion. The administrative focus should be shifted towards an outcome-based approach that is based on effective and efficient service delivery rather than an approach aimed at management of investment and asset creation. Electronic-governance (E-governance) can reduce delay and improve ability to get things done on time without waste of resources. E-governance, which is considered 'smart'; simple, moral, accountable, responsive and transparent, can be used as an important instrument for more effective strategic urban planning initiatives, program management and monitoring and timely delivery of services. It requires providing broad band connectivity, networking, technology up gradation and a package of software solutions.

## 12.4 Concluding Remarks

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



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religious groups and in different level of development in various dimensions of human development. As a result there are many challenges to overcome. The district also provides challenging opportunities for further progress. The study has identified development gaps in various dimensions of human development and many grey areas of human development concerns. There also exist disparities in achievements across social groups and taluks. An essential part of human development is equity. Every person has the right to live according to his or her own values and aspirations. No one should be doomed to miserable life because of his belonging to particular caste or gender or religion. The human development in the district should envision enhancing capabilities and enlarging opportunities to all people irrespective of caste, religion or gender. Since such a comprehensive sustainable and equitable human development is a long term process, it requires both short term and long term strategies.

The findings and recommendations of the DHDR provide a framework to evolve a strategic vision and to plan an action programme. The strategic plan of action should be a bottom-up process and take into consideration inter-taluk disparities and needs. Each taluk should build on its strengths and opportunities. The human development in the district is mainly driven by education and health. The district has to go a long way to catch up in percapita income. Hitherto, the district depended on 'money order economy'. It may dry up in future considering the declining population growth and out-

migration. The acceleration in human development in future mainly depends on increase in employment opportunities and per capita income. The higher education and high quality health care provisions are skewed towards the better-off and those who need greater access -weaker sections of the community are excluded. Thus, access to higher education and high quality health care for weaker sections becomes real challenge from human development perspective.

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. To formulate and implement such an agenda, each taluk should prioritise human development goals, identify its strengths and weaknesses and prepare strategic interventions required. The agenda for human development should be 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 human development is possible and can be achieved in the district.