

Human Development Report Rajasthan

(An update - 2008)



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Prepared for
Government of Rajasthan
Under Planning Commission – Gov and UNDP assisted project
'Strengthening State Plans for Human Development'
by
Institute of Development Studies, Jaipur

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Foreword

'Human Development Update of Rajasthan' is an update of Rajasthan's status in terms of Human Development. The State released its first Human Development Report in the year 2002 focusing on the sustainable livelihoods and this Update report is an attempt to capture latest developments on important HD indicators viz., livelihoods, health, education, gender development and briefly discusses status of Rajasthan in context of Millennium Development Goals.

The report has been prepared in guidance of State Level Advisory Committee, Steering Committee, Planning Commission and UNDP. Institute of Development Studies, Jaipur has played the vital role in research and analysis of data to see trends and developments documented in the report. Directorate of Economics & Statistics, Rajasthan has provided the statistical information and support through its HDR&C unit.

There were extensive discussions held with concerned departments of the Government and the findings were discussed regularly. The contents have benefited from discussions with Sh. A. K. Pande (Additional Chief Secretary, Development), Sh. Rajiv Mehrishi (the then Principal Secretary, Plan & Finance), Sh. V. Srinivas and Smt. Veenu Gupta (the then Secretary, Plan), Sh. Rajat Sachar (Director SP-Coord, Planning Commission, New Delhi), Dr. Suraj Kumar (National Programme Officer, UNDP) and Smt. Ritu Mathur (Programme Associate, UNDP), Ms. Alka Kala, (Principal Secretary Women and Child), Sh. Sudhir Bhargav (Principal Secretary School Education), Sh. R.K.Meena (Principal Secretary Medical & Health), Sh. Ashish Bahuguna (Principal Secretary, Agriculture), Sh. Subhash Garg (Principal Secretary, Finance), Sh. Manoj Sharma (Commissioner Agriculture), Sh. Sudhir Verma (Director, SPRI, Jaipur) and Dr Satish Kumar (State Coordinator, UNICEF). We thank for insights provided by them and the Government's perspectives on the constraints and the public initiatives taken in handling critical issues.

IDS, Jaipur has provided tremendous intellectual and organizational assistance and efforts of Prof. Surjit Singh (Director), Prof. Sarthi Acharya and Prof. Vidya Sagar is extremely acknowledged. Involvement of Directorate of Economics & Statistics, Rajasthan, which facilitated the process of preparation

of the report, has been vital and contributions of Smt. Leela Bhatnagar (Director, DES), Sh. D. K. Jain (Director, Monitoring) and HDR&C unit is acknowledged.

I believe this Update report will not only help in monitoring the development generally but also in areas emphasized by the earlier reports. The focus of this update remains 'Inclusive Growth'. Aspects of Human development are examined with respect to its distribution across regions, social groups and gender.

June, 2008
Jaipur

(Yaduvendra Mathur)
Secretary, Plan

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Abbreviations and Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ANM	Auxiliary Nurse Mid-wife
ASHA	Accredited Social Health Animator
AWC	Aanganwari Centre
CBR	Crude Birth Rate
GFCF	Gross Fixed Capital Formation
GOR	Government of Rajasthan
GSDP	Gross State Domestic Product
HD	Human Development
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Scheme
IGNP	Indira Gandhi Nehar Project
IMR	Infant Mortality Rate
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
MM_R	Maternal Mortality Rate
MCHN	Maternal Child Health and Nutrition
MTC	Malnutrition Treatment Centre
NGO	Non-Governmental Organisation
NFHS	National Family Health Survey
NRHM	National Rural Health Mission
NSDP	Net State Domestic Product
NSS	National Sample Survey
ODA	Overseas Development Assistance
PHC	Primary Health Centre
PPP	Purchasing Power Parity
SHG	Self-Help Group
SRS	Sample Registration System
SSA	Sarva Shiksha Abhiyan
TFR	Total Fertility Rate
UNDP	United Nations Development Programme
WDP	Women's Development Programme

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A Human Development Up-date: Rajasthan

Executive Summary

Rajasthan has traditionally been classified as a state ranking low on human development. For the three decades of development up to the early 1980s, the state exhibited slow progress on almost all economic and social and health indicators. In the 1980s, like most other southern and north-western states Rajasthan too began to display improvement in its economic and social performance. Economic growth rates rose, poverty proportions noticeably reduced, literacy rates visibly improved, and there was an all-round improvement in the infrastructure. Additionally, there has been a regional dimension to this development pattern: some northern and a few eastern districts and most urban areas have exhibited dynamism but the southern districts, particularly, have lagged behind. Next, sharp differences in social attainment exist between the far western districts (e.g. low literacy rates and extremely adverse sex ratios in Jaisalmer, Barmer) and some eastern ones (e.g. low female literacy and high infant mortality in Bharatpur, Dholpur) on the one hand, and the rest of the districts, on the other.

In the human development context, there are many questions that call for attention: how to stabilise growth rates in state incomes, instil pro-poor (job-creating) growth, stabilise and deepen the early gains in literacy, overhaul the health delivery and its related sectors, obtain a balanced sex ratio, and bridge the inter-district and regional gaps in all of these, to name a few. This report, a mid-term update on human development covering the period up to 1990s, makes an assessment of human development and identifies related critical issues in the state. It is not a full-fledged human development report and hence should not be expected to provide detailed explanations. Its principal aim is to discuss changes in the three aspects of human development viz., livelihoods, education and health since the beginning of the eighties. The focus of this update, although not specified in the report, remains 'Inclusive Growth'. Aspects of Human development are examined with respect to its distribution across regions, social groups and gender.

The update uses information on economic issues up to the year 2007, as against up to the year 1997 in the earlier report. The education and health information is used up to 2006 as against the earlier report using information up to 1998 only.

Livelihoods

One of the redeeming features of the state's economy is healthy economic growth since 1980. The growth in real GSDP is among the highest in large Indian states during 1980-97. The long term trend rate of growth during 1980-2006 is estimated at little below 6 per cent, putting Rajasthan among the best performing states of India. The growth has slowed down in the new millennium primarily due to slowing down in the primary sector, mainly agriculture, the largest employment sector, since 1997-98.

Diversified growth in the economy appears to have been induced by agricultural growth during 1980s and mid nineties. Development and availability of agricultural technology suitable for the state's agro climates, along with both the public and private investment in irrigation and a suitable price environment for the diversified crops helped improve agricultural performance during this period.. Such growth was made possible by the expansion in irrigated area, both ground water and surface. Gross irrigated area in the state increased from 37 lakh hectares in 1980 to 67 lakh hectares in 1996. A robust agricultural growth since 1980 for example, was made possible by a price policy environment, which

supported crops suitable for the agro-climates of the state. This changed since 1992-93 when support price for wheat started increasing faster than the competing mustard crop. The problem was further aggravated by the agricultural trade policy, which allowed free imports of edible oils in the country. Relative price of mustard to wheat (with 1980-81 as a base), declined from 116 in 1990-91 to 57 in 2001. The state lost its advantage and large areas were diverted back to wheat while pushing mustard to the marginal areas. Slow agricultural growth has acted as a retarding force for other sectors as well.

The widespread economic growth of the 80s and the 90s had a two fold impact on development. It has reduced inter regional disparities in economic growth particularly during the nineties and it has significantly reduced inter personal inequality in consumption. Rural poverty in the state has declined from 33 per cent in 1983 to 13 per cent in 1999, but has marginally increased during the new millennium. Consumption inequality has declined in the state during the eighties and the nineties. Gini coefficient of consumption inequality, for example, declined from 0.28 in 1987-88 to 0.24 in 1993--94 and further to 0.22 in 1999--00 in rural Rajasthan. This also has marginally increased since then. What is more, inter regional differences in poverty ratio also have declined. This was made possible by a diversification of economic activities within the household. People have devised alternative adaptation strategies (within and outside agriculture) to sustain their livelihoods since agriculture yields little in the face of repeated droughts. These include mixed cropping, animal husbandry, multiple occupations within a household and short-term out-migration. The index of multiple job-holding in a household has increased from about 1.8 in 1993--94 to 1.95 in 1999--00. Multiple jobs help raise more incomes and permit households a better standard of living.

Status of Education

Literacy

The literacy rate among males in Rajasthan in 2001 was 75.70 per cent and among females 43.85 per cent, up from 54.99 per cent and 20.84 per cent respectively, in 1991. These numbers make Rajasthan among the best performers on this count during the decade. Consequently, the gap between literacy rates in the state compared to the national aggregate has reduced from being 15 per cent points in 1991 to a mere three per cent points in 2001. A better way of looking at our achievements in literacy is in terms of Incremental Literates to Incremental Population (above 6 years) Ratio.

Gender difference in the spread of literacy is not stark. The ratio of male incremental literacy to female incremental literacy during 1991-2001 was 130. In two districts viz., Sikar and Jhunjhunu, girls outperform boys. The ratio exceeds 150 in Alwar, Bhilwara, Dungarpur, Jalore and Tonk. The spread of literacy appears more inclusive when analysed with respect to socially deprived groups, viz., SCs and STs. In the said incremental populations, SC/ST groups—despite the age-old discrimination (against SCs) and isolation (among STs)—have experienced a virtual equality in literacy: the incremental literate to incremental total population ratio among SC/STs, and the same ratio among total incremental population in this period, has been almost unity: only in seven districts out of 32 has this ratio been some what less than one.

Enrolment and Retention

Over the 1990s and early 2000s, enrolment rates at the primary level were rising and gender gap converging, though female enrolment rate is still to catch up with that of male. According to NSS sources, the net enrolment ratio for SC/ST girls during 1986--87 to

1995--96 increased from 14 per cent to 41 in rural Rajasthan, in contrast to that of all girls' enrolment increasing from 25 to 42 per cent: a no mean achievement. A serious problem, though, is the high drop out rate; only about 60 per cent children who enrol in class 1 reach class 8. . In none of the districts do all who enrol in class 1, reach class 8. The problem of school dropouts is worst in the districts of Baran, Banswara, Dungarpur, Jaisalmer, Nagaur, Rajsamand and Sirohi— each lying either in a geographically difficult region (the desert) or ST habited region (the south), other than Nagaur. School Dropout rates are also high in Jodhpur, Barmer, Karouli, Sawai Madhopur and Udaipur. More progressive districts like Bikaner, Churu, Hanumangarh, Jaipur and Jhunjhunu, showing larger dropout than average, require more detailed exploration. However, studies have reported that the introduction of the Mid-Day Meals Scheme had contributed towards enhancing school enrolment, attendance and promoting social equity. The program appears to be more successful in attracting and retaining children in schools in Rajasthan as compared to other states.

Supply Constraints

More than demand constraints, there are supply constraints that impede access to formal education. Unless some minimum infrastructure is created, it might be infeasible to expect children, especially girl children, to sustain themselves in schools. There is very strong relationship between literacy and existence of primary school with adequate manpower and facilities. The report discusses three critical impediments on which data is presented. These include only one-room schools, only one-teacher schools and non-availability of girls' toilet in schools.

One-room schools are not too many, but in some districts like Dungarpur, Jaisalmer, Jodhpur and Udaipur, there are still some gaps. However, in 11 out of 32 districts, more than 30 per cent schools had only one teacher. Districts that are in worst position are Banswara, Barmer, Dungarpur, Jaisalmer, Jhalawar, Jalore, Jodhpur and Rajsamand, most of which are educationally backward as well. Girls' toilets are available in less than 50 per cent of the primary schools in any of the districts. Districts having the least of number of schools with girls' toilets are Baran, Barmer, Dungarpur, Jalore, Jodhpur, Karouli and Udaipur, most of which show poor performance enrolment or retention.

Status of Health

Health status of a population depends on a number of factors. This includes, for examples, household economy: livelihoods, poverty, food security; social development especially literacy and education; public health care delivery cost of private health care etc. Health status is however, assessed on the basis of health out comes of a population, reflected in such indicators as life expectancy at birth, mortality rates – infant, child and maternal mortality rates, as well as incidence of morbidity and malnutrition. Human Development Report, 2002 brought out the dismal picture the health status of the state in spite of progress made with respect to control of communicable diseases such as small pox, leprosy, guinea worm and pulse polio.

Rural Population in Rajasthan is estimated to consume highest calories, amongst major Indian states. More importantly, inequality in the calorie consumption is declining over time. Per capita consumption of vitamins and micro-nutrients is also significantly greater than Recommended Dietary Allowance (RDA). Yet, when it comes to the health outcomes, the state reflects rather poorly. Recent estimates on the health of women and children clearly bring out this point. One third of the women in 2005-06 are estimated to

have lower than the normal Body Mass Index (BMI). More than half of the ever married women between 15 and 49 years are estimated to be anemic while 80 percent of the children between 6 and 35 months are anemic. Forty-four percent of children under three years of age are found to be under weight. This number has not changed during 1992 to 2005.

Maternal Mortality Ratio (MMR) at 445 in Rajasthan is lower only to Assam (490) and Uttar Pradesh (517) during 2001-03 in the EAG states¹. Corresponding estimates for MMR is low in the southern states (average 173), Gujarat (172), Maharashtra (149), Haryana (162) and west Bengal (194). Maternal Mortality Rate (MM_R), defined at 56.1 compares even worse with southern states (Average 12.3) and other Non-EAG state of India (15.8). What is more, decline in MM_R in Rajasthan within EAG states is lower only to UP. All other EAG states perform better than Rajasthan in lowering maternal mortality rate.

Infant mortality rate (IMR) in the state has maintained near stagnancy for most of the nineties. (Figure: 3.8). Besides, decline in IMR, as estimated for decennial census data, is highly uneven across districts. In Alwar, Ajmer, Tonk and Sirohi, IMR declines by over 24 per thousand live births, while in Jhunjhunu, Sawaimadhopur, Dungarpur, Dausa and Banswara IMR increases between 12 and 17 per thousand live births. What is unique to the spatial distribution of decline in infant mortality rate is that low population density, central and western districts of the state, observe sharper decline in IMR while the densely populated areas of the North-east and tribal district of south observe increase in IMR. Such behaviour of IMR needs some explanation as the cost of public health services for a given size of population is expected to be lower in densely populated area. Near stagnation in IMR, in turn, gets captured in a stagnant life expectancy at birth. Life expectancy has marginally improved from 59.1 years during 1991-95 to 60.8 during 1997-2001. Broadly, northern and eastern districts of the state show little improvement in IMR and/or life expectancy at birth. Decline in the IMR is sharper during the new millennium. The aggregate IMR declines from 85 in 1995 to 80 in 2001 and further to 67 in 2004. (SRS Bulletin, April 2006). The rural IMR has declined from 90 in 1995 to 74 in 2004 while urban IMR observes a sharper decline from 62 in 1995 to 42 in 2004.

The incidence of child malnutrition in Rajasthan, as per National family Health Surveys, was higher at 51.2 per cent in 1998-99 than the all-India average of 47.8. It is intriguing to find that the incidence of child mal-nutrition in 2005-06, as measured by weight for age or weight for height criteria, has not gone below the 1992-93 level of child mal-nutrition in spite of all the expenditure incurred on improving the situation through ICDS etc.

Public Health Delivery

Rajasthan Human Development Report-2002 discusses in detail evolution of health system in the state along with its structure and growth in modern medical institutions till 1998. There has not been any measurable increase in the number of medical institutions other than primary health centres and the rural sub-centres since then. The primary health centres have increased from 1616 in 1996-97 to 1712 in 2005-06. The sub-centres have increased during the same period from 9400 to 10515. Overall increase is around 10 per

¹ Empowered Action Group (EAG) states include, Uttar Pradesh, Uttaranchal, Madhya Pradesh, Chhattisgarh, Bihar Jharkhand, Orissa and Rajasthan

cent while the population during the same period has increased by 24 per cent. In terms of public expenditure, however; *real per capita* health expenditure has increased from Rs. 66 in 1993-94 to Rs. 81 in 2002-03 and further to Rs. 94 in 2005-06. Most of this increased expenditure has been absorbed by the salaries of exiting medical staff rather than the increasing their number. As a result, population per doctor (in public provision) increased from 7,755 in 1996 to 8,933 in 2002, and population per (government-run) allopathic centre during the same period increased from 10,925 to 12,247. According NSS data, a number of vacancies in remote rural areas are currently lying vacant. Such decline in availability of medical personnel would surely have worsened the already skewed access to public health services.

Further, states with highly inequitable access to health services have been found to lag behind on health indicators irrespective of per capita expenditures on health. The share of the poorest 20 per cent population in public health subsidies in Bihar, for example, is only eight per cent of the share of the richest 20 per cent, while it is 111 per cent of the share of the richest 20 per cent in Kerela. Rajasthan, with the share of bottom 20 per cent to top 20 per cent is 20 per cent, appears among the bottom ranks when the states are arranged in descending order of the ratio of public health subsidies going to the poorest.

Paradigm shift in Health delivery System:

A paradigm shift is being introduced through public –private partnership in public health delivery. It involves strengthening of public health system and involvement of private health care system to compliment the effort for improving access to health care both in rural and urban areas. Primary and secondary level health institutions are being strengthened to have functional infrastructure as well as skilled manpower and equipping them with required equipments and supplies. Financial requirements of the public health delivery components will be met through the untied funds. The skilled human resource for the provision of services will be ensured in health institutions. The district hospitals and community health centers will have required infrastructure and residential facility through Rajasthan Health System Development Project (RHSDP) and National Rural Health Mission (NRHM). Special attention will be paid to improve infrastructure facilities of primary health centers. The provision of untied funds for all the three level of institutions will help Health Department for the maintenance of the infrastructure and the facilities. Under NRHM, now each sub-centre will have two auxiliary nurse midwives, each primary health centre will have three staff nurses to assist medical officer and community health centre will have sufficient staff for the provision of 24 x 7 services. Moreover, 365 health institutions are being strengthened for provision of 24 x 7 Emergency Obstetric Care covering all development blocks of the state.

The role of the private sectors and NGOs in providing health coverage needs, greater emphasis in Rajasthan, where the private sector is conspicuously absent in rural areas; more so, in the sparsely populated areas. This is likely to bring in more resources for health services as well as raise efficiency of the health services, if properly monitored.

Status of Women

Sex ratios

The eventual mark of a long-standing iniquitous status of women in society is the declining sex ratio. Adverse sex ratios occur when there is prolonged neglect and (even) infanticide/foeticide of one sex. Rajasthan, like other states in north-western India belongs to that category of states where adverse sex ratio is an issue. Sex ratio was 910 in 1991

(female for thousand male), and 921 in 2001. The juvenile (age 0--6 years) sex ratio—which is a better indicator than the overall sex ratio, since women who survive the earlier years tend to outlive men in the later years—was 909 in 2001; there was almost a one per cent deterioration over the last count in 1991. Sex ratios are worse in western and northern regions compared to southern and south-eastern regions. However, there is thus, some equalisation of sex ratios across districts: those that had more balanced sex ratios are changing for the worse, and the converse for other districts. An overall deterioration in the juvenile sex ratio, however, is evidence to the fact that improvement in worst performing districts does not off-set deterioration in the better performing ones.

Social practices and customs

A number of prevalent practices, customs and values—such as female foeticide, infanticide, son preference, *nata*, child/early marriage and bride price—have implications on the status of women. They adversely impact the lives of poor people in general and women (and girl children) in particular. Many of these practices result in strengthening relationships of iniquity. These include for example, the practice of *Nata* and *Jhagda* which now have become a means of exploitation of women instead of providing sexual freedom to women as was provided earlier. The *nata* tradition is practised among SC, ST, other backward castes (OBCs). Among others, the practice of child marriage is common in Rajasthan. The practice is prevalent among several SC communities. Child marriage inevitably results in withdrawal of girls from school; although girls are formally sent to their marital homes only when they reach puberty, parents-in-law often do not allow their daughter-in-law to study.

New policy initiatives to improve the status of women in the state include Gender Responsive Plan Allocations, Janani Yojna and Maternal and Child Health and Nutrition (MCHN) Day. The 2007-08 Gender responsive budget proposals cover all the three dimensions of Human development; viz., livelihoods (Strengthening of women SHGs by tax exemptions and allotment of dairy booths to women); education (facilitating girl students' movements for secondary education by providing them subsidized bicycles); health (strengthening public health delivery for women) and greater participation in governance by ensuring 30 per cent reservation in the police department.

The Millennium Development Goals

Millennium development goals are targets set by the United Nations in social and human development and international co-operation, which must be achieved in a defined time frame. As many as 189 countries (including India) are signatories to the MDGs. While India, and by the same token Rajasthan follows its own goals set in the Five-Year Plan documents rather than the ones set by the UN, there is often a convergence observed. Performance of Rajasthan in achieving MDGs may be summarised as

- The goals in poverty reduction are well within sight;
- Goals in literacy could be achieved with some effort;
- Goals in gender parity might be achieved with some concerted effort;
- Goals in IMR are well off the mark in spite of a sharp decline during recent period. This might require a great deal of effort to make headway.

Human Development Index

While human development is a broad-based concept of development, which would include variables like economic growth, social development, democracy and freedom, for

simplicity, the concept is operationalised through an index composed of three to four variables. For computational purpose the index is, composed of only three broad variables (with some variants): income, education and health status. The Human Development Index (HDI) in its generic form is a cross-sectional, comparative index and should not be used for temporal comparison or, adjudged on its absolute value unless appropriate adjustments are made. Rajasthan's ranking among Indian states has improved from 12 in 1981 to 9 according to the Planning Commission's Human Development Report of 2002. This was the position as seen from data pertaining to 1990s. There has been no official inter-state comparison thereafter.

Ganganagar has the highest value of the Human Development Index at 0.809. This is followed by Kota (0.787) in the south east, and six districts of the north Rajasthan. These include Bikaner (0.779), Jaipur (0.778), Hanumangarh (0.761), Alwar (0.744), Jhunjhunu (0.711) and Sikar (0.698). On the other end of the spectrum are Dungarpur (0.409), Banswara (0.425); Jalore (0.527) and Pali (0.547) of the south Rajasthan and Dholpur (0.497) on the eastern tip of the state. The reasons for such diversity in HD, however, vary from one district to another. The arid western districts do not fare too poorly on the index, implying that they have performed adequately on at least one component of the human development index. In a similar contrast, the not too arid eastern districts do not show as much progress as their agro-climatic status might suggest.

Concluding Remarks and Suggestions

5.1 Livelihoods

A story of rapid growth in the state income during 1980s and much of 1990s has been slowed in the later years due to deceleration in agriculture. At the same time, the population growth in the 1980s is now resulting in a two plus per cent growth in the work force, a significant proportion of which is now in dire need of jobs and earnings/better earnings. Two issues that emerge here include, (a). How to restructure and revive agriculture and (b) What to do about non-agricultural livelihoods?

Agriculture

The water bill placed before the lawmakers needs to be passed as quickly as possible, and implemented in a way that it fully weaves-in with the agricultural development strategy. The law once made, must have 'teeth'. First: In the irrigated zones (specially, eastern and part-northern districts) effort should be made to conserve more water (e.g. through drip/sprinkler; an effort which is being promoted in the newer areas) and sow more value-adding crops (with forward linkages). To achieve this, market-linked incentives are essential. Second: As many of the more arid areas (the west and south-west) are likely to, or in the process of getting some river waters (from IGNP, Narmada), possibility of promoting low-water using varieties of crops, with forward linkages, must be explored. Among other activities, value-adding animal husbandry, agro-forestry and other tree crops which might sustain vagaries of the weather better than seasonal crops (including those that produce bio-diesel), are some options that could be explored and Third: In the hills, not so arid areas of the south, land consolidation is an important policy option, as at present fragmented form of lands makes it very difficult to promote value addition in agriculture. Here, the general practice of the ST communities of claiming the land as new families are formed—a practice from the expansive agriculture era—brings marginal lands under the plough, leads to cutting of the woods and further fragmentation of the existing

land. This must, now, give way to more sustainable styles of land use. For this, a new settlement process must be initiated.

Last, in all areas, drought preparedness is essential. To achieve all these, a water policy (stated earlier), watershed development, and establishment of early warning systems will have to be put in place.

Non-agriculture

The non-agricultural sector should assume high priority as younger age groups would most productively find livelihoods in it – movement of new workers is already happening, and their place in the market must be strengthened. At least three elements are required for a tangible policy:

First is training in skills and trades for low skill workers in marketable options (locally, preferably at the district level), for which adequate demand must be assessed, and appropriate institutions of skill impartation set up. These training options could be of short-term, 3--8 weeks (or, as the course may require), and the trainees must be encouraged to follow self-employment options thereafter.

Second is credit (and other input) availability; an aspect that requires no further elaboration.

Third is creation of (micro) market infrastructure – market, storage facility, information, etc. Of-course, for each region and sub-region, the requirements will be different and the policy will have to be accordingly sensitive. As far as possible, effort should be made to link the downstream of improved agricultural activities with the off-farm and non-farm activities.

Education

First: Among specific proposals for strengthening primary education is the ‘anti-poverty window’ – to plan for the full childhood (age 0 to 14); for which, among other options is to extend mid-day meals for children up to Class 8.

Second: Special schemes are also necessary to get the ‘out of school’ children from labour markets, homes and orthodox environments into schools. There should be special emphasis on the girl child.

Third: In the area of tertiary education, effort should be to up-grade the skills of teachers, up-scale educational infrastructure, make education relevant and job-market friendly (including vocational education). Finally, skills in English language should become a priority for job-friendliness in a globalising economy.

Health

First, there is need for promoting public investment in health (all sectors), as the present allocations are just not sufficient. The NRHM is a right step in this direction, but it needs to be institutionally carried forward. In this regard, a *Sarva Swasthya Abhiyan* similar to the SSA could create a necessary thrust.

Second, norms set for various facilities have to be revised, as many might have out-lived their time. This is particularly so for isolated and far flung locales.

Third, gaps between sanctioned posts and other facilities, and the actual availability need to be bridged. This is particularly true for tribal areas.

Fourth, neo-natal care, new-born care, and mortality reduction programmes (maternal and child) should assume priority.

Fifth, a regional focus as well as convergence of certain services like ICDS, primary health and even education must be envisaged.

Sixth, there is possibility of decentralising health planning and dispensation with a view to raise efficiency.

Gender issues

First, special programmes to strengthen women's position in the society are essential. While the WDP has been revived in a new format, one suggestion is reinstate some of its generic elements, viz, women's empowerment *per se*, beyond the MCH, IMR, CMR and sex ratio framework.

Second, other programmes like the *Kishori Shakti* and the National Programme for Adolescent Girls should be strengthened further.

Third, special ICDS-type programmes for girls could be launched.

Finally, each of the said policies requires a separate sub-regional thrust: hot spots have to be systematically identified and followed up.

Human Development Up-date

An Introduction

1. Preamble

Rajasthan has traditionally been classified as a state ranking low on human development. For the three decades of development up to the early 1980s, the state exhibited slow progress on almost all economic and social indicators. A mere three per cent growth in its gross state domestic product resulted in almost no growth in per capita income. Poverty levels were high and maintained above 40-45 per cent of the population for most part of these three decades. Literacy levels were about 30 per cent in 1981 – about 46 per cent among males and 15 per cent among females. Health and demographic indicators too were equally indifferent.

In the 1980s, like most other southern and north-western states, Rajasthan too began to display improvement in its economic and social performance. Economic growth rates rose, poverty proportions noticeably reduced, literacy rates visibly improved, and there was an all-round improvement in the infrastructure. Three characteristics, nevertheless, qualify this development phase: First, drought induced fluctuations in income originating in the primary sector are high in several years, affecting the continuity of high growth trends. Second, while there has been significant improvement in literacy rates—specifically in the period of the 1990s—most other social indicators do not show such promise. Third, in spite of significant gains in some social indicators such as female literacy, the age-old ‘male preference’ gets reflected in the deteriorating ‘juvenile sex ratio’.

Additionally, there has been a regional dimension to this development pattern: some northern and a few eastern districts and most urban areas have exhibited dynamism but the southern districts, particularly, have lagged behind. Next, sharp differences in social attainment exist between the far western districts (e.g. low literacy rates and extremely adverse sex ratios in Jaisalmer and Barmer) and some eastern ones (e.g. low female literacy and high infant mortality in Bharatpur and Dholpur) on the one hand, and the rest of the districts, on the other.

In the human development context, there are many questions that call for attention: how to stabilise growth rates in state incomes, instil pro-poor (job-creating) growth, stabilise and deepen the early gains in literacy, overhaul the health delivery and its related sectors, obtain a balanced sex ratio, and bridge the inter-district and regional gaps in all of these, to name a few.

This report, a mid-term up-date on human development covering the period 1990s to early 2000s, makes an assessment of human development and identifies related critical issues in the state. It is *not* a full-fledged human development report and hence should not be expected to provide detailed explanations. Its principal aim is to present the change that has occurred between the period early 1990s and the new millennium; based on the pattern of these changes, it identifies gaps and flags issues critical for human development.

Box 1.1: A Geographic Profile of Rajasthan

Rajasthan state, initially constituted in 1949 after the merger of 19 princely states and later further consolidated in 1956 with the incorporation of Ajmer (earlier a central territory), has for long best been known for its colourful history: forts and palaces built in the yester-era and the valour and sacrifice of its princes and princesses, which apparently has also been its main tourist rallying point. It has not been a major contender for heralding industrialisation or economic growth in the country—being land-locked and having more than 60 per cent of its area covered by desert—despite that among the major trading communities in the country, many (e.g. Marwaris) hail from Rajasthan.

This state, like any other in the country, is not a monolith: there are regional diversities, nuances and issues that need to be put forth at the outset.

Seen from an agro-climatic and social point of view, there are four loose geographic groupings:

(1) The west (Jaisalmer, Barmer, Bikaner, Jalore, Jodhpur, Nagaur Pali), which lies in the heart of the Thar Desert, is arid, sparsely populated and vast. The Aravali hills provide a natural barrier between the desert and other regions. For their livelihoods, people here have traditionally depended on one millet crop (low-intensity cultivation), livestock, handicrafts, and extensive out-migration for physical labour (as well as recruitment in army). In its social context the region is extremely orthodox, with rigid and rather unequally defined caste and gender relations.

(2) The north (Churu, Sikar, Jhunjhunu, Ganganagar and Hanumangarh), located at the edge of the Thar, is arid to semi-arid. The region has harnessed some groundwater; additionally some districts have benefited from waters population groups, people who have become successful traders and merchants in other parts of the country and has in turn helped to strengthen human capital and other social attainments. Better educational standards at all levels have also ushered a more liberal social environment here.

(3) The east/north-east/south-east region (Ajmer, Alwar, Bharatpur, Dholpur, Jaipur, Dausa, Sawaimadhopur, Kota, Jhalawar, Bundi, Baran and Tonk) is less arid, and farmers in large parts of it have benefited from ground water (north-east) and some surface waters (south-east), to reap benefits of the green revolution. Since many areas here are closer to Delhi and the Western Railway line, the region has experienced some industrialisation. In terms of social structure, this region is varied: in many locales, middle/peasant castes control land and hence define the agrarian structure. This has permitted a larger number of women to join the labour force; sex ratios, therefore, are better. In some small pockets here, however, chronic malnutrition has been witnessed in the recent past (among tribal population), not for reasons of lack of aggregate food supply but severed entitlements.

(4) Finally, the southern region (Bhilwara, Rajsamand, Banswara, Udaipur, Chittorgarh, Dungarpur and Sirohi) is hilly, was thickly forested in the past, and is to an extent inhabited by people of indigenous communities, now classified as scheduled tribes (ST). It receives higher rainfall compared to most other regions in the state. Agriculture, particularly in the uplands, is of low intensity and low value. One reason for the backwardness of the region is the social and geographic isolation of the ST communities here. Next, the terrain itself is sub-montane and in the absence of transport, its markets are less developed and links to the outside world comparatively restricted.

Note: This profiling is different from the ones defined by the National Sample Survey or the State Administration. This is because this classification includes socio-cultural variables as well in addition to agro-climatic ones.

2. Earlier Human Development Report: Some Key Messages

The notion of human development emerged out of a recognition that economic growth alone per se will not be able to meet targets of all-round human welfare. Since economic growth, social development and political freedom are all a result of human activity—people are not mere targets of development but are its architects—their maximum active participation most productively in these activities is paramount for them to obtain optimal distribution of gains. Hence, a human development approach requires the development process to be participative and inclusive, regionally and social-group specifically balanced, ecologically sustainable and productive. Additionally, in a state like Rajasthan, which has historically lived through extended eras of economic and social inequality, a strong pro-poor and gender-proactive growth is an imperative.

The First Human Development Report, brought out in 2002, had its thematic statement of promoting sustainable livelihoods in an era of globalisation. It prioritised the imperatives for fiscal reform, macroeconomic stabilisation, and a strategy for sustainable human development. The report focused on problems in agriculture on the one hand, and the extent of sectoral imbalances on the other. For example, in agriculture, it identified excessive land fragmentation and vulnerability to drought. Finally, gender and health issues were identified to be of paramount importance.

The report emphasised critical role of good governance. While Rajasthan is not among the poorly governed states in comparative terms, they put forth that better governance is essential to deliver pro-poor initiatives, more so in districts which are economic and socially disadvantaged.

The report based their findings on data pertaining to the 1980s and early 1990s. While many issues suggested in these reports might still be relevant, more issues have appeared, and also, the nature of earlier issues has also changed during the subsequent years. For example, the focus in education has shifted to upper primary or girls' education rather than mere enrolment. This up-date tries to throw light on some of these aspects.

3. This Report

This up-date would help to review changes in the recent decade and the progress made towards achieving the Millennium Development Goals (MDGs). It is expected that its findings would underscore priorities pertaining to human development in the 11th Five Year Plan (2007-2012). The key emphasis here, as mentioned earlier, is to *concentrate on changes that have occurred in the recent times* rather than describe the status; and based on these, suggest select policy options¹

Layout of the report is as follows:

The present chapter presents the *raison d'être* of the exercise.

Chapter 2 makes a presentation on Rajasthan's progress in terms of aggregate income, its composition and changes therein, regional variations, poverty and inequality, status of agriculture, livelihoods, structure of employment and changes therein. It also looks at different survival strategies: e.g. migration, child labour, multiple job-holding.

Chapter 3 addresses issues in social ennoblement: education, health status, nutrition demographics and the status of women. Attempt is also made to assess equity in the distribution of access to public services across regions and gender as well as the distribution of gains from the public intervention in the social sector.

Chapter 4 presents the progress made in attainment of MDGs and the ranking of districts on a human development scale.

Chapter 5 concludes by flagging key issues: water and agriculture, non-farm occupations, issues related to tribals, health delivery and status of women.

¹ The up-date uses information on economic issues up to the year 2006, as against up to the year 1997 in the earlier report. The education and health information is used up to 2006 as against the earlier report using information up to 1998 only.

Aggregate Incomes, Poverty and Agriculture

Gross State Domestic Product (GSDP) growth is a necessary, though not sufficient, condition to achieve targets in human development. Sustainable growth in GSDP which would help to enhance human development would be one that is sectorally and regionally balanced, environment friendly, and employment-creating in an inclusive manner rather than be exclusive. We discuss here growth and distribution of aggregate income in Rajasthan and its impact on poverty.

2.1 GSDP: Trends and Patterns

2.1.1 State Income

One of the redeeming features of the state's economy is healthy economic growth since 1980. The growth in real GSDP is among the highest in large Indian states during 1980-97. The long-term trend rate of growth during 1980-2006 is estimated at little below 6 per cent². The trend growth rate during decades ending 1991 and 2001 is estimated at 6.5 per cent and 6.1 per cent respectively. It has marginally slowed down to 5.1 per cent during 2000-06.

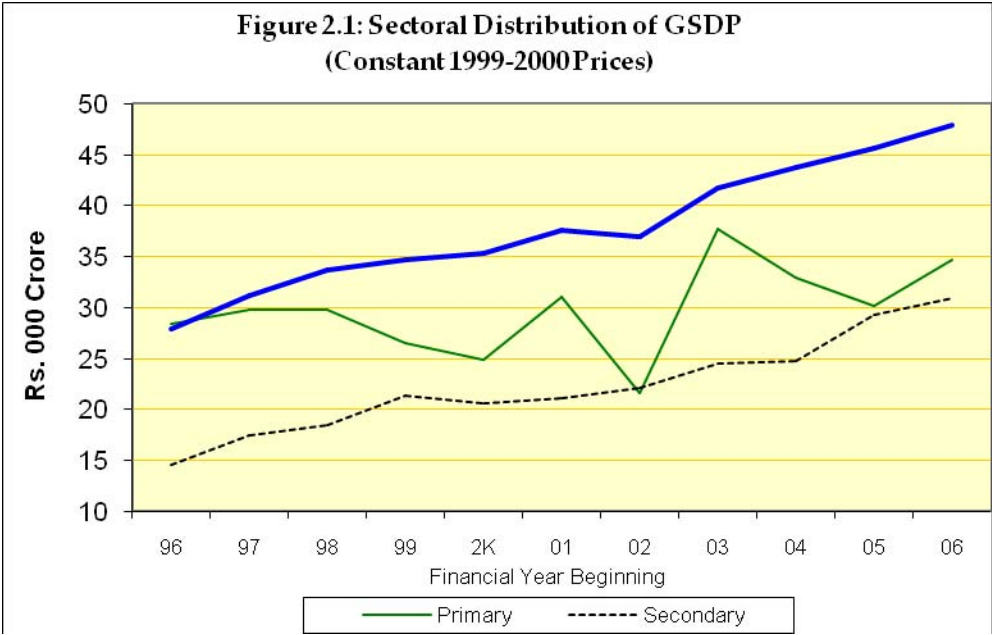
The aggregate growth rate is higher than the all-India average (at least up to 2000)—Rajasthan appears among the three best performing states on this count—though in absolute terms the state has still some considerable catching up to do to reach, say Punjab's or Maharashtra's per capita incomes. Next, there has been a (worrisome) decline in the growth rate since 1997-98. Finally, the per capita growth in GSDP has been modest as the population growth at about 2.5 per cent per annum in the state has been the highest among the major states in India.

The graph (showing data for the period 1996-2006 only) suggests that the reason for a slower growth since 1997-98 has been slowing down in the primary sector, mainly agriculture

² Based on revised series of GSDP with 1999-2000 as the base year.

Figure 2.1). While for the entire period 1980-06, the primary sector³ shows a trend growth of 3.9 per cent; for the period 1980-97 the sector grew at 4.9 per cent and for the period 1996-2006, the growth was reduced to an insignificant 1.8 per cent. Agriculture sector growth was a dismal 1.1 per cent during this period. The secondary and tertiary sectors together grew at 7.2 per cent annually during 1980-2006; at 7.25 per cent during 1980-98 and 5.4 per cent during 1997-2006. The slowdown in the non-agricultural sectors in the latter period could be partly attributed to demand constraint due to a slowdown in agriculture.

During the same period, while the secondary sector growth remained unaltered, its composition altered: registered manufacturing sector declined while unregistered manufacturing activities grew more rapidly. Overall, among the gainers during 1990s (compared to those in 1980s) were mining, unregistered manufacturing, communications and real estate, while the losers were agriculture, forestry and registered manufacturing. It might be hasty to comment on this changing composition of growth, but a fall in registered manufacturing and a corresponding rise in unregistered manufacturing could be worrisome in the context of promoting quality employment in the state.

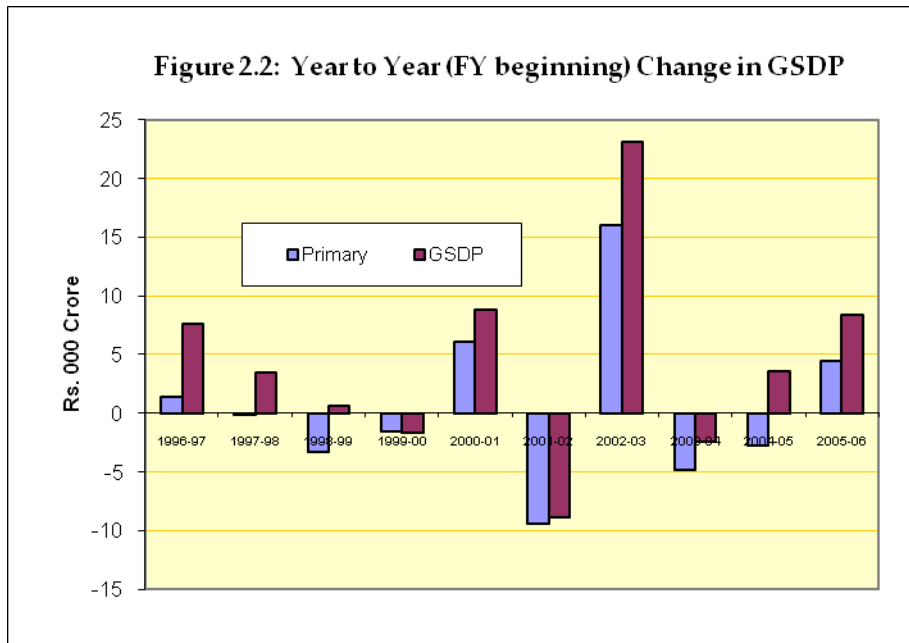


Source: Directorate of Economics & Statistics, GOR.

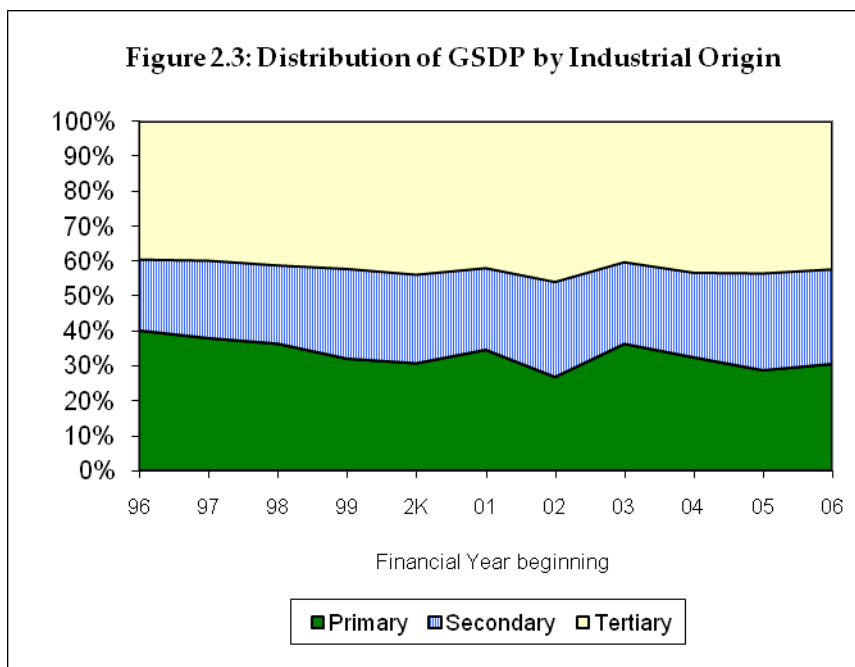
Wide fluctuations in agricultural production, particularly kharif production have always been part of the state’s economy. During the reference period, major drop in agricultural production occurred during 1987, 1993 and 2002. In the recent years a slide down in the agricultural performance starts in 1998, but 2002 was an exceptionally bad year (Figure 2.2). Fluctuations in agricultural production disturb incomes and livelihoods of people dependent upon agriculture.

³ Comprising mainly of agriculture and allied sectors.

Diversification in the composition of state output resulting from growth in the non-agricultural sectors has broad-based the economy and provided options for workers to earn incomes from a variety of sources, both in rural and urban areas.



Source: Directorate of Economics and Statistics, GOR.



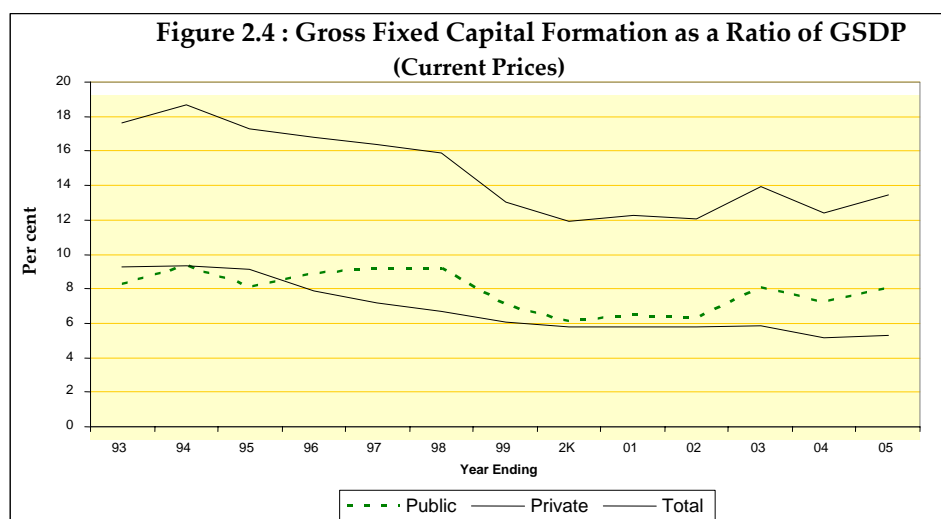
Source: Directorate of Economics and Statistics, GOR.

Diversified growth in the economy appears to have been induced by agricultural growth during 1980s and midnineties. Development and availability of agricultural technology suitable for the state’s agro climates, along with both the public and private

investment in irrigation and a suitable price environment for the diversified crops helped improve agricultural performance during this period (Sagar 2007). Such growth was made possible by the expansion in irrigated area, both ground water and surface. Gross irrigated area in the state increased from 37 lakh hectares in 1980 to 67 lakh hectares in 1996.

Rapid growth in the non-agricultural sectors coupled with indifferent performance in agricultural sector during the quinquennium ending 2002-03 has reduced the share of agriculture in SDP to a quarter in the subsequent years (Figure 2.3).

In the period beginning mid-1990s, Gross Fixed Capital Formation (GFCF)—both public and private—as a proportion of Gross State Domestic Product (GSDP) began to slow down, which puts brakes on the aggregate growth process (Figure 2.4). Slow agricultural growth has acted as a retarding force for other sectors as well.



Source: Directorate of Economics and Statistics, GOR.

2.1.2 Regional Variation

Regional variation in the level and growth of income is manifested in differences in resource endowments across regions/districts on the one hand, and diversification of economic activity including urbanisation, on the other. Per capita average income at current prices lies between Rs.16000 to Rs.18000 in Ganganagar, Hanumangarh and Kota during triennium ending 1999-2000, the state's average being Rs. 12003. Per capita income levels are low in Dungarpur (Rs 6681), Barmer (Rs.8535) and Dholpur (Rs.9143). It needs to be emphasised here that the regional disparity in district incomes is declining over time. Coefficient of variation in the per capita district income declines from 24 per cent during triennium ending 1993-94 to 21 per cent during triennium ending 1999-2000. Thus, there is a trend towards equalisation of district incomes over 1991-2001. Notably, such convergence in income levels gets reflected in the converging poverty ratios to lower levels in 1999-2000 are discussed below.

Observation 1:

Rapid growth in non-agricultural sectors has been a boon to the state. It has slowed somewhat since about 1997 on account of agriculture and this is a cause of anxiety, as a large number of workers are still stuck in that sector. For looking forward, stepping up investment (particularly in infrastructure) is a major economic policy imperative. Seen in the human development context, however, propping up incomes of persons eking a living out of agriculture—as their occupational mobility is low—becomes a natural priority, along with promotion of rural non-farm activities.

2.2 Poverty Trends

2.2.1 Poverty Proportions

Rajasthan has experienced rapid reduction in poverty in the last three decades: the per cent of population below poverty fell from an estimated 50 plus per cent in the early 1970s (both rural and urban areas) to 15.4 per cent (13.7 rural and 19.9 urban) in 1999-2000⁴ (Figure 2.5). In this context, Rajasthan is the third best achiever among major states in the country after Kerala and Tamilnadu till 1999-2000. During 1993/94-1999/00, the number of people below poverty line declined by 3.1 million⁵. The latest estimates released by the Government of India for the year 2004-05, however, show an increase in the poverty population. Accordingly, poverty ratio for the rural Rajasthan is estimated at 14.3 per cent when Mixed Reference Period (MRP)

Consumption data are used. Overall poverty ratio of the state increases to 17.5 per cent. What is worrisome is the sharp increase in urban poverty during the new millennium⁶.

Regions that had higher proportions of people living in poverty in the late 1980s and early 1990s experienced a sharper fall in poverty proportions compared to other low poverty areas. It implies that there has been some regional equalisation in standards of living (Figure 2.6).

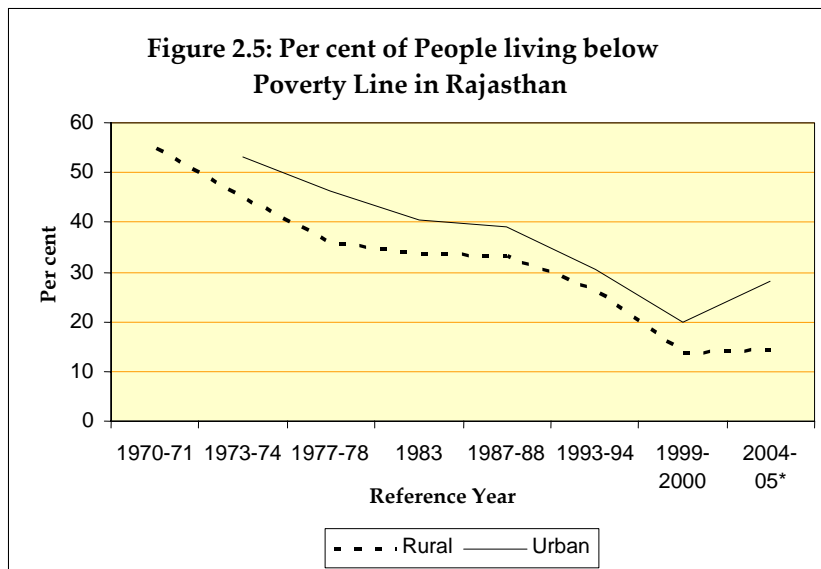
Consumption inequality, e.g., share of the richest 20 per cent to the poorest 20 per cent, has declined in the state during the eighties and the nineties. Gini coefficient of consumption inequality⁷, for example, declined from 0.28 in 1987-88 to 0.24 in 1993-94 and further to 0.22 in 1999-00 in rural Rajasthan; implying that inequality in consumption expenditure is continuously becoming smaller. However, since gini coefficients usually do not capture conspicuous consumption made by the affluent sections, a reduction in the index should inevitably be a sign of the poorer sections consuming more.

⁴ Poverty estimates in India are derived from the Consumer Expenditure Surveys conducted by the National Sample Survey Organisation every five years with a large sample and every year with a small sample.

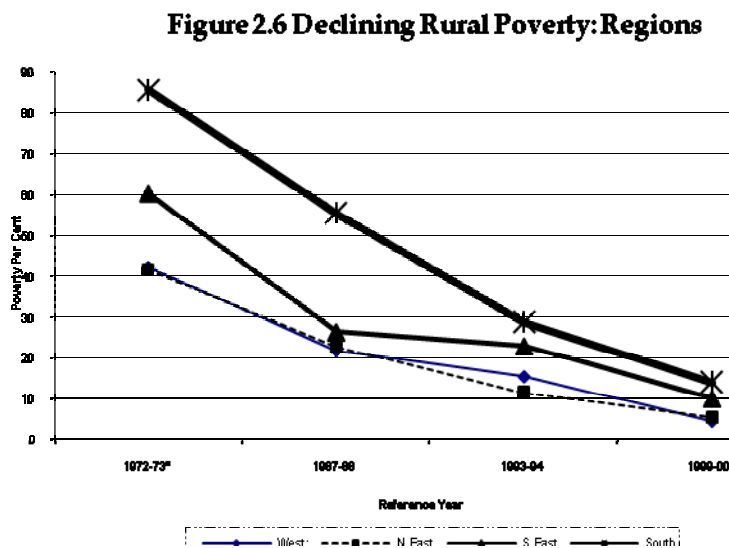
⁵ A number of scholars have moderated such a sharp decline to lower levels. For the full discussion on decline in poverty in Rajasthan, (see Sagar 2005).

⁶ With uniform reference period (URP) consumption data poverty estimates are higher at 18.7 per cent and 32.9 per cent respectively for rural and urban areas. Overall poverty estimate for the state with URP was 22.1 per cent in 2004-05.

⁷ It is a more robust measure of inequality.



Source : NSSO Rounds.



Source: Sagar (2005)

NSS regions are defined as follows

West: Ganganagar, Nagaur, Jodhpur, Churu, Pali, Barmer, Bikaner, Jalore Sirohi, Jaisalmer

North-east: Ajmer Alwar, Bharatpur, Bhilwara, Dholpur, Jaipur, Jhunjhunu, Sawaimadhopur, Sikar, Tonk.

South: Udaipur, Banswara, Dungarpur.

South-east: Bundi, Chittorgarh, Jhalawar, Kota.

2.3 Livelihoods

2.3.1 Changes in Livelihood Sources

Census data for 1991 and 2001 on the distribution of workers suggest that majority of the workers are still engaged in agriculture for their livelihood. However, for male workers added

to the workforce during 1991-2001, the pattern of sectoral absorption has been different. There has been a reduction of male workers in agriculture, and from among the incremental workers, only women have joined this sector (Figure 2.7). This implies greater opportunities for the male workers on the one hand but also feminisation and aging of the (male) work force in agriculture.

Box 2.1 Some Key Features of Poverty in Rajasthan

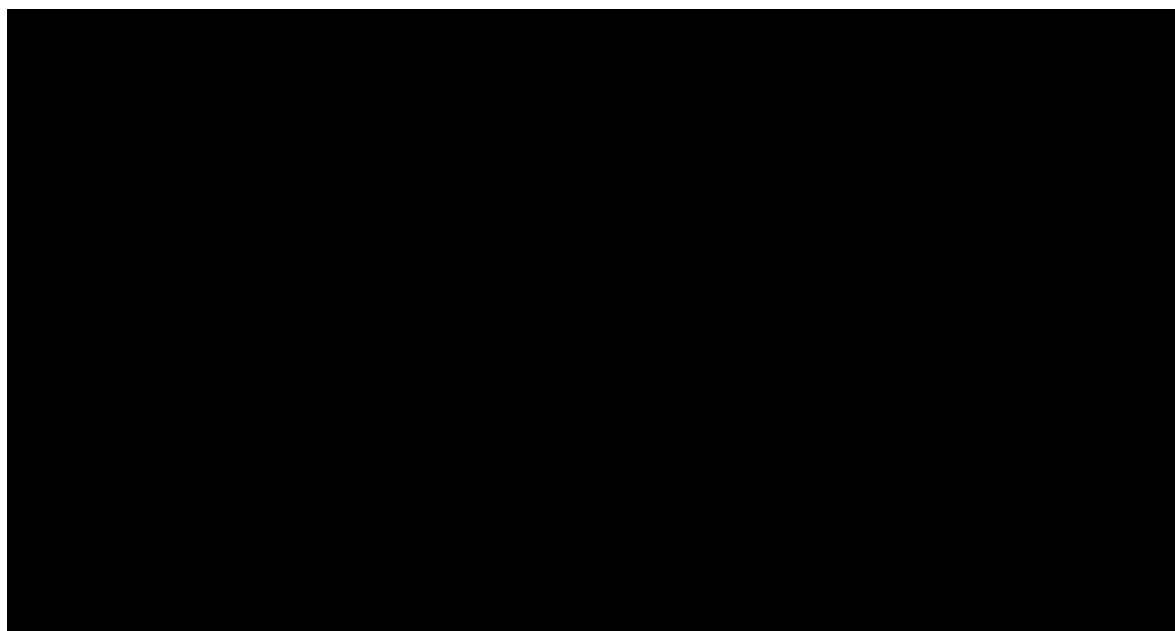
First: There are larger proportions below poverty line in urban areas than rural, a feature unique to Rajasthan. Possible reason: The state has a large rural-urban migrant population, which has not fully integrated into the urban labour market.

Second: The extent of poverty among the scheduled population groups continues to be higher than that among the non-scheduled groups. Their comparative position, however, has improved over time.

Third: Majority of the poor are engaged in agriculture. This is because of an overwhelming dependence of rural households on agriculture. The share of poor, dependent on agriculture, has increased from 56 per cent to 64 per cent during the nineties, while the share of non-farm labour among the poor has declined from 28 per cent to 22 per cent (Radhakrishna 2004).

Observation 2: A flattening of the poverty reduction trend, ebbing of agricultural wages, and in turn these two coinciding with a flattening of the growth in the primary sector, all speak of how agriculture could affect standards of living even in the short run. Movement towards regional equalisation in the standards of living is certainly heartening.

In both rural and urban areas, a very large proportion of workers are engaged in the capacity of self-employed: more female than male. Only a small proportion works as casual labourers, though this is now increasing. Own accounts workers (mainly as cultivators) predominate.

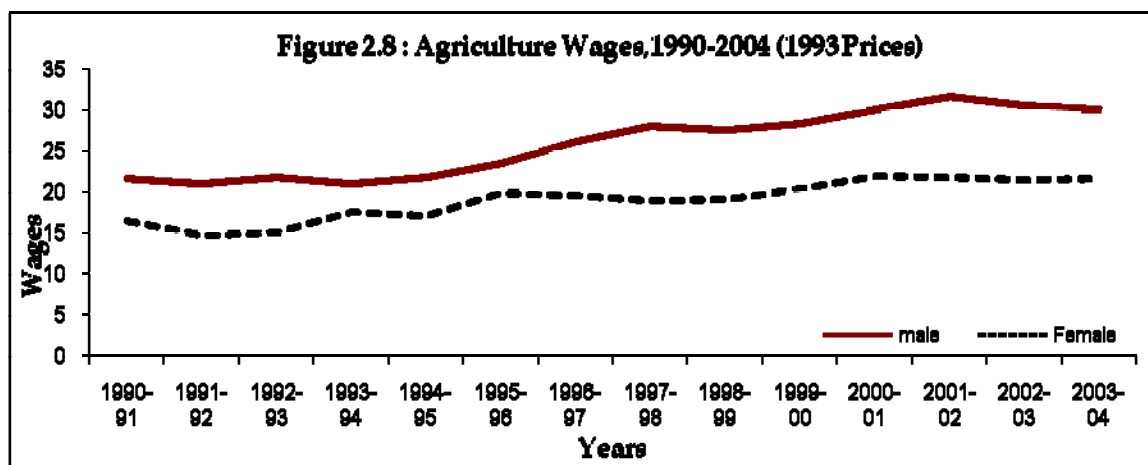


Source : Values are calculated from data obtained from Census of India, 1991 and 2001.

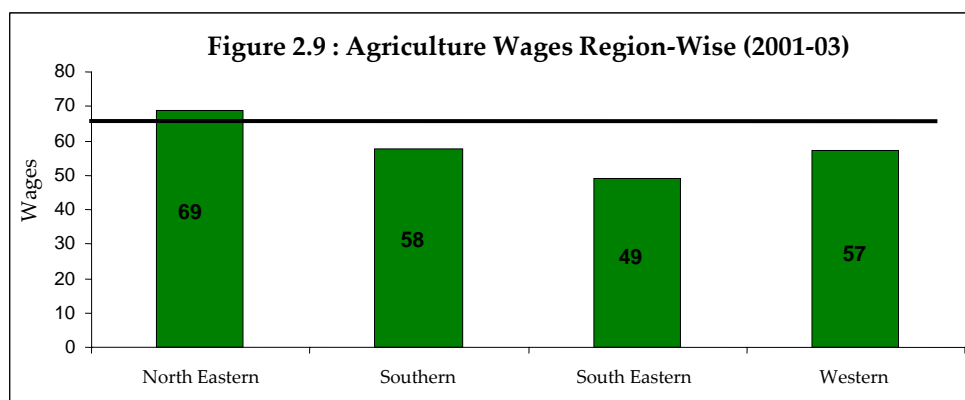
2.3.2 Agricultural Wages

In the functional distribution of income, agricultural wages are generally found to be at the bottom of the distribution. Trends in agricultural wages reflect whether economic growth has percolated down to the poorest sections of the economy.

A slowdown in the growth of agricultural wages in Rajasthan, is indicated in the new millennium, most certainly due to the prolonged drought situation during 1998-99 and 2002-03. Agricultural wages in the state have shown healthy growth rates in the past and have been generally above the minimum wages (Sagar 2005). However, in the new millennium, in three out of the four NSSO regions, wages fell below the prescribed wage during the triennium ending 2002-03 (Figures 2.8 and 2.9).



Source : Directorate of Economics and Statistics, GOR.

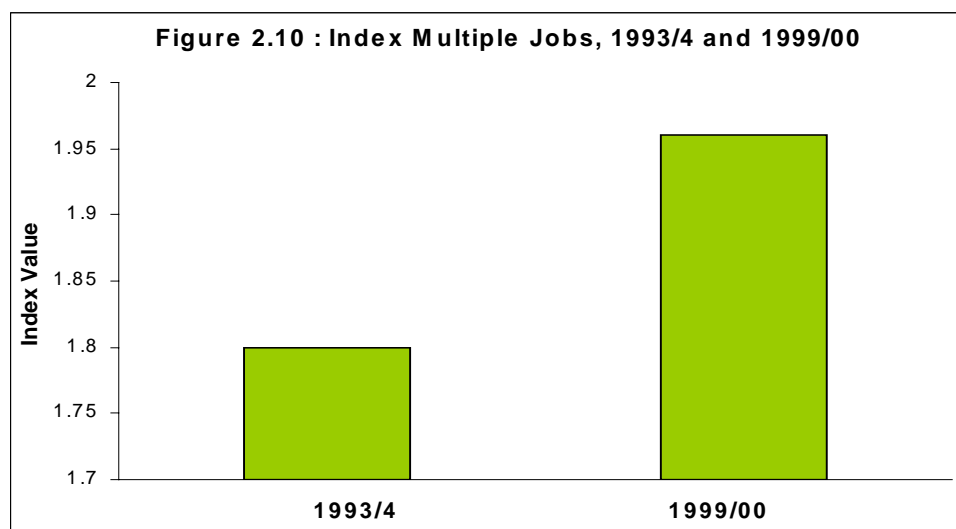


Source for tables 2.9a and 2.9b: Directorate of Economics and Statistics, GOR.

2.3.3 Rural Employment Diversification

People have devised alternative adaptation strategies (within and outside agriculture) to sustain their livelihoods since agriculture yields little in the face of repeated droughts. These include mixed cropping, animal husbandry, multiple occupations within a household and short-term out-migration.

Proportion of agricultural labour in the main main workers population in the state has declined from 10.1 per cent in 1991 to 5.8 per cent in 2001. This is amongst the lowest in the major Indian States; the all India estimate being 20.3 per cent. Most of the agricultural labour households possess productive assets (land and livestock), and engage in more than one activity. Figure 2.10 shows that the index of multiple job-holding in a household has increased from about 1.8 in 1993-94 to 1.95 in 1999-00. Multiple jobs help raise more incomes and permit households a better standard of living. This multiple job-holding is also because of distress and a strategy to survive.



Source: Calculated from raw data for the 50th and 55th Rounds of NSS.

With improvement in rural infrastructure (particularly road and transport), people increasingly out-migrate for short periods for work to augment their incomes. However, this large-scale seasonal and short-term out-migration tends get missed out in census or NSS surveys. The extent of out-migration also depends on the severity of drought; it is particularly high and frequent in the western (desert) districts, where up to 40 per cent of the workers migrate out at one or another time in a year.

Observation 3: In principle, young persons getting absorbed in non-agricultural occupations, is a welcome phenomenon. However, in this case it is not the classical path of rural transformation where high growth in agriculture induces non-agricultural activities to come about (which is also accompanied by a sectoral transfer of workers away from agriculture); it is essential that both, the locations from, and causes of sectoral shift of workers, are closely scrutinised. Next, not all survival options, such as child labour or repeated out-migration (under all circumstances), are always desirable. In this regard, a positive strategy is to strengthen non-farm options.

Finally, there is presence of child labour. Incidence of child labour is relatively high in rural areas (10 per cent as against 3 per cent in urban areas), where they supplement elders in economically meaningful activities in farms as well as in household and cottage industry. Its prevalence is highest in Alwar (17 per cent), Jalore (24 per cent) and Dungarpur (15 per cent) (Census 2001). In urban areas, children are deployed in the informal tertiary sector.

2.4 Status of Agriculture

Following up from the previous section, it is pertinent to ask what the current status of agriculture is, how it supports people's livelihoods, and what could be done for reviving activities therein?

2.4.1 Current Status

At the outset, it needs mention that the agricultural development model pursued in the last three decades has been based on 'settled intensive agriculture'—wheat, oilseeds, sugar cane, rice—with intensive water use, mainly from the underground (in lands other than those in the Indira Gandhi Canal Region). This has been a major departure from the historical pattern of sowing maize/millets and supporting livelihoods from pastoralism. This dual shift, along with rapid urbanisation, has created tremendous pressure on water and other natural resources in this arid to semi-arid agro-climatic region. The underground water in several areas has dried up. Next, price policies pursued during the nineties were not conducive to the agricultural growth (see, footnote 2). It is not that the water based agricultural technology model was a mistake: it had to be adopted at that time for feeding a population, which was growing at almost three per cent per annum.

It has had its own price overtime: not being able to afford the model anymore (physically, as there is no more water to mine, and financially, as more subsidies are difficult to come by), after three odd decades it has resulted in a slowdown of the sector. This has been worsened by repeated droughts.

2.4.2 Differential Earnings

The difference in the growth rates between agricultural sector and aggregate GSDP has resulted in per worker earnings gap between agriculture and other sectors. The gap between per worker production in non-agriculture and agriculture was about three times in 1991, which increased to more than five times in 2001. It logically implies that workers in the agricultural sector are earning increasingly lesser incomes compared to non-agricultural activities over time, a fact also part-borne out by a relative stagnancy in agricultural wages (see, Figure 2.8).

2.4.3 Labour Absorption Capacity

Of the total workers who joined the labour force during 1991-2001, only about 27 per cent were absorbed in agriculture, while the rest found jobs elsewhere. A major reason for the poor absorption of workers in agriculture is that the Census year 2001 *coincides* with one of the worst droughts in the southern districts. As a result, absolute numbers of workers in agriculture have decreased in the southern districts (Dungarpur, Ajmer, Udaipur, Rajsamand, Jodhpur, Pali, Sirohi, Bhilwara, Kota and Baran), most of which have performed badly in agriculture due to recurrent droughts during the late nineties and in the new millennium.

Observation 4: Strains in developing agriculture in Rajasthan on the 'green revolution' model have already been felt. Not that the strategy was *per se* faulty, but its limits in terms of availability (water/ecology) and costs (economics) are rapidly reaching. This is showing up in multiple forms: productivity, income costs, and consequent out-migration.

Box 2.2 : Water Resource Development and Agriculture : Some Current Policies

Depleting water resources of the state has made it imperative to take immediate steps to address the situation. The state has taken a major initiative towards augmenting the water supply for both, drinking and irrigation. The focus of state's initiatives is to reduce dependence on groundwater.

Government has taken a step for construction of water harvesting programme on a massive scale. Since last two and a half years, 3,338 water harvesting structures with an estimated cost of Rs. 2.9 billion have been sanctioned. Out of this, Rs. 1320 million had been spent by June 2006 and 1532 works were completed.

Besides Indira Gandhi Nahar Project, which is being extended to serve the requirements of seven western districts of the state (Ganganagar, Hanumangarh, Bikaner, Churu, Nagaur, Jaisalmer and Jodhpur); surplus waters from Yamuna (allotted to Rajasthan) are expected to provide supplies for both drinking water needs and irrigation (about 2,00,000 hectares) in Churu, Bharatpur and Jhunjhunu. River water from Narmada would further create 2,46,000 hectares of irrigation (in addition to drinking water needs) to the already existing irrigation potential of Chambal and Mahi river projects in the southern and south-eastern districts.

River-linking projects on Kali Sindh - Parvati with the neighbouring state (Madhya Pradesh) would further increase water availability.

For extending water for irrigation, the new water policy is expected to make it *mandatory* to use water-saving devices – sprinklers, for example – in new irrigation projects. Sustaining such a system, however, requires electricity and a regular O&M expense. This is to be ensured by setting up Water Users' Associations, which would collect both the (unsubsidised) electricity bills and O&M charges from the end users.

Finally, efforts to regulate groundwater use through a Groundwater Regulation Act are also being made.

Source: Department of Water Resources, GoR.

2.5 Summing up

Rajasthan's state domestic product has grown at rapid pace in the last two and a half decades, though there has been a decline in the growth rates over time since about the mid-1990s. Among the underlying reasons are a deceleration in agriculture and overall reduction in aggregate investment. In fact, agriculture in this (larger) agro-climatic zone cannot sustain itself in a 'high-intensity' model for long; and its deceleration could, to an extent, also drag down the overall growth.

Poverty trends and agricultural/general growth pattern appear to be related. There is a real fear that a reduction in growth rates might put brakes on poverty reduction.

While the government has made significant effort towards providing surface waters in the state, additional policy options like scientific water management downstream and its conservation, encouraging animal husbandry and vigorously promoting non-farm activities in rural/semi-urban areas, are yet to bear fruit.

Chapter 3

Social Attainments: Education Health, Nutrition and Status of Women

In the development paradigm of the yesteryears, the social sectors were the responsibility of the state. However, overtime with increasing inadequacy of the state apparatus to meet the demand due to fiscal squeeze, there has been a spurt of private services in the social sectors, which people have preferred; but they have to be paid for; hence has added a few more items in the expenditure list of individual households. Additionally, not all locales have these services. The picture, however, is not all that cloudy; there have been some innovative programmes that the government has been implementing: the *Lok Jumbish* and *Sarva Shiksha Abhiyan* (SSA) are two examples in education, and Integrated Child Development Scheme (ICDS) for nutrition requirement of children and mothers/pregnant women. The list surely is longer.

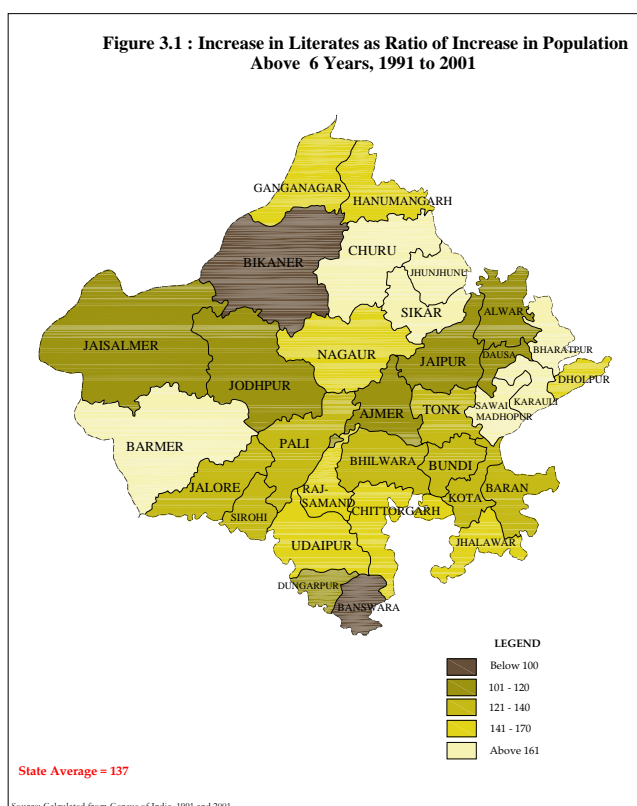
3.1 State of Literacy and Education

3.1.1 Literacy Rates

The literacy rate among males in Rajasthan in 2001 was 75.70 per cent and among females 43.85 per cent, up from 54.99 per cent and 20.84 per cent respectively in 1991. These numbers make Rajasthan among the best performers on this count during the decade. Consequently, the gap between literacy rates in the state compared to the national aggregate has reduced from being 15 per cent points in 1991 to a mere three per cent points in 2001. A few focused programmes, earmarked funding and some concerted effort by the government and NGOs made these achievements possible.

While determined effort to raise literacy rates began in the mid-1980s, a significant number of illiterates today are carryovers from the past. If, for example, the incremental

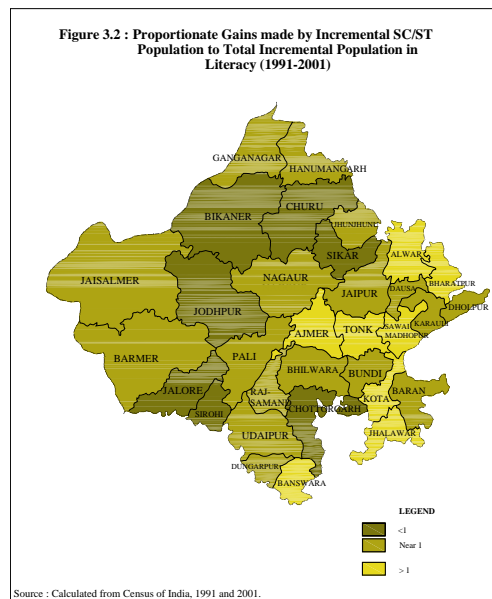
population above 6 years between 1991 and 2001 is taken into consideration, the literacy rate was 137 per cent in 2001; implying that, technically all those who entered the age group six years plus and many more became literate (Figure 3.1). In reality, a lot more persons from higher age groups might have become literate, though not all in the younger age groups might have become literate. Literacy rates among incremental populations in the period 1991-2001 have been rapid in most parts of the state. Private initiatives, though not gender neutral, has synergised with other state initiatives even in rural areas of the state. Relatively lower literacy among the incremental populations is seen in parts of west (geographically difficult region, traditionally orthodox) and south (large ST populations, remote hilly locales).



Gender difference in the spread of literacy is not stark. The ratio of male incremental literacy to female incremental literacy during 1991-2001 was 130. Such a ratio, if it exceeds 100, implies higher spread of literacy among boys than girls. Only in two districts viz., Sikar and Jhunjhunu, girls outperform boys. The ratio exceeds 150 in Alwar, Bhilwara, Dungarpur, Jalore and Tonk (Figure 3.2).

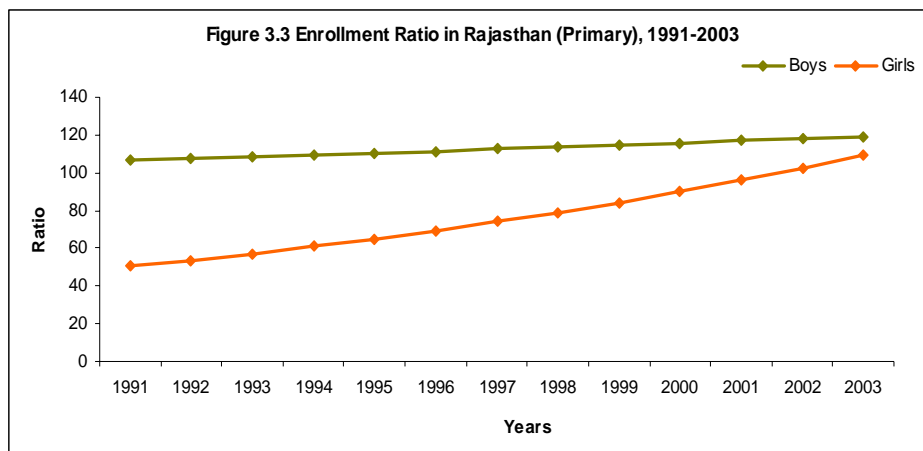
The spread of literacy appears more inclusive when analysed with respect to socially deprived groups, viz., SCs and STs. In the said incremental populations, SC/ST groups—despite the age-old discrimination (against SCs) and isolation (among STs)—have experienced a virtual equality in literacy: the incremental literate to incremental total population ratio among SC/STs, and the same ratio among total incremental population in this period, has been almost unity: only in seven districts out of 32 has this ratio been some what less than one

(Figure 3.2) – they could be marked as ‘hot-spot’ on this count. SC/ST populations have by large been equal gainers in the state’s literacy campaigns.



3.1.2 Enrolment and Retention

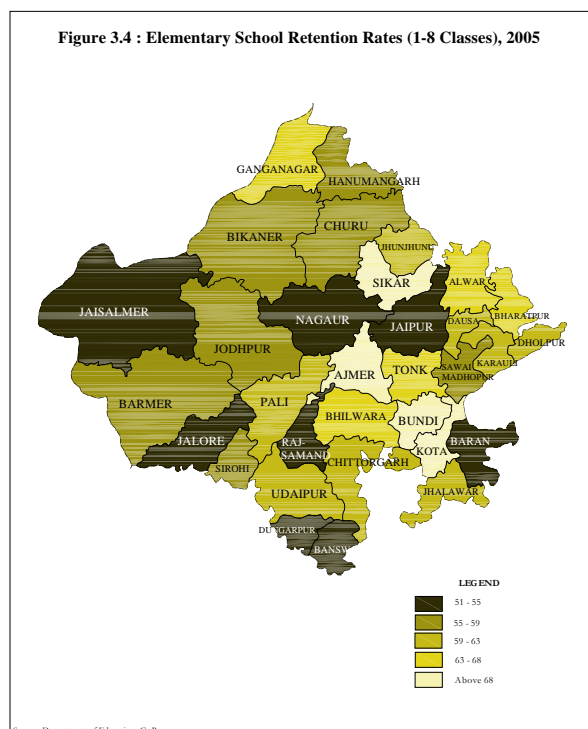
Over the 1990s and early 2000s, enrolment rates at the primary level were rising and gender gap converging, though female enrolment rate is still to catch up with that of male (Figure 3.3).



Source: Department of Education, GOR.

According to NSS sources, the net enrolment ratio for SC/ST girls during 1986-87 to 1995-96 increased from 14 to 41 per cent in rural Rajasthan, in contrast to that of all girls’ enrolment increasing from 25 to 42 per cent: a no mean achievement. A serious problem, though, is the high drop-out rate; only about 60 per cent children who enrol in class 1 reach

class 8 (Figure 3.4). In none of the districts do all who enrol in class 1 reach class 8. The problem of school drop-outs is worst in the districts of Baran, Banswara, Dungarpur, Jaisalmer, Nagaur, Rajsamand and Sirohi –each lying either in a geographically difficult region (the desert) or ST habited region (the south) other than Nagaur. School drop-out rates are also high in Jodhpur, Barmer, Karouli, Sawaimadhopur and Udaipur. More progressive districts like Bikaner, Churu, Hanumangarh, Jaipur and Jhunjhunu, showing larger drop-out than average, require more detailed exploration.



3.1.3 Educational Infrastructure

There is very strong relationship between literacy and existence of primary school: e.g. it is impossible to educate village children in the absence of a good teacher (parents are not much help), a building to sit in, proper road access between village and school, drinking water supply and toilets etc. Three critical impediments on which data is presented here are: only one-room schools, only one-teacher schools and non-availability of girls' toilet in schools.

One-room schools are not too many, but in some districts like Dungarpur, Jaisalmer, Jodhpur and Udaipur, there are still some gaps. However, in 11 out of 32 districts, more than 30 per cent schools had only one teacher at the time of survey (in 2005). Districts that are in worst position are Banswara, Barmer, Dungarpur, Jaisalmer, Jhalawar, Jalore, Jodhpur and Rajsamand, most of which are educationally backward as well. Girls' toilets are available in less than 50 per cent of the primary schools in any of the districts (DISE 2005). Districts having the least of number of schools with girls' toilets are Baran, Barmer, Dungarpur, Jalore,

Jodhpur, Karouli and Udaipur, most of which show poor performance enrolment or retention (Table 3.1).

Table 3.1: Retention Rate and Educational Infrastructure in Rajasthan

Districts	Retention Rate (I-VIII Classes)	Single Classroom (%)	Single Teacher (%)	Girls Toilets (%)	Drinking Water (%)
Ajmer	69	1	5	32	63
Alwar	67	2	13	22	57
Banswara	55	5	37	24	71
Baran	54	4	20	13	59
Barmer	59	7	54	15	44
Bharatpur	63	3	12	18	46
Bhilwara	68	5	30	17	68
Bikaner	57	1	28	35	42
Bundi	69	6	29	20	61
Chittaurgarh	63	2	30	20	69
Churu	58	1	11	29	58
Dausa	61	3	19	19	66
Dholpur	61	3	26	22	70
Dungarpur	55	10	35	11	79
Ganganagar	64	5	28	35	63
Hanumangarh	56	2	19	34	45
Jaipur	55	2	20	20	57
Jaisalmer	53	9	57	19	49
Jalore	54	1	35	15	48
Jhalawar	61	2	33	18	66
Jhunjhunu	59	2	12	29	61
Jodhpur	56	8	37	16	47
Karouli	60	2	25	15	56
Kota	69	5	18	24	59
Nagaur	53	5	24	19	43
Pali	62	1	21	21	62
Rajsamand	54	1	36	26	73
Sawaimadhopur	58	2	25	26	57
Sikar	69	2	16	22	57
Sirohi	56	3	31	27	72
Tonk	68	7	23	26	70
Udaipur	60	9	35	15	72
Rajasthan	60	4	28	22	61

Source: Department of School Education, Data for Elementary Education, (DISE 2005).

All these data suggest that more than demand constraints, there are supply constraints that impede access to formal education. Unless some minimum infrastructure is created, it might be infeasible to expect children, especially girl children, to sustain themselves in schools.

Observation 1: School retention rates are not high enough for achieving social and economic development targets. There are some serious problems in the educationally backward districts. Social orthodoxy (particularly in areas like the Mewat), and lack of social infrastructure (in the Dangs), are some inhibiting factors. In the western districts, sheer distances, hostile climates, sparse populations and scattered hamlets make it difficult to effectively extend schooling facilities.

3.1.4 Other Initiatives to Universalise Primary Education: Mid-Day Meal Scheme

The National Programme of Nutritional Support for Primary Education (commonly known as the Mid-Day Meal Scheme) was launched as a centrally-sponsored scheme on 15th August, 1995 to boost “universalisation of primary education by increasing enrolment, retention and attendance and simultaneously impacting on nutrition of students in primary classes”. It was implemented in 2408 blocks in the first year, and covered the whole country in a phased manner by 1997-98. The programme originally covered children of primary stage (classes I to V) in government, local body and government-aided schools, and was extended in October 2002, to cover children studying in Education Guarantee Scheme (EGS) and Alternative and Innovative Education (AIE) Centres also.

Several studies have reported that the introduction of the mid-day meals scheme had contributed towards enhancing school enrolment, attendance and promoting social equity.

A survey of 63 primary schools conducted in September 2002 by the Lok Adhikar Network (Barmer district) found an average increase in primary school enrolment of 79 children in September 2001 to 98 a year later (an increase of 23 per cent). Another survey of 26 villages in Sikar district found that school enrolment had risen after mid-day meals were introduced with an average increase of 25 per cent (Dreze and Goyal 2003). Dreze and Goyal (2003) in their comparative study of three states - Chhattisgarh, Karnataka, and Rajasthan - find that Rajasthan outperforms on the other two states in terms of increase in class-1 enrollment. Also, increases in class-1 enrolment were accompanied by higher attendance and those mid-day meals made it easier to retain pupils after the lunch break. Similar findings were reported by Mathur, Hariprasad and Joshi (2005) and CUTS (2006).

3.2 Health and Nutrition

Health is defined by the WHO as a state of complete physical, mental and social well being and not merely absence of diseases or infirmity. Health status of a population depends on a number of factors. This includes, for examples, household economy; livelihoods, poverty, food security; social development especially literacy and education; public health care delivery cost of private health care etc. The health status is, however, assessed on the basis of health outcomes of a population, reflected in such indicators as life expectancy at birth, mortality rates—infant, child and maternal mortality rates, as well as incidence of morbidity and malnutrition. Human Development Report 2002 brought out the dismal picture the health status of the state in spite of progress made with respect to control of communicable diseases such as small pox, leprosy, guinea worm and pulse polio in Rajasthan. We discuss below achievements in improving health status of Rajasthan during the recent years.

Rural population in Rajasthan is estimated to consume highest calories amongst major Indian states. More importantly, inequality in the calorie consumption is declining overtime. Per capita consumption of vitamins and micro-nutrients is also significantly greater than Recommended Dietary Allowance (RDA). Percent of persons getting less than 90 per cent of recommended calorie intake is the minimum among all the Indian States. During 1999-00, estimated population consuming below 90 per cent of the recommended calorie intake was 24.3 per cent. The figures compare well with Punjab (31.0 per cent), Haryana (30.2 per cent) or all India (45.2 per cent). Protein and fat intake (per consumer unit) of the poorest 10 per cent exceeds 70gm and 40gm respectively during 1999-00⁸. The average consumption of calories and protein per consumer unit is the highest at 3029 Kcal and 96.1gm while that of fat is marginally lower only to Haryana and Punjab. Even in terms of micronutrient intake, the situation is generally better than other Indian states. Thus, average intake of Calcium (734mg), Iron (31mg), Thiamin (2.58mg), Niacin (21.1mg) and Vitamin C (46mg) is among the highest in Indian states and comfortably exceeds the Required Daily Allowance (RDA) as per ICMR norms. Average intake of Riboflavin (1.23mg) and Vitamin A (400 units), falls marginally short of the RDA (see, Sagar 2005 for details).

3.2.1 Health Status: Maternal Health

Yet, when it comes to the health outcomes, the state reflects rather poorly. Recent estimates on the health of women and children clearly bring out this point. One third of the women in 2005-06 are estimated to have lower than the normal Body Mass Index (BMI). More than half of the ever-married women between 15 and 49 years are estimated to be anemic while 80 percent of the children between 6 and 35 months are anemic. Forty-four percent of children under three years of age are found to be under weight. This number has not changed during 1992 to 2005 (Table 3.2).

Table 3.2 : Health Status of the Population in Rajasthan

Health Indicators	NFHS-1 (1992-93)	NFHS-2 (1998-99)	NFHS-3 (2005-06)
Children under 3 years who are stunted (%)	41.8	52.0	33.7
Children under 3 years who are wasted (%)	21.2	11.7	19.7
Children under 3 years who are underweight (%)	44.3	50.6	44.0
Children age 6-35 months who are anemic (%)	NA	82.3	79.9
Women whose body mass index is below normal (%)	NA	36.1	36.7
Women who are overweight or obese (%)	NA	7.1	7
Ever-married women age 15-49 who are anemic (%)	NA	48.5	53.8
Pregnant women age 15-49 who are anemic (%)	NA	51.4	62.2
Maternity Related			
Institutional Births (%)	12.0	21.5	32.2
Births by Trained Professionals	19.3	35.8	43.2

Source : Rajasthan, NFHS-3, 2005-06.

⁸ Derived from Table1R (Rajasthan) of the NSS report 471.

Table : 3.3 : Maternal Mortality Estimate in India

Major States	Maternal Mortality Ratio (MMR)		Maternal Mortality Rate (MM_R)	
	1997-98	2001-2003	1997-98	2001-2003
Rajasthan	508	445	64.7	56.1
EAG and Assam Total	520	438	63.4	52.4
Southern States Total	187	173	13.9	12.3
Other States Total	184	199	18.2	15.8

Source : Registrar General, India (2006) *Maternal Mortality in India: 1997-2003 : Trends, Causes and Risk Factors*.

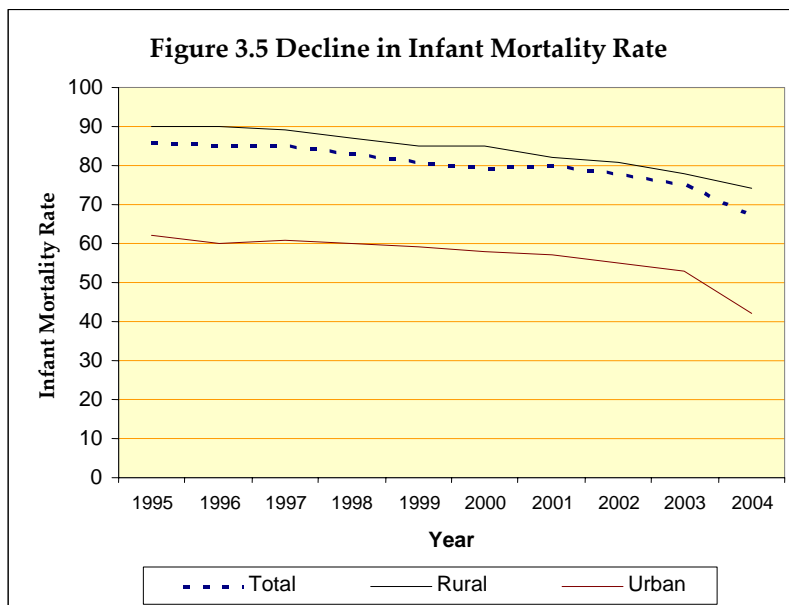
Maternal Mortality: Maternal Mortality Ratio (MMR), defined as the maternal deaths per lakh live births, at 445 is lower only to Assam (490) and Uttar Pradesh (517) during 2001-03 in the EAG states⁹. Corresponding estimates for MMR is low in the southern states (average 173), Gujarat (172), Maharashtra (149), Haryana (162) and west Bengal (194). Maternal Mortality Rate (MM_R), defined as the ratio of maternal deaths per lakh women in the reproductive age (16-49 years), at 56.1 compares even worse with southern states (average 12.3) and other non-EAG state of India (15.8). What is more, decline in MM_R in Rajasthan within EAG states is lower only to Uttar Pradesh. All other EAG states perform better than Rajasthan in lowering maternal mortality rate (Table 3.3).

Infant mortality rate (IMR) in the state has maintained near stagnancy for most of the nineties. (Figure 3.5). Besides, decline in IMR, as estimated for decennial census data, is highly uneven across districts. In Alwar, Ajmer, Tonk and Sirohi, IMR declines by over 24 per thousand live births, while in Jhunjhunu, Sawaimadhopur, Dungarpur, Dausa and Banswara IMR increases between 12 and 17 per thousand live births. What is unique to the spatial distribution of decline in infant mortality rate is that low population density, central and western districts of the state, observe sharper decline in IMR while the densely populated areas of the north-east and tribal districts of south observe increase in IMR. Such behaviour of IMR needs some explanation as the cost of public health services for a given size of population is expected to be lower in densely populated area. Near stagnation in IMR, in turn, gets captured in a stagnant life expectancy at birth. Life expectancy has marginally improved from 59.1 years during 1991-95 to 60.8 during 1997-2001. Broadly, northern and eastern districts of the state show little improvement in IMR and/or life expectancy at birth (Figure 3.6).

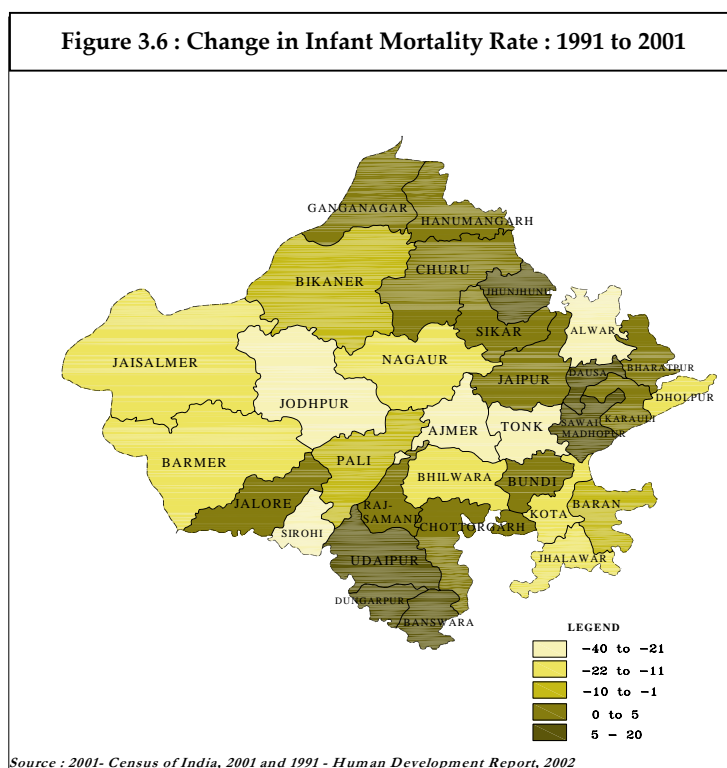
Decline in the IMR is sharper during the new millennium. The aggregate IMR declines from 85 in 1995 to 80 in 2001 and further to 67 in 2004. (SRS Bulletin, April 2006). The rural IMR

⁹ Empowered Action Group (EAG) states include, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chattisgarh, Bihar, Jharkhand, Orissa and Rajasthan.

has declined from 90 in 1995 to 74 in 2004 while urban IMR observes a sharper decline from 62 in 1995 to 42 in 2004¹⁰.



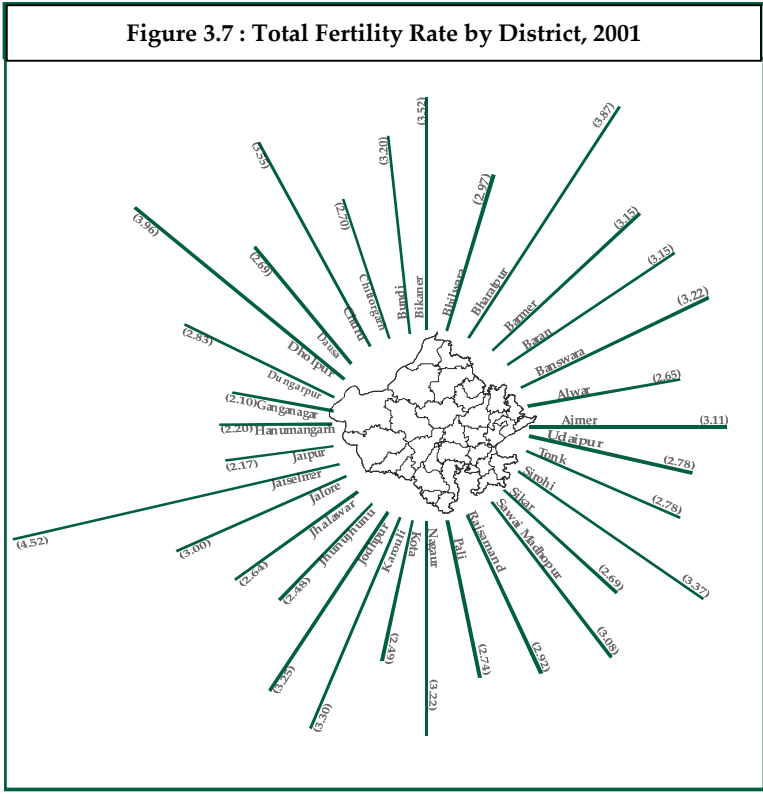
Source : SRC Bulletin, April 2006.



¹⁰ Such decline in urban IMR is not borne by the estimates released by NFHS-3. Urban IMR at 66 for the year 2005-06 is marginally lower than the corresponding figure of 70 in 1998-99. Rural IMR, on the other hand observes a decline from 83 in 1998-99 to 65 in 2005-06. Convergence of rural-urban IMRs due to a sharp decline in rural IMR might be indicative of improvement in rural health services but it puts a question mark on the efficacy of urban health delivery.

A high (infant) mortality rate induces people to produce more children, and a higher fertility rate keeps economic and demographic dependency high. These in turn, adversely affect the standards of living. The total fertility rate was high at 3.25 in 2001; this has resulted in a compound growth of the population at 2.51 per cent between 1991 and 2001. The highest fertility rate is seen in Jaisalmer, a district where the carrying capacity of the land is the least due to its aridity. Other worst performers are Bharatpur and Dholpur, while better performing districts are Ganganagar, Hanumangarh and Jaipur. Since infant mortality occurs mainly in the neo-natal state, i.e. within a short period after birth, intervention is principally required at that stage (see Figure 3.7).

Gender difference in infant mortality rate (IMR) shows interesting pattern across various districts. A number of districts in the north-west (e.g. Sri Ganganagar) show that the male IMR is higher than the female IMR¹¹. While attempting a spatial analysis of such differences one needs to account for juvenile sex ratio. In districts with adverse juvenile sex ratio a large number of households may not be hostile to the girl child, once she is born, and hence would provide as much health care to her as to the boy. Lower or negative difference in IMR of girls and boys needs to be looked into from this perspective (Figure 3.8).

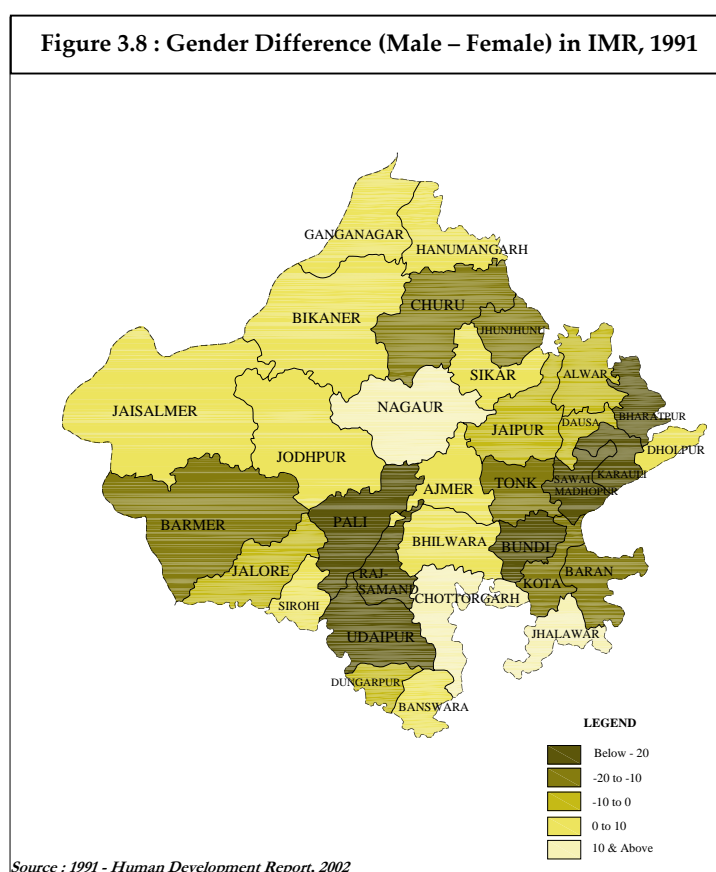


Source: Calculated from Census of India, 2001.

¹¹ Literature on IMR is replete with the higher incidence of in infant and child mortality among girls.

Table 3.4 shows distribution of live-births by the type of medical attention received as per Sample Registration System Statistical Reports (SRSSR). It shows that even in 2002, 63 per cent of the deliveries were attended by untrained professionals. The number of institutional deliveries has marginally increased from 5 per cent in 1991 to 9.1 per cent in 2002. Even the number of urban institutional deliveries is a meagre 30 per cent in 2002. This eventually gets reflected in higher incidence of IMR and/or MMR in the state.

Estimates by the NFHS surveys, however, show a better record of institutional deliveries. Accordingly, number of institutional deliveries has increased from 12.0 per cent in 1992-93 to 32.2 per cent in 2005-06 (Table 3.2) Correspondingly, deliveries by trained professional have increased from 19 per cent in 1991-92 to 43 per cent in 2005-06. These estimates put the share of safer deliveries to over 75 per cent, a fact not borne by the maternal mortality figures discussed earlier.



3.2.2 Malnutrition

Malnutrition among children has great significance because of its irreversible consequence. Children, therefore, must be adequately fed so that they grow up into healthy adults.

Table 3.4 : Percentage Distribution of Live Births by Type of Medical Attention Received by the Mother at Delivery : Rajasthan

Type of Medical Attention Received	Year	Total	Rural	Urban
Institutional	1991	5.0	2.6	16.8
	1996	7.8	4.3	28.7
	2002	9.1	5.9	30.1
Trained Professionals	1991	19.4	16.7	33.0
	1996	25.9	23.6	40.3
	2002	27.5	25.4	41.1
Untrained Professional and Others	1991	75.7	80.6	50.2
	1996	66.3	72.1	31.0
	2002	63.3	68.7	28.8

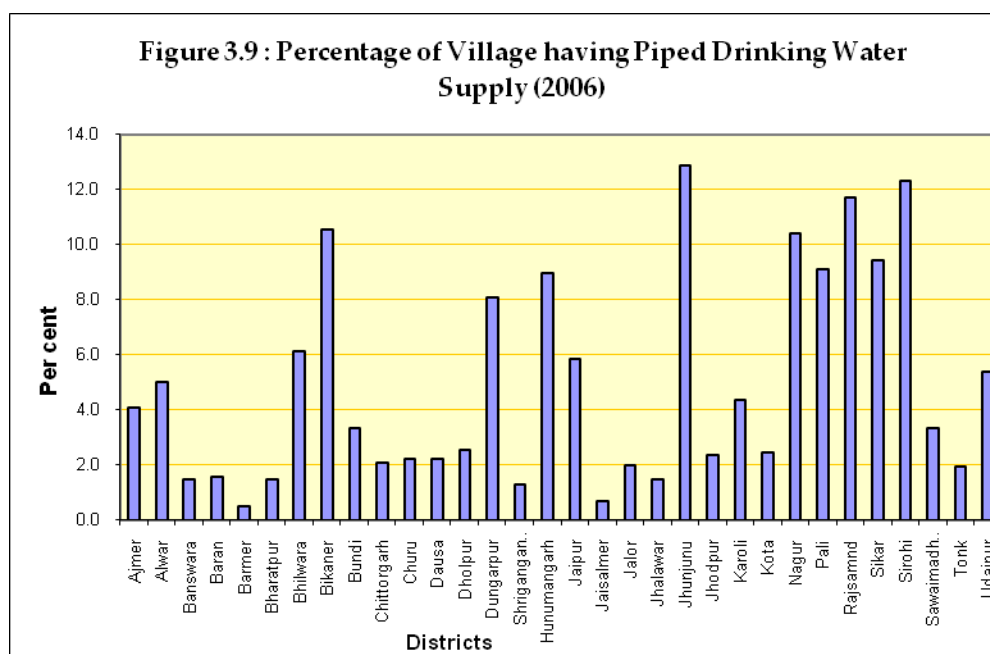
Source : 1991/1996 = Rajasthan Human Development Report – 2002.
2002 = Sample Registration System Statistical Report – 2002.

The incidence of child malnutrition in Rajasthan, as per National Family Health Surveys, was higher at 51.2 per cent in 1998-99 than the all-India average of 47.8. Rajasthan is the only state where the incidence of child malnutrition increased between 1992-93 and 1998-99 (as seen from the two latest National Family Health Surveys). This is worrisome. As per National Family Health Survey-3, it is intriguing to find that the incidence of child malnutrition in 2005-06, as measured by weight-for-age or weight-for-height criteria, has not gone below the 1992-93 level of child malnutrition in spite of all the expenditure incurred on improving the situation through ICDS etc. Malnutrition has declined from 42 to 34 per cent by the height for age criterion, however.

ICDS data, however, shows that 54 per cent children in the state were malnourished in December 2005. Out of these, 33 per cent (60% of the malnourished children) fell in grade 1 (mild malnutrition) on the malnutrition scale, which is now not considered as a serious condition. Thus, 21 per cent children were found to be moderately to severely malnourished at the state level. Percentage of village having piped drinking water supply is shown in Figure 3.9. The number of such children varies between 11 to 15 per cent in the north eastern districts of Nagaur, Jhunjhunu, Jalore, Hanumangarh, Churu, Alwar and Jaipur to 30 per cent in Baran and Banswara in the south.

A caveat: ICDS data refer to only those areas where the programme is operative; and supplementary nutrition under it is targeted on children up to six years age, mostly belonging to deprived sections of the society, i.e. SC/ST groups or those below the poverty line. To the extent ICDS estimates on child malnutrition represent ground realities; a 21 per cent incidence of moderate to severe malnutrition among the vulnerable sections of the population would imply a far lower level of malnutrition for the entire population.

There is evidence of malnutrition co-existing with relatively high calorie intake i.e. there are people who suffer from malnutrition despite consuming a sufficient diet. This situation might be explained by such factors as inaccessibility of people to health services, non-availability of safe drinking water, sanitation, and poor personal hygiene. Census data for 2001 suggest that more than 80 per cent of Rajasthan's villages are provided with piped water, and this holds true for all the districts. Tap water, which is a more reliable and a healthier source of water (compared to, say hand pumps; which lie defunct in large numbers), however, is available in more modest proportions only in Barmer, Bikaner, Churu, Jalore and Nagaur, with more than 30 per cent or more villages covered (Figure 3.9).



Source : PHED, Jaipur.

3.3 Public Health System

Rajasthan Human Development Report 2002 discusses in detail evolution of health system in the state along with its structure and growth in modern medical institutions till 1998. There has not been any measurable increase in the number of medical institutions other than primary health centres and the rural sub-centres. The primary health centres have increased from 1616 in 1996-97 to 1712 in 2005-06. The sub-centres have increased during the same period from 9400 to 10515 (Table 3.5). The overall increase is around 10 per cent while the population during the same period has increased by 24 per cent. In terms of public expenditure, however; real per capita health expenditure has increased from Rs. 66 in 1993-94 to Rs. 81 in 2002-03 and further to Rs. 94 in 2005-06 (Table 3.6). Most of this increased expenditure has been absorbed by the salaries of exiting medical staff rather than the increasing their number. As a result, population per doctor (in public provision) increased from 7,755 in 1996 to 8,933 in 2002, and population per (government-run) allopathic centre during the same period increased from 10,925 to 12,247. According to NSS data, a number of vacancies in remote rural areas are currently lying vacant.

Such decline in availability of medical personnel would surely have worsened the already skewed access to public health services.

Further, states with highly inequitable access to health services have been found to lag behind on health indicators irrespective of per capita expenditures on health. The share of the poorest 20 per cent population in public health subsidies in Bihar, for example, is only eight per cent of the share of the richest 20 per cent, while it is 111 per cent of the share of the richest 20 per cent in Kerala. Rajasthan, with the share of bottom 20 per cent to top 20 per cent is 20 per cent, appears among the bottom ranks when the states are arranged in descending order of the ratio of public health subsidies going to the poorest (see Sagar 2004).

Table 3.5 : Growth in Medical Institutions
No. of Institutions

Year	Hospitals (CHC)	Dispensaries	PHC (Upper PHC)	Urban RHC	Sub Centre	Mother and Child Welfare	Total Institutions
1991-92	214 (68)	275	1373 (148)	-	8000	118	9993
1996-97	219 (72)	278	1616 (189)	-	9400	118	11644
2003-04	215 (95)	209	1675 (203)	29	9926	118	12185
2005-06	220 (100)	204	1712 (225)	31	10515	118	12810

Source: Progress Report 2005-06, Directorate of Medical & Health.

Table 3.6 : Expenditure by State Government on Medical and Health Services in Urban and Rural Areas

Expenditure Head Share (Percent)	1993-94	2002-03	2005-06 (R/E)
Urban Health Services	43.27	42.09	41.25
Rural Health Services	33.52	39.48	36.43
Medical Research and Education	10.13	9.75	9.92
Public Health	13.08	8.68	12.41
Actual Expenditure (in Rs. Crore)	308	749	1009
Per capita Expenditure (Rs.) at 1993-94 Prices	66	81	94

Source: Progress Report 2005-06, Directorate of Medical & Health.

3.3.1 Paradigm Shift in Health Delivery System¹²

A paradigm shift is being introduced through public –private partnership in public health delivery. It involves strengthening of public health system and involvement of private health care system to compliment the effort for improving access to health care both in rural and urban areas. Primary and secondary level health institutions are being strengthened to have functional infrastructure as well as skilled manpower and equipping them with required equipments and supplies. Financial requirements of the public health delivery components will

¹² Department of Health, Government of Rajasthan, Jaipur.

be met through the untied funds. The skilled human resource for the provision of services will be ensured in health institutions. The district hospitals and community health centers will have required infrastructure and residential facility through Rajasthan Health System Development Project (RHSDP) and National Rural Health Mission (NRHM). Special attention will be paid to improve infrastructure facilities of primary health centers. The provision of untied funds for all the three level of institutions will help Health Department for the maintenance of the infrastructure and the facilities. Under NRHM, now each sub-centre will have two auxiliary nurse midwives, each primary health centre will have three staff nurses to assist medical officer and community health centre will have sufficient staff for the provision of 24 x 7 services. Moreover, 365 health institutions are being strengthened for provision of 24 x 7 Emergency Obstetric Care covering all development blocks of the state.

The role of the private sectors and NGOs in providing health coverage needs, greater emphasis in Rajasthan, where the private sector is conspicuously absent in rural areas; more so, in the sparsely populated areas. This is likely to bring in more resources for health services as well as raise efficiency of the health services, if properly monitored.

Observation 2: Rajasthan to a large extent has stayed unnerved in terms of health and demographic indicators in the last two decades. Unlike in education, the nature and extent of health services have been poor and have deteriorated in the recent years. Some deficiencies:

1. Public provisioning of water and sanitation;
2. Child nutrition to achieve multiple targets, including reducing fertility rates in the medium term;
3. Some discontinued critical health services;
4. Targeting on some problem districts and hotspots within districts – e.g. nutrition in southern districts, fertility rates in parts of eastern and western districts and potable (tap) water in most districts.

Box 3.1 : New Directions in Health Policies of the Government of Rajasthan

The main focus of the Department of Health and Family Welfare is reduction in MMR, CBR and IMR in addition to its other responsibilities in curative, preventive and primitive health care. There are number of new initiatives taken recentl. Some prominent ones are as listed below:

1. *Panchamrit Programme* to address issues of safe motherhood, new born care, immunisation, micro nutrient deficiency and contraception;
2. *Janani Suraksha Yojana*, a maternity benefit scheme to promote institutional deliveries;
3. Introduction of referral transport facility in Bari Block of Dholpur;
4. Training of skilled birth attendants;
5. Training of anaesthetists;
6. Training for integrated management of neo-natal childhood illness in nine districts

The state has achieved institutional delivery of children up to 31.1 per cent (based on DLHS 2002-04), from 25 per cent at the turn of the century. For taking this further, the obstetric skills of ANMs are being enhanced.

The concept of 'Micro-nutrient Corners' has been introduced in five districts to address the problem of nutritional deficiency.

Special efforts are also being made to provide more staff in PHCs having only one doctor. More than 300 doctors have been recruited and about 700 have been hired on contract. Under the NRHM, 30,000 ASHAs (Accredited Social Health Animator, additional help at ICDS centres) have been selected to support health services at the Anganwaris.

The Tamil Nadu Model of drug procurement is under examination to improve acquisition and logistics of medicines

The department is finalising strategies to address health issues among tribal and urban slum populations.

Three hundred and sixty institutions have been identified to be up-graded and equipped to provide round-the-clock services. It is envisaged to have at least one functional health facility in all the 237 blocks.

The department proposes to contract out underperforming PHCs to medical colleges/ NGOs/ charitable trusts through the route of public-private partnership.

Source : Department of Health, GoR.

3.4 Status of Women

In almost all spheres of life, be it in the labour market or education, women have a lower status compared to men. While the problem is all pervasive, there is a regional dimension to these problems, as well: western regions harbour one kind of orthodoxy and socio-economic conditions, eastern regions present another and the south, yet another. No simple generalisation, thus, might be possible.

3.4.1 Sex Ratios

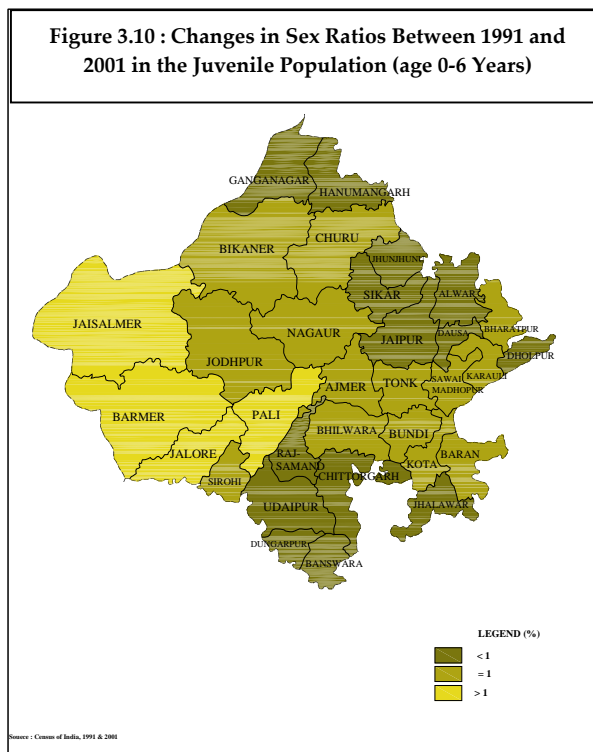
The eventual mark of a long-standing iniquitous status of women in society is the declining sex ratio. Adverse sex ratios occur when there is prolonged neglect and (even) infanticide/foeticide of one sex. Rajasthan, like other states in north-western India belongs to that category of states where adverse sex ratio is an issue. Sex ratio was 910 in 1991 (females for thousand males) and 921 in 2001.

The juvenile (age 0-6 years) sex ratio—which is a better indicator than the overall sex ratio, since women who survive the earlier years tend to outlive men in the later years—was 909 in 2001; there was almost a one per cent deterioration over the last count in 1991. Sex ratios are worse in western and northern regions compared to southern and south-eastern regions.

A district-specific mapping of the change in sex ratios suggests that the west (and to an extent, north) are improving upon their last performance (over 1991-2001), while the south shows quite the reverse (Figure 3.10). There is thus, some equalisation of sex ratios across districts: those that had more balanced sex ratios are changing for the worse, and the converse for other districts. An overall deterioration in the juvenile sex ratio, however, is evidence to the fact that improvement in worst performing districts does not off-set deterioration in the better performing ones. Of particular focus are the northern districts (darker shades in Figure 3.10).

3.4.2 Social Practices and Customs

A number of prevalent practices, customs and values—such as female foeticide, infanticide, son preference, *nata*, child/early marriage and bride price—have implications on the status of women. They adversely impact the lives of poor people in general and women (and girl children) in particular. Many of these practices result in strengthening relationships of inequity.



The *nata* is a practice of establishing a second alliance, when a male partner dies in marriage or deserts a woman or when a couple separate due to conflict. A woman enters into *nata* with another man, but a man who enters into *nata* has to pay a *jhagda* (stipulated sum of money) to the woman's father/ father-in-law or to the woman's husband. It is common to come across cases where women have been sent into *nata* forcibly for *jhagda*. This practice has become increasingly exploitative due to the financial gains involved, thus weakening a woman's position, the custom that once provided sexual freedom and choice to women has today become a means of extreme exploitation of women. The *nata* tradition is practised among SC, ST, other backward castes (OBCs).

The practice of child marriage is common in Rajasthan. Although the government, civil society and community-based organisations unequivocally view child marriage as a social evil and crime, perceptions differ in rural areas. The practice is prevalent among several SC communities. Child marriage inevitably results in withdrawal of girls from school; although girls are formally sent to their marital homes only when they reach puberty, parents-in-law often do not allow their daughter-in-law to study.

Property disputes have emerged as one of the chief causes for branding women as witches (*dayans*). One of the ways to grab fixed assets and property of a woman who is either widowed, a single woman, or lacks male protection, is to brand her as a *dayan*. In Udaipur district, land/property disputes have emerged as a major cause of branding women as *dayans*. In majority of the cases, the accusations are levelled by close relatives.

Observation 3: Deterioration in the sex ratio at the aggregate level has been secular, though there are regional variations with districts in the west and north showing comparatively worse situation. There are deep-rooted prejudices of the past that are getting integrated into modern practices as well. This orthodoxy will have to be fought not only by law but also by other means.

Box 3.2: Some New Policy Initiatives to Improve the Status of Women in the State

A. Gender Responsive Plan Allocations

Government of Rajasthan initiated gender budgeting with objective of integrating gender concerns into the overall plans and budget allocations of the identified departments. The first phase covered six departments; Agriculture, Health, Education, Registration and Stamps, Women and Child Development and Social Welfare. Eight more departments have been covered under the gender budgeting exercise, while three departments have taken up impact evaluation of the gender responsive proposals under the 2007-08 budgets. The 2007-08 gender responsive budget proposals cover all the three dimensions of human development; viz., livelihoods (Strengthening of women SHGs by tax exemptions and allotment of dairy booths to women); education (facilitating girl students' movements for secondary education by providing them subsidised bicycles; health (strengthening public health delivery for women) and greater participation in governance by ensuring 30 per cent reservation in the police department.

B. Maternal Child Health and Nutrition (MCHN) Day

For better convergence and coordination between medical and health department and for increased coverage under immunisation programme following strategies have been evolved:

1. MCHN day has been institutionalised. One day in a month, either thursday or monday has been specified for arranging MCHN day at each AWC. Local public is informed about the specified day.
2. A joint circular from the Medical and Health and Women and Child Department has been issued, giving guidelines for celebration of MCHN day.
3. Micro planning is done at the local level by officers from both Medical and Health and Women and Child Department. The Medical and Health Department try to ensure presence of ANMs on MCHN day at AWC and provide necessary services relating to immunisation of children and pregnant women.
4. Anganwari worker also conducts nutrition and health related activities during the intervening period.

C. Janani Suraksha Yojana

ICDS, a centrally sponsored programme, has an Anganwari worker and a helper. The state government has provided an additional worker in each AWC. 'Sahyogini,' the third functionary in the programme, visits the households at regular intervals to monitor the nutritional and health needs of pregnant women, nursing mothers, and children under 3 years of age specially girl child. She facilitates regular growth monitoring of children and give suitable advice and support whenever required. She also performs the functions of Accredited Social Health Animator (ASHA) to achieve better coordination results. This approach would reduce duplicity and would provide the community services necessary for the well being of children and women. Thus, this functionary is also referred to as ASHA-Sahyogini.

D. Management of Child Nutrition

Malnutrition has been a major area of concern in Rajasthan. According to the available data, nearly 51 per cent of children under 3 years of age suffer with one or higher grades of malnutrition. The percentage of children suffering from severe malnutrition is estimated at 20. Thus, a specific programme for the Management of Child Nutrition was developed in association with UNICEF. The programme duly supported by UNICEF is presently being implemented as "Aanchal Se Aagan Tak" in seven districts viz., Jodhpur, Rajsamand, Tonk, Alwar, Dholpur, Baran and Jhalawar, of the State. The programme is implemented in the following manner:

1. Identification and tracking of children
2. Ensuring proper and regular feeding
3. Providing nutritious food at the Anganwadi centre and feeding the child three times a day at the centre itself.
4. Ensuring total immunisation
5. Establishing Malnutrition Treatment Centres (MTC) at the district headquarter for rehabilitation of children.
6. Strengthening local medical and health facilities for taking care of malnourished children, including medical intervention, whenever necessary.
7. Training of ICDS and health functionaries in management of malnutrition.

E. New Training Strategies have been Evolved

1. Training of Anganwadi workers, helpers and Sahyoginis by Mobile Training Teams for meeting the current training requirements, as well as for clearing the backlog.
2. Learning by doing methodology has been adopted particularly for model anganwadi centres. A team of two trainers work with 160 aanganwari workers for three days and provide training through activities and demonstrations at AWC.
3. Appropriate IEC material has been developed on all concerning issues and has been provided at each AWC to support aanganwadi worker in her day to day function.

F. Self Help Groups

Formation of SHGs has been taken up by the Women and Child Development Department as one of the major programmes for the empowerment of women. So far more than 1,10,000 women SHGs have been formed. Credit linkages to the groups has been institutionalized and more than Rs. 1 billion have been provided as loan-assistance to more than 55,000 groups by the Financial Institutions. Around 2 lakh women are associated with these groups. A State level SHG institute has been established for capacity building of SHGs. Six regional SHG Institutes have been established.

G. Community Involvement

Community support is being promoted through SHGs and mother committees. Mother committees have been formed for each anganwadi centre for preparation and distribution of hot meal to children between 3-6 years at AWC. Mother committees also function as a support group to help anganwari workers in their day to day activities at the centre.

H. Crèches

For providing day care to children of rural working women, crèches have been set up in 500 selected anganwadi centres.

I. IMR

IMR which was 79 in 1998 has come down to 67 as per SRS 2004. Complete immunisation has improved from 24 percent in 2003 (UNICEF assessment) to 48 per cent as per MARG survey.

3.5 Summing up

Social attainment in Rajasthan presents a picture of some success, some grey areas and a lot of challenges. In the education sector, there have been some definitive strides made in achieving literacy, but to sustain children in schools after the first entry remains an illusive target. To an extent, there is some shortage of physical facilities like school buildings and girls' toilets, and teachers; which if put in place, could help raise pupil retention. Teacher absenteeism is also reported as a problem. However, magnitude of such shortage is not enormous and can be easily handled even in remote areas. What needs to be focussed now is improvement in the quality of knowledge transmission.

More worrisome is the health sector. While the state is involved in providing infrastructure and manpower, health status of the state, as reflected in number health outcome indicators is not encouraging. Public provisioning in water and sanitation and better monitoring of nutrition programmes is wanting. As some elements of population and health are linked to education, some inter-sectoral convergence too is also needed.

Finally, the continuing low status of women—as old iniquitous practices get integrated into the modern ones—continues to be a cause of concern.

Millennium Development Goals and Human Development Index

4.1 The Millennium Development Goals

Millennium development goals are targets set by the United Nations in social and human development and international co-operation, which must be achieved in a defined time frame. As many as 189 countries (including India) are signatories to the MDGs. While India, and by the same token Rajasthan follows its own goals set in the Five-Year Plan documents rather than the ones set by the UN, there is often a convergence observed.

MDGs are appealing because they have primarily been set in each country's/ region's own context rather than being centrally determined – e.g. poverty and hunger to be halved, or child mortality to be reduced by two-thirds, from where they stood in 1990, until 2015. A full list of MDGs is presented in Box 4.1. Other than the last, which pertains to international aid and trade and as such might not be applicable for a state, the rest could well be meaningful at the state level as well.

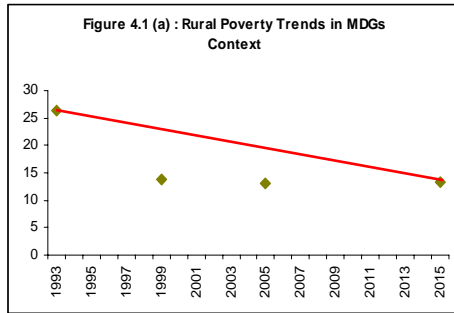
How has Rajasthan been performing in its quest to achieve these targets? Figures 4.1 to 4.3 contain some data on (linear) projections of (rural and urban) poverty, hunger incidence, literacy rate (male and female), and infant mortality rates to throw light on Rajasthan's socio-economic performance in the context of MDGs. It appears as if:

- (1) The goals in poverty reduction are well within sight;
- (2) Goals in literacy could be achieved with some effort;
- (3) Goals in gender parity might be achieved with some concerted effort;
- (4) Goals in IMR are well off the mark in spite of a sharp decline during recent period. This might require a great deal of effort to make headway.

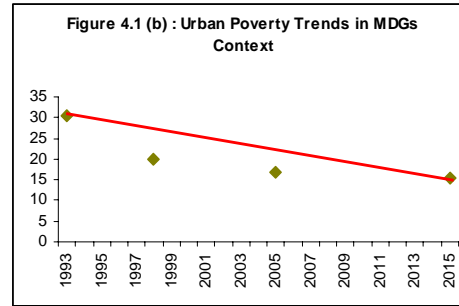
Problems of poor health performance have been seen in chapter 3. The projected data in the figures only reiterate what might happen if corrective steps are not taken. Since targets in the Tenth Five-Year Plan (and perspective plans) are more ambitious than those in MDGs,

these data are a warning towards missing the targets laid out by the Indian planning process as well.

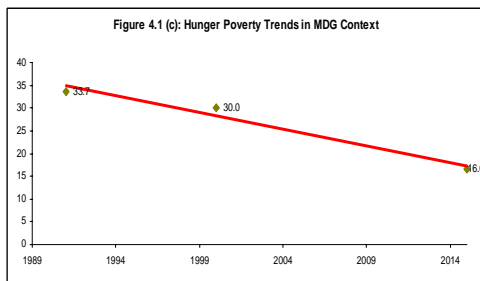
<i>Box 4.1: Millennium Development Goals</i>	
Goal 1: Eradicate extreme poverty and hunger	<p>Target 1 : Halve, between 1990 and 2015, the proportion of persons whose income is <PPP\$1 a day</p> <p>Target 2 : Halve, between 1990 and 2015, the proportion of people who suffer from hunger</p>
Goal 2: Achieve universal education	<p>Target 3 : Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education</p>
Goal 3: Promote gender equity and empower women	<p>Target 4 : Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels of education not later than 2015</p>
Goal 4: Reduce child mortality	<p>Target 5 : Reduce by 2/3, the under-five mortality rate</p>
Goal 5: Improve maternal health	<p>Target 6 : Reduce by ¾ between 1990 and 2015, the maternal mortality ratio</p>
Goal 6: Combat HIV/AIDS, malaria and other diseases	<p>Target 7 : Halted by 2015 and begun to reverse the spread of HIV/ AIDS</p> <p>Target 8 : Halted by 2015 and begun to reverse the incidence of malaria and other major diseases</p>
Goal 7: Ensure environmental sustainability	<p>Target 9 : Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p> <p>Target 10 : Halve by 2015, the proportion of people without sustainable access to safe drinking water</p> <p>Target 11 : By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>
Goal 8: Develop a global Partnership for development	<p>Target 12 : Develop further an open, rule-based predictable, non-discriminatory trading and financial system</p> <p>Target 13 : Address the special needs of the least developed countries – includes tariff and quota free access to least developed countries’ exports; enhanced programme of debt relief of HIPC and cancellation of official bi-lateral debt; and more generous ODA for countries committed to poverty reduction</p> <p>Target 14 : Address the special needs of land-locked countries and small island states</p> <p>Target 15 : Deal comprehensively with debt problems of developing countries through national and international measures in order to make debt sustainable in the long run</p> <p>Target 16 : In co-operation with developing countries, develop and implement strategies for decent and productive work for youth</p> <p>Target 17 : In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries</p> <p>Target 18 : In co-operation with the private sector, make available the benefits of new technologies, especially information and communications</p>



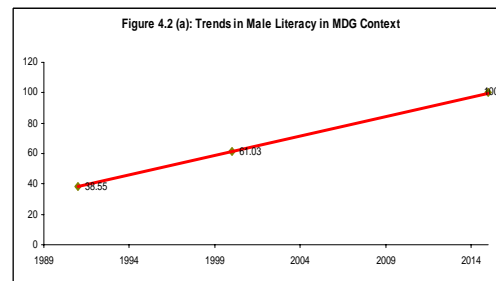
Source: NSS, surveys on consumption expenditure, different rounds.



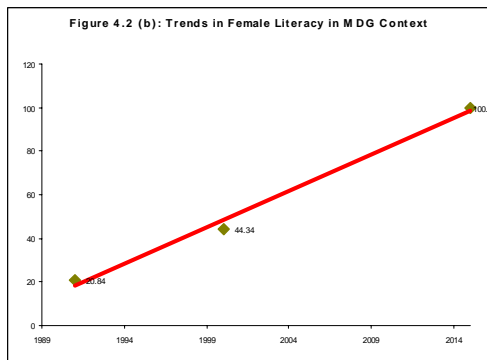
Source: NSS, surveys on consumption expenditure, different rounds.



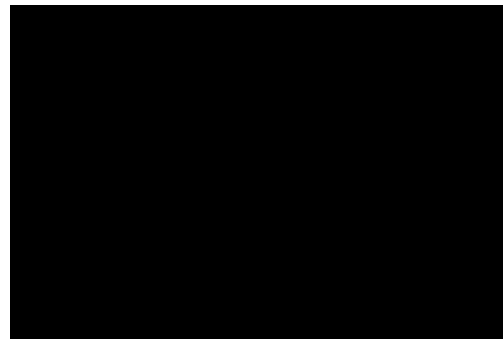
Source : NSS, surveys on consumption expenditure, different rounds.



Source: Census of India, 1991-2001.



Source: Census of India, 1991 and 2001.



Source : SRS various years.

4.2 Human Development Index

While human development is a broad-based concept of development, which would include variables like economic growth, social development, democracy and freedom, for simplicity, the concept is operationalised through an index composed of three to four variables. For computational purpose the index is, composed of only three broad variables (with some variants): income, education and health status. The Human Development Index (HDI) in its generic form is a cross-sectional, comparative index and should not be used for temporal comparison or, adjudged on its absolute value unless appropriate adjustments are made.

Rajasthan's ranking among Indian states has improved from 12 in 1981 to 9 according to the Planning Commission's Human Development Report of 2002. This was the position as seen from data pertaining to 1990s. There has been no official inter-state comparison thereafter.

Box 4.2: Computing Human Development Index

The generic formula of HDI calculation is as follows:

$HDI = 1/3[X_1 + X_2 + X_3]$, where X_i ($i=1,2,3$) is an individual index value of each of three variables, income, education and health. The individual index values are calculated using the formula:

$$(X_i) = (\text{Actual value} - \text{minimum value}) / (\text{Maximum value} - \text{minimum value})$$

HDI here is computed here at the district level. This has permitted an inter-district comparison. The three components of human development included for computing HDI are inequality-adjusted district income, literacy rate and infant mortality rate.

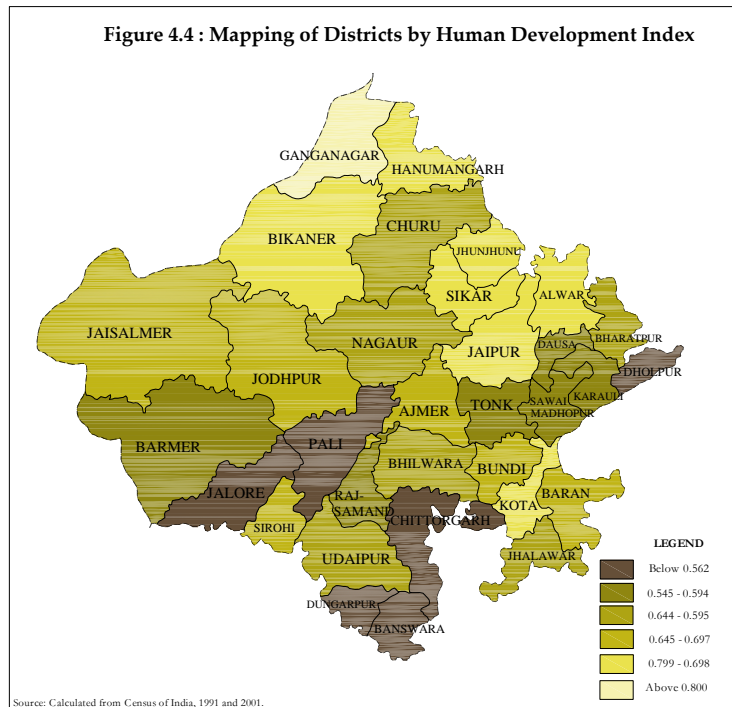
District income: This is the district income computed since the early 1990s. A triennium for the period 1999--2002 has been calculated. This has been multiplied by the gini coefficient (in fact, $1-G$) to account for inequality. gini coefficient has been calculated from 55th Round NSS data pertaining to 1999--2000, at the NSS regional level. All districts in a region are assumed to have the same value of the gini coefficient.

Literacy rate: The education index combines estimates of literacy for the population above 15 years with the Net Enrolment Ratio (1-8), with weights 2/3 and 1/3 respectively for the reference year 2006-07. Literacy rates for the population above 15 years for the reference year are obtained by applying 1991-2001 growth rate in the number of literates above 15 years.

Infant mortality rate: This has been computed at the district level with the help of the data on age-specific death rates from the Census of India, 2001, using a customised computer programme initially developed by the UN, and customised for India by the International Institute for Population Studies.

Goal posts: Maximum income, 25 per cent higher than that in the highest income district; minimum income, 25 per cent lower than that in the lowest income district; maximum literacy rate 100; minimum literacy rate 100; maximum IMR, 25 per cent higher than that in the highest IMR district; minimum IMR, 25 per cent lower than that in the lowest IMR district.

Ganganagar has the highest value of the Human Development Index at 0.809. This is followed by Kota (0.787) in the south east, and six districts of the north Rajasthan. These include Bikaner (0.779), Jaipur (0.778), Hanumangarh (0.761), Alwar (0.744), Jhunjhunu (0.711) and Sikar (0.698). On the other end of the spectrum are Dungarpur (0.409), Banswara (0.425); Jalore (0.527) and Pali (0.547) of the south Rajasthan and Dholpur (0.497) on the eastern tip of the state (also see, Figure 4.4). The reasons for such diversity in HD, however, vary from one district to another. The arid western districts do not fare too poorly on the index, implying that they have performed adequately on at least one component of the human development index. In a similar contrast, the not too arid eastern districts do not show as much progress as their agro-climatic status might suggest.



Observation 1 : Presence of physical endowments need not necessarily ensure their optimal use for human betterment. A North-South divide exists: the south is generally less progressed than the north. Finally, incomes and non-income variables do not necessarily follow the same trajectory: Churu, for example, is a low income but high literacy district. Similar is the case in some districts located in the extreme west.

4.3 Summing up

Rajasthan might achieve some MDGs like those in standards of living, but those MDGs that address issues in human attainment might be more difficult to achieve. Part of the problem lies with the extension system, difficult terrain and fiscal squeeze, but part also lies with the deep-seated orthodoxy persistent in the society.

On the HDI scale, presently the better performing districts are the northern ones: Ganganagar, Hanumangarh, Sikar, Bikaner and Jhunjhunu. At the bottom end are the southern districts of Dungarpur, Bhilwara, Udaipur, Pali and Jalore, which also inhabit large tribal populations.

Concluding Remarks

This report attempts to provide an up-date on changes that have occurred in the most recent decade on issues pertaining to human development. To make the reading simpler, almost all the presentations are pictorial, while the text provides a story of the change that has occurred. Some key findings and message that emerge from the analysis are listed below:

5.1 Livelihoods

A story of rapid growth in the state income during 1980s and much of 1990s has been slowed in the later years due to deceleration in agriculture. The agricultural sector has also faced huge fluctuations due to failure of the rainfall in several years of the recent decade. However, even without these monsoon failures the agricultural sector might have faced deceleration, as conventional 'irrigation-HYV seeds-fertiliser' model of agriculture has reached or is reaching limits in most semi-arid parts of the country where there is large dependence on external water inputs at considerable social and/or private costs.

At the same time, the population growth in the 1980s is now resulting in a two plus per cent growth in the work force, a significant proportion of which is now in dire need of jobs and earnings/better earnings.

Two issues that emerge here are:

1. How to restructure and revive agriculture ?
2. What to do about non-agricultural livelihoods ?

5.1.1 Agriculture

The water bill placed before the lawmakers needs to be passed as quickly as possible, and implemented in a way that it fully weaves-in with the agricultural development strategy. The law once made, must have 'teeth'.

First: In the irrigated zones (specially, eastern and part-northern districts) effort should be made to conserve more water (e.g. through drip/sprinkler; an effort which is being promoted in the newer areas) and sow more value-adding crops (with forward linkages). To achieve this, market-linked incentives are essential. For example, to promote private investment, demand-led public investment must grow, and (at least) the private investment must yield tangible and sustainable profits to farmers so as to avoid unwanted indebtedness arising among farmers. These areas also require a lot of (value-adding) marketing facilities for their products.

Second: As many of the more arid areas (the west and south-west) are likely to, or in the process of getting some river waters (from IGNP and Narmada), possibility of promoting low-water using varieties of crops, with forward linkages, must be explored. Among other activities, value-adding animal husbandry, agro-forestry and other tree crops which might sustain vagaries of the weather better than seasonal crops (including those that produce biodiesel), are some options that could be explored.

Third: In the hills, not so arid areas of the south, land consolidation is an important policy option, as at present fragmented form of lands makes it very difficult to promote value addition in agriculture. Here, the general practice of the ST communities of claiming the land as new families are formed—a practice from the expansive agriculture era—brings marginal lands under the plough, leads to cutting of the woods and further fragmentation of the existing land. This must, now, give way to more sustainable styles of land use. For this, a new settlement process must be initiated.

For each of these, the agriculture department, along with the soil conservation department and irrigation department must converge, to implement a strategy. Caveat: the full presence of the agriculture department in these areas should be a beginning point.

Last: In all areas, drought preparedness is essential. To achieve all these, a water policy (stated earlier), watershed development, and establishment of early warning systems will have to be put in place.

5.1.2 Non-agriculture

The non-agricultural sector should assume high priority as younger age groups would most productively find livelihoods in it – movement of new workers is already happening, and their place in the market must be strengthened. At least three elements are required for a tangible policy:

First is training in skills and trades for low skill workers in marketable options (locally, preferably at the district level), for which adequate demand must be assessed, and appropriate institutions of skill impartation set up. These training options could be of short-term, 3-8 weeks (or, as the course may require), and the trainees must be encouraged to follow self-employment options thereafter.

Second is credit (and other input) availability; an aspect that requires no further elaboration.

Third is creation of (micro) market infrastructure – market, storage facility, information, etc. Of-course, for each region and sub-region, the requirements will be different and the policy will have to be accordingly sensitive. As far as possible, effort should be made to link the downstream of improved agricultural activities with the off-farm and non-farm activities.

5.2 Social Attainments

5.2.1 Education

First: Among specific proposals for strengthening primary education is the ‘anti-poverty window’ – to plan for the full childhood (age 0 to 14); for which, among other options is to extend mid-day meals for children up to class 8.

Second: Special schemes are also necessary to get the ‘out of school’ children from labour markets, homes and orthodox environments into schools. There should be special emphasis on the girl child.

Third: In the area of tertiary education, effort should be to up-grade the skills of teachers, up-scale educational infrastructure, make education relevant and job-market friendly (including vocational education). Finally, skills in English language should become a priority for job-friendliness in a globalising economy.

Health

First, there is need for promoting public investment in health (all sectors), as the present allocations are just not sufficient. The NRHM is a right step in this direction, but it needs to be institutionally carried forward. In this regard, a *Sarva Swasthya Abhiyan* similar to the SSA could create a necessary thrust.

Second, norms set for various facilities have to be revised, as many might have out-lived their time. This is particularly so for isolated and far flung locales.

Third, gaps between sanctioned posts and other facilities, and the actual availability need to be bridged. This is particularly true for tribal areas.

Fourth, neo-natal care, new-born care, and mortality reduction programmes (maternal and child) should assume priority.

Fifth, a regional focus as well as convergence of certain services like ICDS, primary health and even education must be envisaged.

Sixth, there is possibility of decentralising health planning and dispensation with a view to raise efficiency.

5.2.3 Gender Issues

First, special programmes to strengthen women’s position in the society are essential. While the WDP has been revived in a new format, one suggestion is reinstate some of its generic elements, viz, women’s empowerment *per se*, beyond the MCH, IMR, CMR and sex ratio framework.

Second, other programmes like the *Kishori Shakti* and the National Programme for Adolescent Girls should be strengthened further.

Third, special ICDS-type programmes for girls could be launched.

Finally, each of the said policies requires a separate sub-regional thrust: hot spots have to be systematically identified and followed up.

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ANNEXURE 1

HUMAN DEVELOPMENT INDEX

(Refer to Box 4.2 in Chapter 4 for Methodology)

HUMAN DEVELOPMENT INDEX FOR RAJASTHAN 2007

DISTRICTS	Education Index (NER+Lit 15+)	Health Index	Income Index	Human Development Index
Ajmer	0.772	0.574	0.686	0.677
Alwar	0.747	0.776	0.710	0.744
Banswara	0.630	0.309	0.335	0.425
Baran	0.763	0.571	0.624	0.653
Barmer	0.798	0.581	0.355	0.578
Bharatpur	0.762	0.625	0.424	0.604
Bhilwara	0.685	0.396	0.818	0.633
Bikaner	0.718	0.863	0.756	0.779
Bundi	0.722	0.561	0.663	0.649
Chittaurgarh	0.705	0.383	0.585	0.558
Churu	0.832	0.759	0.226	0.606
Dausa	0.757	0.591	0.380	0.576
Dholpur	0.758	0.504	0.230	0.497
Dungarpur	0.640	0.282	0.304	0.409
Ganganagar	0.787	0.816	0.825	0.809
Hanumangarh	0.765	0.846	0.673	0.761
Jaipur	0.833	0.688	0.814	0.778
Jaisalmer	0.714	0.641	0.663	0.673
Jalore	0.638	0.497	0.445	0.527
Jhalawar	0.735	0.588	0.520	0.614
Jhunjhunu	0.850	0.850	0.433	0.711
Jodhpur	0.725	0.725	0.609	0.686
Karouli	0.767	0.568	0.364	0.566
Kota	0.875	0.682	0.803	0.787
Nagaur	0.736	0.699	0.396	0.610
Pali	0.692	0.356	0.593	0.547
Rajsamand	0.724	0.440	0.571	0.578
Sawaimadhopur	0.725	0.484	0.474	0.561
Sikar	0.837	0.830	0.428	0.698
Sirohi	0.695	0.487	0.753	0.645
Tonk	0.688	0.443	0.582	0.571
Udaipur	0.761	0.413	0.611	0.595
Rajasthan	0.755	0.735	0.640	0.710
Coefficient of variation	7.9	27.8	31.5	15.5

Components of Human Development Index: Education

District	Literacy*	NER (2006-07)	Weighted		Human Development Index	
	rate(2006) (15+)		Literacy rate	Education Index		
Ajmer	66.60	98.86	32.6	44.6	0.772	0.677
Alwar	62.70	99.03	32.7	42.0	0.747	0.744
Banswara	45.30	98.84	32.6	30.4	0.630	0.425
Baran	65.05	99.09	32.7	43.6	0.763	0.653
Barmer	70.25	99.05	32.7	47.1	0.798	0.578
Bharatpur	66.00	97.03	32.0	44.2	0.762	0.604
Bhilwara	53.80	98.49	32.5	36.0	0.685	0.633
Bikaner	60.00	95.90	31.6	40.2	0.718	0.779
Bundi	59.00	99.04	32.7	39.5	0.722	0.649
Chittorgarh	56.70	98.43	32.5	38.0	0.705	0.558
Churu	75.70	98.38	32.5	50.7	0.832	0.606
Dausa	63.90	99.63	32.9	42.8	0.757	0.576
Dholpur	64.15	99.44	32.8	43.0	0.758	0.497
Dungarpur	47.80	96.94	32.0	32.0	0.640	0.409
Ganganagar	69.15	98.20	32.4	46.3	0.787	0.809
Hanumangarh	65.45	98.90	32.6	43.9	0.765	0.761
Jaipur	75.30	99.48	32.8	50.5	0.833	0.778
Jaisalmer	57.85	98.81	32.6	38.8	0.714	0.673
Jalore	47.35	97.12	32.0	31.7	0.638	0.527
Jhalawar	61.85	97.26	32.1	41.4	0.735	0.614
Jhunjhunu	78.60	97.96	32.3	52.7	0.850	0.711
Jodhpur	59.85	98.13	32.4	40.1	0.725	0.686
Karouli	65.70	99.05	32.7	44.0	0.767	0.566
Kota	81.75	99.12	32.7	54.8	0.875	0.787
Nagaur	61.15	98.81	32.6	41.0	0.736	0.610
Pali	54.75	98.50	32.5	36.7	0.692	0.547
Rajsamand	59.50	98.71	32.6	39.9	0.724	0.578
Swaimadhoper	59.70	98.58	32.5	40.0	0.725	0.561
Sikar	76.05	99.22	32.7	51.0	0.837	0.698
Sirohi	56.80	95.19	31.4	38.1	0.695	0.645
Tonk	54.00	98.87	32.6	36.2	0.688	0.571
Udaipur	65.10	98.31	32.4	43.6	0.761	0.595

Note : *Literacy 2006 is estimated by applying the 1991-2001 growth rate of the 15+ literates.
 NER= Net Enrolment Ratio. The Education index uses NER instead of GER. This is done to avoid any overlap between above 15 literate populations being part of the computation of GER.
 HD Education = (0.33*NER+ 0.67*Literacy rate of the 15+age group).

Components of Human Development Index: Health

DISTRICTS	HEALTH		Human Development Index
	Infant Mortality Rate	Health DI	
Ajmer	83.0	0.574	0.677
Alwar	63.0	0.776	0.744
Banswara	109.3	0.309	0.425
Baran	83.3	0.571	0.653
Barmer	82.3	0.581	0.578
Bharatpur	78.0	0.625	0.604
Bhilwara	100.7	0.396	0.633
Bikaner	54.3	0.863	0.779
Bundi	84.3	0.561	0.649
Chittaurgarh	102.0	0.383	0.558
Churu	64.7	0.759	0.606
Dausa	81.3	0.591	0.576
Dholpur	90.0	0.504	0.497
Dungarpur	112.0	0.282	0.409
Ganganagar	59.0	0.816	0.809
Hanumangarh	56.0	0.846	0.761
Jaipur	71.7	0.688	0.778
Jaisalmer	76.3	0.641	0.673
Jalore	90.7	0.497	0.527
Jhalawar	81.7	0.588	0.614
Jhunjhunu	55.7	0.850	0.711
Jodhpur	68.0	0.725	0.686
Karouli	83.7	0.568	0.566
Kota	72.3	0.682	0.787
Nagaur	70.7	0.699	0.610
Pali	104.7	0.356	0.547
Rajsamand	96.3	0.440	0.578
Sawaimadhopur	92.0	0.484	0.561
Sikar	57.7	0.830	0.698
Sirohi	91.7	0.487	0.645
Tonk	96.0	0.443	0.571
Udaipur	99.0	0.413	0.595

Note : Minimum Value-40.74, Maximum value – 140
 Health DI= Maximum – Actual / Maximum – Minimum.

Components of Human Development Index: Income

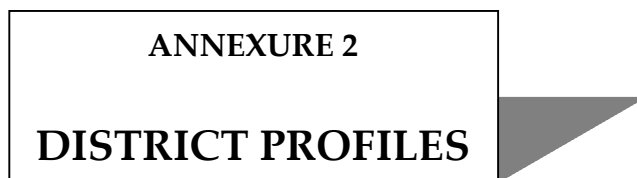
District	Income			Income DI	Human Development Index
	Per Capita Income	1-G	Inequality Adjusted Income		
Ajmer	15066	0.73	10998	0.686	0.677
Alwar	15527	0.78	12111	0.710	0.744
Banswara	9842	0.74	7283	0.335	0.425
Baran	13789	0.76	10480	0.624	0.653
Barmer	9662	0.84	8116	0.355	0.578
Bharatpur	10791	0.81	8741	0.424	0.604
Bhilwara	17820	0.72	12830	0.818	0.633
Bikaner	16093	0.79	12713	0.756	0.779
Bundi	14499	0.77	11164	0.663	0.649
Chittaurgarh	13119	0.75	9839	0.585	0.558
Churu	8194	0.71	5818	0.226	0.606
Dausa	10198	0.76	7750	0.380	0.576
Dholpur	8428	0.79	6658	0.230	0.497
Dungarpur	9460	0.78	7379	0.304	0.409
Ganganagar	17572	0.75	13179	0.825	0.809
Hanumangarh	14489	0.75	10867	0.673	0.761
Jaipur	17727	0.73	12941	0.814	0.778
Jaisalmer	14304	0.86	12301	0.663	0.673
Jalore	10837	0.82	8886	0.445	0.527
Jhalawar	12075	0.74	8936	0.520	0.614
Jhunjhunu	10915	0.79	8623	0.433	0.711
Jodhpur	13349	0.75	10012	0.609	0.686
Karouli	9996	0.75	7497	0.364	0.566
Kota	17327	0.76	13169	0.803	0.787
Nagaur	10171	0.78	7933	0.396	0.610
Pali	13074	0.79	10328	0.593	0.547
Rajsamand	13305	0.77	10245	0.571	0.578
Sawaimadhopur	11499	0.82	9429	0.474	0.561
Sikar	10840	0.80	8672	0.428	0.698
Sirohi	16039	0.81	12992	0.753	0.645
Tonk	13195	0.77	10160	0.582	0.571
Udaipur	13985	0.70	9790	0.611	0.595

Note : Minimum District Income-4639, Maximum District income – 16584

$$\text{Income DI} = \{(\text{Ln (Actual*)} - \text{Ln (Min*)}) / (\text{Ln (Max*)} - \text{Ln (Min*)})\}$$

* Refers to Inequality Adjusted District Income. Maximum Income and Minimum Income.

ANNEXURE 2
DISTRICT PROFILES



HUMAN DEVELOPMENT INDICES

Jhunjhunu

	HDR 1999	HD Up-date 2008
Human Development Index (HDI)	0.589	0.711
Rank in Rajasthan :HDI	7	7
POPULATION	1991	2001
Total population	1582421	1913689
Rural population (%)	79.50	79.35
Urban population (%)	20.50	20.65
Male population (%)	51.78	51.39
Female population (%)	48.22	48.61
% Population of scheduled Caste	15.40	16.16
% Population of scheduled Tribe	1.90	1.92
Density (per sq. km)	267	323
Decadal growth rate (1991-2001)	30.61	20.93
EDUCATION	1991	2001
Literacy rate all (%)	47.60	73.04
Literacy rate (M)	68.30	86.09
Literacy rate (F)	25.50	59.51
Literacy rate (Rural) (M)	66.20	85.90
Literacy rate (Urban) (M)	76.00	86.75
Literacy rate (Rural) (F)	22.00	59.25
Literacy rate (Urban) (F)	39.40	60.53
DISTRICT INFORMATION	1991	2001
Total Area(sq. Km)	5928	5928
Total Villages	827	859
Inhabited Villages 2001	824	855
Uninhabited Villages 2001	3	4
Number of Gram Panchayat 2002	288	288
Number of cd Blocks 2002	8	8
Towns 2002	13	13
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	36.20	62.80
Safe drinking water	60.10	96.58
Toilet facilities	15.50	34.27
HEALTH		
Infant Mortality Rate	1991	2002-04**
	56.00	41.73
	1991	2001
Life Expectancy at Bbirth (years)	68.90	68.05*
Crude Birth Rate	1984-91	2002-04
	34.50	22.30**
	31.3.1997	31.3.06 (P)

CPR	39.00	48.30**
	1999-2000	31.12.2007
Population Served Per Medical Institution	3605	3597
Population Served Per Bed	1435	1671
WOMEN AND CHILD		
	1991	2001
Total fertility rate (2002-04)	4.83	2.48**
Gender ratio: All	931	946
Rural	942	957
Urban	889	902
Juvenile sex ratio (ages 0 to 6 year)	899	863
Gender ratio in SC	926	928
Gender ratio in ST	929	931
Workers participation rate (Female)	23.40	32.61
Mean age of marriage (years)	16.40	18.90**
INFRASTRUCTURE /FACILITIES		
	1997-98	31-12-07
Rural population services per PHC	19446	21694
	1998-99	2004-05
% Electrified villages	100.40	96.27
	1998	2006-07
Road (PWD) length per 100 sq km.	39.04	52.04
	1998-99	31-12-07
% Villages with drinking water facilities	100.00	100.00
INCOME AND POVERTY		
	1992-93	2004-05
Per capita income Rs.	3467	14325
LAND USE		
	1995-96	2000-01
Average land holding (Hect.)	2.80	2.51
	1997-98	2005-06
Cropping intensity	166.31	160.09
	1995-96	2005-06
Forest area according to land Utilisation %	6.70	6.71
	1998-99	2005-06
Net area sown %	74.60	62.47
Gross irrigated area %	23.80	41.12
EMPLOYMENT		
	1991	2001
Workers participation rate (%)		
All	33.40	39.76
Rural	35.90	43.67
Urban	24.00	24.75
Share of primary sector (%)	67.60	69.40
Share of secondary & tertiary sectors (%)	32.40	30.70

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur.

** District Level Household Survey, Directorate of Medical & Health, Govt. of Rajasthan 2002-04.

(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt. of Rajasthan, July 2006.

HUMAN DEVELOPMENT INDICES

Jhalawar

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.511	0.614
Rank in Rajasthan:HDI	26	16
POPULATION	1991	2001
Total population	956971	1180323
Rural population (%)	84.20	85.75
Urban population (%)	15.80	14.25
Male population (%)	52.14	51.92
Female population (%)	47.86	48.08
% Population of scheduled caste	17.20	15.64
% Population of scheduled tribe	11.90	12.02
Density (per sq. km)	154	190
Decadal growth rate (1991-2001)	21.91	23.34
EDUCATION	1991	2001
Literacy rate all (%)	32.90	57.32
Literacy rate (M)	48.20	73.31
Literacy rate (F)	16.20	40.02
Literacy rate (Rural) (M)	41.90	70.51
Literacy rate (Urban) (M)	81.20	89.47
Literacy rate (Rural) (F)	9.30	35.25
Literacy rate (Urban) (F)	52.70	68.16
DISTRICT INFORMATION	1991	2001
Total Area(Sq. km)	6219	6219
Total Villages	1585	1600
Inhabited Villages 2001	1448	1477
Uninhabited Villages 2001	137	123
Number of Gram Panchayat 2002	251	253
Number of CD Blocks 2002	6	6
Towns 2002	9	8
HOUSE HOLD STATUS (%)	1991	2001
Households with access to Electricity	28.10	55.83
Safe drinking water	51.90	98.92
Toilet facilities	11.70	15.33
HEALTH		
Infant Mortality rate	1991	2002-04
	100.00	55.15**
	1991	2001
Life Expectancy at Birth (years)	61.20	59.51*
Crude Birth Rate	1984-91	2002-04
	36.60	21.60**
	31.3.1997	31.3.06 (P)
CPR	41.60	57.50
	1999-2000	31.12.2007
Population Served Per Medical Institution	3455	4127
Population Served Per Bed	1333	1004

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	4.47	2.64**
Gender ratio: All	918	926
Rural	921	930
Urban	904	904
Juvenile sex ratio (ages 0 to 6 year)	953	934
Gender ratio in SC	907	921
Gender ratio in ST	906	917
Workers participation rate (Female)	32.30	39.55
Mean age of marriage (years)	15.70	15.90**
INFRASTRUCTURE / FACILITIES		
	1997-98	31-12-07
Rural population services per PHC	25034	36146
	1998-99	2004-05
% Electrified villages	91.60	94.75
	1998	2006-07
Road (PWD) length per 100 sq km.	18.96	31.64
	1998-99	31-12-07
% Villages with drinking water facilities	99.70	100.00
INCOME AND POVERTY		
	1992-93	2004-05
Per capita income Rs.	4179	16882
LAND USE		
	1995-96	2000-01
Average land holding (Hect.)	2.61	2.26
	1997-98	2005-06
Cropping intensity	161.19	146.71
	1995-96	2005-06
Forest area according to Land Utilisation %	18.20	19.61
	1998-99	2005-06
Net Area sown %	49.40	68.16
Gross irrigated area %	34.40	38.52
EMPLOYMENT		
	1991	2001
Workers participation rate (%)		
All	43.70	47.00
Rural	46.60	49.95
Urban	28.40	29.29
Share of primary sector (%)	84.20	80.80
Share of secondary & tertiary sectors (%)	15.80	19.20

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04

(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006

**HUMAN DEVELOPMENT
INDICES**

Baran

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.578	0.653
Rank in Rajasthan:HDI	11	12
POPULATION	1991	2001
Total population	810326	1021653
Rural population (%)	84.80	83.16
Urban population (%)	15.20	16.84
Male population (%)	0	52.38
Female population (%)	0	47.62
% Population of scheduled caste	18.90	17.72
% Population of scheduled tribe	21.10	21.23
Density (per sq.Km)	116	146
Decadal growth rate (1991-2001)	27.30	26.08
EDUCATION	1991	2001
Literacy rate all (%)	36.60	59.50
Literacy rate (M)	53.80	75.78
Literacy rate (F)	17.20	41.55
Literacy rate (Rural) (M)	50.00	73.79
Literacy rate (Urban) (M)	77.30	85.45
Literacy rate (Rural) (F)	12.30	37.66
Literacy rate (Urban) (F)	44.80	60.33
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	0	6992
Total Villages	0	1207
Inhabited Villages 2001	1070	1089
Uninhabited Villages 2001	0	118
Number of Gram Panchayat 2002	215	215
Number of CD Blocks 2002	7	7
Towns 2002	5	6
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	49.20	53.33
Safe drinking water	75.80	99.04
Toilet facilities	26.10	16.38
HEALTH		
Infant Mortality rate	1991	2002-04
	84.00	62.16**
	1991	2001
Life Expectancy at Birth (years)	64.10	62.57*
Crude Birth Rate	1984-91	2002-04
	36.60	24.12**
	31.3.1997	31.3.06 (P)
CPR	37.30	54.30
	1999-2000	31.12.2007
Population Served Per Medical Institution	3237	4038

Population Served Per Bed	1327	1419
WOMEN AND CHILD		
	1991	2001
Total fertility rate (2002-04)	5.00	3.15**
Gender ratio: All	896	909
Rural	895	908
Urban	873	913
Juvenile sex ratio (ages 0 to 6 year)	905	919
Gender ratio in SC	886	907
Gender ratio in ST	889	918
Workers participation rate (Female)	21.40	35.60
Mean age of marriage (years)	16.30	17.10**
INFRASTRUCTURE / FACILITIES		
	1997-98	31.12.07
Rural population services per PHC	24039	24275
	1998-99	2004-05
% Electrified villages	101.50	94.78
	1998	2006-07
Road (PWD) length per 100 sq km.	20.88	21.00
	1998-99	31.12.07
% Villages with drinking water facilities	99.80	100.00
INCOME AND POVERTY		
	1992-93	2004-05
Per capita income Rs.	6412	19560
LAND USE		
	1995-96	2000-01
Average land holding (Hect.)	2.81	2.42
	1997-98	2005-06
Cropping intensity	139.81	150.07
	1995-96	2005-06
Forest area according to Land Utilisation %	30.00	30.90
	1998-99	2005-06
Net Area sown %	45.70	66.64
Gross irrigated area %	53.20	65.17
EMPLOYMENT		
	1991	2001
Workers participation rate (%)		
All	36.20	42.71
Rural	40.40	45.15
Urban	28.80	30.66
Share of primary sector (%)	62.50	77.20
Share of secondary & tertiary sectors (%)	37.50	22.80

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04

(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006

**HUMAN DEVELOPMENT
INDICES**

Kota

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.613	0.787
Rank in Rajasthan:HDI	3	2
POPULATION	1991	2001
Total population	1220505	1568525
Rural population (%)	49.50	46.54
Urban population (%)	50.50	53.46
Male population (%)	52.99	52.73
Female population (%)	46.01	47.27
% Population of scheduled caste	20.30	19.16
% Population of scheduled tribe	9.60	9.69
Density (per sq.Km)	234	288
Decadal growth rate (1991-2001)	35.88	28.51
EDUCATION	1991	2001
Literacy rate all (%)	55.20	73.53
Literacy rate (M)	70.70	85.23
Literacy rate (F)	37.60	60.43
Literacy rate (Rural) (M)	57.70	81.14
Literacy rate (Urban) (M)	82.80	88.61
Literacy rate (Rural) (F)	16.40	49.85
Literacy rate (Urban) (F)	58.10	69.39
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	12436	5217
Total Villages	2101	892
Inhabited Villages 2001	1881	812
Uninhabited Villages 2001	220	80
Number of Gram Panchayat 2002	162	162
Number of CD Blocks 2002	5	5
Towns 2002	7	11
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	49.20	82.27
Safe drinking water	75.80	98.82
Toilet facilities	26.10	44.05
HEALTH		
Infant Mortality rate	1991	2002-04
	84.00	74.94**
	1991	2001
Life Expectancy at Birth (years)	64.10	62.57*
Crude Birth Rate	1984-91	2002-04
	36.60	21.48**
	31.3.1997	31.3.06 (P)
CPR	39.10	47.10
	1999-2000	31.12.2007
Population Served Per Medical Institution	5709	7262
Population Served Per Bed	1035	1285

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	5.00	2.49**
Gender ratio: All	881	896
Rural	895	908
Urban	873	886
Juvenile sex ratio (ages 0 to 6 year)	905	912
Gender ratio in SC	886	907
Gender ratio in ST	889	885
Workers participation rate (Female)	21.40	19.41
Mean age of marriage (years)	16.30	17.90**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-2007
Rural population services per PHC	21950	27035
	1998-99	2004-05
% Electrified villages	101.20	98.09
	1998	2006-07
Road (PWD) length per 100 sq km.	30.44	26.91
	1998-99	31.12.2007
% Villages with drinking water facilities	99.50	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	5924	21264

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	3.04	2.62
	1997-98	2005-06
Cropping intensity	146.66	151.26
	1995-96	2005-06
Forest area according to Land Utilisation %	22.60	23.61

	1998-99	2005-06
Net Area sown %	52.20	66.11
Gross irrigated area %	57.70	62.27

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	36.20	34.51
Rural	40.40	40.88
Urban	28.80	28.97
Share of primary sector (%)	62.50	41.60
Share of secondary & tertiary sectors (%)	37.50	58.40

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur
 ** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
 (P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006

HUMAN DEVELOPMENT INDICES

Chittorgarh

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.527	0.558
Rank in Rajasthan: HDI	21	27
POPULATION	1991	2001
Total population	1484190	1803524
Rural population (%)	84.40	83.96
Urban population (%)	15.60	16.04
Male population (%)	51.29	50.90
Female population (%)	48.71	49.10
% Population of scheduled caste	14.60	13.90
% Population of scheduled tribe	20.30	21.53
Density (per sq.Km)	137	166
Decadal growth rate (1991-2001)	20.42	21.52
EDUCATION	1991	2001
Literacy rate all (%)	34.30	54.09
Literacy rate (M)	50.60	71.30
Literacy rate (F)	17.20	36.39
Literacy rate (Rural) (M)	44.40	67.43
Literacy rate (Urban) (M)	82.30	90.38
Literacy rate (Rural) (F)	10.50	29.98
Literacy rate (Urban) (F)	53.80	69.85
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	10856	10856
Total Villages	2393	2395
Inhabited Villages 2001	2172	2201
Uninhabited Villages 2001	204	194
Number of Gram Panchayat 2002	391	391
Number of CD Blocks 2002	14	14
Towns 2002	8	8
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	33.40	58.75
Safe drinking water	72.30	99.03
Toilet facilities	11.10	16.20
HEALTH		
Infant Mortality rate	1991	2002-04
	99.00	84.76**
	1991	2001
Life Expectancy at Birth (years)	57.50	56.88*
Crude Birth Rate	1984-91	2002-04
	33.00	23.48**
	31.3.1997	31.3.06 (P)
CPR	34.60	55.50
	1999-2000	31.12.2007
Population Served Per Medical Institution	3144	3696

Population Served Per Bed	1347	1486
WOMEN AND CHILD		
	1991	2001
Total fertility rate (2002-04)	4.41	2.70**
Gender ratio: All	950	964
Rural	959	973
Urban	899	922
Juvenile sex ratio (ages 0 to 6 year)	961	929
Gender ratio in SC	950	964
Gender ratio in ST	952	967
Workers participation rate (Female)	41.70	46.23
Mean age of marriage (years)	15.60	16.20**
INFRASTRUCTURE / FACILITIES		
	1997-98	31-12-2007
Rural population services per PHC	22044	28042
	1998-99	2004-05
% Electrified villages	98.80	94.74
	1998	2006-07
Road (PWD) length per 100 sq km.	24.58	28.36
	1998-99	31.12.2007
% Villages with drinking water facilities	100.00	100.00
INCOME AND POVERTY		
	1992-93	2004-05
Per capita income Rs.	5805	16861
LAND USE		
	1995-96	2000-01
Average land holding (Hect.)	2.31	2.11
	1997-98	2005-06
Cropping intensity	158.76	156.26
	1995-96	2005-06
Forest area according to Land Utilisation %	17.20	18.87
	1998-99	2005-06
Net Area sown %	38.60	64.00
Gross irrigated area %	34.50	38.43
EMPLOYMENT		
	1991	2001
Workers participation rate (%)		
All	49.00	51.58
Rural	52.50	55.19
Urban	30.50	32.70
Share of primary sector (%)	82.40	77.20
Share of secondary & tertiary sectors (%)	17.50	22.70

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur
** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006

HUMAN DEVELOPMENT INDICES

Banswara

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.472	0.425
Rank in Rajasthan:HDI	30	31
POPULATION	1991	2001
Total population	1155600	1501589
Rural population (%)	92.30	92.85
Urban population (%)	7.70	7.15
Male population (%)	50.78	50.66
Female population (%)	49.22	49.34
% Population of scheduled caste	5.00	4.28
% Population of scheduled tribe	73.50	72.27
Density (per sq.Km)	229	298
Decadal growth rate (1991-2001)	30.34	29.94
EDUCATION	1991	2001
Literacy rate all (%)	26.00	44.63
Literacy rate (M)	38.20	60.45
Literacy rate (F)	13.40	28.43
Literacy rate (Rural) (M)	33.70	57.77
Literacy rate (Urban) (M)	87.10	91.51
Literacy rate (Rural) (F)	8.90	24.43
Literacy rate (Urban) (F)	66.90	76.59
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	5037	5037
Total Villages	1462	1504
Inhabited villages 2001	1431	1476
Uninhabited Villages 2001	31	28
Number of Gram Panchayat 2002	325	325
Number of CD Blocks 2002	8	8
Towns 2002	4	3
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	21.60	27.15
Safe drinking water	59.50	94.56
Toilet facilities	8.60	12.59
HEALTH		
Infant Mortality rate	1991	2002-04
	92.00	53.43**
	1991	2001
Life Expectancy at Birth (years)	57.90	63.25*
Crude Birth Rate	1984-91	2002-04
	38.40	25.54**
	31.3.1997	31.3.06 (P)
CPR	38.80	48.20
	1999-2000	31.12.2007
Population Served Per Medical Institution	2853	3610
Population Served Per Bed	1219	1442

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	5.13	3.22**
Gender ratio: All	969	974
Rural	974	977
Urban	918	932
Juvenile sex ratio (ages 0 to 6 year)	956	964
Gender ratio in SC	970	975
Gender ratio in ST	979	983
Workers participation rate (Female)	40.70	43.92
Mean age of marriage (years)	17.70	18.60**

INFRASTRUCTURE / FACILITIES

	1997-98	31.12.07
Rural population services per PHC	21050	30309
	1998-99	2004-05
% Electrified villages	81.40	91.36
	1998	2006-07
Road (PWD) length per 100 sq km.	33.37	47.59
	1998-99	31.12.07
% Villages with drinking water facilities	100.00	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	3738	11825

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	1.63	1.36
	1997-98	2005-06
Cropping intensity	150.74	143.89
	1995-96	2005-06
Forest area according to Land Utilisation %	19.90	22.31
	1998-99	2005-06
Net Area sown %	45.90	69.50
Gross irrigated area %	26.40	29.07

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	46.40	47.24
Rural	48.00	48.61
Urban	27.50	29.44
Share of primary sector (%)	86.30	85.50
Share of secondary & tertiary sectors (%)	13.70	14.50

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
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HUMAN DEVELOPMENT INDICES

Dungarpur

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.456	0.409
Rank in Rajasthan: HDI	32	32
POPULATION	1991	2001
Total population	874549	1107643
Rural population (%)	92.70	92.70
Urban population (%)	7.30	7.30
Male population (%)	50.12	49.46
Female population (%)	49.88	50.54
% Population of scheduled caste	4.60	4.15
% Population of scheduled tribe	65.80	65.14
Density (per sq.Km)	232	294
Decadal growth rate (1991-2001)	28.07	26.65
EDUCATION	1991	2001
Literacy rate all (%)	30.60	48.57
Literacy rate (M)	45.70	66.04
Literacy rate (F)	15.40	31.77
Literacy rate (Rural) (M)	42.30	64.06
Literacy rate (Urban) (M)	85.50	87.70
Literacy rate (Rural) (F)	11.90	28.86
Literacy rate (Urban) (F)	60.90	67.82
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	3770	3770
Total Villages	850	858
inhabited Villages 2001	846	854
uninhabited Villages 2001	4	4
Number of Gram Panchayat 2002	237	237
Number of CD Blocks 2002	5	5
Towns 2002	3	3
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	23.30	34.88
Safe drinking water	65.60	98.20
Toilet facilities	6.90	11.38
HEALTH		
Infant Mortality rate	1991	2002-04
	98.00	49.91**
	1991	2001
Life Expectancy at Birth (years)	58.80	62.57*
Crude Birth Rate	1984-91	2002-04
	40.20	23.53**
	31.3.1997	31.3.06 (P)
CPR	40.40	49.80
	1999-2000	31.12.2007
Population Served Per Medical Institution	2377	3085
Population Served Per Bed	1277	1415

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	5.16	2.83**
Gender ratio: All	995	1022
Rural	103	1031
Urban	897	919
Juvenile sex ratio (ages 0 to 6 year)	928	955
Gender ratio in SC	980	992
Gender ratio in ST	996	1028
Workers participation rate (Female)	38.00	44.67
Mean age of marriage (years)	17.50	19.00**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	21979	27021
	1998-99	2004-05
% Electrified villages	91.70	99.07
	1998	2006-07
Road (PWD) length per 100 sq km.	37.80	49.89
	1998-99	31.12.07
% Villages with drinking water facilities	100.00	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	2737	12474

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	1.37	1.33
	1997-98	2005-06
Cropping intensity	148.57	142.94
	1995-96	2005-06
Forest area according to Land Utilisation %	15.40	15.94
	1998-99	2005-06
Net Area sown %	32.50	69.96
Gross irrigated area %	19.60	21.20

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	44.70	47.97
Rural	45.90	49.22
Urban	28.40	32.19
Share of primary sector (%)	82.10	75.70
Share of secondary & tertiary sectors (%)	17.90	24.40

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04

(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006.

HUMAN DEVELOPMENT INDICES

Udaipur

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.503	0.595
Rank in Rajasthan: HDI	27	20
POPULATION	1991	2001
Total population	2066580	2633312
Rural population (%)	80.80	81.38
Urban population (%)	19.20	18.62
Male population (%)	50.88	50.73
Female population (%)	49.12	49.27
% Population of scheduled caste	6.60	6.01
% Population of scheduled tribe	46.30	47.86
Density (per sq.Km)	154	196
Decadal growth rate (1991-2001)	24.47	27.42
EDUCATION	1991	2001
Literacy rate all (%)	34.90	58.62
Literacy rate (M)	48.70	73.62
Literacy rate (F)	20.40	43.26
Literacy rate (Rural) (M)	39.00	68.64
Literacy rate (Urban) (M)	86.20	92.64
Literacy rate (Rural) (F)	10.10	35.14
Literacy rate (Urban) (F)	64.40	77.33
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	17279	13419
Total Villages	3207	2351
Inhabited Villages 2001	3179	2339
Uninhabited Villages 2001	28	12
Number of Gram Panchayat 2002	498	498
Number of CD Blocks 2002	11	11
Towns 2002	9	10
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	32.20	45.95
Safe drinking water	64.20	97.56
Toilet facilities	14.00	21.86
HEALTH		
Infant Mortality rate	1991	2002-04
	92.00	87.64**
	1991	2001
Life Expectancy at Birth (years)	59.10	60.18*
Crude Birth Rate	1984-91	2002-04
	34.70	24.03**
		31.3.06 (P)
CPR	29.80	34.60
	1999-2000	31.12.2007
Population Served Per Medical Institution	3282	3907

Population Served Per Bed	839	921
WOMEN AND CHILD		
	1991	2001
Total fertility rate (2002-04)	4.62	2.78**
Gender ratio: All	956	971
Rural	982	987
Urban	891	904
Juvenile sex ratio (ages 0 to 6 year)	910	948
Gender ratio in SC	947	951
Gender ratio in ST	969	985
Workers participation rate (Female)	33.10	31.83
Mean age of marriage (years)	16.80	18.10**
INFRASTRUCTURE / FACILITIES		
	1997-98	31-12-07
Rural population services per PHC	21285	29356
	1998-99	2004-05
% Electrified villages	83.90	89.32
	1998	2006-07
Road (PWD) length per 100 sq km.	25.56	34.67
	1998-99	31.12.07
% Villages with drinking water facilities	101.00	100.00
INCOME AND POVERTY	1992-93	2004-05
Per capita income Rs.	4038	17925
LAND USE	1995-96	2000-01
Average land holding (Hect.)	1.62	1.57
	1997-98	2005-06
Cropping intensity	147.03	145.95
	1995-96	2005-06
Forest area according to Land Utilisation %	26.30	28.35
	1998-99	2005-06
Net Area sown %	16.80	77.59
Gross irrigated area %	26.70	36.03
EMPLOYMENT	1991	2001
Workers participation rate (%)		
All	43.30	41.81
Rural	45.90	44.15
Urban	30.70	31.57
Share of primary sector (%)	73.00	63.80
Share of secondary & tertiary sectors (%)	26.90	36.20

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
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HUMAN DEVELOPMENT INDICES

Rajsamand

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.526	0.578
Rank in Rajasthan: HDI	22	22
POPULATION	1991	2001
Total population	822721	987024
Rural population (%)	88.10	86.96
Urban population (%)	11.90	13.04
Male population (%)	0	49.99
Female population (%)	0	50.01
% Population of scheduled caste	12.60	12.41
% Population of scheduled tribe	12.80	13.09
Density (per sq.Km)	213	256
Decadal growth rate (1991-2001)	18.10	19.97
EDUCATION	1991	2001
Literacy rate all (%)	33.10	55.65
Literacy rate (M)	50.70	73.99
Literacy rate (F)	15.50	37.59
Literacy rate (Rural) (M)	46.00	71.30
Literacy rate (Urban) (M)	83.50	90.28
Literacy rate (Rural) (F)	10.90	33.02
Literacy rate (Urban) (F)	51.40	68.29
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	0	3860
Total Villages	0	987
Inhabited Villages 2001	967	973
Uninhabited Villages 2001	0	14
Number of Gram Panchayat 2002	205	205
Number of CD Blocks 2002	7	7
Towns 2002	4	5
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	32.20	58.75
Safe drinking water	64.20	99.13
Toilet facilities	14.00	16.98
HEALTH		
Infant Mortality rate	1991	2002-04
	92.00	96.10**
	1991	2001
Life Expectancy at Birth (years)	59.10	60.18*
Crude Birth Rate	1984-91	2002-04
	34.70	23.27**
	31.3.1997	31.3.06 (P)
CPR	35.10	44.70
	1999-2000	31.12.2007
Population Served Per Medical Institution	3126	3725
Population Served Per Bed	1223	1314

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	4.62	2.92**
Gender ratio: All	991	1000
Rural	982	1012
Urban	891	926
Juvenile sex ratio (ages 0 to 6 year)	910	936
Gender ratio in SC	947	985
Gender ratio in ST	969	968
Workers participation rate (Female)	33.10	30.02
Mean age of marriage (years)	16.80	17.10**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	18342	24523
	1998-99	2004-05
% Electrified villages	101.60	99.49
	1998	2006-07
Road (PWD) length per 100 sq km.	47.93	58.42
	1998-99	31-12-07
% Villages with drinking water facilities	97.60	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	5125	17355

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	1.68	1.62
	1997-98	2005-06
Cropping intensity	146.82	128.50
	1995-96	2005-06
Forest area according to Land Utilisation %	5.10	5.42
	1998-99	2005-06
Net Area sown %	21.30	77.82
Gross irrigated area %	39.70	24.45

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	43.30	40.71
Rural	45.90	42.32
Urban	30.70	30.03
Share of primary sector (%)	73.00	54.30
Share of secondary & tertiary sectors (%)	26.90	45.70

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
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HUMAN DEVELOPMENT INDICES

Bhilwara

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.517	0.633
Rank in Rajasthan: HDI	25	15
POPULATION	1991	2001
Total population	1593128	2013789
Rural population (%)	80.50	79.40
Urban population (%)	19.50	20.60
Male population (%)	51.42	50.98
Female population (%)	48.58	49.02
% Population of scheduled caste	17.10	15.72
% Population of scheduled tribe	9.00	8.97
Density (per sq.Km)	152	192
Decadal growth rate (1991-2001)	21.58	26.40
EDUCATION	1991	2001
Literacy rate all (%)	31.70	50.74
Literacy rate (M)	46.00	67.39
Literacy rate (F)	16.50	33.48
Literacy rate (Rural) (M)	38.40	62.12
Literacy rate (Urban) (M)	76.10	86.14
Literacy rate (Rural) (F)	9.60	26.20
Literacy rate (Urban) (F)	45.90	61.97
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	10455	10455
Total Villages	1620	1745
Inhabited Villages 2001	1565	1693
Uninhabited Villages 2001	55	52
Number of Gram Panchayat 2002	378	378
Number of CD Blocks 2002	11	11
Towns 2002	9	8
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	32.50	57.18
Safe drinking water	60.30	98.97
Toilet facilities	12.60	19.66
HEALTH		
Infant Mortality rate	1991	2002-04
	120.00	65.35**
	1991	2001
Life Expectancy at Birth (years)	59.10	55.76*
Crude Birth Rate	1984-91	2002-04
	35.20	22.08**
	31.3.1997	31.3.06 (P)
CPR	35.50	49.10
	1999-2000	31.12.2007
Population Served Per Medical Institution	3354	3972
Population Served Per Bed	1165	1467

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	4.80	2.97**
Gender ratio: All	945	962
Rural	957	979
Urban	897	897
Juvenile sex ratio (ages 0 to 6 year)	917	949
Gender ratio in SC	938	966
Gender ratio in ST	917	940
Workers participation rate (Female)	36.80	38.61
Mean age of marriage (years)	15.30	16.10**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	19454	25380
	1998-99	2004-05
% Electrified villages	103.50	92.84
	1998	2006-07
Road (PWD) length per 100 sq km.	35.86	40.34
	1998-99	31.12.07
% Villages with drinking water facilities	100.00	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	4391	24110

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	2.05	2.03
	1997-98	2005-06
Cropping intensity	146.26	141.58
	1995-96	2005-06
Forest area according to Land Utilisation %	6.10	7.10
	1998-99	2005-06
Net Area sown %	35.70	70.63
Gross irrigated area %	40.30	28.80

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	46.70	46.67
Rural	50.20	50.08
Urban	32.50	33.55
Share of primary sector (%)	78.40	64.00
Share of secondary & tertiary sectors (%)	21.60	36.60

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04

(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006 .

HUMAN DEVELOPMENT INDICES

Bundi

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.547	0.649
Rank in Rajasthan: HDI	16	13
POPULATION	1991	2001
Total population	770248	962620
Rural population (%)	82.60	81.35
Urban population (%)	17.40	18.65
Male population (%)	52.95	52.44
Female population (%)	47.05	47.56
% Population of scheduled caste	18.80	18.11
% Population of scheduled tribe	20.30	20.24
Density (per sq.Km)	139	173
Decadal growth rate (1991-2001)	25.85	24.98
EDUCATION	1991	2001
Literacy rate all (%)	32.70	55.57
Literacy rate (M)	47.40	71.68
Literacy rate (F)	16.10	37.79
Literacy rate (Rural) (M)	40.70	68.50
Literacy rate (Urban) (M)	78.80	84.96
Literacy rate (Rural) (F)	9.40	32.46
Literacy rate (Urban) (F)	47.10	60.04
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	5550	5776
Total Villages	841	849
Inhabited Villages 2001	826	839
Uninhabited Villages 2001	15	10
Number of Gram Panchayat 2002	181	181
Number of CD Blocks 2002	4	4
Towns 2002	6	7
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	33.60	55.06
Safe drinking water	71.60	99.06
Toilet facilities	12.20	16.81
HEALTH		
Infant Mortality rate	1991	2002-04
	82.00	70.55**
	1991	2001
Life Expectancy at Birth (years)	62.10	58.67*
Crude Birth Rate	1984-91	2002-04
	35.70	25.42**
	31.3.1997	31.3.06 (P)
CPR	43.60	58.10
	1999-2000	31.12.2007
Population Served Per Medical Institution	3566	4396
Population Served Per Bed	1550	1668

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	5.03	3.20**
Gender ratio: All	889	907
Rural	887	908
Urban	896	903
Juvenile sex ratio (ages 0 to 6 year)	943	912
Gender ratio in SC	883	909
Gender ratio in ST	880	898
Workers participation rate (Female)	27.20	40.51
Mean age of marriage (years)	15.30	15.90**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	26000	31322
	1998-99	2004-05
% Electrified villages	97.60	99.06
	1998	2006-07
Road (PWD) length per 100 sq km.	24.38	28.38
	1998-99	31-12-07
% Villages with drinking water facilities	100.00	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	5511	18211

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	2.42	2.22
	1997-98	2005-06
Cropping intensity	146.26	150.54
	1995-96	2005-06
Forest area according to Land Utilisation %	23.90	24.28
	1998-99	2005-06
Net Area sown %	45.00	66.43
Gross irrigated area %	60.30	67.59

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	40.20	47.47
Rural	42.70	51.40
Urban	28.00	30.33
Share of primary sector (%)	79.50	72.00
Share of secondary & tertiary sectors (%)	20.50	28.00

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
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HUMAN DEVELOPMENT INDICES

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.531	0.571
Rank in Rajasthan: HDI	20	24
POPULATION	1991	2001
Total population	975006	1211671
Rural population (%)	80.50	79.11
Urban population (%)	19.50	20.89
Male population (%)	51.99	51.70
Female population (%)	48.01	48.30
% Population of scheduled caste	20.20	19.24
% Population of scheduled tribe	11.90	12.04
Density (per sq.Km)	136	168
Decadal growth rate (1991-2001)	24.42	24.27
EDUCATION	1991	2001
Literacy rate all (%)	33.70	51.97
Literacy rate (M)	50.60	70.52
Literacy rate (F)	15.20	32.15
Literacy rate (Rural) (M)	45.70	67.90
Literacy rate (Urban) (M)	70.90	80.32
Literacy rate (Rural) (F)	9.50	25.66
Literacy rate (Urban) (F)	39.10	56.06
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	7194	7194
Total Villages	1089	1093
Inhabited Villages 2001	1019	1032
Uninhabited Villages 2001	70	61
Number of Gram Panchayat 2002	231	231
Number of CD Blocks 2002	6	6
Towns 2002	6	7
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	27.10	48.20
Safe drinking water	58.50	98.79
Toilet facilities	12.70	17.26
HEALTH		
Infant Mortality rate	1991	2002-04
	123.00	87.37**
	1991	2001
Life Expectancy at Birth (years)	59.20	52.62*
Crude Birth Rate	1984-91	2002-04
	35.50	21.47**
	31.3.1997	31.3.06 (P)
CPR	34.50	56.00
	1999-2000	31.12.2007
Population Served Per Medical Institution	3095	3871
Population Served Per Bed	1360	1662

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	4.99	2.78**
Gender ratio: All	923	934
Rural	926	932
Urban	914	942
Juvenile sex ratio (ages 0 to 6 year)	914	927
Gender ratio in SC	924	932
Gender ratio in ST	898	916
Workers participation rate (Female)	32.10	38.27
Mean age of marriage (years)	14.90	16.10**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	19939	21300
	1998-99	2004-05
% Electrified villages	92.60	99.63
	1998	2006-07
Road (PWD) length per 100 sq km.	26.33	24.41
	1998-99	31-12-07
% Villages with drinking water facilities	99.80	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	4712	16043

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	3.39	3.06
	1997-98	2005-06
Cropping intensity	124.82	128.72
	1995-96	2005-06
Forest area according to Land Utilisation %	3.40	3.79
	1998-99	2005-06
Net Area sown %	67.50	77.69
Gross irrigated area %	27.40	39.11

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	41.50	43.96
Rural	44.30	47.38
Urban	30.30	31.02
Share of primary sector (%)	76.20	68.70
Share of secondary & tertiary sectors (%)	23.70	31.30

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt. of Rajasthan 2002-04

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HUMAN DEVELOPMENT INDICES

Ajmer

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.581	0.677
Rank in Rajasthan: HDI	10	10
POPULATION	1991	2001
Total population	1729207	2181670
Rural population (%)	59.30	59.91
Urban population (%)	40.70	40.09
Male population (%)	52.13	51.79
Female population (%)	47.87	48.21
% Population of scheduled caste	18.50	17.71
% Population of scheduled tribe	2.30	2.41
Density (per sq.Km)	204	257
Decadal growth rate (1991-2001)	20.05	26.17
EDUCATION	1991	2001
Literacy rate all (%)	52.30	64.65
Literacy rate (M)	68.80	79.37
Literacy rate (F)	34.50	48.86
Literacy rate (Rural) (M)	55.00	71.90
Literacy rate (Urban) (M)	87.60	89.46
Literacy rate (Rural) (F)	14.00	32.63
Literacy rate (Urban) (F)	64.10	72.15
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	8481	8481
Total Villages	1001	1038
Inhabited Villages 2001	985	1025
Uninhabited Villages 2001	16	13
Number of Gram Panchayat 2002	276	276
Number of CD Blocks 2002	8	8
Towns 2002	8	9
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	46.60	66.04
Safe drinking water	72.10	98.77
Toilet facilities	30.90	37.70
HEALTH		
Infant Mortality rate	1991	2002-04
	113.00	75.66**
	1991	2001
Life Expectancy at Birth (years)	62.60	59.17*
Crude Birth Rate	1984-91	2002-04
	35.00	23.54**
	31.3.1997	31.3.06 (P)
CPR	38.80	48.60
	1999-2000	31.12.2007
Population Served Per Medical Institution	4844	5818
Population Served Per Bed	828	1001

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	4.75	3.11**
Gender ratio: All	918	931
Rural	935	951
Urban	895	901
Juvenile sex ratio (ages 0 to 6 year)	921	922
Gender ratio in SC	924	943
Gender ratio in ST	896	925
Workers participation rate (Female)	27.90	27.97
Mean age of marriage (years)	16.40	17.10**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	24594	30395
% Electrified villages	101.60	96.44
Road (PWD) length per 100 sq km.	32.56	35.79
% Villages with drinking water facilities	100.00	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	4400	18483

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	2.33	2.15
Cropping intensity	142.08	120.77
Forest area according to Land Utilisation %	5.80	6.60
Net Area sown %	49.90	82.80
Gross irrigated area %	26.20	15.31

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	39.60	39.27
Rural	16.90	45.72
Urban	29.00	29.64
Share of primary sector (%)	59.20	47.80
Share of secondary & tertiary sectors (%)	40.80	52.20

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

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HUMAN DEVELOPMENT INDICES

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.531	0.547
Rank in Rajasthan: HDI	19	28
POPULATION	1991	2001
Total population	1486432	1820251
Rural population (%)	78.20	78.53
Urban population (%)	21.80	21.47
Male population (%)	51.12	50.48
Female population (%)	48.88	49.52
% Population of scheduled caste	18.10	17.77
% Population of scheduled tribe	5.40	5.81
Density (per sq.Km)	120	147
Decadal growth rate (1991-2001)	16.63	22.46
EDUCATION	1991	2001
Literacy rate all (%)	36.00	54.39
Literacy rate (M)	54.40	72.20
Literacy rate (F)	17.00	36.48
Literacy rate (Rural) (M)	48.60	68.57
Literacy rate (Urban) (M)	74.30	84.49
Literacy rate (Rural) (F)	11.50	31.65
Literacy rate (Urban) (F)	37.70	54.65
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	12387	12387
Total Villages	919	949
Inhabited Villages 2001	904	936
Uninhabited Villages 2001	15	13
Number of Gram Panchayat 2002	320	320
Number of CD Blocks 2002	10	10
Towns 2002	13	11
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	34.90	66.37
Safe drinking water	59.70	87.32
Toilet facilities	12.50	21.00
HEALTH		
Infant Mortality rate	1991	2002-04
	111.00	72.21**
	1991	2001
Life Expectancy at Birth (years)	58.80	58.19*
Crude Birth Rate	1984-91	2002-04
	33.80	20.73**
	31.3.1997	31.3.06 (P)
CPR	33.80	46.60
	1999-2000	31.12.2007
Population Served Per Medical Institution	2860	3461

Population Served Per Bed	1165	1285
WOMEN AND CHILD		
	1991	2001
Total fertility rate (2002-04)	4.88	2.74**
Gender ratio: All	956	981
Rural	972	1000
Urban	902	915
Juvenile sex ratio (ages 0 to 6 year)	909	925
Gender ratio in SC	914	944
Gender ratio in ST	900	926
Workers participation rate (Female)	27.50	30.94
Mean age of marriage (years)	17.40	17.40**
INFRASTRUCTURE / FACILITIES		
	1997-98	31-12-07
Rural population services per PHC	18493	21990
	1998-99	2004-05
% Electrified villages	101.70	96.84
	1998	2006-07
Road (PWD) length per 100 sq km.	36.64	37.24
	1998-99	31-12-07
% Villages with drinking water facilities	100.00	100.00
INCOME AND POVERTY		
	1992-93	2004-05
Per capita income Rs.	4495	17066
LAND USE		
	1995-96	2000-01
Average land holding (Hect.)	3.93	3.91
	1997-98	2005-06
Cropping intensity	124.85	108.22
	1995-96	2005-06
Forest area according to Land Utilisation %	6.40	6.65
	1998-99	2005-06
Net Area sown %	52.20	92.40
Gross irrigated area %	36.90	13.50
EMPLOYMENT		
	1991	2001
Workers participation rate (%)		
All	38.10	39.82
Rural	40.40	42.21
Urban	30.10	31.08
Share of primary sector (%)	71.50	56.80
Share of secondary & tertiary sectors (%)	28.50	43.20

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

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HUMAN DEVELOPMENT INDICES

Sirohi

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.52	0.645
Rank in Rajasthan:HDI	23	14
POPULATION	1991	2001
Total population	654029	851107
Rural population (%)	80.50	82.27
Urban population (%)	19.50	17.73
Male population (%)	51.30	51.46
Female population (%)	48.70	48.54
% Population of scheduled caste	19.20	19.15
% Population of scheduled tribe	23.40	24.76
Density (per sq.Km)	127	166
Decadal growth rate (1991-2001)	20.66	30.13
EDUCATION	1991	2001
Literacy rate all (%)	33.90	53.94
Literacy rate (M)	46.20	69.89
Literacy rate (F)	17.00	37.15
Literacy rate (Rural) (M)	36.60	65.19
Literacy rate (Urban) (M)	82.80	89.36
Literacy rate (Rural) (F)	9.20	31.29
Literacy rate (Urban) (F)	49.70	64.12
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	5136	5136
Total Villages	461	462
Inhabited Villages 2001	446	455
Uninhabited Villages 2001	15	7
Number of Gram Panchayat 2002	151	151
Number of CD Blocks 2002	5	5
Towns 2002	6	5
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	35.90	61.46
Safe drinking water	74.00	97.57
Toilet facilities	12.80	20.25
HEALTH		
Infant Mortality rate	1991	2002-04
	119	79.49**
	1991	2001
Life Expectancy at Birth (years)	59.20	60.01*
Crude Birth Rate	1984-91	2002-04
	33.30	27.16**
	31.3.1997	31.3.06 (P)
CPR	33.30	63.20
	1999-2000	31.12.2007
Population Served Per Medical Institution	2844	3851
Population Served Per Bed	1285	1672

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	4.73	3.37**
Gender ratio: All	949	943
Rural	965	960
Urban	888	868
Juvenile sex ratio (ages 0 to 6 year)	961	918
Gender ratio in SC	907	918
Gender ratio in ST	939	953
Workers participation rate (Female)	25.80	30.11
Mean age of marriage (years)	18.00	18.70**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	22562	31828
	1998-99	2004-05
% Electrified villages	103.40	99.78
	1998	2006-07
Road (PWD) length per 100 sq km.	29.01	32.18
	1998-99	31-12-07
% Villages with drinking water facilities	99.60	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	4559	18340

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	2.70	2.84
	1997-98	2005-06
Cropping intensity	136.30	136.78
	1995-96	2005-06
Forest area according to Land Utilisation %	29.30	30.01
	1998-99	2005-06
Net Area sown %	31.20	73.11
Gross irrigated area %	53.90	44.21

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	38.40	40.41
Rural	40.80	42.50
Urban	28.60	30.67
Share of primary sector (%)	67.10	50.60
Share of secondary & tertiary sectors (%)	32.90	49.50

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
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HUMAN DEVELOPMENT INDICES

Jalore

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.5	0.527
Rank in Rajasthan: HDI	29	29
POPULATION	1991	2001
Total population	1142563	1448940
Rural population (%)	92.70	92.41
Urban population (%)	7.30	7.59
Male population (%)	51.50	50.93
Female population (%)	48.50	49.07
% Population of scheduled caste	17.80	18.03
% Population of scheduled tribe	8.40	8.75
Density (per sq.Km)	107	136
Decadal growth rate (1991-2001)	26.52	26.81
EDUCATION	1991	2001
Literacy rate all (%)	23.80	46.49
Literacy rate (M)	39.00	64.72
Literacy rate (F)	7.80	27.80
Literacy rate (Rural) (M)	36.20	63.13
Literacy rate (Urban) (M)	72.30	82.43
Literacy rate (Rural) (F)	5.90	26.18
Literacy rate (Urban) (F)	32.80	47.80
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	10640	10640
Total Villages	676	706
Inhabited Villages 2001	665	697
Uninhabited Villages 2001	11	9
Number of Gram Panchayat 2002	264	264
Number of CD Blocks 2002	7	7
Towns 2002	3	3
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	20.60	38.36
Safe drinking water	55.50	83.74
Toilet facilities	6.00	11.97
HEALTH		
Infant Mortality rate	1991	2002-04
	91.00	58.48**
	1991	2001
Life Expectancy at Birth (years)	61.30	63.42*
Crude Birth Rate	1984-91	2002-04
	35.00	24.01**
	31.3.1997	31.3.06 (P)
CPR	30.30	54.60
	1999-2000	31.12.2007
Population Served Per Medical Institution	3148	3354

Population Served Per Bed	1538	1860
WOMEN AND CHILD		
	1991	2001
Total fertility rate (2002-04)	5.23	3.00**
Gender ratio: All	942	964
Rural	947	970
Urban	881	889
Juvenile sex ratio (ages 0 to 6 year)	929	921
Gender ratio in SC	901	921
Gender ratio in ST	885	904
Workers participation rate (Female)	31.60	46.09
Mean age of marriage (years)	18.30	18.30**
INFRASTRUCTURE / FACILITIES		
	1997-98	31-12-07
Rural population services per PHC	22398	26779
	1998-99	2004-05
% Electrified villages	97.40	95.75
	1998	2006-07
Road (PWD) length per 100 sq km.	23.70	29.43
	1998-99	31-12-07
% Villages with drinking water facilities	100.00	100.00
INCOME AND POVERTY		
	1992-93	2004-05
Per capita income Rs.	3825	13050
LAND USE		
	1995-96	2000-01
Average land holding (Hect.)	6.03	5.56
	1997-98	2005-06
Cropping intensity	130.37	120.03
	1995-96	2005-06
Forest area according to Land Utilisation %	1.8	2.06
	1998-99	2005-06
Net Area sown %	62.20	83.31
Gross irrigated area %	37.20	31.79
EMPLOYMENT		
	1991	2001
Workers participation rate (%)		
All	41.20	50.19
Rural	42.20	51.73
Urban	29.00	31.47
Share of primary sector (%)	84.80	77.50
Share of secondary & tertiary sectors (%)	15.20	22.50

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

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HUMAN DEVELOPMENT INDICES

Barmer

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.461	0.578
Rank in Rajasthan: HDI	31	21
POPULATION	1991	2001
Total population	1435222	1964835
Rural population (%)	90.00	92.60
Urban population (%)	10.00	7.40
Male population (%)	52.89	52.84
Female population (%)	47.11	47.16
% Population of scheduled caste	15.70	15.73
% Population of scheduled tribe	5.90	6.04
Density (per sq.Km)	51	69
Decadal growth rate (1991-2001)	28.27	36.90
EDUCATION	1991	2001
Literacy rate all (%)	23.00	58.99
Literacy rate (M)	36.60	72.76
Literacy rate (F)	7.60	43.45
Literacy rate (Rural) (M)	31.80	71.33
Literacy rate (Urban) (M)	77.00	88.92
Literacy rate (Rural) (F)	4.20	42.04
Literacy rate (Urban) (F)	39.40	60.22
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	28387	28387
Total Villages	1634	1941
Inhabited Villages 2001	1625	1933
Uninhabited Villages 2001	9	8
Number of Gram Panchayat 2002	380	380
Number of CD Blocks 2002	8	8
Towns 2002	4	2
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	14.00	23.23
Safe drinking water	37.00	71.77
Toilet facilities	7.30	11.72
HEALTH		
Infant Mortality rate	1991	2002-04
	99.00	62.16**
	1991	2001
Life Expectancy at Birth (years)	60.70	69.34*
Crude Birth Rate	1984-91	2002-04
	36.00	24.12**
	31.3.1997	31.3.06 (P)
CPR	19.10	39.00
	1999-2000	31.12.2007
Population Served Per Medical Institution	2917	3515

Population Served Per Bed	1609	1751
WOMEN AND CHILD		
	1991	2001
Total fertility rate (2002-04)	5.57	3.15**
Gender ratio: All	891	892
Rural	896	896
Urban	846	855
Juvenile sex ratio (ages 0 to 6 year)	883	919
Gender ratio in SC	890	899
Gender ratio in ST	888	886
Workers participation rate (Female)	36.40	41.78
Mean age of marriage (years)	18.10	17.10**
INFRASTRUCTURE / FACILITIES		
	1997-98	31-12-07
Rural population services per PHC	22575	31370
	1998-99	2004-05
% Electrified villages	90.20	83.62
	1998	2006-07
Road (PWD) length per 100 sq km.	18.07	23.16
	1998-99	31-12-07
% Villages with drinking water facilities	95.60	99.74
INCOME AND POVERTY		
	1992-93	2004-05
Per capita income Rs.	2823	11995
LAND USE		
	1995-96	2000-01
Average land holding (Hect.)	12.44	10.95
	1997-98	2005-06
Cropping intensity	105.79	105.18
	1995-96	2005-06
Forest area according to Land Utilisation %	0.80	1.13
	1998-99	2005-06
Net Area sown %	54.50	95.07
Gross irrigated area %	7.80	10.02
EMPLOYMENT		
	1991	2001
Workers participation rate (%)		
All	44.40	46.81
Rural	46.20	48.22
Urban	28.10	29.17
Share of primary sector (%)	84.30	77.90
Share of secondary & tertiary sectors (%)	15.70	22.10

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
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HUMAN DEVELOPMENT INDICES

Jaisalmer

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.517	0.673
Rank in Rajasthan: HDI	24	11
POPULATION	1991	2001
Total population	344517	508247
Rural population (%)	84.40	84.97
Urban population (%)	15.60	15.03
Male population (%)	55.35	54.91
Female population (%)	44.65	45.09
% Population of scheduled caste	14.60	14.58
% Population of scheduled tribe	4.80	5.48
Density (per sq.Km)	9	13
Decadal growth rate (1991-2001)	41.73	47.52
EDUCATION	1991	2001
Literacy rate all (%)	30.10	50.97
Literacy rate (M)	45.00	66.26
Literacy rate (F)	11.30	32.05
Literacy rate (Rural) (M)	37.90	62.71
Literacy rate (Urban) (M)	80.90	84.49
Literacy rate (Rural) (F)	4.70	27.26
Literacy rate (Urban) (F)	47.20	58.10
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	38401	38401
Total Villages	578	637
Inhabited Villages 2001	518	600
Uninhabited Villages 2001	60	37
Number of Gram Panchayat 2002	128	128
Number of CD Blocks 2002	3	3
Towns 2002	2	2
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	16.70	28.91
Safe drinking water	63.50	58.76
Toilet facilities	12.20	17.57
HEALTH		
Infant Mortality rate	1991	2002-04
	87.00	71.55**
	1991	2001
Life Expectancy at Birth (years)	64.00	69.78*
Crude Birth Rate	1984-91	2002-04
	34.00	32.07**
	31.3.1997	31.3.06 (P)
CPR	18.10	48.20
	1999-2000	31.12.2007
Population Served Per Medical Institution	2344	3099

Population Served Per Bed	1044	1193
WOMEN AND CHILD		
	1991	2001
Gender ratio: All	807	821
Rural	815	827
Urban	764	785
Juvenile sex ratio (ages 0 to 6 year)	866	869
Gender ratio in SC	857	866
Gender ratio in ST	858	869
Workers participation rate (Female)	20.50	29.37
Mean age of marriage (years)	17.80	17.30**
INFRASTRUCTURE / FACILITIES		
	1997-98	31-12-07
Rural population services per PHC	21663	28790
	1998-99	2004-05
% Electrified villages	46.70	66.25
	1998	2006-07
Road (PWD) length per 100 sq km.	9.41	9.40
	1998-99	31-12-07
% Villages with drinking water facilities	97.90	100.00
INCOME AND POVERTY		
	1992-93	2004-05
Per capita income Rs.	3575	15386
LAND USE		
	1995-96	2000-01
Average land holding (Hect.)	13.10	10.70
	1997-98	2005-06
Cropping intensity	105.43	111.93
	1995-96	2005-06
Forest area according to Land Utilisation %	0.60	0.68
	1998-99	2005-06
Net Area sown %	8.50	89.34
Gross irrigated area %	13.00	34.67
EMPLOYMENT		
		2001
Workers participation rate (%)		
All	36.90	41.65
Rural	38.10	43.49
Urban	29.80	31.24
Share of primary sector (%)	64.40	55.20
Share of secondary & tertiary sectors (%)	35.60	44.90

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

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HUMAN DEVELOPMENT INDICES

Jodhpur

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.567	0.686
Rank in Rajasthan: HDI	13	9
POPULATION	1991	2001
Total population	2153483	2886505
Rural population (%)	64.50	66.15
Urban population (%)	35.50	33.85
Male population (%)	52.87	52.45
Female population (%)	47.13	47.55
% Population of scheduled caste	15.30	15.81
% Population of scheduled tribe	2.80	2.76
Density (per sq.Km)	94	126
Decadal growth rate (1991-2001)	29.12	34.04
EDUCATION	1991	2001
Literacy rate all (%)	40.70	56.67
Literacy rate (M)	56.70	72.96
Literacy rate (F)	22.60	38.64
Literacy rate (Rural) (M)	43.80	65.93
Literacy rate (Urban) (M)	78.40	85.36
Literacy rate (Rural) (F)	6.50	24.75
Literacy rate (Urban) (F)	51.90	64.34
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	22850	22850
Total Villages	863	1063
Inhabited Villages 2001	860	1058
Uninhabited Villages 2001	3	5
Number of Gram Panchayat 2002	338	339
Number of CD Blocks 2002	9	9
Towns 2002	4	4
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	42.20	56.63
Safe drinking water	68.20	82.59
Toilet facilities	27.20	35.21
HEALTH		
Infant Mortality rate	1991	2002-04
	72.00	74.54**
	1991	2001
Life Expectancy at Birth (years)	65.80	68.84*
Crude Birth Rate	1984-91	2002-04
	34.70	24.74**
	31.3.1997	31.3.06 (P)
CPR	26.20	36.00
	1999-2000	31.12.2007
Population Served Per Medical Institution	3681	4618
Population Served Per Bed	704	883

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	5.05	3.25**
Gender ratio: All	891	907
Rural	914	921
Urban	852	880
Juvenile sex ratio (ages 0 to 6 year)	901	920
Gender ratio in SC	897	913
Gender ratio in ST	895	919
Workers participation rate (Female)	23.60	27.09
Mean age of marriage (years)	17.50	17.50**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	21730	28931
% Electrified villages	100.30	81.19
Road (PWD) length per 100 sq km.	23.68	28.06
% Villages with drinking water facilities	99.20	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	3981	16791

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	8.73	8.08
Cropping intensity	106.86	108.53
Forest area according to Land Utilisation %	0.30	0.31
Net Area sown %	55.10	92.14
Gross irrigated area %	12.10	18.97

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	36.50	38.28
Rural	40.90	42.96
Urban	28.40	29.14
Share of primary sector (%)	63.10	59.30
Share of secondary & tertiary sectors (%)	36.90	40.70

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

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HUMAN DEVELOPMENT INDICES

Nagaur

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.544	0.610
Rank in Rajasthan: HDI	17	17
POPULATION	1991	2001
Total population	2144810	2775058
Rural population (%)	84.00	82.80
Urban population (%)	16.00	17.20
Male population (%)	51.50	51.35
Female population (%)	48.50	48.65
% Population of scheduled caste	19.70	19.65
% Population of scheduled tribe	0.20	0.23
Density (per sq.Km)	121	157
Decadal growth rate (1991-2001)	31.69	29.38
EDUCATION	1991	2001
Literacy rate all (%)	31.80	57.28
Literacy rate (M)	49.40	74.10
Literacy rate (F)	13.30	39.67
Literacy rate (Rural) (M)	55.80	72.46
Literacy rate (Urban) (M)	67.60	81.67
Literacy rate (Rural) (F)	9.80	36.85
Literacy rate (Urban) (F)	32.50	53.41
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	17718	17718
Total Villages	1396	1500
Inhabited Villages 2001	1374	1480
Uninhabited Villages 2001	22	20
Number of Gram Panchayat 2002	461	461
Number of CD Blocks 2002	11	11
Towns 2002	11	12
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	30.70	53.94
Safe drinking water	49.00	77.35
Toilet facilities	13.90	26.51
HEALTH		
Infant Mortality rate	1991	2002-04
	82.00	63.00**
	1991	2001
Life Expectancy at Birth (years)	64.90	69.06*
Crude Birth Rate	1984-91	2002-04
	34.70	24.20**
	31.3.1997	31.3.06 (P)
CPR	32.70	39.10
	1999-2000	31.12.2007
Population Served Per Medical Institution	3275	3796
Population Served Per Bed	1552	1796

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	4.78	3.22**
Gender ratio: All	942	947
Rural	949	954
Urban	902	917
Juvenile sex ratio (ages 0 to 6 year)	912	915
Gender ratio in SC	928	937
Gender ratio in ST	816	855
Workers participation rate (Female)	30.70	32.93
Mean age of marriage (years)	16.40	16.50**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	22353	26411
	1998-99	2004-05
% Electrified villages	100.90	93.07
	1998	2006-07
Road (PWD) length per 100 sq km.	26.92	33.00
	1998-99	31-12-07
% Villages with drinking water facilities	99.90	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	4131	13045

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	5.96	5.35
	1997-98	2005-06
Cropping intensity	131.39	118.26
	1995-96	2005-06
Forest area according to Land Utilisation %	0.80	1.04
	1998-99	2005-06
Net Area sown %	72.50	84.56
Gross irrigated area %	17.40	25.88

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	39.70	40.70
Rural	42.20	43.52
Urban	27.00	27.14
Share of primary sector (%)	78.50	72.20
Share of secondary & tertiary sectors (%)	21.50	27.70

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

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HUMAN DEVELOPMENT INDICES

Sikar

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.561	0.698
Rank in Rajasthan:HDI	14	8
POPULATION	1991	2001
Total population	1842914	2287788
Rural population (%)	79.00	79.35
Urban population (%)	21.00	20.65
Male population (%)	51.40	51.26
Female population (%)	48.60	48.74
% Population of scheduled caste	14.00	14.85
% Population of scheduled tribe	2.70	2.73
Density (per sq.Km)	238	296
Decadal growth rate (1991-2001)	33.81	24.14
EDUCATION	1991	2001
Literacy rate all (%)	42.50	70.47
Literacy rate (M)	64.10	84.34
Literacy rate (F)	19.90	56.11
Literacy rate (Rural) (M)	61.80	84.10
Literacy rate (Urban) (M)	72.70	85.19
Literacy rate (Rural) (F)	15.40	55.27
Literacy rate (Urban) (F)	36.80	59.34
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	7732	7732
Total Villages	946	992
Inhabited Villages 2001	931	986
Uninhabited Villages 2001	15	6
Number of Gram Panchayat 2002	329	329
Number of CD Blocks 2002	8	8
Towns 2002	9	9
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	43.60	67.17
Safe drinking water	62.40	97.70
Toilet Facilities	16.90	31.82
HEALTH		
Infant Mortality rate	1991	2002-04
	57.00	59.27**
	1991	2001
Life Expectancy at Birth (years)	68.40	68.88*
Crude Birth Rate	1984-91	2002-04
	37.60	23.68**
	31.3.1997	31.3.06 (P)
CPR	34.50	41.50
	1999-2000	31.12.2007
Population Served Per Medical Institution	3635	3845
Population Served Per Bed	1424	1736

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	5.41	2.69**
Gender ratio: All	946	951
Rural	952	958
Urban	924	924
Juvenile sex ratio (ages 0 to 6 year)	898	885
Gender ratio in SC	931	932
Gender ratio in ST	908	924
Workers participation rate (Female)	19.70	31.45
Mean age of marriage (years)	16.20	17.50**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	22578	27093
% Electrified villages	101.60	95.36
Road (PWD) length per 100 sq km.	32.35	45.11
% Villages with drinking water facilities	99.01	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	2997	15034

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	3.08	2.62
Cropping intensity	141.39	143.82
Forest area according to Land Utilisation %	7.60	7.89
Net Area sown %	69.50	69.53
Gross irrigated area %	28.80	43.90

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	31.70	38.81
Rural	33.60	42.15
Urban	24.30	25.99
Share of primary sector (%)	65.60	66.00
Share of secondary & tertiary sectors (%)	35.40	34.00

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

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HUMAN DEVELOPMENT INDICES

Jaipur

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.607	0.778
Rank in Rajasthan: HDI	4	4
POPULATION	1991	2001
Total population	3887895	5251071
Rural population (%)	54.40	50.64
Urban population (%)	45.60	49.36
Male population (%)	52.87	52.72
Female population (%)	47.13	47.28
% Population of scheduled caste	15.20	14.81
% Population of scheduled tribe	7.90	7.86
Density (per sq.Km)	349	471
Decadal growth rate (1991-2001)	38.73	35.06
EDUCATION	1991	2001
Literacy rate all (%)	50.40	69.90
Literacy rate (M)	66.80	82.80
Literacy rate (F)	31.80	55.52
Literacy rate (Rural) (M)	55.50	78.88
Literacy rate (Urban) (M)	79.20	86.54
Literacy rate (Rural) (F)	12.30	43.86
Literacy rate (Urban) (F)	54.40	67.13
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	14068	11143
Total Villages	3088	2131
Inhabited Villages 2001	2990	2077
Uninhabited Villages 2001	98	54
Number of Gram Panchayat 2002	488	488
Number of CD Blocks 2002	13	13
Towns 2002	16	11
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	50.20	75.34
Safe drinking water	66.40	98.29
Toilet facilities	34.00	49.44
HEALTH		
Infant Mortality rate	1991	2002-04
	67.00	63.19**
	1991	2001
Life Expectancy at Birth (years)	66.20	62.22*
Crude Birth Rate	1984-91	2002-04
	35.30	18.35**
	31.3.1997	31.3.06 (P)
CPR	28.60	35.60
	1999-2000	31.12.2007
Population Served Per Medical Institution	5636	7427
Population Served Per Bed	720	905

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	4.88	2.17**
Gender ratio: All	892	897
Rural	903	914
Urban	873	880
Juvenile sex ratio (ages 0 to 6 year)	924	899
Gender ratio in SC	899	906
Gender ratio in ST	844	898
Workers participation rate (Female)	20.00	22.28
Mean age of marriage (years)	16.40	17.50**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	26906	30216
	1998-99	2004-05
% Electrified villages	99.80	102.63
	1998	2006-07
Road (PWD) length per 100 sq km.	31.37	31.36
	1998-99	31-12-07
% Villages with drinking water facilities	99.80	100.00

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	4794	21937

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	3.09	2.77
	1997-98	2005-06
Cropping intensity	142.66	159.05
	1995-96	2005-06
Forest area according to Land Utilisation %	6.50	7.33
	1998-99	2005-06
Net Area sown %	63.20	62.87
Gross irrigated area %	40.70	44.41

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	34.20	35.50
Rural	38.10	40.44
Urban	28.30	30.43
Share of primary sector (%)	53.50	41.00
Share of secondary & tertiary sectors (%)	46.50	59.00

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

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HUMAN DEVELOPMENT INDICES

Dausa

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.574	0.576
Rank in Rajasthan: HDI	12	23
POPULATION	1991	2001
Total population	994431	1317063
Rural population (%)	89.40	89.69
Urban population (%)	10.60	10.31
Male population (%)	0	52.65
Female population (%)	0	47.35
% Population of scheduled caste	21.30	21.21
% Population of scheduled tribe	26.30	26.82
Density (per sq.Km)	290	384
Decadal growth rate (1991-2001)	30.81	32.44
EDUCATION	1991	2001
Literacy rate all (%)	36.90	61.84
Literacy rate (M)	56.80	79.35
Literacy rate (F)	14.20	42.32
Literacy rate (Rural) (M)	54.20	78.20
Literacy rate (Urban) (M)	78.10	88.93
Literacy rate (Rural) (F)	10.90	40.02
Literacy rate (Urban) (F)	41.00	61.58
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	0	3432
Total Villages	0	1058
Inhabited Villages 2001	1009	1025
Uninhabited Villages 2001	0	33
Number of Gram Panchayat 2002	225	225
Number of CD Blocks 2002	5	5
Towns 2002	5	5
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	50.20	44.50
Safe drinking water	66.40	99.12
Toilet facilities	34.00	15.25
HEALTH		
Infant Mortality rate	1991	2002-04
	67.00	53.70**
	1991	2001
Life Expectancy at Birth (years)	66.20	62.22*
Crude Birth Rate	1984-91	2002-04
	35.30	19.25**
	31.3.1997	31.3.06 (P)
CPR	32.80	51.00
	1999-2000	31.12.2007
Population Served Per Medical Institution	3749	4738

Population Served Per Bed	2044	2523
WOMEN AND CHILD		
	199	200
Total fertility rate (2002-04)	4.8	2.69*
Gender ratio: All	88	89
Rural	90	90
Urban	87	89
Juvenile sex ratio (ages 0 to 6 year)	92	90
Gender ratio in SC	89	91
Gender ratio in ST	88	89
Workers participation rate (Female)	20.0	36.1
Mean age of marriage (years)	16.4	17.00*
INFRASTRUCTURE / FACILITIES		
	1997-9	31-12-0
Rural population services per PHC	3167	4073
	1998-9	2004-0
% Electrified villages	98.1	99.4
	199	2006-0
Road (PWD) length per 100 sq km.	39.1	44.6
	1998-9	31-12-0
% Villages with drinking water facilities	99.1	100.0
INCOME AND POVERTY	1992-9	2004-0
Per capita income Rs.	411	1142
LAND USE	1995-9	2000-0
Average land holding (Hect.)	2.4	2.1
	1997-9	2005-0
Cropping intensity	150.8	155.5
	1995-9	2005-0
Forest area according to Land Utilisation %	6.6	7.1
	1998-9	2005-0
Net Area sown %	65.9	64.3
Gross irrigated area %	43.6	50.9
EMPLOYMENT	199	200
Workers participation rate (%)		
All	34.2	41.1
Rural	38.1	42.8
Urban	28.3	27.2
Share of primary sector (%)	53.5	73.4
Share of secondary & tertiary sectors (%)	46.5	26.5

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
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HUMAN DEVELOPMENT INDICES

Sawai Madhopur

	HDR 1999	HD Update 2008
Human Development index (HDI)	0.583	0.561
Rank in Rajasthan:HDI	9	26
POPULATION	1991	2001
Total population	875752	1117057
Rural population (%)	82.70	80.96
Urban population (%)	17.30	19.04
Male population (%)	53.93	52.93
Female population (%)	46.07	47.07
% Population of scheduled caste	20.60	19.98
% Population of scheduled tribe	21.90	21.58
Density (per sq.Km)	195	248
Decadal growth rate (1991-2001)	27.22	27.55
EDUCATION	1991	2001
Literacy rate all (%)	37.00	56.67
Literacy rate (M)	55.20	75.74
Literacy rate (F)	16.10	35.17
Literacy rate (Rural) (M)	50.80	73.13
Literacy rate (Urban) (M)	76.30	86.48
Literacy rate (Rural) (F)	9.80	29.52
Literacy rate (Urban) (F)	41.80	58.45
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	10527	4498
Total Villages	1738	794
Inhabited Villages 2001	1614	719
Uninhabited Villages 2001	124	75
Number of Gram Panchayat 2002	197	197
Number of CD Blocks 2002	5	5
Towns 2002	2	4
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	23.70	40.44
Safe drinking water	37.90	99.03
Toilet facilities	11.10	21.01
HEALTH		
Infant Mortality rate	1991	2002-04
	79.00	77.98**
	1991	2001
Life Expectancy at Birth (years)	62.60	54.81*
Crude Birth Rate	1984-91	2002-04
	40.00	23.21**
	31.3.1997	31.3.06 (P)
CPR	31.20	52.30
	1999-2000	31.12.2007
Population Served Per Medical Institution	3742	4733
Population Served Per Bed	1871	1868

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	5.95	3.08**
Gender ratio: All	870	889
Rural	852	889
Urban	866	889
Juvenile sex ratio (ages 0 to 6 year)	864	902
Gender ratio in SC	858	899
Gender ratio in ST	855	877
Workers participation rate (Female)	28.20	35.55
Mean age of marriage (years)	16.40	16.60**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	32657	41110
	1998-99	2004-05
% Electrified villages	105.70	96.47
	1998	2006-07
Road (PWD) length per 100 sq km.	28.66	36.31
	1998-99	31-12-07
% Villages with drinking water facilities	99.00	99.72

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	4431	15337

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	2.06	2.12
	1997-98	2005-06
Cropping intensity	124.14	124.42
	1995-96	2005-06
Forest area according to Land Utilisation %	24.00	15.84
	1998-99	2005-06
Net Area sown %	57.80	80.37
Gross irrigated area %	33.40	57.80

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	38.40	42.00
Rural	40.40	45.58
Urban	27.10	26.76
Share of Primary sector (%)	77.50	72.30
Share of secondary & tertiary sectors (%)	22.50	27.70

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04 (P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006

HUMAN DEVELOPMENT INDICES

Karauli

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.584	0.566
Rank in Rajasthan: HDI	8	25
POPULATION	1991	2001
Total population	927719	1209665
Rural population (%)	86.40	85.79
Urban population (%)	13.60	14.21
Male population (%)	0	53.90
Female population (%)	0	46.10
% Population of scheduled caste	23.00	23.16
% Population of scheduled tribe	23.00	22.37
Density (per sq.Km)	168	218
Decadal growth rate (1991-2001)	28.66	30.39
EDUCATION	1991	2001
Literacy rate all (%)	37.00	63.38
Literacy rate (M)	55.20	79.54
Literacy rate (F)	16.10	44.39
Literacy rate (Rural) (M)	50.80	79.00
Literacy rate (Urban) (M)	76.30	82.74
Literacy rate (Rural) (F)	9.80	42.77
Literacy rate (Urban) (F)	41.80	53.78
DISTRICT INFORMATION	1991	2001
Total Area (Sq.Km)	0	5524
Total Villages	0	798
Inhabited Villages 2001	750	755
Uninhabited Villages 2001	0	43
Number of Gram Panchayat 2002	224	224
Number of CD Blocks 2002	5	5
Towns 2002	3	3
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	23.70	35.18
Safe drinking water	37.90	98.64
Toilet facilities	11.10	15.01
HEALTH		
Infant Mortality rate	1991	2002-04
	79.00	55.55**
	1991	2001
Life Expectancy at Birth (years)	62.60	54.81*
Crude Birth Rate	1984-91	2002-04
	40.00	22.70**
	31.3.1997	31.3.06 (P)
CPR	0	53.30
	1999-2000	31.12.2007
Population Served Per Medical Institution	3638	4599

Population Served Per Bed	1991	2349
WOMEN AND CHILD		
	1991	2001
Total fertility rate (2002-04)	5.95	3.30**
Gender ratio: All	840	855
Rural	852	852
Urban	866	877
Juvenile sex ratio (ages 0 to 6 year)	864	873
Gender ratio in SC	858	861
Gender ratio in ST	855	854
Workers participation rate (Female)	28.20	34.22
Mean age of marriage (years)	16.40	16.80**
INFRASTRUCTURE / FACILITIES		
	1997-98	31-12-07
Rural population services per PHC	32657	38434
	1998-99	2004-05
% Electrified villages	91.10	93.36
	1998	2006-07
Road (PWD) length per 100 sq km.	24.96	32.30
	1998-99	31-12-07
% Villages with drinking water facilities	99.00	100.00
INCOME AND POVERTY		
	1992-93	2004-05
Per capita income Rs.	4431	14258
LAND USE		
	1995-96	2000-01
Average land holding (Hect.)	2.06	1.63
	1997-98	2005-06
Cropping intensity	149.31	152.49
	1995-96	2005-06
Forest area according to Land Utilisation %	24.00	34.16
	1998-99	2005-06
Net Area sown %	39.60	65.58
Gross irrigated area %	28.70	40.99
EMPLOYMENT		
	1991	2001
Workers participation rate (%)		
All	38.40	39.94
Rural	40.40	41.94
Urban	27.10	27.86
Share of primary sector (%)	77.50	71.60
Share of secondary & tertiary sectors (%)	22.50	28.30

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04

(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006

HUMAN DEVELOPMENT INDICES

Dholpur

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.503	0.497
Rank in Rajasthan: HDI	28	30
POPULATION	1991	2001
Total population	749479	983258
Rural population (%)	82.80	82.04
Urban population (%)	17.20	17.96
Male population (%)	55.70	54.73
Female population (%)	44.30	45.27
% Population of scheduled caste	20.20	20.13
% Population of scheduled tribe	4.60	4.84
Density (per sq.Km)	247	324
Decadal growth rate (1991-2001)	28.10	31.19
EDUCATION	1991	2001
Literacy rate all (%)	35.10	60.13
Literacy rate (M)	50.50	75.09
Literacy rate (F)	15.30	41.84
Literacy rate (Rural) (M)	47.10	74.51
Literacy rate (Urban) (M)	66.60	77.67
Literacy rate (Rural) (F)	9.90	38.89
Literacy rate (Urban) (F)	39.40	54.19
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	3034	3033
Total Villages	569	802
Inhabited Villages 2001	551	786
Uninhabited Villages 2001	18	16
Number of Gram Panchayat 2002	153	153
Number of CD Blocks 2002	4	4
Towns 2002	3	3
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	19.30	34.71
Safe drinking water	38.30	99.27
Toilet facilities	10.80	14.80
HEALTH		
Infant Mortality rate	1991	2002-04
	107.00	67.58**
	1991	2001
Life Expectancy at Birth (years)	58.80	53.23*
Crude Birth Rate	1984-91	2002-04
	40.40	26.53**
	31.3.1997	31.3.06 (P)
CPR	27.30	39.60
	1999-2000	31.12.2007
Population Served Per Medical Institution	3747	4892

Population Served Per Bed	1855	1807
WOMEN AND CHILD		
	199	200
Total fertility rate (2002-04)	6.3	3.96*
Gender ratio: All	79	82
Rural	78	82
Urban	84	85
Juvenile sex ratio (ages 0 to 6 year)	91	86
Gender ratio in SC	78	83
Gender ratio in ST	80	83
Workers participation rate (Female)	6.6	33.9
Mean age of marriage (years)	16.8	17.40*
INFRASTRUCTURE / FACILITIES		
	1997-9	31-12-0
Rural population services per PHC	2806	3841
	1998-9	2004-0
% Electrified villages	88.6	69.9
	199	2006-0
Road (PWD)length per 100 sq km.	36.4	46.5
	1998-9	31-12-0
% Villages with drinking water facilities	100.0	100.0
INCOME AND POVERTY	1992-9	2004-0
Per capita income Rs.	340	1089
LAND USE	1995-9	2000-0
Average land holding (Hect.)	1.5	1.4
	1997-9	2005-0
Cropping intensity	130.5	139.1
	1995-9	2005-0
Forest area according to Land Utilisation %	6.9	8.9
	1998-9	2005-0
Net Area sown %	50.0	71.8
Gross irrigated area %	36.6	51.6
EMPLOYMENT	199	200
Workers participation rate (%)		
All	29.6	43.6
Rural	30.5	46.4
Urban	25.1	30.9
Share of primary sector (%)	80.3	56.4
Share of secondary & tertiary sectors (%)	19.7	43.7

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
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HUMAN DEVELOPMENT INDICES

Bharatpur

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.561	0.604
Rank in Rajasthan: HDI	15	19
POPULATION	1991	2001
Total population	1651584	2101142
Rural population (%)	80.60	80.54
Urban population (%)	19.40	19.46
Male population (%)	54.59	53.94
Female population (%)	45.41	46.06
% Population of scheduled caste	21.60	21.70
% Population of scheduled tribe	2.30	2.24
Density (per sq.Km)	326	414
Decadal growth rate (1991-2001)	27.14	27.22
EDUCATION	1991	2001
Literacy rate all (%)	43.00	63.57
Literacy rate (M)	62.10	80.54
Literacy rate (F)	19.60	43.56
Literacy rate (Rural) (M)	58.40	79.12
Literacy rate (Urban) (M)	77.10	86.19
Literacy rate (Rural) (F)	12.50	39.06
Literacy rate (Urban) (F)	47.30	60.95
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	5066	5066
Total Villages	1454	1472
Inhabited Villages 2001	1345	1366
Uninhabited Villages 2001	109	106
Number of Gram Panchayat 2002	372	371
Number of CD Blocks 2002	9	9
Towns 2002	10	9
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	29.50	54.39
Safe drinking water	26.00	99.40
Toilet facilities	12.80	18.77
HEALTH		
Infant Mortality rate	1991	2002-04
	78.00	64.57**
	1991	2001
Life Expectancy at Birth (years)	63.00	53.23*
Crude Birth Rate	1984-91	2002-04
	35.00	28.27**
	31.3.1997	31.3.06 (P)
CPR	38.30	34.10

	1999-2000	31.12.2007
Population Served Per Medical Institution	3771	4414
Population Served Per Bed	1583	1653
WOMEN AND CHILD	199	200
Total fertility rate (2002-04)	5.3	3.87*
Gender ratio: All	83	85
Rural	82	85
Urban	85	86
Juvenile sex ratio (ages 0 to 6 year)	87	87
Gender ratio in SC	82	84
Gender ratio in ST	83	86
Workers participation rate (Female)	21.6	32.9
Mean age of marriage (years)	17.2	17.60*
INFRASTRUCTURE / FACILITIES	1997-9	31-12-0
Rural population services per PHC	2634	3021
	1998-9	2004-0
% Electrified villages	99.4	98.7
	199	2006-0
Road (PWD)length per 100 sq km.	38.2	48.0
	1998-9	31-12-0
% Villages with drinking water facilities	99.3	99.7
INCOME AND POVERTY	1992-9	2004-0
Per capita income Rs.	397	1350
LAND USE	1995-9	2000-0
Average land holding (Hect.)	1.7	1.7
	1997-9	2005-0
Cropping intensity	137.3	144.2
	1995-9	2005-0
Forest area according to Land Utilisation %	5.1	5.9
	1998-9	2005-0
Net Area sown %	77.7	69.3
Gross irrigated area %	34.4	55.1
EMPLOYMENT	199	200
Workers participation rate (%)		
All	34.8	40.5
Rural	36.6	43.6
Urban	27.4	28.0
Share of primary sector (%)	72.5	74.1
Share of secondary & tertiary sectors (%)	27.5	25.9

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04

(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare

HUMAN DEVELOPMENT INDICES

Alwar

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.592	0.744
Rank in Rajasthan: HDI	5	6
POPULATION	1991	2001
Total population	2296580	2992592
Rural population (%)	86.10	85.47
Urban population (%)	13.90	14.53
Male population (%)	53.19	53.02
Female population (%)	46.81	46.98
% Population of scheduled caste	17.80	18.01
% Population of scheduled tribe	8.10	8.02
Density (per sq.Km)	274	357
Decadal growth rate (1991-2001)	30.82	30.31
EDUCATION	1991	2001
Literacy rate all (%)	43.10	61.74
Literacy rate (M)	61.00	78.09
Literacy rate (F)	22.50	43.28
Literacy rate (Rural) (M)	56.80	75.74
Literacy rate (Urban) (M)	84.90	90.58
Literacy rate (Rural) (F)	16.70	38.54
Literacy rate (Urban) (F)	57.90	70.35
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	8380	8380
Total Villages	1991	1994
Inhabited Villages 2001	1946	1954
Uninhabited Villages 2001	45	40
Number of Gram Panchayat 2002	478	478
Number of CD Blocks 2002	14	14
Towns 2002	8	9
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	29.40	52.36
Safe drinking water	48.60	99.07
Toilet facilities	13.10	19.74
HEALTH		
Infant Mortality rate	1991	2002-04
	101.00	45.51**
	1991	2001
Life Expectancy at Birth (years)	63.20	49.96*
Crude Birth Rate	1984-91	2002-04
	35.00	19.75**
	31.3.1997	31.3.06 (P)
CPR	37.10	41.10

	1999-2000	31.12.2007
Population Served Per Medical Institution	4043	5013
Population Served Per Bed	1484	1786
WOMEN AND CHILD		
	199	200
Total fertility rate (2002-04)	5.0	2.65*
Gender ratio: All	88	88
Rural	88	89
Urban	83	83
Juvenile sex ratio (ages 0 to 6 year)	87	88
Gender ratio in SC	88	89
Gender ratio in ST	87	87
Workers participation rate (Female)	3	43.8
Mean age of marriage (years)	16.9	17.80*
INFRASTRUCTURE / FACILITIES		
	1997-9	31-12-0
Rural population services per PHC	2761	3503
	1998-9	2004-0
% Electrified villages	98.9	97.6
	199	2006-0
Road (PWD)length per 100 sq km.	34.9	47.0
	1998-9	31-12-0
% Villages with drinking water facilities	99.6	99.8
INCOME AND POVERTY		
	1992-9	2004-0
Per capita income Rs.	527	1954
LAND USE		
	1995-9	2000-0
Average land holding (Hect.)	1.8	1.6
	1997-9	2005-0
Cropping intensity	150.1	160.2
	1995-9	2005-0
Forest area according to Land Utilisation %	6.3	10.1
	1998-9	2005-0
Net Area sown %	66.2	62.4
Gross irrigated area %	38.7	65.8
EMPLOYMENT		
	199	200
Workers participation rate (%)		
All	40.4	48.7
Rural	42.2	51.6
Urban	29.1	31.8
Share of primary sector (%)	73.0	70.9
Share of secondary & tertiary sectors (%)	27.0	29.1

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04

(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family

HUMAN DEVELOPMENT INDICES

Churu

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.537	0.606
Rank in Rajasthan: HDI	18	18
POPULATION	1991	2001
Total population	1543211	1923878
Rural population (%)	71.10	72.13
Urban population (%)	28.90	27.87
Male population (%)	51.63	51.34
Female population (%)	48.37	48.66
% Population of scheduled caste	20.10	21.17
% Population of scheduled tribe	0.50	0.52
Density (per sq.Km)	92	114
Decadal growth rate (1991-2001)	30.84	24.67
EDUCATION	1991	2001
Literacy rate all (%)	34.80	66.81
Literacy rate (M)	51.30	79.69
Literacy rate (F)	17.30	53.35
Literacy rate (Rural) (M)	43.60	77.89
Literacy rate (Urban) (M)	69.80	84.14
Literacy rate (Rural) (F)	9.30	50.93
Literacy rate (Urban) (F)	36.90	59.46
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	16830	16830
Total Villages	965	979
Inhabited villages 2001	926	946
Uninhabited Villages 2001	39	33
Number of Gram Panchayat 2002	279	279
Number of CD Blocks 2002	7	7
Towns 2002	11	11
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	36.20	49.44
Safe drinking water	60.10	85.19
Toilet facilities	15.50	38.94
HEALTH		
Infant Mortality rate	1991	2002-04
	64.00	70.20**
	1991	2001
Life Expectancy at Birth (years)	66.80	70.56*
Crude Birth Rate	1984-91	2002-04
	28.50	26.33**
	31.3.1997	31.3.06 (P)
CPR	31.40	45.60

	1999-2000	31.12.2007
Population Served Per Medical Institution	3531	4314
Population Served Per Bed	1289	1676
WOMEN AND CHILD		
	199	200
Total fertility rate (2002-04)	4.1	3.55 ^a
Gender ratio: All	93	94
Rural	94	95
Urban	92	93
Juvenile sex ratio (ages 0 to 6 year)	88	91
Gender ratio in SC	91	91
Gender ratio in ST	87	88
Workers participation rate (Female)	29.3	38.4
Mean age of marriage (years)	15.9	17.10 ^a
INFRASTRUCTURE / FACILITIES		
	1997-9	31-12-0
Rural population services per PHC	2019	2434
	1998-9	2004-0
% Electrified villages	95.8	95.8
	199	2006-0
Road (PWD)length per 100 sq km.	17.4	19.9
	1998-9	31-12-0
% Villages with drinking water facilities	99.1	100.0
INCOME AND POVERTY		
	1992-9	2004-0
Per capita income Rs.	317	1111
LAND USE		
	1995-9	2000-0
Average land holding (Hect.)	9.5	8.0
	1997-9	2005-0
Cropping intensity	121.9	121.8
	1995-9	2005-0
Forest area according to Land Utilisation %	0.4	0.4
	1998-9	2005-0
Net Area sown %	82.5	82.1
Gross irrigated area %	3.3	5.7
EMPLOYMENT		
	199	200
Workers participation rate (%)		
All	38.6	44.3
Rural	44.0	50.8
Urban	25.3	27.6
Share of primary sector (%)	77.1	76.9
Share of secondary & tertiary sectors (%)	22.9	23.1

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04

(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare

HUMAN DEVELOPMENT INDICES**Bikaner**

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.592	0.779
Rank in Rajasthan: HDI	6	3
POPULATION	1991	2001
Total population	1211140	1674271
Rural population (%)	60.30	64.46
Urban population (%)	39.70	35.54
Male population (%)	53.05	52.92
Female population (%)	46.95	47.08
% Population of scheduled caste	18.60	19.96
% Population of scheduled tribe	0.30	0.36
Density (per sq.Km)	44	61
Decadal growth rate (1991-2001)	42.70	38.24
EDUCATION	1991	2001
Literacy rate all (%)	41.70	56.91
Literacy rate (M)	54.60	70.05
Literacy rate (F)	27.00	42.03
Literacy rate (Rural) (M)	37.60	61.11
Literacy rate (Urban) (M)	78.70	84.74
Literacy rate (Rural) (F)	8.80	28.44
Literacy rate (Urban) (F)	53.50	64.90
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	27244	27244
Total Villages	650	778
Inhabited Villages 2001	580	712
Uninhabited Villages 2001	70	66
Number of Gram Panchayat 2002	189	189
Number of CD Blocks 2002	4	4
Towns 2002	4	3
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	47.00	51.00
Safe drinking water	59.00	71.44
Toilet facilities	34.60	44.21
HEALTH		
Infant Mortality rate	1991	2002-04
	60.00	55.06**
	1991	2001
Life Expectancy at Birth (years)	68.80	75.39*
Crude Birth Rate	1984-91	2002-04
	35.40	29.89**
	31.3.1997	31.3.06 (P)
CPR	28.90	50.00
	1999-2000	31.12.2007

Population Served Per Medical Institution	4310	4349
Population Served Per Bed	686	726
WOMEN AND CHILD		
	199	200
Total fertility rate (2002-04)	4.9	3.52*
Gender ratio: All	88	89
Rural	89	89
Urban	87	87
Juvenile sex ratio (ages 0 to 6 year)	89	91
Gender ratio in SC	88	89
Gender ratio in ST	69	81
Workers participation rate (Female)	20.9	27.5
Mean age of marriage (years)	16.5	17.00*
INFRASTRUCTURE / FACILITIES		
	1997-9	31-12-0
Rural population services per PHC	2320	2767
	1998-9	2004-0
% Electrified villages	99.1	76.2
	199	2006-0
Road (PWD)length per 100 sq km.	13.3	17.2
	1998-9	31-12-0
% Villages with drinking water facilities	95.9	99.0
INCOME AND POVERTY	1992-9	2004-0
Per capita income Rs.	440	1863
LAND USE	1995-9	2000-0
Average land holding (Hect.)	10.8	10.1
	1997-9	2005-0
Cropping intensity	110.3	110.6
	1995-9	2005-0
Forest area according to Land Utilisation %	2.8	2.7
	1998-9	2005-0
Net Area sown %	43.8	90.4
Gross irrigated area %	15.8	25.0
EMPLOYMENT	199	200
Workers participation rate (%)		
All	35.8	39.5
Rural	41.7	45.4
Urban	27.0	28.7
Share of primary sector (%)	61.9	61.4
Share of secondary & tertiary sectors (%)	38.1	38.6

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006

HUMAN DEVELOPMENT INDICES

Hanumangarh

	HDR 1999	HD Update 2008
Human Development index (HDI)	0.644	0.761
Rank in Rajasthan: HDI	2	5
POPULATION	1991	2001
Total population	1220333	1518005
Rural population (%)	82.10	80.00
Urban population (%)	17.90	20.00
Male population (%)	0	52.8
Female population (%)	0	47.2
% Population of scheduled caste	25.30	26.13
% Population of scheduled tribe	0.40	0.66
Density (per sq.Km)	96	157
Decadal growth rate (1991-2001)	29.03	24.39
EDUCATION	1991	2001
Literacy rate all (%)	31.00	63.05
Literacy rate (M)	42.80	75.18
Literacy rate (F)	17.80	49.56
Literacy rate (Rural) (M)	50.10	73.35
Literacy rate (Urban) (M)	74.20	82.27
Literacy rate (Rural) (F)	19.50	46.27
Literacy rate (Urban) (F)	52.40	62.57
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	0	9656
Total Villages	0	1905
Inhabited Villages 2001	1700	1773
Uninhabited Villages 2001	0	132
Number of Gram Panchayat 2002	251	251
Number of CD Blocks 2002	3	3
Towns 2002	6	6
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	42.20	59.46
Safe drinking water	60.40	74.85
Toilet facilities	53.10	80.13
HEALTH		
Infant Mortality rate	1991	2002-04
	54.00	63.90**
	1991	2001
Life Expectancy at Birth (years)	70.10	62.79*
Crude Birth Rate	1984-91	2002-04
	32.80	18.92**
	31.3.1997	31.3.06 (P)
CPR	0	71
	1999-2000	31.12.2007
Population Served Per Medical Institution	4266	4545
Population Served Per Bed	1937	2091

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	4.22	2.20**
Gender ratio: All	891	894
Rural	883	898
Urban	855	879
Juvenile sex ratio (ages 0 to 6 year)	906	872
Gender ratio in SC	888	901
Gender ratio in ST	818	869
Workers participation rate (Female)	19.90	29.89
Mean age of marriage (years)	17.60	17.90**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	27914	31140
% Electrified villages	79.10	95.22
Road (PWD)length per 100 sq km.	16.77	18.02
% Villages with drinking water facilities	94.40	99.72

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	7386	18940

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	6.02	5.70
Cropping intensity	138.90	139.10
Forest area according to Land Utilisation %	0.80	1.86
Net Area sown %	87.40	71.89
Gross irrigated area %	47.10	55.69

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	37.20	41.39
Rural	39.60	44.59
Urban	28.30	28.60
Share of primary sector (%)	72.30	75.90
Share of secondary & tertiary sectors (%)	27.70	24.00

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006

HUMAN DEVELOPMENT INDICES

Ganganagar

	HDR 1999	HD Up-date 2008
Human Development index (HDI)	0.656	0.809
Rank in Rajasthan: HDI	1	1
POPULATION	1991	2001
Total population	1402444	1789423
Rural population (%)	75.50	74.66
Urban population (%)	24.50	25.34
Male population (%)	53.27	53.39
Female population (%)	46.73	46.61
% Population of scheduled caste	33.30	33.72
% Population of scheduled tribe	0.30	0.82
Density (per sq.Km)	176	163
Decadal growth rate (1991-2001)	29.36	27.59
EDUCATION	1991	2001
Literacy rate all (%)	41.80	64.74
Literacy rate (M)	55.30	75.53
Literacy rate (F)	26.40	52.44
Literacy rate (Rural) (M)	50.10	72.23
Literacy rate (Urban) (M)	74.20	84.80
Literacy rate (Rural) (F)	19.50	47.19
Literacy rate (Urban) (F)	52.40	67.81
DISTRICT INFORMATION	1991	2001
Total Area(Sq.Km)	20634	10978
Total Villages	4920	3014
Inhabited Villages 2001	4438	2830
Uninhabited Villages 2001	482	184
Number of Gram Panchayat 2002	320	320
Number of CD Blocks 2002	7	7
Towns 2002	10	12
HOUSE HOLD STATUS (%)	1991	2001
Households with access to		
Electricity	42.20	63.28
Safe drinking water	60.40	76.40
Toilet facilities	53.10	80.90
HEALTH		
Infant Mortality rate	1991	2002-04
	54.00	42.79**
	1991	2001
Life Expectancy at Birth (years)	70.10	69.79*
Crude Birth Rate	1984-91	2002-04
	32.80	21.06**
	31.3.1997	31.3.06 (P)
CPR	38.30	52.50
	1999-2000	31.12.2007
Population Served Per Medical Institution	3270	4364
Population Served Per Bed	1601	1864

WOMEN AND CHILD

	1991	2001
Total fertility rate (2002-04)	4.22	2.10**
Gender ratio: All	865	873
Rural	883	883
Urban	855	845
Juvenile sex ratio (ages 0 to 6 year)	906	850
Gender ratio in SC	888	903
Gender ratio in ST	818	855
Workers participation rate (Female)	19.90	24.96
Mean age of marriage (years)	17.60	18.90**

INFRASTRUCTURE / FACILITIES

	1997-98	31-12-07
Rural population services per PHC	27914	33402
	1998-99	2004-05
% Electrified villages	62.00	95.12
	1998	2006-07
Road (PWD)length per 100 sq km.	21.84	16.41
	1998-99	31-12-07
% Villages with drinking water facilities	88.80	99.72

INCOME AND POVERTY

	1992-93	2004-05
Per capita income Rs.	7386	20322

LAND USE

	1995-96	2000-01
Average land holding (Hect.)	7.32	7.42
	1997-98	2005-06
Cropping intensity	139.17	137.04
	1995-96	2005-06
Forest area according to Land Utilisation %	5.10	5.53
	1998-99	2005-06
Net Area sown %	72.60	72.97
Gross irrigated area %	78.80	89.59

EMPLOYMENT

	1991	2001
Workers participation rate (%)		
All	37.20	40.22
Rural	39.60	43.38
Urban	28.30	30.91
Share of primary sector (%)	72.30	60.70
Share of secondary & tertiary sectors (%)	27.70	39.30

Sources: *Rajasthan Health Scenario, Indian Institute of Health Management & Research, Jaipur

** District Level Household Survey, Directorate of Medical & Health, Govt of Rajasthan 2002-04
(P) Provisional according to Quarterly Bulletin on Demographic Indicators & Process of Family Welfare & National Rural Health Mission, Directorate of Medical, Health & Family Welfare Services, Govt of Rajasthan, July 2006