

Chapter IX: Conclusion and way ahead

In terms of most human development indicators Birbhum trails behind most of the other districts of West Bengal. If the recent trends in these indicators showed signs of acceleration we could predict with some confidence that the relative distance between the district and the rest would soon come down. Unfortunately no such trend is discernible.

One of the important issues that have bearing on the progress of human development indicators is the pace of urbanization. Birbhum has experienced almost no growth in urbanization in the recent period. As it is the case for the entire country, except perhaps for Kerala, there are substantial rural-urban gaps in human development indicators in West Bengal. As a consequence, districts with higher percentage of urban population usually show up better human development achievement.

Another specific demographic feature that influences Birbhum's progress in human development is high proportion of traditionally disadvantaged people, viz. SC and ST in total population. Specific blocks with very high population of any of these groups need special attention. It is heartening to observe that the benefits of the redistributive mechanisms, such as various poverty alleviation and other livelihood security oriented schemes have largely gone to these groups. The distribution of land patta, for example, benefited more SC and ST households than their share in total households.

On literacy and elementary education much progress has been made in the recent past. However, to reduce the relative distance from other districts, faster progress has to be made. One worrying aspect of illiteracy is that a substantial number of persons in the age group 15 to 24 were found to be illiterate in 2001, which means that they are now in the prime of their working life being in the age group 22 to 31. Unless a concerted effort is taken to impart basic literacy skills at least to this group of adults, they will be figured as illiterate in the next couple of Censuses. In other words, there will remain a large residual group of illiterates in the years to come, even if we assume that no new addition to the number of illiterates occur in future.

In development policy discourse education has a primacy of place as it is believed that education has a fundamental role in income generation and there are many other ways in which education is thought to promote and sustain human development. To understand the possibility of better educational attainment, it is important to understand various inputs as components of education infrastructure and their potential contribution to education outcome. We have presented an analysis of education infrastructure and ranked blocks in term of these indicators. It throws important insight into what need to be done in different parts of the district. While overcrowding of classrooms and inadequacy of teachers is the problem in blocks like Murarai-I and II, in Rajnagar the small class size makes it too expensive to provide adequate number of teachers in each and every school, which makes the task of reducing inter-block disparity more difficult than it seems.

As far as the health care sector is concerned, what really comes in the way of objective evaluation of the state of affairs is a serious lack of adequate and usable data. The progress in the technology of data storing and analyzing has not been matched by a systematic thinking on how and in what form the data should be collected and collated so as to facilitate analysis of population health. Despite all the limitations of the data, we could be able to make a few important observations on the overall health infrastructure, its distribution across space, and relate them to a select number of indicators of health outcome. It has been found in the analysis that there is a substantial gap between demand and supply of healthcare infrastructure, both physical and manpower, especially among the blocks of Rampurhat sub-division. Though the percentage of institutional deliveries has been increasing during the recent years, other aspects of maternal health such as provisioning of ante-natal care, post-natal care have to be improved and require special attention from the Health Department of the district. Due to paucity of time-series data, the trend of infant death per 1,000 live-births could not be established, the present trend of other child health indicators such as incidence of low birth weight, achievement of complete immunization etc. suggest that there has not been much improvement on infant and child health in the recent years. Special effort from Health Department is needed to improve maternal and child health indicators in the district. Though the prevalence of communicable diseases has been declining consistently during the recent years, the data suggest that prevalence of some of the communicable diseases such as leprosy, tuberculosis, filaria and malaria are still significantly high.

There is an impression among the concerned people that dependence on agriculture has come down and people are now engaged in more diverse activities than before. While it is indeed the case that the dependence on agriculture has reduced, the extent of this reduction is not as large as one tends to believe. What is really worrying is that while work participation has increased over the past decade, the increase is largely in the category of agricultural workers. What is, therefore, needed is an effort in diversification of economic activities. Even the agricultural activities are overwhelmingly rice-based. From the cultivator's point of view it makes rational sense to continue with rice given the uncertainties involved in new initiatives. The agrarian people have to be safeguarded against the higher risk in switching to alternative income generation activities.

Birbhum has a potential for development in certain areas that could provide livelihood to a wider range of people. The three areas that have been identified are horticulture, cottage and handicrafts, and tourism. Although a human development report is not expected to enter into the area of economic planning, we discussed these possibilities in the context of people's livelihood opportunities.

We finally discussed a very important issue in the context of human development, viz. governance and service delivery. We analysed various initiatives in achieving better coordination among different government departments. One such initiative is Community Health Care Monitoring Initiative, which is intended to involve the local community through the Panchayati Raj Institutions to monitor public health issues at the community level. This should be further strengthened.

Finally, with much hesitation, we conclude with the presentation of an overall assessment of blocks in terms of certain indicators. For education outcome we have taken a composite index of literacy rate and enrolment; for health, we have taken a composite index of infant survival and institutional delivery; and for living standard we have taken the percentage of agricultural worker in total workers (main plus marginal). By applying the UNDP methodology we have computed the composite index of achievement which can roughly be called the Human Development Index (HDI). The ranking that we have obtained do not conform to our understanding based on the detailed analysis

presented in the previous chapters. The data on enrolment have been indirectly calculated from the information on the number of out-of-school children. The values of all the component indicators have been presented in Table 9.1.

Table 9.1 Select indicators for construction of composite index of human development

Blocks	Literacy Rates	Percentage of Children Out of School	Net Enrollment	Percentage of Institutional Delivery	Infant Death / 1000 LB	Percentage of Agricultural Workers
MURARAI-I	46.6	30.83	69.17	51.2	5.2	35.1
MURARAI-II	46.2	18.9	81.1	17	17.8	38.5
NALHATI-I	63.7	13.27	86.73	15.3	5	38
NALHATI-II	61.7	9.27	90.73	6.1	2.3	40.6
RAMPURHAT-I	61.9	18.05	81.95	3.7	19.4	38.4
RAMPURHAT-II	63.5	14.47	85.53	10.4	15.1	39.4
MAYURESWAR-I	65.4	15.79	84.21	29.5	33.4	44.0
MAYURESWAR-II	62.8	12.69	87.31	46	5.9	39.2
Md. BAZAR	55.1	25.02	74.98	18.5	20.5	40.6
RAJNAGAR	58.3	27.07	72.93	50.6	17.9	34.0
SURI-I	62.5	20.8	79.2	15.2	28.4	28.0
SURI-II	63.9	15.9	84.1	26	24.1	40.3
SAINTHIA	64.4	18.89	81.11	54	18.4	46.8
LABHPUR	62.1	20.06	79.94	49.6	18.3	38.8
NANOOR	61.2	19.68	80.32	48.2	12.4	40.1
BOLPUR-SRINIKETAN	60.0	16.46	83.54	45.7	28.8	43.9
ILLAMBAZAR	63.0	21.2	78.8	23.8	27.7	44.2
DUBRAJPUR	56.8	29.06	70.94	40.9	4.7	40.2
KHOYRASOL	60.6	32.24	67.76	11.3	13.5	34.3

It seems that the out-of-school children data and the information of infant survival are somewhat imperfect. While for some indicators, viz. literacy rates, net enrolment and percentage of institutional delivery, higher the value of the indicator higher is the level of achievement, for the other indicators, such as percentage of children out of school, infant death per thousand live birth and

percentage of agricultural workers, higher the value lower is the level of achievement. While preparing the composite index we kept this in mind. The aggregation of three components of this kind to rank blocks, in our judgment does not make much sense. Amartya Sen repeatedly cautioned us against pointless aggregation: “The passion for aggregation makes good sense in many contexts, but it can be futile or pointless in others. Indeed, the primary view of the living standard is in terms of a collection of functioning and capabilities, with the overall ranking being the secondary view” (Sen, 1987).

Table 9.2: HDI ranking of blocks

Blocks	Index of Education	Index of Health	Index of Living standard	HDI	Rank
MAYURESWAR - II	0.81	0.86	0.36	0.68	1
NALHATI - I	0.94	0.57	0.43	0.65	2
RAJNAGAR	0.52	0.72	0.62	0.62	3
SURI - I	0.73	0.19	0.90	0.61	4
NANOOR	0.71	0.78	0.32	0.60	5
LABHPUR	0.70	0.7	0.39	0.60	6
MURARAI - I	0.28	0.93	0.56	0.59	7
NALHATI - II	0.92	0.52	0.30	0.58	8
RAMPURHAT - II	0.95	0.36	0.35	0.56	9
DUBRAJPUR	0.48	0.83	0.32	0.54	10
SURI - II	0.90	0.37	0.31	0.53	11
SAINTHIA	0.76	0.74	0.00	0.50	12
RAMPURHAT - I	0.75	0.23	0.41	0.46	13
KHOYRASOL	0.37	0.4	0.60	0.46	14
BOLPUR-SRINIKETAN	0.71	0.49	0.14	0.45	15
MAYURESWAR - I	0.88	0.26	0.14	0.43	16
ILLAMBAZAR	0.72	0.29	0.13	0.38	17
MOHAMMAD BAZAR	0.49	0.35	0.30	0.38	18
MURARAI - II	0.34	0.38	0.40	0.37	19

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