DADRA AND NAGAR HAVELI

HUMAN DEVELOPMENT REPORT

U.T. ADMINISTRATION OF DADRA & NAGAR HAVELI
Government of India

INSTITUTE FOR HUMAN DEVELOPMENT

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Abbreviations

IGMSY	Indira Gandhi Matritva Sahyog Yojna
APL	Above Poverty Line
ANC	Antenatal Care
BPL	Below Poverty Line
CEB	Census Enumeration Blocks
CHC	Community Health Centre
DNH	Dadra & Nagar Haveli
GDP	Gross Domestic Product
GSDP	Gross State Domestic Product
HD	Human Development
HDI	Human Development Index
HDR	Human Development Report
IGNDPS	Indira Gandhi National Disability Pension Scheme
IGNOPS	Indira Gandhi National Old age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
ICDS	Integrated Child Development Services Scheme
JSY	Janani Suraksha Yojna
JSSK	Janani-Shishu Suraksha/Karyakram
MGNREGA	Mahatma Gandhi Nationa Rural Employment Gurantee Act
MDM	Mid Day Meal Scheme
NCAER	National Council for Applied Economic Research

NFHS	National Family Health Survey
NFSA	National Food Security Act
NHAR	National Health Accounts Report
NSS	National Sample Survey
NSAP	National Social Assistance Programmes
OBC	Other Backward Castes
OOP	Out of Pocket Expenditure
PNC	Post-Natal Care
PHC	Primary Health Centre
PCA	Principal Component Analysis
PPS	Probability Propotional to size
PDS	Public Distribution System
SRS	Sample Registration System
SVY	Saraswati Vidya Yojna
SC	Scheduled Caste
ST	Scheduled Tribe
U.T	Union Territory
UNDP	United Nations Development Programme
WPR	Work Participation Rate

CHAPTER 1

INTRODUCTION

Background

The human development paradigm breaks away from the conventional understanding of economic or income growth as central to the idea of development by emphasising human and individual well-being as the desired and ultimate goal of development. Its central tenet is that economic growth must primarily enhance human freedom, which is intrinsically valuable. Human development thus concerns enlarging people's choices (and freedom) that improves their quality of life. In other words, development is "the expansion of substantive human freedoms … not just…economic growth" (Dreze and Sen 2002: 3).

Freedom in this framework relates to the expansion of peoples' capabilities and choices. To this end, the life of a person is described as a collection of "things that people do" referred to as doings and "the state of being thus achieved" referred to as beings. A combination of sets of doings and beings constitute functioning. 'Functioning' can thus be defined as an individual's achievement i.e. what s/he manages to do or be. Capabilities are further defined as the alternative combinations of functionings from which people choose in order to lead desired lives. Deprivation, measured in terms of lack of capabilities and choices, affects an individual's right to lead a normal and/or desired life, which translates into impoverishment.

In addition to the significance of individual freedom as the desired end of development, enhancement of substantive human freedom is also a ***means*** towards development. In this respect, certain capabilities and capability sets, such as health and education, have both an ***intrinsic*** and an ***instrumental*** value. These are intrinsically important as they enhance the quality of life of a person and are also instrumental to productivity enhancement and growth. In this respect, capabilities of several kinds mutually reinforce each other, such that it is impossible to conceive of one particular aspect of freedom without referring to other aspects.

Under the capability approach, income growth itself is important to the enhancement of substantive human freedom. The emphasis is thus on how growth translates into individual well-being and capability enhancement. In itself, growth may not always translate into greater freedom. This is so because both economic and non-economic factors influence capability enhancement and because the impact of economic growth on capability enhancement is muted in the presence of high levels of inequality and rising levels of unemployment. In this respect, social or government provision of certain goods and services which enhances freedom gains significance.

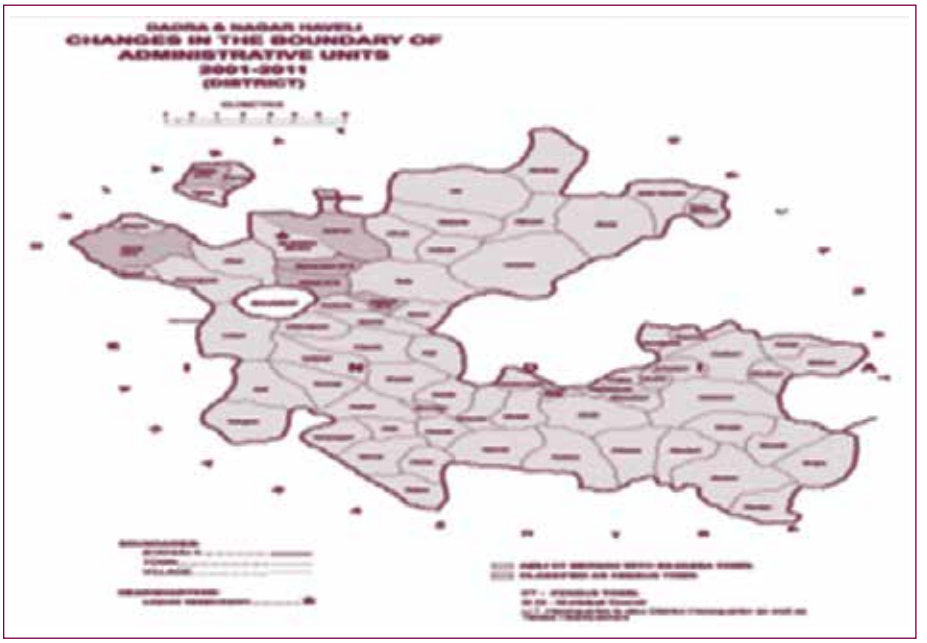
The general quality of life is conditioned by a number of factors like economy and livelihoods, provision of access to basic services like health, education, and infrastructure, environment, and security. This report examines these relevant factors to arrive at an understanding of the state of human development in the Union Territory (U.T.) of Dadra and Nagar Haveli (DNH). While various state governments have undertaken an assessment of human development in their respective territories, U.Ts have not yet

undertaken a similar assessment. This report is the first such exercise for the U.T. of Dadra and Nagar Haveli.

Location

Dadra and Nagar Haveli is a U.T., situated in the western part of India. DNH is land-locked region, situated close to the western coast and at the foothills of the Western Ghats. It is bounded by Valsad district of Gujarat in the north-west and east, and Thane district of Maharashtra in the South and South East. It is composed of two separate enclaves: Dadra ***and*** Nagar Haveli, covering an area of 491 km^2 (48,882 Ha). The climate in DNH is moderate, and generally supports crops as well as enables tourism.

Figure 1.1



Source: Census of India 2011

DNH came into existence in December 1779, after a treaty was signed between the Portuguese and Marathas. The Portuguese ruled the region for about 170 years until its liberation on August 2, 1954 by the volunteers of Goa parties in close cooperation with the local inhabitants. After its liberation, the territory was governed by an Administrator with an Advisor, but soon, steps were taken to associate the local people in the administration with the creation of Varistha Panchayat. Later, a new local body called Free Dadra and Nagar Haveli Administration came into existence, until the U.T. was merged with the Indian Union on August 11, 1961 by the Dadra and Nagar Haveli Act of 1961 (No.35 of 1961).

Political Background

There is no legislature in the UT, though for the political representation there is a district panchayat which comprises elected representatives from the village panchayats. These representatives have been delegated certain powers and duties under Dadra and Nagar Haveli Panchayat Regulations 2012. To implement Panchayati Raj System, 20 Village Panchayats have been constituted consisting of elected representatives. Further, for revenue purposes, the villages have been divided into 20 ***Patelads***. Finally, one seat of Lok Sabha has been allotted to the UT, which is reserved for Scheduled Tribes,as they arethe dominant population in the UT.

Demography

According to the Census of India 2011, DNH has a total population of 343709 persons (Table 1.1), of which, 46.72 per cent reside in the urban areas and the remaining53.27 per cent reside in the countryside. As per the Human Development Survey of 2016, the total population is estimated to have increased to around 5.23 lakhs and now urban population stands at around 55 percent (Table 1.1). From 2001 to 2011, the decadal growth in the population of the U.T. was 55.88 percent. The overall density of population, further, has increased rapidly, rising from 211 persons per sq.km in 1981 to 700 persons per sq.km in 2011. The density is much higher in urban areas at 3,514 persons per sq.km as compared to the rural regions of the U.T.

During the same time period, i.e. 1981-2011, the rate of urbanisation increased from 13 percent to 46.7 percent. Despite a decline in the decadal population growth rate between 2001 and 2011, the growth rate of the urban population has increased by 218 percent during this time period. A plausible reason for this large increase in urban population during 2001 and 2011 appears primarily due to the high male in-migration in DNH.

Table 1.1: Population Trend and Urbanisation in Dadra and Nagar Haveli

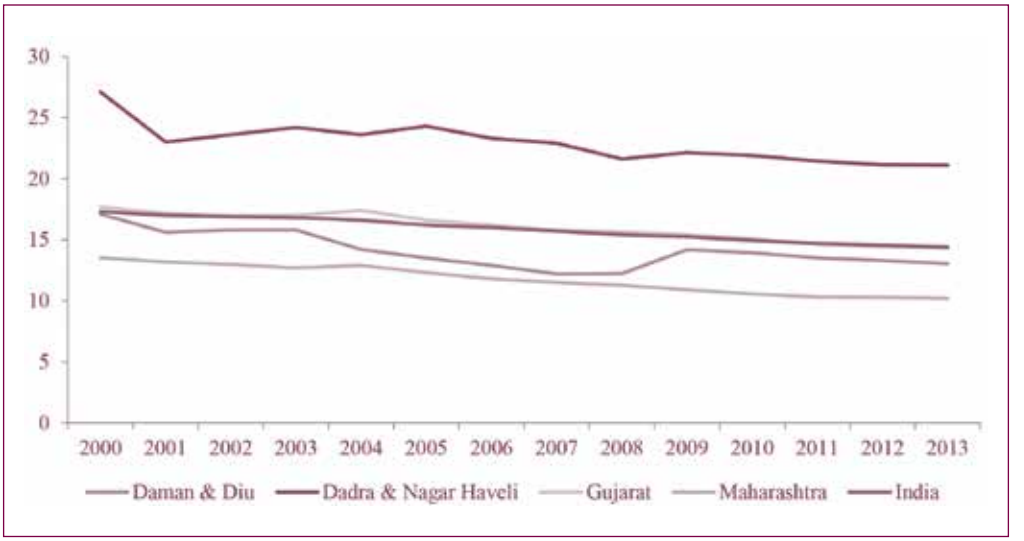
Year	Population	Decadal Growth Rate (%)	Urban	Rural	Urbanisation (%)
(1)	(2)	(3)	(4)	(5)	(6)
1961	57,963	-			
1971	74,170	27.9			
1981	1,03,676	39.7	13,535	90,141	13.0
1991	1,38,477	33.5	24,608	113,869	17.7
2001	2,20,490	59.2	50,463	170,027	22.8
2011	3,43,709	55.8	160,595	183,114	46.7
2016	523,284	-	287,617	235,667	55.0

Source: Census of India, 2011; for 2016, forecast has been presented

Population growth

Trends of (natural) birth and death rates in DNH follow the national trajectories but the numbers are different (Figure 1.2). For instance, during 1995-2000, the birth rate (defined by the number of live births during the year/ mid-year population X 1,000) was above 26 births per 1,000 population. Although there has been a decline in the birth rate to 21 births in 2013, it remains high and it is one of the highest in Indian states. Next, the death rate was above eight deaths per 1,000 population during 1995-96, equivalent to national figures. This rate fell to 4.4/ 1000 in 2013, below than the national average of 7/1000.

Fig. 1.1: Trends in Natural Growth Rate of Population During 2000-2013, Sample Registration System



Sex Ratio

According to Census 2011, the population sex ratio in DNH was 733 females per 1000 males, which is much below the all India figures of 940 females for 1000 males. The sex ratio is much higher for rural regions (863 females per 1000 males), as compared to the urban areas (682 females per 1000 males). The sex ratio, further, declined in the time period between 1981 and 2011, from 974 females per 1000 males to 733 females per 1000 males (Figure 1.2). This decline has been higher for the urban regions as compared to the rural regions, declining by 0.83 per cent in urban regions and 0.43 per cent in rural regions from 1981 to 2011. The decline in the population sex ratio of DNH, further, has been consistent over decades and is in contrast to the general trend in India where sex ratio has improved in recent years.

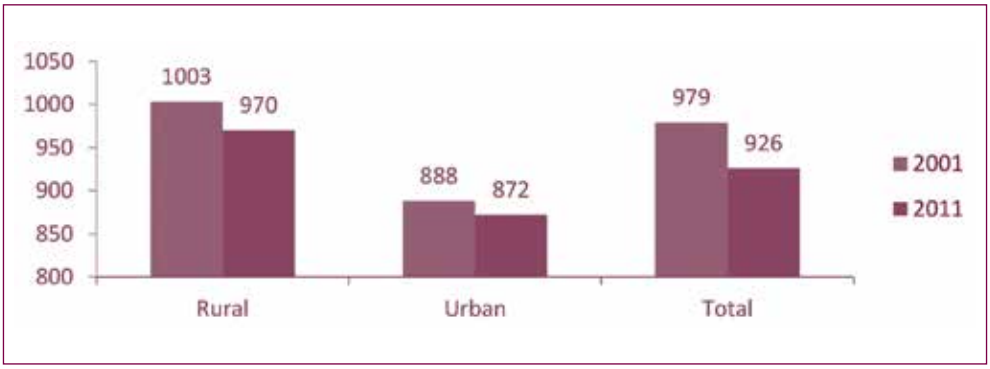
Figure 1.2: Sex Ratio over the Years

	1981	1991	2001	2011
Total Sex Ratio	974	952	812	774
Urban	884	817	691	682
Rural	981	965	852	863

Source: Census of India 2011

The total child population sex ratio of the UT in 2011 was 926 female children per 1000 males, which is marginally better than the all India average. For the rural areas the child sex ratio was 970 females per 1000 males and for the urban regions it was 872 females per 1000 males. An area of concern is that child sex-ratio has also consistently declined from 979 to 926 during 2001 and 2011 (Figure 1.3), declining in both urban and rural areas.

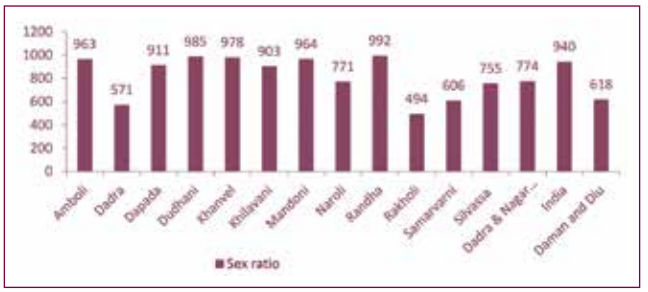
Figure 1.3: Child Sex Ratio in Dadra and Nagar Haveli



Source: Census of India 2011

The population sex ratio also varied considerably within the UT across the different municipalities and panchayats (Figure: 1.4). It was the highest for Randha (992 females per 1000 males) and the lowest for Rakholi (494 females for 1000 males).

Figure 1.4: Panchayat/Municipality wise Sex Ratio in Dadra and Nagar Haveli in 2011



Source: Socio Economic Development of Dadra and Nagar Haveli since its Liberation (2014-15)

Socio-religious composition

According to Census 2011 data, more than half of the population of DNH constitutes of Scheduled Tribes (ST) and other castes (general and OBCs) comprise about 46 per cent of the total population. The scheduled caste population in the UT is merely 1.8 per cent (Table 1.2). The population composition has undergone changes in the recent times, with a decline in the population of STs (along with a marginal decline in the population of SCs) and an increase in the population of other castes.

Table 1.2: Caste Wise Distribution of Total Population (in percentage)

Caste	2001			2011		
	Rural	Urban	Total	Rural	Urban	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Scheduled Caste	1.7	2.5	1.9	0.7	3	1.8
Scheduled Tribe	74.9	19.4	62.2	82.4	16.9	52
Other Castes	23.4	78	35.9	16.9	80.1	46.2

Source: Socio Economic Report 2014-15

In terms of its religious composition, nearly 94 percent of the population of DNH are Hindus. The other religious communities – Muslims, Christians, Budhists, Sikh, Jains etc. comprise the remaining 6 per cent of the population (Table 1.3).

Table 1.3: Populations by Religion in Dadra and Nagar Haveli (in percentage)

Religion	2011	2001
(1)	(2)	(3)
Hindu	93.93	93.52
Muslim	3.76	2.96
Christian	1.49	2.75
Jain	0.35	0.39
Buddhist	0.18	0.21
Sikh	0.06	0.05
Not Stated	0.14	0.08
Other Religion	0.09	0.04

Source: Census of India 2011, Socio Economic Report 2014-15

Literacy

About three quarter of the population in DNH was literate in 2011, albeit, with a wide difference between the male and female literacy rates. The male and female literacy rates were 85 per cent and 64 per cent, respectively. This was marginally higher than the all-India average literacy rate of 74 per cent. There has been a significant improvement in the literacy rate in DNH from 2001 to 2011, increasing from about 58 per cent to 76 per cent. Despite the gap in the male and female literacy rates, the rate of growth of female literacy is higher than that of male literacy (4.8 and 1.82, respectively). In terms of literacy, despite improvements in recent years, the UT continues to lag behind other states and UTs and ranks 20th out of a total of 35 states and UTs.

Table 1.4: Literacy Rate (in percentage)

Year	Literacy	Male Literacy	Female Literacy
(1)	(2)	(3)	(4)
2001	57.63	71.18	40.23
2011	76.24	85.17	64.32

Source: Census of India 2011

Economy

The business and economy of DNH is mainly based on manufacturing industries. There are four industrial estates that the government has set up. The most important products that are manufactured here are electrical fixtures, watches, detergent powder, art-silk fabrics, flooring tiles, textile frames, chemicals etc. In agriculture, the main crops are sorghum, sisam, millets, oilseeds, paddy, ragi, wheat, pulses, sugarcane and tur. The horticulture/fruit crops like mango, chiku, and guava are grown on a large-scale, facilitated by the prevalent congenial agro-climatic conditions. Efforts are also being made to replace the conventional varieties of different crops in favour of high yielding varieties. Next, since a large portion of the land area here is covered by forests; forestry along with agriculture is an important occupation for the rural population.

Gross state domestic product (GSDP)

The Administration of Dadra & Nagar Haveli does not compile the State Domestic Product (GSDP), and hence no recent data is available for DNH. The estimates made by the National Council of Applied Economic Research (NCAER) for the years 2008-09 to 2012-13 have been used for present analysis. The GSDP of DNH at constant prices (2004-05 prices)is shown in Table 1.5. The share of DNH is about 0.15% of India's GDP for the period 2010-11 and 2012-13. The growth in GSDP has varied from one year to another. In 2009-10 the growthrate of GSDP is negative; but it recovered gradually in the years, 2010-11 and 2011-12.In2012-13, the growth rate of DNH GDSP exceeded 10

percent. The years prior to 2010-11, especially 2008-09 and 2009-10, were turbulent years in the Indian economy owing to a global meltdown, and this turbulence showed up in the local economy as well.

Per capita GSDP is very high and tends to reflect an increase in productivity. Per capita GSDP is reported highest in 2008-09 and has dipped significantly in 2009-10 and continued till 2011-12, albeit marginally. However, in 2012-13, it registered increase over 5%. Growth rate of per capita GSDP, however, continued to decline from 2008-09 till 2011-12 (Table-1.5).

Table 1.5: Gross State Domestic Product of Dadra and Nagar Haveli, 2008–09 to 2012–13, Rs. lakh at constant prices (2004–05 prices)

	2008–09	2009–10	2010–11	2011–12	2012–13
(1)	(2)	(3)	(4)	(5)	(6)
Gross Domestic Product at factor cost	7,80,849	7,10,274	7,32,128	7,63,059	8,43,153
Share of Indian GDP (%)	0.19	0.16	0.15	0.15	0.15
Growth Rate of Dadra and Nagar Haveli GSDP (%)	N.A.	–9.0	3.1	4.2	10.5
Per-capita GSDP (Rs per capita)	2,53,787	2,20,825	2,17,735	2,17,080	2,29,450
Growth Rate of Per capita GSDP (%)	N.A.	–13.0	–1.4	–0.3	5.7

Source: NCAER 2016

The GSDP share across sectors clearly shows that manufacturing has overriding share, constituting almost 87%, while other sectors have minuscule share (Table 1.6). The primary and tertiary sectors have been, by and large, sluggish and dormant. Though, manufacturing has highest share in GSDP, yet it has not acted as a prime mover to expand other economic activities. Clearly, there is a disconnect of linkage effect on other economic activities. Financing, Insurance, Real Estate and Business Services and Community, Social and Personnel Services are other important sectors which accounts for 3.4 and 3.7 percent shares in 2012-13.

The share of agriculture, forestry and fishing in the GSDP is only 1.1% in 2012-13, which suggests that the productivity and standards of living of the relatively large population engaged in agriculture could be quite low. In contrast, the share of agriculture, forestry and fishing in GDP is 13.9 percent at all India level for the year 2012-13.

Table 1.6: Sectoral Share (in percentage) of GSDP, Dadra and Nagar Haveli and GDP, India

S. No.	Sector	Dadra and Nagar Haveli			India		
		2008–09	2010–11	2012–13	2008–09	2010–11	2012–13
1	Agriculture, Forestry & Fishing	1.2	1.2	1.1	15.8	14.6	13.9
2	Mining & Quarrying	0.0	0.0	0.0	2.4	2.2	2.0
3	Manufacturing	89.6	87.1	86.6	15.8	16.2	15.8
4	Electricity, Gas & Water Supply	0.2	2.0	1.7	2.0	1.9	1.9
5	Construction	0.7	0.7	1.1	8.0	7.6	7.7
6	Trade, Hotels & Restaurant	1.3	1.3	1.1	16.6	17.0	16.1
7	Transport, Storage & Communications	0.8	1.2	1.2	9.4	10.3	10.7
8	Financing, Insurance, Real Estate & Business Services	2.4	3.2	3.4	16.9	17.3	19.1
9	Community, Social & Personal Services	3.7	3.3	3.7	13.1	12.9	12.8

GSDP growth rate in 2012-13 has registered double digit growth after recording sluggish growth in 2010-11 and 2011-12 and negative growth in 2009-10 (Table 1.7). Manufacturing and agriculture & allied sectors have posted considerable growth about 11% in 2012-13. The other sector, notably financing, insurance, real estate & business services have also reported robust growth at 9% (Table-1.7).The other prominent sector which has registered significant growth is construction in 2011-12, which grew massively. The economic base of DNH, in any case, is small and unless initial thrust is imparted, it would be difficult to achieve a self- generating and cumulative growth.

Table 1.7: Growth Rate of GSDP of DNH, 2008–09 to 2012–13 (in percentage)

Sectors	2009–10	2010–11	2011–12	2012–13
(1)	(2)	(3)	(4)	(5)
Agriculture, Forestry & Fishing	–16.9	14.8	–5.5	10.8
Mining & Quarrying	N.A.	N.A.	N.A.	N.A.
Manufacturing	–10.3	1.5	3.2	11.0
Electricity, Gas & Water Supply	258.2	153.4	–11.5	8.7
Construction	4.3	–7.1	83.4	4.3
Trade, Hotels & Restaurant	–7.4	0.9	–9.0	4.6
Transport, Storage & Communications	11	17.5	11.7	5.2
Financing, Insurance, Real Estate & Business Services	6.5	14.5	14.2	9.0
Community, Social & Personal Services	–8.3	–7.1	21	6.1
Gross Domestic Product at factor cost	–9.0	3.1	4.2	10.5
Source: NCAER, 2016				

The sectoral shares of agriculture, industry and services in the total GSDP show a semblance of structural transformation in an economy: that it has moved from an agricultural economy to an industrial economy. However, it is far from the reality. Historically, any structural transformation is successful when structure of income is

accompanied by corresponding changes in the structure of employment. Clearly, this has not happened looking at the size of workforce engaged in the agriculture and allied activities, which formed about quarter of the workforce in 2011-12 (Table 1.8) with only about 1% contribution to GSDP. This is the case of overcrowding and low productivity syndrome. Also, the tax incentives that have drawn industries here, which are engaging mainly workers from other states.

Table 1.8: Employment Shares across Sectors, 2004–05 and 2011–12, DNH and India

	Dadra and Nagar Haveli		India	
Sectors	2004–05	2011–12	2004–05	2011–12
(1)	(2)	(3)	(4)	(5)
Agriculture	47.8	27.7	62.6	49.7
Industry	29.5	50.4	16.8	26.0
Services	22.7	20.7	20.6	24.3

Note: Agriculture sector only shows the agriculture sector and not allied activities.

Source: NSSO (adopted from NCAER, 2016; page 20)

Agriculture and Forestry

The major crops grown are paddy, sugarcane, pulses, jowar, wheat, tur and oilseeds in addition to some vegetables. Agriculture is mainly dependent on the monsoon rains (i.e. limited and uncontrolled irrigation) and the agricultural plots are small with no economies of scale in operation. These are amongst the reasons for low crop yields and hence, small contribution to the UT's GDP. Improving crop yields and intensifying agriculture/land use are important priorities in the UT.

The total arable land in the union territory is 21,115 hectares. The average size of the farm-holding is 1.77 hectares. Farmers practice traditional farming, and majority of the people working in agriculture are from the weaker and impoverished sections of the society. Farmers are mainly from the ST community, who are not exposed to or integrated into the modern economy of urban areas or the outside world. Evidently, they are unable to use modern and mechanized tools for farming. The agricultural department of Dadra and Nagar Haveli have implemented schemes to provide the tractors, wheat threshers and the power mills to the farmers at subsidized rates. Some of the other objectives of the agricultural department to improve Dadra and Nagar Haveli farming include distribution of pesticides and insecticides, encouraging the use of High Yielding Variety seeds, use of fertilizers, establishing soil testing laboratories, training farmers and making the electric pumps and pipes available to the farmers.

The people in the territory derive forest resources from major tree species that include Sadra, Mahara, Sisam, Khair and Teak. The Forest Department of Dadra and Nagar Haveli emphasises the need to protect the natural forests from destruction and rehabilitation of degraded forest regions. To achieve these, the department promotes

social forestry. Social and farm forestry in DNH includes rehabilitation by planting saplings and trees by the roadside and in partially submerged areas on the banks of the River Damanganga. To preserve fuel fodder, which the ST communities fetch from the forests, the forest department has initiated the fuel wood and small timber plantation. The government also presents rewards and incentives to the communities for planting trees on marginal lands.

Manufacturing

Realising the necessity to promote the industrial sector in the union territory, the government established the industrial estates in three regions initially and two others were added later. The industrial estates of the union territory of Dadra and Nagar Haveli extend over a total area of 700 to 4000 square meters. Along with these, the government has set up two other cooperative industrial estates. The government has proposed to convert the agricultural lands of the union territory into non-agricultural industrial belts. The proposed plan includes the conversion of 1,700 hectares of agricultural land into a non-agricultural region. About 1,300 hectares are still available with the government for conversion that falls under the proposed scheme of Regional Plan of Dadra and Nagar Haveli developed for 2000-2010.

Proper infrastructure to facilitate the manufacturing industries and enterprises has been established. For example, the government has provided the industrial belts with energy and power-generating facilities as required by the industries.

The business and economy of Dadra and Nagar Haveli is influenced by the emerging Dadra & Nagar Haveli manufacturing industries of the region. The union territory is primarily an agro-based economy and has only a few industries that participate in the manufacturing activities. Small scale and cottage industries are prevalent in the region. Some of these small industries use the resources from the forests that lie in abundance in the region of Dadra and Nagar Haveli.

The Dadra & Nagar Haveli manufacturing is a slow progressing sector that presents great scope of growth. To encourage the entrepreneurs to engage in manufacturing activities in Dadra and Nagar Haveli, the government has issued statues levying less tax on the industries of the region. The manufacturers of Dadra and Nagar Haveli are also exempted from paying the excise duty that is essential for the industries of the other states in India. To facilitate the Dadra & Nagar Haveli manufacturing industries, the government has improved the energy and power generating requisites. The government of the union territory of Dadra and Nagar Haveli attempts to promote large-scale industries along with the already present medium and small-scale enterprises in the region.

Tourism

Dadra and Nagar Haveli share a distinct geographical feature i.e. location, forest cover, rainfall, temperature and accessibility. These features make it's a perfect natural

destination to develop tourism. Some of the important destination for tourism is: Silvassa, Dadra, Dudhni, Luhari, Khanvel, Satmalia, Vasona and Kauncha. Tourism can become one of the important growth drivers in the UT that needs to be promoted through state support with articulating clear tourism policy. While developing tourism as an industry, the backward and forward linkages needs to be worked out and strengthened for enhancing income of local communities

For promoting tourism industry in the UT the government needs to advertise the tourism attractions more aggressively across the country and elsewhere. Further, improvement of infrastructure is also requiredthrough generating backward and forward linkages and generating employment in various sectors such as hospitality, travel, and entertainment

Methodology and Sources of Data

This report analyses various aspects of human development using both secondary and primary sources of data. The secondary sources of data used in the preparation of this report are Socio-Economic Development of Dadra and Nagar Haveli since its Liberation, Census of India, NCAER, and NSSO. But this report is mainly based on primary survey. Given the dearth of data on human development related aspects for DNH, a large primary survey was conducted for the preparation of the report.

The primary quantitative data for the HDR has been collected from a sample of households carefully and scientifically drawn from a sampling frame comprising rural and urban units (villages and towns/cities) of the UT. Further, the sampling design has been suited to allow for analysing variation across social and economic groups, ethnicity and geographic regions. The sampling design ensures that the estimates for key human development indicators up to district level are robust, comparable and standardised. In addition, qualitative information was also collected through discussions in the community groups with a view to generating profile and their perceptions on various aspects of social and economic problems.

To generate representative samples, the study required a multi-stage, stratified sampling approach. In accordance with this, the Census Urban Wards, Census Enumeration Blocks (CEBs), and Households from the first, second and third stage sample units respectively were selected. In the first stage, the relevant sampling frame has been formed including all villages and urban areas for the latest Census of India 2011. CEBs from each sample wards/village are selected by adopting systematic random sampling.

A total of 4,940 households were included for the primary survey. The sample size is roughly 8% of the total number of households based on the Census of 2011 figures. The distribution of sample size for the study is described in Table 1.9:

Table 1.9: Description of Sample Size Distribution

Wards/ villages	Total no. of ward/ villages	Total no. of sample wards/villages	Total sample
Villages	65	30	1,692
Wards	20	20	3,248
Total	85	50	4,940

The survey was conducted in both rural and urban areas of Dadra and Nagar Haveli. Fifty villages and wards were included in the study. Once the sample size for each district and for urban and rural areas was decided, the next step involved distributing the sample across urban wards and villages. Referred in sampling theory as probability-proportional-to-size (PPS) method, this approach allows sampling units with the largest size (population) to have a higher representation in the sample. A similar approach (.PPS method), was followed to subsequently distribute the sample across the urban blocks and villages. Since the number of villages is considerably higher (65), the study includes 30 villages only. The selection of villages is based on the following two criteria: Female literacy and, Overall adult workforce participation. A composite index was developed using Principal Component Analysis (PCA). The factor scores were generated in STATA software. These scores actually represent how a specific village is placed in terms of female illiteracy and workforce participation with comparison to others. Based on factor scores obtained for each village, ranking of the villages has been done from lowest to highest in order.

Once the sample size is selected for each of the districts and for urban and rural areas, the next step was to distribute the sample across urban wards and villages. In case of villages, the distribution of sample size has been performed based on PPS method in two districts. To illustrate, based on the actual number of household size of each villages, the sample size has been proportionally allotted i.e. bigger the village higher the sample allocation. However, to be representative and more precise, atleast 20 households in each village are selected, even though the proportional allocation of sample is lower than 20.

In each of the selected villages, approximately three households have been selected following equal probability sampling approach for listing purpose. In the case of missing strata (no household), households from previous stratum, where additional households are available, are selected in a village. During this preliminary survey, information related to household head, caste, religion, number of total household members, migration, principle source of income, land, types of ration card, etc were collected. For rural areas, 20 stratums were created based on principle source of income and possession of land. For urban areas, 20 stratums were created based on principle source of income and highest educational attainment of household. Thus, the sample is not only large but conforms to the principle of robustness.

Structures of the Report and Chapterisation

After this introductory chapter, the second chapter discusses the employment and livelihoods. The workforce participation, sectoral distribution of employment, unemployment levels, poverty and inequality, etc. have been analysed in this chapter. The third chapter provides an account of the pattern of migration in the UT. The labour market absorption of migrants, remittances, etc. have also been analysed. Chapter four on education covers various types of education such as pre-primary, primary, secondary etc. It also analyses the access to education by various social groups as well as aspects such as dropouts and parental perception of education. Chapter 5 on health, apart from maternal and child care, and post natal care analyses the burden of diseases and health care expenditures. Chapter 6 on social protection and public programmes provides an account of the functioning of various social protection and public programmes funded b both Union Government and UT highlighting their strengths and weaknesses. The last chapter provides summary, conclusions and a few policy suggestions.

CHAPTER 2

EMPLOYMENT AND LIVELIHOOD

Employment and Unemployment

It is a major challenge for all governments, including that of DNH, to creating productive and quality employment for the increasing labour force (including migrants). High economic growth is necessary, though not a sufficient condition for creating new work opportunities. It is the composition and pattern of economic growth that has important implications for productive and quality employment for the large labour force. In DNH, agriculture and its allied activities sector employ less than 15 percent of the main workforce: majority of workers are engaged in non-farm work. The rapid shift of the workforce in the last 2-3 decades towards the non-agricultural sectors has improved the income levels of large sections in the workforce. The challenge today is to generate well-paying jobs in more productive industry and service sector jobs so that better and sustained source of livelihood for the working population can be sustained. This is particularly so since the nature of industrialisation presently suffers from two problems: one, it has not been growing the recent years; and two, there is little movement up the value chain. The human development levels would be higher if there in a continuous improvement in productivity and incomes of the larger populace.

In this chapter, we will analyse the various dimensions of employment and work in Dadar and Nagar Haveli as poverty levels and inequality. The analysis is largely based on the survey data collected for the study, on the survey data collected for the study, but wherever required other sources of data have also been used.

Work Participation Rate

Work participation rate (WPR) or worker to population ratio is the basic parameter that captures the contribution of workers in the economic life of a society. It is an indicator of the size of the workforce (given a population), the existence of child labour, and the extent of participation of senior citizens in the workforce. Data from the primary survey for this HDR, conducted in the year 2016, are presented here.

The overall WPR was 53.9 percent in the age-group 15 years and above (Tables 2.1 and 2.2). The female WPR was about 25 percent compared to male WPR which was about 79 percent. The female WPR was considerably higher in rural areas compared to urban, while the male WPR, in both rural and urban areas, were quite similar. An important reason for a higher female WPR in rural areas is the large concentration of female workers in agricultural and allied sector, that allows them to combine household responsibility with gainful (subsistence) economic activities in the proximity of their residence, in many cases on their own farms. In urban areas, since most of the jobs are in sectors other than agriculture and allied activities, they entail travel, and the nature of job requirement is of fixed timing that does not allow female workers to combine gainful economic activities with household responsibilities. Also, women workers might not have the skills required for the urban jobs.

Table 2.1: Work Participation Rate, 15 years and above by Principal Status, 2016

WPR		Rural			Urban			Total		
	Year	M	F	P	M	F	P	M	F	P
Dadra & Nagar Haveli	2016	78.1	32.6	56.3	79.0	18.6	51.9	78.7	23.4	53.3
Dadra & Nagar Haveli -ST	2016	74.4	35.0	54.4	72.6	32.0	52.7	73.7	33.7	53.7
Dadra & Nagar Haveli – Non-ST	2016	89.8	18.1	64.3	81.4	12.4	51.5	82.6	12.9	53.0

Source: HDR Survey, 2016.

Table 2.2: Work Participation Rate, 15 years & above for Principal + Subsidiary Status, 2016

WPR	Year	Rural			Urban			Total		
		M	F	P	M	F	P	M	F	P
Dadra & Nagar Haveli	2016	80.8	47.5	64.9	79.8	23.3	54.4	80.1	31.6	57.8
Dadra & Nagar Haveli - ST	2016	78.0	51.9	64.7	74.7	41.9	58.6	76.5	47.8	62.1
Dadra & Nagar Haveli – Non-ST	2016	89.9	21.2	65.5	81.7	14.5	52.6	82.8	15.2	54.1

Source: HDR Survey, 2016

The WPR of women workers belonging to the ST community is nearly double that of non-ST women workers in rural areas and nearly two and a half times in urban areas. The substantially higher WPR of women belonging to ST community, to a certain extent could be explained by their higher participation in agriculture and allied its activities. Additionally, the greater social acceptance of women from ST communities to work outsides homes is an important factor to this phenomenon.

Employment Status

Unlike elsewhere in the country where the self-employed have traditionally dominated, in DNH the share of regular workers is higher by about 37% and the share of self-employed is lower by about 26% (Table 2.3). Casual workers, though, are high at about 37%, which is as elsewhere in the country.

Among the ST communities, the self-employed are many more in proportion at about 35%, and there is a reduction in the regular workers (more), and casual workers somewhat less. This has two implications. First, people from the ST communities mainly dwell in rural areas and work in agriculture. Since quite a few have access to land, there are more self-employed. Next, as the population pressure is rising everywhere, even among the STs (who mainly live in rural areas), there is rise in casual workers. Finally, there is yet a notable proportion of regular workers among the STs as industries have moved to rural areas as well. For the non-ST workforce, the distribution of workers is starker: there are relatively few who are in self-employment and relatively large numbers in wage/salaried employment, compared to the ST workforce or the aggregate. The

reason seems obvious: the non-ST populations are to a large extent migrant, who have come in for jobs.

The rural-urban break-up of the worker status shows that on aggregate, the self-employed are proportionately greater by almost 10 percentage points in rural areas compared to urban. This holds true for regular employees as well. Consequently, there are far fewer casual workers in rural areas compared to urban. One explanation for this pattern could be found in the fact that there are many large corporate industries in rural areas as well, that employ regular workers; at the same time, many employers in urban areas—believed to be in the unorganised services sector, like of pavement selling, hawking, small shops, etc.—engage a lot of casual workers.

Finally, a gender-specific break-up of data show that women workers are engaged as self-employed in greater proportions compared to men-workers in both rural and urban areas. Correspondingly, they are fewer in proportion in regular employment and casual work. There could be two arguments here: one, owing to cultural norms, fewer women engage in paid employment outside their abodes; and two, women workers are not skilled sufficiently to find work in the modern sectors, manufacturing or services.

Unlike in other states DNH has a larger proportion of wage workers (regular plus casual), which could be partly be explained by in-migration and partly by industrialisation.

Table 2.3: Status of Employment in DNH, Principal Status, aged 15 years and above, 2016

	Rural			Urban			Total		
	M	F	P	M	F	P	M	F	P
Total									
Self Employed	25.0	48.4	31.5	21.8	28.7	22.9	23.2	40.6	26.9
Regular Worker	50.3	38.2	47.0	34.8	19.8	32.4	41.5	30.9	39.2
Casual Worker	24.7	13.4	21.6	43.4	51.4	44.7	35.3	28.5	33.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Scheduled Tribe									
Self Employed	30.4	49.6	36.7	32.5	33.1	32.7	31.1	44.9	35.5
Regular Worker	44.7	37.0	42.2	16.1	13.4	15.3	35.8	30.3	34.0
Casual Worker	24.9	13.4	21.1	51.4	53.5	52.0	33.2	24.8	30.5
Total	100	100	100	100	100	100	100	100	100
Non-Scheduled Tribe									
Self Employed	10.8	34.1	13.2	18.2	23.5	18.7	16.6	25.7	17.5
Regular Worker	64.9	52.4	63.7	41.0	27.7	39.7	46.3	32.9	44.9
Casual Worker	24.3	13.4	23.2	40.8	48.9	41.6	37.1	41.4	37.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Primary Survey

Sectoral Employment

Table 3.4 presents the distribution of workers by their sectoral engagement. On the aggregate, the industrial sector engages some 57% of the workers are workers, followed by services (27%) and finally, agriculture (14%). The contribution of these sectors to the GDP are such that the labour productivity of industry is about 44 times higher than that of agriculture, and about 3.7 times higher than that in services. The hierarchy is thus clear: industry is far more productive compared to the other sectors followed by services. Agriculture really contributes little implying that those who derive subsistence from agriculture should be enjoying a very low standard of living compared to those working outside it. Yet, as some 14% workers are engaged in agriculture, it suggests an intersectoral immobility. Lack of sufficient human capital among workers stuck in agriculture and low yield agriculture are the most plausible reason for this imbalance, which results in results in reduced welfare.

The table also shows the distribution of workers by location. More workers are engaged in rural areas compared to urban in agriculture as is expected. However, more than half the workers even in rural areas are engaged in manufacturing, suggesting that there are a large number of industries even in rural areas, a typology not witnessed in other parts of the country. The rural-urban continuum—though not very unique—is a welcome finding here since, in principle, workers from rural areas would have access to non-farm jobs if they are eligible. However, as seen previous paragraph, the problem is eligibility: many rural local workers are just not skilled enough to fetch non-farm jobs.

Table 2.4: Sectoral Composition of Employment in DNH, Principal Status, aged 15+ years, 2016

Sectors of Employment	Rural			Urban			Total		
	M	F	P	M	F	P	M	F	P
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Agriculture & allied	17.2	45.5	25.8	5.5	16.6	7.4	9.2	30.6	13.9
Industry	59.7	32.8	51.5	67.5	39.0	62.5	65.0	36.0	58.6
Services	23.2	21.7	22.7	27.0	44.5	30.1	25.8	33.5	27.5
Total	100	100.	100	100	100	100	100	100	100
Scheduled Tribe									
Agriculture & allied	23.2	48.5	32.2	19.1	29.0	22.2	21.4	41.1	28.0
Industry	50.5	30.8	43.4	44.6	33.8	41.3	47.9	31.9	42.5
Services	26.4	20.7	24.4	36.3	37.1	36.6	30.7	27.0	29.4
Total	100	100.	100	100	100	100	100	100	100
Non-Scheduled Tribe									
Agriculture & allied	1.4	13.3	2.8	0.9	2.8	1.2	1.0	4.3	1.4
Industry	83.8	54.1	80.3	75.2	44.6	71.5	76.4	46.0	72.8
Services	14.8	32.7	16.9	23.9	52.6	27.3	22.6	49.7	25.8
Total	100	100.	100	100	100	100	100	100	100

Source: Primary Survey.

A comparison between ST and non-ST workers shows that the agriculture is mainly managed by the ST community as workers in the non-ST category have virtually abandoned agriculture and its allied activities and moved largely towards industry sector. A similar movement (or lack of it) could be said about female workers: almost 31% of them are engaged in agriculture compared to less than 10% male. In rural areas the proportion women in agriculture are far more, especially the ST category women. The immobility of ST women to an extent is a reflection of lack of education, traditional cultures, household/off-spring responsibilities, management of owned land plots (however small), among other factors

DNH experienced a greater structural change in employment compared to that at the all India level. The net shift of employment to industry was relatively more from services rather than from agriculture as seen from temporal data from NSS and census (not shown here). During the period 2004-5 to 2011-12, the employment share of agriculture and allied declined by 5.7% which was less than that of all India where its employment share of agriculture and its allied came down by 8.6%. This is the period when India experienced absolute decline in the number of agricultural workers. Dadra & Nagar Haveli also experienced, albeit lesser, decline in the absolute number of agriculture workers. On the other hand, service sector experienced larger decline in the share of employment (12.2%). At the all-India level, the shift of employment share was comparatively more towards industry, along with a small ***increase*** in the share of service sector jobs. All these are pointers towards to higher labour productivity in industry in relation to labour productivity in other sectors in the UT, which might not be the case in other parts of the country where the labour productivity in services is seen to be higher.

Unemployment Rate

Table 2.5 shows the unemployment rate measured through the principal status approach for persons aged 15 years and above, from the HDR Survey of 2016. A few observations stand out: male unemployment rate is higher than that of female; the ST populations show a higher unemployment rate compared to the non-ST populations; and the unemployment rate in urban areas is higher than that in rural areas. Unemployment is seen to be the highest among urban males belonging to the ST community, and lowest among rural females. Possible explanations: male workers belonging to the ST communities in all probability are in-migrants in urban areas from rural. They are not skilled enough and/or do not have the networks to access labour markets. At the other end, female workers belonging to the ST community tend to withdraw from the active labour force or begin to work in their own farms if they do not find options elsewhere.

Table 2.3: Unemployment Rate (Principal Status), by Districts, for Persons aged 15+ Years, 2016

Unemployment Rate	Rural			Urban			Total		
	Male			Male			Male		
Dadra & Nagar Haveli	3.4	0.6	2.1	3.2	0.9	2.1	3.3	0.8	2.1
Dadra & Nagar Haveli - ST	4.3	0.6	2.4	5.7	1.2	3.5	4.7	0.8	2.8
Dadra & Nagar Haveli – Non-ST	0.9	0.8	0.9	2.5	0.8	1.7	2.2	0.8	1.6

Source: Primary Survey

The main problem is unemployment among the youth because they have made an initial ***entry*** into the labour market, which is among the more difficult tasks that people face. Table 3.4 presents the principal status unemployment among the youth population in the age group 15-29 years. Youth unemployment rate is seen to be higher than the overall unemployment (reported in the earlier table). Its incidence was highest among males in both rural and urban areas (higher in urban areas than rural), particularly the male youth belonging to the ST community (Table 2.6). The reason is much the same as stated earlier: that youth have to find entry, which is not easy for the low-skilled or low-educated to make an entry into the labour market. The ST community faces an additional problem of not having a social network for accessing jobs.

Table 2.6: Unemployment Rate (Principal Status) for Youth (15-29 years), 2016

Unemployment Rate	Rural			Urban			Total		
	Male			Male			Male		
Dadra & Nagar Haveli	6.5	1.2	4.0	5.9	1.6	4.0	6.2	1.4	4.0
Dadra & Nagar Haveli - ST	8.4	1.2	4.7	11.3	2.4	7.0	9.3	1.5	5.4
Dadra & Nagar Haveli – Non-ST	1.3	1.3	1.3	3.8	1.3	2.7	3.2	1.3	2.4

Source: Primary Survey

Next, the unemployment rate among the highly educated youths is seen to be high in both rural areas and urban (it is higher in rural areas than urban). Unemployment among the educated is also seen to be higher among persons having low levels of education, especially in rural areas (Table 2.7). These data suggest the need for special job market intervention in the rural areas, particularly as workers from other states come in here for jobs and the locals face unemployment. Additionally, specific training for job access is the need of the hour.

Table 2.7: Unemployment Rate (Principal Status) across Educational Level for Youth (15-29 years) in Dadra and Nagar Haveli in 2016

	Rural			Urban			Total		
	Male		Total	Male		Total	Male		Total
Illiterate	0.2	0.1	0.1	0.2	0.0	0.1	0.2	0.0	0.1
Can read & write	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Below Primary	0.4	0.1	0.3	0.0	0.0	0.0	0.2	0.0	0.1
Up to Secondary	4.1	0.6	2.4	2.9	0.5	1.8	3.5	0.5	2.1
Up to Higher Secondary	0.8	0.1	0.4	1.5	0.3	1.0	1.2	0.2	0.7
Graduate & above	1.0	0.4	0.7	1.2	0.8	1.0	1.1	0.6	0.9
Total	6.5	1.2	4.0	5.9	1.6	4.0	6.2	1.4	4.0

Source: Primary Survey

The large structural shift of employment away from agriculture and low paying service sector, no doubt, is a progressive move as it frees labour from low productive agriculture and informal service jobs, but it provides a greater challenge to policy makers because it requires much larger creation of productive jobs in industry sector in future. There is already a negative footprint on the ecology because of industrialisation and further industrialisation in the same genre would only worsen this footprint. It is not proposed here that modernisation and industrialisation should stop. Instead, planning for the future would require a careful management of the environment (especially, land and water).

Wages, Earnings and Living Standards

Wages and earnings are the most important indicators to judge the quality of paid employment. Earnings also have profound implications on the quality of employment and productivity of workers. Regular employment, which is expected to pay better and has no intermittent spells of being jobless, is considered better, more secure, and durable compared to irregular work. In this sense, casual wage workers or workers who face intermittent joblessness in self-employment are expected to be the lower down in the hierarchy of job-quality compared to those jobs that ensure continuity. This report discusses data on earnings/ wages of all the three categories of workers: the self-employed, regular wage workers and casual workers.

Data on wages as obtained from the NSS 68th Round Survey pertaining to 2011-12 could be seen Table 2.8. It needs mention ***a priori*** that the NSSO does not collect data on incomes of the self-employed (or for that matter, incomes of anyone except the wage rates).

The average wage rate of a regular employee (Rs.313 per day) in DNH was lower than that paid to workers for similar work in India (Rs. 392 per day).In rural DNH, the average wage of regular workers (Rs.181 per day) was lower compared to that paid to workers for similar work in rural India (Rs.299 per day).In urban DNH, the average wage of regular workers (Rs.334 per day) was lower compared to that paid

to workers for similar work in urban India (Rs.450 per day). NSS data also show that the average wage of male regular workers in DNH (Rs. 307) was substantially lower than that prevalent at the all-India level (Rs.417 per day), whereas female regular workers in DNH earned an average wage higher (Rs.340 per day) compared to their counterparts at all-India level (Rs.308 per day). On aggregate the regular wage rate of female workers in DNH was higher than male regular workers. Plausible reasons: a higher proportion female regular-workers is from urban areas (whose wages are higher than their female counterparts in the rural areas); and the composition of occupations, in the sense that if more women hold higher/government jobs compared to men who might be holding blue-collared regular jobs, their average earnings would be higher. Part of the reason could also be statistical: the NSS sample is small, having few women workers and the sample might not be sufficient to represent the reality. Next, casual workers in DNH earn significantly higher than that seen at the all-India average. This is a contrast compared to the regular workers' wages, and could be explained by the fact stated earlier, that there could be a great deal of heterogeneity in regular work (and hence, large variation in wages), while casual wage work is more homogenous and would have less variation in wages.

Table 2.8: Average Daily Wages of Regular and Casual work (in Rs.), 2011-12, 15-59 years

	Rural		Urban		Total	
	Regular	Casual	Regular	Casual	Regular	Casual
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Dadra & Nagar Haveli						
Male	188	193	324	170	307	187
Female	155	188	390	---	340	188
Person	181	192	334	170	313	187
India						
Male	322	149	470	182	417	159
Female	201	103	366	111	308	105
Person	299	138	450	173	392	143

Source: Employment and Unemployment Schedule, 68th Round, 2011-12, NSS

Table 2.9 presents data on the earnings and wages of the self-employed workers, regular workers and casual workers as seen from the HDR survey of 2016. Data from this table show that the regularly employed workers earn the most, followed by the self-employed, and finally the casual workers. This typology is as expected with a caveat that the earnings gap between the regular workers and self-employed a much larger than the gap between the self-employed and casual workers. This speaks of the low-quality jobs in self-employment—which could be street vending, hauling luggage and the like, in most cases—that pulls down the average earnings.

Among the self-employed, there is a huge gap of about 1:3 between rural and urban earnings, which makes the rural self-employed worse-off compared to even the rural casual wage earners. Low quality of jobs among the rural self-employed is the most plausible reason for this. Next, the rural-urban gap in earnings in regular jobs is also large, but not as large as in the case of the self-employed. Both, the self-employed and regular workers, are engaged in a wide variety of jobs, and most of them are lower-paying in rural areas than in urban, which result in the earnings-gaps. Among casual workers the rural-urban gap is not large due to the fact that all of them do relatively low-skill jobs.

Finally, male workers earn higher wages compared to female workers in both rural and urban areas, which is the standard pattern as elsewhere. Other than the job quality and location, human capital characteristics also create gender-wage gaps.

Table 2.9: Earnings and Wages in DNH (in Rs.)

Net Monthly Income of the Self-Employed			
(1)	(2)	(3)	(4)
	Rural	Urban	Total
Male	5,806	15,694	11,367
Female	2,251	4,753	2,995
Total	4,514	13,962	9,170
Daily Wage of Casual Workers (monthly, in brackets)			
	Rural	Urban	Total
Male	291 (7,566)	348 (9,048)	331 (8,606)
Female	215 (5,590)	249 (6,474)	240 (6,240)
Total	281 (7,306)	331 (8,606)	316 (8,216)
Note: Figures in the brackets are imputed monthly earnings based on a 26-day earning month			
Monthly Earnings of Regular Workers			
	Rural	Urban	Total
Male	9,685	19,797	14,682
Female	6,915	19,740	10,556
Total	9,112	19,791	14,040

Source: Primary Survey

Skill Levels and Skill Promotion Activities

In the globalised era, the diffusion of technology and the pace of innovation have accelerated. New and emerging occupations are replacing the old. Even within the same occupation, the skill requirements are changing. Future growth of any country or state greatly depends on the productivity of the workforce which, in turn to an extent depends upon the levels of worker-skills and how effectively the skills are deployed.

Any analysis of the skill requirements of the workforce in DNH in the future must begin with an analysis of the skill composition of the present workforce. The skill composition of the workforce in DNH and in India, as seen from the 68th round of the NSS pertaining to 2011-12 has been obtained on the basis of the occupational characteristics of the working population (15 years & above). There is no distinction made as to whether the workers were formally trained before joining a particular occupation or whether they went through formal/informal on-the-job training.

In this classification, occupational division 1 (legislators, senior officials and managers) has been left out because it is difficult to classify such persons into a single skill set. For similar reason, division X (workers not classified by occupation) are left out from the skill distribution of workers. The remaining occupations have been classified following the procedure adopted in National Classification of Occupation (Government of India, 2008).

Table 2.10: Skill Composition of Work Force in India and DNH, 15+ Years (%)

Skill Level	India	DNH	DNH/India (in %)	Dadra & Nagar Haveli. 2016
(1)	(2)	(3)	(4)	(5)
Professionals	4.0	7.8	195	3.2
Associate Professionals	3.6	6.7	186	3.2
Low and other medium skills	61.8	64.7	105	69.3
Elementary occupation skills	30.6	20.8	68	24.3
Total	100	100	-	-

Sources: Columns (2), (3) and (4) from NSS 68th round, and Column (5) from HDR survey

Table 2.10 presents the percentage distribution of all workers by skill composition for DNH and India. DNH exhibited a better skill-composition of workforce compared to the all-India average as in 2011-12 (Column 4). However, comparing the data as obtained from the HDR survey of 2016 with the NSS data of 2011-12 suggests that there is a reduction in the skill levels (a fall in 'professional and associate professionals') and a corresponding rise in workers having low skills/no skills. This is to the extent that DNH has fallen behind the all-India average as well. One explanation for this puzzling situation is that the sample size of the NSS survey for union territories is rather small, causing biases. Then, comparing Column (2) with Column (5) is logical. Such a comparison, as stated above, places DNH behind the all-India average. This is a situation that requires rectification.

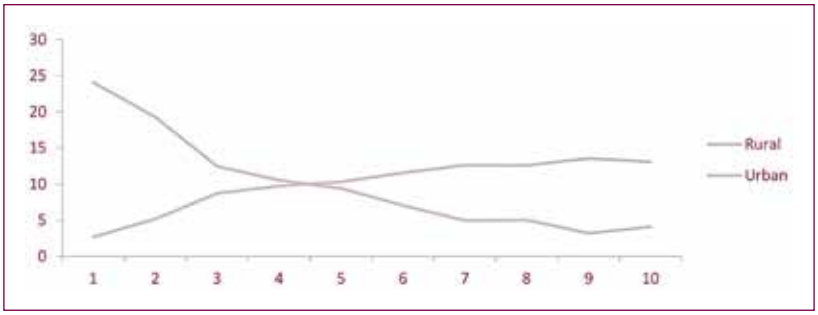
Poverty and Inequality

Poverty

Standards of income are key indicators of labour market outcomes. This section examines the changes in the incomes over time and also between Dadra and Nagar Haveli (DNH) and all India. We restrict analysis on the basis of per capita consumption expenditure. It is used as proxy for per capita income.

The HDR survey of 2016 shows that the monthly per capita consumption expenditure in DNH was Rs. 3,267. The corresponding figures for rural and urban areas were Rs. 2,259 and Rs. 3,691 respectively. The rural-urban disparity is about 1:1.7. The per capita expenditure of urban areas was higher than that of rural areas.

Fig 2.1: Percentage Distribution of Rural and Urban Households across Monthly Consumption Expenditure Deciles, 2016



Source: Primary Survey, 2016

Figure 2.1 shows that about 25 percent of the rural households fall in the lowest consumption expenditure basket, a basket wherein less than three per cent of urban households fall. In contrast, in the highest consumption expenditure decile, there are only about four per cent rural households compared to about 13 per cent urban households. Only in the fourth decile do both rural and urban have similar proportion of households.

Table 2.11: Proportion of Persons below Poverty Line

	Dadra & Nagar Haveli	All India
(1)	(2)	(3)
1993-94		
Rural	52.0	37.27
Urban	39.9	32.36
Total	50.8	35.97
2004-5		
Rural	39.8	28.3
Urban	19.1	25.7
Total	33.2	27.5
2011-12		
Rural	62.6	25.7
Urban	15.4	13.7
Total	39.3	21.9
2016		
Rural	58.8	-
Urban	26.3	-
Total	40.1	-

Source: Planning Commission and HDR Survey 2016

The proportion of persons below poverty line has always been higher in Dadra & Nagar Haveli compared to all India since 1993-94 (see Table 2.11). Poverty at the aggregate level fell between 1993-94 to 2004-05, but then rose again in 2011-12. In the HDR survey of 2016, poverty rates were not very different from those that prevailed in 2011-12. Poverty rates have been particularly high in rural areas, where ST populations dwell. Urban poverty has shown continuous decline from a high level of 40 per cent in 1993-94 to a low level of about 15 per cent in 2011-12.However, it rose again in 2016 as seen from the HDR survey.

Inequality

For measuring inequality in DNH, consumption expenditure is used as a proxy for income as this is the common practice. The various inequality seen in terms of decile mean comparisons (referred to as D1, D2, and so on; see Table 2.12) provide an interesting contrast between DNH and the all-India aggregate. The overall inequality (D9/D1, i.e. the ratio of the 9thdecile mean to the 1stdecile mean) was somewhat higher in Dadra and Nagar Haveli compared to the all India figure. Inequality in top half (D9/D5) was higher than inequality in the bottom half (D5/D1) in all India but it was just the opposite for DNH. Inequality in the top half was higher at the all-India level than in DNH, whereas inequality in the bottom half was far higher in DNH compared to that at the all-India level. DNH requires specific policy measures to bring down the inequality in the bottom half of the income distribution, which would also help reduce poverty.

Table 2.12: Various Inequality Measurements of Per Capita Consumption

Ratios	Dadra & Nagar Haveli, 2016		India	
	Rural	Urban	Total	2011-12
(1)	(2)	(3)	(4)	(5)
D5/D1	2.90	2.65	2.85	1.83
D9/D1	5.47	5.02	5.38	4.30
D9/D5	1.88	1.89	1.89	2.35

Note: D5/D1 refers to inequality in the top half of the distribution measured by inequality between median earners and bottom earners.

D9/D5 refers to inequality in the bottom half of the distribution measured by inequality between top earners and median earners.

D9/D1 refers to overall inequality.

Conclusion

This chapter finds that people are employed largely in regular wage employment though self-employment and casual work coexist. The former is better paying and prides greater job-security, but these jobs are occupied by in-migrants for want of skills and industrial way of life among the locals, who to a large extent belong to the ST community.

The large structural shift of employment away from agriculture and low paying service sector, no doubt, is a progressive move as it frees labour from low productive agriculture and informal service jobs, but it provides a greater challenge to policy makers because it requires much larger creation of productive jobs in industry sector in future.

There is already a negative footprint on the ecology because of industrialisation and further industrialisation in the same genre would only worsen this footprint. It is not proposed here that modernisation and industrialisation should stop. Instead, planning for the future would require a careful management of the environment (especially, land and water).

The poverty situation, particularly in rural DNH seems endemic and among the reasons for its persistence, it seems, is the very limited integration of the ST populations in the economic mainstream. They presently depend on low-paying work in agriculture and forestry sectors, they are less absorbed in better paying regular jobs in urban areas, and they face high unemployment especially among the male youth. All along in this report it is seen that among the different approaches to development, especially HD, issues in providing education/skills, jobs or improving their agriculture, have emerged as central to the ST community. It is not that the government has made less effort in this direction; the problem is, that the desired outcome requires greater application than at present. As we have seen above, the inequality among the bottom half is also acute in DNH and specific policy measures such as social protection for the poor is needed which will also reduce poverty.

CHAPTER 3

MIGRATION

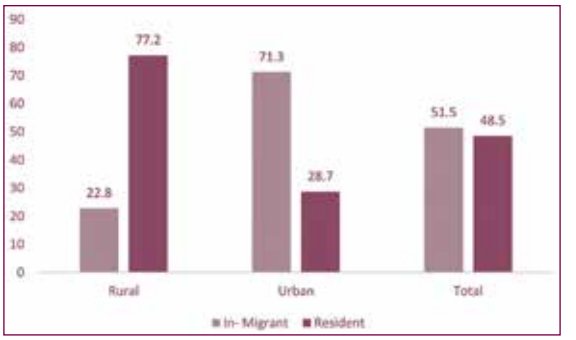
Introduction

In recent decades, migration has become increasingly important in the Union Territory of Dadra and Nagar Haveli. As per the Census of India, between 1991 and 2001, the population of Dadra and Nagar Haveli increased by almost 60 per cent (Census of India, 2001). This population growth is significantly higher than the all-India average population growth of 21.5 per cent in the same period, and is the second highest rate of growth of population among all states and union territories in the country. The share of migration in this population growth in Dadra and Nagar Haveli is 36.2 per cent which is indeed quite significant. Dadra and Nagar Haveli is an urban district with about70 per cent of the surveyed households residing in the urban areas. This characteristic of its development defines the nature of migration to the Union Territory, which is predominantly rural-urban migration. This chapter presents findings of the Dadra and Nagar Haveli Human Development survey, and presents key characteristics of migration in the Union Territory.

The survey has defined households as resident households, or in-migrant households, on the basis of current residence being the same, or different from their native place, or place of domicile, respectively. In-migrant households are those in which at least one number of the household is an in-migrant. Figure 3.1presents the distribution of households by migration status. It can be seen that 51.5 per cent of the households in Dadra and Nagar Haveli are in-migrant households which is indeed a high proportion. 48.5 per cent of the household are resident or non-migrant households. It should be noted that only a very small number of households, around 0.2 percent (from both in-migrant and resident) were out-migrants. Thus, it clearly emerged from the survey results that the in-migration is the key phenomenon to be studied from the Union Territory. This chapter attempts to analyse various aspects and characteristics of migration. Following this introduction, section 2 presents details of in-migrant households, disaggregated by place of residence (rural, urban), social group, sex of the head of household, and primary sources of income. Thereafter, Section 3 presents key characteristics of in-migrants such as their place of origin, duration of migration, mode of migration, and details of employment seeking, role of social networks in migration, and reasons for migration. Thereafter it compares migrant and resident with respect to their education status, activity status, and principal occupation to better understand human capital and labour market characteristics of the sample population disaggregated by their migrant status. We then focus on the employment and remuneration details of migrant workers, and examine how their incomes fare with resident workers. This section ends with details on migrants' accommodation and living arrangements, and their remittance sending behaviour. Section 4briefly presents the key characteristics of out-mirgaton from Dadra and Nagar Haveli, and Section 5 provides the conclusion.

Characteristics of In-Migrant Households

Figure 3.1: Distribution of migrant and all households by rural or urban residence (in percentage)



Source: Primary survey

Dadra and Nagar Haveli is a predominantly an urban district. In Table 3.1, that presents the distribution of migrant and all households by place of residence and social groups, it can be seen that migrant households are more likely to reside in urban areas. It can also be seen that general (upper caste) households are most likely to be migrant households with more than 90 per cent of these households being migrants. This is followed by Other Backward Caste and Scheduled Caste households, both of which have an incidence of in-migration greater than the average. Among Scheduled Tribe households, the incidence of in-migration is quite low. This is because the percentage of Scheduled Tribes itself in the resident population is quite high. It may also be seen that there are substantial variations by rural and urban areas (table 3.1). Similarly, male-headed households are more likely to be in-migrant households. Here too there are substantial rural urban differences.

Table 3.1: Percentage of in-migrant households by social group

		Rural	Urban	Total
In- Migrant	Scheduled Caste	1.8	3.7	2.9
	Scheduled Tribe	4.1	3.3	3.7
	Other Backward Caste	8.6	26.5	19.2
	General	8.3	37.7	25.7
	Total	22.8	71.3	51.5
Resident	Scheduled Caste	1.6	1.7	1.6
	Scheduled Tribe	72.3	21.6	42.3
	Other Backward Caste	2.5	2.9	2.7
	General	0.8	2.5	1.8
	Total	77.2	28.7	48.5
Total	Scheduled Caste	3.4	5.4	4.6
	Scheduled Tribe	76.4	24.9	46.0
	Other Backward Caste	11.1	29.4	21.9
	General	9.1	40.3	27.5
	Total	100.0	100.0	100.0

Source: Primary survey

Table 3.2: Percentage of in-migrant households by primary source of income

		Rural	Urban	Total
In- Migrant	Self employed in agriculture	0.3	1.2	0.8
	Self employed in non-agriculture	1.5	11.2	7.2
	Regular wage/salary earning (govt/pvt)	17.0	35.3	27.8
	Casual labour in agriculture	0.1	0.6	0.4
	Casual labour in non-agriculture	4.0	22.6	15.0
	Other	0.0	0.3	0.2
	Total	22.8	71.3	51.5
Resident	Self employed in agriculture	10.0	3.4	6.1
	Self employed in non-agriculture	8.6	5.3	6.7
	Regular wage/salary earning (govt/pvt)	40.7	6.9	20.7
	Casual labour in agriculture	1.6	0.6	1.0
	Casual labour in non-agriculture	15.1	11.3	12.9
	Other	1.1	1.1	1.1
	Total	77.2	28.7	48.5
Total	Self employed in agriculture	10.3	4.6	7.0
	Self employed in non-agriculture	10.1	16.5	13.9
	Regular wage/salary earning (govt/pvt)	57.7	42.2	48.6
	Casual labour in agriculture	1.7	1.2	1.4
	Casual labour in non-agriculture	19.1	33.9	27.9
	Other	1.1	1.5	1.3
	Total	100	100	100

Source: Primary survey

Table 3.2 presents percentage of in-migrant households by primary source of household income. Overall, in-migrant households are more likely to have regular wage and salaried employment as a primary source of income. Here too, there are substantial variations by rural and urban areas. It can be seen that a greater percentage share of in-migrant households have regular wage/salary as the primary source of income, both in rural and urban areas. On the other hand, households that derive a primary income from agriculture – both self-employment and casual labour, are less likely to be migrant households.

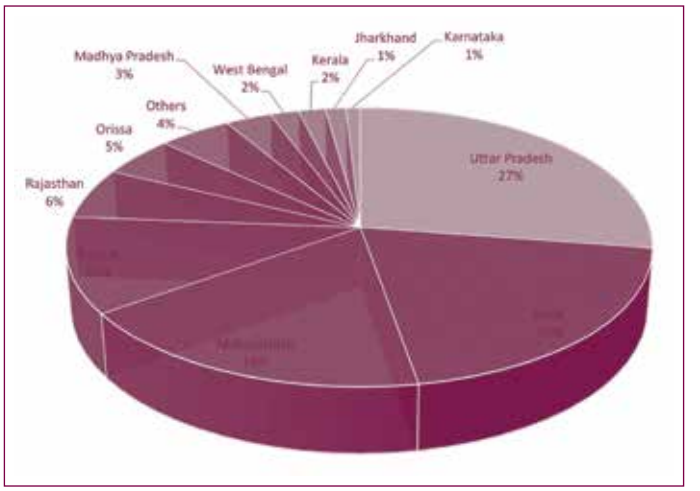
In-Migrants

After having examined key features of in-migrant households, we now focus on in-migrants. From in-migrant households, the survey collected information about the household members who first migrated (henceforth in-migrants). This section summarizes nature and characteristics of in-migrants who first migrated to Dadra and Nagar Haveli.

Place of origin

It emerges from the data that migration to Dadra and Nagar Haveli is overwhelmingly from the rural areas elsewhere in India. Overall, 81 per cent of in-migrants were from rural areas.

Figure 3.2: Place of origin of in-migrants by state



Source: Primary Survey

Figure 3.2 presents a state-wise distribution of in-migrants in Dadra and Nagar Haveli. The maximum percentage of in-migrants are from Uttar Pradesh, followed by Bihar. Together these two states send almost half of all the in-migrants. This is followed by Maharashtra and Gujarat - nearby states which contribute to about 30 per cent of in-migration. Apart from Bihar, other eastern Indian states of Jharkhand and West Bengal also contribute marginally to the inflow of migrant workers. The 'Other' category comprises other states in India, albeit in small numbers. This reflects the diversity of in-migrants in Dadra and Nagar Haveli.

Duration of migration

Table: 3.3: In-migrants by duration of years spent in Dadra and Nagar Haveli (in percentage)

	One Year or less	2 - 5 year	6-10 year	11-20 years	21 years +	Don't Know	Total
Scheduled Caste	2.5	15.5	23.1	37.0	17.8	4.1	100
Scheduled Tribe	1.7	18.9	23.0	38.4	10.3	7.8	100
Other Backward Caste	1.1	15.7	26.5	37.1	13.6	5.9	100
General	1.7	12.6	24.1	41.3	16.1	4.1	100
Total	1.5	14.4	24.9	39.3	14.9	5.0	100

Source: Primary Survey

Table 3.3 disaggregates the duration of migration of in-migrants. It can be seen that in-migration peaks for migrants at 11-20 years. The pattern is similar for all social groups, though there may be some variations. Overall around 41 percent of

all the in-migrants have spent 10 years or less in Dadra and Nagar Haveli. The table also shows that the percentage of most recent migrants (less than 5 years) is small (around 16 percent).

Mode of migration and details of employment seeking

It can be seen in table 3.4 that almost a little less than two-third of all in-migrants had migrated alone. Around 25 per cent of in-migrants had migrated with family members, while the remaining came with members of the community and/or acquaintances. There was a fair amount of variation by rural and urban areas. Migrants in the rural areas were less likely to migrate alone.

Table 3.4: Distribution of in-migrants by mode of migration

Rural	Migrated alone	55.7
	With family member	24.9
	With members of the community/ village	9.8
	With acquaintances/ friends (other than community/ village)	9.3
	Other	.3
	Total	100.0
Urban	Migrated alone	64.9
	With family member	21.9
	With members of the community/ village	4.9
	With acquaintances/ friends (other than community/ village)	8.1
	Other	0.2
	Total	100.0
Total	Migrated alone	63.2
	With family member	22.4
	With members of the community/ village	5.8
	With acquaintances/ friends (other than community/ village)	8.3
	Other	0.2
	Total	100.0

Source: Primary Survey

Table 3.5 presents the distribution of workers by how long it took for workers to get employment in the Union Territory. It can be seen that the most common mode of getting work for in-migrant workers was within a month of reaching in Dadra and Nagar Haveli. Almost two-thirds of the in-migrant workers reported so, suggesting that there is a fair demand of migrant workers in Dadra and Nagar Haveli. On the other hand, about a quarter of all workers had come only after having received an employment letter, throwing some light on the formal nature of the workforce.

Table 3.5: Distribution of migrant workers by duration required to acquire employment

Rural	Reached here after getting employment letter	30.7
	Within a month after reaching here	65.7
	Within 3 months after reaching here	1.6
	Within 6 months after reaching here	1.0
	Within 1 year after reaching here	.3
	After 1 year after reaching here	.6
	Total	100.0
Urban	Reached here after getting employment letter	24.7
	Within a month after reaching here	69.3
	Within 3 months after reaching here	3.7
	Within 6 months after reaching here	1.3
	Within 1 year after reaching here	.4
	After 1 year after reaching here	.6
	Total	100.0
Total	Reached here after getting employment letter	25.7
	Within a month after reaching here	68.7
	Within 3 months after reaching here	3.3
	Within 6 months after reaching here	1.2
	Within 1 year after reaching here	.4
	After 1 year after reaching here	.6
	Total	100.0

Source: Primary Survey

Social networks

It emerges from the data that social networks were extremely important in finding job for migrants. In about half of the cases, a person known to the in-migrant facilitated the job. Additionally, in 3 per cent of the cases, migrants received jobs via contacts after reaching in Dadra and Nagar Haveli. Additionally, 18 per cent in-migrants reported that they received a job through an agent or contractor in their village or place of origin. On the other hand, almost one-fifth of the migrants reported that they managed to get a job on their own initiative and persuasion. Less than 10 per cent of migrants got their jobs by applying through advertisements. All those point towards the role of informal mechanisms in accessing jobs in the destination labour market.

Reasons for migration

Table 3.6 presents reasons for migration reported by in-migrants. It can be seen that more than 97 per cent migration is related to employment. Migrants come to Dadra and Nagar Haveli in search of employment, or in search of better employment. A small percentage (about 2) migrates for engaging in business. A minority of migrants, albeit those in the top of the economic hierarchy, are in government employment. It is important to note that Dadra and Nagar Haveli has negligible in-migration for education. This picture is

slightly different from neighbouring Daman and Diu, where the incidence of in-migration for education is higher. The 'Other' category aggregates migration on account of social problems in source areas, displacement by development project, acquisition of own house/flat and post retirement and marriage. A very small percentage of in-migrants reported these reasons of migration.

Table 3.6: Reasons for migration

Rural	In search of employment	74.7
	In search of better employment	22.5
	Got employment	.3
	Business	.4
	Transfer of secvice/ contract	1.3
	Education/ Training	.3
	Other	0.6
	Total	100.0
Urban	In search of employment	69.4
	In search of better employment	23.8
	Got employment	2.6
	Business	1.8
	Transfer of secvice/ contract	2.2
	Education/ Training	0.0
	Other	0.3
	Total	100.0
Total	In search of employment	70.3
	In search of better employment	23.5
	Got employment	2.2
	Business	1.5
	Transfer of secvice/ contract	2.0
	Education/ Training	.1
	Other	0.3
	Total	100.0

Source: Primary Survey

Education status of migrants and residents

Table 3.7 presents the distribution of in-migrants and residents by their educational status. It can be seen that the proportion of illiterates among sample residents is more than three times than that of the in-migrants. As we move up the educational ladder, educational attainments converge for in-migrants and residents until the primary school. Thereafter, the data presents a mixed picture for educational attainment until class 11, 12, after which migrants have a clear advantage in terms of educational attainment. They are significantly better represented in their population in diploma holders, including ITI, those with MA, technical, and other higher degrees. This pattern of a greater percentage

of residents being illiterate, and that of migrants being better educated presents a contrasting picture, and is a determinant of each group's labour market outcomes. Thus, overall, the migrant workforce is better educated and skilled than the resident workforce and as can be seen later, it is reflected in their remuneration, income and other aspects.

Table 3.7: Distribution of in-migrants and residents by educational attainment (in percentage)

	Rural			Urban			Total		
	In -		Total	In -		Total	In -		Total
Class 1 -5	18.3	20.8	20.4	19.7	20.5	20.0	19.5	20.7	20.2
Class 6 - 9	27.1	27.1	27.1	20.2	27.9	22.7	21.4	27.4	24.7
Class 10	17.9	6.0	8.0	15.0	9.5	13.2	15.5	7.2	10.9
Class 11-12	12.7	9.0	9.6	15.1	13.1	14.4	14.7	10.4	12.3
ITI, Diploma and Graduation	5.9	3.3	3.8	12.3	7.6	10.8	11.2	4.7	7.6
MA, Technical Degree	1.8	1.3	1.4	5.4	2.7	4.5	4.8	1.8	3.1
Illiterate	8.1	24.9	22.1	5.7	14.0	8.5	6.2	21.3	14.6
Anganwadi	2.1	5.1	4.6	1.1	2.0	1.4	1.3	4.1	2.9
Other	6.2	2.3	3.0	5.3	2.7	4.5	5.5	2.4	3.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Primary Survey

Activity status of migrants and residents

Table 3.8 presents the distribution of primary activity status by sample residents and in-migrants. Given the age-structure of the population, about 20 percent of the sample population had either finished their education or were being educated. It emerges from the data that this incidence was the same for members belonging to in-migrant and resident households. It can be seen in table 7.10 that there was a considerable variation in the work status of in-migrants and residents. Residents were more likely to be self-employed, while migrants were more likely to be salaried, suggesting that a greater proportion of in-migrants are in stable and more remunerative jobs. At the same time, a greater proportion of in-migrant households are involved in casual labour, both in public work and other types of work. This indicates that in-migrants may be at the higher and lower end of the work (and income spectrum), whereas residents may be more stable in the middle. As expected, residents were more likely to be rentiers and pensioners. The data suggests that unemployment was higher among residents, indicating that the opportunity cost of job-seeking may be higher for migrants.

Table 3.8: Distribution of in-migrants and residents by activity status (in percentage)

	Rural			Urban			Total	
	In-Migrant	Resident	Total	In-Migrant	Resident	Total	Resident	Total
Workrd in HH enterprise (self employed): own account worker	3.3	15.4	13.4	6.0	13.3	8.5	14.7	10.7
Employer	0.6	0.3	0.4	1.2	0.7	1.1	0.5	0.8
Worked as helper in HH enterprise (unpaid family wokrer)	0.6	2.7	2.3	1.0	1.6	1.2	2.3	1.7
Worked as regular salaried/wage employee	43.3	19.9	23.8	19.2	7.6		15.8	19.1
Worked as casual wage labour: in public works	0.2	0.3	0.3	0.7	0.3	0.6	0.3	0.4
Worked as casual wage labour: in other types of work	16.5	9.5	10.7	19.5	22.4		13.8	16.1
Did not work but was seeking and/ or available for work	0.3	2.3	1.9	1.2	3.4	2.0	2.7	1.9
Attended educational insttution	11.4	22.7	20.8	20.8	19.9		21.8	20.6
Attended domestic duties	13.3	11.2	11.6	17.1	14.4		12.3	14.1
Attended domestic duties along with engagement in free collection of goods	9.0	10.4	10.2	11.1	9.0		10.0	10.3
Rentiers, pensioners, remittance recpientsetc	0.1	3.2	2.6	0.7	4.3	1.9	3.5	2.2
Not able to work due to disability	0.3	0.5	0.5	0.2	0.3	0.2	0.5	0.3
Others (including begging, prostitution, social worker, voluntary, etc)	0.0	0.1	0.1	0.0	0.0	0.0	0.1	0.0
Neither worked nor seeking work	0.3	0.6	0.5	0.5	1.4	0.8	0.9	0.7
Not Applicaable	0.8	0.8	0.8	0.9	1.3	1.0	1.0	0.9
Total	100.0	100.0	100.0	100.0	100.0		100.0	100.0

Source: Primary survey

Principal occupation of migrants and residents

Table 3.9 presents primary occupation of in-migrant workers. A majority of migrants work in the secondary sector, followed by the tertiary sector. It can be seen that disaggregated by rural and urban areas, there were substantial variations. Overall, 39 per cent of in-migrants reported principal occupation as machine operators and assemblers. In the rural area, this was as high 47 per cent. About 10 per cent were labourers in mining, construction, manufacturing and other transport related services. This was followed by managers, both general and corporate (6.7 per cent), sales and service elementary occupations (6.2 per cent), drivers and mobile plant operators (4.8 per cent) and metal, machinery and other workers in similar trade (4.8 per cent).

Table 3.9: Distribution of principal occupation of in-migrant workers in rural and urban areas (in percentage)

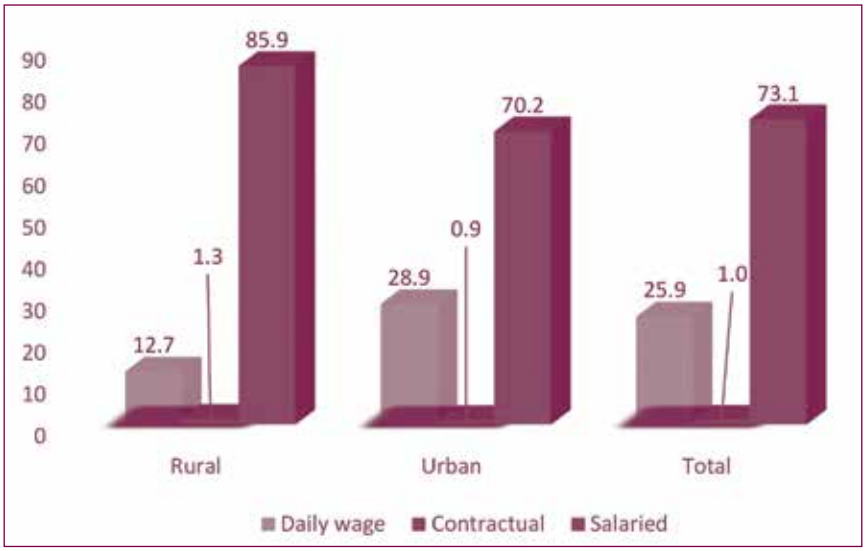
	Rural	Urban	Total
Legislators and Senior Officials	0.0	0.1	0.1
Corporate Managers	1.3	3.7	3.2
General Managers	0.6	4.3	3.5
Physical, Mathematical and Engineering Science Professionals	.8	2.4	2.1
Life Science and Health Professionals	0.0	0.3	0.2
Teaching Professionals	0.4	0.6	0.5
Other Professionals	0.0	1.5	1.1
Physical and Engineering Science Associate Professionals.	0.8	3.1	2.6
Life Science and Health Associate Professionals	0.1	0.4	0.3
Teaching Associate Professionals	0.5	1.7	1.5
Other Associate Professionals	0.8	2.0	1.7
Office Clerks	1.4	3.3	2.9
Customer Services Clerks	0.3	0.1	0.1
Personal and Protective Service Workers	2.4	3.4	3.1
Models, Sales Persons and Demonstrators	2.8	4.8	4.3
Market Oriented Skilled Agricultural and Fishery Workers	0.8	0.4	0.5
Subsistence Agricultural and Fishery Workers	0.0	0.0	0.0
Extraction and Building Trades Workers	1.5	1.4	1.4
Metal, Machinery and Related Trades Workers	4.5	4.9	4.8
Precision, Handicraft, Printing and Related Trades Workers	0.8	0.4	0.5
Other Craft and Related Trades Workers	2.4	3.4	3.2
Stationary Plant and Related Operators	1.9	1.7	1.8
Machine Operators and Assemblers	47.5	36.6	39.0
Drivers and Mobile-Plant Operators	2.4	5.5	4.8
Sales and Services Elementary Occupations	7.8	5.7	6.2
Agricultural, Fishery and Related Labourers	0.0	0.3	0.2
Labourers in Mining, Construction, Manufacturing and Transport	18.3	8.0	10.3
Total	100.0	100.0	100.0

Source: Primary survey

Employment and remuneration of migrant workers

Figure 3.3 presents migrant workers' nature of job - whether they were in daily wage, contractual or salaried jobs. It emerges from the data that overall more than 70 per cent of the migrant workers were salaried. This was followed by daily wagers. Contractual work was negligible. Disaggregated by rural and urban areas, there was a fair bit of variation.

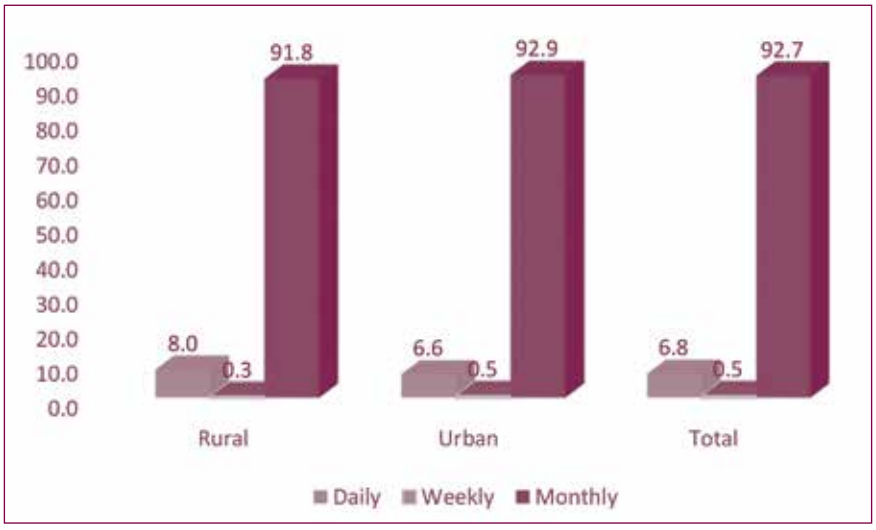
Figure 3.3: Distribution of migrant workers by nature of job



Source: Primary Survey

Following the above, more than 9 in 10 workers were remunerated on a monthly basis (figure 3.4). There was hardly any variation in rural and urban areas. At the same time, about 8 per cent of the rural workers were paid daily wages. Weekly remuneration was negligible both in rural and urban areas.

Figure 3.4: Distribution of in-migrants by remuneration time



Source: Primary Survey

The survey reveals that there was considerable variation in the average monthly income of migrant and resident workers (table 3.10). Overall, average monthly income of migrant workers was almost twice that of resident workers. In the rural areas, this

was even higher at 2.3 times. This pattern is not surprising. We have seen earlier that migrants are better educated than the residents and principal occupations are also more skilled than those of natives. Similar results are found in the neighbouring Union Territory of Daman and Diu, and elsewhere in India (Delhi Human Development Report, 2013).

Table 3.10: Average monthly income of migrant and resident workers in rural and urban areas

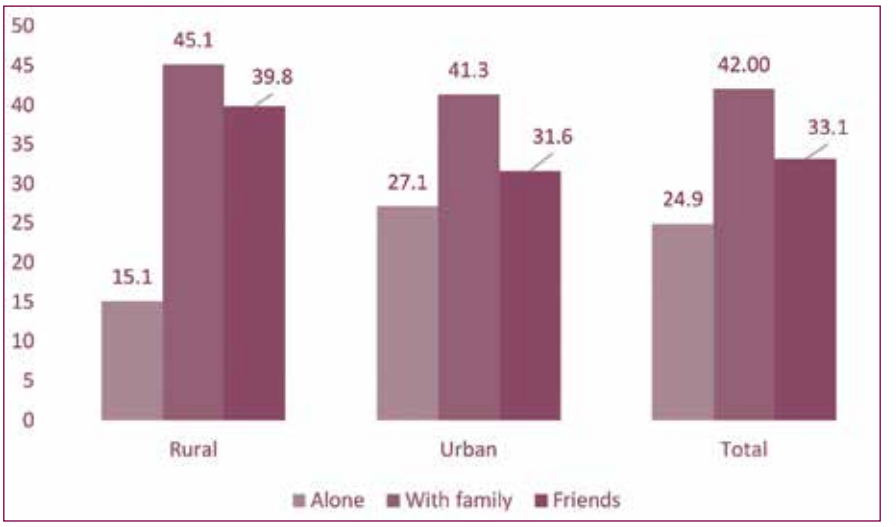
	Rural	Urban	Total
In- Migrant	5518	5955	5876
Resident	2249	3893	2824
Total	2995	5363	4395

Source: Primary survey

Accommodation and living arrangements

How and where in-migrants live at destination is an important aspect of the condition of migrant life. It emerges from the data that overall about one-sixth of in-migrants' employers provided accommodation for them. This number was substantially higher in the rural areas. Living arrangements of in-migrants were quite diverse. Overall, 42 per cent migrants in Dadra and Nagar Haveli lived with family member(s). An additional 33 per cent migrants lived with friends, and about a quarter lived alone. It can be seen in Figure 3.5 that living arrangements varied quite a bit by variables such as residence (rural or urban). Scheduled Tribes in the rural areas were more likely to have migrated with family members, whereas Scheduled Castes in the urban areas were more likely to have migrated alone.

Figure 3.5: Living arrangements of in-migrants

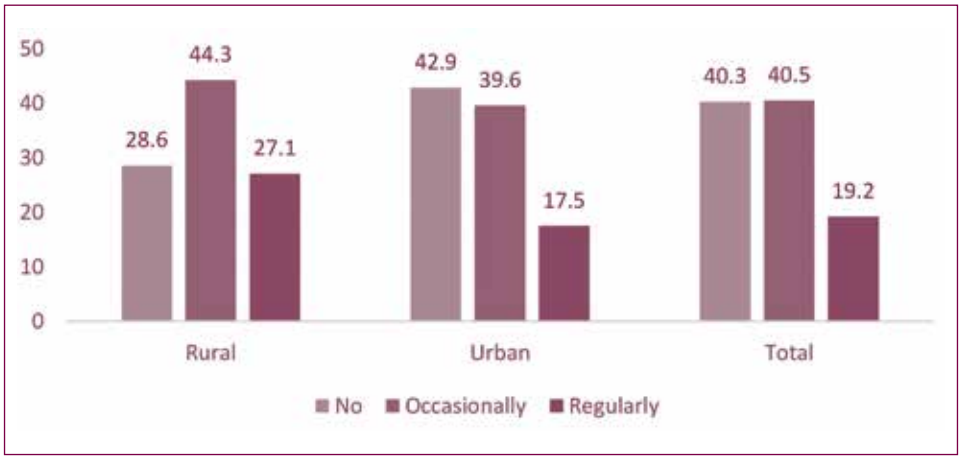


Source: Primary Survey

Remittances

Overall, about 40 per cent of the migrants did not send any remittances to their native place in the past one year (Figure3.6). Compared to the rural areas, this figure was higher in the urban areas. An additional 40 per cent in-migrants sent money occasionally, and the variation between rural and urban areas was lower here. About 19 per cent of all migrants sent remittances regularly.

Figure 3.6: Frequency of sending remittances by in-migrants



Source: Primary Survey

Table 3.11 presents the distribution of migrants by the amount of money sent in the past one year. It can be seen that about 30 per cent of the migrants sent 10-20,000 rupees in the past one year, an additional 23 per cent sent between 20-40,000 rupees in the last one year. 17 per cent sent 5-10,000 rupees, and another 17 per cent sent more than 40,000 rupees, and about 11 per cent sent up to 5000 rupees. These figures suggest substantial variations in the amount of remittances are sent by in-migrants suggesting the diversity in in-migration streams to Dadra and Nagar Haveli.

Table 3.11: Distribution of in-migrants by how much money they sent to native place in the last one year

	Rural	Urban	Total
0	1.5	2.0	1.9
Upto 5000	15.7	10.5	11.6
Rs 5000-10000	16.8	16.6	16.6
Rs 10000-20000	27.2	30.0	29.4
Rs 20000 - 40000	23.9	23.2	23.3
Above Rs 40000	14.9	17.7	17.1
Total	100.0	100.0	100.0

Source: Primary Survey

Out-Migration

This section, very briefly, presents key characteristics of out-migration from Daman and Diu. We have already seen earlier that this is a minor phenomenon; less than one percent of households have out-migrants, i.e., members who stay away for more than one year. It emerges from the data that Muslim households are more likely to have out-migrant members. Out-migration is also higher in the general castes, suggesting the pull factors. Out-migration is substantially higher in female-headed households, as well as in households whose primary source of income is casual labour, indicating some sort of push factors in operation. So overall, both pull and push factors of migration are likely to be at play in this scenario.

Migration for education is very important. 62 per cent of out-migrants had a primary status of attending educational institution. Among workers, this was followed by casual wage labour (5.7 per cent) which emerged as most important, followed by self employed (5.4 per cent) and regular salaried (3.5 per cent). There is an age dimension in out-migration with younger workers being more likely to migrate out for work from Dadra and Nagar Haveli. Overall, migration is male-dominated. Married persons dominate in-migration streams. Almost 80 per cent of out-migrant workers above the age 15 are married. Migration peaks at 11-20 years with about 42.5 per cent of all migrants migrating for that specific duration.

Summary and Conclusion

It emerges from the survey data that about 51.5 per cent of the households in Dadra and Nagar Haveli were in-migrant households. Out-migration from the Union Territory is negligible; less than one percent of households had out-migrants. In-migrant households were more likely to reside in urban areas, belong to upper castes, and be male headed households. They were also more likely to have a regular wage and salary as their primary source of income, and less likely to have agriculture as a primary source of income.

In-migrants in Dadra and Nagar Haveli originated overwhelmingly from rural areas in India. The survey reveals that 8 in 10 migrants reported a rural domicile. About half of them belonged to the states of Bihar and Uttar Bihar, a sustainably number from the nearby states of Gujarat and Maharashtra, and the remaining for a diverse set of states across India. In-migrants' migration peaked between 11 to 20 years, and migrants from the rural areas were less likely to have migrated alone.

There is a fair demand for work in Dadra and Nagar Haveli for the in-migrant population. About two-third of migrants reported that they were able to get a job within one month of their arrival in the Union Territory. Social networks were very important in obtaining work; 7 in 10 migrants reported to have accessed the labour market by virtue of a contact, or contractor from the native place or at the destination. The reasons for migration were overwhelmingly employment related. More than 95 per cent of migrants

reported to have migrated in research of employment, or better employment, or upon having received employment in Dadra and Nagar Haveli.

Overall, the migrant workforce was better educated and skilled than resident workforce. Migrant workers were more likely to work in regular salaried jobs. At the same time, they were also more likely to be in casual labour while residents were more likely to be in self employment. A majority of migrant workers worked in the secondary sector, followed by the tertiary sector. Three important occupations that the migrant workers engaged in were machine operation and assembly, labourering in mining, construction, manufacturing and transport, and management. The data suggests that migrants may be at the higher and lower end of the work and income spectrum, whereas the residents may be more stable in the middle. The average income of migrant workers was almost twice that of resident workers, and that of migrants in rural areas was about 2.3 times high.

Migrants had diverse living conditions. Accommodation was provided by the employer only in about 16 per cent of all migrants, and this number was higher in the rural areas. Migrants lived alone (25.6 per cent), with their families (41.8 per cent), or their friends (32.6 per cent). About 60 per cent of migrants sent remittances back to their native place, and a majority of them did so regularly, suggesting that while migrants lived and work in Dadra and Nagar Haveli, they continued to have deep linkages with their place of origin.

CHAPTER 4

EDUCATION AND LITERACY: RAISING

Introduction

Education is one of the key drivers of human development. It improves people's capabilities and well-being and helps nurture higher ideals of life. It fosters economic progress and influences future generations through intergenerational transmission, as better educated parents generally promote education among their children (Dreze and Sen, 2002: 38-40). More specifically, education almost impacts on all types of human development outcomes. The relevance of education to human development, therefore, is paramount.

The Millennium Development Goals and now the Sustainable Development Goal 4 aim at ensuring inclusive and quality education for all. Thus, it is imperative to examine issues related to educational attainment, infrastructure and bottlenecks in policy implementation; and then suggesting ways to improve these. This chapter highlights educational attainment across Dadra and Nagar Haveli (DNH) by region/location, gender and social groups. It also critically discusses infrastructure in the UT across different levels of education. The data utilised for this chapter consist of both from existing sources and from the HDR Survey.

Education Status

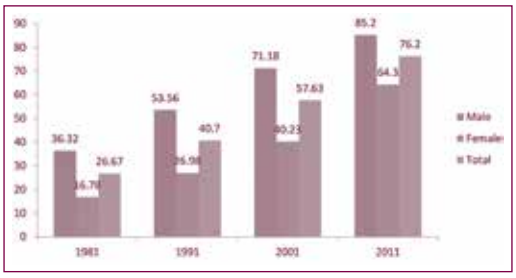
Literacy Rates

This section critically analyses the status of education in DNH in all its details to assess the extent of improvement and gaps, and efforts required to influence and enrich the policy-making process in DNH.

Literacy Levels

Table 4.1 and Figure 4.1 present key data on the literacy rate in the Union Territory in a comparative perspective. In the recent years, DNH has made some significant improvements in the field of literacy and there has been a substantial rise in male and female literacy rates between 2001 and 2011. As a result, the UT has caught up and even exceeded the national average on this count. However, universal literacy is still far some distance from realisation and requires consistent effort on the part of the education authorities.

Figure 4.1: Trend of Literacy Rates in DNH by Gender



Source: Socio-Economic Report of Dadra and Nagar Haveli from it's the Time of Liberation, 2014-15

Table 4.1: Literacy Rates (percent for Persons (age 7+) for DNH and Neighbouring States

State/UT	Locale	Males	Females	Persons
(1)	(2)	(3)	(4)	(5)
Dadra and Nagar Haveli	Rural	79.4	57.2	68.2
	Urban	94.3	86.4	91.1
	Person	87	69.6	79
Gujarat	Rural	84.1	63.4	74
	Urban	94	82.2	88.5
	Person	88.4	70.8	79.9
Maharashtra	Rural	87.2	70.3	78.8
	Urban	93.9	86	90.2
	Person	90.2	77	83.8
All India	Rural	79.8	61.3	70.8
	Urban	91.1	80.8	85.9
	Person	83.2	67.1	75.4
DNH Adult Literacy Rate (age 15+) seen from Human Development Survey of 2016	Rural	83.9	57.0	71.0
	Urban	94.4	82.1	88.9
	Total	89.8	70.5	80.9

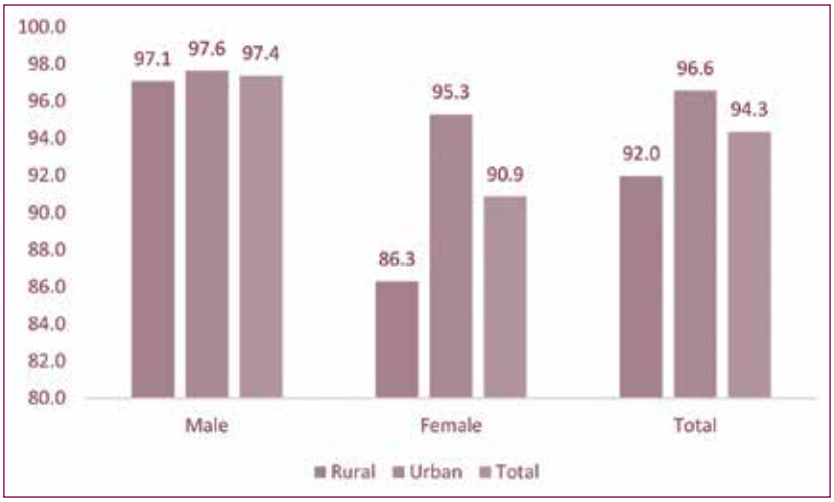
Source: NSSO 71st Round, January to June 2014; and HDR Survey 2016 (last three rows)

There are marked gender differences in the literacy rates in the UT (Figure 4.1). In 2011, the male literacy rate was 85.2 percent, which is much higher than the female literacy rate of 64.3 percent. A similar picture is seen across rural and urban residence from NSS data pertaining to 2014, where the literacy rate among rural women was seen to be much lower compared to their male counterparts, for age seven years and more (Table 4.1). The rural male female gap is even higher due to the concentration of ST community, which is the most isolated group in the society. The gender difference is relatively low in the urban areas where, although the difference between male and female literacy rates persists, it is smaller. The picture has not changed in 2016, as seen from the HDR Survey (Table 4.1, last three rows).

Youth Literacy Levels

The overall literacy rates in DNH are low and also there are strong rural-urban differences, but for youth literacy (age 15-29 years), the HDR survey of 2016 depicts a far more promising picture (Figure 4.2). The gender gap too seems to be closing in this age group compared to large gender differences in the overall literacy rates. The figure suggests among the youth, the males are reaching universal literacy and females too are not far behind. These are encouraging statistics. Females, especially in urban areas, are at par with the urban males, though there is some small gender gap in rural areas.

Figure 4.2: Youth Literacy Rates



HDR Survey, 2016, Dadra and Nagar Haveli

Pre-School Education

The attendance in pre-school education does not show many differences across rural areas or caste categories. On aggregate, less than 60 percent of the children in ages 3-6 years attend pre-school education as per the HDR survey of 2016 (Table 4.2). The coverage of children attending pre-school is still quite low, with still higher percentages of them availing private facilities in urban areas (Table 4.2). These facilities are quite expensive and further marginalise the vulnerable communities (STs) who constitute major proportion of the population. Thus, urban areas need special focus on providing better government facilities like the anganwadi centres for improving pre-school education.

Table 4.2: Distribution of Children between Ages 3-6 Years by Type of Pre-school Facility (%), and Children Attending Pre-school

Background Indicators	Anganwadi Centre	Private Centre	Others	Percentage of children attending Pre-school
(1)	(2)	(3)	(4)	(5)
Rural	80.8	18.0	1.2	65.4
Urban	32.1	65.8	2.1	52.7
Scheduled Caste	31.0	63.5	5.4	58.6
Scheduled Tribe	81.7	17.6	0.6	65.0
Other Backward Caste	30.1	65.7	4.2	49.9
General	18.7	79.5	1.7	52.3
Male	51.5	46.9	1.6	55.9
Female	62.8	35.5	1.7	61.4
Total	57.2	41.2	1.7	58.5

HDR Survey, 2016, Dadra and Nagar Haveli

Primary and Middle (Classes I to VIII) Education

Participation in Education and Dropout

The proportion of children attending academic class 1-8 distribution (Table 4.3) suggests that higher percentages of children from urban areas attend schools compared to rural; more children from the SC community attend school compared to ST community; more children from the non-scheduled categories attend school compared to children from scheduled categories; and more male children attend school compared to female children. Thus, rural, ST and girl children attend school in lesser proportions. The HDR survey of 2016 provides information on ***out of school*** children in school-going ages. The data suggest that the largest proportion of the children out of school are those who were once enrolled (Table 4.4).

Thus, while enrolment per se is not such a big concern, retention at school is, and it is imperative to explore the main reasons for children to drop out of school. Among the reasons are, school not being attractive enough to retain children, or there are issues such as school infrastructure, distance to school is long, fees/expenses are high, familial issues, and high demand for children to work, each of which needs to be addressed for ensuring better retention.

All these data imply that in the times to come these children would face further marginalisation, as when they grow up in an increasingly knowledge economy, their socio-economic distance from the outside world would further widen. In other words, even in 2030 and beyond there would be illiteracy/near illiteracy amongst this group.

Table 4.3: Percentage Distribution of Children attending Classes from I to VIII*

Background indicators	Children attending, I to VIII Classes (percent)
(1)	(2)
Rural	78.5
Urban	85.4
Scheduled Caste	81.8
Scheduled Tribe	79.3
Other Backward Caste	87.1
General	85.6
Male	83.2
Female	81.5
Total	82.4

HDR Survey, 2016, Dadra and Nagar Haveli

*Note: Children aged between Ages 6-14 Years are included

Table 4.4: Distribution of out of School Children of Ages 6-16 years (in percentages)

	Never enrolled	Dropout	Enrolled but does not go to school	Total
Rural	12.8	82.6	4.6	100
Urban	11.7	78.4	9.9	100
Scheduled Caste	25.7	74.3	0.0	100
Scheduled Tribe	11.2	83.2	5.6	100
Other Backward Caste	16.7	75.0	8.3	100
General	12.7	75.3	12.0	100
Male	11.2	85.0	3.8	100
Female	13.4	77.9	8.6	100
Total	12.4	81.1	6.5	100

HDR Survey, 2016, Dadra and Nagar Haveli

Table 4.5 shows that dropout rate is the highest in secondary classes (53.1 percent) followed by upper primary classes (24.8 percent). More female students drop out at the primary and upper primary classes in comparison to male students while the situation is reverse in secondary and higher secondary classes. The high dropout rates of both male and female students in DNH require serious attention of the government with special emphasis on secondary and upper primary classes. DNH, to a large extent, is inhabited by the ST community, who dwell in subsistence conditions. Thus, reducing dropout/never enrolment cases is going to be tricky, as it would require some special effort to keep especially the girl child in school.

Table 4.5: Class-wise Distribution Pattern of Dropout Students (in percent)

	Class I-V	Class VI-VIII	Class IX-X	Class XI-XII
(1)	(2)	(3)	(4)	(5)
Male	11.5	21.0	58.2	9.3
Female	15.0	28.2	48.6	8.2
Total	13.4	24.8	53.1	8.7

HDR Survey, 2016, Dadra and Nagar Haveli

Education Infrastructure

Educational infrastructure at the DNH Union Territory is presented in Tables 4.6, 4.7 for gauging the extent of the extant education facilities. The educational facilities have improved, such that there are sufficient schools for attaining basic and primary education. Higher education facilities, however, have not grown much. Keeping in view the limited facilities, many students travel outside of the Union Territory to nearby states of Gujarat or Maharashtra for availing education beyond the primary level. This, however, is not an efficient method for educational attainment keeping in view the large distances to be covered and inhibitions among many students to travel out of the Union Territory, especially the girl students.

Table 4.6: DNH and Basic Educational Data 2: (I) General Education

	No of Institutions			
Level of Education	Government	Private		Total
		Aided	un-Aided	
(1)	(2)	(3)	(4)	(5)
Primary	157	8	10	175
Primary with upper primary	114	0	10	127
Upper primary only	1	0	13	1
Pr. With Up Pr. Sec and H. Sec	1	0	0	6
Up. Pr. Secondary and H. Secondary	1	0	5	1
Up. Pr. Sec and Secondary only	1	4	0	9
Secondary only	11	0	4	11
Secondary with Higher Sec	12	0	0	12
Higher Sec. Only	1	0	0	1
Total	299	12	32	343

Source: Statistical Dairy, 2013-2014 Union Territory of Dadra and Nagar Haveli

Table 4.7: DNH and Basic Educational Data 3: (II) Higher Education

	No of Institutions			
Level of Education		Private		
	Govt	Aided	un-Aided	Total
(1)	(2)	(3)	(4)	(5)
Degree College	1	0	1	2
Pharmacy	0	0	1	1
B. Ed.	0	0	1	1
Management (MBA)	0	0	1	1
Hotel Management and catering	1	0	0	1
Polytechnic	1	0	0	1
ITI	1	0	0	1
Total	4	0	4	8

Source: Statistical Dairy, 2013-2014 Union Territory of Dadra and Nagar Haveli

In terms of utilisation of facilities, access to schools is largely dependent on the availability of school infrastructure and on the paying capacity of the parents. It is seen from Table 4.8 that in rural areas children mainly avail government facilities; children belonging to the SC/ST (more ST than SC) communities mainly avail of government facilities; and more female than male students avail of government facilities. Private facilities are more expensive and ***perceived to be*** superior to government facilities, and this differentiates the more privileged people (urban, general categories, and male) compared to others.

Table 4.8: Distribution of Primary and Middle School Children by Type of Facility (%)

Background indicators	Government / Government Aided	Private School	School Run by NGO	Government Madrassa	Private Madrassa
(1)	(2)	(3)	(4)	(5)	(6)
Rural	83.9	14.8	0.1	0.8	0.4
Urban	46.8	52.1	0.3	0.3	0.5
Scheduled Caste	62.4	37.6	0.0	0.0	0.0
Scheduled Tribe	82.8	15.9	0.3	0.6	0.4
Other Backward Caste	45.3	53.6	0.1	0.1	0.9
General	35.2	63.4	0.3	0.6	0.4
Male	58.0	40.7	0.2	0.6	0.5
Female	66.2	32.7	0.3	0.4	0.4
Total	61.8	37.0	0.2	0.5	0.5

HDR Survey 2016, Dadra and Nagar Haveli

The reasons for availing private schools were explored during HDR survey, responses to which are tabulated in Table 4.9. Three prominent reasons for choosing private schools emerged: i.e., good infrastructure, quality of teachers and English medium of instruction. This differentiation requires breaking up through improvements in government facilities. For doing this, the government schools require improving the quality of education in terms of infrastructure, improve the quality of teachers and teaching, and introduce English as the medium of instruction. These are the least requirements, though there might be others, as well, like location and fees.

Table 4.9: Reasons for Availing Private Schools for Primary and Middle Education (in percent)

Background indicators	Good	Quality Teachers	Classes regular	Student care	Extra	Better Quality of Education	English Medium of instruction	Better learning
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Rural	50.9	33.5	20.8	15.0	1.7	23.7	37.0	4.0
Urban	43.9	28.8	19.9	18.4	9.2	24.0	46.0	11.6
Scheduled Caste	32.4	29.6	22.3	20.7	11.7	20.7	49.7	13.4
Scheduled Tribe	50.2	31.7	23.7	20.8	6.2	21.7	40.1	9.1
Other Backward Caste	42.6	31.1	19.1	16.9	6.8	25.1	44.8	9.9
General	45.5	27.5	18.8	16.8	9.2	24.6	46.0	11.0
Male	44.2	28.8	20.5	18.7	8.2	23.5	44.6	9.7
Female	46.3	30.7	19.4	16.6	7.6	24.7	44.5	11.4

Source: HDR Survey 2016, Dadra and Nagar Haveli

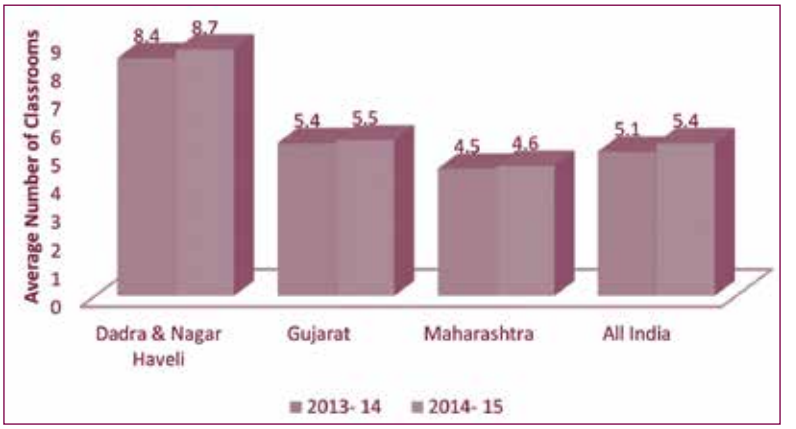
Note: Total will not add to 100 percent due to multiple responses

School Education at a Glance: Teachers, Infrastructure and Other Indicators

Average number of classrooms, physical infrastructure (drinking water facilities and toilet for boys and girls), Pupil-teacher ratio and parent-institution association are some of the important issues which considerably influence the quality and outcomes of education of a state or a country. An analysis of these indicators can actually help to assess the existing status of education in a state, for this a comparison of the condition of school education is done for DNH and its neighbouring states.

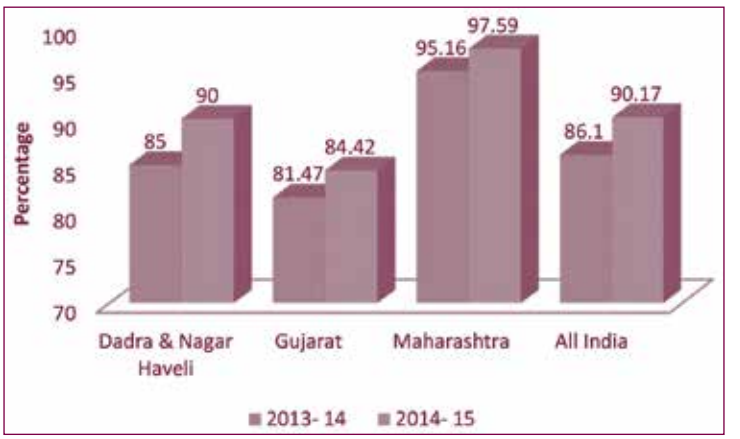
The data on DNH and neighbouring states reveal that the average numbers of classrooms in schools in DNH are far more than in Gujarat, Maharashtra and India, but there has been little improvement in increasing the number of classrooms. Ninety percent of schools in this Union Territory provide library facilities, which is almost same as the national percentage.

Figure 4.3: Average Number of Classrooms (All Schools)



Source: Secondary Education in India Progress: Towards Universalisation Report 2014-15 NUEPA

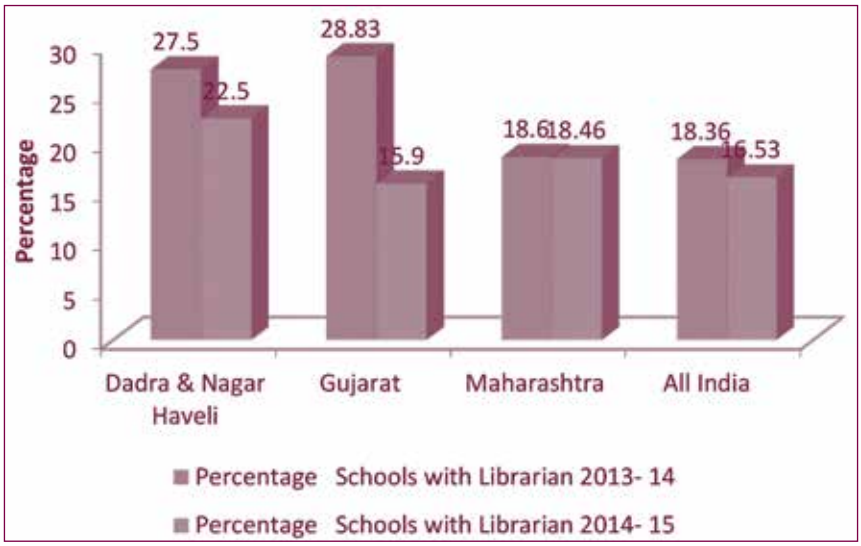
Figure: 4.4: Percentage Schools with Library Facility (All Schools)



Source: Secondary Education in India Progress: Towards Universalisation Report 2014-15 NUEPA

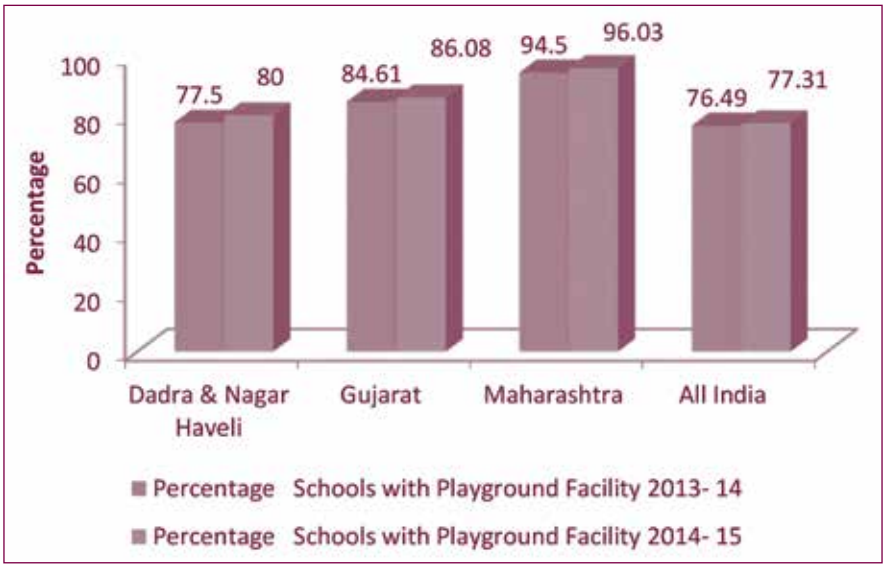
The percentage of schools with librarians is higher for DNH than its neighbours, though the playground facility is little lacking in DNH

Figure: 4.5 Percentage Schools with Librarian (All Schools)



Source: Secondary Education in India Progress: Towards Universalisation Report 2014-15 NUEPA

Figure: 4.6 Percentage Schools with Playground Facility (All Schools)

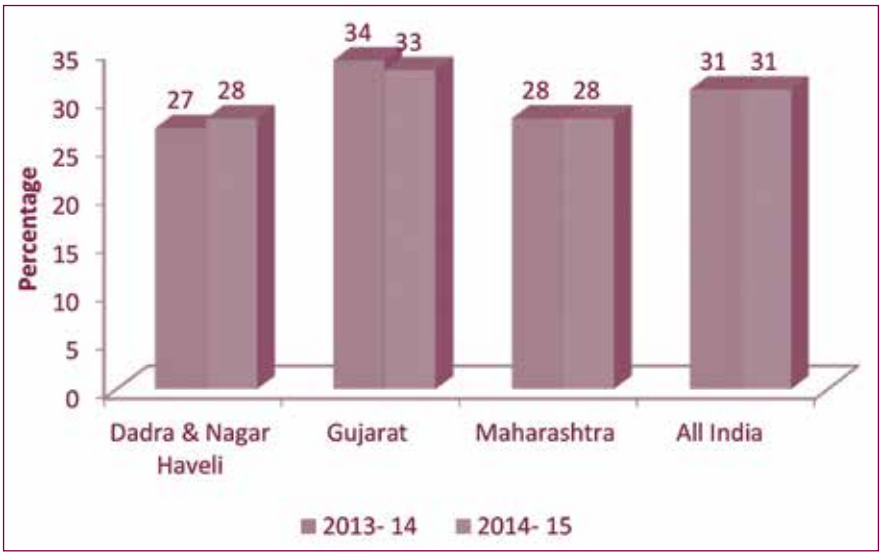


Source: Secondary Education in India Progress: Towards Universalisation Report 2014-15 NUEPA

The pupil-teacher ratio is an important indicator for effectively imparting education. Low student to teacher ratio is important so that a teacher can be more effective in his or her teachings. It is seen that, to every 1 teacher, there are 27-28 students in DNH

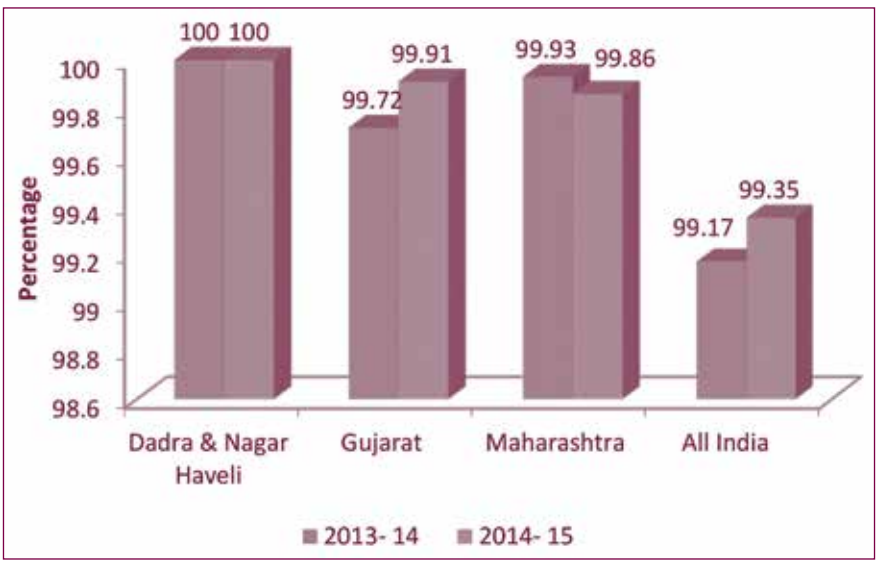
which is fairly high for effective teaching. The percentage of schools in DNH having buildings is little higher than Gujarat, Maharashtra and India.

Figure: 4.7 Pupil- Teacher Ratio (All Schools)



Source: Secondary Education in India Progress: Towards Universalisation Report 2014-15 NUEPA

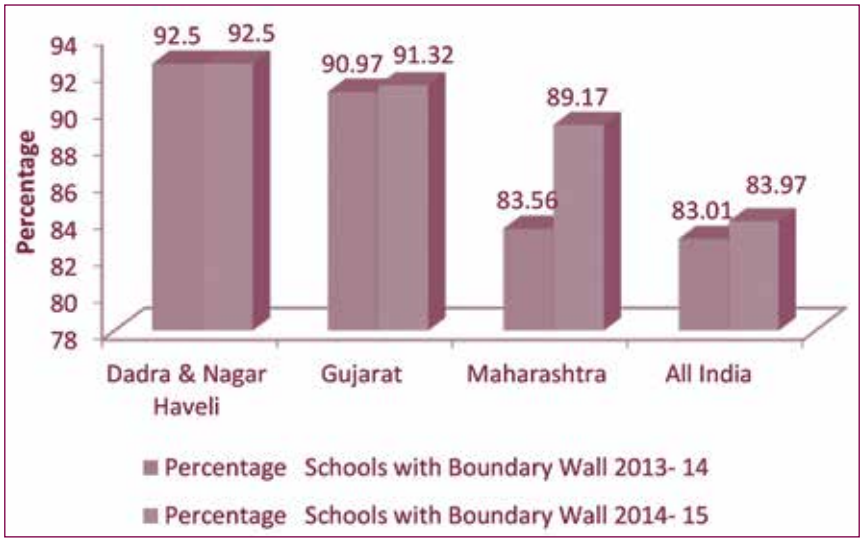
Figure 4.8: Percentage Schools with Building (All Schools)



Source: Secondary Education in India Progress: Towards Universalisation Report 2014-15 NUEPA

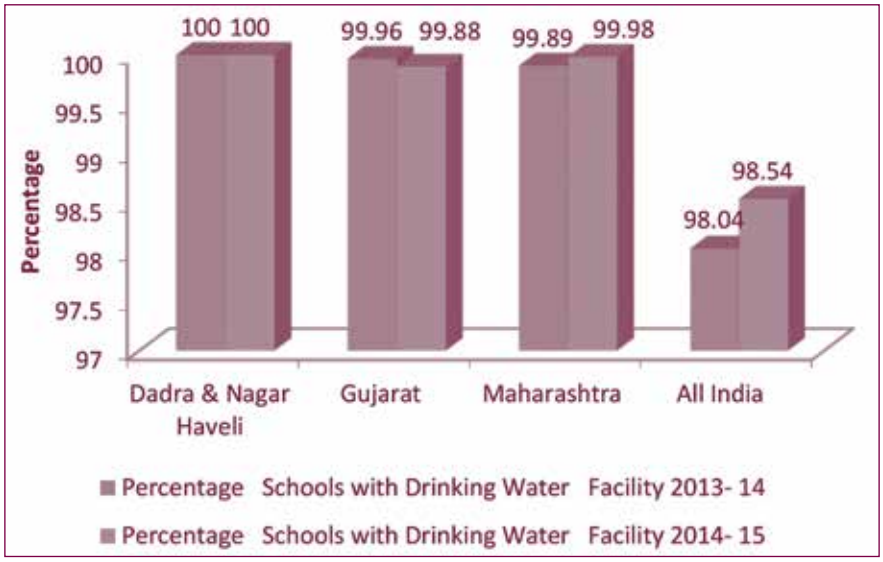
Infrastructural facilities like drinking water and presence of separate toilets are also important determining factors for retention of students in schools. The tables below suggest near to universal coverage of basic infrastructural facilities. Regarding electricity and computers in schools, DNH also fares better than other neighbouring states.

Figure 4.9: Percentage Schools with Boundary Wall (All Schools)



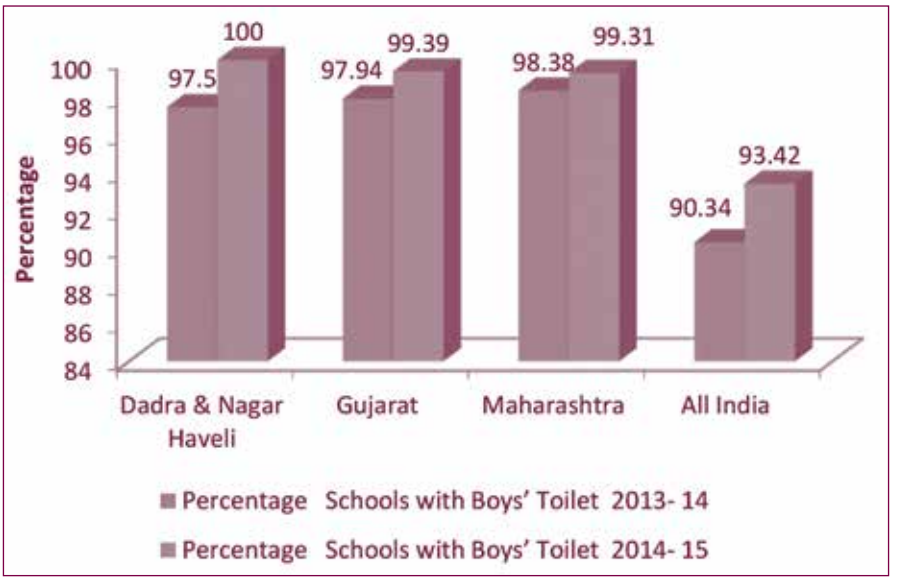
Source: Secondary Education in India Progress: Towards Universalisation Report 2014-15 NUEPA

Figure 4.10: Percentage Schools with Drinking Water Facility (All Schools)



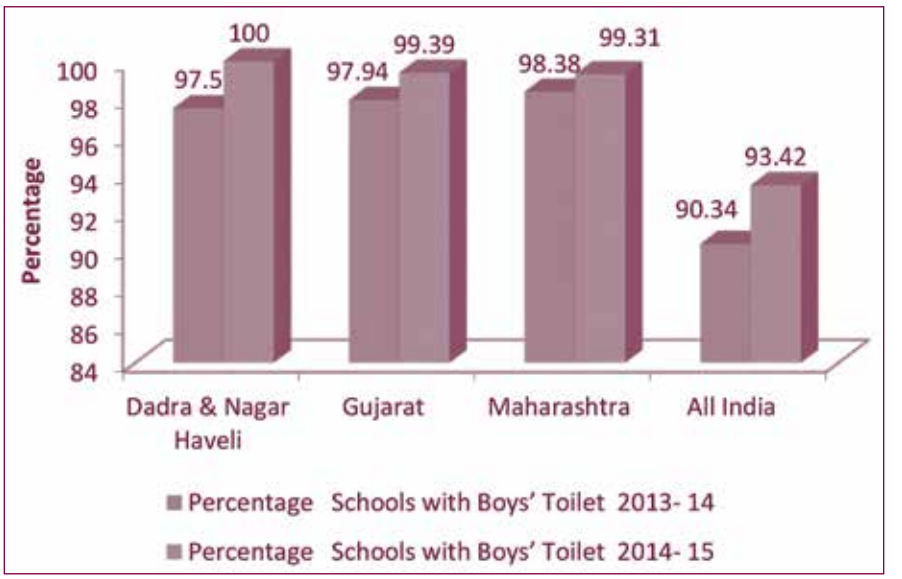
Source: Secondary Education in India Progress: Towards Universalisation Report 2014-15 NUEPA

Figure 4.11: Percentage Schools with Boys' Toilet (All Schools)



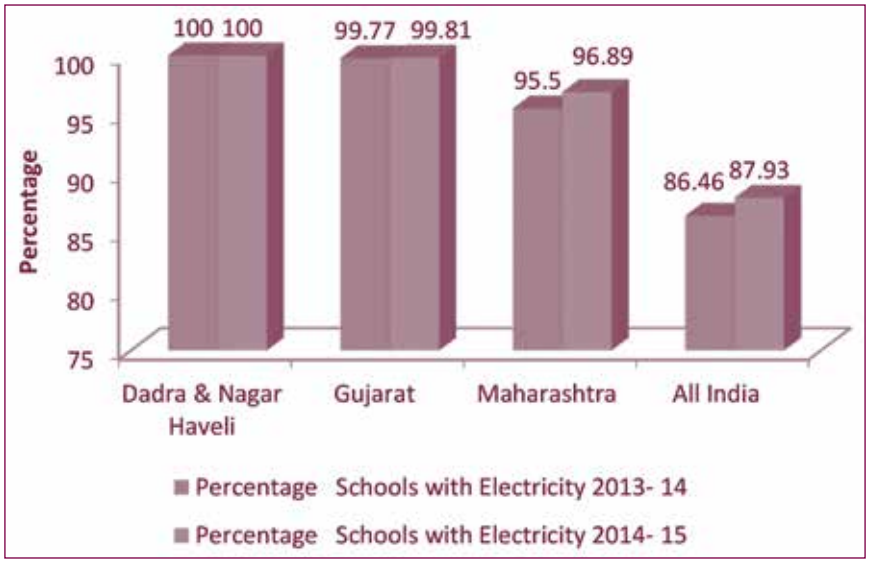
Source: Secondary Education in India Progress Towards: Universalisation Report 2014-15 NUEPA

Figure 4.12: Percentage Schools with Girls' Toilet (All Schools)



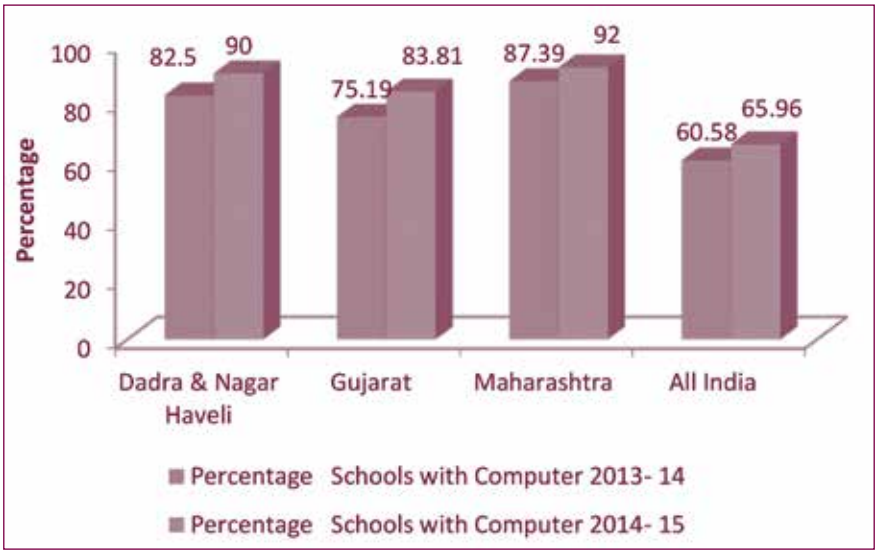
Source: Secondary Education in India Progress Towards: Universalisation Report 2014-15 NUEPA

Figure 4.13: Percentage Schools with Electricity (All Schools)



Source: Secondary Education in India Progress: Towards Universalisation Report 2014-15 NUEPA

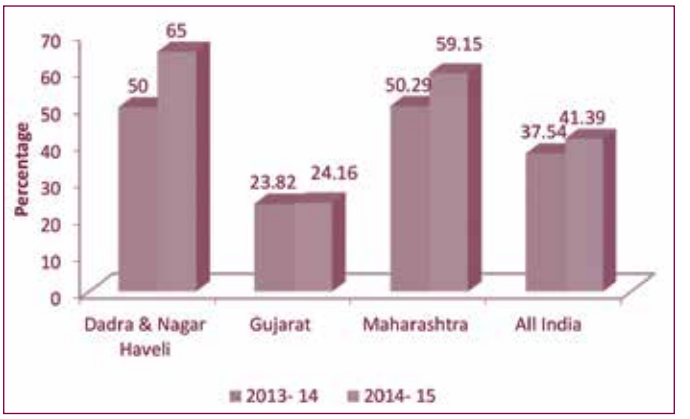
Figure 4.14: Percentage Schools with Computer (All Schools)



Source: Secondary Education in India Progress: Towards Universalisation Report 2014-15 NUEPA

The percentage of schools with parent-teacher association is higher for DNH as compared to others states (Gujarat and Maharashtra) and there has been an improvement in that since 2013-14 onwards.

Figure 4.15: Percentage Schools with Parent- Teacher Association (All Schools)



Source: Secondary Education in India Progress Towards: Universalisation Report 2014-15 NUEPA

Overall, on the basis of some of the most important indicators, it can be safely argued that the status of school education in DNH looks better than its adjoining states particularly from the infrastructures point of view. But it has to be kept in mind that there is still scope of improvement given the fact that India does not rank high on these standards globally.

Governmental Facilities and Support

Government institutions are mainly seen as inexpensive means of acquiring quality education when seen from the user's perspective. Government support in the form of grant-in-aid and incentives immensely influences educational outcomes and success. A glance at the 71st NSS Round pertaining to 2014 suggests that among the facilities that the government schools provide tuition-free education (all levels of education) and mid-day meals (until upper primary level) among other privileges. It is despite these that the rich, upper castes people and male children (unfortunately, the 'preferred sex') choose private schools. It is essential that measures be taken by the government to assess the preferences of the people at large and make corrections.

The analysis until so far suggests that there has been significant achievement made on primary level education in DNH though some gaps remain. If the attendance rate is increased even these gaps could be effectively bridged. In higher education, there is a dearth of facilities, which is among the constraints that students face in acquiring higher/ technical education. Next, private facilities are preferred to public, despite them being expensive and exclusive, since they are perceived to be better in terms of infrastructure, teaching and medium of instruction (English). If these shortcomings could be met, people might not opt for expensive private education and avail of inexpensive government facilities.

Parents and Future Education Plans

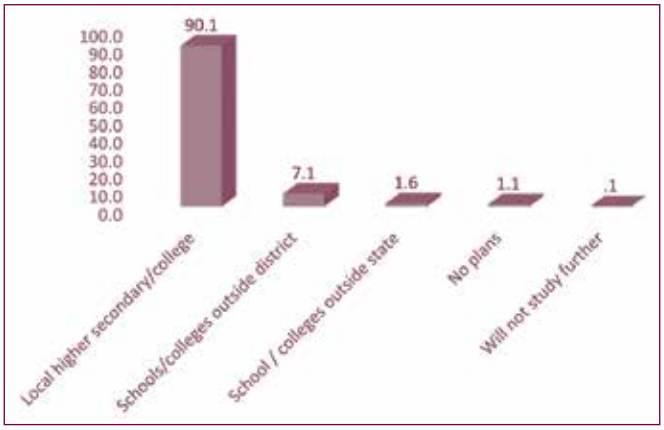
Most of the parents in DNH hope to see their children in, and make plans for, higher education despite their socio-economic constraints (Figure 4.16)). Despite being a Union

Territory inhabited by near about 40 percent of poor people; more than 70 percent of parents covered under HDR Survey reported future plans for their children's higher education. Moreover, almost 60 percent of the respondents surveyed maintained that they would prefer their children moving out of their hereditary/parental professions. Therefore, as it appears, there is a serious potential for the expansion of the higher education in D&NH, which needs to be tapped into. Besides, the Table 4.17 reveals that more than 90 percent of the parents prefer local higher secondary schools/colleges over institutions which are located outside their districts or state. This looks natural owing to the disadvantaged socio-economic background of many of these people. Increase in expenditure, distance and safety concerns of children, particularly girls, are some of the important factors which discourage parents from sending their children to distant places for higher education.

Figure 4.16: Reported Future Plan for Higher Education for Children (in percentage)

Source: HDR Survey, 2016

Figure 4.17: Reported Future Plan for Higher Secondary/College Education for Children (in percentage)



Source: HDR Survey 2016

Moving Forward

It would appear that DNH has made significant improvements in the field of education, especially in the areas such as literacy and infrastructure. Notwithstanding, certain gaps remain stark therein. Female literacy, school dropout and college infrastructure are some of the bigger worries concerning education in the UT.

Public policy needs to focus on female literacy. Gender gaps appear in literacy. Rural female literacy still remains a concern, and it needs to be addressed at the level of educational governance and planning.

Next, universal enrolment at primary and upper primary level is an issue. There is also notable dropout rate at the secondary and higher secondary levels, a trend requiring arrest. School dropout is high in DNH, particularly from secondary level onwards in education. Class-wise dropout among male children is relatively high compared to that of female dropouts. Therefore, the issues of non-enrolment and school dropouts, more particularly among male children, need to be taken seriously by the concerned authorities.

What also requires serious attention from the state actors is the perceived gap in government and private school facilities. Accessibility to school is determined by various socio-economic factors out of which the infrastructure of the school and the financial capabilities of the student stand crucial. Government school facilities are accessed more by lesser privileged groups like rural children, children belonging to SC/ST and female students, as against private school facilities which are accessed by relatively more privileged students. Therefore, improving infrastructure and aiding better educational facilities by refining the quality of teachers and medium of instruction should be paramount considerations to bring government school facilities at par with the private schools.

Further, the government has to focus on higher education. Higher education is key to the development and progress of both people as well as the state. More number of colleges/higher education institutions are required along with greater governmental initiatives and facilities to ensure the expansion, access and quality of higher education. Parents in this Union Territory overwhelmingly favour their children entering higher education, and this needs to be addressed.

Given the limited facilities, many students even travel outside of the Union Territory to nearby states of Gujarat or Maharashtra for availing education beyond the primary level. This, however, is not an efficient method for educational attainment keeping in view the increase in expenditure, large distances to be covered and inhibitions among many students to travel out of the Union Territory, especially the girl students.

CHAPTER 5

HEALTH AND HEALTH CARE

Introduction

The right to live a healthy life is one of the most critical aspects of expanding human capabilities and choices. Human development not only concerns improved health or knowledge, but it also concerns the use of these capabilities. Thus, health is also instrumental for economic growth and collective wellbeing of the society.

To maintain the highest possible health status, it is essential to ensure access to quality health care services to all. State intervention plays a crucial role in ensuring access to services by various groups of population, irrespective of their economic status. State's role is indispensable in creating conditions of equitable access to these health services, particularly for population groups children, mothers, senior citizens, other vulnerable groups. Thus, to provide and maintain quality health services, accurate policy formulation and budget allocation to this sector are paramount.

Framing an appropriate health policy demands information on health providers and various health status indicators. This chapter is a reflection of the existing health and health care scenario of Dadra and Nagar Haveli within the context of recent National Health Policy (2017). It presents a snapshot of the current health status and key population indicators over the last two decades with focus on various issues.

The first section highlights the burden of disease and utilisation of health facilities. The second section deals with infrastructure and health care providers. The third and fourth sections analyse maternal and child health and immunisation coverage. Further, the last section of the chapter includes expenditure on health by various categories.

The data for various health indicators have been collected at both individual and household level. Data from other surveys like the NSS and NFHS, official documents have also been drawn upon.

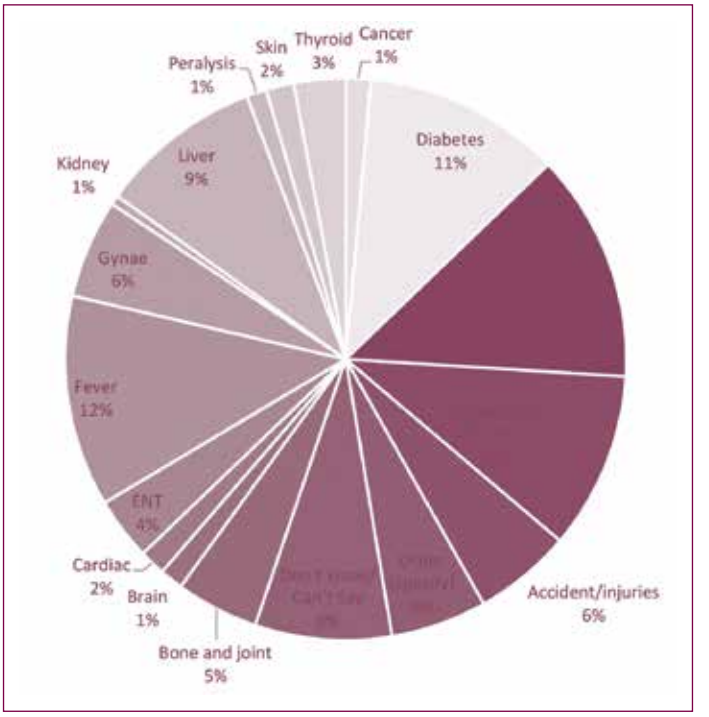
Burden of Disease and Utilisation of the Health Facility

Morbidity and health care related information are collected through the household level, HDR survey, conducted in 2016. Information on chronic and major diseases is collected at the individual level during the period of last 365 days before the interview. This information is for the major illnesses for which a person was hospitalised for treatment. To understand the disease pattern and major illness, the reported illnesses are classified into 17 categories. The share of disease burden is depicted in the following figure, Figure 5.1.

The statistics in Figure 5.1 suggest that non-communicable diseases form the major share of the disease burden, the contribution of blood pressure is 13 percent followed by diabetes (11percent), respiratory problems(10 percent) and cardiac diseases (2 percent). Another 9percent of the reported cases account for different liver and stomach disorder. Further, bone and joint pain related diseases represent5 percent of the total disease burden. Reported illness shows prevalence of kidney, paralysis,

and brain related diseases which contribute one percent each to the disease burden. Accident related major injuries for which the person is admitted into hospital is6 percent which is quite high. Besides this, Gynecological diseases including maternal health and delivery complications has a share of 6 percent of the total major illnesses. Rest other diseases which are not classified in these sixteen categories are mentioned as 'other category' which includes body pain, diverse types of disability, HIV/AIDS and other illness, is around 6 percent.

Figure 5.1: Percentage Distribution of Chronic Disease and Long-term Illness



HDR Survey, 2016, Dadra and Nagar Haveli

The key conclusion of the data suggests that unlike in many other parts of India, communicational diseases are relatively under greater control as compared to non-communicational diseases. On one side, this is a success, but on theother side, the dominance of non-communicational diseases requires effective public action. Example, it requires looking into why so many people suffer from hypertension, diabetes or residuary diseases, and then suitable action needs to be devised to check/control this.

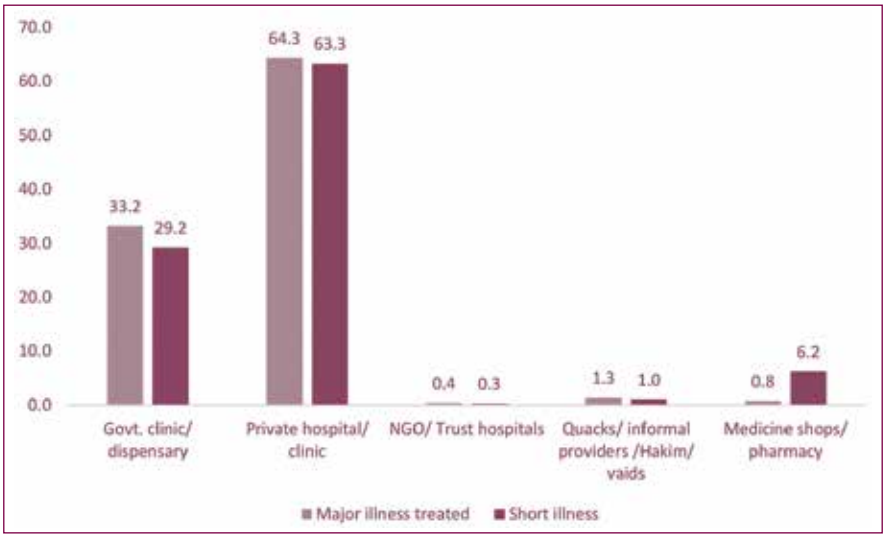
Infrastructure & Health Care Providers

Next, it is important to investigate the pattern of health seeking behaviour of the people of DNH as it would help to examine the functioning of the health facilities and the gaps that may exist that require attention through policy decisions and budget allocation. To understand the utilisation of different health facilities, a classification of health providers

are broadly categorised into four (Figure 5.2). The HDR survey of 2016 (Figure 5.2)suggests that for both major and minor illnesses, mostly people go to private health facilities for the treatment, which includes private clinics and hospitals. Government facilities are used to an extent of 30 percent for both critical illnesses and short illness even though the cost of public hospitals are much more affordable. These include sub-centres like, PHCs, CHCs, and district hospitals. However, the usage of private health facility is around 64%. The primary reason for this could be the lack of doctors and dissatisfying quality standards at state-run, or public hospitals.

Thus, to ensure health services and proper functioning of the health care service providing units it is essential to assure the execution of both the physical infrastructure (which includes building, machineries and instruments, electricity, water supply etc.) and human resources (which includes doctors, nurses, lab technicians etc.)

Figure 5.2: Utilisation of Health Facility for Hospitalisation Cases and Short-term Illness



HDR Survey, 2016, Dadra and Nagar Haveli

Maternal and Child Health

Maternal and child health status is a vital component for evaluating the overall health status inthe UT.The National Family Health Survey (NFHS-4) suggests that in Dadra & Nagar Haveli, the coverage of antenatal check-up in the first trimester is 63.6 percent with 69.4 percentin rural areaswhereas it is56.1 percentin the urban areas. But the pregnant women receiving full antenatal care is relatively low in both urban and rural areas (Table 5.1). According to the NFHS-4, full antenatal care is carried in approximately 44 percent of the cases, out of which rural coverage is around 51 percent and urban coverage is 34 percent. Why is the urban coverage low? The plausible reason could be that people in urban areas either go to private facilities outside the state or private facilities are not covered in the survey.

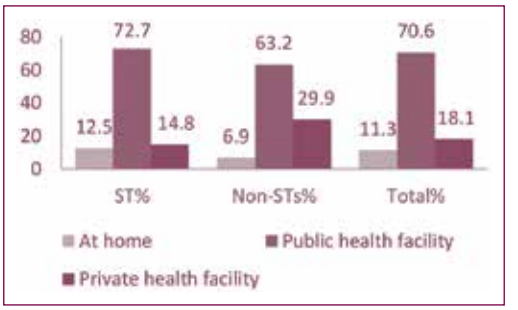
Table 5.1: Coverage of Maternity Care in Dadra and Nagar Haveli

Indicators on maternity care (%)	Urban	Rural	Total
Have antenatal check-up in the first trimester	56.1	69.4	63.6
Have at least 4 antenatal care visits	79.8	72.3	75.6
Have full antenatal care	34.5	51.2	43.9

National Family Health Survey – 4 (2015-16

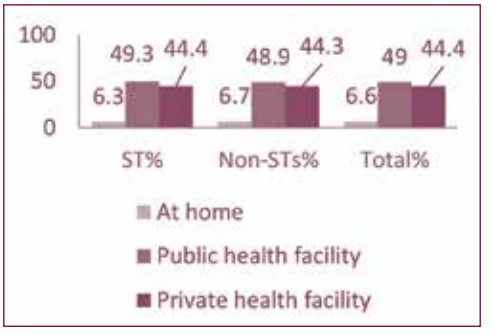
It is also important to examinethe rural-urban, tribal and non-tribal differentials, by place of ANC (Figures5.3a. and 5.3bb). Approximately, 73 percent of ST communities in rural areas predominantly rely on public health facilities.A similar case is observed in non-ST population of rural areas as well, where majority of the population rely on government facilities (63 percent). Overall the difference between private and public health facility in the rural areas is huge. The reason for the couldbe due to lack of private health facilities in comparison to public health facilities in rural areas Another reason could also be the costs associated with private facilities. Public health facilities are more affordable. Overall, in rural areas, the usage of public facility is 70 percent, private facility is 18 percent, and at home ANC care is 11.3 percent.

Figure 5.3a: Place of ANC Care (Rural Area)



HDR Survey, 2016, Dadra and Nagar Haveli

Figure 5.3b: Place of ANC Care (Urban Area)

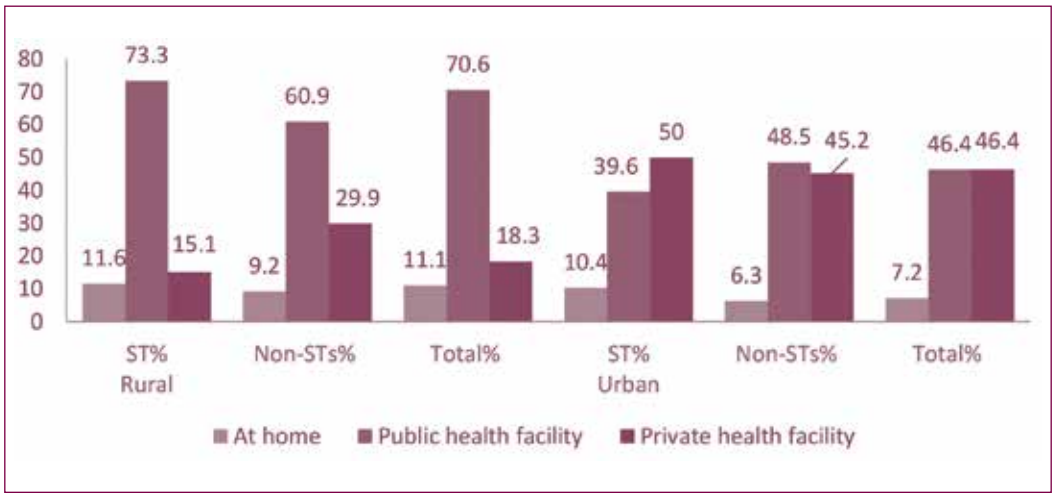


HDR Survey, 2016, Dadra and Nagar Haveli

In the case of urban areas, 49 percent use public health facility, 44.4 percent use private health facility and 6.6 percent stay at home. For ST and non-ST communities in urban areas, the difference in statistics is negligible. However, the use of public health facility is slightly higher than private health facility for both the communities.

Besides antenatal care, another central indicator of maternal and child mortality is the place of delivery. The Human Development survey of 2016 shows that institutional birth for both rural and urban areas are quite high (Figure 5.4). The figure also shows the break-up by location and social groups. In rural areas, majority of the population belonging to ST and non-ST communities utilise public health facility. However, there is a difference in percentage between the ST (73.3 percent) and non-ST communities (60.9 percent). In urban areas, the difference between the use of private and public health facility is negligible.

Figure 5.4: Place of Delivery by Type of Health Facility



HDR Survey, 2016, Dadra and Nagar Haveli

Apart from this, Post-natal Care is also an important dimension of maternal and child care. Post-delivery phase is a critical phase which contributes to most maternal and infant deaths. HDR survey (table 5.2) shows that approximately 60 percent of the ST and Non-ST women in rural and urban areas receive their first PNC care on the same day within the first week of birth. However, there is still scope for achieving full coverage of PNC care, which could be extended to all the mothers and new-born children. Additionally, in rural areas, majority of the women (67 percent) use public health facility whereas private facility usage is only around 20 percent. In the case of urban areas, public health facility is 44 percent and private health facility is about 45 percent. Hence, there is an insignificant difference.

Table 5.2: Post Natal Care: Time and Place by Rural-Urban Area

	Rural			Urban		
	ST%	Non-STs%	Total%	ST%	Non-STs%	Total%
Time of the 1st PNC care						
On the same day	59.8	64.4	60.7	62.5	63.5	63.3
Within the first week	24.8	13.8	22.4	13.9	16.3	15.7
After first week of delivery	11.9	19.5	13.6	15.3	14.1	14.4
After sixth week of delivery	3.5	2.3	3.3	8.3	6.1	6.6
Place of 1st PNC check-up						
At home	13.5	11.5	13.1	6.9	12.4	11.1
Public health facility	70.1	56.3	67.1	44.4	43.9	44.0
Private health facility	16.4	32.2	19.8	48.6	43.7	44.9

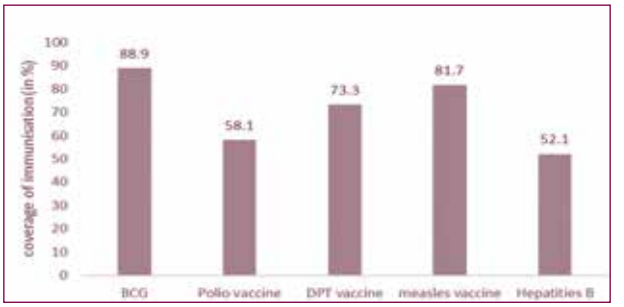
HDR Survey 2016, Dadra and Nagar Haveli

Immunisation coverage

According to National Family Health Survey (Figure 5.5), BCG vaccine has a coverage of 88.9 percent, DPT vaccine coverage is 73.3 percent and measles vaccine coverage is 81.7 percent. The primary survey conducted in 2016 also finds that of all children born in the last three years prior to 2016, received some kind of immunisation and no excessive difference is found in the statistics. According to the primary survey (table 5.3), the BCG vaccine has the highest coverage of 99.8 percent. The major concern is Vitamin A coverage where about 41 percent do not receive the first dose and 91.7 percent do not receive the last dose.

It can be deduced that parents are not aware that the entire course for vaccination needs to be completed for it to be effective. Hence, to ensure universal immunisation coverage, it is required expanding the immunisation programmes in a more effective way by creating awareness among the masses about the importance of immunisation. Apart from Vitamin A, measles also requires some attention as 22 percent still do not receive it.

Figure 5.5: Immunisation Coverage of the Children in the Age Group12-23 Months



NFHS-4, 2015-16

Table 5.3: Immunisation Status of Children Born in the Last Three Years

	BCG	Polio at birth	Polio1	Polio2	Polio3	DPT1	DPT	DPT3		Vit A.-1st dose	Vit A.-Last dose
Received	99.8	99.0	98.4	95.2	86.8	94.8	91.7	84.7	77.9	59.1	8.3
Did not receive	0.2	1.0	1.6	4.8	13.2	5.2	8.3	15.3	22.1	40.9	91.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

HDR survey 2016

Health Care Expenditure

To discuss on health care expenditure, it is important to understand the structure of the Indian health care system. In Indian health care system ,theprivate entities play a significant role. According to the National Health Accounts Report, the total health expenditure in India is 3.89 percent of the GDP (Rs. 3,826 per capita), which constitutes both public and private expenditure for the financial year 2014-15. The public health care services are financed by the central government, state government, and local bodies. Whereas,private health expenditure comprises of out of pocket (OOPE) expenditure incurred by the households for availing health care services, health expenditure through insurance mechanism and expenditure by corporate bodies for their employees and families. National Account Statistics (2014-15) shows that the OOPEby households is about 2.4 percent of the GDP and 62.6 percent of total health expenditure.

The HDR survey collected data on OOPE expenditure to delve upon the economic burden for health care on the common masses. This survey shows that for major illness cases (people hospitalised during last 365 days) show that per capita average private health expenditure is around 2.9 times higher than the OOPE expenditure when a person is treated in public health facility. Disease specific per capita average health expenditure shows that the per capita average expenditure in private health facility is the highest for terminal diseases like cancer (Rs. 51,000), but if treated in public health facility, it comes down to Rs. 12,000. The HDR survey shows that the second highest expenditure is for Kidney diseases,which is Rs. 44,000 in a private facility, while it is Rs. 52,000 if the person is treated in public health facility. The additional expenditure may be due to the fact that for such kind of severe illness, some laboratory tests have been done outside the public facility, which cost large amounts. On aggregate, the per capita average annual expenditure for treatment of major illnesses in public health facilities is Rs. 6,572, and in private health facility it is Rs. 18,945.

Expenditure on short-term and long-term diseases

Primary data has also been collected regarding per capita expenditure on short term and long-term disease expense (Table 5.4). In this section, short-term disease expense refers to payments relating health within 30 days, whereas, long term disease expense refers to payments relating health within one year. According to the primary survey

2016, overall, per capita short-term expenditure is Rs 94 and per-capita long-term expenditure is Rs 1686.

It is observed that per capita expenditure in urban areas is approximately two times higher than in rural areas for both short-term and long-term disease expense. This is plausible, since, a high proportion of urban population utilise private health facility with prohibitive costs than public health facility. Another reason could also be that people in rural areas are more price sensitive to seek health care when they are ill than people in urban areas. Further, *it is also observed that the per capita expenditure on health is higher for migrants in contrast to residents for both short term and long term. The reason for this could be the lack of knowledge of the area, the benefits offered and a lot of external factors such as weather condition, pollution, etc. that may influence the health of the migrants leading to illness.*

Among the social categories, scheduled tribe has the lowest per capita short-term and long-terms disease expenditure. In case of general category, the short-term disease expenditure is Rs 117 and long-term disease expenditure is Rs 2345.

Table 5.4: Average expenditure in short and long disease

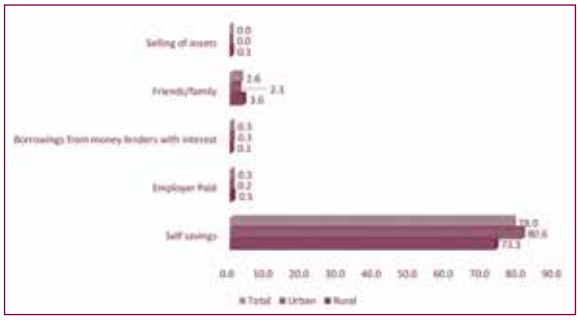
Category	Per Capita Short-termdisease expense (Rs.)	Per capita long-term disease expense (Rs.)
Rural	72	1076
Urban	110	2108
Scheduled Caste	105	2583
Scheduled Tribe	69	1203
Other Backward Caste	119	1686
General	117	2345
In Migrant	118	1882
Resident	69	1478
Total	94	1686

HDR Survey 2016

Health Expenditure Pattern

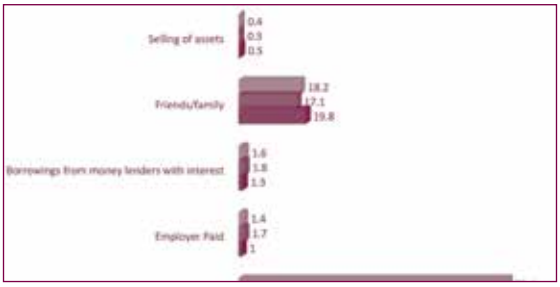
It is observed from figure 5.6 and 5.7 that a majority respondents finance health expenditure through self-savings i.e. out of pocket expenditure. According to the primary survey, 78 percent of the respondents use self-savings for short-term expenditure and 79.4 percent use it for long-term health expenditure. Hence, the difference is insignificant. Further, approximately 18 percent take help of friends/family for long term health expenditure where in short-term health expenditure, it is only 2.6 percent.

Fig 5.6: Short term health expenditure pattern



HDR Survey 2016

Fig 5.7 Long term health expenditure pattern

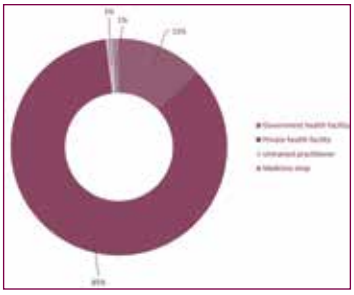


HDR survey 2016

Out of Pocket expenditure

In Dadra and Nagar Haveli, the total out of pocket expenditure for health care, which includes both major and minor illness, is around eightcrores for the year 2016. Among the health providers, the major share of out of pocket expenditure goes to the private health facility, around 6.5 crores (85 percent). This is because public health facilities are fewer in numbers and provide services at a subsidised rate or negligible price; therefore, oversubscribed. The share of OOPE expenditure for several types of health providers is given in Figure 5.8. It is largely seen that major OOPE for healthcare is in the private health facility, followed by the government health facility which is 13 percent.

Figure 5.8: Share of Out of Pocket Expenditure by Types of Health Facility



HDR Survey, 2016, Dadra and Nagar Haveli

Conclusion

With respect to health care, the data on burden of disease shows high prevalence of non-communicable diseases such as hypertension, diabetes, cardiac problems, etc. This is a serious situation and requires special attention and awareness to curb the ever-increasing numbers. In case of infrastructure, the HDR survey reveals that the utilisation of private health facilities is around twice higher than the public health facilities for both major and minor illnesses. Thus, there is a need to execute good quality physical infrastructure and human resources.

In maternal and child health, there is a high coverage of ANC in the first trimester, whereas, the full ANC coverage is low. Overall, it is observed that maternity care is higher in rural areas than in urban areas. Additionally, PNC care needs to be strengthened to cover all women and infants to bring about improvements in maternal and infant mortality in DNH. Further, majority of the population in rural areas use public health facility for ANC whereas in urban areas, approximately, half of the population utilise public facility and other half utilises private facility for ANC. Hence, the difference is negligible. Apart from this, another major indicator is the place of delivery. In the case of ST population, most of the child births take place in private facilities, which is an added burden on the population. By improving public health facilities, its utilization can be increased to ensure safe delivery amongst the most vulnerable sections of the society (the ST community) of the society.

The chapter also highlights immunisation coverage of the children. It is observed that the government measures have led to increase in the extent of child immunisation, but the implementation of the full course of vaccination is yet to be achieved among large sections of the population. There is need to create awareness among the masses, especially regarding the Vitamin A dose to completely immunize their children.

Besides this, a high share of out of pocket expenditure on private health facilities is also an impediment in seeking medical care for the population, especially the ST communities, which constitute the large share of the population. However, the expenditure on terminal diseases like cancer, kidney diseases etc. are higher in public health facilities since the tests are done externally at a high cost. Therefore, to curb high OOPE, the government needs to regulate private health service providers and ensure better service delivery by public health services. Lastly, according to the primary survey 2016, the overall expenditure on health is seen higher in urban areas that in rural areas and in case of migrants than for residents.

Hence, the government needs to focus on the proper implementation of the health care programmes, including awareness creation, so that the benefits reach to all citizens.

CHAPTER 6

PUBLIC PROGRAMMES AND SOCIAL PROTECTION

Introduction

Social security policies have short and long term implications for the economic and social development of a state. These policies ensure that people enjoy basic income security, have effective access to education, health care, and other social services, and are empowered to take advantage of economic opportunities. The different public programmes target a number of aspects related to human development, such as, medical care, sickness, nutrition, unemployment and income security, old age, employment injury, maternal and child well-being, child and maternal nutrition, disability, among others. Many of these programmes, further, specifically target the deprived and marginalised sections of the society, thus ensuring greater social inclusion.

The UT of Dadra and Nagar Haveli implements various such public programmes and schemes funded both by the central government and the UT. This chapter discusses the effectiveness of these programmes as experienced by the respondents interviewed in the HDR Survey of 2016. The discussion in this chapter covers only those programmes/ schemes for which at least 10 percent of total respondents and their family members were eligible.

The following section in this chapter focuses on awareness among beneficiaries and satisfaction regarding selected schemes funded by Central Governments. The third section focuses on similar aspects about the selected schemes funded by the DNH Administration. . The fourth section undertakes a case study of the PDS programme in the DNH and examines the reach of the scheme, utilisation of ration card facilities, and the main grievances voiced by the beneficiaries. This section also investigates sources of drinking water and types of toilets used by households. The last section concludes the chapter and presents a few broad policy oriented recommendation.

Programmes and Schemes Funded by the Central Government

A number of social protection programmes being implemented in DNH are directly funded either entirely by the Central Government or with partial state/UT contribution .A few such important centrally supported schemes are (i) Janani Suraksha Yojana, (ii) Integrated Child Development Services Scheme, (iii) Mid-Day Meal scheme, (iv) Scholarship for Students (v) National Social Assistance Programme, and (vi) Mahatma Gandhi National Rural Employment Guarantee Act. A brief description of these schemes is provided in Box 6.1 below.

Box 6.1

1. Janani Suraksha Yojana

The Janani Suraksha Yojana (JSY), a hundred percent centrally-sponsored scheme, is a intervention programme to bring about improvements in maternal wellbeing. It is being implemented with the objective of reducing maternal mortality by raising the frequency of institutional deliveries among poor pregnant women. Under this scheme, cash assistance is given to women delivering babies in government health centres or accredited private health institutions. Accredited Social Health Activists (ASHAs) work as the effective link between the government and the target beneficiaries of the scheme. ASHAs are provided financial incentives to promote institutional deliveries.

2. Integrated Child Development Services Scheme

The Integrated Child Development Services (ICDS) scheme is a unique programme for early childhood development. The main objectives of the scheme are to improve the nutritional and health status of children in the age group 0–6 years; to lay the foundation for proper psychological, physical and social development of the child; to reduce the incidence of mortality, morbidity, malnutrition and school drop-outs, to achieve effective coordination of policy and implementation amongst the various departments to promote child development; and to enhance the capability of mothers to look after the normal health and nutritional needs of the child through proper nutrition and health education.

3. Mid-Day Meal Scheme

The National Programme of Nutritional Support to Primary Education was launched in 1995 as a centrally-sponsored scheme to enhance enrolment, retention and attendance and simultaneously improving the nutritional levels among children. Initially, it was implemented for children in grades I–V of government, government-aided and local body schools in 2,408 blocks in the country. The scheme was extended to all the blocks of the country by 1997–98. The scheme was further extended to cover children at the upper-primary level in October 2007. Initially, 3,479 educationally backward blocks (EBBs) were included. Since 1 April 2008, this programme covers all children studying in government, local body, and government-aided primary and upper-primary schools, including madrasas, supported under Sarva Shiksha Abhiyan (SSA) across the country.

4. Scholarship for Students

Scholarships for children's education at different levels encourage child education and enhance child retention in classes by providing financial assistance to students from vulnerable sections of society. There are numerous scholarships given by central government for children from different sections of the society.

5. National Social Assistance Programme

The National Social Assistance Programme (NSAP), which came into effect on 15 August 1995, has three important schemes viz. Indira Gandhi National Old Age Pension Scheme, Indira Gandhi National Widow Pension Scheme, and Indira Gandhi National Disability Pension Scheme

6. Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

The MGNREGA, enacted by Parliament of India on 25th August 2005, is an employment guarantee scheme for people residing in rural areas of the country. It aims to enhance livelihood security of the people in rural areas by guaranteeing 100 days' employment at a fixed wage to an adult member, who volunteers to do unskilled manual work, of a household in each financial year.

Awareness about the Programmes/Schemes – General Awareness

The HDR Survey of 2016 suggests that there is widespread awareness among households and the populace regarding all the social protection programmes funded by the Central Government in the UT. In general, the levels of awareness regarding Centrally Sponsored Schemes functional and implemented in DNH were high. Nonetheless, the level of awareness varies based on the specific scheme. About 90 per cent of the respondents were aware of JSY and more than 90 per cent of the respondents were aware about ICDS, student scholarships, MDM scheme, widow, old-age, and disability pension schemes. The level of awareness for NREGA was much lower and only about 40 percent of the respondents expressed awareness about the same. The levels of awareness regarding social schemes also varied among the urban and the rural regions, and was higher for urban as compared to rural areas, except for ICDS and MGNREGA. There were also differences in the levels of awareness between the local population and the migrant households. The data show that the lack of ***awareness*** in different programmes was 10.6 percent in case of JSY, 6.2 percent in case of ICDS, 6.4 percent in case of scholarship for students, 1.5 percent of MDM scheme, 3.1 percent in case of pension to widow, 5.9 percent in case of pension to disable, 3.2 percent in case of pension to old person and 58.7 percent for MGNREGA (Table 6.1). The lack of awareness level is slightly higher in urban areas than rural areas for all the programmes except ICDS and MGNREGA. In case of JSY, mid-day meal scheme, scholarship for students, pension to widow, pension to old person, and pension to the disabled programmes, the migrants have less awareness as compared to the migrant households.

Table 6.1: Percentage of households Unaware of programme/Schemes of the Central Government

Name of Schemes	Rural	Urban	Migrant	Non-migrant	Total
(1)	(2)	(3)	(4)	(5)	(6)
Janani Suraksha Yojana (JSY)	7.6	12.2	13.5	7.2	10.6
Integrated Child Development Services Scheme (ICDS)	7.4	5.6	5.7	6.9	6.2
Mid-Day Meal (MDM) Scheme	0.7	2.0	2.4	0.5	1.5
Scholarship for students	4.9	7.2	8.4	4.1	6.4
Widow Pension Scheme	1.7	3.8	5	0.8	3.1
Pension Scheme for Disabled Persons	4.7	6.6	6.7	5	5.9
Old Age Pension Scheme	1.2	4.2	5.3	0.6	3.2
Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	59.3	58.3	57.1	60.6	58.7

Source: HDR Survey 2016

Eligible Households and Beneficiaries of the Programmes/Schemes

The share of households who were eligible and ever received benefit of a programme/scheme implemented, separately for rural and urban areas, can be seen from Table 6.2. In general, the eligibility of rural households was marginally higher in comparison to urban areas. Likewise, of the eligible households, a greater number received benefits in the rural areas in comparison to the urban areas. Interestingly, 4.7 percent households in urban areas responded that they were eligible for benefits under MGNREGA, even though the programme is to be implemented in rural areas only. Further, 1.7 percent households out of 4.7 percent eligible households responded that they ever received benefit under this programme. A plausible reason for this could have been the short term rural-urban migration. In terms of receiving benefits, best performing schemes were the Mid-Day-Meal Scheme (99.1 percent of eligible beneficiaries) and ICDS (79 percent of eligible beneficiaries) followed by Janani Suraksha Yojana (62.7 % of eligible beneficiaries). Other schemes need greater attention for better implementation and outcomes.

There were two overarching features discernible with respect to this data. First, most households are ineligible to receive benefits under these schemes as the majority are targeted and not universal in their coverage. This ***ipso facto*** excludes a large proportion of the population from these schemes. However, as the data shows, a fairly large number of those who are eligible households benefit and avail benefits of the scheme. Since, such a large proportion of people avail and use these benefits, we recommend that the programmes should be extended to bring a larger number under their fold, particularly in the case of JSSK/JSY and the scholarship programmes for students.

Table 6.2: Percentage of households reporting any member of household eligible to get benefit, and ever received benefit of programme - Funded by Central Government

Programme	Percentage of Households					
	Rural		Urban		Total	
	Eligible	Ever	Eligible	Ever	Eligible	Ever
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Janani-Shishu Suraksha/Karyakram (JSSK)/ Janani Suraksha Yojana (JSY)	19.8	62.9	11.2	62.6	14.2	62.7
Integrated Child Development Services Scheme (ICDS)	38.9	83.6	23.1	75	28.4	79
Mid-Day Meal Scheme	37.1	99.5	20.9	98.6	26.5	99.1
Scholarship for students	27.8	60.7	13.6	41.8	18.6	51.7
Widow Pension Scheme	10.8	61.7	7.7	43.6	8.8	51.3
Pension Scheme for Disabled Persons	0.1	50	0	0	0.1	33.3
Old Age Pension Scheme	19.5	68.4	10.8	50.3	13.8	59.2
Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	6.6	31.1	4.7	1.6	5.3	13.8

Source: HDR Survey 2016

Satisfaction with the Programmes/Schemes

The survey respondents who had ever received benefits under the ongoing programmes were asked about their satisfaction with the schemes. The HDR Survey of 2016 shows that most households in DNH are satisfied with programmes funded by central government. The percentage of persons who are dissatisfied is very less. Below 1 percent of the respondents expressed dissatisfaction with JSY, ICDS, MDM, student scholarship scheme and below 6 per cent said that they were dissatisfied with widow pension scheme and old age pension scheme (i.e. 0.3 percent for JSY, 0.5 percent for ICDS; 0.1 percent for MDM Scheme, 0.7 percent for scholarship for students, 3.2 percent for Pension to Widow, 5.1 percent for pension to Old Person; Table 6.3). Further, in cases of disability pension and MGNREGA, even though a small proportion of the households responded to be eligible and only some of eligible got benefits and no dissatisfaction was reported in the cases of pension for the disabled and MGNREGA. Satisfaction level among all the categories of households (viz. rural/urban, migrant/non-migrant) is also very high. High level of awareness and satisfaction shows the importance and efficiency of the central government schemes in the DNH and highlight the importance of bringing a greater number of persons under its fold.

Table 6.3: Percentage of households Dissatisfied or very dissatisfied with the programme/schemes - Funded by Central Government

Schemes	Migrant Households			Non-Migrant Households			Total		
	Rural		Total	Rural		Total	Rural		Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Janani-Shishu Suraksha/ Karyakram (JSSK)/ Janani Suraksha Yojana (JSY)	0.0	0.0	0.0	0.6	0.0	0.5	0.5	0.0	0.3
Integrated Child Development Services Scheme (ICDS)	0.0	0.0	0.0	0.7	1.0	0.8	0.6	0.4	0.5
Mid Day Meal Scheme	0.0	0.3	0.2	0.0	0.0	0.0	0.0	0.2	0.1
Scholarship for students	0.0	0.0	0.0	0.8	0.8	0.8	0.7	0.6	0.7
Pension to widow	0.0	4.3	4.1	2.7	3.7	3.1	2.7	3.8	3.2
Pension to disable	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pension to old person	0.0	16.7	15.5	6.8	0.7	4.7	6.7	2.4	5.1
Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Programmes/Schemes Funded by Union Territory

There are many social protection programmes funded and implemented by DNH Administration of DNH. A few important schemes are (i) Integrated Agriculture Development Scheme, (ii) Soil testing, (iii) Saratwati Vidya Yojana (SVY), (iv) Free health insurance for girl students under (Sanjeevani Beema Yojana), (v) Free Distribution of bicycles for girl students studying in Class 8, (vi) Indira Gandhi Matritva Sahyog Yojna (IGMSY) Scheme, (vii)Udaan (Benefit of Laptops for Class 11 students of government- and government-aided higher secondary schools), (viii) Matru Samruddhi Yojana (for 1st two births/delivery at Government Health Institution), (ix) Immunisation / health check-up and referral services, (x) Dikri Development Scheme, and (xi) Food supplement for children age below six years, pregnant and lactating mothers, and adolescent girls though Anganwadi centres.

Awareness about the Programmes/Schemes

The level of awareness about UT-funded schemes among the respondents was much lower in comparison to the schemes funded by central government. The unawareness was highest in the case of Indira Gandhi Matritva Sahyog Yojna (IGMSY) Scheme (86.5 percent) and Soil testing (49.8 percent). Except for these two schemes, unawareness levels were less than 20 percent for all other schemes (Table 6.4).Surprisingly, unawareness is higher in urban areas in comparison to rural areas about many schemes e.g.Integrated Agriculture Development Scheme, Free health insurance for girls student under Sanjeevani Beema Yojana, Free Distribution of Bicycle for girls student studying in class 8th, IGMSY, Udan, Matru Samruddhi Yojana, Dikri Development Scheme, etc. Similarly,

unawareness is higher in cases of migrant households in comparison to non-migrant households. A plausible reason for the lower awareness among the migrant households as compared to non-migrants is that migrants are concentrated in urban areas. There is a need to undertake awareness programmes in urban areas, particularly among the migrant households. The government should attempt to provide same benefits to all households without any differentiation based on the domicile status.

Table 6.4: Percentage of households Not Aware about the Programme/Scheme- Funded by UTs

S. No.	Name of Schemes	Unawareness (%)				
		Rural	Urban		Non-	Total
1	Integrated Agriculture Development Scheme	8.5	20.9	25.9	5.2	15.9
2	Soil testing	51.6	48.5	51.8	47.7	49.8
3	Saratwati Vidya Yojana (SVY)	8.3	6.7	8.8	5.8	7.4
4	Free health insurance for girls student under Sanjeevani Beema Yojana	17.2	21.8	24.4	15.1	19.9
5	Free Distribution of Bicycle for girls student studying in class 8th	1.0	2.9	3.5	.6	2.1
6	Indira Gandhi Matritva Sahyog Yojna (IGMSY) Scheme	83.7	88.5	87.7	85.2	86.5
7	Udaan (Benefit of Laptops for Class 11 students of government- and government-aided higher secondary schools)	4.0	4.9	6.3	2.7	4.6
8	Matru Samruddhi Yojana (for 1st two birth/delivery at Govt. Health Institution of UT of Dadra & Nagar Haveli)	13.8	18.8	20.8	12.4	16.8
9	Immunization / Health checkup and referral services	2.0	2.6	3.1	1.7	2.4
10	Dikri Development Scheme	11.8	16.5	18.7	10.1	14.6
11	Food supplement for Child age below 6 years , pregnant and lactating mothers, Adolescent girls though Anganwadi Centre	8.0	15.9	17.5	7.5	12.7

Eligible Households and Beneficiaries of the Programmes/Schemes

Table 6.5 shows that a small proportion of households are eligible for benefits within the various programmes implemented and funded by the UT. From data in table 6.4, it can be discerned that there are high level of awareness, in general, about these programmes. However, there is a need to broaden the coverage of the programmes. The number of households, out of eligible households, who ever received the benefits under the various programmes is high, though not 100 percent. During survey, the eligibility about the programme was asked to only those who were aware about the programme. Therefore, there is a need to increase the awareness among the households as well appropriate modification in the programmes so that the number of beneficiary households should increase.

Table 6.5: Percentage of households reporting any member of household eligible to get benefit, and ever received benefit of programme - Funded by Union Territory

S. No.	Name of Schemes	Eligible (%)			Ever received benefit (%)		
		Rural	Urban	Total	Rural	Urban	Total
1	Integrated Agriculture Development Scheme	65.1	28.5	44.8	84.8	86.8	85.5
2	Soil testing	56.0	25.8	37.7	76.9	75.6	76.4
3	Saratwati Vidya Yojana (SVY)	40.7	23.0	30.2	89.4	87.0	88.3
4	Free health insurance for girls student under Sanjeevani Beema Yojana	50.2	25.9	36.1	78.0	71.8	75.4
5	Free Distribution of Bicycle for grils student studying in class 8th	27.8	12.7	19.0	92.5	86.3	90.1
6	Indira Gandhi Matritva Sahyog Yojna (IGMSY) Scheme	4.0	1.3	2.6	63.6	40.0	57.6
7	Udaan (Benefit of Laptops for Class 11 students of government- and government-aided higher secondary schools)	16.7	13.0	14.5	72.1	85.3	79.0
8	Matru Samruddhi Yojana (for 1st two brith/ delivery at Govt. Health Institution of UT of Dadra & Nagar Haveli)	14.7	8.0	10.8	58.1	44.8	52.5
9	Immunization / Health checkup and referral services	43.4	31.4	36.4	94.4	82.1	88.1
10	Dikri Development Scheme	9.1	4.3	6.3	47.8	33.3	42.1
11	Food supplement for Child age below 6 years , pregnant and lactating mothers, Adolescent girls though Anganwadi Centre	13.6	7.0	9.8	72.5	35.1	57.3

Satisfaction about the Programmes/Schemes

In-spite of low awareness about the UT-funded schemes, beneficiaries of the schemes are satisfied with the scheme (Table 6.6).However, this has limited implications as it relates to only those beneficiaries who ever received benefits under the programmes. As shown in table 5.5, the proportion of eligible households was low for most of the schemes. Even though a small proportion was eligible, within that, a large proportion of the eligible population accessed and availed of the benefits of the schemes. The low level of awareness and a high proportion of beneficiaries accessing the schemes along with high level of satisfaction shows that the schemes are not operational at their full potential. A high level of dissatisfaction has been observed only in the case of Integrated Agriculture Development Scheme (Table 6.6). There is a need for government to enhance the awareness about the programmes so that more beneficiaries can be covered under the schemes.

Table 6.6: Percentage of households Dissatisfied/very dissatisfied with programmes Funded by UT

S. No.	Name of Schemes	Rural	Urban	Total
1	Integrated Agriculture Development Scheme	28.5	52.7	37.2
2	Soil testing	0.6	0	0.3
3	Saratwati Vidya Yojana (SVY)	0	0	0
4	Free health insurance for girls student under Sanjeevani Beema Yojana	0.2	0.2	0.2
5	Free Distribution of Bicycle for grils student studying in class 8th	0	0.3	0.1
6	Indira Gandhi Matritva Sahyog Yojna (IGMSY) Scheme	0	0	0
7	Udaan (Benefit of Laptops for Class 11 students of government- and government-aided higher secondary schools)	0	0	0
8	Matru Samruddhi Yojana (for 1st two brith/ delivery at Govt. Health Institution of UT of Dadra & Nagar Haveli)	0.8	3.2	1.7
9	Immunization / Health checkup and referral services	0.4	0.2	0.3
10	Dikri Development Scheme	1.5	0	1.1
11	Food supplement for Child age below 6 years , pregnant and lactating mothers, Adolescent girls though Anganwadi Centre	2	3	2.2

Ration Cards facilities to avail the benefits of Various Programmes

The low number of eligible beneficiaries for various programmes funded by DNH (shown in Table 6.5) raises some questions about the design of the programmes and their implementations. An analysis about possessions of ration cards and their types can provide a possible answer. In this regard, Table 6.7 shows that only 58.3 percent households have ration cards. Among migrant households, whose number is higher than the non-migrant households, only 25 percent households have ration cards while around 85 percent non-migrant households have ration cards. These figures clearly indicate that most of migrant's households are not covered under various social protection and welfare schemes. Since migrant households are higher in number and contribute to the development of the UT, government should take necessary steps so that all households in DNH have ration cards.

Table 6.7: Households Having Ration Cards

	Rural	Urban	Total
Migrant Households	14.5	27.7	25.4
Non-migrant Households	86.3	81.8	84.8
Total	74.0	45.4	58.3

Reasons of not having the Ration Cards by the Households

In general, the most important reason for not having ration cards is 'not having proper documents' (55.4 percent) followed by 'applied but did not receive till now' (27.2 %) (Table 6.8). The other reasons for not having ration cards are 'asked for bribe despite having proper documents' (3.3 percent), 'ward councillor does not allocate' (4.6 percent), 'discrimination due to caste/religion/region' (0.1 percent), 'don't know the place where to apply' (5.1 percent) and 'not eligible (including others)' (4.4 percent). These reasons have different bearings for migrant and non-migrant households. For example, the reason - 'not having proper documents' is mostly true for the migrant households, on the other hand, 'applied but did not receive till now' is, though, valid for both types of households, but is a crucial issue among non-migrant households. These two particular problems can be addressed through appropriate policy changes and administrative reforms.

Table 6.8 Reasons of Not Having Ration Cards

Reasons	Migrants	Non-migrants	Total
Do not have the proper documents	67.2	8.5	55.4
Asked for bribe despite having proper documents	3.9	.8	3.3
Ward councillor does not allocate	3.0	10.8	4.6
Discrimination due to caste/religion/region	0.1	0.0	0.1
Applied but did not receive till now	15.1	75.4	27.2
Don't know the place where to apply	5.7	3.0	5.1
Not eligible (including others)	5.1	1.5	4.4
Total	100.0	100.0	100.0

Households Having Ration Cards by their Type

There are four important types of cards given to the households in the UT:

- NFSA card: It is given to households as per the guidelines of National Food Security Act;
- APL (Above Poverty Line) card: It is given to households which are above the poverty line. It is also known by its colour, as the 'white card' or Saada Card;
- BPL (Below Poverty Line) card: It is given to households who are below the poverty line. It is also known by its colour, as the 'red card' or Laal Card; and
- Antyodaya card: It is yellow in colour and thus referred to by that name or Peela Card. It is given to the households under a scheme to provide highly subsidised food to the poorest families.

Furthermore, Table 6.9 shows, among those households having ration cards, a little over 70 percent have NFSA cards. It indicates that the awareness level of people about NFSA card is quite high. Among the households having ration card, around 14 percent household have APL cards while around 12 percent household have BPL cards and only 5 percent household have Antyodaya cards. Further, households in urban areas

have slightly more number of both, NFSA and APL cards as compared to households in rural areas. Among migrant and non-migrant households, the share of non-migrant households having NFSA card is higher than that of migrant households. Further, as migrants are concentrated in urban areas, the share of migrant households having APL card is higher than that of non-migrant households. There were also cases of reported errors – both of inclusion and exclusion – in the issuance of cards.. For instance, APL households were provided with BPL cards and BPL households were issued APL cards. There seems to be some shortcoming in the selection procedure while providing the ration cards, which needs to be corrected. Such errors of targeting exclude the most vulnerable sections of the society from benefitting from these schemes.

Table 6.9: Types of Ration Cards Possessed by Households

Types of Cards		Non-	APL	BPL	Rural	Urban	Total
NFSA card	60.5	71.1	67.9	70.1	68.5	69.8	69.1
APL(white / Saada Card))	30.8	10.1	19.6	10.1	8.7	21.4	14.1
BPL(Red / Laal card)	6.0	13.3	8.2	13.9	16.5	5.7	11.9
Antyodaya(yellow / Peela Card)	2.7	5.5	4.3	5.9	6.3	3.1	5.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: HDR Survey, 2016

Households Availing Ration from Ration Shops

The percentage of households purchasing rations from ration shops to all households who have the ration cards is very high at 83.7 percent (Table 6.10). Further, though around 3.4 percent households, other than 83.7 percent households, also purchase from ration shops but not regularly. In rural areas, 95 percent purchase their rations regularly from the ration shops as compared to 68.6 percent in urban areas. This difference in regular purchasers is higher among migrant (57.3 %) and non-migrant households (90%). Moreover, it shows that most households are availing benefits under this scheme.

Table 6.10: Whether Availing Ration from Ration Shops, if household have ration card

Whether Availing Ration from Ration Shops, if household have ration card	Migrant	Non-Migrant	Rural	Urban	Total
Yes regularly	57.3	90.0	95.0	68.6	83.7
Yes, but not regularly	10.5	1.7	1.1	6.4	3.4
No, never in the last one year	19.9	5.9	2.4	16.9	8.6
Never	12.3	2.4	1.5	8.1	4.3
Total	100.0	100.0	100.0	100.0	100.0

Households by Satisfaction Level from Public Distribution System

The percentage of households satisfied with the ration shop facility is reported to be very high i.e. 83.8 percent (Table 6.11). The satisfaction level was marginally higher in rural

areas (87.1 percent) as compared to urban areas (79.6 percent). Similarly, comparing the satisfaction level of migrant (75.0 percent) to non-migrant (86.0 percent) households show that it was slightly higher among the non-migrant households. This is evidently because migrants have relatively less access. Including the unsure category, around 16 percent households reportedly were unsatisfied with the public distribution system. It clearly indicates that though satisfaction level due to public distribution system in DNH is very high, there is still scope for further improvement.

Table 6.11: Percentage of Households Satisfied with PDS, who Avail Ration from Ration Shops

Whether Satisfied	Migrant	Non-migrant	Rural	Urban	Total
Yes	75.0	86.0	87.1	79.6	83.8
No	19.1	12.5	12.7	15.1	13.7
Unsure	6.0	1.6	.2	5.3	2.4
Total	100.0	100.0	100.0	100.0	100.0

Reasons of Dissatisfaction from Public Distribution System

As mentioned above, around 84 percent of the households were not satisfied with the scheme. Two major reasons for their dissatisfaction were: insufficient quantity of food/ non-food items (54.0 percent), and non-availability of items (10.4 percent) (Table 6.12). Other minor reasons were bad quality (4.4 percent), PDS shop being often closed (2.0 percent), and dishonesty in measurement (0.4 percent).

The main reasons, stated by all the categories of households were the same (viz. insufficient quantity and non-availability of items) but the extent of dissatisfaction varies across groups. In the case of migrant households, 25.2 percent were dissatisfied due to insufficient quantity and 18.0 percent were dissatisfied due to non-availability of items. In case of non-migrant households, 66.5 percent were dissatisfied due to insufficient quantity, and 7.0 percent are dissatisfied due to non-availability of items. In rural areas, 83.6 percent were dissatisfied due to insufficient quantity, and 3.3 percent are dissatisfied due to non-availability of items while in urban areas, 29.3 percent were dissatisfied due to insufficient quantity, and 16.3 percent are dissatisfied due to non-availability of items.

Suggestively, adequate steps are needed be taken by the administration to review the quantity of ration supply and to ensure availability of items at ration shops as well as improve the overall quality of products in the ration shops.

Table 6.12: Reasons of Dissatisfaction of households with PDS those who avail ration from Ration Shops

Reasons of Dissatisfaction	Migrant	Non-migrant	Rural	Urban	Total
Insufficient quantity	25.2	66.5	83.6	29.3	54.0
Bad quality	5.3	4.0	3.4	5.2	4.4
Dishonesty in measurement	1.2	0.0	0.0	0.7	0.4
Non availability of items	18.0	7.0	3.3	16.3	10.4
Irregular, supply	1.6	0.0	0.8	0.2	0.5
PDS shop often closed	2.3	1.9	0.0	3.7	2.0
Others (specify)	46.4	20.5	8.9	44.7	28.4
Total	100.0	100.0	100.0	100.0	100.0

Apart from the public distribution system, people need better access and availability of electricity, water and sanitation facilities not only at their homes but also in their communities. This section discusses the availability of these services in Dadra and Nagar Haveli. As per census, 2011, around 95 percent households were electrified. But, as per recent government documents[1], there is no electrified villages/ wards and households in DNH. In the case of access to drinking water supply, around half of the population in DNH have access to piped water supply (Table 6.13). The other major sources of drinking water in DNH are Borewells/Tubewells (20.5 percent), Hand pump (14.5 percent) and purchased water (11.5 percent). In rural areas, the main sources of drinking water are piped water supply (40.5 percent), hand pump (25.6 percent) and borewell/tubewell (18.7 percent) while in urban areas are piped water supply (52.9 percent), borewell/ tubewell (21.3 percent) and purchased water (13.5 percent). Though, in general, people in Dadra and Nagar Haveli have access to safe drinking water, government should make efforts to provide piped water supply to every household.

Table 6.13: Sources of Drinking Water (in percentage)

Sources of Drinking Water	Rural	Urban	Total
Piped water supply	40.5	52.9	49.3
Borewells /Tubewell	18.7	21.3	20.5
Well	6.2	0.4	2.1
Hand pump	25.6	9.9	14.5
Public stand post	0.2	0.1	0.1
Buying water	6.6	13.5	11.5
Other	2.2	2.0	2.1
Total	100.0	100.0	100.0

1 See page 5 of https://powermin.nic.in/sites/default/files/uploads/joint_initiative_of_govt_of_india_and_dadra_and_nagar_haveli.pdf

A very few cases of open defecation were found in DNH. Most of the households have household toilets (70.1 percent) followed by community toilets (16.2 percent) and shared toilets (13.4 percent) (Table 6.14). A similar pattern has been observed in the different categories of households' viz. migrant households, non-migrant households, households in rural areas and households in urban areas.

Table 6.14: Types of Toilets Accessed by Households (in percentage)

	Migrant	Non-migrant	Rural	Urban	Total
Household toilets	65.3	83.1	65.0	71.1	70.1
Community toilets	17.9	11.6	19.2	15.6	16.2
Shared toilets	16.8	4.3	15.0	13.1	13.4
Mobile toilets	0.0	1.1	0.8	0.2	0.3
Total	100.0	100.0	100.0	100.0	100.0

Conclusion

A number of social sector schemes, funded both by the Central Government and the UT administration, are implemented in DNH. The different public programmes target aspects related to human development, such as medical care, sickness, nutrition, unemployment and income security, old age, employment injury, maternal and child well-being, child and maternal nutrition etc. The general levels of awareness about the schemes and their benefits were found to be high, particularly among ST households of DNH. Further, levels of awareness were much higher for the schemes of the central government than those implemented by the UT administration.

The levels of awareness regarding social schemes also varied among the urban and the rural regions, and was higher for urban as compared to rural areas, except for ICDS and MGNREGA. There were also differences in the levels of awareness between the local population and the migrant households. The data shows that the lack of awareness in different programmes was 10.6 percent in case of JSY, 6.2 percent in case of ICDS, 6.4 percent in case of scholarship for students, 1.5 percent of MDM scheme, 3.1 percent in case of pension to widow, 5.9 percent in case of pension to disable, 3.2 percent in case of pension to old person and 58.7 percent for MGNREGA . In case of JSY, mid-day meal scheme, scholarship for students, pension to widow, pension to old person, and pension to disable programmes migrants have less awareness as compared to migrant households. About 58.3 percent of households possess ration cards and 41.7 % do not. The percentage of migrant households having ration cards (25.4 %) are much lower compared to the percentage of non-migrants having them (84.8 %). In all categories of households except those migrant, the percentage of households purchasing rations regularly from ration shops is more than 80 percent. It suggests that most categories of the households are making proper utilisation of their cards. Also, the percentage of households satisfied with the ration shops is also high at about 80 percent. Two major reasons for their dissatisfaction are, insufficient quantity (54.0 %), and non-availability of items (10.4 %).

Given the targeted nature of many of the implemented schemes that by design exclude certain sections of the population from availing benefits, only a share of the population is eligible to receive benefits under the majority of the schemes. The data shows that the proportion of population eligible under various schemes is low to very low for many of the schemes. There is a clear divergence among the migrant and non-migrant populations in terms of eligibility for various schemes. Non-migrant households predominate in almost all the welfare schemes in terms of their eligibility compared to migrant households. Within non-migrants, eligibility was found to be the highest among SCs, followed by STs, OBCs, and then people from general caste backgrounds. This is mostly because the level of vulnerability and poverty among these sections is greater. However, an area of concern is that from among those who are eligible, only a fraction gets the benefits.

Majority of such issues require tightening and continued monitoring and evaluation. With the use of technology and a unified or centrally monitored system through which checks and balances can be adequately maintained seems ideal in this regard. Other than this a few detailed policy oriented measures have been proposed below:

- To increase the utilisation of the programmes funded and administered by the UT, it is important to undertake greater publicity.
- Keeping in view of the high percentage of households not possessing ration cards due to incomplete documents, it could be argued that if the benefits of social protection are to be extended to these households, the selection and other administrative procedures need be simplified.
- In general, migrant households avail less benefits of social protection schemes. Since, they are contributing in the economy of DNH, there is a need to cover them under the umbrella of social protection schemes.
- There seems to be some overlapping of ration cards, i.e. a particular type of household is having more than one card. In the case of APL households, they should not have BPL cards and similarly, BPL households should not have APL cards. There seems to be some shortcoming in the selection procedure while providing the ration cards, which needs to be corrected.
- Steps need be taken by the administration to review the quantity of ration supply and improve the quality of products in the ration shops.

CHAPTER 7

SUMMARY, CONCLUSION AND POLICY RECOMMENDATIONS

Introduction

Under the Human Development paradigm people and not just growth measured in terms of incomes is the ultimate goal in development. Development here is thus seen as the process by which peoples choices are enlarged, such that, people are able to achieve a better life and live to their full potential. In this view, while income is necessary, it is only one amongst the many parameters that promotes a better human existence. As stated in the pioneering Human Development Report 1990, a person's ability to achieve a long and healthy life, be educated, and have sufficient resources to achieve a decent standard of life are critical and central to the idea of development itself.

The role of the State or government intervention, under this paradigm, is central to promote human development. This is because, on its own, markets may not ensure adequate or equitable provision and distribution of goods and services. This is particularly so in the case of important goods and services like health and education, where State provisioning is important to ensure their socially desired levels of supply, such that, every person, irrespective of her income level, is able to access them. The role of the government is also central in terms of social protection and promotion of the social and economic well-being of its citizens. The principles of equality of opportunity, equitable distribution of wealth, and public responsibility for the upliftment of the poor or vulnerable sections are again areas where the role of the State gains significance. In doing so, the activities undertaken by the State involve direct and indirect transfer of resources and goods and services to the population, particularly the poor and vulnerable. In order to prioritize its activities, a state needs measurable statistics of the various development indicators of its citizens. Human development report serves this purpose.

The present endeavor to prepare Human Development Report of Dadra and Nagar Haveli is the first of its kind. In the preceding chapters the report has discussed the demographic features, economic growth, employment and livelihood, education and literacy, health and health care, migration and social protection of Dadra and Nagar Haveli in detail. Here, we summarise the main findings and present some of the major policy prescriptions derived from each chapter.

Demography

The Scheduled Tribes (ST) populations comprise the largest section of the population of the UT. This population group is also the indigenous population of this region and is more concentrated in the rural areas of DNH. In recent years due to high in-migration, the proportion of other communities in the region's population has increased, particularly in the urban areas. As a result, there exists a wide gap in the composition in of the rural and urban populations as well as the population densities of the urban and rural regions of DNH.

The demographic changes and profile of DNH has followed the natural course, with the decline in fertility rates and a reduction in infant mortality. The UT also has a lower

age-specific death rate as compared to the national average. A serious area of concern is the adverse sex ratio, which not is high among all age groups, but has consistently worsened over the years. This aspect needs greater policy and State intervention.

Economy and People's Livelihoods

The production structure of DNH is highly imbalanced and skewed in favour of industry, which contributes to the bulk of the output, whereas the contribution of agriculture and allied services is miniscule. Industry is the main driver of the economy of DNH. DNH houses major manufacturing industries like electrical fixtures, watches, detergent powder, art-silk fabrics, flooring tiles, textile frames, chemicals etc. Much of the industry in DNH is further concentrated in its urban regions.

Despite the structural change in the economy of DNH in the recent years, the structure of employment has not undergone a similar transition. In this respect, agriculture and allied sectors provide livelihood and employment to nearly 14 per cent of its population, while contributing only 1 per cent in terms of output. The imbalance between the labour productivity across sectors is thus large, which is reflected in the differential income levels of people working the different sectors and high inequality between rural and urban regions.

Though the economic growth achieved in DNH in the recent years has helped reduce the absolute level of poverty, nonetheless, poverty and disparities in consumption expenditure continues be an area of concern. In this regard, people residing in rural areas of the UT, have not gained equally from the process of industrialisation. The ST community, which comprises the majority of the population of DNH and is concentrated in rural areas, is largely dependent on low-paid employment in the agriculture and allied sectors. The ST community is further afflicted by lower levels of absorption in better paying regular jobs in urban areas and high male youth unemployment rate, which contribute to higher levels of poverty for this community.

In terms of ensuring more equitable access to employment, particularly for the UTs indigenous communities, the shift towards industry in last several years has increased the requirement of training of the workers in industrial skills. It requires more effective skill training programmes to meet the growing demand of skilled workers in manufacturing sector. A large proportion of jobs in the future could be also be generated in service sector;thus,a greater thrust towards entrepreneurship training is required. Further, given the geography, topography, and the large extent of forested land cover in DNH, there exists a huge potential to develop DNH as a major tourist destination. In order to reduce inequality and correct the rural urban imbalance, the State could also initiate and push for the development of small cottage industries and implement programmes that would boost agricultural productivity and crop diversification which can translate into better incomes for those dependent on this sector.

Migration

More than fifty per cent of the households in Dadra and Nagar Haveli were in-migrant households. In-migrant households were more likely to reside in urban areas, belong to upper castes, and be male headed households. They were also more likely to have a regular wage and salary as their primary source of income, and less likely to have agriculture as a primary source of income. In-migrants in Dadra and Nagar Haveli originated overwhelmingly from rural areas elsewhere in India, largely from states of Bihar and Uttar Bihar, neighboring states of Gujarat and Maharashtra. The migrant workforce in DNH occupied the upper and the lower end of work and income spectrum in the UT.

The majority of the migrants in DNH arrive in search of employment in manufacturing jobs which comprises the primary pull-factor. Migrant workers are also more likely to find regular salary jobs in the various industries. This is due to a high demand for the in-migrant population in the manufacturing industries. This was primarily due to better educated and skills among the migrant workforce compared to the resident workforce. Three important occupations of migrant workers were machine operators and assemblers, workers in mining, construction, manufacturing and transport, and managers. Further, the average income of migrant workers was almost twice that of resident workers

Literacy and Education

It would appear DNH has made significant improvements in the field of education, especially in the areas such as literacy and infrastructure. Notwithstanding, certain gaps remain stark therein. Female literacy, school dropout and college infrastructure are some of the bigger worries concerning education in the UT.

Despite considerable improvement and advances in the field of education, DNH is yet to attain the target of universal enrolment at primary and upper primary school levels. School dropouts are also high, particularly at the level of secondary and higher secondary education. In terms of class –wise drop outs, the rates of dropout are higher among males as compared to female students. The issue of high dropouts thus needs to be addressed by the concerned authorities. Another issue in terms of education is the wide gender gap, with lower levels of female literacy, particularly in rural areas. Further, there is also a need to improve school infrastructure, specifically for the secondary and higher secondary school facilities.

Government school facilities tend to get accessed more by less privileged communities like rural children, children belonging to SC/ST and female students, as against private school facilities which are accessed by relatively more privileged students. Thus the need to strengthen facilities at government run schools gains significance. Improving infrastructure and aiding better educational facilities by refining quality of teachers and medium of instruction should be paramount considerations to bring government school facilities at par with the private schools.

A greater focus is required to promote higher education, vocational education, and skill training centers. In this respect, DNH much enlarge the number of available facilities. Due to the specific nature of economic growth of DNH, there is a need to bridge the gap between educational training and requirements of the industry, so that even the local population can benefit in terms of jobs in the secondary sector. A greater emphasis on skills and vocational training will hence go a long way in promoting greater participation in and benefits from economic development.

Health

In terms of maternal and child health, there is a high coverage of ANC care. However, PNC care needs to be strengthened to cover all women and infants to bring about improvements in maternal and infant mortality in DNH. An equal number of women use public and private facilities, thus, the overall difference between the usage of private and public facility in urban areas is negligible. This shows a high relieance on private health facilities, even though a considerable section does use the available public health facilities. In the case of ST population, the majority of child births take place in private facilities, which is an added burden on the population. By improving public health facilities, its utilization can be increased to ensure safe delivery amongst the most vulnerable sections of the society (the ST community) of the society. Further, although the government measures have led to increase in the extent of child immunisation, but the implementation of the full course of vaccination is yet to be achieved among large sections of the population. Therefore, there is an urgent need to create awareness, particularly in the ST community, to provide complete immunization to their children. Thus, to improve the health and health care utilisation, the government needs to focus on the proper implementation of the health care programmes, including awareness creation, so that the benefit reaches to all citizens.

In terms of health and health care utilization, the burden of disease data shows high prevalence of non-communicable diseases such as hypertension, diabetes cardiac problems, etc. From the perspective of disease burden, this is a serious concern, which requires special attention and awareness creation. The HDR survey reveals that the utilisation of private health facilities is around two times higher than the public health facilities for both major and minor illnesses. Besides this, high share of out of pocket expenditure on private health facilities is also an impediment in health seeking behavior, especially among the ST population. To curb high out of pocket expenditure, the government needs to regulate private health service providers and also ensure better service delivery by the public health services.

Social Protection

A number of social sector schemes, funded both by the Central Government and the UT administration, are implemented in DNH. The different public programmes target aspects related to human development, such as, medical care, sickness, nutrition,

unemployment and income security, old age, employment injury, maternal and child well-being, child and maternal nutrition etc.

The general levels of awareness about the schemes and their benefits was found to be high, particularly among ST households of the UT. Further, levels of awareness were much higher for the schemes of the central government than those implemented by the UT administration.

Given the targeted nature of many of the implemented schemes that by design exclude certain sections of the population from availing benefits, only a share of the population is eligible to receive benefits under the majority of the schemes. The data show that the proportion of population eligible under various schemes is low to very low for many of the schemes. There is a clear divergence among the migrant and non-migrant populations in terms of eligibility for various schemes. Non-migrant households predominate in almost all the welfare schemes in terms of their eligibility compared to migrant households. Within non-migrants further, eligibility was found to be the highest among SCs, followed by STs, OBCs, and then people from general caste backgrounds. This is mostly because the levels of vulnerability and poverty among these sections is higher. However, an area of concern is that from among those who are eligible, only fraction get the benefits.

Given the targeted nature of many of the implemented schemes, BPL households show a larger percentage of eligibility compared to APL families, both in rural and urban locations. A more detailed analysis of the distribution of ration cards in DNH, however, revealed that there were both errors of exclusion and inclusion in beneficiary selection, which limits the intended benefits.

Summing up and policy recommendations

- DNH has an adverse sex ratio among all age groups and regions, which has consistently declined over time. There is a serious need for government intervention and adoption of various policy measures to address this concern.
- Measures must be undertaken to address the gender gap in educational acheivements and higher female illiteracy in rural areas.
- The government must undertake measures to curb high non-enrolment, dropout, and absenteeism in secondary and higher secondary school education. There is also a need to strengthen school infrastructure facilities for secondary and higher secondary schools.
- A greater focus on promoting higher education, vocational and skill training to meet growing demand of skilled workers in manufacturing sector, particularly for the ST population, to ensure their higher participation in the DNH's economic development.
- Promote small scale rural industries and programmes for agricultural development to promote better incomes and employment diversification for the rural population.

- There is a need for greater government intervention to ensure PNC care to mothers and their children, as well as, create greater awareness among women from the ST population, to ensure total immunisation of all children.
- Given the high burden of out of pocket health expenditure care (around 85 per cent) on private facilities, there is a need to strengthen the public health infrastructure and regulate private health providers.
- Migrant and non-migrant households clearly show a divergence in terms of their eligibility to get benefits from these schemes. Government should address the gap between migrant and non-migrant households in terms of eligibility and availing the benefits of social protection schemes.
- Undertake measures to enlarge the scheme coverage, including both migrant and non-migrant population, and promote greater utilisation of the schemes and programme by creating awareness.
- There is scope to improve implementation of various public programmes to reduce errors of targeting.
- Poverty is endemic in rural part of DNH and the policy thrust should be to take the benefits of economic growth to rural areas, particularly to the scheduled tribe communities. Such a thrust will also have impact on reducing inequality.