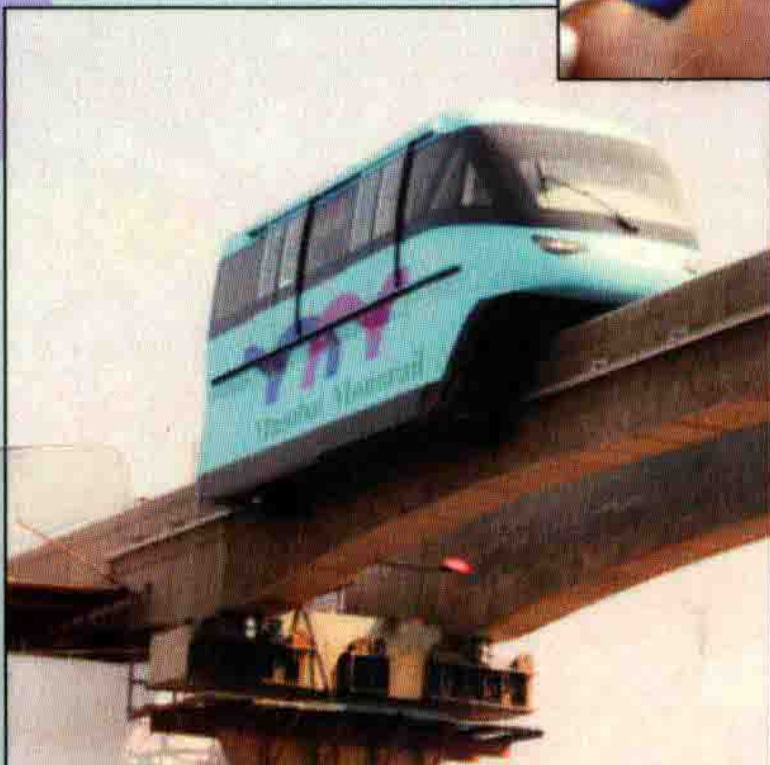
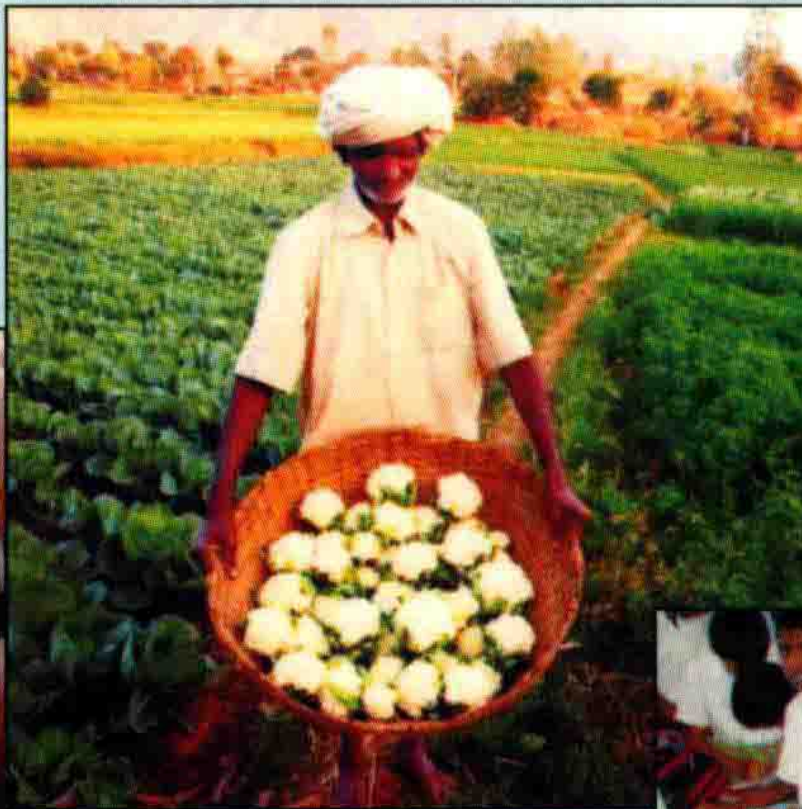
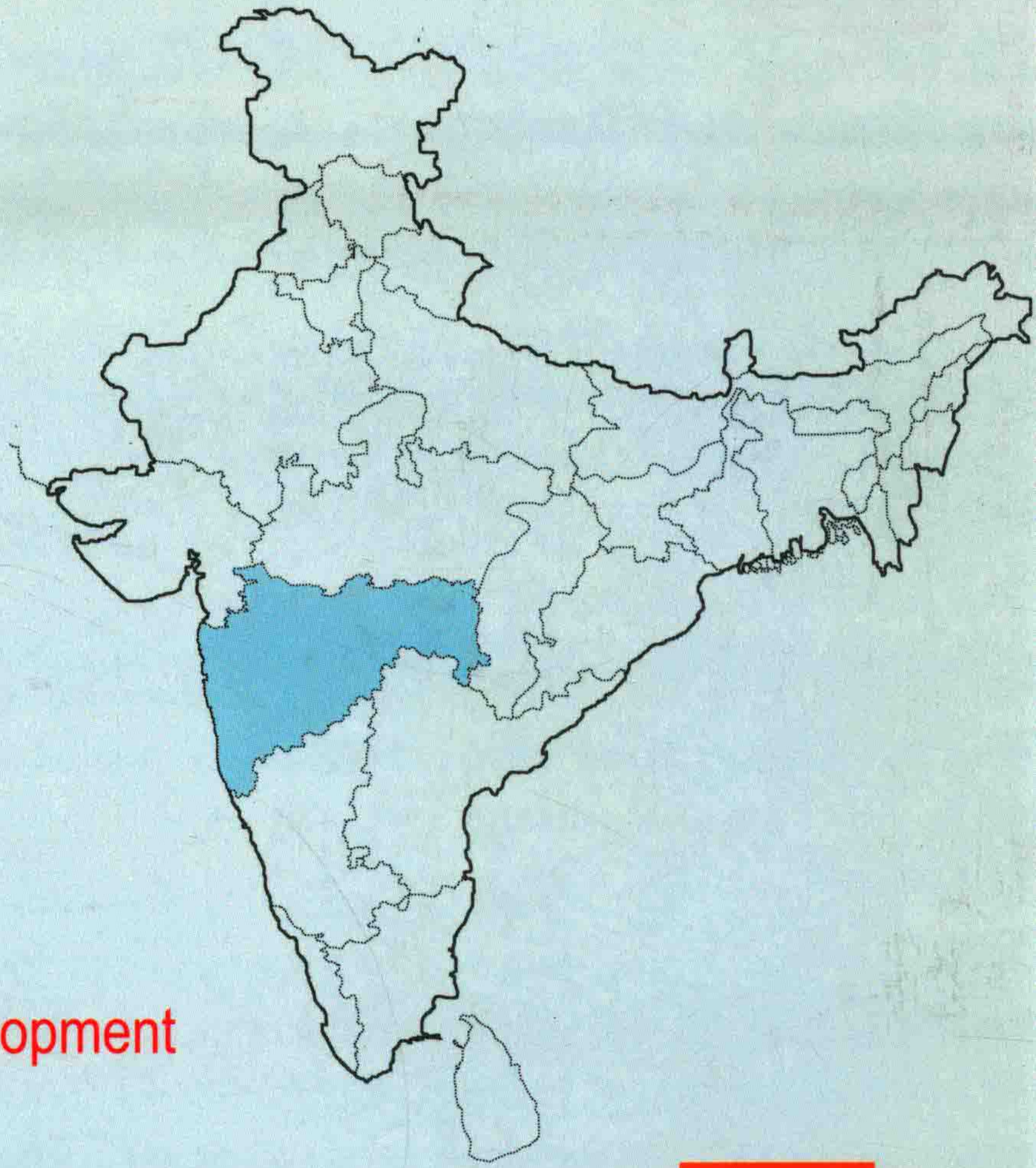




# Maharashtra Human Development Report 2012

Towards Inclusive Human Development



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## TOWARDS INCLUSIVE HUMAN DEVELOPMENT

**Yashwantrao Chavan Academy of Development Administration**  
Rajbhavan Complex, Baner Road, Pune 411 007

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# Maharashtra Human Development Report 2012

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मुख्य मंत्री  
महाराष्ट्र



Chief Minister  
Maharashtra

### MESSAGE

Maharashtra Human Development Report, 2012 is an effort to evaluate the development process in the State in terms of equitable access of people across regions and socio economic segments, to education, health and economic opportunities. The first State Human Development Report was published in 2002. During the intervening period, the HDI for Maharashtra has shown significant improvement on all the parameters. Improvement in the HDI has been greater in districts, positioned at the lower end of the HDI ranking scale. Thematic approach of this report is focused on inclusive growth, which is the core objective of XII Plan adopted by the National Development Council. I am sure that Human Development Report 2012 will result in informed policy interventions, required to achieve sustainable growth with equity and dignity.

(Prithviraj Chavan)



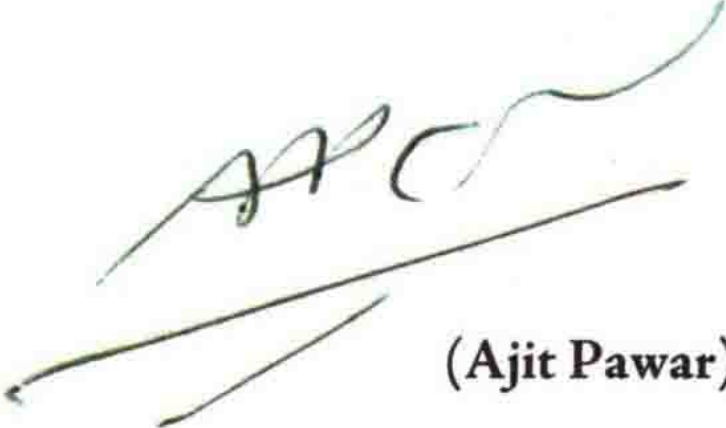
## DEPUTY CHIEF MINISTER MAHARASHTRA STATE

### Message

Maharashtra is a well-diversified State with a fast-growing economy. As a State, we have always strived for the well-being of our people, training our focus on sustained increases in their quality of life.

Over the last two decades, the concept of Human Development has acquired greater significance across the world with Maharashtra preparing its first State Human Development Report (SHDR) in 2002. Several changes have taken place in the last ten years in Maharashtra's socio-economic profile and performance and the current State Human Development Report 2012 attempts to capture the trends and transitions witnessed in all the key human development parameters at the state, district/regional levels. In keeping with the XII Five Year Plan ideology of inclusive growth, this report keeps its theme central to inclusion in growth, income and human development across various economic and social indicators.

We are sure that this Report will provide the State Government with appropriate inputs for decision-making at various administrative levels. Our financial allocations and development policy need to increasingly incorporate the human development factor in order to ensure rapid growth and widespread sharing of the gains from growth. The SHDR could thus serve as an authentic basis for designing state plans, programs and policies.



(Ajit Pawar)





**MINISTER OF STATE FOR  
FINANCE & PLANNING,  
ENERGY, WATER RESOURCES,  
PARLIAMENTARY AFFAIR AND EXCISE,**

**GOVERNMENT OF MAHARASHTRA,  
Mantralaya, Mumbai 400 032.**

**MESSAGE**

Planning for human development has been an intrinsic part of policy formulations in Maharashtra. The main objective of development planning is keeping the most deprived, marginalised and unrechable as the focus with the aim of reaching equitably all development opportunities to them and consequently leading to capability enhancements. With inclusive growth and development as the aim, it is now imperative for development policy and planning to bridge the social, economic, gender, sectoral and regional gaps. This State Human Development Report for Maharashtra takes step in the right direction by identifying and highlighting the progress that has been made as well as the gaps that need to be addressed for the state to move effectively towards faster and more inclusive growth and human development.

**(Rajendra Mulak)**



**J. S. Saharia**  
Chief Secretary

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## MESSAGE

I congratulate YASHADA for preparing the Second Human Development Report for the State of Maharashtra.

The First Human Development Report of the State was prepared in 2002. The present report has taken the overview of the progress in the human development aspects, such as economic growth, education, health, housing, water and sanitation since 2002. The report, with the central premise of inclusive human development, focuses on five cross cutting themes of regional, rural-urban, social groups, gender and income groups. It has led to the greater understanding of human development issues for the disadvantaged sections of the society. Hence, the report is of interest to a wide range of planners, policy makers, administrators and opinion leaders.

It will be joint responsibility of stakeholders to ensure that the State continues to build up on the progress it has made in the last decade. I welcome the practical suggestions contained in this Report to address the lacunae in human development. The Government of Maharashtra will leave no stone unturned to achieve inclusive growth, based on the findings of the report.

(J. S. Sahariya)



***Empowered lives.  
Resilient nations.***

## **MESSAGE**

Maharashtra's 2012 Human Development Report confirms the impressive progress being made in the state. With per capita income well above the national average, Maharashtra has improved overall literacy and, at the same time, reduced the literacy gender gap. The Report shows that the state has made excellent progress in reducing Infant mortality by 20 points during the past decade, one of the most dramatic improvements recorded across the country.

The Government of Maharashtra's commitment to human development is long-standing and carries through to regular monitoring of indicators at district and blocks level. This kind of tracking is a pioneering model which alerts stakeholders to trends and changes in social conditions and is the kind of approach that other states may wish to replicate.

Data from the State's first Human Development Report has been used by the Government of Maharashtra to establish policy and budgetary priorities for marginalized communities and regions that need particular attention. This is exactly the kind of impact that human development reports are intended to generate. We hope that the important evidence and recommendations in this Report help to frame the Government's future plans and budgets.

The United Nations Development Programme is proud to have supported this important report and salutes the Government of Maharashtra for its steadfast commitment to human development.

A handwritten signature in blue ink, appearing to read 'Lise Grande', is centered on the page.

Lise Grande  
United Nations Resident Coordinator  
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# List of Abbreviations

AG	Accountant General
AHP	Affordable Housing in Partnership
AIDS	Acquired Immune Deficiency Syndrome
AIICOFF	Inclusive Coefficient All-India
AIMPCE	Median Per Capita Expenditure All-India
ANC	Antenatal Check-Up
ANM	Auxiliary Nurse Midwife
APL	Above Poverty Line
ASER	Annual Status of Education Report
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga, Unani, Siddha and Homoeopathy
BMI	Body Mass Index
BPL	Below Poverty Line
BSUP	Basic Services to Urban Poor
CAGR	Compound Annual Average Growth Rate
CBM	Community-Based Monitoring
CBR	Crude Birth Rate
CDR	Crude Death Rate
CEB	Children Ever Born
CEHAT	Centre for Enquiry into Health and Allied Themes
CHD	Center for Human Development
CHC	Community Health Centre
CMR	Child Mortality Rate
CNSM	Comprehensive Nutrition Survey in Maharashtra
CRM	Common Review Mission
CS	Children Surviving (Out of Those Ever Born)
CSO	Central Statistical Office
CSR	Child Survival Rate
DDP	District Domestic Product
DES	Directorate of Economics and Statistics
DH	District Hospital
DISE	District Information System for Education
DLHS	District-Level Household and Facility Survey
DPT	Diphtheria Pertussis and Tetanus Vaccine
EWS	Economically Weaker Sections
FRU	First Stage Referral Unit
FY	Financial Year
GER	Gross Enrolment Ratio

GI	Galvanized Iron
GoI	Government of India
GoM	Government of Maharashtra
GPI	Gender Parity Index
GSDP	Gross State Domestic Product
HDI	Human Development Index
HDI's	Human Development Indices
HDR	Human Development Report
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resources
IAY	Indira Awas Yojana
IC	Inclusion Coefficient
ICDS	Integrated Child Development Services
ICP	Inclusion Coefficient in a Plural Society
IEC	Information Education and Communication
IGIDR	Indira Gandhi Institute of Developmental Research
IHDI	Inequality-Adjusted Human Development Index
IHDR	India Human Development Report
IHSDP	Integrated Housing and Slum Development Programme
IIPS	International Institute for Population Sciences
IMR	Infant Mortality Rate
IP	Inpatient
IPD	Inpatient Department
IPHS	Indian Public Health Standards
ISR	Infant Survival Rate
ITDP	Integrated Tribal Development Project
JNNURM	Jawaharlal Nehru National Urban Renewal Mission
JSY	Janani Surksha Yojana
kcal	Kilocalorie
kg	Kilogram
Kg/m <sup>2</sup>	Kilogram/Square Metre
km	Kilometre
LEB	Life Expectancy at Birth
LHV	Lady Health Visitor
LIG	Lower Income Group
lpcd	Litres Per Capita Per Day
LPG	Liquefied Petroleum Gas
m	Metre
MCL	Municipal Councils
MDG	Millennium Development Goals
MDM	Midday Meal
MHDR	Maharashtra Human Development Report
MICOFF	Inclusive Coefficient Maharashtra
MIG	Middle Income Group
MMPCE	Median Per Capita Consumer Expenditure Maharashtra
MMR	Maternal Mortality Ratio
MO	Medical Officer
MPCB	Maharashtra Pollution Control Board
MPCE	Monthly Per Capita Consumer Expenditure
MPSP	Maharashtra Prathamik Shikshan Parishad
NACO	National AIDS Control Organisation
NAR	Net Attendance Rate

NDDP	Net District Domestic Product
NDP	Net Domestic Product
NEERI	National Environmental Engineering Research Institute
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NGP	Nirmal Gram Puraskar
NIPFP	National Institute of Public Finance and Policy
NMR	Neonatal Mortality Rate
NRHM	National Rural Health Mission
NRLM	National Rural Livelihood Mission
NSDP	Net State Domestic Product
NSS	National Sample Survey
NSSO	National Sample Survey Office
NT	Nomadic Tribe
NUEPA	National University of Educational Planning and Administration
NVBDCP	National Vector Borne Disease Control Programme
OBC	Other Backward Classes
OP	Outpatient
OPD	Outpatient Department
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PCDDP	Per Capita District Domestic Product
PCN	Per Capita Net
PCNDDP	Per Capita Net District Domestic Product
PCPNDT Act	Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994
PDS	Public Distribution System
PHC	Primary Health Centre
PIB	Press Information Bureau
PIP	Programme Implementation Plan
PNC	Postnatal Check-Up
PPP	Purchasing Power Parity
PRI	Panchayati Raj Institution
PS	Usual Principal Activity Status
PTR	Pupil-Teacher Ratio
RAY	Rajiv Awas Yojana
RCH	Reproductive and Child Health
RGGNY I	Rajiv Gandhi Gramin Niwara Yojana I
RGGNY II	Rajiv Gandhi Gramin Niwara Yojana II
RGI	Registrar General & Census Commissioner of India
RGJAY	Rajiv Gandhi Jeevandayee Arogya Yojana
RH	Rural Hospital
RHS	Rural Health Statistics
RJMCHNM	Rajmata Jijau Mother-Child Health and Nutrition Mission
RNTCP	Revised National Tuberculosis Control Programme
RRGGNY II	Revised Rajiv Gandhi Gramin Niwara Yojana II
RSBY	Rashtriya Swasthya Bima Yojna
RTE	Right to Education
RTE Act	The Right of Children to Free and Compulsory Education Act, 2009
SAM	Severe Acute Malnutrition
SBR	Still Birth Rate
SC	Scheduled Caste/s
SCD	Survey of Causes of Deaths

SCR	Student-Classroom Ratio
SD	Standard Deviation
SDH	Sub-District Hospital
SDP	State Domestic Product
SEMIS	Secondary Education Management Information System
SHDR	State Human Development Report
SHSRC	State Health Systems Resource Centre
SNDT	Shreemati Nathibai Damodar Thackersey
SNP	Supplementary Nutrition Programme
SRS	Sample Registration System
SS	Usual Subsidiary Activity Status
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribe/s
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TLM	Teaching Learning Material
TRTI	Tribal Research & Training Institute
TSC	Total Sanitation Campaign
TSP	Tribal Sub-Plan
TT	Tetanus Toxoid
U5MR	Under-Five Mortality Rate
UA	Urban Agglomeration
UEE	Universalization of Elementary Education
ULB	Urban Local Body
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States
VHSC	Village Health and Sanitation Committee
VJ	Vimukt Jati
WH	Women's Hospital
WHO	World Health Organization
WPR	Workforce Participation Rate
YASHADA	Yashwantrao Chavan Academy of Development Administration

# Executive Summary

The Maharashtra Human Development Report (MHDR) 2012 keeps its central ideology as 'inclusive growth'. Progress in human development needs to be assessed not just by improvements in the human development index (HDI), but also by how well the poor, underprivileged and marginalized groups are included into the mainstream development processes. Hence, an attempt is made to study whether advancements in income as well as various social development indicators have been 'inclusive', what the achievements as well as shortfalls have been, and what could be the possible broad policy interventions or actions that could be taken to address the same. Although inclusiveness is a multidimensional concept, we train our focus on inclusive human development with respect to five cross-cutting themes, namely, gender, social groups, rural–urban sectors, regions and income. Such a study is also in keeping with the emphasis laid on inclusive growth by the Eleventh and Twelfth Five Year Plans.

## The Context

The roots of our study of the human development scenario in the state of Maharashtra lie in the global human development report (HDR) 2010, which describes human development to be a dynamic and evolving concept. Human development is sustainable, equitable and empowering and facilitates the participation of individuals in household, community and country-level activities. By providing a broader human development perspective, the global HDR points to the fact that human development is different from

economic growth and that progress in health and education can also drive improvements in human development. A similar conclusion is found in the first Maharashtra HDR published in 2002. The state did not report a very high HDI then, with high levels of per capita income not seeming to be getting translated into high human development outcomes. While the Report highlighted the rural–urban and regional disparities in health and education-related indicators, it made the point that it is the pattern of growth and not just growth in itself or by itself that is important for human development. The present MHDR 2012 takes its cue from the MHDR 2002 on the importance of the patterns of growth and the contributions it makes to capability advancements. For this purpose it keeps *inclusive human development* central to the presentation.

## Human Development Scenario

The HDI is a summary measure of development, capturing three dimensions of education, health and income. Over the period 2001–11, the HDI for Maharashtra has shown an improvement from 0.666 to 0.752. The HDI for all districts has shown progress, reflecting advancements in the literacy rate, school enrolments, infant mortality and income. The highlight is that over 2001–11, improvements in the HDI have been greater in districts positioned at the lower end of the HDI ranking scale (Nandurbar, Gadchiroli, Jalna, Hingoli and Washim report greater improvements in their human development indices (HDIs), compared to progressive



districts such as Mumbai, Pune, Thane and Kolhapur). While all districts have shown improvements in their HDI over the two time points under consideration, some have done relatively better and moved up in ranking. Some others have shown a positive change but have moved down in relative ranking. The positive and significant rank correlation between district per capita income scores and the HDI reported in the MHDR 2002 continues to persist in 2011 as well. The inequality-adjusted human development index (IHDI) calculated for the state as per the revised United Nations Development Programme (UNDP) methodology reveals that in 2010–11 Maharashtra ranks higher than the all-India estimate and finds a place in the very high human development quartile amongst the Indian states. The district radar profiles for four indicators (literacy rate, enrolment rate, infant survival and income) also prominently indicate persistent inter-district inequality in the performance of these indicators amongst the districts.

The logical next step after studying the HDI for Maharashtra and its districts is to explore issues pertaining to economic growth and income distribution, whether there has been any reduction in inter-district disparities with respect to them and whether the growth process has been inclusive.

### **Economic Growth, Equity and Inclusion**

Income measures place Maharashtra in second position amongst the major states as far as per capita income is considered. The net state domestic product (NSDP) (at current prices) in 2008–09 being 46 per cent more than the all-India average. Sectoral profiles reveal the continued dominance of the non-agricultural sector in total NSDP with respect to growth rate and size, a majority of the segments in the tertiary sector growing at double-digit rates and the agricultural sector reporting a decline in its share. Inter-district disparities in per capita income measured by the net district domestic product (NDDP)

(at constant prices) show a negligibly small change since publication of the MHDR 2002. This could be ascribed to better economic performance by some of the poorer districts, including Dhule, Jalna, Jalgaon and Nandurbar, which have shown faster growth rates than the state as a whole. Despite this improved performance, these districts do not show a higher performance at the aggregate macro level because of their very small share in the state total. Richer districts such as Mumbai continue to lead the growth scenario, with Mumbai alone contributing to 23 per cent of the state's growth since 1999–2000. The state has enjoyed a high level of per capita income made possible by rapid progress in the non-agricultural sectors. This feature, along with the restricted geographical spread of economic development, has implied that both the average level of income and the degree of inequality in its distribution across persons in the state has remained high.

The distribution of the workforce across sectors in 2009–10 remains similar to that reported in the MHDR 2002, with the primary sector showing a sustained decline and the secondary and tertiary sectors showing near stagnation. While the primary sector absorbed more than half the workforce in the state but contributed to less than 12 per cent of the income generated, the non-agricultural sector, which contributed to 88 per cent of the income generated, employed less than 50 per cent of the workforce. Unemployment rates are higher in rural Maharashtra, where virtually half the workforce is employed as casual labour, pointing towards the existence of high rural–urban disparities in income, levels of living and poverty. Combined workforce participation rates (WPRs)—male and female—registered a decline in rural areas and an increase in urban areas over the period from 1993–94 to 2009–10 in Maharashtra as well as India. The decline in rural employment is lesser in Maharashtra vis-à-vis India, while the increase in urban employment is higher in Maharashtra in comparison to all-India figures.