IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Revisiting the Indicators of Economic and Human Well-being under PM's Aspirational Districts Programme in Assam

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Abstract

Purpose: 'Transformation of Aspirational Districts' is a unique initiative started in January, 2018 by the Indian Government with an aim to transform India by 2022. The focus of the programme is to improve Human Development Index (HDI) ranking, improving the standards of living of the natives and securing inclusive growth for all. In this context, this study attempts to revisit and rethink the indicators of economic and human well-being under ADP in the state of Assam.

Design/Methodology/Approach: Human Wellbeing vis-à-vis Economic Development are two interlinked fundamental bases which catalysis the overall development of a district and the nation as a whole. The authors systematically reviewed the literature related to human well-being indicators, economic indicators and human development indicators extracted from Scopus database. Further, Govt of India's NITI Aayog Portal is also accessed for the analysis of the Aspirational District Program.

Findings: The study illustrated that in all the themes under consideration for this study viz. Health and Nutrition, Education and Basic Infrastructure not all the sub-indicators specified by NITI AYOG were recorded. The non-inclusion of major sub-indicators limits the assessment of the district's performance which results in the discrepancy in measuring country's progress in terms of human well-being fronts.

Originality/Value: With the years passed by, well-being in economic front became the major determinant for estimating the performance of a country, and while doing so, development was lagging behind in gaining attention from the policy makers. The findings of the study advances the way for measuring the progress of a district/state/country in terms of overall development going beyond the measures of GDP only.

Keywords: Human Development Index, Measures of Well-being, Gross Domestic Product.

I. Introduction

Transforming economic success to social development is a challenging task. Country like India, wherein the measurement of success is done through the narrow confinement of economic prosperity only. Postindependence, India has recorded the upward trend in the overall growth and development, but still it has a larger scope for improvement. The possible reason could be, the schemes, initiatives have not penetrated to the grass root level which includes the downtrodden citizens of the country. Similar to the other country, India also recognises Gross Domestic Product (GDP) as the only determinant for development. However, GDP only captures the material well-being Stiglitz, J (2018). There are other aspects of growth measures which need to be focussed upon for recording the inclusive growth.

The broader aspect of Human well-being and development is missing one, which pushed down India in term of Human Development Index (HDI) ranking. According to UNDP report 2020, India is placed at 131st position with a score of 0.645, while in 2019 it secured 102nd rank in HDI. This necessitates the initiatives like Aspirational District Programme. Secondly, India has large regional disparities which differentiates the most developed regions from the least develop ones. The disparity is evident in terms of the per capita income which divides the richest states from the poorest ones. The disparity exists across states as well as within states. To counter this disparity the ADP came into existence which visualises on uplifting the least developed districts and states of India.

II. Literature Review

Economic Growth and Development represents the status of progress made by any country, state or region. In the context of economic progress of districts, Economic potential Index is calculated. Economic potential is measured in terms of the ability of the major determinants which can yield increased level of productivity (Robert. M, 2016). The EPI index summarizes the important determinants such as market proximity, economic density, level of urbanization, human skills, and transportation facilities.

'Well-being' a widely accelerated topic in social science highlights the concept that refers to the state of an individual's life. It reviews the different course of actions or achievements that creates a valued life or ensures quality of life. It is treated as one of the reliable method to assess the human progress or development state of citizen's life in a country, state or region. Human well-being is multidimensional in nature, as it measures the degree to which an person, family, or community can be recognised as being robust, happy, and prosperous. (Pollnac et al., 2006).

The term 'well-being' and the use of its related concept is widespread, although there is lesser uniformity in them. The terms like quality of life, living conditions and standards etc. are used interchangeably. Well-being is a subjective matter, where individual perception, satisfaction, happiness comes into picture. Well-being talks about meeting different human needs, which are essential for material life as well as fulfilment of individual goals leading to satisfaction (OECD, 2011). It is a complex and multi-dimensional concept addressing different parameters/indicators: material Living condition (economic well-being), quality of life (non-monetary attributes) and sustainability.

As per the literary evidences and the general theoretical accords, there are three dimensions of well-being; objective, subjective and relational wellbeing (Boarini et al., 2014). These classification of well-being is the result of the contributions derived from various social science disciplines (Schleicher et al., 2017).

OECD (2011) highlighted the important linkage between income and wealth with individual's well-being, whereas the Australian Bureau of Statistics included household economic well-being as one of the dimensions of its Measures of country's Development. Human welfare and well-being is the major thrust areas where government looks for better performance. Although GDP, GNP are the primary measures of well-being, but human well-being is much wider than this economic aspects. Well-being includes policy framework on universal primary education, clean and safe drinking water, better health infrastructure, improved living conditions, skill generation and employment opportunities. Wong (2001), highlighted the relationship between quality of life and economic development. Esterlin (2017) explored to what extent the improvement in quality of life is linked with economic growth. Wolfers & Stevenson (2008), examined the relationship between changes in subjective wellbeing and income generation within countries. Well-being includes policy framework on universal primary education, clean and safe drinking water, better health infrastructure, improved living conditions, skill generation and employment opportunities.

Ghosh (2006), evaluated the performance of 15 Indian states on Human development and examined the linkage between economic growth and human development. Chakrabarty & Mukherjee (2011), analysed the relationship between economic growth and human development for 28 states over the decades. The paper examined that to what degree and extent the per capita income influenced the human development across the states. Joshi (2007) highlighted the impact of good governance on Human Development Indicators. Behra (2016), mentioned Human welfare has broader spectrum of equity, capabilities, basic needs, sustainability etc. which necessitate the need of wider range of parameters and indicators which measure the development on larger perspectives.

III. Aspirational District Programme (ADP)

The PM Aspirational Districts Program was launched by the Hon'ble Prime Minister Sri Narendra Modi, in January 2018 as an effort towards improving the living condition and raising the standards of citizens to ensure inclusive growth for all. The tagline "Sabka Sath Sabka Vikas" is underpinned in this flagship program of the government. The program is anchored by the NITI Aayog India with active participation from the state government.

The program is targeted towards the districts and governed by the states, ensuring the accelerating the pace of achievement of Sustainable development Goals (SDGs). The program caters towards the inclusive development

in the five critical sectors- i.e. Health and Nutrition, Education, Agriculture & Water Resources, Financial Inclusion and Skill Development, Basic Infrastructure. The above sectors are chosen as they have direct linkage with the availability of basic indicators of life and henceforth the quality of life. The program is an unique initiative towards expediting the progress of 112 districts across the 28 states of the country. The districts are chosen by the senior government officials of Central with consultation with the state officials. For this states are shortlisted basing on the composite indicators of deprivation measuring the socio-economic indicators. Initially, one district per state is selected from every state. Eventually, more districts came into the list from the backward and small states and states which scores less in Human Development parameters.

III. Aspirational Districts of Assam

The state Assam situated in the north eastern corner of India has 34 Districts and state head quarter at Dispur, Guwahati. The state shares it border with 7 states like Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Tripura and West Bengal. Assam is the largest economy in the northeast region. The state is relatively close to the rest of the country in comparison with other North Eastern states, which offers a congenial atmosphere for the industry. The state area is 78,438 sq km which is the home to 3.6 crores of people (Census estimate 2021). Majority of the state's population around 86% resides in rural areas and the rate of urbanisation is slow. The state's performance in the basic development spectrum is low in comparison with all India average.

Keeping in pace with the Planning Commissions Sustainable Development Goal (SDGs), Assam is striving hard to realise it in the domain of critical sectors for human development and basic indicators of life. The flagship program of Aspirational Districts provides the right impetus towards inclusive development and hence improved indicators. Assam has 7 aspirational Districts viz. Barpeta, Darrang, Dhubri, Goalpara, Hailakandi, Baksa and Udalguri. The following are the themes under study for this paper;

- A. Health and Nutrition Weightage of the theme is 30 percent. The theme includes 13 indicator category which further classified into 22 sub-indicators. The thrust area are the prenatal and postnatal care, gender equality, new born health facilities, child health, infectious diseases, and health infrastructure.
- **B. Education:** Weightage of the education theme is 30 percent. The focus areas are learning outcomes related to transition rates, score in mathematics and language subjects for primary, upper primary as well as secondary level, institutional infrastructural facilities and institutional governance indicators. In total there 8 indicators under this theme.
- C. Basic Infrastructure: Weightage of the sector is 10 percent. It covers housing facility, drinking water, sanitation facilities, electricity and connectivity. There are 7 indicators under this theme. In addition to the mentioned indicators internet connectivity of Gram Panchayats are also included.

The following section highlights the performance of these seven Aspirational districts in the sectors of Health and Nutrition. Education and Basic Infrastructures.

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SL NO	INDICATORS	BAKSA	BARPETA	DARRANG	DHUBRI	GOALPARA	HAILAKANDI	UDALGURI
1	First trimester registered ANC against total ANC Registration (%)		93.24	99.16	89.08	96.36	88.11	92.06
2	ANC registered Pregnant women to total estimated pregnancies (%)	97.05	91.89	94.12	99.89	100	95.56	84.49
3	Fully immunized children between 9-11 months (BCG+DPT3 + OPV3 + Measles1) (%)	100	100	93.41	100	100	100	97.61
4	Notified Tuberculosis rate both Public and Private Institutions as against estimated cases (%)	99.11	100	74.73	98.03	84.91	75.81	78.42
5	Success rate of TB treatment among notified TB patients both public and private (%)	71.17	95.16	92	96.38	91.3	100	98.36
6	Conversion rate of sub-centres/PHCs into Health & Wellness Centres (HWCs) (%)	45.31	N/A	N/A	N/A	N/A	N/A	N/A
7	Rate of functional First Referral Units against the norm of 1 per 500,000 population (1 per 300,000 in hilly areas)	100	N/A	N/A	N/A	N/A	N/A	N/A
8	Rate of specialist services available in district hospitals against IPHS norms	100	N/A	N/A	N/A	N/A	N/A	N/A
9	Anganwadis/UPHCs reported to have conducted at least one Village Health Sanitation & Nutrition day / Urban Health Sanitation & Nutrition day outreach in the last one month (%)	100	N/A	N/A	N/A	N/A	N/A	N/A
10	Anganwadis with own buildings (%)	28.1	N/A	N/A	N/A	N/A	N/A	N/A
11	First Referral Units with labour rooms and obstetrics OT NQAS certified (meet LaQShya quidelines) (%)	100	N/A	N/A	0	50	0	100
12	Pregnant women regularly taking Supplementary Nutrition under the ICDS programme (%)	100	95.54	99.89	80.18	100	100	100
13	Pregnant women treated of severe anaemia against PW having severe anaemia detected cases (%)	100	100	100	100	100	96.97	45.57
14	Sex Ratio at birth	1089	946	947	1000	952	929	1010
15	Institutional deliveries recorded against total estimated deliveries (%)	94.63	82.88	95.08	60.85	68.49	83.91	29.33

16	Deliveries at home attended by an SBA (Skilled Birth Attendance) trained health worker against total home deliveries (%)	90	56.96	100	35.36	84.09	45.28	7.14
17	Newborns breastfed within one hour of birth (%)	99.5	99.07	94.85	100	98.04	95.45	91.41
18	Low birth weight babies (less than 2500g) (%)	14.29	19.41	11.67	22.99	10.28	9.23	12.33
19	Live babies weighed at birth (%)	99.5	100	100	100	100	100	95.05
20	Underweight children under 6 years (%)	1.74	13.74	8.68	5.43	6.22	0.04	2.08
21	Severe Acute Malnourishment (SAM) in children under 6 years to total children under 6 years (%)	0.04	0.37	0.08	0.06	0.03	0.04	0.07
22	Moderate Acute Malnutrition (MAM) in children under 6 years to total children under 6 years (%)	0.77	12.66	4.57	1.9	4.59	1.87	1.62

Source: Author's Compilation from http://championsofchange.gov.in/

Table 1: 7 ASPIRATIONAL DISTRICTS OF ASSAM UNDER HEALTH AND NUTRITION THEME



FIG 1: GRAPHICAL REPRESNTATION OF 7 ASPIRATIONAL DISTRICTS OF ASSAM UNDER HEALTH AND NUTRITION THEME

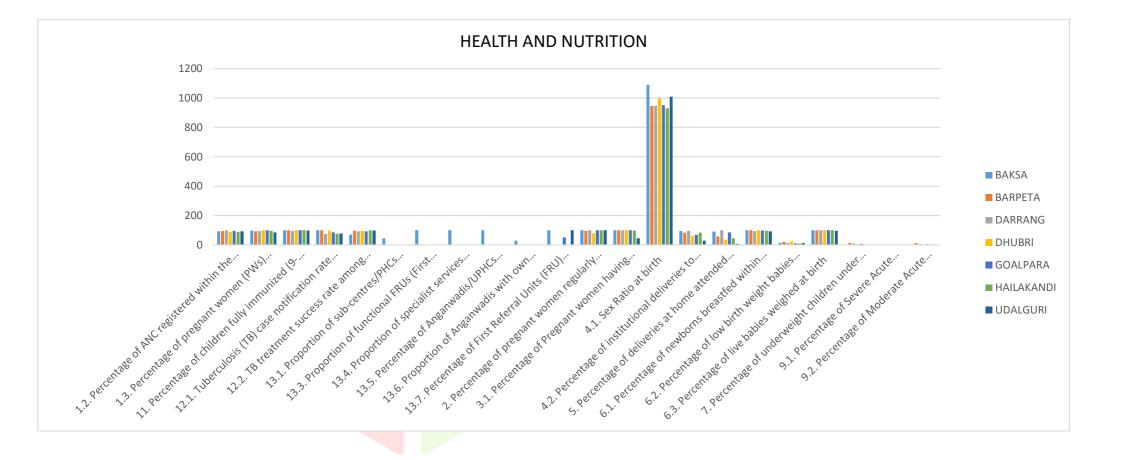


TABLE 2: 7 ASPIRATIONAL DISTRICTS OF ASSAM UNDER EDUCATION THEME

SL NO	INDICATORS	BAKSA	BARPETA	DARRANG	DHUBRI	GOALPARA	HAILAKANDI	UDALGURI
1	Schools with functional girls' toilet (%)	90.87	99.44	99.62	98.31	98.93	100	96.82
2	Schools with functional drinking water facility (%)	96.12	100	100	100	98.93	66.15	96.26
3	Schools with functional electricity facility at secondary level (%)	100	100	100	99.41	100	100	100
4	Elementary schools complying with RTE specified Pupil Teacher Ratio (%)	71.2	65.54	81.86	77.03	73.04	74.15	67.92

Source: Author's Compilation from http://championsofchange.gov.in/

FIG 2: GRAPHICAL REPRESNTATION OF 7 ASPIRATIONAL DISTRICTS OF ASSAM UNDER EDUCATION THEME

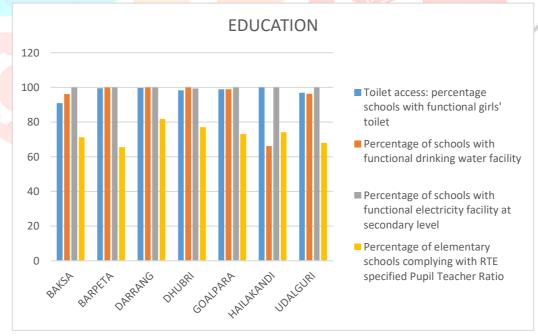
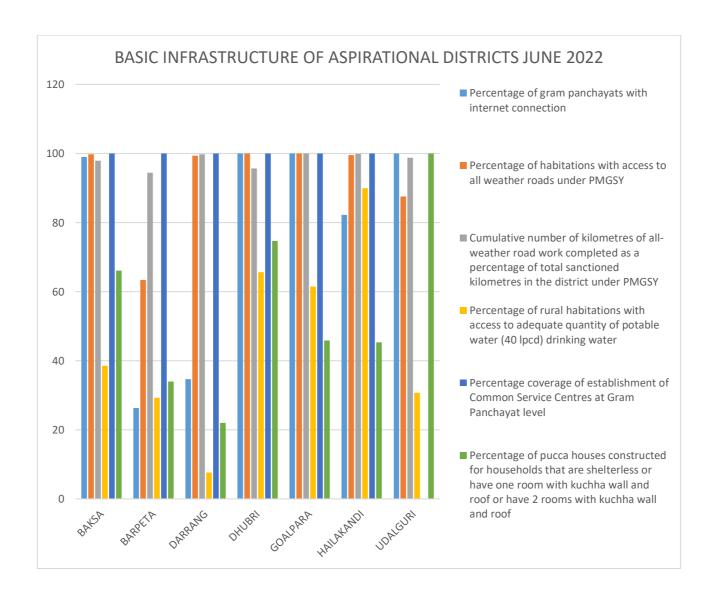


TABLE 3: 7 ASPIRATIONAL DISTRICTS OF ASSAM UNDER BASIC INFRASTRUCTURE THEME

SL NO	INDICATORS	BAKSA	BARPETA	DARRANG	DHUBRI	GOALPARA	HAILAKANDI	UDALGURI
1	Gram panchayats with internet connection (%)	99.02	26.36	34.67	100	100	82.26	100
2	Habitations with access to all weather roads under PMGSY (%)	99.8	63.41	99.38	100	100	99.55	87.63
3	Kilometres of all-weather road work completed (Cumulative) against total sanctioned kilometres in the district under PMGSY (%)	97.97	94.46	99.79	95.73	100	99.97	98.8
4	Rural habitations with access to adequate quantity of potable water (40 lpcd) drinking water (%)	38.57	29.32	7.71	65.65	61.46	90.01	30.75
5	Established Common Service Centres at Gram Panchayat level (%)	100	100	100	100	100	100	N/A
6	Pucca houses constructed for households that are shelterless or have one room with kuchha wall and roof or have 2 rooms with kuchha wall and roof (%)	66.14	34.01	22.02	74.7	45.9	45.35	100

Source: Author's Compilation from http://championsofchange.gov.in/

FIG 3: GRAPHICAL REPRESNITATION OF 7 ASPIRATIONAL DISTRICTS OF ASSAM UNDER BASIC INFRASTRUCTURE THEME



IV. SUMMARY AND CONCLUSION

From the overview of the 7 Aspirational Districts of Assam, it is very striking to note that in all the themes under consideration for this study viz. Health and Nutrition, Education and Basic Infrastructure not all the sub-indicators which are specified by NITI AYOG are recorded. To be specific, out of 22 sub-indicators under Health and Nutrition Scheme, only 16 are recorded by 6 districts except Baksa district which covered the whole set. In case of Education, out of 9 indicators, only 4 are recorded by all the 7 aspirational districts. The vital indicators like Learning Outcomes, Female Literacy, Transition Rate from primary to upper primary, upper primary to secondary are excluded, which limits the overall efficiency of the assessment criteria for the ADP. Similarly, in case of Basic Infrastructure out of 8 indicators, only 6 are mentioned excluding the major indicators like basic amenities of sanitation, electricity etc. Mentioning about the performance in Health and Nutrition theme, all of the 7 aspirational districts exhibit similarity in their performance. Notable differences are recorded under Basic Infrastructure theme, wherein districts like Baksa, Barpeta, Darrang and Udalguri recorded very low scores in sub-indicator of Drinking water facility. Under the Education theme, the score in sub-indicator category of People-Teacher ratio, is low in comparison with the remaining sub-indicators in the same theme.

The effectiveness of any developmental initiative/programme specifically undertaken by the government depends upon the evaluation criterion. The choice of indicators are always tricky and cumbersome task for the assessment procedure. This ADP caters to the inclusive growth of a district with active involvement from the various stakeholders, which requires extensive coverage of vital indicators and parameters of major developmental goals.

Acknowledgement

This paper is a part of the ongoing Major Action Research Project entitled 'PM Aspirational Districts Program vis-à-vis improved indicators of economic growth and human well-being: A study on select districts of Assam', funded by Mahatma Gandhi National Council of Rural Education, Hyderabad under Ministry of Higher Education, Govt. of India.

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