



The Way Forward

Kandhamal has made considerable progress over the last few decades showing gradual increase in the human development indicators. Strategies need to focus on strengthening infrastructure, creating employment, reducing vulnerability, improving education, health and gender balance for further development and progress.

Infrastructure: Improving road connectivity, electrification, water supply, sanitation and waste disposal.

Growth, Poverty and Livelihood: Developing small-scale and cottage industries in the agriculture, horticulture and forestry sectors to act as growth drivers; enhancing agricultural production through rain water conservation and management; developing eco-tourism and micro-enterprises with PPP models; developing the services sector such as banking, real estate, repair services, retail and personal services.

Health: Improving local infrastructure, positioning and enhancing human resource skills, strengthening implementation of schemes, providing mobile health facilities and promoting local knowledge on ayurvedic medicines.

Education: Improving the quality of education; reducing dropout rates at upper primary levels and developing vocational training for employment generation

Gender: Widespread implementation of women's empowerment programmes like SGSY and Mission Shakti can help to bridge the gender gap and empower women.

Vulnerability: Finding a permanent solution to ethnic violence and extremist activities by working with local leaders and communities.



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KANDHAMAL

District Human Development Report 2011-12

The District Human Development Report (DHDR) of Kandhamal provides a benchmark for assessing human development indicators such as education, healthcare, gender, livelihood, and infrastructure. Government initiatives and achievements in these areas as well as future policy directions are detailed in the DHDR and summarised in this brochure.

Current Scenario

Indicator	Value	Indicator	Value
Area [sq. Km]	8021	Population Density (2011) *	91
Forest Area [000 Ha]	5244	Sex Ratio (2011) *	1,037
Community Development Block	12	Child Sex Ratio (0-6 Yrs (2011) *	960
Gram Panchayat	153	Literacy Rate (2011)* [%]	
Police Station	18	Person	65.12
District Human Development Index (HDI) (2004) rank	29	Male	78.41
Total Population (2011)* [lakh]	7.32	Female	52.46
Male	3.59	SC Literacy Rate (2001)** [%]	53.36
Female	3.73	ST Literacy Rate (2001) ** [%]	44.47
ST Population (2001)** [%]	52.00	Infant Mortality Rate (2002-04) #	79.12
SC Population (2001)** [%]	16.90	Real Gross District Domestic Product (Rupees in lakh) : 2006 - 07 at 1999-2000 prices ***	127,790

Sources

* Provisional Population Report-2011
** Census of India, 2001

***Economic Survey-2010-11
DLHS-II: 2002-04



Growth, Poverty and Livelihood

From 1999-2000 to 2004-05, the economy of Kandhamal grew from 4.41% per annum as against 4.57% for the state. Agriculture (small land holdings), horticulture, forest produce and micro enterprises were the main sources of livelihood. However low outputs continue due to traditional cultivation practices, limited irrigation, poor water conservation measures, upland terrain, low productivity and less crop diversification. Limited livelihood opportunities make the poor and disadvantaged economically insecure. 48.36% households have debts (approx Rs 3,500 each). 21.67% had mortgages, of which, 16.23% had sold their mortgaged assets (land, ornaments, livestock and crops) in the last two years to cope with financial requirements. Health emergencies were the main reason for this in more than 40% cases, followed by general consumption. As per the BPL census (1997), 78.42% households in the district were BPL households as against the state average of 66.23%. Several livelihood support schemes and programmes like SHGs, SGSY, MGNREGS, OTELP and *Biju Kandhamal O Gajapati Yojana* are being implemented in the district.

Healthcare

Kandhamal has a high incidence of IMR, CMR, malaria, diarrhoea, measles, skin diseases, sickle cell disease and thalassemia. Health access and reach are critical issues due to remote locations, inaccessibility and lack of awareness among people. In terms of the Reproductive Health Index (RHI), it is among the bottom five districts (at 0.462). Through ICDS and NRHM, steps are being taken to increase immunization, provide support to pregnant mothers, promote institutional deliveries, enhance the nutritional status of mothers and children. Data for 2008 suggested improved pre- and post-natal care facilities. 52.9% pregnant women had at least 3 ante-natal visits during their pregnancy, 92.51% women got iron tablets during their pregnancies and 88.32% women received folic acid tablets. 82.30% women were visited by anganwadi workers. More than 95% mothers received at least one TT injection and 51.4% children were fully vaccinated against the State average of 62.4%. Awareness of HIV/AIDS is as follows - around 42% amongst ever married women and 55.7% amongst unmarried women (DLHS and RCH-III data).



Gender

The district shows considerable gender disparity in terms of literacy and work participation. The (WPR) is 52.23 % for males and 42.2 % for females as per the 2001 census. The gender gap in Work Participation Rate in urban areas is 34% while it is 8.5% in rural areas. The district is implementing several women's empowerment programmes like SGSY and Mission Shakti with an intention to bridge the gender gap and empower women.

Vulnerability

Kandhamal is vulnerable to caste based conflicts owing to land alienation. In recent times Kandhamal has been witnessing left wing extremism which has emerged as a new threat. Other vulnerability factors include fragmented landholding, crop failure due to drought spells, food insecurity, migration, scarcity of drinking water and health hazards like malaria.

Education

In 2011, Kandhamal's literacy rate is 65.12%. Access to schools has improved over the years and almost 96 % of children currently attend schools located in their villages. From 2006-07 to 2008-09, primary school enrolments grew by 65% and upper primary school enrolments by 31.4%. However, there are only 16.93% literates with high school or higher qualifications against the State average of 25.11%, indicating higher dropouts during elementary and secondary education levels. Drinking water and toilet facilities need improvement along with the availability of teachers, higher education and vocational training institutes.