

aarthika charche

FPI Journal of Economics & Governance

- *Covid-19 and Changing Significance of MGNREGS: A Pre and Post-Pandemic Analysis*
- *India's NEP 2020 Goal of 6% GDP on Education: Alternate Scenarios for Post Covid-19 Pandemic*
- *Policies for the Welfare of Inter-State Migrant Workers: An Analysis of Selected States in India*
- *Performance of Mission Antyodaya in Karnataka: Policy Lessons and Implications for Grassroots Level Development*
- *Magnitude and Composition of Household Expenditure on HIV/AIDS: Evidence from a small sample survey in Karnataka*
- *How is Andhra Pradesh Doing in Higher Education? The State at Critical Crossroads*



Government of Karnataka
FISCAL POLICY INSTITUTE



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Aarthika Charche is a bi-annual journal brought out by Fiscal Policy Institute, Government of Karnataka, Bengaluru. Addressed to practitioners, academics, government and non-government entities, the aim of the journal is to feature articles which bring an innovative, insightful, and influential view-point on financial and fiscal issues in government and governance. Aarthika Charche is now recognised by protocols of University Grants Commission (UGC) in India as an academic journal under UGC-Consortium for Academic and Research Ethics (CARE) - Reference List of Quality Journals-Group I (Social Sciences).

Submission of Article

FPI welcomes contributions in the form of original articles on current issues and topics; evaluation of relevant programs, projects, and policies; literature reviews (of recently published / seminal books in the field); and perspectives on how the field should and will develop in the future. For further details please visit www.fpibangalore.gov.in (refer to Guidelines for Contributors)

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Editorial



Covid-19 pandemic has affected our lives and societies at large in myriad ways and in an unprecedented manner. Its effects and consequences have exposed the vulnerabilities of our systems and also their resilience. Aarthika Charche (Vol. 5 No. 2: July–Dec. 2020) was a special issue dealing with the theme of “Impact of Covid-19 and Lockdown on the Indian Economy”. The current issue also includes six research articles on current economic policy perspectives at national and state levels, especially under the economic effects of Covid-19 pandemic situation. I am thankful to all the authors for their well-researched and highly analytical articles.

Three articles focus on policy analyses in the areas of higher education in Andhra Pradesh, Mission Antyodaya in Karnataka, and household expenditure on HIV/AIDS. First, the key issues in development of higher education in Andhra Pradesh include private education, regional imbalances, quality of education and financing. These developments are equally relevant for other states and for Indian economy at large, though the degree may vary. Thus, the policy reforms suggested for Andhra Pradesh are also relevant for many other states including Karnataka. Second, though Karnataka model of development is known for its pro-active implementation of policies and programmes that are aimed at promoting human development and social justice including target oriented anti-poverty schemes and programmes for vulnerable and marginalized social groups, the analysis of results of the Mission Antyodaya surveys show a paradoxical and confronting evidence to the Karnataka model of development. Third, though the Union and State governments spend significant amount of resources for the provision of preventive and curative care services of HIV/AIDS, the households depend on private health services and spend more for availing necessary services and medicines due to social stigma attached to this disease. Using a small sample survey results, quantum of expenditure by type and source are identified for policy intervention purposes.

Remaining three articles aim at policy analyses under Covid-19 pandemic situation. First, India’s National Education Policy (NEP) 2020 calls for substantial investment in education and reiterates Government’s commitment to increase public expenditure on education to at least 6 percent of GDP. Given the long run negative fiscal effects of Covid-19 pandemic, India may not be able to achieve this expenditure target in near future. However, a mixed strategy of a gradualism in the long run and a shock therapy as a short term measure is suggested. Second, during this pandemic situation of economic contractions, when India witnessed large-scale ‘reverse migration’ of casual informal workers from destination to origin states, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) as the ‘employer of last resort’ in rural sector saw a change in its significance. Empirical evidences suggest that MGNREGS managed to achieve a partial success in meeting the expectation of employment guarantee and provided livelihood support during the crisis caused. For instance, there was no significant change in working man-days per household from pre to ongoing pandemic period in the states with maximum out-migration. If the governments were to follow a ‘bottom-up approach’ while allocating works as mandated by the MGNREG Act, these outcomes would have been different. Third, India had witnessed a large scale long distance (or inter-state) reverse migration and life and related livelihood issues of out-migrants during the Covid-19 lockdown periods. This situation was largely attributable for lack of specific institutional

pre-arrangements for the life and livelihood protection of the out-migrant workers. Based on evidence from IMPEX study, policy needs to filling up existing gaps in design including governance aspects and implementation of welfare policies for long-distance out-migrants are identified at national and sub-national levels in India.

This Edition has two book reviews. First, A Research Agenda for Corporations, written by Christopher May. Second, Entrepreneurial Ecosystems for Tech Start-ups in India, written by M.H. Bala Subrahmanya. These books are published by the Edward-Elgar (UK) and Walter de Gruyter GmbH (Berlin/Boston) respectively. I am glad that our journal is recognised by these leading publishers for review of their latest published books.

We are pleased to inform to all our readers that Aarthika Charche is now recognised by the University Grants Commission (UGC) as an academic journal under UGC-CARE List Journal-Group I.

I am thankful to the members of the Governing Council of Fiscal Policy Institute and its Chairperson Sri. I. S. N. Prasad, Additional Chief Secretary (Finance Department), Government of Karnataka for continued support, guidance, and encouragement for all initiatives and endeavours undertaken by FPI that also get reflected through this Journal.

Sujit Kumar Chowdhury
Director, FPI

Notwithstanding the continued waves of Covid-19 and their resultant disruptions of normal work and life, this Edition has come out in time. Many thanks are due to (a) all the contributors for timely submission of excellent and thoroughly researched articles, (b) internal and external reviewers for speedy reviewing of the articles, and (c) a copy-editor for professional copy-editing services. In addition, grateful thanks are due to the Edward Elgar Publishing (UK) and Walter de Gruyter GmbH (Germany) for sending their scholarly and latest books for Book Review in this Edition.

M.R. Narayana
Editor-in-Chief

Performance of Mission Antyodaya in Karnataka: Policy Lessons and Implications for Grassroots Level Development

Jos Chathukulam¹, Manasi Joseph² and Rekha V³

Abstract

Karnataka State is renowned for its proactiveness in implementing policies and programmes that are aimed at promoting human development and social justice. Karnataka is one among the few states that have specifically designed target oriented anti-poverty schemes and programmes for vulnerable and marginalized social groups. The state also has a vast legacy in decentralization and planning. Despite all these credentials and achievements, the performance of Karnataka in the Mission Antyodaya Surveys appears to be a paradox to its much acclaimed Karnataka model of development.

1. Introduction

Mission Antyodaya, an accountability and convergence framework for transforming the lives and livelihoods of people in rural India, was officially introduced in the Union Budget 2017-18. The 'Mission Antyodaya' framework has been formulated based on Pandit Deen Dayal Upadhyaya's 'Integral Humanism'. For Upadhyaya, Antyodaya meant the 'rise of the last person' and was essential to eradicate extreme poverty in the country, and the measurement of economic plans and economic growth cannot be done with those who have risen above on the economic ladder but of those who are at the bottom. Mission Antyodaya envisions a poverty-free India and is closely aligned with Upadhyaya's philosophy. It is a scientific attempt by the Government of India to address the multi-dimensional poverty through convergence of programmes and schemes along with a saturation approach, which gives emphasis on raising income and institutional strengthening. The convergence and accountability framework under Mission Antyodaya aims to bring optimum

use and management of resources allocated by 27 Ministries of the Government of India under various programmes to accelerate development in rural areas. That is, it involves convergence of schemes to raise income of households through a cluster approach and the Gram Panchayats (GPs) serve as the focal point of convergence. It also enables convergence, partnerships and networking with professionals, institutions, and enterprises for the transformation of rural livelihoods. To ensure accountability, the Mission Antyodaya framework stresses on strengthening capacity for social audit at the local level. Thus, Mission Antyodaya is built on the foundation of convergence, accountability, and measurable outcomes to provide sustainable livelihoods to the rural poor. In essence, it aims to converge government interventions in the form of schemes and programmes with GPs as the basic unit for planning and adopting a saturation approach by pooling human and financial resources to provide sustainable livelihoods.

An annual survey in GPs across the country is an important aspect of Mission Antyodaya. It

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All the opinions in the article are of the authors and usual disclaimer applies.

is carried out simultaneously with the People's Plan Campaign (PPC) and its purpose is to lend support to the process of participatory planning for Gram Panchayat Development Plan (GPDP). Popularly known as Mission Antyodaya Survey, it ranks the GPs on the basis of the score obtained on various parameters used in the Mission Antyodaya Survey. Since its inception, the Survey has been carried out prior to the preparation of the GPDP. The survey data and findings are used as a base to assess the gap in each GP and villages in terms of infrastructure, access to basic amenities and the overall socio-economic and human development. These gaps have to be addressed in the GPDP.

This paper critically examines the true spirit and essence of Mission Antyodaya in helping Karnataka state to reach new heights in the development paradigm. It is important to note that the concept of Mission Antyodaya framework is poorly understood, not just in Karnataka but India as a whole because there is little or less understanding about what Mission Antyodaya is all about. Thus, this article starts at looking into the various facets of Mission Antyodaya, and Survey associated with it and explains why rural India needs Mission Antyodaya to accelerate development policies and programmes.

2. Why Rural India Needs a Mission Antyodaya (MA)?

As per the Socio Economic and Caste Census (SECC) 2011, there are 24.39 crore households in India out of which 17.91 crore live in villages. Out of these, 10.69 crore rural households are considered as deprived. Nearly 49 per cent of the households can be considered poor as they face some deprivation in one form or the other. Their deprivations include lack of basic amenities including housing, access to free and fair education, absence of earning members in the family and households depending on manual labour. Such deprivations highlighted a need

for comprehensive social security programme to address them. Further, nearly 2.37 crore households have only a single 'kutchha' room. Around 5.37 crore are landless. Over 90 per cent do not have salaried jobs in rural areas. Nearly 30 per cent of rural households depend on cultivation as their main source of income whereas 51.14 per cent derive sustenance from manual casual labour. These findings from the SECC indicated the need to formulate a convergent and evidence-based planning with GPs as units to address these glaring deprivations at the grassroots level. This underlined the necessity for evidence-based solution, and prioritization of beneficiaries at the local level. This convinced the stakeholders and policy makers that deprived households need targeted interventions under various government schemes and programmes in areas such as social security, education, health, nutrition, sanitation, drinking water, electricity, environment, livelihood creation, wage employment and skill development.

As per the above SECC 2011 data, the biggest problems are low income and illiteracy in rural Karnataka and drinking water crisis and sanitation in urban Karnataka. Nearly 14.4 per cent of Karnataka's rural households are considered deprived, as against a national average of 8.9 per cent.

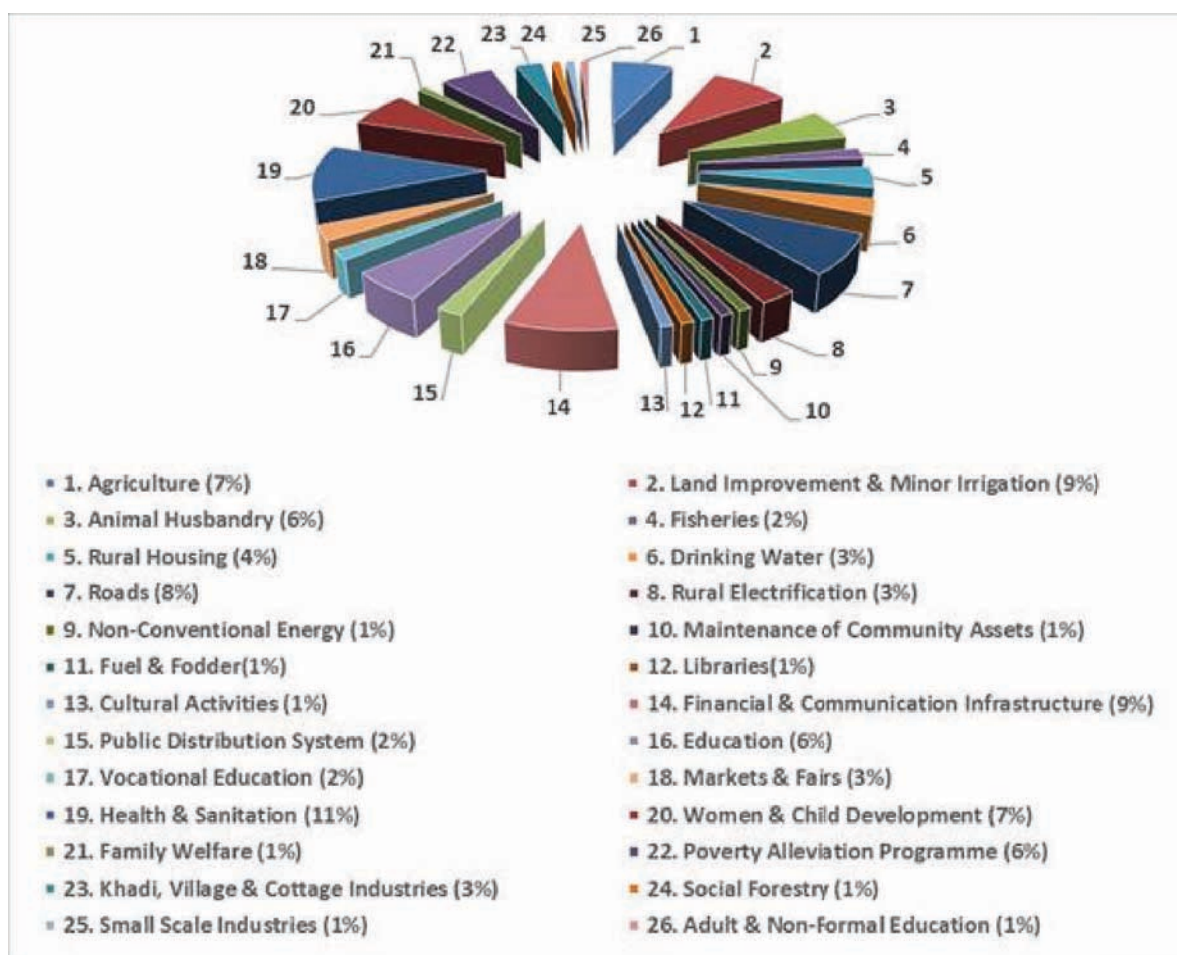
2.1. Parameters for Mission Antyodaya Survey (MA Survey)

Prior to the preparation of annual GPDP, the Ministry of Panchayati Raj (MoPR) has directed all the states to undertake the MA Survey every year - a survey by which the GPs all over the country are ranked based on three indicators i.e., basic infrastructure, human development, and economic activity. By this exercise, the development gaps needing specific intervention are identified and the GPs prepare the GPDP. In 2017 and 2018, the GPs were ranked on the basis of 46 parameters but only

six out of 29 subjects devolved were evaluated. In other words, 46 parameters connected to six subjects such as (i) health, nutrition, and sanitation, (ii) economic development and livelihood, (iii) financial inclusion, (iv) basic parameters, (v) key infrastructure, and (vi) women

empowerment were only evaluated. Meanwhile, in the MA Survey 2019, the number of parameters was increased from 46 to 112 to cover all the 29 subjects transferred to the GPs as per the Eleventh Schedule of the Constitution (Figure 1).

Figure 1: Subjects Evaluated and Ranking Parameters in MA Survey 2019



Source: Compiled and Computed by the Authors from the website of Mission Antyodaya, MoPR, Government of India

However, out of the 29 subjects, only 26 subjects were given score value and three subjects (social welfare, welfare of the weaker sections and minor forest produce) were assigned zero value. Two subjects (i) land improvement, implementation of land reforms, land consolidation and soil conservation and (ii) minor irrigation, water management and watershed development) are

clubbed into one as 'land improvement and minor irrigation'. One new subject namely 'financial and communication infrastructure' was included, in addition to the 29 subjects transferred to GP. For example, the subject on 'health and sanitation' has more activities in the functional domain of the GP whereas the subject on 'non-conventional energy' has very little to do with the GP and is reflected

in the allocation of score values. Therefore, while health and sanitation are given maximum score values, the non-conventional energy is given minimum value. Though the total score values have been fixed at 100, the value of each parameter has been changed as per the increase in the number of questions. In 2019, the number of parameters used for scoring has been increased from 46 to 112. Therefore, the GPs score value of 2019 may not be comparable with that of 2017 and 2018. However, the comparison may be possible but all the methodological cautions in the background need to be taken. Along with the comparison of the score value of the GPs in 2018 and 2019, the other level of comparisons such as average score value of the GPs at the district and state levels also may be possible. The MA methodology as well as parameters and score value have remained unchanged since 2019.

2.2. Peoples Plan Campaign (PPC) for Gram Panchayat Development Plan (GPDP) and Mission Antyodaya (MA)

Following the 14th Finance Commission grants to GPs, the MoPR introduced GPDP in 2015-16 and two years later in 2017-18, the Mission Antyodaya was launched. It was decided that the GPDP and the MA should be carried out in a campaign mode. To improve the quality of GPDPs, the MoPR and Ministry of Rural Development (MoRD), Government of India jointly launched the People's Plan Campaign (PPC) under the theme *Sabki Yojana, Sabka Vikas* in 2018 and in 2021 it has been changed to *Sabka Saath, Sabka Vikas, Sabka Vishwas and Sabka Prayas*. The PPCs were built to link the gap assessment and identification through the MA Survey for the GPDP preparation. As part of the PPC, GPs have to collect as well as update MA Survey data for evidence-based planning exercise. A Comprehensive Special Gram Sabha (GS) is conducted in all GPs across the country as part of the PPC for GPDP. In this Special GS, all

developmental needs and gaps identified from MA Survey and other data will be discussed. These gaps are indicative of sectoral requirements to be adequately addressed through interventions under different schemes of the line departments and other developmental activities. The GS should classify the gaps in three broad categories – (i) Critically Important, (ii) High Priority and (ii) Desirable. Keeping in view the gap analysis and prioritization, GPs may finalize activities to be taken up under GPDP.

3. Mission Antyodaya Survey in India: Evidence and implications for Karnataka

3.1. Overview

During 2017 and 2018, the first all India baseline MA Survey, covering 2.5 lakhs GPs (50,000 in 2017 and 2, 00,000 in 2018), was conducted. Subsequently, MA Survey was conducted in 2, 47,910 GPs in 2019 and 2, 67, 459 GPs in 2020.

In 2017 & 2018 MA Survey, Kalikiri, Kodandarampuram and Uranduru GPs in Chittoor district of Andhra Pradesh secured a score of 100 and topped the list. A total of 195 GPs in Andhra Pradesh figured in the 91 – 100 score range and out of that, 189 GPs are from Chittoor District. In Gujarat, a total of 32 GPs also figured in the same score range.

Tamil Nadu's Molugamboondi GP in Tiruvannamalai district has topped 2019 MA Survey rankings of GPs in the country with a score of 92. Baben and Vahelal GPs in Gujarat secured the second rank, with a score of 88. In 81 to 90 score range, 75 GPs in Gujarat and 66 GPs in Punjab made it to the list while only 27 GPs from Kerala figured in the same score range.

In 2019 MA Survey, 64 per cent of the GPs scored in the range of below 41 and about one per cent of the GPs scored above 71. On the other hand,

Yelkurthi GP in Medak district and Sulthanpur GP in Pedapalli district in Telengana, Minapur GP in Surendranagar in Gujarat and Hulakoti in Gadag district in Karnataka have secured the score value of 90 in 2020 MA Survey. All the four GPs shared the first rank in the country. States including Kerala, Gujarat, West Bengal, Himachal Pradesh, Sikkim, Tripura, Punjab, Tamil Nadu, Andhra Pradesh, Telangana, Goa and Haryana are among the states that have consistently maintained an average score above national average in 2018, 2019 and 2020 in the MA Survey.

3.2. Relative performance of Karnataka at national level and with other states

Karnataka has secured an average score above the national average in all the three consecutive years. For instance, all India (or Karnataka's) average score in MA Survey was 49 (or 50) in 2018, 40 (or 40) in 2019 and 39 (or 40) in 2020 (See Figure 2 and Figure 3)

In 2017-2018, a total of 6012 GPs completed the MA survey in Karnataka. At the national level, in 2017 & 2018, the MA Survey was conducted in 2,47,910 GPs. While 229 GPs across India managed to secure a score between 91 to 100, only one GP in Karnataka (Kulagod GP in Belgavi District) figured in the same score range. In Karnataka, out of the 6012 GPs that have uploaded the status, 849 GPs (14.12 %) scored in the range above 60 and out of this, 15 GPs scored a high value in the range of 81 to 90. More than 38 per cent of the GPs in Karnataka fall in the score range of 41-50 and the same situation is shown in India (31 %). In Karnataka, out of the 6019 GPs that have uploaded the MA Survey in 2019, nearly 4.12 per cent GPs have a score value of above 60 while 4.87 per cent GPs across India fall in the same score range. In 2019, majority of the GPs in Karnataka (43 %) and India (39 %) scored values in the range of 31-40 (See Figure 2). For a state like Karnataka, which has a great legacy in

planning and decentralization, these scores do not do any justice to its rich legacy and experience.

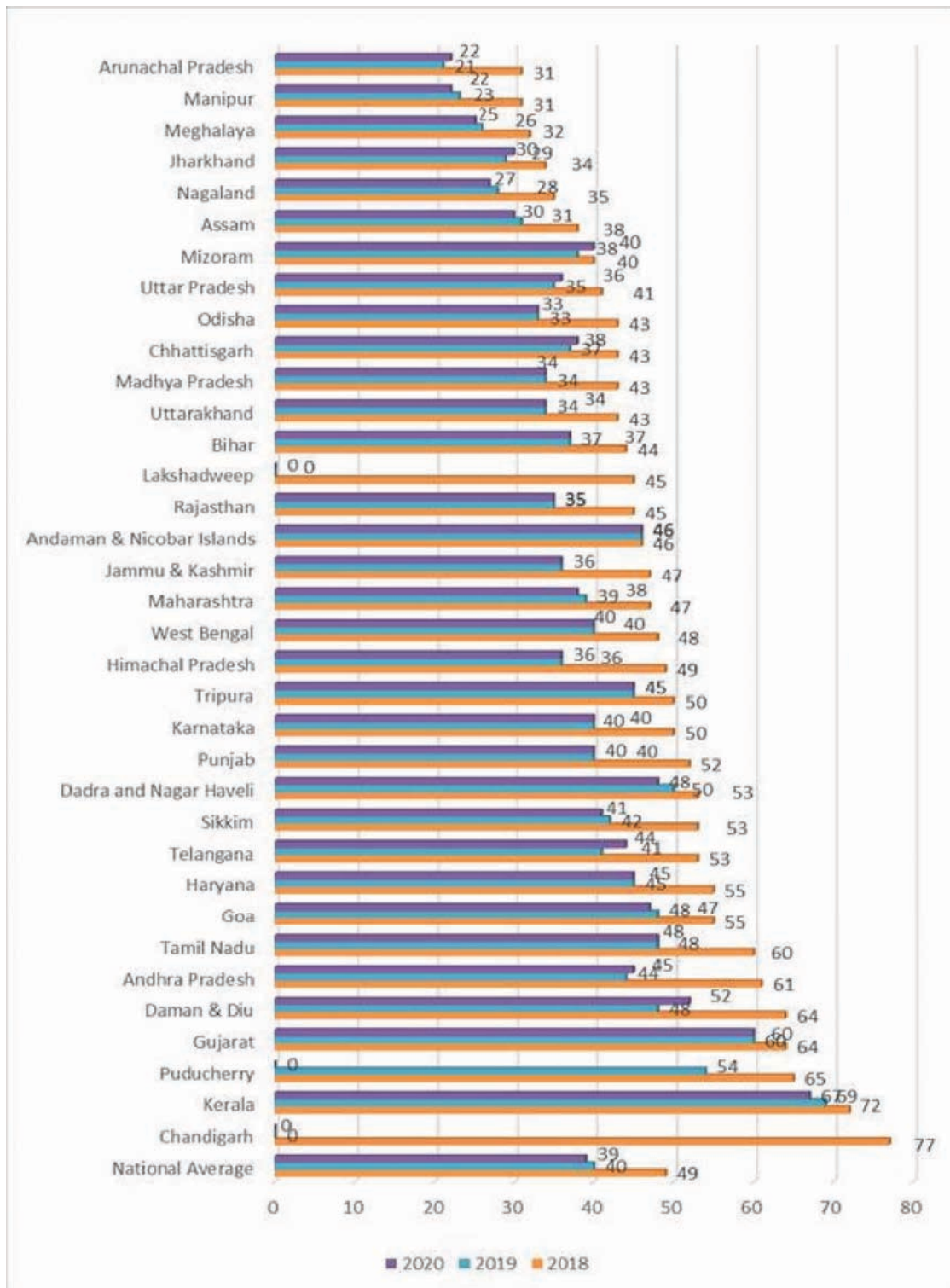
3.3. Comparative performance of Karnataka and Kerala in Development Paradigm

To assess the performance gaps for Karnataka, a comparative performance analysis is given below with Kerala which has topped the Human Development Indices and MA Surveys.

In 2017 & 2018 MA Survey, a total of 229 GPs across India managed to secure a score between 91 to 100 but none of the GPs in Kerala figured in this score range. Meanwhile one GP in Karnataka figured in the same score range. In Karnataka, out of the 6012 GPs that have uploaded the status, 849 GPs (14.12 %) scored in the range above 60 and out of this, 15 GPs scored a high value in the range of 81 to 90. Meanwhile, in Kerala, out of the 939 GPs that have uploaded the status, 905 GPs (96.30 %) scored in the range above 60 and out of these, 91 GPs scored a high value in the range of 81 to 90. In Kerala, out of the 941 GPs that have uploaded the MA Survey in 2019, nearly 2.87 per cent GPs scored in the range of 81 to 90 while only 0.10 per cent GPs across India fall in the same score range. In Karnataka, out of the 6019 GPs that have uploaded the MA Survey in 2019, nearly 4.12 per cent GPs have a score value of above 60 while 4.87 per cent GPs across India fall in the same score range.

In 2019, majority of the GPs in Karnataka (43 %) and India (39 %) scored value in the range of 31-40. However, in the 2019 MA Survey, nearly 42.08 per cent Panchayats in Kerala fall under the score range of 71 – 80 and 44.74 per cent fall under 61 – 70. On the other hand, only 0.93 per cent GPs across India fall in the score range 71-80 and 3.85 per cent GPs in the country fall in the score range of 61-70. It is seen that both the high achievement of human development in Kerala and the poor achievement of human development in India are reflected in the MA survey.

Figure 2: MA Survey 2018, 2019 & 2020: State Wise Average Score

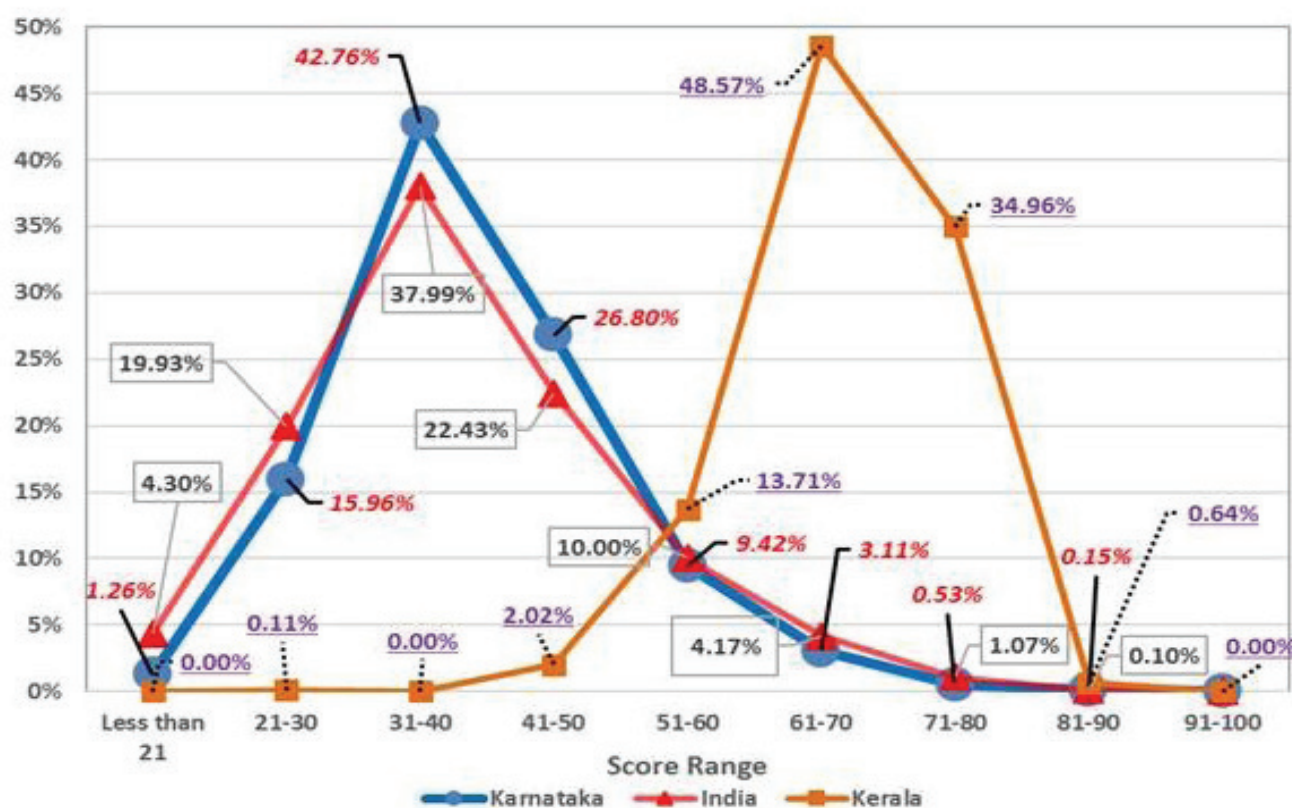


Source: Computed and Compiled by the Authors from the website of Mission Antyodaya, MoPR, Government of India.

As per the MA Survey, in 2020, none of the GPs in India figured in the score range of 91 – 100. In the case of Kerala, six GPs figured in the score range of 81 – 90 while 260 GPs across India scored in the same score range. A total of 329 GPs in Kerala fall under the score range of 71-80 in 2020 MA Survey. In the case of Karnataka, only 9

GPs figured in the score range of 81 – 90 while 260 GPs across India scored in the same score range. A total of 32 GPs in Karnataka fall under the score range of 71-80 in 2020 MA Survey. In 2020, also majority of the GPs in Karnataka (42.76 %) and India (37.99 %) scored value in the range of 31-40 (See Figure 3).

Figure 3: MA Survey 2020: Grouping of GPs Based on Score Range (All India, Karnataka & Kerala)



Source: Authors using basic data from the Mission Antyodaya Survey 2020

Three values (All India, Karnataka, and Kerala) are shown in Figure 3. X axis represents the score range (less than 21 to 91-100) of GPs and the Y axis represents the percentage of Gram Panchayats falling under the respective score range. From the graph, it is evident that Karnataka and India appear to be coterminous as they both figure near to Y axis on the same pattern, below 51-60. However in the case of Kerala, it is above 51-60 and it is located far away from the Y axis.

3.4. Linking Karnataka's development performance with MA Survey findings

According to 2001 Human Development Index (HDI 2001), the level of human development is higher in Karnataka (0.650) than the all-India average of 0.621. At the international level, Karnataka's position is at 120 while India is at 127. The HDI 2001 equates the "attainment of human development in Karnataka as more or less on par

with that of Egypt and considerably above the level of Pakistan, Nepal, Bhutan and Bangladesh.” The HDI for Karnataka has increased from 0.541 in 1991 to 0.650 in 2001, showing a 20 per cent improvement. In 2019, Karnataka’s HDI index rose to 0.682 (HDI, 2019). Further, Karnataka is considered as one of the most progressive states in the India and has managed to achieve tremendous growth in the field of agriculture, industry, information technology and other sectors. Karnataka is considered as one of the best performing in terms of Human Development Index.

Karnataka has prepared an HDI index of its own and second state in the country to publish a State wise Human Development Report called Karnataka Human Development Report in 1999 (GoK,1999). The second KHDR was published in 2005 and Karnataka ranked seventh in the country in Human Development. The KHDR also made district-wise HDI rankings. Districts including Bangalore Urban, Dakshina Kannada, Udupi, Kodagu and Shimoga have topped the HDI index since 1999. On the other hand, districts like Ballari, Bidar, Kalaburagi, Koppal, Raichur, Yadgir (all the six districts now comes under the Kalyana Karnataka region. Meanwhile on November 18, 2020, a new district named Vijayanagara was formed).

As per the third KHDR 2015, Bengaluru Urban, Dakshina Kannada, Udupi, Kodagu stayed in the league of districts with top HDI and Chikmagalur and Dharwad districts were the new additions. Raichur, Yadgir, Koppal and Vijayapura came in the bottom positions.

In 2015, Karnataka also became the first state in the country to prepare a Gram Panchayat Human Development Index (GPHDI). The GPHDI was prepared by Abdul Nazir Sab State Institute of Rural Development and Panchayati

Raj, and Planning, Programme Monitoring and Statistics Department, Government of Karnataka. The GPHDI revealed the stark reality of regional imbalances resulting from poor health indicators, illiteracy, and low standard of living among the GPs in North Karnataka. As per the GPHDI 2015, around 90 per cent of the GPs in Yadgir, Bagalkot, Kalaburagi, Raichur and Vijayapura have an HDI below the state average of 0.4392. A total of 2940 GPs in Karnataka had an HDI below the state average. On the other hand, GPs in Bengaluru Urban, Dakshina Kannada and Udupi have scored an HDI above the state average. A total of 2958 GPs scored above the state HDI average.

All these above reports indicate that the problem with the development and growth in Karnataka is that it has never been inclusive, especially at the regional and grassroots level. More than 20 per cent of the population in the state belongs to the Below Poverty Line (BPL) category and what is more shocking is that Karnataka lags behind other states in terms of crucial human development indicators like education and health. This has further aggravated the regional imbalances in development across the regions of the state. Karnataka’s development trajectory can be divided into two. First, there is widespread development resulting from the IT boom. Second, there are regions with poor HDI indicators. Attempts to address and redress the regional imbalances in Karnataka include the Karnataka High Power Committee Report (GoK, 2002), also known as the Nanjundappa Committee Report. The Nanjundappa Committee identified 35 indicators of backwardness and prepared a Comprehensive Composite Development Index (CCDI) to address the regional imbalances widespread in the state. The Committee identified 114 backward taluks located in North Karnataka, especially in the Kalyana- Karnataka region.

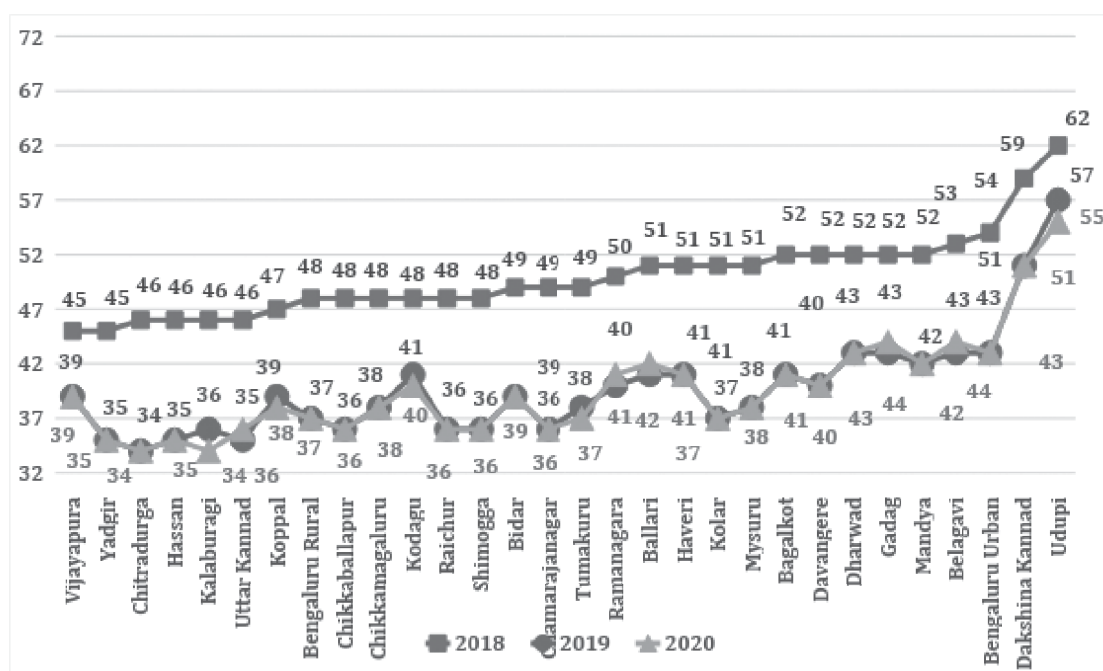
In 2013, a panel report made by Raghuram Rajan dubbed Karnataka as a 'relatively developed state' (John, Fadnis & Dhamija, 2013). The MA Surveys also indicate that the Karnataka lags in social and economic parameters. Karnataka, given its rich legacy in decentralization and planning, may carry on the true spirit of Mission Antyodaya framework to further accelerate and reshape the development trajectory of the state to move up

among the developed states in India.

3.5. Performance of Districts and Gram Panchayats within Karnataka

Udupi, Dakshina Kannada and Bengaluru Urban districts have secured an average score between 54-62 in the MA Surveys held in 2017 and 2018 but the scores declined since 2019 MA Survey (See Figure 4).

Figure 4: MA Survey 2018, 2019 & 2020: District Wise Average Score of Karnataka



Source: Website of Mission Antyodaya (MA), MoPR, Government of India, <https://missionantyodaya.nic.in/> accessed on 15 October 2021

As per the KHDR 2015, Bengaluru Urban, Dakshina Kannada, Udupi, Kodagu, Chikmagalur and Dharwad districts shared the first six ranks. District wise average score of MA survey also shows nearly the same pattern. According to district wise average score of MA Survey 2020, Udupi, Dakshina Kannada, Belagavi, Gadag, Bengaluru Urban and Dharwad district come in the first six positions. Raichur, Yadgir, Koppal and Vijayapura, comes in the last positions in KHDR 2015. It is also interesting to note that Koppal, Vijayapura, Yadgir, Kalaburagi and Raichur falls under the Kalyana Karnataka region. In contrast,

in MA Survey 2020, only two districts from Kalyana Karnataka region like Kalaburagi and Yadgir come in the last two positions. Apart from these two, Chitradurga and Hassan occupy the last two positions in 2020 MA Survey. In 2017 and 2018 MA Survey, Kulagod GP in Belagavi secured a score of 92 and ranked ninth at all India level. Patagundi GP in Belagavi district with a score of 88 was ranked 13th at the national level. In the 2019 MA Survey, Y N Hosakote GP in Tumakuru district and Nandagad GP in Belagavi district secured a score of 86 and were ranked fourth. Hulkoti GP in Gadag district was ranked fifth

at the national level with a score of 85. Bandaru GP in Dakshina Kannada district and Herur GP in Tumakuru district got the seventh rank at all India level with a score of 83. In 2020 MA Survey, nine GPs figured in the 81-90 score range. The Hulkoti GP in Gadag district secured a score of 90, the Nandagad GP in Belgavi and Kulagod GP in Belgavi secured a score of 89. A total of 32 GPs in Karnataka fell under the score range of 71-80 in the MA Survey 2020.

The MA Survey 2020 also included the

infrastructure facilities available in Gram Panchayats. For instance, more than 90 percent of the Gram Panchayats in Karnataka is connected to all weather roads and post office and Anganwadi centres are available in more than 90 percent of the Gram Panchayats. All weather roads are available in 93.44 per cent of the GPs in Karnataka. In the case of Anganwadi centres (AWCs), around 99.70 per cent of villages in Karnataka have an AWC and it is higher than the national average of 93.70 per cent (See Table. 1)

Table 1: Infrastructure Facilities Available in Gram Panchayats according to MA Survey 2020

Sl. No	Item	India		Karnataka		Highest Percentage State	
		Number of Gram Panchayats	%	Number of Gram Panchayats	%	Name of the State	%
1	Government seed centres	44958	16.81	1378	22.94	Andaman & Nicobar	60
2	Warehouse for Food Grain Storage	36800	13.76	1498	24.93	Gujarat	40.33
3	Soil Testing Centres	17899	6.69	541	9.00	Gujarat	30.25
4	Fertilizer Shop	68893	25.76	2516	41.88	Kerala	91.18
5	Connected to all weather Road	225137	84.17	5614	93.44	Kerala	99.36
6	Railway Station	13065	4.88	484	8.06	West Bengal	20.09
7	Common Service Centre Co-Located with Panchayat Bhawan	68789	25.72	2610	43.44	Gujarat	72.25
8	Common Service Centre Separately Located	55031	20.57	1340	22.30	Kerala	78.64
9	Common Service Centre Not available	143646	53.71	2058	34.25	Arunachal Pradesh	94.03
10	Panchayat Bhawan	204989	76.64	5219	86.87	Kerala	99.79
11	Public Information board Not available	103004	38.51	1064	17.71	Manipur	83.19
12	Public Information board Available and updated	124132	46.41	4308	71.70	Andaman & Nicobar	97.14

13	Public Information board Available but not updated	40330	15.08	636	10.59	Mizoram	45.80
14	Bank	59561	22.27	3181	52.95	Kerala	99.68
15	ATM	38631	14.44	2026	33.72	Kerala	98.19
16	Internet/Broadband	124003	46.36	4699	78.21	Kerala	99.79
17	Landline	2613	0.98	231	3.84	Karnataka	3.84
18	Mobile	176979	66.17	2332	38.81	Nagaland	83.61
19	Landline & Mobile	69910	26.14	3209	53.41	Kerala	99.89
20	No Phone	17964	6.72	236	3.93	Arunachal Pradesh	33.80
21	Post-Office	111956	41.86	5465	90.96	Kerala	99.89
22	Govt. Degree College	15852	5.93	610	10.15	Kerala	46.87
23	Library	49199	18.39	5354	89.11	Kerala	96.28
24	Vocational Educational Centres/ ITI/RSETI/DDU-GKY	18602	6.95	776	12.92	Kerala	38.58
25	Adult Education Centres	30990	11.59	1640	27.30	Kerala	81.30
26	Jan Aushadhi Kendra	31531	11.79	843	14.03	Dadra and Nagar Haveli and Daman and Diu	42.11
27	CHC	16663	6.23	232	3.86	Kerala	23.70
28	PHC	40406	15.11	2846	47.37	Kerala	75.03
29	Sub Centre	61201	22.88	1441	23.98	Goa	72.77
30	No health facilities	149196	55.78	1489	24.78	Manipur	84.39
31	Public Distribution System(PDS)	204362	76.41	4607	76.68	Kerala	100
32	Aanganwadi Centres	250603	93.70	5990	99.70	Kerala, Andaman & Nicobar, Ladakh, Dadra and Nagar Haveli and Daman and Diu	100
33	Veterinary Hospital/ Clinic	58412	21.84	3371	56.11	Kerala	99.68
34	Extension Facilities for Aquaculture	28374	10.61	888	14.78	Tripura	42.93

Source: Authors based on basic data from the Mission Antyodaya Survey 2020

Health facilities are not available around 24.78 per cent of the Gram Panchayats. Community Health Centres (CHCs) is available in 3.86 per cent of the GPs in Karnataka. Primary Health Centres (PHCs) are available only in 47.37 per cent of GPs in the state and sub centres are available only in 23.98 per cent of the GPs. According to NITI Aayog's Sustainable Development Goals (SDGs) India Index for 2020-21, Karnataka's score improved in issues related to diseases and mortality rates and it ranks fourth with an overall score of 72. The SDG goals include Quality Education, No Poverty, Zero Hunger, Good Health and Well Being, Zero HIV incidence, Gender Equality, Clean Water and Sanitation, Affordable and Clean Energy, Decent Work and Economic Growth, Industry, Innovation and Infrastructure, Reducing Inequalities and Sustainable Cities and Communities. As per the report, Karnataka is close to achieving the global target of ZERO HIV incidence. The HIV incidence per 1,000 uninfected people is estimated to have declined from 0.07 in 2017 to 0.05 in 2019. In the case of institutional deliveries, Karnataka is close to 99.9 per cent. In the case of enrolment ratio in elementary education, Karnataka has achieved 100 per cent, as per the 2020-21 NITI Aayog SDG Index. In the case of generation of power from renewable energy, Karnataka is a top performer as the state has 28.4 MW installed capacity of grid interactive bio-power per 10 lakh population while India has only 7.62 MW.

However, the score related to number of physicians, nurses, and midwives per 10,000 people reduced from 72 in 2019-20 to 70 in 2020-21, and is a matter of serious concern, particularly when facing the COVID-19 pandemic (Prabhu, 2021 and Chandrasekhar 2021). One of the most disappointing aspects is that the population below poverty line (BPL) remained unchanged at 29.91 per cent in the state, as per the 2020-21 NITI Aayog SDG Index. In terms of gender equality, sex ratio at birth has dropped to 924 in 2020 from 929 in 2019. In the case of clean water and sanitation, schools

with separate toilet facility for girls reduced from 97.4 per cent to 95.64 per cent, as per the 2020-21 NITI Aayog SDG Index. Meanwhile, as per the MA Survey 2020, more than 97 per cent of the primary schools in Karnataka have toilet and drinking water facilities and more than 95 per cent of the primary schools have electricity.

While MA Survey has not delved deeply into nutrition status of children, apart from mid-day meal scheme (89 per cent have mid-day meal), the performance of Karnataka in terms of nutritional status among children is disappointing. According to the Comprehensive National Nutrition Survey (2016- 2018), among preschool children, 32.5% are stunted in Karnataka. The state, being the highest in the prevalence of stunting, is placed in the eleventh position nationally. According to the report of the NITI Aayog (Nourishing India National Nutrition Strategy), five districts in Karnataka - Ballari, Bagalkot, Kopal, Kalaburagi and Yadgir are among the 100 poor performing districts with very high levels of stunting. These districts of Karnataka can also be equated with the BIMARU state of Rajasthan where five districts have high levels of stunting (Chathukulam, 2020). Moreover, while comparing the five poorly performing districts of Karnataka with the 72 districts from the BIMARU states also, no major difference is visible. Surprisingly, a higher level of stunting is seen in some of the districts of Karnataka than in some districts of BIMARU states. Among the underweight school going children, the national average is 35.2 and the situation in Karnataka is worse than the national average by 4.3 points. In the case of overweight adolescents, the national average is 4.8, which is more acute in Karnataka by 2.4 points (Chathukulam et al 2020).

3.6. Field survey insights from Karnataka

The authors of this article have conducted intensive field work in three phases on GDP in Karnataka in December 2018, December 2019,

and January 2020. All the selected 40 GPs in Karnataka (10 GPs randomly selected from Chamarajanagar, Chikkaballapura, Kolar and Ramanagar districts) had completed MA Survey and out of them, only three had done the groupings into ‘critically important’, ‘high priority, and ‘desirable’ and accommodated the Survey results and gaps in the GPDP.

During this field exercise, it was found that PPC for GPDP and MA Survey has been dealt in a separate manner. Even after completion of the Survey, they just placed it before the Special Gram Sabha without making any presentations, discussions, validation, and feedback. So, neither the GP functionaries nor the local citizens were able to understand the connection between GPDP and Mission Antyodaya. The connection was not at all internalized. One of the main reasons behind this is that the technical staff, including data entry operators, is involved in the collection and uploading of MA data. Majority of the GP officials and elected functionaries lack technical expertise and thus they have no idea what Mission Antyodaya means and its relevance. The authors, during field visits to GPs in Karnataka, found that both GPDP and MA have not been properly understood by the Panchayat functionaries. It is surprising that despite no proper awareness about MA and GPDP, GPs and other stakeholders are conducting the GPDP and MA Survey. From the field visits, it was understood that in majority of the cases, the GPDP and MA Survey had been dealt in an unconnected manner. There have also been instances where GPs prepared their GPDPs first and then completed their MA Survey. The root cause behind all this is the awareness deficit regarding the crucial link between GPDP and MA. Even those GPs that have showcased a better performance in MA Surveys also have stakeholders in the Panchayat who are unaware of the process.

We have a concrete example to illustrate the above situation. The Centre for Multi-Disciplinary Development and Research (CMDR), Dharwad, Karnataka conducted a national seminar on “Decentralized Governance and Planning and its Impact on economic development and social justice on March 28 – 29, 2019. There was a separate section on “Operational Aspects and Field Perception of GPDP.” During the seminar, Presidents and Panchayat Development Officers (PDOs) of the GPs from three Panchayats in the district of Dharwad had attended seminar. However, none of them could explain the MA Survey, gap reports and its connection with GPDP. They were not even aware of the score value obtained by the respective GPs in the MA Survey. Moreover, the result of the survey had been uploaded on the website of MoPR by the GPs themselves. So how can such things happen? It might seem unbelievable how the frontline stakeholders who claim to be part and parcel of the MA Survey are not in a position to recollect score value or explain the process. Thus, MA Survey has brought out these gaps between the ground reality and the techno-centric governance.

4. Conclusion

The results and findings of different rounds of MA Surveys serve as important feedback to policymakers in Karnataka for the formulation of policies and assessment of their impact, especially regarding development in backward regions. The policy makers, development experts and economists should seriously look into the findings and observations derived from MA Survey results and design and formulate policies and programmes to address the gaps found in the Survey. Karnataka is often portrayed as a ‘city centric growth story’ but its rural areas, especially the Kalyana Karnataka region is relatively less developed and people there suffer from all kinds of deprivations. It is also important to note that, though Karnataka has rolled out various anti-

poverty measures, not much seems to have impacted on these less developed (or Aspirational) districts in the state. There have been lot of plans and strategies to combat poverty and to improve human development indicators in these backward districts of Karnataka but the implementation and execution of the schemes remain slow.

Karnataka is one of the few states that have successfully brought out an HDI index for the state, for its districts, for its taluks and almost importantly, it is one of the first states to construct an HDI at the Panchayat level. The state has taken proactive measures to track its development and growth trajectory but the same proactiveness is not apparent in the implementation of policies to address regional imbalances. Karnataka has prepared Vision 2030 document which lists out strategies and measures the state has to adopt to meet 'Sustainable Development Goals' target by 2030. Though the Vision 2030 document talks about addressing regional imbalances by promoting income generating activities for marginalised groups and reducing regional inequalities focusing on Kalyana Karnataka region, the Mission Antyodaya framework, which is also touted as a poverty- alleviation mechanism, finds no mention. This is mainly because of the lack of awareness regarding the Mission Antyodaya framework among those at the state level, district level and most importantly at the grassroots level. Karnataka also has offered an 'Udupi model of sustainable development', but no serious attempts have been made to understand the possibility of scaling up this development paradigm to Kalyana Karnataka region.

The basic pillars of Karnataka model of development are technology, equity, human development, governance – people friendly and citizen centric and participatory process of planning and development. There have been various interpretations on Karnataka model of development and its emphasis on technology

and governance led – development and it was envisaged in such a manner that there will be a real convergence between technology and governance (Kadekodi et al, 2007). However, at present there seems to be no convergence between technology and governance. Lack of technical expertise among the elected functionaries and GP officials is one of the major reasons for Mission Antyodaya being poorly misunderstood. These officials and functionaries rely heavily on data entry operators and other technical staff to collect and upload data and are not bothered about the process or the end result. Thus, too much of technicality has disempowered the elected functionaries and officials.

As noted, earlier Karnataka has a vast legacy when it comes to planning and decentralization. For instance during the 1980s, Ramakrishna Hegde along with Abdul Nazir Sab, enacted a law to devolve administrative powers to a three tier Panchayati Raj System. As a result, a wide range of financial and administrative powers were decentralized and Karnataka became a role model of decentralised governance for the rest of the country. This was all before the Panchayati Raj System was constitutionalized through 73rd Amendment in 1992. Even though Karnataka tops in the Devolution Index along with pre constitutional advantage in decentralized planning, the potential of the Panchayati Raj System has never been utilized to its maximum, even after constitutional validity was conferred. This has impacted on the development and progress at the grassroots level which in turn has been reflected in MA Survey results. Karnataka also missed the opportunity for 'Big Data Analytics' using the data obtained from Mission Antyodaya Survey.

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