



## Executive Summary

# Baseline Survey of Minority Concentrated Districts

## Hailakandi District Assam



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### Baseline Survey of Minority Concentrated Districts

Housing  
Drinking Water  
Electricity  
Sanitation  
Health

## Hailakandi District, Assam

The purpose of the Baseline Survey of the Minority Concentration Districts (MDCS) was to assess the development deficits in the district and identification of priority areas for policy interventions to be structured in the line of the Prime Minister's 15- Point Programme, which will be in the form of a Multi-sector Development Programme (MsDP) for the entire district. In order to do this, ten indicators - eight of which were identified and applied by the Ministry of Minority Affairs, Government of India for identifying the Minority Concentrated Districts across the country along with two additional indicators for assessing health status have been used. Since the basic purpose of the Baseline was specified as a pre-requisite for preparation of Multi-sector District Development Plan (MsDP) for the Minority Concentrated Districts (MCDs) characterised by relative backwardness and to bring those district at least to the national level, most recent national level official estimates were taken for finding the development deficits in terms of the ten selected indicators. Taking deficit so derived as weights, the indicators representing specific sectors are ranked on a ten point score-scale. The exercise results in following relative ranking for the Hailakandi district, Assam. The national estimates of the selected indicators are estimated on the basis of NSS 2004 -2005 rounds and NFHS - 3 with due approval from the Ministry.

**Developmental deficits in Hailakandi district and their priority ranking**

Sl. No	Indicators	Survey Result	Estimate for India	Deficit	Priority Ranking attached
<b><i>Socio-economic indicators</i></b>					
1	Rate of literacy	87.00	67.30	19.70	8
2	Rate of female literacy	83.00	57.10	25.90	10
3	Work participation rate	48.00	38.00	2.00	7
4	Female work participation rate	10.52	21.50	-10.98	6
<b><i>Basic amenities indicators</i></b>					
5	Percentage of pucca houses	1.47	59.40	-57.93	1
6	Percentage of households with access to safe drinking water	44.00	87.90	-43.90	2
7	Percentage of households with sanitation facilities	9.07	39.20	-30.13	4
8	Percentage of electrified households	25.60	67.90	-42.30	3
<b><i>Health indicators</i></b>					
9	Percentage of fully vaccinated children	66.00	43.50	22.50	9
10	Percentage of institutional delivery	14.56	38.70	-24.14	5

- It is clear from the above table that the level of achievement of the district in terms of rural pucca house is poor compared to that of the national average. The overall condition of the housing in this district found to be quite unsatisfactory. Besides having a large number of kutchha houses, the living space for a sizeable section of the households has also been found to be insufficient. Although IAY has contributed to certain extent, the larger section of the people especially of the Muslim community living below the poverty line has not yet been covered by housing programme. Therefore, the first priority of the MsDP for the district should be on housing.
- Alongside housing, the second priority for the MsDP for the district should be on making adequate provision for safe drinking water, which may substantially contribute to improve the existing health scenario of the district.
- The official records of the State Electricity Board of Assam indicates that about 82% of the villages in the district have domestic power connection, however, the baseline survey indicated that only about 76% of sample villages have power supply and only 25.5% of the sample households have domestic connection. Poor electrification of rural households continues to be major problem in the district.
- While addressing the issues of housing including other basic amenities such as safe drinking water and electrification, the MsDP for the district should adequately emphasize on rural sanitation. The provision of sanitary latrine with each house provided under the programme must be compulsory.
- Reproductive health requires serious attention in the villages of the district. In most of the cases child delivery takes place at home. Similarly, very few women are found receiving pre and post natal care. Adequate provision should be made to ensure delivery of child in hospital.
- Although the general scenario of work participation in the district is a little better than the national average, the female work participation rate in the district is visibly poor. The issue is, therefore, to generate more employment opportunities, especially for the female. Modernization of the existing traditional practices may be a possible solution. However, this must be accompanied by adequate efforts to promote self-employment opportunities. Promotion of skill should be linked with a well designed support mechanism including institutional credit. Incentives, may be in the form of some amount of subsidy, in the initial phase may accelerate the process.
- The survey indicated poor literacy rates in the sample villages including female literacy. While female literacy is one area of concern, the other deficit is quite a high drop out rate. The survey has revealed multiple reasons of dropout and poverty is found one of the major reasons. Further, this is true that there are reasonable numbers of schools in the sample villages. However, what concern more are poor infrastructure and the quality of services available in the educational institutions.