



Executive Summary

Baseline Survey of Minority Concentrated Districts

Tawang District Arunachal Pradesh



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Tawang District, Arunachal Pradesh

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 district of Tawang. The national estimates of the selected indicators (1-8) are estimated on the basis of NSS 2004 -2005 rounds while (9-10) are from NFHS - 3 with due approval from the Ministry.

Sl. No	Indicators	Survey Results	Estimates for India	Deficit	Priority Ranking Attached
Socio-economic indicators					
1	Rate of literacy	51.00	67.30	-16.30	4
2	Rate of female literacy	72.50	57.10	15.40	7
3	Work participation rate	44.51	38.00	6.51	6
4	Female work participation rate	23.03	21.50	1.53	5
Basic amenities indicators					
5	Percentage of pucca houses	18.10	59.40	-41.30	2
6	Percentage of households with access to safe drinking water	24.00	87.90	-63.90	1
7	Percentage of households with sanitation facilities	89.80	39.20	50.60	10
8	Percentage of electrified households	100	67.90	32.10	8
Health indicators					
9	Percentage of fully vaccinated children	77.50	43.50	34.00	9
10	Percentage of institutional delivery	10.50	38.70	-28.20	3

■ The first priority among the deficits as the table above reveals point at the drinking water. The safe drinking water is available only in 24 percent of the households. Although the safe drinking water is the most basic necessity for every household, even going by the all India coverage of 77.9 percent, the present deficit accounts for 53.9 percent. This is really a huge gap.

■ Secondly, although majority of the households have their own houses, the condition of the houses is not good. Only 18 percent of them have pucca houses, while rest live in kucha or semi pucca houses. The government provisioning also have not reached this section as less than three percent of the houses are constructed under the existing Indira Awas Yojana schemes.

■ In the sample households the percentage of fully vaccinated children are high compared to the all India average although 22 percent of the children are yet to be vaccinated. The percentage of institutional delivery is as low as 10.5 percent and 11.4 percent of deliveries are conducted by trained hands. Institutional delivery ensures deliveries in proper hygienic conditions under the supervision of trained health professionals, which takes care of avoidable complications both for the mother and the child. Low institutional delivery can also be attributed to lack of access to health facilities. As is indicated in the part III of this report health infrastructure is abysmally poor in the sample villages with only 9 sub centers and 10 PHCs which has all weather accessibility. To have access to private qualified doctors the villagers will have to go out to the block or district facilities. Distances to health facilities including the qualified doctors, in case of about half of the villages are more than 5 k.m. For about one third of the villages the distances is up to 2 k.m. There is major disparity between rural and urban areas as most of the facilities are urban based.

■ Moreover, the overall health scenario in the district as a whole is not at all encouraging. Inaccessible hilly terrain and scattered habitations result in poor access to health facilities. This results in health deprivation and ill health. In the district of Tawang 34.89 percent of the people are expected not to survive beyond the age of 40, as compared to 28 percent at the state level and 16.7 percent at the national level. Similarly there are a large section of children (52%) below age 5, who are under weight (Arunachal Pradesh HDR, 2005). It may be mentioned that the health index as calculated by the same report places Tawang in the 11th rank among the 13 districts, indicating poor health status. Therefore, health needs special attention in the district.

■ While the total literacy rate of the people of the sample household is low, the female literacy rate is much higher than the all India average. This indicate comparatively better literacy situation for women. However, in terms of over all education scenarios the survey results are far from being good. Around 22 percent of the members of the households between 5-25 age groups is never enrolled in school, of which 13.5 percent females and 8.7 percent males. More than 7 percent are either enrolled but left school or enrolled but does not go to school. The level of education is very low. It ranges between below primary level to higher secondary. Majority of those who have gone for formal education have remained without completing primary level. Less than 3 percent of them have completed higher secondary level. Graduates consist of less than one percent of the total population. It may be noted that there is no male-female educational disparity within the sample.

■ As mentioned in part III of this report the sample villages are deficient in educational infrastructure. Not all villages have primary schools within the village. As is well known, accessibility to school is dependent upon how far or near the facility is from the households and how easy or difficult is the journey to the school. The fact that not all the villages have Primary schools within the village is itself a barrier to easy access. In about one fourth of the villages the children will have to



walk up to 2 k.m. to reach Primary or Middle schools. In 16 percent of the villages the distance to be covered to reach a Middle or a High school is 2-5 k.m. In the hilly terrain of Arunachal this can be a deterring factor.

■ Despite having a better work participation ratio for both male and female compared to that of the national average, the district records a poor performance in this regard. Adequate measures may be taken to enhance the work participation ratio for both male and female.

■ Although sanitation facilities exist in majority of the household the type of latrines are not satisfactory. A large number of households have pit latrines, which have less capacity and need replacement of the pit once the pit is filled up. Therefore, there is need for construction of septic tank latrines, which is a more satisfactory means of disposing excreta and liquid wastes from individual dwellings.

■ The survey results revealed that all the households have electric connections. But mere electrical connections do not really speak of the availability of the same for use. Electricity is available in the sample villages for less than half of the day, as reported at the village level. Although there is improvement in the situation of electricity supply over the years there is wide variation among the villages from 3 hours per day to 22 hours per day. There are 5 villages that receive electricity for only 3-6 hours 5 villages receiving electricity between 19-22 hours. Thus, improvement of power supply needs attention. ■