



Executive Summary

Baseline Survey of Minority Concentrated Districts

Barpeta District Assam



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Barpeta 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 Barpeta district, Assam. 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.

SI No	Indicators	Survey Results	India	Deficit	Priority assigned
<i>Socio-economic indicators</i>					
1	Rate of literacy	73.30	67.30	6.00	8
2	Rate of female literacy	68.24	57.10	11.14	10
3	Work participation rate	43.20	38.00	5.20	7
4	Female work participation rate	29.31	21.50	7.81	9
<i>Basic amenities indicators</i>					
5	Percentage of pucca houses	8.50	59.40	-50.90	2
6	Percentage of households with access to safe drinking water	62.00	87.90	-25.90	5
7	Percentage of households with sanitation facilities	17.60	39.20	-21.60	6
8	Percentage of electrified households	4.90	67.90	-63.00	1
<i>Health indicators</i>					
9	Percentage of fully vaccinated children	11.23	43.50	-32.27	3
10	Percentage of institutional delivery	12.71	38.70	-25.99	4

Despite a high income index compared to the state of Assam, especially education and health scenario of rural Barpeta is considerably poor. The rural population constitutes more than 92 per cent of the total district population. More than 63 per cent of the total rural population of the district is Muslim. The main rural workforce in the district is numerically smaller than the state average, and as the Human Poverty Index (calculated in 1999) indicated, a substantial number of people in the district are in human poverty.

- The sample survey indicates relatively a higher fertility rate among the Muslims than the Hindus, and a poor sex ratio among the former. Although the rate literacy is found better than the state average, the level of educational attainment is confined mainly to the primary level of education because of high dropout rate due to several factors including poverty. The overall scenario of higher education is poor and difference between the Hindus and the Muslim in this regard is prominent. More importantly, the level of educational attainment of the females, especially among the Muslims is a matter of serious concern.

- More than one-fourth of the households depend mainly on agriculture, almost all of them are marginal farmers and many of them supplement their income as share cropper on 50:50 basis. In absence of appropriate institutional reforms, despite several legislations, the technological reforms initiated in the state have little impacts. Almost near absence of modern agricultural implement with the farming households clearly witnesses wide prevalence of traditional practices in the villages. Agricultural development in few pockets of the district is quite prominent, but does not reflect the overall situation.

- Absence of modern household assets clearly indicates a low living standard, especially of the Muslims. It has been noted that the overall housing conditions of the Muslims is worse than the socially disadvantaged Hindu population. It is worthnoting that 10 per cent of the sample households do not have access to safe drinking water, and almost eight per cent of them are Muslims. Similarly, almost one-third of the Muslim households do not have any toilet facility and go to the field.

- It has been noted that the Muslims households for poor accessibility to institutional credit often approach the professional money lenders with a considerably high rate of compound interest. Accessibility to bank credit facility, therefore, is a matter of serious concern from the development intervention point of view. A relatively high incidence of indebtedness of the Muslim for medical treatment also indicates a critical gap in terms of government medical support. The deprivation leads a good number of Muslim households to a more distressful situation.

- It has already been pointed out that the incidence of drop out after enrolment is of much higher intensity among the Muslim children than their Hindu counterpart. The common reasons are work at home and need to earn. This is supported by the finding that nearly 59 per cent of the Muslim households can be considered as BPL households while the same for the Hindus is 53 per cent. Having a direct relation with income level, expenditure of the Muslim households on food items has also been found much lower than that of the Hindus.

- Witnessing a poor health scenario, in case of most of the ailments Muslims outweigh the Hindus. Striking difference is noted especially in case of malaria, fever and diarrhoea.



The present survey shows that percentage of children fully immunised is marginal. Across religion, the coverage has been lower in case of the Muslims than that of the Hindus. The important reasons are lack of awareness and distance to the immunization centre. The survey also clearly indicates that in most of the cases, deliveries are taking place at home especially due to lack of accessibility to the hospitals. This is particularly high among the Muslims and superstitions play an important role besides the problem of accessibility.

- Further witnessing poor social security measure, a sizeable section of the BPL families has been found not having the BPL card. Although the PDS is weak, its importance can be judged from the fact that more than 65 per cent of the sample households are getting their essential commodities through the PDS. The major problem with the PDS, however, is inadequate supply of the essential commodities.

- Lack of awareness, especially among the Muslims, about the available government schemes has been found to be a matter of serious concern. It prevents a sizeable section of the people from getting the necessary support.

In terms of relative deprivation, common perception of the people is that they are deprived of land, housing, health, education and employment. The major aspirations of the people that have emerged through the survey are communication and connectivity, safe drinking water, better health care, education and employment facilities. ■