



Executive Summary

Baseline Survey of Minority Concentrated Districts

Goalpara District Assam



OMEO KUMAR DAS INSTITUTE OF SOCIAL CHANGE AND DEVELOPMENT

A Research Institute of Indian Council of Social Science Research, New Delhi and Government of Assam

VIP Road, Upper Hengrabari, Guwahati 781036
www.okd.in, email: dkdsd@yahoo.co.in

Goalpara 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 Goalpara 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.

Sl. No	Indicators	Survey Result	Estimate for India	Deficit	Priority Ranking
<i>Socio-economic indicators</i>					
1	Rate of literacy	70.00	67.30	2.70	7
2	Rate of female literacy	64.84	57.10	7.74	9
3	Work participation rate	53.68	38.00	15.68	10
4	Female work participation rate	14.52	21.50	-6.98	6
<i>Basic amenities indicators</i>					
5	Percentage of pucca houses	21.89	59.40	-37.51	2
6	Percentage of households with access to safe drinking water	70.22	87.90	-17.68	5
7	Percentage of households with sanitation facilities	16.33	39.20	-22.87	4
8	Percentage of electrified households	15.11	67.90	-52.79	1
<i>Health indicators</i>					
9	Percentage of fully vaccinated children	50.30	43.50	6.80	8
10	Percentage of institutional delivery	15.02	38.70	-23.68	3

The Assam Human Development Report (AHDR), 2003 states that Goalpara is one of the lowest ranked districts of Assam. The district ranks 18 in respect of HDI with an index value of 0.308 which is below the state average of 0.407. In terms of income, education and health this district occupies 14th, 18th and 16th places respectively in district wise rankings. The Human Poverty Index calculated in 1999 indicates that 26.30 percent of the population in the district is in poverty. The Gender related Development Index (GDI) for Goalpara is estimated to be 0.413, which is less than the state average of 0.537. The development deficits of the district along with prioritization of the required development interventions are summarized below.

- Taking cognizance of the development deficits pointed out above, the first priority of the multi sector development plan for rural Goalpara should be expansion of rural electrification. As the present survey has clearly pointed out, nearly one third of the villages in the district are yet to be provided with electricity connection. In addition, poverty is a factor to restrict a large section of the households from availing the facility in the villages having electricity connection.
- Compared to the national scenario, the second priority area for an effective development intervention in the district should be rural housing, making provision for pucca houses for the rural poor of the district under the existing centrally sponsored housing programme. As pointed out in the table above, the difference between the existing scenario of the district and the national average is quite prominent.
- The present sample survey has reflected that majority of the rural households have access to the government health service providers; although the access is not always easy primarily because of poor road connectivity, the issue of child delivery deserves adequate attention on priority basis. This issue, besides access to the services, involves behavioural change, especially of the predominant religious minority community of the district. Therefore, multi sector development plan for the district must address this sensitive dimension in a gradual process.
- Sanitation and Access to safe drinking water are still two major problems in the rural areas of Goalpara, and therefore, the multi-sector development plan for the district may adequately emphasize on these two important issues.
- Enhancement of Female work participation rate in the district is to be the fourth priority of the multi-sector development plan for Goalpara. The present baseline survey provides sufficient insights for effective planning for grater female work participation in the district. For instance, besides highlighting the problems of self-employed people in the district, the baseline survey has clearly pointed out the kind of skill sought by the people.
- Although the literacy rate in the district is found a little above the national average, the present baseline survey has reflected that the rural areas are highly deprived of required education infrastructure leading to a relatively poor rate of illiteracy. The requirements are better education infrastructure, scholarship etc. In addition to incentives, the religious minority along side the ST & SC population should be sensitized. While aiming at promotion of literacy in the district, special emphasis should be on girls in order to address the issue of female literacy.



- The immunization status of the surveyed population shows that only about 50% of the children in the age group of 0-5 years have been fully immunized which needs to be addressed with serious concern. The quality service delivery and administration of vaccination is found poor. In most of the cases the parents are not aware of the second and third doses of vaccines. Immunization therefore, should be adequately emphasized through existing programme of National Rural Health Mission.

- The survey indicates that more than 87% of the families are reported to be BPL but only a little more than 55% of them have BPL ration card. Although the PDS has good coverage in the district, however more than 25% of the rural population who usually purchase from PDS cannot regularly avail PDS ration due to shortage of cash money or lack of adequate PDS supply.

- Further, with more than 54% households without cultivable land, casualisation of labour has been increasing. Approximately 79% of the households with cultivable land are marginal farmers. Use of HYV seeds by the cultivators in the sample villages is also negligible. Mechanized farm practices in the sample villages are low which shows that agricultural practices in the district are still traditional. Preference for self-employment among the underemployed or unemployed is more prevalent than salaried jobs in the sample villages. This means that government needs to create more facilities for skill development training and make provisions of real services to keep the enthusiasm level high for the people in self-employment endeavour, which is grossly missing in most of the state departments in the state. ■