



Executive Summary

Baseline Survey of Minority Concentrated Districts

West Garo Hill District Meghalaya



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West Garo Hill District

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 West Garo Hill district, Meghalaya. 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	65.07	67.30	-2.23	7
2	Rate of female literacy	61.36	57.10	4.26	8
3	Work participation rate	30.29	38.00	-7.71	6
4	Female work participation rate	11.93	21.50	-9.57	5
<i>Basic amenities indicators</i>					
5	Percentage of pucca houses	3.60	59.40	-55.80	1
6	Percentage of households with access to safe drinking water	61.33	87.90	-26.57	4
7	Percentage of households with sanitation facilities	75.47	39.20	36.27	10
8	Percentage of electrified households	29.73	67.90	-38.17	2
<i>Health indicators</i>					
9	Percentage of fully vaccinated children	54.20	43.50	10.70	9
10	Percentage of institutional delivery	9.00	38.70	-29.70	3



The survey of villages and the households revealed that the major development deficits in West Garo Hills district includes its poor housing status, low infrastructure-roads, communication and power, social infrastructure-education and health, low farm investment and productivity, increasing casualisation of labour and poor access to institutional credit.

■ The survey revealed that large proportion of the sample households were BPL families. Consequently this had its adverse impact on the health and hygiene of the households as majority has poor housing and sanitation facilities. Although IAY has contributed to certain extent, the larger section of the people living below the poverty line has not yet been covered by any housing programme.

■ The survey indicates that enrollment and attendance ration for Christian children is higher than other religious groups. This is primarily because majority of the Muslims are marginal workers whose children are also engaged in family earning. However, the male drop out rate for Christians is higher compared to females. The survey also indicates poor aspiration level of the households which may be attributed to the absence of diversified livelihood opportunities and lack of information about outside opportunities.

■ The results indicate fairly high incidence of underemployment among the sample households. The agricultural wages are fairly low and there is high gender disparity in the wage rates. Preference for self-employment among the underemployed or unemployed is more prevalent than salaried jobs in the sample villages. This requires government efforts at creating more facilities for skill development training and make provisions of real services for self-employed livelihoods.

■ Although as per records of the government the district has generated more man days of jobs under the employment guarantee programmes, the effectiveness needs to be evaluated.

■ There is also need of making provisions of institutionalizing finance as a large section of people are relying on borrowing from professional moneylenders.

■ In Agriculture since the agro climatic conditions of the district is suited for horticulture, efforts need to be taken for setting up processing industries to create the synergies within the farm sector by linking farm output to processing units and the adequate institutional support for marketing. Adequate emphasis on promotion of horticulture with modern inputs will definitely be an alternative before the large section of people engaged in jhum or shifting cultivation.

■ The baseline survey indicates meager proportion of households having access to sanitary toilets. There is need of providing drive for universal provisioning of low cost sanitation facilities in the district.

■ The state need to address the issue of access to electricity more effectively. Electricity is though available in most of the villages what concerns more is the access of individual households. This is true that installation cost often prohibits the poor households to get the access and captive power generation and maintenance of the same by user households may be encouraged.



■ The present baseline survey indicates that percentage of children fully immunised is marginal. The survey also indicates considerably lower rated vaccination for boys. 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 geographical distance due to hilly terrains is one of the reasons for most of the services being located at a distance of more than 10 km from the village. Perhaps mobile services in health, savings bank collection can be started to bring in better coverage of facilities among the rural households in the district. ■