

Baseline Survey of Minority Concentrated Districts

Chandel District Manipur



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: dkdscd@yahoo.co.in



Executive Summary

Baseline Survey of Minority Concentrated Districts

<u>TOP</u> Priorities

Drinking Water <u>Housing</u> <u>Sanitation</u> <u>Health</u>

Chandel District, Manipur

he 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 Multisector 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 Chandel district, Manipur. 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	India	Deficit	Priority assigned
Socio-economic indicators					
1	Rate of literacy	89.50	67.30	22.20	8
2	Rate of female literacy	87.40	57.10	30.30	10
3	Work participation rate	40.94	38.00	2.94	6
4	Female work participation rate	42.84	21.50	21.34	7
Basic amenities indicators					
5	Percentage of pucca houses	0.57	59.40	-58.83	2
6	Percentage of households with access	16.66	87.90	-71.24	1
	to safe drinking water				
7	Percentage of households with	1.28	39.20	-37.92	3
	sanitation facilities				
8	Percentage of electrified households	92.47	67.90	24.57	9
Health indicators					
9	Percentage of fully vaccinated children	20.33	43.50	-23.17	4
10	Percentage of institutional delivery	16.01	38.70	-22.69	5



The overall analysis of development-deficits reveals that Chandel, on an average, is a performing district in some facets of development. So far as the selected socio-economic indicators are concerned, the Baseline reveals impressive figures for the district compared to the national averages. However, the baseline survey points out some development deficits, mostly in terms of basic amenities and health indicators, which deserve immediate and adequate attention.

DRINKING WATER

Public provisioning of safe drinking water has emerged as the most important policy option form the Baseline Survey. Although availability and access to safe drinking water has been one of the basic objectives of the ARWSP, it was found that only 16.66 percent of the sample households have access to safe drinking water. The survey reveals that more than 81 percent of the household depends on pond, river and stream for drinking water. Only 7 percent of household reported to have piped water supply. Most of the households, 96.3 percent, water sources are located within 10 meters from their houses.

HOUSING

Housing has been found as the second most important policy option in the district. Most of the houses in the sample villages are found to be kuctha houses made of bamboo and hatches. Only 0.57 percent households were found living in pucca houses. This is however, typical of most of the tribal villages in India. It was further found that about 88 percent of the household reported to belong to BPL category with 5 percent having BPL ration cards. Therefore, housing within the existing scheme of IAY has a great scope for top-up. Importantly, village records shown some 40 percent households as beneficiaries under IAY, which grossly contradicts the household survey results implying for a stronger implementation and monitoring mechanism for housing schemes like the IAY.

HEALTH CARE

Reproductive health requires serious attention in the villages of the district. Sample households reveal very low rates if institutional delivery (16.01 percent) and child (0-5 years age cohort) immunisation (20.33). In most of the cases, child delivery takes place at home. Similarly, very few women are found receiving pre and post natal care. Number of children receiving all three doses of OPV and DPT is much low, which signifies lack of awareness regarding second and third doses. This has been confirmed by the relatively high rates of single dose vaccine (BCG, Measles) receiving children. Further, access to healthcare facilities is another concern in the district. Baseline shows that two-third of the health-care facilities is accessible only on foot and tree-fourth of them are located beyond 5 km.

SANITATION

Sanitation is another priority area as surfaced in the present Baseline. Pit latrine is found common (about 96 percent) among the sample households. It was found that 12.2 percent of the households are aware of TSC programme; however, no one has reported to receive any benefits under the scheme.

EDUCATION

Although the literacy rate, including the female literacy rate, is impressively satisfactory, it is noteworthy that in most of the cases (about 64 percent), level of educational attainment is confined up to middle school only, signifying incidences of drop-outs in the high school level. The ratio is even a little higher in females.



Significantly, schooling in private schools is more common (79.8 percent) in the sample households. Improving accessibility to the existing schools in terms of better road connectivity has surfaced as another focus area as most of the schools are beyond the range of 4 km with kuctha approach roads.

POTENTIAL SECTOR

• There is case for some major institutional reforms in certain sectors of the district to usher in the development process. The rich potentials in handicraft and artisan activities as identified in Baseline need removal of constrains in terms of raw material availability and access to niche markets. The district is plagued by poor infrastructure facilities to initiate any self employment initiatives. This district being closer to the international boundary has high prospects for trans-border trade under the open policy regime. There is need to stress upon self-employment initiatives, in the line of entrepreneurship development, which could lead to diversification of workforce otherwise dominated by primary activities.

To sum up, so far as the relative deprivation is concerned, common perception of people captures drinking water, access to education and health, security of life and livelihood in the villages of Chandel district of Manipur.