HIGHLIGHTS OF THE ASSAM HDR

• Assam shares its borders with six Indian States and two countries, and has, about 2.4 percent of the country's geographical area.

• The population of the Assam is 26.64 million people (2001 Census) and account for 2.59 percent of the country's total population.

• The State's 23 districts vary considerably in size and population. The sprawling district of Karbi Anglong is nearly eight times as large as Hailakandi district.

• Assam's sex ratio has consistently improved since 1951. There are now 932 women for every 1000 men in the State, compared to 933 per 1,000 for the country as a whole. Significantly, the improvement in Assam has occurred when the sex ratio for the country as whole was declining.

• The percentage of poor in Assam is the highest among the seven sister States of the North East. Around 36.09 percent of the State's population continues to live below the poverty line, a figure considerably above the national average of 26.10 percent (1999-2000). There is a rural-urban divide; four out of ten people in rural Assam are likely to be below the poverty line, while in urban Assam, the incidence is less than one in ten.

• Assam aims to encourage the decentralization of power and decision-making, and devolving responsibility and empower people at the grass root level. Towards this elections to Panchayati Raj institutions were held in December 2001, after a gap of six years.

INCOME, EMPLOYMENT AND POVERTY

• Assam has levels and rates of growth of income below the average for the country. In 1950-51, Assam's per-capita income was 4.1 percent higher than the average for the country. By 1980-81, Assam's per-capita income was 27 per cent lower than the national average, and by 1998-99, the gap had widened to 45.5 percent. Of concern is the fact that the gap is widening.

• There is also inter district inequity; the per capita income of the district with the highest income, is more than three times that of the district with the lowest per capita income. According to the 1994-95 estimates, district of N.C. Hills recorded the highest per capita income of Rs.3464 and Darrang recorded the lowest per capita income at Rs.1100.

• Primary sector is the largest contributing sector. However, the contribution of primary sector to the Net State Domestic Product (NSDP) has declined from about 47.5 percent in 1980-81 to around 40 percent in recent years. The tertiary sector has shown relatively high rates of growth during this period, while the secondary sector has exhibited moderate growth. There is a continued and high dependence on the primary sector, in which the growth has averaged just about 2 percent in recent decades, the lowest amongst the three component sectors.

• Though, agriculture accounts for only about a third of the State Domestic Product, it plays an important role in the economy, providing employment to 69 percent of the total work force.

• About half the male population is engaged in the work as per 2001 Census. In the case of women, the rate is much lower, about a fifth are engaged in work. The workforce participation rates for both men and women are lower than those for India.

• The incidence of unemployment, measured as a percentage of the labour force is increasing in Assam. Unemployment rates in Assam in 1983 were 2.2 percent, as compared to 2.0 percent for the country. By 1999-2000, the country's unemployment rate had risen marginally to 2.3 percent, while Assam's unemployment rate had risen substantially, to 4.6 percent.

Way Forward

• In addition to agriculture, income-generating activities in allied sectors like dairy development, poultry and livestock could be encouraged.
Several studies have pointed out that given Assam's location, it should explore markets in countries located in South East Asia, in particular countries that border the North East.

Tourism is another latent area, which could be developed.

The transport infrastructure needs attention, communication with the rest of the country should be improved and communication links within the State need to be enhanced, so that inaccessible and remote regions are better connected to the rest of the State.

**EDUCATION**

- Literacy rate increased from 52.89 per cent in 1991 to 64.28 percent in 2001- an increase of 21 percent. It is marginally below the national literacy rate of 65.20 per cent.
- Jorhat has the highest literacy rate of 77.91 % and Dhubri has the lowest literacy rate of 49.8 per cent. (2001)
- There is large gender gap in literacy rates -- for men being as much as 71.93 percent and for women it is lower by more than 15 percent, at 56.03 percent. (2001)
- Large urban- rural gap are evident as well. Urban literacy is as high as 85.76 per cent and is 60.92 per cent for rural areas. (2001)
- Drop out rates at the high school and higher secondary level continues to be high. Paradoxically, during the period of rapid expansion in enrolments, the drop out rate in Assam has been increasing. For classes I-X drop outs rate increased from 65.09 in 1981-82 to 76 % in 1998-99. This is in contrast to trends witnessed at the all-India level where the drop-out rates declined from 82.33 % to 67.44 % during the same period. (NHDR-2002)
- The State spends a comparatively higher share of Gross State Domestic Product (GSDP) on elementary education. This proportion varies between 1 percent and 2.5 percent for most states, while for Assam it has been more than 3.5 per cent in the nineties.

*Way Forward*

- The Government is making all efforts to improve access to school. School mapping exercises have begun to objectively identify the need for new primary schools or middle sections. The role of Panchayats in primary education and their linkages with traditional village based community organizations is being pursued actively.
- The Government intends to provide space for incorporation of locally relevant materials and activities and make curriculum flexible.
- A policy for the involvement of NGOs and resource institutions is being developed for ensuring education for all.

**HEALTH**

- Assam has been moving towards the attainment of the goal of 'health for all'. The State Government has emphasised the adequate provision of primary health care with education and awareness of health issues, information dissemination on prevention, hygiene and healthy practices, food security and nutrition, safe drinking water, maternal and child health and family welfare.
- Life Expectancy at Birth (LEB) for Assam was 56.2 yrs as compared to national figure of 60.7. (1992-96). There is significant gap between rural and urban areas. In the period 1992- 96, the LEB in urban areas was 64.6 years whereas in rural areas it was almost ten years less, at 55.6 years.
- Through the 1990s there was a secular decline in the Infant Mortality Rate in Assam, from 92 per 1000 live births (1991) to 70 per 1000 live births by the end of the decade (2001). This is a positive development, but the IMR in Assam is higher than the national average of 64 in 2001.
• IMR was highest for Dhubri at 128 per 1000 live births and lowest for Jorhat at 47 in 1991.
• The proportion of children under three years of age, who are under weight decreased from 49 percent in 1992-93 to 36 percent in 1997-98. The proportion of severely underweight children also decreased from 18 percent to 13 percent. Under-nourishment is substantially higher in rural areas than in urban areas.
• Diarrhoea is a common cause of death among children in Assam.
• Assam still has very high morbidity due to communicable diseases.
• The total population in Assam with access to safe drinking water is 45.86 percent, compared to an all India figure of 62.30 percent.
• The number of households with safe drinking water is 43.28 percent in rural areas and 64.07 percent in urban areas. At the all India level, 55.54 percent of people in rural areas have access to safe drinking water, while in urban areas, 81.38 percent of people have access to safe water.
• About 70 percent of women in Assam have varying degrees of anaemia. The prevalence of anaemia is relatively higher for rural women compared to urban women. Among children also the prevalence of anaemia is high.
• The National AIDS Control Programme (NACP) estimated the number of HIV/AIDS cases in Assam to be 149 in June 2002.
• The expenditure on health as a proportion of total public expenditure was 5.23 percent in 1980-81 and remained more or less constant in 1990-91- at 5.04 percent and declined in 1998-99 to 4.65 percent.

Way Forward

• There is a need to improve the quality of data, the periodicity of its collection and the extent of its coverage. While the collection of data, especially disaggregated data is important; its analysis is even more consequential.
• Resource and infrastructure constraints make it imperative to prioritise, i.e. to target those areas and diseases that impact more significantly on the overall health status of the people and the State.
• The State Government could have a closer look at the implementation of various measures such as supply of consumables, construction of rural infrastructure and manpower availability in the different health institutions.
• The private sector is expanding rapidly and in the absence of any controls/regulations the health care that is provided is often substandard. The Government has enacted the Health Establishment Act to control the unplanned proliferation of private hospitals in the State but the rules under the Act are yet to be framed.
• There are indications that the State would continue to be under fiscal stress, especially in the short term. One possible alternative is to find innovative yet sensitive ways to raise resources from within the sector, through carefully structured, if necessary cross-subsidised system of charges for services.

WOMEN: STRIVING IN AN UNEQUAL WORLD

• The position of women in Assam is not different from that of women in other regions of the country. In fact, in some respects, women in Assam are even more disadvantaged.
• With life expectancy of 56.6 yrs. women in Assam can expect to live 5.2 years less than their counterparts in the rest of the country. Both men and women in rural Assam can however expect to live almost 10 years less than their urban counterparts.
• Rural literacy rates are 25 percent lower than urban literacy rates and in case of females the gap between urban and rural areas is as much as 30 percent. There are continuing and wide differences between districts with respect to female literacy.

• The overall Female Workforce Participation Rate (FWPR) of 20.8 is lower than the national average of 25.7. The majority of women workers are either unpaid or poorly paid and belong to the category of unskilled labour.

• Women in Assam also face aggression and domestic violence. They have been facing violence, insecurity and uncertainty over a long period due to the situation prevailing in the State. There is also the growing problem of harassment at the work place.

**Way Forward**

• A sensitive, forward looking and dynamic gender policy must be articulated and detailed. The policy must outline a set of pro-active interventions and create the environment and receptivity required for the policy to be successful. Advocacy and social change must necessarily be a part of this initiative.

• Effective interventions in areas like easy credit, marketing outlets and regular supply of raw materials can be promoted so women can engage in a variety of productive activities.

Some measures that may be considered include appointment of women agricultural extension officers and workers, instituting special training camps for women agriculturists, extending agricultural credit to women and giving *pattas* on government allotted land to women or jointly with men as is being done in some States.

This should include imparting proper training to the weavers, and establishing an adequate supply and marketing infrastructure so as to allow women to make the most productive use of their skills and resources.

• The setting up of a full-fledged Textile Design and Training Institute, taking inputs from the traditional knowledge base of women weavers particularly from among the tribal community can help to improve female productive capacity in the State and develop alternate sources of income.