

# ASSAM FACTSHEET 2020



DEVELOPED BY:



THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

## BACKDROP

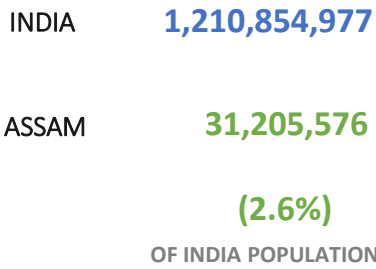
In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national coalition for civil society organizations from 15 states in the country to bring certain macro-level changes that can help to achieve the envisaged health, nutrition and women's economic empowerment outcomes through a common platform. It is believed that this platform will give a collective voice to the people and has the capacity to negotiate and influence the state for the necessary integration of health, nutrition and gender under the government flagship programmes like NRLM, NHM, ICDS and others. Oxfam India acts as an interim Secretariat for this coalition at the national level to provide necessary support for its effective functioning. As the thematic areas of work of this coalition are being looked through the lens of gender discrimination and social inclusion, emphasis is being given on Dalits, Adivasis and Muslims communities.

As evidence generation is one of the key strategies for functioning of this coalition, Oxfam India intended to develop a state factsheet for each of the target states to highlight health, nutrition and women empowerment related issues of the state.

Only the important indicators related to health, nutrition and women empowerment have been included in this factsheet and presentation of segregated data is limited to only locations (rural & urban), caste categories (SC, ST, OBC & Others) and religious groups (Hindus & Muslims). As data for other religious categories are not available for all indicators for all sources, only two religious groups have been considered for the present analysis.

## STATE AT A GLANCE

### OVERALL POPULATION



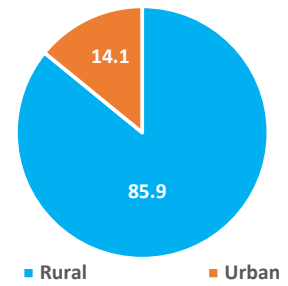
Source: Census 2011

### STATE POPULATION BY SEX (%)



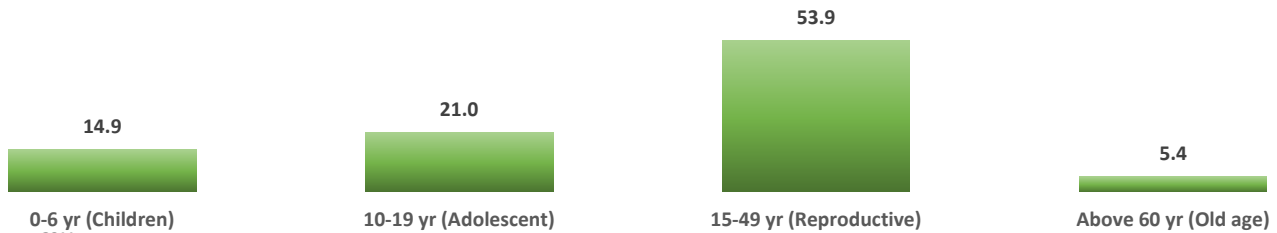
Source: Census 2011

### STATE POPULATION BY LOCATION (%)



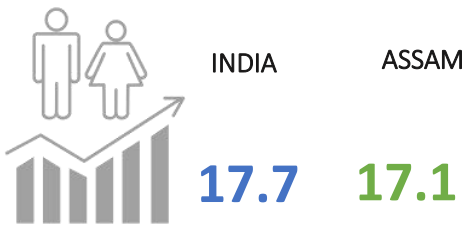
Source: Census 2011

### STATE POPULATION BY AGE GROUP (%)



Source: Census 2011

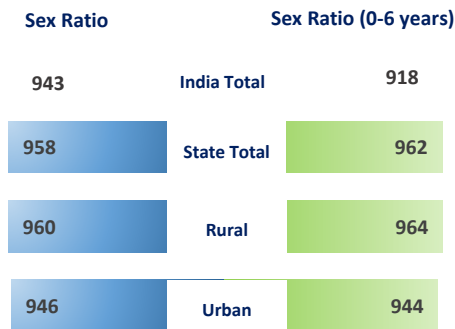
### \*DECADAL POPULATION GROWTH RATE



\* Total population growth between 2001-2011

Source: Census 2011

### SEX RATIO (FEMALES PER 1000 MALES)



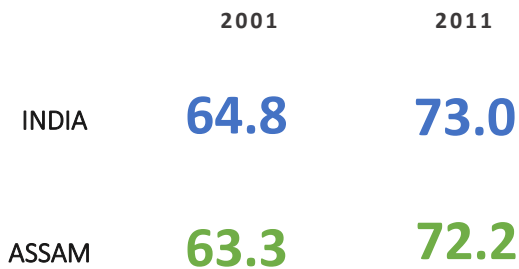
Source: Census 2011

### HEALTH INDEX (RANK)



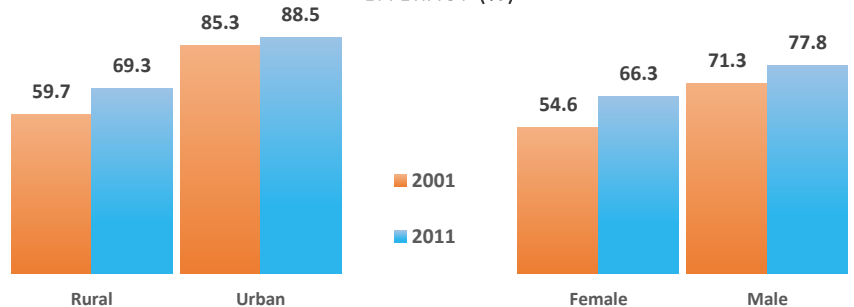
Source: Economic Survey 2020

### OVERALL LITERACY RATE (%)



Source: Census

### LITERACY RATE BY LOCATION AND SEX OUT OF STATE'S TOTAL LITERACY (%)

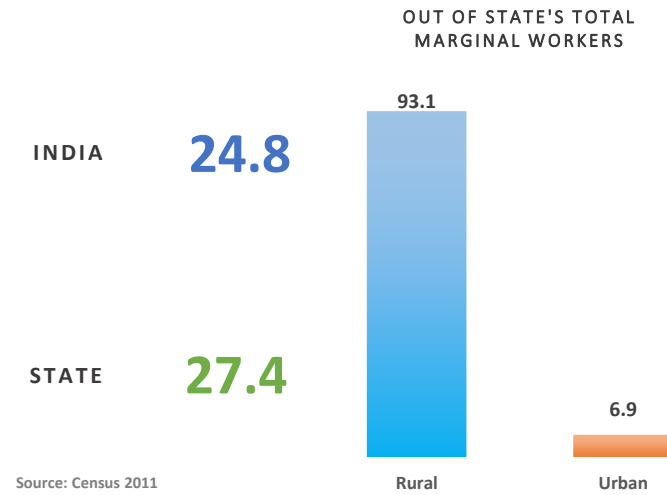
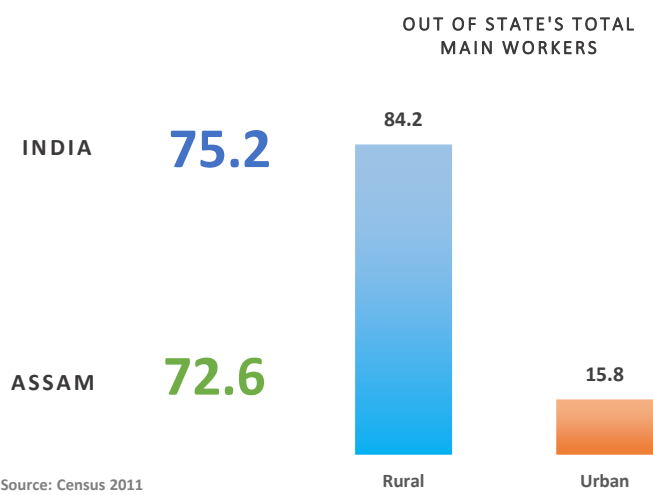


Source: Census

- Nearly 90% of Assam's population lives in rural areas.
- More than half of the state's population falls in the reproductive age-group.
- Assam fares better than national figures in terms of sex ratio, especially child sex ratio. However, urban areas continue to be a concern.
- The state's health rank is a little worrisome being on the lower end of the mid-range.

### MAIN WORKERS (%)

### MARGINAL WORKERS (%)



### ASPIRATIONAL DISTRICTS OF STATE WITH THEIR RANKS AS PER BASELINE\* CONDUCTED IN 2018

Name of the Districts	Composite Rank	Health Rank	Education Rank	Agriculture Rank	Financial Inclusion Rank	Skill Development Rank	Basic Infrastructure Rank
Baksa	66	45	21	89	101	101	94
Dhubri	68	56	35	86	98	70	79
Barpeta	73	92	17	87	84	40	89
Hailakandi	76	60	54	97	92	59	50
Udalguri	79	57	32	91	99	61	99
Goalpara	84	90	38	96	95	99	59
Darrang	87	97	49	93	52	24	80

Source: Niti Aayog

TOP 20 IN INDIA (Green) BOTTOM 20 IN INDIA (Red)

\*Total 115 districts have been identified as Aspirational Districts in India. But the ranks given in the table are based on the baseline conducted by NITI Aayog in 2018 for 101 Aspirational Districts only.

- The main work force in Assam has declined from 74.6 percent in 2001 to 72.6 percent in 2011, hinting to growing work force migrating from the state in search of better jobs elsewhere in the country.
- All the seven districts of Assam fall in the bottom 20 aspirational districts of India when measured for any of the individual ranks. Agriculture and financial inclusion needs special emphasis since all the districts fare poorly in these two indicators. On a whole, two districts of Assam rank among the bottom 20 districts in terms of composite rank.

## PROPORTION OF VULNERABLE POPULATION

### OVERALL SCHEDULE CASTE (SC) POPULATION

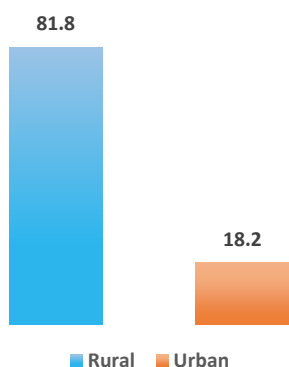
INDIA **201,378,372**

ASSAM **2,231,321**

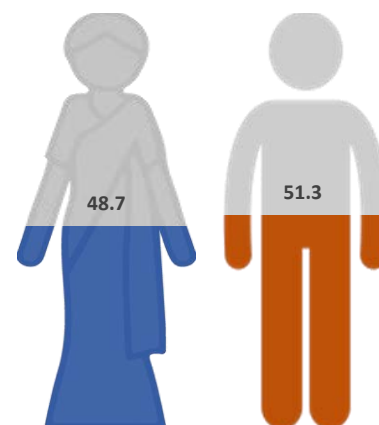
**(1.1%)**

Out of India's SC population

### SC POPULATION BY LOCATION (%)



### SC POPULATION BY SEX (%)



Source: Census 2011

### OVERALL SCHEDULE TRIBE (ST) POPULATION

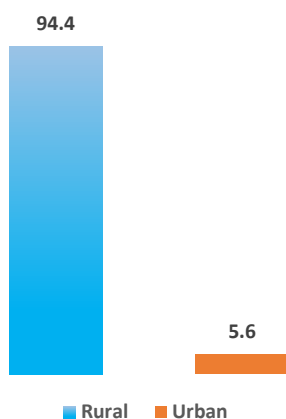
INDIA **104,545,716**

ASSAM **3,884,371**

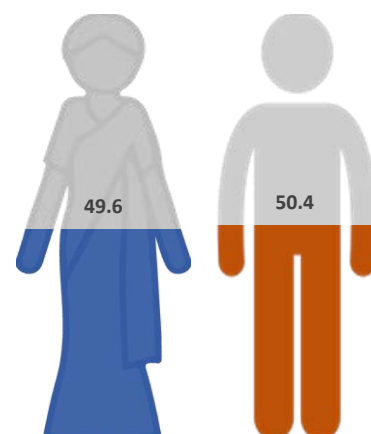
**(3.7%)**

Out of India's ST population

### ST POPULATION BY LOCATION (%)



### ST POPULATION BY SEX (%)



Source: Census 2011

### OVERALL MUSLIM POPULATION

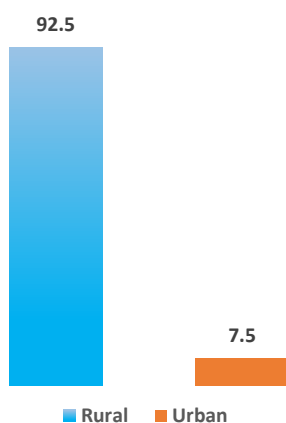
INDIA **172,245,158**

ASSAM **10,679,345**

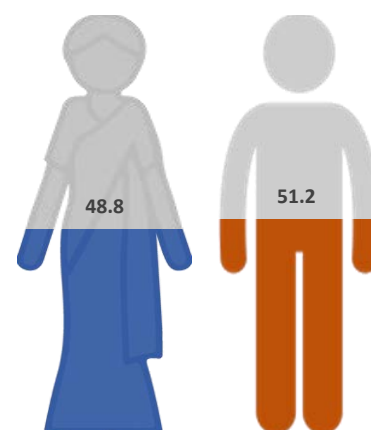
**(6.2%)**

Out of India's Muslim population

### MUSLIM POPULATION BY LOCATION (%)



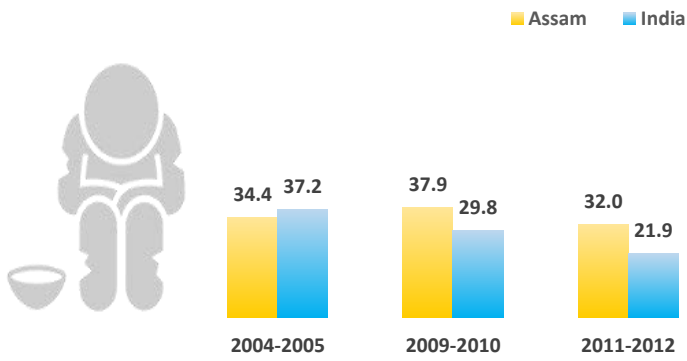
### MUSLIM POPULATION BY SEX (%)



Source: Census 2011

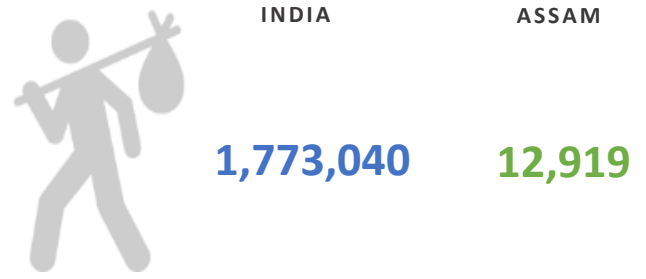
- The entire Scheduled caste, Scheduled tribe and Muslim population of the state is primarily concentrated in the rural region with very little urban share.

POPULATION LIVING BELOW POVERTY LINE (%)



Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)

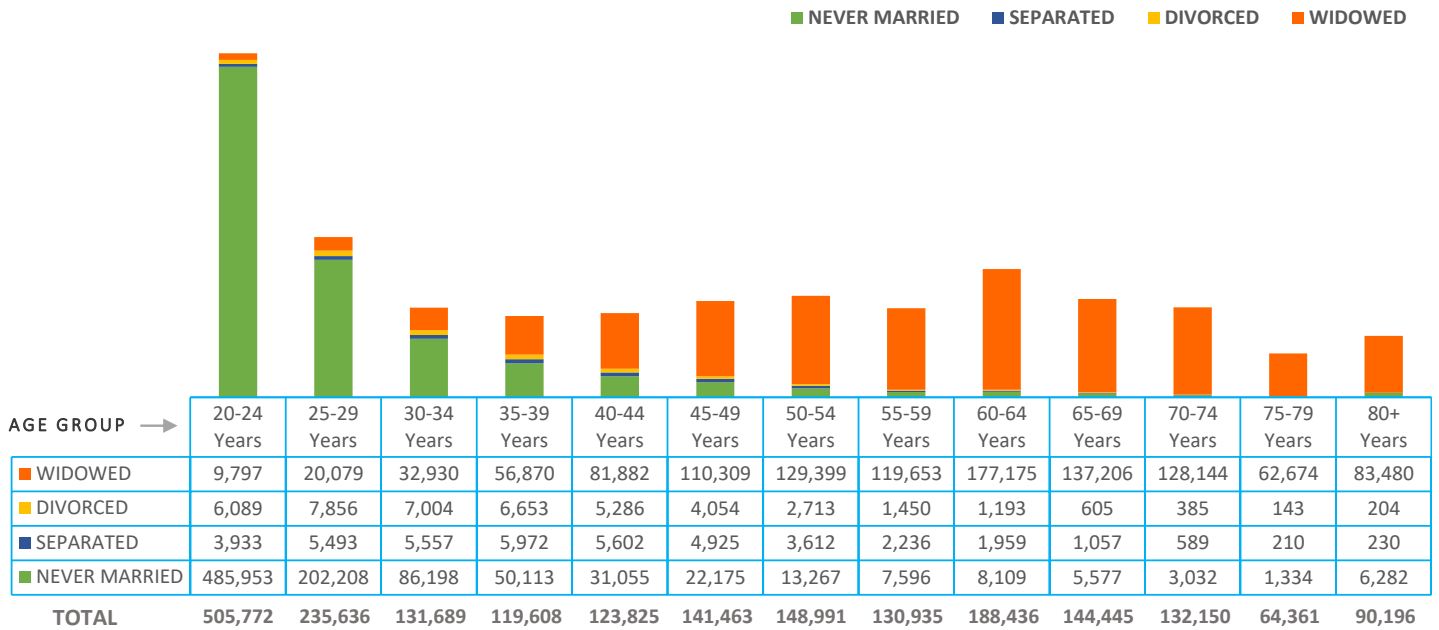


Source: Census 2011

NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)

NO DATA

AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)



Source: Census 2011

- The state has seen a reduction in BPL population however, it is still quite higher in comparison to national average (10.1 percentage points).
- More than 4 lakh women aged 60 years and above are single in the state which depicts their vulnerability in terms of both age and social security.

**PERSONS WITH DISABILITIES IN ALL AGE GROUP**

INDIA'S TOTAL PERSON WITH DISABILITIES      ASSAM'S TOTAL PERSON WITH DISABILITIES

**26,814,994**

**480,065**

(1.8%)

OUT OF WHICH

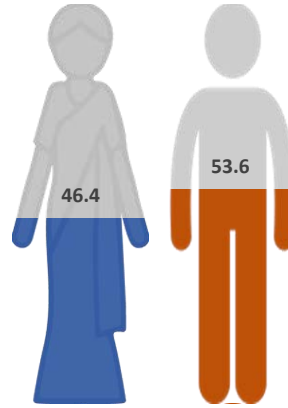
**2,116,698**

**49,524**

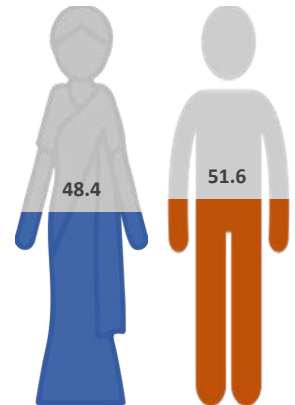
(2.3%)

REPORTED MULTIPLE DISABILITIES

PERSONS WITH DISABILITIES OUT OF STATE'S DISABILITIES (%)



PERSONS WITH MULTIPLE DISABILITIES OUT OF STATE'S MULTIPLE DISABILITIES (%)



Source: Census 2011

**CHILDREN (0-4 YEARS) WITH DISABILITIES**

INDIA'S TOTAL CHILDREN (0-4 YEARS) WITH DISABILITIES      ASSAM'S TOTAL CHILDREN (0-4 YEARS) WITH DISABILITIES

**1,291,637**

**22,587**

(1.7%)

OUT OF WHICH

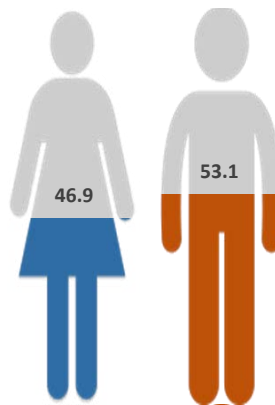
**78,662**

**1,725**

(2.2%)

REPORTED MULTIPLE DISABILITIES

PERSONS WITH DISABILITIES OUT OF STATE'S DISABILITIES (%)



PERSONS WITH MULTIPLE DISABILITIES OUT OF STATE'S MULTIPLE DISABILITIES (%)



Source: Census 2011

**CHILDREN (5-9 YEARS) WITH DISABILITIES**

INDIA'S TOTAL CHILDREN (5-9 YEARS) WITH DISABILITIES      ASSAM'S TOTAL CHILDREN (5-9 YEARS) WITH DISABILITIES

**1,955,926**

**35,211**

(1.8%)

OUT OF WHICH

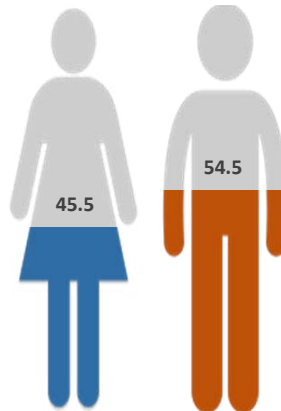
**187,492**

**3,461**

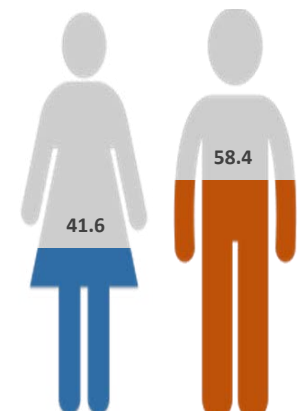
(1.8%)

REPORTED MULTIPLE DISABILITIES

PERSONS WITH DISABILITIES OUT OF STATE'S DISABILITIES (%)



PERSONS WITH MULTIPLE DISABILITIES OUT OF STATE'S MULTIPLE DISABILITIES (%)



Source: Census 2011

- Assam has a higher prevalence of disabilities than the country as a whole, both among the general population and among children..

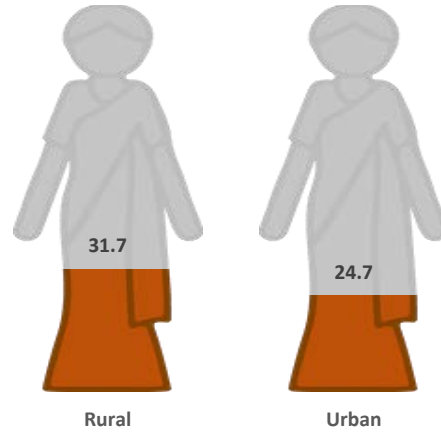
# HEALTH AND NUTRITION

## MARRIAGE AND FERTILITY

### WOMEN 20-24 YEARS MARRIED BEFORE 18 YEARS (%)

INDIA **26.8**

ASSAM **30.8**

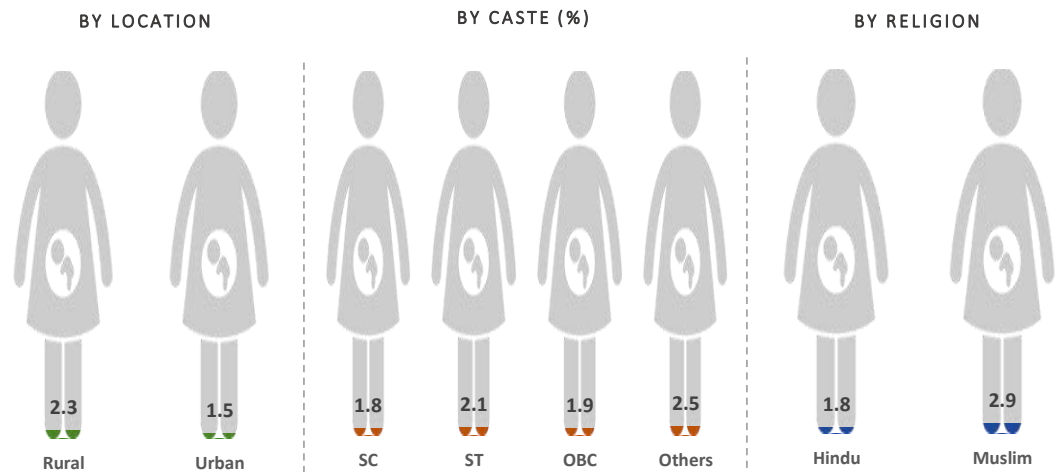


Source: NFHS 2015-2016

### TOTAL FERTILITY RATE (%)

INDIA **2.2**

ASSAM **2.2**

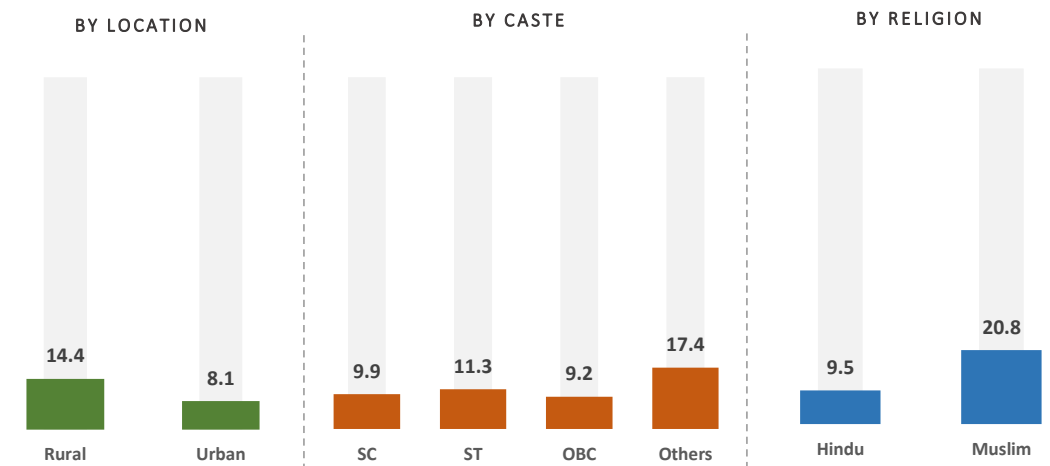


Source: NFHS 2015-2016

### WOMEN 15-19 YEARS WHO WERE ALREADY MOTHERS OR PREGNANT (%)

INDIA **7.9**

ASSAM **13.6**



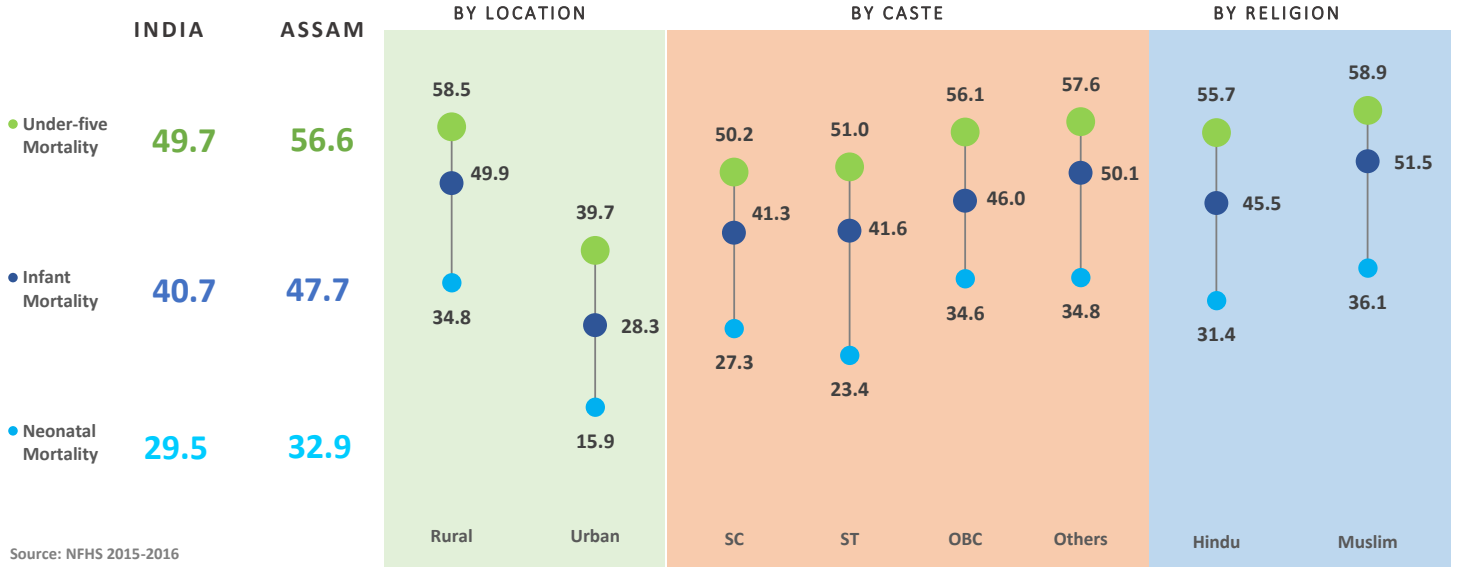
Source: NFHS 2015-2016

- Early marriage and teen age pregnancy are two major concern areas of Assam where it fares much lower than the national figure.
- Teenage pregnancy among muslims is higher than even the state figure.

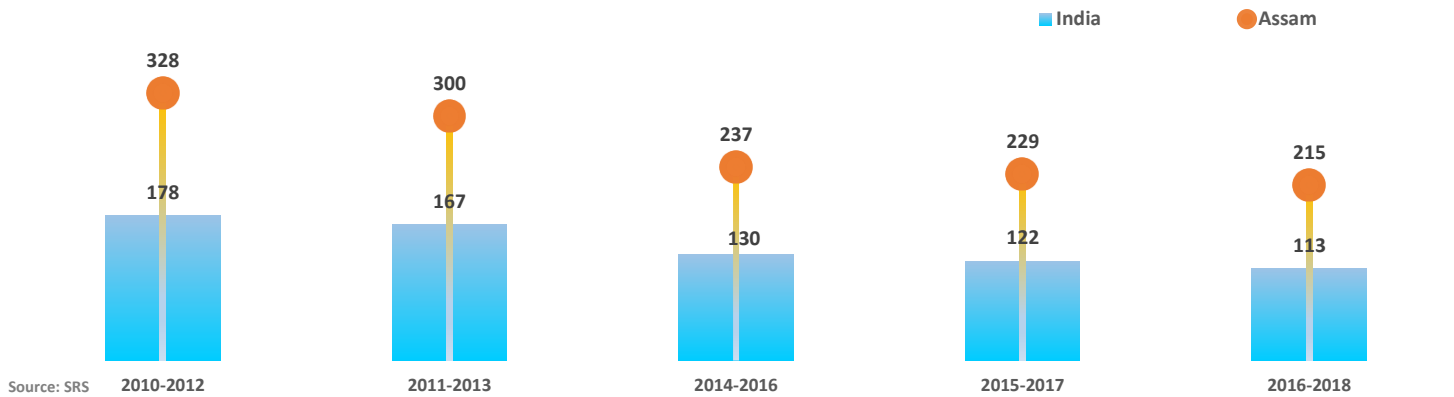


## MORTALITY

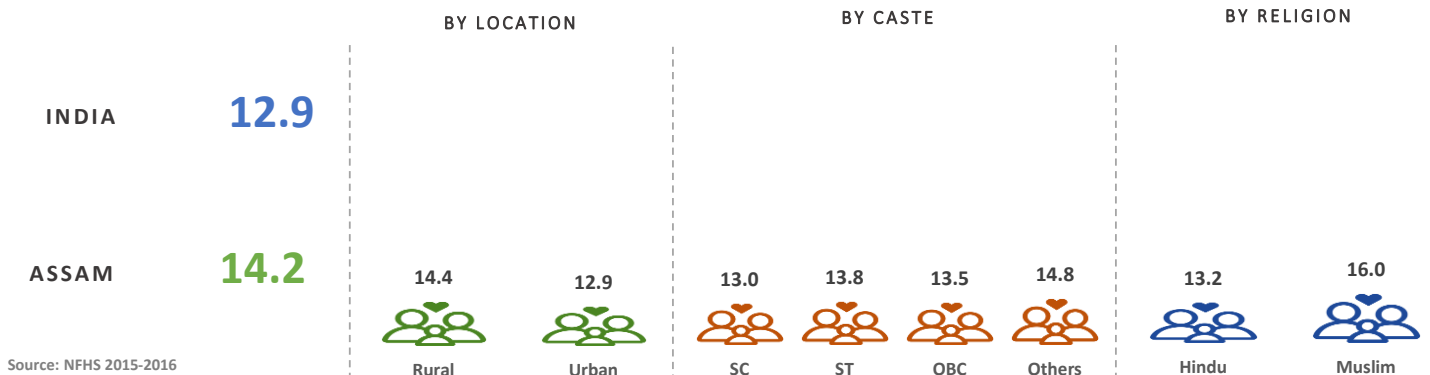
### MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



### MATERNAL MORTALITY RATE (MMR) (DEATHS PER 100,000 LIVE BIRTHS)



### CURRENTLY MARRIED WOMEN AGED 15-49 WITH UNMET NEED \* FOR FAMILY PLANNING (%)

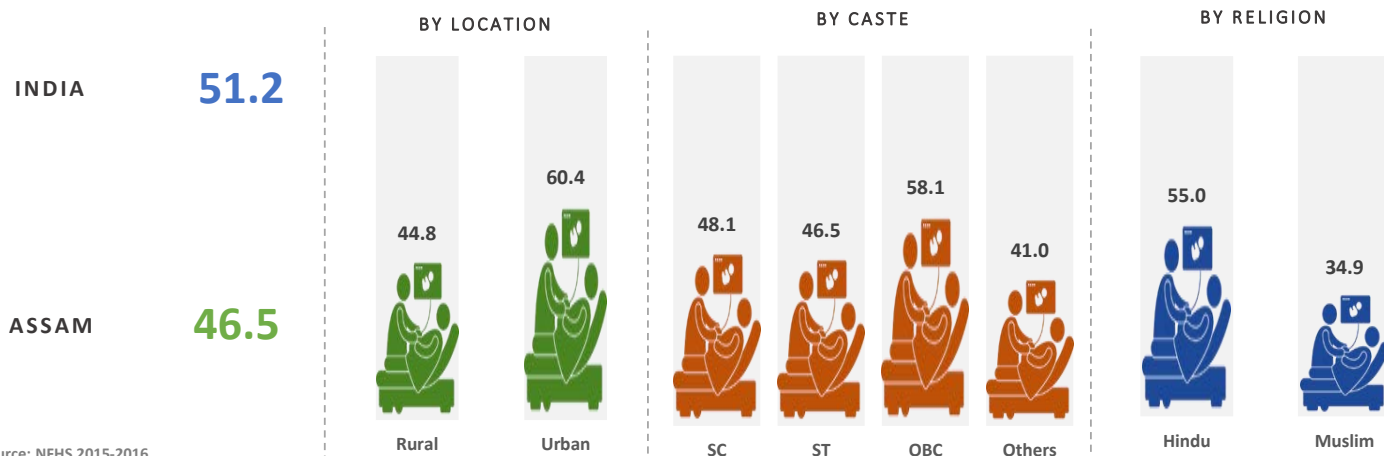


\* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

- High Child mortality rates (neonatal, infant and under-5) in rural areas, among others and Muslims in Assam
- Mortality rates (both maternal and child) in Assam are much higher in comparison to country figures.
- Prevalence of high unmet need among Muslim women signifying poor access to contraceptive measures. Also need to remember that TFR is also high among Muslims in the state.

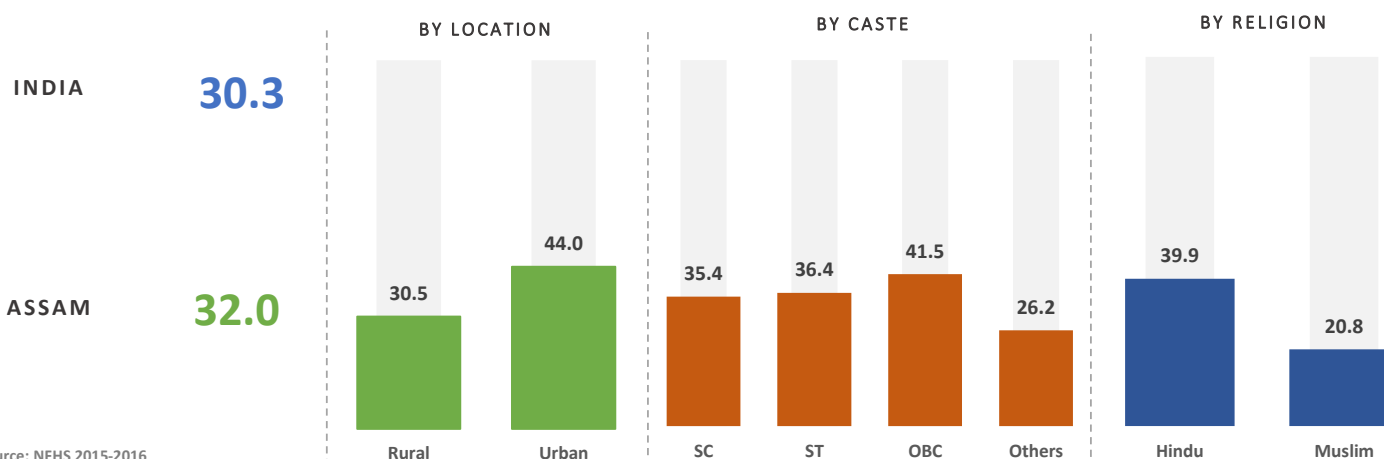
## MATERNAL CARE

### MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



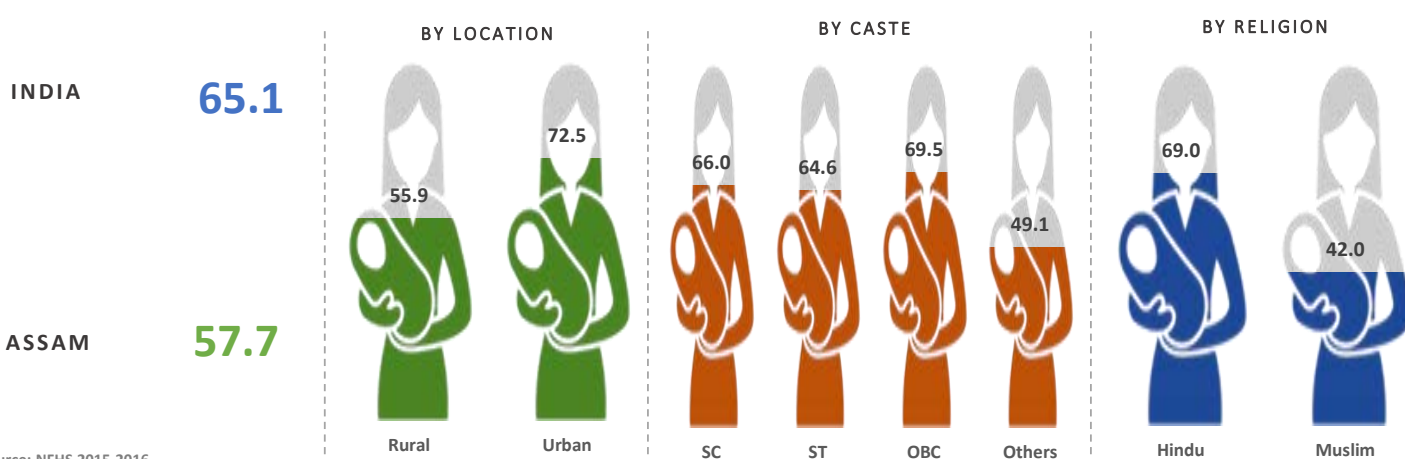
Source: NFHS 2015-2016

### MOTHERS WHO CONSUMED IFA FOR 100 DAYS OR MORE WHEN THEY WERE PREGNANT (%)



Source: NFHS 2015-2016

### MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)

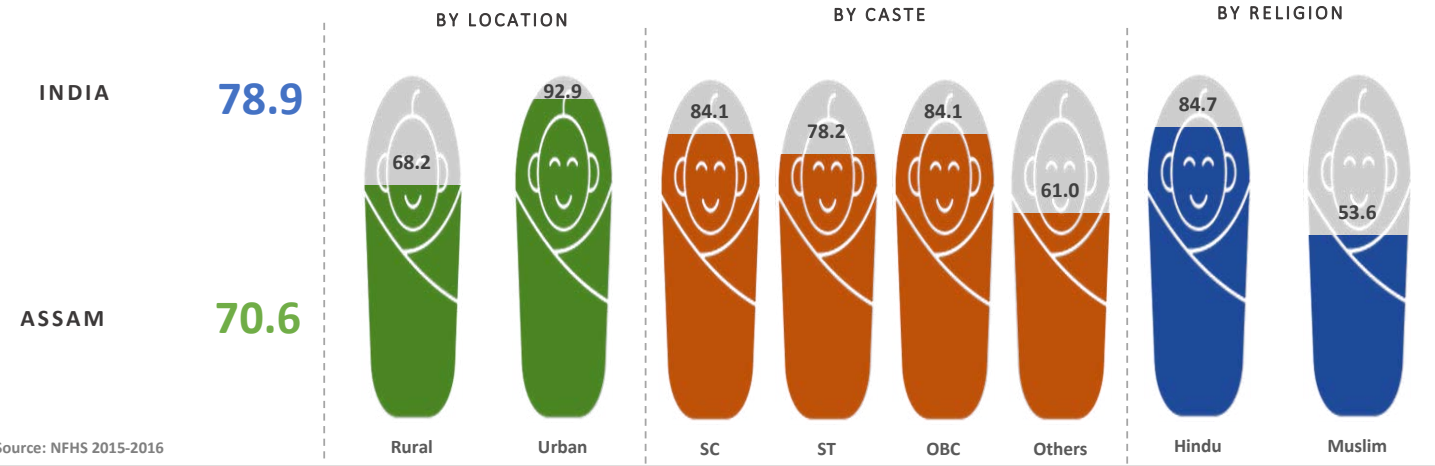


Source: NFHS 2015-2016

- The state shows low utilization of antenatal care services among all women and postnatal care services especially among Muslims.

DELIVERY CARE

INSTITUTIONAL BIRTHS (%)



BIRTHS DELIVERED BY CAESAREAN SECTION (%)

INDIA



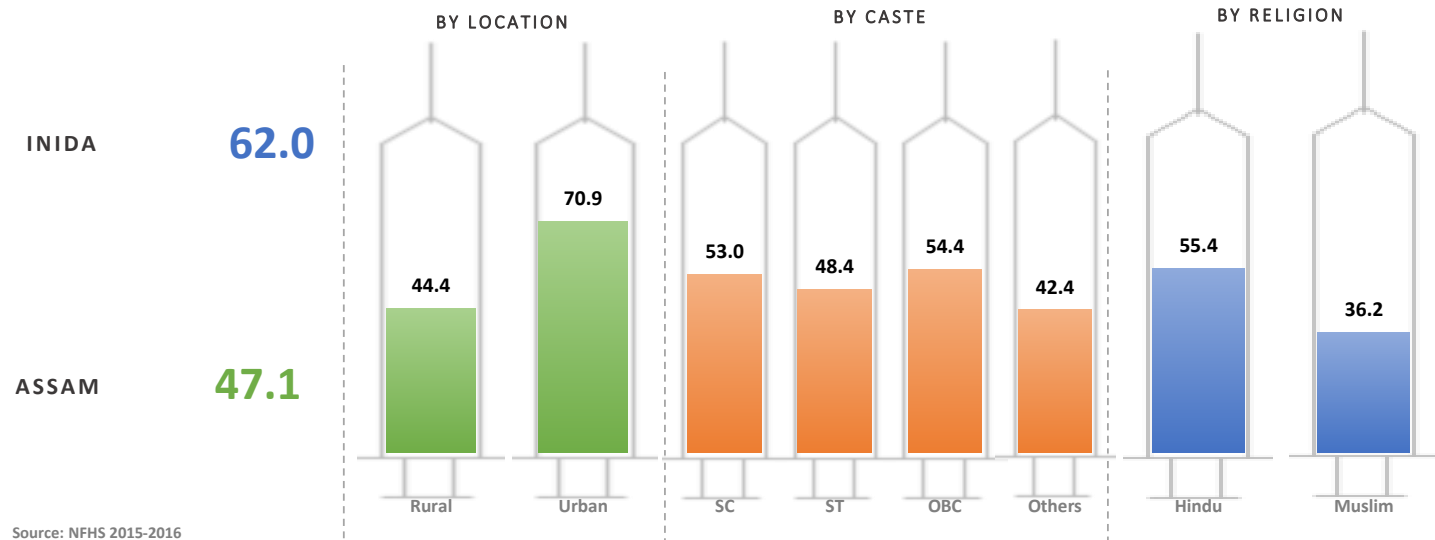
17.2

ASSAM

13.4



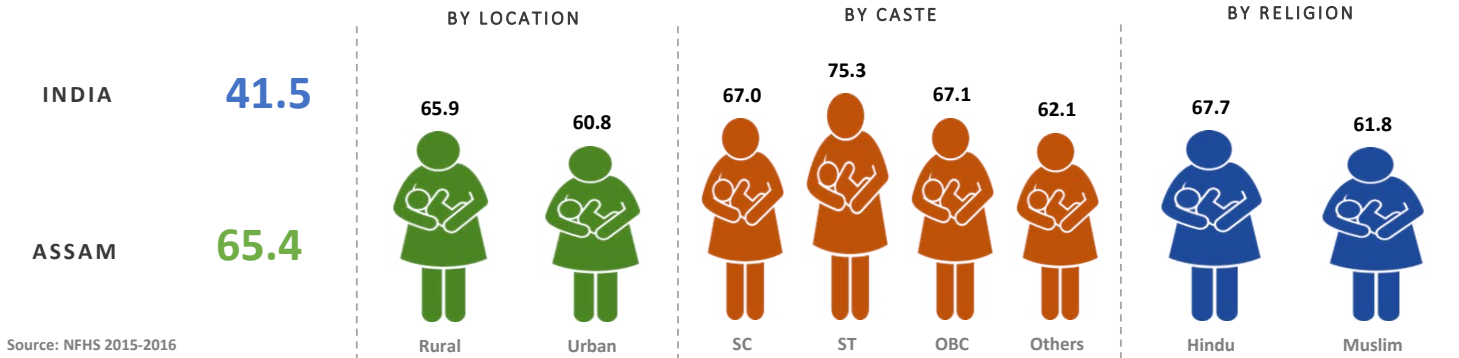
CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



- Both institutional delivery and immunization is a concern among the Muslim population.

## CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

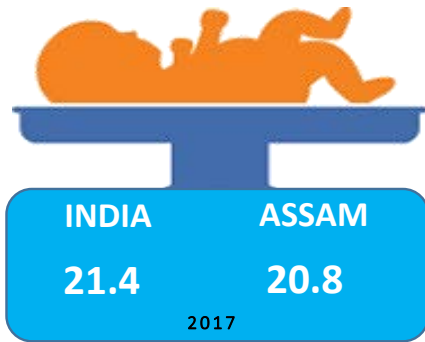
### CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



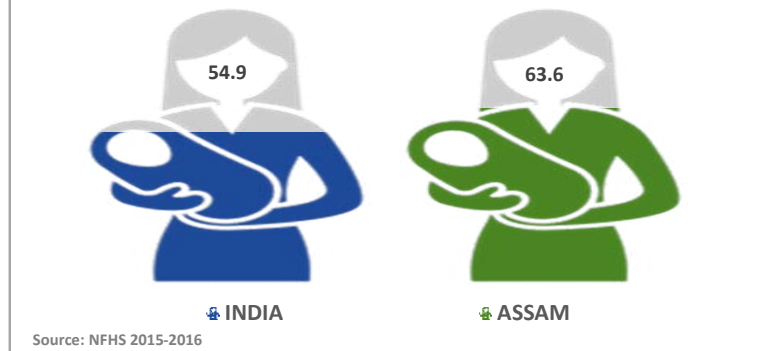
### CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



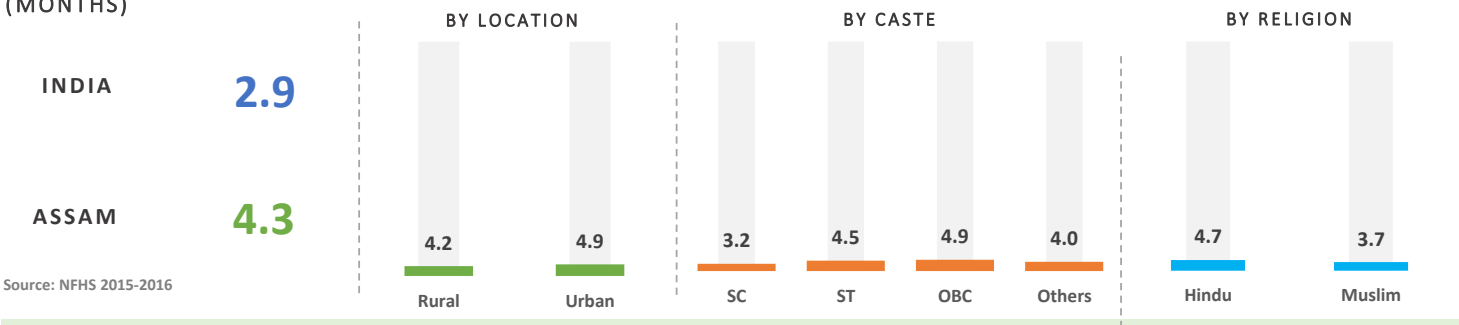
### PREVALENCE OF LOW BIRTHWEIGHT (%)



### CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)

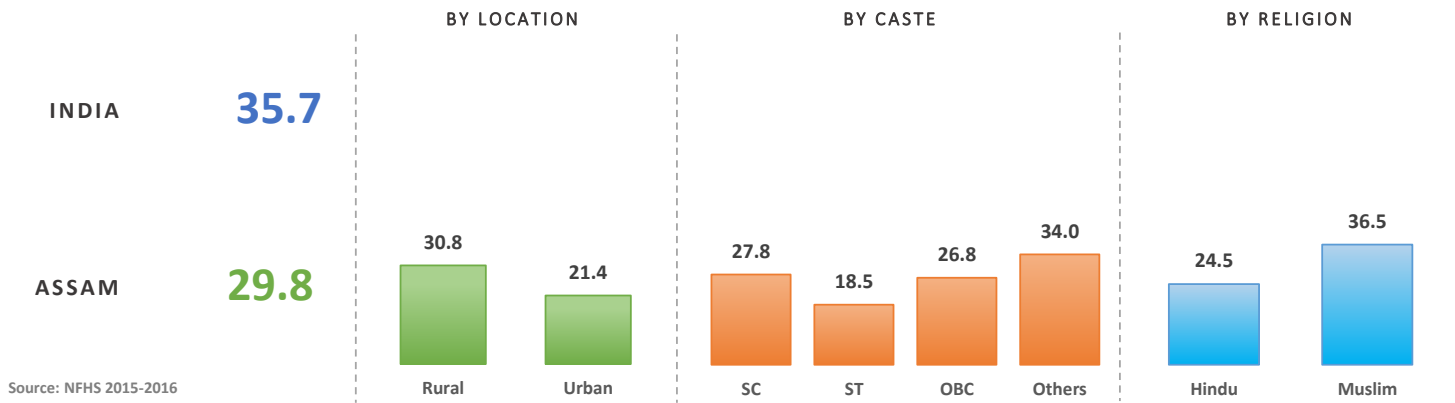


### MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING AMONG LAST-BORN CHILDREN BORN IN THE LAST THREE YEARS (MONTHS)

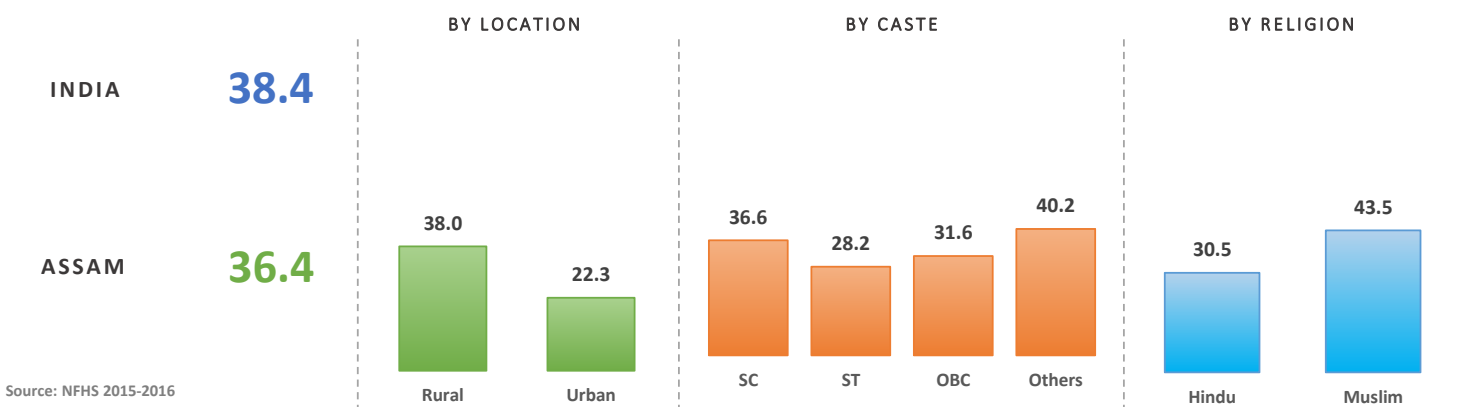


- The state fares much better than the country in early initiation of breastfeeding, exclusive breastfeeding, and complementary feeding.
- Though the median duration of breastfeeding of Assam is better than the country, however in comparison to the state, this duration is quite less for the scheduled caste population and the Muslims. Moreover, emphasis needs to be given to increase the state total to six months at least.

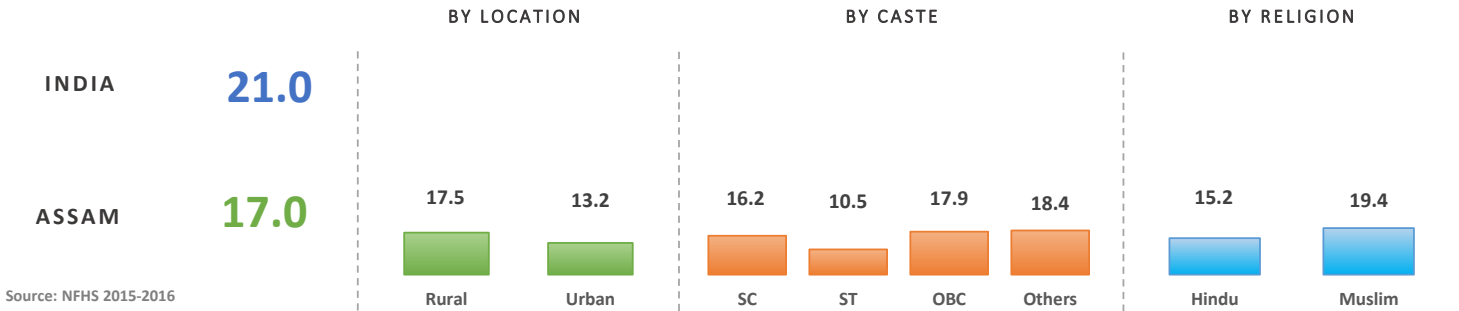
CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)



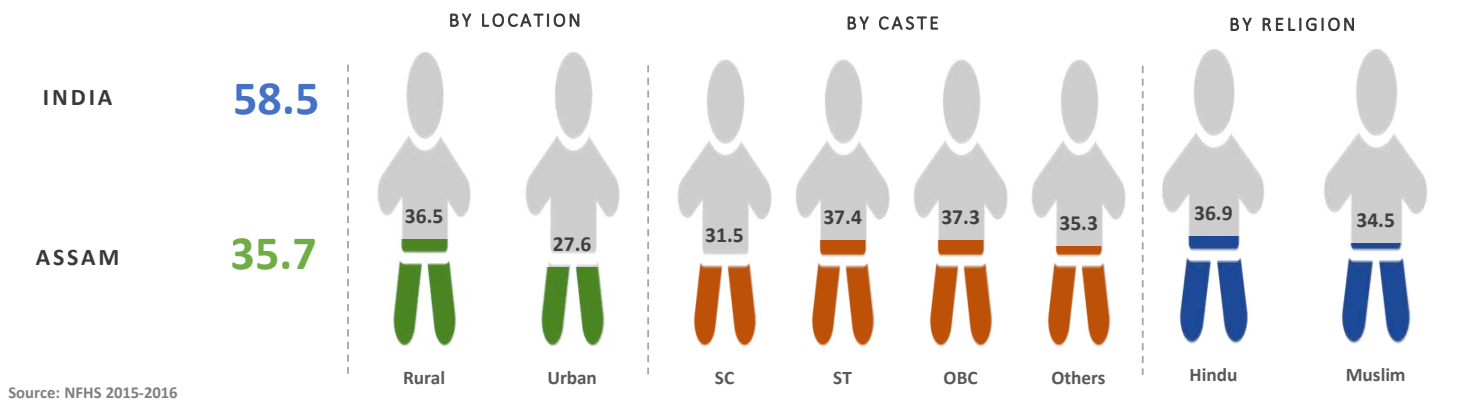
CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)



CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)



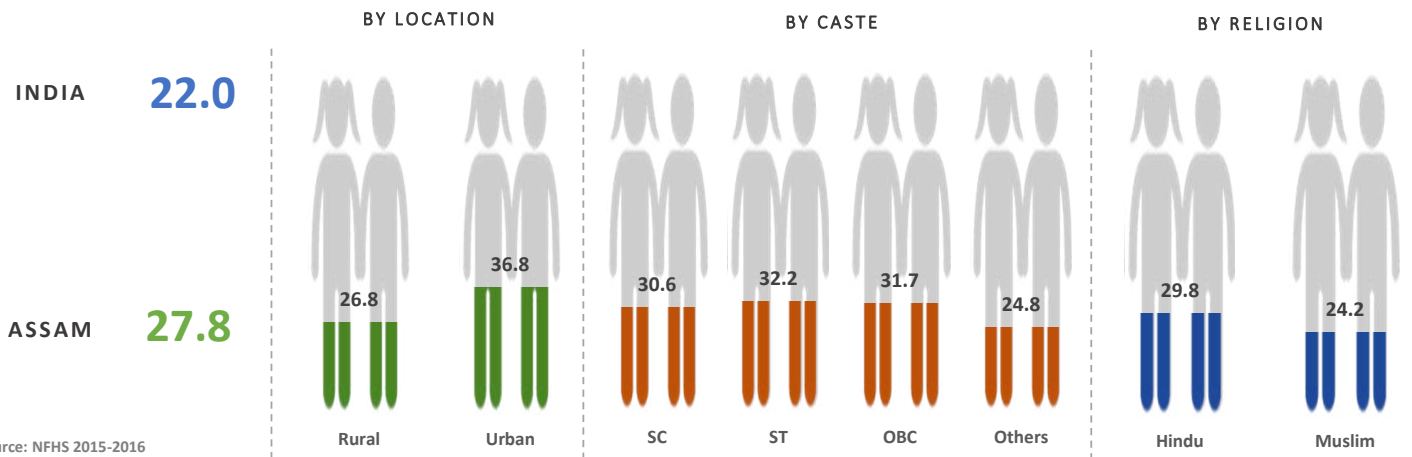
CHILDREN AGE 6-59 MONTHS WHO ARE ANAEMIC (<11.0 G/DL)(%)



While the state fares quite well in the nutritional status of children as compared to the national figure, however, the condition of Muslim children remain a cause of concern with high rates for underweight, stunting and wasting categories.

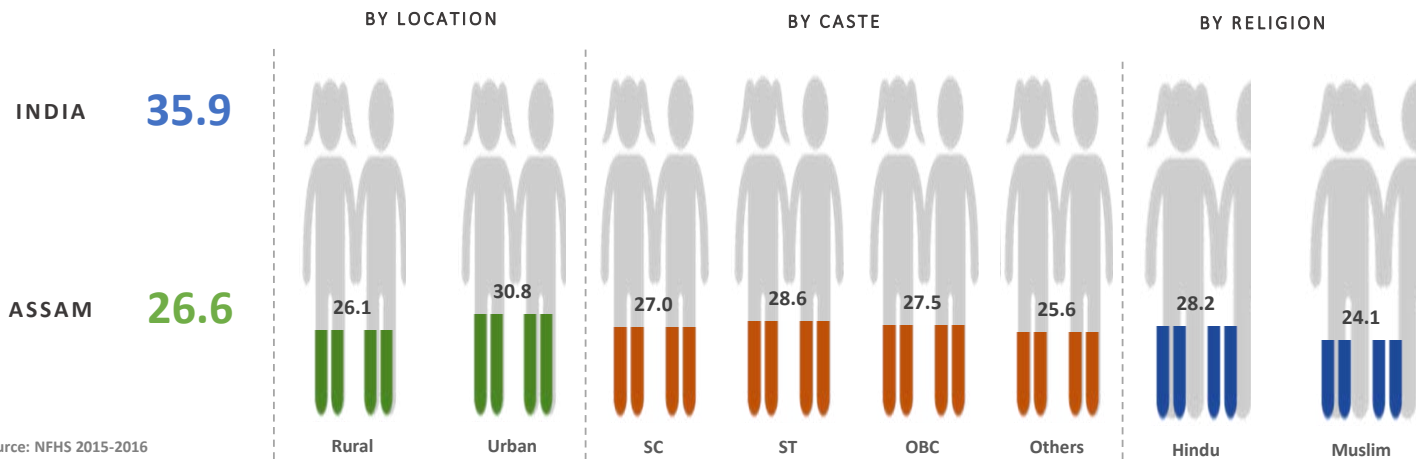
DIETARY DIVERSITY PATTERN

6-23 MONTHS CHILDREN FED 4+ FOOD GROUPS IN PAST 24 HOURS (%)



Source: NFHS 2015-2016

6-23 MONTHS CHILDREN FED MINIMUM MEAL FREQUENCY IN PAST 24 HOURS (%)

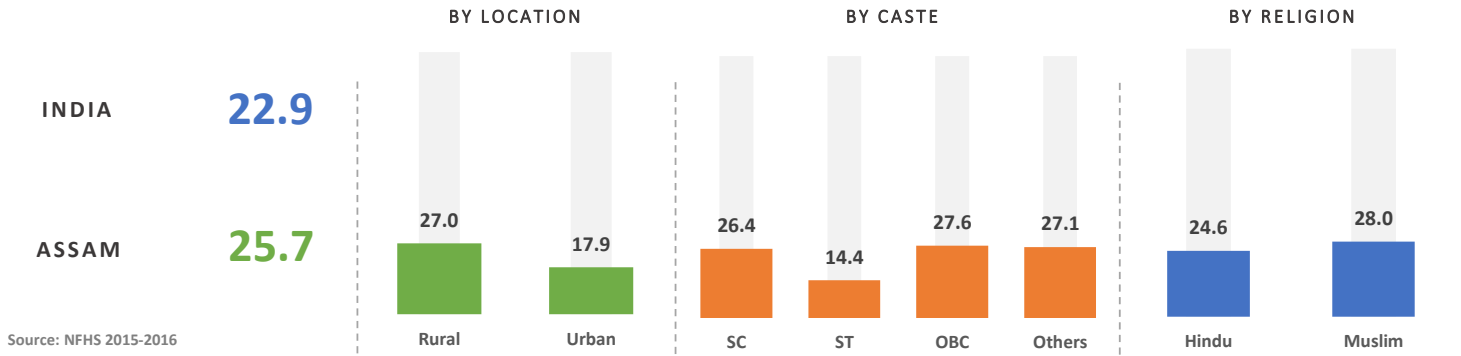


Source: NFHS 2015-2016

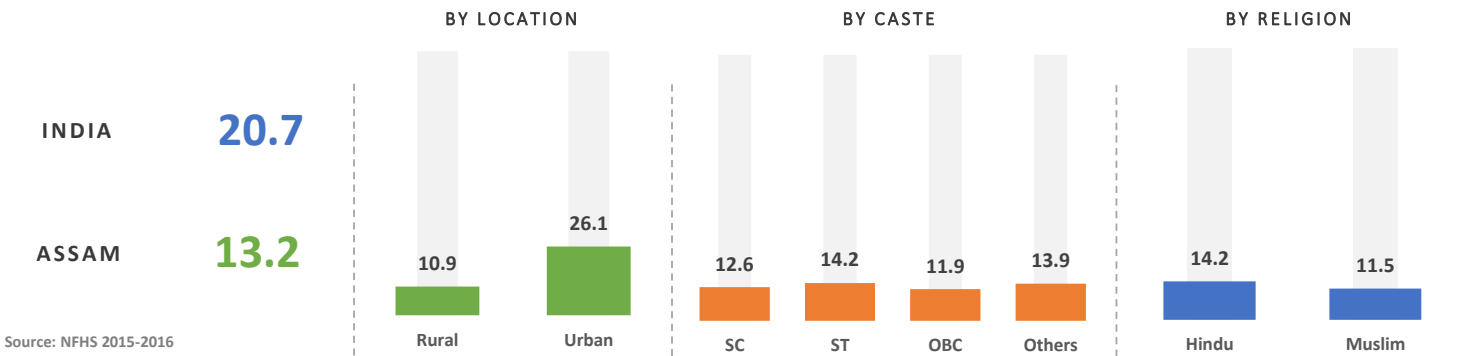
- While a little more of Assam's children than the country's children are fed with 4+ food groups, however the minimum meal frequency remains appallingly low in the state. Also, the Muslim children of the state as evident from their poor nutritional status fare poorly both for meal intake with 4+ food groups and minimum meal frequency.

## NUTRITIONAL STATUS OF WOMEN AND MEN

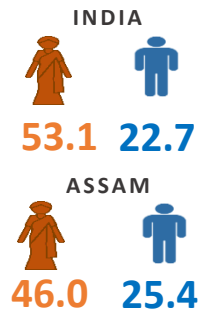
### WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M<sup>2</sup> ) (%)



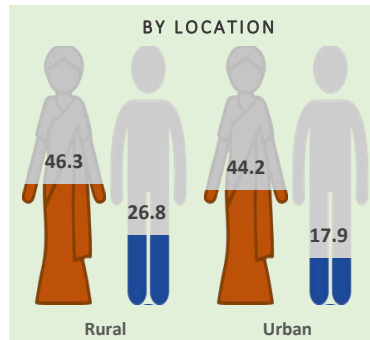
### WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M<sup>2</sup> ) (%)



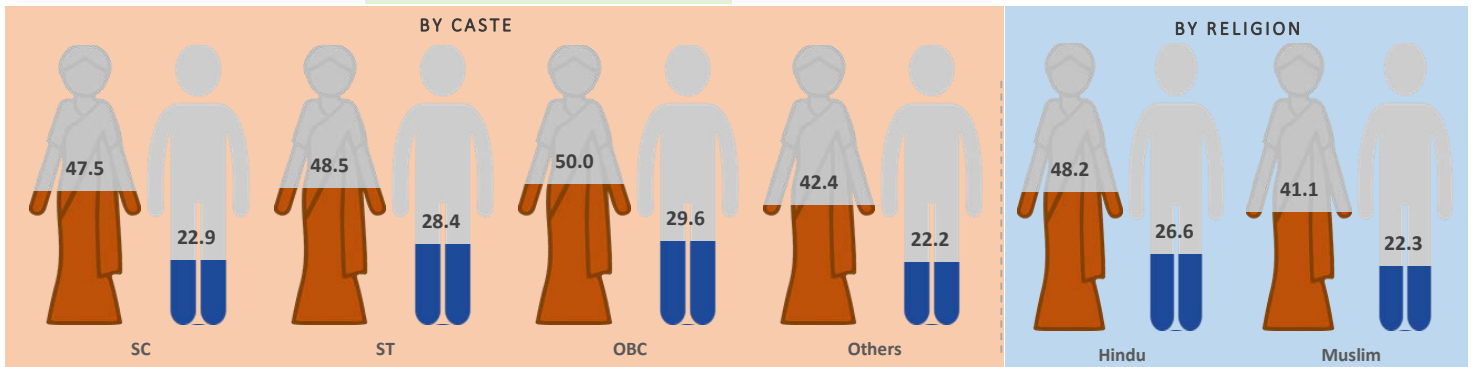
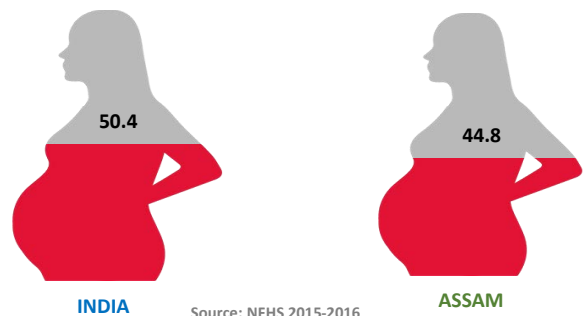
### WOMEN AND MEN AGED 15-49 YEARS WHO ARE ANAEMIC (%)



Source: NFHS 2015-2016



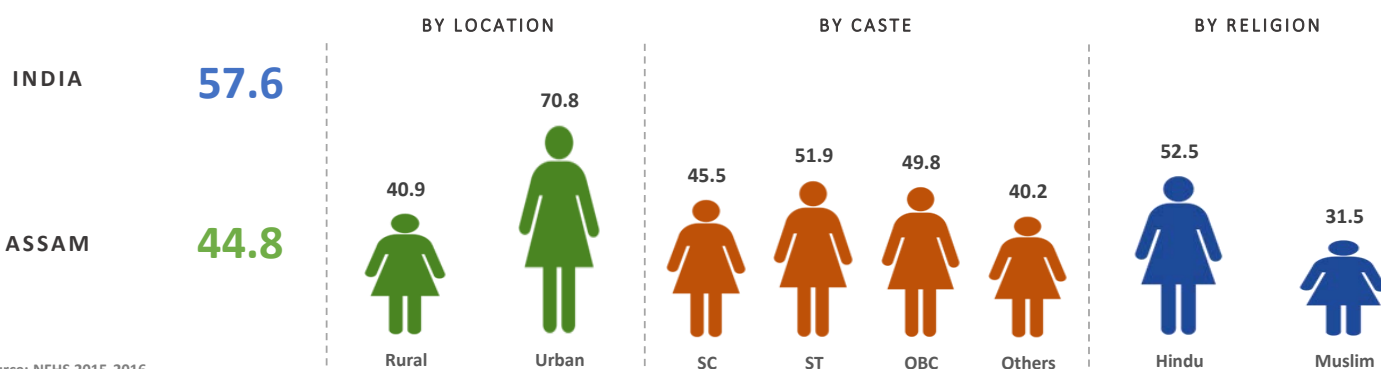
### PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)



- There is a higher proportion of women with below normal Body Mass Index (BMI) in rural areas and among the Muslim population. On the other hand, obesity is a rising threat in the urban areas, being higher than both the state and country figures.
- Anaemia is a major concern both across the nation and state with around 50% of the women (pregnant and non-pregnant) with low haemoglobin count.

## MENSTRUAL HYGIENE

WOMEN AGED 15-24 WHO USED HYGIENIC METHOD OF PROTECTION DURING MENSTRUATION (%)



Source: NFHS 2015-2016

## OTHER HEALTH ISSUES

PERSONS SUFFERING FROM TUBERCULOSIS

INDIA **2,404,815**

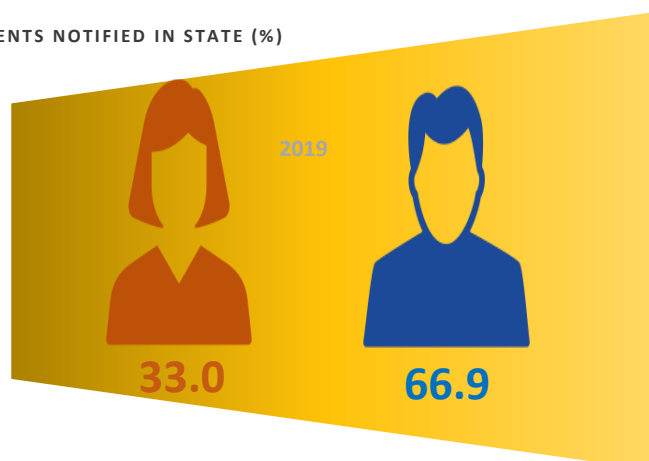
ASSAM **48,669**

**2.0%**

OUT OF TB PATIENTS NOTIFIED IN INDIA



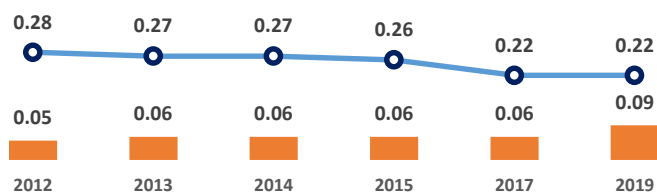
OUT OF TB PATIENTS NOTIFIED IN STATE (%)



Source: India TB Report 2020

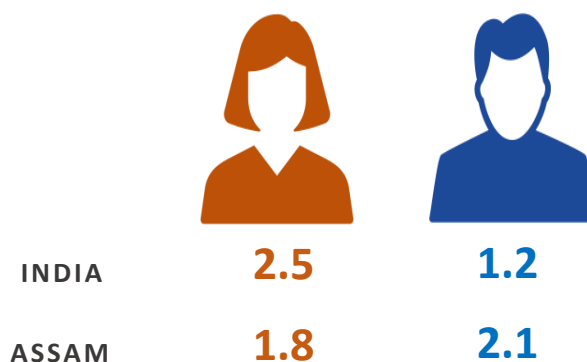
PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)

ASSAM INDIA



Source: India NACO-Report

WOMEN & MEN AGED 15-49 YEARS WHO REPORTED SEXUALLY TRANSMITTED INFECTION (STI) IN THE PAST 12 MONTHS (%)



Source: NFHS 2015-2016

- Prevalence of unsafe menstrual practices is a major concern in the state with around 55% having poor menstrual hygiene. This difference is particularly high among the rural and urban agglomerations and also among the Muslim population.
- High prevalence of Tuberculosis among men is another concern.



## HEALTH EXPENDITURES

GOVERNMENT HEALTH EXPENDITURE (%  
OF TOTAL HEALTH EXPENDITURE)

OUT OF POCKET HEALTH EXPENDITURE (%  
OF TOTAL HEALTH EXPENDITURE)

INDIA

**32.4**

**58.7**

ASSAM

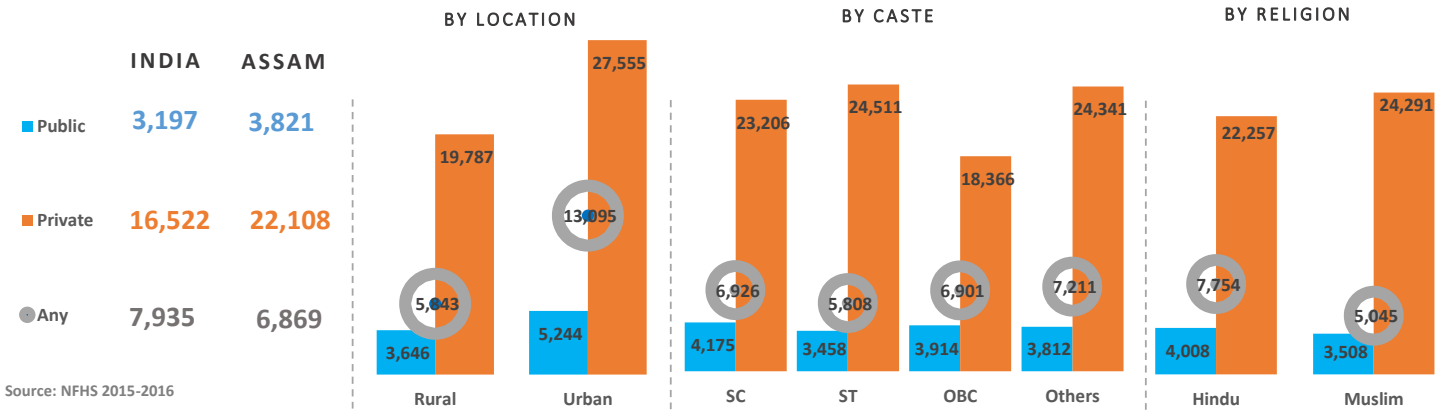
**39.0**

**53.8**



Source: National Health Accounts Estimates for India 2016-17

### AVERAGE OUT OF POCKET EXPENDITURE PER DELIVERY IN PUBLIC, PRIVATE AND ANY HEALTH FACILITY (RUPEES)



Source: NFHS 2015-2016

- Government share in health expenditure is abysmal in both India and Assam, although Assam fares a little better than the country.
- With low government share in health expenditure, Assam shows high out of pocket expense (55%). Moreover, while average expenditure for delivery in private facilities is much higher than the country figure.

## GOVERNMENT FLAGSHIP PROGRAMMES FOR HEALTH AND NUTRITION

### NATIONAL HEALTH MISSION

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

#### NHM has six financing components:

- (i) NRHM-RCH Flexipool,
- (ii) NUHM Flexipool,
- (iii) Flexible pool for Communicable disease,
- (iv) Flexible pool for Non communicable disease including Injury and Trauma,
- (v) Infrastructure Maintenance and
- (vi) Family Welfare Central Sector component.

### INTEGRATED CHILD DEVELOPMENT

Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development.

The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. Objectives of the Scheme are:

1. To improve the nutritional and health status of children in the age-group 0-6 years;
2. To lay the foundation for proper psychological, physical and social development of the child;
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development;
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

### POSHAN ABHIYAAN

The Prime Minister's Overarching Scheme for Holistic Nutrition (POSHAN) Abhiyaan or National Nutrition Mission is one of the India's flagship programmes to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers by leveraging technology, a targeted approach and convergence. It aims to build a people's movement (Jan Andolan) around malnutrition.

#### Key Strategies

For implementation of POSHAN Abhiyaan the mission adopts a four point strategy:

1. Inter-sectoral convergence for better service delivery
  2. Use of technology (ICT) for real time growth monitoring and tracking of women and children
  3. Intensified health and nutrition services for the first 1000 days
- Jan Andolan

### SHORTFALL IN HEALTH FACILITIES IN RURAL AREAS (%)

(as on 1st July 2019)

	India	Assam
Sub Centres and HWC-SCs	23.0	27.2
PHCs and HWC-PHCs	28.2	9.0
CHCs	36.9	31.9

Source: Rural Health Statistics 2019

### SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

India

Assam

Anganwadi Workers

4.7

0.0

Source: Status report of ICDS as on 31st March 2015

(as on 1st July 2019)

	India	Assam
ASHA	Surplus	Surplus
ANM at Sub Centres	2.8	Surplus
ANM at PHCs	26.1	Surplus
Doctors+ at PHCs	6.0	Surplus
Specialists at CHCs	81.8	80.8

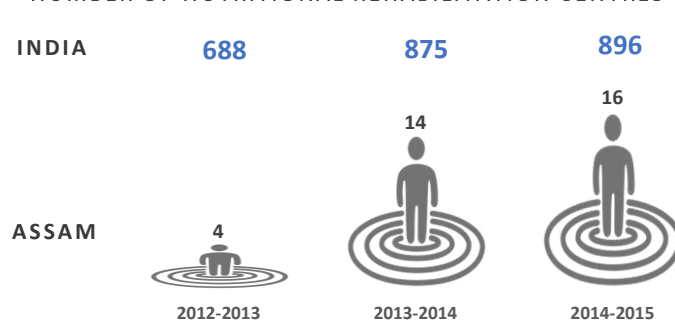
Source: Rural Health Statistics 2019

### NUMBER OF AWCs



Source: Status report of ICDS as on 31st March 2015

### NUMBER OF NUTRITIONAL REHABILITATION CENTRES



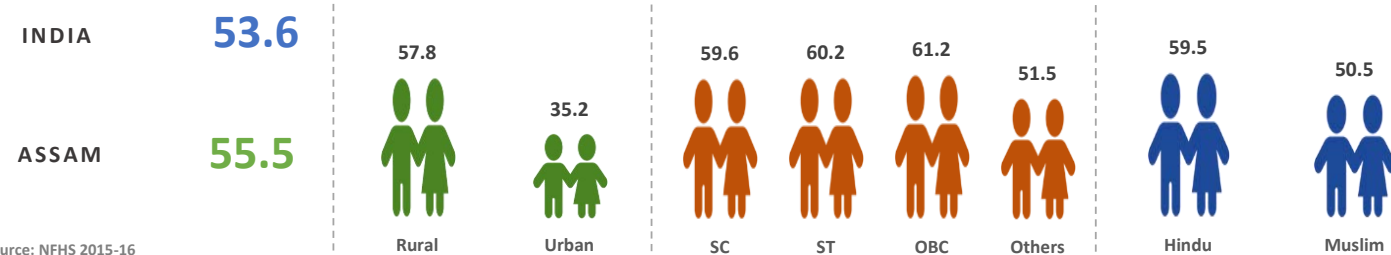
Source: PIB 2012-13, 2013-14 & 2014-15

### CHILDREN AGED 0-71 MONTHS WHO RECEIVED SERVICES FROM AN AWC (%)

BY LOCATION

BY CASTE

BY RELIGION



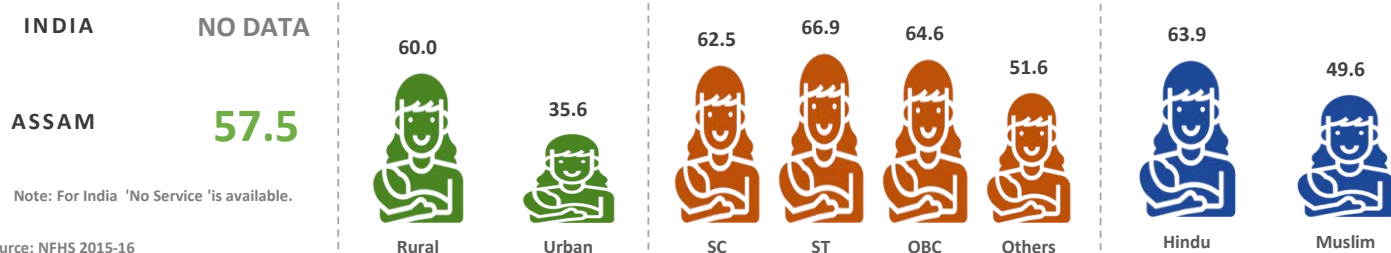
Source: NFHS 2015-16

### MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

BY LOCATION

BY CASTE

BY RELIGION

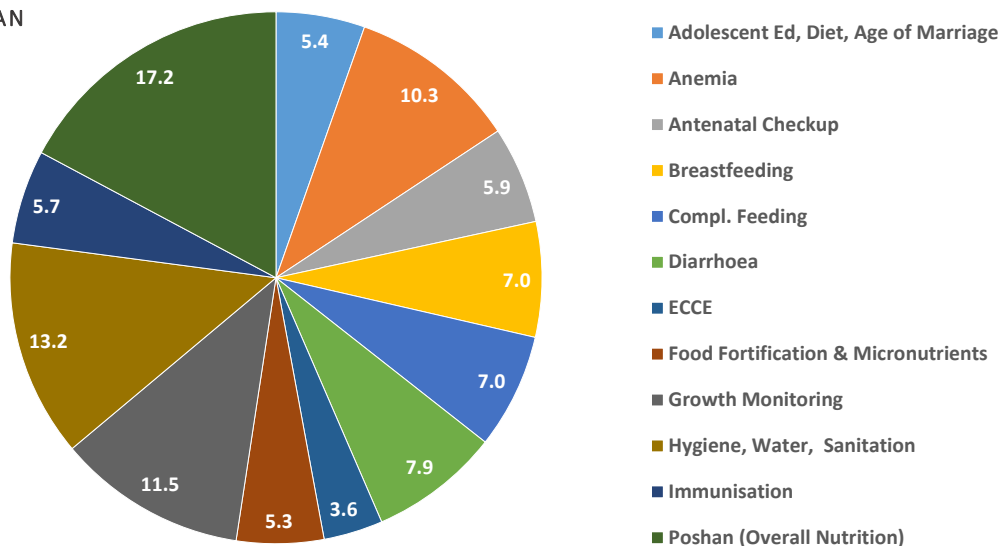


Note: For India 'No Service' is available.

Source: NFHS 2015-16

- The state has comparatively a good health facility expense with less shortfall recorded than the country. However, there the shortfall is relatively on the higher end for the sub-centres which is usually the first point of contact for rural people.
- The shortfall of specialists at CHC is more than 80% for the state signifying that despite having health facilities, people might not be able to avail its benefit owing to lack of specialists.
- While more than 55% of children and pregnant women in Assam receive services from AWC, but this proportion is relatively lower for the Muslim children and women.

THEMES-WISE ACTIVITIES IN POSHAN  
MAAH (SEPTEMBER 2019)



Source: <http://dashboard.poshanabhiyaan.gov.in/janandolan/#/>

CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

Activity type	State Value (%)	India Value (%)
Home Visits	47.4	14.4
Anemia Camp	3.9	1.5
CBE-Community Based Events (ICDS)	5.2	22.3
Community Radio Activities	0.4	0.3
Cooperative/Federation	0.2	0.2
Cycle Rally	0.3	0.3
DAY-NRLM SHG Meet	0.8	1.9
Defeat Diarrhoea Campaign (D2)	0.1	No Data
Farmer Club Meeting	0.1	0.2
Haat Bazaar Activities	0.4	0.4
Harvest Festival	0.2	0.2
Local Leader Meeting	0.5	0.5
Nukkad natak/Folk Shows	0.4	0.4
Other Activities	13.0	34.7
Panchayat Meeting	0.6	1.0
Poshan Mela	4.3	8.2
Poshan Rally	3.6	2.6
Poshan Walk	0.8	1.5
Poshan Workshop/Seminar	1.3	4.1
Prabhat Faree	1.9	1.1
Providing Water to the Toilets	0.1	0.3
Safe Drinking Water in Anganwadi Centres	0.6	0.7
Safe Drinking Water in Schools	0.3	0.2
School Based Activities	5.5	2.9
VHSND	7.5	No Data
Youth Group Meeting	0.5	No Data

Source: <http://dashboard.poshanabhiyaan.gov.in/janandolan/#/>

## WOMEN EMPOWERMENT

FEMALE WORKERS (15-59 YEARS) POPULATION RATIO (%)

INDIA **25.0**  
ASSAM **12.5**



Source: Annual Report PLFS 2018-19

FEMALE (15-59 YEARS) LABOUR FORCE PARTICIPATION RATE (%)

INDIA **26.5**  
ASSAM **13.6**



Source: Annual Report PLFS 2018-19

FEMALE (15-59 YEARS) UNEMPLOYMENT RATE (%)

INDIA **5.5**  
ASSAM **8.2**



Source: Annual Report PLFS 2018-19

## WOMEN HEADED ESTABLISHMENTS

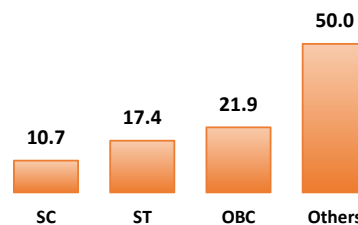
INDIA **8,050,819**  
ASSAM **154,158**

1.9% Out of India's Women Headed Establishments

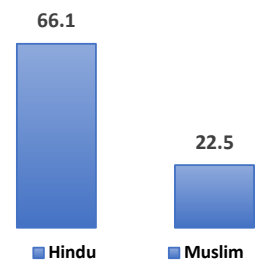
7.6% Out of State's Total Establishments-Agriculture & Non-Agriculture

Source: All India Report of Sixth Economics Census 2016

BY CASTE



BY RELIGION

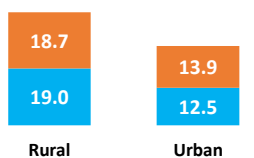


## MEN AND WOMEN AGED 15-49 YEARS WHO WANT MORE SONS THAN DAUGHTERS (%)

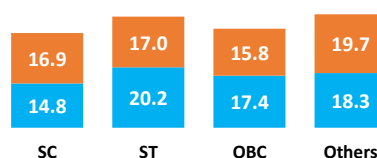
INDIA  
MALE **18.7**  
FEMALE **18.8**

ASSAM  
MALE **17.9**  
FEMALE **18.0**

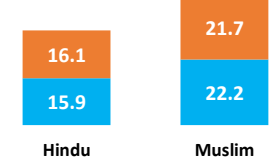
BY LOCATION



BY CASTE



BY RELIGION

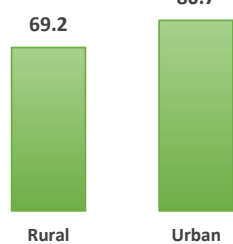


Source: NFHS 2015-2016

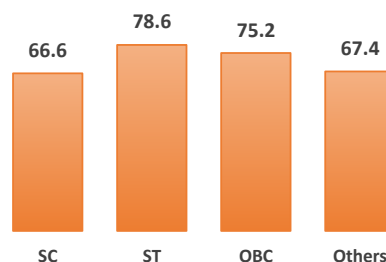
## CURRENTLY MARRIED WOMEN WHO PARTICIPATE IN THREE DECISIONS\* (%)

INDIA **63.0**  
ASSAM **71.0**

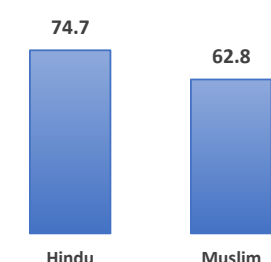
BY LOCATION



BY CASTE



BY RELIGION

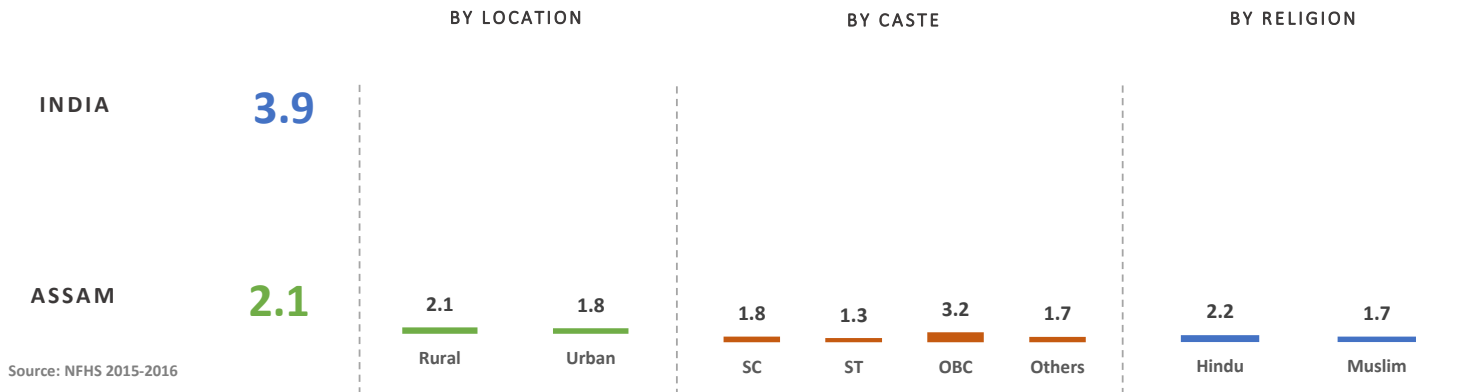


Source: NFHS 2015-16

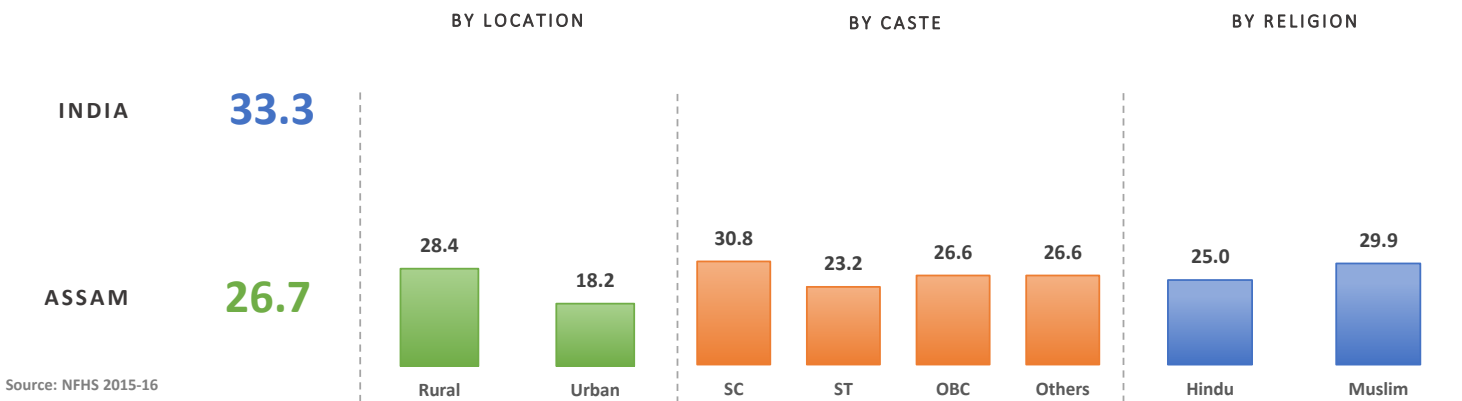
\* Three Decisions  
Own health care  
Making major household purchases  
Visits to her family or relatives

- The state has around 12% of women in its labour force. And this consists of both currently employed and unemployed women signifying the proportion of active employed women to be further less.
- Assam has only 1.9% of women headed establishments in the country, with SC, ST and Muslims contributing the least in this.

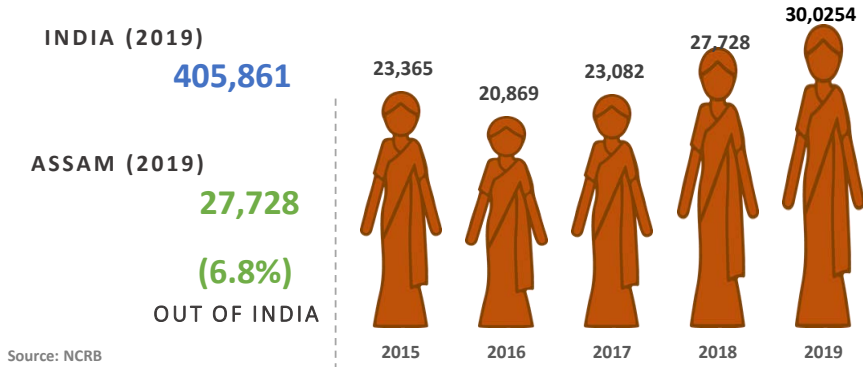
WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



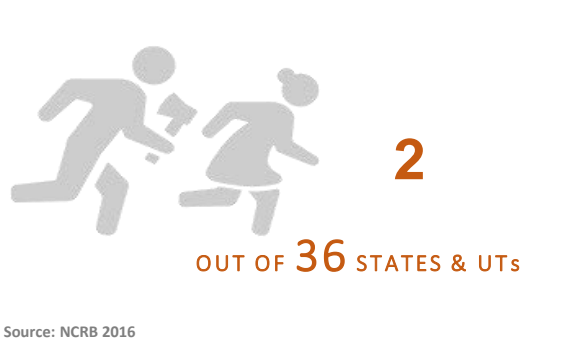
WOMEN WHO HAVE EVER EXPERIENCED EMOTIONAL, PHYSICAL OR SEXUAL VIOLENCE COMMITTED BY THEIR HUSBAND (%)



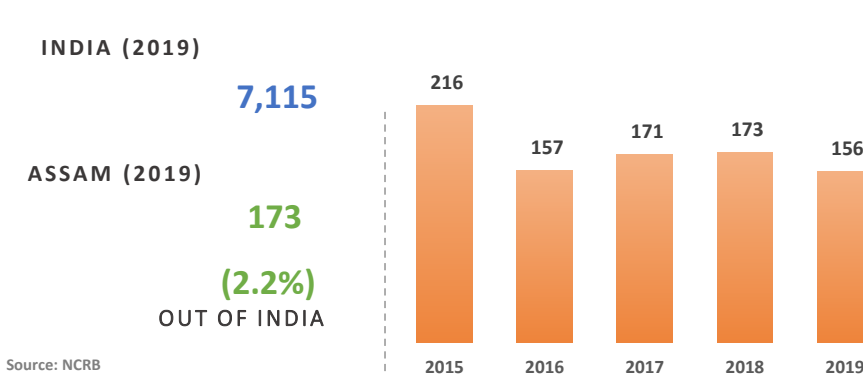
CRIMES AGAINST WOMEN (IPC + SLL) (No.)



STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



DOWRY DEATHS REPORTED (No.)



WOMEN TRAFFICKING CASES REPORTED (No.)



### FEMALE SUICIDE CASES (No.)

INDIA	<b>41,493</b>
ASSAM	<b>691</b>

Source: ADSI 2019

### FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	ASSAM
FOETICIDES	<b>137</b>	<b>0</b>
INFANTICIDES	<b>73</b>	<b>0</b>

Source: NCRB 2019

- The state has less incidence of violence against women than the country figure, however the rate is still in the rural areas and among the scheduled caste and Muslim population.
- Assam ranks 2nd in India regarding rate of crime against women which is definitely worrisome. There has also been an increasing trend in the crime rate since 2016. Similar trend regarding dowry deaths.

## GOVERNMENT FLAGSHIP PROGRAMMES FOR WOMEN EMPOWERMENT

### NATIONAL RURAL LIVELIHOOD MISSION

#### What is NRLM

Govt. of India established National Rural Livelihoods Mission (NRLM) in June 2010 to implement the new strategy of poverty alleviation woven around community based institutions.

Mission's primary objective is to reduce poverty by promoting diversified and gainful self-employment and wage employment opportunities for sustainable increase in incomes.

To achieve the desired goal of the mission, NRLM provides a combination of financial resource and technical assistance to states such that they could use the comprehensive livelihoods approach encompassing four inter-related tasks. These tasks are:

1. Mobilizing all rural, poor households into effective self-help groups (SHGs) and their federations;
2. Enhancing access of the rural poor to credit and other financial, technical and marketing services;
3. Building capacities and skills of the poor **for gainful and sustainable livelihoods; and**
4. Improving the delivery of social and economic support services to the poor.

### BETI BACHAO BETI PADHAO

Beti Bachao, Beti Padhao is a campaign of the Government of India that aims to generate awareness and improve the efficiency of welfare services intended for girls in India.

The Overall Goal of the Beti Bachao Beti Padhao (BBBP) Scheme is to celebrate the girl child and enable her education. The objectives of the Scheme are as under:

- i. To prevent gender biased sex selective elimination
- ii. To ensure survival and protection of the girl child
- iii. To ensure education and participation of the girl child

Strategies employed to successfully carry out the scheme are:

1. Implement a sustained social mobilization and communication campaign to create equal value for the girl child and promote her education.
2. Place the issue of decline in child sex ratio/sex ratio at birth in public discourse, improvement of which would be an indicator for good governance.
3. Focus on gender critical districts and cities.

#### TOTAL SHGs FORMED



**2,80,624**

#### SHGs HAVING BANK ACCOUNT\* (%)



**38.3**

#### SHGs HAVING CREDIT LINKED (%)



NO DATA

#### TOTAL VILLAGE ORGANIZATIONS FORMED



**16,372**

#### TOTAL CLUSTER LEVEL FEDERATIONS

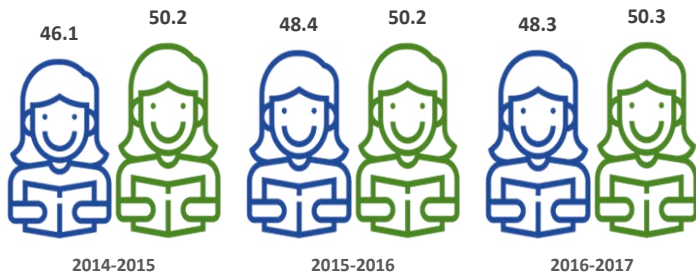


NO DATA



### GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

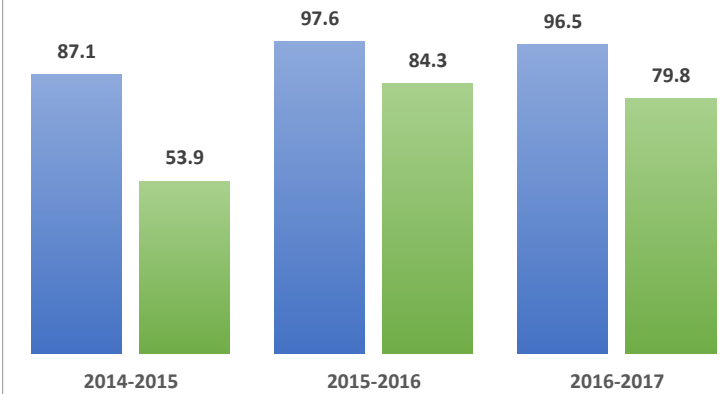
INDIA ASSAM



Source: U-Dise

### SCHOOLS HAVING GIRL'S TOILET IN ELEMENTARY EDUCATION (%)

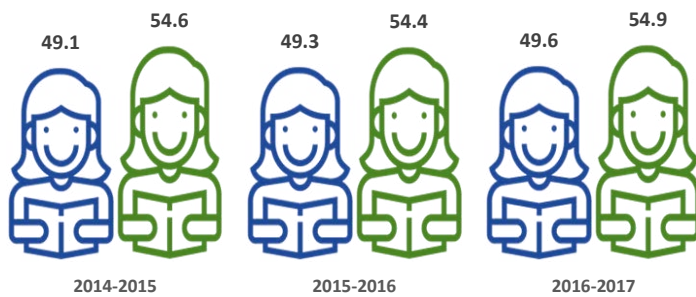
INDIA ASSAM



Source: U-Dise

### GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

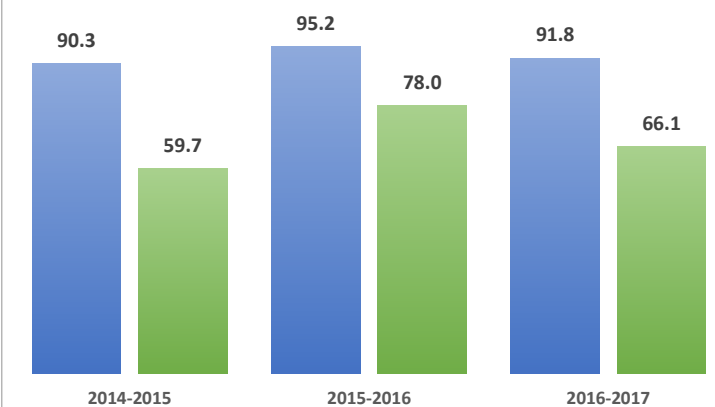
INDIA ASSAM



Source: U-Dise

### SCHOOLS HAVING GIRL'S TOILET IN SECONDARY EDUCATION (%)

INDIA ASSAM



Source: U-Dise

- Only 38% of the SHGs in Assam has been able to establish some kind of bank linkage.
- There has been almost no improvement in girls' enrolment in both elementary and secondary level for Assam as well as for the entire country since 2014 to 2017. However, toilets being one of the major contributors for improving girl's enrolment has also shown a decline for the state since 2016.