

অসম চৰকাৰ



GOVERNMENT OF ASSAM



Chief Minister's Vision for Women & Children

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Government of Assam

Planning and Development Department



Photo courtesy UNICEF, NRHM Assam and PHED

Chief Minister's Foreword



The last decade has witnessed a remarkable turnaround for Assam. In 2001, the State Finances were under severe stress and the law and order situation was unpredictable. There was flight of capital from the state and development activities had come to stand still.

The people of Assam having reposed their faith in my leadership, bestowed upon me the onerous responsibility to steer the state out of this dismal situation. I and my team of equally dedicated ministerial colleagues in the Government accepted the challenges and worked tirelessly to achieve this turnaround, and the results speak for themselves.

The Planning Commission of India has stated that Assam has achieved the 6th highest rate of improvement in economic growth among all the states in India during 2001-2010. The most interesting aspect of the Planning Commission's report is that from 2001-02 (start of Congress Government in the State) Assam did not witness any decline in growth rate; and the average growth rate of Assam which was 2.4% during 1994-2002 increased to 5.18% during 2002-2010 – an increase of 152% given the fact that the all India rate of improvement was 28% for the same period. This implies that improvement in the economic growth of Assam was almost six times more than the improvement in the all India average.

The Human Development Report 2011 for India has acknowledged Assam's dramatic resurgence on the path of development, the State has been ranked as number one in the percentage change in Income Index between 1999-2000 and 2007-08. Assam has also been ranked at the third place among all India states for percentage change in Health Index between 1999-2000 and 2007-08, and has also reflected remarkable progress in the percentage change in Human Development Index between 1999-2000 and 2007-08.

I dream of a resurgent and vibrant Assam, free of poverty, sickness, disease, deprivation and inequality. My Government's emphasis on development in all spheres has yielded rich dividends. I firmly believe that inclusive development cannot be attained unless women across all social groups participate equally in the development process. My Government's policies are a reflection of the state's commitment towards this development agenda, and play a crucial role in shaping the nature and discourse of the development process.

To build on this growth profile and translate my vision into reality, the advancement, development and empowerment of women, and their participation and decision making



in social, political and economic life, needs to be ensured. My Government is thus committed to ensure equal access of women to health care, quality education at all levels, career and vocational guidance, employment, equal remuneration, occupational health and safety and social security.

Likewise my Government is committed to ensure a progressive state by investing in the health, education and overall well-being of our children – the future of a better and vibrant Assam.

We have made significant advancements in the reduction of both maternal and infant mortality, and have shown an increase in institutional delivery and immunization coverage. Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR), increase in institutional delivery and immunization cover indicators have also shown improvement. Increase in female literacy, reduction in out-of-school girls at primary and middle level, gender parity and achieving women's empowerment through self-help groups have also progressed. However we still have to face major concerns in the areas of anemia and malnutrition, maternal mortality, child sex ratio, neonatal and infant mortality, retention of girls in higher levels of education with quality education, crimes against children and women including trafficking, witch hunting, domestic violence, as well as provision of basic services in all areas including sanitation and safe drinking water.

My effort will also be to encourage gender sensitive policies addressing concerns of women and children.

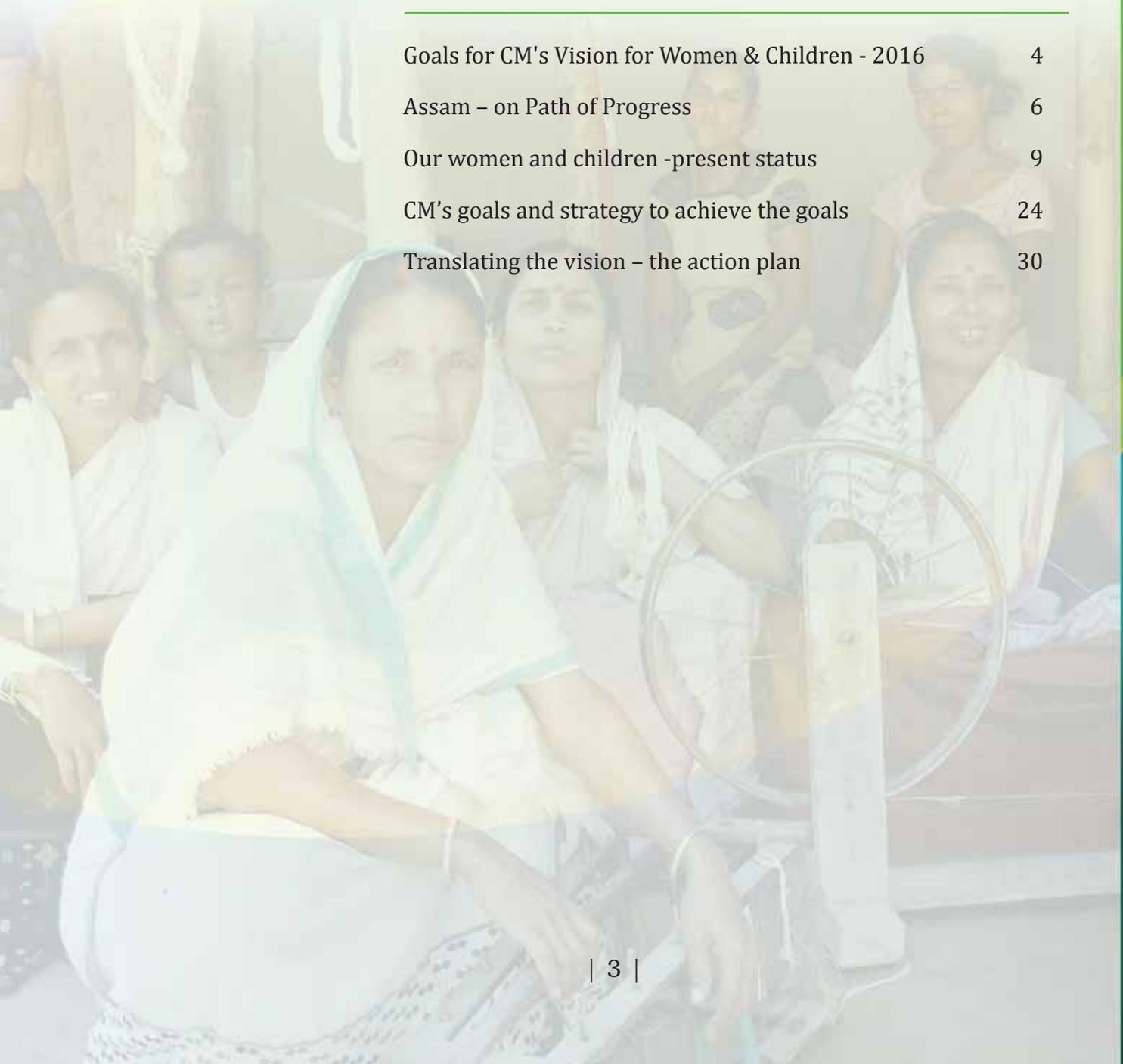
“The Chief Minister's Vision for Women and Children - 2016” is a strong reiteration of my Government's commitment as a lead agent of change in Assam through inclusive development and good governance. To effectively tackle the concerns highlighted above and to ensure a dedicated approach, every organ of the government shall accord priority to development imperatives vis-à-vis women and children in the State. The action plan, based on definitive goals, shall be achieved by close monitoring of performance indicators through independent monitoring system, and I request all the citizens of our state to contribute to translating this Vision into reality. Let us step forward with the best of intentions and sincerest of efforts to work for a bright and healthy future for our women and children.

Tarun Gogoi



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1

Goals for CM's Vision for Women & Children - 2016

Goal 1	<i>Reduction in infant mortality rate to 38 per 1000 live birth.*</i>	
Goal 2	<i>Reduction in maternal mortality ratio to 210 per 100000 live births.*</i>	
Goal 3	<i>Reduction of total fertility rate to 2.1*</i>	
Goal 4	<i>Improving child sex ratio by 30 points (987).</i>	
Goal 5	<i>Reduction in percentage of anaemia in children (6-35 months old) by 45 percent to 42 percent.</i>	
Goal 6	<i>Reduction in percentage of anaemia among women (15-49 years) by 45 percent to 40 percent.</i>	
Goal 7	(A)	<i>Reducing in percentage of underweight children (0-5 years) by 30 percent to 25 percent.</i>
	(B)	<i>Reducing percentage of girls marrying before 18 years by 50 percent to 11 percent.</i>
Goal 8	<i>100 Percent enrolment of girls upto class VIII</i>	
Goal 9	(A)	<i>Reduction of dropout rates by 50% of the present level in 14 districts (which are above state average) by year 2014-15.**</i>
	(B)	<i>Achievement of 100% Gross enrollment ratio of girls (age group of 14-15 years) from current 52.4% in secondary levels by 2017.</i>
Goal 10	<i>33 Percent reservation for women in all skill development programmes of government.</i>	



Goal 11	<i>To bring the child labourers into the educational mainstream.</i>	
Goal 12	(A)	<i>Creation of a women's cell with adequate women staff in every police station of the state</i>
	(B)	<i>Zero tolerance to women and child trafficking, witch hunting through strengthening the existing Anti-trafficking Units in the districts</i>
Goal 13	(A)	<i>10 Lakh women to be empowered through 1 lakh exclusive women SHGs and 10,000 Village Federations under the National Rural Livelihood Mission</i>
	(B)	<i>Incentivisation to Gaon Panchayats through annual self assessment by Goan Panchayat for 50% women attendance out of total attendance of each Gram Sabha in at least 4 Gram Sabha.</i>
Goal 14	(A)	<i>Providing access to individual household sanitary toilets in all rural habitations.</i>
	(B)	<i>Providing safe drinking water sources in all rural habitations.</i>
Goal 15	<i>Enabling women friendly work places</i>	
Goal 16	<i>Reduce the rate of stamp duty and registration fees to 5 percent in case of male (3+2), 4 percent in case of joint registration (2+2) and 3 percent (2+1) in case of female registration only</i>	

* Results available in 2018

** Districts of Baksa, Bongaigaon, Cachar, Chirang, Dhubri, Dibrugarh, Golaghat, Kokrajhar, Lakhimpur, Morigaon, Nagaon, Nalbari, Tinsukia and Udalguri.



2

Assam - on Path of Progress

The rate of economic growth of Assam has been remarkable during 2001-2010. The Planning Commission's recent data reveal that in terms of percentage increase in the rate of growth during the period, the state may be ranked at 6th from the top among all the states in the country (Table 1).

Table 1 Percentage increase in the real growth rate of selected states (in terms of GSDP)

States	Real Growth Rate 2001-2002(A)	Real Growth Rate 2009-2010(B)	Pc (%) increase in Real Growth Rate between 2001-2010(C)	State ranking in improvement In growth rate
Andhra Pradesh	4.22	5.79	37	18
Assam	2.58	7.34	182	6
Bihar	-4.73	8.56	281	3
Jharkhand	6.79	6.58	-3	25
Gujarat	8.41	10.23	22	21
Kerala	5.17	9.73	88	11
Rajasthan	10.87	3.95	-64	28
Tamilnadu	-1.56	8.96	675	1
Uttar Pradesh	2.17	7.22	233	4

Source: Planning Commission

From the Table above it is evident that the percentage increase in real growth rate or speed of improvement in economic growth in Assam has been 182 percent, which is well above states like Gujarat, Rajasthan and Kerala.

Most strikingly, the state's rate of growth of 7.34 percent during 2009-2010 has been greater than the rate of growth of the country which has been pegged at 7.96 percent, thereby indicating a closing to the gap between the state and the country.

The average real growth rate of Assam was 2.21 percent during 1994-2002. The same has increased to **5.91 percent during 2002-2012, registering an increase of 167.4 percent over the earlier period.** The corresponding all India rate has been 28 percent.



Economic Growth in %



Therefore, it appears that the percentage improvement in economic growth of Assam has been about 6 times more than improvement at the country level.

The most interesting aspect of the Planning Commission's data is that since 2001-2002 (start of the Congress rule in Assam) the state never experienced any decline in the growth rates. In fact, the state's economy has shown tremendous improvement during last ten years from the deplorable conditions of 2000-2001, and recent growth estimates clearly speak for themselves.

Most significantly, this remarkable turnaround of the state's economy from the quagmire of 2000-2001 has not only remained limited to growth performances of the state. **The India Human Development Report of 2011** has clearly shown that the state has performed appreciably well in all fronts of human development. The report states that "What is remarkable is that for five of the low HDI states the improvement in HDI is considerably above the national average. These are Bihar, Andhra Pradesh, Madhya Pradesh, Orissa and Assam (p.22)".

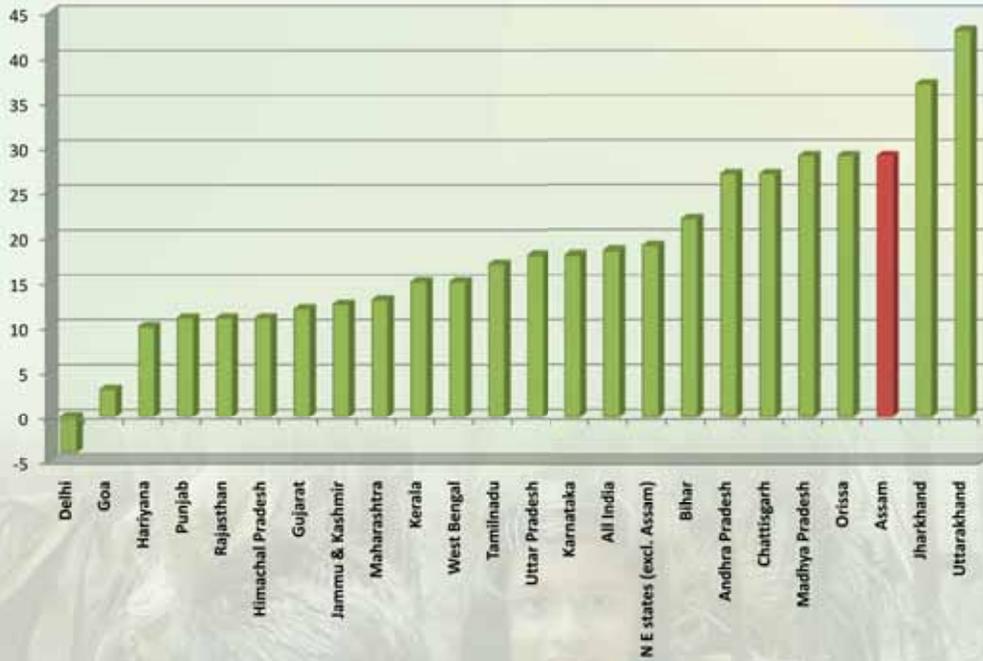
Of the three indices used to measure the overall human development index, the report places Assam at the top among all the states in terms of percentage change in income index from 1999-2000 to 2007-08. The report shows that the income index for Assam has improved from 0.152 (1999-2000) to 0.288 (2007-08) marking an increase of near 90 percent compared to the all India improvement of mere 21 percent.

The education index has also increased from 0.516 (1999-2000) to 0.636 (2007-2008) registering an improvement of about 23 percent.

It is, however, a matter of concern that improvement in the health index of the state has not been as impressive as income and education index, which is suggestive of serious

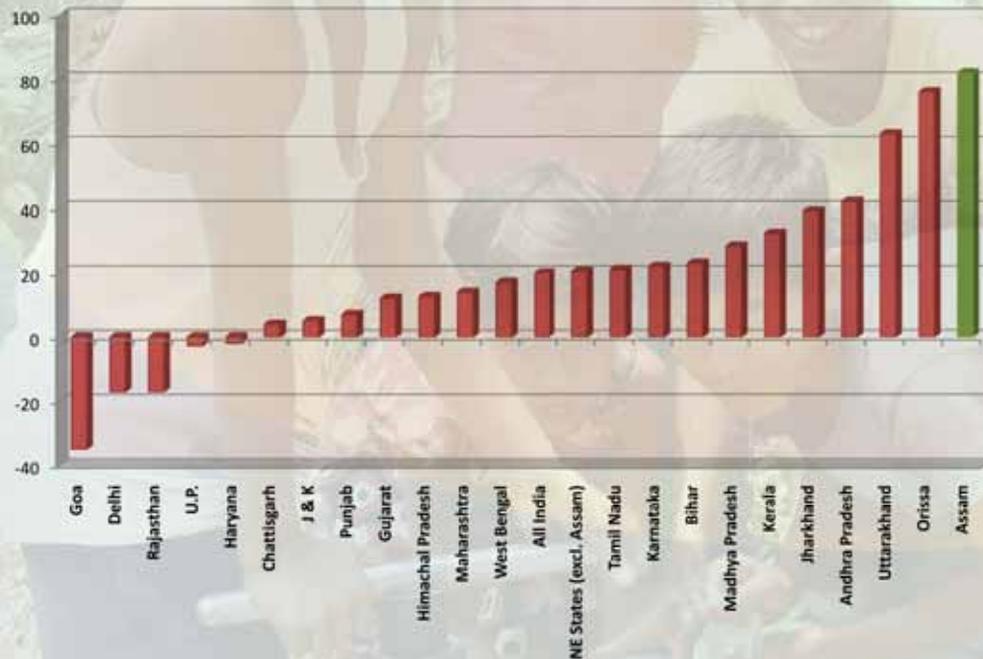


% of change in HDI between 1999-2000 and 2007-08



challenges for all of us. The health index, which was 0.339 (1999-2000) has risen to 0.407 (2007-08) indicating an increase of about 20 percent during the period, which is nevertheless, higher than the relative national increase of 13 percent during the same period.

% change in income index from 1999-2000 to 2007-08



3

Our women and children - present status

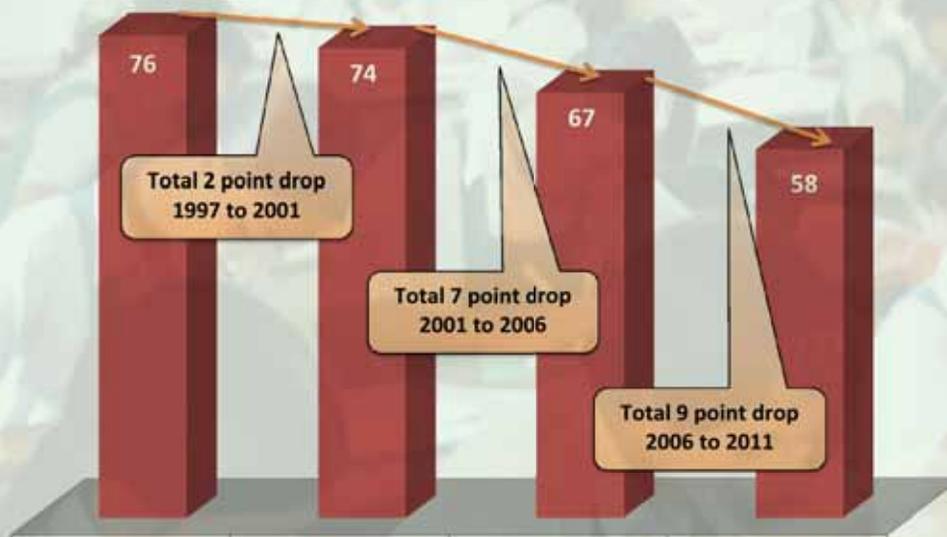
Infant Health

After multipronged initiatives the Infant mortality rate has reduced considerably.

Graphic depiction of the chart showing the declining IMR figure for the state of Assam

Status of IMR in Assam:

Trend of Infant Mortality Rate (IMR)
per 1,000 Live Births



Indicator	Assam	India
	SRS Bulletin, RGI, 2011	SRS Bulletin, RGI, 2011
Infant Mortality Rate (IMR) per 1,000 Live Birth, 2010	58	47

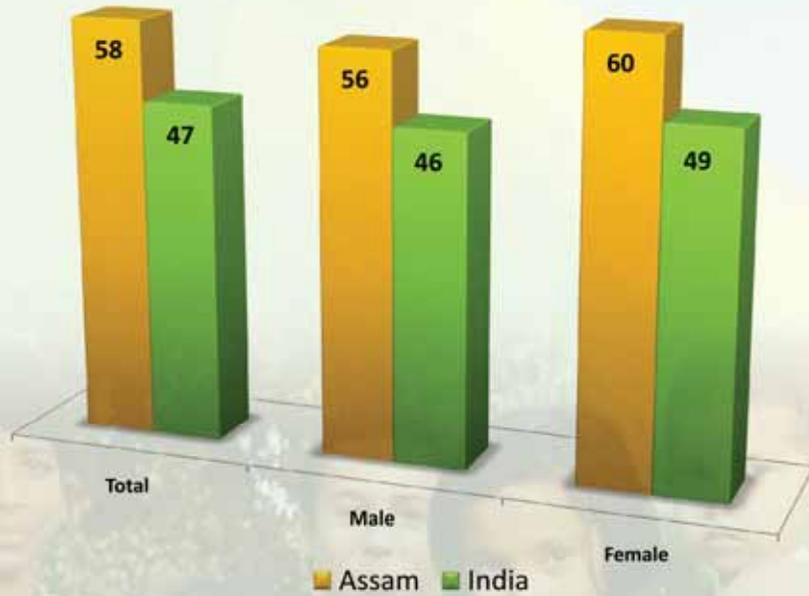
As per the SRS (December, 2011), Infant Mortality Rate (IMR) in Assam (2010) is 58 per 1000 live births against 47 for the country as a whole. Admittedly, the IMR has improved considerably during 2000-2011. In 2000, the IMR for the state was 74.5 against the all



India figure of 67.8. There has, therefore, been an improvement by 22 percent in Assam vis-à-vis 30 percent for the country. This improvement is due to continuous and multipronged initiatives of the government.

Despite a marginal reduction in the **Infant Mortality Rate (IMR) (by 3 points)** from 61 per 1,000 live births¹ (2009) to 58 per 1,000 live births (2010), Assam continues to rank among

Infant Mortality Rate



IMR District wise

Top five districts with the highest IMR



Infant Mortality Rate in Districts



Source: Annual Health Survey 2010-11

Graphs Courtesy: UNICEF

the four highest IMR States in the country, next only to Madhya Pradesh (62 per 1,000 live births), Uttar Pradesh and Orissa (61 per 1,000 live births), and far higher than the

¹SRS Bulletin, Dec 2011



national average of 47 per 1,000 live births. Within the North East region, all the other States have better IMR as compared to Assam. Besides, the IMR in Assam is worryingly biased towards the rural and female population which indicates that if you are a girl infant in the rural areas, your chances of survival beyond the age of one year is much lower than your male or urban counterpart.

Moreover, the **Neonatal Mortality Rate** (NNMR), i.e. the number of infant deaths in less than 28 days of birth for Assam is 33 per 1,000 live births² in 2009 which indicates that, of the total infant deaths in the State, 54.7 per cent take place within the first 28 days of birth.

The **under-5 Mortality Rate** (U5MR) in Assam is 87/1,000 live births³ in 2009, as compared to the all India figure of 64. Here again, the bias against the girl child with Assam recording 91 per 1,000 live births, which is one of the highest in the country.

It is, therefore, imperative that the IMR should be reduced at a much faster pace i.e. at least two third of the present rate, with a special emphasis on rural and girl child, so that life expectancy as well as overall human development index improves.

Maternal Health

As per the SRS (July, 2011), the Maternal Mortality Ratio (MMR) in Assam (2007-09) of 390 per 100000 live births is the highest in the country, the corresponding national attainment level is 212. Nevertheless, the state has come a long way since 2001-03. In 2001-03, Assam's MMR was 490 (India 301) which declined by a mere 2 percent to 480 (India 254) in 2004-06. However, the decline during 2006-2009 has been remarkable i.e. near 19 percent considering the high base. This has been possible due to progress in institutional deliveries especially initiatives under the Janani Suraksha Yojana (JSY).

One of the measures for improving MMR is the safe delivery. Incidentally, safe deliveries remain a challenge in the State; as per the DLHS-3(2007-08) data, approximately 40 percent of deliveries in Assam are attended by trained attendants while the corresponding figure for all India is 52.7 percent. The JSY is a safe motherhood intervention under the National Rural Health Mission (NRHM) which focuses on reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. With the introduction of the JSY from the year 2005, there has been almost 22 times increase in institutional delivery in the State. However, improving the safe motherhood still remains a major challenge for overall improvement in the maternal and therefore child health in the State.

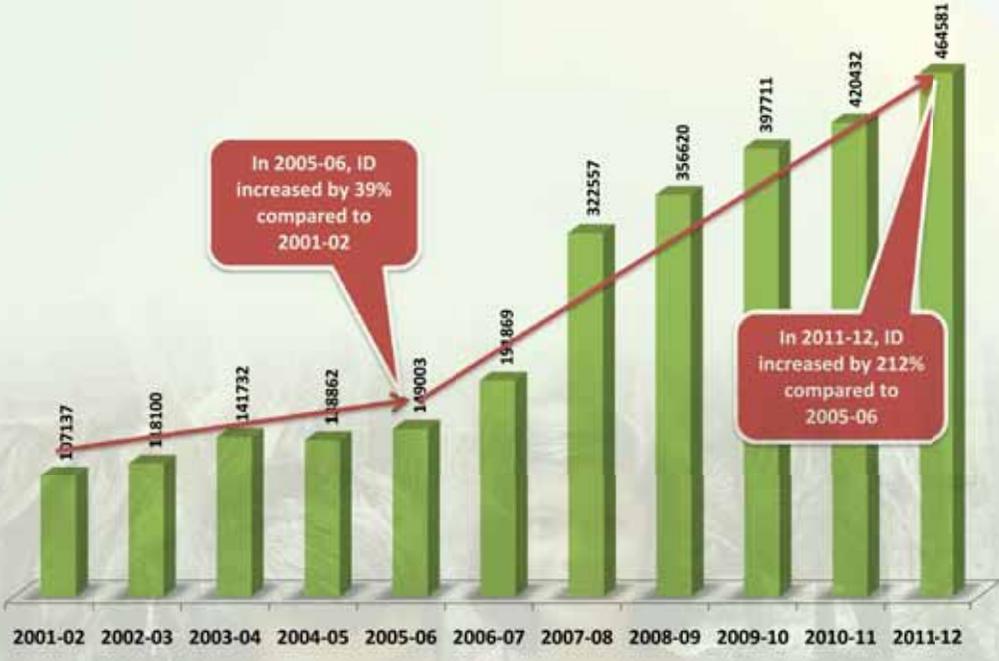
²SRS Bulletin, 2010

³SRS Bulletin, 2010



Status

Trend of Institutional Delivery in Assam (HMIS Report)
 showing number of institutional deliveries over the years



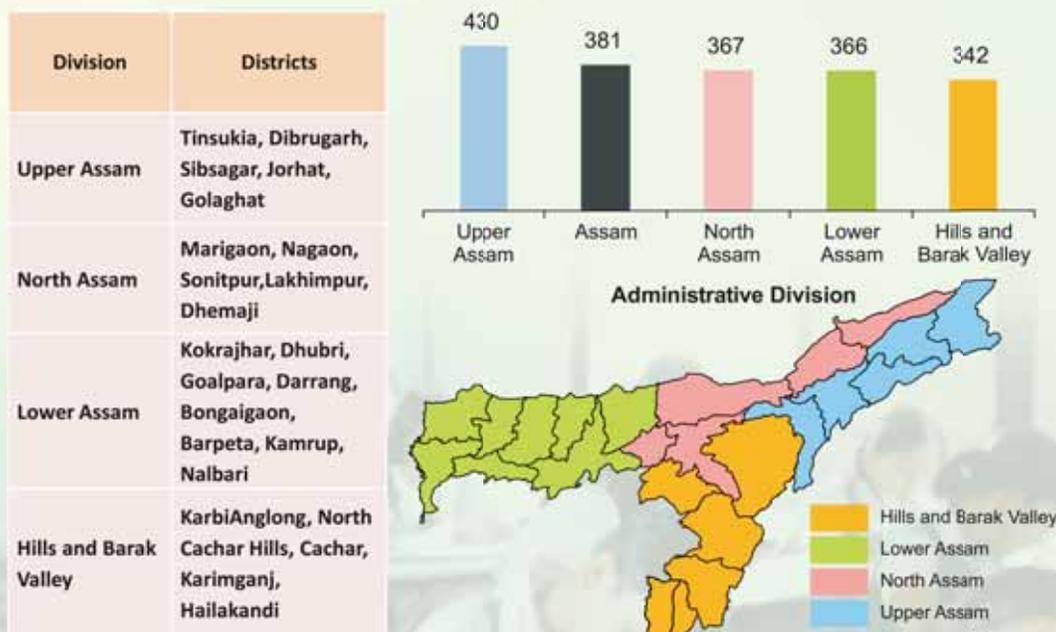
Trend of JSY Beneficiaries in Assam (HMIS Report)
 showing number of beneficiaries over the years





Indicator	Source : ORGI/SRS 2007-09 / June 2011	
	Assam	India
Maternal Mortality Ratio (MMR) per 1,00,000 Live Births	390	212

Maternal Mortality Ratio in Assam



Source: Annual Health Survey 2010-11

Graphs Courtesy: UNICEF

One of the biggest challenges facing Assam in the area of children and women development is high **maternal mortality**. Although we have achieved the maximum decline of 90 points in maternal mortality ratio between 2005-06 and 2007-09⁴, Assam, continues to remain the State having the highest Maternal Mortality Ratio (MMR) of 390 per 100,000 live births in the country (all India average : 212, with Kerala having the lowest MMR at 81).

Safe deliveries, too, remain a challenge; as per the DLHS-3 data, 39.9% of deliveries are attended by trained attendants; the all India average is 52.7%.

As for **institutional births**, Assam is at 64.4% (CES, 2009) which is lower than the national average of 72.9%.

Total Fertility Rate

As per SRS (July, 2011), the TFR in Assam (2009) is 2.6 which is at par with the all India level, the TFR in rural (2.8) areas of the State is higher than the urban areas (1.5). Since

⁴SRS Bulletin

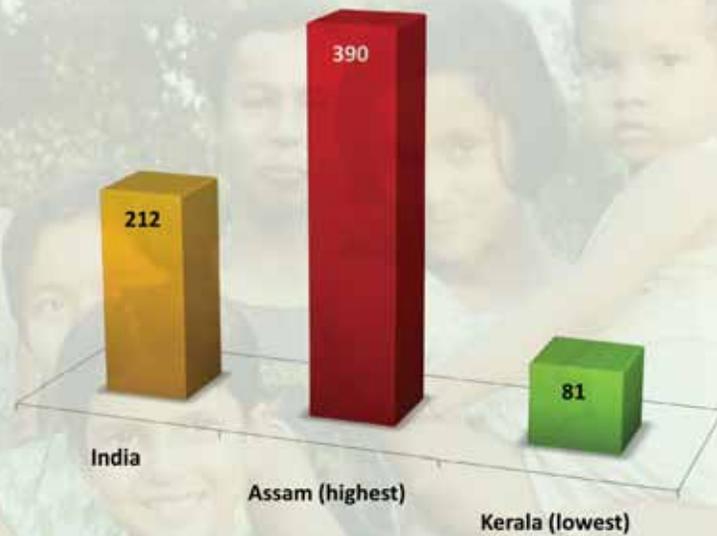


2001, the TFR in the state is showing a secular decline from 3.0 to 2.6, the rate of decline being equivalent to the national level. However, given the present growth rate of population, although the percentage decadal growth in population registered a decline from 18.92% (1991-2001) to 16.93% (2001-2011), in absolute numbers, the population of the State increased by 45 lakhs during the last decade, with all districts reporting population growth. The fertility rate is close to the all India average at 2.6, with the birth rate (21.9⁵) and death rate (7.2⁶) lower than the all India average.

TFR equivalent to replacement rate (2.1) is essential for equal sharing of the benefits of growth.

Family planning and reduced family size are important processes in shaping health outcomes. The state government has been trying to promote family planning measures to address the reduction in TFR. The data from NFHS-III (2005-06) over NFHS-II (1997-98) reveal that family planning method adopted by currently married women in the age group of 15-49 has increased from 43.3 percent to 56.5 percent. Similar trend is also observed in the DLHS-II (2002-04) and DLHS-III (2007-08).

Maternal Mortality Ratio



Status

Indicator	Source :		
	Assam (2005)	Assam (2009)	India (2009)
Total Fertility Rate	2.9	2.6	2.6

Source: SRS Bulletin, 2010

^{5 & 6} Annual Health Survey 2010-11

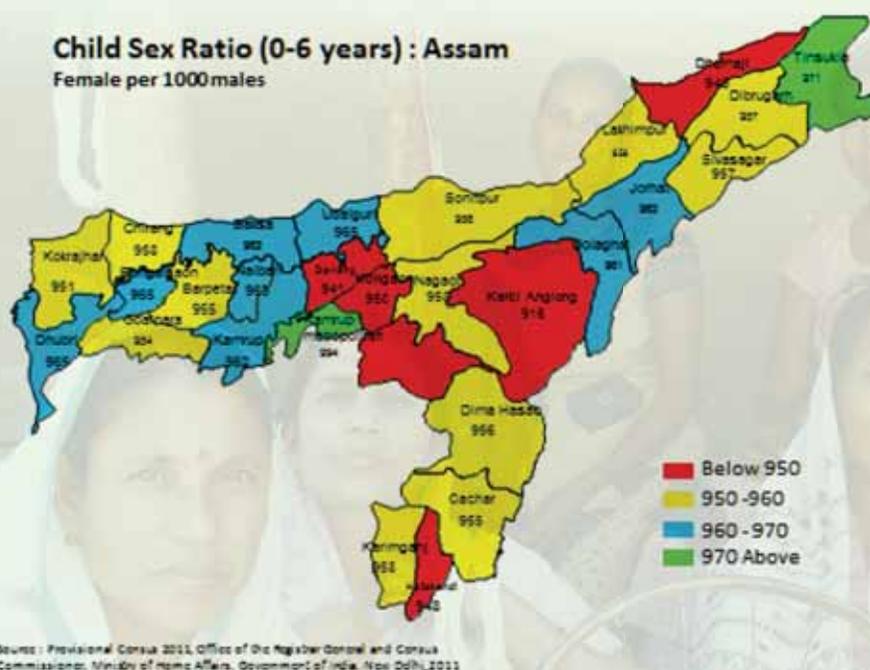


Child Sex Ratio

Status

Indicator	Source : Provisional 2011 Census		
	Assam (1991)	Assam (2011)	India (2011)
Child Sex Ratio (0-6 year female children per 1,000 male children)	975	957	914

Assam's **sex ratio** i.e. females per 1,000 males stands at 954⁷, with almost all districts showing significant improvement over the last decade. While the State ranks higher than



the all India average of 940 per 1,000 males, we have a long way to go if we are to achieve gender parity of States such as Chhatisgarh (992) or Tamil Nadu (995).

What is of concern, however, is that the **child sex ratio**, i.e. the number of female children per 1,000 male children in the 0-6 year age group shows a significant decline from 975 in 1991 to 957 in 2011, with 10 of the 27 district recording a lower child sex ratio than the State average. This is an indication that a lesser number of girl children are being allowed to survive, develop and grow into healthy and productive citizens of our State.

⁷Provisional Census 2011



Anaemia & Undernutrition

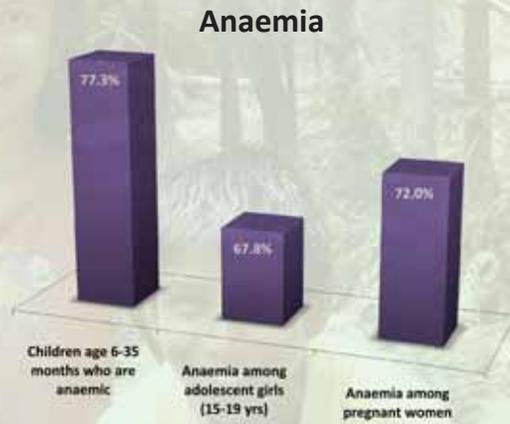
Status

Indicator	Source : NFHS-3 (2005-06)	
	Assam	India (Yr)
% Children (0-3 years) who are underweight	40.4	42.5
% Children (6-35 months) who are Anaemic	76.7	78.9

As per NFHS-III, an estimated 35.8% of 0-3 year old children in Assam are underweight (low weight for age); with strong rural (36.7) urban (27.9) differences. The all India data from the NFHS-III shows that percentage of underweight children is 40.4 percent and the corresponding rural and urban figures are 43.7 percent and 30.1 percent respectively. Although the available statistics indicate that the state is relatively better off compared to the all India level, it is still a matter of concern since more than one-third of Assam's young children remain vulnerable.

Anaemia in children impair cognitive performance, motor development, and scholastic achievement thereby severely implicating human development. The situation therefore needs urgent attention and therefore forms a major component of my vision plan for women and children.

The prevalence of **nutritional anaemia**, in young children (6-35 months) is high with an estimated 77.3% children reported as being anaemic⁸ -- an increase from the previous 63.2%⁹.



Status

Indicator	Source : NFHS-3 (2005-06)	
	Assam	India (Yr)
% Adolescent Girls (15-19 years) who are anaemic	67.8	55.8
% Anaemia in Pregnant Women (15-49 years)	72.6	57.9

Anaemia in women Assam is fairly high. As per NFHS-III, the incidence of anemia has been found among 72 percent of pregnant women within the age group of (15-49) years in Assam. In rural areas the situation is marginally worse (72.7 percent). The all India

⁸NFHS-3 2005-06

⁹NFHS-2 1998-99



the corresponding figure is 57.9 percent and 59 percent respectively. Most significantly, the prevalence of anemia in the state is getting worse since it has increased by 3 percent during 1998-99 to 2005-06. Besides, the anemia is also widely prevalent among women in general and NFHS-III records that 69.6 percent of ever married women (15-49 years) are anemic.

Approximately 67.8% percent of adolescent girls (15-19 years) are anemic in the State. Incidence of anemia in women can result in maternal mortality, weakness, diminished physical and mental capacity, and increased morbidity from infectious diseases, pre-natal mortality, premature delivery, low birth weight. Therefore redressing anemia among women in the state requires an urgent attention.

Girls marrying before 18 years

Status

Indicator	Source : DLHS-3 (2007-08)	
	Assam	India (Yr)
Girls married before age of 18 years (during survey period)	21.8	21.5

As per the DLHS-III (2007-08), in Assam 40 percent of women in the age group of 20-24 years were married before the legal age of 18 years. The corresponding all India figure is 42.9. percent. The survey further, shows that girls married below age 18 (marriages occurring during reference period i.e. 2004) is 20.8 percent in the state against the all India figure of 22.1 percent. The data indicates that so far as the legal age of marriage is concerned, the situation in Assam vis-à-vis the all India scenario is better. Further, the trend is indicative of significant improvement in the age at marriage of women. This is corroborated by the increase in the mean age at marriage of girls from 20.4 years (DLHS-II) to 20.8 years (DLHS-III) in the state. The increase in the mean age of marriage for women has cascading effect on the maternal and child health. Given this backdrop, there is need for further acceleration of this positive trend

Education for the female child

The C.M's Vision 2016 for women and children also lays emphasis on education. Within the social sector, the influence of education is the most important and education impacts all types of human development outcomes. Education (especially of the girl child) is an important input as well as an outcome indicator influencing other development indicators like health, nutritional status, income and family planning. The benefits of education, particularly, girl's education accrues from one generation to another.



The universalisation up to secondary level of education during the next five years would therefore call for definite actions in increasing enrolment across gender not only at the level of primary but also at the level of secondary together with reducing the drop-out rates at all levels of elementary education(class I-VIII).

Status

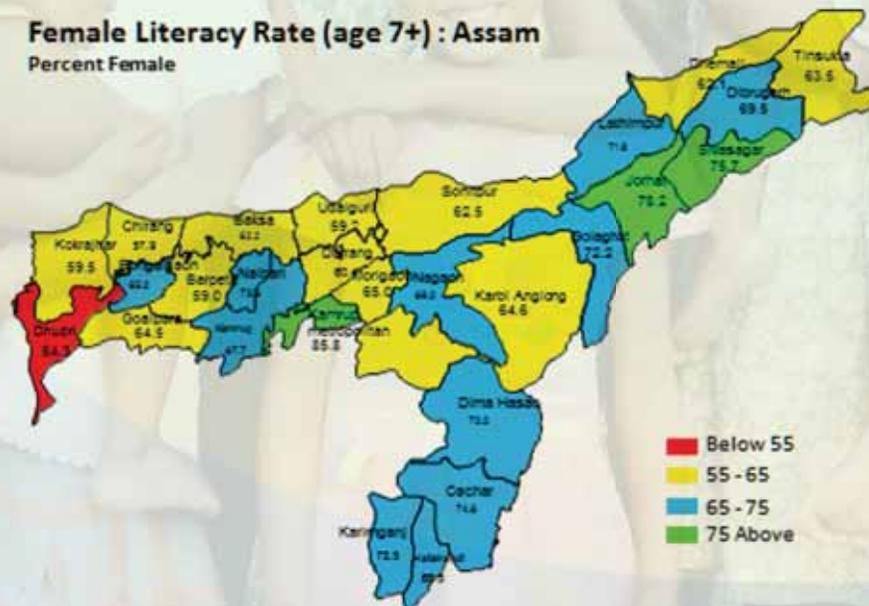
Indicator	Source : Census of India 2001 & 2011 / SSA Report		
	Assam (2001)	Assam (2011)	India (2011)
Literacy Rate (population above 7 years) (%)	63.25	73.18	74.04
Female Literacy Rate (%)	54.6	67.27	65.46
Male Literacy Rate (%)	71.28	78.81	82.14
Transition Rate for Girls from Class IV to V	90.5 (2007-08)	92.4 (2010-11)	

Assam's literacy rate for population above 7 years is 73.18%¹⁰ (an increase of nearly 10% as compared to 2001); this, however, is lower than the national average of 74.04%.

While male literacy rate at 78.81% is higher than the female literacy rate at 67.27%, a positive sign is that female literacy has increased at a faster pace as compared to male literacy.

At 104.4%¹¹ Assam's **gross enrolment ratio** (GER) at the primary level is at par with the national average; however, enrolment at the upper primary level is 96.8 %, which is proposed to be improved.

Female Literacy Rate (age 7+) : Assam
 Percent Female

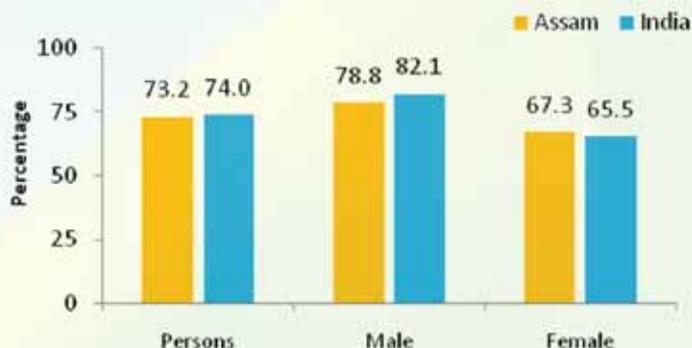


Source : Provisional Census 2011, Office of the Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India, New Delhi, 2011

¹⁰Provisional Census 2011
¹¹DISE 2011-12



Literacy rate of population 7 and above



Source : Provisional data, Census 2011

Assam, however, has shown a positive trend in the **reduction in out-of-school children** in the 6-14 age group from 24.39% (2002) to 2.02% (2011-12)¹²; however, despite this increase in the number of children enrolled in school, more than 1.19 lakh children remain out of the ambit of education.

Another concern relates to retaining enrolled children, especially girls, in school and enabling them to complete elementary education. Of those enrolled, the average **dropout rate for girls** has increased from 5.0% (2009-10) to 11.9% (2011-12) at primary level, and from 13.5% (2009-10) to 14.3% at the upper primary level¹³ and remains an areas that needs to be addressed.

Another concern relates to retaining enrolled children, especially girls, in school and enabling them to complete elementary education.

TREND OF DROPOUT RATE FOR THE LAST 5 YEARS

YEARS	PRIMARY		UP	
	GIRLS	TOTAL	GIRLS	TOTAL
2007-08	9.6	10.3	15.1	16.1
2008-09	7.9	8.8	14.4	15.6
2009-10	5.5	5.7	13.5	14.7
2010-11	7.2	8.3	14.4	15.2
2011-12	11.9	12.8	14.3	15.2

Source: DISE/SSA

FEMALE ENROLMENT (2011-12)

FEMALE ENROLMENT IN CLASS I*	3.86 LAKHS
FEMALE ENROLMENT IN CLASS V*	2.58 LAKHS
FEMALE ENROLMENT IN CLASS VIII*	2.86 LAKHS
FEMALE ENROLMENT IN HIGHER SEC AND JUNIOR COLLEGE	1.19 LAKHS

*Source: DISE, 2011-12

Reducing dropout rates of girl students of class IX and X in 14 districts:

RMSA, Assam has resolved that all 14 districts (which are above state average of dropout rates for girls students in class IX & X) will be targeted for bringing down drop out rate by 50% of the present level by year 2014-15.

State average dropout rate in Class IX – 14.0%

State average dropout rate in Class X - 24.5%

¹²Assam SSA data

¹³Assam SSA data



Achieving 100% GER for Girls students in class IX & X by the year 2016-17:

- Gross Enrolment Ratio (GER) of Assam in comparison to national level is as below:
- Gross Enrolment ratio (GER) of Girl students in secondary section in India = 46.23%
- Gross Enrolment ratio (GER) of Girl students in secondary section in Assam = 52.4% (SEMIS 2010-11)

RMSA, Assam has resolved to achieve 100% GER by year 2016-2017 in class IX and Xth

Crime Against Women

Status

Data shows that cases relating to **crimes against women and girls** are on the rise. The number of rape cases increased from 1,631 (2009) to 1,721 (2010); during the same period, molestation cases increased from 1389 to 1611, and the number of reported trafficking cases also increased from 41 to 47. The increase of the total number of cases related to cruelty by husband from 4,355 to 5,189 between 2009 and 2010¹⁴ attest to a high incidence of domestic violence

CASES RELATING TO CRIME AGAINST WOMEN

YEAR	KIDNAPPING (WOMEN & GIRLS)	RAPE	MOLESTATION	CRUELTY BY HUSBAND	DOWRY DEATH	IMMORAL TRAFFIC (P) ACT
2006	1549	1247	1290	2548	105	29
2007	1471	1310	789	3000	100	23
2008	1613	1419	1268	3410	73	33
2009	1906	1631	1389	4355	159	41
2010	2486	1721	1611	5189	143	47
2011 March	670	367	330	1111	27	4

Source: Statistical Handbook, Govt. of Assam

CASES RELATING TO TRAFFICKING OF GIRLS

Year	Nos. of Cases Registered	Nos. of Persons Arrested	Nos. of Victims	Nos. of Victims recovered	Present position of the cases		
					CS	FR	PI
2003	8	7	8	4	8	-	-
2004	1	2	1	-	-	1	-
2005	4	6	4	1	3	-	1
2006	7	4	12	6	6	1	1
2007	10	14	17	12	6	1	3
2008	12	18	13	7	5	1	6
2009	37	59	61	38	10	3	24
2010	32	33	36	21	3	-	29
2011 up to March	5	4	5	1	1	1	3

Source: Report of Asst.IG (L&O) Assam

Women and economic empowerment

Status

The recent Gender Human Development Indices Report, 2009 published by Ministry of Women and Child in collaboration with UNDP and IIPA, measures States in terms of Human Development Index and Gender Development Index (which includes the parameters of health, education and income) and Gender Empowerment Index (which includes

¹⁴Report of Asst.IG (L&O), Assam



parameters of political and economic participation and decision making powers in them and power over economic resources).

For Assam though there has been an improvement in all the indicators but the improvement from 1996 to 2006 has been marginal in terms of both GDI (26th) and in GEM. Household decision making capacity, workforce participation rate and control over resources are lower for the women of Assam in comparison to India. The capacity of Self Help groups also varies with literacy level of the women members.

ECONOMIC AND POLITICAL

INDICATOR	PAST STATUS	ASSAM (PRESENT STATUS)	INDIA (PRESENT)
GENDER DEVELOPMENT INDEX (Rank 26)	0.523 (1996)	0.585 (2006)	0.590 (2006)
GENDER EMPOWERMENT MEASURE (Rank 28)	0.313	0.417	0.497
% OF WOMEN IN GOVT SERVICE	14.99% (2000)	7% (CENTRE)* 20%(STATE)* (2009)	

SELF HELP GROUP UNDER SGSY (1999-2010-2011)

No. of SHGs formed	2.35 lakhs
Women SHGs formed	1.50 lakhs
SHGs taking up Economic activity	0.80 lakhs

Source: Statistical Handbook

Sanitation & safe drinking water provision

Worldwide over 80% of diarrhoeal deaths are due to unsafe water, inadequate sanitation and poor hygiene. Provision of adequate as well as safe drinking water sources and sanitation facilities is a basic service. This along with the behavioural hygiene practices directly translates to health benefit and sustainable livelihood.

Availability of drinking water facility (as per census 2011)

In the field of drinking water, the habitation covered in respect of availability of drinking water facility within the premises is 54.8 % as per census 2011 as compared to 37.9%

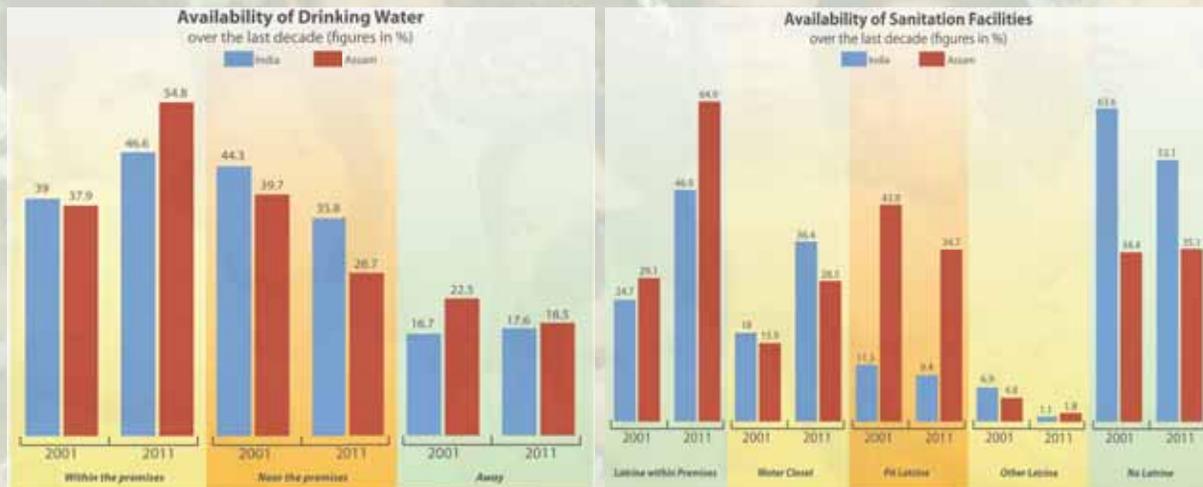


recorded in census 2001. The growth recorded is 44.6% in census 2011 over census 2001. However at the national level, the habitation covered under availability of drinking water within the premises is recorded at 46.6 % in census 2011 as against 39.0% recorded in census 2001 and the growth recorded is 19.5 %.

Availability of sanitation facility (as per census 2011)

As per census 2011, the toilet facility within the premises has increased to 64.9% from 29.1% in census 2001 and the growth registered is 123.0 %.

The toilet facility within the premises is recorded at 46.9% in census 2011 against 24.7% recorded in census 2001 in the country as a whole. The growth is registered as 89.9%.



Source: Provisional Census 2011

Percentage of Household showing Availability of Drinking Water within premises Census 2011





Percentage of Household where Latrine Facility is available within premises

Census 2011



Gender budgeting for women

The process of Gender Budgeting in Assam has been introduced in the financial year 2008-09. Thirteen departments in the state at present have been covered under gender budget approach of the government. Gender budgeting examines the resource allocation through gender lens and stresses on re-prioritization rather than an increase in public expenditure.

Good gender budgeting relies on good quality data so that policies and programmes can be evidence based rather than myths and prejudices. Initially data are required to see the reflections of the programmes at the gender desegregated level with special focus on women and children and next to make an impact assessment of the policies on the quality of life and environment.

The gender budget analysis will acknowledge the gender patterns in the society and then help in allocation of resources to those policies which aim to ameliorate negative patterns that create discrimination among gender with the ultimate objective of ensuring better opportunity and participation for all.



4

CM's goals and strategy to achieve the goals

Goal 1: Reduction in infant mortality rate to 38 per 1000 live birth*

Department Responsible: Health & Family Welfare

Strategy

- Strengthening of new born care by improving services of "New Born care Corner (NBCC)", "Newborn Stabilization Unit (NSU)" and "Sick Newborn Care Unit (SNCU)".
- Effective implementation of home based newborn care through ASHA.
- Implementation of Janani Sishu Suruksha Karyakram (JSSK) to provide free treatment of sick newborn up to 30 days.
- Implementation of Facility based IMNCI (F-IMNCI).
- Educating mother/ care giver on early initiation and exclusive breastfeeding upto 6 months, complementary feeding from 6 months onwards with continued breastfeeding up to 2 yrs of age.
- Deployment of adequately trained human resource

Goal 2: Reduction in maternal mortality ratio to 210 per 100000 live births*

Department Responsible: Health & Family Welfare

Strategy

- Tracking of pregnant women with Anemia and PIH during pregnancy at Village and Sub centre level for early referral and management.
- Ensuring quality ANC through ASHA Incentive @ Rs. 100/- per PW (4 ANCs including registration + consumption of 100 IFA tablets + TT2/Booster).
- Introduction of Iron Sucrose injection for moderate to severe anemic pregnant and postpartum women
- Strengthening quality ANC and thereby identifying high risk pregnancy and complication during pregnancy and referral.

*Results available in 2018



- Successful implementation of Mamoni under Assam Bikash Yojana for nutritional support to pregnant women during antenatal period,
- ANC tracking through MCTS(Mother Child Tracking System),
- Conduct of regular Maternal Death Audit (MDA) and taking corrective action.
- Strengthening of health facilities, in terms of functional FRU, 24X7 PHC and Sub centre delivery points have been taken up for improved Institutional Delivery and Case Management,
- Implementation of Janani Sishu Suruksha Karyakram (JSSK) to improve the acceptance of health care by pregnant women.
- Special emphasis to be given to night C Sections depending on adequate number of specialists.

Goal 3: Reduction of total fertility rate to 2.1*

Department Responsible: Health & Family Welfare

Strategy

- Identification of eligible couples not adopting modern family planning methods by updating eligible couple register and counseling.
- Increasing service delivery points up to Block PHC level.
- Improving spacing of Contraceptive by ASHA through social marketing
- Capacity building of healthcare provider.

Goal 4: Improving child sex ratio by 30 points (987)

Department Responsible: Health & Family Welfare

Strategy

- Effective implementation of the PCPNDT Act.
- Regular monitoring of the USG clinics of the State to prevent determination of sex of the child before birth.
- The State under Assam BikashYojana has introduced the “MAJONI” scheme to promote girl child. Under this scheme all the girl child born up to 2nd order on Govt. Hospital are given a fixed Deposit of Rs. 5,000/ which matures on attaining 18 years of age

*Results available in 2018



Goal 5: Reduction in percentage of anaemia in children (6-35 months old) by 45 percent to 42 percent

Department Responsible: Health & Family Welfare

Strategy

- Implementation of “Continuum of care” for children upto two years of age in two pilot blocks of Dibrugarh and Darrang districts.
- Promotion and practice of Infant & Young Child Nutrition practices (IYCN) that include early and exclusive breastfeeding up to six months followed by timely and age appropriate complementary feeding with continued breastfeeding up to age of two years;
- Using VHND as a platform for growth monitoring and counselling of mothers on young child feeding practices.
- Expansion of Nutrition Rehabilitation Centres (NRC) to treat severely malnourished children

Goal 6: Reduction in percentage of anaemia among women (15-49 years) by 45 percent to 40 percent.

Department Responsible: Health & Family Welfare

Strategy

- Administration of IFA supplementation.
- Appropriate IYCN counselling support to pregnant and lactating mothers;
- Implementation of the WIFS programme (Weekly Iron Folic Supplementation) of Govt of India in convergence with the Social Welfare Department and the Education department.
- Promotion of nutrition & health education and personal hygiene practices among adolescents using VHSNC/VHND as a platform.
- Ensuring of quality ANC for pregnant women, including Hb estimation.
- Counselling on nutrition, diet diversification and appropriate maternal health practices

Goal 7: (A) Reducing in percentage of underweight children (0-5 years) by 30 percent to 25 percent.

(B) Reducing percentage of girls marrying before 18 years by 50 percent to 11 percent.

Department Responsible: Social Welfare Department



Strategy

- Improved supplementary Nutrition Programme delivery through Anganwadis.
- Oversight of Anganwadis by Matri Sahayak Got of mothers of registered children of AWCs.
- Implementation of the provisions of the Prohibition of Child Marriage Act 2006, including compulsory registration of all marriages;
- Expansion of SABLA Scheme to cover all districts
- Life skills education to empower Kishori Samooha (Adolescent Girls Collectives) under SABLA

Goal 8: 100 percent enrolment of girls upto class VIII

Department Responsible: Elementary Education Department

Strategy

- To identify all out-of-school girls (6-14 age group) enrol them in neighbourhood schools and provide them special training
- To provide Mid-day Meal to all children (6-14 years) attending Government schools
- To ensure that all teachers are trained as per RTE norms
- To ensure Pupil-Teacher Ratio (PTR) as per RTE norms (1:30 for primary schools and 1:35 for upper primary schools)

Goal 9: (A) Reduction of dropout rates by 50% of the present level in 14 districts (which are above state average) by year 2014-15.**

(B) Achievement of 100% gross enrollment ratio of girls (age group of 14-15 years) from current 52.4% in secondary levels by 2016- 2017.

Department Responsible: Secondary Education Department

Strategy

- Provision of drinking water facilities & toilet blocks in all High School & Higher Secondary School by the year 2014-15.
- Construction of 100 bedded girls hostel and model schools in all 81 educationally backward blocks by 2015.
- Operationalization of school activities monitoring system through integrated vice response system (IVRS) and other ICT methods.

Goal 10: 33 percent reservation for women in all skill development programmes of government.

Department Responsible: Labour Department



Goal 11: To bring the child labourers into the educational mainstream

Department Responsible: Labour & Employment Department

Strategy

- Identify, rescue and enrol child labourers in formal schools through SSA;
- Amend the State Rules of Child Labour (Prohibition and Regulation) Act 1986 to synchronise it with the Right to (Free and Compulsory) Education Act 2009;
- Recognise National Child Labour Project (NCLP) schools as Special Shiksha Kendras (SSKs) under Right to (Free and Compulsory) Education Act 2009;
- Increase prosecution of employers of child labourers under Child Labour (Prohibition and Regulation) Act 1986, Bonded Labour System (Abolition) Act 1976.

- Goal 12:**
- (A) Creation of a women's cell with adequate women staff in every police station of the state**
- (B) Zero tolerance to women and child trafficking, witch hunting through strengthening the existing Anti-trafficking Units in the districts**

Department Responsible: Home Department

Strategy

- Activation of VDP/Gaon Burah network for improved information to thanas on girls/children going outside the state
- Analysis of crime against women and children on a quarterly basis
- Establish Anti- Human Trafficking Units (AHTUs) in all districts of the State;
- Increase prosecutions of perpetrators of trafficking as per the provisions of The Immoral Trafficking (Prevention) Act 1956;
- To activate and strengthen the prevention mechanisms as per the provisions of the Integrated Child Protection Scheme (ICPS);
- Strengthen the Juvenile Justice delivery system as envisaged under the Juvenile Justice (Care and Protection) of Children Act, 2000;

- Goal 13:**
- (A) 10 lakh women to be empowered through 1 lakh exclusive women (Self Help Groups) SHGs and 10,000 village federations under the National Rural Livelihood Mission**
- (B) Incentivisation to Gaon Panchayats through annual self assessment by Gaon Panchayat for 50% women attendance out of total attendance of each Gram Sabha in at least 4 Gram Sabha**

Department Responsible: Panchayat and Rural Development Department

¹⁵Separate toilets for girls and boys which are gender sensitive and water connectivity as well as having inclusive elements such as ramp, etc.

¹⁶Child friendly sanitation units with water connectivity



Strategy

- Operationalise the National Rural Livelihoods Mission specifically targeting women's empowerment
- Work towards better participation of women in Gram Sabhas, MGNREGA and other development schemes
- Ensure better training / capacity building to elected women representatives

Goal 14: (A) Providing access to individual household sanitary toilets in all rural habitations.

(B) Providing safe drinking water sources in all rural habitations.

Department Responsible: Public Health Engineering Department

Strategy

- Enable all rural habitations to have access to, and use, safe drinking water sources.
- Provide safe drinking water to all quality-affected rural habitations.
- Enable all rural BPL & APL households to have access to and use sanitary toilets, and adopt key behaviours linked to personal hygiene and sanitation.
- Ensure all rural government schools and anganwadis have functional toilets, urinals and access to safe drinking water.
- Ensure sustainability of drinking water sources and systems.
- Support an enabling environment so that Panchayats and local communities can manage their own drinking water sources and systems, and sanitation.

Goal 15: Enabling women friendly work places

Department Responsible: Social Welfare Department

Strategy:

- Legislation to ensure safe working conditions for women in workplaces.
- Promotion of women friendly infrastructure etc. in workplaces.

Goal 16: Reduce the rate of stamp duty and registration fees to 5 percent in case of male (3+2), 4 percent in case of joint registration (2+2) and 3 percent (2+1) in case of female registration only

Department Responsible: Revenue Department and Disaster Management Department

* Results available in 2018

** Districts of Baksa, Bongaigaon, Cachar, Chirang, Dhubri, Dibrugarh, Golaghat, Kokrajhar, Lakhimpur, Morigaon, Nagaon, Nalbari, Tinsukia and Udalguri.



5

Translating the vision – the Action Plan

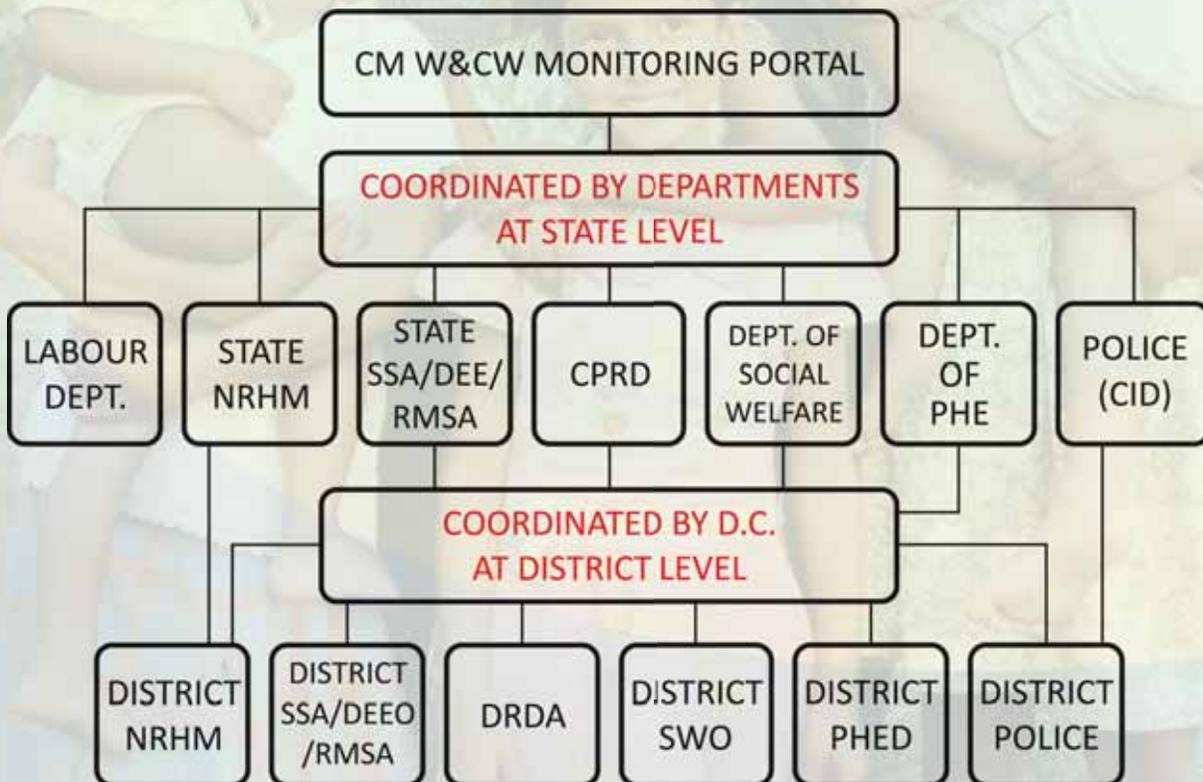
The C.M's Vision to improve the status of women and children of Assam shall be put into action by envisaging goals for each department of the state government to achieve. Separately, the progress towards the achievement of these goals shall be reviewed based on specific monitorable indicators and system of review meetings on a quarterly basis at the level of the Chief Secretary and a quarterly/ half yearly review under the chairmanship of the Chief Minister shall be institutionalised.

Independent evaluation studies and monitoring by independent monitors from time to time will be undertaken by the Planning & Development Department. The tea garden areas and char areas would be the focus areas for achieving the Goals.

The Panchayati Raj institutions would be closely associated and encouraged to achieved the outcomes.

The Departments would be advised to implement gender sensitive policies addressing concerns of women relating to food security, income generation, fuel, electricity, shelter, public transport etc.

A web portal on key indicators and performance appraisal report shall be hosted which shall allow for scrutiny of the progress from any convenient quarter.



ANNEXURE-I

Sector/ Department wise Monitorable Indicators

Health and Family Welfare Department

Monitorable Indicators

Sl.	Monitorable Indicators	Data to be filled (numerator)	Master Data (Denominator)	Percentage / Ratio
1	Maternal Mortality (No. of Maternal Death against total expected deliveries)	No of Maternal Death Reported	Probable Maternal Deaths	Percentage
2	Neo-Natal Mortality (No of Neo-Natal Death against Total Expected Deliveries)	No of Neo-natal death reported	Probable Neo Natal Deaths.	Percentage
3	PCPNDT Observance (No of cases registered under Form F to Total ultrasound centre in the District)	No of registered genetic clinics maintaining Form F	Total number of clinics registered	Percentage
4	Sex Ratio at Birth	Live Birth- Female / Live Birth - Male	Sex ratio at Birth.	Ratio
5	Children Immunization (No of Children fully immunized against target)	No of Children (0-1 Year) fully Immunized	Total no of Children of that Age Group (Annual Target of Infants 0-1 years)	Percentage
6	Anemia in pregnant women (Pregnant Women with Hb count < 11 to Total expected pregnancies)	No of Pregnant Women with Hb count < 11	No of Pregnant Women Registered for ANC	Percentage
7	Sterilization (No of Sterilization against ELA)	Total Sterilization (Male & Female)	Expected Level of Achievement (ELA for Sterilization)	Percentage
8	IUD (No of IUD Against ELA)	Total IUD insertion	Expected Level of Achievement (ELA for IUCD)	Percentage
9	Institutional Delivery (No of Institutional Delivery Reported (Public + Pvt.))	No. of institutional delivery reported (Public+Pvt.)	No of Deliveries Expected during the period	Percentage

Social Welfare Department

Monitorable Indicators

Sl. No.	Indicator	Data to be filled	Master Data of district	Percentage /Ratio
1	No. of days provided Take Home Ration (THR) against number of pregnant women registered with AWCs	No. of days provided Take Home Ration (THR)	Total of 300 days	



Sl. No.	Indicator	Data to be filled	Master Data of district	Percentage /Ratio
2	No. of pregnant mothers provided Take Home Ration (THR) against number of pregnant women registered with AWCs	No. of pregnant mothers provided Take Home Ration (THR)	Total no. of pregnant women registered with AWCs	
3	No. of (0-5) children registered in AWC and number weighed and number found (A) Normal (B) Moderately underweight (C) Severely underweight	No. of children weighed and found normal (A)	No. of (0-5) children registered in AWC	
		No. of children weighed and found Moderately underweight (B)		
		No. of children weighed and found Severely underweight (C)		
3 (a)	Total no. of children (0-5) weighed against total no. of children registered in AWC	Total no. of children weighed (A+B+C)	No. of (0-5) children registered in AWC	
4	No. of days Adolescent girls provided Take Home ration (THR) at AWC against total no. of girls registered at AWC	No. of days provided Take Home ration (THR) at AWC	Total of 300 days	
5	No. of Adolescent girls provided Take Home ration (THR) at AWC against total no.	No. of Adolescent girls provided Take Home ration (THR) at AWC	Total no. of Adolescent girls registered at AWC	
6	No. of days malnourished children (6 mths-3 years) provided Take Home ration (THR)at AWC against total no. registered at AWC	No. of days malnourished children provided Take Home ration (THR)at AWC	Total of 300 days	
7	No. of malnourished children (6 mths-3 years) provided Take Home ration (THR)at AWW against total no. registered at AWC	No. of malnourished children provided Take Home ration (THR)at AWC	Total no. of malnourished children (6 mths-3 years) registered at AWC	
8	No. of days hot cooked meal provided to children (3-5) attending AWW centers against desirable 300 days	No. of days hot cooked meal provided to children (3-5) attending AWC centers in every quarter	Desirable 300 days	
9	No. of Anganwadi Matri Sahayak Got constituted	No. of Anganwadi Matri Sahayak Got constituted	Total No.s of AWWs of the Department.	



Elementary Education Department (S.S.A)

Monitorable Indicators

Sl	Indicator	Data to be filled	Master Data of the district	Percentage/ Ratio
1	No. of out of School girls identified and enrolled in neighborhood schools and provided special training against total number of Out of School girls in 6-14 years age group.	No. of girls out of schools main streamed after special training:	Total no. of Out of School Girls	
2	No. of days provided Mid day Meal in school against total number of children (6-14) attending Govt schools	No. of days provided Mid day Meal in School :	LP - 210 days UP - 220 days	
3	Number of children provided Mid day Meal in school against total number of children (6-14) attending Govt. schools	No. of children provided Mid day Meal in school :	Number of children (6-14) attending Govt. Schools	
4	No. of Teachers Trained as per RTE norms against total number of teachers to be trained	No. of Teachers trained as per RTE norms :	Total number of Teachers to be trained	
5	No. of School with Pupil Teacher Ratio above 30 in LP against total number of schools	No. of schools with Pupil Teacher Ratio above 30 in LP	Total number of LP schools	
6	No. of schools with Pupil Teacher Ratio above 35 in UP against total number of schools	No. of schools with Pupil Teacher Ratio above 35 in UP	Total number of UP schools	
7	Trend of drop out rate for girls; primary/upper primary	Trend of drop out rate for girls, primary Trend of drop out rate for girls, upper primary	Trend of drop out rate for girls, primary Trend of drop out rate for girls, upper primary	

RMSA/Secondary Education Department

Monitorable Indicators

Sl	Indicator	Data to be filled	Master Data of the district	Percentage/ Ratio
1	GER of Girl's students in secondary sections for a particular academic year	GER of Girl's students in secondary sections for a particular academic year	Target for the year	
2	Number of model schools and girls hostel constructed every calendar year	Physical progress of model schools and girls hostel construction in every calendar year	Target for the year	
3	Reduction of dropout rates by 50% of the level of the year (2010-11) in 14 districts namely Baksa, Bongaigaon, Cachar, Chirang, Dhubri, Dibrugarh, Golaghat, Kokrajhar, Lakhimpur, Morigaon, Nagaon, Nalbari, Tinsukia and Udalguri	Dropout rates of these 14 Districts for a particular year	Target proposed for class IX and X for the year	



Labour & Employment Department

Objectives

Sl. No.	Indicator	Data to be filled	Master Data of district	Percentage /Ratio
1	Child labour mainstreamed	No. of children mainstreamed	Total No. of child labour reported	Percentage
2	Child labour employers prosecuted	No. of prosecutions launched	Total No. of prosecutions	

PHE Department

Monitorable Indicators

a. Drinking Water Sector:

Sl. No.	Indicators	Data to be filled up	Master Data of district	Percentage / Ratio
1	Rural Habitations with access to Drinking Water sources	Nos. of rural Habitations covered with Drinking Water sources	Nos. of rural Habitations	
2	Quality affected rural Habitations provided with safe Drinking Water	Nos. of quality effected rural Habitations provided with safe Drinking Water	Nos. of quality affected rural Habitations	
3	Rural Schools with access to safe Drinking Water sources	Nos. of rural Govt. Schools provided with safe Drinking Water sources	Nos of Rural Govt. Schools	

b. Rural Sanitation Sector :

Sl. No.	Indicators	Data to be filled up	Master Data of district as per Sanctioned status	Percentage / Ratio
1	Rural Households with access to sanitary Toilet	Nos of rural BPL Households provided with Sanitary Toilets	Nos of rural BPL Households sanitary toilets	
2		Nos of rural APL Households covered with Sanitary Toilets	Nos of rural APL Households sanitary toilets	
3	Rural Schools with access to Sanitary Toilet	Nos of rural Govt. Schools provided with sanitary Toilet facilities	Nos of rural Govt. School sanitary toilets	
4	Rural Anganwadi Centres with access to Sanitary Toilet	Nos of rural Govt. Anganwadi Centres (Govt. bldg) provided with Sanitary Toilet facilities	Nos of rural Govt. Anganwadi Centre Sanitary Toilet	
5	Gaon Panchayats awarded Nirmal Gram Puraskar	No. of Gaon Panchayats awarded Nirmal Gram Puraskar in that year	Total number of Gaon Panchayats	



Home & Political Department

Monitorable Indicators

Sl. No.	Indicator	Success Indicator	Base Data	Percentage/Ratio	Cumulative ratio of previous period
1.	No. of Police Stations where Women Cells have been operationalized	Number	Number of Police Stations in the districts		
2.	No. of cases relating to incidents of crime against Women	No. of cases charge sheeted	No. of cases registered relating to crime against women in the district		
		No. of cases resulting into conviction			
3	Efficacy of Criminal Justice system in effectively disposing the cases relating to Human Trafficking	No. of cases charge sheeted	No. of cases registered relating to human trafficking (girl/women and child) in the district		
		No. of cases resulting into conviction			
4	Efficacy of Criminal Justice system in effectively disposing the cases relating to Witch Hunting	No. of cases charge sheeted	No. of cases registered relating to Witch Hunting (girl/women and child)		
		No. of cases resulting into conviction			



P & RD Department

Monitorable Indicators

Sl. No.	Indicator	Data to be filled	Master Data of district	Percentage / Ratio
1	No. of women SHGs earning Rs 10000/pm or above against total women SHGs in districts under SGSY/NRLM	No. of women SHGs earning Rs 10,000/pm	Total women SHGs in districts under SGSY/NRLM	
2	No. of women job card holders provided employment under MGNREGA against total job card holders provided employment	No. of women job card holders provided employment under MGNREGA	Total job card holders provided employment	
3	No. of female Mates and % to male Mates under MGNREGA	No. of female Mates under MGNREGA	Total no. of mates	
4	Elected women Panchayat representatives trained against total no. of elected women Panchayat representatives	No. of elected women representatives trained	Total no. of elected women Panchayat representatives	





Photo courtesy UNICEF, NRHM Assam and PHED

