



# THE ASSAM GAZETTE

অসাধাৰণ

EXTRAORDINARY

প্ৰাপ্ত কৰ্তৃত্বৰ দ্বাৰা প্ৰকাশিত

PUBLISHED BY THE AUTHORITY

নং 731 দিশপুৰ, শুক্ৰবাৰ, 8 ডিচেম্বৰ, 2017, 17 আঘোণ, 1939 (শক)  
No. 731 Dispur, Friday, 8th December, 2017, 17th Agrahayana, 1939 (S.E.)

GOVERNMENT OF ASSAM

ORDERS BY THE GOVERNOR

HEALTH & FAMILY WELFARE DEPARTMENT

## NOTIFICATION

The 13th November, 2017

No.HLA.329/2017/Pt/440.- The Governor of Assam is pleased to notify the *Population and Women Empowerment Policy of Assam* as detailed below with immediate effect.

### Population and Women Empowerment Policy of Assam

#### 1. INTRODUCTION:

##### A. Population pattern: impact on natural and economic resources, economic growth and sustainability:

Policy makers and social scientists have for some time now inextricably linked sustainable development to population and economic growth, and the increasing recognition of the centrality of women's empowerment to the success of development programmes.

In today's scenario, one has to take into account not only factors like food security, maternal and child health, women's education and employability, ageing, urbanisation and migration, but also emerging development challenges, such as financial and economic issues (volatile energy situation, food prices and unemployment), environmental issues including climate change, shrinking base of agricultural land and negative ecological impact when we talk about demographic sustainability and development.

##### B. United Nation's Programme of Action:

It is pertinent to mention here the two objectives stated in the United Nation's Programme of Action on population policy.

- a) Development strategies, planning, decision-making and resource allocation at all levels and in all regions, with the goal of meeting the needs, and improving the quality of life of present and future generations;
- b) All aspects of development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development.  
(Ref: <http://www.un.org/en/development/desa/population/publications/pdf/policy>)

The UN Programme of Action on Population and Development also stresses that the empowerment and autonomy of women and the improvement of their political, social, economic and health status is both a highly important end in itself and necessary for the achievement of sustainable human development.

It states further that "Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility ...are priority objectives of the international community"

(<http://www.un.org/popin/unfpa/taskforce/guide/iatfwemp.gdl.html>)

## **2. Policies in India**

India launched a family planning programme in 1952. Since then successive Governments have announced iterations of such policies. However, India has to go a long way in achieving the desired objectives with respect to its population. As per the latest World Population Prospects released by United Nations (revision 2015), the estimated population of India will be 1419 million (approximately) by 2022, outpacing China as the world's most populous nation.

### **2.1 National Population Policy (NPP) 2000**

The immediate and short-term objective of the NPP 2000 was to address the unmet needs for contraception, health care infrastructure, health personnel and to provide integrated service delivery for basic reproductive and child health care.

The medium-term objective was to bring the Total Fertility Rate (TFR) to replacement levels by 2010, through vigorous implementation of inter-sectoral operational strategies.

The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.

The NPP 2000 seeks to achieve the following Socio-Demographic goals:

- Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.
- Make school education up to age 14 free and compulsory, and reduce drop outs at primary and secondary school levels to below 20 percent for both boys and girls.
- Reduce infant mortality rate to below 30 per 1000 live births.
- Reduce maternal mortality ratio to below 100 per 100,000 live births.
- Achieve universal immunization of children against all vaccine preventable diseases.
- Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.

- Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons.
- Achieve universal access to information/counselling, and services for fertility regulation and contraception with a wide basket of choices.
- Achieve 100 per cent registration of births, deaths, marriage and pregnancy.
- Contain the spread of Acquired Immunodeficiency Syndrome (AIDS), and promote greater integration between the management of reproductive tract infections (RTI) and sexually transmitted infections (STI) and the National AIDS Control Organization.
- Prevent and Control communicable diseases.
- Integrate Indian Systems of Medicines (ISM) in the provision of reproductive and child health services and in reaching out to households.
- Promote vigorously the small family norm to achieve replacement levels of TFR.
- Bring about convergence in implementation of related social sector programs so that family welfare becomes a people centred programme.

## **2.2 Impact of the National Population Policy thus far**

The significant gains of NPP include the following:

- I. The percentage decadal growth rate of the country declined significantly from 21.5% for the period 1991-2001 to 17.7% during 2001-2011.
- II. Total Fertility Rate (TFR) was 3.2 at the time when NPP, 2000 was adopted and the same declined to 2.3 as per Sample Registration Survey (SRS) 2013 conducted by the Registrar General of India.

## **2.3 Limitations of NPP**

However, NPP 2000 target failed to achieve a number of basic demographic goals set out in 2010. Significantly it failed to achieve the replacement level of TFR of 2.1. The infant mortality rate (IMR) reduction target was 30 per thousand live births and the maternal mortality ratio (MMR) was less than 100 per 1 lakh live births. Both these key parameters have not been realised till 2015, five years after the goals were set. Similarly, keeping in mind the current population growth trends, the goal of achieving a stable population by 2045 does not seem feasible.

However, achieving this change requires policies and programme actions that address one of the key underlying cause of high fertility rates: the lack of empowerment of women and girls to exercise choice and control over their fertility.

Fertility rates remain high where women's educational and social status is inferior in a society. Not coincidentally, regions with high population growth are also where girls are less likely to attend school, where child marriage is common, and where women lack basic rights.

## **2.4 Women Empowerment Policy of Government of India**

The Ministry of Women and Child Development, Government of India has constituted the National Mission for empowerment of Women. In 2001 India declared its National Policy for Women Empowerment with the goal to bring about the advancement, development and empowerment of women across the country.

## **3. Assam: The Demographic and Development Challenge**

**3.1 Context:** With one of the most complex demographic scenarios in the country, Assam is facing a demographic challenge as on date.

The population of Assam increased to 3.12 crores (2011, Census report) (2.66 crore in 2001 census). Although there is a decline in the decadal growth of population, the

rate of increase of 17.07 is at an unsustainable level. The state's population density is 398 as per 2011 census as against 340 in 2001. In 2013, Assam recorded a Total Fertility Rate of 2.3 (source: SRS) against a target for replacement level fertility rate of 2.1; its crude birth rate is approximately 21.3. Some districts have specially recorded very high birth rates. (Annual Health Survey 2011-12)

Assam's average family size is 5.5 which is above the National average. Its MMR ratio is the worst amongst all states in India at 300 (SRS2013). The State's infant mortality rate (IMR) is also considerably high with 54 (SRS2013). In under-5 child mortality rate (U5MR) also Assam tops the chart amongst the states of India with 73 per 1000 live births against the national average of 49 (SRS2013).

Although the incidence of child marriage in the age group between 7 and 10 years is not prominent in Assam, there are high incidences of marriage in the age group between 14 and 16 among girls and between 16 and 20 among boys. Incidence of such underage marriage are most prominent in char areas, tea belts and in some tribal areas.

Combined with this demographic picture, economically approximately 90% of Assam's families earn less than Rupees five lakhs per annum. Assam was amongst the lowest five states in terms of GDP growth between 2005 and 2014 (less than 6%). 37.9% of the population fall into the category of "poverty headcount ratio" of UNDP (Economic and Human Development Indicators 2009-10).

The unemployment rate in Assam is 61 per 1000 as against national average of 50 (Unemployment Rates 2015-16, Ministry of Labour and Employment, GoI). Despite the fact that agriculture accounts for only about a third of the State Domestic Product, it plays an important role in the economy, providing employment to 69 percent of the total work force which implies a high rate of disguised unemployment. The Employment and Unemployment Survey 2009-10 of Government of India indicates that urban unemployment in Assam is very high at 10.6%.

Whilst the focus has been on the demographic dividend that India as a country is poised to reap in the next few decades, with the proportion of population in the working age group (15-59 years) slated to increase from 58% in 2001 to 64% in 2021 (Census projection reports), Assam with an increasing proportion of younger, employable cohort will face an enormous challenge to meet the demands of this emerging young citizens, not only economically but also socio-politically. Therefore, while the younger population is an advantage for us, lack of adequate planning to enhance the quality of life for this population including employment opportunities will inevitably lead to social tensions. This in itself warrants a policy that simultaneously nurtures the state's demographic assets and prepares for the critical challenges of the future.

### **3.2 Assam: Specific challenges:**

There are several challenges for ensuring an effective and inclusive policy for the state of Assam:

- a. Diverse communities:** Assam represents a highly diverse demographic canvas with people of different linguistic, ethnic and religious backgrounds inhabiting this ancient land. Customary laws, social practices and traditions pertaining to child births and marriage, and behavioural patterns in each of these communities vary. Underage marriage and polygamy are practiced in certain communities. Some communities and geographical regions do much better than others in terms of indicators for education, health and economic status. MMR is very high among the inhabitants of char areas and the tea tribes as most statistical studies demonstrate.

One challenge of this diverse population is in terms of getting across effectively the positive messages regarding girl child education, immunisation and other health and progressive issues to each of these communities; therefore we find that the impact of these communication are also very variable amongst the population.

- b. Geographical Accessibility:** The geographical terrain of the state contributes significantly to the variability seen in socio-economic data; accessibility is thus a major issue in implementing various government schemes. There are certain areas which have chronically suffered from lack of adequate health and educational infrastructure. Such areas include:
- i. Hill districts (a) Karbi Anglong and (b) Dima Hasao
  - ii. Riverine areas or Char- Chapori areas
  - iii. Remote Areas especially in the foothill borders regions
  - iv. Flood prone areas during the monsoon season
- c. Socio-religious beliefs:** Existence of religious prejudices and conservative values against family planning is high among some communities. Only a tiny fraction of men opt to have vasectomies. Male sterilisation is viewed as culturally unacceptable among most of the communities. There are also social beliefs, customary laws and prejudices that hamper the endorsement of progressive messages relating to girl's education, ante natal and maternal care and child birth, family planning etcetera in many of these societies.
- d. Issues related to health care delivery and infrastructure:** For a sustainable and effective population policy that focusses on women empowerment, access to medical facilities is a precondition. In Assam, there is still patchy coverage of medical infrastructure and resources, especially in geographically remote areas.

- 4. Objectives of the Population & Women's Empowerment Policy of Government of Assam:** The Government of Assam is committed to the objectives and goals set out in the National Policy on Population and National Policy for women's Empowerment and is resolute in fulfilling the significant commitments it has made to help make empowerment a reality in the lives of all our citizens, especially our mothers and sisters, the elderly and differently-abled.

The Government also recognises that rapid population growth could severely derail progress in reaching our primary goal to achieve a high quality of life for all our population in Assam that is sustainable with available resources.

The Government of Assam perceives the next decade as a defining one with respect to the transition of Assam as a progressive and emerging state of the Indian Union. However, the continuous growth of the state's population does not only pose a severe strain on the natural resources and environment of the state but also in constraining the efforts of the government to improve the quality of life of the people.

The Government therefore proposes a policy that incentivises families to optimise family size and allows them the freedom to aspire for higher standard of living. Its goal is that every family in Assam should have access to quality education, healthcare and employment opportunities. We also need to acknowledge that our state's envelope of resources is limited and finite and therefore our objective of a better future for us and our future generations can only be achieved if we achieve a stable population.

The Government of Assam further believes that to further the cause of women empowerment and to ensure a sense of self-worth coupled with women's right to have

and to determine their life choices, including reproductive choices, requires intentional actions and deliberate policies. Such policies should attempt to ensure women's right to have access to equal opportunities and all kinds of resources so that they get the requisite power to regulate and control their own lives, within and outside the home.

Women's empowerment therefore has five aspects: improving women's sense of self-worth; their right to have and to determine choices; their right to have access to opportunities and resources; their right to have the power to control their own lives, both within and outside the home; and their ability to influence their environment to create a more just social and economic order.

Studies have also shown that women who are empowered to make choices about childbearing are more likely to seize economic opportunity and invest in their children's education; they and their children are less likely to be poor.

Therefore, in furtherance of the clauses/contents in the State Policy for Women 2004 and/or the National Policy for the Empowerment of Women 2001, the proposed Population and Women's Empowerment policy will also serve to strengthen the autonomy of women to make informed choices about their reproductive health and most importantly about their lives in general.

#### **4.1 Roadmap of the proposed Population & Women's Empowerment**

- Shift from a primarily medical led policy to holistic social reform
- Encouraging behavioural change;
- Promoting Informed Choice and Participation;
- Long term Sustainability and acceptance

#### **Targets of the Policy (by 2030)**

- Free and compulsory education for children under-fourteen; Reducing the school dropout between boys and girls to less than 25 percent;
- Bringing IMR < 30
- Bringing MMR <100
- Increasing Immunization to 100 percent.
- Encouraging the increase in average age at marriage of girls; strict enforcement of the legal age at marriage for boys and girls
- Increasing Institutional Deliveries to 95 percent
- Delivery by trained hands to 100 percent
- Making contraceptive of choice available to 100 percent population
- Enhancing the IEC coverage for RTI/STI/AIDS to 100 percent population
- Integrating Allopathic system with Indigenous System of Medicine for betterment of RCH services; All PHC's to provide comprehensive family planning services
- Encouraging the two family norm to substantially reduce TFR
- 100% coverage of education for all girl children
- Introduction of appropriate educational methods in all schools to ensure children have exposure to gender equality and sensitisation
- Strict and complete enforcement of laws that prohibit child marriage

#### **5. Goals and Strategies**

The following Goals constitute the Population & Women's Empowerment Policy of the Government.

The strategies for achieving the Goals will be implemented through specific programmes which will be developed by the Task Force mandated to formulate the Action Plan on Population and Reproductive Health. In the Action Plan the roles and responsibilities of the Administrations, NGOs and the Private Sector will be identified.

**GOAL I: Maintain current declining trends in fertility so as to achieve a stable population size at least by the middle of the 21st Century.**

**Strategies**

1. Formulate better and comprehensive family planning information, education, communication and services through government, NGO and private sector sources.
2. Improve quality of service delivery to enable couples to decide freely and responsibly the number and spacing of their children. Improve primary care facilities.
3. Focus attention on pockets of unmet need such as the urban slums, plantations, internally displaced populations, factory labour, and the underserved rural areas.

**GOAL II: Ensure safe motherhood and reduce reproductive health system related morbidity and mortality.**

Maternal mortality levels are the highest in Assam amongst Indian states. Moreover, morbidity levels related to reproductive health still cause concern. Among the problems connected with reproductive health which will need to be addressed are:

- Anaemia
- Sub-fertility
- Unwanted pregnancy
- Induced abortion
- Reproductive tract infections
- Sexually transmitted diseases including HIV/AIDS
- Reproductive system cancers

**Strategies**

1. Expand reproductive health care services while improving its quality. Provide affordable, accessible and acceptable family planning services to protect against unplanned pregnancy.
2. Introduce measures targeted at encouraging girl child education
3. Empower women to take responsible decisions with regard to reproductive health care and ensure male participation in the process.

**GOAL III: Achieve gender equality in the truest sense; although Assam is one of the states with a perceived improved situation for women in society, this is not enough.**

**Strategies**

1. Create an environment that is conducive to gender equality by incorporating informal and non-formal education and public awareness programmes. For the purpose of women empowerment, girls' education may be made free up to University level education. More educational Institutions, both formal and vocational, for girls may be established. Women self-help groups will be encouraged and incentivised for adopting two child family norms.
2. A special strategy to lower drop-out rates for girls will be implemented.
3. Review, enforce and change (if necessary) laws and practices that discriminate against women. For e.g. stringent application of laws that prevent under age marriages.

4. Promulgate laws and policies and take other appropriate measures so that women can combine the roles of child bearing and child rearing with participation in the work force.
5. Strengthen laws and enforcement procedures, so that violence and sexual exploitation against women are eliminated.

**GOAL IV: Promote responsible adolescent and youth behavior.**

***Strategies***

1. Ensure adequate information on prudent sexual behaviour including ethical human behaviour, violence against women and drug abuse in school curricula and through NGOs etc. at the appropriate levels.
2. Promote productive employment opportunities for youth.
3. Provide the legal, and institutional support to protect their children from sexual abuse and harassment.

**GOAL V: Provide adequate health care and welfare services for the elderly and differently abled.**

***Rationale***

It is expected that the percentage of the population over the age of 60 will continue to increase due to the changing population age structure. Services to cater to this increasing population of the elderly will need to be provided not only by institutional sources but also through familial structures. This is necessary due to increase in the nuclear families.

The aim of this Government is to give our differently abled brothers and sisters a greater chance of participating in society on the same terms as others. Thus, all citizens must be able to work, study and take part in community activities on equal terms.

***Strategies***

- a. Encourage the private sector, NGOs, and the local community to provide community care and services to the elderly and differently abled
- b. Initiate social security schemes for the elderly and differently abled not already covered.
- c. Provide incentives to families as carers
- d. Provide appropriate training for out of school youth awaiting employment to enable them to take care of the elderly at home.
- e. Provide special care units for the elderly in the State Health Care System.
- f. Implement a programme for elderly care in their own homes.
- g. Establish a cadre of Community Health Nurses with responsibility for the care of the elderly.
- h. Establish old age homes as last resort, if necessary, in PPP mode, to provide safe and dignified living for those elderly who have no other shelter/support.
- i. Employment opportunities for differently abled to be given priority in implementation as per National Policy
- j. Notifications to be issued such that public and private buildings, transport systems etc. needs to ensure that the differently abled people in our society are not disadvantaged in accessing these services.
- k. Special emphasis to be therefore placed on inclusion of services for the differently abled in Assam's Health strategy and policies.



**GOAL VI: Promote the economic benefits of migration and urbanisation while controlling their adverse social and health effects.**

***Strategies***

1. Provide family planning and reproductive health counselling and services in the community, particularly in urban slums and deprived areas like tea gardens and char communities.
2. Ensure the physical protection of displaced persons, in particular that of displaced women and children against exploitation, abuse and all forms of violence.
3. Create an enabling environment for economic investment to take place in small towns and in rural areas so as to encourage the redistribution of population.

**GOAL VII: Increase public awareness of population and reproductive health issues.**

***Strategies***

1. Population education shall be introduced in the academic curriculum from the elementary school level in order to enable the young generation to know about population dynamics and its detrimental effects etc.
2. Utilize the service of decision makers and opinion leaders effectively like Parliamentarians, other political leaders and religious leaders for advocacy.
3. Encourage use of media both electronic and print for public discussion of population and reproductive health issues.
4. Improve the collection of quality population and reproductive health statistics at the state and grass root levels.

**Institutions to be created for Implementation of the State Population Policy**

In the line of the NPP 2000, the following 5-tier structure may be adopted for the state of Assam for implementation of its population policy.

- State Population Council
- Population Resource Centre
- District Level Committee
- Block Level Committee
- Gaon Panchayat Level Committee

**6. Incentives and Disincentives:**

In considering the effective actions for implementing the above strategies, a system of incentives and disincentives may be considered. However, utmost caution has to be taken to ensure that the system of incentives and disincentives are not misused.

Taking into account some of the schemes prevalent in other states, the following measures are proposed. The list of incentives & disincentives is illustrative only. The Government may consider more incentives or disincentives as and when necessary. The Government has already begun the process of implementation of specific measures for welfare, social security and health and well-being of elderly and differently abled population of Assam.

There may be provision of exception in matters of incentives and disincentives which shall be considered by the proposed State Population Council as is required.

The thrust of the policy and the action plan remains to educate the citizens of Assam on the advantages of a small, healthy family and in ending discrimination against women, elderly and the differently abled in any shape and form in our society. It is therefore proposed that massive educational campaign is to be launched in parallel to the process of introduction of the system of incentives and disincentives.

<b>Intensive educational and publicity campaign</b>	
<b>Intensive campaign in select districts.</b>	<ul style="list-style-type: none"> <li>• The Government proposes to initiate an effective and intensive campaign on multi-media, village and block level door to door outreach and community meetings to encourage Awareness and education among the population of Assam.</li> <li>• Especially intensive and sustained campaigns will be launched in the 11 Districts identified across Assam with the highest densities of population.[As per Population Census 2011, the population of Assam has increased by 17.07 pc. The 11 districts which has witnessed high population growth as per Population Census 2011, are Dhubri (24.44 pc), Morigaon (23.34 pc), Goalpara (22.64 pc) Darrang (22.19 pc) Nagaon (22.00 pc), Karimganj (22.90 pc), Hailakandi (21.45 pc), Barpeta (21.43 pc), Bongaigaon (20.59 pc) Cachar (20.19 pc), Kamrup (M) (18.34 pc)].</li> </ul>
<b>Specific programmes</b>	<ul style="list-style-type: none"> <li>• Introduction of devolved and tailor-made programmes, based on demographic and/or geographical requirements after scientific assessments.</li> </ul>
<b>Community participation and citizen engagement through effective IEC activities.</b>	<ul style="list-style-type: none"> <li>• Public awareness campaign (IEC) will be conducted in large scale across the state by utilising all modes of communications namely Television, Radio, IEC materials (Banners, Posters, Flip charts, Pamphlets, Leaflets), Folk Campaign (Street Plays in local dialects, Puppet Shows), SMS as well as Social Media Platforms.</li> </ul>
<b>Introduction of text book chapters on relevant topics.</b>	<ul style="list-style-type: none"> <li>• Based on scientific and researched pedagogy, suitable chapters on population studies, reproductive and child health, basic sex education and related aspects will be introduced in the course curricula through text books of class VII onwards.</li> <li>• This will not only help our students understand the various facets of reproductive and child health but also expose them to the basic concepts of demographic studies. Such an initiative will help students understand the ill effects of child marriage among other things.</li> <li>• It is also important that a child grows up with the right kind of values, compassion and awareness about the elderly and differently abled in our society.</li> </ul>

<p><b>Medical and counselling services in aid of Reproductive health.</b></p>	<ul style="list-style-type: none"> <li>• There will be awareness drives which will focus on advice and sensitisation on various Reproductive health options, spacing and advantages of small families, simple tips on maternal and infant care etcetera.</li> <li>• These will be led by qualified doctors and clinical professionals to ensure that beneficiaries receive the best of services. For this, manpower (both medical and paramedical) will be put in place along with the requisite infrastructure.</li> <li>• Policies will be strengthened to ensure free distribution of quality and uninterrupted family planning supplies in all areas of Assam.</li> <li>• Financial packages for undergoing family planning procedures will be enhanced.</li> </ul>
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<b>Participation in Government</b>	
<p><b>Government employment</b></p>	<ul style="list-style-type: none"> <li>a) Candidates having two children only will be eligible.</li> <li>b) Government servants shall strictly follow norms of two children family to serve as role models for the Society.</li> <li>c) Persons, both male and female, who violate the legal age of marriage will not be eligible for any employment or employment generation schemes of Government.</li> </ul>
<p><b>Electoral participation</b></p>	<ul style="list-style-type: none"> <li>a) Government may legislate legal provision to bar people with more than two children to take part in Panchayat and Municipal Body elections.</li> <li>b) Government may consider to legislate similar legal provision for election/nomination to other statutory bodies and committees.</li> <li>c) In addition to the two-child norm, Government may, in aid of creating an educated society and population structure, put minimum educational qualifications as eligibility criteria for contesting elections to panchayats and urban local bodies.</li> <li>d) The Govt of Assam will take up with the Govt of India that MLAs (elected representatives of the State legislature) adhere to the Family Planning norms. The two-child norm will be proposed as the yardstick for any contestant to the State Legislature. In case any MLA from the State flouts the Family Planning norms i.e MLAs having more than two children may be disqualified from his/her membership and be debarred from contesting polls in future.</li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>i. The incentives and disincentives shall be applicable only prospectively;</li> <li>ii. The related policies shall only be applicable in case of two live children.</li> </ul>

	<p>iii. Moreover, the two-child norm shall be applicable in the case of a family with natural or legally adopted set of parents and their children only.</p> <p>iv. A child shall be considered to be part of a family if born or legally adopted. Disowned children which is an act of choice by the parents will not be exempted from the two-child norm.</p> <p><u>Exceptions:</u> where the second set of children is twins or the first set is multiple greater than twins like triplets; or a child is alive but is differently abled. Further exceptions shall be considered on a case by case basis.</p>
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<b>Access to development schemes</b>	
<b>Incentives at the grassroot.</b>	<ul style="list-style-type: none"> <li>• A District or Gaon Panchayat exceeding targets set under population policy could be given incentives in the shape of additional grants or works and setting apart a portion of overall funds available under development schemes.</li> </ul>
<b>Additional Incentives for ASHA and Anganwadi workers.</b>	<ul style="list-style-type: none"> <li>• In order to mobilize beneficiaries for family planning at the grassroot level, special additional incentives will be provided to the ASHA Workers and Anganwadi Workers in the 11 highly focussed districts to encourage adoption of family planning and spacing methods by eligible couples.</li> </ul>
<b>Awards for NGOs for innovation in population control.</b>	<ul style="list-style-type: none"> <li>• Best service provider awards to districts, PHCs, NGOs for innovative strategies as well as performance.</li> <li>• Efforts will be made for formation of local community NGOs for generating a social movement for actively propagating reproductive health and advantages of small families, by adequately sensitising the neighbourhood target populace. Such NGOs will be fully supported by the Government.</li> </ul>
<b>Performance linked incentives for Panchayat bodies / districts.</b>	<ul style="list-style-type: none"> <li>• Of the total financial resources allocated to Panchayats, 10% to be earmarked for performance based disbursement in the field of reproductive health, child health services and female education.</li> <li>• Panchayats will be given incentives by awarding special grants to keep register of population, marriages, births and deaths of its jurisdiction and share that database with the State level database.</li> <li>• Similarly, districts will be judged and awarded performance award with grants on effective implementation of this policy.</li> </ul>
<b>Incentives for SHGs</b>	<ul style="list-style-type: none"> <li>• Self Help Groups having members with two children each only shall be encouraged by giving special incentives in the form of grants by the Government.</li> </ul>

<b>Gaon Burhas to play a role.</b>	<ul style="list-style-type: none"> <li>• Incentives and awards shall be announced for the Gaon Burhas for better performance of their duties for record keeping of the population of the villages.</li> <li>• The existing system of record keeping by the Gaon Burahas on population of village, births and deaths shall be strengthened and streamlined.</li> </ul>
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<b>Other Legislative measures</b>	
<b>Strict enforcement of provisions.</b>	<ul style="list-style-type: none"> <li>• Strict enforcement of provisions for violation of the legal age of marriage, foetal sex determination, etc.</li> <li>• Punishments will be made more stringent.</li> <li>• Observance of the minimum age of marriage to be made compulsory for availing of government facilities, services and employment.</li> <li>• Policies and legal framework will be explored to prevent and deter wives being abandoned/ deserted by husbands on flimsy grounds such as birth of girl child etc.</li> </ul>

In furtherance of the clauses/contents in the State Policy for Women 2004 and/or the National Policy for the Empowerment of Women 2001, this policy proposes the following illustrative measures to be taken up for progressing the rights of every girl child and woman in our society;

<b>Specific measures to promote women's empowerment</b>	
<b>Focus on girls' education</b>	<ul style="list-style-type: none"> <li>• Create an environment that is conducive to gender equality by incorporating informal and non-formal education and public awareness programmes.</li> <li>• For the purpose of women empowerment, girl education may be made free up to University level education.</li> <li>• More educational Institutions, both formal and vocational, for girls may be established.</li> <li>• A special strategy to lower drop-out rates for girls will be implemented whereby families who support higher education for their daughters may be economically incentivised in certain ways e.g. in government employment, special scholarships etc.</li> </ul>
<b>Legislation on girls' education.</b>	<ul style="list-style-type: none"> <li>• There shall be strict measures taken by the Government to ensure retention of girl students at school.</li> <li>• For this the government shall provide all necessary facilities like girls' toilets, water, etc. in all schools.</li> <li>• The defaulting schools may be penalized and better performing schools should be awarded.</li> </ul>

<b>Review the legal framework for protection of women's rights.</b>	<ul style="list-style-type: none"> <li>• Review, enforce and change (if necessary) laws and practices that discriminate against women. For e.g. stringent application of laws that prevent underage marriage, law against rape and domestic violence etcetera.</li> <li>• Older widows and women would be protected by law to ensure that they are not duped of their property rights-</li> <li>• Further strict application of laws will be encouraged to ensure property rights for all women.</li> </ul>
<b>Pensions/schemes for Widows/Divorcees/ Single Women.</b>	<ul style="list-style-type: none"> <li>• There will be provisions for pension for widows (in addition to the existing ones).</li> <li>• There will be schemes for divorcees and single women to ensure they can live their lives with dignity and without economic persecution.</li> </ul>
<b>Employment/Pensions for Muslim Divorcee Women.</b>	<ul style="list-style-type: none"> <li>• There will be provisions for skill upgradation of Muslim Women divorcees to help in gainful employment. In the interim period, such divorcees will be provided dependency allowance/ pension.</li> <li>• In case any women belonging to this category fail to get employment, they may be granted pensions by the Government.</li> </ul>
<b>Special Package for SC/ST and Tea Tribes women and economically weaker section of women.</b>	<ul style="list-style-type: none"> <li>• In order to ensure that women belonging to SC/ST/and economically weaker women can avail equal and special opportunities, a special package will be announced by the Government of Assam.</li> </ul>
<b>Political / administrative empowerment of women.</b>	<ul style="list-style-type: none"> <li>• The Government of Assam may bring forth legislation to ensure adequate representation of women in elected bodies from village level onwards.</li> <li>• Government will consider bringing in legislation to increase the reservation of women in eligible jobs up to 50%.</li> </ul>

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