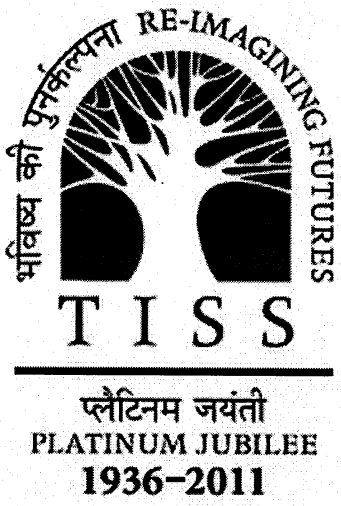
Report of Need Assessment Survey

Narayanpur and Chottuppal Mandal of Nalgonda District,

Andhra Pradesh

TISS- Bharat Dynamics Limited CSR Project



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National Corporate Social Responsibility Hub

School of Management and Labour Studies

Tata Institute of Social Sciences

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The 13 students from IPE were the key investigators during data collection and they displayed excellent enthusiasm, hard-work and a quest for learning by collecting authentic and voluminous data that has formed the basis of this report.

We are grateful to the Programme Officers for conducting this extensive study efficiently. We thank them for diligently collecting the data from the field and coming out with the findings and this report in such a short period of time.

B. Venkatesh Kumar
Director
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List of Abbreviations

CSR	Corporate Social Responsibility
CPSEs	Central Public Sector Enterprises
BDL	Bharat Dynamics Limited
NCSR Hub	National Corporate Social Responsibility Hub
TISS	Tata Institute of Social Sciences
DPE	Department of Public Enterprises
IPE	Institute of Public Enterprises
PDS	Public Distribution System
MGNREGS	Mahatama Gandhi National Rural Employment Guarantee Scheme
MRO	Mandal Revenue Officer
MPDO	Mandal Parishad Development Officer
SC	Scheduled Caste
ST	Scheduled Tribe
OBC	Other Backward Class
PHC	Primary Health Centre
SHC	Sub-Health Centre
MDM	Mid-Day Meal
ITI	Industrial Training Institute
JSY	Janani Suraksha Yojana
ODS	Open Defecation System
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Midwife
AWW	Anganwadi Worker

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INTRODUCTION

Corporate Social Responsibility: *The big leap of the 21st Century*

Corporate Social Responsibility (CSR) is taking a new big leap this century with the clear shift from philanthropy to a more responsible social development of India. This is being undertaken through the Central Public Sector Enterprises (CPSEs) in India with directives from the Department of Public Enterprises (DPE), Ministry of Heavy Industries and Public Enterprises, GoI. The National CSR Hub (NCSR Hub) located in Tata Institute of Social Sciences (TISS) is working in tandem with the CPSEs to achieve this feat. As part of the NCSR Hub–Bharat Dynamics Limited (BDL) MoU to strengthen the CSR of the company and create a new approach of CSR, NCSR Hub undertook a study to assess the needs of the nearby communities of the company.

This is a Need Assessment Study Report done by NCSR Hub in 16 locations in Narayanpur Mandal of Nalgonda District provided by the company. The data collection process in the field was undertaken in the month of January 2012, with BDL functionaries facilitating the process for the study in entering the area with the support of District Administration.

BDL commissioned this study to NCSR Hub under the obligation of the MoU and in order to develop a sustainable CSR approach which can be replicated into meaningful interventions for the development of these locations. Although with experience and passage of time, an outsider view is there on what the needs are of the community, yet it is pertinent to understand that how the community itself views its own problems and needs. CSR, apart from creating a brand value for the company, is also important today to create stable communities. The CSR models in India have thus far excluded the beneficiaries from the planning processes, so the policies are disconnected from the people, who are the real beneficiaries. So, the whole approach of conducting Baseline Survey is to bring views of the people as to what are the issues that they face; what is their understanding of development; which are the areas that need to be worked upon, and so on.

About Bharat Dynamics Limited – *'The Force Behind Peace'*:

BDL was established in the year 1970 to be a manufacturing base for guided weapon systems. In its quest to fulfill the defence needs of the Indian Armed Forces, BDL has forayed into the field

of underwater weapon systems and air-to-air missiles and associated equipment with technology support from DRDO and other global leaders in this domain. The manufacturing and testing facilities established at BDL are modern and tuned to cater for the stringent qualitative requirements of guided weapon systems. Environmental test facilities as Motion Simulators, Walk-in Test Chambers etc., are utilized to test the products simulating the rigorous environmental conditions as encountered by the weapon system in operational conditions. From a humble beginning in rented premises of Andhra Pradesh Industrial Development Corporation (APIDC) at Sanatnagar, Hyderabad, the Company today boasts of two modern manufacturing complexes sprawled over 1300 acres located at Kanchanbagh, Hyderabad and Bhanur, Medak District, AP [1].

Area of the Study: *A special focus on tandas*

BDL has its presence in Hyderabad, Andhra Pradesh. The research team conducted the Needs Assessment Survey at 16 locations in Narayanpur and Choutuppal Mandal in the Nalgonda district, as selected by the company as per its operational areas. There were 6 Panchayats in total studied by the team. The team studied different Tanda (a colloquial name for 'locality') of these panchayats and focused on them especially because these tandas are not near the villages and are habituated by the tribal population called 'Lambada'.

RESEARCH DYNAMICS

Methodology of the Study: Research design, methods and sampling

The methodology is the crucial part of the research study. The methodology helps in culling out the important data from the field. The methodology used in the study was pre-decided by the researchers and modified according to the geographical areas. For these types of studies, the NCSR Hub uses an 'exploratory' research design so as to allow maximum flexibility to understand the areas and issues.

The sample size for the areas was 10% of the total households in each village. The researchers collected the qualitative information from Primary Health Centre (PHC), public schools and from the key persons of the villages like Secretary and Sarpanch. The team also had interactive

[1] From the official company website: http://bdl.ap.nic.in/aboutbdl.htm

discussions with the MRO and MPDOs of the Mandal and took their views about the needs and issues of the locations under focus.

The study was done holistically by using quantitative as well as qualitative methods of social science research. For obtaining quantitative information and understand the different emerging needs of the areas, a Household Survey tool was devised by the team. This method was used to get 10% of the Household data. The team used different qualitative tools like Village Profile, Health Profile and Education Profile to understand and obtain the qualitative data about these conditions in these areas. The study tried to gather the current scenario of the villages and had a solution-oriented approach in making efforts to understand what can be done to change the existing problems. The study had purposive sampling and so focussed on the marginalised sections of the villages as the potential beneficiaries of CSR.

Data Collection Process: A win-win partnership model between NCSR Hub and IPE

For data collection, a partnership model was used. The NCSR Hub has partnered with the Institute of Public Enterprise (IPE) for Training of CPSEs. The Hub also requested manpower support from IPE for this data collection process. Thus, the issue of locals for language and cultural familiarity was overcome with ease with the extensive support from IPE and its students. This gave the researchers a leverage to understand and learn more as well as a first-of-its-kind exposure to the management students to be a part of a social sciences study.

The data collection was done by the team rigorously to cover the best possible data from every location. A team of 2 Programme Officers took 12 students from IPE and gathered data with them in teams of two. Along with the investigators, one Research Assistant assisted the Researchers in the study. Thus, a total of 15 researchers were involved in this ten-day long study.

The report is divided into two parts. The first part will entail the analysis and findings from every site categorized into main heads like socio-economic profile, education, healthcare and sanitation, livelihood and employment, and major problems faced by the villagers. The second part of the report will cover the potential areas of interventions and will recommend the major programmes for CSR implementation.

About Lambada Tribes: ***Banjara communities of India***

These tribes are known by various names like Lambadi, Lavani, Lemadi, Lumadale, Banjara, Bangala, Banjori, Banjuri, Gohar- Herkeri, Goola, Gurmarti, Kora, Gormati, Singali, Sugalis, Tanda, Vanjara andWanji. The Lambadas originated in Rajasthan but are now concentrated in Andhra Pradesh. These are also found in Madhya Pradesh, Himachal Pradesh, Gujarat, Tamil Nadu, Maharashtra, Karnataka, Orissa and West Bengal. They speak Lamani and Telugu[2].

They are a wandering band of people found in many parts of India's Southern States. Generally believed to have migrated from north western parts of India during the regime of Mughals and assumed that these people had existed in these areas from about the 17th century. The social status of Banjaras varies from state to state. Among the banjaras, the joint family was the norm in the previous generations but now it is being weakened. The Lambani-Banjara tribe of southern states of India is a Hinduised tribe and they believe alike other tribes that the world is protected by a multitude of spirits Benign and Malign. The important traditional festivals are Teej-Gangour and Seetla Puja etc.[3]

[2] http://www.culturopedia.com/tribes/tribes(h-n).html
[3] http://www.banjaratimes.com/32401/32527.html

NARAYANPUR MANDAL

There were 13 locations with 3 common panchayats for Need Assessment Study in Narayanpur Mandal. Narayanpur is the biggest mandal in Nalgonda district. It is located in the neighbourhood of the capital of Andhra Pradesh – that is Hyderabad. All the villages and tandas are located around 100 km away from BDL. These are connected with the highway. The locations mostly constitute the tribal population called Lambada. The broad issues are related to water, sanitation, livelihood and employment, and education. Following is the location-wise analysis of data for every site:

Jangam Panchayat

Socio-Economic Profile

Within Narayanpur Mandal, Jangam Panchayat is one of the biggest panchayats. The study covered one village and 4 tandas in Jangam Panchayat. Being a panchayat and having more than 1000 households, Jangam enjoys the availability of basic facilities. This panchayat mainly consists of Hindu population. There are a few Christian families also.

The team covered Harijan Wada and carpenters colony in the Jangam village. Jangam village is adjacent to the main road and thus better connected to the other villages. There are basic facilities like Primary, Secondary and Higher Secondary school available in the village. There is only one private clinic available to provide health facilities to the villagers and one nurse from PHC of Narayanpur visits this village occasionally. The available facilities in the village are accessed by the 4 nearby tandas under this panchayat.

The tandas covered in this panchayat are Vachya, Malkacheruvu, Gangamoola and Kadapagandi. These tandas fall under the jurisdiction of the Jangam Panchayat owing to their small number of households and they are located at 5-10 km distance from the main Jangam village. They have one Primary school each. For all the other facilities related to education and health, the villagers visit Jangam village.

Livelihood and Employment

The major source of livelihood for the villagers is labour work in Jangam. Out of the studied population, a mere 13% population owns land, while 87% of the population is landless. The

entire carpenter colony engages in carpentry to earn livelihood. There are only 3 families, from the selected sample, who own land which is around 1 to 2 acres. But this is uncultivated land as there are not enough water facilities for irrigation. Further, the area is a drought prone one so it would be highly risky to invest in agriculture.

Similar to the Carpenter colony, Harijan wada is one pocket of Jangam. Here, the entire population belongs to Scheduled Caste category. 10% of the population in this area owns land but as in the case of Carpenter colony, even here they do not cultivate due to lack of irrigation facilities.

Out of the sample, 98% of the villagers are involved in labour work and it includes agriculture labour also, albeit with a minimal share of 4.2%. Moreover, 2.1% of the population is involved in government service also. People engaged in these services do not occupy positions of authority. They are involved in fourth grade jobs or in honorary jobs of government like Anganwadi worker, mid-day meal cook, etc.

There are around 100 households in Vachya Tanda. This tanda comprises Lambada tribes. Out of the studied population, 31.4% of the population is engaged in labour work to earn livelihood which includes agricultural labour work also, 10% of the population is engaged in agriculture, and 1.4% population is engaged in private sector, working as labourers in the factories. Other population is dependent population which comprises homemakers, students, infants and elderly.

Out of the studied population in Vachya tanda, 85.7% has land and 14.3% population is landless. The average landholding is 0.5 acres - 2 acres and there was only one family, from the selected sample, who was using land for commercial purposes. Others are either not using the land or if they are cultivating then they are using the produce for self-consumption. These families are not able to produce enough to sell it in the market. One of the main reasons behind this is lack of irrigation facilities. So, they are forced to turn to labour work for livelihood and their lands remain barren.

Out of the total population studied in Malkacheruvu tanda, 73.7% of the population is engaged in labour work, while 10.5% of the population is agricultural labourers. 62.5% of the population has land and 37.5% are landless. Out of the all the landlords studied, only one family is using land for commercial purposes and earning a good living of Rs. 15,000 per annum by cultivation and sale of cotton. Others are producing rice on their lands and using it for domestic purposes. The

quantity of production is again not very high and they are growing only one crop in a year because of water scarcity. The production varies from 100 to 300 kg per year.

Gangamoola tanda also shows a high percentage of population in labour work; that is 21.4% is into agricultural labour and 50% is in other labour work. There were around 5 families wherein members were engaged in private employment and earned more than those in labour work. Out of the studied population, 6 families have land and produce rice for domestic purposes, while 8 families are landless. The agricultural production in each household varies from 100 to 500 kg. The team did not encounter any household wherein land is being used for commercial purposes.

Kadapagandi tanda shows a different trend in terms of a high percentage of individuals engaged in private jobs in spin wheel and handloom factories. A whopping 60.6% people are into labour work and around 9% of the population is working as agricultural labourers in nearby villages. Although 60% of the population owns land in this tanda, only 4 families were reported to engage in agriculture work on their own lands. The average landholding is 2 acres and the major crop is rice and wheat. There were only 2 families reportedly selling their land produce, while rest use for self-consumption like in the case of other tandas.

MGNREGS

MGNREGS is one of the crucial schemes of the Central Government in order to provide 100 days of guaranteed employment in a year to the rural poor in India. The scheme has made some remarkable changes in rural India. The researchers studied whether the villagers have knowledge of the scheme, whether they have job cards (a card where each day of work is entered and accounted for), how many days of work did they get in the previous year and what wages did they receive for the same.

In Jangam village, around 76% of the studied population reported that they are aware of the scheme and out of them 60% have job cards as well. The rest of the population neither has the knowledge nor the job cards, thus denying them of their right to work under the scheme. There were cases reported wherein people did not get the benefit of this scheme at all in the past one year as the scheme has not been functioning properly since years. This is also a result of the villagers' disinterest in pro-actively demanding work from the panchayat. Even the 76% of the population is getting work only for 20 days in a year under this scheme. Out of the studied population, there are only 3 families who responded they had got work for all 100 days in the last

year. The administration view from the panchayat is contradictory to these findings with their claim that the scheme is functional for everyone in the village and they are providing 100 days of work as per the law.

Vachya tanda has a similar picture for its residents. All the respondents were aware of the scheme and they all had job cards. Out of the studied population, 60% of them get work from 10 to 40 days. There are 4 families in the whole tanda, who got work between 80-100 days.

Out of the studied population in Malkacheruvu tanda, 37.5% of the people have worked for 81-100 days under the scheme in last year and 12% of the people worked for 1-20, 21-40 and 41-60 days each. In Gangamoola tanda, only one person, out of the total studied population, reported of not having a job card. But the percentage of people not getting work under the scheme is very high. Even after having job cards, 33% of the population studied is either not working or not getting work under the scheme.

In Kadapagandi tanda, only one family did not have a job card out of the total studied population. Here, the majority of the population which is around 35% have worked for 41-60 days and got around Rs. 100 per day under the scheme. The average wages in the scheme is Rs. 100 per day which was availed by most of the families.

The problem is at the implementation level of this highly beneficial scheme, especially in areas where the landless manual labourers constitute the highest percentage of the working population. Providing for 100 days of employment is not successfully implemented by the authorities, which is in turn worsening their economic situation as they have no other options to earn their livelihood on a regular basis.

Public Distribution System (PDS)

It is commendable to note that not a single case was reported in Jangam village about any kind of malfunctioning of the PDS system. All the villagers reported that they access the PDS system and get ration on a regular basis. The villagers get rice, wheat, sugar, and kerosene oil from the PDS shop. This hassle free distribution of the food grains and basic amenities helps the villagers to get daily meals with ease. In the case of Vachya tanda also, villagers access PDS shop easily and get all the amenities that they are entitled to. In this village, people get soaps, surfs, and palm oil along with rice, wheat, sugar and kerosene oil. In Malkacheruvu, one family was reported of

not having a ration card out of the total families studied. Those who have ration card get ration entitled to them. No problems were reported in accessing the ration shop and the ration items. Sometimes they face problem in accessing palm oil as ration shopkeeper distributes palm oil during festive season only. But there are no such grave problems which keep villagers away from accessing these subsidised facilities by the government.

In Gangamoola tanda, people access the ration shop but they do not get sugar as per their entitlement. All the households studied made the same remark regarding the PDS shopkeeper that he does not distribute sugar as per their entitlement. The same situation is also faced by the Kadapagandi people. Villagers have ration card and they access the ration shop but they do not get sugar. The proper implementation of PDS is supporting people in providing daily bread for their families by getting subsidised ration from the PDS shop.

Drinking Water

The ground water contains fluoride which is very harmful for teeth and bones in a human body and can lead to dental fluorosis or skeletal fluorosis. The acceptable amount of fluoride in water is 0.6 to 1.2 mg/l but in this area the fluoride content ranges from 0.1 to 8.8 mg/l. The amount of fluoride in Narayanpur mandal is above 2 mg/l which is very high according to the Indian standards and people have been affected by this excess fluoride content in drinking water. Apart from this, distance is another major issue to get water, as people have to spend anything between 15-90 mins to get water from different sources each day. They make several trips to fetch water which range from 1 to 20 trips in a day.

The major sources of drinking water in Jangam village are public taps and water tankers. Both the sources are used by the people as the tankers come once in three days and public taps also provide water on temporary basis. Around 12% of the people amongst those interviewed use private tap, public bore wells, hand pumps and public wells to get drinking water.

60% of the respondents of Vachya tanda said they use public taps to access drinking water. People have to walk for 1-2km to reach the source, fill and fetch back drinking water and the frequency of such trips made is from 5-15 times in a day. The frequency of trips made by people in Malkacheruvu tanda is also same. Whereas in Malkacheruvu tanda, around 67% of the studied population use public bore wells as a source of drinking water. People here walk for 5-20mins to walk and fetch drinking water. Although they do not have to walk a long distance comparatively

to get water, yet the fact remains that they are forced to drink ground water which contains high amount of fluoride. A person mentioned here that the amount of fluoride is around 3-4 mg/l.

People in Gangamoola rely on public bore wells and public tap for drinking water. Around 67% use public bore wells for drinking water which again contains fluoride. The people spend up to one hour to go and get water and they have to even make upto 10 such trips. The distance as well as the number of trips is very strenuous on a daily basis. In Kadapagandi tanda also people rely on public bore wells and public taps. There are two to three houses which use hand pumps for drinking water. Villagers spend 10-30mins to get water from different sources and there are people who visit 20 times in a day to the water source to get water. This is difficult because the distance and the frequency aggravate the situation for them and it becomes an exhaustive exercise for them.

The problem of fluoride content in water and the bone fluorosis was reported by people as a primary issue at every single location. Villagers mentioned that this problem needs a solution on an urgent basis. Moreover, there is only one bore well in every tanda. The water tank facility is also irregular and bore wells are also drying up. The number of bore wells is not sufficient as opposed to the population to provide for and regular fights break up over filling up of water.

Education

The educational status of Jangam village is considerably better than the tandas in the Jangam panchayat. The reason cited is the availability of primary and secondary schools in the village. But these facilities have come up only in the recent years. It was found, of those interviewed, that around 43% of the population is illiterate in Jangam village. Illiteracy is high occurrence in women. Apart from this, the percentage of people attending high school, senior school and graduation is as low as 2.1% as per the finding of the team.

Out of the studied population, only 2.1% of the children attend Anganwadi in the village. The anganwadi is providing services like immunization, supplementary nutrition and pre-school education. But these facilities are availed by a proportionately smaller population. Out of the studied population, 56.7% of the children attend schools and majority of them attend the government schools. There were only 2 cases reported where children were found to be attending private and residential schools.

The Mid-day Meal (MDM) scheme is functional in all the schools. Students up to 8th class regularly get food in the schools. There were no issues reported in MDM distribution. The six day menu card of MDM was found to be followed by the schools to provide nutritional food to the children and to attract children towards schools, as is the objective of the MDM scheme for Primary education in India.

Contradictorily, the situation of education in the tandas is not the same. There are schools in the tandas but only upto primary level. Teachers in these schools come from far away villages so timing of the schools is always a problem. There are linguistic issues also as the teachers who teach in these schools in tandas find it difficult to understand tribal dialect of Telgu as it is different from the Telgu they speak.

In Vachya Tanda, of those interviewed, a shocking 57% of the population is illiterate. These tandas have the concentrated population of Lambada tribes. The major problem of these tandas is in terms of lack of awareness and less importance given to education. For every class, the percentage of population is less than 5%. But, positively there are 3 students of B. Tech in the village. One person from this tanda was reported of pursuing a Diploma from Industrial Training Institute (ITI). Out of the children population, only one case was reported of not going to school. All the children are going to schools. Out of them around 42% of the children are going to government schools, 25% are in private schools and around 33% are going to residential schools. Out of the studied population, only one participant reported that MDM is not functional in the school. Apart from this, every child is getting MDM in the school and for six days in a week.

In Malkacheruvu tanda, there is no incidence of illiteracy out of the total studied population. Around 33% of the population has studied up to 6th class which is highest in number. There is only one person who has studied up to 9th class and two people up to 8th class. The child population of this village is going to school and taking education. There is no case reported where children in the school going age are not going to school. There are very few cases of dropout due to reasons such as distance of school from home and children required for household work at home. The frequency of these cases takes place after 5th class only because the children have to go to other villages after 5th class. The reasons are unavailability of schools in the proximity of the tandas. These situations are detrimental to a girl-child's education because they

do not get permission from their homes to go far away and study. Secondly, they have to stay at home for household work and to take care of their siblings.

Gangamoola Tanda also shows a trend similar to that of Malkacheruvu tanda. The highest education achieved, out of the studied population, is 8th class reported by 4 persons. Majority of the population that is 26% has studied upto 6th class. All the school-going age children are going to schools and are attending primary schools. There was no dropout case reported in the studied area. However, respondents mentioned regarding their elder child's dropout stating reasons like distance and financial reasons in this tanda. Majority of the population is studying in government schools. But there are some rare cases wherein 2-3 children reported of going to private schools. The functioning of MDM scheme is regular in this village, with children getting food on all the six days of the week and no disturbance or fraudulent acts reported by the villagers in MDM scheme.

Kadapagandi tanda is tops the list with the highest levels of illiteracy. Out of the studied population, around 60% is illiterate population. Contrary to this, 2 persons were pursuing graduation. Only 20% of the population has studied after 5th class in which there is only one person each in 9th, 10th, 11th and 12th class. The children of school-going age are attending school except 2-3 children as reported during the study. The reason behind this is that they are required by the family to work and earn for the family because they are from poor families. Cases of dropout were also reported in the study, occurring due to distance, financial problems, disinterest in studies, requirement for household work and outside work. One significant finding is that all the children, of those interviewed, are studying either in private schools or residential school. There was not even a single person who is sending the children to the government schools.

Healthcare and Nutrition

In Jangam an equal percentage of people access the Primary Health Centre (PHC) and private clinic for the treatment of their minor illnesses, that is 33% of the total population utilise both the facilities each. The PHC is available in Narayanpur village and the private clinic is available in the Jangam village. The major problem related to health in all the villages is fluorosis due to drinking water. This fluoride content is leading to bone deformities and diseases in the villagers. It mainly affects children and harms their body making certain parts disabled. In the delivery cases, Jangam is progressing as 72% of the total population is going to hospitals for the

deliveries. This is taking place because of availability of PHC near the village and the awareness among the villagers to opt for institutionalised deliveries. Whereas, the fact remains that the benefits of Janani Suraksha Yojana have not reached one and all. The scheme is designed for expecting mothers and infant children to provide them with nutritional supplements and safe delivery. The beneficiaries get Rs. 700 for the first two deliveries each but the benefits are realised by only half of the population.

For the nutritional requirements, the anganwadi is accessed by children upto 6 years and pregnant and lactating mothers. Out of the studied population, around 65% of the population is attending anganwadi and accessing services like immunization, supplementary nutrition and pre-school education. The anganwadi in this village is providing services to the children of tandas also. Apart from this, there is a lack of health facilities in the village. There is only one private doctor available in the village who provides health services to majority of the population. The nurses who come from Narayanpur PHC are also providing services to the people. But, if some serious illness takes place then the villagers have to go to Peepalpahad or most of the time Hyderabad which are 25 km and 100 km away from the village, respectively.

In Vachya Tanda, 50% of the studied population goes to unqualified doctors and around 38% of the population visits private clinics during the minor illnesses for the treatment. Rest of the population visits private hospital. For major illnesses, villagers mainly visit the government hospital and private clinic. Out of total respondents, 5 respondents said that they do not go anywhere during major illnesses because of financial constraints. This problem leads the illness to death because they do not have money for the treatment as well as to take the patient to the hospital. Undoubtedly, the 108 Emergency service is efficiently running ambulance services in all the areas but still there are unmet needs to address health issues inside or nearby villages.

In the case of child deliveries, 50% of the studied population's delivery is home-based and others visit the hospital. Out of those visiting the hospital, around 56% of the studied population visits the government hospital for deliveries. All those going to government hospital for deliveries avail the benefits of JSY. Anganwadi is accessed by half of the children studied in the survey. The facilities accessed by the children in these anganwadi are the same as mentioned in the Jangam village section because the anganwadi for this tanda also comes in Jangam panchayat.

The condition of Vachya tanda is worse than Jangam village. Vachya tanda is 5 km away from Jangam village and is not connected with the road also. There is no qualified doctor available in the tanda which is a serious concern. The high fluoride content in water is a major health concern as there is no water treatment plant in the tanda and people are bound to drink this available water.

In Malkacheruvu, the villagers use the services of unqualified and private doctors for the treatment of minor illnesses. Whereas during major illnesses, the entire population studied visit the private clinic. There was one respondent in this, who did not respond to this part as they do not visit anywhere during major illness because of financial constraints. These issues are equally relevant for all the tandas and for some villages also because there are no health facilities available for the people. The villagers have to go to Narayanpur, Peepalpahad and ultimately to Hyderabad. With regard to the deliveries of the child, out of 7 respondents, 5 had gone to hospitals to deliver children. People have this level of awareness through the health workers, panchayat and government. Those who are using hospitals for deliveries are mainly going to government hospitals and with that they get the benefits of JSY. These benefits are attracting people to deliver child safely in the hospitals with the presence and assistance of doctor. There are only three families who are sending children to anganwadi for its services of immunization, nutritional food and pre-school education. In all other families, either they do not have anganwadi age-going children or they are not sending. The reason is the distance which the children and mothers have to cover to reach the anganwadi centre.

Malkacheruvu also witnesses a high incidence of use of private healthcare services. Around 65% of the villagers use private clinic for the treatment of minor illnesses. 29% of the population gets minor illnesses treated by unqualified doctors. 2-3 families access services of private doctors at the time of minor illnesses. For major illnesses, 60% of the population visit private hospital and 30% of the population visit private clinics. Only 10% of the population visits the government dispensary at the time of major illnesses.

As noted earlier, the awareness of institutionalised deliveries is sinking in and it was found that out of the studied population, around 63% of the population goes for institutionalised deliveries. Within this population, 60% preferred to go to private hospitals for the deliveries. Every person

individual that visited the government hospital reported that they did not get any benefit under JSY scheme. The anganwadi is also functional and providing services to the children

In Kadapagandi, people are accessing private facilities for minor as well major illnesses. Around 80% of the people visit private hospitals during the time of major illnesses. Only 29% of the population delivered at home, while rest of the population went for institutionalised deliveries. Out of this, 67% of the population delivered in government hospital, but did not avail the benefits of JSY. It was found that a majority of the children are being taken by their parents to anganwadi, but 33% out of the total studied families do not take their children to anganwadi.

Healthcare facilities are available in Jangam panchayat but on an ad-hoc basis. There is no proper mechanism which can ensure timely, regular and effective services to the village and tandas of Jangam. All the reputed hospitals are private where the charges are very high for treatment. There is a large chunk of population spending Rs. 100-200 per visit to private doctor for minor illness. There were some people who reported in each tanda that they do not visit hospitals during major illnesses and many people succumb to death as they neither have the money to spend on the treatment nor do they have any transport facilities to reach hospitals in time.

Sanitation

Sanitation as an issue came out very strongly. This is a problem prevalent in all the tandas and villages. Of those interviewed in Jangam, a whopping 90% of the population practice open defecation system (ODS). The problem of open defecation is grave as Jangam is a big village and open defecation is practiced on a large scale. People have to cover a to-fro distance of 5 minutes and even upto 100 minutes to walk, that is nearly 1.5 hours, which is a considerable amount of time and inconvenience to people. Around 35% of the population reported that women face serious problems of going into the open to defecate. The distance and seasonal difficulties are also some of the problems faced by people. Further to aggravate the situation, there are no systems in place for waste water disposal and garbage disposal. There are only open naalas (drainage) for the exit of waste water and people throw garbage in the open space.

All the people in Vachya tanda and Malkacheruvu tanda practice open defecation. The distance varies from 15-60mins in Vachya tanda and 15-20mins in Malkacheruvu tanda which people have to walk. The problems they face are distance, seasonal difficulties and problems exclusively

related to women to go into open spaces. There is no system for waste water disposal and garbage disposal. In some parts of the tanda there are kuchha open naala for the waste water disposal.

Gangamoola tanda also reflects a similar picture of sanitation. All the people practice open defecation and they spend 15-40mins in covering the distance to the fields for the same. The problems faced by them are of space, distance, seasonal difficulties and problems to go out in the open particularly for women. There are no mechanisms for waste water disposal and garbage disposal in the tandas and it is again disposed off in the open spaces.

In Kadapagandi tanda, all the families, of those interviewed, are practicing ODS except one family. People have to walk for 15-60mins to get space to defecate. The problems they face are the same as other tandas of distance, space, seasonal difficulties and women facing issues in open spaces. Only one family reported that they do not face any problem in practicing ODS. There is no system available for water and garbage disposal.

The problem of ODS needs serious attention as this is practiced by large majority of the population in Jangam panchayat. Although the attitude of people towards this problem is extremely serious and they want to get rid of this problem, yet the resources are scarce at their end. On a positive note, they are ready to stop ODS and use toilets if proper private toilet systems are available.

Major Problems

Jangam is comparatively a sizeable village having 700 households, with most of the basic and primary facilities available in the village. However, some problems can be highlighted from the findings of the team. The most common problems reported by people are of drinking water and sanitation facilities. These issues have been detailed out in the above-given sections. There is unavailability of water as well as high fluoride content in drinking water. Simultaneously, the problem related to open defecation system was mentioned by almost 98% of the population. Apart from this, there is lack of healthcare facilities and livelihood opportunities. There is no facility available nearby which can be used by people at the time of major illnesses. They have to travel to Peeplapahad and Hyderabad for treatment but not all can afford this treatment. The absence of transport facilities makes it more difficult. People have also reported about problems in education, roads and electricity.

People in Vachya, Malkacheruvu, Gangamoola and Kadapagandi Tanda have also reported problem of drinking water as a major problem. Water treatment plants are not available at all the locations, but only the larger villages have water treatment plants at a central point in the village. There are water tankers also which provide water in the tandas and villages but that is also once in 3 days or 7 days or sometimes once in 20 days.

Sanitation is a major issue here as all the villagers are practicing ODS. The respondents have informed about the problems they are facing in practicing ODS. They have to cover a long distance which varies from 1-3 km; there is no space available these days and seasonal difficulties like rain, winter, etc. They showed the need of having all these facilities in the tandas so that they can overcome the practice of ODS.

Apart from these primary needs, another need is of healthcare facilities which are unavailable from these tandas to any nearby places. They do not have roads also which makes them more vulnerable to access the available services at some distance. The transport facilities are also not available at all times. Two to four of those interviewed in the tandas reported that there are issues in the education facilities in terms of access to secondary schools after primary school. Moreover, medium of instruction in schools and lack of awareness are issues related to education in the tribal populated villages.

The team probed for livelihood but did not get substantial responses for the same. The lack of opportunities of livelihood is a problem but the villagers are not able to arrive at a solution and ideate options. Those who have lands are unable to cultivate it because of absence of irrigation facilities and this was expressed as a major issue. Although the need is genuine, the solution is not direct as the ground water table is also very low. The locals suggested that creating a canal would not be feasible either as length will be around 100km.

Mahammadabad Panchayat

Socio-Economic Profile

Mahammadabad is significant in itself because many people have migrated from the village to different areas. Mahammadabad which is a panchayat, is 5km away from Narayanpur mandal office and comes under Narayanpur Mandal. Apart from the main village, there are 3 tandas in the panchayat. The total number of households in Mahammadabad, according to Census 2001, is 340 but remain locked now because of migration. The village is mostly comprised of Hindu population. The major scheduled tribe population belongs to Lambada tribe and the major scheduled castes are Madiga and Reddy. The people of Mahammadabad are mainly engaged in labour work for livelihood. There are only 3 families, of those interviewed, who own land but they do not cultivate crops as there is no irrigation facility. Most of the population is engaged in labour work in others agriculture fields and for other kinds of manual labour.

Drinking Water

In Mahammadabad, around 50% of the studied population access water from public tap. Water tankers are another source of water utilised by 23% of the population and this is treated water provided to people. But the frequency and quantity provided is not enough for all the villagers, so only 23% are able to avail the facility. Others are using bore wells, hand pumps, private taps etc. to fulfill drinking water requirements.

In Venkom bai tanda, 50% of the studied population gets drinking water from public taps. Rest of the population is using private taps, public wells and water tankers for drinking water. The problem related to all these sources is that all these sources are temporary and irregular. For instance, water tankers come once in 3 days or 7 days. People have to spend upto 30 minutes in walking and fetching water from different sources. People in Mahammadabad make upto 4 visits in a day to get drinking water, whereas people in Venakom Bai make upto 10 visits to get water from different sources.

Livelihood & Employment

The data shows that 85% of the studied population are engaged in labour work wherein they earn Rs. 80-100 per day. The number of days of work in a month varies from person-to-person. Normally, men work for 18-24 days per month and 10-15 days per month for women. Some are

engaged in private service also. Of the studied population, the percentage of dependent and student population is as high as around 50%. There are hardly any families who own agricultural land. There are only 3 families out of the 12 families studied in Mahammadabad who own agricultural land. But here also they are unable to cultivate their land because of lack of irrigation facilities. The per month income of families vary from Rs. 3000-6000 per month.

In Venkombai tanda also, people are involved in labour work. The data shows that around 63% of the studied population is engaged in labour work. Farming is also done in this village and the ownership of agricultural land varies from 0.5 acres to 2 acres. Here as well, not all the land owners cultivate land due to lack of irrigation facilities. But there are around 4 families of those interviewed who grow rice crop and the production varies from 1 quintal to 4 quintals. They use it for commercial use as well as for self-consumption.

MGNREGS

In Mahammadabad, of those interviewed, there was only one family who was unaware of MGNREGS and did not have a job card, while the rest of the respondents were well-aware about the scheme and had job cards. Out of the studied population, there is only one family who reported of getting work for 81-100 days under the scheme. Other major responses are 21-40 days and 41-60 days of work under the scheme in the last year. The daily wages vary from Rs. 70-90 per day. Although MGNREGS is a guaranteed option for livelihood and preferred by the villagers, they are not getting it. People have complaints about irregularities in availing wok under the scheme and the wages are also not according to the minimum wages they are entitled to. Whereas the condition of the scheme in Venkom bai is comparatively better. There is awareness about the scheme and most of them are getting 100 days of work. All of those interviewed are getting Rs. 100 per day for the work. So it gives them Rs. 10,000 per year from the scheme.

Public Distribution System (PDS)

All the households studied in Mahammadabad are benefiting from PDS. They are getting commodities from PDS which includes rice, wheat flour, palm oil, kerosene oil, sugar, soaps and surf. But a family in Venkom bai reported of not having ration card which hampers them from availing benefits from PDS scheme. The commodities distributed are the same as Mahammadabad.

Education

In Mahammadabad, out of the total studied population, exactly 50% of the population belongs to the illiterate category. Children are being sent to school now but like in most other villages, 100% enrolment still remains a dream. Out of the studied population almost 30% children still do not attend schools. The reasons cited were financial problems, disinterest in education, and requirement to earn bread on priority. For girl children, the major problem is of being compelled to stay at home to do household work. They are not enrolled by their parents in schools because they are required to take care of home and younger siblings while both their parents go out to earn daily bread. The same reasons mentioned above also hold true for dropouts after 5^{th} or 8^{th} class. Children attend both Government and Private schools. Most children, however, go to government schools and they get Mid-Day Meal for all the six days of week. There were no issues reported by any household related to MDM.

The illiteracy level is high in Venkom bai tanda. Of those interviewed, around 53% of the population is illiterate. Only about 10% of the population has studied till 10^{th} class and above. There are around 4 persons who are pursuing graduation. The educational status is thus mixed. Except one or two cases found, of those interviewed, all attend school. Families send children to schools and this is due to the increasing awareness in the community and establishment of primary schools in the villages. But this attitude gets negatively affected when the child passes 5^{th} class and is required to go outside the village for further education. This negative situation gets aggravated with other reasons like financial disability, household work and disinterest in studies and children dropout after a certain level like primary. There was a case reported in Venkom bai about non-enrolment of a girl-child in school because she was required to stay at home for household work. Fortunately, there was no case of dropout in the studied population in Venkom bai. The population studying from 10^{th} to Graduation is considerably high in Venkom bai. The problems for them are future options and job security as there is no opportunity available at local level. The only option left with them is to migrate outside the village. Migration is followed by financial problems and they dropout with no option left. Majority of the population that is around 75-80% goes to government schools. The children are getting MDM on all six days of the week.

Healthcare and Nutrition

In Mahammadabad, 50% of the studied population use PHC for the treatment of minor illnesses which is 5km away from the village. There is only one doctor in the PHC with other supporting staff. The doctor is available in PHC from 11a.m. to 4 p.m. but that is not regular. PHC does not provide services for minor illnesses regularly. The basic programme of PHC is to implement all the national programmes related to health. Other than that, people go to private doctors for the treatment who charges Rs. 100-200 per visit. Other sources available are unqualified doctors and private nursing homes. At the time of emergency, there is no facility available for the people. They have to take the patient to Chotuppal which is around 25km away or Hyderabad which is 100km away from the village. In Venkom bai, people equally use services of unqualified doctors as well as from private doctors. Both facilities are used by 80% of the studied population. They spend somewhere around Rs. 150-200 per visit to these doctors. This is a critical area as people are mainly earning money from labour work and the fees of doctors are this high. The reason being is fewer options and no choices. The people are forced to visit these doctors at the times of minor illnesses as well as emergency times for first aid treatment.

For major illnesses, 50% of the population is going to private hospitals which are available mainly in Hyderabad and people also prefer going there. Whereas, in Venkom bai 80% of the people visit to private hospitals for the treatment of major illnesses.

80% of the deliveries took place at home in Mahammadabad. There are only 2-3 deliveries, of those interviewed took place in hospital. In contrast, 80% of the deliveries in Venkom Bai, of those interviewed, took place at hospitals. Except one, all the deliveries took place at government hospitals and all the women got benefits of JSY after deliveries except two women. These two families have reported that they have spent money during deliveries. The reasons are transportation and expenditure at hospitals also. They end up spending Rs. 3000 per delivery which is very high according to their standards as reported by them. If there is any complication in the delivery then the cost goes up to Rs. 15000-20000. For these kinds of situations, they take loans from different sources.

Sanitation

Out of the total studied population in Mahammadabad, only one reported of practicing ODS. Around 55% of the population has private pit toilets and they use it on a regular basis. Contrarily, in Venkom bai, 60% of the people practice ODS. There are two families each having private pit and flush toilets also. The walking distance ranges from 15-70 mins for those practicing ODS in Mahammadabad village and Venkom bai tanda. The problems reported by people in practicing ODS consist of space for women, seasonal difficulties and distance. The problem for women to go into open spaces was given more importance by the respondents by the people as this is also related to honour issue.

For the waste water disposal, Mahammadabad has open naalas to make an exit for the waste water from most of the houses. There are hardly any parts of the village not having open naalas in Mahammadabad, whereas the facility of open naalas is available in some parts of Venkom bai tanda. Most of the parts do not have any system to exit waste water. For garbage disposal, Mahammadabad as well as Venkom bai tanda does not have any facility. Villagers throw the garbage in the open spaces available.

Major Problems

To sum up the major issues faced by people, drinking water and irrigation facilities are highlighted by the villagers as the biggest population of their village. If people get irrigation facilities then the land owners can cultivate their lands and the landless can work as agricultural labourers in the fields. People also mentioned sanitation, healthcare facilities and livelihood as a major need and how the lack of these things is a problem. In Venkom bai, people have reported drinking water and healthcare facilities as the biggest problems and mentioned that these are the urgent needs of the community. They are forced to and bound to drink ground water which is having high content of fluoride. Sanitation facility is an urgent need as most of the people are practicing ODS. Naturally, this practice gives birth to diseases.

People have also talked about transportation facility which is not available for the Venkom bai tanda people. This creates problems during the time of medical emergencies also and sometimes people die because of unavailability of transportation facility to take them to the hospitals. Two of the respondents mentioned lack of education facilities as a problem which came out very clearly in the surveys. People do not send children after 5^{th} class for education because the

facilities are not available nearby. The schools are located at a distance and there are no transportation facilities available to reach the school. The financial problems also play a very big role in sending children for education after primary level because it is additional burden of expenditure for them.

Rachkonda Panchayat

Rachkonda panchayat is around 10 km away from Narayanpur mandal office and with population of smaller magnitude like 50-150 households. In this panchayat, the team studied 4 locations which are Rachkonda village, Donala tanda, Kadeela bai tanda, and Thumbai tanda which are all widespread in different directions.

Socio- Economic Profile

All the locations are constituted by Hindu community. These locations are tandas and only Lambada tribes reside in these tandas. Majority of the population is engaged in labour work and earning livelihood through this source only. There are countable families at all the locations except Rachkonda, who own land. Of those interviewed only 2-3 families own agricultural land and not even all of them are cultivating their fields. In Rachkonda village, of those interviewed, except one household every household owns agriculture land. The land-holding varies from 1-5 acres for all the families. Moreover, these land owners have irrigation facilities also like canal, river, and bore-wells. The crop cultivated by them is mainly rice which is used for self-consumption.

Drinking Water

The major source of drinking water in Rachkonda village is public tap which is mentioned by around 60% of the studied population. Private taps, bore wells, and water tanker is also used by 2-3 families in the village. People have to spend from 5-20 minutes in getting water from the public tap, while the number of trips made by them range from 1-4 visits per day. In Thumbai tanda, people use public tap and bore wells mainly. Around 75% of the studied population of Thumbai tanda uses these facilities. The water tanker facility is available here as well but the frequency does not suffice. The tanker comes once in 10 days and it does not provide sufficient quantity either. There are 2 private wells also available in the village. The time spent by people

to fetch drinking water from different sources varies from 15-60 minutes. The number of trips made by people to get water is 4-10 times per day.

Kadeelabai tanda also provides water to its population mainly through public taps and bore wells, public tap being the more widely used source by the people for drinking water. Water tanker was also mentioned by a household. Those who are using public tap spend 5-15 minutes in getting water from public tap. And the number of trips made by them is upto 10 visits which makes it an extremely hectic job for the populace. In Donala tanda also, people use public tap mainly for drinking water. Of those interviewed, around 45% of the households answered public tap as the source of drinking water. Apart from this public well, bore wells and private wells are used by people to get drinking water. The time spent by people in getting water from different sources varies from 10-120 minutes. This evidently means spending a great extent of time and energy on collecting water and almost around 4-10 trips a day.

The major source of water in these villages is ground water and there is high content of fluoride in the water. This is affecting people's health like in the case of other villages in Nalgonda district, and there is no water treatment plant either to avoid these issues. It is available only in Narayanpur village. Other villages are still waiting for the safe and clean drinking water.

Another major hurdle is the distance traversed in collecting water which is taking a toll on the natives in terms of time and energy spent in fetching water from different sources and the number of trips that they have to make. Water is a basic necessity and safe drinking water should be available easily for everyone but that is not the case with people in Rachkonda panchayat and even in other locations in this district.

Livelihood & Employment

The people in Rachkonda village are mainly engaged in manual labour as there are not many options available. Around 60% of the total studied population is engaged in labour work which includes agricultural labour. Except one respondent, all the respondents have agriculture land and rice is cultivated for self-consumption. The major irrigation facilities are bore wells. Further, in Thumbai tanda, around 73% of the population rely on only labour work to earn livelihood and the average labour rate is Rs. 100 per day. Except one family each one owns land but not every land owner is engaged in agriculture due to lack of irrigation facilities. The major crop cultivated is rice, once in a year. As the production is only around 5-7 quintals a year, the farmers use it for

the self-consumption as the. Kadeela bai shows 71% of the population engages in labour work; around 10% in engaged as farmers and earning livelihood. Out of the total population studied, around 65% of the population does not have land ownership. The land ownership varies from one person to another. It ranges from 0.5 acres to 3.5 acres. The only source of irrigation is bore wells which are also not permanent source of irrigation water for the farmers. The crop cultivated is rice and crop is use for domestic as well as commercial purposes. The farmers grow only one crop in a year because of less water for irrigation.

In Donala tanda, half of the population is earning livelihood through agricultural labour and farming, while around 42% of the people are engaged in labour work to earn their livelihood. There are some people in private sector jobs also. Of those interviewed, 50% of the population owns agricultural land and all of them are cultivating land. But only one family that is able to use crop for commercial use. The land-holding varies from 2-5 acres in this tanda. The only facility for irrigation is bore well but this works on temporary basis.

MGNREGS

'NREGA', as it is commonly known as, is not functioning smoothly in Rachkonda. Out of all the respondents, one responded of not being aware of the scheme and two of not having job cards. But the functionality of the scheme is dubious as half of the respondents responded negatively about the working under this scheme. Even after having job cards, people do not get work under the scheme because the panchayat has not provided work since last year. The condition of this scheme in Thumbai tanda is better than in Rachkonda village. Except one respondent, every respondent has job cards and they all worked last year under the scheme. People get work for different number of days. The averages working days are 41-60 days which people got last year and the wages were Rs. 80-100 per day.

In Kadeela Bai Tanda, two people reported of not having job cards. Atleast half of the studied population has reported that they got work upto 20 days only in the last year. This was due to lack of work distributed to the people from the panchayat. The daily wages range from Rs. 50-100 per day. The case of Donala tanda is the same, where all the villagers have job cards and worked in the range of 1-40 days in the last year and the daily wage was Rs. 100.

On the whole, MGNREGS was nonfunctional last year, with not one respondent getting complete 100 days of labour under the scheme. Apart from this, the wages were also not

distributed properly, that is they were paid Rs. 50 as wages per day when they were supposed to get Rs. 100. In fact, some people are still waiting for their wages of last year to be paid.

Public Distribution System (PDS)

All the respondents from Rachkonda village and Donala tanda have ration cards. All the respondents access ration shops and get rice, sugar and kerosene oil as a common commodity. There are respondents who are getting wheat, palm oil, soap and surf also from the PDS shop. In Kadeela bai tanda and Thumbai tanda, except one respondent, all have ration card and access PDS. The commodities commonly accessed are rice, sugar, wheat, palm oil and kerosene oil. Soap and surf are other things that they get from the shop.

Education

Almost 55% of the studied population is illiterate. Other than this there are people in the village studied up to 12^{th} class but the number is one or two persons. Of the school-going population studied by the team, all children are attending school except one and they are attending government school. Out of the total selected population, there is only one dropout in the studied population and the reason is disinterest in the education. All the students who are pursuing and studying below 9^{th} class are getting food under the Mid-day Meal scheme on a regular basis.

Thumbai tanda shows 62% of the studied population as illiterate. Even in this case, countable people have studied up to 12^{th} class. It was reported that all the school-going age children are going to government schools and on a positive note, no case of dropout was reported. The children get food on all six days of the week under MDM scheme.

60% of the studied population of Kadeela bai tanda belongs to illiterate category. Of all the school-age going children in the study, two are not going to school. All others are going to different schools like residential, government and private schools. Here the people are also spending a good amount on education of their children which ranges from Rs. 2,000 to 12,000 per year. The MDM scheme is successful in providing food to school children on all days of the week. Donala tanda has 48% illiterate population. Of all those interviewed, only one person was found to be 10^{th} pass and that was the highest education level covered in the study. On the other hand, the school-going age children are going to residential and government schools. The

expenditure is going upto Rs. 15,000 per year in residential schools. The MDM scheme is functional in government schools.

Healthcare & Nutrition

Government dispensary and private doctors are accessed by natives of Rachkonda at the times of minor illnesses. They incur anything between Rs. 100-400 for this treatment. One respondent also mentioned about visiting unqualified doctors for the treatment of minor illness who charge Rs. 200 per visit. For major illnesses, people mainly visit private hospitals in Hyderabad at the time of emergencies. Two of the respondents visit private doctors also because they cannot afford to visit private hospital which includes the cost of transportation. Only two families responded about opting for institutional deliveries, out of which one went to private hospital and spent around Rs. 30,000.

In Thumbai tanda, except one respondent, everyone reported of going to a private doctor for the treatment of minor illnesses. For major illnesses, people go to private hospitals primarily and also to private doctors. For minor illness, people pay Rs. 100-200 per visit and the rates differ for major illnesses according to the diseases. There are people who have paid Rs. 2,000 and even upto Rs. 10,000 for major illnesses. Out of 7 respondents, only 2 reported home-based deliveries. All other went to private hospitals and spent Rs. 10,000 to 16,000 for one delivery. There are no government facilities like SHC, PHC or hospital for the people and they are bound to rely on private healthcare services.

Around 65% of the people from Kadeela bai tanda go to private doctor for treatment of minor illnesses and 35% visit private hospitals. For major illness 70% go to private clinics for the treatment of major illnesses. Those who cannot afford the expenses of private hospitals go to private doctors and PHC for the treatment of major illnesses also. The money spent by people in the treatment of minor illness ranges from Rs. 50 to Rs. 200 and for major illnesses, it is always above Rs. 1000 and it goes upto Rs. 10,000. 53% of the studied population had visited hospitals for the deliveries and others had had deliveries at their home only. Out of the 9 deliveries in hospitals, six deliveries took place in government hospital and only 2 got benefits of JSY. Those who visited government hospitals also ended up paying upto Rs. 1000 in the whole procedure. People who have delivered in private hospitals have paid up to Rs. 20,000 for a delivery.

People from Donala tanda go to private doctors and unqualified doctors for treatment of minor illnesses. Except one person, all visit private doctors who charge upto Rs. 200 per visit. For curing major illnesses people visit only private hospitals and private doctors. Most of the population goes to private hospitals and they end up paying Rs. 2000-5000. Out of the studied population around 57% of the deliveries took place at home. In institutionalised deliveries, except one delivery, all other deliveries took place in private hospitals. People have spent up to Rs. 30,000 for a delivery.

Sanitation

All the 4 locations have reported that people practice ODS due to lack of toilets in the village. There is only one family in Kadeela bai that reported of having a flush toilet. The time spent in practicing ODS varies at every location. For Rachkonda, it ranges from 5 minutes to 1 hour whereas people spend 10 minutes to 1.4 hours in Thumbai tanda and Kadeela bai tanda. People from Donala tanda spend 15 minutes to 1 hour in practicing ODS.

The major problems faced by people to practice ODS are distance, seasonal difficulties and problem for women to go into open spaces. These are the common paroblems faced by all the locations. Apart from these, Thumbai, Kadeela bai and Donala tanda face problems related to lack of space available. There is no garbage and waste water disposal system present at the locations. The garbage was thrown by people in the available open spaces and waste water makes its own way to exit.

Major Problems

Rachkonda tanda shares unavailability of transport facility as the biggest problem. This unavailability creates problems for education and healthcare also. Children who want to go to schools outside their villages cannot go because of unavailability of transport. Secondly, people cannot take patients to hospitals in the case of emergencies because of no transport facility. Further, people are forced to visit private doctors or unqualified doctors because there is no medical facility available. Other major problem mentioned by people is lack of proper sanitation facilities. For sanitation, there is no system in place and thus people practice ODS. Toilets are a genuine need, but especially behavioural change is required that can bring changes in the practices. Some people mentioned unavailability of roads also as a problem. Lack of irrigation and education facilities were also reported by the respondents as a problem.

Thumbai Tanda residents reported drinking water, sanitation and health facilities as the important and primary needs. Apart from these, irrigation, livelihood opportunities and education were also reported as important needs. Clean drinking water needs to be provided at every location demanding water facility. Again, as mentioned above, health facilities need to be provided for better healthcare of people which is not properly addressed by either PHC or SHC. At times of emergencies, there is no help to these locations to avail timely and quality healthcare. People do not have any answers related to major illness' treatment as they do not go anywhere for treatment because of financial crunch.

In Kadeela bai tanda, people reported sanitation and drinking water as the two most important needs to be addressed urgently. Apart from this roads, education, healthcare, irrigation and transport facilities were reported by the people. Livelihood also came up as an emerging issue from people's side but they were unable to articulate this need properly. They were not able to share with the team about the alternate livelihood options on which they could work to improve their financial condition.

Donala tanda is an isolated tanda and there is no approach road to reach the tanda. The most important need expressed by the people is of transportation and drinking water. Apart from this, sanitation, electricity, and livelihood are other major concerns expressed by the respondents. There is a major need of laying down roads so that the tanda can be connected with the main road. This can in turn affect and decrease their other difficulties emerging from lack of roads.

Narayanpur Village Panchayat

Narayanpur is the biggest village of Narayanpur mandal and Nalgonda district. It has 1000 to 1500 households and population of 6000 people. It has a PHC, MPDO office, MRO office primary schools, secondary and senior secondary schools. People are getting clean drinking water through public taps. There are facilities available through which people are getting purified water in cans for which they have to pay. Electricity is available for every household. Transportation facility is available for travelling to Hyderabad and other areas. In a nutshell, all the basic facilities are available in Narayanpur village and all these facilities are established near the Mandal office.

On the basis of primary observations of the available basic facilities, the research team decided not to do need assessment survey in the whole Narayanpur village. The team had a talk in MRO office and with their help the team selected two needy locations which are Gandhinagar tanda and Kumarkesaram. The survey was done by the team in these two locations.

Socio-Economic Profile

Narayanpur is mainly dominated by Hindu population. The major castes in both the tandas are Madiga and Mala. The tribal population is basically dominated by Lambada tribe in this region. Almost half of the population is engaged in labour work to earn their daily bread. People are engaged in agriculture, government and private service also.

Drinking Water

Around 56% of the studied population gets drinking water from public tap and around 35% of the people use private taps for drinking water. There were two respondents who mentioned about use of water tankers and bore wells to get drinking water. To get water from public tap and bore wells people have to spend a considerable amount of time on commuting to and fro. This time consumed ranges from 5 minutes to 1 hour for a trip. The number of trips range from 1-10 trips in a day. This is such a hectic work because the distance and time is too taxing to walk and spend. Further, the water supply is also not regular. The public tap provides water on a temporary basis as it gives water once in 2-3 days and water tanker with filtered water comes only once a week.

MGNREGS

Only one person reported of not being aware of the scheme while all others were aware of the scheme. But 5 out of the studied population do not have job cards and without job card they do not have any right to claim work under the scheme. The number of man-days worked upon by people in last year is varied for instance, around 30% of the people surveyed got work for 41-60 days in the last year; around 25% have claimed to work for 1-20 and 81-100 days each; 10% have reported of working for 21-40 and 61-80 days each during last year.

The daily wages in the scheme range from Rs. 50-100. The wages are very low as most of the people used to get even less than Rs. 100 per day. Villagers have also reported that they did not get work this year. The scheme is semi-functional as some people are getting work and many are not. So, the livelihood which was available through the scheme is now dubious as people do not get work now. Around 2-3 persons have mentioned that the scheme is not functional since last 2 years in their area, as the work does not reach beyond the areas near to the Panchayat.

Public Distribution System (PDS)

Only two persons did not have a ration card and so they are unable to access PDS. The common items accessed by people are rice, sugar and kerosene oil. Apart from these commodities, some people get wheat, palm oil, soaps and surfs also.

Education

In the studied locations of Narayanpur village, around 46% of the population is illiterate. Around 10% of the population has cleared 10^{th} class and 7% has passed 12^{th} class. The team found two people who are graduates and one post graduate. Children belonging to school-going age attend schools except two children. Barring one who is going to private school, all others are going to government school. The reasons behind not enrolling children in schools are related to financial problems. In one case, a child was supposed to work to add to the family income and in another case, the cost was not affordable for the family. People also reported of having dropouts in their family. The major reason behind this was that the children were required for work for payment in cash or kind to earn daily bread for their family. Apart from these high cost for education, unavailability of transport facilities, disinterest in studies, and household work were the major

reasons behind dropouts. All the respondents reported of getting food under MDM scheme on all the weekdays.

Health & Nutrition

Around 52% of the studied population has mentioned that they visit unqualified doctors for the treatment of minor illnesses. Apart from this, people go to PHC also for the same treatment. Three respondents also mentioned their visits to private doctors at the time of minor illness. They spend from Rs. 50-500 on every visit to the doctors. For major illnesses, 70% of the studied population reported that they go to private doctors for the treatment of major illnesses. People spend different amounts on different treatments of diseases. People have mentioned that they spend upto Rs. 15,000 for some major treatments. Around 63% of the total population has reported that they have gone for institutionalised deliveries. Out of them, 63% had gone to government hospitals which are 7 people. Out of them only two got the benefits of JSY. People have spent up to Rs. 5000 to Rs. 50,000 on deliveries. The anganwadi is functional in the area. Around 10 respondents of the area have mentioned that they send their children to the anganwadi. The services provided by anganwadi are supplementary nutrition, immunization and pre-school education. But all the families do not send their children to anganwadi.

Sanitation

Except one respondent who has the facility of private flush toilet, the rest are practicing ODS. Those who are practicing ODS are spending 5 mins to 1 hour in the whole practice. The major difficulties reported by these people are difficulties faced by women, seasonal difficulties and distance. People have also reported unavailability of space as a problem. There were 2 respondents who mentioned that they do not have any problem in practicing ODS. There is no garbage and waste water disposal facility/system available in these villages. So, everyone throws garbage in open spaces which creates dirt and sanitation problems for them.

Major Problems

Around 35% of the people have mentioned sanitation as the most important need. The root cause of this is the practice of ODS by almost all the respondents. In terms of priority, health and livelihood have been reported by the people as their major needs. 10% of the population

mentioned unavailability of drinking water as a problem. Other than these roads, education facilities, irrigation facilities and transport facilities also reflected as the needs of the community.

Gollagudem Village

Gollagudem is a village under Vailapali panchayat. It is a very small village with 30 households.

Socio-Economic Profile

The villagers in Gollagudem belong to Hindu religion. All the respondents are from Yadav community. The village is dominated by Yadavs. Main sources of livelihood are labour work and farming. Half of the population in this village has land and half is landless. The landless, work as labour in factories and other areas, and also work as agricultural labourers. Furthermore, education is also not satisfactory because half of the studied population belongs to illiterate category.

Drinking Water

Except one household out of the studied population, all fetch water from public tap. One mentioned water tanker as the source of drinking water. Time taken by the families to get water from the tap is 5-15 mins. All the families make 3-4 trips in a day to get drinking water. The tap water is supplied through the Nagarjuna sagar dam and it contains less fluoride but there is a certain amount of fluoride content in water.

Livelihood & Employment

To earn the livelihood, around 88% of the studied population is engaged in labour work which includes around 11% of the agricultural labourers and 11% are engaged as farmers in the village. The wages for the labourers range from Rs. 50-150 per day. Out of the 7 studied families, 4 own land. Out of them one grows cotton and they use it for commercial purpose and earn a handsome income that is Rs. 12,000 for 300 kg. Others grow rice on their field and they use it for domestic use. The land holding varies from 0.5 acres to 7 acres in these four families. There is only one family who has bore-well facility to irrigate the fields. Others are cultivating without irrigation facilities.

Education

The educational status of Gollagudem is varied but the illiterate population is this area is also above 50%. Around 12% of the population belongs to the categories that have passed 5th class and 10th class each. With regards to school-age going children, all families are not sending their children to schools. The reasons for non-enrolment are distance of school which children have to cover, disinterest in studies from parents as well as children's side and the requirement of children to work in family business like agriculture. There are cases reported by people of dropouts and the reasons for this are distance, unavailability of transport facilities and requirement of children to work in family business. Those who go to schools access government schools for the education.

Health & Nutrition

Of those interviewed, around 90% of the people reported of visiting private doctors at the time of minor illnesses. Only one respondent mentioned about visit to PHC for the treatment of minor illnesses. The cost incurred by these people ranges from Rs. 50- 400 for a visit. Whereas for the treatment of major illnesses the respondents go to private hospital as this is the major facility available to them. Apart from this, around 30% of the people visit private doctors for the treatment of major illnesses. The reason for not going to hospitals is because of lack of finances. In the past, people have spent from Rs. 1000 upto a huge sum of Rs. 30,000 for the treatment of major illnesses in private hospitals.

For delivering the child, villagers are using institutionalized as well as non-institutionalised methods. Those who access hospitals are going to government doctors as mentioned by the studied population. Benefits of JSY are also availed by people during first two deliveries in the family in which they get Rs. 700 for one delivery. Anganwadi is not functional in this area as mentioned by people. So the nutritional benefits to be given to children upto six years and to pregnant and lactating mothers were lacking.

Sanitation

There are no sanitation facilities in this village. All the respondents have reported of practicing ODS in the village. They spend 10 to 30 minutes in this practice everyday. The major problem reported by them is related to the open space in which women have to go to practice ODS. Other

than this, distance and seasonal difficulties were mentioned by them as major problems. They do not have any infrastructure to opt over ODS. This village has no water facility available to the residents. Waste water disposal and garbage disposal is another issue because people throw garbage in all the open spaces in and around the village, while there is no drainage system either.

Major Problems

Sanitation, roads, irrigation and drinking water were mentioned as the major problems of this area by the respondents. There is no sanitation facility available and all are practicing ODS. As this is a small village and located very far from the main village, it is neglected in terms of roads. The roads are *kuchha* and not vehicle-friendly. There is no irrigation facility available as ground water is also at a very low level. Further, related to water, drinking water is a common problem for all the locations. The fluoride content and the irregular supply of water make the situation worse. Apart from this electricity, livelihood, education and lack of transport facilities were also mentioned by people as problems but these areas are on low priority for them.

CHOTTUPPAL MANDAL

Chottupala Mandal is another mandal that the company provided in the list to focus their CSR activities on. There were 3 locations which come under 2 panchayat in this area. The locations are Allapur Panchayat, Peepalpahad Panchayat and Yenagandi tanda. Yenagandi tanda comes under Peepalpahad panchayat. This Mandal is connected with the highway unlike Narayanpur mandal. This connectedness to the National Highway has made it a better choice for the companies to get established there.

Allapur Panchayat

The team conducted survey in Allapur village of Allapur Panchayat. The village, on the basis of primary observations, was one of the finest villages in terms of facilities and services. All the basic facilities are available and the government workers like ASHA worker, Anganwadi worker, etc. are working regularly and providing services to the people.

Socio-Economic Profile

Allapur village has Hindu population and it consists of various caste groups like Reddy, Madiga and Yadav. The Reddy population has the highest share of the households in the village. Of the

studied population, around 60% of the population is engaged as labour force to earn livelihood. Other than this 20% of the population is engaged in farming and 20% is working in private sector to earn bread. Around 70% of the households own agricultural land but only 50% of the families are cultivating their fields. The produce is used by people for domestic as well as commercial purposes. A primary school and anganwadi centre is available. The team met Asha Worker also who has all the updated medicines and she takes pregnant women to the government hospitals for deliveries also.

Drinking Water

Around 60% of the total population claimed to have private taps through which they get drinking water. Apart from this resource, 30% of the studied population access public taps and 10% use bore wells to get drinking water. Those who get water from public taps and bore wells spend around 10 minutes to go and get water. These people make upto 2 trips in a day to get drinking water from different sources. The condition of this village is comparatively far better than other villages. They have one over-head water tank also to store water. The village gets sufficient drinking water and does not need to rely on water tankers for the drinking water.

Education

Of those interviewed, around 48% belong to illiterate group. The village has people who are studying in 10^{th} class and in graduation but the number is relatively very small. The population belonging to both the categories is around 10% for graduation as well as for 10^{th} passed. Whereas, all school-going age children attend schools and the type of schools are public as well as private schools. The population makes an equal choice of both the kinds of schools. There are people who can afford private education and it constitutes half of the studied population. The rest of those who are going to government schools are getting food under MDM on a regular basis. The respondents have reported the cases of dropout that have occurred in their families. The reasons are distance, unavailability of transport facility, disinterest in studies and need to earn money for family. These reasons are widely shared by the families unanimously.

Health & Nutrition

Half of the population visits private doctors at the time of minor illnesses and rest of the half opt for private hospitals for the treatment of minor illnesses. People spend around Rs. 100-200 for a

visit at the time of minor illnesses. For the treatment of major illnesses, around 77% of the population visits private hospitals. This population reported from their previous experiences that they pay up to Rs.10,000 for the treatment of their major illnesses in private hospitals. There were two respondents who mentioned that they go to private doctors because of their inability to visit private hospitals. They spend up to Rs. 500 to 1000 per visit at the time of major illnesses. Very few have responded that they visit government hospitals during the time of major illnesses.

Out of the studied population, only one reported of delivering child at home, whereas all the others went to hospitals to deliver children. Out of 9 people, 6 went to private hospitals and 3 went to government hospitals. The expenditure put in by people ranges from Rs. 5000-25,000 per delivery.

The anganwadi is functional in this village which is providing services to 23 children. The facilities are preschool education, immunization and nutritional food. The anganwadi is well maintained and the AWW opens Anganwadi regularly.

Sanitation

55% of the population has private flush toilet facility and 28% has private pit toilet facility. Only 16% of the total studied population practice ODS in the village and they have to walk for 5 minutes to 1 hour to walk to the open space for ODS. The problems faced this population faces are seasonal difficulties, distance and problems for women to go into open spaces. But there are only 3 to 5 families that are practicing ODS.

Major Problems

The health facilities and unavailability of livelihood opportunities were reported as major problems by the people of Allapur village. Drinking water was reported as a problem by the families who get drinking water from public tap and bore wells. There were 6 families who reported the need for irrigation facilities as a big issue. Those who have agricultural lands cannot cultivate because of absence of irrigation facilities. Education was also mentioned by the people as a need as there is only one government primary school which is also accessed by 20 children of the village. The problem is that there is no permanent teacher in that school since one year.

Peepalpahad Panchayat

There were two locations studied by the research team under this panchayat. These are Peepalpahad village and Yenagandi tanda.

Socio-Economic Profile

Peepalpahad and Yenagandi tanda comprises of Hindu population and Yenagandi tanda has majority of Lambada tribes. The Peepalpahad village has mixed population which has Yadav, Reddy, Madiga, and Gaud. Around 30% of the population of Peepalpahad owns agricultural land. The ownership varies from 0.5 acres to 4 acres. The crop cultivated by the farmers is rice and all use it for domestic use only. On the other hand, a whopping 95% of the studied population is working as labour and earning livelihood. This is the highest percentage of people engaged in labour work amongst all the studied villages.

In Yenagandi, half of the population owns agricultural land and cultivate rice for domestic purpose. The facilities available for irrigation are wells and bore wells which are used by 3 families in Yenagandi. Here, around 87% of the studied population is engaged in labour work to earn livelihood. One respondent works in the government sector and two are working in private companies. Only one person reported himself as a farmer. The income at both the locations varies from Rs. 1000 to 4000 per month. It varies merely because of the number of work days.

Livelihood & Employment

Except one respondent who is a farmer, others are engaged in labour work to earn livelihood. The monthly income for all these labourers ranges from Rs. 1000 to Rs. 4000. The daily wages are around Rs. 100-150 per day. Around 73% of the population owns land and the average land holding ranges from 0.5 acre to 1 acre. The land is cultivated by only one household and they grow rice on the fields for domestic purposes.

In Yenagandi, around 87% of the population is engaged in labour work and one person reported of being engaged in farming. There were two persons working as government servants and one works in a private company. The salary for these people varies so much. The people in government and private jobs are earning above Rs. 5000 per month and the labourers get Rs. 100-150 per day. The labourers get work for 15-25 days per month. Half of the studied population has agricultural land and the landholding ranges from 1-2 acres. All farmers grow rice

and they use it for domestic purposes. During lean season, they work as labourers and earn money for the bread. There were 2-3 families having irrigation facilities like wells and bore wells.

Drinking Water

People of Peepalpahad are using public and private tap equally. Around 33% of the studied population are using public tap and the same percentage is using private tap for the drinking water. Around 25% of the population reported of using water tankers to get drinking water and there are very few cases that are using bore wells as the source of drinking water. Those who use public tap are spending 5 to 30mins in getting water and the trips made by people in a day ranges from 1-4 trips in a day. Whereas in Yenagandi tanda, water tankers are used by 70% of the people to get drinking water. Bore wells and public taps are also in use but around 10% of the total studied population use these sources of drinking water. The time spent by these people to fetch water from different sources range from 10 to 40 minutes. The trips made by people in a day to get water from different sources range from 1-10 trips.

Education

Out of the total studied population in Peepalpahad, 48% are illiterate who never went to schools. 10% of the total population has attained education till 10^{th} class and there are 3 students pursuing Graduation in B. Tech and B.A. Of those interviewed, 5% have passed 12^{th} class. The entire school-age going children attend school and around 80% of the children are going to government schools. These children get food regularly under the MDM scheme. Those who are going to private schools are even spending upto Rs. 15,000 per year on their education.

In Yenagandi, where all Lambada tribes reside, 64% of the total studied population belongs to the category that never went to school. Around 20% of the population is 5^{th} passed and people in classes above than 5^{th} class are countable. Out of total school-age going children, only 60% are going to schools and others are not going. The reasons behind not enrolling children into schools are household work and financial problems because of which parents cannot send their children to schools for even primary education. The respondents have also reported cases of dropout which took place because the children were required for work in family business or as labourers to earn livelihood. The children are going to government schools and only one child out of the

studied population is going to private schools. Those who are going to government schools mentioned that they are getting food on all the days of week.

Healthcare & Nutrition

In Peepalpahad, around 43% of the population mentioned that they visit government hospital at the time of major illnesses. Apart from this, people are going to private doctors and private hospitals also. There are 2-3 respondents who visit unqualified doctors and traditional doctors. For major illnesses, around 66% of the studied population visit private hospitals for the treatment. Around 20% of the people go to government hospitals and rest of the population visit private doctors who cannot afford to visit private hospitals for the treatment of major illnesses. The cost incurred by people in the treatment of minor illness is around Rs. 100-150 while Rs. 1500-3000 for major illnesses. Around 60% people of Peepalapahad visited hospitals at the time of delivering child. The ratio is same for government and private hospitals. Those who went to government hospitals mentioned that they got the benefits of JSY. The expenditure put by people in the deliveries are different for every person. Some have spent Rs. 3000 and some have spent up to Rs. 15,000.

In Yengandi, people prefer private doctors and private hospitals for the treatment of minor illnesses. There was one respondent who mentioned of visiting Sub Health centre for the treatment of minor illnesses. Here, people spend up to Rs. 200 for the treatment for minor illnesses. And for major illnesses, 60% people visit private hospitals for the treatment. Apart from this, people are using private doctors, government dispensary and government hospitals also. The average expenditure is up to Rs. 5000 for the treatment of major illnesses. Half of the studied population has delivered child at homes. Except one respondent, all have delivered at government hospitals. The respondent who delivered in private hospitals has spent Rs. 15,000 and those who have delivered in government hospitals have spent from Rs. 2000 to Rs. 5000. The benefits of JSY were taken by all those who delivered in the hospitals.

Sanitation

In Peepalpahad, 70% of the population is practicing ODS. Other methods used by people are flush toilets and private toilets. Those who are practicing ODS have to walk from 5 mins to 1 hour to walk for ODS. The people of Peepalphad mentioned three problems in practicing ODS. According to priority, problem for women to go into open spaces got the attention by 51% of the

population. Other than this seasonal difficulties and distance came out as the problems in practicing ODS.

In Yenagandi tanda, all respondents are practicing ODS and they are spending 20-50 minutes in going for ODS once. The problem for women to go into open spaces got more weightage by the people of Yenagandi tanda over other difficulties they might face in ODS. Other than this, distance, seasonal difficulties and no space available were problems people face in ODS. There are no systems available for garbage and waste water disposal in both the locations.

Major Problems

To summarize the issues in this panchayat, sanitation, roads and drinking water came out as the major problems which got equal attention by people of Peepalpahad people. Apart from this, health, livelihood, transport and electricity were mentioned by people as serious problems related to Peepalpahad. 25% of the people pointed out the need of having proper toilets in the village so that they can remove the practice of ODS.

In Yenagandi tanda, health facilities, sanitation and clean drinking water were highlighted by people as the major needs of the tanda. Around 23% of the population mentioned health facilities and 22% of the studied population mentioned sanitation as the needs for the tanda. 19% of the population showed the need of having clean drinking water. Other than these, roads, livelihood, transport, education and irrigation facilities came out as the needs of this area.

Possible Areas for Intervention

This section is going to recapitulate and provide a sharp look on the needs for every location. The *major problems* and needs related to every area were listed in the last sub-section of every panchayat. This section will prioritize the needs for every location and rationalize it as to why these needs are important for those locations. Broadly, sanitation, drinking water and healthcare facilities came out as the major needs for all the areas but there are some specific needs also. The broad as well as specific needs will be encapsulated and covered in the following table:

Location	Needs	Rationale
Jangam Village	Sanitation Facilities	Lack of sanitation facilities was a problem faced by 30% of the studied population. Around 75% of the total population in Jangam is practicing ODS. *The construction of toilets with infrastructure and water facility can bring a change in the practice. The need of behavior change is also there which will be the key to shift people from ODS to toilet use, and inculcate better hygiene habits.*
	Healthcare Facilities	Villagers, for minor as well major illnesses, are compelled to visit private health service providers for availing treatment. The service is exorbitant which forces them indirectly to take loans for the treatment. This is basically due to lack of any government healthcare facility in the locality. PHC is focusing on implementing all the national health schemes. *So, the need for quality and reasonable healthcare facilities is a major and urgent need. However, this should not be absolutely free and charity-based as it is human nature to opt for charged facilities rather than free, welfare-based ones. So some minimum charges need to be taken.*
Vachya Tanda	Drinking Water	The sources of drinking water are various public sources like public taps, water tankers etc. The water bears fluoride content which makes them prone to and gives bone diseases to people. *The provision of clean drinking water can be a possible area of intervention as people spend a considerable amount of time to arrange clean water for the sake of their health.*
	Sanitation Facilities	All the people of the tanda are practicing ODS and they are facing difficulties in that. Especially women are facing problems in practicing defecation in open areas. Apart from this, seasonal difficulties and distance also create problems for them. These are mentioned by majority of the population. *The arrangements can be made in these regard alongwith the proper knowledge of the benefits of using toilets.*
	Healthcare Facilities	People use services of unqualified doctors or *'quacks'* for the treatment of minor illnesses and private hospitals for major

		illnesses. There is always a danger to take services from these so-called doctors because of their half knowledge. People are bound to take services from them because of two reasons. One is that there is no facility available and second is related to their financial disability. *The services of qualified medical professionals are needed on cheaper cost.*
Malkacheruvu Tanda	Drinking Water	Drinking water got most of the attention from people as people get water mainly through bore wells and public taps. The water level is very low and the cost of bore well is very high which cannot be afforded by everyone. People get water from others' bore wells and use it for drinking purposes. There is no permanent source of water. These are temporary sources and people get water once in 3 or 5 days. *The possible option is to construct overhead tanks (OHT) through which water can be distributed in the tanda. The water should not be provided without proper filteration.*
	Sanitation Facilities	The case is same as Vachya tanda in the context of sanitation. The villagers practice ODS and walks for 15-20mins for this purpose. The difficulties mentioned are seasonal, distance, and problem for women of using open spaces. *The need of the proper infrastructure is urgent with the simultaneous work on Behaviour modification.*
	Roads	Lack of proper roads is a problem for the natives of the tanda. There is a road which connects the tanda to other parts but there are no internal roads and this was expressed by 15% of the studied population. This creates problems in emergencies and daily inconveniency. *Need for laying down of roads inside the tanda for better reach and connectivity is paramount.*
Gangamoola Tanda	Sanitation Facilities	The condition of all tandas is same in this context. The entire population of this tanda practices ODS. This is primarily due to of lack of facilities and awareness. It consumes 40 minutes of their time daily to go into open spaces to defecate. The problems faced by people are same as mentioned in above sections.
	Drinking Water	The sources of drinking water for people are public taps and bore wells. Again, the problem is of irregular supply and high fluoride content in water which gives birth to bone diseases. To fetch this water, people spend upto 60 mins in a trip. They have to make 5-10 trips in a day to get drinking water for regular use.
	Livelihood Options	Gangamoola tanda brought out livelihood as one of the major problems. The reasons are amply clear. People are landless and those who have land cannot cultivate because of absence of irrigation facilities. The other source is labour work which is also available on temporary basis. People have showed it as a problem but they were unable to articulate alternate option of livelihood. This area needs a special attention.

Kadapagandi Tanda	Drinking Water	People are getting water from public taps and bore wells. The condition is nowhere different from other tandas. The problem of temporary supply and fluoride content in water is present in this tanda also. The distance to get water and number of trips made in a day makes it worse.
	Sanitation Facilities	All are practicing ODS and they walk for up to 60 minutes to get open spaces. The problems faced by them are of distance and unavailability of space. This practice is difficult for women to defecate in open areas.
	Livelihood Options	There are many people in this tanda who own land and they cultivate their fields. The problem is that they are unable to use the full potential of their lands because they do not have irrigation facilities so they are bound to seek labour work as the major source of livelihood which is also not available regularly. *So, the need of livelihood opportunities emerges here.*
	Healthcare facilities	People are visiting private doctors and unqualified doctors for the treatment of minor illnesses and they pay upto Rs. 200 per visit which is unreasonably high according to their financial standards because they earn this much amount only after working for 2-3 days. There are no government services available near the tanda which can provide services for free. Albeit expensive, people are forced to go to these private service providers.
Venkom Bai Tanda	Drinking Water	Around half of the population use public taps and water tankers to get drinking water. People are spending upto 30 mins to get water from these sources and make 4-10 trips a day. The water is available temporarily and that is too with fluoride content like in other tandas.
	Healthcare Facilities	Private doctors and unqualified doctors are the only source and their consulting charges are above Rs. 100. For major illnesses, people access private hospitals which are expensive. No government facilities are available which can provide free or low cost and effective treatment at all the times. People are forced to go to these service providers because of unavailability of the government system.
	Sanitation Facilities	Half of the population practice ODS and they spend 60-70mins to walk in search for open space. The problems are of distance, open space, and other commonly found difficulties faced by all the people.
Rachkonda	Health Facilities	People of Rachkonda visit unqualified, private doctors and private hospitals during the time of medical care. Around 5 families are using government medicare services. The reasons behind less use of government services are inefficiency and unavailability of these services.
	Sanitation Facilities	The common practice is ODS and people walk up to 60mins to defecate in open area. The major difficulty mentioned by people

		is exclusively related to women that shows problem for women in going out in the open for defecation. Others are seasonal difficulties and distance.
Thumbai Tanda	Healthcare Facilities	Only private healthcare services are available for people to get treatment of minor as well as major illnesses. The fee is also high as they pay from Rs. 200 for minor illness to Rs. 10,000 for major illness. The services from government are not reaching the needy and especially the tandas because these are very small pockets of the villages. For deliveries, people access private services in which they pay upto Rs. 15,000.
	Drinking Water	The sources of drinking water are public taps and bore wells. The water contains fluoride and is temporarily available. The trips made by people are 5-10 in a day and one trip takes 20-60mins. Unfortunately enough, like in most tandas, getting drinking water is a regular struggle for these people. And this too is not clean for their health.
	Sanitation Facilities	The common practice is ODS and the time spent by people for a trip is upto 20mins. The difficulties are mainly related to women and distance. *The need is of toilets and behavior change of people to use available systems.*
Kadeela Bai Tanda	Sanitation Facilities	Villagers use open spaces as there is no facility available. They spend 30-60mins to go once for defecation. The difficulties are same as faced by other people in other tandas like distance, space, seasonal difficulties, etc.
	Drinking Water	Different sources are available to provide drinking water but all are temporary and provide high fluoride contained water. People have mentioned this as one of the most important needs. People are making 3-4 trips in a day to get water and one trip takes them upto 25mins to get water from public sources.
	Healthcare facilities	Here also, people use private health facilities. For minor illnesses they spend upto Rs. 200 and up to Rs. 3000 for major illnesses in private hospitals. For the deliveries also, people prefer private healthcare facilities. The unavailability of government health facilities force people to seek services from available private services which is very expensive and do not provide effective treatment also. They make people visit them again and again to make more money.
	Education	Only primary school is available in the tanda and people expressed it as a concern. Children dropout after 5th class because of financial reasons and the distance they have to cover to go for secondary and senior secondary schools.
Donala Tanda	Roads	Donala tanda is an isolated tanda and as there is no road to reach that tanda. It is very difficult to drive a vehicle as the road is in a very bad condition. *The first need mentioned by people is to connect the tanda to other villages.*
	Drinking	People get drinking water through public sources like taps and

	Water	bore wells after a walk of 10-30mins. The trips made by them in a day are four. They are bound to drink water with fluoride content because there is no other facility available. Water tankers also fail to go in that area because of lack of road facility.
Narayanpur Village (Gandhinagar Tanda and Kumarkesara)	Sanitation	People practice ODS in these parts of Narayanpur because these parts are on the outskirts of Narayanpur village and services do not reach here. They have to walk for 40mins to defecate.
	Services to Aged People	Specifically to Gandhinagar, the elderly stay helpless and alone. They beg for food and other services. They do not even have water to drink that is the most basic resource. They stay in huts as no housing facilities available for them by their relatives. They are the most vulnerable and dependant population and pension schemes can be introduced for them.
Gollagudem	Sanitation facilities	The common practice is ODS and the time spent by people is upto 40mins. The problems faced by them are distance, seasonal difficulties and problem related to women to go into open spaces.
Yenagandi Tanda	Healthcare Facilities	The private service providers are available here also. Except 5-10 families in the village, all are going to private healthcare service providers. Others are visiting government institutions like PHC, SHC. These services are not effective and that is the reason why people are spending high amount to private doctors. *The need is of effective healthcare services on nominal price.*
	Sanitation Facilities	ODS is a common practice in the tanda by the whole population. They spend upto 50mins and the problems are related to unavailability of space, distance, seasonal difficulties, etc. This need was given much importance by people. They do not have facilities and infrastructure to bring a change in behavior.
	Drinking Water	Almost 70% of the population gets water from water tankers and public taps and bore wells are also used by people to get water. But the latter are used by 10% of the total population. The problem of water got high importance as 40% of the respondents mentioned it as a need to be addressed on priority.

**** There research team recommends a meeting of the PSU, POs of Hub, and NGO (implementing agency) to discuss all the selected possible areas of interventions. This discussion can be focused on implementation strategies.***

Special Note:

Apart from all these specific needs related to specific locations, one major need based on the team's observation is related to *livelihood opportunities*. The village consists of landlord as well landless people, but even those who own lands are unable to cultivate it for commercial use because of lack of irrigation facilities. The study tried to gather information about the alternate options which the villagers would be willing to work upon for improving their standard of living. But the respondents were unable to articulate any options to generate livelihood options. There is a clear mismatch between income and expenditure as people spend high amounts on food and healthcare facilities. They are unable to think of options beyond farming and labour work as this is the level of exposure to them since years.

Also low level of education contributes to the fact that they cannot opt for more livelihood opportunities. There are very few who opt to study after 10^{th} class, which leaves the rest with manual labour or agricultural labour. If there are irrigation and other facilities then they go for agriculture work. The team met only around 10 families in the entire study who use their land for commercial purposes and earn better income by selling crops. This need to generate alternate livelihood or providing facilities to strengthen existing livelihood facilities needs to be addressed on a priority basis.

ANNEXURE-1: The following is the total number of households as per GoI data and the sample households for each village:

Village Name	Total No. of Households	Sample Households (10% or depends)
Gollagudem	30	
Jangam • Harijan wada • Carpenters' colony	 200 30	
Mahammadabad (Many have migrated from the village)	150	12
Narayanpur • Kumar kesara tanda • Gandhinagar tanda	 70 100	23
Donala Tanda	50	7
Kadeela bai Tanda	140	14
Thumbai Tanda	50	7
Rachkonda	50	7
Vachya Tanda	100	14
Venkom bai Tanda	60	10
Malkacheruvu Tanda	70	8
Kadapagandi	130	15
Gangamoola	80	13
Allapur	160	18
Peepalpahad	584	30
Yenagandi Tanda	110	11

ANNEXURE-2: TOOLS USED IN THE STUDY

Investigator:

Household Survey

District: Village:
Tehsil/Taluka: Address/Landmark:

(A) Basic Information *(can be filled at the end of the form by the Investigator)*

1. Name of Respondent (Optional) :
2. Religion: (a) Hindu (b) Muslim (c)Sikh (d) Christian (e) Jain (f) Buddhist (g) Others, Specify:
3. What is the caste or tribe of the family:

   (a) Caste: (i) Madiga (ii) Mala (iii) Beda Jangam (iv) Reddy (v) Others, Specify .....
   (b) Tribe: (i) Sugalis (ii) Yerukalas (iii) Chenchu (iv) Others, Specify .....
4. Is this a scheduled caste, a scheduled tribe, other backward class, or none of them?

   (a) SC (b) ST (c) OBC (d) General (e) None of them (f) Don't know
5. Which Ration card do you have? (a) White (BPL) (b) Pink (APL) (c) Others, Specify:

(B) Housing & Sanitation:

Housing

6. Type of house: (a)Pucca (b) Semi-Pucca (c) Kutcha (d) None
7. Ownership details: (a) Owned (b) Govt. (c) Rented (d) Don't know
8. What is the source of Illumination? (a) Electricity (b) Kerosene Lamp (c) Candle (d) Solar Light (e) Petro-max (f) Gas (g) Others, Specify:
9. What is the source of water for domestic use? (a) Public tap (b) Private tap (c) Public well (d) Private Well (e) Pond (f) River (g) Water tankers (h) Hand pumps (i) Bore wells (j) Others, Specify:
10. (A) How long does it take to go there, get water, and come back in one trip? ..... Minutes ..... Km

    (B) How many such trips have to be made in a day? (a) One (b) Two (c) Three (d) Four (e) More, Specify:
11. What type of fuel do you use for cooking? (a) Wood (b) Coal (c) LPG (d) Kerosene (e) Dung Cakes (f) Bio-Gas (g) Others, Specify:

Sanitation

12. What kind of toilet facility is available for you? (a) Flush Toilet-Public (b) Flush Toilet-Private (c) Pit Toilet-Public (d) Pit Toilet-Private (e) Open Defecation System (ODS) (f) Others, Specify:
13. How far do you have to walk? ..... Mins; ..... Km
14. If ODS, what kind of difficulty do you or members of your family face? (a) Walk a long distance (b) Problem for women to go in the open (c) Seasonal difficulties (d) No space (e) None (f) Don't know (g) Others, specify:
15. How is waste water disposed from your house? (a) None (b) Pipeline (c) Pit (d) Tank (e) Open *naala*/ drainage (f) Others, Specify:
16. How is the garbage disposed from your house? (a) None (b) Common Garbage Bin (c) Garbage Wagon (d) Manual scavengers (e) Others, Specify:

(C) Socio-Economic Profile:

17. Family Details:

*(**Relationship:** 0= Self; 1= Husband; 2=Wife; 3= Son; 4= Daughter; 5= Brother, 6= Sister, 7= Grandson; 8= Granddaughter; 9= Daughter-in-law; 10= Son-in law; 11=Mother; 12=Father; 13=Brother-in-law; 14=Sister-in-law; 15=Other relatives)*
*(**Age:** As it is)*
*(**Education Status**: As it is)*
*(**Occupation:** 1- Agricultural Labour; 2- Housewife; 3- Student; 4- Dependent; 5- Farmer; 6- Labourer; 7-Govt. Service; 8=Pvt. Service; 9= Others, Specify)*
If more than 8 members, write adult members' details and specify only number of school-going/infant children

Sr. No.	Relationship	Age	Education Status	Occupation	Income/ Wages (per month in Rs.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Livelihood

18. Does this household own any agricultural land? (a) Yes (b) No
19. How many acres of land do you own? _____acres
20. In how many acres of land do you grow crops? _____acres
21. How many acres of Irrigated land you have? _____ acres
22. What is the source of water for Irrigation: (a) Canal (b) Ponds (c) Wells (d) River (e) Motor pump (f) Tube-well (g) Sprinklers (h) Bore-well (i) Others, Specify:
23. If family members are in *agriculture*, then:

*(**Crops:** 1: Rice 2: Wheat 3: Pulses 4: Vegetables)*
*(**Use:** 1: Domestic 2: Commercial)*

Sr. No.	Crops	Production (in kg/Q)	Use	Income
1.				
2.				
3.				

24. Livestock—

(Use: 1: Milk 2: Farming 3: Domestic)

Sr. No.	Livestock	Quantity	Use	Income, if Commercial
1.	Hen			
2.	Goat			
3.	Cow			
4.	Buffalo			
5.	Bullock			
6.	Pig			
7.	Others, Specify:			

25. Do you have Vehicles? (a) Bicycle (b) Motor bike (c) Car (d) Auto (e) Tractors (f) Others, Specify:
26. Have you migrated for livelihood? (a)Yes (b) No
    a) If yes, then where? (a) Rural Area (b) Urban Area
    b) What were the reasons behind migration? (a) Work/Employment (b) Business (c) Education (d) Marriage (e) Moved with Household (f) Others, Specify:
27. Do you know about the MGNREGA scheme? (a) Yes (b) No
28. Do you have MGNREGA job card? (a) Yes (b) No
    a) How many days did you get work in last year? (a) 1-20 (b) 21-40 (c) 41-60 (d) 61-80 (e) 81-100
    b) What are the wages you get in MGNREGA work? Rs. .....

29. From where do you get loans? (a) Landlords (b) Money Lenders (c) Personal Loans (d) SHGs (e) Banks (f) Chits (g) Others, Specify:

i. What are the reasons behind taking loans? (a) Marriage (b) Work (c) Health Issues (d) Entrepreneurship (e) Education (f) Agricultural assets (g) Others, Specify:
ii. What is the rate of interest you pay generally? (a) Rs. ...../100/per month (b) Rs. ...../100/ per Annum (Percentage per Annum)
iii. Is there any loan on you presently? (a) Yes (b) No
iv. What is the amount of the loan? Rs. .....
v. If yes, how do you intend to repay the loan? (a) Monetary (b) Labour (c) Produce (d) Others, Specify:

Education

30. Are children going to school? If no, what are the reasons for the same?

a) School too far away
b) Transport not available
c) Education not considered necessary
d) Required for household work
e) Required for work on farm/family business
f) Required for outside work for payment in cash or kind
g) Cost too much
h) No proper school facilities for girls
i) Required for care of siblings
j) Not interested in studies
k) Got married
l) Health problems
m) Others, Specify:

31. If there was a Drop-out in your family, what were the reasons for the same?

a) School too far away
b) Transport not available
c) Education not considered necessary
d) Required for household work
e) Required for work on farm/family business
f) Required for outside work for payment in cash or kind
g) Cost too much
h) No proper school facilities for girls
i) Required for care of siblings
j) Not interested in studies
k) Got married
l) Health problems
m) Others, Specify:

32. What kind of school is it? (a) Govt. (b) Pvt. (c) Semi-govt. (d) Residential (e) Others, Specify:
33. What is the distance of the school from your home? ..... Km OR ..... Mins
34. How do the children go to school? (a) Walk (b) Bicycle (c) Bus (d) Auto (e) Others, Specify:
35. How much do you spend for the schooling of your child (fees, uniform, books)? Rs. ..... per annum

Mid-Day Meal

36. Does the child get food under the Mid-day Meal scheme? (a) Yes (b) No

37. How many times a week? (a) 1 day (b) 2 days (c) 3 days (d) 4 days (e) 5 days (f) 6 days
Researcher's Comments:

38. Is there a functional Anganwadi Centre in the village? (a) Yes (b) No

a. Are there any Anganwadi Workers/ Sahayika? (a) Yes (b) No
b. Do you send your children to Anganwadi? (a) Yes (b) No
c. What facilities do you get? (a) Immunization *(tika)* (b) Supplementary nutrition (c) Pre-school education (d) Others, specify:

39. Does the child work after school hours and/or on holidays? (a)Yes (b) No

(C) Health and Nutrition:

Health

40. Tick the applicable with the details (You can tick multiple options):

Facilities	For Minor Illness (cold, cough, indigestion)	Cost Incurred (Per Visit in Rs.)	For Major Illness (Malaria, typhoid, jaundice, chicken pox, diahorrea, Pneumonia, T.B., HIV, uterus removal)	Cost Incurred (Per Visit in Rs.)
a) PHC				
b) SHC				
c) Government dispensary				
d) Government Hospital				
e) Private Clinic				
f) Private Hospital				
g) Chemist shop				
h) Traditional Treatment				
i) RMPs/Quacks				
j) Others, specify:				

41. Were the deliveries in your family home-based? (a)Yes (b) No

42. Did any illnesses/deaths occur before or post-delivery? (a) Yes (b) No

43. If at hospital, then details:

Type of Hospital (Govt./Pvt.)	Expenses bore	Benefits of JSY (Y/N)

Nutrition

44. Can you access the purchase of grains and other constituents of meals from the PDS shop? (a)Yes (b) No
45. If yes, what do you get from the PDS shop? (a) Rice (b) Wheat (c) Sugar (d) Kerosene (e) Palm Oil (f) Others, Specify:
46. If no, what are the reasons for same?
    (a) No shop
    (b) Distance
    (c) Irregular functioning of the shop
    (d) Do not have ration card
    (e) Have Pink/APL card
    (f) Any other; specify:

47. Expenditure on Food Items During Last Week:

Food item	**Unit of Measurement**	**Quantity Consumed**	**Approx. Price (Rs.) Per Unit**	**Total Value (Weekly / in Rs.)**
(a) Rice	Kg			
(b) Wheat	Kg			
(c) Jowar/ Bajra	Kg			
(d) Pulses	Kg			
(e) Green vegetables	Kg.			
(f) Oil	Ltr.			
(g) Milk	Ltr.			
(h) Water	Ltr.			
(i) Spices	Kg.			
(j) Meat	Kg.			
(k) Others, Specify:	Kg./Ltr./Dz.			
TOTAL				

48. What are the five major problems faced or needs to be addressed in the village?

1. _____
2. _____
3. _____
4. _____
5. _____

State: District:

Tehsil/Taluka: Village:

Village Profile

1. Total Population of the Village:
   a. Male: b. Female
2. No./Percentage of a. SC: b. ST: c. OBC: d. Gen:
3. Area of the Village (in Hectares) :
4. Total Number of Household in the Village :
5. What are the major sources of Livelihood?
6. Name of the nearest town and Distance: .....
7. Name and Distance to the nearest Railway Station : .....
8. Village Electrification: (a) Not Electrified (b) Electrified, but Irregular Supply (c) Electrified and Regular Supply
9. Educational facilities:

Facility	Distance
Primary School	
Middle School	
Secondary School	
Higher Secondary School	
College	
ITI/Polytechnic	

10. Health Facilities:

Facility	Distance
Sub Centre	
Primary Health Centre	
Community Health Centre/Rural Hospital	
Government Dispensary	
Private Clinic	
Private Hospital	
Quacks	
Traditional Doctors	
Mobile Health Unit/ Visit	

11. Other Facilities

Facility	Distance
Post Office	
Telegraph Office	

STD Booth	
Bank	
Market	
Others	

12. Type of Drainage Facility in the village
    a) Underground Drainage
    b) Open Drainage
    c) None
13. Total arable (land used for growing crops) land in the village (in Hectares) : Irrigated .....; Non-Irrigated .....
14. Main Source of Irrigation in the Village: (a) Rain Water (b) Tank/pond (c) Stream/River (d) Canal (e) Well (f) Tube Well (g) Others, Specify .....
15. Main Crops Grown in the Village: (a) ..... (b) ..... (c) .....
16. Major government schemes available for agriculture:
17. What activity do the farmers' communities engage in during the lean season?
18. What are the minimum wages the daily-wage labourers get?
19. Do people migrate to/ from the village for livelihood?(a) Yes (b) No
20. If any, what are the issues the migrant population faces?
    - Housing
    - Wages
    - Sanitation
    - Medical facilities
    - Approach roads
21. What are the traditional livelihood options?
22. Are there any Co-operatives in the village? (a) Yes (b) No
23. Are there any Self-help Groups currently running in the village? (a) Yes (b) No
24. What are the activities the members engage in the SHGs?
25. Which are the different credit systems available for the villagers?
26. What are the modalities to avail credit?
27. Do people work under MGNREGS? (a) Yes (b) No
28. What are the wages given under MGNREGS?
29. What are the traditional festivals/ activities that the community pursues in the village?

30. In your opinion what are the problems in education?

31. Mention if any epidemic occurred in the last one year :

32. Mention if any natural calamity occurred in the last five years :

33. What are the two most important health problems in the village?

    1. _____

    2. _____

34. What are the two most important health problems faced by women and children in this village?

    1. _____

    2. _____

35. What are the two most important problems/ needs in this village?

    1. _____

    2. _____

State: District:
Tehsil/Taluka: Village:

Education Profile

Introduction

1. Name of the School:
2. Other Schools in the Village/ Vicinity:
3. Name of the Board:
4. Run by:
5. What are the funding sources?
6. When was the school established?
7. What is the medium of instruction?
8. Up to which standard does your school provide education?
9. What subjects are taught in the school?
10. How many students are in school?
11. How many girls and boys are studying in school?
12. Where are the children coming from?
13. What is the mode of transport they use to reach the school?
14. What is the number of SC/ST/OBC/GC students?
15. How many teachers are in school?
16. What is the student: teacher ratio?
17. How many non-teachings staff is available in school?
18. Out of the total percentage of children in this village, what is the percentage of school-going children in the school?

Infrastructure

19. How many rooms are available in school?
20. What kind of seating arrangement is available in the classrooms?
21. List the facilities available? (Library/Computer centre/ playground/ water/ toilet)
22. Are the toilets cleaned everyday?

Services/ Facilities

23. What is the fee of your school? (Use different sheet)
24. Are the children provided with any books, uniforms, material, transport?
25. What kind of support does your school provide to the students from backward section?
26. Are there any differently abled children in the school? What provisions are available for them in the school?

Teachers' Profile

27. Do the teachers live in the village or outside?
28. How many male/ female teachers are there in the school?

29. What are the educational qualifications of teachers teaching in your school? (Use a different paper)
30. How many years of work experience do teachers and principal have?
31. What is his/her vision for development of the school and education situation in this village?

Curriculum

32. What textbooks do you follow in the school? Are there any extra reading texts?
33. Are there any visual methods like Charts, posters, craft, activities, etc. to teach the curriculum?
34. Are the children given any sessions on reproductive health? If yes, can you tell more about the content?

Government Schemes

35. What is the status of Mid-Day Meal (MDM) in your school?
36. Is there a Gaon Shikshan Samiti?
37. Is there a Shiksha Karmi?

Track Record

38. What is the highest and lowest percentage your students achieve?
39. What is the passing percentage of your school?
40. What is the dropout rate of your school?
41. What are the reasons behind the dropouts of your students?
42. Have any girls dropped out of the school? What are the reasons behind it?
43. What do you do when dropout cases occur?
44. What are the challenges of retention/ absentism of students in the school?

Other details (optional)

45. Is there any P.T.A. present in your school?
46. How often do you interact with the parents of students?
47. What are the major problems with schools in the village?
48. What kind of problems do you face, being a teacher of this school?
49. How do you deal with the problem(s)?
50. What are the changes in the past five years in the school?

Observations of the Researcher (To be noted by the researcher based on the observations)

- ✓ Condition of the school building
- ✓ Condition of the toilets
- ✓ Condition of the water facility
- ✓ Environment and locality around the school
- ✓ Photographs put up in the Principal's room and other places in the school
- ✓ Classrooms – write about spaciousness, airy, light, seating arrangement
- ✓ Facilities seen in the school like garden, playground, games, sports equipments
- ✓ Other relevant observations

Health Profile

1. State :
2. District :
3. Tehsil/Taluka :
4. Village :
5. Do people visit the PHC or go to a private hospital? Why?
6. What is the rate of maternal mortality in the surrounding village(s)?
7. What is the rate of Neonatal Mortality, Infant Mortality and Child Mortality? (If high)
8. What are the reasons for high mortality rates, if any?
9. Are all women and children in the village immunized?
10. What is the level of awareness about HIV/AIDS and other RTIs/STIs?
11. What is the level of awareness about family planning and contraception?
12. Please tell us more about what kind of diseases do people largely, suffer from in the nearby villages?
13. What do you think are the reasons for it?
14. What is the attitude of the community towards immunization, health check-up etc?
15. Have they availed these benefits under ICDS and NRHM?
16. Who are the different kinds of health professionals who work at the PHC?
17. Are their services available everyday? (look for gynaecologist/obstetrician, ANM, AYUSH practitioners, paramedical staff)
18. What kinds of facilities are available in this health center, in terms of essential medicines, beds, and specialized care?
19. Is the supply of medicine is regular & sufficient?
20. How is the supply of electricity in the PHC?
21. Does the PHC have a generator?
22. How is the supply of water in the PHC? (in the answer given, look for what is the source of water, how regular it is)
23. Are there any water purifiers in the PHC?
24. What kind of waste disposal system exists in the hospital?
25. Does the PHC have any emergency vehicles?
26. Are they sufficient to serve the needs of all the villages around?
27. In case medicines are unavailable in the PHC, where do people go to buy medicines? (This question can be further probed in terms of rates of medicines available at the other source, how far is it etc)
28. Where do people go in a serious medical condition?
29. What kinds of difficulties do you face working here?
30. What do you think are the social problems of this village that could have an effect on the health of the community or some sections of the community?

Anganwadi Profile

1. State :
2. District :
3. Tehsil/Taluka :
4. Village :
5. How many children are enrolled in your AWC?
    a. Infants (0 to 3 years) -
    b. Toddlers (3 to 6 years) -
6. How many attend on an average day in both age groups?
7. How many AWW are there to handle the children?
8. In your perception, what are the main reasons for irregular attendance of some children?
9. How many pregnant women and nursing mothers come to the center currently?
10. What are the facilities related to clean water and sanitation available here?
11. What is the major illness that affects the women and children in the village?
12. Is the process of vaccination of children, pregnant women and nursing mothers facilitated in the AWC or in the PHC?
13. Does the ANM visit this center on a regular basis?
14. How much fund does the Panchayat get for ICDS?
15. Is this adequate to ensure normal functioning of the AWC?
16. If NO, please explain the main consequences of financial shortage.
17. Under the SNP, what kind of food is given to children in the age group of 0 to 3 years and 3 to 6 years?
18. What is the attitude of women towards health education, health check-ups and immunization?
19. What is taught in PSE (Pre-School Education)?
20. Are there any infrastructural deficiencies that AWWs have to face?
21. What are some other issues that you face?
22. How do you think the AWC would function better?
23. Among the services that you are supposed to provide at the AWC, which one do you find most difficult to provide? Why?
24. What are the other problems that you face in your work? Please explain in detail.
25. In your view, what are the main achievements of the AWC in this village?