Baseline Survey of Aspirational Districts in Telangana

(Bhadradri Kothagudem, Jayashankar Bhupalpally and Komarambheem Asifabad)

Sponsored by

Dr. MCR HRD Institute of Telangana

Government of Telangana State

Satyam Sunkari

Council for Social Development

Southern Regional Centre, Hyderabad

An ICSSR Institute

October 2020

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October 2020

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CONTENTS

FOREWORD

I am happy to learn that the report on "Baseline Survey of Aspirational Districts in Telangana" has been prepared by the Council for Social Development, Hyderabad for Centre for Telangana Studies of MCRHRDIT. It deals with the contemporary issues relating to the transformation of Aspirational Districts - Bhadradri-Kothagudem, Jayashankar-Bhupalpally and Komarambheem-Asifabad - in the Telangana State. The thematic issues identified in this context are health and nutrition, education, agriculture and water resources, financial inclusion, skill development and basic infrastructure. The moot question in the present context is: what is the status of the material and intellectual investment made by the state as a stakeholder in the entire process of transformation of aspirational districts?

Based on extensive field work based research on the mentioned indicators and their effects in the 3-districts, the various chapters in this report identify the policy and praxis that deprives the marginalised communities in various forms. Detailed interviews, more in the nature of immersive conversations with 1680 people (300 from each thematic group) in the 3-districts provide a rich opportunity to understand the challenges imposed in the process of transformation - locating both an understanding and a way forward of these vulnerable communities as they try to cope with the challenges arising from their day to day lives. The chapters in the report deal with the principles and objectives of the said indicators which should monitor the implementation of the institutional mechanisms of the state machinery entrusted with the mission of transformation.

It is hoped that the report would be a useful basis for evolving policies of the various indicators of transformation - health and nutrition, education, agriculture and water resources, financial inclusion, skill development and basic infrastructure, which would help in designing appropriate institutional mechanisms that would ensure community participation in an alternative development path that is socio-economically just and sound.

Hyderabad
30 October 2020

B.P. Acharya, IAS
Director General & E.O. Spl. CS to Govt.
Dr. Marri Channa Reddy Human Resource
Development Institute of Telangana
Hyderabad

PREFACE

I am happy to present the report on the baseline survey of the Aspirational Districts' Programme in Telangana State. The primary objective of the report is to understand the socio-economic and other factors that led to some districts being identified as aspirational and to examine the initiatives required to transform aspiration into performance at the district level on a range of indicators of well-being, equity and sustainable development: health, nutrition, education, agriculture, water resources, financial inclusion, skill development and basic infrastructure, for instance.

In general, areas which require close attention include the following: comprehensive health care access for pregnant women; enrolment and retention in schools at all levels, sanitation and basic infrastructure in educational institutions, teaching infrastructure in schools, numerary skills and continuing education; convergence of various activities in agriculture and optimum use of water resources, including access to good quality seeds, rejuvenation of water bodies, andagricultural and rural credit; employability and skill training for educated youth; housing and even provision of basic infrastructure – electricity, potable water, roads, public transport, basic services, and PHCs.

We hope that this report will enhance the initiatives of the government in improving the quality of life for all in the state of Telangana.

On behalf of Council for Social Development, Hyderabad, I place on record my sincere thanks to Sri. B.P. Acharya, IAS, Director-General, MCRHRDIT, for his unstinting and inspiring support of our work over the years and especially for the successful completion of this project. We also thank the entire team of MCRHRDIT, in Hyderabad and the districts for their ready help in accessing information vital for this mapping exercise.

30 October 2020

Kalpana Kannabiran
Regional Director, CSD, Hyderabad

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ABBREVIATIONS

AI	Artificial Insemination
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
APY	Atal Pension Yojana
ARI	Acute Respiratory Infections
ART	Anti-Retroviral Therapy
ASER	Annual Status of Education Report
ASHA	Accredited Social Health Activist
BC	Backward Caste
BCG	Bacillus Calmette-Guérin
BIRED	Bankers Institute of Rural and Entrepreneurship Development
CCI	Cotton Corporation of India
Cm	Cubic Meters
CSD	Council for Social Development
CSP	Customer Service Point
DDUGKY	Deen Dayal Upadhyaya Grameen Kaushalya Yojana
DPT3	Diphtheria-Tetanus-Pertussis
EGMM	Employment Generation and Marketing Mission
e-NAM	National Agricultural Market
FCI	Food Corporation of India
FGD	Focus Group Discussion
FMD	Foot and Mouth Disease
FRU	First Referral Unit
GCC	Girijan Co-operative Corporation
HIV	Human Immunodeficiency Virus
HWC	Health & Wellness Centres
HWC	Wellness Centres
HWM	Health Worker Male
ICDS	Integrated Child Development Services
IHHL	Individual Household Latrine
IKP	Indira Kranthi Patham
IPHS	Indian Public Health Standards
ITDA	Integrated Tribal Development Agency
IT-ITES	Information Technology Enabled Services
KDCC	The Karimnagar District Co-Operative Central Bank
LBW	Low Birth Weight
LHV	Lady Health Visitor
MAM	Moderate Acute Malnutrition
MCRHRD-IT	Dr. MCR HRD Institute of Telangana:
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Scheme
MSDE	Ministry of Skill Development and Entrepreneurship

MTCs	Model Training Centres
NAC	National Academy of Construction
NITI	AyogThe National Institution for Transforming IndiaAyog
NLM	National Livestock Mission
NQAS	National Quality Assurance Standard
NSDC	National Skill Development Corporation
NVBDCP	National Vector Borne Disease Control Programme
OBC	Other Backward Classes
OC	Other Caste
OPD	Out Patient Department
OPV3	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PDS	Public Distribution System
PHC	Primary Health Centre
PHC	Primary Health Centre
PMGSY	Prime Minister Gram SadakYojana
P-Mithra	Pashu Mithra
PMJBY	Prime Minister Jeevan Jyoti BheemaYojana
PMJDY	Prime Minister Jan DhanYojana
PMKVY	Pradhan Mantri Kaushal Vikas Yojana
PO	Project Officer
PTR	Pupil Teacher Ratio
RRB	Regional Rural Banks
RTE	Right to Education Act
SAC	Severe Anaemia Case
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendance
SBI RSETI	Rural Self-Employment Training Institute
SC	Scheduled Caste
SHG	Self Help Groups
SSC	Secondary School Certificate
ST	Scheduled Tribe
TB	Tuberculosis
UNICEF	United Nations Children's Fund
VHSND	Village health and sanitation Nutrition Day
VO	Village Organisation
WHO	World Health Organization
YTC	Youth Training Centre

Chapter 1

INTRODUCTION

Background

This report examines the ongoing programme of Transformation of Aspirational Districts which was initiated by the Government of India in January 2018. The main objective of the programme is to enhance the Human Development Index and reduce developmental variations between both inter-states and inter-districts significantly. Towards this end, specific target oriented programmes and interventions have been initiated. The programme is specifically concentrated in 115 districts which were identified from 28 states to transform expeditiously in a transparent manner (NITI Aayog, 2018:11).

There are six important thematic areas in the programme of Transformation of Aspirational Districts. These are as follows - Health and Nutrition, Education, Agriculture and Water Resources, Financial Inclusion, Skill Development and Basic Infrastructure. Further each thematic area has identified specific indicators and each area has been assigned composite scores based on specific issues identified. For instance, of the total composite score, the share of health and nutrition is 30 per cent; education sector accounts 30 per cent, Agriculture and Water Resources 20 per cent, Financial Inclusion 5 per cent and Skill Development 5 per cent and the share of Basic Infrastructure accounts 10 per cent (NITI Aayog, 2018:8).

Baseline Ranking – Status and Performance of Telangana State

The data of Second Delta Ranking Overall and Theme-wise (December 2018) performance shows that Jayashankar Bhupalpally ranked 35 in the overall performance followed by Bhadradri Kothagudem (56) and Komarambheem-Asifabad (68). Thematic wise, Jayashankar Bhupalpally ranked 8th in Agriculture while Bhadradri Kothagudem got 19th position. However, Komarambheem-Asifabad stood at 95th rank. Considerable progress was also seen in Education while other thematic areas require concerted efforts to achieve incremental progress across six developmental areas of Health and Nutrition, Financial Inclusion, Skill Development, and Basic Infrastructure.

It is in this context that, MCRHRD-IT under Government of Telangana has suggested CSD to prepare a status report on Aspirational Districts programmes in Telangana to identify the policy implications and action plans arising out of the study. For this purpose, with the support of MCRHRD-IT, Hyderabad, research team of CSD interacted mainly with Project Officers of ITDAs, Bhadrachalam, Eturunagaram and Utnoor for ensuring further discussions with different

stakeholders - P.Os of ITDAs and officials of line department personnel such as Health, Education, Agriculture, Financial Inclusion and Basic Infrastructure (Photo 1.1).

Photo 1.1: Consultation Workshop and Field Work






బేస్‌లైన్ సర్వే పారదర్శకంగా ఉండాలి

- నీతి ఆయోగ్ ప్రతినిధులతో ఐటీడీఏ పీఓ చక్రధర్‌రావు సమీక్ష

చక్రధర్‌రావుకు సర్వే చేసే విషయాలను వివరిస్తున్న నీతి ఆయోగ్ ప్రతినిధులు

ఏటూరునాగారం: గిరిజన ప్రాంతాల్లో వారి జీవన విధానం, స్థితిగతులపై నిర్వహించే బేస్‌లైన్ సర్వే పారదర్శకంగా ఉండాలని ఐటీడీఏ పీఓ చక్రధర్‌రావు అన్నారు. ఎస్ఎస్‌తాడ్వాయి మండలం దామెర, కాటాపూర్ గ్రామాల్లో నీతి ఆయోగ్ ప్రతినిధులు మొత్తం 12 మంది బృందంగా సర్వే చేపట్టనున్నారు. ఇందులో భాగంగా గురువారం సర్వే బృందంతో ఐటీడీఏ కార్యాలయంలో పీఓ సమావేశమయ్యారు. ఈ సందర్భంగా పీఓ మాట్లాడుతూ ఏజెన్సీలోని మండలాల్లో రెండు గ్రామాలను తీసుకొని బేస్‌లైన్ సర్వే చేయడం జరుగుతుందన్నారు. హెల్త్, న్యూట్రీషన్, ఎడ్యుకేషన్, బేసిక్ ఇన్‌ఫ్రాస్ట్రక్చర్, అగ్రికల్చర్, వాటర్ రిసోర్స్, స్కిల్ డెవలప్‌మెంట్ వంటి అంశాలపై సర్వే చేయనున్నట్లు నీతి ఆయోగ్ జిల్లా ప్రాజెక్టు కోఆర్డినేటర్ రాహుల్ తెలిపారు. అన్ని విషయాలపై సమగ్ర నివేదిక ఇవ్వాలని పీఓ ఆదేశించారు. సర్వే రిపోర్టును జిల్లా కలెక్టర్ ద్వారా నీతి ఆయోగ్‌కు పంపిస్తామని వెల్లడించారు. కార్యక్రమంలో ఏపీఓ వసంతరావు, సర్వే బృందం సభ్యులు వెంకటేశ్వర్లు, రాజ్, గణేష్, బాలాజీ, శ్రీనివాసరెడ్డి పాల్గొన్నారు.

సాక్షి Fri, 13 December 2019
https://epaper.sakshi.com/c/[illegible]

ఈనాడు

మన్యంలో కేంద్ర ప్రభుత్వ ప్రతినిధి బృందం పర్యటన

చర్ల, న్యూస్‌టుడే: చర్ల మండలంలోని మారుమూల కీకారణ్య గ్రామాలలో కేంద్ర ప్రభుత్వ ప్రతినిధి బృందం గురువారం పర్యటించింది. మండలంలోని కుర్నపల్లి, రామచంద్రాపురం గ్రామాలను వారు సందర్శించారు. నీతి ఆయోగ్ ప్రతిపాదిత వెనుకబడిన జిల్లాల పరిధిలోని పథకాలను అధ్యయనం చేసేందుకు హైదరాబాద్‌లోని కేంద్ర ప్రభుత్వ కౌన్సిల్ ఆఫ్ సోషల్ డెవలప్‌మెంట్ ఆధ్వర్యంలోని ప్రతినిధి బృందం సభ్యులు ఆర్. బాలాజీ, పి. శ్రీనివాసరెడ్డి, వెంకటేశ్వర్లు, తాజుద్దీన్, కొయ్యూర్[illegible]లు తొలుత కుర్నపల్లిని సందర్శించారు. గ్రామాల్లో గిరిజనులకు అందుతున్న విద్య, ఆరోగ్యం, పౌష్టికాహారం, వ్యవసాయం, ఆర్థికాభివృద్ధి, నైపుణ్యత తదితర అంశాలపై వారు అధ్యయనం చేశారు. ఈ పంచాయతీ పరిధిలోని రామచంద్రాపురాన్ని సందర్శించారు. గ్రామంలో గొత్తికోయలకు అందుతున్న ప్రభుత్వ పథకాల గురించి వారు ఆరా తీశారు. గ్రామంలో గర్భిణులు, బాలింతల ఇళ్లకు స్వయంగా వెళ్లి వారికి అందుతున్న వైద్యసేవలను అడిగి తెలుసుకున్నారు. ఈ సందర్భంగా సహకరించిన రెండో ఏఎన్ఎం రాజేశ్వరిని వారు అభినందించారు. సర్పంచి సోడి కృష్ణవేణి, పీఆర్వో ఇర్పా నాగేశ్వరరావు, ఐసీడీఎస్ అధికారులు పాల్గొన్నారు.

రామచంద్రాపురంలో గొత్తికోయలతో బృందం సభ్యులు

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ఏజెన్సీలో పర్యటించిన నీతి ఆయోగ్ బృందం

చర్ల: కేంద్ర ప్రభుత్వ పరిధిలోని నీతి ఆయోగ్ బృందం మండలంలోని మారుమూల గ్రామాలైన కుర్నపల్లి, ఎర్రబోరు, బోదనెల్లి గ్రామాల్లో గురువారం పర్యటించింది. ఈ సందర్భంగా ఆకాంక్షిత జిల్లాల్లో కేంద్ర ప్రభుత్వం ద్వారా విడుదలవుతున్న నిధులతో చేపడుతున్న అభివృద్ధి పథకాలపై బృందం అధ్యయనం చేసింది. హైదరాబాద్‌కు చెందిన కేంద్ర ప్రభుత్వ నీతి ఆయోగ్ బృందం.. కేంద్ర సంస్థ అయిన కౌన్సిల్ ఫర్ సోషల్ డెవలప్‌మెంట్ ఆధ్వర్యంలో మారుమూల గ్రామాల్లో పర్యటించింది.. అక్కడి గిరిజనులతో మాట్లాడింది. రామచంద్రాపురం గ్రామాన్ని సందర్శించే క్రమంలో అతికష్టం మీద మధ్యలో ఉన్న వాగును బృందం సభ్యులు దాటాల్సి వచ్చింది. ఈ సందర్భంగా విద్య, వైద్యం, పౌష్టికాహారం, వ్యవసాయం, ఆర్థికాభివృద్ధి, నైపుణ్యత, మరుగుదొడ్లు, విద్యుత్ సౌకర్యం, గృహ నిర్మాణం తదితర అంశాలపై సభ్యులు ఆయా గ్రామాల గిరిజనుల నుంచి వివరాలు సేకరించారు. బృందంలో ఆర్.బాలాజీ, పి.శ్రీనివాసరెడ్డి, వెంకటేశ్వర్‌రావు, తాజుద్దీన్, కొయ్యూర్ ఉన్నారు. అనంతరం వారు మాట్లాడుతూ అత్యంత మారుమూలన ఉన్న రామచంద్రాపురానికి కుర్నపల్లి ఏఎన్ఎం రాజేశ్వరి దారవతోనే వెళ్లగలిగామని, ఈ పర్యటనలో పలు ఆసక్తికర విషయాలు తెలుసుకున్నామన్నారు. వీరి వెంట కుర్నపల్లి సర్పంచ్ సోడి కృష్ణవేణి, పంచాయతీ కార్యదర్శి జగదీశ్వర్ సింగ్, పీఆర్వో ఇర్పా నాగేశ్వరరావు, ఏఎన్ఎం డి.రాజేశ్వరి ఉన్నారు.

వాగు దాటుతున్న బృందం సభ్యులు

రామచంద్రాపురంలో గిరిజనుల నుంచి వివరాలు సేకరిస్తున్న దృశ్యం

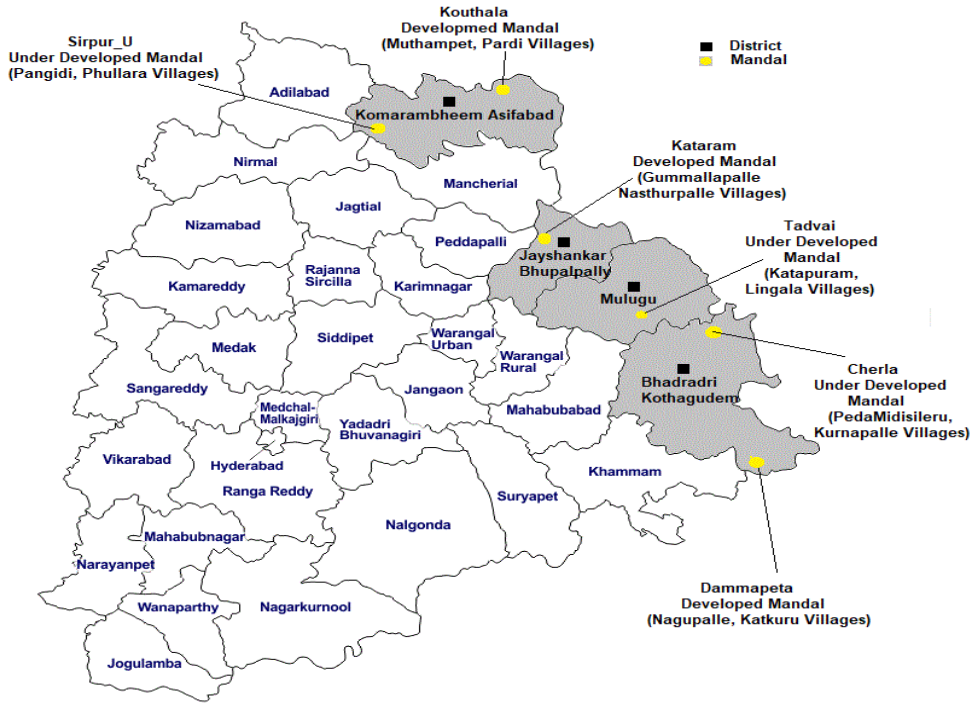
సాక్షి Fri, 25 October 2019
https://epaper.sakshi.com/c/45037722

Methodology

The study covered all the three aspirational districts of Telangana - Bhadradri-Kothagudem, Jayashankar-Bhupalpally and Komarambheem-Asifabad. These three districts have been selected to bring about real change from its label as ‘inhabitants of backward districts in India’ as mentioned in the NITI Aayog (2018). The report clearly mentioned that districts should draw the strategic map of the ‘Vision and Action Plan for 2018-22’ through public participation so as “to ensure that their district is a full-fledged partner in creating a New India by 2022”. It has further mentioned that development should be a slogan of a mass movement in the districts so as to empower people to recognize their status themselves and identify strengths and weaknesses. The main vision of the programme is to encourage districts to ‘aspire to become the best district in the State’ through bringing in positive change in core sectors which were identified by the programme based on various data sources as mentioned in the report of NITI Aayog (2018). The districts for this programme have been selected based on socio-economic indicators. The indicators were identified by NITI Aayog based on data from various data sources.

From each district, two mandals were selected based on the criteria of development - developed and underdeveloped (Map 1). From each selected mandals, two villages have been chosen on the basis of district level consultation with PO-ITDAs and concerned officials of the respective districts. Through this consultation, various concerns related to the issues of different development indicators and the probable factors influencing those indicators in these districts were discussed with the officials. In addition to the consultation, due weightage has been given with respect to the performance of agricultural productivity, education and availability and accessibility of health facilities and basic infrastructure, while selecting the villages.

Map 1: Study Area: Aspirational Districts in Telangana State



The details about mandals and villages selected for the study from the three districts are presented in Table 1.1.

Table 1.1: Selected Villages

S. No.	District	Revenue Division	Mandals (D & UD)	D Villages	UD Villages
1	Bhadradri Kothagudem	Kothagudem	Dammapeta (D)	Nagupalle	Katkuru
		Bhadrachalam	Cherla (UD)	Pedamidisileru	Kurnapalle
2	Jayashankar Bhupalpally	Bhupalpally	Kataram (D)	Gummallapalle	Nasthurpalle
		Mulugu	Tadvai (UD)	Katapuram	Lingala
3	Komarambheem-Asifabad	Kagaznagar	Kouthala (D)	Muthampet	Pardi
		Asifabad	Sirpur-U (UD)	Pangidi	Phullara

Source: Selected Area and Field Data Compilation, 2019.Note: D- Developed, UD- Underdeveloped

The data collection process consisted of (i) a district-level consultation with the officials to collect baseline information about six thematic areas (Public health, Education, Agriculture, Financial Inclusion, Skill Development and Basic Infrastructure) in the aspirational districts of Telangana; (ii) a field survey; (iii) collection of data from secondary sources; (iv) discussion with officials in government and local leaders in the study area; and (v) informal discussion with beneficiaries. In order to present the report with a community focus on different indicators, our study interviewed 1680 people/ beneficiaries in the villages in order to know their status (Table 1.2).

Table 1.2: District-wise Sample Coverage

S. No	Components	Bhadradri Kothagudem	Jayashankar Bhupalpally	Komarambheem Asifabad	Total
1	Health	100	100	100	300
2	Education	60	60	60	180
3	Agriculture	100	100	100	300
4	Financial Inclusion	100	100	100	300
5	Skill Development	100	100	100	300
6	Basic Infrastructure	100	100	100	300

Source: Field Survey, 2019

Data at village level is collected from various sources, for instance, data on population details collected from the Gram Panchayats, health related aspects from Anganwadi Teachers, ANM and ASHA. Similarly, data on agricultural land holdings has been collated from Village Revenue Officer; and regarding basic amenities from the Panchayat Secretary and data on schools is gathered from respective villages' schools and with regard to performance of students, the study administered structured questionnaire to students. The study also depended on the office of the Gram Panchayat about the data of financial inclusion and skill development. Concerning basic infrastructure, physical observation along with data available at the office of the Gram Panchayat are the basic data sources.

Structure of the Report

The report is divided into 10 chapters. The first chapter introduces the study with a discussion on programme of Aspirational Districts. The second chapter details the profile of selected districts and villages. Chapter 3 discusses about the performance of critical health indicators while Chapter 4 gives an account on public health facilities. Chapter 5 highlights the overall status of education (its changes and continuity) in the study area whereas Chapter 6 discusses about the status of agriculture. Chapter 7, 8 and 9 details the status of financial inclusion, skill development and basic infrastructural facilities respectively. The last chapter (Chapter 10) brings together the findings and identifies the policy implications and action plan arising out of the study for the Aspirational Districts.

Chapter 2

PROFILE OF STUDY AREA

The study is concentrated on 12 villages from 6 mandals of 3 Aspirational districts. This chapter provides a brief profile of selected villages and the districts. The first section deals with overview of the districts and second section describes the profile of selected villages.

Profile of the Districts

Bhadradri Kothagudem

As part of the district reorganization initiative of the Government of Telangana, the district was formed and named as Bhadradri Kothagudem, the town of Kothagudem being the district headquarters. The newly formed area was earlier a part of the Khammam district in the state. The district comprises 2 revenue divisions Kothagudem and Bhadrachalam, 24 mandals and 377 Revenue Villages. The administrative units of the district include 2 Revenue Divisions, 17 Mandal Praja Parishad and 205 Gram Panchayats. The total Geographical Area in Sq. Kms is 7,483 (Planning Department, Government of Telangana, 2016). A snapshot of the demographic details of the district is provided in Table 2.1.

Table 2.1: Demographic Profile of Bhadradri Kothagudem District

S. No.	Profile	Bhadradri Kothagudem
1.	Total Population	**10,69,261 (100.0)**
2.	Male Population	5,32,390 (49.8)
3.	Female Population	5,36,871 (50.2)
4.	Rural Population	7,30,178 (68.3)
5.	Urban Population	3,39,083 (31.7)
6.	SC Population	**1,43,482 (100.0)**
7.	SC Male Population	71,281 (49.7)
8.	SC Female Population	72,201 (50.3)
9.	ST Population	**3,92,034 (100.0)**
10.	ST Male Population	1,94,351 (49.6)
11.	ST Female Population	1,97,683 (50.4)
12.	Literacy Population	**6,38,699 (100.0)**
13.	Male Literacy	3,51,411 (55.0)
14.	Female Literacy	2,87,288 (45.0)
15.	Households	**2,79,190**

Source: Statistical abstract of Telangana, 2018

The total working population of the district is 5,17,111 and total farmers were 1, 33,078 of which marginal farmers are 75,738, small farmers (32,202), semi-medium (19,815), medium (4,750) and large farmers (573). The Gross Cropped Area is 1,39,036 hectares of which Net Cropped

Area is 1,31,682 hectares and Net Irrigated Area is 46,521 hectares. The major crops include Rice, Jowar, Maize, Red gram, Green gram, Black gram, Bengal gram, Groundnut, Sunflower, Chillies, Sugarcane, Cotton and there are 6 Agricultural Markets and 2 Rythu Bazars. There is considerable number of livestock in the district including Cattle, Buffaloes, Sheep, Goat and Poultry (Planning Department, Government of Telangana, 2016).

In terms of Public Health infrastructure, there are 240 Health Sub-Centers, 29 Primary Health Centres, 7 Community Health Centres, and 2 Area Hospitals.[1] There are other hospitals such as Ayurveda, Homeopathic, Unani, and Naturopathy available in the district. There are 71 government doctors and 556 beds under public hospitals. In terms of Education, there are 1,085 Primary Schools, 262 Upper Primary Schools and 275 High Schools apart from 20 Residential Schools, 1 Model School, 9 KGBV Schools, 1 Central School, 71 Junior Colleges and 34 Degree Colleges. There are also professional colleges in the district which include 3 Engineering Colleges, 1 Pharmacy Colleges, 4 MBA Colleges and 6 B.Ed. Colleges (Planning Department, Government of Telangana, 2016).

Regarding social security schemes, total 95,935 Aasara Pensions are reported under various streams - Old Age, Differently abled, Widow, Weavers, Toddy Tappers and ART Patients which include 747 of the total beneficiaries. Under the Public Distribution System, there are 442 Fair Price Shops, 2,57,252 Food Security Cards, 17,580 Anthyodaya Food Security Cards, and 4 Annapoorna Cards. Under 2 BHK Housing Programme, 2,140 houses have been allotted (Planning Department, Government of Telangana, 2016). Electricity connections and roads under various formats like state highways, major district roads and rural roads are also available in the district.

Regarding road facilities in Gram Panchayats, 201 GPs have BT roads and 947 habitations have weather roads and 343 habitations are yet to be covered with weather roads in the district. There are various irrigation projects including major and medium projects. Moreover, there are about 2,427 minor irrigation tanks of which nearly 963 are proposed to be restored under the programme of Mission Kakatiya. With regard to rural water supply, there are 9,793 hand pumps, 831 water tanks are initiated under the Protected Water Supply Schemes, 43 water tanks under the Comprehensive Protected Water Supply Schemes and so far 59,868 Individual Household Latrines have been constructed under various programmes of the state government of Telangana state. Under the Mission Bhagheeratha scheme, 1,378 habitations are proposed to be covered and about 2,298 kms of pipeline is proposed to be laid in the district. The state government has proposed to create industries so as to increase employment opportunities for youth under the prestigious scheme of the TS-iPASS and under which it is proposed to establish 52 industries targeting about 5,998 employment opportunities on annual basis in the district (Planning Department, Government of Telangana, 2016).

[1] District Hospital was reported to be found during the field survey as evident from the discussion with officials.

With regard to women and child welfare, 11 ICDS Projects are in operation. There are about 2,060 anganwadi centers which have been operational with about 1,795 anganwadi teachers and 1,870 anganwadi helpers with a total enrollment of 1,40,080 children. In terms of Self Help Groups, there are 18,121 active SHGs with the total membership of 1,64,867. With regard to financial institutions, 62 Nationalized Banks in operation while 5 Private Banks, 35 Regional Rural Banks including 12 Cooperative Banks with 114 active ATMs are found in the district (Planning Department, Government of Telangana, 2016).

Jayashankar Bhupalpally

The District of Jayashankar Bhupalpally is carved out of erstwhile Warangal District along with some administrative parts of the district of Karimnagar. The district comprises 2 revenue divisions and 1 municipality, 20 mandals, 559 Revenue Villages. The administrative units of the district include 2 Revenue Divisions, 17 Mandal Praja Parishad and 274 Gram Panchayats (Planning Department, Government of Telangana, 2016).

The total Geographical Area in Sq. Kms is 6,175. The district achieved top rank among entire districts of the country for implementation of aspiration programme for the year of 2018 and it also topped education in outcomes learning according to the report of the Champions of Change, 2020 by the Government of India.[2] The demographic details of the district are provided in Table 2.2.

Table 2.2: Demographic Profile of Jayashankar Bhupalpally District

S. No.	Profile	Jayashankar Bhupalpally
1.	Total Population	**7,11,434 (100.0)**
2.	Male Population	3,54,203 (49.8)
3.	Female Population	3,57,231 (50.2)
4.	Rural Population	6,57,554 (92.4)
5.	Urban Population	53,880 (7.6)
6.	SC Population	**1,38,490 (100.0)**
7.	SC Male Population	69,312 (50.0)
8.	SC Female Population	69,178 (50.0)
9.	ST Population	**1,23,544 (100.0)**
10.	ST Male Population	61,023 (49.4)
11.	ST Female Population	62,521 (50.6)
12.	Literacy Population	**3,88,247 (100.0)**
13.	Male Literacy	2,23,575 (57.6)
14.	Female Literacy	1,64,672 (42.4)
15.	Households	**1,89,622**

Source: Statistical abstract of Telangana, 2018

[2] . https://bhoopalapally.telangana.gov.in/niti-aayog/, viewed on 21/6/2020.

The total working population of the district is 3,83,849 and total farmers account for 1,79,552 of which marginal farmers are 1,21,526, small farmers 38,719, Semi-Medium 15,624, Medium 3,353 and large farmers are 330. The Gross Cropped Area is 1,77,583 hectares of which Net Cropped Area is 1,48,258 and Net Irrigated Area is 87,840 hectares. The major crops include Rice, Jowar, Maize, Red gram, Green gram, Black gram, Bengal gram, Groundnut, Sunflower, Chillies, Sugarcane, Cotton and there are 2 Agricultural Markets though Rythu Bazars are not evident. There is considerable number of livestock in the district including Cattle, Buffaloes, Sheep, Goat and Poultry (Planning Department, Government of Telangana, 2016).

In terms of Public Health infrastructure, there are 179 Health Sub-Centres, 25 Primary Health Centres and 4 Community Health Centres.[3] There are other hospitals such as Ayurveda Hospitals, Homeopathic Hospitals, Unani Hospitals, and Naturopathy Hospitals and there are 51 doctors and 332 beds available in these hospitals. In terms of Education, there are 708 Primary Schools, 157 Upper Primary Schools and 251 High Schools apart from 11 Residential schools, 9 Model Schools and 16 KGBV Schools, 71 Junior Colleges and 34 Degree Colleges in the district. No data on professional colleges in the district is evident (Planning Department, Government of Telangana, 2016).

With regard to social security schemes, total 86,217 Aasara Pensions are there under various streams - Old Age, Differently abled, Widow, Weavers, and Toddy Tappers. Under the Public Distribution System, there are 499 Fair Price Shops, 3,54,960 Food Security Cards, 17,624 Anthyodaya Food Security Cards and 1 Annapoorna Card with total number of 3,73,084 beneficiaries in the district. Under 2BHK Housing Programme, 966 houses are allotted (Planning Department, Government of Telangana, 2016). It is also evident that there are infrastructural facilities including sub-stations, electricity connections and roads under various forms in the district.

Regarding road facilities in Gram Panchayats, 261 GPs have BT roads and 582 habitations have weather roads and 147 habitations are yet to be covered with weather roads in the district. There are 7 irrigation projects including major and medium projects. Moreover, there are about 2,550 minor irrigation tanks of which nearly 662 are proposed to be restored under the programme of Mission Kakatiya. With regard to rural water supply, there are 5,081 hand pumps, 812 water tanks initiated under the Protected Water Supply Schemes, 66 water tanks under the Comprehensive Protected Water Supply Schemes and so far 31,820 Individual Household Latrines have been constructed under various programmes of the state government of Telangana. Under the Mission Bhagheeratha scheme, 896 habitations are proposed to be covered and about 1,849 kms of pipeline is proposed to be laid in the district. The state government has also proposed to create actively operational industries to create youth employment under the TS-

[3] Area and District Hospitals were reported to be found during the field survey as evident from the discussion with officials.

iPASS and has proposed to establish 24 industries targeting about 351 employment opportunities on annual basis in the district (Planning Department, Government of Telangana, 2016).

With regard to women and child welfare, 6 ICDS Projects are in operation with about 1,284 anganwadi centers having 1,011 anganwadi teachers and 1,182 anganwadi helpers with a total enrollment of 87,312 children. In terms of Self Help Groups, there are 15,809 active SHGs with a total membership of 1,53,991. With regard to financial institutions, 29 Nationalized Banks in operation while 1 Private Bank, 24 Regional Rural Banks including 3 Cooperative Banks with 23 active ATMs are found in the district (Planning Department, Government of Telangana, 2016).

Komarambheem-Asifabad

The district is carved out of erstwhile Adilabad District. It has the following districts and state in its borders - Adilabad, Mancherial, Nirmal districts and the Maharashtra state towards north. Komarambheem, a legendary martyr of Gond of the village of Ravte Sankepalli, is being remembered by naming the district in his name as part of the process of district re-organization which was initiated by the Government of the Telangana. The district has 2 revenue divisions and 1 municipality, 15 mandals, 431 Revenue Villages. The administrative units of the district include Revenue Divisions, 12 Mandal Praja Parishad and 173 Gram Panchayats. The total Geographical Area in Sq. Kms is 4,878. The demographic details of the district is depicted in Table 2.3.

Table 2.3: Demographic Profile of Komarambheem-Asifabad District

S. No.	Profile	Komarambheem-Asifabad
1.	Total Population	**5,15,812 (100.0)**
2.	Male Population	2,58,197 (50.1)
3.	Female Population	2,57,615 (49.9)
4.	Rural Population	4,28,828 (83.1)
5.	Urban Population	86,984 (16.9)
6.	SC Population	**81,596 (100.0)**
7.	SC Male Population	41,132 (50.4)
8.	SC Female Population	40,464 (49.6)
9.	ST Population	**1,33,627 (100.0)**
10.	ST Male Population	65,866 (49.3)
11.	ST Female Population	67,761 (50.7)
12.	Literacy Population	**2,55,002 (100.0)**
13.	Male Literacy	1,47,911 (58.0)
14.	Female Literacy	1,07,091 (42.0)
15.	Households	**1,20,420**

Source: Statistical abstract of Telangana, 2018

The total working population of the district is 2,53,001. Total farmers were 97,363 of which marginal farmers are 37,374, small farmers 28,260, Semi-Medium 24,321, Medium 4,750 and large farmers are 589. The Gross Cropped Area is 1,49,654 hectares of which Net Cropped Area

is 1,27,432 hectares and Net Irrigated Area is 11,755 hectares. The major crops include Rice, Jowar, and Maize, Red gram, and Green gram, Black gram, Bengal gram, Groundnut, Sunflower, Chillies, Cotton and other vegetables. There are 6 Agricultural Markets however Rythu Bazars are not reported. There is considerable number of livestock in the district including Cattle, Buffaloes, Sheep, Goat and Poultry (Planning Department, Government of Telangana, 2016).

In terms of Public Health infrastructure, there are 109 Health Sub-Centres, 18 Primary Health Centres, 2 Community Health Centres.[4] There are other hospitals such as Ayurveda, Homeopathic and Unani. There are about 46 Government Doctors 556 Beds available in all hospitals. In terms of Education, there are 905 Primary Schools, 171 Upper Primary Schools and 150 High Schools apart from 11 Residential schools, 1 Model School, 12 KGBV Schools, 1 Central School, 23 Junior Colleges and 10 Degree Colleges. There are only two B.Ed. Colleges and no other professional college is reported in the district (Planning Department, Government of Telangana, 2016).

Regarding social security schemes, total 20,141 Aasara Pensions are under various streams - Old Age, Differently abled, Widow, Weavers and Toddy Tappers. Under the Public Distribution System, there are 280 Fair Price Shops, 1,25,027 Food Security Cards, 12,272 Anthyodaya Food Security Cards and 23 Annapoorna Cards. Under 2BHK Housing Programme, 750 houses are allotted to eligible beneficiaries (Planning Department, Government of Telangana, 2016). Various infrastructural facilities are also evident in the district such as sub-stations, electricity connections, State Highways and Rural Roads in the district.

Regarding road facilities in Gram Panchayats, 130 GPs have BT roads and 546 habitations have weather roads and 486 habitations are yet to be covered with weather roads in the district. There are various irrigation projects including major and medium projects. Moreover, there are about 1,005 minor irrigation tanks of which nearly 340 are proposed to restore under the programme of Mission Kakatiya. With regard to rural water supply, there are 5,588 hand pumps, 508 water tanks initiated under the Protected Water Supply Schemes, 13 water tanks under the Comprehensive Protected Water Supply Schemes and so far 21,957 Individual Household Latrines have been constructed under various programmes of the state government of Telangana. Under the Mission Bhagheeratha scheme, 1,111 habitations are proposed to be covered and about 1,901 kms of pipeline is proposed to be laid in the district. The state government has also proposed to create industries to create youth employment under the TS-iPASS and proposed to establish 3 industries targeting about 259 employment opportunities on annual basis in the district (Planning Department, Government of Telangana, 2016).

[4] Area, District and Teaching hospitals were reported as evident from the discussion with officials during the field survey.

With regard to women and child welfare programme, 5 active ICDS Projects are evident in the district. There are about 975 anganwadi centers which have been operational with about 816 anganwadi teachers and 850 anganwadi helpers with total enrollment of 66,300 children. In terms of Self Help Groups, there are 7,303 active SHGs with the total membership of 82,205 in the district. With regard to financial institutions, there are 32 Nationalized Banks in operation along with 6 Cooperative Banks and 17 active ATMs in the district (Planning Department, Government of Telangana, 2016).

Profile of the Selected Villages

According to the Population Records of the Gram Panchayat(s), the total population of Kurnapalle, an underdeveloped village, is 1,170, of which 54.4 per cent male and 45.6 per cent female. Kurnapalle is completely dominated by Koya community while Gothi Koyas are found in other hamlets of the GP. In PedaMidisileru, (developed village), the population stood at 1,705 of which 49.9 per cent were male and 50.1 per cent female. The village consists of various social groups - STs, SCs, BCs and OCs. The distribution of population of various social groups in PedaMidisileru is as follows: 69.7 per cent were STs, 8.8 per cent SCs, 27.4 per cent OBCs, and 4.6 per cent OCs. In addition, data shows that the sex ratio of the village is 98.4:100. The population of Katukur (underdeveloped village), is 444 of which 53.8 per cent were male and 46.2 per cent were female as per the Population Records of the Gram Panchayat. The village was predominantly populated by three tribal communities - Konda Reddy, Koya and GothiKoya. The sex ratio of the village is 98.4:100. Nagupalle is a major Gram Panchayat. It consists of different social groups such as Lambada, Nayakpod (ST), Mala, Madiga (SC), Muslims (OBC) and Kamma and Reddy (OC). The population of the village is 6,272 of which 51 per cent were male and 49 per cent female. The distribution of population of various social groups of the village is as follows: 73.3 per cent were STs, 3.9 per cent SCs, 20 per cent OBCs, and 2.7 per cent OCs. In addition, data shows that the sex ratio of the village is 98.4:100 (Table 2.4).

However, there is separate habitation of Gothi Koya named Kothapeta in the Gram Panchayat of Katkuru (developed village), but the habitation was not considered as habitation of the Gram Panchayat. It was also not recognized by concerned officials of the Panchayati Raj as the Forest Department had an objection over the settlement of the habitation of Kothapeta. As a result, the habitation was neglected in terms of provision of basic infrastructure (roads, housing and anganwadi centre) though people have availed public services such as Aadhar Identity, Voter Identity, MGNREGS cards and PDS cards and other public services.

Table 2.4: Village Population & Social Composition – Bhadradri Kothagudem

S.No.	Mandals	Dammapeta		Cherla		
	Particulars	Nagupalle (D)	Katkuru (UD)	PedaMidisileru (D)	Kurnapalle (UD)	Total
1	Male	1,474 (49.9)	236 (53.8)	851 (49.9)	637 (54.4)	3,198 (51.0)
2	Female	1,479 (50.1)	208 (46.2)	854 (50.1)	533 (45.6)	3,074 (49.0)
3	**Total**	**2,953 (100.0)**	**444 (100.0)**	**1,705 (100.0)**	**1,170 (100.0)**	**6,272(100.0)**
i	SC	232 (7.9)	0	15 (8.8)	0	247 (3.9)
ii	ST	1,794 (60.8)	444 (100.0)	1,189 (69.7)	1,170 (100.0)	4,597 (73.3)
iii	OBC	791 (26.8)	0	467 (27.4)	0	1,258 (20.1)
iv	OC	136 (4.6)	0	34 (2.0)	0	170 (2.7)
v	**Total**	**2,953 (100.0)**	**444 (100.0)**	**1,705 (100.0)**	**1,170 (100.0)**	**6,272 (100.0)**

Source: The Office of the Gram Panchayats (of all selected Villages), 2019
Note: D- Developed, UD- Underdeveloped

The proportion of female population in the district is found to be 50. 3 per cent and more or less similar proportion is evident in developed villages (PedaMidisileru and Nagupalle) while less than the district's proportion were found in remaining two villages – Kurnapalle (45.6 per cent) and Katukuru (46.2 per cent) in the district of Bhadradri Kothagudem. The proportion female literacy is reported to be more among three selected villages – PedaMidisileru, Katukuru and Nagupalle in comparison with the district figure (45 per cent) while similar proportion is evident in the village of Kurnapalle. The proportion of SC population in the developed villages of PedaMidisileru and Nagupalle is found to be 8.8per cent and 7.9 per cent respectively while no SC population is evident in other two villages (Kurnapalle and Katukuru) in the district of Bhadradri Kothagudem. The district level proportion of the population of STs is 37 per cent while cent per cent was reported in Kurnapalle and Katukuru while about 70 per cent in PedaMidisileru and 60.8 per cent in Nagupalle.

Table 2.5: Village Population & Social Composition – Jayashankar Bhupalpally

S.No.	Mandals	Kataram		Tadvai		Total
	Particulars	Gummallapalle (D)	Nasthurpalle (UD)	Katapuram (D)	Lingala (UD)	
1	Male	570 (48.8)	165 (45.3)	1,364 (52.3)	763 (55.9)	2,862 (52.0)
2	Female	597 (51.2)	199 (54.7)	1,244 (47.7)	602 (44.1)	2,642 (48.0)
3	**Total**	**1,167 (100.0)**	**364 (100.0)**	**2,608 (100.0)**	**1,365 (100)**	**5504 (100.0)**
i	SC	499 (42.8)	158 (43.4)	454 (17.4)	88 (6.4)	1,199 (21.8)
ii	ST	83 (7.1)	115 (31.6)	324 (12.4)	1,239 (90.5)	1,761 (32.0)
iii	BC	585 (50.1)	53 (14.6)	1,516 (58.2)	38 (2.8)	2,192 (39.8)
iv	OC	-	38 (10.4)	312 (12.0)	4 (0.3)	354 (6.4)
v	**Total**	**1167 (100.0)**	**364 (100.0)**	**2606 (100.0)**	**1,369 (100.0)**	**5506 (100.0)**

Source: The Office of the Gram Panchayats (of all selected Villages), 2019
Note: D- Developed, UD- Underdeveloped

The population of Lingala is 1,365 of which Male constitutes 55.9 per cent and Females 44.1 per cent. With regard to the population of different social groups, STs constitutes the majority (90.5 per cent) of the total population followed by SCs (6.4 per cent) and other social groups

(BCs and OCs) reported only about 3.1 per cent. According to the population records of the Gram Panchayat of Katapuram, the total population is 2,608, of which male's proportion is 52.3 per cent and 47.7 per cent is female. The proportion of BCs reported to be majority of the total population followed by SCs (17.4 per cent) and more or less similar proportion is evident of both - STs and OCs in the village. In the village of Gummallapalle, the total population is 1,167 of which the proportion male account for 48.8 per cent while females account for 51.2 per cent. The village consists of social groups of SCs, STs and BCs with the proportion of 42.8 per cent, 7.1 per cent and 50.1 per cent respectively. The total population of Nasthurpalle is 364, a minor Gram Panchayat. The distribution of population of various social groups in the village is as follows: 43.4 per cent were SCs, 31.6 per cent STs, 14.6 per cent BCs, and 10.4 per cent OCs (Table 2.5).

The proportion female population in the district is reported to be 50. 2 per cent while two selected villages constitute more than the district's - Gummallapalle (51.2 per cent) and Nasthurpalle (54.7 per cent) while less than the district's proportion is reported in remaining two villages - Lingala (44.1 per cent) and Katapuram (47.7 per cent) in the district of Jayashankar Bhupalpally. The proportion of female literacy is reported to be more among three selected villages – Katapuram (49 per cent), Gummallapalle (52 per cent) and Nasthurpalle (62 per cent) than the district which accounts for 42.4 per cent. However, Lingala one of four villages reported less than the district's female literacy. The proportion of the population of SCs is found to be more in the village of Nasthurpalle (43.4 per cent) followed by Gummallapalle (42.8 per cent), Katapuram (17.4 per cent) and lower proportion is reported in Lingala, however in the district as a whole it constitutes about 20 per cent. The proportion of the population of STs in the district is about 17 per cent while 90.5 per cent is reported in Lingala whereas Nasthurpalle accounts for 31.6 per cent, 12.4 per cent in Katapuram though very low proportion is evident in Gummallapalle.

Table 2.6: Village Population & Social Composition – Komarambheem-Asifabad

S.No.	Mandals	Kouthala		Sirpur -U		Total
	Particulars	Muthampet (D)	Pardi (UD)	Pangidi (D)	Phullara (UD)	
1	Male	1,648 (50.4)	672 (52.1)	963 (54.7)	512 (52.0)	3,795 (51.9)
2	Female	1,625 (49.6)	617 (47.9)	798 (45.3)	471 (48.0)	3,511 (48.1)
3	**Total**	**3,273 (100.0)**	**1,289 (100.0)**	**1,761 (100.0)**	**983 (100.0)**	**7,306 (100.0)**
i	SC	1,023 (31.3)	364 (28.3)	-	-	1,387 (19.1)
ii	ST	151 (4.6)	323 (25.1)	1,687 (95.8)	954 (100.0)	3,115 (42.8)
iii	BC	2,057 (62.9)	595 (46.3)	4 (0.2)	-	2,656 (36.5)
iv	OC	40 (1.2)	4 (0.3)	70 (4.0)	-	114 (1.6)
v	**Total**	**3,271 (100.0)**	**1,286 (100.0)**	**1,761 (100.0)**	**954 (100.0)**	**7,272 (100.0)**

Source: The Office of the Gram Panchayats (of all selected Villages), 2019
Note: D- Developed, UD- Underdeveloped

The total population of Muthampet accounts for 3,273, of which 52.1 per cent were male and 47.1 per cent female. In terms of social groups, BCs accounts the majority proportion (62.9 per cent) of the total population followed by SCs (31.3 per cent) and other social groups constitutes about 5.8 per cent of which STs constitutes about 4.6 per cent while OCs were about 1.2 per cent. Pardi is a medium sized Gram Panchayat. The population of the village is 1,289 of which 50.4 per cent were male and 49.6 per cent female. BCs constitute the majority proportion (46.3 per cent) of the total population followed by SCs (28.3 per cent) and STs constitutes about 25.1 per cent while OCs was 0.3 per cent. The village is situated in the north-west corner of the ITDA. According to the Gram Panchayat of Phullara, the total population is 983, of which the proportion of male accounts for 52 per cent and 48 per cent were females. The predominant social group is reported to be STs in the village. In the village of Pangidi, the total population is 1,761 of which the proportion of male accounts for 54.7 per cent while female stands at 45.3 per cent. The village consists of social groups of STs, BCs and OCs with the STs accounting for 95.8 per cent, followed by OCs (4 per cent) and BCs (0.2 per cent) (Table 2.6).

The proportion female population in the district is reported to be 50. 2 per cent, however, it is found that in all selected villages there is less proportion of female population than the district – Muthampet (49.6 per cent), Pardi (47.9 per cent), Phullara (48 per cent) and Pangidi (45.3 per cent). The proportion female literacy is reported to be the following: Phullara (49 per cent) followed by Muthampet (39 per cent), Pangidi (38 per cent) and Pardi (35 per cent) in comparison with the district's female literacy of 42 per cent. Thus, the proportion of female literacy is reported to be more in the village Phullara than the district's proportion.

The proportion of the population of SCs is found to be more in the village of Muthampet (31.3 per cent) followed by Pardi (28.3 per cent) whereas the SC population is reported to be absent in other two villages - Phullara and Pangidi though at the district level they account for about 15.8 per cent of the population. The proportion of the population of STs is found to be cent per cent in the village of Pullara and about 96 per cent in Pangidi whereas Muthampet accounts for only about 5 per cent though Pardi accounts on par with the district's proportion which comprise about 25 per cent. The village of Muthampet is reported to be heterogeneous in terms of composition of social groups though it accounts for very less proportion of STs though located under the purview of agency areas.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Chapter 3

HEALTH AND NUTRITION
(Pregnant Women and Antenatal Care)

Introduction

This chapter deals with the health and nutrition concerns of the pregnant women in the aspirational districts. The various issues addressed in this chapter are status of pregnant women and ANC check-ups against total ANC registrations, ANC registrations for within trimesters and proportion of pregnant women registered for ANC, identification of severe anemia among pregnant women and the status of treatment, sex ratio birth, institutional deliveries including home deliveries attended by an SBA and trained health worker, the place of delivery, type of institutions and the status of supplementary nutrition under the ICDS programme for pregnant women. Apart from the above issues, it discusses about the status of institutional support and services. One of the main intentions of this exercise is to quantify the health and nutrition status of the pregnant women for optimal health, and assist the Government and regulatory bodies in policy making. The study team has consulted different secondary sources – Anganawadi register, ANM, etc- to collate information on the above said indicators from the study villages of the 3-districts. In order to get the status of the indicators, they visited 300 women separately (25 from each village) to formulate the action plan apart from the collated secondary information.

Status of Pregnant Women

As per the data collected from the village level sources like Anganawadi register, ANM, etc, there are 670 pregnant women in the study villages of Bhadradri-Kothagudem district, followed by 198 and 239 in Jayashankar-Bhupalpally and Komarambheem-Asifabad respectively for both 1st and 2nd child. From Table 3.1, it could be seen that larger share of the women in all the 3 districts were pregnant for the 1st time compared to 2nd time.

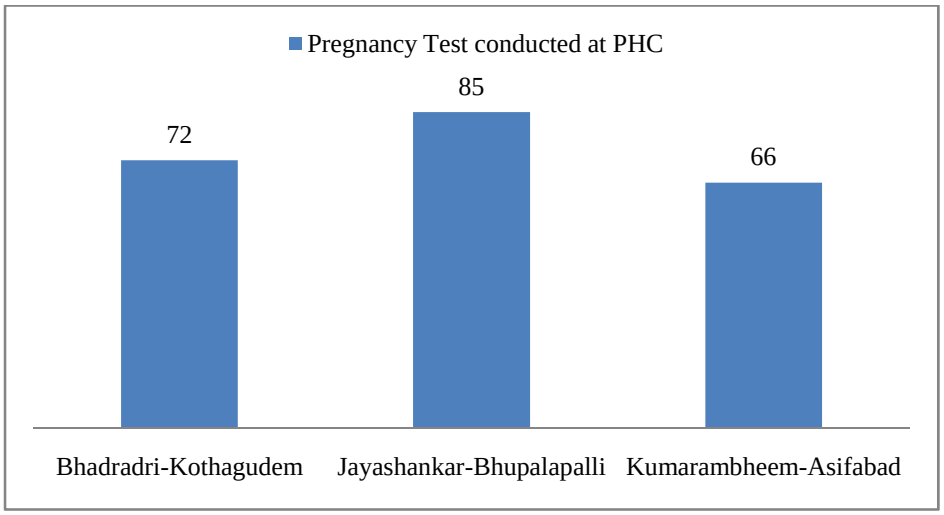
Table 3.1: Number of Pregnant Women in the Study Villages

S.No	Districts*	Number of Pregnant Women		
		1st Time	2nd Time	Total
1	Bhadradri Kothagudem	462 (68.9)	208 (31.1)	670 (100.0)
2	Jayashankar Bhupalpally	121 (61.1)	77 (38.9)	198 (100.0)
3	Komarambheem-Asifabad	154 (64.4)	85 (35.6)	239 (100.0)

* 12 villages (4 villages from each district)
Source: Primary Health Center(s), 2019

The study team enquired about the method of the confirming pregnancy from 300 women in all the 12 study villages and the details of their views have been captured in Table 3.2. In Telangana, PHC is doing a noticeable job. This is evident from the 12 villages irrespective of the status of development – 72 per cent, 85 per cent and 66 per cent in Bhadradri-Kothagudem, Jayashankar-Bhupalpally and Komarambheem-Asifabad respectively confirmed pregnancy through blood and urine test at PHC (Chart 3.1).

Chart 3.1: Pregnancy Conducted at PHC



Source: Primary Health Center(s), 2019

Status of ANC

Antenatal care begins with registration of pregnant woman and care is the responsibility of the concerned ANMs or ASHA worker. Registration begins ideally in the first trimester. The first trimester is the period of before the 12th week of pregnancy. It is also mandated that late registration as in third semester must be registered and health care given to pregnant women according to gestational age. It is further recommended that minimum 4 antenatal checkups must take place. Recommended schedule for antenatal visits is as follows - 1st visit within 12 weeks and preferably it must be as soon as pregnancy is confirmed for both - registration of pregnancy and first antenatal check-up, 2nd visit between 14 and 26 weeks, 3rd visit is recommended between 28 and 34 weeks and 4th visit is between 36 weeks and term. Apart from regular checkups, other services like providing tablets - iron and folic acid, injection (as per the guidelines for Ante-Natal Care and Skilled Attendant at birth by ANMs and LHVs) should also be taken. It must be ensured that atleast 1 ANC (preferably in the 3rd visit) must be attended by a doctor. Other laboratory investigations which should be conducted during the checkups include Hemoglobin, Urine albumin and sugar, RPR test for syphilis and Blood Grouping and RH type.

Nutrition and health counseling must be given to pregnant women. These include advice on tobacco cessation, identification of high risk and alarming signs during pregnancy and labour, timely referral of risk cases to FRUs or other hospitals which are beyond the capacity of Medical Officer at PHC to manage. There are also efforts to register those pregnant women who might have been left out by the ANC. Other important medical service for pregnant women during ANC is Chemoprophylaxis for Malaria. It is suggested for pregnant women who are in high malaria endemic areas as per NVBDCP guidelines. After completion of ANC, intra-natal care must be given and it mainly includes 24-hour delivery services both normal and assisted. Apart from all these, institutional deliveries must be promoted and of normal deliveries must be managed and other required care must be ensured for pregnant women. The following table provides details of Pregnant Women receiving four or more antenatal care check-ups against total ANC registrations and proportion of ANC registered within the first trimester against total ANC registrations. The data regarding specifically ANC registered within the first trimester against total ANC registrations is available in connection with Women Registered with ANC (Trimester during 1st and 2nd Child).

Table 3.2: Women Registered with ANC

S. No	Districts	First Child (Trimester)				Second Child (Trimester)			
		1st	2nd	3rd	NR	1st	2nd	3rd	NR
1	Bhadradri-Kothagudem (N=670)	234 (50.6)	166 (35.9)	54 (11.7)	8 (1.7)	107 (51.4)	65 (31.3)	28 (13.5)	8 (3.8)
2	Jayashankar-Bhupalpally (N= 198)	98 (81.0)	15 (12.4)	3 (2.5)	5 (4.1)	54 (70.1)	11 (14.3)	10 (13.0)	2 (2.6)
3	Komarambheem-Asifabad (N=239)	90 (58.4)	32 (20.8)	25 (16.2)	7 (4.5)	66 (77.6)	14 (16.4)	4 (4.7)	1 (1.2)

Source: Primary Health Center(s), 2019

* 12 villages (4 villages from each district)

N = Total Number of Pregnant Women

Trimester: A pregnancy is divided into trimesters:

1st trimester is from week 1 to the end of week 12,

2nd trimester is from week 13 to the end of week 26, and

3rd trimester is from week 27 to the end of the pregnancy.

* Figures in the Parenthesis show percentage from the Pregnant Women in Selected Villages (1st and 2nd Child)

The data sets in Table 3.2 reveal that reporting of pregnant women for trimesters is not continued. The data is supposed to be reflected in parallel but it reflects unparalleled trimesters as they decline during 2nd trimester and similar trend reported even for third trimester. It found that there is a gap between total number of Pregnant Women receiving four or more antenatal care check-ups as against total ANC registrations and further check-ups during trimesters. These issues were validated from answers from the 300 women interviewed in the various villages of the 3 districts. At the interactions, women stated that registrations for ANCs by the Anganwadi centers were very common in the villages of Jayashankar-Bhupalpally (86 per cent) whereas the same is largely done by PHC in Komarambheem-Asifabad (92 per cent).

Bhadradri Kothagudem has mix responses i.e. 49.0 per cent at Anganwadi centers and 39 per cent at PHCs.

The comparative gap between 1st trimester and 3rd trimester is not very clear between developed villages and underdeveloped villages of the districts of Bhadradri Kothagudem and Jayashankar Bhupalpally districts however registration for 1st trimester is reported to be more in developed villages than underdeveloped villages of Komarambheem Asifabad.

It was observed that village level health personnel are assigned with multiple assignments and hence many a time it was seen that they failed to deliver the targeted services. It however does not mean that village level health mechanism failed to maintain health profile of pregnant women. The research outcomes reveal that the efficacy of local level activists as they have brought pregnant women of agency areas or remotely located habitations into the domain of institutional medical services. It may not be regular but has reached to every household of agency areas and remotely located population.

The pressing point in this context is that the local staffs of ASHA and ANMs must be strengthened by increasing local medical force to streamline health facilities in these areas in general and to the pregnant women in particular. In this context, the role of ANMs is very important. The main and difficult task is to trace a household with a married woman. The next very important task is to build rapport with her to trace her pregnancy record. In this background, the ANM is supposed to keep continuous connection with the married woman for further medical services. These issues are not included in their medical guidelines but are essential and indispensable to understand and implement at grass-root level. As per Government of Telangana (2019), the numbers of districts having Scheduled Areas are 10 in number. The numbers of sub-centres in these 10 districts are 1492. However as per Government of India (2019) statistics, there are only 1158 health workers (female)/ANM at Sub-Centres in the tribal areas of Telangana. Hence, this study suggests that there should be more number of grassroots level health personnel in order to continue health support. Added to this there should be coordination between ANMs, sub-centers and Primary Health Centers. Separate unit must be constituted to monitor the health condition of pregnant women at district, mandal and village level in addition to existing system of medical facilities. Paramedical professionals and diagnostic system must be strengthened to maintain proper and regular health status of pregnant women and children.

One of the very crucial tasks is to conduct different tests for pregnant women. Our study interviewed 300 women from these 3 districts in order to know their status in conducting different tests during pregnancy. Tests of pregnancy include Thyroid, Hemoglobin, Hepatitis, HIV, Anemia, Urine & Blood Sugar and Growth Scan of Baby. The result presented in Table 3.3 is about the status of test conducted during pregnancy in the study areas. The result is quite impressive in the study area irrespective of parameters of development (Table 3.3). These tests

also help Government in building the health record of its people and to come out with health schemes. The scheme namely Arogya Lakshmi[1] implemented by the Government of Telangana is also contributing positively to the sound health of pregnant and lactating women. The provision of nutritious food through this scheme enables the pregnant women to visit the anganwadi centres for its collection. As a result the ANM and ASHA workers can easily trace them out. This is one of the many ways to include them in all the immunization process. However, the present study identified a lack of awareness about the utilities of the immunization process among the women in general and pregnant women in particular. These findings were validated in the FGDs held with the pregnant women in the villages. Some women were not part of the tests. In this regard, the ANM or ASHA workers should maintain a record on the status of tests conducted during pregnancy in order to avoid exclusion of any tests. The next best task is to create awareness among the pregnant women about the utilities of different tests during pregnancy.

Table 3.3: Status in Conducting Different Tests during Pregnancy

S. No.	Districts	Tests during Pregnancy						
		Thyroid	Hemoglobin	Hepatitis	HIV	Anemia	Urine & Blood Sugar	Growth Scan of Baby
1	Bhadradri Kothagudem (N = 100)	83 (83.0)	89 (89.0)	76 (76.0)	87 (87.0)	87 (87.0)	83 (83.0)	78 (78.0)
2	Jayashankar Bhupalpally (N=100)	96 (96.0)	96 (96.0)	96 (96.0)	96 (96.0)	98 (98.0)	96 (96.0)	96 (96.0)
3	Komarambheem-Asifabad (N=100)	96 (96.0)	96 (96.0)	93 (93.0)	96 (96.0)	95 (95.0)	96 (96.0)	93 (93.0)

Source: Primary Health Center(s), 2019

Supplementary Nutrition under the ICDS programme

In order to maintain sound health of a pregnant woman, the Nutrition Services in coordination with the ICDS programme has emerged as an important component because it has direct impact on the health of the children. Under this programme, essential services include diagnosis, management of anemia and vitamin A deficiency and nutrition advice to malnourished children and pregnant women. The programme essentially recommends regular screening of children by ANMs/HWMs (a team of 2 workers) and treatment of minor ailments and referral. There are five types of supplements such as one meal per day, One Glass Milk, Boiled Eggs, Vaccination (post-pregnancy) and Regular Check-Up which are provided to pregnant women. These services are provided by ICDS units of respective villages.

[1] Aarogya Lakshmi (scheme) is a nutritional program to support pregnant and lactating women being implemented by the Government of Telangana through ICDS.

Regarding the provision under of ICDS, in all the twelve study villages of Bhadradri-Kothagudem, Jayashankar-Bhupalpally and Komarambheem-Asifabad districts respectively, it was found that all provisions of ICDS such as Daily One Meal, Daily One Glass of Milk, Boiled Eggs, vaccination (post-pregnancy) and regular checkup were found to be available to all registered pregnant women. It is because of the strong commitment to implementation of the programme by the Telangana Government and dedication of grassroot health workers like Anganwadi teacher and ASHA workers to build the nation with healthier future generations. Interactions with beneficiary women reveal that they are in recipient of provisions, however in the Kurnapalle[2] and Pedda Midsileru[3] villages of Bhadradri-Kothagudem there is a slight delay in the disbursement of provisions as they are remotely located.

The study also observed that the above provisions under ICDS services are provided to registered pregnant women in all villages. However, there is inconsistency in availing services with regard to pregnant women who are not registered and there is also need to provide more nutritious food to lactating women in agency areas as they do not have sufficient food to take at their homes (See Box 3.1).

"They (ASHA/ANM) are very caring and continuously in touch with me throughout the period of my carriage and even after delivery of my baby. But I felt I should have taken more food during initial two months of my post-delivery as I didn't get sufficient food at my home as I felt hungry and very fragile while I was feeding".	

Source: Interview with a Lactating Woman, Kurnapalle, Mandal Cherla, Bhadradri Kothagudem, December 2019

Pregnant Women with Severe Anaemia Detected and Treated Cases

WHO (2016)[4] has recommended for diagnosing anemia during pregnancy and it states that Anemia is "associated with iron, folic and vitamin A deficiencies" which led to increased rates of maternal mortality, incidences of premature delivery, low birth weight of new born babies, and other adverse outcomes. To that end, we made relevant enquiries. Around 10.3 per cent of the respondents reported SAC in Bhadradri-Kothagudem followed by 8.3 per cent in Jayashankar-

[2] Kurnapalle village is remote, underdeveloped and falls under extremists' area.
[3] Pedda Midiseleru village has five hamlets, one Kistapur hamlet is located at a distance of 10 kms and other four hamlets are located within a radius of 3kms.
[4] WHO (2016): Recommendations on antenatal care for a positive pregnancy experience, World Health Organization,https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf;jsessionid=C54C3C1C94E69358B4A625DDE64B1F67?sequence=1, viewed on May 23, 2020.

Bhupalpally and 4.6 per cent in Komarambheem-Asifabad. Provision of iron tablet and periodical haemoglobin tests are considered as the preventive option for the same. The ANMs of the concerned villages generally distribute the iron tablets to the pregnant women. Our study found a satisfactory result from Komarambheem-Asifabad district as all the SACs were treated with the proper provision of the tablets and appropriate medical support system. The bleak picture largely came from Bhadradri-Kothagudem followed by Jayashankar-Bhupalpally. The treated cases were 60 per cent in Bhadradri-Kothagudem whereas the same is 66.7 per cent of the detected cases. One of the main reasons for the gap is temporary migration to take care of livelihood. However, our FGDs with different stakeholders found improper treatment to tackle the SACs in Bhadradri-Kothagudem. The main issue identified during our conversation was absence of systematic maintenance of records, indicating the frequency of haemoglobin tests at village level by the ANMs. This is because of the workload shouldered on the health workers which holds them back in delivering timely and quality service.

Institutional Deliveries

Institutional delivery is a delivery that takes place at any medical facility staffed by skilled delivery assistance. It is documented that institutional delivery reduces the maternal deaths. The field survey conducted in these three districts enquired about place of delivery status, essentially to assess their health safety. A summary of the major findings from the survey indicated that: government hospitals were the main place of delivery in all the study villages; 25.3 per cent in Jayashankar-Bhupalpally and 11.7 per cent in Komarambheem-Asifabad respectively indicated private hospitals as the place of deliveries (Table 3.4).

Table 3.4: Place of Delivery Status*

S. No	Districts	Govt Hospital	Private Hospital	At Home	With SBA**	Total
1	Bhadradri Kothagudem	647 (96.6)	10 (1.5)	7 (1.1)	5 (0.7)	670 (100.0)
2	Jayashankar Bhupalpally	148 (74.7)	50 (25.3)	-	-	198 (100.0)
3	Komarambheem Asifabad	209 (87.4)	28 (11.7)	2 (0.8)	-	239 (100.0)

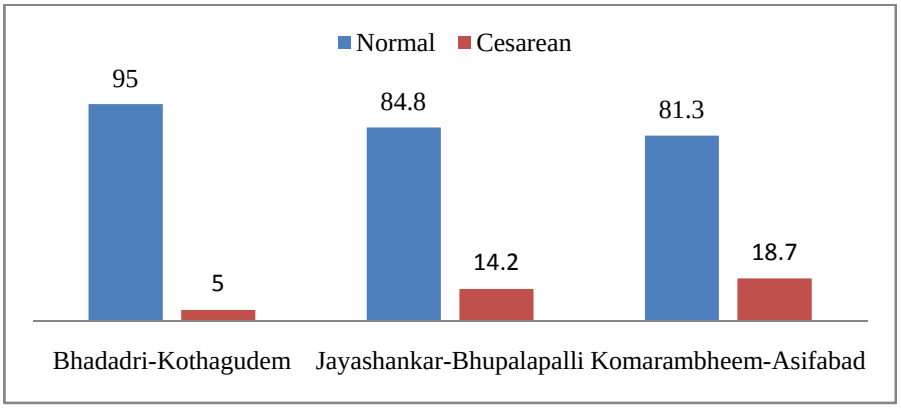
Source: Primary Health Center(s), 2019,
*Figures in the Parenthesis show percentage from the Pregnant Women in Selected Villages ($1^{st}$and 2^{nd} Child),
**SBA- Skilled Birth Attendant

The second very important issue of understanding delivery status with regard to women's health is the type of delivery – normal and caesarian. With regard to type of delivery, about 95 per cent deliveries are normal while only 5 per cent were reported to be cesarean deliveries in the selected villages of Bhadradri-Kothagudem. The same was 84.8 per cent for Jayashankar-Bhupalpally followed by 81.3 per cent in Komarambheem-Asifabad (Chart 3.2). When enquired for the reasons of high number of normal deliveries with the ANMs and health workers; they said, a)

these women keep themselves engaged in household activities round the clock even during the pregnancy period, in turn this helps them to keep good health and go for normal delivery ; b) most of the deliveries are being done at Government hospitals where Doctors never advice or go for caesarian except in case of complication and emergency; c) the awareness created by ANMs and ASHA workers among the pregnant women exhausts the phobia surrounding pregnancy and motivates them to endure labour pains and wait for normal delivery; and d) more so in rural areas pregnancy is viewed as natural biological process rather than a burden caused due to disease or disorder.

Further, a cash incentive of Rs. 12,000 by the Telangana Government is given to women who deliver their babies in Government hospitals and to uphold the morale of mothers an additional incentive of Rs. 1000 is given to mothers who give birth to a girl child. These attractive incentives are promoting large number of institutional deliveries in the study area. Besides this, a special KCR Kit, worth of Rs. 2000, which contains all the necessary items required for a newborn are also given to the mother. This KCR Kit scheme has also motivated the rural pregnant women to go for Government hospitals and wait for normal deliveries. To avail the total benefits from the government these women preferably visit government health centres.

Chart 3.2: Types of Deliveries



Source: Primary Health Center(s), 2019

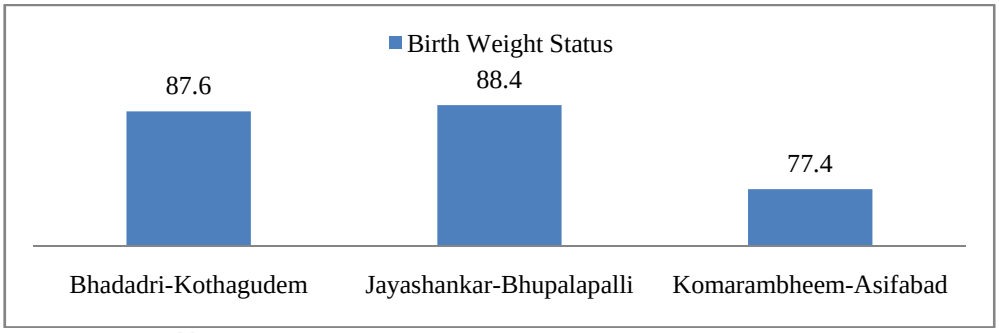
Interestingly, of the late, the novel scheme sponsored (2014) by the Telangana Government Kalayana Lakshmi[5] / Shadi Mubarak, is driving parents of the girl child to postpone the marriage of their daughter until she attains 18 years which is a positive sign. Amazingly this scheme is addressing the age-old issue of child marriages in the rural areas in short run and in the long run putting break to the pre-mature pregnancy thereby reducing the Maternal Mortality Rate and Infant Mortality Rate.

[5] Kalyana Lakshmi Scheme / Shaadi Mubarak is a welfare scheme by the Government of Telangana providing financial assistance for the marriage of girl child.

Live Babies Weighted at Birth

Birth weight is the body weight of a baby at its birth. The very objective of this task is to frame strategies for neo-natal mortality. According to WHO[6] 15 per cent to 20 per cent of all births worldwide are low birth weight, representing more than 20 million births a year. The goal is to achieve a 30 per cent reduction of the number of infants born with a weight lower than 2500 gm by the year 2025. The important task in this regard is to initiate awareness about it among the people in general and women in particular. So the necessary condition for this is to create a database on whether they have followed the practice of weighing the new born or not. Our study collected information from 1107 women from these 3-districts and observed that 87.6 per cent of the women in Bhadradri-Kothagudem followed this procedure whereas the same was 88.4 per cent in Jayashankar-Bhupalpally and 77.4 per cent in Komarambheem-Asifabad respectively (Chart 3.3).

Chart 3.3: Birth Weight Status



Source: Primary Health Center(s), 2019

* Figures in the Parenthesis show percentage from the Pregnant Women in Selected Villages (1st and 2nd Child)

Conclusion

The study found that there is disparity between first and second time pregnant women who are receiving antenatal care check-ups. Antenatal care is generally looked after by concerned ANMs or ASHA worker, however, it was observed that there is lack of regular checkups between the periods of four antenatal checkups though it must take place as recommended schedule for antenatal visits. With regard to the provision of nutrient supplements under ICDS, in all the study villages, it was found that all provisions of ICDS are being supplied to the beneficiary women. It was observed that village level health personnel are assigned with multiple assignments from time to time and hence many a times it becomes difficult to deliver the desired targeted services. Health workers have to cover large (i.e. scattered hamlets) areas by foot, which also adds to delay in delivering timely services. Hence this study suggests that there should be more number of grassroots level health personnel in order to extend quality and continued health support. Institutional deliveries are high and are being done by trained medical staff with skilled delivery

[6] https://www.who.int/nutrition/topics/globaltargets_lowbirthweight_policybrief.pdf

assistance. The numbers of normal delivery cases are found to be more than that of cesarean deliveries in the study villages which is a good sign. Keeping all this in view, not to put all the responsibility solely on the health workers, there is a necessity of giving periodic awareness to the pregnant women and lactating mothers to achieve the comprehensive success in desired manner. Further, the coordination among all the functionaries involved in delivering the health services to the rural women need to be streamlined for the better outcome.

At the end of the day the whole success of any program depends on the personnel functioning at the grass root level; therefore to achieve the desired targets with quality output in a given time, there is a need to strengthen the abilities of the existing health workers with capacity building trainings and to support the existing personnel with few more hands to ensure quality and timely service.

Chapter 4

HEALTH AND NUTRITION

(Public Health and Institutional Support – Status of Child Care)

Introduction

This chapter deals with the public institutional support and services covering birth weight and tracing babies of LBW and status of underweight and stunted children less than 5 years. Identification of children with diarrhea and the different preventive interventions like vitamin A supplementation, zinc supplementation and ORS on the incidence and severity of diarrheal disease are also discussed in this chapter. The subsequent sections discusses about the status on ARI, SAM, MAM, Status on Breastfeeding Children as Adequate Diet, immunization of children (9-11 months) through BCG+ DPT3 + OPV3 + Measles1, identification of Tuberculosis (TB) and its treatment. The study also concentrates on the process initiated to convert Sub Centres and Primary Health Centres into HWCs as per the standard guidelines and to examine the compliance of Primary Health Centres functioning with Indian Public Health Standards. It also provides data on Anganwadi centres with own buildings and proportion of available specialist services in District hospitals against 10 core specialist services. Finally it discusses about awareness campaigns on Health Sanitation and Nutrition day and other important issues.

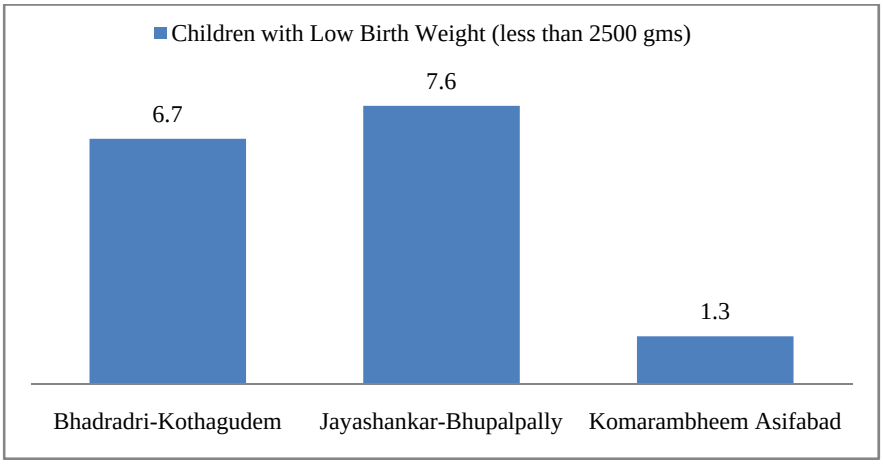
Children with LBW (less than 2500 gms)

The World Health Organization (WHO) has defined LBW as "weight at birth less than 2500 g (5.5 lb)"[1]. It further states that "low birth weight continues to be a significant public health problem globally and is associated with a range of both short-and long-term consequences"[2]. The study has tried to understand the status of low birth weight in selected villages of three Aspirational Districts. Overall status reveals that 7.6 per cent in Jayashankar-Bhupalpally, 6.7 per cent in Bhadradri-Kothagudem and only 1.3 per cent of cases identified in Komarambheem-Asifabad district with children with low birth rate (Chart 4.1).

[1]. WHO (2020): WHA Global Nutrition Targets 2025:Low Birth Weight Policy Brief,https://www.who.int/nutrition/topics/globaltargets_lowbirthweight_policybrief.pdf, Viewed On 27 June, 2020.

[2] . WHO (2020): WHA Global Nutrition Targets 2025:Low Birth Weight Policy Brief,https://www.who.int/nutrition/topics/globaltargets_lowbirthweight_policybrief.pdf, Viewed On 27 June, 2020.

Chart 4.1: Children with low birth weight (less than 2500 gms)



Source: Primary Health Center(s), 2019

This problem was largely seen among the ST women compared with the other social groups. These issues were validated from answers from different FGDs with women from various villages. At the FGDs, women stated that inadequate intake of nutritional food and irregular timings were very common among the STs. WHO recommended for actions to initiate progressive strategies in reducing low birth weight. It mentioned that "affordable, accessible and appropriate health care is critical for preventing and treating low birth weight"[3]. It is highly recommended in the present context that reduction in LBW is achieved by providing integrated neo-natal and post-neo natal medical and nutritional care of pregnant women.

Status of Underweight Children (under 5 years)

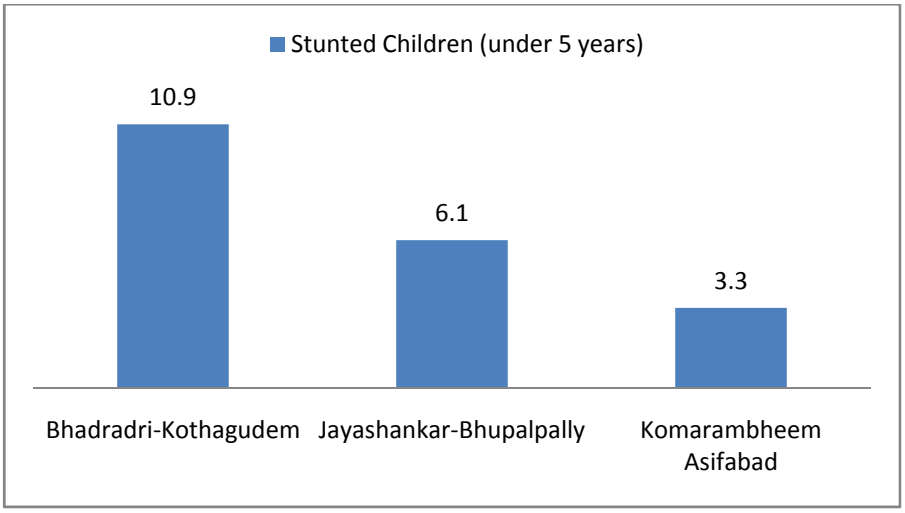
Child growth is internationally recognized as an important indicator of nutritional status and health among population. The WHO (2015) mentions that the mortality risk of children of mildly underweight is higher and it puts children of severely underweight under greater risk. It is suggested that monitoring weight-for-age can reduce the mortality risk, and points out that major limitations of the indicator is the issue of the reliability of weight measurements[4]. Children with underweight (0-5yrs) is assessed in terms of height and weight. Out of the total children of 1107 of below 5 years (including new born babies), the proportion of underweight children in selected villages of the entire 3- aspirational districts under the study is very low (42 out of 670 children in Bhadradri-Kothagudem, 23 out of 198 children in Jayashankar-Bhupalpally and 10 out of 239 children in Komarambheem-Asifabad). The majority incidences are evident among STs.

[3]. WHO (2020): WHA Global Nutrition Targets 2025:Low Birth Weight Policy Brief,https://www.who.int/nutrition/topics/globaltargets_lowbirthweight_policybrief.pdf, Viewed On 27 June, 2020.
[4]. WHO (2015): Global Reference List of 100 Core Health Indicators, http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf, viewed on 28 June 2020.

Status of Stunted Children (under 5 years)

According to the WHO, "stunting is the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psycho-social stimulation"[5]. It causes irreversible physical and mental damage to children. A child who is stunted is understood by age with comparison to height. It reflects chronic under nutrition during the most critical periods of growth and development in early life. Causes for stunting as mentioned by WHO (2020) include "poor maternal health and nutrition, inadequate infant and young child feeding practices, and infection"[6]. Our study found that the incidence is comparatively more with Bhadradri-Kothagudem (10.9 per cent), followed by Jayashankar-Bhupalpally (6.1 per cent) and Komarambheem-Asifabad (3.3 per cent). The cases are more among the ST households (Chart 4.2).

Chart 4.2: Stunted Children (under 5 years)



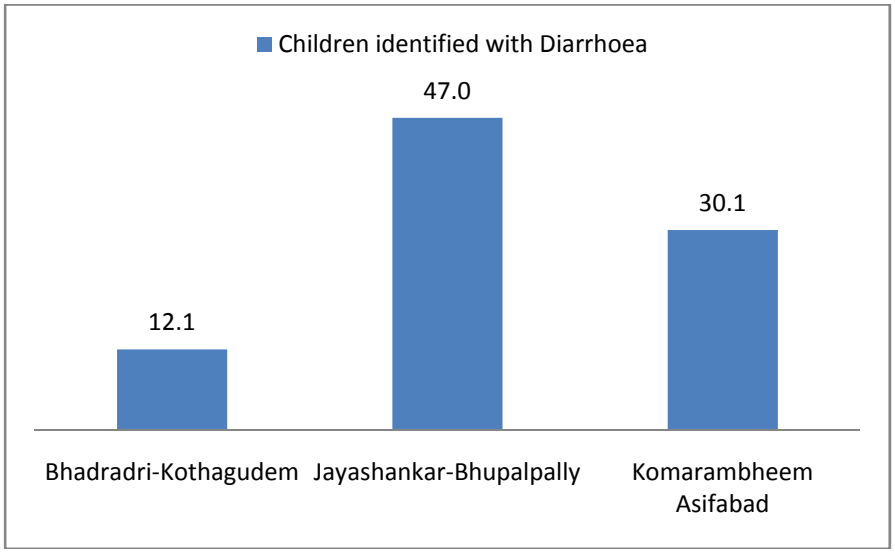
Source: Primary Health Center(s), 2019

Children with Diarrhea- Identification and Treatment

The WHO stated that diarrhea is a major cause of morbidity and mortality among infants and children across the world (WHO, 2010). The WHO again mentioned that about 17.5 – 21 per cent of all deaths in children under the age 5 years, equivalent to 1.5 million deaths per year in developing countries are due to diarrhea. It further stated that though diarrheal control strategies were developed in the 1980s which reduced the number of child deaths from diarrhea, effective interventions by different countries were reported to be very low. Preventive interventions include vitamin A supplementation, zinc supplementation and ORS on the incidence and severity of diarrhea disease. The study collected the data on children identified with Diarrhea cases, and children treated by medicines, by giving ORS and by Zinc supplementation. The status of the same has been presented Chart 4.3.

[5]. WHO (2020): WHA Global Nutrition Targets 2025: Stunting Policy Brief, https://www.who.int/nutrition/topics/globaltargets_stunting_policybrief.pdf, Viewed on 1 May 2020.
[6]. Ibid.

Chart 4.3: Children with Diarrhea



Source: Primary Health Center(s), 2019

The study collected the data of cases identified with diarrhea in all the study villages of the 3-districts and found maximum identified cases in Jayashankar-Bhupalpally (47.1 per cent) followed by Komarambheem-Asifabad (30.1 per cent) and Bhadradri-Kothagudem (12.1 per cent). However, all the identified cases were medically treated with preventive interventional medicines. All the identified cases were treated with medicine and by providing ORS supplement. However, zinc supplement was found to be almost nil (except very few cases found in Komarambheem-Asifabad).

Status of Acute Respiratory Infections (ARI)

It is reported that cases of ARI are responsible for about 15 per cent of all deaths of children aged below 5 years across the World (WHO 2010). Appropriate care for children (under 5) is essential to diagnose and treat it. Interventions to control are divided into four basic categories-immunization, early diagnosis, treatment and nutrient improvement. Identification of ARIs (diagnosis), providing appropriate health-care services and regular monitoring of progress towards child health and other survival-related interventions are considered as critical inputs as part of the Millennium Development Goals and Strategies. The data on identification of ARIs (diagnosis) or providing any health-care services towards child health is not available in any of 12 selected villages of 3-Aspirational Districts. This may be considered to be very essential to further streamline more effective interventions to diagnose ARIs in rural areas.

Status of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM)

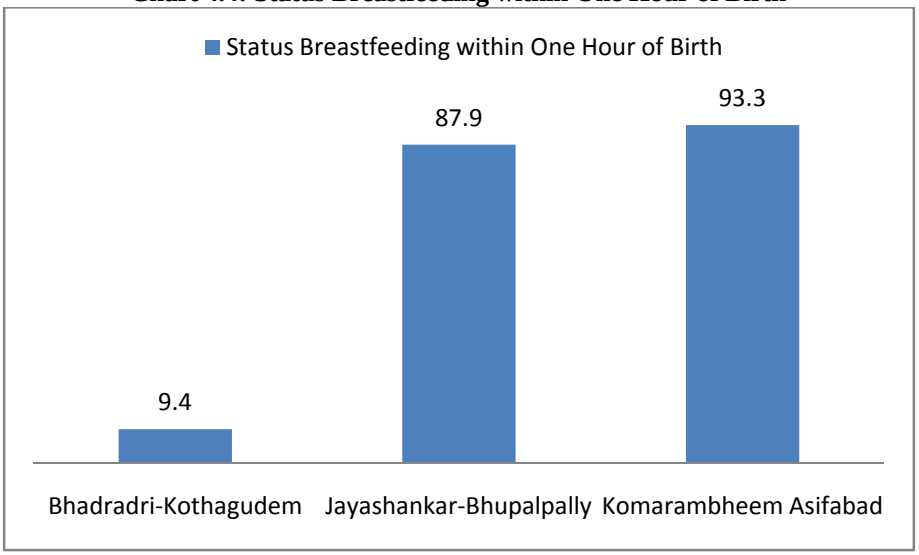
Severe Acute Malnutrition is responsible for deaths among children under five. Decline in malnutrition directly reflects on decreased child mortality and improved maternal health. Similar to ARI, data is also not available on percentage of Severe Acute Malnutrition in

selected villages. To this, MAM is another health related indicator directly connected with the health of a child. It can be due to a low weight-for height (wasting) or a low height-for-age (stunting) or to a combination of both". It also affects many children and it has an increased risk of mortality as it associated with a high number of nutrition related deaths (Liu 2014, Black 2013). MAM is directly connected with SAM since in the context that a child with moderate malnourishment does not receive adequate support; it may lead to severe acute malnutrition. The data on proportion of MAM is also not available in the study area. Thus, the need of the hour is to strengthen data collection related to the health care system by addressing these very important issues.

Status on Breastfeeding Children as Adequate Diet

Regarding importance of breastfeeding, WHO and UNICEF recommend that "initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life - meaning no other foods or liquids are provided, including water"[7]. It further states that breast milk is the ideal food for infants. An important claim by WHO the essence of breast feeding is that "children perform better on intelligence tests, are less likely to be overweight or obese and less prone to diabetes later in life". In terms of women's health, breastfeed also reduces risk of breast and ovarian cancers as stated in its recommendations. To that end, we made relevant enquiries. Around 93.4 per cent of the women in Bhadradri-Kothagudem reported breastfeeding within one hour of birth whereas the same was 87.9 per cent for Jayashankar-Bhupalpally and 93.3 per cent in Komarambheem-Asifabad respectively (Chart 4.4). It has been observed that the awareness level on the post-natal health was relatively less among the ST women compared to other categories inspite of widespread awareness programmes conducted by health activists in study villages.

Chart 4.4: Status Breastfeeding within One Hour of Birth



Source: Primary Health Center(s), 2019
Figures in the Parenthesis show percentage from the Pregnant Women in Selected Villages (1st and 2nd Child)

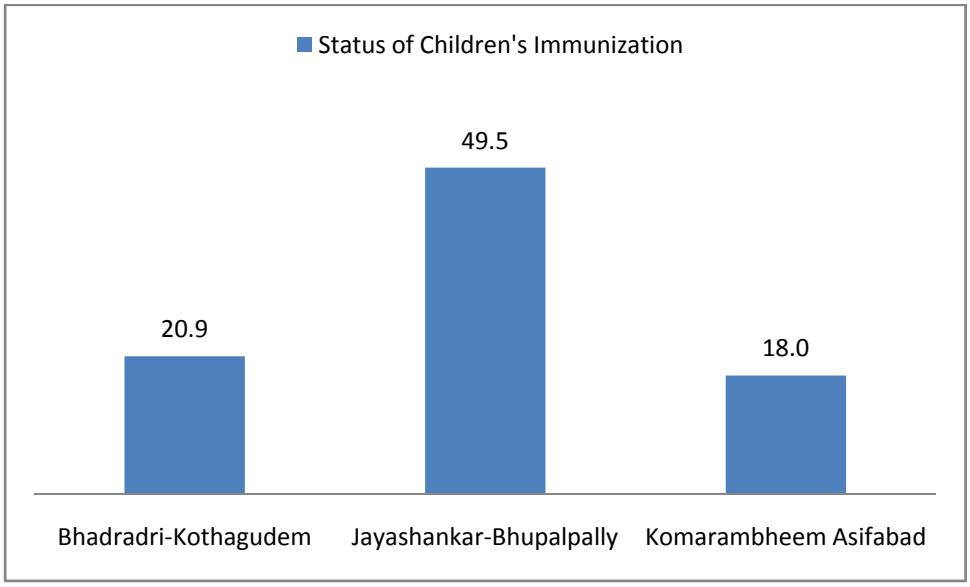
[7]. WHO (2020): Breastfeeding, https://www.who.int/health-topics/breastfeeding#tab=tab_2, viewed on 8, July 2020.

Though breastfeeding is considered to be highest nutrient diet of infant children, non-breastfeeding children were reported in all the villages of district (6.6 per cent in Bhadradri-Kothagudem, 12.1 per cent in Jayashankar-Bhupalpally and 6.7 per cent in Komarambheem-Asifabad). This proportion is more among the SC and ST communities. From the FGDs, it has been observed that not having nutritious food in proper time during pregnancy is the main cause of the problem. First the health staffs at the community level is very less, secondly providing the nutritious food in the remote areas have many a time emerged as one of the main difficulties in these districts. Last but not the least is the very informal characteristics of the economy and the resultant vulnerable livelihood – low agricultural labour wages as well as only 100 days of work of central government's employment guarantee scheme - are adding more vulnerabilities to these people as they cannot visit the Anagnwadi centres frequently.

Status on Children fully immunized (9-11 months) (BCG+ DPT3 + OPV3 + Measles1)

The next very important issue is immunisation (months including BCG, DPT3, OPV3 and Measles) of children (9-11 months) because vaccination against different diseases for children is an effective preventive measure that can control many types of health adversities. Preventive measures are better than curative measures as they thwart financial and health costs. During the course of the study we found bleak scenario for the same in all the districts (Bhadradri-Kothagudem (20.9 per cent), Jayashankar-Bhupalpally (49.5 per cent) and Komarambheem-Asifabad (18.0 per cent). The status of vaccination was nil in some of the study villages of Jayashankar-Bhupalpally and Komarambheem-Asifabad. Thus, the need of the hour is to strengthen the health care system which is made accessible for all.

Chart 4.5: Status of Children's Immunisation (9-11 Months)



Source: Primary Health Center(s), 2019

Status on Tuberculosis (TB): Identification and Treatment

As the WHO (2020) reports, TB is "caused by bacteria (Mycobacterium tuberculosis) that most often affect the lungs. Tuberculosis is curable and preventable[8]". It spreads from person to person through the air. WHO (2020) further stated that India is one of 30 high burden countries as 87 per cent of new TB cases were found in these countries (WHO 2020). During the course of the field work we found very less cases identified with TB (a maximum of 12 cases in Komarambheem-Asifabad district). A summary of the major findings from the survey indicated that public health facilities were the main services available to these people to fight against TB.

Institutional Support

This section presents a good elucidation of the institutional support provided to the people in these 3-aspirational districts. The main objective is to create a robust health profile of the people belonging to these areas. The major components discussed are: status of sub-centres / PHCs converted into HWCs, PHCs compliant to Indian Public Health Standards, specialist services at district hospitals and awareness programme conducted to enhance the health issues. An analysis of all these above components and their status in the 12 study villages has been presented below (Table 4.1 and 4.2).

Table 4.1: Status of Institutional Facilities in the Study Villages

S. No	Details	Bhadradri-Kothagudem	Jayashankar-Bhupalpally	Komarambheem-Asifabad
1	Sub Centres / PHCs converted into HWCs	1	1	0
2	PHCs compliant to IPHS	0	0	0
3	Anganwadis with own buildings	20	14	12
4	FRU	3	1	1
5	FRU with Labour Room	1	1	0
6	FRU with obstetrics services (after delivery up to 6 weeks treatment)	-	-	-
7	Facilities under FRU certified with NQAS	-	-	-

Source: Primary Health Center(s), 2019

[8]. WHO (2020): Tuberculosis, https://www.who.int/news-room/fact-sheets/detail/tuberculosis, 24 March 2020, viewed on May 20, 2020.

Table 4.2: Awareness Campaigns in Sample Districts (No of Days/year)

S. No	Programmes Conducted	Bhadradri-Kothagudem	Jayashankar-Bhupalpally	Komarambhem-Asifabad
1	VHSND	14	19	36
2	Awareness programme on Save Girl Child	4	8	14
3	Awareness programme on Water and Hygiene	5	6	17
4	Programme on open defecation free village	4	10	27
5	Awareness programme on Polio	6	7	19
6	Awareness programme on HIV	4	8	17
7	Awareness programme on adolescent girls health issues	9	6	15

Source: Integrated Child Development Centre (Anganwadi School), 2019

Status of Sub-Centres /PHCs converted into Health & Wellness Centres (HWCs)

The scheme of conversion of Sub-Centres and PHCs into HWCs was initiated by the Government of India in February 2018. It was intended to create HWCs by transforming existing Sub Centres and PHCs as the base pillar of Ayushman Bharat. It was targeted to create about 1,50,000 HWCs in India under the umbrella of Ayushman Bharat. The programme further envisaged HWCs to deliver expanded range of services beyond Maternal and child health care services. It also aimed to provide different services including non-communicable diseases, palliative and rehabilitative care, Eye and ENT care, mental health, and first level care for emergencies and trauma which include free essential drugs and diagnostic services[9]. The major goals of HWCs are mainly to provide health care services through use ICTs and expansion of mobile services (Chart 4.6).

Chart 4.6: Major Goals of Health & Wellness Centres (HWCs)

Source: https://ab-hwc.nhp.gov.in/, viewed on April 7, 2020.

[9]. Sub centres/ PHCs converted into Health & Wellness Centres (HWCs), https://ab-hwc.nhp.gov.in/ and https://ab-hwc.nhp.gov.in/, viewed on April 7, 2020.

The data on conversion of PHCs or Sub centres into HWCs was collected from 12 villages of the 3-districts. The data reveals that one each PHC of a village (PedaMidisileru) of Bhadradri-Kothagudem and Katapuram village of Jayashankar-Bhupalpally are converted into HWCs and none in remaining villages were reported (Table 4.1).

Primary Health Centres compliant to Indian Public Health Standards

The main objective of the IPHS for PHC is to provide comprehensive primary health care services to the community through the PHCs so as to achieve and maintain an acceptable standard of quality of health care services and to make the services more responsive and sensitive to the needs of the community. Under these guidelines, it was expected to provide services at PHCs such as increased capacity to maintain 20 or more deliveries in a month and providing medical care services through OPD services by providing total of 6 hours out of which were scheduled for 4 hours in the morning and 2 hours in the afternoon for six days in a week, and is expected to have minimum attendance of 40 patients per doctor per day. In addition to that 24 hours emergency services are expected to be providing services for injuries and accidents apart from First Aid, stitching of wounds, incision and drainage of abscess, stabilization of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions. Interestingly, not even a single PHC from 12 selected villages were found to have facilities compliant to Indian Public Health Standards as the data shown below (Table 4.1).

Specialist Services at District Hospitals

The guidelines of the IPHS[10] for District Hospitals (101 to 500 bedded capacity, revised 2012) mentions of grading of District Hospitals, functions, services, physical infrastructure, manpower requirements, equipment norms, laboratory services, recommended allocation of bed strength, requirements of Operation Theatre, list of Drugs, Lab Reagents, Other Consumables and Disposables for District Hospitals, Capacity Building, Quality Assurance and Quality Control of Processes and Service Delivery, Statuary Compliance, Rogi Kalyan Samities (RKS) and Hospital Management Committee (HMC) and Citizen's Charter (Directorate General of Health Services, 2012). The data regarding proportion of specialist services available in District hospitals against 10 core specialist services presents that all 10 core specialist services are available in the district hospital of Bhadradri-Kothagudem district whereas General Physician and Dermatology is not evident in Jayashankar-Bhupalpally. However, only 4 of 10 core specialist services are available in the district hospital of Komarambheem-Asifabad. These include Gynecologist, General Medicines, Anesthesia and Pediatrics which are available at district hospital.

[10]. Directorate General of Health Services (2012): The guidelines of the IPHS for District Hospitals (101 to 500 Bedded capacity (Revised 2012), Ministry of Health & Family Welfare, Government of India, New Delhi, http://nrhmmanipur.org/wp-content/uploads/2012/08/District_Hospital.pdf, viewed on 21 June 2020.

Added to this, the profile of Anganwadi centres (with own building) in these villages has a comparatively a very impressive picture whereas the same is not true for FRU and FRU with Labour Room in all the 3 –districts (Table 4.1).

Awareness Programmes

WHO states that "campaigning is one important part of reaching people, improving behavior and achieving safer, high quality health care practices[11]". It further claims that "campaigning can generate significant social pressure, participation and action[12]". Campaigns build collective will of people to achieve targeted goals and bring out popular momentum in larger social domain. In view of essentiality of campaign mode of approach, it was mentioned in the Aspirational District Programme that Anganwadi centres at rural and urban PHCs at urban areas have been recommended to conduct Village Health Sanitation and Nutrition day, Urban Health Sanitation and Nutrition day, Awareness programme on Save Girl Child, Water and Hygiene, Programme on Open Defecation Free Village, Polio, HIV, and Adolescent Girls' Health Issues and other issues.

Different health awareness programmes have been launched by state and central governments to promote health and gender sensitivity awareness in rural areas. These are as follows – VHSND Awareness programme on Save Girl Child Awareness programme on Water and Hygiene, Programme on Open Defecation Free village, Awareness programme on Polio, Awareness programme on HIV and Awareness programme on adolescent girls health issues. The main objective of these programmes is to enhance awareness on health, sanitation, nutritional values, importance of protection of girl child, and importance of safe water drinking water and promotion of hygienic conditions. Moreover, these programmes are aimed at to promote social awareness on open defecation especially in villages, and other health issues - Polio, HIV and adolescent girls. With regard to above mentioned programmes, the study examined whether awareness programmes on these issues are organized, and if so, the frequency per year was also collected. Table 4.2 provides the details of the awareness camps conducted in these districts. A summary of the major findings from the survey indicated that: except one study village (Gummallapalle) of Jayashankar-Bhupalpally in the issues like Awareness programme on adolescent girls health issues, Programme on open defecation free village and Awareness programme on Water and Hygiene, the awareness campaigns were conducted in all other villages. The frequencies of the awareness campaigns were found to be more in Komarambheem-Asifabad compared to other 2-districts. So far as the health camps are concerned, our study found that these were largely conducted by the Health Department, Government of Telangana and the Gram Panchayat.

[11]. WHO (2020): Campaigns, https://www.who.int/infection-prevention/campaigns/en/, viewed on 21 July 2020.
[12]. Ibid.

Status of Government Benefit

The most important component of this section is the views of the women (from the 300 women from the study villages) on the monetary help received for maternity/ family planning from government schemes, KCR KIT & health support of the state government schemes and coverage under other schemes like Arogya Sree, Treatment at Area Hospitals and District Hospitals, Aarogyalaxmi and Balamrutham (Table 4.3).

Table 4.3: Views on Monetary help for Maternity / Family Planning from Govt. Schemes

S.No	Districts	Monetary help for Maternity / Family Planning from Govt. Schemes	KCR KIT	Other Benefit
1	Bhadradri Kothagudem	65 (65.0)	100 (100.0)	22 (22.0)
2	Jayashankar Bhupalpally	61 (61.0)	100 (100.0)	34 (34.0)
3	Komarambheem-Asifabad	78 (78.0)	100 (100.0)	35 (35.0)

Source: Field Study 2019

Note: Other Benefits* - Arogya Sree, Treatment at Area Hospitals and District Hospitals, Arogyalaxmi and Balamrutham and services availed at emergency times

KCR KIT has been emerged as one of the successful schemes in these areas as the coverage is cent percent in all the study villages. The rural women from the study area were attributing KCR KIT as one of the best scheme behind progress in their health. Apart from this, a sound proportion of women (65 per cent in Bhadradri-Kothagudem, 61 per cent in Jayashankar-Bhupalpally and 78 per cent in Komarambheem-Asifabad) were part of the monetary help for maternity and family planning from the government schemes. There were reports of other benefits received by the women from the government (22 per cent in Bhadradri-Kothagudem, 34 per cent in Jayashankar-Bhupalpally and 35 per cent in Komarambheem-Asifabad)

Data from villages clearly states that there is awareness among rural administration to follow the governance orders in terms of implementation and organization of awareness programmes. However, the crux of the problem is the effectiveness with which the message is imbibed by the people and the level of involvement of people in the awareness programmes. Specific data is not available on how the awareness programmes are organized and the proportion of people's participation in awareness programmes. These questions need to be addressed in organizing awareness programmes so as to convey the essence of the programme to concerned citizens of rural areas and to achieve desired goals of respective programmes.

Conclusion

Public institutional support is found to be active in measuring baby weight. So far Diarrhea cases are concerned, all the identified cases were treated with medicine and by providing ORS supplement. However, zinc supplement was found to be almost Nil. It is reported that there was no attention on Acute Respiratory Infections (ARI), Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) in selected villages. With regard to immunization of children of aged between 9-11 months including BCG, DPT3, OPV3 and

Measles, it needs improvement. Institutional support in terms of kit during delivery emerged as an important intervention leading to desirable outcomes.

Status on the scheme of conversion of Sub Centres and PHCs into HWCs is evident only in very few villages. Regarding compliance with IPHS, not even a single village found with standards. Surprisingly, availability of Specialist Doctors in Public Hospitals is not found in any of these villages' PHCs and surrounding area hospitals. Specialist Services at District Hospitals are available in the district hospital of Bhadradi-Kothagudem district whereas General Physician and Dermatology is not evident in Jayashankar-Bhupalpally while 4 specialist services are available in the district hospital of Komarambheem-Asifabad.

There are different health awareness programmes launched by state and central governments to promote health and gender sensitivity in the rural areas. With regard to awareness programmes, it was reported that all villages organized these programmes though the number of days vary from one village to other. KCR KIT was found to be a very sound scheme in the study areas for the safety of the newborn from infections.

Chapter 5

EDUCATION

Introduction

The study has tried to understand availability of schooling facilities, gender and social composition of students and the rate of transition from primary to upper primary; and from upper primary to high school. It further concentrates on learning outcomes, especially students' performance of Mathematics and languages in Class 3rd, 5th and 8th. Basic facilities in schools such as availability of toilets and functional toilets for girls, sources of drinking water, electricity facility and status of provision of text books are also observed in the study. The study also discusses the teacher pupil ratio and the literacy rates especially females of above age of 15 years in the study villages.

Availability of Schooling Facilities

Availability of schooling facilities is one of the important indicators of social development. At the outset, the study has concentrated on understanding availability of schools in selected study villages of three Aspirational Districts. In Bhadradri Kothagudem, one could observe in developed villages that schools were available at all levels - primary, upper primary and high school. In case of underdeveloped villages there were no high schools, though in terms of accessibility all schools irrespective of the level were available within two kilometres.

Table 5.1: Availability of school in Selected Villages across Districts

S.No.	Villages	Availability of Schools with Strength		
		Primary	Upper Primary	High School
	Bhadradri Kothagudem			
1	Nagupalle (D)	Yes (93)	Yes (110)	Yes (128)*
2	PedaMidisileru (D)	Yes (106)	Yes (85)	Yes (143)
3	Katkuru (UD)	Yes (43)	-	-
4	Kurnapalle (UD)	Yes (81)	Yes (13)	-
	Jayashankar Bhupalpally			
5	Gummallapalle (D)	Yes (18)	-	-
6	Katapuram (D)	Yes (228)	Yes (52)	Yes (111)*
7	Nasthurpalle (UD)	Yes (15)	-	-
8	Lingala (UD)	Yes (81)	Yes (23)	Yes (48)*
	Komarambheem-Asifabad			
9	Muthampet (D)	Yes (71)	Yes (59)	Yes (122)*
10	Pangidi (D)	Yes (126)	Yes (55)	Yes (76)*
11	Pardi (UD)	Yes (78)	-	-
12	Phullara (UD)	Yes (80)	-	-

Source: The School of the Village (of all selected Villages), 2019
Note: Figures in parenthesis indicate number of students enrolled.
* indicates that High School includes classes 5-10

In Jayashankar Bhupalpally, one can discern that there were primary schools available in both developed and underdeveloped villages. In case of high schools, it was available in one each of the developed and underdeveloped villages and these included upper primary as well

i.e. 5-10th standard together. In terms of strength in schools, it was seen that except in one of the developed villages, the number of children enrolled in schools were very low. In Komarambheem-Asifabad district too, primary schools were available both in developed and underdeveloped villages whereas upper primary and high schools were found only in developed villages (Table 5.1). Across districts, it was observed that all the observed schools at different levels were accessible i.e. within 2 kilometres radius.

Gender and Social Composition of Students

In Bhadradri Kothagudem, it was evident from the data that irrespective of level of education, the proportion of girls were more than boys in both developed (69 per cent) and under developed (52 per cent) villages. In both Jayashankar Bhupalpally and Komarambheem-Asifabad, however, the proportion of girls was lower than boys irrespective of level of school and index of development of villages. Moreover, the proportion of girls was lower than primary to upper primary; and to high school. For instance, in developed village of Jayashankar Bhupalpally district, the proportion of girls in primary stood at 41.2 per cent, secondary (32.7 per cent) and 28.8 per cent in high school. In under developed villages, of the total 167 students, only 24 or 14 per cent were girls. In the developed village of Komarambheem-Asifabad too, one can observe the lower proportion of girls across different levels of school, 33 per cent in primary; 28 per cent each in upper primary and high school. In the underdeveloped village, of the 158 students, 73 were girls (46 per cent) (Table 5.2).

In Bhadradri Kothagudem, majority of the students belonged to ST (81 per cent) followed by OBC (12 per cent) and SC (7 per cent) in developed village while in underdeveloped village, one could observe cent percent ST students. In the former, one could clearly observe high incidence of ST girls among across all levels of school. This is an encouraging trend which needs to be sustained. In Jayashankar Bhupalpally, in underdeveloped village, 94per cent of the students were from ST, but in developed village, the proportion of STs was only 26 per cent. The majority of students belonged to OBC (52 per cent) followed by SC (21 per cent) and 2 per cent of OCs. This was seen across all levels of schools. In Komarambheem-Asifabad district, the students social composition indicates that in developed village, while half of them belonged to ST community, this was closely followed by OBC (43 per cent) and 6 per cent from SCs. In underdeveloped villages, however, we could observe that 65 per cent of students or two-thirds belonged to ST and a higher incidence girls (of the total girls enrolled, 69 per cent belonged to STs) (Table 5.2).

Table 5.2 Gender and Social Composition of Students by School Level in Selected Districts

Social Group	Primary School		Upper Primary		High School		Total		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Bhadradri Kothagudem (Developed)									
SC	9 (12.3)	15 (11.9)	7 (10.6)	1 (0.8)	6 (9.1)	7 (3.4)	22 (10.7)	23 (5.0)	45 (6.7)
ST	63 (86.3)	107 (84.9)	43 (65.2)	116 (89.9)	33 (50.0)	176 (85.6)	139 (67.8)	399 (86.7)	538 (80.9)
OBC	1 (1.4)	4 (3.2)	16 (24.2)	12 (9.3)	27 (40.9)	22 (10.7)	44 (21.5)	38 (8.3)	82 (12.3)
OC	-	-	-	-	-	-	-	-	-
Sub Total	73 (36.7)	126 (63.3)	66 (33.9)	129 (66.1)	66 (24.4)	205 (75.6)	205 (30.8)	460 (69.2)	665 (100.0)
Bhadradri Kothagudem (Under Developed)									
SC	-	-	-	-	-	-	-	-	-
ST	60 (100.0)	64 (100.0)	6 (100.0)	7 (100.0)	-	-	66 (100.0)	71 (100.0)	137 (100.0)
OBC	-	-	-	-	-	-	-	-	-
OC	-	-	-	-	-	-	-	-	-
Sub Total	60 (48.4)	64 (51.6)	6 (46.2)	7 (53.8)	-	-	66 (48.2)	71 (51.8)	137 (100.0)
Jayashankar Bhupalpally (Developed)									
SC	29 (20.1)	21 (20.6)	3 (8.6)	5 (29.4)	17 (21.5)	10 (31.3)	49 (19.0)	36 (23.8)	85 (20.8)
ST	44 (30.6)	10 (9.8)	11 (31.4)	1 (5.9)	38 (48.1)	1 (3.1)	93 (36.0)	12 (7.9)	105 (25.6)
OBC	69 (47.9)	67 (65.7)	20 (57.1)	11 (64.7)	24 (30.4)	21 (65.6)	113 (43.8)	99 (65.6)	212 (51.8)
OC	2 (1.4)	4 (3.9)	1 (2.9)	-	-	-	3 (1.2)	4 (2.6)	7 (1.7)
Sub Total	144 (58.8)	102 (41.2)	35 (67.3)	17 (32.7)	79 (71.2)	32 (28.8)	258 (63.1)	151 (36.9)	409 (100.0)
Jayashankar Bhupalpally (Under Developed)									
SC	4 (5.6)	5 (20.8)	-	-	-	-	4 (2.8)	5 (20.8)	9 (5.4)
ST	67 (93.1)	19 (79.2)	23 (100.0)	-	48 (100.0)	-	138 (9.7)	19 (79.2)	157 (94.0)
OBC	1 (1.4)	-	-	-	-	-	1 (0.7)	-	1 (0.6)
OC	-	-	-	-	-	-	-	-	-
Sub Total	72 (75.0)	24 (25.0)	23 (100.0)	-	48 (100.0)	-	143 (85.6)	24 (14.4)	167 (100.0)
Komarambheem-Asifabad (Developed)									
SC	1 (0.8)	-	8 (9.8)	2 (6.2)	19 (13.5)	2 (3.5)	28 (7.9)	4 (2.6)	32 (6.3)
ST	96 (72.7)	28 (43.1)	55 (67.1)	-	76 (53.9)	1 (1.8)	227 (63.9)	29 (18.8)	256 (50.3)
OBC	34 (25.6)	37 (56.9)	19 (23.2)	30 (93.8)	46 (32.6)	54 (94.7)	99 (27.9)	121 (78.6)	220 (43.2)
OC	1 (0.7)	-	-	-	-	-	1 (0.3)	-	1 (0.2)
Sub Total	132 (67.0)	65 (33.0)	82 (71.9)	32 (28.1)	141 (71.2)	57 (28.8)	355 (69.7)	154 (30.3)	509 (100.0)
Komarambheem Asifabad (Under Developed)									
SC	18 (21.2)	13 (17.8)	-	-	-	-	18 (21.2)	13 (17.8)	31 (19.6)
ST	52 (61.2)	50 (68.5)	-	-	-	-	52 (61.2)	50 (68.5)	102 (64.6)
OBC	15 (17.6)	10 (13.7)	-	-	-	-	15 (17.6)	10 (13.7)	25 (15.8)
OC	-	-	-	-	-	-	-	-	-
Sub Total	85 (53.8)	73 (46.2)	-	-	-	-	85 (53.8)	73 (46.2)	158 (100.0)

Source: The School of the Village (of all selected Villages), 2019

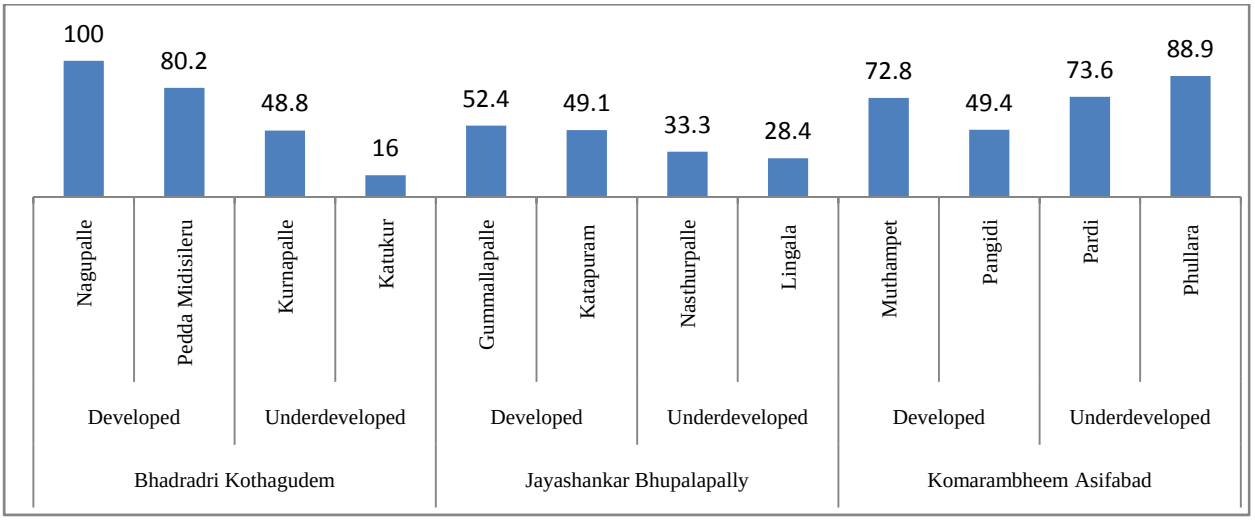
Transition Rate

The method adopted to calculate the Transition Rate is to take stock of the total number of student enrolled in 1st class and examine the number of students completed V class from the same school from each selected village of Aspirational Districts. For instance, if 100 students complete their final year of primary school at the end of the previous reporting period and 95 of them transition on to the first year of secondary school at the beginning of the following reporting period, then students' transition rate is calculated as 95/100X100=95%. The transition rate is calculated based on the data collected from schools of respective villages and it is collected for both- Primary to Upper Primary level and Upper Primary to Secondary level.

In terms of transition from primary to upper primary, it was seen that in developed villages the rates were higher than underdeveloped villages. This was seen across the districts though the rates were higher in developed villages of Bhadradri Kothagudem than in Jayashankar

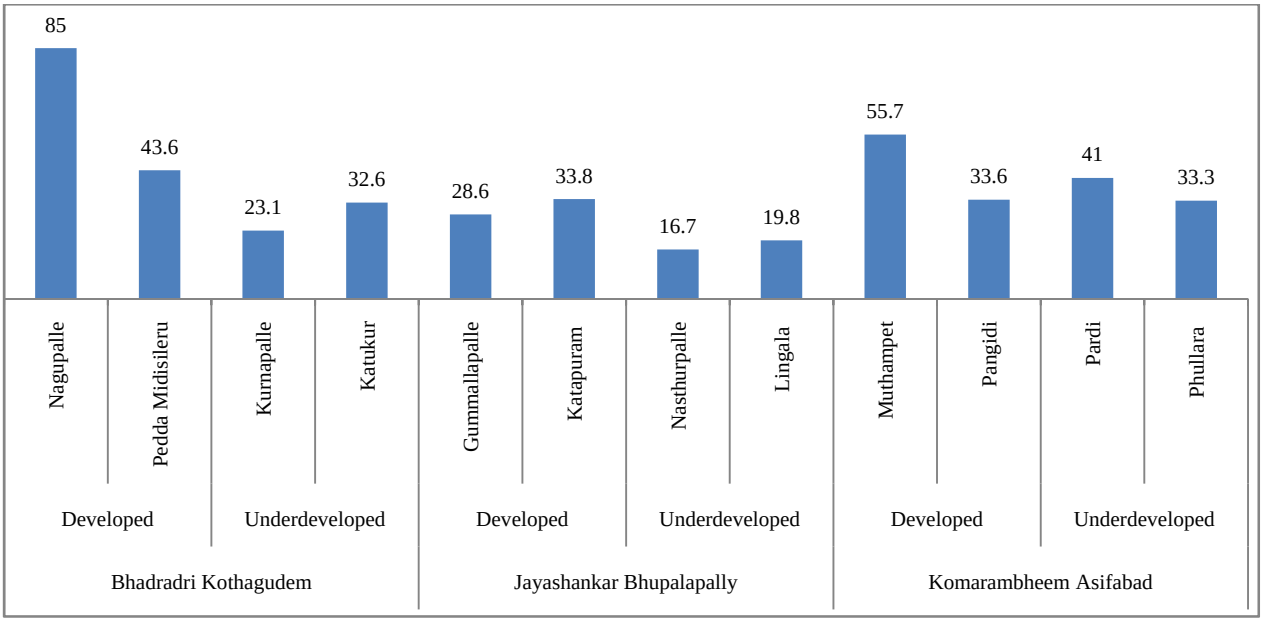
Bhupalpally. However, in Komarambheem-Asifabad one of the developed villages has very low transition rate in comparison with underdeveloped villages (Chart 5.1). The reason is that students' regular attendance is neglected by both parents and teachers and miscommunication is found between them. The transition rate from upper primary to high school across districts was not encouraging except in one of the developed villages of Bhadradri Kothagudem (85 per cent in Nagupalle) (Chart 5.2). This is a matter of serious concern and could be attributed to the non-availability of high schools in most of the villages as mentioned earlier.

Chart 5.1: Transition rate from Primary to Upper Primary (%)



Source: The School of the Village (of all selected Villages), 2019

Chart 5.2: Transition rate from Upper Primary to High Schools (%)



Source: The School of the Village (of all selected Villages), 2019

Learning Outcomes

The method of ASER for understanding learning outcomes is adopted in the study. The ASER has been providing learning outcomes on India's school education landscape for more than a decade now. For the purpose of the present study, to understand learning outcomes as mentioned in Aspirational Districts' report, two components - Mathematics performance and Language performance for the students of Classes of 3rd, 5th and 8th are analyzed.

Basic framework of Mathematics performance for children's assessment using simple arithmetic tools as mentioned in ASER (2018) with certain simple modifications are taken in the study as follows – i.e., (i) 3rd Standard - number recognition 1 to 9, writing numbers 1-100 with time frame of 45 minutes, (ii) 5th Standard - number recognition 10 to 99, simple additions and subtractions with simple 3 digit numbers with time frame of 45 minutes and iii. 8th Standard - table reading and writing 2 to 12 and division and multiplication with simple four-digit number.

Basic framework of Language performance was assessed as follows – (i) 3rd Standard – reading simple words and paragraph reading of 3rd class text book with time frame of 45 minutes, (ii) 5th Standard - reading paragraph with simple flow and telling minimum three names of lessons with time frame of 45 minutes, and (iii) 8th Standard –reading story fluently and reading poems of Telugu language with time frame of 45 minutes.

The method adopted to assess the learning performance of Language skills was that the prepared test paper was given to 5 students from each class from each village thus 15 students from each village covering 3rd, 5th and 8th classes. Overall, 180 students participated in the assessment of which 84 students were girls based on availability of students at the time of interaction.

In the study, 15 students from each village and five students for each type of skill test for language as well as mathematics were selected. Thus, a total of 60 students covering 15 students from each of four selected villages participated in evaluation from each district for two subjects – language and mathematics.

Table 5.3: Language and Mathematics outcomes across Districts (N=60)

Villages	Skills	3rd class	5th Class	8th Class
Language				
Bhadradri Kothagudem (N=20)	reading simple words	13 (65.0)	12 (60.0)	12 (60.0)
	paragraph reading	1 (5.0)	7 (35.0)	6 (30.0)
Jayashankar Bhupalpally (N=20)	reading simple words	12 (60.0)	10 (50.0)	11 (55.0)
	paragraph reading	8 (40.0)	10 (50.0)	10 (50.0)
Komarambheem-Asifabad (N=20)	reading simple words	12 (60.0)	9 (45.0)	15 (75.0)
	paragraph reading	12 (60.0)	12 (60.0)	12 (60.0)
Mathematics				
Bhadradri Kothagudem (N=20)	number recognition	16 (80.0)	9 (45.0)	12 (60.0)
	writing numbers	14 (70.0)	8 (40.0)	6 (30.0)
Jayashankar Bhupalpally (N=20)	number recognition	13 (65.0)	10 (50.0)	14 (70.0)
	writing numbers	13 (65.0)	8 (40.0)	9 (45.0)
Komarambheem-Asifabad (N=20)	number recognition	13 (65.0)	10 (50.0)	14 (70.0)
	writing numbers	13 (65.0)	9 (45.0)	9 (45.0)

Source: Field Study 2019.

Note:

Language:

3rd Standard – reading simple words and paragraph reading of 3rd class text book with time frame of 45 minutes; 5th Standard - reading paragraph with simple flow and telling minimum three names of lessons with time frame of 45 minutes; and 8th Standard – story reading fluently like reading sentences but not as a string of words and reading poems of Telugu language without mistake with simple reading habit with time frame of 45 minutes.

Mathematics:

3rd Standard - number recognition 1 to 9, writing numbers 1-100 with time frame of 45 minutes;

5th Standard - number recognition 10 to 99, simple additions and subtractions with simple 3 digit numbers with time frame of 45 minutes; and8th Standard – table reading and writing 2 to 12 and division and multiplication with simple four-digit number by 2 to 12 tables.

It is evident from the Table 5.3 that in terms of reading simple words, the performance of children across districts was encouraging. More than fifty per cent of the students canvassed were able to read simple words across different classes. However, the performance with respect to paragraph reading was dismal across districts and classes. Thus, concerted efforts on raising the bar of learning outcomes need to be undertaken. In terms of mathematics, the performance was much better, especially at 3rd class. However, this performance outcome drops in the higher classes across the districts and this is a serious cause of concern.

Availability of Toilet

According to the 13th Annual Status of Education Report (ASER, Rural 2018), substantial improvements of school infrastructure are evident as mandated by the RTE. The report states that "the fraction of schools with usable girls' toilets doubled, reaching 66.4 per cent in 2018". It also further reported that "around 22.8 per cent rural school surveyed have unusable toilets" and with regard to basic infrastructural development, especially proper sanitation facilities to girl students in rural schools, it finds that 11.5 per cent of schools have no separate toilets for girls while 10.5 per cent are kept under lock and key and yet another 11.7 per cent are kept locked and are unusable (ASER, Rural 2018[1]).With these basic observations

[1]13th Annual Status of Education Report (ASER, Rural 2018), http://img.asercentre.org/docs/ASER%202018/Release%20Material/aserreport2018.pdf, viewed on June 2, 2020.

in the background, the present study tried to understand the status of toilet facilities in schools in the study villages.

Schools with Functional Girls' Toilets

The data on functional toilet for girls is provided in the Table 5.4. It is clear that in developed villages one could observe the presence of more number of toilets for girls which were functional. In under developed villages in both Bhadradri Kothagudem and Jayashankar Bhupalpally, no toilets were available and in Komarambheem-Asifabad, insufficient water was reported for 2 bathrooms in use by 73 girls. Even in the developed villages of Jayashankar Bhupalpally, inadequate availability of water was reported (Table 5.4).

Table 5.4 Functional Toilets for Girls in Schools in selected Districts

Category	Primary School	Upper Primary	High School
Bhadradri Kothagudem			
Developed	126 Girls, 7 in use	129 Girls, 6 in use	205 Girls, 9 in use
Under Developed	64 Girls, No toilets	7 Girls, No toilets	-
Jayashankar Bhupalpally			
Developed	102 Girls, 6 in use, water not sufficient	17 Girls, 3in use, water not sufficient	32 Girls, 7 in use, water not sufficient
Under Developed	24 Girls, No toilets	-	-
Komarambheem-Asifabad			
Developed	65 Girls, 2 in use	32 Girls, 1 in use	57 Girls, 1 in use
Under Developed	73 Girls, 2 in use, water not sufficient	-	-

Source: The School of the Village (of all selected Villages), 2019

Schools with Drinking Water Facility

Regarding availability of drinking water facility in schools in the selected villages, only in the developed village of Bhadradri Kothagudem there was provision of RO Plant and taps. In the rest of the villages in the district as well as other districts, the source of drinking water facility was borewell (Table 5.5).

Table 5.5 Schools with Functional Drinking Water Facility

Category	Borewell	R O Plant	Taps
Bhadradri Kothagudem			
Developed	-	Yes	Yes
Under Developed	Yes	-	-
Jayashankar Bhupalpally			
Developed	Yes	-	-
Under Developed	Yes	-	-
Komarambheem-Asifabad			
Developed	Yes	-	-
Under Developed	Yes	-	-

Source: The School of the Village (of all selected Villages), 2019

Other Basic Facilities Available at the School

In terms of availability of electricity, it was found to be available across the districts in all the study villages. In terms of provision of textbooks within a month of opening the schools, the practice was followed in all study villages across district except in case of a developed village (Gummallapalle) in Jayashankar Bhupalpally and underdeveloped village (Phullara) in Komarambheem-Asifabad (Table 5.6).

Table 5.6: Basic Facilities in the School across selected Districts

Bhadradri Kothagudem	**Nagupalle (D)**	**Pedamidisileru (D)**	**Katkuru (UD)**	**Kurnapalle (UD)**
Electricity	Available	Good	Available	Available
Providing Text Books within a month*	Yes	Yes	Yes	Yes
Jayashankar Bhupalpally	**Gummallapalle (D)**	**Katapuram (D)**	**Nasthurpalle (UD)**	**Lingala (UD)**
Electricity	Good	Good	Good	Good
Providing Text Books within a month	No	Yes	Yes	Yes
Komarambheem-Asifabad	**Muthampet (D)**	**Pangidi (D)**	**Pardi (UD)**	**Phullara (UD)**
Electricity	Good	Good	Good	Good
Providing Text Books within a month	Yes	Yes	Yes	No

Source: The School of the Village (of all selected Villages), 2019
Note: D-Developed, UD-Under Developed, * within a month of school reopening.

Pupil Teacher Ratio

The data was collected on elementary schools on the compliance with RTE specified Pupil Teacher Ratio in selected villages of the study. The Right of Children to Free and Compulsory Education (RTE) Act, 2009 in its Schedule lays down PTR for both primary and upper primary schools. At primary level, the PTR should be 30:1 and at the Upper Primary level it should be 35:1.[2].

The pupil teacher ratio across districts within primary and upper primary to high school is very encouraging except in two instances across the selected villages in the three districts. Despite this, the learning outcomes are not encouraging and this need to probed further and concerted efforts to utilize the favourable pupil-teacher ratio need to be chalked out.

[2]https://www.mhrd.gov.in/sites/upload_files/mhrd/files/Student-Teacher%20Ratio.pdf, viewed on 30 July, 2020.

Table 5.7: Pupil Teacher Ratio in Schools

Sl.No	Village	Classes	Students	Teachers	Ratio
	Bhadradri Kothagudem				
1	Nagupalle (D)	Class I-V	93	8	1:12
		Class VI-X	238	12	1:20
2	PedaMidisileru (D)	Class I-V	106	4	1:27
		Class VI-X	228	4	1:57
3	Katkuru (UD)	Class I-V	43	2	1:22
		Class VI-X	-	-	-
4	Kurnapalle (UD)	Class I-V	81	3	1:27
		Class VI-X	13	4	1:13
5	Total	Class I-X	802	37	1:22
	Jayashankar Bhupalpally				
1	Gummallapalle (D)	Class I-V	18	2	1:9
		Class VI-X	-	-	-
2	Katapuram (D)	Class I-V	228	8	1:29
		Class VI-X	163	7	1:23
3	Nasthurpalle (UD)	Class I-V	15	2	1:8
		Class VI-X	-	-	-
4	Lingala (UD)	Class I-V	81	2	1:41
		Class VI-X	71	6	1:12
5	Total	Class I-X	576	27	1:23
	Komarambheem-Asifabad				
1	Muthampet (D)	Class I-V	71	3	1:24
		Class VI-X	181	8	1:23
2	Pangidi (D)	Class I-V	126	1	1:126
		Class VI-X	131	8	1:16
3	Pardi (UD)	Class I-V	78	4	1:16
		Class VI-X	-	-	-
4	Phullara (UD)	Class I-V	80	5	1:16
		Class VI-X	-	-	-
5	Total	Class I-X	667	29	1:23

Source: The School of the Village (of all selected Villages), 2019
Note: D-Developed, UD-Under Developed, ratio rounded off to the nearest number

Female literacy rate (15 and above Age group)

Literacy is considered to be a decisive vehicle for the development of society. It is evident from the Table 5.8 that the female literacy was better in the district of Bhadradri Kothagudem (75 per cent in one each village of developed and underdeveloped) whereas it was low (45 per cent) in one of the underdeveloped villages. In Jayashankar Bhupalpally, too, female literacy fluctuated between developed (52 and 49 per cent) and underdeveloped villages (62 and 37 per cent). In Komarambheem-Asifabad, the female literacy was low across developed (less than 40 per cent) and under developed (35 and 49 percent).

Table 5.8: Female Literacy Rate (15+ Age group)

Districts	Type of Village	Name of the Village	Female Literacy (%)
Bhadradri Kothagudem	Developed	Nagupalle	75
		PedaMidisileru	59
	Underdeveloped	Katkuru	75
		Kurnapalle	45
Jayashankar Bhupalpally	Developed	Gummallapalle	52
		Katapuram	49
	Underdeveloped	Nasthurpalle	62
		Lingala	37
Komarambheem-Asifabad	Developed	Muthampet	39
		Pangidi	38
	Underdeveloped	Pardi	35
		Phullara	49

Source: The School of the Village (of all selected Villages), 2019
Note: D-Developed, UD-Under Developed

Conclusions

The data indicates availability of schools at primary level across villages, though High Schools and Upper Primary Schools were absent in several of the villages. The proportion of girls was lower than boys especially in Jayashankar Bhupalpally and Komarambheem-Asifabad. Transition rate from upper primary to high school is a matter concern and could be attributed to non-availability of high schools in villages. Learning outcomes in terms of comprehension was lacking. While simple words could be read by selected sample of students, performance in terms of paragraph reading was not achieved.In terms of learning outcomes in mathematics, the results were encouraging at primary class level than upper primary and high school. The pupil-teacher ratio was found to be adequate, but not reflected on learning outcomes. Lack of toilets as well as availability of inadequate water for use was reported from several villages. Safe drinking water facility was largely absent across villages in districts. Availability of electricity and text books for children within a month of school re-opening were satisfactory. It was also seen that female literacy was low (less than 60 per cent) except in two villages.

Chapter 6

AGRICULTURE AND WATER RESOURCES

Introduction

The present chapter makes an attempt to analyze the land use pattern, pattern of land holding size, status of MGNREGA and its effectiveness in rejuvenation of water bodies in selected villages of Aspirational Districts. The status of agricultural credit, distribution of certified quality seeds to farmers, availability of electronic market and extent of distribution of Soil Health Cards to the farmers along with details about vaccination of animals and coverage of AI in the selected villages are discussed in this chapter.

Land Use Pattern

Land use pattern in the selected villages of the districts is depicted in Table 6.1. In Bhadradri Kothagudem district, more than one third of the area was under forest in the developed villages whereas there was no forest coverage in the underdeveloped village. Moreover, the net sown and net irrigated areas were more or less similar and accounted for around half of the geographical area. In the under developed village while net sown are accounted for almost three-fourths of the total geographical area, the net irrigated area was only a little more than one-fourth. The extent of land under settlement patta was around 45 per cent (38 per cent in developed village. In Jayashankar Bhupalpally, in developed village, the net sown area accounted for more than two-thirds of the total geographical area and there was no forest cover reported. The net irrigated area was however, only 10 per cent. In under developed village, more than three-fourths of the area was under forest cover and it was also seen that only 15 per cent of the area was under net sown with only less than 3 per cent under net irrigated area. In Komarambheem-Asifabad, in the developed villages, more than two thirds of area was under forestcoverage, and net sown area was a little more than one-fourth of the total area. The net irrigated area was less than 2 per cent. In under developed villages, however, more than three-fourths were under net sown area though only less than one per cent was under net irrigated area (Table 6.1).

Table 6.1 Land Use Pattern (Current year) – Selected Villages across the Districts

S. No.	Land Use (in acres)	Bhadradri Kothagudem		Jayashankar Bhupalpally		Komarambheem-Asifabad	
		Developed	Under Developed	Developed	Under Developed	Developed	Under Developed
1	Total Geographical Area	16895 (100.0)	1897.22 (100.0)	2719.1 (100.0)	5015 (100.0)	13204 (100.0)	4587 (100.0)
2	Total Area under Forests	5820 (34.4)	-	-	3893 (77.6)	9132 (69.2)	599 (13.1)
3	Land put to Non Agricultural Uses	2656 (15.7)	-	-	23 (0.4)	121 (9.2)	74 (1.6)
4	Uncultivable and Barren Land	565 (3.4)	-	239.29 (8.8)	9 (0.2)	-	-
5	Land under Permanent Pasture and Grazing Land	-	-	-	-	8 (0.6)	34 (0.7)
6	Fallow Land	2830 (16.8)	-	-	-	415 (3.1)	296 (6.5)
7	Total Cultivable Waste lands	-	-	1664 (61.2)	5 (0.1)	86 (6.5)	9 (0.2)
8	Miscellaneous Tree Groves	-	-	-	6 (0.1)	-	-
9	(a) Net Sown Area	8399 (49.7)	1410.06 (74.3)	1835 (67.5)	738 (14.7)	3498 (26.5)	3546 (77.3)
	(b) Net Irrigated Area	8143 (48.2)	500 (26.4)	280 (10.3)	123 (2.5)	271 (2.1)	8 (0.2)
	(c) Area irrigated more than once	6987 (41.4)	-	389 (14.3)	20 (0.4)	121 (0.9)	307 (6.7)
10	Extent of Land under Settlement Patta	6332.2 (37.5)	860.10 (45.3)	-	0.33 (0.0)	-	116 (2.5)
11	Extent of Land with assignment/ D-Farm and other Pattas	2911.8 (17.2)	665.2 (35.1)	-	151 (3.0)	-	-

Source: The Agriculture Office of the Mandal (s) (of all selected Villages), 2019

Pattern of Landholding

In Bhadradri Kothagudem, of the total 3013 families in developed villages, a little less than one-fourth had land in the range of 1.01- 2.5 acres followed by 20 per cent had 2.5-5 acres. It was also evident that of the total landless families in developed villages, 62% belonged to SC and that more than half of the SC families were landless (88 out of 151). In the range of 10-25 acres there were 65 families or 2 per cent of which almost half (48 per cent) were STs, one-third were OCs and rest were BCs. Only 2 families had more than 25 acres and they belonged to OC. In under developed villages, there were only ST families and more than one third of the families had 1-2.5 acres of land followed by 32 per cent in the range of 2.5-5 acres and 21 per cent having 5-7.5 acres (Table 6.2).

In Jayashankar Bhupalpally, in developed villages, almost one-fourth each of families had 1-2.5 and 2.5-5 acres of land respectively while 20 per cent had less than one acre. Among the landless, three fourths belonged to BCs. In under developed villages, more than one-fourth of families had less than one acre, 22 per cent had1-2.5 acres and 19 per cent had 2.5-5 acres of land.Of the landless (11 per cent), three fourths were STs and one-third of the families were SCs (Table 6.2).

In Komarambheem-Asifabad, of the total 981 families in developed villages, almost one fourth had less than 1 acre of landholdings while one-third had 1-2.5 acres. Yet another one-fourth (23 per cent) were in possession of 2.5-5 acres of land. Around 8 per cent were landless of which more than one third were BCs followed by 28 per cent STs and 18 per cent OBCs and rest were OCs. In underdeveloped villages, one third of families possessed land in the range of 1-2.5 acres followed by 2.5-5 acres (28 per cent) while 19 per cent of families had less than one acre. Among the landless (5 per cent), 55 per cent were BCs, 26 per cent were SCs and rest were STs (Table 6.2).

Table 6.2 Pattern of Landholding (in acres) in Selected Villages across Districts

Village	Social Group	Landless	<1.0	1.012.5	2.515.0	5.017.5	7.5110.0	10.0125.0	25.+	Total Families
Bhadradri Kothagudem										
Developed	SC	88 (62.0)	31 (3.0)	13 (1.8)	19 (3.2)	-	-	-	-	151 (5.0)
	ST	16 (11.3)	257 (25.2)	316 (43.1)	275 (45.8)	92 (50.3)	125 (46.6)	31 (47.7)	-	1112 (36.9)
	BC	32 (22.5)	576 (56.5)	327 (44.6)	139 (23.2)	50 (27.3)	71 (26.5)	12 (18.5)	-	1207 (40.1)
	OC	6 (4.2)	156 (15.3)	77 (10.5)	167 (27.8)	41 (22.4)	72 (26.9)	22 (33.8)	2 (100.0)	543 (18.0)
	Total	142 (4.7)	1020 (33.9)	733 (24.3)	600 (19.9)	183 (6.1)	268 (8.9)	65 (2.2)	2 (0.1)	3013 (100.0)
Under Developed	SC	-	-	-	-	-	-	-	-	-
	ST	-	16 (100.0)	129 (100.0)	106 (100.0)	69 (100.0)	10 (100.0)	6 (100.0)	-	336 (100.0)
	BC	-	-	-	-	-	-	-	-	-
	OC	-	-	-	-	-	-	-	-	-
	Total	-	16 (4.8)	129 (38.4)	106 (31.6)	69 (20.5)	10 (3.0)	6 (1.8)	-	336 (100.0)
Jayashankar Bhupalpally										
Developed	SC	11 (8.2)	54 (25.1)	78 (30.6)	37 (14.4)	13 (7.3)	2 (15.4)	-	-	195 (18.3)
	ST	23 (17.2)	73 (34.0)	23 (9.0)	19 (7.4)	31 (17.5)	-	-	-	169 (15.9)
	BC	100 (74.6)	88 (40.9)	154 (60.4)	201 (78.2)	133 (75.1)	11 (84.6)	12 (100.0)	-	699 (65.8)
	OC	-	-	-	-	-	-	-	-	0
	Total	134 (12.6)	215 (20.2)	255 (24.0)	257 (24.2)	177 (16.7)	13 (1.2)	12 (1.1)	-	1063 (100.0)
Under Developed	SC	15 (26.3)	37 (27.4)	14 (13.2)	7 (7.4)	1 (1.4)	3 (13.6)	-	-	77 (15.6)
	ST	42 (73.7)	86 (63.7)	76 (71.7)	67 (71.3)	49 (72.1)	18 (81.8)	3 (25.0)	-	341 (69.0)
	BC	0	6 (4.4)	8 (7.5)	2 (2.1)	-	-	-	-	16 (3.2)
	OC	0	6 (4.4)	8 (7.5)	18 (19.1)	18 (26.5)	1 (4.5)	9 (75.0)	-	60 (12.1)
	Total	57 (11.5)	135 (27.3)	106 (21.5)	94 (19.0)	68 (13.8)	22 (4.5)	12 (2.4)	-	494 (100.0)
Komarambheem-Asifabad										
Developed	SC	13 (17.6)	44 (19.0)	82 (24.9)	44 (19.6)	14 (18.4)	2 (10.5)	1 (4.0)	-	200 (20.4)
	ST	21 (28.4)	17 (7.3)	79 (24.0)	73 (32.4)	48 (63.2)	13 (68.4)	21 (84.0)	1 (100.0)	273 (27.8)
	BC	28 (37.8)	171 (73.7)	168 (51.1)	108 (48.0)	14 (18.4)	4 (21.1)	3 (12.0)	0	496 (50.6)
	OC	12 (16.2)	-	-	-	-	-	-	-	12 (1.2)
	Total	74 (7.5)	232 (23.6)	329 (33.5)	225 (22.9)	76 (7.8)	19 (1.9)	25 (2.6)	1 (0.1)	981 (100.0)
Under Developed	SC	11 (26.2)	30 (19.5)	54 (19.7)	38 (16.6)	6 (9.2)	1 (5.6)	2 (8.0)	-	142 (17.6)
	ST	8 (19.0)	59 (38.3)	75 (27.4)	94 (41.1)	35 (53.8)	12 (66.7)	18 (72.0)	-	301 (37.3)
	BC	23 (54.8)	65 (42.2)	145 (52.9)	97 (42.4)	24 (36.9)	5 (27.8)	5 (20.0)	-	364 (45.1)
	OC	-	-	-	-	-	-	-	-	-
	Total	42 (5.2)	154 (19.1)	274 (34.0)	229 (28.4)	65 (8.1)	18 (2.2)	25 (3.1)	-	807 (100.0)

Source: The Agriculture Office of the Mandal (s) (of all selected Villages), 2019

Agricultural Cultivation - Major Crops

The data on cultivation of major crops inselected villages based on field level data reveals that two major crops are predominantly evident in all selected villages. Two major crops which include Paddy and Ground Nut are evident in Kurnapalle, Pedamidisileru and Katkuru while Paddy and Palm oil are found in Nagupalle in Bhadradri Kothagudem whereas Paddy and Cotton are reported to be major crops in selected villages of both the districts – Jayashankar Bhupalpally and Komarambheem-Asifabad. However, two other crops - maize and jowar are reported to be cultivated as part of traditional diet and consumption as well as for commercial purpose, though it was largely evident in Komarambheem-Asifabad and in some parts of villages of Jayashankar Bhupalpally apart from cultivation of other crops including vegetables.

Status of MGNREGA

In Bhadradri Kothagudem, a total of 1442 job cards under MGNREGA was distributed, of which majority were in the developed villages (68 per cent). Moreover, the job cards were distributed predominantly among ST population (1252 out of 1442). In Jayashankar Bhupalpally, of the total job cards of 1366, 49 per cent was accounted by developed villages and STs accounted for highest proportion of total job cards distributed in Lingala, one of the underdeveloped villages (449 cards out of 472) while in case of underdeveloped villages, it was distributed mostly among SCs (106 out of 162). In the district as a whole, one-third of the job cards were accounted for by BCs (34per cent), 39per cent by STs and 22per cent by SCs. In Komarambheem-Asifabad district, a little more than one third each of the job cards was accounted by STs and SCs and almost one-fourth by SCs. In Pangidi, one of the developed villages, however, more than 90 per cent was accounted by STs (Table 6.3).

Table 6.3: Caste wise distribution of MGNREGA Job cards across Districts

Social Category	**Name of Selected Villages**				
Bhadradri-Kothagudem	**Nagupalle (D)**	**PedaMidisileru (D)**	**Katkuru (UD)**	**Kurnapalle (UD)**	**Total**
SC	44 (10.7)	6 (1.0)	-	-	50 (3.5)
ST	299 (72.9)	493 (86.2)	118 (100.0)	342 (100.0)	1252 (86.8)
OBC	66 (16.1)	60 (10.5)			126 (8.7)
OC	01 (0.2)	13 (2.3)			14 (1.0)
Total	410 (100.0)	572 (100.0)	118 (100.0)	342 (100.0)	1442 (100.0)
Jayashankar Bhupalpally	**Gummallapalle (D)**	**Katapuram (D)**	**Nasthurpalle (UD)**	**Lingala (UD)**	**Total**
SC	106 (65.4)	104 (20.2)	72 (33.3)	16 (3.4)	298 (21.8)
ST	19 (11.7)	36 (7.0)	26 (12.0)	449 (95.1)	530 (38.8)
BC	35 (21.6)	304 (58.9)	118 (54.6)	5 (1.1)	462 (33.8)
OC	2 (1.2)	72 (14.0)	-	2 (0.4)	76 (5.6)
Total	162 (100.0)	516 (100.0)	216 (100.0)	472 (100.0)	1366 (100.0)
Komarambheem-Asifabad	**Muthampet (D)**	**Pangidi (D)**	**Pardi (UD)**	**Phullara (UD)**	**Total**
SC	293 (33.1)	-	165 (46.1)	-	458 (23.5)
ST	38 (4.2)	352 (91.0)	88 (24.6)	240 (75.9)	718 (36.9)
BC	547 (61.7)	1 (0.2)	105 (29.3)	71 (22.5)	724 (37.2)
OC	8 (0.9)	34 (8.8)	-	5 (1.6)	47 (2.4)
Total	886 (100.0)	387 (100.0)	358 (100.0)	316 (100.0)	1947 (100.0)

Source: The Field Assistant(s) (of all selected Villages), 2019
Note: D-Developed, UD-Under Developed

According to the baseline data collected from selected villages of Bhadradri Kothagudem, 4 tanks with an extent of 600 acres was revived in developed villages, whereas revival works of 6 Kuntas and repair of 2 village tanks have been undertaken in the underdeveloped villages covering 113 acres. Activities like desalting of tanks to facilitate increased ground water levels, irrigated area, yield levels, farm labour days and farm wages were reported in developed villages along with rejuvenation of mini tanks and individual micro farms. Similar engagements were also reported in underdeveloped villages but the scale of operation was low. The number of days generated were reported to be 240 days in the developed villages while it was only 32 days in under developed villages which covered.

In selected villages of Jayashankar Bhupalpally, as baseline data shows, stench works have been taken up in 230.0 acres of land in Lingala (underdeveloped village) whereas activities like stenches, plantation under the programme of Haritha Haaram in various forms - Take bund plantation, Avenue plantation and Institution plantation - have been reported in developed villages. Desalting activities and trenches are also reported in one of the underdeveloped villages (Nasthurpalle) creating 230 days of employment. However, no rejuvenation of such scale is reported in any other villages.

In selected villages of Komarambheem-Asifabad, Fish Pond with about 926.86 cm, desalting of PT (444.59 cm), Farmer Ponds 20 x 20 (569.59 cm) and avenue plantation about in 300 acres is reported in developed villages (Muthampet) along with rejuvenation of Fish pond, Form pond, Fancy buds, Land leveling, BT road and Avenue plantation in the other developed village. In under developed villages too, new Percolation Tank, Earth work, Desalting, Avenue plantation and Institution plantation were reported (Pardi) along with activities like New CCT, DD, Form Ponds, Stone Bounding, BT Road, farm plants and Avenue plants (in Phullara). The generation of employment was 8514 days reported in developed villages in comparison with 91 days in underdeveloped villages as per data.

Status of Agricultural Credit

As the report of the NITI Aayog (2018) mentions, credit is considered to be an important vehicle of modernization and it also recognizes that there is disproportionate distribution of credits across various levels and highlights that ‘the geographic imbalances in the flow of credit at all levels, from states to villages’. In this context, the study collected baseline data on Credit for Agricultural under different sources from three districts.

In Bhadradri Kothagudem, the major credit source is reported to be commercial bank, SHG and Village Organisation in developed villages and no data was available from the underdeveloped villages. Regarding villages of Jayashanker Bhupalpally, the major credit source is reported to be Village Organisation, SHG, IKP and co-operative Bank. Similarly, Village Organisation and SHG are reported to be a major credit source in all villages of Komarambheem-Asifabad. There is however no data available on the average credit per person or the pattern of availability of credit over a period of time in any of the selected villages of Aspirational Districts.

Certified Quality Seed Distribution

The study also tried to examine the status of distribution of certified quality seeds in selected villages as the report on Aspirational districts - Unlocking Potentials of NITI Aayog (2018) mentions that “quality inputs are critical to raising productivity in agriculture”. It has given much importance and consider availability of fertilizers, seeds, pesticides and power among others as critical inputs of agriculture and states that “there is a need to promote efficient use of inputs in order to maintain the physiologyof plant-soil systems” (NITI Aayog 2018:29). The report further mentioned that “seeds play an extremely important role in determining productivity. It has been highlighted that quality seed distribution needs to expand substantially for achieving the goal of doubling farmers’ income” (NITI Aayog 2018).

Emphasizing on the necessity to understand the condition of the status on availability of quality seeds and its distribution, it extended its views by stating categorically that “there is a lack of availability of improved varieties of seed with farmers as reflected in poor seed replacement ratios across regions” (NITI Aayog 2018). As the report mentions there is lack of availability of quality seeds and data is also not available as there is evident of lack of distribution of quality seeds. The primary data which collected from 100 farmers of all selected villages from three Aspirational Districts reveals that distribution of quality certified seeds is not evident and very few of them replied in the affirmative about the distribution of certified seeds with quality (Table 6.4).

Table 6.4: Farmers Response to Incidence of Distribution of Certified Quality Seeds

S.No.	Villages	Certified Seeds with Quality		
		Yes	No	Total
1	Bhadradri Kothagudem	5 (5.0)	95 (95.0)	100 (100.0)
2	Jayashankar Bhupalpally	5 (5.0)	95 (95.0)	100 (100.0)
3	Komarambheem-Asifabad	4 (4.0)	96 (96.0)	100 (100.0)

Source: Field Study 2019
Note: D-Developed, UD-Under Developed

Electronic Markets

The report on Aspirational districts - Unlocking Potentials of NITI Aayog (2018) stated that “markets are being increasingly recognised as an effective price realisation tool for farmers”. It mentioned that the government has initiated effective measures to unify fragmented agricultural markets. The unification of fragmented markets has aimed at to bring about change in price realisation, and linking district markets to e-NAM. Nonetheless, data is not available on this particular aspect across villages however data is available on available market sources of farm produce. However, field level individual responses reveal that very few of farmers are aware of markets linked to electronic markets. Across villages, 22 per cent of respondents in Bhadradri Kothagudem, 15 per cent in Jayashankar Bhupalpally and 14 per cent in Komarambheem-Asifabad replied that they aware of agricultural markets electronic linked with electronic markets (Table 6.5).

The data on the market sources of selected villages based on field level data points a clear picture of multiple sources across four villages. This multiple sources are evident but it found to be different from each other village. In contrast to diverse market sources, main crop as paddy is found to be common in all four villages though second main crop has been found to be cotton and palm oil. However, market sources include GCC, FCI along with IKP as well as middlemen. Accessible market sources of selected villages in Jayashankar Bhupalpally reveals that IKP, Co-operative Bank, CCI and KDCC are sources of market. With regard to villages of Komarambheem-Asifabad, all villages are found to be dependent largely on middlemen though other source is evident but reported to be very minimal in terms of accessibility.

Table 6.5: Farmer's responses on Awareness about Mandi Linked with Electronic Market

S.No.	Villages	Mandi Linked with Electronic Market		Total
		Yes	No	
1	Bhadradri Kothagudem	22 (22.0)	78 (78.0)	100 (100.0)
2	Jayashankar Bhupalpally	15 (15.0)	85 (85.0)	100 (100.0)
3	Komarambheem-Asifabad	14 (14.0.0)	86 (86.0)	100 (100.0)

Source: Field Study 2019
Note: D-Developed, UD-Under Developed

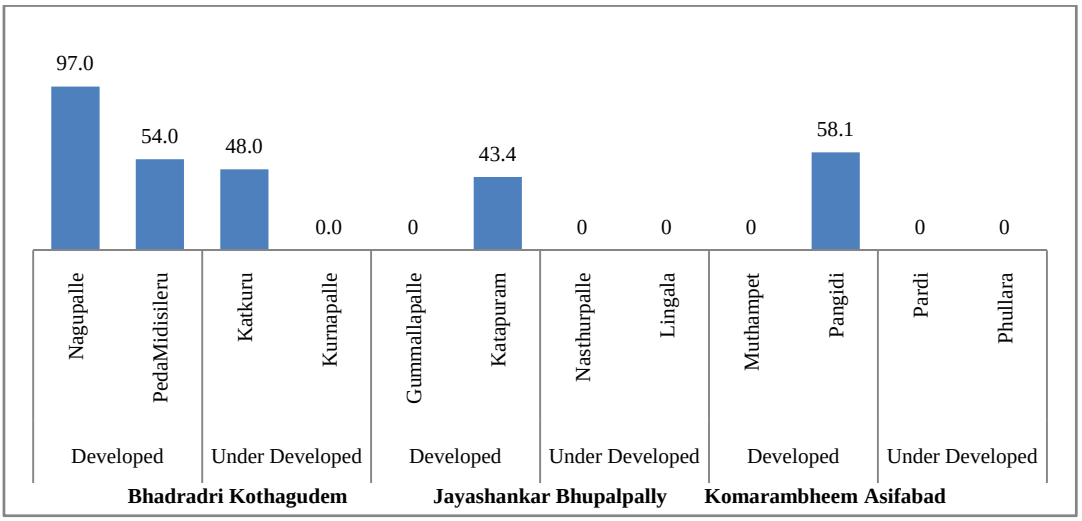
Animals Vaccination

Livestock has a significant role in rural economy of Telangana in specific and India in general. Moreover it is an integral part of rural farm economy and it has occupied an important place as an additional source of income for farming community apart from its contribution to India's growth in terms of industrial growth through food processing, especially dairy and meat. The report of NITI Aayog (2018) has also recognized its importance. It further stated that "growth in thissector (livestock) is further limited due to a lack of suitable breeds" (NITI Aayog 2018). It further stated that there are different schemes such as 'National Livestock Mission', 'Livestock Health and Disease Control Scheme', and 'Rashtriya Gokul Mission to strengthen the sector (NITI Aayog 2018).

In this context, the study focused on the status of Animal Vaccination in selected villages of Aspirational Districts. Regarding selected villages of Bhadradri Kothagudem, it has been reported that cent per cent of Bullocks and Cows were covered under FMD in Pedamidisileru while about 50 per cent of animals were reported to be vaccinated in Katkuru. However, about 97 per cent of animals were reported to be vaccinated in Nagupalle though data is not available in Kurnapalle. With regard to the district of Jayashankar Bhupalpally, vaccination and FMD is evident only in Katapuram while FMD of only cows reported in Gummallapalle. No data on vaccination and FMD is available in other two villages - Lingala and Nasthurpalle. Regarding the district of Komarambheem-Asifabad, vaccination is evident only in Pangidi while no data on vaccination and FMD is available in remaining villages

though considerable number of livestock evident and some of them (animals) were found to be affected with other diseases (Chart 6.1).

Chart 6.1: Animal Vaccination (across villages)



Source: The Veterinary Doctor(s) (of all selected Villages), 2019
Note: village wise for each district* separately
% = Animal Vaccinated out of total number of animals in respective villages

Artificial Insemination Coverage

In addition to focus on livestock development, the report of NITI Aayog (2018) has also given due importance to 'genetic upgradation of milch and other cattle' for which it has stated that 'AI Centres' need to be strengthened. The study has examined the status of AI in selected villages. Regarding selected villages of Bhadradri Kothagudem, it was seen that about 37.7 per cent of livestock (only Milching cows) in Katukur and about 60 per cent of Milching Cows and Milching Buffalos in Nagupalle were reported to have undergone AI whereas no data is evident in other two villages. With regard to Jayashankar Bhupalpally, about 29 per cent of livestock is reported to be artificially inseminated while it is found to be taken only for 10 Milching Cows in the village of Phullara of Komarambheem-Asifabad district (Table 6.6).

Table 6.6: Artificial Insemination Coverage

S.No.	Village	Livestock	No of pregnant livestock	No. of Artificial Insemination
Bhadradri Kothagudem				
1.	Nagupalle (D)	Milching Cows	93	50
		Milching buffalos	535	515
		Goats	315	
2.	Katkuru (UD)	Milching Cows	53	20
		Goats	32	-
Jayashanker Bhupalpally				
3.	Katapuram (D)	Milching Cows	59	52
		Milching Buffalos	88	142
		Goats	71	-
		Piggery	4	-
		Poultry	103	-
KomarambheemAsifabad				
4.	Phullara	Milching Cows	10	10

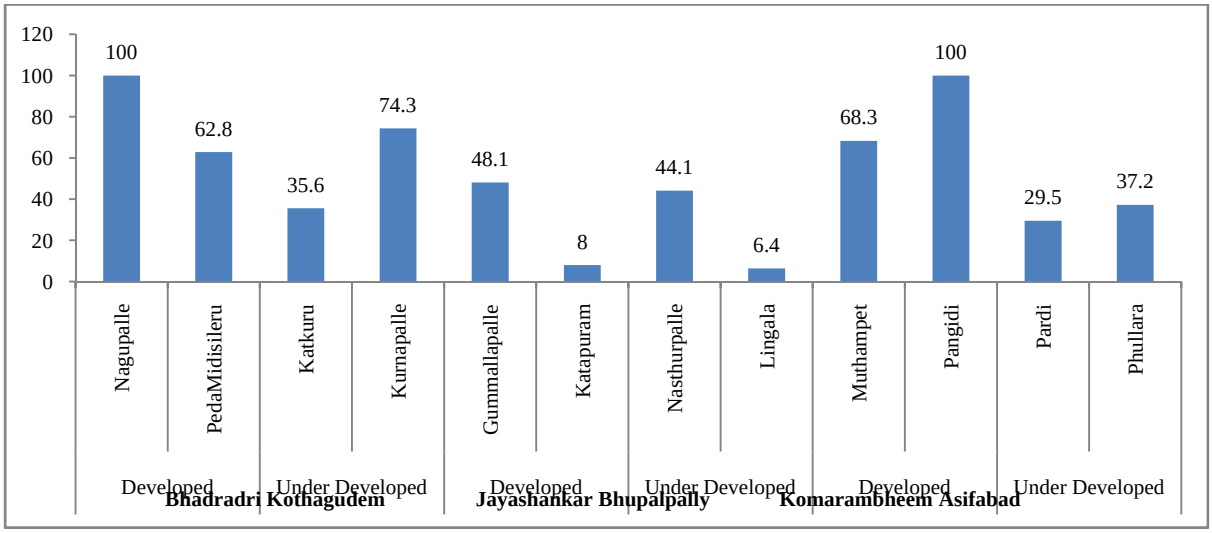
Source: The Veterinary Doctor(s) (of all selected Villages), 2019

Note: D-Developed, UD-Under Developed

Soil Health Cards

The scheme of the Soil Health Cards distribution is introduced to promote effective use of fertilisers and micronutrients and reduce unnecessary or over use of fertilizers by farmers. As the report of NITI Aayog (2018) mentions, the scheme is aimed at “to improve farm productivity by providing crop-wise recommendations on nutrients and fertilizers” and it has also vision that it “shouldultimately lead to higher farm productivity”. Majority of soil health cards were found in selected villages of Bhadradri Kothagudem followed by Komarambheem-Asifabad and Jayashankar Bhupalpally. However, the major proportion of cards were distributed in developed villages and it was cent percent in Pangidi, a developed village of Komarambheem-Asifabad and only 6.4 per cent in Lingala, an underdeveloped village of Jayashankar Bhupalpally and in Katapuram, a developed village in Jayashankar Bhupalpally (4 per cent) (Chart 6.2). Nonetheless, it observed that though the cards were distributed by officials but, after that, nobody appraised them about the utility of the cards.

Chart 6.2: Soil Health Cards (%)



Source: The Office of Agricultural Extension of The Mandal (s) (of all selected Villages), 2019
*Figures show percentage of the distributed Soil Health Cards to farmers in selected villages

Conclusions

Except in Bhadradri Kothagudem, the irrigated area was low in selected villages across the districts. Though landlessness among families was low, the majority were small and marginal farmers. Rejuvenation of water bodies were found under MGNREG activities. In terms of crop insurance, it was not evident in the selected villages as well as there was no data available on the distribution of certified quality seeds nor was the farmers aware about the availability of quality seeds. The awareness about electronic markets was also found to be low.Different sources of credit for agriculture were reported though no data on disbursement or repayment were available. Animal vaccination and AI of animals were found in the selected villages with variations reported about the incidence.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Chapter 7

FINANCIAL INCLUSION

Introduction

The three important components of financial inclusion is the provision of financial products and services to the vulnerable groups, at minimum possible cost with symmetry of information. In order to cater the need of the vulnerable people, the government has initiated various schemes such as PMJDY, the PMJBY and the APY. Apart from this, the government has expanded banking services by expanding Banks' branch networks and expansion of Cooperatives and RRBs. Further, it has initiated various schemes like introduction of PS lending, Lead Bank Scheme and Formation of SHGs and so on[1]. The study examines whether the households have been brought into the gamut of financial institutions envisaged under the broad policy goals of the Government of India. It seeks to understand issues relating to outreach and operational aspects of financial institutions based on baseline data. For this specific thematic area, select cases have been selected and analysed according to the objectives of the thematic area of financial inclusion.

Coverage of Bank Account

As per the statistics of Government of Telangana (2016), a total of 5332 banking institutions are available in the state of Telangana. So far as its availability in the aspirational districts is concerned, it is only 210 in the form of nationalized, private, regional rural and cooperative bank (Table 7.1). The Table below portrays a bleak picture, as reflected for the district of Komarambheem Asifabad in-terms of their availability (compared to other two aspirational districts).

Table 7.1: Categories of Functional Banks

S. No	Districts	Categories of Bank (functional)			
		Nationalized	Private	Regional Rural	Cooperative
1	Bhadradri Kothagudem	62	05	35	12
2	Jayashankar Bhupalpally	29	01	24	03
3	Komarambheem-Asifabad	32	-	-	06

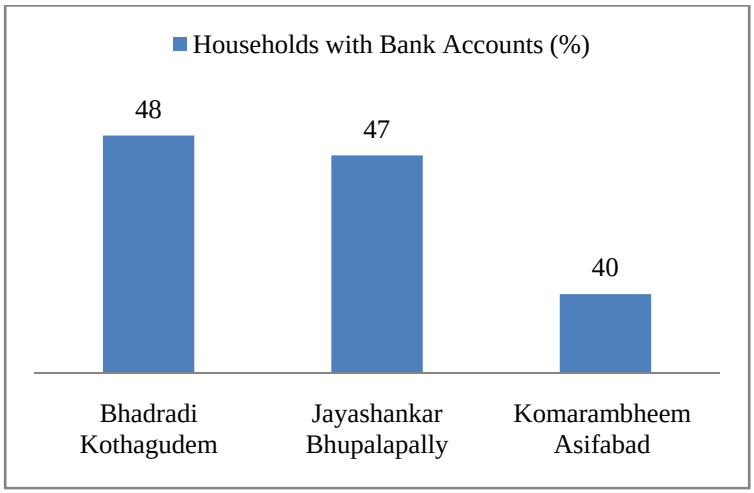
Source: Government of Telangana (2016)
Total Banking Institutions in Telangana = 5332

Apart from banking institutions, about 426705 social capital financial institutions popularly known as SHGs which have been strengthened by the state government have also been operational and has been actively involved in addressing financial requirements of SHGs' women of rural as well as urban areas in the state. However, as part of understanding on coverage of financial inclusion under various schemes such as the Prime Minister Jan Dhan

[1]. Department of Financial Services (NA): Prime Minister Jan Dhan Yojana, A National Mission on Financial Inclusion Ministry of Finance, Government of India, www.financialservices.gov.in, viewed on 10/7/2020.

Yojana (PMJDY), the PMJBY and the Atal Pension Yojana (APY), this present study chose possession financial literacy as the main indicator – possession of bank account in formal banking sector apart from membership of SHGs, accessibility and bank account under PMJDY. The baseline survey covered 300 families to analyse the status from the 12 villages (25 families from each village) (Chart 7.1).

Chart 7.1: Possession of Bank Accounts



Source: Field Survey, 2019
Note: No, some of families have bank accounts but not in regular operation

With regard to Bank Accounts, among the families surveyed, it was reported that 48% of families were from Bhadradri-Kothagudem followed by Jayashankar-Bhupalpally (47%) and Komarambheem-Asifabad (40%). The developed villages of Bhadradri-Kothagudem Komarambheem-Asifabad reported more households with bank accounts whereas the same is true for Jayashankar-Bhupalpally. Hence, there is a need to motivate households of underdeveloped villages of Bhadradri-Kothagudem and Komarambheem-Asifabad to have account of their own for better financial empowerment, as this increases their access to the Government Schemes. Second important direction in this regard is the linking of Aadhaar card with the bank account. Here, all the account holders have linked with Aadhaar cards. While looking into data on accessing loans from the bank, Bhadradri-Kothagudem reported better with 43% followed by Jayashankar-Bhupalpally (40%) and Komarambheem-Asifabad (33%).

In terms of accessibility, some of public banks have been opened its kiosks at selected major Gram Panchayats of rural areas. These kiosks have been providing services to rural, especially marginal sections of the society and majority of the people are dependent on these local branches to access services like pensions of social security of state and central governments, farming assistance to farmers and other services. Though major chunk of the households are holding an account in the bank but sadly most of the accounts are dysfunctional (either temporarily or permanently) due to lack of accessibility of bank services and inability to operate financial transactions. The main reason behind this was the distance between banks and their villages. Our study reveals that except one village each from Bhadradri-Kothagudem and Komarambheem-Asifabad, in rest of the places the banks are

situated in the mandal head quarters. To address this issue a mobile CSP has to be introduced in these villages, which helps mutually the customers and the bankers, to have easy transactions at their respective doorsteps.

Bank Account under PMJDY

The Government of India has launched the 'Pradhan Mantri Jan-Dhan Yojana (PMJDY)' on 15thAugust, 2014 as a national priority to promote Financial Inclusion in a mission mode to provide banking facilities and connect by having a bank account and access to banking and credit facilities for each household in the country[2]. The study made an attempt to examine the status of financial inclusion under the PMJDY. District wise data shows that 45% of families have Zero Balance Account in Jayashankar-Bhupalpally followed by Komarambheem-Asifabad (38%) and Bhadradri-Kothagudem (36%) (Table 7.2).

Table 7.2: Families with Zero Balance Account (under PMJDY)

S.No	Districts	Families with Zero Balance Account under PMJDY (%)
1	Bhadradri-Kothagudem (N=100)	36
2	Jayashankar-Bhupalpally (N=100)	45
3	Komarambheem-Asifabad (N=100)	38

Source: Field Survey, 2019

Banking Services

When studying about the financial literacy and participation in financial transaction, it is important to understand acquaintance with updated banking services which include Internet banking, Mobile banking, and debit card, depositing and withdrawing and handling Cheque book which are considered as advanced financial literacy as it widens financial accessibility in more flexible environment. It also reflects the increased rate of financial transactions. The summary of our research reveals that the response to usage of internet banking and mobile banking was very poor in Bhadradri-Kothagudem and Jayashankar-Bhupalpally whereas the usage of debit cards and cheque books were relatively better. Under the category of depositing and withdrawing a large proportion of the people from all the 3-districts (Table 7.3)

[2]Department of Financial Services (NA): Prime Minister Jan Dhan Yojana, A National Mission on Financial Inclusion Ministry of Finance, Government of India, www.financialservices.gov.in, https://pmjdy.gov.in/files/E-Documents/PMJDY_BROCHURE_ENG.pdf, viewed on 10/7/2020.

Table 7.3: Status of Banking Services

S. No	Districts	Internet banking	Mobile banking	Debit card	Depositing/ Withdrawing	Cheque book
1	Bhadradri-Kothagudem (N=100)	5 (5.0)	4 (4.0)	20 (20.0)	67 (67.0)	20 (20.0)
2	Jayashankar-Bhupalpally (N=100)	-	12 (12.0)	12 (12.0)	69 (69.0)	12 (12.0)
3	Komarambheem-Asifabad (N=100)	3 (3.0)	4 (4.0)	22 (22.0)	40 (40.0)	22 (22.0)

Source: Field Survey, 2019

Coverage of Pension Schemes

With regard to coverage of pension schemes, the present study discusses about two types – schemes related to Telangana government and Atal Pension Yojana, an insurance scheme under the Central Government. So far as the coverage under the Government of Telangana is concerned, the coverage was 87% in Bhadradri-Kothagudem, followed by Jayashankar-Bhupalpally with 80% and Komarambheem-Asifabad with 73% (Table 7.4)

Table 7.4: Coverage of Pension Schemes

S.No	Districts	Coverage of Pension Schemes	Coverage of Atal Pension Yojana
1	Bhadradri-Kothagudem (N=100)	87 (87.0)	61 (61.0)
2	Jayashankar-Bhupalpally (N=100)	80 (80.0)	56 (56.0)
3	Komarambheem-Asifabad (N=100)	73 (73.0)	49 (49.0)

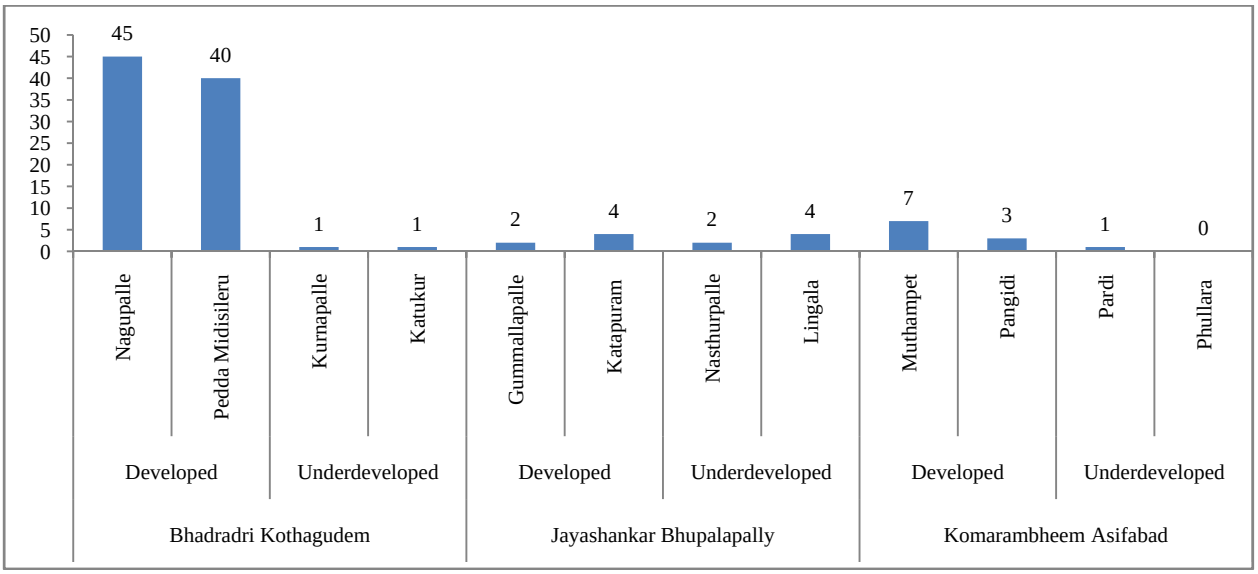
Source: Field Survey, 2019

Concerning coverage under APY, 61% of the respondents reported its coverage in the selected villages of Bhadradri-Kothagudem; 56% in Jayashankar-Bhupalpally and 49% in Komarambheem-Asifabad. The sample households, with a majority of APY beneficiaries, requested for flexible ranges of amount in terms of rupees (preferable implementation of zero amount from beneficiaries). The sample households reported through the FGDs that they faced different types of difficulties while pursuing their livelihood and hence it was not possible for them to deposit money on a regular basis in order to continue with APY. It needs proper attention in this aspect.

Mudra Loans

Regarding Mudra loans, it was found that majority beneficiaries were reported in Nagupalle (45) under Mudra loans followed by PedaMidisileru (40). In other villages across districts, the number of beneficiaries were still lower, including developed and underdeveloped – Muthampet (7), Lingala and Katapuram (4), Pangidi (3) and 2 beneficiaries each in Gummallapalle and Nasthurpalle villages and one each in Pardi and Katkuru whereas no beneficiaries were found under the Mudra scheme in the village of Phullara (Chart 7.2).

Chart 7.2: Beneficiary Status under Mudra Loans (No)



Source: The Service Branch (of selected villages), 2019

The study further found that loans were sanctioned by the service branch of the village. The interaction with Mudra beneficiaries reveals that the loans have been given for different activities which include Tiffin Centre, Motor Winding shops, Electrical work shops, Cycle repair and Puncher shops, Kiran shops, Welding shop and Auto mobile shops. It is further stated by beneficiaries that the Bankers created hassles by asking different sureties which were not available with them (beneficiaries) though they have been running these shops since long.

Moreover, it was also informed by beneficiaries that Bankers forced to get surety from local landlords. The surety issue became a burden for Mudra loan aspirants as local landlords put for severe conditionalities asked them unconditional favours which resulted in additional burden on these small and marginal business holders. The range of loan was reported to be between Rs. 30000 and Rs. 100000 based on the scale of business transactions reported to bankers. It was also reported that the conditions laid down by the bankers de-motivated loan aspirants to take the Mudra loans. In fact, Mudra loans must be processed based on physical verification of working unit (shop or workshop) by the Bank Field Officer and on the assessment of repayment capacity. Once the Bank Field Officer submit the report about the existing unit, the concerned Bank has to approve the loan under the Mudra scheme. It is further learnt that the scheme is very good but the method of processing loan is needs to be streamlined.

The field data suggests that the government should give directions to bankers so as to increase the availability of the Mudra loans to needy small and marginal scale businesses and enterprisers. It is also suggested to create more awareness about the Mudra loans among holders of small and marginal scale businesses and enterprises.

Conclusion

The challenge is to find the right policy perspective to provide financial services in India in general and Telangana in particular. Observations clearly recommend that the role of government is essential to ensure inclusive financial services. Encouraging flexible financial transactions through rural kiosks while enlarging institutional mechanism at all levels is of utmost importance - rural, mandal and district. It is further observed that the objective set for financial inclusion is very apt but many a time pose challenges during its operationalisation. For this purpose, establishment of rural kiosks is the immediate solution. Welfare schemes like insurance, subsidized benefits must be operated through kiosks. The Government of India's PMJDY must reach each and every household through kiosks. And an immediate revision in terms of minimizing individual contribution for APY so as to decrease the burden of contribution is also called for.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Chapter 8

SKILL DEVELOPMENT

This chapter analyses the policy objective of the Skill development under the programme of Aspirational Districts in the selected villages of three districts – Bhadradri Kothagudem, Jayashankar Bhupalpally and Komarambheem-Asifabad. Skill development is also being considered as an important policy drive to maximize employment opportunities to unemployed youth by developing employable capacities by imparting required industrial skills in both rural as well as urban areas of Indian states. The Government of India has launched specific programmes such as Apprentice Training, Vocational Training, Training for Hospitality and Automobile services, Electrical, Refrigerator and Air conditioner services, Beauty and Wellness and IT-ITES. These programmes are being operational under various schemes including - the scheme of PMKVY, the scheme of DDUGKY. The specific training programmes are being implemented in various vocational training centres across country in general and Telangana in specific.

The MSDE has established various MTCs in all the district of India under the implementation agency of the NSDC. Hence the study also focused on understanding the status of the specific programmes of skill development of the Government. However, observations on the process of implementation of the policy objectives of Skill Development have been analysed based on selected sample respondents in study villages of three Aspirational districts apart from secondary data.

Skills development is an important policy framework which gained momentum across the world today for several reasons such as global economic competition with local production linkages which require updated skills and higher productivity among skilled labourers, both in large scale and high end technological companies like software and pharmaceutical and large scale industries which have direct and indirect production relations with micro andsmall enterprises that support large scale industries in some sectoral productions. The formal sector currently cannot generate immediately enough jobs to absorb all levels of youth who are seeking to get job into different market avenues. This is the major crux of essentiality of promotion of skill based trainings in the policy frames of state. Thus the study tried to understand the status of skill development initiatives under various schemes of the Government of India.

Social Status of Selected Sample

The data regarding social status of selected respondents of within the total sample of villages of Kurnapalle and Katkuru show that cent per cent of respondents belongs to STs however social status of other two villages –PedaMidisileru and Nagupalle comprise all social groups while majority were STs in PedaMidisileru and about 20 per cent of STs in Nagupalle in the district of Bhadradri Kothagudem.In the district of Jayashankar Bhupalpally, 34 per cent were STs followed by 31 per cent of BCs, 28 per cent of SCs and only 6 per cent of OCs.In the village of

Lingala, 88 per cent of respondents were STs, 28 per cent in Nasthurpalle, 12 per cent in Katapuram and only 2 per cent in Gummallapalle. The proportion of SCs comprise of12 per cent, 16 per cent, 40 per cent and 44 per cent respectively in selected villages.The data regarding the district of Komarambheem-Asifabad indicate that cent per cent of respondents belongs to STs in Phullara and 96 per cent in Pangidi as these two villages were completely dominated by Adivasi communities, however, social status of other two villages -Muthampet and Pardi comprise all social groups. BCs accounted for majority in Muthampet and 48 per cent in Pardi. The proportion of SCs in Muthampet and Pardi accounts 32 per cent and 28 per cent respectively (Table 8.1).

Table 8.1: Social Status of Selected Respondents – Skill Development

S.No.	Villages	Social Category				Total
		SC	ST	BC	OC	
Bhadradri Kothagudem (N=100)						
1	Nagupalle (D)	2 (8.0)	15 (60.0)	7 (28.0)	1 (4.0)	25 (100.0)
2	PedaMidisileru (D)	2 (8.0)	16 (64.0)	6 (24.0)	1 (4.0)	25 (100.0)
3	Katkuru (UD)		25 (100.0)	-	-	25 (100.0)
4	Kurnapalle (UD)	-	25 (100.0)	-	-	25 (100.0)
	Total	**4 (4.0)**	**81 (81.0)**	**13 (13.0)**	**2 (2.0)**	**100 (100.0)**
Jayashankar Bhupalpally (N=100)						
1	Gummallapalle (D)	11 (44.0)	2 (8.0)	12 (48.0)	-	25 (100.0)
2	Katapuram (D)	4 (16.0)	3 (12.0)	15 (60.0)	2 (8.0)	25 (100.0)
3	Nasthurpalle (UD)	10 (40.0)	7 (28.0)	4 (16.0)	4 (16.0)	25 (100.0)
4	Lingala (UD)	3 (12.0)	22 (88.0)	-	-	25 (100.0)
	Total	**28 (28.0)**	**34 (34.0)**	**31 (31.0)**	**6 (6.0)**	**100 (100.0)**
Komarambheem Asifabad (N=100)						
1	Muthampet (D)	8 (32.0)	1 (4.0)	16 (64.0)	-	25 (100.0)
2	Pangidi (D)	-	24 (96.0)	-	1 (4.0)	25 (100.0)
3	Pardi (UD)	7 (28.0)	6 (24.0)	12 (48.0)	-	25 (100.0)
4	Phullara (UD)	-	25 (100.0)	-	-	25 (100.0)
	Total	**15 (15.0)**	**56 (56.0)**	**28 (28.0)**	**1 (1.0)**	**100 (100.0)**

Source: Field Survey, 2019

Note: D-Developed UD-Under Developed

Educational Status

Among the total sample covered under the study, below SSC accounts for nearly 18 percent; SSC (41 per cent), intermediate (37 per cent)and above intermediate wasreported only about 4 per cent. Village wise data shows that majority reported SSC in underdeveloped while intermediate was reported bymajor proportion of selected respondents in developed villages in Bhadradri Kothagudem. With regard to Jayashankar Bhupalpally, out of 100 respondents who have been covered in the study reported that they have completed SSC (43 per cent) followed by intermediate (35 per cent) and below SSC (19 percent); just about 3 per cent indicated completion of graduation. In case of Lingala village, around 44 per cent indicated SSC while 28 per cent reported below SSC and 24 per cent were intermediate (Table 8.2).

Table 8.2: Educational Status of Respondents

S.No.	Villages	Education				Total
		Below SSC	SSC	Intermediate	Graduate	
Bhadradri Kothagudem (N=100)						
1	Nagupalle (D)	3 (12.0)	9 (36.0)	12 (48.0)	1 (4.0)	25 (100.0)
2	PedaMidisileru (D)	4 (16.0)	9 (36.0)	10 (40.0)	2 (8.0)	25 (100.0)
3	Katkuru (UD)	8 (32.0)	10 (40.0)	7 (28.0)	-	25 (100.0)
4	Kurnapalle (UD)	3 (12.0)	13 (52.0)	8 (32.0)	1 (4.0)	25 (100.0)
	Total	18 (18.0)	41 (41.0)	37 (37.0)	4 (4.0)	**100 (100.0)**
Jayashankar Bhupalpally (N=100)						
1	Gummallapalle (D)	5 (20.0)	12 (48.0)	8 (32.0)	-	25 (100.0)
2	Lingala (UD)	7 (28.0)	11 (44.0)	6 (24.0)	1 (4.0)	25 (100.0)
3	Katapuram (D)	3 (12.0)	10 (40.0)	12 (48.0)	-	25 (100.0)
4	Nasthurpalle (UD)	4 (16.0)	10 (40)	9 (36.0)	2 (8.0)	25 (100.0)
	Total	19 (19.0)	43 (43.0)	35 (35.0)	(3.0)	**100 (100.0)**
Komarambheem-Asifabad (N=100)						
1	Muthampet (D)	3 (12.0)	9 (36.0)	12 (48.0)	1 (4.0)	25 (100.0)
2	Pangidi (D)	6 (24.0)	15 (60.0)	3 (12.0)	1 (4.0)	25 (100.0)
3	Pardi (UD)	3 (12.0)	11 (44.0)	11 (44.0)	-	25 (100.0)
4	Phullara (UD)	8 (32.0)	12 (48.0)	5 (20.0)	-	25 (100.0)
	Total	20 (20.0)	47 (47.0)	31 (31.0)	2 (2.0)	**100 (100.0)**

Source: Field Survey, 2019
Note: D-Developed UD-Under Developed

Among the total sample covered in selected villages of the district of Komarambheem, the proportion of SSC passed accounts for 48 percent, intermediate 31 per cent, below SSC 20 per cent and the proportion of graduates were not evident. Village wise data shows that majority reported to be SSC in Pangidi while intermediate reported to be major proportion of selected respondents in Muthampet whereas equal proportion of SSC and intermediate are reported in Pardi(Table 8.2).

Participation in Skill Development Training

Regarding skill trainings under various schemes, only 4 per cent of youth reported to have undergone training under the programme of DDUGKY and PMKVY while 14 per cent reported Apprentice training and 78 per cent reported undertaking training for various trades in private firms in the study villages of Bhadradri Kothagudem. Similarly, in the study villages of Jayashankar Bhupalpally, it was seen that only 3 per cent of youth were found to be attending skill trainings under the programme of DDUGKY and PMKVYwhereas24per cent under Apprentice training and 70 per cent under various trades in private firms. However, no data is evident on skill based trainings under the programme of DDUGKY and the PMKVYthough 14 per cent of respondents reported on Apprentice training whereas 86 per cent responded on various trades in private firms in the study villages of Komarambheem-Asifabad (Table 8.3).

Table 8.3: Participation of Youth in Skill Development Training

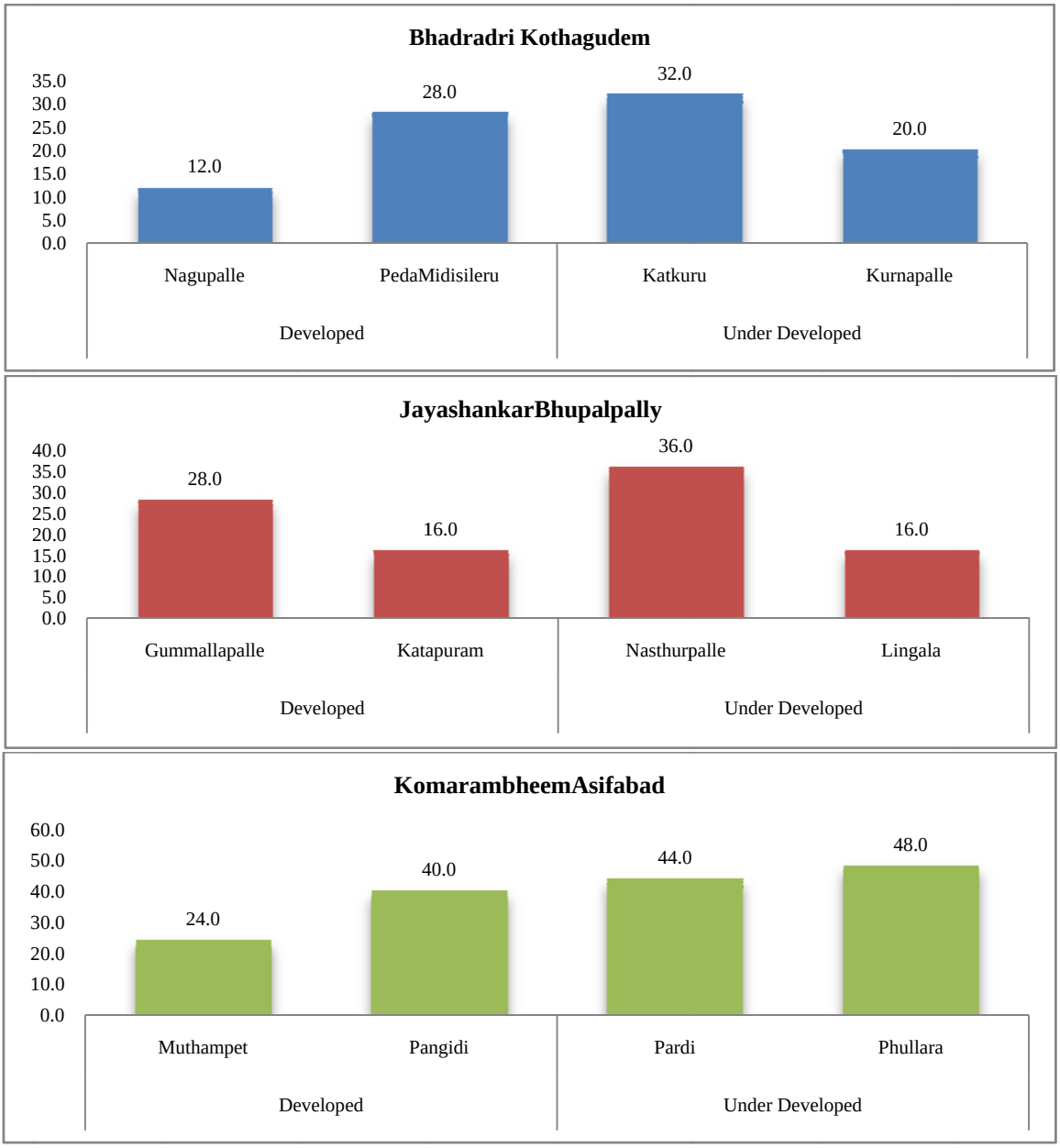
S. No.	Village	Name of the training				Total
		DDUGKY	PMKVY	Apprentice Training	Vocational Training*	
1	Bhadradri-Kothagudem	4 (4.0)	4 (4.0)	14 (14.0)	78 (78.0)	100 (100.0)
2	Jayashankar-Bhupalpally	3 (3.0)	3 (3.0)	24 (24.0)	70 (70.0)	100 (100.0)
3	Komarambheem-Asifabad	-	-	14 (14.0)	86 (88.0)	100 (100.0)

Source:The Office of the ITDA (of Bhadrachalam, Eturnagaram and Utnur), 2019
Note: *including training at Private firms, Electronics, Mechanical and Driving.

Views on Skill Development Training

Overall, 23 per cent of respondents of selected villages in Bhadradri Kothagudem reported satisfied with the trainings while it is 24 per cent in Jayashankar Bhupalpally and 39 percent in Komarambheem-Asifabad. Within villages of Bhadradri Kothagudem, very low proportion was evident in Nagupalle while it stood at 32 per cent in Katkuru and 28 per cent in PedaMidisileru and 20 per cent in Kurnapalle. It is evident that irrespective developed and underdeveloped, positive views on training programmes was reported to be very low in the district (Chart 8.1).

Chart 8.1: Status on Satisfaction with Institutional Skill Training



Source: Field Survey, 2019.

With regard to villages of Jayashankar Bhupalpally, 36 per cent of youth respondents in Nasthurpalle, an underdeveloped village, while 28 per cent in Gummallapalle, a developed village, and lower proportion in other two villages - Lingala and Katapuram reported satisfaction with the skill training (developed and underdeveloped villages respectively). In case of villages of Komarambheem-Asifabad, affirmative responses were evident in underdeveloped villages - for about 48 per cent in Phullara, 44 per cent in Pardi, and comparatively low in developed villages - 40 per cent in Pangidi and 24 per cent in Muthampet (Chart 8.1).

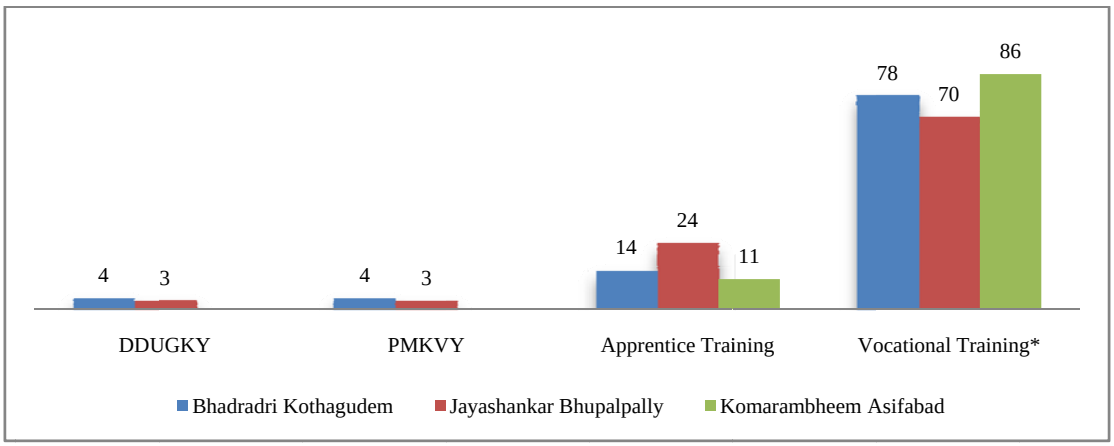
It was reported that youth received Training in the village of Muthampet for vocational training - received by 5 persons in electrical for 15 days by NAC at Khagaznagar and another 5 youth in the village of Pardi as a vocational trainee in IT-ITES &Photography for 90 days supported by

SBI RSETI under the preview of ITDA, Utnoor. Similarly, in the village of Pangidi, Apprentice and Vocational training were reported to be received by two youth on IT-ITES and P-Mithra for 90 days and 24 days by EGMM at Adilabad of Komarambheem-Asifabad District. It was observed in Kurnapalle that placement was given to youth who have undergone skill training under vocational training on IT-ITES and it was informed that 'we were happy to have undergone training and it was very useful in finding jobs with a salary of 13,000/- per month, but we left the job due to continuous night duties" (Interview with Trained Person, 21 December 2019). "I benefitted by training under the vocational training in Automobile section under the PMKVY and I got a job with a salary of 10,000/- per month" observed trainees in interviews in the village of PedaMidisileru village of Bhadradri-Kothagudem (Interview with Trained Person, 21 December 2019). It was also observed that there was skill training evident in the village of Kurnapalle under IT-ITES for 45 days under the YTC, ITDA of Bhadrachalam and training under IT-ITES for 45 days under BIRED at Hyderabad from PedaMidisileru under Automobile Services under Vocational Training.

Participation of Youth in Vocational Trainings

The data reveals that very low proportion of youth was reported to have undergone training under the programme of DDUGKY and the PMKVY. In fact, there is none who have undergone training under the above mentioned schemes from Komarambheem-Asifabad district. Interestingly, 78 per cent have undergone training for various trades under vocational trainings in Bhadradri Kothagudem, 70 per cent in Jayashankar Bhupalpally and 86 per cent in Komrambheem-Asifabad district respectively. Whereas 14 per cent of youth have received Apprentice training in Bhadradri Kothagudem, it is 24 per cent in Jayashankar Bhupalpally and 11 per cent in Komrambheem-Asifabad district (Charter 8.2).

Chart 8.2: Participation of Youth in Skill Development Training (%)



Source: Field Survey, 2019.
Note: *including training at Private Firms, Electronics, Mechanical and Driving

Out of the 100 respondents from each district, with regard to Bhadradri Kothagudem, about 6 per cent attended training related to hospitality, 16 per cent for Automobile services, 21 per cent for electrical, 13 per cent in IT-ITES and 44 per cent others which include driving, motor mechanic and locally available livelihoods. In the district of Jayashankar Bhupalpally, only 2 per cent were reported to haveattended the training on hospitality which was evident in the village of Lingala, 12 per cent for IT-ITES while 23 per cent in the division of Automobile services followed by 20 per cent for electrical whereas majority of respondents reported other trainings including driving, motor mechanic and other locally available livelihoods. With regard to Komarambheem-Asifabad, only about 4per cent attended training on hospitality (Muthampet and Pardi); while 24 per cent each were trained in Automobile services as well as electrical whereas 12 in IT-ITES though 36 per cent had reported that they attended various skill based trainings of locally available livelihoods (Table 8.4).

Table 8.4: Institutional Skill Training under State Sponsored

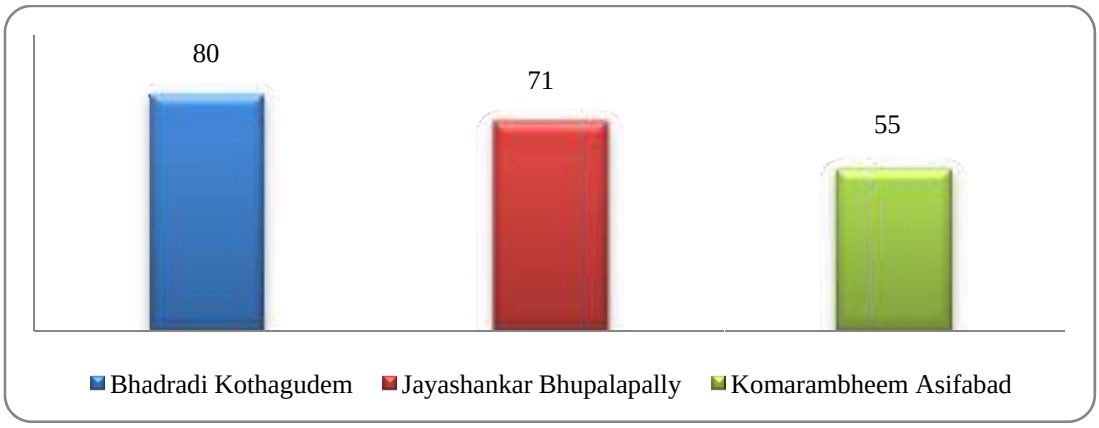
S. No.	Villages	Hospitality	Automobiles Services	Electrical	IT-ITES	Others
1	Bhadradri-Kothagudem(N=100)	6 (6.0)	16 (16.0)	21 (21.0)	13 (13.0)	44 (44.0)
2	Jayashankar-Bhupalpally(N=100)	2 (2.0)	23 (23.0)	20 (20.0)	12 (12.0)	43 (43.0)
3	Komarambheem-Asifabad(N=100)	4 (4.0)	24 (24.0)	24 (24.0)	12 (12.0)	36 (36.0)

Source: FieldSurvey, 2019

Usefulness of Skill Training Programme

Responses on usefulness of training programmes including state, central and others were elicited based on individual responses. Usefulness of training programmes for attaining jobs, livelihoods promotion and improving living standards were around 80 per cent as reported by the respondents in selected villages of Bhadradri Kothagudem. With regard to Jayashankar Bhupalpally, 71 per cent of total respondents viewed the training programmes as useful (Chart 8.3). More than half of the respondent (55 per cent) found the programmes useful in selected villages of Komarambheem-Asifabad district (Chart 8.3).

Chart 8.3: Usefulness of Skill Training Programme



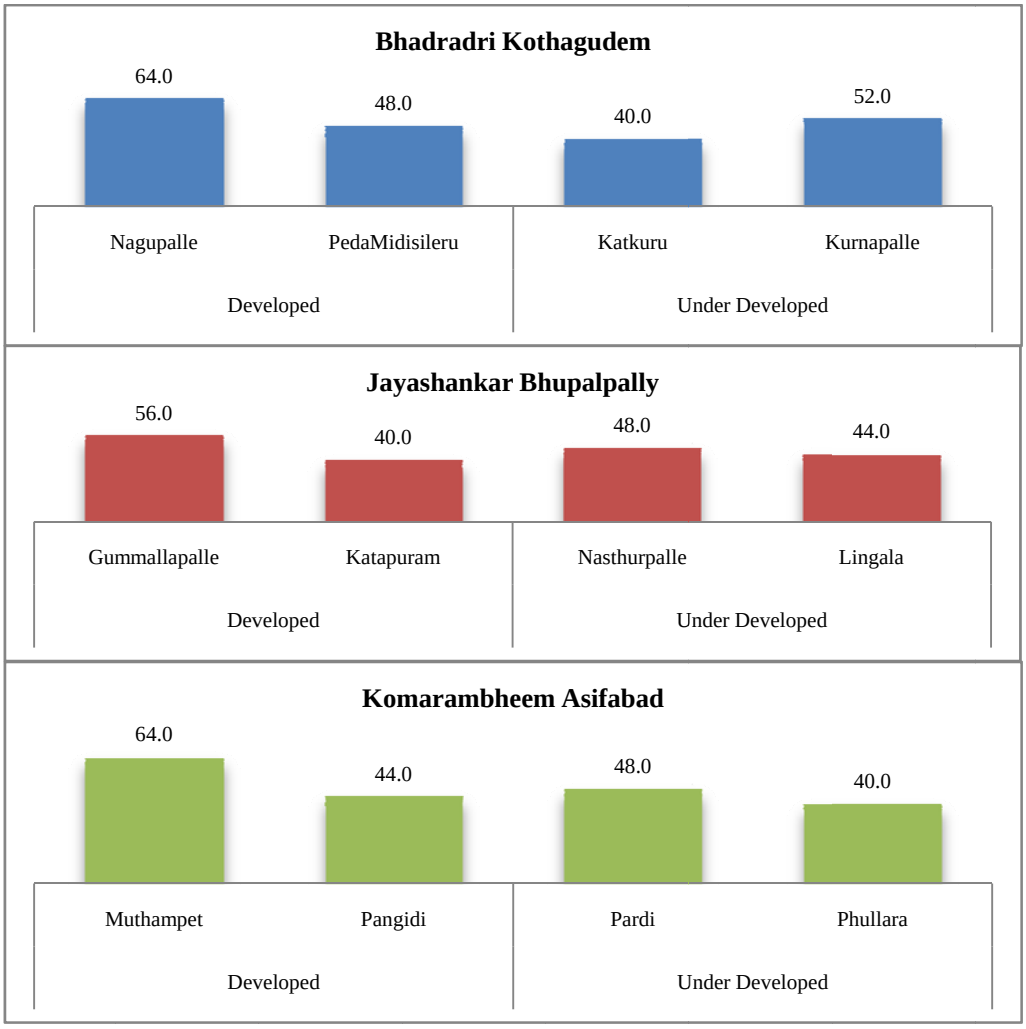
Source: Field Survey, 2019

Skill Trainings and Employability

Ensuring employment through skill trainings is the high end goal of the scheme of skill development under various streams. It has to absorb skilled youth and then the strategies of such schemes are fulfilled. The study hence tried to understand whether trainings which have been given to youth were useful for employment purposes. About 51 percent reported that the trainings are useful to get employment opportunities in the study villages of Bhadradri Kothagudem while it stood at 49 percentin the selected villages of Komarambheem-Asifabad and 47 per cent in Jayashankar Bhupalpally.

Responses specifically on employability of training programmes of state, central and others were examined based on individual responses. There were differences with respect to usefulness of training for employment across villages as it evident in study villages - 52 percent in Kurnapalle (an underdeveloped village), 48 percent in PedaMidisileru (developed village), 40 percent in Katkuru (an underdeveloped village) and 64 percent in Nagupalle (a developed village) of the district of Bhadradri Kothagudem (Chart 8.4).Regarding Jayashankar Bhupalpally, it stood at 56 percent in Gummallapalle (a developed village), 48 per cent in Nasthurpalle (an underdeveloped village), 44 percent in Lingala (an underdeveloped village) and 40 percent in Katapuram (a developed village). Nonetheless, with regard to the villages of Komarambheem-Asifabad district, village wise data reflects that 64 percent in Muthampet (a developed village), 48 percent in Pardi (an underdeveloped village), 44 percent in Pangidi (a developed village) and 40 percent in Phullara (an underdeveloped village) respectively (Chart 8.4).

Chart 8.4: Responses on Skill Trainings and Employability



Source: Field Survey, 2019.

Conclusion

Skill development plays an important part in the present global economic competition with local production linkages which require up-to-date skills. Regarding participation in Skill Development Training under the programme of Deen Dayal Upadhyaya Grameen Kaushalya Yojana and the Pradhan Manthri Kaushal Vikas Yojana, it was found to be very low while considerable proportion participated under various other schemes like Apprentice training and various trades in private firms. It is reported that 78 per cent of youth have received trainings under various trades in private firms in selected villages of Bhadradri Kothagudem, 70 per cent in Jayashankar Bhupalpally, whereas it stood at 86 per cent in selected villages of Komarambheem-Asifabad districts respectively. Hence, the need of hour is to create awareness and motivate youth to undergo skill trainings under DDUKY and PMKVY to improve their marketable and employable skills. Observations confirm that there must be a structured mechanism to identify and address the needs of youth employment by realizing impactful trainings on a range of outcomes related to existing employability demands by accumulating human capital.

Chapter 9

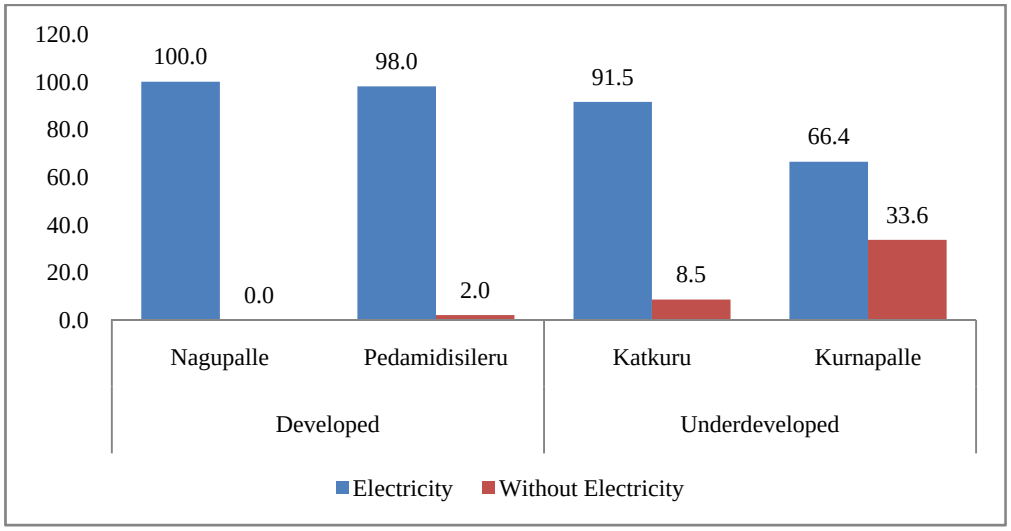
BASIC INFRASTRUCTURE

This chapter focuses on examining the status of households' basic amenities including access to housing, water, electricity, and road connectivity in the study villages. It also analyses status on availability of basic services or common facilities in terms of the proximity to the nearest PHC or Sub-Centre of PHC, Post Office, Bank, Centre of PDS, High School, Junior College, Veterinary Hospital and Railway Station. The data on available services or facilities was collected from concerned local officials, staff and elected representatives - Sarpanch, Panchayat Secretary, Village Revenue Officer, Sarpanch, School Head Master, ANM, Anganwadi Teacher, ASHA Worker and Veterinary Doctor (wherever applicable).

Electricity

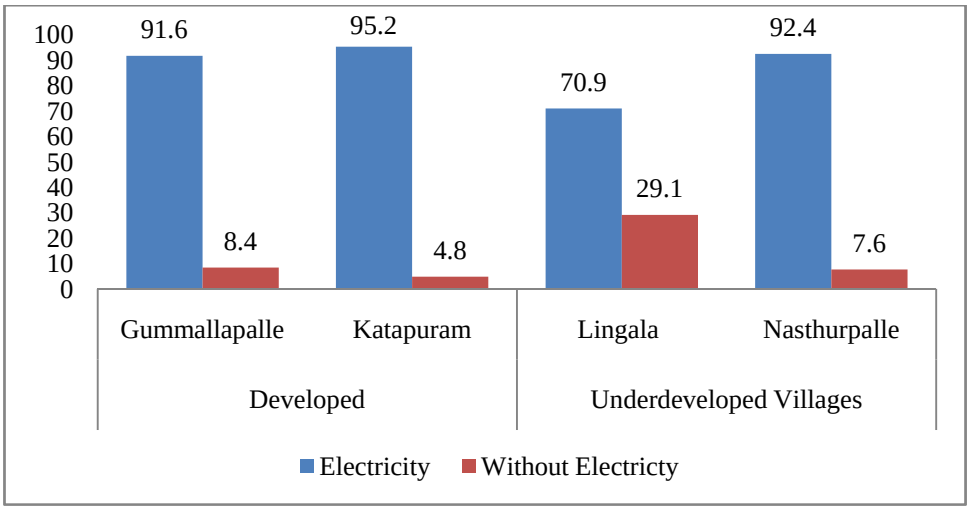
Regarding the study villages of Bhadradri Kothagudem, it reported that about 91 per cent of households have access to electricity.Cent per cent was evident among developed villages – Nagupalle and Pedamidisileru and relatively low among underdeveloped villages – Kurnapalle (91.5 per cent) and Katkur (66.4 per cent) (Chart 9.1).With regard to study villages of Jayashankar Bhupalpally, majority of households have electricity in developed villages and underdeveloped villages though the percentage was lower than the rest (70 per cent) in Lingala, one of the underdeveloped villages (Chart 9.2). Majority of households in both developed and underdeveloped villages of Komarambheem-Asifabad had electricity (Chart 9.3). The proportion was, however, lower in underdeveloped than developed. Comparatively the houses of developed villages, across the three districts, are electrified to the fullest levels (i.e. ranging from 92 per cent to 100 per cent). While in the underdeveloped villages about 30 per cent of households do not have electricity.

Chart 9.1: Overall Status on Electricity: Bhadradri Kothagudem



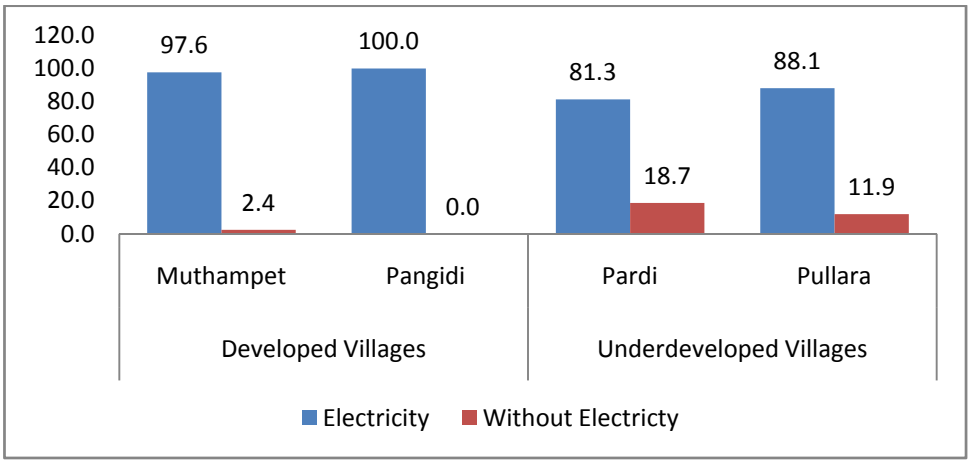
Source**:** The Office of the Gram Panchayats (of all selected Villages), 2019

Chart 9.2: Overall Status on Electricity: Jayashankar Bhupalpally



Source**:** The Office of the Gram Panchayats (of all selected Villages), 2019

Chart 9.3: Overall Status on Electricity: Komarambheem-Asifabad



Source**:** The Office of the Gram Panchayats (of all selected Villages), 2019

Gram Panchayat with Internet and Road Connection

The study has also examined the status of internet connection in selected Grama Panchayats, habitations with access to all weather roads under PMGSY and status on cumulative number of kilometres of all-weather road work completed as a percentage of total sanctioned kilometres in the district under the Prime Minister Gram Sadak Yojana (PMGSY) in three Aspirational Districts.

Regarding Internet Connection in the study villages of Bhadradri Kothagudem, it was evident that none of the selected villages had internet connectivity except in the village of Nagupalle, a developed village, even that too it is reported to be under process. In terms of weather roads under the PMGSY, both developed and underdeveloped villages of

Kurnapalle and Nagupalle are reported to have only one weather road with 12 KMs and 2.5 KMs respectively. Three roads in Pedamidisileru, a developed village, with 22 KMs and two roads in Katkuru, an underdeveloped village, have been completed though the extent of weather road in KMs is not reported in latter village. Though, to some extent, some roads have been laid on under PMGSY, the data further reveals that there is still gap in terms of availability of roads in these villages under PMGSY as data shows in terms of requirements regarding roads.

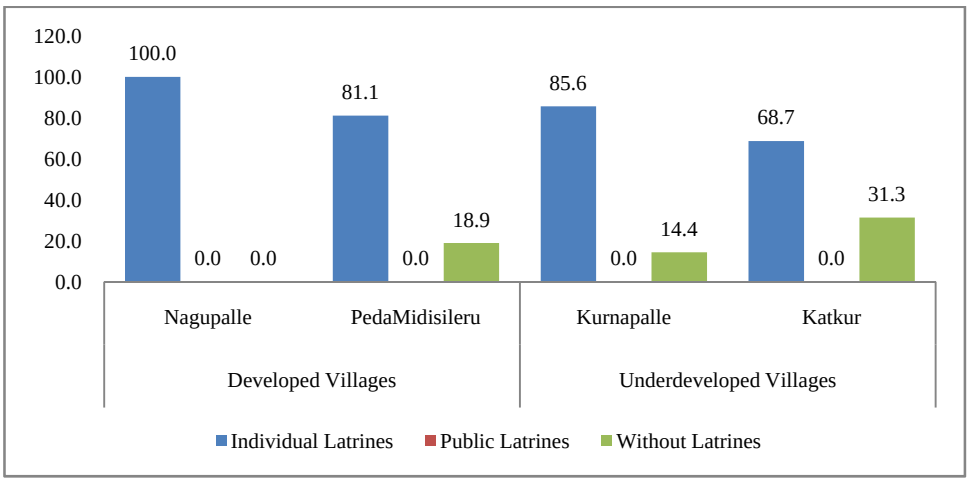
With regard to Jayashankar Bhupalpally district, data reveals that none of study villages in the district is connected with internet and data on habitations with access to all weather roads under PMGSY is not available.However it was reported that 5 habitations in Lingala, an underdeveloped village, do not have weather roads as against sanctioned road with 0.5 kilometres under PMGSY. Moreover, it found that Nasthurpalle, an underdeveloped village, has 3 KMs of weather roads whereas other two developed villages reported extent of roads less than the underdeveloped village of Nasthurpalle (see Annexure Table 9.4).

Regarding selected villages of Komarambheem-Asifabad, as data reveals, internet connection is not evident in any one of study villages in the district while 5 habitations in Phullara, an underdeveloped village, and 3 habitations in Pangidi, a developed village, are reported to have access to all weather roads under PMGSY though a habitation in Pardi, an underdeveloped village and 2 in Pangidi, a developed, are yet to be lay weather roadas against sanctioned road with 2 kms and 4 kms respectively under PMGSY.

Individual Household Latrines

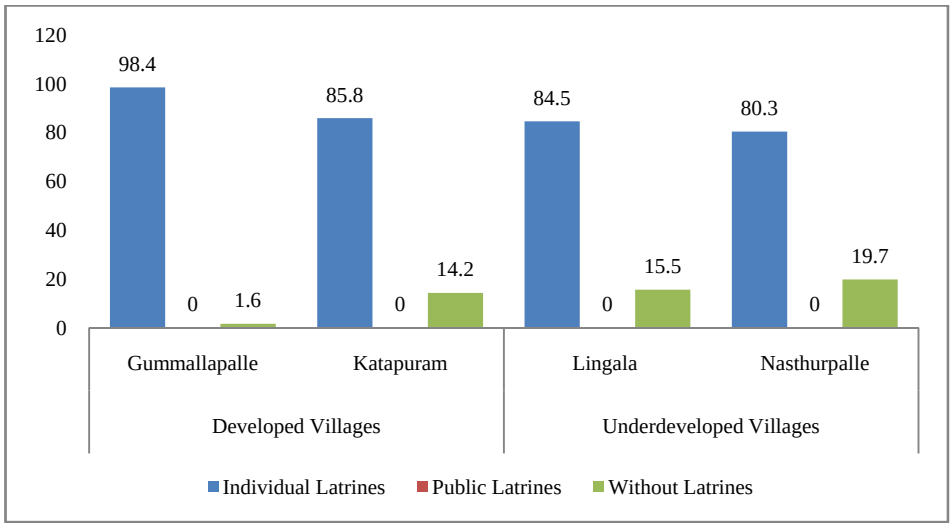
Access to sanitation facilities in terms of the IHHL is one of the key indicators of sustainable human development. The study examined about accessibility of IHHL, while about 85.6 per cent of the total 354 households of STs in Kurnapalle, an underdeveloped village, have the facility whereas only 3.4 per cent reported it is not within theirhouses. The accessibility of IHHL in Pedamidisileru and Nagupalle, developed villages, are very obvious among all social groups (Chart 9.4). The data thus summarises that majority households have IHHL access in selected villages though functional aspects of IHHL is yet to be ascertained. The proportion of households with IHHL facility in developed villages is found to be more than underdeveloped villages of Jayashankar Bhupalpally (Chart 9.5). Interestingly, the accessibility of IHHL is reported more among underdeveloped villages of the district of Komarambheem-Asifabad than developed villages (Chart 9.6).

Chart 9.4: Status on Households having access to IHHL –Bhadradri Kothagudem



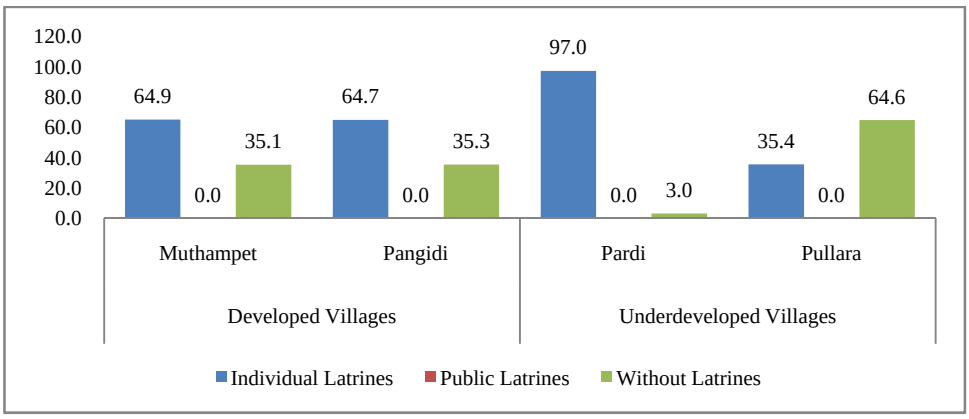
Source**:** The Office of the Gram Panchayats (of all selected Villages), 2019

Chart 9.5: Status on Households having access to IHHL Jayashankar Bhupalpally



Source**:** The Office of the Gram Panchayats (of all selected Villages), 2019

Chart 9.6: Status on Households having access to IHHL – Komarambheem-Asifabad



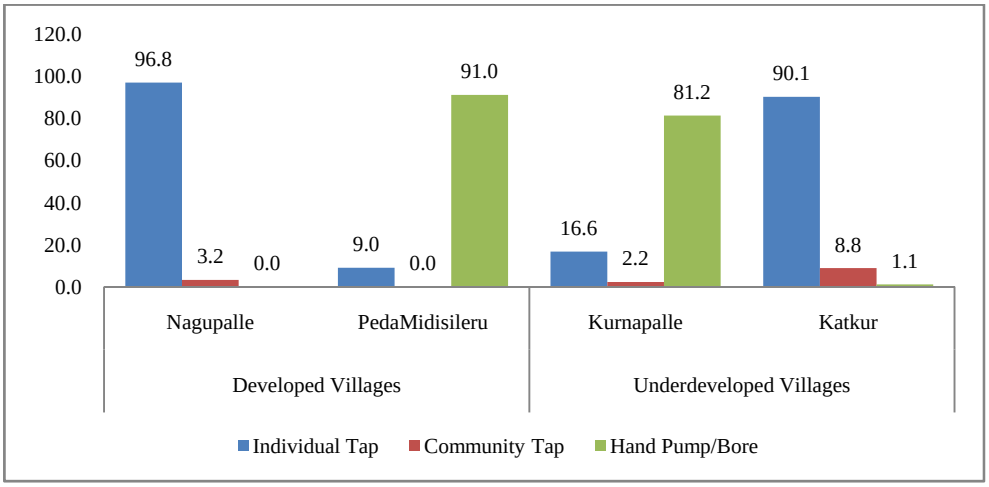
Source**:** The Office of the Gram Panchayats (of all selected Villages), 2019

With respect to households having IHHL across the developed and underdeveloped villages in all the three study districts, the developed villages of Bhadradri Kothagudem and Jayashankar Bhupalpally namely Nagupalle (cent per cent), Pedamidisileru (81.1 per cent) of Bhadradri Kothagudem and Gummallapalle (98.4 per cent), Katapuram (85.8 per cent) of Jayashankar Bhupalpally are performing better. While 64.9 per cent of households in Muthampet and 64.7 per cent of households in Pangidi, developed villages, in the district of Komarambheem-Asifabad have IHHL, majority of households from underdeveloped villages' such as Phullara (64.6 per cent)of Komarambheem-Asifabad and Katkuru (31.3 per cent) of Bhadradri Kothagudem do not have the facility of IHHL.

Rural Habitations with Access to Adequate Quantity of Potable Water

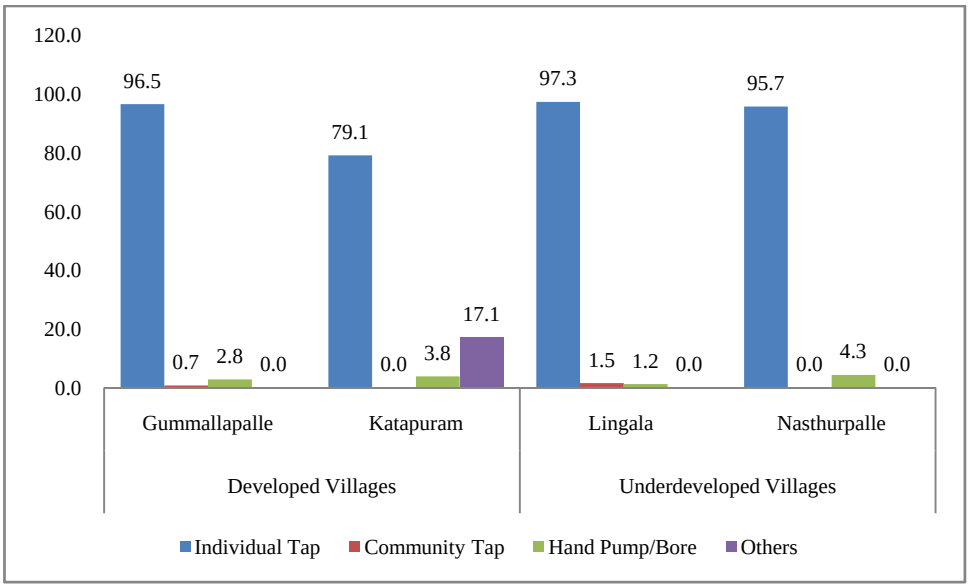
Regarding drinking water facilities of households of the district of Bhadradri Kothagudem, developed villages have shown different parameters in terms of access to drinking water as Nagupalle reported highest proportion (96.8 per cent) of individual taps while Pedamidisileru (91 per cent) of Hand pumps. Interestingly, an underdeveloped village – Katkuru – too reported highest proportion (90.1 per cent) of households with Individual Taps whereas Kurnapalle reported about 81.2 per cent of access of Hand pumps (Chart 9.7).The proportion of households with accessible drinking water facility in terms of Individual taps is found to be better among underdeveloped villages - Lingala (97.3 per cent) and Nasthurpalle (95.7 per cent). Among developed villages, Gummallapalle has shown significant proportion (96.5 per cent) of household with Individual Taps while it is 79.1 per cent in Katapuram (Chart 9.8). In this context, it should be kept in view that Katapuram a developed village has reported other sources of drinking water such as water from natural streams and local wells and tanks as observed in the habitations of these villages. Regarding access to drinking water in the district of Komarambheem-Asifabad, individual taps as source of drinking water for households were reported by more than 90 per cent households across all villages irrespective of developed and underdeveloped villages except in Pardi village which reported only 76 per cent (Chart 9.9).

Chart 9.7: Access to Drinking Water – Bhadradri Kothagudem



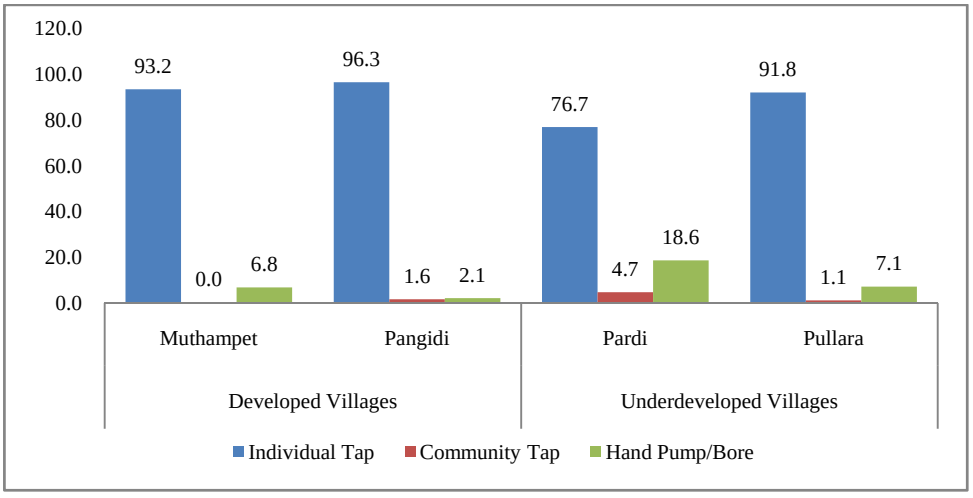
Source: The Office of the Gram Panchayats (of all selected Villages), 2019

Chart 9.8: Access to Drinking Water – Jayashankar Bhupalpally



Source: The Office of the Gram Panchayats (of all selected Villages), 2019

Chart 9.9: Access to Drinking Water – Komarambheem-Asifabad



Source: The Office of the Gram Panchayats (of all selected Villages), 2019

Establishment of Common Service Centres at Gram Panchayat level

The data shows that access to basic services or common facilities in terms of the proximity to the nearest PHC or Sub-Centre of PHC, Post Office, Bank, Centre of PDS, High School, Junior College, Veterinary Hospital, Railway Station are available at different distances in all study villages. The data on available services or facilities was collected from concerned local officials, staff and elected representatives - Sarpanch, Panchayat Secretary, Village Revenue Officer, Sarpanch, School Head Master, ANM, Anganwadi Teacher, ASHA Worker and Veterinary Doctor (Nagulapalle village).

It is reported that PHC or Sub-Center is available in all study villages of Bhadradri Kothagudem though the minimum distance was recorded for about 10 kms in developed villages – Nagupalle

and PedaMidisileru and maximum distance between PHC and villages is 15 kms for underdeveloped villages - Kurnapalle and Katkuru of the district of Bhadradri Kothagudem. The services of Post Office are not available in Kurnapalle as reported by local people during the field work but in Katkuru village, services are provided by the post office of another village which is located at a distance of 10 kms. However, postal services are available in villages of Pedamidisileru and Nagupalle as reported by local people (Table 9.1). Bank facility is available in Nagupalle while other three villages (Pedamidisileru, Kurnapalle and Katkuru) are availing services of Bank from Mandal Headquarter. The Centre of PDS is available in all study villages except Kurnapalle. It was reported that people of Kurnapalle have been struggling to get ration goods every month as the center of PDS is located in another village which is located at 10 kms away (Table 9.1). The facility of High School is available in developed villages (Nagupalle and Pedamidisileru) and it is not evident in underdeveloped villages.However,it was observed that children of all villages are largely enrolled in residential schools in nearby places. Junior Colleges are available within radius of about 15 kms. Regarding services of Veterinary, Nagupalle, a developed village, has the service centre while other three villages are dependent on nearby villages which is located at different distances for instance, Kurnapalle at the distance of 18 kms while Pedamidisileru at 13 kms and Katkuru at about 17 kms (Table 9.1).

Regarding basic facilities available in study villages of Jayashankar Bhupalpally, data reveals that basic services or common facilities in terms of availability of PHC or Sub-Centre of PHC, Post Office, Bank, Centre of PDS, High School, Junior College, Veterinary Hospital, Railway Station are available at different distances in all selected villages. As the data shows, PHCs are available in both underdeveloped and developed villages - Lingala and Katapuram respectively while services of PHC are available at a distance of 6 kms for Gummallapalle and Nasthurpalle of developed villages (Table 9.1). Similar observation is evident in terms of availability of Post Office. Bank facility is reported but it is at a distance of about 24 kms for Lingala, an underdeveloped village, at 3 kms for Katapuram and 6 kms for two other villages. The centre of PDS reported in all villages though High School is reported to be far away for Lingala(underdeveloped) while very near to other three villages. Regarding Junior college, it is available at 30 kms away from Lingala (underdeveloped) and 14 kms from Katapuram (developed) whereas it is appeared to be very near for two other villages. Services of veterinary are easily available in developed villages - Katapuram, Gummallapalle and an underdeveloped village Nasthurpalle while it is at about 25 kms away from Lingala, an underdeveloped village. The railway station is located at very far away distance from all villages. However, other public transport is evident for all villages though private transport is reported to be predominant source of transport (Table 9.1).

In the district of Komarambheem-Asifabad, it is reported that PHC or Sub-Center is available in all villages though the maximum distance recorded is about 5 kms for Phullara, an underdeveloped village and it reflects the maximum distance between PHC and villages. The services of Post Office are available in all villages as reported by local people during the field work. Bank facility is available in Pardi, an underdeveloped village while other three villages (developed villages –Muthampet and Pangidi, underdeveloped village - Phullara) are availing services of Bank from Mandal Headquarter. The Centre of PDS is available in all villages (Table9.1). The facility of High School is reported in both the villages –Pangidi (developed) and

Pardi (underdeveloped) but other two villages –Muthampet (developed) and Phullara (underdeveloped), do not have such facility. However, children of all study villages are largely enrolled in residential schools in nearby places. Junior Colleges are available within a radius of about 10kms. Regarding services of Veterinary, Pardi, an underdeveloped village has the service centre while other three villages are dependent on nearby villages which are located at different distances (Muthampet 10kms, Pangidi 9kms and Phullara8 kms). Railway station is located at nearby distance for the village of Muthampet (20 kms) while it was available at shorter distances for other villages.(Table 9.1).

Public transport services or facilities are observed to vary in selected villages in terms of distance. For instance, regarding transport facility, three villages –Kurnapalle (underdeveloped), Nagupalle (developed) and Pedamidisileru (developed) - are connected with both public and private transport while Katkuru is connected only with private transport facility which includes Autos, individual motor cycles and other vehicles of goods carrier to reach their respective destinations. The data reveals that there is high dependency on other vehicles to commute even in other villages hence the data reflects the need for strengthening the availability of public transport facility in the study villages (Table 9.1).

Table 9.1: Basic Facilities

Sl. No	Particulars	Nagupalle (D)	Pedamidisileru (D)	Katkuru (UD)	Kurnapalle (UD)
Bhadradri Kothagudem					
1	PHC/Sub-Centre	1 (10)	1 (10)	2 (15)	1 (15)
2	Post Office	1	1	2 (10)	2
3	Bank	1	2 (10)	2 (13)	2 (15)
4	PDS	1	1	1	2 (10$)
5	High School	1	1	2 (10)	2 (10)
6	Junior College	2 (10)	2 (10)	2 (15)	2 (15)
7	Veterinary Hospital	1	2 (13)	2 (17)	2 (18)
8	Railway Station	2 (60)	2 (65)	2 (75)	2 (70)
9	Transport Facility	1*	1*	2#	1*
Sl. No	**Particulars**	**Gummallapalle (D)**	**Katapuram (D)**	**Nasthurpalle (UD)**	**Lingala (UD)**
Jayashankar Bhupalpally					
1	PHC/Sub-Centre	2 (6)	1	2 (6)	1 (10)
2	Post Office	2 (3)	1	2 (6)	1
3	Bank	2 (6)	2 (30)	2 (6)	2 (24)
4	PDS	1	1	1	1
5	High School	2 (5)	1	2 (6)	2 (25)
6	Junior College	2 (6)	2 (14)	2 (6)	2 (30)
7	Veterinary Hospital	2 (5)	1	2 (6)	2 (25)
8	Railway Station	2 (75)	2 (100)	2 (150)	2 (100)
9	Transport Facility	1* and 2#	1*	2#	1*
Sl. No	**Particulars**	**Muthampet (D)**	**Pangidi (D)**	**Pardi (UD)**	**Phullara (UD)**
Komarambheem-Asifabad					
1	PHC/Sub-Centre	2 (1)	1	1	2 (5)
2	Post Office	1	1	1	1
3	Bank	2 (4)	2 (8)	1	2 (8)
4	PDS	1	1	1	1
5	High School	2 (4)	1	1	2 (5)
6	Junior College	2 (10)	2 (8)	2 (5)	2 (8)
7	Veterinary Hospital	2 (10)	2 (9)	1	2 (8)
8	Railway Station	2 (20)	2 (95)	2 (40)	2 (90)
9	Transport Facility	1*	1*	1*	1*

Source**:** The Office of the Gram Panchayats (of all selected Villages), 2019

Notes: 1=Yes, 2=No; Values shown in the () reflect Distance from village to the facility center in Kms.

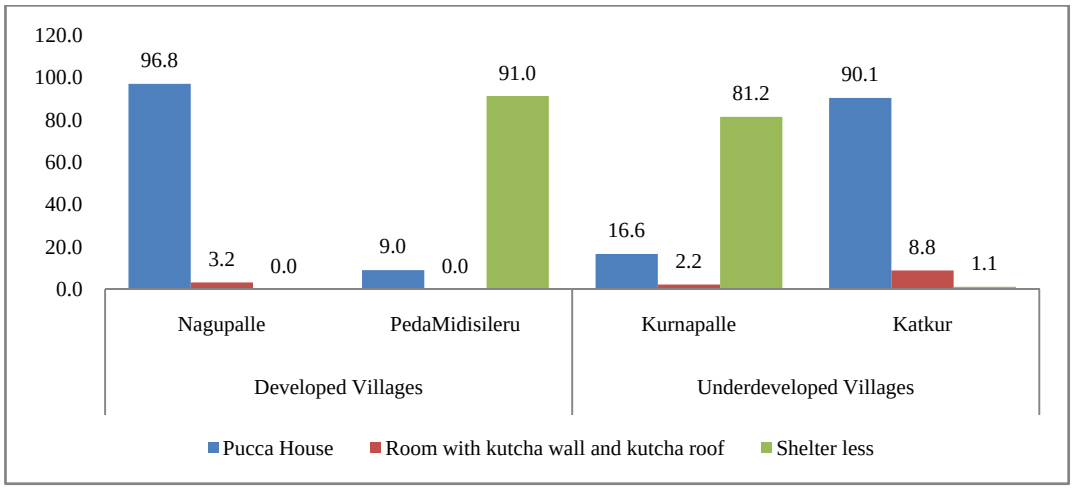
*Public Transport (Bus service twice a day); # Only Private Transport (Autos), $ PDS shop was shifted to another place where there is network available due to lack of Network connection in the village to get finger print from eligible Card Holders.

Note: D-Developed, UD-Under Developed

Status of Housing

The proportion of Pucca Houses is found to be more in both the villages – developed and underdeveloped – Nagupalle (developed) and Katkuru (underdeveloped village) of Bhadradri Kothagudem. Surprisingly, shelterless is found to be more in developed village – Pedamidisileru. However, housing condition of the village of Kurnapalle (underdeveloped) is not satisfactory as majority households of STs' community live in temporary houses which include huts with thatched roof and walls and some houses are found to be made of bamboo walls (Chart 9.10).

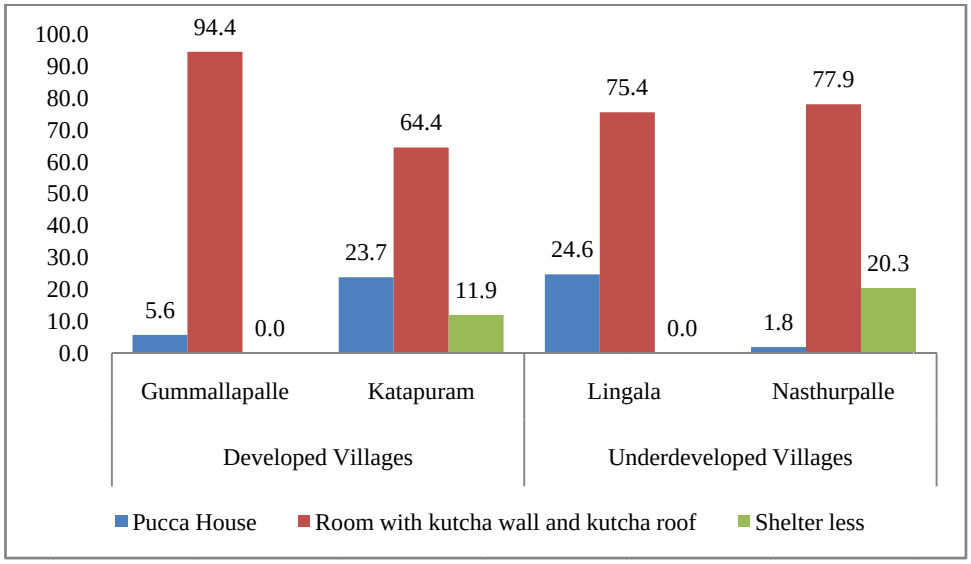
Chart 9.10: Status on Housing Condition – Bhadradri Kothagudem



Source: The Office of the Gram Panchayats (of all selected Villages), 2019
Note: PedaMidisileru and Kurnapalle villages have more hamlets, where all the houses are huts.

The data on housing condition of across villages irrespective of developed and underdeveloped reveals that majority of households have houses with one room with kutcha wall and kutcha roof –75.4 per cent in Lingala, 77.9 per cent in Nasthurpalle, 94.4 per cent in Gummallapale and about 64 per cent in Katapuram. However, more proportion of Pucca houses is found in Lingala, an underdeveloped village, followed by developed villages – Katapuram (23.7 per cent) and Gummallapalle (5.6 per cent) while very less is found in Nasthurpalle (1.8 per cent) (Chart 9.11).

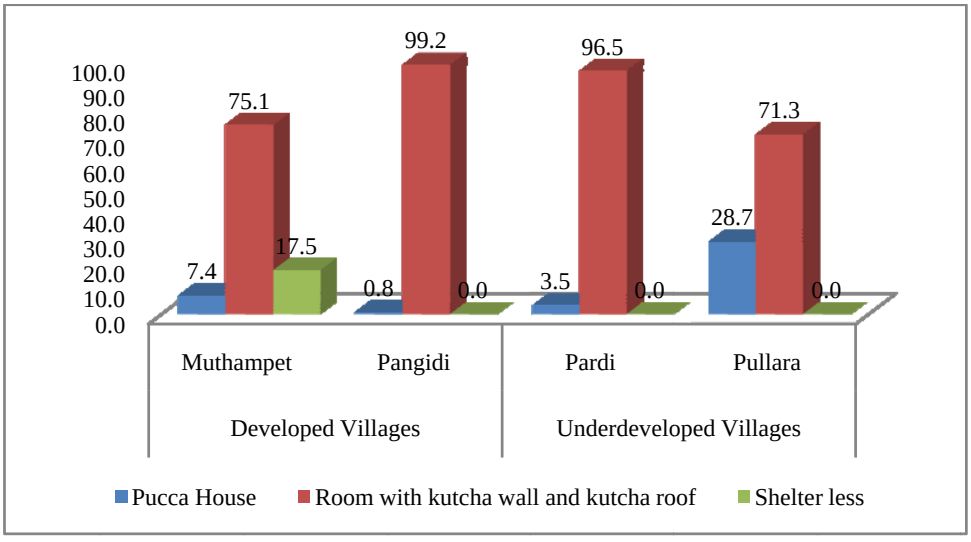
Chart 9.11: Status on Housing Condition – Jayashankar Bhupalpally



Source**:** The Office of the Gram Panchayats (of all selected Villages), 2019

The housing condition across villages of Komarambheem-Asifabad reveals that majority of households of both developed and underdeveloped villages reported one room with kutcha wall and kutcha roof and is found largely in Pangidi (99.2 per cent) followed by Pardi (96.5 per cent), Muthampet (75.1 per cent) and Phullara (71.3 per cent). However, majority of Pucca houses is found in Phullara, an underdeveloped village and to some extent in Muthampet (7.4 per cent) and very less in Pardi (3.5 per cent) while lower in Pangidi (0.8 per cent). The data thus suggests that there should be focus on construction of more number of Pucca houses in selected villages of Aspirational Districts (Chart 9.12).

Chart 9.12: Status on Housing Condition –Komarambheem-Asifabad



Source**:** The Office of the Gram Panchayats (of all selected Villages), 2019

Housing condition of the majority households across all the villages irrespective of their status of developed or underdeveloped is not satisfactory as majority of them live in temporary houses which include huts with thatched roof and walls and some houses are found to be made of bamboo walls. Across all the social groups the STs are worst off with respect to housing condition. Pucca houses are only found to the large extent in Nagupalle (96.8 per cent) a developed village and Katkuru (90.1 per cent) an underdeveloped village of Bhadradri-Kothagudem. While the households of both category (i.e. developed and underdeveloped), of villages from Jayashankar Bhupalpally and Komarambheem-Asifabad districts respectively are dwelling in either Kutcha houses or Mud thatched huts. Such houses are largely found in the surrounding hamlets under the study villages.

Conclusions

In terms of basic infrastructure, it was seen that there was availability of electricity in households in selected villages across districts. However, poor internet connectivity was found across households in selected villages across districts. Roads which are motorable were evident especially constructed under PMGSY, but needs to be strengthened. Potable drinking water source was individual household taps across villages but status of housing is poor with households reporting kutcha houses across villages.

Chapter 10

CONCLUSION AND RECOMMENDATIONS

The present report examined the programme of Transformation of Aspirational Districts. The main objective of the programme is to enhance the Human Development Index and reduce developmental variations significantly. The programme is specifically concentrated in 3 aspirational districts in Telangana. There are six important thematic areas in the programme of Transformation of Aspirational Districts. These are as follows - Health and Nutrition, Education, Agriculture and Water Resources, Financial Inclusion, Skill Development and Basic Infrastructure.

The study covered three districts in Telangana namely Bhadradri-Kothagudem, Jayashankar-Bhupalpally and Komarambheem-Asifabad and from each district two mandals were selected based on the criteria developed and underdeveloped areas. For instance, Dammapeta and Cherla as developed and underdeveloped mandals respectively have been selected from the district of Bhadradri Kothagudem. Similarly, Kataram and Tadvai mandals from Jayashankar Bhupalpally; and Kouthala and Sirpur-U from Komarambheem Asifabad as developed and underdeveloped respectively have been taken for the baseline survey of Aspirational districts in Telangana state. The report pointed at a set of multi-faceted issues through various indicators which are lucidly discussed below.

Health and Nutrition

Regarding health, the study found that there is mismatch between 1st and 2nd child of pregnant women who are receiving antenatal care check-ups. Antenatal care is generally looked after by concerned ANMs or ASHA workers. However, it is observed that there is lack of regular checkups between the four antenatal visits recommended for the pregnant woman. Anemia Cases (micronutrient deficiency) detection is minimally found as this reflects for more intensified programmes to detect and treat identified cases. Normal Delivery Cases found to be more than cesarean deliveries in selected villages. Breastfeeding immediately after one hour of birth is found to be normal though some cases call for immediate actions and measurement of new born reported to be taken place is found in about 60 per cent of delivery cases.

The following action points are suggested to improve the health conditions of pregnant women and to strengthen efficiency of health activists at the ground level.

1. **Register of Pregnant Women** - Identification of pregnant woman at early stage is the primary task of Anganwadi centres which can be done by monitoring health profile of newly married women. The data reports that there are pregnant women who were not registered for trimesters in the study area.

2. Anganwadi centers must monitor the profile of first time pregnant women. This is necessary to ensure better health of women for second time pregnancy and to maintain time lapse between 1st and 2nd child in rural areas.
3. In other words, the monitoring must be done by maintaining health register of all women in reproductive age so as to provide necessary health services including ANC, nutritional support under the Aarogya Lakshmi (ICDS) so that pregnant women with anaemic probability can be reduced.
4. The scheme of Balamrutham must be strengthened by monitoring on day to day basis so as to provide improved supplementary nutrition to children between 7 months to 3 years.
5. Trimester Record - Trimester must be maintained properly by visiting the house of pregnant women as the data of the study shows that there is gap between 1st and 3rdtrimesters antenatal visits by women.
6. Immunisation Record–The record also should be maintained for immunization so as to reduce the anomalies between previous and forthcoming date of immunization of children aged between 0 months to below 3 years.
7. There is need to increase the strength of ASHA/ANMs alongwith continuous monitoring so as to ensure the reach of health services to each and every households.
8. There should be coordination between ANMs, sub-centers and Primary Health Centers. The strength of local health Activists (ASHA/ANMs) and diagnostic system must be improved through skill development trainings.
9. There is need to identify very urgently sub-PHCs which are not in good condition to revive health services.
10. It is essential to open/constructSub-PHCs in all the villages so as to provide health services to all, including pregnant women.All sub-PHC should connect with PHCs of its surrounding so that emergency health services canbe provided ontime and health risks can be minimised.
11. For each sub-PHC, there should be a 1 ANM, 2 ASHA workers and 1 Health Assistant so as to provide services according to the registers of *Register of First Time Pregnant Women, Register of Second Time Pregnant Women, Immunisation Record* and *Children Health Profile* and other need based services.
12. First-Aid kits for ANMs/ASHA must be designed and provided to them to handle emergency situations in agency as well as rural areas.
13. The data on identification (diagnosis) of ARIs or provision of any health-care services towards child health (especially ARI) is not available in any of the 12 selected villages of three Aspirational Districts. Hence, there should be focus on identifying ARIs cases and it is found to be very essential medical services in rural areas.
14. Special Maternity Ambulances need to be allocated to each Mandal so as to provide better services to pregnant women and to provide health services during post-delivery.

15. These ambulances may be used as Mobile Primary Health Service Centers on special occasions in rural/agency areas so as to meet Indian Public Health Standards (IPHS) for PHC.
16. The Government should introduce New Maternity Benefit Scheme. Under this scheme, it should include following - Increased Monetary Support, KCR Kit and Two blankets.

Education

The data on education details that there is need to take serious concentration on students from enrolling, continuous education, completion of high school and enrollment in skill based courses apart from providing better teaching infrastructural facilities in schools. There should be specific concentration on improving reading abilities and numerical calculation so as to improve their subject knowledge on Mathematics. There should also be attention on students of High School to strengthen reading and problem solving capacities, especially from 7^{th} class to 10^{th} class. The Department has to concentrate on Girls' enrollment in Upper Primary and High School levels as the proportion of girls' students need to be sustained. Most important issue is that the Department should appoint a 'Village Educator' to monitor students' enrollment, regular schooling and continuous learning. The village level educator may be appoint from existing staff – from – School Teacher, Anganwadi Teacher or Vidya Volunteer.

The following are important recommendations which can be transformed into actions with the existing capacity of the Department.

1. There is need to create more awareness among parents of girl child about importance of Girl child's education so as to increase girls' enrolment and reduce dropouts (it is not evident in any school but girls' irregular attendance is a concern).
2. Village Educator will guide students as well as parents to ensure student to attend the school regularly as well as also guide parents when student changes school from Primary to Upper Primary and Upper Primary to Higher. The attempt will reduce the incidences of 'Registered Drop Out'.
3. The 'Registered Drop Out' means that the student joins in one school but gradually the student tries to keep away from regular schooling as a result of the student will drop out. This is the major problem in agency and rural areas.
4. The Village Educator will look after the students' schooling and maintains record of irregular students. Village Educator will guide the student to join in skill based courses after completion of high school.
5. Non-availability of functional toilets with running water in all schools is a major concern.The problem of availability of functional toilets can be solved by repairing existing toilets by supplying water to all existing toilets.The toilets should be cleaned every day instead of weekly. Providing hygienic toilets should be the priority in day schools and residential schools as well.

6. The Department should constitute a Committee at Mandal Level to monitor toilet facilities in all the schools including private and government schools. The Committee may comprise of MEO, MPTC, Sarpanches of the Gram Panchayats, Head Masters and Mothers of Girls Students may be represented so that all schools will be keen on maintaining toilets of girls and boys.
7. Best School Award - Swach Girls' School Award may be given to encourage schools to maintain hygienic toilets so as to promote girls' education.
8. As the data reveals regarding reading assessment of words and paragraphs for 3rd, 5th and 8th class students, efficiency in reading language found to be very low among all classes.There should be rigorous Time Table for Reading of Paragraphs and Tables loudly. The time table will reduce the fear of learning and doing Mathematics among the students. Reading comprehensively is most important.
9. The Education Department should introduce The Open Book Exam for Two Periodic Testsso as to ease out the students' fear of exams. Schools should encourage students on public debates by initiating Speech Session Every Week so as to reduce the fear of learning and especially asking doubts in the class room.
10. Existing Adult Literacy Programme should be used to improve adult literacy in villages. The Programme– 'Learn a Word per Day by a Child at Home' - may be also appropriate to improve adult literacy.
11. The Department of School Education should collect data from each every school on status of drinking water facilities in all schools. On record, water facility is reported to be available in all schools but there is severe problem of availability in almost all schools.
12. Schools should sensitise students on the importance of water and effective usage of water so as to maximize the usage of water resources in the schools.
13. However, the ratio of student and teacher is more than the average of stipulated. It is essential to monitor every six months so as to maintain proper ratio in all schools. For this purpose, MEOs should monitor regularly and should send details to the district level officials so as to take appropriate actions.

Agriculture and Water Resources

There is huge gap between cultivable land and land under cultivated more than once in a year. The study found that there is more potential to increase cultivated area in these villages. It is found that majority holds small scale landholding. Regarding rejuvenation of water bodies under MGNREGA, it must be concentrated on viable land resources aiming at increased farm production.

Status on agricultural credit and credit sources reveals that the major credit sources were found to be middlemen though commercial bank, SHGs, Village Organisation, IKP and Co-operative Bank were reported to be an important credit source in all villages. The study found that there is lack of availability of quality seeds. This needs to be streamlined through strengthening the

activities of the Department of Agriculture. No electronic markets were evident though market sources include GCC, FCI, IKP, Agriculture Department's intervention, Tadwai co-operative Bank, CCI and KDCC and of course, middlemen are reported. The percentage share of high value crops to total sown area is not available in three districts and selected villages. Animal Vaccination and Artificial Insemination must be expanded largely so as to cover all livestock as the study found that the vaccination and Artificial Insemination were covered partially. Soil Health cards must also be utilized properly for increased production in these districts.

The following are important recommendations which can be transformed into actions with the existing capacity of the Department.

1. There is possibility to increase irrigated area and area irrigated more than once.
2. Intensive works under MGNREGA on Mini canals are reported only in Gummallapalle, a developed village, but it is required in all villages.
3. There is need to focus on wide coverage of crop insurance as it has been given importance in the programme of the Aspirational District in view of the changing climatic condition.
4. Village wise list of farmers under crop insurance should be prepared and there should be man power to maintain the data on crop insurance periodically.
5. Major agricultural credit found to be private sources. Hence, credits should be provided through Banks so as to reduce the burden of heavy interests on farmers.
6. Quality seed distribution is most important for profitable farming. Concerned officials should focus on Accessibility of Quality Seeds to all farmers including small and marginal farmers. Season wise quality seed distribution is more important so as to increase profits of farming.
7. Electronic markets are very important to reduce dependency on middlemen trading of agricultural produces so as to increase the profits of farmers. Marketing of agri-products at Market centers identified by the concerned departments is very essential to bring aboutreal Change in Price Realisation.
8. Mobile Clinics of Livestock should be introduced and animal vaccination and Artificial Insemination also should be taken up according to Time Schedule.
9. The scheme of the Soil Health Cards distribution is to be introduced to promote effective use of fertilisers and micronutrients and reduce unnecessary or over use of fertilizers by farmers.
10. There should be regularity on soil testing so as to increase yields of crops.
11. There is need to adopt a regulated Agricultural Marketing strategies to reduce the malpractices by private traders in marketing. The regulated marketing means that the government prepares the guidelines for private marketers of agricultural produces (cotton, paddy and maize) in which support prices will be given and grading of crops will be taken up according to the guidelines. Moreover, farmers on ignorant about themarketing methods of private traders.

12. Immediate attention on construction of checkdamsand percolation tanks is essential to divert the water to dry land areas and recharge the ground water.
13. Canal system should be strengthened by connecting farm lands with Irrigation Dams. For example, water from the right bank canal of Taleperu project of Kurnapalle village is the main source. The canal system is needed to rejuvenate to increase cultivable land into irrigated land.
14. Some of farmers have received Rythu Bandhu scheme but most of the farmers havenot received the money under the scheme of the Rythu Bandhu scheme and insurance schemes due to lack of Patta Books (observed in selected villages of all the districts).
15. The foremost point is that the management of agricultural land in terms of total cultivable area, net sown area, net irrigated area, cultivable area more than once and cultivable waste lands is very important.
16. There is huge gap between net sown area, net irrigated and area irrigated more than once. It means that there is high proportion of net sown area but irrigated area and area irrigated more than once found to be very less.
17. There is need to rejuvenate village tanks and works also should be taken on renovation of feeder channels and canals system under the MGNREGA.
18. Institutional support system includes Village Level Link Fertiliser Centres (VLLFCs). These centres should not only distribute fertilisers but also provide information regarding availability of seeds, markets prices and demand based commercial crops at that particular point of time by coordinating with the Department of Agriculture of mandal and district respectively.

Financial Inclusion

Observations clearly recommend that the role of government, especially at local level, is essential to ensure financial inclusion. The flexible financial transactions must be encouraged through rural kiosks by expanding institutional mechanism at all levels - rural, mandal and district. It is further observed that the policy objective of the financial inclusion of the programme is very apt but how to instrumentalise is the challenge. For this purpose, establishment of rural kiosks is the immediate solution. Welfare schemes like insurance, subsidized benefits must be operated through kiosks. The Government of India's the PMJDY must reach to each and every household through kiosks. The study found that scheme under the APY is burdensome as found in field study. It reflects that immediate revision in terms of minimizing individual contribution so as to decrease burden of contribution under APY is necessary.

The following are important suggestions or actions points which can bring people into institutional financial inclusion.

1. There is a need to motivate households of underdeveloped villages of Bhadradri Kothagudem and Komarambheem-Asifabad to have an account of their own for better financial empowerment, as this increases their access to the Government Schemes.
2. The motivation must be from the local officials of the Gram Panchayat. Panchayat officials should take up a special drive to open a Bank Account in all the villages.
3. Mobile Customer Service Point (CSP) has to be introduced in these villages to revive dysfunctional (either temporarily or permanently) bank accounts as these have become dysfunctional due to lack of accessibility of bank services and inability to operate financial transactions.
4. Local officials should organize special drives to encourage households to open accounts under PMJDY and campaigns must be taken place widely about the benefits of accounts under PMJDY.

Skill Development

Skills development being important policy framework plays crucial in the present global economic competition with local production linkages which require up-to-date skills. Regarding participation in Skill Development Training under the programmes of DDUGKY and the PMKVY, it was found to be very low while considerable proportion participated under various other schemes like Apprentice training and various trades in private firms. There is a need to create awareness and motivate youth to undergo skill trainings under DDUGKY and PMKVY to improve their marketable and employable skills. Observations confirm that there must be a structured mechanism to identify and address the needs of youth employment by realizing impactful trainings on a range of outcomes related to existing employability demands by accumulating human capital.

The following are important suggestions or actions points to encourage youth to participate skill based trainings and to improve institutional support for wide awareness and enlarged institutional support.

1. There is need to sensitise about state and national level skill trainings schemes as study found only 4 per cent of youth reported to have undergone training under the programme of DDUGKY and the PMKVY.
2. There is huge demand from youth as observed in villages irrespective of developed and underdeveloped. So there should be a particular or separate Department of Skill Training of Youth at district and mandal level so as to intensify skill development programmes as the study found that considerable number of youth who have gone for Apprentice trainings in private firms from theselected villages.

3. Apart from formal training, there is need to encourage youth to take up the Vocational Training and these vocational trainings must be linked to industry's current demand.

Basic Infrastructure

The study found that irrespective of developed and underdeveloped, majority of households of all villages are found to be electrified though Internet Connection is not found. In terms of all-weather roads, there is need to sanction and lay roads as in some habitations it was not found to be evident though Gram Panchayats had reported under PMGSY. IHHLs, developed villages were reported to be performing better while it is low comparatively in some of the underdeveloped villages. With regard to the access to the Potable Drinking Water, major proportion of households hasindividual taps.

Housing condition irrespective of developed or underdeveloped is not satisfactory as majority of them live in temporary houses.The study also observed that PHC is available at about 10 kms for developed and at about 15 kms for developed villages of Aspirational districts while the distance of PHCs for underdeveloped villages found to be relatively at far distances. This is the mostimportant observation about availability of health facilities in underdeveloped villages. Centers of PDS are not available in habitations. This is the major problem for the people of all habitations as these habitations are located at far away from main Gram Panchayat. So, it must be considered as an important actionable point in this programme.

The following are important points to improve basic infrastructural facilities in these selected villages.

1. Status of housing should be taken up immediately and local officials should prepare an action plan of housing to provide comfortable housing to all in a phased manner.
2. Regarding Internet Connection, all Gram Panchayats should be provided computers and must be connected with Internet so as to provide accurate information regarding village as well enable people to access information.
3. Status of weather roads need to be taken and proposal should be sent to concerned departments to sanction and lay roads as some habitations were found not to possess accessible roads though Gram Panchayats reported under PMGSY.
4. Immediate actions must be taken to rejuvenate existing PHCs and the need to open sub-PHC in all habitations so as to provide better health services to be pursued.
5. Centers of PDS are not available in habitationsand need to set up a sub-distribution centre at least in one habitation that can be reachable easily for surrounding habitations apart from the main centre.

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