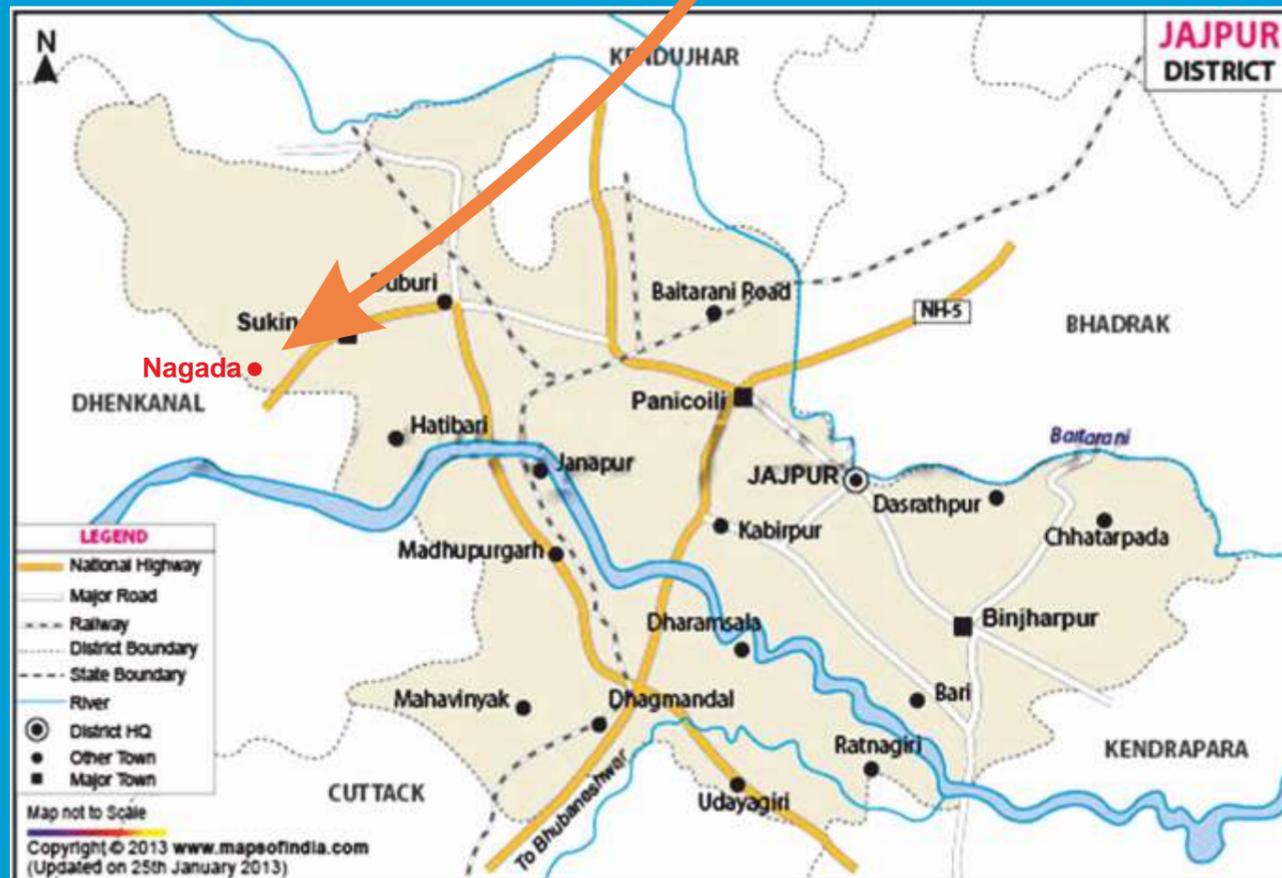


BASE LINE SURVEY AND MICRO ACTION PLAN FOR JUANGS OF NAGADA AND ITS NEIGHBOURING VILLAGES

OF JAJPUR DISTRICT, ODISHA

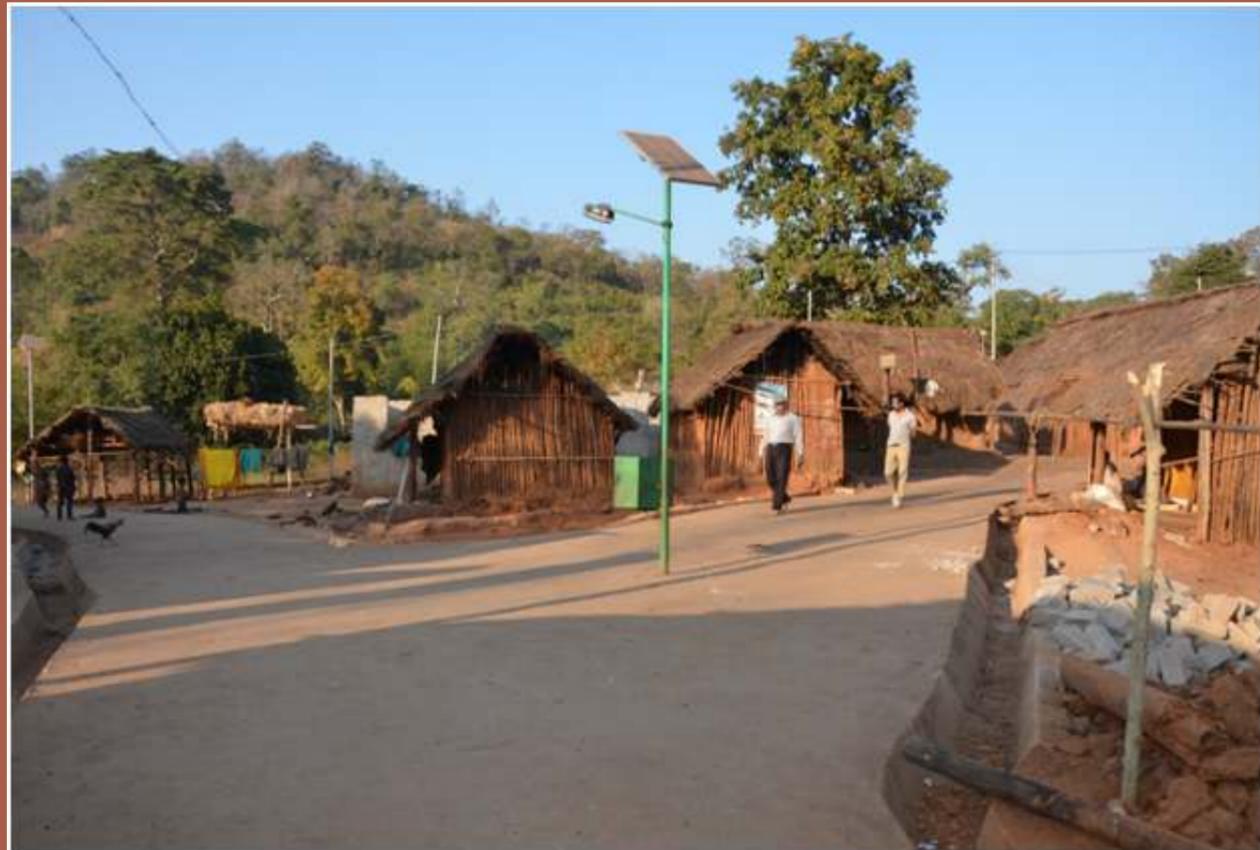
ODISHA



The Prospering Nagada



Prepared by
SCs & STs Research and Training Institute (SCSTRTI)
SC & ST Development Department
Government of Odisha



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Acronyms (Abbreviations)

AAY	Antyodaya Annapurna Yojana
ADMO	Additional District Medical Officer
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
ATMA	Agricultural Technology Management Agency
CDPO	Child Development and Protection Officer
CDVO	Chief District Veterinary Officer
DAMaN	Durgama Anchalare Malaria Nirakaran
DEO	District Education Officer
DMF	District Minerals Fund
DRDA	District Rural Development Authority
DSWO	District Social Welfare Officer
EDCT	Early Detection and Complete Treatment
HCM	Hot Cooked Meal
IAP	Integrated Action Plan
ICDS	Integrated Child Development Scheme
IFA	Iron Folic Acid
IGN (OAP)	Indira Gandhi National (Old Age Pension)
IGN (WP)	Indira Gandhi National (Widow Pension)
IGN (DP)	Indira Gandhi National (Disability Pension)
IPC	Inter Personal Communication
IRS	Indoor Residual Spray
JE	Japanese Encephalitis
LLIT	Long Lasting Insecticidal Treatment
LM	Lactating Mother
MAM	Moderately Acute Malnourished
MBPGY (OAP)	Madhu Babu Pension Guarantee Yojana (Old Age Pension)
MDM	Mid Day Meal
MGPY (WP)	Madhu Babu Pension Guarantee Yojana (Widow Pension)
MoTA	Ministry of Tribal Affairs
MUAC	Middle Upper Arm Circumference
NRDWP	National Rural Drinking Water Programme
NTFP	Non Timber Forest Produce
OMC	Orissa Mining Corporation
OPEPA	Orissa Primary Education Programme Authority
ORS	Oral Rehydration Solution
OREDA	Orissa Renewal Energy Development Agency
PDS	Public Distribution System
PHH	Priority Household
PMGSY	Prime Minister Gramin Sadak Yojana
PNC	Post Natal Care
PVTG	Particularly Vulnerable Tribal Group
PW	Pregnant Woman
RBSK	Rashtriya Bal Surakhya Karyakram
RSETI	Rural Self Employment Training Institute
SAM	Severely Acute Malnourished
TSC	Total Sanitation Campaign
TISCO	Tata Iron and Steel Company
VHND	Village Health and Nutrition Day

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The team is in hope that findings of this study will enable future programs contribute to further improvements in the life and livelihood of rural poor, especially Tribals in Odisha.

Preface

While reflecting on the developments in Nagada areas – one can very well recall the concerted efforts of different actors. In fact, standing need of the hour had virtually called upon all actors involved in emergency response to use results-based approaches in order to design, implement & manage activities.

Prepared with much sincerity, this document provides insight on consolidation of experiences and assertions led over a period i.e. July 2016 to Nov. 2017 even though many ventures of change and support for development in these villages are still continuing in targeted manner.

Occurrences and developments in Nagada and its nearby villages namely Guhiasal and Tumuni have lasting impression in the minds of people associated with it – may they be community member or media person or Govt. Officials or development workers.

These areas had become primary focus of discussion within Govt. institutions, among political parties and the people in general due to extensive media coverage on “child death” during June 2016.

Sincere efforts of all stakeholders including line department personnel, representatives of different industries, the community members, local volunteers and voluntary organizations coupled with their expertise in all activities really proved committed to cause of change in affected villages of Nagada, Guhiasal and Tumuni that is evident now in many aspects of their life – including their surroundings and environment.

Nagada had a very unique kind of situation. Unique in the sense - it was completely out of focus, the area was also geographically cut off, it is the dwelling spot for one of the PVTGs (Juangs) and moreover, development indicators of Nagada villages were abysmally poor.

BUT – this has become a replicable model for other areas of similar perplexities and features. It could invite attention of all - due to focused intervention and tangible change within a short span of One Year.

Intervention in Nagada showed a very high & remarkable level of inter-departmental and sectoral convergence. The entire process of intervention was based on structured and systematic planning (Joint Action Plan) and implementation equipped with regular monitoring, periodic review, corrective actions and progress assessment in meticulous manner. by the Revenue Divisional Commissioner (Central Division), The Collector Jajpur and The Task Force Team at all levels i.e. at State, District and Block level

The feedback and exchange of ideas at various levels being supported by very intensive process of resource allocation as well as management i.e. mobilizing and engaging all front line departments, deploying additional manpower (through new appointments) and budget allocation through channelizing fund from multiple sources i.e. Biju Pucca Ghar Yojana, District Mineral Fund, MGNREGS, IAP, School and Mass Education and lot more are integrally associated and have rather strengthened entire process in a flawless manner.

The tangible eye-catching changes – especially the access to and increased uptake of services, health status of children and mothers, variance in the level of malnutrition, attitude and practice among mothers, children and community members on sanitation, health and child education, increased enrolment, attendance and retention in schools, acceptance of services of Anganwadi Centre like Pre-school education, hot cooked food, development of Kitchen gardens and management by community especially by women and also the change in health behavior like acceptance of IFA, Vitamin A, Calcium and Immunization etc. are to mention a few.

Preface

This has been prepared with strict focus on assessing accomplishments in due prospective - added with efforts to throw light on gaps, instigating flawlessness by constructive criticisms and developing a long term prospective plan for the targeted Juang tribals of Nagada areas in particular (including Juangs in other parts of Odisha) and for the tribal fraternity as a whole – with specific emphasis on scaling up and empirical experimentation to ensure wholesome development of tribal community.

The impacts of immediate attempts for positive changes in Nagada areas clearly indicates “What worked” and pushes focus for exclusive emphasis on “Thinking and Planning something Doable” in conformity to the existing status of the Juangs in Nagada and its nearby villages.

This document will provide proper feed back to all readers including international humanitarian community, policy makers, development partners, programme managers as well as technical and operation field workers, and the public who had come across the news of “Death of Children” in Nagada areas during June 2016.

This will provide clarity on initiatives taken with promptitude at the outset, processes involved to quickly assess situation, processes adopted for quick response further (including Strategic Action Plan), reviews of actions, gaps identified, improvisation measures taken and role of a variety of actors (including community members) involved at all stages of development and accomplishments till Nov. 2017.

HOWEVER

Efforts are still continuing and more qualitative and quantitative impacts are evident till now.

That will not simply empower and engage each of them for a dignified life worth human standard enabling them to increase their access and uptake their entitlements without any deprivation and disadvantage.

This document – is not simply consolidation of different achievements of change in Nagada by Govt Interventions – it is rather a naïve reflection of different actions – put forth in a presentable manner. It is expected to provide proper feedback and help developing insight for more progressive thoughts, better attempts, increased involvement of stakeholders, more scope for skill mix and convergence, better scope for integration of opportunities and experiences among

private sector and government sector, prudent utilization of the services of support agencies and will prompt for optimal use of existing resources for improvement in the standard of life (free from Hunger and Malnutrition) of the tribal community – especially the PVTGs without disturbing their natural set up.

Structure of the Report

This report seeks to put forth before the readers the potential of development interventions undertaken by Government of Odisha and intends to assess its achievements, major hindrances, identify the development deficits, and find the way forward in addressing various issues to ensure development in Nagada areas and few of its adjacent villages. Its objectives are

- Make a quantitative estimate of the development initiatives undertaken
- Assess the qualitative potential of the interventions
- Compile the progress of major activities
- Identify major institutional & procedural bottlenecks in execution of development initiatives
- Identify the way forward

The report is structured in Five Chapters.

- Chapter I - Nagada – an overview
This chapter ensures a bird's eye view about the preliminary status of Nagada areas and the status of Nagada villages after the intervention.
- Chapter II - Baseline Survey of Nagada and its adjacent villages
The contents of this chapter will provide full impression about the survey that contains matters related to (a) initiation of development interventions (b) the Survey and its Framework (c) Thematic analysis of major achievements and (d) Suggestions and Recommendations
- Chapter III - Perspective Plan
Narrations in this Chapter cover the theme areas and activities that are planned for betterment of Nagada villages, the tentative budget, time plan of action, the risk factor and expected outcome of those interventions
- Chapter IV - Case studies
This chapter covers some depictions that not only reflect best practices but also some gaps. Gap areas reflect some lacunae in management of resources, short falls in adaption process and lot more. All these are focused as a matter of "Constructive Criticism" and a boon to better management of the existing experiences for better performance and well-being of Nagada
- Chapter V - Photo Gallery and News paper Clippings
This is one of the interesting chapters of this document that help providing clear cut message in terms of live pictures. These pictures do refer to different aspects of projects that connote to changes and developments in relation to behavior change, Anganwadis services, child care, community mobilization, drinking water, education, service facilitation, food safety, hygiene, nutrition and nutria garden etc. As a whole, it reflects about "Nagada Before and Nagada Now"

CHAPTER - I

NAGADA an Overview

Nagada is a small Village/hamlet in Sukinda Tehsil in Jajpur District of Odisha State, India. It is located 54 KM towards west from District headquarters Jajpur. 92 Km from State capital Bhubaneswar. Nagada is surrounded by Danagadi Tehsil towards East, Bhuban Tehsil towards west, Byasanagar Tehsil towards East, Gondia Tehsil towards South Bhuban, Byasanagar, Anandapur, Jajpur are the nearby Cities to Nagada. This Place is in the border of Jajpur District and Kendujhar District.



To Nagada through forest

Nagada - perched on top of a thickly-wooded hill, the seven tribal hamlets had remained inaccessible for decades. The only way to reach them was a seven-kilometre arduous trek through thick forests & rocky terrain. Habitants of Nagada – “the Juangs” are classified as a “particularly vulnerable” tribe. They believe, their ancestors sprung from the earth of the hills where River Baitarani springs from. They don't believe in God. Only worship nature.

Nagada village in Chingudipal Panchayat of Sukinda block, Jajpur district, Odisha caught the headlines of media during June 2016 due to continuous child deaths. Two local newspapers, Sambad and Samaja, broke the story and local television amplified it. Deaths of kids in Nagada hogged national and international headlines.

Nagada is a cluster of 7 hamlets spread over 2 revenue villages namely Guhiasal and Nagada. This area comes under Chingudipal Gram Panchayat of Sukinda Block – a Tribal dominated block in Jajpur district.

All the seven hamlets that constitute the Nagada areas are Upar Nagada, Majhi Nagada, Tala Nagada, Tala Guhiasal, Upar Guhiasal, Tumuni and Naliadaba located in the hill tops of Satakholia Hills. The hills are covered with dense forest and a rich source of minerals, especially Bauxite.

The area is situated about 30Kms away from Sukinda Chromites valley and more than 50 Kms away from Kalinga Nagar Industrial Complex.

Until July 2016, the Nagada villages represented face of under development and these villages had no semblance of any dependable communication facilities, people walked miles in the forests to reach the approachable roads. The entire 120 households except the three non

tribal Yadav families belong to Juang tribe.

Although Nagada villages are predominantly Juang dominated, there are other tribal communities like Mankidia, Kolha and Santhal etc. living in the neighbouring villages of Nagada.

Complete geographical isolation and inaccessibility, absence of basic and primary governmental services and support system and some age old cultural practices of community had significantly contributed to poor health, severe malnutrition and higher levels of mortality and morbidity rates among

Besides, these villages and hamlets had no schools, only one Anganwadi centre, no electricity, drinking water facility or fair price shop. The nearest hospital was a private one at Kaliapani, 27 km away. There was no primary school. Informal school was running in Nagada, Guhiasal and Tumuni by a voluntary organization since November 2015. There was only one Anganwadi at Guhiasal. Hot Cooked Meal was served by the Anganwadi Helper. The AWW lived in the foothills. She provided Take Home Ration and Egg to people when people went through that place while going to weekly market at Kaliapani.

After alleged malnutrition death of many Juang kids in Nagada villages, the administration took note of the sorry plight of tribals and swung into action with utmost promptitude. Doctors and nurses had to make several strenuous treks up the hills to set up tents to provide basic medicines and nutrition.

Today, Juang tribes find vehicles ferrying doctors and government officials reaching their villages at



Road to Nagada

regular intervals. Welfare schemes they had not even heard of, now arrive at their doorsteps. These hamlets now have five AWC i.e. four new Mini Anganwadi centres along with one existing Anganwadi Centre at Guhiasal. ICDS services like Pre School Education, Hot Cooked Meal, Take Home Ration, Immunization etc. are available for community in Nagada villages.

Mamata scheme been implemented and financial assistance of Rs. 5,000/- has been ensured for Pregnant and Lactating Mothers for first two live births.

Anti-malaria measures have been initiated & continued. Pucca houses have been constructed under Biju Pucca Ghar Yojana. Informal school is now running with help of a NGO while Primary schools are running at Nagada, Guhiasal and Tumuni. Children are getting Hot Cooked Meal, Dress, Books free by Government. Children are also getting immunized and health checkup support RBSK (Rashtriya Bal Surakhya Karyakram) Team.

Number of children has been provided support to continue education in Ashram School at Chingudipal. All houses now have solar lights, as do streets. Poles (with wires) have been erected to bring electricity to Nagada villages, Women SHGs been formed with fund support from Orissa Livelihood Mission. Farmers and women SHG members are trained on skill development.

As a whole, we can see now –“A Prospering Nagada”

By the way, One year after malnutrition deaths, these remote hamlets of Nagada are taking concrete steps to meet their life in true perspective.

WITH CONTINUED EFFORTS

Much more qualitative & quantitative changes have emerged in these villages till date

CHAPTER - II

Baseline Survey and Micro Plan for the Juangs of Nagada and its neighboring villages in Jajpur district

Consequent upon emergence of urgency for immediate action in Nagada areas – focused attention of all line departments and Officials of TISCO Kaliapani and constant effort of resuming normalcy in these areas thro' due attention and proper action is well recognized - that has been undertaken thro' a process of immediate action starting from emergency meeting by the Collector Jajpur on 8.7.2016 with line departments to development of Comprehensive Nagada Development Action Plan, acting upon in conformity to that, monitoring & supervision of Task Force Team under guidance of Revenue Divisional Commissioner Central Division, Dr. A. B. Ota (IAS).

Repeated efforts of review of developments and deciding further course of action through a number of Task Force Meetings held on 24.7.2016, 5.8.2016, 30.8.2016, 30.11.2016, 1.3.2017 and 12.12.2017 could ensure proper management of man, material & money in optimal manner and brought much expected result.

Screening of Children through Blood Sample collection 1.7.2016 followed by activities like construction of road to Nagada, provision of Cooked food to pregnant mother & children, provision of IFA & immunization, continuity of free medical service, supply of Water Filter for safe drinking water, development of water supply and water harvesting structures, construction of Primary Schools, Mini Anganwadi Centres, Installation of Solar Light Posts, supply solar lamps and bulbs to households, provision of homestead, agriculture land through FRA, provision of widow/old age pensions, supply of seeds for kitchen garden, provision of health service support to Malnourished children through Nutrition Care Centre, Sukinda, ensuring enrolment of children in new primary school, Ashram School at Deogaon, ensure benefit under Indira Awas Yojana, formation of Women SHGs, empower them through awareness, providing them Goat & Chicks, support to families through link to NFSA and PDS system etc. are few of need based attempts that has brought satisfactory results.

Initiating Development Interventions

Consequent upon emergence of urgency for immediate action in Nagada areas – focused attention of all line departments and Officials of TISCO Kaliapani and constant effort of resuming normalcy in these areas thro' due attention and proper action is well recognized - that has been undertaken thro' a process of immediate action starting from emergency meeting by the Collector Jajpur on 8.7.2016 with line departments to development of Comprehensive Nagada Development Action Plan, acting upon in conformity to that, monitoring & supervision of Task Force Team under guidance of Revenue Divisional Commissioner Central Division, Dr. A. B. Ota (IAS).

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Odisha owes a lot to all the role players of this successful effort that include administrators, local authorities, service providers, reporters of print & electronic media, civil society organizations, community level opinion leaders, local volunteers, subject matter specialists of donor agencies like UNICEF as well as a number of line department personnel including Officials of TISCO Kaliapani and many more people who have special throb for the cause of tribals.

Above all, the monitoring and supervision of Task Force Team under the kind aegis of Mr. A. B. Ota (IAS) obviously proved to be an added advantage to each and every actor in this entire effort.

His vigilance, extra sense of involvement, judicious guidance and supervision of every activity in rigorous manner – have brought tangible results – for which everyone involved - will certainly be proud of.



formation of Women SHGs, empower them through awareness, providing them Goat & Chicks, support to families through link to NFSA and PDS system etc. are few of need based attempts that has brought satisfactory results. Basing on the highlighted news with the caption “Nagadare Sishu Madaka” in Daily Sambad and consequent upon the visit reports of ADMO, Jajpur and DCPO, Jajpur - a meeeting was convented under Chairmanship of the Collector, Jajpur on 8.7.2016 in his Resident Office to find out solution to Socio-medical issues arising out of unusual death of 19 children in Nagada village in last 6 months.

All line department officials of Jajpur district and Manager TISCO, Kaliapani attended that meeting and appraised vividly, the issues of habitants to the Collector and all officers present in that meeeting.

Discussion was held on the issues of providing nutritious food to children and lactating mothers, provision of safe drinking water to habitants, construct road and develop communiton, ensure facilities for Education, free medical treatment and electricity facility to hill top people.

All the related issues had been discussed thread bare. Some major decisions taken in that meeeting include following:

- The mostly affected children of Nagada and hamlet villages are to be shifted and admitted in hospital managed by TISCO and OMC in Kaliapani immediately.
- Cooked foods would be provided to all children, pregnant mothers & lactating mothers. TISCO Sukinda will puruse the same immediately.
- CDPO, Sukinda had been instructed to facilitate supply of nutritious foods to each family and must maintain the quality and continuity.
- It was decided to establish/open Mini Anganwadi Centers in the affected Hamlests.
- It was also agreed that the OREDA Bhubaneswar would install solar lamp posts in the villages of Guhiasal and Nagada.
- It was decided to construct road from Ashokjhar to Nagada on priority basis. If required, the RD Department will be involved and fund would be met from DMF

- ⇒ DSWO Jajpur was directed to visit village Nagada and Guhiasal and ensure inclusion of Pregnant Mothers and their children under MAMATA Scheme.
- ⇒ The CDMO Jajpur was also requested to arrange all medical help such as free medicines, ORS and other necessary medical assistance to the inhabitants of Nagada and Guhiasal every week.
- ⇒ It was also decided that the DCPO will arrange awareness camps on Child Marriage, Child Rights etc. in coordination with the local NGO – ASPIRE.
- ⇒ The RWSS Jajpur was asked to provide drinking water to the inhabitants by digging well and tubewell on emergency basis. BDO Sukinda to coordinate the process.
- ⇒ The Education staff of DPC Jajpur were instructed to visit the villages of Nagada and Guhiasala immediately and arrange for primary education to those hill top villages.
- ⇒ The BDO Sukinda was instructed to take immediate step to include the left out 26 families under NFSA so that those families can get rice under subsidized Govt. rates.
- ⇒ The DCPO Jajpur was also asked to facilitate skill up gradation trainings for youths *and* children in coordination with District Employment Mission and Livelihood Mission.

It was decided that the team would meet the Collector, Jajpur in every 15 days and discuss on progress and developments as per action plan. DCPO Jajpur would coordinate matters.

Formation of State level Task Force Team

formation of Task force Team is an important decision on the part of Government, showing its priority and focus on this issues. Moreover, this was a timely action that not only prioritized actions for intervention but also acted as a guide and supervisory team to ensure proper management of resources and proper implementation of Action Plan in time bound manner.

After appraisal meeting of the Collector Jajpur, the State Authority formed a State Task Force Team during 3rd Week of July 2016. The Convener of Team, Secretary Agriculture Mr. Manoj Ahuja visited Nagada villages and after his field visit, "Comprehensive Nagada Development Action Plan" was developed. In First meeting of Task Force Team, under the Chairmanship of Dr. A.B. Ota (IAS), a review of Comprehensive Plan was done and implementation modalities were decided.

An overview of Comprehensive Plan

"Comprehensive Nagada Development Action Plan" - "an integrated plan" was developed to ensure prompt and proper action – that focused on immediate action and time bound achievements through simultaneous actions in the fields of Health, ICDS Service, Electricity, Community Mobilization, Education, Food Security, Livelihood and Emergency Management, Road Connectivity, Drinking Water, Village Infrastructure, Social Security, Entitlements as per Forest Rights Act etc.

For each area of Intervention there was plan for Immediate as well as Long Term/ Sustainable action. In conformity to the plan – immediate actions were pursued as outlined below:

Sector	Key Areas	Planned Interventions/Action Points	
		Immediate	Sustainable/Long Term
Health	Community Screening for Malaria, Scabies and other diseases	Constitution of mobile teams comprising of one ANM, two Health Workers (Male), one ASHA and one Lab Technician (LT) by administrative order of CDMO	Special Health camps to be organized on a monthly basis in affected villages by the CHC MO I/C
		All members of the above teams to be stationed in tents put up in four villages - Nagada, Tumuni, Guhiasal & Tala Guhiasal for 3 days at a time, in rotation	Supply of Mother and Child Protection (MCP) Card to all eligible beneficiaries thro' concerned ANM and AWWs
		Villagers to be screened, diagnosed/ administered medicines on the spot by health teams	
		To track continuity of services, a household-wise database prepared and up dated by visiting team.	
		Findings of the database to be shared with Nodal Officer Control Room, Tahasildar Sukinda and the District Collector on a daily basis by health teams using VHP.	
		Updated database/status report to be submitted to the Collector with signature of MO I/C - Sukinda	
		One senior doctor from CHC to visit affected villages thrice every week for support and supervision	
	Immunization, Vit. A supplementation, Iron syrups & De-worming,	Mobile Health Teams constituted by CDMO shall complete immunization & administration of Vit. A along with de-worming of all eligible children	Special Immunization Programmes for villagers on monthly basis under the supervision of CHC MO I/C
	Iron-Folic Acid (IFA) and De worming of school age children	Immediate administration of IFA & De worming tablets to Children above 5 years enrolled in 3 Non-Residential Bridge Course (NRBC) learning centres run by NGO Aspire, through residential teacher	Children above 5 yrs enrolled in 3 Non-Residential Bridge Course centres run by NGO Aspire to be administered IFA tablets and bi-annual de-worming by its residential teacher
	Maternity Waiting Homes		Explore possibilities of establishing Maternity Home near Chingudipal Health Sub Centre

ICDS Services	Opening of Mini-AWC	Immediate opening of recently approved two new Mini AWCs , one each in Tumuni & Tala Nagada village	
		Aanganwadi workers to be selected from respective villages & communities (Juang) only and community resolution passed.	
		start immediate functioning of both AWCs from NRBC Centres till permanent buildings are constructed by orders of CDPO	
		Proposal for one new mini-AWC to be sent immediately for Tala - Guhiasal village and ensure approval from Government	
	Feeding of Pre-School Children in villages and New-AWCs	All pre-school children to be provided with hot cooked meal from community kitchen in different villages	AWCs to start and continue feeding programmes HCM as per the guideline of W&CD Department
		Households having eligible children/ PW/LM will be provided with THR.	
		All eligible children to be provided four eggs every week,	
	RUTF(Ready to Use Therapeutic Food) Distribution	Provide UNICEF/WHO Certified RUTF immediately and support its distribution/ use in communities	Support Community based Management of children with Severe Acute Malnutrition using UNICEF and WHO Certified RUTF
Drinking Water		District administration to immediately arrange for 120 water purifiers for use at household levels and in NRBCs/AWCs	Explore possibilities of digging bore wells in all the affected hamlets
			Identify perennial spring-based water sources for Gravity Flow Water supply to all the affected hamlets
Electricity	Solar Lighting	Distribution of about 120 solar lamps to households/ AWCs/ NRBC Centres on urgent basis	Install Solar Micro grid at prominent places in villages for lighting
Community Mobilization		Immediately identify at least one community mobilizer from each hamlet to work with villagers on sustained basis	Continued engagement with the community mobilizers, AWWs, ASHAs, Community Heads, Heal Workers and their capacity building on community mobilization and service delivery etc.
		Quick orientation of community mobilizers on primary issues and key local solutions	Promote mobile based IEC/BCC for Behavior Change
		Equip community mobilizers with communication devices & provide fixed incentives.	

Education	MDM	Formal recognition to Non Residential Bridge Course (NRBC) Learning Centres started by NGO Aspire for MDM linkage	
	Primary Schooling	Start construction of the approved primary school in Upper Guhiasal	Initiate processes to open one Primary school in Tala Nagada
	Secondary Schooling		Upgrade Deogaon Primary School to High School and complete construction work
	Hostel Facility		Establish 100 Seated ST&SC Dev. hostel in Deogaon School premises
Road Connectivity and village Infrastructure		Complete construction of road under IAP from Deogaon to Ashokjhar	Construction of PMGSY road from Aradapal to Deogaon
		Leveling and clearing of 4 KM mountain pathway from Ashokjhar to Tala Nagada via Naliadaba for facilitation of to and fro movement of medical teams and patients	Internal concrete roads in all hamlets along with drains completed
			Construction of all-weather road from Ekul, Dhenkanal to Nagada for easy movement of construction material
			Construction of concrete community Meeting Place/ Pandal in each hamlet
Food Security	Horticulture/ Agriculture	Promote plantation of local varieties of fruit bearing trees like Papaya, Mango, Jackfruit & Bananas through field demonstration and free distribution of seeds/saplings	
		Leverage services of ATMA to promote Agriculture / Horticulture activities and ensure cultivation of local varieties of Dals like Kandula.	
	NFSA	Ensure 100 percent coverage of families under NFSA	
		Replace wheat quota of each family with rice by administrative orders	
		Double ration entitlement to each family by administrative orders	
Social Security	Pension Schemes		Minimum age criteria to be relaxed and flexible norms to be adopted in the pension schemes, especially MBPY by administrative orders
FRA	Individual Land Titles	Expedite collection of applications from all households and complete distribution of land titles to eligible beneficiaries	
Livelihood	SHG Promotion	Formation of SHGs and 100% coverage of all eligible beneficiaries	
			Promote Goatery/ Poultry instead of Piggery and ensure communities to select and purchase local varieties of Goats/poultry with coverage of 100 percent families
Emergency Control Room		Establish VHF Communication with receivers at Tala Nagada, Tumuni and Guhiasal	
		Coordinate and Monitor ongoing activities in the field.	

The first meeting of the Task Force to monitor, supervise and implement the decisions taken by the Development Commissioner-cum-Additional Chief Secretary, Odisha was held under the Chairmanship of Dr. A. B. Ota (IAS), RDC Central Division. In this meeting, Comprehensive Nagada Action Plan was discussed. After that implementation mode was decided with emphasis on emergency intervention..

Key decisions taken

- ⇒ Mass screening of community members through collection of blood sample collection and on the spot treatment of diseased people with referral of critical cases will be done by the Health Team
- ⇒ Four health teams have been formed and each team will stay in Nagada villages for 2 nights and 3 days and will be replaced by a new team already formed
- ⇒ Covering all pregnant women under immunization programme immediately.
- ⇒ Establish a two-bedded Maternity Waiting Home at the nearest delivery point i.e. at Sukinda or Chingudipal CHC
- ⇒ Establishment of 4 New Mini Anganwadi at Tala Nagada, Upar Nagada, Upar Guhiasal and Tumuni
- ⇒ Deployment of AWW from the community and particularly Juang
- ⇒ Continuation of MDM link with Informal School run by ASPIRE NGO till Govt. starts this process by opening regular schools.
- ⇒ All children will get nutritious food and medicines are available and consumed by members of each family who has been prescribed by Doctors.
- ⇒ Water purifiers to be provided to every household and AWCs
- ⇒ Construction of 7 sanitary wells in 7 hamlets of Nagada villages to be constructed exclusively on perennial spring based water sources.
- ⇒ Provision of Solar Lights to each household
- ⇒ Identify Opinion Makers in the village for community mobilization.
- ⇒ Mobilization of AWW, ASHA and Community Head for behavioral change
- ⇒ Creating community based awareness on Child Marriage, Hygienic Diet, food habit, keeping space in birth and engagement of Youth Volunteers for community mobilization.

The Second meeting of the Task Force was organized on 5th of August 2016 in the OMC Guest House at Kaliapani. In this meeting the Collector Jajpur informed and explained about his spot visits and actions taken on the direction of the RDC (CD) in the meeting held on 24.07.2016

Key decisions taken

- ⇒ Health staff with AWWs will create awareness to use medicines and cooperate mass de-worming
- ⇒ Health cards to be distributed among the households
- ⇒ Temporary maternity waiting hall at Kaliapani TATA Hospital to be established
- ⇒ NRC at Sukinda and Sub Centre at Deogaon to be constructed
- ⇒ ASHA and AWWs will mobilize community for behavioral change, check early marriage, proper hygiene, spacing, diet and food habit etc.
- ⇒ Coverage of 125 mothers (left out cases) in community kitchen programme for providing them hot cooked food.
- ⇒ Deploying mobile water treatment plant at Aradapal, distribution of safe drinking water and disinfecting drinking water sources of Nagada villages.
- ⇒ OREDA requested to take charge for maintenance of Solar (Street) Lights fixed by TATA.
- ⇒ Ensuring orientation of newly appointed AWW and Community Leaders on community mobilization and awareness development on Government Schemes.

- ⇒ Sending proposal to the Govt for opening formal school at Nagada, Tumuni and Guhiasal.
- ⇒ DWO to conduct household survey to ensure enrolment of left children (6-14 years age) in Ashram School, Chingudipal
- ⇒ Sub Collector Jajpur to ensure coverage of all the eligible beneficiaries under the Social Security Schemes.
- ⇒ Civil Supply Officer to ensure changing all beneficiaries from priority house hold to AAY
- ⇒ Forward and backward linkage of livestock management & fodder development programme
- ⇒ Dy. Director Agriculture to ensure provide agro forestry varieties of saplings and also to form Farmers Clubs
- ⇒ BDO Sukinda to expedite settlement of under FRA (individual claims and community rights)

The **Third meeting of Task Force** was organized on 30.8.2016 in OMC Guest House, Kaliapani, Jajpur under the Chairmanship of Dr. A.B. Ota, IAS, RDC, (Central Division), Cuttack on 30.8.2016. The Collector, Jajpur put forth details about actions decided in the 2nd Task Force meeting held on 05.08.2016 and explained in detail regarding action already taken and to be taken on the direction of the RDC (CD) in the meeting held on 05.08.2016

Key decisions taken

- ⇒ The health team comprising of One Medical Officer, RBSK, Two AYUSH Medical Officere, One Pharamacist, One Staff Nurse/ANM and One Health Worker (Male) will definitely visit to the Nagada and Guhiasal villages once in a week. This team will visit on every Wednesday and one ICDS Supervisor and AWW will start the work of the joint immunization and health check up. On every Monday, the ICDS team consisting of one Supervisor and Two AWW will visit the Nagada villages for the above purpose.
- ⇒ CDMO Jajpur to send the final district NGO committee propsoal to the State NGO Committee for according approval for "Maa Gruha."
- ⇒ Sketch map of approved Govt. buildng of Maa Gruha to be submitted to Rural Works Department Jajpur for approval and work to be completed latest by November 2016
- ⇒ Tahsildar Sukinda to hand over possession of land for the purpose of constracting Sub Centre at Deogaon.
- ⇒ AWW & Supervisors need to counsel commuity members to use Water Purifiers regularly.
- ⇒ OREDA Officials were directed to set up 4 Nos. of solar pumps in the sanitary well which have been constreucted by RWSS deparment.
- ⇒ DEO Jajpur to contact SPD, OPEPA and collecto the approval order for opening formal school at Nagada and Guhiasal.
- ⇒ Project Director, DRDA to send a letter to the Director NRLM Bhubaneswar to place a successful NGO that has good track record of conducting and guiding the income generation activities.

The **Fourth meeting of Task Force** was organized on 30.11.2016 in the Conference Hall of RDC (CD), Cuttack under the Chairmanship of Dr. A.B. Ota, IAS, RDC, (Central Division), Cuttack. In this meeting he discussed thread-bare the status of implementation and action taken on proceeding of 3rd Task Force meeting held on 30.08.2016. Insisted on completing assigned tasks in time bound manner.

Key decisions taken

- ⇒ CDMO to ensure that RBSK team visits villages on every Wednesday and there should not be any discontinuity by the team
- ⇒ Completion of procurement of logistics for NRC Sukinda immediately within a week.

- ⇒ TATA mines instructed to request their executing agencies to take part in the re-tendering process of OMC to take up construction of AWC at Tumuni and Upar Nagada.
- ⇒ CDPO to ensure that provision of hot cooked meal (Family Food Basket System) to be stopped and should be continued for eligible children
- ⇒ RWSS to explore another perennial water source to solve drinking water problem of Tala Nagada that has arisen out of reduced water level (10 feet to 2 feet) in the Sanitary Well of Tala Nagada
- ⇒ OREDA to take up installation of 4 Nos. of Solar Pumps in 4 Sanitary Wells constructed by RWSS Department
- ⇒ Sub Collector Jajpur to ensure that all the eligible beneficiaries covered under social security scheme.
- ⇒ District Programme Manager (OLM) to ensure opening up of Bank Account of all the Women SHGs (10) formed in Nagada villages.
- ⇒ Road construction work need to be completed in all respects from Ashokjhar to Tala Nagada and job cards to eligible beneficiaries need to be provided under MGNREGS

The Fifth meeting of Task Force was held in the OMC Guest House, Kaliapani on 1.3.2017 under the Chairmanship of Dr. A.B.Ota, IAS, RDC (CD). In this meeting he informed that very soon Nagada will be one of the model villages of the State for which effort on the part of all officials belonging to development activities need to be continued with utmost sincerity. He took review of sector & activity wise progress in respect of the implementation and action taken status on the action points indicated in the proceedings of the 4th Task Force meeting held on 30.11.2016

Key decisions taken

- ⇒ ADMO (PH) to liaise with Executive Engineer RWD-I and ensure construction of building for Sub Centre Deogaon. He should start screening fresh and go on for 100% coverage of malaria parasite test covering all the programme villages.
- ⇒ ASHA Karmis deployed from among local ladies need to undergo orientation for their capacity to function better
- ⇒ ICDS team to continue community mobilization towards use of Water Purifiers, hand wash before taking meal & take medicines prescribed/provided by medical team.
- ⇒ 100% coverage of MAMATA beneficiaries need to be ensured
- ⇒ Progress towards supply of electricity to Nagada villages. Poles have been erected. Necessary clearance certificate from Forest Department need to be obtained.
- ⇒ Civil Supply Officer to convert 2 left out Wheat ration cards to two households to Rice ration card immediately i.e. within 3 days.
- ⇒ PD DRDA to approve a basketful of activity under MGNREGS so as to provide work to the villagers for a period of 200 days a year
- ⇒ BDO Sukinda to ensure completion of internal roads of all villages latest by March 2017
- ⇒ DEO Jajpur to inspect and take necessary steps to ensure that appointed teachers regularly attend schools and are punctual in time.

How coordination and the interactive support of different stakeholders including Govt. departments, NGOs and community members could be decided and how they could act upon in a well coordinated manner - is still an amazing fact.

Strict supervision and regulatory role of the Revenue Divisional Commissioner (Central Division), Dr. A. B. Ota (IAS), guidance of the Collector, Jajpur and sense of responsibility and answerability among the convergence departments could make this change possible, as we witness today in Nagada and its outskirt villages namely Tumuni, Guhiasal & Ashokjhar.

The Sixth meeting of Task Force was held in the OMC Guest House, Kaliapani on 12.12.2017 under Chairmanship of Sri D.V.Swamy, RDC (CD), Cuttack. He took review of sector/activity wise progress in respect of implementation and action taken status on points indicated in proceedings of 5th Task Force meeting held on 1.3.2017.

⇒ Key decisions taken

- ⇒ Immediate repair and /or completion of construction work of AWCs in Tala Nagada, Upar Nagada, Tumuni and Guhiasal
- ⇒ CDPO and NGO working in Nagada villages to strengthen & expand their activities & ensure better sanitation and hygiene behavior through regular visit, demonstration and hand-holding of AWWs
- ⇒ Emphasis on immediately organizing VHND activities in all hamlets and villages of Nagada
- ⇒ Strengthen use of MCP Cards – esp. regular filling up and clear reflection in MCP Cards
- ⇒ Regularize and monitor visit of RBSK team
- ⇒ Capacity building of field level workers (UNICEF) on behavior change/community mobilization
- ⇒ Scale up kitchen garden activities in all hamlets/villages
- ⇒ Quality implementation of Kitchen garden promotion activities
- ⇒ Promotion of community horticulture plan in Upar Nagada
- ⇒ Repair of existing sanitary wells and construction of new sources
- ⇒ CDVO to ensure regular vaccination of all the livestock and keep strict watch on onset of any disease. To ensure at least a monthly visit of veterinary teams to different hamlets.
- ⇒ Logistic supply to Schools/AWCs e.g. Play items, plastic mats and adequate quantity of MDM supplies.
- ⇒ Regularization of school teachers and ensure regular attendance of teachers in schools and take disciplinary action against the erring personnel.
- ⇒ Plan for continuation of residential education of Nagada boys & girls (admitted in Chingudipal school) in Schools of Block like Gobarghati, Kuhika and Bandhagaon Panchayat.

The clarifications, information & status report by different line department personnel/officials in each Task Force Meeting was not only a simple routine check – rather was part of a rigorous process that was based on motto of targeted achievement in time bound manner.

This could help entire process being kept under strict supervision. Moreover, updation of data base and stock of information regarding progress of work & developments could be possible till tasks are accomplished.

It is really beyond narration, way each department of Govt. coordinated and extended support to each other and ensured finishing up tasks within planned time frame in flawless manner.

Before appraisal in Task Force Meeting – a thorough monitoring by line department officials/ authority was undertaken from time to time both at Block level and at District level to ensure continuity and completion of task in time bound manner.

This helped all actors of this venture to collect valid data and information about progress of works and ensure development as per time plan.

Acquiring land from the Forest Department for construction of road, assessing medical needs of Nagada people and extend support remaining there in those hill top areas for months together, mobilizing community to take medicine. providing cooked food, construction of road to the hill top even through dense forest, work on water sources and ensure availability of water in each village, promoting child care and child education, developing kitchen garden, ensure electricity through solar lamps and community energy provision thro' Solar Street lights, continuing work on nutrition and controlling Malnutrition, community mobilization and counseling for behavior change and

accessing to Govt Schemes and availing benefits, promoting livelihood, agriculture, horticulture etc. are to mention a few.

All these tasks needed rigorous involvement of personnel and officials of a number of convergence departments like W&CD, Health and Family Welfare, Public Works, RWSS, Forest and Environment, Rural Development, DRDA, Steel and Mines, Revenue, Energy, School and Mass Education, Panchayati Raj, SC ST Development Department and many more.

When talking about the review and appraisal process – it will completely be negation of truth – if role of development supporters is not recognized. Worth mentioning here it is that – feedback and regular monitoring by the State Coordinator, Tribal Nutrition of UNICEF had been added advantage to this entire process of review and appraisal. He used to visit Nagada areas almost every month and took note of filed level developments minutely.

The Present Study and its Framework

Title of the Study

“Base line survey and micro action plan for Juangs of Nagada and its neighboring villages of Jajpur district of Odisha”

Rationale of the Study

Death of children and alarming high levels of malnourishment among children in Nagada village under Jajpur district, Odisha hit the media headlines in June 2016 and subsequently created huge reactions and public outcry within and outside the state. This issue of child death because of malnutrition, disease and grinding poverty and also the government negligence gained profound public attention and gave a wakeup call to the State Authority to act in promptitude.

The planned intervention based on integrated approach in different fields of action especially Community Health, ICDS, Road Connectivity, Child Education, Water and Sanitation Development, Infrastructure Development including Solar Lights, development of individual and community assets through works under MGNREGS, promotion of food security of Nagada people with emphasis on Livelihood promotion along with promotion of enabling environment for better survival have ensured wholesome development of Nagada villages and its habitants.

Some demonstrative changes have appeared in Nagada villages. These villages now find vehicles ferrying doctors and government officials reaching there at regular intervals. Welfare schemes, which Nagada habitants had not even heard of, have now arrived at their doorsteps. Nagada hamlets now have five AWC i.e. four new Mini Anganwadi centres along with one existing Anganwadi Centre at Guhiasal. ICDS services like Pre School Education, Hot Cooked Meal, Take Home Ration, Immunization etc. are available for community in Nagada villages. Mamata scheme been implemented and financial assistance of Rs. 5,000/- has been ensured for Pregnant and Lactating Mothers for first two live births. Pucca houses have been constructed under Biju Pucca Ghar Yojana.

Informal school is now running with help of a NGO while Primary schools are running at Nagada, Guhiasal and Tumuni. Children are getting Hot Cooked Meal, Dress, Books free by Government. Children are also getting immunized and health checkup support RBSK (Rashtriya Bal Surakhya Karyakram) Team. Number of children has been provided support to continue education in Ashram School at Chingudipal. All houses now have solar lights, as do streets. Poles (with wires) have been erected to bring electricity to Nagada villages, Women SHGs been formed with fund support from Orissa Livelihood Mission. Farmers and women SHG members are trained on skill development.

It is a known fact that Nagada had a very unique kind of situation. Unique in the sense - it was completely out of focus, the area was also geographically cut off, it is the dwelling spot for one of the PVTGs (Juangs) and moreover, development indicators of Nagada villages were abysmally poor. Now this has become a replicable model for other areas of similar perplexities and features.

Keeping in view the existing status of Nagada villages, there is a need to assess and adjudge the factors, the actors and pro-actors involved in the entire process as well as to find out the gaps and issues related to this challenging endeavor till date with a motto to formulate a Model Plan (Prospective) of Development for tribal communities of Odisha.

Hence a base line study of intervened areas is needed. This will help the Government know and confirm facts and factors that contributed to development of Nagada villages, the gaps/issues (development deficits) identified, the lessons learnt and modalities adopted to address those.

Objectives of the Study

In the above context, SCSTRTI, Bhubaneswar, proposed to undertake a state level research study on "Base line study and micro action plan for the Juangs of Nagada and its neighboring villages of Jajpur district" with the following objectives:

- To assess the impact of interventions
- To find out gaps and deficiencies
- To influence and inform policies through development of 5-year prospective plan

Study Period

The study was conducted for 5 months [this includes Primary Data collection, Focus Group Discussion, Data Processing, Data compilation, analysis and final report preparation.]

Study Team

The study comprised of the following
Consultant -1, Research Assistant -2 and Data Analyst -1

- Study Frame Work

- Study respondents*

1. The Community members of Nagada villages including Tumuni and Guhiasal
2. The Officials and Personnel of Government Departments (Sukinda Block/ Jajpur District)

- *Sample size and design*

Study was conducted in Tala Nagada, Majhi Nagada, Upar Nagada, Tala Guhiasal, Upar Guhiasal and Tumuni. These areas have been selected as villages of Nagada and its adjacent villages. Entire areas were to be covered. Hence no sample selection was done. Universe of study covers 120 households in total.

- *Methods of Data Collection*

Data Collection was done through Structured Questionnaire, Focus Group Discussion and the Secondary Data Collection

1. *Data Collection through Structured Questionnaire*

Questionnaire (Structured) tool of survey method was applied to collect primary data directly from the beneficiaries. For that a set of questionnaires was designed to acquire information necessary as per the objectives of the study. On the basis of that, the survey was conducted.

2. *Focus Group Discussion*

After the survey work, Focused Group Discussion conducted. Minimum 30% of women participation was ensured in every FGD to know the actual need of the community and the problem of women in particular and their involvement in community-based activities, if any.

3. *Secondary Data*

Secondary data were collected from different line departments of the Government operating in Block & District level i.e. in Sukinda Block & in Jajpur district. Data collected were corroborated and tallied with different data and information collected thro' survey as Primary Data. After verification & counter checking, validation of data and information was done and streamlined for use in the analysis of the results of development interventions in Nagada and its adjacent villages.

Community Health

Studies undertaken in the country indicate that the primitive tribes have distinct health problems, mainly governed by multi-dimensional factors like their habitat, difficult terrain, ecologically variable niches, illiteracy, poverty, isolation, superstition & deforestation.



Community health check up

Tribal people suffer from malaria, genetic disorders like sickle cell anemia, TB, sexually transmitted diseases & nutrition deficiency. These are some of the health problems attributed to these communities.

Widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary conditions, poor maternal and child health services, ineffective coverage of national health and nutritional services are found, as possible contributing factors of dismal health condition prevailing in primitive tribal communities – Indian Council of Medical Research, New Delhi.

From the very beginning, health intervention was too challenging as there was need for meeting the emergency needs. Making suitable arrangements i.e. medical team with medicines and reaching out to such hard to access villages was too tedious a task. But the prudent and timely endeavors of District administration proved much beneficial.

The effort to address the Nagada issue was initiated by The Collector Jajpur who held an official meeting on 8th of July 2016 to find out ways to promote Socio-economic-medical facility to the Juangs habitants of Nagada and Guhiasal village.

This meeting was attended by officials of different line departments of Jajpur districts and representatives of some of the Corporate Houses. As per directive of the Collector Jajpur, mass screening of the habitants including children was done on disease and Malnutrition.

The **Emergency measures** followed by **Long term measures** brought solution to a number of health issues.

The effort started with the task of Emergency Management that involved the following

Mass Diagnosis (Rapid Assessment)

In 7 hamlets of Nagada villages, Mass Diagnosis (A Rapid Assessment) of community members was taken up immediately to detect disease(s) and to ensure immediate treatment.



Blood sample collection for mass diagnosis



Blood sample collection for mass diagnosis

About 650 people of Nagada and its adjacent villages including 260 children were screened. 30 children were found affected by unknown disease needing immediately medical care. Blood samples collected of community members and sent to Referral laboratory at Cuttack to detect disease. Positive cases of measles found among children. Simultaneously Malaria testing of community members was also done and treatment of

disease was also done by the medical team on the spot.

Deployment of Health Team

The CDMO formed 4 teams consisting of 4 members including 2 Health Workers and One Medical Officer. These teams were formed by pulling manpower from different blocks of Jajpur district. Each team was instructed to remain stationed in the tent put up in 4 villages namely Upar Nagada, Tala Nagada, Tumuni and Guhiasal for 2 nights and 3 days and was relieved by new team already formed.



Health team visits Nagada village

Coordination with ICDS Team

Simultaneously, the ICDS Team was also formed under the supervision of CDPO Sukinda. Both Health and ICDS Team worked in harmony to each other with focus on intensive community mobilization through door to door visit, identifying the affected children and ensuring medical treatment. During this process the ICDS team detected SAM and MAM children and ensured treatment and referral of children better treatment – as realized from their health status.

Preventive Measures

Along with the detection of disease and on the spot medicine through 24 hours service in Nagada villages, preventive steps were taken up to promote internal resistance and capacity among the people, the Health Team in coordination with ICDS Team undertook the following

a) Immunization/Vaccination b) Mass De-worming and d) ANC Check up

Emergency vaccination and vitamin A supplementation support extended to 260 children (including children in the hospital). Vaccines like Polio, BCG, Measles and Pentavalent etc. were administered. ANC check up of pregnant mothers was done by health team supported by ICDS team that helped it to move door to door and ensure 100% coverage.

Conversion of Kaliapani Hospital to Temporary NRC

To meet the emergency need, all the affected children were shifted to and admitted in the hospital managed by TISCO and OMC in Kaliapani immediately. To treat the affected malnourished children, the Hospital at Kaliapani was converted to Nutrition Rehabilitation Centre temporarily.

Arrangement of Pediatricians - Two Pediatricians were deployed in that Hospital to attend Severely Acute Malnourished (SAM) Children.

Orientation of Doctors - Arrangement was made to orient those doctors on SAM Management. Those Doctors got oriented on SAM Management on the spot at Kaliapani by the Deputy Director Nutrition. The Doctors remained in that Hospital on 24X7 basis to attend children.

Establishment of Emergency Control Room

Emergency Control Room was established at Kaliapani that monitored both NRC and community based health activities. Each village remained connected with Control Room through VHF set. Each medical team deployed in four hamlets remained in touch with Control Room 24 hours a day. The teams deployed at village level remained in touch with the Doctors in Kaliapani Hospital through emergency control room. The referred patients and their accompanying family members were coordinated at emergency control room for consultation of doctor.

Deployment of Monitoring Team

To monitor all these activities a State level Team was deployed at the Control Room, Kaliapani that comprised of Senior Officials like the Deputy Director, Health as well as Asstt. Director Nutrition and the Nutrition Officer of Health & Family Welfare Dept. Govt. of Odisha

They had a close watch over the health activities for people of Nagada areas. They supervised checkup of people in Kaliapani Hospital, referred by Health Team at Nagada. This team was reviewing the status every day and decided further course of action in coordination with the Doctors at Kaliapani Hospital and the health teams detailed at villages.

Ensuring Forward and Backward Reference

The health team, while providing service at door step, it had also adopted a method to keep a close watch on the patient and the treatment. For this purpose, to keep a forward and backward reference of treatment, health diary was provided to each household. The health diary contained the case history of the patient and the medicines prescribed/administered for treatment; This not only helped the health team ensure proper treatment by the doctor who come on rotation basis but also ensure continuing treatment in proper manner.

Community Kitchen Arrangement

To meet the standing need of people, arrangement of nutritious food i.e. serving Hot Cooked Meal was also made. That was served to all at the villages and to parents and the accompanying persons who brought children to the hospital for treatment and remained there till their treatment is continued.

Host of Emergency Activities Undertaken Table 1

Sl.	Activities	Time line	Remarks
1	Fever Case Surveillance: Searching of Fever Cases, RDK testing / treatment at site	June'16 onwards	Tested : 467 Result: 89 (Pf 87+Pv2) treated with anti-malarial & all cured
2	Impregnated Mosquito Net	In July'16	120 Nos. distributed
3	Vector Control Measures Indoor Residual Spray	July & August 2016	All Household covered 1 st round 27.07 to 11.08.16 2 nd round 19.08 to 27.08.16
4	Health Education Program	July, Aug & Sept 2016	Conducted on Malaria & Health awareness
5	Follow up Services	RBSK team visit	Every Wednesday for fever Surveillance and follow up

Vector Control Measures



Health check up camp at Nagada

Along with emergency treatment and follow up, blood slide collection, testing that for Malaria and TB was supported by the test camps at village level by Health Teams and promoting enabling environment conducting fever



Distribution of Medicated Mosquito net

case surveillance camps, providing Impregnated Mosquito Net and performing indoor residual spray ensuring coverage of concerned villages. Continuous efforts of promoting awareness among people about causes of disease and measures to prevent & treat were conducted rigorously involving volunteers of ASPIRE NGO.

Visit by Rashtriya Bal Swasthya Karyakram (RBSK) Team

In addition to these, continuity of visit by Rashtriya Bal Swasthya Karyakram (RBSK) Team could ensure regular check up and follow up of people. The team visited each village on Wednesday and treating the patients by checking their household level medical book could ensure proper check up and follow up among the people and could help reducing the recurrence of diseases subsequently.

While augmenting the current activities to match to the standing health needs of Nagada area – District Administration, in conformity to the Comprehensive Action Plan for Nagada, decided its further course of action, under the guidance of Task Force Team. The district administration, as learnt from the regular review of emergency measures, decided to take up certain Long term Measures that will address the issue in Sustainable Manner.

Long term Measures

Long term measures were decided, keeping view the result of the short term measures and the needs that emerged out of that. These measures were required to address the long term needs of the community and address the emerged diseases in full proof manner.

Establishment of Sub Centre

As per the directive of Task Force Team, as decided in the meeting held during August 2016, the District Administration declared additional Sub Centre at Deogaon. Prior to this, Nagada area was covered under Chingudipal Sub Centre. This new Sub Centre is catering to the need of the villagers of Ashokjhar, Nagada and Deogaon and its adjacent villages. The Sub Centre is functioning in its own building (constructed out of District Minerals Fund). One Smt. Golap Pradhan, Multipurpose Health Worker is working there.

Streamlining Basic Health Services

For the purpose of extending better service provision and ensure more uptake of services by people as per their need, there was a need to streamline the delivery of basic health services in all these villages. This included, conducting monthly immunization, regularizing the visit of RBSK team, deployment of ASHA Sathis and regularization of micro nutrient supply e.g. Bi Annual Vitamin A, Bi Annual De-worming, streamlining logistic supply to ASHA and AWWs, IFA supplementation to School going and Non School going as well as Pregnant Women/Lactating Mother and also consistent efforts to control Vector borne Diseases

a) Vitamin A Supplementation and De-worming

Vitamin A is an essential micronutrient required for development of immunity in children. It helps to prevent infections such as measles and diarrheal disease in children and facilitates rapid recovery from illness.

The ASHA and AWWs counseled the mothers about causes of worm infection (poor hygiene and reduced dietary intake). Not only Bi Annual Vitamin A (during May and November) solution and De-worming of Children was done but also community mobilization towards awareness generation for use of Vitamin A was taken up.

To strengthen the supply chain for Vitamin A and De-worming kit, the ASHA and ICDS Supervisors appraised CDPO about demand status of Nagada providing "Due list for Bi Annual Round" to CDPO Sukinda well in advance. For the purpose of preparing the biannual rounds, the ASHA karmi in coordination with AWWs (through door to door survey) developed micro Plans at Anganwadi level to prepare a due list of children eligible for Vitamin A and De-worming.



Administering Vit. A

b) Deployment of ASHA Sathis

To strengthen the service delivery system, to streamline and strengthen community mobilization and to promote link between Health and ICDS, it was necessary to deploy more ASHA Karmi. For this purpose, three ASHA Karmis have been appointed from the community. To improve their knowledge and enable them work more efficiently, orientation training was organized for them. They attended that from 28.2.2017 to 7.3.2017 at Anugul CHC.

c) Regularization of Monthly Immunization

Regularization of Monthly Immunization in coordination with ICDS team could be augmented due to deployment of 3 new ASHA Sathis. This could help reaching to the unreached Nagada villages regularly. Progress on immunization and community mobilization used to be reviewed every month by CDPO in her meeting. The ICDS team took note of child population every month thro' village level survey and coordinated Immunization every month with RBSK Team

Month	OPV 1		OPV 2		OPV 3	
	Due	received	Due	Received	Due	received
March 2017	04	04	04	04	04	4
July 2017	05	05	05	05	05	5

Month	Rota1		Rota2		Rota3		BCG		IFA Syrup		No. of New IFA Bottles given to ASHA	No. of MCP Cards updated on IFA
	Due	Received	Due	Received	Due	Received	Due	Received	Due	Received		
Mar 2017	4	4	4	4	4	4	3	3	101	73	14	24
July 2017	5	5	5	5	5	5	3	3	120	109	15	31

Source: Health Administration Jajpur

A comparison of immunization activities undertaken during March 2017 and July 2017 shows the type and trend of activities undertaken. The selected data/information gives an impression that due immunization is done covering all eligible beneficiaries. OPV 1,2,3 Rota 1,2,3 BCG and IFA syrup has been administered to all eligible children.

Other than these – ensuring dose of Pulse Polio is also done in concerned areas as per schedule fixed by Government. The achievement is 100% in both these months in all immunization activities except administering IFA Syrup (achievement is 72% in March 17 and 91% in July 2017) and updating MCP Card by ASHA.



MCPC Counseling by AWW

The card is updated every month. ASHA Karmi in coordination with AWWs visits to counsel the pregnant and lactating mothers. With the support of MCPC (Mother and Child Protection Card), she enables the mother to be aware of the time period and eventual benefits of different doses of vaccines.

Over the period – exclusive emphasis on regular immunization, as per schedule, in coordination with RBSK Team and Immunization Team had been ensured not only at village or at home of the beneficiaries but also in Hospitals and even at NRC from time to time. Administration of OPV (1,2,3), Rota (1,2,3), BCG, Pulse Polio Dose, IFA Syrup, Pentavalent and Missiles, De-worming and Vitamin A supplement and BCG etc. have been done as per the schedule to keep children healthy and thus reducing the risk of death and malnutrition.

During the month of August, in the Task Force Meeting it was decided to continue services of RBSK Team in regular manner that will visit villages once in a week i.e. Wednesday. But that team will be supported by one ICDS Supervisor and AWW to ensure immunization and health check up. The health check up & immunization team accompanies RBSK team once every month and conducts immunization of children and pregnant / lactating mothers.

a) Services of RBKS Team

The role of RBSK team as Health Team has remained vital from the very beginning. It has been providing health service – especially check up and referral and has till date been instrumental in extending health service in regular manner. The team comprises of One Medical Officer, One Pharmacist, One Staff Nurse and One Health Worker (female). It visits Nagada villages on every Wednesday and coordinates ASHA and AWW to conduct Immunization – once every month. A glance of the activities of the RBSK Team for March 2017 reflects the following:

RBSK Team Field Visit in March 2017 (Table 4)

Diseases Treated	Diseases Not Treated	Remarks
Cold, Fever, Scabies, Stomatitis, skin disease, dysentery, cough, RTI and acute dermatitis	Dental Claris	Untreated cases were referred to District Head Quarters Hospital for consultation with Specialist

Establishment and Functioning of Nutrition Rehabilitation Centre

Regular screening of SAM and MAM children and referring the critical cases to temporary NRC has brought land mark change in streamlining child nutrition and safe survival of children esp. the SAM and MAM children.

Regular counseling & referral by RBSK Team as well as AWWs & ASHA/ANM from time to time has brought change in the community behavior and increase in service uptake.

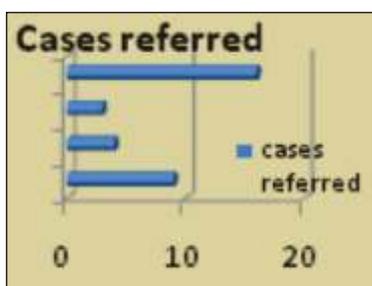


While emphasizing on care of SAM and MAM children, establishment & functioning of Nutrition Rehabilitation Centre (NRC) at Sukinda CHC campus is a major achievement. The NRC has been established and providing service since established on 13.1.2017.

Village	Cases Referred
Tala Nagada	9
Majhi Nagada	4
Upar Nagada	3
Total	16

Source : NRC Sukinda

Over the period since March 2017 till November 2017 (Ref. Case Study) it has treated 16 patients that had been referred by CDPO (6 Cases), RBSK Team (7 Cases), Medical Officer In charge (2 Cases) and ICDS (1 Case). By virtue of the team work – this unit has been leading its role in the management child malnutrition quite successfully, From Tala Nagada 9 cases have been referred with maximum referral during July 2017. From Majhi Nagada 4 cases have been referred with maximum 3 Nos. during November 2017.



From the source of NRC Sukinda it is known that July 2017 records a highest number of referral i.e. 5 Nos. of children. The referral made to NRC Jajpur Road since September 2016 to January 2017 indicates that 8 out of 10 children were from Tala Nagada. Within a span of 4 months, the referral was 10. Since March 2017, within a span of 9 months it is only 16 Nos. This clearly indicates a marked fall in the number of affected children in malnourishment.

Relevantly, fall in number of malnourished children is a good sign. But provision of a permanent service for needy people of Nagada villages is rather great achievement on the part of administration that clearly shows its commitment towards the child rights. Monitoring malnutrition among children by the ICDS team, supported by AWW has been a critical challenge. Stock taking on this issue has regularly been done by ICDS team. CDPO used to appraise about the progress of ICDS activities to RDC (CD), in every Task Force Meeting.

Maternity Waiting Home (Maa Gruha)

Before establishment and functioning of Maa Gruha, it had repeatedly been emphasized in Task Force Meeting by the RDC to expedite work and make it functional latest by 10th March 2017.

Maa Gruha, the Maternity Waiting Home at Jamupashi Sukinda became functional since 17.3.2017.

Maa Gruha is functional in a rent house with proper infrastructure.



Maa Gruha Jamupashi, Sukinda



Counseling at Maa Gruha

It has two spacious rooms meant for Pregnant Women's Waiting Room, two rooms Testing and Rest and One Room for counseling rooms. Maa Gruha is managed by NISW NGO of Jajpur Road.

At present, one ANM and three attendants (Cook cum attendant) are engaged in Maa Gruha who provide service to pregnant women there.

During her stay in Maa Gruha, the pregnant woman gets free food, counseling and rest under the guidance of the ANM. The work and functioning of the Maa Gruha is monitored and supervised by the ICDS team under the guidance of CDPO from time to time e.g. every month.

Admissions in Maa Gruha (Table 6)

Month	Admission	Delivery at Hospital	Further reference
March 17	9	8	1
April 17	10	8	2
May 17	9	6	3
June 17	18	14	4
July 17	11	10	1
Total	57	46	11

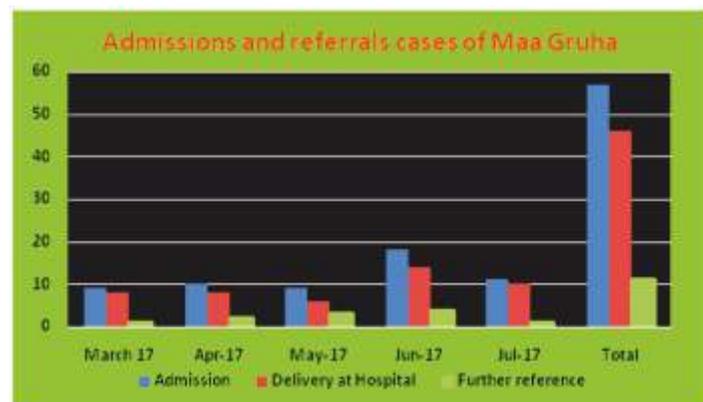
Source : CHC Sukinda

The case of admission at the initial month was 9 whereas within a period of 3 months i.e. as on June 2017 it became 18. This clearly indicates that community mobilization has been strong enough to bring and enable mothers to come, stay and avail service. Community acceptance and practice of availing the service is evident. To ensure delivery, Maa Gruha arranges Ambulance and enables pregnant woman to reach Hospital for safe delivery.

The number of delivery cases at Hospital was 8 out of 9 admitted in the Maa Gruha in March 2017.

The number of delivery cases has remained steady and continued to be 14 out of 18 during June and even 10 out of 11 during July 2017.

Moreover, reference of cases for higher services



for mothers in Maa Gruha is also a valuable service. In this case, the counseling of Maa Gruha Staff as well as AWW and ASHA Sathis is commendable. Through repeated visit and counseling they induce and influence pregnant women to avail the service of care and protection at Maa Gruha and ensure safe delivery of child.

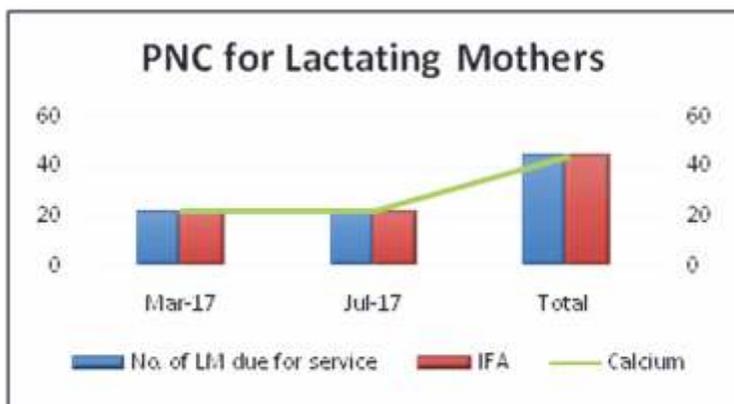
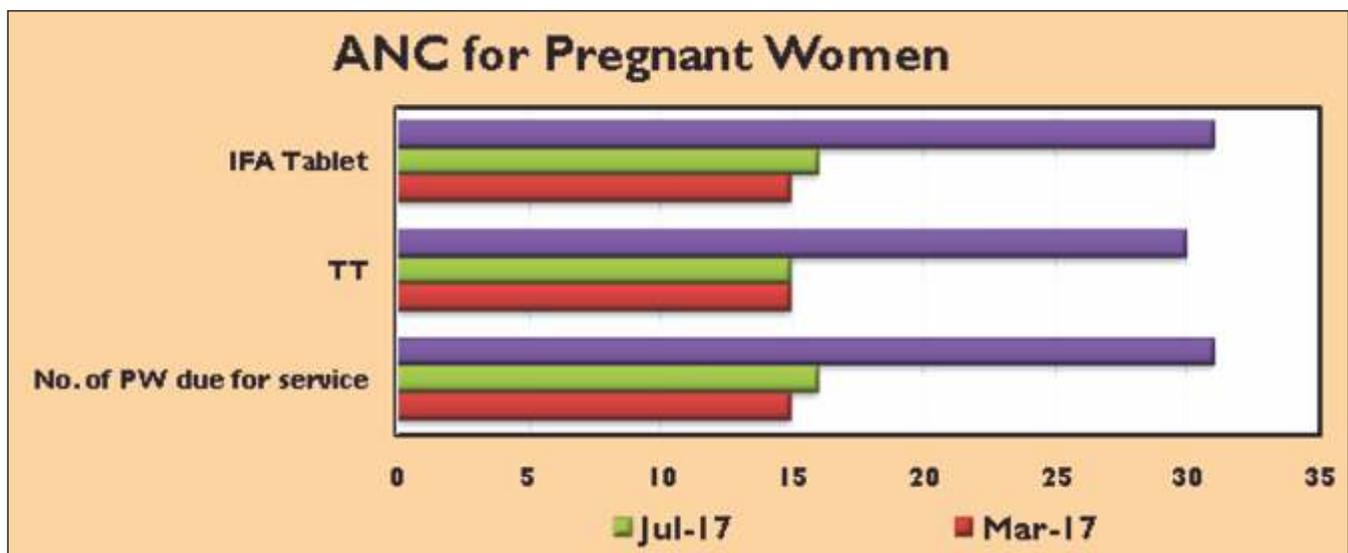
Improving Ante Natal Care and Post Natal Care

Administration of Ante Natal Care and Post Natal Care activities has been reviewed by the District authority every month. Keeping in view Comprehensive Action Plan of Nagada. Matters related to administration of TT, IFA tablet, Calcium supplement, JE to Pregnant and Lactating Mothers and services to pregnant women with reference to benefits under Janani Surakhya Yojana were reviewed thoroughly.

ANC Pregnant Women (Table 7)

Month	No. of PW due for service	TT		IFA Tablet	Calcium supplements	Achievement
		Due	Received			
March 2017	15	15	15	15	2 (new)	100%
July 2017	16	15	15	16	2 (new)	100%
	31	30	30	31	4	100%

Source : Health Department Jajpur



PNC for Lactating Mothers (Table 8)

Month	No. of LM due for service	IFA Tablet given	Calcium supplement
March 2017	22	22	22
July 2017	22	22	22
Total	44	44	44

Source : Health Department Jajpur

A glance of ANC and PNC services reflected here – indicates that all the eligible Pregnant Women and Lactating Women are availing service. This is due to regular visit by health service providers as well as community level motivation done by AWWs, ASHA/ANM.

Moreover, regular visit of Medical Team also promotes health service seeking attitude among people. Periodic immunization activities are streamlined by AWC and ASHA in coordination with local volunteers at village level.

In the context of Institutional Delivery – even though facilities are there and health workers as well as AWWs and village level volunteers are in constant touch with pregnant women – still delivery at Home is rampant in Nagada villages.

The mobilization need to be more rigorous and a constant watch over Pregnant Women should be done to ensure them reaching to Hospital well in advance – particularly at least one month before delivery.



Mother with MCPC Card

JE Administration (Table 9)

Month	JE due	JE administered	Absentee	% coverage
Dec 2016	211	205	nil	97%
August 2017	143	143	nil	100%

The administration of JE was conducted for the first time in the Nagada areas on 14.12.2016 and 21.12.2016 and effort had been made to cover all the beneficiaries. It could be possible to ensure service for 205 children out of 211 eligible beneficiaries. This could be possible due to sincere efforts of community volunteers who properly mobilized community members.

Malaria control/DAMaN

Malaria Testing Conducted (Table 10)

Year	Month																Total			
	Jan		Feb		Mar		Apr		May		June		July		August		Tes ted	+ ve		
2016	Tes ted	+ ve	Tes ted	+ ve	Tes ted	+ ve	Tes ted	+ ve	Tes ted	+ ve	Tes ted	+ ve	Tes ted	+ ve	Tes ted	+ ve	Tes ted	+ ve	Tes ted	+ ve
	No Surveillance												236	87	373	63	609	150		
2017	45	0	35	0	164	9	204	9	81	25	96	3	43	3	-	-	668	49		

Source : Health Administration, Jajpur

(Table 11)

Year	July		August		Total		% + ve
	Tested	+ ve	Tested	+ ve	Tested	+ ve	
2016	236	87	373	63	609	150	25
2017	43	3	-	-	668	49	7



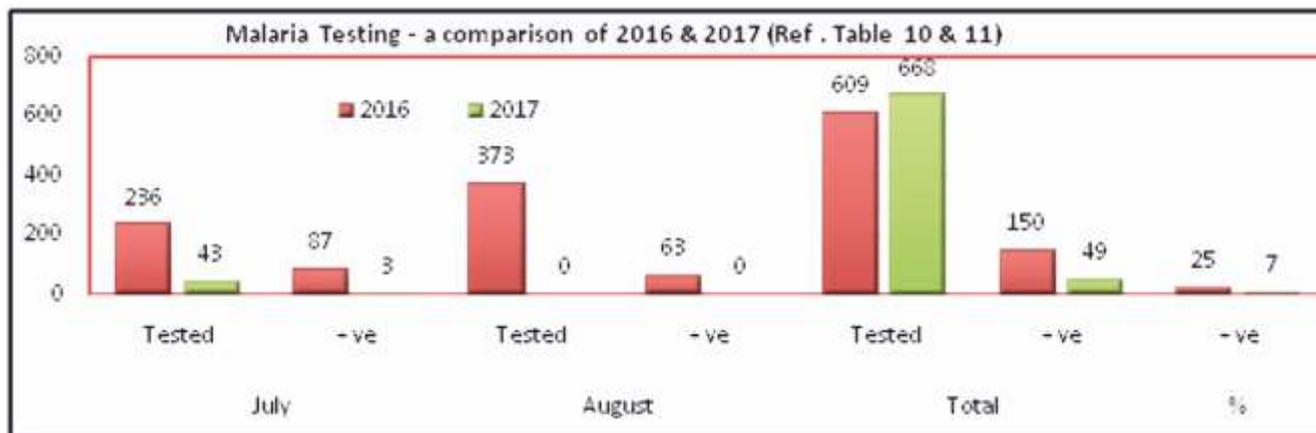
Health Team at Nagada



Blood slide collection Team at Nagada

Early Diagnosis & Complete Treatment (EDCT) The Malaria control strategy of early diagnosis and complete treatment has been strengthened through District Head Quarters Hospital and CHC Sukinda Team. Positive cases were ensured full course of Anti Malaria treatment under the direct supervision of Health Staff.

Provision of LLIT - for Vector Control measures and to protect the community, Long Lasting Insecticidal Treated (LLIT) Mosquito nets were distributed [Tala Nagada 86, Majhi Nagada 41, Upar Nagada 27, Naliadaba 9 Tumuni 55 Upar Guhiasal 49, Tala Guhiasal 26 Total 293]



Conducting *IRS* – Indoor Residual Spray (IRS) was conducted with Insecticide (DDT) 50% covering all households of Nagada and its adjacent villages [Tala Nagada 32, Majhi Nagada 15, Upar Nagada 14, Naliadaba 4 Tumuni 23 Upar Guhiasal 28, Tala Guhiasal 10]. Concurrent to emergency measures, specific emphasis was given to Malaria Control measures since July 2016. Blood slide collection and testing is regular since then. Malaria positive cases are showing a constant fall since July 2016.

As evident from the data in Table 10, there was no surveillance for Malaria till June 2016. The blood testing during July 2016 was 236. Through more rigorous efforts the tested cases could rise to a figure 373. But it is to note here that there has been a marked fall in the cases found positive i.e. from 87 to 63 during August 2016. As such during 2016, till August total tested were 609 and out of that positive cases were 150.

As compared to that during 2017, since January, there is a change in the trend. During Jan and Feb, there were no positive cases and since March till July only 46 positive cases out of 588 cases of test been found. This includes the meager figures of 9 each in March and April 2017 and that too, only 3 in July 2017. Total 668 cases of blood sample been tested out of which, only 49 cases were positive

For controlling Malaria and also reducing the risk of its further occurrence, a programme named DAMaN

What Accomplished
Coverage of all eligible children under immunization
Institutionalization and extension of ANC services to all pregnant women, especially TT administration, IFA and Calcium Supplementation.
Organize Bi Annual Vitamin A campaign, National De-worming campaign and administration of IFA to children in 4/5 Anganwadi centres and in Tala Nagada School
Functionalizing Nutrition Resource Centre with at Sukinda CHC for Severely Acute Malnourished children
Establishment of Maa Gruha at Sukinda
Issue of Household Health Book to each family
Deployment of Community level volunteers
Regular attendance to health needs of community by extending service of RBSK team

i.e. Durgama Anchalare Malaria Nirakaran has been initiated on 30.5.2017 that was inaugurated by the Collector and District Magistrate Jajpur in the presence of the Hon'ble MLA Sukinda. Vide this programme, all community members are screened for Malaria. Hb% and weight were measured for all < 5 children and Pregnant Mother/Lactating Mothers were measured. This programme is still continuing with focus on eradication of Malaria in entire Jajpur district.

- ⇒ Community volunteers are not literate. They are unable to understand many of Govt. Schemes. They also remain absent from village for personal reasons and unable to coordinate Health Team during visit to their village.
- ⇒ Language is still an impediment in many works. This creates hindrance in their learning and gaining knowledge by following IEC materials esp. made on Mother and Child Care, Immunization etc.
- ⇒ Still many people lack interest for seeking Health Service.
- ⇒ Superstition and dogma still act as barrier to good health practices. It is observed that Lactating Mother is not taking vegetable (within 15 days of delivery)
- ⇒ Organization of VHND activities and individual/group counseling of Pregnant Women and Lactating Women on Child Care, Child Feeding, feed of Pregnant/Lactating Mothers, Birth Spacing, Minimum age of marriage, personal Hygiene/sanitation and most important – institutional delivery
- ⇒ Capacity building and proper incentive to newly recruited ASHA (on Home visits, IFA supplementation, community mobilization and IEC activities)
- ⇒ Proper filling up of MCP Cards and using it as an IEC/Monitoring tool specially to track immunization, Vitamin A, Child Malnutrition (MUAC) and IFA coverage

While feeling encouraged for accomplishments of health-based interventions, it is pertinent to note gaps that is needed to be appraised to pursue further development in Nagada and adjacent villages.

Integrated Child Development Services

ICDS was launched in 1975 in accordance to the National Policy for Children in India. Over the years it has grown into one of the largest integrated family and community welfare schemes in the World. Given its effectiveness over the last

few decades, Govt. of India has committed towards ensuring universal availability of programme.



Integrated Child Development represents one of the world's largest and unique programmes for ensuring the Early Childhood Development. It is symbol of our country's commitment to its children.

Beneficiaries of the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. ICDS is the largest outreach programme operational through Anganwadi Centres (AWC) which serves as first outpost for health, nutrition and early learning services at village level. These centres are manned by Anganwadi worker and Anganwadi Helper.

Min. of Women & Child Development Govt. of India

The initiative of ICDS and Health Department was of pivotal importance to stop child death – that was concurrent in Nagada since last few months. In the sector level meeting held at Sukinda during last week of June 2016, Anganwadi Worker of Deogaon Mrs. Satyabhama Dehury intimated about death of children in Nagada areas suffering from measles (locally known as Gundi Rog).

On 1st of July 2016, this was confirmed by ICDS Supervisor of Sukinda followed by news in Oriya Daily, The Sambad. Basing upon the highlighted news with the caption “Nagadare Sishu Madaka” in the daily Sambad and consequent upon the visits reports of ADMO, Jajpur and DCPO Jajpur, as a sensitive issue with the children in the most inaccessible hilly village Nagada, a meeting was convened under the Chairmanship of the Collector, Jajpur on 8.7.2016 to find out the solution to the issues arising out of the unusual death of children in Nagada village.

Different line department officials and representatives of Corporate Houses participated in that meeting. DCPO appraised the issues of the inhabitants to the Collector and all officers present in that meeting, vividly. It had been reported that there are 650 inhabitants in 7 hamlets out of which 250 are children. About 30 children have been affected by the unknown disease due to Malnutrition and ignorance.

The matter was discussed vividly and action plan was prepared for implementation by different line department officials and corporate houses. The District Collector of Jajpur arranged a meeting and instructed officials of line departments to resort to Emergency Intervention. As per the decisions taken in that meeting, following emergency actions were taken:

Emergency Intervention

Formation of ICDS Team

Under the guidance of CDMO 4 teams formed each consisting of 4 members including One ICDS Supervisor and three AWWs. These teams were formed by pulling manpower from different blocks of Jajpur district.

Each team was instructed to remain stationed in the tent put up in 4 villages namely Upar Nagada, Tala Nagada, Tumuni and Guhiasal for 2 nights & 3 days and was relieved by new team already formed.



Health Team to Nagada

Cohesion between ICDS and Health Teams

Both ICDS Team and Health team worked in harmony to each other with focus on intensive community mobilization through door to door visit, identifying the affected children and ensuring medical treatment.

Screening of Malnutrition Children

The ICDS team in coordination with Health Team conducted Door to door visit and held discussion with each parent. Head counting of Children was done. All the children were diagnosed and were administered medicine as per need. Identification of SAM and MAM children was done. All affected children are given treatment.

Initially, some hindrances were there, that proved to be great lesson for the entire team. It was difficult to reach to hill top villages of Nagada by walk through tough stony road. Heavy rain & subsequent flash flood restricted mobility of Medical Team to reach to villages.

Initially, many Women absconded from family and fled to forest. They were frightened of injection. It was difficult to administer medicine since ailing children did not take medicines except medicines formulated by local quacks.

The most affected children of Nagada and other hamlet villages were shifted to and admitted in hospital managed by TISCO & OMC in Kaliapani immediately. Ensuring health service to each family was done in coordination with Health Team available in village for 24X7 every day. Workers of ASPIRE NGO working in the locality was given responsibility to counsel and take them to hospital for necessary treatment

Expansion of ICDS Services to all Villages

a) Establishment of Four Mini Anganwadi Centers

Establishment of 4 mini Anganwadi Centers at Tala Nagada, Upar Nagada, Tumuni and Tala Guhiasal was ensured with provision of immediate functioning in temporary sheds at convenient places in villages, selected thro' coordinating community members. TATA Steel and



AWC at Tala Nagada

OMC Orissa Mining Corporation Limited were instructed to start constructing permanent structures at the earliest. Establishment of Mini Anganwadi Centres and deployment of AWWs from the community could help inclusion of all eligible beneficiaries to avail services of ICDS through Anganwadi Centres in coordination with health team.

b) Community Mobilization

AWWs and members of Health Team visited each house through door to door visit and mobilized community members to attend health camps, to co-operate the health team visits to their home and consume medicines provided by Health Team. This mobilization was strictly focused on mobilizing the community members and particularly the mothers, to send their sick and SAM children to NRC. ASHA and AWWs were monitored regularly by ICDS Supervisor – every month. Other than this – the AWW and ASHA were also instructed to mobilize community for behavioral change to check early marriage, proper hygiene, spacing, diet and food habits etc.

c) Support to Health Team for Community outreach

Cohesive support to the health team was extended by the ICDS team to ensure community outreach and ensure community members avail benefits of health services extended by the Health Team. The ICDS team coordinated health team to visit each and every house and screen every child – esp. underweight and severely acute malnourished. The ICDS team helped to take note of the status of children on Daily Basis.

Emergency Feeding

To meet the urgent need of nutritious food of community, emergency feeding arrangement was done in all Nagada and its adjacent villages through community kitchen service

a) Community Kitchen Service

As per the strict direction of the RDC, district administration ensured starting of Community Kitchens in each village with provision of Hot Cooked Meals [Nutritious Food] that was provided to all pregnant mothers and lactating mothers, community members and all children up to the age of 15 in Nagada and adjacent villages. TISCO Sukinda in coordination with ASPIRE NGO took steps to arrange the Hot Cooked Meal.

The experiences and learning from Emergency Measures brought insight. The entire team of Government machinery including ICDS, Health and District Administration tuned up intervention strategy in feasible and effective manner. Keeping in view the feedback, discussion and sharing in District level meeting as well as the directives and guidance of RDC, it could be possible to mark up Long term Measures with Sustainable Approaches.

Long term Measures

a) Development of Anganwadi Infrastructure

After establishment of 4 mini Anganwadi Centres at Tala Nagada, Upar Nagada, Tumuni and Tala Guhiasal and ensuring immediate functioning in temporary sheds, the further step was to ensure development of proper infrastructure of these Anganwadi Centres. From time to time, in Task Force Meetings, RDC insisted completion of the infrastructure as early as possible. Accordingly, TATA Steel and OMC Orissa Mining Corporation Limited were instructed to finish up the construction of permanent structures at the earliest. Review of the progress of work was also done repeatedly in different meetings of Task Force Team.

b) Appointment of Anganwadi Workers

After establishment of Mini Anganwadi Centres & deployment of AWWs was thought up to accelerate work process and ensure service of ICDS to all eligible beneficiaries. Appointment of Anganwadi Workers from the local area and from Juang Community [Tumuni – Chema Pradhan, Upar Nagada – Kamala Pradhan, Tala Nagada – Laxmi Pradhan and Tala Guhiasal – Aguni Pradhan] was done.

All AWWs were deployed with immediate orientation (on the spot) on different aspects of running Anganwadi Centres. Even though the AWWs were trained about some fundamentals of their duties and responsibilities, arrangement was made to train them for improving their work efficiency. All AWWs of Mini Anganwadi were oriented for 7 Days from 16/03/2017 to 22/03/2017

c) Provision of Mid Day Meal

Arrangement was made to provide Mid-Day Meal to all eligible children through the running Non Residential Bridge Course learning centre by ASPIRE NGO (supported by CSR TATA Steel). It was decided in Task Force Meeting of RDC (CD) to ensure continuation of this process till State Government starts this process by opening regular schools.

d) Pre School Education

The importance of preschool education is vital for all the growing children before they got to formal school. Preschool not only prepares a child for formal school but also promotes the best skill to play with others, mix with others and develops the skill to adjust with others before it goes to school and remains for hours together in school, leaving his/her mother at home.

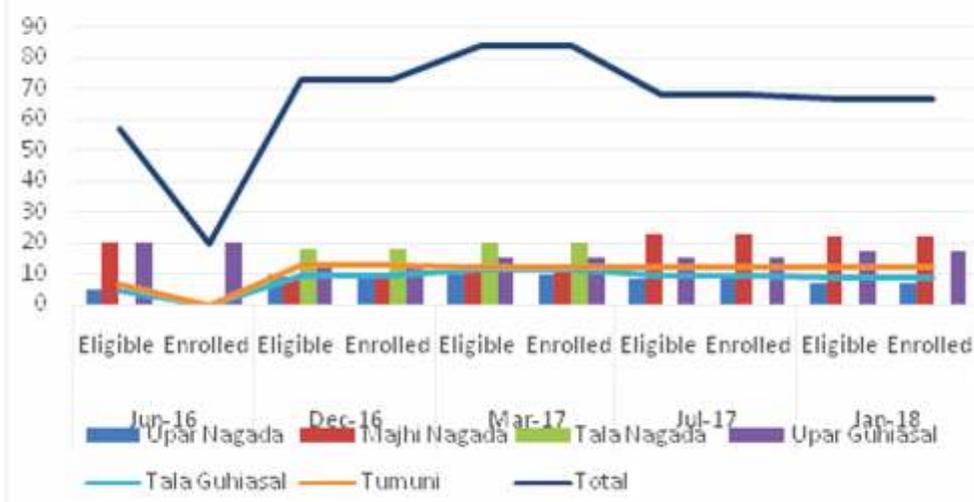
The facilities that a child gets in Anganwadi also attracts parents to send their children for preschool at Anganwadi but the best benefit is child gets an environment to play and remain with the peers. And obviously, that is amusing for the child.

Pre School Education Status in Nagada Villages
3-6 years Children Enrolled in Anganwadi Centre (AWC) for Pre School (Table 12)

Village	June 2016		Dec 2016		Mar 2017		July 2017		Jan 2018	
	Eligible	Enrolled	Eligible	Enrolled	Eligible	Enrolled	Eligible	Enrolled	Eligible	Enrolled
Upar Nagada	5	-	10	10	10	10	8	8	7	7
Majhi Nagada	20	-	9	9	12	12	23	23	22	22
Tala Nagada		-	18	18	20	20				
Upar Guhiasal	20	20	13	13	15	15	15	15	17	17
Tala Guhiasal	5	-	10	10	12	12	10	10	9	9
Tumuni	7	-	13	13	12	12	12	12	12	12
Total	57	20	73	73	84	84	68	68	67	67

Source : ICDS Sukinda

Pre School Education Status in Nagada



The enrolment of children during June 2016 was only 20 though 57 eligible children were there in Nagada villages.

Children in all villages other than Upar Guhiasal were neglected. They could not access to preschool education

Ever since 4 Mini Anganwadi have been started and AWWs from

local community been appointed – all eligible children of all these villages got proper attention and hence 100% enrolment could be ensured.

All eligible enrolled children in AWC are getting benefits of Pre School Education. They are learning alphabets, and getting idea about vegetables, fruits etc. (demonstrated thro' pictures) besides game and dance there.



Education to Children in Tumuni AWC

To promote nutrition among children and to ensure their proper nourishment, Hot Cooked Meal plays a vital role to provide nutrition to growing children. All the children in the age group of 3-6 years, enrolled in Anganwadi Centre are provided Hot Cooked Meal.

Parents are interested to send their children to Anganwadi for Preschool education. It is in their own village. Availability of facilities water light and space at Anganwadi centres have induced parents to send their children to pre-school. Children play, dance and enjoy listening story. Chema Pradhan AWW, Tumuni

Hot cooked meal is served to Preschool going children as per fixed weekly menu. Under this provision preschool children are provided with Khichdi (Boiled mix of Rice, Dal and Green Vegetables) or Rice and Dalma (Dal and Green Vegetable mix) or Rice & Egg Curry every day in a week by Anganwadi worker.

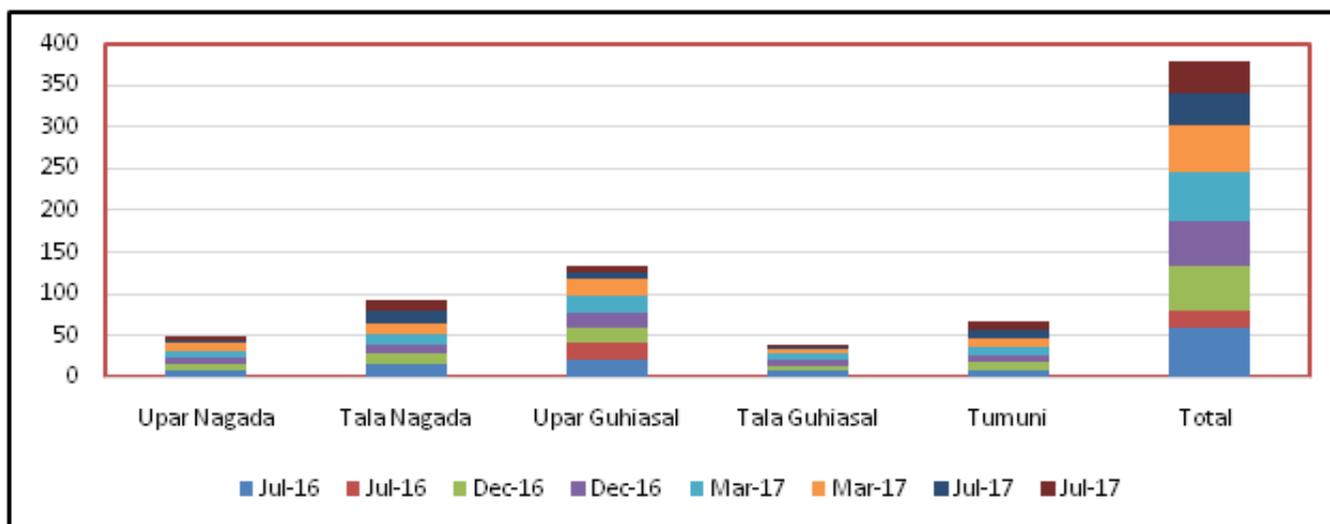
The administration of Hot Cooked Meal has been one of the major aspects of intervention since that is linked to the nutrition of children. The ICDS team use to visit Anganwadi centres once a week to supervise the activity and to ensure that – “quality is maintained”.

e) Supplementary Nutrition Provision to Children

Supplementary Nutrition has been distributed in form of Take Home Ration (THR) to pregnant and lactating women & children between 6 months to 3 years at each Anganwadi on 15th date of every month. Beneficiaries are getting Take Home Ration for the full month at one time. This includes Chhatua and Egg.

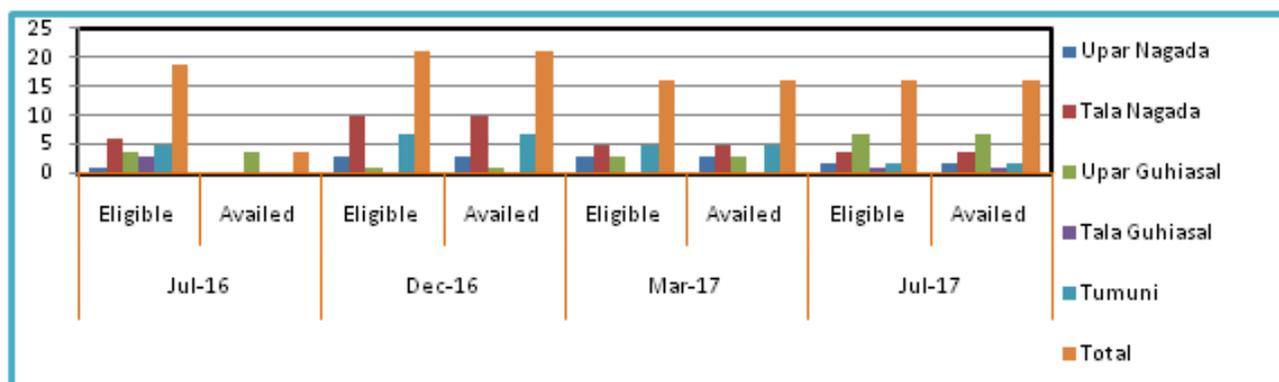
THR for 6 months to 3 years Children (Table 13)

Village	July 2016		December 2016		March 2017		July 2017	
	Eligible	Availed	Eligible	Availed	Eligible	Availed	Eligible	Availed
Upar Nagada	8	-	8	8	8	8	4	4
Tala Nagada	15	-	12	12	13	13	14	14
Upar Guhiasal	20	20	19	19	20	20	8	8
Tala Guhiasal	8	-	6	6	7	7	2	2
Tumuni	8	-	9	9	10	10	10	10
Total	59	20	54	54	58	58	38	38



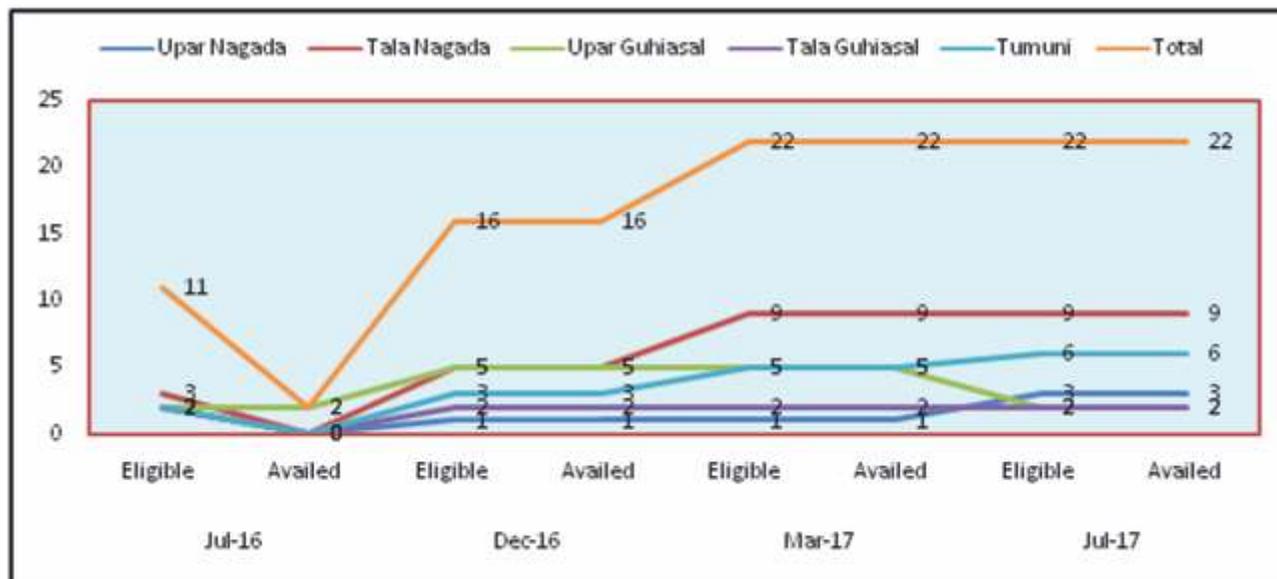
THR - Pregnant Women (Table 14)

Village	July 2016		December 2016		March 2017		July 2017	
	Eligible	Availed	Eligible	Availed	Eligible	Availed	Eligible	Availed
Upar Nagada	1	-	3	3	3	3	2	2
Tala Nagada	6	-	10	10	5	5	4	4
Upar Guhiasal	4	4	1	1	3	3	7	7
Tala Guhiasal	3	-	0	0	0	0	1	1
Tumuni	5	-	7	7	5	5	2	2
Total	19	4	21	21	16	16	16	16



THR Service availed - Lactating Mother (Table 15)

Village	July 2016		December 2016		March 2017		July 2017	
	Eligible	Availed	Eligible	Availed	Eligible	Availed	Eligible	Availed
Upar Nagada	2	-	1	1	1	1	3	3
Tala Nagada	3	-	5	5	9	9	9	9
Upar Guhiasal	2	2	5	5	5	5	2	2
Tala Guhiasal	2	-	2	2	2	2	2	2
Tumuni	2	-	3	3	5	5	6	6
Total	11	2	16	16	22	22	22	22



It is revealed by the comparative analysis of above Tables that administration of THR in July 2016 was too poor. Only 34% of children (20/59) have accessed supplementary food. And it was possible only by children of Guhiasal (from Deogaon AWC).

In July 2016 the THR could be provided to only 4 Pregnant women (21%) out of total 19 whereas only 2 (18%) Lactating Mother out of 11 could access THR. In this case also, they all belong to Guhiasal.

But after that period, there has been a steady improvement in the status and the receival and use of THR has been 100% i.e. all eligible children and pregnant /lactating mothers have accessed THR service.

This has been possible due to establishment of New Mini Anganwadis and deploying women of local areas (Juangs) as Anganwadi Workers. There remained good coordination among AWWs and people and services could be availed in proper manner. Another vital reason that contributed towards this 100% achievement is "proper management of process." AWWs had been instructed by ICDS team to ensure that no family member of the child consumes the THR issued to the child. The mother should regularly give that material to children as per requirement.



THR feeding by a mother

The date and time of distribution of THR were also intimated to mothers of children well in advance. For proper and regular use of ration – the AWW used to counsel mothers this matter in Nutrition and Health Education Counseling Sessions.

In the counseling session the AWW collects feedback of PW/LM on use and quality of the materials and induces them for regular checkup of both mother and child.

One fact that is prominent is the direct support this system could provide to the food deficit of the community – esp. of children and PW/LM. They got appropriate and adequate food – at least once every day which has direct impact on their nutrition status.

This also improved regularity of food intake among the children and women. It is pertinent to note that – availability of food through Hot Cooked Meal and THR reduced their dependency on Tunga Boinga (Tuber) and they do understand what the impact of these foods is. Their personal health and that of their children clearly tells this fact.

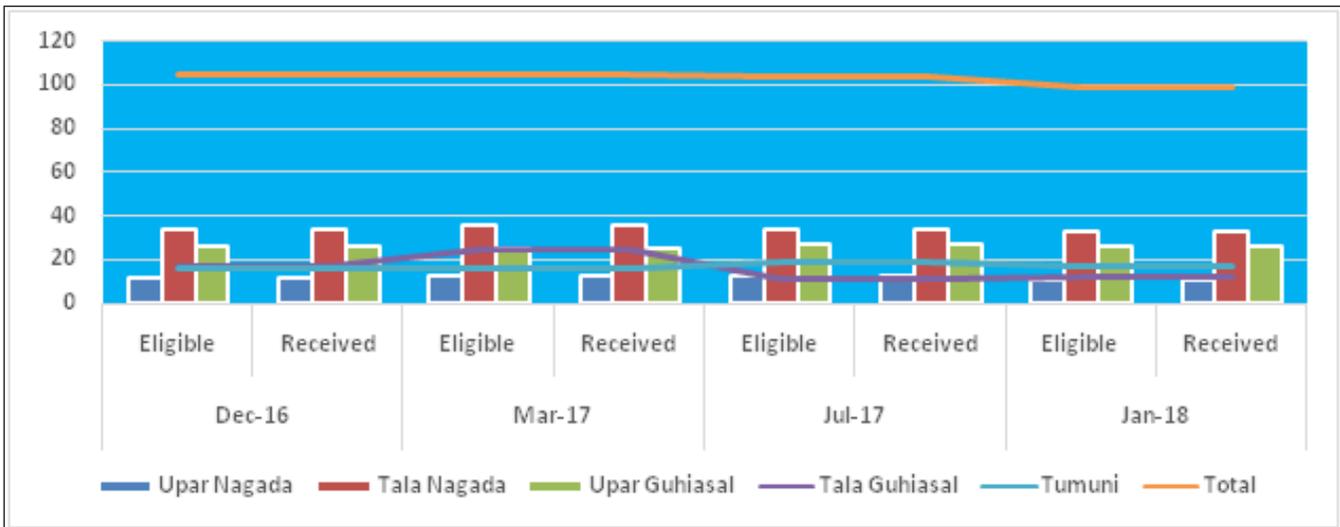


THR fed healthy child

IFA Syrup to 6 months to 5 years Children (Table 16)

Village	Dec 2016		Mar 2017		July 2017		Jan 2018	
	Eligible	Received	Eligible	Received	Eligible	Received	Eligible	Received
Upar Nagada	12	12	13	13	13	13	11	11
Tala Nagada	34	34	36	36	34	34	33	33
Upar Guhiasal	26	26	25	25	27	27	26	26
Tala Guhiasal	17	17	25	25	11	11	12	12
Tumuni	16	16	16	16	19	19	17	17
Total	105	105	105	105	104	104	99	99

Source : ICDS Sukinda



IFA supplement (Syrup) is administered by AWW in coordination with ANM and ASHA. This has been administered to all eligible beneficiaries AWW workers track the community level distribution routine to ensure punctuality in administration, for pregnant women and children. Worm-free children have better nutritional status and helps child grow faster. Treating children of any age for worms is one of the simplest and the most cost-effective interventions for improving child's health. Administering

Administering Vitamin A and De-worming (Table 17)

Village	February 2017		August 2017	
	Eligible	Vit A and De-worming	Eligible	Vit A and De-worming
Upar Nagada	12	12	13	13
Tala Nagada	34	34	34	34
Upar Guhiasal	26	26	27	27
Tala Guhiasal	17	17	11	11
Tumuni	16	16	19	19
Total	105	105	104	104

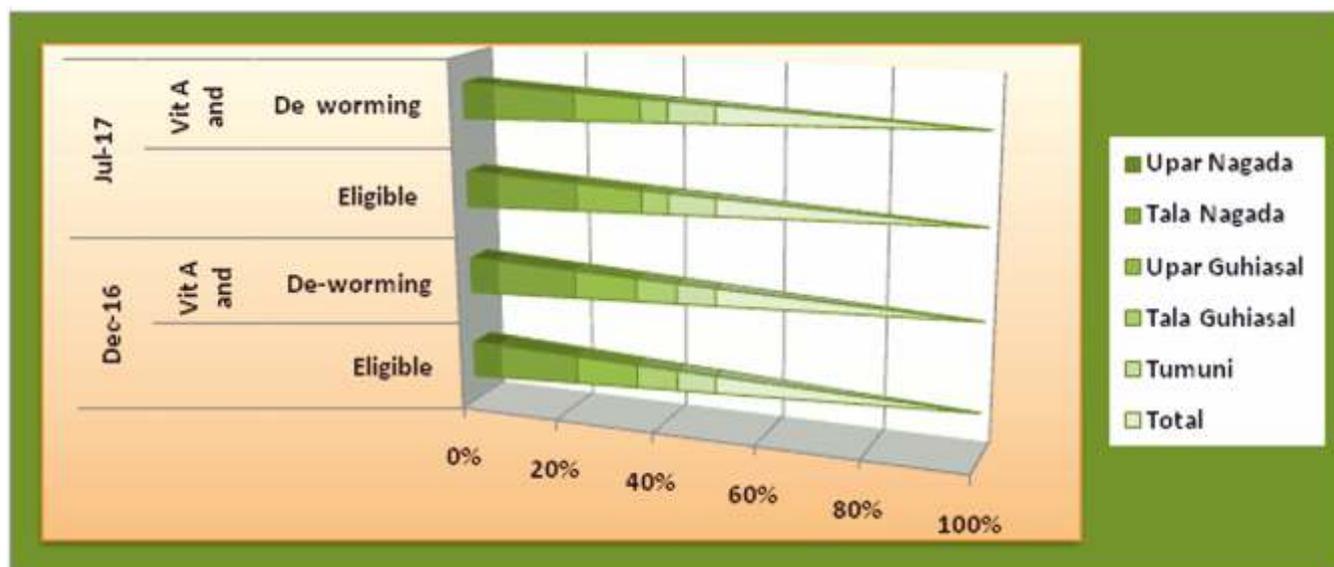
Source : ICDS Sukinda

Vitamin A and De-worming for Children has been ensured to all eligible children.

Health team organized half yearly de-worming of children along with campaign for Vit. A.

The first campaign for Vitamin A and De-worming was organized in the campus of CHC Sukinda. Prior to this – no arrangement was

made to administer Vitamin A and De-worming through campaign mode. This was a special camp which was organized by a team comprising of One Male Health Worker, One AWW and a Doctor.



f) Providing Nutrition Care

In the field of mother and child care, along with health and ICDS services, immediate care for malnourished children and promoting the health of mother and child was decided as most important aspect in the context of promoting wellbeing of habitants of Nagada areas.

It is still remembered, how affected children were referred and admitted in the TISCO Hospital, Kaliapani and how critical cases were referred to NRC Jajpur Road and Sukinda.

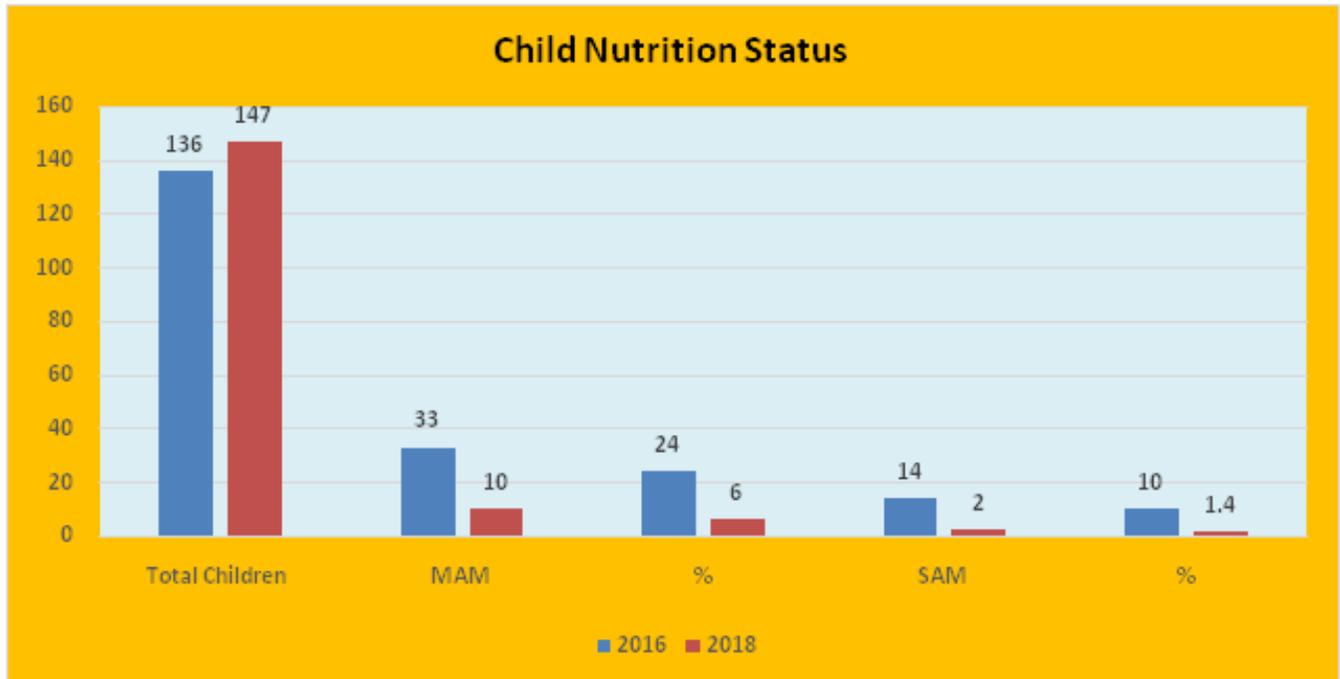
As like other activities of development like Construction of Road, provision of improved drinking water and development of infrastructure – Child Malnutrition Management was also of utmost importance.

Child Nutrition Status (Table 18)

Sl.	Village	Status as on July 2016					Status as on January 2018				
		Total Children Registered in AWC	No. of MAM Identified By ICDS	No. of SAM Identified By ICDS	No. of MAM Referred	No. of SAM Referred	Total Children Registered in AWC	No. of MAM Identified By ICDS	No. of SAM Identified By ICDS	No. of MAM Referred	No. of SAM Referred
1	Upar Nagada	15	2	1	1	1	17	0	1	0	1
2	Tala Nagada	43	18	8	14	8	51	5	1	3	1
3	Guhiasal	37	7	3	4	3	37	5	0	3	0
4	Tala Guhiasal	20	2	2	1	2	15	0	0	0	0
5	Tumuni	21	4	0	3	0	27	0	0	0	0
	Total	136	33	14	23	14	147	10	2	6	2

Source: ICDS Sukinda

Type	July 2016	%	January 2018	%
MAM	33	24.26	10	6.88
SAM	14	10.29	2	1.36
Total Children	136	100	147	100



A comparative analysis of Malnutrition between July 2016 and January 2018 clearly shows improvement in Nutrition status of Children. The MAM children during July 2016 were 33 (24.26%) and SAM children were 14 (10.29%) as against 136 children registered in AWC.

Whereas during January 2018, the MAM children were 10 (6.88%) and SAM children were 2 (1.36%) as against 147 children registered in AWC. On the aspect of referral of SAM children, it is observed that in both period it is 100%

The number of SAM children has fallen to a meager figure of 2 during January 2018 though it was as high as 14 during July 2017. This change is witnessed just within a period of 5 months approximately.

Concentration on ICDS and Health Services through regular immunization, administering Vitamin A and IFA as well as De worming among children through strict monitoring and appraisal of services in regular intervals could ensure this success.

g) Accessing benefits of MAMATA

To alleviate the issue of maternal and infant undernutrition, Government of Odisha has launched a state specific scheme for pregnant women and lactating mothers called MAMATA- a conditional cash transfer maternity benefit scheme. This scheme provides monetary support to the pregnant and lactating women to enable them to seek improved nutrition and promote health seeking behavior.

Target Group of this scheme is Pregnant and lactating woman of 19 and above age group, for the first two live births except those who avail maternity benefit (who themselves are employees or wives of employees of State Govt./Central Govt./Public Sector Undertakings - Deptt. of W&CD, Govt. of Odisha

In Nagada areas, under the direct supervision of the CDPO, ensuring benefits to the Pregnant and Lactating Mothers could have been possible.

Incentives given under MAMATA (Table 19)

Village	No. of beneficiaries Paid for 1st Issue	No. of beneficiaries Paid for 2nd issue	Remarks
Upar Nagada	7	7	1st installment for 1st issue was given on 26.5.17 and all payments for 2nd issue has been paid on 1.8.17
Majhi Nagada	10	5	
Tala Nagada	32	16	
Upar Guhiasal	15	7	
Tala Guhiasal	10	5	
Tumuni	14	5	
	88	45	
Source: ICDS Sukinda			

The beneficiary received a total incentive of Rs. 5000 in four installments. Payment was made by e-transfer from the CDPO to beneficiary account.

At the initial stage, e-transfer of money to the accounts of eligible beneficiaries was a problem since most of the women did not have bank account (Ref. Case Study)

100% coverage of Pregnant and Lactating Mother under MAMATA scheme has been done as on 30.8.2017. 85 women have been paid for their first issue and 48 have been paid for their 2nd issue. The first ever payment for the first installment for 1st issues was done on 26.5.2017 to Mrs. Palai Pradhan of Guhiasal and the first ever payment for 1st installment for 2nd issue was done on 1.8.2017 for all beneficiaries meant to benefit under MAMATA scheme for 2nd issue. All payments have been e-transferred to beneficiaries in their Bank account.

h) Promotion and use of MCPC (Mother and Child Protection Card)

Mother and Child Protection Card (MCPC) has been issued to each eligible beneficiary woman. This has been regularly filled up. Each card holder has been briefed about benefit of this card.

This card has been used as a tool to monitor the administration of vaccines starting from the birth of a child. From time to time, during counseling session, ICDS Supervisor joins the session. During that time, she verifies whether MCPC Books of beneficiaries are filled up regularly. She also interacts with card holders to assess their knowledge. For the convenience of beneficiaries, Odisha Government has published the MCPC book in Oriya.



Mother with child and MCPC Book

i) Conducting IPC session for Behavior Change Communication

Since May 2017, UNICEF has been extending support of promoting Participatory Communication with marginalized communities by using innovative communication training tools to build social and behavior change communication skills of frontline functionaries Chingudipal Gram panchayat of Sukinda Block of Jajpur District of Odisha.

This has been undertaken to improve social



IPC Session at Nagada

and behavior change communication skills of frontline functionaries and strengthen the community-based counselling initiatives on infant and young child care, immunization, institutional delivery and sanitation. This also aims at promoting communication ability of adolescent girls, youth, tribal leaders and other social agents of change involved in disseminating the message of IYCF to the community.

With the support of WOSCA a voluntary organization, UNICEF, conducted training on Participatory Communication to build social & behavior change communication skills of frontline functionaries (i.e. AWW, ASHA & PRI members, community level stakeholders i.e. adolescent girls, youth, SHG members, community volunteers and tribal leaders of Chingudipal GP of Sukinda block of Jajpur district) have developed access and knowhow to use communication tools to provide information and counseling to families and communities in Chingudipal Gram Panchayat of Sukinda Block, Jajpur.

WOSCA pursued this process of social change through a series of activities in coordination with local volunteers including AWW and ASHA regularly.

Some of the major activities were Village meeting, Home visit, Participating in VHND and FID sessions, Video show on complementary feeding and breast feeding, Participating in ICDS sector meeting, District level ToT for ICDS, Health and GO staff on IYCF and Communication skills, Interface with Tribal leaders with ICDS functionaries and panchayat stakeholders, two days training to community level stakeholder (Adolescent girl and Youth), Lesson learnt and sharing workshop with district administration and Folk media show.



Household visit on health counselling

During household visit, mothers have been counseled for early pregnancy registration at AWC as soon as possible. The family members following traditional practices like iron blending (chenka), Tonsuring, Home delivery, etc have been counseled for Institutional Delivery at Maa Gruha and suggesting colostrums feeding which is regarded life saving for the infant.

weight, etc. have been done.

Through VHND sessions, health services like checking of Blood Pressure of pregnant mothers, hemoglobin,

In VHND, Counseling has become an important part for ensuring free from malnutrition and anemic conditions. In co-ordination with MO/IC and other line department, special programmes are organized where weighing, immunization, counseling are taking place.



VHND session

A number of Training sessions have been conducted in each quarter to educate adolescent girls and youths on

Communication skill, consequences of child marriages, health-related schemes. They were made aware of poor practices (blind belief and superstition etc.) existing in the communities and the skills required to eradicate those from the community.



District level ToT on IYCF

better implementation of IPC programme in Nagada area. Resource person from UNICEF briefly discussed basics of IYCF and its need for survival and development of mother and child.

They got an idea on their role & responsibilities in promoting ideal health seeking behavior by changing the poor practices in communities.

District level ToT programme has been completed during September 2017 covering 16 participants from health and ICDS of Sukinda block.

In the training all participants were oriented on IYCF, communication skills for

Sharing workshop of IPC project and convergence with other line department was organized in collaboration with district administration during October 2017.

In this meeting the District Collector reviewed the Nagada activities with all department and appreciated for community mobilization through communication tools supported by UNICEF. As per the decision, WOSCA was entrusted to focus on community mobilization part for accessing better health services related to maternal and child health care.



Sharing workshop of IPC

Health and ICDS department also expressed their whole-hearted support to extend for the survival and growth of maternal child health in Nagada area. Focus has been given to prepare an IEC and BCC plan and monthly review by the BDO Sukinda on progress in Nagada and its adjacent villages.

Strengthening Monitoring and Supervision

Strengthening the monitoring and supervision mechanism at all levels i.e. from Block level to State Level has been one of the core efforts to ensure quality results. Strengthening monitoring and supervision of each and every activity involved in the process had been focused.

- ➔ Attention to regular supply and quality of logistics related to THR, HCM, IFA etc. was of utmost importance since it was a tedious task to bring materials to hill top areas, more particularly to Tumuni and Guhial areas.
- ➔ The monitoring and supervision was undertaken by CDPO by regular visit and stock taking on the progress of work from ICDS Supervisor.

While observing the commendable developments in Nagada areas – the scope for further improvement is also felt very clearly. The areas of improvement include – orientation of AWWs and volunteers on community counseling on Child care, gap in birth, child marriage etc. logistic support to AWWs like game materials (more varieties), water filter, hand washing materials, orientation on maintenance of registers and necessary documents used daily, involvement of volunteers in community mobilization on health, hygiene – esp. hand wash, domestic and environment cleanliness

- ➔ The ICDS Supervisor provides regular guidance and coordination support to AWW and helper and provides feedback to CDPO.
- ➔ At Block and District level, monthly review was taken up by Block Development Officer
- ➔ At the District level, the Collector undertakes review meeting every month.
- ➔ CDPO prepares Nagada specific Special Review Reports (Monthly Progress Report). Those special reports were discussed and reviewed thoroughly in the Task Force Meeting.

Child Education



Education is potential instrument of a child's mental and moral make-up. Care and Education ensures Development of a Child. A good teacher and good environment can bring mental maturation of a child. Even though there are various individual differences as regards physical & intellectual growth and development of child is concerned.

But there is unanimity of opinion that Education is must for Every Child. Keeping in mind the challenging characteristics of growth and

development of children, Education can develop healthy attitude among children to lead a good social life. Appropriate education, at appropriate age can bring appropriate change in a child. Hence from the early age, environment should be developed to improve capacities and interests of every child in his/her environment to develop all that is best in him/her as an individual.

Pre-intervention Scenario

In the absence of infrastructure, people of Nagada had little awareness towards Education. But they had interest and they were sending their children to Informal School. Since 2015, with the support of TSRD (TATA CSR Fund), a local NGO named ASPIRE was providing informal education in Nagada, Tumuni and Guhiasal.

The formal school nearest to Nagada was 10 Kms away and children could not reach to that school crossing the mountainous road which was passing through forest. Most of the children were out of school. Neither they had opportunity to get Mid Day Meal (MDM) nor were they getting any other benefit from Government source like book, uniform etc. They all were out of picture.

Post Intervention Scenario

In the first Task Force Meeting held during July 2016, the Revenue Divisional Commissioner (RDC), Central Division (CD) insisted on promoting child education with emphasis on preschool and primary education. He instructed to conduct a survey of each household and out of the age group of 6-14, parents should be motivated to bring their children to Ashram School at Chingudipal.

Head Counting of Children

As per the directive of RDC (CD), a household survey was conducted by visiting door to door and it was found that as many as 127 children under the age of 0-5 and 146 children in the age group of 6-14 are residing in the habitations of Nagada.

Approval for three Schools

Meanwhile, file was moved to OPEPA, Department of School and Mass Education for approval to open three primary schools at Nagada, Guhiasal and Tumuni.

Before getting the approval of Government, district administration ensured enrollment of children in the roll of Deogaon School and enabled children to get all benefits like MDM, school uniform, books etc.

Deployment of Teacher and Other Staff

After getting approval of Government, the Collector gave order for appointment of Teacher and Cook cum Attendants in these schools.

Development of School Infrastructure

Immediately, construction work of schools started. But before this, education of children had already been started in Anganwadi Centre and suitable places in the community. In Nagada, the school was running in the premises of Anganwadi and in Tumuni and Guhiasal, the school was running in community sheds as decided by community.

Meanwhile, Anganwadis are constructed by OMC and TATA Company. Schools are now running in the premise of Anganwadis. As on 1.3.2017, the construction of Nagada school with all infrastructure (MDM Cooking room) has been completed.

In Tumuni and Guhiasal, infrastructure has not yet been completed.

Anganwadi constructed at Tumuni by Orissa Mining Corporation (OMC) is used as School and MDM is provided there. At Guhiasal, the Anganwadi Centre has been constructed by TISCO and school is running in this centre. Here children are given MDM.



Nagada project primary school



Children in Nagada school

School and Mass Education department has appointed One Teacher and One Cook for Tumuni, Two Teachers and One Cook cum Attendant for Nagada School. At Tumuni, ASPIRE volunteer is managing the school education work

During the academic session of April 2016 – there was no school in Nagada, Guhiasal & Tumuni till Nov 2016. The only school i.e. an informal school, run by ASPIRE NGO being supported by TISCO.

At the beginning all activities related to Child Education including the MDM (Mid Day Meal) and community mobilization was coordinated by ASPIRE NGO that has long association with the community since 2015.

It is interesting to note that community volunteers, the teachers of ASPIRE NGO and some youths of the locality use to visit door to door and alert family members to send their children when school time approaches (e.g. it is about to be 10 AM). In this work, the MDM cook of Nagada School, a local woman, also play a vital role. She had been very active in motivating mothers to send their adolescent girls to schools.

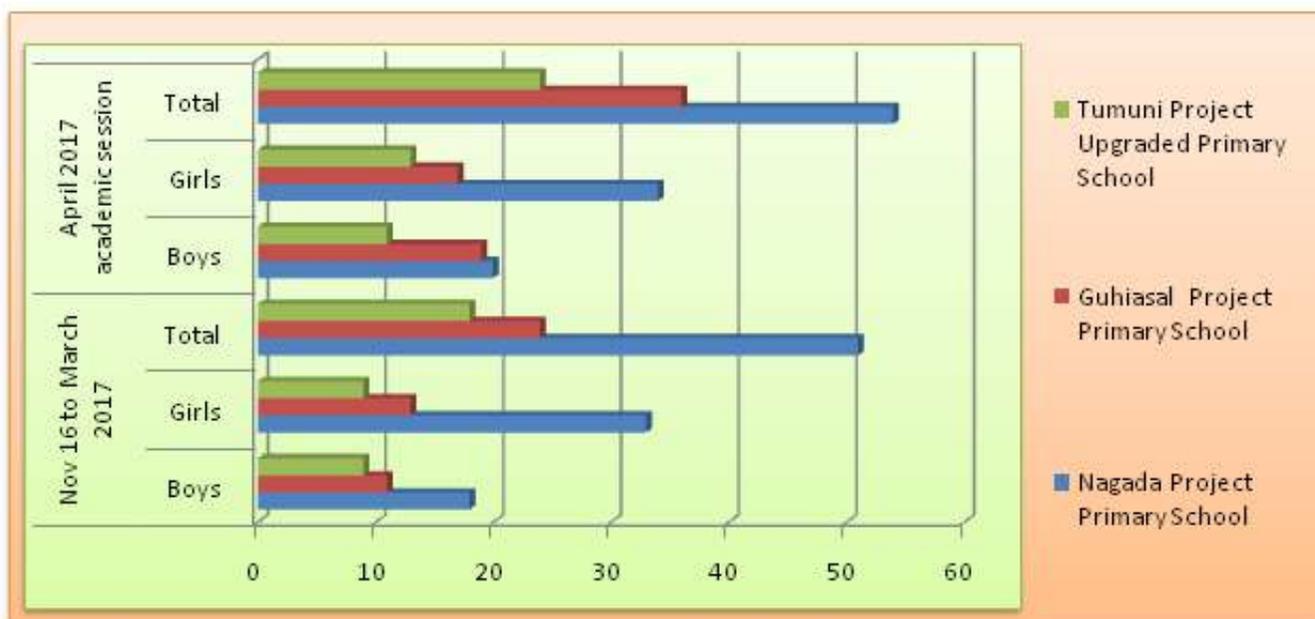


Children in Tumuni School

Roll strength of Project Primary Schools (Table 20)

Village / School	Nov 16 to March 2017			April 2017 academic session		
	Boys	Girls	Total	Boys	Girls	Total
Nagada Project Primary School	18	33	51	20	34	54
Guhiasal Project Primary School	11	13	24	19	17	36
Tumuni Project Upgraded Primary School	9	9	18	11	13	24
	Total - 93			Total - 114		

Source: DEO Sukinda



It is observed that in all schools – the roll strength has increased during academic session 2017. The concern here is more about the increase in enrollment and not particularly in the percentage of increase. One thing is vital – the increase is in a short span of hardly 6 months or so (from Nov 2016 to April 2017).

There is increase in the roll of both boys and girls during both the sessions. More increase is in strength of girls. And it's a good sign. In these villages, girls are more interested in education.

Moreover, event of children leaving their village & continuing education in Ashram School at Chingudipal, a

distant place is really a symbol of great change among children & in Juang Community itself.

This has been result of rigorous counseling and motivation of parents by volunteers of NGO ASPIRE, different government officials, AWW and even the cook of Nagada School. But the resultant attitudinal change among the Juangs is also praiseworthy.

And obviously this is a good sign. A place where children did not know what education is, what school is and were roaming hither and thither in different areas of village and even in the forest of nearby areas.

They collected firewood, Tunga Boinga (tuber) and playing with other children of their village. Now, they are going school and smartly turnout with uniform, books in school bag and putting on slipper in foot. Anyone, who will watch children going to school will surely be overwhelmed seeing this change in Nagada esp. among children.

Ashram School

Nagada Children in Ashram School, Chingudipal Session – 2017-18 (Table 21)

Village	Class II		Class III		Class IV		Class V		Class VI		Class VII		Total		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Nagada	1	1	4	-	4	3	2	2	7	7	2	3	20	15	35
Guhiasal	-	-	-	-	-	-	1	-	3	1	1	0	6	1	7
	1	1	4	-	5	3	3	2	10	8	3	3	26	16	42

Source: DEO Sukinda

While looking into the roll strength of Ashram School, it is very interesting to note that a tiny girl of 5-6 years age has joined Ashram School. She is Rui Pradhan D/o Binod Pradhan and Dhani Pradhan of Tala Nagada and also Sambar Pradhan a tiny child of Govind Pradhan, Sukuri Pradhan of Nagada has joined the Ashram School.

Now to rethink certain matters to improvise the service uptake, it will be prudent to be attentive on regular attendance of teachers, regularization of ration to Tumuni and Guhiasal, orientation of teachers on sanitation and hygiene, continued residential education to Nagada children after Class VII etc.

At this age – they are staying far away from their home – leaving their parents in Nagada village. Isn't something impressive!!!

It is a vital factor that, all those children could have remained as potential child labour and even could have been subject to human trafficking at their younger age. But they are now studying in schools and will prosper as educated citizens of their village in due course. This is certainly a very good development impact of Education Intervention in Nagada, which is quite visible now. (Refer Case Study)

Some promising matters that invite attention really refer to some remarkable changes that sometimes before – “were beyond expectation.” Some of those are - opening of 3 primary schools, engagement of Teachers and MDM Cook, provision of MDM, Text Books, Uniforms and health services including IFA, De-worming, admission of 42 children in Chingudipal Ashram School, healthy practices of personal hygiene, sanitation/environmental cleanliness and above all Zero Dropout.

The special effort by the BDO and Tahasildar in pursuing correspondence with School and Mass Education Department as well as expediting approval for school is really memorable. Moreover, the repeated effort of the District Collector, Jajpur to review on construction of school buildings, liaison for arranging logistics for schools and special provisions for children of Nagada villages are remarkable and obviously praiseworthy.

Drinking Water and Sanitation



Water, sanitation, and hygiene (WASH) are fundamental in preventing disease and maintaining good health. Inadequate access to WASH facilities can significantly impact health and result in adverse consequences from exposure to pathogens.

Some diseases are preventable, but may become life-threatening when person has already lowered immunity, from say, malnutrition. Primary responsibility of providing drinking water and sanitation facilities in India lies with State Govt.

The Central Govt. supplements and provides guidance to states by providing financial assistance mainly under two national flagship programs:

1. National Rural Drinking Water Program (NRDWP, 2010) earlier called the Accelerated Rural Water Supply Program (ARWSP) implemented since 1972-73)
2. Total Sanitation Campaign (TSC) being implemented since 1999 - Technical Support Team, DFID

Pre intervention Scenario

During pre-intervention period, people of Nagada and adjacent villages were using Chua water for drinking purpose. Community members, esp. Women, adolescent girls and even children remained engaged in collection of water.

They had to cover a minimum One Km. and maximum 3 Kms distance to reach to the natural stream or its nearby areas to fetch water.

This was very time consuming and hard a task to bring water from such a distance.

Water and Sanitation issue was addressed through

1. Provision of Improved Water
2. Supply of Water Filter
3. Development of Natural Water Resources for Long Tem solution to Water Shortage
4. Campaign for Sanitation and Hygiene

During Summer Days, those streams used to dry up and scarcity of water caused much hardship for the villagers. Moreover, the water borne diseases like scabies and diarrhea were common.

But these curable common diseases used to become chronic since people did not have any alternative rather than using the water of Chua or Natural Stream.

Post intervention Scenario

Emergency Measures

In the first Task Force Meeting held on 24.7.2016, the RDC (CD) instructed the Executive Engineer RWSS to take immediate step for providing safe drinking water to Nagada areas. He also instructed the Collector Jajpur to provide water filter to each household and Anganwadi Centre.

He further directed the Executive Engineer RWSS to conduct survey and find out natural sources of water so that long term management of water issue can be done. It was decided in that meeting to construct 7 sanitary wells in the entire Nagada areas ensuring water drawn from the existing streams.

Distribution of Water Pouch

As immediate step, 3000 water pouches were distributed among people in Nagada and its hamlet areas. One Water Treatment Plant was established at Aradapal which had the capacity of producing 4000 pouches per hour (500 ml. each) of safe drinking water.

The water thus produced was carried by head load to Nagada areas for distribution to villagers. 25000 pouches of drinking water were supplied to Nagada.

Disinfecting Water Sources

Before commencement of distribution of safe drinking water, existing conventional drinking water sources of Nagada were disinfected by using bleaching powder. Also bleaching powder was distributed to the villagers and efforts were made to make them aware to use the same to maintain cleanliness.

Distribution of Water Purifiers

120 water purifiers had been distributed among the villagers of Nagada and its hamlets. The AWWs were instructed to educate people "How to use that" They were required to induce people to use the purifiers regularly.

In concurrence to the emergency measures, the appraisal of progress of work was done in Task Force Meeting held on 5th of August 2016 and it was emphasized to complete Sanitary Wells as soon as possible with Hand Pumps fitted on those and linking of pipes for supply of water to different areas in Nagada.

Major hindrances noticed

- People had the habit of using Chua water. Some habitants were exclusively dependent on Chua water for drinking, cooking & bathing.
- Difficult to bring pouch packets to hill top areas. Water pouches were brought to people by head load.
- Bringing construction materials for Sanitary well to hill top area was quite difficult. Almost all materials were brought by head load.
- The bleaching powder given to people for use was found kept unused.
- Water level of sanitary well Upar Nagada became dried up early.



Sanitary well at Naliadabo

Sustainable Measures

Till the beginning of March 2017 – construction of 6 sanitary wells in 6 hamlets of Nagada i.e. one each at Tala Nagada, Majhi Nagada, Upar Nagada, Naliadaba, Tumuni & Guhiasal was completed with hand pumps fixed over top of those wells. People have started using water of those wells.

Piped Water Supply

Water supply to Nagada villages through pipe to villages through stand posts made possible by connecting those with the main distribution system.



Stand post of water supply at Majhi Nagada

Water supply to each hamlet has been done and stand posts have been developed in convenient spots.



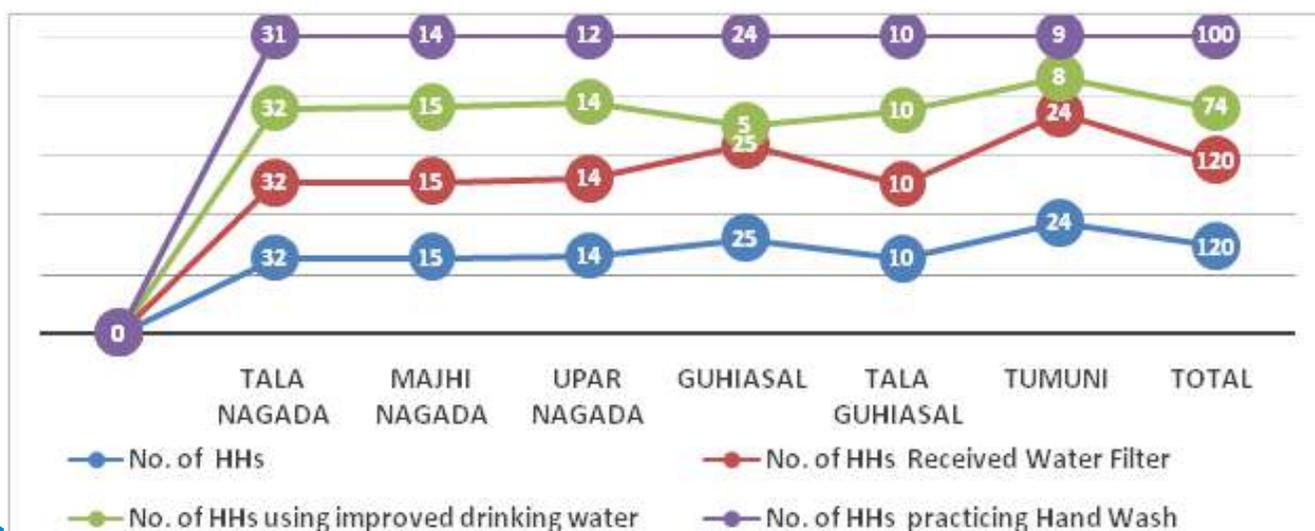
Stand post of water supply at Tala Nagada

Now water is available 24 hours in each hamlet and can get water, whenever they open the tap of the stand post. For the safety of children and pregnant and lactating mother, use of improved water has been promoted among beneficiaries of Nagada. Through regular interaction, AWW, volunteers of ASPIRE and WOSCA counsel people to develop practice of using pipe water

Drinking Water and Sanitation Scenario in Nagada Villages (Table No.22)

Sl.	Village	No. of Households	No. of Household Received Water Filter	Families using improved drinking water	Families practicing Hand Wash	Sanitation well with Hand pump
1	Tala Nagada	32	32	32	31	1
2	Majhi Nagada	15	15	15	14	1
3	Upar Nagada	14	14	14	12	1*
4	Guhiasal	25	25	05	24	1
5	Tala Guhiasal	10	10	10	10	1
6	Tum uni	24	24	08	09	1
	Total	120	120	74	100	6

Source: Primary Data *Naliadaba



All possible efforts have been made to ensure provision of improved water for people of Nagada and its adjacent villages. From the beginning, water purifier had also been provided and community mobilization had also been done in regular intervals. Sanitary wells fitted with hand pumps have already been constructed in each hamlet. All villagers are using Sanitary well. But the number of users is still too low in Upar Guhiasal (5/25) and Tumuni (8/24). As such all members of Nagada villages are not using improved water.



Sanitary well as Nagada

Exploring Natural Stream Water

For ensuring long term solution to water issue of Nagada villages, water conservation and supply of water thro' Diversion Weir is undertaken.

The venture (Ref Case Study) is brilliant example of experience and expertise utilized in coordination with local people to ensure a permanent solution to water problem of the area.

At present two Diversion Weirs

are developed to address the issue. One is at Tala Nagada which is currently functional. This has been constructed (Diversion Weir) by Project Director, Watershed through conserving stream water. The total cost of expenditure is Rs.5 lakhs.

Another one is under construction at Naliadaba that will address water scarcity issue during Summer Days in Nagada villages. This work is under progress. That will be completed soon and become functional.

To address the drinking water issue of Tumuni and Guhiasal two projects have been approved by RWSS Jajpur. Plan is already approved and budget allocation has already been made. Construction is still awaited.



Sanitary well as Naliadabo

Use of Water Filter

It is a fact that since the very beginning, each household is provided with a Water Filter. Initially, it was also used by the households. The AWW, ASHA and volunteers of NGOs (WOSCA, ASPIRE) had motivated people to use that. Now, it is learnt from the primary source that no families do now have water filter.

Many households have already broken that and have stopped using Water Filters. Very few families have maintained (in Tumuni) that and are using that even now. It could be realized through physical verification that only 6 households (out of 120) have kept the filter safe and using the same regularly for purification of water. (Ref. Case Study)



Water filter in use at Tumuni

Sanitation

In case of hand washing practice, this is also not full-fledged in all villages except Tala Guhiasal. Thus, the hand wash practice is prevalent in 100 families as against 120 families. For the purpose of maintaining personal hygiene and sanitation, even though people are in regular touch by the volunteers and AWW, yet the practice is yet to improve and need to be prevalent among all people of Nagada villages. Mobilization need to be more rigorous in Nagada and Tumuni areas.

Moreover, sanitation especially the human excreta management is absent in all Nagada villages. Not a single family does have household latrine. All families go to nearby field or forest area for defecation. Open defecation is rampant in all Nagada villages. During rainy season, with run off rain water, there will be much risk of infection & many other diseases including worm, infection, diarrhea etc.

The change in attitude and practice with reference to personal hygiene among the children has improved. Hand wash, combing hair, wearing chappals and keeping clothes and uniforms neat and clean etc. has been seen prominent among children. But the practice among the mothers and community members is not so shining. Much improvement is needed among them.

While looking into the aspects of change it is realized that the efforts made to address the water problem in the Nagada villages is no doubt tremendous but there is dire need to address the short falls. Meanwhile, the water level in the Sanitary Well at Tumuni has receded and is not in use now. It is more alarming to note that people have again started using the stream water. Cases of scabies and diarrhea are noticed. (Ref Case Study)

Similarly, the Sanitary Well in Upar Guhiasal is also not in use now. The water of that well has become unusable since water is blocking around it. The water is stinking and getting more and more polluted day by day – thereby affecting the ground water of the Sanitary well there. Now most of the people are fully dependent on stream water. It is noticed that the stand posts of water in Nagada villages are not kept clean. There is no system to drain out the used water. Water remains stagnant around the stand post, stinks and creates unhygienic environment.

Food Security and Social Security

The Background

Food security is a big issue in tribal region of Odisha and Nagada areas are not exception to that. In Nagada, Tribal practice shit cultivation, from which, they produce food for 5 to 6 months. For rest of period, depend on forest products and Public Distribution System, mainly the food grain rice.

From the month of May to September, tribal don't have food. Even though they do have certain alternative source of livelihood i.e. livestock (Goat, Poultry etc.) yet that does not provide regular return since tribals have very few number of livestock.

Their dependency on Non-Timber Forest Produces like seasonal fruits (Mango, Jackfruit etc) and tubers (Tunga and Boinga) also does not support their food security permanently since availability (including the bulk) of those produces varies from season to season and even year to year. And with their growing population, they are also unable to match their everyday need with whatever quantum becomes available with them.

Hence, the Government's Public Distribution System (PDS) plays a very significant role in saving the life of hungry tribal. But to get food grains from Public Distribution System (PDS) they face several problems since they live in hill top area and the road down to the fair price shop was very tough.

Collection of ration was too difficult for them. They had to walk 20 Kms to Chingudipal Gram Panchayat Headquarters area to collect the ration. The main issue was they got wheat along with rice as per government provision. But the pity is – they do not use Wheat and used to sell out the wheat then and there.

After the Intervention

Review of status and deciding primary action

In the First Task Force Meeting held on 24.7.2016, officials of different line departments and the Collector of Jajpur apprised the RDC (CD) of the existing status of Juangs in Nagada villages. RDC directed to address the food security of Nagada villages. He insisted on the following aspects

1. Inclusion of all households under National Food Security Act (NFSA)
2. Change the provision from Wheat to full Rice Quota in the ration card of each household.

3. Change from Priority Household (PHH) to AAY (Annapurna Antyodaya) category with 35 Kgs of rice to each family.
4. Include all eligible beneficiaries under social security schemes The RDC (CD) instructed that the minimum age criteria to be relaxed and flexible norms adopted in case of pension schemes since the life expectancy of Juangs is very less & hardly people above 60 age group are found in Nagada areas

Immediate measures

Immediate distribution of 50 Kgs. of rice and 5 Kgs. of Dal to each family of Nagada to ensure food security at least for 15 days

Distribution of Ration Card and accordingly ration provision could be made for 73 families in the first week of July 2016. Further action taken up to expedite issuing ration card to rest families of Nagada and its adjacent villages latest by the end of July 2016

Initiative to detect eligible persons and finalize their pension benefits under social security schemes .

Plantation of local varieties of Papaya, Mango, Jackfruit, Banana and distribution of seeds and saplings free in Nagada and its adjacent villages

Covering households under Poultry/Goatery scheme under livelihood program as replacement to piggery.

Even though a lot of activities have simultaneously been taken up for the promotion of food security and social security of Nagada people, all activities had properly been coordinated by district administration. Periodic review and advice by RDC (CD) could make the entire process linked properly with good result in a time bound manner.

PDS Scenario in Nagada villages

The scenario prior to June 2016 indicates that - only 73 out of 120 households of Nagada villages had ration card. All the card holders had to reach Chingudipal GP HQrs. which is too far for them and access to the fair price store was difficult task for them to reach that place by covering the forest road down the hill.

The distribution was done once in a month. The wheat they got in the ration was of not used by them. They sold that, on the spot. 63 households had PHH (Priority Household) Cards and Only 10 families had AAY (Antyodaya Annapurna Yojana) card.

PDS Scenario in Nagada villages Prior to June 2016 (Table 23)

Type of Beneficiary	Families Covered	Beneficiaries Covered	Place of Distribution	Entitlement Per Head	Frequency of Distribution
AAY	10	60	Chingudipal Retailer centre	35 Kg. of Rice per Family and 500 ml/head K.oil per month	Distribution is made once in every month
PHH	63	290		5 Kg. Rice or Wheat per head & 500 ml. of K.oil per head per month	
Total	73	350			

In the 3rd. Task Force Meeting held on 30.8.2016, the RDC (CD) appraised on progress of work and reviewed the measures taken to ensure food security and livelihood promotion. He reiterated his insistence on inclusion of all households under NFSA and convert PHH cards to AAY to the maximum.

During the 4th Task Force Meeting, the Civil Supply Officer of Jajpur informed RDC (CD) that all beneficiaries have been included under NFSA and the Wheat quota of all ration cards been converted to full rice quot.

PDS Related Information On Nagada(June 2016 to December 2016)						Table 24
Type of Beneficiary	Total No. of Family Covered	Total No. of Beneficiaries Covered	Place of Distribution	Entitlement Per Head	Duration of Distribution	Frequency of Distribution
AAY	94	397	Place of distribution was shift to Deogaon which was appointed as a sub-centre for PDS distribution by Sub-collector, Jajpur vide order No. 404 Dtd. 28.07.2016	35 Kg. of Rice per Family and 500 ml/head K.oil in a month	The distribution is made upto 15 days in a month during this 15 days, distribution is completed.	Distribution made once every month
PHH	21	164		5Kg. Rice or Wheat per head & 500 ml. of K.oil per head a month		
Total	115	561				

The Pro People Initiatives

Within a span of 6 months following change in the status of Public Distribution System is really commendable. Following are some of the major aspects:

- Total families covered increased to 115 till end of Nov. 2016 which was 73 at beginning of July 2016.
- But till the end of Nov 2016, beneficiaries increased from 350 to 561.
- Converting a number of PHH card to AAY card was also a great beneficial measure [AAY increased to 94. It was only 10 in Pre June 2016].
- Moreover, PHH was 63 in Pre June period which has now been reduced to 21

The most important thing is Change in Place of Distribution of Ration. Priorly Nagada people had to go to Chingudipal (24 Kms from foot hill of Nagada) for collection of ration. Place of distribution was shift to Deogaon which was allotted as a sub-centre for PDS distribution by Sub-collector, Jajpur vide order No. 404 Dated. 28.07.2016. Govt. took immediate decision and ensured distribution at Deogaon, a nearer place.

PDS Related Information On Nagada (January 2017 to December 2017) Table 25						
Type of Beneficiary	Families Covered	Beneficiaries Covered	Place of Distribution	Entitlement Per Head	Duration of Distribution	Frequency of Distribution
AAY	106	478	Nagada	35 Kg. of Rice per Family & 500 ml K.oil Per head a month	Distribution is made in two ways as per Govt. order. (1) When Govt. of Odisha allotted food grains for 2 months then distribution is made from First date of the First month to the 25th date that month. (2) If Govt. allotted food grains for April and May 17 month, then distribution will start from first April 2017. During this time period, people will take dual month food grains in a single month (3) K.oil distribution is made each month.	Sometimes Govt. of Odisha orders to give ration on a bi-monthly basis and sometimes also on monthly basis. It depends on availability of food grain
PHH	16	103		5Kg. Rice per head & 500 ml. K.oil Per head in a month		
	120	581				

Further Pro Actions

The developments during Jan 2017 to December 2017 are more impressive and rather beneficial in nature. During this period a number of pro people measures have been taken. Highlights of this period cover the following

- ✓ All households and all beneficiaries of Nagada areas are covered
- ✓ For AAY, distribution is made in two ways as per Govt. order.

[When Govt. of Odisha allots food grains for 2 months, distribution is made from First date of the First month to the 25th date that month. If Govt. allotted food grains for April and May 17 month, then the distribution will start from first April 2017. During this time period, people will take their dual month food grains in a single month.]

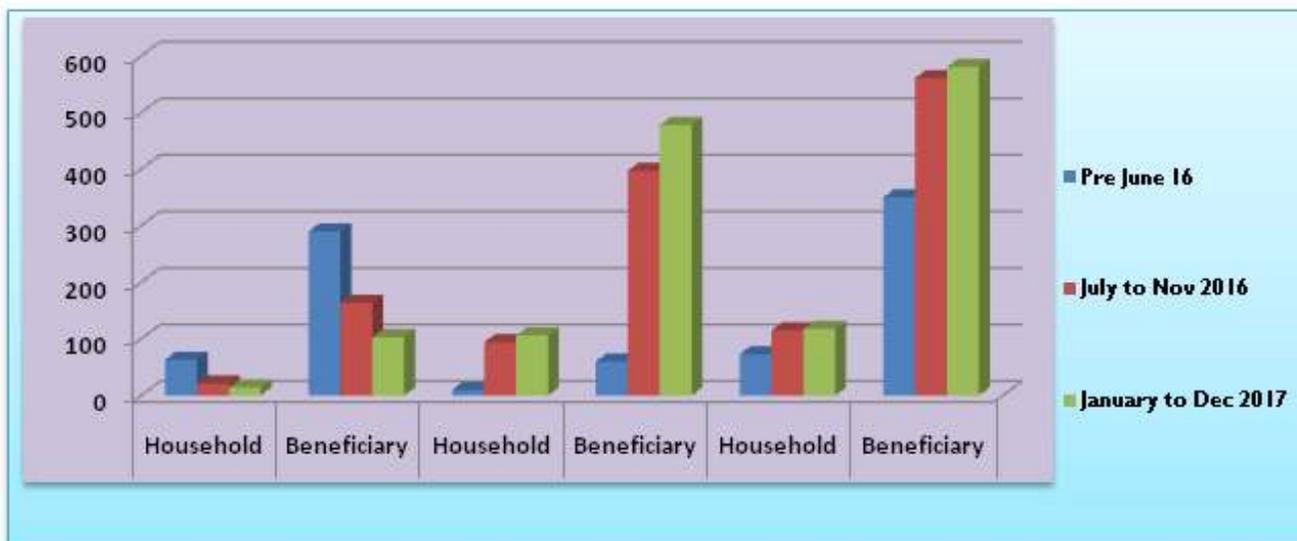
However, Kerosene Oil will be distributed each month.

And again the important thing is the place of distribution of Ration has become nearer further. Place of distribution been shifted from Deogaon to Nagada

N. B. – Maa Mangala Women Self Help Group (WSHG) provides the food grains (as per ration card) to Nagada people at Nagada (from Deogaon). This WSHG has taken responsibility for the entire Chingudipal Gram Panchayat (Ref. Case Study)

A critical analysis of the Public Distribution system (Table 26)

Period	PHH		AAY		Total	
	Household	Beneficiary	Household	Beneficiary	Household	Beneficiary
Pre June 16	63	290	10	60	73	350
July to Nov 2016	21	164	94	397	115	561
January to Dec 2017	14	103	106	478	118	581



A critical analysis of the public distribution system in Nagada villages, as enumerated above gives a clear grasp of the preliminary status as well as the ultimate achievement of covering all households under National Food Security Act (NFSA) with the successful outcome of ensuring maximum possible benefit (converting PHH to AAY) to maximum households (106/120).

This outstanding achievement owes a lot to the throb of RDC Mr. A. B. Ota towards the rural poor and his insistence to ensure 100% coverage. This is more a matter of his commitment rather than a passion towards the tribal poor. His repeated visit to Nagada villages, taking note of complaints and suggestions of tribal people to ensure improvement in PDS supplies has brought land mark change in the PDS service for Nagada and its adjacent villages.

The successful effort of changing distribution spot of PDS materials first from Deogaon to Chingudipal and then within a very short span from Chingudipal to Nagada – clearly indicates how he had grossly involved himself in the entire process.

Thus as a whole - this is virtually outcome of a consistent effort to adjudge the status of beneficiaries at the outset, making continuous efforts to ensure 100% coverage and thus ultimately become successful in ensuring the cherished goal of “maximum benefit to the maximum people”

Social Security Coverage

In the 2nd Task Force Meeting, the RDC (CD), while appraised the food security and livelihood interventions, directed the District Social Welfare Officer to make a survey and confirm the number of beneficiaries eligible for pension on different schemes of the Central Government & State Government. An assessment of the pending pension cases as against the eligible cases up to November 2016 was done and accordingly finalization of all pension cases was initiated during early August 2016.

During the 4th Task Force Meeting, held on 30.11.2016, it was appraised to RDC (CD) that all cases of pension eligibility has been identified (80 Nos.) and meanwhile, official procedure has been initiated to transfer amount to their personal account in bank.

In the 5th Task Force Meeting, District Social Security Officer of Jajpur appraised RDC that final payment to the bank account of 68 Nos. beneficiaries (30 of Guhiasal and 38 of Nagada including 28 Madhu Babu Pension Guarantee Yojana, Old Age Pension, 12 Madhu Babu Pension Guarantee Yojana, Widow Pension, 14 Indira Gandhi National Old Age Pension, 9 Indira Gandhi National Widow Pension and 5 Indira Gandhi National Disability Pension) have been possible till November 2016. RDC (CD) suggested covering all left eligible beneficiary under MBPGY (OAP), MBPGY (WP), IGN (OAP), IGN (WP) and IGN(DP) as per their eligibility latest by January 2017.

In the 5th Task Force Meeting it was confirmed by District Social Security Officer, Jajpur that all the left out eligible cases of pension cases have been covered upto November 2017.

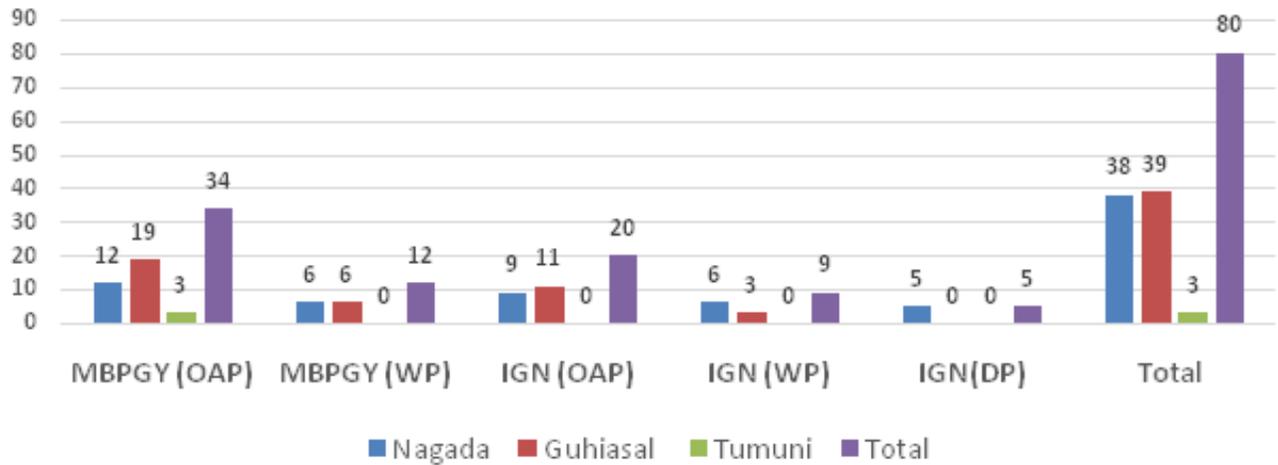
Status of Pension Cases of Nagada as on Nov 2017 (Table 27)

Village	MBPGY (OAP)	MBPGY (WP)	IGN (OAP)	IGN (WP)	IGN(DP)	Total
Nagada	12	6	9	6	5	38
Guhiasal	19	6	11	3	0	39
Tumuni	3	-	-	-	-	3
Total	34	12	20	9	5	80

Source : Block Social Security Officer, Sukinda

Under the category of Old Age Pension, total 54 persons have received pension. This includes 34 under MBPGY (OAP) and 20 under IGN (OAP) 30 Nos. Maximum cases of pension under MBPGY is paid (19 Nos.) in Guhiasal. Only 3 cases of pension has been noticed in Tumuni and all have been paid pension under MBPGY.

Status of Pension Cases in Nagada



Under the category of Widow Pension, total 21 persons have received pension. This includes 12 Nos. under MBPGY (WP) & 9 under IGN(WP). Maximum number of widow pension cases (12 Nos.) is in Nagada.

Pro people Effort
Distribution of pension was done at Naliadaba village, the middle point to all 7 hamlets on the hilltop there by drastically reducing the earlier distance of about 20 Kms. to Gram Panchayat Office

No cases of Widow Pension is being found and paid in Tumuni Under the category of Disability Pension five persons have received pension under Indira Gandhi National Disability Pension IGN (DP) and that is only in Nagada.

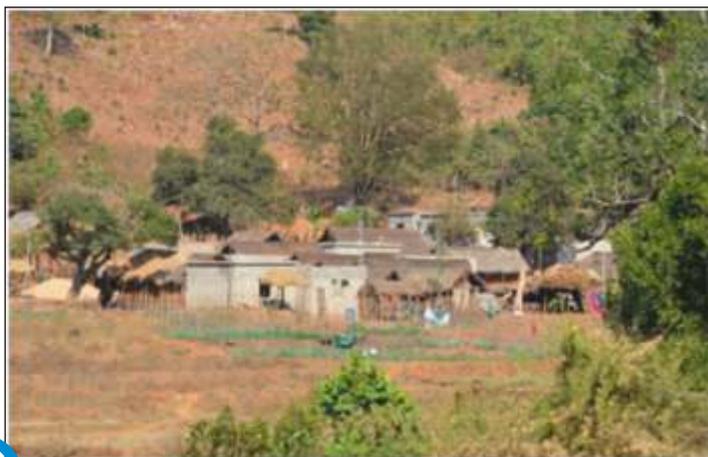
Livelihood Promotion

Since immemorial, tribal living has passed through different stages under influence of natural and ethnic factors. The genesis of tribal livelihood may be traced back from hunting and forest based livelihood. To counter sufferings of tribals, development agencies have shown greater attention to improve their living standards. It is felt widely that vast ethnic group can be productive and can contribute effectively to the nation building, provided their livelihoods get strengthened.

Several types of livelihood patterns viz. crop based, wage based, forest based, horticulture based, migration based, service/business based and animal husbandry based are found prevailing among different tribal communities. The importance of farm sector in terms of percentage of households engaged in cultivation of different crops cannot be denied. It is also observed from the resource base of the tribal households that they are not financially sound and do not have adequate facilities for meeting several basic requirements for a reasonable standard of living.

For a sustainable livelihood pattern a strong resource base is a pre-requisite and an integrated approach is vital. In order to strengthen nutritional security among the vast section of the farm households, the Government has already formulated policy (Forest Rights Act and Community Forest Act) to allot forest land for cultivation and discourage podu cultivation.

Promotion/development of various agro-forestry involving agro-horticulture crops and forest species, and conversion of podu land into terraced fields, and community forests for NTFPs, etc are some more options that can ensure livelihood security for tribal in a holistic manner.



Livelihood in Nagada – an overview

The traditional livelihood system of tribal people of Nagada has been based on shifting cultivation and collection of edible forest produce.

Such a system was rendered sustainable by a level and pattern of utilization of land and forest resources, which ensured their self-generating capacity. People in Nagada villages do reside in Hills. They depend upon land, water (rain water) and forest.

In Nagada villages three types of land are available. In low land they cultivate rice, maize & some type of vegetables. In these locations they find opportunity to use rain water and stream water for watering the crop. But streams dry up during summer.

In the middle land they cultivate pulses, beans and turmeric and in the up land (the dense forest area) they collect Non Timber Forest Produces including Mango, Jack Fruit and Ridge guard etc. But all these do not provide full-time support for their food security

They remain engaged only 6 months in a year. Nagada people don't have any special skill and no craft promotion work has till date been done in Nagada villages.

And more particularly, Nagada people never migrate, since they lack skill to get employed elsewhere.

Moreover, implementation of Mahatma Gandhi National Rural Employment Guarantee Scheme is too poor in their areas till June 2016. Hence, they remain workless for 6 months a year. As yet, no Farmers Group or Women Self Help Group has been formed in Nagada. People do rear livestock

– more particularly Goat, other than Poultry. They use to sell those sometimes for the purpose of earning something to purchase their items of need – more particularly, Rice and Salt etc.



Upper land and Middle Land in Nagada

Initiative to Promote Livelihood

The initiative to promote livelihood of Nagada people got a boost when RDC arranged Task Force Meetings and repeatedly ordered for taking steps on war footing to promote livelihood and food security of the tribal poor.

He ordered for a number of initiatives, repeatedly made stock taking of progress in work, visited field for physical verification and arranged a number of meetings to appraise the developments. Some of the initiatives include the following:

- ⇒ Ordered Orissa Livelihood Mission to do household mapping on livelihood
- ⇒ Develop Nagada specific Livelihood plan
- ⇒ Identify existing skills of people
- ⇒ Promote Women SHG based activities
- ⇒ Promote livestock rearing – esp. Goat and Poultry
- ⇒ Issue Land Patta as per the provisions of Forest Rights Act



The drying water source

Major Interventions

1. Organizing women in Self Help Group
2. Promotion of Livestock Rearing
3. Land Patta under Forest Rights Act
4. Livelihood promotion through Horticulture and Agriculture Promotion

Organizing women in Self Help Groups

Organizing the unorganized women in to Self Help Groups was the primary effort towards developing a plat form for introducing livelihood development activities. Women are intended to be change agents.



- Women of different villages were organized into Self Help Groups and were extended support under Orissa Livelihood Mission.
- Integrated Action Plan was prepared along with Agriculture department and Horticulture department, Veterinary Department to engage women and enable them self-reliant.
- 10 Women SHG have been formed in Tala Nagada, Majhi Nagada, Upar Nagada, Guhiasal, Upar Guhiasal & Tumuni villages.
- Nine out of 10 SHGs have opened their Bank account at Andhra Bank Kaliapani.
- Revolving Fund of Rs.1,35,000/- (Rs.15,000/- to each SHG) has been released to them by OLM. Over the period the amount has been used by some of the WSHG to purchase seeds for vegetable cultivation.

Promotion of Livestock Rearing

For the promotion of livelihood, OLM, ATMA and Veterinary Department of Jajpur district has extended support to different SHGs. 50 goats have been provided to women SHGs [20 to 4 SHGs in Nagada, 12 to 3 SHGs of Guhiasal and 10 to 2 SHGs of Tumuni]

Goats Provided		
Upar Nagada	-	07
Majhi Nagada	-	03
Tala Nagada	-	10
Guhiasal	-	12
Tala Guhiasal	-	06
Tumuni	-	12 [Total - 50]



Other than this, 2 male goats one each at Tala Nagada and Majhi Nagada have been provided. 20 Mini Kits of Fodder have been distributed among 20 farmers for promotion of seasonal fodder (Cow Peas) in their land.

Vaccination of the animals against PPR and FMD has been done on 16.12.2016. A Mega Animal Health Camp was organized on 14.12.2016 where 86 cattle and 138 small animals were treated against various

disease. Moreover, Till December 2017, there are 134 Goats, 11 Pigs & 337 Poultry with Chicks in Nagada villages. However, 12 Goats given to SHGs of Tumuni has meanwhile died of diseases. But within few months all goats died. Those sick goats also caused death of many adult goats and kids. (Ref. Case Study).

24 farmers of Nagada (5 from Upar, 10 from Middle and 9 from Lower Nagada) have been selected by the animal husbandry department under National Livestock Mission for assisting through Back Yard Poultry with improved colored birds. Rs. 1500/- per farmer has been transferred to their account. 45 colored birds (1 month age) have also been given to 15 families of Nagada areas. The OLM & ATMA has given 800 chicks to people of Nagada, Guhiasal and Tumuni.



Nutrition garden at Nagada

Horticulture Promotion

For horticulture promotion, the Horticulture and Agriculture Department has distributed saplings and seeds to 85 Households of Nagada areas and extended handholding support from the time of planting till harvest.

This includes Mango-100 Nos. Jackfruit Seedlings -100, Papaya Seedlings 100 Nos., Coconut Seedlings 7 Nos. and Vegetable seeds like Okra, Ridge Guard and Cucumber.

Moreover, as per directive of the RDC (CD), additional seedlings also been distributed to different households i.e. additional 5 Nos. of Papaya, 2 Nos. of Mango and 5 Nos. Drumsticks

About 30 households have been provided support to develop backyard kitchen garden. Other than this TICSO Kaliapani has also extended Vegetable cultivation support to different villages in Nagada, Guhiasal & Tumuni.



Nutrition garden at Guhiasal

Vegetable cultivation in different villages has become a matter of growing interest among all. Both individual and community-based initiatives are definitely a change from the traditional dependency on Shifting Cultivation a viable alternative that will ensure food support for Nutrition Development but also some income in due course. Increased interest towards vegetable

Good Practices and Prospect

- ✓ Growing interest among people towards vegetable cultivation [both individual and community]
- ✓ Use of vegetables in daily food of children, pregnant and lactating women has increased
- ✓ Repeat cultivation i.e. 2nd Crop is also witnessed in many villages.
- ✓ Women in Guhiasal developed community based Vegetable Garden

cultivation has also been boosted through availability of water bodies in nearby areas. Women are watering the vegetables by bringing water from the nearby pond by pitcher. (Ref. Case Study)

Benefiting from MGNREGS

Over the last eight years, the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) has become an important instrument for equitable growth, livelihood support, gender parity and social security in India. It is a path breaking, demand driven wage employment scheme that guarantees 100 days of wage employment in a financial year to every rural household whose adult members volunteer to do unskilled manual work. In Odisha, this Scheme has been a strong pillar of support for rural area in their quest for livelihood security.

Now the Government is moving towards increasing the scheme coverage, creating quality assets at the ground. It is strongly felt that a focused approach on implementation of MGNREGS will contribute towards common and shared goals of empowerment of marginalized communities, and alleviation of rural poverty through creation of sustainable and productive

Since the inception of the Scheme in the State, it has been taking ardent efforts and enabling actions to improve the performance of the Scheme for streamlining processes, improving transparency and accountability, building adequate institutional staff and systems capacity, integrated planning, etc.

Before June 2016, the implementation of MGNREGS in Nagada villages was absent.

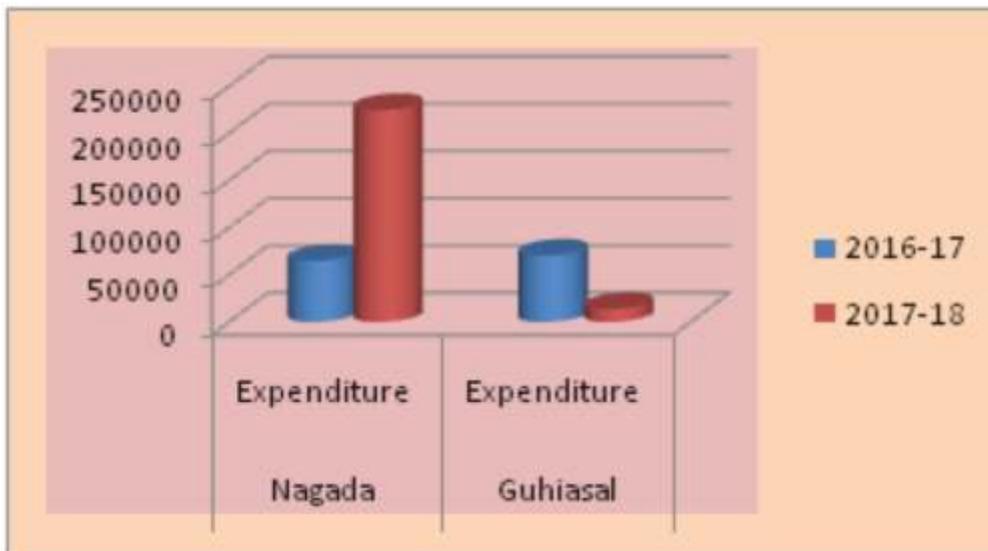
In the First Task Force Meeting, RDC instructed Block Development Officer, Sukinda to conduct need assessment of Nagada villages. Accordingly, a need assessment was undertaken in each village. During the assessment views of local people were noted.

After this assessment, keeping in view the need of the people and demand of the people, the Project Director District Rural Development Authority, Jajpur decided a basket of programmes to be undertaken through MGNREGS. Immediately, Job card issued to people by arranging camp at Naliadaba and initiatives been taken to open banks accounts of job card holders.

After all these, the plan for work was decided with reference to area and nature of work i.e. whether individual asset development or community asset to be developed. Keeping in view the need of the people and need of the locality, many activities have been taken up under MGNREGS with a motto to create scope of wage earning for local people and develop social assets that can be of much help to promote their income and ensure conservation of environment.

Name of Revenue Village	Name of the Project	Person days generated			Expenditure incurred (Rs.)		
		2016-17 (Jun 16 to Mar 17)	2017-18 (Apr 17 to Dec 17)	Total	2016-17 (Jun 16 to Mar 17)	2017-18 (Apr 17 to Dec 17)	Total
Nagada	Improvement of road from Uppar Nagada to Tala Nagada, Excavation of tank at Tala Nagada, Excavation of tank at Tumuni * Land development of Budhu Pradhan and Gamai Pradhan in Nagada	372	1276	1648	64,728/-	2,24,576/-	2,89,304/-
Guhiasal	Renovation of Guhiasala Tank Excavation of tank at Taladhia	404	78	482	70416	13728	84144
		776	1354	2130	135144	238304	373448

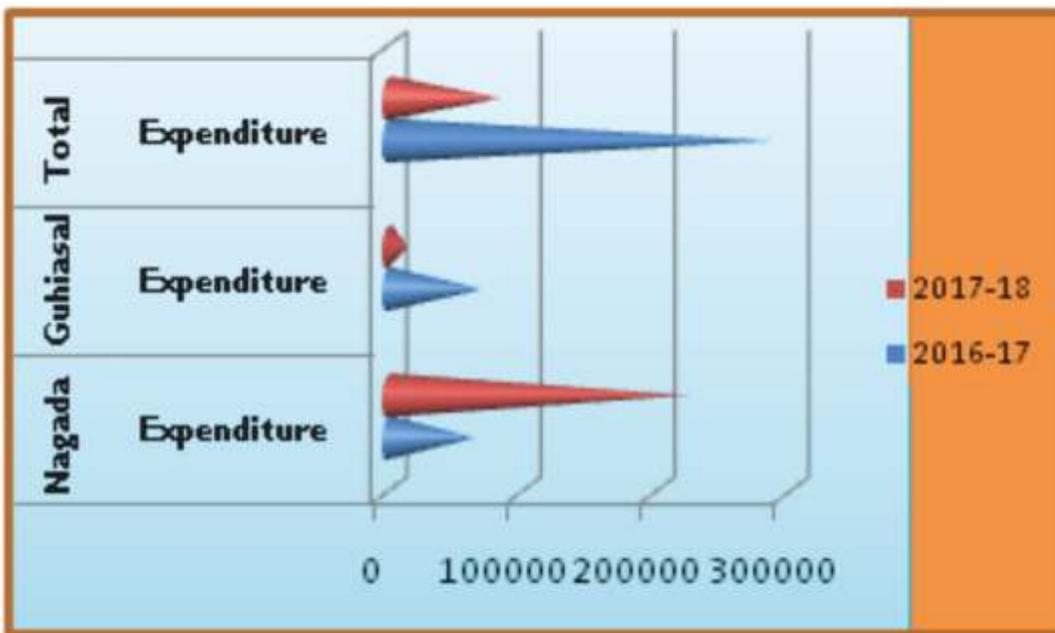
Source : BDO Sukinda (Ref. Case Study)



It is evident from the above data that MGNREGS activities had been quite need based and had catered to the need of people.

A number of activities have been done both in community land as well as individual land to ensure benefit to the community in a wholesome manner.

The varieties of work includes Improvement of road, Excavation and Renovation of tank for community use and also land development of community members in different villages.



During June 2016 to March 2017 more work in terms of person days has been created in Guhiasal and that too for community assets development.

But more varieties of (need based) community asset development along with land development of individuals have been done.

Through same works (in continuation from previous period) more person days have been created during April 2017 to Dec 2017. Thus out of a total of 2130 person days 776 person days have been created in June to March where as in April to Dec 2017, it was 1354.

There was a substantial increase in availability of work in terms of person days during April to Dec 2017 in Nagada village [372 to 1276] whereas there has been a marked fall for Guhiasal [from 404 person days to 78]. But one of the pertinent factors to note here is not the percentage rise in the number of person days in the period April to Dec 2017 but the matter is availability of work. The work started during the previous year and continued till December 2017. This matters a lot for the people who got wage earning by working in their own village and in their own environment.

Ensuring Land Rights (under FRA)

For the food security of tribal, the government must secure their agricultural land. As the tribal mostly depend on agriculture, the land, water and forest is the main source of producing their food. Their life revolves around these three things.

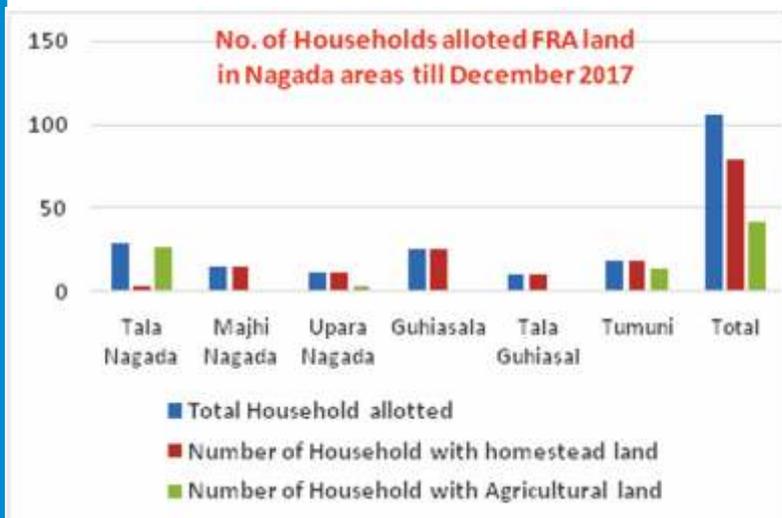
Hence, the government must take steps to protect the tribal land. It has been seen that the government itself acquiring tribal land and in the name of public interest as proposed industries by private company, which makes the tribal become landless or marginal farmers. Hence, the government must save the tribal and provide all facilities for producing sufficient food for them. The survival of tribal communities critically depends on land and forest resources. For historical and ecological reasons, most tribal people inhabit the forest and highly inaccessible regions of the state. These communities practice various customary land tenure systems, which have often been modified by state policies and legislation. In Nagada the tribals inherited land and forest administration systems. Even though the Juangs of Nagada have not yet migrated to any area despite insecurity and have opted for Tunga and Boinga (Tuber) yet their dependency on Podu cultivation has become questionable.

Status of FRA
Land distributed to Nagada Areas Habitants (Table 29)

Name of Village	Total Household	Total Household allotted FRA Land till Dec 2017	Number of Household with homestead land	Number of Household with Agricultural land	Area (In Acres) of FRA land transferred		
					Homestead Land	Agricultural Land	Total
Tala Nagada	32	28	2	26	0.26	8.78	9.04
Majhi Nagada	15	14	14	0	0.8	0	0.8
Upar Nagada	14	11	11	2	0.8	0.45	1.25
Guhiasala	25	25	25	0	1.81	0	1.81
Tala Guhiasal	10	9	9	0	0.53	0	0.53
Tumuni	24	18	18	13	1.25	3.24	4.49
Total	120	105	79	41	5.45	12.47	17.92

Source : Tahsildar , Sukinda

As *Podu* cultivation is not supplementing their subsistence, and forest encroachment prevented them from engaging in collecting forest products – if their land rights is not protected and effected as per Forest Rights Act and Community Forest Rights Acts and if on the basis of this rights, the tribal is not afforded land then day will come when they will look for other sources (other than agriculture) of income from outside the region as migrant wage labour either to in irrigated areas inside & outside state and more particularly may be as wage earners in Mining areas of Jajpur & other districts of Odisha.



In conformity to the provisions of Forest Rights Act, 105 households out of 120 Nagada areas have been allotted land ownership both in terms of Homestead land as well as Agricultural Land.

No agricultural land has been allotted to any household in Guhiasal. Total 41 households have been allotted Agricultural land out of which 26 households are in Tala Nagada. Moreover, no agricultural land is allotted to Majhi Nagada also. Only 2 households of Upar Nagada have got Agricultural land.

Homestead Land	Agricultural Land	Total
0.26	8.78	9.04
0.8	0	0.8
0.8	0.45	1.25
1.81	0	1.81
0.53	0	0.53
1.25	3.24	4.49
5.45	12.47	17.92

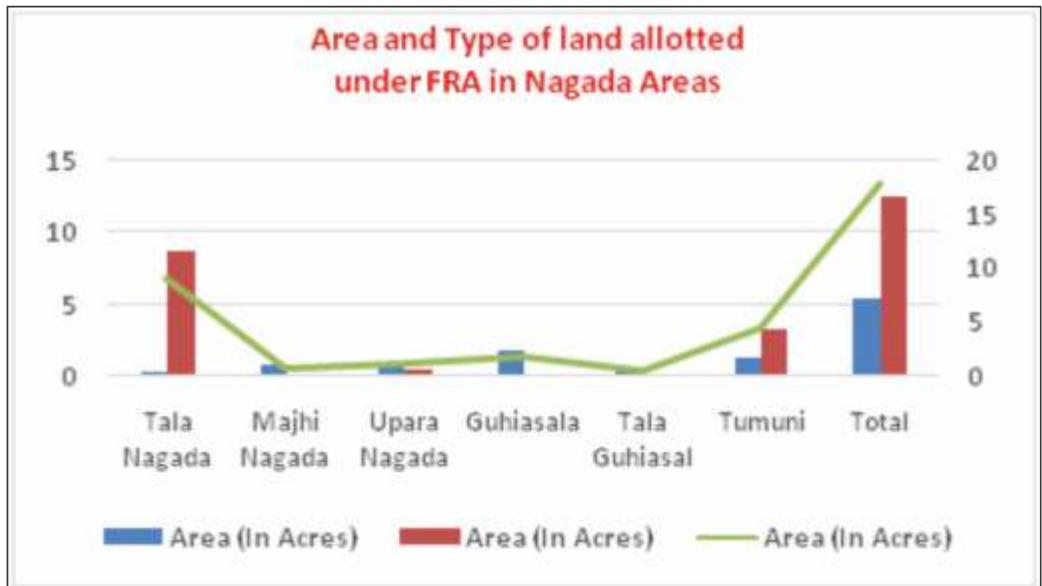
Source : Tahsildar, Sukinda

Perhaps more emphasis is given to ensure Homestead land to people so that their habitat ownership will be assured first. At this stage, 12.47 acres of land has been allotted as agricultural land. But it is a fact that all beneficiaries have not yet been covered in both the aspects. It is a positive factor on the part of Guhiasal village that all the households are allotted Homestead land. In Tumuni 18 out of 24 households have been allotted homestead land, whereas in Upar Nagada, 11 out of 14 have been allotted

homestead land but in Tala Nagada has been the lowest i.e. Only 2 out of 32 households.

Total land allotted in these villages covers 5.45 acres of land and that in terms of Agricultural land is 12.47 acres.

The allotment of 12.47 acres of land is a good boost to the livelihood of tribals who were still dependent on Podu Cultivation.



Having their own land, they can suitably plan for crop both in Ravi and Kharif, depending upon availability of water. Moreover, the line departments can also extend requisite support both for individual and community level agricultural works.

Coverage in terms of number of households is 105 out of 120 household is justifiably a good progress since prior to this none of the households had any homestead or agricultural land.

Having pucca house under Biju Pacca Ghar Yojana, these tribals can now focus more on agriculture. However, the households allotted with land ownership, esp. agricultural land must be demarcated at the earliest so that they can utilize the benefits given to them for agriculture promotion. This is also one of the vital aspects for ensuring their food security.

Public Private Partnership for Agro Promotion (Agro Promotion)

MOU has been signed between Trick Up (a Kolkata based NGO) and OLM that is going to implement livelihoods activities for 5 years in Nagada and Adjacent villages. The organization has formed 3 Gramya Krushak Manch in Nagada (29 farmers), Guhiasal (21 farmers) and Tumuni (23 farmers).

An awareness camp has been arranged during June 2017 at Nagada on Mustard Cultivation and it has been decided to start a demonstration at least 3 acres of community land. Field day has been organized during March 2017 in Nagada in the presence of 23 farmers and Women SHG members.

It has been planned to take up interventions on promotion of High Yield Variety (Hyv) paddy, Hyv Maize, intercropping of Maize with Black Gram (Biri), Inter cropping of Paddy with Arhar (Cereal) and ensure exposure visit of farmers (inter district).

Major achievements of Livelihood Intervention

- About 30 households have been provided support to develop backyard kitchen garden
- Nearly 1080 chicks been distributed to Nagada villages by ATMA and 550 chicks been distributed to Guhiasal and Tumuni. 50 goats are provided by Orissa Livelihood Mission (OLM) and Animal Husbandry Department
- About 1000 fruit bearing trees (Papaya, Mango, Jackfruit, Banana and Drumstick etc.) have been planted in all the 7 hamlets.
- 105 households have been given land titles (both homestead and agricultural land) under FRA and a community claim for one patch of 10 acres of forest land under community forest rights is under process to get clearance from competent authority.
- 95 job cards under MGNREGS distributed and 3 water tanks (2 in Nagada and 1 in Guhiasal) are completed under MGNREGS. One water tank has also been constructed in Tumuni village.
- Agriculture land development of 2 persons of Nagada has been done
- 10 women SHGs been formed out of which 9 have been linked to Bank. Rs. 1,35,000/- @ Rs.15,000/- per SHG have been funded by OLM.

Development Deficits/Gaps

- ⊙ Timely up-scaling of kitchen garden activities covering eligible households in all 7 hamlets
- ⊙ Regular follow up & hand holding by service providers and enhancing quality support to beneficiaries especially in Guhiasal and Tumuni in standardizing development of Kitchen garden activities
- ⊙ Involving households of Tala Guhiasal hamlet under livelihood promotion. The village is nearly cut off and most vulnerable.
- ⊙ Distribution of land titles of additional individual and community forest lands (Taila and Jungle lands) under FRA and initiation of large scale horticulture activities (cashew & mango orchard promotion)
- ⊙ Transfer of community forest land in Upar Nagada (10 acres of CFR Land) and initiate similar process in other villages and introduce land based livelihood activities on CFR land
- ⊙ Livestock loss in Tumuni. (death of Goats). Strict disease surveillance be done. esp. Immunization
- ⊙ Continued community engagement activities through periodic field visit, ensuring better survival of species by timely & regular maintenance (manuring, watering and soil development of planted trees)

The Road Connectivity

- ◎ Strengthening and expansion of Women SHG activities. More focus on area specific income generation activities.

The Critical Link

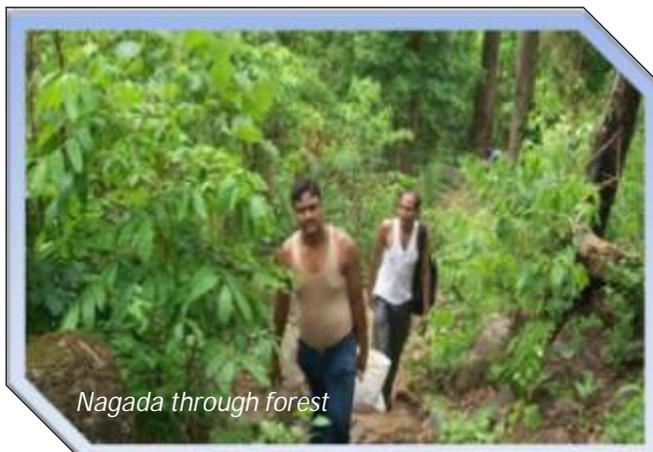
There has been a critical link between Road and Development. To provide connectivity to all villages by all-weather roads, and improve the quality of life in tribal areas, in terms of quick access to health services, better education, social service etc is essential.



In 1998, the NDA Govt. under Atal Bihari Vajpayee launched a massive National Highways Development Project for building a four/six-lane expressway network connecting the four metros (Delhi, Mumbai, Chennai & Kolkata) along with four corners of country.

Not as known, however, a parallel programme that Govt. initiated on December 25, 2000 PMGSY - Pradhan Mantri Gram Sadak Yojana for providing all-weather road to every rural habitation with a minimum

To be connected by road to outside world is not something habitants of Nagada had imagined would happen in their lifetime. The Juang tribal families who live there have walked up and down these hills since the beginning of time, living much the same lives their ancestors did a century ago.



Nagada through forest

population of 500 in plains and 250-plus in hill states, tribal districts & desert areas.

Perched on top of a thickly-wooded hill, the seven tribal hamlets have been inaccessible for decades. The crux of the matter was connectivity. The only way to reach the people of Nagada was a seven-kilometre arduous trek through thick forests and rocky terrain.

In fact, the topography poses a big challenge. Until last of July 2016, the hamlets of Nagada - Tala

- 1) Construction of road from Naliadaba to Upar Nagada (546 meter out of 1100 meters) – Rs. 5 lakhs
- 2) Road from Naliadaba to Tumuni (5465meter out of 2000 meters) – 5 Lakhs
- 3) Road from Upar Nagada to Majhi Nagada (500 meters out of 1500 meters) – 4.4 Lakhs
- 4) Road from Majhi Nagada to Tala Nagada (300 meters) – 2.55 Lakhs
- 5) Road from Naliadaba to Guhiasal (300 meters out of 3500 meters) – Rs. 2.62 Lakhs

- The road work taken up under IAP fund involved Rs. 20 lakhs. Covered 700 meters from Deogaon to Ashokjhar (included 3 Culverts)



Road to Ashokjhar

- The road work taken up under IAP Interest money involved Rs. 25.83 lakhs and covered from Ashokjhar to foot hill of Attapara and Nadiapasi hill.

The construction work was executed, supervised and monitored by Executive Engineer RWD and coordinated by PD DRDA, District Forest Officer, Cuttack and BDO, Sukinda.

Review of activities in regular intervals (say at least once in a month) and repeat visits of supervisory authorities could accelerate progress of work.

The construction work from Ashokjhar foothill to Lower Nagada could cost Rs.1352.00 lakhs. This has been provisioned from the District Mineral Development Fund under the amended Mines and Minerals (Development and Regulation) Act.

Repeat visit of the RDC (Central Division) and the Collector Jajpur to Nagada for assuring quality and progress of work at different times have proved to be very effective in managing man, materials and money completing works in time bound manner.

For accelerating the progress of work, RDC (CD) had again arranged a meeting of the Task Force Team again

before end of the same month i.e. on 30.8.2016. In that meeting, the RDC (CD) instructed Project Director, DRDA to start construction of Village Roads and advised that transparency pillars should be erected at all the work sites indicating detailed information of the project.



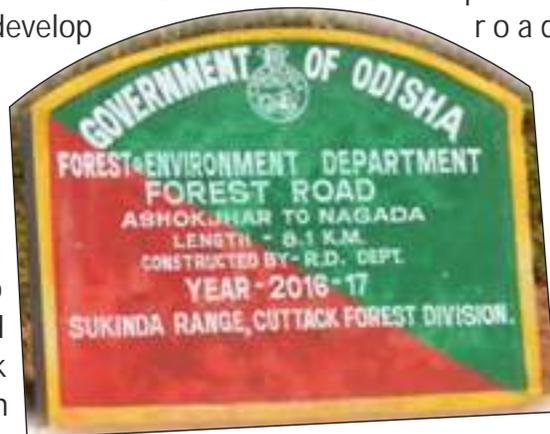
Road view at Ashokjhar

*Now, first-ever road to Nagada is laid.
The serpentine access to
Nagada villages is complete
Now even a scooty can be driven up to
Nagada from the base village*

Nagada, Majhi Nagada, Upara Nagada, Tumuni and Guhiasala—had no road connectivity, no electricity, and no source of potable water. Road connectivity was major impediment for development activities in these habitations at Nagada. From the beginning – Road Connectivity was a major aspect in “Comprehensive Nagada Development Plan.”

Under the guidance of Task Force Team, in coordination with a number of line departments of Government – especially, Road & Works Department, Forest Department and Block Development Officer - efforts were made in well-coordinated manner to develop road connectivity and ensure service delivery.

In the second Task Force Meeting held on 5.8.2016, the Revenue Divisional Commissioner (Central Division) directed BDO Sukinda to prepare estimate for works and also instructed all Engineering Departments along with the Block Technical Functionaries to take up the above work on War Footing basis. He also directed the Executive Engineer RWD Jajpur to take up the survey work along with the Officials of the Forest Department as permission from Forest Department was required to cut stones and even the forest to develop road.



The road construction was prudently done in a well-planned manner i.e. in phases to ensure the completion in least possible time.

The



first phase was from 0 to 1.5 Km, the second was from 1.5. Km to 6 Km (about 4.5 Km stretch) and third phase was from 6 Km to 8.1 Kms. till hill top of Tala Nagada. First stretch work was done by the Block out of Integrated Action Plan (IAP) funds,

Second stage was done by Forest Department by cutting stones executed through Department of Road and Building (as that road ran through forest land) using District Minerals Development Fund and Article 275(1) funds.

The third stretch from the hill top to habitation was done by Block authority out of MGNREGS (Mahatma Gandhi National Rural Employment Guarantee Scheme) fund

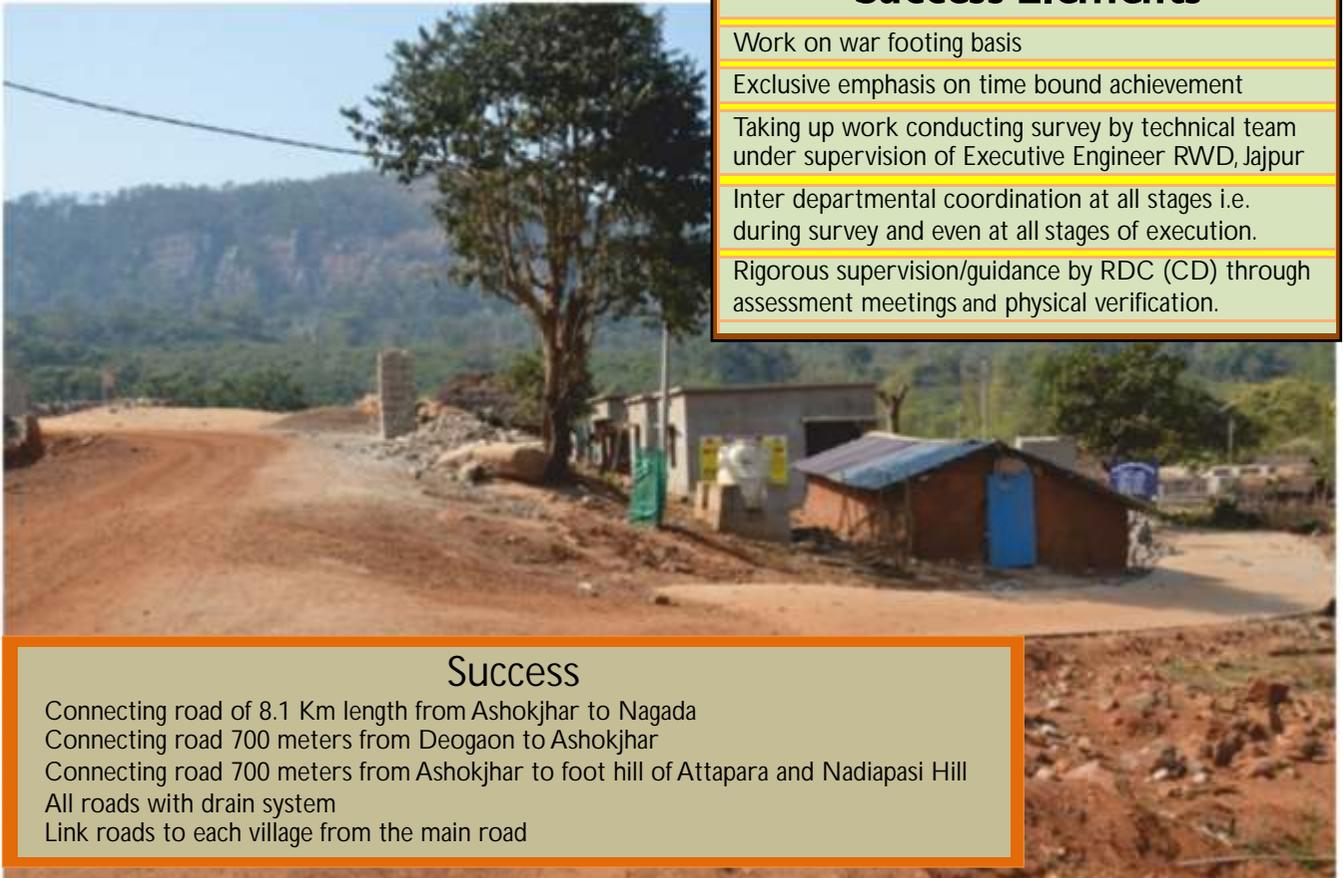
The construction work could be geared up well by inter department coordination and till 5.8.2016, construction work in all the phases were initiated. Till the end of July 2016, the status was as below:

- The road works taken up out of IAP funds available at Block level involved Rs. 19.57 lakhs and covered the following

Connecting the unconnected

“No outsider had visited our village. But after construction of this road, auto rickshaw comes to our village to take our children to Ashram School (Chingudipal),” - Binod Pradhan, 50, Tala Nagada.

This road has been boon to developments in Nagada villages. Today, Juang tribes find vehicles ferrying doctors and Govt. officials reaching their homes at regular intervals. Welfare schemes they had not even heard of now arrive at their doorsteps. Medical team is



Success Elements

Work on war footing basis

Exclusive emphasis on time bound achievement

Taking up work conducting survey by technical team under supervision of Executive Engineer RWD, Jajpur

Inter departmental coordination at all stages i.e. during survey and even at all stages of execution.

Rigorous supervision/guidance by RDC (CD) through assessment meetings and physical verification.

Success

Connecting road of 8.1 Km length from Ashokjhar to Nagada

Connecting road 700 meters from Deogaon to Ashokjhar

Connecting road 700 meters from Ashokjhar to foot hill of Attapara and Nadiapasi Hill

All roads with drain system

Link roads to each village from the main road

Centres
Lacta



enviro
Tumuni has
till now. Seeing
in rainy season.

are established and running, Children and Pregnant/ting Mothers are getting Hot Cooked Meals and Take Home Ration, accessing ANC services, villagers are getting ration and their children are able to study in their own village and even could access to Ashram School at Chingudipal.

While looking ahead

With the connectivity of Nagada by road, while much prospect is awaited in life, livelihood and nment of Nagada, yet it comes to notice that road not yet been constructed and road to Guhiasal is not motorable current condition of road, it can be believed that – situation will be bad

Through this road, the scope of re-shaping tribal life of Nagada has emerged. The PROSPECTs that can be foreseen covers the following aspects If maintenance work of road will be taken up in future that can also ensure wage earning For people in Nagada/nearby villages

1. Drains developed along the road can be used to track runoff water and linked to water harvesting structures (stone bonded structures, seepage tanks etc.) in these areas.
That will ensure rise in water table of land, contribute to the pool of perennial source of water and may ensure emergence of more vegetation.
2. This road will be great link to ventures that promote scope for more income not disturbing natural set up.
 - i) Tourism Hob especially the Picnic Spots developed in Guhiasal and Tumuni areas (with support of Forest Department and Orissa Livelihood Mission) can contribute to development of Nagada areas.
 - ii) Training Centres and Production Centres developed and maintained by Forest and Tribal



Electricity, Village Internal Road and Housing



Housing

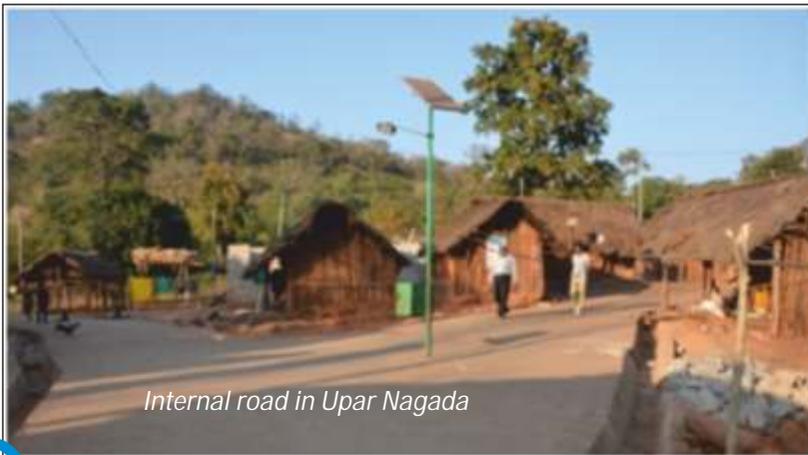
Construction of Pucca House under Biju Pacca Ghar Yojana and ensuring provision of electricity has been emphasized since the beginning when different construction works were taken up in Nagada villages.

Housing under Biju Pacca Ghar Yojana has been ensured to all households of Nagada villages i.e. 31, 15 and 14 respectively in Tala Nagada, Majhi Nagada and Upar Nagada. Total 60 houses have been constructed.



House constructed under BPGY

For construction of 31 houses in Tala Nagada, per house, 2.3 lakhs (1 lakh from District Mineral Development Fund and 1.3 lakh from IAP fund) has been utilized. The size of house has been increased with more area of coverage. This short of improvement has been done to ensure better ventilation and more space around the house.



Internal road in Upar Nagada

Village Internal Road

In each hamlet, spacious roads are running in every part of the village. The road connects every corner of the hamlet.

All the internal roads are concrete roads and are kept clean by villagers. For constructing internal road Rs.5 lakhs each from IAP interest fund has been

utilized for concrete road from main road to Upar Nagada, Majhi Nagada and Tala Nagada.

Village internal road to every part of villages have been constructed. In each village, each hamlet is linked to each other through internal road.



Solar Light

To ensure energy solution – a preliminary survey in all villages of Nagada was done by Orissa Renewable Energy Development Agency (OREDA)

After completion, it provided solar light to each household. 127 home lights (solar lights) have been provided to habitants of Nagada, Tumuni and Guhiasal.

Total 16 Street Lights (Solar) have been fixed in different hamlets of Nagada. Out of this, TATA Steel has fixed 8 street lights.

Under this provision, two LED lights and one Table Fan provided to each household.

Odisha Renewal Energy Development Agency (OREDA) has taken the responsibility of maintenance of all street light for 5 years since the date of installation.

The Technician of OREDA regularly visits these villages twice a month and verifies the functioning of the above lights in Nagada villages. Till date, 45 home lights and 2 street lights have been repaired.

Village Electrification

After completion of road, erection of Poles for supply of electricity to all villages is done except Tumuni.

The Pole Erection work to all Nagada villages and Guhiasal has been completed 30.10.2017.



Electrification in the villages have been completed and test charge is done on 14.8.2017.

MESCO Executive Engineer has not yet issued the charging order after inspection on dated 26.8.2017. After

Community Mobilization

receipt of charging order, power will be supplied.

In all cases of initiating any development work in a hard to reach area – especially in tribal areas, community mobilization plays a vital role. In fact, that reduces (even to zero) the gap between the beneficiaries and the service providers significantly and very well establishes a good understanding and rather goodwill among them. That increases the scope for cooperation and coordination of different stakeholders, accelerates the process and ensures definite result.

To extend support to service providers especially the Health Team, Government Officials during field visit and even to support in different government programmes to gather and motivate people on Government Schemes, the Welfare Extension Officer of Sukinda identified five local leaders for community mobilization and more as opinion leaders.

Following are the community mobilizers.



1. Sri Gada Pradhan – Tala Nagada

2. Sri Siba Pradhan – Majhi Nagada

3. Sri Mani Pradhan – Upar Nagada

4. Sri Tiniginia Pradhan - Guhiasal

5. Sri Mitu Pradhan – Tumuni

Suggestions and Recommendations

This report shows that there has been remarkable change/improvement in Nagada villages and Nagada is still prospering. As a matter of fact, different development activities has not only brought some tangible changes but also brought to lime light some of the development deficiencies.

Given the existing status, since any further action still involves the burden of multiple actions related to different aspects (i.e. Health, Education, Sanitation etc. etc.) for wholesome development, it is more important than ever to pay specific attention and exert prominent focus to bring promising impacts further.

1. ICDS

- ◆ More teaching learning materials to Mini AWCs. Spare items made of non breakable materials need to be provided. In AWCs play and game items are found kept intact and very less used by children
- ◆ The capacity building of AWWs focusing on sanitation and hygiene aspects through refresher programmes and increased involvement of Civil Society Organizations in areas of behaviour change and replicate ASPIRE-TSRD approach in community mobilization
- ◆ The newly appointed AWW should visit AWC developed in Kuchinda Sub Division of Sambalpur district to see how nicely that has been developed
- ◆ The preschool education at AWC should be done in local language of Juangs in order to facilitate compatibility among children. In this context, for proper exposure purpose, one may visit Keonjhar district and get an exposure to those AWCs located in Juango villages which use the Juango language-based materials and methodologies in educating children both at AWC and Primary School level. In case of need – the exposure party may contact and take support of the local NGO – WOSCA at Keonjhar that works with Juango
- ◆ The renovation of New Anganwadi Centers by TATA Trust has not yet been completed – leaving it unsuitable for use. The work should be augmented properly but at the earliest.

2. Health

- ⊙ Periodic refresher/orientation of ASHAs on-field regular support and guidance by visiting health teams (RBSK & Immunization Teams) enhancing pay and incentive their involvement on community health activities.
- ⊙ Replicate ICDS strategy in capacity building of frontline workers visit and handholding by CDPO. The ICDS Supervisors and mentoring services by experienced workers.
- ⊙ Optimizing the RBSK team weekly visit by close monitoring of its field activities by CHC Medical Officer or NHM Officials & monthly review of RBSK output and activities at district level by CDMO
- ⊙ Activities related to Monthly Immunization, Bi annual Vitamin A and De worming campaign (NDD) without any reduction in efforts.

3. Livelihood

- ⇒ Kitchen gardens developed by Katakia Pradhan and Kamala Pradhan in Upar Nagada village supported by TSRD could be taken as demonstration points both for upscaling and quality implementation of the

activity across villages. The Kitchen Garden done by community members (women only) in Tumuni can also be referred for replication.

- There is ample scope for large scale cultivation of garden crops in Uppar Nagada, Tala Nagada, Guhiasal as well as Tumuni. The coordination among the community is very strong in Tumuni and moreover the unity among women in Guhiasal is also found to be very strong. Their potentiality may be utilized for mass production of vegetables that will be great source of Nutrition for all the habitants there.
- Regular sharing of experiences and cross-learning and mutual support among service providers – both Govt. and Non Govt. engaged in promotion of Kitchen Gardens.
- Devise separate livelihood plan and strategies for Tala Guhiasal village
- To organize special bank account opening, job cards distribution camp to cover all left outs
- Process should be initiated to distribute additional forest lands both for homestead as well as agricultural land as well as develop livelihood development plan in Nagada with specific focus on household and community specific interventions
- SHGs need to be oriented and strengthened. 10 principles of SHG strengthening promoted by OLM need to be implemented in the field. Activities initiated by women SHGs i.e. some savings must be regularized and replicated in other areas.
- Increase in number of field visits and community interaction sessions of Animal Husbandry, Horticulture and OLM officials /field staff
- The livelihood promotion activities planned by OLM and required to be implemented by Trickle up need to be taken up immediately.
- Fodder cultivation on road sides and hill slopes in coordination with the Horticulture department is also a need of the hour
- Regular vaccination of all livestock need to be done to avoid loss of animals. Strict watch should be kept on onset of any disease. At least a monthly visit of veterinary teams to different hamlets can bring very good result in terms of survival and good growth of livestock. The death of more than 12 goats (issued to the villages by ATMA) due to unknown disease in Tumuni should be the last warning in this context.
- Still people of Nagada are suffering from unemployment for more than 5 months in a year – despite engaging their spare time for collection of tubers (Tunga and Boinga). The Government may pursue Nagada-specific MGNREGS Plan (including Tumuni and Guhiasal) and expedite its implementation henceforth – esp. from the current season. A basketful of activity, under MGNREGS, need to be formulated so as to provide work to the villagers for a period of 200 days during a year.
- Farmers Clubs need to be formed in each village and members should be empowered through awareness generation and exposure visit to gain knowledge on high yield varieties, drought proof varieties, short duration varieties. Agriculture Department in coordination with Livelihood Mission should ensure development of “Demonstration sites” – at least 4-5 acres – for Oil Seeds, Maize, Paddy, Black Gram, Arhar Dal etc.
- Livelihood supportive skill up development and up gradation training especially on Leaf Plate Training to Women, Bamboo Crafts training to Youth as well as Training on Goatery and Poultry need to be undertaken for each of these villages.

4. Education

- ü Formal training of all teachers and community level volunteers on sanitation, hygiene and school health programmes

- ü Close and regular monitoring of activities of appointed teachers by block education officials.
 - ü Provision of logistics e.g. tables and chairs for schools esp. in Nagada
1. Getting fixed number of seats reserved in higher classes for students from Nagada areas after Class VII in the nearest SCST residential High Schools. Classes are there upto Class VIII in Chingudipal Shevasharam School where Nagada children are enrolled. After completion of Class VIII, Nagada Girls should continue their education in order to prevent them from early marriage which is prevalent in their community. Government should plan for housing of Nagada boys and girls in other schools of the Block like Gobarghat, Kuhika and Bandhagaon Panchayat. The plan should be chalked out in advance from now. The students must be taken to such schools on exposure visit.
5. Infrastructure
 - Immediate electrification in Nagada
 - Plan for construction of main approach roads to Upar Guhiasal and Tumuni village
 - Special plan for Tala Guhiasal
 - No pucca house has been constructed in Tumuni and Guhiasal villages even though it was planned to construct 120 rural houses for 120 houses of Nagada, Tumuni and Guhiasal. [under BPGY]
 - Poles have been erected in all the villages for the purpose of electricity supply, but there is no supply of electricity – except the provision of Solar Light.
 6. Water and Sanitation
 - There is ample scope for runoff water management to ensure scope for ground water charging, promote water bodies for minor irrigation for agriculture and horticulture activities as well as seasonal Pisciculture works that will directly contribute to the food basket of poor tribal communities. This will also promote unity among them for conservation of natural set up which will have direct impact to reduce the wrath of climate change.
 - Repair of existing sanitary is a dire necessary. The Sanitary wells in Tumuni and Guhiasal is non functional being surrounded by nasty water. As a result of this, people are now using the stream water. It is really high time to get the wells function and ensure water for the community before it is too late.
 - As the Sanitary well at Tumuni is not fully functional because of unusable water quality and as the water level has already started to recede, in order to avert water crisis – new sanitary well need to be developed with priority in Tumuni and Tala Guhiasal where, so far no safe water facility could not be made available as yet.

CHAPTER - III

The Perspective Plan

Introduction

The Perspective Plan is an ambitious plan (2019 to 2023) for the total development of the Juangs.

It aims at improving the infrastructure and providing basic amenities within easy reach in the habitats of Juang people and generating additional employment and income of the people with a view to eliminate their poverty, elevate literacy level, ensure health and food security and enhance their quality of life and ensure their wholesome development.

This plan is based on following **objectives**:

1. Wholesome development through an integrated approach by pulling resources from the Central Government and State Government including other viable sources like International Funding Agencies, UN Agencies etc.
2. Partnership (Public Private Partnership) to address the development needs of PVTGs
3. Promotion of people's participation and organizing the unorganized to encourage development process ensuring involvement in development actions through formation of Self Help Groups of Women, Farmers Club, Federation and Cooperative Development etc.
4. Development of Basic Infrastructures and Social Assets to ensure availability and access to better services in the field of Health, Education, Agriculture, Employability Skill, Sanitation, Drinking Water and Connectivity etc.
5. Promotion of Social Security with increased access and demand by all eligible families

The Approach

To achieve these objectives over a period of five years, certain specific actions have been planned basing upon an approach that will act in conformity to the development plans of the Central Government as well as the State Government, formulated and executed from time to time. The PVTGs constitute the most vulnerable section among the tribals and inhabit in isolated remote and difficult areas in small and scattered hamlets and settlements.

This plan aims at planning their social economic development in a comprehensive manner while retaining the culture and heritage of the community by adopting habitat development approach and intervening in all spheres of their social and economic life so that a viable impact is made in improvement of their quality of life.

The Strategy

The PVTGs are disadvantaged and the marginalized groups among the STs, who live in difficult geographical pockets. 17 Micro Projects in 12 districts covering 20 part blocks are functioning in Odisha State to take care of total development of PVTGs.

This plan will aim at overall development of tribal people with an outcome-based approach, which will ensure that all the intended benefits goods and services to the tribal people through various programmes and schemes of the Central and State Government covered under this plan reach them by way of appropriate convergence. It is envisaged to develop all the hamlets of all the villages with visible infrastructure facilities to further the mission of development with focus on the following aspects:

1. All weather connectivity to all villages
2. Accelerated economic development of tribal areas through qualitative and sustainable income generation and employment generation
3. Housing and health for all
4. Improved and safe drinking water in each hamlet
5. Irrigation facility for terrain (with emphasis on water harvesting, soil management, diversion weir, gully plugging, bolder pitching etc.)
6. Quality education and higher education
7. Provision of Solar light and Electricity in all villages.
8. Institutional arrangement for management of social assets, skill promotion and skill mix through convergence and enterprise ventures.
9. Institutional arrangement for strengthening and facilitating sustainable development integrated with local level need-based development
10. Institutional management to promote sports, cultural integration and cohesion among the tribals

Even though this plan refers to a long-term plan for 5 years, its one years will concurrently be reviewed depending on the progress, hindrances and practical aspects of growth and development of the tribals and each one-year plan will be integrated to each other in a chain of outcome its impact with reference to the long-term outcome of the plan. While one-year plan will ensure short term development, five-year plan will help achieve long term goal.

This long-term plan will rely on a process of addressing the socio-economic issues and deficiencies

concerning to livelihood and insecurities of the tribals living in hilly terrains to usher in development in these tribal and improve their living conditions.

Added to this, steps towards upgrading communication and transport infrastructure in areas to end the isolation of the PVTG hamlets, investing and focusing on health (mainly community health), education (esp. child education and higher education) infrastructure, increasing income and employability opportunities and in particular raising the quality of the life of the tribals, enabling them refrain from social evils (esp. alcoholism, dogma and blind belief, child marriage etc.) will be ensured in convergence with different departments of Govt. of Odisha and Govt. of India through strategic cooperation in resource management including financial and technical resources.

Development Priorities

a) Education

It has been observed from the promotion of Child Education in Nagada that – a number of children were first generation learner. None in their family had ever gone to any school – neither formal nor informal. And hence to eradicate poverty, the top priority for the PVTG will be education. This plan suggests programmes to empower the poor through Education. Education and skill development are priority areas to be addressed through the central schemes of setting up educational complexes for promotion of literacy and child education to improve access to and avail the benefit of education and have increased access to skill development and employability.

Creation and operation of residential educational complexes with hostels for Boys and Girls is intended (as per the experience of ensuring education of Nagada children in Chingudipal Ashram School but with the worry “where to continue education after they all passed out VII standard?”) in order to ensure 100% enrolment and 100% attendance with 0% drop out although. Focus will be more on Residential Educational Institutions.

b) Connectivity

- a) It is focused on providing connectivity in tribal areas, which would include physical connectivity as well as telecommunication connectivity. As far as possible to ensure communication facility to the people, all weather roads and bridges would be constructed. All the villages, hamlets need to be connected by Pucca/CC road.
- b) The plan suggests extending connectivity to all the deprived villages and hamlets through the schemes like Mukhya Mantri Sadak Yojan (MMSY) and Pradhan Mantri Gram Sadak Yojana (PMGSY) through Rural Development Department.
- c) **Housing** – All the houseless PVTG families are projected to be covered under Piju Pucca Ghar Yojana and Indira Awas Yojana housing scheme. While constructing the houses for the Juangs, their traditional architecture pattern would be followed.
- d) **Drinking Water and Sanitary Facilities** – all the identified Juang hamlets and villages that lack safe and improved drinking water facilities, would be covered with such facilities by tapping the natural water sources, tube well and pipe water through gravitational flow of water. For this programme fund flow would be shared by the Plan and RWSS Department prioritizing solar water system with arrangement of filtering of water to make clean water available for the tribals.

- e) **Electricity** – Electricity supply to all the tribal areas /villages/hamlets to be ensured with emphasis on off-grid solar power along with provisions of maintenance. The devices installed outside should be watched by the villagers and it should be covered with strong metal frame to protect them from theft. The programme is proposed to be done with supports of schemes like Biju Gram Jyoti for village and Kutir Jyoti for individual houses.
- f) **Health and Nutrition** - Undertaking health surveys of PVTG including issuing health cards to them indicating their health status especially with respect to sickle cell, anemia and providing fund for meeting the emergency and specific needs, training for local volunteers (to develop them as para medicals), provision of medicated mosquito nets. All the affected school going and not school going children will be sensitized towards keeping them hazard free by availing medical services and keeping them neat and clean all along. Mobilization of fund and technical support of UNICEF, Health Department, Women & Child Development Department will be liaised and coordinated to host and conduct programmes on Nutrition, Supplementary Feeding and Immunization programmes for the PVTGs.
- g) **Income Generation and Livelihood Promotion** - farmers provided land under FRA will be kept in mind to promote both individual as well as community level agriculture promotion activities. Along with pursuing provision of land for the left out under FRA, institutional mechanism will be evolved to develop vermi compost and organic farming for growing traditional crops including millets, maize, green vegetables along with Paddy.

The practice of kitchen garden with species like drumstick, papaya, banana etc. will be encouraged. Mixed cropping and intercropping will be encouraged at farm land cultivation practices. Liaison and coordination with Agriculture and Horticulture department as well as ATMA, NABARD, RSETI as well as Skill and Knowledge development training institute (Both Govt. and Private) will be established to benefit the Juang farmer. Besides this income generation through petty business (ration store at village level) as well as Goat, Poultry and Pig rearing would be promoted through Women Self Help Groups.

- h) **Irrigation** - irrigation facilities are suggested to be extended to the entire agricultural fields including the horticulture plantation patches through minor irrigation projects developed and promoted through Water Harvesting Structures, cross bonds, diversion weir along with provision of canal (or passage) to cultivation land. For irrigation purpose, Community level Tanks will also be taken up under MGNREGS.
- i) **Social Security** - All the old (age 60 or above), disabled and lone PVTG families will be covered under different social security schemes like NOAP, SOAP, ODP, Antyodaya, National Food Security Scheme to provide them protection and food security. All the heads of Juang family will be covered under Janashree Bima Yojana.
- j) **Institutional Mechanism** – Under this initiative, a pool of Subject Matter Specialists from different stream of society will be made. They will be engaged and or their expertise, service and consultancy will be hired for execution, supervision and implementation of programmes meant for the PVTGs.

Time line, Activity and Budget Provision based on Priorities Indicated above

Year 2019-20							
Education	Village/ Hamlet where proposed work to be undertaken	Unit Cost in Lakh	Units	Financial Target (in Lakh)	Total Bene ficiaries (Male & Female)	Implementing Agency	Funding Source
Activity							
Compound wall construction of Primary school	Tala Nagada	1	1	1	200	RW Deptt.	Distt. Mineral Fund
Construction of School Building	Tumuni	10	1	10	200	RW Deptt.	Distt. Mineral Fund
Construction of School Building	Upar Guhiasal	10	1	10	200	RW Deptt.	Distt. Mineral Fund
Construction of School Building	Tala Guhiasal	10	1	10	200	RW Deptt.	Distt. Mineral Fund
Logistic provision for Schools (Table Chair etc.)	Tala Nagada, Tala and Upar Guhiasal, Tumuni	4	4	16	800	School and Mass Education	School and Mass Education
Construction of Boys/ Girls Toilet in schools	Tala Nagada, Tala and Upar Guhiasal, Tumuni	1	4	4	800	RW Deptt.	RWSS
Staff in Schools (Teacher Attendant, Sports Teacher Sweeper and Cook)	Tala Nagada, Tala and Upar Guhiasal, Tumuni	3	4	12	800	School and Mass Education	School & Mass Education and SAI the Sports Authority of India
Sub Total				63			
Health and Nutrition							
Health camps (in Nos.) One each in 5 clusters of villages per quarter	20 villages. Nagada & adjacent villages	0.25	20	5	2724	H&FW	H&FW and Outsourcing from CSR Fund
Developing Compendium of existing health/nutrition Programmes (In Nos)	20 villages. Nagada & adjacent villages	0.001	1000	1	2724	SCSTRTI supported by UNICEF	H&FW and UNICEF
State level Sensitization of Key Officials of Health ICDS on General Health & Nutrition Programmes – 2 days in Nos.	20 villages. Nagada & adjacent villages	0.03	1	0.03	40-50	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level orientation of ASHA, AWW, village Volunteers and SHG members on Community Health Management	20 villages. Nagada & adjacent villages	0.007	2	0.014	200	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level Sensitization of GKS members, Youth & Adolescents & Women SHG members on Child Marriage & Repurcussions	20 villages. Nagada & adjacent villages	0.25	4	1	600	SCSTRTI supported by UNICEF	H&FW and UNICEF
Block level sensitization of AWW, ASHA, ICDS supervisor and village level volunteers on Community Mobilization/Immunization	20 villages. Nagada & adjacent villages	0.25	4	1	80	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level Sensitization of Teachers, Staff & village volunteers on Health care & Immunization of School going children	20 villages. Nagada & adjacent villages	0.25	4	1	80	SCSTRTI supported by UNICEF	H&FW and UNICEF
Sub Total				9.044			

Drinking Water and Sanitation							
Supply of Drinking Water by using Natural Stream Water (through use of Solar Water Pump)	Nagada, Tumuni, Upar Guhiasal and Tala Guhiasal	7	4	28	700	Rural Development and RWSS	RWSS
Repair and maintenance of Sanitary Wells	Tumuni and Guhiasal	2	2	4	290	Rural Development and RWSS	RWSS
	Sub Total			32			
Infrastructure							
Housing							
Construction of Pucca Houses	in Tumuni, Tala Guhiasal and Upar Guhiasal for 60 Households	2.7	60	162	290	RW Deptt.	Rural Development, Panchayati Raj
	Sub Total			162			
Connectivity							
Construction of all weather road	Tumuni and Guhiasal	35	2	70	290	RW Deptt.	Rural Development,
	Sub Total			70			
Electrification							
Solar Light Posts	for Tumuni, Tala Guhiasal and Upar Guhiasal	1	25	25	290	OREDA and District Administration	Rural Development and District Minerals Fund
Solar lights and Fans	Tumuni, Tala Guhiasal and Upar Guhiasal	0.05	300	15	300	OREDA and District Administration	Rural Development and District Minerals Fund
	Sub Total			40			
Sustainable Livelihood							
Irrigation							
Renovation of Pond	Majhi Nagada	1	1	1	60	MGNREGA	PR Department
Water Harvest Structure	Tumuni and Guhiasal	2	2	4	290	MGNREGA	PR Department
Land Development							
Development of Cultivable waste land	Tumuni and Guhiasal (in Ac)	1	10	10	90	MGNREGA	PR Department

Project Management							
Deployment of Project Coordinator (One)	Remuneration @ Rs. 20,000/-X12	0.2	1	2.4	-	SCSTRTI	MoTA
Deployment of MPW	Remuneration @Rs. 7,000/-X12X3	0.07	3	2.52	-	SCSTRTI	MoTA
Development/distribution IEC Materials /Publications		0.25	12	3	-	SCSTRTI	MoTA
	Sub Total			7.92			
Year 2020-21							
Education	Village/ Hamlet where proposed work to be undertaken	Unit Cost in Lakh	Units	Financial Target (in Lakh)	Total Beneficiaries	Implementing Agency	Funding Source
Activity							
Establish 100 Seated ST&SC Dev. Hostel in Deogaon School premises	All villages in the Deogaon region	25	1	25	800	S&ME	S&ME and District Minerals Fund
	Sub Total			25			
Health and Nutrition							
Health camps (in Nos.) One each in 5 clusters of villages per quarter	20 villages. Nagada & adjacent villages	0.25	20	5	2724	H&FW	H&FW and Outsourcing from CSR Fund
Developing IEC materials on Child Care, Birth Gap, and Child Marriage	20 villages. Nagada & adjacent villages	0.001	1000	1	2724	SCSTRTI supported by UNICEF	H&FW and UNICEF
State level Sensitization of Key Officials of Health ICDS on General Health & Nutrition Programmes – 2 days in Nos.	20 villages. Nagada & adjacent villages	0.03	1	0.03	40-50	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level orientation of ASHA, AWW, village Volunteers and SHG members on Community Health Management	20 villages. Nagada & adjacent villages	0.007	2	0.014	200	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level Sensitization of GKS members, Youth & Adolescents and Women SHG members on Child Marriage & Repercussions	20 villages. Nagada & adjacent villages	0.25	4	1	600	SCSTRTI supported by UNICEF	H&FW and UNICEF
Block level sensitization of AWW, ASHA, ICDS supervisor and village level volunteers on Community Mobilization/Immunization	20 villages. Nagada & adjacent villages	0.25	4	1	80	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level Sensitization of Teachers, Staff & village volunteers on Health care & Immunization of School going children	20 villages. Nagada & adjacent villages	0.25	4	1	80	SCSTRTI supported by UNICEF	H&FW and UNICEF
Exposure visit of AWW, ASHA to other districts	All Health Worker and ICDS workers of Sukinda Block	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
	Sub Total			10.044			

Agriculture							
Maize Cultivation (in Ac)	Nagada Tumuni and Guhiasal	0.025	25	0.625	70	Agriculture	OLM and Agriculture
Millet Cultivation (in Ac)	Guhiasal, Tumuni and Nagada	0.025	25	0.625	70	Agriculture	OLM and Agriculture
Exposure on Agriculture	20 villages. including Nagada Tumuni & Guhiasal	0.35	10	3.5	200	Agriculture	OLM and Agriculture
Training on Organic and Sustainable Agriculture	20 villages. including Nagada Tumuni & Guhiasal	0.1	10	1	200	Agriculture	OLM and Agriculture
Paddy (SRI) demo field	Nagada	0.10	15	1.5	35 Farmers	Agriculture	OLM and Agriculture
Mustard Cultivation Demo	Nagada	0.8	15	1.2	35 Farmers	Agriculture	OLM and Agriculture
Provision of Inputs including Fertilizer and Pesticide for Demo cultivations	Nagada	0.2	30	0.6	70 Farmers	Agriculture	OLM and Agriculture
Horticulture							
Plantation of Mango, Guava Cashew, Papaya, Jack Fruit, Jamun and Drum Stick etc.	5 villages including Nagada, Tumuni and Guhiasal	0.1	10	1	200	Horticulture	Horticulture
Tissue Culture Banana Cultivation with Inter Cropping (in Ac)	Tumuni and Tala Guhiasal	0.3	10	3	200	Horticulture	Horticulture
Animal Husbandry							
Supply of Goat	10 village including Nagada villages	0.05	100	5	100	Animal Husbandry	OLM and Animal Husbandry
Support for Animal Shed	10 villages including Nagada	0.4	30	12	30	Animal Husbandry	OLM and Animal Husbandry
Promotion of SHG							
SHG Formation	10 villages Other than Nagada villages	0.01	20	0.2	400	OLM	OLM
Formation of Kishan Clubs	Kishan Club in 10 villages Other than Nagada villages	0.01	20	0.2	400	OLM	OLM
Capacity Building of Kishan Clubs & Women SHGs.							
Skill Development on Bamboo Works to Women SHG	10 villages Including Nagada, Tumuni and Guhiasal	0.1	10	1	200	OLM	OLM
Sub Total				31.15			

Drinking Water and Sanitation							
Development of Diversion Weir to Harvest Water	20 villages incld. Nagada and its adjacent village	7	4	28	700	Rural Development and RWSS	RWSS
Bonding, gully plugging for controlling runoff water and improve water table.	20 villages incld. Nagada and its adjacent village	1	4	4	290	Rural Development and RWSS	RWSS
	Sub Total			32			
Infrastructure							
Housing							
Construction of Community Centre	In Nagada, Tumuni, Tala Guhiasal and Upar Guhiasal	2.7	4	10.8	600	RW Deptt.	Rural Development, Panchayati Raj
	Sub Total			10.8			
Connectivity							
Maintenance and repair of Road from Ashokjhar to Nagada	Ashokjhar and Nagada villages.	3	1	3	700	RW Deptt.	Rural Development,
	Sub Total			3			
Electrification							
Establish Transformer and Provision of electricity.	For Nagada Tumuni, Tala Guhiasal and Upar Guhiasal	7	4	28	700	OREDA and District Administration	Rural Development and District Minerals Fund
Repair of Solar Light Posts Solar lights and Fans	Tumuni, Tala Guhiasal and Upar Guhiasal	0.001	50	0.05	300	OREDA and District Administration	Rural Development
	Sub Total			28.05			
Sustainable Livelihood							
Irrigation							
Excavation of Pond (for community Pisciculture)	Tumuni	2	1	2	60	MGNREGA	PR Department
Water Harvest Structure	Tumuni and Guhiasal	2	2	4	290	MGNREGA	PR Department
Land Development							
Development of Cultivable waste land	Tumuni and Guhiasal (in Ac)	1	15	15	109	MGNREGA	PR Department

Agriculture							
Maize Cultivation (in Ac)	Nagada Tumuni and Guhasal	0.025	30	0.75	70	Agriculture	OLM and Agriculture
Millet Cultivation (in Ac)	Nagada Tumuni and Guhasal	0.025	30	0.75	70	Agriculture	OLM and Agriculture
Exposure on Agriculture	20 villages. Including Nagada Tumuni & Guhasal	0.35	10	3.5	200	Agriculture	OLM and Agriculture
Training on Organic and Sustainable Agriculture	20 villages. Including Nagada Tumuni & Guhasal	0.1	10	1	200	Agriculture	OLM and Agriculture
Training on Soil & Water Management	20 villages. Including Nagada Tumuni & Guhasal	0.1	10	1	200	Agriculture	OLM and Agriculture
Paddy (SRI) demo field	Tumuni	0.10	15	1.5	35 Farmers	Agriculture	OLM and Agriculture
Mustard Cultivation Demo	Tumuni	0.8	15	1.2	35 Farmers	Agriculture	OLM and Agriculture
Provision of Inputs including Fertilizer and Pesticide for Democultivations	Tumuni	0.2	30	0.6	70 Farmers	Agriculture	OLM and Agriculture
Horticulture							
Plantation of Mango, Guava Cashew, Papaya, Jack Fruit, Jamun and Drum Stick etc.	5 villages including Nagada, Tumuni and Guhasal	0.1	10	1	200	Horticulture	Horticulture
Vegetable cultivation as community venture	Nagada, Tumuni and Guhasal	0.25	12	3	600	Horticulture	Horticulture
Tissue Culture Banana Cultivation with Inter Cropping (in Ac)	Nagada & Tumuni	0.3	10	3	200	Horticulture	Horticulture
Animal Husbandry							
Supply of Goat	10 village excluding Nagada villages	0.05	100	5	100	Animal Husbandry	OLM and Animal Husbandry
Support for Animal Shed	10 villages including Nagada	0.4	30	12	30	Animal Husbandry	OLM and Animal Husbandry
Promotion of SHG							
Credit link to SHGs	10 villages exclud. Nagada villages	0.15	20	3	400	OLM	OLM
Promotion of Kishan Clubs							
Credit link to Kishan Clubs	10 villages Other than Nagada villages	0.15	20	3	400	OLM	OLM
Capacity Building of Kishan Clubs & Women SHGs.							
Skill Development on Bamboo Works to Women SHG	10 villages Including Nagada, Tumuni & Guhasal	0.1	10	1	200	OLM	OLM
Training on Sustainable Agriculture	10 villages Including Nagada, Tumuni & Guhasal	0.2	10	2	200	OLM	OLM
Sub Total				49			

Project Management							
Deployment of Project Coordinator (One)	Remuneration @ Rs. 20,000/-X12	0.2	1	2.4	-	SCSTRTI	MoTA
Deployment of MPW	Remuneration @Rs. 7,000/- X12X3	0.07	3	2.52	-	SCSTRTI	MoTA
Development/distribution IEC Materials/Publications		0.3	12	3.6	-	SCSTRTI	MoTA
Documentation (On Quarterly basis)	On contract basis to Consultant	0.1	4	0.4	-	SCSTRTI	MoTA
	Sub Total			8.52			
Year 2021-22							
Education	Village/Hamlet where proposed work to be undertaken	Unit Cost in Lakh	Units	Financial Target (in Lakh)	Total Beneficiaries	Implementing Agency	Funding Source
Activity							
Sensitization on Functional Literacy	Community of 20 villages incld. Nagada, Tumuni and Guhiasal	0.1	20	2	3000	ASPIRE NGO	TSRD, Kaliapani
Construction of cluster level Learning Centre (Library and Computer Learning Centre)	One at Nagada for Nagada, Guhiasal & Tumuni	6	1	6	800	S&ME	S&ME and District Minerals Fund
Deployment of Computer Teacher – One	Remuneration @ Rs.5,000/- pm	0.6	1	0.6	800	S&ME	S&ME and CSR
Recurring expenses of the centre including inputs and repair of the computer	Lump sum	0.36		0.36	800	S&ME	S&ME and CSR
	Sub Total			8.96			
Health and Nutrition							
Health camps (in Nos.) One each in 5 clusters of villages per quarter	20 villages. Nagada & adjacent villages	0.25	20	5	2724	H&FW	H&FW and Outsourcing from CSR Fund
Developing IEC materials on Child Care, Birth Gap, and Child Marriage	20 villages. Nagada & adjacent villages	0.001	1000	1	2724	SCSTRTI supported by UNICEF	H&FW and UNICEF
State level Sensitization of Key Officials of Health ICDS on General Health & Nutrition Programmes – 2 days in Nos.	20 villages. Nagada & adjacent villages	0.03	1	0.03	40-50	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level orientation of ASHA, AWW, village Volunteers and SHG members on Community Health Management	20 villages. Nagada & adjacent villages	0.007	2	0.014	200	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level Sensitization of GKS members, Youth & Adolescents and Women SHG members on Child Marriage & Repercussions	20 villages. Nagada & adjacent villages	0.25	4	1	600	SCSTRTI supported by UNICEF	H&FW and UNICEF
Block level sensitization of AWW, ASHA, ICDS supervisor and village level volunteers on Community Mobilization/Immunization	20 villages. Nagada & adjacent villages	0.25	4	1	80	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level Sensitization of Teachers, Staff & village volunteers on Health care & Immunization	20 villages. Nagada & adjacent villages	0.25	4	1	80	SCSTRTI supported by UNICEF	H&FW and UNICEF
Exposure visit of AWW, ASHA to other districts	All Health Worker and ICDS workers of Sukinda Block	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
Sensitization on Girl Child Education	Adolescent girls, youths, AWW	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
	Sub Total			10.044			

Drinking Water and Sanitation							
Arrangement of Piped Water system with stand posts	Tumuni and Guhiasal	15	2	30	300	Rural Development and RWSS	RWSS
Development of Diversion Weir to Harvest Water	20 villages incd. Nagada and its adjacent village	7	2	14	700	Rural Development and RWSS	RWSS
Bonding, gully plugging for controlling runoff water and improve water table.	20 villages incd. Nagada and its adjacent village	1	4	4	290	Rural Development and RWSS	RWSS
Sensitization of community on Water Borne diseases and safe drinking water	5 villages incd. Nagada, Guhiasal and Tumuni	0.08	4	0.32	200	WOSCA and ASPIRE NGO	TSRD and H&FW
Construction of IHHL	Nagada villages	0.25	60	15	60 HH	RWSS	RWSS
	Sub Total			48.32			
Infrastructure							
Housing							
Constructing Community Centre (in 5 clusters covering 2 villages)	In 10 villages other than Nagada villages	2.7	5	13.5	1300	RW Deptt.	PR & Rural Development
	Sub Total			13.5			
Conservation of Culture							
Construction of Juang Knowledge Centre	Nagada	5	1	5	60 HH	Distt. Administration	MoTA
Sponsoring of cultural troops for participation at district/state/national programmes on tribal life		10	1	10	-	Distt. Administration, SCSTRTI	MoTA
Annual Tribal Sports at District/Micro Project level to identify the sports talent		2	1	2	-	Distt. Administration, SCSTRTI	Min. of Youth and Sports MoTA
Exposure to Micro Project Areas of Tribals in Odisha		2	1	2	-	Distt. Administration, SCSTRTI	Min. of Youth and Sports MoTA
	Sub Total			19.00			
Sustainable Livelihood							
Irrigation							
Excavation of Pond (for community Pisciculture)	Guhiasal	2	2	4	90	MGNREGA	PR Department
Water Harvest Structure	Ashokhar and Guhiasal	2	3	6	527	MGNREGA	PR Department
Land Development							
Development of Cultivable waste land	5 villages other than Nagada villages (in Ac)	1	15	15	109	MGNREGA	PR Department
Agriculture							
Maize Cultivation (in Ac)	Nagada Tumuni and Guhiasal	0.025	30	0.75	70	Agriculture	OLMand Agriculture
Millet Cultivation (in Ac)	Nagada Tumuni and Guhiasal	0.025	30	0.75	70	Agriculture	OLMand Agriculture
Exposure on Agriculture	20 villages. Including Nagada Tumuni & Guhiasal	0.35	10	3.5	200	Agriculture	OLMand Agriculture
Training on Organic and Sustainable Agriculture	20 villages. Including Nagada Tumuni & Guhiasal	0.1	10	1	200	Agriculture	OLMand Agriculture
Training on Soil & Water Management	20 villages. Including Nagada Tumuni & Guhiasal	0.1	10	1	200	Agriculture	OLMand Agriculture
Training on SRI Cultivation	5 villages including Nagada, Guhiasal and Tumuni	0.1	4	0.4	200	Agriculture	OLMand Agriculture

Year 2022-23							
Education	Village/ Hamlet where proposed work to be undertaken	Unit Cost in Lakh	Units	Financial Target (in Lakh)	Total Bene ficiaries	Implementing Agency	Funding Source
Activity							
Repair and maintenance of School Buildings	Nagada, Tumuni, Guhiasal	3.5	3	10.5	600	Education Deptt.	S&ME
Sensitization on Functional Literacy	Community of 20 villages incld Nagada, Tumuni and Guhiasal	0.1	20	2	3000	ASPIRE NGO	TSRD, Kaliapani
Construction of cluster level Learning Centre (Library and Computer Learning Centre)	One at Ashokjhar for Ashokjhar and nearby villages.	6	1	6	800	S&ME	S&ME and District Minerals Fund
Deployment of Computer Teacher – One at Nagada and One at Ashokjhar	Remuneration @ Rs.5,000/- pm	1.2	2	1.2	1600	S&ME	S&ME and CSR
Recurring expenses of two centres (inputs and repair of the computer)	Lump sum	0.72	2	0.72	800	S&ME	S&ME and CSR
	Sub Total			20.42			
Health and Nutrition							
Health camps (in Nos.) One each in 5 clusters of villages per quarter	20 villages. Including Nagada & adjacent villages	0.25	20	5	2724	H&FW	H&FW and Outsourcing from CSR Fund
Developing IEC materials on Child Care, Birth Gap, and Child Marriage	20 villages. Including Nagada & adjacent villages	0.001	1000	1	2724	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level orientation of ASHA, AWW, village Volunteers and SHG members on Community Health Management	10 villages. Nagada & adjacent villages	0.007	2	0.014	200	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level Sensitization of GKS members, Youth & Adolescents and Women SHG members on Child Marriage & Repercussions	20 villages. Nagada & adjacent villages	0.25	4	1	600	SCSTRTI supported by UNICEF	H&FW and UNICEF
Block level sensitization of AWW, ASHA, ICDS supervisor and village level volunteers on Community Mobilization/Immunization	20 villages. Nagada & adjacent villages	0.25	4	1	80	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level Sensitization of Teachers, Staff & village volunteers on Health care & Immunization of School going children	20 villages. Nagada & adjacent villages	0.25	4	1	80	SCSTRTI supported by UNICEF	H&FW and UNICEF
Exposure visit of AWW, ASHA to other districts	All Health Worker and ICDS workers of Sukinda Block	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
Sensitization on Girl Child Education	Adolescent girls, youths, AWW and community volunteers	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
Lifeskill Development Training for Adolescent Girls and Youth	Adolescent girls, youths, AWW and volunteers	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
Hygiene and Sanitation Sensitization	Youths, Volunteers Adolescents, SHG members	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
	Sub Total			13.014			

Training on Agro forestry Development	Nagada & Tumuni	0.3	4	1.2	120	Agriculture	OLM and Agriculture
Paddy (SRI) demo field	Guhiasal	0.10	15	1.5	35 Farmers	Agriculture	OLM and Agriculture
Mustard Cultivation Demo	Guhiasal	0.8	15	1.2	35 Farmers	Agriculture	OLM and Agriculture
Provision of Inputs including Fertilizer and Pesticide for Demo cultivations	Guhiasal	0.2	30	0.6	70 Farmers	Agriculture	OLM and Agriculture
Horticulture							
Plantation of Mango, Guava Cashew, Papaya, Jack Fruit, Jamun & Drum Stick etc.	5 villages including Nagada, Tumuni and Guhiasal	0.1	10	1	200	Horticulture	Horticulture
Vegetable cultivation Individual venture	Nagada, Tumuni and Guhiasal	0.05	20	1	20	Horticulture	Horticulture
Animal Husbandry							
Supply of Goat	10 village excluding Nagada villages	0.05	100	5	100	Animal Husbandry	OLM and Animal Husbandry
Training of Women SHG members on Livestock Management and Disease Surveillance	10 village including Nagada villages	0.2	4	0.8	80	Animal Husbandry	OLM and Animal Husbandry
Support for Animal Shed	10 villages including Nagada	0.4	30	12	30	Animal Husbandry	OLM and Animal Husbandry
Promotion of SHG							
Credit link to SHGs	5 villages other than Nagada villages	0.15	10	1.5	200	OLM	OLM
Promotion of Kishan Clubs							
Credit link to Kishan Clubs	5 villages other than Nagada villages	0.15	10	1.5	200	OLM	OLM
Capacity Building of Kishan Clubs & Women SHGs.							
Skill Development on Carpentry and Agricultural goods to Farmers Clubs	10 villages Including Nagada, Tumuni & Guhiasal	0.1	10	1	200	OLM	OLM
Training on Agriculture and Water Management	10 villages Including Nagada, Tumuni & Guhiasal	0.2	10	2	200	OLM	OLM
Exposure visit of Kishan Club and Women SHG members	Nagada & adjacent villages	0.4	2	0.8	80	OLM	OLM
	Sub Total			50.1			
Project Management							
Deployment of Project Coordinator (One)	Remuneration @ Rs. 20,000/-X12	0.2	1	24	-	SCSTRTI	MoTA
Deployment of MPW	Remuneration @Rs. 7,000/-X12X3	0.07	3	2.52	-	SCSTRTI	MoTA
Development/distribution IEC Materials/Publications	Lump sum	0.3	12	36	-	SCSTRTI	MoTA
Documentation (On Quarterly basis)	On contract basis to Consultant	0.1	4	0.4	-	SCSTRTI	MoTA
	Sub Total			8.92			

Drinking Water and Sanitation							
Bonding, gully plugging for controlling runoff water and improve water table.	20 villages incld. Nagada and its adjacent village	1	4	4	290	Rural Development and RWSS	RWSS
Sensitization of community on Water Borne diseases and safe drinking water	5 villages excluding Nagada, Guhiasal Tumuni and Ashokjhar	0.08	4	0.32	200	WOSCA and ASPIRE NGO	TSRD and H&FW
Construction of IHHL	Tumuni & Guhiasal	0.25	60	15	60 HH	RWSS	RWSS
	Sub Total			19.32			
Infrastructure							
Repair and Maintenance of Roads (Lump sum approx.)	Nagada road, Ashokjhar Road	-	-	20	300 HH	MGNREGA	PR Department
Repair and maintenance of Solar Light Posts at villages and Solar Lamps provided to individual beneficiaries.	Nagada, Tumuni and Guhiasal	-	-	1	300 HH	OREDA and District Administration	Rural Development and District Minerals Fund
	Sub Total			21			
Conservation of Culture							
Construction of Juang Knowledge Centre	Guhiasal	5	1	5	60 HH	Distt. Administration	MoTA
Sponsoring of cultural troops for participation at district/state/national programmes on tribal life		10	1	10	-	Distt. Administration, SCSTRTI	MoTA
Annual Tribal Sports at District/Micro Project level to identify the sports talent		2	1	2	-	Distt. Administration, SCSTRTI	Min. of Youth and Sports MoTA
Exposure to Micro Project Areas of Tribals in Odisha		2	1	2	-	Distt. Administration, SCSTRTI	Min. of Youth and Sports MoTA
	Sub Total			19.00			
Sustainable Livelihood							
Irrigation							
Excavation of Pond (for community Pisciculture)	Ashokjhar and 3 nearby villages.	2	2	4	90	MGNREGA	PR Department
Water Harvest Structure	5 villages excluding Ashokjhar and Nagada villages.	2	3	6	527	MGNREGA	PR Department
Renovation of natural stream / rivulets to reduce the threat of drying up	Tumuni, Guhiasal and Ashokjhar	1	10	10	1100	MGNREGA	PR Department

Land Development							
Development of Cultivable waste land	5 villages other than Nagada villages (in Ac)	1	15	15	109	MGNREGA	PR Department
Agriculture							
Maize Cultivation (in Ac)	Nagada Tumuni and Guhiasal	0.025	30	0.75	70	Agriculture	OLM and Agriculture
Millet Cultivation (in Ac)	Nagada Tumuni and Guhiasal	0.025	30	0.75	70	Agriculture	OLM and Agriculture
Exposure on Agriculture	20 villages. Including Nagada Tumuni & Guhiasal	0.35	10	3.5	200	Agriculture	OLM and Agriculture
Development of Vermi Compost and Azola	10 village including Nagada, Guhiasal and Tumuni	0.35	10	3.5	200	Agriculture	OLM and Agriculture
Training on Azola and Vermi Compost	10 village including Nagada, Guhiasal and Tumuni	0.25	10	2.5	200	Agriculture	OLM and Agriculture
Training on Organic and Sustainable Agriculture	20 villages. Including Nagada Tumuni & Guhiasal	0.1	10	1	200	Agriculture	OLM and Agriculture
Training on Soil & Water Management	20 villages. Including Nagada Tumuni & Guhiasal	0.1	10	1	200	Agriculture	OLM and Agriculture
Training on SRI Cultivation	5 villages including Nagada, Guhiasal and Tumuni	0.1	4	0.4	200	Agriculture	OLM and Agriculture
Training on Agro forestry Development	Nagada & Tumuni	0.3	4	1.2	120	Agriculture	OLM and Agriculture
Training on Seed and Crop Preservation	5 villages including Nagada, Guhiasal and Tumuni	0.1	4	0.4	200	Agriculture	OLM and Agriculture
Paddy (SRI) demo field	Ashokjhar	0.10	15	1.5	35 Farmers	Agriculture	OLM and Agriculture
Mustard Cultivation Demo	Ashokjhar	0.8	15	1.2	35 Farmers	Agriculture	OLM and Agriculture
Provision of Inputs including Fertilizer and Pesticide for Demo cultivations	Ashokjhar	0.2	30	0.6	70 Farmers	Agriculture	OLM and Agriculture
Horticulture							
Vegetable cultivation Individual venture	Ashokjhar and 5 nearby villages.	0.05	30	1.5	30	Horticulture	Horticulture
Training on preservation of vegetable & processing for good bargain	10 village including Nagada, Guhiasal Tumuni Ashokjhar	0.1	4	0.4	200	Horticulture	Horticulture

Animal Husbandry							
Supply of Poultry	10 village including Nagada villages	0.02	200	4	200	Animal Husbandry	OLM and Animal Husbandry
Training on Para vet development	Women SHGs of 10 village including Nagada villages	0.2	4	0.8	80	Animal Husbandry	OLM and Animal Husbandry
Support for Animal Shed	10 villages including Nagada	0.4	30	12	30	Animal Husbandry	OLM and Animal Husbandry
Capacity Building of Kishan Clubs & Women SHGs.							
Sensitization on Green Manure preparation to Farmers Clubs	10 villages Including Nagada, Tumuni & Guhiasal	0.1	10	1	200	CLM	OLM and Agriculture Deptt.
Training on Agriculture and Water Management	10 villages Including Nagada, Tumuni & Guhiasal	0.2	10	2	200	CLM	OLM and Agriculture Deptt.
Exposure visit of Kishan Club and Women SHG members	Nagada & adjacent villages	0.4	2	0.8	80	CLM	OLM and Agriculture Deptt.
Arrangement of Kishan Mela (Farmers Festival and Fair) at district level	20 village including Nagada & adjacent Villages.	1	1	1	200	CLM	OLM and Agriculture Deptt.
	Sub Total			61.1			
Project Management							
Deployment of Project Coordinator (One)	Remuneration @ Rs. 20,000/- X12	0.2	1	2.4	-	SCSTRTI	MbTA
Deployment of MPW	Remuneration @Rs. 7,000/- X12X3	0.07	3	2.52	-	SCSTRTI	MbTA
Development/distribution IEC Materials/Publications	Lump sum	0.3	12	3.6	-	SCSTRTI	MbTA
Documentation (On Quarterly basis)	On contract basis to Consultant	0.1	4	0.4	-	SCSTRTI	MbTA
	Sub Total			8.92			

Year 2023-24							
Education	Village/ Hamlet where proposed work to be undertaken	Unit Cost in Lakh	Units	Financial Target (in Lakh)	Total Bene- ficiaries	Implementing Agency	Funding Source
Activity							
Sensitization on Functional Literacy	Community of 20 villages incld. Nagada, Tumuni and Guhasal	0.1	20	2	3000	ASPIRE NGO	TSRD, Kaliapani
Deployment of Computer Teacher – One at Nagada and One at Ashokjhar	Remuneration @ Rs.5,000/- pm	1.2	2	1.2	1600	S&ME	S&ME and CSR
Recurring expenses of two centres (inputs and repair of the computer)	Lump sum	0.72	2	0.72	800	S&ME	S&ME and CSR
Repair and maintenance of Learning Centres	Lump sum	0.6	2	1.2	800	S&ME	S&ME and CSR
	Sub Total			3.92			
Health and Nutrition							
Health camps (in Nos.) One each in 5 clusters of villages per quarter	20 villages. Nagada & adjacent villages	0.25	20	5	2724	H&FW	H&FW and Outsourcing from CSR Fund
Developing IEC materials on Child Care, Birth Gap, and Child Marriage	20 villages. Nagada & adjacent villages	0.001	1000	1	2724	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level orientation of ASHA, AWW, village Volunteers and SHG members on Community Health Management	10 villages. Nagada & adjacent villages	0.007	2	0.014	200	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level Sensitization of GKS members, Youth & Adolescents and Women SHG members on Child Marriage & Repercussions	20 villages. Nagada & adjacent villages	0.25	4	1	600	SCSTRTI supported by UNICEF	H&FW and UNICEF
Block level sensitization of AWW, ASHA, ICDS supervisor and village level volunteers on Community Mobilization/Immunization	20 villages. Nagada & adjacent villages	0.25	4	1	80	SCSTRTI supported by UNICEF	H&FW and UNICEF
District level Sensitization of Teachers, Staff & village volunteers on Health care & Immunization of School going children	20 villages. Nagada & adjacent villages	0.25	4	1	80	SCSTRTI supported by UNICEF	H&FW and UNICEF
Exposure visit of AWW, ASHA to other districts	All Health Worker and ICDS workers of Sukinda Block	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
Sensitization on Girl Child Education	Adolescent girls, youths, AWW and community volunteers	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
Life skill Development Training for Adolescent Girls	Adolescent girls, youths, AWW and volunteers	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
Hygiene and Sanitation Sensitization	Youths, Volunteers Adolescents, SHG members	0.25	4	1	80	SCSTRTI supported by W&CD	H&FW and W&CD
Arrangement of Sishu Mela (Child Festival)	Cluster level at Ashokjhar	2	1	2	4000	Health & ICDS	H&FW and W&CD
	Sub Total			13.014			

Drinking Water and Sanitation							
Activity							
Repair and maintenance of Water Supply Pipes and Filter machines	Nagada, Tumuni and Guhiasal	-	-	5	600	RWSS	RWSS and Dist. Minerals Fund
Bonding, gully plugging for controlling runoff water and improve water table.	20 villages incld. Nagada and its adjacent village	1	4	4	290	Rural Development and RWSS	RWSS
Sensitization of community on Water Borne diseases and safe drinking water	5 villages excluding Nagada, Guhiasal Tumuni & Ashokjhar	0.08	4	0.32	200	WOSCA and ASPIRE NGO	TSRD and H&FW
Construction of IHHL	Tumuni & Guhiasal	0.25	60	15	60 HH	RWSS	RWSS
	Sub Total			24.32			
Sustainable Livelihood							
Irrigation							
Excavation of Pond (for community Pisciculture)	Ashokjhar and 3 nearby villages.	2	2	4	90	MGNREGA	PR Department
Water Harvest Structure	10 villages excld. Ashokjhar and Nagada villages.	2	3	6	527	MGNREGA	PR Department
Renovation of natural stream / rivulets to reduce the threat of drying up	Tumuni, Guhiasal and Ashokjhar	1	10	10	1100	MGNREGA	PR Department
Land Development							
Development of Cultivable waste land	10 villages other than Nagada and Ashokjhar (in Ac)	1	15	15	109	MGNREGA	PR Department
Agriculture							
Maize Cultivation (in Ac)	Nagada Tumuni and Guhiasal	0.025	30	0.75	70	Agriculture	OLM and Agriculture
Millet Cultivation (in Ac)	Nagada Tumuni and Guhiasal	0.025	30	0.75	70	Agriculture	OLM and Agriculture
Exposure on Agriculture	20 villages. Including Nagada Tumuni & Guhiasal	0.35	10	3.5	200	Agriculture	OLM and Agriculture
Development of Vermi Compost and Azola	10 village including Nagada, Guhiasal and Tumuni	0.35	10	3.5	200	Agriculture	OLM and Agriculture
Training on Azola and Vermi Compost	10 village including Nagada, Guhiasal and Tumuni	0.25	10	2.5	200	Agriculture	OLM and Agriculture
Training on Organic and Sustainable Agriculture	20 villages. Including Nagada Tumuni & Guhiasal	0.1	10	1	200	Agriculture	OLM and Agriculture
Training on Soil & Water Management	20 villages. Including Nagada Tumuni & Guhiasal	0.1	10	1	200	Agriculture	OLM and Agriculture
Training on SRI Cultivation	5 villages including Nagada, Guhiasal and Tumuni	0.1	4	0.4	200	Agriculture	OLM and Agriculture
Training on Agro forestry Development	Nagada & Tumuni	0.3	4	1.2	120	Agriculture	OLM and Agriculture
Training on Seed and Crop Preservation	5 villages including Nagada, Guhiasal and Tumuni	0.1	4	0.4	200	Agriculture	OLM and Agriculture
Horticulture							
Vegetable cultivation Individual venture	Ashokjhar and 5 nearby villages.	0.05	30	1.5	30	Horticulture	Horticulture
Training on preservation of vegetable & processing for good bargain	10 village incld. Nagada, Guhiasal Tumuni Ashokjhar	0.1	4	0.4	200	Horticulture	Horticulture

Animal Husbandry							
Supply of Poultry	10 village including Naga da villages	0.02	200	4	200	Animal Husbandry	OLM and Animal Husbandry
Training on Para vet development	Women SHGs of 10 village including Naga da villages	0.2	4	0.8	80	Animal Husbandry	OLM and Animal Husbandry
Capacity Building of Kishan Clubs & Women SHGs.							
Sensitization on Green Manure preparation to Farmers Clubs	10 villages Including Naga da, Tumuni & Guhiasal	0.1	10	1	200	OLM	OLM and Agriculture Deptt.
Training on Agriculture and Water Management	10 villages Including Naga da, Tumuni & Guhiasal	0.2	10	2	200	OLM	OLM and Agriculture Deptt.
Exposure visit of Kishan Club and Women SHG members	Naga da & adjacent villages	0.4	2	0.8	80	OLM	OLM and Agriculture Deptt.
Arrangement of Kishan Mela (Farmers Festival and Fair) at district level	20 village including Naga da & adjacent Villages.	1	1	1	200	OLM	OLM and Agriculture Deptt.
Sub Total				61.1			
Conservation of Culture							
Construction of Juang Knowledge Centre	Deogaon	5	1	5	60 HH	Dist. Administration	MoTA
Sponsoring of cultural troops for participation at district/state/national programmes on tribal life		10	1	10	-	Distt. Administration, SCSTRTI	MoTA
Annual Tribal Sports at District/Micro Project level to identify the sports talent		2	1	2	-	Distt. Administration, SCSTRTI	Min. of Youth and Sports MoTA
Exposure to Micro Project Areas of Tribals in Odisha		2	1	2	-	Distt. Administration, SCSTRTI	Min. of Youth and Sports MoTA
Sub Total				19.00			
Project Management							
Deployment of Project Coordinator (One)	Remuneration @ Rs. 20,000/-X12	0.2	1	2.4	-	SCSTRTI	MoTA
Deployment of MPW	Remuneration @Rs. 7,000/- X12X3	0.07	3	2.52	-	SCSTRTI	MoTA
Development/distribution IEC Materials/Publications	Lump sum	0.3	12	3.6	-	SCSTRTI	MoTA
Documentation (On Quarterly basis)	On contract basis to Consultant	0.1	4	0.4	-	SCSTRTI	MoTA
Impact Assessment study	To be conducted by Expert Team	8	1	8	-	SCSTRTI	MoTA
Sub Total				16.92			

This perspective plan involves an expenditure of **Rs. 1120.43 Lakh** over a period of 5 year in Nagada and its adjacent villages including Ashokjhar and some other villages to its nearby. The plan focuses on promotion of Education, Health & Nutrition, Drinking Water & Sanitation, Infrastructure like Housing, Connectivity, Electrification and Sustainable Livelihood promotion with focus on their holistic development without disturbing their natural set up.

Year, Sector and Sub-Sector-wise Abstract
of the Expenditure Outlay of Perspective Plan (Rs. In Lakh)

Table No. 31

Major Sectors	Sub Sectors	2019	2020	2021	2022	2023	Total
Social Sector	Education	63	25	8.96	20.42	5.12	122.5
	Health and Nutrition	9.044	10.044	10.044	13.014	13.014	55.16
	Drinking Water & Sanitation	32	32	48.32	19.32	24.32	155.96
	Total	104.044	67.044	67.324	52.754	42.454	333.62
Infrastructure	Housing	162	10.8	13.5	-	-	186.003
	Connectivity	70	3	-	20	-	93
	Electrification	40	28.5	-	1	-	69.5
	Total	272	42.3	13.5	21	0	348.8
Livelihood	Irrigation	6	6	10	20	20	62
	Land Development	15	15	15	15	15	75
	Agriculture promotion	4.01	4.8	4.8	4.8	1.5	19.91
	Horticulture promotion	4	7	2	1.9	1.9	16.8
	Animal Husbandry	17	17	17.8	16.8	4	72.6
	SHG promotion	0.2	3	1.5	-	-	4.7
	Kishan Club Promotion	0.2	3	1.5	-	-	4.7
	Total	46.41	55.8	52.6	58.5	42.4	255.71
	Conservation of Culture	-	-	19	19	19	57
	Capacity Building	5.1	8.3	8.92	24.4	27.2	73.92
	Project Management, IEC, Impact Assessment Institutional Mechanism of Documentation etc.	7.92	8.52	9.1	8.92	16.92	51.38
	Grand Total	435.474	181.964	169.864	184.574	147.974	112043

Possible Risk Factors in implementing the Plan

- ✓ Natural Disaster
- ✓ Lack of adequate fund at the appropriate period.
- ✓ Negligence and lack of timely action by service providers and responsible personnel of line departments
- ✓ Gaps emerged due to lack of MIS, lack of coordination among convergence departments
- ✓ Non adoptable attitude by the Tribals
- ✓ Dialectical difference and difficulty among and by the Tribals.
- ✓ Indifference and lack of prompt action of service providers and line department personnel.
- ✓ Conflicting situation among the convergence departments.
- ✓ Non availability of technical as well as expert support during project execution.

Expected outcome of the Plan

- ✓ Improved livelihood opportunities for at least 2500 HHs of 20 villages with scope for increased income through Sustainable Organic Agriculture, Kitchen Garden, Livestock Development
- ✓ Skill development and increased scope for employability and earning among targeted beneficiary Households
- ✓ Increased access to and benefit from the Benefit Schemes including Social Security Schemes (Old Age Pension, Biju Pakka Ghar, PDS,, Mother and Child Development (Improved access and benefit for children and adolescents from ICDS Services, MAMAMTA,)), Better service for Pre and Ante Natal Care for Pregnant and Lactating Mother,
- ✓ Improved well being through provision of civic amenities like Light (Electricity by alternative energy), Communication (Road Connectivity),
- ✓ Improved Health and Sanitation services including Drinking Water provision, improved service in AWC, ICDS, Hospital, provision of environment friendly sanitation provisions including waste.
- ✓ Better exposure to tribals on their culture, good practices and increased scope for cultural interaction, development of personal excellence in sports and proficiency in management of social and economic issues through cohesion and diligence.
- ✓ Optimal utilization of available natural resources through WHS, Diversion Weirs, etc. for community use,
- ✓ Preparation of eco-friendly manures, pest repellants, insecticides, soil and land management for agro production management leading to more production both in terms of Quality and Quantity with ample opportunity for better bargain in the market and fetching profit from the sales
- ✓ Some model units and spots developed for experimentation, scaling up, exposure as well as base for Best Practice in other parts of Odisha – especially in Tribal dominated areas
- ✓ Developed sites for exposure and training
- ✓ Better Education opportunity for children
- ✓ Eco-friendly management of soil, water & land ensuring quality output from agriculture
- ✓ Regenerating and conserving the natural set up of Nagada and its surrounding through practice of Eco-friendly agriculture which is climate resilient.
- ✓ Development of community level cadres like Volunteers, Para Vets etc. leading better transmission of knowledge on Govt. Schemes and different practices in agriculture, skill development etc.
- ✓ Improved standard of living by the Juangs with increased access to their entitlements and privileges in legitimate manner. [change in standard of living]

CHAPTER - IV

Case Studies

Based on the commitment of providing a better insight to all aspects of change and development in Nagada and its adjacent villages, this document commissions a number of high-quality case studies, to understand how, progress has and has not been achieved. This will help us identify bottlenecks, guide us for further actions as well as inform and inspire related efforts in Nagada areas and even that in other tribal areas with similar environment.

Valuable Efforts

On 1st of July 2016, this was confirmed by ICDS Supervisor of Sukinda followed by news in The Sambad. Immediately, we formed a team of 4 comprising of 3 ICDS Supervisors and One Anganwadi worker who reached Tala Nagada for providing medical support. It was too difficult and very hard to reach to that hill top village by walk through tough stony road"- she further added.

CDPO with her team Door to door visit and discussing with each parent to identify SAM and MAM children for immediate medical support was virtually a very tough task since it was raining too heavily. Still health team started village-wise head counting, identified children and focused

on service. Team stayed at Nagada and provided service round the clock.

Realizing need for rigorous efforts, I had intimated factors and hindrances to the Collector, Jajpur who formed a team of health workers comprising of 5 ICDS Supervisors and 22 AWWs of Kaliapani/Chingudipal area that visited Nagada every day in a team of 4 members.

Immediate arrangement was made to shift critical children to Temporary NRC at Kaliapani and extensive service thro' establishing new Anganwadi Centres at



While I recall the incidents of Nagada – I do remember, how the situation had arised, how it had come to the notice of Government Authority, how the door to door visit was conducted, head counting of children was done, immediate health camp was organized with 24 hours service through camp at that hill top village, immediate preventive and promotive actions taken up, how community mobilization done, how monitoring and result analysis was done, what hindrances we faced and what learning we do have.

This is a vital experience for ICDS team and matter of great satisfaction witnessing a number of positive results. I feel happy to see Healthy Children in Nagada now

- CDPO Sukinda.

Tumuni, Tala Nagada, Upar Nagada and Tala Guhiasal. This accelerated child feeding programme with exclusive emphasis on EDNRF. ICDS supervisors helped in identifying which child should be given Chhatua & who should be given cooked food. Though egg was provided 3 days a week in Anganwadi yet as per special instruction of RDC (CD) each child got one additional egg i.e. 4 days in a week. The complementary food THR was decided to be extended for further 2 months since Aug. 2016.

Meanwhile, when ICDS focused on ensuring benefit to Pregnant Women and Lactating Mothers through link to MAMATA Scheme – the foremost hindrance was non-availability of Bank Account of beneficiaries. Many of them did not have any identity proof.

The Collector requested Branch Manager of Andhra Bank, Kaliapani to allow opening of account of Juang women. The ICDS team under the leadership of CDPO visited each house of Nagada, got thumb impression of each eligible woman and authenticated their identity to Andhra Bank to open account. This could ultimately help in transferring amount to accounts of eligible children.

The hindrances were too challenging. Habitants were too hesitant to consume medicine; they were frightened to get injected. Even some women fled to forest leaving their children at home and remained there for days together. Health team stayed in Nagada 24 hours and mobilized the community to come and avail services.

Visiting door to door, collect thumb impression of women, take those women to Andhra Bank, Kaliapani, authenticate their identification before bank authority as well as pursue women to save the Chaque in bank and utilize said amount for health purpose really involved rigorous continuous effort of mobilizing, monitoring and motivating women and community members etc. were very difficult for us. We are satisfied that we have done our part triumphantly. Witnessing healthy children at Nagada now, is a very good experience of contentment and also a vital learning for us

– CDPO Sukinda

It was quite a charming experience that – all our efforts, coupled with coordination of ICDS Staff, AWW of different Blocks of Jajpur District and support of Health Staff in immunization and the guidance as well as monitoring of superior authorities – mainly the Collector Jajpur and the Chairman of Task Force Team Dr. A. B. Ota (IAS) could bring brilliant results.

Linking to Bank linking to MAMATA

When ICDS focused on ensuring benefit to Pregnant Women and Lactating Mothers through link to MAMATA Scheme – the foremost hindrance was non availability of Bank Account of beneficiaries. In fact, many of them did not have any identity proof.

The Collector requested Branch Manager of Andhra Bank, Kaliapani to allow opening of account of Juang women. The ICDS team under the leadership of CDPO visited each house of Nagada.

Getting thumb impression of women involved visiting door to door almost every to contact women.

It took 15 days to reach to that hill top village every day and collect their thumb impression. This could help in transferring amount to accounts of eligible children.

The CDPO personally introduced each woman with documents having their thumb impression and convinced the Bank about their individual identity. She authenticated their identity and convinced bank authority about identity of each woman. Then only, it could be possible to open bank account in the name of each beneficiary of MAMATA.



No doubt, every day going up the hill top villages, collecting the thumb impression of women and then authenticating their identity before Bank Authority was too tedious a task.

Every day going to hill top areas with staff to collect thumb impression of women was obviously a challenge. Many time – women were not found in their home since they have gone to forest for collection of tuber etc.

However, it was a matter of great satisfaction that e-transfer of fund under MAMATA scheme could be possible for all eligible women who were poor, needy but did not know their entitlements. – Tilottama Mahapatra CDPO, Sukinda

Towards Food Security

Improving the access to service, corrupt free practice of providing the need-based materials (i.e. Rice and Kerosene) to the poor tribals of Nagada and nearby villages is a great challenge. Other than availability of PDS materials in the PDS shop – the location of PDS shop was more a matter of difficulty for the poor tribals of Nagada.

“I must say, while focusing on Nagada issue – addressing Hunger & Malnutrition was of utmost importance & ensuring proper management of food grains to ensure food security of the needy was a challenge” Mr. Debashis Kar
Civil Supply Officer, Sukinda.

For collecting PDS materials – esp. rice (as per ration card) – tribals of Nagada had to visit PDS shop at Chingudipal covering long distance.

This was a troublesome matter and they could not reach there every month to collect their materials.

During pre June 2016, in Nagada only 73 household had ration card. 63 Households (290 family members) had PHH card and 10 households (60 family members) had AAY card. However, due to insistence of the

Appropriate policy changes have been done by Govt. for easy access to PDS shops and promote availability and consumption of food grains by tribals includes the following:

1. Reduction in travel distance of PDS point i.e. from Chingudipal to Deogaon and subsequently from Deogaon to Nagada
2. Replacement of Wheat to Rice for all beneficiaries.
3. Relevant policy change
 - a) From limited coverage to 100% beneficiaries coverage in Nagada villages
 - b) Increasing beneficiaries to AAY (from 94 to 106 households) and even reducing numbers in PHH (from 21 to 14 households)

District Collector, the civil supply department covered more people in distribution system. During June 2016 to December 2016 – the figure changed a lot i.e. PHH – 21 households (164 beneficiaries) and AAY 94 households (397 beneficiaries).

This could be possible due to exclusive emphasis on ensuring availability of food grains among tribal families to ensure food security for them.

However, with effort of ensuring food security to all families – it was decided to cover all families of Nagada areas and ensure providing Rice (instead of Wheat) to all families. Keeping this matter in view – the Government followed the dynamic of extending full proof support of PDS for food

security and thus could ensure supply of PDS to all families of Nagada areas i.e. covered 120 households (581 family members) till November 2017.

At present PHH - 14 households (103 beneficiaries) & AAY 106 households (478 beneficiaries). The entire population of Tala Nagada, Majhi Nagada, Uper Nagada, Tala Guhiasal, Guhiasal and Tumuni are now covered under PDS system and assured of food security through provision of Rice & Kerosene every month.

Nutrition Rehabilitation Centre (NRC) – A timely support

The NRC at CHC Sukinda is an effort taken at the need of the hour that could prove to be very beneficial for poor mothers of Nagada with malnourished children – especially children in critical condition. It acted as savior for a number of children of Nagada.

This Rehabilitation Centre became functional since 13th of January 2017. Prior to functioning of this center, all referrals were made to TATA steel Hospital at Kaliapani and NRC Jajpur Road.

The effort of developing this rehabilitation centre was planned up much earlier during this period that resulted in appointing a Nutritionist cum Counselor got appointed since 3rd of Oct 2016 well in advance.

Of course, extending service to the needy mothers at CHC Sukinda by this Counselor was the need of the hour. Before functioning of the centre One ANM was also appointed on 6.1.2017. Soon after that 3 Cook cum Attendant were appointed on 16.1.2017 and also 3 more ANM were appointed on 6th, 10th and 12th of April 2017. Thus within 3 months of its operation, the NRC was equipped with 4 ANMs and 3 Cook cum Attendants.

The existing infrastructure of this center includes 2 Patients Ward, One Kitchen and One Counseling Room as well as One Office Room and One Medicine Room. For the purpose of extending good service in appropriate manner all staff have meanwhile been oriented (given professional training). The Nutritionist cum Counselor got trained on NRC Management for 3 days at Sambalpur from 28.11.2016 to 30.11.2016 and all ANMs have been trained in Zonal level NRC Management training for 3 days held at Nayagarh from 28.6.2017 to 30.6.2017.

NRC is a clean and hygienic facility based SAM management unit with trained personals. At present, NRC is beneficial from the following point of view. It provides following benefit to the admitted patients

- ⊙ Provides all the medical facilities for child and mother in the CHC Sukinda with supervision of Doctors
- ⊙ Provides time to time nutritious and therapeutic feeds to the SAM children
- ⊙ Provides all micro and macro nutrients (iron, folic acid, magnesium, potassium, zinc, multivitamins) according to NRC Guideline to the SAM children
- ⊙ And if necessary, also provides purchased medicine to patients according to Doctor's prescription
- ⊙ The Nutrition Counselor and the ANMs provide counseling to the mother everyday on different and important topics related to child nutrition, child care etc.
- ⊙ The cooks involve the mothers during making home based foods as they can prepare and feed the same to their children.
- ⊙ There is a provision to giving 3 times meals to attendant/mother of patient with the wage compensation of Rs.50/day
- ⊙ At time of discharge each patient gets Rs.100/- towards transportation cost. There is also provision of 3 follow up checking to discharged patients, providing transportation cost @ Rs.100 for each follow up.

By the way, it is a matter of concern that NRC Sukinda does not have Paediatric Doctor. Hence, critical cases are not kept in this NRC. Rather such cases are referred to the nearest NRC i.e. at Jajpur Road or to Shishu Bhawan NRC at Cuttack. Government need to look into this matter seriously and taken immediate step to ensure it function in more effective manner.



Interaction with Nutritionist NRC Sukinda

Water Filter.... Any Use !!!

The effort for providing drinking water to Nagada villages is no doubt praise worthy. The existing efforts of ensuring water through pipe line, overhead tank and stand posts at village level do have much positive impact as improved system of providing water to the stakeholders.



It has been observed during visit to villages (while gone for Focus Group Discussion) that in many cases – the filters are broken, left unused and even in some villages it is used for bringing water from water tap or from the nearby pond and pouring water in vegetable garden and even dumped.

Now the question is – Does these Filters serve the purpose for which those have been issued? Are people unable to get benefit from those items – as they were getting at the beginning? Within one year of issue, the plastic filters have been broken into pieces and even the steel filters are now left unused or kept as dustbin item.

The successful efforts of ensuring safe drinking water for the Nagada people through provision of water pouch and then provision of Water Filter to all the households of Nagada, Guhiasal and Tumuni was really a timely measure and was also really meaningful. In fact, use of Water Filters, both Plastic as well as Steel is found not in use by almost all houses in villages.



With a clear vision of the changing behavior of Juangs in Nagada, it can surely be ascertained that there is lack of mobilization by people held responsible for behavior change – esp. Health workers, ASHA, ANM and even the AWW.

Moreover, NGO delegates working for informal education, also entrusted for community mobilization need to take care of this aspect with due importance.

What is the reason behind? Can anyone enquire about it? Despite all sorts of positive behavior change in the field of child education, development of vegetable garden, maintaining neatness and cleanliness – why people are not accepting the use of Filters? Why they have mishandled the material, which they known quite beneficial to them? Have any one enquired about that? Have the personnel of Health and ICDS ever tried to know the reason behind?



Goats Survived !!!

The women of Tumuni had support from government for promotion of their livelihood. 12 members of 2 SHGs (Maa Mangala A and Maa Mangala B) named Jamini, Jema, Mashri, Sukuru, Chandiri, Ratana, Gurubari, Buduni, Kumari, Jayanti, Reeta and Tangiri had been given goat – One each. The goat was issued to them through Animal Husbandry department.

It was expected that the number of goats will increase since the area does have vast area grazing. In fact, every family had 4-5 goats with kids. And all were growing well. The kids even had shown any sign of disease before. At the beginning, there was no problem.

12 goats issued, were remaining with the existing goats in the village. But within one month – all these goats (12 goats only) started getting sick and died one by one. And it was unfortunate on the part of the poor women that – many of the existing goats that remained with those goats also died in the same disease.

70-80 (approx.) goats died within a month. The SHG members could not do anything since they did not know “who to approach?” and “where to contact?” Even months after that event – they have not come across any of the officials who had handed over goat to them.

The point is – why this could happen? Could it not been checked?. More important a fact is whether the issued goats were properly immunized of diseases like PPR etc. Have any person from Animal Husbandry department of Jajpur ever visited Nagada to ensure service on Disease Surveillance? The point to note here is – after the death of all those goats i.e. after few months, the survived goats started breeding. All those kids have survived and by now, are grown up.

SAFE WATER !!!

In Tumuni village, safe drinking water is still a dream now. The entire village is dependent on “the only one” hand pump that also dries up during March as soon as the summer days come.

Now people are exclusively using this hand pump for drinking water purpose and even take bath in muddy pond that does have source of water from the nearby stream

The most alarming matter is the use of stream water as drinking water by villagers



even today. It is observed that the villagers are going to a stream which is half a kilometer distant from the village.

In fact, the hand pump water is muddy and smelling foul and hence they discard that. But why they like and accept the water of this stream as drinking water and why are using muddy water for washing body (bathing etc.)?

When interacted with Buduni Pradhan Wife of Village Mukhia at the spot of her water collection (the stream)

and asked as to why they prefer this stream water, she and her husband said – the water is natural. It does not have any foul smell, it is available throughout year and we are using this water since long. It is a fact that



the water is natural for them and they had been using that in the past and even now. But under what compulsion they prefer this? If the infrastructure for safe drinking water is there and has been developed by spending so much of fund by the Government – then why it is left unused? Why no one is bringing this matter to the notice of Government and why after so many months of this unusable status – the said infrastructure is still left unusable.

Kitchen Garden ... the community effort

The long stretch of kitchen garden in Tumuni stands as a proof of the community effort – more particularly by the women in the community. This is the result of efforts done through diligence and unity. Initially, they started the gardening by using seeds given to them by TISCO. Sukinda



They did not have good harvest since there was shortage of water and community members even did not know what to do and when to do?

But after harvesting some green vegetables including Cauli flower and Brinjal, they got the taste of green vegetables and took interest to grow other varieties. Now they have grown

Chilly, Brinjal, Onion, Cauli Flower, Palak and Coriander leaf etc.

While interacting with women of the community one by one, many of them said that they do like vegetables, but they do not have sufficient fund to purchase. The Cauli Flower is Rs.25/- per piece in Kaliapani market and Tomato is Rs.20/-.

So they decided to grow vegetable through community effort since individually they cannot cultivate in big scale. By the way, with the support of Government, they have got seeds of vegetables and some of them have also purchased vegetable seeds.



All women of the community except old women have involved in this. every woman brings water from the nearest pond by pitcher and pours water in the garden – line by line.

The harvest of the kitchen garden is used by community. It is used as per the need. They do not wait for harvest period. They just pluck one or two tomato or radish as per their individual need and use it for food. Use of vegetables as per their need that too harvesting in their own village, is a good experience for them.

Use of Community Asset?

The water body created in the land of Rasik Pradhan of Majhi Nagada is really a tremendous effort. This has not only created wage earning opportunity for many, but also created scope for fish farming in that village. With that 45m X 30m water body Rasik Pradhan had a dream of doing fish farming and continue earning from that.

He was more interested to set an example in that village since many of the villagers had induced him – "not to use the land for fish farming".

Rasik Pradhan, aged 30 is working as a temporary worker in Forest Deptt. who has been engaged in the watch and ward work of plantation works undertaken in different parts of Nagada and Guhiasal. He does have agriculture land.



But this year he has not cultivated since his father had died. In fact, one of the bullocks has also died this year. He has 5 members family he has three children. Elder son (13 years age) is studying in Chingudipal SCST Ashram School and two other kids (female) now studying in KIIT, Bhubaneswar.

He has the grief that his pond is now left unproductive. Few months back few people from Govt. department came and provided him eight polythene full seedlings.



He does not know varieties of seedlings. But till now – he is not witnessing any sing of fish in that pond. He is not able to see a single fish despite repeated visit since last 5 days. He is desperate that now his efforts have gone futile. He says, not a single officer from Govt. department came to enquire about "What happened to the seedlings?" and What does he need to do further?

Here question arises why Rasik is desperate and why he feels harassed? The department personnel who threw away seedlings in that water body have virtually not yet visited that spot further – at least once. Is this a valid example of Handholding support? Is this really a valid use of a community asset? The poor uneducated Rasik even does not know who were the government personnel, to which department they do belong and from which place they had come. Can he contact any person now? Can his water body – a social asset – be fruitfully used?

Exploring Stream Water

The diversion weir with loose bold structure constructed in Nagada sparing 4.34 lakhs from IAP fund is really a tremendous work. The effort of finding out the source of water, reaching to that spot in the remote most forest area, creating spot for storing water and then stretching pipe line from that spot down to the foot hill area near the Nagada road obviously involves much diligence and expertise which is really praise worthy.



The extra efforts involved in this venture and the continuous supervision and monitoring taken up to complete this work in time bound manner has been a great challenge to all involved.

Unless a person moves from the foot hill to the spot of water source, s/he

cannot really understand the pain taken to ensure a full-fledged water supply system. The origin of water source is found at the hill top where the water is naturally retained in a rocky flat area (Fig 1).



Water pours down to that spot through a range of sloppy rocks and continues to flow downward that has been checked through bund a small check dam (Fig. 2)



Then water has been coming down through terraces of forest (Fig.3) to downhill areas where the water has been brought in to a storage tank (Fig. 4)

Then through the same pipe system the water is sent to the filter system (Fig.5). The entire run



of water from the main source through forest to the filter base covers about 2.5 kms. from the hill top.



Can anyone really imagine the concept of bringing water from that spot and can really assess the pain, labour and expertise involved in that? Really, a commendable job, and a permanent solution to water problem in Nagada. The most important aspect of this tedious task is the thought i.e. the thought of bringing water of the natural stream form such a height at the hill top to the villages down in Nagada.

This particular venture itself is a great learning for the Govt. that could realize about the source of water and about the modality, that can ensure success.

Photo Gallery

Photos placed in this part of document are not part of an effort to pose the best before the public – rather it is also part of a viable effort to pose even the worst. This endeavor gives a judicious glance of what was “before” and what is “now”. And perhaps, this is the most prudent practice of posing ecstasy of achievement before the judicious readers.

Nagada Before

















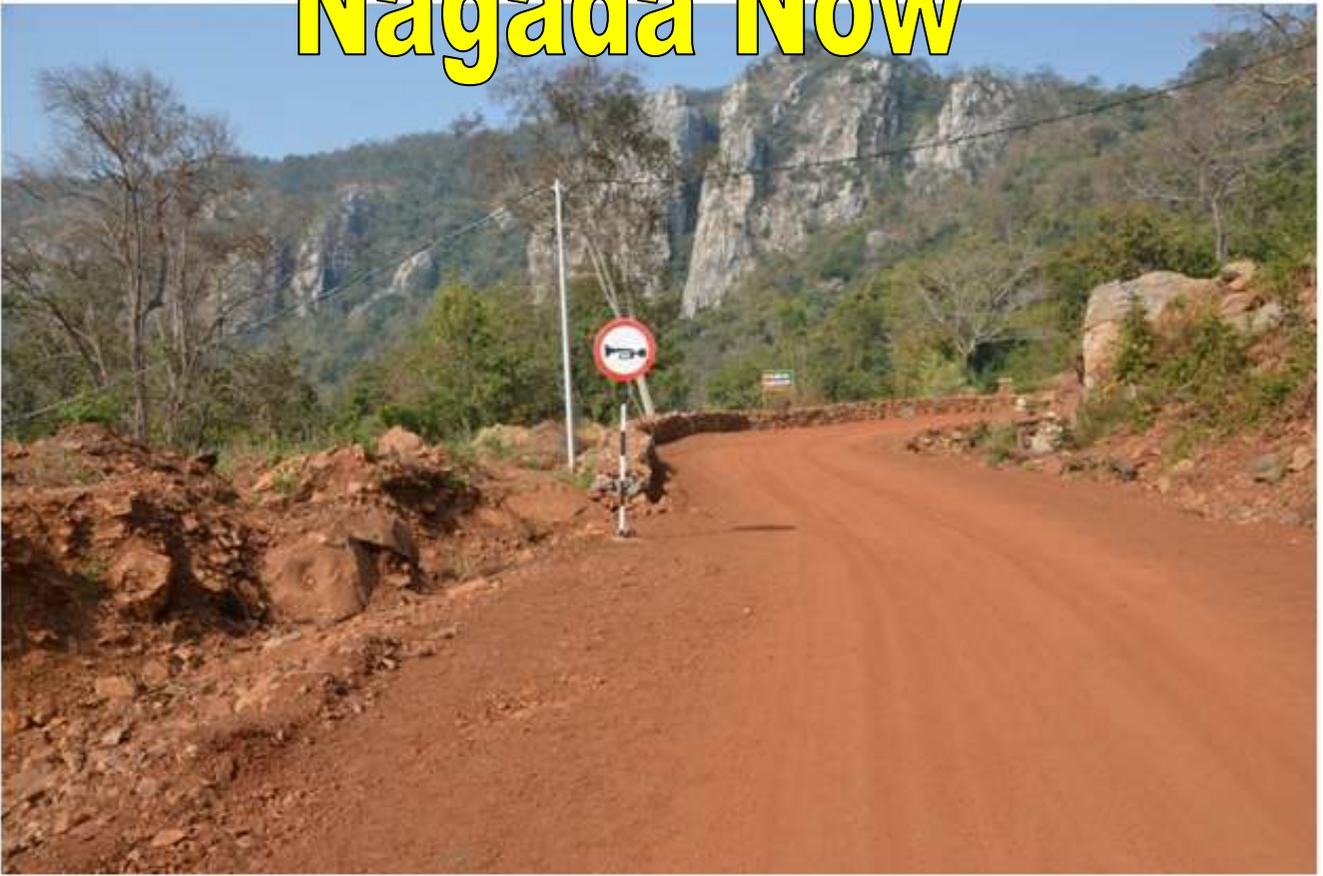








Nagada Now















Media and News paper clippings

Sat February 03, 2018 Orissa Post

Taste of development for Nagada villagers

Jajpur: Nagada village, which once earned a bad name over the deaths of 20 kids reportedly due to malnutrition, is finally getting the taste of development. For the first time, a vehicle reached lower Nagada village while the father of malnutrition affected Manasi Padhan was given appointment in a consultancy firm of Tata Steel.

Manasi's father Dhaneshwar Padhan was given appointment as a stack leveler in Ankita Enterprisers by revenue divisional commissioner Akhil Bihari Ota during his visit to the hilltop villages Wednesday. The little girl Manasi battled with malnutrition for many days and was hospitalised. Her parents had given up all hopes of her recovery and were planning to leave the hospital when the authorities prevailed upon them to continue with treatment. The girl was finally cured of her ailment and was discharged from hospital.

The vehicle travelled from the foothill till Lower Nagada in the presence of the RDC, Collector Ranjan Kumar Das and senior district officials. The senior officials interacted with the villagers about their problems and needs while Ota reviewed the implementation of various developmental projects in the area. Nagada villagers spoke about their necessities and expressed their happiness over construction of an all-weather road to their village. The RDC directed the district authorities to finish completion of roads connecting the main road by March 31, include all families under Pradhan Mantri Awas Yojana and Biju Pucca Ghar Yojana, complete construction of schools by May end and review the functioning of solar lighting systems once a month.

Ota also asked the officials to call the villagers who have received land pattas and identify their lands in their presence, develop 10 acre of land for agriculture and other purposes under community forest right act, develop skills of tribals to make them job ready. He also directed the PD, DRDA to provide work to each job card holder under MGNREGS. Ota directed the collector to make senior officials adopt a village and bring in development.



Dated 12.8.2017

The remote village Nagada in Jajpur district was connected with bus service on Friday by the district administration. Sukinda MLA Pritiranjana Ghadei and the district collector Ranjan Kumar Das flagged off the bus at Duburi Chhachh on Friday in a simple function. Large numbers of tribals welcomed the arrival of the bus at Nagada on Friday by dancing and beating of drums. In the wake of the death of 19 Juangs

children last year , the authorities did many developmental works in Nagada and its nearby areas. The bus service will help the villagers of Nagada, Talanagada Tumuni and other nearby villages with a population of four thousand ", said the MLA Ghadei.

Earlier , the government provided solar lights, water filters and health facilities in these remote area to improve the lives of malnourished children of Nagada area. The bus will move between Chandikhoh and Nagada via Sukinda and the Kalinganagar Industrial area.



Odisha tv Bureau On Aug 3, 2016

Nagada Juangs to be made self-reliant: RDC

Cuttack: Buoyed by the appreciation of the Central team in the developmental works being taken up in Nagada, the Odisha government has decided to step up measures to bring about a sea change in the livelihood of the Juang tribe that inhabits the village.

"We have decided to impart training on bamboo craft to these Juang tribals so that they would learn to make various products and sell them in the market. Besides, they would be trained on animal husbandry, collection and sale of forest produce to make them self-reliant," AB Ota, Revenue Divisional Commissioner (RDC), Central Division, and Chairman of the Task Force formed by the state government for development of Nagada village, told OTV today.

"All programmes like, health care, education, connectivity, food security, light, drinking water, which are currently underway in the village are short-term measures. To ensure that there would not be any instance of malnourishment in the village in future, we are providing them with ration. As far as long-term measures are concerned, we have roped in the Odisha Livelihood Mission, which has started collecting data so that the income generation of these tribals could be sustained," he said.

Talking about the source of livelihood of these tribals, he said they primarily depend on the forest. "As there is a long patch of bamboo forest in the nearby area, we have decided to impart training on bamboo craft to these tribals so that they can make several daily use and decorative items from it. We are also exploring possibilities of marketing of forest produce collected by these tribals, which could be another source of income for them. We have found that the villagers are rearing pigs and goats. We will decide which animal husbandry would help them generate more income," the RDC informed.

He further said the steps had been taken by the state government to impart education to the tribal children of the village. "Out of a total of 85 families in the village, only two have passed Class VII. An NGO, ASPIRE, presently working in this area, has been doing innovative work by imparting education to all school-going children. But it is a short-term measure. As a long-term measure, we have decided to put these children in a nearby residential school. Children, whose age is 10 year or more and who do not have any formal education, will be given a bridge course after which they would be admitted in the residential school," Ota said.

He also said the state government has planned to upgrade the Upper Primary school in the village to Middle English school. Besides, efforts are on to set up a 100-bedded residential hostel for these children. Asked whether the state government had decided to replicate the efforts it has been making in Nagada village in other remote and inaccessible villages in the state, Ota said "The manner in which the initiatives of all departments have converged in the development of Nagada village, we hope to make Nagada a model project of development for other backward and remote villages in the state".

"The state government has prepared a format which has been given to all district collectors to identify villages having zero access by August 12. After identification of these villages, the state government will extend all provisions to these villages it has made for the Nagada village," the RDC said.



ନଗଡ଼ା ପାଖରେ ପ୍ରଶାସନ

ପାଳପୁର/କାରିଆପାଣି, ୨୮.୧ (କମିସ): ନଗଡ଼ାକୁ ଉଠି ଆସିଛି ପ୍ରଶାସନ। ପରିସ୍ଥିତିରୁ ମୁକୁଳିତ ପାଇଁ ପ୍ରାଣମୁକ୍ତି ଉଦ୍ୟମ କରାଯାଇଛି। ପାଖାପାଖି ୧୦ଟି ବିଭାଗ ନଗଡ଼ାରେ ପଢ଼ିରହି କାର୍ଯ୍ୟକ୍ରମ କରିଛି। ରାଜ୍ୟ ସରକାରଙ୍କ ଦୈନିକ ପରେ ନିଜୁ ତଥା ସାମାଜିକ ପ୍ରଶାସନ ପ୍ରତ୍ୟକ୍ଷ ଭାବେ ଏହି କାର୍ଯ୍ୟକ୍ରମକୁ ତଦାରଖ କରୁଥିବା ଦେଖିବାକୁ ମିଳିଛି। 'ସମ୍ପାଦ' ଅନୁସନ୍ଧାନର ଗୋଟିଏ ମାସ ପରେ ସରକାର ତଥା ପ୍ରଶାସନ ଏହି ଧରଣର ପଦକ୍ଷେପ ଗ୍ରହଣ କରିଛି।

ନଗଡ଼ା ଶିଶୁମଫଳ ସଙ୍ଘରୁ ନେଇ କେବଳ ରାଜ୍ୟ କାର୍ଯ୍ୟକ୍ରମ ନାଟ୍ୟପ୍ରସଙ୍ଗରେ ଚର୍ଚ୍ଚା କୋରୁ ଧରିଛି। ଗତ ଚିନିମାସ ମଧ୍ୟରେ ୧୯ଜଣ ନୂଆଙ୍ଗ ଶିଶୁଙ୍କ ମୃତ୍ୟୁ ଏବଂ ୨୨ଜଣ ଅପପୁଷ୍ଟିର ଶିକାର ହେବା ସତ୍ତ୍ୱେ 'ସମ୍ପାଦ'ରେ କ୍ରମାଗତ ଭାବେ ପ୍ରକାଶ ପାଇଥିଲା। ଏହାକୁ ନେଇ ଦୁର୍ଭିକାରୀ ମହଲରେ ଆଲୋଚନା ଖୋଳି ପାଇଥିଲା। ନୂଆଙ୍ଗଙ୍କ ଉର୍ଦ୍ଧ୍ୱ ବିରଳ ଜନଜାତିଙ୍କ ମୃତ୍ୟୁ କେବଳ ଶିଶୁ ବିଭାଗ ବିଭାଗ ନୁହେଁ, ଆଦିବାସୀ ଏବଂ ସ୍ୱାସ୍ଥ୍ୟ ବିଭାଗର କାର୍ଯ୍ୟକ୍ରମ ପ୍ରତି ଅନୁଭବି ନିର୍ଦ୍ଦେଶ କରିଥିଲା। ରାଜ୍ୟ ସରକାରଙ୍କ ତଥାକଥିତ ବିଭାଗର ସ୍ୱୋଗାର ମଧ୍ୟ ପ୍ରଶ୍ନ ସେଇକୁ ଆସିଯାଇଥିଲା। ଏହାପରେ ରାଜ୍ୟ ସରକାର ଶିଶୁମଫଳ ଓ ଅପପୁଷ୍ଟି ସଙ୍ଘକୁ ସୁରୁତ୍ୱ ଦେଇଥିଲେ। ଅଣାୟତ ପରିସ୍ଥିତିକୁ ସୁଧାରିବା ପାଇଁ ନିଜୁ ପ୍ରଶାସନକୁ ମଧ୍ୟ ନିର୍ଦ୍ଦେଶ

- ଚାରିଦିନରେ ଖୋଲିଲା ୧୦ କ୍ୟାମ୍ପ
- ୧୦ଟି ବିଭାଗର କାର୍ଯ୍ୟ ଆରମ୍ଭ
- ପାହାଡ଼ ଉପରେ ରାସ୍ତା ପାଇଁ ହାଇଡ୍ରାବାତ୍ ସଂସ୍ଥାର ସର୍ବେ
- 'ସାନ୍' ଶିଶୁଙ୍କୁ ସ୍ୱତନ୍ତ୍ର ଚିକିତ୍ସା
- ସୋଲାର୍ ଲାଇଟ୍ ବ୍ୟବସ୍ଥା ଆରମ୍ଭ
- ପ୍ରଶାସନିକ ପ୍ରକ୍ରିୟାରୁ ରାଜନେତା ବାତ୍
- ଏଯାବତ୍ ଛୁଇଁ ନୂଆଙ୍ଗ ଜୀବନ

ଆଗାମୀ ଦିନରେ ଅପପୁଷ୍ଟିକୁ ରୋକିବା ପାଇଁ ସମ୍ପୂର୍ଣ୍ଣ ଗ୍ରାମରେ ଉଦ୍ୟାନ ବିଭାଗ ପକ୍ଷରୁ ଅନୁଚରଣ, କରକା, ଆମ୍ବ, ପଶାସ, ସରକା ପ୍ରଭୃତି ଗଛ ଲଗାଯାଇଛି। ଏଥିସହିତ ଶିଶୁମାନଙ୍କ ସତ୍ତ୍ୱ ପ୍ରତି ସଚେତନତା ସୃଷ୍ଟି କରିବା ପାଇଁ ନିଜୁ ଶିଶୁ ସୁରକ୍ଷା ଯୁକ୍ତ ଏବଂ ନୂଆଙ୍ଗମାନଙ୍କୁ ସ୍ୱାକ୍ଷରୀ କରିବା ଉଦ୍ଦେଶ୍ୟରେ ଜାଦିବା ମିଶନ ପକ୍ଷରୁ ପଦକ୍ଷେପ ନିଆଯାଇଛି। ପାହାଡ଼ ପାଦଦେଶରୁ ପାଖାପାଖି ୧୦ କିଲୋମିଟର ଉପରେ ବସବାସ କରୁଥିବା ନୂଆଙ୍ଗମାନଙ୍କ ଗମନାଗମନ ପାଇଁ ଗ୍ରାମ୍ୟ ଉନ୍ନୟନ ବିଭାଗ ପକ୍ଷରୁ ରାସ୍ତା ନିର୍ମାଣ ନିମନ୍ତେ ସର୍ବେ ଆରମ୍ଭ ହୋଇଛି। 'ହାଇଡ୍ରାବା' ନାମକ ହାଇଡ୍ରାବାତର ଏକ ସଂସ୍ଥା ଏହି ସର୍ବେ କରୁଛି।

ତେବେ ପ୍ରଶାସନ ନଗଡ଼ାରେ ପହଞ୍ଚି ଥିଲେ ମଧ୍ୟ ନୂଆଙ୍ଗ ଜନଜାତିଙ୍କ ସାମାଜିକ ଚଳଣିକୁ ଏପର୍ଯ୍ୟନ୍ତ ଛୁଇଁ ପାରିନାହିଁ। ସେମାନଙ୍କୁ ପର ପିଞ୍ଜା ବାଉଳ, ଚାରି ଯୋଗାଇ ଦିଆଯାଇଛି। ମାତ୍ର ନୂଆଙ୍ଗଙ୍କ ଖାଦ୍ୟାଦ୍ୟ ପରିବର୍ଦ୍ଧନ ପାଇଁ କୌଣସି ସଚେତନତାମୂଳକ ପଦକ୍ଷେପ ନିଆଯାଇ ନାହିଁ। ଯାହାଫଳରେ ଅନେକ ନୂଆଙ୍ଗ ପରିବାର ଏବେ ବି ପଖାଳ, କୁଣ୍ଡ ଖାଇଥିବା ଦେଖା ଯାଉଛି।

