

**G: Supporting Report for Chapter 9**  
**in main Report**

**Social Study and Gender Analysis**

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# 1 SOCIAL STUDY AND GENDER ANALYSIS

## 1.1 VILLAGE LEVEL SURVEY RESULTS

### 1.1.1 Selection Procedure of Two Villages in Tikamgarh District

#### (1) Overall Situation Analysis of Each Block in Tikamgarh District Offices

First of all, for the purpose of the selection of two blocks out of six blocks in Tikamgarh District, the grade point system was adapted to understand the actual service condition and situation of each block by interviewing District level officials (program officer level) of different Departments such as Health Department, Education Department, District Rural Development Authority (DRDA) and Women and Child Department (WCD). These officials were requested to rank these six blocks according to the situation of the services at each block level. For instance, if the block is most developed it would be ranked as 1 and the next developed one would be ranked as 2 and it goes on by the same procedure. The grades of ranking given by the different department officials are shown below.

(26 Dec 2000)

Block Name	Block Locality	Population Balance**	Accessibility*		Grade of Situation at Present Given by District Level***				
					Health Dept	Edu. Dept	DRDA	WCD	Total
Tikamgarh	Urban	896	1 km	1	1	1	1	3	7
Baldevgarh	Rural	863	28 km	2	6	6	4	5	23
Jatara	Rural	890	40 km	3	4	4	2	2	15
Prithvipur	Rural	901	60 km	4	3	3	6	4	20
Palera	Rural	927	65 km	5	5	5	5	6	25
Niwari	Rural	903	80 km	6	2	2	3	1	14

\* distance from district headquarter

\*\* population data disaggregated by gender based on the population data of ICDS Blocks as of Nov 2000

\*\*\* relative comparison regarding each service situation judged by district officers

This analysis clarified that Palera block situated in North-eastern part of Tikamgarh is the most backward block from the hearing of four department officers on the situation in Tikamgarh District. In contrast, Niwari located in Northern Tikamgarh is rather developed because of its location close to Jhansi and fairly well road infrastructure development. Amongst the six blocks, Tikamgarh urban block shows the most favourable service extension in health, education, rural development, and WCD program.

#### (2) Selection of Two Villages According to the Selection Criteria

##### 1) First Village Selection

As far as one of the purposes of the in-depth study is to know the extent of service outreach in the backward area and to investigate social gender situation, the minimum criteria for the first village selection were set as shown below. 1) rural remote backward area and difficulty to access to basic needs service from the district office, 2) large SC/ST population mixed with other castes, 3) existence of Anganwadi Centre. After discussions with block level officials, T1 village under was finally selected for the first village study in Tikamgarh for the reason of matching criteria described above.

##### 2) Second Village Selection

Baldevgarh block, in terms of gender balance in population, could be regarded as the most

lag behind area. For the purpose of investing reasons of these phenomena, T2 that meets the criteria below was selected by the Baldevgarh block officers. 1) medium accessibility to basic needs service, 2) rather conservative and feudalistic aspects remaining from the social and gender perspective, 3) evident gender unbalancenness in population statistics, 4) medium or high percentage of SC population, 5) existence of Anganwadi Centre and sub-health centre.

### (3) T1 Village (Palera Block, Tikamgarh District)

#### 1) General Village Information

Survey Date: 26-30 December 2000, 4 Jan 2001

I. General Information		II. Social Infrastructure	
(1) Topography	along an unpaved road plain near mountain	(1) Transportation	distance from all weather road: 8 km: type of transportation: jeep, bus, bullock cart, tractor
(2) Location	distance from district headquarter: 65km distance from block headquarter: 6 km	(2) Drinking Water Source	6 Indian Mark II, insufficient in dry season
(3) Population	850 persons (data year:2000) (447male, 403 female) gender balance 0.901 (male :1)	(3) Electricity	one lamp connection (42 HHS) kerosene lamp (most of the household) for lightning at night
(4) Households	132 households	(4) Sanitation	toilet: no toilet (in an open air) garbage: in an open field outside of the village, own garbage pit or backside of the house
(5) Caste	Gen.(3 HHS), SC(25), ST; (80), OBC(24)	(5) Housing	mostly one room, kitchen inside a kachcha house. three pakka households in the villages
(6) Sub-Caste	Gen: Thakur, SC: Kumhar, Khangar, Basor, Ahirwar, ST:Saur, OBC; Rajpal, Lohar, Napit	(6) Fuel	wood from forest
(7) Language	Hindi and Bundelkhandi local Language	(7) Communication	telephone is available in Gram Panchayat (3 km), PCO/STD (6 km)
(8) Occupation	farmers 90 HHS, labor 15 HHS Service 15, Livestock keeper 8	(8) Media	radio :20 HHS (Chhatarpur RS) television: 5 HHS (DD-1)
(9) Religion	Hinduism 132 households 3 Hindu temples in the village	(9) Anganwadi Centre	established in 1990, one Anganwadi worker
(10) Village History	250 years ago, established.	(10) Primary School	one primary school, two EGS one RGSM
(11) Development History	1975 primary school 1985 electrification 1986 hand pump 1990 Anganwadi centre 1994 Gram Panchayat 1995 first television 1998 kutcha road accessible to village	(11) Middle and Secondary School	no school inside the village. Palera (6 km)
		(12) Education Program	district primary education program free mid-day meal program
		(13) Adult Education Program	10 centres have been opened in this village total 147 adults (male-71 and female-76)
		(14) Female Education Program	various scholarships program for female education
III. Economic Situation		IV. Community Organization and Activities	
(1) Agriculture Land Forest Area	500 acres, approximately 1000 acres	(1) Sarpanch	Belongs to female ST
(2) Agriculture Products	rainy season : rice, soy bean, pulse, peanuts, oil seed, non-rainy season: wheat, mustard, gram, peas	(2) Composition of Gram Panchayats Members	7 members: one male SC member, three male ST members, one female SC member, one female ST member, one female OBC member
(3) Land Resources	Landless 47 household 5-10 acre (40 HHS) More than 10 acres (7 HHS)	(3) Gram Panchayat	L.B. Gram Panchayat (3km)
(4) Irrigation or Agriculture Water Resource	75% of agriculture land by irrigated by 11 wells, 2 nallah (small canal), 1 pond	(4) Mahila Mandal	yes
(5) Major Cash Income	soy beans, labour, migration	(5) Self Help Group	15-16 female members formed one group, one month ago, two self-help groups have already formed, and 250 Rs has been collected during a week and made a bank account, money will be used for buying diesel oil of tractor.
(6) APL and BPL	BPL:47 HHS, APL:85 HHS	(6) Edu.Committee	total 10, male 9 female 1
(7) Market Accessibility	small shop inside the village, weekly market(6 km), selling and buying crop or other agriculture outputs mostly in Palera town(6km)	(7) Health Committee	no
		(8) Health Women's Group	no

V. Productive Activities and Villager's Life		VI. Women and Life		
(1)	Agricultural work	ploughing and sowing for kharif crop(July), weeding (Aug-Sept), harvesting (Nov), sowing rabi crop (Jan), harvesting rabi crop (March)	(1) Marriage	mean first marriage: girl 12-15 yr old, cohabitation after 4-5 years (Gauna) dowry 10,000-20,000 value cash or goods for marriage life such as silver ornament, clothing, furniture
(2)	Agriculture Products	Kharif: rice, soya bean, urad mung, til, Rabi: wheat, mustard, matar (peas),peanut, making earthen pot(Dec-June)	(2) Purdah and Seclusion	Purdah remains especially in the elder age population. sometime forced by elder women to cover face.
(3)	Non-agricultural Work	making bamboo basket and basket (Dec-June) collecting fire wood (Dec-June) collecting, making bricks(June)	(3) Time Allocation As Female Activities	- collecting wood 180 min - cooking and feeding family twice a day 120 min - grinding of wheat 60 min - collecting water 60 min - cleaning cow shed, making a dang cake feeding cattle 60 min - others 60 min - get up 4:30am(male 5:30 am) -sleep 10:30pm(male 10.30 pm)
(4)	Migration	migrate to other cities (Dec-March) place to migrate: Delhi, Mathura, Agra,Gwalior, Punjab, Ludhiana, Haryana, Chattisgarh, 12-15 HHs in this household start to migrate Job: construction labour etc		
VII Health Service		VIII Reproductive Health		
(1)	Health Service (1)	Palera CHC 8km Ram Nagar Sub Center 15km Anganwadi Center 0 km 8km	(1) Contraceptive Method	Women after having children took operation at the camp for Rs 10 incentive. Condoms and pills supplied form Sub-center sometimes. Condom not favorably accepted by men.
	Health Service (2)	Private Clinic na Chhatapur DH 120km Jhansi Medical College 30km Nawgaon Govt. Hospital	(2) Birth Spacing Knowledge	They have knowledge through Anganwadi worker and ANM visit. lactating period 8-12 months, naturally, BS become 2 years.
(2)	Transportation Cost to Health Provider	Sub-center No cost 2hr.on CHC foot Nawgaon Rs10 by jeep Govt. Rs15 by bus, jeep Hospital Rs120 by bus, jeep Jhansi Medical College	(3) Pregnancy and Antenatal Care (4) Delivery	ANM visits once a month and then check-up. Dai died four years ago, they help each other in delivery at home.
(3)	Health Personnel	ANM 0, MPW 1, VHG 1, un-trained Dai 0, trained Dai 0, traditional practitioner 3	(5) Emergency Obstetric Care (6) Postnatal Care (7) Unwanted Pregnancy (8) Difficulty of Conception	When baby position is abnormal, or abnormal discharge symptom occur, first go to the CHC taking rest 3-4 days after delivery 2-3 month pregnant period, taking seed tea and make it abort. consult with traditional healer
(4)	Villager's Needs and Their Assessment Addressed by Villagers	CHC important needs but less influential Sub-Centre important needs but not influential (no road accessibility) not influential AWW medium needs, rather influential TH low needs but highly influential VHC low needs and not influential	(9) Fetus Selection (10) Symptom Women Suffer (11) Maternity Benefit By Block Panchayat	According to the some traditional healer can identify sex of fetus general fatigue, dizziness, gastric problems Targeted (women of BPL) (Rs500/- for 1st or 2nd delivery)
(5)	Common Disease	Malaria, diarrhoea, jaundice		

## 2) All Sector Development Programs in Last Two Years

### a) All Sectors

	Program/Activity	Implementing Agency/Scheme
1	2 Education Guarantee Scheme (EGS) School Building	Rajiv Gandhi Shiksha Mission (RGSM)
2	Rajiv Gandhi Shiksha Mission (RGSM) School Building	Rajiv Gandhi Shiksha Mission (RGSM)
3	Village Road Repairing	Jawahar Rojgar Yojana (JRY) <sup>1</sup>
4	Adult Education Program	Block (Padna Badna)
5	Old Age, Widow and Handicapped Pension (15 persons)	Panchayat and Social Welfare Department
6	IRDP <sup>2</sup> Loan for Small Scale Business (12 persons)	Block Panchayat.

### b) Health Sector

	Program/Activity	Implementing Agency/Scheme
1	Pulse Polio Immunization	Health Department
2	Survey of Leprosy Disease	Health Department
3	Maternity Benefit ( 2 Women of Below Poverty Line)	Block Panchayat

## 3) Health Service and Villager's Assessment

### a) Availability of Health Services

During Focus Group Discussion with village women it was revealed that T1 village have availability to health services below.

No.	Facilities	Place	Distance	Time	Cost	Transportation Means
1	CHC	Palera	8 Kms	1 hour	Rs 5/-	Foot, Jeep, Tractor, Bullock Cart
2	Sub Health Centre	Ram Nagar	15 Kms.	2 hours		Foot, Bullock Cart
3	Govt Hospital	Nawgaon	30 Kms	3 hours	Rs 15/-	Jeep, Bus
4	Medical College	Jhansi	120 Kms	5.5 hours	Rs 60/-	Jeep, Bus
5	Village Health Guide	Within village	-			
6	Traditional Healer	Within village	-			
7	Chemist Shop	Palera	8 Kms.	1 hour	Rs 5/-	Foot, Jeep, Tractor, Bullock Cart
8	Anganwadi Centre	Within village	-			
9	Private doctor	Palera	8 Kms.	1 hour	Rs 5/-	Foot, Jeep, Tractor, Bullock Cart

### b) Types of Each Health Providers' Services According to the Villagers (Articulated by Villagers)

Health Providers	CHC (Palera)	Sub Center (Ramnagar)	Govt Hospital (Nawgaon)	Medical College (Jhansi)	Traditional Healer*	Anganwadi Center
Health Services	-fever -stomachache -headache -diarrhoea -vomiting -wound -delivery -operation -contraceptive pills -condoms	-immunization -contraceptive pills -condoms -iron tablets	-TB -coughing -blood pressure related problem -lung	-major wound -fracture -kidney problems -delivery related problems -kidney failure	-treatment of snake, insects, dog bite -minor wound -driving the ghost -consultation with infertile woman -identification of sex of foetus	-fever -diarrhoea -vomiting -condoms -contraceptive pills

\*A traditional healer in this village play a role as a faith healer as well as a herbal practitioner.

<sup>1</sup> JRY has the objectives to generate additional employment for the unemployed and under-employed in rural areas

<sup>2</sup> Integrated Rural Development Program

**c) Assessment of Health Provider by Villagers (Ven-diagram)**

In order to assess needs and benefits of different health service providers, Ven Diagram exercise was conducted with the village people.

	Most Beneficial	Medium Beneficial	Less Beneficial	No Beneficial
Most Needed			CHC (Palera)	Sub Health Centre (Ramnagar)
Medium Needed		Anganwadi Worker Anganwadi Center	Govt. Hospital (Nawgaon)	
Less Needed	Traditional Healer	Medical College (Jhansi)	Chemist Shop (Palera) Private Doctor (Palera)	Village Health Guide
No need				

**4) Educational Programs**

**a) Institutions**

Institutions	No	Establishment	Facility
Shishu Shiksha Kendra (Pre Primary)	1	1997	No (runs in Primary School building)
Anganwadi Centre	1	1990	No (runs in Primary School building)
EGS-Education Guarantee Scheme (Primary)	2	1997	Two buildings are under construction
Rajiv Gandhi Shiksha Mission (Primary)	1	1997	Yes
Primary School	1	1974	Yes

**b) Teachers**

Institutions	Total	Male	Female
Shishu Shiksha Kendra (Pre Primary)	1	-	1
Anganwadi Centre	1	-	1
EGS-Education Guarantee Scheme (Primary)	2	2	-
Rajiv Gandhi Shiksha Mission (Primary)	2	-	2
Primary School	2	2	-

**c) Enrollment of Students**

**Shishu Shiksha Kendra (Pre Primary)**

Class	Total	Boys	Girls	Gender Balance (Boy:1)
Pre Primary	39	18	21	1.16

**EGS-Education Guarantee Scheme (Primary)-2 Schools**

Class	Total	Boys	Girls	Gender Balance
1	28	12	16	1.33
2	32	17	15	0.88
3	5	2	3	1.50
4	19	6	13	2.16
Total	84	37	47	1.27

(Note-Out of 2 school only one school has class 3 and class 4)

**Rajiv Gandhi Shiksha Mission (Primary)**

Class	Total	Boys	Girls	Gender Balance
1	12	7	5	0.714
2	7	3	4	1.333
3	20	11	9	0.818
4	18	10	8	0.800
Total	57	31	26	0.839



### Primary School

Class	Total	Boys	Girls	Gender Balance
1	20	11	9	0.818
2	16	9	7	0.778
3	30	15	15	1.000
4	21	11	10	0.909
5	42	27	15	0.556
Total	129	73	56	0.767

### Total students enrolled in Primary Section

Total	Boys	Girls	Gender Balance
270	141	129	0.914

#### d) Other Education Programmes in this village

##### i) District Primary Education Programme

##### ii) Padna Badna Andolan (Adult Education)

Under this programme 6 centres have been opened in this village last year (2000). Total 147 adults (male-71 and female-76) have appeared the final examination. Their result is awaited.

iii) There is a Village Education Committee (VEC) in the village. There are 10 members in the VEC and among them only one is a female. According to the village people they rated the level of activeness of VEC as low.

#### 5) Land Holding Pattern by Caste-wise

	Agriculture Owned Land	No.of HHs	Gen	OBC	ST	SC
1	More than 10 Acres	6	3	3	-	-
2	4-10 Acres	24	17	5	-	2
3	2<4 Acres	21	9	8	-	4
4	1<2 Acres	43	7	20	-	16
5	Less than 1 Acre	32	1	18	-	13
6	Landless	20	-	1	-	19
	Total	146	37	55	-	54

#### 6) Labour Seasonal Calendar

##### Gender Seasonal Calendar on Agricultural and Non-agricultural Work

	July	Aug.	Sept.	Oct.	Nov	Dec	Jan	Feb	March	April	May	June	
Male	01	03	03	06	06	08	09	08	14	14	15	16	
	02	04	04		07	09	12	11	08	08	16	18	
			05		08	10	13	12	11	20	17	19	
						11	08	20	20	21	08	17	
						20	11	21	21	22	20	08	
						21	20	22	22		21	20	
						22	21				22	21	
							22	22				22	22
	Female	02	03	03		07	08	09	08	14	14	15	18
			04	04		08	09	12	11	08	08	17	19
				05			10	13	12	11	20	08	17
							11	08	20	20	21	20	08
							20	11	21	21	22	21	20
						21	20	22	22		22	21	
						22	21					21	
							22	22				22	22

Activities	Code Number	Activities	Code Number
- ploughing for kharif crop	01	- collection of nagarmotha from forest (one type of herbs)	13
- sowing of kharif crop	02	- harvesting of rabi crop	14
- weeding	03	- threshing of rabi crop	15
- collect padar from forest (wild fruit)	04	- repairing of house	16
- prepare the trees to extract gum	05	- collection of tendu leaves from forest	17
- ploughing for rabi crop	06	- making bricks	18
- harvesting kharif crop	07	- apply cow dung manure in field	19
- collect gum from forest	08	- collection of fire wood	20
- sowing of rabi crop	09	- make earthen pots	21
- threshing kharif crop	10	- make bamboo baskets	22
- migrate for labour work	11		
- irrigate rabi crop	12		

### 7) Daily Time Allocation

Female		Male	
Activities	Time	Activities	Time
wake up time	4.30 am	wake up time	5.30 am
grinding of wheat	1 hour	get cattle milk	30 mints
sweeping/brooming the house	30 mints	take food	15 mints
cleaning utensils	30 mints	either go to own agricultural field or labour work and return home in the evening	45 mints
bring water (cooking, drinking, for cattle) 4-6 times	1 hour		
clean cow shed and make dung cake	1 hour		
bathe the children and make them ready for school	30 mints		
cooking	2 hours	feed the cattle and get cattle milk	
feed family members	30 mints		
take food	15 mints		
feed cattle	30 mints		
in the afternoon either go to field or forest to collect fuel wood	3 hours		
sweeping/brooming the house	30 mints		
bring water (cooking, drinking, for cattle) 3-4 times	45 mints		
cooking	1.5 hours		
feeding family members	30 mints		
eating	15 mints	take dinner	15 mints
go to bed	10.30 pm	go to bed	10 pm



(4) T2 Village (Baldevgarh Block, Tikamgarh Distirct)

1) General Village Information

Survey Date: 2-6 January, 2001

I. General Information		II. Social Infrastructure	
(1) Topography	along a paved road and lake, plain near mountain	(1) Transportation	distance from all weather road: 0 km: type of transportation: jeep, bus, tractor
(2) Location	distance from district headquarter: 30 km distance from block headquarter: 10 km	(2) Drinking Water Source	214 HHs depends on the 11 Indian Mark II's, 10 open wells
(3) Population	1658 persons (data year:2000) (male 877, female 781) gender balance (female 0.891*)	(3) Electricity	one lamp connection (35 HHs), private legal connection (150), no connection (49, kerosene for lightning at night)
(4) Households	294 households	(4) Sanitation	toilet: 7 HHs have toilet, (others in an open air), garbage: in an open field outside of the village or own garbage pit or behind the house
(5) Caste	Gen.(17 HHs), SC(83), ST; (63), OBC(121),Others(10)	(5) Housing	42 pakka households (OBC .Jains, Gen)according to the social mapping
(6) Sub-Caste	Gen:Brahman, Kayastha, SC: Chadhar (Bunkar), Chamar, Kumhar, Basor, Mehtar (Balmith) ST:Saur, OBC;Lodhi,Yadav, Sen, Mali, Kushuwaha, Rajah,Namdeo, Dhimar, Lohar, Badhal,Seni,Bhatt	(6) Fuel	wood from forest(4 hrs per day to collect in SC HHs), cow dang cake
(7) Language	Hindi and Bundelkhandi local Language	(7) Communication	Post Office in the village, PCO/STD (10km)
(8) Occupation	Sevice10%, Labour 30%, Small Scale Business, 25%, Livestock Keeper 10%, Others 25%	(8) Media	radio :20 HHs (Chhatarpur RS) television: 5 HHs (DD-1) 20 HHs have television.50 HHs have Radio
(9) Religion	Hinduism 284 HHs, Jain 9, Muslim 1, 1 Jain old temple	(9) Anganwadi Centre	established in 1998, one Anganwadi worker, no facility belong to centre, it runs in primary school building
(10) Village History	established year and period: na A Jain Temple of 12-13 century period remains, which was once important Jain center. There are the Chandellas days dam.	(10) Primary School (1-5)	two primary schools, (female 0.68) one private primary school (female 0.45)
(11) Development Program	1951 primary (1 st gov) 1972 electrification 1974 middle school 1978 primary (2 nd gov) 1985 high school 1998 Anganwadi Centre 1998 Shishu Shiksha Kendra	(11) Middle School(6-8) & High School (9-10) Program for GS (12) (Chhatra, Protsahan Rashi )	one middle school inside the village (female 0.34* ) , one high school inside the village (female 0.12* )mostly female come from gen. and OBC caste SC&ST girl students of of class 6 get scholarship of Rs 50/per month for 10 months for one year.
III. Economic Situation		IV. Community Organization and Activities	
(1) Land Area	453.068 hectares, rainy season :	(1) Sarpanch	belongs to OBC (sub-caste, Jadhav) Sarpanch elected from the same family over 25 years
(2) Agriculture Products	rice, sugar cane non-rainy season: wheat	(2) Gram Panchayat	in the village; total 13 members: 2 male SC members, 2 male ST, 5 male OBC, 1 female SC member, 3 female OBC
(3) Land Resources	landless 81HHs (SC 40 HHs, ST 31, Others 10): more than 10 acres (5 OBC HHs, 2 others) 4-10 acres (20 OBC HHs, 20 others) less than 4 (166 HHs)	(3) Mahila Mandal	two years ago, established under ICDS program which was constituted by Anganwadi Centre, 10 members from Yadhavs and Jains (APL), Age Range: 30-49, head of group: elected by AW. 3 committees
(4) Irrigation or Agriculture Water Resource	90% of agriculture land by irrigated by 2 wells, canal through the village, 1 pond	(4) Education Committee	2 VEC, 1 PTA
(5) Major Cash Income	sugar cane, small business, labour		
(6) Below Poverty Line	BPL: 47 HHs, APL: 85 HHs		

(7)	Market Accessibility	7 small shop inside the village, weekly market(3 km), selling and buying crop or other agriculture outputs mostly in Tikamgarh town(30km)	(5)	Women's Health Group	(Gramin Mahila Utthan Samiti) health awareness activities for eye camp and so forth, not for RH
			(6)	Health Committee	no
<b>V. Household Economics</b>			<b>VI. Women and Gender Related Information</b>		
(1)	Household Expenditure (a case of ST landless population)	1.staple food (rice and wheat) 19% 2. non staple food (oil, spices, sugar etc.) 11% 3. bidi, tobacco, liquor, cigarette, cannabis etc. 17% 4. expenditure on health for doctor fees, medicine (RH 0% excluding delivery expenditure) 11% 5. clothing 7% 6. education 4% 7. social function (funerals etc) 6% 8. transportation (bus to town) 8% 9.others 13%	(1)	Marriage	mean first marriage: girl 14-16 yr old, some of the Jain and Yadav are 18-20 due to getting higher edu. ST&SC girl marriage earlier due to low education and needs as labour
(2)	Migration	migrate to other cities place to migrate: Gwalior, Punjab, Ludhiana, Chhattisgarh	(2)	Dowry	marriage customs is patriarchal in nature, the Yadavs and Jains have dowry which ranges from 50,000-2 lakhs (additional with household goods) the amount of land holding and a service job of the man leads to higher dowry. Even the adivasis (which traditionally follow bride-price) also have the system of dowry though the amount is much lesser varying from Rs 10,000-20,000.
			(3)	Inheritance	For those who have land, inheritance is importance issue done by male son, which cause boy preference in birth.
<b>VII Health Service</b>			<b>VIII Reproductive Health</b>		
(1)	Health Service	District Hospital 30 km Baldevgarh CHC 10km Ahar Sub Centre 0 km Anganwadi Centre 0 km Private Clinic 0 km Jain Temple Hospital(Ayurvedic) 0 km Jhansi Medical College na Nawgaon Govt. Hospital na	(1)	Contraceptive Method & BS Knowledge	family planning method meant only tubectomy or sterilization. most of the women do not understand the BS.
(2)	Health Personnel	1ANM, 1MPW, 1VHG, 1untrained Dai, no trained Dai, 3 private doctors, 1 traditional practitioner	(2)	Untrained Dai	when delivery, Dai (belongs to the SC, the Basor, sub-caste) gets from the Rs 150-200 and some grains. (depending upon the family's economic status.) She served for Dai for 15 years and well known amongst the villagers.
(3)	Village Women's Needs and Their Assessment Addressed by Villagers	CHC most important needs but medium beneficial Sub-Centre most important needs but less beneficial (even if there is in the village) ANM medium needs and less beneficial(she cover 8 villages) AWW medium needs, however, none beneficial(she belongs to higher caste, not accessible to ST, SC population) Untrained Dai medium or high needs, medium and high beneficial MPW high needs but less beneficial (due to male) Private Doctor high needs and most beneficial (but costly) Ayurvedic less needs, less beneficial (belong to the upper caste) TH less needs, less beneficial (but respected in the community)	(3)	Life in Pregnancy	no visible change in the diet except the affluent who have additional milk and clarified butter
			(4)	Delivery	majority of the delivery are conducted by dai inside the house. the placenta is buried outside the house. If a male child is born the placenta is buried near the threshold and for the female child buried at the backyard.(SC caste)
			(5)	Unwanted Pregnancy	According to the dai hearing, abortion is extremely common even in the teenagers), some of which done by private doc. most of which by relatives and quacks
			(6)	Difficulty of Conception	In case of infertility, consult with traditional healer (lower caste).
			(7)	Foetus Selection	Sonography test centre in town become growing by family pressure (the affluent) 24 women of BPL.
			(8)	Maternity Benefit Program	Rs 500/ for 1st and 2nd delivery by block Panchayat during last 2 years 12 women of BPL
			(9)	Balika Shiksha Sahayata	Rs 500/ for 1st born baby girl by block Panchayat during last 2 years

\*suppose male is one, it presents female balance

2) All Sector Development Programs in Last Two Years

a) All Sectors

	Program/Activity	Implementing Agency/Scheme
1	Construction of High School Building	Jawahar Rojgar Yojana (JRY)
2	Construction of Primary School Building	Rajiv Gandhi Shiksha Mission (RGSM)
3	Construction of Additional Room for Shishu Shiksha Kendra <sup>3</sup>	Rajiv Gandhi Shiksha Mission (RGSM)
4	Construction of boundary wall of Middle School	Jawahar Rojgar Yojana (JRY)
5	Sitting Place for Villagers ( 5 nos.)	Jawahar Rojgar Yojana (JRY)
6	Construction of Village Drainage	Jawahar Rojgar Yojana (JRY)
7	Construction of Rest House for Visiting Officials	MLA Fund <sup>4</sup>
8	Construction of ST house (3 houses)	Indira Awas Yojana
9	Village Road Repairing	Jawahar Rojgar Yojana (JRY)
10	Sock Pit of Handpumps (6 nos.)	Panchayat
11	Adult Education Program	Block (Padna Badna)
12	Old age, Widow and Handicapped Pension (63 persons)	Panchayat & Social Welfare Department
13	Parivar Sahayata Yojana (8 families) <sup>5</sup>	State Govt.

b) Health Sector

	Program/Activity	Implementing Agency/Scheme
1	Polio Immunization	Health Department
2	Immunization Camp for women was organized	Health Department
3	Survey of Leprosy Disease	Health Department
4	Organization of Eye Camp	Jain Temple Trust
5	Awareness Camp for Women	Gramin Mahila Utthan Samiti (NYK)
6	Maternity Benefit (24 Women of BPL)	Block Panchayat

3) Educational Programs

Surveyed Date: 3 Jan 2001

A Case of Ahar Village, Baldevgarh, Block, Tikamgarh District

a) Schools in the Village

School	No.	Year of Establishment	Having own building	Status
Pre-primary (Shishu Shiksha Kendra)	1	1998	No (runs in primary school building)	Govt
Primary (Govt)	2	1st- 1951, 2st- 1978	Yes	Govt
Primary (Private)	1	1998	No (rental)	Private
Middle School	1	1974	Yes	Govt
High School	1	1985	Yes	Govt

b) Enrolment for Each School

Shishu Shiksha Kendra

Class	Total	Boys	Girls	Gender Balance (boy:1)
Pre primary	37	22	15	0.681

<sup>3</sup> Shishu Shiksha Kendra is a pre-primary school scheme.

<sup>4</sup> one of the committee of Janpad Panchayat

<sup>5</sup> Literally, Parivar Sahayata Yojana means Family Help Plan.

**Primary School(Govt) --2 Schools**

Class	Total	Boys	Girls	Gender Balance
1	27	20	7	0.350
2	34	19	15	0.789
3	47	25	22	0.880
4	46	26	20	0.769
5	28	18	10	0.555
Total	182	108	74	0.685

**Middle School**

Class	Total	Boys	Girls	Gender Balance
6	43	27	16	0.593
7	28	22	6	0.273
8	47	39	8	0.205
Total	118	88	30	0.341

**High School\***

Class	Total	Boys	Girls	Gender Balance
9	68	62	6	0.096
10	58	51	7	0.137
Total	126	113	13	0.115

\*According to hearing of the high school principal, reasons of low girl enrolment are an early marriage, lack of parents' understanding for co-education, low awareness of necessity of education for girl.

**c) Adult Education Programmes (Padna Badna Andolan)**

Under this programme 10 centers were opened in this village (year 2000). Total 149 adults have passed the final examination and got the certificates. Among the total passed adults 76 were women.

**d) Village Education Committee (VEC)**

There are 2 VEC in this village. One is for Primary School and other is for High School. Each VEC consists of 11 members. In Primary VEC there are 2 female members whereas in High School VEC there is 1 female member. The level of activeness of each VEC was regarded as high.

**e) Mid-day Meal Programme**

Under the Mid-day Meal Programme each student of Primary School having more than 80% of attendance gets 3 kilograms of wheat in every month. Village people complained that the supply of wheat by government is very irregular.

**f) Scholarship Programme**

**i) Scholarship for SC, ST and OBC students (SC & ST Welfare Department)**

SC & ST Welfare Department provides scholarship to SC, ST and OBC students those who have more than 75% attendance in the class. In each academic year this scholarship is provided for 10 months.

**ii) Additional scholarship for girl students (Chhatra Protsahan Rashi) (SC & ST Welfare Department)**

If a girl of SC or ST category passes class 5 and gets admitted in class 6 she will get

scholarship of Rs50/- per month for 10 months for one year.

iii) Scholarship for orphan girls (Central Govt Scheme)

Fatherless girls of all caste categories will get scholarship at Primary, Middle and High School level

g) **Book Bank Yojana (Education Department)**

Under this scheme free textbooks are provided to SC & ST students of Primary, Middle and High School.

**4) Assessment of Health Provider by Villagers (Ven-diagram)**

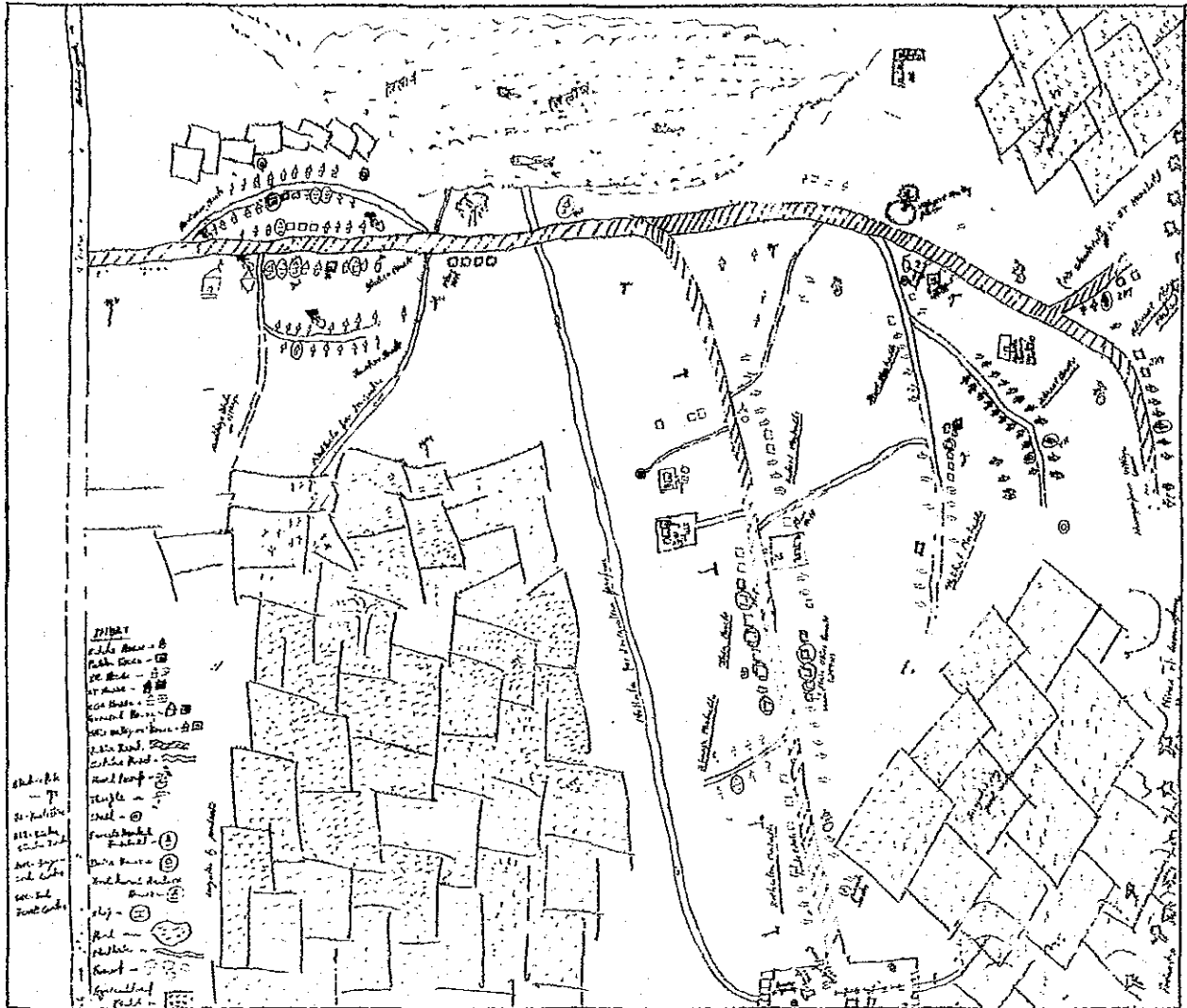
In order to assess needs and benefits of different health service providers, Ven Diagram exercise was conducted with the village people. Interviewed population is ST and SC(women and men) in this village.

	Most Beneficial	Medium Beneficial	Less Beneficial	No Beneficial
Most Needed	Private Doctor (Ahar)	Dai (untrained)		
Medium Needed		Private Doctor (Baldevgarh) CHC (Baldevgarh) District Hospital (Tikamgarh)	Sub Health Centre ANM Male MPW Anganwadi Worker* Anganwadi Centre	
Less Needed			Jhansi Medical College Govt. Hospital (Nawgaon) Jain Temple Hospital (Ayurvedic)	
Low Need				

\*Since she belongs to the upper cast, ST and SC population are not accessible.



## Social Mapping of T2 Village



Each caste lives a different hamlet in this village. Whereas the red houses are SC population in the left upside of the map, the purple houses are ST population in the middle right hand side of the map. The higher caste lives in the central part of the village. The Sub-center, Anganwadi center and Clinic are located near the higher caste hamlet. The water pump exists inside the village unanimously, however, SC and ST hamlets do not have the electricity supply. The 90% of agriculture land is covered by irrigation, however, the landless population and small-scale landowner work for the landowner at a wage of 25 Rs per day. Dai has a leadership and village women place trust on her. The 90 % delivery are conducted with the help of Dai.

## 1.1.2 Selection Procedure of Two Villages in Damoh District

### (1) Overall Situation Analysis of Each Block in Damoh District Offices

First of all, for the purpose of the selection of two blocks out of seven blocks in Damoh District, the grade point system as the same procedure in Tikamgarh was adapted to understand the actual service condition and situation of each block by interviewing district level officials (program officer level) of different departments such as Health Department, Education Department, District Rural Development Authority (DRDA) and Women and Child Department (WCD). These officials were requested to rank these seven blocks according to the situation of the services at each block level. For instance, if the block is most developed it would be ranked as 1 and the next developed one would be ranked as 2 and it goes on by the same procedure. The grades of ranking given by the different department officials are shown below.

(10 Jan 2001)

Block Name	Block Locality	Population Balance**	Accessibility*		Grade of Situation at Present Given by District Level***				
					Health Dept	Edu. Dept.	DRDA	WCD	Total
Damoh	urban	894	0 km	1	1	1	1	6	10
Patharia	rural	895	15 km	2	5	6	5	2	20
Patera	rural	912	30 km	3	3	5	6	5	22
Hatta	rural	905	35 km	5	2	2	3	4	14
Batiyagarh	rural	872	35 km	5	6	4	7	3	25
Jabera	rural	925	42 km	6	4	3	2	1	16
Tendukheda	rural	917	55 km	7	7	7	4	7	32

\* distance from district headquarter

\*\* population data disaggregated by gender based on the population data of ICDS Blocks as of Nov 2000(Male:1000)

\*\*\* relative comparison regarding each service situation judged by district officers

This analysis clarified that Tendukheda block situated in Southern part of Damoh is the most backward block from the hearing of four department officers on the situation in Damoh District. The Hatta Block is found to be a medium level in term of the service outreach and the extent of development of each sector.

### (2) Selection of Two Villages According to the Selection Criteria

#### 1) First Village Selection

In accordance with the rating results, the Hatta block was chosen as the medium level of the development in term of the service outreach and the extent of development of each sector for seeking one of the representatives of the Damoh Village. After consultation of the block officers, as D1 village, the village was selected since it meets the minimum criteria described below.

- i) medium accessibility to basic needs service
- ii) one of the representatives as the Damoh traditional Hindu Village
- ii) medium or percentage of SC population mixed with other general castes
- iv) existence of Anganwadi Center

#### 2) Second Village Selection

As far as social study has one of the purpose of the in-depth study to know the situation of the tribal village in the Damoh District, through the discussions with Tendukhela Panchayat

officers and WCD officers, the D2 village in Tendukhela block which suited the conditions below, was selected, even though it is located in the tribal area with the difficult accessibility.

- i) large ST population as one of the representative of Damoh tribal village
- ii) existence of Anganwadi Centre
- iii) the area where socially and physically have difficulties in terms of promoting social and health services

**(3) D1 Village (Hatta Block. Damoh District)**

**1) General Village Information**

Survey Date: 11-13, January, 2001

I. General Information	II. Social Infrastructure
(1) Topography along a paved road, plain	(1) Transportation distance from all weather road: 4 km: type of transportation: jeep, bus, tractor
(2) Location distance from district headquarter:44 km	(2) Drinking Water Source 141 HHs depends on the hand pump, others well, 10 general caste and 1 OBC households have own private shallow hand pumps inside house
(3) Population distance from block headquarter: 4 km. 797 persons (data year:2000) (male424, female 373) gender balance (female 0.879*)	(3) Electricity government one lamp connection (22 HHs), private legal connection (25), illegal connection(45), no connection (54, kerosene for lightning at night)
(4) Households 146 households	(4) Sanitation toilet: 4 HHs have toilet, (others in an open air), garbage: in an open field outside of the village or own garbage pit or behind the house
(5) Caste Gen.(37 HHs), SC (54), ST (0), OBC (55), Others(0)	(5) Housing 10 pakka house households, others kucha house
(6) Sub-Caste Gen: Brahman, Saprc (Maharastrian), SC: Chadhar (Bunkar), Chamar, Basor, OBC; Yadav, Teli, Lohar, Kumhar, Sen, Badhai, Kushuwaha, Dhimar, Lohar, Badhai, Seni, Sahu	(6) Fuel for Cooking cow dang cake, wood from forest, kerosene
(7) Language Hindi and Bundelkhandi local Language	(7) Communication Post Office (2km), PCO/STD (2km)
(8) Occupation 97 farmers, 9 services, 10 carpenters, 2 barbers, 8 fishermen, 5 livestock keepers (cattle, poultry, goats), 15 others (bidi making)	(8) Media radio :20 HHs (favourite radio station, Chhatarpur RS, Jabalpur RS) television: 20 HHs (favourite TV station : Doordarshan), newspaper 2 households (Nav Bharat)other media: puppet shows
(9) Religion Hinduism 146 HHs (one household is Muslim. sub-caste is Beheria that believes both Muslim and Hindu religion and follows both customs)	(9) Anganwadi Centre established in 1982, one Anganwadi worker (general caste). she has worked for 18 years, one facility, customs exist that once the Gen or OBC caste women sit in the centre, SC women cannot sit together (caste segregation).
(10) Village History established year and period: about 400 years back, village has been populated by the same caste composition as the present. it was prosperous at that time, full of forest, fertile land	(10) Primary School one gov. primary school, boys 58, girls 57 (0.983*), 3 teachers (all male),
(11) Village Development History 1960s 1 <sup>st</sup> radio 1961 1 <sup>st</sup> diesel water pump 1962 primary (gov) 1964 electrification 1964 1 <sup>st</sup> electric water pump 1982 Anganwadi centre 1990 Gram Panchayat office 1990s 1 <sup>st</sup> television	(11) Adult Education Program one adult education centre, total 26 male adult (no female), have passed the final exams. there is no adult education centre for female. (Padna Badna Andolan)
	(12) Edu.Committee village development edu.committee 13 total, 9 male 4 female
III. Economic Situation	IV. Community Organization and Activities
(1) Agriculture Products rainy season: soy bean, rice, vegetable, non-rainy season :wheat, masur (pulse), matar (pea), alsil(oil seeds)	(1) Sarpanch belongs to OBC (sub-caste,Jadhav)
(2) Land Resources landless 20HHs (SC 19 HHs, OBC 1): more than 10 acres 6HHs (3 Gen HHs, 3 OBC) 4-10 acres (17 Gen, 5	(2) Gram Panchayat total 13 members: 2 male SC members, 1 male Gen, 5 male OBC,2 male SC, 1 female SC member, 3 female OBC (3) Mahila Mandal in 1983 established, constituted by Anganwadi Center, 15 members(8

(3) Irrigation or Agriculture Water Resource	OBC ,2SC) less than 4acres (96) 2% of agriculture land irrigated by 1 well, 2 ponds (pond used for purpose of cattle drinking and cultivation)		members illiterate) from all caste in the village , activities: vaccination, family planning, other entertainment, frequency of meeting, twice a month, it mostly collaborates with gram Panchayat and school activities
(4) Below Poverty Line	BPL:52 HHs, APL:94 HHs	(4) Self-help Group	two men's SHGs and two women's SHGs. Women's SHGs (one formed by Anganwadi Center, another formed by Gram Sevika, all members BPL)
(5) Market Accessibility	1 small shop inside the village, weekly market (4 km), selling and buying crops or other outputs in Hatta town(4km)	(5) Youth Society	sports, cricket, ramayana drama (only male members)
(6) Labour and Wages	non agricultural work, bidi making (mostly SC, but Gen also making ) 20 Rs for 1000 bidi rolls, basket making (SC)	(6) Health Committee	no
(7) Migration	place to migrate: New Dehli, Indore, Jabalpur or other cities, daily wage 60-80 Rs	(7) Other Government Institutions	one cooperative society, one Gram Panchayat inside village, no community hall
<b>V. Villager's Concerns and Needs</b>		<b>VI. Gender and Socio-cultural Aspects and Issues</b>	
(1) Men's Authority and Men's Concerns	-priority concern and needs in all sectors; water for irrigation employment opportunity -health sector; 1. no health facility in the village 2.symptom worsen due to late consultation	(1) Marriage	mean first marriage: girl 14-16 yr old(SC),16-20yr (Gen and OBC) marriage customs patriarchal in nature.
(2) Women's Group Concerns	-priority concern and needs in all sectors; drinking water income generation village sanitation -health sector; children's health and disease own health	(2) Gender and Caste Segregation	The caste-wise social segregation is evident in this village. when higher caste lives different place from SC community.
		(3) Abortion in Socio-cultural Belief	there are many type of abortions in this village. abortion by oral pills or by operation (the affluent), abortion by using hot water and so forth (the poor), which are related with Jadu-Tona (a kind of black magic). those who conduct abortion, believe that some spirits or god will terminate it.
<b>VII Health Service</b>		<b>VIII Reproductive Health</b>	
(1) Health Facility	District Hospital 44 km Hatta CHC 4km Hatta Sub Centre 4 km Anganwadi Centre 0 km Private Clinic (Hatta) 4 km Pharmacy (Hatta) 4 km *All facilities except Anganwadi Centre are not accessible in rainy season	(1) Traditional Midwife (Dai)	there are two dais, one is trained, another is untrained. Trained Dai, when she was 30, took training. She is 70 years old, and belongs to SC, caste, sub-caste, Basor. She is very popular and women in the village depend on her regarding reproductive health issues such as delivery, infertility, care of newborn.
(2) Health Personnel	0 ANM, 0 MPW, 1VHG, 1untrained Dai, 1 trained Dai, 1 traditional practitioner	(2) Life in Pregnancy	Balika Shiksha Sahayata Dai got 10-50 Rs and some wheat (in case of SC women) in delivery. normal diet during pregnancy with some additional vegetable

(3)	Assessment of Health Providers Addressed by Villagers	Sub-Center (ANM) Untrained Dai Trained Dai MPW(male)  VHG Private Doctors  Traditional Healer	not frequently used commonly used commonly used most frequently used not frequently used used in case of complication or if necessary na	(3)	Maternity Benefit Program	7 women of BPL Rs 500/ for 1st and 2nd delivery by block Panchayat during last 2 years
(4)	Highly Frequent Disease	Rainy Season All the year round	Diarrhea Malaria, TB	(4)	Balika Sishu Sahayata	no beneficiary in this village (*main objectives of this programme are to reduce girl child marriage, promote girls' education, and stop girl feticide)

2) All Sector Development Programs in Last Two Years

a) All Sectors

	Program/Activity	Implementing Agency/Scheme
1	Construction of Girls School Building	Rajiv Gandhi Shiksha Mission (RGSM)
2	Primary School Repairing	Rajiv Gandhi Shiksha Mission (RGSM)
3	Check Dam, Percolation Tank (Irrigation Scheme)	Rajiv Gandhi Water Shed Mission (RGWSM)
4	Community Hall	Panchayat
5	Road Preparing	Panchayat and Social Welfare Department
6	Pipe Water Supply	Panchayat and Social Welfare Department
7	Old Age, Widow and Handicapped Pension (22persons)	Panchayat and Social Welfare Department

b) Health Sector

	Program/Activity	Implementing Agency/Scheme
1	Polio Immunization	Health Department
2	Transport for Emergency Delivery (2 women )	Health Department, Panchayat
3	Maternity Benefit (5 women of BPL)	ICDS and Block Panchayat
4	Balika Samridhi Yojana (3 women of BPL) <sup>6</sup>	ICDS and Block Panchayat

3) Caste-wise Land Holding

a) Land Holding Pattern by Caste Wise

	Agriculture Owned Land	No. of HHs	Gen	OBC	ST	SC
1	More than 10 Acres	6	3	3	-	-
2	4-10 Acres	24	17	5	-	2
3	2<4 Acres	21	9	8	-	4
4	1<2 Acres	43	7	20	-	16
5	Less than 1 Acre	32	1	18	-	13
6	Landless	20	-	1	-	19
Total		146	37	55	-	54

b) Household Population by Caste and Sub Caste

	Caste	No. of HHs	Sub-Caste
1	General Caste	37	Brahman, Saprc (Maharastrian), Upadhaya, Mishra, Puranik,
2	SC	54	Chadhar (Bunkar), Chamar, Basor, Ahirwar, Raidas
3	ST	-	-
4	OBC*	55	Yadav, Teli, Lohar, Kumhar, Sen, Badhai, Kushuwaha, Dhimar, Badhai, Sahu
5	Other Religious Group	0	-
Total		146	

c) Situation of Each Caste

i) General Caste

In this village the most economic active population is general caste such as Brahman, Saprc (Maharastrian), Upadhaya, Mishra, Puranik. Caste segregation is considerably evident in this village. Some of women in this caste are less interested in the activities such as income generation or working in the field.

ii) OBC

Amongst the OBC sub caste such as Yadav(milk men), Teli(oil men), Lohar(blacksmith), Kumhar(pottery making), Sen(barber), Kushuwaha,

<sup>6</sup> the main objectives of this programme are to reduce girl child marriage, promote girls' education and stop girl feticide.

Dhimar(fishermen), Badhal(carpenter), Sahu. The Yadav is the most politically dominant. Teli, Lohar, Kumar, Sen, Badhai and Dhimar are less influential politically as well as economically in this village. 8 members out of 13 Gram Panchayat members are from OBC. Sarpanch also belong to this caste.

**iii) SC**

Most of the SC population such as Chadhar (Bunkar), Chamar, Basor (basket making), Ahirwar, Raida.is rather small agricultural land owner or landless population. At a glance they can be easily identified as SC due to the outlook. Those who belong to the BPL(Below Poverty Line) joined SHG(Self Help Group) activities. The literacy and management ability among the members of SHG is required. SHG activities are formed by this caste, not including the general caste in this village





(4) D2 Village (Tendukhela Block, Damoh District)

1) General Village Information

Survey Date: 14-16, January, 2001

I. General Information		II. Social Infrastructure	
(1) Topography	along an unpaved road, hillside, mountainous area,	(1) Transportation	distance from all weather road: 70 km: type of transportation: jeep, tractor
(2) Location	distance from district headquarter: 70 km, distance from block headquarter: 15 km	(2) Drinking Water Source	168 HHs depends on the 5 handpumps(deep), 50 HHs on 3 open wells, 40 HHs on 1 river and stream.
(3) Population	1427 persons (data year:2000) (male714, female 710) gender balance (female 0.994*)		during the dry season, most of the handpumps dried up. people use nallah water.
(4) Households	258 households	(3) Electricity	private legal connection (2HHs), illegal connection(200), no connection (56, kerosene for lightning at night)
(5) Caste	Gen.(0 HH), SC (20), ST (139), OBC (99), Others(0)	(4) Sanitation	toilet: 1 HH have toilet, (others in an open air), own garbage pit away form the house or own garbage pit near or backside of the house
(6) Sub-Caste	SC: Chamar, Kutwar, OBC; Yadav, Lodhi, Sen, Pal, ST: Gonds	(5) Housing	1 pakka house household (traditional healer's house), others, kucha house
(7) Language	Hindi and Bundelkhandi local Language	(6) Fuel for Cooking	wood from forest, cow dang cake,
(8) Occupation	55% of villagers are forest dependents(selling wood in Jabalpur district. Both men and women collect fuel wood from the forest and sell it in town in Jabalpur district about 15km away), 40% agriculture worker, 2 barbers, 4 livestock keepers (cattle, poultry, goats), others bidi making	(7) Communication	Post Office (15km), PCO/STD (15km)
(9) Religion	Hinduism 258 HHs	(8) Media	radio :10 HHs (favorite radio station, Jabalpur RS), television: 11 HHs (favorite TV station :DD1), newspaper 2 schools (Nav Bharat)
(10) Village History	about 500 years back, village was established near a stream surrounded by forest of Imli trees where water are available all the year round. The village gradually extended its hamlet for agricultural land expansion.	(9) Anganwadi Center	established in 1996, two Anganwadi workers (they belong to ST). they worked for 4 years, two facilities in different hamlets
(11) Village Development History	1962 primary school 1978 Gram Panchayat office 1980 1 <sup>st</sup> hand pump 1985 well for drinking water 1987 middle school 1996 Anganwadi Centre 1997 electrification 1997 EGS school 1998 RGSM school for girls 1998 electric water pump 1998 community hall 2000 Mahila Mandal	(10) Primary School	one primary school, one EGS, one RGSM, boys 201, girls133 (0.661*),
		(11) Middle School	one middle school, boys 64, girls 11 (0.172*),
		(12) Program for Promotion of Female Education	free uniform for SC/ST primary girl students, scholarship for SC/ST girls students. RGSM runs for only girls.
		(13) Adult Education Program (Padna Badna Andolan)	9 adult education centres were open last year. total 135 (male adult 54, female 81), have taken the final exams.
		(14) Edu.Committee	total 45 members, 30 male 15 female
III. Economic Situation		IV. Community Organization and Activities	
(1) Agriculture Products	rainy season: rice, urad, parsa (a kind of grain), vegetable non-rainy season :wheat, chana (peas), alsii (oil seeds)	(1) Sarpanch	belongs to OBC
(2) Land Resources	landless 8 HHs (ST 6 HHs, OBC 2); more than 10 hectors 1HH (1ST) 4-10 hectors 4HHs	(2) Gram Panchayat	total 18 members: 1 male SC member, 10 male ST, 3 male OBC, 4 female ST
		(3) Mahila Mandal	2 groups established in 2000, constituted by Anganwadi Centre, total 27 members

(3) Irrigation or Agriculture Water Resource	(2ST,2SC) less than 4acres (245) 1.8% of agriculture land irrigated by 1 nallah and a few check dam (due to the stone belt, dug well is not successful, there is one pond but it dried up during the dry season)	(4) Rajiv Gandhi Water Shed Mission Committee(RGWSM)	total 8 members, 6 male members, 2 female members. activities : formation of check dam, protection of soil. their activity is very active.
(4) Poverty	BPL:130 HHs, APL:128 HHs	(5) Forest Protection Committee	25 total members, 15 members, 10 members
(5) LineMarket Accessibility	1 small shop inside the village, weekly market (17 km), selling and buying crops or other outputs in Tendukhela town (17km)	(6) Self-help Group Small Credit Scheme )	one both gender SHG (8 male and 2 female)and two women's SHGs(one is 11 members, another 11 members).: Women's SHGs (one formed by Anganwadi center, another formed by Gram Sevika, all members BPL)
(6) Labour and Wages	non agricultural work, bidi making, selling woods	(7) Health Committee	no
(7) Migration	place to migrate: Jabalpur, other cities, period 1-2 months (Feb-May), for instance, Rs 15-25 per day for agricultural work, all family migrate including children(12+), women and men.	(8) Other Government Institutions	one Gram Panchayat inside village, one community hall
<b>V. Villager's Concerns and Needs</b>		<b>VI. Gender and Socio-cultural Aspects</b>	
(1) General Problems	1) insufficient irrigation 2) lack of communication means 3) difficult road connection 4) irregular electricity supply	(1) Bride Price and Dowry	ST have bride price and at the same time follow dowry similar to the Hindu customs.
(2) Health Problem	1) no health center people have to travel 17 km to Tendukhela town. it is difficult to reach during rainy season. There are many incidences that patients die on the way to the Tendukhela town ANM and VHG live in the Tendukhela. 2) no trained dai 3) ANM visits irregularly.	(2) Purdah and Seclusion	village women follow system of Purdah, it is not so austere as compared to the other Hindu traditional villages.
		(3) Inheritance	After the discussion with women, they have never thought that why should women inherit land or property, because according to them women get dowry from her maternal family. they perceive as a part of household than individual identity.(ST,SC and OBC women)
<b>VII. Health Service</b>		<b>VIII. Reproductive Health</b>	
(1) Health Facility	District Hospital 70 km Tendukhela PHC 14 km* Tendukhela Sub Center 14 km* Anganwadi Center 0 km Private Clinic (Tendukhela) 14 km* Pharmacy (Tendukhela) 14 km* *2 hours on foot	(1) Traditional Midwife (Untrained Dai) and Delivery	Untrained dai in the different village. she comes to help delivery with the elder women in the village. this dai is very popular and served for more than 20 years. dai expressed if the son is born, she got more remuneration than girl
(2) Health Personnel	0 ANM, 0 MPW, 0 VHG, 0 Dai, 0 trained Dai, 1 traditional practitioner	(2) BS and Family Welfare	She has never trained. She does not have a kit of new blade and clean cloth. In this village 95% of delivery is conducted at home amongst all the community and all economic status. Only if woman is weak and the delivery might be complicated, then the women is taken to private or government hospital in Tendukhela.
(3) Assessment of Health Providers Addressed by Villagers	AWW ANM (Tendukhela)		delivery is done in squatting position amongst the ST
			she belongs to the same village and is accessible to all caste women. she visits irregularly

(4) Common Disease	Untrained Dai	villagers' preference low. she lives in the different village, however, she is very popular.	population and lying position amongst the OBC community. women went to the gov. hospital in Tendukhela for sterization. they know the prolonged breast feeding might be the prime ways for couples to limit the family size. For them the concept of family planning means tubectomy and sterization as popularized by the government. they have heard about condoms but it was never used.
	MPW(Tendukhela) V	most frequently used	
	HG(Tendukhela) Traditional Healer	mediumly used mediumly used respected in the community, high preference	
	Private Doctor (Tendukhela)	high-medium preference	
	Rainy Season All the year round	diarrhea, fever, malaria	

## 2) All Sector Development Programs in Last Two Years

### a) All Sectors

	Program/Activity	Implementing Agency/Scheme
1	Construction of Girls School Building	Rajiv Gandhi Shiksha Mission (RGSM)
2	Primary School Repairing	Rajiv Gandhi Shiksha Mission (RGSM)
3	Check Dam, Perculation Tank (Irrigation Scheme)	Rajiv Gandhi Water Shed Mission (RGWSM)
4	Community Hall	Panchayat
5	Road Preparing	Panchayat and Social Welfare Department
6	Pipe Water Supply	Panchayat and Social Welfare Department
7	Old Age, Widow and Handicapped Pension (22persons)	Panchayat and Social Welfare Department

### b) Health Sector

	Program/Activity	Implementing Agency/Scheme
1	Polio Immunization	Health Department
2	Transport for Emergency Delivery (2 women )	Health Department, Panchayat
3	Maternity Benefit (5 women of BPL)	ICDS and Block Panchayat
4	Balika Samridhi Yojana (3 women of BPL) <sup>7</sup>	ICDS and Block Panchayat

### 3) Health Service and Villager's Assessment

	Most Beneficial	Medium Beneficial	Less Beneficial	No Beneficial
Most Needed				
Medium Needed	Anganwadi Worker	Private Doctor (Tendukhela) Dai (other village)	ANM(Tendukhela) PHC(Tendukhela) MPW(Tendukhela) District Hospital	
Less Needed		Traditional Healer		VHG(Tendukhela)
Low Need				

### 4) Educational Programs

#### A. Schools in the Village

School	No.	Year of Establishment	Having Own Building
Primary (Govt)	1	1962	Yes (pukka)
Primary (Private)	1	1998	No (rental)
Middle School	1	1987	No (rental)
EGS (Education Guarantee Scheme)	1	1997	Yes
RGSM(Rajiv Gandhi Shiksha Mission)	1	1998	Yes (pukka)

<sup>7</sup> the main objectives of this programme are to reduce early child marriage, promote girls' education and stop girl feticide.

a) **Primary School**

No. of teachers- 3, Male-3, Female-0

Students Enrolment by Gender and Caste Wise

Class	Boys	Girls	Gender Balance*	Total	SC	ST	OBC	Gen
1	14	9	0.643	23	2	16	5	-
2	20	23	1.150	43	11	21	11	-
3	15	18	1.200	33	3	24	6	-
4	15	12	0.800	27	1	13	13	-
5	14	5	0.357	19	4	10	5	-
Total	78	67	0.859	145	21	84	40	0

b) **Middle School**

No of teachers-3, Male-3, Female-0

Students Enrolment by Gender and Caste Wise

Class	Boys	Girls	Gender Balance	Total	SC	ST	OBC	Gen
6	28	6	0.214	34	3	23	8	-
7	17	2	0.117	19	1	13	5	-
8	19	3	0.158	22	1	17	4	-
Total	64	11	0.172	75	5	56	17	-

c) **EGS (Education Guarantee Scheme)**

No of teachers-1, Male-1,

Students Enrolment by Gender and Caste Wise

Class	Boys	Girls	Gender Balance	Total	SC	ST	OBC	Gen
1	9	0	0.000	9	1	2	6	-
2	23	1	0.430	24	2	11	11	-
3	13	1	0.076	14	1	3	10	-
4	14	0	0.000	14	0	11	3	-
Total	59	2	0.034	61	4	31	61	-

d) **Rajiv Gandhi Shiksha Mission (School for Girls)**

No of teachers-1, Female-1,

Students Enrolment by Gender and Caste Wise

Class	Boys	Girls	Gender Balance	Total	SC	ST	OBC	Gen
1	-	3	-	3	0	1	2	-
2	-	45	-	45	2	18	25	-
3	-	16	-	16	3	8	5	-
Total	-	64	-	64	5	27	32	-

e) **Saraswati Shishu Mandir School (Private)**

No of teachers-1, Male-1, According to the villagers previously few students were studying in the private school. Due to unable to pay school fees now no student is studying there.

**B. Adult Education (Padna Badna)**

Under this scheme total 9 centres were opened in this village last year. Total adults appeared the final examination- 135, male-54 and female-81. Total adults passed the examination-99, male-45 and female-54

**C. Free Boarding Program for Tribal Students**

There is a hostel for Tribal students in the village. It was established in the year 1998. It is run by Tribal Welfare Department. Tribal students from out side the village who are studying in Middle School stay in the hostel. Now total 43 students are staying in the hostel. Free accommodation, free food, free uniform are provided to the students. There is a hostel

superintendent (male) is appointed by government for the hostel.

**5) Caste-wise Land Holding**

**a) Land Holding Pattern by Caste Wise**

	Agriculture Owned Land	No.of HHs	Gen*	OBC	ST	SC
1	10 hectares $\leq$ x	1	-	-	1	-
2	$4 \leq$ x <10 hectares	4	-	-	2	2
3	$2 \leq$ x <4 hectares	21	-	8	12	1
4	$1 \leq$ x <2 hectares	182	-	79	90	13
5	x <1 hecter	42	-	10	28	4
6	Landless	8	-	2	6	-
	Total	258	-	99	139	20

\*There is no general caste in this village.

**b) Situation of Each Caste**

**i) ST**

All of ST are Gonds. They have already been sanscritized in terms of religion and customs. The elder population who are more than the 50s can speak Gondish language. They call themselves as Adivasi Thakur because it associates the Hindu caste fold by calling themselves Thakur. 14 members out of 18 Gram Panchayat members are from ST.

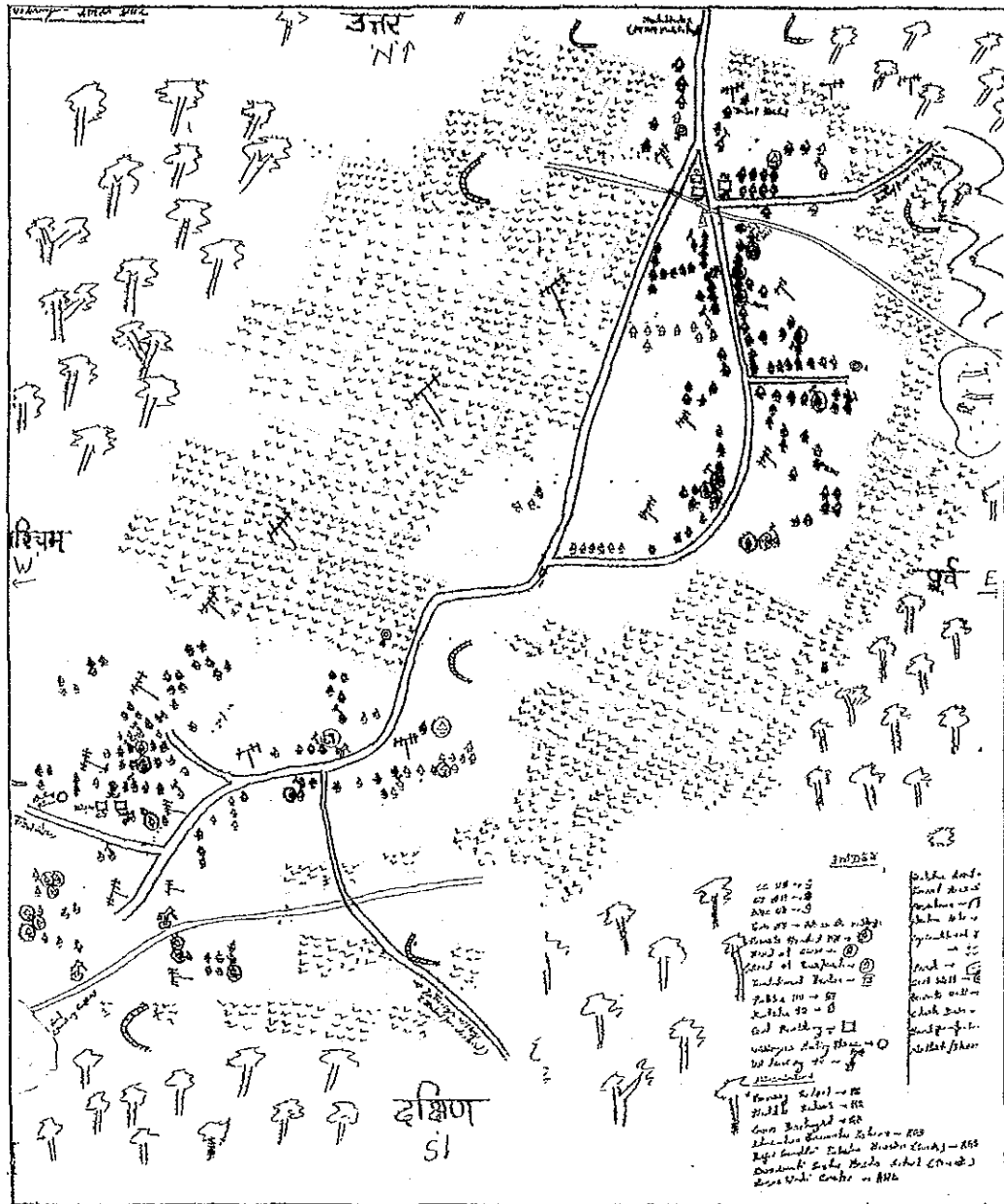
**ii) SC**

There are no caste segregation in this village. SC population such as Chamar, Kutwar, also join the activities together with other caste.

**iii) OBC**

They are active economically as well as politically. OBC's sub-caste is Yadhav, Lodhi, Sen and Pal. Sarpanch also belong to this caste.

## Social Mapping of D2 Village



This is a tribal village in the tribal area in Damoh. The each caste lives together, and does not formulate the caste segregation. They help each other with different caste population. The purple houses represent tribal households. The villagers who are more than the fifties can speak *Gondish* language, whereas the younger population cannot. The younger speak Hindi or *Bundelkhandhi* local language. They have already been hindustized and lost their own religious ceremony and belief. The Dai died in this village. The Dai from the other village come to help the delivery. The relatives help the delivery, too. The women who decide to take the operation took it in the vasectomy camp. They are taught its necessity by the ANM and Anganwadi worker.



## 1.2 SUB-CASTE INFORMATION

### 1.2.1 Sub-Caste Information

T1 Village	Gen: Thakur SC: Khumbhar, Khangar, Basour, Ahirwar ST: Sour, OBC: Rajpali, Lohar, Napit,
T2 Village	Gen: Bramhan, Kayastha SC: Chadhar (Bunhar), Chamar, Kumhar, Basour, Mehtar (Balmith) ST: Sour OBC: Lodhli, Yadav, Sen, Mali, Kushuwaha, Rajah, Namdio, Dhimar, Lohar, Badhai, Seni, Bhatt
T3 Village	Gen: Bramhan, Kayastha SC: Chadhar (Bunhar), Chamar, Kumhar, Basour, Mehtar (Balmith) ST: Sour OBC: Lodhli, Yadav, Sen, Mali, Kushuwaha,, Rajah, Namdio, Dhimar, Lohar, Badhai, Seni, Bhatt
T4 Village	SC: Chamar, Kutwar OBC: Yadav, Lodhi, Sen, Pal, Mali, Kushuwaha, Rajak, Namdio, Dhimar, Lohar, Badhai, Seni, Bhatt ST: Gonds

### 1.2.2 Sub-Caste and its Traditional Vocation

Gen:	Thakur	Agriculture Landowner
	Brahman	Priest
	Kayastha	Secretary, Bookkeeper
	Saprc	Maharshrian
OBC:	Rajpali	Goatry
	Lohar	Blacksmith
	Napit	Berber
	Lodhli	Agriculture Landowner
	Yadav	Livestock and Dairy
	Sen	Barber
	Soni	Gold Smith
	Mali	Flower Making for Temple
	Kushuwaha	Vegetable, Fruits Sellers
	Rajak	Waterman
	Namdio	Tailor
	Dhimar	Fisherman
	Badhai	Carpenter
	Bhatt	Lower Caste of Brahmin, Poet (Before classified as Gen.)
	Badhai	Carpenter
	Teli	Oilmen
SC:	Kumhar	Pottery Making
	Khangar	Village Watchman
	Basour	Basket maker
	Ahirwar	Leather Worker, Shoemaker
	Chadhar (Bunhar)	Village Watchman, Labour Leather worker
	Chamar	Sweeper
	Mehtar (Balmith)	
ST:	Gonds, Sour, Agarria, Bhunia, Kol, Lomana	

### 1.3 GENDER AND REPRODUCTIVE HEALTH RELATED FIELD NOTES

#### Marriage

At T1 Village, the mean first marriage age : girl 12-15 year old, the cohabitation of their early marriage begins after 4-5 year *Gauna* period. According to the villagers, all marriages in this village are arranged by the parents. ST (*Sonr*) population which traditionally follow bride-price, also have the system of dowry though the amount is much lesser varying from Rs 10,000-20,000 cash value or goods for marriage life, such as silver ornament, clothing, furniture. There is a girl of Brahmin aged 12 years old who already got married in the village. She is in the *Gauna* period and does not cohabit yet. She does not go to school and stay in her house. Sometime she helps her mothers' job.

At T2 village, the women's average marriage age varies from 14 to 16 years, but some of the Jain and Yadav community members, especially girls have access to higher education, the age at marriage is increasing to 18-20 years. While amongst SC and ST, the mean age is 14-16 years. Their education of the girl child is low, where they become important bread earners of the family. The Yadavs and Jains have dowry that ranges from 50,000-2 lakhs (additional with household goods).

At D1 village mean first marriage: girl 14-16 year old (SC), 16-20 years (Gen and OBC). The marriage customs is patriarchal in nature.

At D2 village, ST (Ghonds) has the practice of bride price, this varies from Rs 50,000-1 lakh depending upon the economic situation of the family. However, the other practices of ST population are similar to the Hindu religion, and the ornamentation and dressing style is similar too. Amongst OBC and SC community there is a practice of dowry.

#### Purdah and Seclusion

Although T1 and D2 are tribal villages, women all follow the system of *Purdha* and all cover their heads, whenever interacting in a public place and with the village elders, but it is not so austere as in relation to other caste villages visited in Tikamgarh. The veil is a mark of respect and dignity, which the women carry for their household. Though the *Purdha* did not prevent the women from attending functions at public places and even speaking openly in-group discussions.

The married women living within T2 village, maintain strict *Purdha* outside the house and in front of elder and the affluent men of the family and community. According to the women, the women also, while walking within the village, remove their slippers and hold it in their hands, especially when walking in front of the elder men and religious places (where deities and devtas are kept). According to the women this is a mark of respect.

#### Inheritance and Gender preference

Amongst all the community members, the inheritance of agricultural land is only through the male child. At D2, village discussing with women on inheritance, they have never thought that why should women inherit land or property, because she gets from home dowry. They perceive themselves as more a part of the household.

### Practice during Menarche

From the time of Menarche, a girl/ married women amongst all the community, during that period is segregated from the household. She cannot enter the kitchen and cook, the food from the morning is kept in a separate vessel and even the water is kept separately, Even her place of sleep is also segregated. According to the women, this is dirty blood and will contaminate the place.

At T2 village hearing, the first Menarche which a girl has, ceremony is conducted but this varies from community to community. Within the Yadavs and Jains elaborate ceremony takes place, in which the girl cannot see the face of her male relatives and father for that time, followed by a ritual bath at the end of the 5 days.

Amongst all the community the women take old cloth, old sarees are torn and used. This is washed separately and dried prior to be used again. (since the cloth is used repeatedly and not dried under hot sun, chances of contamination are high)

### Prenatal Care and Delivery

From the time of marriage, women is expected to get pregnant, within a year or two, discussions with women member revealed that majority 80% had their first child within the first year. If the women cannot get pregnant within the two years, it becomes a source of tension for the household. Gradually she is segregated from important festivals, visit to the faith healer, and temples, and women also consults with private doctors and quacks for treatme

There is no visible change in the diet practice during pregnancy, though amongst the affluent household the women takes additional milk and clarified butter with her food, but there is no decrease in the workload. While amongst the poor households the women takes the same diet and has to work hard in the fields or outside wherever labor is required.

At T2 village, majority 90% of the delivery is conducted at home, amongst all the community and economic status, only if the women is weak and the delivery is complicated then the women is taken to private or government hospital in Baldevgarh and Tikamgarh. The delivery is conducted inside the room, and according to the dai, the room is cleaned and a mat and cloth is placed for the women to lie down. The dai is contacted and delivery is done in lying position, While the umbilical cord is cut with a clean heated blade to prevent infection, and the placenta is buried outside the house. If a male child is born the placenta is buried near the threshold and for the female child buried at the backyard.

The first milk colostrums is thrown away, assumption that it is yellow in colour and the child will get jaundice. The child is given for the first two days jaggery and water and then after replaced by breast-feed. Within the economic well-off families the women increases her diet and special care is taken if a male son is born. The women where aware about the immunisation for the child and according to them the Anganwadi and the ANM help them with it. The child is kept on breast feed for more than a year, and weaning practices are not adequate, the women after more than six months or year introduce the child with other feed.

According to the hearing in the D1 village, women explain the four days after delivery the family cannot go to the temple nor join religious ceremony. The period is regarded as Sore period somewhat like condolence.

At D2 village, majority 95% of the delivery is conducted at home, the dai from different village contact delivery in squatting position within the ST households and lying position amongst the Yadav community.

### **Family Welfare**

Discussion with the women in T2 village, revealed that temporary family planning methods were not followed. The concept of family planning meant Tubectomy. On discussion about other family planning methods the women had heard about condoms but they never asked their husbands about it. Male sterilization was unheard. It was observed that women went for sterilization after a male child. Pills were not taken, though the ANM sometimes prescribed them to young girls who had irregular menarche.

Discussion with the women in D2 revealed that as Birth Spacing the minimum two years was found in approx 80% of women. It is presumed that sometimes abstinence and prolonged breastfeeding might be the prime ways for couples to limit the family size. While the concept of family planning meant Tubectomy or Sterilization (as popularised by the govt). The women for sterilization went to the Govt hospital in Tendukheda and the ANM, actively helped in it. The method that according to the women used was "biji (literal meaning 'electric' )".

### **About Dai**

At T1 Village, Dai died four years ago, there is no dai. They help each other during delivery at home in kind.

T2 village have no trained Dai in the village, though there was a traditional Dai. Her name was Rajjubai and was very popular she has been in this business for more than 15 years. Rajjubai helps in the delivery of all cases in the village and nearby villages. She gets from Rs 150-200 and also some grains depending upon the family economic status. T2 village in discussions with the village Dai expressed that if a son is born, she gets paid more Rs 200 plus grains as when compared to a female child being born. The pressure to have more male children is higher amongst the landed caste namely the yadavs and Jains (due to inheritance). While all the other caste do feel the pressure to have at least one male son. As the Anganwadi worker in this village have 4 daughters, she is waiting for a male son

At D1 villages there are two Dais, one is trained and another is untrained. there are two Dais, one is trained, another is untrained. Trained Dai, when she was 30, took training. She is 70 years old, and belongs to SC, sub-caste, Basour. She is very popular and women in the village depend on her regarding reproductive health issues such as delivery, infertility, care of newborn.

At D2 villages there were no Dai in the village, though there was a traditional Dai who came from Pathariya village (10-12 Km) belongs to the same harijan (SC) caste. She is extremely popular and has been in this business for more than 20 years. She with the help from elder family members helps in delivery. For each delivery she gets approx Rs 50-60 and one Kuda of grains (8kgs), though this would vary from the family's economic status.

### **MTP/Abortion**

In the village of T1, in case of unwanted pregnancy, they consult with traditional healer, and then take some seed tea and make it abort it. At T2 village discussions with the Dai gave

subtle hints about high abortion (though interestingly it was much easier discussing about abortion within marriage than teenage abortion). Abortion is extremely common. The well-off go to a private clinic in Tikamgarh while the poor section goes to another village or get it done through elder relatives. With the growing sonography centres in Tikamgarh a lot of abortion is done of the female foetus.

At D1 village it was found that there are many types of abortion in the village, abortion by oral pills, abortion by operation (the affluent), abortion by using hot water (the poor) and so forth, which are related with *Jadu-Tona* (a kind of black magic). Those who conduct abortion, believe that some spirits or god will terminate it. The abortion itself is conducted based on some spiritual belief and justified.

## 1.4 NGO LIST RELATED WITH GENDER AND SOCIAL ISSUES

### 1.4.1 L-1 Family Counselling Centre

Record: 15 Dec 2000

Name of NGO (English Name)	Family Counselling Centre, Sagar
Name of NGO (Hindi Name)	Pariwar Paramarsh Kendra Sagar
Address	212 Gopalganj, Sagar
Phone and Fax	Tel (07582) 22509
Director	Mrs. Meena Pimplapuri
Contact Person	Ms. Savita Jain, Ms Neelima Dubey

Established :1987

Registered : under Society Registration Act 1860

Working Languages : Hindi / English

Geographical Coverage: Sagar District

Approximate Budget Annually: Rs. 80,000 (+ Rs. 20,000 by AIWC)

Source of Fund: Central Social Welfare Board, New Delhi(80%), All Indian Women's Conference Sagar(20%)

Staffing Pattern:

	Paid		Honorary	
	Full time	Par time	Full time	Part time
Professional	2			
Filed/Support Staff				1*
Clerical	1			
Peon	1			

\*for advocacy

Office: Open form 10 am to 5:00 pm

Objective:

1. to help to establish peaceful environment in the family environment and settle the family disputes
2. to erase awareness on different laws related to women and children by which they can get force legal aid, treatment for health and self-promotion
3. to provide moral support to the suppressed women and children of the society and try to give them justice

Activities:

1. Personal counselling 10 person/ per day regarding family in Sagar office, sometimes extend activities to villages, counselling is psychologically proceeded, most of the topics are family issues (dowry), husband alcoholism, violence for women, issues of step in mother, sexual harassment,
2. Conducting legal awareness camp (including Gender Awareness), health camp (including AIDS awareness camp), environment awareness camp
3. Holding workshop on legal or human rights

Collaboration with other Organization: collaboration with local NGOs of Sagar District

Information Newsletter /Information Services: not periodically published, but there is information brochure, newsletter on legal awareness

Training:

1. The staff was trained for 6 months training by using the textbook of Women's Rights and Counselling Skills made by British Council

2. NCWD (National Commission for Women) provide the training for the staff.
3. There are 15 days training program organized by Mental Health Foundation, Jaipur and Rajasthan University, Jaipur

**Note to be taken for Reference:**

WCD officer recommended that his organization is one of the good NGOs in terms of women and gender issues.

**1.4.2 L-2 NGO for Community Based Social Gender Activities**

Record Date: 9 September 2001

Name of NGO (English Name)	Wiklang Seva Samiti
Address	Narguda, Darwaja, Tikamgarh-472 001,
Phone and Fax	Tel (07683)-45429 Fax (07683)-40837
President	Mr. Ram Prakash Napit
Secretary	Mr. Rajkumar Ahirwar, Phone-46247

**Established :**01.06.1994

**Registered:** 01.06.1994

**Working Languages:** Hindi and Local Language

**Geographical Coverage:** Tikamgarh district

**Approximate Budget Annually:** Rs5000 to Rs10000

**Source of Fund:** Donation and contribution by people

**Staffing Pattern:**

	Paid		Honorary	
	Full time	Part time	Full time	Part time
Professional				
Filed/Support Staff			1	5
Clerical				
Peon				

**Office:** Open from 9 am to 5 pm

**Objective:**

1. to create awareness among handicapped people or disadvantage people that they can earn for themselves and live independently without anybody's help
2. women empowerment and forming SHG groups of World Bank/IFAD Rural Women Empowerment Project
3. vocational training for handicapped people
4. education for handicapped people

**Activities:**

1. literacy program for handicapped people
2. awareness program for handicapped people
3. participation in awareness and social service program organized by government
4. formation of women SHGs of World Bank/IFAD Rural Women Empowerment Project and making capacity building of the groups
5. Rajiv Gandhi Watershed Mission's activities

**Collaboration with other Organization:**

- World Bank/IFAD Rural Women Empowerment Project
- Health Department, Government of India
- Zilla Panchayat in Tikamgarh
- Zilla Saksharata Samiti (District Education Department)
- Other Local NGOs in Tikamgarh

### 1.4.3 L-3 NGO for Community Based Social Gender Activities

Record Date: 12 September 2001

Name of NGO (English Name)	AISECT (All India Society for Electronics and Computer Technology)
Address	Kotwali Civil Lines Road, Tikamgarh
Phone and Fax	Tel (07683)-44092
Director	District Coordinator, Mr. A.K. Singh

Established: 1992

Registered: Main NGOs registered 15 ago

Working Languages: English, Local Language

Geographical Coverage: Tikamgarh, Chhatarpur, Panna

Approximate Budget Annually: 3-4 Lakh for Tikamgarh Office

Source of Fund: Training, Government Training, World Bank/IFAD Rural Women Empowerment Project

Staffing Pattern:

	Paid		Honorary	
	Full time	Part time	Full time	Part time
Professional	6			
Filed/Support Staff	7			
Clerical				
Peon				

Office: Open from 10 am to 5:30 pm

The AISECT is a leading NGO network of India, having over 670 affiliated centres and essentially engaged in training, servicing and production, especially in the field of computer and electronics. The organization covers 14 states of the country Since its inception, it has kept its social and development orientation with coverage of 70% of in the block headquarter and in the rural area.

Objective:

1. Technical vocational education for all is a motto of the organization.
2. To have special course for improve and upgrade study material as also to bring out new material especially in local languages
3. To organize IT awareness campaign at rural area and provide training especially rural youth in various trades including computers

Activities:

1. Providing specialized courses for government departments
2. Operationalizing training/servicing /production centres on behalf of Dept of electronics, Government of India
3. Forming SHGs for World Bank/IFAD Rural Women Empowerment Project in Tikamgarh

Collaboration with other Organization:

- Dept of Electronics. Govt.of India
- National Open School MHRD
- Department of Science and technology
- Ministry of Human Resources
- Indira Gandhi National Open University (IGNOU)
- Antyavsayi Sahakari Vikas Nigam
- M.P. Council for Employment and Training, Govt. of M.P.
- Dept of Rural Industries. Govt. of M.P.
- Dept of Cooperative Development. Govt. of M.P.



Information Newsletter /Information Services:

AISECT has writing and publication of books on computers in Hindi such as 'Computer Ek Paricharya'

**1.4.4 L-4 NGO on Women's Empowerment and Ecological Organic Farming**

Record Date: 1 October 2001

Name of NGO	Institute for Integrated Rural Development (IIRD)
Address	P.O.Box.562,Kanchan Nagar Nakshtrawadi Auranganbad, 431002, Maharashtra State, India
Phone and Fax	Tel(91-240-3376336), Fax(91-240-376866)E-mail: iirdind@bom4.vsnl.net.in
Director	Dr.Daniel
Contact Person	Executive Secretary Ms. Everlyn Daniel

Established: 1987

Registered: Registered under Bombay Public Trust Act

Working Languages: Maharathi, English, Hindi

Geographical Coverage: Peithan Block 72 village

Approximate Budget Annually: 70 Lakhs

Source of Fund: 1.Help Age-UK, 2. ACWW (Associated Country Women of the World as UN body)- UK, 3.EZE-Germany

Staffing Pattern:

	Paid		Honorary	
	Full time	Part time	Full time	Part time
Professional	16	-	5	-
Filed/Support Staff	10	-		

Office: Open from 8:30 am to 4:30 pm

Objective:

1. Women's empowerment and strengthening grass-root organization and group activities
2. Alternative development strategy with emphasis on community empowerment, skill training, nature-oriented farming, and eco-development

Activities:

Major activities are training provided by IIRD to animators which is selected 70 villages

1. SHG activities
  - Saving group for necessary financial use
  - Income generation by utilizing revolving fund (sewing clothing, building house, mason, electrical wiring, sericulture, running grocery shop, rice mill and so on)
2. Health and nutrition guidance by Ayurvedic herbal doctor and kitchen garden with organic farming
3. Home management such as cooking, sewing, repairing the house
4. Skill training for income generation such as mason training, tailoring, eco-agriculture farming

Collaboration with other Organization:

1. IUCN(The World Conservation Union)-Swiss
2. IFOAM(International Federation of Organic Agriculture Movements)-German
3. ELCI (Environmental Liaison Centre International)-Kenya
4. APROTEC(Asian Alliance of Appropriate Technology Practitioners)-Philippine
5. Dept of Science Technology-India
6. ASPBAE (Asian-South Pacific Bureau of Adult Education)-Malaysia

Information Newsletter /Information Services: Broacher of Institute for integrated rural Development (IIRD)

Note to be taken for Reference:

Vikas Sevikas (women development animators) take initiative and work hand in hand with Mahila Mandal<sup>8</sup>. There are Pariyavaran Sevikas (Environmental animators) who lead the Pariyavaran Samitis of the villages on organic farming and environmental issues for organic agriculture

#### 1.4.5 L-5 NGO on Women's Empowerment

Record Date: 12 October 2001

Name of NGO (English Name)	Self Employed Women Association (SEWA)
Name of NGO (Hindi Name)	Swashreye Mahila Sewa Sangh.
Address	SEWA, Gandhi Bhawan Shyamla Hills Bhopal – 462002
Phone and Fax	Tel (0755)-660387/661443
Director	Mrs. Rukhmani Bhargava (Secretary)
Contact Person	Mrs. Manjula Thakur (Project Coordinator Bhopal)

Established : In the year of 1982

Working Languages : Hindi.

Geographical Coverage: 28 Village Slums.

Approximate Budget Annually: 3.5 Lakhs

Source of Fund: Small-scale Banking , 7 Sewing Centres , Printing Press .

Staffing Pattern:

	Paid		Honorary	
	Full time	Part time	Full time	Part time
Professional	10	15	6	17
Filed/Support Staff	1	7	0	0
Clerical	3	0	0	0
Peon	1	0	0	0
Driver	1	0	0	0

Objective:

1. To make women socially and economically self-reliant.
2. Equality of sex and social status in the society.
3. Employment based Training for the upliftment of women.
4. Women Saving Bank to provide loan facility to start a cottage industry.

Activities:

1. Awareness Programmes:
  - 1) Women and Child Health : Educating Women about the health programmes and family welfare schemes government has launched and how they can take the advantage of these schemes
  - 2) Legal Literacy Camps : To provide knowledge about their legal rights and how to exercise them. New law enforced by the government for their protection and upliftment.
  - 3) Gender issues: Propagate equality of status amongst men and women in the society to stop violence against women. Encourage and support women through Sewa self help group to fight for their cause.
2. Hygiene:

Education about the importance of cleanliness in house and around the locality with the help of Bhopal Municipal Corporation.

<sup>8</sup> This Mahila Mandal is different from Mahila Mandal under ICDS

3. Mahila Bachat Kosh (Women's Saving Bank):  
Encourage women to save small amount of their earning which is collected by SEWA field workers on daily basis. On these saving the saving Bank provide loan from Rs.2500 to Rs.15,000 depending upon the requirement of the individual.
4. Sewing Centres:  
Set-up 7 sewing centres which providing training to illiterate women in garment tailoring, stitching, ethnic embroidery work, bead work and woolen garment knitting.

Collaboration with other Organization:

1. Oxfam India trust (London) provide aid to major projects of SEWA.
2. EZE Germany provide financial support to Balvadi Program  
Other than these they are in collaboration with SEWA BHARAT as their objectives are same.

Information Newsletter /Information Services:

SEWA publish *Anusuiya*, which is a monthly magazine.

Training Received:

1. Annapoorna Mahila Mandal and SEWA Ahmadabad - Initial stage training
2. Oxfam India Trust – Counselling of Women and formulation and management of SHG
3. Kasturba Gandhi Trust Indore - Management of Balvadi

Training given

1. Small Self help Group – to deal and stop violence against women
2. Small organization running old age homes and Adult education centre

## 1.5 RESOURCE CENTRE LIST ON SOCIAL GENDER ISSUES RELATED WITH RCH

### L-1: NIPCCD (National Institute of Public Cooperation and Child Development)

1.	List No.: L-1	2.	Name: NIPCCD (National Institute of Public Cooperation and Child Development)		
3.	Affiliation: GO	4.	Address: 5 Sri Institutional Area, Hauz khas, New Delhi	5.	Tel and Fax: na
6.	Digitised Communication : muttoo @ vsnl.com E-mail: dcnipccd@del6.vsnl.net.			7.	HP Site: <a href="http://www.nipccd.org/">http://www.nipccd.org/</a>
8.	<b>Organization Status and Mission:</b> Autonomous organization functioning under Department of Women and Child Development. The Institute conducts evaluation studies; organizes training programmes/ seminars, workshops, and conferences. It also provides technical advice and consultancy to government and voluntary agencies in promoting and implementing policies and programmes for women and child development and voluntary action. In addition, it collaborates with regional and international agencies, research institutions, universities and technical bodies.				
9.	<b>Resource Contents:</b> - ICDS related materials (training manuals, modules, reference books) - Evaluation and assessment of ICDS program - Women's empowerment and SHG reference book - Women and child related news and journal article clipping covering all India - Women related books and journals				
10.	<b>Data Base :</b> Data Base has bibliographic details of documents received and indexed. The Institute also brings out research-based publications on issues relating to women and child development.				

### L-2: VHAI (Volunteer Health Association of India)

1.	List No.: L-2	2.	Name: VHAI (Volunteer Health Association of India)		
3.	Affiliation: NGO	4.	Address: Tong Swasthya Bhavan, 40 Institutional Area, New Delhi	5.	Tel and Fax: Tel : 6515018, 6965871, 6962953 Fax : 011-6853708
6.	Digitised Communication: E-mail:vhai@del2.vsnl.net.in			7.	HP Site: <a href="http://www.healthlibrary.com/reading/vhai/index.htm/">http://www.healthlibrary.com/reading/vhai/index.htm/</a>
8.	<b>Organization Status and Mission:</b> Voluntary Health Association of India(VHAI) is one of the world's largest non-profit organizations. It is a federation of 24 state level voluntary health associations linking over 4000 health and development institutions and grassroots level community health programs. VHAI's objective is people-cantered policies and their effective implementation. It sensitises the general public on important health and development issues for evolving a sustainable health movement in the country.				
9.	<b>Resource Contents :</b> - The social and gender sensitisation materials related with RCH and population - The other health, medical reference book and disease control materials (HIV/AIDS, RTIs)				
10.	<b>Data Base :</b> The online databases is available at <a href="http://www.healthlibrary.com/reading/vhai/index.htm/">http://www.healthlibrary.com/reading/vhai/index.htm/</a> about child development, community health, women and health, nutrition, list of audio/ video cassettes, colour slide, news letters, journal, other medical reference books, gender and reproductive health issues and materials				

**L-3: CWDS (Centre for Women's Development Studies)**

1.	List No.: L-3	2.	Name: CWDS (Centre for Women's Development Studies)		
3.	Affiliation: NGO	4.	Address: 25, Bhai Vir Singh Marg (Gole Market) New Delhi 110001	5.	Tel and Fax: (Tel) 3345530, 3365541 (Fax)3346044
6.	Digitised Communication: E-mail: cwdslib@alpha.nic.in or cwds@ndb.vsnl.net.in		7.	HP Site: no	
8.	<b>Organization Status and Mission:</b> The centre for women's development studies founded in 1980, has tried to build and expand the theoretical and empirical based on gender issues and combine research concerns with actions and advocacy. One of the main objectives of the centre is to help in the promotion, development and dissemination of knowledge regarding the evolution of women's role in society and the trends in society.				
9.	<b>Resource Contents:</b> - Women's issues related reference books, committee and working group report, institutional report - Women's reservation, Panchayat Raji, government policy documents, - Women's health, violence against women				
10.	<b>Data Base:</b> no online search service There are database searches and printout service on reference collection, books, periodicals, conference proceedings and papers, acts and bills and women's organizations' report, newspaper clippings, brochures				

**L-4: CEC (Center for Education and Communication)**

1.	List No.: L-4	2.	Name: CEC (Centre for Education and Communication)		
3.	Affiliation: NGO	4.	Address: 15 Institutional Area New Delhi	5.	Tel and Fax: (Tel) 6688455, 6671858 (Fax) 6686842
6.	Digitised Communication: E-mail: cec@nda.vsnl.net.in		7.	HP Site: no	
8.	<b>Organization Status and Mission:</b> In 1982, the centre for education and communication was formed for worker's education, action based research and participatory Labour research, including informal sector. ILO, German, and British NGOs are assisting the resource centre				
9.	<b>Resource Contents:</b> -SHG related information and handbook, manuals, modules for self-help organizations -SEWA related documentation				
10.	<b>Data Base:</b> Dissemination of the collected information is carefully attended to. Based on requests, CEC sends regular information packages to various NGOs, people's movement and trade unions. CEC has computerized its database and linked up with the e-mail system.				

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