VILLAGE VISIT SUNKIDI



Group 17

- PRASHANT BAJIRAO PATIL (GL) B16
- MANINDER SINGH (AGL) B26
- CHANDRA PRAKASH A32
- MRIDUL D25
- AJEET PRATAP SINGH M06

Basic Details

SUNKIDI VILLAGE

At a Glance

Mandal: Talamadugu

District: Adilabad

State : Telengana

Language: Telegu,

English, Hindi

Area: 960 Hectare

Wards: 10

Time line

•Agriculture Cooperative Society established •Major drought in village •Electricity in the village • High school established in the village •First TV in village •First pucca house in village • Major drought in the village • First SHG in village •First mobile tower in village •Aiyappa temple constructed

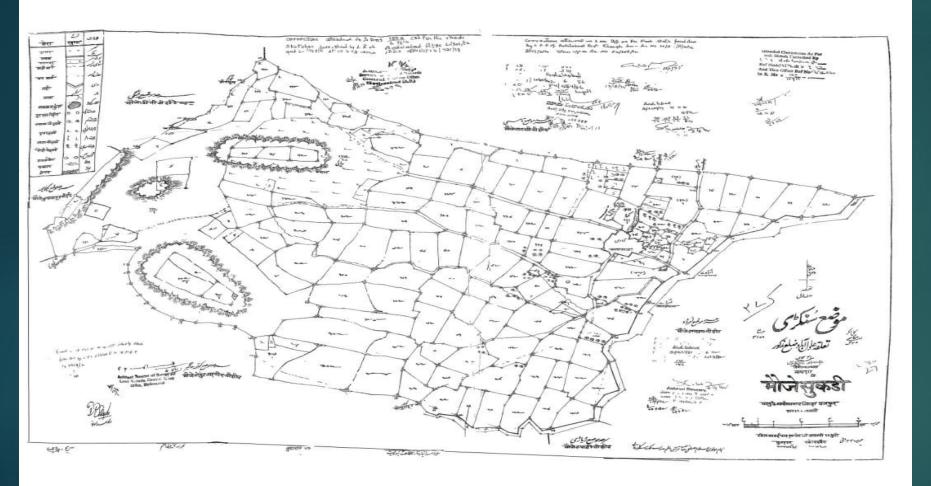
TRANSECT WALK











Village Map



RESOURCE MAP



Infrastructure

- Primary and Secondary school
- Veterinary sub centre
- 2 Anganwadis
- 55 functioning SHGs
- 1 water tank
- House hold electricity
- Household tapwater under Mission Bhagiratha
- Street Lighting
- 1 nearby lake Waddadi Cheruvu
- Community Halls

SOCIO ECONOMIC CONDITIONS

Education





OBSERVATIONS

Village has one primary school and one High School.

Village has 2 Aanganwadi Centres

Literacy rate (as per 2011 census): 67.73% (M: 80.4%, F: 55.4%)

100% enrollment into Aanganwadi and complete transition to primary school.

Transition from upper primary to secondary school is seen with a drop-out rate of 70%.

Total students: 291

Primary school: 105 students with 9:13 male female ratio

High School: 186 Students with 20:17 male Female

Anganwadi centre : 97 children, 17 pregnant women, 17 lactating women, 88 Kishore girls

1 newly constructed GP building with Vaikunta Dham (crematorium)

Reasons for low enrollment in village government school

- Learning outcomes of primary schools are low.
- Teachers engage in non academic activities (official and file works).
- ► Teachers are not competent in English as schools recently converted into English medium from Telugu medium with same teachers.
- Students involved in farming activities and cotton harvest season just passed, maximum students were busy there.
- Poor monitoring of online classes in Covid Pandemic time.

Issues Identified:

- Infrastructure is shabby and building is very old.
- Only two teachers were running the whole primary school, 51 students in 5 classes. (Policy decision of the govt).
- Toilets were not of good condition, especially girls toilet. Boys toilet absent in High School, used the same as that of primary school
- Attendance of staff as well as students was taken as per their caste and not by name

Recommendations

- Quality of learning outcome should be above or as per model school concepts.
- More teachers need to be inducted
- Teacher training should be focussed upon as they are not well verse in English and that reflects on student education
- Vocational education opportunity to be made available in the schools.
- Caste Column must be removed from the Attendance register and on walls.
- ICT infrastructure to be incorporated for IT exposure to students at early age and interactive learning.
- Primary School Teacher: classes ratio should be improved.
- Parents' awareness campaigns should be more frequent to change the attitude and perception towards education of children and government schools.

SOCIO ECONOMIC CONDITIONS

Health







OBSERVATIONS

Common Health disorders in the village:

- Communicable diseases like dengue, malaria, tuberculosis, earlier episodes of Filariasis
- Common health disorders in women.
- Anaemia basically arising due to lack of iron in the diet.
- Gynaecological disorders like leucorrhoea.
- Subcentre is absent in village so poorer people have to travel to adjacent village for their basic health requirements

ASHA WORKERS

- There is a demand of fixed salary or regularisation for the contractual workers.
- No fixed timing for working, they have to make themselves available 24/7 in village.
- In complicated delivery they have to stay along with mother at government hospital at their own cost.

Issues Observed

ICDS

- Milk has not been provided for last 5 months to children
- Many children are not coming continuously especially boys

Recommendations

- Details of contact of patients of tuberculosis, non communicable diseases were lacking on registers which obviously create hindrances for active follow up of such patients.
- Frequent visits are required District development authorities to Sub centres and primary healthcare centres.
- All staff should be trained regularly in multiple health care skills.

Recommendations for Anganwadi

- 1. Adequate space is required. Old building is dilapidated and AWC is working on rented community building
- 2. Appropriate facilities like sanitation facilities, safe drinking water, toilets, adequate medicines, electricity/power supply, toys should be kept
- 3. Doctors should visit AWCs regularly.
- 4. Regular training of staff
- 5.The monitoring and supervision should be done by the Block and District level Officers regularly.
- 6.Food provided at AWCs should be of good quality and nutrition. Milk shall be provided

PRI



SARPANCH, SECRETARY TOTAL 8 EMPLOYEES



ASSETS : TRACTOR, TROLLEY, TANKER, HANDPUMPS 21, BOREWELLS 4, NO OPEN BOREWELL,



BUDGET: 25 LAKHS



GP BUILDING: YES, COMMUNITY TOILET: NO.



GRAM SABHA MEETINGS: ONCE IN 2 MONTHS

Observations

- Financial Resources internal:
 - 1. House tax + Water Tax = 2.5 lakh
 - 2. State Allocation = 25 lakhs

Roles

- Harita Haram Nursery GP Plantation, ASARA Pension
- School Functioning
- Supervisory control over MNREGA
- ► Implementation of govt.

 Schemes like Haritha Haram
- Petty works side drains, street lights, potholes filling, sanitation

POVERTY & ALLEVIATION

Observations

- 571 Whitecard holders with Anthyodaya 18 card holders
- The government support for Pucca houses is being perceived to be a discretion of the ML because the scheme is in first phase only.
- Poverty Alleviation Programmes can be summarised into three
 - MNREGA
 - Housing Schemes
 - Wage Creation schemes





Nursery GP Harita Haram



- MGNREGA: takes up the following works in the village.
 - Nursery
 - Drying Platforms
 - Minor Irrigation
 - Segregation Sheds
 - Parks
 - Crematory
 - Trenches

• It serves as an additional source of employment and was crucial on reducing poverty in two ways. One through rural asset creation and secondly by providing supplementary income. For instance, Rythu Vedika was built through NREGA allocation of 40 opercent.

- Issues
 - Delayed Payments and
 - Poor quality of works

SELF HELP GROUPS of Village Sunkidi



Self Help Groups - NRLM

- Self Help Group (Sangam):
- T-SERP-- Telengana Society for Elimination of Rural Poverty.
- Establishment 55 groups, Total women involved- 628
- Collection of small amounts and EMI of whatever loan taken individually or as a group.
- Success Stories:
 - Narsimha group: tried with agarbatti first but then set up a kirana shop after taking loans
 - Lakshmi group: one lady had a flour mill and another single widowed lady married her daughter and was also supporting herself

Recommendations

SHGs need to be strengthened and ensure that group activities are also taken up.

Amount of MNREGA can be linked also to working hours. Max of Rs 237 shouldn't be enforced

Incentives of double bedroom scheme should be extended to all . Right now discretion of MLA is there.

SC/St population needs to be brought into the ambit of SHGs.



Observations

- Highly fertile land.
- Soil- a mix of Red and Black soil.
- Less rainfall but irrigation facility was good, thanks to mission Kakatiya.
- Crop diversity- Paddy, cotton, Jowar.
- Cotton crop after picking up was still in the fields



Recommendations:

- Lake is underutilised. Only 6 fishermen. It can be developed for fishing and tourism.
- School gender ratio is biased towards girls showing that boys are being sent to private schools. The education quality is excellent in public schools.
- Infra of school is old. The building was built in 1976. It needs to be renewed.
- MGNREGA can be linked with agriculture labour.
- The market of the village needs to be upgraded. Especially SC community can be given some land on the road.
- SHGs activities for SC community need to be taken up.

Problem Preference Ranking

Persons	G Sujata	B Reddy	N yadav	Narin	M Shimsa	P Bhaskar	V Yadav	B Balaji	Points	Rank
Problems										
Credit & banking facility	6	9	4	4	5	6	5	6	45	VI
Electricity	5	3	5	1	6	5	7	4	31	IV
Education	7	7	6	5	4	4	4	5	42	V
Drinking water	4	1	3	2	3	1	3	2	19	II
Liquor	9	10	7	9	9	12	11	12	79	х
Health sub centre	3	2	1	3	2	3	1	3	18	I
Sanitation	10	4	2	6	1	2	2	1	28	Ш
Grievance Handling	1	8	10	7	10	7	8	8	59	IX
Marketing facility for Agri product	8	5	8	10	8	9	10	9	57	VIII
Road connectivity	12	11	11	12	12	11	12	11	92	XII
Telephone	2	6	9	8	7	8	9	7	56	VII
Transport	11	12	12	11	11	10	11	10	88	ΧI

CAUSES OF POVERTY - PREFERENCE RANKING

Sno.	Causes	Pallavi	B Yadav	Sujatha	Shailja	Amruth	shankar	Points	Rank
1	Illiteracy	1	2	2	4	3	4	16	II
2	Landless Ness	2	1	3	1	2	2	11	ı
3	Low wages	7	7	5	5	8	5	37	VI
4	Inflation	6	9	8	7	7	6	43	VII
5	Indebted ness	8	4	4	8	5	7	36	V
6	No Bread winner	10	8	7	9	9	1	44	VIII
7	Rain fed Agri	9	11	10	6	11	9	56	х
8	Liquor	4	5	6	2	1	3	21	Ш
9	Immigration	11	10	11	11	10	11	64	ΧI
10	Improper Implemen tation of scheme	5	6	9	10	6	10	46	IX
11	Lack of Skill	3	3	1	3	4	8	22	IV



Thank you