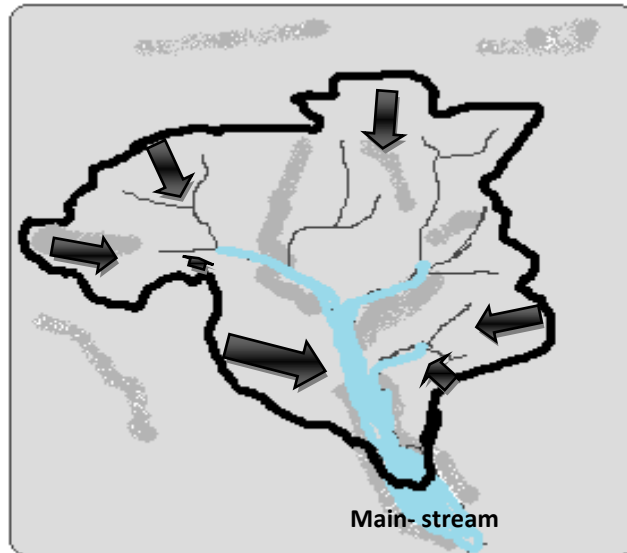


# DISTRICT VISION DOCUMENT

VISION 2012



**DISTRICT - KANKER**  
**STATE - CHHATTISGARH**

OFFICE OF THE DISTRICT COLLECTOR  
NORTH BASTAR, KANKER

Dated : 11.07.2009

Foreword

The significance of integrated district planning is gaining momentum, to achieve the expected outcome more effectively. The experiences from various states also reflect that the participative planning from the grass root level also develop a sense of ownership about the key results expected.

Though the need of Integrated District Plan has been always stressed since independence, it's execution at the district level has been challenging too. With the 73<sup>rd</sup> and 74<sup>th</sup> amendment of the constitution, most of the subjects are now devolved to the local bodies, there has always been a wish to look, that PRIs/ ULBs are actively & independently planning for their local requirement and priorities. Though limited success has been gained on these aspects, the capacity building and availability of technical expertise for these planning units require strengthening.

Over the time, the different departments have developed their sectoral expertise, and now more resources are available, in the district under flagship programmes. However the vertical planning and other processes under various departments, provide limited scope for resource convergence, which is key for the integrated and inclusive growth. Thus now more than ever before, there is a great need of -- planning for the local needs/ priority, resources convergence to meet the local plans and effective Result Based Monitoring at each level. These efforts would also be relevant to make the district on track of the national goals/ MDGs.

Vision is said to be the starting point of the planning process, thus a District Visioning Workshops, was organised in the district on June 30<sup>th</sup>, 2009. This exercise involved the various stakeholders, where the department concerned represented their vision under the key 7 sectors. Along with it, under each sector the presentation included - the present status, the target, focus areas to achieve the expected results, by 2012.

The district vision document is an attempt to reflect the district priorities, it seek for the suggestions from stakeholders and will be modified/ updated accordingly. The different departments and stakeholders within the district are expected to take this document as a reference document to converge, the resources for key priorities and monitor the progress accordingly.



District Collector

**OFFICE OF THE ZILA PANCHAYAT CHIEF EXECUTIVE OFFICER,  
KANKER, CHHATTISGARH**

**Dated : 10.07.2009**

**Preface**

A District visioning workshop was organised at the Zila Panchayat, Kanker on June 30<sup>th</sup>, 2009. The nodal officers under key 7 sectors (education, health, nutrition, livelihood, energy, infrastructure & civil rights & empowerment) presented their sectoral vision to be achieved in accordance with the national goals/ MDGs.

Based on the district visioning workshop and in consultation with the departments, the District Vision Document reflects the expected results and focused area under key sectors. The vision document is being shared with each planning unit (Janpad level, PRIs, ULBs), so as to involve them in adopting a process, where they also vision for themselves, about where they want to be in future.

At each level (Janpad/ panchayat/ urban wards) the departmental role is of a facilitator to provide the data, doing situational analysis & providing the technical expertise to plan effectively. The panchayat/ urban ward's representatives are being trained and the process of planning is being simplified so that they feel comfortable to propose their plans. An agreed process is being operationalized, in which the PRIs/ ULBs are making their own work plans- based on the basis criteria under key sectors, their situational analysis and vision. In future also the attempts will be made to strengthen the decentralised district planning and institutionalizing it. District Vision Workshop also provides scope and platform to integrated planning & also provides greater scope for coordination across departments and schemes.

I take this opportunity, to recognise and appreciate, the efforts taken by each stakeholder including departments, in contributing sectoral view in the vision document, for the integrated development.

*C. R. Mishra*  
**Chief Executive Officer  
Zila Panchayat, Kanker**

## Abbreviations

ANM	Auxiliary Nurse Midwife
ANC	Ante Natal Care
API	Annual Parasite Incidence
AWC	Aaganwadi Center
BMO	Block Medical Officer
BPL	Below Poverty Line
BRGF	Backward Region Grant Fund
CDPO	Child Development Project Officer
CHC	Community Health centre
CREDA	Chhattisgarh State Renewable Development Agency
CSEB	Chhattisgarh State Electricity Board
DHDR	District Human Development Report
DIET	District Institute of Educational Trainings
DLHS	District Level Household Survey
DPO	District Programme Officer
Ex. En.	Executive Engineer
FPS	Fair Price Shop
FRU	First Referral Unit
GoI	Government of India
HDR	Human Development Report
HDR	Human development Report
HIV/ AIDS	Human Immunodeficiency Virus/ Acquired Immune-Deficiency Syndrome
ICDS	Integrated Child Development Scheme
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
LHV	Lady Health Visitor
MDGs	Millennium Development Goals
MDM	Mid Day Meal
MMR	Maternal Mortality Ratio
MPW	Multi Purpose Worker (MPW)
NEP	National Environment Policy
NER	Net Enrolment Rate
NFHS	National Family Health Survey
NHPC	National Hydroelectric Power Corporation Ltd
NREGS	National Rural Employment Guarantee scheme
NRHM	National Rural Health Mission
PC	Planning Commission
PCPNDT	Pre- Conception Pre-natal Diagnostic Test
PDS	Public Distribution System
PHC	Public Health Centre
PHE Dept.	Public Health and Engineering Department
PMGSY	Pradhanmatri Gram Sadak Yojna
PRIs	Panchayati Raj Institutions
REC	Rural Electrification Corporation
RES	Rural Engineering Services
RGVY	Rajeev Gandhi Gramin Vidhutikaran Yojna
RKVY	Rashtiya Krishi Vikas Yojna
SC	Schedule Caste
SGSY	Swarnjayanti Gram Swarozgar Yojana
SHC	Sub Health centre
SHG	Self Help Group
SRS	Sample Registration System
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribes
TSC	Total Sanitation Campaign
ULBs	Urban Local Bodies
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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## DISTRICT VISION DOCUMENT:

**Visioning** is creating a very clear future. In this perspective under the guidance of the District Collector, Kanker a district visioning workshop has been organised at the district level, which was attended by, various stakeholders & all departments in the district.

The latest Manual for Integrated District Planning, 2009 by the Planning Commission suggests for the importance of the visioning exercise at various levels below district, in this context, a visioning workshop was organised at the district Kanker on June 30<sup>th</sup> 2009. It was agreed by the participants, that in view of the 11<sup>th</sup> plan's theme of inclusive growth, the role of the visioning & planning at the district, Janpad, panchayat, ward (urban, rural) level becomes instrumental for optimizing outcomes at the local level. The district visioning exercise creates a platform where the key sector representatives present their vision for respective sector. In turn this exercise indicated the various stakeholders about the key results areas, where district has to converge its, resources to achieve the expected outcome.

Decentralised planning and Convergence at the district level are two major issues to ensure more balanced, integrated and sustainable development of the district. Lot of resources are now flowing in the district through various flagship and other programmes, of different departments, but these sectoral plans have their own guidelines, processes, implementation mechanism and reporting patterns etc, which provides limited scope for horizontal integrated planning. The vertical plans, by different department provide minimum scope for the horizontal planning, which is necessary for involvement of the key stakeholders. In this background it was agreed that, to develop/ ensure the convergence of actions points and develop more ownership, it's essential that local Rural Local body & Urban Local Bodies are actively involved in the process. One of the constraints shared by stakeholders, which influence the reach and effective delivery of the services to the people, is also concern with the affected region.

Each of the departmental programme has its national goals, to be achieved by year 2012. At the same time the international human development priority are reflected in the MDGs, in which India is a signatory and thus there are 8 goals to be achieved by 2015. Out of the 60 indicators under MDGs, at the district level the data is available for about 20 indicators only. The district vision document also attempt to look at the district status on these national/ MDGs, so as to ensure better convergence and resource mobilisation on the key indicators of concern. The district will also utilise the opportunity, from the recent initiative by the Gol-UN Joint programme on decentralised Planning and Convergence, which will be instrumental to facilitate the district to be on track in achieving the MDGs. Under it first time various UN agencies (as UNICEF, UNDP, UNFPA, WHO etc) are delivering as one at the district level and are expected to facilitate district, in terms of the human resource and other technical support.

To facilitate the integrated development as per the state guidelines from State Planning Board, Chhattisgarh, the key interventions are divided in 7 sectors as - education, health, nutrition, livelihood, energy, infrastructure & civil rights. Thus various departmental activities will be converging in these sectors, to be the part of the integrated district annual plan. Some of the key strategies to achieve the vision under each sector are as – strengthening participatory planning, better utilization of budgets & local resource, assessment of bottlenecks and strengthened implementation of programmes/schemes, result based planning and management. It is also significant to understand that to achieve the MDGs, nothing new has to be done at the district level, except linking of the flagship/ governmental programmes to converge to the desired outcome. In

general the national goals are more ambitious than the MDGs, so if district is on track to achieve the national goal, it would be achieving the MDGs too.

The district visualizes an inclusive and integrated growth, under all the 7 sectors by active involvement of all stakeholders, to improve the quality of life for each citizen. Based on the District Visioning Workshop, the key sectoral vision and status are explained as:

### 1- Education:

The vision of the sector is to achieve universal elementary education together with the quality, to increase the learning outcome for each student. It was also envisioned that, the gender equity and other measures will facilitate each individual to realize her/his fullest potential. The education thus, will develop each student as more productive citizen for tomorrow.

The status of the district with respect to the MDGs and national goals is as:

MDG	Indicators (/proxy)	MDG Target (2015)	National Programme/ 11 <sup>th</sup> 5 yr Plan (PC- 2012)	Kanker	Remarks
<b>2: Achieve universal primary education</b>	a-) Net enrolment ratio in primary education	100%	100% (SSA), (reduce drop out to < 10%- PC)	98.99%	On Track
	b-) Proportion of pupils starting grade 1 who reach last grade of primary	100%	100% (SSA)	90.39%	On Track
	c-) Literacy rate of 15-24 year-olds, women and men	100%	85% (PC)	72.93%	On Track
<b>3: Promote gender equality and empower women</b>	a-) Ratios of girls to boys in primary schools	1	1 (SSA- by 2007), (Sex Ratio -999 PC)	.96	On Track

It is evident from the above that the district is well on track for the indicators, in education.

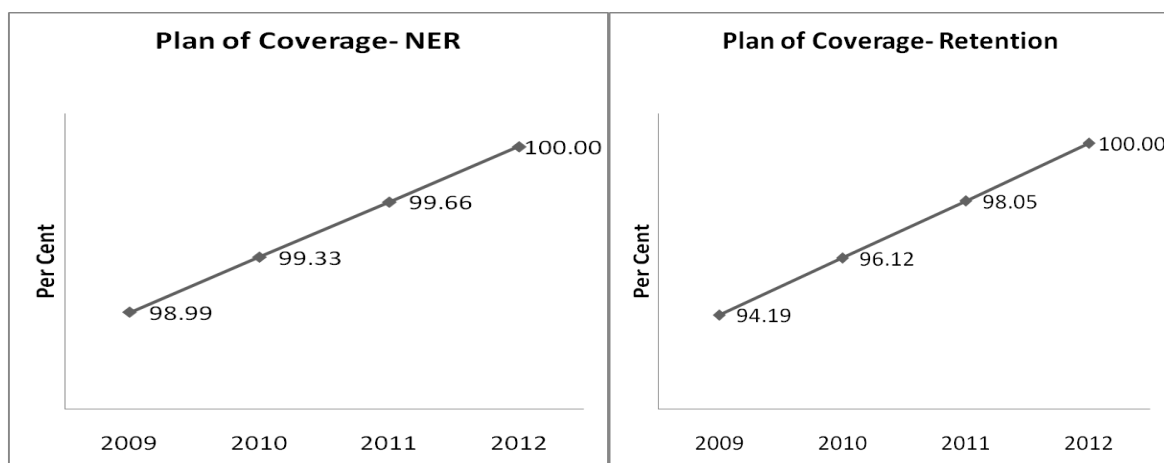
Speaking on the occasion the District Education Officer, Kanker shared the situation of the district, as per the following:-

- The department/ schemes working in the education sector are - Education Department, Tribal Welfare Department, Rajeev Gandhi Shiksha Mission (SSA), DIET, Panchayati Raj and Rural Development Deptment, Municipal Office, Women and Child Development Department (Pre- School Education).
- The infrastructure for the education in the district includes 1701 Primary Schools, 603 Middle Schools, 51 High Schools and 69 Higher Secondary Schools. Out of these schools, maximum have their own building, 87 are under construction while few requires new buildings (24 in rented premises, 87 without building and 43 are dilapidated conditions). Some of them also require the major/ minor repairs.

- There is a need to further strengthen the teacher's availability as per the new set-up and improve on the quality aspects in education.
- Still some children are out of schools for various reasons, which need to be addressed through various measures.
- The progress achieved in the district in education in last few years is given in the following table, which reflects that there is a subsequent improvement in the various parameters over the years:

SN	Particular	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
1	NER (Primary)	87.76	91.82	97.54	98.10	98.87	98.99
2	Retention Rate (Primary)	76.45	83.54	90.16	92.05	94.13	94.19
3	Board Examination Result (Primary- V standards)					88.45	99.37
4	Board Examination Result (Upper Primary- VIII standards)					74.05	97.83

In view of the above situation the education sector, has the following plan for the future:



The action points/ focus areas to achieve the vision by 2012 are as per the following:-

- To ensure that 100% children from anganwadi, directly enters the schooling system
- To facilitate that children's learning outcome level is improved at the aaganwadi level
- Ensuring active involvement of the community through various measures
- Mapping of the children out of the school and coverage through the remedial/ bridge course
- 1 Model school in each cluster (Sankul), with appropriate arrangement for quality education
- Utilising NPEGEL provisions, to ensure gender equity, fullest participation of the girls in elementary education, through the community involvement and ownership
- Appropriate education for the children with special need (differently able children)
- Ensure community action to ensure that under 14 children is there in school
- Special coaching classes for the quality improvement in the difficult subjects
- Establishing and promoting use of library in the schools

- Subject based training of the teacher and their evaluation to improve the quality
- Partially literate and illiterate to be covered through special coaching and examination to pass the board examination
- To fill the teacher's position as per the new set-up & arrangement of the teacher for computer training at the middle school level
- Filling infrastructural gaps (construction of the building in the remaining schools/ asharm shalas, along with major/ minor repairs in the old schools (window, doors etc.), boundary walls etc (coordination with the RES will be required)
- Efforts to encourage proper sanitation within the school which includes provision of proper water and sanitation facilities (in coordination with the PHE Department)
- Promoting time to time health check-ups, of children (in coordination with the health departments)
- Coordination with the RGGVY for the coverage of electricity in each school

## 2- Health:

The vision of the sector is to improve the availability of, and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. The district will also improve on the public health issues, by effective management of nutrition, safe drinking water and sanitation.

If we look at the indicators status regarding MDGs/ national goals, these are as;-

MDG	Indicators (/proxy)	MDG Target (2015)	National Programme/ 11 <sup>th</sup> 5 yr Plan (PC-2012)	Kanker	Remarks
<b>4: Reduce child mortality</b>	a-)Under-five mortality rate	41	NA	- (reporting/ recording issues) (State 90.3)	Off track (process need revisit)
	b-) Infant mortality rate (need's reporting process strengthening)	27	30 (PC)/ 30 (NRHM)	30.8 (reporting/ recording issues) (State 59)	Off track (process need revisit)
	c-) Proportion of 1 year-old children immunised against measles	85%	NA	96.30%	On Track
<b>5: Improve maternal health</b>	a-) Maternal Mortality Ratio	100	126(PC)/ 100(NRH M)	149 (reporting/ recording issues)	Off track (process need revisit)
	Proportion of births attended by skilled health personnel [ <i>b1-) Institutional births (%)</i> <i>b2-) Delivery at home &amp; other places assisted skilled health personal]</i>	85%	-	11.7(Insti. Delivery) & 14.1 (by Doctor/nurse/ LHV/ ANM )	Off Track
<b>6: Combat HIV/AIDS, malaria and other</b>	a-) 6.1 HIV prevalence among population aged 15-24 year [ <i>Number. of patient found to be with HIV +ve, in previous year (s)]</i>	-	-	53 cases (June, 03-March,09)	Off Track

<b>diseases</b>	b-) Prevalence and death rates associated with malaria (malaria deaths suffers proper under- reporting problem)	-	Reduction in MMR (NRHM)	16.26 (API)	Off Track
<b>7: Ensure environmental sustainability</b>	a-) Proportion of population using an improved drinking water source/	80.50%	drinking water security to every rural household by 2012	57% (household)	On Track
	b-) Proportion of the habitation Fully Covered (FC) under habitation survey (% quality affected habitation)	-	100%	100% (25% affected with water quality)	On Track
	c-) Proportion of population using an improved sanitation facility	72%	100% (TSC-2012)	27.51% (household)	Off Track

This is evident from the above status that out of the 10 indicators reviewed the district, is on track to achieve just only on 3 indicators, and there a strong need to work on remaining indicators.

So in above background the health department presented its present status as:

- The health infrastructure at the district level is as District Hospital -1, Civil Hospital- 1, CHC- 8, PHC- 28 & SHC -204. To reach to IPHS levels, various measures are required.
- The staff position in the PHC & CHC is as:-

Staff Position at CHC				Staff Position at PHC			
Name of Post	Sanction	Vacant		Name of Post	Sanction	Vacant	
	(nos.)	(nos.)	%	(nos.)	(nos.)	%	In %
Specialist Medicine	8	7	87	Medical Officer	56	8	14
Specialist Surgery	8	8	100	Pharmacist Grade	28	7	25
Gynecologist	8	8	100	Lab Technician	28	2	7
Pediatrician	8	6	75	Ophthalmic Asst.	28	28	100
Anesthesia	8	8	100	MPW (F)	28	2	7
BMO	7	7	100	Dresser	28	3	10
Medical Officer	16	0	0	None of the CHC has any gynaecologist, specialist-surgery, anaesthesia, BMO, nursing sister. So the huge staff gaps –are critical to ensure good quality services			
Nursing Sister	7	7	100				
Staff Nurse	25	6	24				
Male Supervisors	41	8	19				
Female Supervisors	48	13	27				

- The main source of the drinking water in 97% of the villages is hand pump and the district has approx. one hand pump for every 85 person (which is above the national norms)
- Though in terms of coverage for the drinking water nearly all the habitations are covered, about 1122 habitations in district (25%) are affected with the quality issues (excess of iron), excess iron may cause constipation and psychological disorder in the human body
- There is a need to update the status of the public places (panchayat bhawan, sub health centre, community centre, religious places etc) for the drinking water facility.

- In terms of the sanitation about 28% of the rural households, have access to toilet.
- In family planning, as per the DLHS III, - currently married women using any method were - 50.7%, while unmet need for the family planning was 18.5%
- Mothers who had at least 3 Ante-Natal Care (ANC) visits during last pregnancy (%) – 60.8%.
- In Institutional coverage for the toilet, status update mechanism is required for the Anganwadi, school & toilet coverage, at any given point of time
- For IMR/ MMR the process of arriving to the district level status requires standardization.
- The NRHM framework, stresses on FRU (District Hospital, CHCs) and 24x7 PHC for reducing maternal & child deaths and population stabilization.

The status of the FRUs in critical determinants is as per the following:

FRU (CHC Name)	EMOC					New born Care	Blood Storage Facility
	Status (Yes/No)	Anaesthesi a	Gynaecologist	Surgery	MD		
Antagarh	No	1	0	0	0	Nil	Yes
Charama	No	0	0	0	0	Nil	No
Koilibeda	No	0	0	0	0	Nil	No
Pakhanjire (Civil Hospital)	Yes	0	0	0	1	Nil	No
Bhanupratappur	Yes	0	0	0	0	Nil	No

The status of the 24x7 PHC on critical determinants, is as per the following:

Total No of 24*7 PHC	24 hours Delivery					Essential New born Care	Referral for Emergen cy
	Doctor	Anaesthesi a	Minimum 4 Staff Nurse	2 Ward Boy	1 Swee per		
10	11	0	0	0	4	Nil	3

- The status of the district in the child immunization related indicators is good (about 96.75% children are fully immunized)
- As per the latest DLHS -III(2007-08), main issues of concern, which also relates to many indicators (like IMR, MMR etc) are as:
  - 20.8% girls marry before 18 years
  - 34.6% of pregnant women gets registered in the first trimester
  - Institutional birth is 10.9% (Rural)
  - Home delivery assisted by trained health worker is 14.1%
  - Among child feeding practices - exclusive breastfeeding is practiced by 54.2%
- As per the NFHS –III (2005-06) status, there are 59.4% women and & 81% children in the state are anaemic.
- Mother who receive, post natal care within 48 hours of the delivery is 40.4%.
- There is need for the strengthening the specialised treatment and nutritional rehabilitation service for severely malnourished children.
- The API under malaria in the district is 16.26, which is among the highest in the state
- The district also has the persons who were identified to be living with HIV/AIDS, 53 cases (from June, 03 - March, 09), women who have correct knowledge of HIV /AIDS is 93.4% as per the DLHS 2007-08.

The district has a health index value of .280 (HDR 2005), which places the district on the 12<sup>th</sup> rank in the state. Thus in background of the status given above, it was felt that there is a great need of improvement in the health status by various measures. One of the strategies, is to make the FRUs and 24x7 PHC, to be fully functional, step by step at the earliest possible, so that the people in the district are assured of quality services availability at an affordable distance.

Under the sector by 2012, the key action points/ focused areas proposed are as per the following:-

- More stress on the community involvement in their own health, water, sanitation & nutrition related concerns, so that local initiatives brings a transformational change in the situation
- Promoting roof top rain water harvesting practices, for the drinking water and recharge etc
- Coverage of the iron affected habitation by the various measures
- Water and sanitation measures to minimize the disease burden significantly (incl. diarrhoea, malaria etc) up to 60% from present level
- Coverage of the remaining household (>70000 individual household toilets) under TSC, to be covered with the toilet, by 2012
- Coverage & update mechanism of each public places (sub health centre, panchayat bhawan, school and aaganwadi etc) with the adequate water and toilet facility
- Promotion of the individual self inspired bathroom for the personal hygiene
- Improving the institution related gaps to meet the basic IPHS requirements
- Early filling of the staff vacancies to ensure quality service
- Greater stress on making the FRUs and 24x7 PHCs functional - so as to achieve improve maternal health, reduced child mortality & population stabilization goals, more effectively
- Developing infrastructure to provide adequate services to address the unmet need for the family planning
- Special focus/ quality treatment mechanism for severely malnourished children require strengthening
- Improving on the early and compulsory registration of the pregnant women in the AWC (in coordination with the ICDS)
- Improvement in child feeding practices, neo-natal care, institutional delivery in the urban and rural area.
- Reduction in diarrhea, malaria, HIV/ AIDS incidences, through IEC & better coordination
- Working towards extending more care for the persons affected with the HIV/ AIDS.

### 3- Nutrition:

The vision of the sector is to ensure that the every person is able to receive the basis nutritional requirement locally and living a healthy life. The well nourished mother and children are growing in a healthy manner, by enjoying their deserved right from the society and other interventions.

The status of the district in MDGs/ National goals is as per the following:-

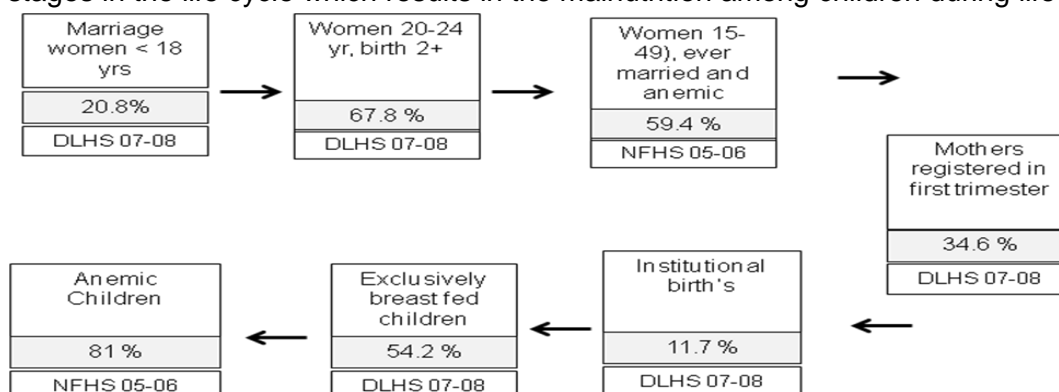
MDG	Indicators (/proxy)	MDG Target (2015)	National Programme/ 11 <sup>th</sup> 5 yr Plan (PC- 2012)	Kanker	Remarks
1 – Reduce Extreme poverty and hunger	a-) Prevalence of underweight children under-five years of age	27.40%	20%	50.28%	Off Track
	b-) Proportion of children under- 3 year of age	27.40%	20%	50.45%	Off Track

4: Reduce child mortality	a-) Infant mortality rate (need's reporting process strengthening)	27	30 (PC)/30(NRHM)	30.8 (state – 59 SRS 2007)	Off Track (Process need's revisit)
5: Improve maternal health	a-) Maternal mortality ratio (need's reporting process strengthening)	100	126(PC)/100(NRHM)	149 (state – 335)	Off Track (Process need's revisit)

The district has a higher proportion of population dependent on the agriculture and forest produces, considerable population has small and marginal land holding. In this background, to ensure basic nutrition to each and every household depends on many factors, which also relates to the livelihood sector also. If we look at the key indicators under nutrition- as underweight children, Infant Mortality Rate, Maternal Mortality Ratio, these are required to be addressed through the convergence under different programme.

Presenting on the nutrition sector's view the DPO, Women and Child Development said that, Gol, proclaimed a National Policy on Children in August 1974 which declared children as "supremely important asset". Tenth Five Year Plan quotes that- the future of India lies in the future of Indian children & Eleventh Five Year Plan focused on the need inclusive Growth. Representing the sector's status in the district he expressed the following concern;-

- There are a total 389 panchayats in the districts, which are being served by 370 Fair Price Shops (FPS). While the PDS is supplying subsidised food grains for the BPL families, the ICDS and MDM are also contributing for the children and pregnant women with supplementary nutrition.
- Limited livelihood opportunities, in the non agriculture sector also affecting the income level of the household.
- The malnourished children (under-weight children) in the district are just over 50%, which is a critical status. The children under normal grade, moderate malnourished and severely malnourished as per the March, 2009 status are 49.09%, 50.46% & .45% respectively. The disaggregated status in each janpad panchayat, has the similar trend. Besides it a proportion of the eligible beneficiary are also left out from being weighted.
- Under the reporting in the ICDS, only about .45% of the children are being reported to be severely malnourished, while the field visits reflects another sight at few instances.
- The alcoholism (local drinking habits), in the remote SC/ST regions also have influences on the parent's attention towards the children's need.
- As per the latest DLHS (2007-08), NFHS (2005-06) the following status reflects, us the stages in the life cycle which results in the malnutrition among children during life-cycle:



- The above table also reflects how/ why the progress at different stages of the life cycle, ultimately results in the under nourished children with poor learning ability & other psychological development.
- The high IMR of district is also attributed to the poor addressing to the nutritional needs of the children. As the AWC only serves the 30-50% of the nutritional needs of the children and mother, so a greater role is expected from the parents & community.
- In 90% of the AWCs the management of the nutrition is presently being facilitated by the SHGs.
- It was shared that if, we consider 16% as the standard population under 6 years (status at National, Chhattisgarh and Kanker level, as per 2001 population), it seems that a significant proportion (approx. 20-25%) of children may be left out from their rights due to various reasons.
- The involvement of the panchayat/ community (SHG) in the supportive monitoring of the aanganwadi services is poor. In the past also there were instances when the feeding interruption were, caused due to supply of the food grain.
- A significant proportion of total 1427 AWCs are still deprived of own building, baby friendly toilets, water facility, baby weighing scale etc. 345 AWCs are not accessible during rains.
- The urban wards in Kanker at present are not covered under ICDS
- Posts of 4 CDPOs and 24 Sector Supervisors are vacant at present,
- The availability of the specialised treatment for the severely malnourished children is limited.
- Still there are social traditions/ taboos/ customs like child marriages, male child preferences, gender roles etc, which also affects the well being of the children.
- The quality of the home counselling for the growth monitoring is also a concern.
- Limited use of the local available data by the local community/ panchayats/ AWCs is also a concern

Coverage of the children under ICDS		
0-6 year children	(in nos)	In %
Children as per standard (16% population of 2009)	112913	100.00
Surveyed	81829	72.47
Enrolled	81829	72.47
Benefitted	63497	56.23

In the above background, it was observed that the issues related to nutrition and other development needs of the children and pregnant women are of great concern on a right based approach. To achieve the gaps under the malnourished children indicator (from 50% presently to the 20% in 2012), one of the strategy will be to do efforts that the I grade children (which are about 33%), will be focussed for specialised attention to shift to the normal grade children.

The existing government programme like ICDS, MDM, PDS, RKVY etc, need to be linked to achieving the vision under the nutrition sector by 2012. In fact, the ICDS is a unique programme, which has potential to improve on many indicators linked with the MDGs/ national goals. In this context the following action points or focused areas were derived; -

- To improve & strengthen the timely and adequate availability of the PDS food grain for the households, aanganwadi, school etc.
- To identify/ validate the gaps of children's access to the AWCs, and increasing access through proposed new AWCs/ mini aanganwadi to achieve universalization of the ICDS services.
- Development of the mechanism to locate/ report the feeding interruption at the AWC, to effectively address the issue on time
- Promoting the social responsibility (by parents, SHGs, Community, panchayats) by promoting their supportive involvement in AWCs to ensure that each child is ensured his/ her right.
- Promoting social action to address evils like child marriages, alcoholism, gender etc
- Improving human resource gaps in ICDS by filling the vacant posts & maintaining status

- Improving the infrastructural facility (own building, coverage update of toilet/ water facility, baby and adult weighing scales etc), at the aaganwadi centres, through BRGF etc.
- Improving access to the 345 inaccessible AWCs, in the rainy seasons
- Ensuring early and compulsory registration and regular weight of each eligible children and pregnant women, by the aaganwadi center, through community action.
- To promote the self visioning at the local level (particularly by AWW/ PRIs), so that interventions can be linked with outcome at her level (as for example- reducing malnourished children to  $\underline{x}$  within next  $\underline{y}$  months etc)
- Focus on developing habits among children (hygiene, toilet use etc)
- Improving use of the existing data in the village with household/ community/ PRIs and improving quality of home counseling (sharing growth monitoring, immunization, pre – school education progress etc), to ensure their due attention
- Promoting the kitchen garden practices among the needy rural poor households.
- To establish mechanism/ provision for intensive treatment of the severely malnourished children (coordination with health department)

#### 4- Livelihood:

The vision is to ensure the sustainable livelihood to the local persons at the local level, by effective management of local resources (land, water, forest, cattle etc).

Under livelihood sector, with Income Index Value of .153, district is at 13<sup>th</sup> rank under the Human Development Index (HDR 2005). The position of the district against national goals/ MDGs is as under following:

MDG	Indicators (proxy)	MDG Target (2015)	National Programme/ 11 <sup>th</sup> 5 yr Plan (PC-2012)	Kanker	Remarks
1- MDG Eradicate extreme poverty and hunger	a-) Percentage of population below poverty line	18.75%	Rural (23%), Urban (5%) - PC	49%	Off Track
	b-) Prevalence of underweight children under-five years of age	27.40%	20%	50.28%	Off Track
7: Ensure environmental sustainability	a-) Proportion of land area covered by forest	-	33% (NEP 2006)	51.62%	On Track

In the above background, representing the sectoral view the Deputy Director, agriculture said that at the national level, we are expected to achieve a 4% annual agricultural growth rate. The district's working population is 55.14% and 87% of the districts' working population is engaged in the agriculture and allied sector. He said that irrigation facilities, seeds and fertilizers are the main inputs which can maximize the returns from the agriculture sector. In the livelihood sector, the status of the district is as

- About 68% of the villages of the district are mainly rain fed.
- Land holding pattern show that about 30.56% of total land holders, have an average size of only 0.58 ha (marginal holdings) and about 31.42% of the land holders have 1.66 ha (small holdings).
- The land productivity is affected, because of forest degradation, soil erosion, over exploitation of the ground water, poor land management etc.
- Net sown area (238635 hectare), as % of total geographical area is 36.52% and double cropped area is 9.92% of the gross cropped area.

- The major source of the irrigation is irrigation canal. The total irrigated land is 8.5% of the net sown area in Rabi and 20% of the net sown area in Kharif crop.
- Per hectare fertilizer use of the district is 51.52 quintal, which is approx. 30 point less than the desired 80 quintal/ hectare. There is also great potential of using other composting techniques (as vermin composting, NADAP etc)
- Traditional farming techniques are prevalent in the district, and the productivity under the main crops as in paddy etc, are not at the optimum level.
- District enjoys a good availability of the forest produces (as *tendu patta*, *bamboo*, *imali dhola*, *senha* etc), which also provides livelihood opportunities for the local villagers.
- Animal husbandry activities, provides supplementary income to the marginal farmers and agricultural labours particularly rural people belonging to SC /ST communities who are heavily depend on livestock activities for their subsidiary means of income and employment. However a small proportion of the cattle (milk producing) are of improved breed, so the milk productivity is also comparatively low.
- Besides being great potential, in the field of sericulture, fisheries, lac production and dairy etc, lack of technical know-how & the market support are among some of the major issues of concern.
- Though programme like NREGS also provides livelihood opportunity at local level and opportunity, but there is a strong need to improve utilisation under this programme.
- The district has an area of 2654 hectare under the fisheries, through 2285 ponds/ water storing structures,

Thus, it was reflected that forest and land degradation, poor land management, availability of the high yielding seeds, fertiliser use proportion and limited irrigated land etc, are among the causes behind the low and unsustainable returns in the agriculture & allied sector.

The main programme related to the poverty reduction are concern with the – RKVY, SGSY, NREGS, Nava Anjor etc, under which the main concern departments are as Panchayati Raj & Rural Development, Agriculture, Forestry, Horticulture, Water Resources, Animal Husbandry, Sericulture, Fisheries, District Industry Centre etc

It was shared by Executive Engineer, water resources that with 82 minor and 2 medium type structures, the district has 15910 hectare land under the irrigated area. In this continuation it was shared that we are presently using about 50% of the designed potential for the irrigation. It was also proposed to work on the watershed concepts in to optimize the results.

Thus in respect of achieving the national goals by 2012 as above, the key focus area derived for the above are as: -

- Watershed development approach to be promoted as, the basis for the land, water, forest management related interventions
- Measures for increasing the irrigation capacity to the optimum level, through different water harvesting structures & other measures
- Increasing the productivity under major crops and also diversification measures – by demonstration etc
- Exposure visit of the interested farmers to successful sites for the motivation
- Working for ensuring timely availability of required seeds, pesticides and technical support to the farmers from agriculture department
- Increasing water use efficiency in the agriculture sector through new technology like – sprinklers and drip irrigation

- Providing technical, marketing and other support to the interested farmers/ entrepreneurs
- Utilising the SHG's strength for their own economic and livelihood activity, based on the available resources in the nearby region.
- Under fisheries, along with community ponds, taking up measures to ensure that private land is also taken up in the fisheries.
- Promoting nursery raising and plantation activities, to augment the forest resources
- Emphasis on utilising livelihood potential through value addition in the forest produces,
- The horticulture and agro-forestry measures (through demonstration, market support etc)
- Dissemination of the successful example of livelihood initiatives, through documentation, media and other techniques
- Improving on the proportion of the improved breed cattle (milk producing) and increasing the per unit milk productivity
- Stakeholder's consultation and efforts for improving the utilisation under programmes like NREGS etc.
- The issues highlighted in livelihood sector of the draft DHDR will be addressed through suggested measures.

## 5- Energy:

The vision of the sector is Power for all by 2012.

Under this sector the representatives from the CSEB Kanker started their presentation with the vision of the sector. Under the sector aim of the national programme RGGVY is to ensure that 1-) electrifying all villages and habitations (>100 population) 2-) providing electricity connections to Below Poverty Line (BPL) families free of charge who are included in serve list of 2002. The definition of the electrified village was shared with the stakeholders as – basic infrastructure provided, public places covered and at least 10% households are provided electricity connections. Similarly by, CREDA the villages/ habitation have to be covered with the solar lights, where the electrification could not be possible because of forest and other infrastructure constraints.

The status under the sector is as per the following:-

- Out of total proposed 106 villages (with constraints related to forest) to be covered the CREDA, 11 has been covered by through solar power station and 66 through home lightening system). Few solar water heater, were also installed by the CREDA, in the district.
- More than 2000 Bio gas plants have been installed by the CREDA in the district.
- Out of total 947 villages taken under the RGGVY, the survey work has been completed for 807 Partially Electrified (PE) and 4 De Electrified (DE) villages.
- Erection work is scheduled to start from second week of July, 2009
- In the material management under the RGGVY, it was shared that, all the material (including all lines) has been procured, while transformers and poles are awaited and the process in the final stage.
- In one of the concern shared under RGGVY, it was said that non existence of the BPL cards, with many households also creates problems while cross checking during field surveys etc.
- In RGGVY, among the anticipated challenges/ concerns were shared as: – 1-) In the affected region- the issues related to transportation (in remote area), material and manpower safety 2-) the procedural req. of following of the strict REC standards.

In RGGVY, under the support required was shared as 1-) the clearance would be required from forest department at the time of erection & a completion certificate would be required from Gram

Panchyat (Sarpanch) after completion of village. The proposed actions/ focus areas by 2012, under the sector are as:-

- All the habitation above 100 population will be covered by electrification under RGGVY.
- All the remaining villages/ habitation will be covered by the CREDA during 2008-09.
- Promotion of the non conventional energy sources and ensuring more demand and coverage for the solar panels
- Promotion for more bio gas plant for the eligible & interested household and reduce the burden on the forests for fuel wood.
- As per latest guidelines from Gol to NHPC Ltd.- a target of minimum 2000 connections of BPL consumers is fixed for the period next 100 days.
- In the scope of work under the RGGVY, following is proposed to be taken up by July, 2009
  - Total length of 11 KV line : 672.6Km
  - Total length of LT line : 366.8Km
  - Total No. Of Transformers : 1181 No
  - Total No. of BPL Connections : 35000
  - Augmentation of 33/11 KV S/s : 4 no.

## 6- Infrastructure:

The vision of the sector is to develop sufficient infrastructure in the districts, so that that each citizen receives the basic quality services, from various institutions and through new developmental works.

Presenting the sector's view under the sector Ex. En, PMGSY said that PMGSY aims that all the habitations, Public institutions (PHC, Gram Panchayat, Schools, Tourist spots etc) over 250 population, in the districts are connected through all weather roads. Under the sector the status was described as:-

- A total of 387 habitations were proposed to be covered under PMGSY, with a length of 1030 kms road length, & till now 246 habitations have been covered with a road length of 622 kms.
- In 65 roads the work is under progress, whereas for 38 roads the tender have not been received so far and 2 were cancelled at the government level.
- Under the structures for irrigation, the district is using 50% of the designed capacity and there is a scope to improve the irrigation area to over 30,000 hectare
- Besides, being great potential, the rain water harvesting through roof top is not prominent in the district at present.
- Still there are aaganwadi, sub health centre and other public institutions, which don't have their own buildings.
- In the urban area of Kanker- about 10 wards don't have proper drainage system and another 5 wards require to be covered for the proper water arrangement.
- Many of the BPL from the urban area are still without proper housing facility.

By 2012, the proposed action points/ focus areas under Infrastructure are as:

- Ensuring timely coverage of the remaining habitation (> 250 population), with all weather roads
- Maintenance of the existing structures and taking up the new water harvesting structures for the expansion of the irrigation area
- Promotion of the roof top rain water harvesting in the public buildings and the individual household
- Covering of the remaining public institutions to have their own building
- To ensure the proper drinking water arrangement in all urban wards

- To ensure proper drainage and waste disposal mechanism in the urban areas
- Covering the infrastructural gaps of the various sectors

## 7- Civil Rights and Empowerment:

The vision of the sector is, to ensure that each of the citizen is enjoying his/her basic right as a human being, with adequate development and growth opportunity, and ultimately contributing to a healthy society. In turn, it is visualized that the deprived section of the society (SC/ST, women and children etc), receives special attention in an equitable manner, to optimize their fullest potential with freedom, respect and dignity.

Assistant Commissioner (Tribal), presented the view of sector and said that the tribal department is committed to ensure the good quality of the basic services to deprived section of the society especially the SC/ST of the district. She said that there is a need to utilize every opportunity to ensure that that the weaker section (specially children, women) are ensured their rights.

Under Civil Right issues, the status is as per the following;

- There are 100 hostels and 72 asharm shalas, which are providing the education and development opportunities to the girls in the remote tribal region
- Under ICDS/ SGSY, Nava Anjor scheme etc, various women self help groups, are engaged in the economic activity and participating in their own development process.
- Under Saraswati Cycle Yojna, each of the eligible SC/ST has been provided with the bicycle, whereas the coverage of the beneficiaries from the OBCs is in progress.
- Still there is a need to ensure that each panchayat registers. the new birth in time and the birth certificate is given on time.
- Still there are the instances of social evils related to the child marriages, dowry, male child preference, gender discrimination, alcoholism, child labour etc which are constraints for the development.
- As per the findings of latest DHDR, 2008 the issues related to the human development like-livelihood, health and educations not get's required priority at the level of the community/ Panchayats.

The proposed activity/ focus areas proposed under the civil rights are as; -

- To take measures so that society recognize, that children are most valuable assets of society.
- To promote the awareness about the National Laws/ Convention on the Child Rights and other laws related to the socially deprived section
- To promote community/ panchayat level social action, to ensure that children, women and deprived section receives greater priority at the local level
- More active community/ Panchayat participation in effective enforcement/ operationalzation of the laws related to child marriages, PCPNDT, fundamental right of primary education, child labour laws, Juvenile Justice laws etc.
- To ensure that no child is deprived of his/ her basic rights of development and elementary education
- The persons requiring special attention (widow, lonely, physical and mentally challenged persons etc), are addressed adequately
- The persons affected with the HIV/ AIDS and their families are being ensured proper social and government support

- To ensure that each new birth is registered within 21 days at the panchayat and receives the birth certificates
- To ensure that each of the eligible mother & children is registered in the Anaganwadi centre, and receiving good quality of services
- To ensure that social evils are addressed adequately through community actions
- To ensure adequate support to the women SHGs, so that they are actively engaged in the economic & other development activities, and working in a more effective and efficient way for their own development.
- Promoting that more and more Fair Price Shops (FPS), are being efficiently managed by the Women SHGs
- Women's status, participation and active role is encouraged & strengthened in the gram sabhas and other community decisions

### **Key Steps proposed (across the sectors):**

In reference to the visioning process under key 7 sectors, the following activity would be instrumental to achieve the desired outcome under each sector:

- Improved and desegregated situation analysis & its use in decision making
- Strengthening use of ICT (Information Communication Technology)
- Strengthening and institutionalizing decentralised planning processes
- Promoting result based planning and management
- Improve resource's mobilization and utilisation
- Identifying clear activity of convergence
- Capacity building as per the requirements
- System strengthening measures
- Strong IEC measures/ initiatives across different key sectors
- Knowledge building & dissemination measures
- Strengthened concurrent monitoring and evaluation processes
- Promotion of local partnership

### **Concluding Remarks:**

The visioning process aims at the integrated review, priority settings, planning and management at the district level, so that the key expected results are achieved with the convergence across programmes and actions. The process of visioning taken up at the district level would also be followed by the visioning exercises at the Janpad/ Nagar Palika/ Nagar Panchayat level and at the panchayat & wards (village/ urban) level. Visioning exercises thus will lead to the integrated and decentralised planning, which will be strengthened in the coming years.