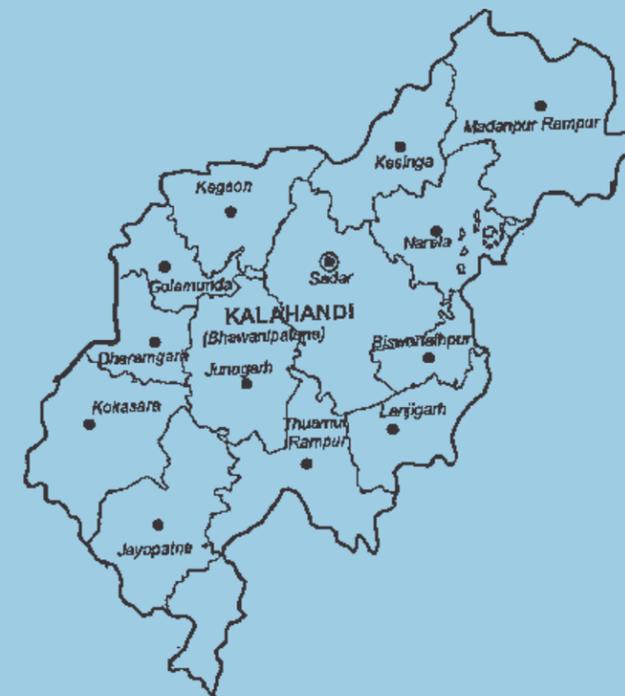


PEOPLE'S CHARTER OF DEMAND: KALAHANDI DISTRICT ODISHA STATE BUDGET 2015-16



District Level Pre-budget discussion is a platform where common people's needs, priorities and aspirations are consolidated and put forward to be recognized at state's budget. It is an attempt to amplify people's voice in favor of a participatory and pro-poor budget. This process helps in understanding district's urge through budget analysis and discourse with political activities, media, civil society organizations, government officials and the community.

This document is a Charter of Demand which represents about challenges faced by Kalahandi and possible budget provisions is expected to be made during budget 2015-16. These demands are derived through intensive research conducted by the District Budget Watch Group, Kalahandi and inputs gathered from different district level citizenry processes.



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DISTRICT PROFILE

Kalahandi is one of the backward districts in Odisha located in the Southern part of the State. It is bounded by Bolangir district in south Kandhamal district in east and Nuapada district in the west. The district has an area of 7,920 99 km². With a population of 15, 73 lakh as per census 2011. The average literacy rate of Kalahandi is 60.22 percent having male literacy rate of 73.33 percent and female literacy rate of 47.27 percent.

Issues like Elementary Education, primary Health, Livelihood, Tribal Sub Plan and ICDS needs immediate attention by the Government in order to achieve a balanced economic goal for the district. Government needs to allocate more funds through different innovative schemes towards reducing the incidents of migration, minimizing the dropout rate in elementary education, providing better livelihood options and to control malnutrition among children and women in Kalahandi.



ELEMENTARY EDUCATION

Education, on one hand, improves the quality of life of the people through changes in their views, attitudes, perceptions and understanding. On the other, improves livelihood opportunities and improve major development indicators of a district. There is also deficiency in adequate number of trained teachers in schools. Many schools are running without having Teaching Learning Materials aids which are required to ensure quality education to the students. Additionally, several schools do not have the Vocational Training facilities.

- Budget provision is to be made for the construction of 245 Primary schools and renovation of school buildings, separate boys' and girls' toilets (No toilets for girls' in 1,705 schools and common toilets in 1,386 schools), adequate play ground (No play ground in 2,126 schools out of 2,423 schools), separate class room for each class in primary school. Additionally, state needs to allocate budget to repair the building of Residential schools running in poor infrastructure.
- Budget provision is to be made for the supply of safe drinking water to the 173 Schools, kitchen sheds in 1,611 schools and boundary walls in 1,266 schools.
- Budget provision is to be made to procure indoor and outdoor playing materials and construction of ramp in 1,298 Primary schools.
- Budget provision is to be made for training to 3711 untrained teachers.
- Budget provision is to be made to all schools to meet the facility and infrastructure standards as per RTE norm.
- Budget provision is to be made for appointment of Mother Tongue based Educators in tribal areas.
- Budget provision is to be made for procurement, planning and preparation of teaching and Learning Materials, Teachers are to be trained in this regard.
- Budget provision is to be made for vocational training programs.
- Budget provision to recruit teachers in sanctioned positions as well as to appoint new teachers.



EARLY CHILDHOOD CARE & DEVELOPMENT

Despite lot of development programs, the present condition of the area is austere. It has Maternal Mortality Rate of 358 and Infant Mortality Rate of 65 (Source: NFHS 3). This has a direct bearing on the pregnant women and children in the age group of 0-5 years who are unable to

get out of the cycle of poverty. Home delivery is mostly preferred over institutional delivery. They also do not receive timely ANCs and PNCs Neonatal sepsis is frequent and contributing significantly to the infant mortality. Low birth weight and improper nutrition are prominently manifested among children less than three years. Similarly, lack of personal hygiene, lack of parental care and lack of conducive environment for education have adverse affect on children's development in Kalahandi. Apart from this, ICDS and health services available to the villages are not up to the standards. Hence, children seem to perennially suffering from cough, fever and diarrhea. All these make children vulnerable to both internal and external environments.

- Budget provision is to be made for the construction of 772 AWC buildings (out of functioning 1,830 AWCs only 1,058 AWCs have own buildings) in Kalahandi.
- Budget provision is to be made for the supply of safe drinking water to the 1,281 AWCs (559 AWCs having safe drinking water facilities). Provisions are also to be made in each AWC to supply chlorine tablets and other disinfectants for water purification.
- Budget provision is to be made for construction of toilets in 952 AWCs (having 105 toilets in own building) and also construction of Kitchen room in 624 AWCs along with supply of cooking equipment in these centres.
- Budget provision is to be made for supplementation of play material and Pre School Education Kits in each AWCs.
- There should be provision to organize the Village Contract Drive in all remote pockets of Kalahandi to educate them about hygienic behavior, child rearing practices, child mortality issues and promote Institutional linkages.
- In 2012, Gram Panchayat level "Village Contract Drive was organized to educate people about hygienic behavior, child rearing practices, Child mortality issues and for the promotion of institutional linkage. There is a need to allocate budget for Village Contract Drive at all remote pockets of Kalahandi to generate greater awareness among people on health related issues.

PRIMARY HEALTH

Health is one of the major component of human development .People residing at remote & rural areas are not able to access the basic health services. The mobile health service facilities also in accessible for the interer pockets. Government has facing difficulties to control diseases like Jaundice, sickle cell anemia, malaria and prevention of malnutrition. Almost 80 percent Households do not have toilets. The hospitals & other health centers in the district need immediate attention by the State. These establishments are suffering severely from lack of infrastructure development, deficit of medical and para-medical staffs and unavailability of safe drinking water facilities. The primary health care units are also suffering the inadequacy of Ayurvedic medicines as required by the AYUSH doctors. The primary health service providers

are even not properly trained to ensure quality in basic health services like Antenatal and Post Natal Care. Less Importance is given to the indigenous medicines and there is hardly any linkage existing between district hospital and Ayurvedic collages and Badyasangha.

- Budget provision is to be made for the construction of additional sub centre , permanent infrastructures like own building, boundary walls, electricity facilities, water facilities and appropriate rooms as per IPHS norm to all type of health institutions in Kalahandi.
- Budget provision is to be made to recruit Doctors, Pharmacists, Staff Nurses, Ayurvedic and AYUSH doctors and paramedical staff in Community Health Centers, Primary Health Centers and District Headquarter Hospitals as specified by Indian Public Health norms.
- Adequate provision is to be made for the training of ANMs and other related health workers to ensure quality health services.
- Adequate provision is to be made for the allotment of required and additional beds at PHC, CHC and district hospital.
- Budget provision is to be made for additional Ambulance facilities i.e 108 and 102 to tribal dominated PHC i.e M. Rampur, Lanjigarh, Thuamul Rampur and Narla.
- Adequate provision is to be made to strengthen the monitoring system at ground level health care centers for quality Health service.

AGRICULTURE & LIVELIHOOD

The undivided Kalahandi, belonging to KBK districts of Odisha, is one of the poorest regions of the state with a large tribal population. Kalahandi has been in the lime light due to various man and nature made problems. Recurrence of drought, epidemics, starvation deaths and mass migration have become a way of life for a large segment of population in this district. The scenario of agricultural productivity in Kalahandi during last 27 has not been encouraging. To increase the agricultural productivity in Kalahandi, the emphasis needs to be laid on land reform measures (consolidation), technological



changes, infrastructure development (mainly irrigation) and adequate flow of funds to agriculture. Above all, priority will have to be given on to generate agricultural resources and educate farmers on emerging technologies to make varieties and breeds of crops suitable to the geo-climatic conditions of Kalahandi. At the same time, it is necessary to bring about changes in the attitude of farmers and aware them about selection of crops and new farming methods.



Agriculture is the prime source of livelihood in Kalahandi. This district is the second highest producer of paddy next to Bargarh and highlight producer of pulses in the State. But per capita income of this district is only Rs.17,456/ as against the State coverage of Rs. 25,584 / and it stand at 22 position amongst 30 districts of the state as per economic survey report 2011-12 of Odisha.

The following recommendations are being made under agriculture and livelihood.

- Budget provision is to be made for the construction of cold storage facility at each block level to preserve their perishable agriculture products at subsidized costs.
- Budget provision is to be made for providing training to the farmers on modern and scientific technologies of farming and also to take an initiative for establishing Resource Centre at each Gram Panchayat and Block Headquarters.
- Budget provision is to be made to establish soil testing laboratories at each Block Head Quarter so that the farmers can cultivate the crops as per soil testing report.
- Budget provision is to be made to promote and initiate SRI (System of Rice Intensification) method of paddy cultivation which involves less investment and greater production.
- Budgetary provision is to be made to construct roof of the mandi to save the paddy during sales.

- Budget provision is to be made for irrigation facilities for at least 30 percent of total cultivable land at each block through robust and systematic approaches.
- Budget provision is to be made for Special incentive for goatry, fishery, poultry, dairy, cultivation of pulses and soil seeds and fruits orchard through easy loan provisions by commercial banks with significant subsidies.
- Budget provision is to be made for incentives in the form of easy loan facility to farmers for production and use of organic farming.
- Budget provision is to be made for establishing cotton processing unit which most part of this district is favorable for cotton production.
- Budgetary provision is to be made for crop insurance of the farmers to get the compensation against natural calamities budgetary provision is to be made for establishing NTFP processing units at each G.P level where Non Timber Forest Product NTFP is available.
- Adequate provision is to be made to aware the general public on various Govt scheme and programmes beneficial to them which will support them for their better livelihood.

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