

**Title:** Boons of Government Schemes on Primary Education and Health in Rural India – a case study in Latehar District, Jharkhand

**Topic of the case study:** Induced social mobilization in area once known as ‘red-corridor zone’ by Panchayat leaders with supports from local NGO for availing the facilities of Primary Education and Health to reverse poverty-stricken situation

**Name of the researcher/ organisation:** Dr. Elyas Majid, Dr. Seema Nath, Shramajivi Unnayan

**Thematic area of the case:** The changed scenario in primary education and health by the collaborative interventions of Gram Panchayat and NGO

**Name of the Gram Panchayat, District, State:** Tarwadih Panchayat (Sadar Latehar Block), Latehar District, Jharkhand

### **Abbreviation**

CBO	Community Based Organization
NGO	Non-Government Organization
SMC	School Management Committee
PRI	Panchayati Raj Institution
ER	Elected Representative
SC	Scheduled Caste
ST	Scheduled Tribe
VEDIC	Voluntary Education Development and Integrated Cultural Society
BPL	Below Poverty Line
ICDS	Integrated Child Development Scheme
MFP	Minor Forest Produce
ANM	Auxiliary Nurse Midwives
MDM	Mid Day Meal
NRHM	National Rural Health Mission
SSA	<i>Sarbashiksha Abhiyaan</i>
VHC	Village Health Committee
CHC	Community Health Center
PHC	Primary Health Center
PHSC	Primary Health Sub-Center
MCWC	Maternity and Child Welfare Center
ASHA	Accredited Social Health Activist
MHC	Mobile Health Clinic
FWC	Family Welfare Center

### **Glossary**

<i>Anganwadi Center</i>	Government run mother and child care center in village
<i>Bal Sansad</i>	Child parliament
<i>Balwadi Center</i>	Crèche
<i>Daliya</i>	Nutritious porridge
<i>Gram Pradhan</i>	Head of the village
<i>Gram Sabha</i>	Village council

<i>Gram Shiksha Samiti</i>	Village Education Council
<i>Jal Mitra</i>	Local water management volunteer
<i>Krishi Mitra</i>	Volunteer working for farmers' welfare
<i>Mata Samiti</i>	Women-led organization to monitor health related programmes
<i>Mukhiya</i>	Village council chief
<i>Krishi Mitra</i>	Volunteer working for farmers' welfare
<i>Panchayat Sewak</i>	Volunteer working for the Panchayat
<i>Rojgar Sewak</i>	Assistant to technical person carrying out MGNREGS and other official works
<i>Sahiya</i>	Similar to ASHA
<i>Saraswati Bahini</i>	MDM management committee
<i>Sarbshiksha Abhiyaan Yojana</i>	Campaign ensuring 100% enrolment of school children Scheme

## Executive Summary

The undeniable importance of primary education as the pillar of moulding future roadmap is the sole reason why government and non-government agencies give emphasis on the quality of primary education responsible for paving the intergeneration development pathway. The holistic progress of the younger generation can be strengthened by delivering quality education, increasing enrolment and reduction in drop-outs. Hence both the central and the state government exercise rigorous efforts ensuring the easy accessibility of quality primary education to all children. The increased number of student enrolment is the cumulative effect of the attempt made by primary education system thriving to ensure the easy delivery of quality education to children below 14 years and different programs, schemes working toward the goal of achieving education as one of the basic rights.

Rural education and health sectors observe many challenges caused by lack of awareness, financial burden, infrastructural inadequacy, administrative indifference etc. **The present case study reports the success story of improvement in primary education and health at Tarwadih panchayat, Sadar Latehar block in Latehar district.** The study narrates strategies to overcome these obstacles by joint efforts of community-based organizations (CBOs), school management committee (SMC) and non-government organizations (NGOs). The study area connected only by roads is situated in Latehar district, one of the Maoist-hit areas. **The main problem in the primary schools of Gurgu, Orwai, Lundi, Hartua and other adjoining villages was low level of attendance caused mainly by three reasons- i) lack of school boundary drew open-grazing causing untidy condition, ii) misunderstanding caused by the step of linking Aadhar cards with school register and iii) absence of pucca roads to reach schools.** Almost all the issues were raised in *gram sabha*, some were discussed for taking measure and some remained unaddressed. Without any administrative assistance the CBOs, *Saraswati Bahini*, *Mata Samiti*, *Bal Sansad*, SMC and *Gram Shiksha Samiti* put efforts in alleviating the situation. In case of primary health facilities were often unavailable due to absence of medical persons, necessary materials. The communication system being poor, patients could hardly afford medical services. Lack of knowledge about care, treatment, routine immunization, nutritional uptake of pregnant women, lactating mothers, new-born child worsened the situation. The quality of dry-food available at centers was beyond consumption. **Continuous meetings among the members and villagers, interaction with the parents, family members resolved the issues.** Funds were raised by themselves and the villagers along with the teachers, students took active part in construction work. The necessity of linking Aadhar cards when made understood by the villagers, regularity in attendance was observed. These interventions increase the student enrolment appreciably. On the other side capacity building of village health workers, and monitoring the health activities by the Panchayat has regularised the health situation to some extent. These interventions taken to improve the situation of availing primary education and health facilities in the rural areas can be marked as a distinct example to be followed in other such areas.

## **Introduction**

The significance of primary education is undeniable; it builds the basis of acquiring further education and assists in moulding future roadmap. That is the sole reason why government and non-government agencies give extra emphasis on it. The quality of primary education paves the intergeneration development pathway leading to a holistic progress of the community thereby strengthening various sectors of the country. Hence both the central and the state government exercise rigorous efforts ensuring the easy accessibility of quality primary education to all children. The increased number of student enrolment is the cumulative effect of the attempt made by primary education system thriving to ensure the easy delivery of quality education to children below 14 years and different programs, schemes working toward the goal of achieving education as one of the basic rights. Out of numerous interventions applied in the education sector many remain successful in facilitating improved way of educating students though many gaps are still left for developing this sector creating an urgent need of innovative methods applicable for the same.

The progress of a community not only depends on the quality of education but also on the overall status of health starting from neo-natal care. The rural child mortality rate has seen a marked decrease in the last few years due to enormous campaigns by the government-led various health care systems especially for rural mass. Along with the establishment of health centers for both mother and child, the programmes also target to build capacity of rural health volunteers.

Jharkhand is also not an exception in the development and spreading of primary education and health. The educational work gets momentum through *Sarba Shiksha Abhiyaan* (SSA) program and the results can be vividly seen in terms of increased literacy rate, increased number of students enrolled in schools and a significant reduction in school drop-out cases which can be accounted as indicators of positive changes in the primary education sector. While investigating the education system in Jharkhand, one of the interesting facts which emerges out from the study is that the long deprived category of communities are now getting the light of education and most of the students of those communities are first generation learners. Earlier children who were unable to reach school due to various reasons are now getting enrolled in nearby schools and a remarkable increase in the number of students has been observed in the last few years. Programs like SSA and Mid-day meal (MDM) contribute hugely to this success. The much publicized SSA creates an enormous mass awareness and is believed to catalyse the change. Also respective gram panchayat is assumed to play a vital role in many cases. The roles played by non-governments (NGOs), community based organizations (CBOs), and village level women associations are undeniable. The joint efforts of all of the organizations working in their respective stages are successful in bringing this change. Under the SSA program and the Panchayati Raj Act, the responsibilities imposed on *Gram Shiksha Samiti* encompasses creating a activity and right based network between panchayat and government school related matters. This step opens up new possibilities of developing school education system and creates the atmosphere of people's participation leading to the expected progress in the last decade. Social intervention in the formation of school management committee (SMC) and deciding its probable role and responsibilities has

markedly improved the quality of school education. *Gram Shiksha Samiti*, panchayat and concerned government departments also share responsibilities in the overall betterment of school education system, increasing the number of school going students, ensuring regular classes, teaching quality, learning process etc.

Under the NRHM (National Rural Health Mission) programme providing ‘accessible, affordable and accountable quality health services to the last person of the last household of the last village’ has been taken as the main objective. Along with routine immunization, various schemes are being launched to maintain the health of new-born children, pregnant women, lactating mothers. Special care has been opted for rural health care by setting up Village Health Committee (VHC) to monitor the activities of health centers, sub-centers, Auxiliary Nurse Midwives (ANMs) etc.

#### Reason behind choosing the area:

The better picture of school education and primary healthcare system by the joint aid of CBOs, NGOs, gram panchayat, SMC, villagers, women associations has been observed in Tarwadih panchayat of Latehar district. The case study presented here depicts the problems faced by the children, villagers, reasons behind them and how they themselves solve those problems with the help of the aforementioned agencies. The area chosen for the study, Tarwadih Panchayat is located 8km from Latehar, connected only by roads and used to be one of the maoist-stricken areas known as ‘red-corridor zone’. **In 2001, Latehar carved out of Palamu district, was identified as one of India’s poorest 100 districts in 1997 by the government. For years, landlessness and graft in public schemes forced the villagers to migrate for more than 6-months to work on landowners’ farms in other states in exchange for food-grains.** The panchayat consisting of 10 revenue villages are again composed of several hamlets. There are 15 wards in the Panchayat. Apart from ward members, each village has their traditional leaders. Also one *panchayat sewak*, one *rojgar sewak*, one lady supervisor, ANM personnel, eight *sahiyas*, nine *anganwadi* workers, three *jal mitra* and five *krishi mitra* are present to carry out day to day activities in the panchayat. Demographic details of the Gram Panchayat in given in Table1.

Table 1:

Village Name	No. of HH	Total Population		SC Population		ST Population		% Literacy Rate		Total Worker		Main Worker		Mar. Worker	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Orwai	113	263	272	0	0	259	265	73.21	41.01	125	126	45	4	80	122
Bingada	190	453	460	23	30	373	371	58.31	34.87	240	239	37	22	203	217
Lundi	121	321	299	75	74	216	195	67.44	53.65	160	150	4	15	156	135
Baheratanr	27	53	70	0	0	53	70	67.50	44.07	26	35	2	2	24	33
Orea	73	189	210	0	0	177	198	82.67	43.21	95	99	0	3	95	96
Kone	104	226	220	28	27	179	178	40.80	25.88	116	113	82	56	34	57
Nareshgarh	176	446	463	45	51	376	390	61.32	44.81	205	180	205	177	0	3
Hartua	77	176	210	2	6	168	196	47.01	36.67	94	112	64	18	30	94
Gurgu	130	314	420	0	0	68	90	66.93	42.94	138	185	2	2	136	183
Tarwadih	473	1193	1165	227	216	120	121	76.63	49.22	615	470	210	95	405	375

In spite of having abundant mineral resources poverty, malnutrition, unemployment, migration and other social evils only worsened the situation. Consecutive maoist attacks in the area destroyed schools eliminating the possibility of educating the younger generation. Counter-attacks were also remained fearful to them. The fear of abduction, beating to death, explosions made the commoners got imprisoned in their houses. Drastic steps taken by the government mitigated the condition but migration rate was on a rise. The Economic Survey of India has revealed that Jharkhand lost close to 5 million of its working age population between 2001 and 2011 due to migration. More than 5% of the working age population migrates annually to other states in search of better employment opportunities, education or because of loss of traditional livelihood. The net outflow of the working age population is the highest among states in the country. The presence of an NGO, VEDIC Society slowly started working in the area with a purpose of reversing the scenario with the help of local village government. Their collaborative works of 12-15 years is successful in changing the prevailing situation in parts. The initiatives taken by them to improve the condition may set an example of resuscitation to be followed.

### Methodology

Focused group discussion (FGD) with women groups was used to study the cumulative efforts by local organizations and Panchayati Raj system in the sector of primary education and health in Tarwadih panchayat. Several schools were visited for data collection purpose and while interacting with local people thorough discussion was followed along with structured questionnaire to gather the facts of their working process, inspiration/motivation to direct themselves in that work and their efforts to carry forward the initiatives. Panchayat representatives, social workers, *anganwadi* workers were also questioned to know about their roles, responsibilities and participation in the same. Secondary data has been collected from the different sources such as register books, articles and official websites. The data was analysed using both text and video versions. These were further verified by cross-questionnaire set before documenting. The details of the persons considered for the interview are given in Table 2.

Table 2:

Name	Age	Social background	Economical background	Years of experience in the participation of social and political institutions and motivating factors
Mrs. Renu Devi	39	Member of Panchayat <i>Samiti</i>	Home-maker	She has been elected as member of Panchayat <i>Samiti</i> from Bingada village of Tarwadih panchayat in 2015. Her association with the local NGO makes her understand the importance of educating the children and since then she has been actively involved in bringing changes in her village.
Mr. Sujit	40	Member,	Educational	He has been working in the area under

Kumar		VEDIC Society	Project head, VEDIC Society	educational project taken by his organization.
Mrs. Kaushalya Devi	45	<i>Anganwadi</i> worker	Home-maker	She has been working as <i>Anganwadi</i> worker since 2002 just after the formation of the center in Orea village, Tarwadih panchayat. Her determination of continuing this center even during adverse times is successful in maintaining the same. Till date she visits door-to-door and keeps on motivating the villagers to send their toddlers in the center.
Mrs. Taramani Devi	35	Member, <i>Mata Samiti</i>	MNREGA worker	They remained in the <i>Mata Samiti</i> since its formation in 2002. But their interaction with the local NGO through training programs enables them to monitor the <i>Samiti</i> for the improving the health related issues and they regularly meet ANMs working in their area. They were active members of SSA and were engaged in enrolling numerous students in their respective villagers.
Mrs. Rajmani Devi	32	„	„	
Mr. Juleswar Lohra	30	<i>Mukhiya</i> , Tarwadih Panchayat	Farmer, MFP collector	He has been elected in 2015 and since then he carefully looks after ICDS and MDM schemes in his Panchayat.
Mr. Ramdhani Prasad Yadav	48	Teacher, Kone School	Teacher	He has been in teaching profession for the last 15-17 years through several transfers and keeps on understanding the parents to send their children to school.
Mrs. Gyanbati Devi	42	Secretary, SMC	Home-maker	Both of them are designated members of SMC of Orwai Primary School for the last 3-4years and actively working with local NGO to promote educational awareness in their village. They continuously interact with other villagers to stop drop-outs and monitor the regular presence of both teachers and students.
Mr. Rajeswar Mistri	45	President, SMC	Farmer	
Mrs. Pramila Devi	40	President. <i>Saraswati bahini</i>	Farmer	She has been looking after the MDM scheme long before she was chosen as the President of <i>Saraswati Bahini</i> in 2016.
Mr.	30	<i>Up-mukhiya</i> ,	Farmer	He has been elected in 2015. He



Private High School	0	0	0	0	0	0	0	0	0	0
Govt +2 School	0	0	0	0	0	0	0	0	0	0
Private +2 School	0	0	0	0	0	0	0	0	0	0

Though atleast one government primary school is present in each village, the schools used to lack proper number of teachers, observed excessive drop-outs due to various reasons.

For examples, Hartua village in Tarwadih panchayat is populated by tribals, *dalits* and other backward communities who mostly work as daily labourers. The only primary school in the village had severe drop-out issue and students often left their education midway in order to support their householders for earning livelihood.

The scheduled tribe populated village- Nareshgarh is surrounded by hills. The middle school has 56 students enrolled. Total 70 children and teenagers of 6-20years live in the hamlets. The villagers never paid attention to education, health and other sports activities

As per the District Census Handbook the details obtained about the primary health services are given in Table 4.

Table 4:

Village Name	CHC	ICDS(Nutrition Center)	PHC	Anganwadi Center	PHSC	MCWC	ASHA	MHC	FWC	Traditional Practitioner	Medical Practitioner
Orea	c	X	c	X	b	c	X	c	c	0	0
Kone	c	X	c	X	b	c	X	c	c	0	0
Orwai	a	X	c	X	l	c	X	b	c	0	0
Lundi	c	X	c	X	a	c	X	c	c	0	0
Bingara	c	X	c	X	a	c	X	c	c	0	1
Baheratanr	c	X	c	X	a	c	X	c	c	0	0
Nareshgarh	c	X	c	X	a	c	X	c	c	0	0
Hartua	c	X	c	X	a	c	X	c	c	2	2
Gurgu	c	X	c	X	a	c	X	c	c	0	2
Tarwadih	a	X	b	X	l	b	X	b	b	0	1

'X' denotes presence of the service in the village; 'a', 'b', 'c' denote service available <5Kms, within 5-10Kms and >10Kms from the village.

From the data it is evident that ICDS, Anganwadi Center and ASHA are available in all villages of the Panchayat. But all other facilities like CHC, PHC, MCWC, MHC, FWC are mostly located more than 10Kms away from most of the villages. Presence of traditional healers has become rare as people are getting more inclined to allopathic medicines. Medical practitioners are found working in few villages also.

Triggering situation:

As mentioned earlier, this maoist-hit area was devoid of any public utilities. The prevailing chaos assisted some people in fishing in troubled water. People were made to become unaware of their due entitlements and remained sandwiched between different oppressing groups. Most of such cases went unreported. \_

### Change(s) brought by him/her after assuming office and activities performed over the year

After the last election, newly elected members of Tarwadih Panchayat has rushed to improve the condition of educational and health centers by scrutinizing the reasons of decayed situation and outcome of the activities done by grass-root level organizations. The members of Panchayat are now voluntarily monitoring the activities and conducting regular meetings with the villagers.

#### Supports from:

The interventions of VEDIC Society by organising rigorous campaigns, meetings, discussion with the ERs, members of *Mata Samiti*, *Saraswati Bahini* has been playing pivotal role to rescue them from this situation.

#### **Outcome**

##### Problem faced by ER

In most of the cases, issues related to building roads connecting the health, education centers, constructing school boundary and/or running health centers properly had been raised in *gram sabha* meetings but got unnoticed/ unattended mainly due to lack of funds. For example, in Orwai village, after few meetings between school management committee (SMC) and *bal sansad*, the issue of building boundary walls to stop open-grazing was raised in *gram sabha* meeting but no measures were taken to address the problem due to financial issues. In Kone village only one teacher is running the school and was facing similar problem, but lack of financial supports could not come in help. In the primary school of Lundi village, 69 students are enrolled and two teachers run the school. The regular attendance was appreciable but the notice of linking aadhar number of the students led to significant reduction in the same. When the teachers personally visited the students' houses to find out their sudden absence, it was found out that most of the parents were indifferent about aadhar cards and lack of communications led to such situation

##### Adaptive measures and/strategies

1. The problem caused due to open grazing by domestic animals posed difficulties for the teachers in different primary schools of Tarwadih panchayat, *Saraswati Bahini* and *Mata Samiti* to start and to maintain kitchen gardens. Under such circumstances meetings were held among the social workers active in this place, teachers and villagers. They together decided and set an example by building bamboo fencing in eight schools by themselves.
2. Similar situation was found in the primary schools and *Anganwadi* Center in the revenue village- Orwai, mostly inhabited by scheduled tribe community of Tarwadih panchayat. Then SMC and *bal sansad* decided to put up bamboo fencing around the school premises and the advice of the teachers, parents were asked for. Along with the committee members, teachers, students. parents spontaneously participated to finish the work
3. Members of the committee met each parent personally to tackle similar problem in Gurgu village, made them understood the prevailing situation and importance of school surrounding

walls. Finally they got their supports in the form of physical assistance and with their joint efforts the school boundary has been built.

4. The SMC of Kone school sought the help of youth club members. The village level volunteers decided to keep the school premises clean and came forward to materialize the plan.

5. Several meetings were organised by SMC of Lundi village and the parents were informed about the reason and importance of linking aadhar numbers of their children.

6. The community facilitator Mr.Puran Saab and member of the youth club, Mr.Suraj Kumar from VEDIC Society came forward and started organising the villagers in Hartua making them aware of the situation. They visited each family of the village ensuring that every child should reach the school to get his/her education.

7. Less than 50% children used to attend the *Anganwadi* centre in Gurgu village. Community facilitator, Sakina Bibi and *Anganwadi* workers started visiting each house of the village and made them understood about the importance and benefits of pre-schooling activities.

8. The *Mukhiya* of the Panchayat takes regular reports of MDM program from the *Saraswati Bahini* and along with the villagers he also looks after the activities of ICDS scheme.

9. The ward members keep on visiting the health centers and ANM reports to them.

### Outcome

The joint efforts of villagers, teachers, social workers, youth club members and panchayat representatives is successful in bringing positive changes in primary education sector of Tarwadih panchayat, Latehar district.

1. Mr.Sujit Kumar, one of the social workers from VEDIC Society said that after the first successful implementation in Tarwadih village school, the work was replicated in other eight schools of the Panchayat along with the *Anganwadi* center. According to the members of *Mata Samiti*, their children can now safely attend the schools and also they are able to grow vegetables in their kitchen garden fulfilling the nutritional requirement of their children and other family members. The efforts of Mr.Sujit Kumar to aware and to encourage the villagers and teachers direct others to replicate the bamboo fencing work in remaining schools.

2. The school premises in Orwai, Gurgu has now been made free from the livestock grazing problem.

3. The same incident used to happen in the government run primary school on Kone village of the panchayat. The committee members, youth club members and villagers shared the responsibility of building the school wall and materialised the same by their collaborative efforts.

4. The aadhar card linkage related awareness programs remained successful in Lundi village and students have started attending the school regularly.

5. Under Integrated Child Development (ICDS) scheme, *Anganwadi* centre is active in Gurgu village. All types of facilities are being carried out at the centre under the ICDS program.

Parents were moved by awareness campaigns and the presence of children at the *Anganwadi* centre has been increased. Children are guided to play, are taught preliminary mathematics through songs at the centre. Along with these activities 100% vaccination and distribution of nutritional diet are also carried out.

6. Under the ICDS scheme, adolescent girls get iron tablets and the ANM regularly distribute nutritional food packets to the pregnant women. The dry food used to be distributed earlier has been changed to *dalia*.

7. The health workers, ANM, ASHA are now regularly visiting the centers, individual households for bringing everyone under routine immunization process. They report births/deaths, pregnant women count information and members of VHC supervise their activities. Regular camps demonstrating probable measures to maintain sanitation are being conducted and through those disseminate health related information, family planning, importance of immunization, facilities available for pregnant women, maternal child care, intake of nutritional foods, among the villagers

#### Recognition, if any

Under the routine immunisation programmes, the Jharkhand Health Department has enrolled NGOs like *Samaj Vikas Sanstha* and VEDIC Society to reach the tribal belts, which often remain inaccessible due to migration of people to other parts of the country in quest of jobs.

#### Future plan and vision

Though some primary schools have been upgraded to middle schools, the Panchayat representatives propose to have high schools in their area so that students, especially girls can attend higher education in their village. Also they demand to recruit adequate number of teachers for each school.

Each village wants to have atleast one health centers providing all probable facilities since some are situated at more than 10Kms distances in some villages. Also the facility of MHC is demanded in some hamlets located at very interior regions of the Panchayat.

#### **Discussion**

While raising awareness campaign for education, health and sports among the parents and other villagers, it was initially observed that many children often remained absent from both in the school and *Anganwadi* centres. Thorough investigative approach indicated that children instead of attending schools were either working for earning livelihoods along with their parents or looking after their younger siblings in absence of their parents who works as daily labourers.

As situation-changing measures villager level workers, social worker active through non-government agencies came forward and each household was visited in order to create awareness among them about the facilities available in *Anganwadi* centres where toddlers can spend times playing, getting nutritious foods, primary health check-ups, immunizations etc. The facilities available in the village can easily segregate the toddlers and the school-going children in their respective centres. Gram panchayat representatives, non-government

agencies took preventive steps against child labour issue and encouraged the parents to send their children to schools. After rigorous campaigning, meetings, awareness programs children were re-enrolled in the school and toddlers started going to the centers once their parents understood the importance and benefits of utilizing these facilities for their children. The problem of not having boundary wall around many of the school premises in Latehar district was jointly solved by the volunteers, SMC, parents, teachers and students. When the issue remained unresolved in gram sabha meetings, the villagers themselves decided to step forward for building the school boundary. The meetings continuously held among them were proved to be successful in creating the awareness followed by the formation of organisation and finally responsibility sharing for the accomplishment of the work.

The coalition of members of VHC, Panchayat members and local NGO workers remains successful in changing the health scenario of the Panchayat. Reporting of each concerned personnel to his/her supervisor play an important role in regularising the opportunity of availing the facilities.

All these cases narrated in the study conclude that villagers themselves can solve these issues if they are made aware of the importance of availing the basic amenities. Numerous campaigns and programs have already been initiated for changing the situation, and results in the form of positive changes are being emerged out. Based on the study the following learning outcomes emerge out:

1. The supports from local NGO remain very helpful in reversing the situation of both education and health. Their initiatives to form village level volunteers, building their capacity, strengthening existing village committee have encouraged the villagers to come forward.
2. The joint efforts has changed the picture of educational sector but the requirement of adequate number of teachers still holds a large gap in delivering quality education and monitoring the students.
3. The VHCs are observed working better when collaborating with ANM, *Anganwadi* worker, community-level health and nutrition workers hence planning to include representatives from distant hamlets in VHC is required.
4. Based on the information, VHC may chalk out village health plan for improving the overall village health condition and may devise a mechanism to implement the same.

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### **Legends**

Table 1. Demographic Details of the selected Panchayat

Table 2. The details of the persons considered for individual interview

Table 3. Details of Educational Centers in each village of the Panchayat

Table 4. Health services available in the Panchayat

Photo1-4. Students from Orwai, Kone and Banbirwa village schools

Photo5. Mother leaving children in school

Photo6. *Saraswati Bahini* members busy in preparing Mid-Day Meal

Photo7. School boundary in Orwai Primary School built of bamboo sticks by the villagers

Photo8. VEDIC Society members discussing Health related programmes with members of *Mata Samiti*

### **Photographs**

Photo1-5







Photo5.



Photo6.



Photo 7.



Photo 8.

