A Study on the Status and Problems of Tribal Children in Andhra Pradesh

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EXECUTIVE SUMMARY

It is unfortunate that Andhra Pradesh (AP) that prides itself as a fast track state with huge technological advances and a galloping economy, has such poor indicators of growth to its credit when it comes to its children living in the hills. The imbalances in growth and opportunities between mainstream and tribal populations are becoming more starkly visible since the 1990's.

The current crisis in the status of tribal children's education, health and human rights is especially reflective of these unjust dichotomies of the development model being pursued by India. The present study was initiated to understand the broad areas of concerns of tribal children in the state. With the pace at which tribal children's lives are being impacted by the matrimony between market forces and State policies there seems to be little hope left for them.

The vast potential that exists in front of us as a nation, on the one hand, to relieve the tribal children of their physical hardships in their struggle for survival and, simultaneously, to harness the rich knowledge, resource base and wisdom of these simple communities to strenghten their identity, is being lost in the aggression of a liberalised economy.

The tribal child has little to forgive this nation unless the social responsibility of the State is reawakened. As the late President of India, Shri K.R. Narayanan stated in his address to the nation on the eve of the Republic Day in 2001,

"the developmental path we have adopted is hurting them (the tribal people) and threatening their very existence. Let it not be said by future generations that the Indian Republic has been built on the destruction of the green earth and the innocent tribals who have been living there for centuries. A great Socialist leader has once said that a great man in a hurry to change the world who knocks down a child commits a crime.."

This present study is divided into three broad areas: education, health and natural resource rights of the tribal children.

EDUCATION

Universal primary education is yet to be achieved for the tribal children of AP. There are many hilltop and interior villages that have neither primary schools nor even alternative school facilities (government-supported temporary community schools in the place of regular primary schools). The problem is much more acute for female children and the Vulnerable Tribal Groups (VTGs). While universal primary education still remains unachievable, the goal of ensuring quality in education for tribal children appears to be a distant dream.

Anganwadis: Anganwadis that are supposed to serve the dual purpose of providing supplementary nutrition and addressing educational needs of children upto the age of 6 years are both highly inadequate in terms of quality and coverage. They are grossly mismatched in numbers compared to the population that urgently need this outreach. Infrastructure is often dilapidated with very poor sanitation and hygiene making them shabby and unfriendly places for both children and pregnant women. The anganwadi workers,, generally, are illiterate tribal women without adequate training in early childhood care and with little remuneration from the government. Yet they are burdened with multiple tasks. Most of their time is consumed in preparing food. Obviously the educational needs of the children take a backseat. There is practically no study or play material available for the children. Anganwadis do not extend to the Primitive Tribal Groups (PTGs) that account for malnourished children, high Infant Mortality Rates (IMR) and Maternal Mortality Rates (MMR). The threat of pre-mix food in lieu of cooked food has been emerging as a justification for the

uncontrolled corruption involved with supply of food to these institutions and the expressed inability of the authorities in ensuring their proper implementation. The satellite anganwadis themselves are few and dismally functioning while the mini-anganwadis are almost non-existent in their functions.

Literacy indicators: Indicators of literacy like enrolment, out-of-school and high drop-out rates are areas of great concern that need a serious reflection from the government. Progress on this front is possible only when the approach shifts from one of giving alms to under-privileged children to that of perceiving the need for building State competence in education as a core function and duty. Enrolment decreases as the children go to higher classes, more so in the case of female children and of children from primitive/ vulnerable tribal groups. The low literacy levels for girls indicate that they are being married off young or absorbed into the labour force early. Drop-out rate among tribal children is also very high.

Education infrastructure: Infrastructure for tribal education, be it Girijan Vidya Vikas Kendras (GVVK), alternative schools, residential schools, hostels or colleges, is also inadequate, with most of them being overcrowded. Parents are reluctant to send their children to far-flung areas, apprehensive of their safety. The buildings too are unsafe, with practically no healthy living spaces. Apart from the hygiene factor, the lack of toilets is a particular cause of concern as young girls, forced to use the open, are in danger of being abused.

Budget for education: The budgetary provision for the educational institutions like ashram schools and hostels is appallingly low and unrealistic. A budget analysis reveals that the government is failing to provide enough for a balanced diet for growing children. It is enough just for basic levels of survival. This is reflected in the health of children, especially that of girls, many of whom were found to be anaemic. Health interventions and Auxiliary Nurse-cum-Midwives' (ANM) facilities are also negligible in schools. Budgets do not allow expenditure on material for libraries or sporting activities.

Curriculum: The present National Curriculum Framework which has been insightfully prepared with a positive approach to education of the child, has not given enough concrete attention to policy and curriculum issues specific to ST children. It, therefore, paves the way for cultural and knowledge extinction, severing tribal children's connection to their rich and ancient cultural past. Education policy should endeavour to identify the unique cultures of tribal groups, and the curriculum should consciously aim at emphasizing and promoting tribal wisdom at each and every stage in the education process. The mismatch between the formal curriculum in subjects like life sciences and the practical, deep and intimate knowledge of nature tribal children already have, leads to paradoxically low levels of performance.

Teachers: Shortage of dedicated or qualified teachers is evident from the poor teacher-student ratios. There also exists a high degree of absenteeism among teachers. Good salary cannot compensate poor infrastructure, inaccessibility and lack of basic amenities that are the main reasons for teacher's absence from schools. Little training or motivation is provided to these teachers and there is hardly any monitoring either.

Elementary education: One of the main reasons again for the poor indicators of education is the government's

negligence in providing basic amenities. Some of the most serious problems concerning the functioning of primary schools relate to poor monitoring by the government in spite of the huge infrastructure and manpower at its disposal, lack of vision with regard to policy and curriculum framework for tribal education, poor allocation of resources and infrastructure and, shortage of schools vis-à-vis population and geographical needs.

Alternative schools: Alternative schools are run under a project approach with the teachers having the same mandate as that of permanent teachers of GVVK or government schools. However, these teachers, who are primarily tribal youth, receive very low and often delayed remuneration. These schools single teacher schools in which the untrained teachers are faced with the challenge of attending to the needs of children of different ages and levels of education. Infrastructure is poor and children studying in alternative schools are also constantly vulnerable to the threat of the schools' closing down without notice or consultation with the communities. Many of these schools also exist only on paper.

High school: The low quality of education provided to the tribal children barely helps them develop basic literacy and real skills to access opportunities on par with their mainstream counterparts. They are also unable to take advantage of the benefits of reservation. As a result, a large population of tribal youth from these regions are unemployed and denied a healthy and secure future. Government efforts have been directed towards providing lower end service sector employment in cities (for example sales boys in shopping malls) and not at training them for qualified professions or in more dignified entrepreneurial skills.

College education: Although the number of students completing high school has increased, there is no corresponding increase in establishing colleges in the agency areas to match the demand. There are limited courses offered in the colleges in agency areas and hence they are restricted in choice of subjects. There are just nine vocational centres in the Scheduled Areas of AP. The State has not planned for financial and institutional investments into the second stage of education, as, today, there is a huge population of first generation educated and semi educated tribal youth at high school and college levels who desire to pursue higher education. . The state government has not equipped itself to meet this new growing demand for higher education from tribal youth. They have to come out to the cities like Visakhapatnam, Kakinada, Hyderabad, Warangal and other satellite towns where they find it difficult to get hostel facilities, admissions into the courses of their choice and afford the costs of private education or even university education. Employment statistics in the public sector show that most of the tribal people are working in Class III and IV categories of employment and barely any are found at the Class I level.

HEALTH CONCERNS

The state government's neglect of tribal health issues has led to a current situation of serious urgency. Some of the problems we identified in our field observations and interaction with tribal communities are discussed below.

Lack of an integrated approach: Serious lacunae arise in addressing tribal health care from a purely sectoral perspective. This reflects directly on the lack of political and bureaucratic will to improve the general quality of life of the tribal people. Hence, foremost among the issues is a lack of ability to address health issues in a holistic manner.

Ensuring food security: The diversity of food and medicine, along with traditional livelihood based on forestry and agriculture has provided the tribal communities with life support systems. State interventions did little in promoting and strengthening the traditional food security base. Instead they, over the decades, initiated agricultural and economic programmes that directly or indirectly forced tribal communities to switch from the diversity of food-based agriculture to cash crop-based monocultures. They also initiated other development projects that completely pushed them out of their resource base.

Extreme poverty: Majority of tribal people live below the poverty line. This problem is compounded with

their resource base being threatened and intrusion from non-tribal populations and large corporate bodies. The tribal people are even forced to migrate outside Scheduled Areas constitutionally demarcated for them.

Health infrastructure: Using remoteness of location and inaccessibility as a pretext, the government has neglected public health services and related infrastructure to the tribal areas. As a result a host of diseases, especially among the vulnerable tribal children go untreated and progressively weaken the child. Water for drinking and household use has to be fetched from far off streams, a strenuous task usually undertaken by young girls. This not only curtails consumption, affecting sanitation and hygiene but also causes accidents and injuries, which are untreated as there is no emergency first aid or treatment available. ANMs have to travel long distances to administer vaccines that often lose their potency. The Public Distribution Systems (PDSs) exist as mere tokens while Anganwadis do little to address problems of nutrition among growing children.

A programmatic and crisis management approach: The main existing focus appears to be a mere programmatic and crisis management approach and often these interventions put tribal children at a greater risk. Programmatic approach is focused on malaria, tuberculosis, family planning and immunisation programmes from the national schemes. Active health intervention happens only during emergencies or epidemics that occur mostly during the monsoon. But they too reach only the roadside villages, hardly touching the more needy interior villages.

To meet the increasing incidence of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Virus), interventions are aimed merely at raising the awareness levels of communities on the dangers of infection and providing Voluntary Counselling and Testing Centres (VCTC) at select towns. The huge expenditure on these programmes is wasted as the government is simultaneously implementing economic and development programmes that enhance vulnerability of tribal communities to this disease.

Public health care delivery: Reaching public health care to the tribal areas is the greatest challenge for the government as its interventions are bogged down by several limitations. Lack of infrastructure also leads to inappropriate utilisation and corruption of the delivery structures. Lack of monitoring mechanisms, illiteracy and poverty among tribal people obviously lead to poor implementation of health schemes. Secondly, the quality of services is appallingly low. The services are aimed at providing peripheral, rather than quality care. Even though the ratio of Primary Health Centres (PHC) and sub centres in the tribal areas is higher compared to the other regions, they are not adequate to meet the tribal demands.

Lack of documentation and surveillance: Most often the data in health centres is either inaccurate or unavailable. In some places deaths that occur due to epidemics are categorised as 'natural'.

Public health allocations: Public health allocations are very poor in India compared to those of some of the most underdeveloped countries. In addition to the reduced government expenditure on health, there is also the threat of privatisation of certain sections of public health care.

Mentally and physically challenged children: Neither proper data, nor special provisions for education, health and infrastructure are provided to these children to enable them to live a life of dignity. The condition of such children in remote, hilly and restrictive terrain is even worse. The only serious interventions visible are the provision of concessions for travel or small incentives for petty trades, to name a few.

Destruction of traditional medicinal knowledge: On one hand mainstream facilities in health care services have not yet reached the tribal children, and on the other hand, the traditional knowledge systems of tribal medicine as well as the natural resources are being eroded, with little being done to promote or preserve them. The future generation of tribal children are being denied this scientific knowledge of traditional medicine through a state-induced 'genocide' of medicinal plants.

Health of female children: Female children in tribal communities are the worst affected by negligence, the negative impacts of policies and social discrimination. Tribal women's The traditionalsocial status and recognition is being increasingly jeopardised by the strong external influences of dowry, discrimination in social and economic roles. Ashram schools continue to play an intimidating role and are often, unsafe places for girls. Victim of poverty, the girl child is the first to be removed from school or denied nutritive food. She performs most of the household tasks and prematurely steps into marriage and motherhood. All this, coupled with no health interventions, progressively weakens her. Some traditional health practices and taboos also create health problems in girls that scar them for life. Of particular worry, is the health and safety of young tribal migrant girls and women workers who face exploitation and abuse at the hands of contractors and employers.

HIV/AIDS: While there are no specific policies or programmes for tribal people as far as AIDS/HIV is concerned, the increasing intrusion of mainstream society by way of tourism and so called developmental projects have increased the risk of tribal peoples' exposure to the disease. Today many AIDS/HIV cases are reported from the hilly regions where none existed before. Vulnerable and illiterate tribal people are ill-equipped and helpless to deal with these new dangers.

NATURAL RESOURCES, DEVELOPMENT PROGRAMMES AND IMPACTS ON TRIBAL CHILDREN

Tribal areas are endowed with rich natural resources and biodiversity. However, external forces, seeking to exploit these resources, are threatening the security of tribal life. The conflict over control and utilisation of resources and the disagreement over perspective of development between tribal communities and the state have speeded up the process of impoverishment and alienation of the former.

The state's development paradigm has been always focusing on large irrigation and power projects, setting them up all too frequently in tribal land. Homelessness, loss of livelihood, forced displacement and multiple migrations are the phenomena common to all displaced tribal communities. We have witnessed how Nagarjunasagar, the first 'temple of modern India', had devoured a large section of Chenchu habitations and the forests they survived on. Unable to acquire any alternative land till date, these PTG tribesmen, who are basically hunters, are working as bonded and casual labourers in stone quarries and mines or engaged in other equally ominous activities at very low wages. Plagued by social evils like alcoholism, they are prone to ill health. Poverty is equally high among the Lambada tribe in these regions. Girls, victims of discrimination in this tribe, are often sold for trafficking and adoption. The Yanadi tribe in Nellore district where minor girls are sent to work in mica mines; trafficking of tribal girls in Srisailam; displacement of tribal people by the Tandava, Yeleru, Jolaput, Sileru and Machkund reservoirs; displaced Khond men whose children have little promise of future; Singareni Collieries and its adverse effects on tribal communities; atrocities on tribal girls in Adilabad where Orient Cement industry operates; sexual abuse of young tribal girls near Damuku by the Border Roads Organisation (BRO) and traders exploitation of young tribal boys for illegal digging of semi-precious stones near Borra- these are a few glimpses of tribal lives.

Juvenile crime, a hitherto unknown phenomenon for tribal people, is emerging as a new trend. Desperation and lack of opportunities are pushing tribal youth towards illegal activities. Drawn into extremist and political activities, they are becoming the victims of police 'encounters'. The state government has recently started tribal battalions inviting tribal youth to become special officers. This is a serious human rights concern. There is an imminent threat of a spill-over of the Salwa Judum violence into AP.

AP economic reforms - Andhra Pradesh Economic Reforms Programme (APERP) and Structural

Adjustment Programme (SAP), initiated by the earlier government and continued by the present one, has led to a process of downsizing subsidies and employment. The worst affected by these reforms are the tribal departments like the Girijan Cooperative Corporation (GCC) Ltd and Tribal Cultural Research and Training Institute (TCRTI). Duality in the state government's interest in developing the tribal areas or the tribal people is evident in the Borra caves tourism. The caves are one of the biggest tourist attractions in the state and bring excellent revenue to the government. However, the economic status of the local tribal communities has not changed significantly.

Future threats : The old development perspective, where costs incurred by tribal people and the ecology is not included in the project costs, continues to be the government's position without reviewing the impacts of past interventions on tribal populations. Given this large-scale displacement of tribal people, the vital issues with regard to tribal children that should be addressed are:

New projects imply fresh incidence of displacement in very large numbers. This brings the glaring situation of large sections of today's tribal children being landless by the time they reach adulthood.

Where government does manage to identify land for rehabilitation, most of it lies outside the Scheduled Areas. So the next generation of tribal population displaced by development projects may own land, but not enjoy the Scheduled Area status and safeguards.

These projects are destroying the natural resource base and diversity of the forests, which will result in future generations losing their livelihoods and traditional knowledge. Tribal people are considered 'encroachers' and 'criminals'.

Where tribal people are resisting such 'development' projects, the state government is taking harsh measures to suppress the expression of their rights. One of the most serious ways in which this is being planned is through exploiting the vulnerability of tribal youth by offering false promises of employment and livelihood that will turn them against their own communities. Deceptive campaigns and false propaganda are being used to misguide the people.

The government is conducting engineered public hearings and people's objections to projects are completely disregarded. Affected women are not allowed to participate in public hearings. In the absence of women's role and their free and fearless participation in such public matters that concern their lives, there is little scope for the rights of adivasi children to be voiced or defended.

Large-scale migration of tribal populations to urban centres, associated with an increase in child labour in construction, domestic work, mining, trafficking and other forms of exploitative and hazardous activities are already taking place.

It is, however, true that the next generation of the tribal people need diversification in their livelihood and employment opportunities, as the traditional landholding size is highly insufficient to cater to the needs of the growing population.

There is a major deficiency of both foresight and good intent from the political and bureaucratic powers in making a sincere effort at developing the tribal people and the tribal areas. The entire process is one of political and bureaucratic justification of the displacement of tribal communities and taking away the rights of their children.

Where earlier the tribal policy emphasised the need for non-displacing alternatives to development projects in the tribal areas, it has adopted a completely diminishing policy of accepting displacement as a first choice of the State and merely offering rehabilitation with mild insistence of land compensation where possibilities exist. The realities being that possibilities do not exist, government is more often not only using displacement as its first choice of development and with mere monetary compensation. This leaves the tribal child with no constitutional safeguards when these areas are being unscrupulously thrown open to free trade and private industry by the State.

With illiteracy remaining as high as it does, there is no level playing field between private corporations, corrupt and complicit governments and illiterate tribal

people who have no access to official channels of political power.

In neighbouring Orissa, tribal women and children are being violently beaten up and placed in custody for participating in democratic protests to protect their rights. AP is not too far away in its ability for state induced violence against the tribal people.

Very few corporations or IT companies are employing Scheduled Castes (SC) and lesser still, Scheduled Tribe (ST) youth in their workforces. None of the corporates or industries entering into agreements with the state government for setting up projects in the tribal area propose to employ tribal or local communities directly. Almost all of them merely offer indirect benefits or temporary unskilled labour to these communities. The growing violence and youth unrest in the tribal areas is a clear indication ofthis failure of the State 's responsibilities towards tribal children.A very sensitive situation emerging more strongly that impacts the safety and human rights of tribal children and youth is the deteriorating political scenario. Caught between the cross fires of the police and left movements, many of the tribal areas are under highly volatile conditions. The earlier disturbed political violence is taking new forms due to larger corporate forces and liberalised state policies augmenting the violence. The greed for the natural wealth, land and forests has started taking uglier froms of exploitation. The situation of the Chenchus is getting worse where evictions continue with an eerie silence among all departments none of which claim responsbility for the evictions. Chenchu children in some places are in extreme hunger, living in make-shift shelters and threatened by disease and state violence. Similar is the case with many of the bordering districts adjoining Orissa and Chattisgarh with the Salwa Judum violence destroying their safety.

Lastly, the nature of development paradigms our State has pursued, has converted some sections of the tribal communities into the first exploiters of the tribal people. This is the greatest threat to tribal children. We have to be cautious about how the State and other stake-holders manipulate the tribal leadership into signing off their lands and future generations to the greed of market powers.

With this as the scenario, the state will have to answer what real forms of development it has to offer to the tribal children of today and tomorrow.

The tribal children of Andhra Pradesh (AP) are invisible, insignificant and inconsequential to the decisions made by the state at both the policy and intervention levels. We found that, despite tall claims of development intervention and the maze of programmes announced by each government tribal children remain malnourished, illiterate, deprived and are at the threshold of facing more serious threats to their survival in the future. In order to understand these problems and their impacts, and in the absence of any direct information or data, we felt the need to undertake a study that could throw light upon the main issues and trends that require urgent attention from both policy and implementation perspectives.

METHODOLOGY OF THE STUDY

The study titled 'Status and Problems of Tribal children in Andhra Pradesh' was undertaken by Samata in collaboration with a group of Community Based Organisations (CBO) in north coastal AP called CRY-Net Collective and with the support of Child Rights and You (CRY), Bangalore. The study was undertaken through secondary and primary level data collection and discussions with different groups. Most of the secondary data was obtained from government sources while the primary data was collected from small clusters of villages in Srikakulam, Vizianagaram, Visakhapatnam, East Godavari, West Godavari, and

Chittoor districts by the Samata team and the CBOs of the Coastal Rural Youth Network and MASS, Palamaneru. Primary data was also collected from communities, CBOs, PHCs, private clinics, schools and colleges in the Integrated Tribal Development Agency (ITDA) areas.

The thrust areas of the study were:

1. Demographic trends among tribal people in AP
2. Education
3. Health concerns of tribal children
4. Impact of development policies and programmes

We soon realised that the subjects we were studying were extremely vast, and each of the above areas demands further in-depth study and analysis in the future. With the limited resources and data available with us, we have tried to understand the trends and direction of the problems as an overview to specific areas that need more detailed study. For instance, the topic on health requires further analysis on the public health structure and management interventions for tribal areas. Development projects of the government do not have sufficient information on the migration, current livelihood and current social and economic status of displaced communities, health impacts, pollution effects etc.

Chapter 2 TRIBAL AREAS OF ANDHRA PRADESH: POPULATION, INFRASTRUCTURE AND BUDGET ALLOCATIONS

Introduction

Fifth Schedule areas or what are termed 'agency areas' in the state of AP, extend over 31,485.34 sq. km, constituting 11% of the total area of the state (*Table 1*). There are 35 recognised tribes in AP (*Annexure 1*) spread across the nine districts of Srikakulam, Vizianagaram, Visakhapatnam, East Godavari, West Godavari, Khammam, Warangal, Adilabad and Mahaboobnagar. The Chenchus are not restricted to a single district and are spread throughout the Nallamalai forest area, covering about six separate districts. The Yanadis and Yerukulas are also dispersed tribes, and they too are not covered under any Scheduled Area. Only very recently have the Yanadis received a new ITDA project for Yanadi development.

Table 1: District-wise Scheduled Area in AP

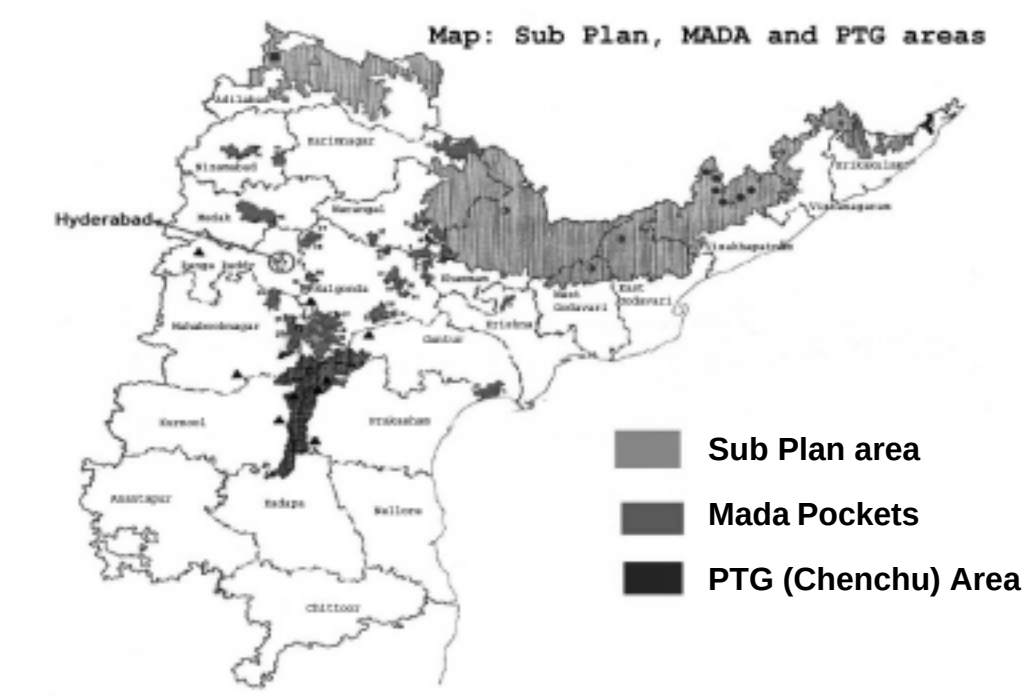
District	Total area of district (in sq kms)	Scheduled Area (in sq kms)	Scheduled Area to district area (%)
Adilabad	16,105	6,138.50	38.12
East Godavari	10,807	4,191.65	38.79
Khammam	16,029	6,899.92	43.05
Mahaboobnagar	18,432	1,191.90	6.47
Srikakulam	5,837	1,289.32	22.09
Visakhapatnam	11,161	5,904.51	52.9
Vizianagaram	6,539	1,740.98	26.62
Warangal	12,846	3,122.46	24.31
West Godavari	7,742	1,006.10	13.00
Total	105,489	31,485.34	29.84

Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm/basicstats.pdf

Administration

For the Fifth Schedule areas, the District Collector acts as an agent of the government for ensuring peace and good governance in tribal areas. From 1986 onwards, a policy of single line administration was introduced in agency areas, by delegating the powers of the District Collector to the Project Officer (PO) of the ITDA for effective administration. ITDAs are generally contiguous areas the size of a Tehsil, a Block or even larger, in which the Scheduled Tribe (ST) population makes up 50% or more of the total population (*Annexure 2*). In addition, there are other designated pockets under the Modified Area Development Approach (MADA) and also clusters. MADAs are pockets of concentration of ST population containing 50% or more ST population within a total population of minimum of 10,000 (*Annexure 3*). Clusters are identified pockets of tribal concentration containing 50% or more ST population within a total population of about 5,000 or more (*Annexure 4*). Later this strategy was extended to cover dispersed and scattered tribes under the rubric of Dispersed Tribal Groups (DTG). In the case of MADAs (except for Mahaboobnagar and Nalgonda, which each have a project office) and clusters there are no separate administrative clusters, but the line departments of the state government are expected to implement development programmes under the over-all control of the district authorities. The tribal populations inhabit 5,938 villages and are divided into 11,540 Tribal Sub Plan (TSP) habitations.

Figure 1: Sub plan, MADA and PTG areas in AP



Population of tribal people in AP state

The ST population in AP as per 2001 Census is 50.24 million, which is 6.59% of the total state population. Of this 30.47 lakhs or 60.65 % live in tribal areas while 19.77 lakhs or 39.35 % live in plain areas. Tables 2-7 give some indicators of population for tribal people in Andhra Pradesh.

Table 2: Some population indicators-All India and AP (2001)

	Male	Female	Total
All India -Total population	532,156,772	496,453,556	1,028,610,328
All India-ST population	42,640,829	41,685,411	84,326,240
AP state-Total population	38,527,413	37,682,594	76,210,007
AP state-ST population	2,548,295	2,475,809	5,024,104
Source : Census of India 2001			

Table 3: ST and general population in AP from 1961-2001							
Year	Total population			ST population			% of ST population to total population
	Male	Female	Total	Male	Female	Total	
1961	18,161,671	17,821,776	35,983,447	670,368	654,000	1,324,368	3.68
1971	22,008,663	21,494,045	43,502,708	840,022	817,635	1,657,657	3.81
1981	27,108,922	26,440,751	53,549,673	1,618,689	1,557,312	3,176,001	5.92
1991	33,724,581	32,783,427	66,508,008	2,142,817	2,056,664	4,199,481	6.31
2001	38,527,413	37,682,594	76,210,007	2,548,295	2,475,809	5,024,104	6.59
Source: Fact Book on SC and ST in AP, Directorate of Economics and Statistics, AP							

Table 4: Percentage of ST to total population in AP from 1961-2001			
Year	Male	Female	Total
1961	3.69	3.67	3.68
1971	3.82	3.80	3.81
1981	5.96	5.89	5.92
1991	6.35	6.27	6.31
2001	6.61	6.57	6.59
Source: Fact Book on SC and ST in AP, Directorate of Economics and Statistics, AP			

Table 5: Child population in the age groups 6-11 and 11-14 years-All India and AP (2001)						
	6-11 years			11-14 years		
	Boys	Girls	Total	Boys	Girls	Total
All India child population	67,391,038	61,989,476	129,380,514	39,712,015	35,928,487	75,640,502
AP child population	4,633,026	4,448,933	9,081,959	2,710,524	2,541,237	5,251,761
All India ST child population	6,117,779	5,804,285	11,922,064	3,382,457	3,100,725	6,483,182
AP ST child population	398,866	369,058	767,924	206,512	173,427	379,939
Source : Census of India 2001						

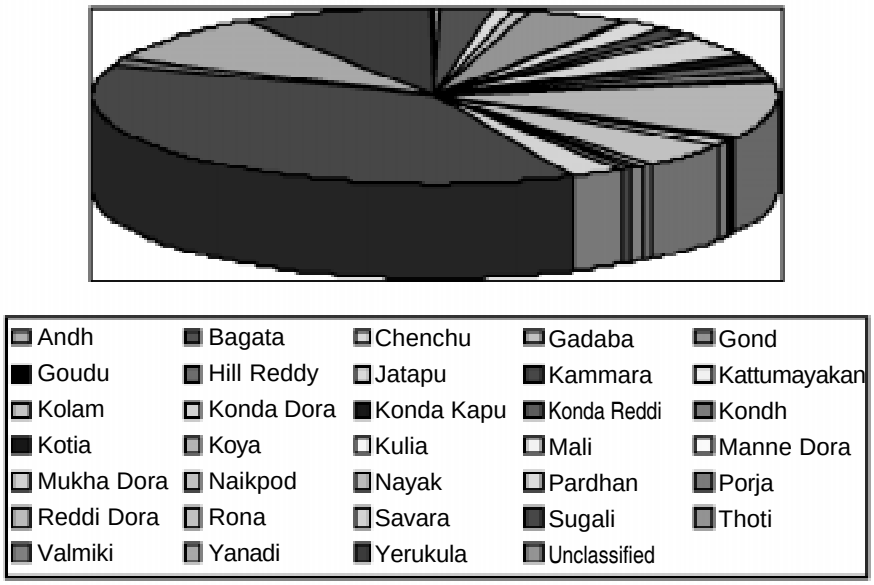
Table 6: AP district-wise total general and ST population -1991 and 2001

District	Tot pop	1991 Census			Tot pop	2001 Census		
		ST population				ST population		
		Male	Female	Total		Male	Female	Total
Adilabad	2,082,479	179,869	175,033	354,902	2,488,003	209,586	206,925	416,511
Ananthapur	3,183,814	57,472	53,735	111,207	3,640,478	65,722	61,439	127,161
Chittoor	3,261,118	54,100	50,838	104,938	3,745,875	65,048	63,037	128,085
East Godavari	4,541,222	88,270	87,813	176,083	4,901,420	95,234	96,327	191,561
Guntur	410,999	93,636	87,952	181,588	4,465,144	106,101	102,056	208,157
Hyderabad	2,551,966	15,063	52,956	68,019	3,829,753	17,862	16,698	34,560
Kadapa	2,267,769	24,617	22,797	47,414	2,601,797	31,643	29,728	61,371
Karimnagar	3,037,486	42,301	40,716	83,017	3,491,822	45,807	44,829	90,636
Khammam	2,215,809	284,152	274,806	558,958	2,578,927	344,027	338,590	682,617
Krishna	3,698,833	47,109	44,658	91,767	4,187,841	55,201	52,410	107,611
Kurnool	2,973,024	29,201	27,254	56,455	3,529,494	36,097	33,538	69,635
Mahaboobnagar	3,077,050	116,871	110,534	227,405	3,513,934	143,115	135,587	278,702
Medak	2,269,800	48,950	56,092	95,042	2,670,097	68,966	65,567	134,533
Nalgonda	2,852,092	143,135	132,503	275,638	3,247,982	178,373	164,303	342,676
Nellore	2,392,260	109,986	104,076	214,062	2,668,564	123,554	118,703	242,257
Nizamabad	2,037,621	61,156	59,560	120,716	2,345,685	83,135	82,600	165,735
Prakasham	2,759,166	51,044	47,810	98,854	3,059,423	60,670	57,571	118,241
Ranga Reddy	3,145,939	56,438	13,883	70,321	3,575,064	75,054	71,003	146,057
Srikakulam	2,321,126	67,231	66,836	134,067	2,537,593	75,284	75,965	151,249
Visakhapatnam	3,285,092	235,925	232,961	468,886	3,832,336	278,399	279,173	557,572
Vizianagaram	2,110,943	94,993	95,192	190,185	2,249,254	106,079	108,760	214,839
Warangal	2,818,832	199,138	186,171	385,309	3,246,004	235,451	222,228	457,679
West Godavari	3,517,568	42,160	42,488	84,648	3,803,517	47,887	48,772	96,659
TOTAL	62,812,008	2,142,817	2,056,664	4,199,481	76,210,007	2,548,295	2,475,809	5,024,104

Source: Census of India 2001

The population of ST grew by only 19.64% between 1991 and 2001, as compared to a general population growth of 21.33 % over the same time period (Table 6).

Figure 2: *Tribe-wise population in AP as per 1991 Census*
(recently Nakkala kuruvikaran and Dhulia Paiko Putiya were also notified as STs)



The population changes in the tribal area are in many ways disturbing. This is because these trends have a strong negative impact on the tribal people's resource base, their ownership over these areas, and the futures of their children. One of the issues is the alarming trend with regard to increasing inflow of non-tribal populations into Scheduled Areas and their growing control over the land and resources. The demand from the non-tribal populations settled in the tribal areas for political power and the emergence of non-tribal representation in the local bodies, is a clear indicator of the dilution of the Scheduled Areas. Key tribal towns in almost all districts have become predominantly non-tribal in terms of population composition, ownership of property or land and control of trade. As second and third generation non-tribal populations are residing in the Scheduled Areas, the demand for nativity from these non-tribal settlers is also growing strongly.

The spill-over of a significant tribal population into the plain areas in the foot-hills and the bordering districts of the Scheduled Area reveals the pushing out of tribal people from inside the Scheduled Area and the future threats they face as 'dispersed' tribes. Governance support for tribal people once they are dispersed outside the Scheduled Area is more difficult, as is seen in the case of the Chenchu tribe. The forced migration of tribal people is likely to cause greater exploitation of these communities in future.

High variance within the tribe-wise population has caused inter-tribal disputes and conflict over resources. This is highly visible with regard to the adjacent Sugali-Chenchu habitations, where the former constitutes almost 40% of the entire tribal population of the state whereas the latter is considered administratively as a primitive tribe group (PTG) and forms merely 0.98% of the total tribal population. Hence, glaring inequities can be seen when accessing differences in educational or employment opportunities between these two groups. The foot-hills or tribal areas bordering the plains and not having the Fifth Schedule status face serious threats even today, as they neither enjoy legal protection nor do they figure in the development activities of the ITDAs. These villages are most often left to prove their tribal status and are denied opportunities in employment, education and community development activities. As they have no articulate lobby in the plain area, they remain represented only as a minority in the regular mandal development plans. A typical example of this neglect is seen in the Golugonda and Natavaram mandals of Visakhapatnam district. The latter mandal contains tribal villages that fall within the Scheduled Area but

do not receive any government intervention due to their distance from the ITDA. This has direct implications on tribal children's access to education and seats in ashram schools.

Table 7: AP district-wise distribution of ST population by their percentage to total population in from 1961-2001

District	1961		1971		1981		1991		2001	
	% share to district pop	% to total states ST pop	% share to district pop	% to total states ST pop	% share to district pop	% to total states ST pop	% share to district pop	% to total states ST pop	% share to district pop	% to total states ST pop
Adilabad	13.08	9.96	13.14	10.21	16.65	8.59	17.04	8.45	16.74	8.29
Ananthapur	2.74	3.66	3.07	3.91	3.22	2.58	3.49	2.65	3.49	2.53
Chittoor	2.66	3.85	2.92	4.03	2.88	2.48	3.22	2.50	3.42	2.55
East Godavari	3.85	7.58	3.86	7.18	3.88	4.52	3.88	4.19	3.91	3.81
Guntur	3.17	7.21	3.71	6.36	4.07	4.40	4.42	4.32	4.66	4.14
Hyderabad	0.08	0.12	0.17	0.28	0.64	0.46	0.92	0.69	0.90	0.69
Kadapa	1.67	1.70	1.69	1.61	1.94	1.18	2.09	1.13	2.36	1.22
Karimnagar	0.81	0.99	0.84	0.99	2.49	1.91	2.73	1.98	2.60	1.80
Khammam	16.20	12.93	14.72	12.17	24.55	13.54	25.23	13.31	26.47	13.59
Krishna	1.80	2.83	2.03	3.06	2.20	2.11	2.48	2.19	2.57	2.14
Kurnool	1.61	2.31	1.63	1.95	1.66	1.26	1.90	1.34	1.97	1.39
Mahaboobnagar	0.30	0.36	0.29	0.34	6.35	4.89	7.39	5.42	7.93	5.55
Medak	0.01	0.01	0.01	0.01	3.79	2.16	4.19	2.26	5.04	2.68
Nalgonda	0.03	0.36	0.29	0.34	6.35	4.89	9.66	6.56	10.55	6.82
Nellore	6.47	9.93	8.09	7.86	8.81	5.59	8.95	5.10	9.08	4.82
Nizamabad	0.07	0.06	0.04	0.03	5.37	2.84	5.92	2.87	7.07	3.30
Prakasham	-	-	2.87	3.32	3.34	2.45	3.58	2.35	3.86	2.35
Ranga Reddy	-	-	-	-	4.59	2.29	4.29	2.60	4.09	2.91
Srikakulam	8.21	14.52	8.20	12.82	5.37	3.31	5.78	3.19	5.96	3.01
Visakhapatnam	9.33	16.15	10.69	18.10	13.74	11.15	14.27	11.17	14.55	11.10
Vizianagaram	-	-	-	-	8.50	4.83	9.01	4.53	9.55	4.28
Warangal	2.13	2.49	2.31	2.61	12.73	9.22	13.67	9.18	14.10	9.11
West Godavari	2.23	3.33	2.18	3.12	2.32	2.10	2.41	2.02	2.54	1.92
Andhra Pradesh	3.68	100.00	3.81	100.00	5.93	100.00	6.31	100.00	6.59	100.00

Source: Fact Book on SC and ST in AP, Directorate of Economics and Statistics, AP

The inadequacy and neglect of education is reflected in the social structure. For example, even today most women in tribal areas get married before they attain the specified marriageable age of 18. The 1991 Census shows that in the 23 districts the total number of women married below the age of 19 was 94, 287 (*Table 8*).

Table 8 : ST currently married women below age 19 (1991)

	Rural		Urban	
District	**Less than 15**	**15-19**	**Less than 15**	**15-19**
Adilabad	681	5,552	20	196
Ananthapur	149	1,981	19	197
Chittoor	117	2,389	11	280
East Godavari	246	3,273	11	153
Guntur	223	3,831	60	967
Hyderabad			35	531
Kadapa	34	889	8	160
Karimnagar	234	2,242	15	162
Khammam	461	8,796	37	661
Krishna	136	1,778	40	510
Kurnool	96	1,222	20	283
Mahaboobnagar	743	5,391	8	54
Medak	254	2,163	5	53
Nalgonda	404	5,863	19	229
Nellore	213	4,365	65	1,019
Nizamabad	311	3,002	21	88
Prakasham	126	2,076	24	498
Ranga Reddy	195	1,758	43	577
Srikakulam	103	2,038	2	47
Visakhapatnam	628	8,193	9	165
Vizianagaram	162	2,728	2	76
Warangal	806	9,003	33	377
West Godavari	78	1,389	7	168
Total	6,400	79,922	514	7,451

Source: Census of India 1991

A random sample survey conducted in a few villages by Samata in 2006 revealed that 846 children below the age of 18 were married and 244 were below 18 mothers.

In the case of PTGs, the number of children married below 18 years was 209, both male and female.

The average growth rate annually for India is at 1.8%. It can be observed from the following map that most of the tribal areas are marked as having less than the country's average growth rate. Disturbingly, there are concentrated pockets of less than 1.75% growth rate figures in areas that have been assumed to have received good development intervention, e.g. Visakhapatnam district Scheduled Area. The coastal region, which is outside the Scheduled Area and where DTGs like the Yanadis and Yerukulas live, are found to have very low growth rate figures of less that 0.60%.

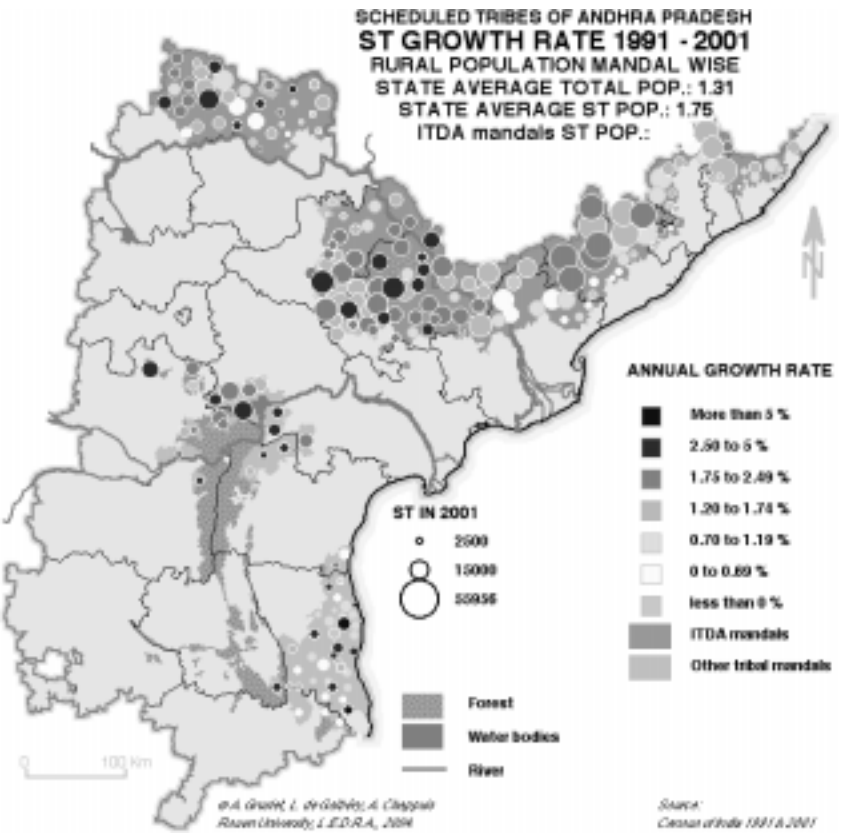


Figure 3: ST growth rate in AP 1991-2001

There appears to be a heavy concentration of low growth rates in the north coastal districts bordering Orissa where migration has taken place into AP. This is to a great extent, and to large-scale displacement and setting up of several projects and industries in the neighbouring state. A very significant drop can be seen in the tribal population annual growth rate category of 0.70 to 1.19%, and this shows the need for serious attention from the government.

Overview of development action by government and perceived gaps

Availability of infrastructure facilities in the tribal areas is far below the state and national averages. A comparison between the state and tribal area infrastructure shows a significant gap between the extent of development in tribal and non-tribal areas.

As indicated in Table 9 in terms of irrigation facilities, electricity, drinking water and housing, the percentage coverage for tribal areas is way below the required levels. While the total habitations in the nine ITDAs in need of safe drinking water, road connectivity and electrification amount to 11,540, the total habitations provided with safe drinking water are 5,237. Of the remaining 6,303, about 5,602 have been partially covered. Road connectivity is available for 7,274 habitations while 4,266 are still inaccessible. 9,506 habitations have been provided with electricity while a remaining 2,034 continue to be deprived of power. AP Transco has prepared a plan of action to cover 745 habitations during 2005-06 and 2006-07. Housing for the tribal people is also inadequate and it is estimated that around 2.24 lakh households out of the 5.52 lakhs are yet to be provided permanent housing. Mortality rates indicative of poor access to health facilities are also of concern. The availability of hospitals, dispensaries and hospital beds is grossly inadequate. It is evident that such an infrastructure would be unable to tackle epidemics that may strike the region.

In the villages surveyed, the main sources of water are springs, streams or wells. Hand pumps are available in a few villages; however, piped water to houses is almost nil. The number of septic tanks in the villages is low when compared with the general population, and in addition not all of them are being used. Sanitation in the villages surveyed seems highly inadequate.

Table 9: State and Scheduled Areas in AP-Some parameters for comparison		
Indicator	**State**	**Tribal area**
Irrigated area to crop area % (2000)	43.67	11
Productivity-rice (2001-02) (1,000 hectares)	3,825	NA
Electrified villages %	100	87.62*
Safe drinking water % (2005)	78.5	56
Pucca roads % per 100 sq kms. (2000)	63	59
Permanent housing (in lakhs) (1979-2004)	6.20	1.95
IMR (per 1000 live births)	62	120-212
MMR (per 1000 live births)	4	5-8
Hospitals and dispensaries (lakh pop)	4.3	3.1
No of beds (lakh pop 2001-02)	71	47
Work participation rate	54.03	45.81
*data shows 87.62 % villages electrified, yet many do not receive regular transmission ***Source:*** http://aptribes.gov.in/oldsite/GOs/gosmain.htm/basicstats.pdf		

Budget allocations

The State of the World's Children Report (2006) released by United Nations Children's Fund (UNICEF) gives the percentage of central government expenditure allocated for health and education in different countries around the world.

Table 10: Economic indicators		
Country	% of central government expenditure (1994-2004) allocated to:	
	health	**education**
India	2	2
Argentina	5	5
Australia	14	9
Bolivia	10	22
Brazil	6	6
Colombia	9	20
Ethiopia	6	16
Netherlands	10	11
Zimbabwe	8	24
Source: UNICEF State of World's Children 2007		

As seen in Table 10 the central government allocations for India are way below that of other countries even underdeveloped ones like Ethiopia.

Children and their needs continue to be neglected by the Indian government. In the recent union budget 2007-08 released by the government, for every 100 rupees, the Finance Ministry has promised only four rupees and 84 paise for children.

Budget 2007-08 and Children-Report released by HAQ Centre for Child Rights, New Delhi.

Child development

According to the Global Hunger Index, 47.5% of children in India are under-weight, making the situation worse than that in conflict-plagued and drought-stricken sub Saharan Africa. India is also home to 40% of all low birth weight babies in the developing world.

Integrated Child Develop- ment Scheme (ICDS) and Anganwadi centres: The Supreme Court directive specifies universalisation of ICDS in all 17 lakh habitations. In the beginning of 2007-08 only 8.8 lakh Anganwadi centres were operational and there was a shortfall of 8.2 lakh centres. The current budget allocation for ICDS is Rs. 4,761 crores and the plan is to run an additional 133,235 centres in the coming year. The increase in allocation from the last year is only Rs 673.46 crore. This figure is grossly inadequate as it means that each new centre will receive only about Rs 4,209/- per month to function. Additionally, there is the need to maintain and ensure quality within the existing centre.

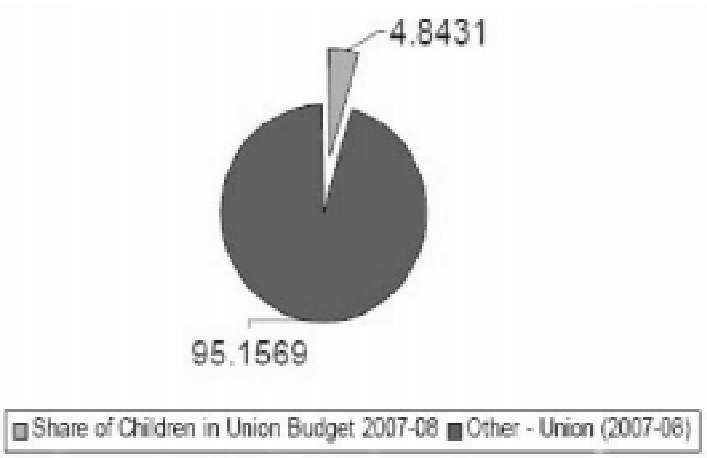
Child protection

There has been a minimal increase of 0.01% in protection of children, which is largely due to introduction of the long-awaited Integrated Child Protection Scheme (ICPS), which was initiated along with the current budget. In India, 21% of boys get married before the age of 21 years and 28% of girls get married below age of 18 years. In AP 38.6% of girls get married below the age of 18. The dwindling number of girls in the 0–6 year old age group is also a cause for alarm. For every 1,000 boys there are only 927 girls, even fewer in some areas. India is also home to the largest number of child labourers in the world.

Child education

While the total allocation for education has increased by 34% this year, the share of child education (elementary and secondary education) has only gone up by 21.34%. This is at a time when 1.34 crore children in the age group 6–14 are out of school. The drop-out rate in classes I–X is 62.68% and of every

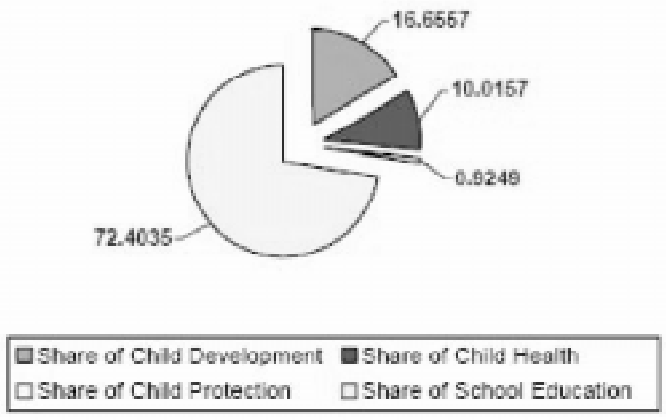
Share of Children in Union Budget 2007-08



100 children dropping out, 66 are girls. 38% of children from STs are out of school.

There is a decrease in allocation to the Sarva Shiksha Abhiyan (SSA) from Rs. 11, 000 crore to Rs. 10,671 crore. There is also a decrease in allocation to the District Primary Education Programme from Rs.200 crore to Rs. 80 crore. The increase of 10.26% in allocation for elementary education is primarily due to the increase in the budget for the mid-day meal scheme. Moreover, the Finance Minister has committed to increase the number of teachers as well as classrooms by appointing 200,000 more teachers and constructing 500,000 more classrooms this year. Will the reduced SSA allocation be enough for

Sectoral Allocation in Child Budget (2007-08)



ensuring all this and giving every child in the 6–14 age group their fundamental right to education?

In the case of allocation for ashram schools in TSP areas an amount of Rs 20 crore has been allocated for 2007-08 as against Rs. 16 crore the previous year. But the allocation for STs under Post Matriculation Scholarship, Book Bank and Upgradation of merit of ST students has reduced to Rs. 163.19 crore from Rs. 189.78 crore in 2006-07.

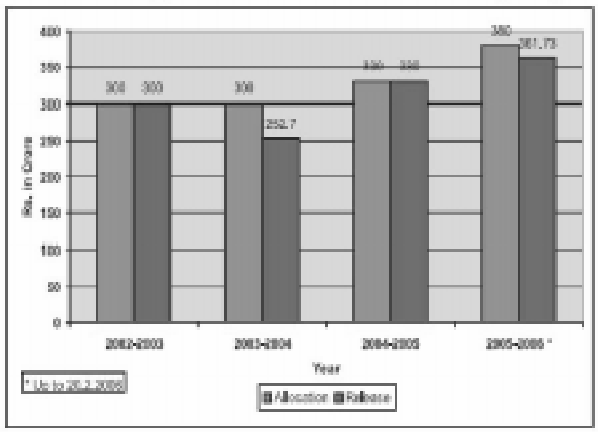
Child health

The allocation for child health has fallen from 0.55% in 2006-07 to 0.48% this year. As it is, 80% of the total health care costs are met through private expenditure and most of the private expenditure is out-of-pocket (nearly 97%). In a scenario where our children are plagued by malnutrition, rising cases of polio and increased disease burden, the fall in allocation for their health is a matter of deep concern. India has the highest number of birth and neo-natal deaths (death within 28 days of birth) in the world. Forty six per cent of the children continue to be under-weight.

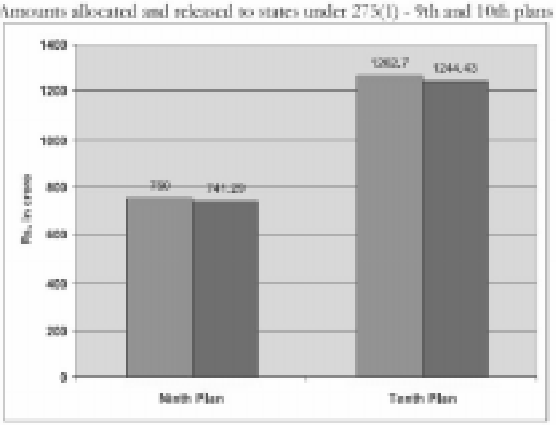
Below are some details of budget allocations to tribal areas

Constitutional provisions for resources for tribes- Article 275(1) of the Constitution of India guarantees grants from the Consolidated Fund of India each year for promoting the welfare of STs and in pursuance to this constitutional obligation, the Ministry of Tribal Affairs provides fund through a Central Sector Scheme Grants under Article 275(1) of the Constitution.

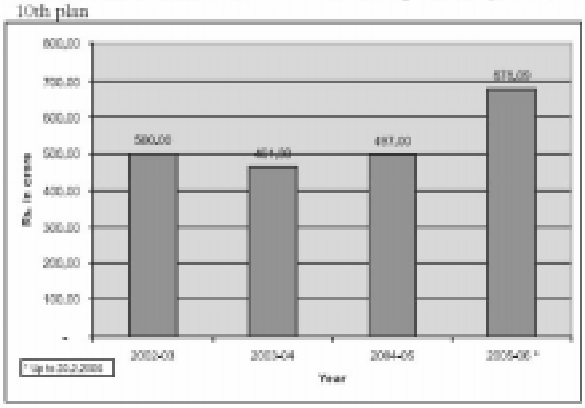
Grants under 275(1) : Year-wise allocation and released during 10th plan



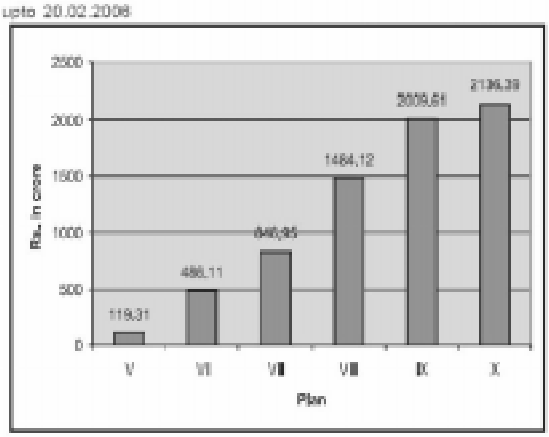
Amounts allocated and released to states under 275(1) - 9th and 10th plans



Funds released to states under SCA to TSP during first four year of the 10th plan



upto 20.02.2006



* For first four years only of the 10th Plan.

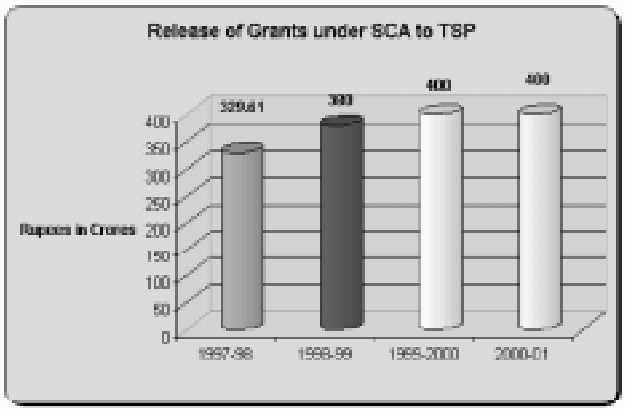
Source : 2005-06 Annual report Tribal Welfare Department

Resources for tribal people

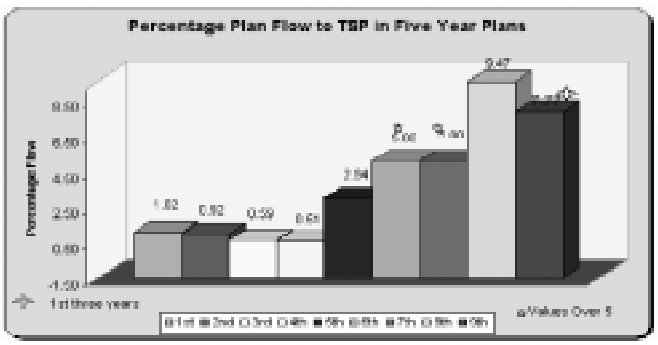
Tribal Sub Plan (TSP)- The TSP is a plan within the ambit of a state or a Union Territory (UT) plan meant for welfare and development of tribal people. Such a plan is a part of an over-all plan of a state or UT, and therefore, called sub plan. The benefits percolated to the tribal people and tribal areas of a state or a UT from TSP are in addition to what percolates from the over-all Plan of a state/UT. This strategy is to ensure flow of funds for TSP areas at least in equal proportion of STs population of each of the state and UT. The TSP strategy seeks to ensure an adequate flow of funds from all Central Ministers/Departments.

Special Central Assistance (SCA)-The Scheme of Special Central Assistance (SCA) to TSP was introduced during VI Five Year Plan. Under the Scheme assistance is given to state government as an additive to state TSP.

Allocation for TSP component	
Department/Ministry	**%**
Social Justice and Empowerment	7.00
Telecommunications	7.86
Commerce	7.74
Indian System of Medicine and Homeopathy	1.85
Environment and Forests	17.85
Drinking Water Supply/Rural Development	10.00
Textiles	7.49
Non-conventional Sources of Energy	6.70
Women and Child Welfare (ICDS only)	17.8
Agriculture	3.70
SSI and Rural Industries	4.94
Human Resource Development	8.01
Youth Affairs and Sports	0.65
Source: HAQ presentation 2007	



Source : HAQ presentation 2007



Source : HAQ presentation 2007

Funds released towards various education schemes by the Tribal Welfare Department

*Up to 20.2.2006 in lakhs AI=All India

A) Funds released to state governments under SCA to TSP during first four years of Tenth Plan - (in lakhs)

	2002-03	**2003-04**	**2004-05**	**2005-06***
AP	2,732.80	2,459.52	2,459.52	2,751.14
AI	49,700.00	46,130.00	49,700.00	67,809.00

B) Funds released to state governments under article 275(1) of the Constitution during first four years of Tenth Plan (in lakhs)

	2002-03	**2003-04**	**2004-05**	**2005-06***
AP	2,160.30	1,785.00	2,300.46	3,112.31
AI	30,000.00	25,270.00	33,000.00	36,173.07

C) Details of Eklavya Model Residential Schools (in lakhs)

Name	No of schools allotted	No of schools started	Total no of schools	Funds released *		
				Non-recurring	Recurring	Total
AP	8	8	3,853	1,700.00	960.00	2,660.00
AI	100	68	16,079	20,165.44	4,460.00	24,625.44

D) Grants-in-aid released under the scheme of boys/girls hostel (in lakhs)

Name	2002-03			2003-04			2004-05			2005-06*		
	Amt	Hostel	Seat	Amt	Hostel	Seat	Amt	Hostel	Seat	Amt	Hostel	Seat
AP	332.5	18	2,125	277	23	3,001	0	0	0	0	0	0
AI	1,350	178	9,835	1,814.5	49	5,481	1,300	33	2,065	992.1	13	620

E) Grants-in-aid released under the scheme of ashram schools in TSP areas (in lakhs)

Name	2002-03			2003-04			2004-05			2005-06*		
	Amt	Hostel	Seat	Amt	Hostel	Seat	Amt	Hostel	Seat	Amt	Hostel	Seat
AP	0	0	0	380	38	3,800	0	0	0	0	0	0
AI	950	135	7,625	647	38	3,800	550	38	4,560	550	10	1,250

F) Grants-in-aid released under the scheme of post matriculation scholarships along with number of beneficiaries during the first four years of Tenth Plan (in lakhs)

Name	2002-03	2003-04	2004-05	2005-06*	Amt beneficiaries	Actual	Amt	Anticipated beneficiaries
	Amt	Actual beneficiaries	Amt	Actual beneficiaries				
A P	774.88	60,652	2,435.7	69,427	1,084.23	107,562	3,606.78	118,484
AI	5,158.64	585,294	6,579.47	755,869	10,137.71	787,236	18,183.3	874,215

G) Grants-in-aid released under the scheme of up gradation of merit (in lakhs)

Name	2002-03	2003-04	2004-05	2005-06*				
	Amt released	No of beneficiaries	Amt released	No of beneficiaries	Amt released	No of beneficiaries	Amt released	No of beneficiaries
A P	12.6	84	0	0	0	0	0	0
AI	92.05	734	76.88	512	39.03	303	100	658

H) Grants-in-aid released for vocational training centres (in lakhs)

Name	2002-03	2003-04	2004-05	2005-06*				
	Amt released	No of beneficiaries	Amt released	No of beneficiaries	Amt released	No of beneficiaries	Amt released	No of beneficiaries
A P	0	0	107.6	9	0	0	0	0
AI	399.99	65	400	45	450	48	247	35

Introduction

The National Education Policy in 1968 marked a significant step in the history of education in post-independence India. It aimed at promoting national progress, a sense of common citizenship and culture, and to strengthen national integration. It laid stress on the need to bring about radical reconstruction of the education system, to improve quality at all stages, give greater attention to science and technology, cultivate moral values, and build a close relationship between education and the life of people.

Keeping in mind the economic and technical changes, Government of India modified the National Policy in 1986 and again in 1992 laying down fresh commitments for different levels of education. The priority areas specified being free and compulsory primary education, covering children with special needs, eradication of illiteracy, vocationalisation, education for women's equality and special focus on education of SCs/STs and minorities.

In July 2004 the Central Advisory Board of Education (CABE) was reconstituted after its expiry in March 1994. CABE is the highest advisory body to advise the central and state governments in the field of education. The board consists of nominated members representing various interests, in addition to representatives of the government of India, state governments and union territory administrations, and elected members from Lok Sabha and the Rajya Sabha.

At an international level, India is a participant in the worldwide movement for universal education that began in Jomtien, Thailand in 1990. It is a signatory to the Dakar (Senegal) declaration and framework of action for 'Education for All'.

In particular with the aim to improve literacy levels elementary education received a new thrust with emphasis on three aspects:

- Universal access and enrolment.
- Universal retention of children up to 14 years of age.
- Substantial improvement in the quality of education to enable all children to achieve essential levels of learning.

The Constitution (86th Amendment) Act 2002 and the Right to Education Bill.

The 86th Constitution Amendment Act, 2002 added Article 21A, stating, 'The state shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the state may, by law, determine.' The 86th Amendment also modified Article 45, which now reads as 'The state shall endeavour to provide early childhood care and education for all children until they complete the age of six years'.

The Right to Education Bill 2005 seeks to give effect to this amendment.

In the Tenth Five Year plan period (2002-07) an amount of Rs. 28,750 crore, was allocated for elementary education, which is 75% higher than the allocation for the Ninth Plan.

The major schemes of the Department of Elementary Education and Literacy during the Tenth Plan are:

1. Sarva Shiksha Abihyan (SSA) that is the main programme for providing elementary education to all children and includes
    a. National Programme for Education of Girls at Elementary Level (NPEGEL) providing additional support to girls in backward blocks.
    b. Education Guarantee Scheme and Alternative and Innovative Education (EGS&AIE) that provide children in school-less habitations and out-of-school children access to elementary education.

2. District Primary Education Programme (DPEP).
3. National Programme of Nutritional Support to Primary Education (NP_NSPE) or the mid-day meal scheme.
4. Teacher education to provide academic and technical resource support for continuous education and training of schoolteachers.
5. Kasturba Gandhi Balika Vidyalaya (KGBV) with the aim of setting up schools at elementary level for girls belonging predominantly to SCs, STs, Other Backward Castes (OBC) and minorities in backward blocks.
6. Mahila Samakhya designed to mobilise and organise marginalised rural women for education by creating a learning environment.

Special focus districts have also been identified on a cross matching basis, consisting of areas of minority concentration blocks/tehsils, ITDP (Integrated Tribal Development Project) blocks, Schedule V and Schedule VI areas, and districts with SC female literacy less than 10%.

In the case of STs the new policy states that the following measures would be taken to bring them on par with others:

1. Priority to be given to opening primary schools in tribal areas.
2. Developing curricula and designing instructional materials in tribal languages in the initial stages before enabling transition to regional languages.
3. Encouraging and training educated tribal youth to take up teaching in tribal areas.
4. Residential schools, including ashram schools to be set up on a large scale.
5. Incentive schemes for STs to be formulated keeping in mind their special needs and lifestyles. Scholarships for higher and technical education and remedial coaching to be provided.
6. Anganwadis, non-formal and adult education centres to be opened on priority in predominantly ST areas.
7. Curriculum to be designed at all stages to create awareness of their rich cultural identity and creative talent.

Tribal Welfare Department schemes for education are divided as below:

Special area programmes

Ekalavya Model Residential Scheme

National Overseas Scholarship Scheme for Higher Studies Abroad.

Centrally sponsored scheme

Scheme for Construction of Hostels for Boys and Girls

Scheme for Establishment of Ashram Schools in Tribal Sub Plan areas

Post Matric Scholarship

Book Banks

Scheme for Upgradation of Merit

Central sector schemes

Scheme for setting up Educational Complexes in Low Literacy Pockets for development of women's literacy.

Rajiv Gandhi National Fellowship

Vocational Training in tribal areas

Schemes for NGOS

Grant-in-aid to Voluntary Organisations for Welfare of STs

Coaching and Allied Scheme

Vocational Training Centres

Scheme for setting up Educational Complexes in Low Literacy Pockets for development of women's literacy.

Funds for residential schools

Funds for non-residential schools

Funds for hostels

With all the above laws, schemes and programmes it would be expected that the stated aim of the government 'Education for All' would be a reality. However, the case of tribal children is a stark contrast. Tribal children today remain impoverished, under-privileged and unable to access the positive discriminatory opportunities provided under the Constitution. Education is one of the strongest indicators of the status of a community or people. Data available with government provides very revealing information about the problems of education faced by tribal children in India including the state of AP.

Literacy in tribal areas of Andhra Pradesh

Table 11: Literates and literacy rates for STs and general population-All India and AP(2001)

	Literates			Literacy rate (%)		
	Male	Female	Total	Male	Female	Total
All India-General	339,969,048	226,745,947	566,714,995	75.85	54.16	65.38
AP state-General	23,636,077	16,728,688	40,364,765	70.85	51.17	61.11
AP state-ST population	1,005,947	535,330	1,541,277	47.66	26.1	37.03
Source: Provisional Population Total: India. Census of India 2001 Paper 1 of 2001						

Table 12: Literacy levels for STs and general population - All India and AP (2001)

Census period	All India literacy %		AP literacy %	
	General	ST	General	ST
1951	16.67	5.96	15.81	3.46
1961	28.29	8.54	21.19	4.41
1971	34.45	11.29	24.57	5.34
1981	36.26	16.35	29.94	7.82
1991	51.11	29.60	44.09	17.16
2001	65.38	NA	61.11	37.03
Source : http://education.nic.in/htmlweb/edusta_pt2.htm and Provisional Population Total: India. Census of India 2001 Paper 1 of 2001.				

While the general literacy level in the state stands at 61.11 % the literacy level of the STs is at an abysmally low 37.03% (Table 11 and 12). The literacy rates over the decades have shown considerable increase. However, when compared with that of the general population literacy rates the degree of growth is much lower.

A district-wise comparison of literacy rates from 1961 to 2001 is also quite revealing (Table 13). The highest over-all literacy rate in 2001 is in the district of Hyderabad at 55.40% while the lowest 25.80% is in the district of Mahaboobnagar. West Godavari shows the next highest literacy rate at 50.90% but the other districts are at considerably lower levels of literacy. Districts where there is presence of PTGs have a comparatively poorer literacy rate.

Table 13: AP district-wise literacy rates (%)for STs from 1961-2001

	1961			1971			1981			1991			2001
	T	M	F	T	M	F	T	M	F	T	M	F	T
Adilabad	2.52	5.95	0.60	3.28	12.01	1.62	6.85	27.39	7.55	17.67	52.30	26.90	39.70
Ananthapur	7.46	10.92	1.52	6.32	18.92	5.22	12.20	38.50	14.09	26.74	57.20	30.90	44.50
Chittoor	4.28	9.95	2.10	5.76	13.15	3.90	8.68	28.40	13.19	21.06	52.80	35.80	44.40
East Godavari	3.65	9.51	3.55	6.54	16.54	2.58	12.59	27.57	16.48	22.04	50.40	38.90	44.60
Guntur	9.78	14.39	4.59	9.60	19.51	7.46	13.64	29.84	11.49	20.90	46.60	27.60	37.30
Hyderabad	13.54	24.57	13.52	25.80	38.11	20.03	29.48	26.06	7.88	17.31	64.50	45.70	55.40
Kadapa	4.67	9.35	1.76	5.97	17.60	3.95	11.06	32.58	12.31	22.89	51.70	30.10	41.20
Karimnagar	1.37	4.23	0.95	2.59	8.72	1.61	5.24	20.09	4.08	12.31	46.00	22.10	34.20
Khammam	2.56	5.68	0.92	3.30	10.04	2.49	6.32	24.01	8.02	16.16	48.00	27.60	37.90
Krishna	6.23	15.48	8.05	11.83	20.00	8.85	14.55	29.90	13.28	21.68	51.30	35.80	43.70
Kurnool	6.89	16.20	3.79	10.12	21.14	6.15	14.01	36.76	12.02	24.86	55.80	28.70	42.70
Mahaboobnagar	1.92	5.89	2.29	4.39	7.30	1.19	4.30	16.76	3.10	10.07	37.60	13.30	25.80
Medak	4.71	3.17	1.75	2.50	9.70	1.31	5.60	19.57	2.92	11.49	41.10	14.30	28.10
Nalgonda	3.61	10.26	3.66	7.13	7.84	1.02	4.53	23.82	4.21	14.50	49.10	20.10	35.20
Nellore	3.93	7.79	3.29	5.50	11.05	5.16	8.19	20.78	11.66	16.36	41.90	32.80	37.40
Nizamabad	1.49	16.35	3.14	10.55	8.38	0.73	4.64	20.61	3.64	12.22	45.00	16.50	30.70
Prakasham	--	13.10	4.37	8.82	20.56	8.42	14.66	29.81	11.90	21.07	46.90	29.00	38.20
Ranga Reddy	--	-	-	--	11.35	2.53	7.05	56.38	32.29	44.92	46.30	22.10	34.50
Srikakulam	5.12	6.11	1.05	8.14	14.55	4.65	9.63	28.98	10.41	19.70	53.30	30.60	41.90
Visakhapatnam	3.99	7.62	1.08	4.71	10.40	2.02	6.28	25.18	7.83	16.59	46.00	22.70	34.30
Vizianagaram	--	--	--	--	11.91	4.00	7.98	22.53	8.79	15.68	44.60	26.20	35.30
Warangal	3.07	6.63	0.59	3.66	8.49	1.31	5.07	21.22	4.90	13.39	45.80	22.40	34.40
West Godavari	5.49	9.33	3.72	6.53	14.29	8.46	11.34	29.11	19.02	24.06	55.90	46.00	50.90
Total	4.41	9.47	2.12	5.34	12.02	3.46	7.80	25.25	8.68	17.16	47.66	26.10	37.03

Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm /basicstats.pdf

Female literacy: Still a major concern

It is impossible to attain universal literacy until efforts are made to reach out to female children. The literacy level of the female population of tribal people stands at a worrying 26.1%. A district-wise analysis shows that the literacy rate is highest in West Godavari at 46% and lowest in Mahaboobnagar at 13.30 %.

It is not surprising to note here that the female literacy rates are lower in districts where there is a higher percentage of PTG population as well as in districts that are not in the Scheduled Area like Warangal, Medak, Nalgonda Rangareddy, Mahaboobnagar and Nizamabad. This needs to be examined seriously.

Anganwadi centres

Anganwadi centres perform the dual function of providing supplementary nutrition as well as addressing the educational needs of children in the first six years. The ICDS, a centrally sponsored scheme for child development is implemented through the Anganwadis. At present in the state 376 ICDS schemes are sanctioned with 66,101 Anganwadis covering the entire state, out of which 300 are in rural, 34 in urban areas and 29 in tribal areas. While there is some extent of supplementary nutrition through the Anganwadis in the tribal areas these centres barely provide any educational facilities required for children below school-going age.

In many places, for reasons of 'economic viability', there is only one Anganwadi for three to four hamlets or villages handled by an illiterate tribal woman burdened with the multiple tasks of maintaining the Anganwadi. The infrastructure of Anganwadis is frequently dilapidated and shabby making them unfriendly places for young children who come to the centres only for the short time when food is being distributed. Hence, they are more like food collection points for infants and pregnant women. They lack necessary infrastructure such as toilets and drinking water facilities or sufficient medical kits, which are essential for a hygienic environment.

There is normally no play material available for children and even if there is, Anganwadi workers are usually too busy preparing food to attend to the educational needs of the children. The large list of activities that an Anganwadi worker is expected to perform are unrealistic given the poor remuneration and the lack of skills and training for these women.

The Anganwadis are unable to reach the more severely malnourished children mainly in PTG villages, which are on the hilltop and do not have access to development intervention. It was observed during our study that most of the villages that do not have Anganwadis, Girijan Vidya Vikas Kendra (GVVK) or primary schools, are those inhabited by PTGs. Within these villages malnourishment, Infant Mortality Rates (IMR) and Maternal Mortality Rates (MMR) are usually much higher than in other villages. Conditions are often unhygienic, housing is poor, drinking water and other basic amenities are lacking and hence, these populations are more vulnerable to the annual monsoon illnesses and epidemics. In Visakhapatnam district, we find this situation clearly evident in Khond villages.

The dovetailing of health interventions in terms of monitoring weights and heights converging with Auxiliary Nurse cum Mid-wife's (ANM) in immunisation programmes, primary health and first aid interventions, are quite absent in reality. In most of the villages that we conducted primary surveys, very few mothers had immunisation cards for their children, and were unable to report of any vaccinations given to their infants except for polio drops. Additionally, there were no visible skin marks to indicate administration of vaccinations, even for BCG.

Hence, the current intervention merely scratches the surface, rather than offering a thorough and focused approach to early childhood development and education. Any education or milestone development during this stage is purely through family and the natural experiences of life. The strong cohesive social environment enables the tribal children to grow in a healthy manner despite the lack of stimulation from a formal education in the early years. Hence, it is important that, where government has very clear limitations in its methods of intervention into early childhood education, it must also be conscious not to disturb the social fabric of tribal communities through short-sighted development, or culturally destructive programmes.

The example of Paderu mandal ITDA ICDS centre

In Paderu mandal in Visakhapatnam district there are a total of 821 Anganwadi centres. Of the Anganwadi workers in the ITDA only two have passed intermediate while one has passed the Bachelor of Arts exam (*Table 14*). The majority of the workers in the centres are illiterate. It is therefore not surprising that the education of the children receives very little attention in these centres.

Again the number of malnourished children identified in these mandals and ICDS project area is also quite high with 28,262 children from five mandals identified as malnourished (*Table 15*).

Table 14: ICDS details of ITDA Paderu

S No	Mandal	No of Anganwadi centres
1	Chintapalli	174
2	Munchangiputta	81
3	G Madugula	65
4	Koyyuru	61
5	Peddabayulu	76
6	Paderu	153
7	Ananthagiri	74
8	Araku	137
	Total	821

Source: District Women and Child Development Agency, District Office, Visakhapatnam

Table 15: Particulars of malnourished children - ITDA Paderu

Name of ICDS Project	No of Anganwadis	Grade I	Grade II	Grade III	Grade IV	Total Children
Pedabayulu	76	1,639	1,215	10		2,864
Araku Valley	137	3,234	2,000	5		5,239
Koyyuru	74	1,026	440	11		1,477
Chinthapalli	174	4,521	1,901	9		6,431
G Madugula	96	1,611	1,468			3,079
Paderu	166	3,377	2,711	15		6,103
Munchinguputa	87	1,666	1,399	4		3,069
Total	810	17,074	11,134	54	0	28,262

Source: District Women and Child Development Agency, District Office, Visakhapatnam

Access

The awareness of the need for education and the tremendous increase in enrolment of tribal children are positive indicators of the efforts made in the past by the tribal welfare administration to bring children into the fold of education. Across tribal communities, there is now a perceptible demand for elementary education and parents are taking great pains to gain admissions for their children into ashram schools.

However, it is a great shock that the fundamental right of every Indian child to access elementary education, is still denied to tribal children. In many villages and hamlets in the 10 districts where the Tribal Welfare Department works, the ITDAs are not fulfilling their responsibility of ensuring compulsory and universal elementary education. There are many hilltop villages, and even some roadside villages, in which tribal children still do not have the facility of a primary school. In Visakhapatnam district alone there are about 500 habitations as per government estimates, where there are no elementary schools.

The reasons for this gap are mainly, threefold. Firstly, the government finds it extremely difficult to monitor the schools that are set up, because of the absenteeism among teachers. Secondly, it is often considered economically unviable to set up a school in villages where there are not enough children of school-going age. However, the third and most important reason is the lack of political commitment towards universal education.

ITDAs find it difficult to take responsibility for compulsory, universal elementary education on the grounds that it is impossible to monitor schools in these remote areas. This lack of commitment on the part of the government is visible in indicators such as enrolment, drop-out rate and out-of-school children in tribal areas.

Enrolment

Table 16 is reflective of the status of tribal education in AP. The figures for 2004-05 show that whilst there was an enrolment of 98,692 boys in Class I there were only 26,675 in Class X, and whilst 94,286 girls enrolled in Class I, there were only 16,187 girls in Class X. After the primary level, when the children enroll for Class VI, the drop-out rate is almost 50%, and the percentage of girl students drops drastically as they go up to middle and secondary school stages. This sharp decline in female education also implies that girls are being either married off before they reach 18 years of age, or are joining the daily wage labour force in a state of illiteracy or semi-literacy.

Table 16: Class-wise enrolment in all management schools in AP-General and ST

Class	Gen /ST	2002-03			2003-04			2004-05		
		Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
I	Gen	977,991	957,880	1,935,871	848,409	816,523	1,664,932	800,716	769,705	1,570,421
	ST	132,673	132,954	265,627	113,270	109,102	222,372	98,629	94,286	192,915
II	Gen	876,054	870,153	1,746,207	828,671	820,805	1,649,476	751,434	740,494	1,491,928
	ST	99,758	7,267	197,025	94,737	933,308	188,045	80,020	77,279	157,299
III	Gen	885,375	867,114	1,752,489	801,455	787,904	1,589,359	785,150	773,946	1,559,096
	ST	99,691	8,458	188,149	89,310	81,000	170,310	85,098	79,929	165,027
IV	Gen	799,376	770,186	1,569,562	803,576	779,104	1,582,680	764,763	748,460	1,513,223
	ST	75,067	61,281	136,348	84,698	71,753	156,451	78,657	69,861	148,518
V	Gen	784,911	74,591	859,502	762,037	727,175	1,489,212	792,586	765,157	1,557,743
	ST	65,614	40,136	114,750	68,537	53,817	122,354	78,031	65,515	143,546
P	Gen	4,323,707	3,539,924	7,863,631	4,044,148	3,9311,511	7,975,659	3,894,649	3,797,762	7,692,411
	ST	472,803	250,096	901,899	450,552	1,248,980	859,532	420,435	386,870	807,305
VI	Gen	689,061	616,664	1,305,725	686,618	615,180	1,301,798	694,487	637,173	1,331,660
	ST	49,370	31,708	81,078	53,437	35,610	89,047	58,040	42,869	100,909
VII	Gen	618,276	535,623	1,153,899	636,216	564,116	1,200,332	655,098	589,426	1,244,524
	ST	39,151	23,428	62,579	44,589	28,101	72,690	48,813	33,976	82,789
UP	Gen	1,307,337	1,152,287	2,459,624	1,322,834	1,179,296	2,502,130	1,349,585	1,226,599	2,576,184
	ST	88,521	55,136	143,657	98,026	63,711	161,737	106,853	76,845	183,698
VIII	Gen	498,859	405,630	904,489	540,478	459,861	1,000,339	678,778	498,068	1,066,846
	ST	30,308	17,020	47,328	34,341	20,809	55,150	39,139	26,095	65,234
IX	Gen	437,029	377,669	814,698	465,707	383,363	849,070	510,212	440,739	950,951
	ST	24,564	13,025	37,589	28,004	16,148	44,152	31,396	20,473	51,869
X	Gen	384,259	298,550	682,809	415,986	331,805	747,791	46,753	370,623	417,376
	ST	20,896	10,563	31,459	23,930	12,735	36,665	26,675	16,187	42,862
S	Gen	1,320,147	1,081,849	2,401,996	1,422,171	1,175,029	2,597,200	152,743	1,309,430	2,435,173
	ST	75,768	40,608	116,376	86,275	49,692	135,967	97,210	62,755	159,965
GT	Gen	6,951,191	5,774,060	12,725,251	6,789,153	6,285,836	13,074,989	5,396,977	6,333,791	12,703,768
	ST	637,092	345,840	1,161,932	634,853	1,362,383	1,157,236	624,498	526,470	1,150,968

P=Primary; UP=Upper Primary; S=Secondary; GT=Grand Total
Source: Director of School Education

Table 17: AP district-wise percentage of ST enrolment and percentage of ST girls to ST enrolment

District	Primary school (I-V)						Upper primary (VI-VIII)					
	2002-03		2003-04		2004-05		2002-03		2003-04		2004-05	
	1	2	1	2	1	2	1	2	1	2	1	2
Adilabad	25.7	47.1	24.3	48.8	24.9	49.2	12.7	40.5	12.9	42.0	15.0	43.1
Ananthapur	4.4	48.3	4.3	48.3	4.4	47.6	4.1	37.0	4.0	43.5	4.5	43.6
Chittoor	5.7	48.8	5.4	48.3	5.3	48.1	3.3	41.6	3.1	42.5	3.4	45.1
East Godavari	7.0	49.5	6.8	49.6	6.5	49.6	4.2	49.5	5.0	45.2	5.0	49.2
Guntur	8.9	48.7	8.6	47.7	8.6	48.3	4.0	35.7	4.6	36.8	4.6	36.2
Hyderabad	2.1	48.2	1.8	47.9	2.3	46.2	1.3	45.7	1.4	46.6	1.8	42.9
Kadapa	3.9	47.2	3.7	46.6	3.6	46.6	2.1	37.6	2.2	43.8	2.4	40.5
Karimnagar	5.3	48.7	5.9	48.8	5.1	48.5	2.4	37.3	3.0	47.8	2.9	44.6
Khammam	39.8	49.4	40.8	49.5	37.1	49.4	24.4	42.1	26.5	42.8	30.2	45.2
Krishna	5.4	50.1	5.1	48.2	5.0	49.2	2.8	39.9	2.9	42.4	3.2	41.9
Kurnool	2.8	46.1	2.9	45.1	2.9	46.8	2.5	33.3	2.3	39.5	2.5	40.5
Mahaboobnagar	12.9	45.4	12.3	44.2	12.0	44.7	5.5	23.6	6.5	24.5	6.8	29.0
Medak	10.6	45.8	10.3	46.7	9.8	47.1	3.6	27.6	3.7	25.0	4.4	28.4
Nalgonda	17.3	46.6	17.1	45.9	15.4	45.5	6.9	30.0	7.0	35.5	9.2	35.1
Nellore	13.6	47.7	14.7	48.4	13.7	48.6	5.3	43.5	6.4	37.0	5.9	45.0
Nizamabad	11.8	47.5	11.1	46.7	11.0	47.8	5.2	28.9	5.7	33.5	6.1	32.9
Prakasham	6.9	47.9	6.6	47.5	6.4	48.0	3.2	35.5	3.6	37.3	3.3	38.9
Ranga Reddy	8.1	46.4	7.7	46.5	7.5	46.0	3.6	34.7	4.1	33.9	4.5	36.6
Srikakulam	9.9	51.6	7.9	34.7	7.8	47.6	7.4	38.2	4.9	46.0	7.1	45.8
Visakhapatnam	26.2	46.6	24.5	49.0	23.9	48.0	13.1	32.9	14.7	42.3	14.8	40.0
Vizianagaram	14.7	45.7	13.5	47.9	14.3	47.9	11.2	32.9	7.1	41.1	9.7	46.8
Warangal	23.4	49.7	20.9	49.0	21.6	48.8	10.7	36.7	10.5	39.5	13.1	41.2
West Godavari	4.9	48.9	4.6	49.9	4.7	50.2	3.3	47.0	3.5	50.8	3.4	47.1

1= % of ST enrolment; 2=% ST girls to ST enrolment

Source: Elementary Education in India. District report cards 2005. Volume 1

From Table 17 one can also see that in almost all districts, and in all years, the percentage enrolment of ST girls is drastically lower than total ST enrolment in the class, at both upper and primary levels. This is especially the case in the districts of Mahaboobnagar and Medak .

Drop-out

A comparison of the drop-out rates of ST students and other students in 2002-03 (Table 18) show that the drop-out rates for STs is much higher than that of students in the general category.

The drop-out rates in the higher classes were also much higher than in the lower classes. A district-wise comparison of drop-out rates is given in Table 19. Children dropping out are increasingly becoming a part of the child labour force or helping in household tasks. To a large extent it is the poverty of the families that forces these children to drop-out at such an early age.

Table 18: Drop-out rates in classes (I-V) , (I-VIII) and (I-X) in AP-General and ST for 2002-03

Class	Boys		Girls			
	Gen	ST	Gen	ST	Gen	ST
I-V	42.42	63.29	42.80	68.47	42.61	65.76
I-VIII	57.93	76.80	61.78	82.49	59.79	79.33
I-X	65.08	82.81	68.53	87.57	66.70	84.83

Source: Elementary Education in India. District report cards 2005. Volume 1

Table 19: AP ST drop-out rate 2005-06

District	I-V			I-VII			I-X		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Adilabad	39.02	45.14	42.10	77.78	83.01	80.38	88.85	90.95	89.86
Ananthapur	17.80	20.74	19.25	46.78	50.10	48.37	51.91	68.97	60.37
Chittoor	13.42	15.72	14.55	51.40	58.14	54.65	70.91	76.08	73.40
East Godavari	27.95	26.44	27.22	57.01	56.55	56.78	79.07	77.09	78.10
Guntur	50.22	53.85	52.00	69.89	81.11	75.40	83.38	88.91	85.92
Hyderabad	23.02	48.50	35.95	35.46	48.11	41.93	52.47	49.04	51.00
Kadapa	24.50	26.89	25.64	53.64	61.17	57.17	62.12	68.32	64.94
Karimnagar	46.21	51.35	48.69	70.52	73.67	71.99	73.28	75.47	74.16
Khammam	32.86	35.27	34.05	61.62	66.60	64.09	76.96	80.43	78.54
Krishna	33.21	39.83	36.49	62.71	70.98	66.89	69.21	78.76	73.56
Kurnool	32.07	33.54	32.77	58.68	57.77	58.25	66.03	69.59	67.64
Mahaboobnagar	63.54	71.07	67.04	82.84	90.99	86.45	87.25	93.01	89.37
Medak	66.37	73.10	69.48	80.19	86.73	83.00	84.17	90.11	86.15
Nalgonda	58.37	68.13	63.06	77.89	84.19	80.74	84.92	90.99	87.38
Nellore	41.89	38.52	40.27	78.03	79.69	78.82	88.79	91.55	90.12
Nizamabad	58.91	62.69	60.71	80.23	87.23	83.41	81.72	86.42	83.41
Prakasham	46.84	51.18	48.97	79.96	85.62	82.66	85.44	91.36	88.34
Ranga Reddy	53.15	60.00	56.48	75.88	81.21	78.31	78.63	82.16	80.09
Srikakulam	27.80	32.90	30.34	63.80	68.73	66.20	66.27	72.12	69.03
Visakhapatnam	46.90	52.88	49.82	59.99	70.07	64.98	68.88	75.19	71.78
Vizianagaram	15.13	24.05	19.52	58.20	68.83	63.46	75.02	79.37	77.19
Warangal	62.80	65.75	64.28	81.04	85.24	83.09	82.69	85.93	84.12
West Godavari	34.12	28.27	31.20	59.10	58.10	58.61	72.95	70.73	71.85
Total	47.46	52.13	49.73	72.16	77.50	74.71	80.05	83.88	81.76

Source: http://ssa.ap.nic.in/apscenario.html

Table 20: AP ST out- of- school children as on 31-3-06

District	ST population						Out-of-school children ST			Percentage			Out of school children ST					
	6-11			11-14			6-11			11-14			6-11			11-14		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Adilabad	34,171	33,634	67,805	16,582	14,208	30,790	133	397	530	458	1,373	1,831	0.4	1.2	0.8	2.8	9.7	5.9
Anantapur	9,686	10,368	20,054	7,293	8,254	15,547	498	1,494	1,992	897	2,691	3,588	5.1	14.4	9.9	12.3	32.6	23.1
Chittoor	9,500	9,710	19,210	5,467	5,457	10,924	90	268	358	440	1,319	1,759	0.9	2.8	1.9	8.0	24.2	16.1
East Godavari	12,236	12,980	25,216	7,970	9,273	17,243	480	1,438	1,918	772	2,316	3,088	3.9	11.1	7.6	9.7	25.0	17.9
Guntur	15,473	15,794	31,267	5,048	4,518	9,566	524	1,573	2,097	542	1,624	2,166	3.4	10.0	6.7	10.7	35.9	22.6
Hyderabad	5,138	7,739	12,877	2,342	3,255	5,597	1,305	3,913	5,218	428	1,283	1,711	25.4	50.6	40.5	18.3	39.4	30.6
Kadapa	3,686	3,944	7,630	1,277	1,940	3,217	152	457	609	364	1,091	1,455	4.1	11.6	8.0	28.5	56.2	45.2
Karimnagar	6,198	6,723	12,921	6,247	6,873	13,120	66	197	263	116	347	463	1.1	2.9	2.0	1.9	5.0	3.5
Khammam	44,282	43,156	87,438	25,038	21,726	46,764	173	517	690	367	1,099	1,466	0.4	1.2	0.8	1.5	5.1	3.1
Krishna	8,503	8,451	16,954	3,288	3,383	6,671	114	341	455	357	1,071	1,428	1.3	4.0	2.7	10.9	31.7	21.4
Kurnool	7,405	6,536	13,941	3,275	8,404	11,679	961	2,882	3,843	1,377	4,129	5,506	13.0	44.1	27.6	42.0	49.1	47.1
Mahaboobnagar	24,345	25,863	50,208	8,336	6,814	15,150	1,929	5,788	7,717	1,182	3,544	4,726	7.9	22.4	15.4	14.2	52.0	31.2
Medak	12,753	12,533	25,286	7,064	8,394	15,458	489	1,467	1,956	600	1,799	2,399	3.8	11.7	7.7	8.5	21.4	15.5
Nalgonda	27,367	24,237	51,604	16,058	12,578	28,636	403	1,209	1,612	577	1,730	2,307	1.5	5.0	3.1	3.6	13.8	8.1
Nellore	15,517	15,368	30,885	3,768	4,645	8,413	371	1,112	1,483	701	2,102	2,803	2.4	7.2	4.8	18.6	45.3	33.3
Nizamabad	12,416	12,029	24,445	9,423	8,226	17,649	214	640	854	385	1,153	1,538	1.7	5.3	3.5	4.1	14.0	8.7
Prakasham	11,115	11,069	22,184	5,683	6,225	11,908	238	714	952	701	2,102	2,803	2.1	6.5	4.3	12.3	33.8	23.5
Ranga Reddy	13,131	13,090	26,221	7,237	9,980	17,217	777	2,331	3,108	695	2,084	2,779	5.9	17.8	11.9	9.6	20.9	16.1
Srikakulam	9,083	8,612	17,695	4,833	4,205	9,038	75	224	299	139	416	555	0.8	2.6	1.7	2.9	9.9	6.1
Visakhapatnam	35,336	34,149	69,485	20,224	18,191	38,415	197	592	789	306	916	1,222	0.6	1.7	1.1	1.5	5.0	3.2
Vizianagaram	16,984	17,489	34,473	8,534	9,211	17,745	133	398	531	539	1,616	2,155	0.8	2.3	1.5	6.3	17.5	12.1
Warangal	29,413	32,414	61,827	10,464	9,206	19,670	379	1,136	1,515	381	1,142	1,523	1.3	3.5	2.5	3.6	12.4	7.7
West Godavari	5,912	6,333	12,245	2,781	3,429	6,210	119	356	475	357	1,070	1,427	2.0	5.6	3.9	12.8	31.2	23.0
Total	369,650	372,221	741,871	188,232	188,395	376,627	9,820	29,444	39,264	12,681	38,017	50,698	2.7	7.9	5.3	6.7	20.2	13.5

Source: AWP&B 2006-07

Table 21: Main workers: Children between 5-14 years engaged in child labour classified by industrial category (1991)

	Total population	Total main workers (I-IX)	I	II	III	IV	V(a)	V(b)	VI	VII	VIII	IX
All STs	1,143,549	175,083	56,063	100,464	9,707	249	2,945	2,048	613	1,501	171	1,322
1. Andh	2,390	277	154	114	3	0	2	2	0	0	0	2
2. Bagata	28,589	4,529	3,869	594	28	0	28	0	0	5	0	5
3. Bhil	77	2	2	0	0	0	0	0	0	0	0	0
4. Chenchu, Chenchwar	11,679	1,495	84	1,058	204	2	31	13	5	79	0	19
5. Gadabas	7,780	951	311	578	31	4	1	0	3	19	0	4
6. Gond, Naikpod Rajgond	56,497	9,325	3,395	5,232	196	2	298	160	5	14	0	23
7. Goudu	2,715	521	288	146	4	0	3	79	1	0	0	0
8. Hill Reddis	109	27	20	4	1	0	0	2	0	0	0	0
9. Jatapus	23,501	2,580	890	1,511	149	0	2	1	1	13	0	13
10. Kammara	9,947	1,287	566	636	31	1	18	19	3	6	0	7
11. Kattunayakan	180	21	6	7	2	0	0	1	1	1	0	3
12. Kolam Mannervarlu	11,058	1,732	709	925	60	1	15	12	0	4	1	5
13. Konda Dhoras	43,137	6,663	4,110	2,293	128	21	27	6	13	44	0	21
14. Konda Kapus	8,312	989	257	541	44	10	13	54	10	34	4	22
15. Kondareddis	19,211	2,863	1,405	1,320	103	0	23	0	0	1	1	10
16. Kondhs, Kodi, Kodhu Kondhs, Desaya, Dongria	16,794	3,768	3,265	482	7	0	3	0	1	3	0	7
17. Kotia, Bentho, Oriya Bartika, Dhulia, Holva	10,120	1,564	959	463	11	1	51	23	4	51	0	1
18. Koya, Goud, Rajah Rasha Koya, Lingadhari-Ko	122,200	19,770	5,448	13,118	769	16	83	127	21	62	4	122
19. Kulia	118	14	4	7	0	0	0	0	1	1	0	1
20. Malis	703	66	48	16	0	2	0	0	0	0	0	0
21. Manna Dhora	5,315	728	213	345	81	9	6	25	2	38	2	7
22. Mukha Dhora Nooka Dhora	7,084	1,232	897	320	5	0	2	0	0	7	0	1
23. Nayaks	6,009	1,100	114	878	78	0	4	1	3	2	0	20
24. Pardhan	5,640	390	67	282	3	0	4	7	0	23	0	4
25. Porja, Parangiperja	5,705	1,002	814	162	17	0	1	0	1	3	2	2
26. Reddi Dhoras	1,439	192	103	71	7	1	0	5	0	4	0	1
27. Rona, Rena	99	16	1	15	0	0	0	0	0	0	0	0
28. Savaras, Savaras: Kapu, Maliya, Khutto	23,851	3,175	718	1,849	472	1	15	8	2	95	0	15
29. Sugalis, Lambadis	492,586	80,768	25,466	47,917	5,054	95	294	658	333	419	61	471
30. Thoti	917	74	6	52	0	0	9	2	1	1	0	3
31. Valmiki	13,672	958	614	316	11	5	3	4	0	2	0	3
32. Yenadis	97,726	14,430	422	11,873	1,165	28	87	158	92	238	43	324
33. Yerukulas	103,653	11,853	609	6,965	1,021	45	1,906	664	99	295	52	197
34. Unclassified	4,736	721	229	374	22	5	16	17	11	37	1	9

Note: All STs includes figures for 'unclassified'

'Total' includes age group 0-4.

Industrial Categories

I CultivatorsII Agricultural labourers III Livestock, forestry, fishing,hunting,plantations, orchards and allied activities

IV Mining and quarrying V(a) Manufacturing, processing, servicing and repairs in household industry

V(b) Manufacturing, processing servicing and repairs in other than household industry

VI ConstructionVII Trade and commerce VIII Transport storage and communications

IX Other services

Source: Census of India 1991

Child labour

From Table 21 one can see that as per the 1991 Census, 175,083 children between the ages of 5 and 14 were engaged in different kinds of work forming a part of the main work force. With such poor indicators for enrolment and drop-out rate in the interim since 1991, one can safely assume that there has been little change in the situation of working tribal children.

Infrastructure and performance

The Department of Education and the Tribal Welfare Department have a number of schemes through which funds are allocated to develop educational infrastructure in tribal areas. These include promotion and development of residential schools and hostel facilities to enable tribal children living in far flung areas to access education and also to encourage them to enroll in higher studies. However, the gap between existing infrastructure and infrastructure needed is very wide even today and it is imperative that if the momentum to develop education is to be kept up, then the government will have to increase the facilities available to tribal areas. Failure to do so will only compound the problems of lack of enrolment, high drop-out rate and increase in number of out-of-school children.

Tables 22, 23, 24 and 25 give an idea of the infrastructure available in tribal areas for students. In 1970 there were 500 ashram schools and this figure went up by just four additional schools in 2005-06. In the year 2006-07 as a result of upgradation and bifurcation the number of schools increased to 663 with a total enrolment of 159,704 students. Of these 663, ashram primary schools numbered 129, upper primary schools 279 and high schools 255. While primary schools in 2005-06 were only 163 in number, the Mabadi or alternative schools have shot up to 5,441 in the last few years, showing a clear policy shift in tribal education. Hostel enrolment in 2006-07 increased to 90,206 but the number of hostels remained at 506. There are only three schools of excellence for boys and none for girls, and only seven PTG schools for boys and a mere one PTG school for girls. There are no English medium schools for girls whatsoever while there are only four schools for boys. At present, hostels and ashram schools are simply over-crowded (on average 225 children per each institution, compared to the originally planned 100 per institution).

Table 22: Gurukulam maintained residential educational institutions for imparting quality education to ST students in AP

Institution	Nos	Sanctioned strength	No of students admitted		
			Boys	Girls	Total
Residential Schools	29	13,996	7,738	4,114	11,852
Independent junior colleges	5	1,780	1,749		1,749
Upgraded junior colleges	38	29,019	15,825	10,082	25,907
Mini Gurukulams	41	6,150		5,893	5,893
English medium res.schools	4	1,280	1,124		1,124
Schools of excellence	3	810	234	89	323
Junior colleges of excellence	3	240	22	15	37
Total	123	53,275	26,692	20,268	46,960
Source: AP Tribal Welfare Department, Power point presentation					

At the college level, although the number of students completing high school has risen, there has been no corresponding increase in establishing colleges in the agency areas to match this increase in demand. Hence, in many areas, those who can afford to go to nearby towns manage to continue higher education, but the large number of those who cannot, simply drop out. Nor are they able to meet the expenses of hostel accommodation in the towns when they get admission to private colleges. Finally, there are only a limited number of courses offered in colleges in the agency areas and hence students are restricted in their choice of subjects.

Table 23: AP ST educational institutions - Abstract 2005-06

		Boys	Girls	Total
1	Ashram schools			
	Primary schools (Class III-V)	--	--	163
	Upper primary (Class III-VII)	--	--	202
	High schools (Class III-X)	--	--	139
	Total	410	94	504
	Strength of ashram schools	--	--	145,064
2	Maabadi/Alternative Schools	--	--	5,441
3	No of government hostels	387	119	506
	Strength of hostels	--	--	82,006
4	No of government primary schools (GVVKS)	--	--	4,317
	Strength of GVVKS	--	--	101,852
5	Residential schools			
	Schools of Excellence(English medium) (Class VIII-XII)	3	0	3
	General (Telugu Medium) (Class VI-X)	10	9	19
	PTGs (Telugu Medium) (Class III-X)	7	1	8
	English Medium Residential Schools (Class V-X)	4	0	4
	Total	24	10	34
6	Upgraded Residential Junior Colleges (Telugu Medium)(Class III/VI-XII)			
	General	19	10	29
	PTGs	3	1	4
	Ekalavya	2	3	5
	Total	24	14	38
7	Independent Junior Colleges			
	Independent Junior Colleges (Telugu Medium)Intermediate	4	0	4
	Junior Colleges of Excellence (English medium)Intermediate	3	0	3
	Ekalavya (Telugu Medium)	1	0	1
	Total	8	0	8
8	Mini gurukulams (Primary Residential schools for girls)(Class I-V)	--	--	41
	No of girls studying in mini gurukulams			5,893
9	No of students who received Post Matriculation Scholarship	--	--	145,477

Source: Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm /basicstats.pdf and Performance budget 2006-07, Department of Tribal Welfare, Hyderabad

Table 24: District -wise educational institutions in tribal areas in AP

District	Educational institutions									Residential Schools								Residential Junior Colleges											
		Hostels			Ashram Schools			GVVKS	SOE	Res Sc Gen			Res Sc PTG			Res MG Sc Eng Med		IJC			Up graded Jr Colleges									
																		Gen	Ekalavya	COE	Gen			Ekalavya			PTG		
		B	G	T	B	G	T	T	T	B	G	T	B	G	T	T	T	T	T	T	B	G	T	B	G	T	B	G	T
Adilabad		34	12	46	52	23	751	346		2		2					4	1	1		1	2	3						
Ananthapur	11	6	17	1		1			1		1																		
Chittoor		13	3	16	1		1				1	1				1	1			1									
East Godavari		16	5	21	45	6	51	356			1	1	1		1		1	1			2	1	3		1	1			
Guntur	24	8	32									1		1		1													
Hyderabad	5	2	7												1	1													
Kadapa		8	1	9													1												
Karimnagar	12	2	14	10	1	11			1		1	1		1		3								1	1				
Khammam	32	14	46	60	11	71	518	1		1	1					3	1			3	2	5				1		1	
Krishna		12	7	19	1		1																						
Kurnool		9	1	10	2	1	3		1					1	1		1				1		1						
Mahaboobnagar	17	4	21	2	2	4				2	2	1		1		4							1		1				
Medak	13	3	16	3	1	4										3				1		1							
Nalgonda		32	4	36	9	2	11			1	1	2					4					1	1						
Nellore		17	6	23	2		2	85			1	1	1		1		1										1		1
Nizamabad	12	1	13	3		3										3							1		1				
Prakasham	17	5	22	2		2						1		1		1													
Ranga Reddy		9	3	12	4		4			1		1					2												
Srikakulam	7	2	9	31	6	37	253					1		1		2				2	1	3							
Srisailam					27	7	34	122																					
Visakhapatnam	25	11	36	61	17	78	741		2		2				1	3	1		1	3	2	5				1		1	
Vizianagaram		15	6	21	34	8	42	399	1	1	1	2					1				2		2					1	1
Warangal		33	7	40	30	5	35	421		1	1	2				1	4			1	2		2		1	1			
West Godavari	14	6	20	30	4	34	76									3				2	1	3							
Total	387	119	506	410	94	504	4,317	3	10	9	19	7	1	8	4	47	4	1	3	19	10	29	2	3	5	3	1	4	

SOE: Schools of Excellence; MG: Minigurukulams; COE: College of Excellence; IJC: Independent Junior Colleges

Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm /basicstats.pdf

Table 25: Population growth vis-a-vis institutional expansion in AP

Year	ST pop	% of growth over previous decades	No of hostels and ashram schools	Rate of expansion of institutions
1971	16.58		671	
1981	31.76	91.55*	851	26.81
1991	41.99	32.21	988	16.09
2001	50.24	19.64	1010	2.20
*Due to inclusion of Lambadas in ST list				
Source: AP Tribal Welfare Department, Power point presentation				

Table 26: Class X results for STs in hostels and ashram schools in AP

Year	Pass %			
	Hostel	Ashram school	Total	State average
1999-2000	49	56	54	54
2000-2001	57	66	63	65
2001-2002	66	70	68	66
2002-2003	76	70	72	75
2003-2004	81	84	83	80
2004-2005	68	70	70	73
2005-2006	69	76	70	
Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm and AP Economic Survey 2006-07				

Table 27: Class X results for STs in residential schools in AP

Year	Pass %			
	Boys	Girls	PTG	Total
1998	66.70	43.20	59.60	59.40
1999	69.00	53.10	63.10	63.90
2000	70.50	71.90	73.90	71.50
2001	86.04	70.67	85.89	82.23
2002	89.28	85.97	84.94	85.97
2003	92.91	85.75	89.96	89.81
2004	96.89	87.11	89.21	92.01
2005	85.55	84.13	80.68	84.20
2006				88.00
Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm and AP Economic Survey 2006-07				

Tables 26 and 27 show that residential schools had a better, or almost equal performance to the state average and in the last few years this percentage has been maintained. This shows that tribal students are capable of being on par with mainstream students if they are given the right opportunities.

Expenditure on students in the educational institutions -Ashram schools and hostels

- Free boarding and lodging facilities
- Diet charges–Up to VII-Rs. 270/- per month, VIII–X Rs. 330/- per month
- Supply of text books
- Supply of note books–Rs. 250/- per student
- Supply of bedding material, trunk boxes, plates and glasses–Rs. 125/- per student
- Cosmetic charges–Rs. 25/- per month for girls, Rs. 20/- per month for boys
- Sanitary napkins for girl children
- Supply of library books, games and sports material–Rs.1,000/- per institution
- Hair cutting charges–Rs. 5/- per month for boys
- Medical expenditure (actuals are reimbursable)

The above figures of expenditure speak of the appallingly low and unrealistic budgets and facilities provided. The diet charges for students up to Class VII is a mere Rs. 270/- per month, a figure that is far from plausible in being able to provide a balanced and healthy diet. Given the sharp rise in the cost of food and basic commodities, there has been no corresponding rise in the budget available to students in order to cater to their basic food and amenities. As a result, the government is making budget provisions for the mere survival of students, rather than setting aside a realistic amount to sustain students' healthily through their education. Medical examination of students conducted by Samata showed that a majority of (especially female) students in most ashram schools were anaemic and suffering from related illnesses and chronic health problems. A typical sign of ill health found among female students was irregular menstrual cycles and other medical complaints related to this. The education material, including sports material provided per institution is a mere Rs. 1,000/- a figure that gives very little scope for maintaining any kind of library or undertaking any sports activities.

Table 28: Vocational Training Centres for STs in AP

S No	District	Location	Year of establishment
1	Srikakulam	Seethampeta	1994-95
2	Vizianagaram	Jeegiram	1995-96
3	Visakhapatnam	Chintapally	1996-97
4	East Godavari	Maredumilli	1996-97
5	Khammam	Yetapaka	1996-97
6	Adilabad	Kerimeri	1995-96
7	Kurnool	Srisailam	1996-97
8	Warangal	Eturunagaram	1999-00
9	West Godavari	KR. Puram	1999-00

Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm /basicstats.pdf

Vocational training.

Vocational training centres (*Table 28*) were set up to develop the skills of tribal youth in order to gain employment, or self-employment. The vocational training centres are again limited in choice of vocations, and remain quite out-of-touch to the livelihood and resources of the tribal area. Furthermore, there is a limited amount of available employment and a lack of support systems for self-employment once the students finish these courses. There are only nine vocational centres in AP Scheduled Areas.

Implications

Various factors have colluded to ensure that children from tribal areas remain illiterate. While the enrolment rate, drop-out rate, absentee rate and infrastructure indicators given above indicate the degree to which tribal people are alienated, there are a number of other factors that are responsible for the low attendance of children in schools and persisting levels of illiteracy.

Of principal concern is the fact that children of VTGs like the Khonds, still have lower levels of access to education than other tribes. Although the over-all educational standard of tribal people has increased, it is important that we analyse these figures for individual tribes. If we choose to exclude the statistics for the Lambada tribe with regard to education or employment, the over-all figure for the tribal population of the state becomes much lower. While state expenditure on tribal education has steadily increased in terms of quantity, it is still far below the required level.

The review clearly brings out that in spite of constitutional guarantees and persistent efforts, tribal communities continue to lag behind the general population. As one study on tribal education states, the reasons for this can be split into external, internal, socio-economic and psychological reasons. The external constraints are related to the problems and difficulties at the policy level, planning, implementation and administration. Internal constraints refer to problems associated with schools system, content, curriculum, medium of instruction, pedagogy, teacher related problems, academic supervision and monitoring. The third set of problems relate to social, economic and cultural background of tribal people and finally to the psychological difficulties of first generation learners.

Non-conducive environment for education

One of the most serious negative impacts of education in tribal areas is the lack of contextuality of the education system to tribal life and culture in elementary and higher education. This point has been repeatedly stressed by several educationists and researchers while evaluating education programmes and policies in the tribal areas. However, there has been no attempt at integrating tribal culture and knowledge into the mainstream curriculum, except for some recent efforts to bring out primaries in some tribal languages.

The curriculum excludes tribal history, culture and sciences. As students live far away from their communities in ashram schools, the entire schooling takes place in an atmosphere removed to their traditions and customs. Hence, instead of promoting cultural knowledge, education of tribal children ensures that they become severed from their own cultures, creativity, music and other forms of art and sciences. Children are losing the spontaneity of arts that are so intrinsic to tribal life and so also their sense of pride in their customs. The richness of oral history is being carelessly pushed aside and destroyed by the written text of mainstream society. Not only art, but also scientific knowledge of forestry, agriculture and indigenous medicine are being lost. Educated youth are experiencing the dual crisis of cultural disintegration and professional incompetence.

There is a need to balance the mainstream framework with tribal culture so that the tribal people are not left isolated from the outside world and educational opportunities. There is no mention of tribal life, histories, culture and knowledge of the sciences or value/belief systems incorporated into the curriculum. Hence, education has been worryingly instrumental in bringing about the demise of tribal culture and alienating tribal people from their identity. Educated tribal youth, whilst having gained literacy, have, in the process lost almost all understanding of their traditional knowledge including the creative skills in music, poetry and the scientific temper that their illiterate parents possess. Moreover, there is no sense of pride in this oral history and culture as the mainstream education does not acknowledge or promote any of these knowledge forms.

There is a lack of stimulating educational environment with regard to academic or other creative activities or sports. There is no patronage given to traditional art or sports that are inherent to tribal communities and

which have previously been passed on orally through generations of illiterate populations. The budget allocated for such activities is so low that it is almost impossible for the institutions to take up any initiative for the students outside the narrow curriculum-related teaching.

It is shocking that there is no special policy framework or wing in the Tribal Welfare Department to develop contextual education for tribal children. The diversity of their languages, histories, traditional arts, agricultural practices and knowledge of forestry could have been constructively tapped and integrated into education, given that the research institutions on tribal culture and policy already exist. . There is a strong lack of political and bureaucratic enthusiasm for

developing these forms of culture because public investments into promoting these customs, skills and traditions are not considered a priority in the present state policy framework. The absence of adequate learning environments, coupled with the non-relevance of education to tribal youth continues to reflect in the high drop-out rate after primary level.

Problems associated with teaching

In terms of academics, the teacher-student ratio is very low. At the Ashram Schools, classes containing between 150–200 students were found. Moreover, teachers' attendance in the schools, whether it is alternative or GVVK, is very irregular. In alternative schools where the teachers are from within the community the remuneration is abysmally low, while in GVVK schools where the teachers are rewarded well, the infrastructure in terms of transport and amenities in the villages keeps them away. The teachers would be more inclined to stay in these villages if government were to improve roads, provide transport, proper housing, electricity, potable drinking water, elementary education and primary health facilities. The absence of even basic amenities is one of the main factors for the frequent absence of teachers from their place of work. Even a good salary cannot compensate for lack of these amenities.

One must mention here the case of the Indian Rayon Industries Ltd in the Ananthagiri mandal of Visakhapatnam district, which exemplifies the obvious duality in governmental approach to providing facilities. The government constructed a 22-km-road, purportedly for 'public purpose', from Damuku to Nimmalapadu where the industry was given mining leases. However, to this day, the tribal people have received neither public transport, nor a school, nor any other infrastructure facilities since the company left the area after the mining lease was nullified. Therefore, providing infrastructure and basic amenities aimed at the development needs of tribal children and communities, rather than the needs of private industry, should be the true 'public purpose' objective of the government.

The poor quality of monitoring is also, to a large extent, due to the inaccessibility of these schools. District level officials are usually more inclined to pressurise communities to come to the roadside in order to receive development facilities, rather than to take these facilities directly to the communities themselves.

The lack of skills, training or motivation for the teachers in the alternative schools is reflected in the poor quality of performance among the children. Many children who complete classes III or IV do not have the standard even of class I children. Yet the children continue to be sent to higher classes without any assessment. The performance of children in the GVVKs is similar in most areas.

There have been sporadic efforts at creative teaching,

mainly at the elementary level, but there is no continuity in training or skills building for teachers. There is also a shortage of qualified teachers in high schools.

Poor health and lack of adequate nutrition

Increasing poverty and constant ill-health act as deterrents to regular child attendance at school. Primary health intervention is negligible in the ashram schools and although an ANM is now appointed in many residential schools for girls, her skills are inadequate and she has no training in school health management and intervention. When interviewing ANMs, it was understood that their main concern was to ensure that the menstrual cycles of the girls was monitored in order to observe pregnancies and to take the girls for referral to the PHC in cases of serious illnesses. None of the schools have a school physician, there is no health awareness training to staff or students, and there are no health teams working to maintain school hygiene, sanitation, safety and health. Healthcare, whether in the schools or in the communities, becomes a matter of providing services only during emergency situations.

Lack of proper nutrition is another serious problem that was detected in the girls' residential schools. The low budget allocated for food supplies in these hostels entails poor quality of food and unhygienic cooking conditions. Most girls in the hostels were found to be anaemic and suffering from menstrual disorders linked to malnutrition. There is practically no effort at addressing these concerns either medically or nutritionally. The approach towards providing food in the hostels should shift from a mindset of providing the bare minimum for survival to one of providing a balanced nutrient-rich diet for growing children, especially adolescent girls. The escalating food prices have not led to a corresponding increase in the budgets for food and nutrition in the ashram schools, and the present allocations are grossly inadequate.

Most often it is female children who are prevented from attending school in order to look after their younger siblings. Children dropping out of school almost always end up as child labour, and must be considered so even if they are working in their own fields. Universal education cannot be achieved if government does not work towards improving the economic and health status of tribal people. The main responsibility for absenteeism among tribal children should be that of the government, not the tribal family. Failure to recognise this is one of the major flaws of the Eleventh Five Year Plan recommendations. The

problem of absenteeism is more pronounced among PTGs such as the Khonds, Chenchus, Porjas and Kolams, and this is reflected in low literacy levels, high drop-out rates, and a large disparity in literacy levels between the sexes and between the tribes.

Lack of infrastructure at elementary school level

One of the major problems for providing elementary education in the tribal region is the dispersed nature of the population, which makes it difficult to have a school for just a handful of children. One of the main reasons again for addressing this problem is the government's negligence in providing basic amenities. Proper roads and bus facilities in these areas would make it viable to have elementary schools for clusters of villages.

Infrastructure in the GVVK schools is wanting with no toilets, drinking water or first aid kits provided. Apart from the demands of poverty, drop-out rates among tribal children, while undergoing and after elementary education, is mainly due to the inadequacy of infrastructure and man-power at the ashram schools. The number of ashram schools and the planned capacity of each of these schools fall far short of the

present demand, leading to overcrowding in hostels and classrooms and children being denied admission. This problem was found to be particularly acute in Visakhapatnam district where many children were being sent back home due to lack of space in the ashram schools.

Officially there is an acceptance that all children who approach ashram schools have to be provided seats. However, in reality the staff of these schools find it impossible to accommodate the children and cannot be blamed for refusing to take admissions. The poor infrastructure with regard to classrooms, residential facilities and toilets are causes of serious concern. In many schools and hostels, the floors and walls are in

a bad condition and, added to this basic amenities like bedding are very inadequate in spite of the cold climate and high rainfalin the hills. The number of ashram schools for female children is very low and the distances to reach these schools deter the parents from sending their female children there. A study conducted by Samata in 2002 in all the girls' ashram schools of Visakhapatnam district revealed the appalling state of infrastructure in the 11 girl's ashram schools that were surveyed.

Toilets are a serious concern in hostels, as girls have to either go to the streams or manage with unhygienic toilets. There are no proper facilities even where there are adolescent girls making it unhygienic and exposing them to abuse. In our study we found that reports of atrocities or sexual abuses are passed off with no punitive action taken against the staff or the accused. Also, there are many infrastructural problems in the hostels. For example, toilets being constructed far from the hostel even within the school campus, staff residential quarters not being segregated from girls hostels, lack of water facilities even where there are toilets and no separate sick rooms or clinics within campuses.

These educational institutions are running on budgets lower than shoestring standards, whether one considers money set aside for food supplies, educational material or infrastructure. Unless the government acknowledges this reality and creates more schools and improves infrastructures, the problem will only continue and worsen, as more and more tribal children demand education. There cannot be questions of non-viability in sectors like primary education and health, as spending in these sectors amounts to a social investment that a state is responsible for providing to its citizens in order to develop a healthy and productive society. Moreover, access to adequate health and education is both a human and civil right, as stipulated in the Constitution of India. Although the Tribal Welfare Department proposes informal schools with less than 20 or perhaps even 10 children, the practical workability of these schemes is questionable.

Alternative schools

In an attempt to increase coverage and to remove the problems associated with absenteeism of teachers, ITDAs have come up with an alternative to the mainstream schools; these are ad hoc schools, run by local youth. The 'economic viability' of this system has motivated the state government to shift increasingly towards 'alternative/community' schools, this has taken place to such an extent that they number more than 5,000 today.

The existence, nature and functioning of alternative/ community schools run under a project approach, is dependent upon the nature of the project under which

they are funded. Currently, these schools fall under the SSA programme.

Although these schools are co-termed 'community schools', the communities are normally excluded from participation in the selection of teachers. Where as in some cases communities (for example in Visakhapatnam district) have written to the government to recognise the community schools managed by them under the government-run programmes, yet there has been no response or collaborative efforts by the government. This only proves that the government is unable to manage its schools and also unwilling to take advantage of community collaboration. Hence public-private partnerships, which seem to be the motto of the government in all sectors of its policies including education, do not extend to true community partnership, apparently as this does not offer any commercially lucrative returns.

Teachers are hired from among the tribal youth and have the same mandate as the permanent staff of GVVK or government schools; however, they receive temporary and very low levels of remuneration. They do not come under the regular payroll of the government and the infrastructure facilities provided to these schools are almost negligible. The low and delayed remuneration does not provide any incentive for the teachers to work efficiently. As alternative schools are single teacher schools, it is a very challenging and stressful situation for the teachers, as they have to attend to heterogeneous children of different ages and levels of education simultaneously. Hence, providing any quality or focused teaching is difficult for these teachers.

Infrastructure for these schools, in terms of classrooms, floors, drinking water, toilets, etc., are practically non-existent in many places. The community is expected to fend for itself with regard to providing infrastructure to their children in the alternative schools and as a result, the children are attending schools that do not have proper roofing or floors or other structures worth mentioning. This not only fails to provide a decent environment for education but also exposes the children to the damp, wet and unhygienic conditions within the 'classroom' during monsoons and to the cold weather during the winter. Children studying in alternative schools are also constantly vulnerable to the threat of the schools closing down, without any warning, notice or consultation with the communities.

This programme has been pervaded by corruption and lack of information. Many of the schools exist only on paper and are not actually functioning in reality. The sanctioned mid-day meals are not provided to some of the mandated schools, so it is not known where these facilities are utilised. Although the mid-day meal scheme is a very concrete incentive to bring more children to school, merely providing sub-standard rice will not go far in improving the nutritional value of their diet.

Problems at the high school level

While recent efforts of the tribal welfare department at improving the infrastructure of high schools, the quality of teaching and providing opportunities for higher education training cannot be denied, this is grossly insufficient and inadequate compared to the number of tribal children who need these opprotunities and the pace at which the mainstream is moving in the education scenario. Besides, the lower end job opportunities that were available in the last few decades, has led to a large population of young tribal girls and boys competing for the few opportunities available today, while very few have managed to reach professional levels where many opportunities still exist.

The failure to diversify into vocational skills at high school level has meant that tribal youth, who are unable to adequately compete with mainstream youth in professional arenas, are equally unable to access vocational education that would allow them to majority diversify their resource and livelihood base and become economically independent. Education is not providing a level of competence to tribal youth, which would enable them to access opportunities on par with mainstream youth in professional fields. Hence, tribal education is merely producing youth with

some level of literacy but without the academic or practical skills needed to develop economically or socially. The statistics show high drop-out rates at middle and high school levels for tribal youth, meaning that tribal youth are unable to take advantage of the reservation benefits in professional courses and employment. It is surprising that tribal children, who live so close to nature and have a good understanding of nature, fail to perform in subjects like life sciences.

Given the growing resentment against reservations and the pressures from mainstream youth to do away with these incentives, the fate of tribal education seems to be hanging in the balance.

Government efforts are now directed towards exploring lower end private service sector employment in cities (for example, sales boys in shopping malls) and not at training them for qualified professions or in more dignified entrepreneurial skills. This is also reflected in the cutting down of permanent employment across all departments in the state under the AP economic reforms policy guided by the structural adjustment programme (SAP).

College education

Although the number of students going through high school successfully has increased, there is no corresponding increase in establishing colleges in the agency areas to match the demand. Hence, in many areas, those who can afford to go to nearby towns manage to pursue higher education, but a large number of students drop out. There are limited courses offered in the colleges in agency areas and hence they are restricted in choice of subjects.

Table 29: Pre Examination Training Centre: short term coaching for various competitive examinations conducted during Q1 of 2005-06

Course	Hyderabad	Bhadrachalam	Warangal	Utnoor	Tot no	No qualified
Civil service (UPSC)	35	0	0	0	35	0
BSRB (Clerical)	155	0	0	0	155	8 (results awaited for 110)
DIET CET	48	64	116	160	388	132
EAMCET	0	0	76	0	76	60
Group II Services	0	0	43	0	43	Results awaited
PG entrance	0	0	0	67	67	0
RRB (Technical and non-technical)	143	0	0	0	143	On going
Total	381	64	235	227	907	200

Source: AP Tribal Welfare Department Powerpoint presentation

It is not very promising that in a state with a tribal population of over 50 lakhs, only 35 students received coaching for Union Public Service Commission (UPSC) and none among them was qualified. Employment statistics in the public sector show that most of the tribal people are present in Class III and IV categories of employment and barely any are found in the Class I level.

Chapter 4 HEALTH: PROBLEMS AND CONCERNS OF TRIBAL CHILDREN

We should examine the status of the tribal child, under the overarching international scenario of obligations and commitments that our country is a signatory to.

The United Nations Declaration on Human Rights under Article 24 on Rights of the Child, states that

1. All parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.

2. State parties shall take appropriate measures

a) To diminish infant and child mortality.

b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care.

Article 27

1. State parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development

Article 32

'State parties recognise the right of the child to be protected from economic exploitation and from performing any task that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development'.

Further, the Millennium Development Goals aim to

- Remove extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality-reduce by two-thirds the mortality rate among children under five
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

Public Health Policy in India vis-à-vis the international commitments

'Widespread poverty, illiteracy and malnutrition, lack of personal hygiene, absence of drinking water, sanitary living conditions and health education, poor maternal and child health services, and ineffective coverage by national health and nutritional services', have been identified as conditions responsible for poor health status of the poor by the National Health Policy (NHP). It states 'In spite of the tremendous advancement in the field of preventive and curative medicine, the health care delivery services in these primitive tribal people are still poor and need to be strengthened in order to achieve the goal of Health for All in the country.'

'An important objective of the NHP 2002 is the over-riding importance to be given to ensuring a more equitable access to health services across the social and geographical expanse of the country and ensure that the access to, and benefits from, the public health system is ensured for tribal people along with women, children and other socially disadvantaged sections of society.'

In order to address the above policy concerns, what has been offered is a set of national schemes, the latest of which is the Integrated Disease Surveillance Project, a Tribal Development Plan under the financial support of the World Bank, which is essentially focused on disease surveillance through community participation and documenting patterns and trends in diseases in tribal areas in the country.

Table 30: Selected indicators of health expenditure ratios

Country	1		2		3		4	
	1999	2003	1999	2003	1999	2003	1999	2003
India	5.1	4.8	24.6	24.8	75.4	75.2	4.5	3.9
Argentina	9.1	8.9	56.5	48.6	43.5	51.4	15.0	10.8
Australia	8.7	9.5	69.5	67.5	30.5	32.5	16.9	17.7
Bolivia	6.2	6.7	58.1	64.0	41.9	36.0	10.5	11.9
Brazil	7.8	7.6	42.8	45.3	57.2	54.7	9.3	10.3
Cambodia	10.8	10.9	10.1	19.3	89.9	80.7	7.5	11.8
Colombia	9.3	7.6	76.3	84.1	23.7	15.9	23.2	20.5
Denmark	8.5	9.0	82.2	83.0	17.8	17.0	12.5	13.5
Ethiopia	5.4	5.9	53.0	58.4	47.0	41.6	8.9	9.6
Namibia	7.0	6.4	73.3	70.0	26.7	30.0	13.1	12.4
Netherlands	8.4	9.8	62.7	62.4	37.3	37.6	11.2	12.4
Norway	9.4	10.3	82.6	83.7	17.4	16.3	16.1	17.6
South Africa	8.7	8.4	41.1	38.6	58.9	61.4	10.7	10.2
Uganda	6.3	7.3	30.6	30.4	69.4	69.6	9.4	10.7
UK	7.2	8.0	80.6	85.7	19.4	14.3	14.5	15.8
USA	13.1	15.2	43.8	44.6	56.2	55.4	16.7	18.5
Zimbabwe	8.1	7.9	48.9	35.9	51.1	64.1	10.0	9.2

1. Total expenditure on health as % of GDP

2. General government expenditure on health as % of total expenditure on health

3. Private expenditure on health as % of total expenditure on health

4. General government expenditure on health as % of total government expenditure

Source: World Health Report 2006

The principal common features covered under the National Population Policy 2000 and the NHP 2002 relate to the prevention and control of communicable diseases, giving priority to the containment of Human Immunodeficiency Virus/Acquired Immunodeficiency Virus (HIV/AIDS) infection and the universal immunisation of children against all major preventable diseases. The expressed goal to be achieved by 2005-2015 is to achieve zero level growth of HIV/AIDS by 2007.

However, the shocking truth is that public health expenditure as a percentage of Gross Domestic Product (GDP) declined from 1.3% in 1990 to 0.9% in 1999, and yet, the government intends to achieve the above international and national goals.

The total expenditure on health as a percentage of GDP has reduced from 5.1% in 1999 to 4.8% in 2003. Similarly the percentage of government expenditure on health as percentage of total government expenditure has also decreased. Even governments of

countries like Namibia, Uganda and Bolivia have a higher percentage of expenditure on health when compared to India. On the other hand the private expenditure on health as a percentage of total expenditure on health is very high in India (*Table 30*).

What is the reality in the tribal areas?

Apart from a few papers published on certain aspects of diseases suffered, not many detailed studies are found concerning health and illness among tribal people of AP in spite of the fact that the poor including tribal people spend disproportionally on health care compared to their incomes, and also pay dearly, with their lives. A study conducted on the PTGs in Orissa can serve as an indication of the extent and kind of diseases prevalent among tribal people in AP, especially in the contiguous regions of north coastal AP bordering the state of Orissa. The study found that primitive tribes in India have distinct health problems governed by factors such as their habitat, terrain, ecological niches, wealth, literacy, isolation, superstition and afforestation. In the Kuthia Kondha tribes, who are also found in AP, 26.6% of the population was found to be severely malnourished. Chronic energy deficiency was found to be as high as 89.4% among Saura and 88.9% among Kondhs in the Raygada region in Orissa.

Some of the key findings of the study conducted in Orissa were:

- Severe anaemia was found to correlate positively with hookworm infestation, possibly due to indiscriminate defecation, barefooted habits and lack of awareness. Anaemia was more common in females than in males.
- Crude childbirth practices were found to be causing high levels of maternal and infant mortality. For example, in the case of the Kutia Kondha tribe delivery was conducted by the mother herself in a squatting position holding a rope tied down from the roof of the house. While this helped apply pressure at the time of delivery in cases of complicated labour, it also meant high maternal and infant mortality rates.
- After anaemia, the next most common illnesses were those of the respiratory tract (13.6% in Kondhs), which accounted for high infant mortality rates in the absence of vaccination, early diagnosis or prevention.
- High levels of malaria in the region made it the foremost health concern. High transmission of *Plasmodium falcifarum*. Slide positivity rate of 10.5% in Kondha and Pf % 92.7 % and spleen rate for children aged between 2–9 was 26.3%. A study conducted on the outbreak of malaria in March 1999 in a tribal area in Visakhapatnam district stated possible reasons for the outbreak as (i) lack of surveillance and expertise in detection of the malarial parasite (ii) ineffective radical treatment as indicated by resistance to *P. falcifarum* (iii) improper spraying of residual DDT in 1998. Of 174 fever-related deaths, six were confirmed as due to cerebral malaria and 42.6% of the reported mortalities were below the age of 14 years. There is a strong suspicion that the remaining fever-related deaths were caused by malaria, but because these victims were never examined for malaria parasites the true cause of death remains unconfirmed.
- Water borne communicable diseases such as gastro intestinal disorders and diarrhoea were found to be responsible for high mortality due to poor sanitation, unhygienic conditions, and lack of safe drinking water. Cholera occurred throughout the year and was most widespread during the rainy season. During 2002-03, 10.5% of Kondha children in the age group of 0–6 years were diagnosed with acute diarrhoea.
- Intestinal helminthic and protozoan infestations were a major problem observed in 41.1% of Kondhs, mostly due to poor hygiene conditions.
- Micronutrient deficiency is closely linked with nutritional disorders and diarrhoea. Deficiency of essential dietary components leads to malnutrition, protein, calorie and micronutrient deficiencies (like vitamin A, iron and iodine deficiency). Vitamin A deficiency in the form of Bitot's spot, conjunctival xerosis and night blindness were observed in 3.4%, 12.6% and 6.9% of the Kondha tribes respectively.
- Skin problems like scabies are a major health issue amongst the primitive tribes because of over-crowding and unhygienic living conditions. In a study conducted by the Regional Medical Research Centre (RMRC), Bhubaneswar, 15%

of Kutia Kondha tribes were affected with scabies (both infective and non-infective).

- The incidence of tuberculosis and leprosy was found to be 1.4% in Bondo, 3.9% in Didayi and 0.7% in Kondha
- Hereditary haematological disorders especially sickle cell disease, G6PD deficiency, haemoglobinopathies and allied haemolytic disorders are important public health problems and occur in high frequencies among different tribal groups and SC populations. These result in a high degree of morbidity and mortality due to haemolysis in vulnerable populations. Sickle cell gene is widely prevalent among the tribal population in India. These have been investigated in over 100 tribal population spread over different parts of the country. The prevalence rate varies widely (0.5% to 45%) among different tribes. Interestingly this gene is restricted amongst the tribes of central, western, southern and eastern India and is conspicuously totally absent in northeast India. There are many primitive tribes who have been identified to be in the high-risk group. A high degree of inbreeding amongst some of the primitive tribes results in relatively high prevalence of genetically inherited diseases like sickle cell anaemia, G6PD deficiency and thalassaemia. The incidence of sickle cell hemoglobin was found to be 2–3% in Kondha. Contrary to expectations, the frequency of the sickle cell gene was observed to be low (1.5% in Kondha) among primitive tribes of Orissa. The frequency of G6PD deficiency in various primitive tribal populations in Orissa was very high (Saura 7.7%). In a study conducted by the RMRC, Bhubaneswar, the prevalence of G6PD deficiency was found to be 4.8% in Kutia Kondha primitive tribes. Thalassaemia also contributes significantly to the anaemia cases in tribal population of Orissa. A study conducted in October 2003 shows that the prevalence of thalassaemia was 2.3% in Kutia Kondha primitive tribes.

Most of the diseases mentioned above are common to other tribal groups in AP.

Studies aimed at understanding the health and illness issues of tribal people from the Visakhapatnam district.

Khonds are one of the primitive tribal groups found predominantly in the agency tracts of Visakhapatnam district, AP. In a study conducted on the Khonds of Visakhapatnam district it was found that the frequency of scabies, malaria, cholera, diarrhoea and vomiting was higher when compared to that of other diseases. Eighteen villages were randomly selected from the three sample mandals i.e., Chintapalli, G. Madugula and Pedabayalu of Visakhapatnam district. The results revealed that a large percentage of the population suffered from skin diseases followed by respiratory and airborne diseases. The study also said that a comparison of the data collected with the available figures (Unpublished) on the incidence of diseases from ITDA, Paderu, Visakhapatnam district, AP confirms to the condition of high incidence of skin diseases followed by malaria and respiratory infections.

Table 31: Frequency of sickness among Khonds surveyed in Visakhapatnam district		
	Ailment	Frequency of sickness (%) %
I	Respiratory diseases	
	a) Asthma /Bronchitis	11.76
II	Airborne diseases	
	a) Measles	11.38
	b) Eye infections	8.73
	c) Ear infections	7.59
III	Infective and water borne diseases	
	a) Vomiting	2.73
	b) Diarrhoea	5.19
	c) Dysentery	1.48
	d) Stomach pain	0.46
	e) Fever	7.59
	f) Cold	1.71
	g) Headache	0.91
IV	Injuries and accidents	
	a) Skin diseases	13.54
	b) Wounds, itching	11.76
V	Poisoning due to animal bites	
	a) Snake bite	15.17
	Total 100	

A vanishing people –
Chandrakanth, W., Frontline 22(18), 2005

This article, published in 2005, stated that on an average 312 tribal people die in the ITDA area of the state every month. While there were several factors responsible for these deaths, the major cause was said to be malaria. The major tribes affected by malaria were the Gadabas, Valmikis, Paranga Porajas, Kondus, Nookadoras, Kammaras, Konda Doras and Bagathas living in the Araku Valley. Poverty prevents them from visiting a doctor when they fall ill. They say that the health workers who visit them every week pop a few chloroquine pills into their mouths at the first sign of any illness, leading to further complications.

The maternal mortality rate is nearly 25% and the infant mortality rate is around 16.5% compared to 9.5% at the state level. In 2002, the figure was 62 among the tribal people. The under-five mortality rate is also very high, nearly 50%. Eighty per cent of the children are anaemic and 55% under-weight. Almost all the tribal girls get married by the time they reach puberty and 43.1% of pregnant women do not receive antenatal medical care, tetanus toxoid injections are also not given and hardly 48% are supplemented with iron and folic acid tablets during pregnancy. Circumstances compel more than 80% of the women to deliver their babies at home, unattended and unaided by anyone.

The hard to reach locations of primary health centres, non-availability of specialised services and lack of transportation add to the woes of the tribal people. The tribal population in the agency area lives in hamlets scattered among the hills. There are only three community health centres located in Araku Valley, Lothugedda and Paderu, which is nowhere near enough to handle the demand. The primitive tribal groups that live further up on the hilltops are almost entirely cut off from health care facilities.

Ameobiasis, scabies, jaundice, malaria, gastroenteritis and fractures (often sustained from falling from trees) are just some of the common ailments here. The *P falciparum* variety of malaria is widely prevalent. A local doctor said that the health care system in the region functioned without proper infrastructure and sufficient staff.

The health centres cater to 3,000–5,000 people between them. The health assistants, both male and female, make rounds of the hamlets that are scattered along the valley and in the hills, but their tight itinerary allows only one possible visit to each village in a week. Each sub centre covers 30 villages.

Blood smears are collected from malaria patients after they have been given medicines. This means that the results show up as negative whether or not the patient is in fact suffering from the disease, therefore defeating the whole purpose of the exercise. Health workers in the villages are not properly trained and there is no one to ensure that healthcare is performed professionally. By the time the reports of blood smears reaches the centre that had sent the smear, anything between 30 days and six months may have elapsed.

In the absence of proper health care, the tribal people keep swallowing chloroquine tablets - in 1999, the government stipulated that anti-malarial treatment should be given to them ‘whatever be the cause of the fever’. The result is that chloroquine has become almost a dietary supplement in the area. This leads to other health complications, and helps officials who readily deny that malaria is responsible for the large number of deaths.

There is a social angle to the problem too. Bagathas and Konda Doras form the upper crust of tribal society. If a community health worker happens to be a Valmiki, a Kondh or a Kotia, they prefer not to be treated by him or her. The visits of health workers from these groups are usually confined to their own social circles. Authorities refuse to recognise these realities on the ground.

When someone dies, the officials have any number of possible causes of death to list in the records. Malaria over a prolonged period can impair every organ in the body and even induce liver or spleen disorders and neurological problems.

In desperation, the tribal people go to their *guruvu*, the local faith healer, who is accessible. He encourages superstitious beliefs, talks of *chillangi* (black magic) and cajoles them into taking his treatment. His 'medicine' is usually a concoction of leaves and roots. The patient is asked to take it on an empty stomach and then told to forgo food for the next two days. This is a sure way of weakening the body's immunity even further.

The medical staff at the ITDA at Paderu said that they could 'show any number of admissions but there were very few discharge reports because the patients simply vanished mid-way through the treatment'. The doctors, wary of blame in cases of death, often discharge patients without insisting that they complete the treatment. The patients stop taking treatment because they cannot afford hospitalisation. Sometimes, an ailing tribal patient finds the hospital closed to new admissions for the day by the time he has reached it, and is forced to arrange for lodging for the night.

On paper, the medical infrastructure in the tribal areas of AP looks impressive - more than 115 primary health centres and about 830 sub centres, 30 mobile medical units and 21 hospitals and 18 dispensaries. But the dispersed location of the hamlets means long treks even for the health officials conducting door-to-door surveys and distributing medicines.

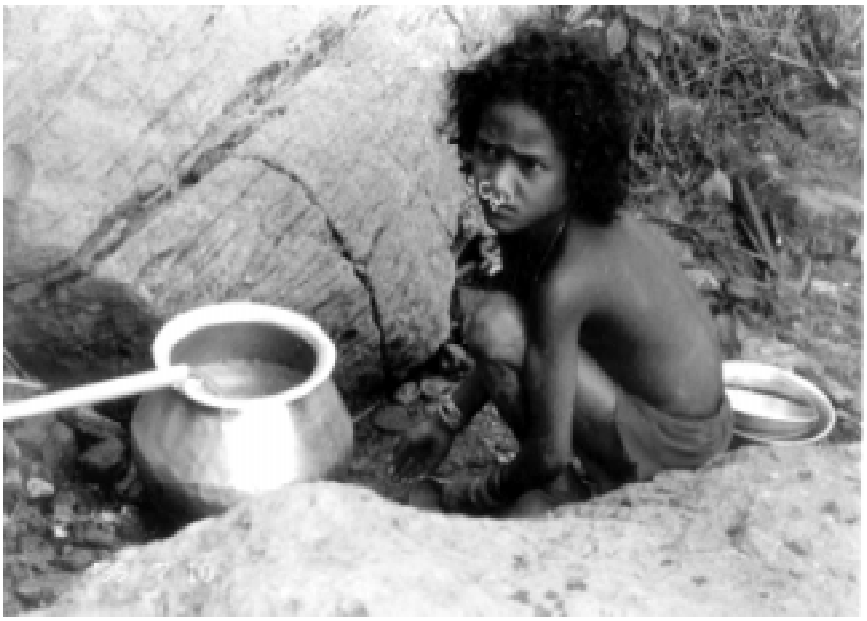
More than 40% of the sub centres have no male health workers, who are key to the anti-malaria programmes. Records show that against a requirement for 824 male health workers in the state, only 690 posts were sanctioned in the last decade. According to senior Indian Administrative Service officer K. Sujata Rao, who has studied tribal health care, the ITDA Headquarters Hospital at Paderu had not taken any inpatients at all during the first five years of its existence because of poor infrastructure, truancy on the part of the staff and unfilled vacancies.

Private treatment entails extra costs, which can go up to Rs. 2,000/- in cases of surgery and pregnancy. To cover these costs tribal people approach moneylenders, who charge 5% interest and compound it by the same percentage once every three months. They are sometimes forced to sell their produce to the moneylender at prices lower than the market rate. Alternatively, a tribal person can sign a contract for bonded labour for a year. A study by the Tribal Cultural, Research and Training Institute showed that the average annual income of a tribal family was Rs.4,327/- and 20% of this was spent on healthcare.

Haunted by poverty and its associated illnesses, many of the tribal people seem condemned to premature death. Like the forest cover around their traditional dwellings, tribal populations are also, slowly but steadily, vanishing. As Appala Naidu, a tribal person working for a government department says: 'It is a wretched life. There is no quality to it. Illness has become our second nature. Death at least is freedom from ailment.'

Exploring the factors leading to the serious health situation among tribal children

The state's persistent willingness to ignore the health concerns of tribal people has led to the current predicament. In the past, when the state had a minimal role of intervention and interference in the life of the tribal people, most health problems were a result of natural health hazards and the main source of medical service was their own traditional wisdom and resource base. However, as external influences and exploitation of tribal people have grown stronger a disintegration of resource and knowledge base has occurred, with a corresponding increase in the degree of ill-health.



Some of the problems we identified in our field observations and interactions with tribal communities are discussed below.

Lack of an integrated approach

One of the most serious lacunae in addressing tribal health problems is the sectoral approach to health. This also reflects directly on the lack of political and bureaucratic will to improve the quality of life of the tribal people and to bring effective systems of state intervention. While national and state policy statements are ambitious and well intentioned, they fail to find effective translation into programme planning, budgeting or implementation. Foremost among the issues is lack of perspective in addressing health in a holistic manner. It is ironic that the communities closest to their natural resource base, with richly endowed traditional systems of knowledge, food and medicine should have the poorest standards of health.

Food security

The health of a community largely depends on the quality of its social and economic life. This can provide an environment that is conducive to maintaining good health. Within tribal communities, the diversity of food and medicine along with established economic livelihood based on forestry and agriculture, have traditionally acted as the community's life support systems. In the present development context, however, there is a high level of disturbance to this primary form of health and medical support. The above study reveals the high levels of nutritional imbalances and related health problems. The government has tried to address these problems by, on the one hand, supplementing their nutrition whilst on the other, taking away their natural resource base, which had in the past offered them security against malnutrition and ill-health.

Hence, ensuring food security is of paramount importance to maintaining good health. However, the government's concerted effort at reducing the tribal people's ownership and control over the land and forests, the introduction of economic activities, which diminish the resource base, and the establishment of changes in land use for agriculture and forestry practices, have all acted in conjunction to destroy pre-existing assurances of access to food. This is by far the greatest threat to the health of the tribal children.

The sectoral approach as well as the adoption of shortsighted development models, is the main reason for the emergence of this situation. Agricultural policies and programmes in the tribal areas do not

recognise the pre-existing resource base and its contribution to tribal health. The philosophy for agriculture followed traditionally by tribal communities has always been to address their food and consumption needs first.

The diversity of food grains cultivated through traditional and organic methods of farming ensured not only food throughout the year but also a nutritionally rich food. This has been the primary reason why tribal communities have historically had such a strong ability to withstand illnesses. State interventions, instead of promoting and strengthening the traditional food security base have, over the decades, initiated agricultural programmes that directly or indirectly forced tribal communities to shift away from cultivating a diversity of food grains, towards a system of cash crop agriculture based on monocultures.

Except in remote and hilltop regions, a large section of the tribal population has shifted to cultivating cash crops like tobacco, cotton, chilly, which have affected soil, land and water use patterns. Moreover, this type of cash crop cultivation is incredibly vulnerable to the vagaries of markets and money lending institutions, when compared to the traditional methods of agriculture, which were able to act as self-sufficient and independent sources of food security. The intake in the quantity and quality of food by tribal children has been highly affected by these changes. Wherever tobacco and cotton have replaced traditional cereals and millets, tribal children no longer consume these on a regular basis. These changes are clearly visible in the vast majority of districts within the entire sub plan areas of AP.

Unfortunately, there is no separate state agricultural policy for tribal areas. Such a policy would be highly desirable considering the uniqueness and diversity of agricultural practices found amongst tribal people when compared with plain area farmers. Where tribal communities still live in close proximity to good forests, the children have access to seasonal food sources from within these forests. However, where these forests have become degraded, the diversity of food intake by tribal children has also suffered as a consequence. Sadly, such occurrences are likely to have long-term negative effects on the health of tribal children in AP.

Extreme poverty

The fact that the majority of the tribal population lives below the poverty threshold, and are white cardholders, is a tangible indication of the extent of the problem. The per capita land and forest resource base has consistently dwindled and pressure on these resources is creating conflicts within communities, between tribal communities and the state and between tribal and non-tribal communities. Although Scheduled Areas are demarcated as tribal areas, the actual extent of land controlled by the tribal people within these Scheduled Areas is perhaps less than 10%. The increased penetration of non-tribal populations into the Scheduled Areas has even resulted in some districts being composed of more than 50% outsiders, creating pressure on the resource base of the tribal people.

This has created serious situations of poverty, land-loss and livelihood-loss among the tribal people. These forces have seriously affected tribal groups' health, and have been felt strongly by the most vulnerable

sections of the communities-the children. Seasonal illnesses, especially during the monsoon months, show clearly that nutritional deficiencies are affecting tribal health in serious ways. Furthermore, increasing poverty is leading to seasonal migration into towns and urban centres, generally to locations in which access to adequate nutrition or ability to afford health services are abysmally poor.

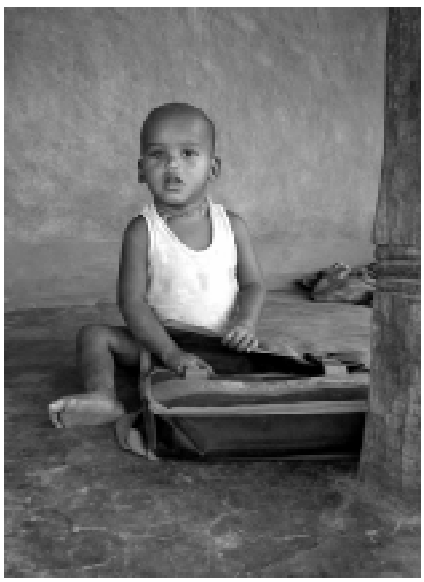
Ensuring a secure infrastructure base for good health

One of the main reasons presented by government personnel for the inability of public health services to reach remote tribal areas is the dispersed nature of tribal habitations. The lack of basic amenities e.g. roads, transport, potable drinking water, sanitation and housing, have a direct impact on the health of the tribal people. Particularly, as the regions are prone to high rainfall and extreme weather conditions, the lack of proper shelter and drinking water make them vulnerable to seasonal illnesses and death.

Among the most vulnerable are tribal children. They are frequently exposed to extreme climates, barely clothed, without a balanced diet, with no access to safe drinking water and unable to receive timely medical attention, due to lack of medical services and transportation. The absence of sufficient infrastructure can often be traced as the root cause of various health disorders; particularly respiratory illnesses, intestinal worm infections, skin ailments, susceptibility to malaria and a whole host of other serious maladies. The primary data collected by Samata and regional health camps reveals that very large numbers of tribal children suffer from the above illnesses and that these children often require longer than usual periods of recovery due to lack of access to adequate medical attention or balanced diet.

The low priority given to the development of rural infrastructure, and lower still to tribal infrastructure, when compared to the amount of attention paid to improving urban systems, is cause for serious concern. Our surveys revealed that most villages still rely upon untreated stream water for drinking, and as they have to carry it long distances back to their villages, the quantity of water used is also curtailed. This fact has impacts not only upon the level of water available for consumption, but also for hygiene and sanitation.

Normally, in tribal villages it is the female children who take responsibility for fetching water and they are often withdrawn from school in order to perform this domestic chore. Hence, poor education of female children is often linked to such infrastructural problems. Female children are forced to walk to a water-source, precariously carrying heavy loads over rocks and uneven terrain, making, especially during the monsoon season, the job of fetching water a hazardous activity. In some places, the situation is so serious that boys from such villages often fail to find girls willing to marry them- the only reason being the hazards of collecting water. (for example, complaints from women from



Koitiguda village, Borra panchayat, Vizag district).

The increasing population pressure vis-à-vis sanitation is a cause for grave concern, especially for girls and women. Many roadside villages are facing slum-like situations for lack of sanitation and hygiene due to population pressures. Women and young girls in roadside villages have to face the humiliation of answering the nature's call in public and hence, desist from going to the toilet. This causes serious health problems that all too often go unaddressed. These facilities are lacking even in ashram schools, where girls have to go out of the school campus, putting themselves at risk to abuse (cases of atrocities towards girls in ashram schools have gone unreported when girls had to go to the streams for bathing and washing). White discharge among girls (many of them in the ashram schools) is a very common problem observed in our surveys.

The lack of school infrastructure, especially in alternative schools is also a reason for non-attendance or non-functioning. In the rainy season the children sit in damp, dark sheds throughout the day in an effort to receive a basic level of primary literacy. Constant illness is one of the main reasons for dropping out of school, whether it is in the village or ashram schools. The PHCs and sub centres are often located far off places and uncertainty of the presence of medical personnel in these centres also dissuades the tribal people from taking their children.

The lack of infrastructure facilities, not only of health but other basic amenities, is a major cause of the reluctance of medical personnel to visit or live in these areas. Hence, the ANM travels long distances to administer vaccines, which in the process of getting to a village might lose their potency. The survey conducted by Samata reveals that a majority of the households do not even have immunisation cards, making it difficult to get a correct assessment of any immunisations that may be necessary. Due to lack of proper roads and infrastructure, the time taken to reach villages dissuades any senior medical personnel from the PHC to visit the villages or ashram schools.

The Public Distribution System (PDS), which includes the Daily Requirement Depots (DR Depots), is the basic food support system from the government. However, its failure in providing amenities shows it to be, in fact, a display of mere tokenism on the part of the government. The move towards 'women's empowerment' through PDS has ostensibly created rights for women, but actually it placed them in a vulnerable spot, exposing them to corruption of the governance system. Instead of giving them relief, in many places it has pushed them into dealing with non-responsive or highly corrupt governance structures. In some places they find themselves in debt for having taken up the PDS management.

Furthermore, the Anganwadis, which perform the role of ensuring a supplementary diet, are too sparsely located to offer any effective nutritional enhancement for the children. As the Anganwadi workers have to cater to a group of villages, it is impossible for them to walk through the forests and hills carrying supplementary food to each hamlet. Hence, whilst a few tribal children do benefit from the programme, the majority do not.

A programmatic and crisis management approach

With regard to state health intervention, the main focus appears to be a programmatic and crisis management approach. While the national health policy talks of reducing mortality, improving standards of health and reducing risks to children's' health , the interventions are either isolated programmes or those that would put tribal children to further risk. The majority of health intervention is focused on malaria, tuberculosis, family planning and immunisation programmes from the national schemes.

Active health intervention from the PHCs is witnessed largely during monsoons when governments are forced to declare health emergencies. Even this medical service during crises is largely confined to the roadside villages, in spite of political pressures and media exposure. The seasonal illnesses and crises have been a repeated phenomenon for decades. Nevertheless, a crisis management approach remains in place, rather than a more responsible approach aimed at *prevention* of crises and general improvement in quality of health.

Another instance of a programmatic approach is that of HIV/AIDS intervention, which is mainly aimed at raising the awareness levels of communities to the dangers of infection and on providing Voluntary Counselling and Testing Centres (VCTC) at select towns. Even this is not a significant intervention in the tribal areas and there is no data available on the extent of the problem, areas of risks or policy initiatives for tribal areas. While on one hand, government is allocating enormous funds for HIV/ AIDS prevention, on the other hand, it is implementing economic and development programmes in HIV negligent areas. This may put the tribal communities at a greater risk of contracting the disease.

World over there is strong evidence that HIV/AIDS prevalence is highest in areas of tourism, mining, industrialisation and migration/ displacement, areas that also correlate highly with indigenous/aboriginal territories. However, the government policies in AP are geared towards short-sighted implementation of these 'development' and economic programmes in the tribal areas pushing tribal women and children into a high-risk zone in the future and nullifying the enormous resources pumped in for HIV/AIDS prevention programmes.

Therefore, we find that there is political and bureaucratic double-speak or schizophrenia with regard to development and health policies for tribal communities. This is because the health costs/impacts are never quantified or anticipated in project costs during economic planning/project costs and therefore, this problem surfaces under the trafficking intervention sector of the government completely disconnected from health policy and planning or from economic policy and projects.

Public health care delivery and access

The tribal areas are the greatest challenge for public health care delivery as government interventions are bogged down by several limitations. The infrastructural aspects that relate to non-delivery of services have already been discussed. This also leads to inappropriate utilisation and corruption of the delivery structures as there are poor mechanisms for

monitoring or regulation and the illiteracy and poverty among tribal people further ensure that they are not an articulate lobby for representing their problems.

The quality of services is appallingly low. The services are aimed at providing peripheral care, rather than a quality care. Even if the ratio of PHC and sub centres

in the tribal areas is higher compared to other regions, they are still barely adequate to meet the medical demands. A sub centre is normally a small hut or the ANMs house itself, so can hardly be understood as an institutional support for a community. They do not have facilities for primary health care, for addressing emergencies or even for providing a space for clean and safe delivery for pregnant women. Only a marginal section of tribal women have institutional deliveries, most face the risk of complications, post-delivery infections and neo-natal mortality.

Within the public health system, the tribal people mainly consult ANMs and malaria workers. The Community Health Workers (CHW) have inadequate supply of medicines and exhaust their stock within short periods of time. In tribal areas closer to the plains the Registered Medical Practitioners (RMP) and paramedics posing as qualified doctors are the main avenue for medical services who, in order to survive and gain clientele, prescribe high dosages or make indiscriminate use of drugs, causing tribal people to develop drug resistance. However, the VTGs who live in hilltop villages have no access even to these services.

Health expenses incurred by tribal people, from focused group discussions with self help groups, reveal that a majority of loans are taken for medical needs or during illnesses for purchase of food. Training for grassroots health personnel like ANMs and CHWs is minimal and there is little follow-up done to address dynamic needs. However, bare-foot health service providers cannot act as substitutes for qualified medical doctors and hospitals and hence, the government be conscious of this limitation instead of trying to simply reduce costs in the health sector through more dependence on paramedical support.

Right from birth to adulthood, the life of tribal children is uncertain and filled with physical suffering from chronic illnesses or neglect. Most of their childhood is spent on the margins of sickness and survival. While polio intervention has made successful progress, immunisation towards other childhood illnesses is poorly implemented. Tribal children commonly suffer from accidents, animal attacks, insect bites, snakebites and other natural hazards associated with living in the forests. However, there is no facility for first aid to cater to the children or prevent long-term impairments. The only target-oriented programme is family planning, for which government should practise caution considering the decreasing population among some of the VTGs e.g. Andh, Chenchu and Kondareddy.

It is the fundamental (and constitutional) duty of the government to provide accessible and quality primary health care to all its citizens. The threat of privatisation to certain sections of public health care is emerging in very discreet ways. The government should not initiate privatisation of medical and health services in tribal areas, as its fundamental role is to provide socially responsible governance.

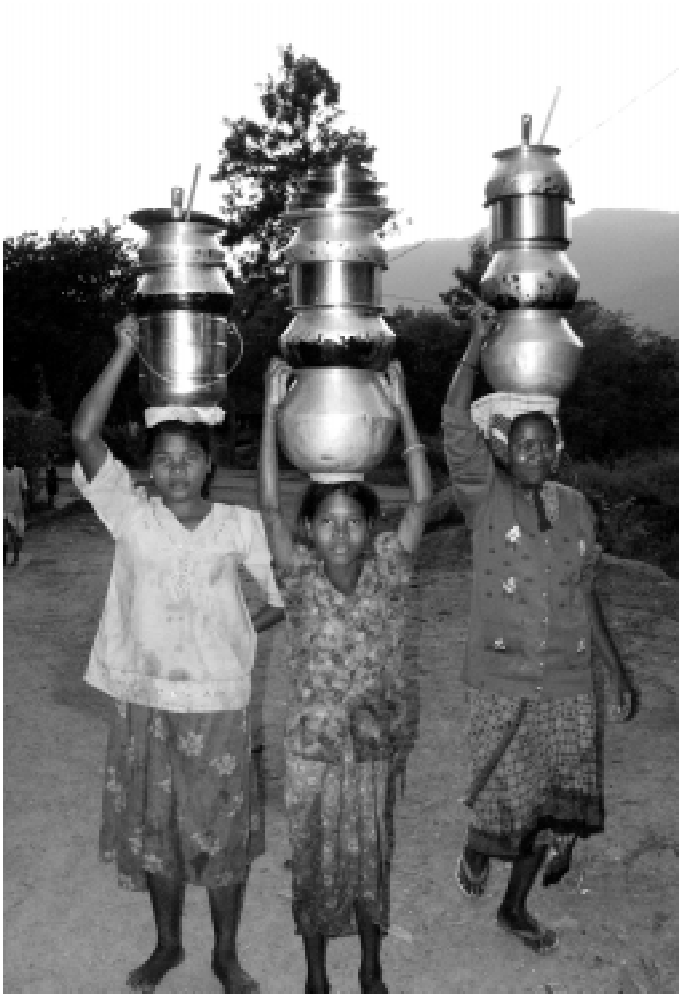
Lack of documentation and surveillance

The inability to find accurate details of the diseases and extent of health problems among tribal children is due to a lack of official data and disrespect for documentation of health problems by the health

department. Most often the data is inaccurate or not available. In our primary surveys of PHC and sub centres we found it very difficult to get proper information even on IMR and MMR. In some places deaths are under-reported or put under the category of natural death, even when they have occurred as a result of epidemics during the monsoon season. This was found, for example, in Visakhapatnam district.

Public health allocations

Public health allocations are very poor compared to even some of the most underdeveloped countries. India's expenditure on health is less than 1% and within this, what goes to the tribal areas is abysmal. The threat of privatisation to certain sections of public health care is emerging in very discreet ways. The government should not initiate privatisation of medical and health services in tribal areas as its fundamental role is to provide socially responsible governance.



Mentally and physically challenged children

There is no proper data available with the ITDAs on children with mental and physical illnesses. The facilities provided for physically challenged children are the provision of certificates or identity cards for free travel and nominal monthly pensions. There is no provision for education, health services or infrastructure services for enabling physically challenged children live a life of dignity and opportunity. When primary education for normal children is not universally achieved yet, it is a far cry to hope for an education for physically challenged children from remote tribal India. However, when India has jumped several levels to pride itself as a fast track nation and a highly developed country on the technological front, it cannot be forgiven for such extreme backwardness or primitive stages of development concerning the provision of basic health and development for the common man (child).

Traditional knowledge in medicine

While the benefits of modern society have not yet reached tribal children, neither has their traditional medical knowledge been allowed to remain intact. Knowledge and healthcare that have traditionally existed in tribal communities have not been carried forward in the education imparted to tribal children and hence, knowledge of their own medicine is fast being forgotten by the present generation of children. The next generation of children, who grow up in ashram schools with text books that only speak about the mainstream world and its achievements, will grow up ignorant of the wisdom of their forefathers. One of the biggest state induced crimes against tribal children is not only the degradation of their ecology but also the massacre of their knowledge, so that its potential in providing benefit to future generations is lost forever.

Also, there is no acknowledgement or revival of this knowledge. Even the forms of medicine closer to tribal medicine like Ayurveda and other indigenous systems are only marginally available to the tribal people. There are, perhaps, one or two such hospitals per district, the existence of which is barely known to the tribal

people. Hence, this is clearly a state induced 'genocide' of scientific knowledge of medicine traditionally evolved by the tribal people.

Female children in tribal communities are the worst affected by negligence, the negative impacts of policies and social discrimination. These effects were much less serious in traditional cultures, but are now beginning to increase significantly. Poverty is forcing the girls to stay out of schools and join the child labour force. Adolescent and usually malnourished female children provide the main source of daily wage labour. As ashram schools for girls are fewer in number, girls drop-out after primary education and hence go back to their villages to lead adult working lives in agriculture. They perform most of the difficult household chores like grinding, collecting firewood, cooking and washing and enter into marriage and motherhood at an early age. While tribal girls in their adolescence are normally strong and healthy and contribute to the majority of family labour and wages, drastic changes in their health occur rapidly once they are married and have gone through multiple pregnancies. Although they continue to be the main contributors of labour even after marriage, they usually, also silently, suffer from chronic illnesses and malnutrition. As the PHCs are equipped mainly with male doctors, the tribal women or girls rarely visit the health centres for any of their illnesses.

Tribal women have traditionally been accorded an important social status, which involves the rights of girls in decision-making, in the system of bride-price rather than dowry, in participating in the village market economy where they have freedom to utilise their earnings, in their right to selection of partners for marriage and the relative lack of patriarchal exploitation when compared to girls and women from mainstream societies. Among many tribes, the lack of social taboos against widowhood, remarriage or annulments of marriage are rights commonly enjoyed by women and girls. However, with the strong external influences of dowry and discrimination in social and economic roles, the abuse of young tribal girls has increased.

Some traditional superstitions among tribal communities have on the other hand, led to negative impacts on their health and status. For instance, the discrimination towards female children is clearly visible among the Lambada tribe and is reflected in several exploitative practices. These include child labour, malnourishment among tribal girls, sale of female children, trafficking among tribal girls, denial of education opportunities and early marriage. Some traditional health practices also create suffering among girls and women. For example, the taboo against conducting deliveries inside the home results in young girls delivering in the open air in difficult weather conditions or unhygienic locations, such as cattle-sheds. This practice can easily lead to post-delivery and neo-natal infections.

Denial of certain kinds of food during menstrual cycles, pregnancies and after deliveries also sometimes creates long-term health problems/deficiencies among women and their infants. Alcoholism due to long-drawn external influences even among women and children in tribes like the Chenchus has created serious health and social repercussions and must be considered a serious cause for alarm in light of fall in population size. Using physical torture on infants and children as a way of curing ailments (like burning the skin for stomach ailments) still continues to be practised among many tribes.

There does not exist any tribe-specific or region-specific documentation of these practices in the health or Tribal Welfare Departments. There are also no

sensitisation or awareness activities to reduce these risks. However, caution needs to be exercised in such awareness programmes for fear of spreading contempt among the tribal communities against all their practices without discrimination, which could lead to disrespect for many forms of traditional medical knowledge that are essentially good for their health.

Of particular worry is the health and safety of young tribal migrant girls and women who are taken by contractors seasonally for work in factories, brick kilns, roadwork, construction work, agriculture and domestic labour. The risk of exploitation by contractors, middlemen, truck drivers, and other members of external society, is very high and the girls have no way of protecting themselves from these risks. An example of severe forms of this kind of exploitation were seen among Lambada and other tribal communities who are forced to migrate from neighbouring districts of AP to work in the iron ore mines in Bellary district. Similarly, tribal people from Orissa were found to be working in various brick kilns adjacent to the state capital, Hyderabad, under inhuman and exploitative conditions. These people continue to be abused in spite of attempted media and non-governmental organisations (NGO) interventions.

Ashram schools and female children: Ashram schools place tribal girls in a vulnerable position in terms of health problems, both physical and sexual. The cramped, over-crowded hostels lack toilets, water and washing facilities creating a terrain for mass infections. In particular, adolescent girls in ashram schools and junior colleges face hygiene-related health problems. In the absence of medical attention, these problems persist throughout their lives. Urinary tract infections, white discharge, irregular menstrual cycles and anaemia leading to susceptibility towards infections were commonly observed in many of the ashram schools we surveyed.

Sexual abuses among tribal girls were reported, in most cases without any punitive action taken against the offenders. The teacher-student ratio being out of gear, it is difficult for teachers or wardens to keep a personal track of students' needs and sometimes, when they themselves are the offenders, the students have no redressal mechanism.

Prevalence of HIV/AIDS among tribal people of AP

With trafficking on the rise the incidence of HIV/AIDS amongst the tribal population is also steadily increasing. Usually, the trafficked tribal girls return to their villages within a few years with full-blown AIDS. Then there exists the threat to tribal girls from the tourism industry. An example is the picturesque Araku Valley, a popular tourist destination.

Tribal Dimsa dancers who dance for tourists at programmes organised by the state tourism department and local hotels, are falling victim to HIV infection, according to a social assessment in AP's Visakhapatnam district. Discussions with the District Nodal Officer and the Project Director confirmed that the tribal girls participating in the *Dimsa Dance* frequently engage in commercial sex with tourists. This is usually arranged and negotiated through a local broker/tout.

In the Araku Valley, girls are lured into sex with tourists by local touts who pay them a pittance according to the assessment submitted by AC Nielsen and ORG-MARG and published in the latest report of National Aids Control Organisation (NACO). Apart from the daily dances for tourists, the Dimsa dancers are turned out for tourism and cultural festivals especially between October and December when the vaishali (yellow flowers) blossom and from February to April to promote folk and tribal dances.

During these times, the tribal girls come into close contact with tourists. The study said, 'The visitors (tourists) are allowed to dance along with them, which is acceptable in their community. After the programme tourists who would like to seek sex are allowed to negotiate with the tribal women. In earlier days Dimsa dancers solicited sex with the tourists for fun, but in the course of time started selling sex. This has made the programme managers consider them as one of the vulnerable groups.' The NACO report stated 'Discussion with district officials confirmed that tribal girls participating in Dimsa dance are easy prey.' 'National Aids Control Programme-3 must seek collaborations with or co-operation from tourist departments for minimising the impact of epidemic

among tourists and tribal people,' the report said. Visakhapatnam that has a considerable tribal population has been identified as a high-risk zone by NACO.

The district has a population of 38,32,336 of which 13.2% are tribal people. The study was conducted in five villages, C Colony of Araku mandal, Gujalli of Paderu mandal, Guntasema of Dhumriguda mandal, Galaganda of Pethabailu mandal and Kondiba of Anantagiri mandal.

The voluntary VCTC at Araku Valley in Visakhapatnam district reported HIV/AIDS cases from eight villages. Among 11,122 women who visited VCTC in the district, 18.7% were found to be HIV positive. About 1.7% of pregnant woman who visited antenatal care centres were found to be positive for HIV.

The study also said that the populations within tribal people in AP most vulnerable to HIV/AIDS were youth, migrants, those who visit commercial sex workers (CSW) and drink alcohol. In addition Dimsa dance troops are also mentioned as vulnerable to infection from foreign tourists. Some of the quotes given below reflect this:

'Men will get AIDS more than the women and children. This is because men drink and in the drunken state go to different women. Women will get AIDS only when transmitted by men' (Married females member of C Colony)

'Those who migrate and visit CSWs are likely to get this disease' (Married male member of Kondiba)

Community leader of Kujalli mentioned that

'Drivers, auto drivers and smugglers who come from other places for 3–4 days, keep tribal girls for comfort and sex. Through them the dreadful disease comes to the girl.'

An academician in AP said,

'We have noted in our ongoing study that youngsters aged less than 20 years also have contacted HIV/AIDS and they are students in ashram school. To some extent cultural factors are also responsible. In our recent survey with regard HIV/AIDS industrial areas we found that these people (tribal) have extra marital sex during Shanty (market) days and festivals. And it leads to many complications and makes them susceptible to sexually transmitted diseases and finally HIV/AIDS'.

HIV/AIDS : Policy, legal framework and special programmes for tribal people

Vulnerable and illiterate tribal populations living in remote areas are at a very high risk of contracting HIV/AIDS. In this context it is important to examine the policies and legal frameworks to understand the kind of protection that is provided to these groups to mitigate the spread of this virus.

While the National HIV/AIDS Prevention and Control Policy has reinforced the commitment of the government to effectively prevent transmission as well as providing treatment, care and support to those infected, it fails to lay down any specific policy guidelines regarding vulnerable tribal people. Similarly, the NHP also fails to include anything specific regarding tribal people, apart from the equity objective stated in the policy concerning provision of access across regions and social classes, which could be construed as aimed towards the benefit of tribal people. The National HIV Bill is also universally applicable and makes no specific mention of tribal people.

There is no special attention or programme for tribal people, even at the state level. In spite of the fact that AP is home to a considerable tribal population no separate programme has been designed to address the HIV/AIDS problem among these communities.

Box 1: Lambada children adoption racket.

Chandri Mudavath, of the deeply impoverished Lambada tribe in southern India, is not proud of what she did. Nor is she ashamed. She already had six daughters when she gave birth to another little girl five years ago. She had no realistic hope of being able to raise the child, send her to school, and come up with the dowry needed to find her a husband. So she gave the infant away to a clandestine baby broker who promised that the girl would have a chance of a better life. In exchange, she says, her husband received a few hundred rupees.

'The people who came to take away the child said, 'How are you going to feed this daughter? You're going to make her work. When we take her we'll educate her and give her a good life and she'll get a good job,' says Mudavath, who still wears the traditional mirrored blouses and intricate jewellery fashioned from two-rupee coins favoured by Lambada women.

'I was sad, but I thought she would have a good life. I was not happy exactly but that's how I consoled myself. It doesn't really matter where she is now. As long as she's not with me it doesn't matter where she is living. I only hope she is getting a good life.'

Making a mockery of India's existing rules for international adoption, private adoption agencies in the country networking with foreign placement agencies have been involved in a baby trafficking system. A series of scandals have been uncovered in the past few years where babies, especially girls, were harvested from the impoverished Lambadas, a nomadic tribal community, by unscrupulous adoption agencies. Starting in 1999 a racket involving the sending of infants from the Lambada tribe for adoption in the West was busted. Initially the adoptions started off as an act of service by missionaries who took in unwanted children, the majority of them girls, from the parents and placed them for adoption. This, however, soon turned into a money-spinning racket. On the face of it, it seemed that poverty stricken parents were voluntarily giving up their children in the hope that they would lead a better life but in reality money seemed to play an important role in persuading the poor parents. Parents were said to have been paid Rs. 5,000/- per child while the adoption agency charged anywhere between Rs. 1.05 to 1.06 lakhs from the foster parents. American families were found to be willing to pay Rs. 500,000/- to Rs. 2.5 million to adopt a child purchased from a poor tribal family.

Curly haired, pretty and light skinned these Lambada babies are preferred also because of their sturdiness and resistance to infection. Mothers have little negotiating power and are turned away if they go to reclaim their babies. Often agents lure the poor women, even when they are pregnant, with promises of a better life for their baby girls. They are told they can visit them regularly, none of which is true.

Abject poverty, compounded by a shift in their traditional practices towards modern evils such as the dowry system, is making Lambadas view female children as a burden. But saying that adoption centres help counter infanticide does not justify attempts to make money out of tribal people's compulsion to part with their child. Since 1999 while the government imposed a ban on voluntary agencies from placing children for adoption the buying of children continues clandestinely. It is also the only state to have prohibited - under the Andhra Pradesh Orphanages and other Charitable Homes (Supervision and control) Rules 2001, - the relinquishing of a child 'for reasons of poverty, number of children and unwanted girl child' by its biological parents. In spite of this, girls from the impoverished Lambada tribe continue to be given up for adoption.

Box 2: The mining children of Bellary

In April 2005 Mines, Minerals and People (mm&P) organised a fact-finding mission along with other groups to investigate the exploitation of children in the iron ore mines in Bellary-Hospet region in Karnataka. The findings of the mission clearly revealed that there were thousands of children, some as young as five years old, working in the mines in extremely hazardous and toxic conditions. The report exposed violations of human rights of the children by the mining industry and the state, with no accountability from either.

Most of the children working here were migrant labour, the majority of them girls, living in unhygienic, inhuman conditions; subject to severe social, psychological, physical and sexual exploitation. Children from the Sugali or Lambada tribe from AP formed a major part of the migrant labour force.

The children were engaged in extremely strenuous jobs with no fixed working hours, no shelter from the hot sun or rain and no protective equipment or clothing. Children aged six or seven were found to be lifting weights as heavy as 15 kgs and handling toxic substances with constant exposure to the ore dust. With the adult population succumbing rapidly to the mine related diseases like silicosis, tuberculosis, respiratory illness, cancer and physical disabilities, children are being forced into working. Children especially young girls also faced severe sexual exploitation and the risk of contracting HIV/AIDS.

As a result of national and international media coverage of the situation of children working in the iron ore mines, the Karnataka government set up a committee to review the situation. However, the government in its review denied the 'magnitude of the problem' saying that the report was grossly exaggerated. A second fact-finding mission was organised in September 2006. Again the team documented rampant child labour existing and took photographs to support their findings that were submitted to the National Human Rights Commission (NHRC). It is shocking that there is a loud silence from the NHRC and from the Karnataka government on this report.

Chapter 5 NATURAL RESOURCES, DEVELOPMENT PROGRAMMES AND IMPACTS ON TRIBAL CHILDREN

The tribal areas are endowed with rich natural resources and biodiversity and hence, the security of tribal life has faced severe disturbances from external populations for exploitation of these resources. The conflicts over control and utilisation of resources and differences in perspective of development between tribal communities and the state have resulted in processes of impoverishment and alienation for the former.

History of development planning and implementation in the tribal regions of AP

Prior to, and immediately after independence, the entry of state machinery into tribal areas was largely used to exploit the timber and forest resources and to extract taxes from individual landholders to add to the state revenues. Non-state actors were mainly traders, middlemen and feudal landlords who worked towards alienation of land from the tribal people through fraudulent means. This traditional exploitation led to the victimisation of young tribal girls as concubines or through use of their tribal status to acquire properties and resources.

The development paradigm followed by the state ever since independence, was focused on the setting up of large irrigation and power projects. Tribal areas lay within the catchment zone of the majority of these projects. This led to brutal and large-scale

Table 32: Development projects in AP tribal areas

I	Irrigation projects and dams		
	Nagarjuna Sagar Project		Srisailam Project
	Konam Project		Vamsadhara Project Stage I and II
	Yeleru Reservoir Project		Thandava Reservoir
	Peddagedda Project		Raiwada Project
	Thatipudi Reservoir Project		Polavaram Project
	Janjhavati Project		Pedduru Reservoir
	Surampalem Reservoir		
II	Hydroelectric Projects		
	Machikund		Balimela
	Sileru		
III	Mining- Bauxite mining, expansion of coal mining in Singareni, quarrying leases in several places in Scheduled Areas, illegal quarrying for semi-precious stones, mica, calcite and limestone mining	IV	Tourism- Araku, Ananthagiri, Borra tourism and film industry, Srisailam Sanctuary and pilgrimage, Bhadrachalam temple, Papikondalu and Godavari tracts tourism and many other Jatras and festivals, which draw outsiders to the tribal areas
V	Joint Forest Management/Community Forest Management - loss of lands and livelihoods under this project		
VI	Urbanisation of pockets of tribal areas - all ITDA headquarters and nodal towns, which have high non-tribal settlement		

displacement of tribal communities with little importance paid to rehabilitation or sharing of benefits from these projects directly or indirectly with the affected populations. Hence, tribal people have historically remained refugees of development projects within the country and those displaced even from the earliest of these projects are yet to receive compensation or rehabilitation. Very little information is available on what happened to the people who were displaced, the magnitude of the problem of displacement, what have been the exact impacts on their lives and future generations and how they are coping with displacement. Table 32 gives a list of development projects in AP. Presented in this chapter are also status reports gathered through visits, informal discussions, NGOs, media reports and from direct experiences of living within these communities.

Impacts of development projects on tribal children

Homelessness, loss of livelihood, forced displacement and multiple migrations are the stories of almost all displaced tribal communities in the state. Nagarjunasagar, the first 'temple of modern India' submerged a large section of the Chenchu habitations and the forests in which they hunted. The Chenchu's place as a hunter-gathering PTG meant that they were basically dependent upon the forest before its submergence.

While little is known about the extent of displacement of the Chenchu tribe or the amount of compensation provided to them, what we see today in several hamlets in Guntur and Prakasam districts across the backwaters of the Nagarjunasagar reservoir are real life stories of tribal displacement. Many of the Chenchus could not find revenue land and those who managed to get it, either as compensation or on their own, were too alien to agriculture and they soon lost whatever was acquired to non-tribal and Lambada communities.

We witnessed a number of displaced Chenchus from the Nagarjunasagar project living in Guntur, Macherla, Piduguralla and nearby towns. Many started working as child and bonded labour in the stone quarries and mines. For three generations since the displacement occurred, the main choice of livelihood for these displaced families, including children, continues to be working daily wage earners in the highly exploitative quarry industry. Tribal boys and girls work in these quarries from a very small age and receive low wages, as 'apprentices'. As adults, they fall prey to ill-health, alcoholism and other vices.

Some of them have diversified into other forms of equally impoverishing economic activities, such as rickshaw-pulling, flower-selling and agriculture labour. Most of the minor Chenchu and Lambada girls in this region work as cheap agriculture labour in the chilli and tobacco farms, exposed to high levels of harmful chemical pesticides. Poverty is equally high among the Lambada tribe in these regions and due to the social discrimination against female children, girls are often sold for trafficking and infants for adoption.

In the southern region of AP, especially in Nellore district, there is a high rate of landlessness among the Yanadi tribe, due to which minor tribal girls are sent to work in the mica mines, in the slate industry in Prakasam district, and others, close to the temple town of Tirupathi in Chittoor district, are trafficked. Incidences of HIV/AIDS have been identified by local NGOs working within these communities. Trafficking of tribal girls and their exploitation as CSWs, around the temple and tourist town of Srisailam has also been identified.

The Jolaput, Sileru and Machkund reservoirs in north coastal AP have displaced high numbers of tribal peoples. Groups displaced by the mining and industrialisation process in neighbouring Koraput district of Orissa have been evicted from their villages multiple times. The Khond tribe living in Visakhapatnam district is primarily composed of displaced PTG communities from neighbouring Orissa, who possess meagre land resources and mainly subsist on shifting cultivation. They have a very poor per capita land holding size and many do not have recognition of the lands they cultivate and are therefore open to exploitation by both the revenue and forest departments.

The present generation of Khond children has very little promise of a resource base for the future and neither do they have an education system that can enable them to diversify into other livelihood or professions. Also, it is among this tribe that young

girls and boys, some of them vulnerable minors, are being recruited to extreme political forces. Whilst poverty, infant and maternal mortality is highest among this tribe, literacy levels are lowest.

Tribal people displaced by the Tandava reservoir project are landless today and for their livelihood, they work as agricultural labour and stitch leaf plates. Large numbers of adolescent rural and tribal girls are involved in this activity, which is a highly exploitative cottage industry and fetches very little income for the girls.

Tribal people displaced by the Yeleru reservoir have either not received compensation or settled close to the plains where they work as quarry workers, with a large number of women and children employed as daily wage labour. Medical tests of these women and children revealed respiratory problems, tuberculosis and chronic muscular and skeletal problems.

The mining industry poses a serious threat not only of displacement of tribal people, but also of a complete disintegration of their culture, safety and security in life. There is a high incidence of violence, HIV/AIDS and alcoholism among displaced communities and other workers settled the Singareni Collieries, which is located in the heart of the tribal land. There are children and women affected by HIV/AIDS who have no source of support. While there is a very minor section of displaced tribal families who were given jobs, the majority of them not only lost their lands, but also their livelihoods.

The present generation of tribal children do not have the land base they need for economic stability. Thousands of women and children are working as unorganised labour in the entire stretch across AP and Maharashtra. They work under contractors who exploit them physically and sexually. However, because they work as casual and migrant labour, they are not represented by trade unions, or any organisation that might be able to protect them against these abuses and offer basic worker's rights. Children, especially boys, also earn their living through scavenging coal and selling it to local traders and peddlers. They go deep inside the mines with no protective equipment and work in the dark mine shafts with no lighting facilities. As this is an illegal activity, if accidents occur and the children are injured or die, the families are obliged to face the consequence silently and without protest.

The atrocities against tribal girls and women can be seen in places like Adilabad where, for example, the Orient Cements industry operates. Fundamentally, this is an illegal operation as the Samata Judgment directed the state of AP not to give leases to private mining companies in the Scheduled Areas. The lease, which was given to Orient Cements after the judgment, was hastily transferred to Andhra Pradesh Mineral Development Corporation (APMDC). However, if one visits the mine site or factory, there is no evidence of APMDC activities actually existing. Encroachment of tribal land beyond the lease extent, the fraudulence in giving employment to false tribal claimants and the cutting down of huge forest areas for the direct and indirect requirements of the mining activity were all facts brought out in a study conducted by Samata.

The study revealed that housing, medical and education facilities are available for the township staff of the company but *not* **for** the tribal communities who were actually displaced or affected. Women now have to walk long distances just to collect firewood from the forest or bamboo for basket-making that provides their main source of income. Women and girls cannot even go to the toilet in safety as entry to their villages is surrounded by a noose of hundreds of parked trucks, belonging to a floating population of truck drivers, contractors and traders temporarily living in the area. This has led to incidences of atrocity, HIV/AIDS and other sexually transmitted diseases and trafficking among tribal girls. Illiterate boys hang out to find odd jobs in the tea stalls, through loading activities or as helpers for the truckers. The study found that the mining industry offered neither economic nor social prosperity to the tribal communities, who were of course the original inhabitants of the area.

The case of the Indian Rayon Industries Ltd in the Anantagiri mandal of Visakhapatnam district offers yet another example of the impacts of mining, even before it takes place in a large scale, in the tribal area. The preparations for mining operations by Indian Rayon for extraction of calcite involved a large contingent of the BRO (Border Roads Organisation) camping across the stretch of hills to build roads for

the company. Four years of activity by the company agents and the BRO resulted in the illegal occupation of tribal lands and the occupation of school buildings for dumping mine equipment, so much so that the children no longer had schools to attend. Many young tribal girls in this stretch of 22 kms were sexually abused during this period, and sometimes gang-raped. However, these crimes reported to the police and revenue authorities were brushed aside as stray incidents.

In Borra panchayat of Anantagiri mandal in Visakhapatnam district, women and children had to work on their own land as daily wage labourers for the contractors who illegally dug out mica and limestone for decades before the Samata Judgment. In the same district, the occurrence of semi-precious stones has created a situation of speculation and illegal digging activities across the tribal belt under the control of the traders' and contractors' mafia. Many young tribal boys are hired by contractors to work discreetly and scavenge for coloured stones, the value of which is unknown to the boys working in very unsafe and uncertain conditions. The nexus among the local police, forestry authorities and political bodies ensures the exploitation of these boys even when accidents and deaths occur.

The state government's determined efforts of setting up uranium mining extraction and processing within tribal villages in the Nalgonda district, even in the face of strong protests and scientific evidence of the negative impacts of existing uranium mines in Jharkhand on the health of tribal people there, shows the government's blatant apathy towards the well-being of the tribal people. Although the project has been shelved for the present, the local Lambada communities are still either harassed, or approached with bribes, false promises and false information. This is going on even though evidence demonstrates that future generations of tribal people face the fearsome prospect of fatal health hazards from radiation.

Borra and Araku in Visakhapatnam district are the highest revenue generating tourism centres for the state government. It is also here that atrocities on tribal girls and women are on the increase with many reported cases of HIV/AIDS, unwed mothers and trafficking among adolescent girls. The natural beauty of the hills draws the state film industry to these areas on a regular basis. Tribal girls and boys from roadside villages around Araku are drawn into the entertainment industry, leading to the trafficking of girls. Today young tribal girls are faced with a serious dilemma on how to lead their lives – they are literate, unlike their mothers, yet they still lack the opportunity to access higher education or gain decent employment.

In the tribal areas of Araku, Bhadrachalam and Rampachodavaram it can be clearly seen how external cultural intrusion has caused a tremendous degeneration of traditional values and social systems. Juvenile crime, which was virtually non-existent amongst tribal people, is now emerging as a new trend, as youth are drawn into illegal activities out of desperation and lack of opportunities. Nevertheless, even today a few tribal children are found in the state prisons or under-trial homes. However, the crime level *is* increasing, particularly among the Lambada tribe, which lives closest to urban centres and therefore faces severe impoverishment. Many Lambada girls, known for their beauty, work as domestic maids or in the construction industry in cities such as Hyderabad face sexual harassment and abuse from their employers.

Extremism and victimisation of tribal youth

Due to land alienation, displacement and lack of livelihood opportunities, tribal youth are being pushed into extreme political activities. The tribal areas are highly volatile locations, with strong activity from extreme left groups. Tribal communities find themselves under consistent pressure from both state and extremist forces. Many tribal youth have disappeared without a trace of their whereabouts or become victims of 'encounters'. Chenchu youth from the Nallamalai forests are some of the worst affected by this kind of police harassment and disappearances. In the name of extremism, there is a subtle form of eviction taking place among the Chenchus where many villages are constantly being pushed out, relocated, and with no department taking real claim to these evictions. Infact, the display of State ignorance on this front gives rise to suspecting larger motives behind these 'temporary' evictions using extremism as an

alibi. Many Chenchu children in villages around Appapur are in a state of starvation, death and homelessness. After being forced to leave their villages, the Chenchus have been left to fend for themselves which has led to epidemics, death of many children and social insecurity.

Many young tribal girls, who are drawn into the extremist groups, are hunted down and can neither continue the violent struggle nor lead normal lives again. With the adjoining state of Chattisgarh experiencing state sponsored violence under Salwa Judum, the terror has spread into the border tribal villages in Khammam district, and families are being forced to flee their homes and lead terror-stricken lives. Even children are forced to take up arms and confront either the terror of extremists or the police.

The government of AP has created tribal battalions, and converted members of the tribal youth into what it terms 'village special officers'. Recruitment of livelihood-starved youth into the police force for bringing 'law and order' back into the tribal areas is a serious cause for human rights concern. There is an imminent threat of spill-over of the Salwa Judum violence into AP. One of the impacts of the Salwa Judum on the tribal areas in AP is the setting up of police camps and outposts in the areas bordering Bhadrachalam. Here it is reported that PHCs and ashram schools are being used as police camps. This is intimidating women and children and they are scared to go to these places. Further, people are warned against going to the PHC after dark. This is a severe human rights violation of tribal people who cannot use the PHCs even during an emergency situation.

In some places like the Chenchu area, it is reported that police squads are using tribal children as cover during their combing operations by forcing them to travel in their vehicles or using the school premises for their camps. This is an issue that requires urgent attention and a call for halting of abuses on tribal people.

AP economic reforms-structural adjustment and impacts on tribal people:

The Andhra Pradesh Economic Reform Programme (APERP) and Structural Adjustment Programme (SAP) initiated by the earlier Telugu Desam party when it was in power led to a process of downsizing subsidies, reduced employment, deregulation and privatisation, which continues to be taken up on a more aggressive note by the present government in power. It has affected tribal communities in several covert ways in terms of reduction in budget allocations, forcing some of the wings operating in tribal areas (like the Girijan Cooperative Corporation (GCC) Ltd) to cut down on man-power and services, insignificant increase or stagnation of allocation for all other areas of tribal development. Foremost among the impacts is the incapacitation of state government institutions like the Tribal Cultural Research and Training Institute (TCRTI) whose current activities do not reflect any significant focus on research or training based promotion of tribal knowledge or cultures. This is clearly a result of lack of impetus given to such institutions whose role could have been effectively utilised for developing policies and programmes related to tribal education, medicine, revival of cultural traditions and others.

Another serious consequence is seen in the nature of employment opportunities or economic activities taken up in tribal areas. The state government's attempt to privatise Sponge Iron India Ltd (SIIL) in Khammam was one of the first moves to lay off tribal employees from public sector undertakings and hand over these economically vibrant companies to private players in an unconstitutional manner. Such moves only create the impression that the tribal children of tomorrow have little employment assurance. The existing private industries in the Scheduled Areas like ITC-Bhadrachalam and Orient Cements, or even Singareni Collieries, which is a public sector undertaking, have very few tribal people from local communities employed in their companies.

The case of Borra Caves and the tourism project

This is a good example of the duality in the state government's interest in developing the tribal areas or the tribal people. While the government repeatedly states that setting up industries and undertaking economic activities is for the improvement of tribal

livelihood and incomes, the tourism project in Borra Caves completely belies these statements. What was a culturally owned place of worship was converted into a commercial venture by the state government when the Department of Tourism took over the Borra Caves from the community. The caves are one of the biggest tourist attractions in the state and bring excellent revenue to the government. However, the economic status of the tribal communities has not changed significantly.

Contracting of the tourism activity has led to local tribal youth employed in the caves continuing to be casual labourers without any work security or legal rights. Inspite of several appeals made by the guides for giving them permanent employment or a share in the incomes from tourism, the response from officials concerned has been one of helplessness as the state government policy after the APERP is to stop/reduce permanent employment in all government departments. Contracting of work has become a universal policy of the government in lieu of permanent jobs. With this kind of a policy approach, tribal youth stand less of a chance of assured employment and have to face the market competitiveness of the mainstream. On another front, government has been assuring jobs and employment to tribal youth where large industries like mining, are to be set up. When government is not providing employment in public sector undertakings or recruiting them in its various departments, it is a farfetched assurance of the government that they will provide for the same in private industries where there is no mandatory requirement.

Future threats

Another serious consequence is seen in the nature of employment opportunities or economic activities taken up in tribal areas. The state government's attempt to privatise Sponge Iron India Ltd (SIIL) in Khammam was one of the first moves to lay off tribal employees from public sector undertakings and hand over these economically vibrant companies to private players in an unconstitutional manner. Such moves only create the impression that the tribal children of tomorrow have little employment assurance. The existing private industries in the Scheduled Areas like ITC-Bhadrachalam and Orient Cements, or even Singareni Collieries, which is a public sector undertaking, have very few tribal people from local communities employed in their companies.

The old development perspective, where costs incurred by tribal people and the environment are excluded from the project costs, and where reviews of the impact of past interventions on tribal populations fail to be carried out, continues to be the position held by the government. Given the continuous large-scale displacement of tribal people the vital issues with regard to tribal children that need focus are as follows.

- New projects imply fresh incidences of displacement. The government is making confident statements concerning the effective rehabilitation and compensation of land for those who will lose their land due to irrigation or other development projects. If we take the example of the Resettlement Action Plan (RAP) under the Community Forestry Management project funded by the World Bank, one of the assurances has been to provide new land for those who lost their original lands under the project. So far, the project has been unsuccessful in identifying land in most places and its actions have mainly been restricted to developing lands already in the hands of the families entitled for RAP. Existing irrigation and other development projects have not fulfilled the rehabilitation processes earnestly. Many tribal families, particularly from the VTG communities like Khonds have faced severe food crisis as a result of eviction from their lands for the Joint Forest Management programme.

- Another example is the Peddagedda reservoir in Vizianagaram district where only three tribal villages are apparently affected. Although after much pressure, the resettlement promises on paper provide for land compensation, the local revenue officials, whenever approached (unofficially) admit that they can never fulfil these promises, as there is no land available that is not already occupied. So far the Peddagedda reservoir affected communities have no prospect

of getting any land for rehabilitation. Therefore, this brings the glaring prospect that large sections of today's tribal children will be landless by the time they reach adulthood, while political statements and promises seem to be merely aimed at creating a false public impression and somehow managing to evict communities through allurements or intimidation.

- Where government does manage to identify land for rehabilitation, most of it is outside the Scheduled Areas. So the next generation of tribal population displaced by development projects face a serious threat of losing the legal safeguards of living in the Scheduled Areas, even if there is a remote possibility of getting land for land compensation. There is so far no indication that the state will ensure this status or declare these areas as Scheduled Areas. This implies that government projects are snatching away the constitutional status of tribal children pushing them to areas where the Fifth Schedule laws will not apply. Besides, there is a distinct attempt at diluting the rehabilitation policy of the central and the state governments where there is no certainty of the clause of land to land compensation for tribal communities, which implies that most often rehabilitation will be restricted to a large extent to monetary compensation. Further, the draft rehabilitation policy states that rehabilitation will be undertaken only for projects that affect more than 500 people; this is shocking as every citizen of the country has the constitutional right to life and justice, whatever the scale of population involved in any given project. It is especially serious for tribal areas where population is dispersed and may not have enough numbers to be eligible for rehabilitation.

- These projects are destroying the natural resource base and diversity of the forests. Tribal people are considered 'encroachers' and 'criminals' when they utilise the forest resources for basic survival; whereas all non-forestry activities proposed by the government in the name of 'public purpose' are justified as required for the economic progress of the state. Hence, the meaning of 'public purpose' is being maliciously redefined and misused against the tribal people. This will result in future generations of tribal people losing their livelihoods and their ability to utilise their traditional knowledge.

- Where tribal people are resisting such 'development' projects, the state government is taking harsh measures to suppress the expression of their rights. One of the most serious ways in which this is being planned is through exploiting the vulnerability of tribal youth by offering false promises of employment and livelihood that will turn them against their own communities. Tribal youth are being sent for recruitment into special police battalions or for training in mining activities with the unacknowledged intention of creating a conflict between the younger generations and the women and elders of the communities.

- The government is organising engineered public hearings without affected peoples' participation, through intimidation and police violence to create terror among communities and openly supporting industries and companies that have vested interests in these areas. Even where affected communities do manage to state their objections at public hearings and show an overwhelming opposition to projects, the government is obstinately going ahead with processing the proposals of industries and getting clearances on behalf of industries. This implies that government has scant respect for constitutional procedures or social and environment concerns. Public hearings are held at huge public costs and multiple times for the same project as industries are making governments change locations depending on the opposition and rehabilitation costs demanded by people. Affected women are not allowed to participate in public hearings as was seen in all the public hearings of the Polavaram project. If women are not allowed to raise their objections or seek clarifications, who else is more interested in defending the concerns of their children and

communities.

- Mining companies operate in these areas by organising 'exposure' visits for youth and community members, giving false information about jobs, undertaking short-term community development activities like health camps, distribution of food or other material. One of the posters (it is not stated whether it is the state government or the private company that are authors of the posters) in Ananthagiri mandal of Visakhapatnam district shows pictures of a pre-mining situation of tribal life full of misery with run-down huts, unhealthy children and lack of food and school facilities and a post-mining situation where villages are transformed with well-built hospitals and schools. These are deceptive campaigns intentionally designed to misguide the tribal people. If it is the government that is putting up such posters, it is shameful that it does not fulfil its constitutional duties of providing education and health, and conveys the message that there will be schools only if companies are set up in their villages. This is highly unacceptable. If it is companies who are putting up such posters, their Corporate Social Responsibility proposals are suspect both in intention and actual implementation, as world over, such promises have remained largely an eye-wash.

- What is about to happen is large-scale migration of tribal populations to urban centres. This will be accompanied by an increase in child labour in the construction industry, domestic work and mining. Trafficking and other forms of exploitative and hazardous activities are also likely. Juvenile crime (which is currently almost negligible amongst tribal youth) is bound to increase.

- It is true that the next generation of tribal people need diversification in their livelihood and employment opportunities, as the traditional landholding size is highly insufficient to cater to the needs of the growing population.

- There is a major deficiency of both foresight and good intent from the political and bureaucratic powers, in making a sincere effort at developing the tribal people and the tribal areas. The intentions are merely to serve the commercial interests within the shortest possible timeframes, without a thought about the future of the tribal people or health of the environment. This is seen in the manner in which the Ministry of Environment and Forests is giving environment clearances without a proper review of the proposals in their totality, whether with regard to environment or social impacts. EIA documents provide unauthentic data on the projects and their likely impacts.

- A good example is of (after a long legal intervention) Indian Rayon and Industries Ltd, where scrutiny of the EIA documents revealed that the assessment was carried out just for the plant site and no assessment had been made of the mine site, which was to be located in the tribal villages. The EIA document of the Lambapur-Peddagattu uranium project proposed by Union Carbide India Limited included very vague figures and projections assuming that the project would lead to 'direct and indirect employment' without stating any accurate figures.

- The government argues that the local communities will have a share in the profits from industrial activities like mining, will have access to community development support and perhaps also participate in the industrial activities either as owners, leaseholders or employees. There are serious questions related to such moves, which have to be answered before assuming that tribal people's participation in such processes will be possible and equal. With illiteracy remaining as high as it does, there is no level playing field between private corporations, corrupt and complicit governments and illiterate tribal people who have no access to channels of political power or public opinion.

- The education that is currently provided to tribal youth does not enable them to become mine engineers, management entrepreneurs or to take up mining activities on their own. Indigenous

communities world over are not being given opportunities for redressal of their grievances when their land is illegally grabbed and when their resources are illegally polluted. This is the case in spite of the existence of 'democratically' formed governments and human rights bodies based on international agreements and standards.

- In neighbouring Orissa, tribal women and children are being violently beaten up and placed in custody for participating in democratic protests to protect their rights. AP is not far away in its proximity to Orissa, nor in its capability for state induced violence. Women who are expressing their demands for protecting their lands and livelihood are facing intimidation and threats, as is evident in the proposed bauxite mining areas in Ananthagiri mandal where agents of mining companies are using terror, either directly or through local police in order to 'manufacture' consent for the project.

- The only future for the tribal people, other than joining the special police battalions, seems to be that which is offered through state sponsored projects like Velugu, where tribal and rural youth are being trained in large numbers to be absorbed into the retail market and urban service sector. While this helps tribal youth gain access to the urban markets, and diversify from their land based occupations, it is unfortunate that the government cannot offer more professional opportunities to tribal youth, who are highly knowledgeable in the natural sciences. Tribal children have such a rich knowledge of natural sciences that they could become accomplished botanists, zoologists, agricultural scientists, environmentalists, geologists, medical doctors, musicians, poets and sustainable architects.

- Very few corporations or Information Technology (IT) companies employ SCs and lesser still, STs. Several media reports of statements made by these companies reveal that they feel no social obligation to provide job opportunities for these communities. This is justified on the pretext that such recruitment would affect quality and competency.

If this scenario remains, the state will have to answer questions concerning what true forms of development it is offering the tribal children of today and tomorrow. If the private sector persists in its exclusive concern with accumulating profit and the state continues to shed its social responsibilities and discard its constitutional duties its forest dwelling communities, the tribal child will certainly be trampled by mainstream forces. A strong hope lies in the emerging tribal youth force who are slowly getting educated and aware of their tribal status. They are developing a fresh confidence to negotiate for their rights and for the rights of their future generations.

Box 4: Promises vs delivery: Development projects and tribal people. Who reaps the benefits?

A case study of the impact of Orient Cements Project on tribal communities in Devapur village, AP.

This study revealed how false the claims are of companies and the government that development projects like mining vastly improve the lives and economic situation of tribal communities in the region. The project of a limestone mine and a cement production plant by Orient Cements in Devapur village of Adilabad district, AP resulted in serious social, economic and ecological changes that affected the local tribal community and its surrounding ecology. Devapur village is home to the Gond and Nayak–pod tribal communities and falls within the Scheduled Area. Once completely inhabited by tribal people, at the time of the study 80% of the population consisted of non-tribals, mainly migrants. In addition to the migrant's settlements, were the management quarters of Orient Cements that housed the middle class management staff from the cities and towns.

The company's activities over the years resulted in loss of land, livelihood and forest resources for the tribal communities. In addition there was deterioration in standards of health as a result of pollution and the unhygienic conditions caused by the new population influx. The increased rate of HIV/AIDS infection and the introduction of social evils such as alcoholism and prostitution can be directly attributed to the arrival of labourers and truck drivers in the area. Women were particularly vulnerable to various types of exploitation by the new groups.

The 'indirect benefits' due to growth in population and in-migration, as projected in most Environmental Impact Assessment (EIA) documents produced by the industries, were exposed to be falsehoods, as can be demonstrated by the case of Devapur. The in-migration led to greater pressure on land, employment and even casual labour. It led to small ancillary trading, e.g. tea stalls, small transport providers like auto-rickshaws, etc., but these were mainly operated and controlled by non-tribals.

The development facilities and growth of the village infrastructure, as reported by the company are also misleading. The Rapid EIA and APMDC's report on the salient features of the project, describe with illustrations the care taken to protect the environment, recharge ground water, undertake afforestation and development works like roads, check-dams, rainwater harvesting systems, drinking water facilities, housing, schools, primary health centre, etc. All of these facilities, however, were mainly provided exclusively to the employees and workers living in the township, not to the tribal community who lost their lands and livelihood.

The health centre run by the company has neither medical equipment nor qualified doctors to whom the local community has regular access. The humiliating attitude and remarks made by the doctors have increased the reluctance of the tribal people to approach the health centre.

The study team discovered that the presence of the company had led to the denial of development activities in the village by the government. The local government and also the Tribal Welfare Department had deprived them of these projects on the pretext that because the company was providing development facilities like roads, schools, etc., along with the industry project, there was no requirement for additional government intervention.

The company run primary school charges a fee that tribal children's parents are simply unable to afford, except those whose parents are employed in the company. The roads were laid out and well maintained within the township premises, but not within the village. Transport facilities were provided only to employees of the company for whom a bus goes up to Mancherial every day. For the local population there was nothing; they either had to walk the 30 kms to Mancherial or hire expensive autos or bicycles for their commute. The tribal people could not use electricity, as they were unable to afford it and the scarcity of drinking water was demonstrated by the long queues that formed beside the bore wells.

The above is just one example. Across the state and country similar promises have been made and broken by industrial companies.

Case study of impacts of bauxite mining on children in Jamaica - tribal children of Visakhapatnam could be the next victims

Dust-up swirls around key Jamaica industry

By Carol J Williams, Los Angeles Times Staff Writer; October 14, 2004

Downs, Jamaica: The old women and young mothers herding sick children gather after sunrise on the brown wooden benches just outside the clinic.

Residents of the bauxite- alumina sites, mostly in these undulating southwestern hills around Mandeville, have complained throughout the industry's half a century of operations here that their ailments stem from exposure. Health studies elsewhere have linked bauxite to hypertension and alumina dust to asthma and sinusitis. Jamaican authorities dismiss the complaints of illness.

Officials reject requests for compensation, medical treatment or corrective measures on the grounds that there is no statistical proof of causation from the processing of bauxite into alumina, the key element for making aluminium.

Complaints from thousands of Jamaicans about asthma, sinusitis and children with birth defects have prompted a militant minority to challenge what it describes as the Caribbean nation's see-no-evil policy. Angry demonstrators have clashed with police and set fire to company trucks.

'We don't think there's a connection, we know there is,' says Courtney Gill, a 33 year old former plant maintenance worker. He has twice placed his 9-year-old son, who suffers from cerebral palsy, in the path of a train to draw attention to the community's problems.

'He don't know what's going on, so he isn't scared,' Gill says of the boy, also named Courtney. 'I put my Bible on the tracks to mark where I would have to take him off if the train didn't stop, but it did both times.'

In her study of 2,559 people, Charles-Freeman found that 37% of adults and 21% of children living within six miles of the facility suffered sinusitis. Asthma afflicted 23% of adults and 26% of children. Allergies, likewise, were markedly more prevalent among those who lived closest to the plant than in control groups seven to 10 miles distant.

The Water Resources Authority oversees ground water quality and has determined that wells close to the alumina operations exceed the World Health Organisation's acceptable levels for sodium by as much as 400%.

At the farm of Pauline Wellington, rainwater is collected in a cement spillway running downhill into a sunken cistern. The water picks up the alumina dust, washing it into the drinking water system she shares with her father and six children.

'We are slowly dying inside,' she says.

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Annexures

Annexure 1: STs of AP			
1	Andh, Sadhu Andh	19	Kulia
2	Bagata	20	Malis (Excluding Adilabad, Hyderabad, Karimnagar, Khammam, Mahaboobnagar, Medak, Nalgonda, Nizamabad and Warangal)
3	Bhil	21	Manne dhora
4	*Chenchu	22	Mukha Dora, Nooka Dhora
5	*Gadabas, Bodo Gadaba,Gutob Gadaba, Kallayi Gadaba, Parangi Gadaba, Kathera Gadaba, Kapu Gadaba	23	Nayaks (in the agency tracts)
6	Gond, Naikpod, Rajgond, Koitur	24	Pardhan
7	Goudu (in the agency tracts)	25	*Porja, Parangiperja
8	Hill Reddis	26	Reddi Dhoras
9	Jatapus	27	Rana, Rena
10	Kammara	28	*Savaras, Kapu Savaras, Muliya Savaras, Khutto Savaras
11	Kattunayakan	29	Sugali, Lambadis, Banjara
12	*Kolam, Kolawar	30	*Thoti (in Adilabad, Hyderabad, Karimnagar, Khammam, Mahaboobnagar, Medak, Nalgonda, Nizamabad and Warangal)
13	Konda Doras, Kubi	31	Valmiki (in Schedule areas of Visakhapatnam, Srikakulam, Vizianagaram, East Godavari and West Godavari)
14	Konda Kapus	32	Yanadis, Chella Yenadi, Kappala Yenadi, Manchi Yenadi, Reddi Yenadi
15	*Konda Reddis	33	Yerakula Koracha, Dabba Yerukula, Kunchapuri Yerukula, Uppu Yerukula
16	*Kondhs, Kodi, Kodhu,Desaya,Dongria Kondhs, Kuttiya Kondhs, Tikiria Kondhs, Yenity Kondhs, Kuvinga	34	Nakkala, Kurvikaran
17	Kotia, Bentho Oriya, Bartika, Dulia, Holva, Sanrona, Sidhopaiko	35	Dhulia, Paiko (in Visakhapatnam and Vizianagaram)
18	Koya, Doli Koya, Gutta koya, Kammara Koya, musara Koya,Oddi Koya, Pattidi Koya, Rajah, Rasha koya, Lingadhar Koya (ordinary), Kottu Koya, Bhine Koya, Raja Koya.		
Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm/basicstats.pdf			

*Primitive Tribal Groups (PTG): PTGs are tribal communities among the STs who live in near isolation in inaccessible habitats. They are characterised by a low rate of growth of population, pre-agricultural level of technology and extremely low levels of literacy.

Annexure 2 : Profile of ITDAs in AP											
No	ITDA	Year of est	Area in sq kms	Villages		Tot pop	ST population				Major Tribal Groups
				Sch.	Non Sch		Total	Male	Female	%	
1	Seethampeta	1979	1,289.32	108	240	95,164	74,280	36,731	37,549	78	1,2
2	Parvathipuram	1979	1,740.98	298	183	190,246	153,897	95,549	78,348	81	1,2,3,4
3	Paderu	1974	5,904.51	3,368	96	599,551	524,914	261,792	263,122	88	3,5,6,7,8
4	R C Varam	1976	4,191.65	559	40	229,561	154,562	76,573	77,989	67	9,10
5	K R Puram	1976	1,006.10	102	1	111,153	52,592	25,680	26,912	47	9,10,11
6	Bhadrachalam	1974	6,899.92	889	8	1,187,590	534,184	268,675	265,609	45	9, 10,12
7	Eturungaram	1974	3,122.46	177	77	179,746	75,254	38,624	36,630	42	10,12
8	Utnoor	1974	6,138.50	412	164	575,001	253,182	127,001	126,181	44	12,13,14,15,16
9	Srisailam	1988	6,500.00								17
	Kurnool				40		7,915				
	Prakasham				81		13,321				
	Guntur				48		6,376				
	M Nagar			28	96		10,406				
	Nalgonda				15		1,659				
	Ranga Reddy				31		2,700				
	Total			28	311		42,377	12,579	11,671	13	
10	Nellore										
	(1991 Census)	2001									18
	Nellore						186,914				
	Chittoor						65,526				
	Prakasham						50,298				
	Kadapa				42		16,794				
	Total						319,532				
	GRAND TOTAL		36,793.00	5,968	1,473	3,168,012	2,166,747	943,204	924,011	60	
1=Savara; 2=Jatapu; 3= Konda Dora; 4= Gadaba; 5=Bagata; 6=Kondh; 7=Valmiki; 8=Porja; 9=Konda Reddi; 10=Koya; 11= Yerukula; 12= Lambada; 13=Gond/Naikpod; 14= Kolam; 15=Pradhan; 16=Thoti; 17=Chenchu; 18=Yanadis.											
Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm/basicstats.pdf											

Annexure 3: MADA pockets in AP					
District	Name of the pocket	Villages covered	Population		
			Total	Sch Tribes	%
Srikakulam	1. Talatampara	5	15,853	9,660	61
	2. Mandasa	26	19,625	10,396	53
Krishna	1. Kumarakuntla cheemalapadu	14	53,972	13,628	25
Guntur	1. Stuvartpuram	9	69,986	7,076	10
Khammam	1. Goigollapally	8	23,210	9,770	42
	2. Nelaptla	6	31,560	11,050	35
Warangal	1. Gundrathimadgu	14	17,646	8,810	50
	2. Thanamcherla	13	97,829	32,931	34
	3. Chandrugonda	8	20,905	8,942	43
	4. Gundenga	5	17,791	7,517	42
	5. Vemnooru	10	33,991	16,274	48
	6. Mandrai	5	17,411	10,588	61
	7. Malliyal	6	18,855	9,057	48
Karimnagar	1. Kankanoor	27	18,132	7,727	43
Nizamabad	1. Indalwai	27	41,675	21,773	52
	2. Musheernagar	9	18,688	9,676	52
Medak	1. Narsapur	73	136,979	20,659	15
Ranga Reddy	1. Yacharam	6	18,536	5,840	41
Mahaboobnagar	1. Lingal	15	30,024	12,884	43
	2. Inole	19	45,361	12,545	28
	3. Cheduruvelle	7	19,862	5,933	30
	4. Amangal	6	28,480	7,311	26
	5. Kadthal	8	19,495	9,168	47
Nalgonda	1. Yalamalamandha	11	20,942	10,696	51
	2. Polepalli	7	17,220	7,225	42
	3. Towkalatur	13	75,404	34,372	46
	4. Peddaaddiserlapally	6	13,981	3,715	27
	5. Vadipatla	10	28,920	14,217	49
	6. Tungapahad	7	27,478	10,761	39
	7. Keswapur	5	27,749	11,027	40

	8. Tallasingaram	9	79,530	15,687	20
	9. Ramulapalli	8	18,586	5,529	30
	10. Vattikhananpahad	7	30,113	13,711	46
	11. Chedela	6	47,292	17,572	37
	12. Chaduapatla	7	15,177	3,750	25
	13. Chikatimamidi	7	16,637	5,511	33
	14. Mudigunda	12	20,326	13,677	67
	15. Mulakacharla	8	21,781	17,177	79
	16. Vailapalli	5	52,777	33,265	63
	17. Rustapur	10	8,434	4,074	48
	18. Chalkurthy	8	23,048	13,738	60
	TOTAL	472	1,343,255	497,585	37
Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm/basicstats.pdf					

Annexure 4: Clusters

District	Name of the pocket	Villages covered	Population		
			Total	Sch Tribes	%
Vizianagaram	1. Yeguvakondaparthy	16	10,352	2,001	55
	2. Kuneru	21	9,720	5,680	60
Visakhapatnam	1. Samida	17	5,881	5,811	58
	2. Sankaram	25	12,040	3,384	64
West Godavari	1. Namavaram	10	11,684	7,708	28
	2. Bandivari gudem	8	20,819	3,315	15
Khammam	1. Chowdavaram	5	7,148	3,128	65
Adilabad	1. Dondarna	12	12,067	4,674	52
Warangal	1. Jagannathaplly	6	15,043	6,243	45
	2. Ameenabad	1	8,762	6,790	61
Karimnagar	1. Medipally	7	10,432	5,379	35
Nizamabad	1. Rahatnagar	6	8,968	3,633	64
Ranga Reddy	1. Annareddipally	10	14,020	5,756	62
	2. Navalga	11	12,578	8,634	48
	3. Adikicherla	10	132,260	5,994	5
Mahaboobnagar	1. Gunded	9	12,854	6,154	52
	2. Bibinagar	6	10,085	6,681	54
	TOTAL	180	309,211	5,421	29
Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm/basicstats.pdf					

Annexure 5: AP district - wise total literates among STs from 1991 to 2001						
	1991			**2001**		
	Male	Female	Total	Male	Female	Total
Adilabad	39,262	10,398	49,660	89,169	45,199	134,368
Ananthapur	18,136	6,166	24,302	32,186	16,209	48,395
Chittoor	12,765	5,526	18,291	28,740	18,880	47,620
East Godavari	19,173	11,395	30,568	40,633	31,771	72,404
Guntur	22,098	8,083	30,181	41,539	23,651	65,190
Hyderabad	11,332	3,182	14,514	9,598	6,400	15,998
Kadapa	6,566	2,272	8,838	13,635	7,501	21,136
Karimnagar	6,890	1,319	8,209	17,408	8,173	25,581
Khammam	54,330	17,498	71,528	138,021	78,042	216,063
Krishna	10,815	4,702	15,517	23,893	15,808	39,701
Kurnool	8,736	2,646	11,382	16,562	7,909	24,471
Mahaboobnagar	15,620	2,780	18,400	42,745	14,411	57,156
Medak	7,157	1,006	8,163	22,401	7,301	29,702
Nalgonda	26,491	4,238	30,729	71,853	27,136	98,989
Nellore	18,880	9,974	28,854	43,587	32,833	76,420
Nizamabad	9,569	1,651	11,220	29,779	10,931	40,710
Prakasham	12,499	4,646	17,145	23,785	13,943	37,728
Ranga Reddy	6,906	3,590	10,496	27,813	12,537	40,350
Srikakulam	15,532	5,577	21,109	34,096	19,742	53,838
Visakhapatnam	47,458	14,491	61,949	107,248	52,772	160,020
Vizianagaram	17,437	6,761	24,198	39,492	23,832	63,324
Warangal	33,441	7,137	40,578	89,160	41,300	130,460
West Godavari	9,838	6,442	16,280	22,604	19,049	41,653
Total	430,931	141,480	572,411	1,005,947	535,330	1,541,277
Source: http://aptribes.gov.in/oldsite/GOs/gosmain.htm /basicstats.pdf						

A Study on the Status and Problems of Tribal Children in Andhra Pradesh

Samata

The tribal children of Andhra Pradesh are invisible, insignificant and inconsequential to the decisions made by the state and at both the policy and the intervention levels. They are steeped in poverty, illiteracy and face continuous pressures that threaten their survival. In order to understand these problems and their impacts, and in the absence of any direct information or data, a need was felt to undertake a study that could throw light upon the main issues and trends that require urgent attention from both policy and implementation perspectives. This report, therefore, tries to understand the status and problems faced by tribal children in the state of Andhra Pradesh. The main thrust areas of the study are demographic trends among tribal people, education, health concerns and impacts of development policies and programmes. Also briefly covered are details about budgetary allocations by the government on children in India. Secondary data was collected from government sources while primary data was collected from six districts where Samata and its

e.

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