

**VISIT REPORT OF LAKHIMPUR KHERI ON VARIOUS FLAGSHIP PROGRAMMS**  
**FROM 18 TO 21 DECEMBER-2013**

**Introduction**

Monitoring systems are essential pre-requisites for continuous performance review and management of programs and projects. It can identify what is working and what is not and helps make mid-course corrections in various flagship programs for improved performance. Purpose of the visit to Lakhimpur was to have an idea of various socio economic indicators regarding the District, with special reference to the backward district of the State besides collecting information in regard to the implementation of various flagship programs and other welfare schemes. The key flagships covered as part of this study included BPL, PDS, MDS, NRHM, ICDS, SSA, MDMS, MNREGA, IAY, Rights of Schedule Caste & Schedule Tribes, Health and Custodial Justice.

**Objectives of the Study**

- To identify gaps in implementation of various flagship programs and other welfare schemes.
- To study in detail the various registers maintained and collection of information in these registers.
- To study the level of understanding of the primary worker and other workers.
- To study the data at various levels.

**Background of Lakhimpur Kheri District**

According to the Census of India 2011 the total population of the district stood at 40, 21243 lakh persons. The district is located between latitude 27.6 degree and 28.6 degree North and longitude 80.3 and 81.3 degree

East. It shares its boundary with Nepal in the North, Shahjapur and Pilibhit in the West, Bahraich in the East and Hardoi and Sitapur in the South. River Sharda divides the district into two parts. River Mohan separates it from Nepal while river Suhena and Kathina separate it from Shahjapur. Kheri is the largest district of the state with a total area of 7680 sq. km. and this constitutes roughly 3.2 per cent of the total area of U.P. There are a total of 6 Tehsils and 15 Blocks in the district. Looking at the regional location of the district Kheri forms a part of the Central Region of the state.

➤ **Right to Education**

**Sarva Shiksha Abhiyan (SSA)**

The Sarva Shiksha Abhiyan (SSA) - Universal Elementary Education scheme has been the main catalyst in recent years as leading light in transforming system of education in the state. SSA ensures all children have access to quality education and complete a full course of elementary schooling. SSA is being implemented in partnership with State Governments to cover the entire country and address the needs of 192 million children in 1.1 million habitations.

<b>Accessibility</b>	
Distance of school from habitation	Primary school near 01 km and Uper Primary School 02 km
Distance between two schools	Primary school - 01 km Upper Primary school- 03 km
Teacher and student ratio	Primary School - 68 Upper Primary School- 79
Number of school working days in a year	Primary School - 220 Upper Primary School - 220

Girls toilets status in schools	Available in all Primary and Upper Primary School
<b>Quality of Education</b>	
Course content including Human Rights education	No
Book used which curriculum	SCERT
Recognizing education board	Basics Shiksha Parisad
Qualifications of teachers	1. Graduate, BTC Trained and TET 2. Bed, L.T. TET
<b>Schemes</b>	
Mid-day Meal	Yes
Sarva Shiksha Abhiyan	Yes (3+7)
<b>Rate of enrollment and retention</b>	
Boys	96
Girls	94
<b>Funds</b>	
Are the funds reaching in time	Yes
<b>Dropout ratio</b>	
Boys and Girls	Boys- 17, Girls-18
Boys and Girls (SC/ST)	Boys-19, Girls-18

### **NHRC Common observations**

On first day, the team visited the Schools and conducted a preliminary analysis and the monitoring at the district level. The team interacted with Education Officer, School Principle, Teachers, and School children. During the field visit the Team visited four schools in different villages of Lakhimpur. Schools were selected randomly from each block and villages on the basis of availability i.e.

- 1. Prathamik Vidyalay Jhinsi, Khiri,**
- 2. Prathamik Vidyalay, Jhalaria,**
- 3. Prathamik Vidyalay Banstali**

- There has been significant progress in the attainment of accessibility targets. The availability of schools within close distance of habitations has improved with more than 98%. They have access to schools within close distance of 1 km for Primary schools and within 3 km for Upper Primary Schools.
- There is a rapid rise in the overall enrolment of children the overall gross enrolment ratio is 98% and dropout rate is 18%.Rate of enrollment and retention for boys is 96% and girls is 94%.
- School going children in govt. schools and other government Aided schools are provided free text books
- Student attendance rates in the rural schools are below average and continued to be poor. The reasons for poor attendance are seasonal migration, distance, ill health, home chores, sibling care helping hand in father's work and lack of parental motivation.
- Teaching ratio in **Prathamik Vidyalay Jhinsi, Khiri** was 300.1 students per teacher and other two schools was 98.1 students per teacher. Teaching ratio in upper primary schools is 79.1.
- Teacher are supposed to be dynamic force of the school but unfortunately large numbers of teachers here in these schools have few professional qualifications, low skill and hardly any training.
- Interacting with teachers we observed that most of the teachers were not aware about the Sarva Siksha Abhiyan and nor they were confident enough to answer on subjects they teach.
- These teachers have to handle extra responsibilities like, election duties and conduct various other surveys along with administrative and teaching roles together, across student enrolled in all five grades of primary school. Single teacher is running whole school along with

these extra duties gets difficult to achieve the goal of right to education.

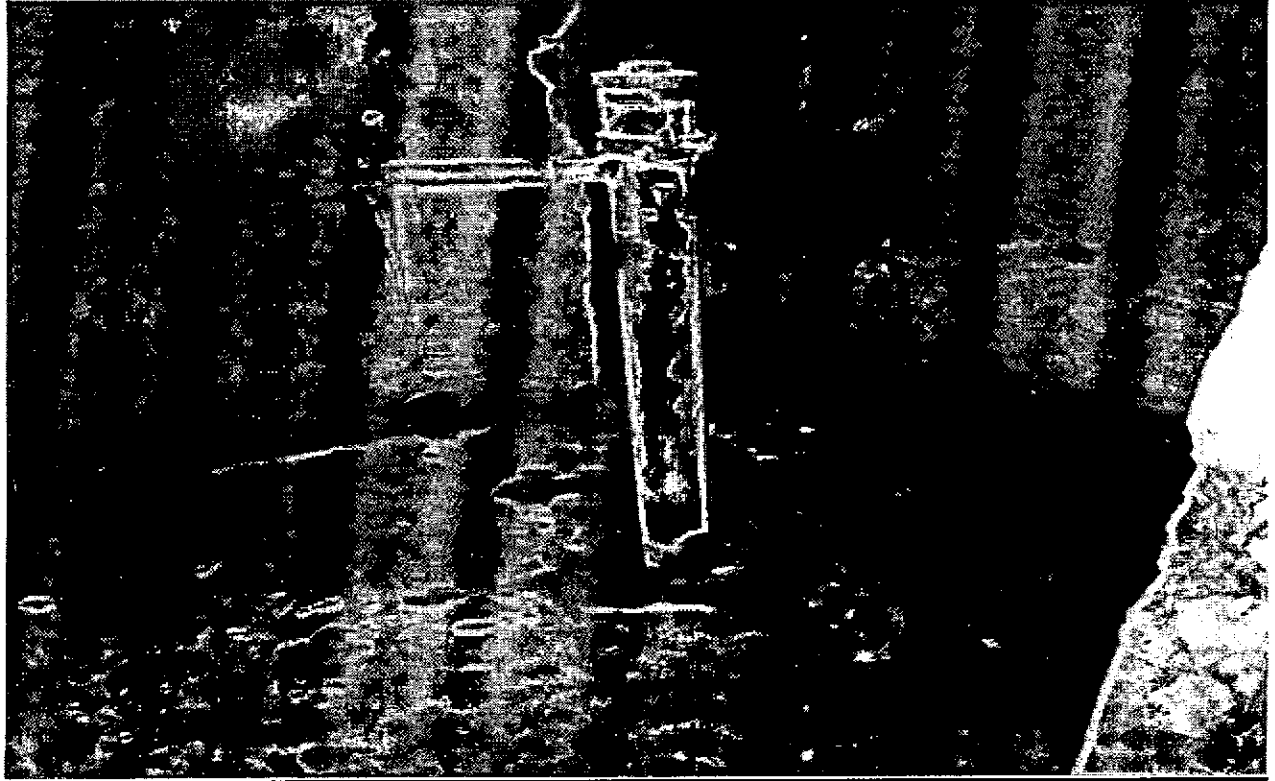
- The entire curricular package, including teaching-learning materials, classroom assessment and examinations are not up to the mark they have no proper blackboards, stationary or reading materials. Their course book does not contain any content related to human rights education or basic fundamental rights.
- There is no electricity, tube lights, fans or sun light in classroom. They do not have proper sitting arrangements, students sit on rags during classes. There were mice roaming around children in their classrooms.
- They were not provided with sufficient woolen and school shoes, most of them were wearing sleepers and double layer of their school shirts to protect themselves from cold.
- Infrastructural facilities have continued to have infrastructural deficits. Most of the Schools have view of garbage dumping ground at the main gate. Key amenities and infrastructure were found missing or in a shoddy condition in all three government schools.
- The fundamental requirements such as toilets and sanitation are still in question. Separate toilets for girls and boys were available in all three schools, but in horrible condition with no sanitation and no water facility inside; every time they need to use the washroom, and they need to carry water from outside.
- Every school had one hand-pipe which was used by all the students and teacher for the purpose of drinking as well as to carry water inside toilets.



Garbage dumping ground at **Prathamik Vidyalay Jhinsi, Khiri** main gate



Class rooms in shoddy condition students sitting on dirty plastic rags



Toilets with no water facility inside and zero sanitation

➤ **Right to Food**

**Mid Day Meal Scheme (MDMS)**

The Mid Day Meal is the world's largest school feeding programme reaching out to about 12 crore children in over 12.65 lakh schools/EGS centers across the country. With a view to enhancing enrollment, retention and attendance and simultaneously improving nutritional levels among children, the National Programme of Nutritional Support to Primary Education. Main and foremost objective is to wipe out the ever increasing malnutrition and chronic hunger in India then was to increase the enrolment in the schools, to encourage social mixing of kids at schools, to generate employment for women as cook and organizers

Number of schools in which the scheme is applicable	Primary School- 2561 and Upper Primary School-1208
Number of beneficiary children	Primary Students- 396468, Upper Primary Students-170504
Whether food provided fulfils nutritional requirement	As on govt. norms
Are the children charged for the food supplied	No
Are the BPL/AAY (Poorest of poor) family children attending school	Yes

### **NHRC Observations**

- Mid day meal was observed in same primary schools we visited for Sarva Shiksha Abhiyan (SSA). It was observed that mid day meal was being provided to all the children and one of the basic attraction of joining school for kids were getting mid day meal in their schools.
- Mid day meal in **Prathamik Vidyalay Jhinsi, Khiri** is provided by a NGO **Prathamik Vidyalay, Jhalaria, Prathamik Vidyalay Banstali**, has kitchen in the School compound and food is cooked by the village women. Utensils are not provided by the schools. Children carry their own utensils and wash it on their own and carry back to their homes.
- At **Prathamik Vidyalay Jhinsi, Khiri** it was observed that they were not served breads (roti) as part of wholesome meal they were mostly served rice, porridge and kheer as a substitute of breads (roti). We checked porridge provided to them by the NGO it was of poor quality with more water content than milk.
- There was also irregularity in serving mid day meals, as no mid day meal was served in month of September in **Prathamik Vidyalay Jhinsi, Khiri**. On asking the reason from NGO's, they said they are



not paid enough. It gets difficult to manage on such meager amount. Their payment are also not regular, which affects quality and daily flow of mid day meal.

- **Prathamik Vidyalay, Jhalaria, Prathamik Vidyalay Banstali** had kitchen in the School compound and food was cooked by the village women. Kitchen had poor infrastructure especially of kitchen sheds, poor hygiene and there was small open runnel next to the kitchen. Proper attention to cleanliness and hygiene is need to be given while preparing and serving the food to kids.

### **Integrated Child Development Services (ICDS)**

- Scheme represents one of the world's largest and most unique programs for early childhood development. The main beneficiaries of the programme are girl child up to her adolescence, all children below 6 years of age, pregnant and lactating mothers. It provides covers following areas:-

1. Immunization
2. Supplementary nutrition
3. Health checkup
4. Referral services
5. Pre-school non formal education
6. Nutrition and Health information

Total number for Anganwadi in the State	3503
Total number beneficiaries of ICDS in the State (children women and adolescent girls)	0-6 year- 483485, Pregnant & Lactating Mother -121472

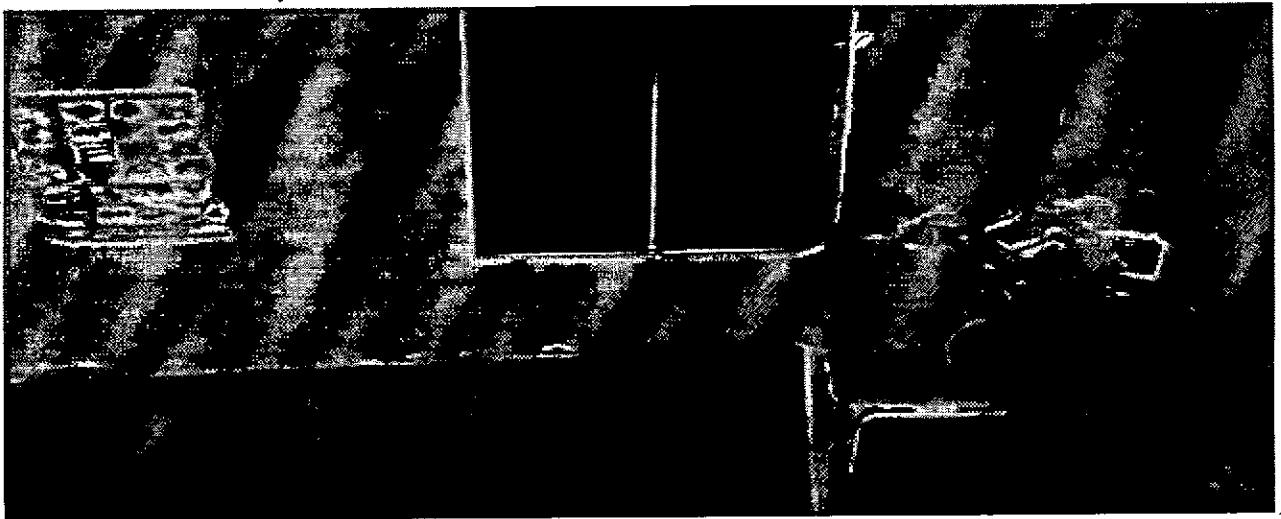
	Adolescent girls – 10509
Total number of Anganwadis workers (AWWs) and Helpers employed in these centres	AWW-3339 Helper-2778
Monthly salaries of AWWs and Helpers	AWW- 3200-00 per month Helper- 1600-00 per month
Whether these are being disbursed regularly	Yes
Last hike in their salaries	April, 2011
Training provided to AWWs and Helpers	AWW-3337 Helpers-2473
Training centres in the State and the nature of training imparted	AWW training center is located at Salempur Kon Era Road Lakhimpur Kheri & the Nature of training is jobs training and Refresher Course.
Anganwadi Staff structure Anganwadi Staff structure (CDPO, Supervisor, AWW, Helper etc.)	C.D.P.O. – 10 Supervisor- 63 AWW 3339 Helper-2778
Incidence of malnutrition among children, women and girls registered at these centre's	388 boys and girls are identified below 0-5 years

### **NHRC Observations**

- We visited 3 Anganwadis in different village's i.e. **Rajaura, Bastali** and **Jhalaria**.

- None of the anganwadi centres visited during day was working.
- ICDS programme in Lakhimpur, popularly known as anganwadis are so uniformly poor.
- None of the anganwadi centers had its own building. Most of the anganwadi centers have been attached to the primary school. They run either from primary school premises, rented structure or in panchayat bhavans.
- Space given to run anganwadi was not clean and looked as if it has not been used for longer period, only thing can be seen was dust, moisture insects and mice. It was more like store room where kerosene oil and other miscellaneous things were kept.
- There was mice roaming on the dry food grain and it was kept open without any cover.
- There is no proper accommodation to keep the ration item. Sometimes the given food stocks are also kept at the homes of the anganwadi worker or helper in unhygienic conditions where mothers come and collect the food for their children.
- The component of pre-school education is directed towards promoting holistic child development. It also contributes to the universalization of primary education and preparing the child for schooling. But this aspect was completely neglected part. There was absence of playing kits in centers and very few anganwadis had toys and most of them were broken. No teaching aid (chart) was maintained or available.
- The entire monitoring of malnutrition is based on the system of growth monitoring through growth charts and weight records. Hence the availability of weighing machines and growth charts is extremely important. WHO standard charts was not available nor there registers to check details.

- Children who come to anganwadis, they come only to the anganwadi to collect their share of *panjiri*. This irregular functioning of the anganwadi centers not only affects the nutrition component but also all the other important components of the ICDS program such as growth monitoring, nutrition and health counseling, immunization, basic health care, referral services and pre-school education.
- On investigating the probable reasons for not having a provision of hot cooked meals in anganwadis, it was said that, the funds allocated for hot cooked meals are very low.
- Fuel and cooking facility is not provided to them by the government. Though sometimes anganwadi workers bring fuel, woods and other utility stuff from their homes and cook hot meal food, but it's not a regular practice.
- With no funds in their hand, and with no guarantee that the expenses going from their pocket will be reimbursed in time, the anganwadi worker is not very enthusiastic to take on this responsibility. This is affecting both the quality and quantity of the food provided in the anganwadi centers.



Anganwadi used as a store room where kerosene oil and other miscellaneous things were kept

**Note:** - We also observed that money is flowing from three different schemes of Sarva Siksha Abhiyan, Mid Day Meal and Integrated Child Development Services, but it is working as one scheme because all three are clubbed in one and money is flowing from one source. For example many anganwadi are not open and kids of anganwadi are sitting with sarva siksha abhiyan Children in their class and eating the same mid day meal provided to with them.

**Below Poverty Line and Fair Price Shops**

Below Poverty Line is an economic benchmark and poverty threshold used by the government of India to indicate economic disadvantage and to identify individuals and households in need of government assistance and aid. It is determined using various parameters which vary from state to state and within states. The Department of Food and Public Distribution ensures food security for the country through timely and efficient procurement and distribution of food grains for people who are below poverty line.

<b>Below Poverty Line</b>	
Number of BPL families	176717
Number of Poorest of Poor among BPL(Antyodaya families)	109890.
Number of BPL card holder	176717
Antyodaya cardholders	109890
Number of children of such families availing ICDS/Mid Day/PD/Annapurna/ Old Age Pension Scheme	ICDS-0-6 years 483485 Mid Day Meal-566972 P.D 121472 Old age Pension (Annexure A)
<b>PDS and Fair Price Shops</b>	
Number of PDS and Fare Price Shops	1376

Monthly allotment of food	<p>BPL Wheat- 1140.390 Mt per month, Rice – 1520.520Mt per month</p> <p>AAY Wheat- 524.950Mt per month, Rice- 1312.757Mt per month</p> <p>APL Wheat- 2343.099Mt per month</p> <p>BPL/AAY Sugar- 398.000Mt per month</p> <p>BPL/AAY/APL K.Oil- 1296.000 KL per month</p>
Are the dealers have license to run shop	yes

### **NHRC Observations**

- The list of BPL and Antoyodaya families are reviewed every year for the purpose of deletion of ineligible families and inclusion of eligible families by Gram Sabha.
- Shops are open only twice in a month. Not on regular basis.
- Monthly allotment of food and commodities to Fair Price Shops are done as per the quota. All the dealers running fair price shops hold valid license.
- Rate of distribution and supply of food commodities to BPL are at the rate of Rs. 04, 65 per kg wheat and Rs.06, 15 per Kg Rice. For Antyodaya Rate is Rs.02 per kg Wheat and 03.00 per kg of rice. List of Antoyodaya and BPL beneficiaries were painted on all the Fair Price Shops.
- Rashaan are not given on installment, which gets difficult for few BPL and Antodaya families to collect all rashaan at once when shop is opened only twice in a month.

- As per distribution register all stocks collected were distributed but kerosene oil was still kept in one of the Fair Price Shop, Oil was found kept quite far away from the main shop.
- Distribution register showed by district administration should have two pages with one serial number, one each for district supplier and shop owner. We observed 4 pages with one serial numbers, on asking the reason they could not answer.
- Interacting with few BPL card holders and questioning them it looked that, many ineligible people have also obtained bogus BPL cards. It was difficult to verify the authenticity of BPL card holders, as they have submitted income certificates for seeking BPL cards.

➤ **Right to Health**

Everyone has the right to the health care they need, and to living conditions that enable us to be healthy life. We visited two health Centers Samudayik Swasthya Kendra at Gola and Prathamik Swasth Centre at Pararia Tulla. Primary Health Centre (PHC), A reference unit for 6 sub centers with 4-6 beds, manned by a Medical officer in charge and 14 subordinate paramedical staff. Community Health Centers (CHC): A 30 bedded hospital/Referral unit for 4 PHCs with specialized services.

Primary Health care Centers (PHCs)	<b>Sanctioned</b>	<b>in position</b>	<b>Vacant</b>
	03	03	-
Health sub centres	386	386	-
Community healthcare centers	14	14	-
Health worker (female)/ANM AT sub centers & PHCs	440	343	97
Health workers (Male)/MPW(M)	205	23	182
Health Assistant (Female)/LHV at PHCs	74	62	12

Health Assistant (male) at PHCs	115	51	64
Doctors/ Medical Officers at PHCs	06	04	02
Obstetrician and Gynecologists at CHCs	19	05	14
Pediatricians at CHSs	16	6	10
Total specialists at CHCs	35	11	24
Radiographers at CHCs	12	4	08
Pharmacists at PHCs and CHCs	72	61	11
Laboratory Technicians at PHCs and CHCs	24	22	02
Nursing staffs at PHCs and CHCs	35	09	26
Availability of medicines at health care centres	Sufficient quantity		

## **NHRC Observations**

### **Community Health Centre (Gola)**

- The idea of right to health and healthy living conditions was nowhere seen in primary health centers sub centers. Condition in these centers was pathetic and sympathetic.
- This health centre has accommodation of 30 beds. Sanctioned post of doctors in this health centre is 8 and availability of doctors at present is 6 out of which two are contractual.
- Infrastructure is not very well maintained and it had no proper lights, most of the corridors were dark and gloomy. Only one nurse one medical officer was on duty for 30 bed hospital.
- There is no radiologist and radiology machine is 15 yrs old. There is no cardiologist and gynecologist there is only Orthopedic, Dentist, Pediatrician and Anesthetic.



- Problems related to gynecology like pregnancy, delivery and other things are handled by a Women doctor who is BMS. Infant mortality rate in this centre is 6 to 7 babies per month and there are around 250 to 300 deliveries every month. There are no cases of maternal mortality.
- Wards were dirty untidy beds with zero sign of sanitation. There was no proper ventilation system for the air in the wards due to which bad odor was normal thing. The toilets were in deplorable condition and major source of infection. There were no baby warmer or facility of heater for new born or their mothers.
- Adequate health care infrastructure, health facilities, trained health care professional's, goods drugs, equipment, sanitation and other services were missing at the health centers.
- Doctor shared his problem about being overburdened because of short staffed and having meager funds to provide for medicines and health supplies. They have poor working conditions, coupled with increasing interference at every level and government being ignorant about the situation. No doctor is ready to stay in a village and serve the hospital. These things are not allowing the healthcare facilities to improve in the state.

### **Primary Health Centre ( Pararia Tulla)**

- This primary health centre was managed by pharmacists alone without any doctor.
- There were no radiologists or any x-ray machines.
- There was no watch-guard or sweeper to look after the primary health centre.
- There were sweeper assigned on the post but they were not turning up for the cleaning.
- There were no subordinate paramedical staffs in the primary health centre.

## **Jannani Suraksha Yojna**

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women.

### **NHRC Observations**

- Janani Suraksha Yojna and Rashtriya Suraksha Yojana are being implemented in the District. Beneficiaries under the Janani Suraksha Yojna are 37591 and Rashtriya Suraksha Yojana is 842.
- While talking to ASHA'S in Gola city of Lakhimpur Kheri, we observed that JSY has shown impact in Uttar Pradesh. ASHAs are enthusiastic and motivated to serve the community, save children and earn some money. They learnt new things, moved out of the village and met many people.
- ASHAs were able to generate demand and mobilize clients for availing antenatal services. ASHAs informed women about JSY, contacted them first, registered for JSY, advised during pregnancy, explained benefits of institutional deliveries and accompanies the mothers to institutional deliveries[
- The only problem we observed was they being trained only for 5 days and then sent to the work field. Few of them are not aware about the programs and how to manage in case of emergency. They are much of facilitators.

### **➤ Custodial Justice**

In order to study the living conditions of the inmates, our team visited a District jail. Purpose of the visit was to verify the living condition of the

inmates and to determine if the human rights of the inmates are being adequately protected by the prison and other concerned authorities.

Number of prisons	Judiciary- 01 Police- 23
Capacity of intake of the prison	725
Number of inmates	1421 (as on 17/12/1013)
Separate cells for women	Two separate barracks are available for women, each of capacity 30 prisoners
Beneficiaries schemes for prisoners	<ol style="list-style-type: none"> <li>1. Legal aid</li> <li>2. Educational facility</li> <li>3. Yoga and Meditation</li> <li>4. Religious programme</li> <li>5. Wages for work</li> </ol>
Beneficiaries schemes for the children living along with the inmates	<ol style="list-style-type: none"> <li>1. Sufficient cloths according to the weather.</li> <li>2. Necessary stencils (pots)</li> <li>3. Pure water and milk</li> <li>4. Toys to play</li> <li>5. Necessary health care facilities</li> </ol>
Medical and Health facilities	<ol style="list-style-type: none"> <li>1. Hospitals of 20 bed facility available in the jail</li> <li>2. Four separate confinement for infective and mentally ill prisoners.</li> <li>3. One medical officer and one Pharmacist are appointed jail hospital</li> <li>4. X-Ray machine, B.P. Monitoring Machine (Sphagmomanomtre), Stethoscope, Thermometer and Oxygen cylinder are available in jail.</li> <li>5. Ill prisoners has been treated in the</li> </ol>

	OPD & hospitalization in serious cases specialist are called from district hospital & as per requirement, seriously ill prisoners are sent to district hospital also.
Number of reported cases	From 01/01/2013 till date-.05
Number of custodial deaths	5
Abuse of power by the officials	Nil
Use of force	Nil
Number of pending cases	Nil
Speedy trial legal aid	<ol style="list-style-type: none"> <li>1. No. of lok adalat in this year-10</li> <li>2. No. of benefited inmates-19</li> <li>3. No. of inmates benefited by legal aid- 305</li> </ol>

### **NHRC Observations**

- Jail is overcrowded, it has capacity of 725 and it holds 1421 prisoners.
- There were no arrangements for fire fighting in case of emergency by fire in prison or the kitchen area.
- There is no fully qualified Doctor in the jail, it is absolutely essential.
- There is no lady Doctor available for the women prisoners.
- There is no councilor, counseling session is needed to combat depression and other dangerous imbalances which may seize the minds of the inmates here.
- There is no psychiatrist available for mentally disable prisoners; they are being treated by normal MMBS doctors. The once in a month psychiatrist visit may be arranged.
- Room's barracks and cell needs repair.
- Facility of video conferencing was not available.

- There is no vocational training imparted or any model of skill training to inmates and no campus placement.
- There are two separate barracks available for women prisoners; it has a capacity of 30 prisoners.
- Beneficiary schemes are available for the prisoners in the jail, like education facility, yoga meditation, and religious programs.
- They have legal aid facility and its is very active
- Children living with their mothers or grandmothers are provided with sufficient cloths, toys, milk and necessary health care facilities.

➤ **Rights of Schedule Caste and Schedule tribe**

Have there been cases of atrocities	127
Number of reported cases	127
Prosecution with respect of these questions	127

- According to villagers and village administration there were no case of atrocities on SC/ST and there was no such issue of discrimination in schools, work or in relation to right to health, food and water.

➤ **Right to Life & Living condition**

**Indira Awas Yojana**

Indira Awas Yojana (IAY) is a social welfare programme to provide housing for the rural poor in India, with a view to meeting the housing needs of the rural poor. The Indira Awas Yojana aims at helping rural people below the poverty-line (BPL) belonging to SCs/STs, freed bonded laborers and non-SC/ST categories in construction of dwelling units and up gradation of

existing unserviceable kutcha houses by providing assistance in the form of full grant.

Total number of villagers covered under IAY	813
Target of construction of new houses under IAY in the year 2012-13	8720
Target of upgradation of Kutcha or Dipilatated houses under IAY in the year 2012-13	Nil
Actual number of new houses constructed during the period. Beneficiaries their of manual scavengers rehabilitated bonded labour, women, BPL families etc.	8720
Beneficiaries during last year under IAY scheme	SC -3278 ST- 238 Minorities- 1324 Any other – 3880
Key features and facilities being provided (sanitation & smokeless Chula)	Sanitation – yes No smokeless Chula provided
Mode of payment	through beneficiaries account
Is there any grievances redressal system available at the block and dist. Level	Yes
Monitoring of construction houses at various construction stages	Yes

### **NHRC Observations**

- The total number of villages covered under the IAY IS 813.
- Most of the beneficiaries under the IAY are Manual Scavengers, bounded laborer and Women families under BPL.
- They have provided few houses under the Scheme and they have been given to SC/ST.

- These houses under Indira Awas Yojana have been constructed on the personal land of SC/ST not on fresh land.
- Houses provided under the Indira Awas Yojana do not have smokeless chulha

### **Mahatma Gandhi National Rural Employment Guarantee Act**

The Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) aims at enhancing the livelihood security of people in rural areas by guaranteeing hundred days of wage-employment in a financial year to a rural household who volunteer to do unskilled manual.

total number of eligible adults households to receive job cards under MNREGA	436689
Total number of household provided under MNREGA	117771
Total number of job card holders	2013-14 / 436757 2012-13 / 435336
Average annual day of employment	2013-14 / 26 days 2012-13 / 23 days
Utilization of fund	2013-14 / 6821.01 (in lakh) 2012-13 / 6176.67 (in lakh)
Increase in utilization of fund	644.34 (in lakh)
Kind of project initiated	12 type of projects
Procedure of issuing cards	As per the guidelines
Disbursement of wages	2013-14 / 3847.94 (in lakh) 2012-13 / 3243.351 (in lakh)
In govt. of Panchayat Raj Institution	Work done by Panchayat, Chetra Panchayat and Zila Panchayat

## **NHRC Observations**

- We had a meeting with women Pradhan in the village, to know about the developments under MNREGA in her village. She doesn't know anything about the scheme or any work done under the scheme or knowledge about existence of any other schemes.
- There husbands are acting as a "Pradhan Patti" and disposing all the charges and other responsibilities which the actual Pradhan is suppose to do.
- There has been no 100 days employment given to families under MNREGA.
- MNREGA card has bee given to families, for their personal constructions as well.
- There were only few high caste families who were given employment under the MNREGA.
- They have very small projects, not sufficient enough for providing proper employment.
- There was no systematic way of gathering information in regard to employment given to families under MNREGA.
- There has been huge gap in providing an employment under the MNREGA in some cases.
- Control of MNREGA schemes is not transparent enough to monitor.