

## **CHAPTER VI**

### **RECOMMENDATIONS**

#### **6.1. Introduction:**

The present study, which was carried out under the Religious Minorities Chair based in the National Law School of India University, Bangalore, seeks to identify the required inputs for formulating Multi-Sectoral Developmental Plan (MSDP) for the identified settlements in North Karnataka region where minorities have a significant presence. The basic objective of MSDP is to upgrade the socio-economic conditions of minorities by providing them with various amenities for improving their quality of life. As part of achieving this objective the Department is mandated to fill gaps in the existing developmental programmes of the Government of India by taking up gap and non-gap filling projects for the well-being of the minorities.

As a first step in the realisation of the above objective, a Baseline Survey was carried out by our Team to generate the necessary data for the use of the Directorate of Minorities Welfare. The tasks involved in the baseline survey were:

- a. Identification of the minority community concentration areas in the targeted human settlements.
- b. And based on the needs and aspirations of the minorities in those settlements, identifying the gaps in the existing facilities as also additional facilities required.

The study was conceived primarily as a field-based empirical enquiry seeking to identify the capability enhancing facilities such as education, health-care and income-generating activities for the benefit of

the minorities such as Muslims, Christians, Sikhs, Jain, Buddhists and Zoroastrians identified as such by the Government of Karnataka. Spatially, the study covers two revenue divisions, viz., Belgaum and Gulbarga encompassing seven districts – Haveri and Bagalkote of Belgaum Division; Bellary, Bidar, Gulbarga, Koppal and Raichur of Gulbarga Division. The targeted areas include Bidar, Humnabad and Chittapur blocks where 127 villages were selected for the study. In addition, under the local urban bodies four CMCs covering Bagalkot, Gangavathi, Hosapete and Raichur and four TMCs covering Jamkhandi, Haveri, Koppal and Sindhanur were studied.

Content-wise the focus of the study was on facilities such as housing, ICDS, AWCs, education, health, drinking water and sanitation in the case of villages; High Schools and Pre-University education, health facilities, skill-training institutions, income-generation activities in the case of Blocks; and primary and secondary school and Pre-University College education, hostels for boys and girls, and ITIs, Polytechnics, artisan training institutions in the case of urban local bodies.

The main purpose of the study was been to identify gaps in the existing facilities and the so-called non-gap filling facilities (which are called innovative schemes which are nothing but additional facilities - providing programmes desired by the minorities). The identified gap-filling and non-gap filling projects by the study are presented in the following tables. These tables separately list the projects for all the targeted villages, TMCs and CMCs. The Directorate of Minorities Welfare may access these and formulate appropriate action plans in the spatial units under study to fill the gaps in the available amenities and to provide new amenities where there are none. We want to bring to the notice of the Directorate that the villages and the village clusters

identified by us for the MSDP are villages/clusters having a minority population not necessarily 25% and above as required. Since villages having such a level of population were not very large in number we took the liberty of including villages with minority population ranging from 15% to 20% and from 20% to 25% also. This fact is stated in the tables that follow. In each of those tables, we have added a column indicating the proportion of minority population against each of the villages. The Directorate may take a decision as to whether MSDP facilities at all can be located in the villages which have a minority population of less than 25% of the total population.

## **6.2 Block-Wise Details**

### **6.2.1. Non-Gap-filling aspects of AWCs in the selected villages/ clusters in the three selected blocks.**

With a few exceptions, the non-gap filling aspects are one and the same for all the selected villages/clusters. They are:

- (i) All of them need to be provided with separate kitchens, cooking gas, safe-drinking water utensils, electricity, nutrition supplements, toilets and playgrounds.
- (ii) All the AWCs across the selected villages/clusters need compound walls.
- (iii) Quality of maintenance needs to be improved.

### **6.2.2. Non-Gap-Filling Aspects of Facilities in Education**

The non-gap-filling aspects of facilities in the villages/village clusters of the three blocks are briefly mentioned below. The functional aspects of the existing facilities are also considered here.

### **Cluster-wise Needs:**

In all the clusters of the three blocks, there are some common needs:

- (a) Urdu Lower Primary Schools and Kannada Higher Primary Schools ought to be upgraded into Higher Primary Schools, and High Schools respectively.
- (b) Starting computer classes and establishing computer labs, providing toilet facilities, drinking water, electricity, repairing of school buildings and furniture, bus facilities for students, science laboratories in Higher Primary Schools and High Schools.
- (c) Establishing one Urdu High School in every cluster and also one Computer Training Centre in each cluster.

In the two large villages of Humnabad block, namely, Bemalkhed and Muthangi, there is need for establishing ITI and Polytechnic which promote employability through technical education. Establishment of Model Residential schools (one in every cluster) for minority girls are the felt need so that they can get empowered.

### **6.2.3. Non-gap-filling Aspects of Health Care Facilities**

Some of the important non-gap-filling aspects of health facilities in the three blocks are discussed below. The functional aspects of the facilities are also included under it.

- (i) There are quite a few health problems in Nematabad and Nedavanche villages of Bidar block (Cluster I). They need one health sub-centre each. In it in cluster-II, the demand is for housing facilities for doctors of Immambad village PHC. And the PHC in RanjolaKheni, needs modern medical instruments and equipment.

- (ii) A women-centred hospital is necessary to take care of the health problems of the minority community women of Humnabad. This is the demand of the minority community. The four existing PHCs of the block, need modern medical instruments. The vacant posts of Lab Technicians and ANMs will have to be filled. Apart from this, the locals insist on upgrading one of the 4 PHCs into a Community Health Centre.
- (iii) As far as Chittapur block is concerned, there are no adequate health care facilities at all. But, they do not become eligible for health centres as per government norms. As such, it is necessary to establish one sub-centre for 3 or 4 villages put together. Another disheartening aspect is that, even after the construction of the buildings of health centres, they are not officially inaugurated for people's service. This is the case with the sub-centres at Shelgi village. And in the 9 selected villages, there is only one PHC. There is no health care facility in Cluster I. So, starting one sub-centre is necessary in Cluster I.

**Table 6.1: Village-wise Facilities Required: Bidar Block**

Cluster-wise Names of Villages	Proportion of Minority Population	Education Institutions		Additional Class Rooms	Health Facilities		Drinking water		Angnwadi Centres		Santation	
		Middle School	High School		Sub Cent	PHC	Cont	Filt	New AWC	Build	Independent Toilets	Common Toilets
Cluster 1												
Yarnalli	24.09	1	1	1	1					2	164	6
Nematabad	22.67	1					1				10	1
Chambol	20.96		1							1	70	6
Hippalgaon	29.80						1			2	20	2
Daddapur	20.58	1		3			1			1	5	1
Kannalli	40.42	2		5							55	2
Benakanahalli	31.04		1								30	1
Immambad	21.98	1		2			1			1	51	8
Mirjapur taj	61.18	1					1			1	119	3
Malkapur	36.68	1		2			1				109	4
Sultanpur	32.57	0		2			1				72	3
Shapur	71.53	0					1				45	4
Goonalli	29.16	0					1			1	100	6
Gouspur	67.43	0					1				21	2
Satolli	57.10	0								1	88	3
Hokrana(K)	52.58	0					1				79	3
Bahirnalli	83.33	0		4			1				64	2
Shekhapura	29.19	0					1			1	36	2
Ranjolkheni	22.31	0			1	1	1			1	113	4
Nidwancha	40.44	0		4							11	3
Sirsi(A)	29.13	0		1						2	80	0
		7	3	24	2	2	14			14	1346	66

**Table 6.2: Village-wise Facilities Required: Humnabad Block**

Cluster-wise Names of Villages	Proportion of Minority Population	Education Institutions		Additional Class Rooms	Health Facilities		Drinking water		Angnwadi Centres		Santation	
		Middle School	High School		Sub Cent	PHC	Cont	Filt	New AWC	Build	Independent Toilets	Common Toilets
Cluster 1				1						1		
Beeemalkheda	20.00		1				1	1		2	75	1
Meenkhera	25.28									2	33	1
Changlera	29.0										173	2
Cluster 2										1		
Atiwal	46.17	1		2				1			65	1
Hilalpur	30.22			1							68	1
Kabeerabad	40.75											
Markhal	21.76						1	1		1	40	1
Allur	22.14				1			1			34	2
<b>Cluster 3</b>				1						2		
Mustari	27.12					1	1	1	2	1	71	1
Muttangi	20.96							1			110	8
<b>Total</b>		1	1	11	1	1	3	7	2	10	796	19

**Table 6.3: Village-wise Facilities Required: Chithapur Block**

Cluster-wise Names of Villages	Proportion of Minority Population	Education Institutions		Additional Class Rooms	Health Facilities		Drinking water		Angnwadi Centres		Santation	
		Middle School	High School		Sub Cent	PHC	Cont	Filt	New AWC	Build	Independent Toilets	Common Toilets
Cluster 1												
Aldihal	36.22		1								30	2
Kundanoor	72.58	2	2								361	0
Cluster 2												
Shelgi	22.07	2									41	1
Cluser 3												
Chincholli K	30.37		1							1	106	2
Cluster 4												
Ramateerth	20.05		2			1					68	0
Cluster 5												
Tarka pet	28.44	1	3	1	1						150	0
Banhatti	21.00	1									38	0
Sugur (N)	24.83	1	1	1	1						102	0
Tarnur	19.26	1				1					36	2
Total		8	10	2	2	2	0	0	0	1	932	7



#### **6.2.4. Non-Gap-Filling Aspects of Drinking Water Facilities**

Non-Gap-filling Aspects of drinking water facilities in the villages/clusters selected for the present study.

- (i) The first cluster in Bidar block needs filtration facilities for 2 of its villages, namely, Hippalgaon and Daddapur.
- (ii) In the second cluster, three of its villages namely, Imambad, Mirjapur, and Shahapur, need increased supply of drinking water since the existing supply falls short of the need.
- (iii) The residents of two villages of the same block, viz., RanjolaKheni, and Nidavanchi are demanding supply of surface water since the villages are very close to Karanja River. And Nidavanche of Chittapur block also needs Water filter unit.
- (iv) As far as the selected villages/clusters are concerned, peculiarly enough, the residents are demanding water filter units, though water is not contaminated.
- (v) As for the villages/clusters of Humnabad are concerned, there are no special demands except filtration units for its 7 villages which are suffering from ground water contamination.

#### **6.2.5. Non-Gap-Filling Aspects of Sanitation Facilities**

As such, the non-gap-filling aspects including functional aspects on “toilet” facilities are briefly discussed below:

- (i) The availability of individual toilets is not enough in the villages/ clusters of all the three blocks.

- (ii) The need for community toilets is very much felt in the villages/ clusters of all the three blocks. It is a situation in which the space required/and water facility are not available for individual toilets.

A good suggestion by the locals in this regard is that to build individual-based toilets in public space in rows, and to allot one each to a household.

- (iii) Awareness programmes are necessary in all the selected villages/clusters to sensitise the local people about the health hazards of open defecation and the advantages of using toilets.
- (iv) Maintenance of community toilets must be taken up on priority basis.

### **6.3. CMC-Wise Details**

CMC-Wise Facilities Required (Gap Filling Requirements are presented in Table 6.4 while the non-gap filling facilities are presented in the note).

**Table 6.4: Additional Facilities Required in Village Clusters of Four CMCs**

No of Clusters and Villages	Proportion of Minority Population	Educational Institutions		Additional Class Rooms	Health Facilities		Drinking Water	Anganawadi Centres			Sanitation	
		MS	HS		Sub. C.	PHC	Cont	Filt	New AWC	Buil	Independent Toilets	Common Toilet
Hospet CMC												
Hosur	18.97	0	1	1	0	0	1	1	0	0	17	0
Nagenahalli	25.88	0	1	4	0	0	1	1	0	1	32	0
Raichur CMC												
Sidrampur	16,91	0	0	2	0	0	Yes	Yes	0	0	70	2
Yaregera	2090	0	0	10	0	0	Yes	Yes	0	0	240	4
Idapanuru	33,30	0	0	3	0	0	o	Oo	0	5	380	6
Bagalkot CMC												
Murnal	18.44	0	1	0	0	0	0	Yes	0	2	94	3
Gangavati CMC												
Sanapur	15.42	0	0		0	0	0	Yes	0	0	31	0
Basapatna	21.67	0	0	2	0	0	0	Yes	0	0	24	0
Marali	15.04	0	0		0	0	0	00	0	1	0	0
J.Kalgudi	21.42	0	0	3	0	0	0	0	0	1	230	2

Note: MS: Middle School, HS: High School, Sub.c: Sub Centre, PHC: Primary Health Centre, Cont: Contamination, Filt: Filtration, Buil: Buildings, Individual Toilets, Community Toilets.

### **6.3.1. A Brief Note on non-gap-filling Aspects of Educational Facilities in CMC Villages**

In this regard, it is to be said that the gap-filling aspects are taken care of under “inferences” drawn, based on the data presented in Tables 4.2 and 4.3. As far as non-gap filling aspects, the opinions emerged out of focus group discussions are more common and less specific to any CMC.

Some of the important gaps which need filling in the CMC Villages are briefly summarised below:

- a) If the MSDP intends to promote the educational development of minorities, it is necessary to start one Urdu Junior College in each taluk.
- b) Most of the Muslim girls are discontinuing their education for want of Urdu schools in higher-education. This gap needs to be filled by MSDP.
- c) In some places, though there are Urdu schools, Urdu students join Kannada medium schools, because, the girl students do not have toilets or wash rooms for girls. This gap needs attention.
- d) Some High Schools do not have well-equipped science laboratories and computer facilities. With a view to promoting quality education, this gap has to be filled in on priority in minority concentration areas.

### **6.3.2. A Brief Note on Non-gap-filling Aspects of Health Facilities**

The non-gap-filling or additional health facilities required in the study area are summarised below:

- a) To be of use to the villagers, each PHC must be provided with one Ambulance. Similarly each Gram Panchayat has to be provided with one Ambulance.

- b) The PHCs and Sub-Centres visited by the investigators do not have the required medical instruments. Further, the posts of technical personnel are vacant. They need to be filled up on priority basis.
- c) The Sub-Centres housed in private buildings are not in good condition. They ought to be repaired on priority basis.

### **6.3.3 Non-Gap-Filling Aspects of AWCs**

As already pointed out under “inferences” from Table 4.7, construction of buildings for 10 AWCs is the gap to be filled in. There are no gaps in the number of AWCs.

But the following suggestions are made by the stakeholders during the course of our focus group discussions:

- (1) Most of the existing AWCs do not have basic amenities such as water and electricity.
- (2) They do not have independent rooms for Kitchens
- (3) Water becomes a major problem during summer-seasons. Arrangements ought to be made to supply water regularly.
- (4) All the AWCs need compound walls.

This, in brief, is the summary account of the AWCs functioning in the study area, and also of their additional needs

### **6.4. TMC-Wise Details**

TMC-Wise Facilities Required (Gap Filling Requirements are presented in the table while the non-gap filling facilities are presented in the note).

**Table 6.5: Additional Facilities Required in Village Clusters of Four TMCs**

No of Clusters and Villages	Proportion of Minority Population	Educational Institutions		Additional Class Rooms	Health Facilities		Drinking Water		Anganawadi Centres		Sanitation	
		MS	HS		Sub.C.	PHC	Cont	Filt	New AWC	Buil	Independent Toilets	Common Toilets
<b>Haveri TMC</b>												
Aladakanti	30.60	0	1	2	1	0	Yes	Yes	0	0	245	1
Ganapura		0	1	3	0	0	Yes	Yes	0	0	66	0
Yethinahalli	26.00	0	1	2	1	0	0	0	0	0	79	2
<b>Jamkhandi TMC</b>												
Sanal	15.78	0	1	0	1	1	Nil	Nil	0	2	159	4
Hulyal	15.29	0	0	3	1	1	Nil	Nil	0	1	112	2
<b>Koppal TMC</b>												
Bahaddurbandi	35.00	0	1	3	0	0	Yes	Yes	0	0	207	0
Mangalapura	50.00	0	0	2	0	0	Yes	Yes	0	1	185	0
<b>Sindhanur TMC</b>												
Roudakunda	30.00	0	0	0	0	0	Yes	Yes	0	5	192	0
Salagunda	40.00	0	0	0	0	0	Yes	Yes	0	4	277	0

Note: MS: Middle School, HS: High School, Sub.c: Sub Centre, PHC: Primary Health Centre, Cont: Contamination, Filt: Filtration, Buil: Buildings, Individual Toilets, Community Toilets.

## **Non-Gap Filling Projects in TMCs**

A Brief note on non-gap filling projects in respect of Educational Institutions

MSDP for minorities has to take into account two types of projects, namely, gap-filling projects and non-gap filling projects. The gap-filling projects have already been identified in Table 5.2. and the explanation that followed by it. The non-gap filling projects came out of the focus group discussions the investigators had with the members of minorities in the selected village clusters and also notes prepared by the investigators while conducting the field work. The investigators have also met many experts in the field and discussed the needs and aspirations of minorities in the study area. The non-gap filling projects identified are summarised below:

### **6.4.1. Educational Facilities**

1. One of the major objectives of MSDP is to promote education of minorities. In this context, it is imperative to start one Urdu PUC College in each minority concentrated taluk.
2. Most of the girl students belonging to minorities, particularly Muslim girls discontinue education for lack of Urdu schools. This gap is to be filled through MSDP.
3. Many schools lack separate toilets for girls and boys. Toilets for girls are a must for retaining them in the school stream.
4. The quality of education needs well equipped laboratories and libraries. These facilities are to be given to these schools under MSDP.
5. One of the missing aspects in schools is lack of computer education and lack of computers. Measures are to be taken under MSDP to promote on priority Computer Education and provide Computer Labs in minority concentrated schools.

6. Another area that needs immediate attention is Hostel facilities for Muslim Girls. MSDP must have programme for the construction of Hostels for Muslim Girls.

#### **6.4.2. Health Facilities**

1. Sub Centres and PHCs are available in the study area. However, the question we have to ask ourselves are: Are they well equipped with required medical instruments and consumables? Are they manned with qualified and trained and skilled medical personnel?
2. The answer is rather far from satisfactory. Measures are to be taken to provide with medical instruments and furniture as well as water and electricity connection to the available medical institutions.
3. Every panchayat is required to maintain one well equipped Ambulance for the service of people.
4. Mere existence of medical institutions is not sufficient. They have to conduct health camps once in half a year regularly. This helps to detect serious non-communicable diseases such as cancer, TB, cardiovascular *diseases* (like heart attacks and stroke), cancers, chronic respiratory *diseases* (such as chronic obstructive pulmonary *disease* and asthma) and diabetes. Early detection is necessary for result oriented treatment.

#### **6.4.3. Housing Facilities**

1. The human relation and understanding among the members of the households depend mainly on one`s own house. It is a place where every member of the family to meet every day over taking food, discussing family matters etc. Lack of dwelling leads to less interaction, break up of emotional relations, lack of atmosphere for



children to study and prepare for schools etc. Studies have shown that school dropout is more among the children belonging to families without houses. Therefore, the government apart from giving houses to live for minorities has to provide civic amenities such as street lights, electricity connection, drinking water facilities, anganawadi centres etc.

2. From the data presented in Table 5 it is clear that it takes a long time to provide houses to all BPL households in the study area. Therefore, the government has to identify children in these families and provide hostel facilities/residential schools on priority manner. The education department has to provide complimentary teaching facilities to the children of these houseless families.

#### **6.4.4. Anganwadi Centres**

AWCs have to take care of women as well as children. Our women and children are suffering from malnutrition/anaemia. AWCs have to give priority to address the problem of malnutrition among women and children. This problem is more acute in the minority concentrated villages.

2. It is reported that mostly children, adolescent girls and women of poor families attend AWCs. Therefore, they are to be provided with amenities such as safe drinking water, toilets with water connections, toys, etc.

3. AWCs have to become habit-changing centres such as food habits, hygiene, washing hands after defecation etc.

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