

# Review of the Role of Integrated Tribal Development Projects (ITDPs) for Tribal Development in Karnataka

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**Key Words:** Integrated Tribal Development Project, Health status, socio- Economic aspects, Implementation, sub-plan strategy, Tribal Development.

**ABSTRACT:** The programmes on Integrated Tribal Development Projects (ITDP) under Tribal Sub-Plan (TSP) is being implemented since the Fifth Five Year Plan with specific objectives of reducing poverty, improving educational status and eliminating exploitation of the tribal families. The health needs and problems of any community are influenced by various socio-economic and political factors. Several researchers have studies on tribes, their culture and the impact of acculturation on the tribal society. As a part of health care to the tribal population, Primary Health Centers (PHCs) were started in tribal dominant districts as an integral part of various tribal development programmes implemented in the country since 1947. The Ministry of Tribal Affairs releases grant to the State Governments for the implementation of the schemes/ programmes for Scheduled Tribes to improve their socio-economic development and protection against exploitation, and the responsibility of monitoring their administration of the programmes rests with the State. Socio-economic condition is a measure of a person's work experience as an individual or family's economic and social position in relation to others, based on income, education and occupation. Vasava observed from his study results and inputs received from the state governments during consultation meetings that the institutions, which were especially created to deliver public goods and services to Scheduled Tribes namely ITDAs/ITDPs, have weakened over the period of time thereby affected the desired outcome adversely

## **INTRODUCTION:**

The Programme on Integrated Tribal Development Projects (ITDPs) under Tribal Sub-Plan (TSP) is being implemented since the Fifth Five Year Plan with specific objectives of reducing poverty, improving educational status and eliminating exploitation of the tribal families. The programme was evaluated by the programme Evaluation Organization (PEO) in 1996 to assess the performance of planning and monitoring

arrangements, and its impact on the well being of the Scheduled Tribes, the report was released in July, 1997.

The report indicates that large majority of the tribals are better off now in terms of possession of productive and utility assets and access to food, clothing, transport facilities, electricity, schools etc., compared to 10 years ago.

Though, the administrative arrangements to execute this programme existed in all the states as per Central guidelines, the system of decentralized planning, implementation and monitoring as envisaged in the guidelines for the scheme were not operational in most of the states. The delivery system of the programme was not effective and a very large number of tribal farmers were found to use irrigation water, High Yielding Variety (HYV) seeds, fertilizers and other inputs from private sources, even though a significant proportion of funds in being spent on free delivery of such inputs. Inadequate facilities of primary education and health were also observed.

In order to improve the situation it has been suggested that ITDP Project Officer should be made more effective in planning and implementation of Tribal Development Programmes. It is also necessary to assess the deprivation of tribal in all the areas of social concern for adoption of an appropriate principle for determining the size of Tribal Sub-plan and allocation of funds across various sectors. This must be backed by a strong monitoring mechanism.

There are totally 192 Integrated Tribal Development Project (ITDPs) and Agencies (ITDAs) spread over 19 States and Union Territories in the country. The Ministry of Tribal Affairs releases grant to the State Governments for the implementation of the schemes/ programmes for Scheduled Tribes to improve their socio-economic development and protection against exploitation. The concerned State Governments implement these schemes/ programme by releasing funds to their administrative units viz. ITDPs / ITDAs etc. the details of funding and implementation of items of work of these schemes / programmes, are maintained by the respective States. Since the responsibility of monitoring their administrative units, also rests with the State.

### **Origin of tribal development projects in India**

As per 1981 Census, the total population of India was 68.52 cores, out of which 5.16 cores (7.53%) consisted of scheduled tribes (Ref-7). These tribes live mainly in forests and comprise of some 150 different communities of varying sizes, speaking about 105

different languages. They also vary widely in their level of socio-economic development, cultural background and heritage, traits, psyche, etc. and constitute the least economically developed segments of the country's population. With a view to provide special attention to the problems of development of scheduled tribes, the instrument of tribal sub-plans was devised during the Fifth Five Year Plan (1974-79) and separate tribal sub-plans were formulated for the first time for this purpose for 16 States and 2 Union Territories. Under these plans, about 63% of the total tribal population of the country was covered. For operational purposes, the tribal sub-plan areas were divided into 180 Integrated Tribal Development Projects (ITDPs). Keeping the importance of ITDPs in perspective, the Tribal Development Divisions of the Union Ministry of Home Affairs suggested to the Programme Evaluation Organisation to take up an evaluation study of the Integrated Tribal Development Projects.

### **Integrated Tribal Development Projects in Karnataka**

In most of the nation states of the third world countries and also in many developed countries the resource base for agricultural and industrial development are located mainly in forest areas which are mostly inhabited by the tribals.

In an Integrated Tribal Development Programme Districts, 6 Project Co-ordinators are working in Mysore, Kodagu, Chamarajanagar, Dakshina Kannada, Udupi and Chickamagalur Districts. 23 Large Adivasi Multipurpose Co-operative societies (LAMPS) and 4 district tribal welfare officers are functioning in Chitradurga. There were four revenue divisions namely Bangalore, Mysore, Belgaum and Gulbarga which were abolished in 2003 as part of an ongoing process of administrative reforms. The state has an area of 1,91,791 sq km, which constitutes 5.83 per cent of the total geographical area of India. Karnataka has four natural regions: the west coast, the Western Ghats or Malnad, the northern maidan and the southern maidan.

### **Objectives of the Study**

A review about the Role of Integrated Tribal Development Projects (ITDPs) for Tribal Development in Karnataka based on the earlier works and reports has been made to know how effectively the programmes were helped in enhancing the status of tribals with respect to their socio economic and health conditions.

### **Administrative Structure**

Since the tribal society is a simple and integrated one, the tribal gets confused if multiple workers approach him for different programmes. The programmes should therefore be through a multi-purpose worker and the diffusion point should be a local person trained intensively. Similarly, single line control of administration should be provided in tribal areas. It is recognized that policies and large allocation of financial resources alone cannot bring about expected results in socio-economic development, more particularly in under-developed areas and among disadvantaged groups.

The levels of administrative and management mechanism are crucial for effective planning, implementation and monitoring development of traditional groups tribes whose socio-cultural life and ecological and geographical aspects are distinct and different from other areas. In the last few decades' along with changes in approach to tribal development, the administrative mechanism also changed with emphasis of strengthening administration from macro to meso and micro levels.

**The sub-plan strategy** underlines strengthening and improving management mechanism of tribal concentrated areas. One of the important inputs for tribal development in sub-plan approach is to make provision for suitable and viable administration at project level. In view of objectives and priorities envisaged under the sub-plan, the tribal concentrated areas were identified. Besides state level administrative mechanism, a meso-level administrative structure called Integrated Tribal Development Agencies covered a cluster of blocks or taluks in a district having major tribal concentration. All major sub-plan states have more or less similar administrative structure for tribal development both at state and project levels. In Karnataka also, the administrative structure changed considerably over the period along with changing approaches to tribal development. In the beginning the Department of Backward Classes covered development of Scheduled Castes, Scheduled Tribes and other backward castes; later on as per the Government order no.SKE:236:SET.dated 30.8.1994 The Department of scheduled tribe welfare came into existence with effect from 7.1.1999. The directorate of this Department is functioning at Bangalore.

### **Health Status:**

The health needs and problems of any community are influenced by interaction of various socio-economic and political factors. There are a number of studies on the tribes, their culture and the impact of acculturation on the tribal society.

With the view to provide the essential primary health care to the tribal population, opening of Primary Health Centres (PHCs) in tribal dominant districts was an integral part of various tribal development programmes implemented in the country since 1947. Unresponsive auxiliary nurse midwives (ANMs), inconvenient opening times and little or no community participation are some of the problems plaguing the PHCs in tribal areas over the years. In addition, the lack of accountability has led to absentee doctors, and it has always been a challenge to get quality doctors into tribal areas. Despite these odds, Karnataka, at present, has functional PHCs that cover a rural population of about 20,000 in the hilly and tribal areas and Sub-centres that cover another 3,000. Despite efforts from the Government and non-Government organizations to take primary health care to these marginalized people, there has been a very limited number of studies reported on the health status of the tribal communities of the State. Studies had been extremely limited to only a handful of tribes like the *Jenu Kuruba*, *Koraga*, *Iruliga*, *Hakki-Pakki* and *Siddis*. With only a few reports available on the prevalence of various communicable and non-communicable diseases in these tribal communities, it is difficult for the Government to devise strategies to combat these health problems. Existing literature ranges from studies on tracing the genetic origin and relatedness of some of the tribes to the assessment of availability of health care facility and their utilization, and to study of anaemia and hypertension among the tribes, their nutritional status, lifestyle disorders, and oral hygiene. Almost nothing is reported about the status of communicable diseases in these populations. A summary of the existing information on the health status and health research carried out on the tribal people of Karnataka is provided here.

### **Genetic studies**

A genome wide study was carried out using autosomal markers to survey and understand the population history of the *Siddis*. This study showed their link with Africans, Indians and Europeans (Portuguese), confirming the belief about their origin. The genetic affinity of the three tribes, *Jenu Kuruba*, *Betta Kuruba* and *Soliga* tribes of southern Karnataka was studied using ten polymorphic genetic markers<sup>1</sup>. The authors concluded that the *Jenu Kuruba* and *Soliga* tribe who exhibited less inter-group genetic distance, clustered together, whereas *Betta Kuruba* who possessed comparatively higher genetic distance with the former populations fell out of the cluster. However, these three tribes showed a low genetic distance suggesting a recent divergence or low degree of genetic isolation.

### **Availability and utilization of health care**

A study was carried out among the *Koraga* tribes in Dakshina Kannada district to assess the availability and accessibility of basic facilities and to determine the utilization of health care facilities by them<sup>1</sup>. The study showed an overall literacy level among *Koragas* for both the sexes to be 70.5 per cent which was higher than the State level literacy rate for STs. The study further revealed that poverty among *Koraga* families was a problem. The study stressed on scaling up of efforts to improve their housing, sanitation, literacy and employment conditions which ultimately contribute to improvement of quality of life.

### **Nutritional status**

Practices such as late initiation of breastfeeding, no feeding of colostrum, and faulty weaning practices, are of particular concern, in the tribal areas due to certain adverse conditions like lack of access to health services, illiteracy, unhygienic personal habits, etc. A study was carried out to understand the breastfeeding practices among the *Hakki-Pikkis*, a tribal population of Mysore district<sup>1</sup>. The study revealed that about 76 per cent of the study population breastfed their children immediately after birth while 20 per cent of the mothers initiated breastfeeding on the second day, and 4 per cent on third day of the birth of the child. Those 24 per cent of the mothers who did not feed colostrum at birth considered colostrum as thick, cheesy, indigestible, unhygienic and not good for the infant, in tune with their traditional belief. The study highlighted the need for conduct of various awareness programmes on feeding education to mothers belonging to these tribal communities and to mitigate various myths about breastfeeding. The authors concluded that the poor infant and child feeding practices might be linked to high rate of illiteracy and poor socio-economic condition. This study highlighted the importance of intense literacy campaign, income generating activities and health education by health personnel among these tribes.

Keeping in view that malnutrition is one of the major public health problems in many countries affecting more than 30 per cent of children under 5 yr of age, and more so in tribal communities, a community based study on nutritional status of the *Jenu Kuruba* tribes of Mysore district was carried out among 220 children aged between 1-5 yr. The overall prevalence rates of underweight, stunting and wasting were found to be 38.6, 36.8 and 18.6 per cent, respectively. The study showed that prevalence of underweight increased with increase in age of the child in this community. It also linked malnutrition with unfavourable socio-demographic factors. Overall prevalence rates of underweight, stunting and wasting have been reported to be 54.5, 54 and 27.6 per

cent, respectively among the ST population of the entire country as per the National Family Health Survey (NFHS) 3. In comparison, the total prevalence rates of underweight, stunting and wasting in Karnataka were 33.3, 42.4 and 18.9 per cent, respectively.

A community based cross-sectional study was conducted among tribal women aged 14-49 yr in Udipi *taluk* of Udipi district. The study revealed that the prevalence of anaemia in these women was 55.9 per cent. Previous studies conducted among *Jenu Kuruba* tribes reported prevalence of anaemia in children to be 77.1 per cent. According to WHO, if the prevalence of anaemia in a population is detected to be 40 per cent or higher, that population is to be considered severely anaemic. All these studies conducted in tribal population clearly showed that they were anaemic and needed urgent nutritional attention.

In 2011, a study was carried out to assess the dietary status of the *Jenu Kuruba* and *Yerava* tribal children of Mysore district, Karnataka. In the study 176 *Jenu Kuruba* children (80 boys and 96 girls) and 161 *Yerava* children (77 boys and 84 girls) aged 6-10 yr were included. The study revealed that the percentage of adequacy in energy and protein intake among children of both the tribal groups was more or less same, however, it was below the respective recommended dietary allowance. Intake of calcium, iron and beta-carotene was found to vary with age. The intake of beta-carotene was high among the *Yerava* children. Consumption of calcium rich food was more among *Jenu Kurubas* than in *Yerava* children.

### **Chronic and lifestyle diseases**

A cross-sectional study was carried out among the individuals of the *Jenu Kuruba* tribe of the age group 20-60 yr in Hunsur *taluk* of Mysore district to estimate the prevalence of hypertension. It is reported that 1,290 (80%) of the tribe in the *taluk* participated in the study, of whom 719 (55.7%) were women and 571 (44.3%) were men. Half of the subjects were in the age group of 20-30 yr. The study estimated prevalence of hypertension among this tribal community to be 21.7 per cent. Prevalence of hypertension among men was 28.2 per cent and among women it was 16.5 per cent which meant that one-third of the men and one-fifth of the women were hypertensive. The prevalence of hypertension among *Jenu Kuruba* tribe found in this study was comparable to the composite nationwide data of National Nutrition Monitoring Bureau (NNMB) which estimated prevalence of hypertension among rural adults to be 25 per cent. This study corroborates the increasing recognition of burden of hypertension among the tribal population

A study was carried out among chronic alcoholics from the *Koraga* tribe to assess the extent of liver damage as compared to healthy controls and other alcoholics. Serum and urine samples were collected from 28 *Koraga* alcoholics, 30 general alcoholics and 31 healthy controls and were analysed for liver function parameters and antioxidant markers. Results indicated that the extent of alcohol induced liver damage in *Koraga* subjects was comparatively lower than general alcoholics, even though alcohol consumption was found to be higher in them. The authors concluded that there might be some mechanism that rendered the *Koraga* tribe resistant to alcoholic liver damage.

### **Oral health**

A study was carried out on 2605 people belonging to the *Iruligas*, a native Karnataka tribe, residing at 26 villages of Ramanagar district in Karnataka to assess their periodontal health status and oral hygiene practices. The study revealed a relatively low prevalence of periodontal disease among these people perhaps because of their practice of using of chew stick which was observed in as many as 80 per cent of the tribal population.

*Soliga*: The documentation of ethnobotanical plants used by the *Soligas* has been made. The authors reported the utility of 57 species of plants by the tribe for treating various ailments. Later, the lifestyle, culture, rituals and traditional health practices of *Soliga* tribe in Chamarajanagar district were outlined. It was noted that *Soligas* maintained a continuous and intimate interaction with the forest, deriving most of their basic requirements from the forests. Due to their intimacy with the nature, the *Soligas* have a holistic outlook on life and their indigenous knowledge is also holistic in nature.

*Kunabi*: The ethnomedicobotany of the *Kunabi* tribe was documented by Harsha *et al*. They documented 45 species of plants for the treatment of 24 ailments. Among the reported plants, six species were used for treatment of allergies and skin diseases, five for sores and inflammations and four each for fever, cuts, wounds and urinary tract infections.

### **Economic Status**

Historically, the tribal economy was based on subsistence agriculture and/or hunting and food gathering. However, since the tribal people treated land as a common resource, they rarely had land titles, and thus, lost their lands to outsiders when exploitation of forest resources began to take place on a significant scale. This ensured that a majority ended up as small and marginal landholders.



The 2001 Census data reveals that around half the ST population is the workforce. Women constitute about 4.17 per cent of the workforce. More than 85 per cent of the working population is in rural areas. The distribution of main workers (76.4 percent) is concentrated in the rural parts of the state where a high 51.5 per cent work. Bellary has the highest percentage of main workers (11.5 per cent) followed by Raichur (7.8 percent). The highest percentage of ST marginal workers lives in Raichur (11.7), which also has the highest proportion of the ST population to the total population, clearly indicating their highly precarious livelihood status

## Evaluation Study

The evaluation study was carried out in 14 states and two districts were selected and from each district one ITDP/ITDA was selected for undertaking the evaluation, he added.

The Study Report indicates underperformance of financial resources under TSP, as there still exists visible gap in literacy and other human development indices between Scheduled Tribes and other social groups.

Vasava observed from the study results and inputs received from the state governments during consultation meetings that the institutions, which were especially created to deliver public goods and services to Scheduled Tribes namely ITDAs/ITDPs, have weakened over the period of time thereby affected the desired outcome adversely.

## CONCLUSIONS

The review about the Role of Integrated Tribal Development Projects (ITDPs) for Tribal Development in Karnataka based on the earlier works and reports has established that the performance of the Projects at state level was not effective. It has been recorded that still there exists visible gap in literacy and other human development indices between Scheduled Tribes and other social groups.

## REFERENCES:

1. *Government of India, Census. 2011. [Accessed on May 7, 2014].*
2. *Bhanu BV, Bhatnagar BR, Bose DK, Kulkarni VS, Sreenath J, editors. Part I. Vol. 30. Mumbai: Popular Prakashan; 2004. People of India Maharashtra.*
3. *Demographic Status of Scheduled Tribe Population of India. 2013. [Accessed on May 7, 2014].*
4. *Bistee AR, Sreeramulu G. Status of scheduled tribes in Karnataka. Indian Streams Res J. 2014;3:1-5*
5. *Economic survey of Karnataka, 2012-13. [Accessed on May 7, 2014].*
6. *Tame Ramya, Modern Research Studies: An International Journal of Humanities and Social Sciences Vol.I. Issue 2 / Sept. 2014, ISSN: 2349-2147*
7. *PEO Study No. 136, Evaluation Report on Integrated Tribal Development Projects, 1987.*