

**DR.V.S.KRISHNA GOVERNMENT DEGREE AND P.G. COLLEGE  
VISAKHAPATNAM,ANDHRA PRADESH.**



**A STUDY OF ECONOMY BY COMMUNITY SERVICE PROJECT**

**Bachelor Of Arts(Economics)**

By

*To Lilly*

ROLL NO: E20123016

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## **ACKNOWLEDGEMENT**

I would like to express my special thanks of gratitude to my project guides **CH.LAKSHIMI MAM** as well as our principal **I.VIJAYA BABU sir** who gave me the golden opportunity to do this wonderful **COMMUNITY SERVICE PROJECT**, which also helped me in doing a lot of research and I came to know about so many new things I am really thankful to them.

Secondly I would also like to thank my parents and friends who helped me a lot in finalizing this project within the limited time frame.

### **PROJECT DONE BY :**

Name : T.LILLY

Place : ARAKU VALLEY WARD NO:05

Roll no: **E20123016**

**2nd YEAR OF BA ECONOMICS(HONS)**

**DEPARTMENT OF ECONOMICS**  
**CERTIFICATE**

This Certificate declare that the following Student have successfully completed his project and delivered the results of the project as committed.

**PROJECT TITLE : COMMUNITY SERVICE PROJECT**

**PROJECT DONE BY :** T. Lilly.

**T.LILLY(E20123016)**

Dr. Lawton  
Project mentor

Dr. Lawton  
Department of Economics  
J. V.S.K. Govt. Degree College  
Visakhapatnam-530 013

## About Araku Valley

Araku Valley is a hill station in Alluri Sitharama Raju District in the Indian state of Andhra Pradesh, lying 111 km west of Visakhapatnam city. This place is often referred to as *Ooty of Andhra*. It is a valley in the Eastern Ghats inhabited by different tribes, mainly Araku Tribes.

Araku is located in the Eastern Ghats about 114 kilometres (71 mi) from Visakhapatnam, close to the Odisha state border. The Anantagiri and Sunkarimetta Reserved Forest, which are part of Araku Valley, are rich in biodiversity and are mined for bauxite. Galikonda hill rising to a height of 5,000 feet (1,500 m) is amongst the highest peaks in Andhra Pradesh. The average rainfall is 1,700 millimetres (67 in), the bulk of which is received during June–October. The altitude is about 1300 m above the sea level. The valley spreads around 36 km.

Araku Valley is a pristine hill station of the Andhra Pradesh state in India that is also fondly known as Araku. The place is surrounded by beautiful waterfalls, enchanting valleys, splendid gardens and lush green forests. The coffee plantations of Araku are world renowned. The natural beauty and scenic charm of this quaint hill station attracts tourists from India and other parts of the world. Araku Valley boasts of rich traditional and cultural pasts. The popularity of this place in South India is also due to the fact that the beauty of Araku Valley has been showcased in numerous Tollywood films.

Naandi Foundation with the help of the tribal farmers cooperative society recently won the gold medal for the best coffee pod in the Prix Epicures OR 2018 Award in Paris, France.

“We understood that villagers of the tribal hamlets cherished nothing more than regaining the forest that they had lost over the years. We trained 450 farmers on sustainable farming practices and on harvesting the best cherries. They, in turn, became our ‘farm schools’ and gave training to the villagers in remote tribal hamlets,” says Manoj.

Naandi has now replicated the success of Arakunomics to support the livelihoods of farming communities in villages of agrarian distress-hit Wardha, and also in New Delhi.

Araku Coffee will soon open its first café and roastery in the country, in Bengaluru. It will be Araku coffee’s second outlet globally, the first being the Araku Cafe and store in the heart of Paris in 2017, offering a sip of India’s Eastern Ghats.

the people of Araku were known as forest dwellers. Coffee changed their lives. Today, 955 villages from Araku Valley are involved in bringing out some of the world's best coffees under the Arakunomics model," says Manoj Kumar, CEO of Naandi Foundation.

The journey from a remote tribal hamlet to worldwide acclaim involved commitment, and a systematic engagement with tribals so that they can effectively look after the estates. Over the years, Naandi has trained 14,000 farmers on sustainable farming practices while protecting their fragile ecosystem.

Araku Coffee has consistently won ratings as high as 90 out of 100 from professional cuppers associated with the well-regarded Specialty Coffee Association of America (SCAA). This is a first for any coffee from India. In 2018, Araku Coffee also won the gold medal for best coffee pod in the 2018 Prix Epicures OR in Paris.

Naandi procures around 75 tonnes of Araku coffee every year. "Hundred per cent of this lot is speciality coffee," explains Manoj. What makes the coffee world-class is a combination of Araku's unique climatic conditions, bio-dynamic agriculture and the involvement of world's top coffee experts in every stage of production.

Tribal women harvesting organic coffee from a plantation near Girliguda village in Araku in Visakhapatnam district on Saturday on Nov 17, 2018. The coffee that is processed and marketed by

What started as a livelihood project for the tribals of Araku by Naandi Foundation is today synonymous with one of the world's finest coffee producing hubs. Coffee in this region is grown under shade with rich quality of Arabica beans. For its 'Arakunomics', the Rockefeller Foundation selected Naandi Foundation as one of the 'Top 10 Visionaries' in the world for the Food Vision 2050, Prize which was announced in New York on August 6.

The award recognised the application of 'Arakunomics' model in regions of Araku in Telangana, Wardha in Maharashtra and New Delhi, leading to the Food Vision 2050.

### Global recognition

Naandi competed with over 1,300 entries in a two-level contest that was spread over almost a year

The recognition fetches Naandi a prize money of \$200,000

Naandi's vision titled "Arakunomics" was based on work with tribal farmers in Araku over nearly 20 years

The economic model is a tribute to the tribal farmers of Araku region for the world class coffee produced and launched in Paris in 2017, as well as for the high carbon landscape transformation they did in over 955 villages there by planting 25 million trees

So what is Arakunomics? It is an integrated economic model that ensures profits for farmers and quality for consumers through regenerative agriculture. "More than two decades ago,

## **ECONOMY OF ARAKU VALLEY:**

Coffee was introduced in Eastern Ghats of Andhra Pradesh in 1898 by British in Pamuleru valley in East Godavari district. Subsequently, it spread over to Araku Valley in the early 19th century. After independence, the Andhra Pradesh Forest Department developed coffee plantations in the valley. In 1956, Coffee Board appointed Andhra Pradesh Girijan Cooperative Corporation Limited (GCC) for promoting coffee plantations in the valley through local tribal farmers.[clarification needed] In 1985, the plantations were handed to A.P. Forest Development Corporation and GCC promoted Girijan Coop. Plantation Development Corporation (GCPDC) exclusively to develop coffee plantations in tribal areas. All the plantations developed by GCC and GCPDC were handed over to the tribal farmers at two acres per family. Apiculture farms have been widely spread in Araku, several types of flavoured honey is being made commercially.

From large patches of forest lands 20 years ago, Araku, the valley nestled in the Eastern Ghats bordering Visakhapatnam, today stands as a award winning model of agro-economy. The region is home to many Adivasis, who are now proud coffee growers.

## Part-A

### About the village

20  
11  
36  
66

#### Abstract of Socio Economic-Survey

- 50 families are surveyed in the socio-economic survey in
- Number of families surveyed:50

Table 1

Male	28
Female	22
Total	50

#### Social conditions

Table2

category	No of people
OC	4
BC-A	2
BC-B	1
BC-C	
BC-D	
SC	15
ST	28
TOTAL	50



Number of literates: 46

Number of illiterates: 4

Number of graduates : 25

Number of job holders: 20

### **Economic conditions**

Category of houses: Hut- , Semipucca- , Apartment- , Bungalow

Own houses 40

Rental houses 10

Source of drinking water Available

Agriculture holding families 10

Houses have own toilets 50

Cooking fuels LPG 50

Number of DWACRA groups in the habitate

Number of ration card holders 20

Number of houses having vehicles 45

Number of persons cover under insurance 30

Number of families having banking transactions 50

### **Sources of income**

Agriculture 10

Daily wage workers 4

Employes 20

Business 16

## Major problems faced in the village

Drinking water 0

roads 0

frequent failure of power ✓ 50

4

Range of income profit

Below 50000 11

50000-100000 10

100000-300000 6

300000-500000 10

500000-800000 20

Above 800000

## Health details of the sample house holds

Common health problems in the habitat-

diabetic, 25

BP, ✓ 32

seasonal fevers ✓ 23

Number of families suffering from diseases: -

Sources of treatment: -

Government hospitals: 10

Private hospitals: 35

Traditional medicine: 5

Families having arogya sri cards: 25

## Other details

Number of families have TV - 48

Number of families have mobile - 50

Number of families have computers - 20

Number of families have internet - 45

Number of government schemes 40

# Availability and Affordability of Health care

Despite India's impressive economic performance after the introduction of new economic policy in the 1990's progress in improving the health status of Indians has been slow and uneven. Large inequities in terms of health infrastructure and access to health services continue to persist and have even widened across states, between rural and urban areas, and within communities.

While World Health Organization member countries embraced the concept of universal health coverage as early as 2005, India has yet achieved these objectives with many other low income countries. India's health system facing the ongoing challenge of responding to the needs of the most disadvantaged members of Indian society. Despite progress in improving access to health care through the various programmes, accessibility and affordability of health-related issues services for the poor people are still the major issues among the states. Inequalities of socioeconomic status, geography and gender continue to persist in the affordability and accessibility of health services. This is mainly due to numerous barriers that hamper access to needed health services.

Since the launch of the National Rural Health Mission in 2005, over 157 thousands personnel have been employed to health sector. The Infant mortality Rate (IMR) has declined from 68 to 42 per 1000 live births between 2000 and 2012. • The Janani Suraksha Yojana was successful in ensuring delivery of more than 120 to 130 million women in government facilities and more than 600 thousands new born babies are receiving care in neonatal care nurseries in district hospitals each year. Polio has been eliminated from the face of the country. This is exciting, but not enough.

Each year, more than 40 million people, mostly in Rural Areas, are impoverished and run into massive debts to access healthcare. Non communicable diseases and injuries account for 32 percent of deaths in India.

### Constitutional provision of Health

Article 38 of Indian constitution imposes liability on state that states will secure a social order for the promotion of welfare of the people but without public health we cannot achieve it. It means without public health welfare of people is impossible. Article (39)e related with workers to protect their health. Article 42 makes provision to protect the health of infant and mother by maternity benefits.

## Affordability of Health Services

Affordability can best be defined as a measure of someone's or something's ability to purchase a good or a service. It describes whether a person or organization with limited resources is able to make a purchase without unacceptable or unreasonable sacrifices. Similarly, healthcare affordability describes whether a person or organization has sufficient income to pay for or provide for healthcare costs. So affordability of health services is determined the cost of treatment, household's ability to manage these costs and its impact on the livelihood of households.

## Accessibility of Health Services

Access to health service means the timely use of personal health services to achieve the best health outcomes. It requires 3 steps:

- (1) Gaining entry into the health care system.
- (2) Accessing a health care location where needed services are provided.
- (3) Finding a health care provider with whom patient can communicate and trust.

## Availability of Health Services in Andhra Pradesh

According to facility survey of public health institutions conducted in Andhra Pradesh in 2008, there are 11978 primary health subcenters (PHSCs), 1458

Primary health centres (PHCs) 254 community health centres (CHCs), 61 Area hospitals, 19 District hospitals in the state of Andhra Pradesh. Besides, there are no. of private clinics and hospitals especially urban centres

According to table: Public health care infrastructure in AP, 2008

Sno	Parameter/Indicator	Number per 10M pop	per lakh sq. km GA	AP	India	AP	India
1	No. of sub centres	1461	531	11978	145894	1461	1257
2	No. of PHCs	178	71	1458	23391	178	202
3	CHC (30-Beds)	31	11	191	10410	31	35
4	CHC (50-Beds)	31	11	63	10410	31	35
5	Area Hospital (100 Beds)	4	3	61	7603	4	65
6	District Hospital (200-300 Beds)	2	1	15	7603	2	65
7	District Hospital (300-400 Beds)	2	1	4	7603	2	65
Total		1679	611	13770	180898	1679	1558

Note: 1 # - CHCs combined - District Hospitals combined.

S.No	Parameter/Indicator	Number		10M POP		Per lakh sq.km GA	
		AP	India	AP	India	AP	India
1	No. of sub centres	11978	145894	1461	1257	531	444
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3	CHC (30-Beds)	191	10410	31	35	11	12
4	CHC (50-Beds)	63	10410	31	35	11	12
5	Area hospital (100 Beds)	61	7603	4	65	3	23
6	District Hospital (200-300 Beds)	15	7603	2	65	1	23
7	District Hospital (300-400 Beds)	4	7603	2	65	1	23
Total		13770	180898	1679	1558	611	550

## Data and Methodology:

### Primary Data

A primary survey has been conducted to find out the socio economic and educational conditions of the people and the accessibility and affordability of the health services in selected area. A structured questionnaire was set up to get the data from households with respect to their socio-economic and educational conditions. The researcher has adopted random sampling techniques.

### Secondary Data

Secondary data Data used in this paper were collected from four sources

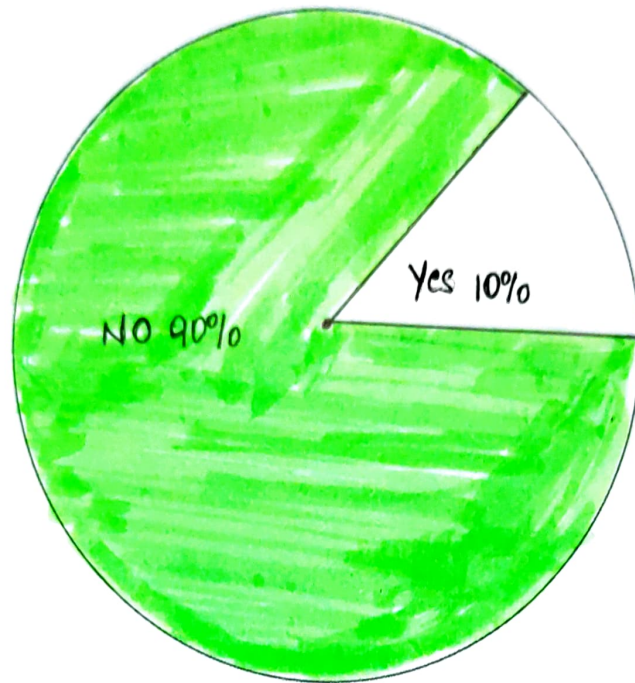
- (a) Bulletin of Rural Health 2021
- (b) National profile 2021
- (c) Government of India.

### Conclusion:

The health care system in India has remained unsatisfactory even after six decades of planned development in the country. Accessibility to health care services is extremely limited in many rural areas and backward regions of the country. In this context, this paper examined the current status of public health infrastructure and health service available in the rural areas of the selected states. We found that there is a significant improvement

in rural health care infrastructure in the region especially in case of health centres. The state governments should undertake more direct policies towards establishment of new health centres, especially sub centres and upgrading the existing centres to the next level. Besides the health centres must be adequately staffed with well trained health workers and must be equipped with essential facilities and equipments.

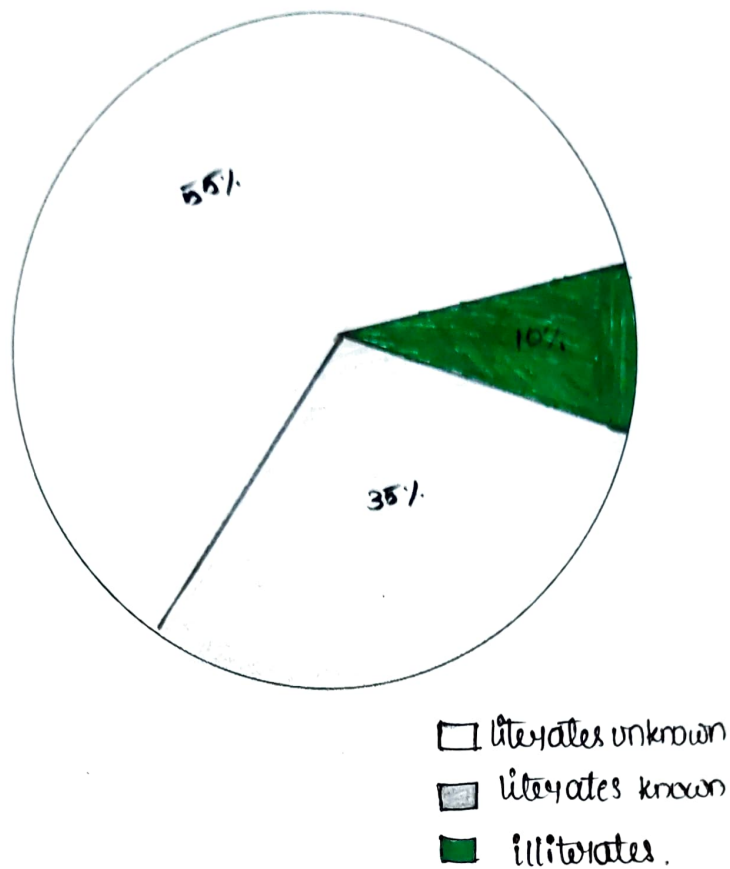
## Telemedicine Facility:



YES  
 NO

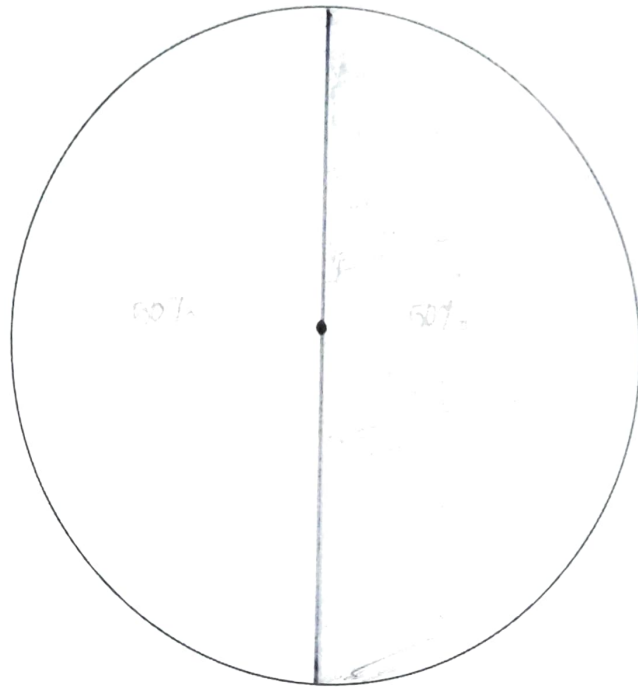
Telemedicine facility plays a major role in providing health care services using telecommunication. Though people who are receiving telemedicine-facility was very few as some of the literates also don't know about this. As there are barriers to telemedicine in our area are lack of access to technology, lack of digital literacy, lack of access to broadband or internet etc.....

## Telemedicine Facility



As telemedicine plays a crucial role in providing health care services using telecommunication, only few people know about this medicine. The people who are literates but they don't know about telemedicine facility are 55%. The people who are literates and know about the telemedicine are 35% and 10% people are illiterates as they don't know about the telemedicine because of lack of access to technology, digital literacy etc.....

## Dr. YSR Aarogya Sri Applicable :

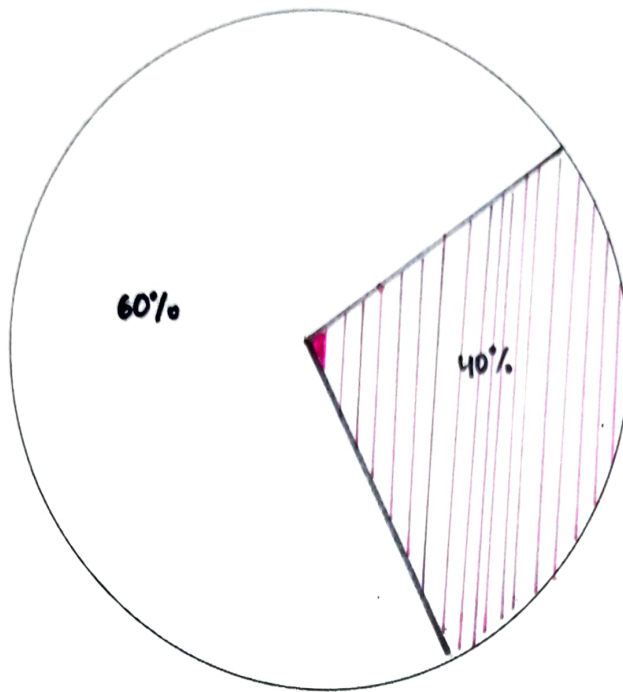


YES

NO

Dr. YSR Aarogya Sri is an upgradation of Andhra Pradesh's government healthcare scheme. Families that are native to Andhra Pradesh and Telangana are allowed to enrol under the scheme. The annual income of a family should be below 5 Lakh. According to that in my Area there are 50% of families who are eligible for Dr. YSR Aarogya Sri Health Cards and 50% of families are not eligible for Dr. YSR Aarogya Sri Health Cards as they are annual income is above 5L.

## Affordability of private hospitals

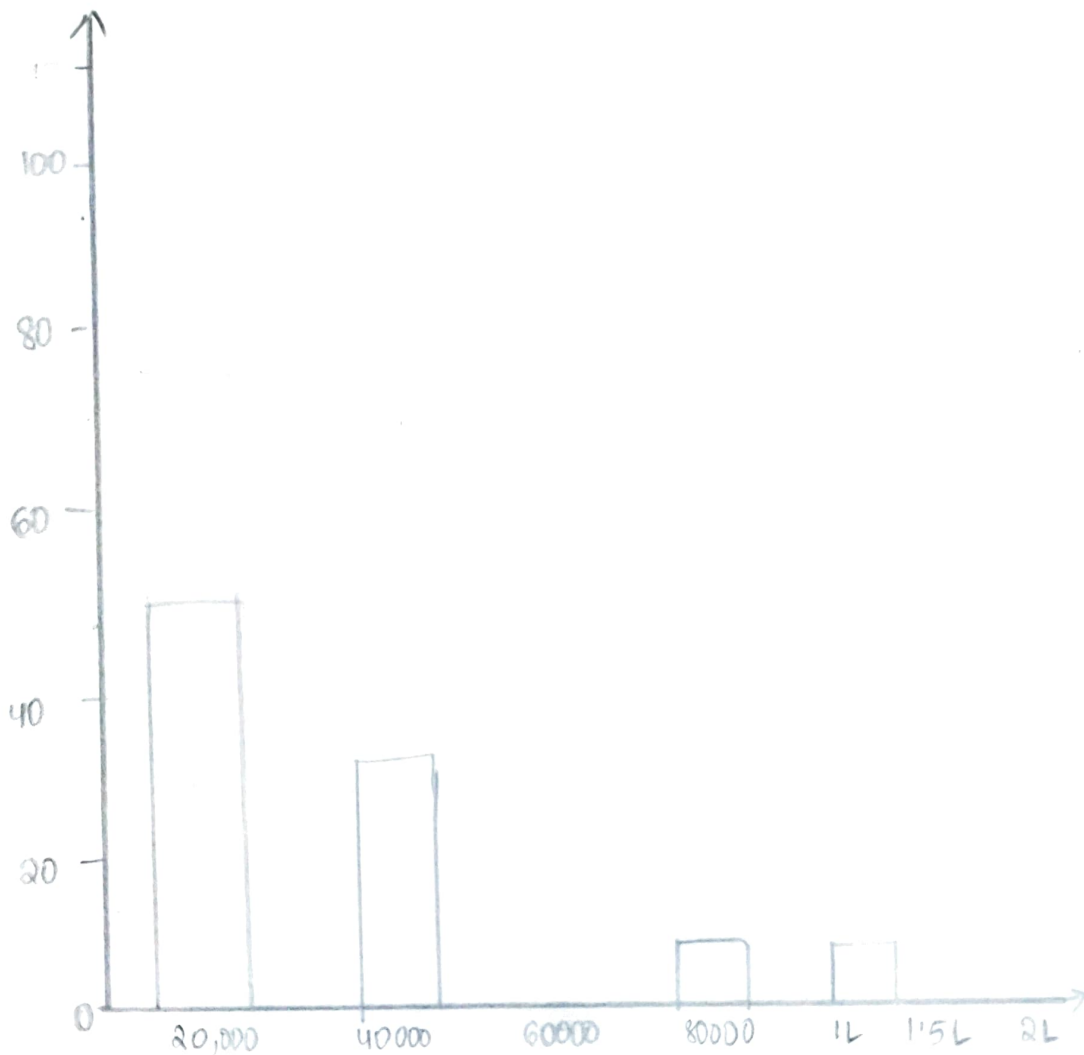


□ Yes

▨ No

The above pie chart is about the families who can afford private hospitals cost. Many families can afford the cost of private hospitals. The families who can afford the costs are 60% and who cannot afford the costs of private hospitals are 40%.

## Medical Services Spent Over past year



This graph shows about the family spent on medical services over the past year. So many families had spent below 20,000 as they are having good health conditions. The families who spent below 20,000 are 50% and 40,000 are 30% and 80,000 are 10% and 1L are 10%.

# Logbook

Commissionerate of Collegiate Education , Government of Andhra  
- Pradesh

DR. V S Krishna Govt. Degree College (A), Visakhapatnam

Format - III Community Service Project (CSP) - Student Daily

## Progress Report

1	Name of the Student	T. Lilly	
2	Regd. No. of the Student	E20123016	
3	Year	2nd year	
4	Program studying ( BA/B.Com/B.Sc etc., )	BA ECONOMICS HONORS	
5	Program Combination(Group)	BA ECONOMICS HONORS	
6	Name of the Mentor	C.H.LAKSHMI	
7	Name of the CSP	COMMUNITY SERVICE PROJECT	
8	Place of CSP execution	Araku valley.	
S.No	Date	Work done	No.of hours spent
1	June 1, 2022	ORIENTATION	4 Hours
2	June 2, 2022	ORIENTATION	4 Hours
3	June 3, 2022	PREPARATION OF QUESTIONAIRE	4 Hours
4	June 4, 2022	SOCIO-ECONOMIC SURVEY	4 Hours
5	June 5, 2022	SOCIO-ECONOMIC SURVEY	4 Hours
6	June 6, 2022	SOCIO-ECONOMIC SURVEY	4 Hours
7	June 7, 2022	SOCIO-ECONOMIC SURVEY	4 Hours
8	June 8, 2022	SOCIO-ECONOMIC SURVEY	4 Hours
9	June 9, 2022	SOCIO-ECONOMIC SURVEY	4 Hours
10	June 10, 2022	AWARENESS PROGRAM	4 Hours
11	June 11, 2022	AWARENESS PROGRAM	4 Hours
12	June 12, 2022	AWARENESS PROGRAM	4 Hours
13	June 13, 2022	AWARENESS PROGRAM	4 Hours
14	June 14, 2022	AWARENESS PROGRAM	4 Hours
15	June 15, 2022	AWARENESS PROGRAM	4 Hours
16	June 16, 2022	SOCIO-ECONOMIC SURVEY	4 Hours
17	June 17, 2022	SOCIO-ECONOMIC SURVEY	4 Hours
18	June 18, 2022	SOCIO-ECONOMIC SURVEY	4 Hours
19	June 19, 2022	SOCIO-ECONOMIC SURVEY	4 Hours
20	June 20, 2022	REPORT WRITING	4 Hours

