

# COVID 19 and its Impact on Tribes of Chhattisgarh



## Executive Report



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## **Study on COVID 19 and its Impact on Tribes of Chattisgarh.**

### **I. Introduction**

Humanity is the essence of life, which vies for a sustainable natural ecosystem for wellbeing of the present and future. Man being a thinking and predominating creatures, if manipulates, or unfairly play with it, creates troubles for the existence of the universe.

To start with, Viruses, Bacteria does not discriminate humans on race, sex, religion etc. they attack on the health of humans and only shield is the moral ethics in the form of health hygiene, life style values, social values and survival instinct.

It is interesting to note that the present pandemic an urban creation is taking life of the humans in the progressive society / modern society, however, still major portion of the rural and especially the remote areas have been protected from the pandemic. A lot may be said; that they are cut off or are having restricted movements/interaction; still it was observed that the nature and the terrain and also timely government, social and local interventions have made them immunized from this major health aberration.

*As Albert Einstein pointed out: "We cannot solve our problems with the same thinking we used when we created them", it can be said that time has come when reemphasizing the Gandhian Value in social and economic life is required, as can be seen by it's widely prevalence in the tribal and rural India. This needs to be reemphasized, quantified and qualified today.*

**We have tried to disseminate the reasons for same in the Tribal world of Chhattisgarh, which has been largely not affected by the Pandemic.**

India with a present population of around 1.35 billion has a proportionate higher risk of spread of the infection through the community transmission of COVID-19, not only because of the high population density in metropolitan but also due to large economically downtrodden citizens along with poor infrastructure of health and risk mitigation measures. In addition to it, the social intermingling and high inter family and inter social dependence of the Indian culture has made our nation vulnerable to the pandemic.

As we know that the first case of COVID-19 in India was detected in 30st January, 2020 in the state of Kerala. Thereafter, the disease was spotted in other major highly densified city of India. It is important to note that the population density of the Kerala state is about 859 people per square kilometers, three times the national average. Kerala is one of the densest States in the country and it recorded a decadal population growth of 4.86%. Even though, the state has highly densified population, yet it has been able to beat the exponential trend of disease, mainly due to human development and related indices it occupies prime position among the Indian States.

On the other hand, an important trend that has been also observed that the states being not ranked high in the human development and related indices appears to have been

able to limit the impact of the Corona, even after the impact of the reverse migration of the labor.

In this context, a case study on impact of the Corona on the states dominated by high proportion of the Tribal Population has been tried to capture in our study. Our team has earlier issued a study on Jharkhand. **The present study is focused on the state of Chhattisgarh.**

## **II. Research Method used in this Study:**

The anthropological research method and traditional techniques of data collection has been undertaken. The team has interacted with the Scheduled Tribes in their habitat and has been audio video, visualized. Various media reports and Social schemes of the state, new initiatives and its impact has been also kept in context. Data has been collected at the grass root level and also the indigenous social and cultural practices followed have been imbibed in the research module alike as under:

- a. Life Style of Tribes
- b. Herbs & Medicinal Plant
- c. Social & Economic Status of the Individual
- d. Community Involvement and diatribes.

### III. Chhattisgarh A Brief:

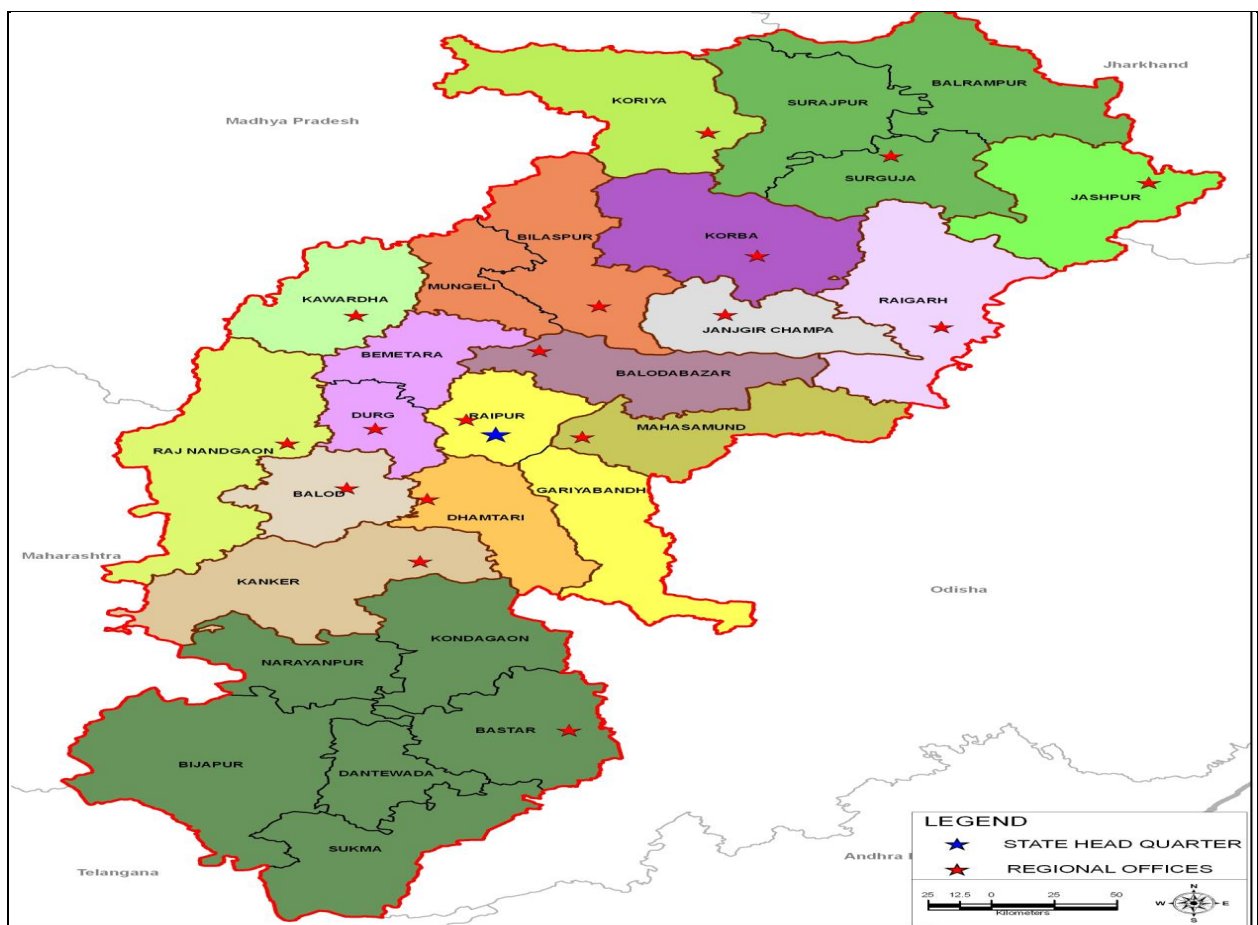
Chhattisgarh, carved out of Madhya Pradesh came into being on 1 November 2000 as the 26th State of the Union. In ancient times the region was known as Dakshin-Kausal. This finds also mention in Ramayana and Mahabharata.

Chhattisgarh borders the states of Uttar Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Telangana and Andhra Pradesh and Odisha. Presently the state has 28 districts.

Chhattisgarh has blend of Tribal culture/ values along with people settling here from every parts of India. It has mix of population.

Important cities are Raipur, Bhilai, Durg, Rajnandgaon, Bilaspur, Champa, Janjgir, Ambikapur, Raigarh, Korba, Kanker, Jagdalpur and Dantewada.

Chhattisgarh is the rice bowl of India and is famous for its rice mill, cements and steel plants. The state is power surplus state with driving industrial centers of Durg, Raipur, Korba and Bilaspur.



Chhattisgarh is endowed with richness in three Ms – Man, Mineral & Metallurgy. It has a variety of affluent traditions of music, art, folk dance and traditional habitat of the India's rich tribal culture.

#### IV. Scheduled Tribes : A Brief

##### A. List of Scheduled Tribes of Chhattisgarh

Agariya, Andh, Baiga, Bhaina, Bharia Bhumia, Bhuinhar Bhumia, Bhumiya, Bharia, Paliha, Pando, Bhattra, Bhil, Bhilala, Barela, Patelia, Bhil Mina, Bhunjia, Biar, Biyar, Binjhar, Birhul, Birhor, Damor, Damaria, Dhanwar, Gadaba, Gadba, Gond, Arakh, Arrakh, Agaria, Asur, Abujh Maria, Badi Maria, Bada Maria, Bhatola, Bhimma, Bhuta, Koilabhuta, Koliabhuti, Bhar, Bisonhorn Maria, Chota Maria, Dandami Maria, Dhuru, Dhurwa, Dhoba, Dhulia, Dorla, Gaiki, Gatta, Gatti, Gaita, Gond Gowari, Hill Maria, Kandra, Kalanga, Khatola, Koitar, Koya, Khirwar, Khirwara, Kucha, Maria, Kuchaki Maria, Madia, Maria, Mana, Mannewar, Moghya, Mogia, Monghya, Mudia, Muria, Nagarchi, Nagwanshi, Ojha, Raj, Sonjhari Jhareka, Thatia, Thotya, Wade Maria, Vade Maria, Daroi, Halba, Halbi, Kamar, Karku, Kavar, Kanwar, Kaur, Cherwa, Rathia, Tanwar, Chhatri, Khairwar, Kondar, Kharia, Kondh, Khond, Kandh, Kol, Kolam, Korku, Bopchi, Mouasi, Nihal, Nahul Bondhi, Bondeya, Korwa, Hill Korwa, Kodaku, Majhi, Majhwar, Mawasi, Munda Nagesia, Nagasia, Oraon, Dhanka, Dhangad, Pao, Pardhan, Pathari, Saroti, Pardhi, Bahelia, Bahellia, Chita, Pardhi, Langoli Pardhi, Phans Pardhi, Shikari, Takankar, Takia, Parja, Sahariya, Saharia, Sehar, Sehar, Sosia, Sor, Saonta, Saunta, Saur, Sawar, Sawara, Sonr.

The Union Cabinet in 2019, amended The Constitution (Scheduled Castes and Scheduled Tribes) Order (Amendment) Bill, added several new tribes like Bhuinya, Bhuiyan, Bhuyan, Dhanwar, Dhanuwar, Dhanuwar, Nagesia, Nagasia, Kisan, Oraon, Dhanka, Dhangad, Sawar, Sawara, Saunra, Saonra and Binjha in the list of Scheduled Tribes (STs) of Chhattisgarh.

##### B. State overall population, ST population, percentage of STs in India / State to total population of India / State and percentage of STs in the State to total ST population:

S.No	State	Total Population	ST Population	% of ST to Total State/India Population	% of ST to Total ST Population in India
1	Chattisgarh	2,55,45,198	78,22,902	30.6	7.5
2	India	1,21,08,54,977	10,45,45,716	8.6	-

Source: Census 2011 data, Website of O/o RGI

### C. Scheduled Tribes Population: Chattisgarh

Scheduled Tribe Community	ST Popln (lakhs)	Of State ST Popln (%)
1. Gond, Arakh, Agaria, Asur, Bhatola, Bhimma, Bhuta / Bhuti, Bhar, Maria, Dhuru, Dhurwa, Dhoba, Dhulia, Dorla, Gaiki, Gatta, Kandra, Kalanga, Khatola, Koitar, Koya, Khirwar, Mana, Mannewar, Moghya, Monghya, Mudia, Nagarchi, Nagwanshi, Ojha, Raj, Sonjhari, Jhareka, Thatia, Thotya, Daroi	42.98	54.9
2. Kavar, Kanwar, Cherwa, Rathia, Tanwar, Chattri	8.87	11.3
3. Oraon, Dhanka, Dhangad	7.49	9.6
<b>STs (3) (<math>\geq 5</math> % popln each)</b>	<b>59.35</b>	<b>75.9</b>
STs (39) STs (< 5 % popln)	18.56	23.7
Other STs (< 5 % popln)	0.32	0.4
<b>Total :</b>	<b>78.23</b>	<b>100</b>

*Source: Census 2011 data, Website of O/o RGI*

### D. Proportion of Scheduled Tribes to Total Population in %: India:- Decadal Growth

Census Year	Proportion of Scheduled Tribes to Total Population in %		
	Total	Rural	Urban
1961	6.9	8.1	1.0
1971	6.9	8.4	1.2
1981	7.6	9.2	2.0
1991	8.1	10.1	2.3
2001	8.2	10.4	2.4
2011	8.6	11.3	2.8

**E. Sex Ratio of Scheduled Tribes Population India-1961-2001in % :**

Census Year	Sex Ratio of Scheduled Tribes Population India-1961-2001in %		
	Total	Rural	Urban
1961	987	990	895
1971	982	985	896
1981	983	988	912
1991	972	976	920
2001	978	981	944
2011	990	991	980

**F. Sex Ratio of Scheduled Tribes Population % :**

Sex Ratio of Scheduled Tribes Population %						
	Sex Ratio 2001			Sex Ratio 2011		
	Total	Rural	Urban	Total	Rural	Urban
Chhattisgarh	1013	1017	941	1020	1021	999
India	978	981	944	990	991	980

Source: Census 2001 and 2011, Office of the Registrar General, India

*The rural areas have higher proportion of sex ratio which indicates that there is rural to urban migration for livelihood, leading to more dependent population in the rural areas. This creates its own dynamics at the rural and urban centres, which needs to be addressed in terms of focused sustainable employment generation models at the grass root level.*

***In Chhattisgarh, the involvement of women in the NTFP economy is very high, tribal households depend on the NTFP economy more than non-tribal households and poorer households more than comparatively better-off ones.***

*This also envisages, an approach in policy shift i.e. the focus of the developmental agency is to develop the skills of the tribal at their own places and linking them with the right audience. The role of women in policy inputs and decision making at the Panchayats should be specially emphasized. States having higher proportion of sex ratio, has a higher level of psychological satisfaction in terms of satisfaction of emotional and basic needs.*

**G. Change in % of ST to Total Population**

Change in % of ST to Total Population	
	Number of States
Decrease by more than 0.2% percent Points	5 States :- (Nagaland, Chhattisgarh, Daman & Diu, DN Haveli, A & N Islands)

Source : Census 2011



## H. Literacy Rates of All Population, Scheduled Tribe Population and Gaps:

Literacy Rates of All Population, ST Population and Gaps: Census 2011									
	Persons			Male			Females		
	All	ST	Gap	All	ST	Gap	All	ST	Gap
Chhattisgarh	70.3	59.1	11.2	80.3	69.7	10.6	60.2	48.8	11.4
All India	73	59	14.0	80.9	68.5	12.4	64.6	49.4	15.2

## I. Educational Level - Graduate and Above for Scheduled Tribes age 15 and above:

Educational Level - Graduate and Above for Scheduled Tribes age 15 and above									
			Percentage of Total Graduate and Above						
				Technical degree or diploma equal to degree or post graduate degree					
	Total Graduate and Above	Graduate degree other than technical degree	Post graduate degree other than technical degree	Engineering and technology	Medicine	Agriculture and dairying	Veterinary	Teaching*	Others
Chhattisgarh	109384	54.98	37.76	4.09	1.39	0.38	0.05	1.35	0.01
All India	1763879	64.08	18.28	5.92	1.94	0.36	0.11	9.27	0.04

Source: Census 2011, Office of the Registrar General, India

## J. Status of Health Infrastructure (SCs, PHCs & CHCs) in Tribal Areas

	Estimated mid-year Tribal Population on 01.07.2019 in Rural Areas	Sub Centres			PHCs			CHCs		
Chhattisgarh		R	P	S	R	P	S	R	P	S
	7879417	2626	2812	-	393	395	-	98	81	17

Source: Rural Health Statistics, 2018-19, Ministry of Health & Family Welfare HWCs are included in SCs & PHCs

R: Required; P: In Position; S: Shortfall

Notes: The requirement is calculated using the prescribed norms on the basis of Tribal population. All India shortfall is derived by adding state-wise figures of shortfall ignoring the existing surplus in some of the states. Midyear Tribal population for the year 2019 calculated based on the percentages of Tribal population in the Rural Areas in Census 2011.

**K. Health Worker [Female]/ ANM at Sub Centers in Tribal Areas (As on 31st March, 2019)**

<b>Health Worker [Female]/ ANM at Sub Centres in Tribal Areas (As on 31st March, 2019)</b>					
	Required	Sanctioned	In Position	Vacant	<b>Shortfall</b>
Chhattisgarh	2812	2906	4254	NA	NA

*Source: Rural Health Statistics 2018-19, Ministry of Health & Family Welfare*

**L. Doctors Allopathic Doctors at Primary Health Centers (PHCs) in Tribal Areas (As on 31st March, 2019)**

<b>Doctors Allopathic Doctors at Primary Health Centres (PHCs) in Tribal Areas(As on 31st March, 2019)</b>					
	Required <sup>1</sup>	Sanctioned	In Position	Vacant	<b>Shortfall</b>
Chhattisgarh	395	409	176	233	219

*Source: Rural Health Statistics 2018-19, Ministry of Health & Family Welfare*

<sup>1</sup> One per Primary Health Centre as per IPHS norms

**M. Priority Sub-Districts having Scheduled Tribe Population**

S. No.	CHHATTISGARH	Population in Lakhs		ST %
	State / District / Sub-District	Total	ST	
1	Koriya	6.59	3.04	46.18
2	Surguja	23.60	13.01	55.11
3	Jashpur	8.52	5.30	62.28
4	Raigarh	14.94	5.06	33.84
5	Korba	12.07	4.94	40.90
6	Bilaspur	26.64	4.98	18.71
7	Rajnandgaon	15.37	4.05	26.36
8	Durg	33.44	3.97	11.88
9	Raipur	40.64	4.76	11.72
10	Dhamtari	8.00	2.08	25.96
11	Uttar Bastar Kanker	7.49	4.15	55.38
12	Bastar	14.13	9.32	65.93
13	Narayanpur	1.40	1.08	77.36
14	Dakshin Bastar/ Dantewada	5.34	4.10	76.88
15	Bijapur	2.55	2.04	80.00

*Source: Census 2011*

**N. Scheduled Tribe Population & Percentage in CWE affected (L) : Priority Districts**

<b>Scheduled Tribe Priority Districts</b>		(population in lakhs)
State	<b>≥ 50% STs, CWE affected(L)</b>	<b>≥ 25% &amp;&lt; 50% STs, CWE affected(L)</b>
Chattisgarh	(1) Sukma (L)2.09 (83.5%) (2) Bijapur (L) .04 (80.0%) (3) Narayanpur (L) 1.08 (77.4%) (4) Dantewada (L) 2.01 (71.1%) (5) Kondagaon (L) 4.11 (71.0%) (6) Balrampur 4.59 (62.8%) (7) Bastar (L) 5.21 (62.4%) (8) Jashpur 5.30 (62.3%) (9) Surguja 4.82 (57.4%) (10) Kanker (L) 4.15 (55.4%)	(1) Koriya 3.04 (46.2%) (2) Surajpur 3.60 (45.6%) (3) Korba 4.94 (40.9%) (4) Gariyaband 2.16 (36.1%) (5) Raigarh 5.06 (33.8%) (6) Balod 2.59 (31.4%) (7) Mahasamund 2.80 (27.1%) (8) Rajnandgaon (L)4.05 (26.4%) (9) Dhamtari 2.08 (26.0%)
<b>Total 65.72</b>	<b>35.4</b>	<b>30.32</b>

Source: Annual Report MoT 2019-20

## V. Scheme: Impacting Tribal Life

**“Mechanism for Marketing of Minor Forest Produce (MFP) through Minimum Support Price (MSP) and Development of Value Chain for MFP”** was introduced by the Ministry of Tribal Affairs in the year 2013-14, for providing fair and equitable price for the MFPs collected by them through Minimum Support price (MSP). The Scheme is being implemented through TRIFED the Central Nodal Agency and through State level implementing agencies , wherein identification of Haats/ identification of SHGs / empowerment of SHGs /Primary Societies /LAMPS/ Storage arrangement/ value addition involving Corporate through PPP model is being undertaken.

### 1. **MFP : Economical Dependence:**

For those tribals communities practicing agriculture, the MFPs is a source of income and livelihood in the sagging season. The economic dependence of tribal communities on MFPs can be understood from the following Table

Seasons	MFPs collected	Economy
January- March	Lac (resin), mahuwa, flower and tamarind	Over 75 per cent of tribal households in Orissa, Madhya Pradesh and Andhra Pradesh collect mahuwa flower and earn Rs.5000 a year. 3 million people are involved in lac production
April-June	Tendu leaves, sal seeds and chironji	30 million forest dwellers depend on seeds, leaves and resins from sal trees; tendu leaf collection provides about 90 days of employment to 7.5 million people, a further 3 million people are employed in bidi processing
July-September	Chironji, mango, mahuwa fruits, silk cocoons and bamboo	10 million people depend on bamboo for livelihood; 1,26,000 households are involved in tussar silk cultivation only
October-November	Lac, kullu gum, resins used in incense sticks	3 lakh person days of employment from collection of gums.

Source TRIFED

### 2. **Marginal Forest Product For the state of Chattisgarh :**

Sl No.	Commodity	Commodity	Commodity	Commodity
1	Ashwagandha	Soapnut or Reetha	Dhawada Gond	Anantmool
2	Ber	Ban Tulsi	Nagarmotha	Kateri Badi
3	Sal Leaves	Kalmegh dried	Nargundi leaf	Kali musli
4	Giloy	Marking Nut	Tamarind with seeds	Saalsparni
5	Sal Seed	Makoye	Marod Phali	Chironji Pod with seed
6	Jamun	Shatavari	Babool	Guggul Exudate

7	Safed Musli	Madhunashini dried	Myrobalan	Palash flower dried and powdered
8	Bhringraj	Dhawai	Karanj seeds	Palash flower dried
9	Tamarind Deseeded	Cashew nut	Punarnava	Lac Rangeeni
10	Gum karaya	Physicnut/ Jatropha	Mahuwa seed	Baibidang
11	Honey	Shikakai	Amla	Mahuwa flower
12	Bamboo	Tendu Leaves		

### 3. Major Markets in the State of Chhattisgarh for the MFP

Sl No.	Commodity Name	Location	Type of Market
1	Mahuwa seed	Raipur	Secondary
2	Mahuwa flower	Raipur	Secondary
3	Myrobalan	Bilaspur	Secondary
4	Mahuwa seed	Bastar	Secondary
5	Myrobalan	Dhamtari	Secondary
6	Myrobalan	Durg	Secondary
7	Sal Seed	Bilaspur	Secondary
8	Sal Seed	Dhamtari	Secondary
9	Sal Seed	Raipur	Secondary
10	Sal Seed	Surguja	Secondary
11	Tamarind with seeds	Raipur	Secondary
12	Tamarind with seeds	Bastar	Secondary
13	Hill Broom Grass	Jagdalpur	Secondary
14	Tendu Leaves	Dhamtari	Secondary
15	Tendu Leaves	Jagdalpur	Secondary
16	Tendu Leaves	Raigarh	Secondary
17	Tendu Leaves	Raipur	Secondary

April to June Month is the period of the Tendu leaves, sal seeds and chironji collection. The Tendu leaves are plucked and bundled by tribals and collected by a 'Phad Munshi' appointed by the society at the local level, who makes them available to the Block Level Society and thereafter further to the district and state level agencies. The integration of the MFP in the livelihood of the Tribes and other community living in and around the topography is indispensable. *The Scheme has a center state contribution of 75:25%, however, it seems that at the policy level economic inputs predominates the social input. There is need of predominance of social inputs rather than economic inputs as they are steadier and also acceptable*

to the communities living there. The need of hour is integration of social practices with the economic changes.

#### 4. Medicinal Importance of the Minor Forest Products of the State of Chattisgarh:

The traditional health resource of herbal medicine is a great health immunity to the tribals. The seasonal viral, bacterial, fungal and nutrient deficiency is natively tackle by the Baigas ( Vaidya) in the tribal areas. The acceptance of the herbopathy and naturopathy is to be promoted outside the tribal world by incorporating the importance of nature and trees in the primary/middle/higher secondary education system.

A few of the details of the herbal medicine, to treat the common ailments in tribal area are as under:

Sr. No	Local Name	Parts Used	Medicinal Uses
1	<i>Sal</i>	Bark, resin	Useful in cough and Pitta, ulcers, seminal weakness and burning of eyes.
2	<i>Pula</i>	Leaves	Skin diseases
3	<i>Semal</i>	Bark	Treatment of skin eruptions and ulceration.
4	<i>Bhilma</i>	Fruits	Digestive, purgative, liver tonic stimulant.
5	<i>Dhaman</i>	Leaves , fruits	Useful in Diarrhea and dysentery
6	<i>Bael</i>	Leaves, fruits	Useful in diarrhea, dysentery, seminal weakness etc.
7	<i>Saliha</i>	Roots	Treatment of syphilitic diseases and jaundice
8	<i>Chare</i>	Leaves	Used as cardiac tonic for cardiac disorder
9	<i>Palas</i>	Bark, Leaves, Flower	Useful in cure of intestinal worms, bone fractures and rectal diseases
10	<i>Shisham</i>	Leaves Wood	useful in the treatment of skin diseases, leucoderma
11	<i>Bija</i>	Stems	Treatment for diabetes
12	<i>Amaltas</i>	Leaves Roots seeds	Useful in the treatment of skin diseases, leprosy, tuberculosis
13	<i>Babool</i>	Bark, roots Leaves	Used for haemostatic, asthma and diarrhea.

14	<i>Siris</i>	Seeds	Used in asthma, leprosy, leucoderma, sprain and wounds
15	<i>Arjun</i>	Bark , Leaves	Useful in fractures, ulcers, diabetes, internal and external hemorrhages.
16	<i>Seja</i>	Bark	Treatment of snake -bite
17	<i>Gamari</i>	Fruits Wood	Useful in fever, dyspepsia, skin disease and promoting the growth of hair
18	<i>Charota</i>	Roots, Leaves, and Seeds	Treatment of Constipation, cough, bronchitis, cardiac disorders
19	<i>Satavar</i>	Whole plants	Treatment of gastric ulcers, dyspepsia, nervous disorder
20	<i>Gudmar</i>	Whole plants, root	Treatment of diabetes, antidote for snake bite
21	<i>Raimunia</i>	Leaves	Ornamental, Fever, antiseptic, antispasmodic, a ntipyretic
22	<i>Bantulsi</i>	Leaves, whole plant	Treatment for cough, diarrhea, convulsions, fever and cold
23	<i>Gunja</i>	Root, leaves and seeds	Treatment for colds, cough, convulsion and rheumatism
24	<i>Baichmadi</i>	Tuber and leaves	Treatment for Arthritis, rheumatism, vomiting and malaria.
25	<i>Phetra</i>	Fruit and root	Skin disease

Source: JOURNAL OF PLANT DEVELOPMENT SCIENCES Vol. 6 (4) *Abhishek Raj\* and Pratap Toppo*

## 5. Tribal Medicinal Practices in CG:

**Malaria Treatment:** Chattisgarh has a tropical climate and in the monsoon season , Malarial attacks are prevalent . An interesting thing is that the tribal treat Malaria with the help of red ants which is found on trees. The red ants nest is collected and dropped on the patient body to bite. The patient head and ears are covered with clothes. Thereafter sometime the red ants are removed from the body of patients. The patient is left to rest for a gradual recovery.

**Fever:** The common medicine for generations in treatment of fever is taking chutney made of red ants, ginger, garlic, coriander and chilli.

**Body Immunity:** Chhapra, a paste made from red ants, is a traditional delicacy in Bastar, increases the body immunity.

**Kaddha** :t is prepared in similar to what generally is prepared in the heartlands but the composition of the Tribal Khadha are more enriched and also provides superior immunity. The list of the herbs/ plant in preparing **KADHA** is as follows:

- i. *Arjun Treebark (chchal)*
- ii. *Leaf of Bakas*
- iii. *Laung*
- iv. *Leaf of Amrud*
- v. *Adrakh*
- vi. *Giloay*
- vii. *Dalchini*
- viii. *Choti ilaychi*
- ix. *Tulsi patta*
- x. *Seej patta*
- xi. *Rengani.leaf of bhent*
- xii. *Gur*
- xiii. *Lemon grass*

#### **Method to Prepare the Drink**

Take 100 gram of each and boil it in 7 liter fresh drinking water on low flame till it become half liter then in the morning sip it like tea for 2 or 3 days and it will work in the body as preventive and curative medicine.

### **6. Social Practices Controlling the Corona in Tribal Society**

It has been observed that these orthodox methods of treatment relieve the pressure on the health system. Further, wrt social perspective there is also psychological relief at the community level leading to cooling of nerves of the people. It also leads to acceptance of the village Baigas Vaidya's i.e. in the tribal society.

The cultural practices rather helps in tackling the disease and can be useful in contracting pandemic like Corona, as the basic maintenance of hygiene at home and workplace along with the social distancing is the key in fight. The washing of hands by tribal and rural with *hearth ashes*, opening of shoes outside the door, sitting in group with sizeable distance, eating daily cooked foods, washing clothes daily etc., are the habits or tenets that are imbibed in rural and tribal culture.

It has been observed that there is almost no covid cases among the tribals of the Bastar, however the reverse migration from the Godavari Valley, or far flung industrial places has taken place, which no doubt has been contained by the state with the help of the primary health infrastructure and *ASHA or Mitanin* workers at the grass root level, who are promoting the awareness for hygiene and maintaining the physical distance among the tribals/villagers.



The state of Chhattisgarh has taken initiative in coming together of the traditional Vaidya system with the Modern Allopathic system of medicine.

*Chhattisgarh government announced to establish a Traditional Medicine Board to conserve local medicinal herbs and promote practice of Ayurvedic treatments in Chhattisgarh. The Vaidya Sammelan organised in month of November 2019 was aimed on utilisation of the herbal medicinal plant of jungles for the treatment of common ailments. The objective is to make the Vaidas the first line of defense of the Health Machinery. The plans to coordinate with traditional health practitioners in totality will come to fray with the formalisation of the contours of the Traditional Medicine Board, which needs to be urgently convened.*



**मुख्यमंत्री ने रोग प्रतिरोधक क्षमता बढ़ाने में सहायक आयुर्वेदिक सर्वज्वरहर चूर्ण (काढ़ा) कया लान्च: June 05, 2020.**

मुख्यमंत्री श्री भूपेश बघेल ने रोग प्रतिरोधक क्षमता बढ़ाने में सहायक आयुर्वेदिक सर्वज्वरहर चूर्ण (काढ़ा) लान्च किया। यह चूर्ण गरियाबंद जिले के केशोडार में भूतेश्वर हर्बल वन धन केन्द्र की महिला स्व-सहायता समूह की महिलाओं द्वारा 10 जड़ी बूटियों को मलाकर तैयार किया गया है। मुख्यमंत्री श्री भूपेश बघेल ने कहा है कि इम्युनिटी बढ़ाकर ही कोरोना वायरस से बचा जा सकता है।

आयुष मंत्रालय नई दिल्ली के अनुसार यह कोरोना संक्रमित मरीजों के लिए काफी फायदेमंद होगा। यह नुस्खा 800 वर्ष प्राचीन आयुर्वेद की परिवार परंपरा से मिला है। यह सर्वज्वरहर चूर्ण मयादी बुखार सहित सभी प्रकार के बुखार, भूख की कमी, सरदर्द, स्वांस में संक्रमण, दुर्बलता, कफ एवं खांसी में बहुत लाभकारी है तथा रोग प्रतिरोधक क्षमता बढ़ाता है।



Kadhha Vitran; Shaskiya Ayurved  
Aushadhalya Lakhnpuri-Charama



Sarguja Aganwadi Workers



Mitnani creating Awareness on Covid 19

The traditional health resource of herbal medicine, which since independence has collapsed owing to focus on urban centric allopathic medicines, needs to be synergised with the traditional health care system through natural/indigenous healers. These groups be given also simple training in primary healthcare and disseminate knowledge. The government to create enough volunteers through *ASHA* or *Mitnanin workers*, so that these groups along with the government /volunteers may be in a position to provide basic health facility.

## VI. Impact of Covid 19: Social & Livelihood on Tribal:

### 1. Field Interaction:

हमारी टीम ने को वड-19 के परिपेक्ष में सुसंगत बिंदुओं पर बस्तर सरगुजा और बिलासपुर क्षेत्र के व भन्न जनजाति समुदाय गोंड ओरांव धुवा पंडो पहाड़ी कोरवा बैगा इत्यादि से अपने संपर्क सूत्रों के माध्यम से फर्स्ट हैंड इंटरव्यू लेते हुए जानकारी प्राप्त करने का प्रयास किया है, जिसके निम्न बिंदु इस प्रकार हैं:

छत्तीसगढ़ के बिलासपुर संभाग में निवास करने वाले जनजातियों में सामान्यता इनके सरनेम ही गोत्र माने जाते हैं. ये मुख्य रूप से निम्न हैं:

1. गोंड गोत्र मरई यह साथ देव को मानने वाले हैं बूढ़ादेव इनके मुख्य देवता हैं। छत्तीसगढ़ के बहुत से राजा इसी समाज से ताल्लुक रखते हैं। पुराने समय में छत्तीसगढ़ में ऑक्सफोर्ड यूनिवर्सिटी में पढ़े हुए 10 गोंड परिवार के ही बच्चे थे। मुख्यतः यह खान-पान, वेशभूषा, नाच गान घरों के सजावट आदि के शौकीन होते हैं .तीज त्यौहार को अच्छे से मनाने की महारत भी इन्हें हासिल है आपसी रिश्तों को यह बहुत अहमयत देते हैं सामान्यता अपने कथन पर जान निछावर करने वाले होते हैं।
2. बैगा जनजाति अपना विशेष महत्व रखते हैं ऐ परंपरागत शकार को अहमयत देते हैं. इनके सरनेम में ज्यादातर लोग बैगा ही लखते हैं; इसे ही गोत्र मानते हैं।
3. उरांव गोत्र सरनेम ही गोत्र है इनके सरनेम जानवरों के नाम पर आधारित है। इस जनजाति के लोग मेहनतकश किसान व विकास को जल्द स्वीकार करने वाले होते हैं शिक्षा प्राप्त करने में भी रुचि होती है।
4. सावरा गोत्र भील कुछलोग सदर लखते हैं ।
5. धनवार: गोत्र धनवार ।
6. पण्डो सरनेम व गोत्र पण्डो सप्टीग कल्टीवेशन करते हैं ।
7. हल्बा गोत्र हल्बा, सग आदि ।

कुछ जंगलों में कोरोना महामारी का प्रभाव है, कुछ हल्के में ले रहे हैं। वे लोग महामारी को अफवाह व सर्दी खांसी मात्र मान रहे हैं। उड़ान गांव के निवासी कलेश राम गोंड जी से की गई चर्चा के अनुसार लोग मुंह को काम करने के दौरान ढकते हैं, मास्क लगाते हैं । लोग इसे छोटी माता, बड़ी माता, जैसे ही कोरोना माता मान रहे हैं और सप्ताह में एक दिन माता चौरा में सब लोग इकट्ठे होकर पूजा स्थान में पूजा कर ज्योत जलाते हैं । बाकी दिनचर्या सामान्य दिनों जैसा ही है, वर्तमान में जंगलों में तेंदूपत्ता तोड़ाई चल रहा है इसके पूर्व महुआ कलेक्शन चल रहा था दोनों कार्य में कोरोना महामारी का कोई प्रभाव नहीं रहा ।

श्री मेहुल कुमार जो कोरबा और मणपत क्षेत्र में काम कर रहे हैं, ने बताया की यहाँ माइग्रेट मजदुर हैं जो प्रभावित हुए हैं, कन्तु यहाँ के जो मांझी और मंझवार आदिवासी समुदाय के लोग हैं वे अपना जीवन गावों में छोटा व्यापार या दुकान चला कर करते हैं, जो लॉक डाउन के शुरुवात में परेशान थे, कन्तु समाज सेवी संस्था, सरकारी वभाग के सहयोग से स्थिति पर, काबू कर लिया गया है।

सुशीला धुरवाये जो की सल्वरी गावों शहडोल जिले के निवासी हैं ने बताया की बैगा समुदाय इसे करुणा बीमारी के नाम से जानता है। ज्यादातर लोग इस मरही बीमारी भी कहते हैं क्यो क लोग, इससे मर जाते हैं। गावों में लोग सामाजिक दुरी का ध्यान रखते हैं। इस बार शादिया भी रोक दी गई है और दसगात्रा भी नहीं मनाया गया है। बैगा समुदाय जो झूम कृष करते हैं, पहाड़ों पे जाकर खेती कर रहे हैं। इनका ये मानना है की हल जोतने से धरती माता का सीना चीरने जैसा है, इस लए ये झूम कृष करते हैं। बैगा लोग अभी रेडियो सुनते हैं और ज्यादातर घर में ही स मत है। पानी की स मत संसाधन होने के कारण परेशानी है फर भी लोग साफ सफाई का ध्यान रख रहे हैं। सरकार ने इन्हे तीन महीने का राशन दिया है। ये लोग मूंगा की भाजी और आम का पन्ना ले रहे हैं। ये समुदाय शहर से दूर रहते हैं, जिसके कारण इनका बाहर के लोगो से ज्यादा मलना जुलना है है कन्तु तब भी, जागरूकता के कारण, ये अपना ध्यान रख रहे हैं।

आदिवासी समुदाय में लोगो का ये मानना है की कोरोना शहर के लोगो द्वारा पैदा की गई बीमारी है और प्रकृति में रहने के कारण, उनका बचाव भी प्रकृति करेगा। ये अजीब लगता है न की शहरों में मास्क और सैनिटीजर की कल्लत है, अ पतु आदिवासी गावों में पत्तो से, कपड़ो से लोग-बाग, मास्क बना रहे हैं। गावो में ही लोग महंगे साइटिसेर की जगह वनो में प्राप्त होने वाले जड़ी बूटी जैसे मालकागनी, करंज, निम् का तेल का उपयोग कर रहे हैं।



वैज्ञानिक रूप से जैसा बताया गया है की अल्कोहल की मात्रा साइटिसेर में ७३% से अधिक होनी चाहिए तो आदिवा सयों ने बताया की महुआ में तो १०० प्रतिशत अल्कोहल रहता है। इसी कड़ी में सरगुजा संभांग के जशपुर



जिले में देशी मदिरा के द्वारा सर्वप्रथम सैनिटीज़र बनाया गया है और इसका शासन के मदद से पंजीकरण कराकर व्यावा सक इस्तेमाल भी किया जाएगा।

## 2. Social & Livelihood on Tribal

- The Weekly *haat* or market — the lifeline of the tribal economy in tribals areas like Dhamtari, Bastar, Dantewada , Jashpur has been shut down onward lockdown from March 22, 2020, onward. The closing of the weekly market meant nobody would buy agricultural produce from the district's 158 villages, of the Dhamtari. Lac, a scarlet resin secreted by an insect, Tamarind, cannot be sold in the market. Lac processing centres are also closed down. The godowns and homes of the tribals are full with forest produce and are perishing without market. The same got relaxed in later phase with relaxations given by the state agencies.
- The villagers have made personal protective equipment such as masks made from palm leaves.



**Masks made from palm leaves**

- Devar Tribes mainly involved in the Kabad business and rearing of pigs is affected by lockdown as their main source of buying and selling of Kabadd is closed in lockdown and they are facing livelihood problems.



**Devar Para Aghannager Kanker**

- Impact of the lock down is; the deserted national highway in the Bastar division of Chhattisgarh wherein the Monkeys alongside of the roads are left on their own to feed as passerby vehicles are not there to offer food. As a result many of the monkey are retreating back to the dense forest of Keshkal valley of the Kondagaon district.
- Trade of tendu leaves is nationalised, i.e. state governments or their authorised agents can procure these leaves from gatherers or growers. Mostly forest departments or state cooperative federations auction the forest areas before the season begins, which begins in January and end by April.
- Due to the lockdown announced on March 24, the last leg of auctions had to be moved online but the process is complete. The contractors were issued movement passes and for collection of the leaves. Gatherers would get labour charges based on number of leaves deposited.
- States also have provisions to transfer a portion of the revenue to the people as bonus but complaints of delayed payments and misappropriation of resources. As a result the gram sabha are taking over the MFP activities with local people participations.
- In times of Corona, people have made white circles at the hand pumps and solar pumps (villages of Kunkuri block in Jashpur district of Chhattisgarh), self lock down by villagers by blocking the roads (Durgukondal block of Kanker district; Villagers in Baikunthpur block of Koriya district).
- Trainings for health activists for awareness campaigns in Gondi and Halbi were organized by the state.

### Impact of Covid 19: Social & Livelihood on Tribal



Corona Awareness In Tribal Areas

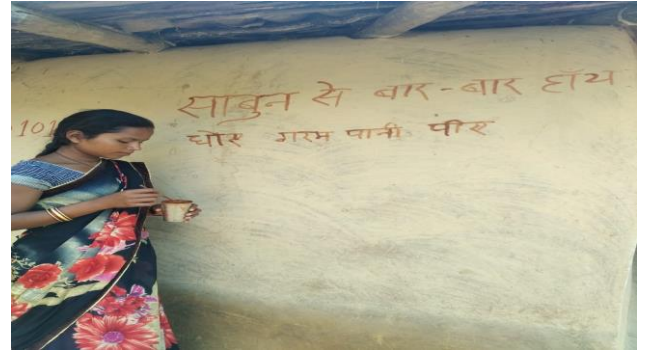


Corona Awareness In Tribal Areas





Maintaining Social Distance



Corona Awareness In Tribal Areas



Corona Awareness In Tribal Areas



Corona Awareness In Tribal Areas



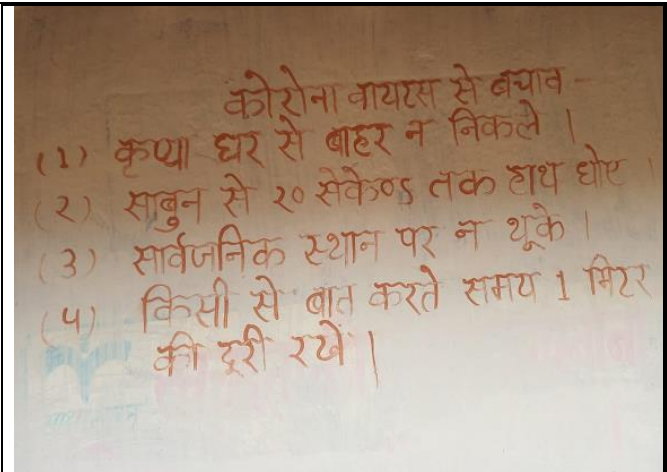
Maintaining Hygiene : Washing Hand



Maintaining Hygiene



**Social Distancing: Kunkuri Block Jashpur**



- These show that if right information reaches at grass root level, execution takes place. This process is single lane top to bottom approach, however bottom to top approach is also required to be incorporated, so that the sustainable model of growth can be put in practice. For ex. a special women's brigade called **Mahila Commandos**, which became popular for its long battle against alcoholism and social evils in Chhattisgarh's Balod district, is now sensitising people about social distancing and personal hygiene to contain the spread of coronavirus. Clad in maroon sarees, wearing caps and face masks, women volunteers of the group step out of their homes in villages across Balod every morning, chanting the slogan: "Corona ki jung, Mahila Commando ke sang, jitenge hum," (Mahila commandos will fight coronavirus and we will win).

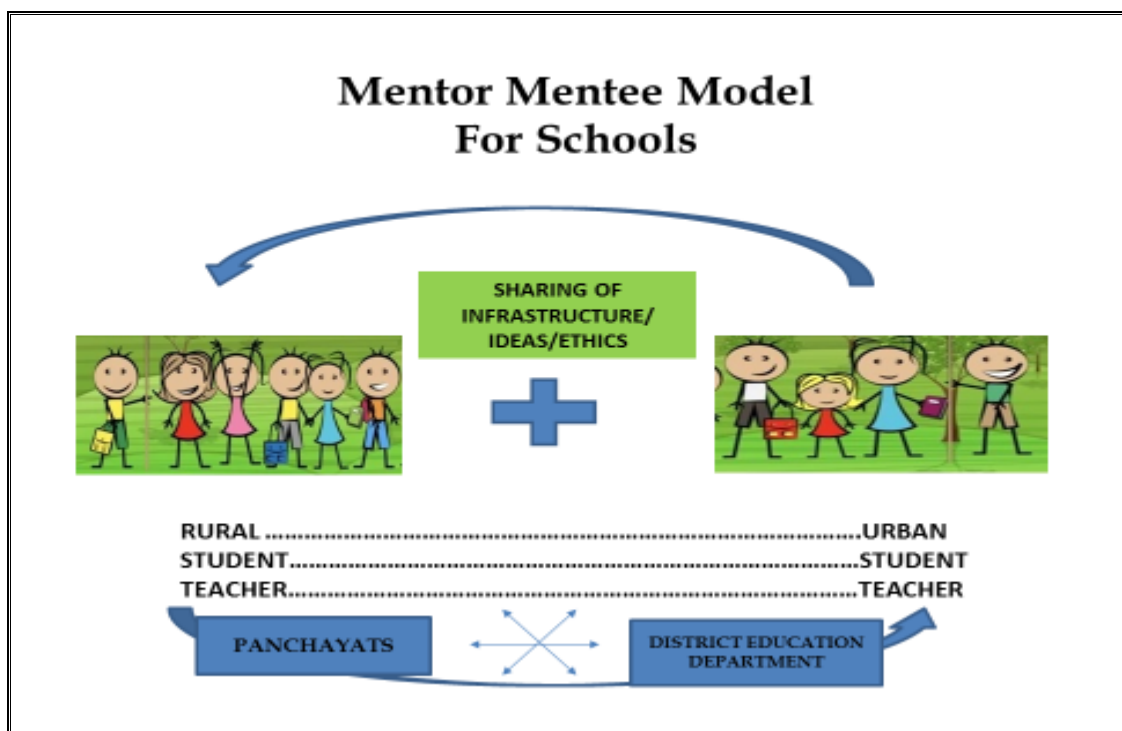
"Our reach is in almost every village of the district and people pay heed to our messages. We thought our role could be crucial in making people aware about coronavirus and hence, we joined the district administration in fighting the pandemic, Shamshad Begum, who leads the drive.

- **Impact on Students:**

The Schools in tribal areas have been closed down and the students from these areas lack online and community resources of learning in remote areas. This will put them in uncompetitive state when they go back. They will have to focus more than the other students. There will be a divide between those who have internet connections and gadgets and those who does not have leading to digital divide. The state should now focus to provide mobile tablets to all the students with at least limited accessibility to educational channels/online assessments. All the Panchayats, to have facility of fast charging centers in remote areas.



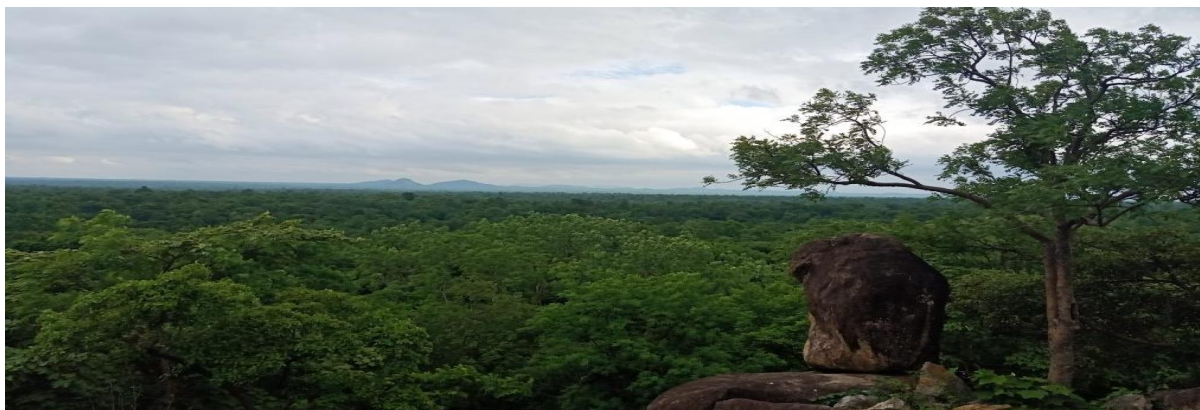
- Children in city have access to the internet, android phones, newspapers, periodicals, maps, dictionaries, books etc and constant follow up by the teachers, which keep them always connected to the studies. The urban eco system itself make them to focus on studies. On the contrary, in rural areas, the children work with their parents in farm and at home, pick mahua, tamrind , collect tendu leaves and rear animals. There is a total disconnect and the eco system itself is not congenial to study.
- It is not always correct to say that urban is always ahead to rural / remote area. What is required is the cross locational movements from urban to rural centres. Many school can associate with the tribal Panchayats, wherein cross cultural interaction and confluence of urban and rural can take place. The mentor and mentee approach across urban and rural school to be practiced. This will also provide a balance approach to the policy decisions in future, since the urban child will be also imbibe with the tribal/rural ethos.



- The Covid 19 has taught us that digital platform plays an important role in disseminating of information and alleviating the sufferings of the vulnerable people. It becomes a connect with the good people with the people in suffering. **The Bharat Net Programme of connecting all Panchayats with 100 mpbs speed is required to be put up in the fast track.**
- **Out of box thinking is required, for this the promotion of the social institutions and community/social leaders is desired.** What we have learnt from our experience that the institutions of social excellence which were established post-independence have gradually crumbled. Policy at the government level is not the only reason for their fall, but the inherent clash of social, economic, castes etc. interest made it incoherent and lead to, its fall. **These were Centre of policy behemoths yet with diminishing returns.** Since last three decades of liberalisation, at this juncture, it is felt that these institution had a

relevance but the structure and composition in present times needs a total change. Our focus should be on generating grass root thinkers/policy makers who let it be; not a formally highly qualified, yet has the feel of the local problems and can offer practical, sustainable indigenous solutions. **The recognition of Panchayats by 73<sup>rd</sup> amendment was an important change.**

- The Fifth Schedule of the Constitution deals with the administration and control of Scheduled Areas as well as of Scheduled Tribes residing in the areas other than North East States. Panchayats (Extension to the Scheduled Areas) Act, 1996 extends Part IX of the Constitution with certain modifications and exceptions, to the Fifth Schedule Areas notified under Article 244 (1) of the Constitution. At present, Fifth Schedule Areas exist in 10 States, viz., Andhra Pradesh, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Rajasthan and Telangana.
- In these areas, under the Act, the Gram Sabhas are deemed to be 'competent' to safeguard and preserve the traditions and customs of the people and their cultural identity, community resources and customary mode of dispute resolution. The Gram Sabhas also have mandatory executive functions to approve plans of the Village Panchayats, identify beneficiaries for Schemes, issue certificates of utilization of funds, power to control institutions and functionaries in all social sectors; and the power to control local plans and resources for such plans including Tribal Sub Plan. The Gram Sabha or the Panchayats at the appropriate level have the right to mandatory consultation in matters of land acquisition, resettlement and rehabilitation regulate prospecting licenses / mining leases for minor minerals; power to prevent alienation of land and restore alienated land; power to regulate and restrict sale / consumption of liquor; manage village markets, control money lending to STs and have ownership of minor forest produce.
- The active role of the Gram Sabha can brought the livelihood change in the society i.e. both for the rural and urbans. The initiative undertaken by *the Gram sabha of Jabarra (45 km from Dhamtari)*, to promote ecotourism in their area on sustainable basis. Jabarra is blessed with forests, mountainous terrain, river bodies, wildlife and tribal culture.



- The visitors are here taken for hiking, trekking and in the process also gets enlightened with the significance of as many as 80 medicinal plants, so far identified by the state forest department. A trained 20-member tribal team on tourism hospitality, in small groups, accompany the tourist and narrate the therapeutic utility of each plant.
- With no mobile network, the visitors can be at stay home of tribal family or the rest house built in 1918, where food prepared by villagers are served.
- Their employment statistics improved with Rs 33,500, the amount no family of the primitive tribe (PVTG) makes in the entire year, was earned in last September month from some 160 tourists who visited Jabarra village.
- The group identified as “Jabarra Healers”, their gram sabha had signed a tripartite MoU with an organisation Arya Prerana Samiti for capacity building and ‘Unexplored Bastar’ to support as tour advisor on a marketing-promotion-sustainable business model.

## **VII. Recommendations:**

1. The tribal people due to their locational/situational status are in disadvantage to the urban centers. The pressure zones working at the policy level for the urban centers are totally, not in action for the tribal/remote area people. It is felt that that the urban administration Centre should occasionally move to these remote areas at least once in a year to have a policy parity and focus approach; as Covid 19 has given us an opportunity to raise a self-sustainable secular developmental model at the grass root level. The reverse migration that has undertaken has given not only enmeshed loss to human life and values but the economic loss and its contagion is beyond the scale to be measured.
2. It has emerged from foregoing pages that tribals traditional knowledge, folklore, folk tales, folk songs, folk riddles, world view, ethos etc. are full of teaching and preaching to lead a healthy life normal life. There are several roots, fruits, herbs, leaves etc. to cure disease and to help the tribals to lead a normal healthy life.
3. The Remaining Population of the State may also Learn The Traditional Tribal Therapy with The help of such Herbs, Roots, Fruits .
4. An awareness programme may also be commissioned in the interest of the state by the tribal leadership in the field of in the field of traditional knowledge of health.
5. It is being observed that the Covid 19 or Corona is yet to make dent among tribes of Chhattisgarh. We have also observed similar situation in the state of Jharkhand, hence we may safely conclude that though tribals in general may appear simple and illiterate but are rich in their traditional knowledge which deserve our urgent attention in order to preserve and promote such knowledge.

6. It appears from the data at hand that, let the state government constitute a task force/commission to suggest the mode of preserving and promoting traditional tribal knowledge to begin with we may go for involving knowledgeable tribals to preserve and promote this knowledge uniformly in the state. To begin with let it be a part of ayush.
7. The public health system of the state must identify knowledge and linkages to non tribal population of the state to use it.
8. We must understand that the traditional system of tribal health is different from Ayush Auyrveda system and it should be given due importance. Subject expert of traditional Tribal Health Knowledge and the experts of the Tribes be made Member of this Taskforce/Commission/Board, in the Interest of Tribes and Health Knowledge.
9. The micro details of Covid 19 and its impact on tribes of Chhattisgarh needs to be worked in an independent study on this subject. The term of reference be drawn accordingly considering short term, long term and midterm needs of the people of Chhattisgarh.
10. I am not isolationist and suggesting only tribal medicine system only for Covid 19 but in priority/urgent cases, we must go for modern medical system say for surgery and such other diseases. So in addition to tribals traditional medicine system, the modern medicine system may also be used as and when required.
11. Finally, We are of the view that a holistic approach to Development is need of hour.

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