

UNDERSTANDING THE SCOPE OF CSR INTERVENTION

(BASELINE STUDY REPORT)

FOR

BHARAT COKING COAL LTD. (BCCL)

DHANBAD



BY-

NATIONAL CORPORATE SOCIAL RESPONSIBILITY HUB

TISS, MUMBAI

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LIST OF ABBREVIATIONS

ANM	Auxiliary Nursing Midwife
BCCL	Bharat Coking Coal Limited
CPSEs	Central Public Sector Enterprises
CSR	Corporate Social Responsibility
DPE	Department of Public Enterprises
GM	General Manager
ICDS	Integrated Child Development Services
MMV	Mobile Medical Van
MoU	Memorandum of Understanding
NABARD	National Bank for Agriculture and Rural Development
NCSR Hub	National Corporate Social Responsibility Hub
NGO	Non-Government Organisation
OBC	Other Backward Class
PCC	Plain Cement Concrete
PHC	Primary Health Centre
RCC	Reinforced Cement Concrete
RMP	Registered Medical Practitioner
RO	Reverse Osmosis
SC	Scheduled Caste
SHC	Sub-Health Centre
SHG	Self Help Group
ST	Scheduled Tribe
TISS	Tata Institute of Social Sciences

ACKNOWLEDGEMENT

In keeping with the DPE Guidelines, National Corporate Social Responsibility Hub (NCSR Hub), Tata Institute of Social Sciences, Mumbai undertook the project of doing a Baseline Study for 42 Villages in Bharat Coking Coal Limited, Dhanbad, and Jharkhand.

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EXECUTIVE SUMMARY

The following report is an outcome of the association between National Corporate Social Responsibility Hub (NCSR Hub) and Bharat Coking Coal Limited, Dhanbad, Jharkhand, a subsidiary of Coal India Limited, bound by a Memorandum of Understanding (MoU) signed between CIL & NCSR Hub. The report is an attempt to understand the current status, facilities and existing systems in the area of livelihood, health, water and sanitation, and education as well as to assess the needs of the communities in and around areas of Dhanbad district. The study was conducted in 42 villages.

The report is a result of an in-depth secondary and primary data research of the identified villages. Data for the study was collected through quantitative (household survey, village profile) tools.

The main objectives of the study were-

- 1) To identify the community's needs in the area of health, education, livelihood, sanitation, drinking water and resource management.
- 2) To identify the basic facilities available in the studied villages.

Chapters after that do a situational analysis of the villages selected in afore mentioned areas. Finally, the report ends with a chapter on suggested areas of intervention/recommendations. Results of this analysis throw light on the following issues-

SUPPLY OF DRINKING WATER

Supply of drinking water has found to be a major problem in almost all the villages. There is a huge demand supply gap which is likely to widen drastically in future. Whatever may be the activity by BCCL to the community, community participation is extremely essential at every step.

Following points are recommended on the basis of field observations during the survey:

- It has been seen that the main source of water supply in surveyed villages are met through hand pumps (38%) and other sources like river, daari, pond etc (35%). Household pipe connection is found very less (only 1%). **Pipe connection** should reach in as much as villages to ensure water availability throughout the year specially

in villages like Muraidih, Sugaidih, Hursodih, Gopalpur, Naraynpur, Gopalpur, Gundhali Bitha, and Kolmurna. It is essential to take **Local and District Administration** in loop to ensure water supply to the install pipeline by BCCL under CSR activity.

- Receding water table makes the use of hand pumps, wells and ponds nonfunctional during summer. Hence, **roof top** and **bottom water** harvesting should be encouraged in order to mitigate the risk of water scarcity during dry spells.
- Dependency on the hand pump is high but water purity is not ensured. There is a need of **hand pump water purifier**.
- **Watershed Management** should be encouraged. More number of ponds can be excavated in villages like Bandhdih and Jharna. Apart from that strengthening of the lakes and ponds, cleanliness exercise also maintains balance usage of water which ensures dependency on any other source of water. It has been seen that pond cleanliness is essential in village like Barki Bauwa, Bhagabandh and Pochari.
- Supply of **treated/purified mines water** can be done using RO water purifying system for ensuring water availability during summers. Maximum number of villages should be covered to provide mine water prior to treatment. Not only this, irrigation problem can also be minimized during the critical period of the crop with the supply of mine water in the agricultural field.
- Providing **Water tankers** is also good option during summer.

MATERNITY HEALTH AND CHILD CARE

Maternal health care is very important and should be kept on top priority. Education on health risk and maternal care through **Awareness Camp** is the need of an hour, since women still give birth at the age below 18 years in all most all the villages of Dhanbad district. Mobile Medical Van is very good initiative by BCCL observed during the survey under medical facility.

Following points are recommended on the basis of field observation during the survey:

- **Awareness camp** on maternity health should be conducted quarterly in every village, which must deal with regular checkup focusing on nutrition level of child and mother. Preventive health care of both mother and child should be done in order to reduce infant mortality. Mother and child care and emergency medical advice should be conducted through Mobile Medical Van (MMV).

- Surveyed village are found to have non institutional deliveries maximum in number by untrained Midwife (Dai). **Training of Dai/ASHA/ANM** could be a good initiative for the capacity building of women in maternity health care and safe deliveries.
- It is also suggested that, the Schedule of arrival of MMV should be shared with the key person of the village like village head/ICDS Worker/ASHA so that its arrival should be communicated well in advance. **MMV should be parked in ICDS center** so that the checkup of all the age group should be examined. This will also ensure capacity building of the ICDS Workers.
- Covering large number of village with MMV would be quite difficult to manage. Dhanbad has got government Medical College PMCH. BCCL can provide stipend for internship of medical students for monthly health **checkup of school children** so that the maximum number of children can be examined from a village through schools.

LIVELIHOOD

Unemployment found to be the major problem in almost of the entire village in Dhanbad district. This problem needs to be addressed by incorporating technical training through vocational courses and skill development programmes. Development of microenterprise is also very much essential for employment generation.

Following points are recommended on the basis of field observation during the survey:

- For **microenterprise** formal groups like SHG/societies should be formed with the help of private agencies, NGO working on livelihood promotion and skill development, **NABARD and ITC e-chaupal** etc can be very effective for strengthening a group.
- BCCL should come forward for sponsorship of unemployed youth and drop outs for **vocational course** in institution which ensured 100% placement at local areas.
- BCCL can liaison people with banks for starting micro enterprise like mushroom culture, lac culture, sericulture and group/collective farming through guidance under Rajendra Agricultural university, Ranchi or krishi Vigyan Kendra, Baliapur Block, Dhanabd
- **Animal husbandry** should also be promoted like piggery, Goatry, poultry unit in in a SHG or vulnerable section like women headed and differently abled women. Such activity requires involvement of local based NGO.

- Vocational Training for **differently abled people** should be taken seriously at village level which can cater 3-4 villages all together. Petty business like Dairy booth, Ration Shop, Mobile recharge and repair shop etc. can be encouraged for them.

EDUCATION

Education in rural parts of Dhanbad majorly depends on government institution. Primary school is 100% available in every surveyed village with mid-day meals functioning properly. Interventions in education have wide scope and limitations.

Following points are recommended on the basis of field observation during the survey:

- Need for **learning center** which will be constructed in school premises where children can learn vocational courses like computers/Coaching class of compulsory subjects/Art and cultural activity/Youth club or sports clubs etc as per the village requirement for these activity.
- Additional **coaching classes** for girls drop out should be encourage by BCCL by providing honorarium to private tutors or students volunteer from colleges of Dhanbad.
- **Adult literacy** classes should be initiated.
- **Library** should be introduced in village which can be managed by youth or sports club.
- **Electric in-house fitting** is needed in all the primary school with clear clarification on management of electricity bill at school or panchayat level.

SANITATION

Almost no toilets were found in majority of the villages. The most prevalent safe sanitation facility available in village is Open defecation. However, existing sanitation facilities are inadequate to meet the requirement. The poorest of poor households do not have the means to afford individual toilets. Non-existence of public toilets and sanitation facilities, resulting in open defecation. The issue is to advise strategies to ensure adequate access to **toilets to all poor households** in the village. There can be possibility of community toilets with proper coordination of panchayats which can ensure it regular maintenance. Scavenging should be arranged under public private partnership. The toilets should have the facilities with water supply as well. The entire village requires either household toilet or community toilets.

Fumigation should also be done in every two months followed by regular fumigation during any epidemic.

ENVIRONMENT

Village close to mining area witness widespread pollution leading to health related epidemics. Air Quality is very low due to coal dust and gases coming. Smoke and gases ooze out from the cracks formed on the surface in villages of Kusunda Areas. Manjhaldih have been observed noise pollution .**Green belt development** or afforestation is essential in both noise ait Pollution

SPORTS AND CULTURE

Villages like Kharam, Manpur, Gundhali Bitha has huge scope of sports promotion. Villages like Kharam Village, Tribal community has cultural group of girls which need support to excel in cultural activity. BCCL should support such talents from rural Dhanbad in district level to national level competition with close coordination with District admiration.

INFRASTRUCTURE

- **Roads** are the major problem in the villages like Benagoria, Narayanpur, Kharam, Jharna and Gundhali Bitha. Poor roads have resulted in problem of school going children, deliveries, no local conveyance etc. PCC roads are urgently needed in the above mentioned village in order to bring the normal life as other good villages.
- School should have **school boundary** and the village playground should have gate.
- **Learning center** cum **community hall** should be constructed for vocational courses.
- **Additional class rooms** as well as toilets should be constructed in primary school.
- Renovation of **Kitchen shade** of Primary school.

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1. INTRODUCTION

1.1 NATIONAL CORPORATE SOCIAL RESPONSIBILITY HUB (NCSR HUB)

In the wake of rapid globalization and pressing ecological issues, the perception towards the role of corporate in the broader social paradigm is undergoing a sea change. In the recent years, society and the state have put forward an expectation before public sector corporate to integrate the social responsibility aspects in their business persuasion. This scenario not only affects large scale public sector undertakings, but also includes firms of small scale. The underlying assumption that Corporate Social Responsibility (CSR) is one way through which companies can demonstrate their commitment towards being socially responsible. In fact, CSR as an integral aspect of corporate has a double edged effect in terms of creating goodwill for the company and acting as a social and economic intervention to bring about large scale change in the life of people from different walks. It is in this context, Tata Institute of Social Sciences (TISS), Mumbai and Department of Public Enterprises (DPE), Government of India have come to realize that there is a need to have centralized system where core functions of CSR including learning and knowledge dissemination take place. As a result, TISS, a pioneer educational institution in social sciences with decades of experience in teaching, research, publications, and field interventions has come forward to host the National CSR Hub. This Hub is coordinated at the School of Management and Labour Studies (SMLS) at TISS. The Hub carries out activities in a partnership mode i.e. TISS, civil society organizations, and the concerned PSEs. Broadly, core functions of CSR Hub at TISS include inter alia Research, Publication and knowledge dissemination, Capacity Building, and Advocacy¹.

The core objective of the CSR Hub is to enable PSEs to define, design and implement holistic CSR initiatives that are integral to its organizations' vision, mission, values and goals. In this endeavour TISS, the Ministry and the PSEs have a role in defining the next Generation CSR for the business sector as a whole at a national and global level for both the public and private sector².

¹Source: <http://tisscsrhub.org>

²Source: <http://tisscsrhub.org/about-us/from-the-directors-desk>

³ Source: http://www.bccl.gov.in/?page_id=265 (Accessed on 26th Oct, 2013)

⁴ Source: http://www.bccl.gov.in/?page_id=265 (Accessed on 26th Oct, 2013)

1.2 BHARAT COKING COAL LIMITED (BCCL)³

Bharat Coking Coal Limited (BCCL) is a Public Sector Undertaking engaged in mining of coal and allied activities. It occupies an important place in as much as it produces bulk of the coking coal mined in the country. BCCL meets almost 50% of the total prime coking coal requirement of the integrated steel sector. BCCL was incorporated in January, 1972 to operate coking coal mines (214 Nos) operating in the Jharia & Raniganj Coalfields, taken over by the Govt. of India on 16th Oct, 1971 to ensure planned development of the scarce coking coal resources in the country. Currently, the Company operates 81 coal mines which include 40 underground, 18 opencast & 23 mixed mines as on 01.04.2010. The Company also runs 6 coking coal washeries, 2 non-coking coal washeries. The mines are grouped into 13 areas for administrative convenience. The total manpower as on 1.4.05 was 92,268 and as on 01.03.2010 are 72,222.

1.3 MAJOR CSR ACTIVITIES OF BCCL⁴

Bharat Coking Coal Limited (BCCL) is committed to good corporate citizenship and makes constant efforts to build and nurture long lasting relationships with members of the society in general and its peripheral communities in particular.

The following activities have been carried out under the Corporation's CSR Programme.

Drinking Water Facilities: Provided deep bore wells, tube wells, pumps/motors, open wells, in the peripheral villages of BCCL. Water supply through pipeline, through water tanker is also provided to the villages.

Education: BCCL adopts a multi-pronged approach to promote quality education in backward areas. The measures taken by BCCL comprise Construction, Extension, and Renovation of school buildings etc are done to promote quality education in the nearby villages. BCCL is Extending financial aid for educational facilities to 83 nos. Private Committee Managed schools. Measures are taken to promote women literacy and career development.

³ Source: http://www.bccl.gov.in/?page_id=265 (Accessed on 26th Oct, 2013)

⁴ Source: http://www.bccl.gov.in/?page_id=265 (Accessed on 26th Oct, 2013)

Health Care: BCCL Conducts medical/health camps for dwellers of peripheral villages for rendering free medical consultancy. CSR Clinics, wellness clinics, artificial limbs centres are organised for the benefit of the needy section of the society. Mobile medical vans are deployed as special arrangement for medical services.

AIDS awareness camps are organised as special drive to develop awareness and to render free consultancy.

“Ek Jagaran Jeevan Shaili”- A Life style Management Programme is being organised for de-addiction from ill habits of life style such as consuming tobacco, alcohol etc.

Occupational health awareness programme are organised.

Other Welfare Activities: this includes Construction / renovation of Community Halls, construction / repair of roads, construction of Health-sub centres, construction of drain, construction of Chhat Ghat in the ponds, Construction of Boundary wall, providing Choupal for community gatherings, Installation of road side Water Kiosks during summer etc.

During winter, Blankets are distributed among poor section of the society.

Sports & Cultural: Various activities are organised to propagate sports and cultures. Sports/games items and instruments are also provided. To promote sports, children parks have been constructed.

Village adoption: Lahbera, a SC/ST village in Dhanbad has been adopted for its all-round development and a number of development activities have been carried out.

2. METHODOLOGY

2.1 CONTEXT OF THE STUDY

According to new CSR guidelines issued in the year 2010, CSR interventions should start with the identification of activities/projects based on the needs of the affected communities. This research study is an effort directed towards identifying needs of the communities in the project areas of BCCL. The geographical locations were selected by the company Bharat Coking Coal Limited (referred henceforth as BCCL) in accordance of Article 2.1 of the CSR Guidelines 2010 which mentions 'CSR projects/activities may be undertaken in the periphery where a company carries out its commercial activities'. Emerging areas of intervention broadly are education, drinking water, sanitation, health and livelihood which are in accordance with the possible areas of CSR interventions. It is to be noted that an effective CSR intervention is one which not only supports the communities in their socio-economic and environmental development but also builds a positive image of the company in the eyes of the masses. It is also important to avoid any kind of duplication in the intervention in order to provide maximum benefit to the communities. Collaboration with different stakeholders and especially with government departments, therefore, is a must.

2.2 OBJECTIVE OF THE STUDY

- i. To assess the needs in the area of health, education, livelihood, sanitation, drinking water and resource management of the community.
- ii. To identify the basic facilities available in the area.

2.3 RESEARCH DESIGN

The research design of this study was exploratory. Exploratory studies help the researchers to acquaint themselves with the characteristics of a research problem⁵. Data was collected on the basis of sample household survey as well as in depth interviews with 25 Panchayat and school authorities. Also, qualitative methods were applied as and when required.

2.4 STUDY TOOLS

Primarily the tools employed in the study are quantitative tools; a Household questionnaire and Village questionnaire.

⁵ Source: Page 147, Social Work Research, School of Social Work, IGNOU

1. **Household Questionnaire:** The Household Questionnaire seeks information from the household about their socio-economic background.

2. **Village Questionnaire:** The Village Questionnaire obtains information about the facilities available in and around the village. The information was collected from the Panchayat level officials and people's representatives.

2.5 SAMPLING

A sample of 1207 households was interviewed. The method of sampling used was Systematic Random Sampling. In this method of sampling, each and every unit has an equal chance to get selected in the sample. Systematic Sampling provides a more even-spread of the sample over the population list and leads to greater precision.⁶ In order to select the households to be interviewed; voter's list of every village was referred. From this list desired sample size was obtained. The table given below gives a detailed account of the sample size collected

Table 1: Name of villages selected for Baseline survey

Area	SN	Village	Panchayat	Block	District	No. of Sample
Western Washery Zone	1	Bandhdih	Kurumba	Chandrapura	Bokaro	61
	2	Ratari Basti	Kurumba	Chandrapura	Bokaro	61
	3	Bursera	Karmatad	Chandrapura	Bokaro	60
Barora	4	Pochari	Darida	Baghmara	Dhanbad	60
	5	Muraidih	Muraidih	Baghmara	Dhanbad	60
	6	Sugaidih	Nitchitpur I	Baghmara	Dhanbad	60
Block II	7	Hursodih	Khanudih	Baghmara	Dhanbad	60
	8	Gopalpur	Khanudih	Baghmara	Dhanbad	45
	9	Narayanpur	Khanudih	Baghmara	Dhanbad	76
Govindpur	10	Sindhuatad	Darida	Baghmara	Dhanbad	60
	11	Kolmurna	Nichitpur	Baghmara	Dhanbad	60
	12	Aamtad+ Fulbahal	Darida	Baghmara	Dhanbad	50
Katras	13	Jharkhor	Jamuatand	Baghmara	Dhanbad	61

⁶Source: Ibid, Page 209

	14	Gundhali Beda	Raghunathpur	Baghmara	Dhanbad	60
	15	Rangadih	Pradhan Khanta	Topchanchi	Dhanbad	61
Sijua	16	Pahadpur	Chotanagari	Baghmara	Dhanbad	60
	17	Tilatand	Chotanagari	Baghmara	Dhanbad	60
	18	Gandua II	Chotanagari	Baghmara	Dhanbad	60
Eastern Jharia	19	Mohal (W)	Mohal	Chandankiyari	Bokaro	58
	20	Manpur	Shivbabudih	Chandankiyari	Bokaro	60
	21	Jharna	Shivbabudih	Chandankiyari	Bokaro	60
	22	Gundhali Bitha	Bhojudih	Chandankiyari	Bokaro	60
Lodna	23	Kharam	Surunga	Baliyapur	Dhanbad	61
	24	Baluchilka	Parasbania	Baliyapur	Dhanbad	60
	25	Pargha	Amjhar	Baliyapur	Dhanbad	60
Bastacolla	26	Aamtal (Bandhkuli)	Amtal	Baliyapur	Dhanbad	61
	27	Aamtal (Shaharpura)	Amtal	Baliyapur	Dhanbad	60
	28	Duhatand	Duhatand Ward 33	Dhanbad MC	Dhanbad	60
Kusunda	29	Godhar	Godhar Ward 10	Dhanbad MC	Dhanbad	60
	30	Baseria	Baseria Ward 10	Dhanbad MC	Dhanbad	61
	31	Khairkabad	Khairkabad Ward 18	Dhanbad MC	Dhanbad	60
	32	Kadamara	Barki Bauwa	Baghmara	Dhanbad	60
	33	Barki Bauwa	Barki Bauwa	Baghmara	Dhanbad	60
Putki Balihari	34	Kenduahdih Basti	Kenduahdih Basti Ward 12	Dhanbad MC	Dhanbad	60

	35	Bhagabandh	Bhagabandh Ward 12	Dhanbad MC	Dhanbad	60
	36	Jarma (Gwalapatti)	Kenduahdih	Dhanbad	Dhanbad	61
Western Jharia	37	Manjhaladih	Dubrajdi	Dhanbad	Dhanbad	60
	38	Radhnagar	Padugora	Baghmara	Dhanbad	60
	39	Lakarkhawari (Aamdih)	Dubrajdi	Dhanbad	Dhanbad	50
Chanch Victoria	40	Barbadi	Patherkuwan	Nirsa	Dhanbad	60
	41	Benagoria	Benagoria	Nirsa	Dhanbad	60
	42	Patla Badi	Patla Badi	Nirsa	Dhanbad	60
Total				2507		

2.6 RESEARCH PROCESS

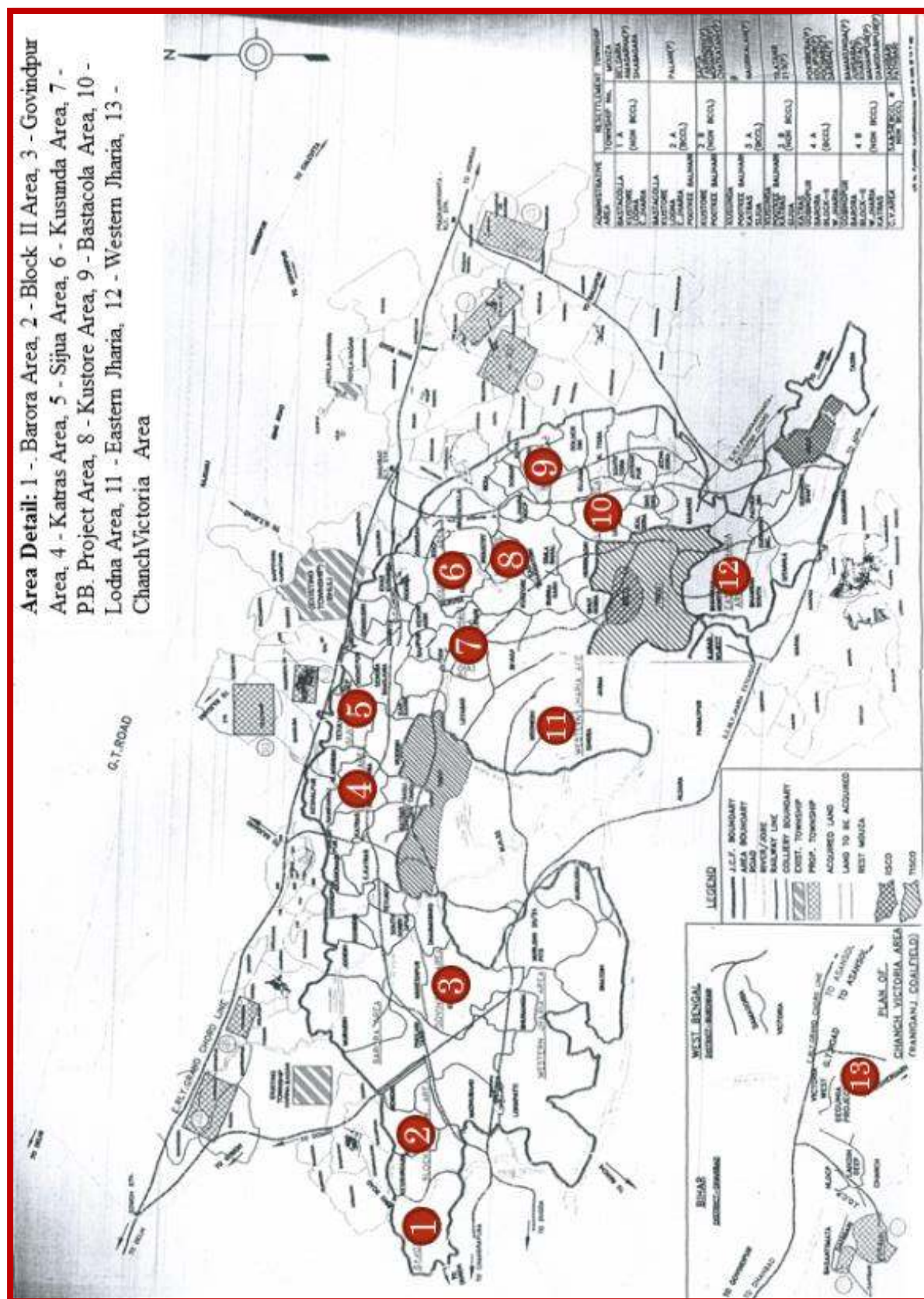
After the research team received a list of villages from BCCL, the study started with secondary data research. Government reports, official web portals and other official information were referred for the study. This was followed by primary data collection on field. This was followed by data interpretation and report writing.

2.7 ETHICAL CONSIDERATION

All ethical considerations were taken into account during the study. Prior to interview the consent was taken from all research participants. The respondents/research participants were informed about purpose of the study. They were also told that the data or information collected from them will be confidential. All the conversations were made in local language 'Hindi'. Respondents were also given a choice to respond or not respond to the questions asked.

2.8 MAP OF COAL MINES AREA SURVEYED

Figure 1: Map of Coal Mines Surveyed



3. CONTEXT OF THE FIELD: SECONDARY DATA RESEARCH

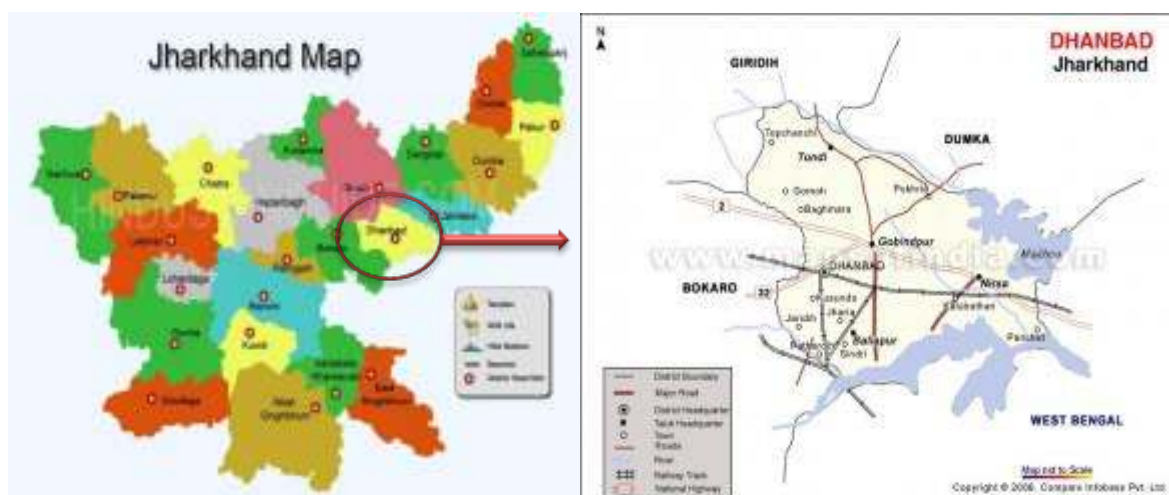
3.1 ABOUT DHANBAD, JHARKHAND

Dhanbad District, an administrative district of Jharkhand has its headquarter at Dhanbad. It was formed on 1st November 1956. Previously it was a part of Manbhum District. It district consist of 9 blocks of Dhanbad district namely Baghmara, Baliapur, Dhanbad, Govindpur, Jharia, Nirsa, Topchanchi, Tundi, Purbi Tundi. It has 256 panchayat and 1348 villages⁷. It is one of the leading industrially developed regions of Jharkhand state. It is famous as 'Coal Capital'.

3.2 GEOGRAPHICAL PROFILE⁷

The Dhanbad district is situated in the state of Jharkhand and lies between 23°37'3" N and 24°4' N latitude and 86°50' E longitude. Dhanbad is among one of the important cities of Jharkhand that comes under Chhota Nagpur Plateau which is rich in coal reserves. It is situated at an average elevation of 227 m (745 ft). Its geographical length (extending from North to South) is 15 miles (24 km) and the breadth (stretching across East to West) is 10 miles (16 km). Its area is 2886 Sq. K.m. Average rain fall in Dhanbad is 77.4 mm⁸. It shares its boundaries with West Bengal in the Eastern and southern part, Dumka & Giridih in the North and Bokaro in the west.

Figure 2: Map of Jharkhand state and Dhanbad District⁹



⁷Source: http://dhanbad.nic.in/Profile/at_a_glance.html (Accessed on 21th Oct 2013)

⁸Source: http://jharkhand.gov.in/new_depts/pland/Jharkhand%20Overview.pdf (Accessed on 21th Oct 2013)

⁹Source: www.mapsofindia.com (Accessed on 9th Oct 2013)

The Damodar is the most important river of the region. It enters the district at its confluence with the Jamuria, a stream which marks the western boundary of Dhanbad with Hazaribagh District. It rises in Palamu and flows eastward between the plateaus of Ranchi and Hazaribag. It is joined by the Bokaro, the Konar and the Barakar rivers.

3.3 DEMOGRAPHIC PROFILE

In 2001 census, Dhanbad had a population of 23, 97,102 of which has been increased to 26; 84,487. There was change of 11.99 % in the population compared to population as per 2001. In the previous census of India 2001, Dhanbad District recorded increase of 22.95 % to its population compared to 1991¹⁰. The demography of Dhanbad constitutes both rural as well as urban population in the following data.

Table 2 : Demographic Status of Dhanbad District

Particulars	Rural	Urban	Total
No of Households*	211024	296040	507064
Total Population*	1124093	1560394	2684487
Total Population Male*	581956	824000	1405956
Total Population Female*	542137	736394	1278531
Total Scheduled Castes population*	163090	274219	437309
Scheduled Castes population Male*	83786	142576	226362
Scheduled Castes population Female*	79304	131643	210947
Total Scheduled Tribes population*	198079	35040	233119
Scheduled Tribes population Male*	99381	17875	117256
Scheduled Tribes population Female*	98698	17165	115863
Population density**	1147/sq.km		
Sex Ratio [#]	909		
Household Size ^{##}	5.54		
* Source: http://dhanbad.nic.in/Profile/at_a_glance.html			
** Source: http://www.censusindia.gov.in/2011census/PCA/pca_highlights/pedata			
#Source: http://www.census2011.co.in/census/district/96-dhanbad.html , 2001 census report			
## Source: http://jnnurm.nic.in/wp-content/uploads/2010/12/CDP_Dhanbad.pdf			

¹⁰ Source: <http://www.census2011.co.in/census/district/96-dhanbad.html> (Accessed on 21st Oct 2013)

3.4 SOCIO-ECONOMIC PROFILE

3.4.1 EDUCATION

The Dhanbad region stands 2nd position in terms of literacy level in all over Jharkhand. The total literacy rate of the district is 67.49 per cent, (census, 2011). Male and Female literacy rate are 80.03% and 52.93% respectively¹¹. The education is provided through four units:-

- Primary Schools (I-V)
- Middle Schools (Upper Primary Schools) (VI-VIII)
- High Schools (Secondary Schools)(IX-X)
- Higher Secondary Schools (XI-XII)

Dhanbad city has Centre for Mining and Research Institutions (CMRI), Indian School of Mines (ISM), Mining Institute at Bhaga, Rajkia Polytechnic Institution, Central Fuel Research Institute and Partiputra Medical College and Hospital (PMCH). State Government and private sector impart education in Dhanbad.¹²

Table 3 : Number of students enrolled¹³

Indicator	Age Group (6 to 11)			Age Group (11 to 14)			Age Group (6 to 14)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Total Population	168456	159327	327783	51350	47104	98454	219806	206431	4262
Total Enrolment	167296	158067	325363	50287	45786	96073	217583	203853	64214

Table 4 : Education facilities at a glance¹⁴

Particular	Nos.
No.of Govt. Primary Schools	590
No. of New Primary School	755
No of Govt. Aided primary Schools	01

¹¹Source: <http://dhanbad.nic.in/Education/home.html>

¹² Source: http://innurm.nic.in/wp-content/uploads/2010/12/CDP_Dhanbad.pdf

¹³ Source: <http://dhanbad.nic.in/Education/home.html>

¹⁴Source: <http://dhanbad.nic.in/Education/home.html>

No of Basic schools	04
No. of Govt. Middle Schools	553
No. of Aided Middle Schools	14
No of Govt. High Schools having elementary classes	39
No. of Aided High School having elementary classes	15
No. of Madarsa	4
No of colleges	9
No of wards in Corporation/ Municipalities	32
No. of functional BRC	8
No. of functional CRC	105
No. of Sanction post of Govt. teacher	4608
No. of Govt. teachers in position	3554
No. of Para Teachers in position	3619
No. of functional VEC	1901

3.4.2 HEALTH¹⁵

Dhanbad region has got both government and Private medical facility. The industries waste and contaminated water have adversely affected the people of the region. However, the official figures show some of the health facilities centres given below.

Table 5 : Health facilities at a glance

Sl.No.	Particlrns	Numbers
1	Primary Health Centre	8
2	Add. P.H.C	228
3	Sub-Centres	137
4	Urban F.W.C	5
5	Malaria Clinic	8
6	Fever Treatment Depo	162
7	Drug Distribution Centre	1495

¹⁵Source: http://dhanbad.nic.in/Health/at_a_glance.html# (Accessed on 9th Oct 2013)

8	No. of Anganwari Centre	1911 (Working- 1855)
9	Other Hospital	DVC, BCCL,TISCO & ESI
10	Nursing Home	52 (UNDER MOU)
11	Ultrasonography Clinics	53
12	Biomedical Waste Disposal Centre	21974
13	No. of Sahiya Selected	1974
14	Selected No. of Villages Health Society	1112

3.4.3 INDUSTRIES

Dhanbad is the most highly industrialised district in Jharkhand. The dominant industry of the district is coal mining and it is coal which has attracted and brought about a concentration of numerous others industries within its limits¹⁶. There are mainly two PSUs coal lifting organizations functioning in the district namely Bharat Coking Coal Limited (BCCL) and Eastern Coalfield Limited (ECL) under the Coal India Limited. Besides the above two PSUs, IISCO and TISCO are also lifting coal from Dhanbad District¹⁷. The coal productions in last 5 year by BCCL are as follows:

¹⁶ Source: http://dhanbad.nic.in/pdf/gztr_6.Chapter%20V_%20INDUSTRIES_%20196-309.pdf (Accessed on 23rd Oct 13)

¹⁷ Source: <http://dcmsme.gov.in> (Accessed on 9th Oct 2013)

Table 6 : Coal Production in Last Five years BCCL, Dhanbad¹⁸

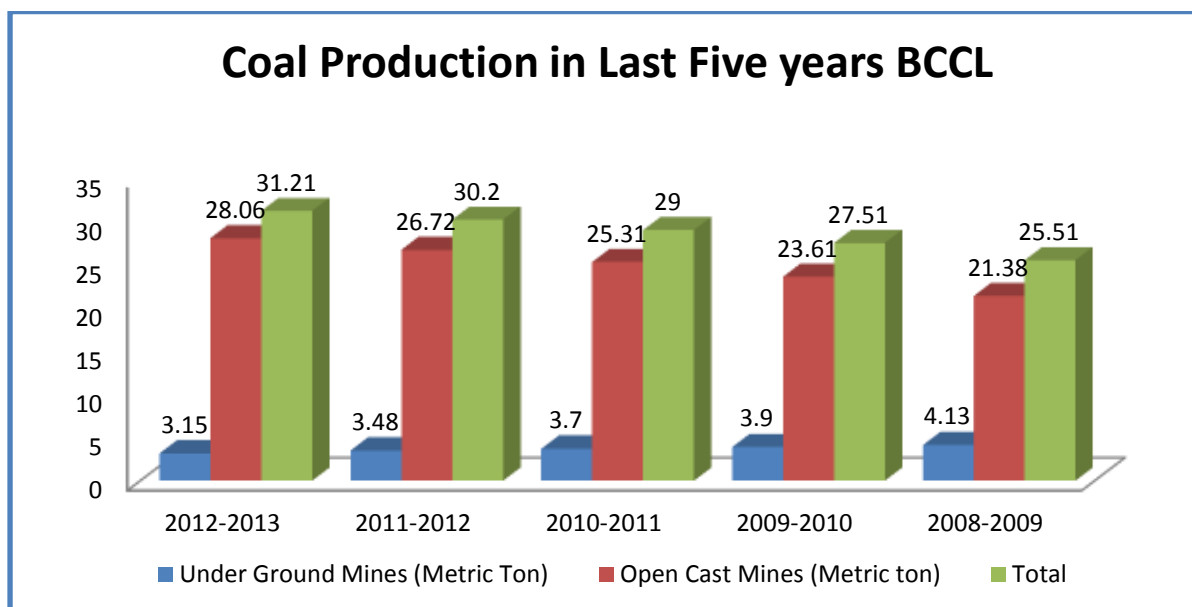


Table 7 : Apart from Coal industries, Dhanbad has following Large Scale Industries¹⁹

Industries	Location
Damodar Valley Corporation (DVC)	Maithan, Dhanbad
Damodar Valley Corporation	Panchet, Dhanbad
Tata Iron and Steel Co. (TISCO)	Digwadih, Dhanbad
Indian Iron and Steel Co. (IISCO),	Jamadoba, Dhanbad

Table 8 : Industries at a glance²⁰

Particulars	Nos.
1 Registered Industrial Unit	2079
2 Total Industrial Unit	3250
3 Registered Medium & Large Unit	14
4 Estimated Avg. No. of daily worker employed in small scale industries	750
5 No. of Industrial Area	2

¹⁸ Source: http://www.bccl.gov.in/?page_id=242 (Accessed on 23rd Oct 2013)

¹⁹ Source: <http://dcmsme.gov.in/dips/DIPS%20dhanbad.pdf> (Accessed on 9th Oct 2013)

²⁰ Source: <http://dcmsme.gov.in/dips/DIPS%20dhanbad.pdf> (Accessed on 9th Oct 2013)

Details of Existing Micro & Small Enterprises and Artisan Units in the District		
1	Agro based	154
2	Woolen, silk & artificial thread based clothes	11
3	Jute & jute based	7
4	Readymade garments & embroidery	261
5	Wood/wooden based furniture	213
6	Paper & paper products	4
7	Leather based	82
8	Chemical/Chemical based	48
9	Rubber, Plastic & petro based	37
10	Mineral based	410
11	Metal based (Steel fab.)	119
12	Engineering units	152
13	Repairing & servicing	225
14	Others	320

3.4.4 AGRICULTURE

The district of Dhanbad is the only district unit where the non-agricultural population outnumber the agricultural population. Roughly 51 per cent of the total population derive their livelihood according to 1951 census from the non-agricultural occupations, but one part of the district varies widely from another part. The population of the district associated with agricultural is 48.2 per cent only²¹. (Source: District Census Hand -book (1951), Dhanbad PP. 8-9).

²¹ Source: http://dhanbad.nic.in/pdf/gztr_5.Chapter%20IV%20AGRICULTURE%20%28169-195%29.pdf
(Accessed on 9th Oct 2013)

Table 9 : Major Field crops cultivated²²

Sl No.	Crops/Vegetable/Fruits	Area ('000 ha)
1	Rice / Paddy	52.86
2	Pulses	6.4
3	Maize	8.15
4	Wheat	4.2
5	Vegetables	3900.2
6	Fruits	448

Table 10 : Agriculture land use pattern and Irrigation²³

Sl. No.	Land use pattern of the district	Area ('000 ha)
1	Geographical area	204
2	Cultivable area	87.5
3	Forest area	19.8
4	Land under non- agricultural use	49.1
5	Permanent pastures	0.57
6	Cultivable wasteland	11.3
7	Land under Misc. tree crops and groves	3.2
8	Barren and uncultivable land	32.2
9	Current fallows	30.8
10	Other fallows	19.8
Sl. No.	Sources of Irrigation	Area ('000 ha)
1	Net irrigated area	37.7
2	Gross irrigated area	2.3
3	Canals (Nos. 1)	7
4	Tanks (Nos. 2165)	9.6
5	Open wells (Nos. 7040)	8.6
6	Lift irrigation schemes (Nos. 38)	0.526
7	Check dam & others (Nos. 222)	4.67

22 Source: <http://www.nicra-icar.in/nicarevised/images/statewiseplans/Jharkhand/JKD17-Dhanbad-31.03.2013.pdf> (Accessed on 9th Oct)

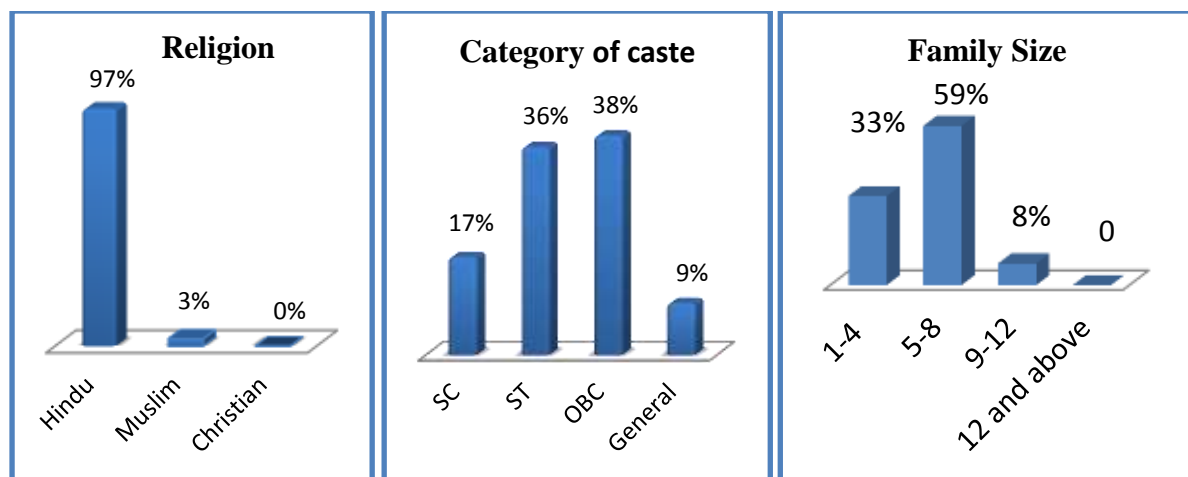
23 Source: <http://www.nicra-icar.in/nicarevised/images/statewiseplans/Jharkhand/JKD17-Dhanbad-31.03.2013.pdf> (Accessed on 9th Oct)

4. FINDINGS FROM FIELD

4.1 RELIGION, CASTE AND FAMILY SIZE

97% of the sample population are found to be hindu which are major in number and 3% are muslims in the sample households of Dhanbad district. Major caste category belongs to Other Backward cast (38%) followed by Scheduled Tribe (36%) followed by Scheduled Caste (17%) and lastly general category (9%). Average family size comprise if 5-8 members in a family (59%), but families with members ranges between 9 – 12 are 8% while small families having 1-4 members are 33% among the sampled households.

Figure 3 : Distribution of religion, caste and family size of respondents

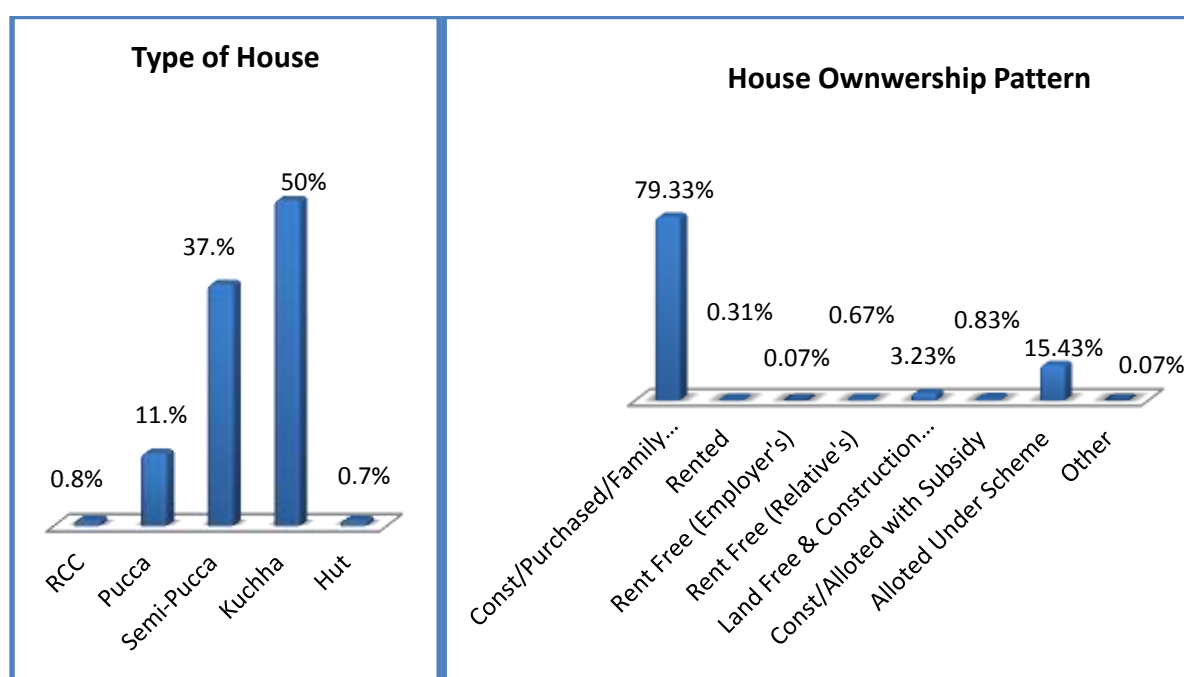


Note: Authors's own calculation

4.2 HOUSING PATTERN

Majority of the sampled household are Kuchha (50.1%) followed Semi – Pucca (37.13%). Pucca houses are 11.2%. Hut type houses still exist but very little in number (0.79%). Lastly, Hardly 0.83 % of houses in the survey household found to be RCC. The above graph indicates the economic profile of the respondent are below average. 79.33% of the surveyed houses were found in the name of owners. Only 15.43% of sample population has houses constructed under allotted schemes. Nearly 3.23% of the samples were found to reside on land which was free for construction.

Figure 4 : Distribution of housing pattern of respondents

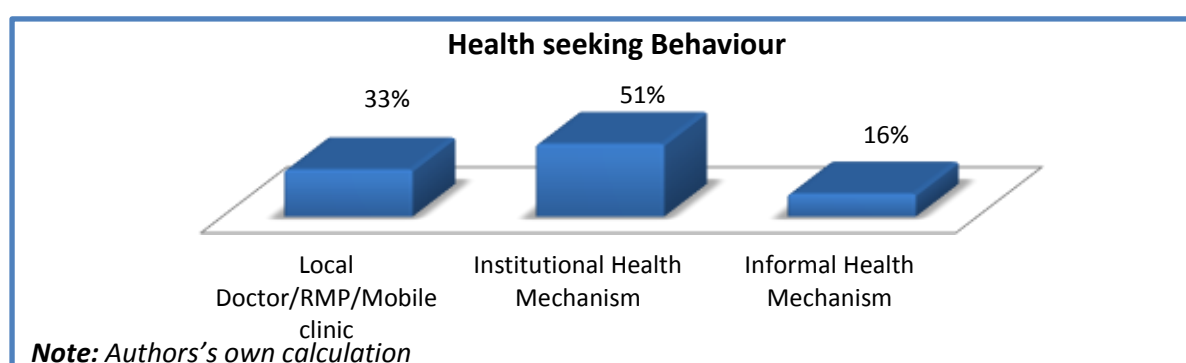


Note: Authors's own calculation

4.3 HEALTH SEEKING BEHAVIOR

Health seeking behaviour of the respondents shows that 33% of the sample population prefer local doctor/RMP for treatment, while Institutional mechanism is preferred by 51% of the sample and lastly, 16% of the sample population prefer Informal health mechanism for treatment. The above graph indicates people invest money on getting themselves treated from private services rather to cost free government services.

Figure 5: Distribution of health mechanism access by the family²⁴



Note: Authors's own calculation

²⁴ Classification has been done by Author.

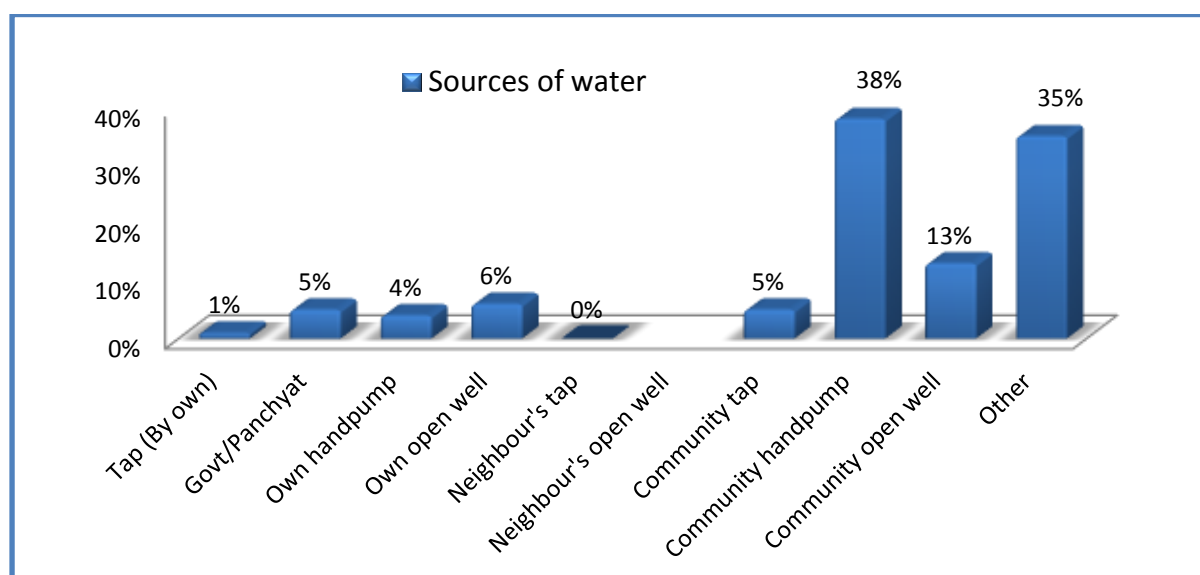
- Institutional Health Mechanism Consists SHC/ASHA/Anganwadi/PHC/CHC/Government Hospital/Private
- Clinic/Private Hospital/Company or Aided Hospital

Informal Health Mechanism consists Traditional Healer/Dai/Chemist Shop

4.4 DRINKING WATER

Major portion of water is been procured from community. 38% of the water source is available from community hand pumps, followed by community open well (13%) and 5% from community tap which is confine only to Dhanabd municipal corporation and some in villages lies under Bokaro district. Rest are available from respondents own tap (1%), own hand pumps (4%) and down open well (6%). 5% of water is also available from government /panchayat. It has been found that 35% of sample population procure water from other source which include river, pond, cemented water tank attached with motor, water tanker provided by BCCL and Daanri /chuan²⁵

Figure 6: Distribution of source of drinking water



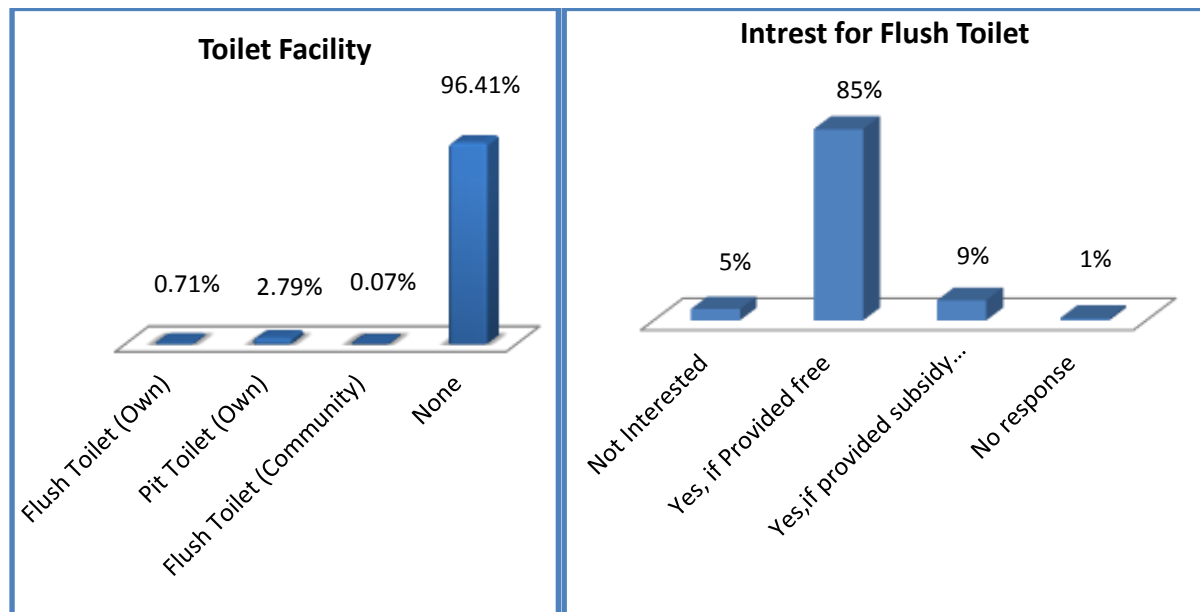
Note: Authors's own calculation

4.5 SANITATION

96.41% of sampled household were found devoid of toilet. Only 2.79% of the household were found to have pit toilets. 0.71% of own flush toilets and 0.07% of community flush toilets has been observed. The above graph indicated poor sanitation condition in the survey villages. 85% of the sample population reported their interest for flush toilets if provided free of cost, 9% interested if provided with some monetary benefits while 5% are not at all interested for flush toilets.

²⁵**Daanri /chuan**- Indigenous method of collecting clean water from ground by making hole at the corner of the pond or near the river side by sedimentation process.

Figure 5 : Distribution of household toilets

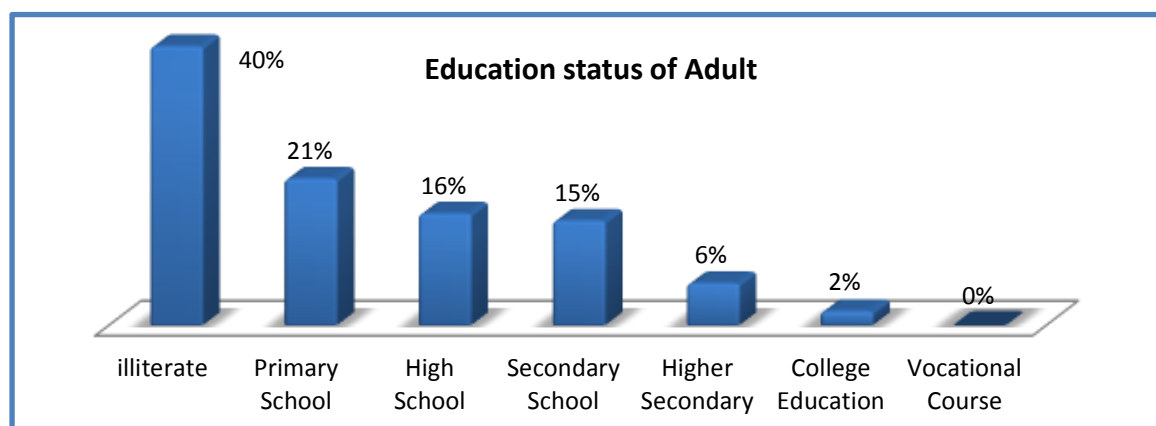


Note: Authors's own calculation

4.6 EDUCATION STATUS

Illiterate Population has been found in major number (40%). Primary School education is attended by 21% of the sample population followed by 16% High School, 15% Secondary School, 6% Higher Secondary and lastly only 2% attain college Education. No population has shown graph on vocational courses.

Figure 6 : Education attainment of the respondents

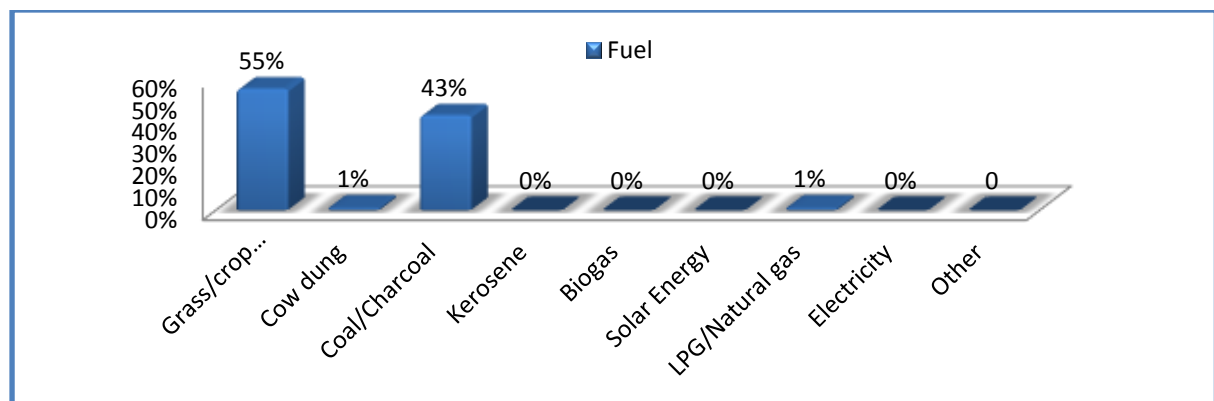


Note: Authors's own calculation

4.7 SOURCE OF FUEL

Fuel used in majority is grass or crop residue (55%). Survey done in coal belt area shows coal are predominantly used as fuel for cooking purpose at house hold accounts for 43%. Other sources of fuel used are cow dung and LPG.

Figure 7 : Distribution of source of fuel

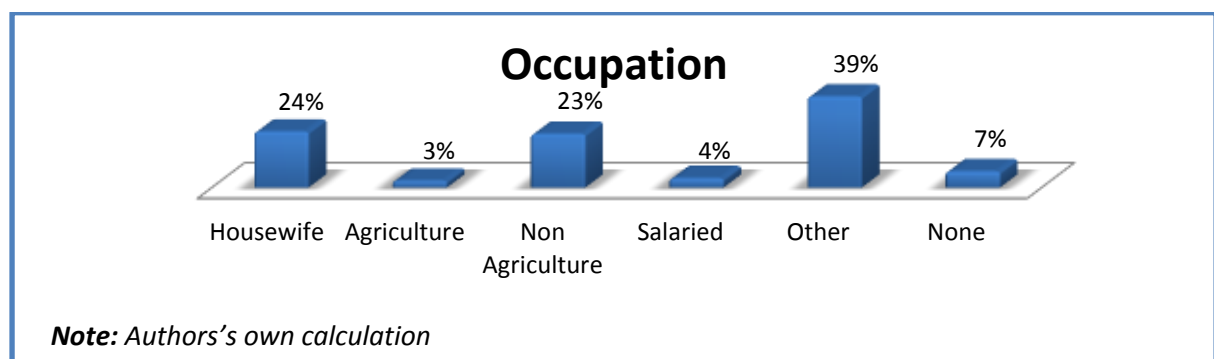


Note: Authors's own calculation

4.8 OCCUPATION

The above graph shows 23% of the sample population are engaged in non-agriculture work which majorly includes wage labour at coal mines, heavy industries and construction work. While, only 3% of the population are found to be engaged in agriculture work which include practice of agriculture as well as allied activities like livestock and animal husbandry. Salaried employees also constitute 4% which are mainly BCCL employees or employees from state government jobs and others. As far as women are concern , 24% of the women are house wives.7% of the sample population are found to be not engaged in any kind of work which included youth who are educated but unemployed while majority of the population indicate other occupation which also include students who are still studying .

Figure 8 : Distribution of occupation

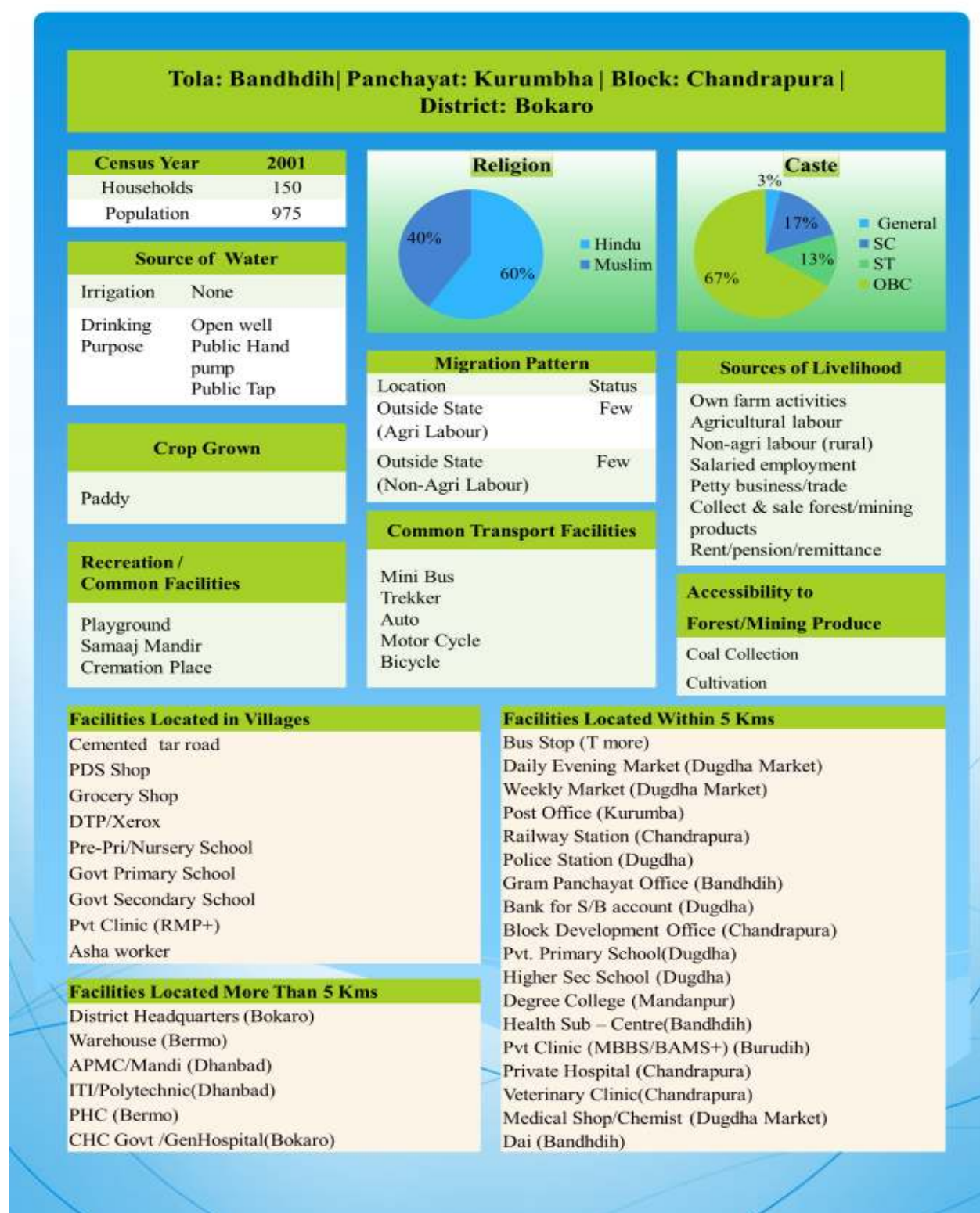


Note: Authors's own calculation

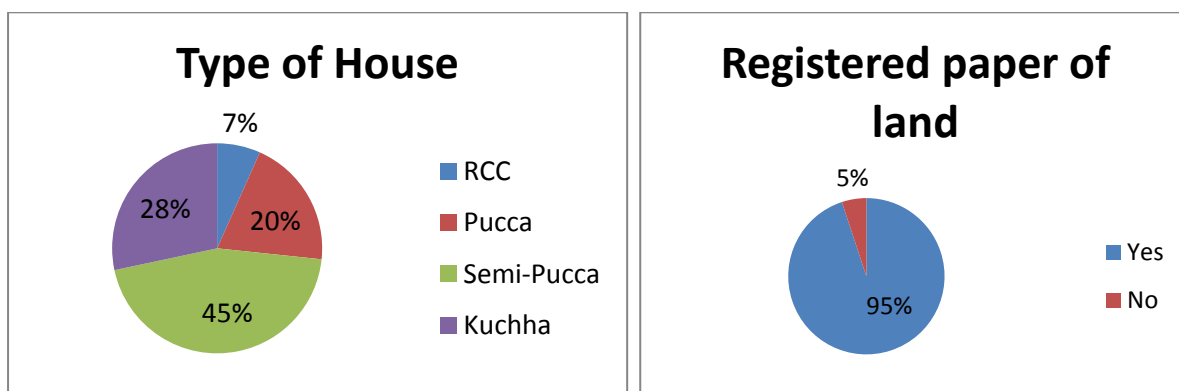
5. VILLAGE ANALYSIS

5.1 WESTERN WASHERY ZONE AREA

5.1.1 BANDHDIH

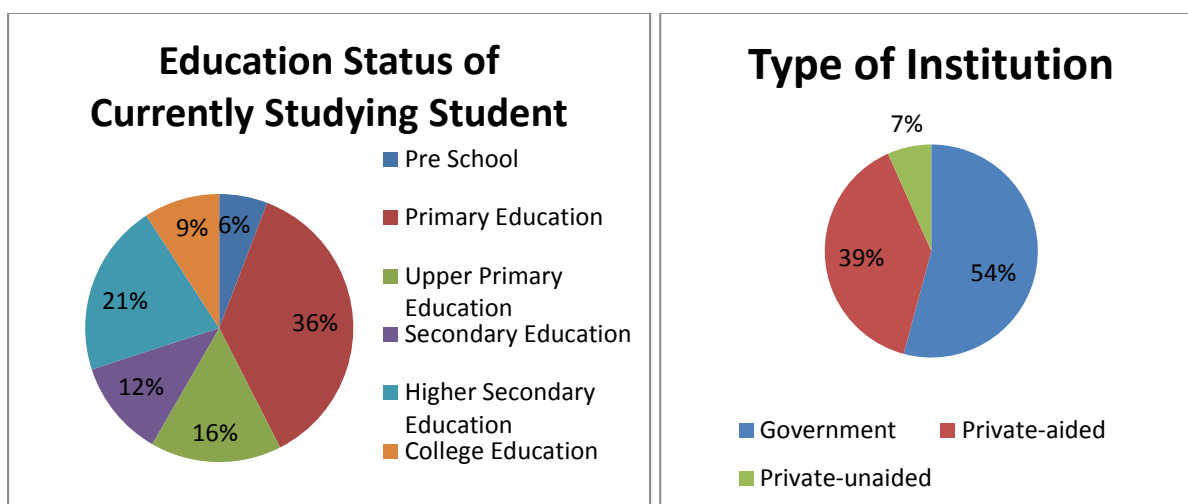


5.1.1.1 HOUSEHOLD STATUS



In Bandhdih Village, most type of houses found among the sample population in this village are Semi-Pucca (45%). 20% of the sample households were Pucca (20%). The least common type of house found in this region is Kuchha house (28%). Also 7% RCC houses also exist in this village. The data on the village of Bandhdih Village clearly points to the fact that 95% of the population has registered papers of their land holdings. While the rest of the population which accounts to a figure of only 5% has no registered papers of the land. Among the interviewed households, 93% houses are reported electrified.

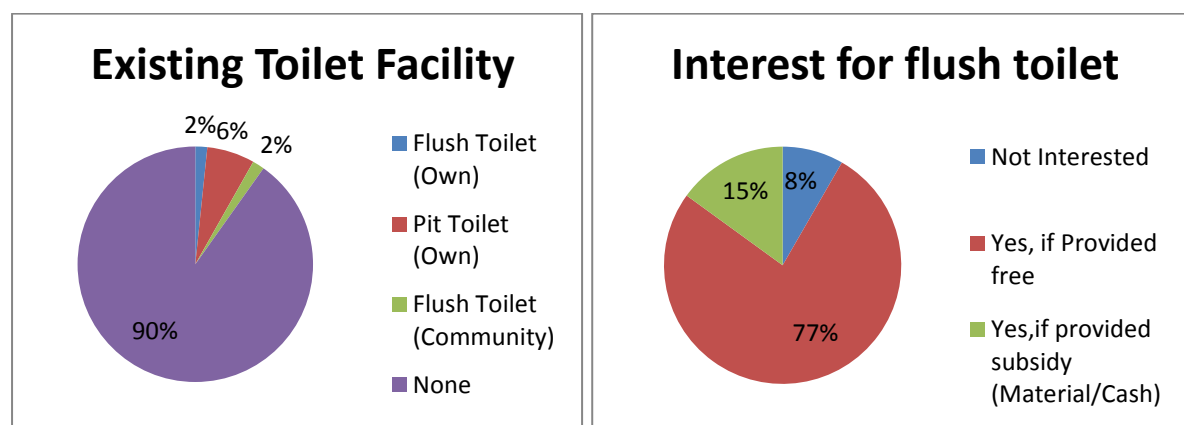
5.1.1.2 EDUCATION



In Bandhdih Village, among the sample population 36% students are studying in primary school and 16% are in upper primary school, 12% in Secondary School and 21% in Higher Secondary school. Around 9% students are enrolled in college education. The graphical representation shows distribution of students among different level of education and it represents a scenario where awareness towards education seems at an appropriate level. However, it is important to attract students towards secondary education as it shows the steep

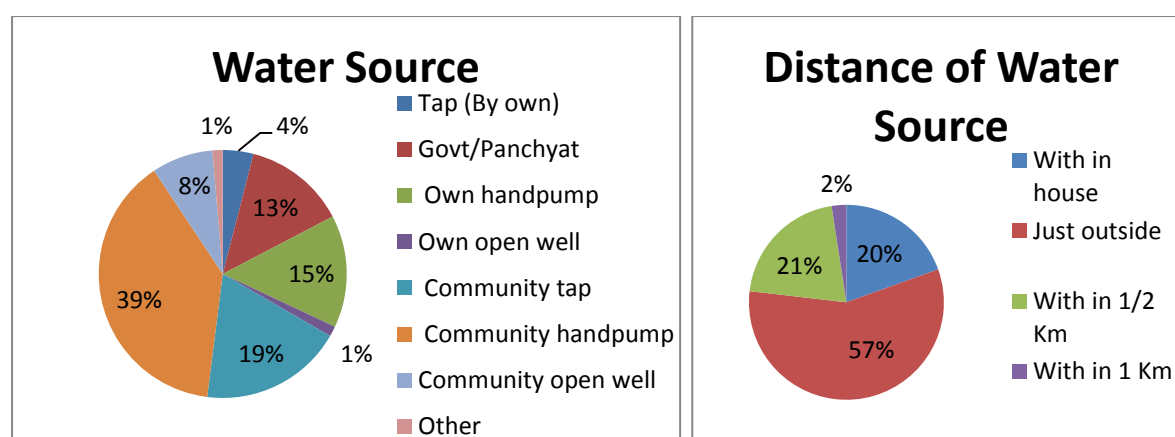
gap between the upper primary education and higher education. Government institution provides education to 54% of the students among the sample households, 23% students go to private education system while only 7% are in private unaided institute.

5.1.1.3 SANITATION



In Bandhdih Village, study held in this village shows poor result in case of sanitation facility. 90% of the sample population has no toilets and pit toilets are available only to 2% of the sample population. 77% of the sample population reported that they would go for flush toilet if provide with free of cost, 15% reported that if subsidy is given they would like to construct a toilet in their houses however 8% did not show any interested in having toilet in their home.

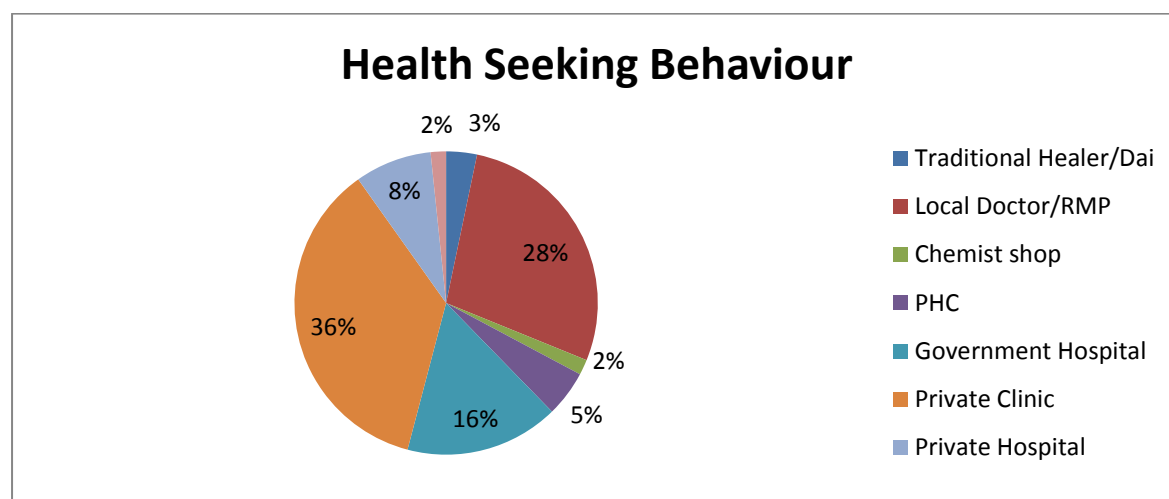
5.1.1.4 WATER SOURCE



In Bandhdih Village, 66% of the sample population depends on community source of water. Community hand pump caters the water related need to 39% of the sample population. Around 19% of sample households said that they get drinking water from community tap. Own open well is available to only 1% of population. 1% of water source is available by

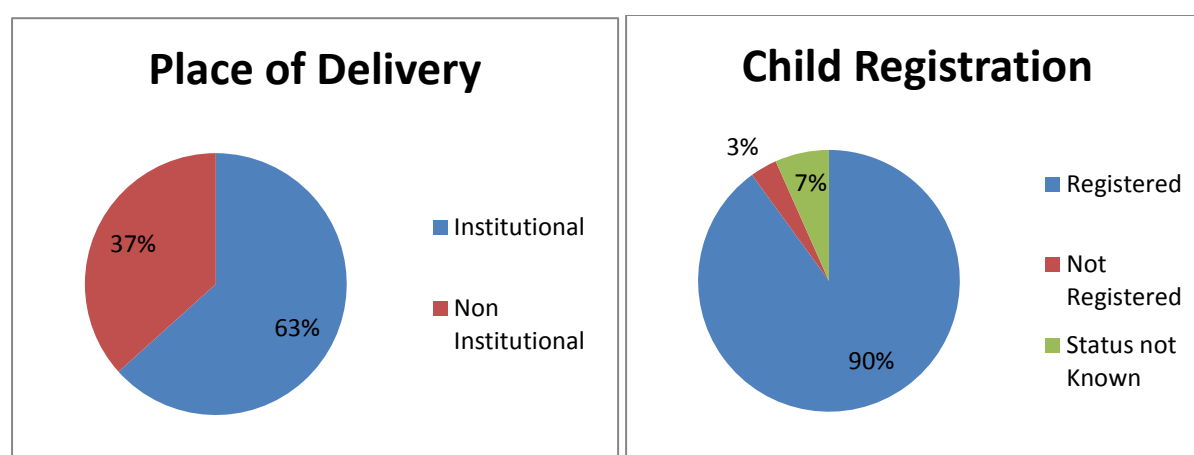
some other source. For 20 % of the sample households' water source is located inside their house while 57% said it is located just outside their house. Around 21% said that they have to walk within half to one km to get drinking water. 2% get water within 1 Km.

5.1.1.5 HEALTH SEEKING BEHAVIOUR



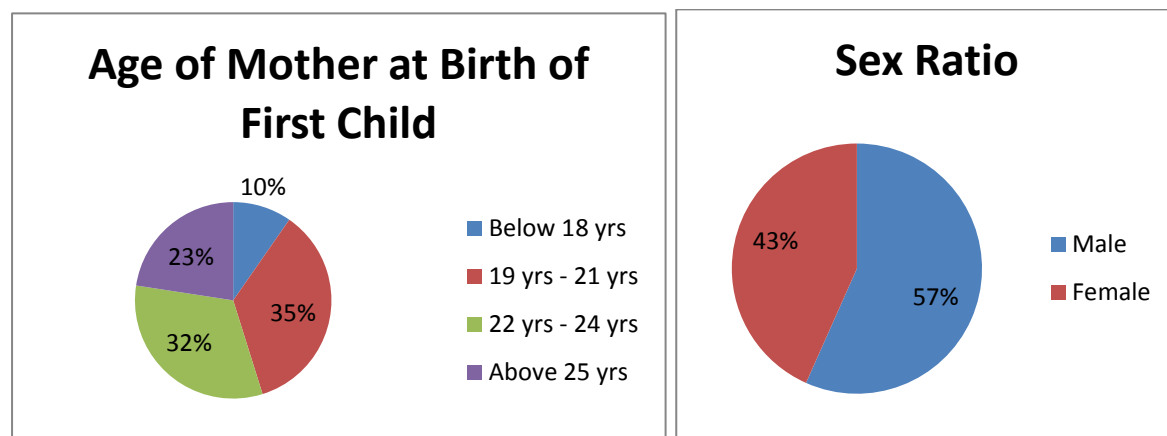
In Bandhdih Village, 36% of the people prefer private Clinic, 8% visit private Hospital for health check-ups while 16% of the people government hospitals. Sample population (28%) prefers local doctors for medical emergencies. Only 2% of the people manage with consultation of chemist shop. It has also seen that nearly 3% of populations prefer traditional Healer for health check-ups.

5.1.1.6 MATERNAL HEALTH



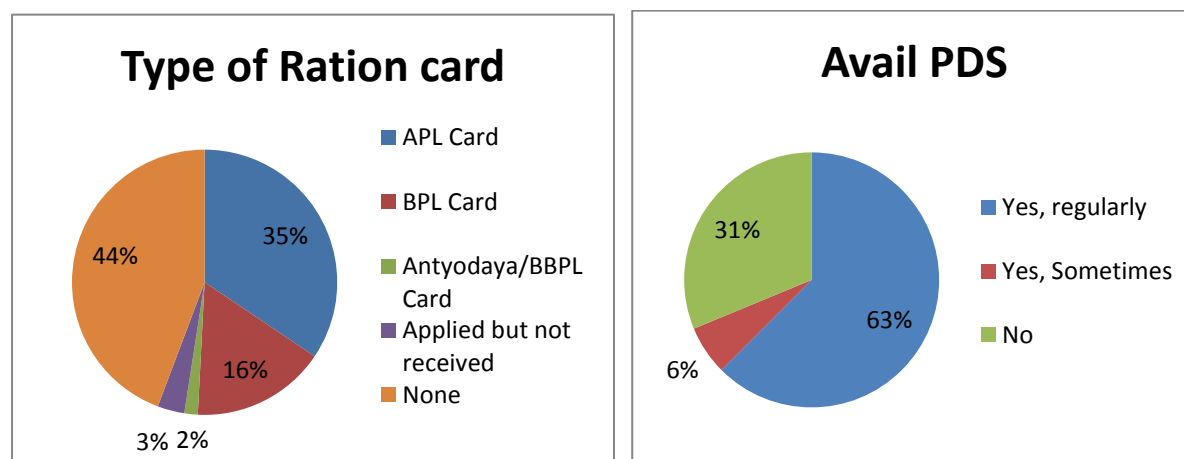
In Bandhdih Village, among the deliveries that took place in last three years, 63% are institutional deliveries, whereas the rest of the population which accounts to 37% takes place in the non-institutional places. This shows that people of that village are aware of institutional practices of delivery and making use of adequate medical care. It is an

appreciative sign that 90% of the children in Bandhdih Village are registered after birth whereas 3% of the children during the survey have not been registered after birth and registration status of 7% of children is not known.



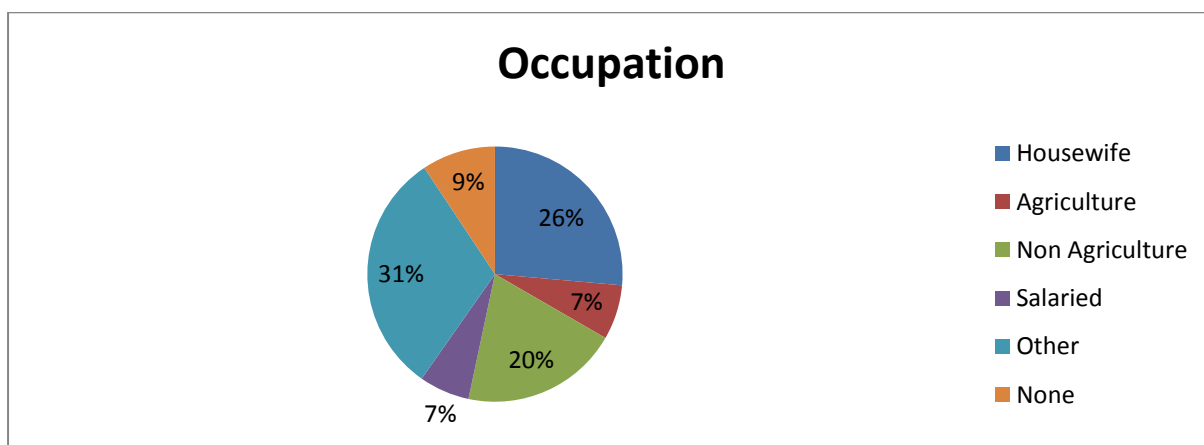
In Bandhdih Village, Sample also reflects that in Bandhdih Village, 10% of women conceive and deliver below 18 years, followed by 35% in between the ages of 18-23, while 32% females deliver between the ages of 22-24 years rest (23%) conceive and deliver above 25 years. The data collected shows that in the last three years 43% of the new born kids are female and 57% are males.

5.1.1.7 PUBLIC DISTRIBUTION SYSTEM



In Bandhdih Village, the above data shows that 35% of the sample households have APL Card while 16% of the sample households are under BPL category. 44% of the sample does not have any card. As informed during interview, 63% of the sample households who have a ration card of any type avail ration from PDS regularly, while 6% sample households of the same category have been found to be availing this facility sometimes. 31% of the sample do not avail this facility at all due to poor quality of grains.

5.1.1.8 OCCUPATION



In Bandhdih Village, the above data shows that 7% of the sample population are engaged in Agriculture activity followed by non-agriculture (20%). Salaried employees constitute 7%, housewives are 26%. Majority of the sample population are found in other occupation and 9% are not involved in any kind of employment.

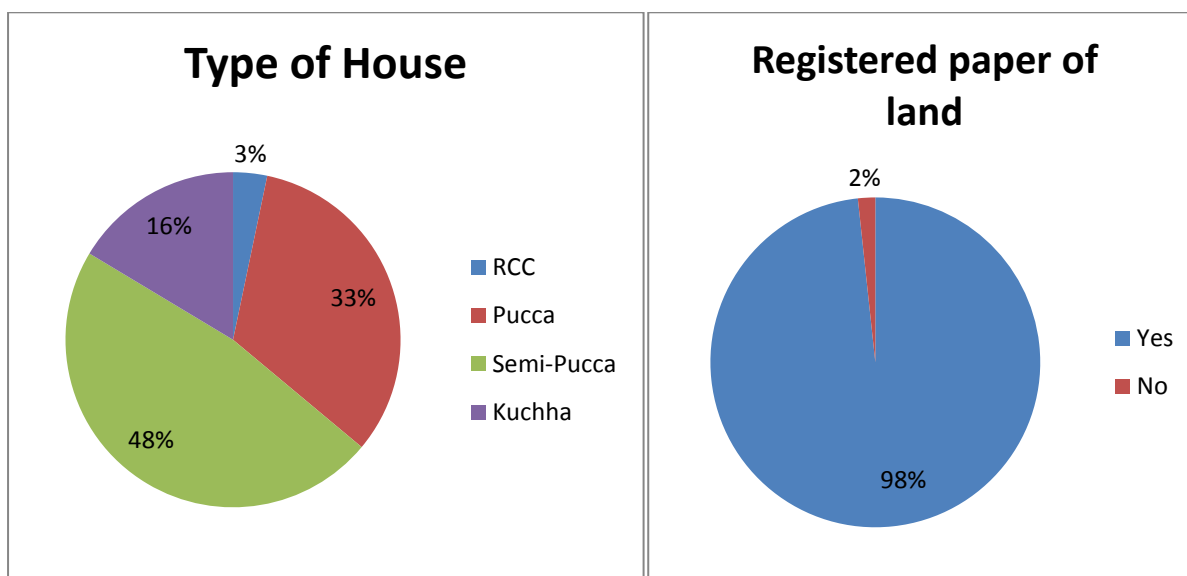
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	There is no any Vocational Training centre at vicinity of the village. School dropouts and students from BPL families (includes girls candidates too) should be encouraged to join NCVT (National Council for Vocational Training) course with the sponsorship from BCCL at private or government institution across the Jharkhand state.
Water Supply	<p>Irrigation facility should be provided to the farmer community through mine water supply with scientific training on agriculture for more production/yield.</p> <p>Problem of drinking water is there especially during summers. Excavation of pond will be beneficial in this village where population is more with respect to number of pond.</p> <p>Supply of mine water to existing pond would be very good initiative if provided during summers for domestic purpose</p>
Health Care	Mobile medical vans should be mobilized frequently and regularly. A proper schedule of MMV arrival should be circulated to the village key person in order to gather people on time and fixed date for weekly check-up. It should be ensured that medicine should be provided with proper

	<p>consultation of Medical Officers only.</p> <p>Unawareness about family planning has been observed in the village. Health camps on Health and hygiene should be encouraged quarterly. Special focus on family planning, Maternal health, child care and old age health issues etc.</p> <p>Non-BCCL employees should also be provided with necessary medicine if they visit CSR clinic/ BCCL dispensary/Health centre.</p>
Sports & Culture	<p>Sports club should be formed and should be encouraged for tournament conducted by BCCL in order to bring talent from rural part of Dhanbad. These candidates' should be sponsored by the BCCL for state level and national level championship.</p>
Environment	<p>Dust problem has been observed which can only be minimise by afforestation</p>
Livelihood	<p>Severe problem of unemployment has been observed .BCCL can come up with various employment activities with the consultation of local NGO or vocation training which ensure 100% placement at local level for encouraging youth and unemployed men and women for employment.</p> <p>There is no SHG formed at village level. There is a huge scope of bringing women into SHG or Mahila Mandal to start income generation activity.</p> <p>Differently able children/Person should be enrolled with sponsorship of BCCL in vocational training centre where they can get training and education since majority of them are either school drop or who have never been to school in life time.</p>
Sanitation	<p>No household and community toilets are seen in the village. Need for individual toilet has been observed in this village. BCCL should work with close coordination with local administration for toilet construction in interested family with their contribution.</p> <p>Drainage is required in both sides of the road to avoid water logging during rainy season.</p>
Infrastructural Development	<p>Playground in the village needs boundary with gate</p> <p>Library should be started in school premises/Panchayat office with proper coordination with the local administration for its maintenance</p>

5.1.2 RATARI BASTI

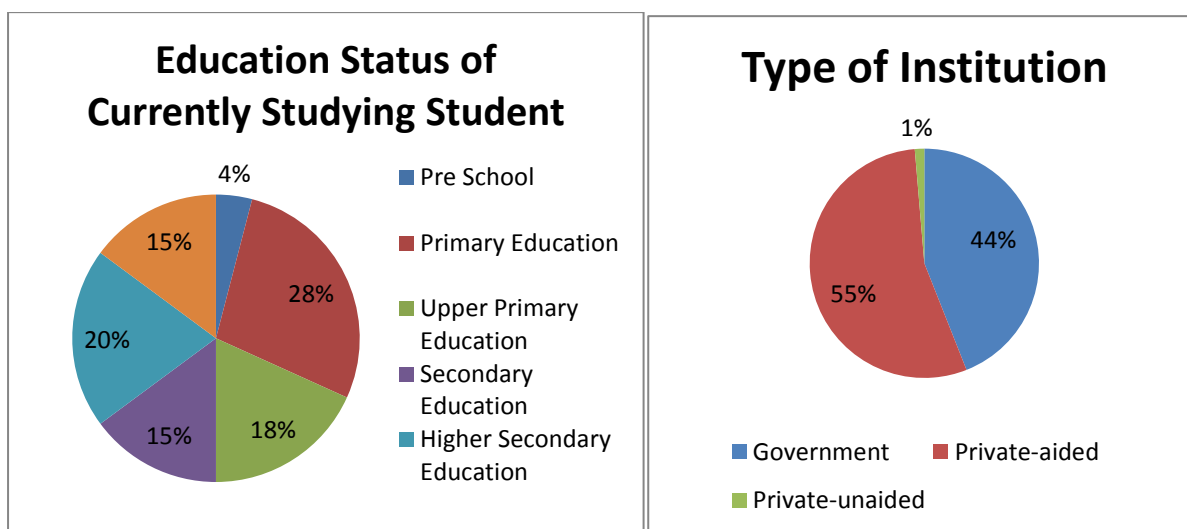


5.1.2.1 HOUSEHOLDS



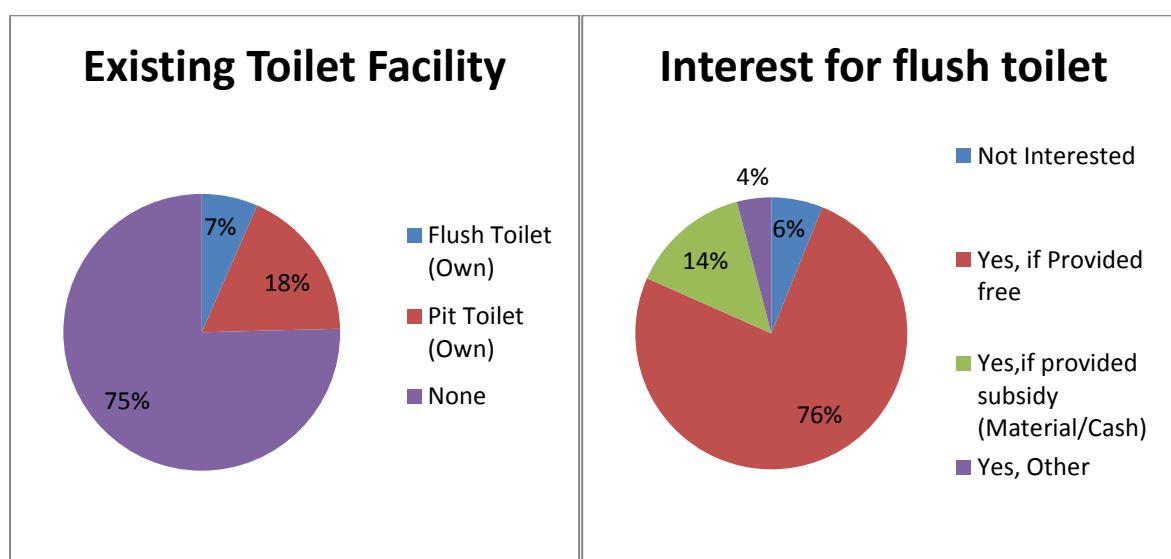
In Ratari Basti, 48% of the households are found to be Semi- Pucca while 16% are Kuchha and 35% are Pucca. 98% of the houses are registered while only 2% was found to be non-registered. Nearly 85% of the houses in this village are electrified.

5.1.2.2 EDUCATION



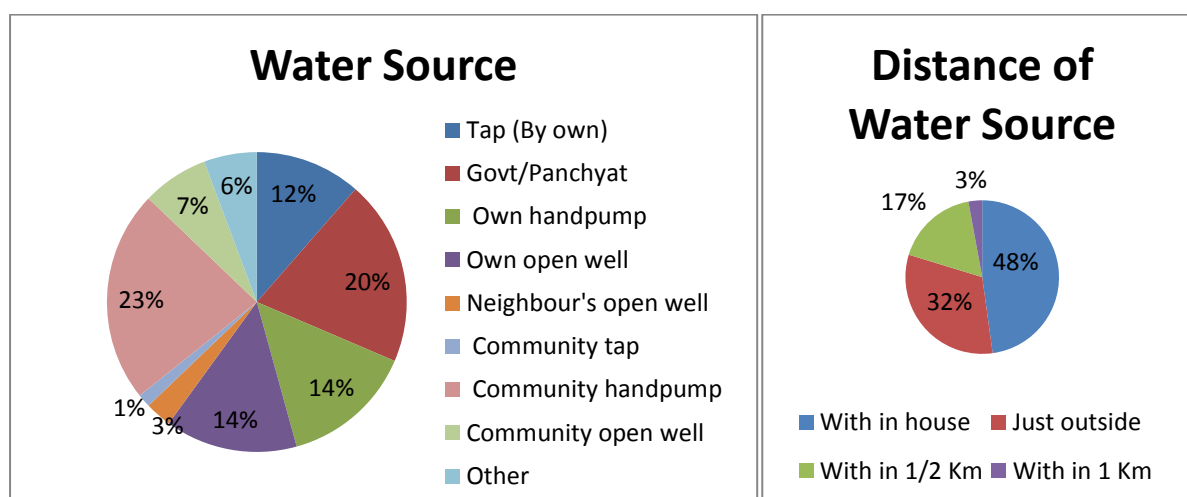
In Ratari Basti, it has been found that 28% of the students are enrolled in Primary education followed by 18% in Upper primary, 15% in secondary education, and 20% in higher secondary, 15% in college. Apart from that 4% has been reported in preschool education. In Ratari Basti, as far as type of education institutions are concern, 44% of students are enrolled in government institution while 56% are in private intuitions.

5.1.2.3 SANITATION



In Ratari Basti, sanitation in this village is found below the satisfactory level. 75% of the sample population does not have facility at their houses. While only 7% of populations have flush toilets and 18% have pit toilets. When enquired about the interest for flush toilets, people responded for free toilets (76%), provided with subsidiary (14%) while 6% of the population shown no interest for flush toilets at their home.

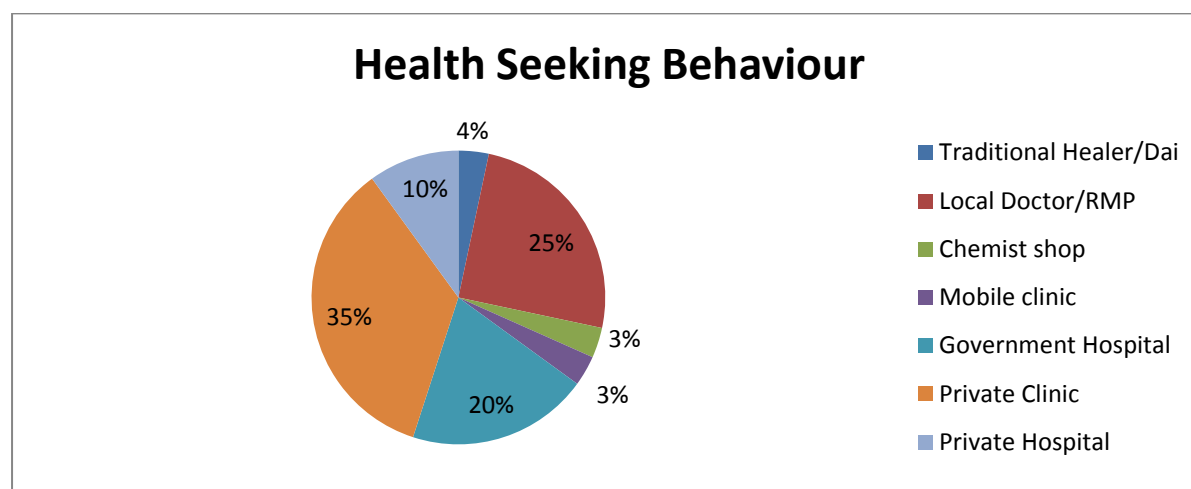
5.1.2.4 WATER SOURCE



In Ratari Basti, source of water is majorly available at community level. It has been found that water available by other sources like river or big nala nearby (6%). Sample population avail water source from community level through open well (7%), Neighbour's open well(3%).Own Open well constitute 12% followed by hand pump (14%). 48% of water

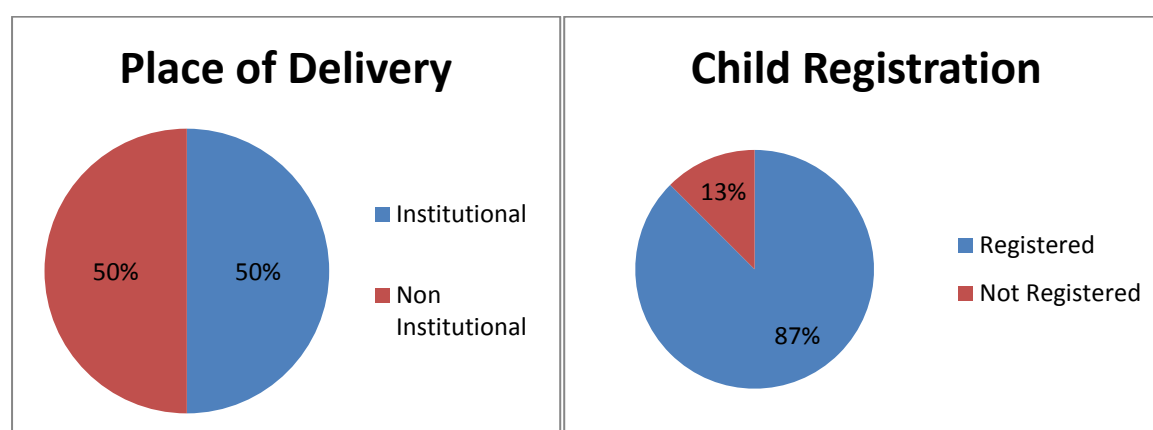
source is available within the household, 32% just outside the household, 17% within half Km and 3% within one Km.

5.1.2.5 HEALTH SEEKING BEHAVIOUR



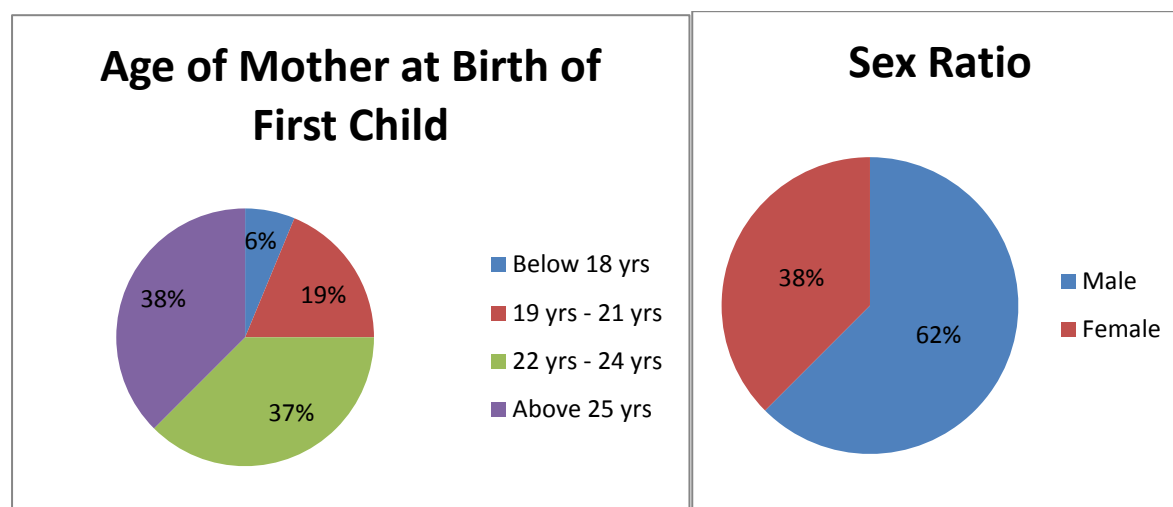
In Ratari Basti, among the sample, 25% claimed that they consult the local doctor first in case of any medical urgency while 35% of sample said that they consult a private clinic followed by private hospital (10%) for the same. 20 % claimed that they consult government hospital in case of emergency. The data reflects high dependency of community over private health resources.

5.1.2.6 MATERNAL HEALTH



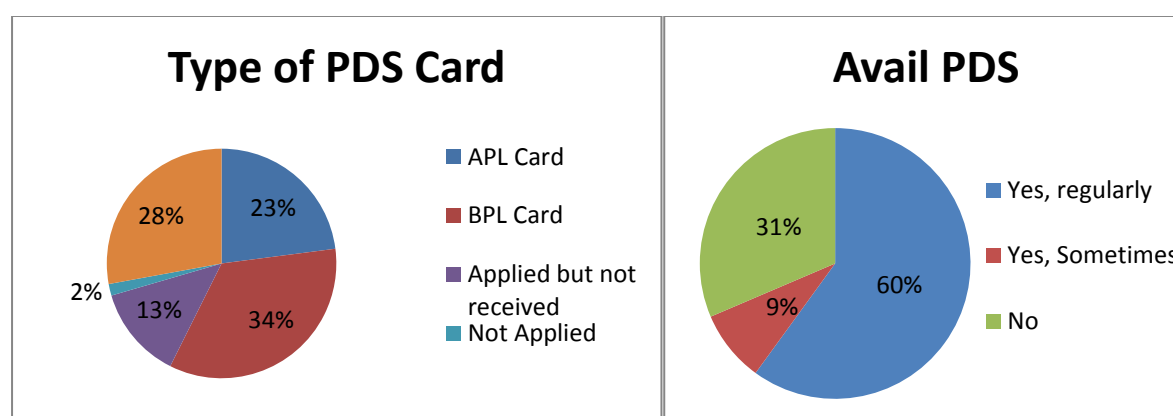
In Ratari Basti, in terms of place of delivery of the children born, 50% of the sample who had witnessed birth of child in their households in last three years claimed that the delivery was an institutional one and 50% were recorded saying that it was non institutional delivery. 87%

of the respondents reported that child born in last three years has been registered while 13% are not.



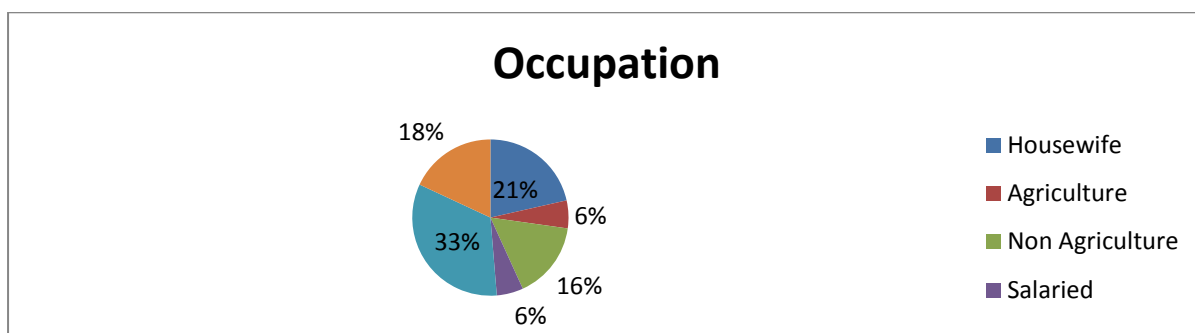
In Ratari Basti, 6% of the respondents are reported to give birth to first child in last three years in the age group below 18 years. 19 % of the respondent reported to give birth of first child between the age group of 19 to 21 years. 37% of the respondent report to deliver between the age group of 22 to 24 years and lastly 38% report to give birth at the age above 25 years

5.1.2.7 PUBLIC DISTRIBUTION SYSTEM



In Ratari Basti, 23% reported saying that they have APL card while 34% confirmed having BPL card, 13% of the sample also reported that they don't have any card. Those who have reported 60 % of them avail ration from PDS regularly, 9% avail sometimes and 31% denied availing the PDS facility.

5.1.2.8 OCCUPATION



In Ratari Basti, the above data shows that 6% of the sample population are engaged in Agriculture activity followed by non-agriculture (16%). Salaried employees constitute 6%, housewives are 21%. Majority of the sample population are found in other occupation and 18% are not involved in any kind of employment.

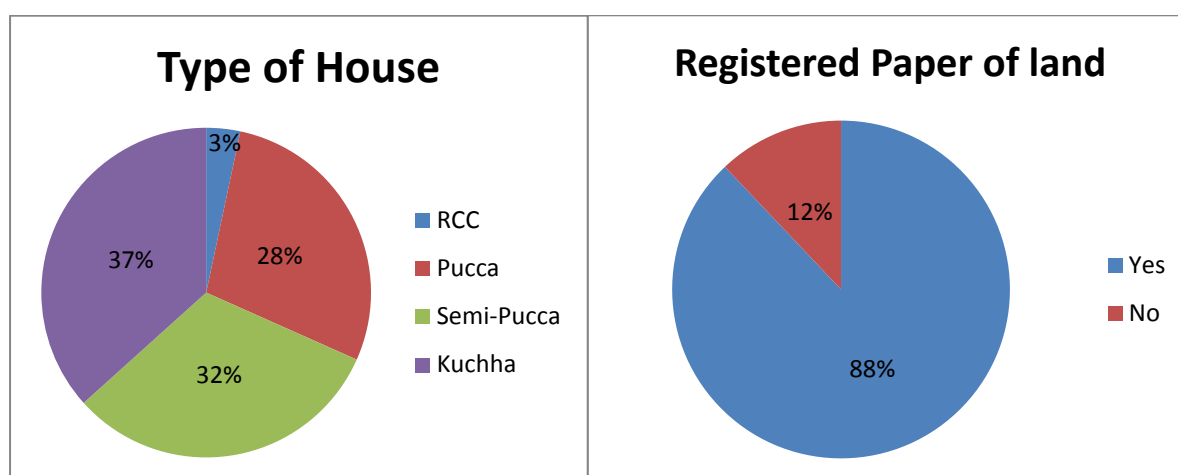
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Vocational training in schools should be provided like electronics, computer, mobile repairing etc. both for girls and boys. BCCL should establish vocational training centre at local level like in any school premises.
Water Supply	Deep boring and well deepening is needed. Irrigation facility should be made available through pipe line and check dams.
Health Care	Mobile Medical Van should be more improvised with frequent and regular visit in the village with close coronation with local administration. Medical health camps is needed which can give information on government health schemes, family planning as well as day to day health care activity.
Livelihood	Unemployment is major problem here. Vocational Training should be given to the unemployed with 100% place and should be placed locally. Schools for handicapped should be started at village level which can cater 3-4 villages together
Sanitation	No toilets in houses as well as in community.
Infrastructural Development	Toilet in needed in primary school. Playground should have boundary wall.

5.1.3 BURSERA

Tola: Bursera | Panchayat: Karmatand | Block: Chandrapura | District: Bokaro

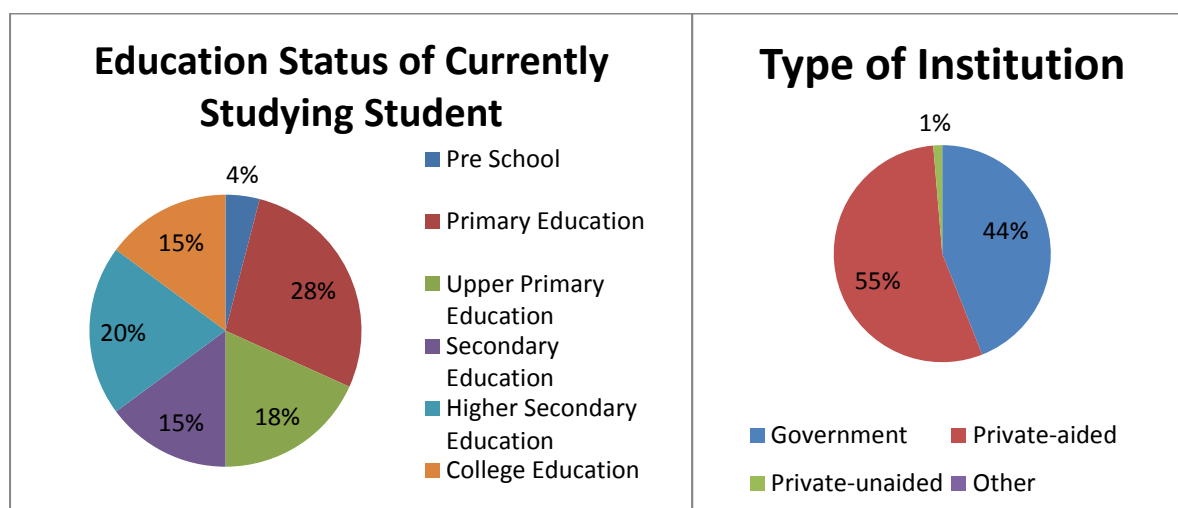


5.1.3.1 HOUSEHOLD STATUS



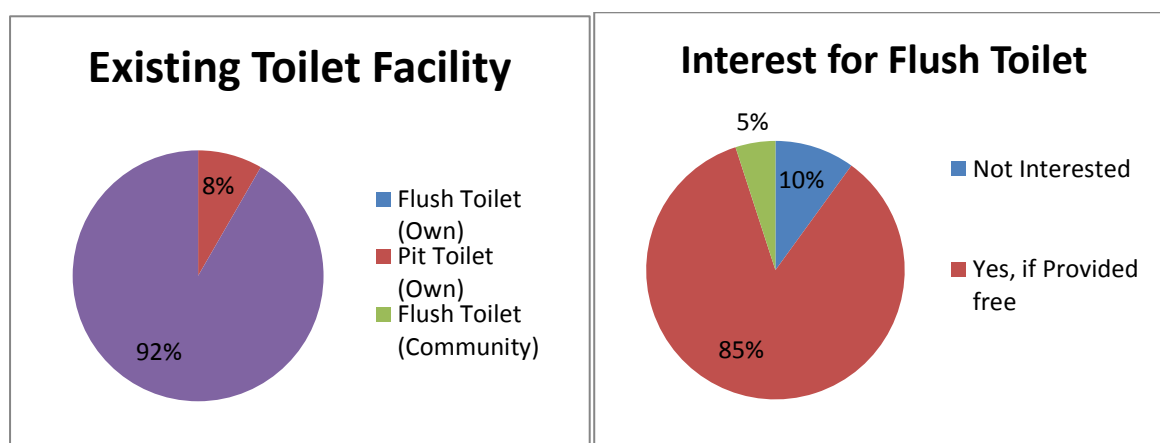
In Bursera Village, 32 % of population sample have semi-pucca houses, 28% of the sample are found living in pucca houses followed by majority (37%) living in kuchha houses and only 2% of the sample is living in RCC house. Among the sample population 88% have registered paper of land. 97% of sample households are electrified.

5.1.3.2 EDUCATION



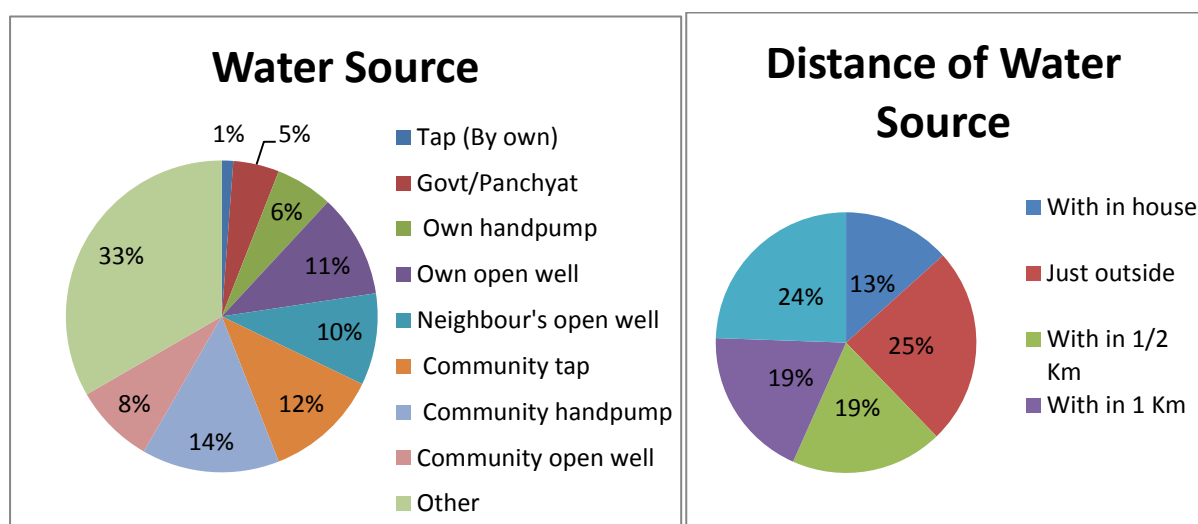
In Bursera Village, among the students of sample households who are currently studying, 28% are currently studying in primary school, 18% are in upper primary school, 15% in secondary school, 20% are currently studying in higher secondary school and 15% of them are studying in college. 44% of students are studying in government institutions and 55% students are studying in private institutions and only 1% is in Private unaided institution.

5.1.3.3 SANITATION



In Bursera Village, Sanitation facility in this village is below satisfactory level. 92% of the sample populations do not have toilets in their house premise and only 8% sample households are found to have pit toilets at their houses. Sample population that do not have toilet in their house premise responded that they are interested to have flush toilets if provided free (85%) and 5% said if they would be provided with would be able to construct one in their house however 5% of the group who don't have toilet at their home said that they are not interested in having any toilets in their home.

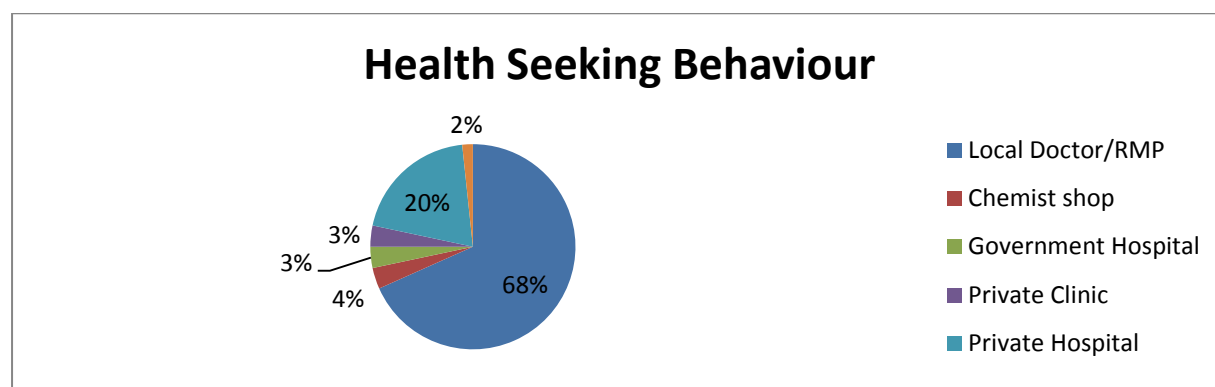
5.1.3.4 WATER SOURCE



In Bursera Village, altogether 34% of the sample use community source to avail water however only 18% water source from respondent's own water source. 8% of the respondents use communities open well, 12% use community tap and 14% use community hand pumps for drinking water purposes. 1% by own tap, and 11% by own open well and 6% by own

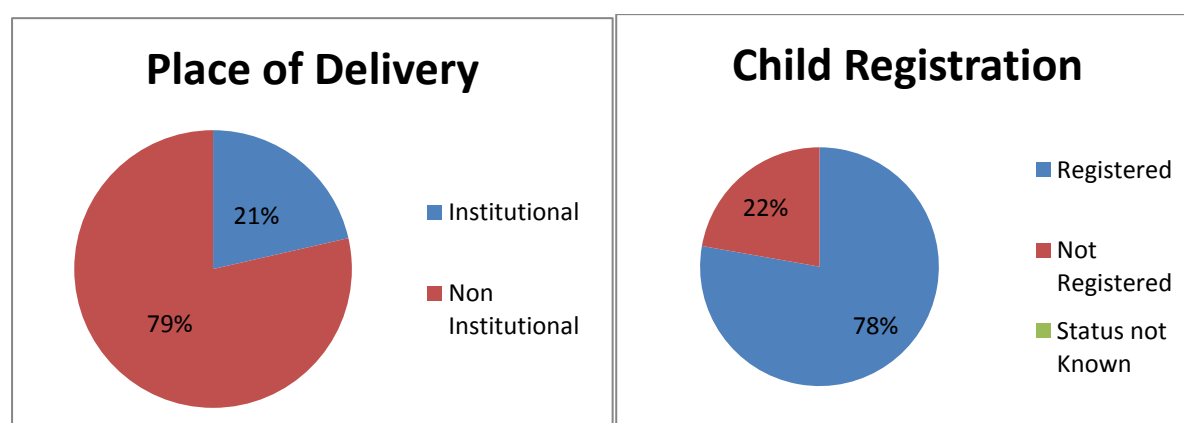
hand pump. 10% also use neighbour's tap for drinking water. Considering the concerns shared by community over quality of water the use of open well should be discouraged. Drinking water is supplied by the panchayat but it covers only 5% of the sample. 13% of sample households are having water sources located just within the household, 25 % of sample said that water source is located just outside the house, 19% reported within 1 Km, 24% reported more than 1 Km.

5.1.3.5 HEALTH SEEKING BEHAVIOUR

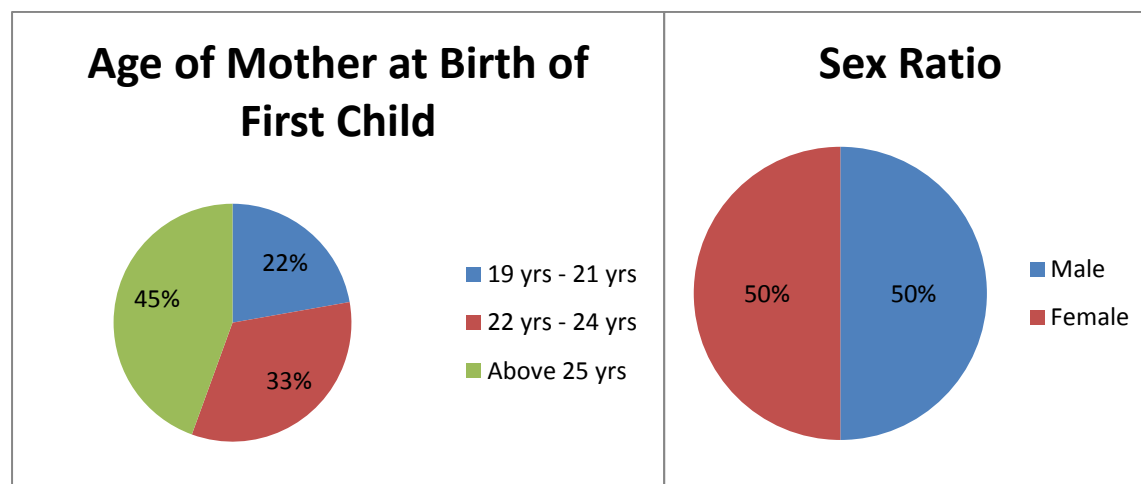


In Bursera Village, among the sample 95% informed that they avail the private services for medical which includes Local doctors (68%), Chemist shop (4%), private clinic (3%) and private hospitals (20%) while only 3% informed that they rely on government facilities in case of medical emergency. Local doctors/RMP is most preferred for medical needs.

5.1.3.6 MATERNAL HEALTH

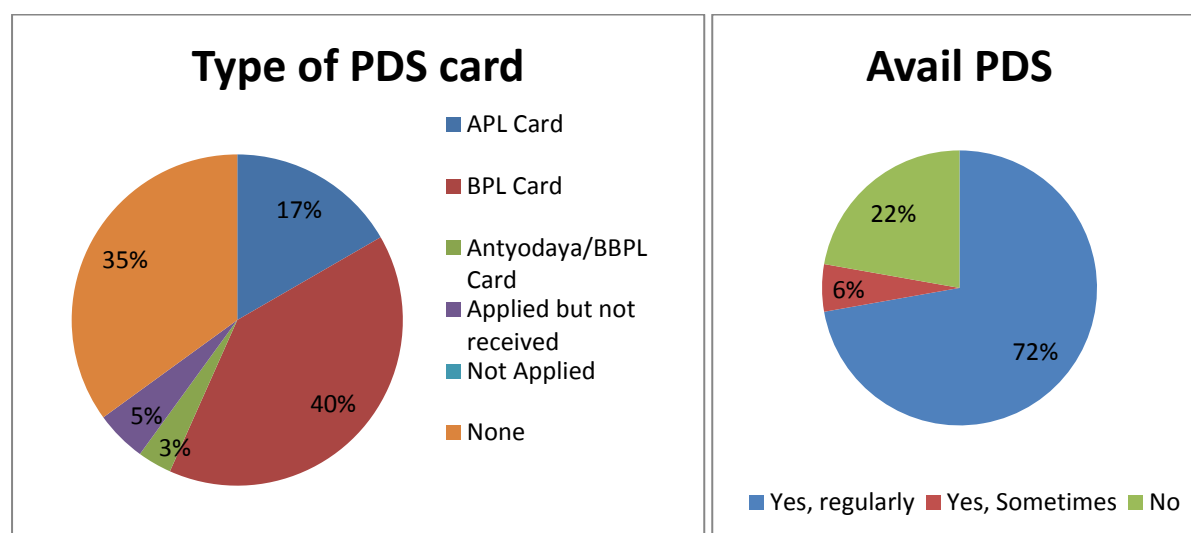


In Bursera Village, only 21% of the births took place in last 3 years was Institutional while 79% was Non Institutional. 78% of the responded reported that child registration was done and 22% reported it was not done.



In Bursera Village, 22% women who delivered baby in last three years reported were in age group of 19-21 years while 33% were in the age group of 22-14 years and 45% were in the age group of above 25 years. Sex ratio among the kids in the age group 0-3 years is 50 % both male and female.

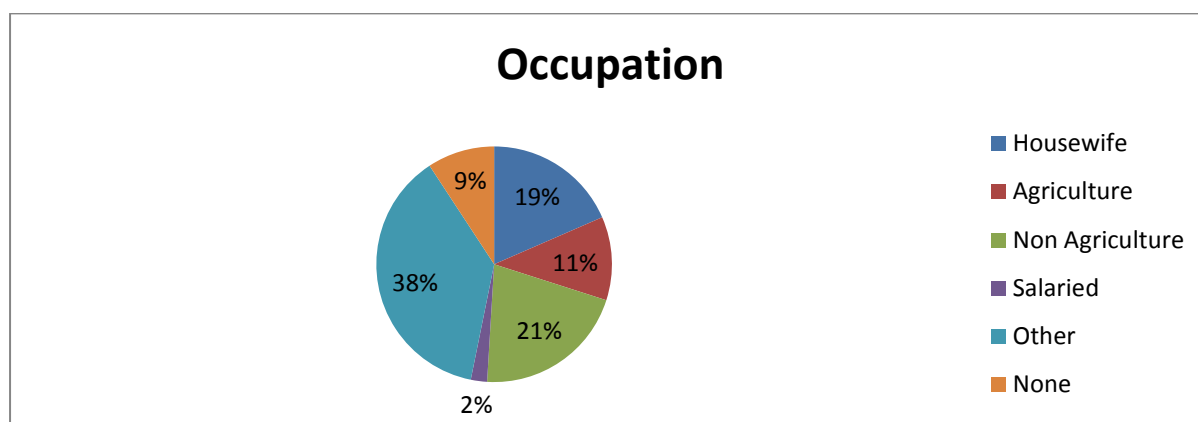
5.1.3.7 PUBLIC DISTRIBUTION SYSTEM



In Bursera Village, among the samples 17% holds APL Card and 40% holds BPL card, 35% hold BBPL card while 35% of sample informed that they don't possess any card at all. Among the households who have ration cards 72% of them said that they avail PDS regularly

and 22% said that they avail the PDS facilities sometimes while 6% confirmed that they don't avail the PDS facility.

5.1.3.8 OCCUPATION



In Bursera Village, the above data shows that 11% of the sample population are engaged in Agriculture activity followed by non-agriculture (21%). Salaried employees constitute 2%, housewives are 19%. Majority of the sample population are found in other occupation and 9% are not involved in any kind of employment

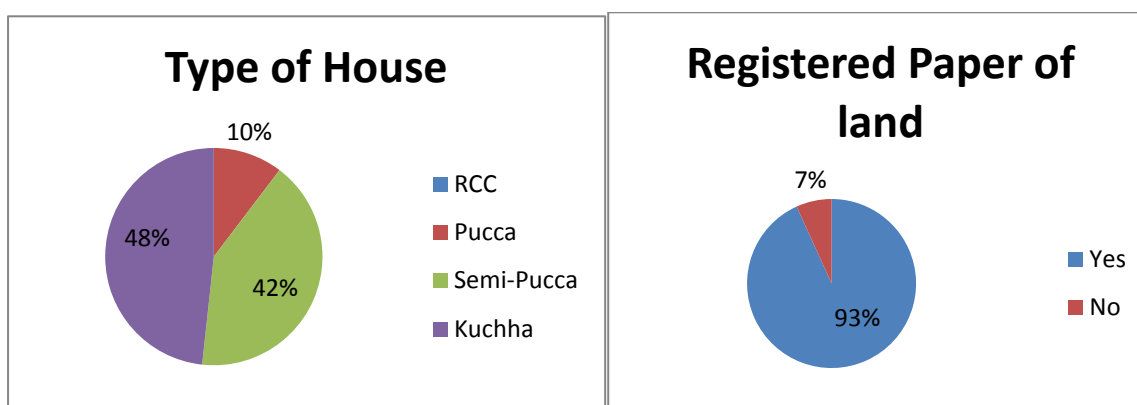
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Computers classes should be provided for the children in existing school premises from CSR fund of BCCL
Water Supply	Problem of drinking water occurs during summer. Water tanker should be provided by BCCL Damodar river is situated near by shows a huge scope of irrigation through pipeline with equal involvement of community in its installation.
Health Care	Mobile medical vans should reach in this village since it is very isolated from the main town. People should be provided with medicines under CSR clinic
Livelihood	Unemployment is major problem here, Majority go for coal collection as only source of livelihood. Vocational Training is encouraged. Training for women for starting an enterprise in group. Cooperative society is functional in this village and shows scope of group lending for agricultural activity.
Sanitation	No toilets in houses. Community toilets can cater the need of entire village.
Infrastructural Development	Poor connectivity of road. Community hall should be constructed.

5.2 BARORA AREA

5.2.1 POCHARI

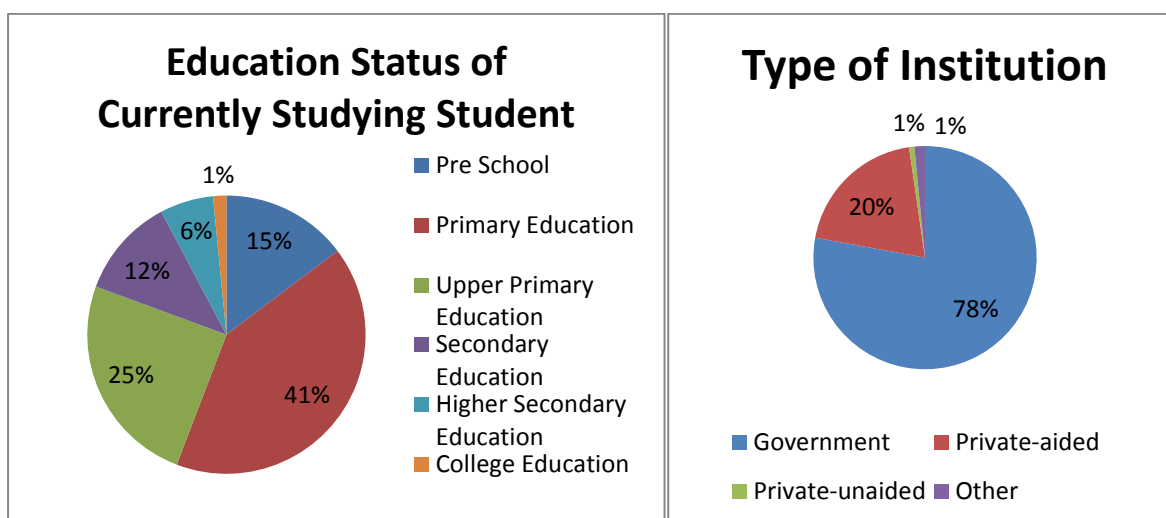


5.2.1.1 HOUSEHOLD STATUS



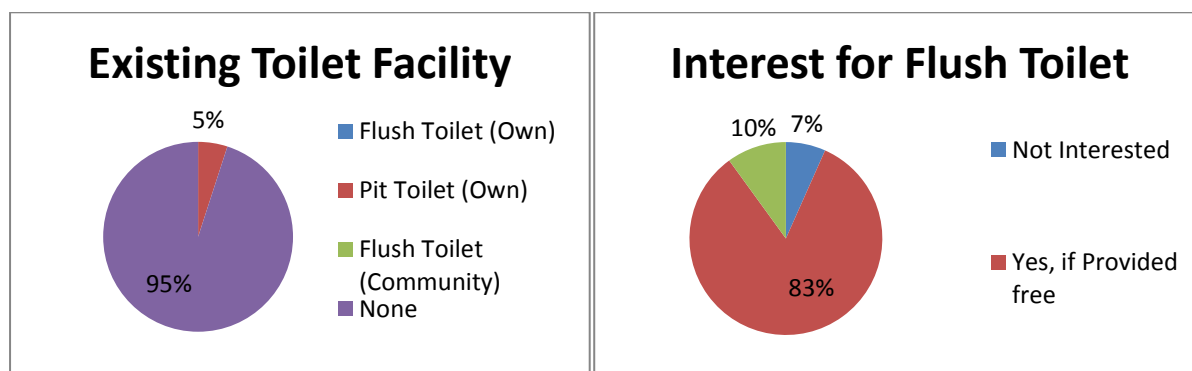
In Pochri Village, 42% of the households are found to be Semi- Pucca while 48% are Kuchha and 1% is Pucca. None of the houses are found RCC. 93% of the houses are registered while only 2% was found to be non-registered. Nearly 94% of the sample houses in this village are electrified.

5.2.1.2 EDUCATION



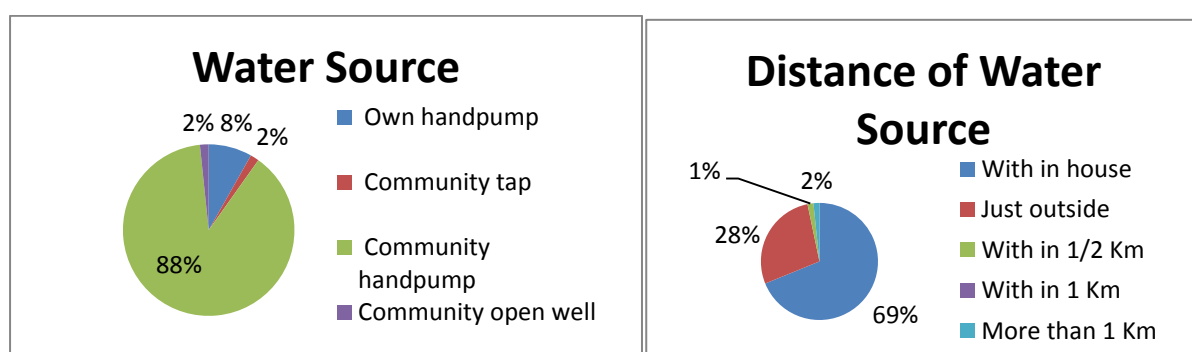
In Pochri Village, it has been found that 41% of the students are enrolled in Primary education followed by 25% in Upper primary, 12% in secondary education, and 6% in higher secondary, 1% in college. 15% has been recorded in preschool education in Pochri Village. As far as Type of education institutions are concern, 78% of students are enrolled in government institution while 20% are in private and only 1% are in other institution in this village.

5.2.1.3 SANITATION



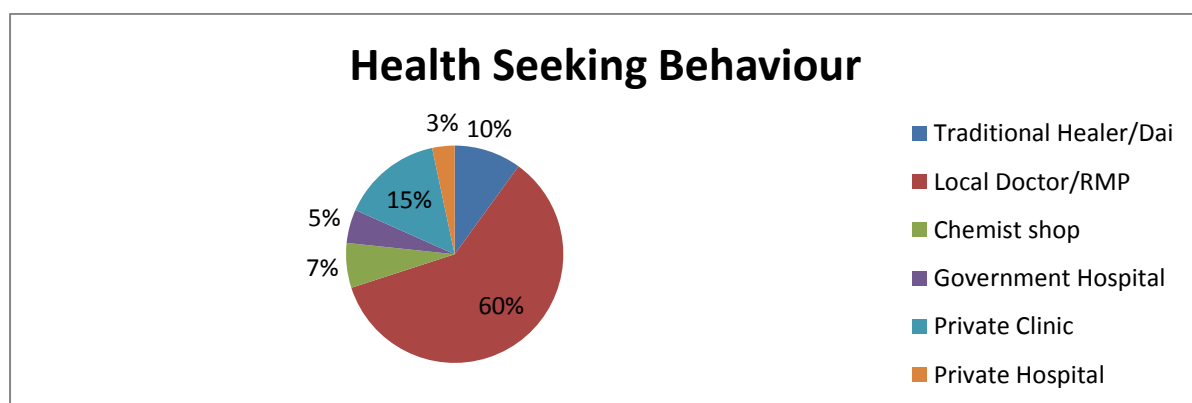
In Pochri Village, the sanitation in this village is found below the satisfactory level. 95% of the sample population do avail toilet facility. While only 5% of the population have pit toilets. When enquired about the interest for flush toilets, people responded for free toilets (83%), provided with subsidiary (10%) while 1% of the population shown no interest for flush toilets at their homes.

5.2.1.4 WATER SOURCE



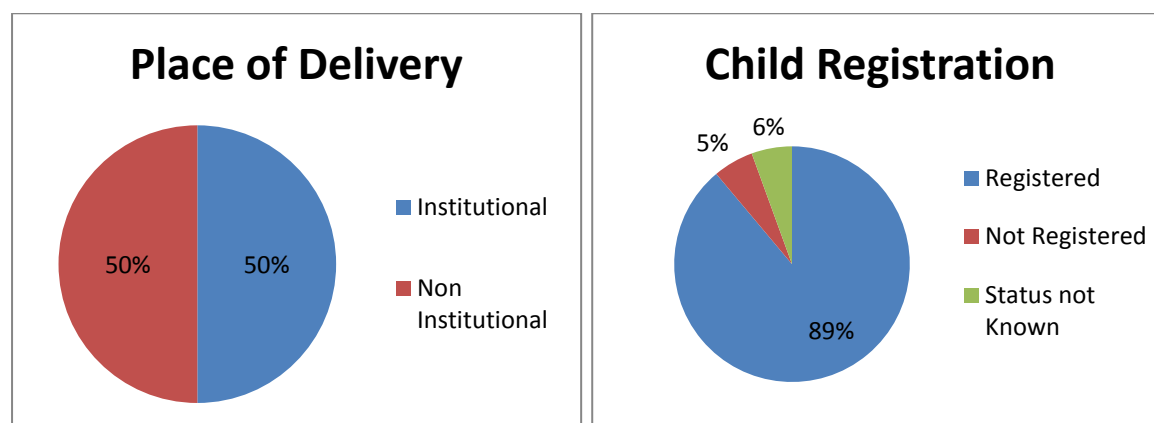
In Pochri Village, community hand pump is the major source of water which caters the need of 88% of the sample population, 8% of the sample population has own open well. 2% of the sample population shows water is available through community open well.

5.2.1.5 HEALTH SEEKING BEHAVIOUR

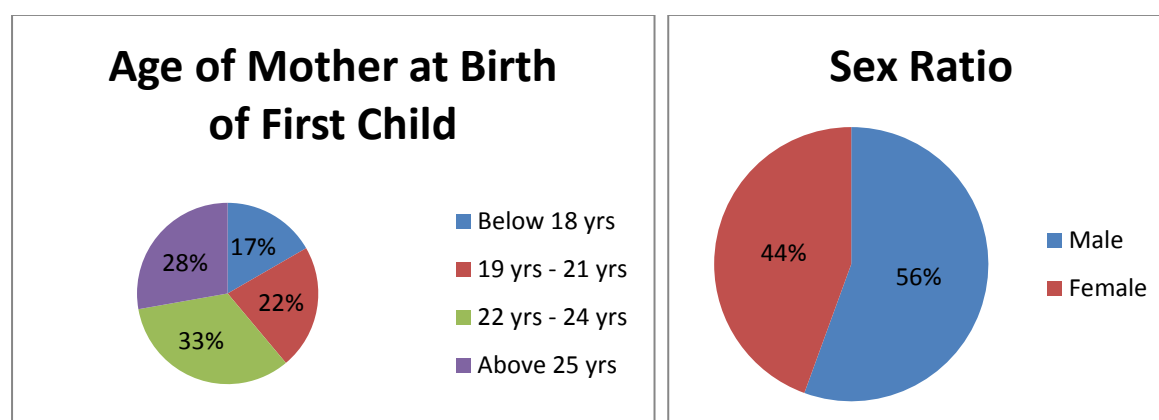


In Pochri Village, as reflected in graph majority of sample (60%) in the village consults a local doctor who is a registered medical practitioner. The next big service provider are private clinics which caters the medical needs as said by 15% sample. Considering this 3% sample said that they rely on private hospitals for the medical emergency. Other than that, 5% prefer government hospitals. About 10% of the sample population prefer traditional healer for treatment.

5.2.1.6 MATERNAL HEALTH

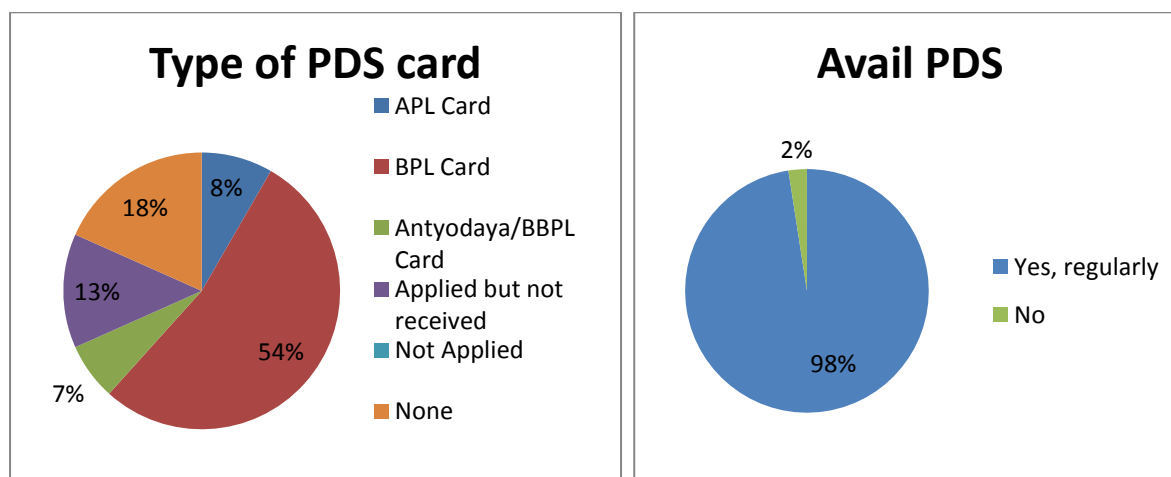


In Pochri Village, an institutional delivery takes place around 50%. Child registration in this village is 89% and not registered is 5%. 6% of the registration cases are not known.



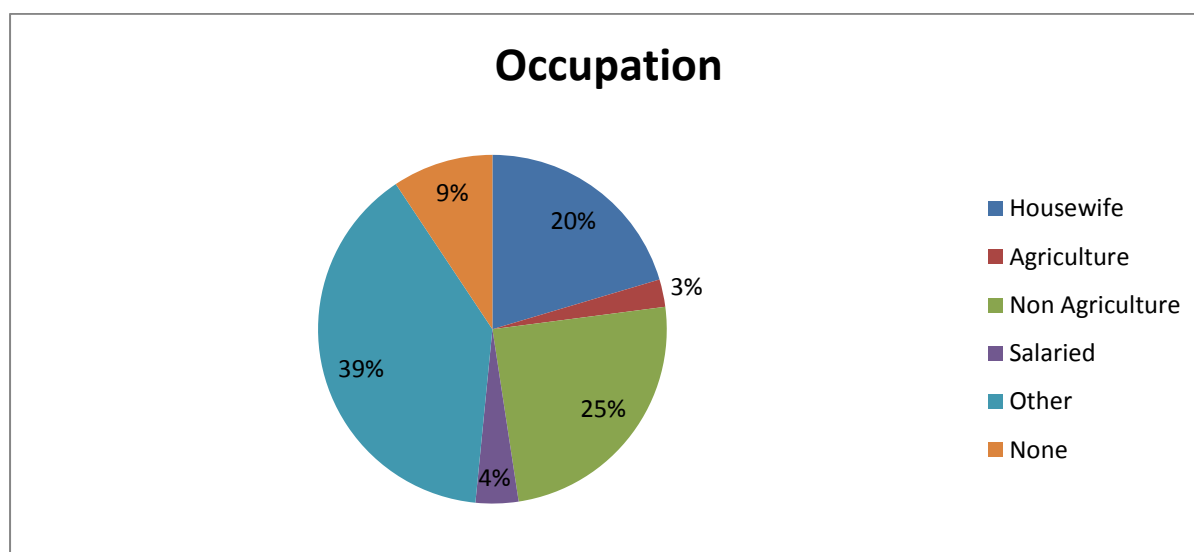
In Pochri Village, the age of mother at the birth of first child in the age group of below 18 years is 17 % followed by 22% in the age group of 19 – 21 years which show majority of the women give birth to first child below 21 year which is not an ideal age for giving birth. Apart from that 33% of women give birth in the age group of 22 to 24 years and 28% of the birth is given by the women of age group 25 and above.

5.2.1.7 PUBLIC DISTRIBUTION SYSTEM



In Pochri Village, as reflected in the figure 8% of the sample have APL card while 54% have BPL card. 13% of the sample reported that they have applied for the ration card but didn't receive it. Among the households who had ration card 98% accepted that they use it regularly, 4% said that they avail it only sometimes, however, 2 % said that they don't avail ration from the PDS.

5.2.1.8 OCCUPATION



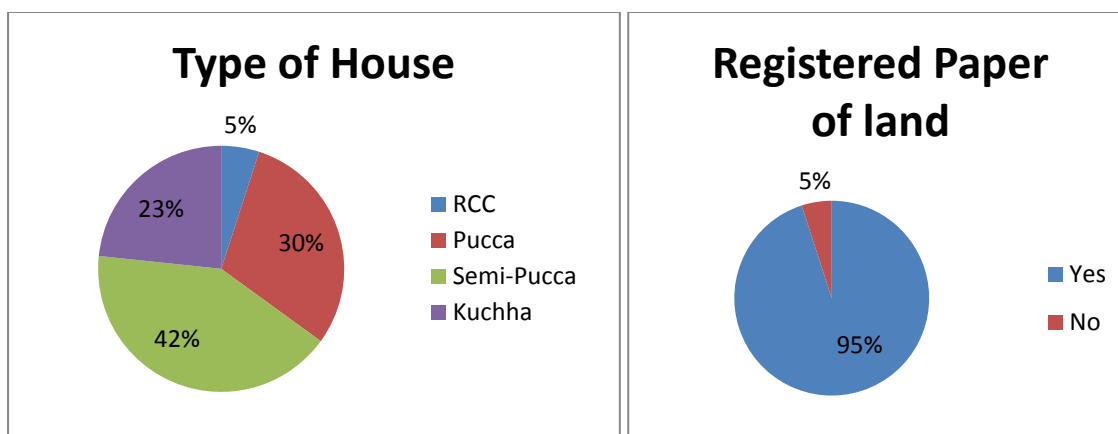
In Pochri Village, the above data shows that 3% of the sample population are engaged in Agriculture activity followed by non-agriculture (25%). Salaried employees constitute 4%, housewives are 20%. Majority of the sample population are found in other occupation and 9% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	There should be scholarship provision for the children belonging to underprivileged section of the society who are going for education after matriculation
	Library is required in this village in school premises
	School should have in-house electric fitting of fans and light
Water Supply	Water tanker should be provided during summers
	Mines water can be utilized for irrigation with a pipeline
	Existing well and hand pumps should be repaired. Well deepening should be done to ensure water during summers
Health Care	CSR clinic should provide medicine to non BCCL people.
	Awareness camps is needed
Sports & Culture	Sports equipment should be provided to the sports club
Livelihood	Problem of unemployment. Vocational training is needed.
	SHG for women and men should be formed to start Income Generation activity
	Adult Literacy classes has been requested by the people
	Group activity on Piggery and poultry has been requested by the people. But for that a formal group has to be formed who have to register in the local bank
	Women who are not getting widow pension should be supported with livestock's like poultry, duckery and goatry
Sanitation	No toilets in houses. Community toilets should be encouraged with BCCL support
	There should be provision for garbage disposal at regular interval along with fumigation
	Ponds should be cleaned with involving community by providing them daily wage as followed in MNREGS
Infrastructural Development	Playground for children with boundary
	Construction of drains in both side of the road is needed
	Playground with boundary should be constructed
	Community hall should be constructed with toilet and water supply

5.2.2 MURAIIDIH

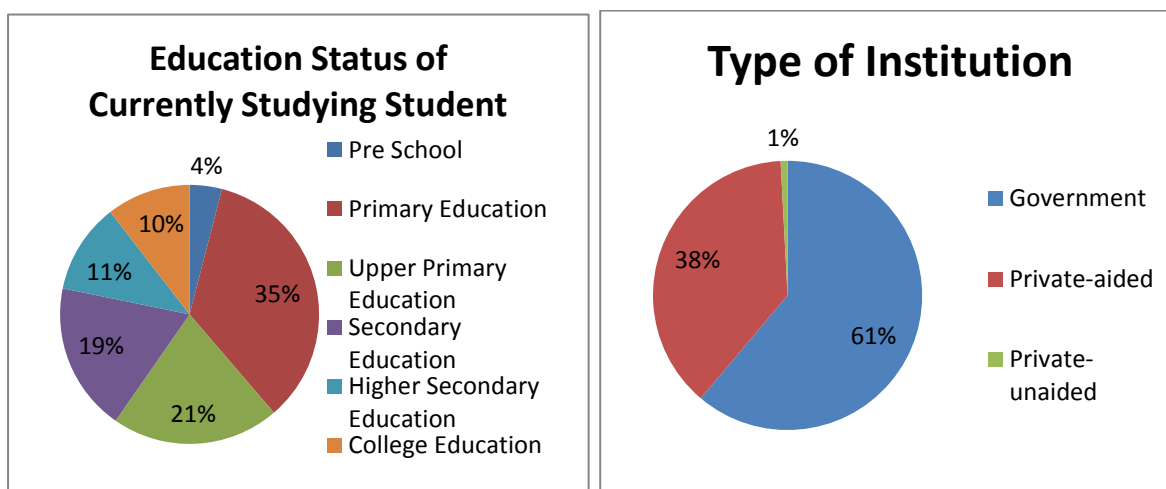


5.2.2.1 HOUSEHOLD STATUS



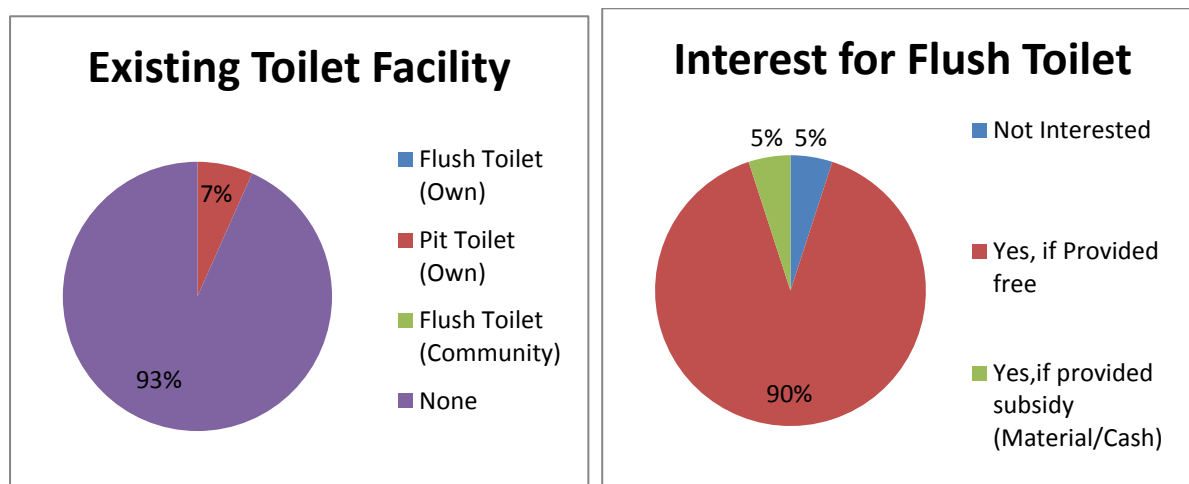
In Muraidih Village, 30% of the sample is living in pucca house and 23% were having kuchha house while 42% were having semi - pucca house. Among the sample 95% of the people have registered paper of land while 5% of them do not have registered paper of land. 85% of the sample is living in electrified house.

5.2.2.2 EDUCATION



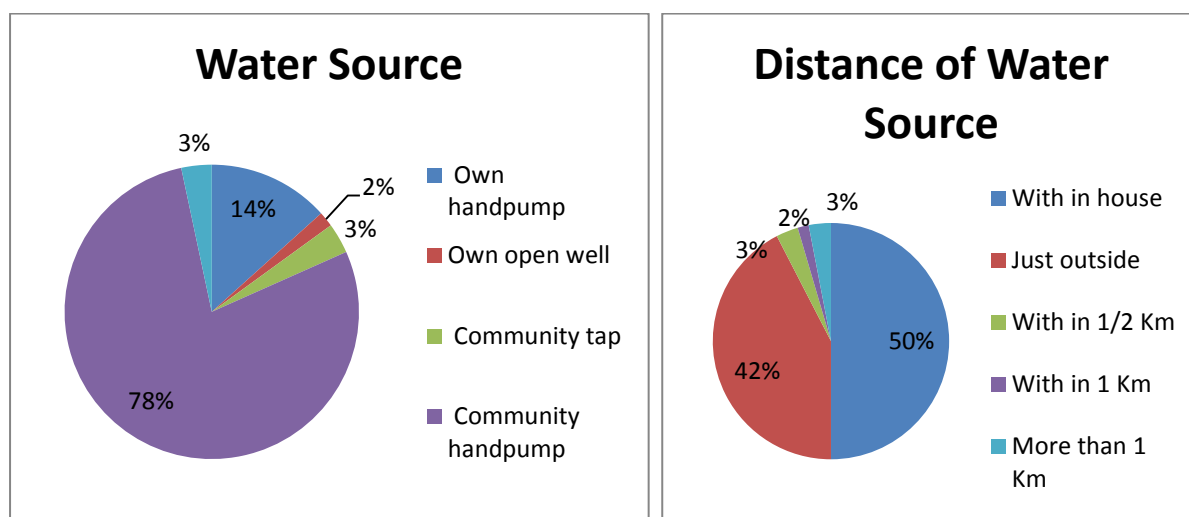
In Muraidih Village, 35% are currently studying in primary school, 21% are in upper primary school, 19% in secondary school and another 11% is studying in higher secondary education. 61% of students are studying in government institutions and 38% students are studying in private institute

5.2.2.3 SANITATION



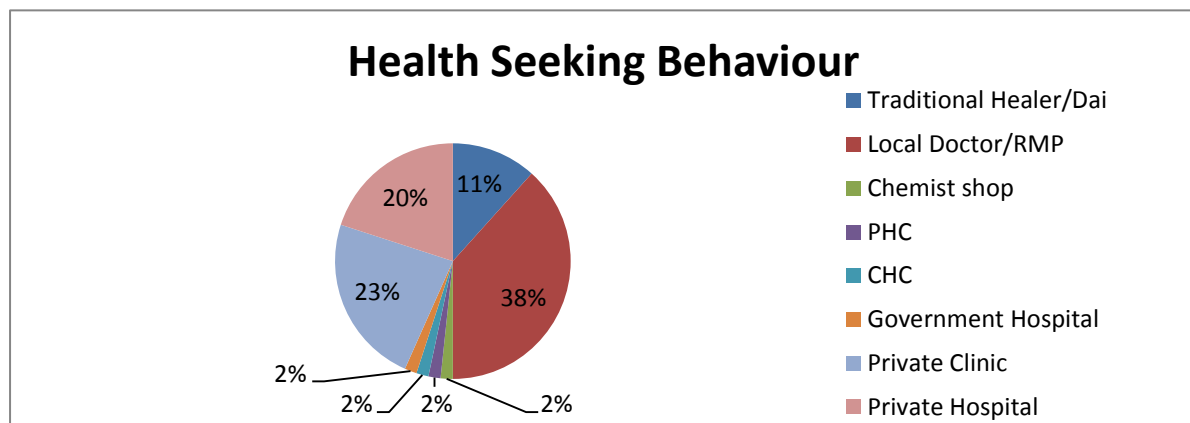
In Muraidih Village, 93% of the sample population do not avail toilet facility in that area. 90% of them wanted to have toilet facility when provided with no charges while 5% of those responded want to construct a toilet if subsidy is provided and 8% of them did not show any interest for toilet construction.

5.2.2.4 WATER SOURCE



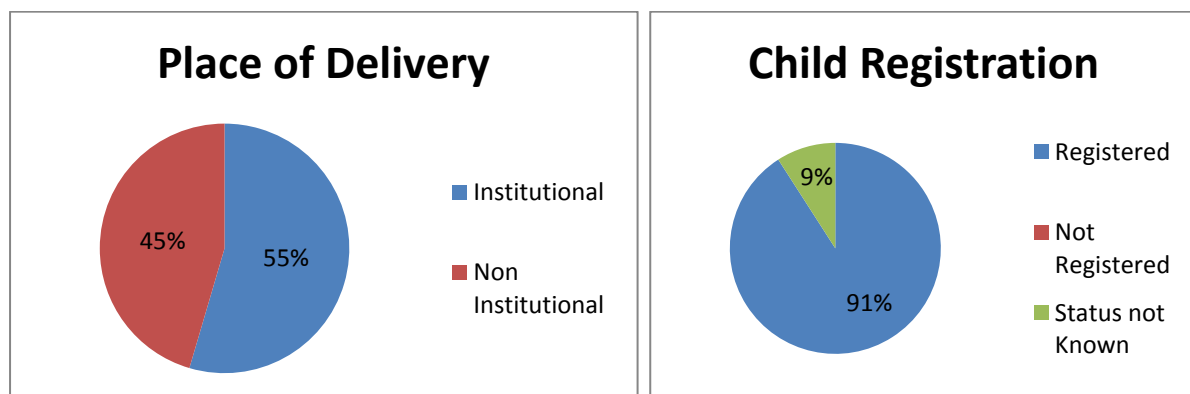
In Muraidih Village, among samples 78% use community hand pumps as source for drinking water purposes while 3% have access to community tap. Village does not have drinking water supply provided by Panchayat/Government. The location of water is not an issue as community water sources are located very near to households.

5.2.2.5 HEALTH SEEKING BEHAVIOUR

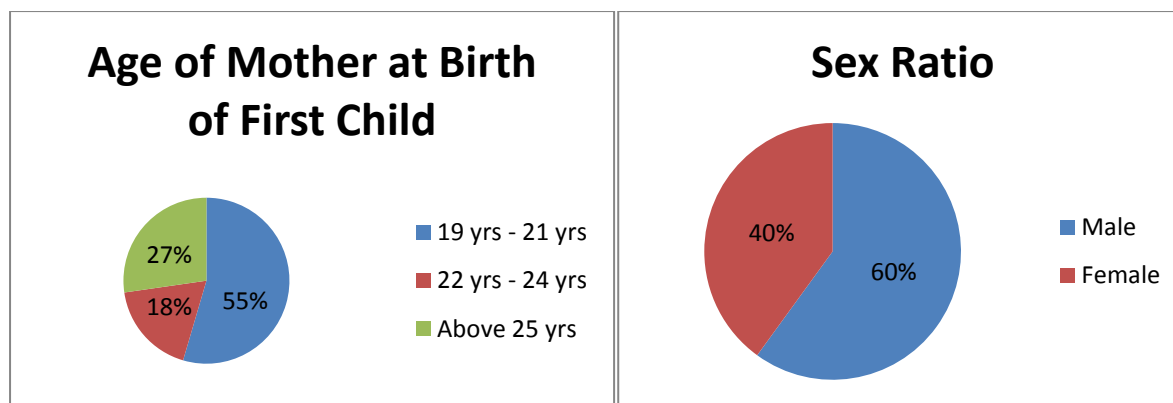


In Muraidih Village, among samples 23% reported accessing private clinic for medical emergency and 38% prefer going to a local Doctor or Registered Medical Practitioners followed by private hospital (20%). 11% of the people are found to be using traditional healer when they get. It reflects that 94% of respondents consult private services for medical needs which are supposed to be costly while only 6% of the respondents rely of government services.

5.2.2.6 MATERNAL HEALTH

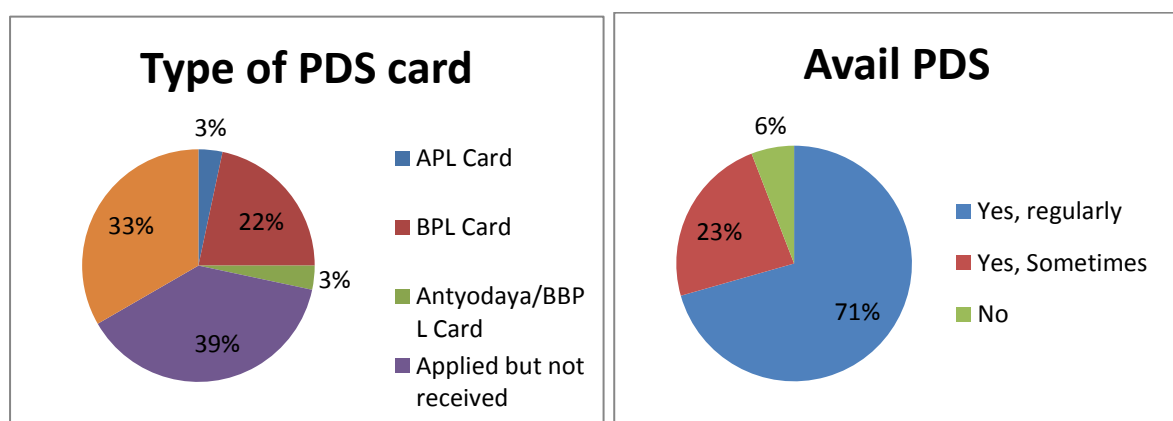


In Muraidih Village, among the sample households who witnessed the birth of child in last three year 5% of them said that it was an institutional delivery while 45% informed that the delivery was non institutional. 91% of the children's birth is registered.



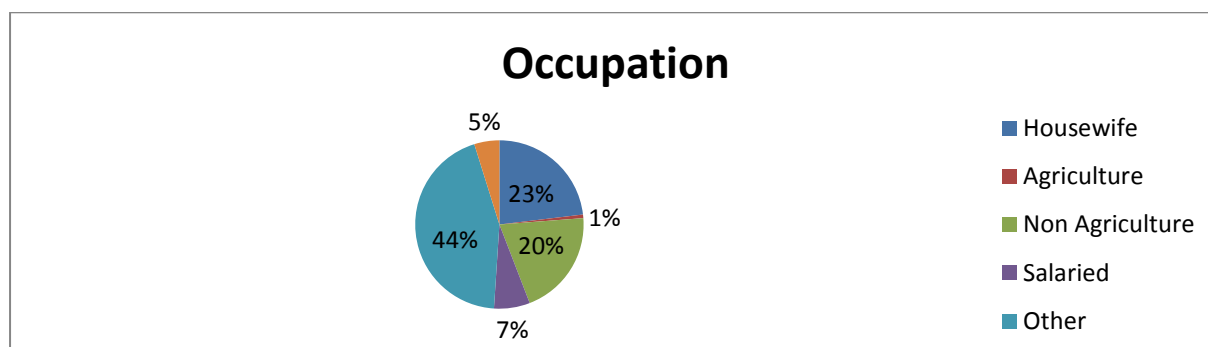
In Muraidih Village, 55% of women are in age group of 19 to 21 years at the time of birth of the child, 18% are under the age group of 22 to 24 years and lastly 27% are 25 years and above. Sex ratios in 0-3 year age group 60% children's are male child while 40 % are girl child.

5.2.2.7 PUBLIC DISTRIBUTION SYSTEM



In Muraidih Village, 3% of the sample households hold APL card while 22% of them are having BPL card. As informed by 39% of the sample that they had applied for the card but had not received yet while 6% of the sample households reported having no card at all. Among the sample who holds any type of card 71% of them informed that they avail PDS regularly which shows maximum outreach of this facility in this village while only 23% reported saying that they avail this facility sometimes, the reason they mentioned is the poor quality of grains.

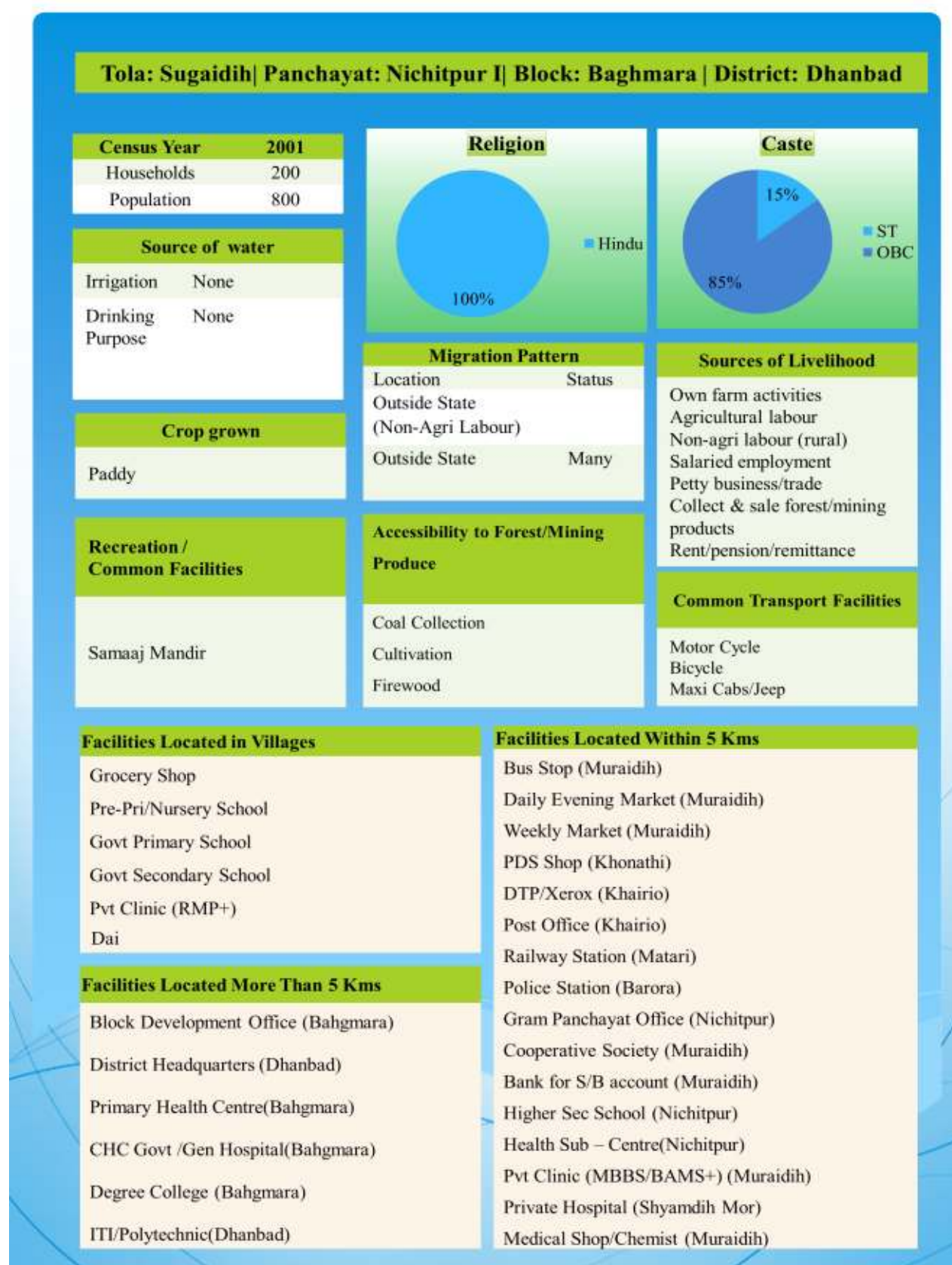
5.2.2.8 OCCUPATION



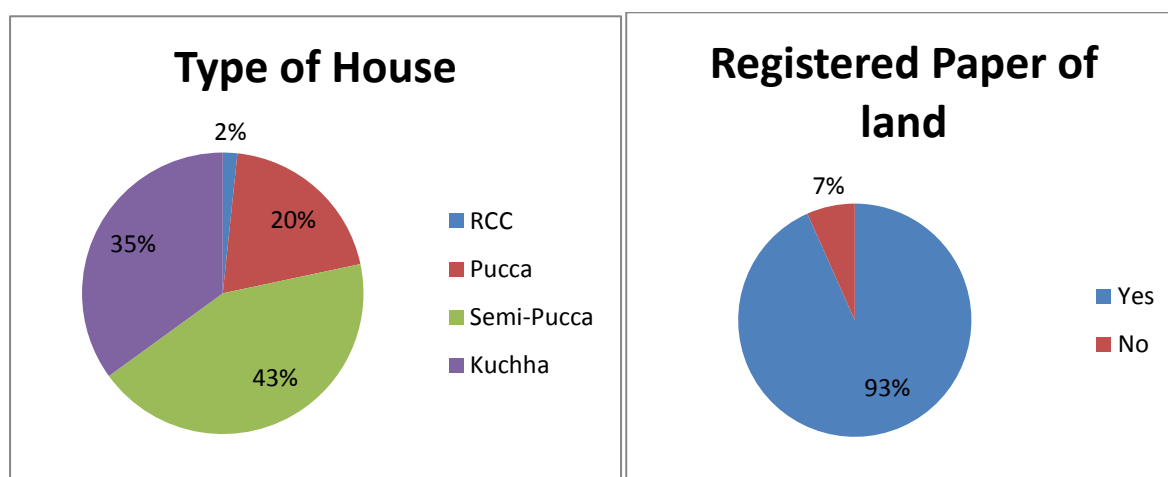
In Muraidih Village, the above data shows that 1% of the sample population are engaged in Agriculture activity followed by non-agriculture (20%). Salaried employees constitute 7%, housewives are 23%. Majority of the sample population are found in other occupation and 5% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Coaching centre for students where they can learn English, Maths and Science below 10 th std.
	Adult Literacy classes are needed.
Water Supply	Supply water is needed in this village for that pipe line is must
Livelihood	Employment should be available at village only in order to prevent migration to other state
	Livestock support is needed like group poultry, piggery and duckery.
	SHG for men and women is essential
	Vocational training in various trade like welder, fitter, carpentry , electrician etc.
	Financial aid to the group who want to start venture on agriculture
Sanitation	No toilet facility in the village. There is a need of toilets at household as well as community level
	Mosquito spray is essential and bleaching of well regularly.
Infrastructural Development	No PCC road in the village till 1 Km from the main road
	A separate building for ICDS is needed
	Paly ground with boundary is needed in this village
	Community hall is needed
	Vocational Training centre should be constructed which cater 2-3 villages

5.2.3 SUGAIDIH

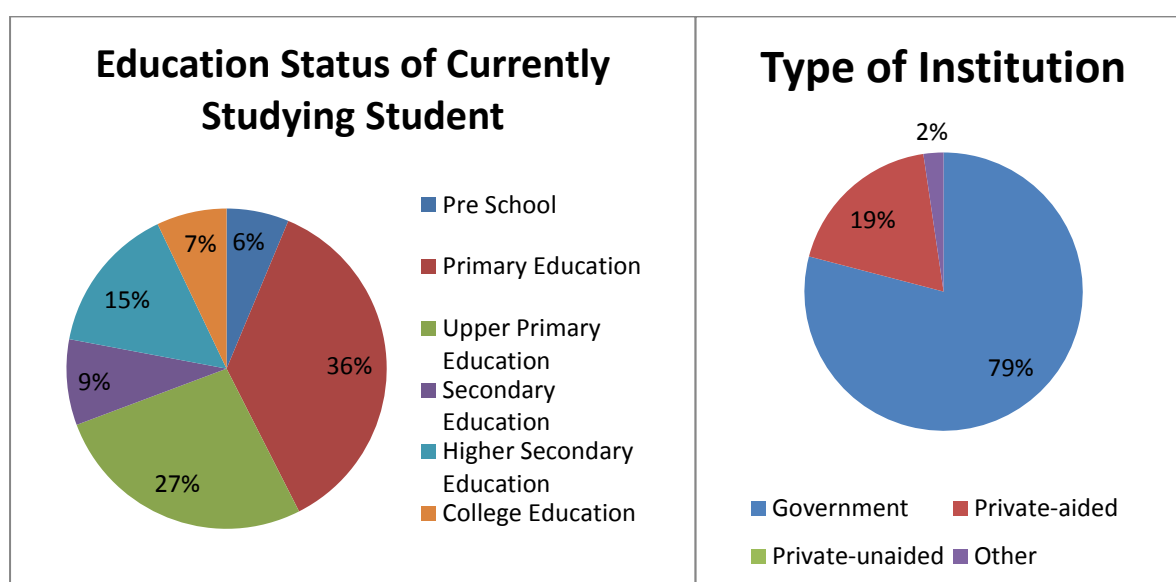


5.2.3.1 HOUSEHOLD STATUS



In Sugaidih Village, the status of the sample households in the village shows that 35% of the sample population resides in kuchha houses while only 43% resides in semi pucca houses. However, only 2% of the sample found living in pucca or RCC. 93% of them informed that they have registered papers of their land. All the studied households were 82% electrified.

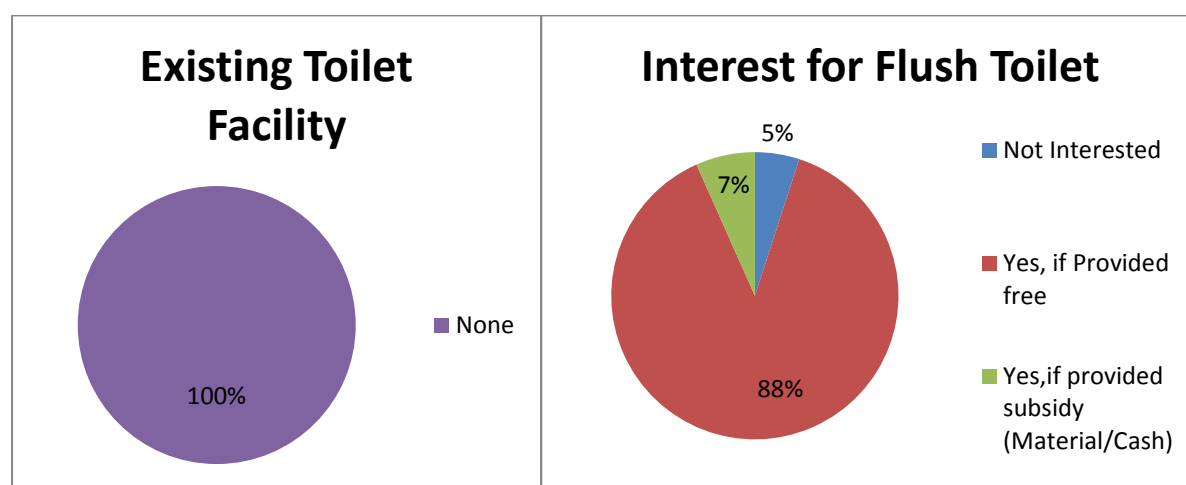
5.2.3.2 EDUCATION



In Sugaidih Village, among the studied households students who are currently studying 6% of the children are in preschool, 36% of them are enrolled in primary schools, 27% are enrolled in upper primary school, 9% of them are enrolled in secondary schools and

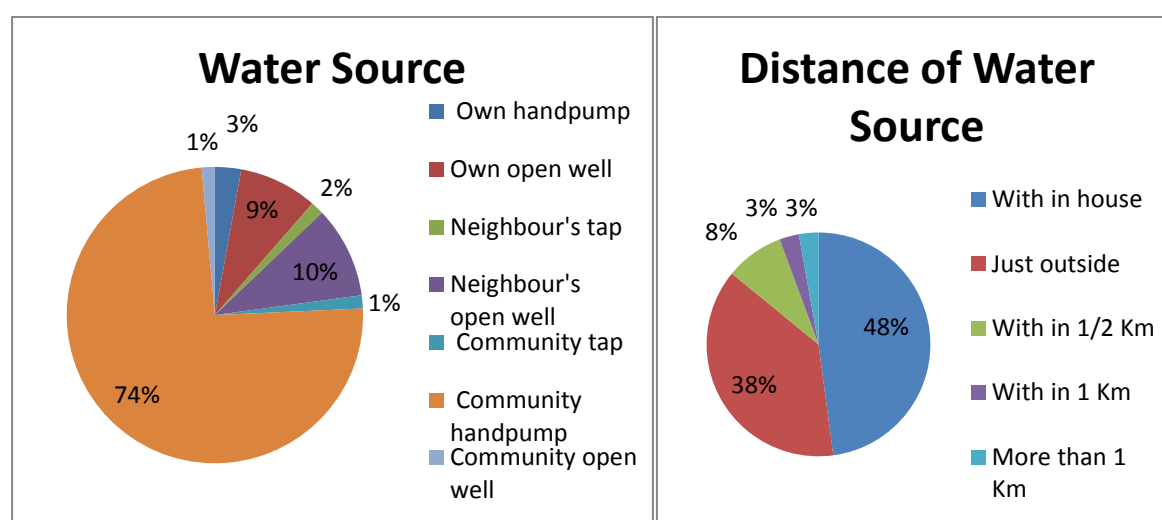
7% are studying in colleges. 79% of these students are enrolled in government institutions and 21% are studying in private education.

5.2.3.3 SANITATION



In Sugaidih Village, sanitation facility in this village is found very poor. 100% of the sample doesn't have toilet in their households. 88% of the sample population has reported that they would go for flush toilet if provided with free of cost, 7% reported that if subsidy is given they would like to construct a toilet in their house however 5% said that they are not interested in having toilet in their home.

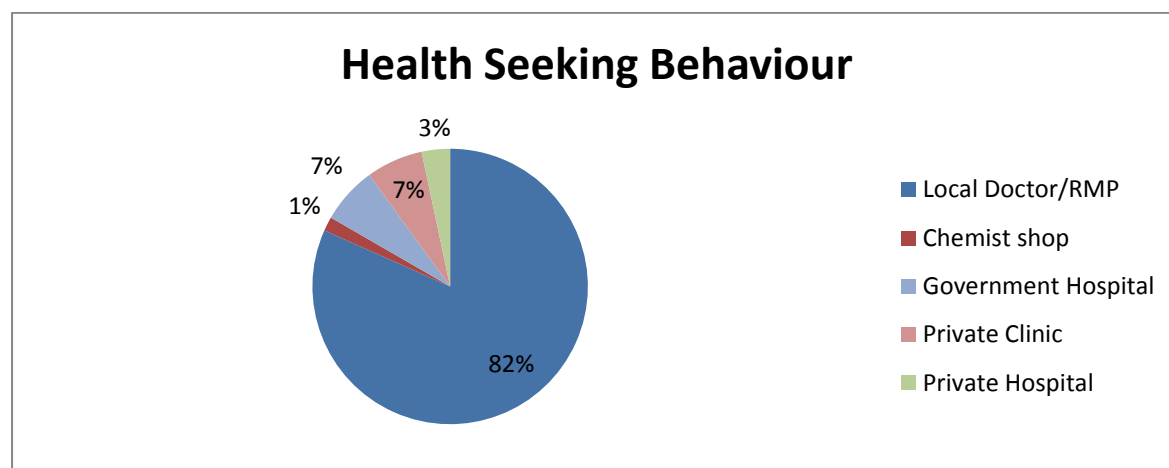
5.2.3.4 WATER SOURCE



In Sugaidih Village, community hand pump is the major source of water which caters the need of 74% of the sample population, 3% of the sample population has own open well. 1% of the sample population shows water is available through community open. The data of

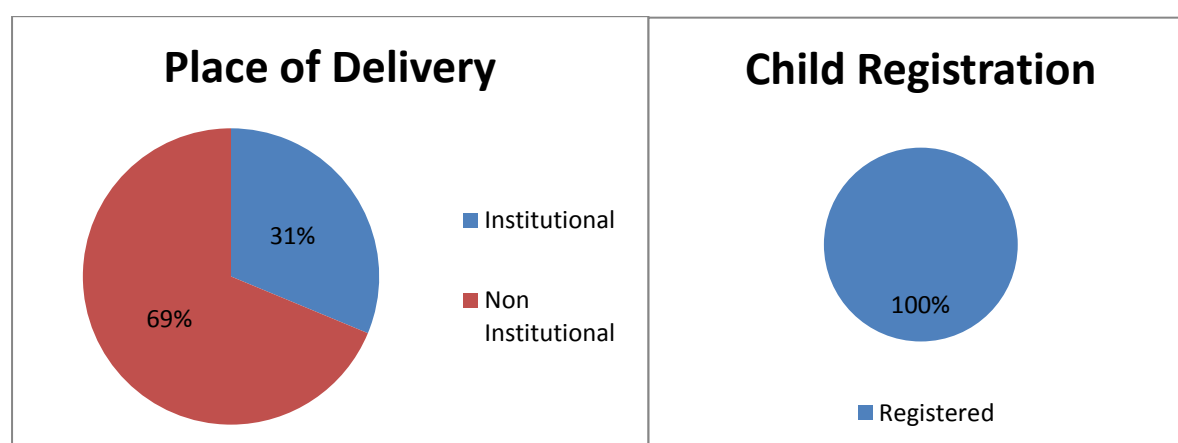
Sugaidih Village shows that 48% of the sample population have water source located inside their house. For 38% of the sample households water source is located just outside of their household and 8% of the sample households have to walk around half km to fetch water, 3% procure within 1 km and lastly, % from more than 1 km.

5.2.3.5 HEALTH SEEKING BEHAVIOUR

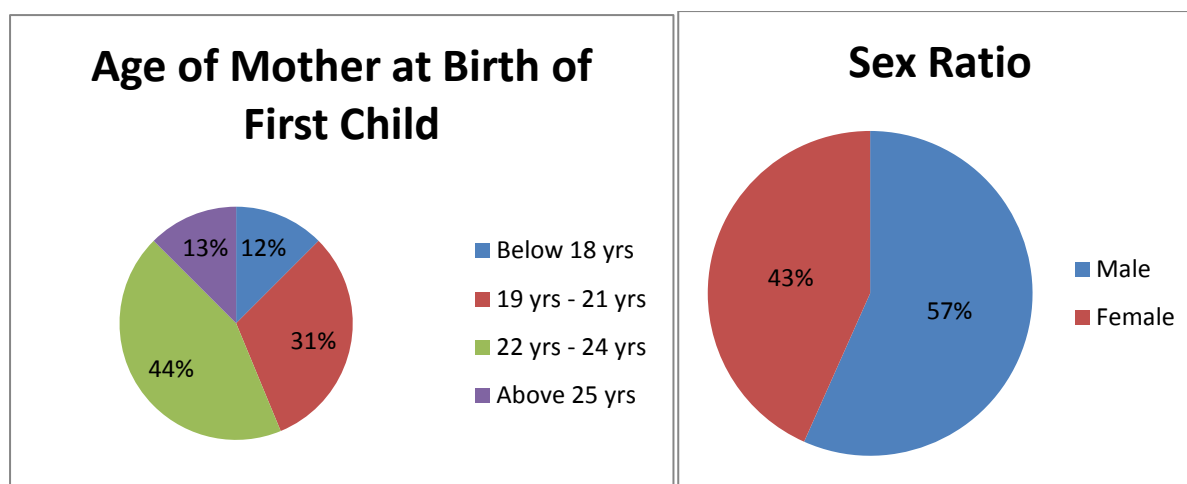


In Sugaidih Village, 82% of the sample prefers Local Doctor/RMP and only 7% prefer private clinic followed by private hospital (3%). It has been found that only 7% of the sample population prefer Government hospital.

5.2.3.6 MATERNAL HEALTH

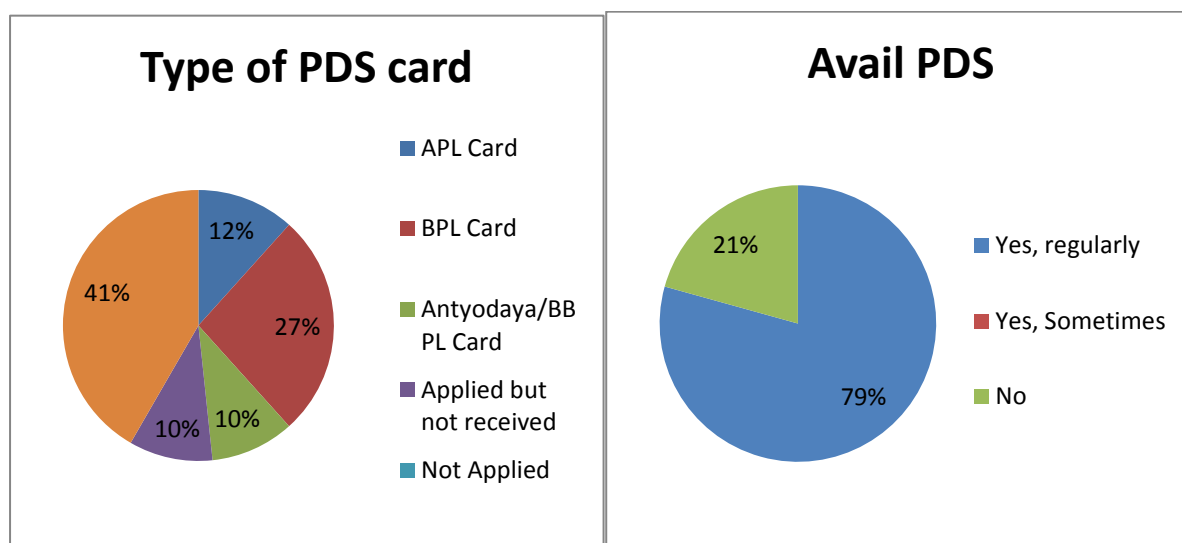


In Sugaidih Village, only 31% of them are institutional deliveries where delivery takes place in government or private hospitals, rest 69% takes place are non-institutional which takes place in home with the help of birth attendant. 100% of the child registration has been done with the effort of ASHA worker in spite of major deliveries took place as non-institutional deliveries.



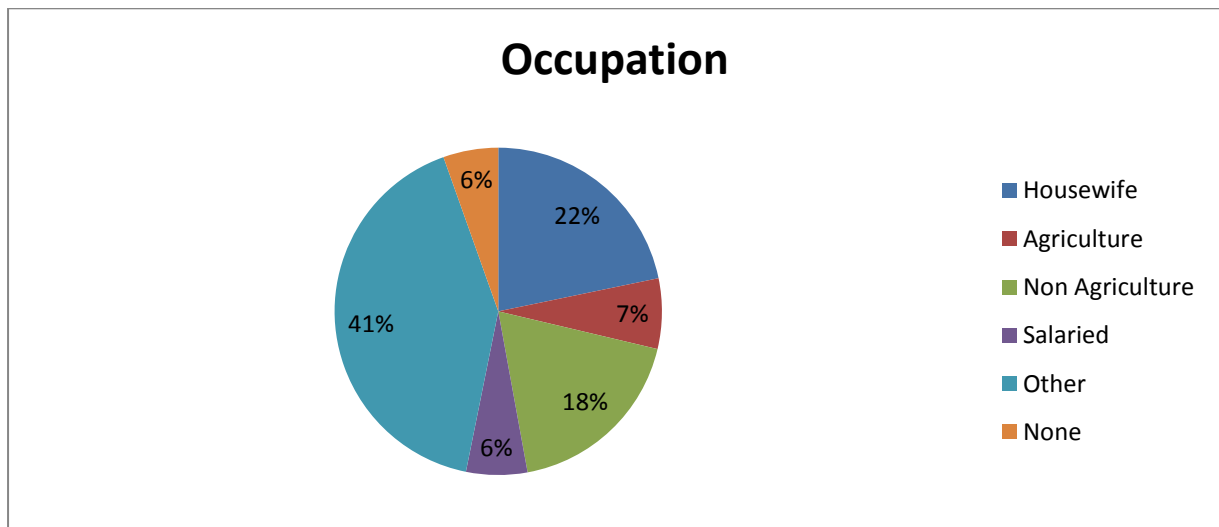
In Sugaidih Village, 12% of the deliveries still take place at the age of below 18 years. 31% at the age between 19 to 21 years, 22% in the age group of 22 to 24 years and lastly 13% in the age group above 25 years. 43% of female child has been born compared with respect to 57% of male child in last three years.

5.2.3.7 PUBLIC DISTRIBUTION SYSTEM



In Sugaidih Village, the data shows that only 12% of the sample population have APL Card, 27% are under BPL category, 10% holds Antyodaya Card another 10% of the sample population informed that they had applied for the card but had not received the card yet while 41% of them do not have any card. Among the interviewed households, 79% of sample respondent avail rations regularly and 21% do not avail it at all.

5.2.3.8 OCCUPATION

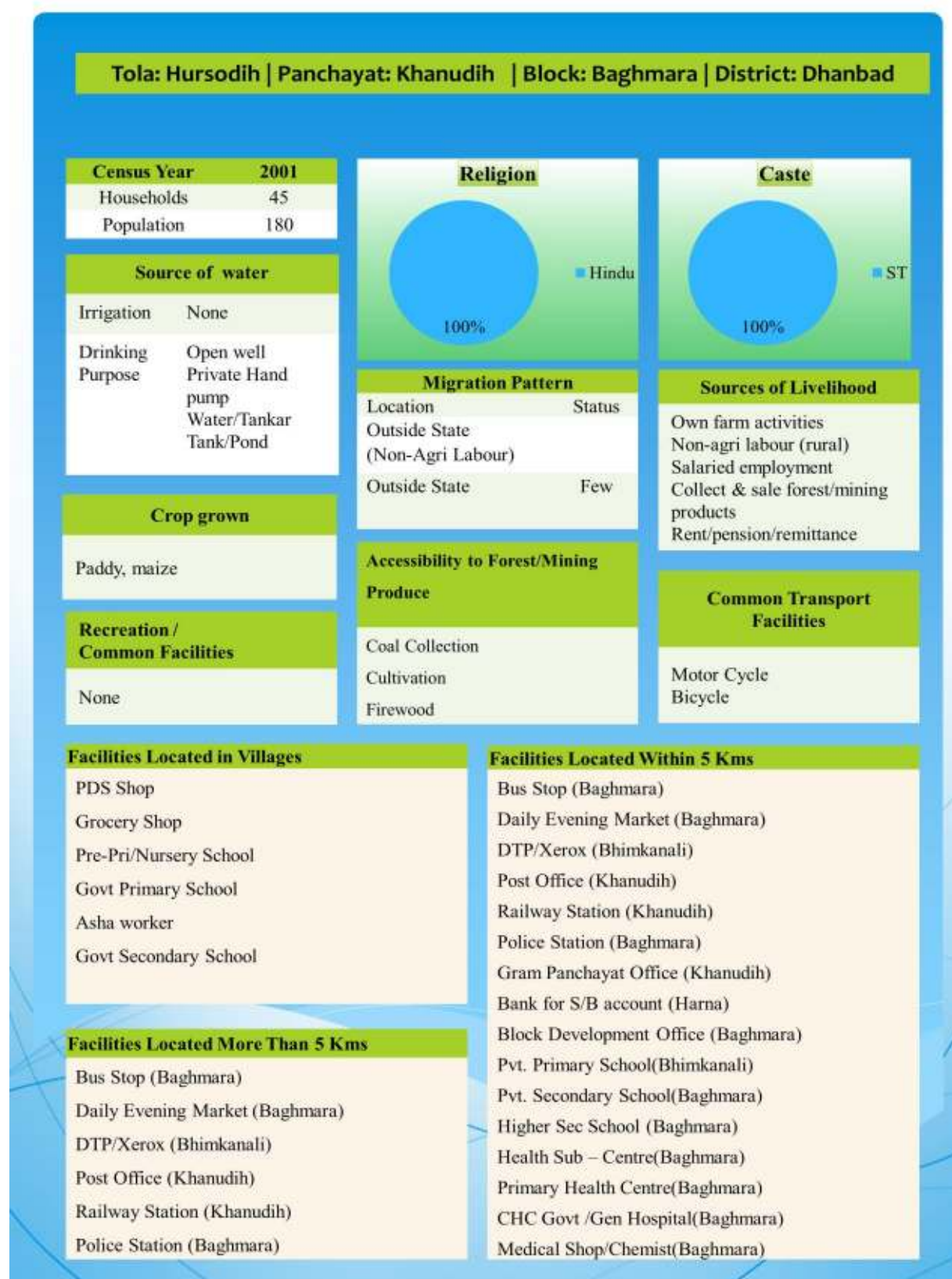


In Sugaidih Village, the above data shows that 7% of the sample population are engaged in Agriculture activity followed by non-agriculture (18%). Salaried employees constitute 6%, housewives are 22%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

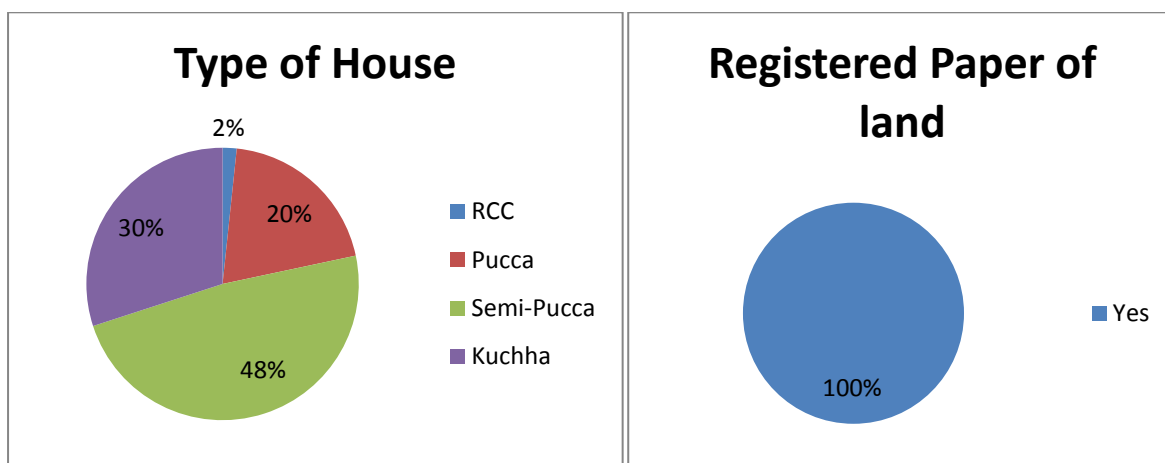
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Coaching centre for students where they can learn English
Water Supply	Supply water is needed in this village for that pipe line is must No irrigation facility. Mine water supply can be introduced to overcome with irrigation problem.
Health Care	No medical mobile vans reach in this village. Majority (82%) of the population get treated with local doctor/RMP hence Mobile medical van can be a good initiative to cater the need of medical treatment for the entire village Non institutional deliveries have been observed. Majority of the delivery take place at home. Dai should be trained to successful child delivery.
Livelihood	Employment should be available at village only in order to prevent migration to other state Livestock support is needed
Sanitation	No toilet facility in the village. Interested population should be provided with toilet facility with their contribution and involvement Mosquito spray is essential and bleaching of well regularly. Drainage on both side of the road is essential
Social Empowerment	SHG for men and women is essential Vocational training in various trade like welder, fitter, carpentry , electrician etc. Evening classes for uneducated villagers Financial aid to the group who want to start venture on agriculture by liasoning with banks
Infrastructural Development	No PCC road in the village till 1 Km from the main road A separate building for ICDS is needed Paly ground with boundary is needed in this village Community hall is needed Vocational Training centre should be constructed which can cater 2-3 villages together

5.3 BLOCK-II AREA

5.3.1 HURSODIH

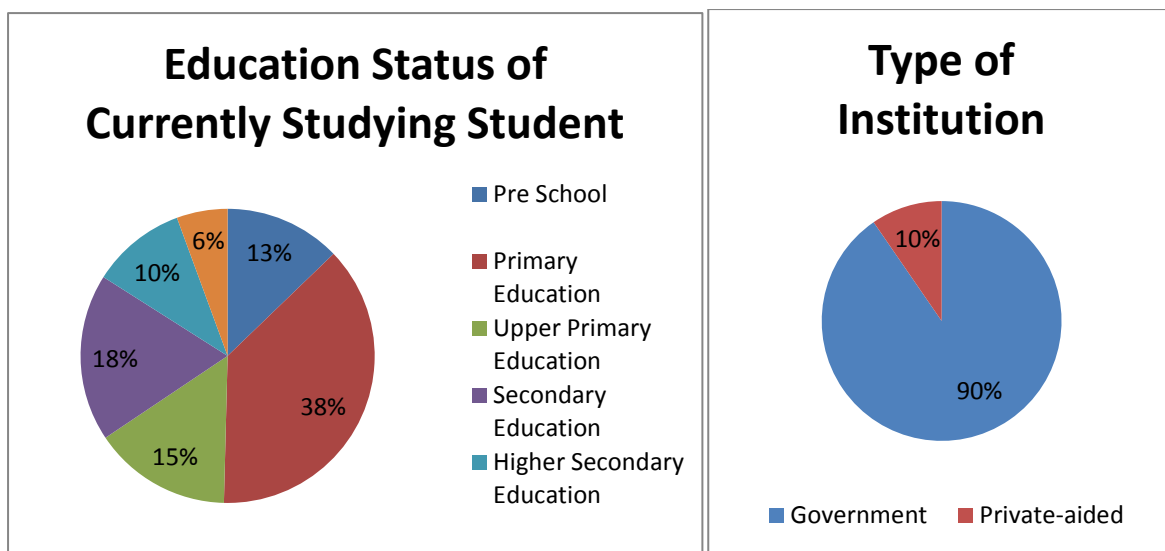


5.3.1.1 HOUSEHOLD STATUS



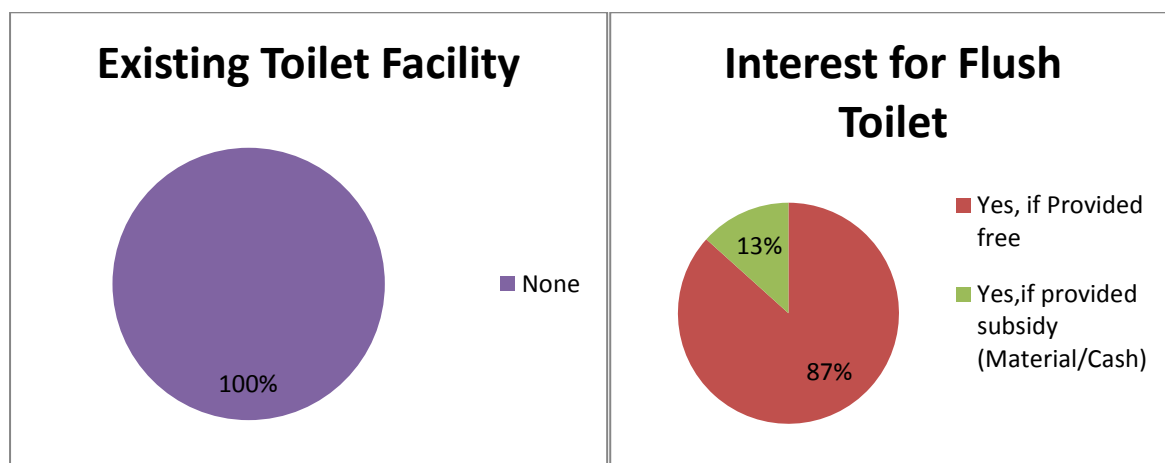
In Hursodih Village, only 20% of the sample households are having pucca house, 30% of them are living in kuchcha house and 48% are living in semi pucca house. The above information show that majority of the sample population reside in kuchha houses. 100% claimed to have registered paper of the land .Among the interviewed households 97% houses are reported electrified.

5.3.1.2 EDUCATION



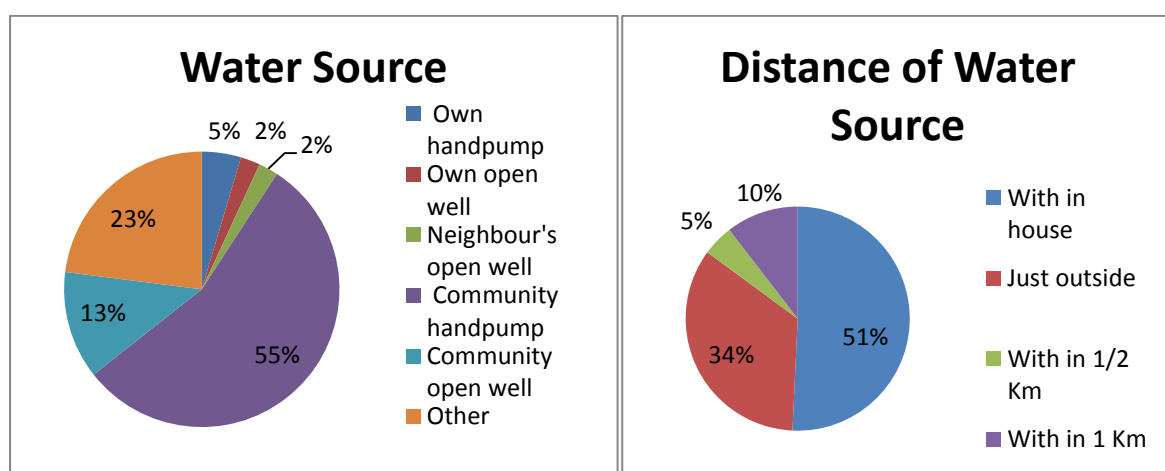
In Hursodih Village, 13% of the students are enrolled in preschool, 38% are in primary school, 15% in upper primary , followed by secondary school education (18%). 10 % are in Higher Secondary education while 6% are found in college education.

5.3.1.3 SANITATION



In Hursodih Village, sanitation facility is very poor. None of the sample population has toilet facility available in their village. When the sample population were inquired about the interest for toilet, 87% of the population said that they want toilet if provided with free of cost while 13% did not shown any interest for flush toilet at their houses.

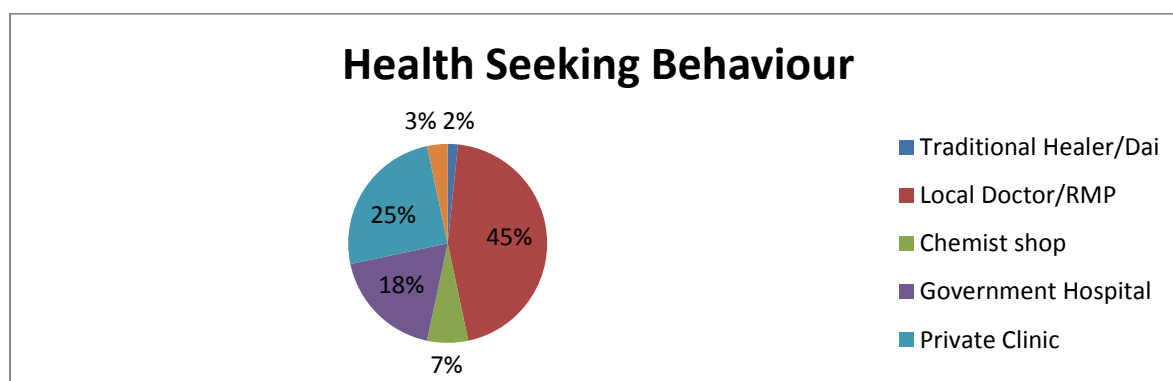
5.3.1.4 WATER SOURCE



In Hursodih Village, less number of sources of water at houses of respondent has been observed. 23% of the sample population avail water from other source which includes water from river. 55% of the sample population avail water from community hand pumps, 13% of the sample population avail water from community open well, 2 % from neighbours' open well. Only 5% of water source is available from own hand pump and 2% from own open well. 51% of water source is available within the house, 34% is available just outside the

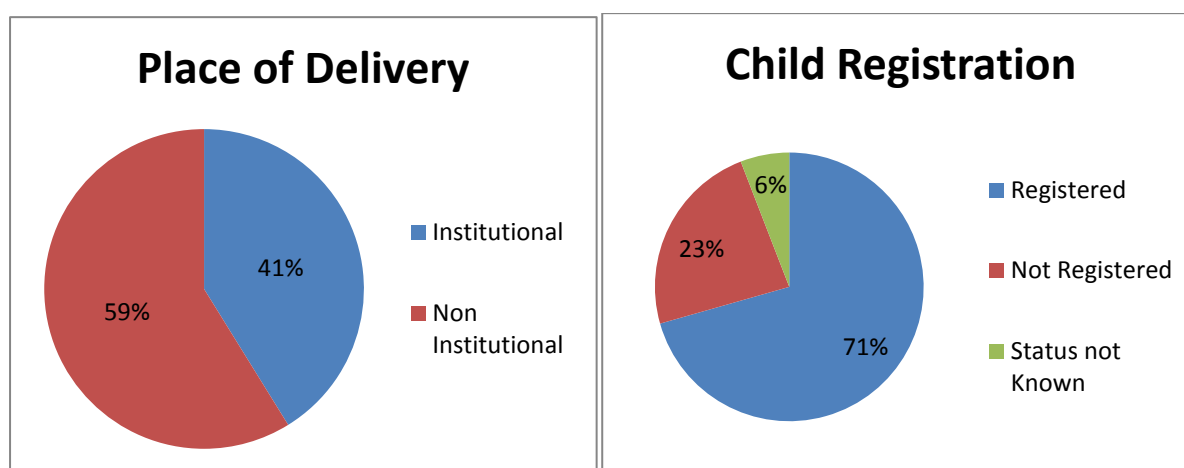
house while 5% reported to procure water within half Km. 10% of the sample population reported to procure water from within 1 Km.

5.3.1.5 HEALTH SEEKING BEHAVIOUR



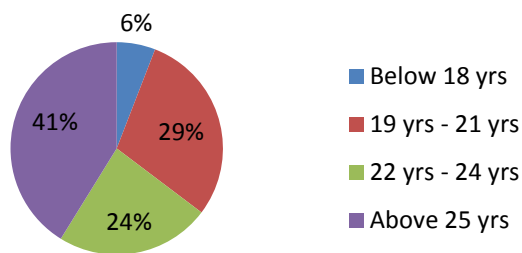
In Hursodih Village, it has been observed that majority of the respondent prefer going to local doctors/RMP (45%) for medical emergencies. 25% has reported going to private clinic while 3% prefer going to private hospital. 10% of the responded reported to visit local government hospital for medical emergencies.

5.3.1.6 MATERNAL HEALTH

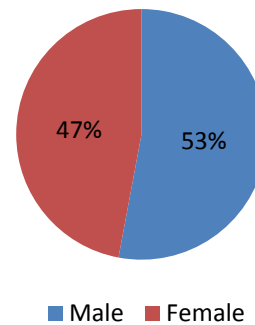


In Hursodih Village, Institutional deliveries are seen among 41% of the respondent while 41% respondent reported non institutional deliveries. 71% of the child is registered while 23% of the sample respondent reported that child registration has not been done. 6% of the mother reported status of child registration is not known.

Age of Mother at Birth of First Child



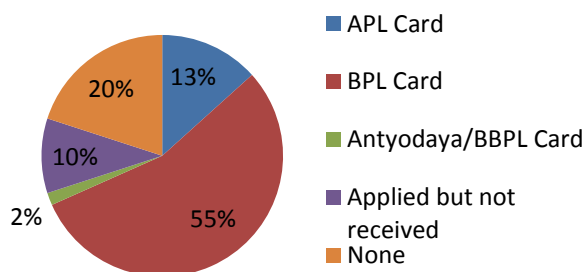
Sex Ratio



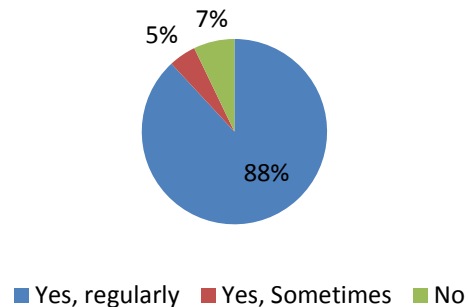
In Hursodih Village, 6% of the women give birth of first child at the age below 18 years while, 29% has found to give birth in the age group between 19 to 21yrs followed by 22 – 24 yrs. (24%) and lastly 41% found to give birth at the age of above 25 yrs. Sex ratio of male child and female child has been reported 47:53%

5.3.1.7 PUBLIC DISTRIBUTION SYSTEM

Type of PDS card

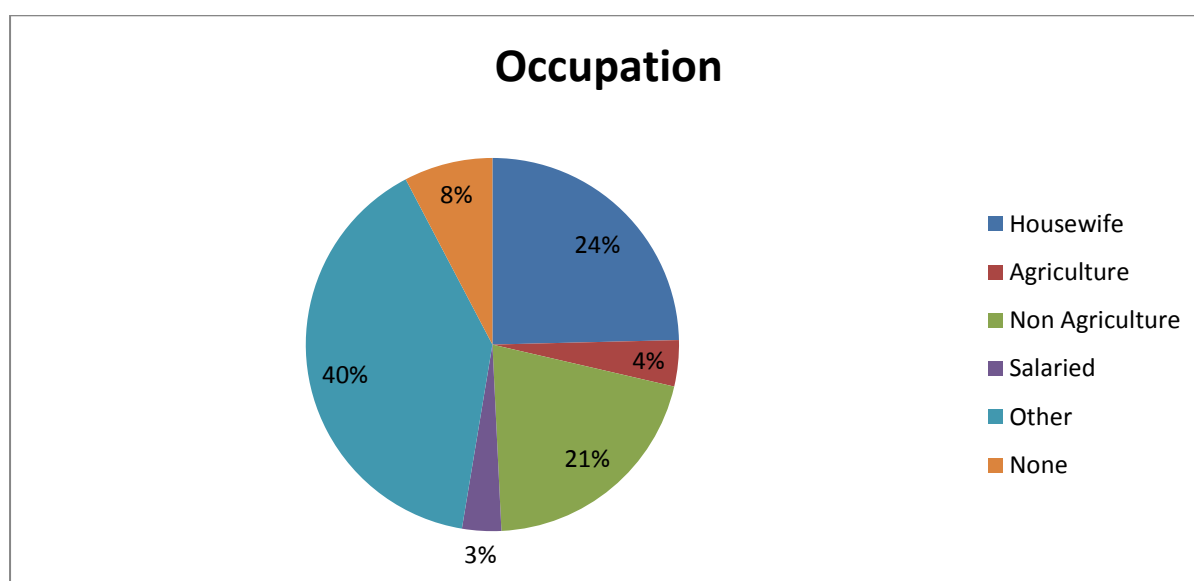


Avail PDS



In Hursodih Village, 13% of the respondent are reported to have APL card while 55% reported to have BPL card. 2 % are in Antyodaya card holder .10% have applied but not received the card yet. 20% of the respondent does not have any of the cards. 88% of the respondent avail ration regularly while only 5% avail ration sometimes but 7% of the respondent have found of not availing ration at all.

5.3.1.8 OCCUPATION



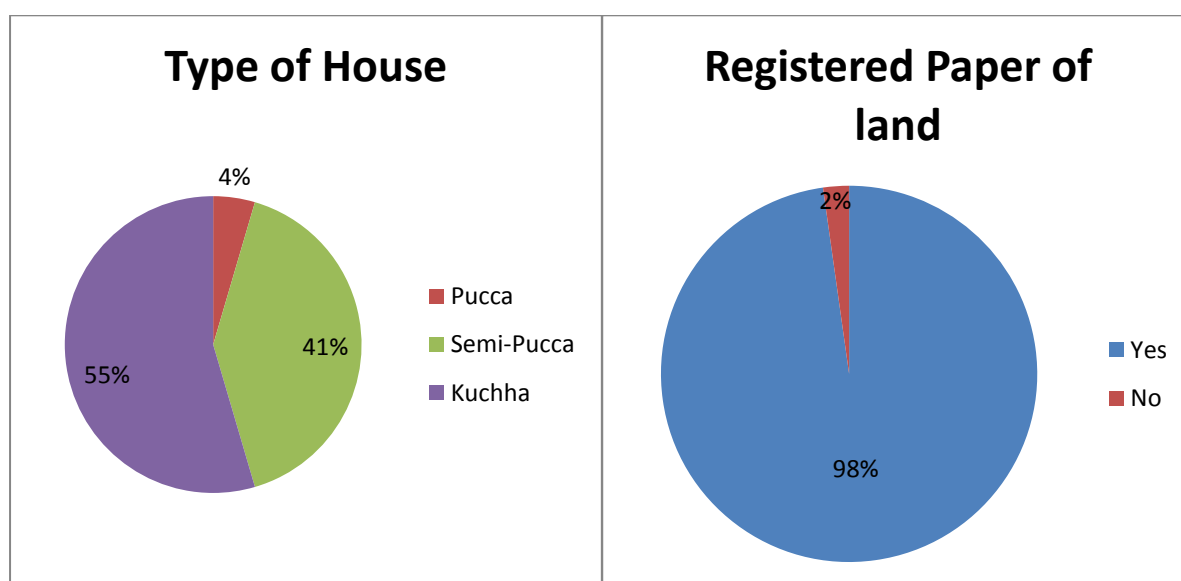
In Hursodih Village, the above data shows that 4% of the sample population are engaged in Agriculture activity followed by non-agriculture (21%). Salaried employees constitute 3%, housewives are 24%. Majority of the sample population are found in other occupation and 8% are not involved in any kind of employment.

AREA	MAJOR PROBLEM AND RECOMMENDATIONS
Water Supply	Pipe connection is needed for drinking purpose
Health Care	Mobile van does not reach in the village.
	Awareness camp should be encouraged quarterly or annually
Livelihood	Problem of unemployment is there. Vocational training should be encouraged.
	SHG should be formed for men and women for income Generation activity
Sanitation	None of the houses have toilets. Community toilets should be encouraged.
Infrastructural Development	School boundary should be constructed

5.3.2 GOPALPUR

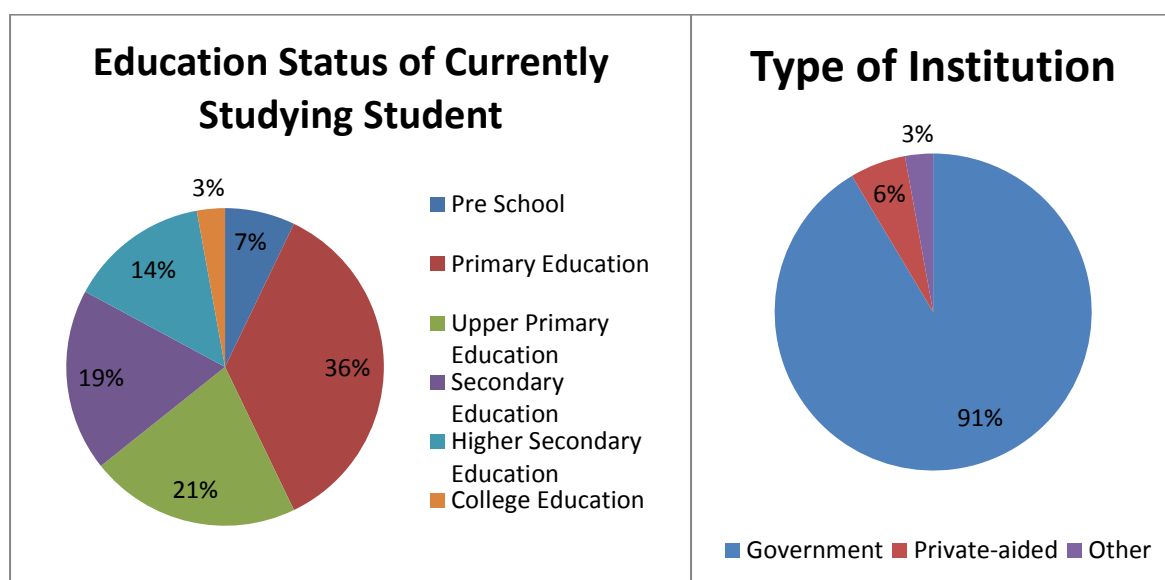


5.3.2.1 HOUSEHOLD STATUS



In Gopalpur Village, the status of the sample households in the village shows that 55% of the sample population resides in kuchha houses while only 41% resides in semi pucca houses. However, none of the sample found living in pucca or RCC. 98% of them informed that they have registered papers of their land. All the studied households were 97% electrified.

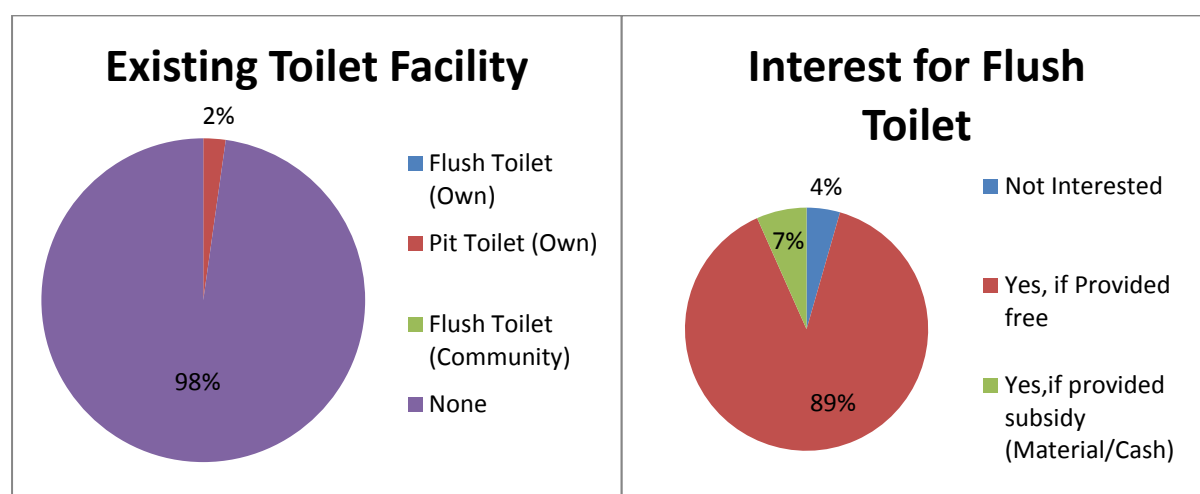
5.3.2.2 EDUCATION



In Gopalpur Village, among the studied households students who are currently studying 7% of the children are in preschool, 36% of them are enrolled in primary schools, 21% are enrolled in upper primary school, 19% of them are enrolled in secondary schools and

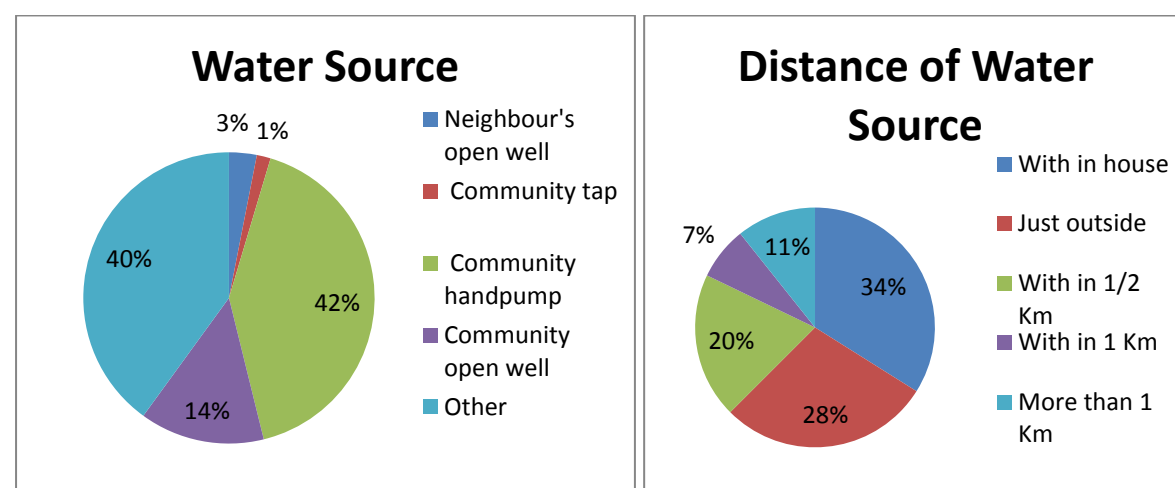
3% are studying in colleges. 91% of these students are enrolled in government institutions and 9% are studying in private education.

5.3.2.3 SANITATION



In Gopalpur Village sanitation facility is very poor. 98% of the sample population has toilet facility available in their village. When the sample population were inquired about the interest for toilet, 89% of the population said that they want toilet if provided with free of cost while 4% did not shown any interest for flush toilet at their houses.

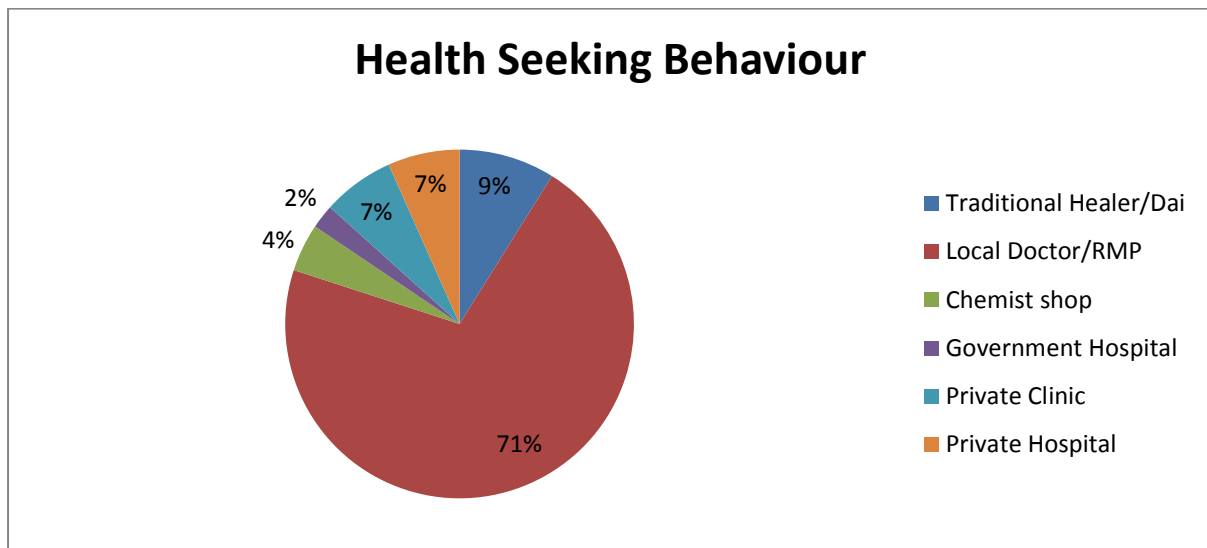
5.3.2.4 WATER SOURCE



In Gopalpur Village, community hand pump is the major source of water which caters the need of 42% of the sample population. 14% of the sample population shows water is available through community open well while 40 % of the sample population reported that other source of water is also available like river, daari or chuuan. The data of Gopalpur Village shows that 34% of the sample population have water source located inside their

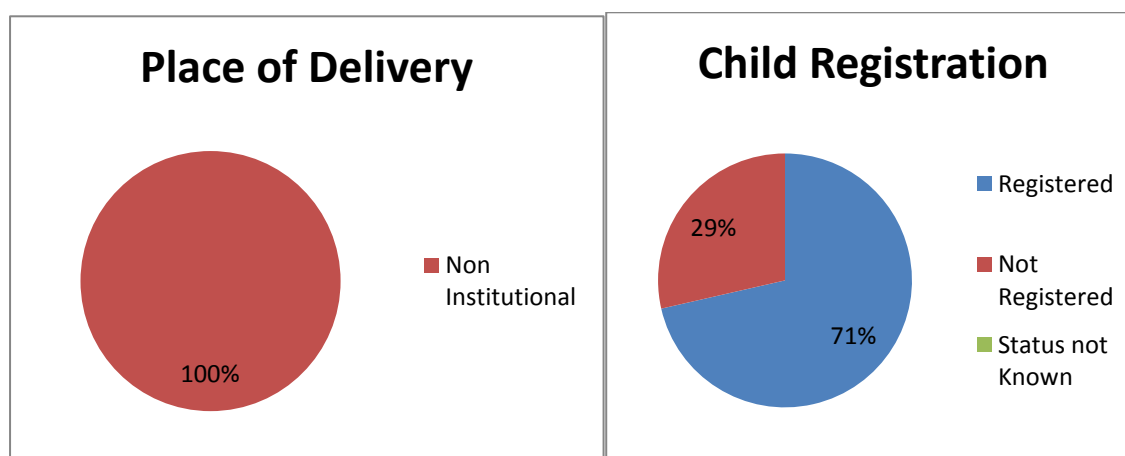
house. For 28% of the sample households water source is located just outside of their household and 20% of the sample households have to walk around half km to fetch water, 7% procure within 1 km and lastly, 11% from more than 1 km.

5.3.2.5 HEALTH SEEKING BEHAVIOUR

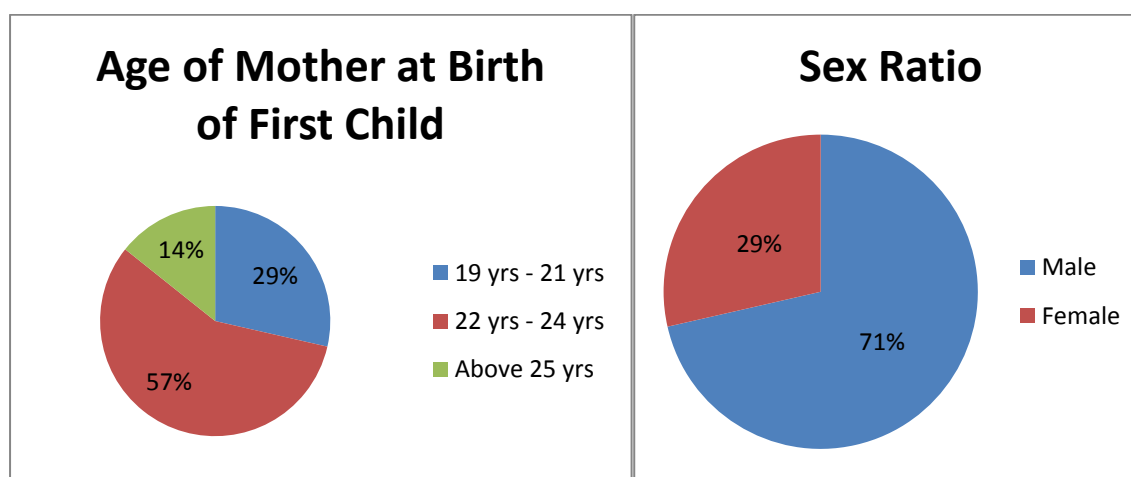


In Gopalpur Village, as reflected in graph majority of sample prefer local doctors (71%). The next big service provider is traditional healer (9%) followed by private clinic (7%), private hospital (7%). Only 2% of the sample said that they rely on government or company provided Facilities for medical emergency.

5.3.2.6 MATERNAL HEALTH

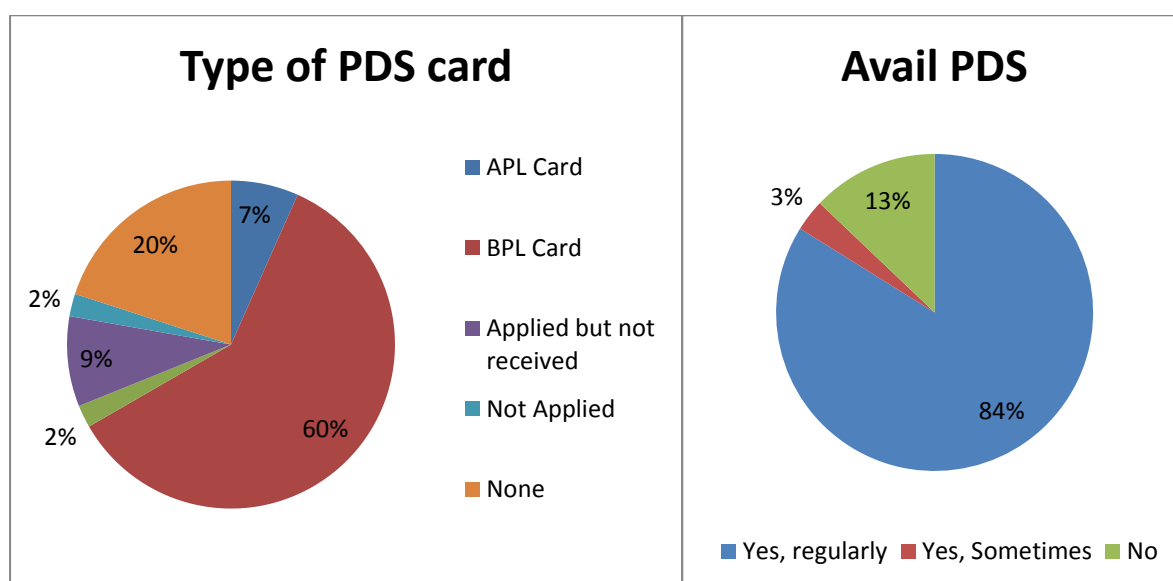


In Gopalpur Village, as per the UNICEF facts on maternal Health in India, only 47 % of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant. Among the deliveries that took place in last three years in the sample households in Gopalpur Village, 100% takes place are non-institutional which takes place in home with the help of birth attendant. 71% of the child registration has been done with the effort of ASHA worker in spite of major deliveries took place as non-institutional deliveries.



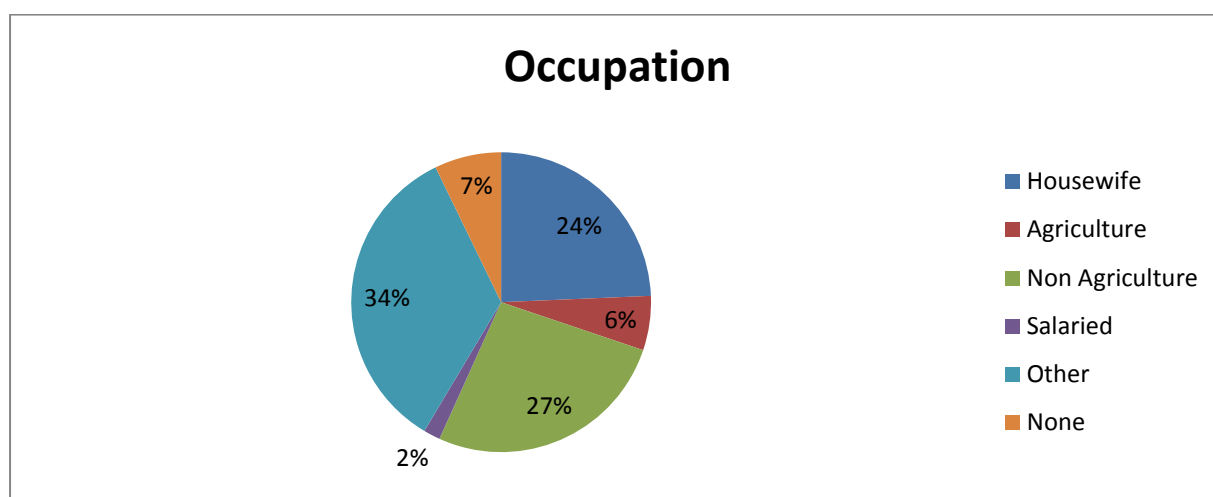
In Gopalpur Village. 29% at the age between 19 to 21 years, 57% in the age group of 22 to 24 years and lastly 14% in the age group above 25 years. 71% of female child has been born compared with respect to 29% of male child in last three years.

5.3.2.7 PUBLIC DISTRIBUTION SYSTEM



In Gopalpur Village, the data shows that only 7% of the sample population have APL Card, 60% are under BPL category, 9% of the sample population informed that they had applied for the card but had not received the card yet while 20% of them do not have any card. Among the interviewed households, 84% of sample respondent avail rations regularly, 3% avail some times and lastly 13% do not avail at all.

5.3.2.8 OCCUPATION



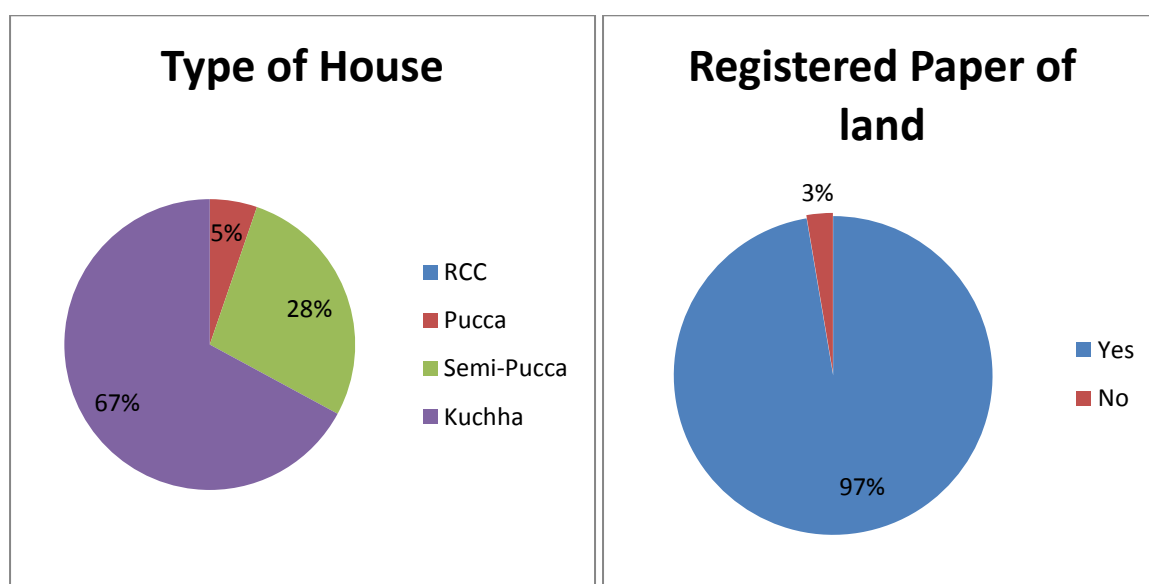
In Gopalpur Village, the above data shows that 6% of the sample population are engaged in Agriculture activity followed by non-agriculture (27%). Salaried employees constitute 2%, housewives are 24%. Majority of the sample population are found in other occupation and 7% are not involved in any kind of employment.

AREA	MAJOR PROBLEM AND RECOMMENDATIONS
Education	Unavailability of water, electricity and toilet facility at primary school. There is no electric fitting of switches, light and fans in the class room of primary school
Water Supply	There is problem of drinking water. Water tankers should be made available during summers by BCCL. Pipeline should be introduced in this village to make purified mine water available for drinking, domestic and agriculture purpose
Health Care	Sub center is there but no supply of drinking water and electricity No mobile medical van or ambulance reach in this village since the village is situated far off from the main road. Urgent need of MMV along with awareness camp quarterly is essential in this village 100% of the deliveries are non-institutional and health centre which are functional are situated more than 5 Kms
Rural Electrification	Street lights should be introduced in this village by BCCL
Sports & Culture	Rural talents should be identified for state level and national tournament with BCCL sponsorship
Livelihood	Problem of un employment. Vocational training with 100% placement of employment SHG should be encouraged especially for women for small enterprise
Sanitation	No toilet in any of the households. Each household should have toilets facility
Infrastructural Development	School boundary of primary School is important Playground should be provided with boundary Community hall is needed

5.3.3 NARAYANPUR

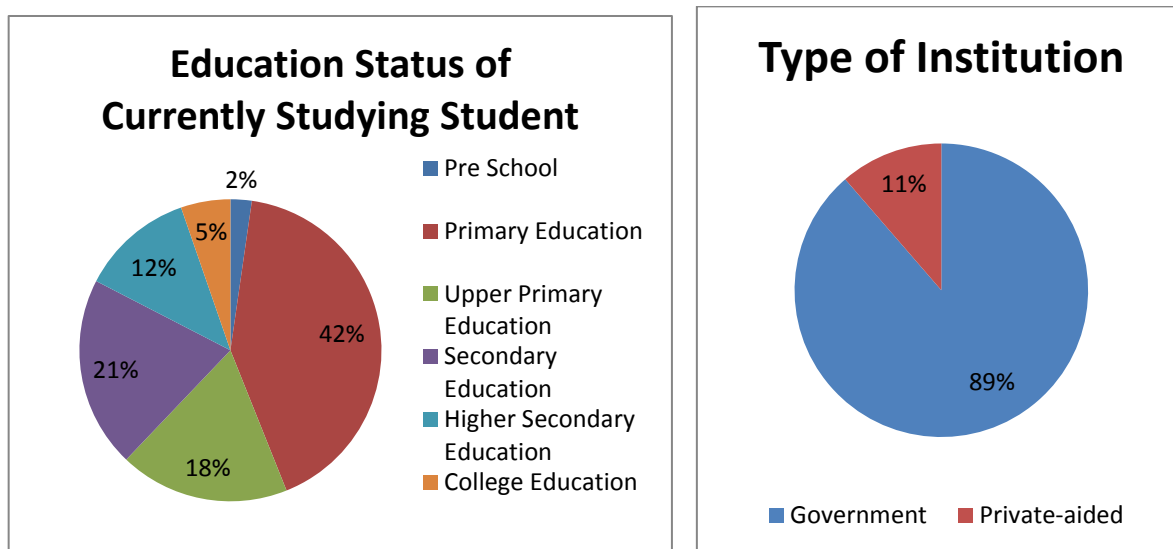


5.3.3.1 HOUSEHOLD STATUS



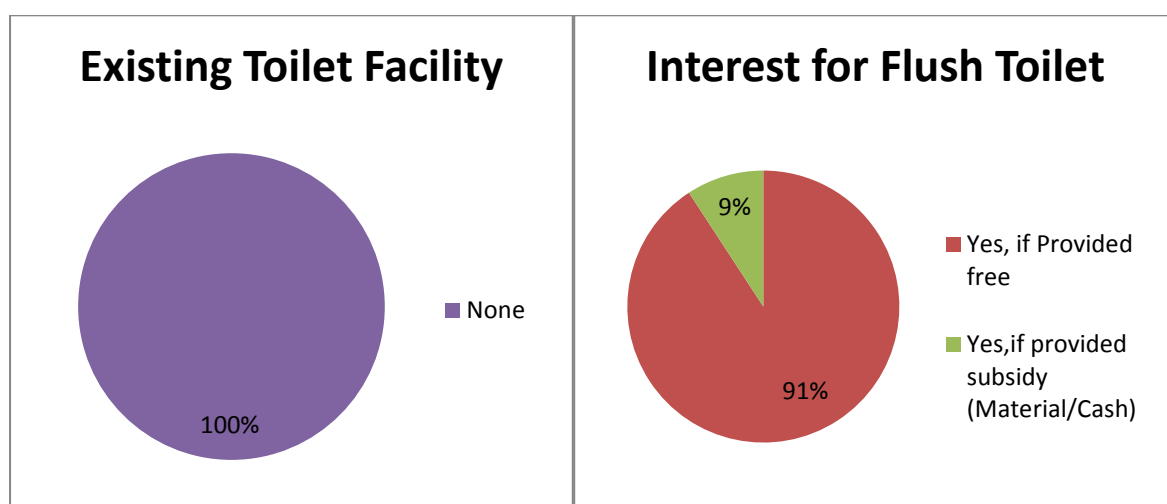
In Narayanpur Village, 67% of the sample population resides in kuchha houses while only 28% have semi – pucca house and 5% have pucca house. 97% of the people have registered paper of land while 3% do not have registered paper of land 43% of the houses are electrified in this village.

5.3.3.2 EDUCATION



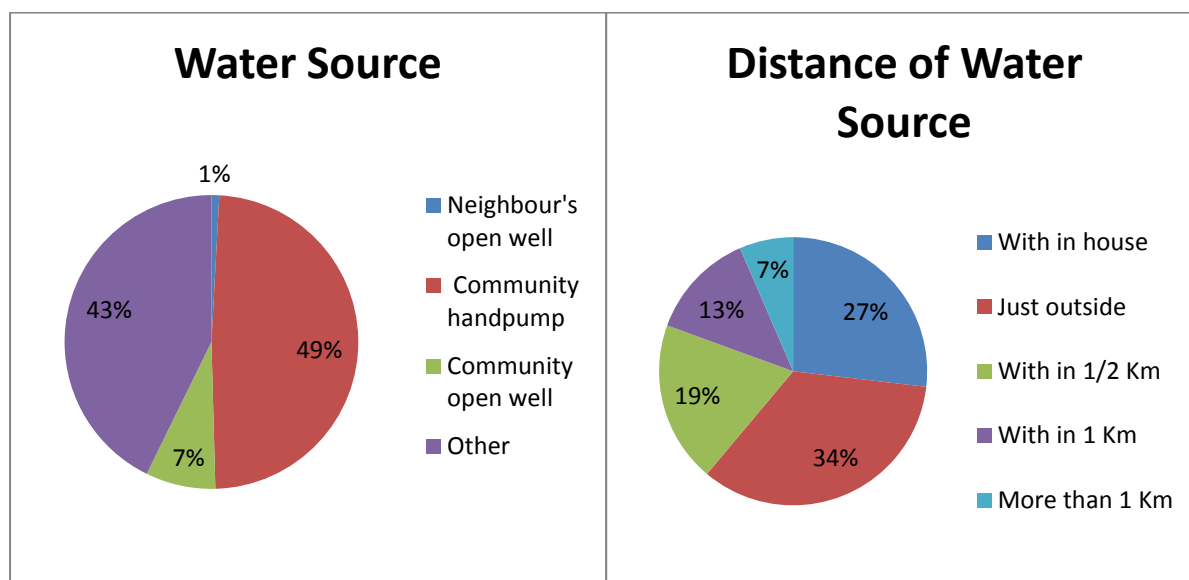
In Narayanpur Village, 42% of the children are studying in primary school followed by 18% in upper primary, 21% in secondary school, and 12% in higher secondary, 5% in college and lastly, 2% of the children are going preschool for availing education facility. 89 % of the students are enrolled in government institution while 1% is enrolled in private aided institution

5.3.3.3 SANITATION



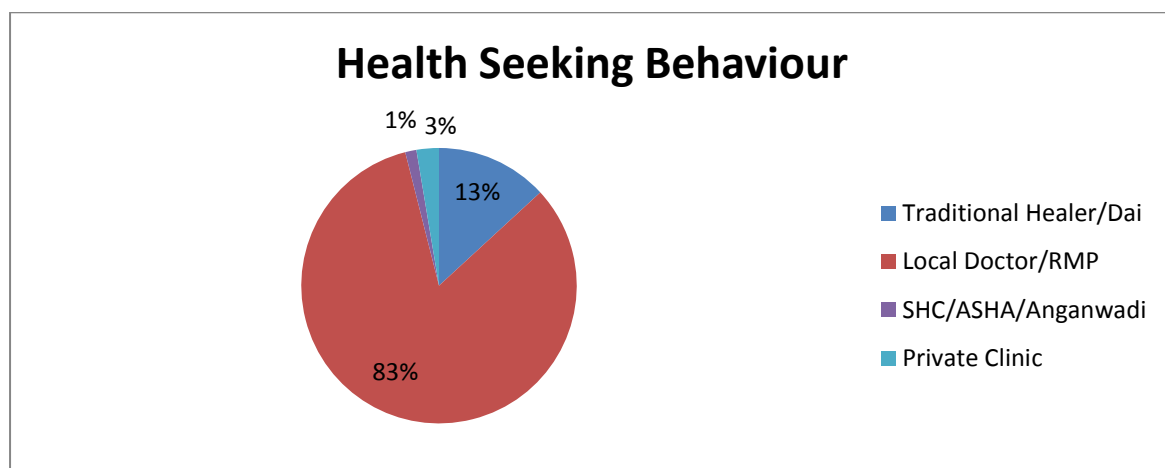
In Narayanpur Village, none of the sample population has toilet facility at their home. Majority of the people in this village go for open defecation. When sample population were asked for interest for flush toilet it was found that 91% of the sample populating were interested for flush toilets when provided with free of cost, 9% were ready when provided with subsidy for toilet construction.

5.3.3.4 WATER SOURCE



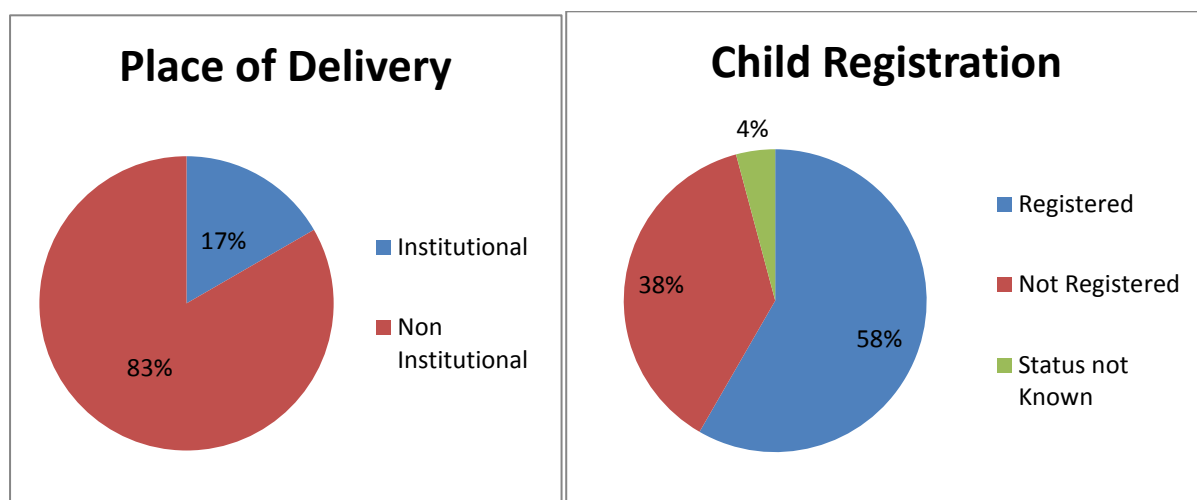
In Narayanpur Village, 7% of the sample population are procuring water from community open well, followed by community hand pump (49%). 43% of the population is found to procure water from other means like “*Chuaan* or *Daari*. In Narayanpur Village, 27% of the sample population avail water within the house, 34% just outside the house, 19% within half Kms, and lastly 13% within 1 Km.

5.3.3.5 HEALTH SEEKING BEHAVIOUR



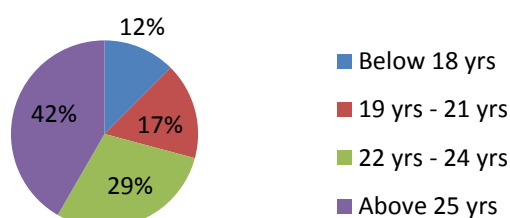
In Narayanpur Village, 83% of the sample population majorly depends on local doctors /RMP followed by traditional healer (13%). it was also found that no government hospitals were utilized by the population followed only ASHA / Anganwadi worker are consulted in case of medical emergencies.

5.3.3.6 MATERNAL HEALTH

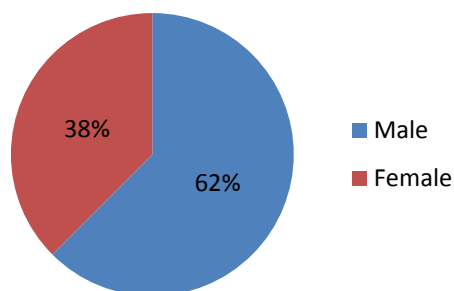


In Narayanpur Village, 83% of the deliveries are non-institutional deliveries while 17% are institutional deliveries. 58% of the children's birth has been registered while 38% are not registered.

Age of Mother at Birth of First Child



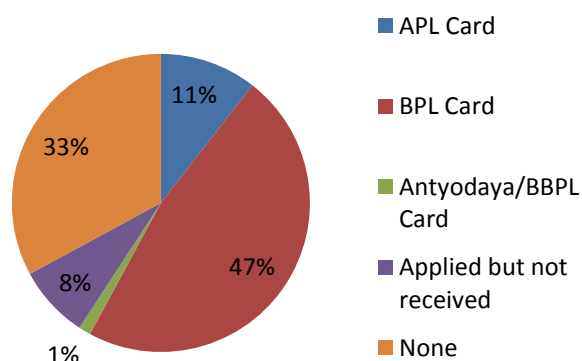
Sex Ratio



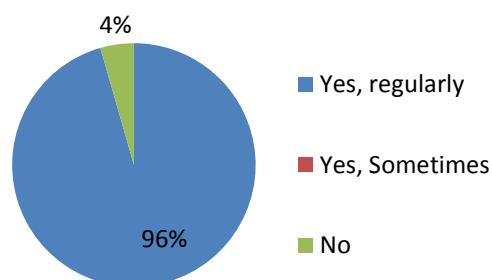
In Narayanpur Village, 12% of the respondents are reported to give birth to first child in last three years in the age group below 18 years. 17% of the respondent reported to give birth of first child between the age group of 19 to 21 years. 29% of the respondent report to deliver between the age group of 22 to 24 years and lastly 42% report to give birth at the age above 25 years. Sex ratio among the kids in the age group 0-3 years is 62:38 where 38% kids are girl child.

5.3.3.7 PUBLIC DISTRIBUTION SYSTEM

Type of PDS card



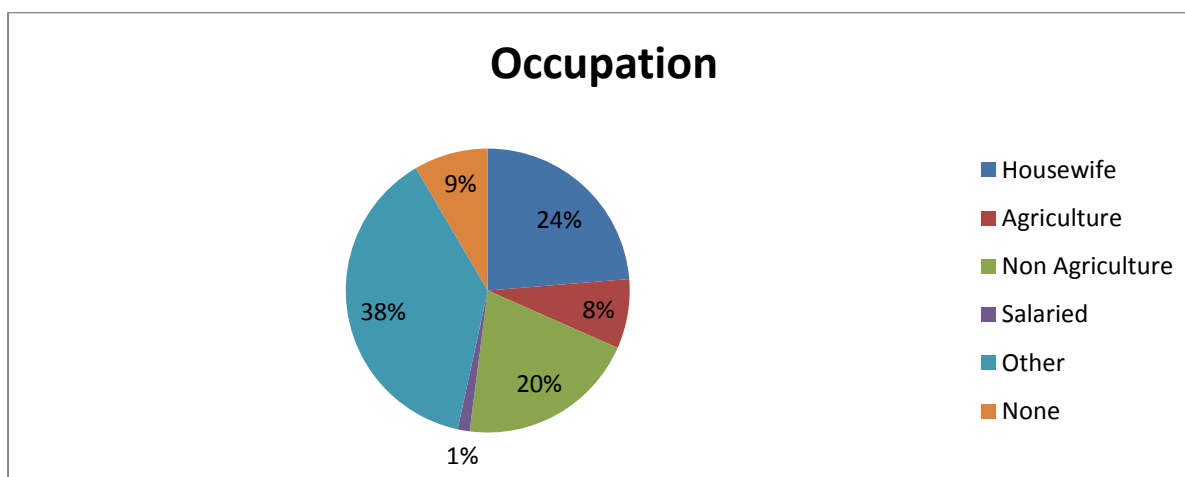
Avail PDS



In Narayanpur Village, 47% of the sample population has BPL card while APL card are among 11% of the sample population. 1% have Antyodaya card while 8% have applied for card but not received yet. It has been reported that 33% of the sample population do not have any card at all.

5.3.3.8

OCCUPATION



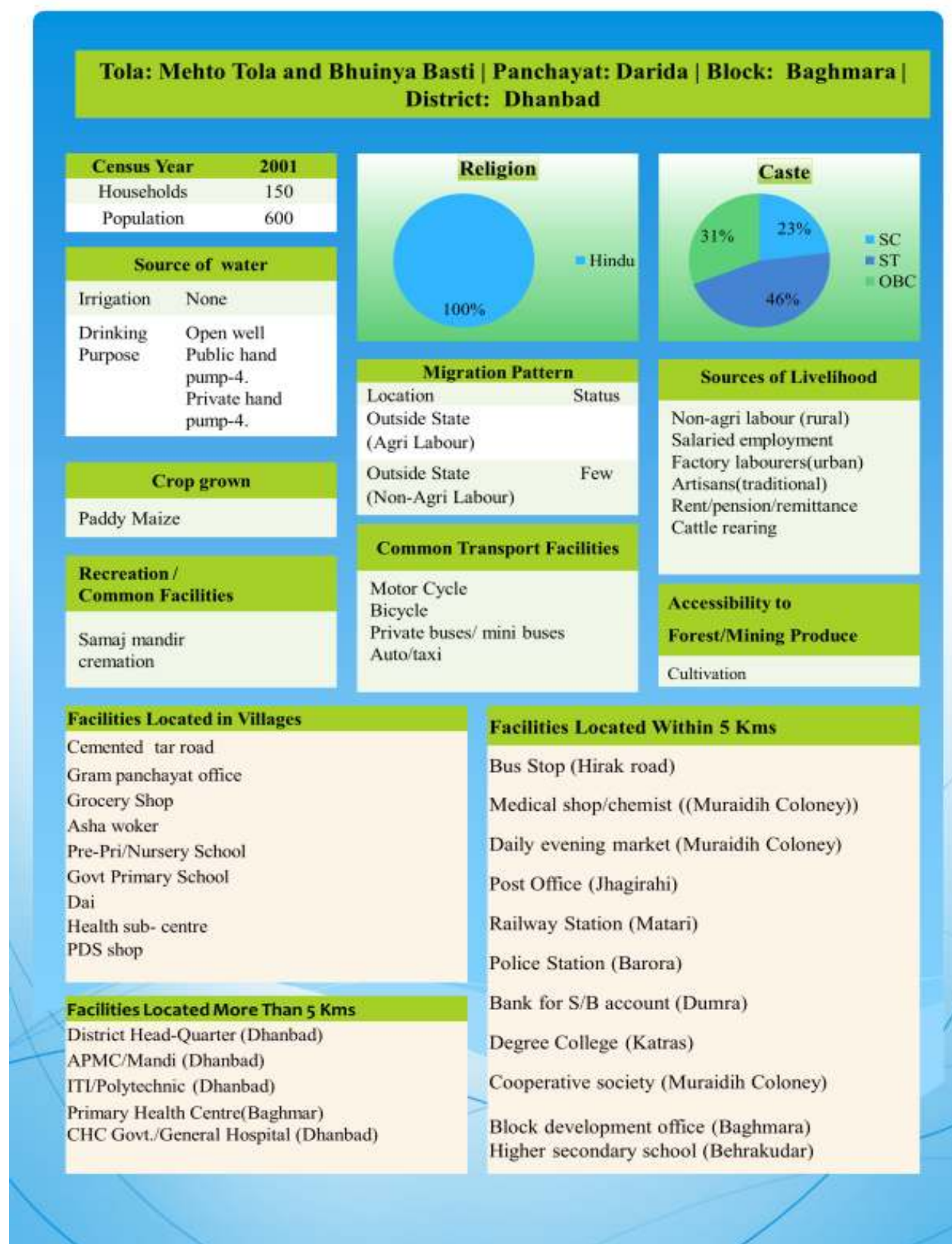
In Narayanpur Village, the above data shows that 8% of the sample population are engaged in Agriculture activity followed by non-agriculture (20%). Salaried employees constitute 1%, housewives are 24%. Majority of the sample population are found in other occupation and 9% are not involved in any kind of employment

AREA	MAJOR PROBLEM AND RECOMMENDATIONS
Education	Middle school is too far from the village. Due to poor roads, it become very difficult for school children especially the girls student face problem in riding cycle in the damaged road during monsoon.
	There is no facility of drinking water and toilet in the primary school. A hand pump and toilet should be constructed to school children
Water Supply	Supply of drinking water is essential in this village since people make “Chuaan” or “Daari” for availing water during summers. There is no open well in this village hence an open well should be constructed to ensure supply of water throughout the year
	There is no other source of water for irrigation apart from rainwater. Mining water can be used for irrigation purpose to fulfill the need.
	There is problem of soil erosion in the agricultural land. Farm bund should be introduced to prevent soil loss with proper training to farmers
Health Care	No ambulance reach in the village as it is very anterior to the main road hence majority of the deliveries of babies take place at homes only. ANM and ASHA worker are progressive in delivery process.

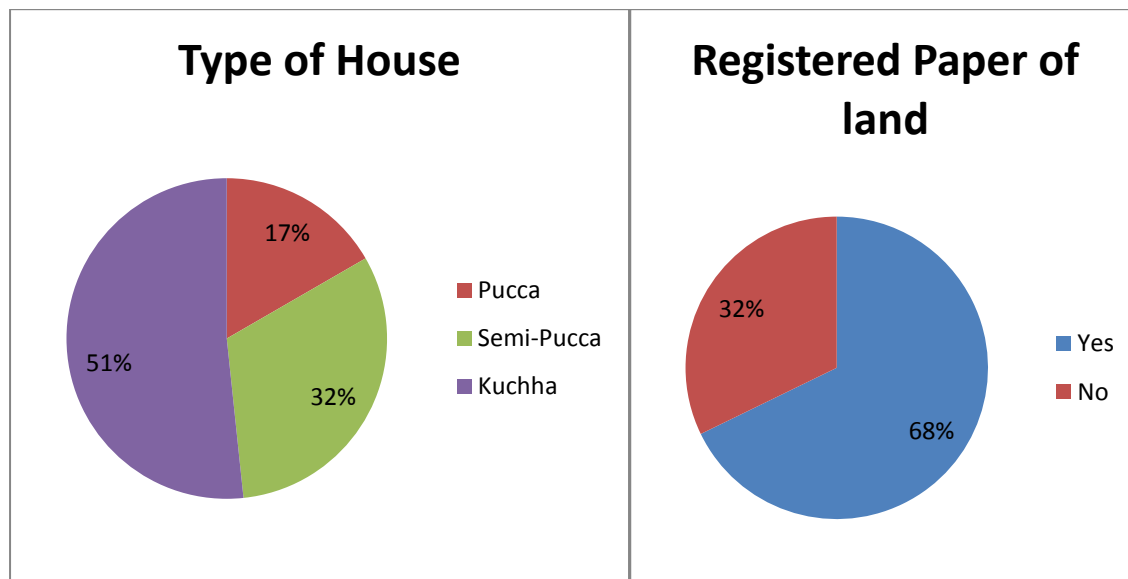
	Mobile medical vans do not reach in this village and people still follow traditional practice of healing
	Campaign on women health problems need to be addressed by quarterly campaign
Rural Electrification	Street lights is needed in the village as well as on the road joining the main road for safety point of view
Sports & Culture	Youth club is needed with all the sports equipment.
Livelihood	Unemployment is a major problem in this area
	Vocational training for rural women and girl in the village with an isolated building.
Sanitation	The village don't have toilets at any of the households. Toilets at each household should be encouraged
Infrastructural Development	Poor and damaged road till 5 kms from main road to village
	There is problem of electricity in the village. Electricity connection has not reached in every house.
	There is no playground for children. A play ground is essential in this village with boundary wall and gate
	A mini bus or vehicle should be provided for children to reach at the main road
	ICDS centre needs to be constructed since no ICDS centre runs in an isolated building. ICDS centre should have facility of drinking water and shade for cooking mid-day meal for children

5.4 GOVINDPUR AREA

5.4.1 SINDHUATAND

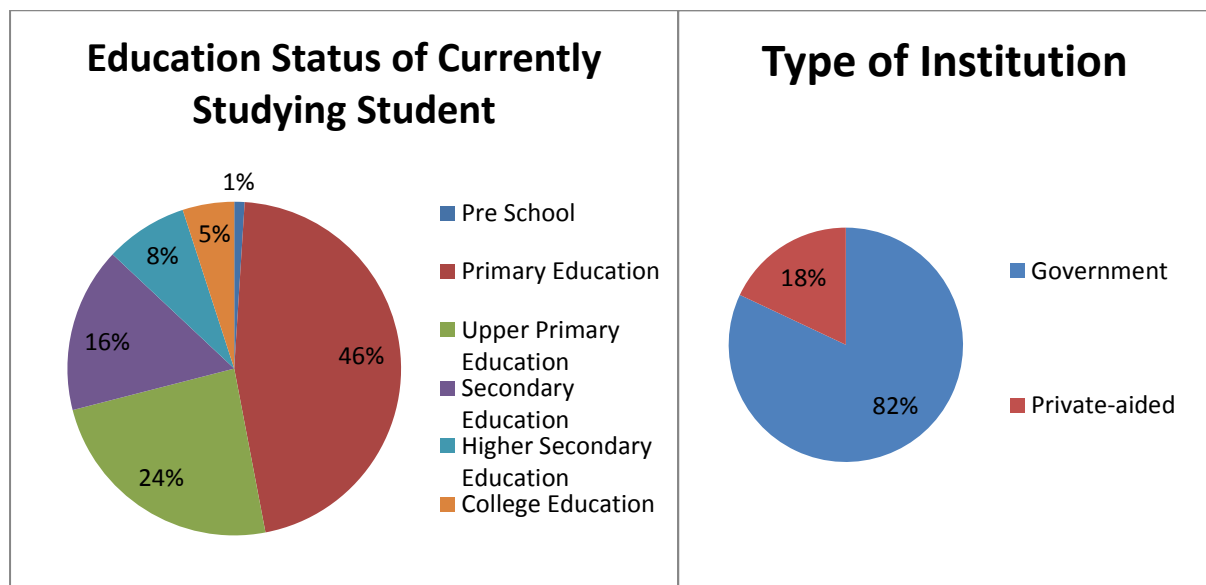


5.4.1.1 HOUSEHOLD STATUS



In Sindhuatand Village, 32% of the households are found to be Semi- Pucca while 51% are Kuchha and 17% are Pucca. 68% of the houses are registered while only 32% was found to be non-registered. Nearly 54% of the houses in this village are electrified.

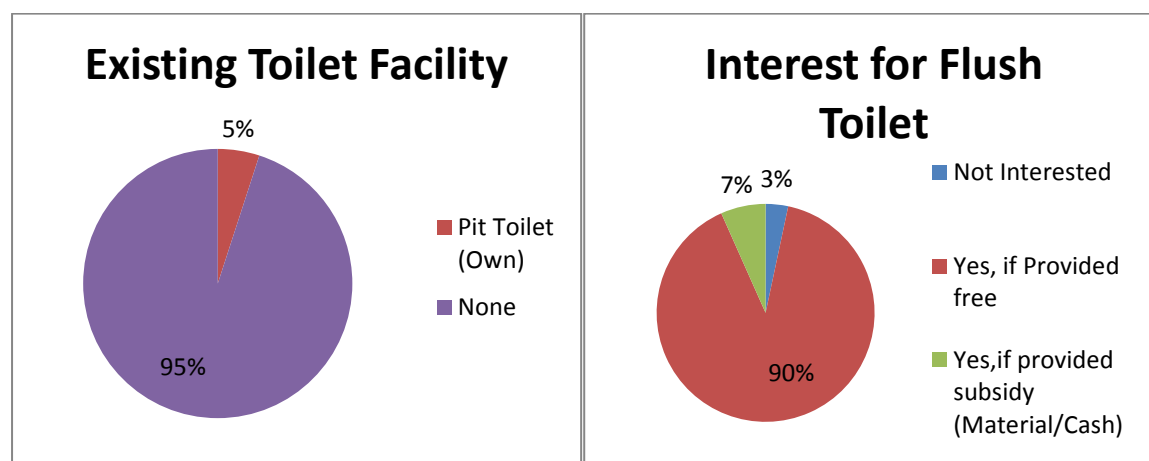
5.4.1.2 EDUCATION



In Sindhuatand Village, it has been found that 46% of the students are enrolled in Primary education followed by 24% in Upper primary, 16% in secondary education, and 8% in higher secondary, 3% in college. Education after 12th standard is found comparatively less with any

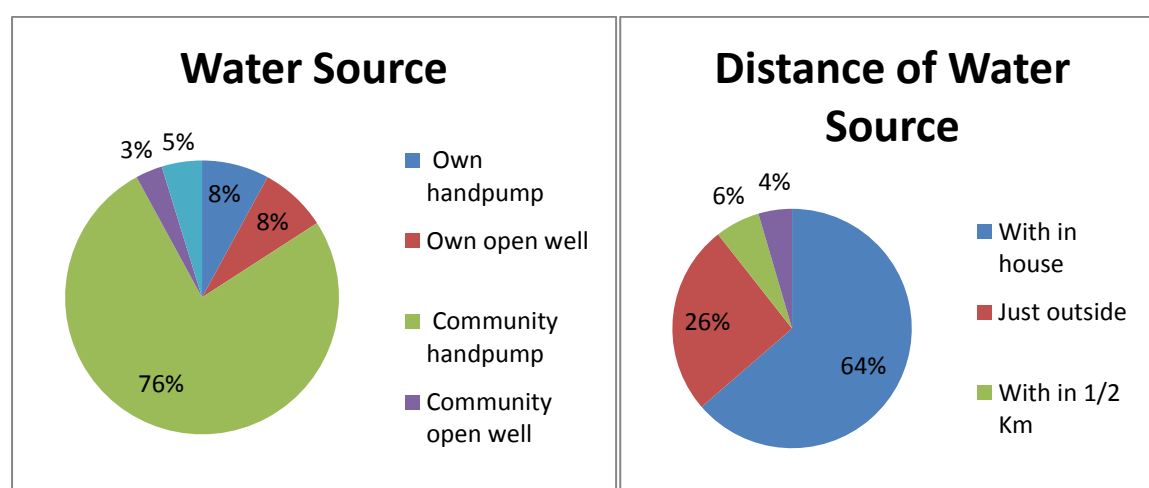
of the villages. Apart from that only 1% has been reported in preschool education in Sindhuatand Village. As far as type of education institutions are concern, 82% of students are enrolled in government institution while 18% are in private aided institutions.

5.4.1.3 SANITATION



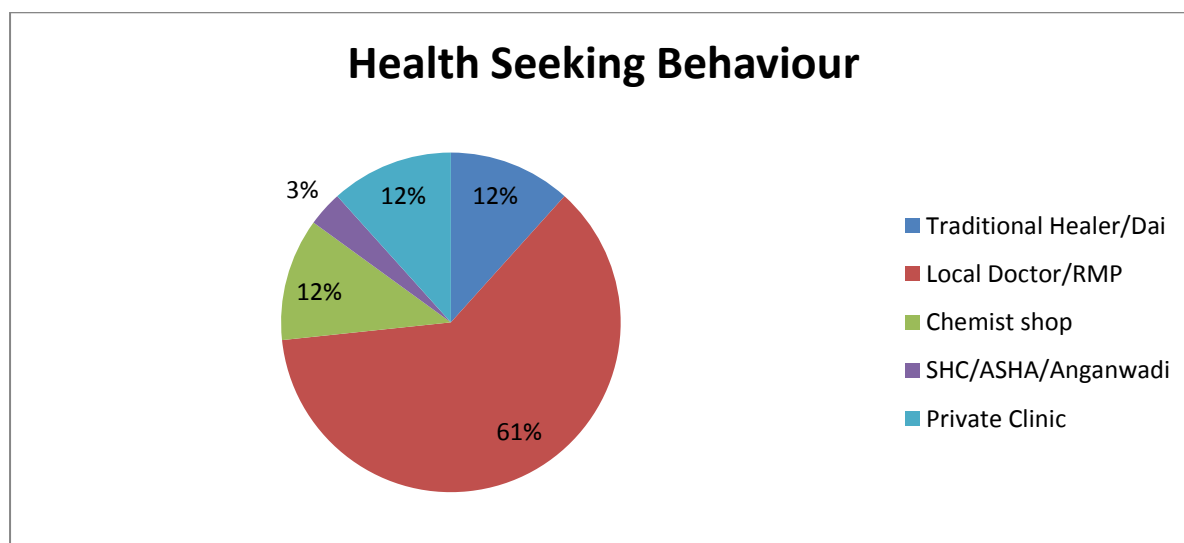
In Sindhuatand Village, sanitation in this village is found below the satisfactory level. 95% of the sample population does not have facility at their houses while only 3% have pit toilets. When enquired about the interest for flush toilets, people responded for free toilets (90%), provided with subsidiary (7%) while 3% of the population shown no interest for flush toilets at their homes.

5.4.1.4 WATER SOURCE



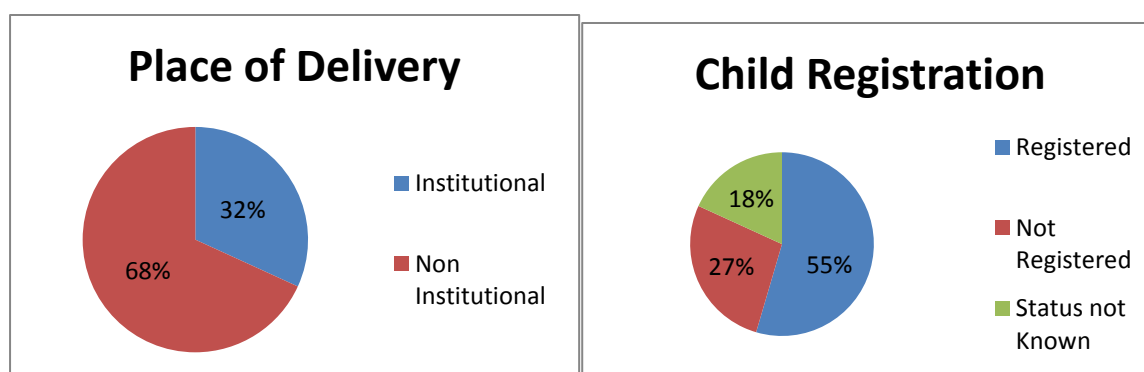
In Sindhuatand Village, source of water is majorly available in community level. Sample population avail water source from community level through open well (3%), community hand pump (76%). 64% of water source is available within the household, 26% just outside the household, 6% within half Km and 4% within 1 Km

5.4.1.5 HEALTH SEEKING BEHAVIOUR

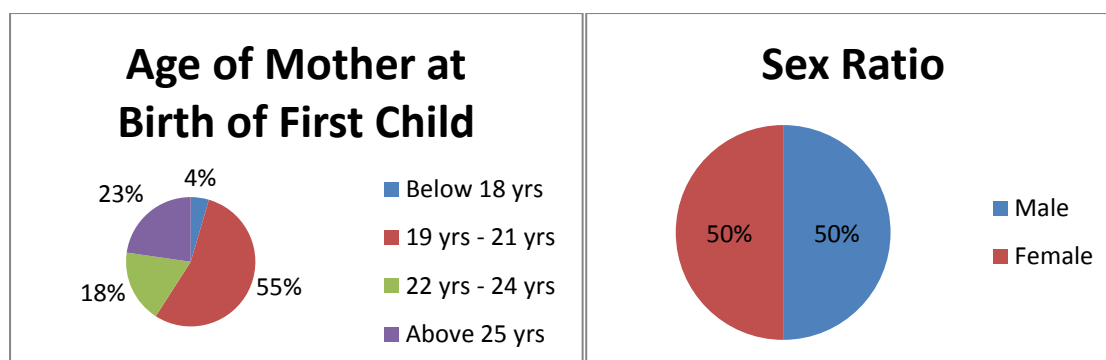


In Sindhuatand Village, among the sample, 61% claimed that they consult the local doctor first in case of any medical urgency while 12% of sample said that they consult a private clinic for the same. Consulting local doctor/ private clinic/private hospital/chemist shop all together constitute as first option for 85% sample which shows that they have to incur cost to avail the medical services while only 3% claimed that they consult ASHA/Anganwadi in case of emergency. The data reflects high dependency of community over private health resources.

5.4.1.6 MATERNAL HEALTH

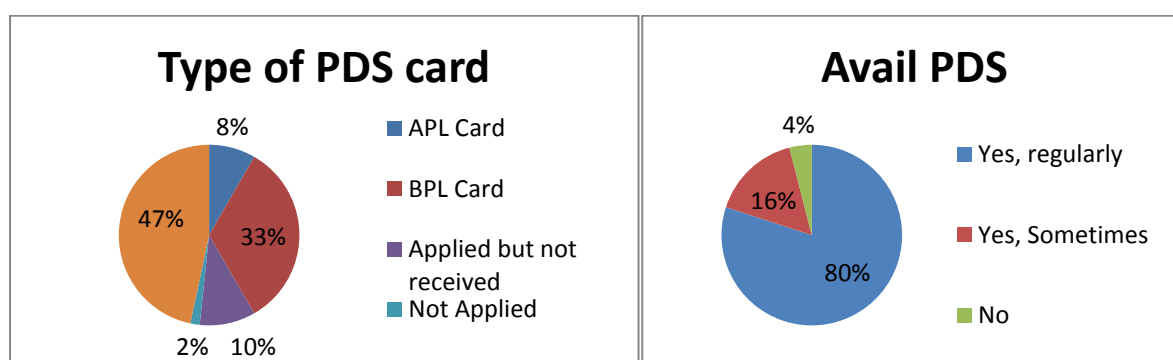


In Sindhuatand Village, in terms of place of delivery of the children born in this village shows 32% of the sample who had witnessed birth of child in their households in last three years claimed that the delivery was an institutional one and 68% were recorded saying that it was non institutional delivery. 55% of the respondents reported that child born in last three years has been registered while 18% are not. 18% also reported that status of registration of child was not known to them.



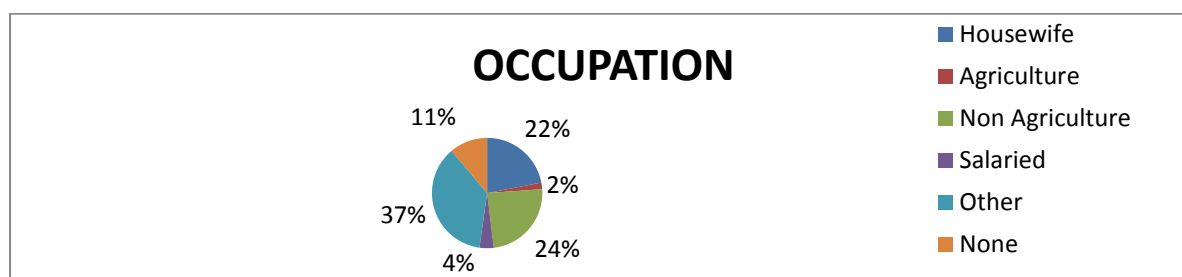
In Sindhuatand Village, 4% of the respondents are reported to give birth to first child in last three years in the age group below 18 years. 55 % of the respondent reported to give birth of first child between the age group of 19 to 21 years. All together it can be said that nearly 59% of the deliveries take place below 21years which shows maternity health is not taken seriously among the mother as deliveries took place in young age. 18% of the respondent report to deliver between the age group of 22 to 24 years and lastly 23% report to give birth at the age above 25 years.

5.4.1.7 PUBLIC DISTRIBUTION SYSTEM



In Sindhuatand Village, among the sample, 8% reported saying that they have APL card while 35% confirmed having BPL card, 10% of the sample also reported that they don't have any card. Those who have cards reported 80% of them avail ration from PDS regularly, 16% avail sometimes and 19% denied availing the PDS facility.

5.4.1.8 OCCUPATION



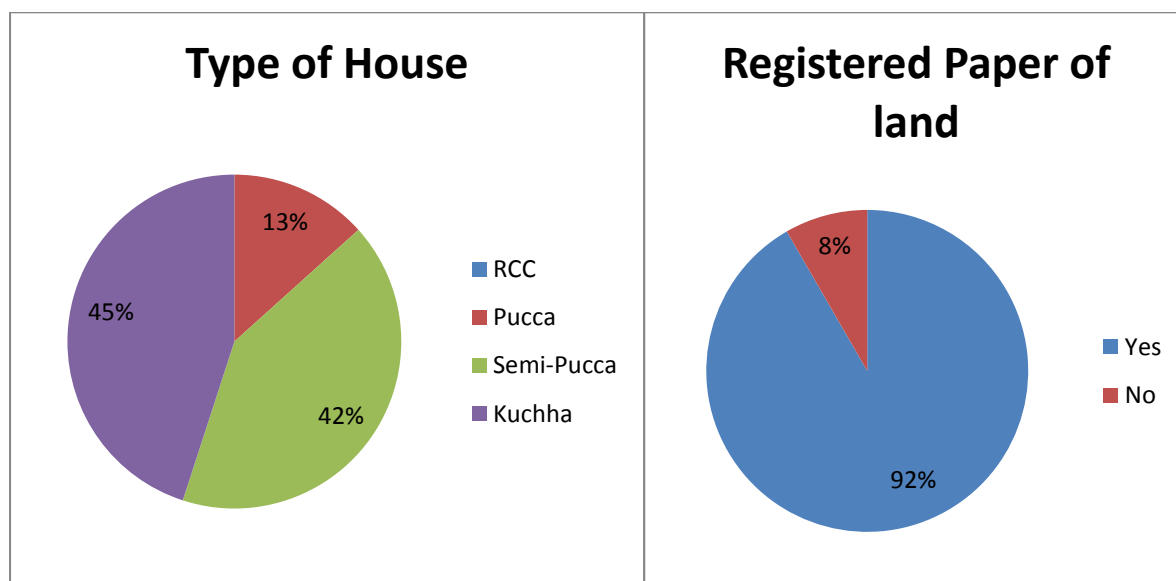
In Sindhuatand Village, the above data shows that 2% of the sample population are engaged in Agriculture activity followed by non-agriculture (24%). Salaried employees constitute 4%, housewives are 22%. Majority of the sample population are found in other occupation and 11% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Awareness about education is very essential specially in the case of Bhuinya basti
Water Supply	No supply water. Tap water connection is needed.
	Mine water can be provided for irrigation
	Ponds get dried in summer. Mine water can be better utilize for supply water in summer
	Bhuinya Basti need water supply
Health Care	No health sub centre at vicinity. Frequency of mobile van can be improvised with frequent arrival. People are generally unaware of its arrival especially people from bhuinya basti
Rural Electrification	Bhuinya Basti needs electricity supply
	Electricity in primary school is needed
Livelihood	Problem of unemployment needs to be addresses by providing employment in the village like Dairy booth, ITI training so that the unemployed can be self-sustained
	Group of trained men and women exist in the village. Needs support in term so of raw material and venture capital fund
Sanitation	No toilet in the village. Community Toilet should be encouraged
	Drainage is needed
Infrastructural Development	Toilet is needed in the Primary school
	School boundary is needed in the primary school

5.4.2 KOLMURNA

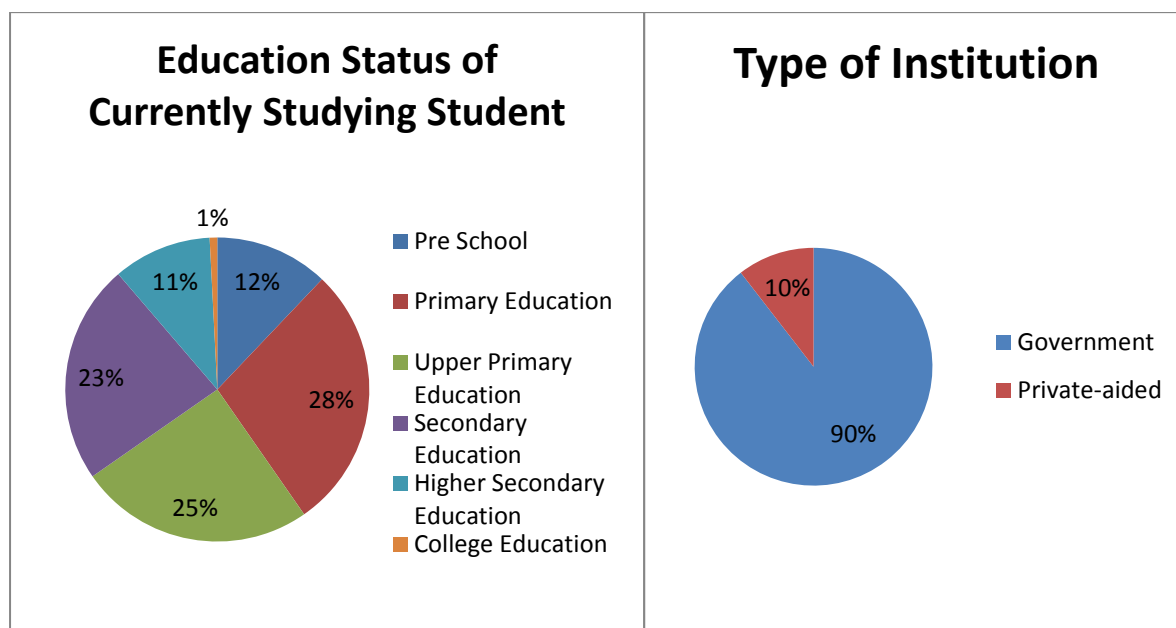


5.4.2.1 HOUSEHOLD STATUS



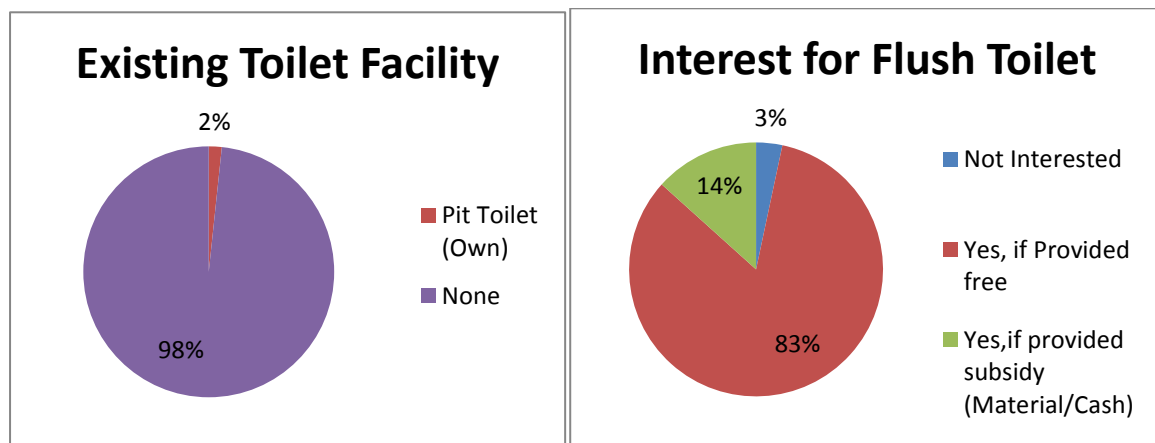
In Kolmurna Village, 45% of the have Kuchha houses, 42% of the sample semi- pucca houses and only 13% of the have pucca houses. 92 % of the sample population possess registered papers of the land, 84% of the sample households are electrified.

5.4.2.2 EDUCATION



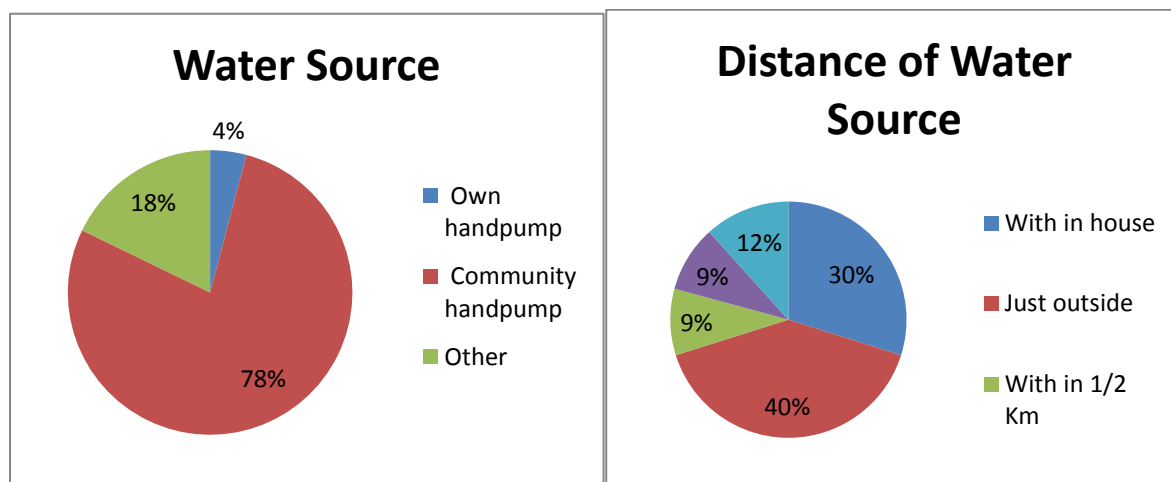
In Kolmurna Village, Students who are currently studying, 28% are currently studying in primary school, 25% are in upper primary school, 23% in secondary school, 11% in higher secondary school and another 1% is pursuing higher education. 90% of students are studying in government institutions, 10% in private aided institution.

5.4.2.3 SANITATION



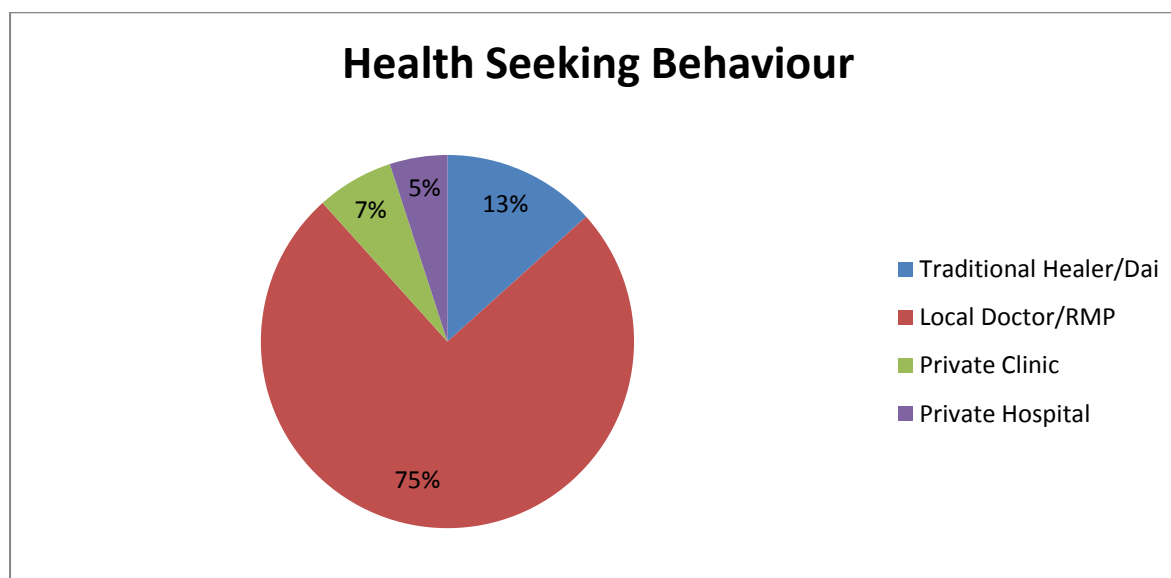
In Kolmurna Village, sanitation facility in this village is found very poor. 98% of the sample doesn't have toilet in their households. 83% of the sample population has reported that they would go for flush toilet if provide with free of cost, 14% reported that if subsidy is given they would like to construct a toilet in their house, 3% reported they will choose other means for availing flush toilets however 2% said that they are not interested in having toilet in their home.

5.4.2.4 WATER SOURCE



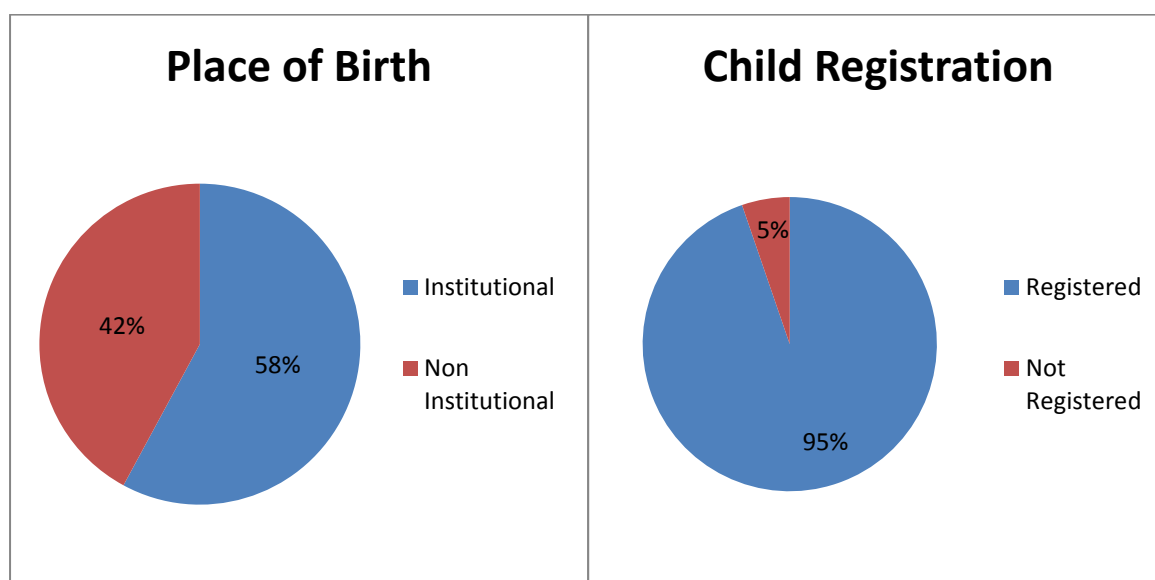
In Kolmurna Village, 78% of the sample households fetch water from community hand pump only 4% from own open well and 18% from other source. Around 30% of the sample informed that the water source is located inside the house, 40% said water source is available just outside the house, 9% said within half 9 % reported it is available within one Km and lastly, 4% from more than one Km.

5.4.2.5 HEALTH SEEKING BEHAVIOUR

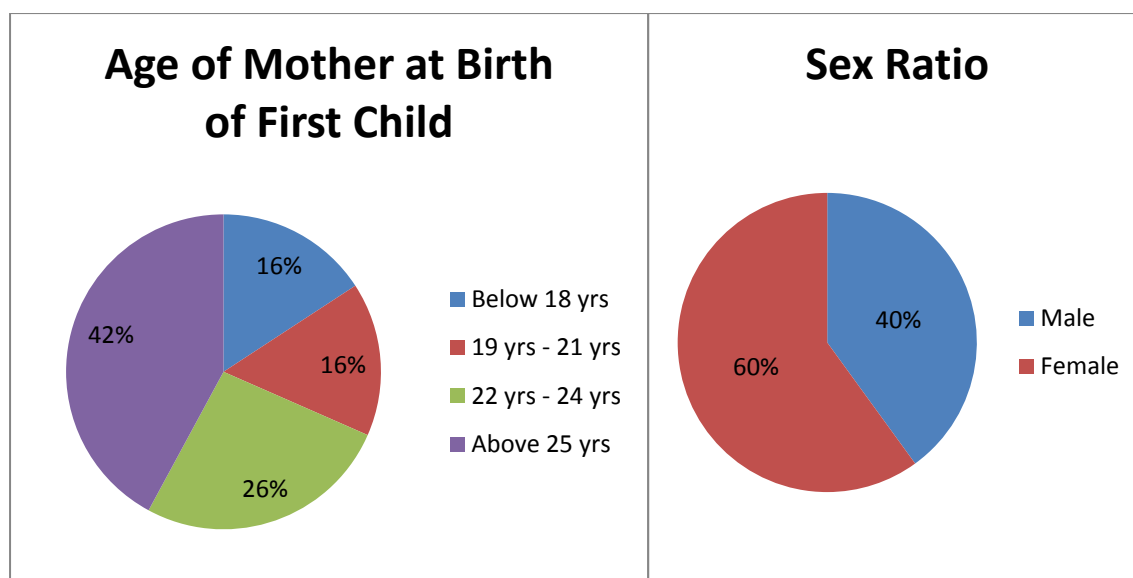


In Kolmurna Village, 7% of sample households reported consulting private clinic in case of any medical needs, followed by Local Doctor/RMP which caters the medical needs of 75% of the sample population. A surprising fact is that 13% sample accepted that they contact Traditional Healer in case of any medical need. None of the sample population mentioned that they depend on government hospitals.

5.4.2.6 MATERNAL HEALTH

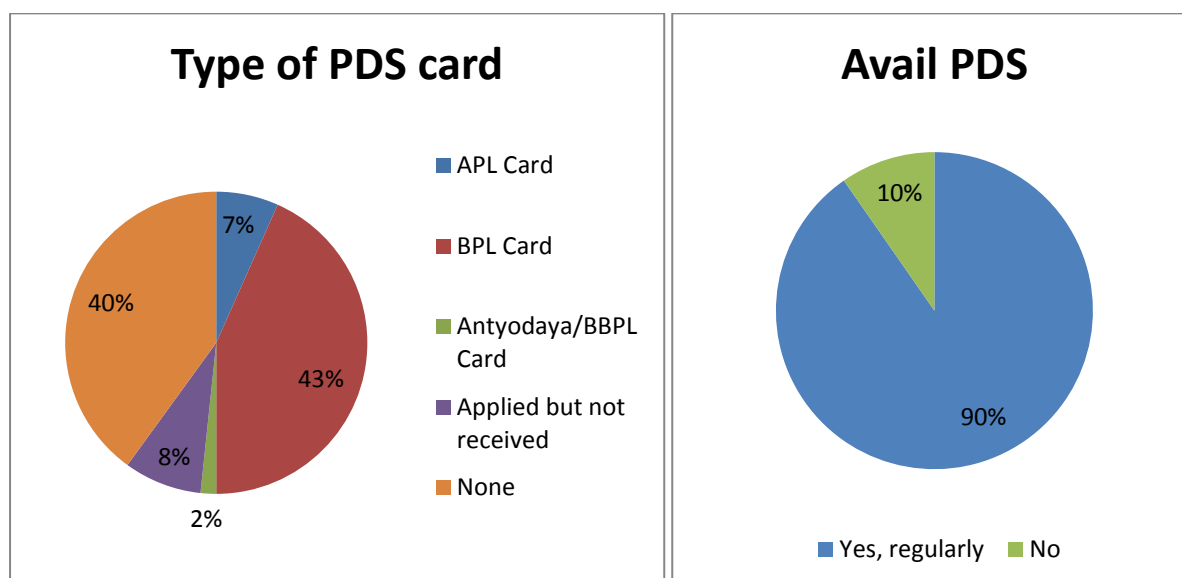


In Kolmurna Village, among the sample household Institutional deliveries have been reported only 58% while non institutional deliveries reported 42%. 95% of birth in the village is registered and 5% is non registered.



In Kolmurna Village, 16% of women are in age group of below 18 years who gave birth to first child in last three years while 16% are in age group of 19 to 21 years at the time of birth of the child, 26% are under the age group of 22 to 24 years and lastly 42% are 25 years and above. Sex ratios in 0-3 year age group 40% children's are male child while 60% are girl child.

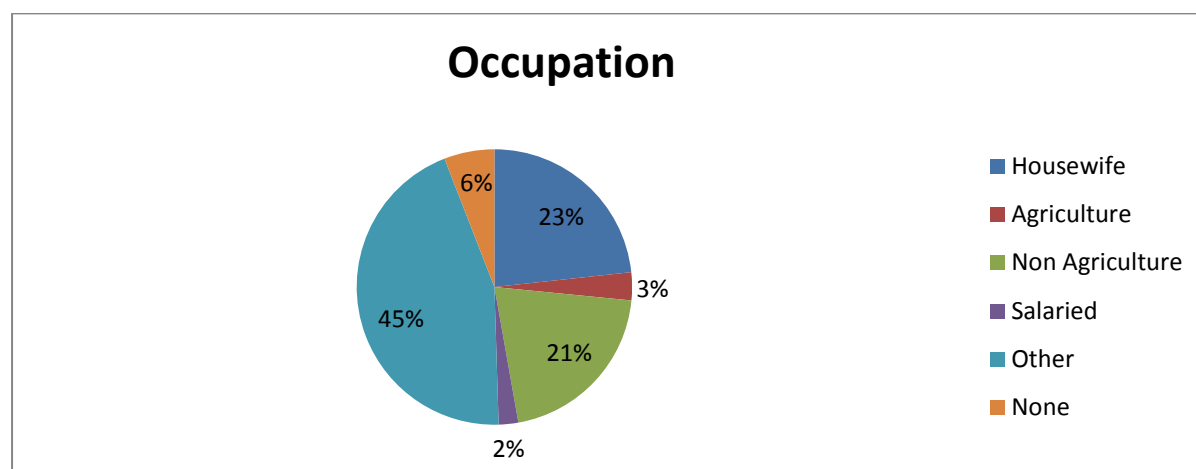
5.4.2.7 PUBLIC DISTRIBUTION SYSTEM



In Kolmurna Village, as reflected through Data only 7% of sample have APL card and 43% are having BPL card, 8% of the sample have applied for the card but not yet received, 2% are under Antyodaya category, 2% have not applied for the ration card while 40% of sample said that they do not have any ration card at all. Among the households who have ration

card 90% said that they avail the service of PDS on regular basis while 10% said that they avail it only sometimes.

5.4.2.8 OCCUPATION



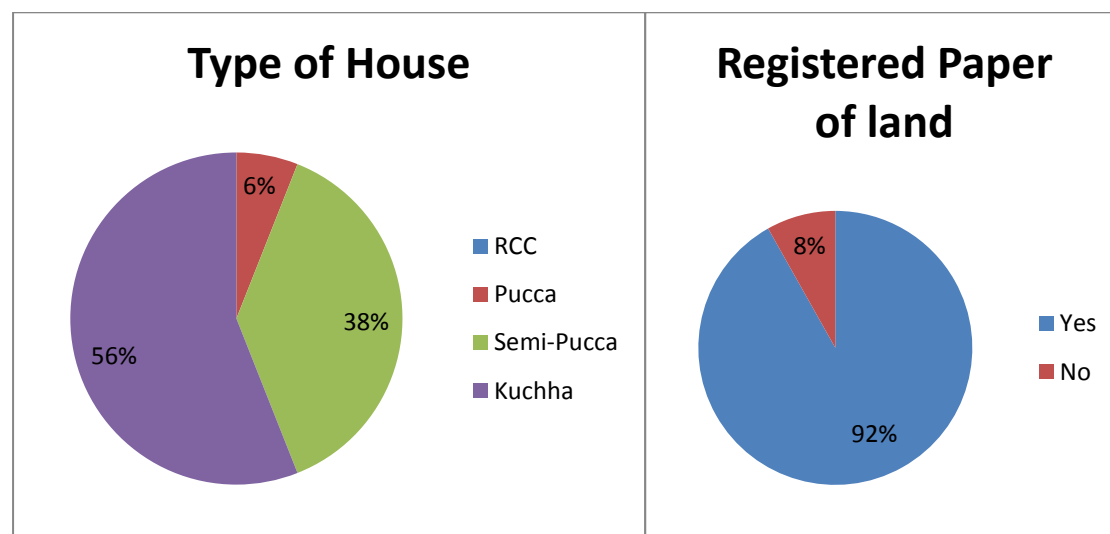
In Kolmurna Village, the above data shows that 3% of the sample population are engaged in Agriculture activity followed by non-agriculture (21%). Salaried employees constitute 2%, housewives are 23%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Drop outs are seen more in number. They should be encouraged to join vocational course with sponsorship of BCCL
Water Supply	Water supply should be provided through pipeline
Health Care	Awareness camp is essential
Sports & Culture	Sports club should be encourage for tournaments and various level competitions for both boys and girls
Livelihood	Problem of unemployment is major problem here. Vocational training and microenterprises should be encouraged Differently able children should be sponsored for free residential education from BCCL in Dhanbad district
Sanitation	Community toilets is essential in this village
Infrastructural Development	Playground should be provided Road needs to be repaired Primary school needs boundary

5.4.3 AAMTAND (PHOOLBAHAL)

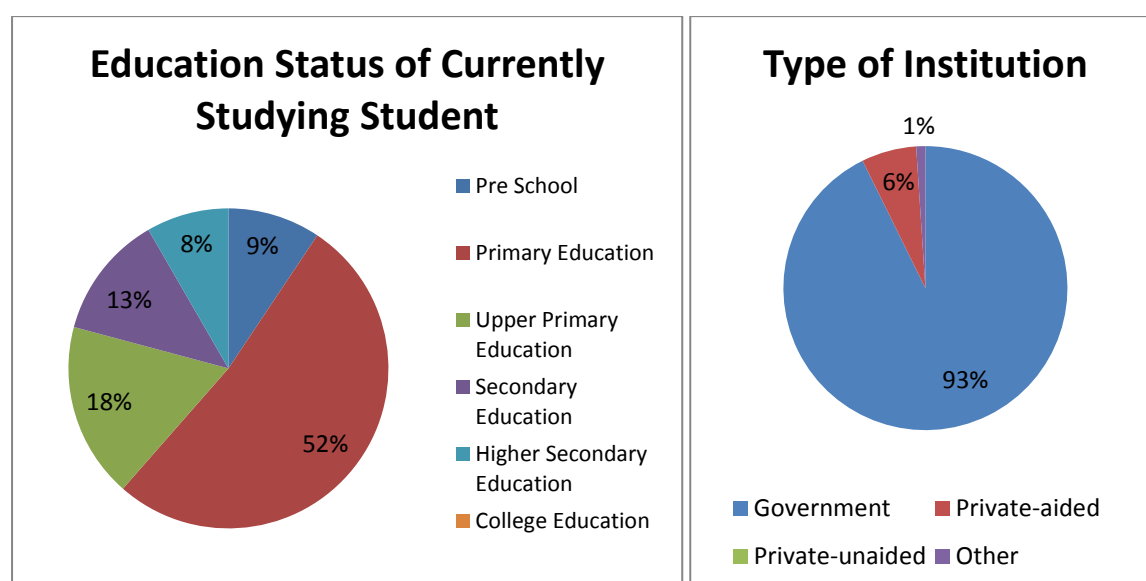


5.4.3.1 HOUSEHOLD STATUS



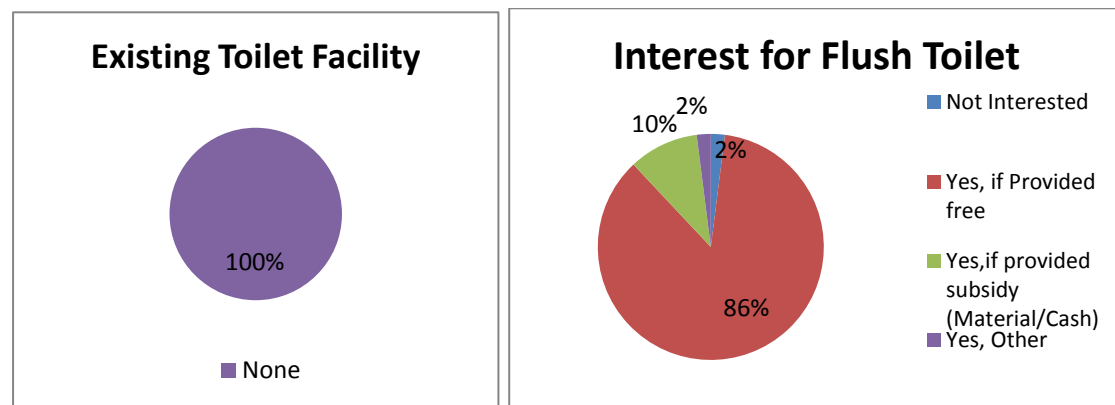
In Aamtar (Phoolbahal) Village, 56% of the have Kuchha houses, 38% of the sample semi-pucca houses and only 6% of the have pucca houses. 92 % of the sample population possess registered papers of the land, 90% of the sample households are electrified.

5.4.3.2 EDUCATION



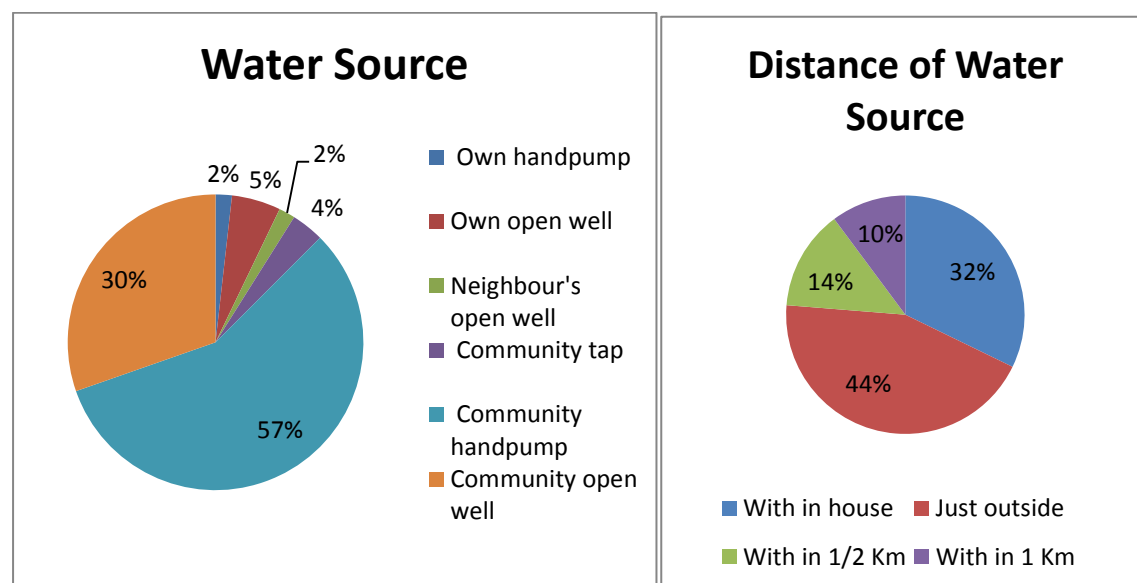
In Aamtar (Phoolbahal) Village, students who are currently studying, 52% are currently studying in primary school, 18% are in upper primary school, 13% in secondary school, and 8% in higher secondary school and another 9% is pursuing higher education. 93% of students are studying in government institutions, 6% in private aided school while only 1% in other institution.

5.4.3.3 SANITATION



In Aamtar (Phoolbahal) Village, sanitation facility in this village is found very poor. 100% of the sample doesn't have toilet in their households. 86% of the sample population has reported that they would go for flush toilet if provided with free of cost, 10% reported that if subsidy is given they would like to construct a toilet in their house, 2% reported they will choose other means for availing flush toilets however 2% said that they are not interested in having toilet in their home.

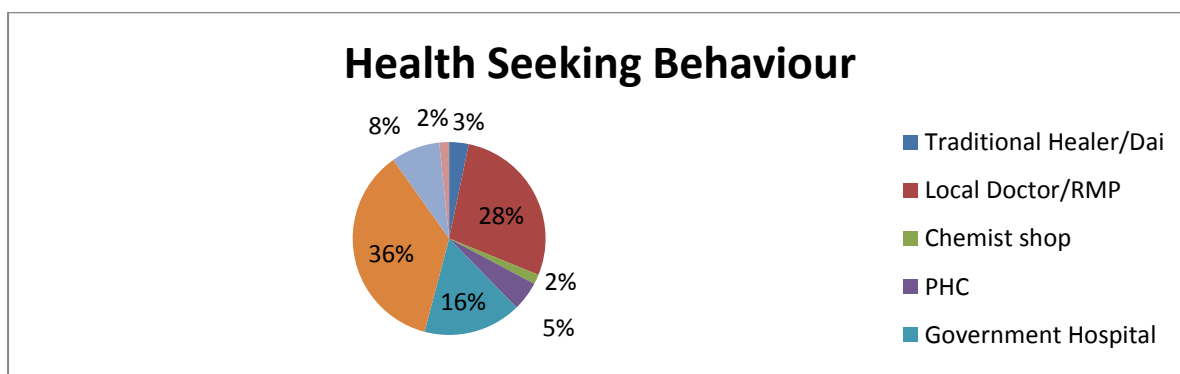
5.4.3.4 WATER SOURCE



In Aamtar (Phoolbahal) Village, 57% of the sample households fetch water from community hand pump followed by community open well (30%), 4% from community tap, 2% from own hand pump, 5% from own open well and 2% from neighbour's open well. Around 32% of the sample informed that the water source is located inside the house, 44% said water source is available just outside the house, 14% said within half Km and lastly 10% reported it is available within one Km.

5.4.3.5

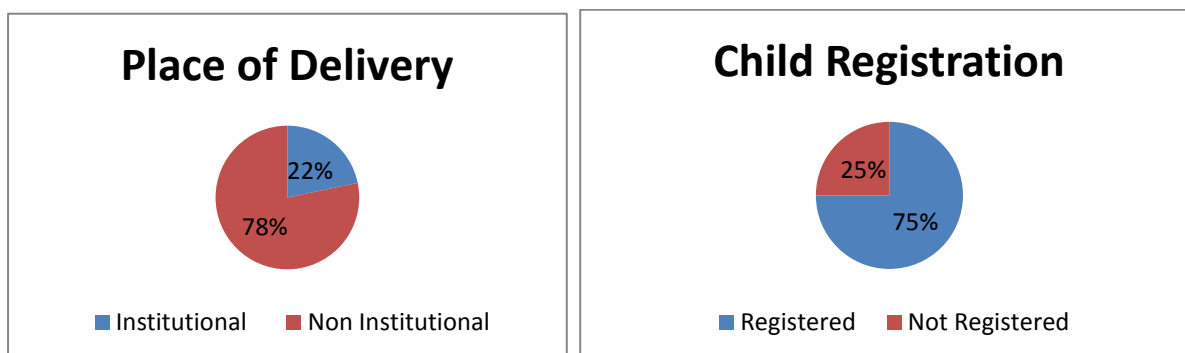
HEALTH SEEKING BEHAVIOR



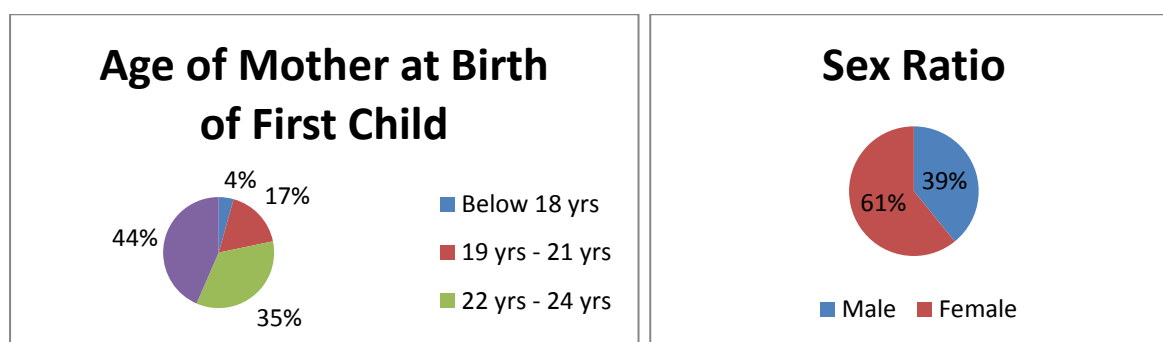
In Aamtar (Phoolbahal) Village, 36% of sample households reported consulting private clinic in case of any medical needs, followed by Local Doctor/RMP which caters the medical needs of 28% of the sample population. A surprising fact is that 3% sample accepted that they contact Traditional Healer in case of any medical need. Almost 16% sample population mentioned that they depend on government hospitals followed by 8% on private hospital, 2% on chemist shop and lastly 8% do not consult any of these.

5.4.3.6

MATERNAL HEALTH

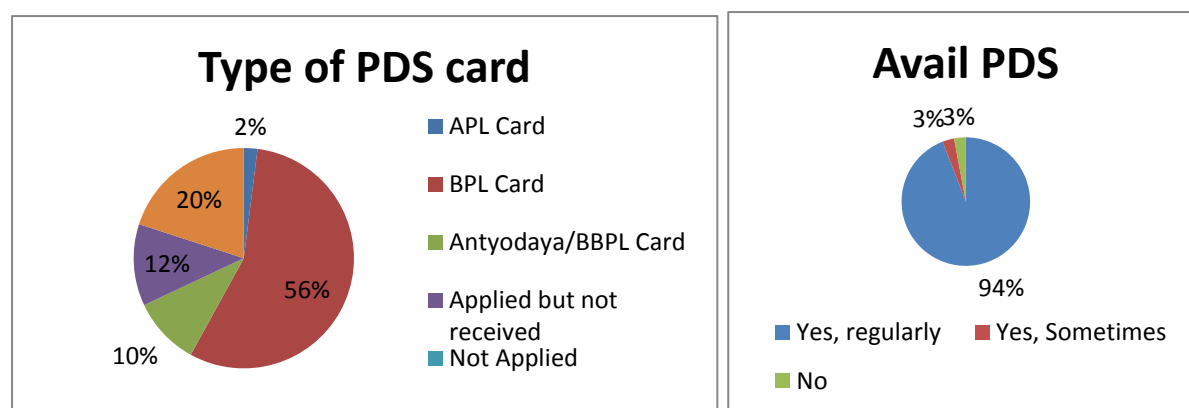


In Aamtar (Phoolbahal) Village, among the sample household Institutional deliveries have been reported only 22% while non institutional deliveries reported 78%. 75% of birth in the village is registered and 25% is non registered.



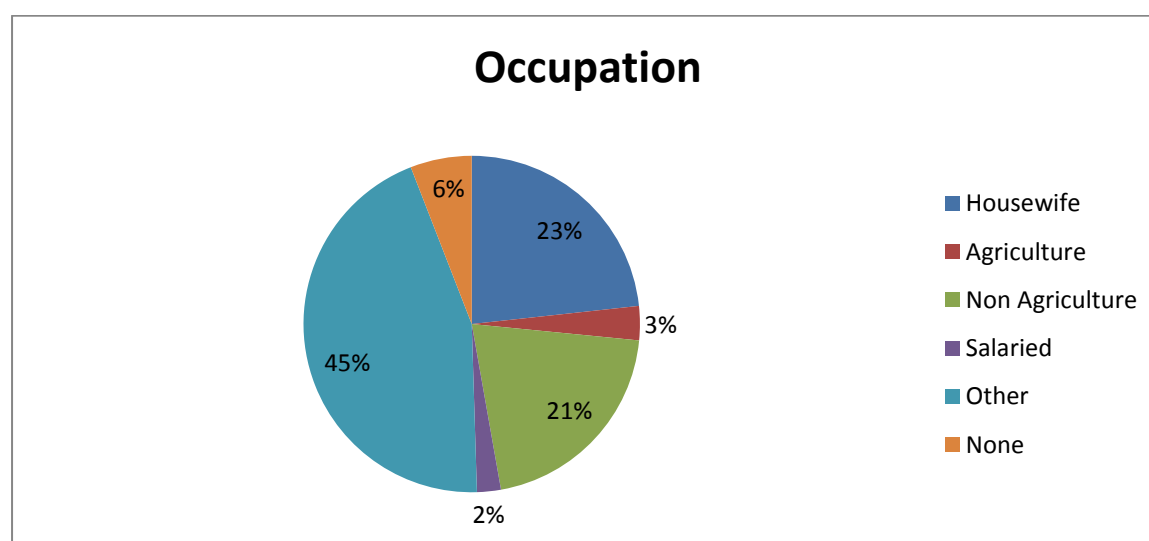
In Aamtar (Phoolbahal) Village, 4% of women are in age group of below 18 years who gave birth to first child in last three years while 17% are in age group of 19 to 21 years at the time of birth of the child, 35% are under the age group of 22 to 24 years and lastly 44% are 25 years and above. Sex ratios in 0-3 year age group 61% children's are male child while 39 % are girl child

5.4.3.7 PUBLIC DISTRIBUTION SYSTEM



In Aamtar (Phoolbahal) Village, as reflected through Data only 2% of sample have APL card and 56% are having BPL card, 12 % of the sample have applied for the card but not yet received, 10% are under Antyodaya category, 2% have not applied for the ration card while 20% of sample said that they do not have any ration card at all. It shows that 34% of the sample is not covered under PDS. Among the households who have ration card 94% said that they avail the service of PDS on regular basis while 3% said that they avail it only sometimes and 3% said do not avail at all.

5.4.3.8 OCCUPATION



In Aamtar (Phoolbahal) Village, the above data shows that 3% of the sample population are engaged in Agriculture activity followed by non-agriculture (21%). Salaried employees constitute 2%, housewives are 23%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

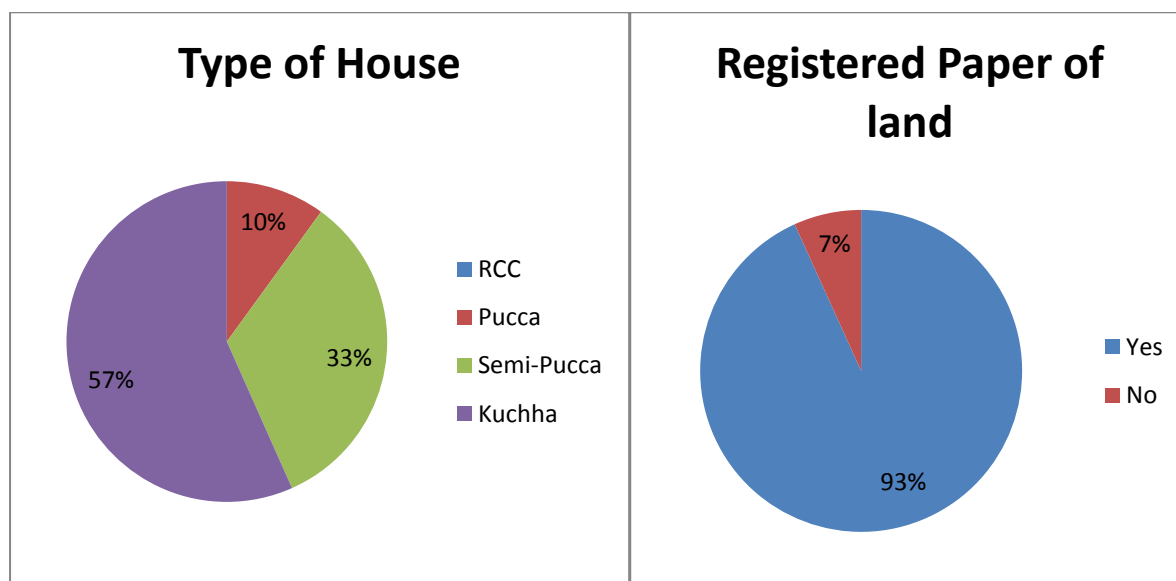
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Drop out girls should be encouraged by providing vocational training on computers and tailoring
	Girls dropouts are found to be more in number hence they should be provided with scholarship after 8 th std onwards
Water Supply	Additional Hand pumps should be installed with purifier in Harijan Tola
Health Care	There should be health check-ups at rural school by BCCL monthly
	Mobile medical vans have been demanded with regular intervals
Rural Electrification	Street lights are essential not only in villages but in the roads also.
	Primary school needs electricity supply and electric fitting
Sports & Culture	Youth club should be provided with sports materials.
Livelihood	Unemployment is major problem. Vocational Training should be given to the unemployed men and women
	Livestock support should be given to women headed families who are not getting pension from government
Sanitation	Toilets at household should be provided
Infrastructural Development	Road is urgently needed in Phoolbahal tola of Aamtal
	An ICDS centre needs to be constructed since children has to cross National Highways to reach Angan wadi
	Play ground is needed for this phulbahal Tola
	Open well should be constructed in village as well as in farming land

5.5 KATRAS AREA

5.5.1 JHARKHOR

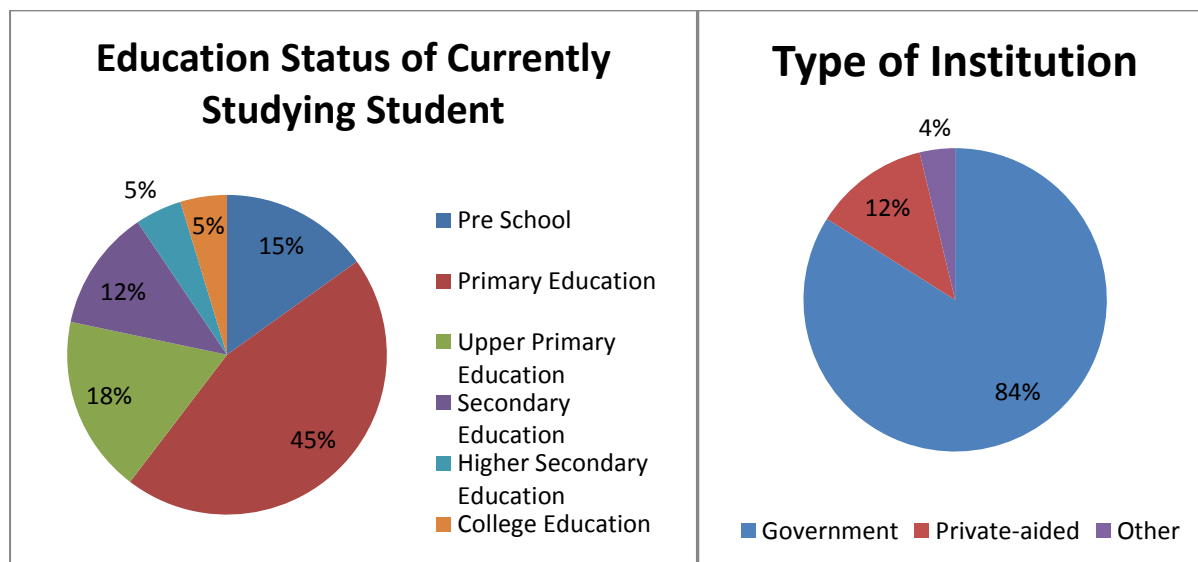


5.5.1.1 HOUSEHOLD STATUS



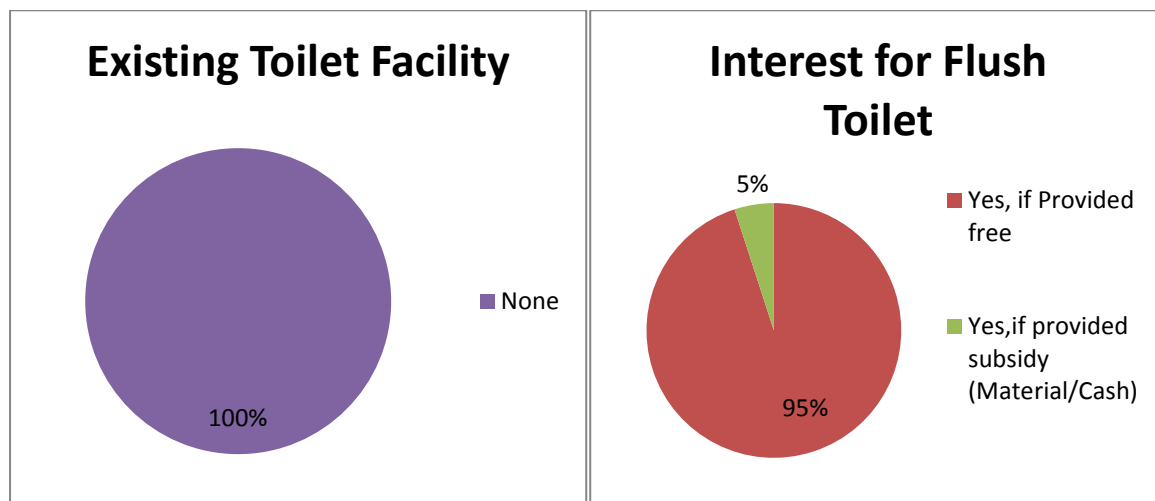
In Jharkhor Village, 33 % of population sample have semi-pucca houses, 10% of the sample are found living in pucca houses followed by majority (57%) living in kuchha houses and none of the sample is living in RCC house. Among the sample population 92% have registered paper of land. 96% of sample households are 58% electrified.

5.5.1.2 EDUCATION



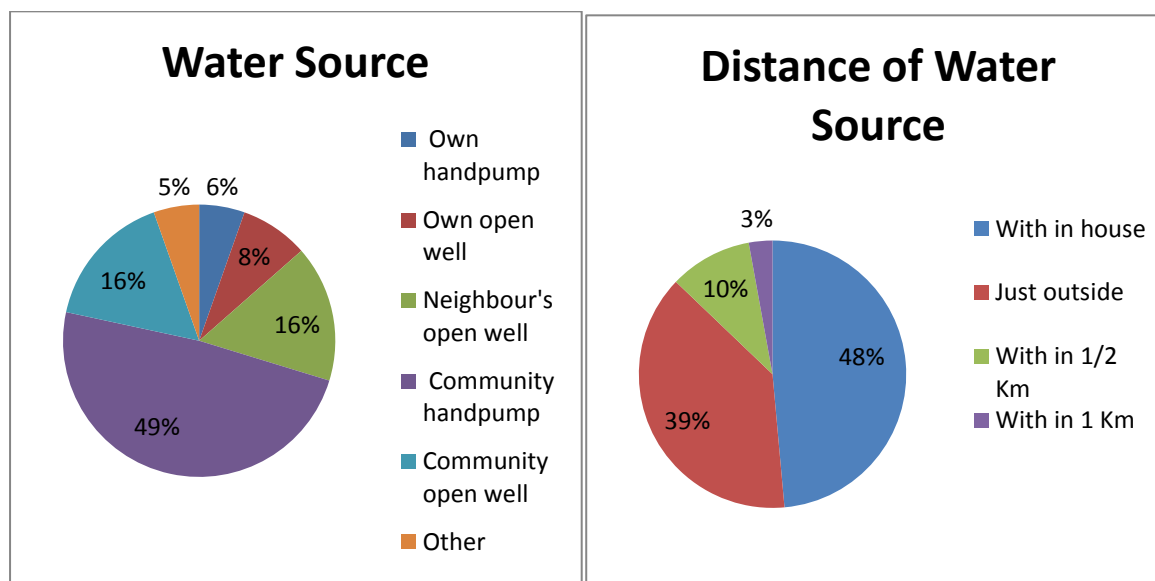
In Jharkhor Village, among the students of sample households who are currently studying, 45% are currently studying in primary school, 18% are in upper primary school, 12% in secondary school, 5% are currently studying in higher secondary school and 5% of them are studying in college. 84% of students are studying in government institutions and 12% students are studying in private institutions and only 4% is in Private unaided institution.

5.5.1.3 SANITATION



In Jharkhor Village, Sanitation facility in this village is Poor. None of the sample populations have their house premise. Sample population that do not have toilet in their house premise responded that they are interested to have flush toilets if provided free (95%) and 5% said if they would be provided with subsidiary would be able to construct one in their house.

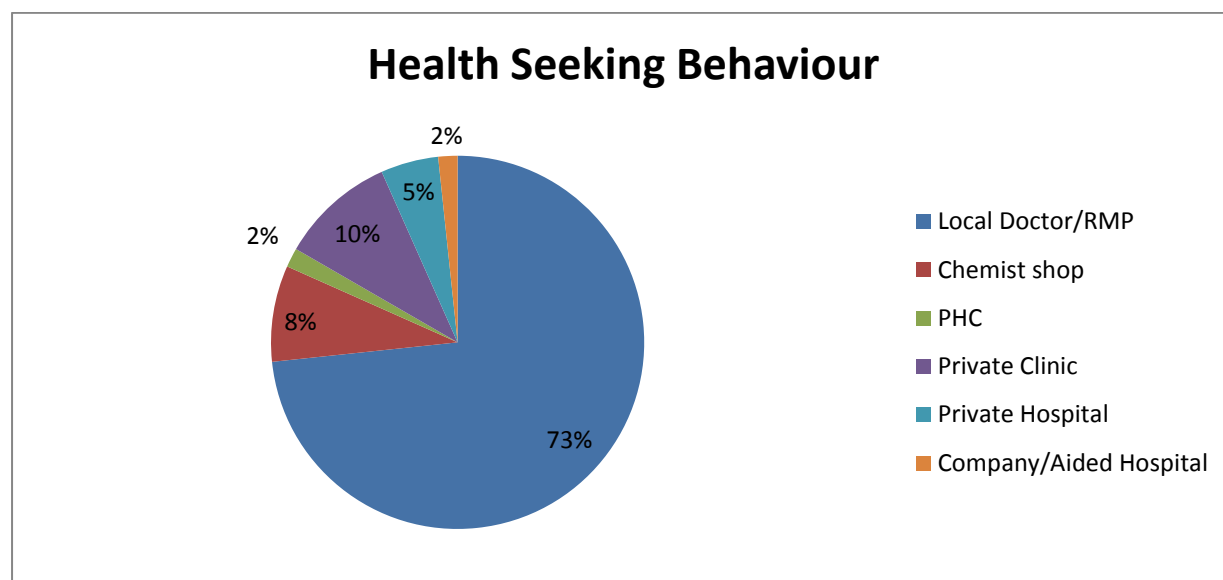
5.5.1.4 WATER SOURCE



In Jharkhor Village, altogether 65% of the sample use community source to avail water however only 14% water source from respondent's own water source. 16% of the respondents use communities open well and 49% use community hand pumps for drinking water purposes. 6% by own tap, and 8% by own open well and 16% by neighbour's hand pumps for drinking water. Considering the concerns shared by community over quality of water the use of open well should be discouraged. Drinking water is not supplied by the

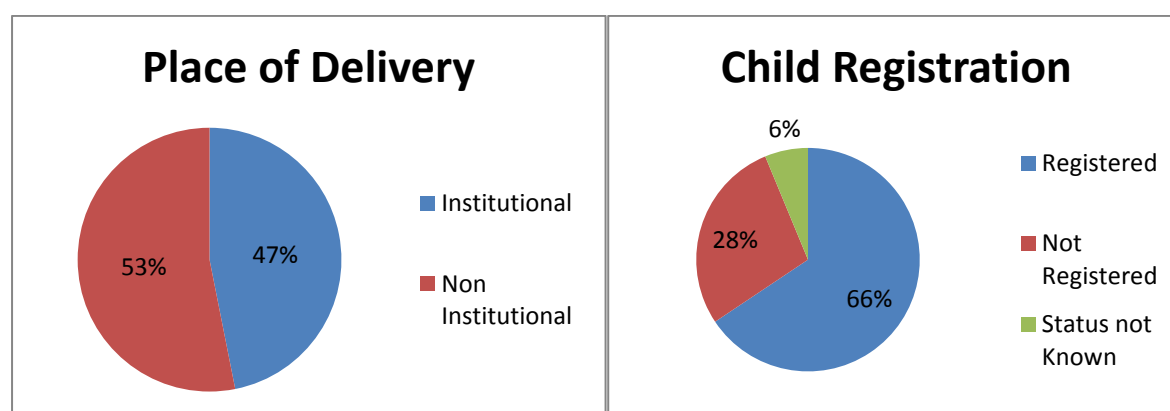
panchayat as reported by the sample. 48% of sample households are having water sources located just within the household, 39 % of sample said that water source is located just outside the house, 10% reported within half Km, 3% reported more than 1 Km.

5.5.1.5 HEALTH SEEKING BEHAVIOUR



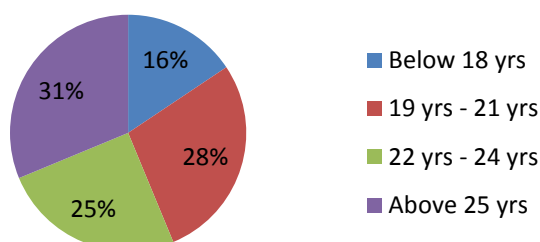
In Jharkhor Village, among the sample, 88% avail the private services for medical which includes Local doctors (73%), private clinic (10%) and private hospitals (5%) while only % informed that they rely on company aided hospital.

5.5.1.6 MATERNAL HEALTH

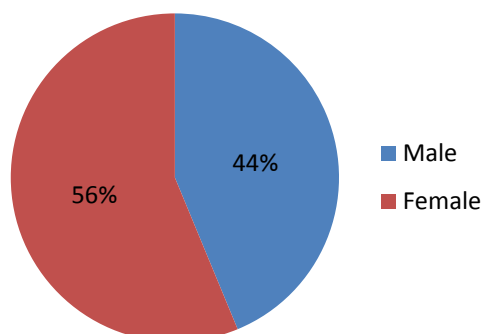


In Jharkhor Village, 47% of the births took place in last 3 years was Institutional while 47% was Non Institutional. 68% of the responded reported that child registration was done and 28% reported it was not done.

Age of Mother at Birth of First Child



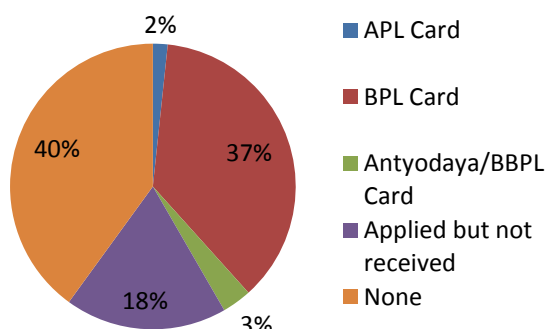
Sex Ratio



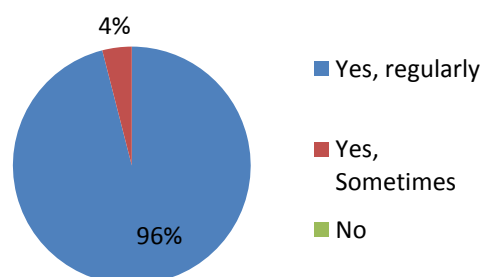
In Jharkhor Village, 16% women who delivered the baby in last three years reported were in age group below 18 years. 28% women in 19-21years while 25% were in the age group of 22-24 years and 31% are in the age group of above 25 years. Sex ratio among the kids in the age group 0-3 years is 56:44 where 56% kids are girl child.

5.5.1.7 PUBLIC DISTRIBUTION SYSTEM

Type of PDS card

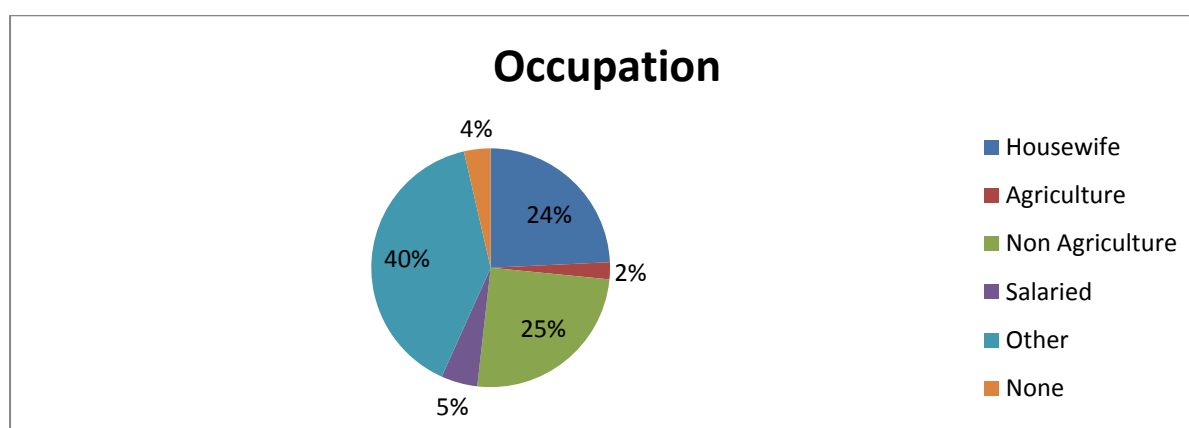


Avail PDS



In Jharkhor Village, among the samples 2% holds APL Card and 37% holds BPL card, 3 hold BBPL card while 18% of sample informed that they don't possess any card at all. Among the households who have ration cards 96% of them said that they avail PDS regularly and 4% said that they avail the PDS facilities sometimes.

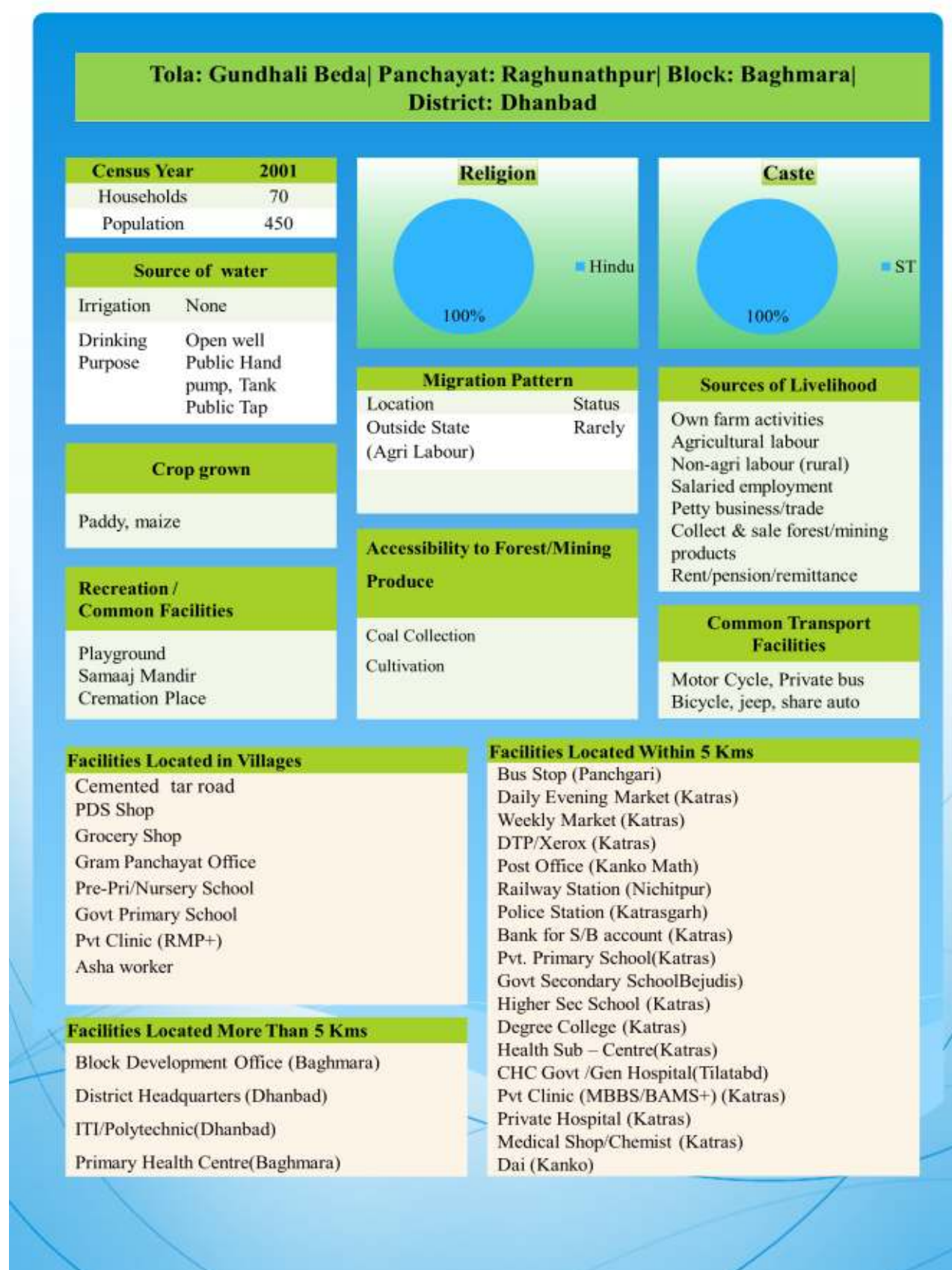
5.5.1.8 OCCUPATION



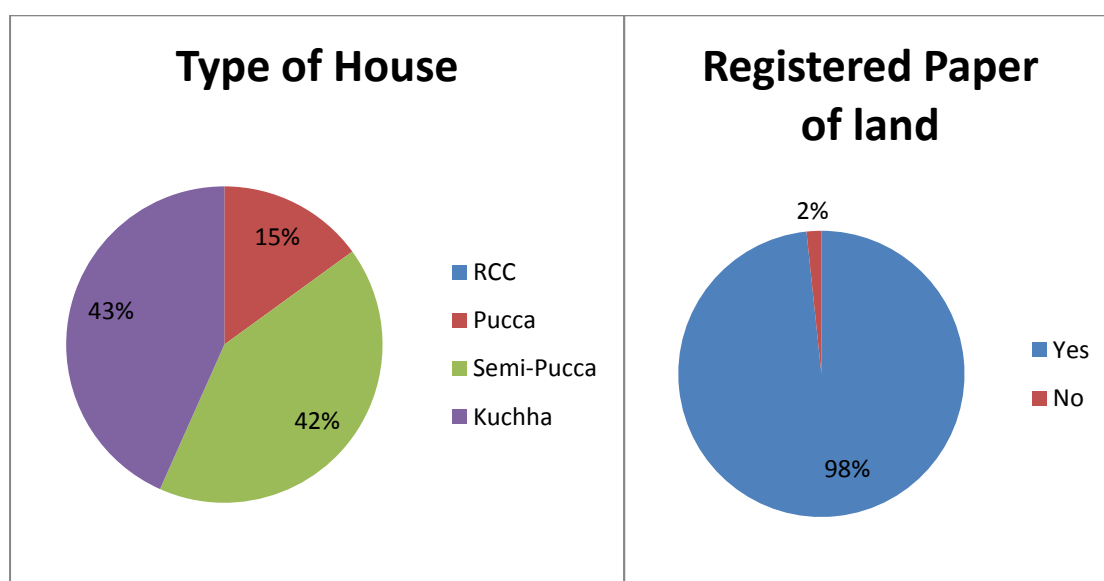
In Jharkhor Village, the above data shows that 2% of the sample population are engaged in Agriculture activity followed by non-agriculture (25%). Salaried employees constitute 5%, housewives are 24%. Majority of the sample population are found in other occupation and 4% are not involved in any kind of employment.

AREA	MAJOR PROBLEM AND RECOMMENDATIONS
Education	Problem of school dropout. Vocational training is needed both dropout and children belonging to BPL families
	Coaching classes for girls dropout and special focus on English for the rural children
Water Supply	Deep boring is needed to fetch water during the dry spells
Health Care	Awareness about health, hygiene and maternity health care
Sports & Culture	Spots material should be provided to the youth for tournaments.
Livelihood	Problem of unemployment is seen. Vocational Training should be encouraged
	Framer should be provided with farming equipment recommended for respective area with consultation with state agriculture university as well as Krishi Vigyan Kendra situated at Dhanbad
Sanitation	No toilets facility at home as well as in community
	No drainage in both sides of the road causing water logging during grainy season.
Social Empowerment	Adult literacy classes for old age as well as for women and men

5.5.2 GUNDHALI BEDA

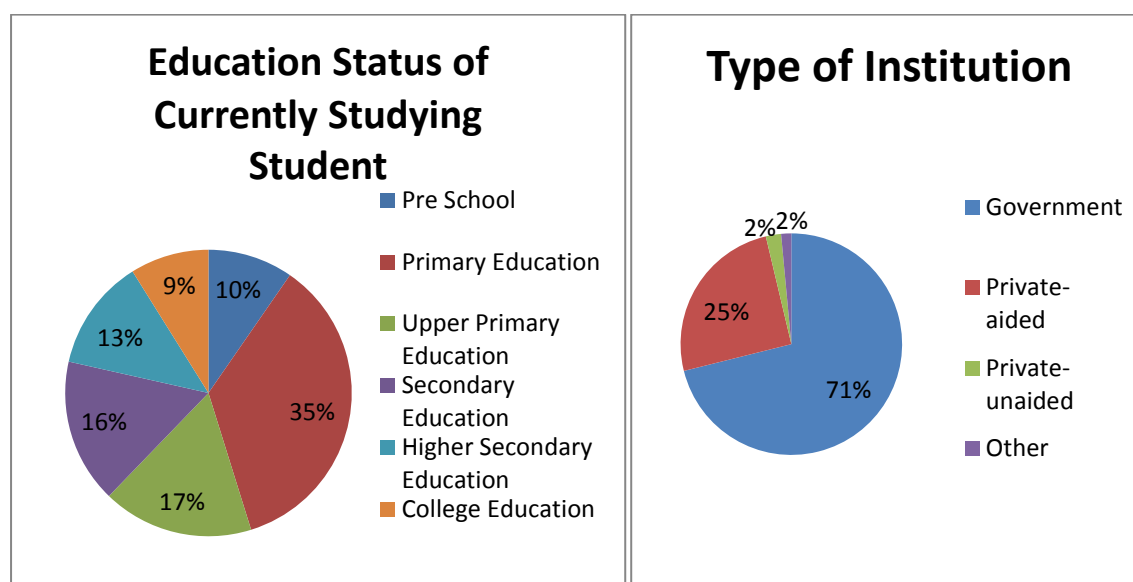


5.5.2.1 HOUSEHOLD STATUS



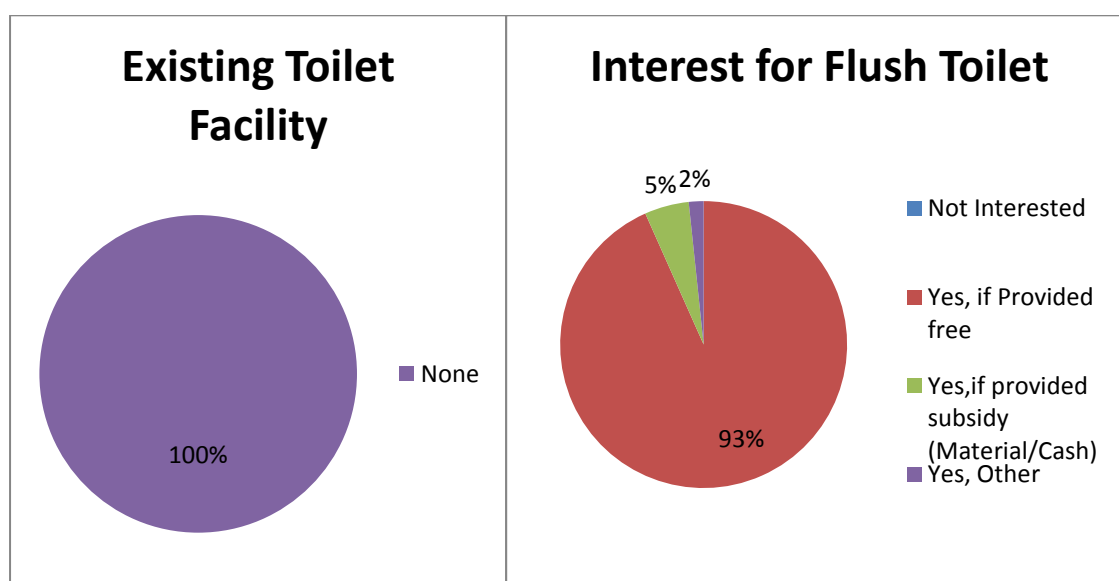
In Gundhli Bada Village, only 15% of the sample households are having pucca house, 43% of them are living in kuchcha house and 42% are living in semi pucca house. The above information show that majority of the sample population resides in kuchha houses. 98% claimed to have registered paper of the land .Among the interviewed households 87% houses are reported electrified.

5.5.2.2 EDUCATION



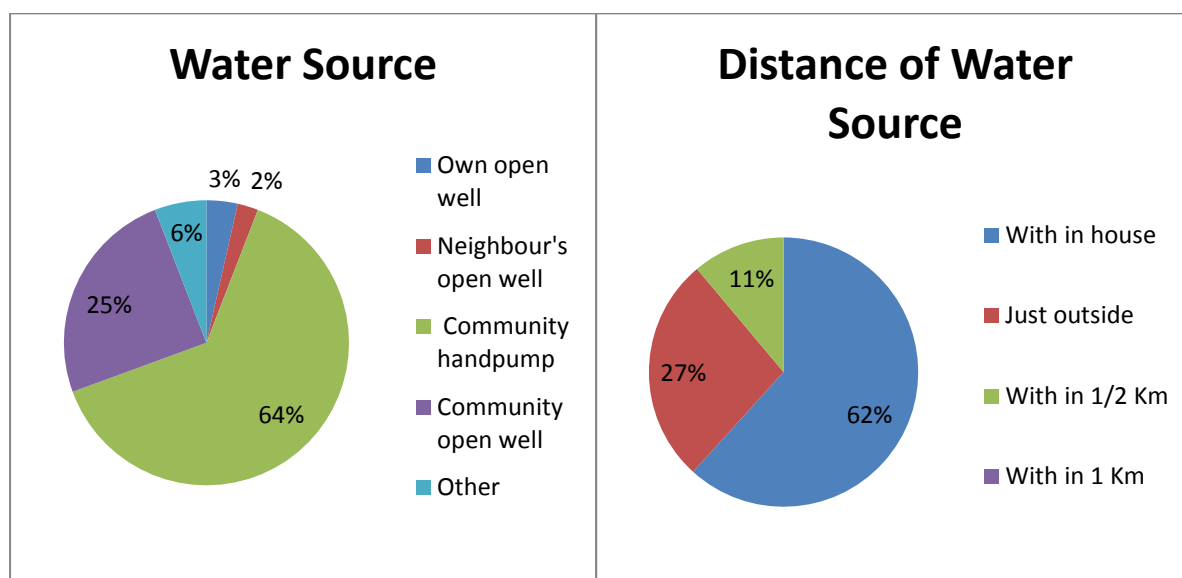
In Gundhli Bada Village, 10% of the students are enrolled in preschool, 46% are in primary school, 17% in upper primary , followed by secondary school education (10%) . 4 % are in Higher Secondary education while 9% are found in college education. 91% of students are studying in government institutions and only 9 students are studying in private institution.

5.5.2.3 SANITATION



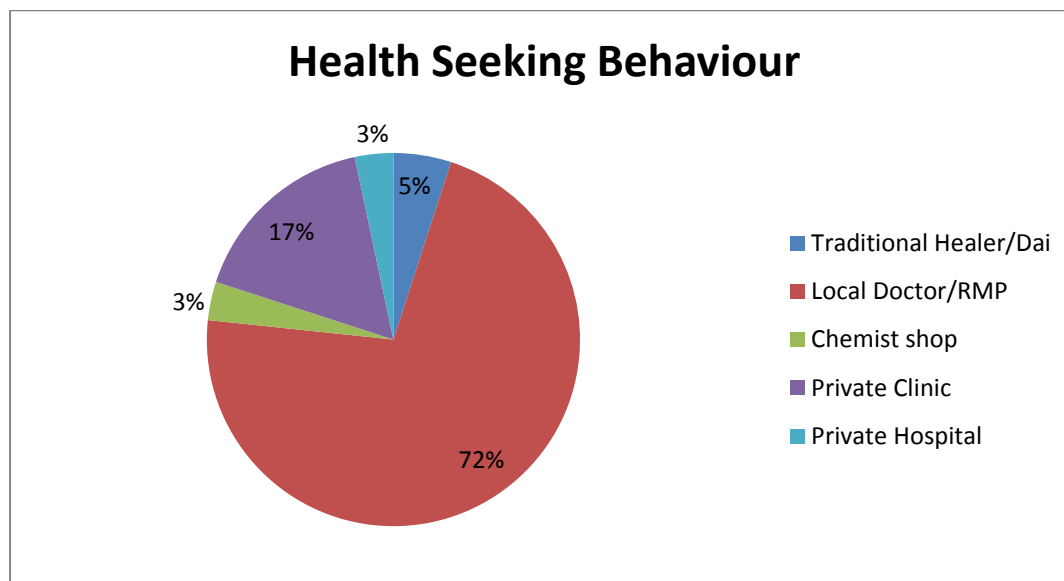
In Gundhli Bada Village, sanitation facility is very poor. None of the sample population has toilet facility available in their village. When the sample population were inquired about the interest for toilet, 93% of the population said that they want toilet if provided with free of cost while 5% did not shown any interest for flush toilet at their houses.

5.5.2.4 WATER SOURCE



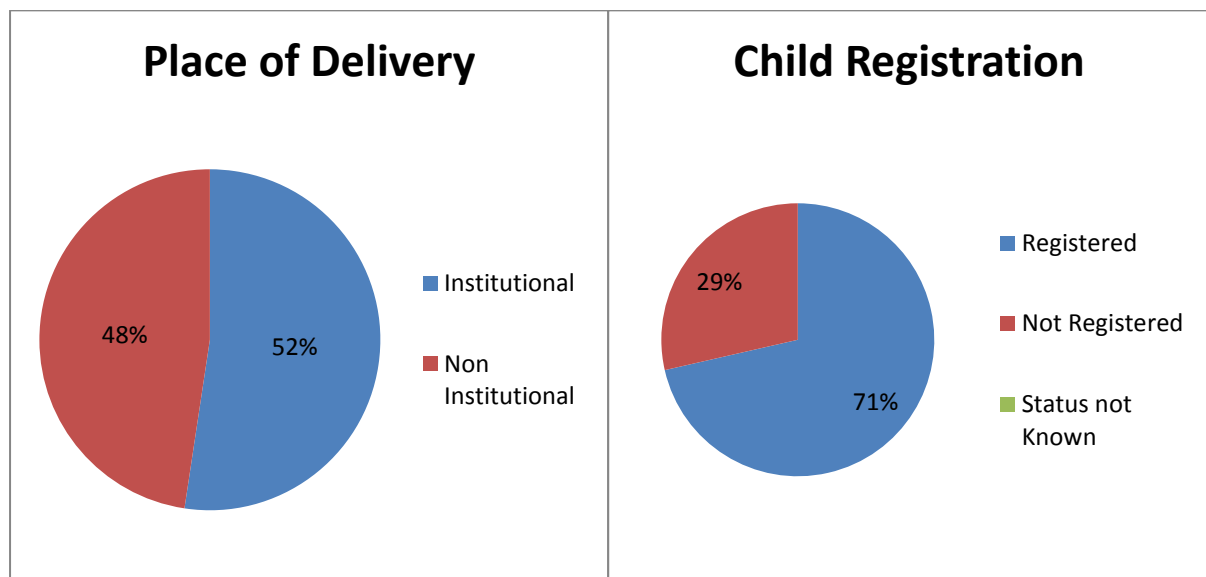
In Gundhli Bada Village, less number of sources of water at houses of respondent has been observed. 6% of the sample population avail water from other source which includes water from river. 25% of the sample population avail water from community open well, 64% from community hand pumps, 2 % from neighbour's open well. Only 3% of water source is available from own hand pump.

5.5.2.5 HEALTH SEEKING BEHAVIOUR

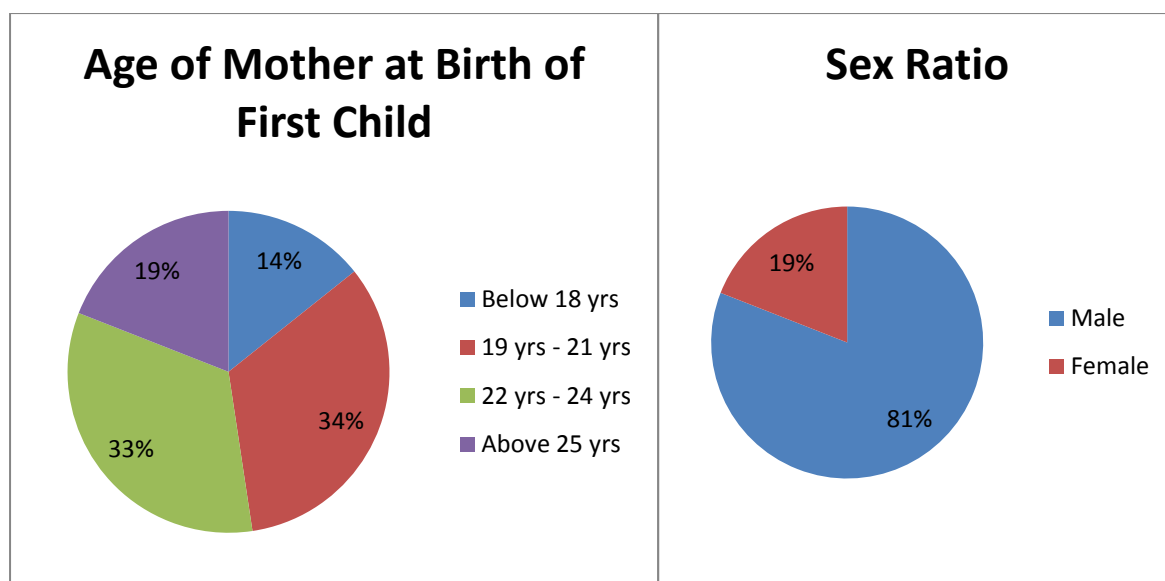


In Gundhli Beda Village, it has been observed that majority of the respondent prefer going to local doctors/RMP for medical emergencies (72%). 17% has reported going to private clinic while 3 % prefer going to private hospital. None of the responded t has reported to visit local government hospital for medical emergencies

5.5.2.6 MATERNAL HEALTH

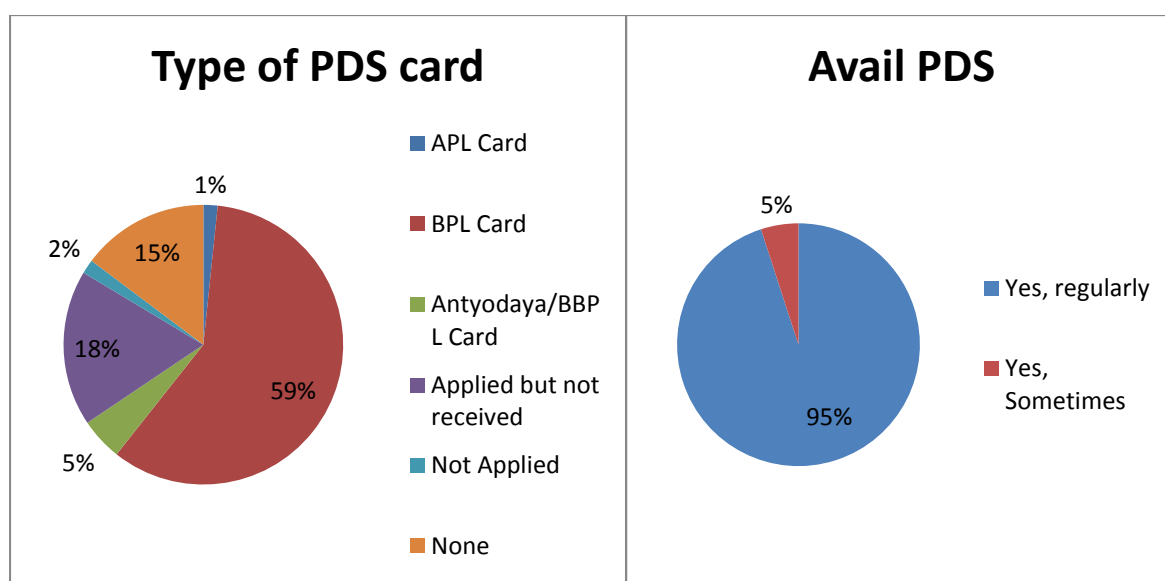


In Gundhli Beda Village, Institutional deliveries are seen among 48% of the respondent while 52% respondent reported non institutional deliveries. 71% of the child is registered while 29 % of the sample respondent reported that child registration has not been done.



In Gundhli Beda Village, 14% of the women give birth of first child at the age below 18 years while, 34% has found to give birth in the age group between 19 to 21yrs followed by 22 – 24 yrs. (33%) and lastly 19% found to give birth at the age of above 25 yrs., Sex ratio of male child and female child has been reported 81:19, where 81% is male child.

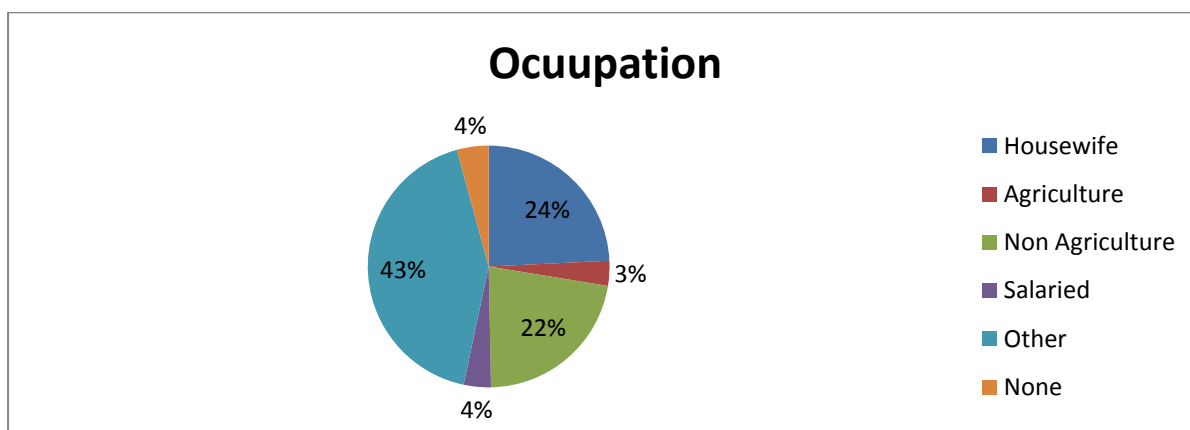
5.5.2.7 PUBLIC DISTRIBUTION SYSTEM



In Gundhli Beda Village, 1% of the respondents are reported to have APL card while 59% reported to have BPL card. 5 % are in Antyodaya card holder. 18% have applied but not received the card yet. 15% of the respondent does not have any of the cards. 95% of the respondent avail ration regularly while only 5% avail ration sometimes.

5.5.2.8

OCCUPATION



In Gundhli Bada Village, the above data shows that 3% of the sample population are engaged in Agriculture activity followed by non-agriculture (22%). Salaried employees constitute 4%, housewives are 24%. Majority of the sample population are found in other occupation and 4% are not involved in any kind of employment.

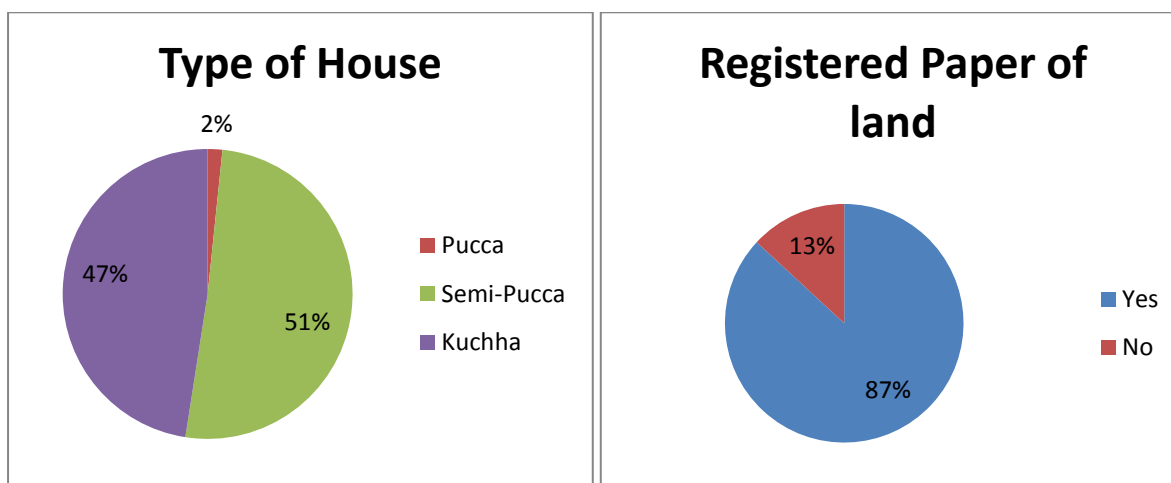
AREA	MAJOR PROBLEM AND RECOMMENDATIONS
Education	Vocational training to youth in computers. BCCL should provide one class room for training youth (Capacity of 50) specially the drop out one for learning computer in their village.
	Evening classes for illiterate women and old age is needed. BCCL should come up with an initiative of introducing evening classes for the villagers with the help of an organization which has excellency in providing education through evening classes.
Water Supply	Problem of drinking water during summer. BCCL should provide water during summers
	Irrigation facility is seen problematic in this village.
Health Care	Since there is no road in the village hence no mobile vans from BCCL or Jharkhand government reach here. Hence it is essential that Mobile Medical Van should reach this remote village also to ensure health facility at door step.
	Unawareness regarding maternity health care and family planning has been observed here. Regular campaign by BCCL can create awareness

	through Mobile Medical Vans quarterly
Livelihood	Problem of irrigation is there. There is no availability of water if the rainfall is inadequate during rainy season. Apart from that, only one crop is grown due to unavailability of water. Farmer cannot grow crop like wheat in winter. Lift irrigation facilities like engine, pipe, and motor can minimize the problem of irrigation to some extent.
	The village majorly belongs to tribal community can go for Lac cultivation since majority of the population belongs to tribal community has better understanding and attachment towards forest.
	Mushroom cultivation is also an interest among the tribal community.. So BCCL should come up for the training of these tribal community with consultation with state agriculture universities to promote alternative source of farming
	In agriculture, farmer needs scientific training to grow local crops. Horticulture can also be initiated.
	Formal group for Men and women in needed for income generation activity. Collective activity like training on Lac cultivation, mushroom cultivation can only be possible if group is formed. Hence BCCL should can facilitate in group formation and providing financial assistance in such income generation activities to the tribal community
	Special focus on training of women is essential. Training on match sticks, candle sticks etc. can be facilitated by BCCL with coordination with ITC e-chaupal which provide training, raw material as well marketing of their product
Sanitation	People don't have toilets at their home; generally they go for open defecation. Community toilets should be encouraged
Infrastructural Development	As the village is very remotely situated, no road ways (1-1.5 Kms) to village from the main road. PCC roads need to be constructed as non-availability of road creates problem in commutation as well as children going via this route face problem in going school in day to day life
	There is a need of community hall in the village with one toilet and water facility.

5.5.3 RANGADIH

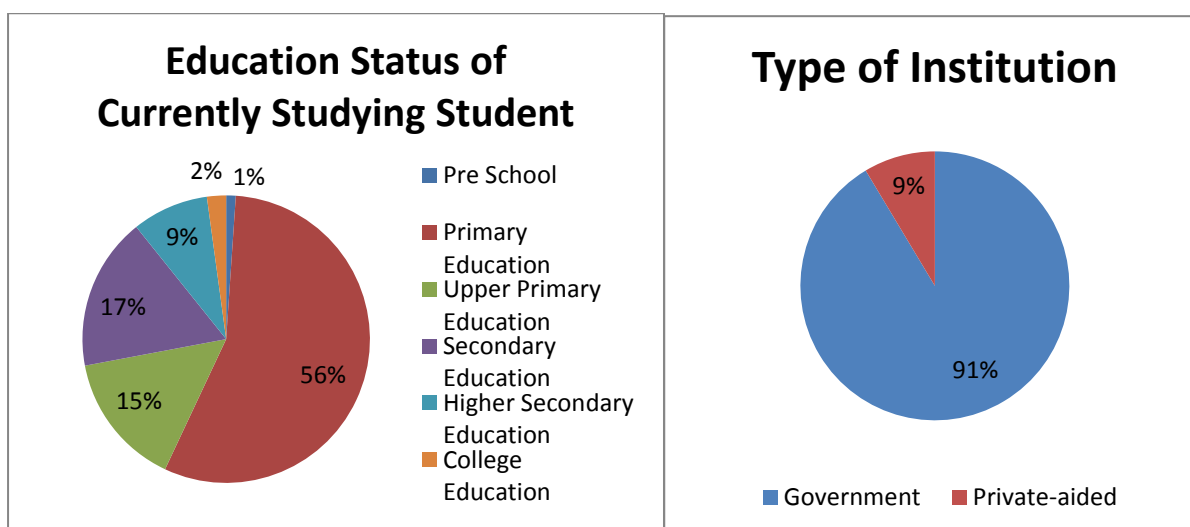


5.5.3.1 HOUSEHOLD STATUS



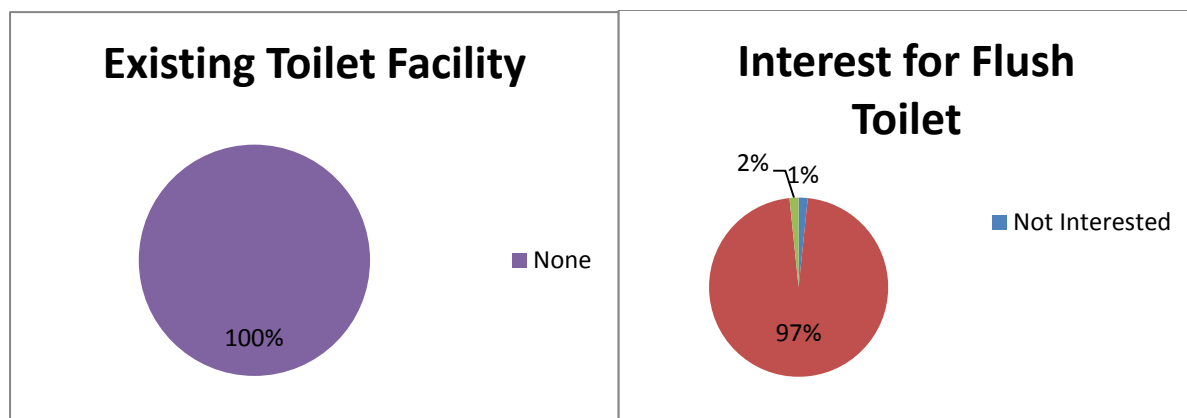
In Rangadih Village, majority of the sample population have Kuchha Houses (47%), 51% have Semi-Pucca houses and 2% have Pucca houses. However, 87% populations living in Rangadih Village have the registered papers (patta) of the land but 13% still don't possess the papers of the land. 61 % of the households studied in the survey are electrified.

5.5.3.2 EDUCATION



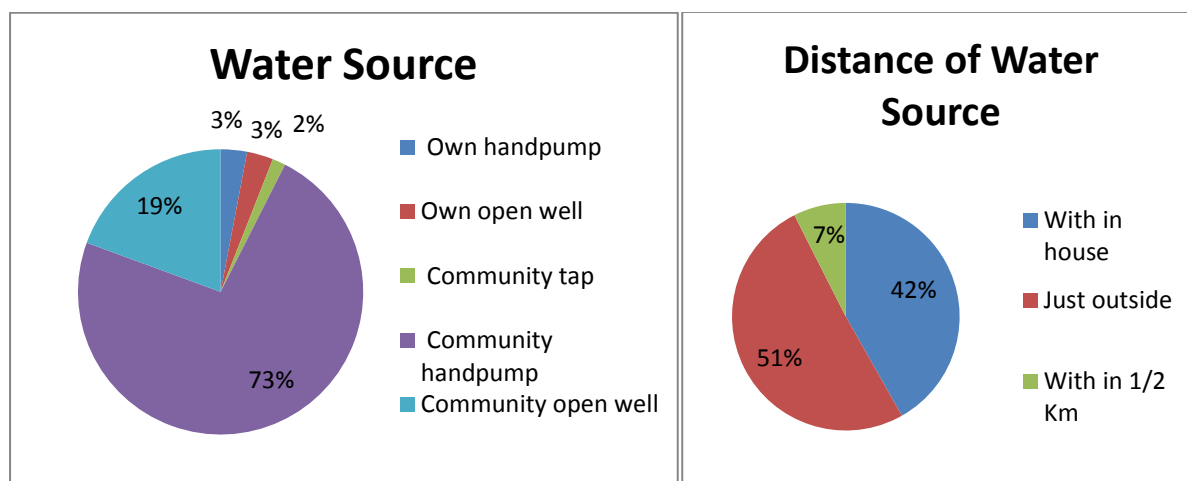
In Rangadih Village, students who are currently studying 1% are in Pre-school, 56% of them are in primary Education followed by upper primary (15%), Secondary education (17%), Higher Secondary (9%) and college education (2%). 91% of the children are enrolled in government Institutions followed by only 9% in private-aided institution.

5.5.3.3 SANITATION



In Rangadih Village, among the sample, the percentage of households who had no toilet facility available was quite high in Aamtal (Bandhkuli) Village, 100% of sample doesn't have toilet facilities. Nearly, 97% said that they are interested in flush toilet if provided with free of cost under different government schemes and 2% shown interest for flush toilet if provided with some subsidy while 1% of the sample population are not interested to avail flush toilets to be constructed at their homes.

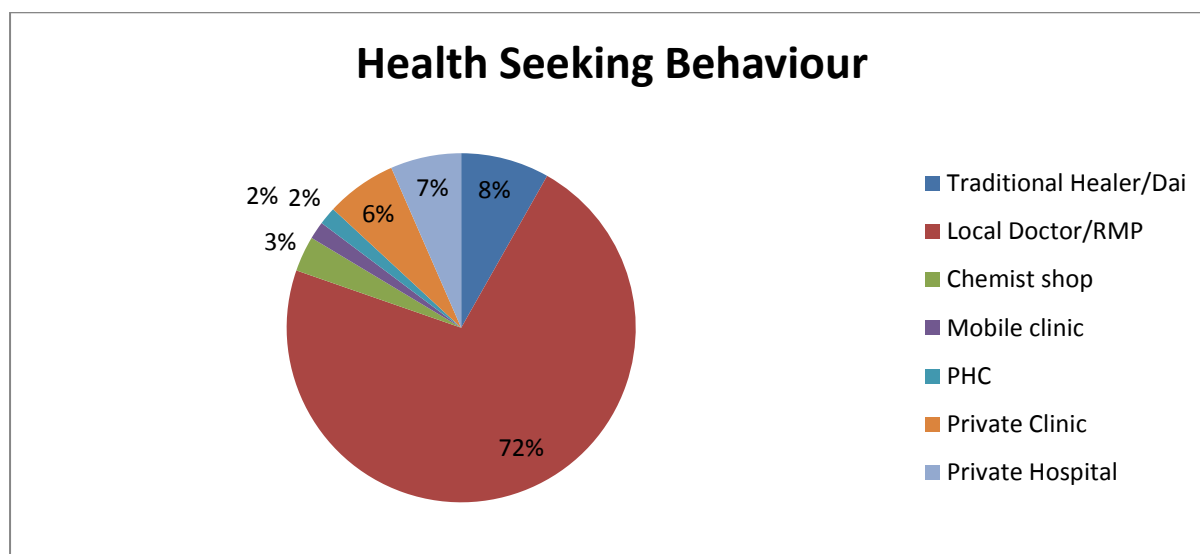
5.5.3.4 WATER SOURCE



In Rangadih Village, 73% of the sample households reported that they use community hand pump followed by 19% through community open well and 5% use community tap. Only 3% use own open well and hand pumps.

5.5.3.5

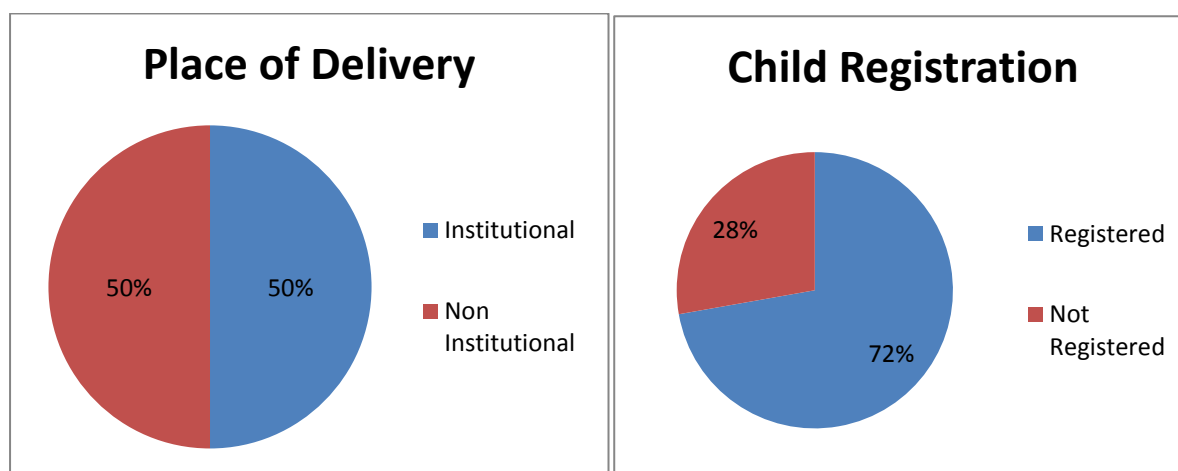
HEALTH SEEKING BEHAVIOUR



In Rangadih Village, among the sample house holds 72% consults local doctor/ RMP, 7% consult private hospitals, 6% private clinic while 3 % consult chemist shop to avail health related needs.

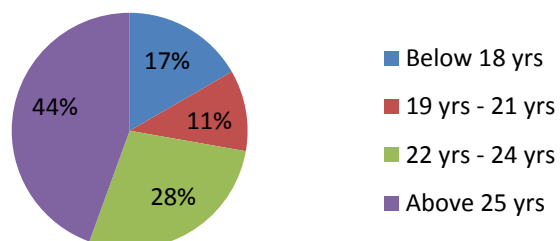
5.5.3.6

MATERNAL HEALTH

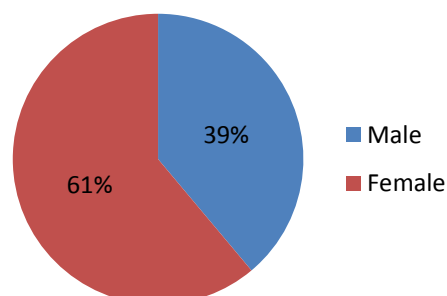


In Rangadih Village, in terms of place of delivery of the children born Rangadih Village shows 50% of the sample who had witnessed birth of child in their households in last three years claimed that the delivery was an institutional. 72% of the respondents reported that child born in last three years has been registered while 28% are not.

Age of Mother at Birth of First Child



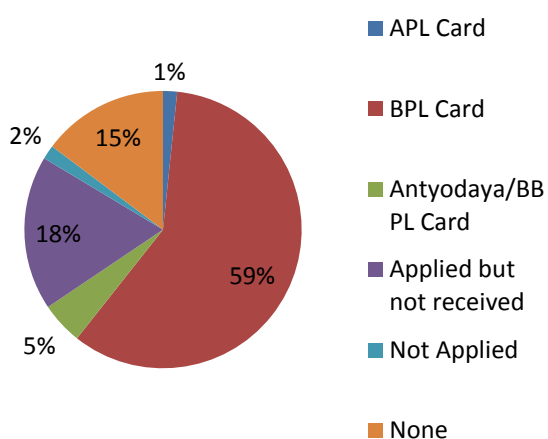
Sex Ratio



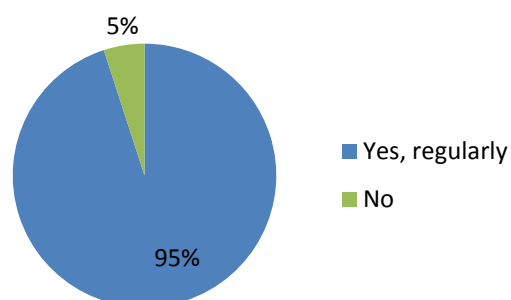
17% of the respondents are reported to give birth to first child in last three year in the age group below 18 years. 11 % of the respondent reported to give birth of first child between the age group of 19 to 21 years. 28% of the respondent report to deliver between the age group of 22 to 24 years and lastly 44% report to give birth at the age above 25 years.

5.5.3.7 PUBLIC DISTRIBUTION SYSTEM

Type of PDS card

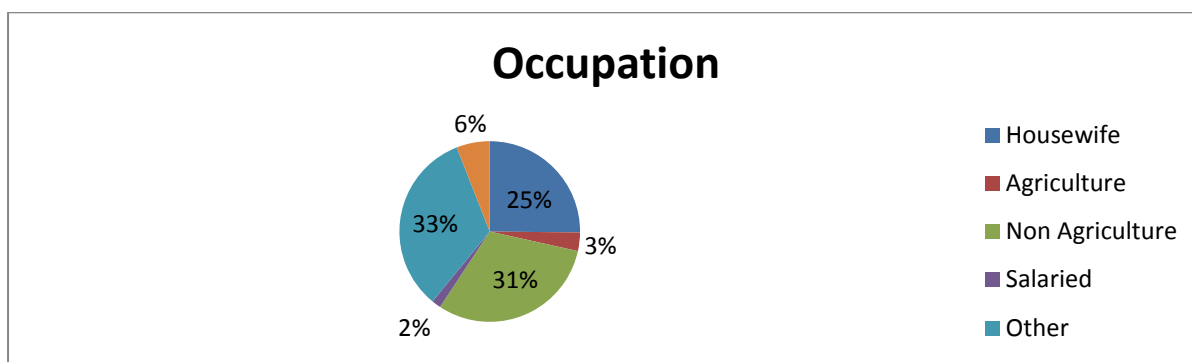


Avail PDS



In Rangadih Village, among the sample, 1% reported saying that they have APL card while 59% confirmed having BPL card, 15% of the sample also reported that they don't have any card. Those who have cards reported 95 % of them avail ration from PDS regularly, 5% denied availing the PDS facility.

5.5.3.8 OCCUPATION

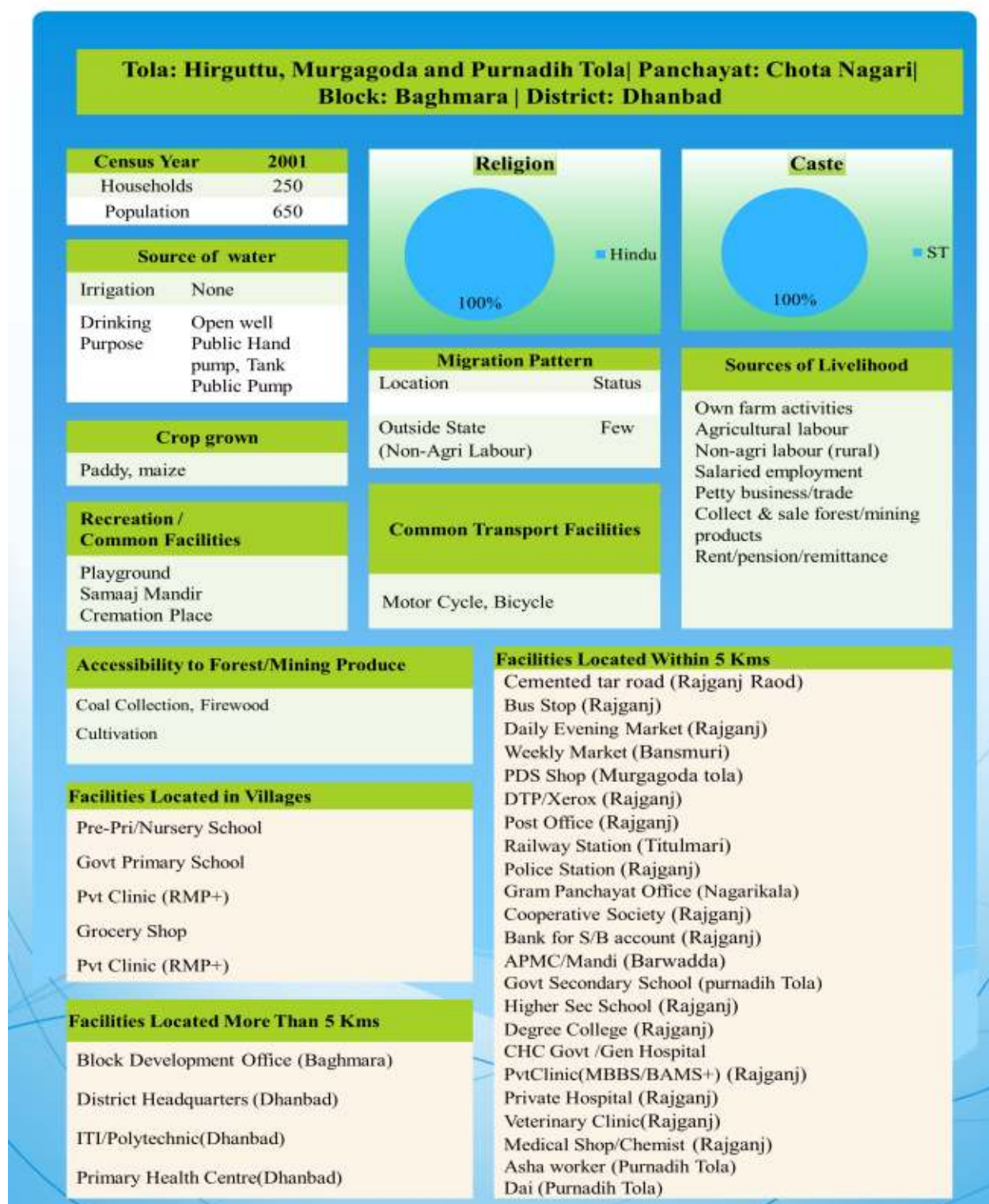


In Rangadih Village, the above data shows that 3% of the sample population are engaged in Agriculture activity followed by non-agriculture (31%). Salaried employees constitute 2%, housewives are 25%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

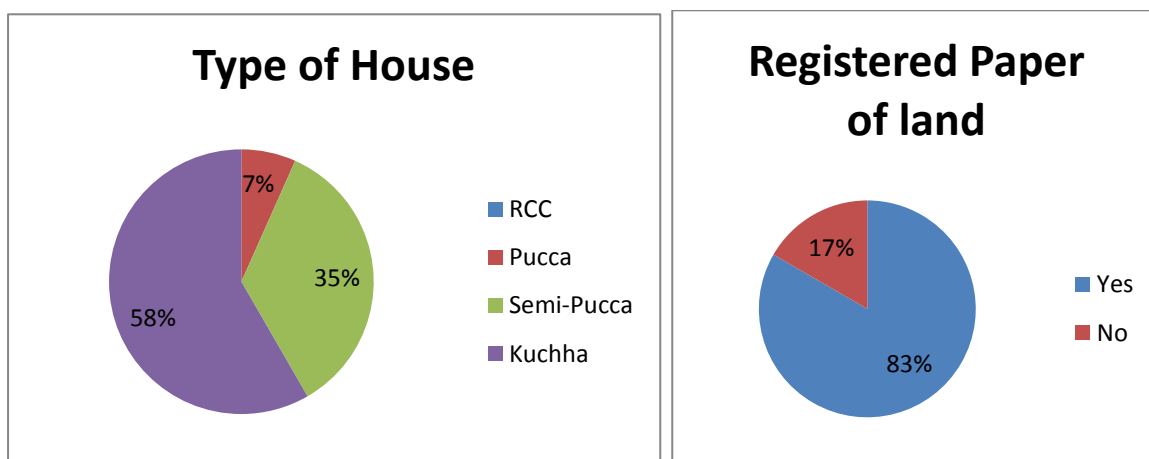
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Only one teacher is available for teaching.
	Scholarship scheme for students in high school and college should be given
Water Supply	Irrigation facility in agriculture is needed. Mines water can be provided for irrigation through the pipeline throughout the year
Health Care	Regular visit of mobile van is essential in this village
	Health awareness camp about health and hygiene should be initiated by BCCL
Rural Electrification	Electricity should be provided in primary schools with electric fitting. Fans and tube lights should also be provided
Sports & Culture	Sports club should be formed and encouraged for various level tournament with sponsorship of BCCL
Livelihood	Employment for women is needed in this village. Training in candle sticks , spices, papad making and other products should be initiated with ensured marketing
Sanitation	Mosquito spray should be done at regular interval
	Waste disposal should be initiated to keep the village clean from mosquitos
	Toilets should be constructed in each households

5.6 SIJUA AREA

5.6.1 PAHADPUR

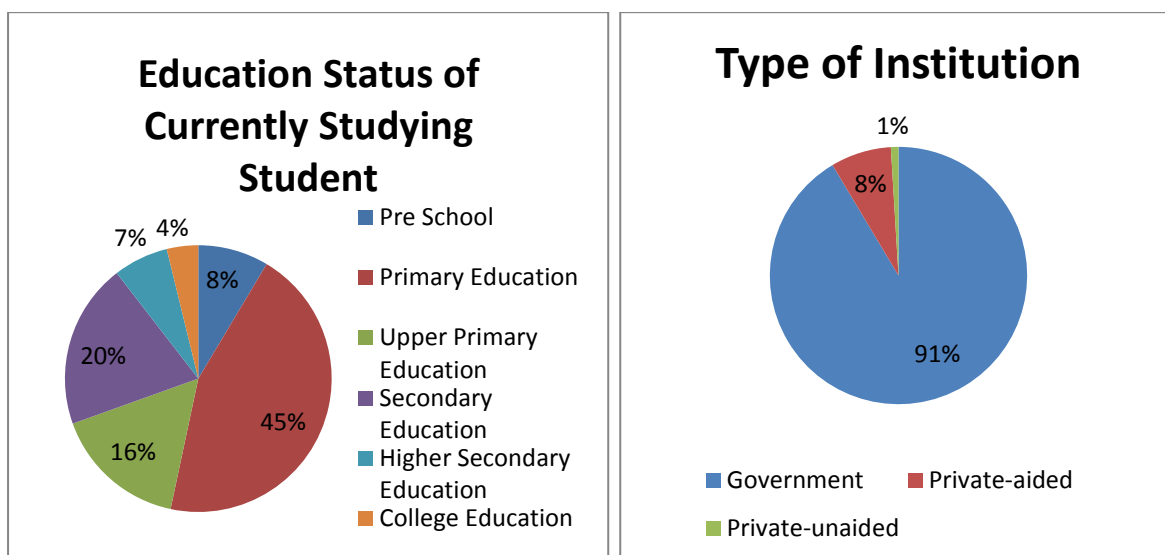


5.6.1.1 HOUSEHOLD STATUS



In Pahadpur Village, most type of houses found among the sample population in this village is Kuchha houses (58%). 35% of the sample households were Semi-Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of house found in this region is Pucca house (7%). The data on the village of Pahadpur Village clearly points to the fact that 83% of the population has registered papers of their land holdings. While the rest of the population which amounts to a figure of 17% has no registered papers of the land. Among the interviewed households, 92% houses are reported electrified.

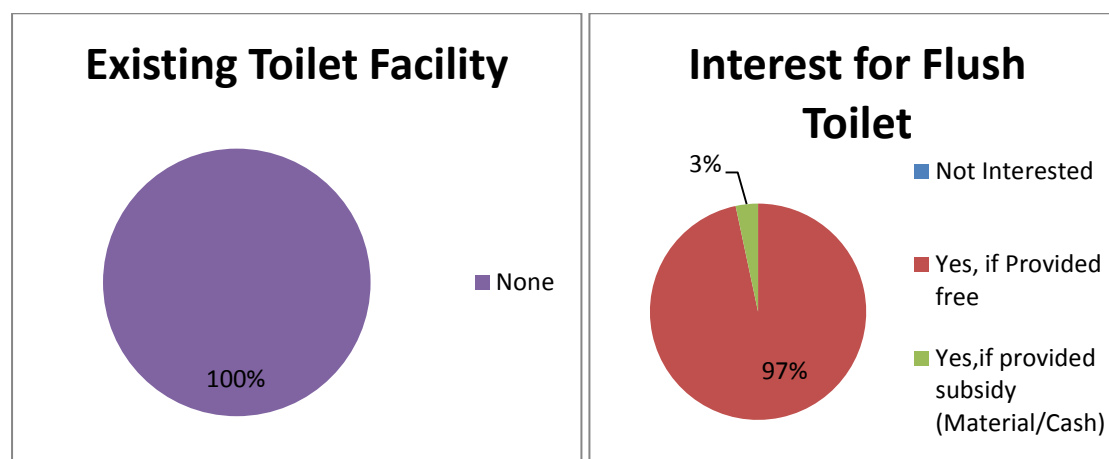
5.6.1.2 EDUCATION



In Pahadpur Vilage, among the sample population 45% students are studying in primary school and 16% are in upper primary school, 20% in Secondary School and 7% in Higher Secondary school. Around 4% students are enrolled in college education. The graphical

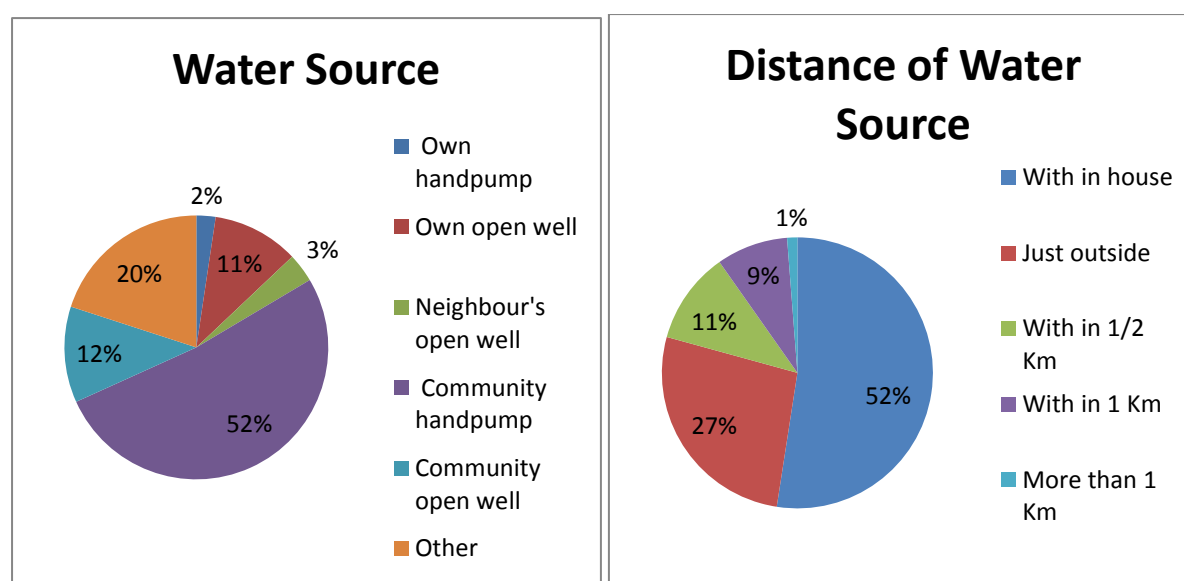
representation shows distribution of students among different level of education and it represents a scenario where awareness towards education seems at an appropriate level. However, it is important to attract students towards secondary education as it shows the steep gap between the upper primary education and higher education. Government institution provides education to 91% of the students among the sample households while only 9% students go to private education system.

5.6.1.3 SANITATION



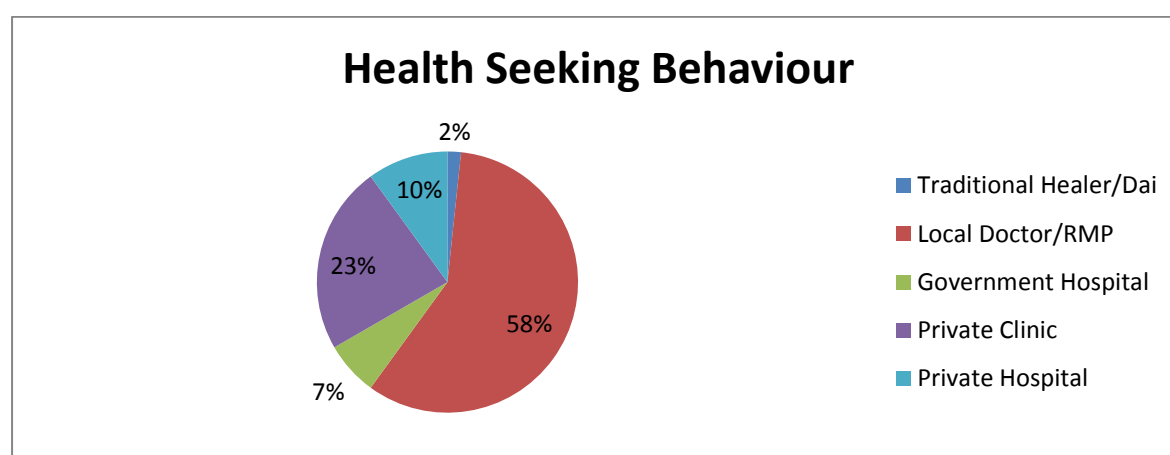
In Pahadpur Village, study held in this village shows poor result in case of sanitation facility. 97% of the sample population reported that they would go for flush toilet if provide with free of cost, 3% reported that if subsidy is given they would like to construct a toilet.

5.6.1.4 WATER SOURCE



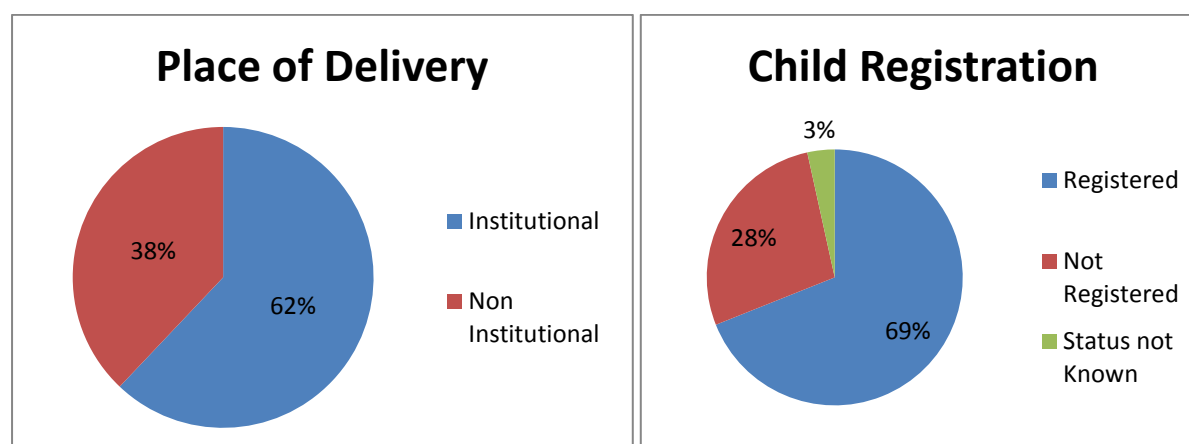
In Pahadpur Village, 84% of the sample population depends on community source of water. Community hand pump caters the water related need of 52% of the sample population. Own open well is available to only 11% of population. 20% of water source is available by some other source. For 52 % of the sample households' water source is located inside their house while 27% said it is located just outside their house. Around 11% said that they have to walk within half to one km to get drinking water. It has also been seen that 1% of respondent procure water even more than 1 Km.

5.6.1.5 HEALTH SEEKING BEHAVIOUR

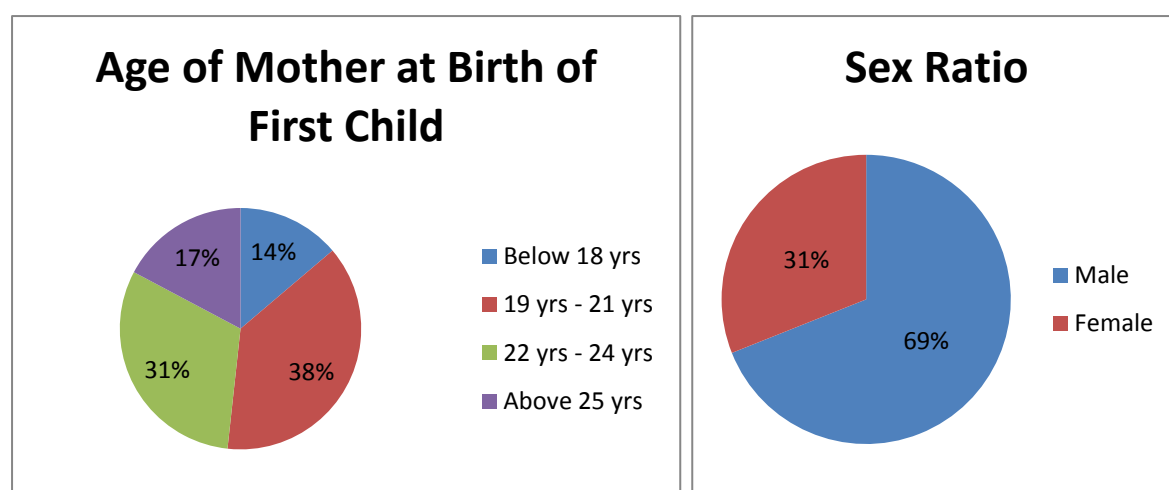


In Pahadpur Village, 23% of the people prefer private Clinic, 10% visit private Hospital for health check-up while only 7% of the people government hospitals. Large numbers of sample population (58%) prefer local doctors for medical emergencies.

5.6.1.6 MATERNAL HEALTH

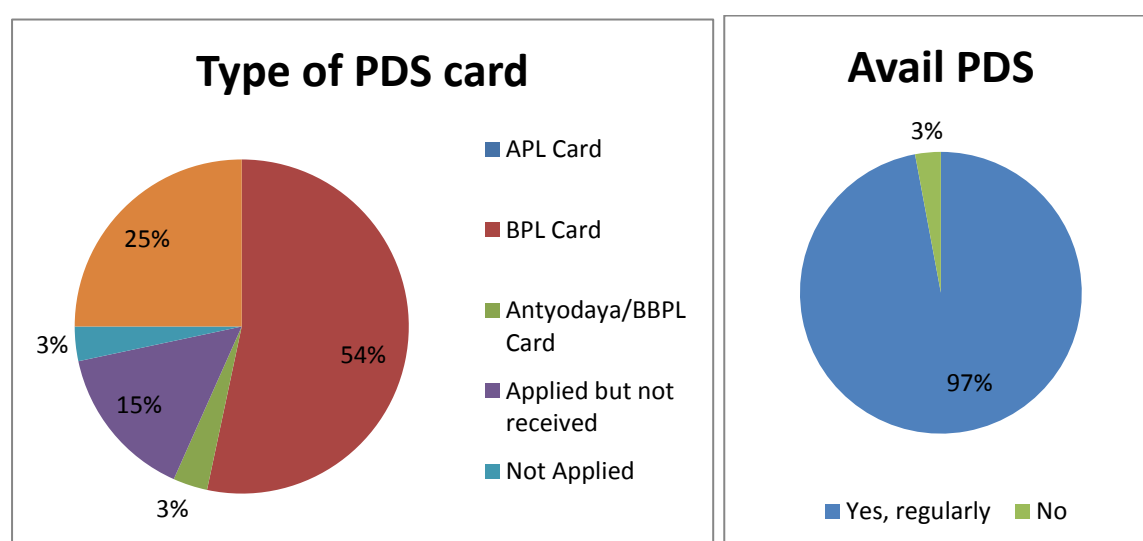


In Pahadpur Village, among the deliveries that took place in last three years in Pahadpur Village, 62% are institutional deliveries, whereas the rest of the population which accounts to 38% takes place in the non-institutional places. This shows that people of that village are aware of institutional practices of delivery and making use of adequate medical care. It is an appreciative sign that 69% of the children are registered after birth whereas 28% of the children during the survey have not been registered after birth.



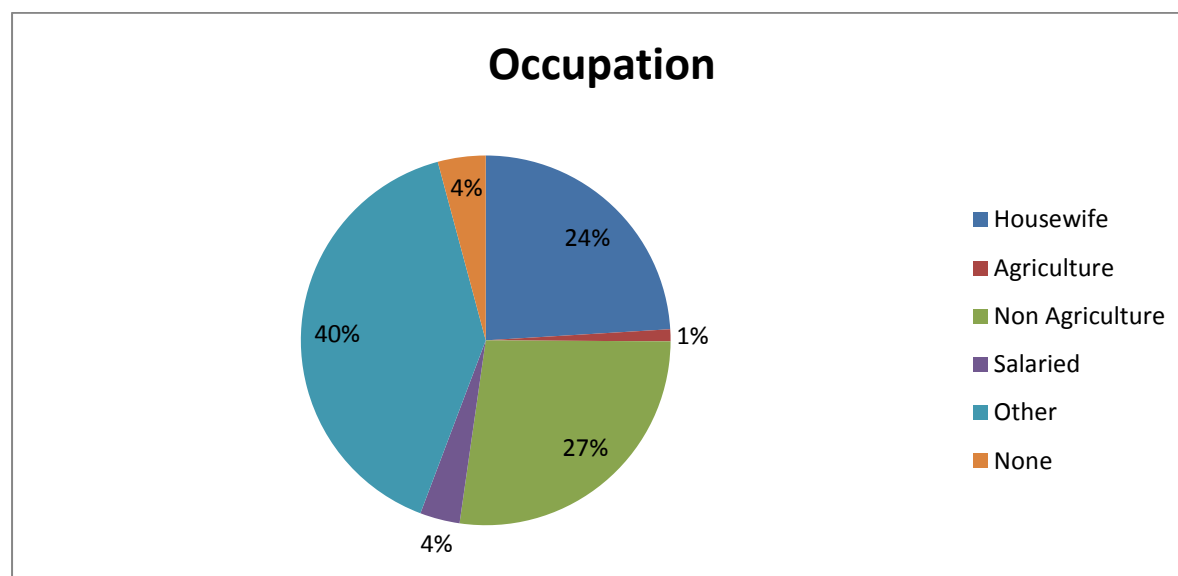
In Pahadpur Village, Sample also reflects 14% of women conceive and delivers below 18 years, followed by 38% in between the ages of 19-21 years, while 31% females delivers between the ages of 22-24 years rest (17%) conceive and delivers above 25 years .The data collected shows that in the last three years 31% of the new born kinds are female and 69% are males.

5.6.1.7 PUBLIC DISTRIBUTION SYSTEM



In Pahadpur Village, the above data shows that 54% of the sample households are under BPL category. 3% of the sample does not have any card. As informed during interview, 97% of the sample households who have ration card of any type avail ration from PDS regularly, while. 3% of the sample do not avail this facility at all.

5.6.1.8 OCCUPATION

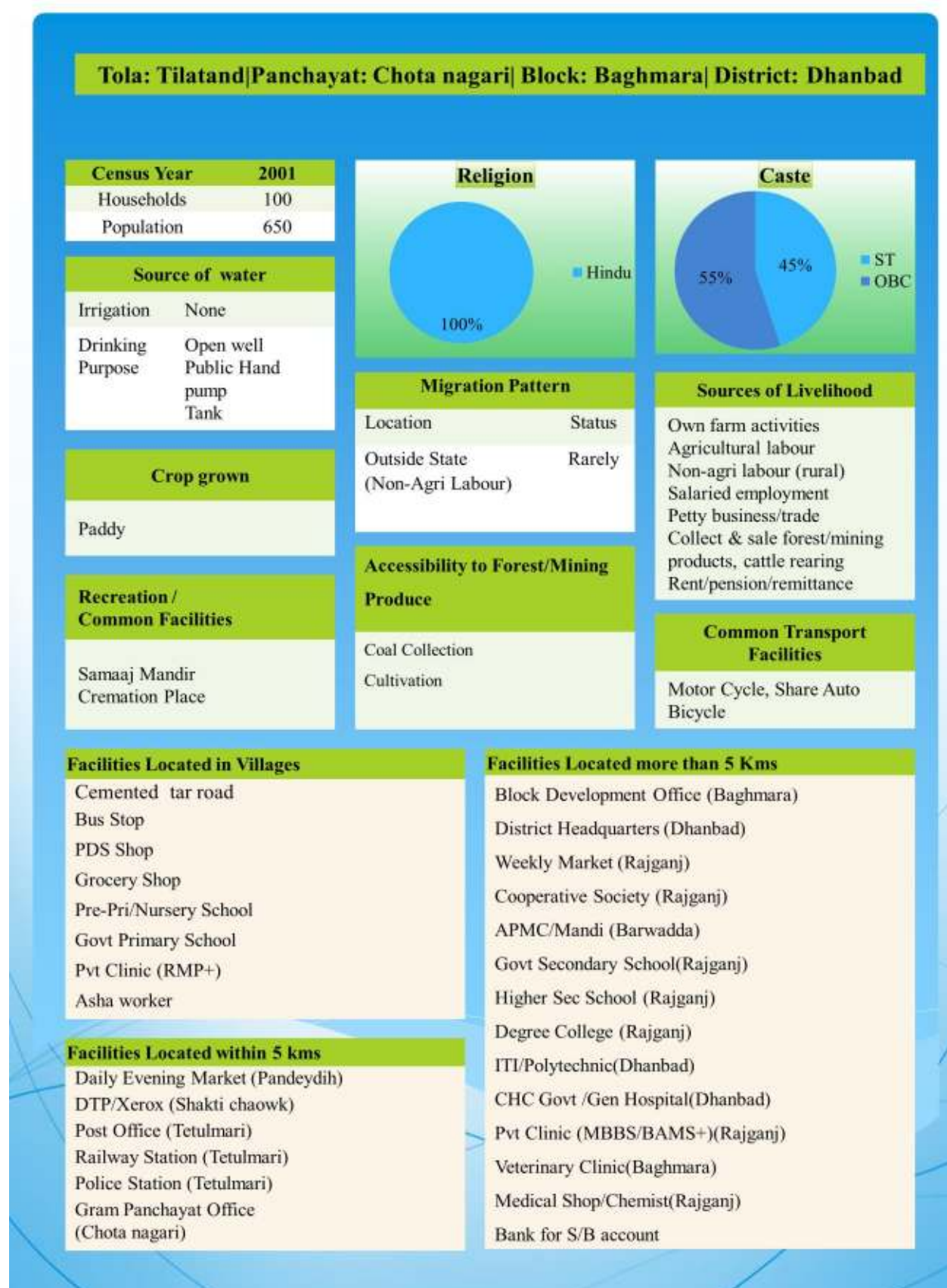


In Pahadpur Village, the above data shows that 1% of the sample population are engaged in Agriculture activity followed by non-agriculture (27%). Salaried employees constitute 4%, housewives are 24%. Majority of the sample population are found in other occupation and 4% are not involved in any kind of employment.

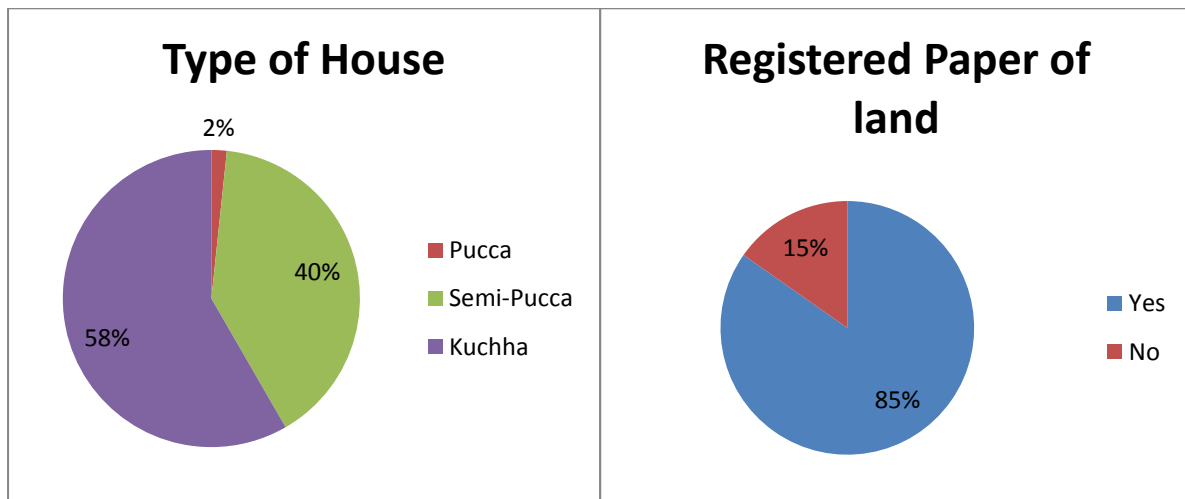
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	High school is very far from the village. Girls generally do not prefer to go to school regularly due to this distance. The main road is 4 kms from the village. There should be introduction of vehicle (To and Fro from BCCL for school/ college) for going students at certain intervals of time to Baghmara.
	No electricity and in-house electric fitting available at primary school of Hirguttu tola. Fans and tube lights should be provided in schools.
Water Supply	Problem of drinking water. No water available during summer. All ponds and tube wells dry during summer, hand pumps need to be repaired.
	Hand pumps are needed in this village.

	Water can be drawn from the nearby pond with the help of engine, pipe or motor to ensure regular availability to water for agriculture
Health Care	No hospital nearby. People have to travel Baghmara (25 Kms) for minor ailment. Mobile medical vans do not visit in this village.
	Even for emergency/normal medicine people have to travel 6 kms
	Health check-up of students in schools through MMV
Rural Electrification	Street lights are needed in villages as well as in the roads joining the two tola and main road
Sports & Culture	Interstate tournament should be organized with coordination of BCCL to bring talents in sports from rural areas. All the necessary sports material should be provided to the existing sports club.
Livelihood	Women are interested in tailoring. Sewing machine can be introduced in the village in order to earn livelihood from home
	A community called "Turi" are interested in piggy and need land for rearing in groups
	SHG of both men and women is needed in this village to start Income Generation Activity
Sanitation	No toilet in any of the households.
	Drainage on both sides are needed
Infrastructural Development	No community hall in the village. There is a need of community hall with one toilet and water facility
	The road between the two tolas (Murgagoda to Hirguttu) is extremely damaged and needs immediate repair
	Bridge in the village needs immediate repair
	Bathroom is needed for women in the pond of both the tola
	Play ground is needed in the village with boundaries

5.6.2 TILATAND

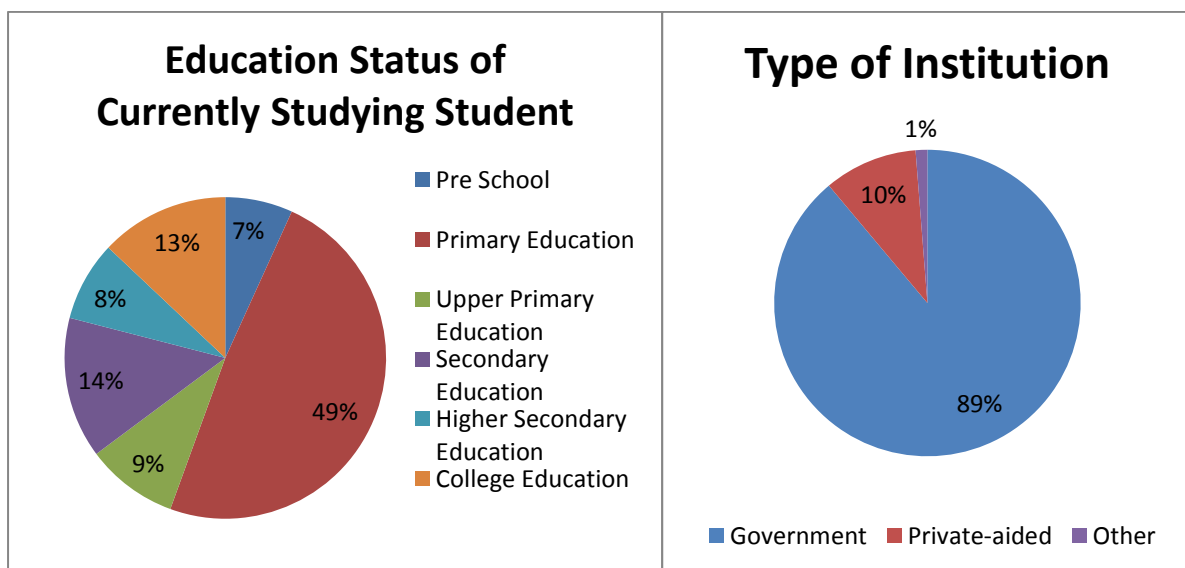


5.6.2.1 HOUSEHOLD STATUS



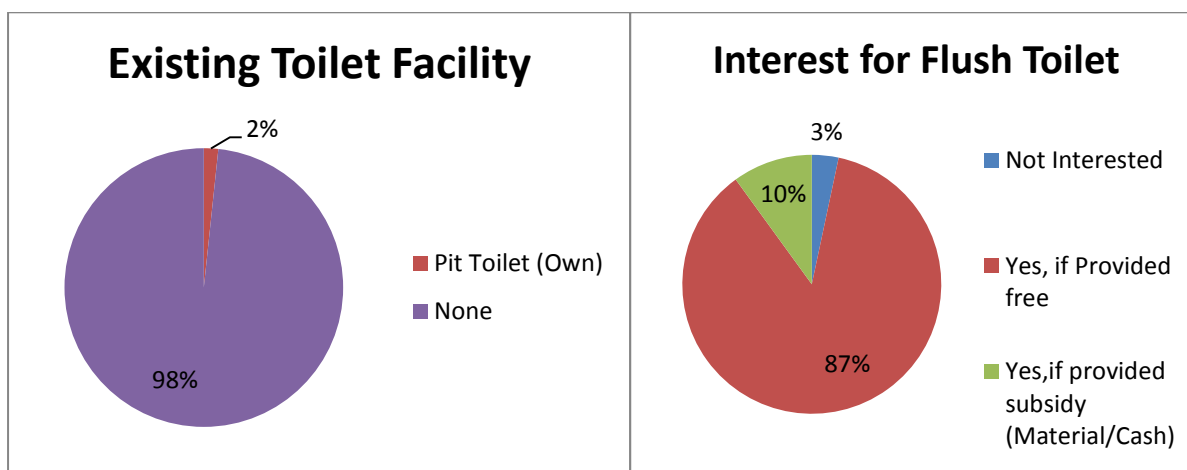
In Tilatand Village, the status of the sample households in the village shows that 58% of the sample population resides in kuchha houses while only 40% resides in semi pucca houses. However, none of the sample found living in RCC. 85% of them informed that they have registered papers of their land. All the studied households were 77% electrified.

5.6.2.2 EDUCATION



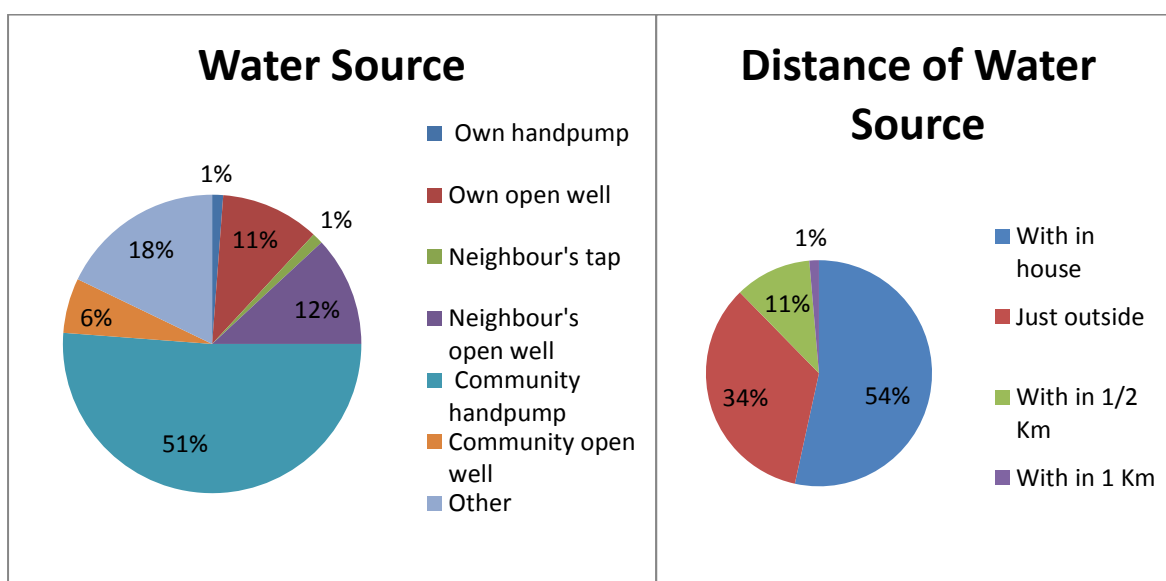
In Tilatand Village, among the studied households students who are currently studying 7% of the children are in preschool, 49% of them are enrolled in primary schools, 9% are enrolled in upper primary school, 14% of them are enrolled in secondary schools and 13% are studying in colleges. 75% of these students are enrolled in government institutions and 25% are studying in private education.

5.6.2.3 SANITATION



In Tilatand Village, the sanitation in this village shows poor condition. 98% of the households have sanitation facility. Among the interviewed households who do not have toilets at their 87% of them would want Flush Toilet for the household if it is provided free and 10% of the population would want Flush Toilet if it is provided through subsidy while 3% did not shown any interest for flush toilet construction at their home

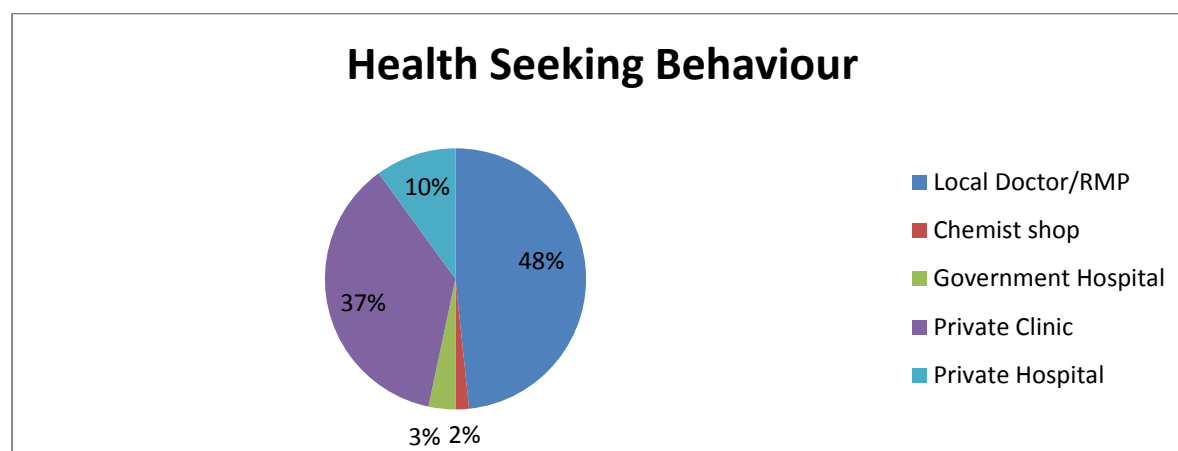
5.6.2.4 WATER SOURCE



In Tilatand Village, community hand pump is the major source of water which caters the need of 51% of the sample population, 1% of the sample population has own open well. 6% of the sample population shows water is available through community open well while 18% of the sample population reported that other source of water is also available. The data Tilatand Village shows that 38% of the sample population have water source located inside their house. For 34% of the sample households water source is located just outside of

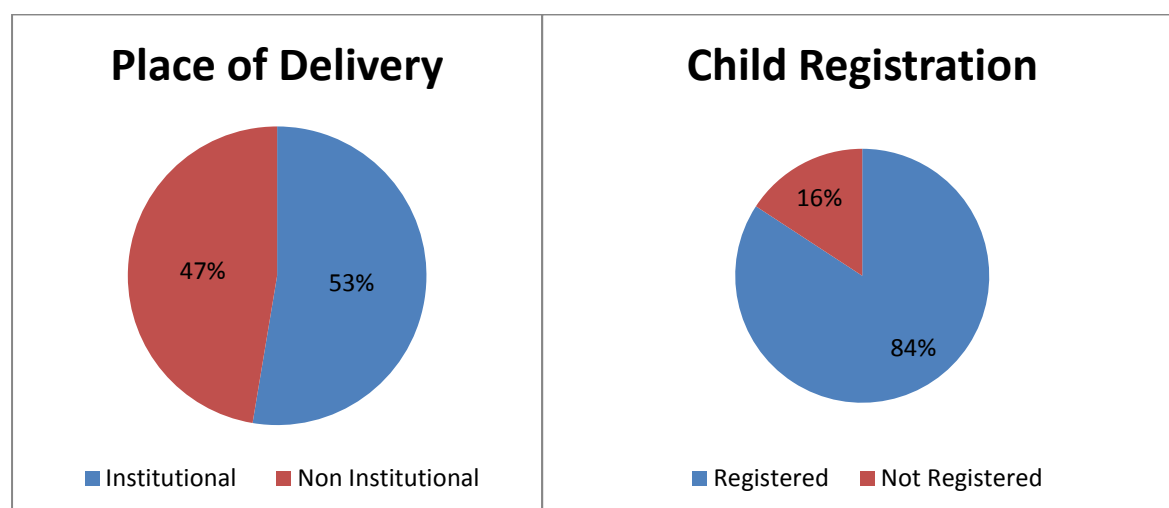
their household and 11% of the sample households have to walk with half km to fetch water.

5.6.2.5 HEALTH SEEKING BEHAVIOUR

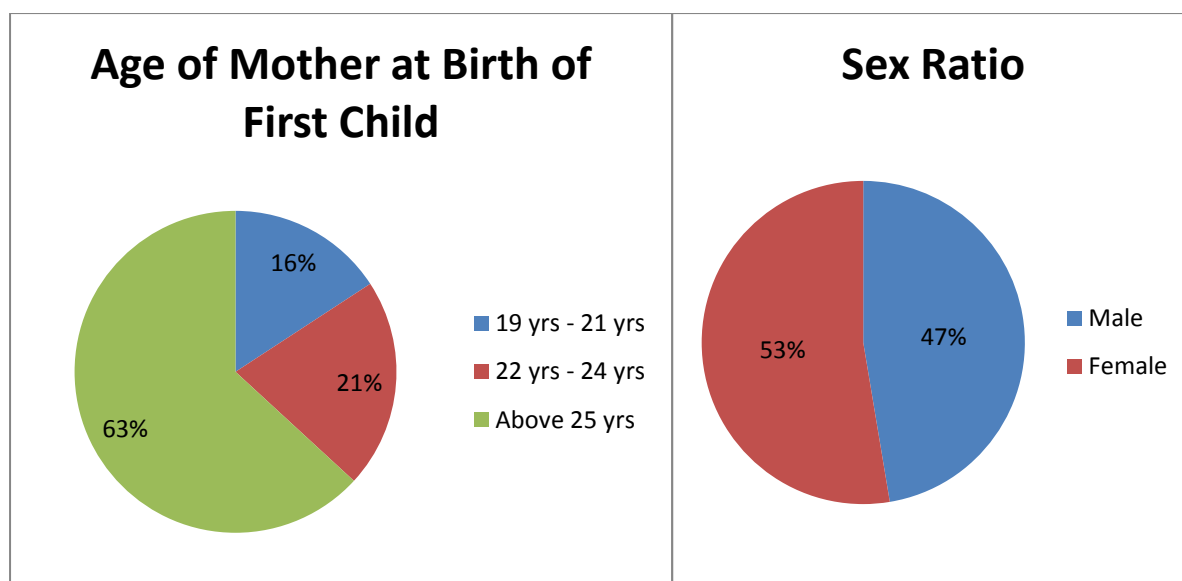


In Tilatand Village, It has been found that only 3% of the sample population preferred government service for medical emergencies. Private services plays major role. 48% prefer Local Doctor/RMP followed by next big service provider being private clinic (37% and lastly private hospital (10%).

5.6.2.6 MATERNAL HEALTH

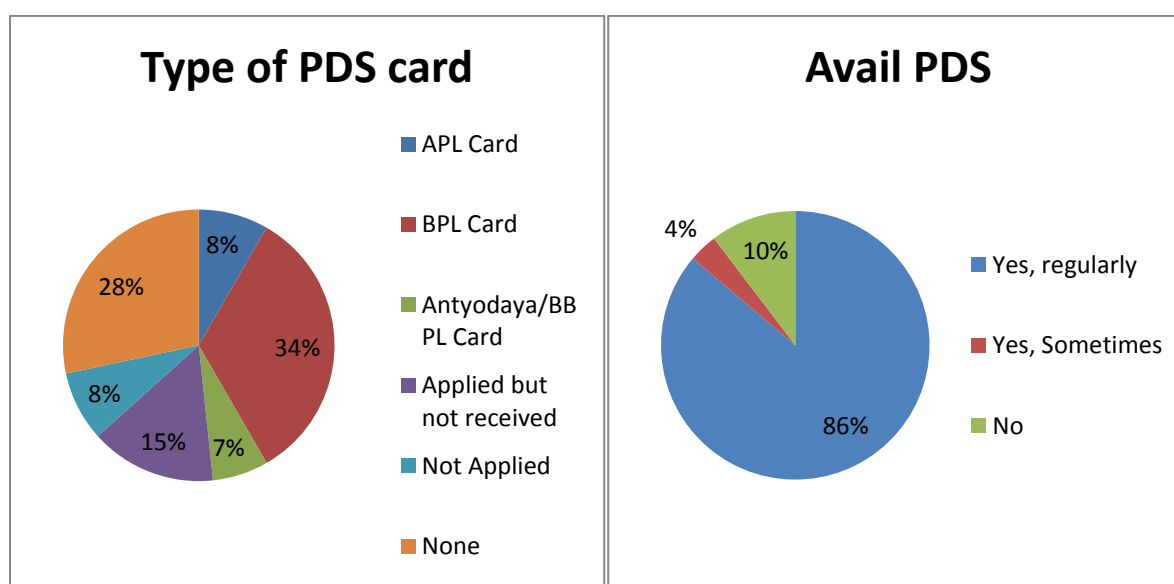


In Tilatand Village, 53% of them are institutional deliveries where delivery takes place in government or private hospitals, rest 47% takes place are non-institutional which takes place in home with the help of birth attendant. 84% of the child registration has been done with the effort of ASHA worker in spite of major deliveries took place as non-institutional deliveries.



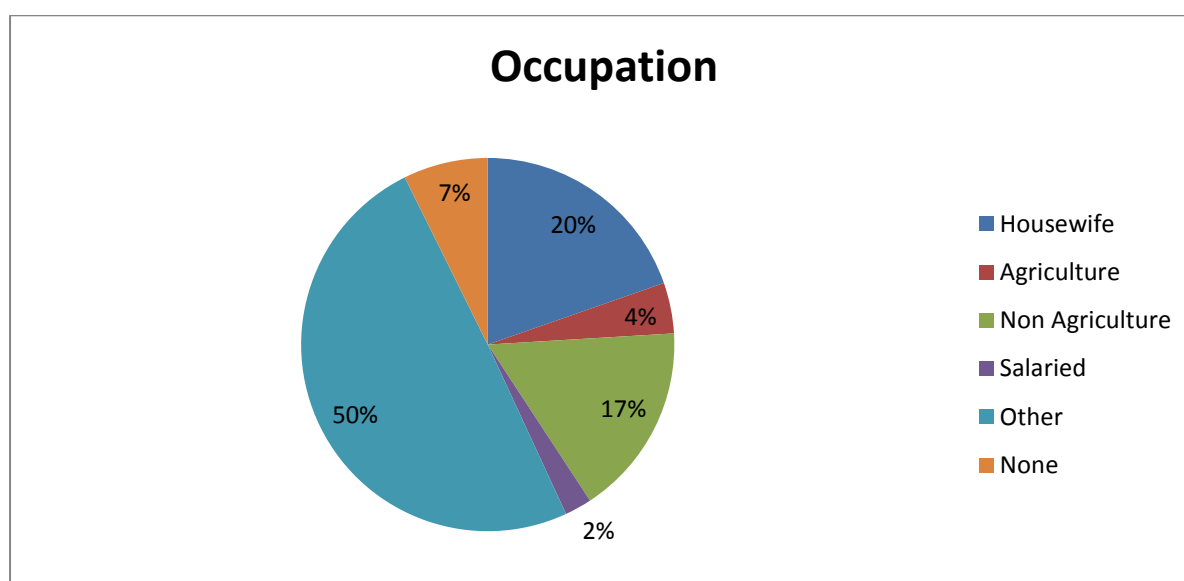
In Tilatand Village, 19% of the deliveries still take place at the age between 19 to 21years, 21% in the age group of 22 to 24 years and lastly 63% in the age group above 25 years.

5.6.2.7 PUBLIC DISTRIBUTION SYSTEM



In Tilatand Village, the data shows that only 8% of the sample population have APL Card, 34% are under BPL category, 7% holds Antyodaya Card another 15% of the sample population informed that they had applied for the card but had not received the card yet while 28% of them do not have any card. Among the interviewed households, 86% of sample respondent avail rations regularly which show good response among any other villages surveyed.

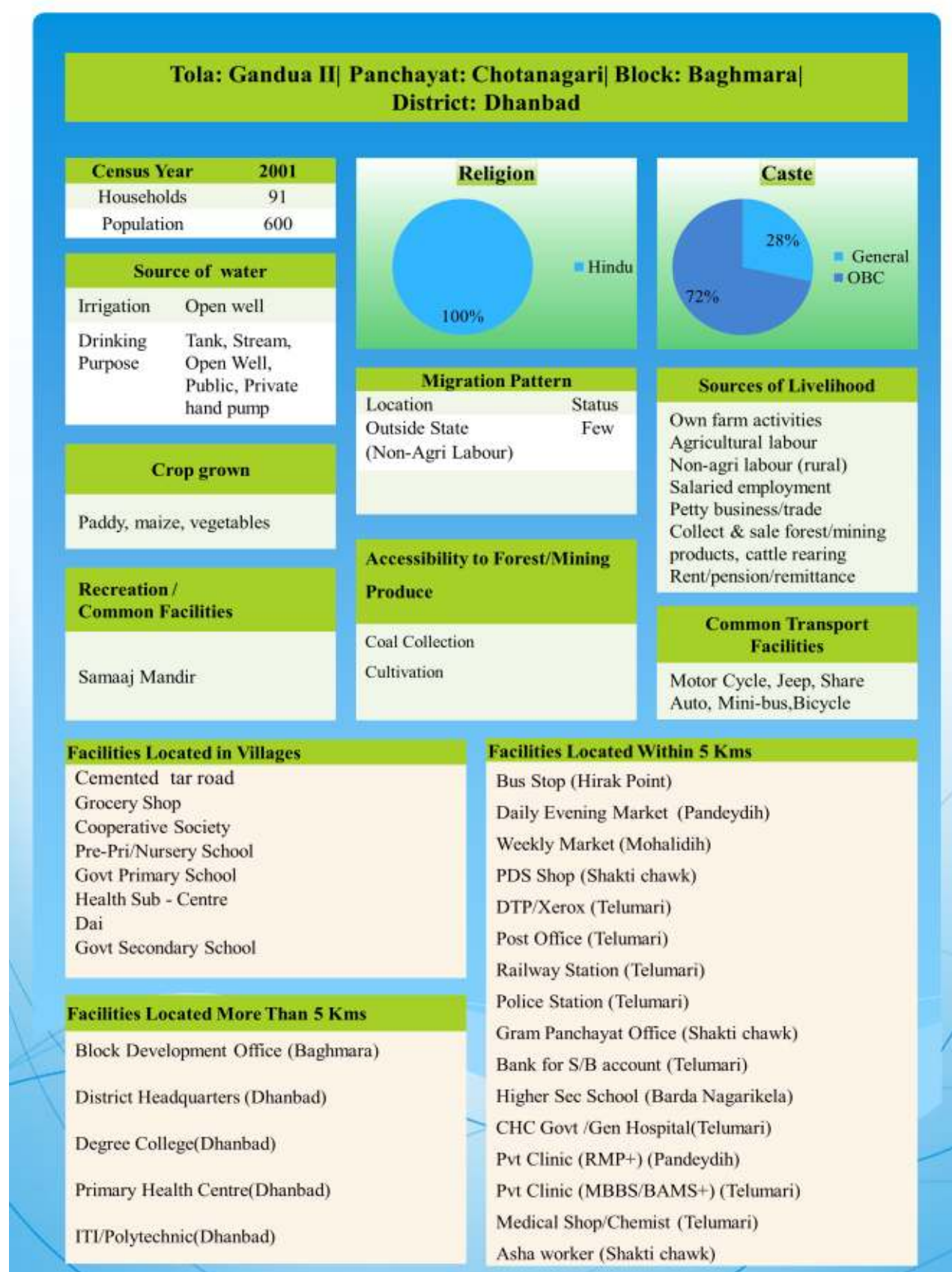
5.6.2.8 OCCUPATION



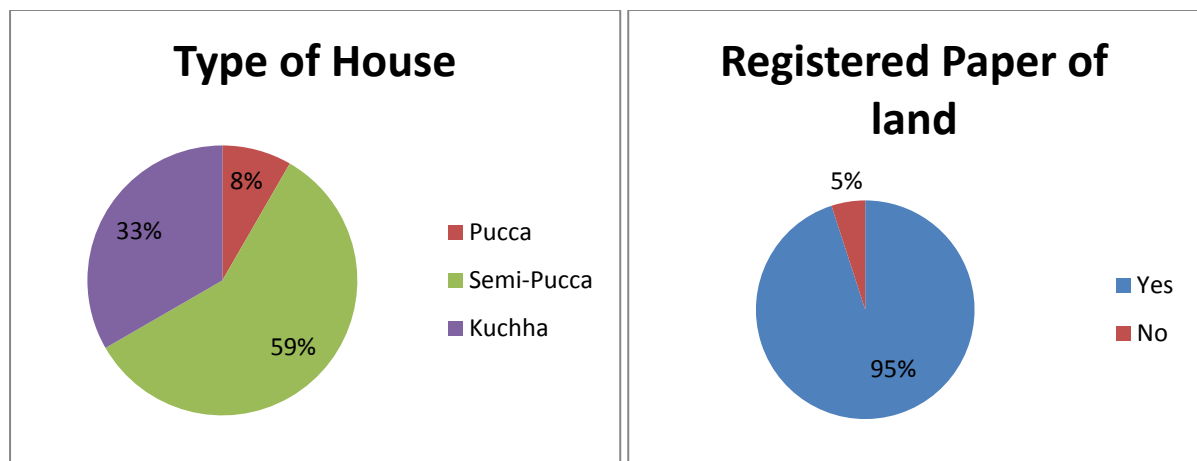
In Tilatand Village, the above data shows that 4% of the sample population are engaged in Agriculture activity followed by non-agriculture (17%). Salaried employees constitute 2%, housewives are 20%. Majority of the sample population are found in other occupation and 7% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Water Supply	Supply of drinking water is essential in this village
Health Care	Unsatisfactory nutrient supplement is provided to pregnant and lactating women. Introduction of MMV would be a good initiative for medical health camps and medicines in medical health check-ups.
Rural Electrification	Primary school needs Electricity and in-house electric fittings of lights and fans.
Livelihood	Problem of unemployment. Vocational Training is needed. Apart from that microenterprise should be promoted for self-sustenance
Sanitation	No toilet facility at household level. Household should be equipped with toilet facility
Infrastructural Development	Primary school toilets need renovation
	Damaged hand pumps need repair
	Damaged Road in the village should be repaired

5.6.3 GANDUA II

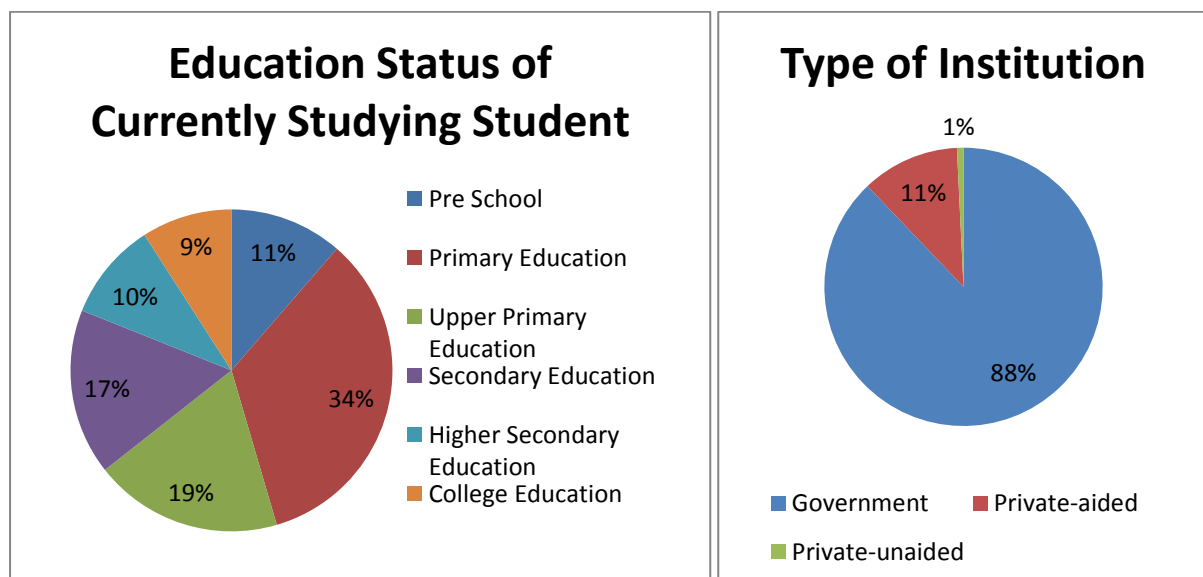


5.6.3.1 HOUSEHOLD STATUS



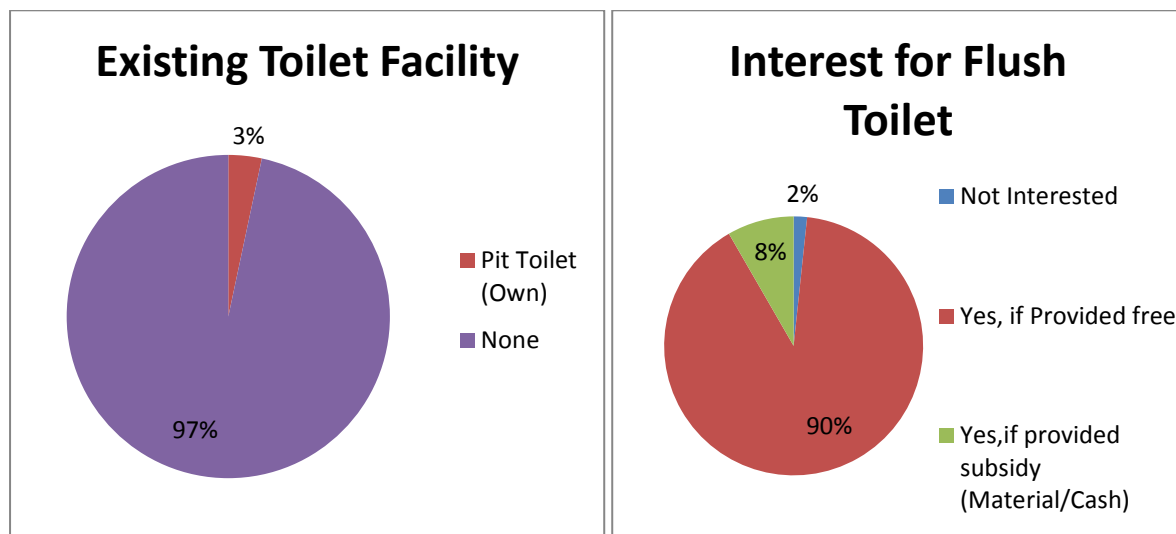
In Gandua II Village, the status of the sample households in the village shows that 33% of the sample population resides in kuchha houses followed by 59% in semi pucca houses while only 8% resides in pucca houses. However, none of the sample found living in pucca or RCC. 95% of them informed that they have registered papers of their land. All the studied households were 90% electrified.

5.6.3.2 EDUCATION



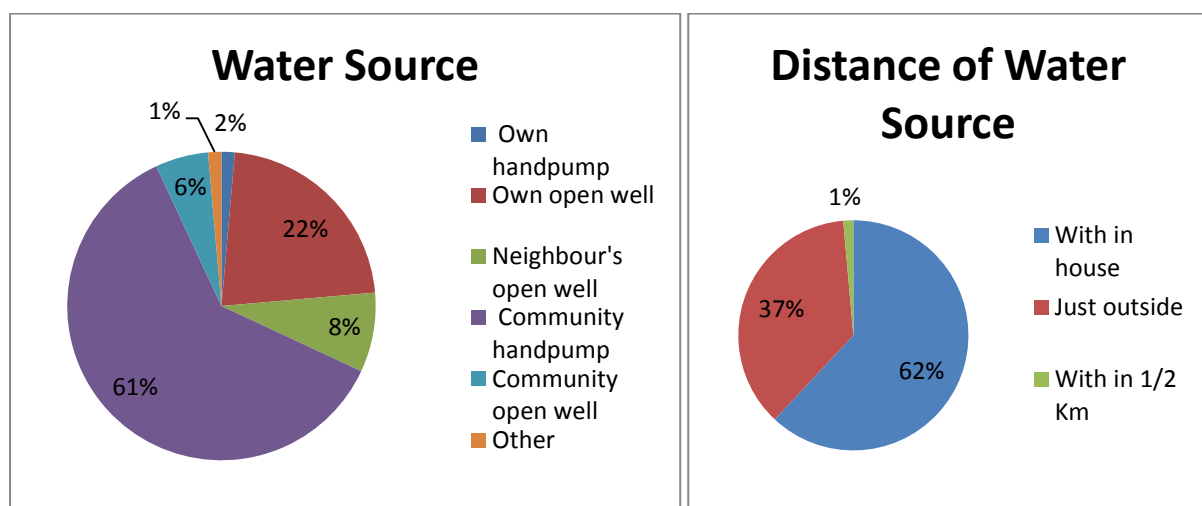
In Gandua II Village, among the studied households students who are currently studying 11% of the children are in preschool, 34% of them are enrolled in primary schools, 19% are enrolled in upper primary school, 17% of them are enrolled in secondary schools, 10% in higher secondary and 9% are studying in colleges. 88% of these students are enrolled in government institutions and 12% are studying in private education.

5.6.3.3 SANITATION



In Gandua II Village, the sanitation in this village shows poor condition. 97% sample populations do not have sanitation facility. Among the interviewed households who do not have toilets at their 90% of them would want Flush Toilet for the household if it is provided free and 8% of the population would want Flush Toilet if it is provided through subsidy while 2% did not shown any interest for flush toilet construction at their home

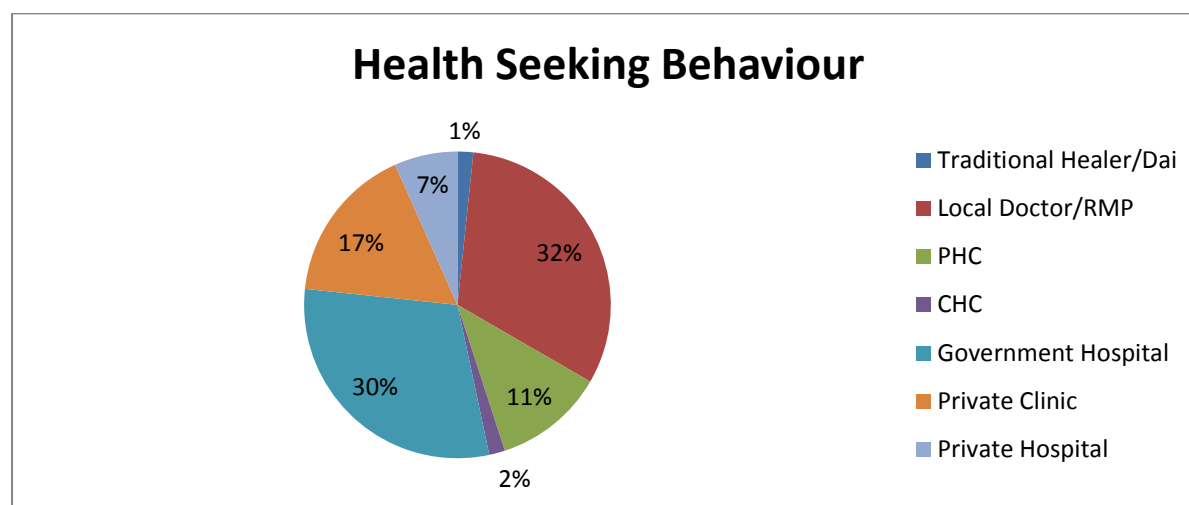
5.6.3.4 WATER SOURCE



In Gandua II Village, Community hand pump is the major source of water which caters the need of 61% of the sample population, 6% of the sample population shows water is available through community open well while 1% of the sample population reported that other source of water is also available. 2% of the sample population has own open well .The data Gandua II Village shows that 62% of the sample population have water source located inside their

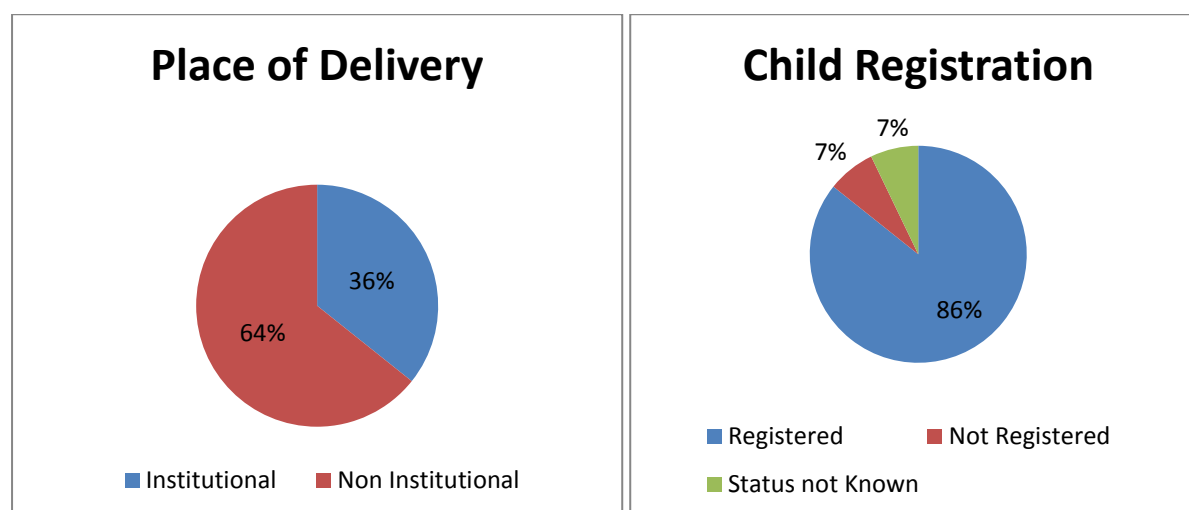
house. For 37% of the sample households water source is located just outside of their household and 1% of the sample population avail water within half km.

5.6.3.5 HEALTH SEEKING BEHAVIOUR



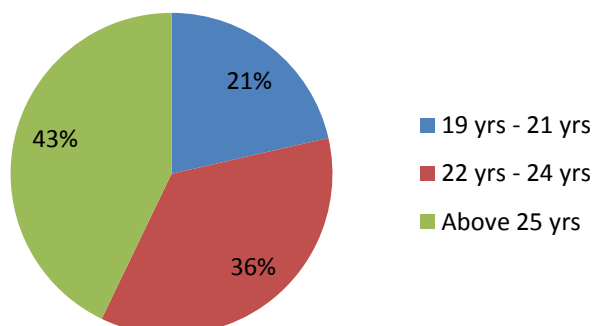
In Gandua II Village, among the sample house holds 32% consults local doctor/ RMP, 17% consult private clinic, 7 % consult private hospital to avail health related needs while 30% consult government hospitals followed by 11% from PHC.

5.6.3.6 MATERNAL HEALTH

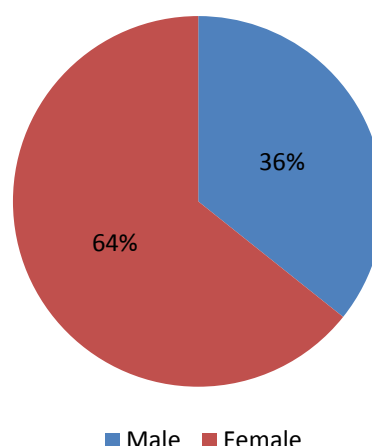


In Gandua II Village, Among the deliveries that took place in last three years in the sample households in Benagoria Village, only 36% of them are institutional deliveries where delivery takes place in government or private hospitals, rest 64% takes place are non-institutional which takes place in home with the help of birth attendant. 86% of the child registration has been done with the effort of ASHA worker in spite of major deliveries took place as non-institutional deliveries.

Age of Mother at Birth of First Child



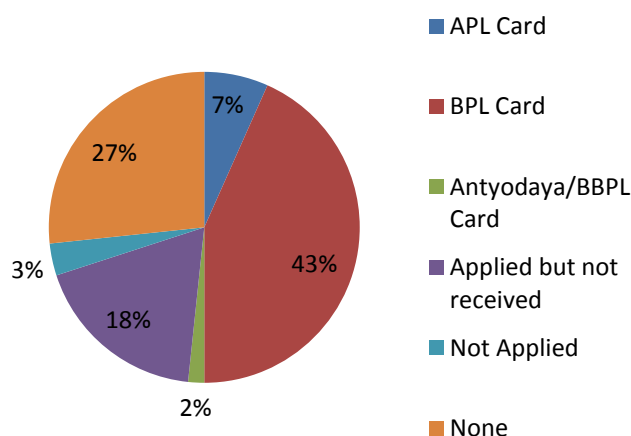
Sex Ratio



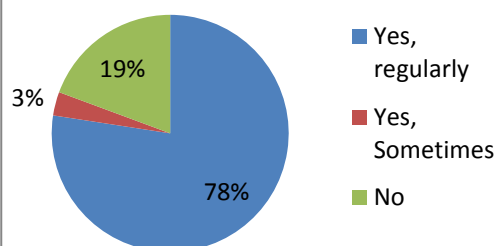
In Gandua II Village, 21% of the deliveries take place at the age between 19 to 21 years, 36 % in the age group of 22 to 24 years and lastly 43% in the age group above 25 years. Sex ratio in the age group of 0-3 years is 36:64 which constitute 64% are female children.

5.6.3.7 PUBLIC DISTRIBUTION SYSTEM

Type of PDS card

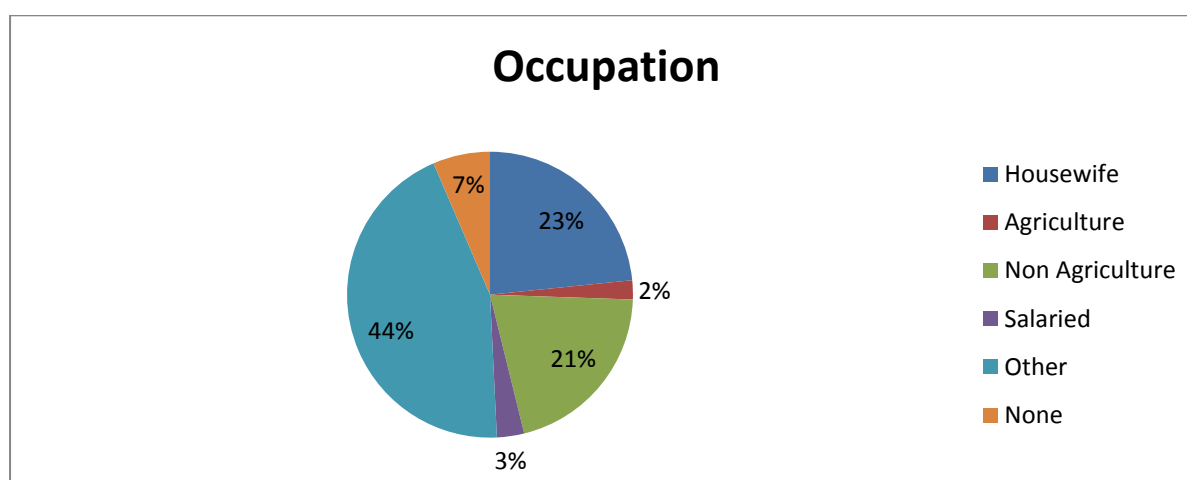


Avail PDS



In Gandua II Village, the data shows that only 7% of the sample population have APL Card, 43% are under BPL category, 2% holds Antyodaya Card another 18% of the sample population informed that they had applied for the card but had not received the card yet while 27% of them do not have any card. Among the interviewed households, 78% of sample respondent avail rations, 3% avail sometimes and 19% do not avail at all.

5.6.3.8 OCCUPATION



In Gandua II Village, the above data shows that 7% of the sample population are engaged in Agriculture activity followed by non-agriculture (20%). Salaried employees constitute 7%, housewives are 26%. Majority of the sample population are found in other occupation and 9% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Drop out (Girls) are seen more in number. The reason for drop was found to be expensive education. Hence BCCL should encourage girls by sponsoring girls to educational institution to complete 10 th class.
Water Supply	Irrigation facility is needed. Mine water can be utilized to irrigation with pipelines Problem of drinking waters is there. Mine water with treatment can be provide for drinking and domestic purpose
Health Care	A health awareness camp is essential in this village as people which can be better managed by introducing mobile Medical Vans. Medicine should also be provided to the beneficiaries
Rural Electrification	Electricity with in-house fitting, fans and lights are essential in primary schools
Sports & Culture	Support for sports material and uniforms to the youth for tournaments. Formation of a formal sports club is must for availing any of these facilities.

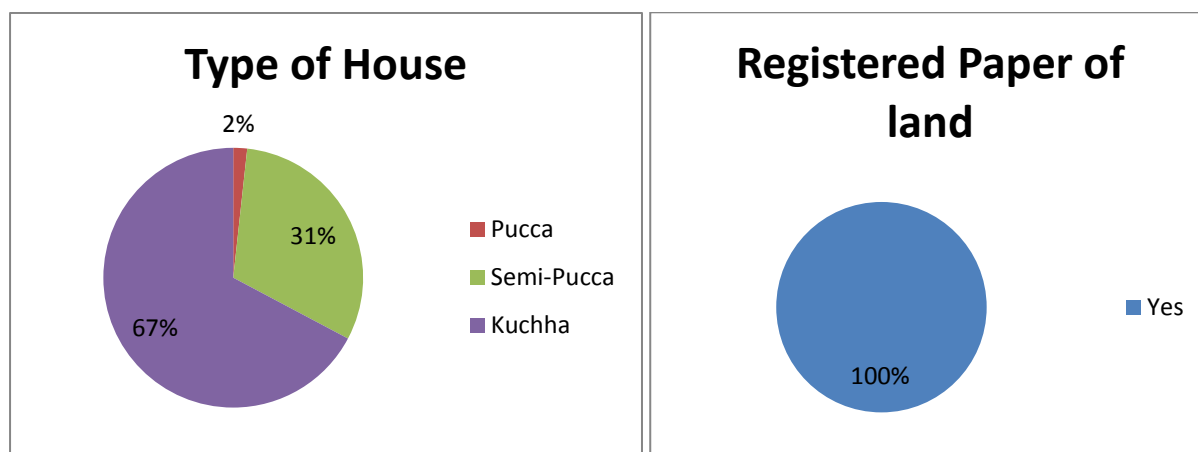
Livelihood	No alternate source of livelihood. Majority of the family depends on earning by coal collection. There is high unemployment problem in this village
Social Empowerment	SHG (Women) already exist in this village. The only support they need is financial support for raw material and training on small enterprise
	Men group also exist in this village .they are well trained in vegetable plantation and vermicomposting culture. They need technical guidelines and financial support to start group farming. It can be very well imitated by linking these farmers with banks for loan for collective framing.
	Evening classes is essential in this village
Sanitation	No toilets in houses. Need of toilet facility at each households
Infrastructural Development	Community hall is needed
	Stairs in ponds are needed

5.7 EASTERN JHARIA AREA

5.7.1 MOHAL (WEST)

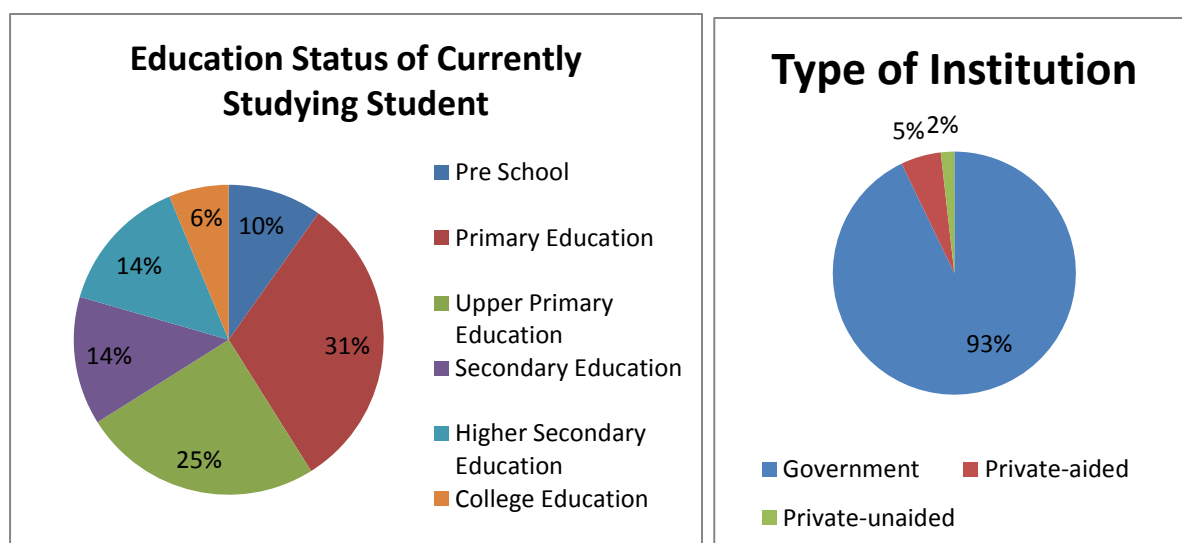


5.7.1.1 HOUSEHOLD STATUS



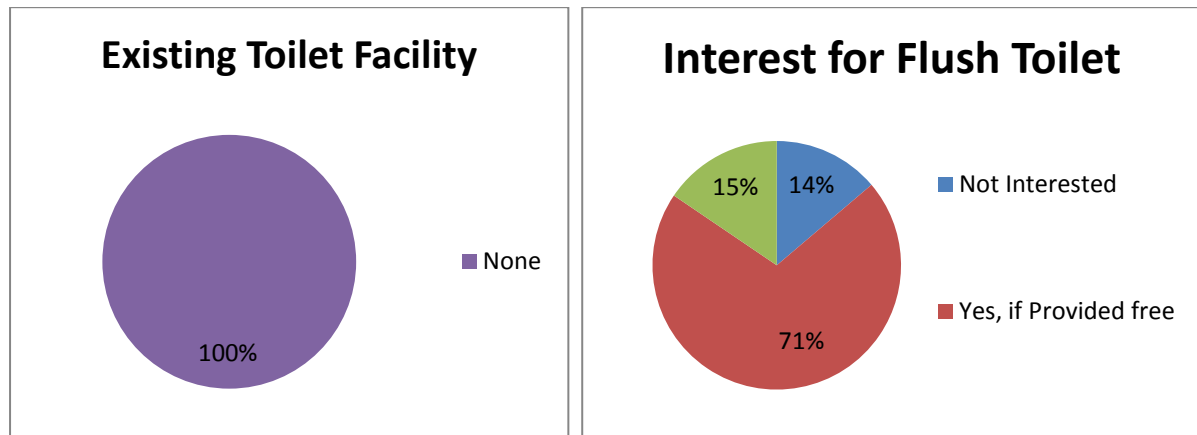
In Mohal (W) Village, 2% of the sample is living in pucca house and 67% were having kuchha house while 31% were having semi -pucca house. Among the sample 100% of the people have registered paper of land. 98% of the sample is living in electrified house and only 83% of the households are electrified.

5.7.1.2 EDUCATION



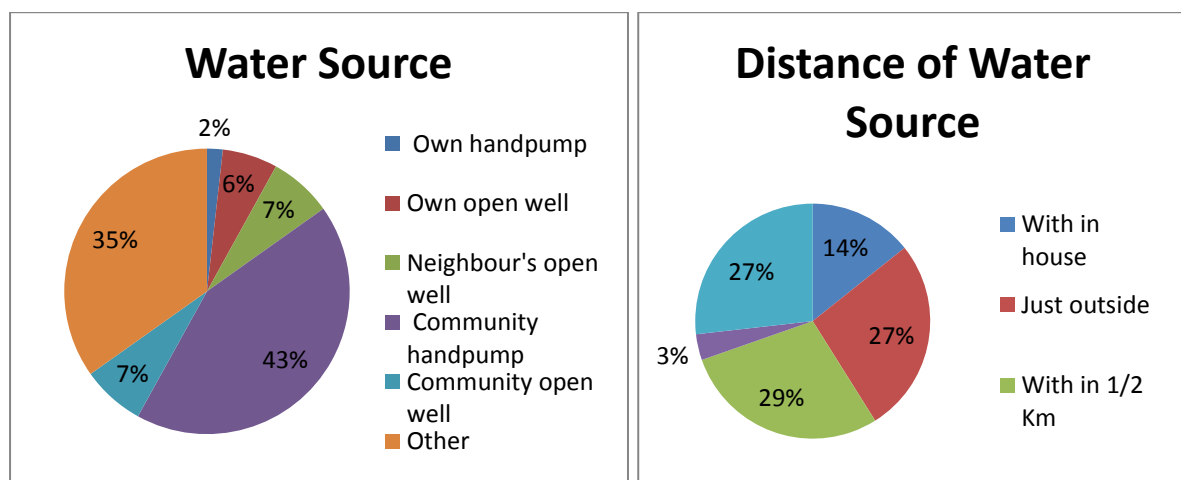
In Mohal (W) Village, 42% are currently studying in primary school, 25% are in upper primary school, 14% in secondary school and another 14% is studying in higher secondary education. 93% of students are studying in government institutions and 7% students are studying in private institutions

5.7.1.3 SANITATION



In Mohal (W) Village, none of the sample population was found to have toilets. 71% of them wanted to have toilet facility when provided with no charges while 15% of those responded want to construct a toilet if subsidy is provided and 14 % of them did not show any interest for toilet construction.

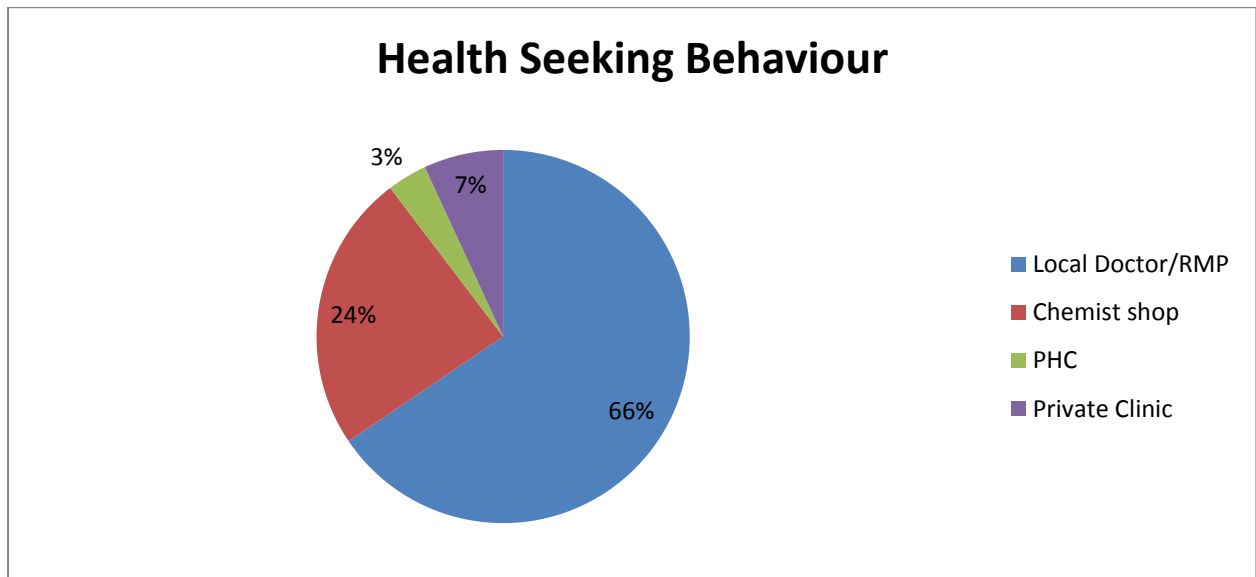
5.7.1.4 WATER SOURC



In Mohal (W) Village, among samples 50% use community source for drinking water purposes while 23% have access to open well. Village has no drinking water supply provided by Panchayat/Government. However the location of water is not an issue as community water sources are located very near to households.

5.7.1.5

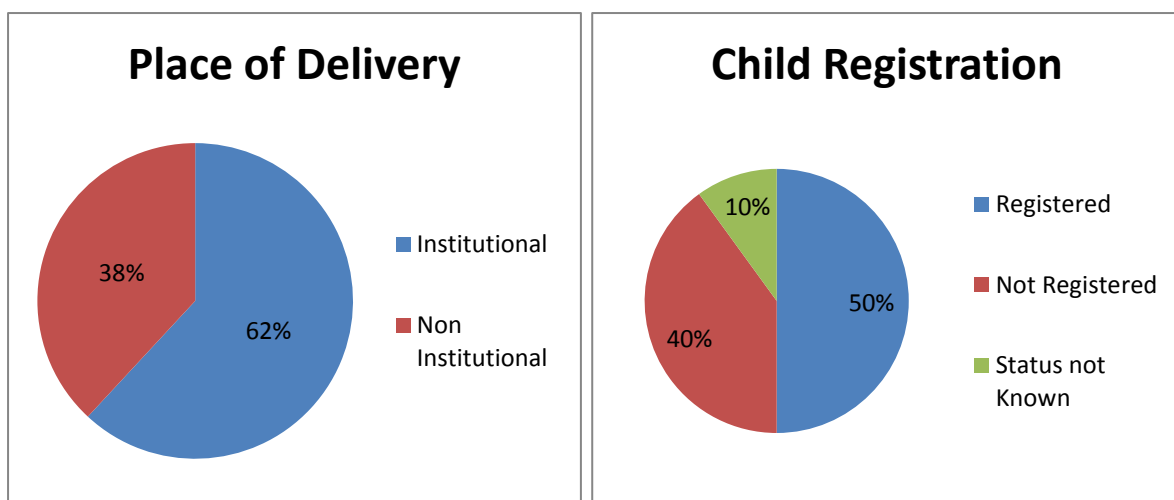
HEALTH SEEKING BEHAVIOUR



In Mohal (W) Village, among samples 7% reported accessing private clinic for medical emergency and 66% prefer going to a local Doctor or Registered Medical Practitioners. 3% of the people are found to be using PHC/CHC when they get.

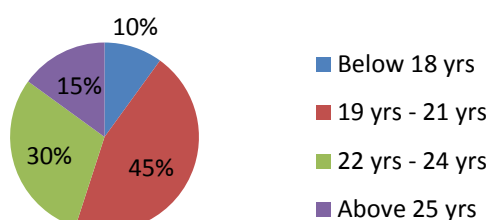
5.7.1.6

MATERNAL HEALTH

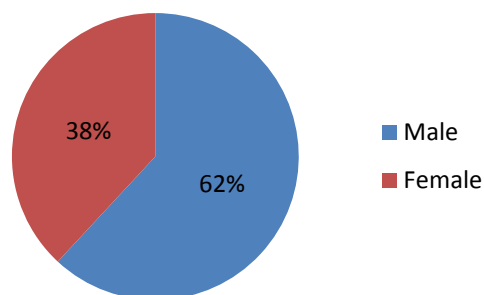


In Mohal (W) Village, among the sample households who witnessed the birth of child in last three year 62% of them said that it was an institutional delivery while 38% informed that the delivery was non institutional. 50% of the children born in last three years are registered.

Age of Mother at Birth of First Child



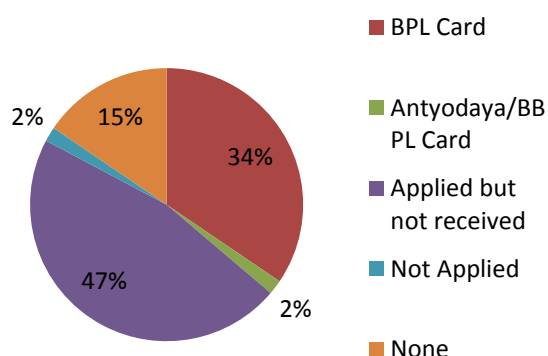
Sex Ratio



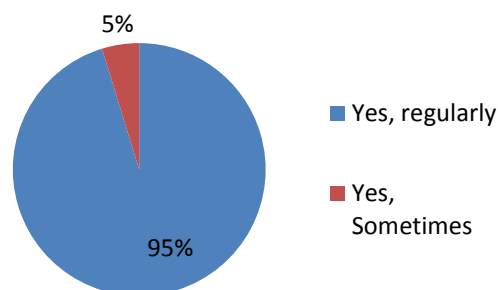
In Mohal (W) Village, 10% of women are in age group below 18 years. 45% women give birth at age between 19 to 21 years at the time of birth of the child, 30% are under the age group of 22 to 24 years and lastly 15 % are 25 years and above. Sex ratios in 0-3 year age group 62% children's are male child while 38 % are girl child.

5.7.1.7 PUBLIC DISTRIBUTION SYSTEM

Type of PDS card

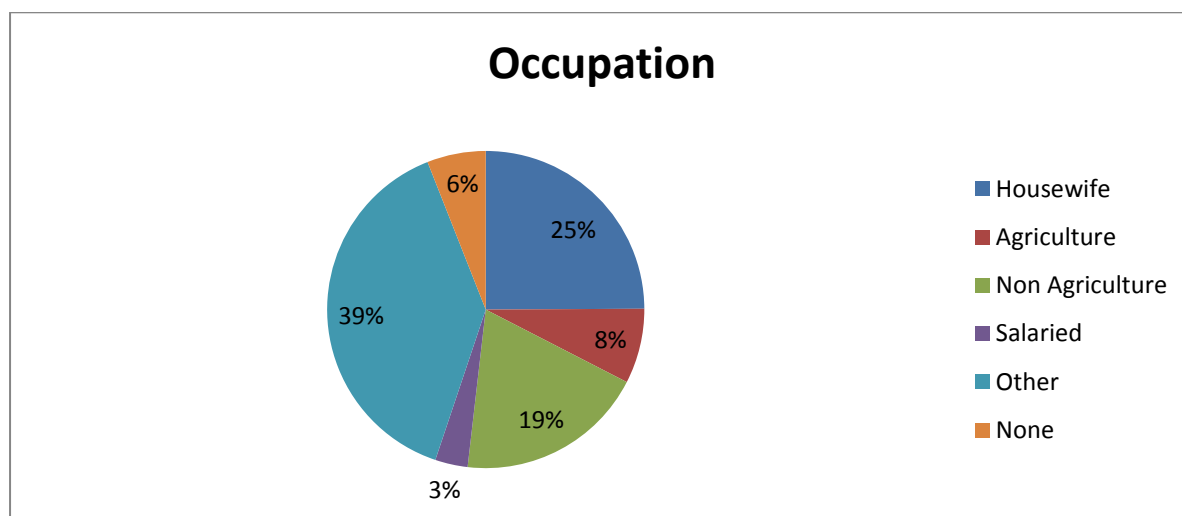


Avail PDS



In Mohal (W) Village, 34% are having BPL card. As informed by 2% of the sample that they had applied for the card but had not received yet while 15% of the sample households reported having no card at all. Among the sample who holds any type of card 95% of them informed that they avail PDS regularly which shows maximum outreach of this facility in this village while only 5% reported saying that they avail this facility sometimes, the reason they mentioned is the poor quality of grains.

5.7.1.8 OCCUPATION



In Mohal (W) Village, the above data shows that 8% of the sample population are engaged in Agriculture activity followed by non-agriculture (19%). Salaried employees constitute 3%, housewives are 25%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

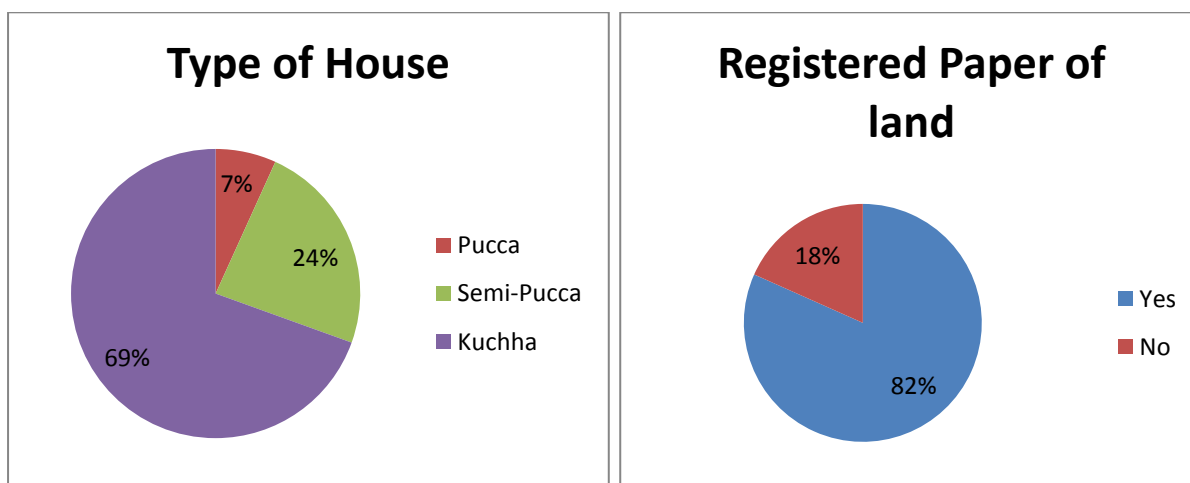
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Water Supply	Irrigation facility is required for agricultural purpose
	There is problem of drinking water during summer
	The pond in the village should be deepened and filled with mine water during summer in chandanatand Tola.
	Pump set should be provided in the groups of farmers for irrigation during critical period
Health Care	Awareness camp for women should be encouraged by BCCL monthly
	Mobile Medical Van should also reach in this village
Rural Electrification	Street lights should be provided in the village and on roads with close coordination of gram panchayat
	Electric fitting is necessary in the village. But prior to electricity supply only.
Sports & Culture	There are 5- 6 Sports club which are functioning well and exist since last 10 years. All the essential sports material should be provided to the club.

	Coach for girls and boys is needed in this village
Livelihood	Training on Kitchen garden should be given to women
	Alternative agriculture practices such as Cattle, poultry, goatry, piggery and duckery should be provided to the women headed families.
	Sudha Dairy booths should be given to directly able people in the village itself
	Farming equipment should be provided in group only like mower, power tiller etc
	A Scientific training on farming should be given to farmers with consultation with Krishi Vigyan Kendra in Dhanbad
Sanitation	There is a problem of mosquito. Regular fumigation should be done.
	Drainage should be constructed in either side of the road
	No toilet exists in the village. Toilet should be provided either community based or at every household with people's participation
Social Empowerment	Vocational training for the handicapped is needed. There are 10-15 differently abled people in this village
	Youth are interested to learn driving to earn livelihood.
	SHG exist in the village but one of them is functional. There is a need of providing training to the group and support for Income generation activity
	The girls of this village should be enrolled in ANM and GNM course with the sponsorship of BCCL
	Evening classes for the uneducated people
Infrastructural Development	No mean of transportation in the village due to severe damage of road. Road can be repaired for the people to commute
	Playground with goal post and boundary wall should be constructed

5.7.2 MANPUR

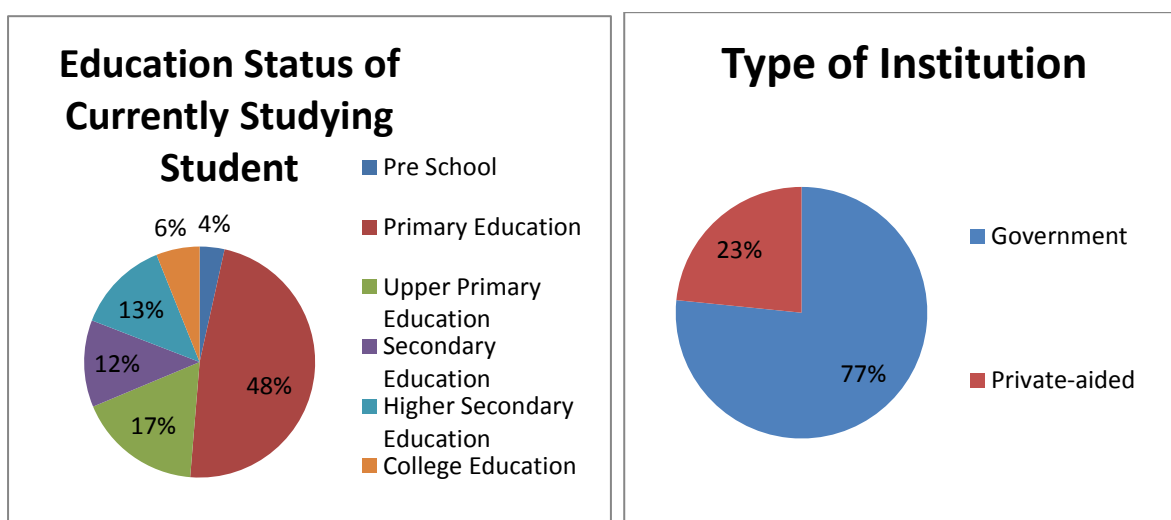


5.7.2.1 HOUSEHOLD STATUS



In Manpur Village, most type of houses found among the sample population in this village is Kuccha houses (69%). 24% of the sample households were Semi-Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of house found in this region is Pucca house (7%). The data on the village of Manpur clearly points to the fact that 82% of the population has registered papers of their land holdings. While the rest of the population which amounts to a figure of 18% has no registered papers of the land. Among the interviewed households, 77% houses are reported electrified.

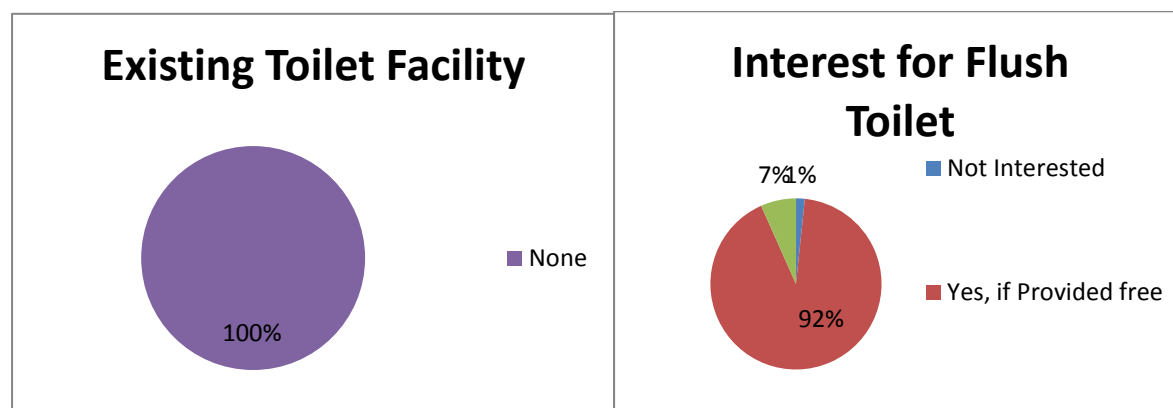
5.7.2.2 EDUCATION



In Manpur Village, among the sample population 48% students are studying in primary school and 17% are in upper primary school, 12% in Secondary School and 13% in Higher Secondary school. Around 4% students are enrolled in college education. The

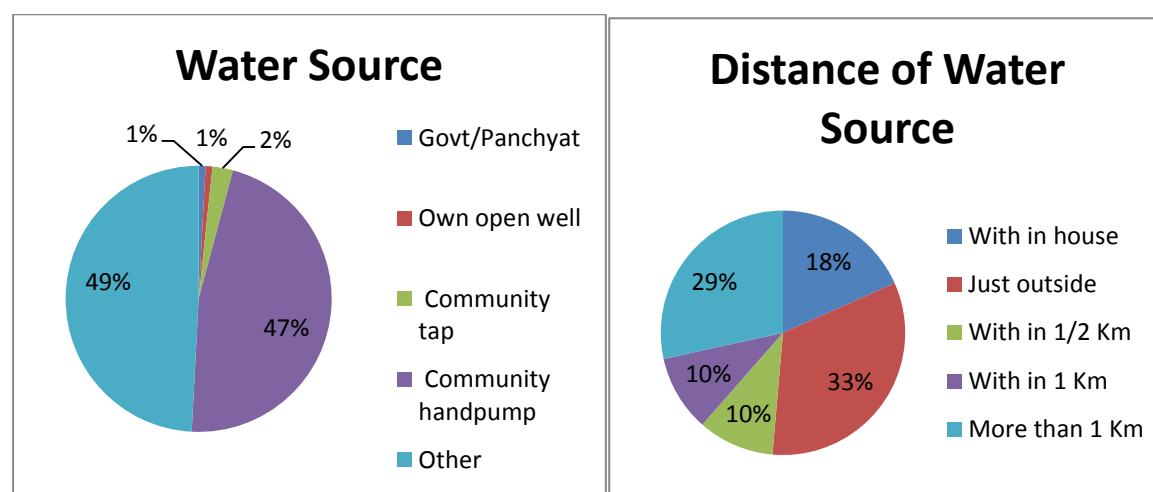
graphical representation shows distribution of students among different level of education and it represents a scenario where awareness towards education seems at an appropriate level. However, it is important to attract students towards secondary education as it shows the steep gap between the upper primary education and higher education. Government institution provides education to 77% of the students among the sample households while only 23% students go to private education system.

5.7.2.3 SANITATION



In Manpur Village, Study held in this village shows poor result in case of sanitation facility. 92% of the sample population reported that they would go for flush toilet if provide with free of cost, 7% reported that if subsidy is given they would like to construct a toilet in their houses however 1% said that they are not interested in having toilet in their home.

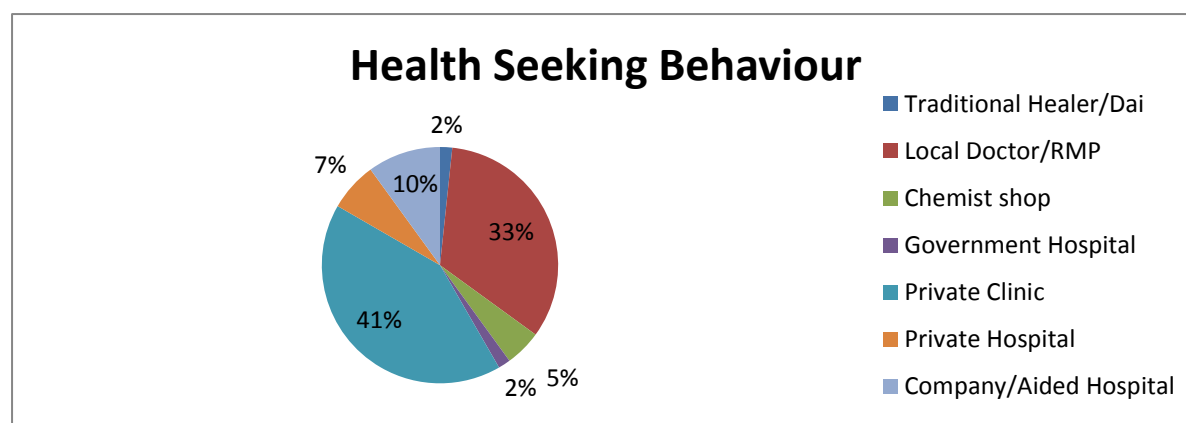
5.7.2.4 WATER SOURCE



In Manpur Village, 49% of the sample population depends on community source of water. Community hand pump caters the water related need of 47% of the sample population. Around 2% of sample households said that they get drinking water from community

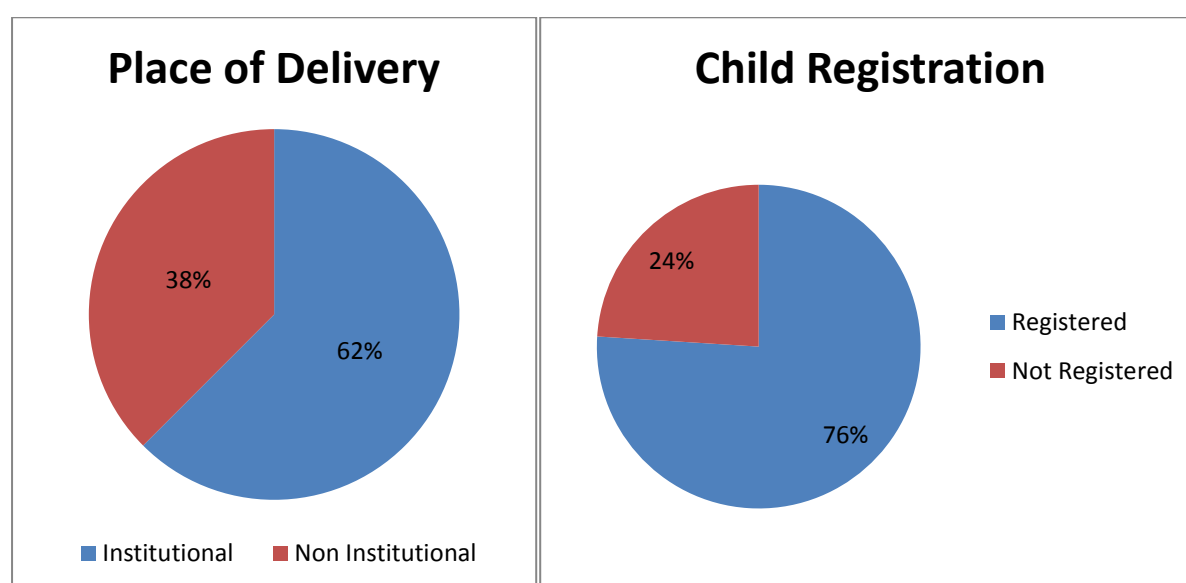
tap. Own open well is available to only 1% of population. 49% of water source is available by some other source. For 18 % of the sample households' water source is located inside their house while 33% said it is located just outside their house. Around 10% said that they have to walk within half to one km to get drinking water. It has also been seen that 29% of respondent procure water even more than 1 Km.

5.7.2.5 HEALTH SEEKING BEHAVIOUR

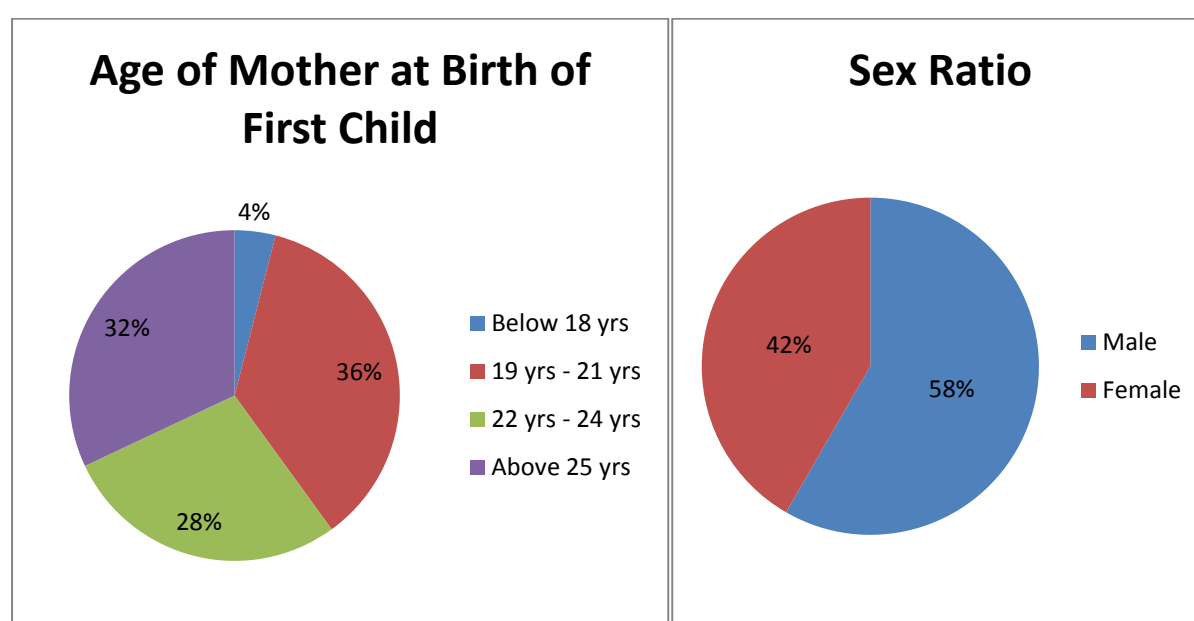


In Manpur Village, 41% of the people prefer private Clinic, 7% visit private Hospital for health check-ups while only 2% of the people government hospitals. Large numbers of sample population (33%) prefer local doctors for medical emergencies. Only 5% of the people manage with consultation of chemist shop. It has also seen that nearly 10% of populations prefer company aided hospital for health check-ups.

5.7.2.6 MATERNAL HEALTH

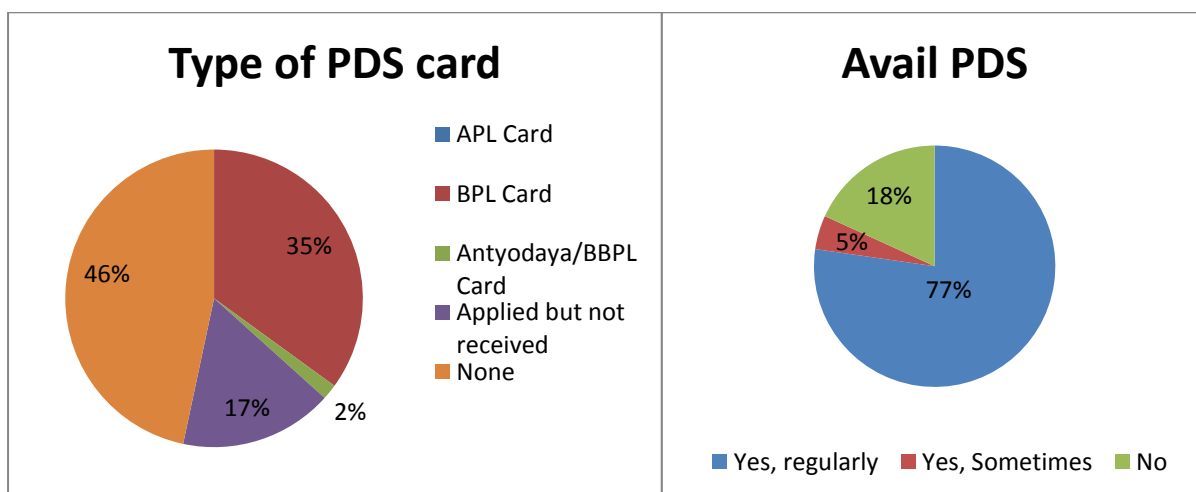


In Manpur Village, As per the UNICEF facts on maternal Health in India, only 47% of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant.²⁴ Among the deliveries that took place in last three years in Manpur Village, 62% are institutional deliveries, whereas the rest of the population which accounts to 38% takes place in the non-institutional places. This shows that people of that village are aware of institutional practices of delivery and making use of adequate medical care. It is an appreciative sign that 76% of the children in Manpur Village are registered after birth whereas 24% of the children during the survey have not been registered after birth.



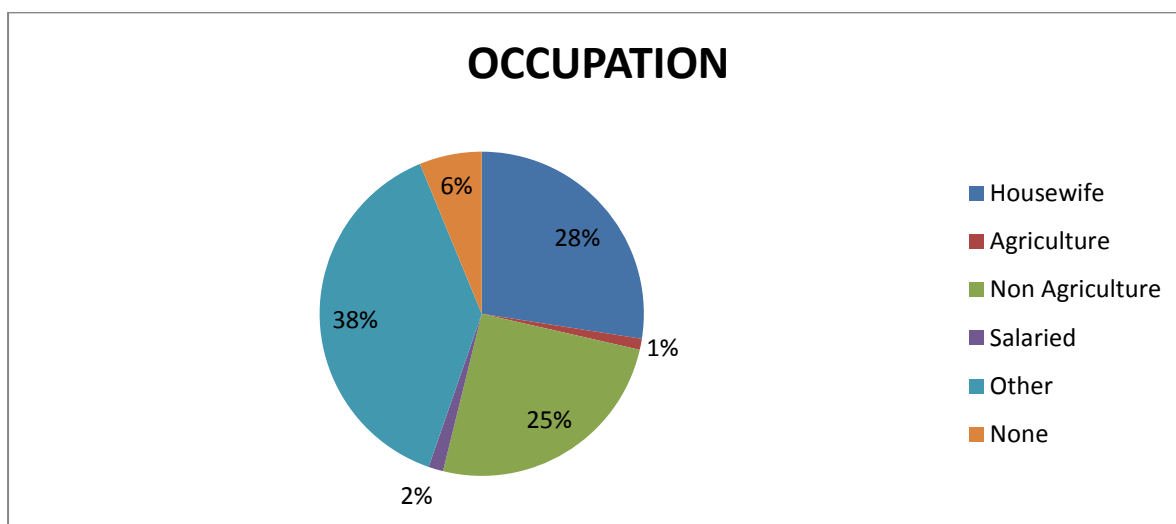
In Manpur Village, Sample also reflects that Manpur Village 4% of women conceive and delivers below 18 years, followed by 36% in between the ages of 18-23, while 28% females delivers between the ages of 22-24 years rest (32%) conceive and delivers above 25 years .The data collected shows that in the last three years 53% of the new born kinds are female and 42% are males.

5.7.2.7 PUBLIC DISTRIBUTION SYSTEM



In Manpur Village, the data shows that 17% of the sample households have APL Card while 35% of the sample households are under BPL category. 18% of the sample does not have any card. As informed during interview, 77% of the sample households who have ration card of any type avail ration from PDS regularly, while 5% sample households of the same category has been found to be availing this facility sometimes. 18% of the sample do not avail this facility at all.

5.7.2.8 OCCUPATION



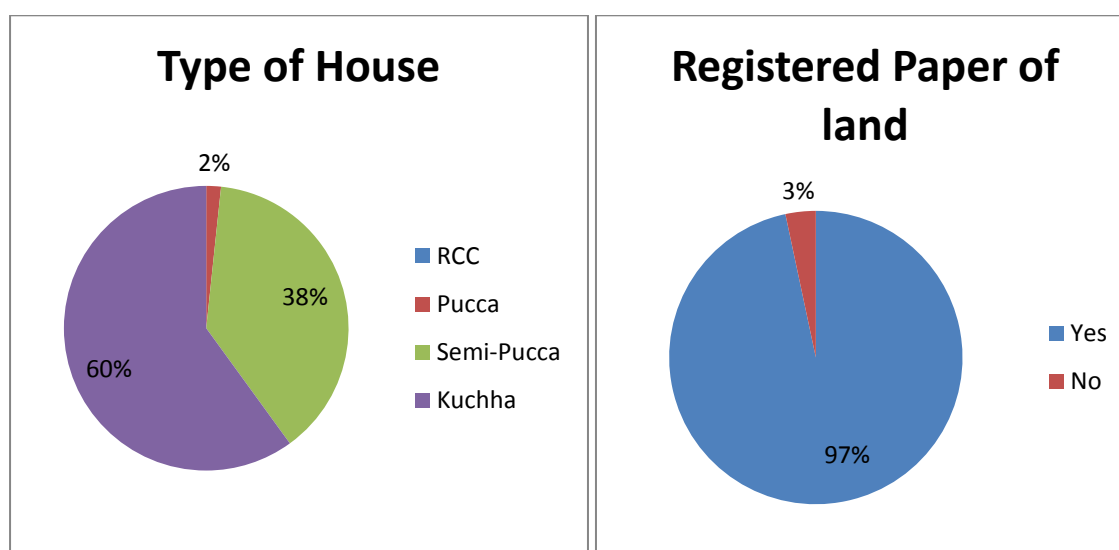
In Manpur Village, the above data shows that 1% of the sample population are engaged in Agriculture activity followed by non-agriculture (25%). Salaried employees constitute 2%, housewives are 28%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Computer should be provided in vocational training classes in the existing school buildings
	Evening classes for the uneducated people
Water Supply	There is problem of drinking water during summer
	The pond in the village should be deepened and filled with mine water during summer in Manpur.
Health Care	Awareness camp for Maternity health should be encouraged by BCCL monthly
Sports & Culture	There are 5- 6 Sports club which are functioning well and exist since last 10 years. All the essential sports material should be provided to the club.
	Coach for girls and boys is needed in this village
Livelihood	Training on Kitchen garden should be given to women
	Alternative agriculture practices such as Cattle, poultry, goatry, piggery and duckery should be provided to the women headed families.
	A Scientific training on farming should be given to farmers with consultation with Krishi Vigyan Kendra in Dhanbad
	Vocational training for the handicapped is needed. There are 10-15 differently abled people in this village
	Youth are interested in learning driving to earn livelihood.
	SHG exist in the village but none of them are functional. There is a need of providing training to the group and support for Income generation activity
	The girls of this village should be enrolled in ANM and GNM course with the sponsorship of BCCL
Sanitation	There is a problem of mosquito. Regular fumigation should be done.
	No toilet exists in the village. Toilets are needed either community or households
Infrastructural Development	Playground with goal post and boundary is needed

5.7.3 JHARNA

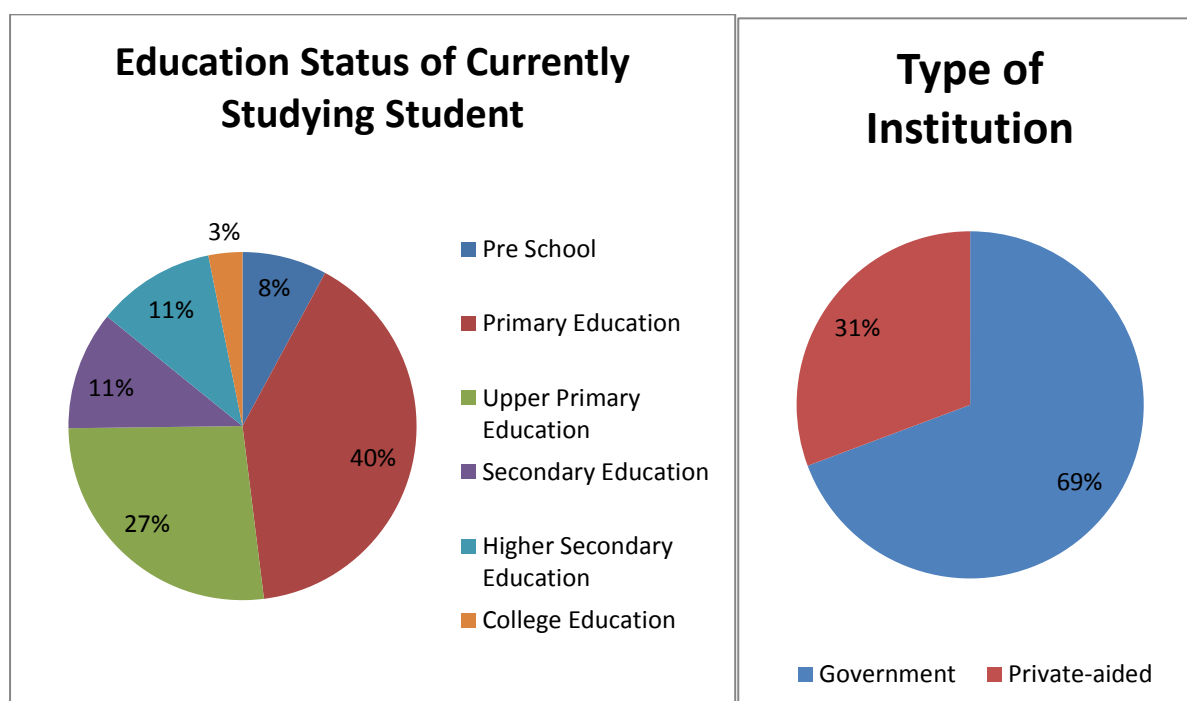


5.7.3.1 HOUSEHOLD STATUS



In Jharna Village, 38 % of population sample have semi-pucca houses, 2% of the sample are found living in pucca houses followed by majority (60%) living in kuchha houses and only none of the sample population is living in RCC house. Among the sample population 97% have registered paper of land. 82% of sample households are electrified.

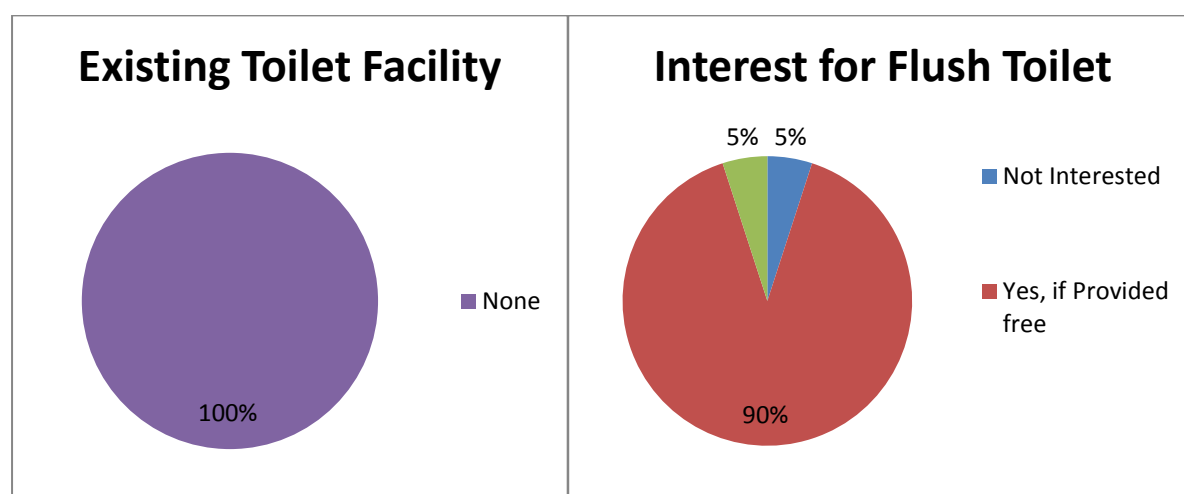
5.7.3.2 EDUCATION



In Jharna Village, among the students of sample households who are currently studying, 40% are currently studying in primary school, 27% are in upper primary school, 11% in secondary school, 11% are currently studying in higher secondary school and 3% of them

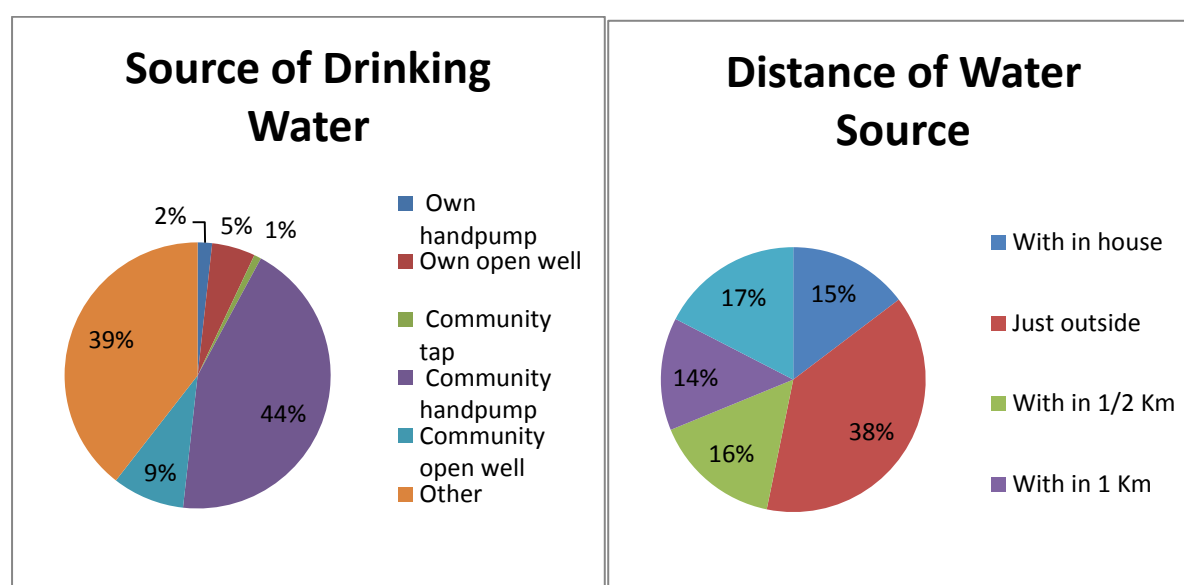
are studying in college. 69% of students are studying in government institutions and 31% students are studying in private institutions

5.7.3.3 SANITATION



In Jharna Village, Sanitation facility in this village is below satisfactory level. Sample population that do not have toilet in their house premise responded that they are interested to have flush toilets if provided free (90%) and 5% said if they would be provided with would be able to construct one in their house however 5% of the group who don't have toilet at their home said that they are not interested in having any toilets in their home.

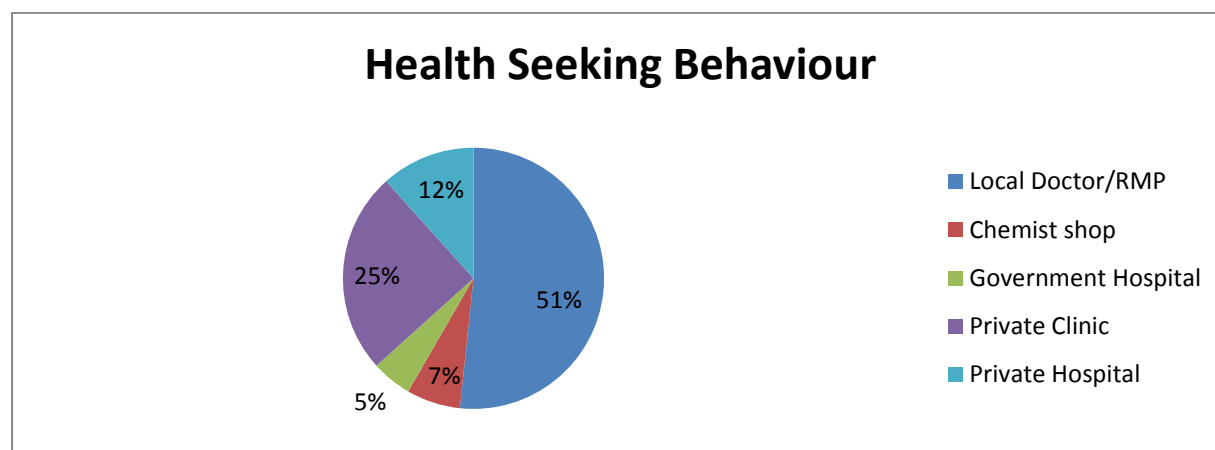
5.7.3.4 WATER SOURCE



In Jharna Village, altogether 56% of the sample use community source to avail water however only 7% water source from respondent's own water source. 9% of the respondents use communities open well, 1% use community tap and 44% use community hand pumps for

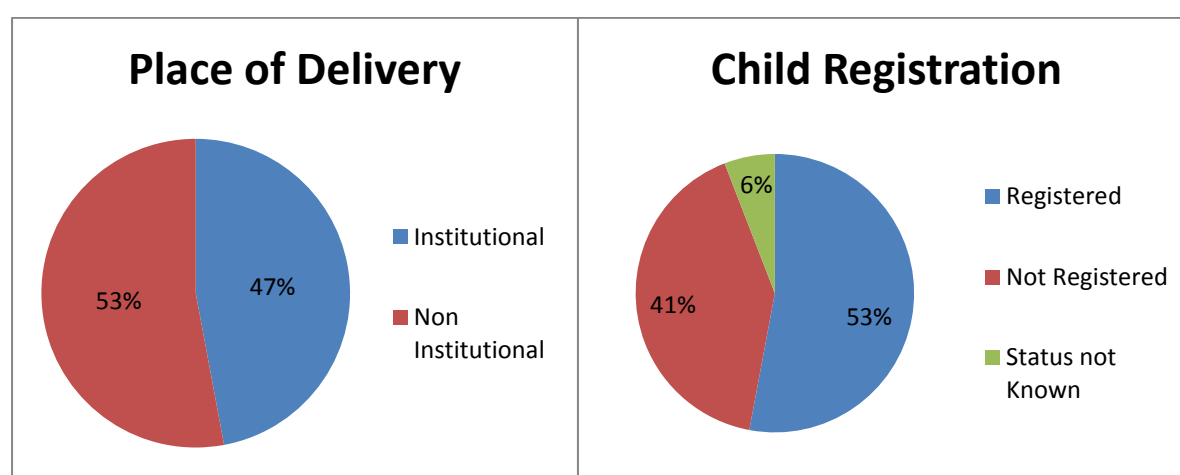
drinking water purposes. 2% by own tap, and 5% by own open well. 15% of sample households are having water sources located just within the household, 38 % of sample said that water source is located just outside the house, 16% reported within half Km, 14% reported within 1 Km and 17% more than one Km

5.7.3.5 HEALTH SEEKING BEHAVIOUR

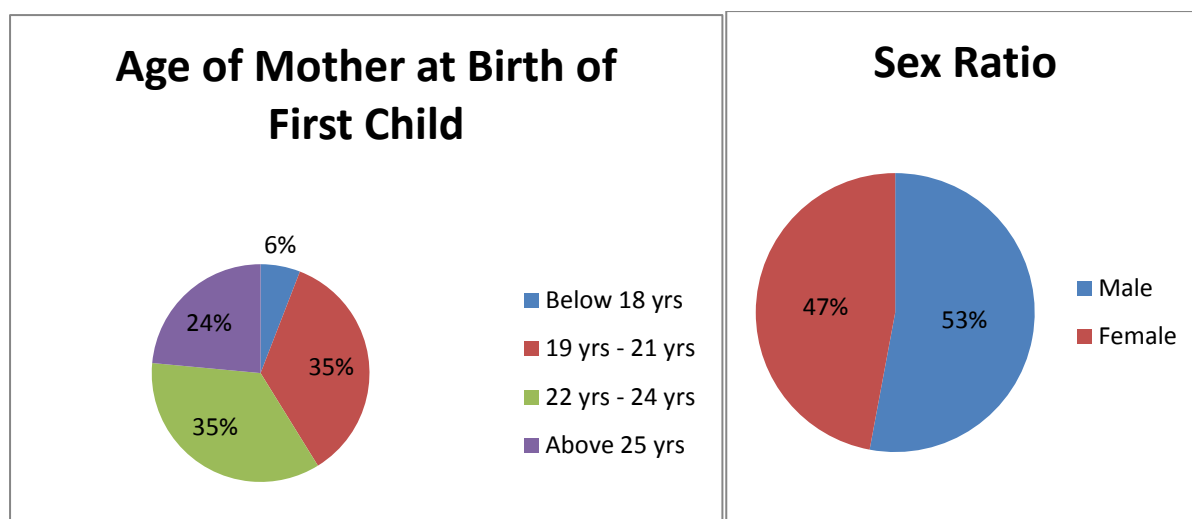


In Jharna Village, among the sample 95% informed that they avail the private services for medical which includes Local doctors (51%), Chemist shop (7%), private clinic 25%) and private hospitals (12%) while only 5% informed that they rely on government facilities in case of medical emergency. Local doctors/RMP is most preferred for medical needs.

5.7.3.6 MATERNAL HEALTH

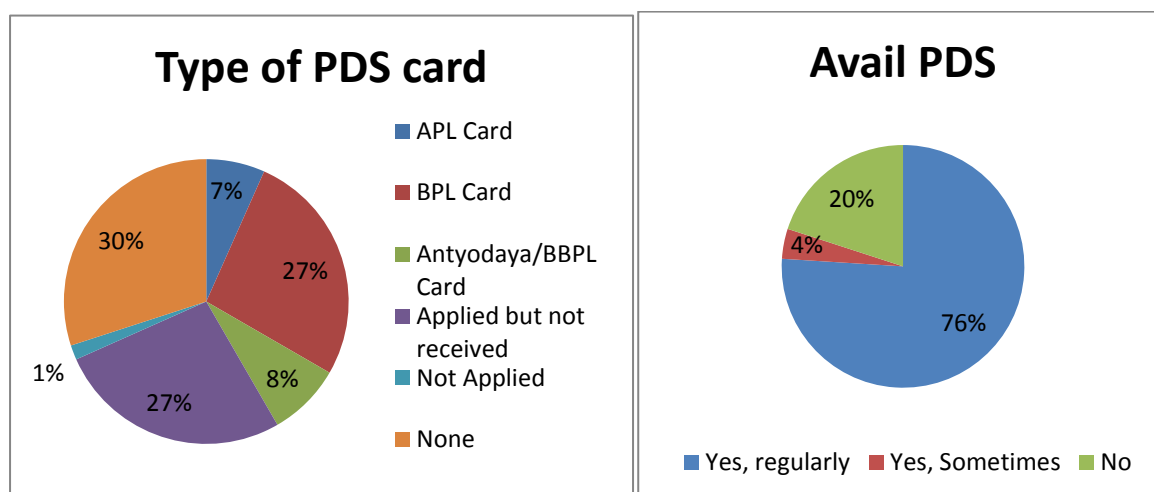


In Jharna Village, , only 47% of the births took place in last 3 years was Institutional while 53% was Non Institutional.53% of the responded reported that child registration was done and 41% reported it was not done.



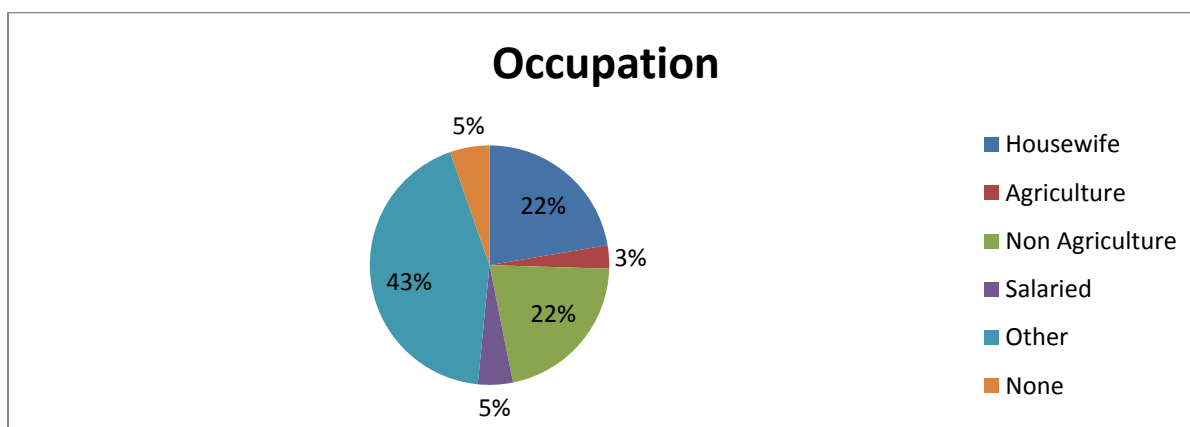
In Jharna Village, 35% women who delivered the baby in last three years reported were in age below 18 years. 35% women who delivered the baby in last three years reported were in age group of 19-21years while 35% were in the age group of 22-24 years and 24% were in the age group of above 25 years. Sex ratio among the kids in the age group 0-3 years is 53:47 where 47% kids are girl child.

5.7.3.7 PUBLIC DISTRIBUTION SYSTEM



In Jharna Village, among the samples 7% holds APL Card and 27% holds BPL card, 8 hold BBPL card while 7% of sample informed that they don't possess any card at all. Among the households who have ration cards 76% of them said that they avail PDS regularly and 4% said that they avail the PDS facilities sometimes while 20% confirmed that they don't avail the PDS facility.

5.7.3.8 OCCUPATION

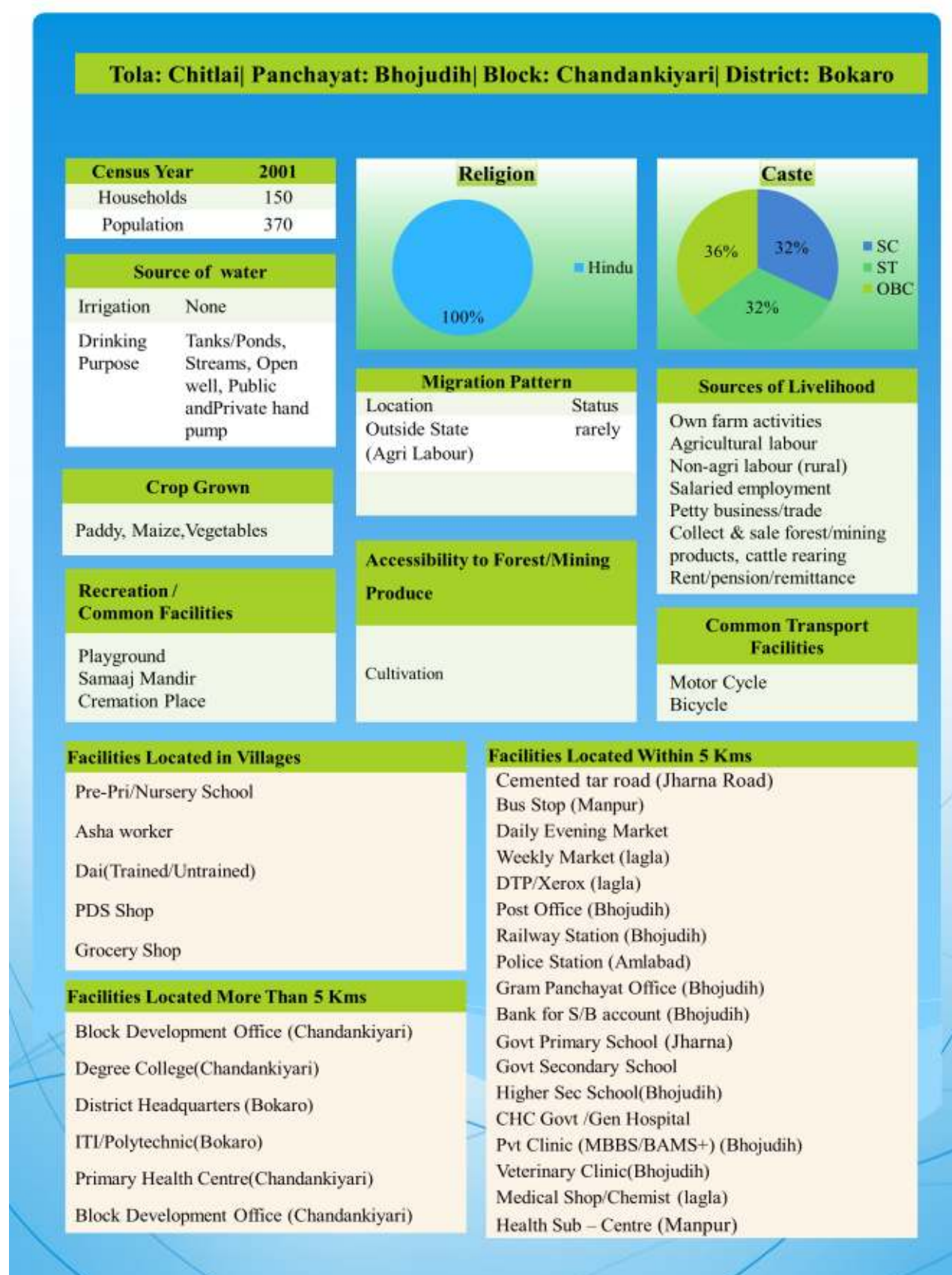


In Jharna Village, the above data shows that 3% of the sample population are engaged in Agriculture activity followed by non-agriculture (22%). Salaried employees constitute 5%, housewives are 22%. Majority of the sample population are found in other occupation and 5% are not involved in any kind of employment.

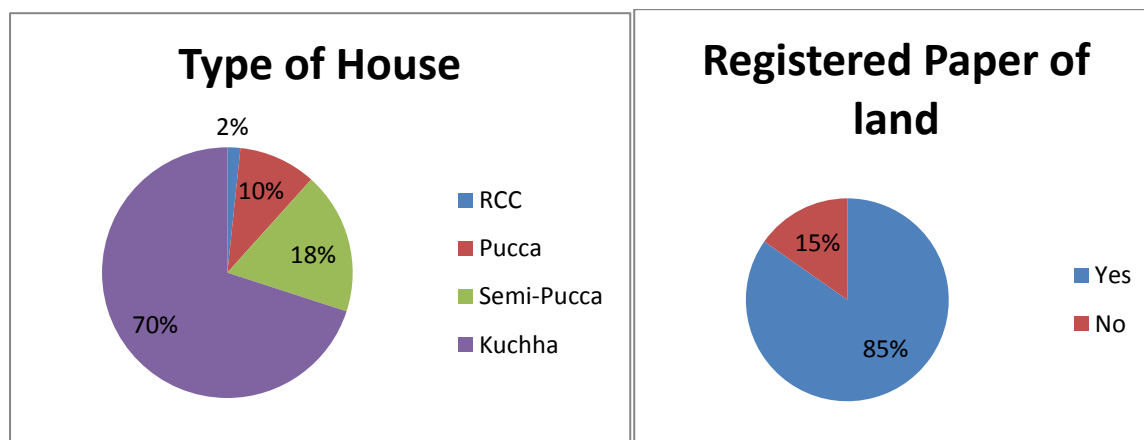
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Girls should be provided with cycle belongs to BPL families
	Primary school in village is in urgent need of renovation. There is requirement of school boundary (as it has sufficient space for playground as well.), repair of windows, door, window pan etc. also electricity with in-house electric fitting is also important in primary school. Toilets are not in good condition which requires repair
	Coaching classes for weaker section should be provided so that they can excel good in education
Water Supply	Hand pumps needs to be repaired
	Additional ponds should be excavated and filled with mine water during summers it dry
Health Care	Though Mobile Medical Vans do arrive for this village but do not enter in the village since there is no road ways for this village in last 100 years. People rarely get to know about any information of vehicle arrival at the main road since it is 2 kms away from the village. Proper information should be displayed so that people can avail the medical facility at door step
	Health camps on family planning and personal care
Rural Electrification	Street lights are needed in the village with close coordination with gram panchayat for its maintenance and security
Sports & Culture	Sports club already exist in the village. They should be facilitated with sports equipment and an uniforms in major tournaments
Livelihood	Men and women groups are interested in horticulture. They need training of marigold cultivation. BCCL should come forward to facilitate the group in training of raw material
	Training on improve agriculture is required with training on grain storage
	Providing good quality of seeds of Paddy and maize with consultation of state agriculture university
	Piggery and vermicomposting farming should be encourage by providing training and financial aid in its start up

	Training on nutrition garden for women
	It has been found that 12 boys and 10 girls are school dropout from this village. Vocational training for these drop outs should be introduced by BCCL like Computer training centre, mobile repairing shop, sewing machine for girls and other training class for self-development
	Vocational Training g centre can be introduced in the village itself as the primary school space is sufficient for new construction
	Evening classes for villagers
Sanitation	No toilet facility in the village in any of the house hold
	Fumigation and waste disposal should be provided by BCC
	No drainage in the village. BCCL should work out in drainage in either side of the road
Infrastructural Development	The playground need to be levelled and boundary had to be constructed
	Additional pond and well is needed in this s village
	Road is urgently need to be constructed in both the direction from main road to village
	Temporary check dam in required as a nala flow across the village can cater more that 5-10 farmers during critical period

5.7.4 GUNDHALI BITHA

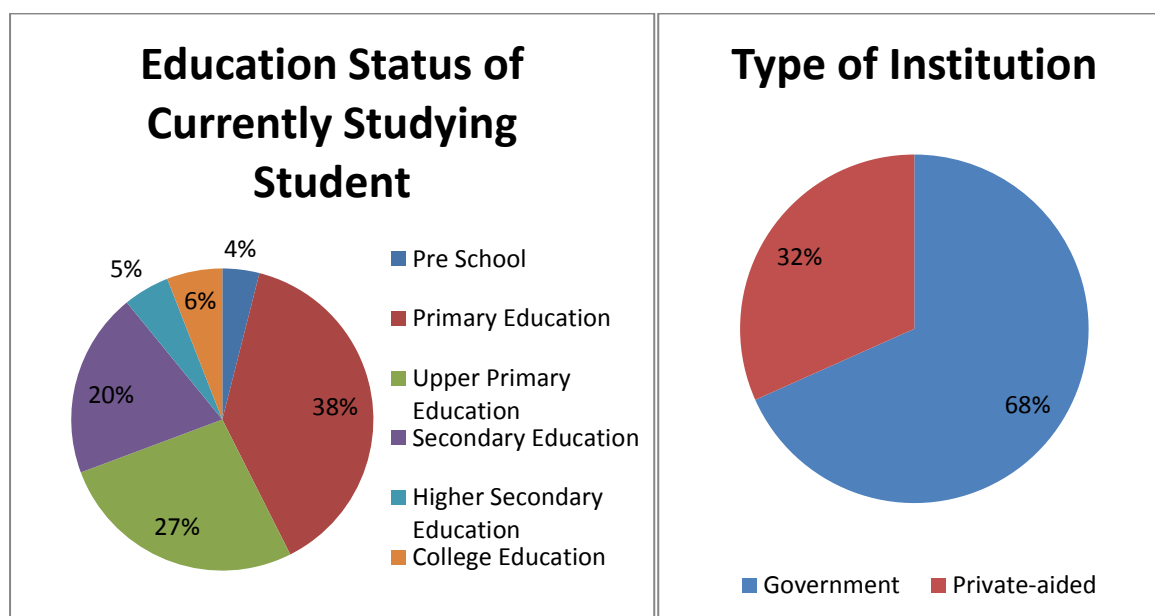


5.7.4.1 HOUSEHOLD STATUS



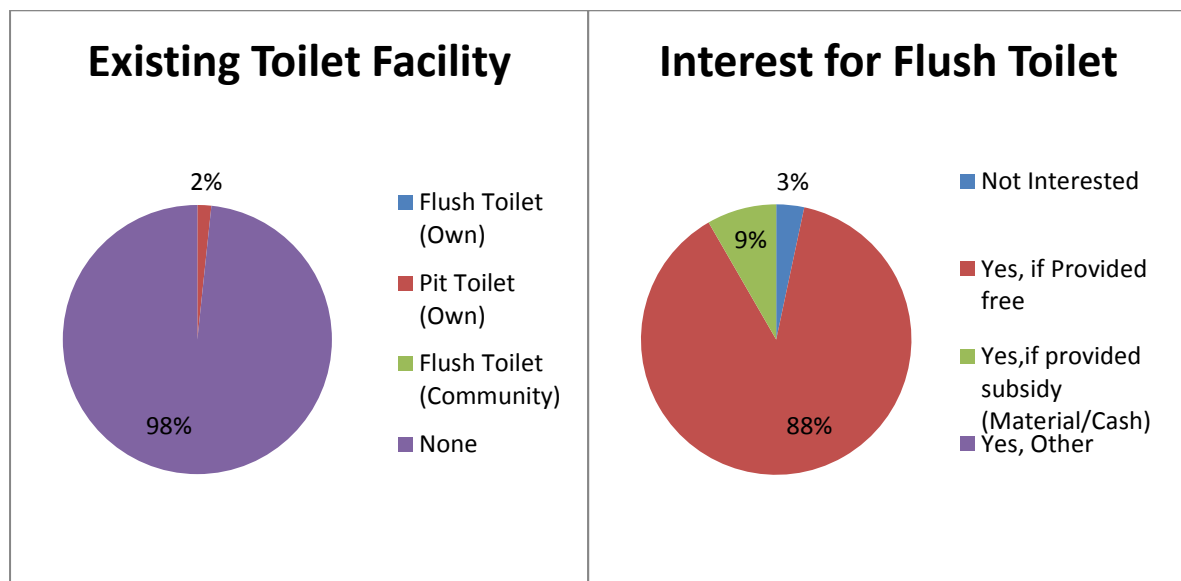
In Gundhli Bittha Village, only 10% of the sample households are having pucca house, 70% of them are living in kuchcha house and 18% are living in semi pucca house. The above information show that majority of the sample population reside in kuchha houses. 18% claimed to have registered paper of the land .Among the interviewed households 82% houses are reported electrified.

5.7.4.2 EDUCATION



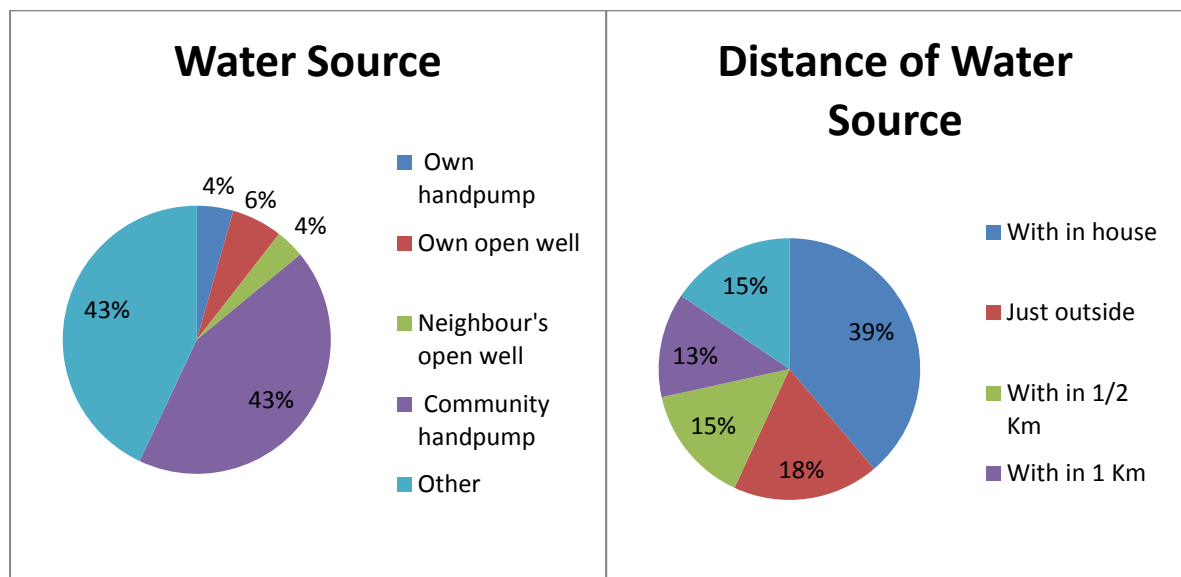
In Gundhli Bittha Village, 4% of the students are enrolled in preschool, 38% are in primary school, 27% in upper primary , followed by secondary school education (20%). 5 % are in Higher Secondary education while 6% are found in college education. 68% of students are studying in government institutions and only 32 % students are studying in private institution

5.7.4.3 SANITATION



In Gundhli Bittha Village, sanitation facility is very poor. 98% of the sample population has no toilet facility available in their village. When the sample population were inquired about the interest for toilet, 88% of the population said that they want toilet if provided with free of cost while 3% did not shown any interest for flush toilet at their houses.

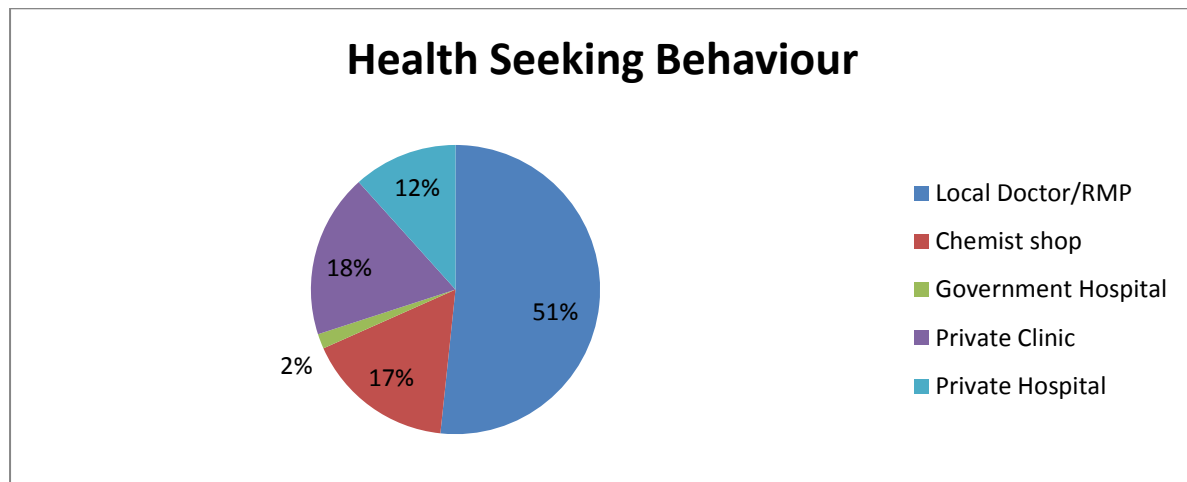
5.7.4.4 WATER SOURCE



In Gundhli Bittha Village, less number of sources of water at houses of respondent has been observed. 43% of the sample population avail water from other source which includes water from river. 4% of the sample population avail water from community open well followed by community hand pump (43%), 4 % from neighbours' open well. Only 4% of water source is available from own hand pump and 6% from own open well

5.7.4.5

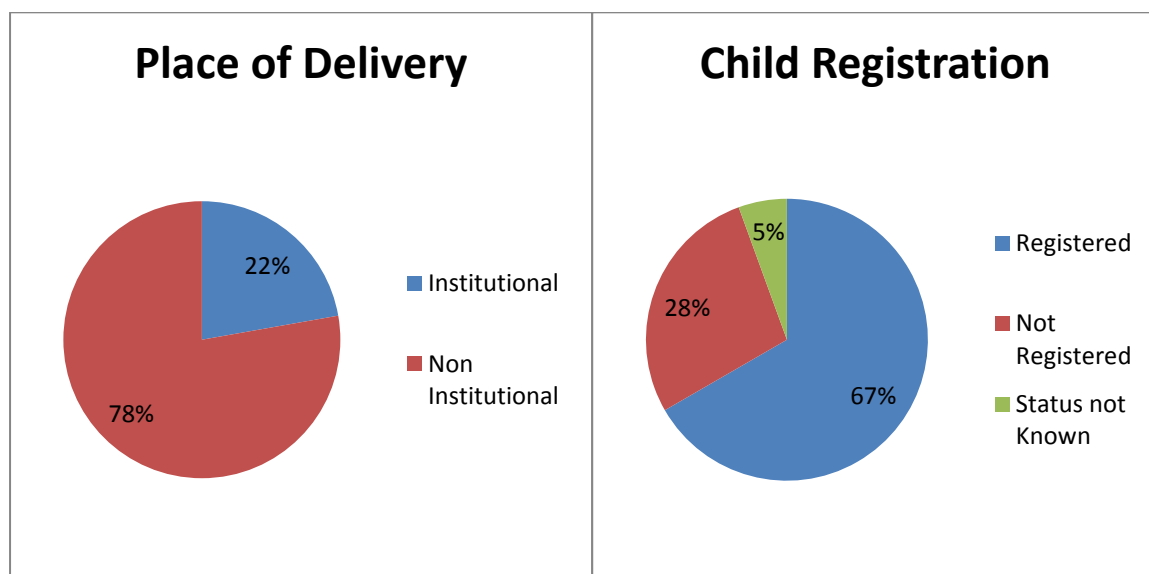
HEALTH SEEKING BEHAVIOUR



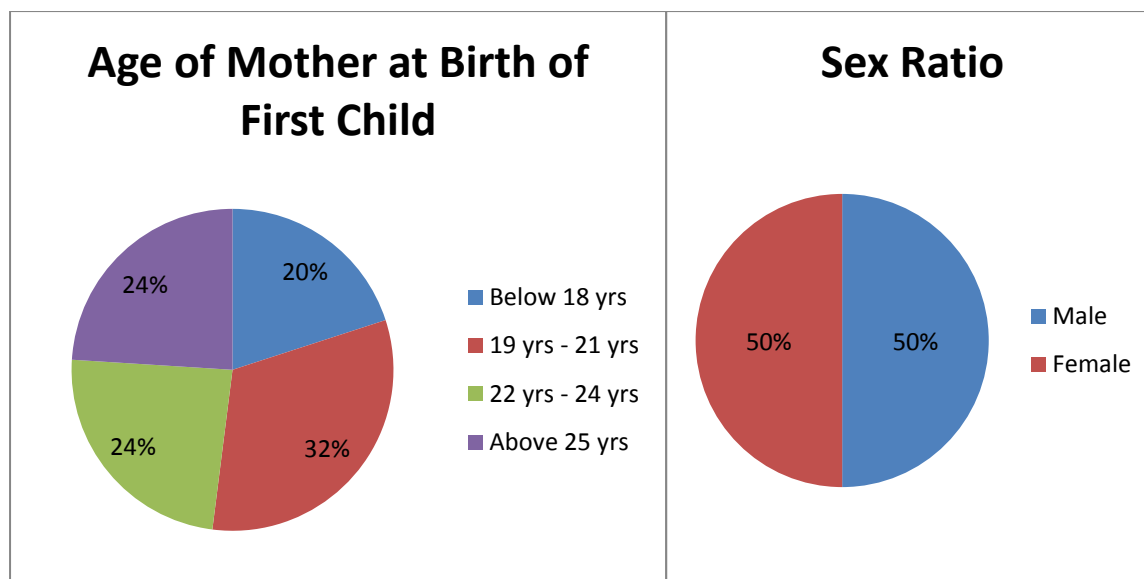
In Gundhli Bittha Village, it has been observed that majority of the respondent prefer going to local doctors/RMP for medical emergencies (51%). 18% has reported going to private clinic while 12% prefer going to private hospital. Only 2% of the respondents reported to visit local government hospital for medical emergencies.

5.7.4.6

MATERNAL HEALTH

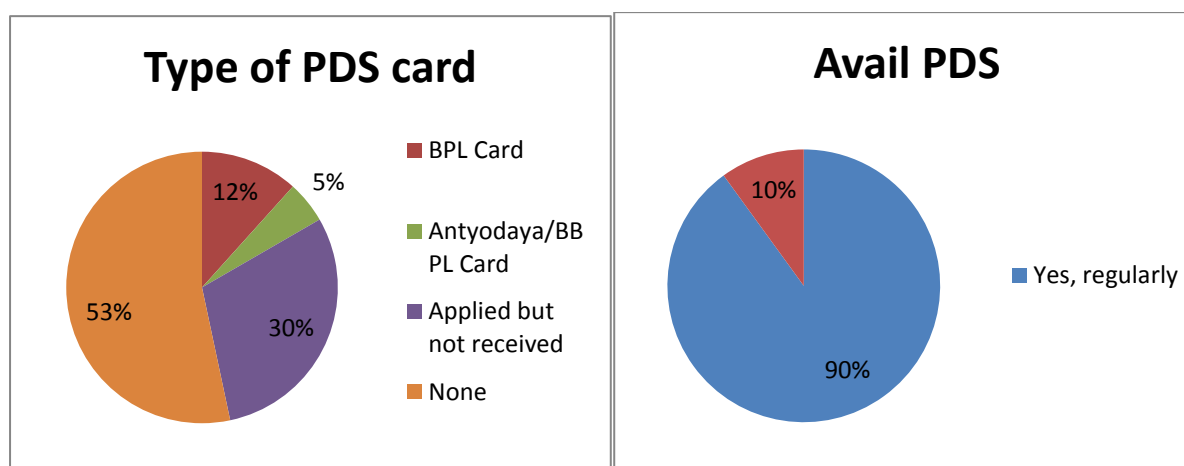


In Gundhli Bittha Village, Institutional deliveries are seen among 22% of the respondents while 78% respondents reported non-institutional deliveries. 67% of the child is registered while 28% of the sample respondents reported that child registration has not been done. 5% of the mothers reported status of child registration is not known.



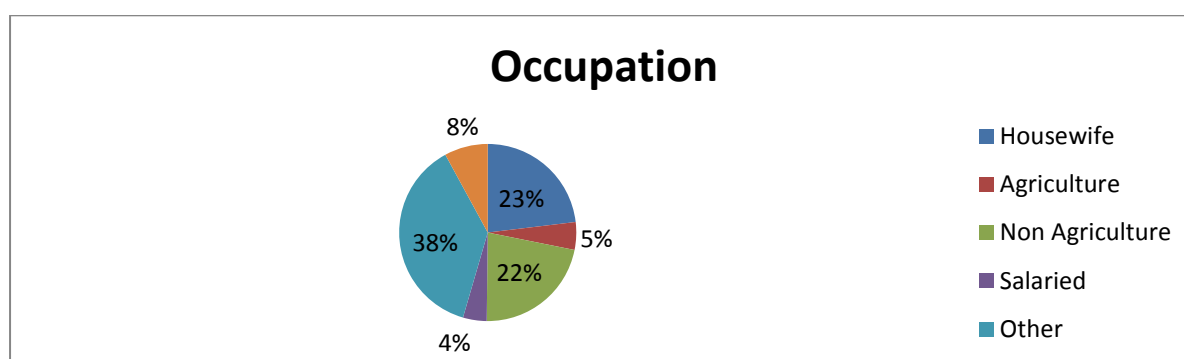
In Gundhli Bittha Village, 20% of the women give birth of first child at the age below 18 years while, 32% has found to give birth in the age group between 19 to 21yrs followed by 22 – 24 yrs. (24%) and lastly 24% found to give birth at the age of above 25 yrs. Sex ratio of male child and female child has been reported 50%

5.7.4.7 PUBLIC DISTRIBUTION SYSTEM



In Gundhli Bittha Village, 12% reported to have BPL card. 5 % are in Antyodaya card holder. 30% have applied but not received the card yet. 53% of the respondent does not have any of the cards. 9% of the respondent avail ration regularly while only 10% avail ration sometimes.

5.7.4.8 OCCUPATION



In Gundhli Bittha Village, the above data shows that 5% of the sample population are engaged in Agriculture activity followed by non-agriculture (22%). Salaried employees constitute 4%, housewives are 23%. Majority of the sample population are found in other occupation and 8% are not involved in any kind of employment.

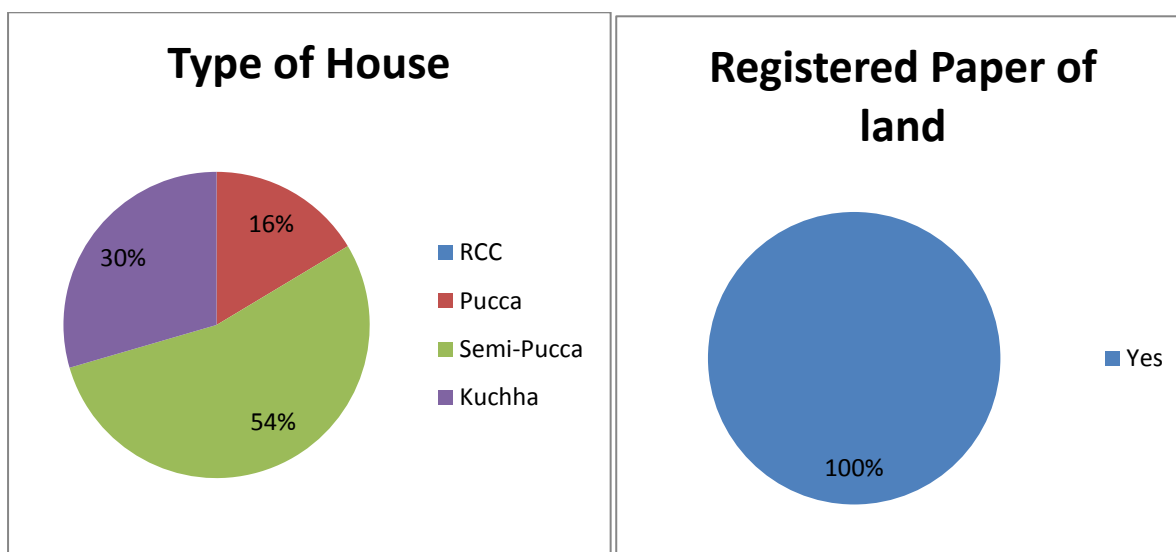
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Coaching centre for students where they can learn English
	Evening classes for uneducated villagers
Water Supply	Supply water is needed in this village for that pipe line is must
Health Care	MMV is needed in this reach in this village
Livelihood	Employment should be available at village only in order to prevent migration to other state
	Livestock support in needed
	SHG for men n adwomen is essential
	Vocational training in various trade like welder, fitter, carpentry , electrician etc.
Sanitation	No toilet facility in the village
	Mosquito spray is essential and bleaching of well regularly. Mosquito
	Drainage on both side of the road is essential
Infrastructural Development	No PCC road in the village till 1 Km from the main road
	A separate building for ICDS is needed
	Paly ground with boundary is needed in this village
	Community hall is need
	Vocational Training centre should be constructed which can cater 2-3 villages together

5.8 LODNA AREA

5.8.1 KHARAM

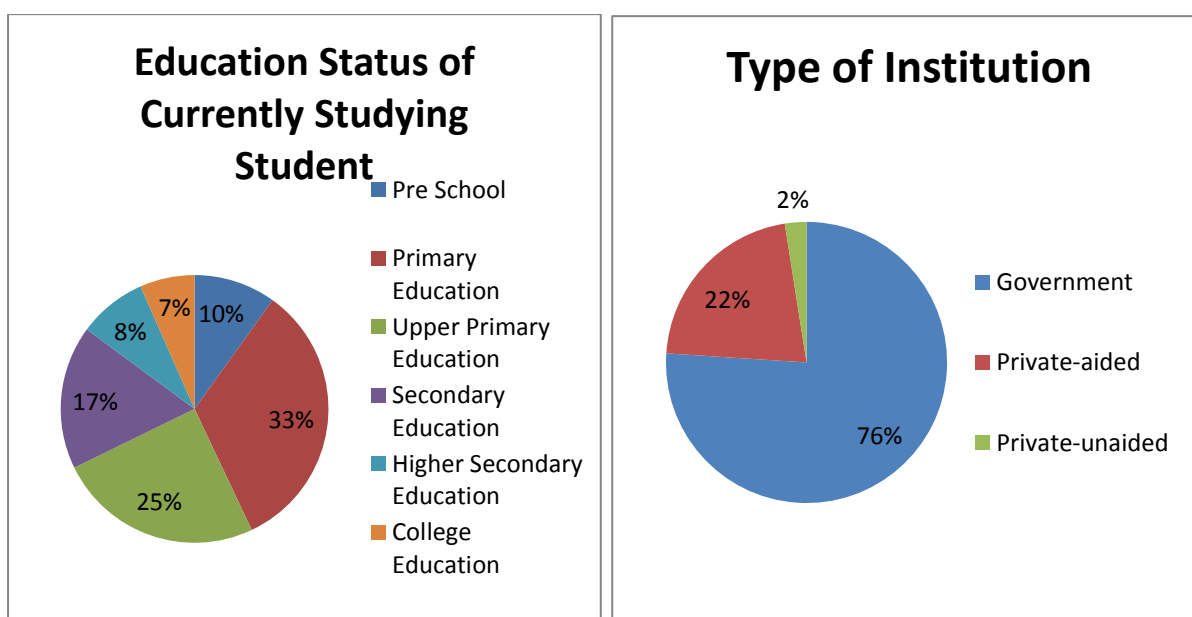


5.8.1.1 HOUSEHOLD STATUS



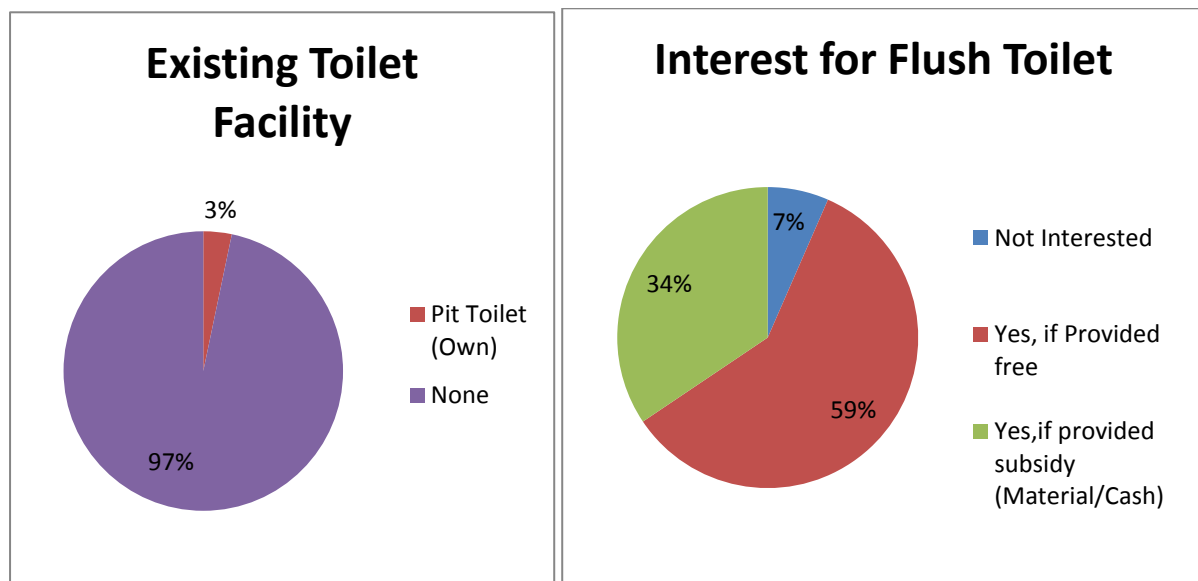
In Kham Village, 30% of the have Kuchha houses, 54% of the sample semi- pucca houses and only 16% of the have pucca houses. 100 % of the sample population possess registered papers of the land, 84% of the sample households are electrified.

5.8.1.2 EDUCATION



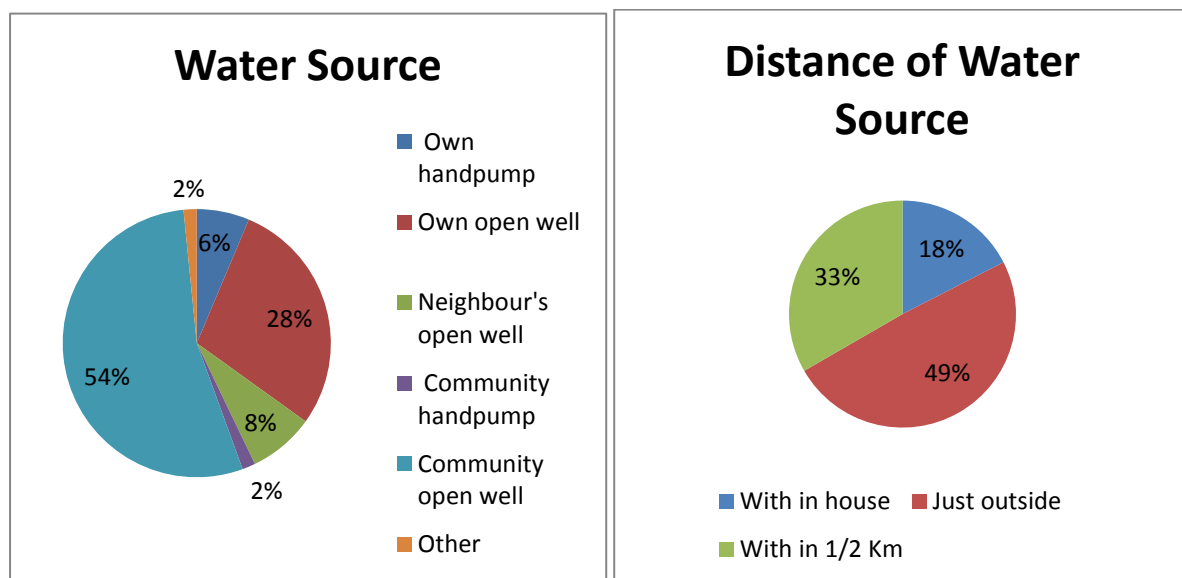
In Kham Village, Students who are currently studying, 33% are currently studying in primary school, 25% are in upper primary school, 17% in secondary school, and 8% in higher secondary school and another 7% is pursuing higher education. 76% of students are studying in government institutions, 22% in private aided school while only 2% in other institution

5.8.1.3 SANITATION



In Kharam Village, sanitation facility in this village is found very poor. 97% of the sample doesn't have toilet in their households. 59% of the sample population has reported that they would go for flush toilet if provided with free of cost, 34% reported that if subsidy is given they would like to construct a toilet in their house, however 7% said that they are not interested in having toilet in their home.

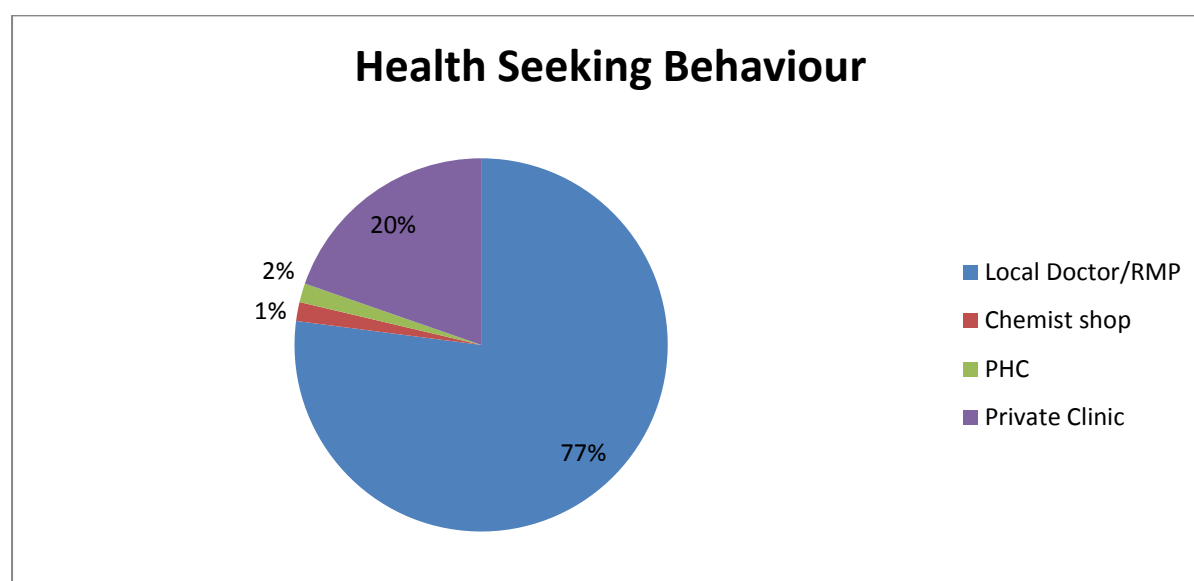
5.8.1.4 WATER SOURCE



In Kharam Village, 54% of the sample households fetch water from community open well, and 2% from own hand pump, 28% from own open well and 8% from neighbours' open well.

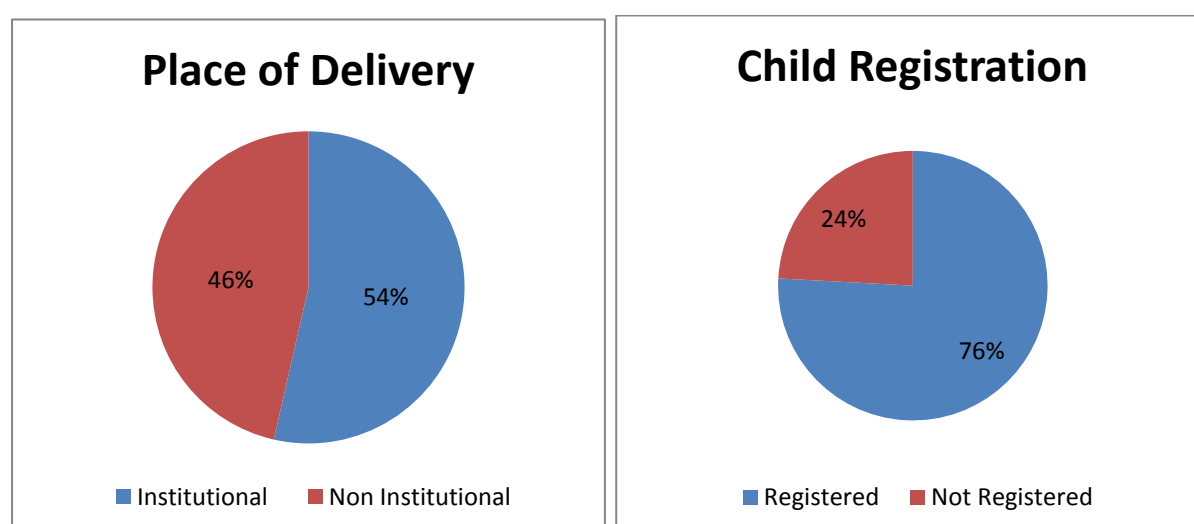
Around 18% of the sample informed that the water source is located inside the house, 49% said water source is available just outside the house, 33% said within half Km.

5.8.1.5 HEALTH SEEKING BEHAVIOUR



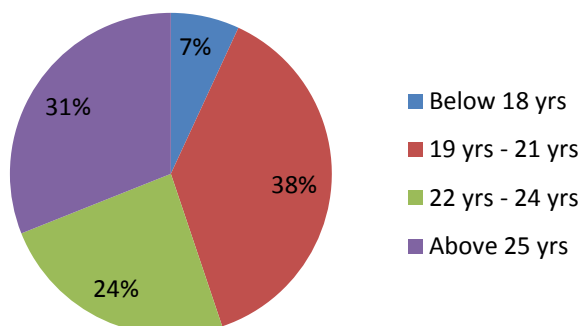
In Kharam Village, 20% of sample households reported consulting private clinic in case of any medical needs, followed by Local Doctor/RMP which caters the medical needs of 77% of the sample population. A surprising fact is that 3% none of the sample depends on government hospitals.

5.8.1.6 MATERNAL HEALTH

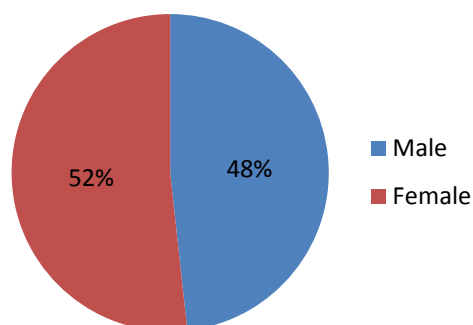


In Kharam Village, among the sample household 76% of birth in the village is registered and 54% is non registered. Institutional deliveries have been reported only 46% while non institutional deliveries reported 46%.

Age of Mother at Birth of First Child



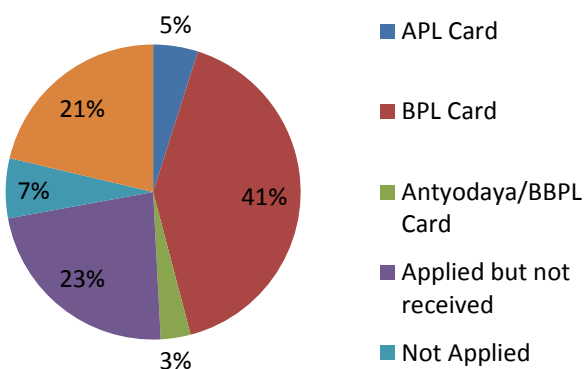
Sex Ratio



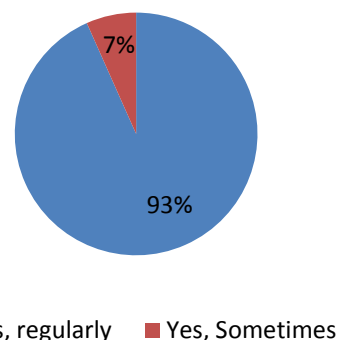
In Kharam Village, 7% of women are in age group of below 18 years who gave birth to first child in last three years while 38% are in age group of 19 to 21 years at the time of birth of the child, 24% are under the age group of 22 to 24 years and lastly 31% are 25 years and above. Sex ratios in 0-3 year age group 48% children's are male child while 52% are girl child.

5.8.1.7 PUBLIC DISTRIBUTION SYSTEM

Type of PDS card

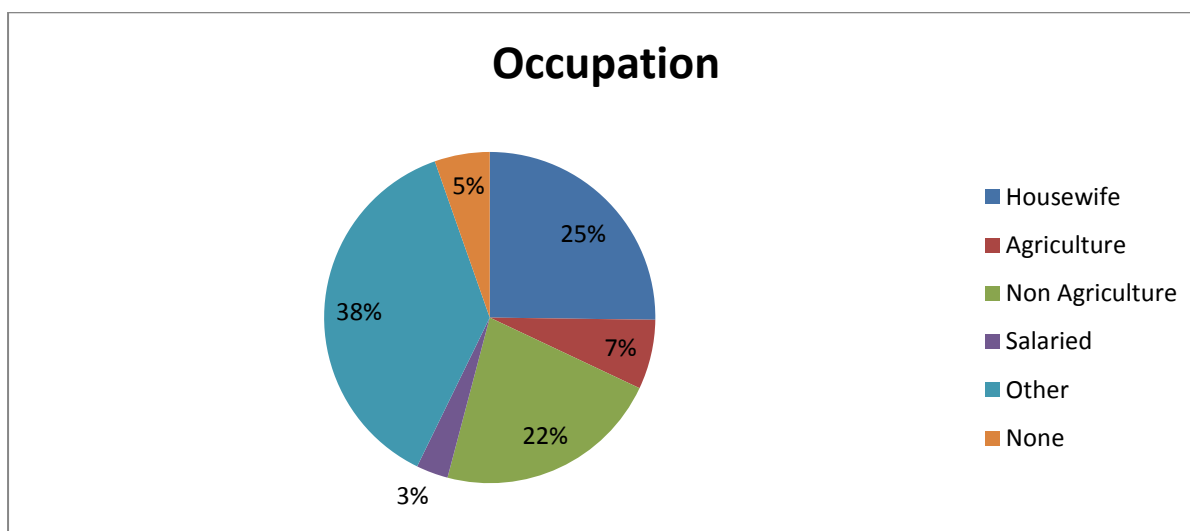


Avail PDS



In Kharam Village, as reflected through Data only 5% of sample have APL card and 41% are having BPL card, 23% of the sample have applied for the card but not yet received, 3% are under Antyodaya category, 7% have not applied for the ration card while 21% of sample said that they do not have any ration card at all. Among the households who have ration card 93% said that they avail the service of PDS on regular basis while 7% said that they avail it only sometimes.

5.8.1.8 OCCUPATION



In Kharam Village, the above data shows that 7% of the sample population are engaged in Agriculture activity followed by non-agriculture (22%). Salaried employees constitute 3%, housewives are 25%. Majority of the sample population are found in other occupation and 5% are not involved in any kind of employment.

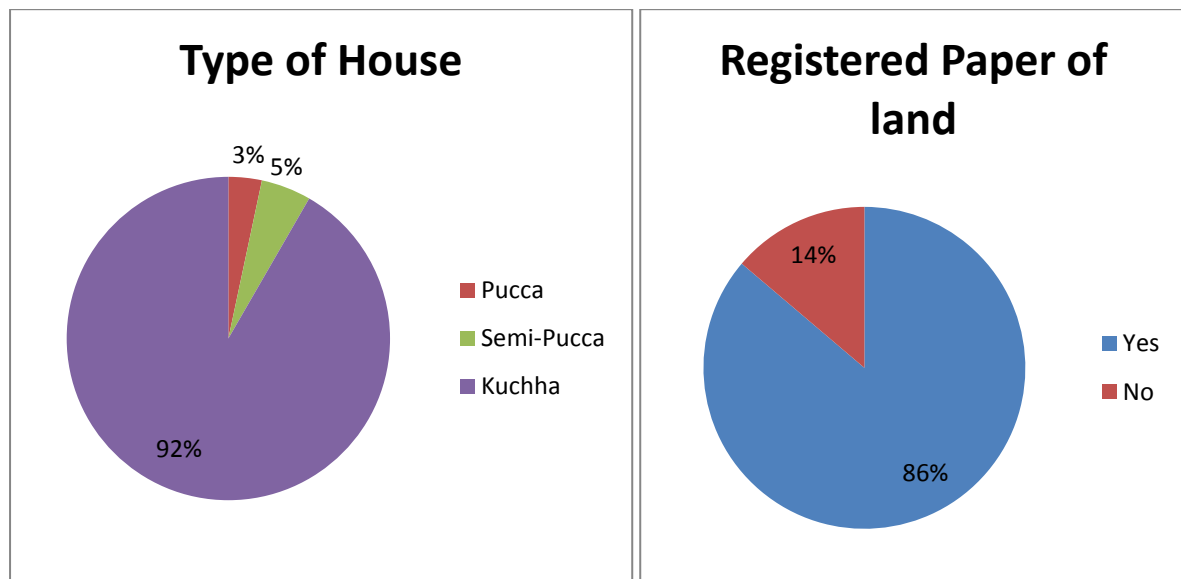
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Many School drop outs are reported. They should be enrolled in vocational training centre at Dhanbad. Girls should be encouraged to complete their intermediate with the financial aid or free education from BCCL
	Adult literacy classes for adults
Water Supply	Only 1-2 hand pumps are there in the village which caters 1000 population. People majorly avail water from an open well which is contaminated. There is a need of hand pumps with purifier.
	No hand pump is there in ICDS
Health Care	No mobile vans reach in this village since no road exists
	It was found that less intake of milk (almost nil) in the diet of tribal population. There is an extreme need of health camps for food and nutrition by the mobile medical Vans on half yearly or quarterly.
Rural Electrification	Primary school should have electricity supply and electric fitting
Sports & culture	The Nritya Mandali for girls is a cultural group of trained girls who perform at Jharkhand level at various cultural functions. They can

	improvise their dancing/Cultural skill at district level training center with the support of BCCL. They need financial support and support of a dance/music training centres at village level where they can teach tribal dance to rural girls and also provided with all necessary music instruments at their centre. In this way the Tribal culture of Jharkhand will be conserve.
Livelihood	Lac culture, Mushroom culture should be promoted here since people are interested in microenterprise
	Thaal or bhoj patra made from leaves should be encouraged as women in this village are doing such skill development work. BCCL should support with this small enterprise for them
	Vocational training should be encourage for youth
	Differently able people should be motivated to start microenterprise like Dairy booth since milk is unavailable in this village
	Differently able should be enrolled in vocational training venter a Dhanbad as well as uneducated can get free education till intermediate
Sanitation	No toilets in the village. Household toilets should be encouraged
Infrastructural Development	A play ground in needed with a boundary wall in the village
	Community hall is needed with one toilet and water supply
	There is no road to Kharam village. 5 kms of roads is needed to be constructed so that the village gets connectivity from the main road.

5.8.2 BALICHIRKA

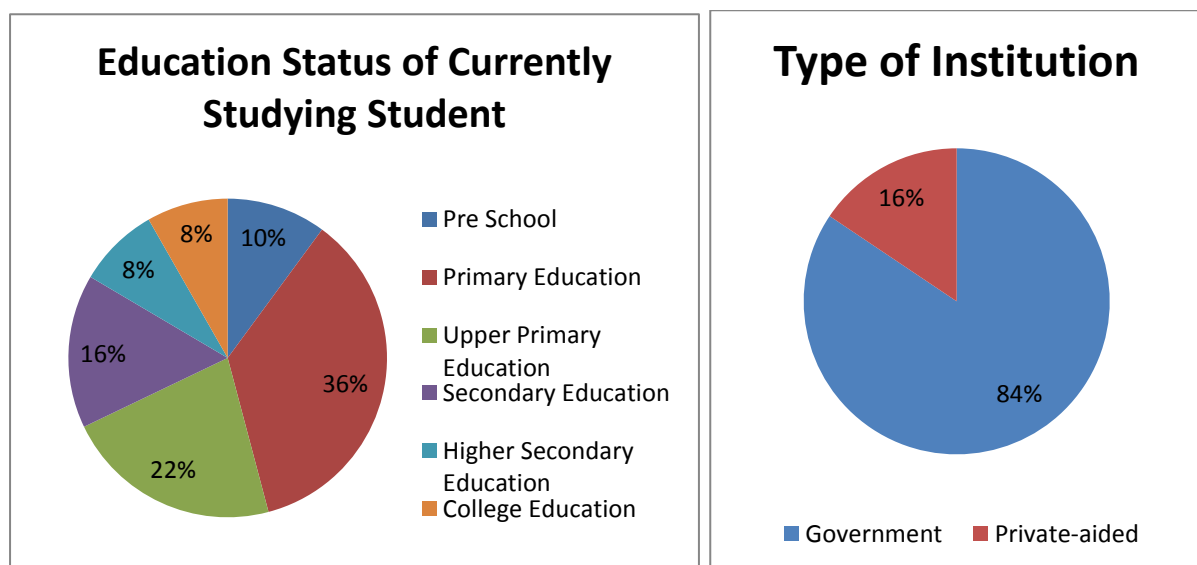


5.8.2.1 HOUSEHOLD STATUS



In Baluchirka village, 92% of the sample population resides in kuchha houses while only 5% have semi – pucca house and 3% have pucca house. 86% of the people have registered paper of land while 14% do not have registered paper of land. 57% of the houses are electrified in this village.

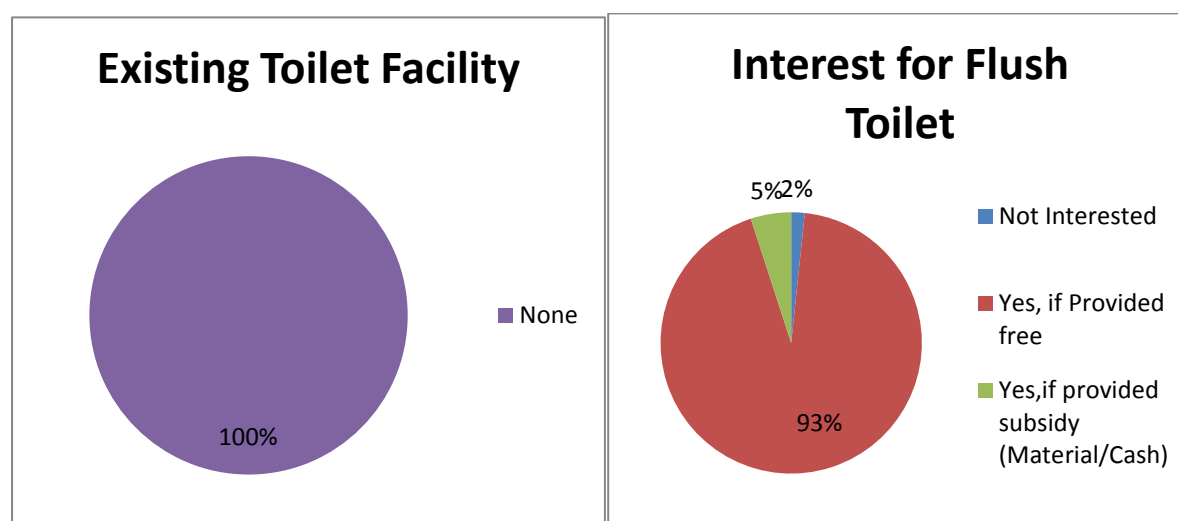
5.8.2.2 EDUCATION



In Baluchirka village, 36% of the children are studying in primary school followed by 22% in upper primary, 16% in secondary school, and 8% in higher secondary, 8% in college and lastly, 10% of the children are going preschool for availing education facility. 84% of the

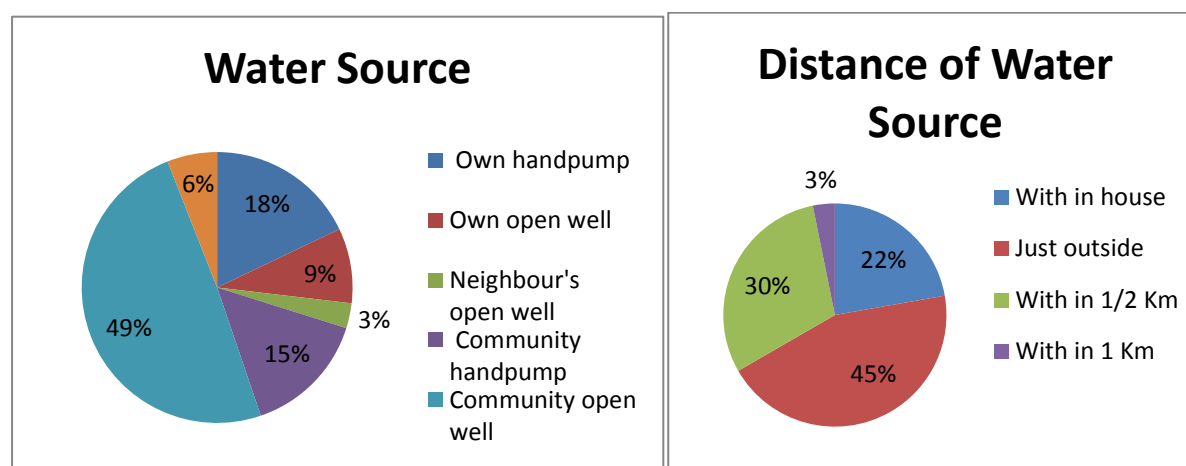
students are enrolled in government institution while 16% are enrolled in private aided institution.

5.8.2.3 SANITATION



In Baluchirka village, none of the sample population has toilet facility at their home. Majority of the people in this village go for open defecation. When sample population were asked for interest for flush toilet it was found that 93 % of the sample populating were interested for flush toilets when provided with free of cost, 5% were ready when provided with subsidy while 2% of the people were not shown any interest for toilet construction.

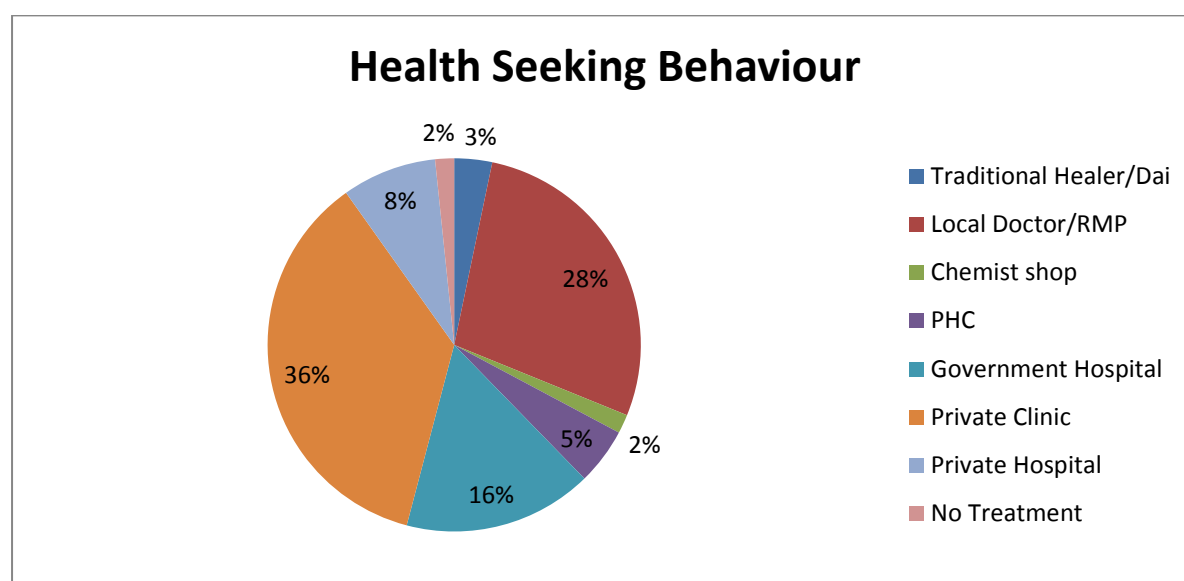
5.8.2.4 WATER SOURCE



In Baluchirka Village, 49% of the sample population are procuring water from community open well, followed by community hand pump (15%). 18 % of the sample population procure water from own hand pump while 9% from own open well. 6% of the population is found to procure water from other means like “*Chuaan or Daari*”. In Baluchirka Village, 22% of the

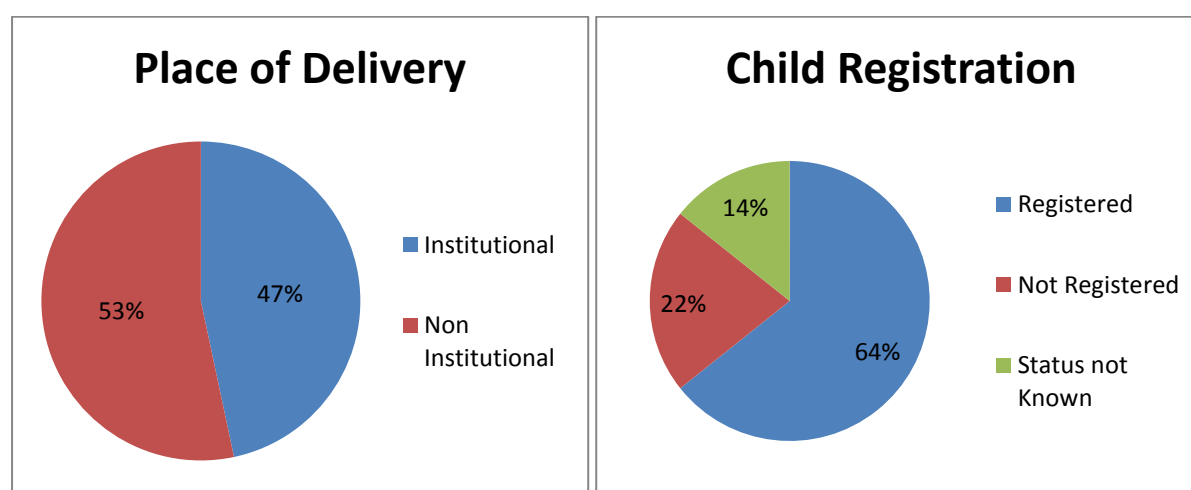
sample population avail water within the house, 45% just outside the house, 30% within half Kms, and lastly 3% within 1 Km.

5.8.2.5 HEALTH SEEKING BEHAVIOUR

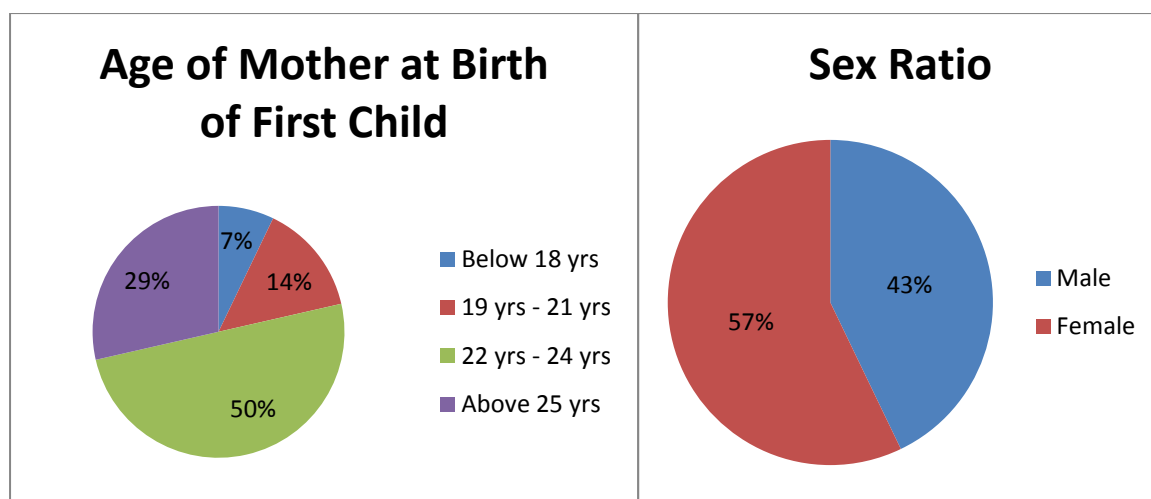


In Baluchirka Village, 36% of the sample population majorly depends on private clinic followed by local doctors /RMP (28%). It was also found that government hospitals were utilized by only 3% of the population followed by PHC (5%), private clinic (8%), chemist shop (2%) and lastly traditional healer also play important role for medical treatment which are consulted by 3% of the sample population.

5.8.2.6 MATERNAL HEALTH

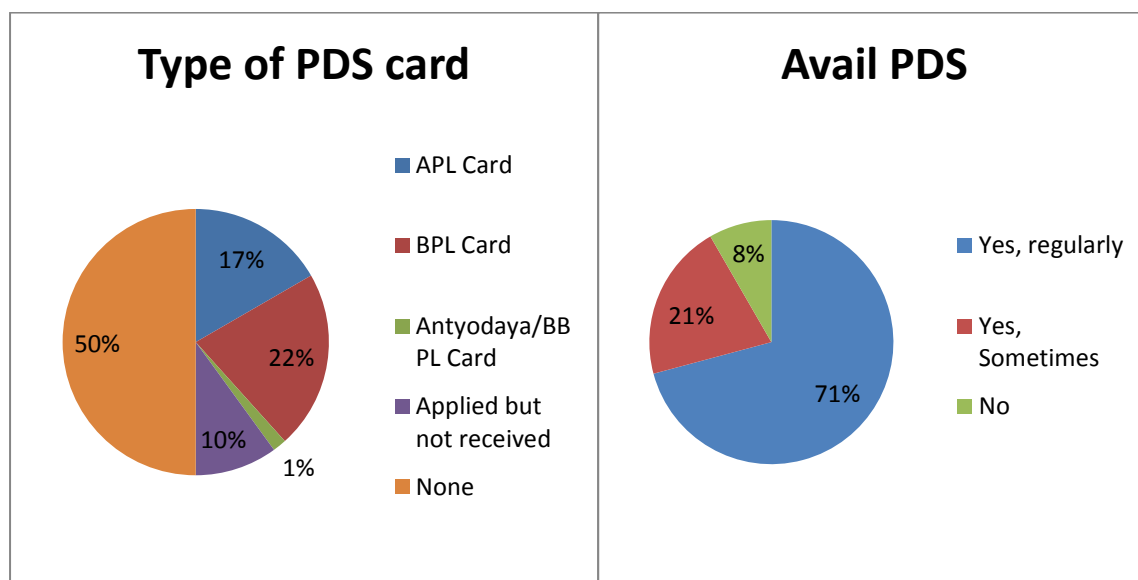


In Baluchirka village, 53% of the deliveries are non-institutional deliveries while 47 are institutional deliveries. 64% of the children's birth has been registered while 22% are not registered and registration status of 14% children is not known.



In Baluchirka village, 7% of the respondents are reported to give birth to first child in last three years in the age group below 18 years. 14% of the respondent reported to give birth of first child between the age group of 19 to 21 years. 50% of the respondent report to deliver between the age group of 22 to 24 years and lastly 29% report to give birth at the age above 25 years. Sex ratio among the kids in the age group 0-3 years is 57:43 where 57% kids are girl child.

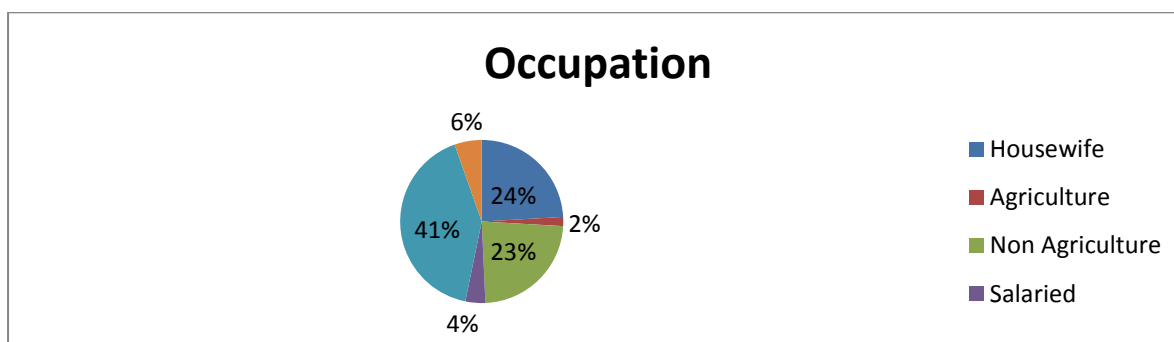
5.8.2.7 PUBLIC DISTRIBUTION SYSTEM



In Baluchirka Village, 22% of the sample population has BPL card while APL card are among 17% of the sample population. 1% have Antyodaya card while 10% have applied for card but have not received yet. It has been reported that 50% of the sample population do not have any card at all. Among all card holders, 71% of people avail ration regularly, 21% avail sometimes and 8% do not avail at all.

5.8.2.8

OCCUPATION



In Baluchirka village, the above data shows that 2% of the sample population are engaged in Agriculture activity followed by non-agriculture (23%). Salaried employees constitute 4%, housewives are 24%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

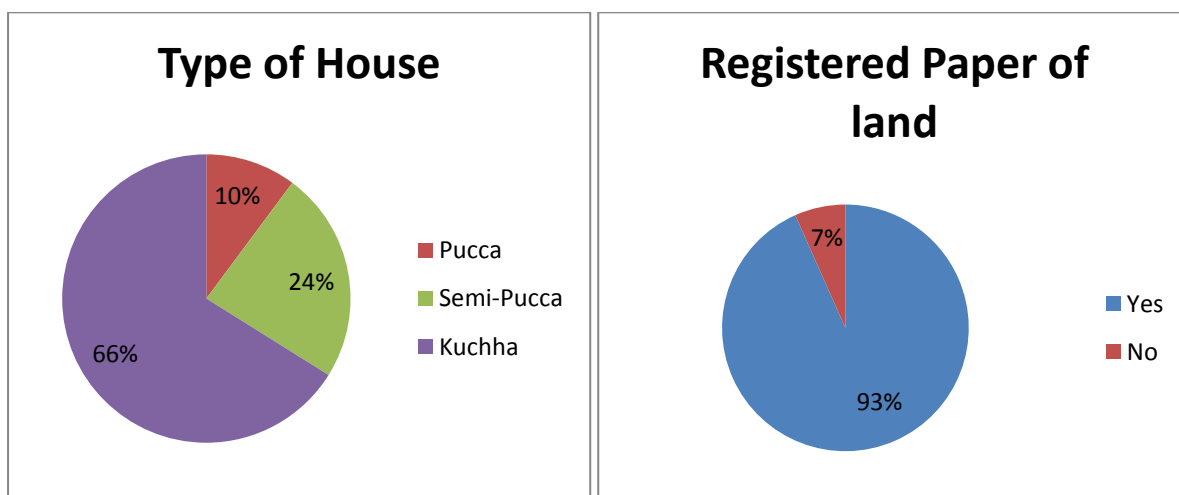
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	No school boundary in the primary school.
	No high school or middle school nearby
	School drop (Boys) outs are seen more in number due to illegal mining in the nearby coalmines. Very few children pass matriculation. Majorly starts illegal mining at that age
Water Supply	There is no irrigation facility. BCCL should work on providing treated mines water to farmers of nearby villages during summer.
	Methods of lift irrigation should be provided like engine, pipe, and motor. All such equipment should only be given to a group, individual supply should be avoided
	Water shade should be developed in the mining area
	There is problem of drinking water .Cemented tank structure should be installed in the village.
	Hands pump are inefficient to fulfil the requirement of drinking water
Health Care	Non institutional deliveries are prominently seen in this area due unavailability of government hospital at vicinity
	No medical vans from state government as well BCCL reach in this village due to no connectivity of village roads from main roads.
	No awareness about child care and nutrition among the tribal women

	Unawareness about maternal health care specially family planning and maternal health benefits from government schemes
Rural Electrification	No electricity supply and in house circuiting at classroom at primary school.
	No tube lights, fan and switches in the classroom of primary school.
	No street lights. Street lights are needed which should work on solar energy
Sports & Culture	No sports club is in this village. Sports club should be formed with the help of NGO to identify children excel in sports to represent in various level tournaments with BCCL sponsorship
Livelihood	Unemployment is majorly seen in this area. Activities like piggery and poultry should be encouraged. Women headed family should be provided with a pair of goats
	No SHG of male and female. SHG should be formed immediately in order to start any income Generation Activity.
	No Vocational training for girls .Vocational training for girls is important to earn the live hood like Tailoring, Beauticians etc
	No awareness about child care and nutrition among the tribal women
Sanitation	No personal and community toilets at home and community respectively
	No drainage from both side of the road.
Infrastructural Development	Road construction (5 Kms) is essential in both the direction which connects to the main road. During the visit it was found that a small bridge is required to be constructed between Kharam and Baluchilka.
	No play ground in the village. Village needs a playground with boundary wall with gate and goal post for foot ball
	Community hall is needed with at least one toilet with tap connection. This community hall should have overhead tanks (Syntex tank) well connected with motor for drawing water.
	No means of transportation (Specially shared auto) in the village since there is any roads in either of the direction. Share auto, trekker or mini vehicle should be introduced as means of local conveyance

5.8.3 PARGHA

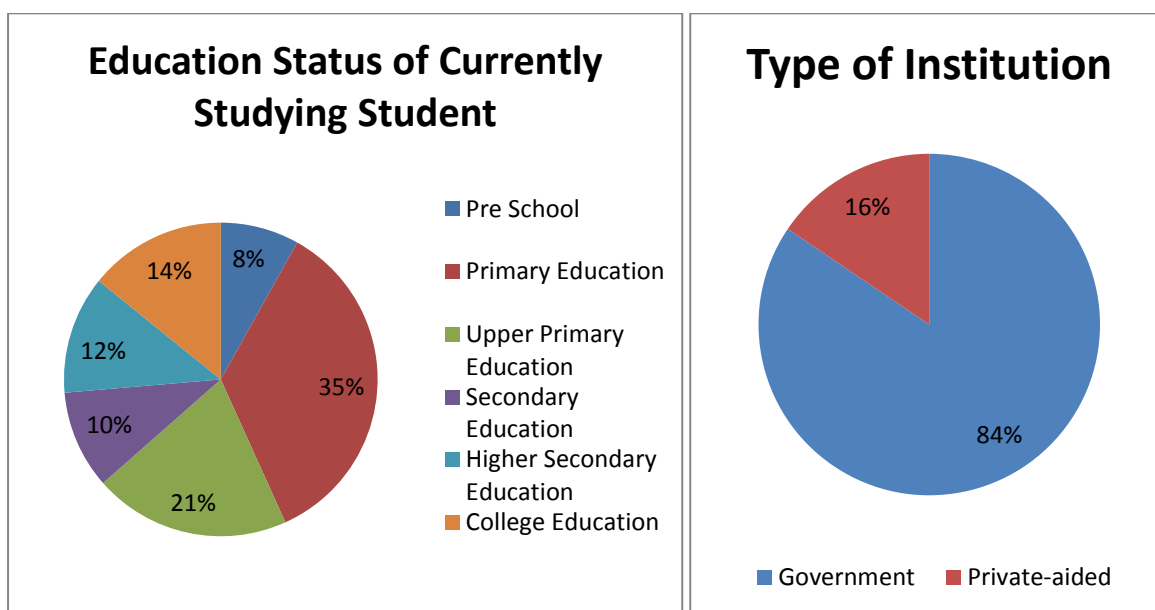


5.8.3.1 HOUSEHOLD STATUS



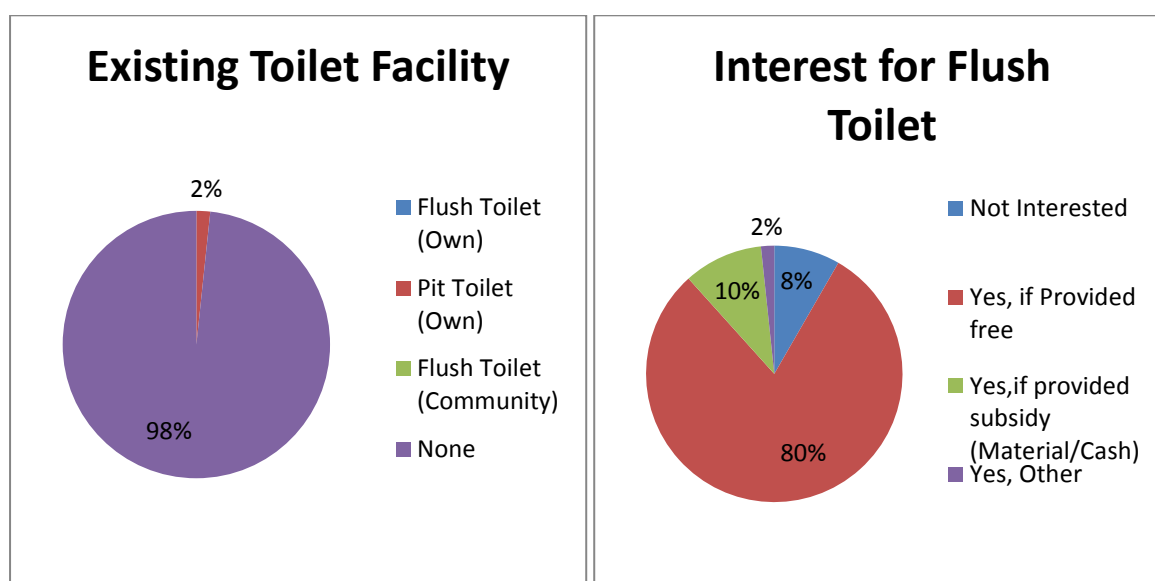
In Pargha Village, majority of the sample population have Kuchha Houses (66%), 24% have Semi-Pucca houses and 10% have Pucca houses. However, 93% of sample population have registered papers (patta) of the land but 7% still don't possess the papers of the land. 84% of the households studied in the survey are electrified.

5.8.3.2 EDUCATION



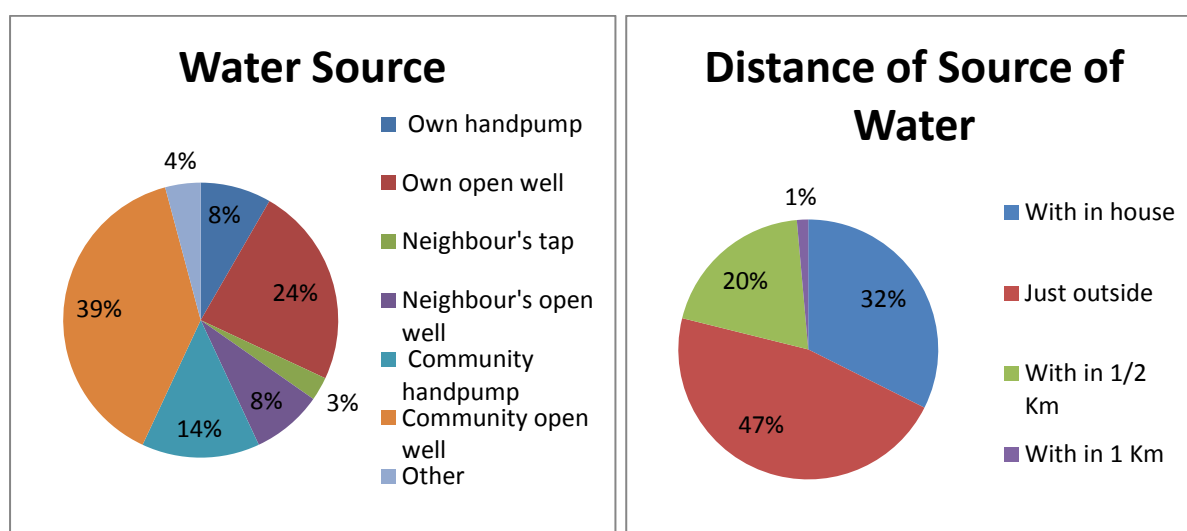
In Pargha Village, students who are currently studying 8% are in Pre-school, 35% of them are in primary Education followed by upper primary (21%), Secondary education (10%), Higher Secondary (12%) and college education (14%). 84% of the children are enrolled in government Institutions followed by only 16% in private-aided institutions.

5.8.3.3 SANITATION



In Pargha Village, among the sample, the percentage of households who had no toilet facility available was quite high, 98% of sample doesn't have toilet facilities. Nearly, 80% said that they are interested in flush toilet if provided with free of cost under different government schemes and 10% shown interest for flush toilet if provided with some subsidy while 8% of the sample population are not interested to avail flush toilets to be constructed at their homes.

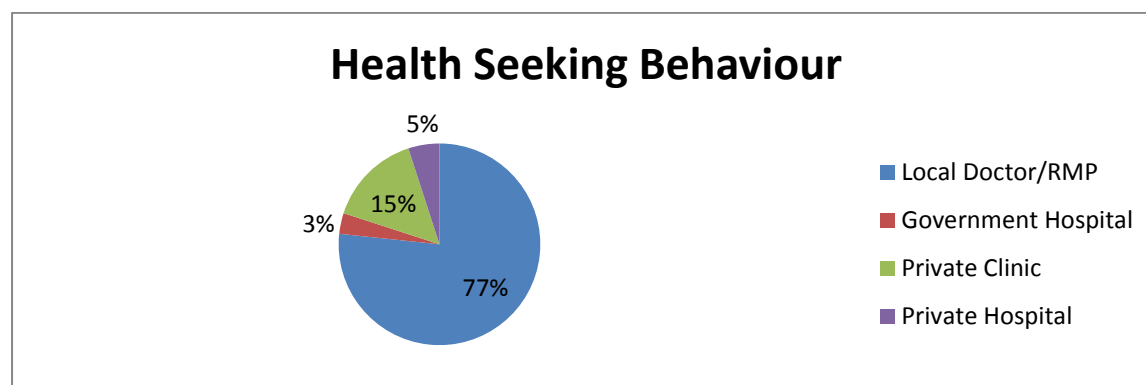
5.8.3.4 WATER SOURCE



In Pargha Village, 39% of the sample households reported that they use community open well for the drinking water purposes. Another 14% claimed that they get water from community hand pump. 24% use own open well, 8% use neighbours' open well and lastly

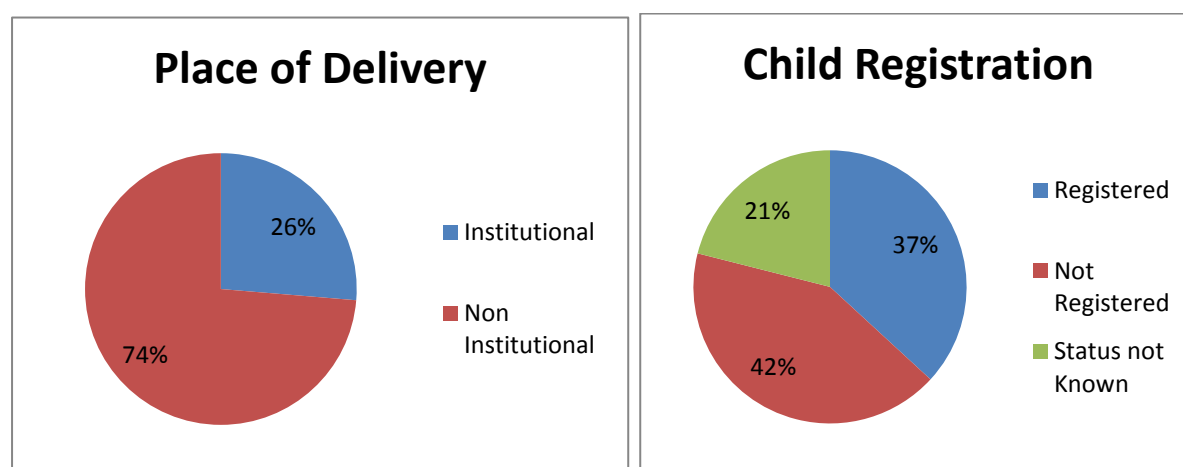
4% use other source of water for drinking purpose which include pond. 45% of the sample informed that water source is located just outside the house while 5% of sample reported that water source is located inside their premise. 46% of sample said that they have to walk half Km while 4% reported that they have to travel one Km to fetch drinking water

5.8.3.5 HEALTH SEEKING BEHAVIOUR



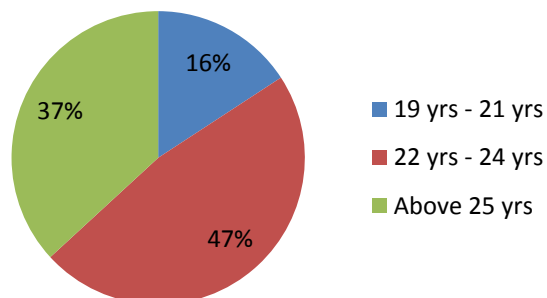
In Pargha Village, among the sample house holds 77% consults local doctor/ RMP, 5% consult private hospitals, 3% consult government hospitals and 15% use private clinic.

5.8.3.6 MATERNAL HEALTH

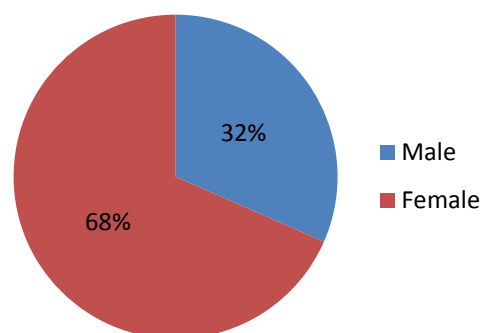


In Pargha Village, in terms of place of delivery of the children born, 26% of the sample who had witnessed birth of child in their households in last three years claimed that the delivery was an institutional one and 74% were recorded saying that it was non institutional delivery. 37% of the respondents reported that child born in last three years has been registered while 42% are not. 21% also reported that status of registration of child was not known to them.

Age of Mother at Birth of First Child



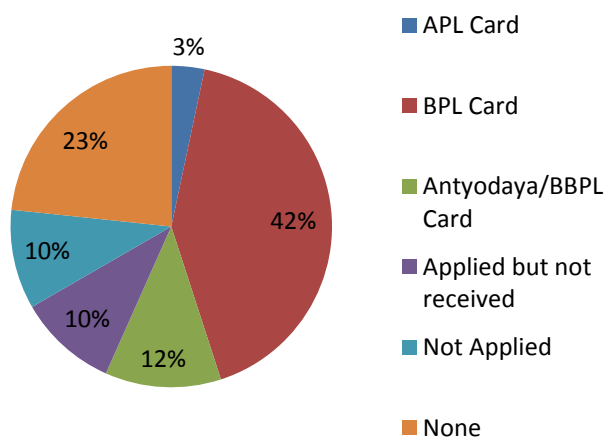
Sex Ratio



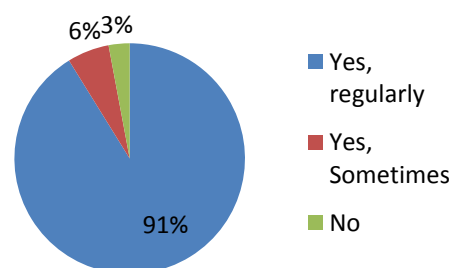
In Pargha Village, 16 % of the respondent reported to give birth of first child between the age group of 19 to 21 years. 47% of the respondent report to deliver between the age group of 22 to 24 years and lastly 37% report to give birth at the age above 25 years. 68% female and 32% male children were born in last three years.

5.8.3.7 PUBLIC DISTRIBUTION SYSTEM

Type of PDS card

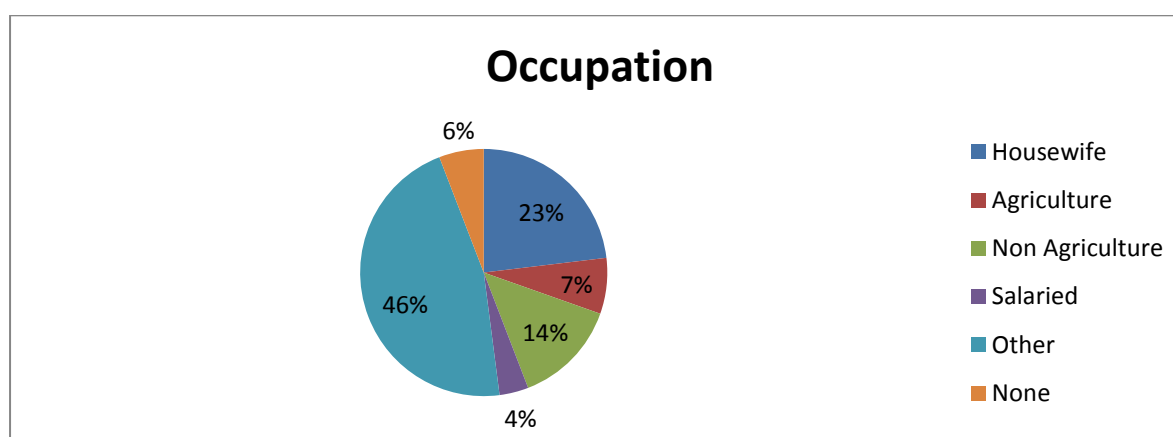


Avail PDS



In Pargha Village, among the sample, 3% reported saying that they have APL card while 42% confirmed having BPL card, 23% of the sample also reported that they don't have any card. Those who have cards reported, 91 % of them avail ration from PDS regularly, 3% denied availing the PDS facility.

5.8.3.8 OCCUPATION



In Pargha Village, the above data shows that 7% of the sample population are engaged in Agriculture activity followed by non-agriculture (20%). Salaried employees constitute 7%, housewives are 26%. Majority of the sample population are found in other occupation and 9% are not involved in any kind of employment.

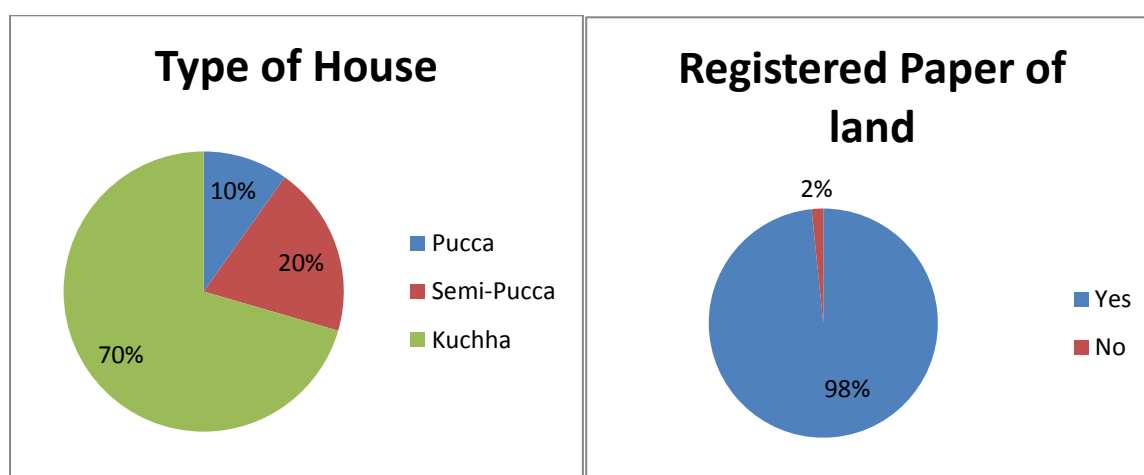
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Water Supply	There is no irrigation facility at agricultural field. People dependency is seen more on rainwater.
Health Care	Awareness camp through Mobile Medical Vans
Sports & Culture	Sponsorship for talented sportsman by BCCL
Sanitation	People don't have toilets at their home. Community toilets as well as individual toilets can be introduced
Livelihood	Small enterprise for women should be there in order to encourage them for getting self-employed like preparation of Candle sticks, Soap etc. and their marketing of the product.
	Livestock activities like Piggery, Goatry and Poultry should be encouraged for generating self-employment
Infrastructural Development	There is no road (PCC) in the village
	There is no community hall in this village
	No drainage in either side of the road which creates problem during the rainy season
	Playground should have boundary with gate

5.9 BASTACOLLA AREA

5.9.1 AAMTAL (BANDHKULI)

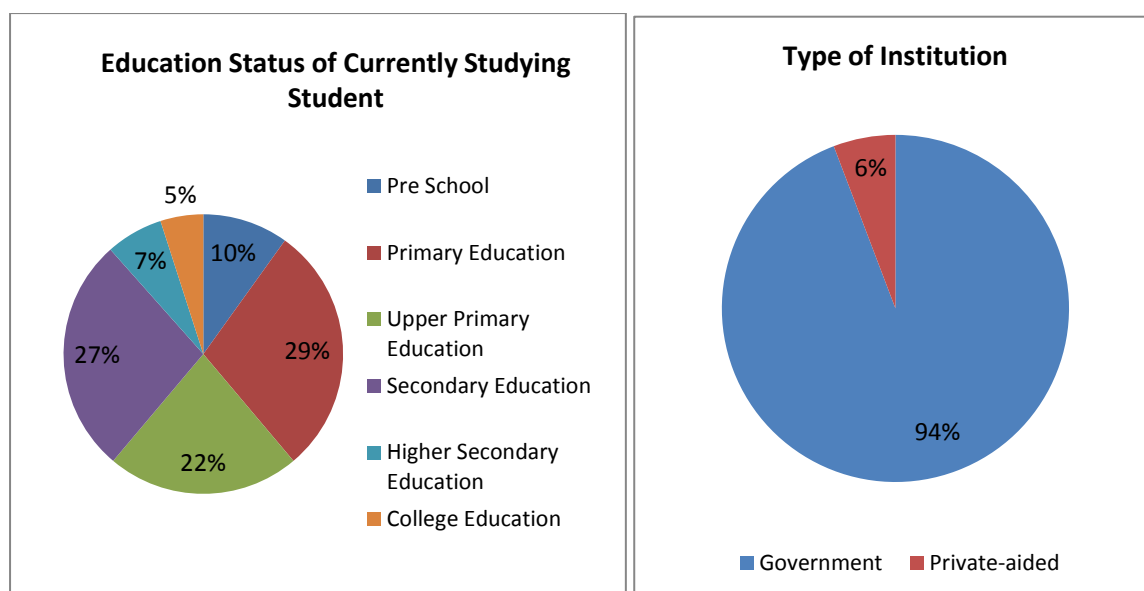


5.9.1.1 HOUSEHOLD STATUS



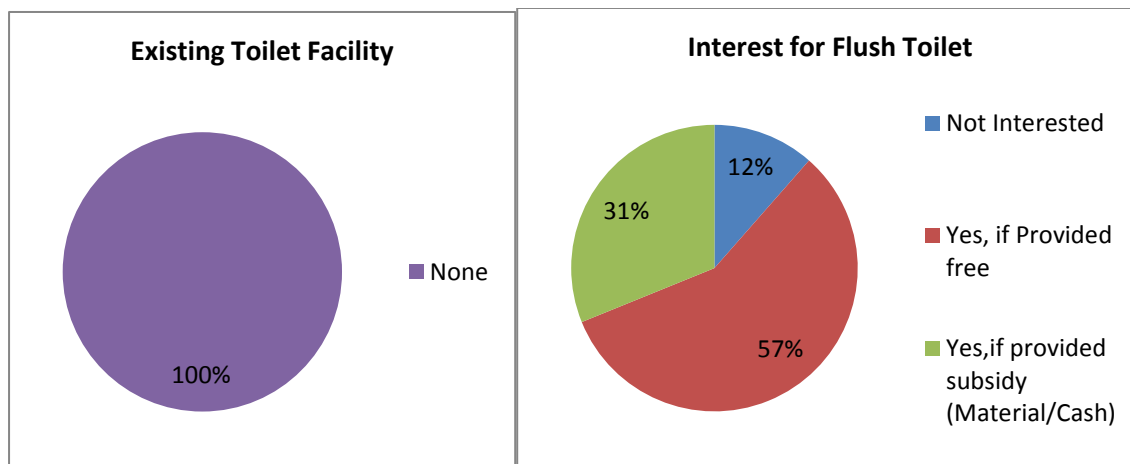
In Aamtal (Bandhkuli), majority of the sample population in Aamtal (Bandhkuli) Village have Kuchha Houses (70%), 20% have Semi-Pucca houses and 10% have Pucca houses. However, No sample population found to have RCC houses. 98% of sample living in Aamtal (Bandhkuli) have registered papers (patta) of the land but 2% still don't possess the papers of the land. 97% of the households studied in the survey are electrified.

5.9.1.2 EDUCATION STATUS



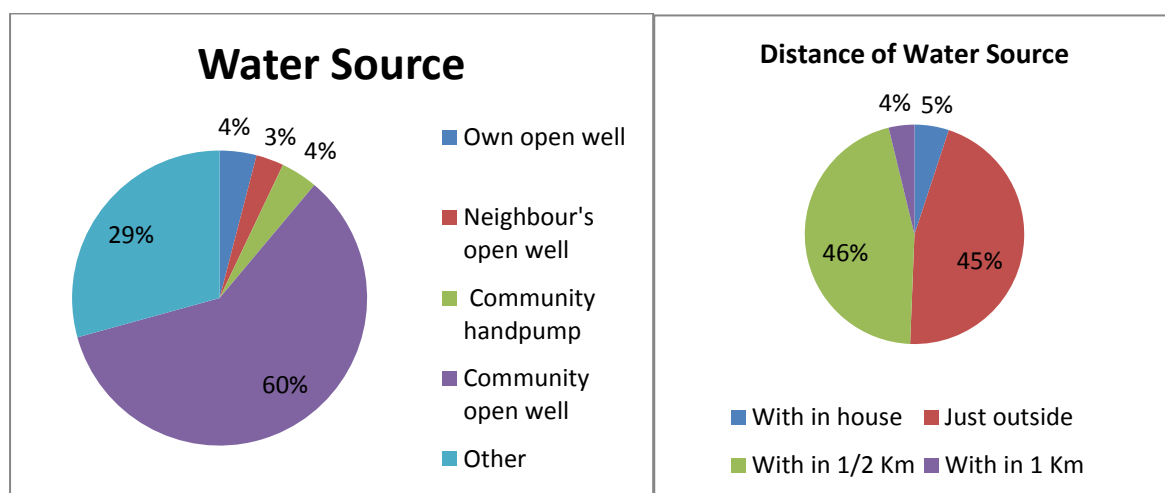
In Aamtal (Bandhkuli), students who are currently studying, 10% are in Pre-school, 29% of them are in primary Education followed by upper primary (22%), Secondary education (27%), Higher Secondary (7%) and college education (5%). 94% of the children are enrolled in government Institutions followed by only 6% in private-aided institutions.

5.9.1.3 SANITAION



In Aamtal (Bandhkuli), among the sample, the percentage of households who had no toilet facility available are quite high in Aamtal (Bandhkuli) Village, 100% of sample doesn't have toilet facilities. Nearly, 57% said that they are interested in flush toilet if provided with free of cost under different government schemes and 31% shown interest for flush toilet if provided with some subsidy while 12% of the sample population are not interested to avail flush toilets to be constructed at their homes.

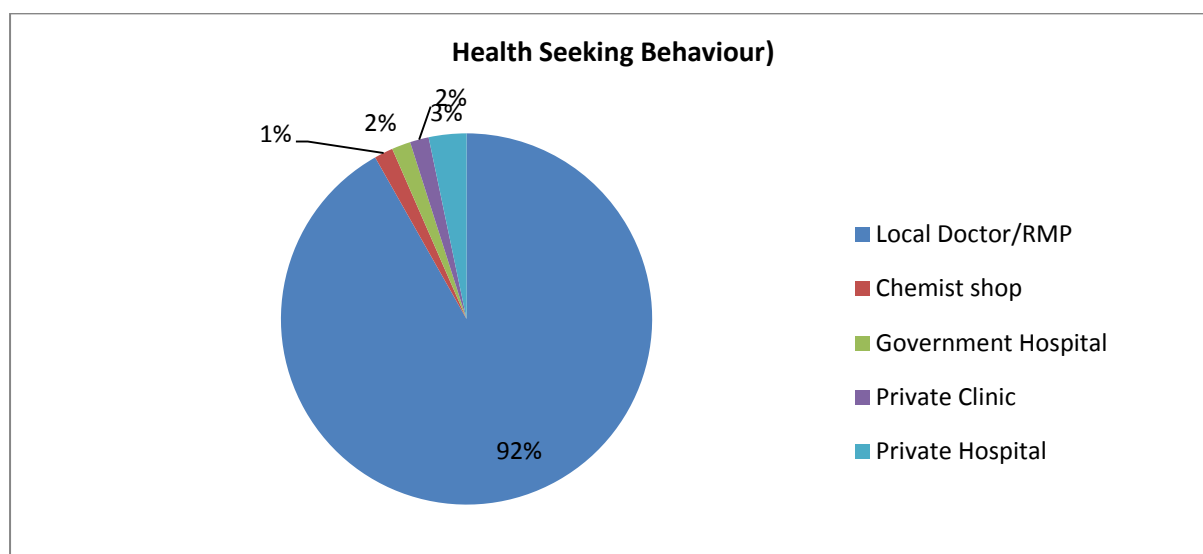
5.9.1.4 WATER SOURCE



In Aamtal (Bandhkuli) Village, 60% of the sample households reported that they use community open well for the drinking water purposes. Another 4% claimed that they get water from community hand pump. Only 4% use own open well, 3% use neighbour's open well and lastly 29% use other source of water for drinking purpose which include pond. 45% of the sample informed that water source is located just outside the house while 5% of sample

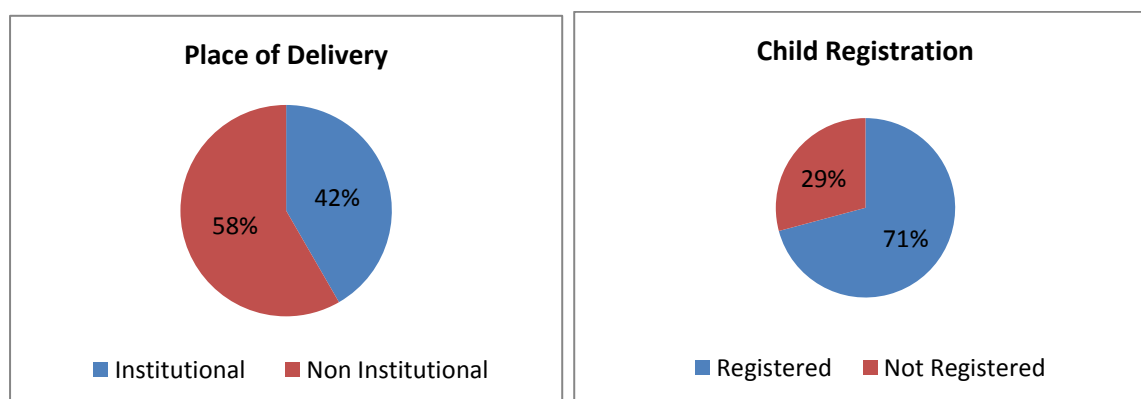
reported that water source is located inside their premise. 46% of sample said that they have to walk half Km while 4% reported that they have to travel one Km to fetch drinking water.

5.9.1.5 HEALTH SEEKING BEHAVIOR

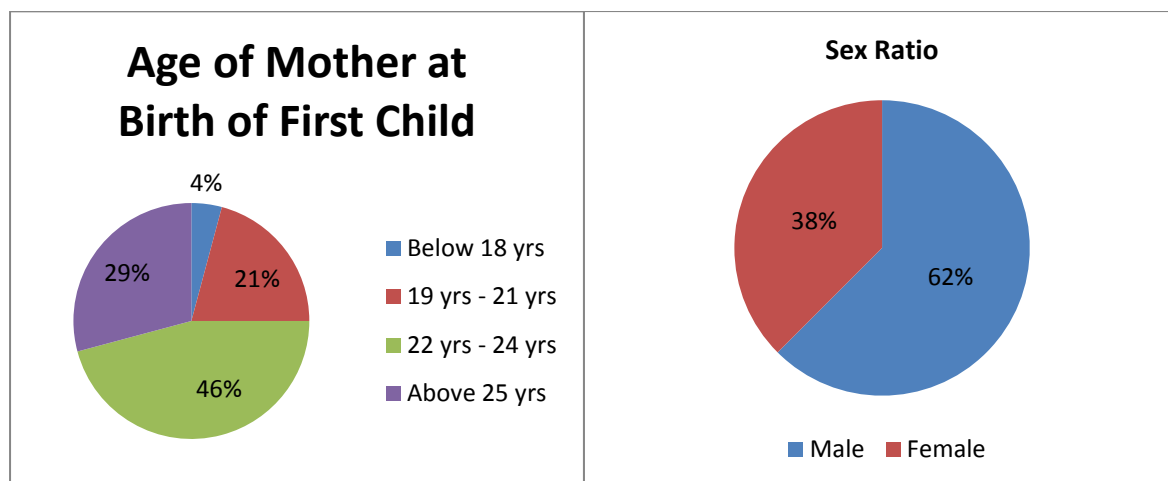


In Aamtal (Bandhkuli), among the sample house holds 92% consults local doctor/ RMP, 3% consult private hospitals, 2% consult government hospitals and private clinic while 1 % consult chemist shop to avail health related needs.

5.9.1.6 MATERNITY HEALTH

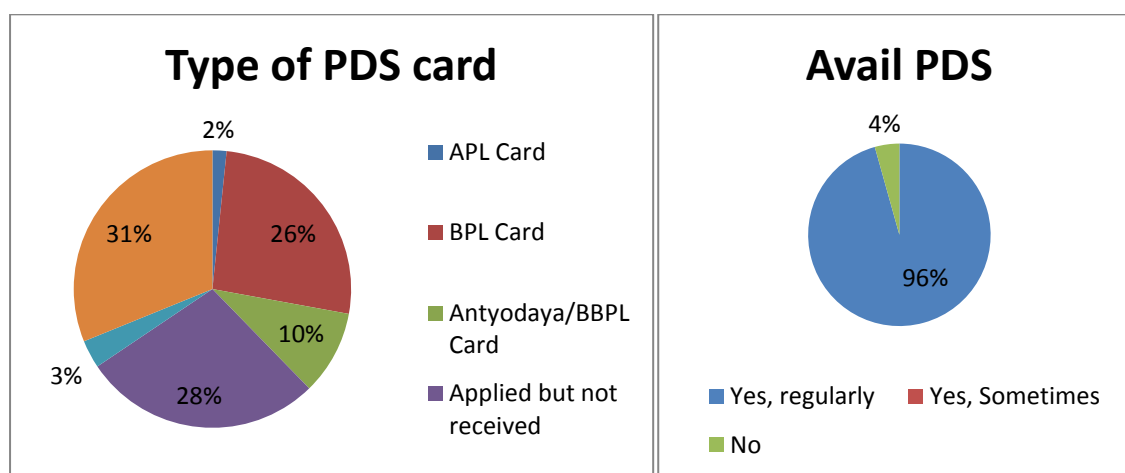


In Aamtal (Bandhkuli), in terms of place of delivery of the children born in Aamtal (Bandhkuli) village shows 58% of the sample who had witnessed birth of child in their households in last three years claimed that the delivery was an institutional one and 42% were recorded saying that it was non institutional delivery. 71% of the respondents reported that child born in last three years has been registered while 29% are not.



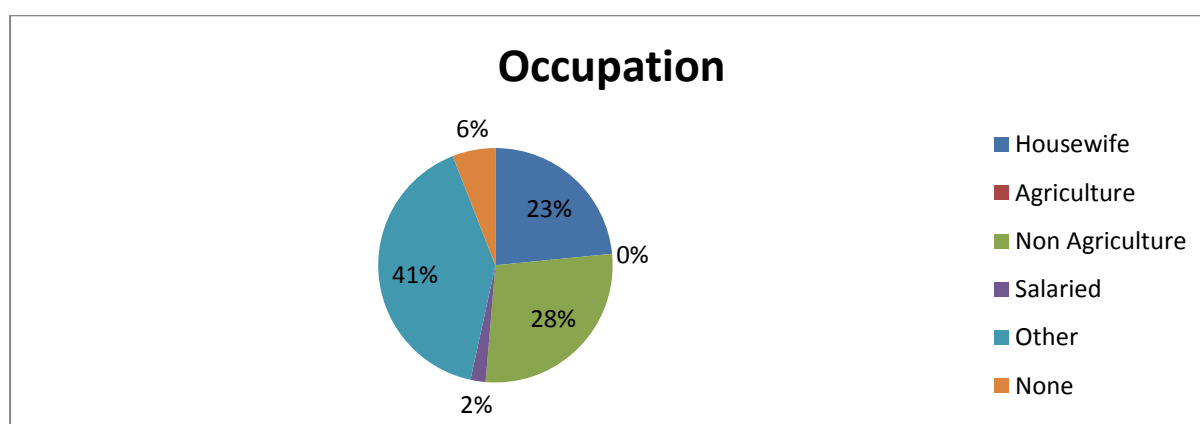
In Aamtal (Bandhkuli), 4% of the respondents are reported to give births to first child in last three year in the age group below 18 years. 21 % of the respondent reported to give birth of first child between the age group of 19 to 21 years. 46% of the respondent report to deliver between the age group of 22 to 24 years and lastly 29% report to give birth at the age above 25 years.

5.9.1.7 PUBLIC DISTRIBUTION SYSTEM



In Aamtal (Bandhkuli), among the sample, 2% reported saying that they have APL card while 26% confirmed having BPL card, 31% of the sample also reported that they don't have any card. Those who have cards constitute 33% reported 96 % of them avail ration from PDS regularly, 4% denied availing the PDS facility.

5.9.1.8 OCCUPATION



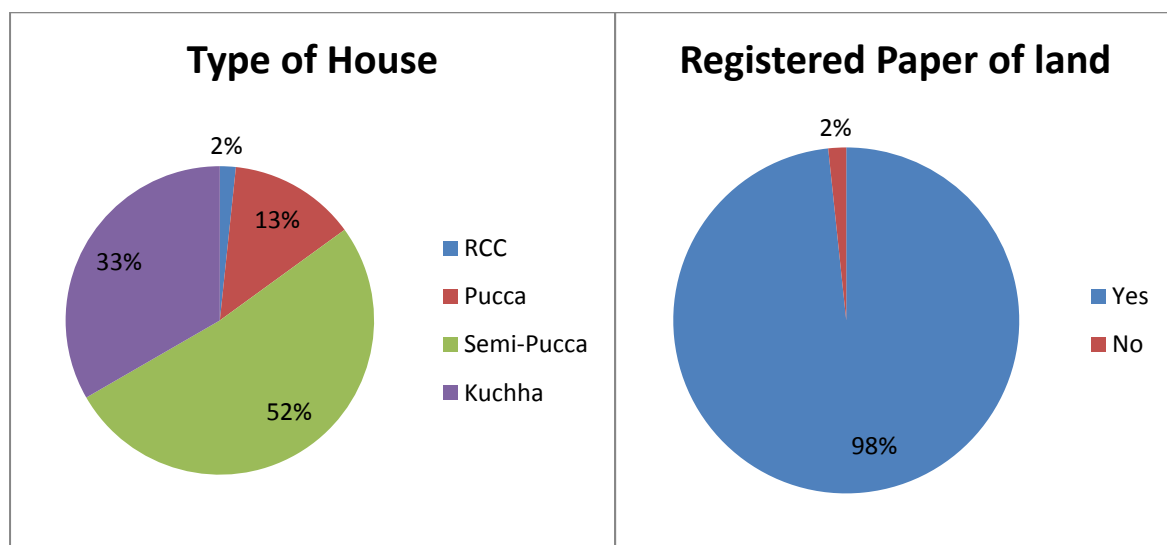
In Aamtal (Bandhkuli), the above data shows that none of the sample population are engaged in Agriculture activity followed by non-agriculture (28%). Salaried employees constitute 2%, housewives are 23%. Majority of the sample population are found in other occupation and 3% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Bench facility at primary school
	Scholarship for Children of BPL families
Water Supply	Treated drinking water is required
	Water tanks should be provided during summer
Health Care	Awareness about maternity health care and family planning is required in this village
	Health check-up at primary school should be done
Sports & Culture	Youth club should be formed and provided with sports material
Livelihood	Piggery and Poultry should be provide for livelihood support
	No SHG of Men and Women
	Differently able people should get vocational training an employment
Sanitation	Fumigation for mosquitos ins needed in this village
Infrastructural Development	Pond cleaning should be done regularly

5.9.2 AAMTAL (SHAHARPUR)

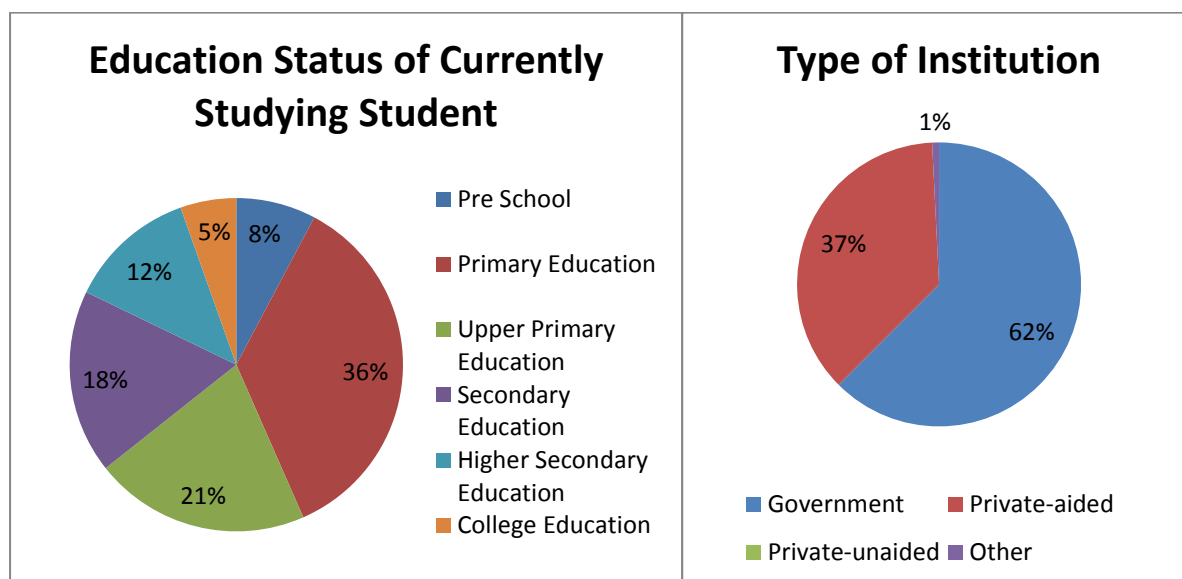


5.9.2.1 HOUSEHOLD STATUS



In Aamtal (Shaharpura) village, 52% of the households are found to be Semi- Pucca while 33% are Kuchha and 13% are Pucca. Only 2% of the houses are found RCC. 98% of the houses are registered while only 2% was found to be non-registered. Nearly 90% of the houses in this village are electrified.

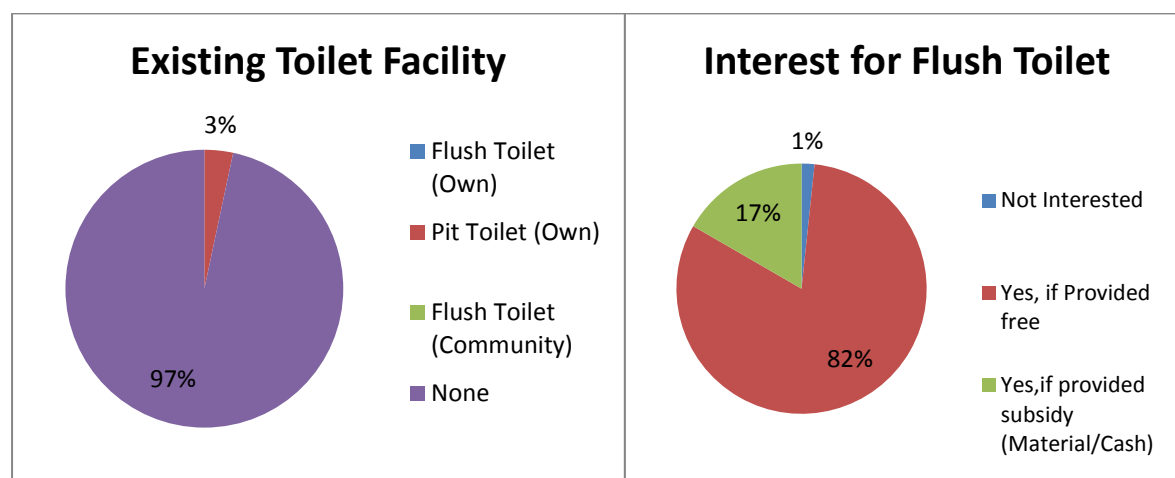
5.9.2.2 EDUCATION



In Aamtal (Shaharpura) village, it has been found that 36% of the students are enrolled in Primary education followed by 21% in Upper primary, 18% in secondary education, 12% in higher secondary, 5% in college. Only 8% has been recorded in preschool education in Aamtal (Shaharpura) Village. As far as type of education institutions is concern, 62% of

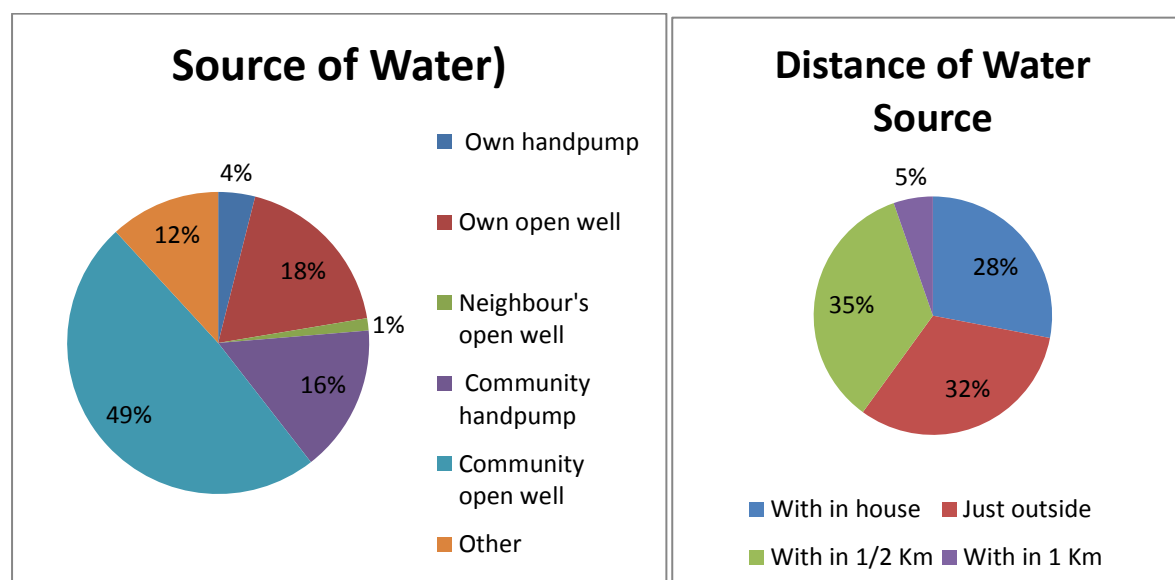
students are enrolled in government institution while 37% are in private and only 1% is in private unaided intuitions in this village.

5.9.2.3 SANITATION



In Aamtal (Shaharpura) village, sanitation in this village is found below the satisfactory level. 97% of the sample population do not avail toilet facility. While only 3% often sample population have pit toilets. When enquired about the interest for flush toilets, people responded for free toilets (82%), provided with subsidiary (17%) while 1% of the population shown no interest for flush toilets at their homes.

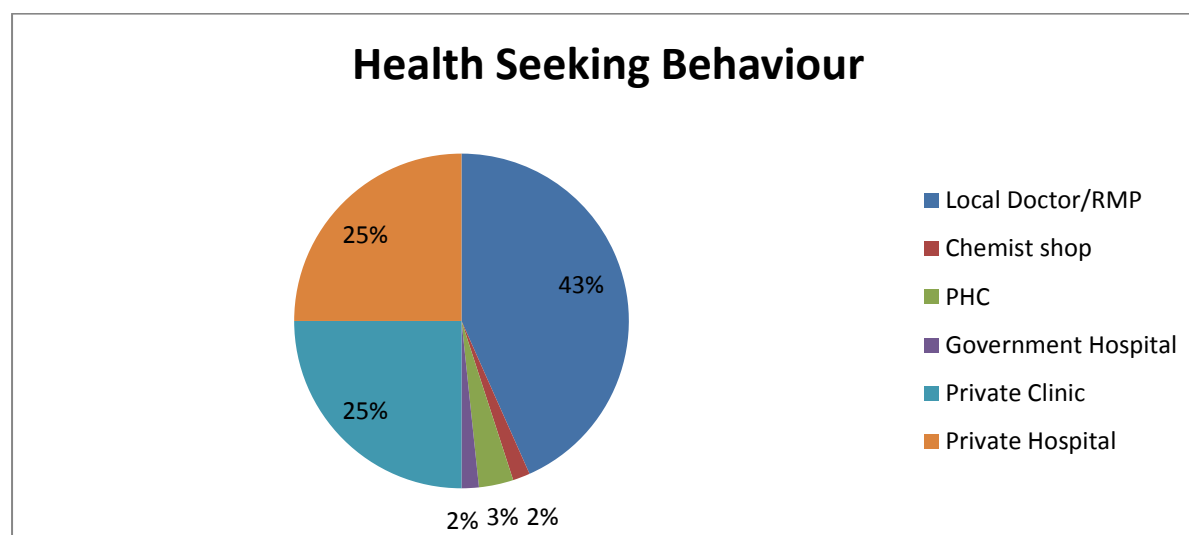
5.9.2.4 WATER SOURCE



In Aamtal (Shaharpura) village, community open well is the major source of water which caters the need of 49% of the sample population, 4% of the sample population has own open well. 16% of the sample population avail water through community hand pump while 12% of

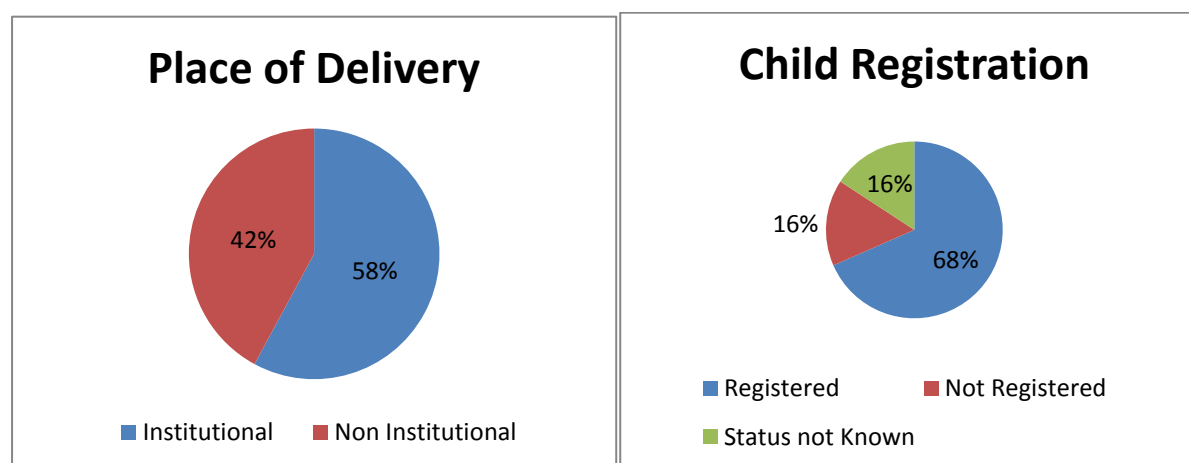
the sample population reported that other source of water is also available like river, daari or chuuan. 28% of water source is available within the household, 32% just outside the household, 35% within half Km and lastly, 5% within 1 Km.

5.9.2.5 HEALTH SEEKING BEHAVIOUR:

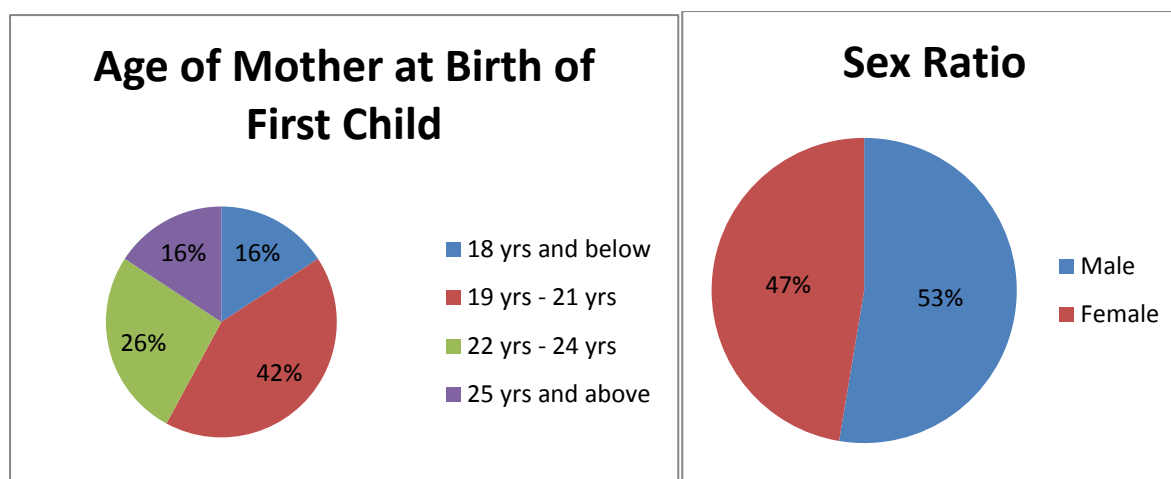


In Aamtal (Shaharpura) village, as reflected in graph, majority of sample (43%) in the village consults a local doctor who is a registered medical practitioner. The next big service provider are private clinics and private hospital both constitute 25% each. Other than that 2-3% of the people prefer Chemist shop, PHC and Government Hospitals.

5.9.2.6 MATERNAL HEALTH:

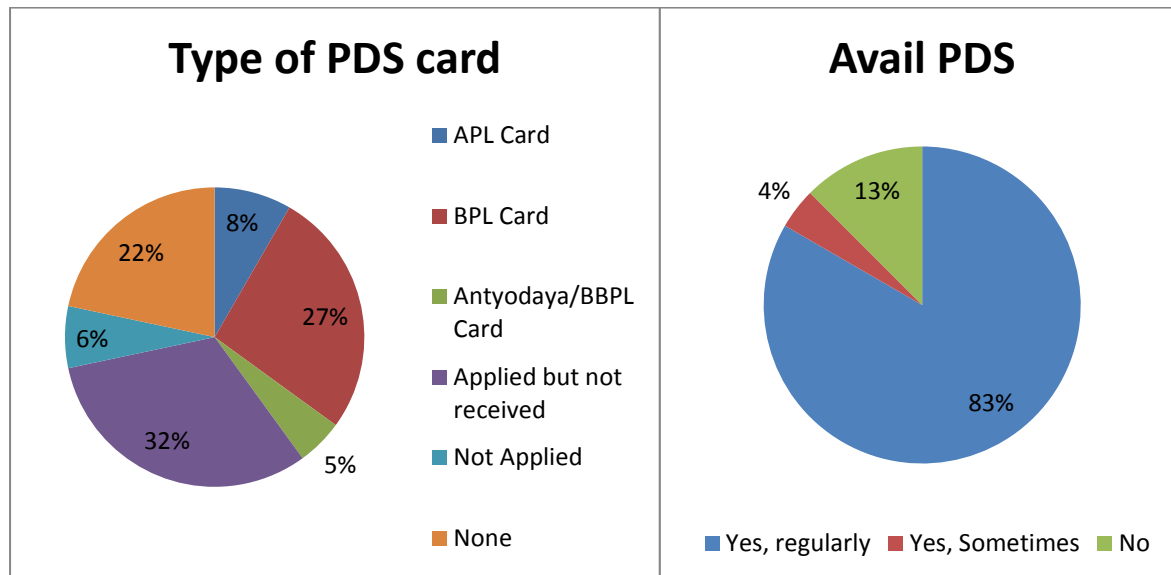


In Aamtal (Shaharpura) village, an institutional delivery takes place around 58% while non-institutional deliveries are 42%. Child registration in this village is 68% and not registered is 16%. 16% of the registration cases are not known



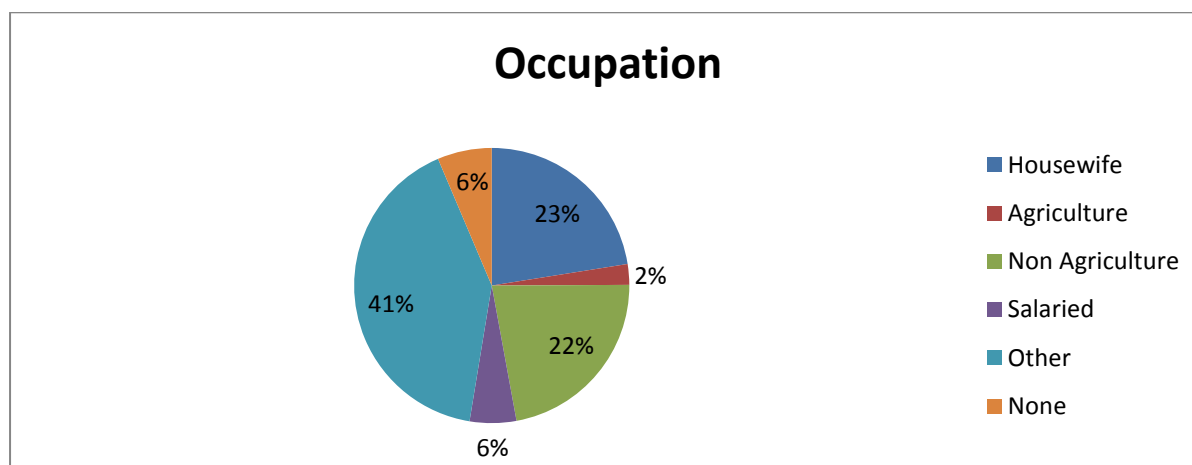
In Aamtal (Shaharpura) village, the age of mother at the birth of first child falls in the age group of below 18 years is 16 % followed by 42% in the age group of 19 – 21 years which show majority of the women give birth to first child below 21 year which is not an ideal age for giving birth. Apart from that 26% of women give birth in the age group of 22 to 24 years and 16% of the birth is given by the women of age group 25 and above. Male child born in the age group of 0-3 years are 53% while female are 47%.

5.9.2.7 PUBLIC DISTRIBUTION SYSTEM



In Aamtal (Shaharpura) village, as reflected in the figure 8% of the sample have APL card while 27% have BPL card. 32% of the sample reported that they have applied for the ration card but didn't receive it. Among the households who had ration card 83% accepted that they use it regularly, 4% said that they avail it only sometimes, however, 13 % said that they don't avail ration from the PDS.

5.9.2.8 OCCUPATION



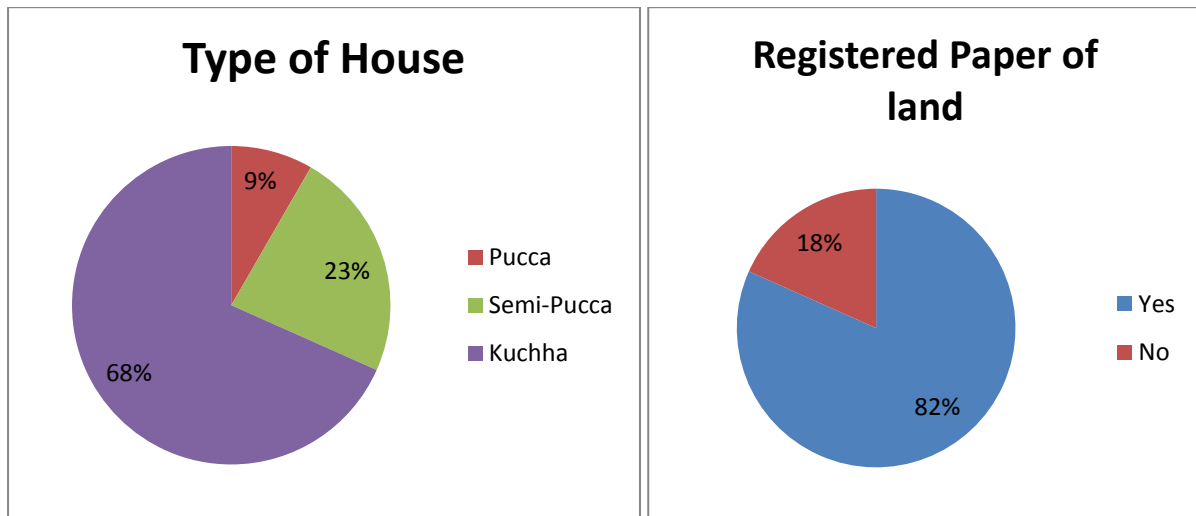
In Aamtal (Shaharpura) village, the above data shows that 2% of the sample population are engaged in Agriculture activity followed by non-agriculture (22%). Salaried employees constitute 6%, housewives are 26%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	School drop outs should be introduced to a regular coaching class to complete at least 10 th class. Vocational training should also be provide for self-employment
	Adult literacy classes for old age as well as illiterates
Water Supply	Hand pump maintenance is needed
	Irrigation facility should be provided
Health Care	Maternity health camp is needed
Sports & Culture	Sports material Should be provided to the sports club for various tournaments
Livelihood	Livestock activity like Goatry, Poultry and piggery has huge scope
Sanitation	No toilets in any of the house holds
	Poor drainage and garbage disposal is there. BCCL should introduce trash bin and ensure its disposal regularly
	Fumigation for prevention from Malaria
Infrastructural Development	Formation of SHG is essential in this village
	Playground should have boundary

5.9.3 DUHATAND

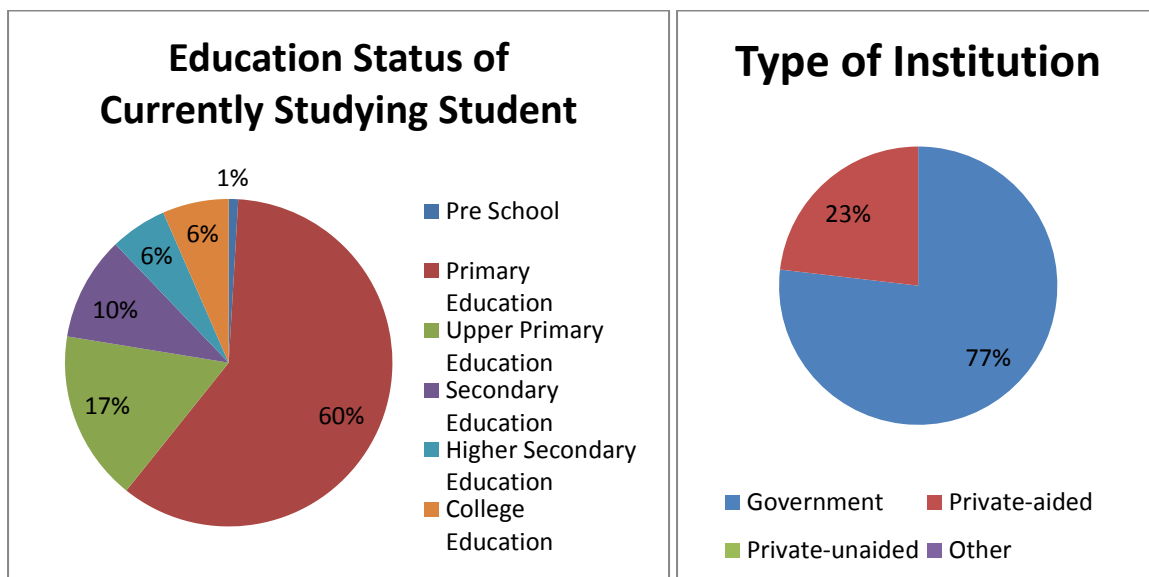


5.9.3.1 HOUSEHOLD STATUS



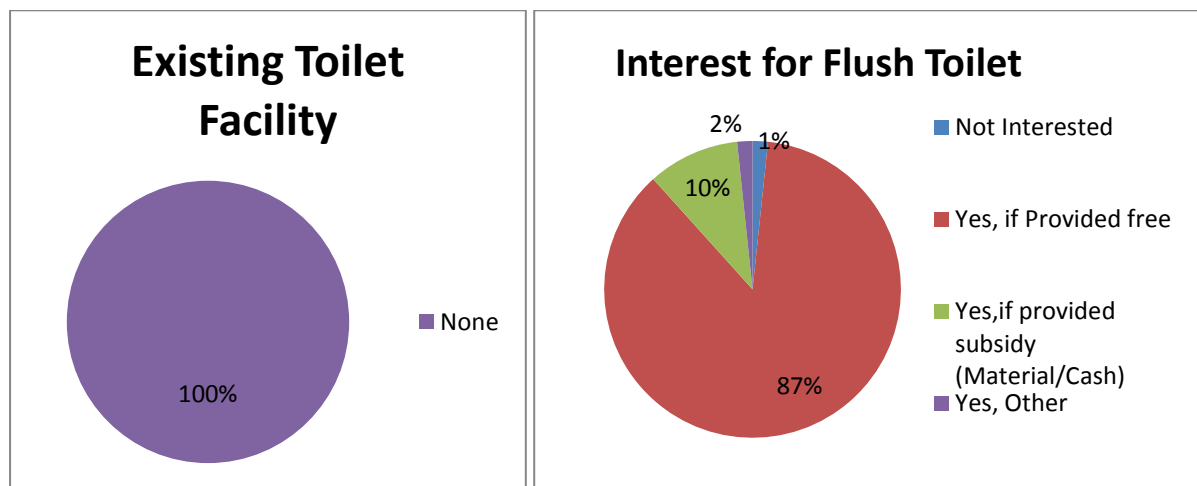
In Duhatand Village, 23% of the households are found to be Semi- Pucca while 68% are Kuchha and 9% are Pucca. 82% of the houses are registered while only 18% was found to be non-registered. Nearly 85% of the houses in this village are electrified.

5.9.3.2 EDUCATION



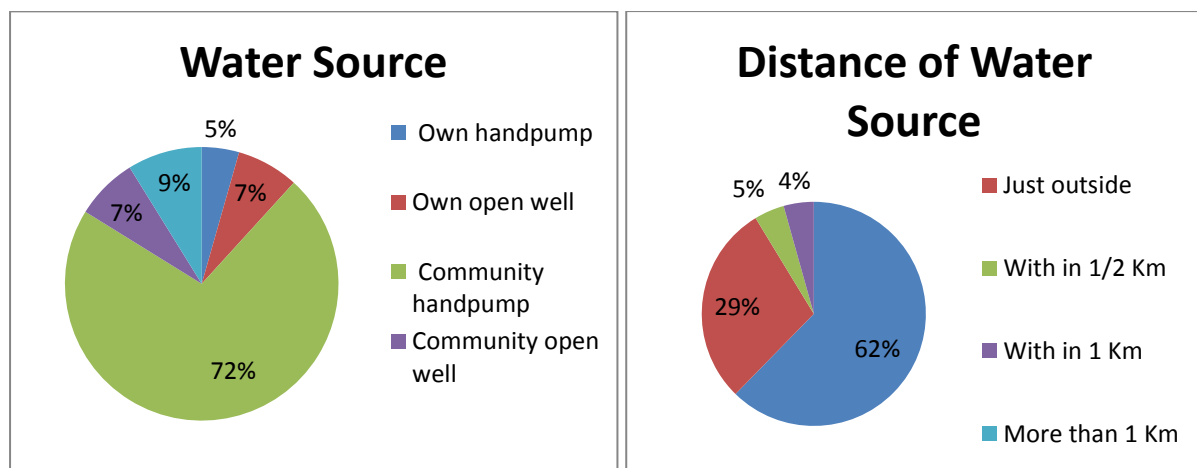
In Duhatand Village, it has been found that 60% of the students are enrolled in Primary education followed by 17% in Upper primary, 10% in secondary education, 6% in higher secondary, and only 1% in college. Only 8% has been recorded in preschool education in Aamtal (Shaharpura) Village. As far as Type of education institutions are concern, 77% of students are enrolled in government institution while 23% are in private aided intuition

5.9.3.3 SANITATION



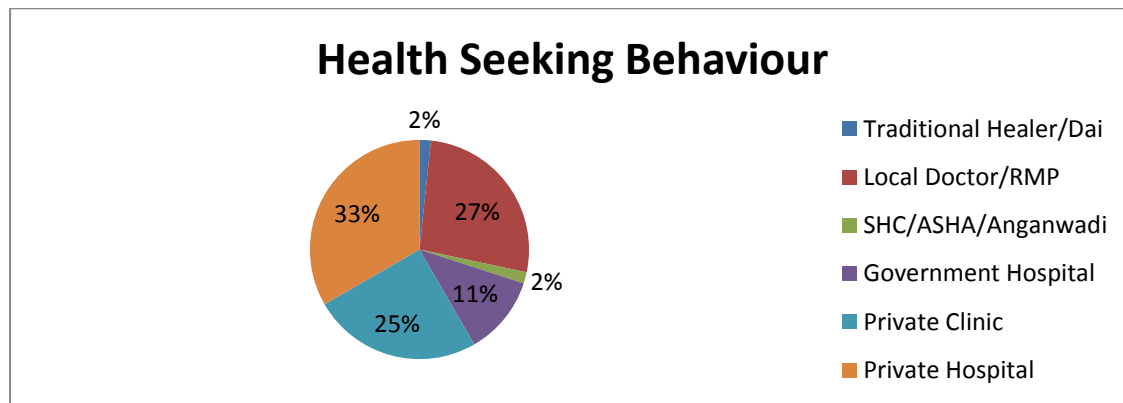
In Duhatand Village, the sanitation in this village is poor. 100% of the sample population do not have toilet facility. While only 3% of the sample population have pit toilets. When enquired about the interest for flush toilets, people responded for free toilets (87%), provided with subsidy (10%), 2% from some other means while 1% of the population shown no interest for flush toilets at their homes.

5.9.3.4 WATER SOURCE



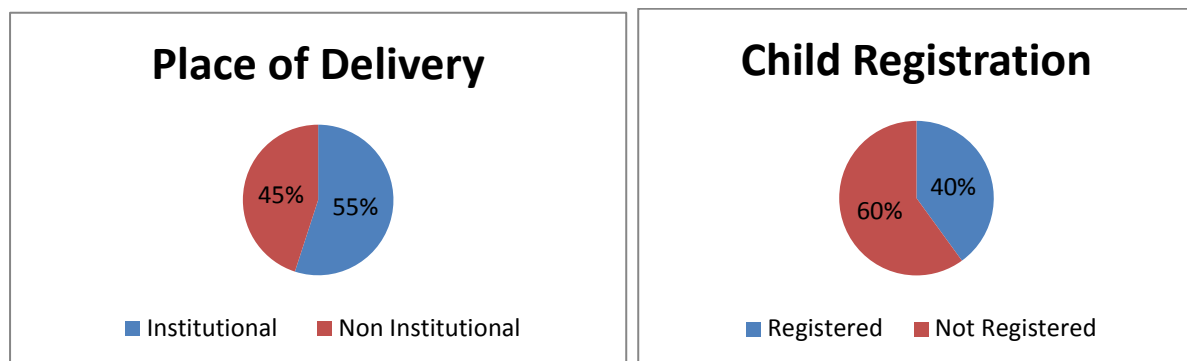
In Duhatand Village, community hand pump is the major source of water which caters the need of 72% of the sample population, 5% of the sample population has own open well. 7% of the sample population shows water is available through community open well. 29% of sample population reported that source of water is available just outside the household, 5% within half Km and lastly, 62% said water source is available more than 1 Km.

5.9.3.5 HEALTH SEEKING BEHAVIOUR

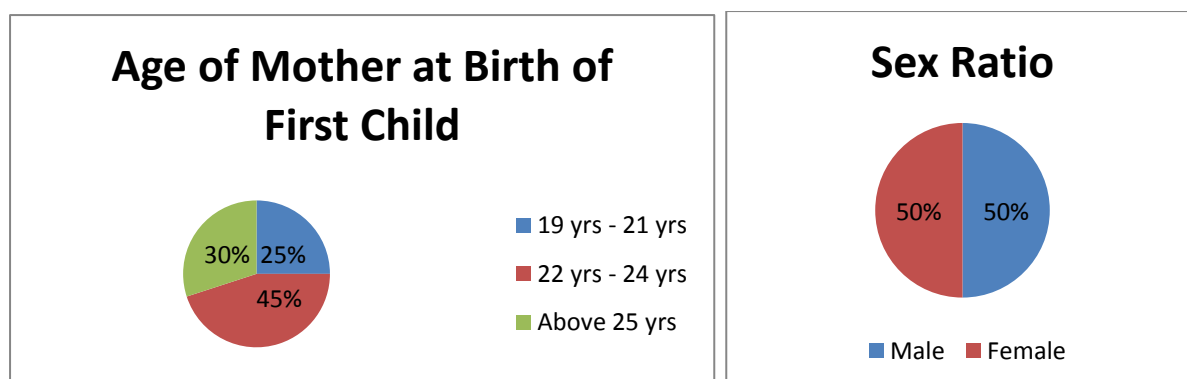


In Duhatand Village, as reflected in graph, 27% of the population samples in the village consult a local doctor who is a registered medical practitioner. The big service provider is private hospitals which caters the medical needs as said by 33% sample. Considering this 27% sample said that they rely on private clinics for the medical emergency. Other than that only 13% rely on Government services like Government Hospitals and SHC/ASHA/Anganwadi

5.9.3.6 MATERNAL HEALTH

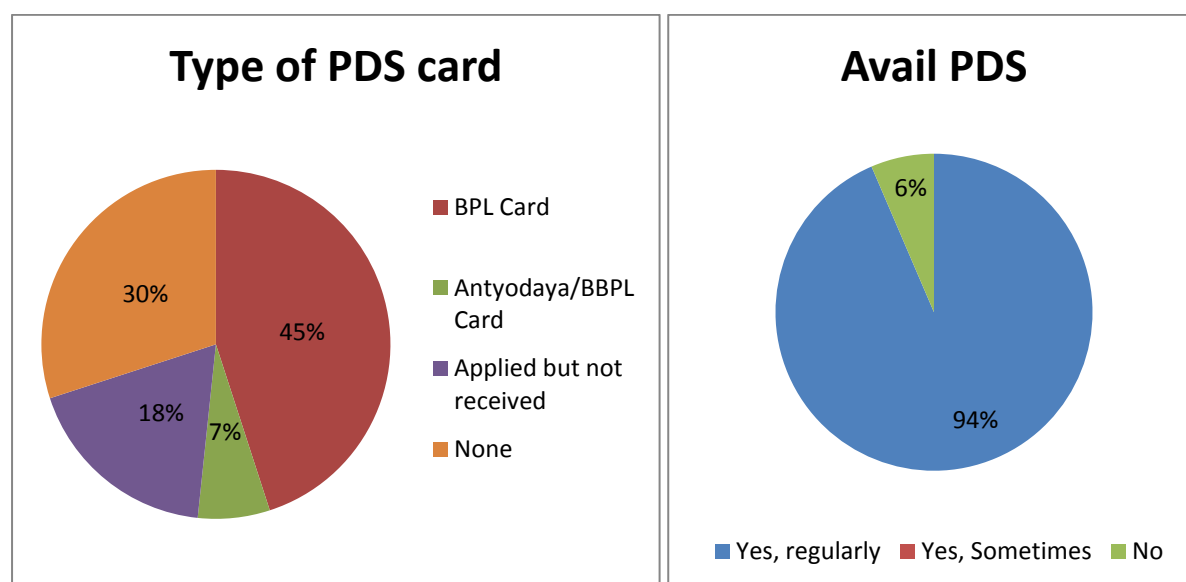


In Duhatand Village, an institutional delivery takes place around 55% while non-institutional deliveries are 45%. Child registration in this village is 40% and not registered is 60%.



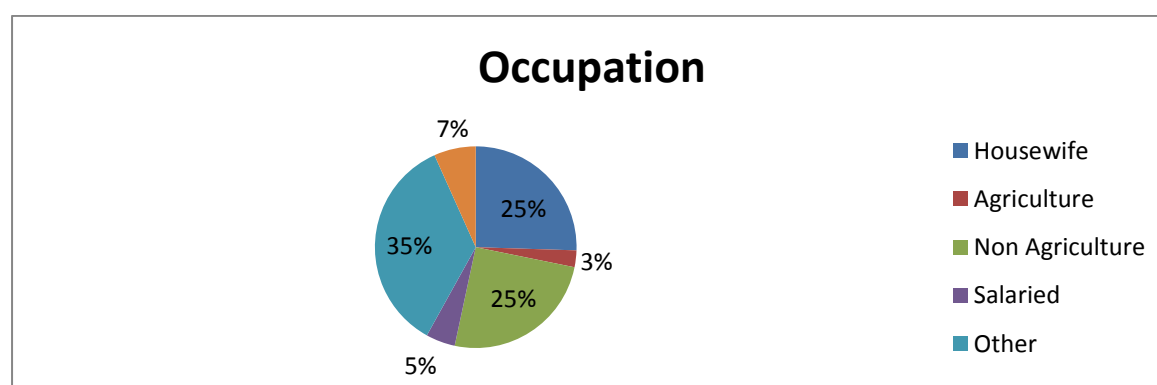
In Duhatand Village, the age of mother at the birth of first child in the age group of 19 – 21 years is 25% which show one fourth of the deliveries take place in this age group. Apart from that 45% of women give birth in the age group of 22 to 24 years and 30% of the birth is given by the women of age group 25 and above.

5.9.3.7 PUBLIC DISTRIBUTION SYSTEM



In Duhatand Village, as reflected in the figure, 45% of sample population has BPLcard.18% of the sample reported that they have applied for the ration card but didn't receive it. Among the households who had ration card 94% accepted that they use it regularly however 6% said that they don't avail ration from the PDS.

5.9.3.8 OCCUPATION

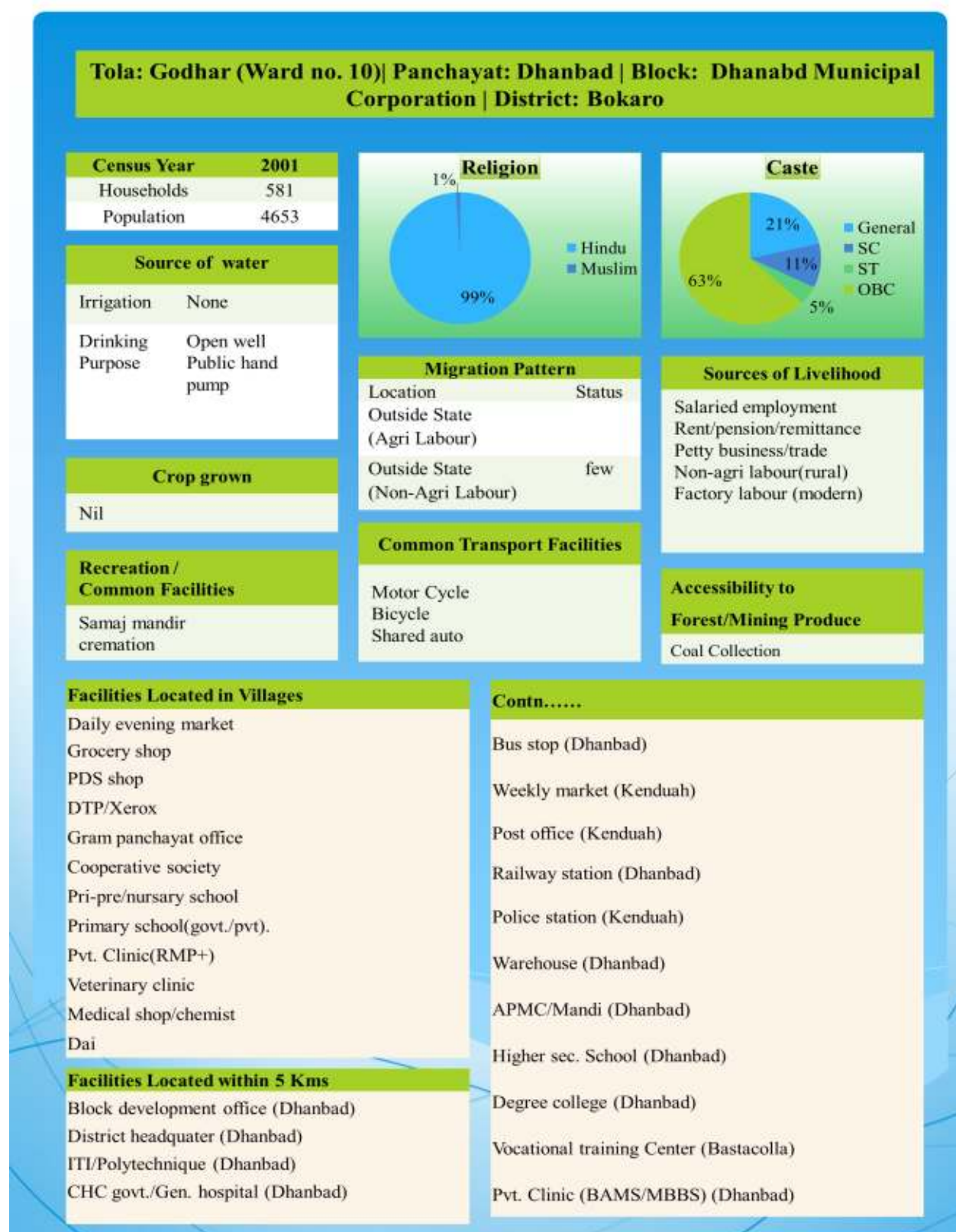


In Duhatand Village, the above data shows that 3% of the sample population are engaged in Agriculture activity followed by non-agriculture (25%).Salaried employees constitute 5%, housewives are 25%. Majority of the sample population are found in other occupation and 7% are not involved in any kind of employment.

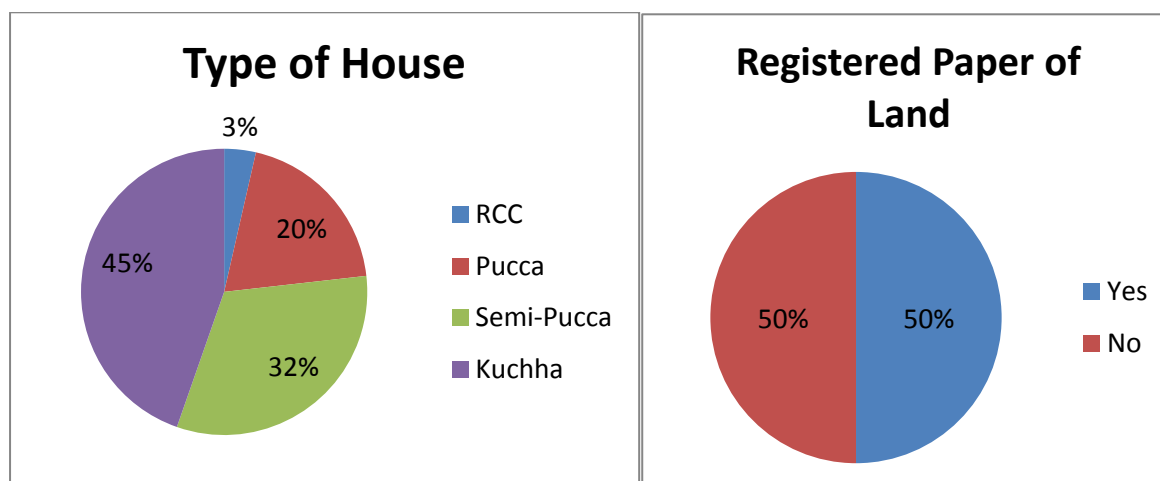
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Middle school needs sufficient chairs and table for students
	During the field visit it was found that awareness about education has been found very less. BCCL with the help of some reputed NGO which works on Education sector should encourage the villagers to enroll their children to school
Water Supply	Villager face problem of drinking water. The need of well and hand pumps with purifier was observed.
	There is no facility of irrigation for agriculture purpose
Health Care	There is no sub center at vicinity. Mobile Medical Van can be a good option for this village.
Sports & Culture	Sports club should be formed in this village and should be provided with all the sports materials to the youth
Livelihood	Introduction of Goatry, Piggery and poultry is necessary in this village as majority of the community are well experienced in handling livestock
	Vocational Training for girls in tailoring is required in this village
	There is no SHG in the village. BCCL should take initiative with the help of NGO to encourage the men and women of this village to start SHG for income Generation Activity.
Sanitation	Majority of the houses do not have toilet facility in the village
Infrastructural Development	No toilet in Primary school of Duhatand
	Contraction of Bathroom at Pond for women

5.10 KUSUNDA AREA

5.10.1 GODHAR

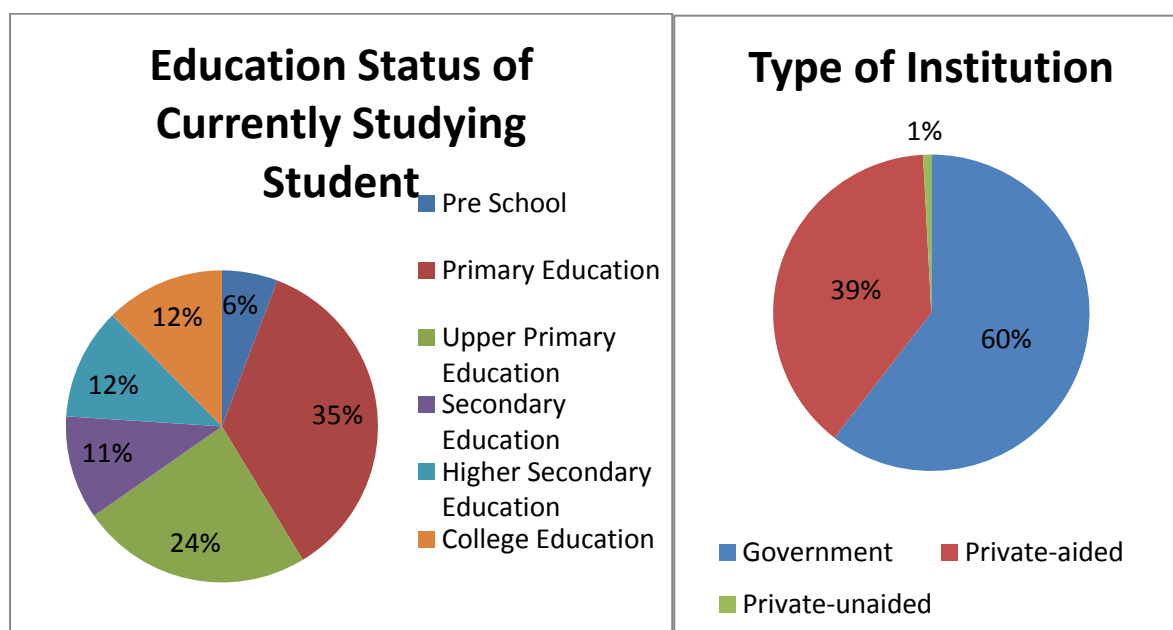


5.10.1.1 HOUSEHOLD STATUS



In Godhar Village, the status of the sample households in the village shows that 45% of the sample population resides in kuchha houses while 32% resides in semi pucca houses. However only 3% of the sample found living in RCC. 50% of them informed that they have registered papers of their land. All the studied households were 90% electrified.

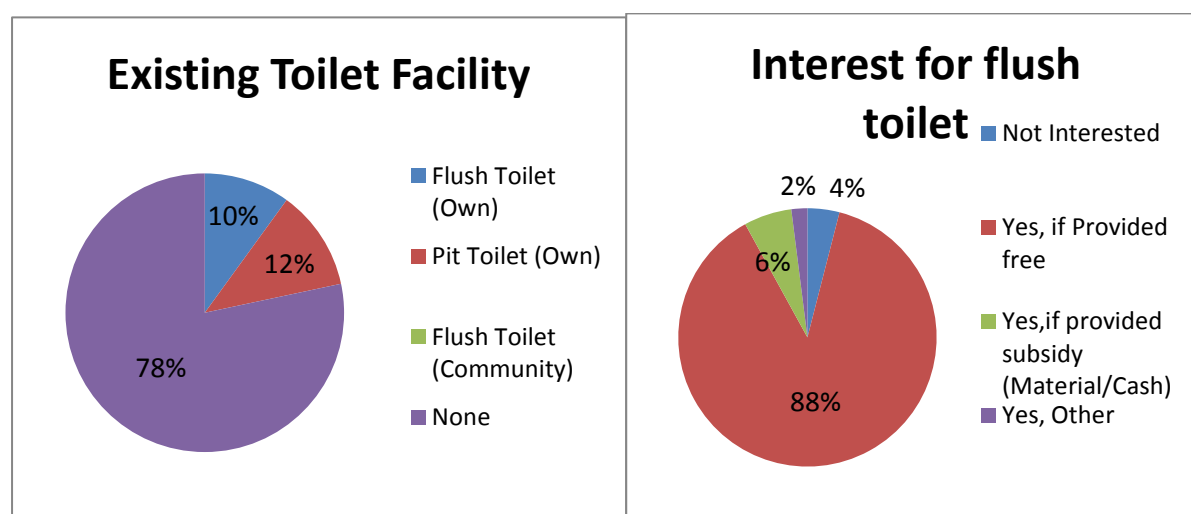
5.10.1.2 EDUCATION



In Godhar Village, among the studied households students who are currently studying 6% of the children are in preschool, 35% of them are enrolled in primary schools, 24% are enrolled in upper primary school, 11% of them are enrolled in secondary schools, 12% are studying in Higher secondary schools and 6% are studying in colleges. 60% of

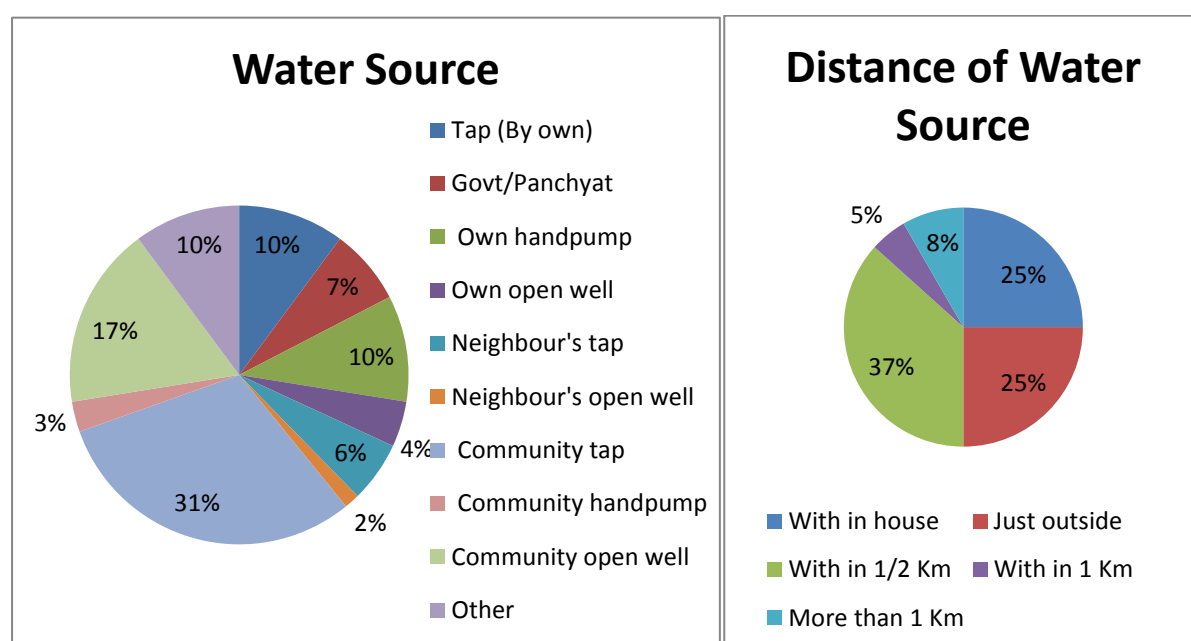
these students are enrolled in government institutions and 39% are studying in private education.

5.10.1.3 SANITATION



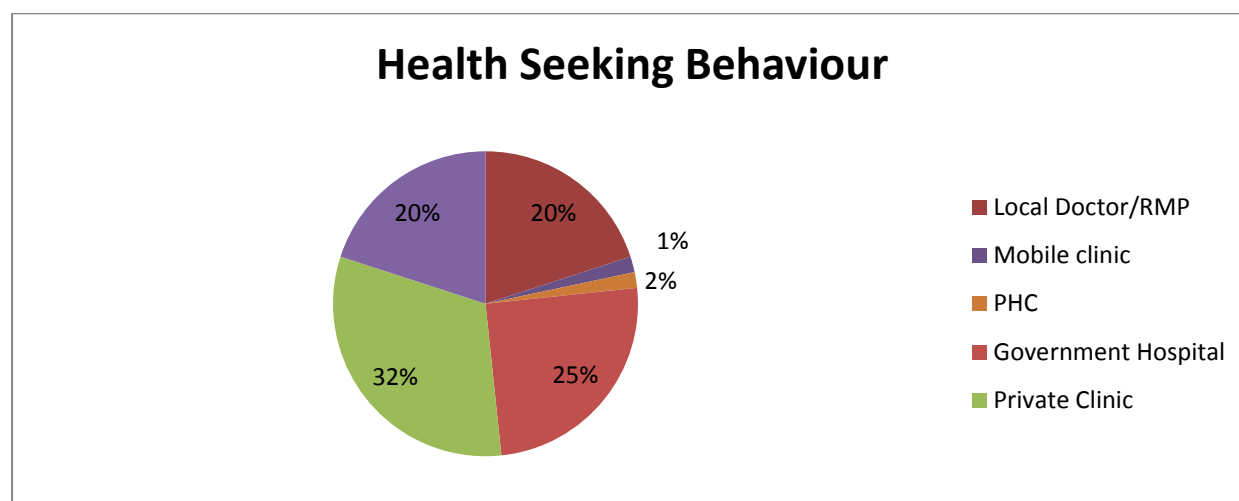
In Godhar Village, sanitation in this village is found below satisfactory level. 78% of the sample population do not avail toilet facility. While only 12% often sample population has pit toilets, 10% have flush toilet. When enquired about the interest for flush toilets, people responded for free toilets (88%), provided with subsidiary (6%) while 4% of the population shown no interest for flush toilets at their homes.

5.10.1.4 WATER SOURCE



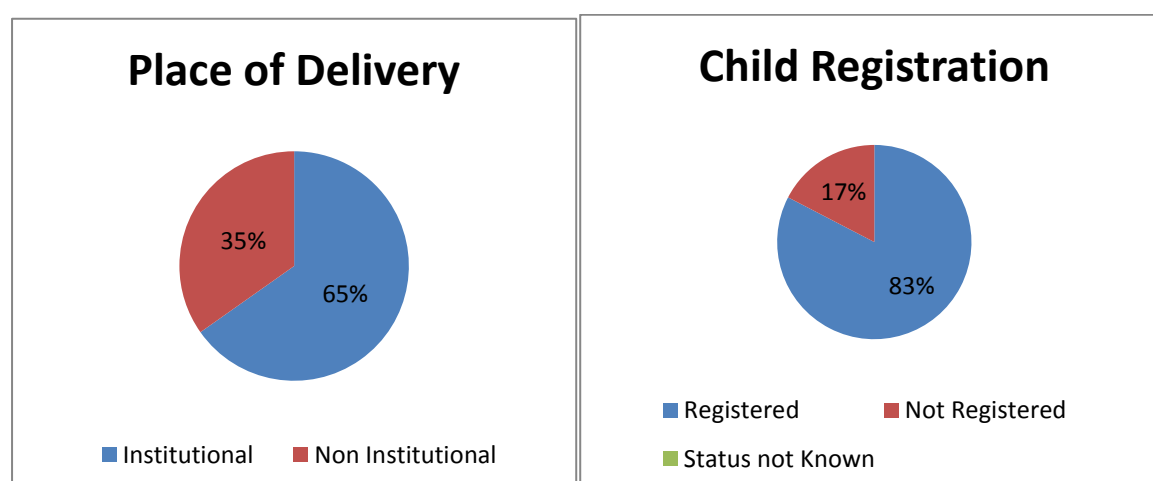
In Godhar Village, Source of water is majorly available in community level. It has been found that water available by other sources (10%) like river or big nala nearby.31% Sample population avail water source through community tap, 17% through community open well , Neighbour's open well and tap(8%).Own Open well constitute 10% followed by hand pump (10%). 25% of water source is available within the household, 25% just outside the household, 37% within half Km, 5% within 1 Km and lastly 8% from more than Km.

5.10.1.5 HEALTH SEEKING BEHAVIOUR

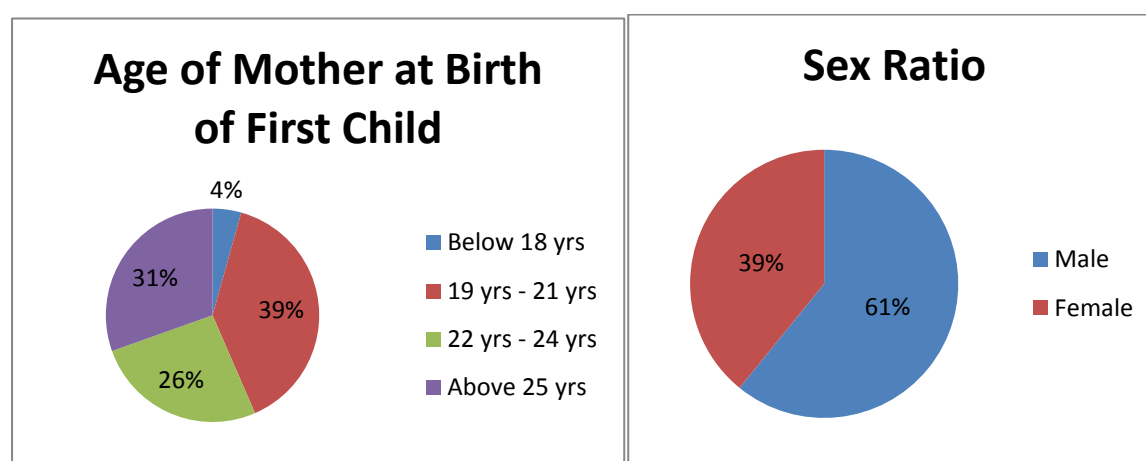


In Godhar Village, Medical facility seems in good condition compared to any other village. It has been found that 57% of the sample population preferred government service for medical emergencies which include Mobile clinic (3%), PHC (20%), CHC (17%) and Government hospital (20%).37% of the sample prefers Local Doctor/RMP and only 3% prefer private clinic

5.10.1.6 MATERNAL HEALTH

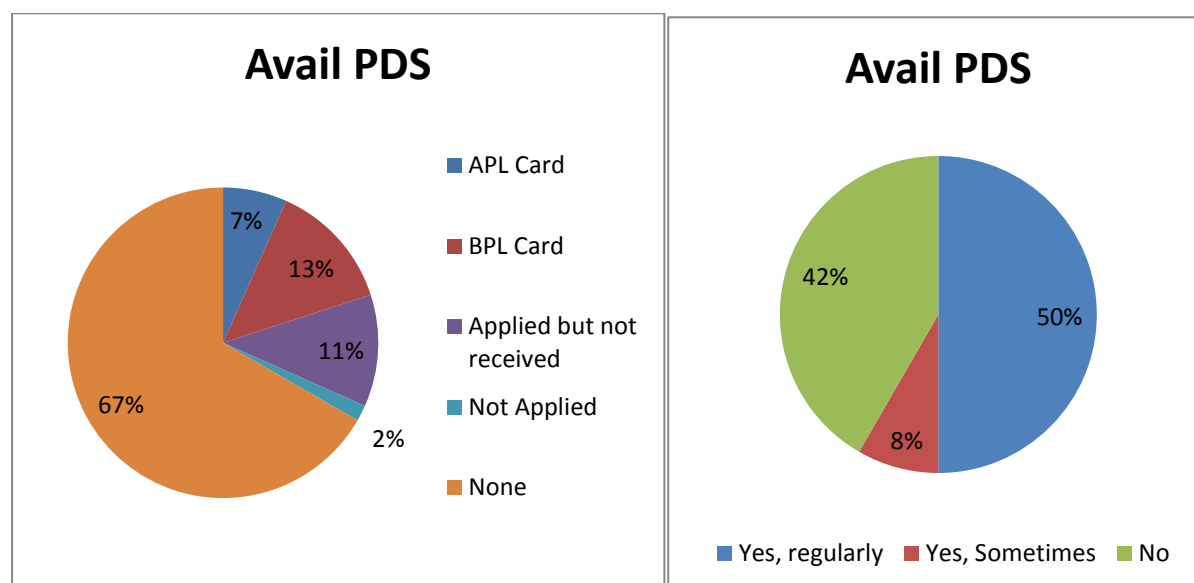


In Godhar Village, as per the UNICEF facts on maternal Health in India, only 47 % of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant. Among the deliveries that took place in last three years in the sample households in Godhar Village, 65% are institutional deliveries where delivery takes place in government or private hospitals, rest 35% takes place are non-institutional which takes place in home with the help of birth attendant. 83% of the child registration has been done with the effort of ASHA worker in spite of major deliveries took place as non-institutional deliveries.



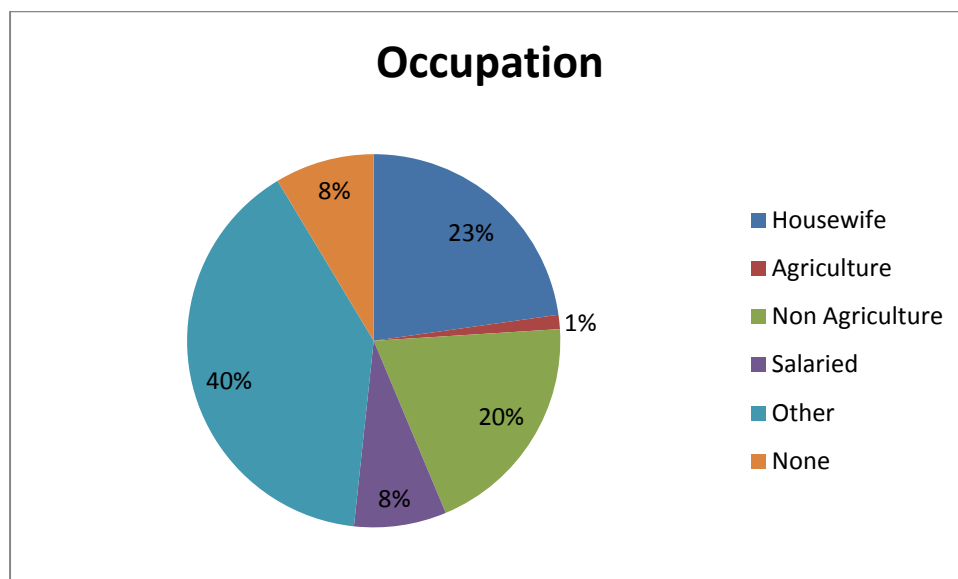
In Godhar Village, 4% of the deliveries still take place at the age of below 18 years. 39 % at the age between 19 to 21 years, 26% in the age group of 22 to 24 years and lastly 31% in the age group above 15 years.

5.10.1.7 PUBLIC DISTRIBUTION SYSTEM



In Godhar Village, the data shows that only 7% of the sample population have APL Card, 13% are under BPL category, 11% of the sample population informed that they had applied for the card but had not received the card yet while 67% of them do not have any card. Among the interviewed households, 50% of sample respondent avail rations regularly followed by 8% avail sometimes and lastly 42% do not prefer to avail through PDS due to poor grain quality.

5.10.1.8 OCCUPATION



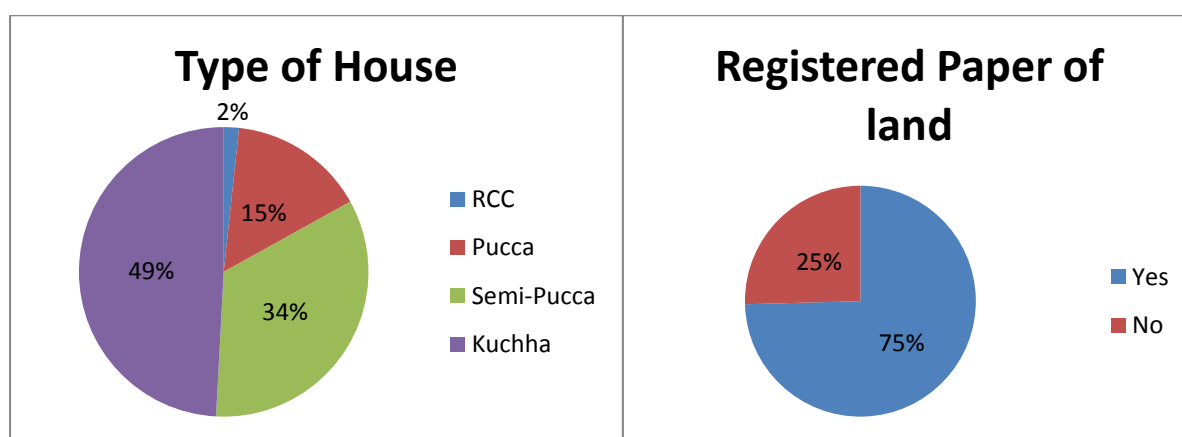
In Godhar Village, the above data shows that 1% of the sample population are engaged in Agriculture activity followed by non-agriculture (20%). Salaried employees constitute 8%, housewives are 23%. Majority of the sample population are found in other occupation and 8% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Scholarship for underprivileged children by BCCL
	Adult classes is required
Water Supply	Pipeline exists but water supply regularity is too low. Purified mine water should be supplied
Health Care	Maternity health camp is needed
Environment	Problem of Air pollution is there
Livelihood	Micro Enterprise need to be developed
Sanitation	Garbage disposal should be done regular

5.10.2 BASERIA

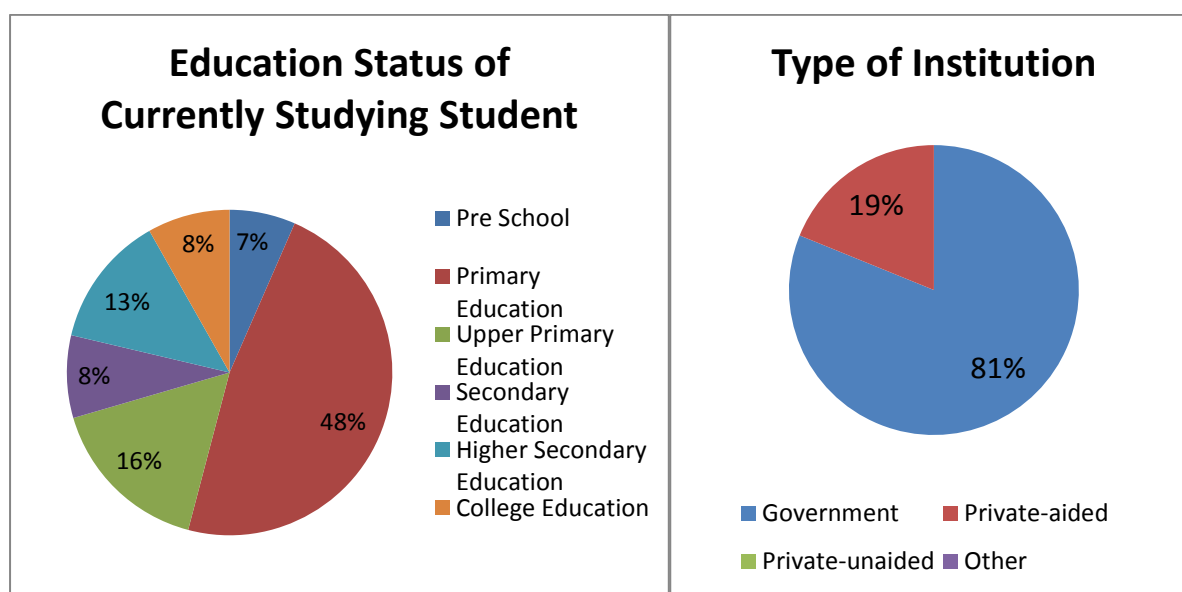


5.10.2.1 HOUSEHOLD STATUS



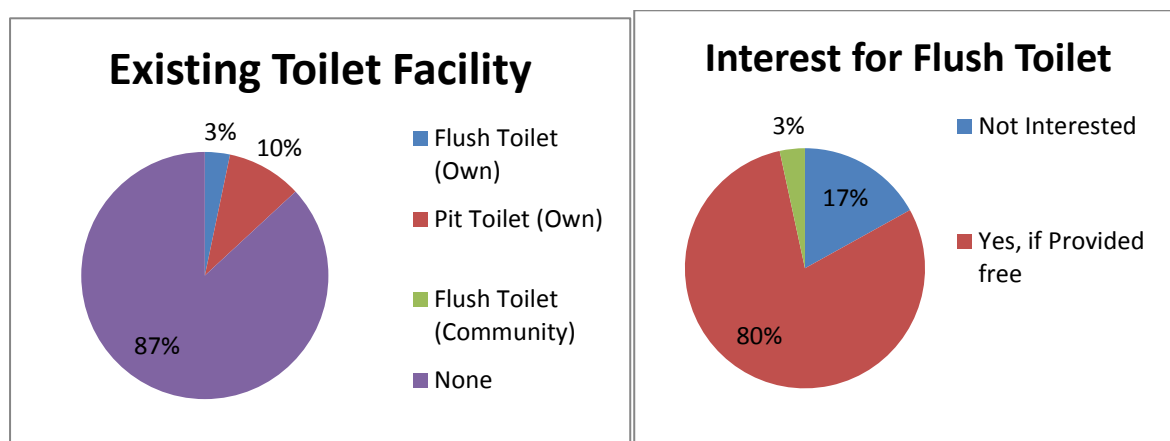
In Baseria Village, 15% of the sample households are residing in pucca houses, 49% of the sample is living in kutchha houses and 34% of the sample is living in semi pucca house. 75% of the sample households who are living in their own house claimed that they possess registered papers of the land, 97% of the sample households are electrified.

5.10.2.2 EDUCATION



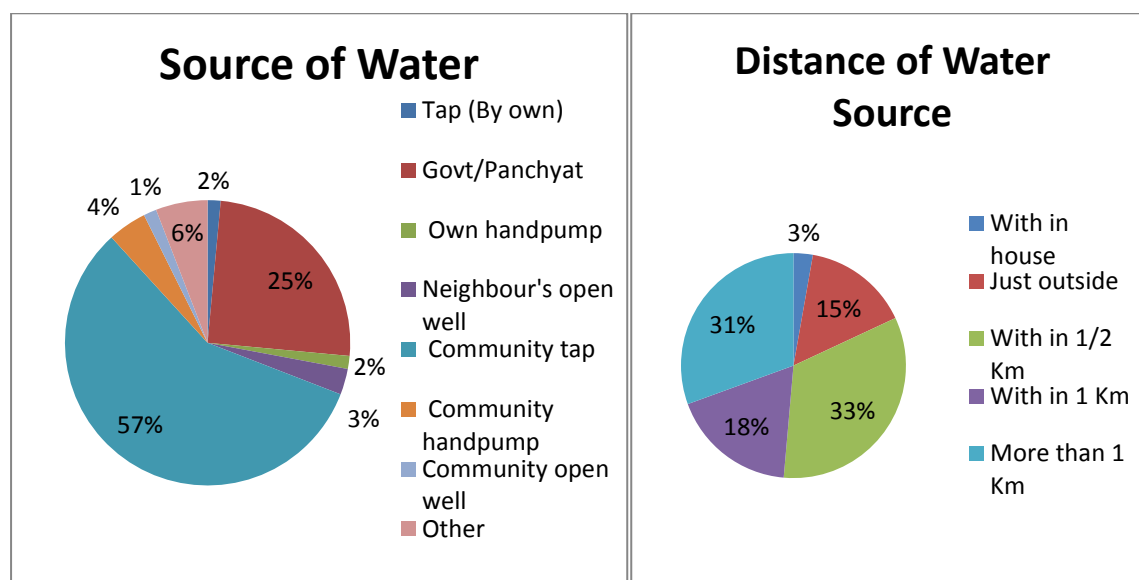
In Baseria Village, among the students who are currently studying, 48% are currently studying in primary school, 16% are in upper primary school, 8% in secondary school, and 13% in higher secondary school and another 8% is pursuing college education. 81% of students are studying in government institutions and 19% students are studying in private institution

5.10.2.3 SANITATION



In Baseria Village, sanitation condition is below satisfactory. Only 10% has got own pit toilet and 3% of the sample has their own flush toilets on the other hand 87% doesn't have toilet of their own. Among the samples who don't have toilet of their own 80% is interested to have a toilet in their home only if it is provided free while 3% reported that if subsidy is given they would like to construct a toilet in their house however 17% said that they are not interested in having toilet in their home.

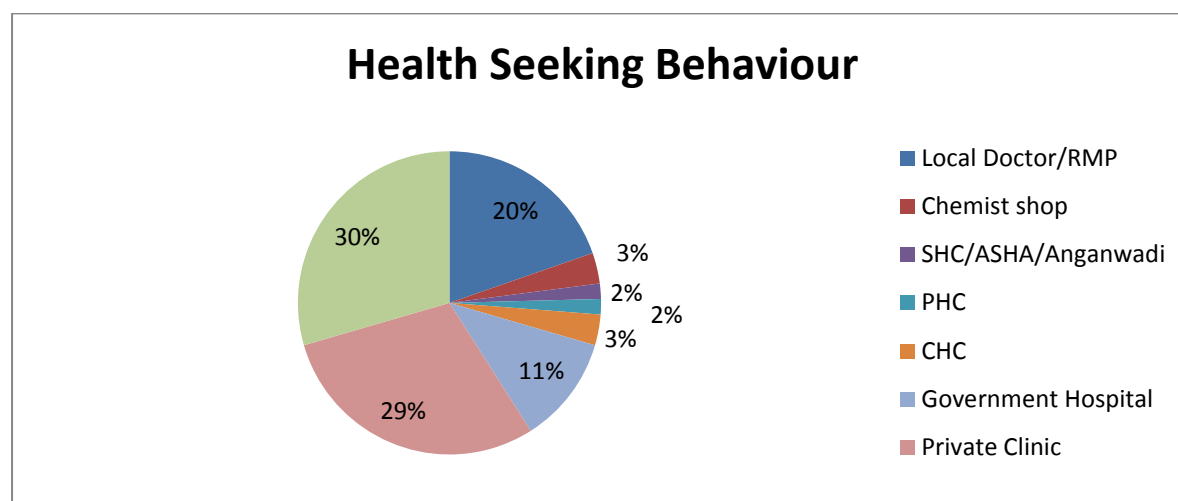
5.10.2.4 WATER SOURCE



In Baseria Village, among sample as chart 57 % rely of community tap, 1% on community open well. 25% are found to depend on government /Panchayat water supply. In the interviews quality of drinking water has come up as major concern for community. However 3% of the sample has water source located in the house and 15% said that water

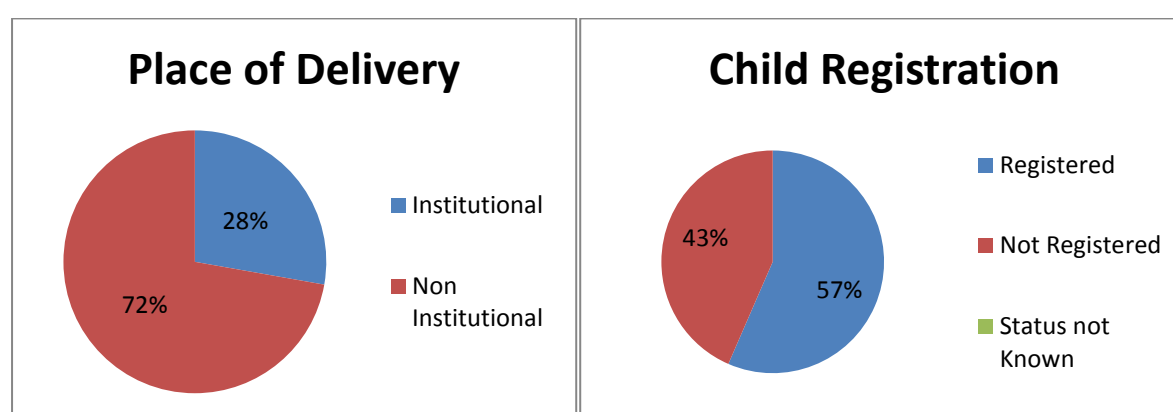
source is located just outside their house, 33% reported water is procured within half km, 18% said within 1 Km while 31% reported to procure water more than 1km

5.10.2.5 HEALTH SEEKING BEHAVIOUR

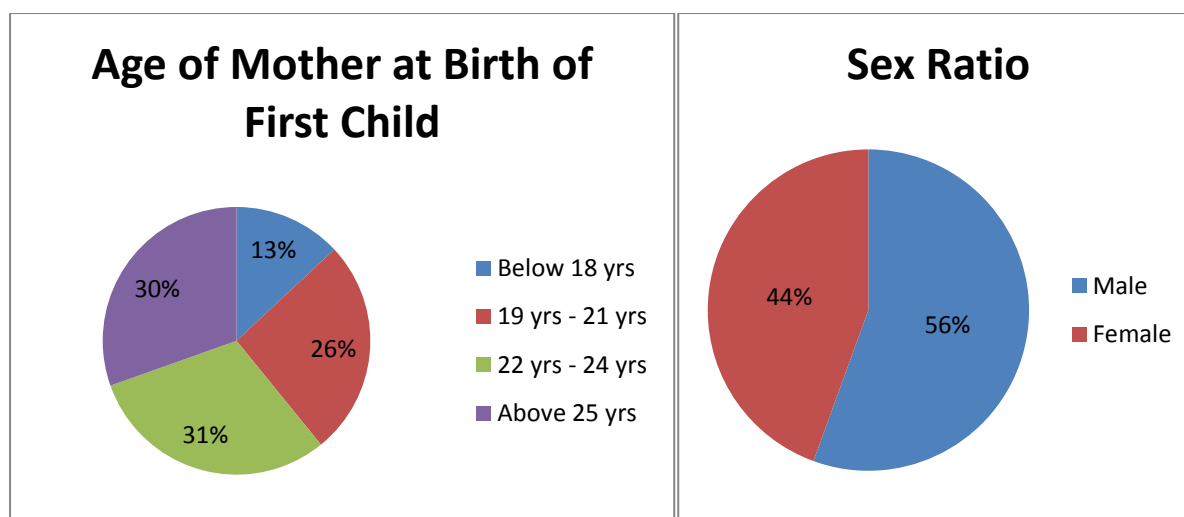


In Baseria Village, as reflected in graph majority of sample (30%) in the village consults private hospitals followed by local doctors (20%). The next big service provider are private clinics which caters the medical needs as said by 29 % sample. So it can be said that nearly 79% sample said that they rely on Private Service for the medical emergency which includes private clinic, local doctor and private Hospital. Only 11% of the sample said that they rely on government or company provided Facilities for medical emergency.

5.10.2.6 MATERNAL HEALTH

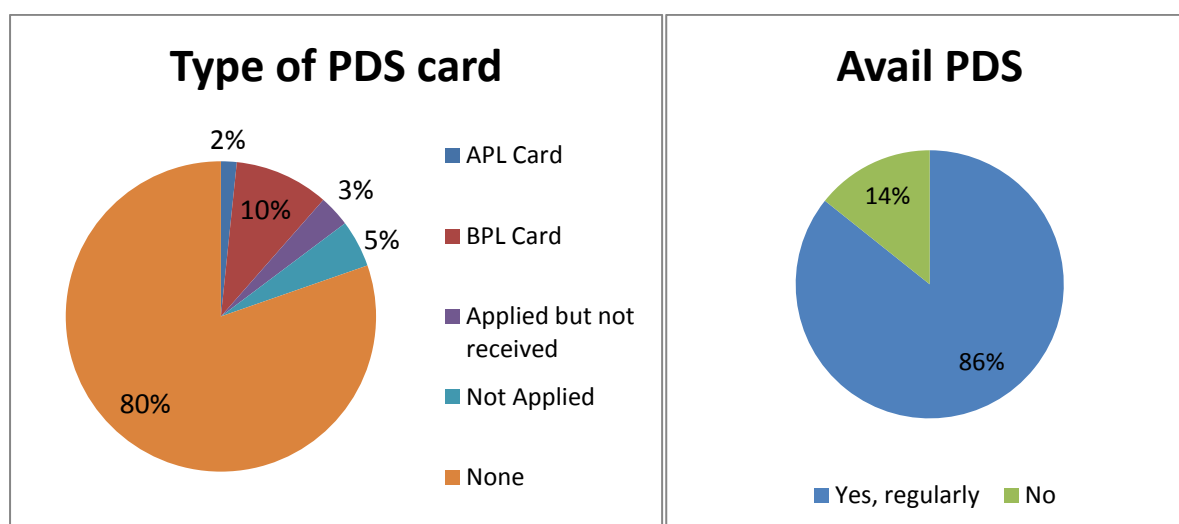


In Baseria Village, 72% deliveries here are non-institutional while 28% deliveries are institutional. 57 %of responded reported that the child born in last three has been registered while 43% were not registered.



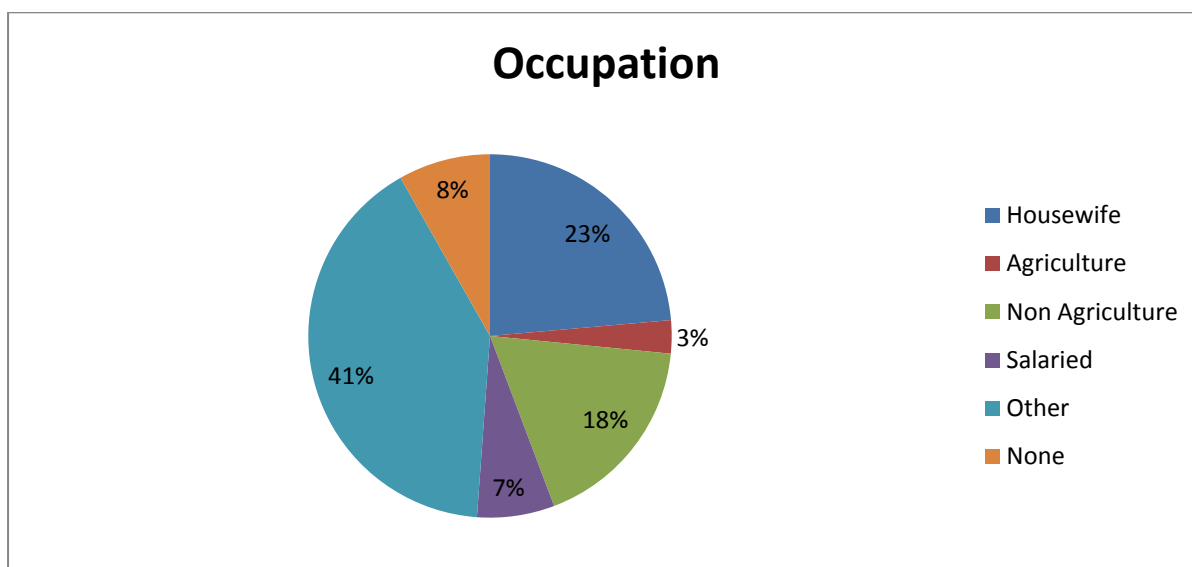
In last three years 13% of the women who have given birth to child are among the age group below 18 years. 26% of the women who have given birth to child are among the age group of 18-23 years .Followed by 31% in the age group of 22 to 24 years and lastly, 30 % in the age group of 25 and above. The sex ratio in the age group of 0-3 years born in last three years is 56:44 where girl child is 44% and boy child is 56%.

5.10.2.7 PUBLIC DISTRIBUTION SYSTEM



In Baseria Village, as reflected in the figure 2% of the sample have APL card while 10% have BPL card. 3% of the sample reported that they have applied for the ration card but didn't receive it. But the important fact is that 80% of the sample populations do not have any of the ration cards. Among the households who had ration card 85% accepted that they use it regularly, 14% said that they do not avail from PDS.

5.10.2.8 OCCUPATION



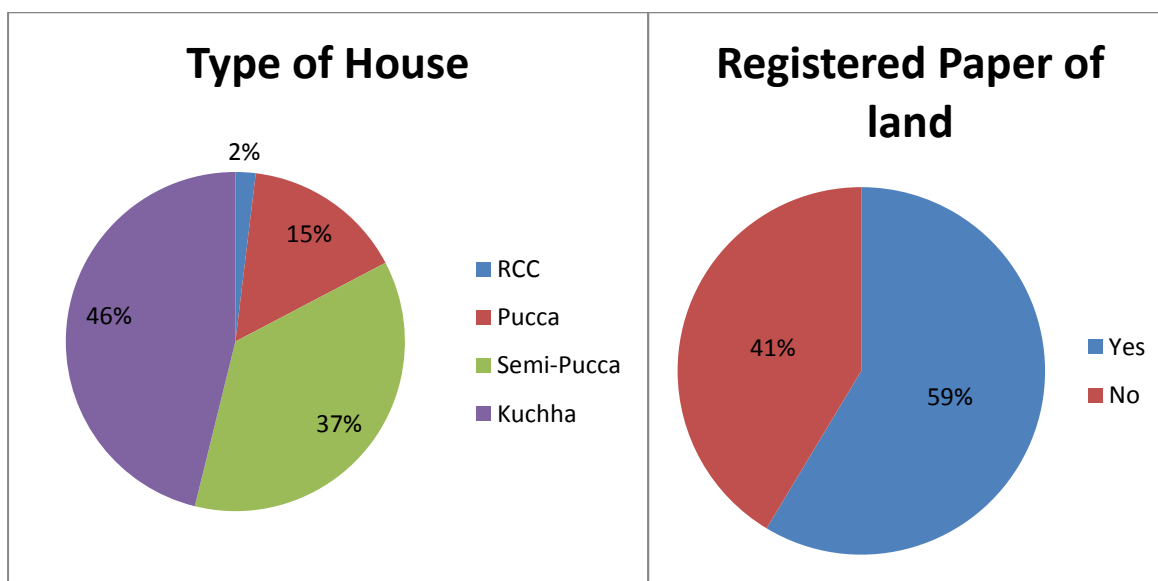
In Baseria Village, the above data shows that 3% of the sample population are engaged in Agriculture activity followed by non-agriculture (18%). Salaried employees constitute 7%, housewives are 23%. Majority of the sample population are found in other occupation and 8% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Adult literacy classes should be promoted
Water Supply	Water tanker should be provided during extreme summer
Health Care	Mobile medical vans should visit the village at regular intervals
Environment	Coal dust and gases from mines are released
Livelihood	Differently abled children should be enrolled in the specialize school for them with the sponsorship of BCCL
	Wheel chairs should be provided by differently sable persons
	Vocational training should be provide to the ensure job security by BCCL like establishment of small scale enterprise in craft, candle making , tailoring among the women

5.10.3 KHAIRKABAD

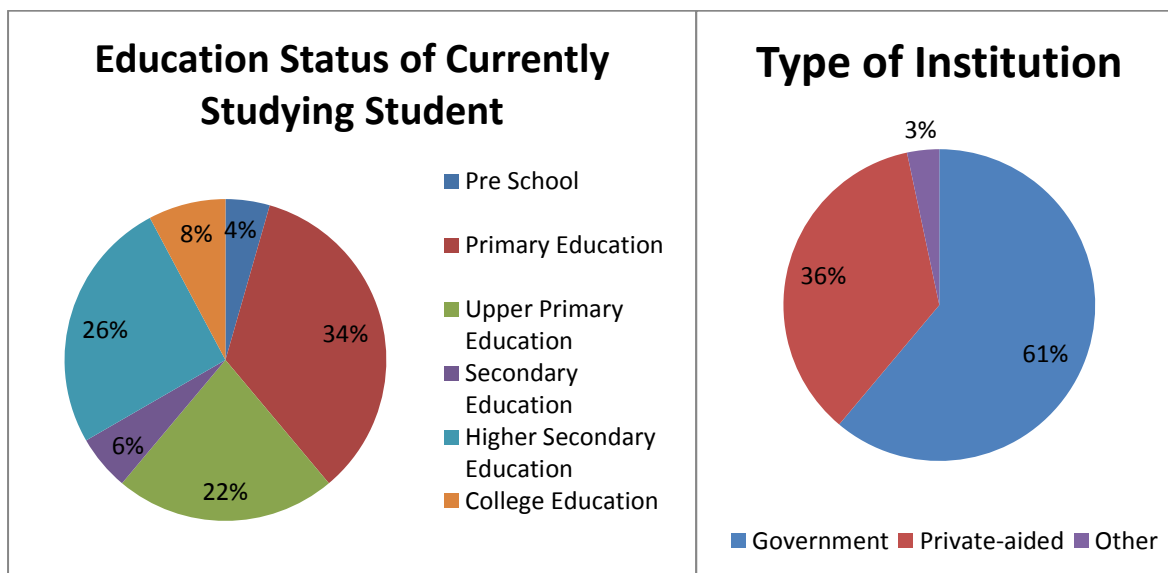


5.10.3.1 HOUSEHOLD STATUS



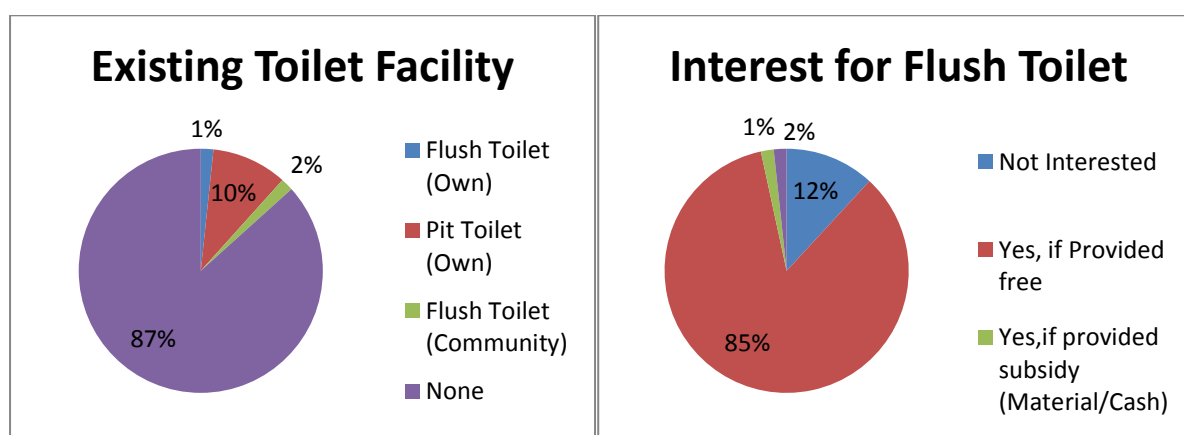
In Khairkabad Village, 46% of the have Kuchha houses, 37% of the sample semi- pucca houses and only 15% of the have pucca houses. 59 % of the sample population possess registered papers of the land, 98% of the sample households are electrified.

5.10.3.2 EDUCATION



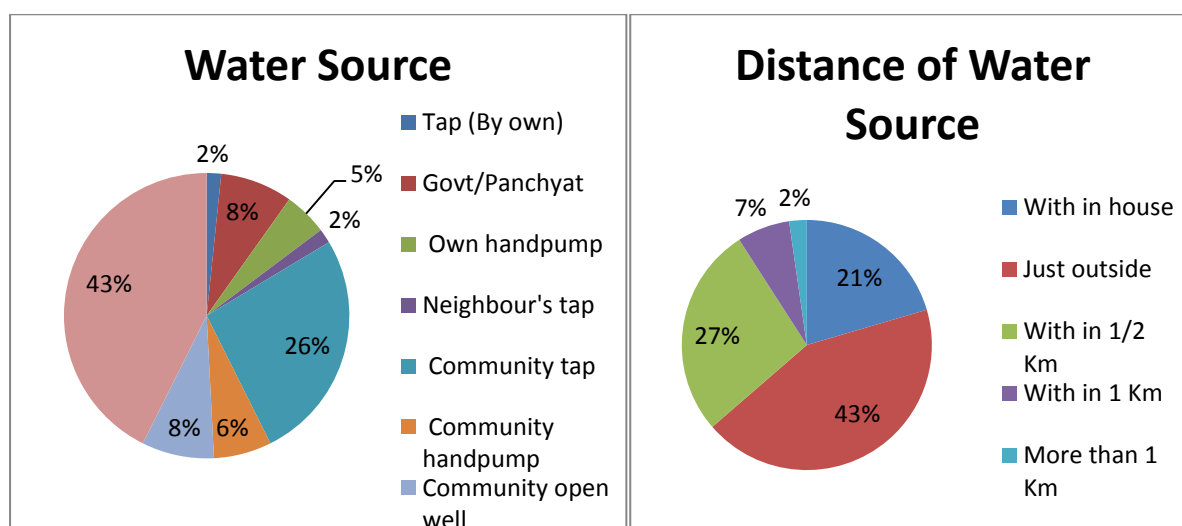
In Khairkabad Village, Students who are currently studying, 34% are currently studying in primary school, 22% are in upper primary school, 6% in secondary school, 26% in higher secondary school and another 8% is pursuing higher education. 61% of students are studying in government institutions, 36% in private aided school while only 3% in other institution

5.10.3.3 SANITATION



In Khairkabad Village, sanitation facility in this village is found below satisfactory level. 87% of the sample doesn't have toilet in their households, 10% have pit toilets while only 1% is found to have flush toilet. 85% of the sample population has reported that they would go for flush toilet if provided with free of cost, 1% reported that if subsidy is given they would like to construct a toilet in their house, 2% reported they will choose other means for availing flush toilets however 12% said that they are not interested in having toilet in their home.

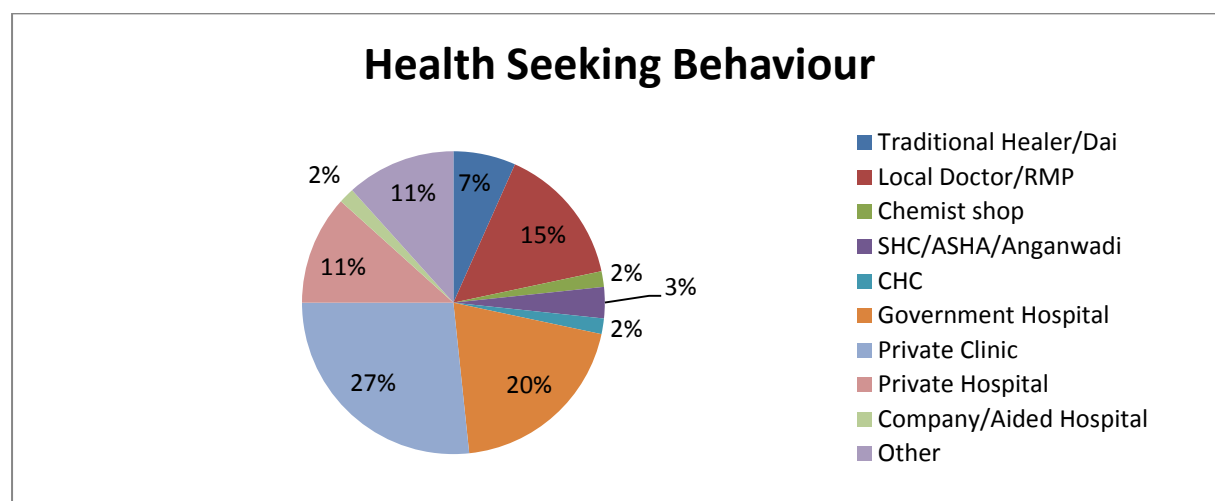
5.10.3.4 WATER SOURCE



In Khairkabad Village, 8% of the sample households fetch water from community open well, 26% from community tap and 6% from community hand pump. 5% from own hand pump, 2% from neighbour's tap. 43% of water source is available from pond, cemented water tank and company aided water tanker. Around 21% of the sample informed that the water

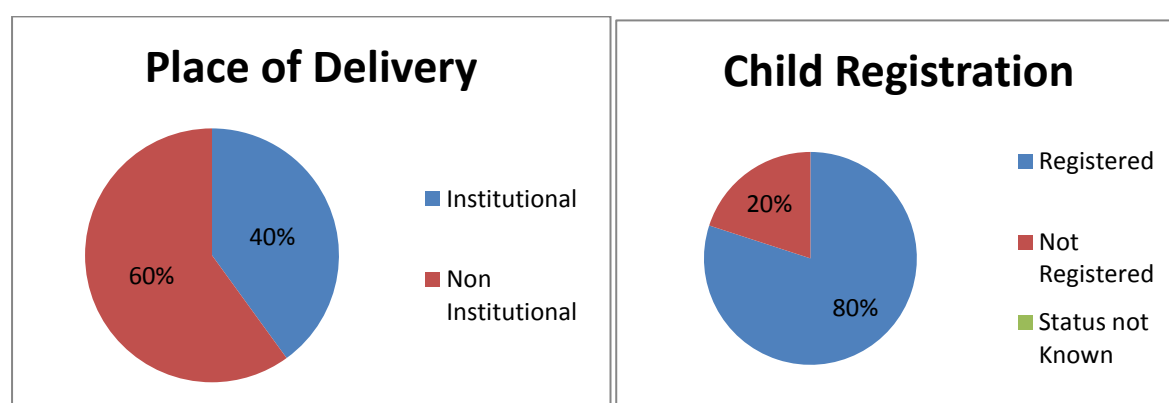
source is located inside the house, 43% said water source is available just outside the house, 27% said within half Km and lastly 7 % reported it is available within one Km.

5.10.3.5 HEALTH SEEKING BEHAVIOUR

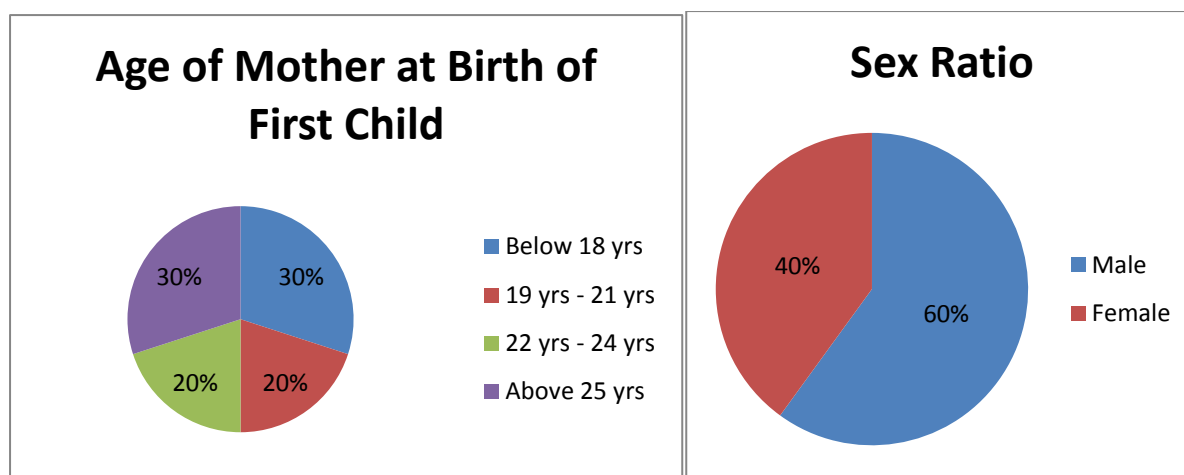


In Khairkabad Village, 27% of sample households reported consulting private clinic in case of any medical needs, followed by Local Doctor/RMP which caters the medical needs of 15% of the sample population. A surprising fact is that 7% sample accepted that they contact Traditional Healer in case of any medical need. Almost 27% sample population mentioned that they depend on government hospitals which include company aided hospital or CSR clinic followed by 11% on private hospital and 2% on chemist shop.

5.10.3.6 MATERNAL HEALTH

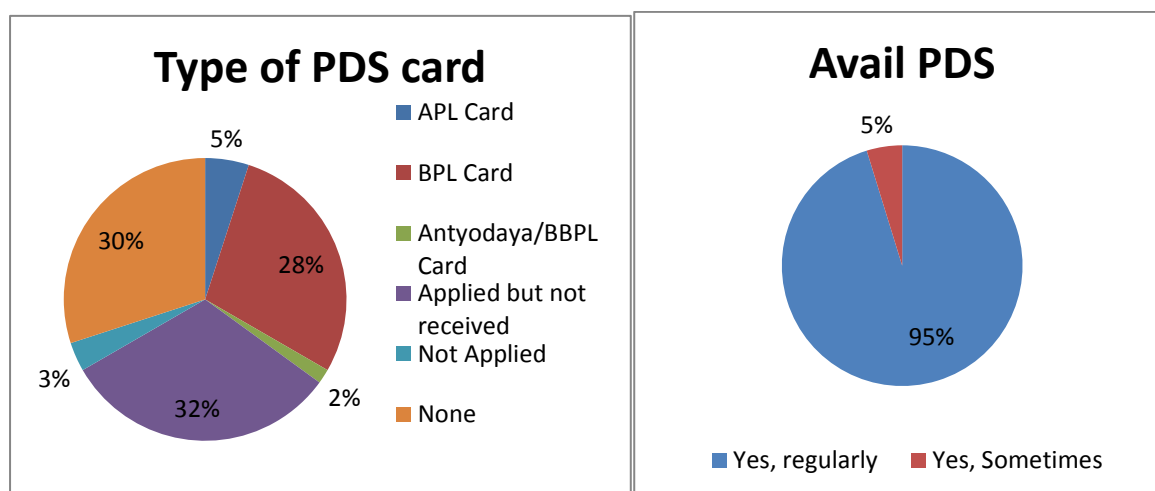


In Khairkabad Village, among the sample household Institutional deliveries have been reported only 40% while non institutional deliveries reported 60%. 80% of birth in the village is registered and 20% is non registered.



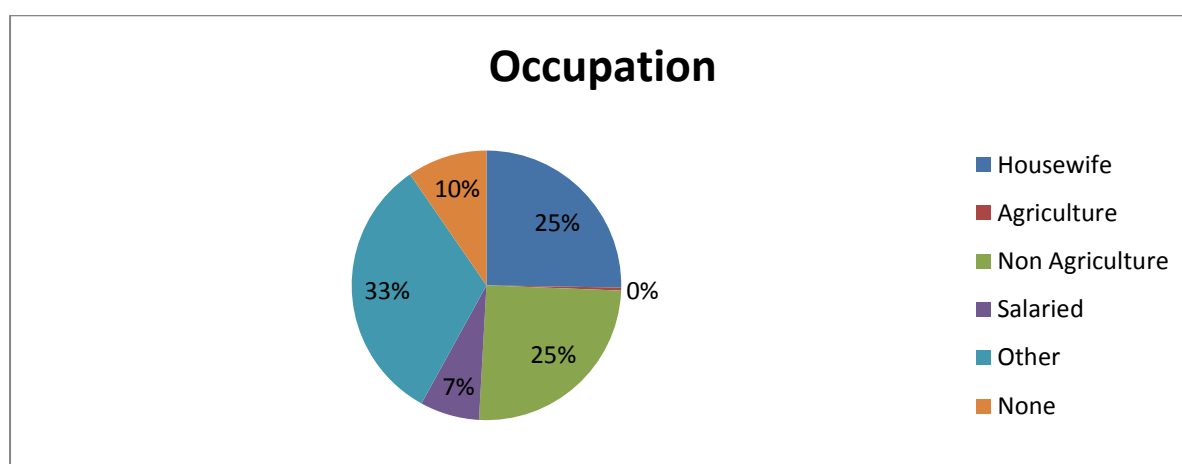
In Khairkabad Village, 30% of women are in age group of below 18 years who gave birth to first child in last three years while 20% are in age group of 19 to 21 years at the time of birth of the child, 20% are under the age group of 22 to 24 years and lastly 30% are 25 years and above. Sex ratios in 0-3 year age group 60% children's are male child while 40% are girl child.

5.10.3.7 PUBLIC DISTRIBUTION SYSTEM



In Khairkabad Village, as reflected through Data only 5% of sample have APL card and 28% are having BPL card, 32% of the sample have applied for the card but not yet received, 2% are under Antyodaya category, 3% have not applied for the ration card while 30% of sample said that they do not have any ration card at all. Among the households who have ration card 95% said that they avail the service of PDS on regular basis while 5% said that they avail it only sometimes and 3% said do not avail at all.

5.10.3.8 OCCUPATION



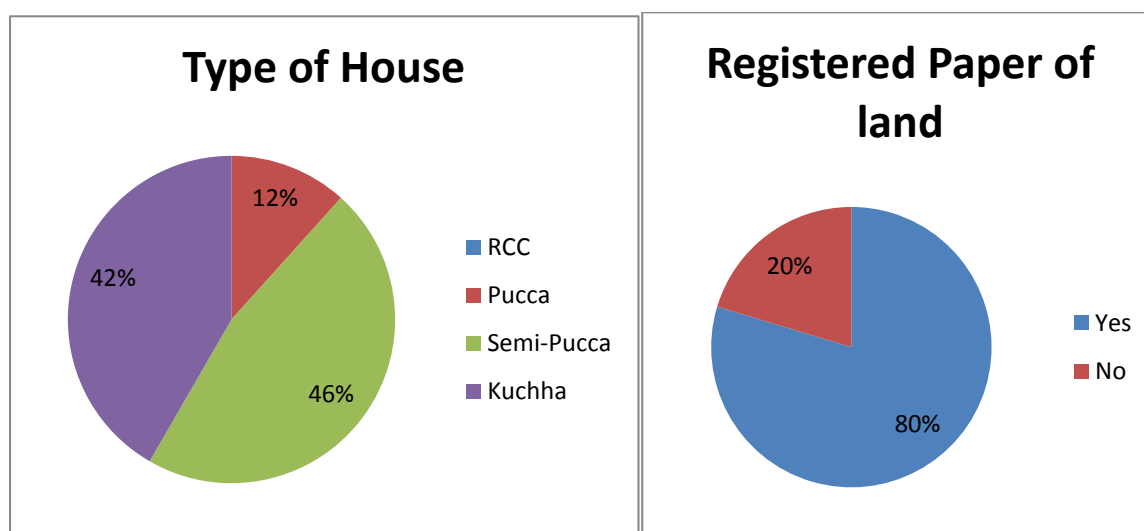
In Khairkabad Village, the above data shows that 25% of the sample population are engaged in non-agriculture. Salaried employees constitute 7%, housewives are 25%. Majority of the sample population are found in other occupation and 10 % are not involved in any kind of employment

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Problem of school dropout. Vocational training is needed both dropout and children belonging to BPL families
	Coaching classes for girls dropout and special focus on English for the rural children
	Evening classes for old age as well as for women and men
Water Supply	Tanker should be provided during summers
	More number of tap points should be provided
Health Care	Maternal health care should also be ensured in the dispensary
Environment	Air pollution problem Afforestation is needed

5.10.4 KADAMARA

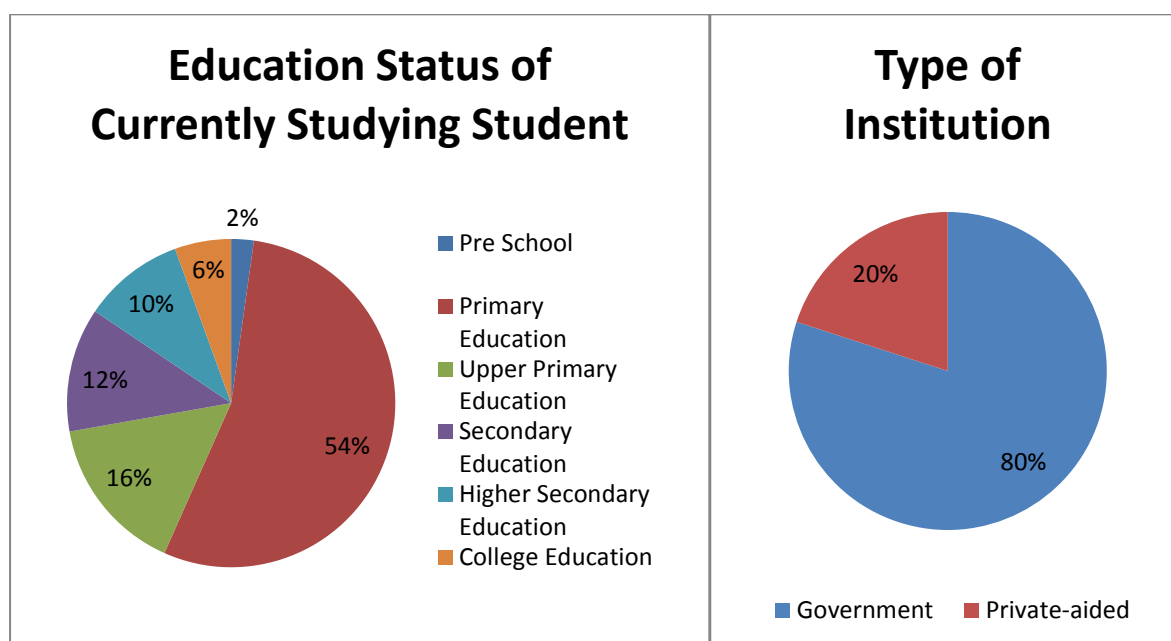


5.10.4.1 HOUSEHOLD STATUS



In Kadamara Village, 46 % of population sample have semi-pucca houses, 12% of the sample are found living in pucca houses followed by majority (42%) living in kuchha houses. Among the sample population 80% have registered paper of land. 87% of sample households are electrified.

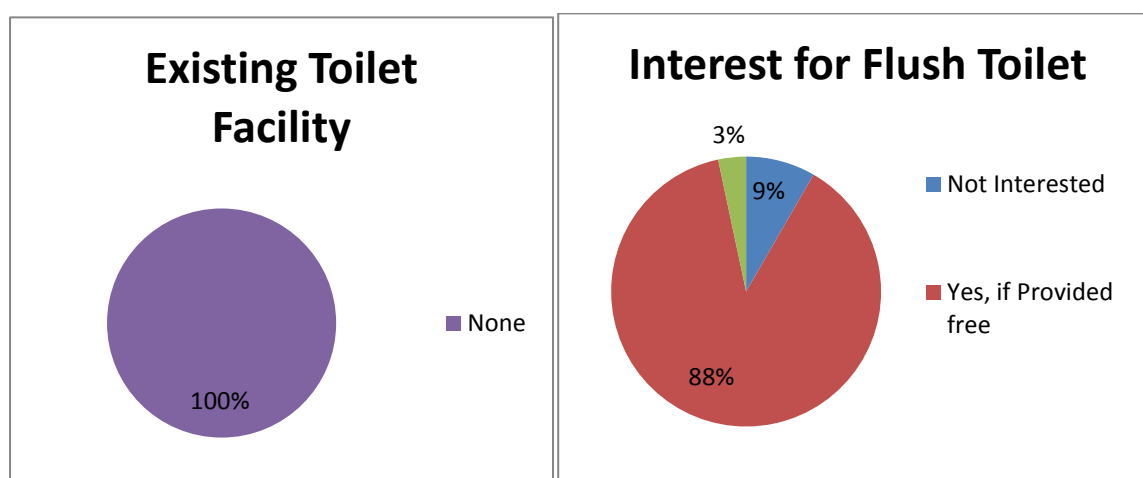
5.10.4.2 EDUCATION



In Kadamara Village, among the students of sample households who are currently studying, 54% are currently studying in primary school, 16% are in upper primary school, 12% in secondary school, 10% are currently studying in higher secondary school and 6% of them

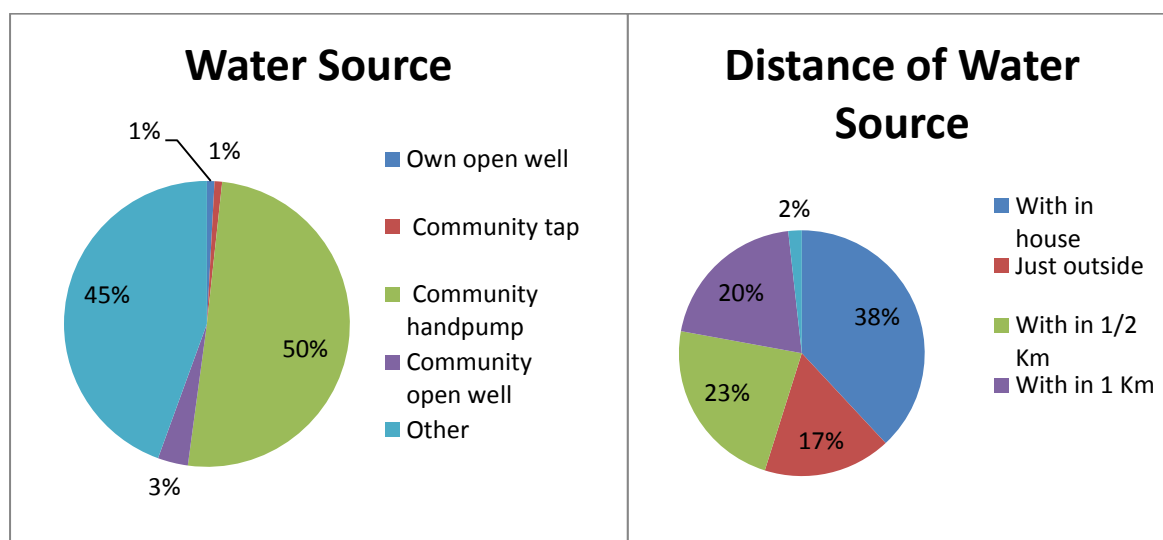
are studying in college. 80% of students are studying in government institutions and 20% students are studying in private institutions.

5.10.4.3 SANITATION



In Kadamara Village, Sanitation facility in this village is poor. Sample population that do not have toilet in their house premise responded that they are interested to have flush toilets if provided free (88%) and 3% said if they would be provided with would be able to construct one in their house however 9% of the group who don't have toilet at their home said that they are not interested in having any toilets in their home.

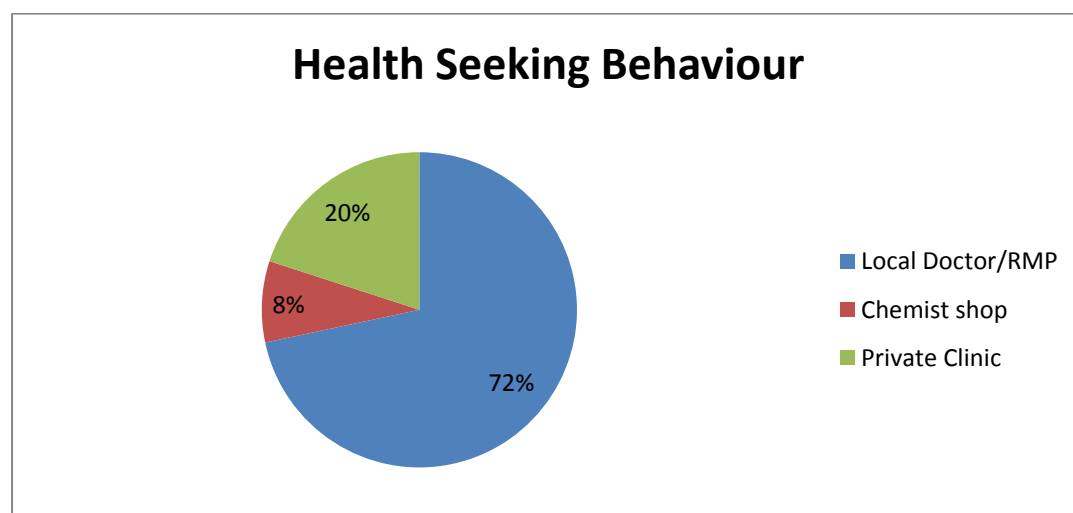
5.10.4.4 WATER SOURCE



In Kadamara Village, altogether 54% of the sample use community source to avail water however only 1% water source from respondent's own water source. 3% of the respondents use communities open well, 1% use community tap. It has also found that 45% sample population avail water from other source which include river, pond etc. 38% of sample

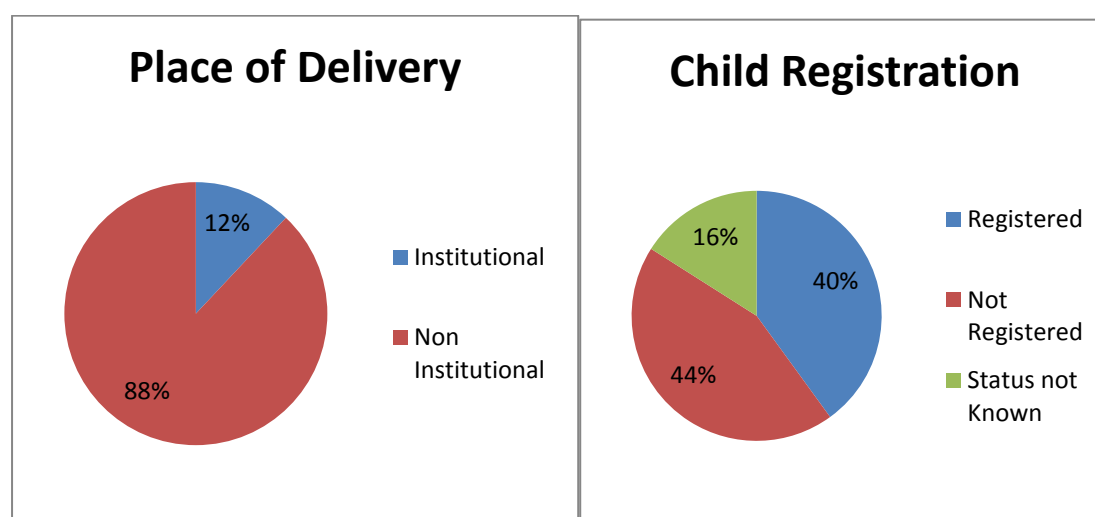
households are having water sources located just within the household, 17 % of sample said that water source is located just outside the house, 23% reported within half Km, 20 % reported within one Km and lastly, 4% reported more than 1 Km.

5.10.4.5 HEALTH SEEKING BEHAVIOUR

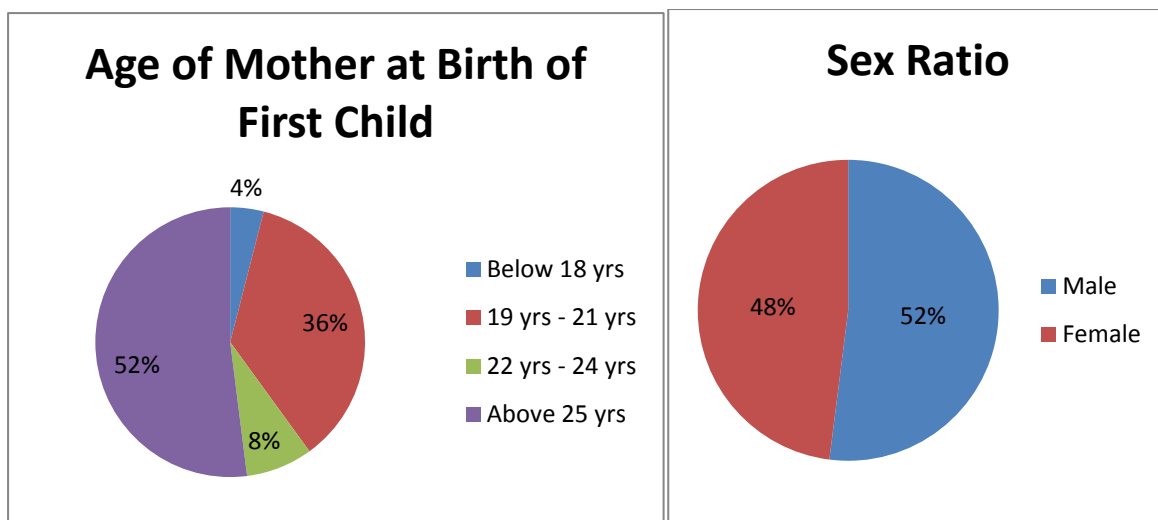


In Kadamara Village, among the sample 100% informed that they avail the private services for medical which includes Local doctors (72%), Chemist shop (8%), private clinic (20%) . None of the sample population informed that they rely on government facilities in case of medical emergency. Local doctors/RMP is most preferred for medical needs

5.10.4.6 MATERNAL HEALTH

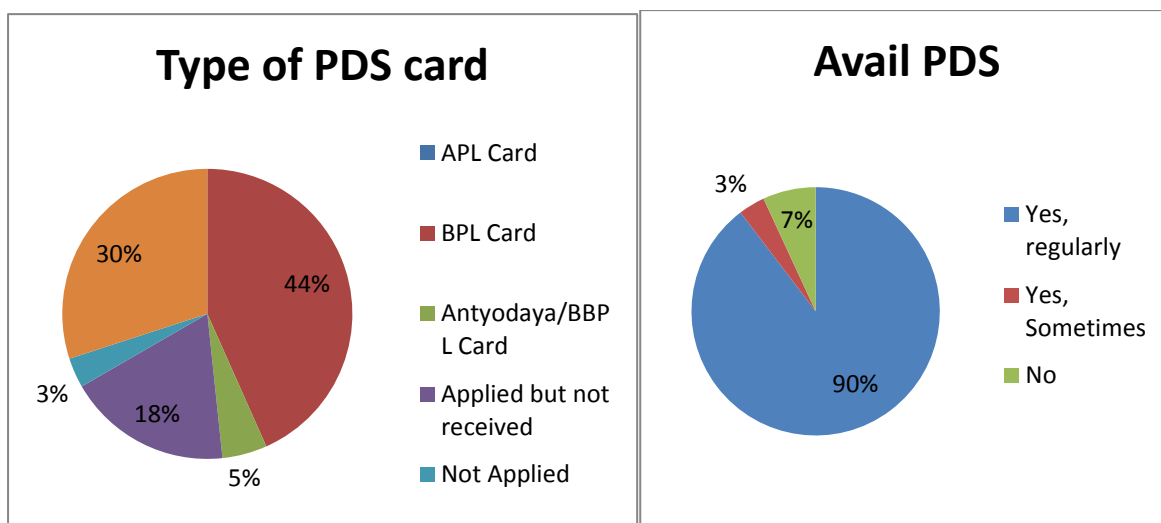


In Kadamara Village, only 12% of the births took place in last 3 years was Institutional while 88% was Non Institutional. 40% of the responded reported that child registration was done , 44% reported it was not done and 16% status is not known.



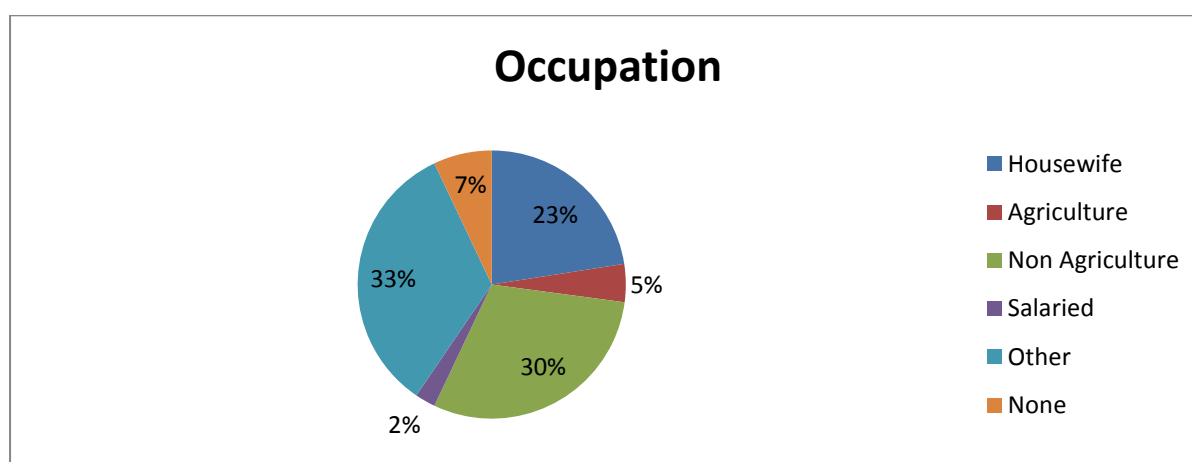
In Kadamara Village, 4% women who delivered the baby in last three years reported were in age group of below 18 years, 36 % delivered in the age group of 19-21years while 8% were in the age group of 22-24 years and 52% were in the age group of above 25 years. Sex ratio among the kids in the age group 0-3 years is 48:52 where 48% kids are girl child.

5.10.4.7 PUBLIC DISTRIBUTION SYSTEM



In Kadamara Village, 44% holds BPL card, 5% hold BBPL card while 18% of sample informed that they don't possess any card at all. Among the households who have ration cards 90% of them said that they avail PDS regularly and 3% said that they avail the PDS facilities sometimes while 7% confirmed that they don't avail the PDS facility.

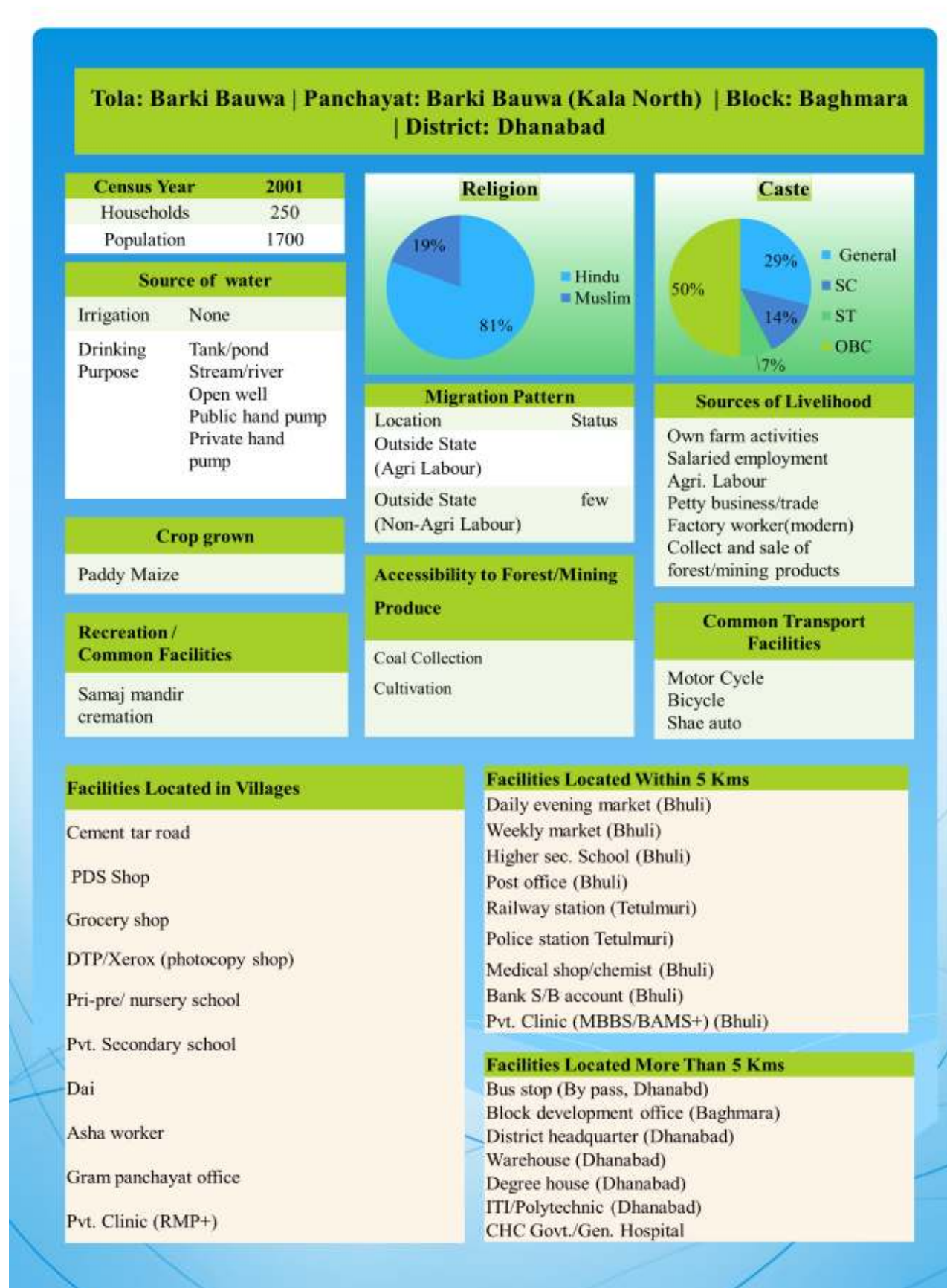
5.10.4.8 OCCUPATION



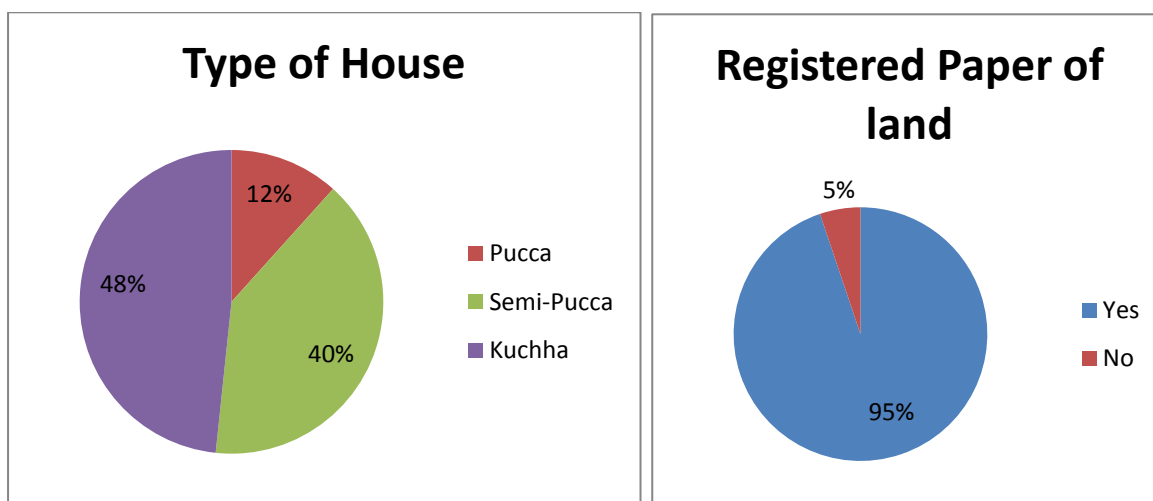
In Kadamara Village, the above data shows that 5% of the sample population are engaged in Agriculture activity followed by non-agriculture (30%). Salaried employees constitute 2%, housewives are 23%. Majority of the sample population are found in other occupation and 7% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Adult education should be facilitated by BCCL
	Computer classes should be provided by BCCL to school drop outs
Water Supply	Problem of drinking water during summer
Health Care	Medicine should be provide to non BCCL employee under CSR clinic
	Ambulance services should also be provided by BCCL for pregnant women for deliveries
	Health camps on maternal health care should be provide monthly through the mobile medical van
	Health checkups at school also be initiated by MMV
Livelihood	Animal husbandry and poultry should be promoted as income generation activity for the unemployed
	Training on scientific farming should be provided by BCCL with close coordination with krishi vigyan kendra
Sanitation	Garbage disposal should be done at BCCL level regularly
	Regular fumigation against mosquitos should be there
Infrastructural Development	Community hall should be constructed
	Place for cremation should be repaired

5.10.5 BARKI BAUWA

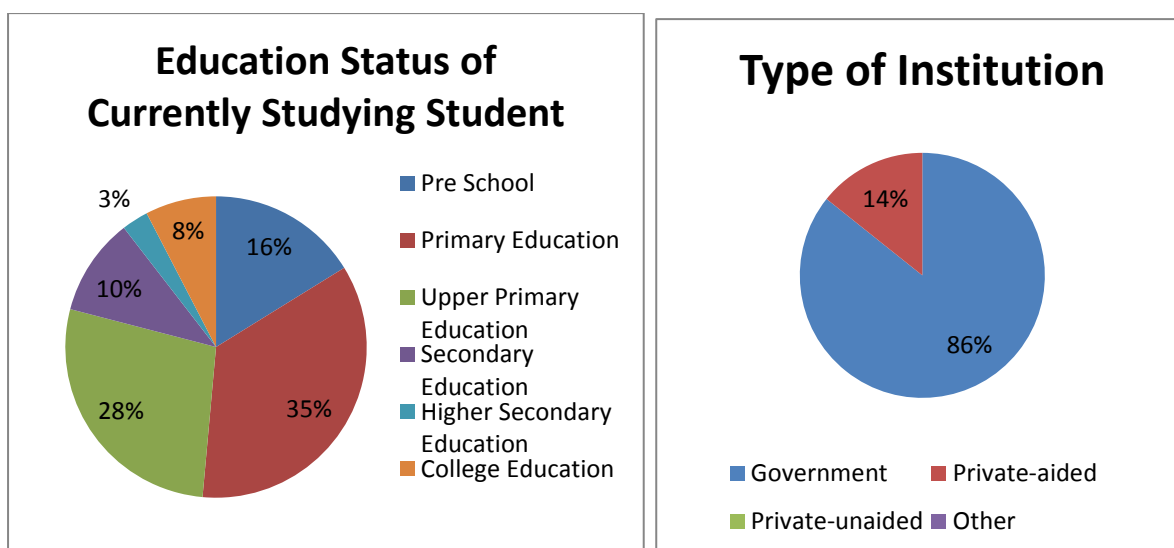


5.10.5.1 HOUSEHOLD STATUS



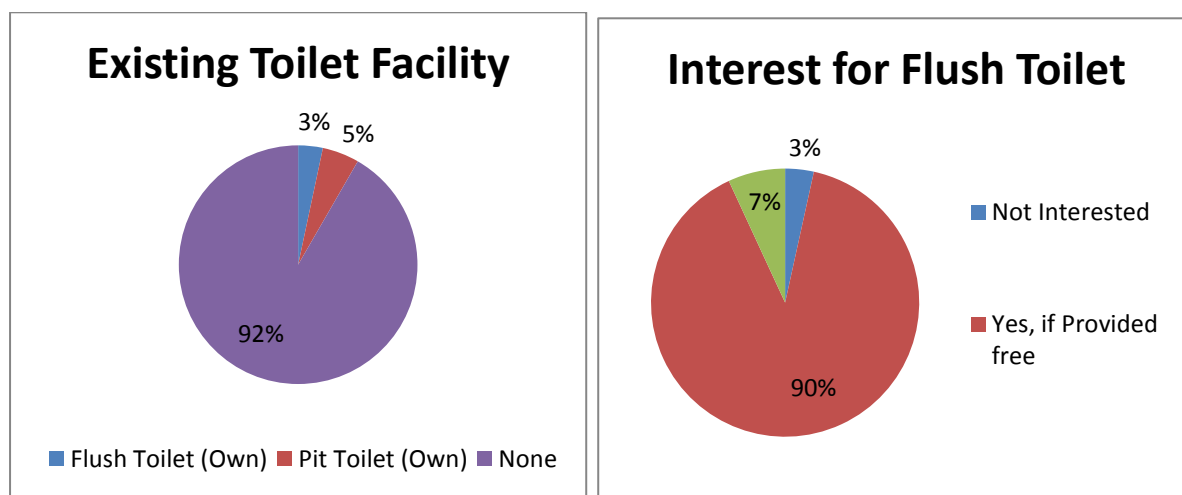
In Barki Bauwa village, 40% of the households are found to be Semi- Pucca while 48% are Kuchha and 12% are Pucca. 95% of the houses are registered while only 5% was found to be non-registered. Nearly 85% of the houses in this village are electrified.

5.10.5.2 EDUCATION



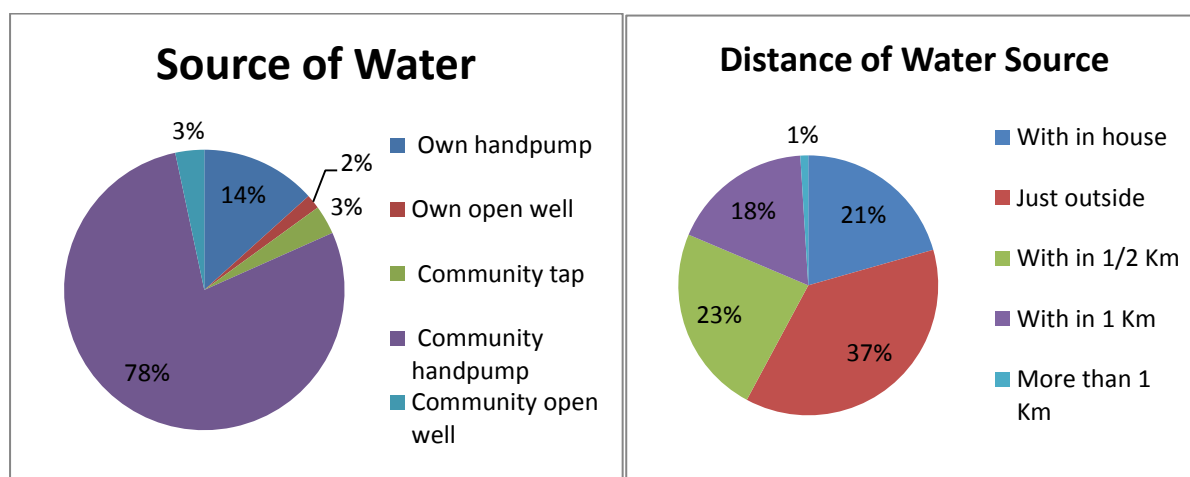
In Barki Bauwa village, it has been found that 35% of the students are enrolled in Primary education followed by 28% in Upper primary, 10% in secondary education, and 5% in higher secondary, 3% in college. Education after 12th standard is found comparatively less with any of the villages. Apart from that 16% has been reported in preschool education in Barki Bauwa village. As far as type of education institutions are concern, 86% of students are enrolled in government institution while 14% are in private aided institutions.

5.10.5.3 SANITATION



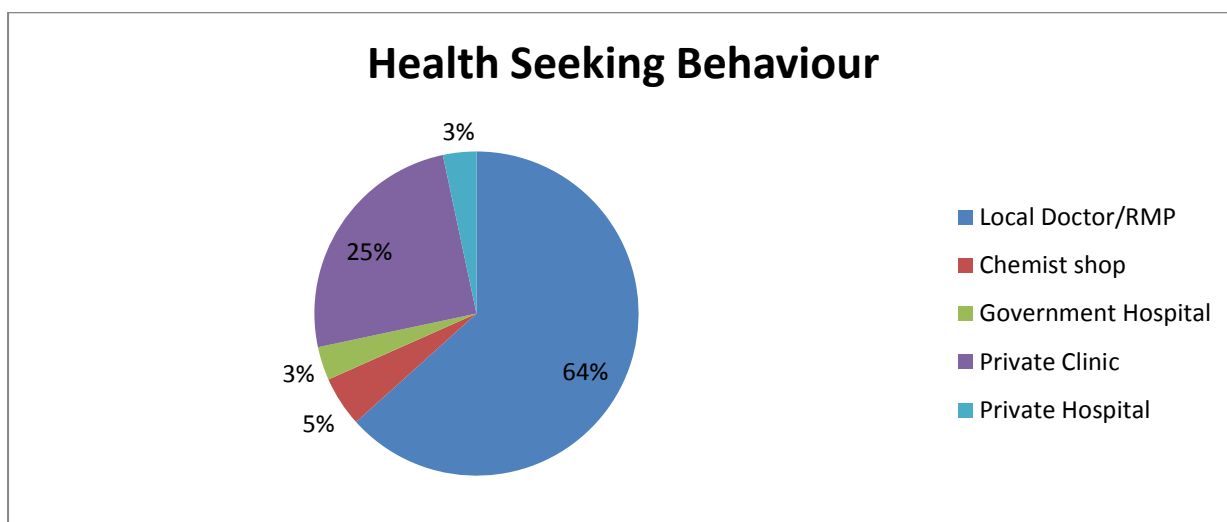
In Barki Bauwa village, sanitation in this village is found below the satisfactory level. 92% of the sample population does not have facility at their houses. While only 3% often populations have flush toilets and 3% have pit toilets. When enquired about the interest for flush toilets, people responded for free toilets (90%), provided with subsidiary (7%) while 3% of the population shown no interest for flush toilets at their homes.

5.10.5.4 WATER SOURCE



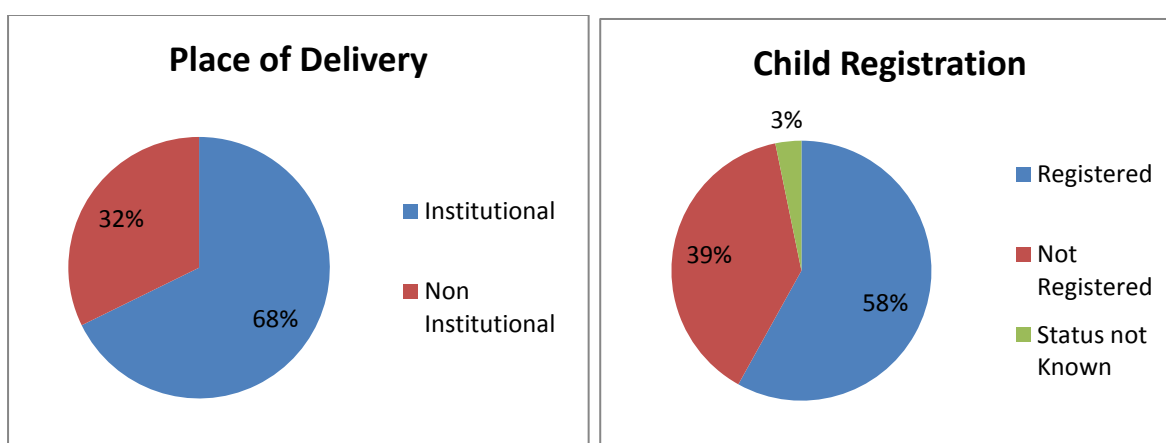
In Barki Bauwa village, source of water is majorly available in community level. It has been found that water available by other sources like river or big nala nearby (68%). Sample population avail water source from community level through open well (5%), neighbour's open well(11%).Own Open well constitute 15% followed by hand pump (1%). 21% of water source is available within the household, 37% just outside the household, 23% within half Km, 18% within 1 Km and lastly 1% from more than Km.

5.10.5.5 HEALTH SEEKING BEHAVIOUR



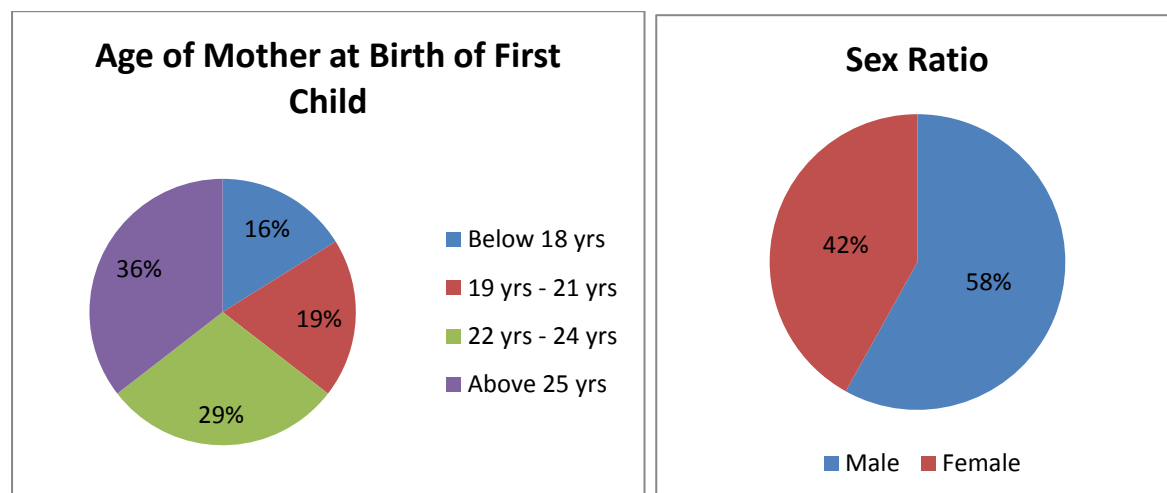
In Barki Bauwa village, among the sample, 64% claimed that they consult the local doctor first in case of any medical urgency while 25% of sample said that they consult a private clinic for the same. Consulting local doctor/ private clinic/private hospital/chemist shop all together constitute as first option for 97% sample which shows that they have to incur cost to avail the medical services while only 3% claimed that they consult government hospital in case of emergency. The data reflects high dependency of community over private health resources.

5.10.5.6 MATERNAL HEALTH



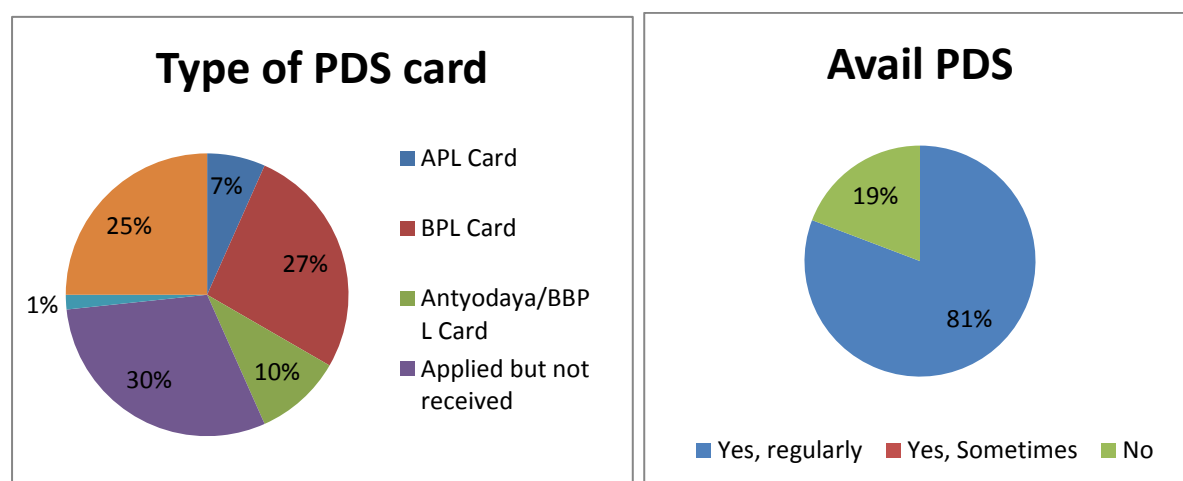
In Barki Bauwa village, in terms of place of delivery of the children born in Barki Bauwa village shows 68% of the sample who had witnessed birth of child in their households in last three years claimed that the delivery was an institutional one and 32% were recorded saying that it was non institutional delivery. 58% of the respondents reported that child born in last

three years has been registered while 39% are not. 3% also reported that status of registration of child was not known to them.



In Barki Bauwa village, 16% of the respondents are reported to five births to first child in last three year in the age group below 18 years. 19 % of the respondent reported to give birth of first child between the age group of 19 to 21 years. All together it can be said that nearly 35% of the deliveries take place below 21 years which shows maternity health is not taken seriously among the mother as deliveries took place in young age. 29% of the respondent report to deliver between the age group of 22 to 24 years and lastly 36% report to give birth at the age above 25 years.

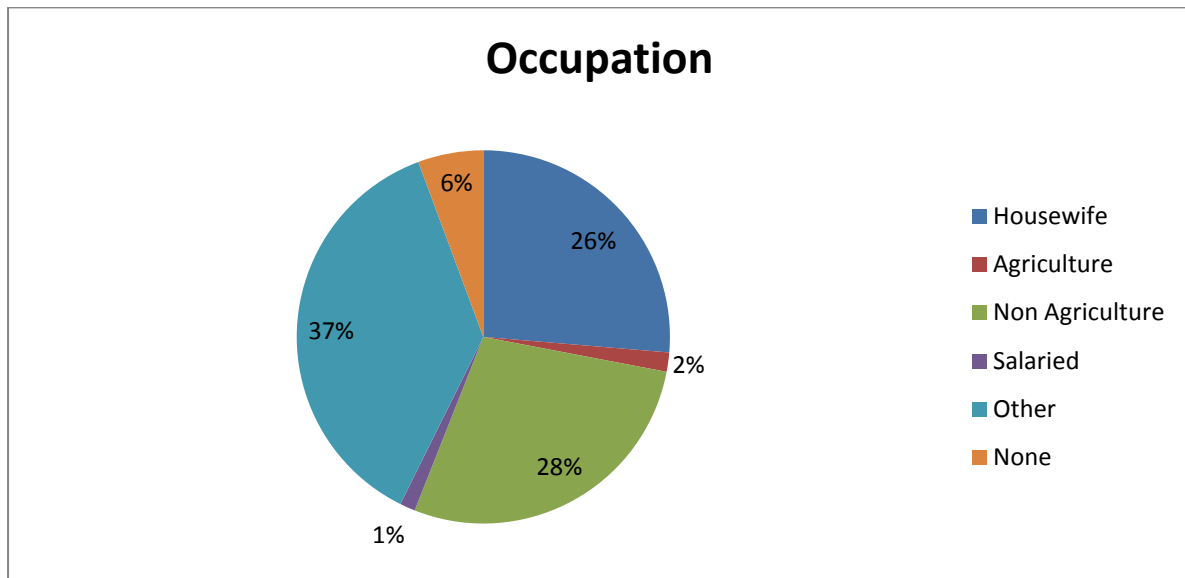
5.10.5.7 PUBLIC DISTRIBUTION SYSTEM



In Barki Bauwa village, among the sample, 7% reported saying that they have APL card while 27% confirmed having BPL card, 25% of the sample also reported that they don't

have any card. Those who have cards constitute 44% reported 81 % of them avail ration from PDS regularly, 19% denied availing the PDS facility.

5.10.5.8 OCCUPATION

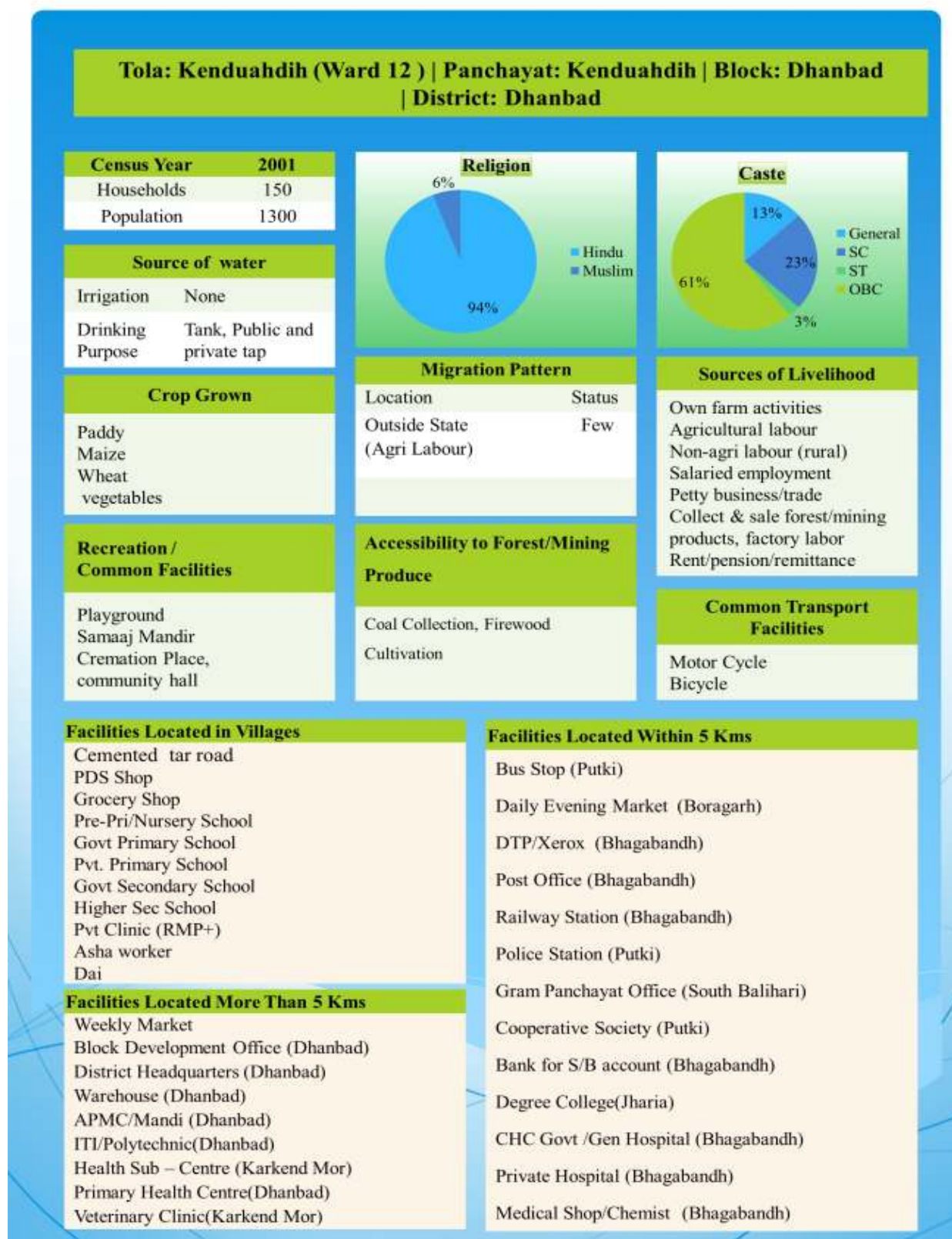


In Barki Bauwa village, the above data shows that 2% of the sample population are engaged in Agriculture activity followed by non-agriculture (28%). Salaried employees constitute 1%, housewives are 26%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

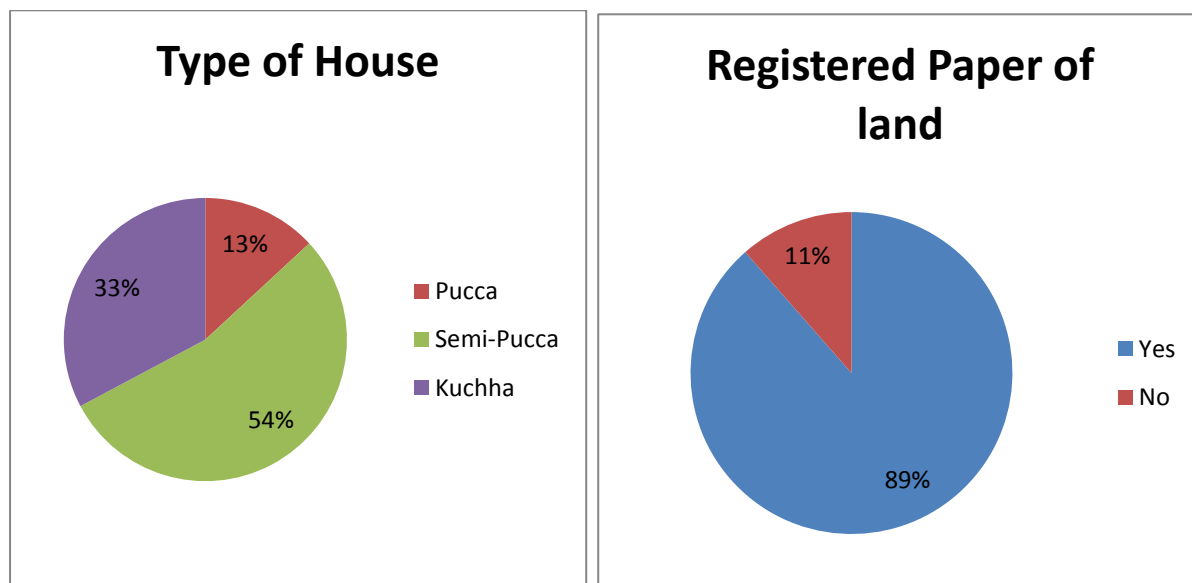
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	There should scholarship for the children belonging g to underprivileged section of the society who is going for education after matriculation to schools of Dhanbad by BCCL
	Library is required in this village
	Evening school for adults has been requested by the people
Water Supply	Problem of drinking water is there. Pipe line is there but no water availability
	Mines water can be utilized for irrigation with a pipeline
Health Care	Awareness camps on maternity health
Rural Electrification	School should have in-house electric fitting of fans and light
Sports & Culture	Sports equipment should be provided to the sports club
Sanitation	No toilets in houses.
	There should be provision for garbage disposal By BCCL at regular interval along with fumigation
	Ponds should be cleaned with involving community by providing them daily wage as followed in MNREGS
Livelihood	SHG for women and men should be formed to start Income Generation activity
	Group activity on Piggery and poultry has been requested by the people. But for that a formal group has to be formed who have to register in the local bank
	Women who are not getting widow pension should be supported with livestock's like poultry, duckery and goatry
Infrastructural Development	Construction of drains in both side of the road is needed
	Playground with boundary should be constructed
	School should have boundary wall

5.11 PUTKI BALIHARI

5.11.1 KENDUAHDIH BASTI

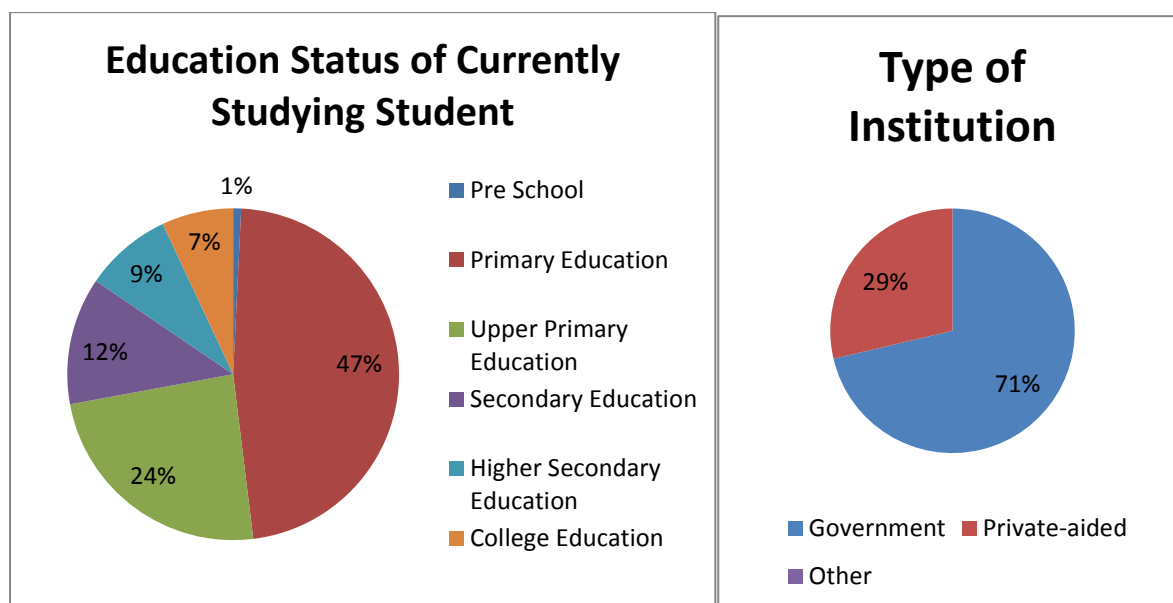


5.11.1.1 HOUSEHOLD STATUS



In Kenduahdih Basti, 40% of the households are found to be Semi- Pucca while 48% are Kuchha and 12% are Pucca. 95% of the houses are registered while only 5% was found to be non-registered. Nearly 85% of the houses in this village are electrified.

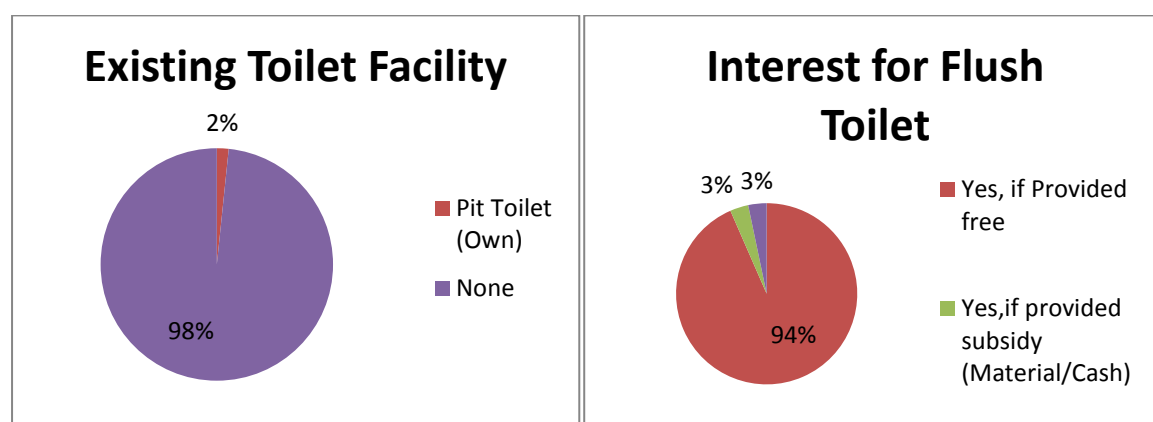
5.11.1.2 EDUCATION



In Kenduahdih Basti, it has been found that 35% of the students are enrolled in Primary education followed by 28% in Upper primary, 10% in secondary education, and 5% in higher secondary, 3% in college. Education after 12th standard is found comparatively less with any of the villages. Apart from that 16% has been reported in preschool education in Barki Bauwa

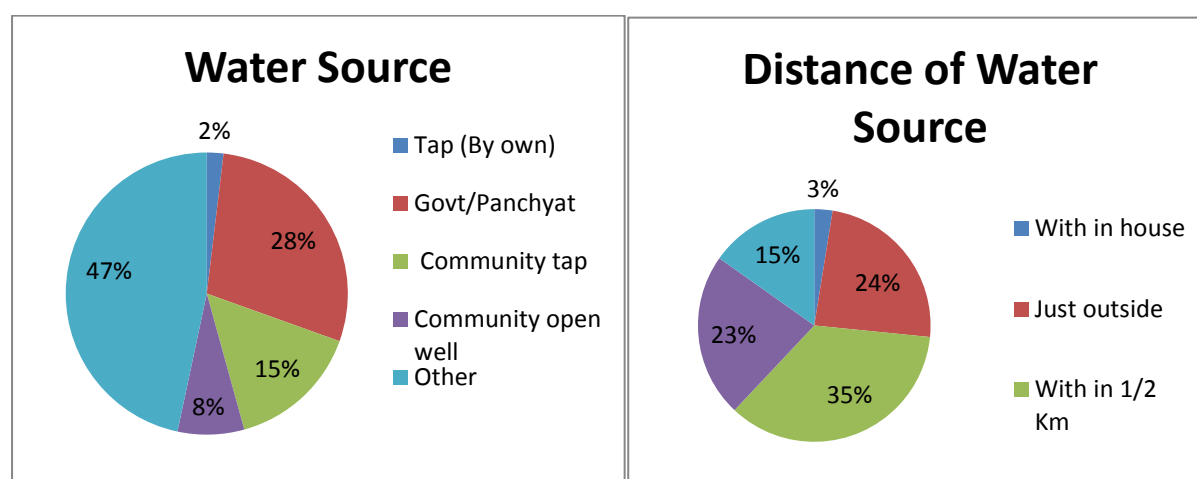
village. As far as Type of education institutions are concern, 86% of students are enrolled in government institution while 14% are in private aided intuitions.

5.11.1.3 SANITATION



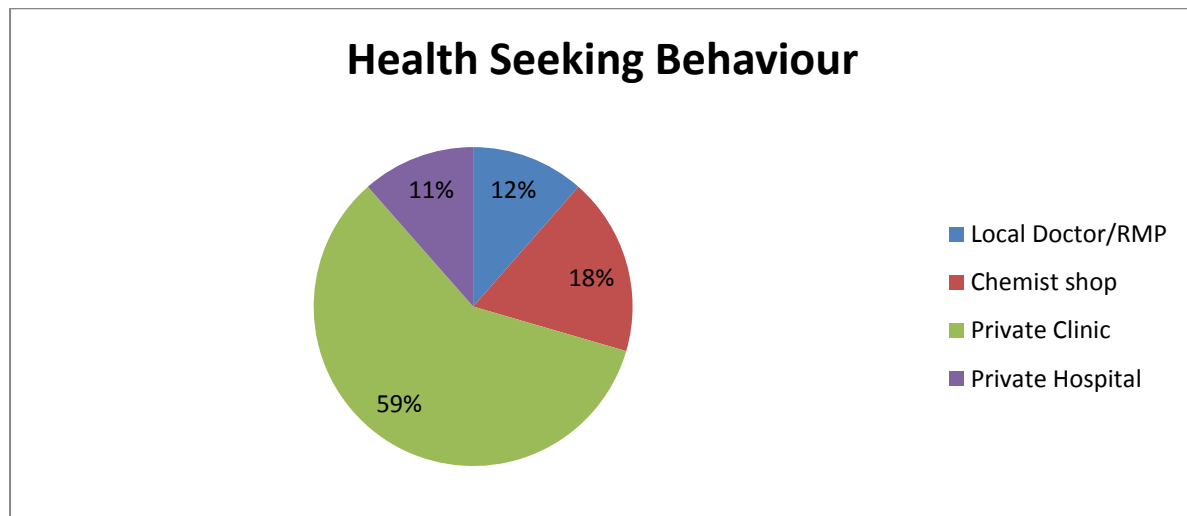
In Kenduahdih Basti, sanitation in this village is found below the satisfactory level. 92% of the sample population does not have facility at their houses. While only 3% often populations have flush toilets and 3% have pit toilets. When enquired about the interest for flush toilets, people responded for free toilets (90%), provided with subsidiary (7%) while 3% of the population shown no interest for flush toilets at their homes

5.11.1.4 WATER SOURCE



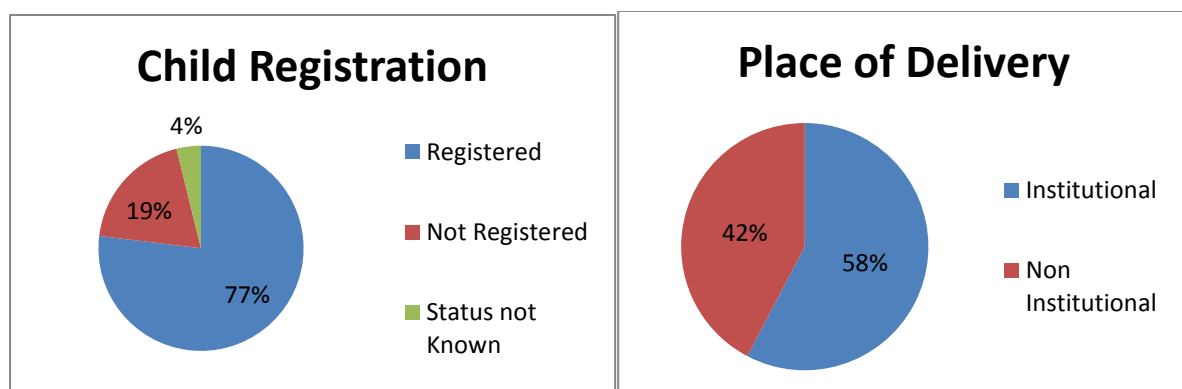
In Kenduahdih Basti, Source of water is majorly available in community level. It has been found that water available by other sources like river or big nala nearby (68%). Sample population avail water source from community level through open well (5%), neighbour's open well(11%).Own Open well constitute 15% followed by hand pump (1%). 21% of water source is available within the household, 37% just outside the household, 23% within half Km, 18% within 1 Km and lastly 1% from more than Km.

5.11.1.5 HEALTH SEEKING BEHAVIOUR

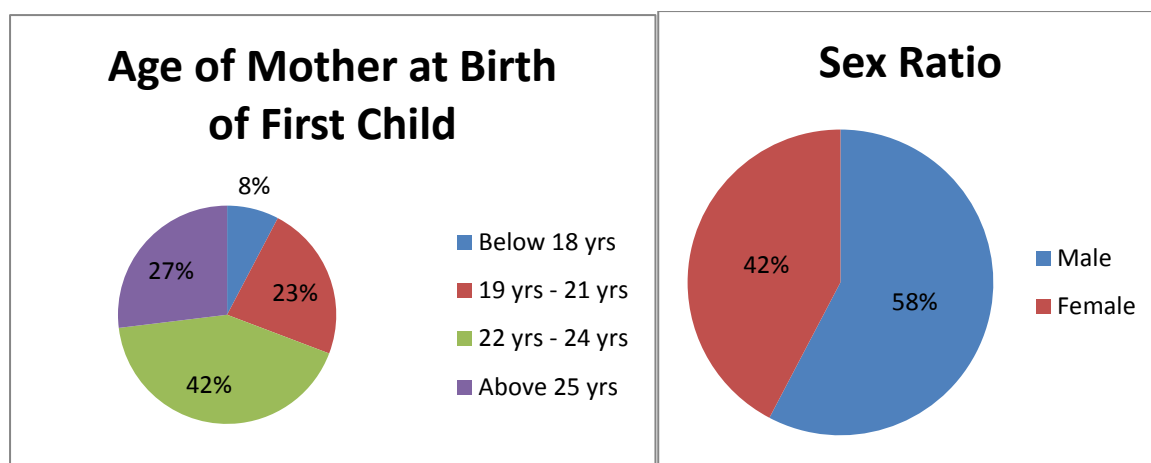


In Kenduahdih Basti, among the sample, 64% claimed that they consult the local doctor first in case of any medical urgency while 25% of sample said that they consult a private clinic for the same. Consulting local doctor/ private clinic/private hospital/chemist shop all together constitute as first option for 97% sample which shows that they have to incur cost to avail the medical services while only 3% claimed that they consult government hospital in case of emergency. The data reflects high dependency of community over private health resources.

5.11.1.6 MATERNAL HEALTH

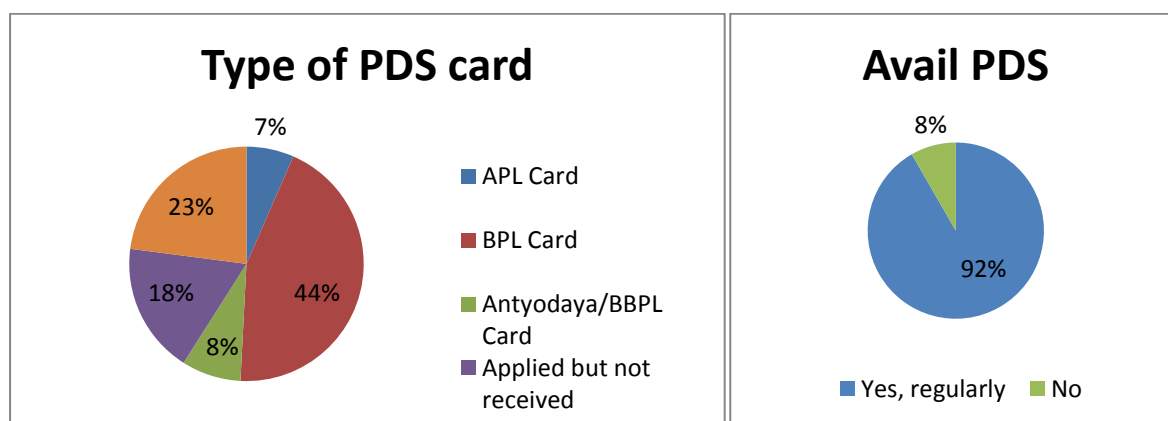


In Kenduahdih Basti, in terms of place of delivery of the children born in Barki Bauwa village shows 68% of the sample who had witnessed birth of child in their households in last three years claimed that the delivery was an institutional one and 32% were recorded saying that it was non institutional delivery. 58% of the respondents reported that child born in last three years has been registered while 39% are not. 3% also reported that status of registration of child was not known to them



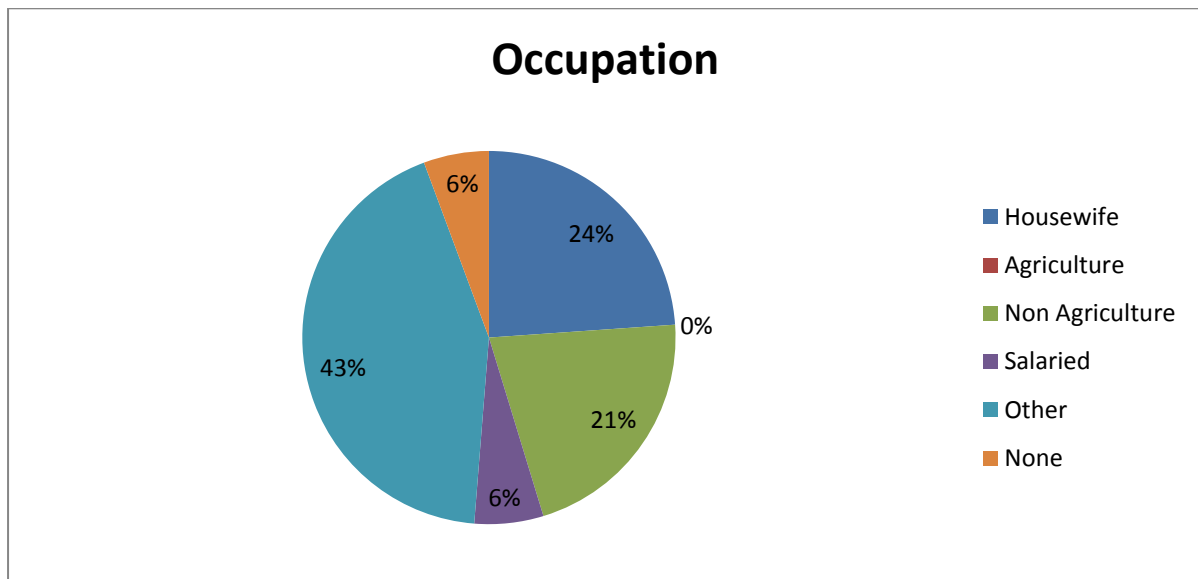
In Kenduahdih Basti, 8% of the respondents are reported to give birth to first child in last three years in the age group below 18 years. 23% of the respondent reported to give birth of first child between the age group of 19 to 21 years. All together it can be said that nearly 31% of the deliveries take place below 21 years which shows maternity health is not taken seriously among the mother as deliveries took place in young age. 42% of the respondent report to deliver between the age group of 22 to 24 years and lastly 27% report to give birth at the age above 25 years

5.11.1.7 PUBLIC DISTRIBUTION SYSTEM



In Kenduahdih Basti, among the sample, 7% reported saying that they have APL card while 27% confirmed having BPL card, 25% of the sample also reported that they don't have any card. Those who have cards constitute 44% reported 81% of them avail ration from PDS regularly, 19% denied availing the PDS facility.

5.11.1.8 OCCUPATION



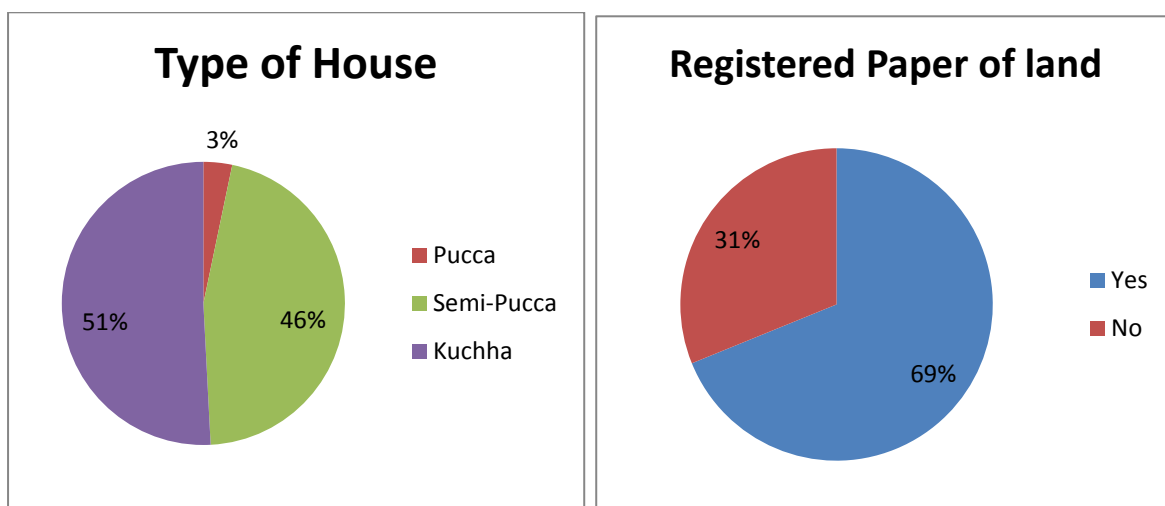
In Kenduahdih Basti, the above data shows that none of the sample population are engaged in Agriculture activity followed by non-agriculture (21%). Salaried employees constitute 6%, housewives are 24%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	There is no road which can join schools to main working road
	No electricity and in-house circuiting of lights and fans in the class room of primary school
	Shakti Nath Mehto School needs school boundary and toilet in school premises
Water Supply	Pipeline already exists in this village. More number of pipelines are required in Harijan Basti of Kenduahdih
Health Care	Mobile medical Van should treat children every month in primary school
	Maternity health camp should be initiated through MMV
Social Empowerment	Nearly 5-6 SHG has been identified in this village. SHG (Ma Saraswati Mahila Samuh) already exist in the village. They need are trained in agriculture. They need support of land to start collective farming of horticultural crops. They are also trained in preparation Agarbatti and bangles made from lac.
	Vocational training school for girls and boys is needed in this village. School building of Shakti Nath Mehto School can be used for providing vocational training center in the weekends or after the school hours with prior permission of the school administration. Not only that the training centre for women to start small enterprise can be establish in the same school premises.
Sanitation	No toilets in any of the households. Toilets is needed to construct
Infrastructural Development	There Kuccha road in the village which creates problem during rainy season
	On hand pump/tap point is needed in ICDS
	One kitchen room is required in primary school
	Playground boundary in needed with gate in primary school

5.11.2 BHAGABANDH

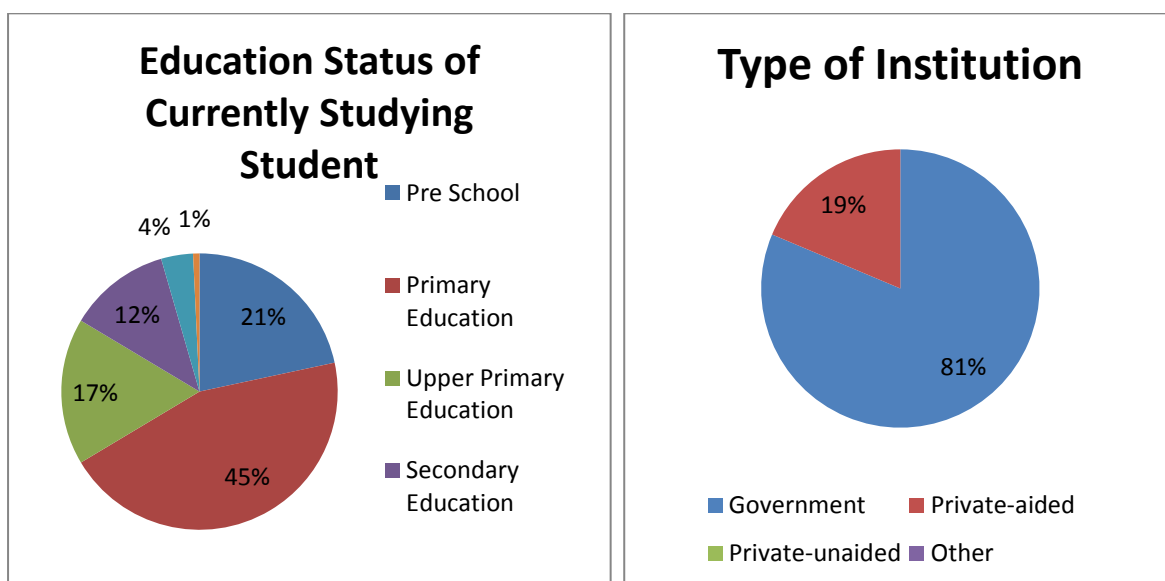


5.11.2.1 HOUSEHOLD STATUS



In Bhagabandh Village, 3% of the sample is living in pucca house and 51% were having kuchha house while 46% were having semi -pucca house. Among the sample 69% of the people have registered paper of land while 31% of them do not have registered paper of land. 94% of the sample is living in electrified.

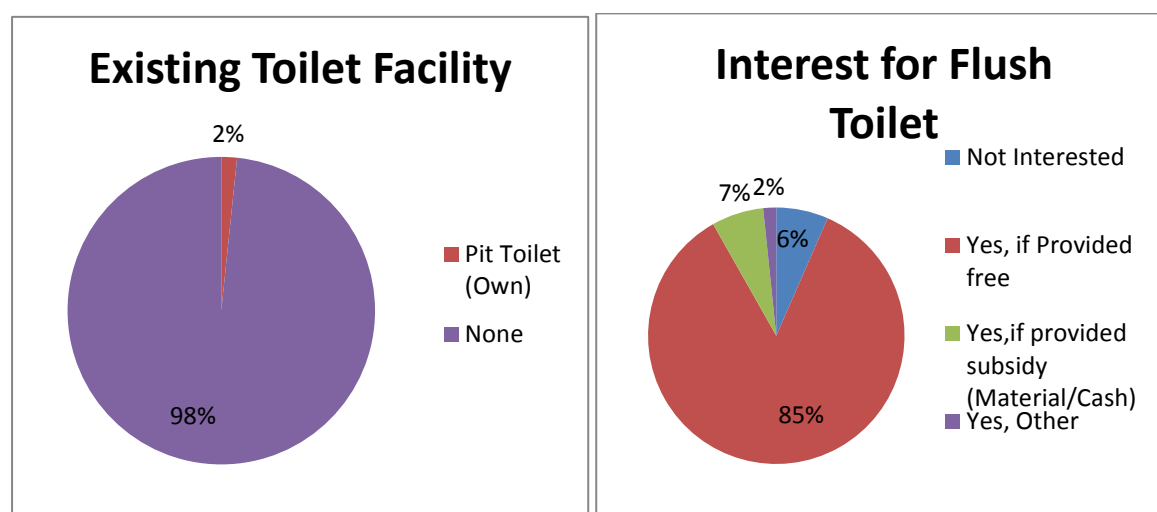
5.11.2.2 EDUCATION



In Bhagabandh Village, status of education does not seem positive as far as college education is considered, only 1% of the children among sample households are found at the time of data collection enrolled in higher education. Among the students of sample households who are currently studying, 45% are currently studying in primary school, 17% are in upper primary school, 12% in secondary school and another 4% is studying in

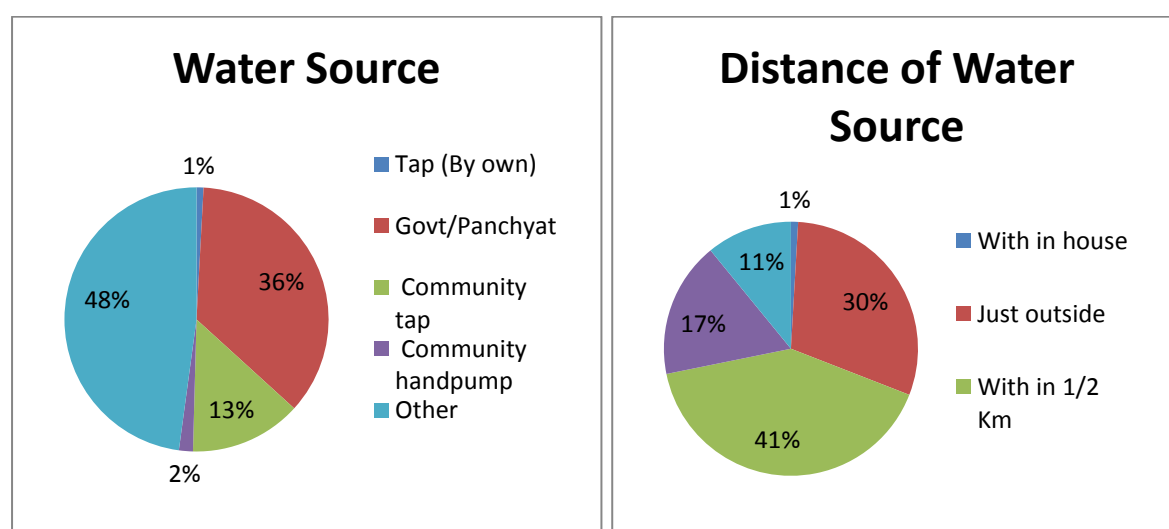
higher secondary education. 81% of students are studying in government institutions and 19% students are studying in private institutions.

5.11.2.3 SANITATION



In Bhagabandh Village, 2% of the sample population was found to have pit toilets. But majority (98%) of the sample population do not avail toilet facility in that area. In the interviewed households 88% of them wanted to have toilet facility when provided with no charges while 7% of those responded want to construct a toilet if subsidy is provided and 6% of them did not show any interest for toilet construction.

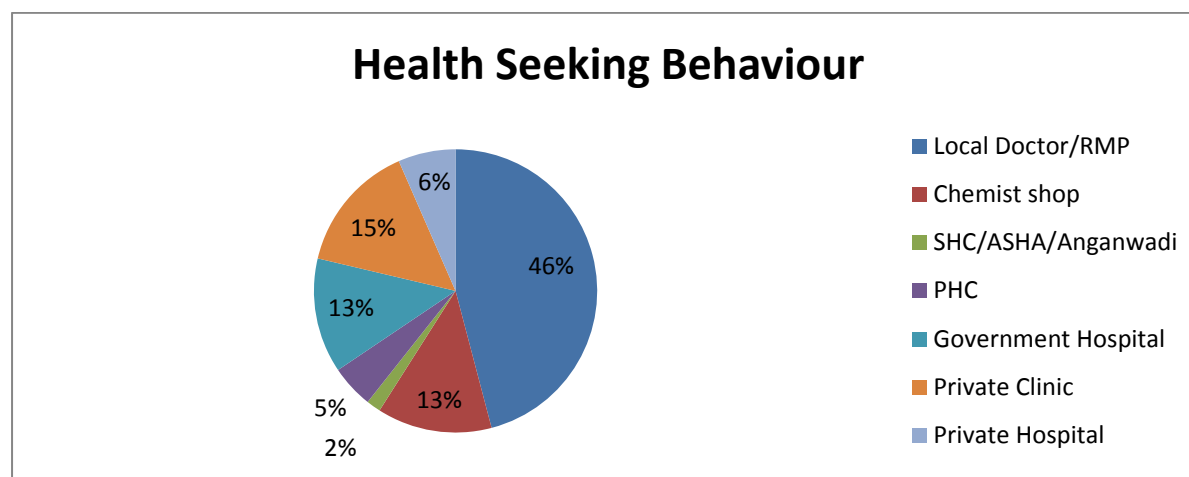
5.11.2.4 WATER SOURCE



In Bhagabandh Village, among samples 48% use other source of water for drinking purpose. 49% use community source for drinking water purposes. Village has drinking water supply provided by Panchayat/Government and it covers 36% of the sample however only 1%

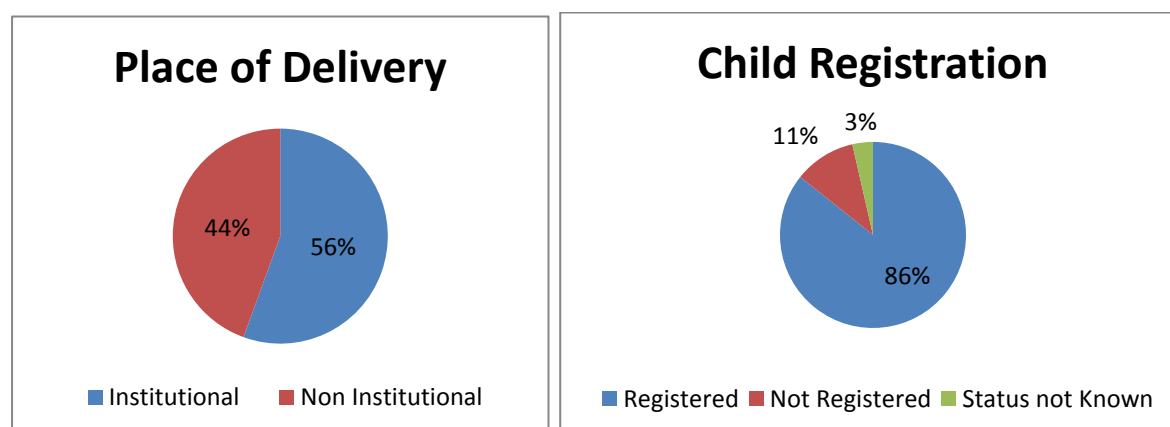
have this piped water supply facility inside their house. However the location of water is not an issue as community water sources are located very near to households. Only 1% of water source is available within the household, 30% just outside the household, 41% within half Km, 5% within 1 Km and lastly 11% from more than 1 Km.

5.11.2.5 HEALTH SEEKING BEHAVIOUR



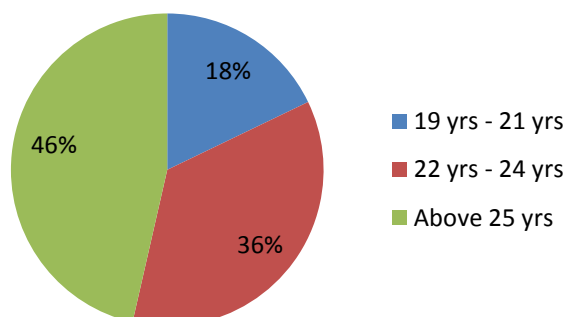
In Bhagabandh Village, among samples 15% reported accessing private clinic for medical emergency and 46% prefer going to a local Doctor or Registered Medical Practitioners. 5% of the people are found to be using PHC/CHC when they get ill followed by Government hospital which was recorded catering the medical needs of 13% of the sample. It reflects that 80% of respondents consult private services for medical needs which are supposed to be costly while 20% of the respondents rely of government services.

5.11.2.6 MATERNAL HEALTH

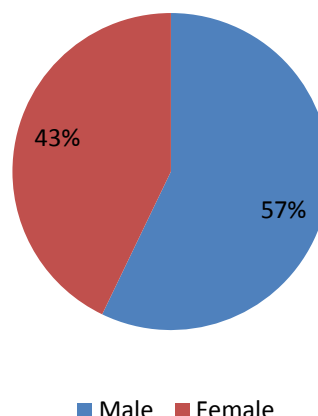


In Bhagabandh Village, among the sample households who witnessed the birth of child in last three year 56% of them said that it was an institutional delivery while 44% informed that the delivery was non institutional. 86% of child registration was observed.

Age of Mother at Birth of First Child



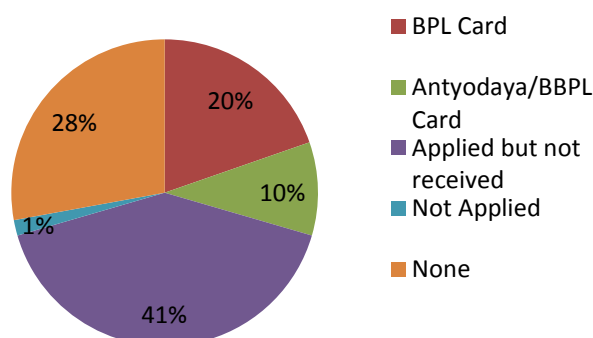
Sex Ratio



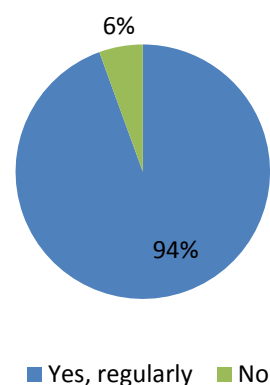
In Bhagabandh Village, 18% of women are in age group of 19 to 21 years at the time of birth of the child, 36% are under the age group of 22 to 24 years and lastly 64% are 25 years and above in last three years. Sex ratios in 0-3 year age group 57% children's are male child while 43 % are girl child.

5.11.2.7 PUBLIC DISTRIBUTION SYSTEM

Type of PDS card

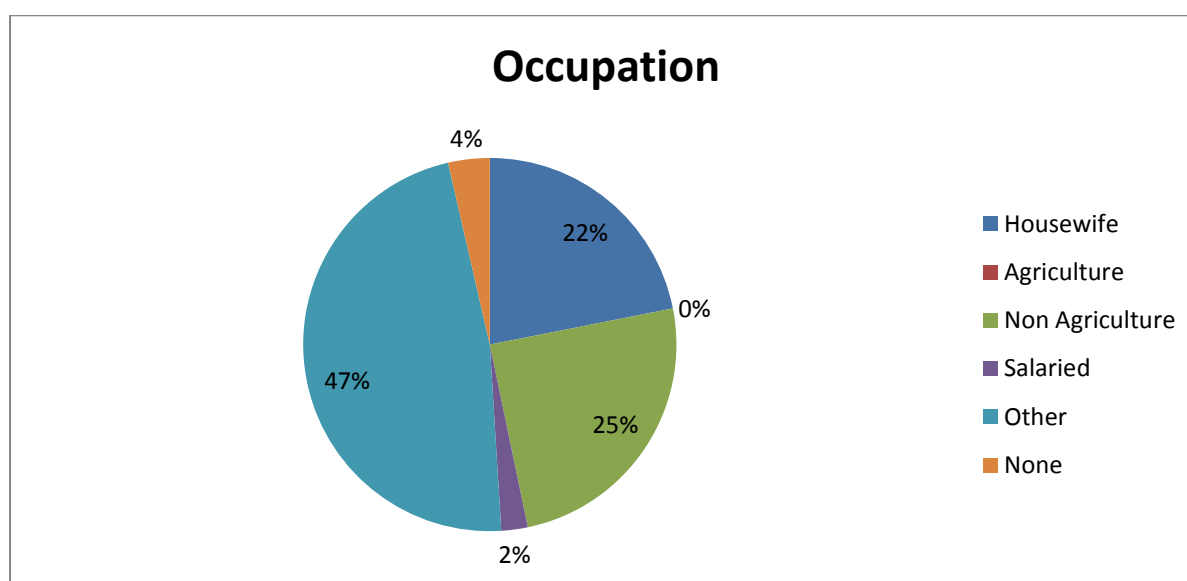


Avail PDS



In Bhagabandh Village, 20% of them are having BPL card. As informed by 41% of the sample that they had applied for the card but had not received yet while 28% of the sample households reported having no card at all. Among the sample who holds any type of card 94% of them informed that they avail PDS regularly which shows maximum outreach of this facility in this village while only 6% reported saying that they avail this facility sometimes, the reason they mentioned is the poor quality of grains.

5.11.2.8 OCCUPATION



In Bhagabandh Village, the above data shows that 7% of the sample population are engaged in Agriculture activity followed by non-agriculture (20%). Salaried employees constitute 7%, housewives are 26%. Majority of the sample population are found in other occupation and 9% are not involved in any kind of employment

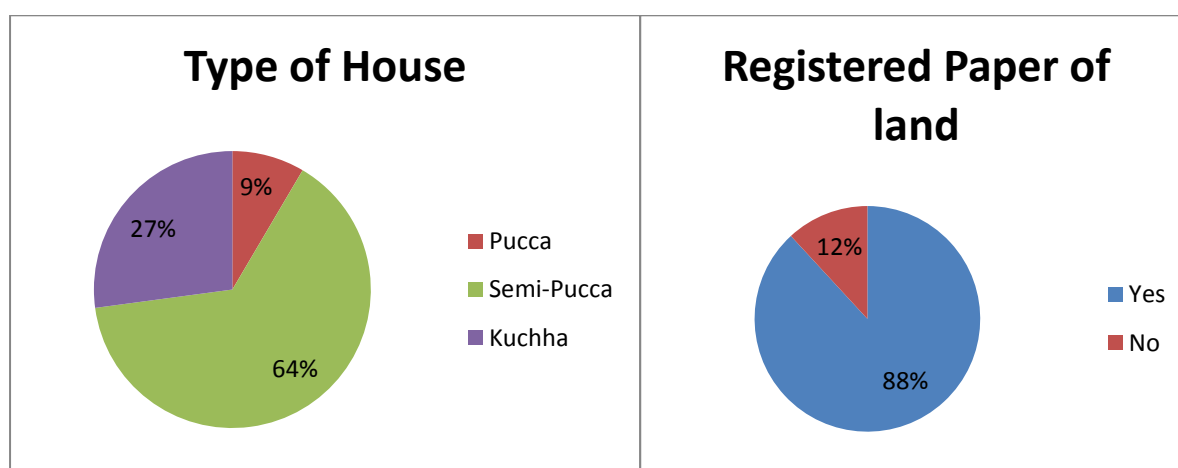
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	There should scholarship for the children belonging to underprivileged section of the society who is going for education after matriculation to schools of Dhanbad by BCCL
	Library is required in this village
	Evening school has been requested by the people
Water Supply	More number of tap points are required in Manjhi Tola of Bhagabandh Basti
Health Care	Maternity health camp is needed
	Regular check-up of primary school children
Rural Electrification	School should have in-house electric fitting of fans and light
Sports & Culture	Sports equipment should be provided to the sports club
Sanitation	No toilets in houses.
	There should be provision for garbage disposal By BCCL at regular interval along with fumigation
	Ponds should be cleaned with involving community by

	providing them daily wage as followed in MNREGS
Social Empowerment	SHG for women and men should be formed to start Income Generation activity
	Group activity on Piggery and poultry has been requested by the people. But for that a formal group has to be formed who have to register in the local bank
	Women who are not getting widow pension should be supported with livestock's like poultry, duckery and goatry
Infrastructural Development	Playground for children with boundary
	Repair of damage road should be done so that medical vans or ambulance should reach at the door step for pregnant women
	Playground with boundary should be constructed
	There is requirement of High school covering students from nearby villages like Bhagabandh. It can be done constructing additional school building in government secondary school in the village itself

5.11.3 JARMA (GWALAPATTI)

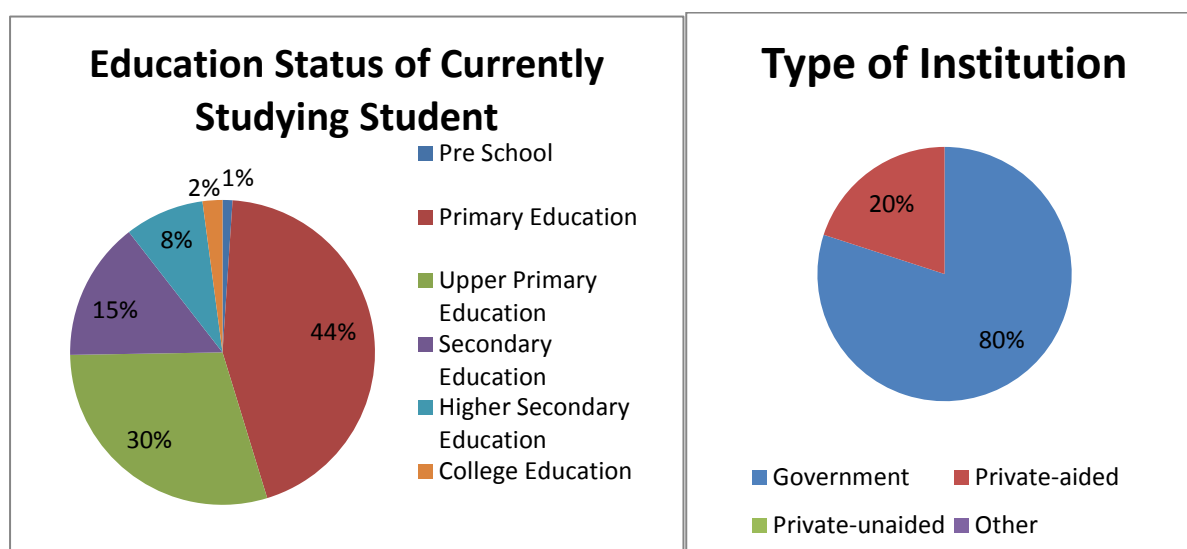


5.11.3.1 HOUSEHOLD STATUS



In Jarma (Gawalapatti) Village, 9% of the sample is living in pucca house and 27% were having kuccha house while 64% were having semi -pucca house. Among the sample 88% of the people have registered paper of land while 12% of them do not have registered paper of land. 93% of the sample is living in electrified house and only 2% of the households' were not electrified.

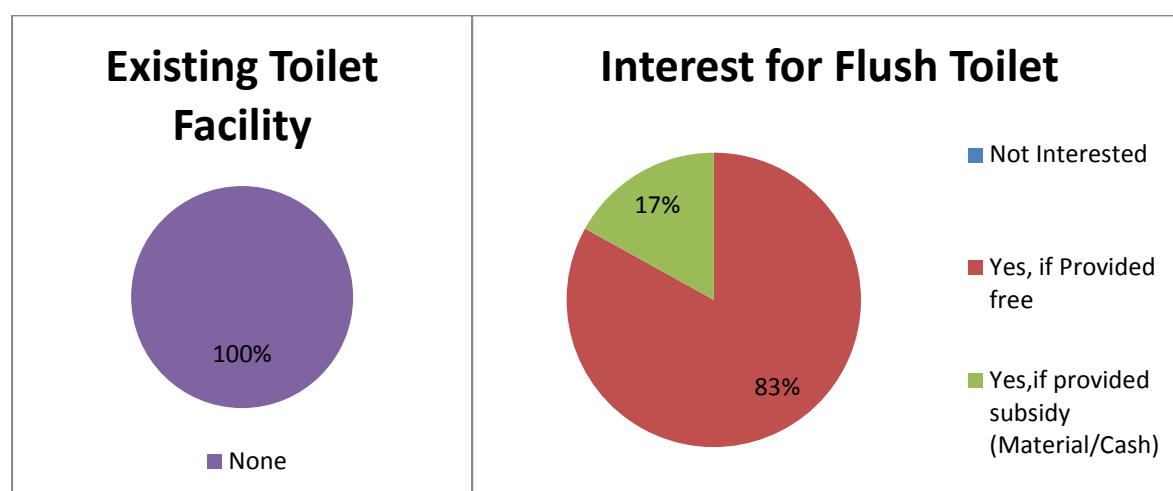
5.11.3.2 EDUCATION



In Jarma (Gawalapatti) Village, status of education does not seem positive as far as higher education is considered, only 1% of the children among sample households were found at the time of data collection enrolled in higher education. Among the students of sample households who are currently studying, 44% are currently studying in primary school, 30% are in upper primary school, 15% in secondary school and another

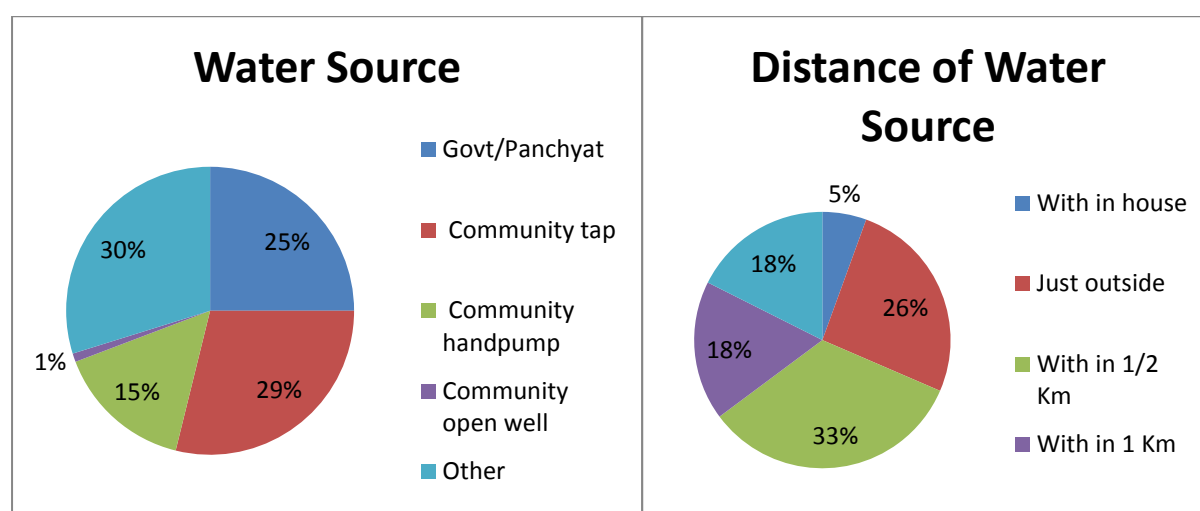
8% is studying in higher secondary.80%of the students are enrolled in government institution and 20 are in private aided institution.

5.11.3.3 SANITATION



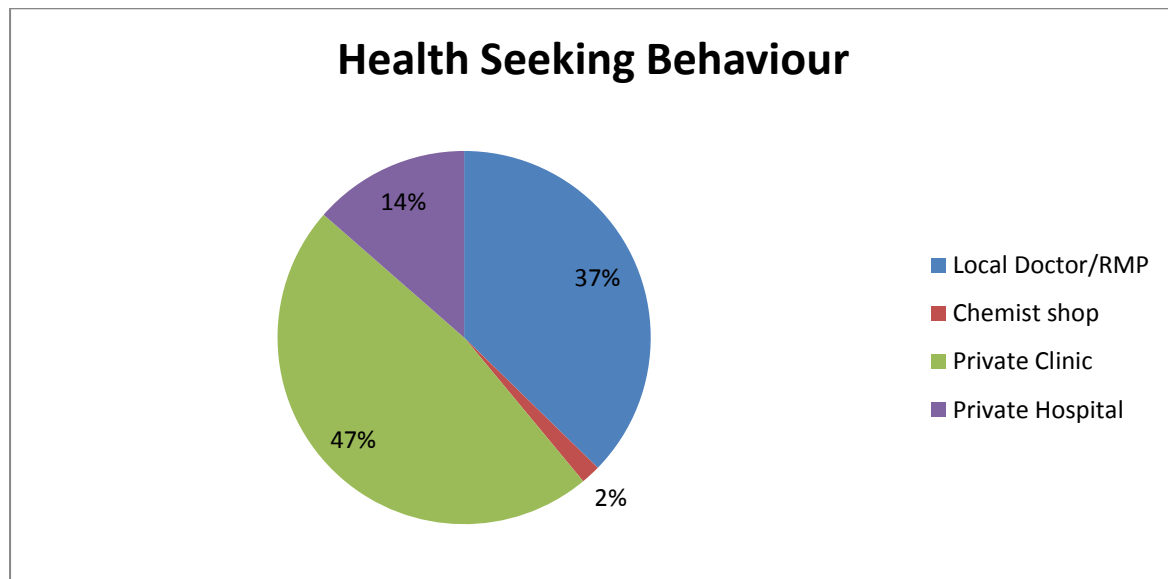
In Jarma (Gawalapatti) Village, majority (100%) of the sample population do not avail toilet facility in that area. 83% of them wanted to have toilet facility when provided with no charges while 17% of those responded want to construct a toilet if subsidy is provided.

5.11.3.4 WATER SOURCE



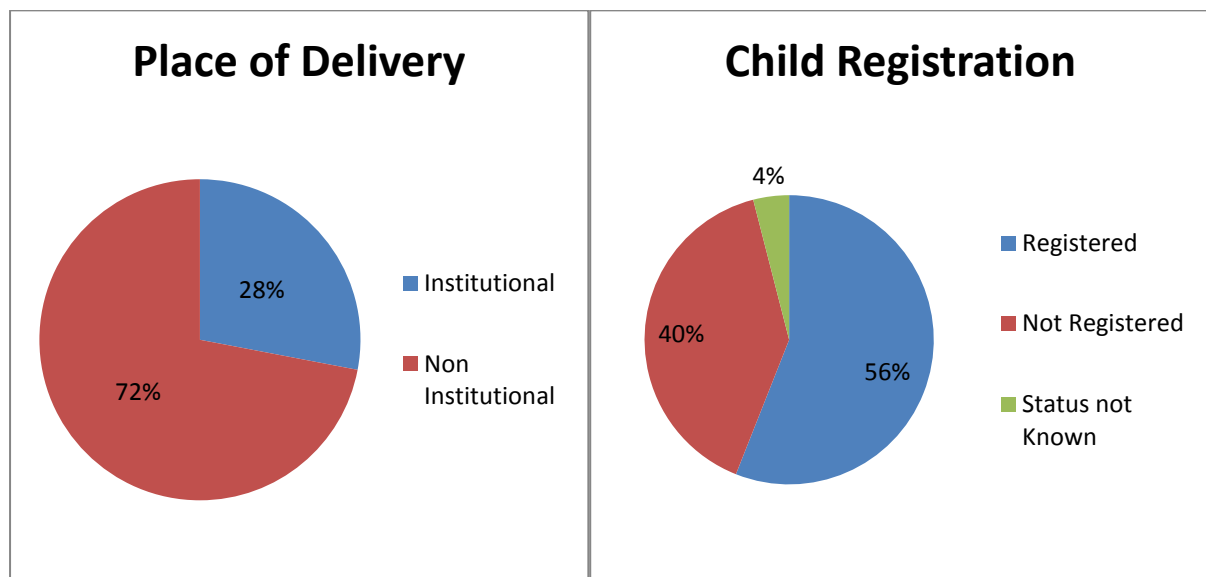
In Jarma (Gawalapatti) Village, among samples 45% use community source for drinking water purposes while 25% have access to house premises. Also 30% of the source is provided by other means. However the location of water is not an issue as community water sources are located very near to households.

5.11.3.5 HEALTH SEEKING BEHAVIOUR

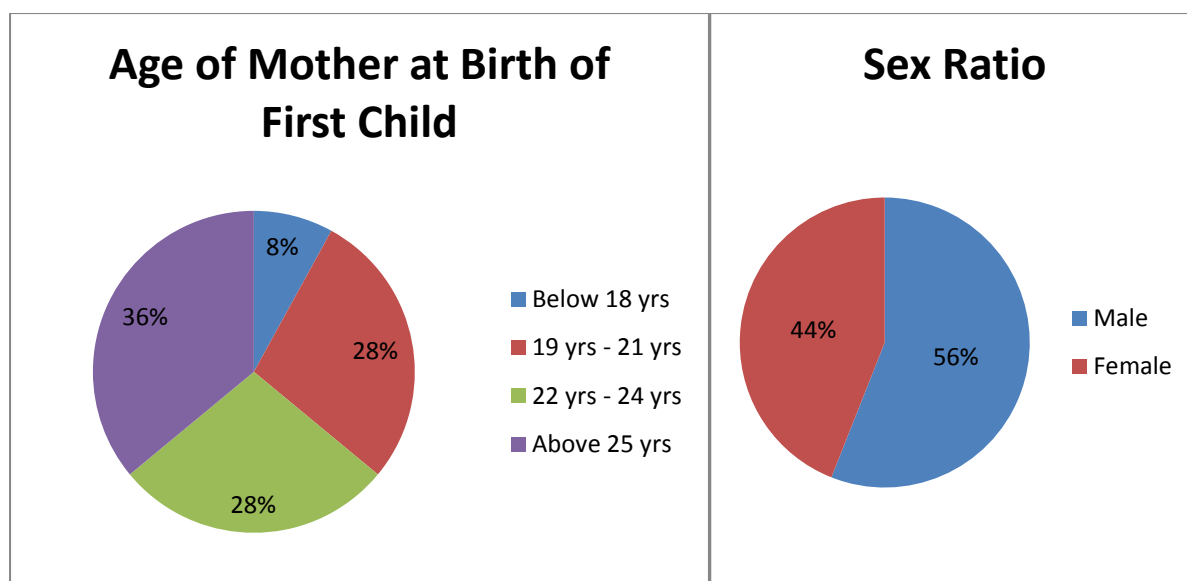


In Jarma (Gawalapatti) Village, among samples 47% reported accessing private clinic for medical emergency and 32% prefer going to a local Doctor or Registered Medical Practitioner followed by private hospital (14%). None of the respondents rely on government services.

5.11.3.6 MATERNAL HEALTH

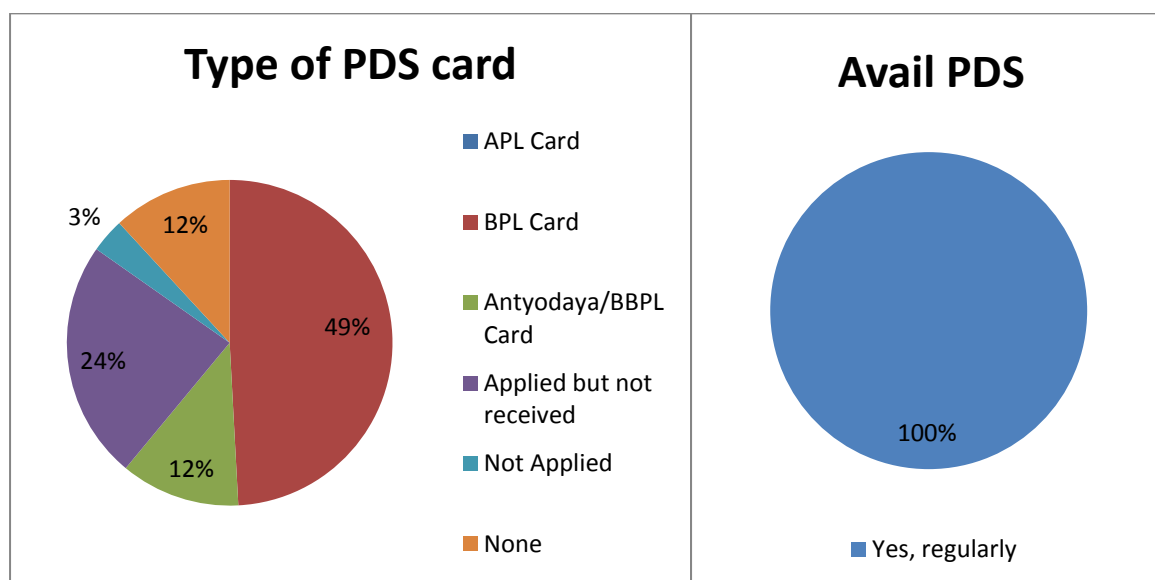


In Jarma (Gawalapatti) Village, among the sample households who witnessed the birth of child in last three year 72% of them said that it was an institutional delivery while 28% informed that the delivery. 56% of children are registered and 40 % are not registered.



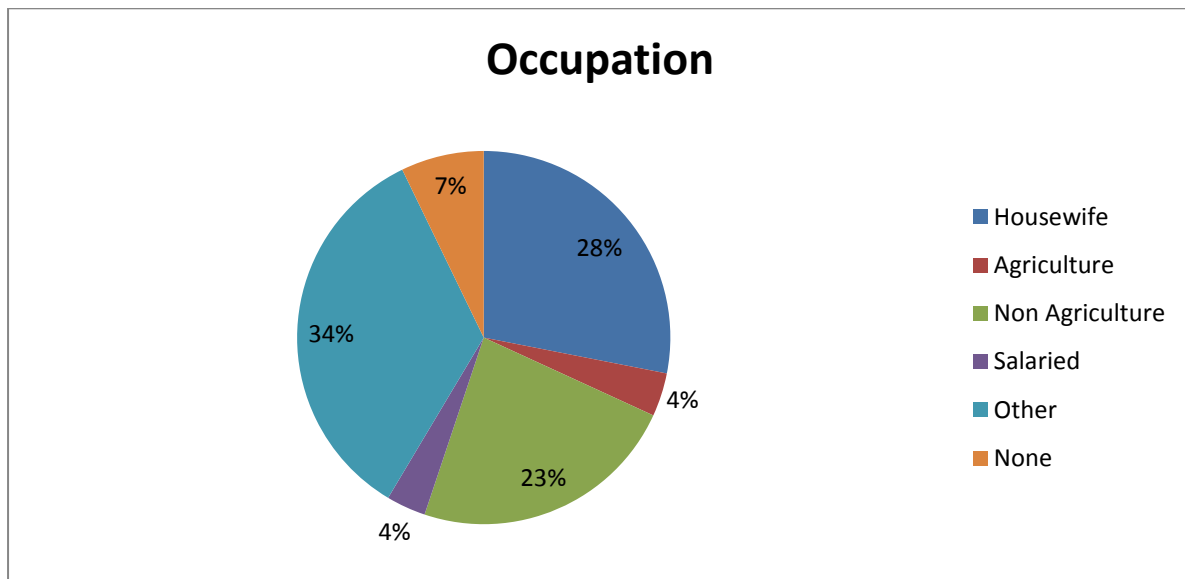
In Jarma (Gawalapatti) Village, 8% of women are in age group of below 18 years who gave birth to first child in last three years while 28% are in age group of 19 to 21 years at the time of birth of the child, 28% are under the age group of 22 to 24 years and lastly 36% are 25 years and above. Sex ratios in 0-3 year age group 56% children's are male child while 44% are girl child.

5.11.3.7 PUBLIC DISTRIBUTION SYSTEM



In Jarma (Gawalapatti) Village, 49% of them are having BPL card. As informed by 24% of the sample that they had applied for the card but had not received yet while 12% of the sample households reported having no card at all. Among the sample who holds any type of card 100% of them informed that they avail PDS regularly.

5.11.3.8 OCCUPATION



In Jarma (Gawalapatti) Village , the above data shows that 4% of the sample population are engaged in Agriculture activity followed by non-agriculture (23%).Salaried employees constitute 4%, housewives are 28%. Majority of the sample population are found in other occupation and 7% are not involved in any kind of employment.

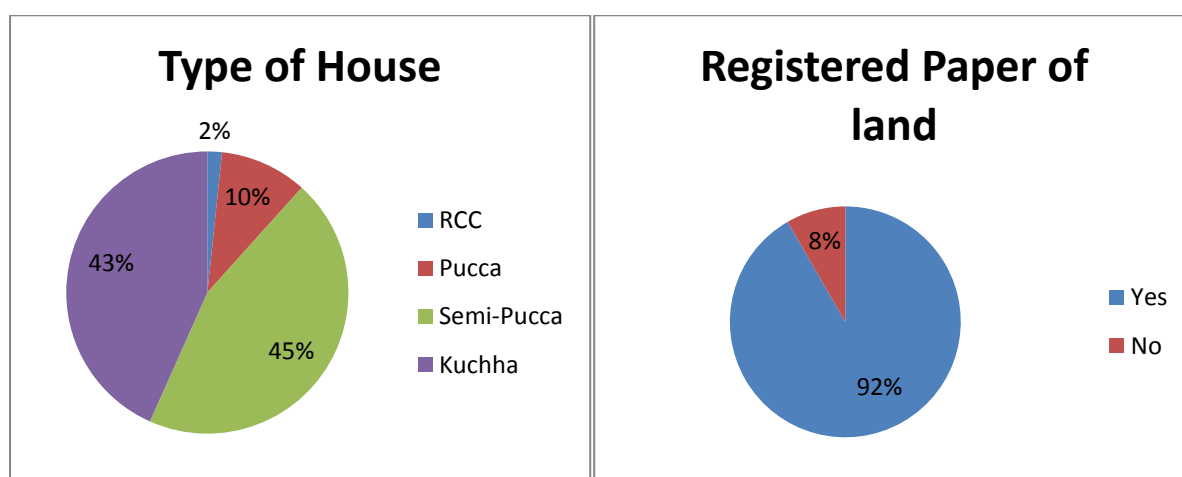
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Cycle should be provided to students after 7 th class for boys and girls belonging to BPL families
Water Supply	Supply water should reach this village since the nearby village has water supply Temporary and permanent check dams should be constructed to hold water. Pump sets or engine or motor can be provided to a men group to draw water from the nala. Maintenance of the set will be managed by the group it self
Health Care	NO mobile medical van reach in this village since the road is damage and anteriorly situated, people have to travel in the damage road to avail medical facility specially pregnant women Primary School children should be medically treated at school monthly
Rural Electrification	No electricity connection and electric fitting in the primary schools
Livelihood	Unemployment can be addresses by linking unemployed to banks from financial support Differently able people should be provided with wheel chairs. Differently able children should be enrolled in vocation at training centre (Residential) in Dhanbad under the sponsorship of BCCL
Sanitation	Garbage disposal an drainage should be taken care by the community with joint effort of BCCL None of the houses has toilets.
Infrastructural Development	PCC road should be constructed from road starts from ACC kenduahdih to Jarma village A separate ICDS is needed as children have to go nearby village. For Vaccination also women has to travel Moonidih (4-5 Kms) Playground should be provided with boundary

5.12 WESTERN JHARIA AREA

5.12.1 MANJHLADIH

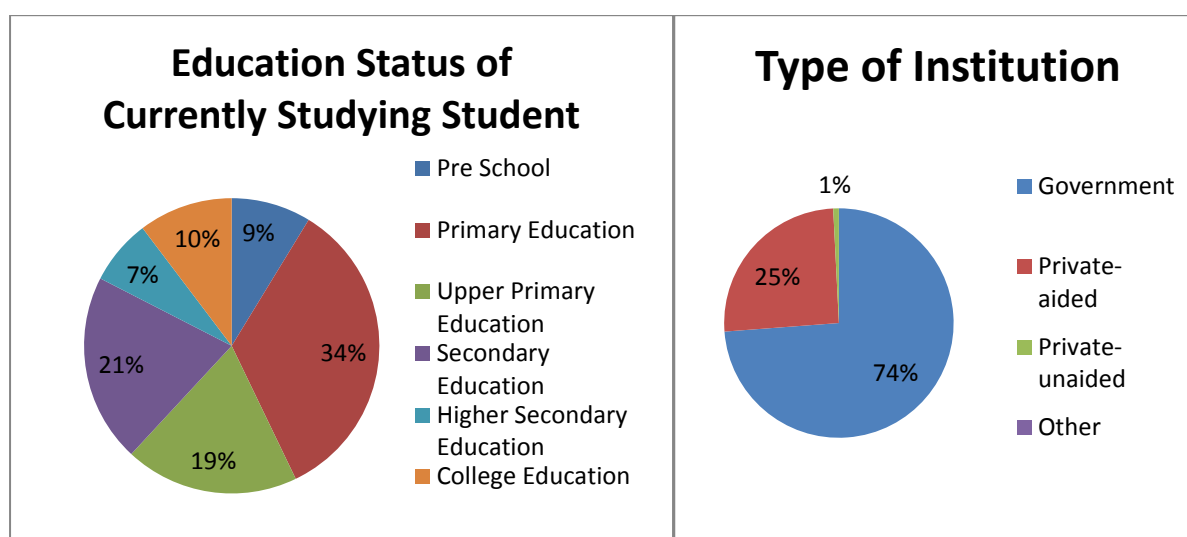


5.12.1.1 HOUSEHOLD STATUS



In Manjhaladih Village, most type of houses found among the sample population in this village is Kuccha houses (43%). 45% of the sample households were Semi-Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of house found in this region is Pucca house (7%). The data on the village of Manjhaladih Village, clearly points to the fact that 92% of the population has registered papers of their land holdings. While the rest of the population which amounts to a figure of 8% has no registered papers of the land. Among the interviewed households, 90% houses are reported electrified.

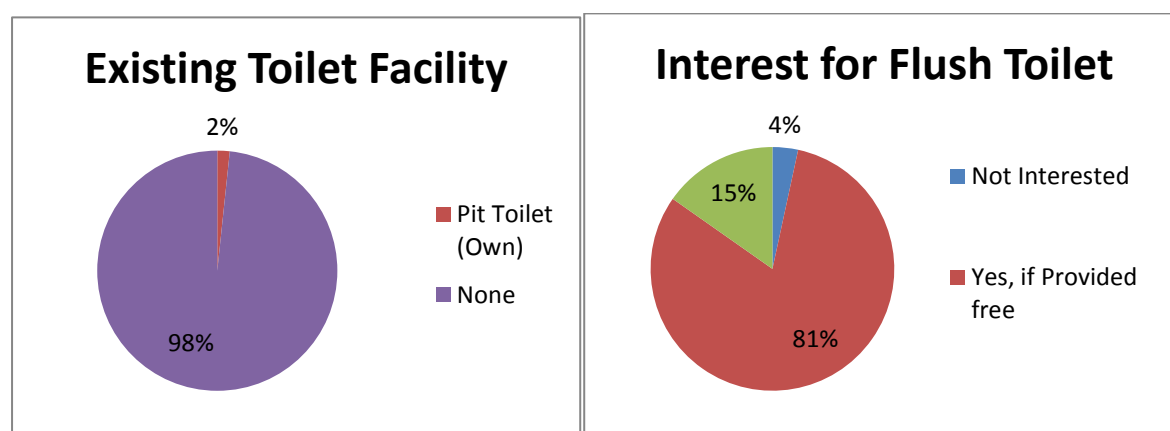
5.12.1.2 EDUCATION



In Manjhaladih Village, among the sample population 34% students are studying in primary school and 19% are in upper primary school, 21% in Secondary School and 7% in Higher Secondary school. Around 10% students are enrolled in college education.

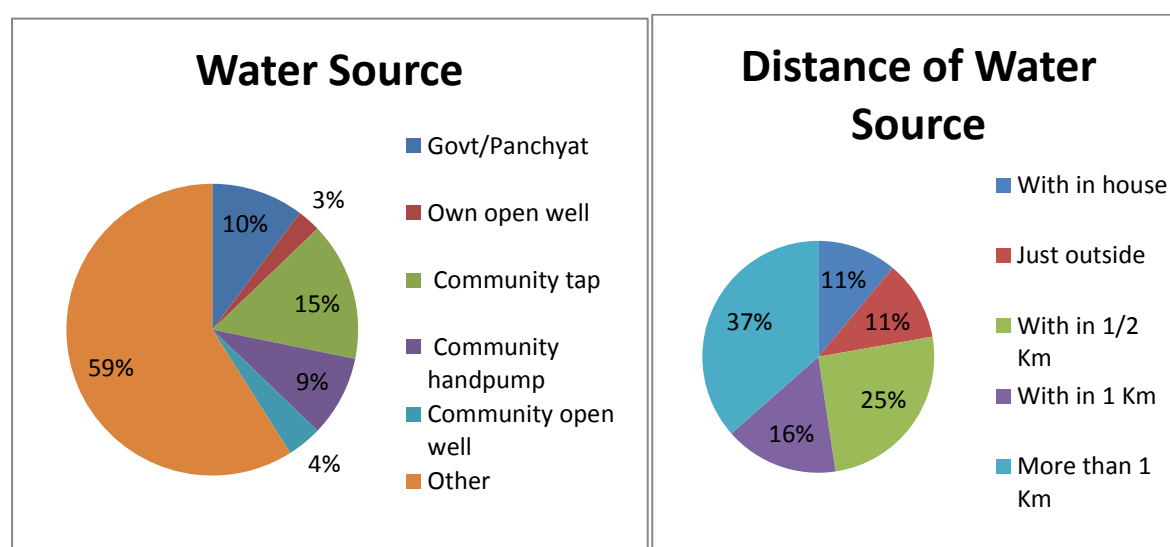
Government institution provides education to 74% of the students among the sample households while only 26% students go to private education system.

5.12.1.3 SANITATION



In Manjhaladih Village, Study held in this village shows poor result in case of sanitation facility. 98% do not have toilet and only 2% have pit toilet. 81% of the sample population reported that they would go for flush toilet if provide with free of cost, 15% reported that if subsidy is given they would like to construct a toilet in their houses however 4% said that they are not interested in having toilet in their home.

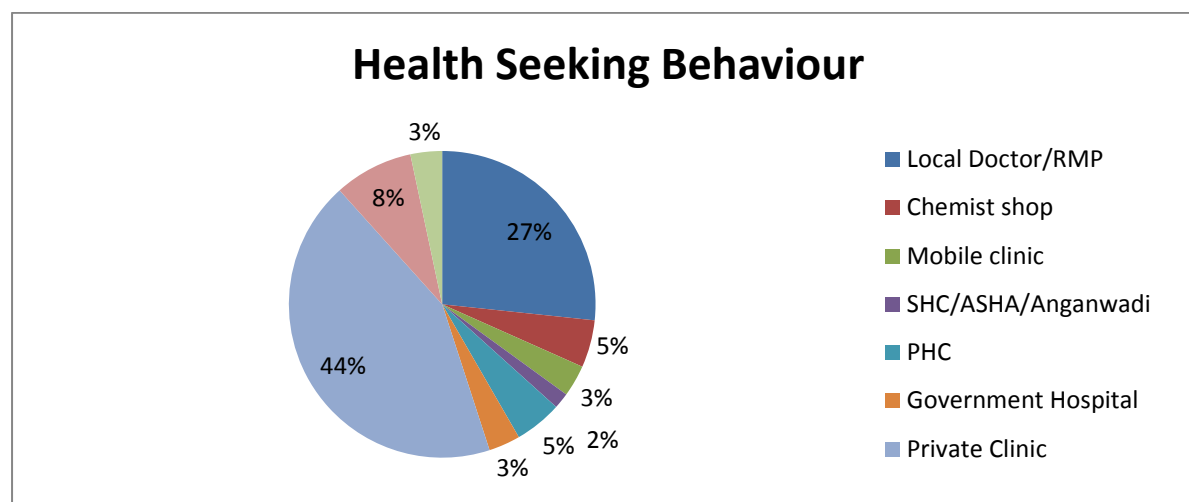
5.12.1.4 WATER SOURCE



In Manjhaladih Village, 30% of the sample population depends on community source of water. Community hand pump caters the water related need of 9% of the sample population Around 15% of sample households said that they get drinking water from community tap. Own open well is available to only 3% of population. 59% of water source is

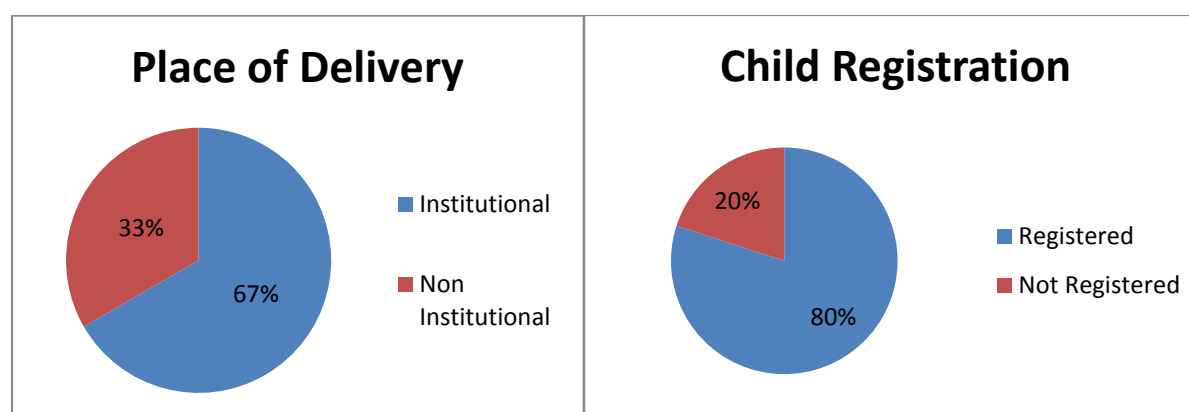
available by some other source. For 11 % of the sample households' water source is located inside their house while 11% said it is located just outside their house. Around 25% said that they have to walk within half get drinking water. It has also been seen that 37% of respondent procure water even more than 1 Km.

5.12.1.5 HEALTH SEEKING BEHAVIOUR



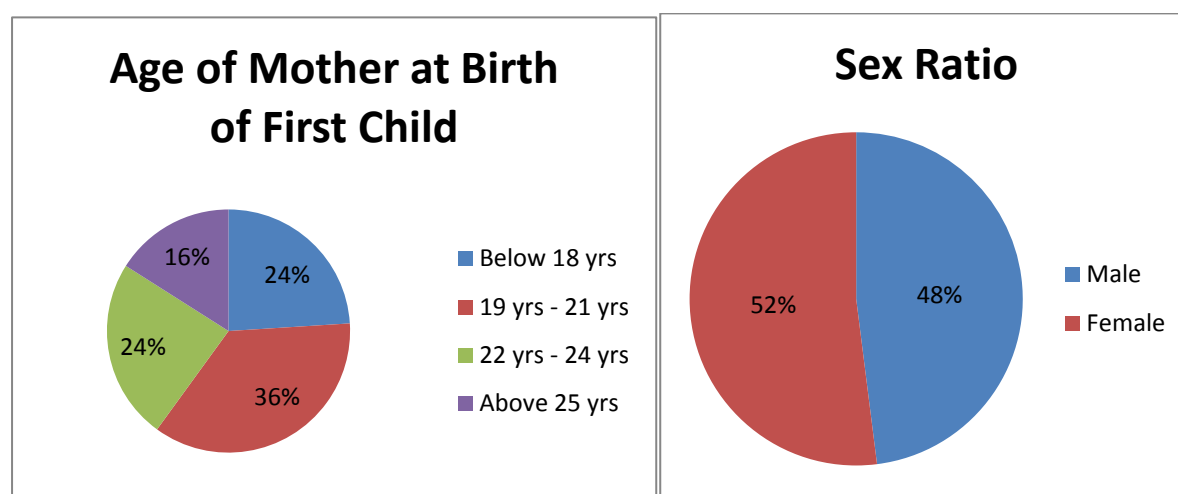
In Manjhaladih Village, , 44% of the people prefer private Clinic, 8% visit private Hospital for health checkup while only 3% of the people government hospitals. Large numbers of sample population (27%) prefer local doctors for medical emergencies. Only 5% of the people manage with consultation of chemist shop. It has also seen that nearly 3% of populations prefer company aided hospital for health check-ups.

5.12.1.6 MATERNAL HEALTH



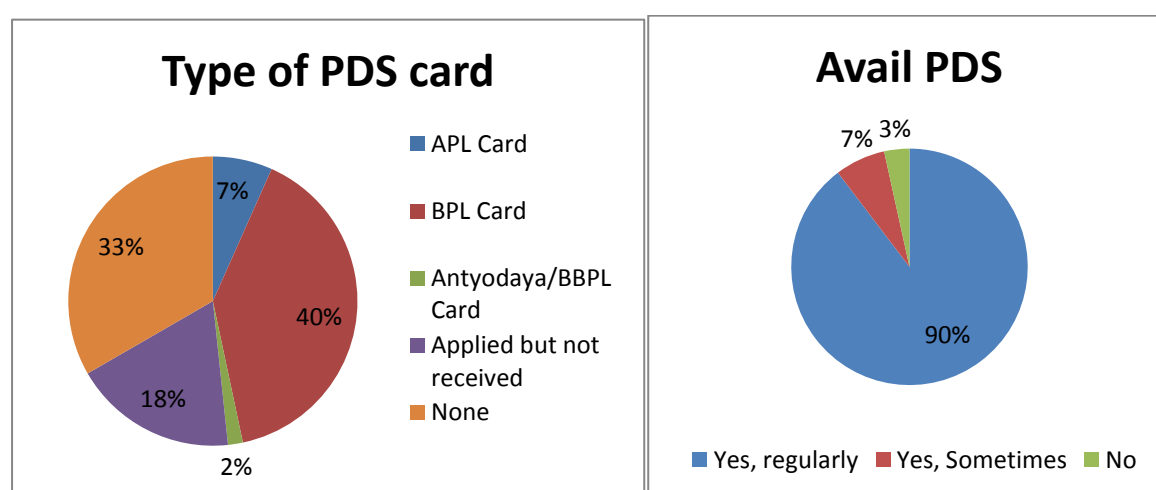
In Manjhaladih Village, among the deliveries that took place in last three years in Manpur Village, 67% are institutional deliveries, whereas the rest of the population which accounts to 33% takes place in the non-institutional places. This shows that people

of that village are aware of institutional practices of delivery and making use of adequate medical care. It is an appreciative sign that 80% of the children in this Village are registered after birth whereas 20% of the children during the survey have not been registered after birth.



In Manjhaladih Village, Sample also reflects 24% of women conceive and delivers below 18 years, followed by 36% in between the ages of 19-21 years, while 24% females delivers between the ages of 22-24 years rest (16%) conceive and delivers above 25 years .The data collected shows that in the last three years 52% of the new born kinds are female and 48% are males.

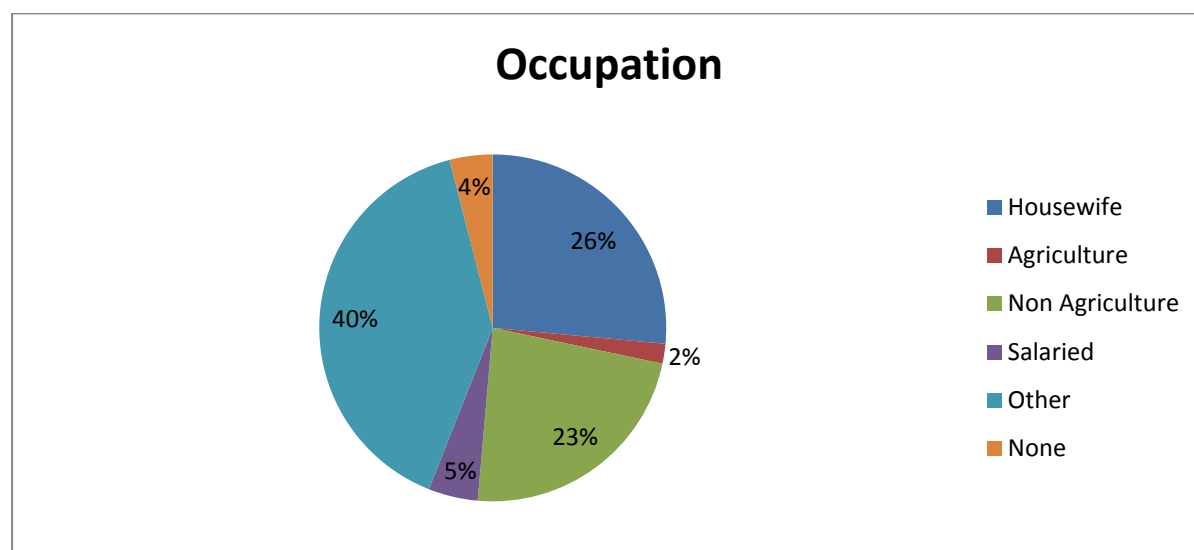
5.12.1.7 PUBLIC DISTRIBUTION SYSTEM



In Manjhaladih Village, The data shows that 7% of the sample households have APL Card while 40% of the sample households are under BPL category.338% of the sample does not have any card. As informed during interview, 90% of the sample households who have ration card of any type avail ration from PDS regularly, while 7% sample households of the same

category has been found to be availing this facility sometimes. 3% of the sample do not avail this facility at all.

5.12.1.8 OCCUPATION

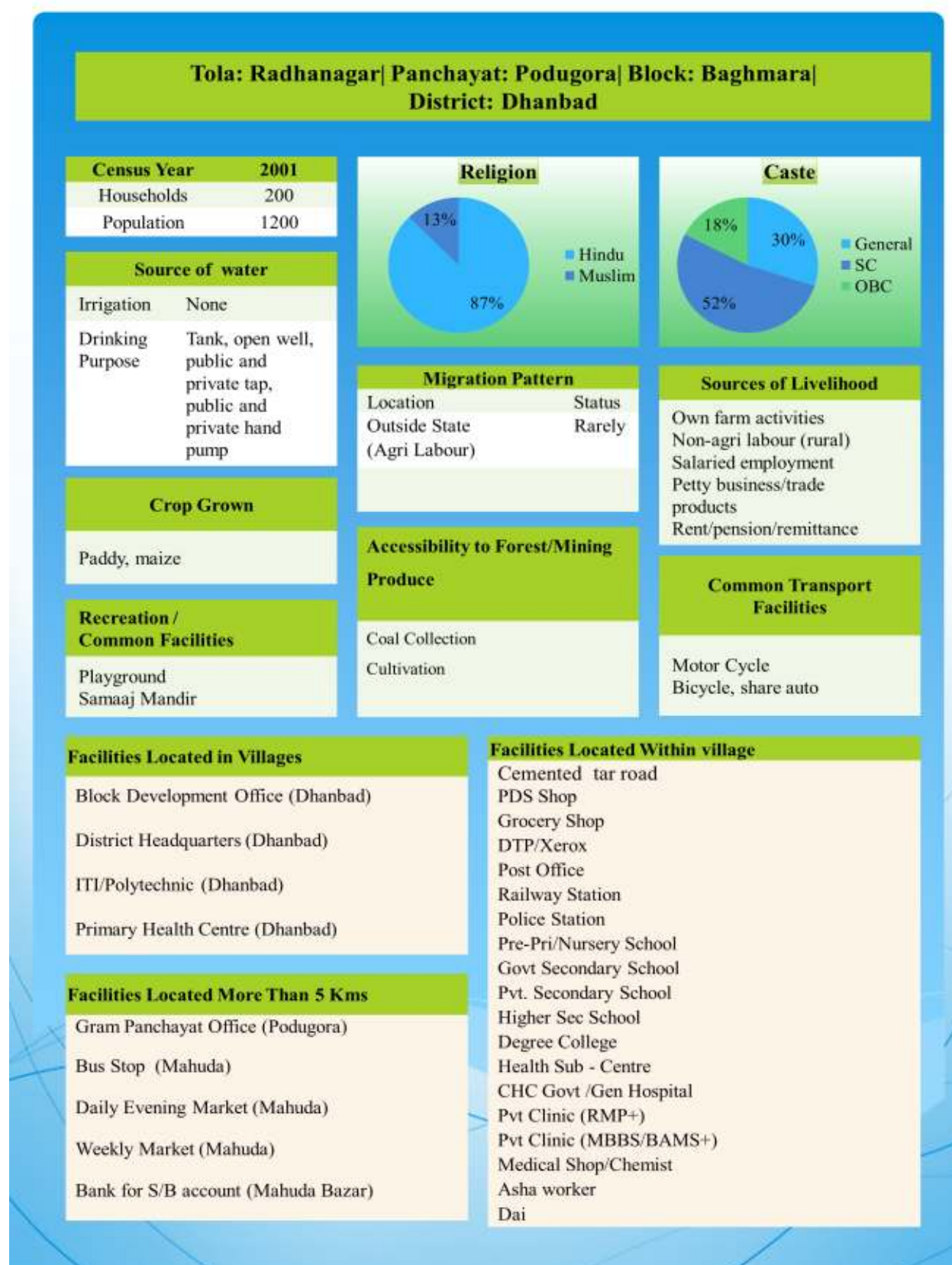


In Manjhaladih Village, the above data shows that 2% of the sample population are engaged in Agriculture activity followed by non-agriculture (23%). Salaried employees constitute 5%, housewives are 26%. Majority of the sample population are found in other occupation and 4% are not involved in any kind of employment.

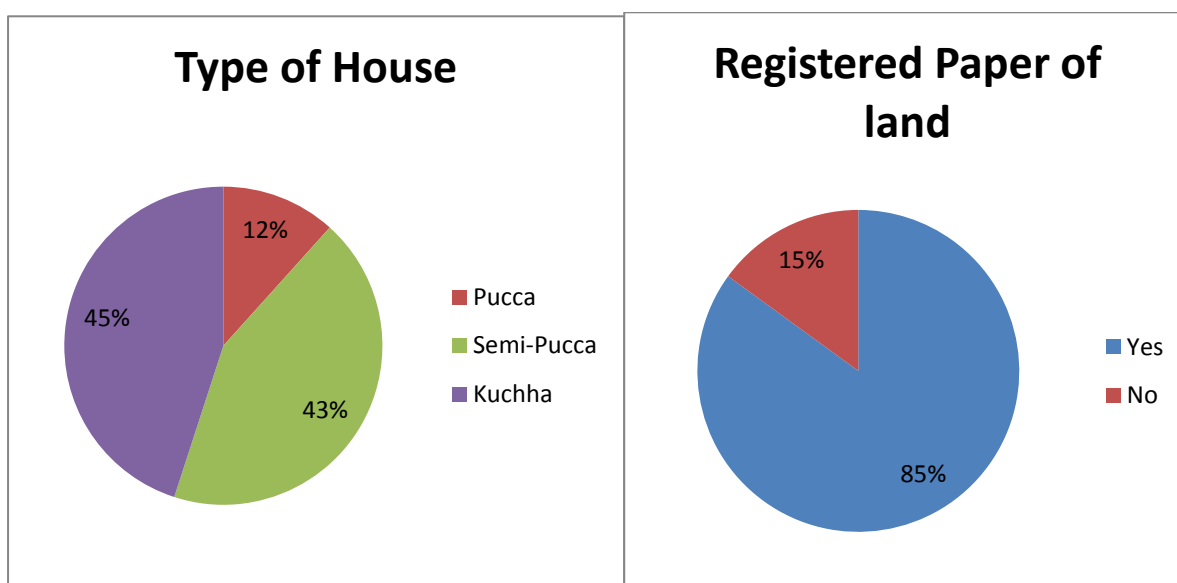
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Additional bench and desk should be provided in the high school
	Adult education should be facilitated by BCCL
	Computer classes should be provided by BCCL to school drop outs
Health Care	Medicine should be provide to non BCCL employee under CSR clinic
	Ambulance services should also be provided by BCCL for pregnant women for deliveries
	Health camps on maternal health care should be provide monthly through the mobile medical van
	Health check-ups at school also be initiated by MMV
Sports & Culture	Sports club should be identified and the talented candidates should be sponsored by BCCL for various level of tournaments

Environment	Noise pollution has been observed due to captive power plant situated very close to the village. Afforestation and other necessary steps should be taken to overcome this problem
Livelihood	Animal husbandry and poultry should be promoted as income generation activity for the unemployed Training on scientific farming should be provided by BCCL with close coordination with krishi vigyan kendra
Sanitation	Garbage disposal should be done at BCCL level regularly Regular fumigation against mosquitos should be there
Infrastructural Development	Road is extremely damaged Dhanabd- Bokaro main road to WJ area office Road (1 Km) is damaged and needs immediate attention towards its repair Playground should be levelled and boundary wall should be constructed

5.12.2 RADHANAGAR

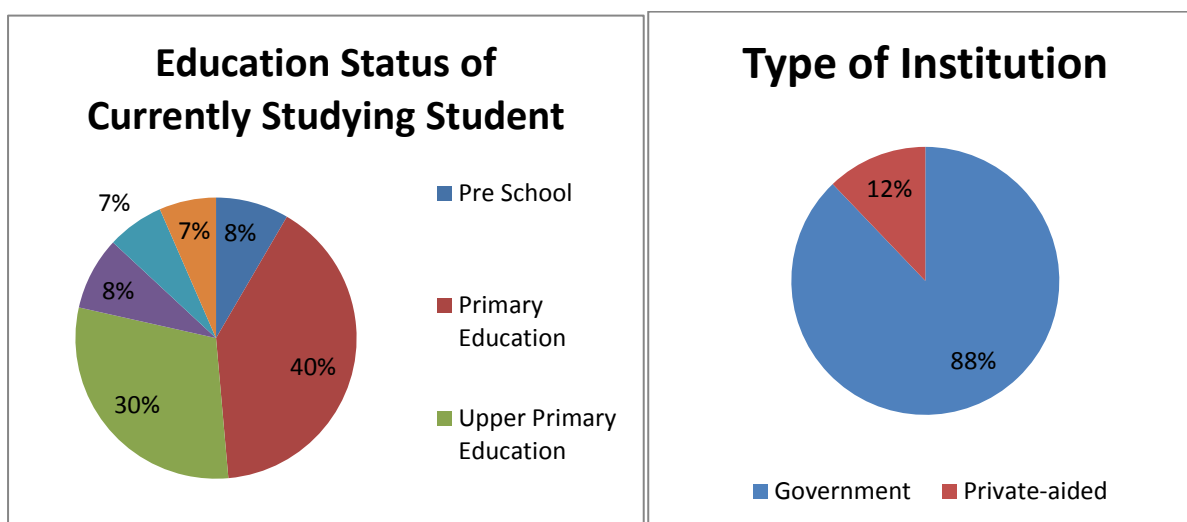


5.12.2.1 HOUSEHOLD STATUS



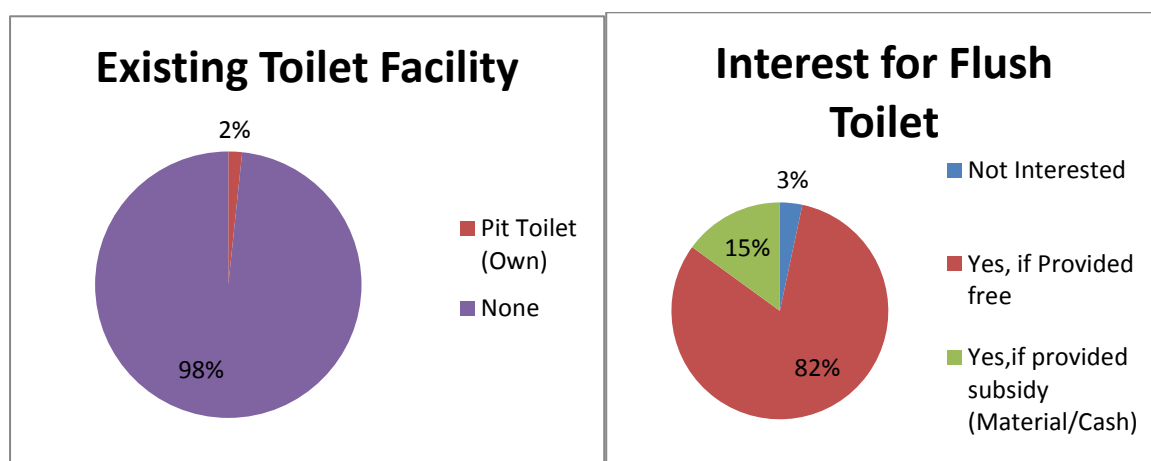
In Radhanagar Village, majority of the sample population have Kuchha Houses (45%), 43% have Semi-Pucca houses and 12% have Pucca houses. However, No sample population have found to have RCC houses. 85% of sample living have the registered papers (patta) of the land but 15% still don't possess the papers of the land. 75% of the households studied in the survey are electrified.

5.12.2.2 EDUCATION



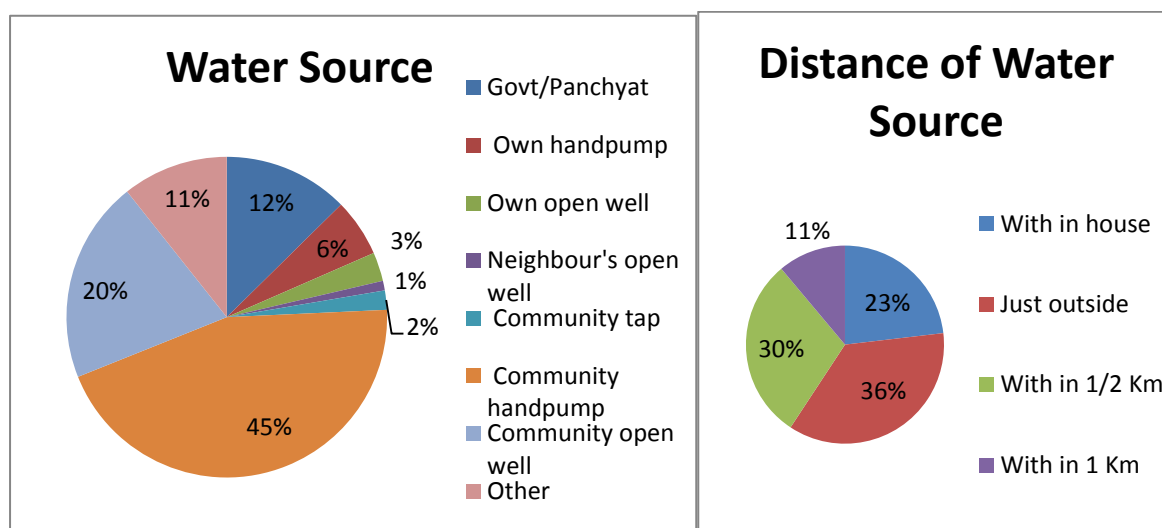
In Radhanagar Village, students who are currently studying 10% are in Pre-school, 29% of them are in primary Education followed by upper primary (22%), Secondary education (27%), Higher Secondary (7%) and college education (5%). 94% of the children are enrolled in government Institutions followed by only 6% in private-aided institutions.

5.12.2.3 SANITATION



In Radhanagar Village, among the sample, the percentage of households who had no toilet facility available was quite high, 98% of sample doesn't have toilet facilities. Nearly, 82% said that they are interested in flush toilet if provided with free of cost under different government schemes and 15% shown interest for flush toilet if provided with some subsidy while 3% of the sample population are not interested to avail flush toilets to be constructed at their homes.

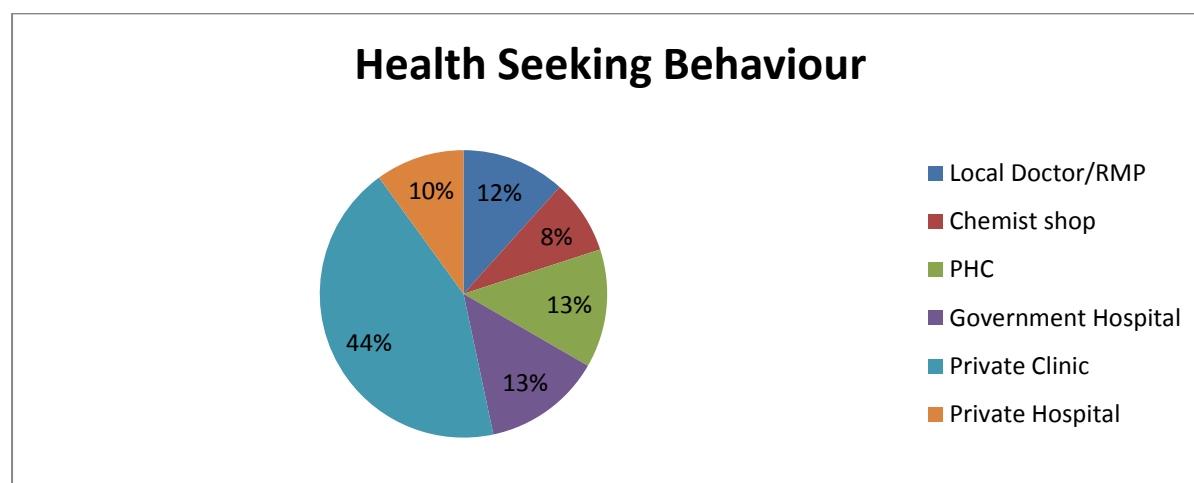
5.12.2.4 WATER SOURCE



In Radhanagar Village, 20% of the sample households reported that they use community open well for the drinking water purposes. Another 45% claimed that they get water from community hand pump. Only 3% use own open well, 1% use neighbour's open well and lastly 45% use other source of water for drinking purpose which include pond. 36% of the sample informed that water source is located just outside the house while 23% of sample

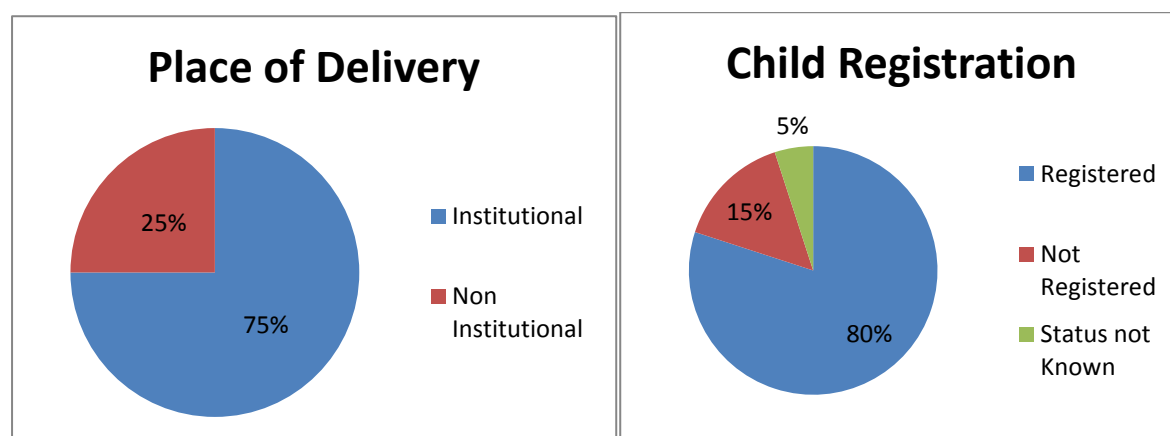
reported that water source is located inside their premise. 30% of sample said that they have to walk half Km while 11% reported that they have to travel one Km to fetch drinking water.

5.12.2.5 HEALTH SEEKING BEHAVIOUR

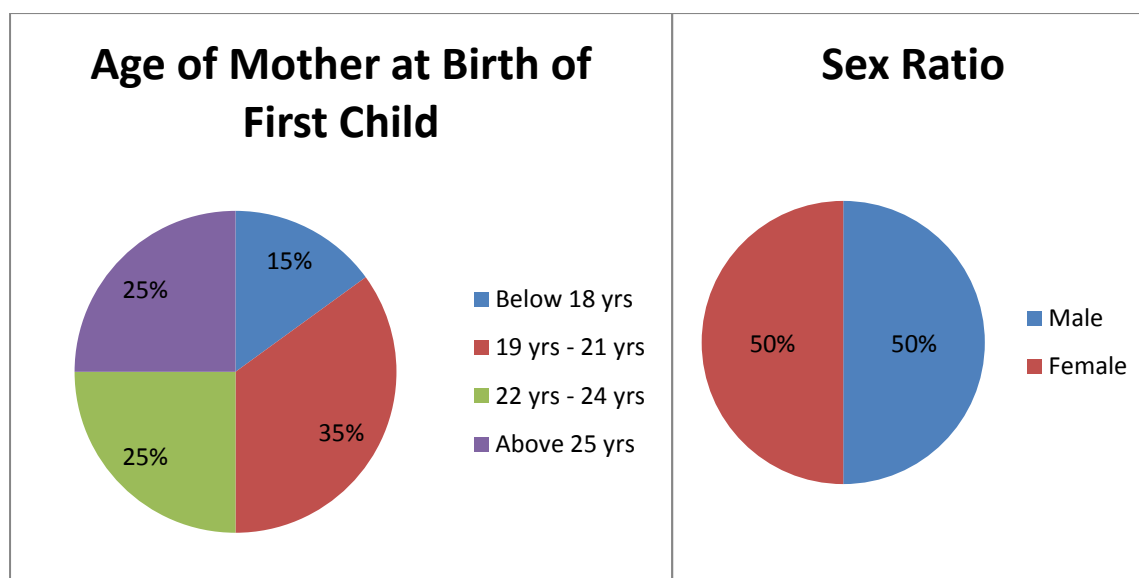


In Radhanagar Village, among the sample house holds 12% consults local doctor/ RMP, 10% consult private hospitals, 13% consult government hospitals and 44% consult private clinic while 8 % consult chemist shop to avail health related needs.

5.12.2.6 MATERNAL HEALTH

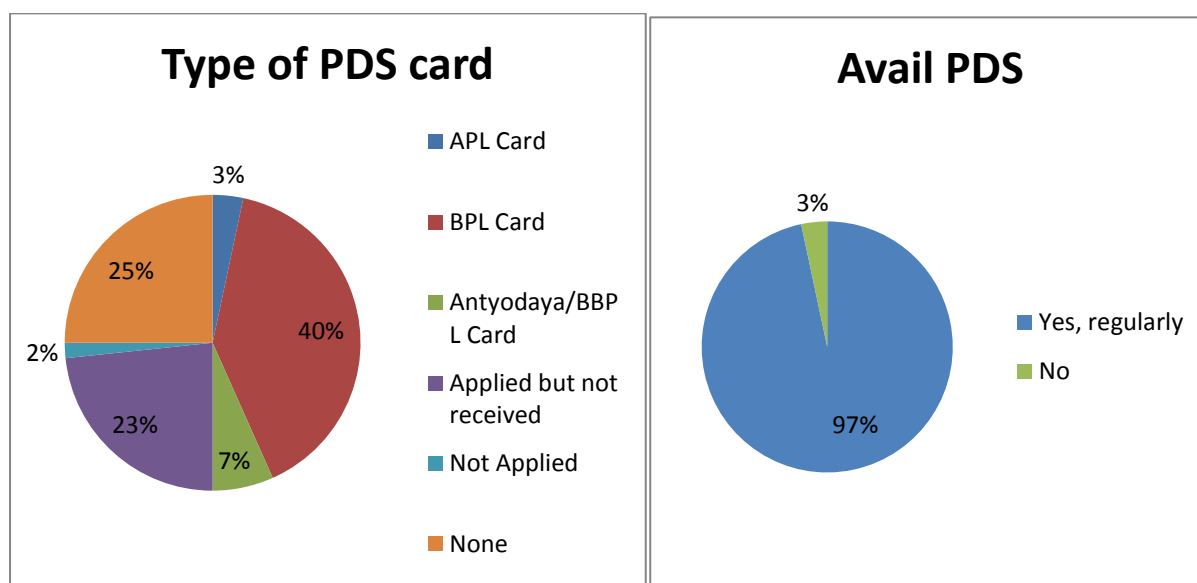


In Radhanagar Village, in terms of place of delivery of the children born, 75% of the sample who had witnessed birth of child in their households in last three years claimed that the delivery was an institutional one and 25% were recorded saying that it was non institutional delivery. 80% of the respondents reported that child born in last three years has been registered while 15% are not. 5% also reported that status of registration of child was not known to them.



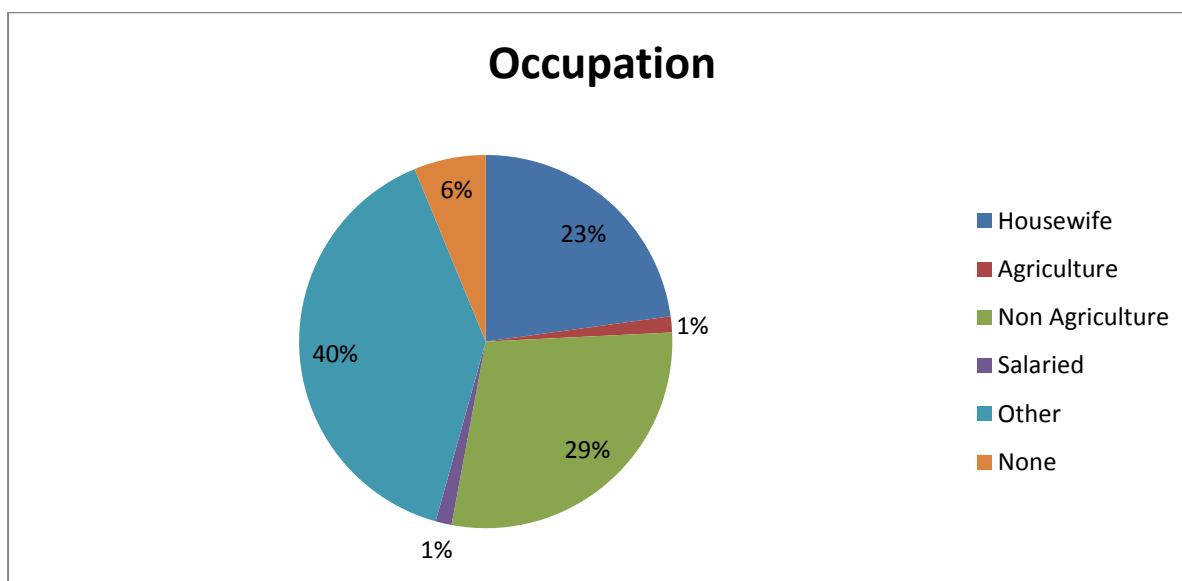
In Radhanagar Village, 15% of the respondents are reported to give birth to first child in last three years in the age group below 18 years. 35 % of the respondent reported to give birth of first child between the age group of 19 to 21 years. 25% of the respondent report to deliver between the age group of 22 to 24 years and lastly 25% report to give birth at the age above 25 years. 50% male and female children were born in last three years.

5.12.2.7 PUBLIC DISTRIBUTION SYSTEM



In Radhanagar Village, among the sample, 3% reported saying that they have APL card while 40% confirmed having BPL card, 23% of the sample also reported that they don't have any card. Those who have cards reported, 97 % of them avail ration from PDS regularly, 3% denied availing the PDS facility.

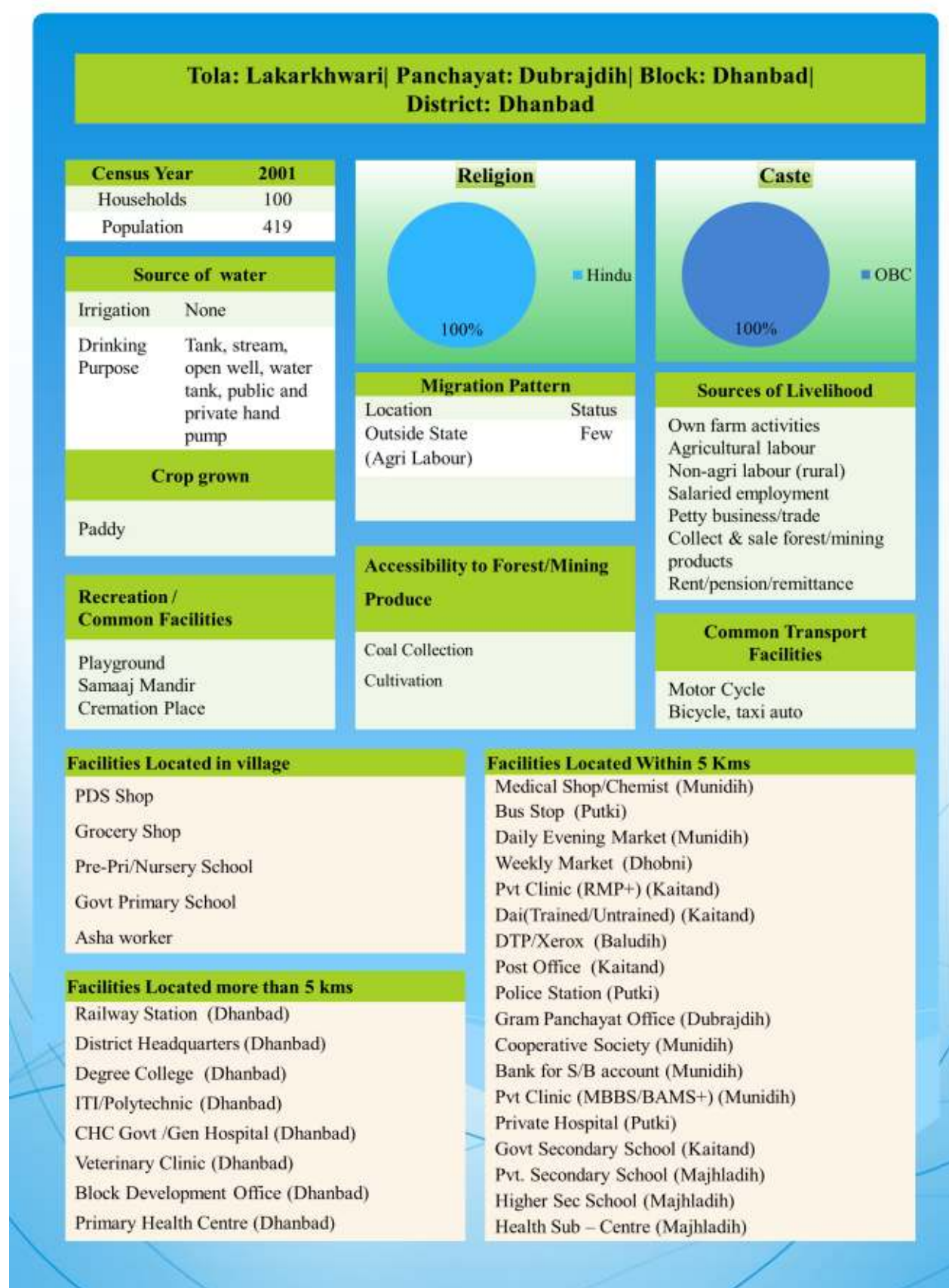
5.12.2.8 OCCUPATION



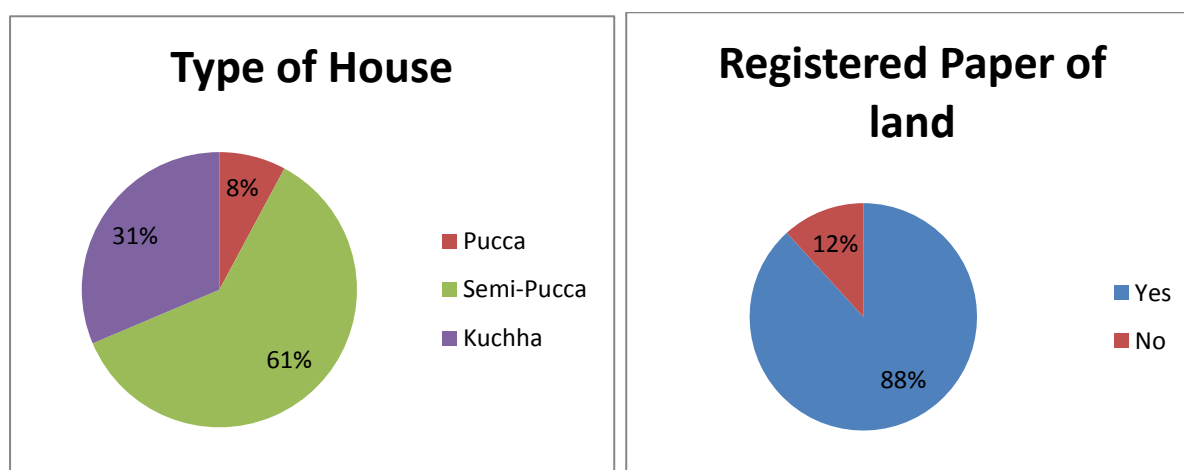
In Radhanagar Village, the above data shows that 1% of the sample population are engaged in Agriculture activity followed by non-agriculture (29%). Salaried employees constitute 1%, housewives are 23%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Vocation al training centre should be functional in the community centre
Water Supply	4-5 number of tap points should be introduced by BCCL to water supply
	Irrigation facility should be provide through pipeline to the agriculture field
Health Care	Awareness about health , hygiene and government schemes is needed
Sanitation	Toilet is essential in the village. People are also interested to contribute in toilet construction
	Drainage an garbage disposal should be done with equal participation of community
Livelihood	SHG for men and women is needed for income generation activity
Infrastructural Development	Repair of tap connection and hand pumps should be done
	Renovation of community hall is needed including door and windows
	Levelling of ground with boundary wall is needed

5.12.3 LAKARAHAWARI (AAMDIH)

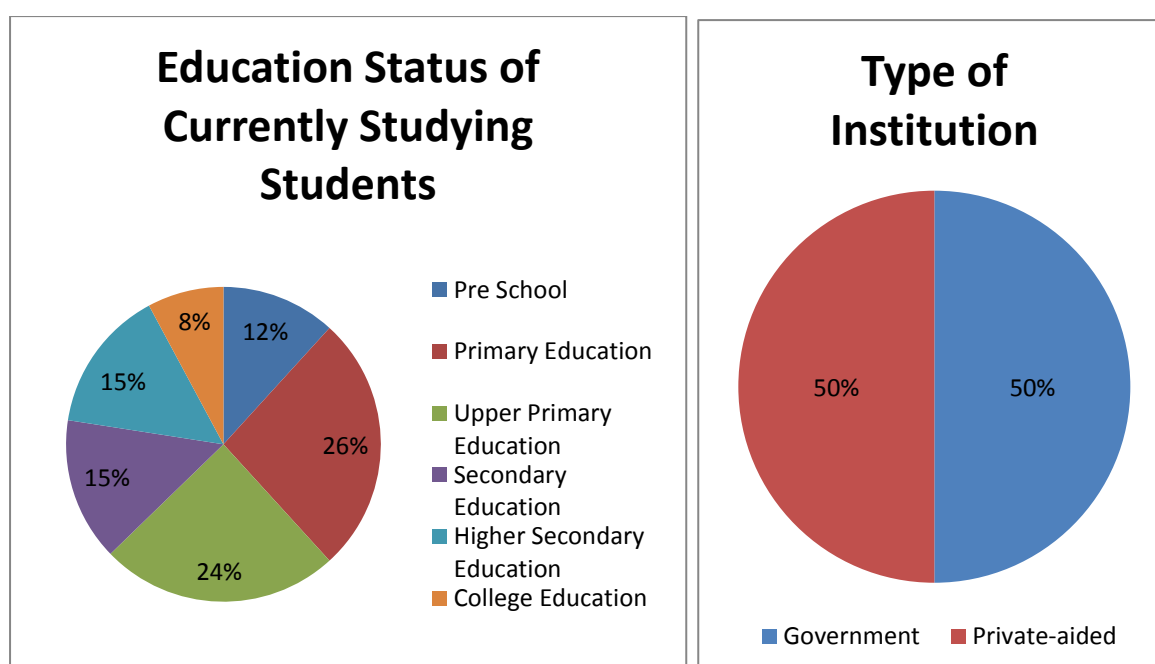


5.12.3.1 HOUSEHOLD STATUS



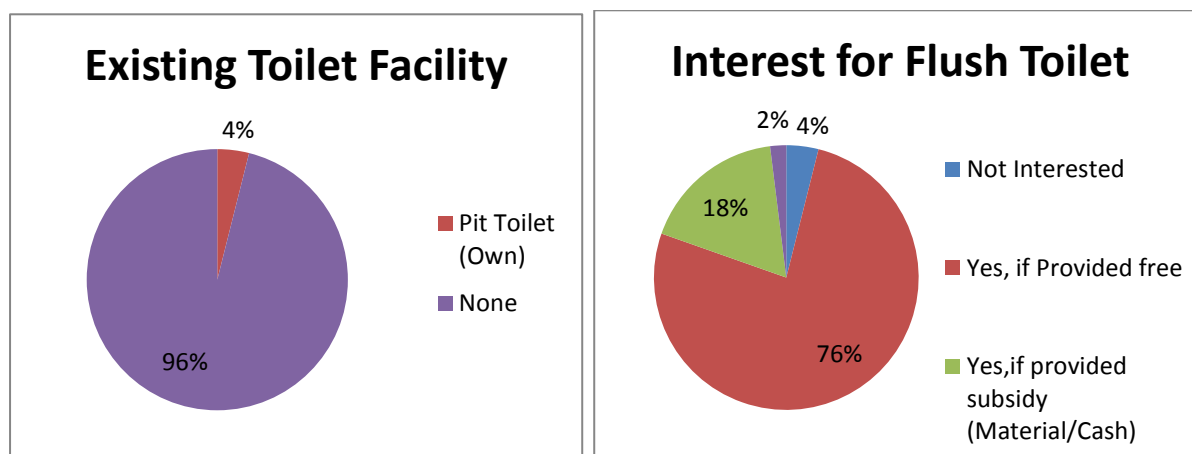
In lakarkhawari Village, 31% of the have Kuchha houses, 61% of the sample semi- pucca houses and only 8% of the have pucca houses. 88 % of the sample population possess registered papers of the land, 90% of the sample households are electrified

5.12.3.2 EDUCATION



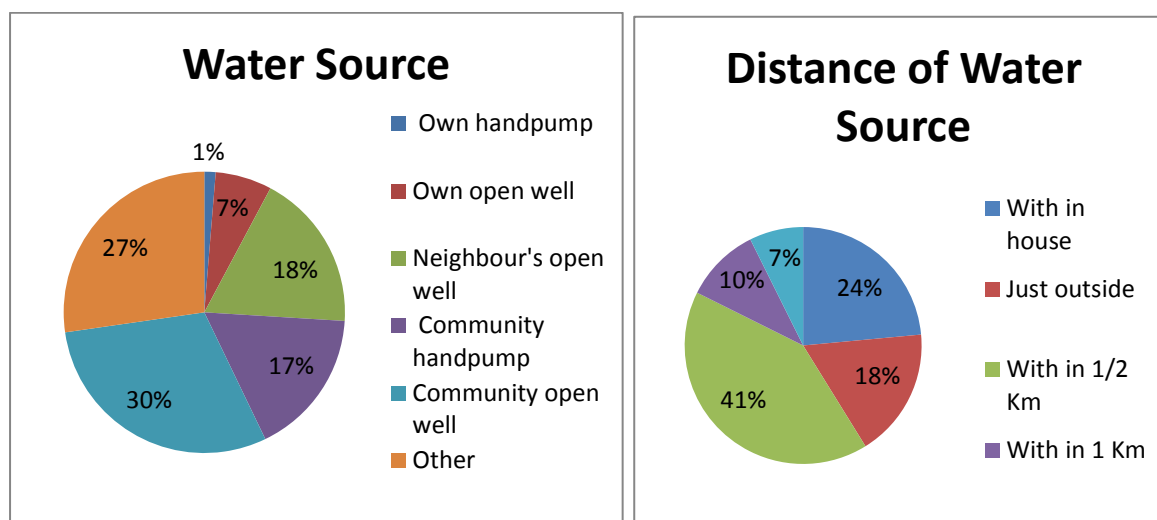
In lakarkhawari Village, Students who are currently studying, 26% are currently studying in primary school, 24% are in upper primary school, 15% in secondary school, and 15% in higher secondary school and another 8% is pursuing higher education. 50% of students are studying in government institutions and private institution.

5.12.3.3 SANITATION



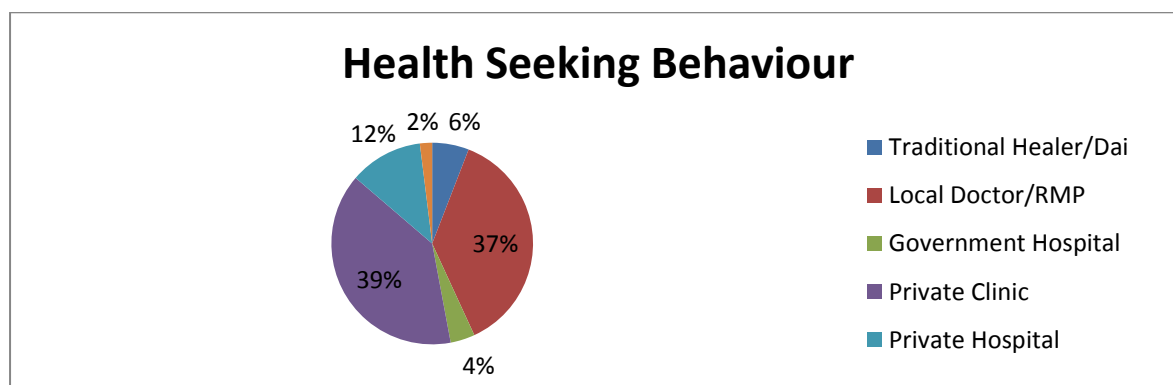
In lakarkhawari Village, sanitation facility in this village is found very poor. 100% of the sample doesn't have toilet in their households. 76% of the sample population has reported that they would go for flush toilet if provided with free of cost, 18% reported that if subsidy is given they would like to construct a toilet in their house, 22% reported that they will choose other means for availing flush toilets however 4% said that they are not interested in having toilet in their home.

5.12.3.4 WATER SOURCE



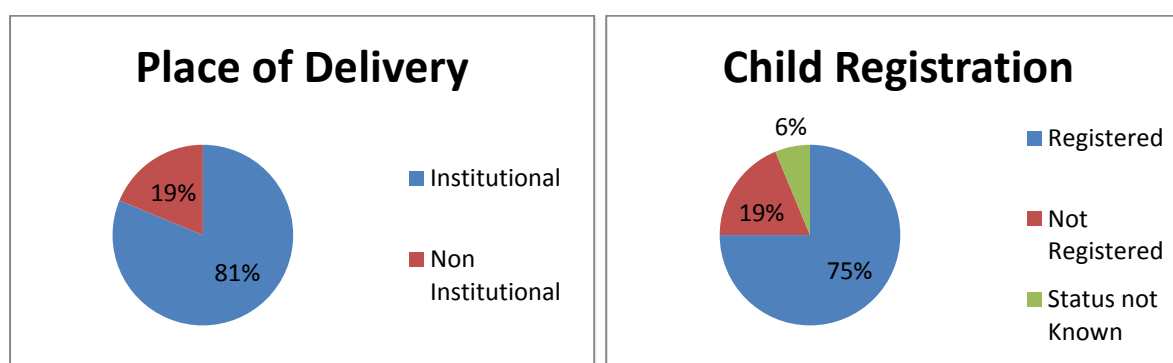
In lakarkhawari Village, 30% of the sample households fetch water from community open well, 17% from community open well and 4% from own hand pump, 13% from own open well and 4% from neighbour's open well. Around 24% of the sample informed that the water source is located inside the house, 18% said water source is available just outside the house, 41% said within half Km and lastly 10% reported it is available within one Km.

5.12.3.5 HEALTH SEEKING BEHAVIOUR

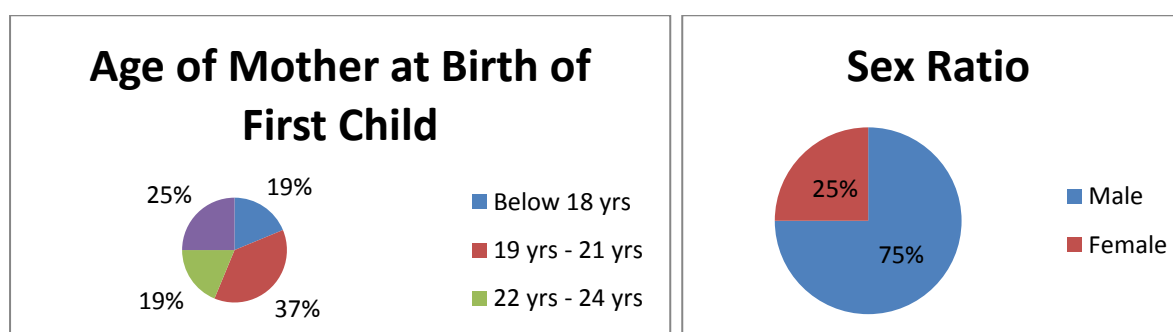


In lakarkhawari Village, 39% of sample households reported consulting private clinic in case of any medical needs, followed by Local Doctor/RMP which caters the medical needs of 37% of the sample population. A surprising fact is that 6% sample accepted that they contact Traditional Healer in case of any medical need. Almost 4% sample population mentioned that they depend on government hospitals followed by 12% on private hospital, 2% on company aided hospital or CSR clinic.

5.12.3.6 MATERNAL HEALTH

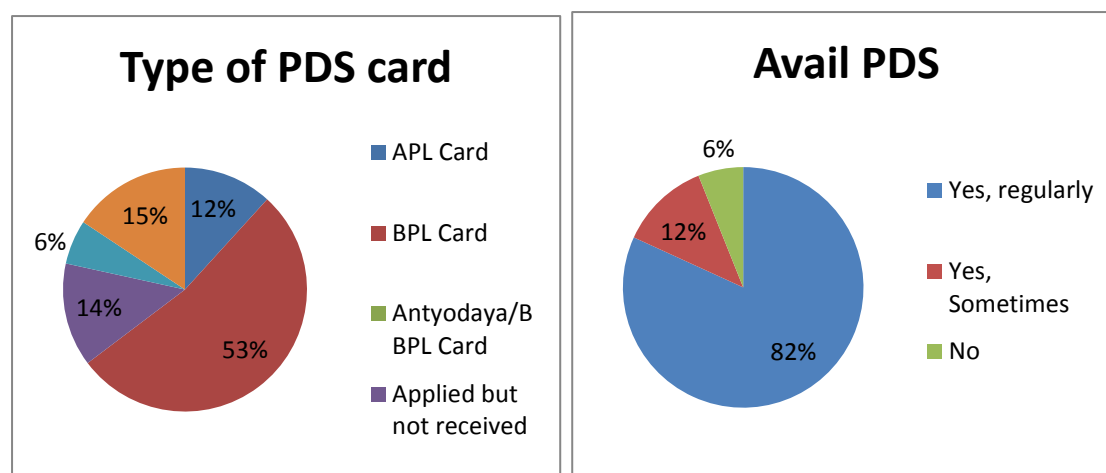


In lakarkhawari Village, among the sample household Institutional deliveries have been reported only 81% while non institutional deliveries reported 19%. 75% of birth in the village is registered and 25% is non registered



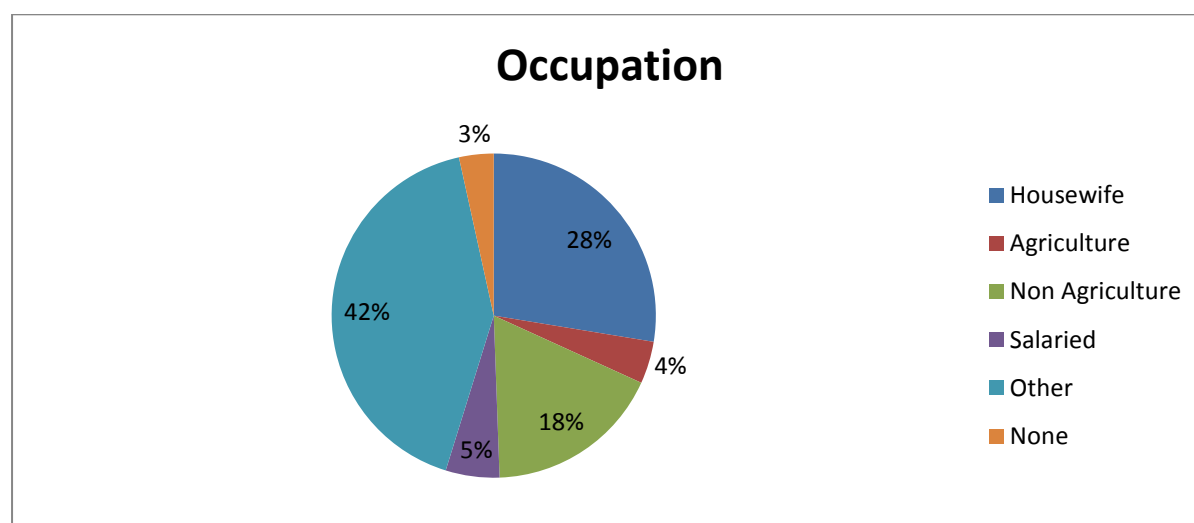
In lakarkhawari Village, 19% of women are in age group of below 18 years who gave birth to first child in last three years while 37% are in age group of 19 to 21 years at the time of birth of the child, 19% are under the age group of 22 to 24 years and lastly 25% are 25 years and above. Sex ratios in 0-3 year age group 75% children's are male child while 25 % are girl child.

5.12.3.7 PUBLIC DISTRIBUTION SYSTEM



In lakarkhawari Village, as reflected through Data only 12% of sample have APL card and 53% are having BPL card, 14 % of the sample have applied for the card but not yet received, Among the households who have ration card 82% said that they avail the service of PDS on regular basis while 12% said that they avail it only sometimes and 6% said do not avail at all.

5.12.3.8 OCCUPATION

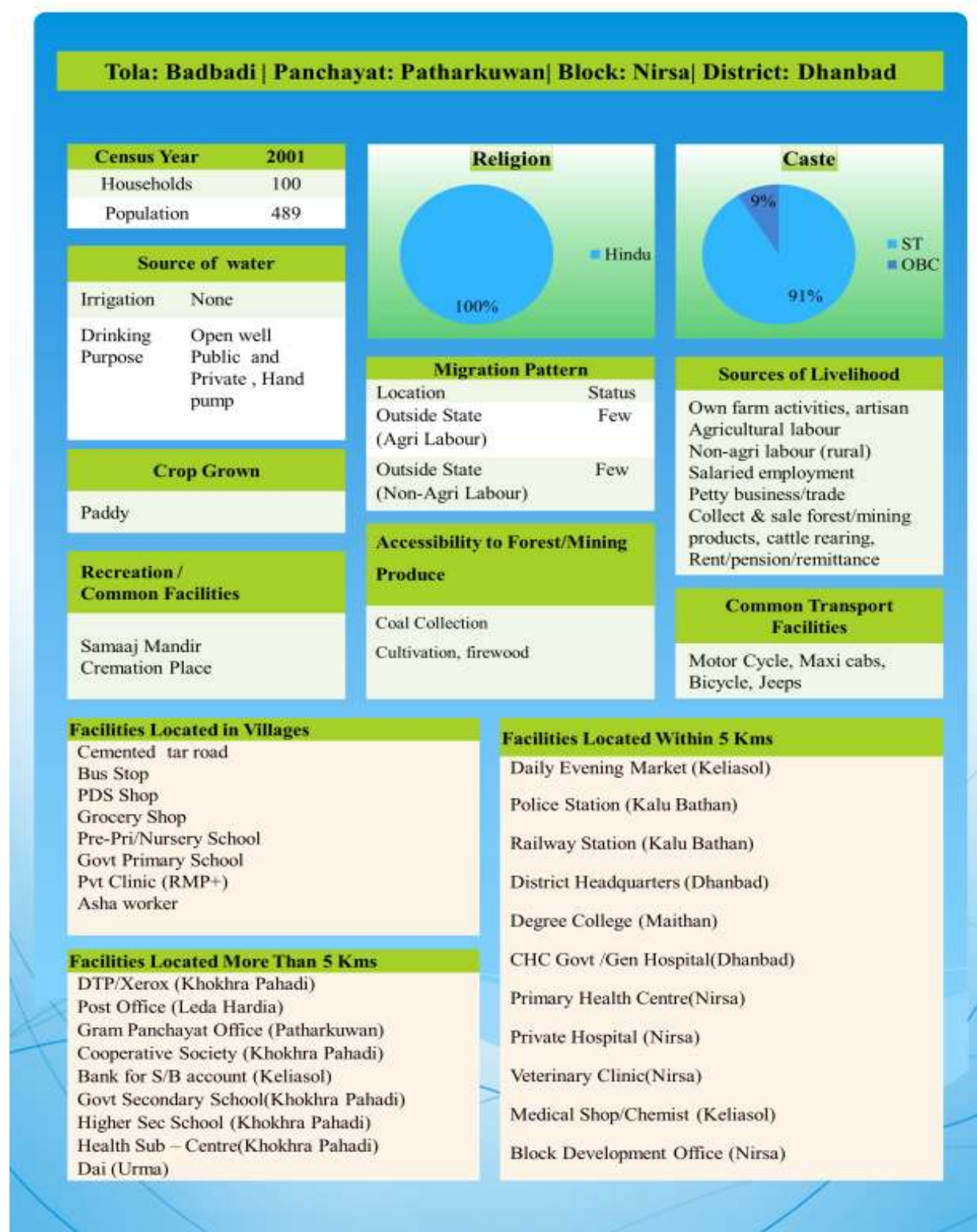


In lakarkhawari Village, the above data shows that 4% of the sample population are engaged in Agriculture activity followed by non-agriculture (18%). Salaried employees constitute 5%, housewives are 28%. Majority of the sample population are found in other occupation and 3% are not involved in any kind of employment

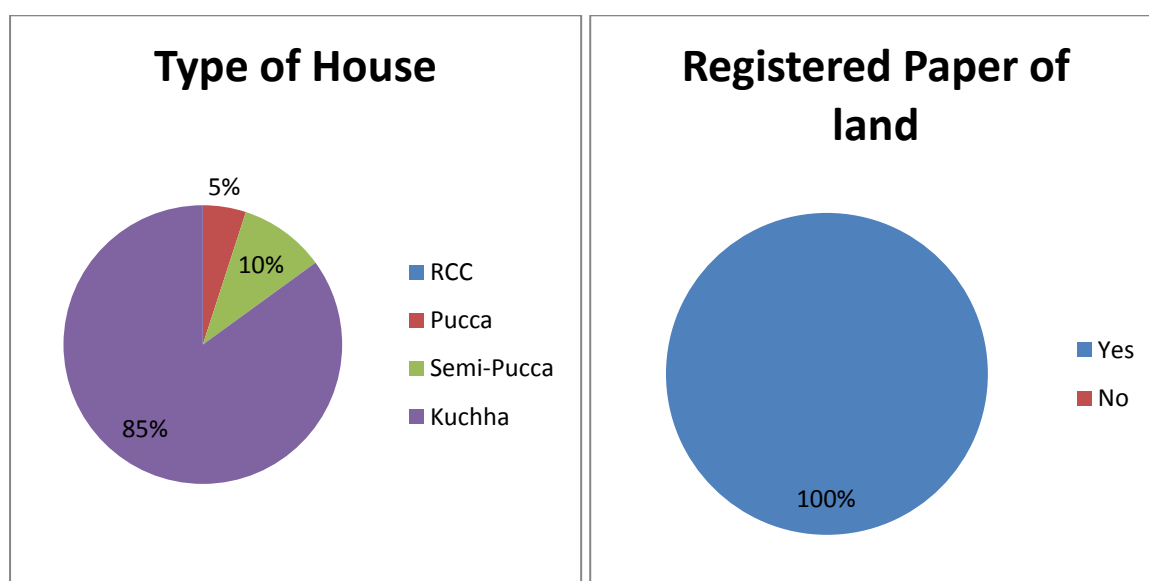
AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Library should be introduced in school premises
Water Supply	Well and pond get dried during summer. Mine water can be used to recharge the well and pond
	Irrigation problem can be minimized by supply of mine water to agriculture land
Health Care	Health camps are needed.
Sports & Culture	This village is found to have keen interest on sports. Youth of this village needs sports equipment and uniform for state level and national level tournament
Livelihood	Unemployment needs to be addressed by providing support in various technical trainings like fitter, welder etc
	SHG for men and women is essential
Sanitation	No toilet in any of the houses
	Drainage is required in both the side of the road
	Fumigation for mosquito is necessary
Infrastructural Development	Road (2 - 3 kms) need to be repaired from Captive power plant to village
	No electricity supply electric fitting in primary school
	Renovation of kitchen in primary school is urgently needed
	Toilets at primary school needs to be constructed
	School boundary is very essential for security reason
	No community hall in the village

5.13 CHANCH VICTORIA

5.13.1 BARBADI

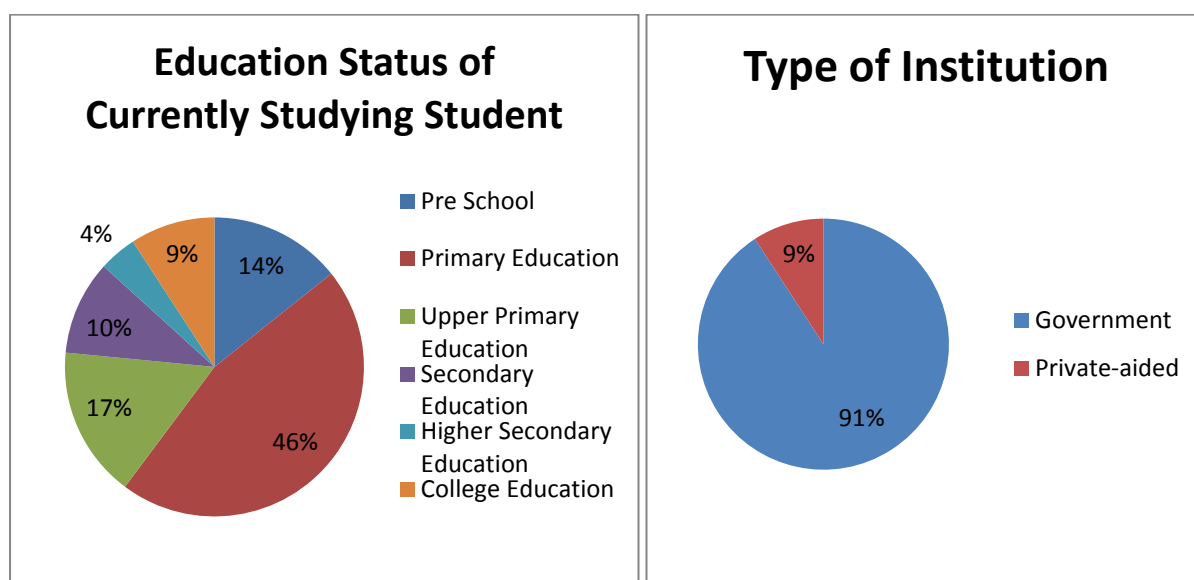


5.13.1.1 HOUSEHOLD STATUS



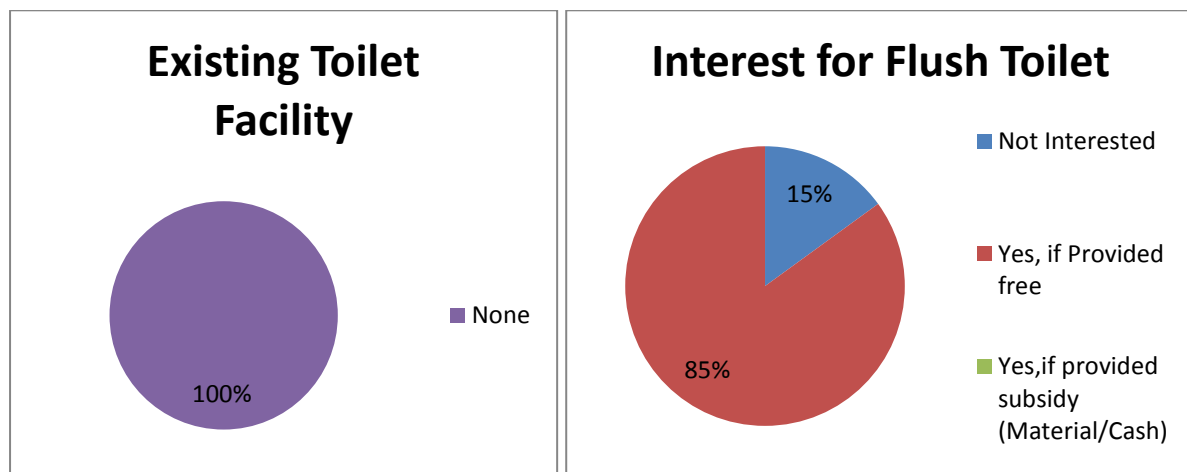
In Barbadi Village, only 5% of the sample households are having pucca house, 85% of them are living in kuchcha house and 10% are living in semi pucca house. The above information show that majority of the sample population reside in kuchha houses. 100% claimed to have registered paper of the land. Among the interviewed households 60% houses are reported electrified.

5.13.1.2 EDUCATION



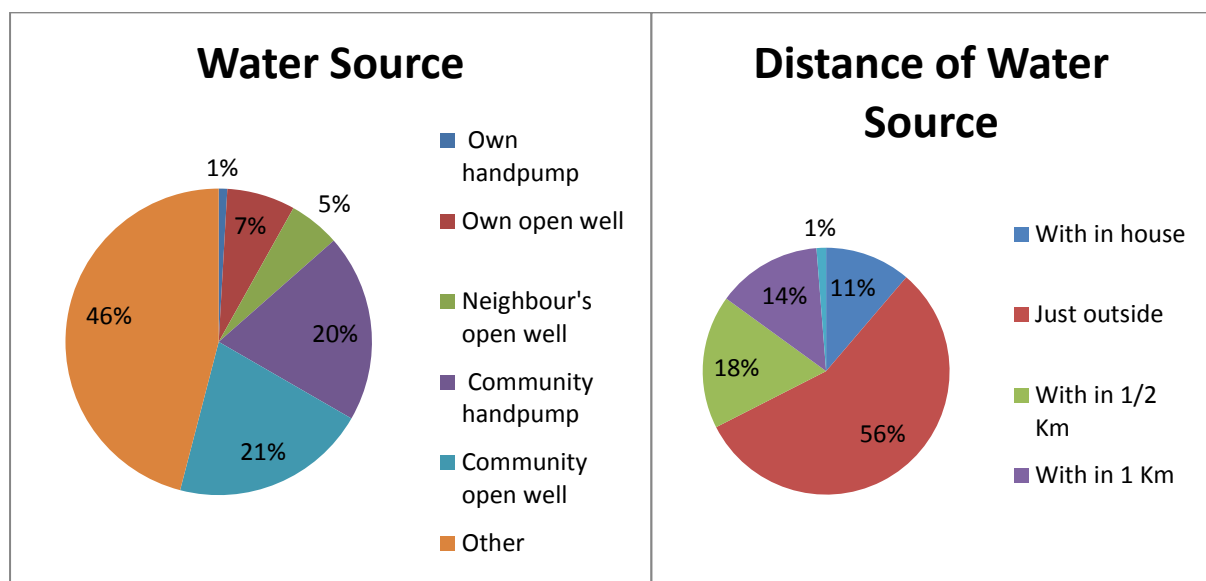
In Barbadi Village, 14% of the students are enrolled in preschool, 46% are in primary school, 17% in upper primary, followed by secondary school education (10%). 4% are in Higher Secondary education while 9% are found in college education. 91% of students are studying in government institutions and only 9 students are studying in private institution.

5.13.1.3 SANITATION



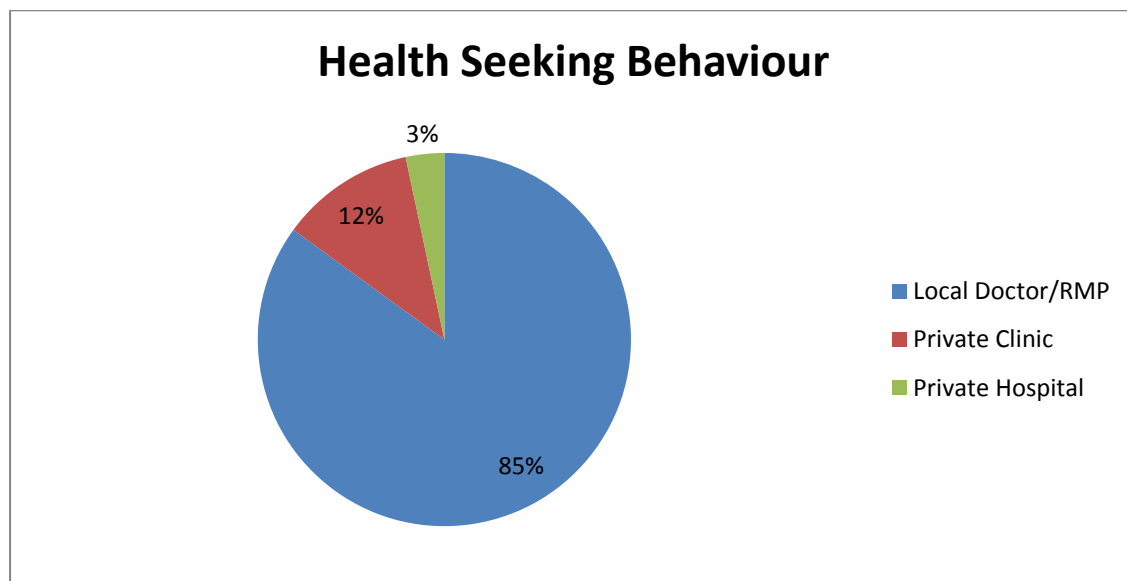
In Barbadi Village, sanitation facility is very poor. None of the sample population has toilet facility available in their village. When the sample population were inquired about the interest for toilet, 85% of the population said that they want toilet if provided with free of cost while 15% did not shown any interest for flush toilet at their houses.

5.13.1.4 WATER SOURCE



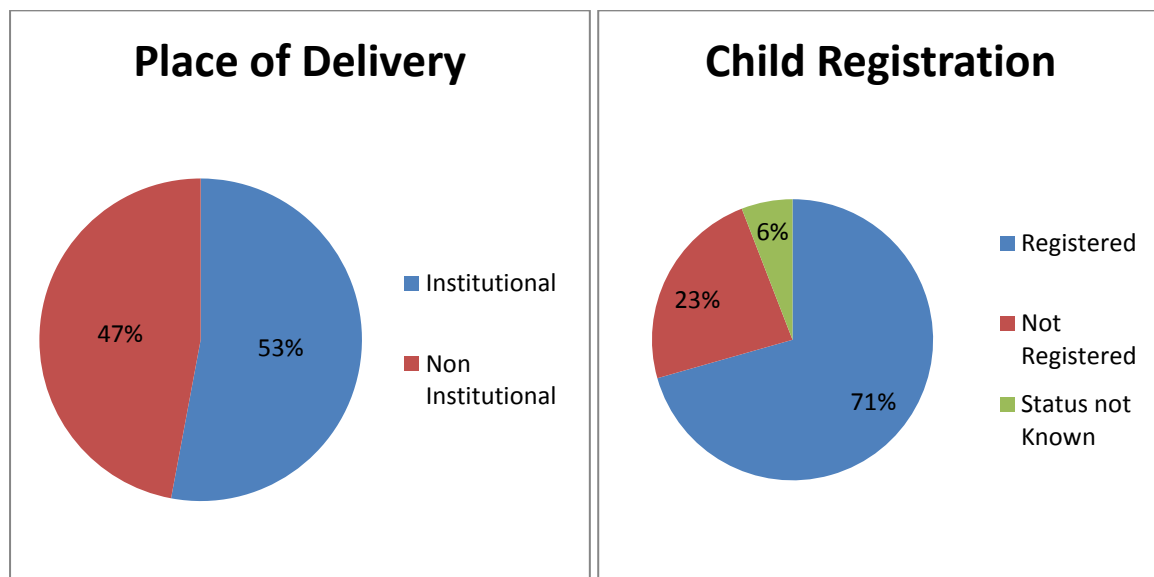
In Barbadi Village, less number of sources of water at houses of respondent has been observed. 46% of the sample population avail water from other source which includes water from river. 21% of the sample population avail water from community open well, 20% from community hand pumps. 5 % from neighbour's open well. 11% of water source is available within the house, 56% is available just outside the house while 18% reported to procure water within half Kms. 14% of the sample population reported to procure water from within 1Km while 1% are found to procure from more than 1Km.

5.13.1.5 HEALTH SEEKING BEHAVIOUR



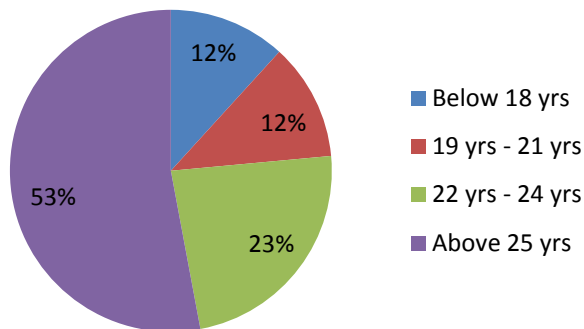
In Barbadi Village, it has been observed that majority (85%) of the respondent prefer going to local doctors/RMP for medical emergencies. 12% has reported going to private clinic while 3% prefer going to private hospital. None of the respondents has reported to visit local government hospital for medical emergencies.

5.13.1.6 MATERNAL HEALTH

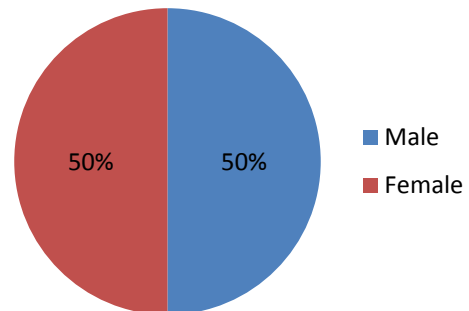


In Barbadi Village, Institutional deliveries are seen among 53% of the respondent while 47% respondent reported non institutional deliveries. In Barbadi Village, 71% of the child is registered while 23 % of the sample respondent reported that child registration has not been done. 6% of the mother reported status of child registration is not known.

Age of Mother at Birth of First Child



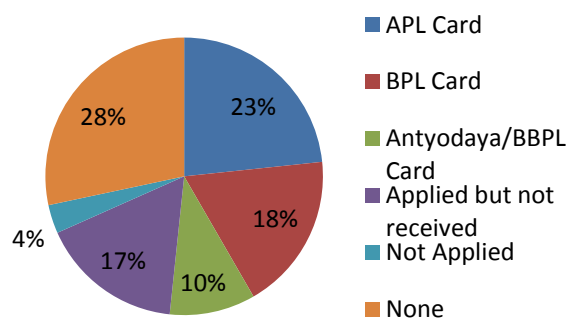
Sex Ratio



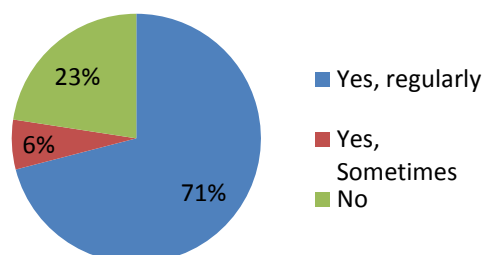
In Barbadi Village, 12% of the women give birth of first child at the age below 18 years while, 12% has found to give birth in the age group between 19 to 21 yrs followed by 22 – 24 yrs. (23%) and lastly 53% found to give birth at the age of above 25 yrs. In Barbadi Village, Sex ratio of male child and female child has been reported 50%

5.13.1.7 PUBLIC DISTRIBUTION SYSTEM

Type of PDS card



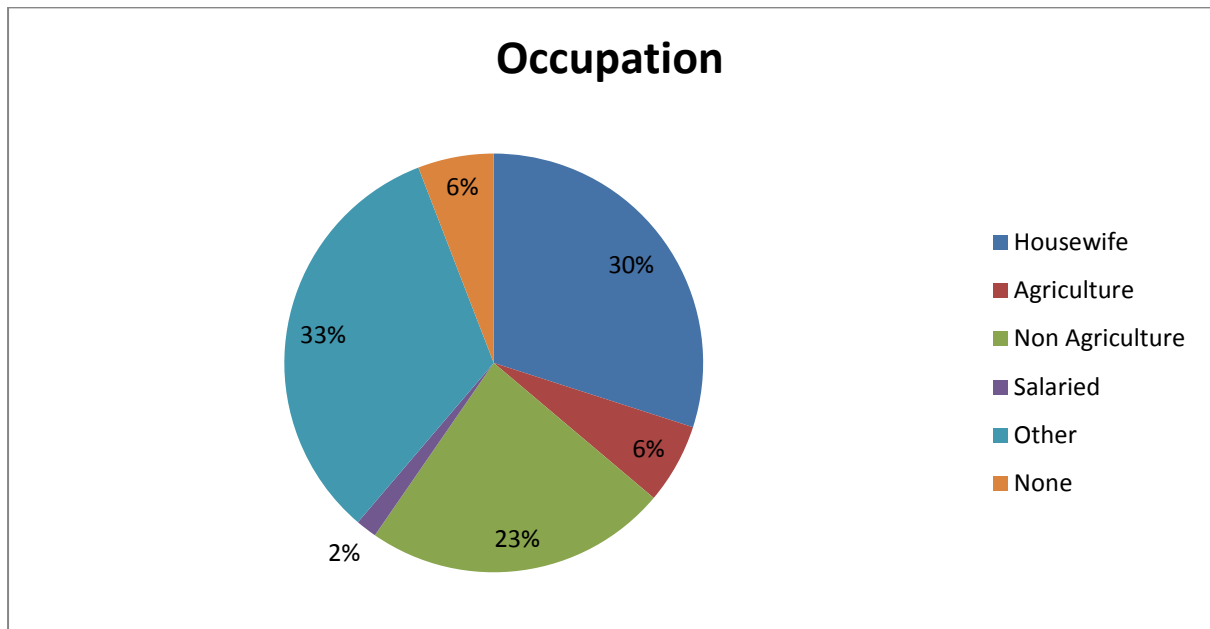
Avail PDS



In Barbadi Village, 23% of the respondent are reported to have APL card while 18% reported to have BPL card. 10 % are in Antyodaya card holder .17% have applied but not received the card yet. 28% of the respondent does not have any of the cards. 71% of the respondent avail

ration regularly while only 6% avail ration sometimes but 23% of the respondent have found of not availing ration at all.

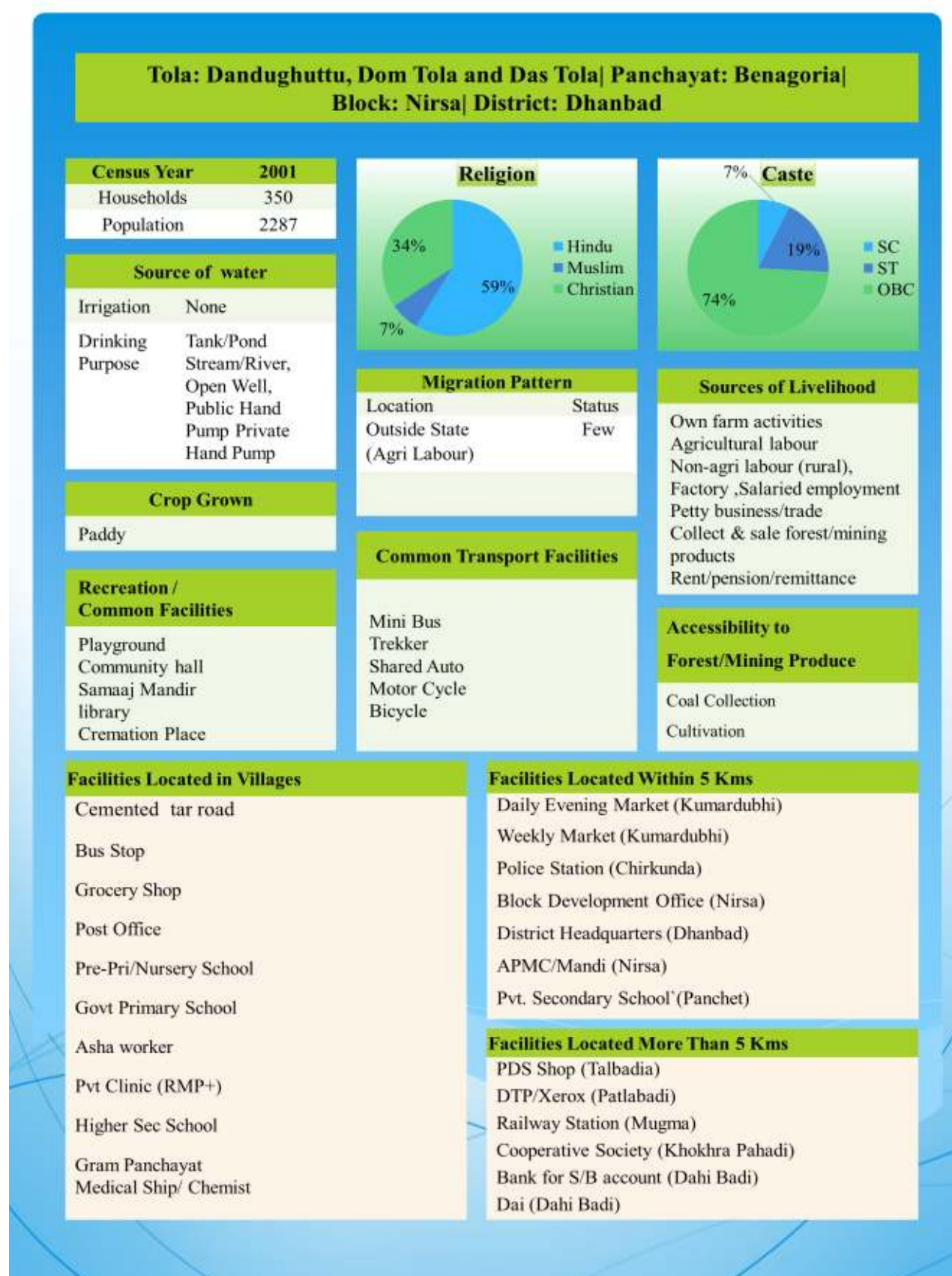
5.13.1.8 OCCUPATION



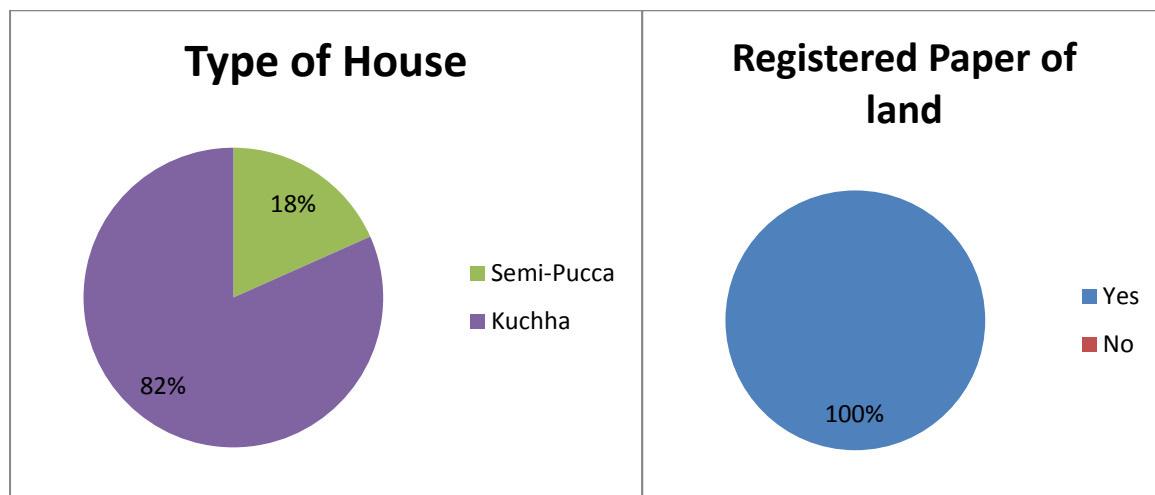
In Barbadi Village, the above data shows that 6% of the sample population are engaged in Agriculture activity followed by non-agriculture (23%). Salaried employees constitute 2%, housewives are 30%. Majority of the sample population are found in other occupation and 6% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Awareness about education needs to be spread with campaign
	Scholarship should be provide for ITI and polytechnics by BCCL
	Coaching class's for weak and needy student belonging to BPL section. Drop out girls should be given more attention to clear basic exams like matriculation
	Vocational Training for girls on computer is required
	Adult literacy classes should to be introduced
Water Supply	Problem of irrigation, Check dam can be made to make the water available. Damodar river has small nala that can be very well utilize for conserving water during the critical period
	Lift irrigation equipment should be provided to the groups for irrigation
Health Care	Nutrient supplements are required for pregnant and lactating women
	Health camping on family planning and maternal health
	Mobile Medical Vans should be functional in this village
Sports & Culture	Sports material should be provided to the youth club
Livelihood	Rearing of piggery, cattle and poultry to BPL section
	Raw material for rope making and tokri for the people who are experienced in such skill.
	Formation of SHG for men and women is essential
Sanitation	No toilet facility in the village
	Spray of bleaching powder is required
	Drainage is required
Infrastructural Development	Well deepening is required to ensure water during summer
	Pond needs to be dug
	Play ground is needed with boundary
	Community hall is required
	Construction of ICDS in Neeche tola of Barbadi
	Repair of road to Neeche tola is urgently needed

5.13.2 BENAGORIA

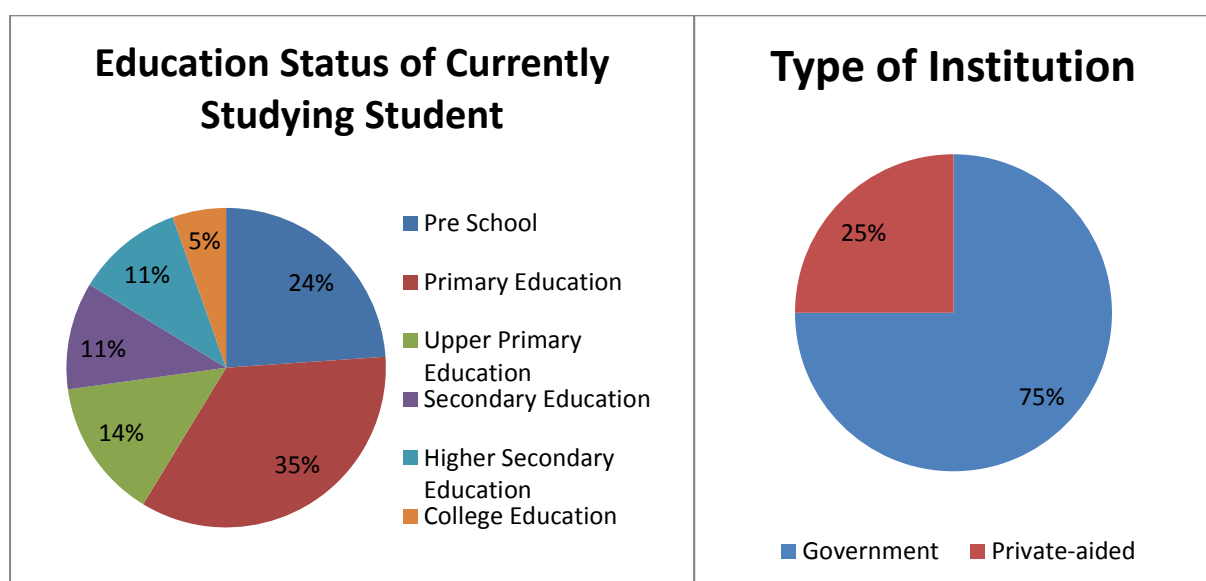


5.13.2.1 HOUSEHOLD STATUS



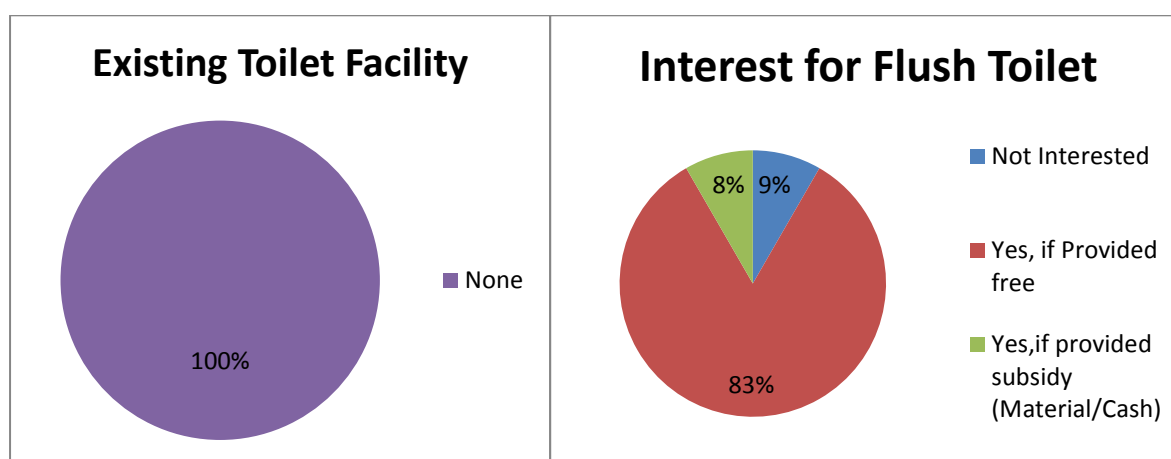
In Benagoria Village, the status of the sample households in the village shows that 82% of the sample population resides while only 18% resides in semi pucca houses. However, none of the sample found living in pucca or RCC. 100% of them informed that they have registered papers of their land. All the studied households were 97% electrified.

5.13.2.2 EDUCATION



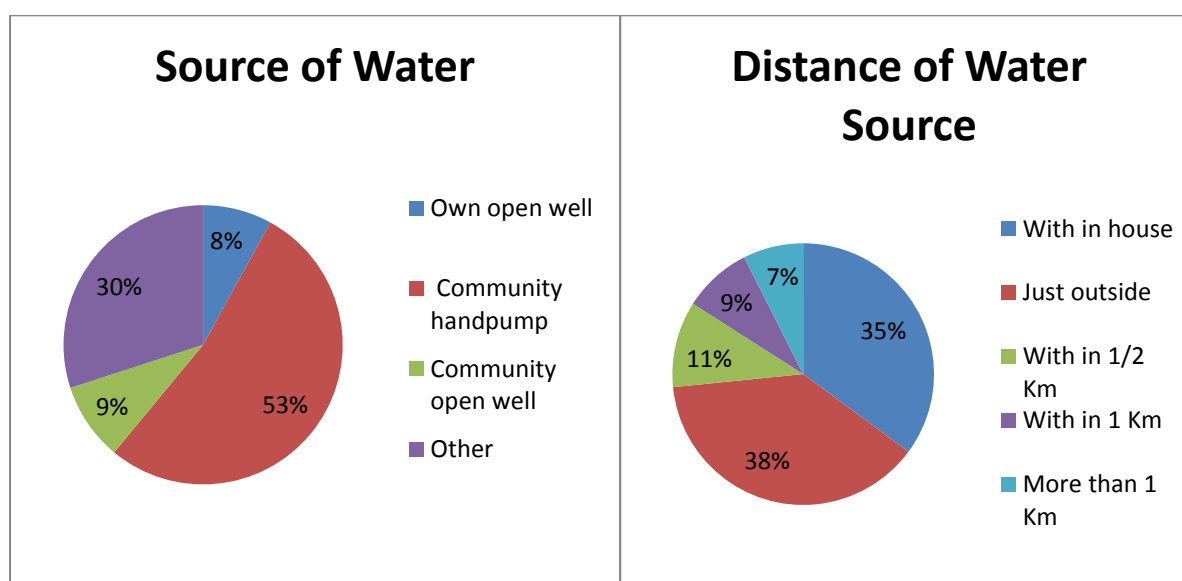
In Benagoria Village , among the studied households students who are currently studying 24% of the children are in preschool, 35% of them are enrolled in primary schools, 14% are enrolled in upper primary school, 11% of them are enrolled in secondary schools and 11% are studying in colleges. 75% of these students are enrolled in government institutions and 25% are studying in private education.

5.13.2.3 SANITATION



In Benagoria Village, sanitation in this village is poor. 100% of the sample population do not avail toilet facility. When enquired about the interest for flush toilets, people responded for free toilets (83%), provided with subsidiary (8%) while 9% of the population shown no interest for flush toilets at their homes.

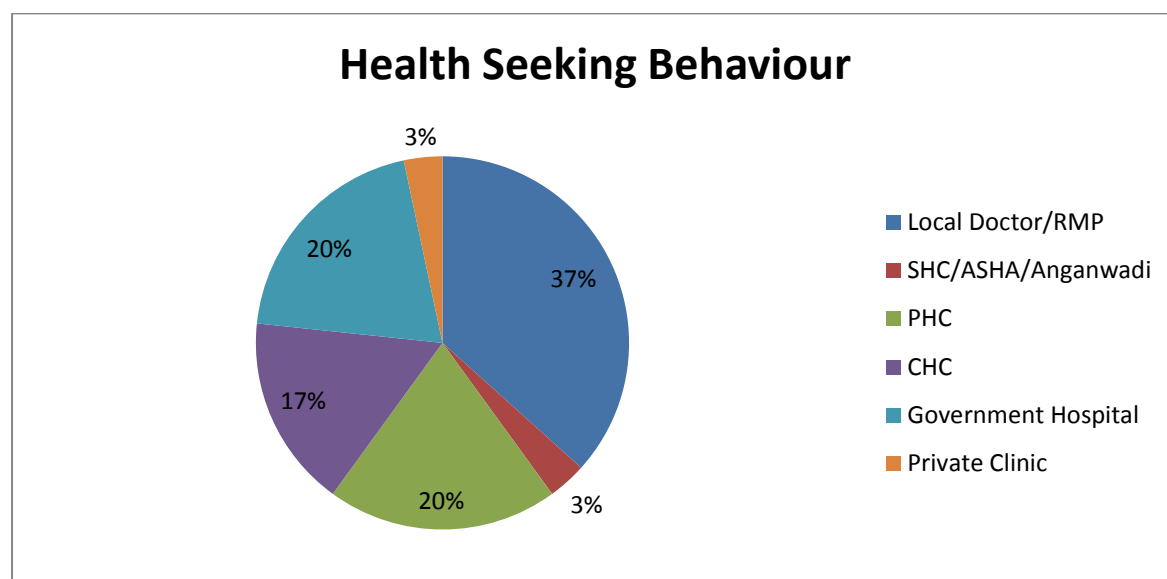
5.13.2.4 WATER SOURCE



In Benagoria Village, Community hand pump is the major source of water which caters the need of 53% of the sample population, 8% of the sample population has own open well. 9% of the sample population shows water is available through community open well while 30% of the sample population reported that other source of water is also available like river, daari or chuuan. The data of Benagoria Village shows that 38% of the sample population have water source located inside their house. For 38% of the sample households water source is located just outside of their household and 11% of the sample households have to

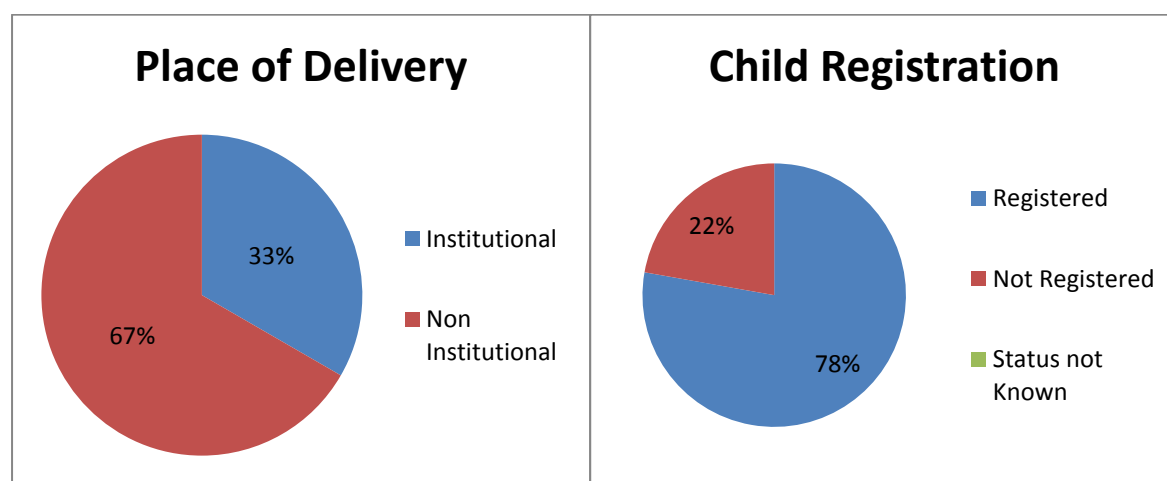
walk around half km to fetch water, 9% procure within 1 km and lastly, 7% from more than 1 km.

5.13.2.5 HEALTH SEEKING BEHAVIOUR



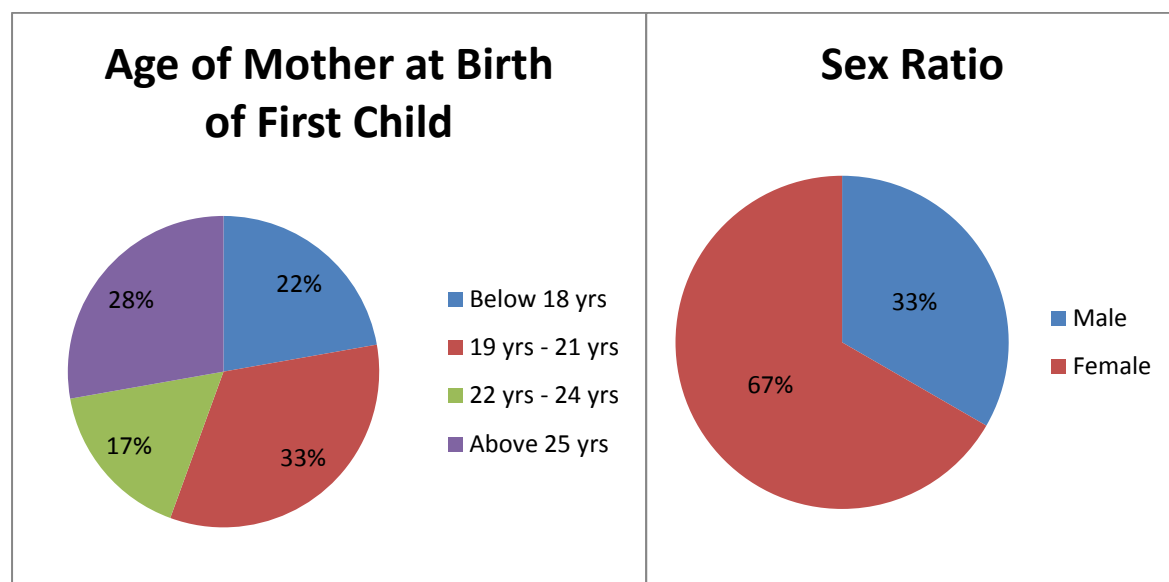
In Benagoria Village, Medical facility seems in good condition compared to any other village. It has been found that 60% of the sample population preferred government service for medical emergencies which include SHC/ASHA (3%), PHC (20%), CHC (17%) and Government hospital (20%). 37% of the sample prefers Local Doctor/RMP and only 3% prefer private clinic.

5.13.2.6 MATERNAL HEALTH



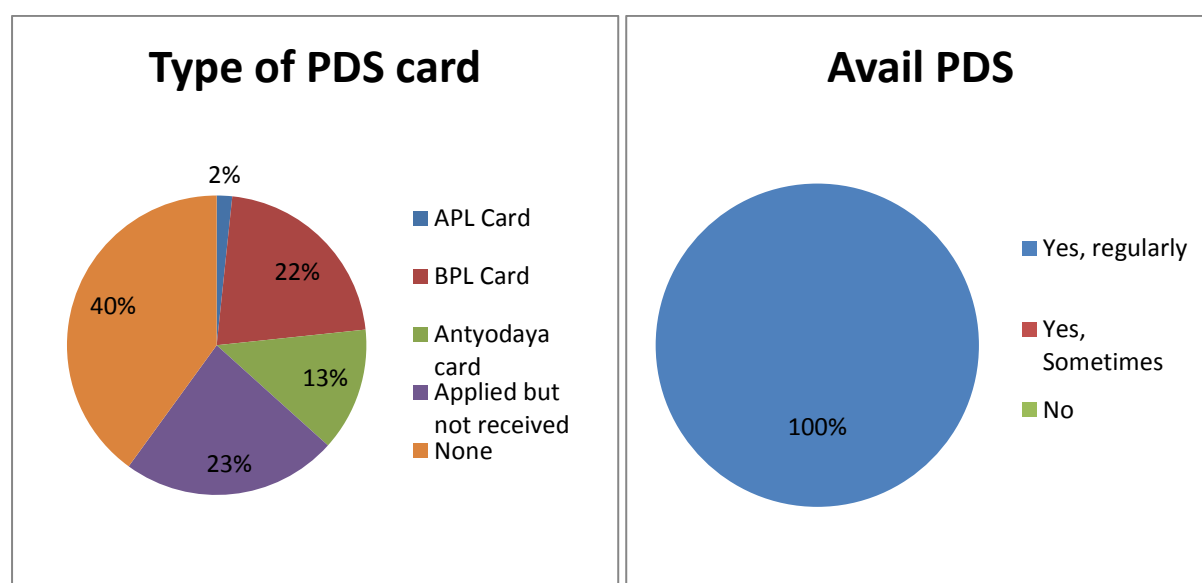
In Benagoria Village, as per the UNICEF facts on maternal Health in India, only 47 % of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant. Among the deliveries that took place in last three years in the sample

households in Benagoria Village, only 33% of them are institutional deliveries where delivery takes place in government or private hospitals, rest 67% takes place are non-institutional which takes place in home with the help of birth attendant. 78% of the child registration has been done with the effort of ASHA worker in spite of major deliveries took place as non-institutional deliveries.



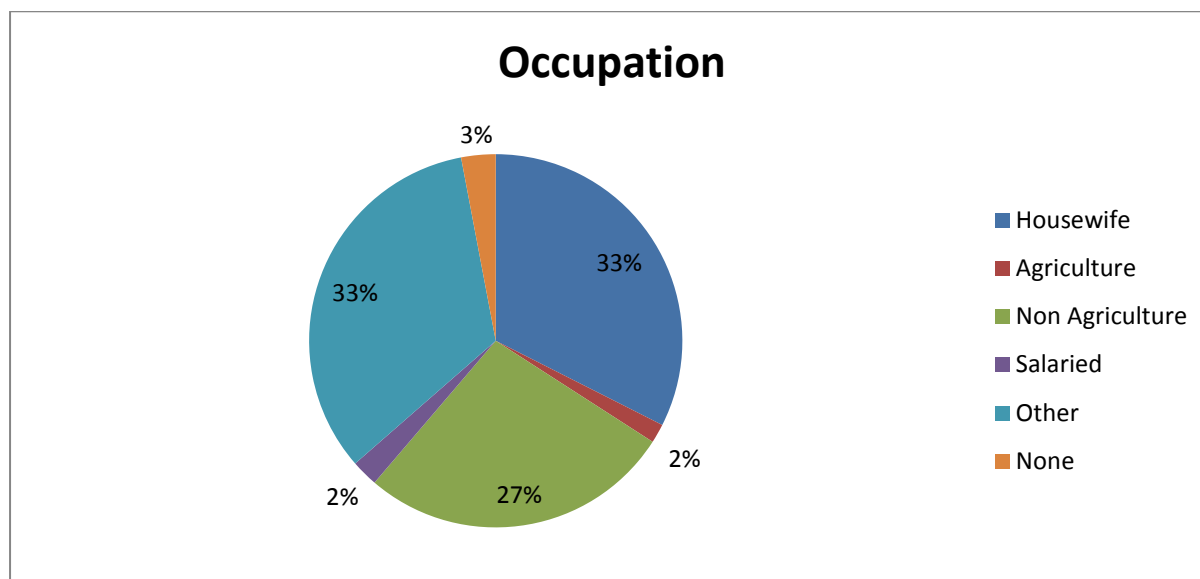
In Benagoria Village, 22% of the deliveries still take place at the age of below 18 years. 33% at the age between 19 to 21 years, 17% in the age group of 22 to 24 years and lastly 28% in the age group above 15 years. 67% of female child has been born compared with respect to 33% of male child in last three years.

5.13.2.7 PUBLIC DISTRIBUTION SYSTEM



In Benagoria Village, The data shows that only 2% of the sample population have APL Card, 22% are under BPL category, 13% holds Antyodaya Card another 23% of the sample population informed that they had applied for the card but had not received the card yet while 40% of them do not have any card. Among the interviewed households, 100% of sample respondent avail rations regularly which show good response among any other villages surveyed.

5.13.2.8 OCCUPATION



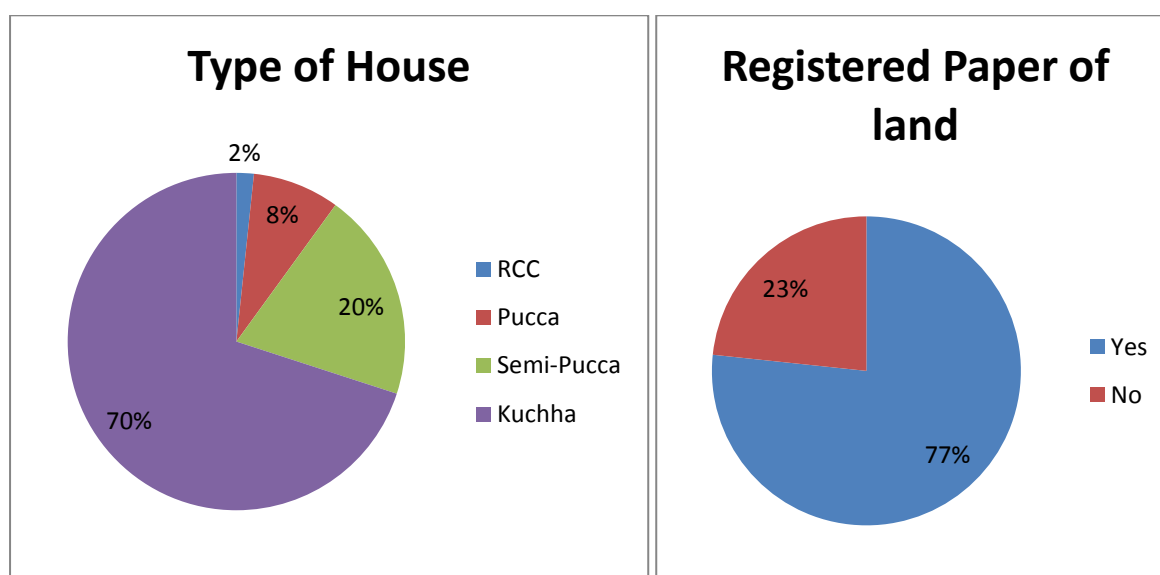
In Benagoria Village, the above data shows that 2% of the sample population are engaged in Agriculture activity followed by non-agriculture (27%). Salaried employees constitute 2%, housewives are 33%. Majority of the sample population are found in other occupation and 3% are not involved in any kind of employment.

AREA	MAJOR PROBLEMS AND RECOMMENDATIONS
Education	Vocational Training centre should be made available in school by constructing separate building and installing computer, sewing machine, electronic equipment for training purpose to the rural youth
	Additional Chair and Table is required in the middle school
Water Supply	Well deepening is needed and water tanker should be provided during summer
Health Care	No doctor available in the primary health centre
	Need of refrigerator in hospital for keeping medicines, syringes, needle and other emergency medicines which need cold storage
	No ambulance in the hospital
	Table and chairs for patients for waiting purpose
	Pathological lab is needs to be established which include improvised equipment like electron microscope
	Renovation of PHC building and new doors and windows are needed
Sports & Culture	Sports clubs should be provided with sports facility
	Girls should be encourage for tournament at state or national level in Kabaddi and Kho Kho
Livelihood	Unemployment is the major issue which can be shorted by providing support of training in various trade of welder, fitter, electricians etc
	Interested people should be provided with piggery, fishery and duckery
	SHG of men and women for income generation activity
Sanitation	No toilets in any of the houses
	Existing pond in Das and Dom Tola should be cleaned regularly
Infrastructural Development	Shade and stairs for cremation at Damodar river nearby
	School vehicle is needed for the girls students coming from distant places
	A pond should be dug and mines water can be introduced to fulfill the need of water in Das Tola
	A toilet is needed in the primary school of Das Tola

5.13.3 PATLA BADI

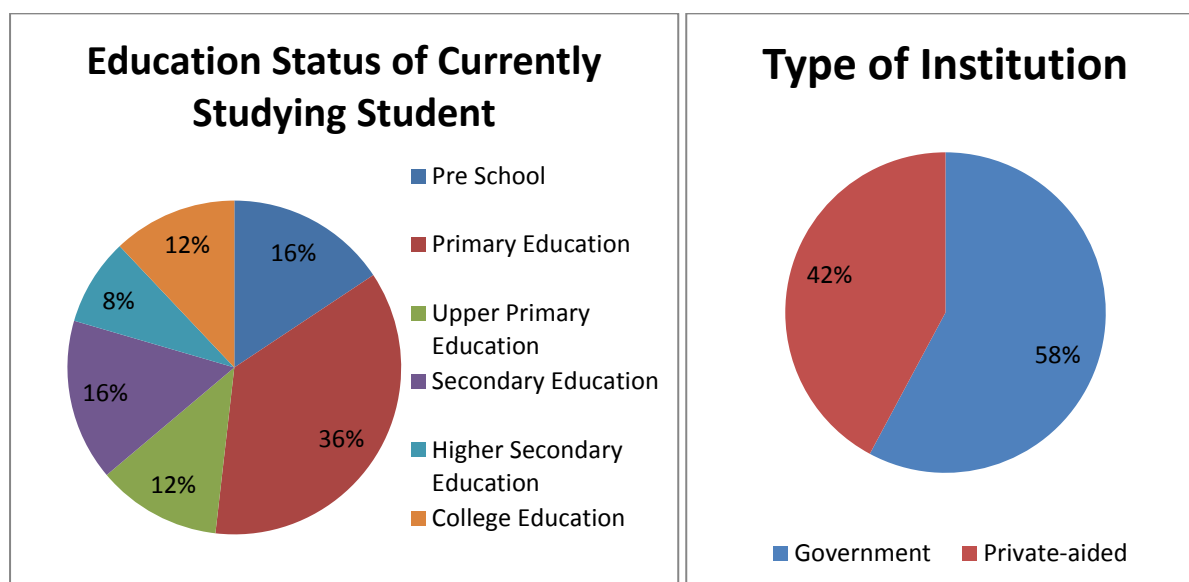


5.13.3.1 HOUSEHOLD STATUS



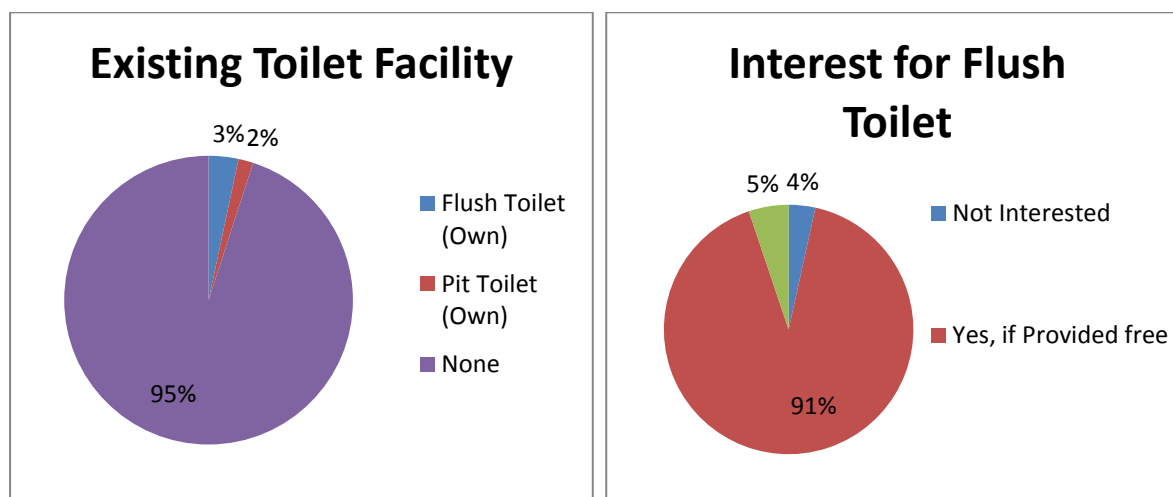
In Patla Badi Village, 20% of the households are found to be Semi- Pucca while 70% are Kuchha and 8% are Pucca. Only 2% of the houses are found RCC. 77% of the houses are registered while only 23% was found to be non-registered. Nearly 78% of the houses in this village are electrified.

5.13.3.2 EDUCATION



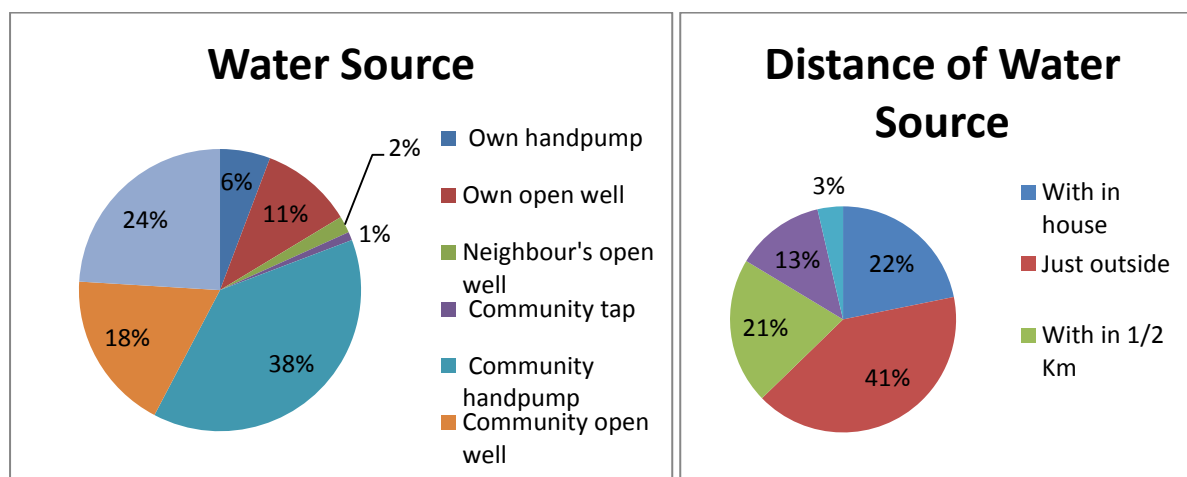
In Patla Badi Village, it has been found that 36% of the students are enrolled in Primary education followed by 12% in Upper primary, 16% in secondary education, and 8% in higher secondary, 12% in college. As far as Type of education institutions are concern, 58% of students are enrolled in government institution while 42% are in private intuitions.

5.13.3.3 SANITATION



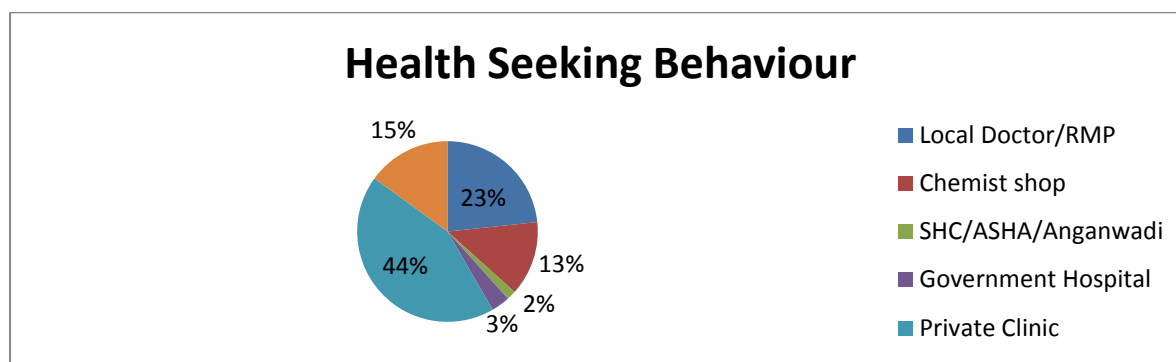
In Patla Badi Village, the sanitation in this village is found below the satisfactory level. 95% of the sample population do avail toilet facility. While only 2% of the population have pit toilets. When enquired about the interest for flush toilets, people responded for free toilets (91%), provided with subsidiary (4%) while 1% of the population shown no interest for flush toilets at their homes.

5.13.3.4 WATER SOURCE



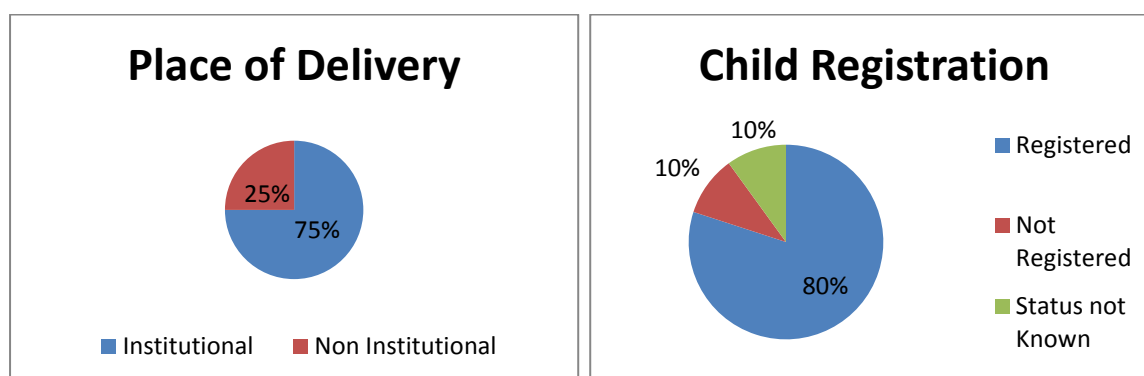
In Patla Badi Village, community hand pump is the major source of water which caters the need of 38% of the sample population, 11% of the sample population has own open well. 1% of the sample population shows water is available through community tap while 24% of the sample population reported that other source of water is also available like river, daari or chuuan.

5.13.3.5 HEALTH SEEKING BEHAVIOUR

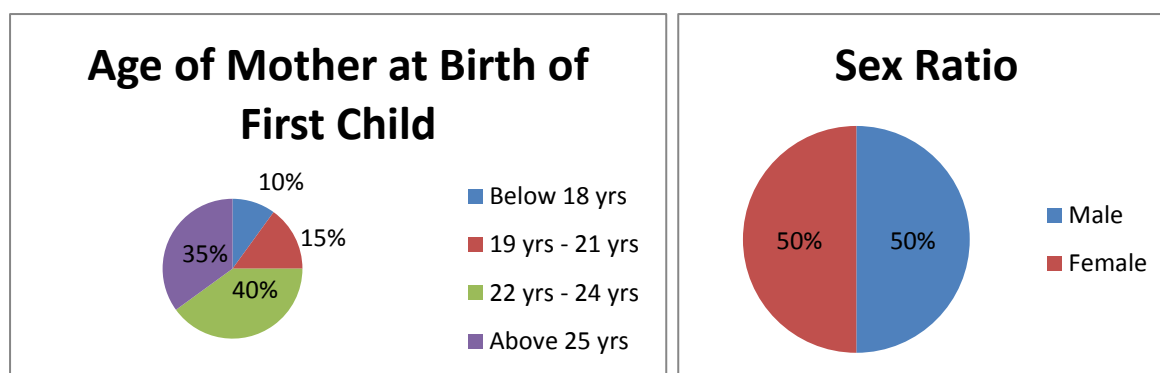


In Patla Badi Village, as reflected in graph majority of sample (44%) in the village consults private clinics which cater the medical needs. The next big service provider are a local doctor who is a registered medical practitioner as said by 23% sample. Considering this 15% sample said that they rely on private hospitals for the medical emergency. Other than that 3% of the people prefer Government Hospitals.

5.13.3.6 MATERNAL HEALTH

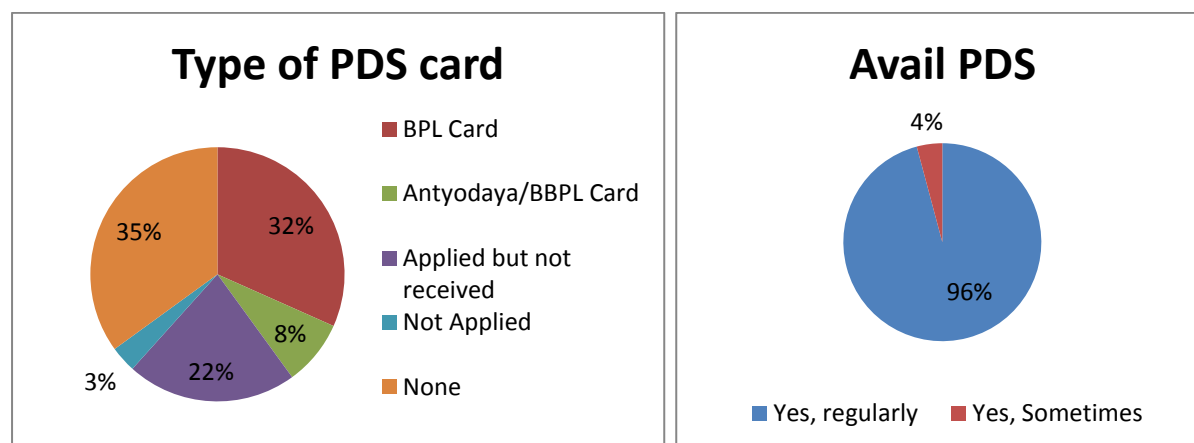


In Patla Badi Village, an institutional delivery takes place around 75% while non-institutional deliveries are 25%. Child registration in this village is 80% and not registered is 10%. 10% of the registration cases are not known



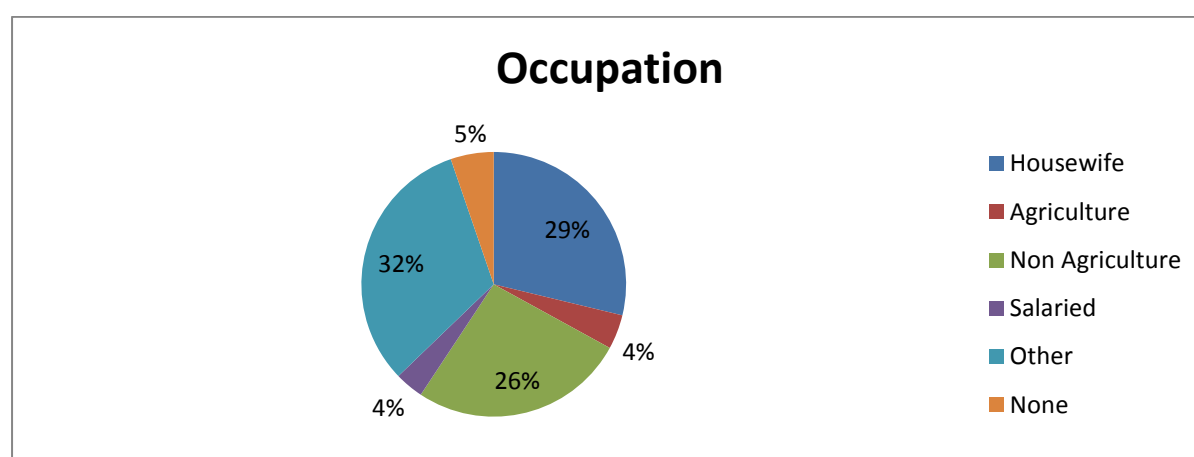
In Patla Badi Village, the age of mother at the birth of first child in the age group of below 18 years is 10 % followed by 15% in the age group of 19 – 21 years. Apart from that 40% of women give birth in the age group of 22 to 24 years and 35% of the birth is given by the women of age group 25 and above.

5.13.3.7 PUBLIC DISTRIBUTION SYSTEM



In Patla Badi Village, as reflected in the figure 32% have BPL card. 22% of the sample reported that they have applied for the ration card but didn't receive it. Among the households who had ration card 96% accepted that they use it regularly, 4% said that they avail it only sometimes.

5.13.3.8 OCCUPATION



In Patla Badi Village, the above data shows that 4% of the sample population are engaged in Agriculture activity followed by non-agriculture (26%). Salaried employees constitute 4%, housewives are 29%. Majority of the sample population are found in other occupation and 5% are not involved in any kind of employment.

AREA	MAJOR PROBLEM AND RECOMMENDATIONS
Education	Only one teacher is available in the primary school.
	Coaching classes for girls students under BPL
	Evening/Adult education classes is essential
	Vocational training for women and girls in tailoring and computer
Water Supply	There are only 2 wells in the village which not sufficient for drinking purpose. Additional wells and tube wells are needed in the village. Also water tank should be provided during summers
	Cement tank for water supply is essential with 5-10 tap point
Health Care	Mobile Medical Van should reach in Manjhi Tola of Patla Badi since this tola being isolated from the main village hence they do not get information about mobile van's arrival
	Sub centre facility should be strengthen by introducing medicine and medical equipment
	Regular health camps is needed
Sports & Culture	Sports club for girls
Environment	Problem of dust hence afforestation is needed
Livelihood	Everyone has job card not employment in this area
	Introduction of goatry, piggery and poultry to women headed families
	Technical training to farmer s regarding seeds and adequate use of fertilizers
	Horticulture activity with financial support can be promoted if water is provided throughout the year
	SHG for men and women is essential
Sanitation	Drainage should be provided in both side of the road
	Spray of bleaching powder in and around the well and fumigation for the prevention from mosquitoes
Infrastructural Development	Well deepening is essential for procurement of water throughout the year
	Community centre is needed
	Paly ground with boundary is needed

6. GENERAL RECOMMENDATIONS AND CONCLUSION

SUPPLY OF DRINKING WATER

Supply of drinking water has found to be a major problem in almost all the villages. There is a huge demand supply gap which is likely to widen drastically in future. Whatever may be the activity by BCCL to the community, community participation is extremely essential at every step.

Following points are recommended on the basis of field observations during the survey:

- It has been seen that the main source of water supply in surveyed villages are met through hand pumps (38%) and other sources like river, daari, pond etc (35%). Household pipe connection is found very less (only 1%). **Pipe connection** should reach in as much as villages to ensure water availability throughout the year specially in villages like Muraidih, Sugaidih, Hursodih, Gopalpur, Naraynpur, Gopalpur, Gundhali Bitha, and Kolmurna. It is essential to take **Local and District Administration** in loop to ensure water supply to the install pipeline by BCCL under CSR activity.
- Receding water table makes the use of hand pumps, wells and ponds nonfunctional during summer. Hence, **roof top** and **bottom water** harvesting should be encouraged in order to mitigate the risk of water scarcity during dry spells.
- Dependency on the hand pump is high but water purity is not ensured. There is a need of **hand pump water purifier**.
- **Watershed Management** should be encouraged. More number of ponds can be excavated in villages like Bandhdih and Jharna. Apart from that strengthening of the lakes and ponds, cleanliness exercise also maintains balance usage of water which ensures dependency on any other source of water. It has been seen that pond cleanliness is essential in village like Barki Bauwa, Bhagabandh and Pochari.
- Supply of **treated/purified mines water** can be done using RO water purifying system for ensuring water availably during summers. Maximum number of villages should be covered to provide mine water prior to treatment. Not only this, irrigation problem can also be minimized during the critical period of the crop with the supply of mine water in the agricultural field.
- Providing **Water tankers** is also good option during summer.

MATERNITY HEALTH AND CHILD CARE

Maternal health care is very important and should be kept on top priority. Education on health risk and maternal care through **Awareness Camp** is the need of an hour, since women still give birth at the age below 18 years in all most all the villages of Dhanbad district. Mobile Medical Van is very good initiative by BCCL observed during the survey under medical facility.

Following points are recommended on the basis of field observation during the survey:

- **Awareness camp** on maternity health should be conducted quarterly in every village, which must deal with regular checkup focusing on nutrition level of child and mother. Preventive health care of both mother and child should be done in order to reduce infant mortality. Mother and child care and emergency medical advice should be conducted through Mobile Medical Van (MMV).
- Surveyed village are found to have non institutional deliveries maximum in number by untrained Midwife (Dai). **Training of Dai/ASHA/ANM** could be a good initiative for the capacity building of women in maternity health care and safe deliveries.
- It is also suggested that, the Schedule of arrival of MMV should be shared with the key person of the village like village head/ICDS Worker/ASHA so that its arrival should be communicated well in advance. **MMV should be parked in ICDS center** so that the checkup of all the age group should be examined. This will also ensure capacity building of the ICDS Workers.
- Covering large number of village with MMV would be quite difficult to manage. Dhanbad has got government Medical College PMCH. BCCL can provide stipend for internship of medical students for monthly health **checkup of school children** so that the maximum number of children can be examined from a village through schools.

LIVELIHOOD

Unemployment found to be the major problem in almost of the entire village in Dhanbad district. This problem needs to be addressed by incorporating technical training through vocational courses and skill development programmes. Development of microenterprise is also very much essential for employment generation.

Following points are recommended on the basis of field observation during the survey:

- For **microenterprise** formal groups like SHG/societies should be formed with the help of private agencies, NGO working on livelihood promotion and skill development, **NABARD and ITC e-chaupal** etc can be very effective for strengthening a group.
- BCCL should come forward for sponsorship of unemployed youth and drop outs for **vocational course** in institution which ensured 100% placement at local areas.
- BCCL can liaison people with banks for starting micro enterprise like mushroom culture, lac culture, sericulture and group/collective farming through guidance under Rajendra Agricultural university, Ranchi or krishi Vigyan Kendra , Baliapur Block, Dhanabd
- **Animal husbandry** should also be promoted like piggery, Goatry, poultry unit in in a SHG or vulnerable section like women headed and differently abled women. Such activity requires involvement of local based NGO.
- Vocational Training for **differently abled people** should be taken seriously at village level which can cater 3-4 villages all together. Petty business like Dairy booth, Ration Shop, Mobile recharge and repair shop etc. can be encouraged for them.

EDUCATION

Education in rural parts of Dhanbad majorly depends on government institution. Primary school is 100% available in every surveyed village with mid-day meals functioning properly. Interventions in education have wide scope and limitations.

Following points are recommended on the basis of field observation during the survey:

- Need for **learning center** which will be constructed in school premises where children can learn vocational courses like computers/Coaching class of compulsory subjects/Art and cultural activity/Youth club or sports clubs etc as per the village requirement for these activity.
- Additional **coaching classes** for girls drop out should be encourage by BCCL by providing honorarium to private tutors or students volunteer from colleges of Dhanbad.
- **Adult literacy** classes should be initiated.

- **Library** should be introduced in village which can be managed by youth or sports club.
- **Electric in-house fitting** is needed in all the primary school with clear clarification on management of electricity bill at school or panchayat level.

SANITATION

Almost no toilets were found in majority of the villages. The most prevalent safe sanitation facility available in village is Open defecation. However, existing sanitation facilities are inadequate to meet the requirement. The poorest of poor households do not have the means to afford individual toilets. Non-existence of public toilets and sanitation facilities, resulting in open defecation. The issue is to advise strategies to ensure adequate access to **toilets to all poor households** in the village. There can be possibility of community toilets with proper coordination of panchayats which can ensure it regular maintenance. Scavenging should be arranged under public private partnership. The toilets should have the facilities with water supply as well. The entire village requires either household toilet or community toilets. **Fumigation** should also be done in every two months followed by regular fumigation during any epidemic.

ENVIRONMENT

Village close to mining area witness widespread pollution leading to health related epidemics. Air Quality is very low due to coal dust and gases coming. Smoke and gases ooze out from the cracks formed on the surface in villages of Kusunda Areas. Manjhaldih have been observed noise pollution. **Green belt development** or afforestation is essential in both noise and Pollution.

SPORTS AND CULTURE

Villages like Kharam, Manpur, Gundhali Bitha has huge scope of sports promotion. Villages like Kharam Village, Tribal community has cultural group of girls which need support to excel in cultural activity. BCCL should support such talents from rural Dhanbad in district level to national level competition with close coordination with District administration.

INFRASTRUCTURE

- **Roads** are the major problem in the villages like Benagoria, Narayanpur, Kharam, Jharna and Gundhali Bitha. Poor roads have resulted in problem of school going children, deliveries, no local conveyance etc. PCC roads are urgently needed in the above mentioned village in order to bring the normal life as other good villages.
- School should have **school boundary** and the village playground should have gate.
- **Learning center** cum **community hall** should be constructed for vocational courses.
- **Additional class rooms** as well as toilets should be constructed in primary school.
- Renovation of **Kitchen shade** of Primary school.

7. GLOSSARY



Photograph 1: Rehabilitation centre (Jharia Vihar) at Belghadia started by BCCL for fire affected people near coal mines area, Dhanbad



Photograph 2: Display board on activities covered under CSR in Kusunda Coal mines area office, Kusunda Dhanbad



Photograph 3: BCCL water tanker providing water in villages



Photograph 4: Mine water supply for community domestic purpose by BCCL



Photograph 5: Mobile Medical Van for providing medical facility from BCCL



Photograph 6: Eco restoration site in Lodna Area