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List of Abbreviations

CSR	Corporate Social Responsibility
CPSEs	Central Public Sector Enterprises
ECL	Eastern Coalfields Limited
NCSR Hub	National Corporate Social Responsibility Hub
TISS	Tata Institute of Social Sciences
DPE	Department of Public Enterprises
SC	Scheduled Caste
ST	Scheduled Tribe
OBC	Other Backward Class
PHC	Primary Health Centre
SHC	Sub-Health Centre
ODS	Open Defecation System
RMP	Registered Medical Practitioner
CIL	Coal India Limited
MoU	Memorandum of Understanding
MDG	Millennium Development Goal
ICDS	Integrated Child Development Services
CHC	Community Health Centre
RTI	Reproductive Tract Infection
STI	Sexually Transmitted Infection
HIV	Human Immunodeficiency Virus

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Prof. B. Venkatesh Kumar

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National Corporate Social Responsibility Hub

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Executive Summary



Executive Summary

The following report is an outcome of the association between National Corporate Social Responsibility Hub (NCSR Hub) and Coal India Limited (CIL) - a Public Sector Enterprise (PSE) bound by a Memorandum of Understanding (MoU) signed between CIL & NCSR Hub. The report is an attempt to understand the current status, situation, facilities and existing systems in the areas of livelihood, health, water and sanitation, and education as well as to assess the needs of the communities in areas around 5 Gram Panchayats (Bhamuria, Sarbari, Saltore, Digha and Balitora) of Puruliya District, West Bengal. The study was conducted in 40 villages.

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

The main objectives of the study were-

- To identify the community's needs in the area of health, education, livelihood, sanitation, drinking water and resource management.
- To provide information on the impact of CSR interventions of CIL in studied villages.
- To identify the basic facilities available in the studied villages.

After the completion of study some of the major areas were identified where intervention can be made for the betterment and upliftment of the marginalized people in the area of study. Results of this analysis throw light on the following issues: -

Supply of Drinking Water

The water was scarce and difficult commodity for the people in the study area. In all the 40 villages of the purulia district it was reported that issues related with drinking water is their top priority problem. During each summer, pond gets dried up which leads to great crisis of water. The villagers used to drink water from open wells and public/Common Tap Points available in the village. The drinking water facility in the village was mainly from tube wells, tanks and hand pumps. Therefore, a need based project for Harvesting Rainwater and watershed Development Programmes with prime objective of drinking water facility is required. These initiatives shall be

at optimizing water utilization by the community members. Some of the Initiatives to improve the situation of water availability in the study villages can be:-

- Existing village ponds are required to be de-silted and deepened.
- Training sessions for farmers regarding use and Importance of new irrigation mechanisms such as drip irrigation.
- Demonstrations of multi and mixed cropping for the benefit of farmers can be organized at Gram Panchayat Level.

Roads & Drainage System

The situation of the roads in the village is poor in some of the villages and it needs to be maintained and repaired. The people basically face problem during the rainy season when the road is full of mud and water. Another issue which is related with the roads is the availability of drains in the village which is only at some places needs to be cleaned and constructed where it is not available.

ICDS

The Anganwadi worker in the village can play a vital role if she will be provided with adequate training and skills. Apart from the basic schooling and education Anganwadi worker at the same time can also provide counseling to the mothers and adolescent girls. Through the medium of workshop and training programmes Anganwadi worker shall be given proper inputs. In the villages the ICDS centres are available but in few villages the ICDS centre needs to be build again. Also the village people are ready to donate the land for the same purpose.

Smoke in Kitchen

In the Puruliya district on the basis of baseline survey majority of the people have reported that they have been using Grass/Crop residue and wood, Charcoal and cow dung in their houses. Only a very few have reported that they use LPG/Natural gas and Bio gas Plants in their houses. On the basis of the sample of 2097 households only 19 households have reported of using Biogas. It has been found that One-third of the total world's population burn organic materials such as wood, dung or charcoal (biomass fuel) for cooking, heating, lighting and other domestic purposes. This form of energy usage is associated with high levels of indoor air pollution and an increase in the

incidence of respiratory infections, including pneumonia, tuberculosis and chronic obstructive pulmonary disease, low birth weight, cataracts, cardiovascular events and all-cause mortality both in adults and children. The mechanisms behind these associations are not fully understood. Approximately 80% of rural households in India still use unprocessed solid biomass like wood, dung and agricultural residues for domestic cooking and room heating. Although biomass smoke contains a wide range of toxic chemicals, its impact on rural health of the country is largely unexplored¹.

Sanitation

The condition of the sanitation is very poor in the area. In most of the villages people prefer open defecation, only a few households in some villages have personal toilets. Out of the total sample of 2097 only 215 households have reported of having toilets in their houses. Among that the majority i.e. 180 households have pit toilet in their houses. Approximately 35 have reported of having flush toilets. The important aspect is that first people shall be motivated and made aware towards the benefits of using toilets. The proposed intervention should involve organizations working on the sanitation & Hygiene and ready to give special focus to women health issues. Villages such as Beldanga (10), Debidanga (36), and Nadiha (44) have very less number of households. In order to promote sanitation each and every households can be provided with toilets.

Health Facility:

Health came out as a major need for the villagers and especially among the women as the village is having the health sub-centres but they are not functioning. PHC is located in the range of more than 10 Kms. Villagers depend on medical shops/Chemists for minor & major ailments. An intervention in health is required in the village. The mobile Medical van visiting the village thrice a week can be a healthy initiative to promote the health status of the people in the village. The proposed intervention should involve organizations working on the same and ready to give special

¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2568866/>

focus to women health issues. Involvement of ASHA should be special component of the intervention which should also include the training and practical sessions for them.

Maternal Health

With regard to the awareness of women in the Puruliya district regarding maternal health issues such as Ante Natal Care (ANC), Importance of Institutional Births, Home based Birth assisted by the Doctor/Nurse/LHV/ANM and Mothers receiving post Natal Care is very low. The women in these villages need to be made aware and conscious towards their reproductive Health and rights. Those agencies and organisations working upon the reproductive health shall be engaged to advance the awareness among women through workshops and practical sessions.

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 Labor 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 Advocacy².

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 endeavor 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 sector³.

² <http://www.csr.tiss.edu/>

³ <http://www.csr.tiss.edu/about-us/from-the-directors-desk>

1.2. Coal India Limited

Coal India Limited (CIL) is an Indian state-controlled coal mining company headquartered in Kolkata, West Bengal. Coal India Limited (CIL) as an organized state owned coal mining corporate came into being in November 1975 with the government taking over private coal mines. CIL also manages 200 other establishments like workshops, hospitals etc. Further, it also owns 26 technical & management training institutes and 102 Vocational Training Institutes Centres. Indian Institute of Coal Management (IICM) as a state-of-the-art Management Training 'Centre of Excellence' - the largest Corporate Training Institute in India - operates under CIL and conducts multi disciplinary management development programmes. CIL having fulfilled the financial and other prerequisites was granted the **Maharatna** recognition in April 2011. It is a privileged status conferred by Government of India to select state owned enterprises in order to empower them to expand their operations and emerge as global giants. So far, the select club has only five members out of 217 Central Public Sector Enterprises in the country⁴.

1.3. Major CSR Activities of CIL⁵

- Education-financial assistance to schools, scholarship, adult literacy, cycle to needy girl students etc.
- Water supply including drinking water- Installation and repair of hand pumps, digging wells boreholes, laying pipelines.
- Health care -organizing health awareness camps on AIDS, TB, Leprosy, diet, nutrition, family planning, facilities of mobile medical vans etc.
- Social empowerment- Training and Development in different fields such as welding, fabrication, tailoring, farming etc. for weaker section of the community for self- employment.
- Sports and culture-promotion of sports of different events in coalfields including nearby villages.
- Infrastructure support—construction of community buildings, roads, culverts, repairing and supply of furniture for educational institutions.

⁴ <http://www.coalindia.in/>

⁵ http://www.coalindia.in/Documents/CIL_website_Final_CSR_25092012.pdf

- Generation of Employment– By setting up cooperative societies, construction of shopping complex etc.
- Relief of victim against Natural Calamities
- Adoption of village–For carrying out activities like Infrastructure development such as providing Solar light, pavan chakki, construction of road etc.
- Financial assistance to NGOs– For under taking different activities towards upliftment of the under privileged back word, physically and mentally challenged children.
- Financial support- for organizing Medical Camps, Free consultation, distribution of medicines and Medical Awareness for under privileged and slum dwellers in association with local communities.

1.4. Fulfillment of the Mandate of the DPE Guidelines

According to the Clause 1.8.1 of Guidelines on Corporate Social Responsibility for Central Public Sector Enterprises, “In fact, it is at the time of impact assessment that a well documented and detailed baseline survey or need assessment study done at the commencement of the activity, comes in handy for comparison of data. Conversely, the absence of a baseline survey or a need assessment study is sorely missed at the stage of impact assessment.” The study is an attempt to follow the guideline with earnest.

1.5. Collaboration between the CIL and NCSR Hub.

On August 16, 2012 ECL issued work order ECL/HQ/C-6-F/232 to NCSR Hub to achieve the objective of strengthening the CSR aspect of the PSE. As per the work order, both the parties agreed to avail and extend NCSR Hub’s professional services of doing Needs Assessment Studies for the company. Thus, a study was undertaken by NCSR Hub in order to assess the needs of the communities getting affected by the company’s operations to plan appropriate CSR intervention. The sites of CSR intervention were selected by CIL.

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 CIL. The geographical locations were selected by the company Coal India Ltd. (referred henceforth as CIL) 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 (Annexure-I/II/III). 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 provide information on the impact of CSR intervention in studied villages.
- iii. 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 problem. Data was collected on the basis of sample household survey as well as in depth interviews with 40 Villages.

2.4 Study Tools

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

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. Sample Size:

A sample of 2097 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. 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. In each village local Panchayat officials and people representatives were also interviewed.

Table 1 Name of the Village and sample size out of total households

Name of The Village	House Holds	Sample Households
Parbelia	1089	69
Beldanga	10	10
Dhangajore	84	51
Debidanga	36	36
Neturia	229	53
Bhamuria	685	61
Hirakhun	212	53
Baruipada	204	53
Khutibari	87	51
Nawada	93	51
Alkhussa	134	51
Bonra	410	56
Ashamboni	114	51
Saltore	228	53
Hijuli	520	58
Pathardiha	60	50
Baghardanga	259	54
Deoli	302	54
Beghardih	302	54

Sarbari	989	67
Puapur	212	53
Barshadih	130	51
Nodiha	44	44
Narayanpur	216	53
Benipur	350	55
Nimdanga	370	56
Sahebdanga	192	53
Dubeshwari	48	48
Digha	336	55
Parbatpur	190	52
Tiltore	46	46
Lalpur	88	51
Madandih	204	53
Bartoria	380	56
Inanpur	298	54
Poochara	126	51
Headdih	296	54
Manpura	210	54
Balitora	500	53
Sunnuri	1200	69
Total	11483	2097

2.6. Research Process:

After the research team received a list of villages from CIL, 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. After data was collected, it was analyzed with the help of SPSS. 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 ‘Bengali’ with occasional use of Hindi as and when required. Respondents were also given a choice to respond or not respond to the questions asked.

3. Context of the Field: Secondary Data Research

3.1. Introduction of the Study Area⁶:

The district of Purulia was carved out of the former Manbhum district of Bihar and was merged with the State of West Bengal in November, 1956. The district occupies 5th position in the State in respect of its size with an area of 6259 sq.km. The Western part of district of West Bengal, Purulia is surrounded on its three sides by the State of Jharkhand. On the Eastern side the district of West Bengal namely Banakura, Burdwan and Midnapore covers the flank. The district lies between 22°43' and 23°42' North latitude and between 85° 49' and 86° 54' East longitude. Administrative Divisions the total geographical area of the district is 6259 sq. Kms. There are 21 Police Stations, 20 Community Development Blocks, 3 Municipalities (Purulia, Raghunathpur, Jhalda), 8 non-municipal towns, 170 Gram Panchayats, 2683 mouzas (2468 inhabited villages) and 1911 Gram Sansads.

3.2. Culture of Purulia⁷:

Purulia is very rich in its wealth as well as in cultural heritage. This is a place where we can observe the culture of Bengal, Bihar (recent Jharkhand) and Orissa are in harmony. Starting from archaeological evidences to local festivals, every cultural event has got a nice tribal touch in it, which is the specialty of Purulia. Living mostly in rural areas and keeping intact many of their socio-cultural values more or less in pristine forms the rural people of Purulia have their folks to speak about many of their tenets. It is also the birth place of a martial dance of Bengal – 'Chhau'. Among the neo classical dance and dance dramas like **Bharatanatyam, Kathak, Kuchipudi, Odissi, Kathakali** and a few more, Chhau, the rare mask dances of eastern India are quite unique.

The three forms of Chhau are named after the district or village where they are performed they are: -

- The Purulia Chhau of Bengal,
- The Seraikella Chhau of Bihar
- The Mayurbhanj Chhau of Orissa.

⁶ <http://purulia.gov.in/>

⁷ <http://purulia.gov.in/distAdmin/departments/dico/dico.html>

Surprisingly the earlier writers have exercised considerably to understand the origin of the word Chhau and to ascertain its classical origin as also they have tried to establish the origin of the word Chhau from Sanskrit root word "Chaya", while others have tried to justify its martial base and the derivation of the word by suggesting that the word Chhau is derived from the local dialect meaning an army camp. However, they have overlooked the outcries of the performers or the drummers during performance. There is also a lesser-known folk form of martial dance at Purulia too. It is "Natua". The "Natua" dance involves vigorous physical exercises with logs of wood & wheels of bullock carts. Apart from that typical Bengali culture like Rabindra sangeet, Nazrul Geeti is prevalent in towns like Purulia, Adra, Santhadih, Raghunathpur, Joypur, Jhalda etc. A few years back a number of dramas were regularly organized at those places. Sustained effort of different government agencies are going on to help folk forms and artists.

3.3. Climate⁸

Purulia is a drought prone district. The district has a sub-tropical climate and is characterized by high evaporation and low precipitation. Temperature is very high in summer and low in winter – it varies from 3.8⁰C in winter to 52⁰C in summer, causing dryness in moisture. Average annual rainfall varies between 1100 and 1500 mm. But uneven, scanty and erratic rainfall results agricultural drought in the kharif season.

3.4. Forests and Minerals⁹:

As per Satellite Imagery data 52.47 % of total Geo area is used for agriculture. 29.69 % are under forest coverage (including social forestry) and 10.15 % are identified as Wasteland (14.11 % as per Landsat Thematic Mapper/IRS LISS II/III data). The natural forests of the district are mostly of mixed nature. The important mineral resources of this district are Coal, Apatite, Clay, Kyanite, Limestone, Base metals, Glass sand, Road metal and Building material. The list of other minerals includes Barytes, Fluorite, Ilmenite, Sillimanite, Quartz, Felsper, and Graphite etc.

⁸ <http://www.bharatonline.com/west-bengal/travel/purulia/index.html>

⁹ <http://purulia.gov.in/distAdmin/departments/forest/forest.html>

3.5. Topography¹⁰:

The soil of Purulia district is undulating tract of high ridges and low valleys. The major part of the district is plain. The alluvial areas are found in very narrow strips along the rivers. The valleys are steep along the rivers. Alluvial fans are found in the fringe areas of Ajodhya hills. The soils of the district are mostly sedentary in nature. Colluvial soil is found only in valley bottom. Soils of undulated uplands are shallow, gravelly, coarse having low water holding capacity. These lands are either severely eroded or very susceptible to erosion.

The whole district is a network of number of rivers. The principal rivers of the district are Damodar, Kansabati, Kumari, Darakeswar and Subarnarekha. All the rivers have an easterly and south easterly courses, only the Subarnarekha flows south and receives west and south west flowing tributaries. All the tributaries of these rivers are non-perennial and subject to flash floods. The Kansabati is the master stream of the district.

3.6. Water¹¹

The district is a 'White Zone' in respect of ground water status (i.e. 60% of available ground annual recharge is in use). In general, during the rainy season the water table in the wells raises up to 1.00 to 3.50 m bgl till the end of October and gradually falls down to maximum of 6 to 14 m bgl during April-May. Ground water of Purulia District is well known for its fluoride content in recent time. People from many of the villages have been marked with fluorosis from consuming fluoride contaminated groundwater as only 10% people are fed with PHE water supply scheme. People of the area are compelled to use ground water for drinking purpose. Geologically the area is principally underlain by Precambrian Metamorphic rock like granitic gneisses. These rocks have fluoride-bearing minerals like fluorite and apatite. Fluoride ions from these minerals leach into the ground water and contribute high fluoride concentration. Total 619 water samples of tube well taken from rural areas of different Gram Panchayats of Purulia-1 block have been tested and the results are statistically analyzed. Fluoride concentration ranges from 0.011-5.99 mg/l with an average of 0.78mg/l and standard deviation of 0.56. 82% of water samples are within desirable limit of fluoride concentration and 18% samples are above the desirable limit and 7.75% samples are above the permissible limit of fluoride concentration.

¹⁰ <http://purulia.gov.in/distAdmin/departments/forest/forest.html>

¹¹ <http://purulia.gov.in/distAdmin/departments/phe/phe.html>

Health impacts like dental fluorosis, skeletal fluorosis are found in many villages. Removal of fluoride from drinking water and supply of clean fluoride free water is urgent necessity¹².

3.7. Agriculture¹³:

The percentage of net-cropped area to cultivable area is 73.35%. Only 16.53 % of the net-cropped area is under multi crop cultivation. 90% of the net-cropped area is under Aman paddy cultivation Cropping Intensity is 117%. About 60 % of the total cultivated land is upland. On the other hand out of the total operational holding 72.68 % belongs to small and marginal farmers (92 % of the total no. of holding) having scattered and fragmented small holdings.

3.8. Fisheries¹⁴:

Total water area available in this district is 18575.69 hectare, which includes big and seasonal tanks and ponds. Besides that there are 36 nos. of big and medium sizes of Dams and Reservoirs, which covers about 8557.74 hectare of water area. 16214-hectare (87.29% of the net area) water area comes under the effective pisciculture. The approx annual production is 250630 Qtls.

3.9. Education

No. of Primary Schools in this District is 2989 and no. of Upper Primary Schools is 330. Student Teacher ratio in Primary and Upper Primary are 44.95 and 50.68 respectively. Total No. of Junior High Schools, High Schools and Higher Secondary Schools are 78, 129 and 126 respectively. Total no. of Sishu Sikha Kendra (SSK) is 420 and MSK is 123. District also possesses 11 Degree colleges, one B.Ed. College (Purulia), one Polytechnic College (Purulia) and one Industrial Training Institute (Raghunathpur).

¹² http://gsnb.in/wp-content/uploads/2012/08/v2n1jully2012_9.pdf

¹³ http://www.purulia.nic.in/aboutDistrict/district_profile.html

¹⁴ <http://purulia.gov.in/distAdmin/departments/fisheries/SchemeFisheries.html>

3.9.1 School categories¹⁵

Table 2: School Categories in the Puruliya District

Educational Attainment	Total Schools		Rural Schools		Total Enrolment		Rural Enrolment		Teachers	
	Govt	Private	Govt	Private	Govt	Private	Govt	Private	Govt	Private
Primary only	3,403	207	3228	175	299320	24101	286753	20016	6839	908
Primary With Upper Primary	0	13	0	11	0	1852	0	1704	0	65
Primary With Upper Primary Sec/Higher Sec	3	13	1	12	1730	2286	599	2239	24	78
Upper Primary Only	250	2	245	2	27154	208	26577	208	916	8
Upper Primary with Sec/Higher Secondary	317	2	297	2	163967	698	152374	698	3100	27

3.9.2. SC/ST and OBC Enrolment in Puruliya District

Table 3: Enrolment of the SC/ST and OBC children in Schools

	Primary	Upper Primary
% SC Enrolment	22	18.8
% SC girls to SC Enrolment	48.5	42.5
% ST Enrolment	19.4	18.3
% ST girls to ST Enrolment	49.5	45.4
% OBC Enrolment	18.2	34.6
% OBC girls to OBC Enrolment	49.7	47.4

¹⁵ <http://www.dise.in/dise.html>

3.9.3. Number of Schools by type of Building in Puruliya District

Table 4: Number of Schools in Puruliya District

School Category	Pucca	Partially Pucca	Kuccha	Tent	Multiple type	No Building
Primary only	2,605	39	23	0	440	498
Primary With Upper Primary	7	2	0	0	1	3
Primary With Upper Primary Sec/Higher Sec	10	1	0	0	3	2
Upper Primary Only	65	1	0	0	4	182
Upper Primary with Sec/Higher Secondary	240	0	0	1	74	4

In addition to that District also possesses 2 centres of Open universities (IGNOU, NSOU), one Junior Technical School (Jhalda), one GNM training Centre and 2 Primary Teachers Training Institute and one Homeopathic Medical College. In addition 2 Ekalabya Schools for SC/ST students are also functioning. The famous Sainik School and Purulia Ramakrishna Mission is also in this district¹⁶. After visiting all the primary schools in the 40 villages a range of needs (Infrastructure related) were assessed such as requirement of new classrooms, Benches, building of boundary walls etc. Along with that the schools shall be provided with learning and educational materials such as alphabetic/Numeric charts, colours, educational toys etc. In the primary School it was also found the need for Playing equipment such as (slide, see saw and monkey bar). For instance in a village named **Bonra** it was requested that the place available in front of the school can be used for the constructing a playing ground for children. Creation of awareness among the adolescent boys and girls in High School upon issues such as career development with regard to communication skills, technical knowledge and awareness (Computer/IT) shall be provided. Along with these there shall also be the provision for the interactive discussions regarding issues such as Health, STI/RTI, Sex Education, Role and Importance of gender etc.

¹⁶ <http://purulia.gov.in/distAdmin/departments/education/education.html>

3.10. Health¹⁷

The existing health infrastructure of this district is shown below.

Table 5: Number of Hospitals in the Puruliya District

Type of facilities	No. of Units
1. No. of District Hospital	1
2. No. of Sub-Divisional Hospital	1
3. No. of Rural Hospital	5
4. No. of Block Primary Health Centres	15
5. No. of Primary Health Centres	53 (2)
6. No. of Sub-Centres	485
9. Birth Rate	22.83
10. Maternal Mortality Ratio(2007-08)	157
11. Infant Mortality Rate (2007-08)	35.2

The information received from the District Level Household Survey (DLHS 3rd round) maternal health situation in Puruliya district was observed as:

Table 6: Situation of maternal Health In Puruliya District

Knowledge of women (Unmarried and Ever Married) regarding HIV/AIDS and RTI/STI

Maternal Health	Total	Rural
Mothers who had at-least 3 Ante natal care visits during the last Pregnancy (%).	65.1%	63.6%
Institutional Births (%)	39.9%	37.4%
Delivery at home Assisted by a Doctor/Nurse/LHV/ANM (%)	11.7%	11.9%
Women who received Post-Natal care after 48 hours of Delivery of their last child (%)	48.4%	46.4%

Similar to the issue of maternal Health women both unmarried (15-24) and Ever Married (15-49) have poor or less knowledge about the HIV/AIDS and RTI/STI. The main concern for focusing on this issue is that purulia is also considered as high prevalence district for HIV in Bengal (Category a District as per NACO 2006).

¹⁷ <http://www.wbhealth.gov.in/nrhmbwb/DocToDisclose/Infrastructure/Purulia.pdf>

Focusing upon the data received from the 3rd round of DLHS for Purulia district situation with regard to the concerned problem is:

Table 7: Knowledge of women towards HIV and RTI/STI in Puruliya District

Ever Married Women	Total (%)	Rural (%)	Unmarried Women	Total (%)	Rural (%)
Women Heard of HIV/AIDS	18	14.6	Women Heard of HIV/AIDS	43.6	39.6
Women Heard of RTI/STI	22.8	20.3	Women Heard of RTI/STI	31.4	24.9
Women who knew that consistent use of condom can reduce the chances of getting HIV/AIDS.	47.8	36.8	Women who knew that consistent use of condom can reduce the chances of getting HIV/AIDS.	52.	44.9

In the purulia district the role of ASHA has been found very poor such as:

Table 8: Role of ASHA in the Puruliya District

Those Women Facilitated/Motivated by ASHA for	Total	Rural
Ante-Natal care	0.5	0.6
Delivery tat health facility	0	0
Use of Family Planning Methods	0.2	0.2

3.11. Drinking Water

In addition to different Tube wells and Dug wells installed at different Blocks, Purulia District possesses 20 nos. of completed Rural Water Supply schemes. Two are on the way to completion. In addition to that Urban Water Supply schemes like Purulia Municipality, Jhalda Municipality, Raghunathpur Municipality, Sadar Hospital, Purulia, S.G. Hospital, Raghunathpur, Institute of Mental Care, and Purulia are also functioning¹⁸.

¹⁸ www.puruliya.gov.in

3.12. Industries

In the light of the new Industrial Policy of the Government of West Bengal, Purulia has achieved a marked visibility among the investors since the beginning of 2001. In recent months there has also been a giant leap in the large-scale sector with a number of big entrepreneurs showing great interest in making investments in Steel, Cement and Power sector. The District possesses Large Scale Units like Santaldih Thermal Power Plant at Santaldih, Pumped Storage Project at Baghmundi, ACC Damodar Cement Factory, and Madhukunda.

4. Purulia at a Glance:

4.1. Demography¹⁹

4.1.1. Total Number of Population/Households

	No of Households	Total Population	Population Male	Population Female
Total	567824	2930115	1496996	1433119
Rural	495836	2556801	1304208	1252593
Urban	71988	373314	192788	180526

4.1.2. Population in the Age Group (0-6)

	Age 0-6	Age 0-6 Male	Age 0-6 Female
Total	410227	210003	200224
Rural	365161	186695	178466
Urban	45066	23308	21758

4.1.3. Total SC/ST Population

	SC population	SC Male	SC Female	ST population	ST Male	ST Female
Total	567767	290789	276978	540652	271803	268849
Rural	490517	251410	239107	531822	267382	264440
Urban	77250	39379	37871	8830	4421	4409

4.1.4 Literacy of the District:

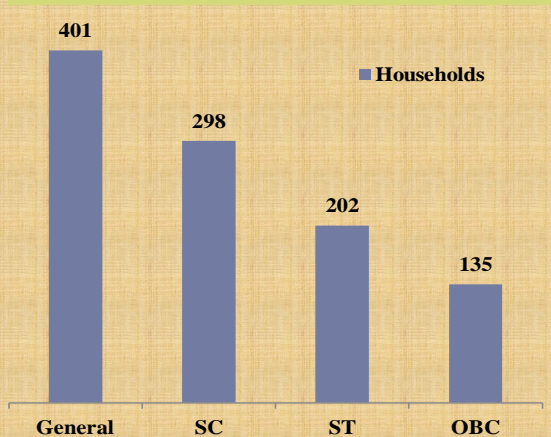
	Literates Person	Literates Male	Literates Female	Illiterate Persons	Illiterate Male	Illiterate Female
Total	1624905	1002058	622847	1305210	494938	810272
Rural	1374860	858620	516240	1181941	445588	736353
Urban	250045	143438	106607	123269	49350	73919

¹⁹ www.censusindia.gov.in.

Major Findings from the villages and Recommendations:

5. Bhamuria Gram Panchayat

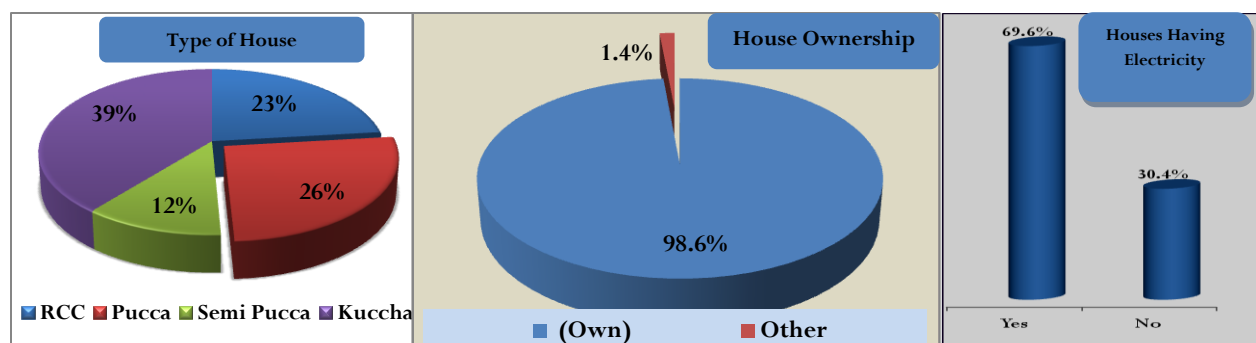
5.1. Parbelia

YEAR		2011	Facilities Available in the village Samaaj Mandir Cement Tar Road PDS Shop Grocery Shop Pre Primary Nursery School Government Primary School Asha Worker					Facilities Existing within 5 kms. Daily Evening Market (Parbelia Bazar). Weekly Market (Parbelia Bazar). DTP/Xerox Centre (Parbelia Colliary). Post Office (Neturia). Co-Operative Society (Sanctoria). Police station (Neturia). Warehouse (Parbelia Colliary). Charitable Primary (Parbelia Colliary). Government Secondary School (Parbelia). Vocational Training Centre (Saltore) Health Sub-Centre (Bhamuria). Primary Health Centre (Bhamuria). Higher Secondary School (Parbelia).				
HOUSEHOLDS		1035										
POPULATION		5446										
Forest Produce												
Cultivation		Yes										
Public/Common Tap Points			22									
HH Tap Connections			00									
Chief Crop Name		Area										
Paddy	864 Acres											
RELIGION		House holds										
HINDU		1035	Facilities Existing more than 5 Kms Railway Station (Madhukunda) Taluk Headquarters (Raghunathpur) District Headquarters (Purulia) Private Primary School (School) Charitable Secondary School (Asansol) ITI Polytechnic (Raghunathpur) Veterinary Clinic (Asansol) Ayush Hospital (Asansol) Private Hospital (Barakar) CHC/Government Hospital (Harmaddi)									
Land Distribution (In Acres):												
Total Area	Non- Irrigated	Irrigated						Grazing	Forest	Wasteland		
2073	839	00						469	365	518		
Migration Pattern												
Within the state (Non-Agricultural Labour)					Yes							
Outside State (Agriculture labour)					Yes							
Outside state (Non-Agri Labour)					Yes							

5.1.1. Household Status:

Household Ownership & Registration Status in the village

In the village the maximum number of houses was reported as Kuccha which is approximately 39 percent of the total. Followed to Kuccha Houses are the Pucca and RCC houses which are 26 and 23 percent respectively of the total. In the village there is also 12 percent who are having



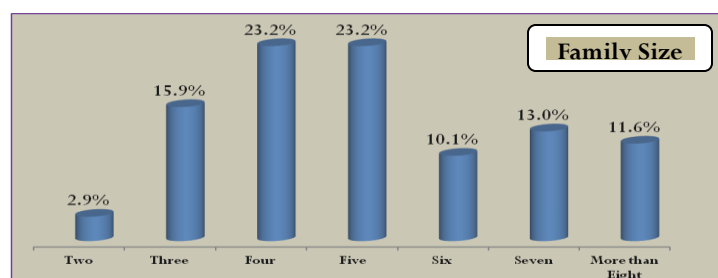
Semi Pucca houses in the village. On asking to the people it was said that almost all the people are having houses of their own which is approximately 98.6 percent and remaining is 1.4 percent which comes under the category of “other”. Of the total households in the village it was reported by the sample respondents that 69 percent of the houses are having the electric connection rest 31 percent do not have it. In the Village approximately 85.5 percent of the people agreed that they have registered papers of their Households. Remaining 14.5 percent of the people do not have the registered Papers.

5.1.1.1 Type of Fuel:

The three major Types of fuel used in the village are Grass/Crop Residue and wood which is used in almost all the houses. Approximately 78.3 percent of the people agreed that they use Grass crop residue/Wood etc for cooking and household purpose. Coal and Charcoal are second major fuel used in the houses which is approximately 75.4 Percent. The village is very diverse with regard to the use of fuel as apart from other mentioned fuels other types of fuels which are used in the village are; Kerosene, Cow dung, LPG/Natural Gas, Biogas and Solar Energy.

5.1.1.2 Size of the Family:

In the village approximately 23.2 percent of the people reported of having four to Five members

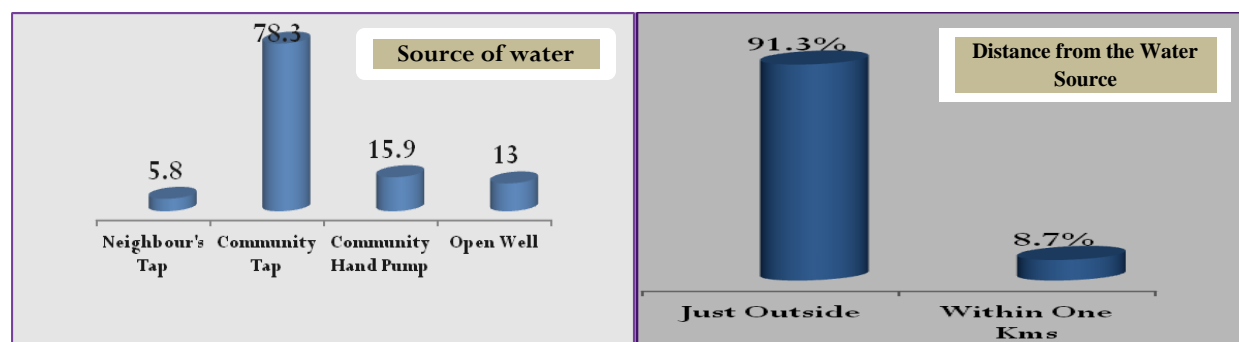


in the family. Followed to which 15.6 percent of the respondent is having three members in the family. It should also be reported that those agreeing upon having large family size is also in existence in the village i.e.

approximately 13 percent of the people said that they have around seven members in their family.

5.1.2. Water Availability

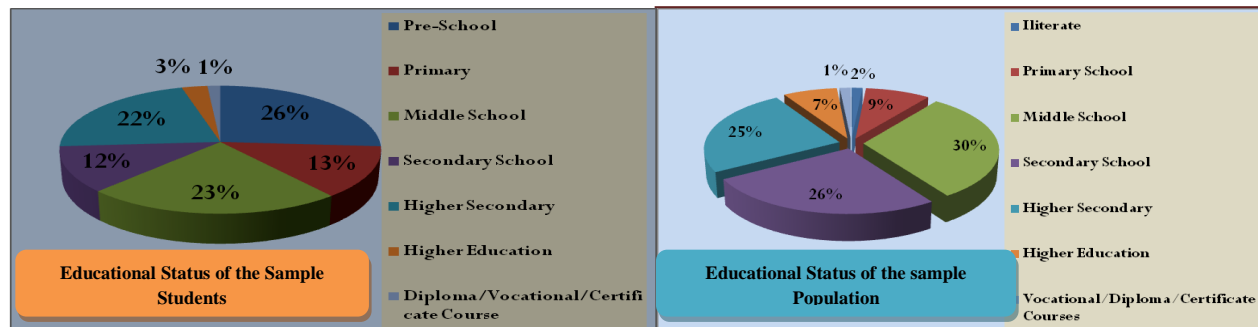
With regard to the source of water it was reported that almost 78.3 percent of the people use



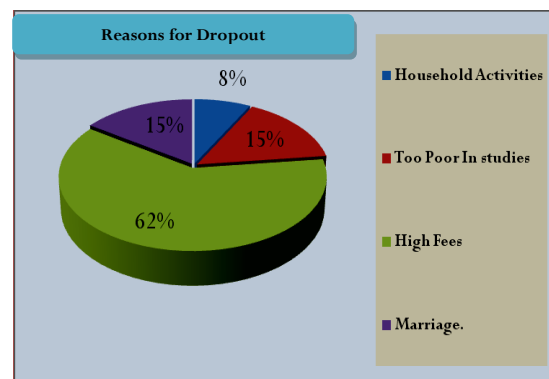
community tap in the village. The other 15.9 percent people said that they use community hand pumps to get water. Since in villages open wells are also source of water, we were informed that 13 percent of the people use open well water to get domestic & Drinking water. The remaining 5.8 percent of the people use neighbor's tap to get water. On asking people regarding the distance from the source of water it was reported that almost 91.3 percent of the people said that they have community taps and Hand Pumps just outside their houses. Though it was also said that it do not function throughout the year, and water is a very crucial requirement to the entire village. Remaining people falling in the percentage of 8.7 said that they have to go approximately within one Kms in order to get water.

5.1.3. Education:

With regard to the education majority of the people found to be in the category that has completed their Middle level education. Followed to which is Secondary school which comprises of 26 percent. In the village 25 percent of the people also reported that they have completed their higher Secondary education.



In village both Primary Level Education comprises of 9 percent. It was also reported that percentage of Illiterate people in the village is approximately 2 percent. With regard to those who have done any Vocational/Diploma and Certificate courses is very less around 1 percent in the village. Approximately 7 percent of the people have completed their Higher Education. In the village majority of the students reported of being involved in their pre-schooling which is approximately 26 percent. Followed to which is those who are involved in the Upper Primary Level Schooling which is approximately 23 percent of the total. In the village percentage of students who are involved in the Higher Secondary level Schooling is 22 percent. In the village Primary and secondary level schooling comprises of 13 and 12 percent respectively in both the standards. In the village only three percent of the students are currently engaged in the Higher Education and only 1 percent in the Diploma/vocational/Certificate courses. In the entire village four major reasons were found to be the causes for drop out. With regard to the High Fees it was reported that 62 percent of the people agreed that their reason for dropout was High fees and other Expenses. Also, as the other

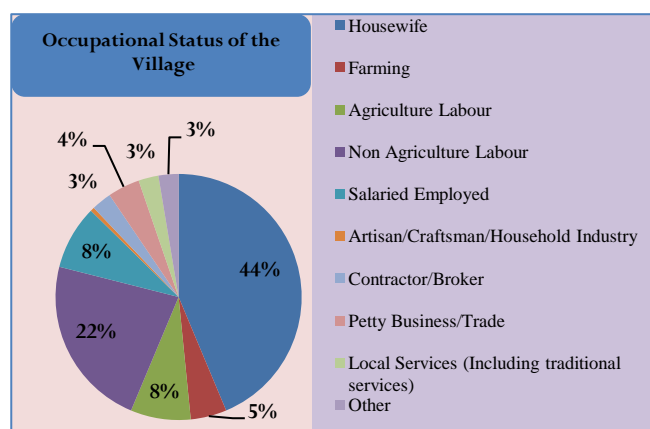


reasons which were reported were being too poor in studies and Marriage which are almost equal in the village i.e. 15 percent of the total and remaining 8 percent comprises of being involved in the Household activities.

5.1.4. Occupation:

Occupational Status of the Village:

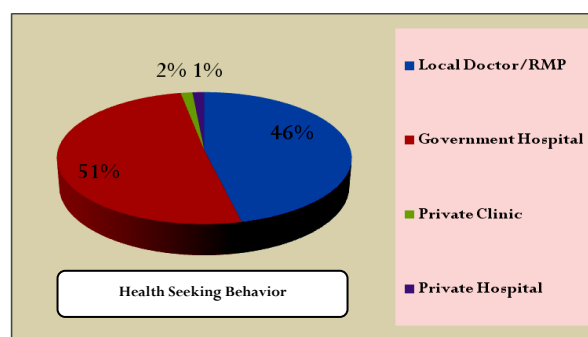
Apart from the 44 percent women's reporting being Housewife, in the village Non-Agricultural labour is dominant which is almost comprised of 22 percent of the people. Agricultural labour & Salaried are equally prominent in the village i.e. 8 percent of the total respondent. In the village those engaged in the Local services, Contractor/Broker and others contribute 9 percent of the total population. In the village only 5 percent of the respondents are engaged in the agriculture.



5.1.5. Health:

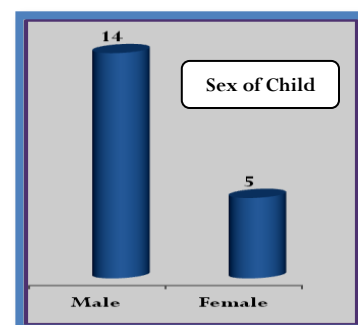
Health Seeking Behavior:

In the village more than half of the people prefer to go to the Local Doctor/RMP in case of any illness and disease. At the same time 46 percent of the people agreed that they go to the Government Hospital for the treatment of their minor and major ailments. Remaining three percent people prefer to go to Private Clinic and Hospitals.

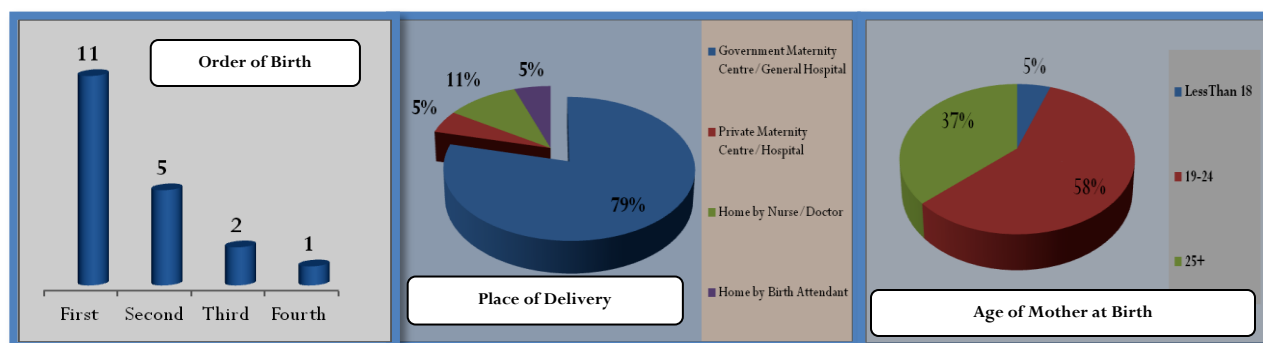


5.1.6. Maternal health:

Out of the total births majority of births have taken place in the Government Maternity Centre/General Hospital which is approximately 79 percent. Followed to which is home deliveries which are assisted by the Doctors. The percentage of Home Based



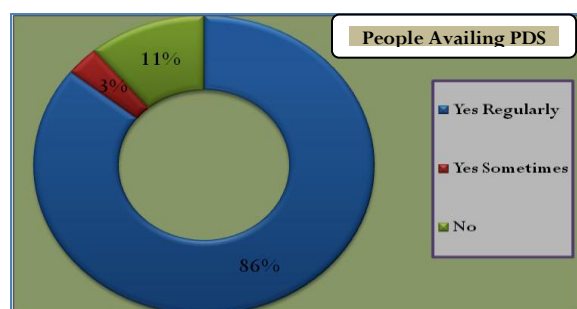
Deliveries assisted by doctors is 11 percent in the village. Remaining births have taken place in private Maternity Centre/Hospital and those attended by ‘Dai’ in the village. It should also be



noted that all the births taken place in the village are institutional in nature. Those women who have given birth to the child in last three years, on asking them about their age at first birth it was found that approximately 58 percent of the women were in the age group 19-24 when they gave birth. The important concern is that in the village women giving birth to the child less than age 18 is also in existence. It was reported that 5 percent of the women also gave birth to her child when she was less than 18 years of age. Of all the total births 11 women are having their first birth order in the village. Followed to which 5 women reported that they are having second Birth Order. Similarly three women are having their third and Fourth Birth Order.

5.1.7. Availability of the PDS/Ration Card and People Availing it.

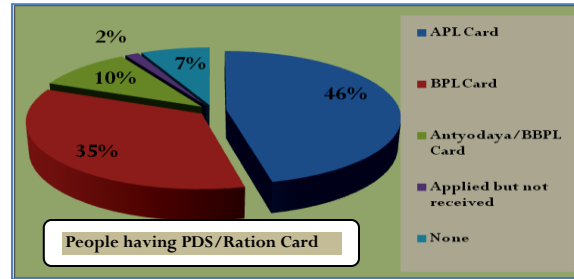
In the village approximately 46 percent of the people hold APL Card and around 35 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL



card it was reported that 10 percent hold it. The remaining 2 percent of the population have applied but they haven't received it. In the village 7 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 86 percent of them avail food grains and other

benefits of PDS.

On the other hand 11 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. remaining three percent of the population said that they avail it but only sometimes.



5.1.8. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the village in order to improve the status of education educational materials shall be provided in the school in order to develop interest of the students towards education. • In the village at primary level and High School quarterly competitions shall be conducted by CIL and prizes shall also be provided which will encourage students more towards developing their extra-curricular skills. • Vocational training in schools should be provided like Computer awareness, Communication skills, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • Some yearly prizes shall be also introduced by the CIL for the students who perform well in the yearly examinations. It shall be noted that teachers shall be made effective partners into this with regard to identify the children. • The differently able children can be identified in the village and those who have left education shall be brought back to school with the help of organizations working for the differently able children. With regard to this only there shall also be the provision of teacher's training and awareness for the Parents so that can be positive towards their children.
Water Supply	<ul style="list-style-type: none"> • Water being the most crucial need in the village water in order to tackle this problem there shall be introduction of watershed programmes in the village.

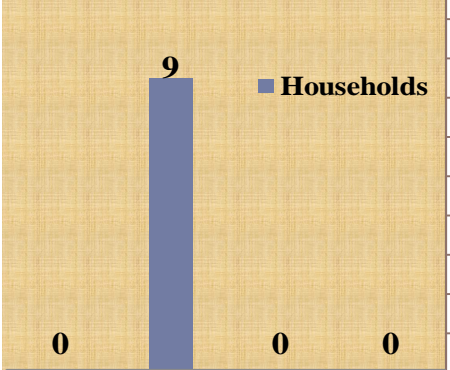
	<ul style="list-style-type: none"> Also rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. Medical health camps is needed this can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health. It was found in the village it was found that almost in all the houses Grass/Crop Residue and wood is used as fuel. Followed to which people use charcoal. These two sources are severely affecting health of the women in family. Under the CSR activity the households can be provided with smokeless Chullha. This can bring significant changes with regard to the health of women if used properly.
Rural Electrification	<ul style="list-style-type: none"> In the village roadside solar streetlights are required. Entire village population can be the beneficiaries of this initiative since after sunset or at night the people have problems to go outside.

Environment	<ul style="list-style-type: none"> The people in the village shall be motivated and aware towards the importance of the plantation of the trees. With regard to which they shall be also motivated towards planting trees which can also provide them some economic security.
Livelihood	<ul style="list-style-type: none"> Facilitating the off Farm employment in the Village can be very helpful since successful rural development goes beyond increased productivity in agriculture. Expansion of the off Farm Job Opportunities is a necessary initiative to for reducing the agricultural population and labor force. Especially in those areas where the irrigation is looked as a major issue. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. Another initiative to bring improvement in the livelihood opportunities is initiating an Adult class for the youths in the village. Since it is understood that self employment is most likely for those with some basic education but lower for those who are illiterate. Also youths and adults who migrate to urban areas are much more likely to find productive employment if they have attended school and learned basic Skills.
Social Empowerment	<ul style="list-style-type: none"> SHG (both Male/Female) shall be formed and promoted in the village. With the monetary support provided by the CIL they can also start some economic activities.

**Infrastructural
Development**

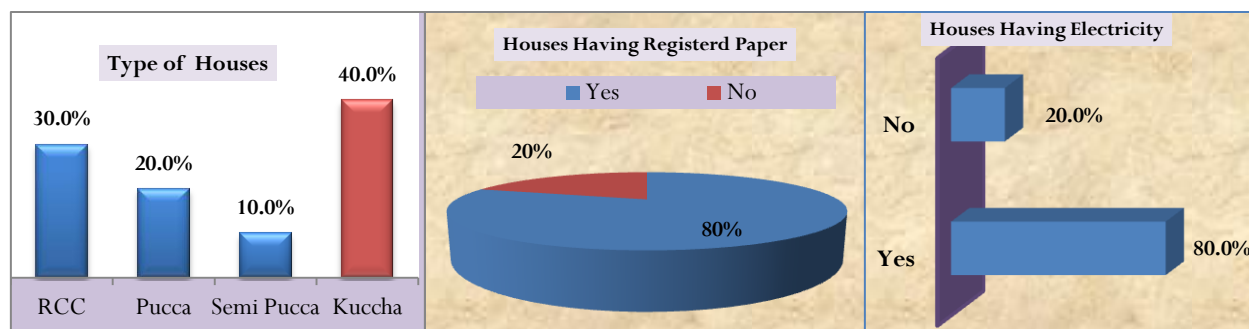
- In the primary school of the village there are total 148 students, for them there are only three classrooms available. Teachers in the school demanded for two more classrooms. One of the three classrooms also need repair as it leaks during rainy season.
- Two latrines and three urinals are required in the village primary School (Both Boys & Girls) Along with this water facility is also required in the school.

5.2. Beldanga Village.

YEAR		2011		Facilities Existing within 5 Kms.						Facilities Available in the village					
HOUSEHOLDS		9		Cement/tar Road (Chinakuri More)						Samaaj Mandir					
POPULATION		50		Bus Stop (Chinakuri More)						Playground					
Forest Produce				Public Telephone Booth (Parbelia Bazar)						Samaaj Mandir					
Coal Collection		Yes		Daily Evening Market (Parbelia Bazar)						Grocery Shop					
Cultivation		Yes		Weekly Market (Parbelia Bazar)						Pri-Pre Nursery School					
				PDS Shop (Parbelia Bazar)						Govt Primary School					
Public/Common Tap Points		01		Grocery Shop (Parbelia Bazar)						ASHA Worker					
HH Tap Connections		00		DTP/Xerox Centre (Parbelia Bazar)						Dai (Trained/Untrained)					
				Post Office (Neturia)						Facilities Existing more than 5 Kms					
				Police Station (Neturia)											
				Gram Panchayat Office (Bhamuria)											
				Bank for S/B Account (Parbelia)											
				Pvt Primary School (Parbelia)											
				Govt Secondary School (Parbelia)											
				Higher Secondary School (Parbelia)											
				Degree College (Sarbari)											
				Medical Shop/Chemist (Parbelia)											
				Health Sub Centre (Bartoria)											
				RELIGION		House holds									
				HINDU		09									
				General	ST	SC	OBC								
Chief Crop Name		Area													
Paddy		79 acres													
Land Distribution (In Acres):															
Total Area		Non- Irrigated		Irrigated		Grazing		Forest		Wasteland					
370		79		00		197		00		123					

5.2.1. Household Status.

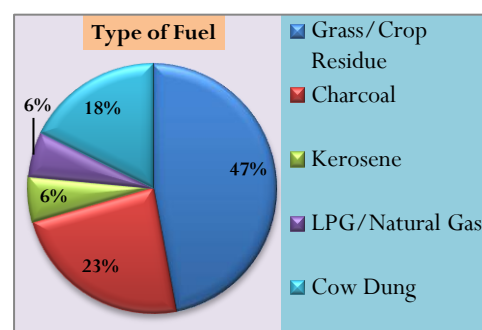
Type of Houses and Ownership Status: In the Beldanga village almost 40 percent of the Houses is Kuccha which is followed by those having their RCC houses which is approximately 30 percent of the total. The village is very small and there are only ten households in the village.



With regard to the remaining houses they are Pucca and Semi Pucca which are 20 percent and 10 percent respectively. With regard to the ownership of the houses all are owned/ Purchased by the Family own. Along with these it was also reported that approximately 80 percent of the households have the registered papers of their houses and similar to that 80 percent of the houses too have electricity in their houses.

5.2.1.1 Type of Fuel:

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as **Grass/Crop Residue/Wood, Charcoal** and **Cow dung**. In almost all the houses Grass/Crop Residue/Wood is used for household and other domestic purposes. Approximately 80 percent of the people use Grass/Crop residue as fuel. Charcoal is another source of fuel which is used by approximately 40 percent of the total respondents. Followed to which is the “cow dung” for which around 30 percent of the people reported that they use it as fuel.



5.2.1.2 Family Size

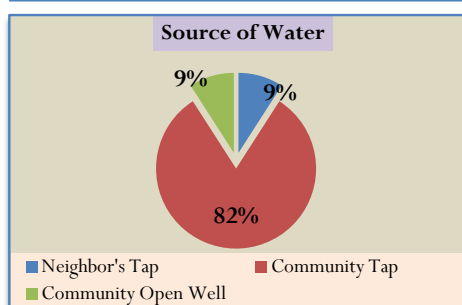
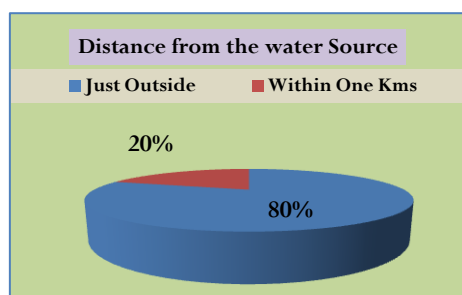
In the village majority of the families reported that they have more than 8 members in their houses. Followed to which it was also said that 20 percent of the families have four members in their house.

Majority of the family in the village are having family size more than eight.



5.2.2. Water Availability:

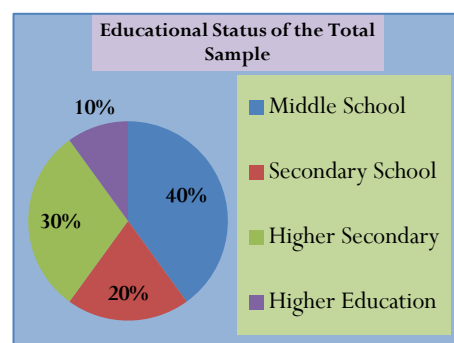
Majority of the people in the village use community tap to get water for the drinking and domestic purpose. Approximately 82 percent of the reported that their source of water is community Tap. The other two remaining sources of water are Neighbor's Tap and Community Open well which are both 9 percent. It was reported that majority of the respondents which is approximately 80 percent have access to water facility located just outside the houses which are basically the community taps and Community Open Well. Remaining 20 percent of the people said that their source of water is located within one Kms which may be the tap provided by Govt/Panchayat etc or community tap. In the village the most crucial problem is of drinking water and also the water availability for the irrigation purposes. The watershed programmes and the rainwater harvesting in the village with the involvement of the community as a whole to introduce and implement rainwater harvesting methods can be a healthy initiative.



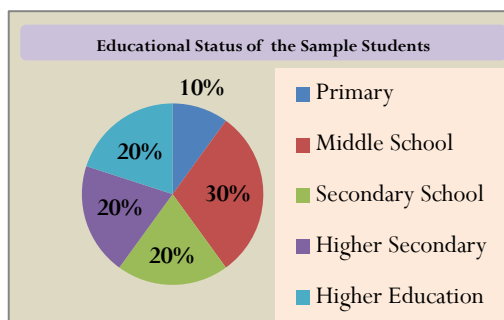
5.2.3. Education:

Educational Status of the Total Sample & Students:

With regard to the educational status of the village it was reported that majority of the people have completed their education till Upper Primary which comprises of approximately 40 percent of the respondent. Next to that 30 percent each have said that they have completed their education upto Higher Secondary School. The remarkable



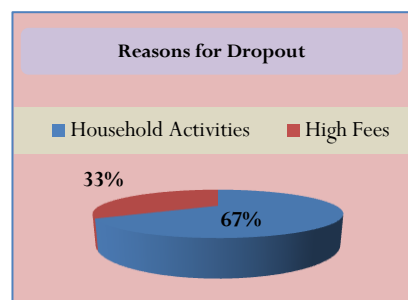
issue which was identified is that nobody in the village was found to be illiterate. Apart from it



10 percent of the people have completed their Higher Education. In the village majority of the students reported of being involved in their Upper Primary Level Schooling which is approximately 30 percent. Followed to which is those who are involved in the Secondary School, Higher Secondary and Higher Education Level which is approximately 20 percent each among the respondents. It shall be noted that 10 percent of the students currently involved Primary level Schooling.

5.2.3.1 Reasons for Dropout:

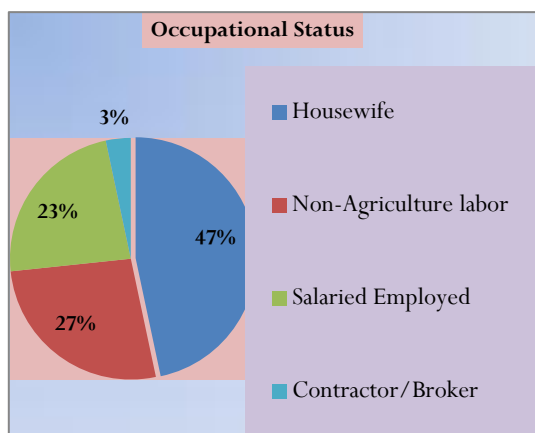
In the village two broad reasons were identified such as getting involved in the Household Activities which was approximately 66.7 percent and remaining come in the category of those reporting High Fees as the reason for dropout.



5.2.4. Occupation:

Occupational Status of the Village:

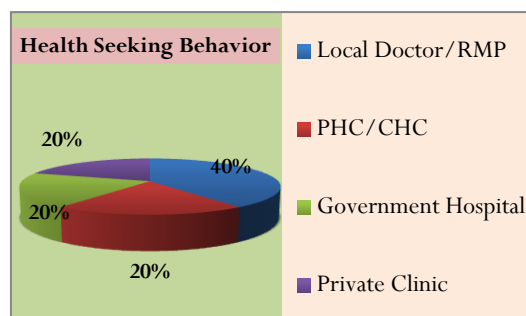
In the village approximately 47 percent of the women in the village reported of being housewife



in the village. In the village most prominent occupation after being 'Housewife' which was found is those as Non-Agricultural Labour with 27 percent of the population. People those who are engaged as Salaried Employed were reported as the second most prominent occupation in the village. Here approximately 23 people reported that they are involved in it. The remaining three percent of the population is basically involved as contractor/Broker in the village.

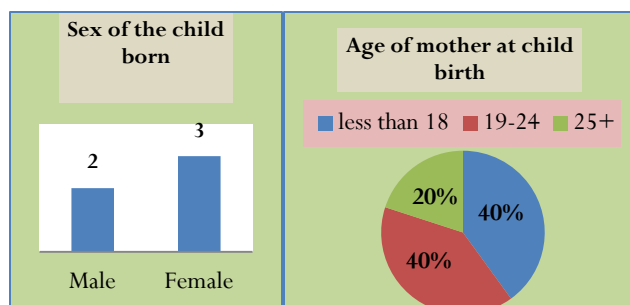
5.2.5. Health

Whenever a family member falling sick majority of people which is approximately 40 percent in the village reported that they approach to the Local Doctor/RMP to get health services. In the village remaining percentage of the people said that they go to PHC/CHC, Government Hospital and private Clinic. The remarkable issue is that the people in the village are less fond to access Private clinic and Hospitals, may be due to the reason that it might be very costly as compared to Government hospital.



5.2.5.1 Maternal Health:

In the Beldanga Village it was reported that total 5 births have taken place in the last three years. It was found that out of the 5 children 3 were female child and remaining were the male child.

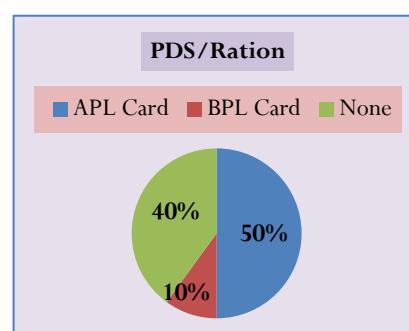


Similar to the institutional Births in the village all the births have registered. In the village it was reported that out of the total 5 births 2 births were given by those mothers who were less than 18 years of age. Along with that in both the other age groups i.e. between 19-24 and 25+ women have equally

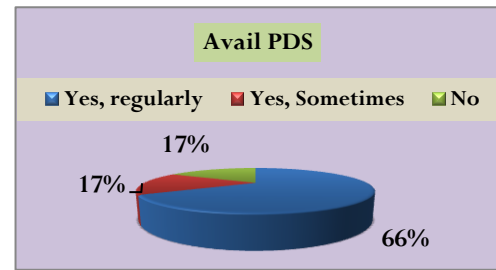
given births to 2 and 1 child in each category.

5.2.6. PDS

Approximately 50 percent of the people in the village have APL card but at the same time it was also found that almost 40 percent of the people do not possess and ration or PDS card. The people or family holding the BPL card is approximately 10 percent. In the entire village those having Antyodaya BPL card is very less i.e. around 2 percent only. In the village almost 66 percent of the people reported that they avail PDS regularly. Also 17 percent reported that



they avail PDS but sometimes. 17 percent of the people also reported that they do not avail PDS.



5.2.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education. The requirement is to identify the students who have left school in between and an adult class or school can be arranged so that they can get and develop new dimensions in their life.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. • Irrigation facility should be made available through the technologies such as drip irrigation and check dams. Community tap & Open Well are the major source of water in the village. • In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with. • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. • Along with these the families in the village can also be motivated and aware towards the methods of roof water harvesting through examples.
Health Care	<ul style="list-style-type: none"> • In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately

	<p>three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.</p> <ul style="list-style-type: none"> • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged through awareness programmes towards Institutional deliveries, Age of mother during pregnancy and number of children for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> • Solar Street lights are needed
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

Sanitation	<ul style="list-style-type: none"> • With regard to sanitation there are no Household toilets in the entire village. As reported by the people 2-3 toilets will be sufficient for entire village. Since the number of households is too less all the houses can be provided with household toilets. • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets. Along with these the people in the village shall also be made aware about the safe practices related to health.
Social Empowerment	<ul style="list-style-type: none"> • Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet is needed in primary school

5.3. Dhangajore Village

Facilities Available in the village		Facilities Existing within 5 Kms.						Facilities Existing more than 5 Kms					
Playground		Cement /Tar Road						Cooperative Society (Disergarh)					
Bus Stop		Public Telephone Booth (Sarbari More)						Block Development Office (Ramkanali)					
Grocery Shop		Daily/Evening Market (Sarbari More)						Taluk Headquarters (Raghunathpur)					
Govt Primary School		Weekly Market (Sarbari More)						District Headquarters (Purulia)					
ASHA Worker		PDS Shop (Bonra)						Warehouse (Adra)					
YEAR		2011						APMC/Mandi (Barakar)					
HOUSEHOLDS		70						Charitable Primary School (Asansol)					
POPULATION		425						Charitable Secondary School (Asansol)					
Forest Produce		Gram Panchayat Office (Neturia)						Pvt Secondary School (Asansol)					
Cultivation		Yes						ITI/Polytechnic (Raghunathpur)					
Public/Common Tap Points		06						Voc Training Centre (Asansol)					
HH Tap Connections		00						Health Sub Centre (Harmaddi)					
Chief Crop Name		Area						CHC/Govt Gen Hospital (Raghunathpur)					
Paddy		246 Acres						Private Hospital (Barakar)					
RELIGION		House holds						Veterinary Hospital (Asansol)					
HINDU		70											
Land Distribution (In Acres):													
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland								
617	00	123	128	00	246								
Migration Pattern													
Within the state (Non-Agricultural Labour)								Yes					

Households

0

15

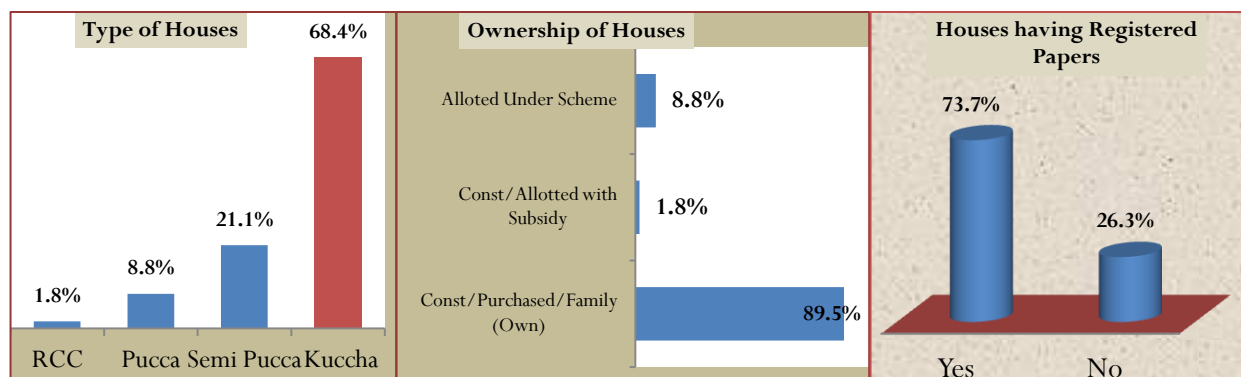
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GeneralSCSTOBC

5.3.1. Household Status:

In the village majority of the houses which is approximately 68 percent of the total is Kuccha in nature. Similar to that 21 percent of the houses are Semi Pucca and remaining has been constituted with RCC and Pucca which are 2 percent and 9 Percent respectively. In the village almost all the houses are self owned or Constructed/Purchased by the family itself which is



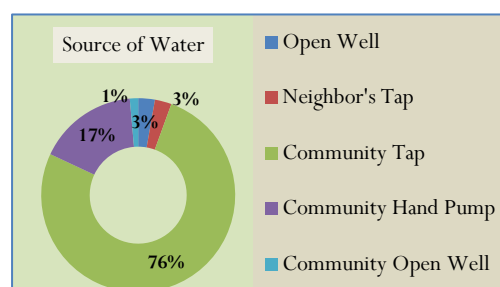
approximately 89 percent. Around 9 percent of the people reported that they have been allotted houses under the various scheme and remaining 2 percent have been allotted the houses with subsidy. There are around 74 percent of the houses which are having registered papers and similar to that 68 percent of the houses have electricity in their houses.

5.3.1.1 Type of Fuel:

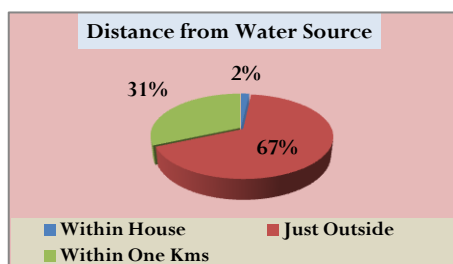
In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as **Grass/Crop Residue/Wood, Charcoal** and **Cow dung**. In almost all the houses Grass/Crop Residue/Wood is used for household and other domestic purposes. Charcoal is another source of fuel which is used by approximately 73 percent of the total respondents. Followed to which is the “cow dung” for which around 63 percent of the people reported that they use it as fuel. In very few houses which were reported as using “Biogas” they are 1.8 of the total respondent.

5.3.2. Water Availability:

It was reported that almost more than 76 percent of the people are dependent upon the Community tap for the drinking water and water for domestic uses. Followed by this other major sources of water are Community Hand pump, Neighbor’s Tap, Tap by Govt/Panchayat and Community Open well which are 17



percent, 3 Percent and 3 Percent respectively. It was reported that majority of the respondents which is

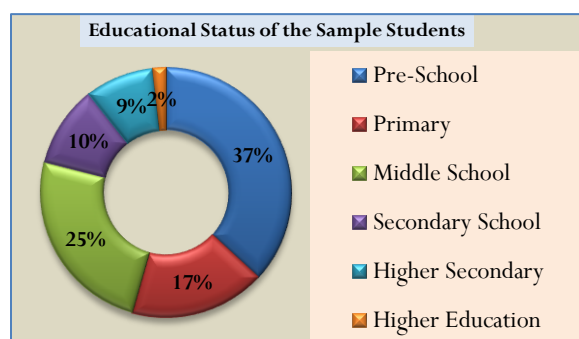
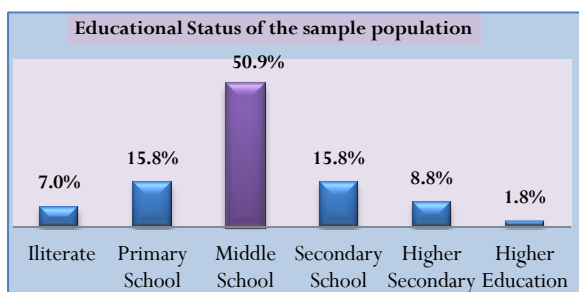


approximately 67 percent have access to water facility located just outside the houses which are basically the community taps and hand pumps. 31 percent of the people said that their source of water is located within one Kms which may be the tap provided by Govt/Panchayat etc or community tap. Only 2 percent of the people have said that they have source of water within the house. Though it was said that there are no Taps in the household, those were related to those having rented house or relatives but having separate Kitchens.

5.3.3. Education:

Educational Status of the Village:

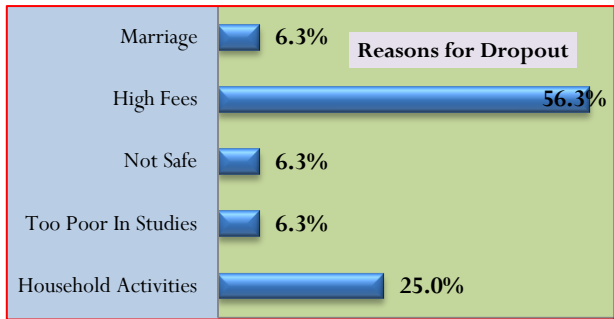
With regard to the educational status of the village it was reported that majority of the people



have completed their education till Upper Primary which comprises of approximately 51 percent of the respondent. Next to that 16 percent each have said that they have completed their education upto Primary and Secondary School level. The remarkable issue which was identified is that 7 percent of the respondents are illiterate. Apart from all these 9 percent of the people have completed their Higher Secondary level Education, but only 1 percent of the people have completed their Higher Education. In the village majority of the students reported of being involved in their pre-schooling which is

approximately 37 percent. Followed to which is those who are involved in the Upper Primary Level Schooling which is approximately 25 percent among the respondents. It shall be noted that 17 percent of the students currently involved Primary level Schooling. The remaining educational standards such as Secondary Schooling, Higher Secondary Level and Higher Education, comprises of 10 percent, 9 percent and 2 percent respectively in the village. In the village major reasons for the dropouts were highlighted but majority of the people reported that

they dropped out from the school due to **High Expenses**. Approximately 56 Percent of the people reported that they left the school due to **High Expenses**. Following to which comes the responsibility of household activities which is approximately 25 percent of the total respondents.

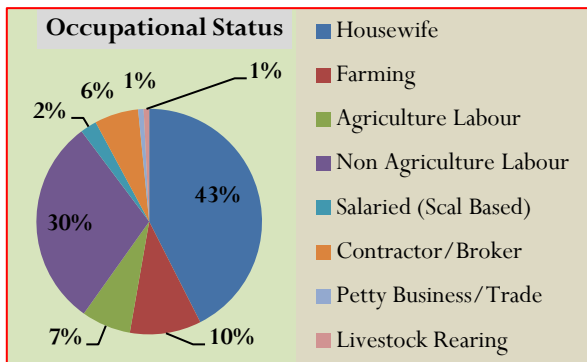


Considering themselves too poor in studies is also a major cause for their dropout from the school which consists of 7 percent of the total population. Not safe for girls and Marriage constitute the remaining percentage which is 6 percent each.

5.3.4. Occupation

Occupational Status of the Village:

Out of the total sample forty three percent of the women in the village reported of being



housewife. In the village most prominent occupation after being ‘Housewife’ which was found is those as Non-Agricultural Labour with 30 percent of the population. Being engaged in Agriculture or farming was reported as the second most prominent occupation in the village. Here approximately 10 people reported that they are

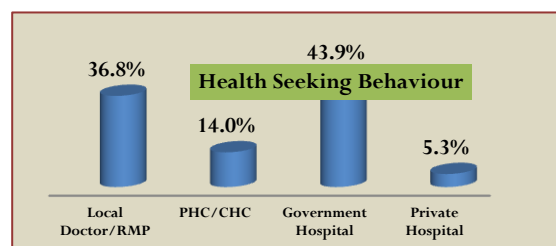
involved in it. Agricultural labor approximately constitutes 7 percent of the population followed to which is contractor/Broker etc.

5.3.5. Health

Health Seeking Behavior:

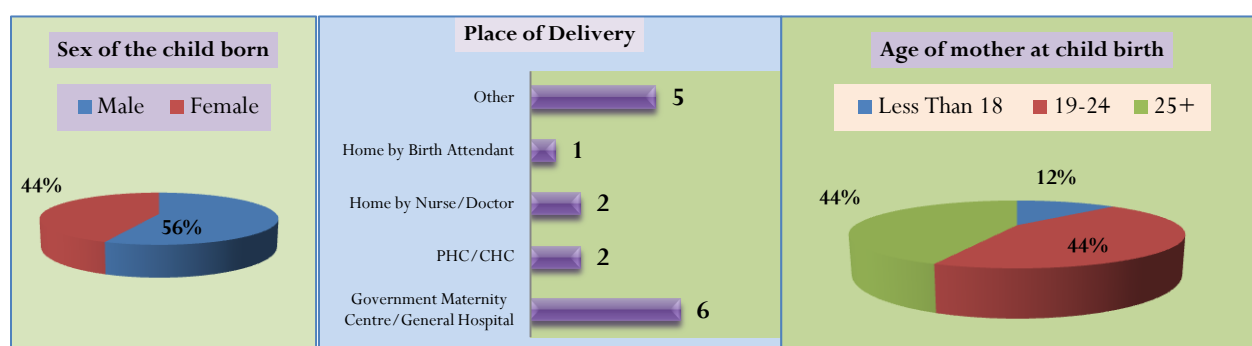
Whenever a family member fells sick majority of people which is approximately 43.9 percent in the village reported that they approach to the Government Hospital to get health services. Followed to that 36.8 percent of the people agree that they visit to the Local Doctor/RMP in case of any major or Minor ailments. 14.0 percent of the people also said that they prefer PHC/CHC but the percentage of people who agreed that they prefer to go to the ASHA/Anganwadi worker

has been found to none exist in the village. The remarkable issue is that the people in the village are less fond to access Private clinic and Hospitals, may be due to the reason that it might be very costly as compared to Government hospital.



5.3.5.1 Maternal health:

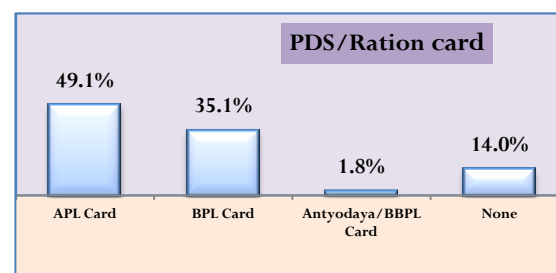
With regard to the place of delivery it was informed that almost 37 percent of the births in the last three years have taken place in the Government Maternity Centre/General Hospital.



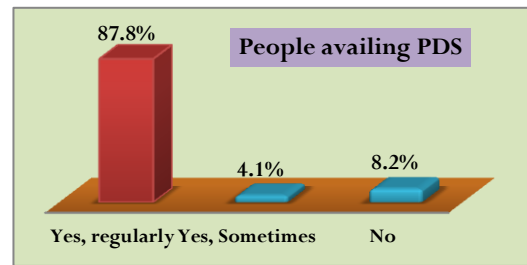
In the village there are also 31 percent of the births which are not institutional in nature. In PHC/CHC and Home deliveries by Nurse/Doctor have taken places which are 13 percent in each. The remaining 6 percent births were attended by the “Dai” Trained/Untrained birth attendant. In the village it was reported that out of the total 16 births 2 births were given by those mothers who were less than 18 years of age. Along with that in both the other age groups i.e. between 19-24 and 25+ women have equally given births of 7 each in both the category. In the village out of the total 16 births around 15 have been registered only 1 birth was reported as not registered.

5.3.5. PDS Ration Card:

Approximately 49 percent of the people in the village have APL card but at the same time it was also found that almost 14 percent of the people do not possess and ration or PDS card. The people or family holding the BPL card is approximately 35 percent. In the entire village those having



Antyodaya BPL card is very less i.e. around 2 percent only. In the village almost 87.8 percent of the people reported that they avail PDS regularly. Also 4.1 percent reported that they avail PDS but sometimes. 8.2 percent of the people also reported that they do not avail PDS.



5.3.6. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • Primary school in village faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education. • There is drinking water tap in the school but the water do not comes frequently. There is availability of space in the school where playing materials can be provided such as see-saw, Slider etc. The teachers available in the school will take up the responsibility of those materials.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening along with village pond renovation is needed

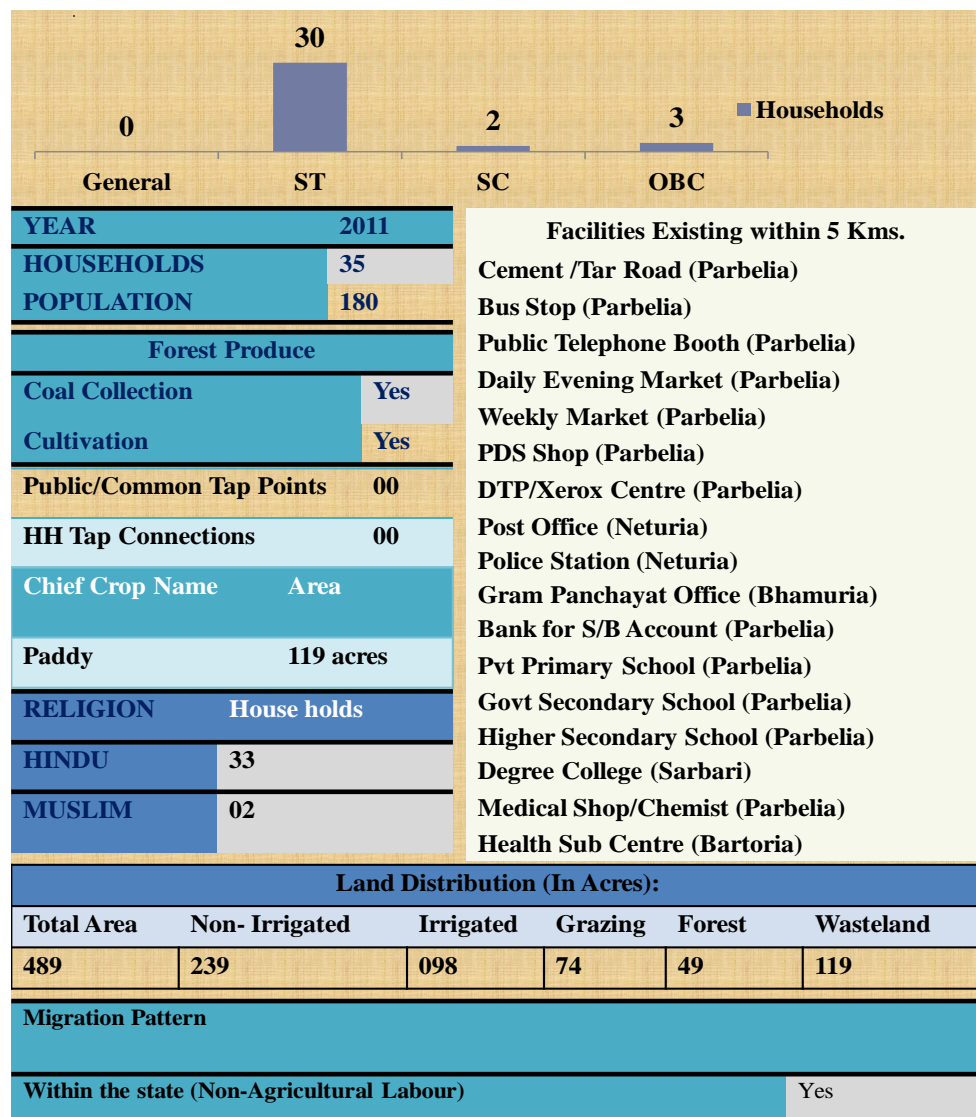
	<ul style="list-style-type: none"> Water tanker should be provided during extreme summer and Watershed management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it. Along with these it was also reported that majority of the families use Charcoal and wood and Grass/Crop residue as fuel in their houses. Under the CSR activity of the CIL the households shall be provided with Smokeless Chulla in order to protect women and children from various respiratory diseases.
	<ul style="list-style-type: none"> Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.

Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> • Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. • In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. • SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. • Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.

Infrastructural Development

- Toilet is needed in primary school
- There is only Kuccha road in the village and during rainy season the water logging takes place. The water available in the roads is also a major cause for the spread of various diseases. Also at times it becomes very difficult to walk or passing of vehicles.

5.4. Debidanga Village



Facilities Available in the village

Samaaj Mandir
Grocery Shop
Pri-Pre Nursery School
Govt Primary School
ASHA Worker
Dai (Trained/Untrained)

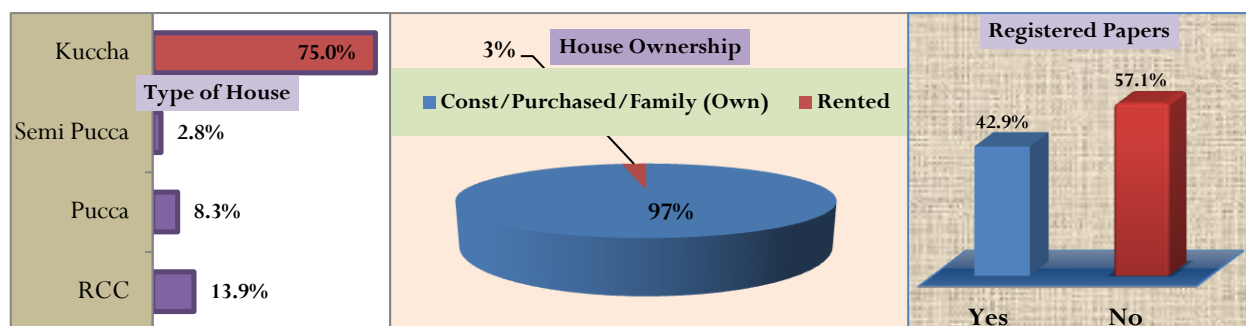
Facilities Existing more than 5 Kms

Railway Station (Madhukunda)
Cooperative Society (Gobag)
Block Development Office (Gobag)
Taluk Headquarters (Raghunathpur)
District Headquarters (Purulia)
Warehouse (Adra)
APMC/Mandi (Asansol)
Charitable Primary (Madhukunda)
Charitable Secondary (Raghunathpur)
ITI/Polytechnic (Raghunathpur)
Vocational Training Centre (Ramkanali)
Primary Health Centre (Harmaddi)
CHC/Govt Gen Hospital (Harmaddi)
Pvt Clinic (RMP+) (Barakar)
Pvt Clinic (MBBS BAMS) (Barakar)
Ayush Hospital (Harmaddi)
Veterinary Clinic (Bhamuria)

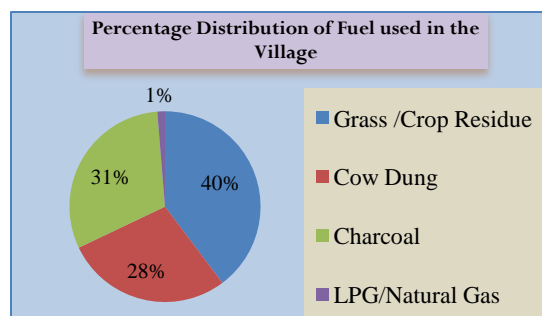
5.4.1. Household Status:

Type of House & Ownership Status

In the Debidanga village most of the houses are Kuccha which is approximately 75 percent of the total and it is followed by RCC houses which are 14 percent. With regard to Pucca and Kuccha they are comprised of 14 percent and 3 respectively. Also in the village almost all the houses which are approximately 97 percent people have their own houses and remaining 2 percent are rented Houses. With regard to having registered papers of the houses around 57 percent of the

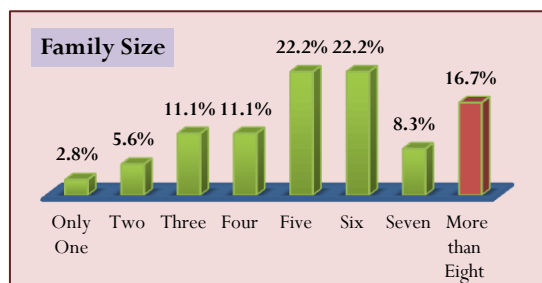


respondents said that they do not have it. Followed to this in the village approximately 66 percent of the respondents said that they have electricity in their houses. In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 40 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Charcoal is another source of fuel which is used by approximately 31 percent of the total respondents. Followed to which is the “cow dung” for which around 28 percent of the people reported that they use it as fuel. Other types of fuels such as LPG but they are very less in percentage and availability i.e. 1 percent.



5.4.1.1 Size of the family:

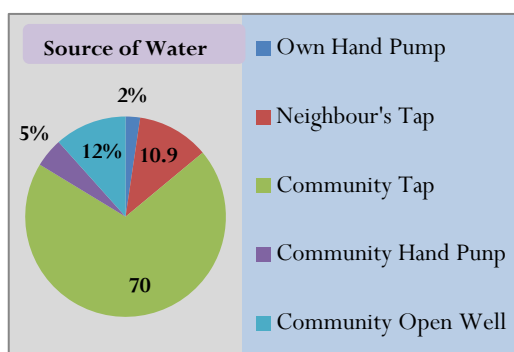
As it can be observed that majority of the people have reported that they agree upon that on an average there are five to six members in the family. Since 22.2 percent of the people agreed that the



family size is approximately 5-6 in number. Whereas it shall also be noticed that in the village Families having more than 8 members is also having high percentage. In the village there is a diverse variety of family size ranging from only one member to More than eight.

5.4.2. Water Availability:

In the village people reported that the majority of source of water used is from community Tap which comprises of about 70 percent. Followed by the above source people have community open well which is about 13 percent from which the people use water for domestic and drinking purpose. Approximately 11 percent of the people use Neighbor's tap to take water. Remaining



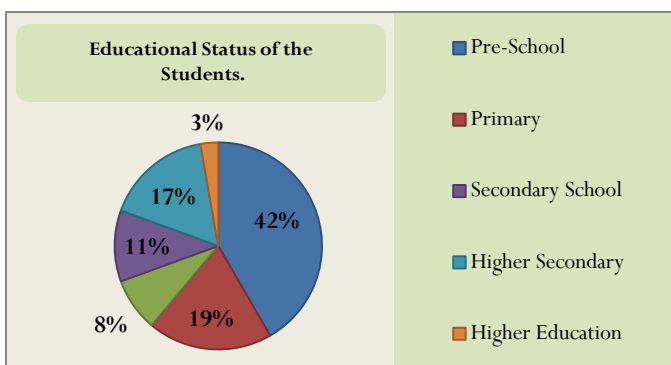
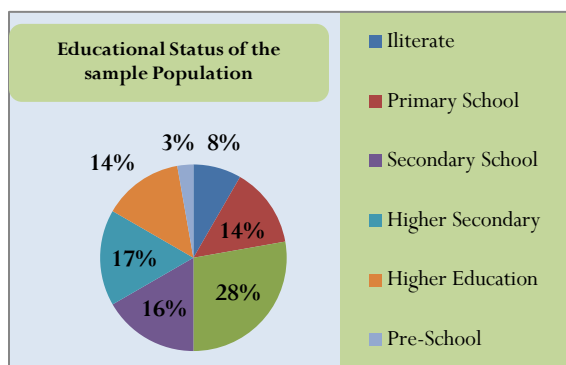
sources of water are Community Hand Pump and Own Hand pump in the village which are 5 percent and 3 Percent respectively. In the village a very few or less percentage of people have the water Source in their houses which is approximately less than 5 percent in the entire village. Having the water source just outside the houses is around 42 percent. The most important

issue in the village is about the drinking water problem and for that as per the respondents more than 50 percent of the people have water source within one Kms.

5.4.3. Education

Educational Status of the Village

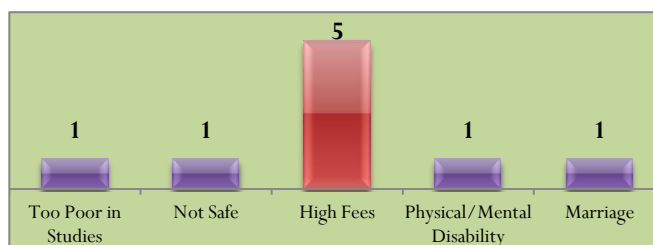
In Alkusha the educational status of the respondent explains that 28 percent have completed their education till Upper Primary which is followed by the Secondary level Schooling which is approximately around 16 Percent. In the Debidanga village approximately 17 percent of the



people have completed their Higher Secondary. In the village both primary School and Higher Education have been completed by 14 percent in both. It was also reported that around 8 percent of the people in the village are illiterate and 3 percent of the people reported that they have completed their pre-Schooling. In the village those students are studying majority of them are involved in the Pre-School which is 42 percent approximately followed by primary School level education which is approximately 19 percent. In the Higher Secondary Schooling approximately 17 percent of the children are involved. In the village approximately 11 percent of the students are engaged in the Higher Education and in the Upper Primary 8 percent are involved.

5.4.3.1 Reasons for Dropout

There were nine dropout cases identified in the village among the respondents. The main reason for the dropout in the village has been reported as High Fees. In the village approximately 56 percent of the person reported that their major reason for dropout was High Fees. Other reasons were also reported as the reasons for dropout in the village such as Marriage, Physical/Mental Disability, and Not Safe for girls etc.

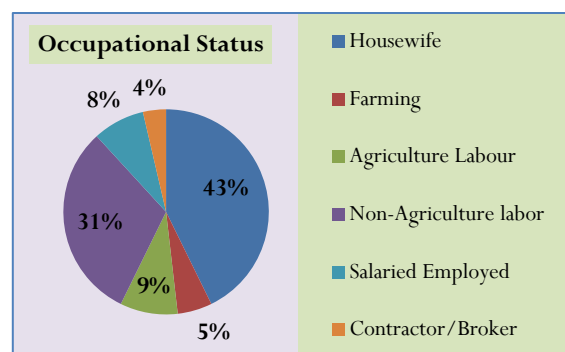


5.4.4. Occupation

Occupational Status of the Village:

In the village approximately 43 percent of the women reported as being the Housewife. In the village most dominant occupation is Non-Agricultural activities which accounts for approximately 31 percent of the population. In the village among the major problems drinking water and lack of irrigation facility are on top priority. After the Non-Agricultural activities in the village Agriculture Labour constitute the majority of the population with 9 percent approximately.

Around 8 percent of the people reported of being involved as salaried employed. The other



occupational areas are also available in the village such as Agriculture Labour, Contractor Broker etc.

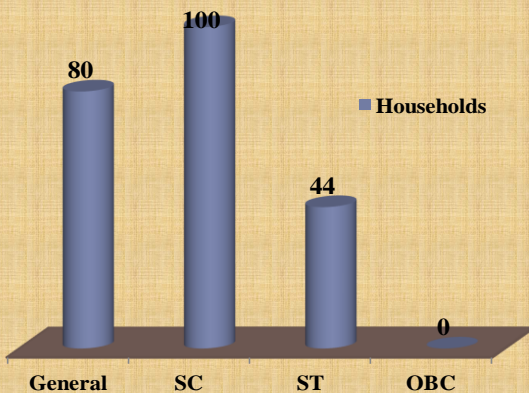
5.4.5. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • Primary school in Balitora faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village in order to avail water to the village people pond renovation is needed • Water tanker should be provided during extreme summer and watershed management methods shall be provided in the village in order to recharge the ground water. This initiative in long run is going to help the people to become self sufficient.
Health Care	<ul style="list-style-type: none"> • Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.

	<ul style="list-style-type: none"> Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> With regard to the Electrification if solar street lights will be provided in the village, it will be very beneficial to them.
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

Social Empowerment	<ul style="list-style-type: none"> • Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. • In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. • SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. • Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet in needed in primary school <ul style="list-style-type: none"> • In the Primary School of the village there are two classrooms and total number of students is 50. The primary school building requires some repairing of the rooms. ICDS room is required in the village and the village people (Babulal Murmu) are ready to provide land for that. • Total number of Households in the village is 35 and as per reported people said they require household toilets. Every household can be provided toilets in their homes.

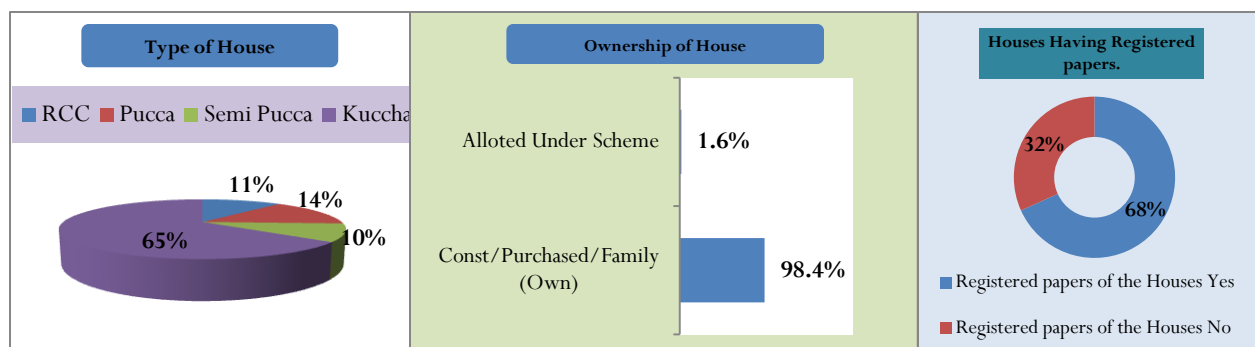
5.5. Neturia Village.

YEAR		2011	Facilities Available in the village					Facilities Existing within 5 Kms.				
HOUSEHOLDS		225										
POPULATION		1200										
Forest Produce												
Coal Collection		Yes										
Firewood		Yes										
Cultivation		Yes										
Public/Common Tap Points			03									
HH Tap Connections			00									
Chief Crop Name			Area									
Paddy			617 Acres									
RELIGION			House holds									
HINDU			224	Facilities Existing more than 5 Kms								
MUSLIM			01									
Land Distribution (In Acres):												
Total Area	Non- Irrigated	Irrigated	Grazing						Forest	Wasteland		
964	617	00	185						246	62		
Migration Pattern												
Within the state (Non-Agricultural Labour)					Yes							

5.5.1. Household Status:

Type of Houses & Ownership Status:

In the village majority of the houses which is approximately 65 percent of the total is Kuccha in nature. Similar to that 14 percent of the houses are Pucca and remaining has been constituted with RCC and Semi Pucca which are 11 percent and 10 Percent respectively. In the village



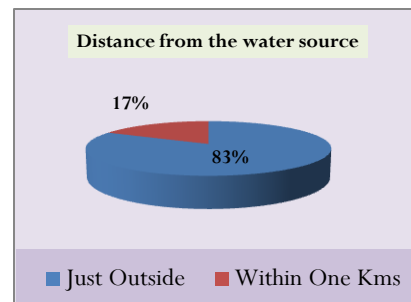
almost all the houses are self owned or Constructed/Purchased by the family itself. Only 2 percent of the people reported that they have been allotted houses under the ‘Indira Aawas Yojana’. Among all the respondents approximately 68 percent of them have said that they are having registered papers of their houses. In the village around 61 percent of the respondents have said that they are having electricity in their houses.

5.5.1.1 Type of Fuel:

The three major *Types of fuel* used in the village are Grass/Crop Residue and wood which is used in almost all the houses. Approximately 92.1 percent of the people agreed that they use Grass crop residue/Wood etc for cooking and household purpose. Coal and Charcoal are second major fuel used in the houses which is approximately 68.3 Percent. In the village cow dung is also used as fuel in almost 36.5 percent of the houses. The other types of Fuel such as Kerosene and Biogas are also used but their prevalence is low such as for both it is 1.6 percent in each.

5.5.2. Water Availability:

With regard to the source of water it was reported that almost 63 percent of the people use community tap in the village. The other 34 percent people said that they use community hand pumps to get water. The remaining 3 percent of the people use neighbor’s tap to get water. The water is a major concern for

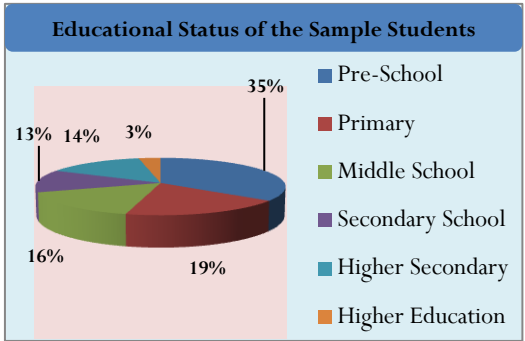
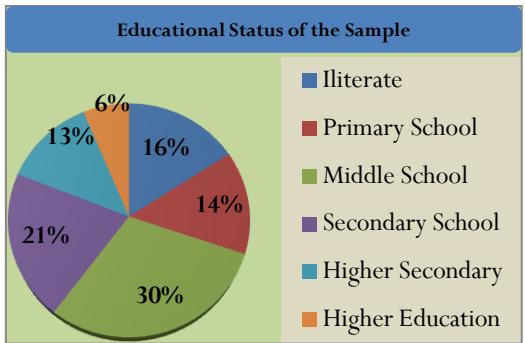


the people in the village and majority of them are totally dependent upon the community taps. It was also reported by the people that community taps do not function throughout the year. By the majority of the people which is approximately 82.5 percent it was reported that distance from the water source is just outside the house. It comprises of all the sources of community taps & hand pumps which people use to get drinking water and water for other domestic uses. The another group in the village also reported that they have to go at least a Kms to get drinking water and water for other domestic purposes. Those who have to go a minimum of less than a Kms comprises of approximately 17.5 percent of the population.

5.5.3. Education

Educational Status of the Village:

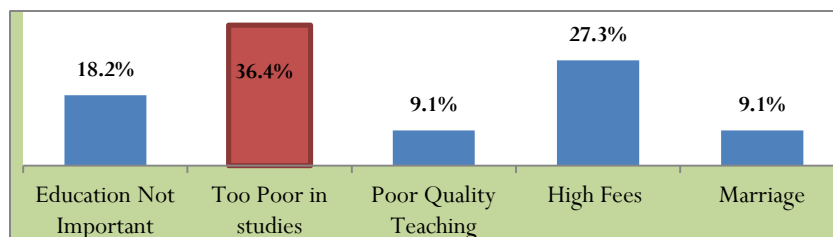
With regard to the education majority of the people found to be in the category that has



completed their Middle level education which was reported as 30 percent. Followed to which is Secondary school which comprises of 21 percent. In the village 16 percent of the people also reported that they have completed their Higher Secondary education. In village those who have completed their Primary Level Education comprise of 14 percent. It was also reported that percentage of Illiterate people in the village is approximately 13 percent. With regard to those who have done any Vocational/Diploma and Certificate courses no signs were found for them. Approximately 6 percent of the people have completed their Higher Education. In the village it was reported that majority of the students are

currently engaged in the Pre-schooling level which is approximately 35 percent in the village. Followed to which Primary level is schooling which comprises of 19 percent approximately. Upper Primary Level Schooling and Higher Secondary level Comprises of 15.9 and 14.3 percent respectively. Around 3.2 percent of the students are there in the Higher Education. In the entire village five major reasons were found to be responsible for drop out. With regard to the major

factor as reason for dropouts ‘**Being poor in Studies**’ was reported by the people’. Another dominant reason which was mentioned by the people were High Fees and considering education not Important. The people agreeing upon these two factors comprises of 36.4 percent and 27.3

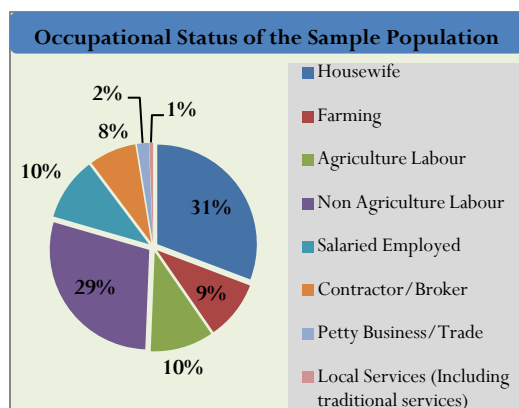


respectively. 18.2 percent of the people are of the opinion that education is not important. Approximately 9 percent of the also reported

that quality of teaching provided in the school is also very poor which acted as the major reason for them to leave education in between.

5.5.4. Occupation:

Occupational Status of the Sample population:



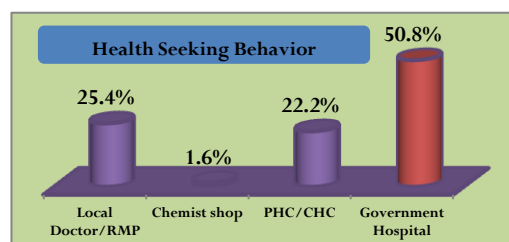
In the village approximately 31 percent of the women reported of being Housewife followed to which is Non-Agricultural Labor which comprises of 29 percent. Apart from these two major areas of occupation Salaried Employed and involvement as agriculture labor comprises of 10 percent each. In farming approximately 9 percent of the population is involved. Other occupations are also available but

they are very less in percentage such as Local Services (Including traditional Services), Petty Business/trade etc.

5.5.6. Health

Health Seeking Behavior:

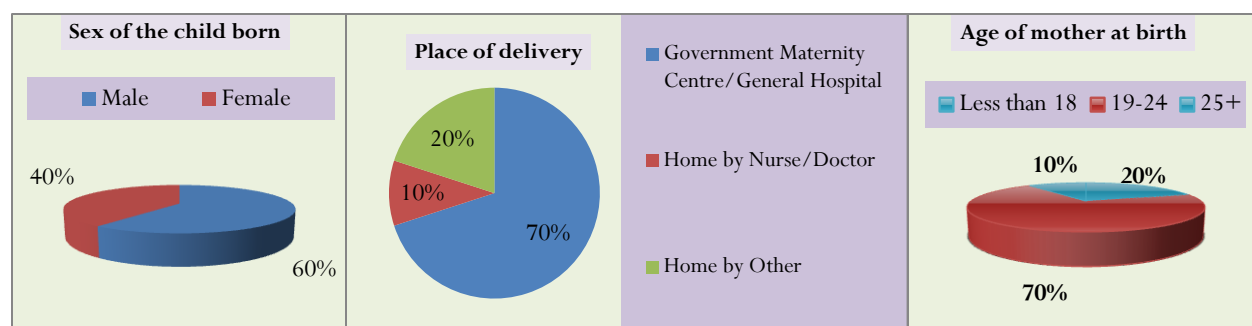
In the village more than half of the people prefer to go to the Government Hospital in case of any illness and disease which is approximately 50.8 percent of the total people. At the same time 25 percent of the people agreed that they go to the Local Doctor/RMP for the



treatment of their minor and major ailments. Also around 22.2 percent of the people reported that they prefer to go to PHC/CHC when they fall sick/Ill. Remaining 1.6 percent people prefer to go to Chemist Shops.

5.5.6.1 Maternal Health:

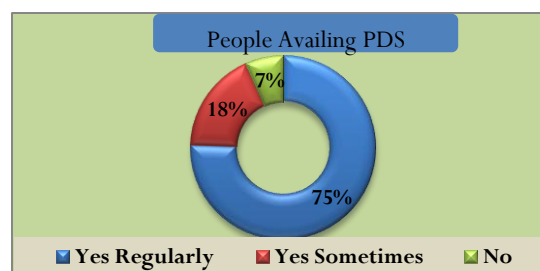
Sex of the child Born Of the total number of births reported by the people in the village majority of them took place in the Government Maternity/General Hospital which was approximately 70 percent. Followed to which are the births which is about 20 percent. Home deliveries at home by others have also taken place. The important aspect is that there is prevalence of Non-Institutional Deliveries in the village. The remaining 10 percent of the births have been attended by the Nurse and Doctors at home. Those women who have given birth to the child in last three years, on asking them about their age at first birth it was found that approximately 70 percent of the women were in the age group 19-24 when they gave birth.

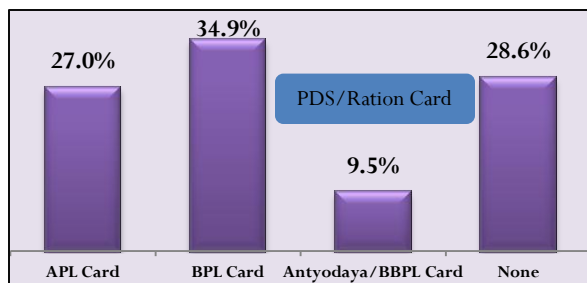


The important concern is that in the village women giving birth to the child less than age 18 is also in existence. It was reported that 20 percent of the women also gave birth to her child when she was less than 18 years of age. Few births also took place of the mothers who are more than 25 years of age which is approximately 25 percent. Of all the total births 7 women are having their first birth order in the village. Followed to which 2 women reported that they are having second Birth Order. Similarly one woman is having her third Birth Order.

5.5.6. PDS/Ration Card available with the people:

In the village approximately 35 percent of the people hold BPL Card and around 29 percent of the people





do not have any card with them. On asking about the households having Antyodaya/BBPL card it was reported that 9 percent hold it. It was also reported that 27 percent of the people have their APL card with them. Out of the total people who are having any of the PDS/Ration Card has

reported that 75 percent of them avail food grains and other benefits of PDS. On the other hand 7 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Using own farm product partly and having APL Card. Remaining 18 percent of the population said that they avail it but only sometimes.

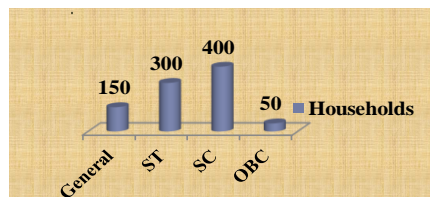
5.5.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • Primary school in Village faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening along with village pond renovation is needed • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> • Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.

	<ul style="list-style-type: none"> Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

Social Empowerment	<ul style="list-style-type: none"> • Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. • In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. • SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. • Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet is needed in primary school <ul style="list-style-type: none"> • The office room of the school is damaged, which needs to be repaired. In class 1, 2, 3 benches are required. Out of 4 classrooms, two needed to be constructed again and urgently as the situation is very poor. As in the rainy season the ceiling leaks very much. • There is also requirement of the water purifier in the primary school. • The bus Stop needs to be repaired. (There is a bus stop it has no shed or place). The people using the public transport sometimes had to wait for a very long time and during summer and rainy season it becomes very difficult.

5.6. Bhamuria Village



YEAR	2011
HOUSEHOLDS	900
POPULATION	3500

Forest Produce	
Coal Collection	Yes
Firewood	Yes
Cultivation	Yes

Public/Common Tap Points	15
HH Tap Connections	00

Chief Crop Name	Area
Paddy	246 acres
RELIGION	House holds
HINDU	899
Muslim	01

Land Distribution (In Acres):					
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
617	246	98	74	24	148

Migration Pattern	
Within the state (Non-Agricultural Labour)	Yes
Outside state (Non-Agri Labour)	Yes

Facilities Available in the village

Samaaj Mandir
 Community Hall
 Library
 Cement/Tar Road
 PDS Shop
 Grocery Shop
 DTP/Xerox Centre
 Post Office
 Gram Panchayat Office
 Pre/Pri Nursery School
 Govt Primary School
 Pvt Primary School
 Govt Secondary School
 Higher Secondary School
 Primary Health Centre.
 Medical Shop/Chemist
 ASHA Worker
 Dai Trained/ Untrained.

Facilities Existing within 5 kms.

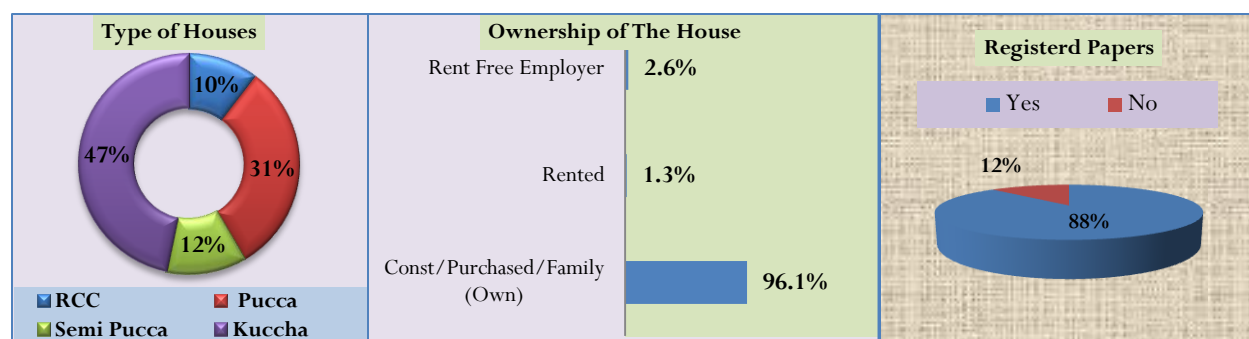
Bus Stop (Bhamuria More)
Public Telephone Booth (Barakar)
Daily Evening Market (Parbelia)
Weekly Market (Parbelia)
Police Station (Neturia)
Bank for S/B Account (Parbelia)
Private Clinic (RMP+) (Parbelia)
Private Clinic (MBBS BAMS) (Sarbari More)
Ayush Hospital (Sarbari More)

Facilities Existing more than 5 Kms

Railway Station (Madhukunda)
 Cooperative Society (Raghunathpur)
 Block Development Office (Ramkanali)
 Taluk Headquarters (Raghunathpur)
 District Headquarters (Purulia)
 Ware House (Asansol)
 Veterinary Clinic (Asansol)
 APMC/Mandi (Asansol)
 Charitable School (Asansol)
 Charitable Secondary School (Asansol)
 Pvt Secondary School (Asansol)
 ITI/Polytechnic (Raghunathpur)
 Vocational Training Centre (Purulia)
 CHC/Govt Gen Hospital (Raghunathpur)
 Private Hospital (Raghunathpur)
 CHC/Govt Gen Hospital (Raghunathpur)
 Private Hospital (Barakar)

5.6.1. Household Status

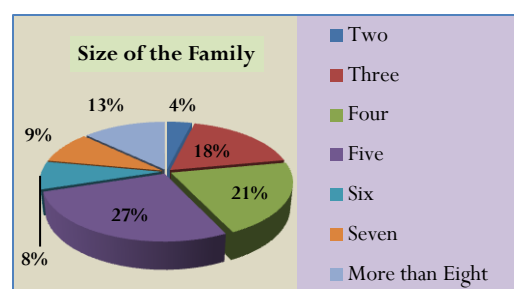
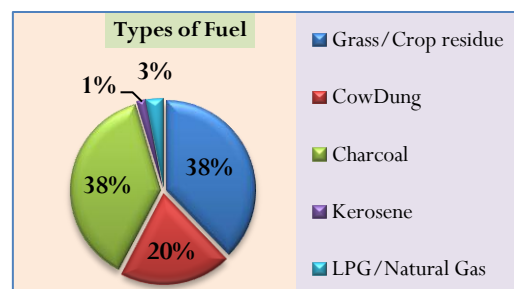
In the village the maximum number of houses was reported as Kuccha which is approximately 47 percent of the total. Followed to Kuccha Houses are the Pucca and Semi Pucca houses which are 31 and 12 percent respectively of the total. In the village there is also 10 percent who are having RCC houses in the village. On asking to the people it was said that almost all the people are having houses of their own which is approximately 96 percent and 3 percent which comes under the category of 'Rent Free Employer'. Remaining 1 percent are the rented Houses in the



village. Approximately 88 percent of the respondents also have the registered papers of their houses. In the village around 81 percent of the respondent also reported of having electricity in their houses.

5.6.1.1 Type of Fuel and Family Size:

The three major **Types of fuel** used in the village are Grass/Crop Residue and wood which is used in almost all the houses. Approximately 38 percent of the people agreed that they use Grass crop residue/Wood etc for cooking and household purpose. Coal and Charcoal are second major fuel used in the houses which is approximately 38 Percent. In the village both Charcoal and residue materials are used on equal proportion. Approximately 20 percent of the people said that they use Cow Dung as fuel for their cooking and domestic purposes. The village is very diverse with regard to the use of fuel as apart from other mentioned fuels other

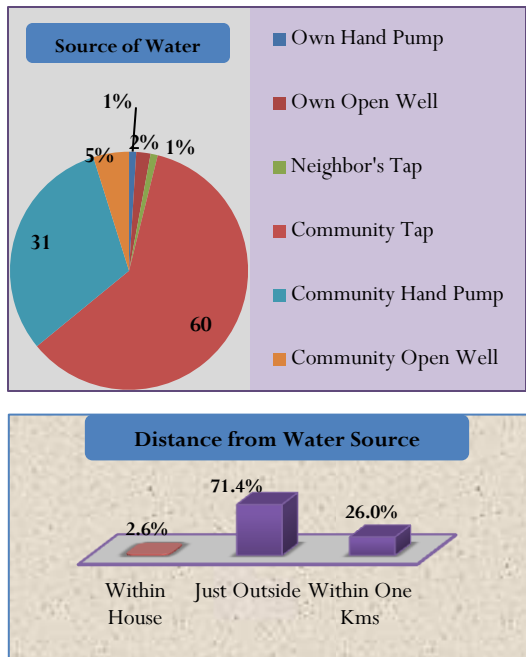


types of fuels which are used in the village are; Kerosene, LPG/Natural Gas etc. In the village

approximately 27 percent of the people reported of having five members in the family. Followed to which 21 percent of the respondent is having four members in the family. It was also reported that those agreeing upon having large family size is also in existence in the village i.e. approximately 13 percent of the people said that they have around seven members in their family.

5.6.2. Source of Water

With regard to the source of water it was reported that almost 60 percent of the people use community tap in the village. The other 31 percent people said that they use community hand pumps to get water. Since in villages open wells are also source of water, we were informed that

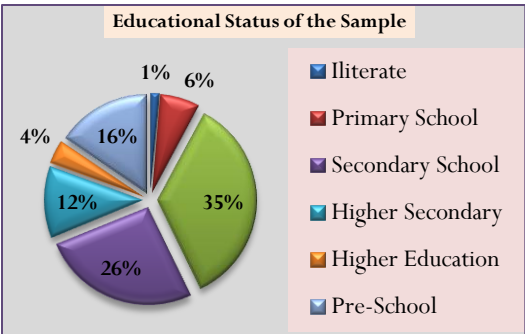


5 percent of the people use Community open well water to get domestic & Drinking water. In the village it was reported that 2 percent of the people have their own Open Well and remaining sources are Neighbor’s Tap and Own Hand Pump which are 1 percent each. On asking people regarding the distance from the source of water it was reported that almost 71.4 percent of the people said that they have community taps and Hand Pumps just outside their houses. Though it was also said that it do not function throughout the year, and water is a very crucial requirement to the entire village. Remaining people falling in the percentage of 26 said that they have to

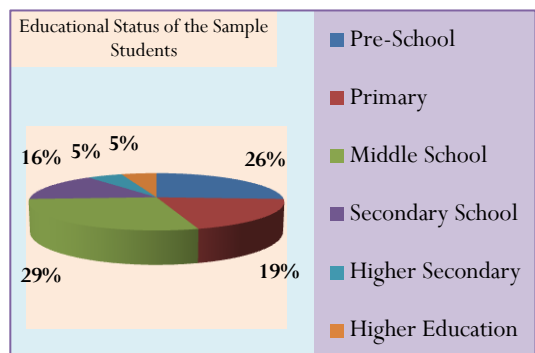
go approximately within one Kms in order to get water. Around 2.6 percent of the people also reported for the water Source within their House.

5.6.3 Education

With regard to the education majority of the people around 35 percent found to be in the category that has completed their Middle level education. Followed to which is Secondary school which comprises of 26 percent. In the village 16 percent of the people also



reported that they have completed their Pre-Schooling. In village both Higher Secondary Education comprises of 12 percent. It was also reported that percentage of Illiterate people in the

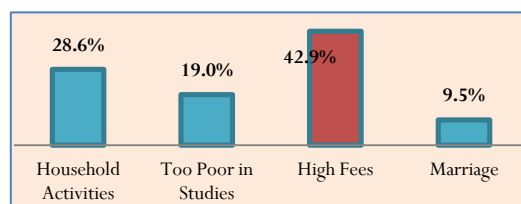


village is approximately 1 percent. With regard to those who have done any Vocational/Diploma and Certificate courses is very less around 1 percent in the village. Approximately 4 percent of the people have completed their Higher Education. In the village majority of the students reported of being involved in their Upper Primary Level Schooling which is

approximately 26 percent. Followed to which is those who are involved in the Pre-Schooling which is approximately 26 percent of the total. Percentage of students who are involved in the Primary School level Schooling is 19.5 percent. In the village Higher Secondary and Higher Education level comprises of 5.2 percent each in both the standards.

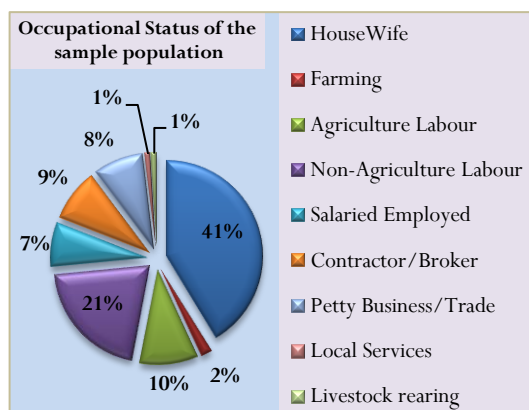
5.6.3.1 Reasons for Dropout:

In the entire village four major reasons were found to be the causes for drop out. With regard to the High Fees it was reported that 42.9 percent of the people agreed that their reason for dropout was High fees and other Expenses. Also, as the other reasons which were reported are being too poor in studies and Marriage which are around 19 percent and 9.5 percent respectively in the village. It was also found that around 28.6 percent of the people said that they left the education in between due to household activities.



5.6.4 Occupational Status of the Village:

Apart from the 41 percent women's reporting being Housewife, in the village Non-Agricultural labour is dominant which is almost comprised of 21 percent of the people. Agricultural labour & contractor/Broker are nearly 10 percent in the village of the total respondent. In the village those engaged in the Petty Business/Trade and others comprises 9 percent of the

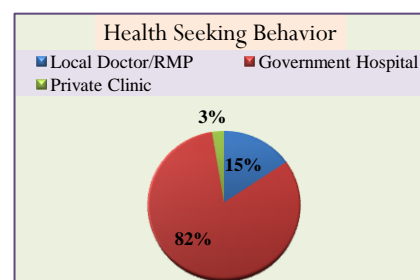


total population. In the village only 2 percent of the respondents are engaged in the farming.

5.6.5. Health

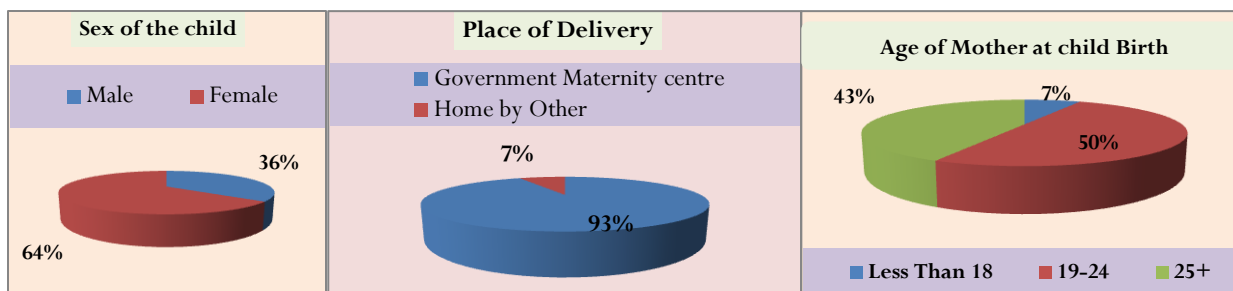
Health Seeking Behavior

In the Bhamuria village more than half of the people which is approximately around 63 prefer to go to the Government Hospital in case of any illness and disease. At the same time 12 percent of the people agreed that they go to the Local Doctor/RMP for the treatment of their minor and major ailments. Remaining three percent people prefer to go to Private Clinic and Hospitals. Remaining people agreed that they do not have any option for the healthy services.



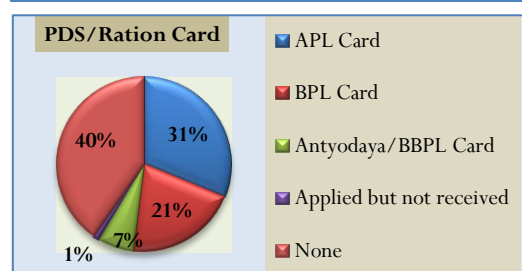
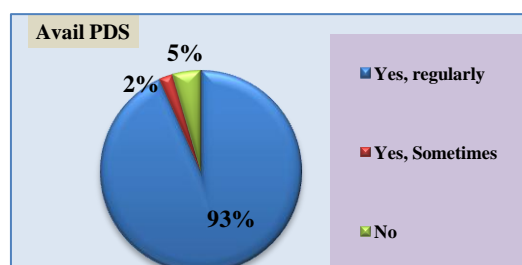
5.6.5.1 Maternal Health

Of the total 14 births in the village in the past three years 9 are female child and remaining 5 are male child. With regard to the place of birth it was found that 13 births have taken place in the Government Maternity Centre and remaining one birth was attended at home by other. Those women who have given birth to the child in last three years, on asking them about their age at birth it was found that approximately 7 women were in the age group 19-24 when they gave birth. The important concern is that in the village women giving birth to the child less than age 18 is also in existence. It was reported that 6 women gave birth to her child when they were in the age group 25+. Of all the total births 9 women are having their first birth order in the village. Followed to which 4 women reported that they are having second Birth Order. It was also reported that all the births taken place in the village have been registered.



5.6.6. PDS/Ration Card available with the People

In the village approximately 31 percent of the people hold APL Card and around 21 percent of



the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 7 percent hold it. The remaining 1 percent of the population has applied but they haven't received it. In the village 40 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 93 percent of them avail food grains and other benefits of PDS. On the other hand 5 percent also reported that they do not avail it. As the reasons which were cited by them for

not availing PDS ration was: Not Interested, Shop Being too far and having APL Card, remaining two percent of the population said that they avail it but only sometimes.

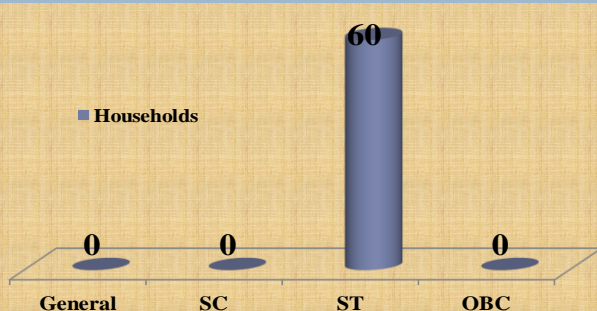
5.6.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • Primary school in Village faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening along with village pond renovation is needed • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> • Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.

	<ul style="list-style-type: none"> • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

Social Empowerment	<ul style="list-style-type: none"> • Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. • In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. • SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. • Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet is needed in primary school. Primary school of the village does not have the drinking water facility, so it can be given water purifier. <ul style="list-style-type: none"> • Community Hall is required and people are ready to give land. It was reported by the people that the community hall will be maintained by them and it will be used as a place for community gathering. Along with this there will be also capacity building and personality development of the village children with special focus upon the SC/ST children. • The road needs to Repaired in the village along with drains. The condition of the roads is very poor since the heavy vehicles pass on continuous basis from the village road. • Since the entire households do not have toilets in their homes, it was reported that place for the community toilets can be given by the village people. It was also reported that one toilet for 5 household in the village.

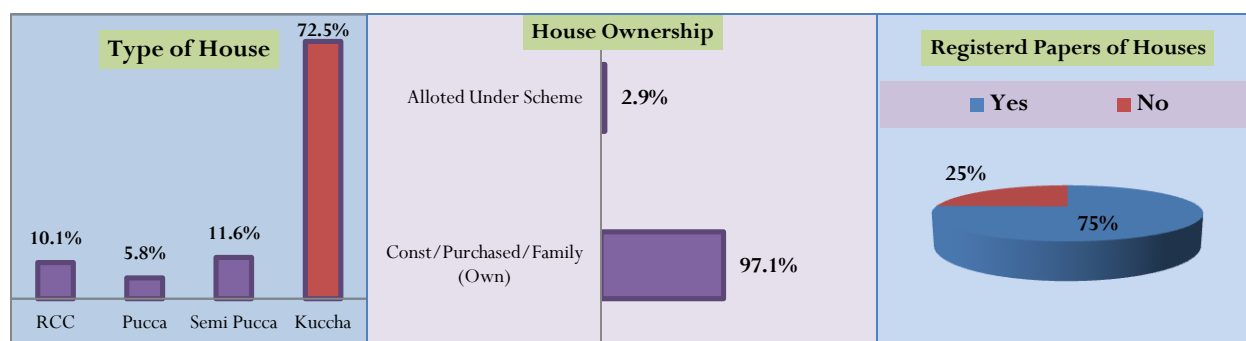
5.7. Hirakhun

		Facilities Available in the village				Facilities Existing within 5 kms.	
		Samaaj Mandir				Bus Stop (Bhamuria More)	
		Pre/Pri Nursery School				Public Telephone Booth (Parbelia)	
YEAR		2011		Govt Primary School		Daily/Evening Market (Parbelia)	
HOUSEHOLDS		126		Govt Secondary School		Weekly Market (Parbelia)	
POPULATION		1150		Medical Shop/Chemist		PDS Shop (Bhamuria)	
				ASHA Worker		Grocery Shop (Bhamuria)	
Forest Produce				Dai Trained/Untrained		DTP/Xerox Centre	
Coal Collection		Yes		Primary Health Centre		Post Office (Bhamuria)	
Cultivation		Yes		CHC/Govt Gen Hospital		Police Station (Neturia)	
							
Public/Common Tap Points		17					
HH Tap Connections		00					
Chief Crop Name		Area					
Paddy		243 Acres					
RELIGION		House holds					
HINDU		60					
Land Distribution (In Acres):						Facilities Existing more than 5 Kms	
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland	Railway Station (Madhukunda)	
740	241	00	98	243	123	Cooperative Society (Raghunathpur)	
Migration Pattern						Taluk Headquarters (Raghunathpur)	
Within the state (Non-Agricultural Labour)						Warehouse (Raghunathpur)	
Outside state (Non-Agri Labour)						APMC/Mandi (Raghunathpur)	
						Private Primary School (Asansol)	
						Charitable Secondary (Asansol)	
						Pvt Secondary School (Asansol)	
						ITI/Polytechnic (Raghunathpur)	
						Vocational Training Centre (Raghunathpur)	

5.7.1. Household Status

In the Hirakhun village most of the houses are of Kuccha which is approximately 72 percent of the total and it is followed by Semi Pucca houses which are 12 percent. With regard to RCC and Pucca they are comprised of 10 percent and 6 respectively. Also in the village almost all the houses which are approximately 97 percent people have their own houses and remaining 3 percent are allotted under Scheme.

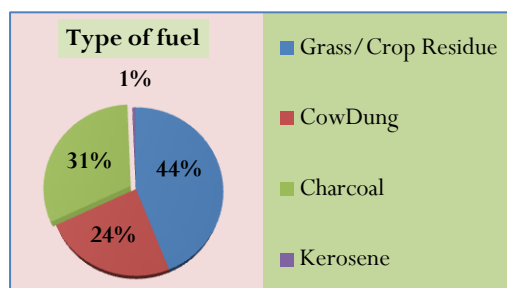
The above mentioned 5 percent of the houses are provided under Indira Aawas Yojana. Out of



the total respondents in the village around 75 percent of them are having registered papers of their houses. Followed to this 67 percent of the respondents have electricity in their houses.

5.7.1.1 Type of Fuel and houses having Electricity

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 44 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Charcoal is another source of fuel which is used by approximately 31 percent of the total respondents. Followed to which is the Cow dung for which around 24 percent of the



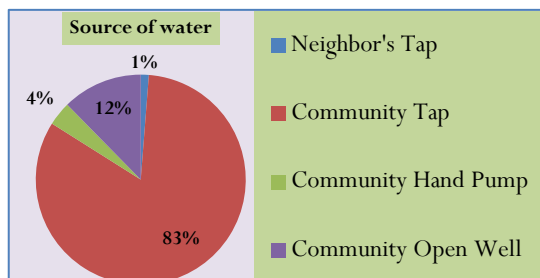
people reported that they use it as fuel. Other types of fuels such as Kerosene are also available but their percentage of availability is very less i.e. 1 percent. As it can be observed that majority of the people have reported that they agree upon that on an average there are seven members in the family. Since 26 percent of

the people agreed that the family size is approximately seven in number. In the village Families having more than 8 members, reported by approximately 13 percent of the people is also having

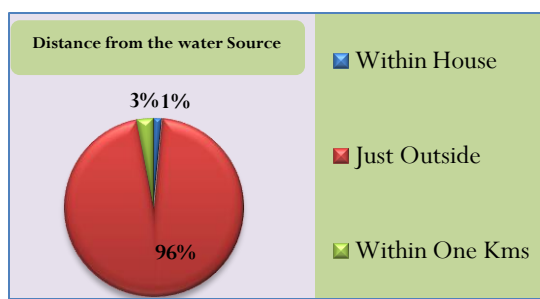
high percentage. In the village there is a diverse variety of family size ranging from only two members to More than eight.

5.7.2. Water Availability:

In the village people reported that the majority of source of water used is from community tap



which comprises of about 83 percent. Followed by the above source people have community open well which is about 12 percent from which the people use water for domestic and drinking purpose. Approximately 4 percent of the people use



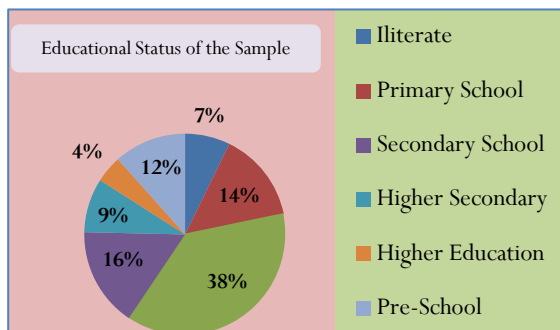
Community Hand Pump to take water. In the village nobody reported about the source of water in their houses. Having the water source just outside the houses is around 96 percent. The most important issue in the village is about the drinking water problem and for that as per the respondents more

than 3 percent of the people have water source within one Kms. 1 percent of the people have water source within the house. This in other words can also be said that out of 69 households selected for the study only one among them is having water source in its home.

5.7.3. Education

Educational Status of the Village

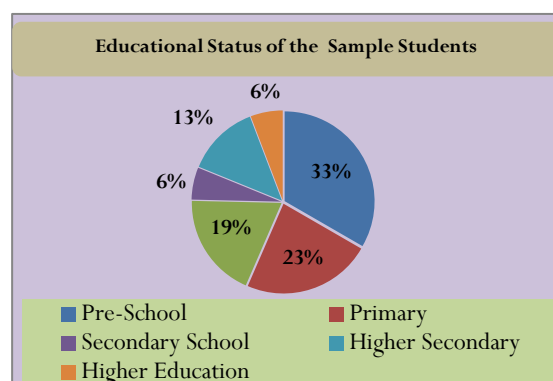
In Hirakhun the educational status of the respondent explains that 38 percent have completed their education till Upper Primary which is followed by the Secondary level Schooling which is



approximately around 16 Percent. In the Hirakhun village approximately 14 percent of the people have completed their Primary level Schooling. Moving towards other categories of education it was found that 12 percent of the people have completed their Pre-Schooling. Similarly those who have completed

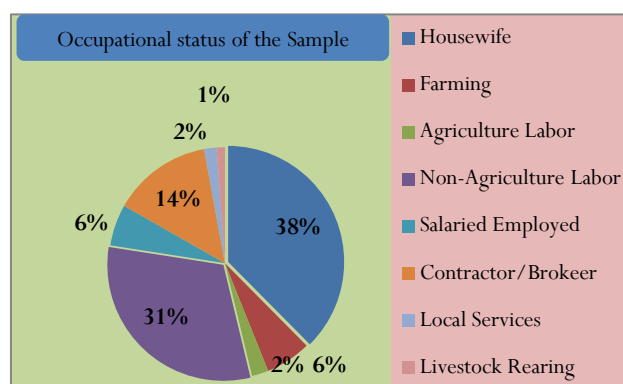
their Higher Secondary those who are illiterate they are 4 percent and 7 percent respectively. In

the village those students are studying majority of them are involved in the Pre-School which is 33 percent approximately followed by Primary and Upper Primary which approximately are 23 percent and 19 percent respectively. In the Higher Secondary Schooling approximately 13 percent of the children are involved. In the village approximately 6 percent of the students are engaged in the Secondary School and in the Higher education 6 percent are involved. In the village when it was asked about the major reasons for Dropout, it was found that getting engaged in the household activities was the only reason for leaving education in between.



5.7.4. Occupation

In the village approximately 38 percent of the women reported as being the Housewife. In the village most dominant occupation is those having Non-Agricultural labor which accounts for approximately 31 percent of the population. The major problems drinking water and lack of irrigation facility are on top priority. Contractor/Broker activities in the village constitute 14 percent of the population approximately. Around 6 percent of the people reported of being involved as having Local business and farming separately. There is only 2 percent of the population reporting from being engaged in the Local Services and Agriculture labor separately.

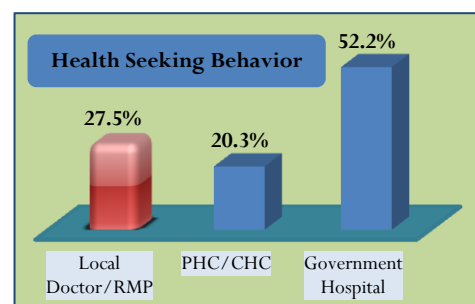


village most dominant occupation is those having Non-Agricultural labor which accounts for approximately 31 percent of the population. The major problems drinking water and lack of irrigation facility are on top priority. Contractor/Broker activities in the village constitute 14 percent of the population approximately. Around 6 percent of the people

5.7.5. Health

Health Seeking Behavior

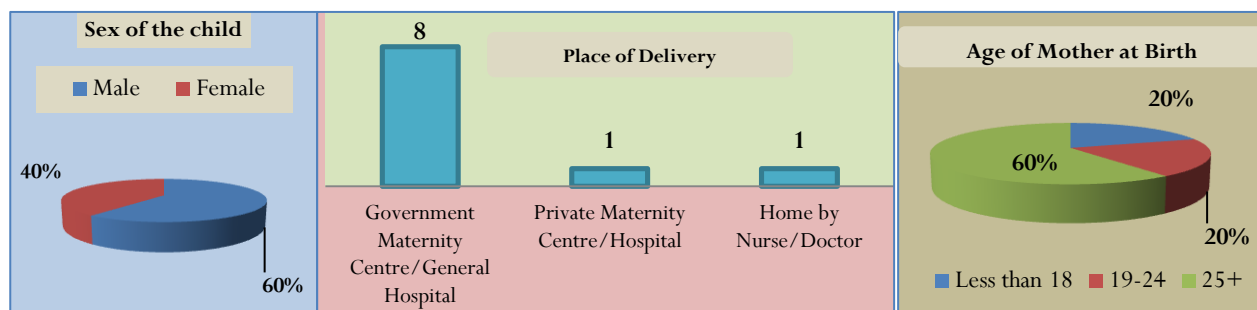
It was reported by the people that they mostly visit the Government Hospital in case of any illness as 52 percent of the people reported for it. It was found that 27 percent



of the people visit Local Doctor/RMP also which is located at Hirakhun. Apart from these two approximately 20 percent of the people also agreed that they visit PHC/CHC's in case of any minor and major ailments.

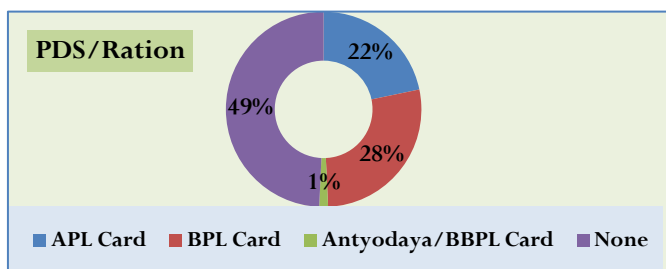
5.7.5.1 Maternal Health

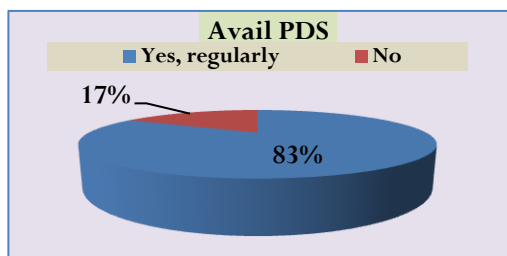
On asking the households with regard to the births in the village in the past three years it was found that 10 births have taken place. Of the total births male births are 6 in numbers and female births are 4 in numbers. It was found in the village that a majority of the births have taken place in the Government maternity centre. Out of the total 12 births 8 have taken place in the Government Maternity centre. The people also reported that they do not believe in the services provided at the private health institutions. It was also reported that though the services are free but the quality provided is not good. The very interesting fact in the village is that 2 births have taken place from the mothers who are in the age group less than 8. All the 12 births have been given by the women who are above 18 years of age. 3 women who have given birth in the last three years agreed that they are having their first birth order. Total of 3 women among the sample have said that they are having their second birth ordered third birth order separately. And one woman reported of having forth birth order.



5.7.6. PDS/Ration

In the village approximately 22 percent of the people hold APL Card and around 28 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 1 percent hold it. In the village 49 percent of the respondents do not have any card





with them. Out of the total people who are having any of the PDS/Ration Card has reported that 83 percent of them avail food grains and other benefits of PDS. On the other hand 17 percent also reported that they do not avail it. As the reasons which were cited by them for not

availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 9 percent of the population said that they avail it but only sometimes.

5.7.7. Recommendations:

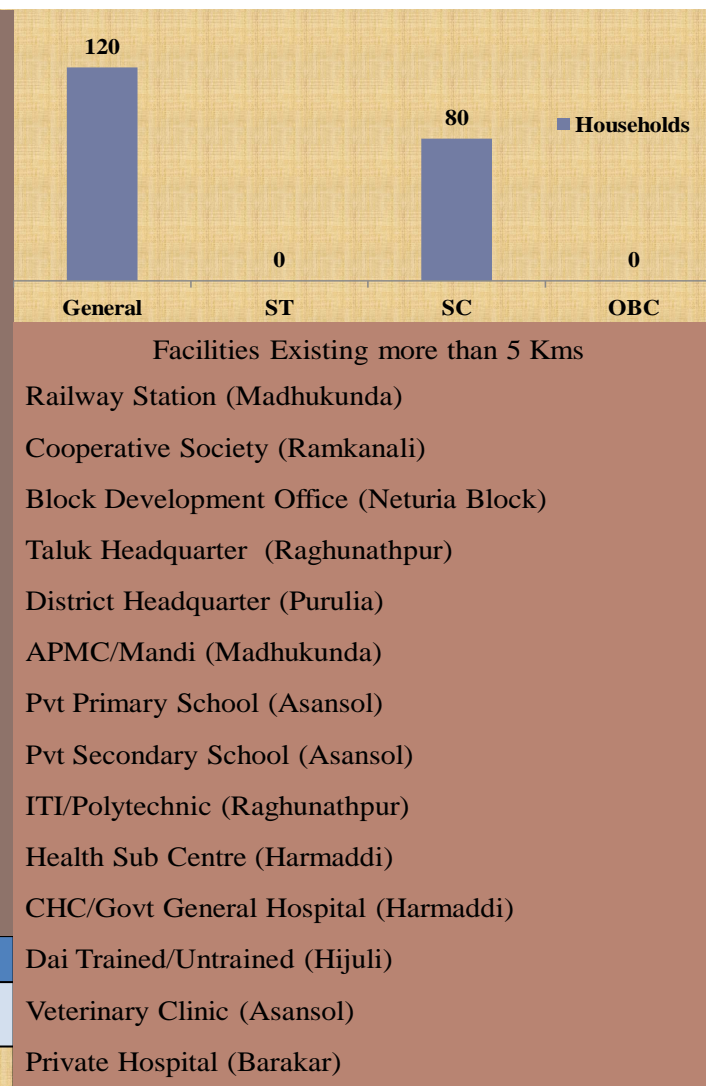
Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the village in order to improve the status of education educational materials shall be provided in the school in order to develop interest of the students towards education. • In the village at primary level and High School quarterly competitions shall be conducted by CIL and prizes shall also be provided which will encourage students more towards developing their extra-curricular skills. • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • Some yearly prizes shall be also introduced by the CIL for the students who perform well in the yearly examinations. It shall be noted that teachers shall be made effective partners into this with regard to identify the children.
Water Supply	<ul style="list-style-type: none"> • In the village a serious need of Community bore wells or Hand Pumps are required as the people of the village use canal water for drinking and domestic purposes. Water being the most crucial need in the village water shall be provided in extreme summer seasons. • Also rainwater management methods shall be provided in the village in order to recharge the ground water. • Due to excess mining, the ponds become dry during summer and land breaks. If the pond available in the village will be renovated then people can use them for household purposes. Also the mechanisms can be made to recharge the wells

	<p>available in the village so that the people do not face many problems during summer season.</p>
Health Care	<ul style="list-style-type: none"> • The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. • Medical health camps is needed this can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> • Solar streetlights are required in the village. The Hirakhun village comes after the Bhamuria village and after evening the people face lots of problems to go outside due to unavailability of the street lights. If the solar street lights will be provided to the village with a training regarding how to maintain and use it, that will be very beneficial to entire village.
Livelihood	<ul style="list-style-type: none"> • If people in the village can be provided some vocational skills such as in Mobile Repairing, Electric materials etc they can start their own small scale business. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

Sanitation	<ul style="list-style-type: none"> The condition of the road is very poor, due to passing of heavy Lorries and truck. The road gets filled with water and at times it becomes a major cause for various diseases.
Social Empowerment	<ul style="list-style-type: none"> SHG (both Male/Female) shall be formed and promoted in the village. With the monetary support provided by the CIL they can also start some economic activities.

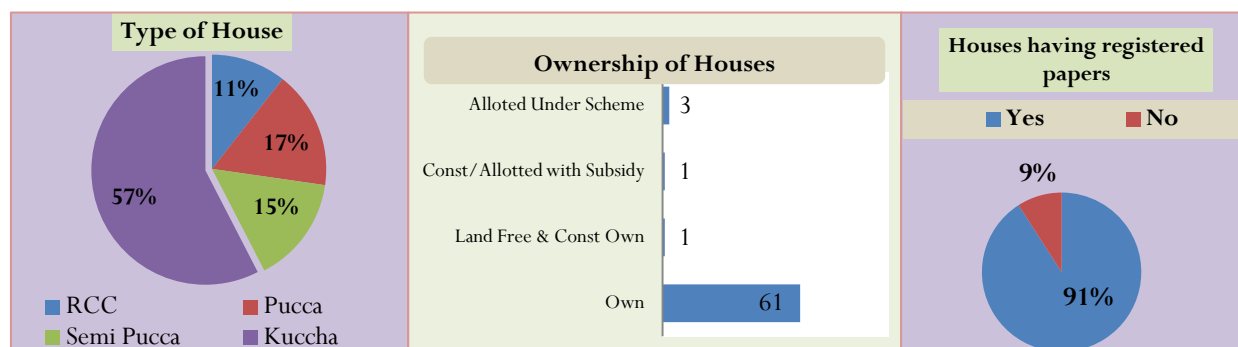
5.8. Baruipada

Facilities Available in the village		Facilities Existing within 5 Kms.				
Samaaj Mandir		Public Telephone Booth (Sarbori More)				
Government Primary school		Daily Evening Market (Sarbori More)				
PDS Shop		Weekly Market (Sarbori More)				
Grocery Shop		PDS Shop (Sarbori)				
Primary Health Centre		DTP/Xerox Centre (Sarbori)				
YEAR	2011	Post Office (Neturia)				
HOUSEHOLDS	200	Police Station (Neturia)				
POPULATION	1018	Gram Panchayat Office (Bhamuria)				
Forest Produce		Bank for S/B Account (Sarbori More)				
Firewood	Yes	Warehouse (Sarbori More)				
Coal Collection	Yes	Pre/Pri Nursery School (Bhamuria)				
Cultivation	Yes	Charitable Primary School (Bhamuria)				
Public/Common Tap Points	12	Govt Secondary School (Bhamuria)				
HH Tap Connections	00	Secondary School (Bhamuria)				
Chief Crop Name	Area	Pvt Secondary School (Sarbori)				
Paddy	245acres	Degree College (Sarbori More)				
RELIGION	House holds	Vocational Training Centre (Sarbori More)				
HINDU	200	Pvt Clinic (RMP +) (Sarbori More)				
		Pvt Clinic (BAMS MBBS) (Sarbori More)				
		Medical Shop Chemist (Sarbori)				
		ASHA worker (Sarbori Nowada)				
Land Distribution (In Acres):						
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland	
740	245	00	123	00	121	



5.8.1. Household Status:

In the Barupada village maximum number of people which is approximately 57 percent is having Kuccha Houses. Followed to which the Pucca houses in the village is available which constitute 17 percent of the total. 15 percent of the people live in Semi-Pucca Houses and the remaining 11 percent of the people reported of being staying in the RCC Houses.



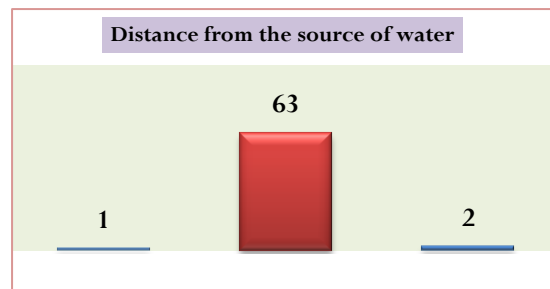
The important aspect of the households in the village is that approximately 92 percent people have their own houses. Only 5 percent which implies 3 households out of the total were provided house under the government Scheme (Indira Aawas Yojana). In the village total 77 percent of the respondents have reported of having electricity in the houses.

5.8.1.1 Type of Fuel:

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. In almost all the houses Grass/Crop Residue/Wood is used for household and other domestic purposes. **Charcoal** is another source of fuel which is used by approximately 62 percent of the total respondents. Followed to which is the “cow dung” for which around 50 percent of the people reported that they use it as fuel.

5.8.2. Availability of water:

Water is the major concern for all the people in the village. It was reported by the respondent that 95 percent of the people use community taps in the village in order to fulfill their needs drinking water

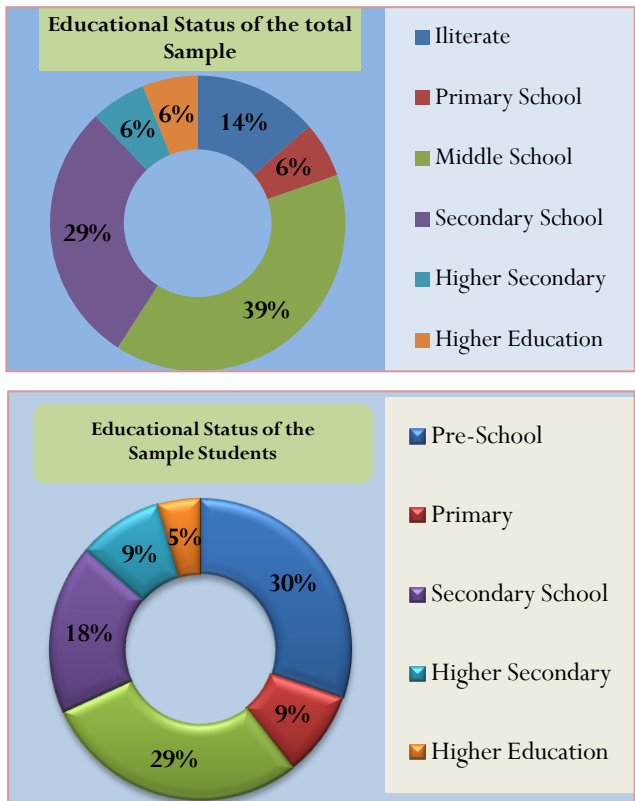


and other domestic purposes. Only two percent of the people have drinking water facility at their homes. The remaining three percent of the people reported that their water facility has been within a Kms.

5.8.3. Education

Educational Status:

With regard to the educational status of the village it was reported that majority of the people



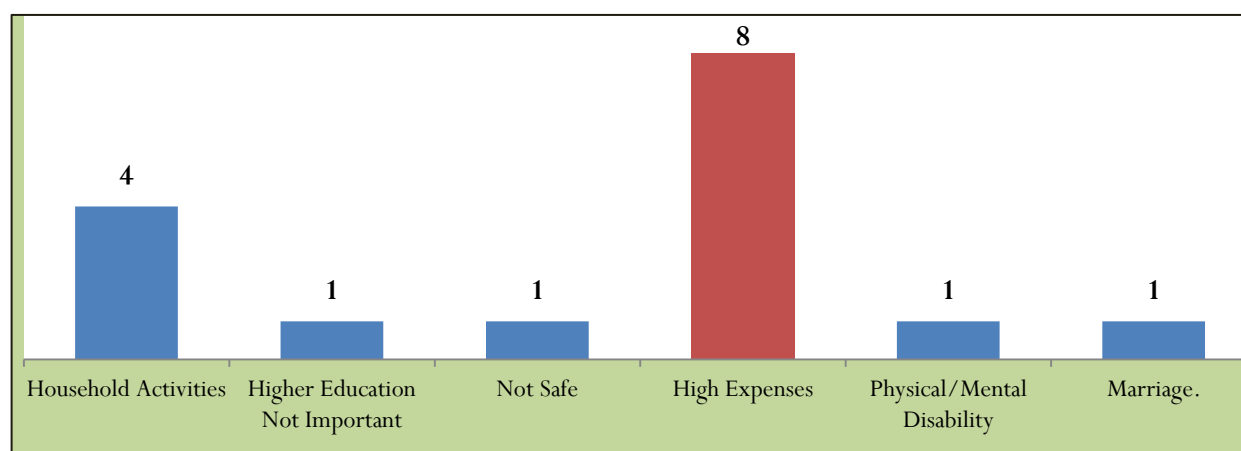
have completed their education till Upper Primary which comprises of approximately 39 percent of the respondent. Next to that 29 percent of the people have said that they have completed their education upto secondary level. The remarkable issue which was identified is that 14 percent of the respondents are illiterate. Also, the people who have completed their education upto Primary level, Higher Secondary and Higher Education comprises of 6 percent each.

In the village majority of the students reported of being involved in their pre-schooling which is approximately 30 percent. Followed to which is those who are involved in the Upper Primary Level Schooling which is approximately 29 percent among the respondents. In the village approximately 18 percent of the sample students are involved in the secondary level education.

It shall be noted that only 5 percent of the students currently involved in Higher Education. Among the lowest stratum with 9 percent each was found in both Primary schooling and Higher Secondary.

5.8.3.1 Major Reasons for dropout:

In the village wide reasons for the dropouts were highlighted but almost half of the people reported that they dropped out from the school due to **High Expenses**. Following to which comes the responsibility of household activities which is approximately around one-fourth of the respondents. Other reasons which were given for the dropouts were Physical/Mental Disability,



Marriage, Not Safe for Girl Child and considering Higher Education as not important.

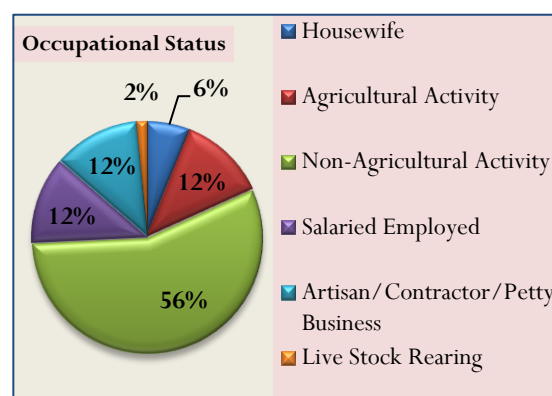
5.8.3.2 Percentage Distribution of the Educational Attainment and Occupation:

Educational Attainment	Housewife	Agricultural Activity	Non-Agricultural Activity	Salaried Employed	Artisan/Contractor/Petty Business	Live Stock Rearing
Illiterate	11.1	11.1	77.8			
Primary School	25.0	25.0	25.0		25.0	
Upper Primary	3.8	19.2	61.5	3.8	7.7	3.8
Secondary School			63.2	21.1	15.8	
Higher Secondary		25.0	25.0	25.0	25.0	
Higher Education	25.0			50.0	25.0	
Total	6.1	12.1	56.1	12.1	12.1	1.5

5.8.4. Occupation

Occupational Status of the Village:

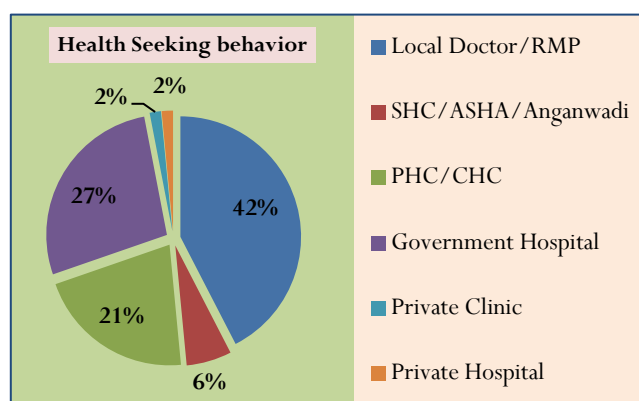
In the village Non-Agricultural sector is dominant which is almost comprised of 56 percent of the people. It should also be noted that almost equal percentage of the people reported that they are engaged in the occupation such as Salaried Employed, Agricultural activity and Artisan/Contractor/Petty business which are 12 percent in each. The people who are engaged in the live stock rearing are very low which around is 2 per cent of the total. Due to lack of irrigation facility the people choose to move towards non agricultural activity, creating such a huge difference in the village.



5.8.5. Health

Health Seeking Behavior:

Whenever a family member is sick majority of people in the village approach to the Local Doctor/RMP to get health services Followed to that 27.3 percent of the people agree that they visit to the government Hospital in case of any major or Minor ailments. 21.2 percent of the



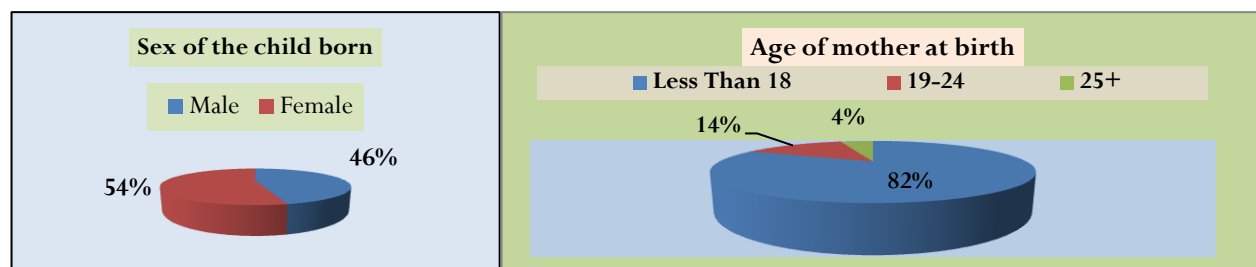
people also said that they prefer PHC/CHC but the percentage of people who agreed that they prefer to go to the ASHA/Anganwadi worker has been found to be very low i.e. 6.1 percent.

The remarkable issue is that the people in the village are less fond to access Private clinic and Hospitals, may be due to the

reason that it might be very costly as compared to Government hospital.

5.8.5.1 Maternal Health:

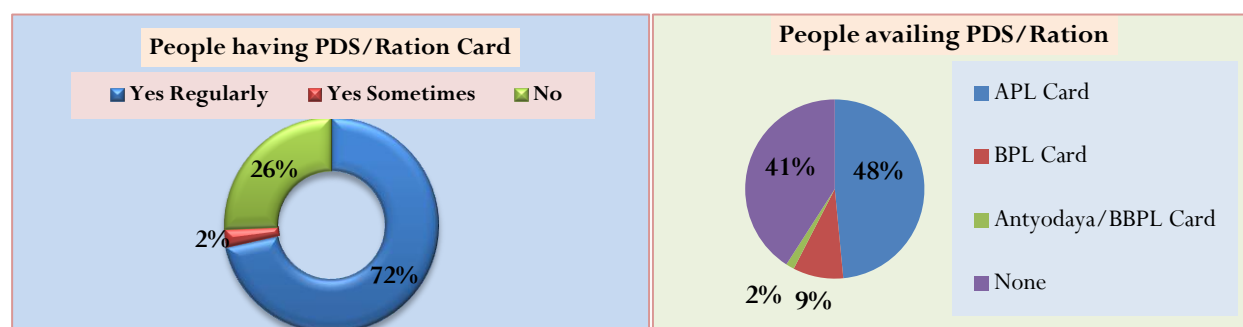
With regard to the place of delivery it was informed that almost 92 percent of the births in the last three years have taken place in the Government Maternity Centre/General Hospital. The remaining births were attended by the “Dai” Trained/Untrained birth attendant.



It is very specific about the village that all the births are institutional deliveries but there is no involvement of other bodies such as Home Deliveries by Doctor/Nurse, PHC/CHC etc. On asking all the women who have given birth to any children it were found that approximately 81.8 percent of the women have given birth to her first child when she was less than 18 years of age. All those who gave birth to her first child during 19-24 years of age is very less i.e. only 13.6 percent. Similarly only 4.5 percent of the women agreed that they have given birth to their first child during 25+ ages.

5.8.6. PDS/Ration Card available with the people:

Approximately 48 percent of the people in the village have APL card but at the same time it was also found that almost 41 percent of the people do not posses and ration or PDS card. The people or family holding the BPL card is approximately 9 percent. In the entire village those having



Antyodaya BPL card is very less i.e. around 2 percent only. In the village almost 72 percent of

the people reported that they avail PDS regularly. Also 2 percent reported that they avail PDS but sometimes. Two percent of the people also reported that they do not avail PDS.

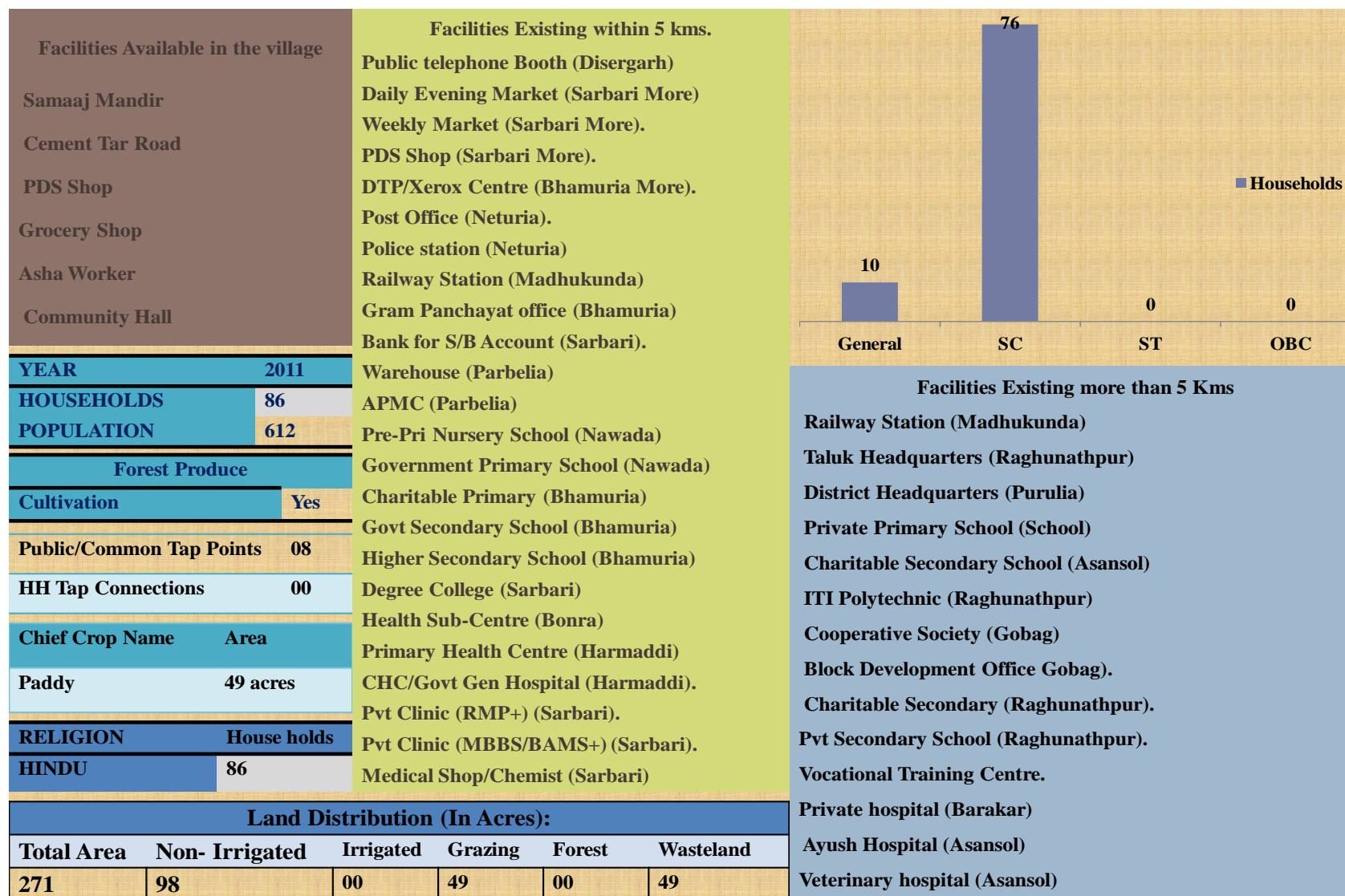
5.8.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with. • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> • In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially

	<p>women also to take the benefit of it.</p> <ul style="list-style-type: none"> • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> • Street lights are needed
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

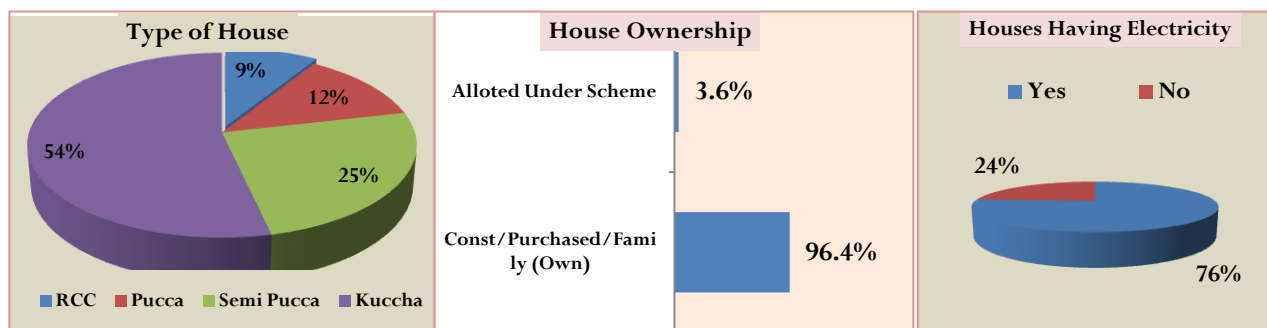
	<ul style="list-style-type: none"> Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and technics will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals
Sanitation	<ul style="list-style-type: none"> In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> Toilet in needed in primary school The road needs to be constructed in the village along with drains. The water passed through drains can be used for improving water availability in land.

5.9. Kuthibari.



5.9.1. Household Status

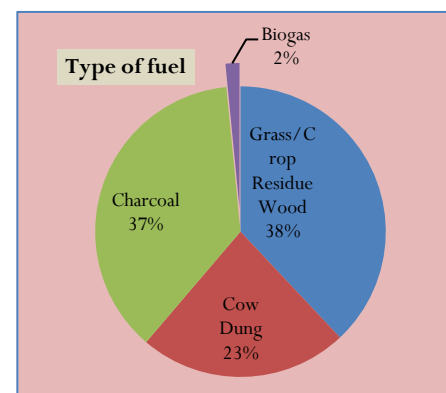
The majority of the Houses in the Kuthibari village fall into the category of Kuccha where approximately 54% of the people reported of having the Kuccha houses. Approximately 25% of the people in the village have Semi-Pucca houses. On the other hand 12 percent of the people reported that they have Pucca houses. With regard to RCC 9% of the people fall in that category and remaining two percent have huts/jhopadpatti or in other words they don't have proper place to stay in the village. The ownership of the house in the figure 2 explains that majority of the people have their own constructed/Purchased/Family Houses, followed by the rent Free (Employer's) Land free & Construction own.



Very less percentage of people .i.e. approximately around 2% have reported that they have been allotted houses under the schemes such as Indira Aawas Yojana, Gharkul Yojana etc. Of the total houses in the village approximately 75.8% of the people reported that they have electric connection in their houses. Remaining 24.2 % said that they do not have electric connection.

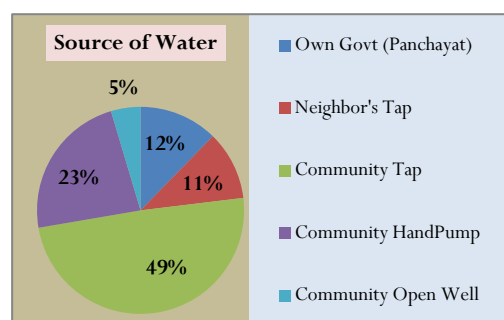
5.9.1.1 Fuel Used:

The four major **Types of fuel** used in the village are Grass/Crop Residue and wood which is used in almost 38 percent of the houses. Next to which comes charcoal which is approximately used by 37 percent of the village. As per reported by the people 23 percent of the people use cow dung as fuel. It was also reported that Biogas is used by least people in the village which is around not more than 2-3 houses.



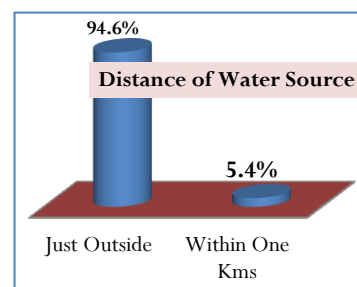
5.9.2. Water Availability & Size of the family:

With regard to the size of family maximum respondents reported that there Five members in the

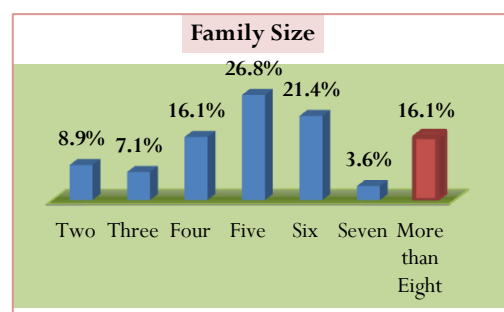


family. It must also be noted that in the Kuthibari Village there exists a wide multiplicity of family Size ranging from 1 to More than eight also. Almost 27 percent of the people have said that they have five members in their houses, and followed to that 21.4 percent of the people said that they have six members in their families. Major concern was found in the

village that there are also large families existing which were reported by approximately 16 percent of the people. With regard to the source of water as reported by the people it was found that in the village majority of the people are dependent upon the Community Tap which is approximately 49 percent of the total. Followed to which we have community hand pumps which was reported by approximately 23 percent of the people. The other sources of water which are available in the village are Taps provided by government/Panchayat, Neighbor's Tap and Community Open well which are 12 percent, 11 percent and 5 Percent respectively. Water is the major concern for all the people in the village. It was reported by the respondent that 95 percent of the people have their source of water just outside their house.



The remaining 5.4 percent of the people have said that they have their source of water within the range of a Kms. In the village it was reported that on an average there are five members in 27



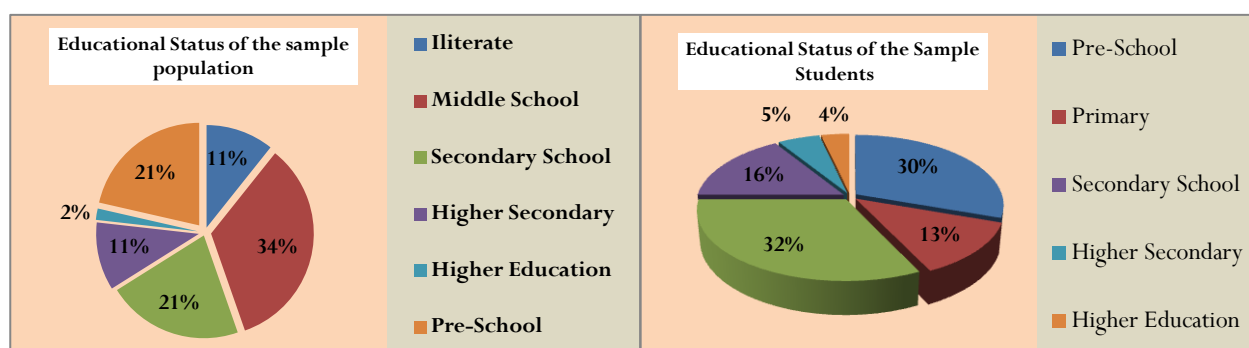
percent of the total families and followed to which there are six members in approximately 22 percent of the families.

The area of concern is that there are also 17 percent of the households reporting of having more than 8 members in their families.

5.9.3. Education:

Educational Status:

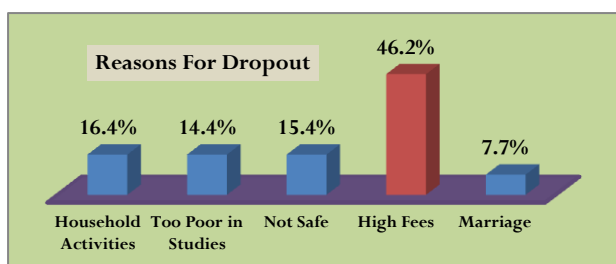
The Educational Status of the Kuthibari village shows that majority of the respondents have completed their middle level (5th to 8th standard) schooling which is approximately 34% and followed by Secondary and Higher Secondary Schooling with 21% and 11% respectively. Another important factor existing in the village is also that 11% of the respondents were reported as illiterate. The adequate population falls into the category of those completed their Pre-School which is around 21%. In the village those completed their higher education is very low around 2 percent. At present in the village approximately 32 Percent of the students are involved in the



Upper Primary Level Schooling. Followed by that Pre-Schooling and Secondary Level Schooling have 30 percent and 16 percent respectively. With regard to the Primary Level education which is having adequate percentage i.e. of 13 percent only. It should be noted that since majority of the students are involved in the Higher Secondary and Higher Education are 5 percent and 4 percent respectively.

5.9.3.1 Reasons For Dropout:

It was reported to us that the major reason for the dropout from the school was due to High Fees. With such a high drop out rate with regard to High Fees indicates the clear signs of Poverty and children being seen as an extra hands for earning. Followed by Household activities (17 Percent) another set of people reported students are not safe in school as their major cause for dropout (17 Percent). Along with the

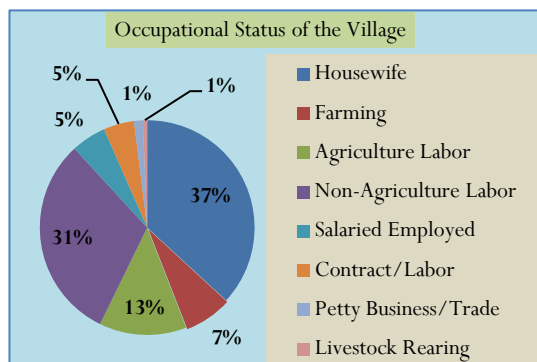


above mentioned reasons other issues were also identified such as ‘Not safe’ for girls and ‘Being too poor in Studies’. Marriage is also an important reason for dropout but in the village its percentage was found to be low and at bottom i.e. at 7.7 Percent.

5.9.4.Occupation:

Occupational Status:

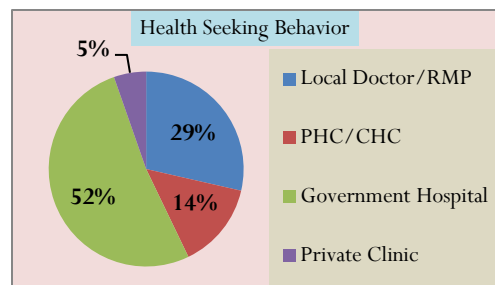
We can observe that the majority of the population is engaged as the Housewives. Followed by Non-Agricultural labour (31%) Unavailability of the water has a significant role in this context. The people in the village reported of having their own lands but water for irrigation is still a major concern for them. After the people who are engaged as Non-Agriculture Labour 13 percent for them are Agriculture Labour. Farming in the Village comprises of 7 percent of the population and other existing occupations available in the village are Livestock Rearing, Contractor/Broker, Petty Business/Trade etc.



5.9.5.Health

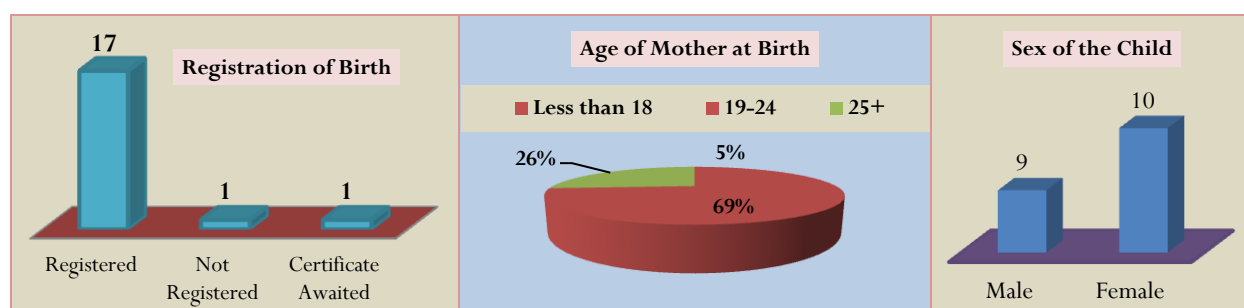
Health Seeking Behavior:

As reported by the people the majority of them visit to the Government Hospital for any health related Problems. Maximum numbers of respondent i.e. approximately 52 percent of the people are dependent on it. Followed by this People also visit Local Doctor/RMP for their minor and major ailments. The important concern is nobody in the village visit the ASHA and Anganwadi worker with regard to any health problem. In such a situation a serious need arises for capacity Building and Motivate the available ASHA & Anganwadi worker. The concerned agencies or NGO with the help of the key person in the village such as the Sarpanch or Village head shall be involved in order to make people aware about the roles & responsibilities of ASHA & Anganwadi worker.



5.9.5.1 Maternal Health

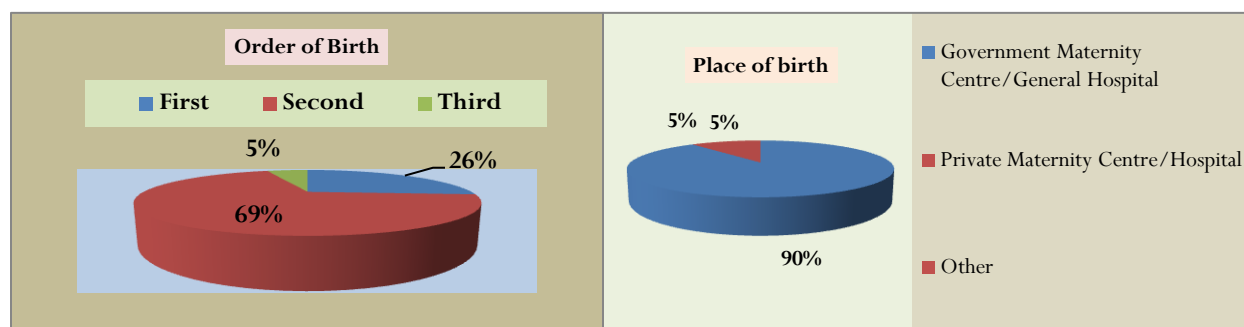
On asking the households with regard to the births in the village in the past three years it was found that 19 births have taken place. Of the total 19 births 10 were reported as female and remaining 9 are male child. It was found in the village that a majority of the births have taken place in the Government maternity centre. Out of the total 19 births 17 have taken place in the private Maternity centre. It was also reported that the 1 birth each took place in the Private Maternity Centre and remaining 1 birth has been categorized as 'Other' which is non-Institutional in Nature. The people also reported that they do not believe in the services provided at the government health institutions. It was also reported that though the services are free but the quality provided is not good.



On asking the women who have given birth to the children it was reported that a majority of the women were in the age group '19-24' when they gave birth to the children. The remaining 5 births were given by the women in the age group 25+. The important concern is that there is also prevalence of mothers giving birth in less than 18 years of age.

5.9.5.2 Order of Birth

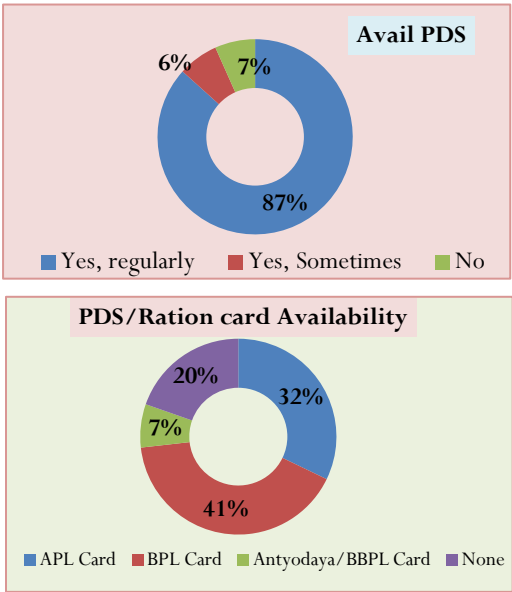
Out of the total 19 births in the village in the last three years 13 women who have given birth in the last three years agreed that they are having their Second birth order. Followed to that Five



women said that they are having their second birth order and remaining 1 women registered that they have third birth order respectively. It was reported that out of the 19 births in the village there were 17 births which were registered. Similar to that one was not registered and another is certificate awaited.

5.9.6. PDS/Ration

In the village approximately 32 percent of the people hold APL Card and around 41 percent of



the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 7 percent hold it. In the village 20 percent of the respondents do not have any card with them. Out of the total people who are having any of the

PDS/Ration Card has reported that 87 percent of them avail food grains and other benefits of PDS. On the other hand 7 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 6

percent of the population said that they avail it but only sometimes.

6.9.7 Recommendations for the village

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with. • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> • In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three

	<p>days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.</p> <ul style="list-style-type: none"> • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
<p>Rural Electrification</p>	<ul style="list-style-type: none"> • Street lights are needed
<p>Environment</p>	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
<p>Livelihood</p>	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

	<ul style="list-style-type: none"> Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and techniques will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals
Sanitation	<ul style="list-style-type: none"> In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructura I Development	<ul style="list-style-type: none"> Toilet is needed in primary school

- There is no primary school in the village; the children have to travel to next village to go to school. If school is being constructed we can expect increase in enrollment ratio among children.
- There is no bathroom in the village. There is a requirement for the community toilet in the village.

5.10. Nawada

YEAR	2011
HOUSEHOLDS	90
POPULATION	480

Forest Produce	
Cultivation	Yes

Public/Common Tap Points	02
HH Tap Connections	00

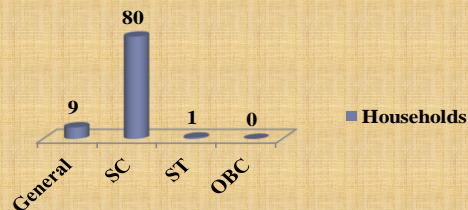
Chief Crop Name	Area
Paddy	172 acres

RELIGION	House holds
HINDU	90

Land Distribution (In Acres):					
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
740	172	00	169	00	489

Migration Pattern	
Within the state (Non-Agricultural Labour)	Yes

Facilities Available in the village
Samaaj Mandir
Cement/Tar Road
Bus Stop
Weekly Market
Grocery Shop
DTP/Xerox Centre
Bank for S/B Account
Govt Primary School
Pvt Primary School
Degree College
Health Sub Centre
Pvt Clinic (RMP+)
Pvt Clinic (BAMS MBBS)
Medical Shop Chemist
ASHA Worker



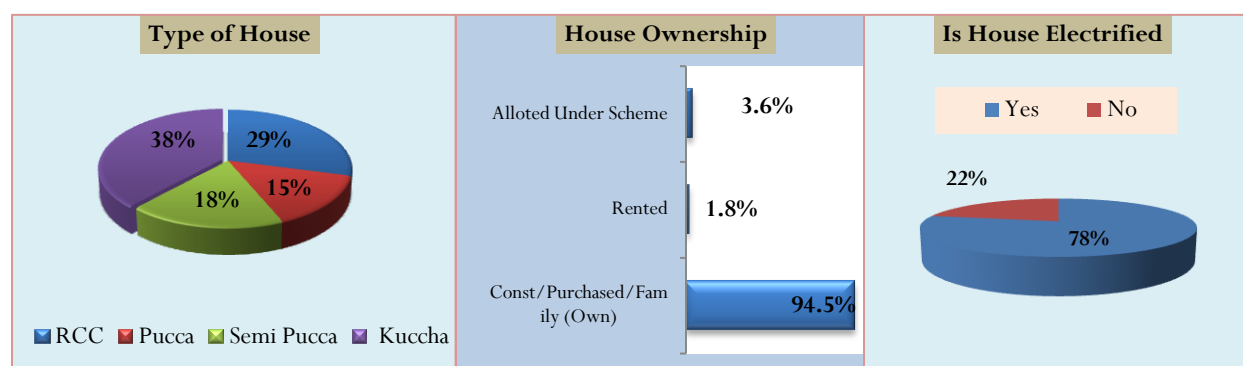
Facilities Existing within 5 kms.
Public Telephone Booth (Parbelia)
Weekly Market (Sarbori)
PDS Shop (Sarbori)
Post Office (Neturia)
Police Station (Neturia)
Gram Panchayat Office (Bhamuria)
Pre-Pri/Nursery School (Bhamuria)
Govt Secondary School (Neturia)
Higher Secondary School (Bhamuria)
Primary Health Centre (Bhamuria)
Dai (Trained/Untrained) (Bhamuria)

Facilities Existing more than 5 Kms
Railway Station (Madhukunda)
Cooperative Society (Asansol)
Block Development Office (Ramkanali)
Taluk Headquarters (Raghunathpur)
District Headquarters (Purulia)
Warehouse (Raghunathpur)
APMC/Mandi (Asansol)
Charitable Primary (Asansol)
Pvt Secondary School (Kulti)
ITI/Polytechnic (Raghunathpur)
CHC/Govt Gen Hospital (Harmaddi)
Private Hospital (Barakar)
Ayush Hospital (Asansol)
Veterinary Clinic (Gobag)

5.10.1. Household Status

Type of house & ownership Status

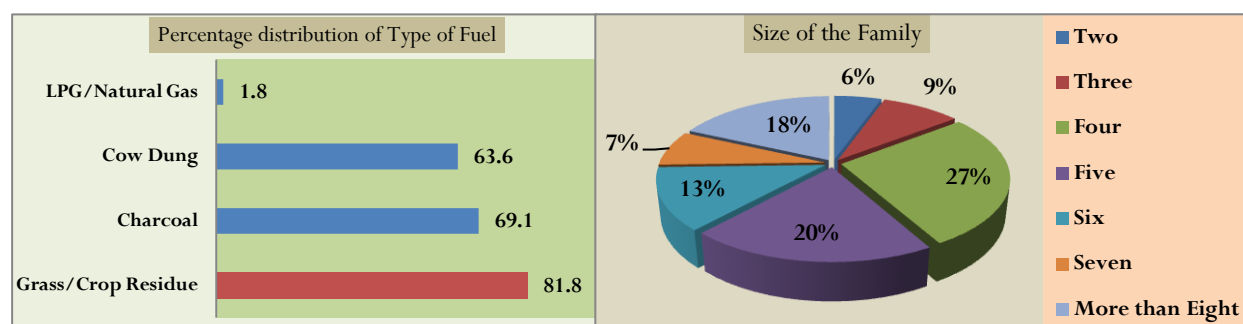
In the village majority of the houses which is approximately 38 percent of the total is of Kuccha in nature. Similar to that 29 percent of the houses are RCC and remaining has been constituted with Semi Pucca and Pucca which are 18 percent and 15 Percent respectively. In the village almost all the houses are self owned or Constructed/Purchased by the family itself which is approximately 94 percent. Around 4 percent of the people reported that they have been allotted houses under the scheme of Gharkul Yojana and Indira Aawas Yojana. Remaining 2 percent of



the houses are rented. Of the total respondents it was reported that 78 percent of them are having electricity in their houses and with regard to the registered papers of the houses almost 95 percent of the people have it.

5.10.1.1 Type of Fuel and Size of the family:

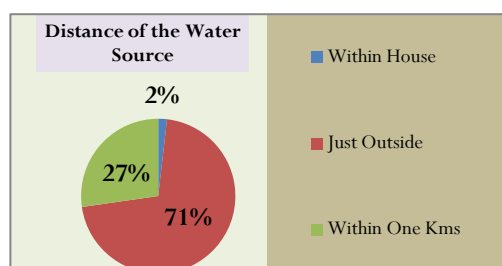
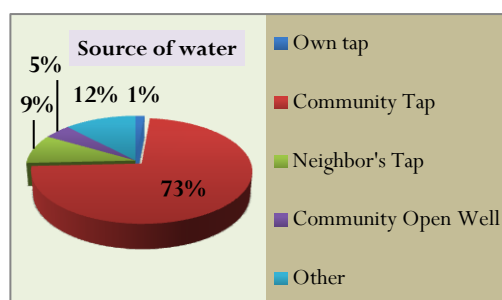
With regard to the major type of fuel used in the village people reported that they use Grass/Crop residue and wood in order to meet their domestic and household needs. It was found that almost 81.8 percent of the people use Grass crop residue and wood as fuel in the village. Followed to that are used as major fuel in the village is Cow Dung with people reporting approximately 63.6 percent. Charcoal is also used by almost 69.1 percent of the people whereas other type of fuels



such as LPG/Natural Gas is also used by the people but their percentage wise availability is very low. In the Nawada village majority of the people reported that the size of the family ranges from four to five on an average. It was reported by 27 percent of the people that they have four members in the family followed to that 20 percent of the people said that they have five members. Important aspect is that in the village large size of family is very high i.e. more than eight members is around 18 percent of the total.

5.10.2. Water Availability:

It was reported that almost more than 73 percent of the people are dependent upon the Community tap for the drinking water and water for domestic uses. Followed by this other major

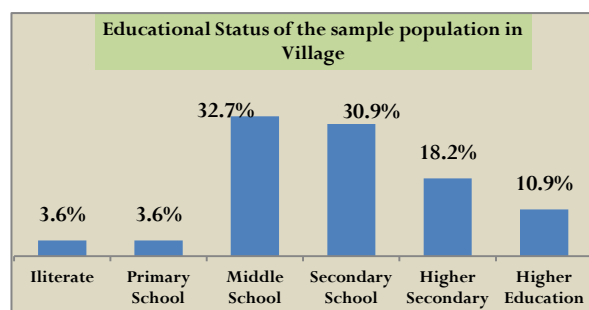


sources of water is neighbor's Tap which constitutes approximately 9 percent. In the Nawada village the percentage of houses having their own taps and hand pumps is very less around 1 percent. It was reported that majority of the respondents which is approximately 71 percent have access to water facility located just outside the houses which are basically the community taps and hand pumps. 27 percent of the people said that their source of water is located within one Kms which may be the tap provided by Govt/Panchayat etc or community tap or community open well etc. Only 2

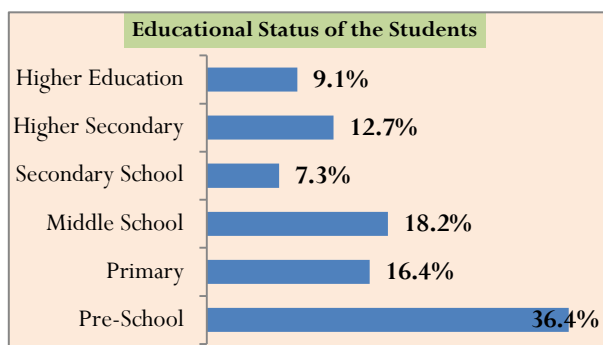
percent of the people have said that they have source of water within the house.

5.10.3. Education:

With regard to the educational status of the village it was reported that majority of the people have completed their education till Upper Primary which comprises of approximately 33 percent of the respondent. Next to that 31 percent each have said that they have completed their Secondary Level Schooling. Followed to this approximately 18 percent of the people have completed their education upto Higher secondary school. The remarkable issue which was



identified is that 11 percent of the respondents have completed their Higher Education. In the village those who have completed their Primary Level schooling is 4 percent and remaining 3

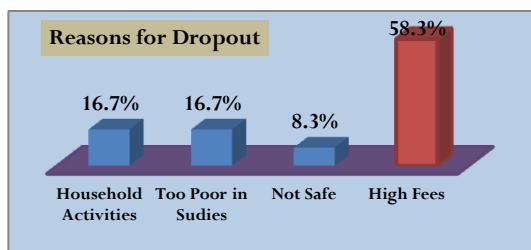


percent are Illiterate. In the village majority of the students reported of being involved in their pre-schooling which is approximately 37 percent. Approximately 18 percent of the people said that they have completed their Upper Primary Level Schooling. Followed to which is those who are involved in the Primary Schooling and Higher Secondary which are

approximately 16 percent and 13 percent each among the respondents. In the village around 9 percent of the respondent said that they have completed their higher Education.

5.10.3.1 Reasons for dropout in the Village:

There were four major reasons identified in the village of them most prominent are High fees and Getting Involved in Household activities. With regard to high Fees approximately 58.3 percent of the people have agreed that they are the major reasons for drop out in the village. Being too



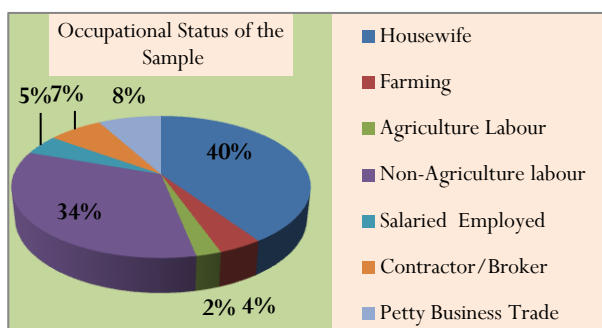
poor in the studies and getting involved in Household Activities is also a reason for the drop out in the village which is reported by approximately 16.7 percent of the people. Going to school is also considered as a major reason for the dropout of the

girls in the village.

5.10.4. Occupation:

Occupational Status of the Village:

Approximately 40 percent of the women in the village reported of being housewife in the village. In the village most prominent occupation after being 'Housewife' which was found is those as Non-Agricultural Labour with 34 percent of the population. Being engaged as salaried Employed was reported as the

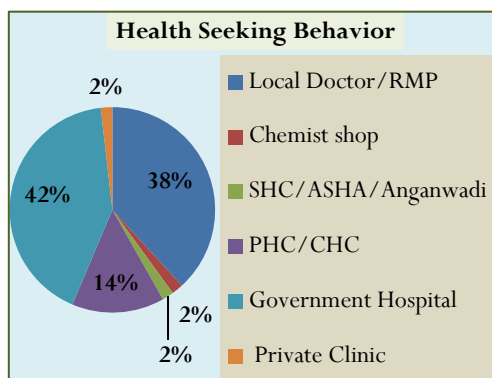


second most prominent occupation in the village. Here approximately 8 people reported that they are involved in it. Contractor/Broker approximately constitutes 7 percent of the population followed to which is Agriculture labor, Petty/Business trade etc.

5.10.5. Health

Health Seeking Behavior

Whenever a family member falls sick majority of people which is approximately 41.8 percent each in the village reported that they approach to the Government Hospital to get health services.

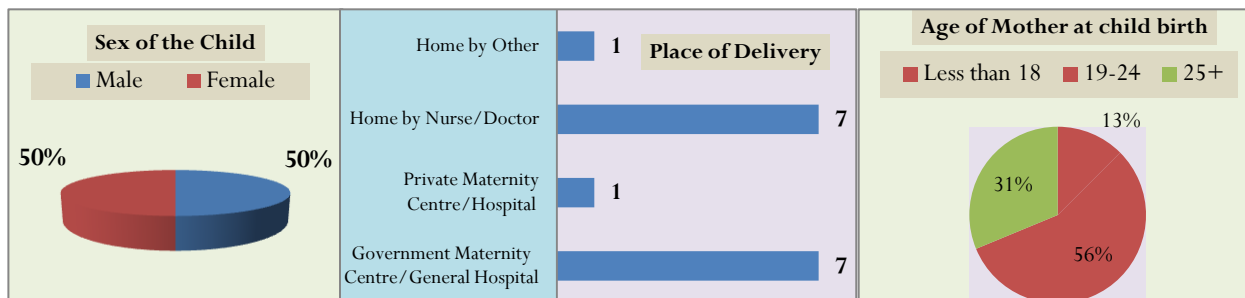


Followed to which 38.6 percent of the people agree that they visit to the Local Doctor/RMP in case of any major and minor ailments. 14 percent of the people also said that they prefer going to CHC/PHC but the percentage of people who agreed that they prefer to go to the ASHA/Anganwadi worker has been found to none exist in the village. The remarkable issue is that the people in the village are less fond to access Private clinic and

Hospitals, may be due to the reason that it might be very costly as compared to Government hospital.

5.10.5.1 Maternal Health:

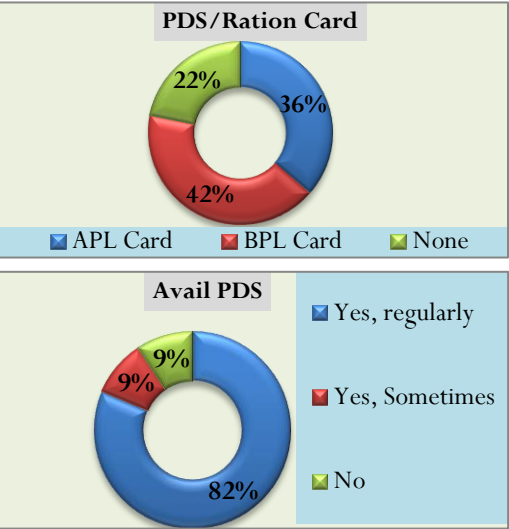
Out of the total children born in the village which is 16 it was reported that 8 are Males and another 8 are females too. With regard to the place of delivery it was informed that almost 7 births in the last three years have taken place in the Government Maternity Centre/General Hospital and home based deliveries by doctors each. In the village there are also 1 birth is non-Institutional in Nature. The remaining 1 birth has taken place in the Private Maternity Centre/Hospital. On asking all the women who have given birth to any children it were found



that approximately 56 percent of the women have given birth to her first child when she was in between 19 -24 years of age. Approximately 31 percent of the women have reported that they have given birth to her child when she was 25+ years of age. It was also found in the village that 13 percent of the women gave birth to children.

5.10.6. People having PDS/Ration card and those availing it

Among the entire respondent in the village it was reported that 42 percent of them have BPL



card available with them followed to this it was also reported that 36 percent of the people have APL card with them.

The remaining 22 percent of the respondent agreed that they do not have any card available with them. With regard to the people availing PDS Around 82 Percent of them avail it. Followed to which the remaining category of those availing but only sometimes and those availing not at all are 9 percent each respectively in the village.

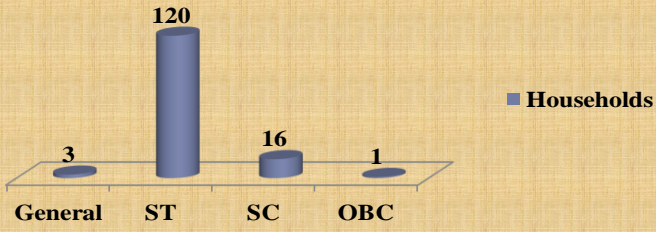
5.10.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the village in order to improve the status of education educational materials shall be provided in the school in order to develop interest of the students towards education. • In the village at primary level and High School quarterly competitions shall be conducted by CIL and prizes shall also be provided which will encourage students more towards developing their extra-curricular skills. • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • Some yearly prizes shall be also introduced by the CIL for the students who perform well in the yearly examinations. It shall be noted that teachers shall be made effective partners into this with regard to identify the children.
Water Supply	<ul style="list-style-type: none"> • In the village a serious need of Community bore wells or Hand Pumps are required as the people of the village use canal water for drinking and domestic purposes. Water being the most crucial need in the village water shall be provided in extreme summer seasons.

	<ul style="list-style-type: none"> Also rainwater management methods shall be provided in the village in order to recharge the ground water.
	<ul style="list-style-type: none"> The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. Medical health camps is needed this can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> In total there are 10-12 street lights are required in the village in order to make it convenient for the people to travel or passing of vehicles during night.
Livelihood	<ul style="list-style-type: none"> If people in the village can be provided some vocational skills such as in Mobile Repairing, Electric materials etc they can start their own small scale business. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

Social Empowerment	<ul style="list-style-type: none"> • SHG (both Male/Female) shall be formed and promoted in the village. With the monetary support provided by the CIL they can also start some economic activities.
Infrastructural Development	<ul style="list-style-type: none"> • In the village a community hall is required where the people can gather and other social function can take place.

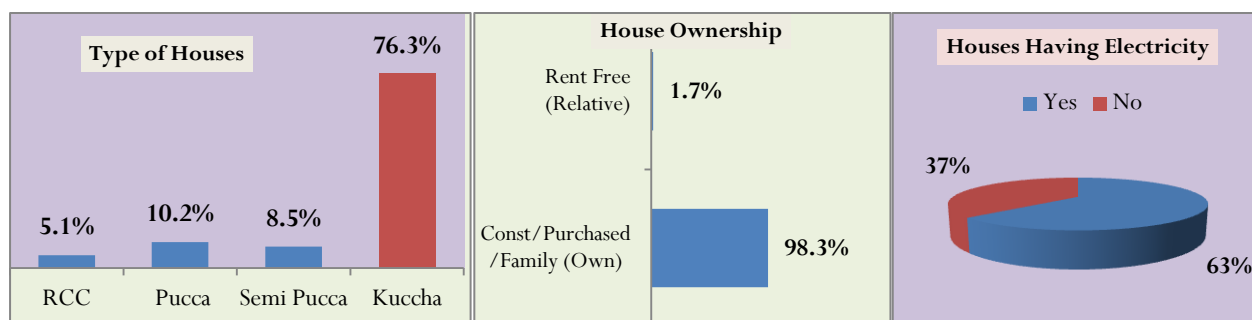
5.11. Alkusha

Facilities Available in the village		Facilities Existing more than 5 Kms				Facilities Existing within 5 Kms.					
Grocery Shop		Police station (Neturia)				Cement/Tar Road (Parbelia)					
Pri-Pre/Nursery School.		Cooperative Society (Gobag)				Bus Stop (Parbelia)					
Govt Primary School.		Block Development Office (Gobag)				Public Telephone Booth (Madhukunda)					
		Taluk Headquarters (Raghunathpur)				Daily Evening Market (Madhukunda)					
		District Headquarters (Purulia)				Weekly Market (Madhukunda)					
YEAR		2011		Warehouse (Parbelia)				PDS Shop (Bhamuria)			
HOUSEHOLDS		140		Pvt Primary School (Raghunathpur)				DTP/Xerox Centre (Madhukunda)			
POPULATION		750		Pvt Secondary School (Raghunathpur)				Post Office (Bhamuria)			
Forest Produce		ITI/Polytechnic (Asansol)				Railway Station (Madhukunda)					
Coal Collection		Yes		Vocational Training (Parbelia)				Gram Panchayat Office (Bhamuria)			
Cultivation		Yes		CHC/Govt Gen Hospital (Harmaddi)				Bank for S/B Account (Sarbori)			
Chief Crop Name		Area		Private Hospital (Barakar)				APMC/Mandi (Madhukunda)			
Paddy		98 acres		Ayush Hospital (Asansol)				Charitable Primary (Madhukunda)			
RELIGION		House holds		Veterinary Hospital (Asansol)				Govt Secondary School (Bhamuria)			
HINDU		140		Dai (Trained/Untrained).				Charitable Secondary (Madhukunda)			
						Higher Secondary School (Bhamuria)					
						Degree College (Sarbori)					
Land Distribution (In Acres):											
Total Area	Non- Irrigated		Grazing	Forest	Wasteland						
493	98		12	74	89						

5.11.1. Household Status

In the village the maximum number of houses was reported as Kuccha followed to which are Semi Pucca and Pucca houses which are 76 percent and 10 percent respectively. Those having the RCC Houses are very low approximately around 5 percent. Also the house ownership pattern of the village explains that maximum number of the houses are constructed by own or they have purchased it. Few people have also houses which are rent free given or provided by the relatives.

5.11.1.1 Status of the Houses with Registered Papers & Having Electricity:



In the village among the respondents it was reported that around 90 percent of them hold the registered papers of the houses and similar to that 63 percent of the people have electricity in their houses.

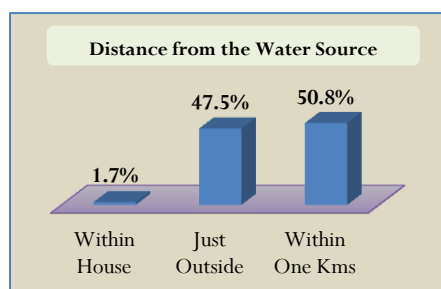
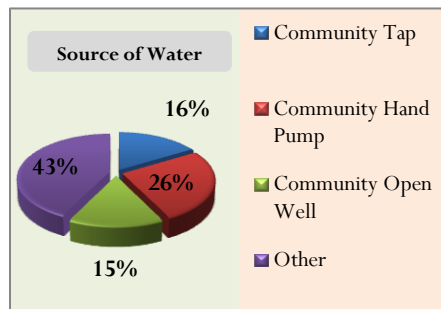
Type of Fuel:

The Four major *Types of fuel* used in the village are **Grass/Crop Residue and wood** which is used in almost all the houses. Coal and **Charcoal** are second major fuel used in the houses which is approximately 55.9 Percent. Along with Grass/Crop Residue and Coal/Charcoal 40.7 percent of the people also reported of using Cow dung in their houses. Very few houses in the village equivalent to 1.7 percent use LPG/Natural Gas for all domestic and cooking purposes.

In the village approximately 27.1 percent each of the people reported of having four to five members in the family. Followed to which 22 percent of the respondent is having three members in the family. In the entire village there is a diverse pattern of family size ranging from only one to more than eight.

5.11.2. Water Availability

In the village people reported that the majority of source of water is in the “other” category. This



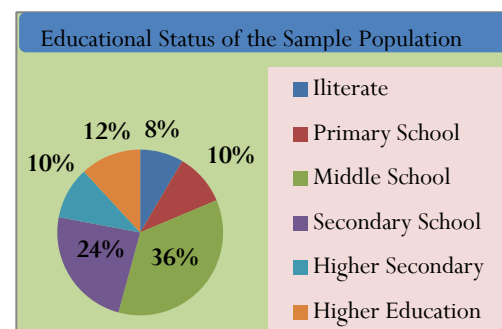
implies that the larger part of the village take water from the village pond located at the end of the village. Followed the above source people have community Hand Pumps and Community taps which are 26 percent and 16 percent respectively. There is also provision for the community hand pumps which is used by approximately 15 percent of the population. In the village a very few or less percentage of people have the water Source in their houses which is approximately less than 2 percent in the entire village. Having the water source just outside the houses is around 47.5 percent. The most important issue in the village is about the drinking water problem and for that as per the

respondents more than 50 percent of the people have water source within one Kms.

5.11.3. Education

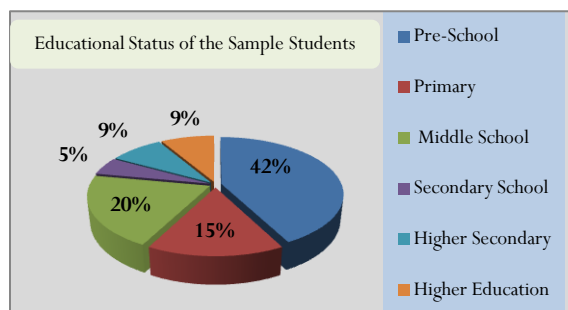
Educational Status of the Village:

In Alkusha the educational status of the respondent explains that 36 percent have completed their education till Upper Primary which is followed by the Secondary level Schooling which is approximately around 24 Percent. It should also be noted that around 12 percent of the people have completed their Higher Education. Higher Secondary education and Primary education has been attained by 10 percent each by the people. The percentage of illiterate people those who



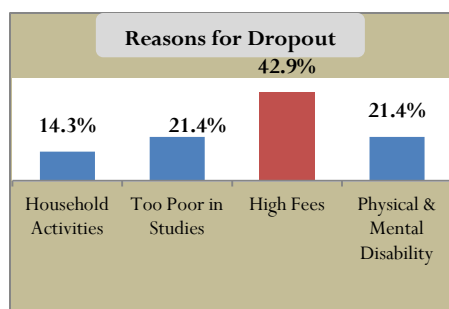
were our respondent were around 8 percent. In the village those students are studying majority of them are involved in the Pre-School which is 42 percent approximately followed by Upper Primary level education which is approximately 20 percent. In the Primary Schooling approximately 15 percent of the children are involved. In the village approximately 9 percent of the students are engaged in the Higher Education and same in the Higher Secondary also. There

were four major reasons reported by the people with regard to dropout in the village. The major



reason cited in the village for dropout was for High Expenses which was approximately reported by 43 percent of the respondent. Though the education is free in Primary and secondary level schooling but as the students move to higher secondary or for Higher Education other expenses are very high such as with regard to transportation,

books, Tuition Classes etc. In the village people also reported that since being poor in the studies



also was a major reason for them to leave the school.

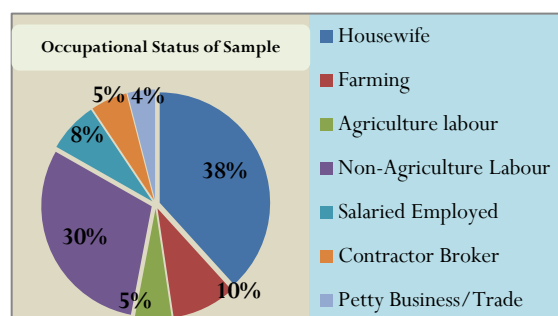
Around 21 percent of the people also said that they were having some form of Physical or Mental disability which also acted as a reason to leave the school. Though Being involved in the Household Activities is also a major cause for getting dropped out, here in the village it is at the bottom level then also the percentage is quite high which is

approximately 14 percent of the total.

5.11.4. Occupation:

Occupational Status of the Village:

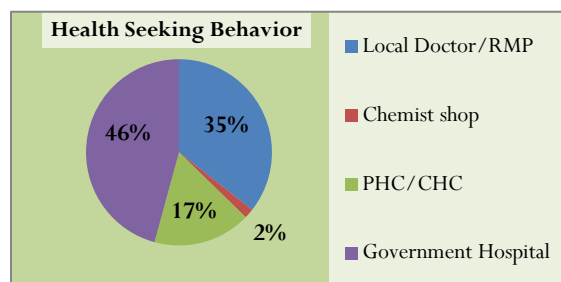
In the village approximately 38 percent of the women reported as being the Housewife. In the village most dominant occupation is Non-Agricultural activities which accounts for approximately 30 percent of the population. In the village among the major problems drinking water and lack of irrigation facility are on top priority. After the Non-Agricultural activities in the village Farming activities constitute the majority of the population with 10 percent approximately. Around 8 percent of the people reported of being involved as salaried employed. The other occupational areas are also available in the village such as Agriculture Labour, Contractor Broker etc.



5.11.5. Health

Health Seeking Behavior:

Majority of the people in the village agreed that they visit to the Government Hospital in case of any health related issue followed to that they prefer visiting the Local Doctor/RMP which are

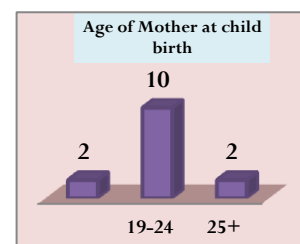


approximately 46 percent and 35 percent respectively. It was also found in the village that almost 17 percent of the people go to the PHC/CHC for the treatment of their minor and major ailments. There is also a chemist shop available nearby village where around 2 percent of

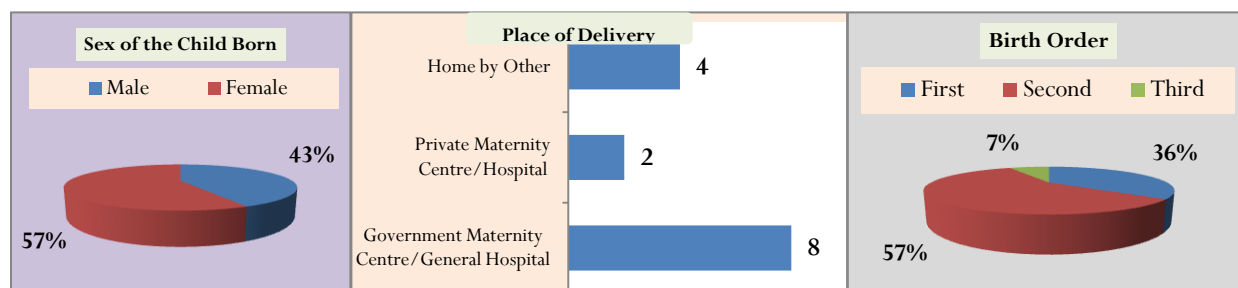
the people said that they visit to them in case of any health problem.

5.11.5.1 Maternal Health:

Out of the total 14 birth taken place in the village 8 are the female child and remaining 6 are the male child. Of all the births taken place in the village majority of them have taken place in the Government Maternity Centre/General Hospital. The percentage of births which have taken place in the Government Institutions is around 57 percent and followed to which is the Deliveries taken place at home by other person. Thus it shall be

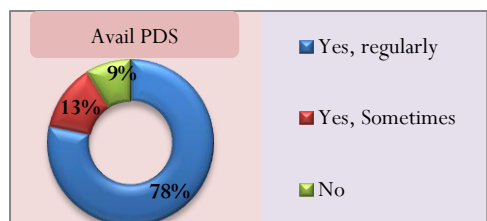
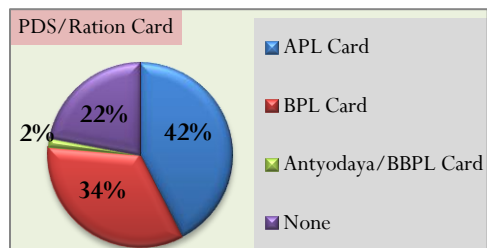


noted that a high percentage of Non-Institutional Births have taken place in the village. The remaining 14 percent of the births have taken place in the Private Maternity Centre/Hospital. In the village there were signs of those mothers giving birth to the child in less than 18 years of age. Out of the total 14 births 2 have been taken from those mothers who are or were less than 18 years of age at that time. While majority of the births have taken place from the mother's in the age group 19-24. Similarly there were also mother's in the age group 25+ found in the village.



Those women who were asked questions with regard to their birth history it was found that the majority i.e. 8 out of 14 women are having their second birth order. Similarly 5 women are having their first birth order in the village. There was only once incidence of 3rd birth order among the women who were interviewed.

5.11.6. PDS/Ration Card available with the people:



In the village approximately 42 percent of the people hold APL Card and around 36 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 2 percent hold it. In the village 22 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 78 percent of them avail food grains and other benefits of PDS. On the other hand 9 percent also reported that they do not avail it. As the reasons which

were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 13 percent of the population said that they avail it but only sometimes

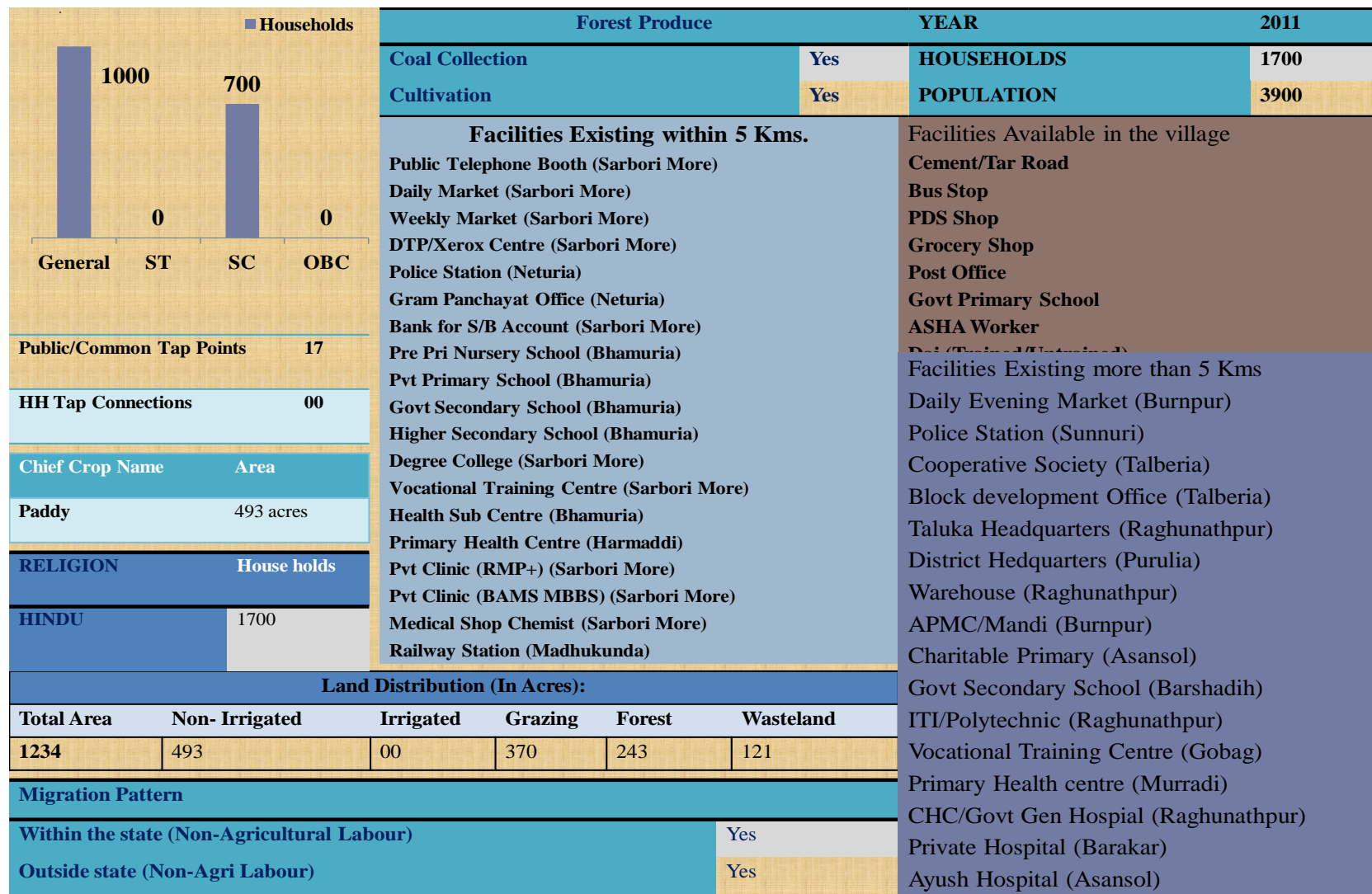
5.11.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the village in order to improve the status of education among children educational materials shall be provided in the school in order to develop interest of the students towards education. • In the village at primary level and High School quarterly competitions shall be conducted by CIL and prizes shall also be provided which will encourage students more towards developing their extra-curricular skills. • Vocational training in schools should be provided like Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • Some yearly prizes shall be also introduced by the CIL for the students who perform well in the yearly examinations. It shall be noted that teachers shall be made effective partners into this with regard to identify the children.
Water Supply	<ul style="list-style-type: none"> • The problem of drinking water is very crucial problem in this village also when compared to other villages too. Only one tube well water of which is in very poor condition. The families in the village use the water from a canal which is located at the end of the village when the tube well is not working. • In the village water is the most vital requirement currently. With regard to bring the availability of water in the village through the method of community mobilization water Shed management programme can start in village. Those organisations working in the field of water management shall be encouraged to take initiative in the region. With regard to mobilize and inform people regarding the importance of watershed management issues they can be given or shown some successful examples from nation.

	<ul style="list-style-type: none"> Also rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. Medical health camps is needed this can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> In the village there has been demand for the Solar Street Lights since in the evening or at night it becomes difficult for the people to travel or go outside. The Important concern is that the village Panchayat or head must take responsibility of it.
Livelihood	<ul style="list-style-type: none"> If people in the village can be provided some vocational skills such as in Mobile Repairing, Electric materials etc they can start their own small scale business. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

Social Empowerment	<ul style="list-style-type: none"> • SHG (both Male/Female) shall be formed and promoted in the village. With the monetary support provided by the CIL they can also start some economic activities.
	<ul style="list-style-type: none"> • As per reported by the people if a bridge will be constructed over the natural canal which is located at the end of the village it will be very beneficial for the village people. The distance for the Health Centre and Physical institutions such as railway station which is now 8-10 Kms will be reduced to 2-3 Kms. Also people can access to the hospital located at Madhukunda more easily.

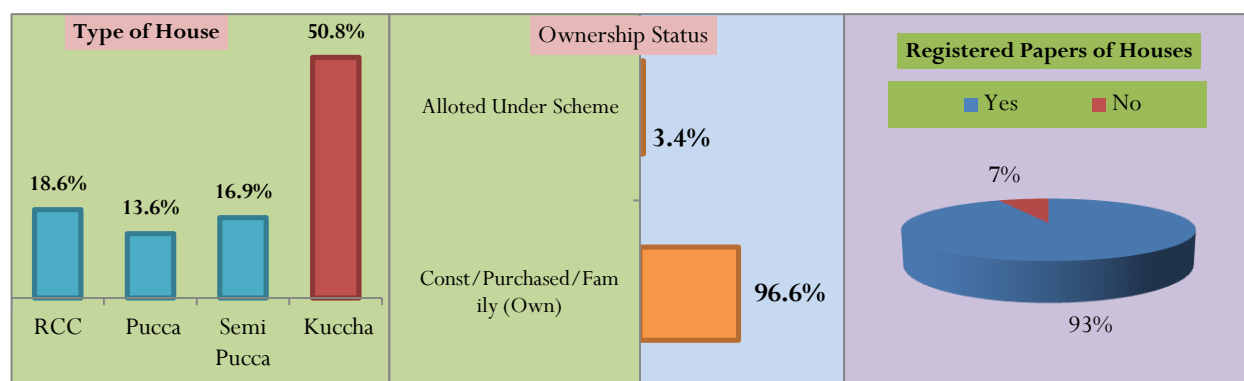
5.12. Bonra Village



5.12.1. Household Status

Type of Houses & Ownership Status

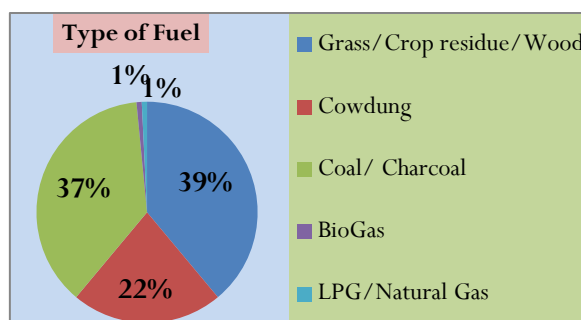
In the Bonra village most of the houses are of Kuccha which is approximately 51 percent of the total and it is followed by RCC houses which are 19 percent of the total Houses. With regard to Semi Pucca and Pucca they are comprised of 17 percent and 13 percent respectively. Also in the village almost all the houses which are approximately 97 percent people have their own houses and remaining 3 percent are allotted under Scheme.



The above mentioned 5 percent of the houses are provided under Indira Aawas Yojana. Out of the total respondents we were told that around 94 percent of them have them have registered papers of their houses. Among the total respondents it was reported that 81 percent of them have electricity in their houses.

5.12.1.1 Type of Fuel

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 39 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Coal/Charcoal is another source of fuel which is used by approximately 37 percent of the total respondents. Followed to which is the Charcoal for which around 22 percent of the people reported that they use it as fuel. Other types of fuels such as LPG and Biogas are also available but their percentage of availability is very less.

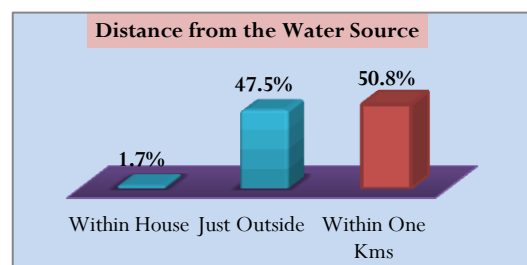
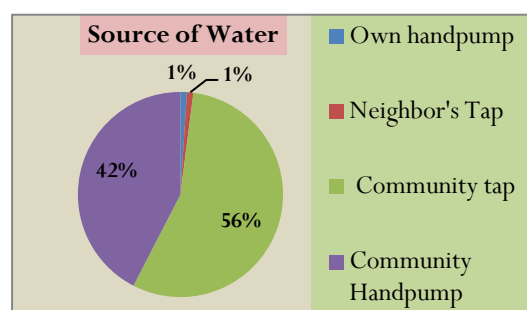


5.12.1.2 Size of the Family

As it can be observed that majority of the people have reported that they agree upon that on an average there are four members in the family. Since 30.5 percent of the people agreed that the family size is approximately four in number. In the village Families having three members have also been reported by approximately 23.7 percent of the people. In the village there is a diverse variety of family size ranging from only two members to More than eight.

5.12.2. Water Availability

In the village people reported that the majority of source of water used is from community Tap



which comprises of about 56 percent. Followed by the above source people have community Hand Pump which is about 42 percent from which the people use water for domestic and drinking purpose. Approximately 1 percent of the people use Neighbor's Tap to take water. Remaining sources of water are

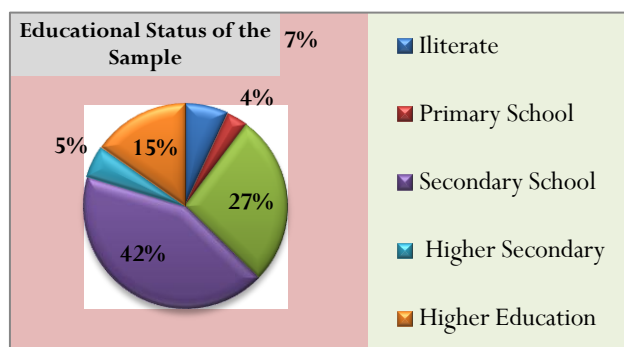
Own Hand Pump in the village which is also 1 percent of the total. In the village only 1.7 percent of the people reported about the source of water in their houses. Having the water source just outside the houses is around 47.5 percent. The most important issue in the village is about the drinking water

problem and for that as per the respondents more than 50.8 percent of the people have water source within one Kms.

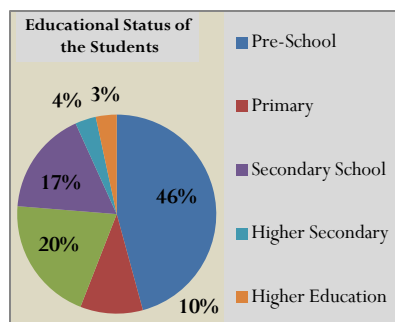
5.12.3. Education

Educational Status of the Village

In Bonra the educational status of the respondent explains that 42 percent have completed their education till Secondary level which is followed by the Upper Primary Level Schooling which is approximately



around 27 Percent. In the Bonra village approximately 15 percent of the people have completed

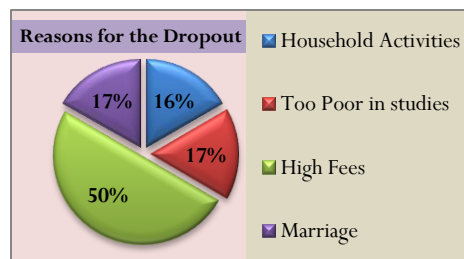


their Higher Education. Moving towards other categories of education it was found that 5 percent of the people have completed their Higher Secondary. Similarly those who have completed their Primary Schooling are 4 percent. It shall be noted that 7 percent of the population has been found as illiterate. In the village those students are studying majority of them are involved in the Pre-School which is 46 percent

approximately followed by Upper Primary Level Schooling and Higher Education which approximately are 20 percent each. In the Secondary Schooling approximately 17 percent of the children are involved. In the village approximately 10 percent of the students are engaged in the Primary School and in the Higher Secondary School 4 percent are involved.

15.12.3.1 Reasons for the Dropout

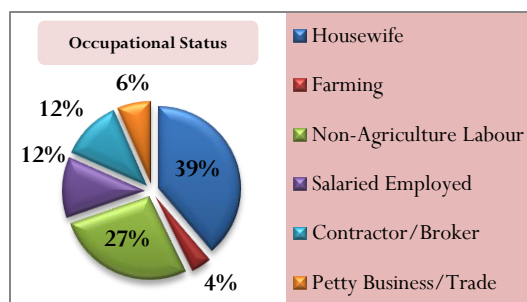
In the village approximately four reasons were identified with regard to the dropouts in the village. Of the major reasons the most dominant was the high fees to study. In the village it was reported that almost 50 or half of the students who dropped out from the school said that the main reason for them to leave education was high fee. The other reason which was reported by the people is Marriage, Being Too Poor in Studies and responsibilities of the households.



5.12.4. Occupation

Major Occupation of the Village

In the village approximately 39 percent of the women reported as being the Housewife. In the village most dominant occupation is those having Non Agriculture Labor which accounts for approximately 27 percent of the population. The major problems drinking water and lack of irrigation facility are on top priority. Salaried Employed and Contractor/Broker are almost equally available in the village i.e. 12 percent each

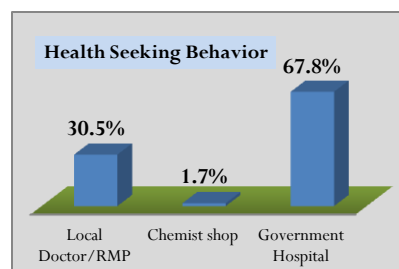


of the total respondents. Around 6 percent of the people reported of being involved as having Petty Business/trade. There is only 4 percent of the population reporting for being engaged in the Farming.

5.12.5. Health

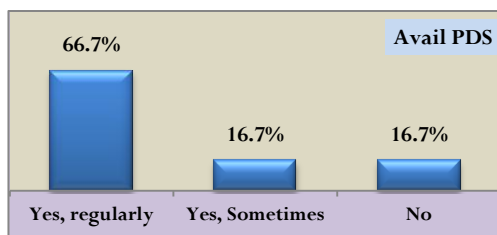
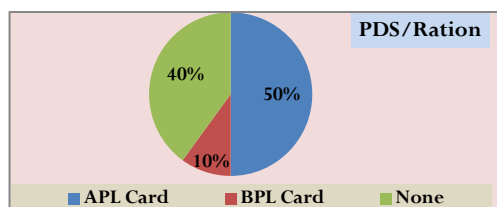
Health Seeking Behavior

It was reported by the people that they mostly visit the Government Hospital in case of any illness as 67.8 percent of the people reported for it. It was found that 30.5 percent of the people visit Local Doctor/RMP for the treatment of their major and minor ailments. Apart from these two approximately 1.7 percent of the people also agreed that they visit Chemist Shop in case of any minor and major ailments. Though the cost is higher in the private Clinics but people also said that in case of emergencies they do not have any choice.



5.12.6. People having PDS and Ration card and availing it

Approximately 50 percent of the people in the village have APL card but at the same time it was also found that almost 40 percent of the people do not possess and ration or PDS card.



The people or family holding the BPL card is approximately 10 percent. In the entire village those having Antyodaya BPL card is very less i.e. around 2 percent only. In the village almost 66 percent of the people reported that they avail PDS regularly. Also 17 percent reported that they avail PDS but sometimes. 17 percent of the people also reported that they do not avail PDS.

5.12.6. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education. • In the primary school of the village there is no drinking water facility. 24-25 both High and Low benches required in the school. • No plates are available in the school for Mid-Day meal (Somebody stole them). Area of the school is 42 dismil, if a park or playing ground for the primary school children should be constructed. It was even reported that within the compound of the school a small playground is required.
	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with.

	<ul style="list-style-type: none"> Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> Street lights are needed
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the

	<p>village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village.</p> <ul style="list-style-type: none"> • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. • Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and techniques will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals
Sanitation	<ul style="list-style-type: none"> • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> • Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet is needed in primary school • Street lights are required in the village. 15 poles are required for entire village, (Solar or electric) • Community hall is required in the village as a place for public gathering, also where the marriages and other social function can take place. • Playground is there in the village but the spectators do not have any place to sit.

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- No Health centre is available in the village; nearest health institution is located at 3 and 5 Kms away. People suffer a lot of problem during emergency situation.
 - Roadside solar lights are required. Along with the street light in the village roadside plantation is required.

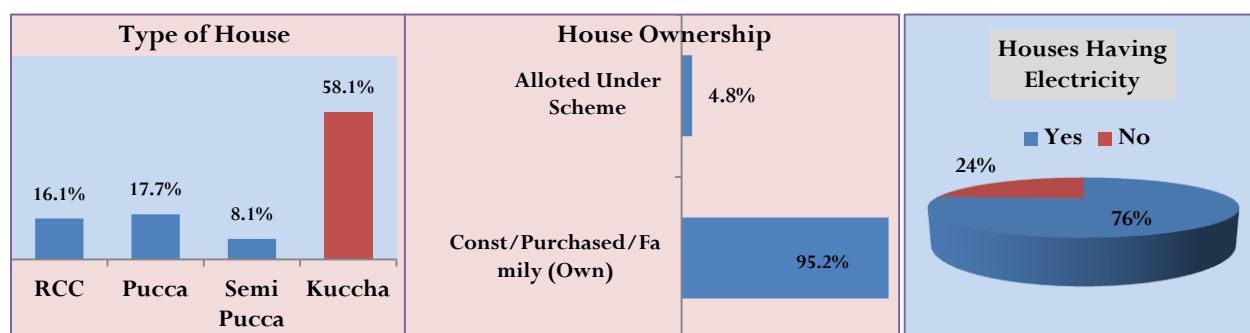
5.13. Ashamboni Village

Facilities Available in the village		Facilities Existing within 5 Kms.						Facilities Existing more than 5 Kms									
Playground		Bus Stop (Disergarh)						Public Telephone Booth (Sarbari More)									
Samaaj Mandir		Daily Evening Market (Parbelia)						DTP/Xerox Centre (Sarbari More)									
Cement/tar Road		Weekly Market (Parbelia)						Railway station (Madhukunda)									
Pre-Pri Nursery School		PDS Shop (Bhamuria)						Police Station (Neturia)									
Govt Primary School		Grocery Shop (Bhamuria)						Cooperative Society (Gobag)									
YEAR		2011		Post Office (Bhamuria)						Taluk Headquarters (Raghunathpur)							
HOUSEHOLDS		100		Gram Panchayat Office (Bhamuria)						District Headquarters (Purulia)							
POPULATION		564		Bank for S/B Account (Parbelia)						Warehouse (Madhukunda)							
Forest Produce												APMC/Mandi (Asansol)					
Cultivation		Yes		Govt Secondary School (Bhamuria)						Charitable Primary (Asansol)							
Chief Crop Name		Area		Pvt Primary School (Bhamuria)						Charitable Secondary (Asansol)							
Paddy		962 acres		Higher sec School (Bhamuria)						Pvt Secondary School (Asansol)							
RELIGION		House holds		Health Sub Centre (Bhamuria)						Degree College (Sarbari More)							
HINDU		98		Medical Shop Chemist (Parbelia)						ITI/Polytechnic (Raghunathpur)							
Muslim		02		ASHA Worker (Bhamuria)						Vocational Training Centre (Raghunathpur)							
Land Distribution (In Acres):												Primary Health Centre (Harmaddi)					
Total Area		Non- Irrigated		Irrigated		Grazing		Forest		Wasteland		CHC/Govt Gen Hospital (Raghunathpur)					
1456		1061		00		49		74		197		Pvt Clinic (RMP+) (Sarbari More)					
												Pvt Clinic (MBBS BAMS) (Sarbari More)					
												Pvt Hospital (Barakar)					
												Ayush Hospital (Asansol)					
												Veterinary Hospital (Raghunathpur)					

5.13.1. Household Status

Housing Condition:

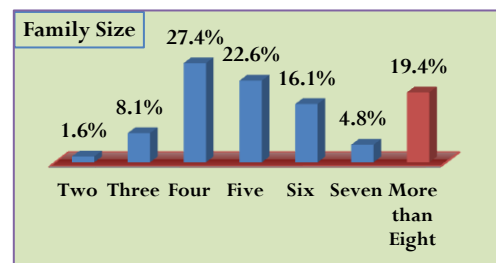
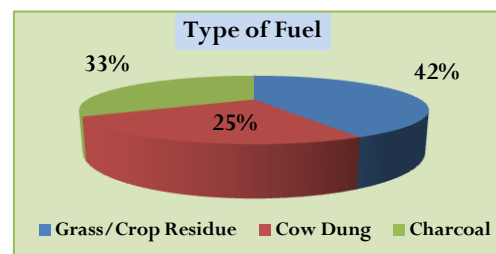
The majority of the Houses in the Asanboni village fall into the category of Kuccha where approximately 58% of the people reported of having the Kuccha houses. Approximately 18% of the people in the village have Pucca houses on the other hand 8 percent of the people reported that they have Semi-Pucca houses.



With regard to RCC 16% of the people fall in that category and remaining two percent have huts/jhopadpatti or in other words they don't have proper place to stay in the village. The ownership of the house in the figure 2 explains that majority of the people have their own constructed/Purchased/Family Houses, followed by the rent Free (Employer's) Land free & Construction own. Very less percentage of people .i.e. approximately around 5% have reported that they have been allotted houses under the schemes such as Indira Aawas Yojana, Gharkul Yojana etc. Of the total houses in the village approximately 76% of the people reported that they have electric connection in their houses. Remaining 24 % said that they do not have electric connection.

5.13.1.1 Fuel Used in the houses and family size:

The Three major **Types of fuel** used in the village are Grass/Crop Residue and wood which is used in almost all the houses. Next to which comes Cow dung and charcoal which is approximately used by half of the

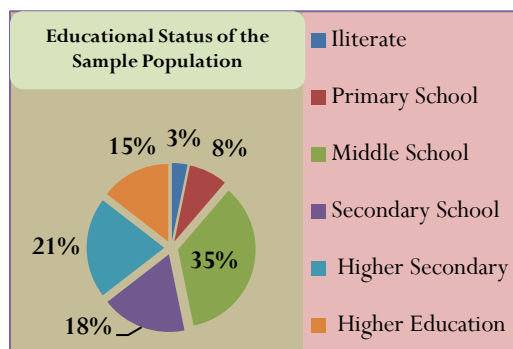


village. As per reported by the people Kerosene is used by least people in the village which is around not more than 2-3 houses. With regard to the size of family maximum respondents reported that there four members in the family. It must also be noted that in the Asanboni Village there exists a wide multiplicity of Family Size ranging from 1 to More than eight also. In Fact on an average after the total size of the family upto four & five, maximum respondents reported of having family size more than eight.

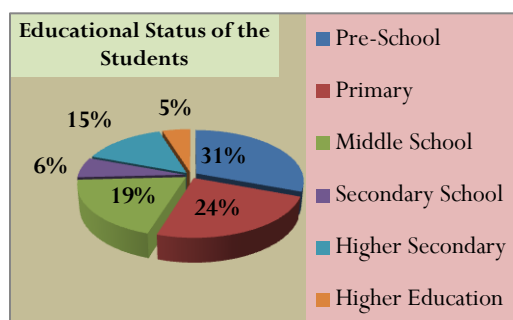
5.13.2. Education:

Educational Status:

The Educational Status of the Asanboni village shows that majority of the respondents have



completed their middle level (5th to 8th standard) schooling which is approximately 35% and followed by Higher Secondary and Secondary with 21% and 18% respectively. Another important factor existing in the village is also that 3% of the respondents were reported as illiterate. The adequate population falls into

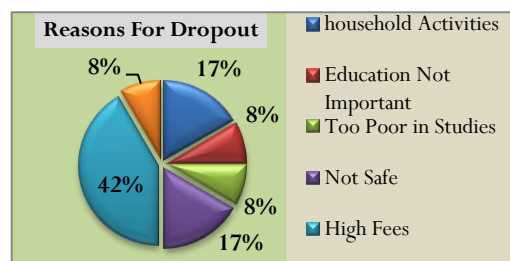


the category of those completed their Higher Education which is around 15%. At present in the village approximately 31 Percent of the students are involved in the Pre-Schooling. Followed by that primary and Upper Primaries have 24 percent and 19 percent respectively. With regard to the higher education which is having adequate percentage i.e. of 15 percent

only. It should be noted that since majority of the students are involved in the Pre-School and Primary/Upper Primarying, which concludes that if they can be motivated and encouraged for higher studies and its relation to career opportunities, significant changes can be brought at village level.

15.13.2.1 Reasons For Dropout:

It was reported to us that the major reason for the dropout from the school was due to High Fees. With

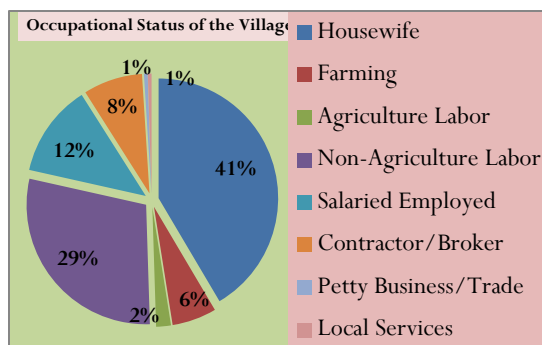


such a high drop out rate with regard to High Fees indicates the clear signs of Poverty and children being seen as an extra hands for earning. Followed by Household activities (17 Percent) another set of people reported students are not safe in school as their major cause for dropout (17 Percent).

5.13.5.Occupation:

Occupational Status:

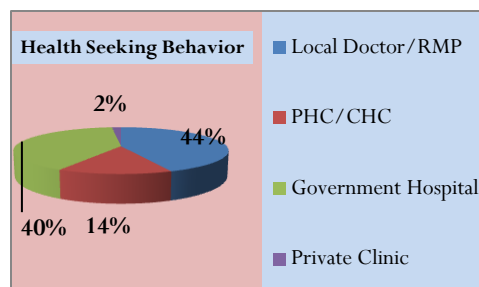
We can observe that the majority of the population is engaged as the Housewives. Followed by Non-Agricultural labour (29%) Unavailability of the water has a significant role in this context. The people in the village reported of having their own lands but water for irrigation is still a major concern for them. Artisan/Contract/Petty Business (12 Percent) is the third most prominent occupation available in the village followed by Contractor/Broker and Farming which are as 8 percent and 7 percent respectively.



5.13.6.Health

Health Seeking Behavior:

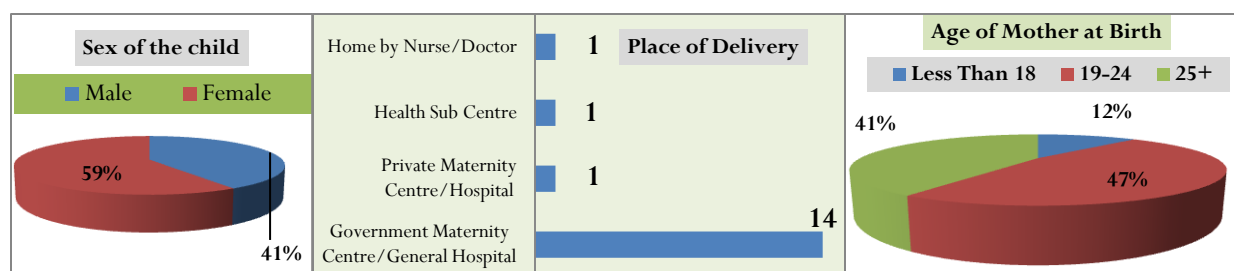
As reported by the people the majority of them visit to the Local Doctor/RMP for any health related Problems. Maximum numbers of respondent i.e. approximately 43 percent of the people are dependent on it. Followed by this People also visit Government Hospitals which is located at Asanboni for their minor and major ailments. The important concern is nobody in the village visit the ASHA and Anganwadi worker with regard to any health problem. In such a situation a serious need arises for capacity Building and Motivate the available ASHA & Anganwadi worker. The concerned agencies or NGO with the help of the key person in the village such as the Sarpanch or Village head shall be involved in order to make people aware about the roles & responsibilities of ASHA & Anganwadi worker.



5.13.6.1 Maternal Health

Sex of the Child Born:

On asking the households with regard to the births in the village in the past three years it was found that 17 births have taken place. Of the total 10 births are female and 7 are male births. It was found in the village that a majority of the births have taken place in the private maternity centre. Out of the total 17 births 14 have taken place in the private Maternity centre. The people also reported that they do not believe in the services provided at the government health institutions. It was also reported that though the services are free but the quality provided is not good. The interesting fact in the village is that no births have taken place from the mothers who are in the age group less than 18. All the 12 births have been given by the women who are above

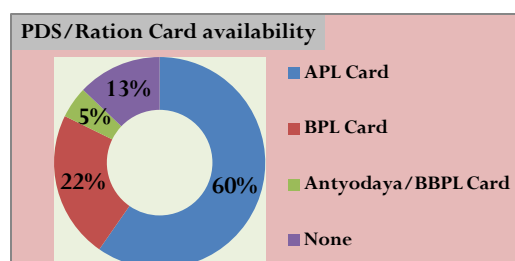


18 years of age.

10 women who have given birth in the last three years agreed that they are having their first birth order. Five women said that they are having their second birth order and remaining 2 women registered that they have third and fourth birth respectively.

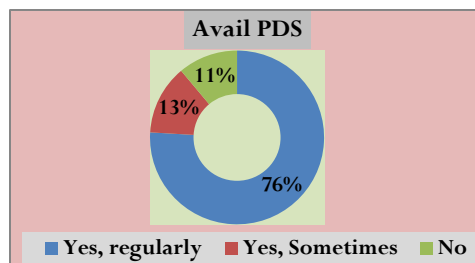
5.13.7. PDS/Ration

In the village approximately 60 percent of the people hold APL Card and around 22 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL



card it was reported that 5 percent hold it. In the village 13 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 76 percent of them avail food grains and other benefits of

PDS. On the other hand 11 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and



having APL Card. Remaining 13 percent of the population said that they avail it but only sometimes.

5.13.8. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with. • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> • In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.

	<ul style="list-style-type: none"> Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and techniques will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals

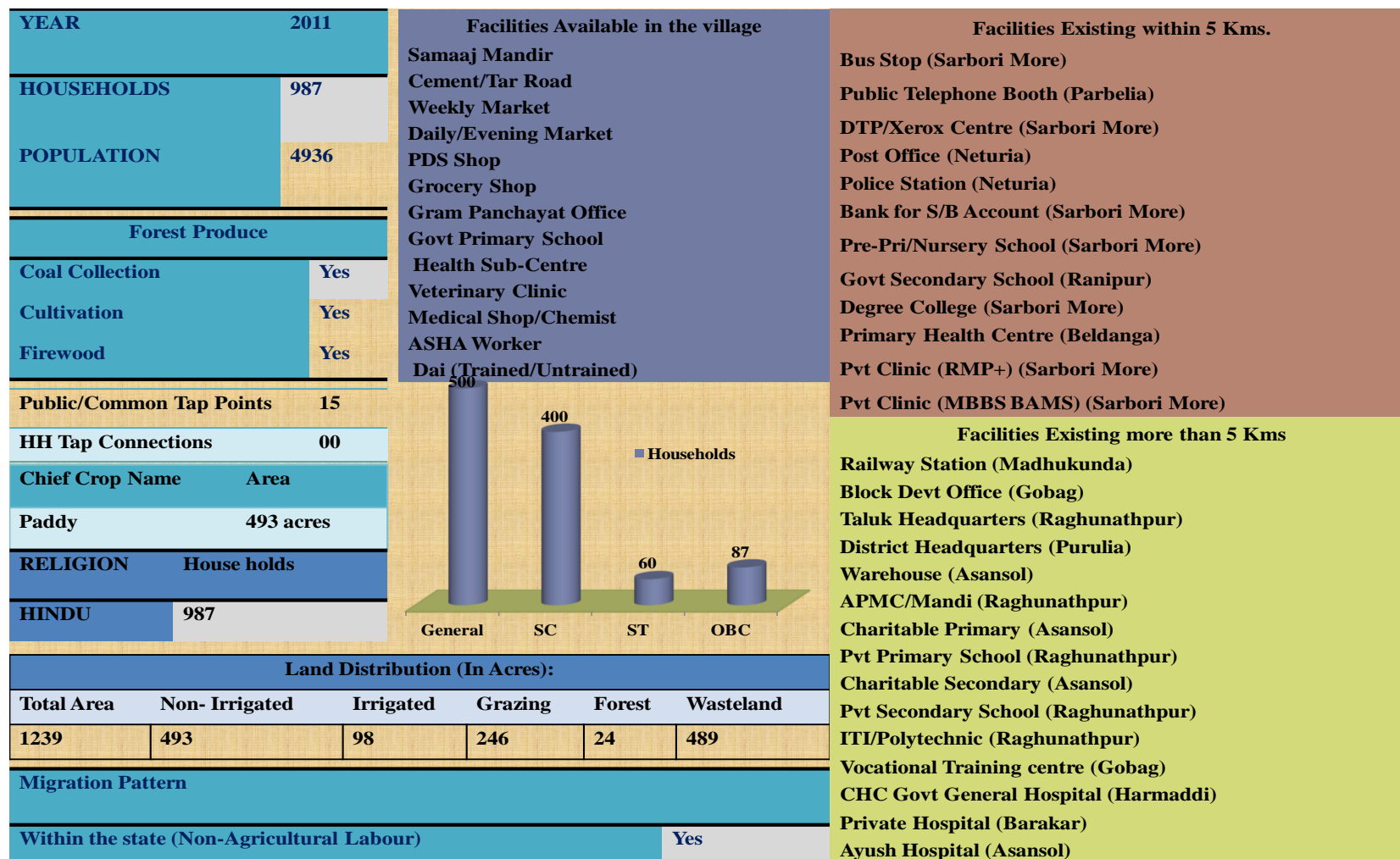
Sanitation	<ul style="list-style-type: none"> In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> Toilet in needed in primary school
	<ul style="list-style-type: none"> No drinking water facility in the school a 400 foot deep tube well is required to get the drinking water. For students to take Mid Day meal a Dining Room is required and one classroom also as there is only one classroom which becomes crowded when attendance is full. Boundary wall is half build which needs to be building completely. It was built few years back but recently half of it broke down. The land of the school needs to be leveled so that children can play. Primary School teacher also requested for having plantation programme inside the school compound. Community Hall is required in the village and people are ready to give land (J.L Number 99, R.S Plot-445). The purpose of the community hall will be for social gathering and having some social function such as Marriages etc. Both Kuccha and Pucca roads are there in the village but demand is to make it complete Pucca so that people can use roads during rainy season completely.



Major Findings from the villages and Recommendations:

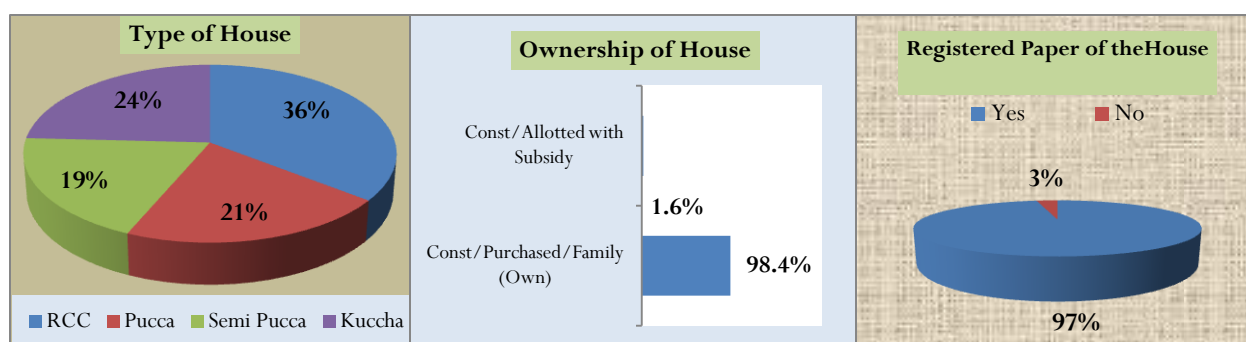
6. Sarbari Gram Panchayat

6.1. Sarbari Village



6.1.1. Household Status

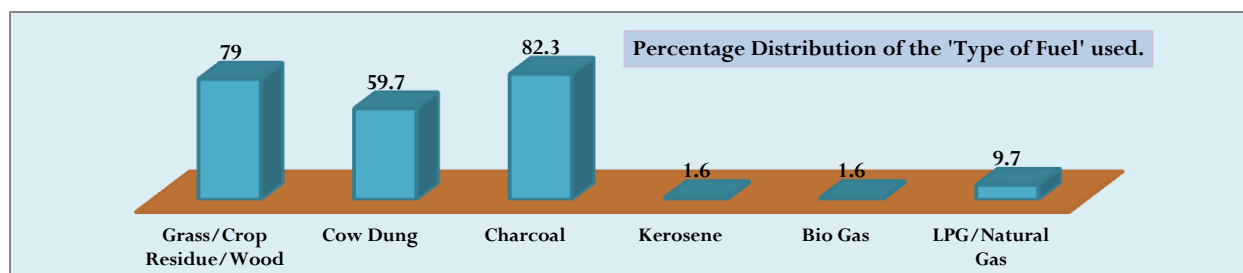
In the village majority of the houses which is approximately 36 percent of the total is of RCC in nature. Similar to that 21 percent of the houses are Pucca and remaining has been constituted with Semi Pucca and Kuccha which are 19 percent and 24 Percent respectively. In the village almost all the houses are self owned or Constructed/Purchased by the family itself which is approximately 98 percent. Around 2 percent of the people reported that they have been allotted houses under the scheme of Gharkul Yojana.



Among the respondents it was reported that 97 percent of them are having the registered papers of their houses. Similarly 70 percent also said that they are having electricity in their houses.

6.1.1.1 Type of Fuel:

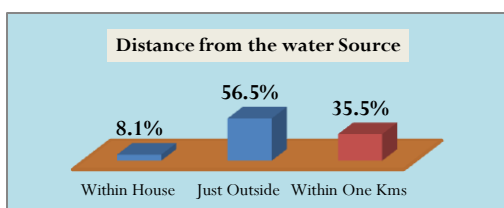
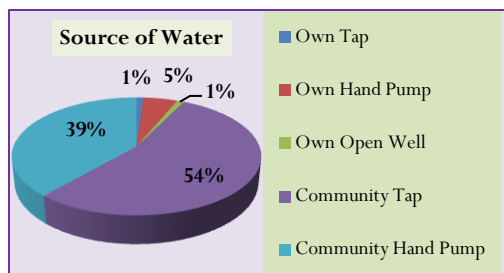
With regard to the major type of fuel used in the village people reported that they use Charcoal/Coal in order to meet their domestic and household needs. It was found that almost 82.3 percent of the people use charcoal as fuel in the village. Followed to that Grass/Crop residue



and wood are used as major fuel in the village with people reporting approximately 79 percent. Cow dung is also used by almost 59.7 percent of the people whereas other type of fuels such as Kerosene, Bio Gas and LPG/Natural Gas are also used by the people but their percentage wise availability is very low.

6.1.2. Water Availability

It was reported that almost more than 54 percent of the people are dependent upon the Community tap for the drinking water and water for domestic uses. Followed by this other major sources of water are Community Hand pump, Own Hand Pump, Own tap and Own Open well which are 39 percent, 3 Percent and 3 Percent respectively. In the Sarbari village the percentage

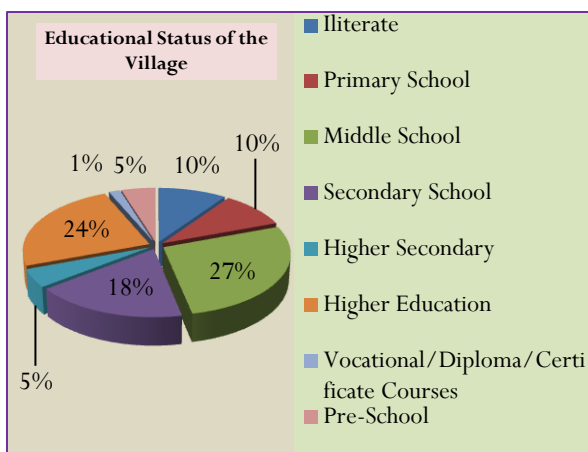


of houses having their own taps and hand pumps. It was reported that majority of the respondents which is approximately 56.5 percent have access to water facility located just outside the houses which are basically the community taps and hand pumps. In the village 35.5 percent of the people said that their source of water is located within one Kms which may be the tap provided by Govt/Panchayat etc or community tap or community open well etc. Only 8.1 percent of the people have said

6.1.3. Education:

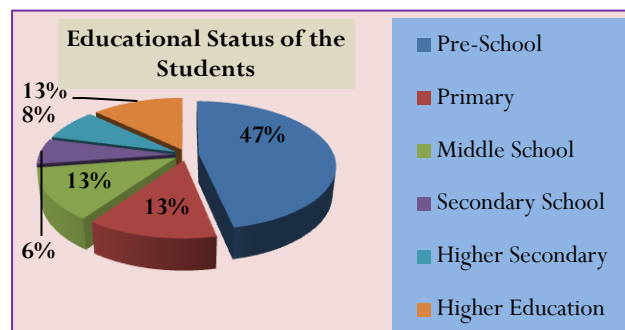
Educational Status of the Village:

With regard to the educational status of the village it was reported that majority of the people have completed their education till Upper Primary which comprises of approximately 27 percent of the respondent. Next to that 24 percent each have said that they have completed their Higher



Education. Followed to this approximately 18 percent of the people have completed their education upto secondary school. The remarkable issue which was identified is that 10 percent of the respondents are illiterate. Similarly to that only 10 percent of the people have completed their education till primary schooling. In the village majority of the students reported of being involved in their pre-schooling which is

approximately 47 percent. Followed to which is those who are involved in the Primary, Upper



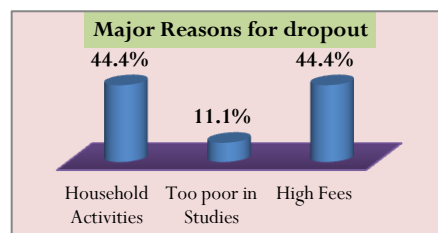
Primary Level Schooling and Higher Education which is approximately 13 percent in each among the respondents.

The remaining two educational standards Higher Secondary and Secondary School comprise of 8 percent and 6 percent

respectively in the village.

6.1.3.1 Reasons for Drop out in the Village:

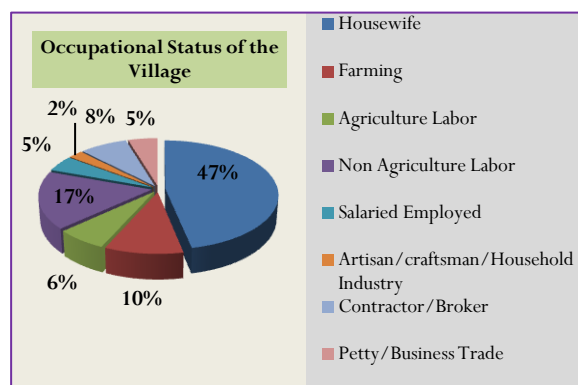
There were three major reasons identified in the village of them most prominent are Getting Involved in Household activities and High fees. In both these reasons approximately 45 percent of the people have agreed that they are the major reasons for drop out in the village. Being too poor in the studies is also a reason for the drop out in the village which is also reported by approximately 12 percent of the people.



6.1.4. Occupation

Occupational Status of the Village:

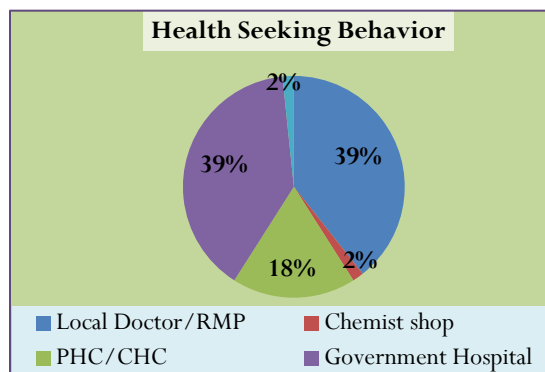
Approximately 47 percent of the women in the village reported of being housewife in the village. In the village most prominent occupation after being 'Housewife' which was found is those as Non-Agricultural Labour with 17 percent of the population. Being engaged in Agriculture or farming was reported as the second most prominent occupation in the village. Here approximately 10 people reported that they are involved in it. Contractor/Broker approximately constitutes 8 percent of the population followed to which is Agriculture labor, Petty/Business trade etc.



6.1.5.Health

Health Seeking Behavior

Whenever a family member fell sick majority of people which is approximately 39 percent each in the village reported that they approach to the Government Hospital and Local Doctor/RMP to

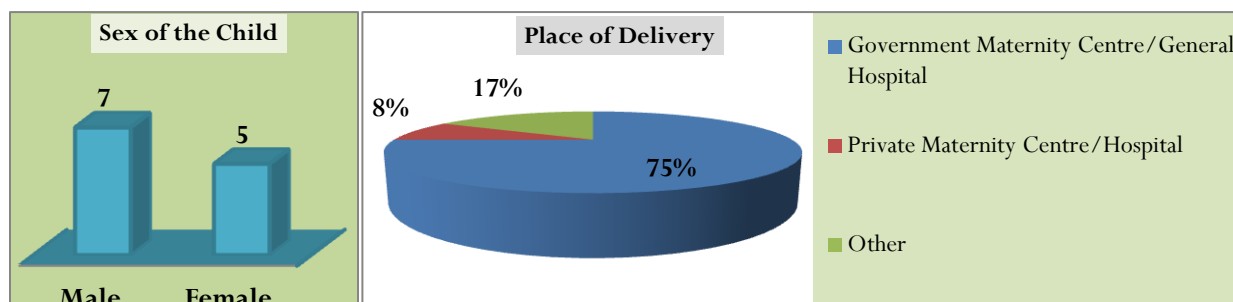


get health services. Followed to that 36.8 percent of the people agree that they visit to the CHC/PHC in case of any major or Minor ailments. 2 percent of the people also said that they prefer Chemist Shop but the percentage of people who agreed that they prefer to go to the ASHA/Anganwadi worker has been found to none exist in the village. The remarkable issue is that the people in the village are

less fond to access Private clinic and Hospitals, may be due to the reason that it might be very costly as compared to Government hospital.

6.1.5.1 Maternal Health

It was reported that out of 12 children born in the last three years 7 are male and remaining 5 are females. With regard to the place of delivery it was informed that almost 75 percent of the births in the last three years have taken place in the Government Maternity Centre/General Hospital. In the village there are also 17 percent of the births which are not institutional in nature. The remaining 8 percent births took place in the Private Maternity Centre/Hospital.



6.1.6. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • The Primary School in the village shall be provided with learning and Educational materials so that the students can use it. It is also recommended that there shall be a library in the village preferably near the school and school administration shall be given the responsibility for that. • In the Primary and High School Quarterly competitions on Essay Writing, Painting etc shall be conducted and prizes shall be also provided by CIL so that the students can develop interest towards it.
Water Supply	<ul style="list-style-type: none"> • Drinking water has emerged as major issue especially in summer season. Ensuring the availability of water supply can be taken as an intervention under CSR. • There are all total 15 community/Public Taps in the village for the population of 4936. Water in the tap is not available on frequent basis and also the time period for which the water is provided is very short. • Irrigation facility should be made available through pipe line and check dams in order to increase the number of people engaged in agriculture. This will in long run improve the economic security of the people too.

	<ul style="list-style-type: none"> • The Pond available in the village is required to be improved and renovated in the form of construction of bathing place and place to wash clothes. • Rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> • Accessibility to health care system is major issue in village. The government system PHC/CHC is located at the distance of more than 5 Kms, so the community has to rely on private services. An intervention in health system either through Mobile medical van or • Opening of dispensary from the company will reduce the expenditure on health services for the community. • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health. • A training and Awareness programme shall also be provided to the women and adolescent girls in the village with regard to the safe health practices.
Rural Electrification	<ul style="list-style-type: none"> • Street lights are needed
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.

Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village and most of the people are involved in it after the women reporting their occupation as Housewife. • Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries on agricultural activities in the village. • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. • Skill building should be taken up as a flagship intervention in the village. The village is lagging behind in terms of having market oriented skills Provisioning of skill building facilities will enhance the employability of the youths.
Sanitation	<ul style="list-style-type: none"> • Lack of proper sanitation facility has emerged as major issue in the village which will have major effect on the health of the villagers and especially children. Company can work with Panchayat to construct and run the community toilets. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

Social Empowerment	<ul style="list-style-type: none"> • Village level groups shall be formed and also provided some capital support from the CIL and those groups shall also be linked up with the organizations working in the areas of village development. The groups can also take up the responsibility of maintain cleanliness and hygiene of the village.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet in needed in primary school • The road needs to be constructed in the village along with drains since the people reported that their primary concern is the condition of road. During rainy season water logging takes place and it becomes very difficult to walk or passing of vehicles.

6.2. Puapur.

YEAR		2011		Facilities Available in the village Samaaj Mandir Playground Cement/tar Road Bus Stop Daily Evening market. PDS Shop Grocery Shop DTP/Xerox Centre Government Primary School			Facilities Existing within 5 kms. Post Office (Chalmara) Block Dev Office (Gobag) Govt Secondary School (Lalpur) Higher Secondary School (Ranipur) Vocational Training Centre (Mohis navi) Health Sub Centre (Bhadurdanga) ASHA Worker (Chalmara) Dai Trained/Untrained (Chalmara)		
HOUSEHOLDS		120							
POPULATION		1050							
Forest Produce									
Firewood		Yes							
Public/Common Tap Points		00							
HH Tap Connections		00							
Chief Crop Name		Area							
Paddy		398 Acres							

Caste	Households
General	50
SC	50
ST	20
OBC	0

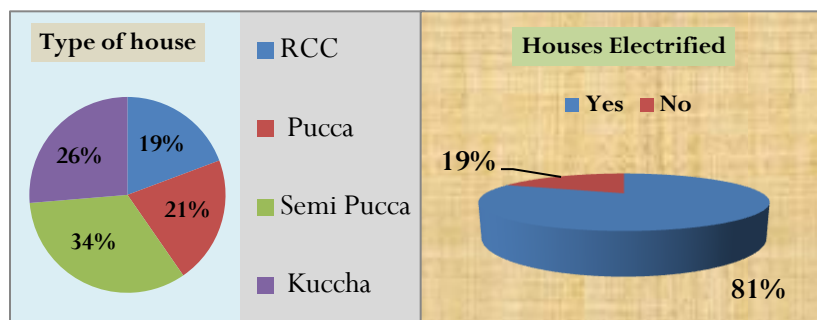
Land Distribution (In Acres):					
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
1358	419	00	469	196	395

Migration Pattern	
Within the state (Non-Agricultural Labour)	Yes

Facilities Existing more than 5 Kms		
Railway Station (Madhukunda)		
Police Station (Neturia)		
Gram Panchayat Office (Sarbari More)		
Cooperative society (Asansol)		
Bank for S/B Account (Sarbari)		
Taluk Headquarters (Raghunathpur)		
District Headquarters (Purulia)		
Warehouse (Adra)		
APMC/Mandi (Purulia)		
Pre-Pri/Nursery School (Bhamuria)		
Charitable Primary (Asansol)		
Pvt Primary School (Barakar)		
Charitable Secondary (Asansol)		
Pvt Secondary School (Barakar)		
Degree College (Sarbari)		
ITI/Polytechnic (Raghunathpur)		
Primary Health centre (Harmaddi)		
CHC/Govt General Hospital (Harmaddi)		
Pvt Clinic (RMP+) (Sarbari More)		
Pvt Clinic (BAMS MBBS) (Sarbari More)		
Private Hospital (Barakar)		
Ayush Hospital (Raghunathpur)		

6.2.1. Household Status:

Housing Condition: The majority of the Houses in the Puapur village fall into the category of Semi Pucca where approximately 34% of the people reported of having the Semi Pucca houses. Approximately 26% of the people in the village have Kuccha houses on the other hand 21 percent of



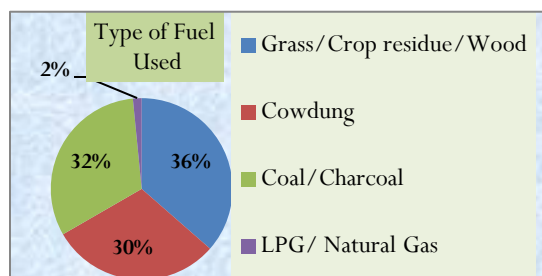
the people reported that they have Pucca houses.

With regard to RCC 15% of the people fall in that category, the ownership of the house explains that 100% of the people have their own

constructed/Purchased/Family Houses. Of the total houses in the village approximately 81% of the people reported that they have electric connection in their houses. Remaining 19 % said that they do not have electric connection.

6.2.1.1. Fuel Used:

The four major *Types of fuel* used in the village are Grass/Crop Residue and wood which is used in most of the houses. Next to which comes Coal/Charcoal which is approximately used by one third of the village. As per reported by the people Kerosene is not by the people in the village. According to the World Health Organisation, the smoke from burning solid fuels is estimated to be responsible for 1.6 Million deaths each year in developing countries. Lack of access to clean



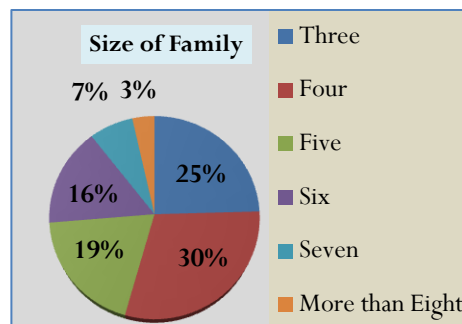
and reliable cooking fuels further impacts the lives of women and children by constraining time for income generation or study due to long hours spent collecting fuel and the increased risk of burns. Providing access to clean, efficient and affordable cooking and heating fuels and technology will

contribute to the achievement of Millennium Development Goals for poverty reduction, education, child health, gender equality, and environmental sustainability.

6.2.1.2 Size of the family:

With regard to the size of family maximum respondents reported that there five members in the family. It must also be noted that in the Puapur Village there exists a wide multiplicity of Family Size ranging from 1 to More than eight also.

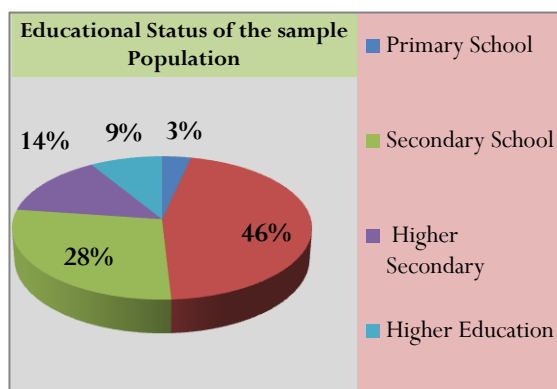
In Fact on an average after the total size of the family upto four & five, maximum respondents reported of having family size Four.



6.2.2. Education

Educational Status:

The Educational Status of the Puapur village shows that majority of the respondents have completed their middle level (5th to 8th standard) schooling which is approximately 46% and



followed by Secondary School (8th to 10th standard) and Primary school (1st to 4th) with 28% and 14% respectively. The least and remaining population falls into the category of those completed their Higher Secondary which is around 3%. It is important to focus on the awareness for higher education to increase the level of education in the village. As it can be seen that nobody in the village

reported of being involved in the Higher Education for instance Students being involved in some vocational/Certificate course. Also there has been no reporting for people involved in educational level such as medical engineering etc.

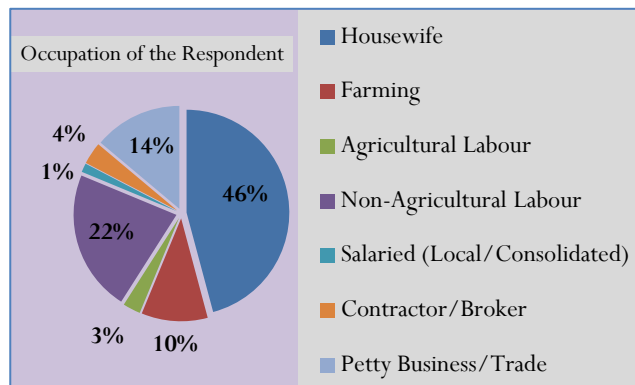
6.2.2.1 Reasons For Dropout:

It was reported to us that the major reason for the dropout from the school was due to Household Activities. With such a high drop out rate with regard to household activities indicates the clear signs of Poverty and children being seen as an extra hands for earning. 100% of the students dropout from the institution because of the Household Activities only.

6.2.3. Occupation:

Occupational Status:

Similar to the previous figure we can observe that the majority of the population is engaged in the Non-Agricultural activity. Unavailability of the water has a significant role in this context, since 56 percent of the total respondent are involved in the Non Agricultural sector. The people in the village reported of having their own lands but water for irrigation is still a major concern for them. Artisan/Contract/Petty

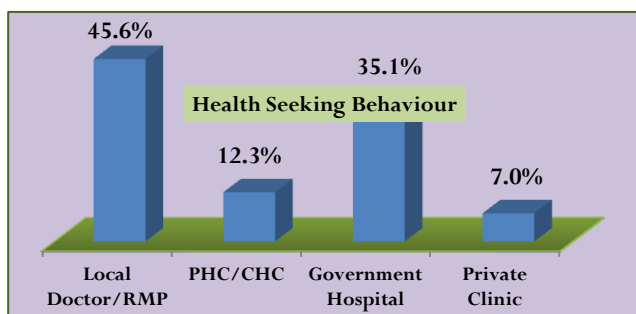


Business (20 Percent) is the second most prominent occupation available in the village followed by Agricultural activity and Salaried Employed which are as 14 percent and 10 percent respectively.

6.2.4. Health

Health Seeking Behavior:

In the village the health services are totally dependent upon the local doctor and RMP. As reported by the people the majority of them visit to the Local Doctor/RMP for any health related Problems. Maximum numbers of respondent i.e. approximately 46 percent of the people are dependent on it. Followed by this People also visit Government Hospital which is located at

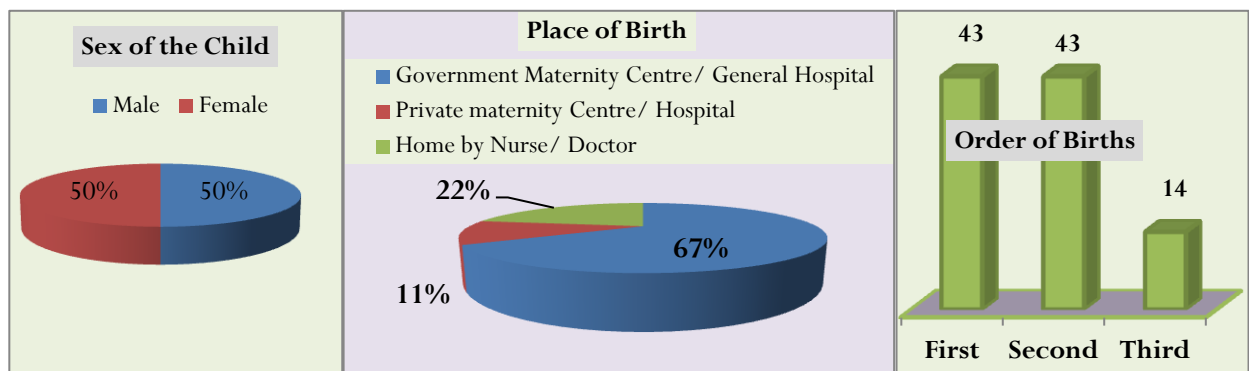


Puapur for their minor and major ailments. The important concern is nobody in the village visit the ASHA and Anganwadi worker with regard to any health problem. In such a situation a serious need arises for capacity Building and Motivate the available ASHA & Anganwadi worker. The concerned

agencies or NGO with the help of the key person in the village such as the Sarpanch or Village head shall be involved in order to make people aware about the roles & responsibilities of ASHA & Anganwadi worker.

6.2.4.1 Maternal Health:

In the past years total 2 births have taken place. With regard to the sex ratio it is important to mention that it's very balanced in the village. The figure explains that out of total births i.e. 2, 1 is male and 1 is females. In the village maximum number of total births has taken place in the Government Maternity Centre/General Hospital which is 67 Percent. Followed to which is Home by Birth attendant which includes Trained/Untrained Birth attendant. Births which have been attended at homes by Nurse/Doctor is also available in the village which is approximately 22 percent. With regard to the birth order majority of women are in the first and second birth order. Only 14 percent of the women have agreed on having their third birth order.



6.2.5. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with.

	<ul style="list-style-type: none"> Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. There is drinking water tap available in the village primary school but the water do not comes frequently. Space is available in the school where playing materials can be provided.
Health Care	<ul style="list-style-type: none"> In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> Street lights are needed
Environment	<p>In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.</p>

Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. • Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and techniques will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals
Sanitation	<ul style="list-style-type: none"> • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> • Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.

**Infrastructural
Development**

- Toilet is needed in primary school

6.3. Barshadih Village

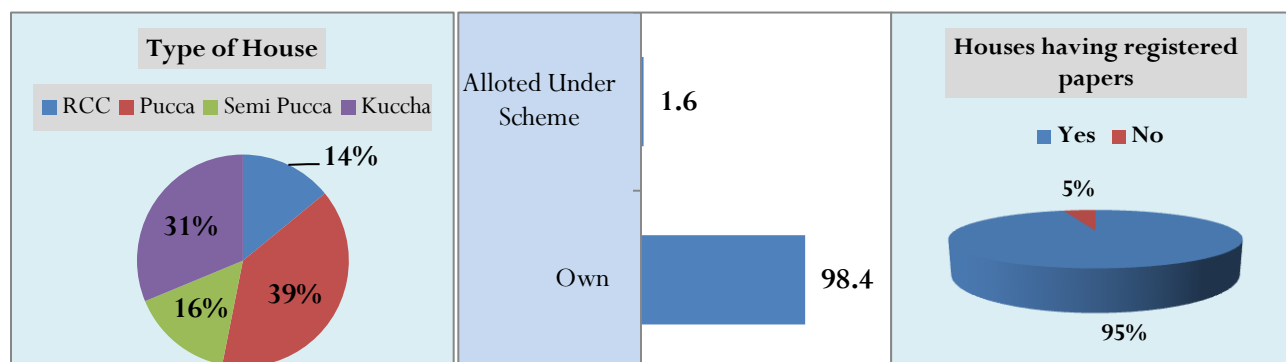
YEAR		2011		Facilities Available in the village	
HOUSEHOLDS		115		Samaaj Mandir	
POPULATION		650		Cement/Tar Road	
Forest Produce				Grocery Shop	
Cultivation		Yes		Pre-Pri Nursery School	
Public/Common Tap Points		00		Govt Primary School	
HH Tap Connections		00		Facilities Existing within 5 Kms.	
Chief Crop Name		Area		Bus Stop (Ranipur More)	
Paddy		319acres		Public Telephone Booth (Sarbari More)	
RELIGION		House holds		PDS Shop (Narayanpur)	
HINDU		114		DTP/Xerox Centre (Ranipur)	
CHRISTIAN		01		Post Office (Narayanpur)	
				Bank For S/B Account (Ranipur Colliary)	
				Govt Secondary School (Ranipur Colliary)	
				Higher Sec School (Ranipur Colliary)	
				Health Sub Centre (Bhadurdanga)	
				ASHA Worker (Narayanpur)	
				Dai Trained/Untrained (Narayanpur)	
Land Distribution (In Acres):					
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
962	419	00	320	67	87
Migration Pattern					
Within the state (Non-Agricultural Labour)					Yes
Outside state (Non-Agri Labour)					Yes



6.3.1. Household:

Type of Houses & registration Status:

In the Barshadih village most of the houses are Pucca which is approximately 39 percent of the total and it is followed by Kuccha houses which are 31 percent. With regard to Semi Pucca and RCC they are comprised of 16 percent and 14 respectively.



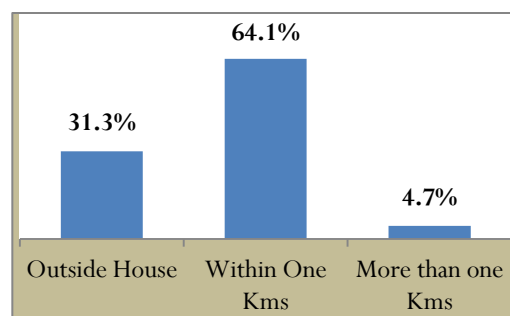
Also in the village almost all the houses which is approximately 98 percent people have their own houses and remaining 2 percent have been allotted houses under government schemes. In the village total 84 percent of the respondents have reported of having electricity in the houses. The remaining 16 percent population in the village does not have any electricity facility.

6.3.1.1 Type of Fuel:

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 85.9 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Charcoal is another source of fuel which is used by approximately 65 percent of the total respondents. Followed to which is the “cow dung” for which around 59.4 percent of the people reported that they use it as fuel. Other types of fuels such as Biogas and LPG are also used for cooking and other domestic purposes but they are very less in percentage and availability i.e. 1.6 percent each in both.

6.3.2. Water Availability:

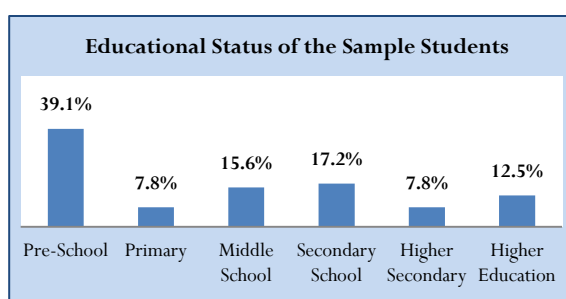
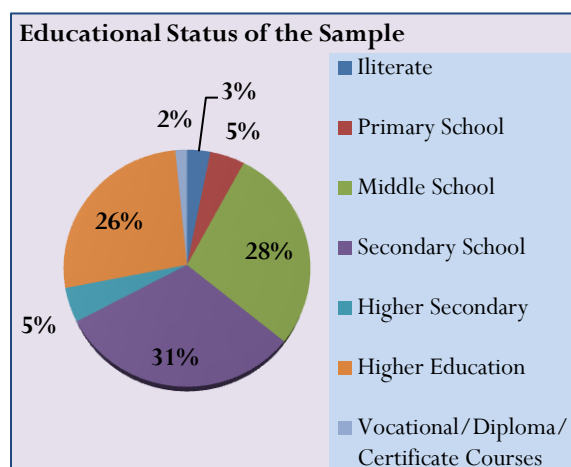
Water is the major concern for all the people in the village. It was reported by the respondent that 31 percent of the people use community taps in the village in order to fulfill their needs drinking water and other domestic purposes. Also 64 percent of the respondent agreed that they get water within the radius of a Kms. Remaining five percent of the people get drinking water facility more than a kilometer.



6.3.3. Education:

Educational Status of the village:

In context of the education majority of the people found to be in the category that has completed their secondary level education. Followed to which is Upper Primary which comprises of 28



percent. In the village 26 percent of the people also reported that they have completed their higher education. In village both Primary Level Education and Higher Secondary Education comprises of 5 percent each. It was also reported that percentage of Illiterate people in the village is approximately 3 percent. With regard to those who have done any Vocational/Diploma and Certificate courses is 2 percent in the village. In the village majority of the students reported of being involved in their pre-schooling which is approximately 39 percent. Followed to which is those who are involved in the Secondary Level Schooling which is approximately 17 percent of the total. In the village both Primary and Higher secondary level schooling comprises of

8 percent each in both the standards. With regard to Upper Primary Level Schooling it was reported that 16 percent of the children are involved in it. It shall also be noted that 12 percent of the children are also engaged in the Higher Education. In the entire village two major reasons

were found to be the causes for drop out. With regard to the Household activities it was reported that 67 percent of the people agreed that their reason for dropout was their involvement in household activities. Also, as the second reason 33 percent of the people reported that Marriage was the prime reason for them to leave education.

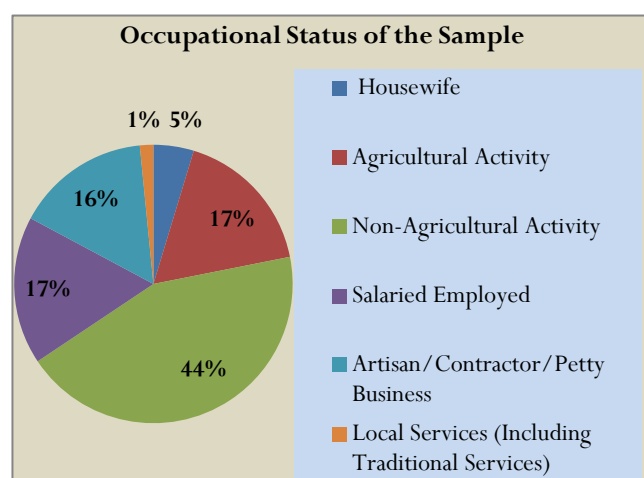
6.3.4. Occupation

Percentage Distribution of the Educational Attainment and Occupation:

	Housewife	Agricultural Activity	Non-Agricultural Activity	Salaried Employed	Artisan/Contractor/Petty Business	Local Services (Including Traditional Services)
Illiterate		50.0	50.0			
Primary School			33.3		66.7	
Upper Primary		22.2	61.1	5.6	11.1	
Secondary School		20.0	60.0		20.0	
Higher Secondary		33.3		33.3	33.3	
Higher Education	17.6	5.9	17.6	47.1	5.9	5.9
Vocational/Diploma/Certificate Courses				100.0		
Total	4.7	17.2	43.8	17.2	15.6	1.6

6.3.5 Occupational Status of the Village:

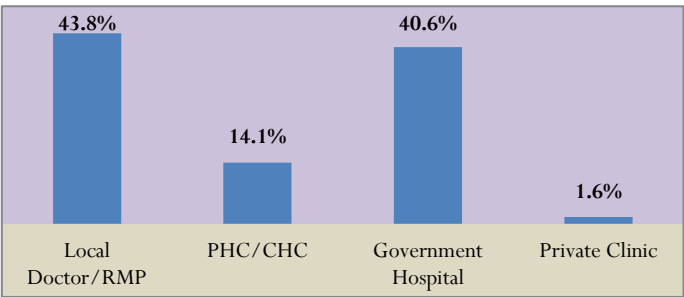
In the village Non-Agricultural sector is dominant which is almost comprised of 44 percent of the people. It should also be noted that almost equal percentage of the people reported that they are engaged in the occupation such as Salaried Employed and Agricultural activity which are 17 percent in each. In the village 16 percent of the people also reported that they are also engaged as Artisan/Contractor and Petty Business.



6.3.6. Health

Health Seeking Behavior:

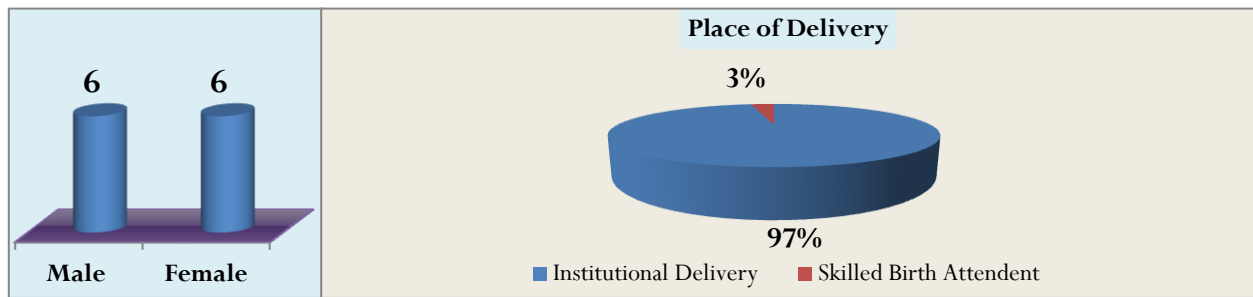
It was reported by the people that they mostly visit the Local Doctor/RMP in case of any illness as 43.8 percent reported for it. It was found that 40.6 percent of the people visit Government



Hospital also which is located at Headdih. Apart from these two approximately 14.1 percent of the people also agreed that they visit PHC/CHC in case of any minor and major ailments. The remaining 1.6 percent which stands at bottom agreed upon visiting Private clinics if anybody falls sick or ill.

6.3.5.1 Maternal Health:

When women were asked questions with regard to the place of delivery almost all the births were institutional in nature and divided into two categories. Approximately 97 percent of the total births took place in the Hospitals where 3 percent births were assisted by ‘Dai’.



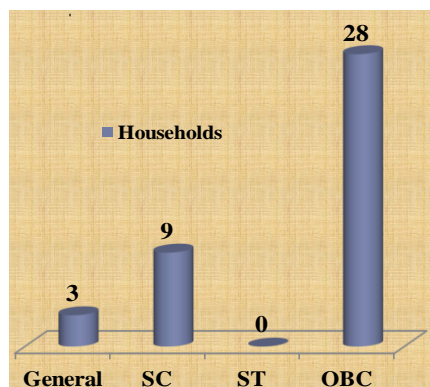
6.3.6. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • The Primary School in the village shall be provided with learning and Educational materials so that the students can use it. It is also recommended that there shall be a library in the village preferably near the school and school administration shall be given the responsibility for that. • In the Primary and High School Quarterly competitions on Essay Writing, Painting etc shall be conducted and prizes shall be also provided by CIL so that the students can develop interest towards it.
Water Supply	<ul style="list-style-type: none"> • Drinking water has emerged as major issue especially in summer season. Ensuring the availability of water supply can be taken as an intervention under CSR. • Irrigation facility should be made available through pipe line and check dams in order to increase the number of people engaged in agriculture. This will in long run improve the economic security of the people too. • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. • In the school there is no drinking water facility in the school. Toilets are available but due to unavailability of water children do not use them. • Drinking water, similar to the other villages is a major concern for the village people. In total 12 taps are required so that each and every household can get sufficient water for domestic and drinking purpose.
Health	<ul style="list-style-type: none"> • Accessibility to health care system is major issue in village. The government system PHC/CHC is located at the distance of more than 5 Kms, so the

	<p>community has to rely on private services. An intervention in health system either through Mobile medical van or</p> <ul style="list-style-type: none"> • Opening of dispensary from the company will reduce the expenditure on health services for the community. • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health. • A training and Awareness programme shall also be provided to the women and adolescent girls in the village with regard to the safe health practices.
Rural Electrification	<ul style="list-style-type: none"> • There is a (Gwala pada in village) where the road is very bad and street lights are required. The Gwala pada is at the end of village where there are no street lights and during rainy season it becomes very difficult to pass.
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village and most of the people are involved in it after the women reporting their occupation as Housewife. • Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries on agricultural activities in the village.

	<ul style="list-style-type: none"> The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. Skill building should be taken up as a flagship intervention in the village. The village is lagging behind in terms of having market oriented skills Provisioning of skill building facilities will enhance the employability of the youths.
Sanitation	<ul style="list-style-type: none"> Lack of proper sanitation facility has emerged as major issue in the village which will have major effect on the health of the villagers and especially children. Company can work with Panchayat to construct and run the community toilets. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Village level groups shall be formed and also provided some capital support from the CIL and those groups shall also be linked up with the organizations working in the areas of village development. The groups can also take up the responsibility of maintain cleanliness and hygiene of the village.
Infrastructural Development	<ul style="list-style-type: none"> Toilet in needed in primary school In the village a training centre is required to be open in the village. Community hall & library required (Govt place available). The community hall will be used for social gatherings such as Marriages and community Meetings. A Canal passes through the village where bathroom and bathing place are required to be constructed so that the people can use them. In the canal the wall needs to be developed 2-3 feet high so that more water can be stored.

6.4.Nadiha Village



Public/Common Tap Points 00

HH Tap Connections 00

Chief Crop Name	Area
Paddy	320 acres

RELIGION	House holds
HINDU	40

Land Distribution (In Acres):					
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
913	320	00	172	98	123

Migration Pattern

Within the state (Non-Agricultural Labour)	Yes
Outside state (Non-Agri Labour)	Yes

YEAR	2011
HOUSEHOLDS	40
POPULATION	300

Facilities Available in the village

Samaaj Mandir
Playground
Club
Pre-pri Nursery School
Govt Primary School

Facilities Existing within 5 kms.

Cement/tar Road (Puapur More)
Bus Stop (Puapur More)
Public Telephone Booth (Puapur More)
PDS Shop (Puapur)
DTP/Xerox (Puapur)
Post Office (Chalmara)
Bank for S/B Account (Ranipur)
Govt Secondary School (Lalpur)
Higher Secondary School (Ranipur)
Health Sub Centre (Badhur Danga)

Facilities Existing more than 5 Kms

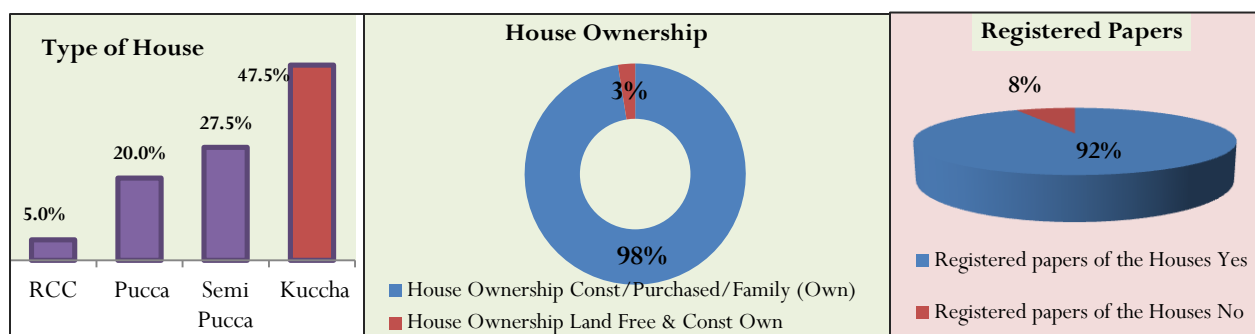
Daily Evening Market (Sarbari More)
Weekly Market (Sarbari More)
Railway Station (Madhukunda)
Police Station (Neturia)
Cooperative Society (Gobag)
Block Development Office (Gobag)
Taluk Headquarters (Raghunathpur)
District Headquarters (Purulia)
Warehouse (Adra)
APMC/Mandi (Asansol)
Charitable Primary (Bhamuria)
Pvt Primary School (Sarbari More)
Charitable Secondary (Asansol)
Pvt Secondary School (Raghunathpur)
Degree College (Sarbari)
Vocational Training Centre (Raghunathpur)
Primary Health Centre (Harmaddi)
CHC/Govt Gen Hospital (Raghunathpur)
Pvt Clinic (RMP+) (Sarbari More)
Pvt Clinic (MBBS BAMS) (Sarbari More)
Pvt Hospital (Barakar)
Ayush Hospital (Asansol)
Veterinary Clinic (Asansol)
Medical Shop Chemist (Sarbari More)
ASHA Worker (Sarbari)
Dai Trained/Untrained (Sarbari)

Forest Produce

Cultivation	Yes
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6.4.1. Household Status:

In the Nadiha village maximum number of people which reported of being staying in the RCC Houses. The important aspect of the households in the village is that approximately 97 percent people have their own houses. Only 3 percent are having their houses on land free and construction own. In the village total 77 percent of the respondents have reported of having electricity in the houses is approximately 47 percent is having Kuccha Houses.



Followed to which the Pucca houses in the village is available which constitute 20 percent of the total. 28 percent of the people live in Semi-Pucca Houses and the remaining 5 percent of the people.

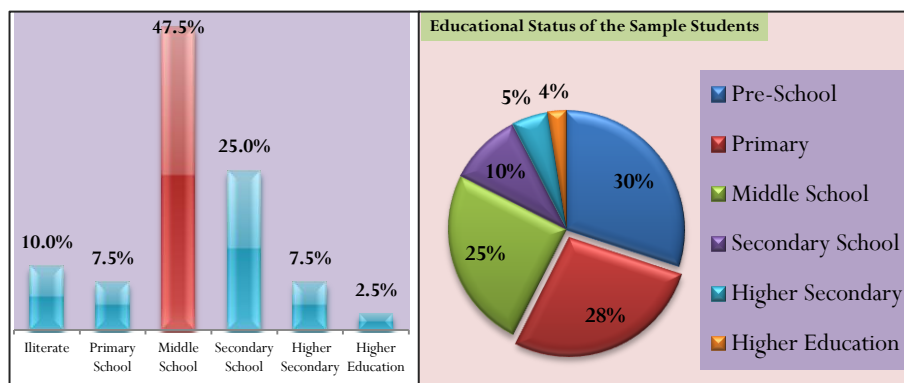
6.4.1.1 Type of Fuel:

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. In almost all the houses Grass/Crop Residue/Wood is used for household and other domestic purposes. **Charcoal** is another source of fuel which is used by approximately 62 percent of the total respondents. Followed to which is the “cow dung” for which around 50 percent of the people reported that they use it as fuel.

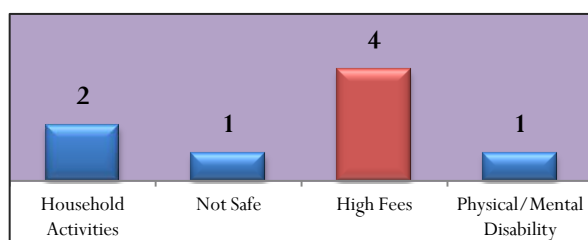
6.4.2. Education:

Educational Status:

With regard to the educational status of the village it was reported that majority of the



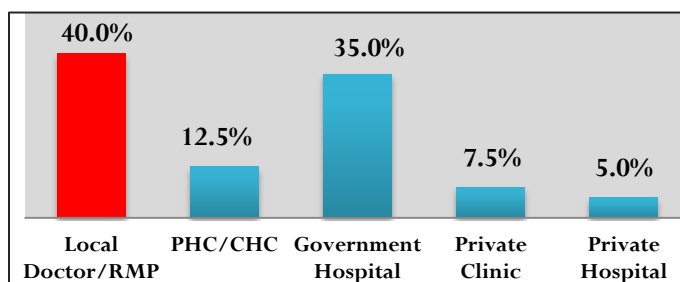
people have completed their education till Upper Primary which comprises of approximately 47 percent of the respondent. Next to that 25 percent of the people have said that they have completed their education upto secondary level. The remarkable issue which was identified is that 10 percent of the respondents are illiterate. Also, the people who have completed their education upto Primary level and Higher Secondary are 8 percent each. And Higher Education comprises of 2 percent only. In the village majority of the students reported of being involved in their pre-schooling which is approximately 30 percent. Followed to which is those who are involved in the Primary Level Schooling which is approximately 28 percent among the respondents. It shall be noted that only 2 percent of the students currently involved in Higher Education. Among the lowest stratum with 5 percent and 10 percent was found in both Higher Secondary and Secondary School respectively. In the village wide reasons for the dropouts were highlighted but half of the people reported that they dropped out from the school due to **High Expenses**. Following to which comes the responsibility of household activities which is approximately around one-fourth of the respondents. Other reasons which were given for the dropouts were Physical/Mental Disability, Marriage, Not Safe for Girl Child and considering Higher Education as not important.



6.4.3. Health:

Health Seeking Behavior:

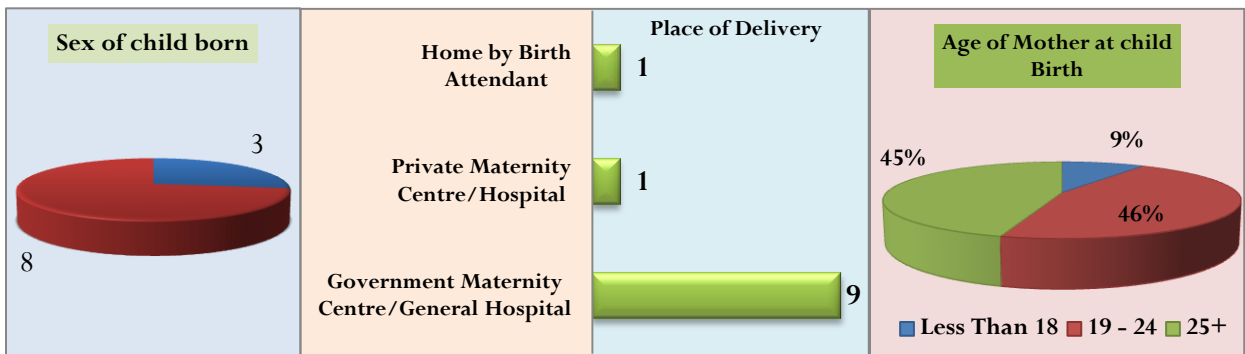
Whenever a family member falls sick majority of people in the village approach to the Local Doctor/RMP to get health services. Followed to that 35 percent of the people agree that they visit to the government Hospital in case of any major or Minor ailments. 12.5 percent of the people also said that they prefer PHC/CHC but the percentage of people who agreed that they prefer to go to private hospital has been found to be very low i.e. 5 percent. The remarkable issue is that the people in the village are less fond to access Private



clinic and Hospitals, may be due to the reason that it might be very costly as compared to Government hospital.

6.4.3.1 Maternal Health:

With regard to the place of delivery it was informed that 9 of the total births in the last three years have taken place in the Government Maternity Centre/General Hospital. The remaining births were attended by the Private Maternity Center and “Dai” Trained/Untrained birth attendant.



It is very specific about the village that all the births are institutional deliveries but there is no involvement of other bodies such as Home Deliveries by Doctor/Nurse, PHC/CHC etc. On asking all the women who have given birth to any children it were found that only 1 woman have given birth to her first child when she was less than 18 years of age. All those who gave birth to her first child during 19-24 years of age is very less i.e. only 13.6 percent. Similarly only 4.5 percent of the women agreed that they have given birth to their first child during 25+ ages.

6.4.5. Recommendations:

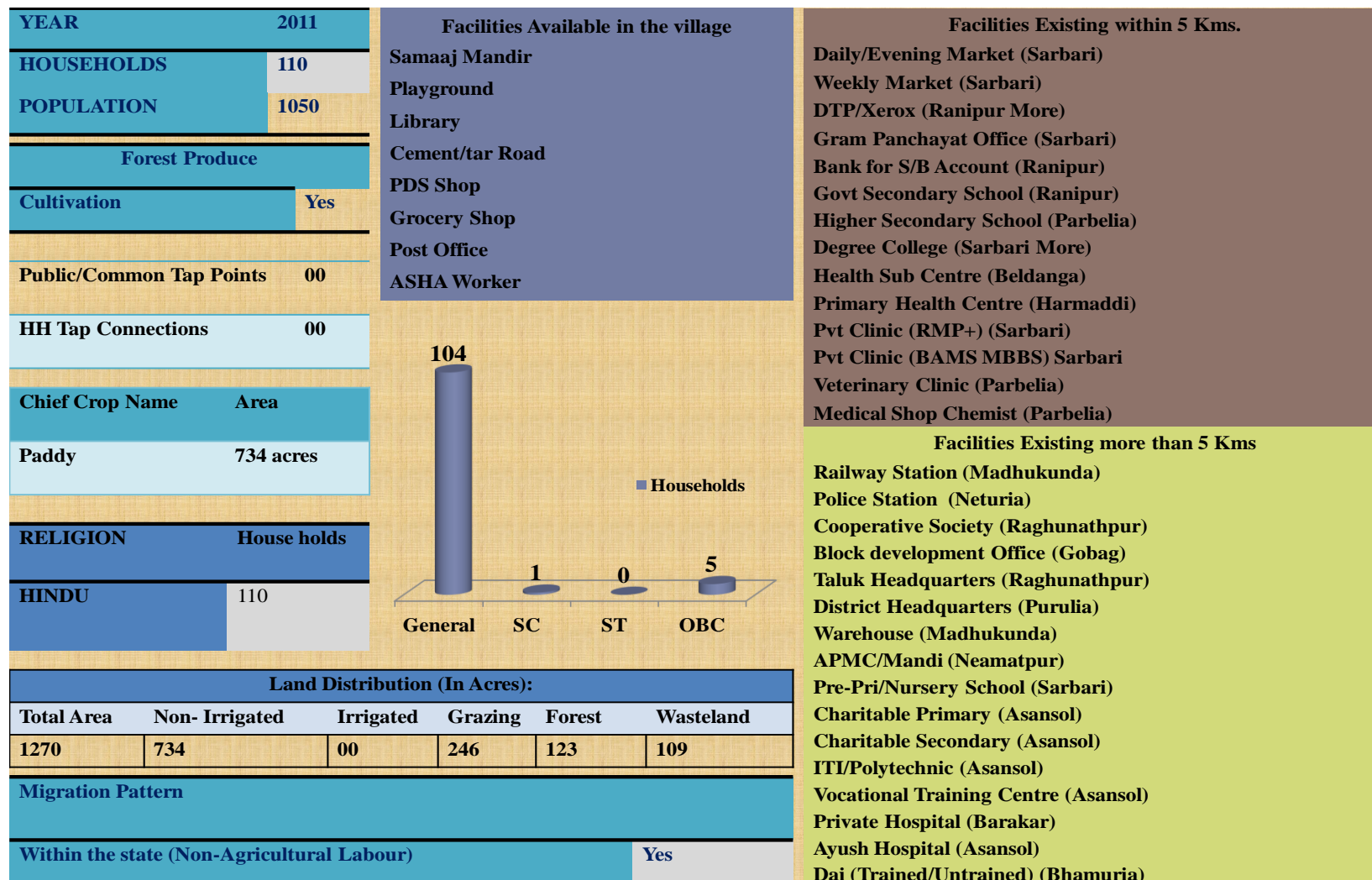
Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • There is a requirement of an additional classroom in the Primary School • For children to sit, 10 high and 10 low benches are required. In the office room two chairs and 4 tables are required for the teachers. • Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with.

	<ul style="list-style-type: none"> Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.
	<ul style="list-style-type: none"> Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> Street lights are needed
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.

Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. • Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and technics will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals
Sanitation	<ul style="list-style-type: none"> • Total households in the village are 40 in number and it was reported that 5 community toilets will be sufficient for the people to use them. • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> • Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.

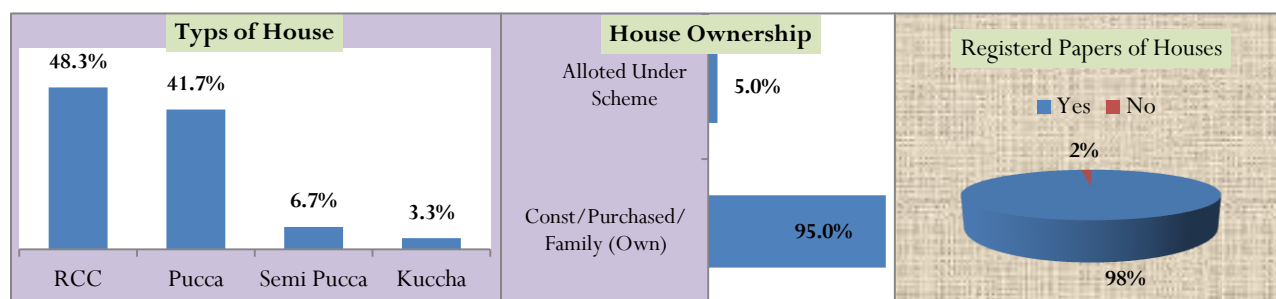
- Toilet is needed in primary school
- There is a village club existing in which some books along some other reading materials are required which the village youth and students can utilize.
- From village to the main road there is a distance of 3 Kms which is very poor in condition. During rainy season the village people find it very difficult to travel and passing of vehicles.
- Also, the drains in the village are required to be cleaned and repaired and at some places drains should be made along with the cement road.
- In the village there is no ICDS Centre available. It was demanded by the village people for an ICDS centre where the children in the age group 0-6 can be given basic education and provided with other benefits of ICDS.
- In the village a community hall is also required where the social gatherings such as marriages and village level meetings can be performed. Since water is also an vital issue, Drinking water facility within the community hall was also demanded by the people.

6.5. Narayanpur



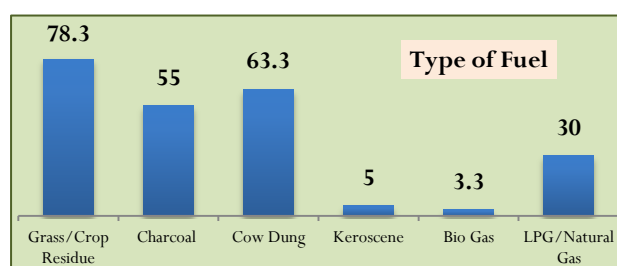
6.5.1. Household Status

In the Narayanpur village most of the houses are of RCC which is approximately 48 percent of the total and it is followed by Pucca houses which are 42 percent. With regard to Semi Pucca and Kuccha they are comprised of 7 percent and 3 respectively. Also in the village almost all the houses which are approximately 95 percent people have their own houses and remaining 5 percent are allotted under Scheme. The above mentioned 5 percent of the houses are provided under Indira Aawas Yojana.



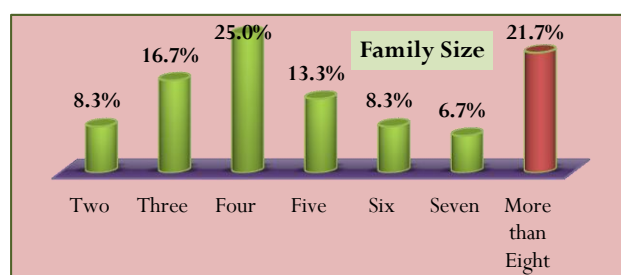
6.5.1.1 Type of Fuel

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 78.3 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Cow Dung is another source of fuel which is used by approximately 63.3 percent of the total respondents. Followed to which is the Charcoal for which around 55 percent of the people reported that they use it as fuel. Other types of fuels such as LPG, Biogas and Kerosene are also available but their percentage of availability is very less i.e. 30 percent, 3.3 and 5 percent respectively.



6.5.1.2 Size of the Family

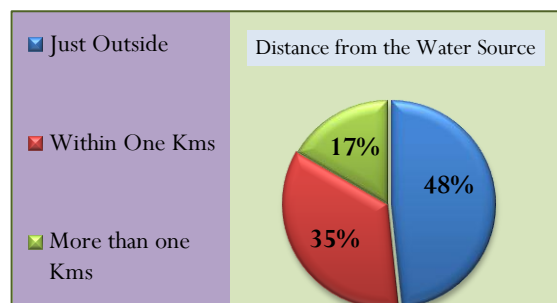
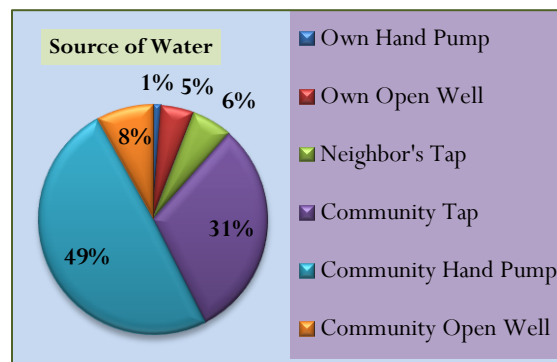
As it can be observed that majority of the people have reported that they agree upon that on an average there are four members in the family. Since 25 percent of the people agreed



that the family size is approximately four in number. In the village Families having more than 8 members, reported by approximately 21 percent of the people is also having high percentage. In the village there is a diverse variety of family size ranging from only two members to More than eight.

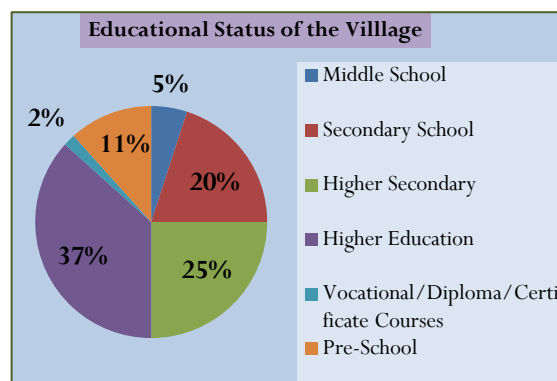
6.5.2. Source of Water

In the village people reported that the majority of source of water used is from community Hand Pump which comprises of about 49 percent. Followed by the above source people have community Tap which is about 31 percent from which the people use water for domestic and drinking purpose. Approximately 11 percent of the people use Community Open Well to take water. Remaining sources of water are Neighbor's Tap and Own Open Well in the villages which are 6 percent and 5 Percent respectively. In the village nobody reported about the source of water in their houses. Having the water source just outside the houses is around 48 percent. The most important issue in the village is about the drinking water problem and for that as per the respondents more than 35 percent of the people have water source within one Kms. Similar to that 17 percent of the people also reported that they have to go more than a Kms also to get drinking water and water for other domestic purposes.

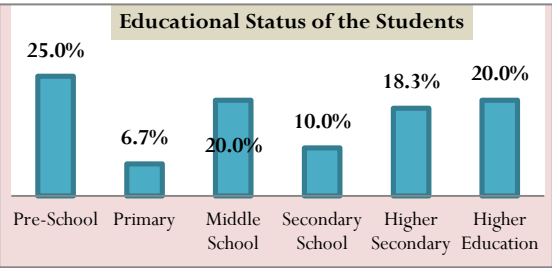


6.5.3. Education

In Narayanpur the educational status of the respondent explains that 36 percent have completed their education till Higher Education which is followed by the Higher Secondary level Schooling which is approximately around 25 Percent. In the Narayanpur village approximately 20 percent of the people have completed their Secondary level



Schooling. Moving towards other categories of education it was found that 12 percent of the people have completed their Pre-Schooling. Similarly those who have completed their Upper Primary Level Schooling and have done Vocational/Diploma/Certificate Courses are 5 percent and 2 percent respectively. In the village those students are studying majority of them are involved in the Pre-School which is 25 percent approximately followed by Upper Primary Level



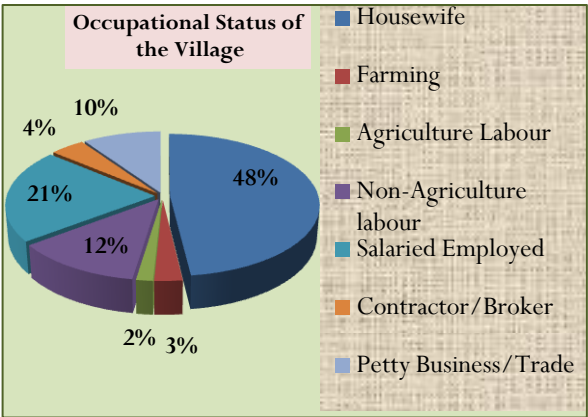
Schooling and Higher Education which approximately are 20 percent each.. In the Higher Secondary Schooling approximately 18.3 percent of the children are involved. In the village approximately 10 percent of the students are engaged in the Secondary School and in the

Primary School 6.7 percent are involved. In the village when it was asked about the major reasons for Dropout, it was found that getting engaged in the household activities was the only reason for leaving education in between.

6.5.4. Occupation

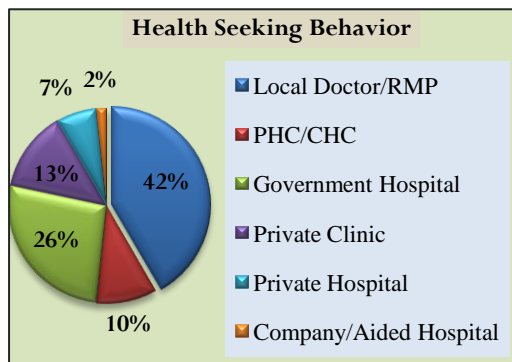
Occupational Status of the Village

In the village approximately 48 percent of the women reported as being the Housewife. In the village most dominant occupation is those having Salaried Employed which accounts for approximately 21 percent of the population. The major problems drinking water and lack of irrigation facility are on top priority. Non-Agricultural activities in the village Agriculture Labour constitute 12 percent of the population approximately. Around 10 percent of the people reported of being involved as having Petty Business/trade. There is only 3 percent of the population reporting for being engaged in the Farming. The other occupational areas are also available in the village such as Agriculture Labour, Contractor Broker etc.



6.5.5. Health

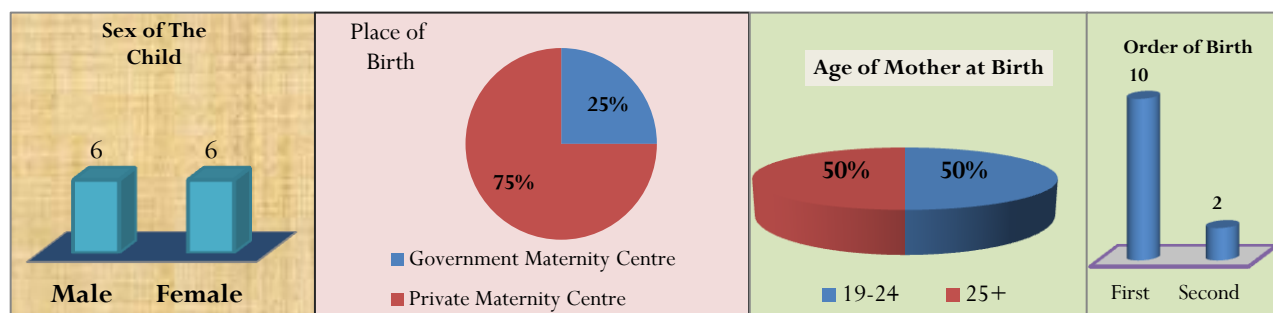
Health Seeking Behavior



It was reported by the people that they mostly visit the Local Doctor/RMP in case of any illness as 41 percent of the people reported for it. It was found that 27 percent of the people visit Government Hospital also which is located at Headdih. Apart from these two approximately 13 percent of the people also agreed that they visit Private Clinics in case of any minor and major ailments. Though the cost is higher in the private Clinics but people also said that in case of emergencies they do not have any choice. 10 percent of the people also said that they prefer going to PHC/CHC also in case of any health related issue. The remaining 7 percent which stands at bottom agreed upon visiting Private Hospitals if anybody falls sick or Ill.

6.5.5.1 Maternal Health

On asking the households with regard to the births in the village in the past three years it was found that 12 births have taken place. Of the total births both male and female are equal in number. It was found in the village that a majority of the births have taken place in the private maternity centre. Out of the total 12 births 9 have taken place in the private Maternity centre. The people also reported that they do not believe in the services provided at the government health institutions. It was also reported that though the services are free but the quality provided

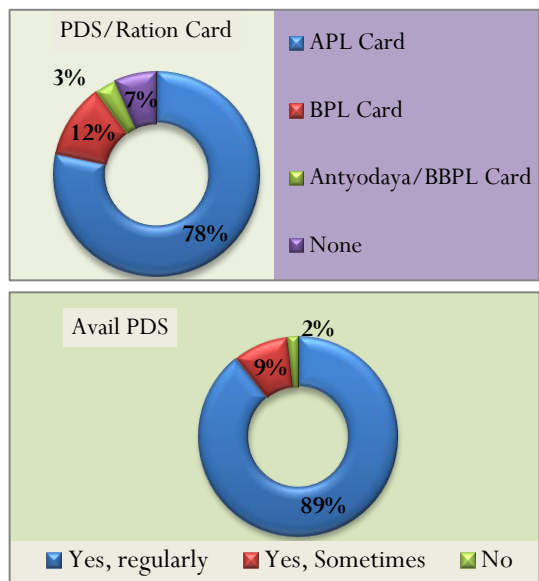


is not good. The very interesting fact in the village is that no births have taken place from the mothers who are in the age group less than 18. All the 12 births have been given by the women who are above 18 years of age. 10 women who have given birth in the last three

years agreed that they are having their first birth order. Remaining two women said that they are having their second birth order.

6.5.6. People having PDS/Ration card and those availing it

In the village approximately 78 percent of the people hold APL Card and around 12 percent of



the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 3 percent hold it.

In the village 7 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 89 percent of them avail food grains and other benefits of PDS. On the other hand 2 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and

having APL Card. Remaining 9 percent of the population said that they avail it but only sometimes.

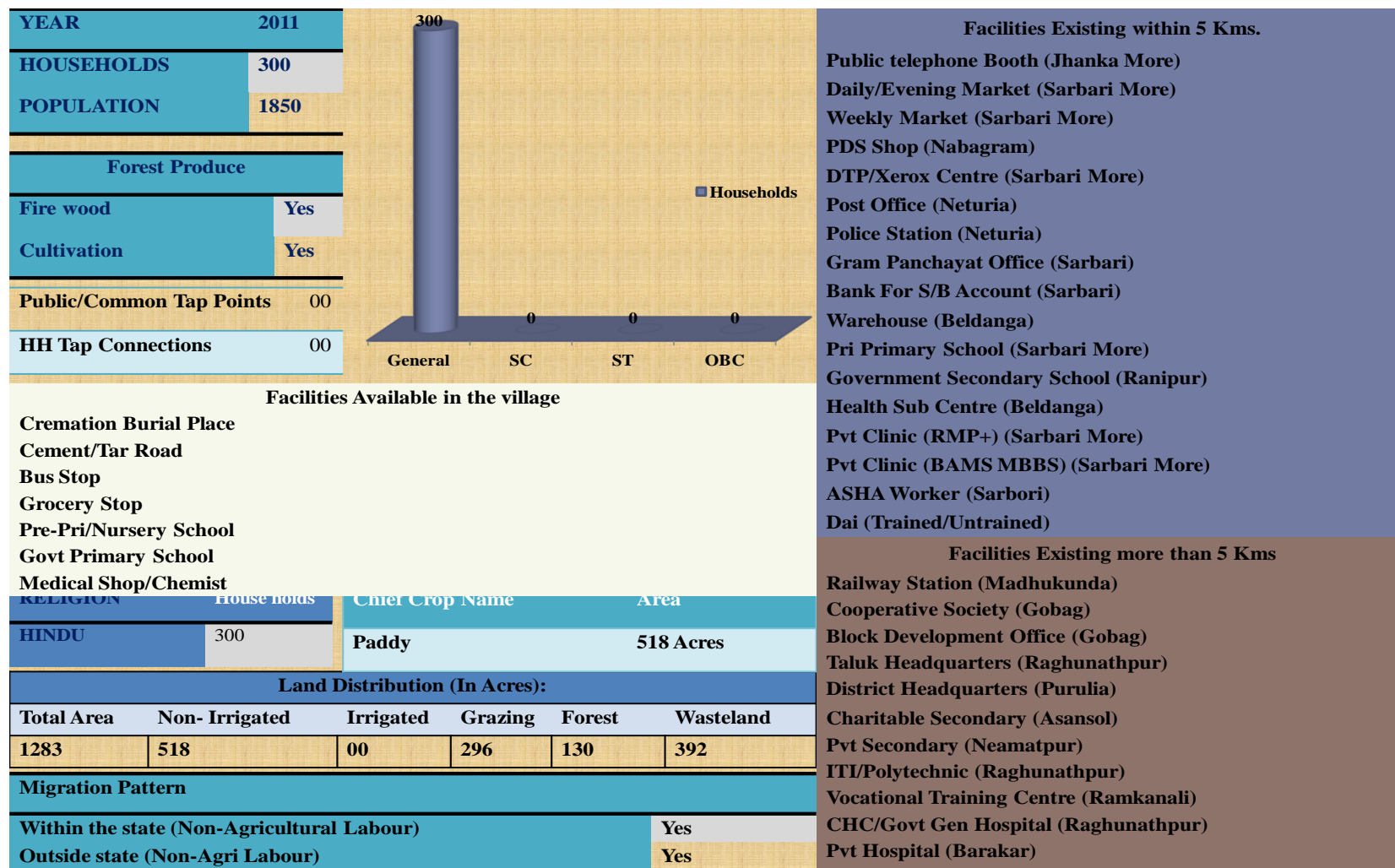
6.6.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • In the primary School there are total 110 students and they are having 4 classrooms to sit. Old school existing where ICDS centre is going. The repairing of the school is very urgent. • Primary school in village faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening along with village pond renovation is needed • Irrigation facility should be made available through pipe line and check dams • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.

Health Care	<ul style="list-style-type: none"> • Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it. • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health. • No health centre in the village. (Harmaddi 9 Kms away). It was requested by the village people if a Mobile Medical Van will be provided twice or thrice in a week then it can be very beneficial to the entire village.
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

Sanitation	<ul style="list-style-type: none"> • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> • Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. • In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. • SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. • Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet in needed in primary school

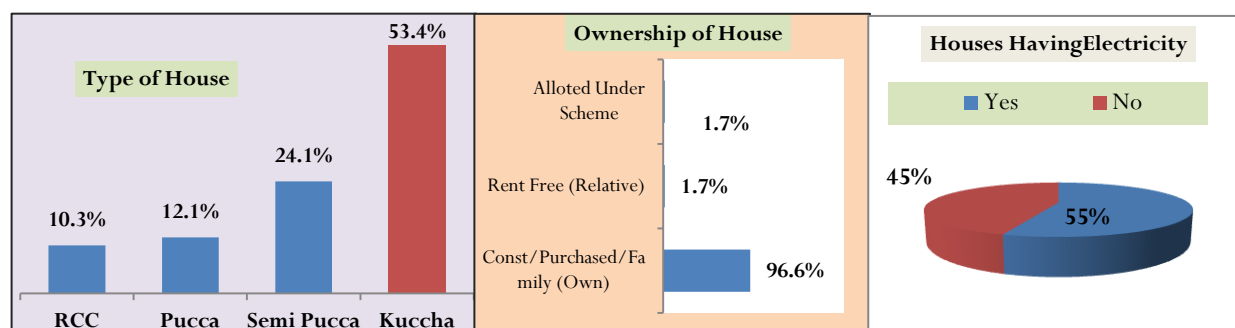
6.6. Nimdanga Village



6.6.1. Household Status

Housing Condition:

The majority of the Houses in the Nimdanga village fall into the category of Kuccha where approximately 54% of the people reported of having the Kuccha houses. Approximately 24% of the people in the village have Semi-Pucca houses on the other hand 12 percent of the people reported that they have Pucca houses. With regard to RCC 10% of the people fall in that category and remaining two percent have huts/jhopadpatti or in other words they don't have proper place to stay in the village. The ownership of the house in the figure 2 explains that majority of the people have their own constructed/Purchased/Family Houses, followed by the rent Free (Employer's) Land free & Construction own.



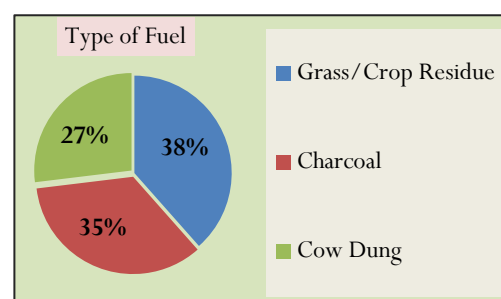
Very less percentage of people .i.e. approximately around 2% have reported that they have been allotted houses under the schemes such as Indira Aawas Yojana, Gharkul Yojana etc. The remaining 2 percent have been categorized as rent free (Relative).

6.6.1.1 Houses Having Electricity:

Of the total houses in the village approximately 55.2% of the people reported that they have electric connection in their houses. Remaining 44.8 % said that they do not have electric connection.

6.6.1.2 Fuel Used in the Houses

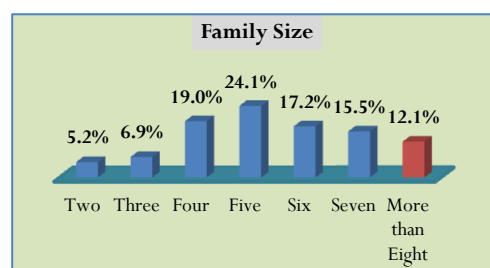
The three major *Types of fuel* used in the village are Grass/Crop Residue and wood which is used in almost 38 percent of the houses. Next to which comes charcoal which is approximately used by 35 percent of the village. As per reported by the people 27



percent of the people use cow dung as fuel. It was also reported that Biogas and LPG/Natural Gas is used by least people in the village which is around not more than 2-3 houses.

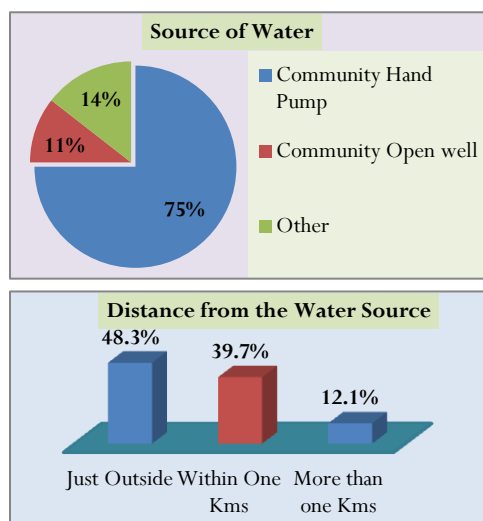
6.6.1.3 Size of the family:

With regard to the size of family maximum respondents reported that there Five members in the family. It must also be noted that in the Nimdanga Village there exists a wide multiplicity of Family Size ranging from 1 to More than eight also. Almost 24.1 percent of the people have said that they have five members in their houses, and followed to that 19 percent of the people said that they have six members in their families. Major concern was found in the village that there are also large families existing which were reported by approximately 15.5 percent of the people.



6.6.2. Source of Water

With regard to the source of water as reported by the people it was found that in the village majority of the people are dependent upon the Community Hand Pump which is approximately 75 percent of the total. Followed to which we have Others which was reported by approximately 14 percent of the people. The other sources of water which are available in the village are Community Open well which is 11 percent. Water is the major concern for all the people in the village. It was reported by the respondent that 48.3 percent of the people have their source of water just outside their house.

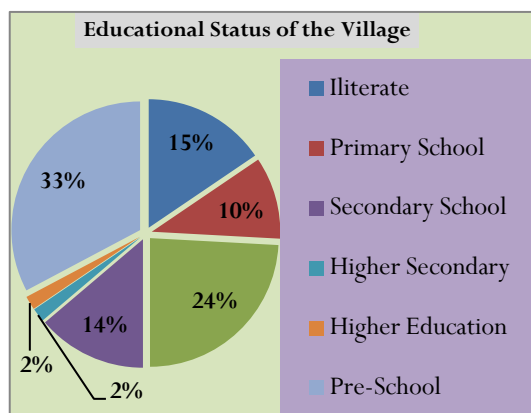


Approximately 39.7 percent of the people also reported that they have water source within a Kms also and similarly 12.1 percent of the people said that they have water sources located more than one Kms also.

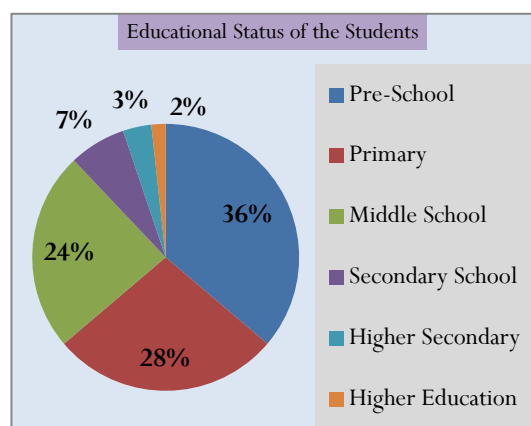
6.6.3. Education:

The Educational Status of the Nimdanga village shows that majority of the respondents have completed their Pre-schooling which is approximately 33% and followed by those who have completed their Upper Primary Level Schooling which is approximately 24 percent. Another important factor existing in the village is also that 15% of the respondents were reported as illiterate.

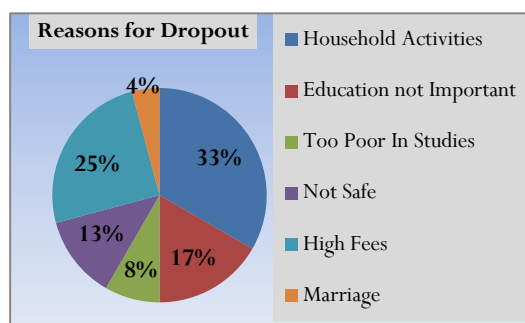
The adequate population falls into the category of those completed their Secondary Level Schooling which is around 14%. In the village those completed their higher education is very low around 2 percent. At present in the village approximately 36 Percent of the students are involved in the Pre- Schooling.



Followed by that Primary Level Schooling which is 28 percent and Upper Primary Level Schooling which is 24 percent. With regard to the Secondary Level education which is having adequate percentage i.e. of 7 percent only. It should be noted that since majority of the students are involved in the Higher Secondary and Higher Education are 3 percent and 2 percent respectively. It was reported to us that the major reason for the dropout from the school was due to involvement in Household



Activities which is approximately 33 percent of the total. With such a high drop out rate with regard to Household Activities indicates the clear signs of Poverty and children being seen as an extra hands for earning.

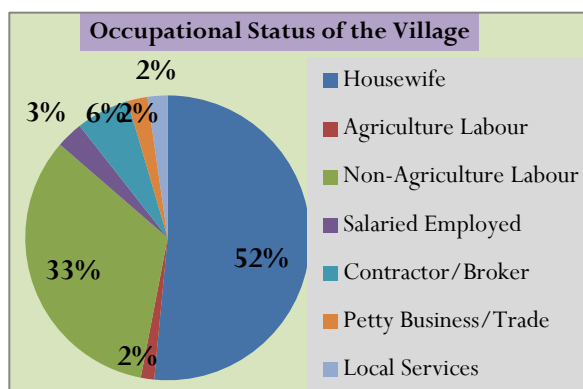


Followed by High Fees (25 Percent) another set of people reported students are not safe in school as their major cause for dropout. Along with the above mentioned reasons other issues were also identified such as 'Not safe' for girls and 'Being too poor in Studies'. Marriage is also an important reason for dropout but in the village its percentage was found to be low and at bottom i.e. at 4 Percent.

6.6.4.Occupation:

Occupational Status:

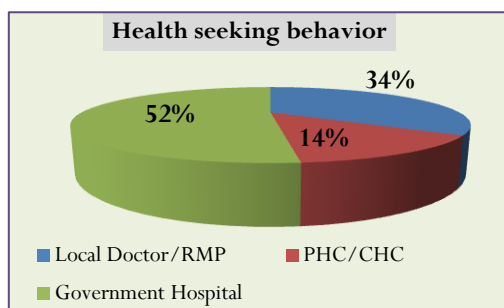
We can observe that the majority of the population is engaged as the Housewives. Followed by Non-Agricultural labour (33%) Unavailability of the water has a significant role in this context. The people in the village reported of having their own lands but water for irrigation is still a major concern for them. After the people who are engaged as a contractor/Broker comprises of 6 percent. Farming in the Village is completely nil and other existing occupations available in the village are Livestock Rearing, Contractor/Broker, Petty Business/Trade etc.



6.6.5.Health

Health Seeking Behavior:

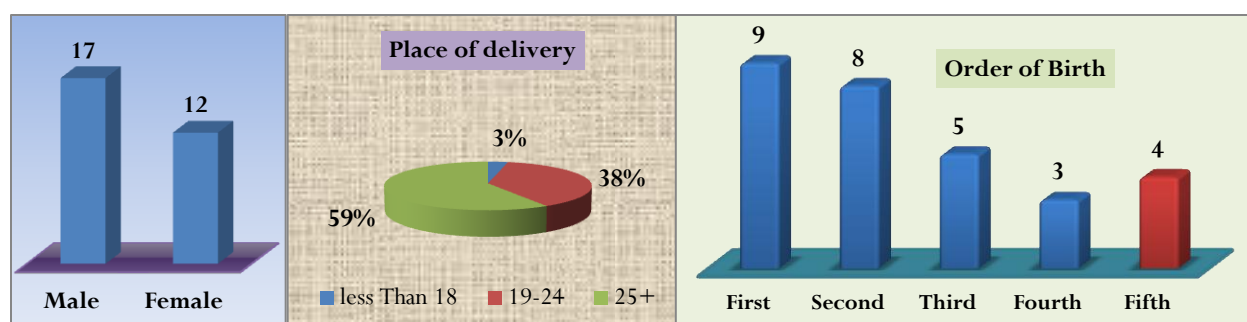
As reported by the people the majority of them visit to the Government Hospital for any health related Problems. Maximum numbers of respondent i.e. approximately 51.7 percent of the people are dependent on it. Followed by this People also visit Local Doctor/RMP for their minor and major ailments. The important concern is nobody in the village visit the ASHA and Anganwadi worker with regard to any health problem. In such a situation a serious need arises for capacity Building and Motivate the available ASHA & Anganwadi worker.



6.6.5.1 Maternal Health

On asking the households with regard to the births in the village in the past three years it was found that 29 births have taken place. Of the total 29 births 17 were reported as male and remaining 12 are female child. It was found in the village that a majority of the births have taken place in the Government maternity centre. Out of the total 29 births 11 have taken place in the

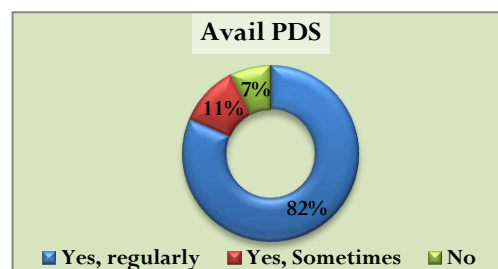
Government Maternity centre. It was also reported that the 7 births took place at homes attended by the birth attendant. Home based deliveries supported by the doctor/Nurse have also taken place in the village. The people also reported that they do not believe in the services provided at the government health institutions. It was also reported that though the services are free but the quality provided is not good. On asking the women who have given birth to the children it was reported that a majority of the women were in the age group 25+ when they gave birth to the children. It was also found that 11 births out of the total births were given by those women who come in the age group category of '19-24'. The remaining 1 birth was given by the women in the age group less than 18.

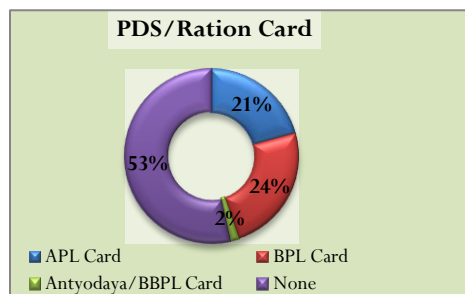


The important concern is that there is also prevalence of mothers giving birth in less than 18 years of age. Out of the total women who were asked questions with regard to the birth of the child, they were also asked about their birth order. It was found that out of the 29 women who reported of being pregnant in the last three years 9 of them are having their 'first birth order'. Followed to which 8 are having their second birth order. The peculiarity of the village is that the birth order ranges from one to five in the entire village.

6.6.6. People having PDS/Ration card and those availing it.

In the village approximately 21 percent of the people hold APL Card and around 24 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 2 percent hold it. In the village 53 percent of the respondents do not have any card with them. Out of the total people who are having any of the





PDS/Ration Card has reported that 82 percent of them avail food grains and other benefits of PDS.

On the other hand 7 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 11 percent of the population said that they avail it but only Sometimes.

6.6.7 Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Total number of students in the primary school of the village is 274 and they have only two classrooms to sit. The primary school requires two more classrooms so that the children can sit comfortably. The existing two classrooms are also required to be repaired. • No drinking water facility and electricity available in the school along with that the boundary wall also needs to be build. • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • Primary school in village faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening along with village pond renovation is needed • Irrigation facility should be made available through pipe line and check dams

	<ul style="list-style-type: none"> Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.
	<ul style="list-style-type: none"> Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

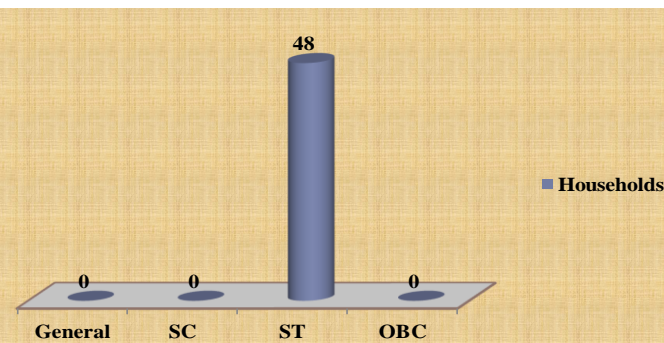
Sanitation	<ul style="list-style-type: none"> • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> • Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. • In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. • SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. • Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet is needed in primary school

6.7. Dubeshwari Village

Facilities Available in the village		Facilities Existing within 5 kms.									
Samaaj Mandir		Cement Tar Road (Hijuli)									
Grocery Shop		Bus Stop (Parbelia)									
Pvt-Pri Nursery School		Public Telephone Booth (Parbelia)									
Govt Primary School		Daily Evening Market (Parbelia)									
		Weekly Evening Market (Parbelia)									
		PDS Shop (Parbelia)									
YEAR		2011									
HOUSEHOLDS		48									
POPULATION		290									
Forest Produce											
Cultivation		Yes									
Public/Common Tap Points		00									
HH Tap Connections		00									
Chief Crop Name		Area									
Paddy		518 acres									
RELIGION		House holds									
HINDU		47									
MUSLIM		01									
Land Distribution (In Acres):											
Total Area		Non- Irrigated		Irrigated		Grazing		Forest		Wasteland	
765		518		00		00		148		74	
Migration Pattern											
Outside state (Agri Labour)								Yes			

Category	Population
General	0
SC	0
ST	48
OBC	0

Facilities Existing more than 5 Kms											
Railway station (Madhukunda)											
Cooperative Society (Gobag)											
Block Development Office (Gobag)											
Taluk Headquarters (Raghunathpur)											
District Headquarters (Purulia)											
Warehouse (Barakar)											
APMC/Mandi (Asansol)											
Charitable Primary (Asansol)											
Charitable Secondary (Asansol)											
ITI/Polytechnic (Raghunathpur)											
Vocational Training Centre (Gobag)											
Primary Health centre (Harmaddi)											
CHC/Govt Gen Hospital (Raghunathpur)											
Private Hospital (Barakar)											
Ayush Hospital (Asansol)											
Veterinary Clinic (Asansol)											

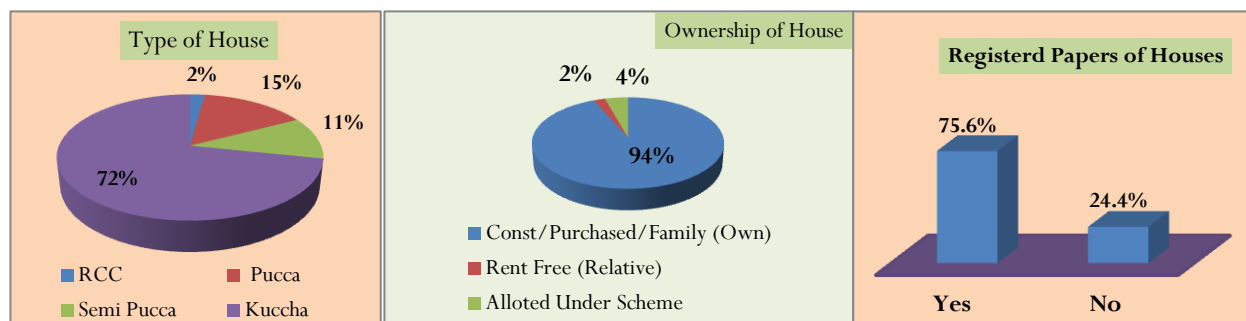


Facilities Existing more than 5 Kms

- Railway station (Madhukunda)
- Cooperative Society (Gobag)
- Block Development Office (Gobag)
- Taluk Headquarters (Raghunathpur)
- District Headquarters (Purulia)
- Warehouse (Barakar)
- APMC/Mandi (Asansol)
- Charitable Primary (Asansol)
- Charitable Secondary (Asansol)
- ITI/Polytechnic (Raghunathpur)
- Vocational Training Centre (Gobag)
- Primary Health centre (Harmaddi)
- CHC/Govt Gen Hospital (Raghunathpur)
- Private Hospital (Barakar)
- Ayush Hospital (Asansol)
- Veterinary Clinic (Asansol)

6.7.1. Household Status

In the Dubeshwari village most of the houses are of RCC which is approximately 2 percent of the total and it is followed by Pucca houses which are 15 percent. With regard to Semi Pucca and Kuccha they are comprised of 11 percent and 72 respectively. Also in the village almost all the houses which is approximately 94 percent people have their own houses and remaining 4 percent are allotted under Scheme.

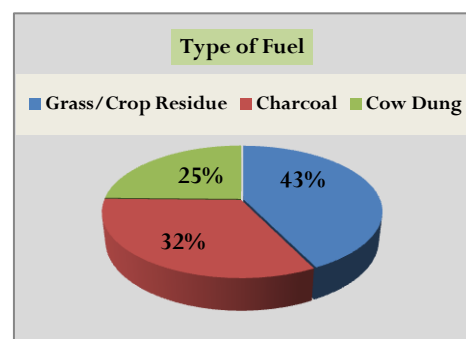


The above mentioned 4 percent of the houses under house ownership are provided under Indira Aawas Yojana.

6.7.1.1 Type of Fuel

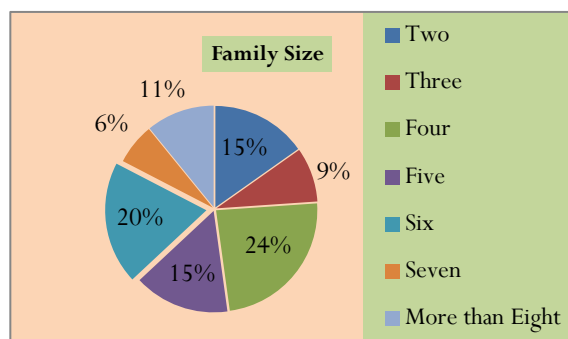
In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 43 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Cow Dung is another source of fuel which is used by approximately 25 percent of the total respondents.

Followed to which is the Charcoal for which around 32 percent of the people reported that they use it as fuel. Other types of fuels such as LPG, Biogas and Kerosene are also available but their percentage of availability is very less i.e. 30 percent, 3.3 and 5 percent respectively.



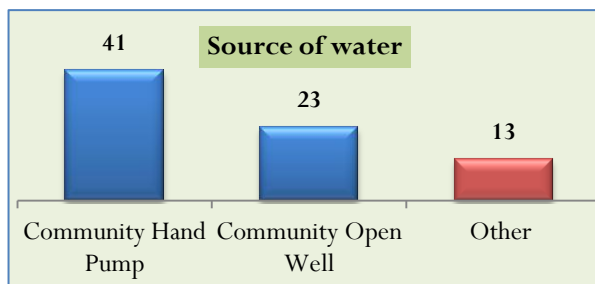
6.7.1.2 Size of the Family

As it can be observed that majority of the people have reported that they agree upon that on an average there are four members in the family. Since 24 percent of the people agreed that the family size is approximately four in number. In the village Families having more than 8 members, reported by approximately 11 percent of the people is also having high percentage. In the village there is a diverse variety of family size ranging from only two members to More than eight.

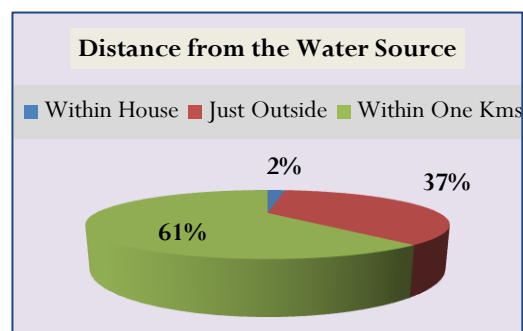


6.7.2. Water Availability:

In the village people reported that the majority of source of water used is from community Hand Pump which comprises of about 53 percent. Approximately 30 percent of the people use Community Open Well to take water. Remaining sources of water are Neighbor's Tap and Own Open Well in the villages which are 6 percent and 5 Percent respectively. In the village 2.2 percent reported about the source of water in their houses. Having the water source just outside the houses is around 37 percent. The most important issue in the village is about the drinking water problem and for that as per the respondents more than 60.9 percent of the people have water source within one Kms.



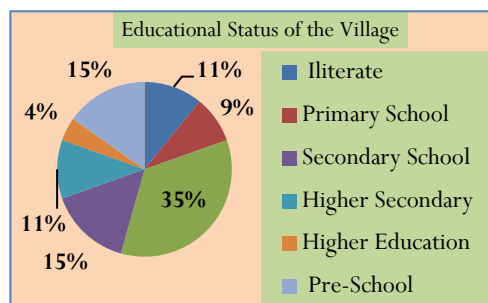
In the village the sample population said that they are having water availability just outside the houses which is approximately 37 percent of the total. followed to which it was also reported that only 2 percent of the population are having water sources within their houses in the form of hand pumps, own well and taps for their domestic purposes.



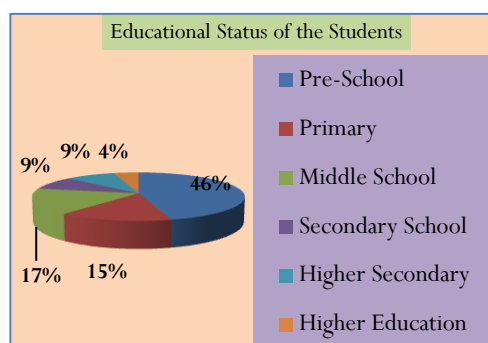
7.7.3.Education

Educational Status of the Village

In Dubeshwari the educational status of the respondent explains that 4 percent have completed their education till Higher Education which is followed by the Higher Secondary level Schooling

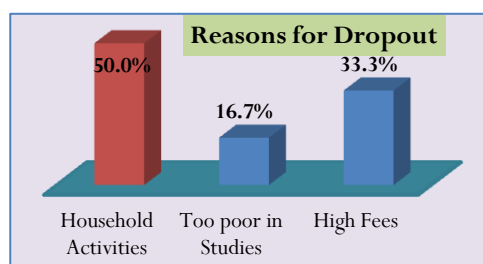


which is approximately around 11 Percent. In the Dubeshwari village approximately 15 percent of the people have completed their Secondary level Schooling. Moving towards other categories of education it was found that 9 percent of the people have completed their Pre-Schooling. Similarly those who have completed their Upper Primary Level Schooling and have done Vocational/Diploma/Certificate Courses are 5 percent and 2 percent respectively.



In the village those students are studying majority of them are involved in the Pre-School which is 46 percent approximately followed by Upper Primary Level Schooling and Higher Education which approximately are 17 percent and 4 percent respectively. In the Higher Secondary Schooling approximately 9 percent of the children are involved. In the village approximately 9 percent of the students are engaged in the Secondary School and in the Primary School 15 percent are involved.

In the village when it was asked about the major reasons for Dropout, it was found that getting engaged in the household activities was the only reason for leaving education in between. Followed to which other reasons which were cited for leaving the education are being too poor in studies and high fees.

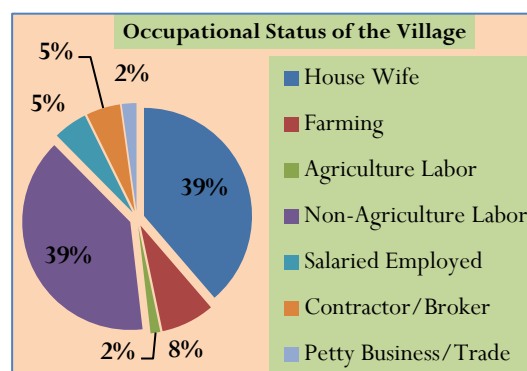


6.7.4. Occupation

Occupational Status of the Village

In the village approximately 39 percent of the women reported as being the Housewife. In the village most dominant occupation is those having Salaried Employed which accounts for approximately 21 percent of the population.

The major problems drinking water and lack of irrigation facility are on top priority. Non-Agricultural activities in the village Agriculture Labour constitute 39 percent of the population approximately. Around 10 percent of the people reported of being involved as having Petty Business/trade. There is only 8 percent of the population reporting for being engaged in the Farming. The other occupational areas are also available in the village such as Agriculture Labour, Contractor Broker etc.



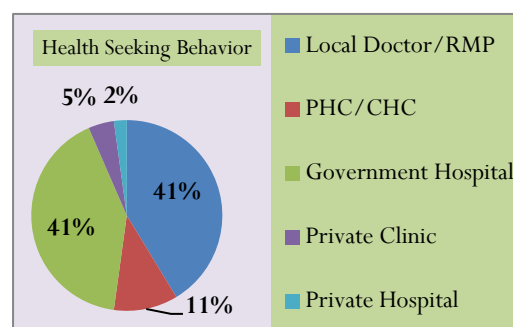
6.7.5. Health

Health Seeking Behavior

It was reported by the people that they mostly visit the Local Doctor/RMP in case of any illness as 41 percent of the people reported for it. It was found that 41 percent of the people visit Government Hospital also which is located at Headdih. Apart from these two approximately 5 percent of the people also agreed that they visit Private Clinics in case of any minor and major ailments.

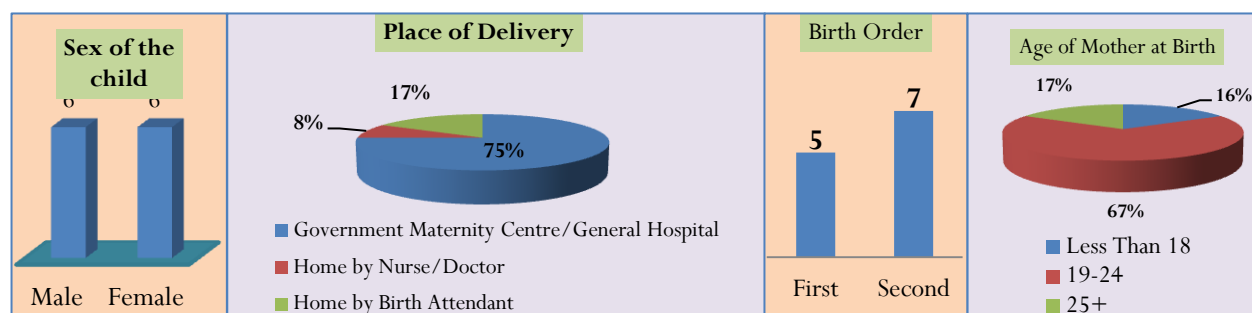
Though the cost is higher in the private Clinics but people also said that in case of emergencies they do not have any choice. 2 percent of the people also said

that they prefer going to PHC/CHC also in case of any health related issue. The remaining 7 percent which stands at bottom agreed upon visiting Private Hospitals if anybody falls sick or Ill.



6.7.5.1 Maternal Health

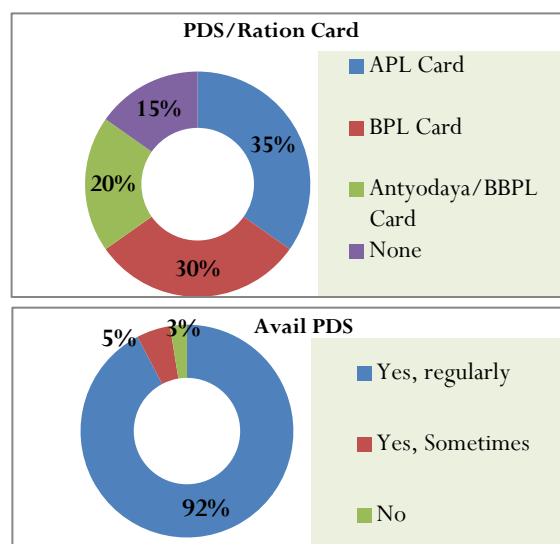
On asking the households with regard to the births in the village in the past three years it was found that 12 births have taken place. Of the total births both male and female are equal in number. It was found in the village that a majority of the births have taken place in the private maternity centre. Out of the total 12 births 9 have taken place in the government hospitals. It was also reported that though the services are free but the quality provided is not good.



The interesting fact in the village is that 2 births have taken place from the mothers who are in the age group less than 18. All the 8 births have been given by the women who are above 18 years of age. 10 women who have given birth in the last three years agreed that they are having their first birth order. Remaining two women said that they are having their second birth order.

7.7.6. People having PDS/Ration card and those availing it

In the village approximately 35 percent of the people hold APL Card and around 30 percent of



the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 20 percent hold it. In the village 7 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 89 percent of them avail food grains and other benefits of PDS. On the other hand 15 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS

ration was: Not Interested, Shop Being too far and having APL Card. Remaining 9 percent of the population said that they avail it but only sometimes.

6.7.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises.
	<ul style="list-style-type: none"> • It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
	<ul style="list-style-type: none"> • It was also found that there is a high dropout rates in the village. Almost more than 60 percent of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
	<ul style="list-style-type: none"> • The village primary school requires benches in the school, two classrooms are existing two are more required since the number of students is large. One office room is also necessary where the teachers can sit and take rest after classes.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed
	<ul style="list-style-type: none"> • Irrigation facility should be made available through pipe line and check dams
	<ul style="list-style-type: none"> • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
	<ul style="list-style-type: none"> • As per the discussion with villagers availability of drinking water has emerged as major concern and especially in summer season. Piped water supply is available but covers only a minimal section of the community. Availability of drinking water to the community can be

	<ul style="list-style-type: none"> Ensured if company work in collaboration with local administration and strengthen the existing drinking water supply system.
Health Care	<ul style="list-style-type: none"> In the village it was reported that almost 67 percent of the people prefer going to the Local Doctor/RMP in case of any health related issue. It was also found that there was no body in the village who reported of visiting ASHA/Anganwadi worker when they are ill. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. The District level Medical Colleges can be collaborated to give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and Family Planning.
Rural Electrification	<ul style="list-style-type: none"> Street lights are needed in the village.

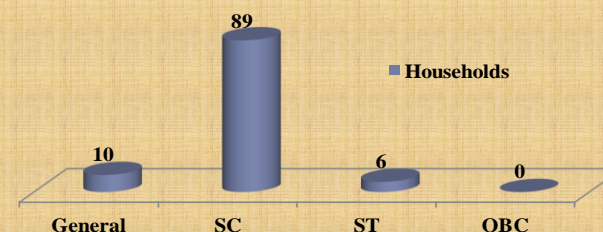
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since 22 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> • Total number of houses is less than 50 if household toilets provided, it can be an initiative to stop open defecation in the village. It will also result in the reduction of various diseases which spreads due to non use of toilets especially among women. • Construction of toilet should be taken up under CSR. Gram Panchayat should be involved in the planning process where company can take the responsibility to construct the toilets and Panchayat should be asked to run and maintain it. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

6.8. SahebDanga Village

YEAR		2011	Facilities Existing within 5 Kms.						
HOUSEHOLDS		158							
POPULATION		950							
Forest Produce									
Firewood		Yes							
Cultivation		Yes							
Public/Common Tap Points		00							
HH Tap Connections		00							
Chief Crop Name		Area							
Paddy		962 Acres							
RELIGION		House holds	Bus stop (Jhanka More) Public Telephone Booth (Jhanka More) Daily Evening Market (Saltore) Weekly Market (Saltore) PDS Shop (Benipur) DTP/Xerox Centre (Jhanka More) Post Office (Chalmara) Gram Panchayat Office (Sarbari) Bank for S/B Account (Ranipur) Higher Secondary School (Ranipur) Vocational Training Centre (Kelia Suta) Health Sub Centre (Badhurdanga) Pvt Clinic (RMP+) (Sarbari More) Pvt Clinic (MBBS BAMS) (Sarbari More) Medical Shop/Chemist (Sarbari) ASHA Worker (Sarbari) Dai trained/Untrained (Sarbari) Police Station (Neturia)						
HINDU		80							
CHRISTIAN		20							
JAIN		05							
Land Distribution (In Acres):									
Total Area	Non- Irrigated	Irrigated					Grazing	Forest	Wasteland
1703	1012	00					320	00	370
Migration Pattern									
Within the state (Non-Agricultural Labour)							Yes		

Facilities Existing within 5 Kms.

Bus stop (Jhanka More)
 Public Telephone Booth (Jhanka More)
 Daily Evening Market (Saltore)
 Weekly Market (Saltore)
 PDS Shop (Benipur)
 DTP/Xerox Centre (Jhanka More)
 Post Office (Chalmara)
 Gram Panchayat Office (Sarbari)
 Bank for S/B Account (Ranipur)
 Higher Secondary School (Ranipur)
 Vocational Training Centre (Kelia Suta)
 Health Sub Centre (Badhurdanga)
 Pvt Clinic (RMP+) (Sarbari More)
 Pvt Clinic (MBBS BAMS) (Sarbari More)
 Medical Shop/Chemist (Sarbari)
 ASHA Worker (Sarbari)
 Dai trained/Untrained (Sarbari)
 Police Station (Neturia)



Facilities Available in the village

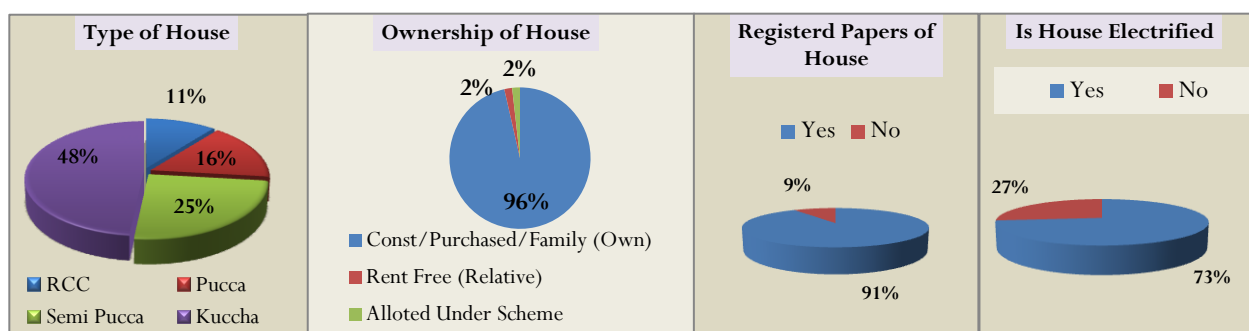
Playground
 Samaaj Mandir
 Community Hall
 Library
 Cement/tar Road
 Grocery Shop
 Pre-Pri Nursery School
 Govt Primary School

Facilities Existing more than 5 Kms

Railway Station (Madhukunda)
 Cooperative Society (Sanctoria)
 Block Dev Office (Ramkanali)
 Taluk Headquarters (Raghunathpur)
 District Headquarters (Purulia)
 Warehouse (Adra)
 APMC/Mandi (Chirkunda)
 Charitable Primary (Asansol)
 Charitable Secondary (Asansol)
 Pvt Secondary School (Raghunathpur)
 ITI/Polytechnic (Raghunathpur, Purulia)
 Primary Health Centre (Harmaddi)
 CHC/Govt Gen Hospital (Raghunathpur)
 Private Hospital (Barakar)
 Ayush Hospital (Asansol)

6.8.1. Household Status:

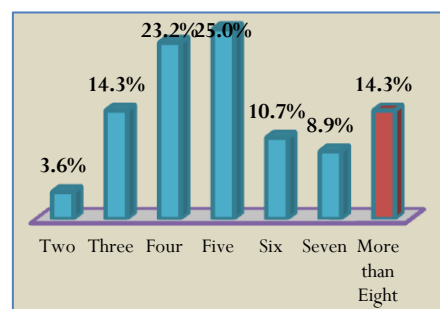
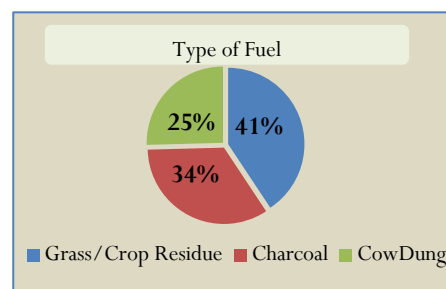
In the village it was reported that majority of the houses have Kuccha houses which is around 48 percent of the total. Followed to this it was found that Semi- Pucca houses are around 25 and remaining have been divided into Pucca and those houses which are build of RCC which are 16 percent and 11 percent respectively.



With regard to the ownership of houses it was reported that 96 percent of the people own their houses and remaining 4 percent of the houses are rent free and those allotted under any scheme. Approximately 73 percent of the sample households have reported that they are having electricity in their houses.

6.8.1.1 Type of Fuel:

With regard to the use of fuel it was reported by the people that majority of them use Grass/Crop Residue as fuel in their houses and followed to this 34 percent of the people use Charcoal in the houses. The remaining 25 percent of the people use Cow Dung as fuel and the prominent aspect is that all the three fuels used in the village extract a lot of smoke and causes various respiratory diseases among people specially women.



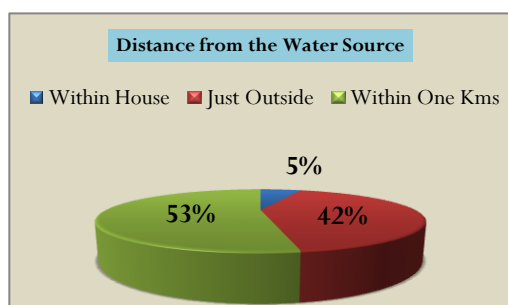
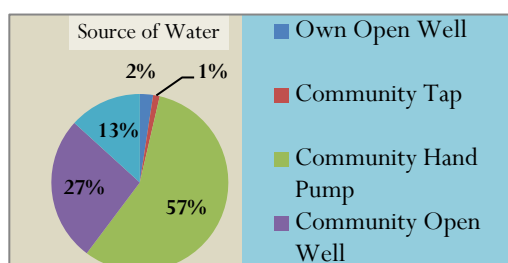
6.8.1.2 Family Size:

In the village majority of the houses have five members in their houses. Around one-fourth of the total houses have agreed that they have five members in their houses. Followed to which it was found that 24

percent of the houses have four members in their houses. In the village it was also reported that large families having seven or more than eight members is in prevalence which is around 14.3 percent of the total.

6.8.2. Source of Water:

The majority of the people in the village are dependent upon the Community Hand Pump in

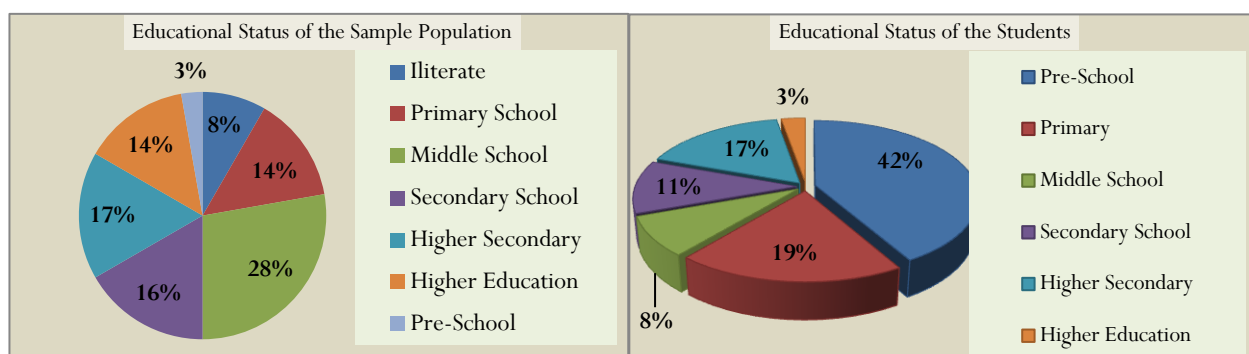


order to get the Drinking water and water for other household purposes. Followed to the community Hand Pump people in the village also reported that around 13 percent of them are dependent upon the other sources of water and 27 percent said that they use Community Open Well to get water. Other remaining sources are Own Open well which was reported by around 2 percent and around 1 percent of the people have been dependent upon the community tap. The percentage of the people using community Tap is very low that is around 1 percent. In the

village a very few or less percentage of people have the water Source in their houses which is approximately less than 5 percent in the entire village. Having the water source just outside the houses is around 42 percent.

6.8.3. Education

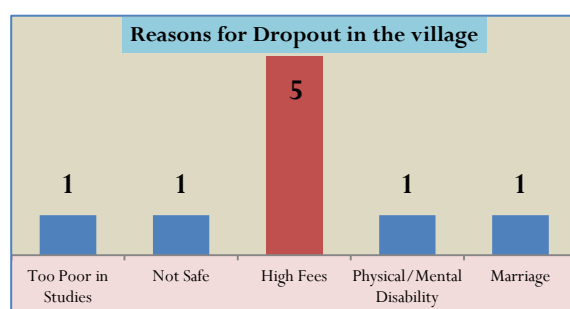
In the village educational status of the respondent explains that 28 percent have completed their education till Middle School which is followed by the Secondary level Schooling which is approximately around 16 Percent. In the Debidanga village approximately 17 percent of the



people have completed their Higher Secondary. In the village both primary School and Higher Education have been completed by 14 percent in both. It was also reported that around 8 percent of the people in the village are illiterate and 3 percent of the people reported that they have completed their pre-Schooling. In the village those students are studying majority of them are involved in the Pre-School which is 42 percent approximately followed by primary School level education which is approximately 19 percent. In the Higher Secondary Schooling approximately 17 percent of the children are involved. In the village approximately 11 percent of the students are engaged in the Higher Education and in the Middle School 8 percent are involved.

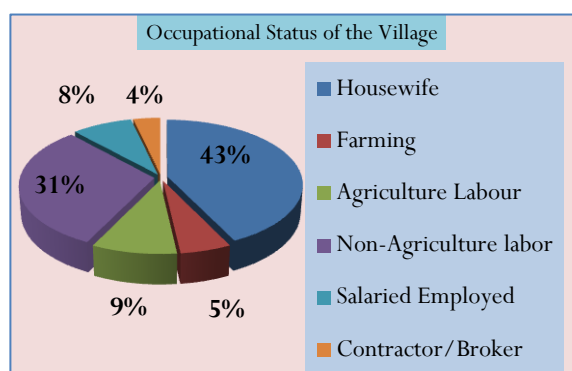
6.8.3.1 Reasons for Dropout

The main reason for the dropout in the village has been reported as High Fees. In the village approximately 56 percent of the person reported that their major reason for dropout was High Fees. Other reasons were also reported as the reasons for dropout in the village such as Marriage, Physical/Mental Disability, Not Safe for girls etc.



6.8.4. Occupation

Occupational Status of the Village: In the village approximately 43 percent of the women reported of being the Housewife. In the village most dominant occupation is Non-Agricultural



activities which accounts for approximately 31 percent of the population. In the village among the major problems drinking water and lack of irrigation facility are on top priority.

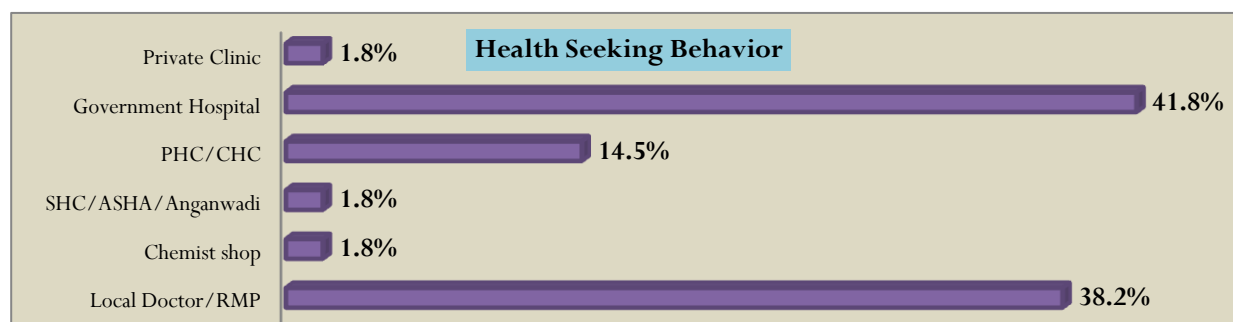
After the Non-Agricultural activities in the village Agriculture Labour constitute the majority of the population with 9 percent approximately. Around

8 percent of the people reported of being involved as salaried employed. The other occupational areas are also available in the village such as Agriculture Labour, Contractor Broker etc.

6.8.5. Health

Health Seeking Behavior

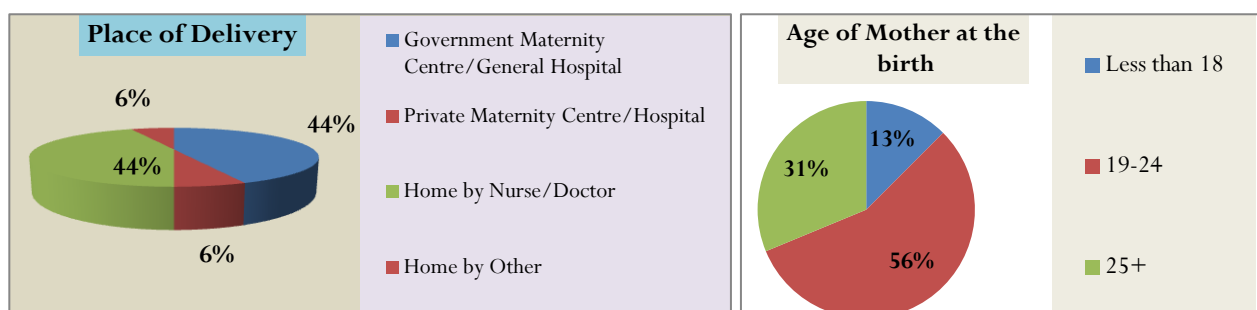
Whenever a family member fell sick majority of people which is approximately 41.8 percent each in the village reported that they approach to the Government Hospital to get health services.



Followed to this 38.6 percent of the people agree that they visit to the Local Doctor/RMP in case of any major and minor ailments. 14 percent of the people also said that they prefer going to CHC/PHC but the percentage of people who agreed that they prefer to go to the ASHA/Anganwadi worker has been found to none exist in the village. The remarkable issue is that the people in the village are less fond to access Private clinic and Hospitals, may be due to the reason that it might be very costly as compared to Government hospital.

6.8.6. Maternal Health:

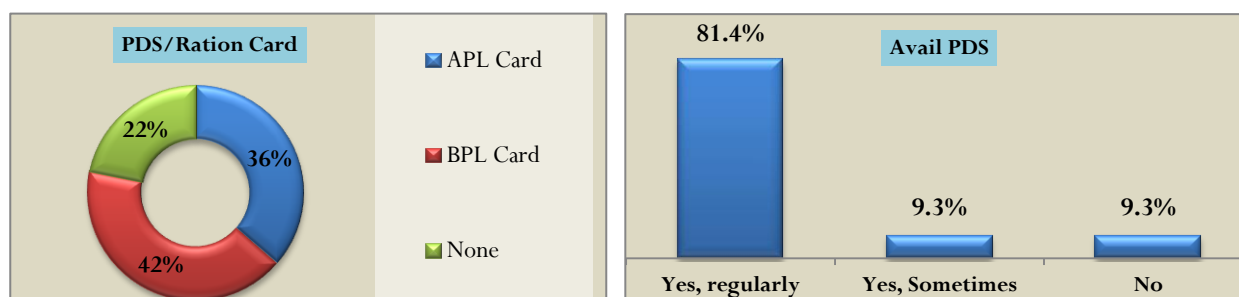
Out of the total children born in the village which is 16 it was reported that 8 are Males and another 8 are females. With regard to the place of delivery it was informed that almost 7 births in the last three years have taken place in the Government Maternity Centre/General Hospital and home based deliveries by doctors each. In the village there are also 1 birth is non-Institutional in Nature. The remaining 1 birth has taken place in the Private Maternity Centre/Hospital. On asking all the women who have given birth to any children it were found that approximately 56 percent of the women have given birth to her first child when she was in between 19 -24 years of



age. Approximately 31 percent of the women have reported that they have given birth to her child when she was 25+ years of age. It was also found in the village that 13 percent of the women gave birth to children.

6.8.7. Availability of the PDS/Ration Card and people availing it:

In the village it was reported that 42 percent of the respondents hold the BPL card with them and around 36 percent of them have the APL Card. On tasking the respondents about availing it, approximately 82 percent of them avail it on regular basis.



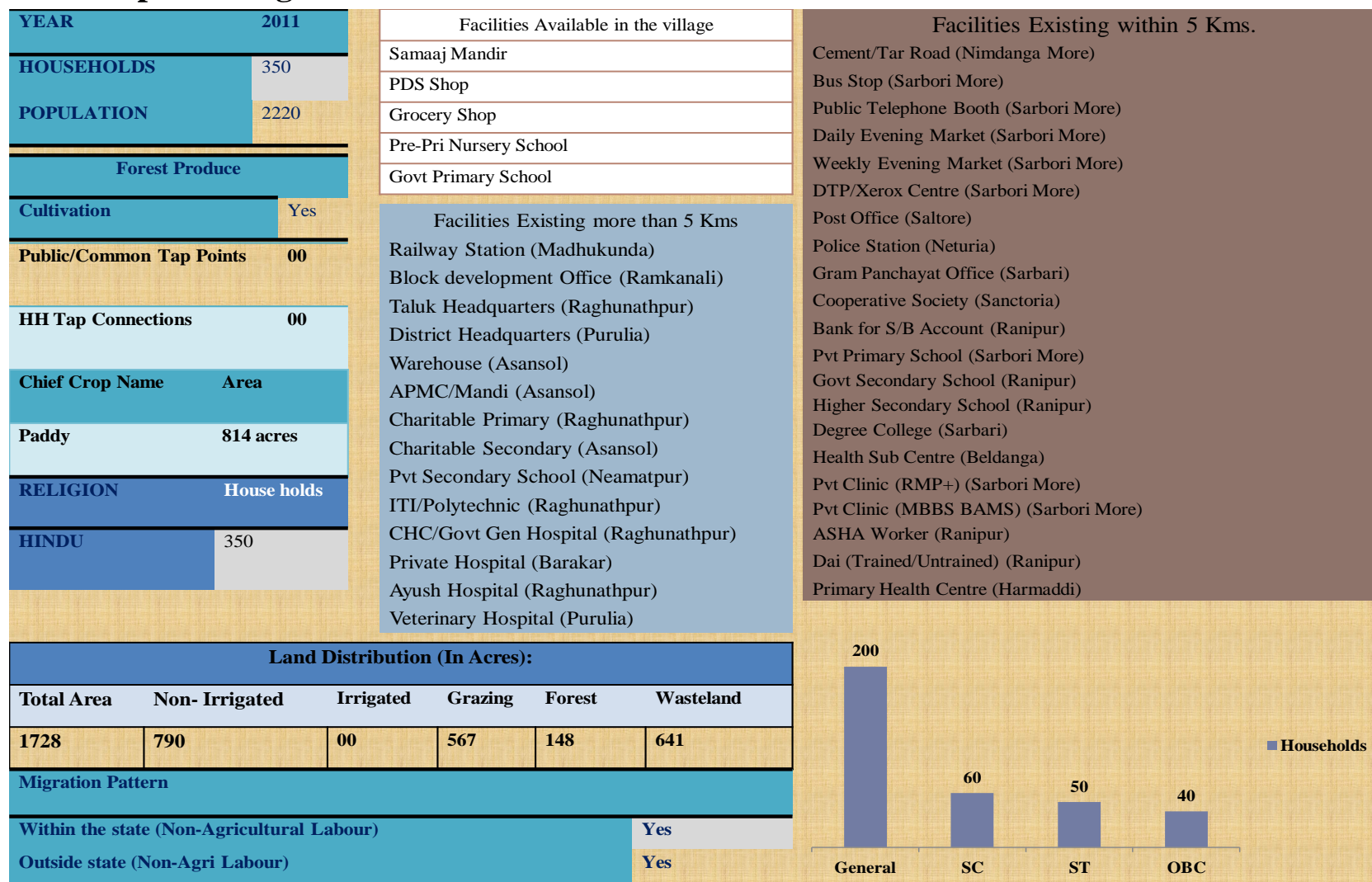
6.8.8. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Vocational training in schools should be provided like electronics, computer, mobile repairing etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that very few percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Almost more than 60 percent of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Rainwater harvesting initiatives are required in the village • Irrigation facility should be made available through pipe line. • Water tanker should be provided during extreme summer
Health Care	<ul style="list-style-type: none"> • In the village it was reported that almost 46 percent of the people prefer going to the Local Doctor/RMP in case of any health related issue. It was also found that there was no body in the village who reported of visiting ASHA/Anganwadi worker when they are ill. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this

	<p>there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.</p> <ul style="list-style-type: none"> • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> • Street lights are needed
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since 22 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

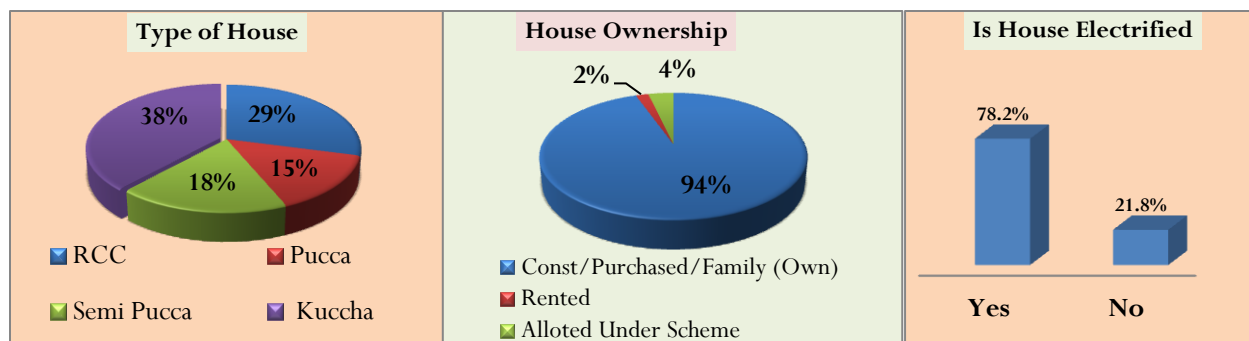
Sanitation	<ul style="list-style-type: none"> • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> • Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet in needed in primary school

6.9. Benipur Village



6.9.1. Household Status

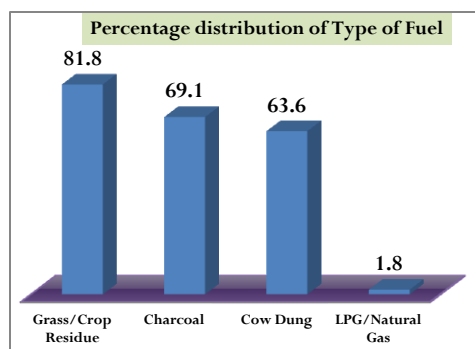
In the village majority of the houses which is approximately 38 percent of the total is of Kuccha in nature. Similar to that 29 percent of the houses are RCC and remaining has been constituted with Semi Pucca and Pucca which are 18 percent and 15 Percent respectively. In the village almost all the houses are self owned or Constructed/Purchased by the family itself which is approximately 94 percent.



Around 4 percent of the people reported that they have been allotted houses under the scheme of Gaharkul Yojana and Indira Aawas Yojana. Remaining 2 percent of the houses are rented.

6.9.1. 1 Type of Fuel:

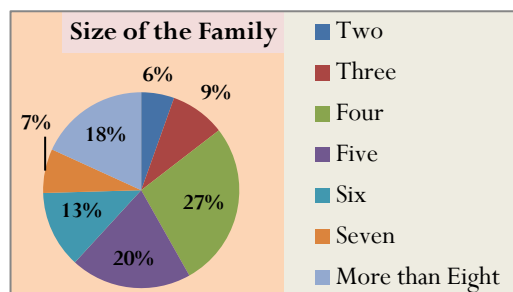
With regard to the major type of fuel used in the village people reported that they use Grass/Crop residue and wood in order to meet their domestic and household needs. It was found that almost



81.8 percent of the people use Grass crop residue and wood as fuel in the village. Followed to that are used as major fuel in the village is Cow Dung with people reporting approximately 63.6 percent. Charcoal is also used by almost 69.1 percent of the people whereas other type of fuels such as LPG/Natural Gas is also used by the people but their percentage wise availability is very low.

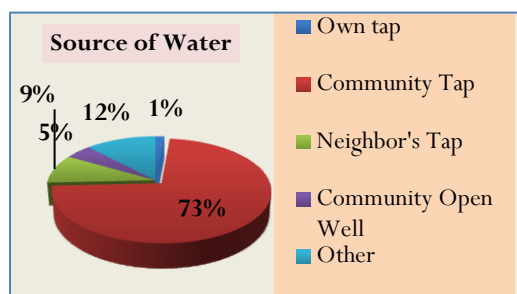
6.9.1.2 Size of the Family:

In the Nawada village majority of the people reported that the size of the family ranges from four to five on an average. It was reported by 27 percent of the people that they have four members in the family followed to that 20 percent of the people said that they have five members. Important aspect is that in the village large size of family is very high i.e. more than eight members is around 18 percent of the total.



6.9.3. Source of Water:

It was reported that almost more than 73 percent of the people are dependent upon the Community tap for the drinking water and water for domestic uses. Followed by this other major sources of water is neighbor's Tap which constitutes approximately 9 percent. In the Benipur

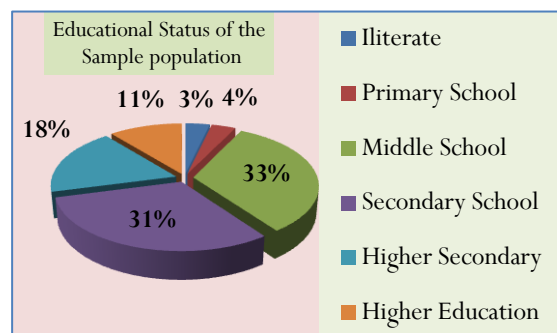


village the percentage of houses having their own taps and hand pumps is very less around 1 percent. It was reported that majority of the respondents which is approximately 71 percent have access to water facility located just outside the houses which are basically the community taps and hand pumps. 27 percent of the

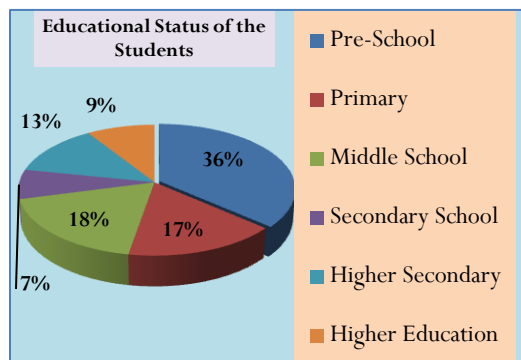
people said that their source of water is located within one Kms which may be the tap provided by Govt/Panchayat etc or community tap or community open well etc. Only 2 percent of the people have said that they have source of water within the house.

6.9.4. Education:

With regard to the educational status of the village it was reported that majority of the people have completed their education till Middle School which comprises of approximately 33 percent of the respondent. Next to that 31 percent each have said that they have completed their Secondary Level Schooling. Followed to this approximately 18



percent of the people have completed their education upto Higher secondary school. The remarkable issue which was identified is that 11 percent of the respondents have completed their Higher Education. In the village those who have completed their Primary Level schooling is 4

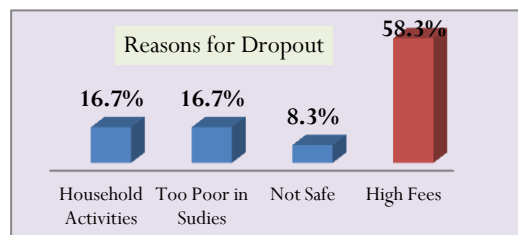


percent and remaining 3 percent are Illiterate. In the village majority of the students reported of being involved in their pre-schooling which is approximately 37 percent. Approximately 18 percent of the people said that they have completed their Middle Level Schooling. Followed to which is those who are involved in the Primary Schooling and

Higher Secondary which are approximately 16 percent and 13 percent each among the respondents. In the village around 9 percent of the respondent said that they have completed their higher Education.

6.9.4.1 Reasons for dropout in the Village:

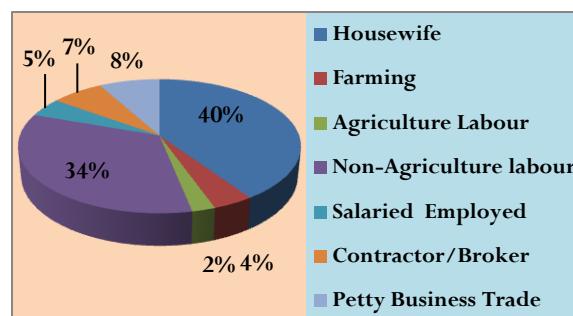
There were four major reasons identified in the village of them most prominent are High fees and Getting Involved in Household activities. With regard to high Fees approximately 58.3 percent of the people have agreed that they are the major reasons for drop out in the village. Being too poor in the studies and getting involved in Household Activities is also a reason for the drop out in the village which is reported by approximately 16.7 percent of the people. Considering not safe to go to school is also considered as a major reason for the dropout of the girls in the village.



6.9.5. Occupation:

Occupational Status of the Village:

Approximately 40 percent of the women in the village reported of being housewife in the village. In the village most prominent occupation after being 'Housewife' which was found is those as

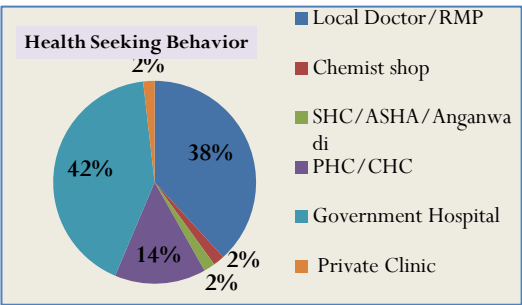


Non-Agricultural Labour with 34 percent of the population. Being engaged as salaried Employed was reported as the second most prominent occupation in the village. Here approximately 8 people reported that they are involved in it. Contractor/Broker approximately constitutes 7 percent of the population followed to which is Agriculture labor, Petty/Business trade etc.

6.9.6. Health

Health Seeking Behavior:

Whenever a family member falls sick majority of people which is approximately 41.8 percent

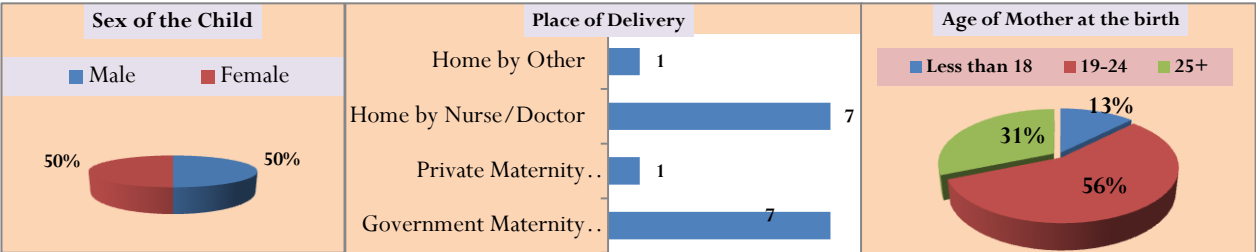


each in the village reported that they approach to the Government Hospital to get health services. Followed to that 38.6 percent of the people agree that they visit to the Local Doctor/RMP in case of any major and minor ailments. 14 percent of the people also said that they prefer going to CHC/PHC but the percentage of

people who agreed that they prefer to go to the ASHA/Anganwadi worker has been found to none exist in the village. The remarkable issue is that the people in the village are less fond to access Private clinic and Hospitals, may be due to the reason that it might be very costly as compared to Government hospital.

6.9.6.1 Maternal Health:

Out of the total children born in the village which is 16 it was reported that 8 are Males and another 8 are females too. With regard to the place of delivery it was informed that almost 7 births in the last three years have taken place in the Government Maternity Centre/General Hospital and home based deliveries by doctors each. In the village there are also 1 birth is non-

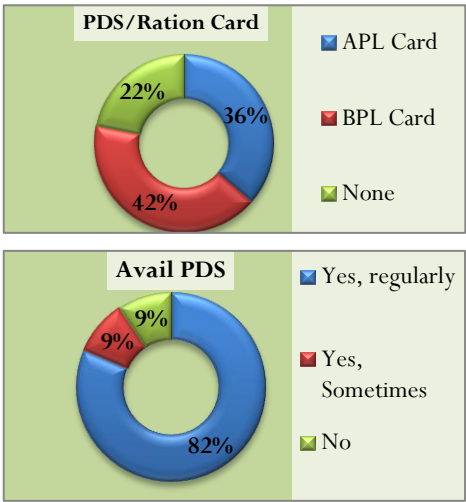


Institutional in Nature. The remaining 1 birth has taken place in the Private Maternity Centre/Hospital. On asking all the women who have given birth to any children it were found that approximately 56 percent of the women have given birth to her first child when she was in

between 19 -24 years of age. Approximately 31 percent of the women have reported that they have given birth to her child when she was 25+ years of age. It was also found in the village that 13 percent of the women gave birth to children.

6.9.6. PDS and ration card availability

In the entire village 42 percent of the people hold BPL Cards with them and followed to which



approximately 36 percent of the people have APL card with them. The issue of concern is that 22 percent of the people reported that they go not have any card available with them. Of all the people having the PDS ration card, 86 percent of them avail it regularly.

6.9.7. Recommendations:

Area	Major problems and Recommendations
Education	<p>Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school.</p> <p>Primary school in Benipur faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.</p> <p>It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.</p>
Water Supply	<p>Water is the most crucial requirement in the village. Deep boring and well deepening along with village pond renovation is needed</p> <p>Irrigation facility should be made available through pipe line and check dams</p> <p>Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.</p>
Health Care	<p>Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.</p>

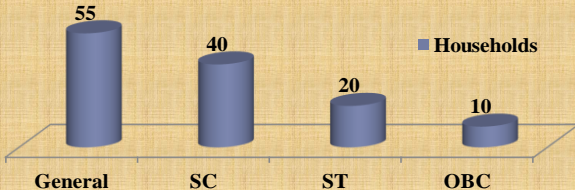
	<p>Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.</p>
Environment	<p>In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.</p>
Livelihood	<p>Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low.</p> <p>The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.</p>
Sanitation	<p>In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.</p>

Social Empowerment	<p>Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level.</p> <p>In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible.</p> <p>Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.</p>
Infrastructural Development	<p>Toilet in needed in primary school</p> <p>Playground should have boundary wall</p>

Major Findings from the villages and Recommendations:

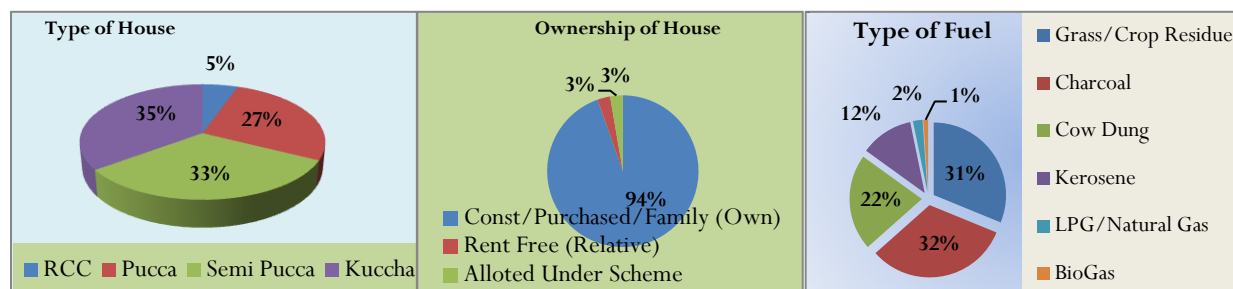
7. Saltore Gram Panchayat

7.1. Saltore Village

YEAR		2011		Facilities Available in the village Samaaj Mandir Cement Tar Road PDS Shop Grocery Shop Government Primary School Asha Worker Cremation/Burial Place Club DTP/Xerox Centre. Bus Stop Weekly Market. Post Office. Gram Panchayat Office Warehouse. Government Secondary School. Health Sub Centre. Dai Trained/Untrained. Medical Shop Chemist.						Facilities Existing within 5 Kms. Co-Operative Society (Disergarh). Police station (Neturia). Warehouse (Parbelia Colliary). Charitable Primary (Parbelia). Higher Secondary School (Parbelia). Public Telephone Booth (Sanctoria) Daily Evening Market (Parbelia) Bank for S/B Account (Parbelia) Pre Primary Nursery School (Parbelia) Charitable Secondary School (Parbelia) Degree College (Sarbari)					
HOUSEHOLDS		125													
POPULATION		1550													
Forest Produce															
Coal Collection		Yes													
Cultivation		Yes													
Public/Common Tap Points		17													
HH Tap Connections		07													
Chief Crop Name		Area													
Paddy		1135 acres													
RELIGION		House holds													
HINDU		90													
MUSLIM		32													
SIKH		03													
Land Distribution (In Acres):								Facilities Existing more than 5 Kms							
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland	Railway Station (Madhukunda) Taluk Headquarters (Raghunathpur) District Headquarters (Purulia) Private Secondary School (Asansol) ITI Polytechnic (Puruliya) Block Development Office (Gobag) APMC/Mandi (Barakar). Vocational Training Centre (Raghunathpur) Primary Health Centre (Harmaddi). CHC/Govt Gen Hospital (Raghunathpur) Veterinary Clinic (Gobag) Private Hospital (Barakar)									
1967	90	789	179	197	243										
Migration Pattern															
Within the state (Non-Agricultural Labour)						Yes									
Outside state (Agri Labour)						Yes									

7.1.1. Household Status

In the Saltore village most of the houses are of RCC which is approximately 5 percent of the total and it is followed by Pucca houses which are 27 percent. With regard to Semi Pucca and Kuccha they are comprised of 33 percent and 35 respectively. Also in the village almost all the houses which are approximately 94 percent people have their own houses and remaining 3 percent are allotted under Scheme.



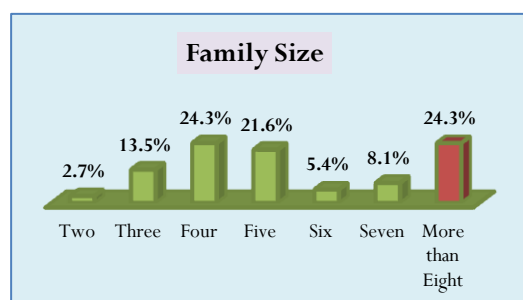
The above mentioned 3 percent of the houses are provided under Indira Aawas Yojana. In the village out of the total sample around 92 percent of the people have said that they are having registered papers of their houses. Along with that it has also been 65 percent houses are having electricity.

7.1.1.1 Type of Fuel

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 31 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Cow Dung is another source of fuel which is used by approximately 22 percent of the total respondents. Followed to which is the Charcoal for which around 32 percent of the people reported that they use it as fuel. Other types of fuels such as LPG, Biogas and Kerosene are also available but their percentage of availability is very less i.e. 2 percent, 1 percent and 12 percent respectively.

7.1.1.2 Size of the Family

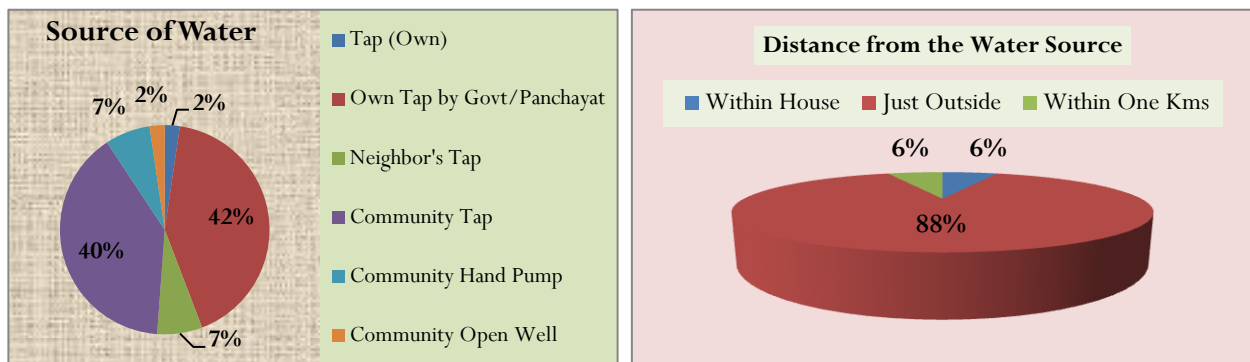
As it can be observed that majority of the people



have reported that they agree upon that on an average there are four members in the family. Since 24.3 percent of the people agreed that the family size is approximately four in number. In the village Families having more than 8 members, reported by approximately 24.3 percent of the people is also having high percentage. In the village there is a diverse variety of family size ranging from only two members to More than eight.

7.1.2. Water Availability

In the village people reported that the majority of source of water used is from community Hand Pump which comprises of about 7 percent. Followed by the above source people have

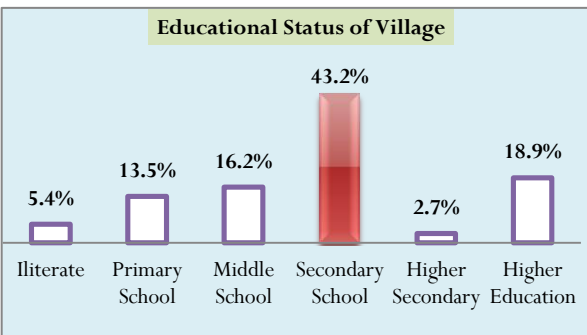


community Tap which is about 40 percent from which the people use water for domestic and drinking purpose. Approximately 2 percent of the people use Community Open Well to take water. Remaining sources of water are Neighbor’s Tap and Own Open Well in the villages which are 7 percent. In the village 5.4 reported about the source of water in their houses. Having the water source just outside the houses is around 81.1 percent. The most important issue in the village is about the drinking water problem and for that as per the respondents more than 5.4 percent of the people have water source within one Kms.

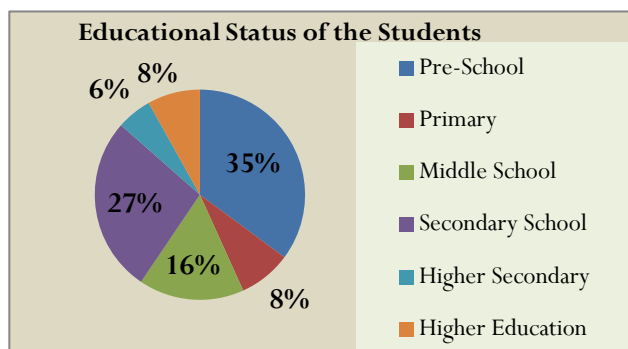
7.1.3. Education

Educational Status of the Village

In Saltore the educational status of the respondent explains that 18.9 percent have completed their education till Higher Education which is followed by the Secondary level Schooling which is approximately around 43.3 Percent. In the Saltore village approximately 2.7

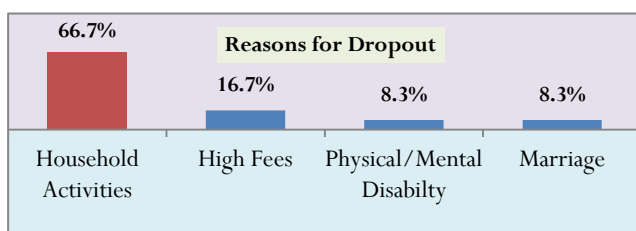


percent of the people have completed their Higher Secondary level Schooling. Moving towards



other categories of education it was found that 17 percent of the people have completed their Pre-Schooling. Similarly those who have completed their Upper Primary Level Schooling and have done Vocational/Diploma/Certificate Courses are 20 percent and 2 percent respectively. In the

village those students are studying majority of them are involved in the Pre-School which is 35 percent approximately followed by Secondary Level Schooling and Upper Primary which approximately are 27 and 16 percent each. In the village approximately 6 percent of the students

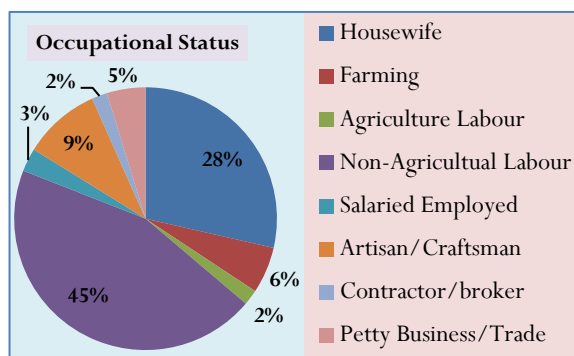


are engaged in the Higher Secondary School and in the Primary School 18 percent are involved.

In the village when it was asked about the major reasons for Dropout, it was found that getting engaged in the household activities and high fees was the main reason for leaving education in between.

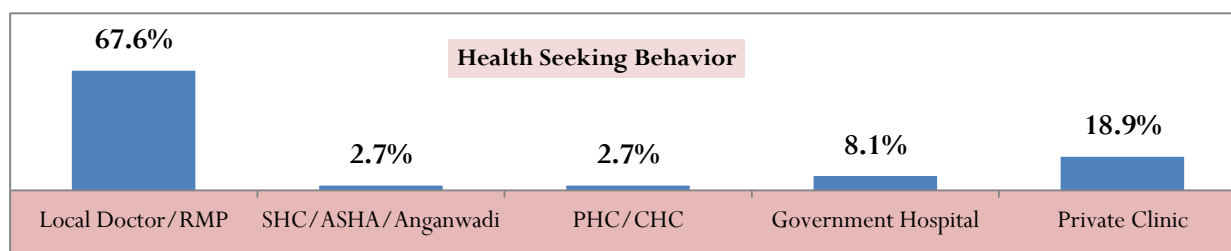
7.1.4. Occupation

In the village approximately 28 percent of the women reported as being the Housewife. In the village those who are having Salaried Employed accounts for approximately 3 percent of the population, the major problems drinking water and lack of irrigation facility are on top priority. Non-Agricultural activities in the village Agriculture Labour constitute 45 percent of the population approximately. Around 5 percent of the people reported of being involved as having Petty Business/trade. There is only 6 percent of the population reporting for being engaged in the Farming. The other occupational areas are also available in the village such as Agriculture Labour, Contractor Broker etc.



7.1.5. Health

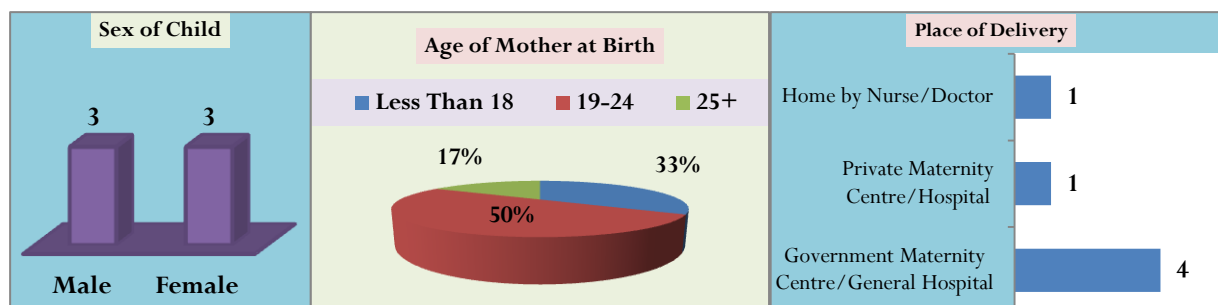
Health Seeking Behavior It was reported by the people that they mostly visit the Local Doctor/RMP in case of any illness as 67 percent of the people reported for it. It was found that only 8 percent of the people visit Government Hospital. Apart from these two approximately 19 percent of the people also agreed that they visit Private Clinics in case of any minor and major



ailments. Though the cost is higher in the private Clinics but people also said that in case of emergencies they do not have any choice. 3 percent of the people also said that they prefer going to PHC/CHC also in case of any health related issue.

7.1.5.1 Maternal Health

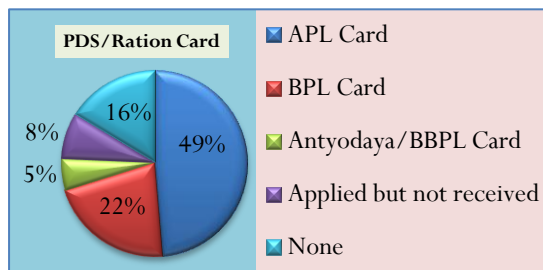
On asking the households with regard to the births in the village in the past three years it was found that 23 births have taken place. Of the total births both male and female are equal in number. It was found in the village that a majority of the births have taken place in the private maternity centre. Out of the total 6 births 1 have taken place in the private Maternity centre. 4 have taken place in Government maternity centre. The very interesting fact in the village is that 2 births have taken place from the mothers who are in the age group less than 18. And 4 births have been given by the women who are above 18 years of age. 6 women who have given birth in the last three years agreed that they are having their first birth order. 3 women said that they are having their second birth order.



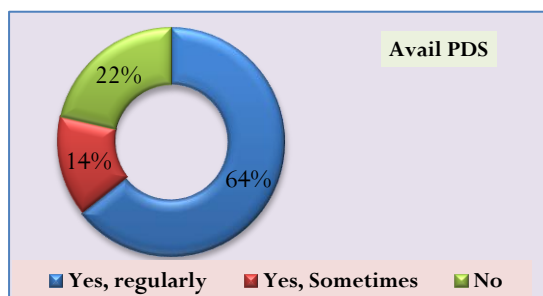
7.1.6. PDS/Ration

card availability

In the village approximately 49 percent of the people hold APL Card and around 22 percent of



the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 5 percent hold it.



In the village 6 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 64 percent of them avail food grains and other benefits of PDS. On the other hand 22 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having

APL Card. Remaining 14 percent of the population said that they avail it but only sometimes.

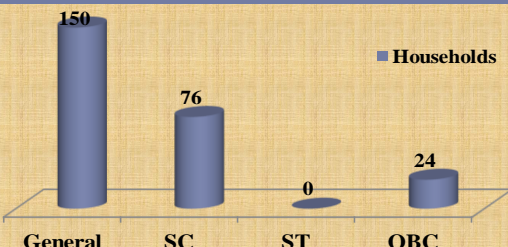
7.1.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the village in order to improve the status of education educational materials shall be provided in the school in order to develop interest of the students towards education. • In the village at primary level and High School quarterly competitions shall be conducted by CIL and prizes shall also be provided which will encourage students more towards developing their extra-curricular skills. • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • The ceiling of the school building needs to be repaired which leaks heavily during rainy season. There are total 3 classrooms for 68 students but there is no office room in the school. From the school there is a demand for one office room with two tables and 4 chairs and dining hall for the children to take Mid-Day Meal. • Some yearly prizes shall be also introduced by the CIL for the students who perform well in the yearly examinations. It shall be noted that teachers shall be made effective partners into this with regard to identify the children.
Water Supply	<ul style="list-style-type: none"> • In the village a serious need of Community bore wells or Hand Pumps are required as the people of the village use canal water for drinking and domestic purposes. Water being the most crucial need in the village water shall be provided in extreme summer seasons.

	<ul style="list-style-type: none"> Also rainwater management methods shall be provided in the village in order to recharge the ground water.
	<ul style="list-style-type: none"> The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. Medical health camps is needed this can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Livelihood	<ul style="list-style-type: none"> If people in the village can be provided some vocational skills such as in Mobile Repairing, Electric materials etc they can start their own small scale business. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. It was reported that the youth of the village do not have any source of livelihood. Some vocational Skills and training are required for the youths in the villages.

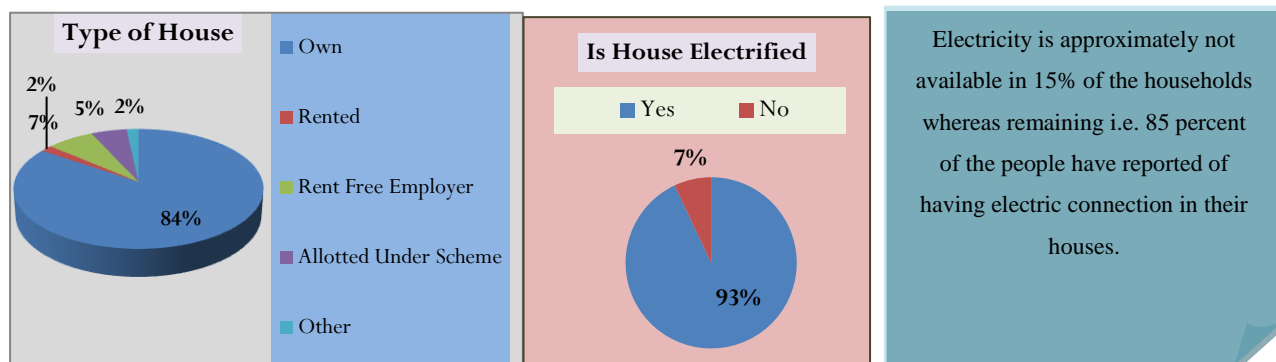
Social	<div data-bbox="250 268 277 474" data-label="Section-Header"> <p>Emmowerment</p> </div> <ul style="list-style-type: none"> • SHG (both Male/Female) shall be formed and promoted in the village. With the monetary support provided by the CIL they can also start some economic activities.
Infrastructural Development	<ul style="list-style-type: none"> • Pitch road is required in the village since in the rainy season the entire village gets drained with dirty water. This is also a major cause for the various diseases. There is also demand for the drainage in the village (Both sides of the road).

7.2. Hijuli Village

YEAR		2010	Facilities Available in the village					Facilities Existing within 5 kms.				
HOUSEHOLDS		250	Samaaj Mandir					Daily Evening Market (Barakar).				
POPULATION		3500	Cement Tar Road					Weekly Market (Saltore).				
Forest Produce			PDS Shop					Public Telephone Booth (Barakar)				
Cultivation		Yes	Grocery Shop					Post Office (Saltore).				
			Pre Primary Nursery School					Police station (Neturia).				
			Government Primary School					Warehouse (Saltore).				
Public/Common Tap Points		12	Asha Worker.					Vocational Training Centre (Saltore)				
HH Tap Connections		00	Bus Stop.					Health Sub-Centre (Bhamuria).				
			DTP/Xerox Centre.					Primary Health Centre (Bartoria).				
Chief Crop Name		Area	Pre/Pri Nursery School.					Higher Secondary School (Parbelia).				
Paddy		987 acres	Dai Trained/Untrained.					Bank for S/B Account (parbelia)				
			Government Secondary School.					Private Primary School (Parbelia)				
			Charitable Secondary School.					Degree College (Sarbori)				
RELIGION		House holds						Private Clinic (RMP+) (Parbelia)				
HINDU		250						Facilities Existing more than 5 Kms				
								Railway Station (Madhukunda)				
								Taluk Headquarters (Raghunathpur)				
								District Headquarters (Purulia)				
								Co-Operative Society (Asansol).				
								ITI Polytechnic (Raghunathpur)				
								Block Development Office (Gobag)				
								APMC/Mandi (Barakar)				
								Private Secondary School (Asansol)				
								Vocational Training Centre (Gobag)				
								Charitable Primary (Asansol).				
								CHC/Govt General Hospital (Harmaddi)				
								Health Sub Centre (Harmaddi)				
								Private Hospital (Barakar)				
								Ayush Hospital (Asansol)				
								Veterinary clinic (Barakar)				
Land Distribution (In Acres):												
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland							
1506	987	00	00	00	493							
Migration Pattern												
Within the state (Non-Agricultural Labour)					Yes							

7.2.1. Household Status:

The houses available in the Hijuli village, majority of them are Pucca and followed by RCC and Semi-Pucca which are 25 Percent and 10 percent respectively. The percentage of the Kuccha houses is also available in the village which is approximately 18 percent but it is very less as compare to the other villages. Also the people at major are having houses of their own which is approximately around 84 per cent.

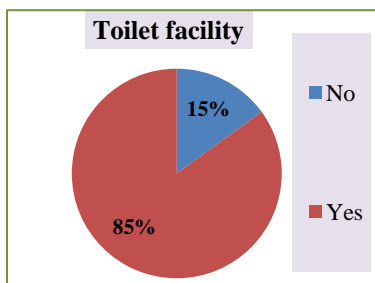
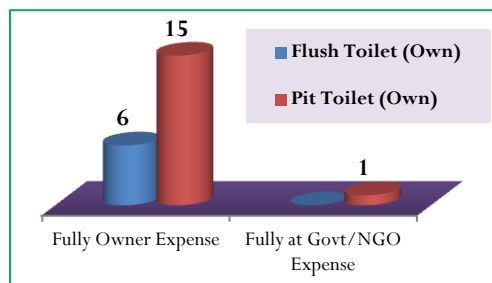


The remaining categories of house ownership are very low for instance only three people in the village are having houses allotted under any scheme. Approximately 2 percent of the population lives in any rented houses. Thus with the above two figures it can be said that the majority of the people in the village have houses of their own, during field visit to the same it was also observed that the place is developed as compared to the other villages. According to the respondents in the village, 93 percent of the people reported that they have electric connection in their houses and remaining does not have any electric connection in their houses. The Major types of fuel used in the village for the household and domestic purposes are Grass, Crop Residue/Wood, Kerosene and LPG/Natural Gas. In almost all the houses Grass and Crop residue along with wood is used and in some houses Kerosene and LPG are preferred. It was also reported by the people that electricity and Bio-Gas is also used in the houses for cooking and other domestic purposes but their percentage is very low.

Size of Family:

In hijuli village maximum number of people reported that their family size is four. It should also be noted that approximately 19 percent houses have on an average more than eight members in

their houses.²⁰ Whenever agriculture is an important activity for poor households, they have an incentive to invest in children to serve as farm labour and assist with household tasks, such as fuel wood and water collection and childcare. Also when large families provide social security through the extended family, investing in children becomes a way of ensuring care in old age. More so, the lack of knowledge about family planning has resulted into persistence in increasing population growth. Thus in the village with regard to the Family Size and Family planning a



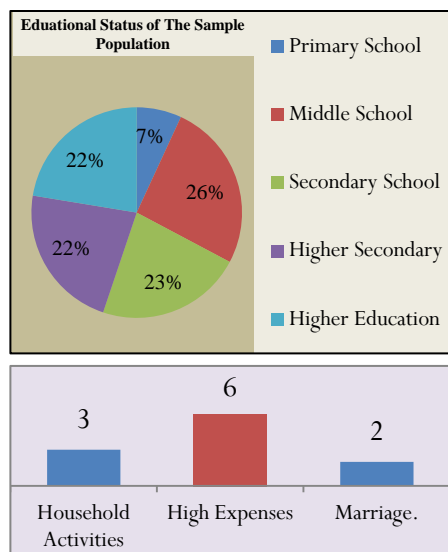
capacity building and awareness Programme shall be conducted. With regard to the number of houses having toilet facility out of total 58

sample 22 households reported that they have toilets in their houses. Also with the same context 21 of them are constructed by the expenses of their own. Only one household reported that they got build their toilet with the Government/NGO expense.

7.2.3. Education:

Educational Status of the Village:

Almost all the respondent we selected for the household data collection was Literate. The figure



explains the educational status of the village as very homogeneous and uniform as only 7 percent of the people are in the categories that have completed their primary education. Rest all other cohort such as Upper Primary Level Schooling (26), Secondary School (23) and both Higher Secondary and Higher Education have an equal share of 22 Percent. Thus percentage wise almost all the categories except primary level schooling are all homogeneous in nature. The number of dropouts in the village is very low i.e. only 11 in the entire village. The

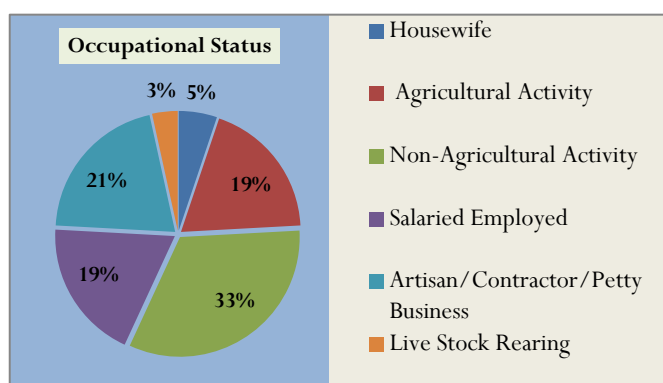
²⁰ <http://epc2008.princeton.edu/papers/80030>.

leading cause for the dropout in the village has been reported as High Expenses which contributes to 55 Percent, followed by Household activities (27 percent) and then Marriage which is 18 percent. It was found that though the education is free in the primary and secondary school but as moving towards Upper Primary and higher secondary the other expenses such as Books, Tuition Charges, and Transportation etc act as major hindrances against education.

7.2.4. Occupation

Occupational Status of the Village:

The most prominent occupation as reported by the people of the village is secondary activities comprising of approximately 33 percent of the population and followed by the people those who are engaged in the occupation such as artisan/Contractor and Petty Business. In the village Agricultural activity and salaried employed comprises equally i.e. of 19 in each. The remaining population is engaged in the live stock rearing.



Percentage Distribution of Educational Status and Occupation of the Respondent:

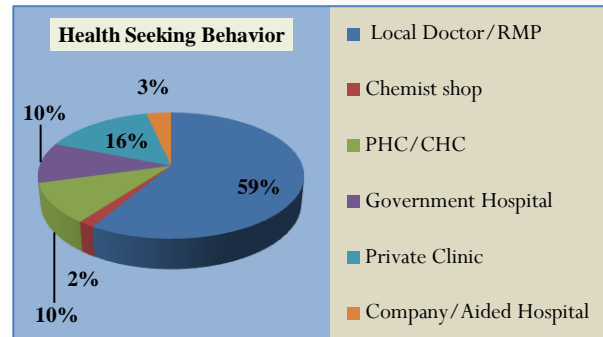
	Housewife	Agricultural Activity	Non-Agricultural Activity	Salaried Employed	Artisan/Contractor/Petty Business	Live Stock Rearing
Primary School	-	25.0	50.0	25.0	-	-
Upper Primary	-	26.7	53.3	20.0	-	-
Secondary School	-	23.1	30.8	23.1	7.7	15.4
Higher Secondary	7.7	23.1	15.4	7.7	46.2	-
Higher Education	15.4		23.1	23.1	38.5	-
Total	5.2	19.0	32.8	19.0	20.7	3.4

7.2.5. Health:

Health Seeking Behavior

Most of the people in the village visit to the Local Doctor/RMP in case of any illness or ailments.

It was reported that 59 percent of the population refer to local doctor for any minor or major ailments. 16 percent of the people also prefer to visit private clinic for the treatment. The village people also prefer to visit Government Hospital and PHC/CHC which is approximately 10 percent in both respectively. Along with these



there is percentage of people who reported of visiting the chemist shop and company aided Hospital in order to avail health services.

7.2.6. Recommendations:

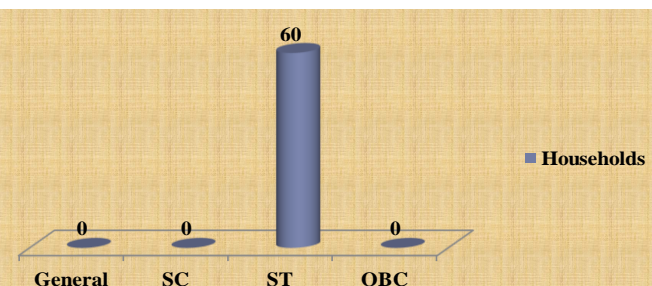
Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • The Primary School is available in the village, it requires some construction. The office room is not having the ceiling and the stairs are broken. There is no drinking water facility inside the school. For 100 students there are four classrooms and there is no bathroom (latrine) in the school. • Drinking water (Water Purifier) shall also be provided in the school so that the students can utilize it. • It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Almost more than 60 percent of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
	<ul style="list-style-type: none"> • The water for Drinking and Domestic use is not sufficient. The water is available for two times in a day, schedule for which is not fixed. There is 12 community tap in the village for the population of 3500. As reported by the people there are no household tap. • Irrigation facility should be made available through pipe line and check dams

	<ul style="list-style-type: none"> • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. • As per the discussion with villagers availability of drinking water has emerged as major concern and especially in summer season. Piped water supply is available but covers only a minimal section of the community. Availability of drinking water to the community can be • Ensured if company work in collaboration with local administration and strengthen the existing drinking water supply system.
Health Care	<ul style="list-style-type: none"> • In the village it was reported that almost 67 percent of the people prefer going to the Local Doctor/RMP in case of any health related issue. It was also found that there was no body in the village who reported of visiting ASHA/Anganwadi worker when they are ill. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. • The District level Medical Colleges can be collaborated to give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and Family Planning.
Rural Electrification	<ul style="list-style-type: none"> • Street lights are needed
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.

Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 22 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> Construction of toilet should be taken up under CSR. Gram Panchayat should be involved in the planning process where company can take the responsibility to construct the toilets and Panchayat should be asked to run and maintain it. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> Toilet is needed in primary school

7.3. Patherdiha Village

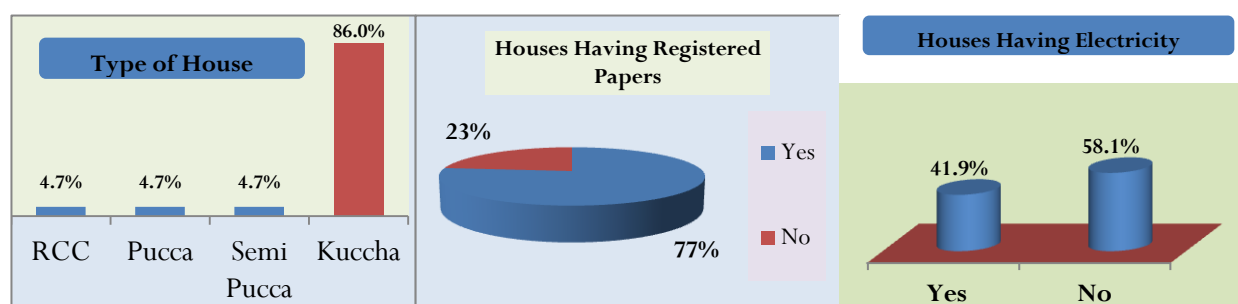
YEAR 2011		Facilities Existing within 5 Kms.				
HOUSEHOLDS	60	Public telephone Booth (Parbelia)				
POPULATION	530	Daily Evening Market (Parbelia)				
Forest Produce		Weekly Market (Parbelia).				
Coal Collection	Yes	PDS Shop (Parbelia).				
Firewood	Yes	DTP/Xerox Centre (Parbelia).				
Cultivation	Yes	Post Office (Neturia).				
Public/Common Tap Points	00	Police station (Neturia)				
HH Tap Connections	00	Gram Panchayat office (Saltore)				
Chief Crop Name	Area	Bank for S/B Account (Parbelia).				
Paddy	74 acres	APMC/Mandi (Parbelia)				
RELIGION	House holds	Pre-Pri Nursery School (Parbelia)				
HINDU	60	Dai Trained/Untrained				
Land Distribution (In Acres):		Charitable Primary (Parbelia)				
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland	Govt Secondary School (Parbelia)
241	74	98	00	00	49	Degree College (Sarbari)
Migration Pattern		Health Sub-Centre (Bonra)				
Within the state (Non-Agricultural Labour)		Private Primary School (Neturia)				
		Pvt Clinic (RMP+) (Sarbari).				
		Pvt Clinic (MBBS/BAMS+) (Sarbari).				
		Medical Shop/Chemist (Sarbari)				
		Cement Tar Road (Parbelia)				
		Bus Stop (Neturia)				



Facilities Available in the village	
Samaaj Mandir	
Government Primary school	
PDS Shop	
Grocery Shop	
Asha Worker	
Facilities Existing more than 5 Kms	
Railway Station (Madhukunda)	
Taluk Headquarters (Raghunathpur)	
District Headquarters (Purulia)	
Private Primary School (Asansol)	
Charitable Secondary School (Asansol)	
ITI Polytechnic (Raghunathpur)	
Cooperative Society (Gobag)	
Block Development Office Gobag).	
Charitable Secondary (Raghunathpur).	
Pvt Secondary School (Raghunathpur).	
Vocational Training Centre (Puruliya).	
Private hospital (Barakar)	
Ayush Hospital (Asansol)	
Veterinary hospital (Asansol)	
Warehouse (Gobag)	
Higher Secondary School (Asansol)	
CHC/Govt Gen Hospital (Harmaddi)	

7.3.1. Household Status:

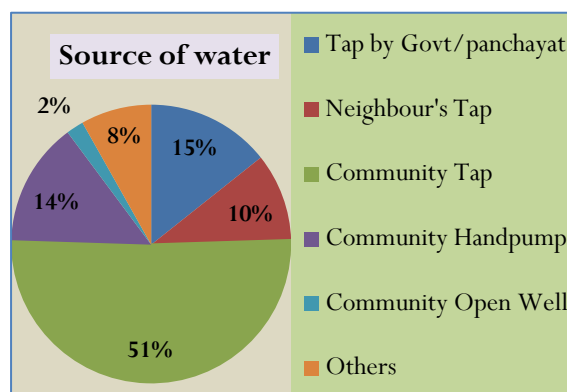
In the Patherdiha village maximum number of people which is approximately 86 percent is having Kuccha Houses. With regard to other types of houses it was informed that the proportion of the people having Pucca and Semi Pucca houses is equal which are 5 percent each in the village. It was also reported that approximately 77 percent of the people have registered papers of their houses. It shall be noted that all people have ownership of their houses but out of which 23 percent do not have registered papers of their houses.



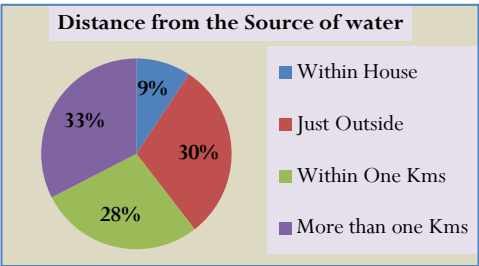
In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as **Grass/Crop Residue/Wood, Charcoal** and **Cow dung**. In almost all the houses Grass/Crop Residue/Wood is used for household and other domestic purposes. Charcoal is another source of fuel which is used by approximately 79.1 percent of the total respondents. Followed to which is the “cow dung” for which around 46.5 percent of the people reported that they use it as fuel. In very few houses which were reported as using LPG/Natural gas they are 4.5 of the total respondent.

7.3.2. Source of water:

It was reported that almost more than 50 percent of the people are dependent upon the Community tap for the drinking water and water for domestic uses. Followed by this other major sources of water are Community Hand pump, Neighbor’s Tap, Tap by Govt/Panchayat and Community Open well which are 14 percent, 10 Percent and 15 Percent respectively. It was reported that majority of the respondents which is approximately

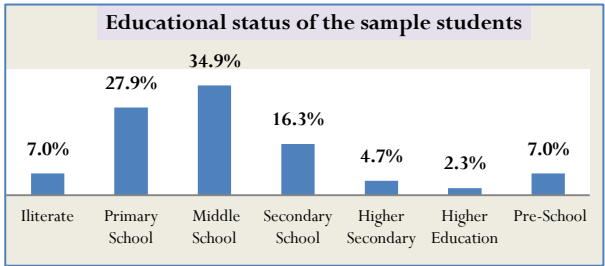
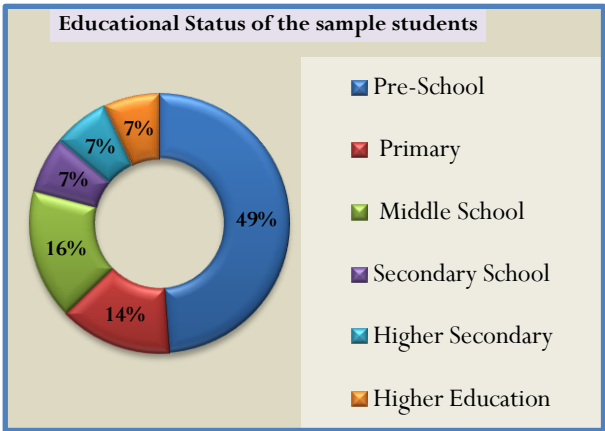


33 percent have access to water facility located at more than one Kilometers in the village. 30 percent of the people said that their source of water is located just outside their house which may be the tap provided by Govt/Panchayat etc or community tap. Followed to which we have 28 percent of the people who have reported that they have to go approximately within one Kms to get water. Only 9 percent of the people have said that they have source of water within the house. Though it was said that there are no Taps in the household, those were related to those having rented house or relatives but having separate Kitchens.



7.3.3. Education:

With regard to the educational status of the village it was reported that majority of the people



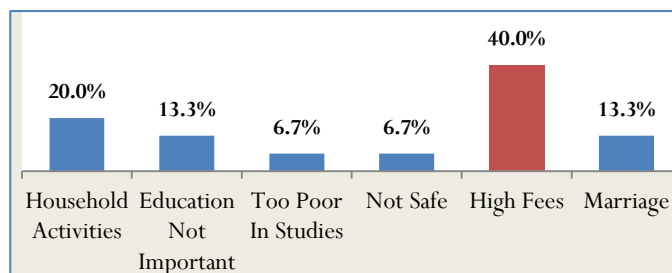
have completed their education till Upper Primary which comprises of approximately 35 percent of the respondent. Next to that 29 percent of the people have said that they have completed their education upto Primary level. The remarkable issue which was identified is that 7 percent of the respondents are illiterate. Apart from all these 16 percent of the people have completed their Secondary level Education, but only 2 percent of the people have completed their Higher Education. In the village majority of the students reported of being involved in their pre-schooling which is approximately 49 percent. Followed to which is

those who are involved in the Upper Primary Level Schooling which is approximately 16 percent among the respondents. It shall be noted that 14 percent of the students currently involved Primary level Schooling. The remaining educational standards such as Higher Education, Higher Secondary Level and Secondary Schooling comprises of 7 percent each in the village.

7.3.3.1 Reasons for Dropout in the Village:

In the village major reasons for the dropouts were highlighted but majority of the people reported that they dropped out from the school due to **High Expenses**. Approximately 40 Percent of the people reported that they left the school

due to **High Expenses**. Following to which comes the responsibility of household activities which is approximately 20 percent of the total respondents. Other reasons which were



given for the dropouts were Considering Education not important, Marriage which comprises of 13 percent each. The remaining people agreed upon considering too poor in studies and not safe for girls as the other reasons.

7.3.4. Occupation:

Occupational Status of the Village:

In the village most prominent occupation which was found is those as Non-Agricultural Labour. In the Figure it is shown that the numbers of People who are categorized as none mostly are students or children. Agriculture labour was reported as the second most prominent occupation in the village. Here approximately 25 people reported that they are involved in it. Remaining occupations are very low in existence such as Farming, Salaried Employed, and Petty Business etc in the village.

7.3.5. Recommendations:

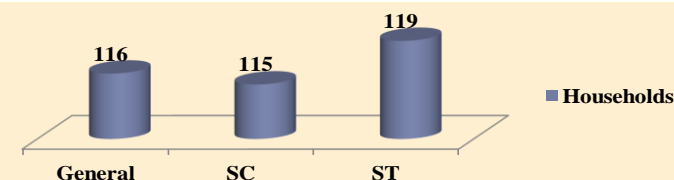
Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • The Primary School Building is having the bathroom but there is no water facility. There are total 60 students in the village but they don't have benches to sit in the classroom. There is no drinking water facility in the village; people use to go outside the village to bring drinking water. • Vocational training in schools should be provided like electronics, computer, mobile repairing etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Almost more than 60 percent of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams • Water tanker should be provided during extreme summer

Health Care	<ul style="list-style-type: none"> • In the village it was reported that almost 46 percent of the people prefer going to the Local Doctor/RMP in case of any health related issue. It was also found that there was no body in the village who reported of visiting ASHA/Anganwadi worker when they are ill. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> • Street lights are needed
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since 22 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the

	Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> Toilet is needed in primary school There is no toilet in any households of the village. Since the number of households is very less in number entire village can be provided household toilets. The condition of the roads in the village is very poor. The construction of road along with drains will be very beneficial for the village people. There is no street light available in the village. After sunset or in the evening the village people have difficulty to go outside.

7.4. Baghardanga Village

YEAR	2011	Facilities Available in the village			
HOUSEHOLDS	350	Samaaj Mandir			
POPULATION	1285	Pre Primary Nursery School			
Forest Produce		Asha Worker			
Coal Collection	Yes	Playground			
Cultivation	Yes	Cremation/Burial Place			
Public/Common Tap Points	02	Club			
HH Tap Connections	00	Dai Trained/Untrained.			
Chief Crop Name	Area	Facilities Existing more than 5 Kms			
Paddy	05 Acres	Railway Station (Barakar)			
RELIGION	House holds	Taluk Headquarters (Raghunathpur)			
HINDU	348	District Headquarters (Purulia)			
MUSLIM	01	Block Development Office (Neturia)			
CHRISTIAN	01	Charitable Secondary School (Asansol)			
Land Distribution (In Acres):		ITI Polytechnic (Raghunathpur)			
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
15	06	05	02	00	03
Migration Pattern					
Within the state (Non-Agricultural Labour)					Yes
Outside state (Non-Agri Labour)					Yes



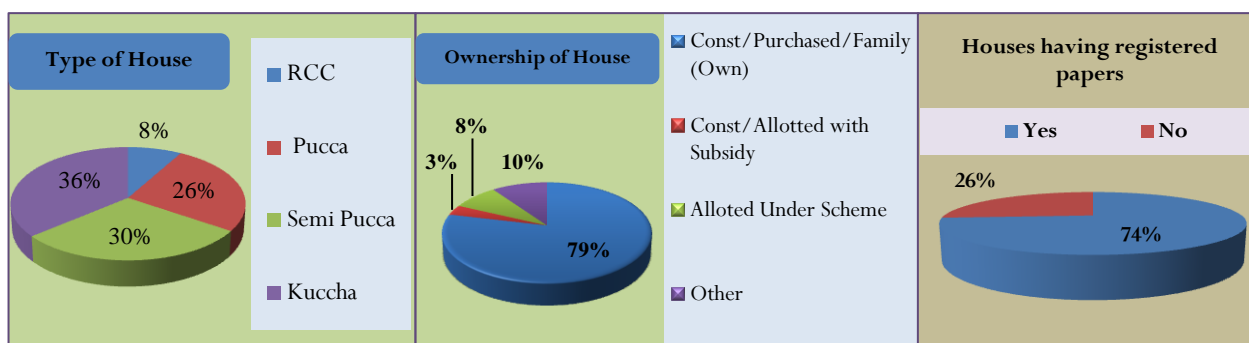
Facilities Existing within 5 Kms.

Daily Evening Market (Saltore).
 Weekly Market (Saltore).
 DTP/Xerox Centre (Parbelia Colliary).
 Post Office (Saltore).
 Co-Operative Society (Sanctoria).
 Warehouse (Parbelia Colliary).
 Charitable Primary (Saltore).
 Government Secondary School (Saltore).
 Vocational Training Centre (Saltore)
 Health Sub-Centre (Bhamuria).
 Medical Shop Chemist (Saltore)
 Higher Secondary School (Parbelia).
 Cement Tar Road (Parbelia)
 Public Telephone Booth (Disergarh)
 PDS Shop (Saltore).
 Grocery Shop (Saltore).
 Gram Panchayat Office (Saltore).
 Government Primary School (Saltore)
 Private Primary School (Parbelia)
 Private Clinic (RMP+) (Saltore)
 Private Clinic (Saltore)
 Primary Health Centre (Ranipur)

7.4.1. Household Status

Household Status:

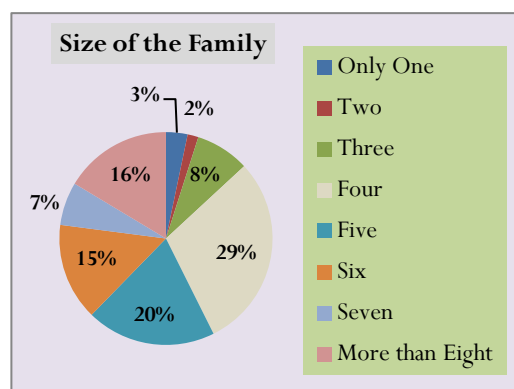
In the village the maximum number of houses was reported as Kuccha followed to which are Semi Pucca and Pucca houses which are 30 percent and 26 percent respectively. It should also be noted that those having the RCC Houses is very low which approximately around 8 percent is available in the village. Also the house ownership pattern of the village explains that maximum number of the houses are constructed by own or they have purchased it. Few people have also been allotted houses under schemes which are approximately 8 Percent of the total. Of the total 61 houses which were surveyed 7 reported that they got houses under the scheme “Indira Aawas Yojana”.

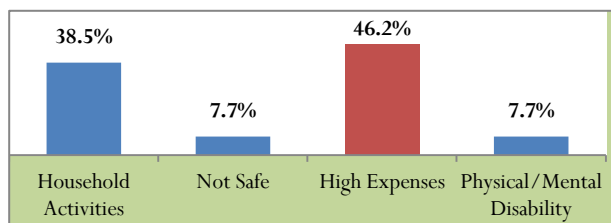


Among the entire respondent it was also said that 26.2 percent of them do not have electricity in their houses. The three major *Types of fuel* used in the village are Grass/Crop Residue and wood which is used in almost all the houses. Coal and Charcoal are second major fuel used in the houses which is approximately 77 Percent. Along with Grass/Crop Residue and Coal/Charcoal 55 percent of the people also reported of using Cow dung in their houses. Kerosene is also used in the houses which is approximately one fourth of the total population. Very few houses in the village equivalent to 3 percent use LPG/Natural Gas for all domestic and cooking purposes.

7.4.1.1 Size of Family:

In the village approximately 29.5 percent of the people reported of having four members in the family. Followed to which 19.7 percent of the respondent is

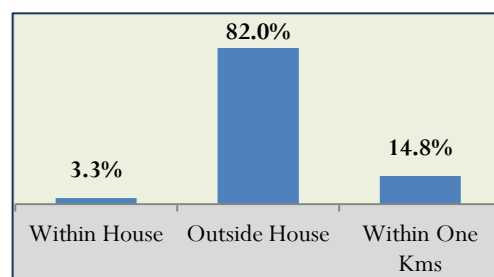




having five members in the family. In the entire village there is a diverse pattern of family size ranging from only one to more than eight.

7.4.2. Water Availability in the Village:

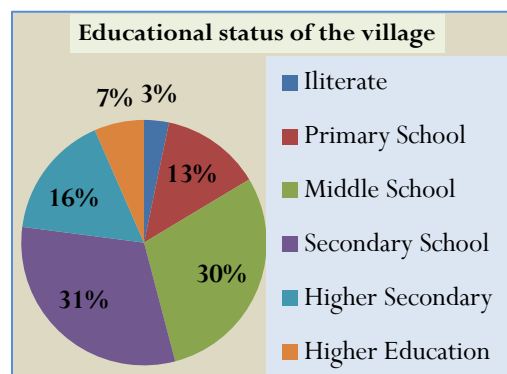
Water being the most important concern in the village and as per reported by the people approximately 82 percent of the people reported that they take water from the community tap for their domestic and other purposes. The important issue is which was reported is that only 3 percent people in the village having their own taps at home. Remaining 15 percent people have to go around one Kms in order to get water.



7.4.3. Education

7.4.3.1 Educational Status of the Village:

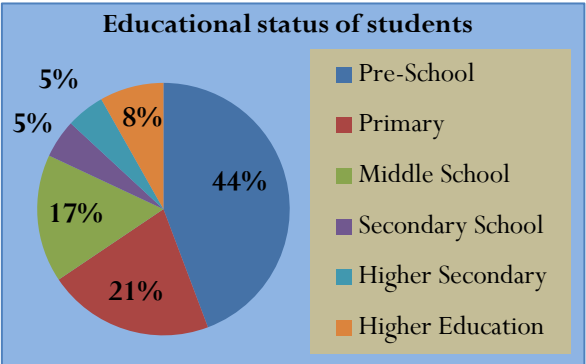
In Baghardanga the educational status of the respondent explains that 31 percent have completed their education till Secondary School which is followed by the Upper Primary Level Schooling which is approximately around 30 Percent. Higher Secondary education has been attained by 16 percent of the people. The percentage of illiterate people those who were our respondent was equivalent to 3 percent. There were four major reasons reported by the people with regard to dropout in the village. The major reason cited in the village for dropout was for High Expenses which was approximately reported by 46 percent of the respondent. Though the education is free in Primary and secondary level schooling but as the students move to higher secondary or for Higher Education other expenses are very high such as with regard to transportation, books, Tuition Classes etc. Thus if a vocational education centre will be started in the village to impart higher education to the currently studying children this reason for dropout



can be brought down. In the village people reporting that school is very far and usually not safe for girls is approximately 8 percent and similarly to those reported of having Physical/Mental Disability is also 8 percent of the total respondent.

7.4.3.2 Educational Status of the Students:

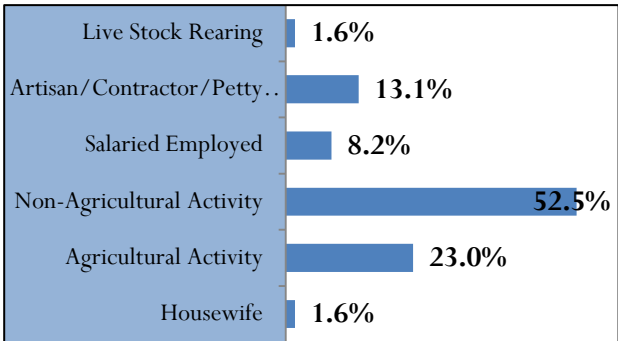
In the village those students are studying majority of them are involved in the Pre-School which is 44 percent approximately followed by Primary School (21) level education. In the Upper Primary Level Schooling approximately 17 percent of the children are involved. The significant aspect is that 8 percent of students reported that they are engaged in Higher Education. Higher secondary and Secondary School comprises of 5 percent each in the village.



7.4.4. Occupational Status:

Occupational Status of the Village:

In the village most dominant occupation is Non-Agricultural activities which accounts for approximately 52 percent of the population. In the village among the major problems drinking water and lack of irrigation facility are on top priority which is also a major factor contributing towards high percentage of people engaged in non-agricultural activities. . After the Non-



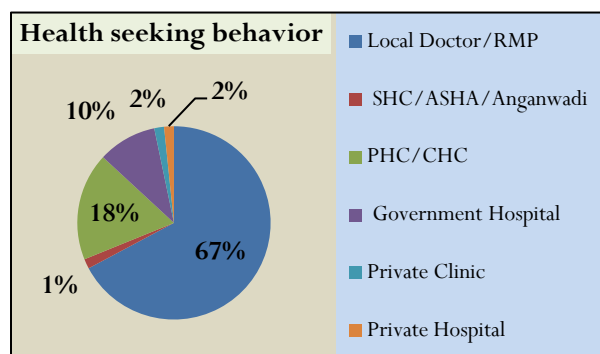
Agricultural activities in the village Agricultural activities constitute the majority of the population with 23 percent approximately. People involved as Artisan/Contractor and petty business are also found in the village as about 13 percent. The remaining occupational sectors such as

Salaried Employed, Live stock rearing etc are very less in availability such as 8 percent and 2 percent respectively.

7.4.5. Health

Health Seeking Behavior:

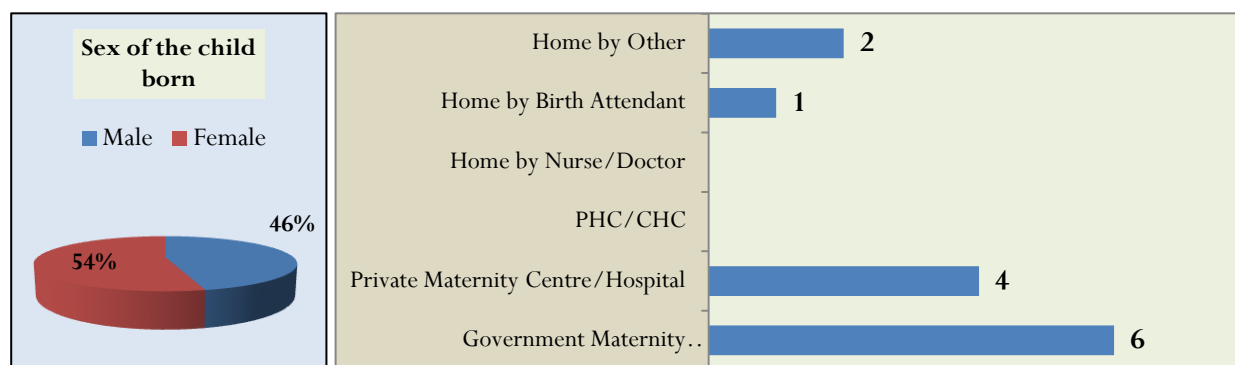
Among the Sample households maximum reported that 67 percent of the people visit Local Doctor/RMP for treatment of minor and major ailments. 18 percent of the people choose to visit PHC/CHC in case of any health Problem followed to which is the Government



hospital which was reported by 10 percent of the people. As per the information given by the people ASHA and Anganwadi are at bottom level that people consult for any health related issue. As per reported only 1 percent of the people prefer ASHA and Anganwadi Worker to consult for any health related issue.

7.4.5.1 Maternal Health

Out of the total sample size it was reported that total 13 births have taken place in the village of which 7 are female child and remaining 6 are male. Of the total 13 births taken in the village majority of the births have taken place in the Government Maternity Centre/General Hospital which is approximately 46 percent. Followed to the Govt Hospital 31 percent of the births were reported in the private maternity Centre/Hospital. In the village non-Institutional deliveries were also reported which is around 15 percent in the village. Prevalence of Dai was also seen in the village, as 8 percent of the births were reported to be attended by Trained/Untrained Birth



attendant. Important aspect in the village is that no births were taken place in PHC/CHC neither was attended by nurse /doctor at homes. Important Issue in the village which was found is that almost 82 percent of the married women gave birth to their first child their age was less than 18. This may lead to serious health problems to mother and child both. It was also reported that approximately 15 percent of the total mother who gave birth were in the age group 19-24. The remaining 3.3 percent of women giving her first birth come in the category of age group 25+. According to the women who have given birth to any child in the past three years maximum number of women reported that it's her first order of birth which is approximately 46 percent. The second and third order of birth reported by the women is 31 percent and 23 percent respectively.

7.4.6. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Almost more than 60 percent of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. • As per the discussion with villagers availability of drinking water has emerged as major concern and especially in summer season. Piped water supply is available but covers only a minimal section of the community. Availability of drinking water to the community can be Ensured if company work in collaboration with local administration and strengthen the existing drinking water supply system. • Construction of canal through the nearby river. Water storage facility in the village is required. There are 20 Community tap and no household tap in the village for the population of 1285. There are 4 hand pumps in the village but 2 are not functioning. Along with that there are 5 wells but the water is not used for drinking purpose. Total

	<p>numbers of taps are 8.</p> <ul style="list-style-type: none"> • If the ponds available in the village will be renovated that water can be used for domestic purposes apart from using it as drinking water. In the corners bathing place is required so that people can use it. • There are all total 5 wells available in the village which needs to be recharged and digged more so that the water can stay for longer time during summer also. In order to provide drinking water to the village people the 4 hand pumps available in the village can be properly renovated.
Health Care	<ul style="list-style-type: none"> • In the village it was reported that almost 67 percent of the people prefer going to the Local Doctor/RMP in case of any health related issue. It was also found that there was no body in the village who reported of visiting ASHA/Anganwadi worker when they are ill. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. • The District level Medical Colleges can be collaborated to give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and Family Planning.
Rural Electrification	<ul style="list-style-type: none"> • Street lights are needed

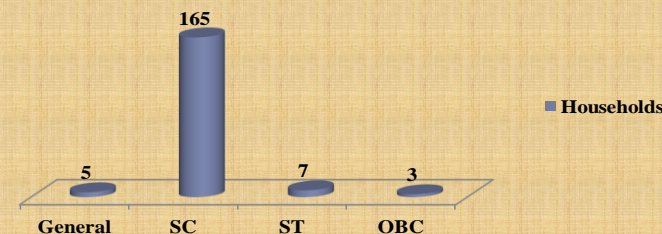
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since high percentage of the people is involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> Construction of toilet should be taken up under CSR. Gram Panchayat should be involved in the planning process where company can take the responsibility to construct the toilets and Panchayat should be asked to run and maintain it. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.

Infrastructural Development

- Toilet is needed in primary school
- The school building needs repair since there is a leakage during rainy season and also the children apart from 4th standard (84 Students) do not have benches to sit. Total number of student is 112. There are total 4 classrooms and one office room.
- The condition of the roads is very poor in the village.
- The road needs to construct for proper connectivity to the main road especially during emergency such as taking a patient to hospital.

7.5. Deoli Village

YEAR	2011	Facilities Available in the village			
HOUSEHOLDS	180	Samaaj Mandir			
POPULATION	1650	Cement Tar Road			
Forest Produce		PDS Shop			
Coal Collection	Yes	Grocery Shop			
Cultivation	Yes	Government Primary School			
Public/Common Tap Points	00	Facilities Existing more than 5 Kms			
HH Tap Connections	00	Railway Station (Barakar)			
Chief Crop Name	Area	Taluk Headquarters (Raghunathpur)			
Paddy	246 acres	District Headquarters (Purulia)			
RELIGION	House holds	Private Primary School (Sodepur)			
HINDU	178	Charitable Secondary School (Asansol)			
MUSLIM	02	ITI Polytechnic (Asansol)			
Land Distribution (In Acres):		Block Development Office (Ramkanali)			
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
740	320	00	123	98	119
Migration Pattern					
Within the state (Non-Agricultural Labour)					Yes
Outside state (Non-Agri Labour)					Yes



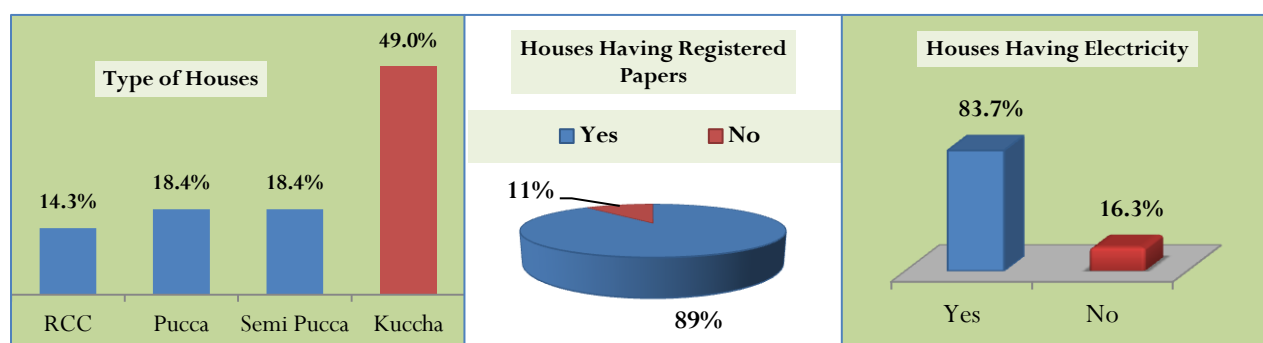
Facilities Existing within 5 Kms.

- Public Telephone Booth (Saltore)
- Daily Evening Market (Saltore)
- Weekly Market (Saltore)
- DTP/Xerox Centre (Saltore)
- Post Office (Saltore)
- Police Station (Neturia)
- Bank for S/B Account (Ranipur)
- Warehouse (Saltore)
- Pre Primary Nursery School (Saltore)
- Charitable Primary School (Saltore)
- Private Primary School (Saltore)
- Government Secondary School (Saltore)
- Higher Secondary School (Ranipur)
- Primary Health Centre (Ranipur)
- Private Clinic (RMP+) (Saltore)
- Private Clinic (MBBS BAMS) (Saltore)
- Medical Shop Chemist (Saltore)
- ASHA Worker (Baghardanga)
- Dai Trained/Untrained (Saltore)

7.5.1 Household Status.

Type of Houses and Ownership Status:

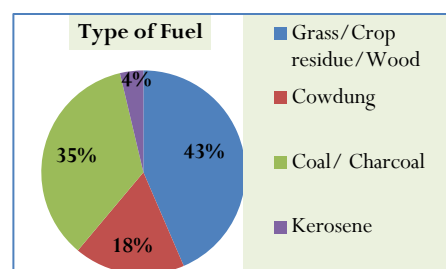
In the Deoli village almost 49 percent of the Houses are Kuccha which is followed by those having their Semi Pucca houses which is approximately 18 percent of the total. The village is very small and there are only ten households in the village. With regard to the remaining houses they are Pucca and RCC which are 19 percent and 14 percent respectively.



With regard to the ownership of the houses all are owned/Purchased by the Family own. There are 89 percent of the houses in the village which are having registered papers for their own houses and almost 11 percent which are not having any registration for the houses. Likewise, almost 84 percent of the houses having electricity facility in the village.

7.5.1.1 Type of Fuel:

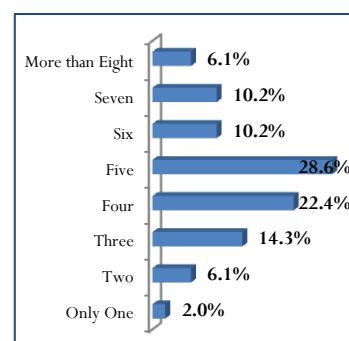
In the village Deoli the main source of type of fuel is Grass/ Crop residue/ Wood which constitute almost 43 percent of the total type of fuel used in the village. Coal/ Charcoal constitute 35 percent which is followed by Cow dung and Kerosene which constitute 18 percent and 4 percent of the total type of fuel used in the village respectively.



Thus in the village majority of the people have said that they have been using grass and crop residue as fuel in their houses for cooking and other domestic purposes. With such a high percentage of households using grass/crop residue for their domestic purposes is causing various diseases due to smoke.

7.5.1.2 Size of the Family

In the village Deoli there are most of the families which are having five members in the household which constitute almost 29 percent of the total households in the village which has been followed by four members and three members with 22 percent and 14 percent respectively.

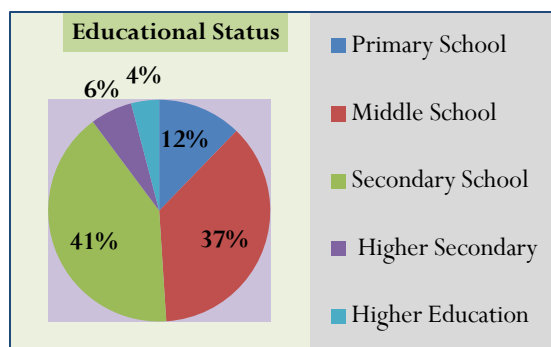


There are some families in the village which are having more than eight members in the family which constitute almost 6 percent.

7.5.3. Education:

Educational Status

The Educational Status of the Deoli village shows that majority of the respondents have completed their Secondary School (8th to 10th standard) schooling which is approximately 41%

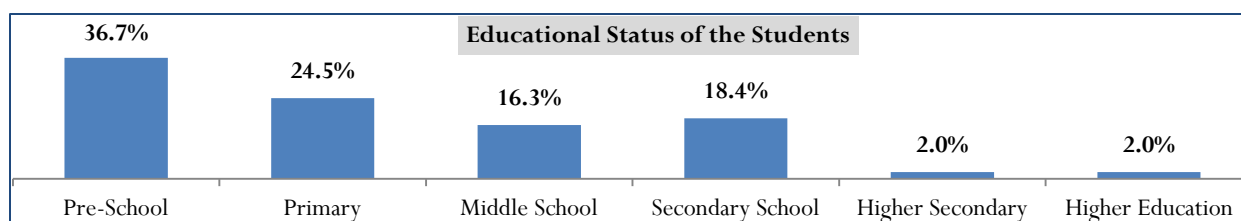


and followed by Upper Primary (5th to 8th standard) and Primary school (1st to 4th) with 37% and 12% respectively. The least and remaining population falls into the category of those completed their Higher Secondary which is around 6%. It is important to focus on the awareness for higher education to increase the level of education in the

village. Also there has been least reporting for people involved in Higher education level.

7.5.3.1 Reasons For Dropouts.

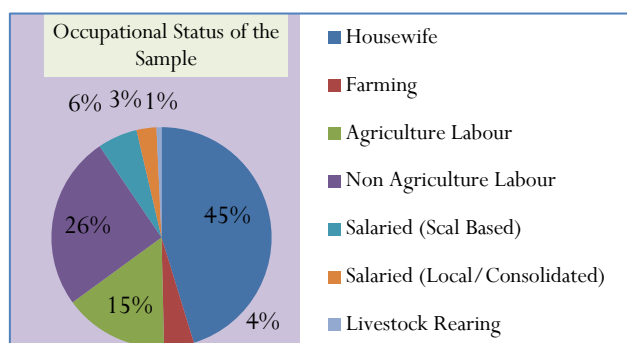
There are 49 percent of the students are dropout from the schools and colleges and the only reason found for the dropout is household activities.



At present in the village approximately 37 Percent of the students are involved in the Pre-Schooling. Followed by that primary and Upper Primaries have percentage of the students which is 25 percent and 16 percent respectively. With regard to the higher education which is having the least percentage i.e. of 2 percent only. It should be noted that since majority of the students are involved in the Pre-School and Primary/Upper Primaring, which concludes that if they can be motivated and encouraged for higher studies and its relation to career opportunities, significant changes can be brought at village level.

7.5.4.Occupational Status of the Respondent:

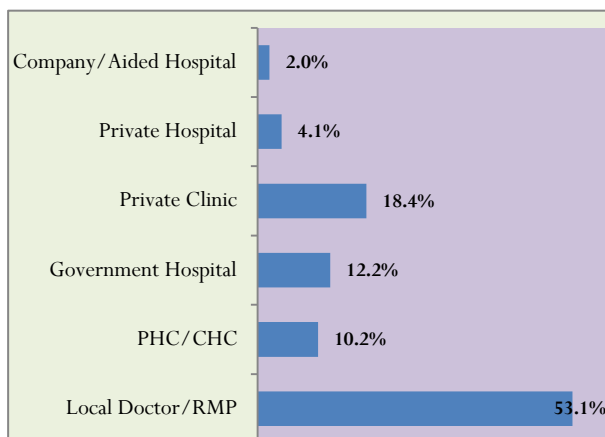
Similar to the situation of the education in the village the occupational status of the village is limited to only one part which is the Non-Agricultural activity. It can be found from the available data that most of the people involved as housewives which constitute 45 percent of the households. Followed by Non-Agricultural labours and Agricultural Labours which constitute 26 percent and 15 percent respectively.



7.5.5.Health

Health Seeking Behavior:

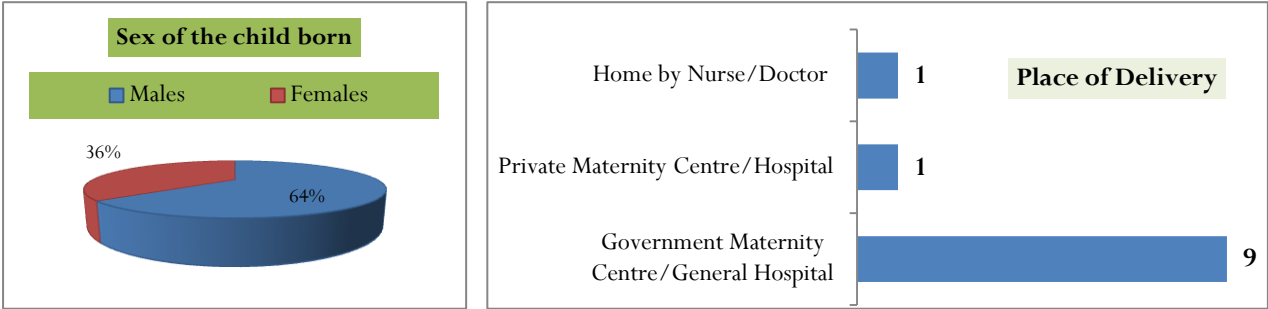
As reported by the people the majority of them visit to the Local Doctor/RMP for any health related Problems. Maximum numbers of respondent i.e. approximately 53 percent of the people are dependent on it. Followed by this People also visit Private Clinic. The important concern is nobody in the village visit the ASHA and Anganwadi worker with regard to any health problem. In such a situation a serious need arises for capacity Building and Motivate the available ASHA & Anganwadi worker. The concerned agencies or NGO with the help of the key person in the village such as



the Sarpanch or Village head shall be involved in order to make people aware about the roles & responsibilities of ASHA & Anganwadi worker.

7.5.5.1 Maternal Health:

In the past three years total 11 births have taken place. Out of total births which are taken place in the village since last few months 7 children are male and rest are female births. With regard to the sex ratio it is important to mention that it's very imbalanced in the village. In the village maximum number of total births has taken place in the Government Maternity Centre/General Hospital which is 82 Percent. Births which have been attended at homes by Nurse/Doctor are also available in the village which is approximately 9 percent. The remaining births have taken place in Private Maternity Centre/Hospital which is equal in both approximately 9 Percent.



7.5.6. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Total number of students in the village primary school is 48 and they have 2 classrooms which they use to study. One office room. 3-4 standard children are having benches rest not. Kitchen shed which has been made for preparing the Mid Day Meal, ceiling of which leaks during rainy season. There is also no drinking water facility inside school. • Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village.

	<ul style="list-style-type: none"> • Irrigation facility should be made available through pipe line and check dams. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with.
	<ul style="list-style-type: none"> • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. • There is no community/Household tap in the village. Total population of the village 1650 approximately. As per reported people require at least one tap for 10 household. Community hand pump is 1 and no HH taps. One community well but it do not work.
Health Care	<ul style="list-style-type: none"> • In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.

Rural Electrification	<ul style="list-style-type: none"> • Street lights are needed
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. • Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and techniques will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals

Sanitation	<ul style="list-style-type: none"> In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> Toilet in needed in primary school

7.6. Barshadih Village

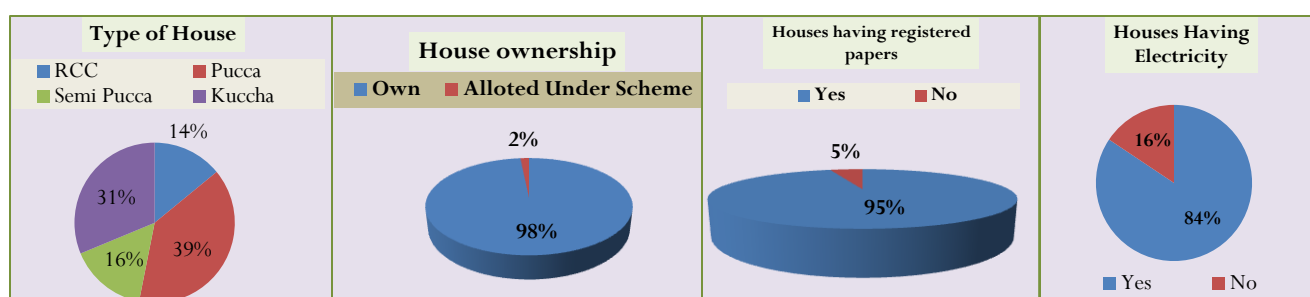
YEAR		2011	Facilities Available in the village		
HOUSEHOLDS		115	Samaaj Mandir		
POPULATION		650	Cement/Tar Road		
Forest Produce			Grocery Shop		
Cultivation		Yes	Pre-Pri Nursery School		
Public/Common Tap Points			00	Govt Primary School	
HH Tap Connections			00	Facilities Existing within 5 Kms.	
Chief Crop Name		Area	Bus Stop (Ranipur More)		
Paddy		319acres	Public Telephone Booth (Sarbari More)		
RELIGION			House holds	PDS Shop (Narayanpur)	
HINDU		114	DTP/Xerox Centre (Ranipur)		
CHRISTIAN		01	Post Office (Narayanpur)		
			Bank For S/B Account (Ranipur Colliary)		
			Govt Secondary School (Ranipur Colliary)		
			Higher Sec School (Ranipur Colliary)		
			Health Sub Centre (Bhadurdanga)		
			ASHA Worker (Narayanpur)		
			Dai Trained/Untrained (Narayanpur)		
Land Distribution (In Acres):					
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
962	419	00	320	67	87
Migration Pattern					
Within the state (Non-Agricultural Labour)					Yes
Outside state (Non-Agri Labour)					Yes



7.6.1. Household:

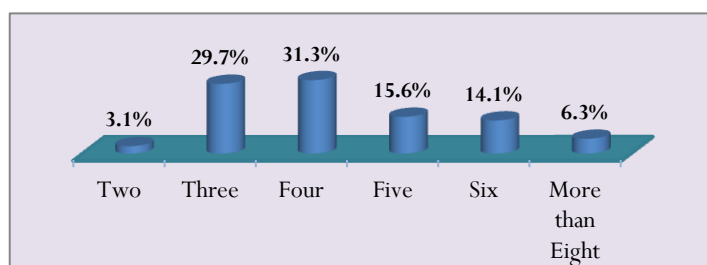
Type of Houses & registration Status:

In the Barshadih village most of the houses are Pucca which is approximately 39 percent of the total and it is followed by Kuccha houses which are 31 percent. With regard to Semi Pucca and RCC they are comprised of 16 percent and 14 respectively. Also in the village almost all the houses which are approximately 98 percent people have their own houses and remaining 2 percent have been allotted houses under government schemes.



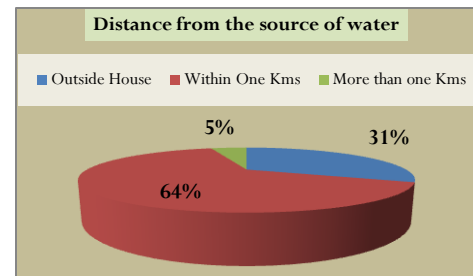
In the village total 84 percent of the respondents have reported of having electricity in the houses. The remaining 16 percent population in the village does not have any electricity facility. In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 85.9 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Charcoal is another source of fuel which is used by approximately 65 percent of the total respondents. Followed to which is the “cow dung” for which around 59.4 percent of the people reported that they use it as fuel. Other types of fuels such as Biogas and LPG are also used for cooking and other domestic purposes but they are very less in percentage and availability i.e. 1.6 percent each in both.

The people reported of having 4-5 members in the houses. Here numbers of large families were less reported.



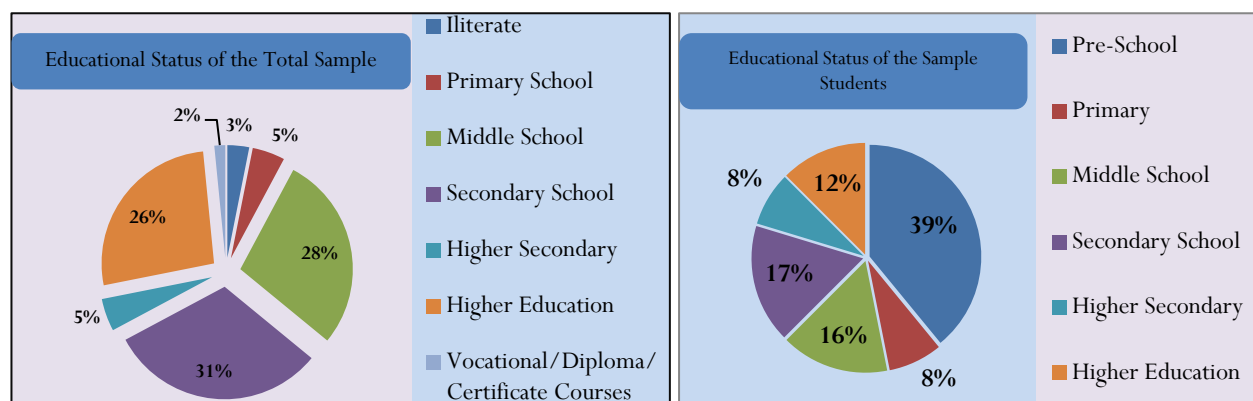
7.6.2. Availability of Water:

Water is the major concern for all the people in the village. It was reported by the respondent that 31 percent of the people use community taps in the village in order to fulfill their needs drinking water and other domestic purposes. Also 64 percent of the respondent agreed that they get water within the radius of a Kms. Remaining five percent of the people get drinking water facility more than a kilometer.



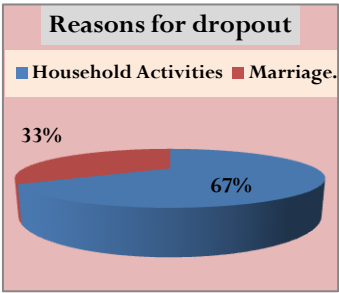
7.6.3. Education:

In context of the education majority of the people found to be in the category that has completed their secondary level education. Followed to which is Upper Primary which comprises of 28 percent. In the village 26 percent of the people also reported that they have completed their higher education. In village both Primary Level Education and Higher Secondary Education comprises of 5 percent each. It was also reported that percentage of Illiterate people in the village is approximately 3 percent. With regard to those who have done any Vocational/Diploma and Certificate courses is 2 percent in the village.



In the village majority of the students reported of being involved in their pre-schooling which is approximately 39 percent. Followed to which is those who are involved in the Secondary Level Schooling which is approximately 17 percent of the total. In the village both Primary and Higher secondary level schooling comprises of 8 percent each in both the standards. With regard to

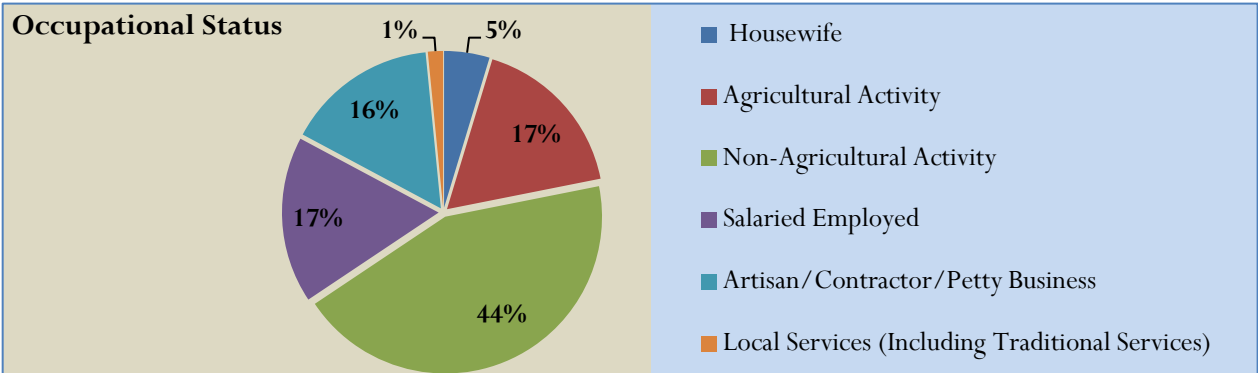
Upper Primary Level Schooling it was reported that 16 percent of the children are involved in it.



It shall also be noted that 12 percent of the children are also engaged in the Higher Education. In the entire village two major reasons were found to be the causes for drop out. With regard to the Household activities it was reported that 67 percent of the people agreed that their reason for dropout was their involvement in household activities. Also, as the second reason 33 percent of the people reported that Marriage was the prime reason for them to leave education.

7.6.4. Occupation

In the village Non-Agricultural sector is dominant which is almost comprised of 44 percent of

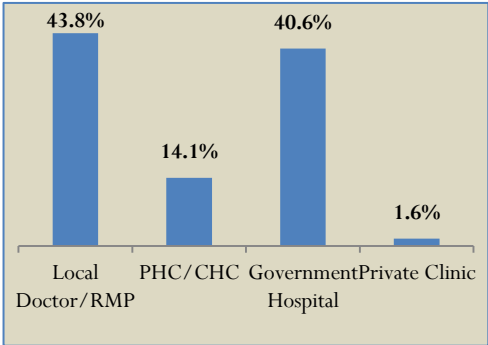


the people. It should also be noted that almost equal percentage of the people reported that they are engaged in the occupation such as Salaried Employed and Agricultural activity which are 17 percent in each. In the village 16 percent of the people also reported that they are also engaged as Artisan/Contractor and Petty Business.

7.6.5. Health

Health Seeking Behavior:

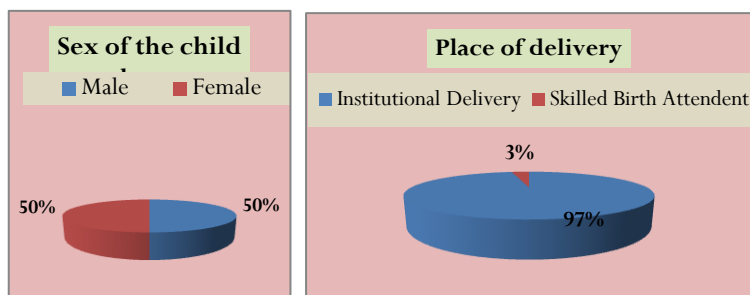
It was reported by the people that they mostly visit the Local Doctor/RMP in case of any illness as 43.8 percent reported for it. It was found that 40.6 percent of the people visit Government Hospital also which is located at Headdih. Apart from these two approximately 14.1 percent of the people also agreed that they visit



PHC/CHC in case of any minor and major ailments. The remaining 1.6 percent which stands at bottom agreed upon visiting Private clinics if anybody falls sick or ill.

7.6.5.1 Maternal Health:

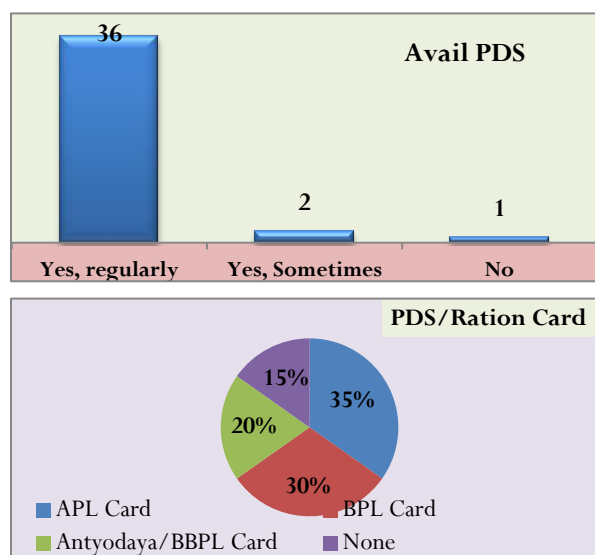
When women were asked questions with regard to the place of delivery almost all the births were



institutional in nature and divided into two categories. Approximately 97 percent of the total births took place in the Hospitals where 3 percent births were assisted by 'Dai'.

7.7.6. PDS/Ration

In the village approximately 35 percent of the people hold APL Card and around 30 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL



card it was reported that 20 percent hold it. In the village 7 percent of the respondents do not have any card with them.

Out of the total people who are having any of the PDS/Ration Card has reported that 89 percent of them avail food grains and other benefits of PDS. On the other hand 15 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop

Being too far and having APL Card. Remaining 9 percent of the population said that they avail it but only sometimes.

7.6.6. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • The Primary School in the village shall be provided with learning and Educational materials so that the students can use it. It is also recommended that there shall be a library in the village preferably near the school and school administration shall be given the responsibility for that. • In the Primary and High School Quarterly competitions on Essay Writing, Painting etc shall be conducted and prizes shall be also provided by CIL so that the students can develop interest towards it.
Water Supply	<ul style="list-style-type: none"> • Drinking water has emerged as major issue especially in summer season. Ensuring the availability of water supply can be taken as an intervention under CSR. • Irrigation facility should be made available through pipe line and check dams in order to increase the number of people engaged in agriculture. This will in long run improve the economic security of the people too. • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. • In the school there is no drinking water facility in the school. Toilets are available but due to unavailability of water children do not use them. • Drinking water, similar to the other villages is a major concern for the village people. In total 12 taps are required so that each and every household can get sufficient water for domestic and drinking purpose.
Health Care	<ul style="list-style-type: none"> • Accessibility to health care system is major issue in village. The government system PHC/CHC is located at the distance of more than 5 Kms, so the community has to rely on private services. An intervention in health system either through Mobile medical van or

	<ul style="list-style-type: none"> • Opening of dispensary from the company will reduce the expenditure on health services for the community.
	<ul style="list-style-type: none"> • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health. • A training and Awareness programme shall also be provided to the women and adolescent girls in the village with regard to the safe health practices.
Rural Electrification	<ul style="list-style-type: none"> • Street lights are needed
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village and most of the people are involved in it after the women reporting their occupation as Housewife. • Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale

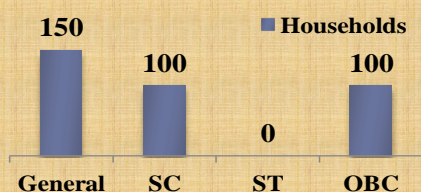
	<p>business such as Fisheries on agricultural activities in the village.</p> <p>The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.</p> <ul style="list-style-type: none"> • Skill building should be taken up as a flagship intervention in the village. The village is lagging behind in terms of having market oriented skills Provisioning of skill building facilities will enhance the employability of the youths.
Sanitation	<ul style="list-style-type: none"> • Lack of proper sanitation facility has emerged as major issue in the village which will have major effect on the health of the villagers and especially children. Company can work with Panchayat to construct and run the community toilets. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> • Village level groups shall be formed and also provided some capital support from the CIL and those groups shall also be linked up with the organizations working in the areas of village development. The groups can also take up the responsibility of maintain cleanliness and hygiene of the village.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet is needed in primary school • In the village a training centre is required to be open in the village. Community hall & library required (Govt place available). The community hall will be used for social gatherings such as Marriages and community Meetings.

Major Findings from the villages and Recommendations:

8. Digha Gram Panchayat

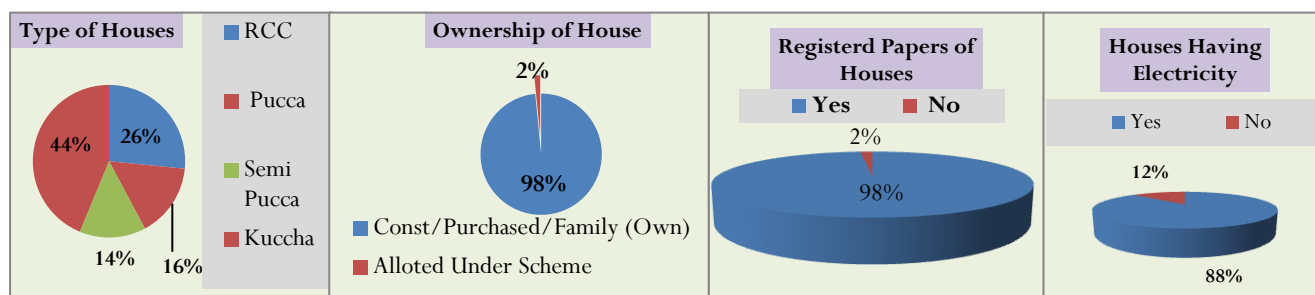
8.1. Batoria Village

YEAR	2011	Facilities Available in the village				Facilities Existing within 5 kms.			
HOUSEHOLDS	350	Samaaj Mandir				Daily Evening marker (Sarbari More)			
POPULATION	2100	Cement/Tar Road				Weekly Market (Sarbari)			
Forest Produce		Bus Stop				Gram Panchayat Office (Inanpur)			
Coal Collection	Yes	Pre-Pri Nursery School				Bank for S/B Account (Sarbari More)			
Cultivation	Yes	Govt Primary School				Warehouse (Sarbari More)			
Public/Common Tap Points	00	Public Telephone Booth				Pvt Primary School (Bhamuria)			
HH Tap Connections	00	PDS Shop				Degree College (Sarbari)			
Chief Crop Name	Area	Grocery Shop				Primay Health Centre (Harmaddi)			
Paddy	320 acres	DTP/Xerox Centre				Pvt Clinic (RMP+) (Sarbari More)			
RELIGION	House holds	Post Office				Pvt Clinic (MBBS BAMS) (Sarbari More)			
HINDU	310	Higher Secondary School				Medical Shop/Chemist (Sarbari More)			
MUSLIM	40	Health Sub Centre				Facilities Existing more than 5 Kms			
Land Distribution (In Acres):		ASHA Worker				Railway Station (Madhukunda)			
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland	Police Station (Neturia)			
913	320	00	172	98	123	Cooperative Society (Raibandh)			
Migration Pattern						Block development Office(Neturia)			
Within the state (Non-Agricultural Labour)						Taluka Headquarters (Raghunathpur)			
Outside state (Non-Agri Labour)						District Headquarters (Purulia)			
						Charitable primary (Asansol)			
						Govt Secondary School (Ialpur)			
						Charitable Secondary (Asansol)			
						Pvt Secondary School (Asansol)			
						ITI/Polytechnic (Raghunathpur)			
						Vocational Training Centre (Parbelia)			
						CHC/Govt Gen Hospital (Raghunathpur)			
						Pvt Hospital (Barakar)			
						Ayush Hospital (Asansol)			
						Veterinary Clinic (Gobag)			



8.1.1. Household Status

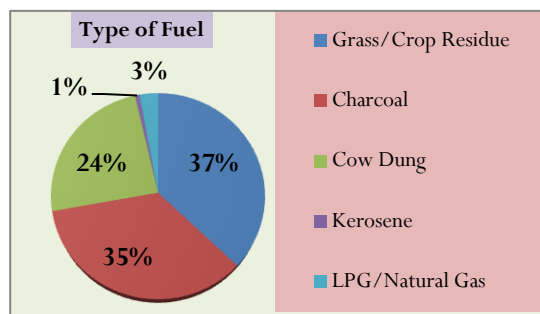
In the Balitora village most of the houses are of RCC which is approximately 26 percent of the total and it is followed by Pucca houses which are 16 percent. With regard to Semi Pucca and Kuccha they are comprised of 14 percent and 44 respectively.



Also in the village almost all the houses which is approximately 98 percent people have their own houses and remaining 2 percent are allotted under Scheme. The above mentioned 5 percent of the houses are provided under Indira Aawas Yojana.

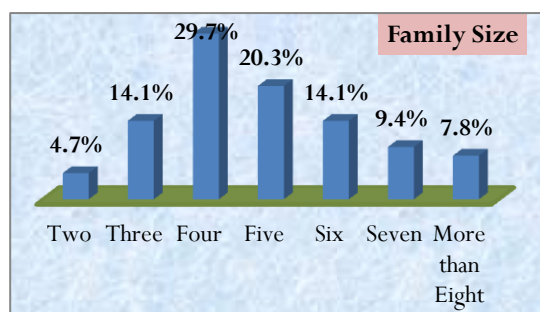
8.1.1.1 Type of Fuel

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 37 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Cow Dung is another source of fuel which is used by approximately 24 percent of the total respondents. Followed to which is the Charcoal for which around 35 percent of the people reported that they use it as fuel. Other types of fuels such as LPG, Biogas and Kerosene are also available but their percentage of availability is very less i.e. 3 percent, 1 percent respectively.



8.1.1.2 Size of the Family

As it can be observed that majority of the people have reported that they agree upon that on an



average there are four members in the family. Since 29.7 percent of the people agreed that the family size is approximately four in number. In the village Families having more than 8 members, reported by approximately 7.8 percent of the people is also having high percentage. In the village there is a diverse variety of family size ranging from only two members to More than eight.

8.1.2. Source of Water

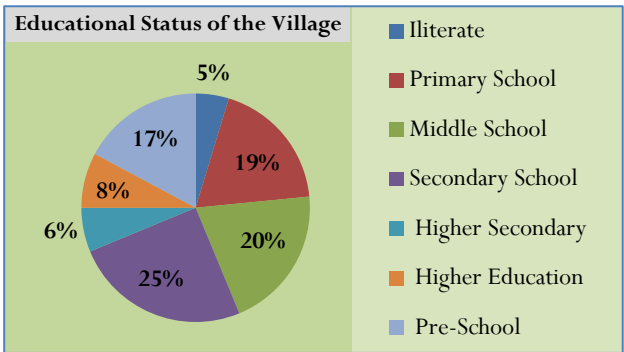
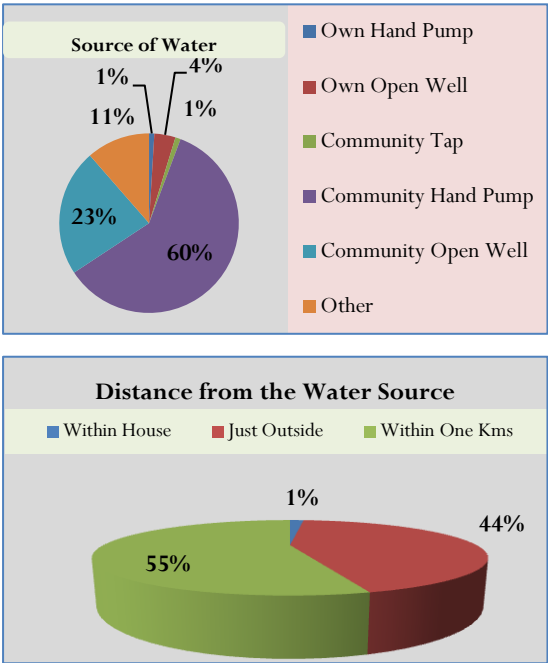
In the village people reported that the majority of source of water used is from community Hand Pump which comprises of about 60 percent. Followed by the above source people have community Tap which is about 1 percent from which the people use water for domestic and drinking purpose. Approximately 23 percent of the people use Community Open Well to take water. Remaining sources of water are Neighbor’s Tap and Own Open Well in the villages which are 11 percent and 4 Percent respectively. In the village 1.6 reported about the source of water in their houses. Having the water source just outside the houses is around 43.8 percent. The most important issue in the village is about the drinking water problem and for that as per the respondents more than 54.7 percent of the people have water source within one Kms.

8.1.3. Education

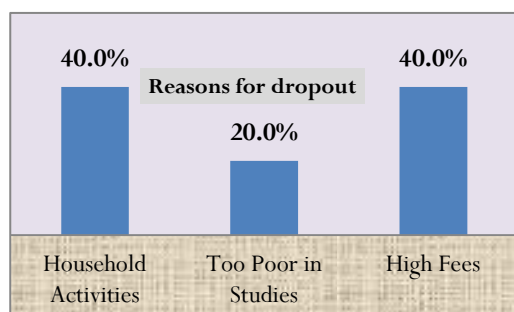
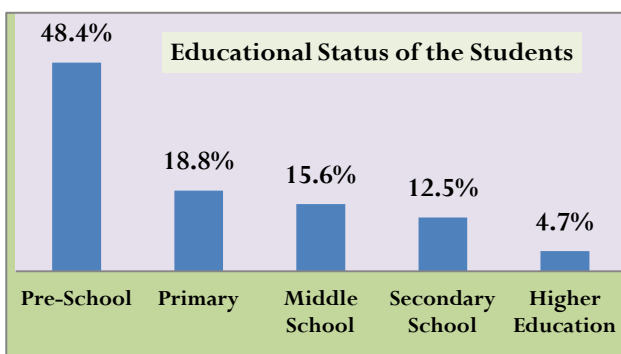
Educational Status of the Village

In Balitora the educational status of the respondent explains that 8 percent have completed their education till Higher Education which is followed by the Higher Secondary level Schooling which is approximately around 6 Percent.

Pump which comprises of about 60 percent. Followed by the above source people have community Tap which is about 1 percent from which the people use water for domestic and drinking purpose. Approximately 23 percent of the people use Community Open Well to take water. Remaining sources of water are Neighbor’s Tap and Own Open Well in the villages which are 11 percent and 4 Percent respectively. In the village 1.6 reported about the source of water in their houses. Having the water source just outside the houses is around 43.8 percent. The most important issue in the village is about the drinking water problem and



In the Balitora village approximately 25 percent of the people have completed their Secondary level Schooling. Moving towards other categories of education it was found that 17 percent of the people have completed their Pre-Schooling. Similarly those who have completed their Upper Primary Level Schooling and have done Vocational/Diploma/Certificate Courses are 20 percent and 2 percent respectively. In the village those students are studying majority of them are involved in the Pre-School which is 48.4 percent approximately followed by Upper Primary Level Schooling and Higher Education which approximately are 15.6 and 4.7 percent each.



In the village approximately 12.5 percent of the students are engaged in the Secondary School and in the Primary School 18.8 percent are involved.

In the village when it was asked about the major reasons for Dropout, it was found that getting engaged in the household activities and high fees was the main

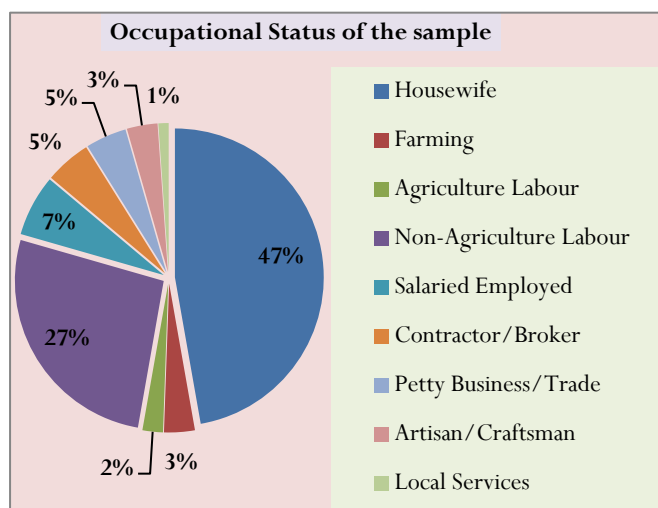
reason for leaving education in between.

8.1.4. Occupation

Occupational Status of the Village

In the village approximately 47 percent of the women reported as being the Housewife. In the village most dominant occupation is those having Salaried Employed which accounts for approximately 7 percent of the population.

The major problems drinking water and lack of irrigation facility are on top priority.

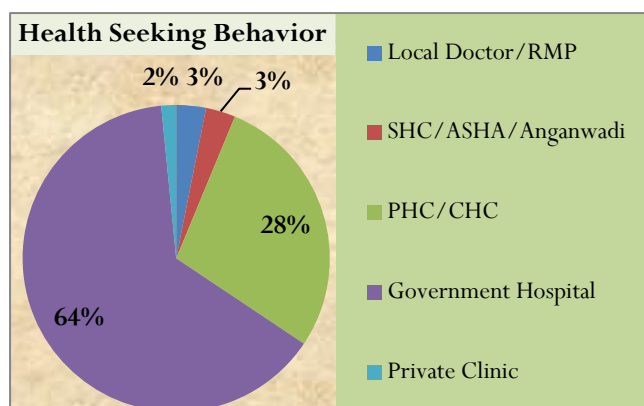


Non-Agricultural activities in the village Agriculture Labour constitute 27 percent of the population approximately. Around 5 percent of the people reported of being involved as having Petty Business/trade. There is only 3 percent of the population reporting for being engaged in the Farming. The other occupational areas are also available in the village such as Agriculture Labour, Contractor Broker etc.

8.1.5. Health

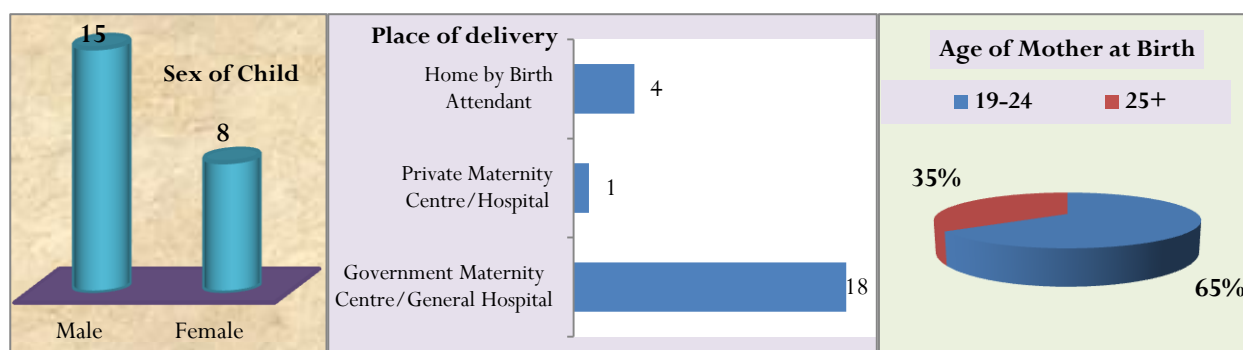
Health Seeking Behavior

It was reported by the people that they mostly visit the Local Doctor/RMP in case of any illness as 3 percent of the people reported for it. It was found that 64 percent of the people visit Government Hospital also which is located at Headdih. Apart from these two approximately 2 percent of the people also agreed that they visit Private Clinics in case of any minor and major ailments. Though the cost is higher in the private Clinics but people also said that in case of emergencies they do not have any choice. 28 percent of the people also said that they prefer going to PHC/CHC also in case of any health related issue.



8.1.5.1 Maternal Health

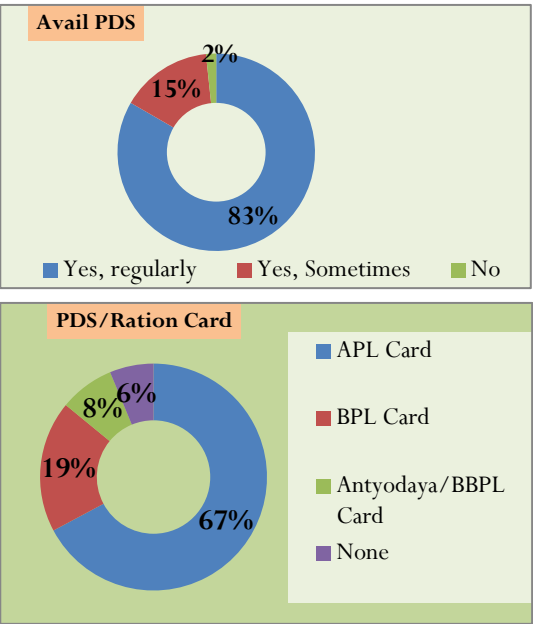
On asking the households with regard to the births in the village in the past three years it was found that 23 births have taken place. Of the total births both male and female are 15 and 8 in number respectively. It was found in the village that a majority of the births have taken place in the private maternity centre. Out of the total 23 births 1 have taken place in the private Maternity



centre. 18 births have taken place in Government maternity centre. The very interesting fact in the village is that no births have taken place from the mothers who are in the age group less than 18. All the 23 births have been given by the women who are above 18 years of age. 8 women who have given birth in the last three years agreed that they are having their first birth order. 11 women said that they are having their second birth order.

8.1.6. People having PDS/Ration card and those availing it

In the village approximately 67 percent of the people hold APL Card and around 19 percent of



the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 8 percent hold it. In the village 6 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 83 percent of them avail food grains and other benefits of PDS. On the other hand 2 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 15 percent of the population said that they avail it but

only sometimes.

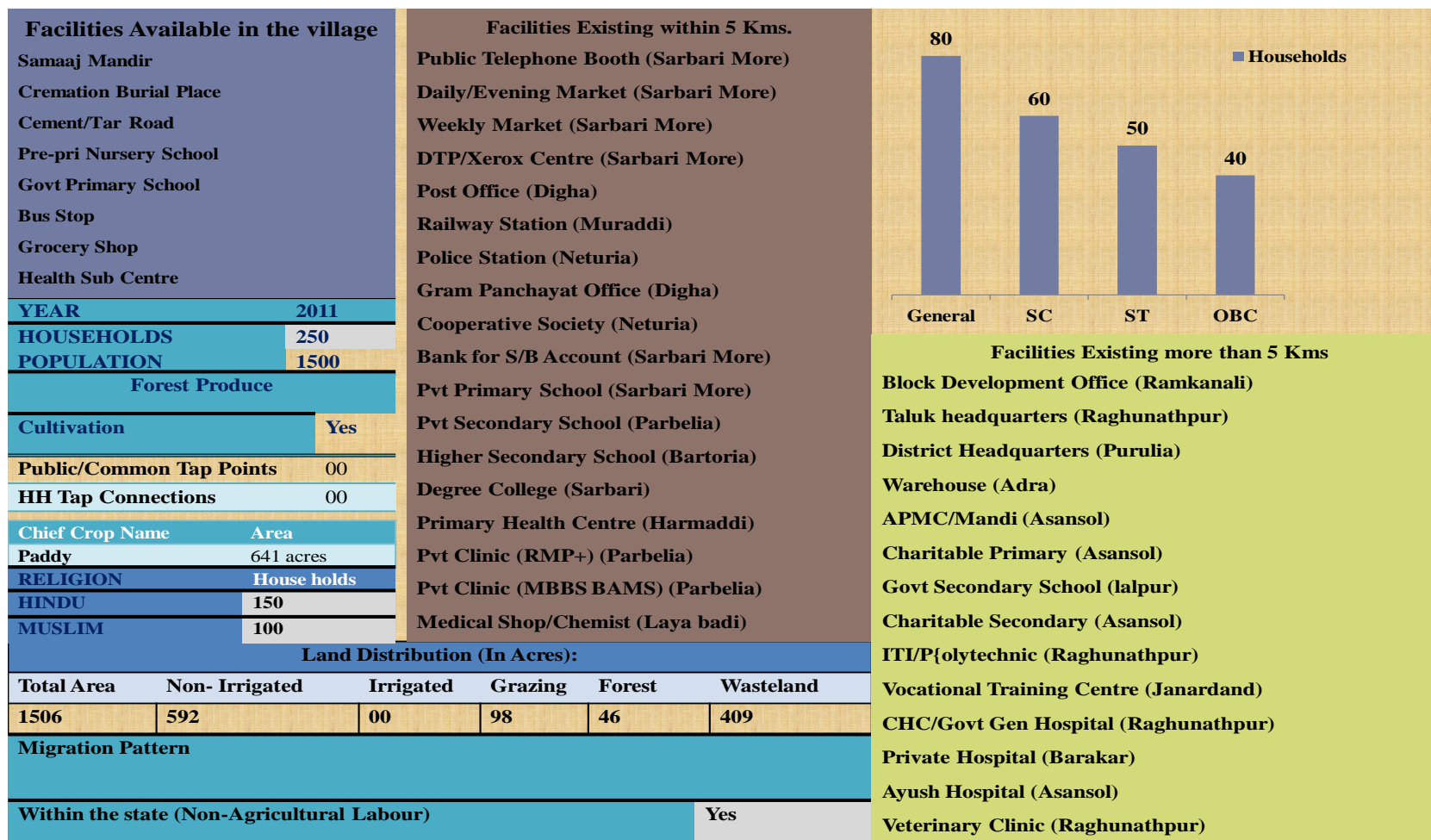
8.1.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the village Primary School one classroom is needed as when the attendance is full (120) it becomes difficult for everybody to sit together in the available classrooms. No drinking water facility is available in the school. 10 low and 10 high benches are required for the students to sit in the classrooms. • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • Primary school in village faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. • Irrigation facility should be made available through pipe line. • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. • Tap line is not available in the village and as reported by the people a total of 20 taps are required. Pipeline is available at Sarbori more which is 2 Kms away from the village. If the water pipeline can be connected from Sarbari then the entire village can be provided with drinking water, which is the major issue available in the village.

Health Care	<ul style="list-style-type: none"> Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.
	<ul style="list-style-type: none"> Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Sports & Culture	<ul style="list-style-type: none"> A big playground is available near to school which requires be improving by leveling it and making the place to sit. In the playground inter village cricket and football are also conducted.
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some

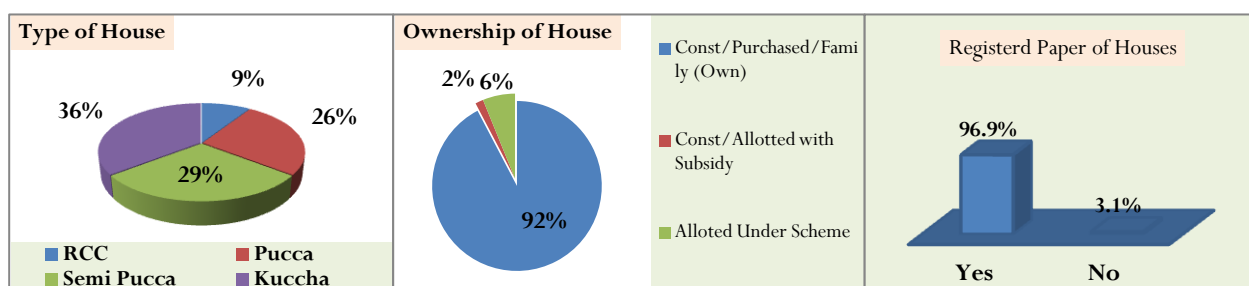
	<p>Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.</p>
Sanitation	<ul style="list-style-type: none"> • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> • Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. • In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. • SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. • Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet in needed in primary school <ul style="list-style-type: none"> • The bus stand needs to be repaired. The old primary school building can be repaired and build as library. • Drains are required so that the waste water can be carried away from the village and village hygiene and sanitation can be maintained.

8.2. Inanpur Village



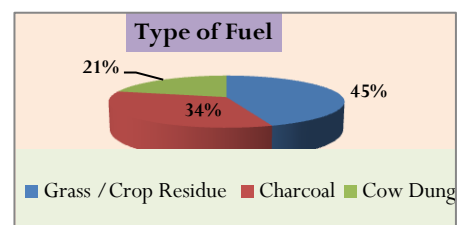
8.2.1. Household Status

In the Inanpur village most of the houses are Kuccha Houses which is approximately 36 percent of the total and it is followed by Semi Pucca houses which are 29 percent. With regard to Pucca and RCC they are comprised of 26 percent and 9 respectively. Also in the village almost all the houses which are approximately 92 percent people have their own houses and remaining 5 percent are allotted under Scheme. The above mentioned 6 percent of the houses are provided under Indira Aawas Yojana.



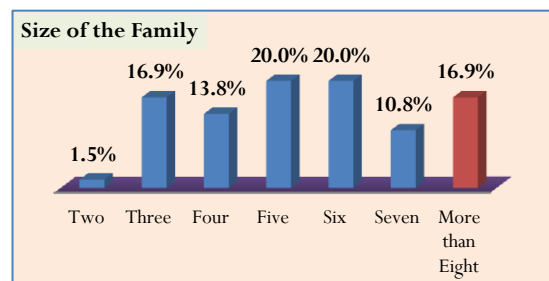
8.2.1.1 Type of Fuel:

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 45 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Cow Dung is another source of fuel which is used by approximately 21 percent of the total respondents. Followed to which is the Charcoal for which around 34 percent of the people reported that they use it as fuel. Other types of fuels such as LPG, Biogas and Kerosene are also available but their percentage of availability is very less i.e.



8.2.1.2 Size of the Family

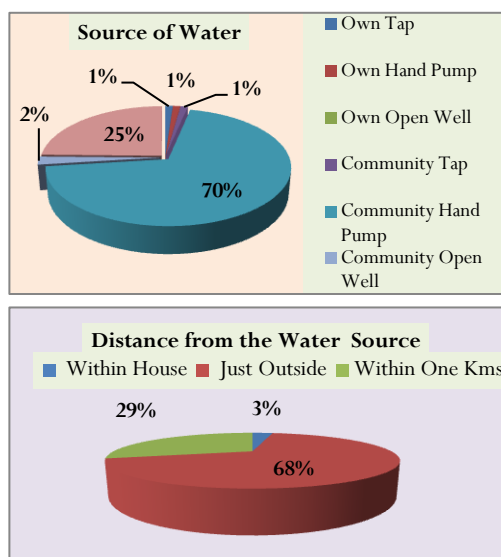
As it can be observed that majority of the people have reported that they agree upon that on an average there are Five-Six members in the family. Since 20 percent of the people agreed that the family size is approximately four in number. In the



village Families having more than 8 members, reported by approximately 16.9 percent of the people is also having high percentage. In the village there is a diverse variety of family size ranging from only two members to More than eight.

8.2.2. Source of Water

In the village people reported that the majority of source of water used is from community Hand

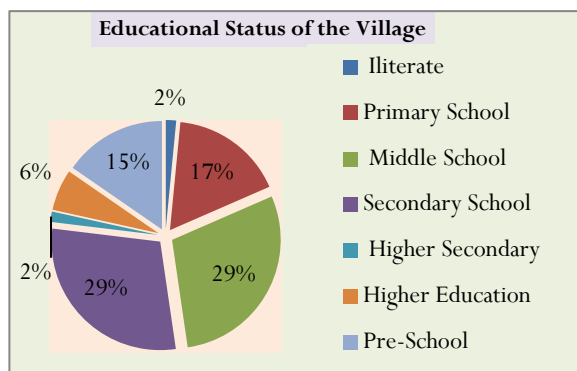


Pump which comprises of about 70 percent. Followed by the above source people have Other Sources which is about 25 percent from which the people use water for domestic and drinking purpose. Approximately 2 percent of the people use Community Open Well to take water. Remaining sources of water are Neighbor's Tap, Own Tap, Community tap and Own Open Well in the villages'. In the village only 3.1 Percent of the people reported about the source of water in their houses. Having the water source just outside the houses

is around 67.7 percent. The most important issue in the village is about the drinking water problem and for that as per the respondents more than 29 percent of the people have water source within one Kms.

8.2.3. Education

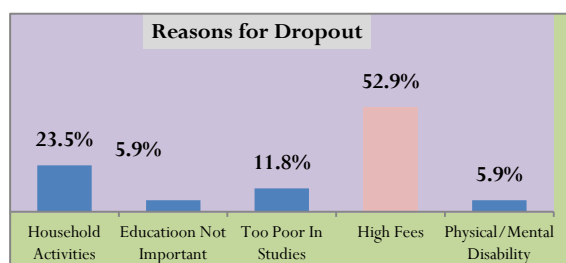
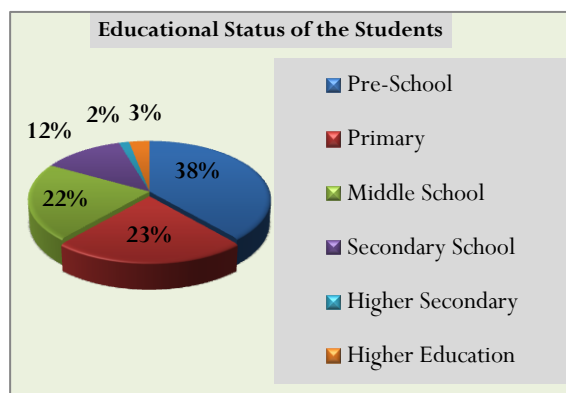
Educational Status of the Village



In Inanpur the educational status of the respondent explains that 29 each have completed their education Middle and Secondary School which is followed by the Primary level Schooling which is approximately around 17 Percent. In the Inanpur village approximately 15 percent of the people have completed their Pre- Schooling. Moving towards other categories of education it

was found that 6 percent of the people have completed their Higher Education. Similarly those

who have completed their Higher Secondary and those who are illiterate comprises of 2 percent each in the village. In the village those students are studying majority of them are involved in the Pre-School which is 38 percent approximately followed by Primary Level Schooling and Middle Level Education which approximately are 23 percent and 22 Percent respectively. In the



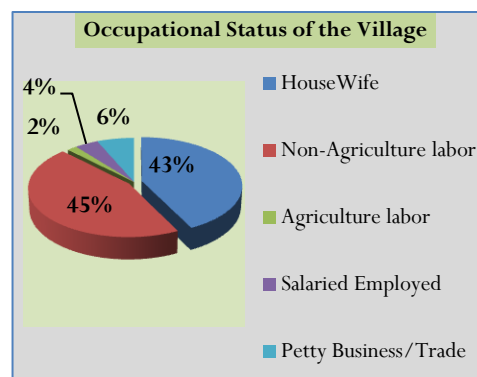
Secondary Schooling approximately 12 percent of the children are involved. In the village approximately 3 percent of the students are engaged in the Higher Education and in the Higher Secondary 2 percent are involved. In the village on asking about the major reasons for dropouts it was found, more than 50 percent of the people reported as 'High fees' the major reason for the Dropouts. 23 percent of the people also said that they dropped out of the school due to the responsibilities of household. Followed to which 12 percent of the people said that they left education in between due to being 'poor in

Studies'. In the village 6 percent each have said that the main reason for them was Physical/Mental Disability' and Considering Education Not Important'.

8.2.4. Occupation

Occupational Status of the Village

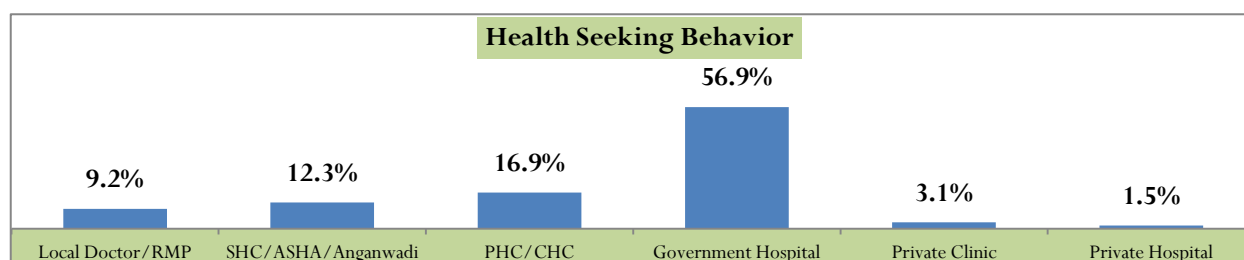
In the village approximately 43 percent of the women reported as being the Housewife. In the village most dominant occupation is those who are engaged as Non-Agricultural Labour which accounts for approximately 45 percent of the population. The major problems drinking water and lack of irrigation facility are on top priority. Around 6 percent of the people reported of being involved as having Petty Business/trade. There is only 3 percent of the population reporting for being engaged in the Agriculture Labour and Farming.



8.2.5. Health

Health Seeking Behavior

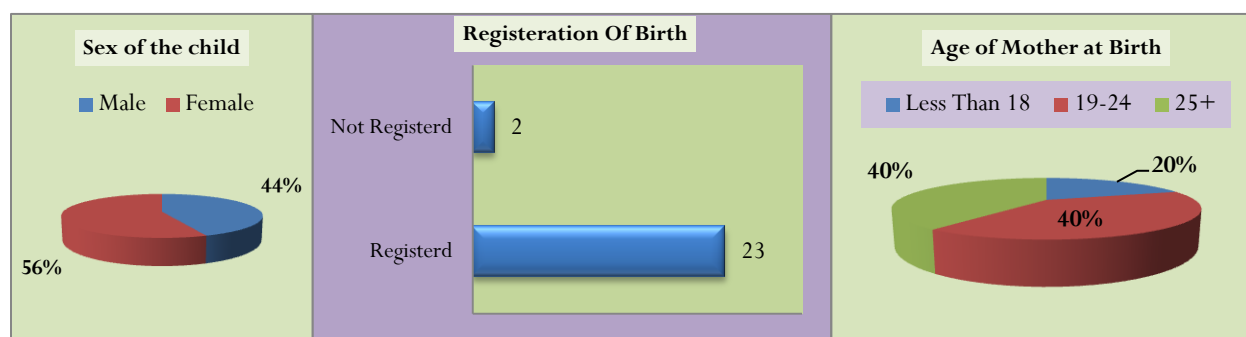
It was reported by the people that they mostly visit the Government Hospital in case of any illness as 57 percent of the people reported for it. It was found that 17 percent of the people visit CHC/PHC also which is located at Headdih. Apart from these two approximately 12 percent of the people also agreed that they visit SHC/ASHA/Anganwadi Worker in case of any minor and major ailments. 9 percent of the people also said that they prefer going to Local Doctor/RMP



also in case of any health related issue. Though the cost is higher in the private Clinics but people also said that in case of emergencies they do not have any choice. The remaining 3 percent which stands at bottom agreed upon visiting Private Hospitals if anybody falls sick or Ill.

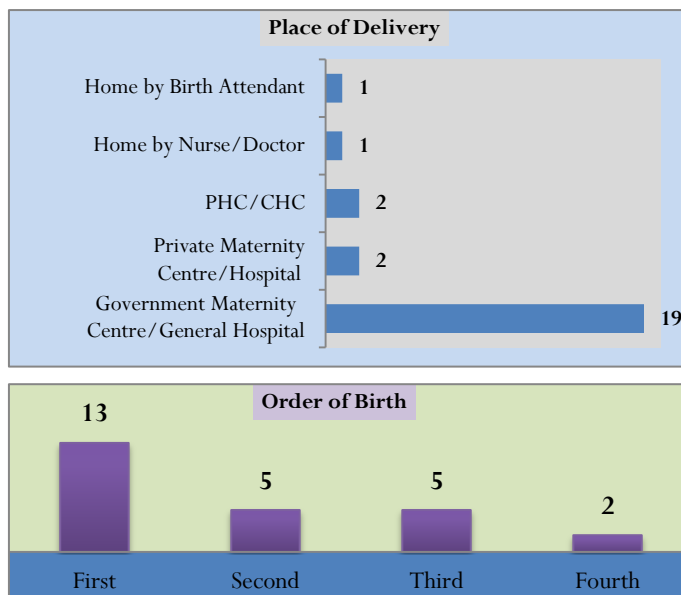
8.2.5.1 Maternal Health

On asking the households with regard to the births in the village in the past three years it was found that 25 births have taken place. Of the total births male are 11 and female are 14 in number.



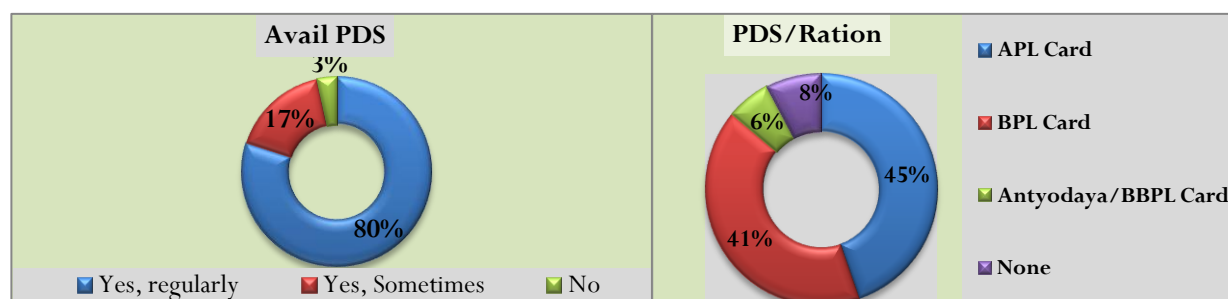
It was found in the village that a majority of the births have taken place in the Government maternity centre. Out of the total 76 percent of the births have taken place in the Government Maternity centre. The people also reported that they do not believe in the services provided at the

government health institutions. It was also reported that though the services are free but the quality provided is not good. In the village all the births are institutional in nature. In the village approximately 4 percent of the births were also reported as attended by 'Dai'. In the village around 5 Births have taken place through those mothers who are in the age group less than 18. Similar to that remaining 20 births have been given by the mothers who are in the age group 19-24 and those in 25+. In the Inanpur Village it was reported that out of all the births 23 have been registered and remaining 2 are not registered. In the village when the women were asked with regard to their order of birth it was found that 13 women are having their first birth order. Followed to which 5 women in each have said that they are having their second Birth order. Remaining two women said that they are having their Fourth birth order.



8.2.6. PDS/Ration card availability

In the village approximately 45 percent of the people hold APL Card and around 41 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 7 percent hold it. In the village 8 percent of the respondents do not have



any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 80 percent of them avail food grains and other benefits of PDS. On the other hand 3 percent also reported that they do not avail it. As the reasons which were cited by them for not

availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 17 percent of the population said that they avail it but only sometimes.

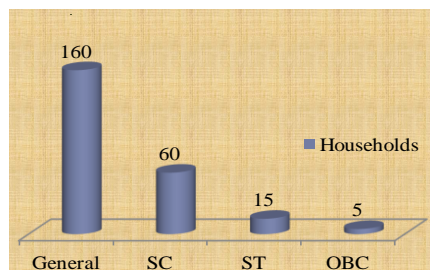
8.2.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • Primary school in village faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening along with village pond renovation is needed • Irrigation facility should be made available through pipe line and check dams • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> • Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.

	<ul style="list-style-type: none"> • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

Social Empowerment	<ul style="list-style-type: none"> • Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. • In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. • SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. • Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet is needed in primary school <ul style="list-style-type: none"> • There is no ICDS room in the village so it was requested by the village people to provide ICDS Centre where the children of the age group 0-6 can be provided with services such as Nutrition, Immunization and the basic or pre-school Education. • The bus facility is available near to the village but the problem is, for instance during summer and winters the people have to wait for long hours for the bus to come and as no shed or place to sit is available people face difficulty. • Community hall is required for the purpose of social gathering and functions. The place is fixed by the villagers. • The condition of the road is very poor. Drains are also required in the village.

8.3. Digha Village



YEAR	2011
HOUSEHOLDS	240
POPULATION	1680

Forest Produce	
Cultivation	Yes
Public/Common Tap Points	04
HH Tap Connections	00

Chief Crop Name	Area
Paddy	987 acres

RELIGION	House holds
HINDU	240

Land Distribution (In Acres):					
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
2493	962	00	00	229	271

Migration Pattern	
Within the state (Non-Agricultural Labour)	Yes

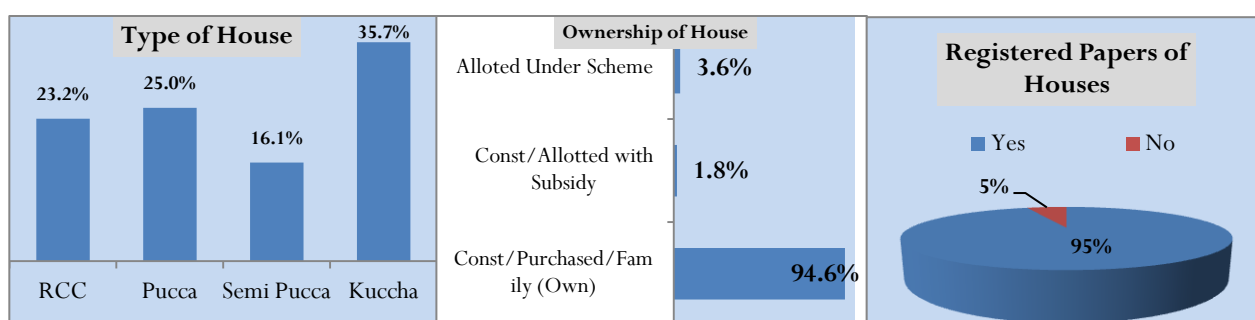
Facilities Available in the village
Samaaj Mandir
Playground
Club
Pre-pri Nursery School
Govt Primary School
Library
Cremation /Burial Place
Cement/tar Road
Grocery Shop
Post Office
Pre-Pri Nursery School
Govt Primary School
ASHA Worker
Dai (Trained/Untrained)
Gram Panchayat Office

Facilities Existing within 5 kms.
Bus Stop (Inanpur)
Public Telephone Booth (Sarbari More)
Daily Evening Market (Sarbari More)
Weekly Market (Sarbari More)
PDS Shop (Headdih)
DTP/Xerox Centre (Sarbari More)
Bank for S/B Account (Sarbari More)
Pvt Primary School (Sarbari More)
Govt Secondary School (Lalpur)
Higher Secondary School (Bartoria)
Degree College (Sarbari More)
Health Sub Centre (Inanpur)
Primary Health Centre (Harmaddi)
Pvt Clinic (RMP+) (Sarbari More)
Pvt Clinic (MBBS BAMS) (Sarbari More)
Ayush Hospital (Bartoria)

Facilities Existing more than 5 Kms
Railway Station (Madhukunda)
Police Station (Neturia)
Cooperative Society (Raghunathpur)
Block Development Office (Ramkanali)
Taluk Headquarters (Raghunathpur)
District Headquarters (Purulia)
Warehouse (Raghunathpur)
APMC/Mandi (Asansol)
Charitable Primary (Purulia)
Charitable Secondary (Asansol)
Pvt Secondary School (Ramkanali)
ITI/Polytechnic (Raghunathpur)
Voc training Centre (Raghunathpur)
CHC/Govt Gen Hospital (Raghunathpur)
Pvt Hospital (Bartoria)

8.3.1. Household Status

In the Digha village most of the houses are of RCC which is approximately 23 percent of the total and it is followed by Pucca houses which are 25 percent. With regard to Semi Pucca and Kuccha they are comprised of 16 percent and 36 respectively. Also in the village almost all the houses which is approximately 95 percent people have their own houses and remaining 5 percent are allotted under Scheme. The above mentioned 5 percent of the houses are provided under Indira Aawas Yojana. It was also reported that approximately 82 percent of the sample households have electricity connection in their houses.

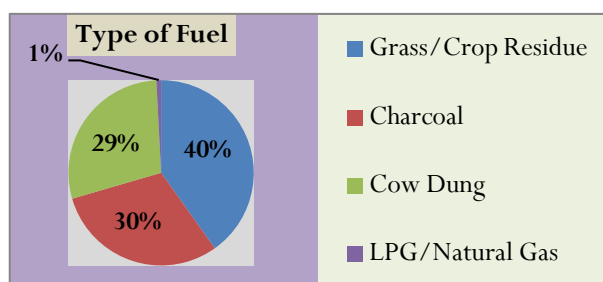


8.3.1.1 Type of Fuel

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 40 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Cow Dung is another source of fuel which is used by approximately 29 percent of the total respondents.

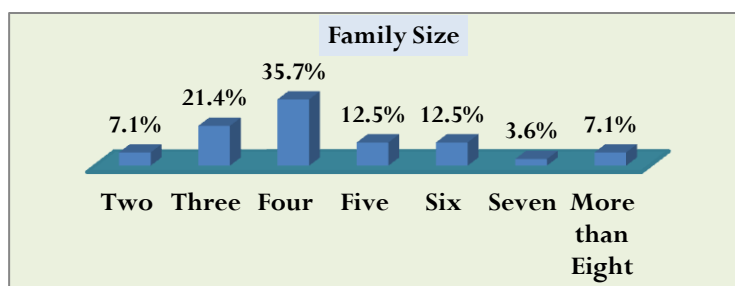
Followed to which is the Charcoal for which around 30 percent of the people reported that they use it as fuel. Other types of fuels such as LPG, Biogas and Kerosene are also available

but their percentage of availability is very less i.e. 1 percent, 3.3 and 5 percent respectively.



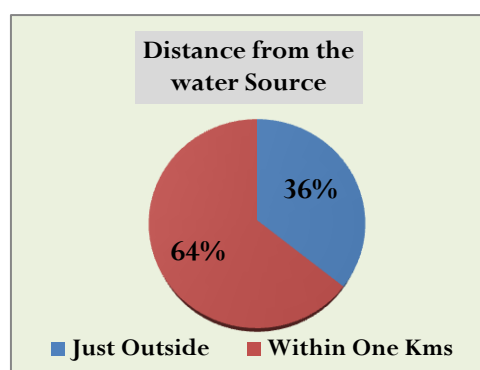
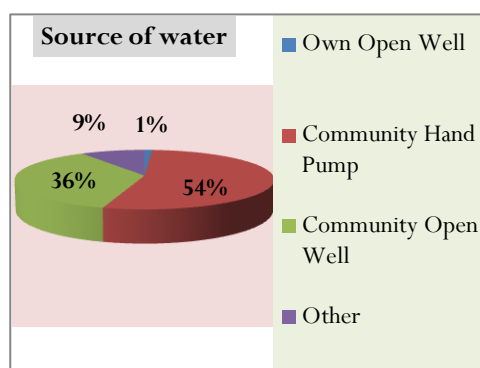
8.3.1.2 Size of the Family

As it can be observed that majority of the people have reported that they agree upon that on an average there are four members in the family. Since 35.7 percent of the people agreed that the family size is approximately four in number. In the village Families having more than 8 members, reported by approximately 7.1 percent of the people is also having high percentage. In the village there is a diverse variety of family size ranging from only two members to More than eight.



8.3.2. Source of Water

In the village people reported that the majority of source of water used is from community Hand Pump which comprises of about 36 percent. Approximately 36 percent of the people use Community Open Well to take water. Remaining sources of water are Neighbor's Tap and Own Open Well in the villages which are 1 percent and 9 Percent respectively. In the village nobody reported about the source of water in their houses. Having the water source just outside the houses is around 35.7 percent.



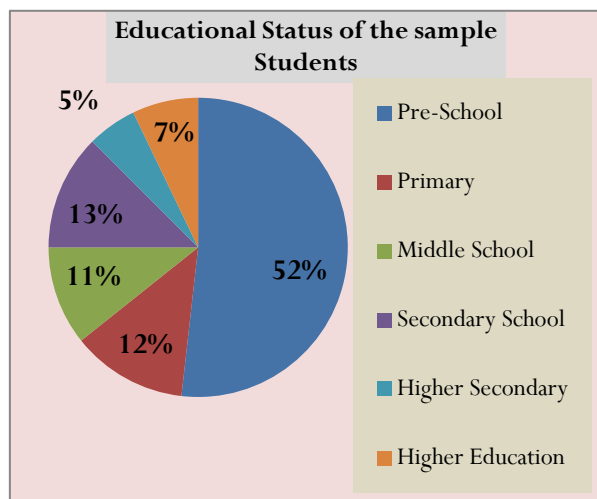
domestic purposes.

The most important issue in the village is about the drinking water problem and for that as per the respondents more than 64.3 percent of the people have water source within one Kms. Similar to that 17 percent of the people also reported that they have to go more than a Kms also to get drinking water and water for other

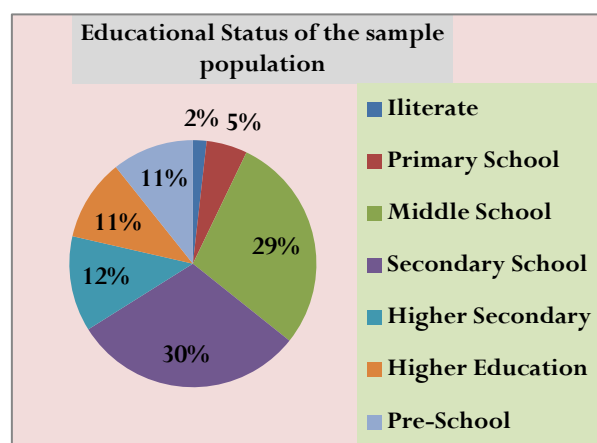
8.3.3. Education

Educational Status of the Sample Population

In Digha the educational status of the respondent explains that 11 percent have completed their education till Higher Education which is followed by the Higher Secondary level Schooling



which is approximately around 12 Percent. In the Digha village approximately 30 percent of the people have completed their Secondary level Schooling. Moving towards other categories of education it was found that 11 percent of the people have completed their Pre-Schooling. Similarly those who have completed their Upper Primary Level Schooling and have done Vocational/Diploma/Certificate Courses are 29 percent. In the village those students are studying majority of them are involved in the Pre-School which is 52 percent approximately followed by Upper Primary Level Schooling and Higher Education which approximately are 11 percent and 7 percent respectively.



In the Higher Secondary Schooling approximately 5 percent of the children are involved. In the village approximately 13

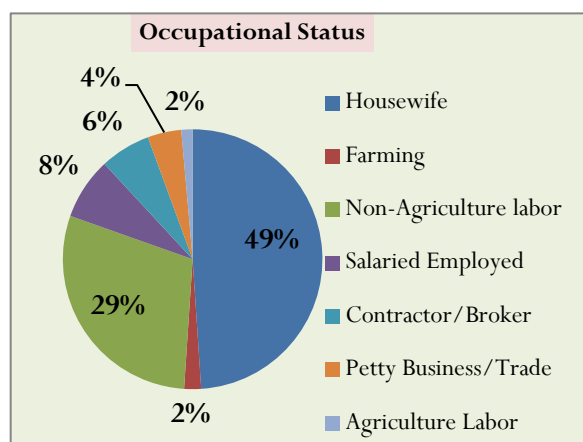
percent of the students are engaged in the Secondary School and in the Primary School 5 percent are involved.

In the village when it was asked about the major reasons for Dropout, it was found that getting engaged in the household activities was the only reason for leaving education in between.

8.3.4. Occupation

Occupational Status of the Village

In the village approximately 49 percent of the women reported as being the Housewife. In the



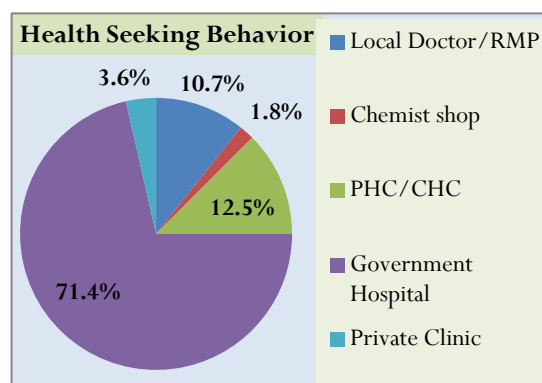
village most dominant occupation is those having Salaried Employed which accounts for approximately 8 percent of the population. The major problems drinking water and lack of irrigation facility are on top priority. Non-Agricultural activities in the village Agriculture Labour constitute 29 percent of the population approximately. Around 4 percent of the people reported of being involved as having Petty

Business/trade. There is only 2 percent of the population reporting for being engaged in the Farming. The other occupational areas are also available in the village such as Agriculture Labour, Contractor Broker etc

8.3.5. Health

Health Seeking Behavior

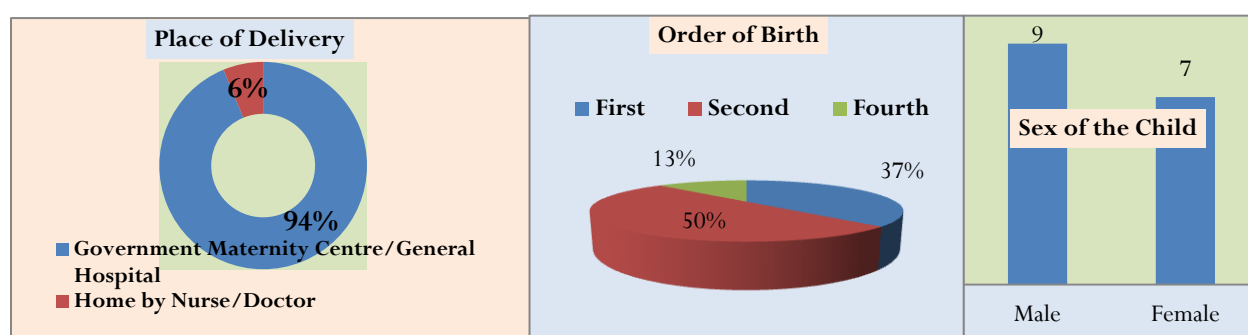
It was reported by the people that they mostly visit the Local Doctor/RMP in case of any illness as 11 percent of the people reported for it. It was found that 71 percent of the people visit Government Hospital also which is located at Headdih. Apart from these two approximately 4 percent of the people also agreed that they visit Private Clinics in case of any minor and major ailments. Though the cost is higher in the private Clinics but people also said that in case of emergencies they do not have any choice. 10 percent of the people also said that they prefer going to PHC/CHC also in case of any health related issue.



The remaining 4 percent which stands at bottom agreed upon visiting Private Hospitals if anybody falls sick or ill.

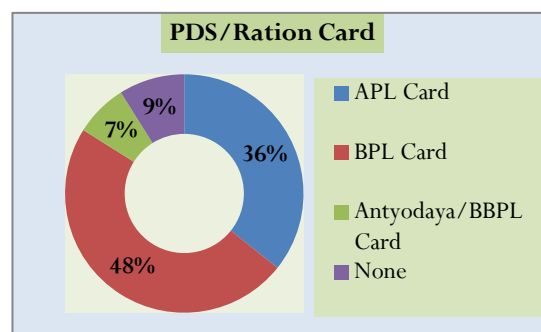
8.3.5.1 Maternal Health

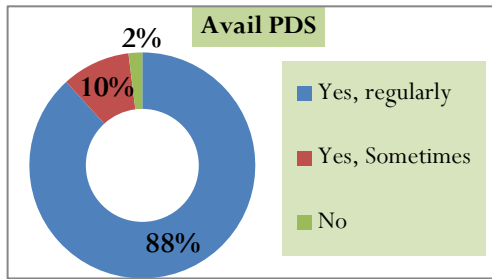
On asking the households with regard to the births in the village in the past three years it was found that 16 births have taken place. Of the total births both male and female are equal in number. It was found in the village that a majority of the births have taken place in the private maternity centre. Out of the total 16 births 1 have taken place in the private Maternity centre. The people also reported that they do not believe in the services provided at the government health institutions. It was also reported that though the services are free but the quality provided is not good. The very interesting fact in the village is that no births have taken place from the mothers who are in the age group less than 18. All the 12 births have been given by the women who are above 18 years of age, 10 women who have given birth in the last three years agreed that they are having their first birth order. Remaining two women said that they are having their second birth order.



8.3.6. People having PDS/Ration card and those availing it

In the village approximately 36 percent of the people hold APL Card and around 48 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 7 percent hold it. In the village 9 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 88 percent of them avail food grains and other benefits of PDS. On the other hand 2 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and





having APL Card. Remaining 10 percent of the population said that they avail it but only sometimes.

8.3.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the primary school there are total 200 students are there and they are having 4 classrooms to sit and study. For the students 20 high and low benches are required in the school for the students. • In front of school a shade is required. Apart from these entire infrastructures a kitchen shed and a dining hall for the students to have their Mid-Day Meal was also requested by the school authorities. • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • Primary school in village faces problems like lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening along with village pond renovation is needed • Irrigation facility should be made available through pipe line and check dams

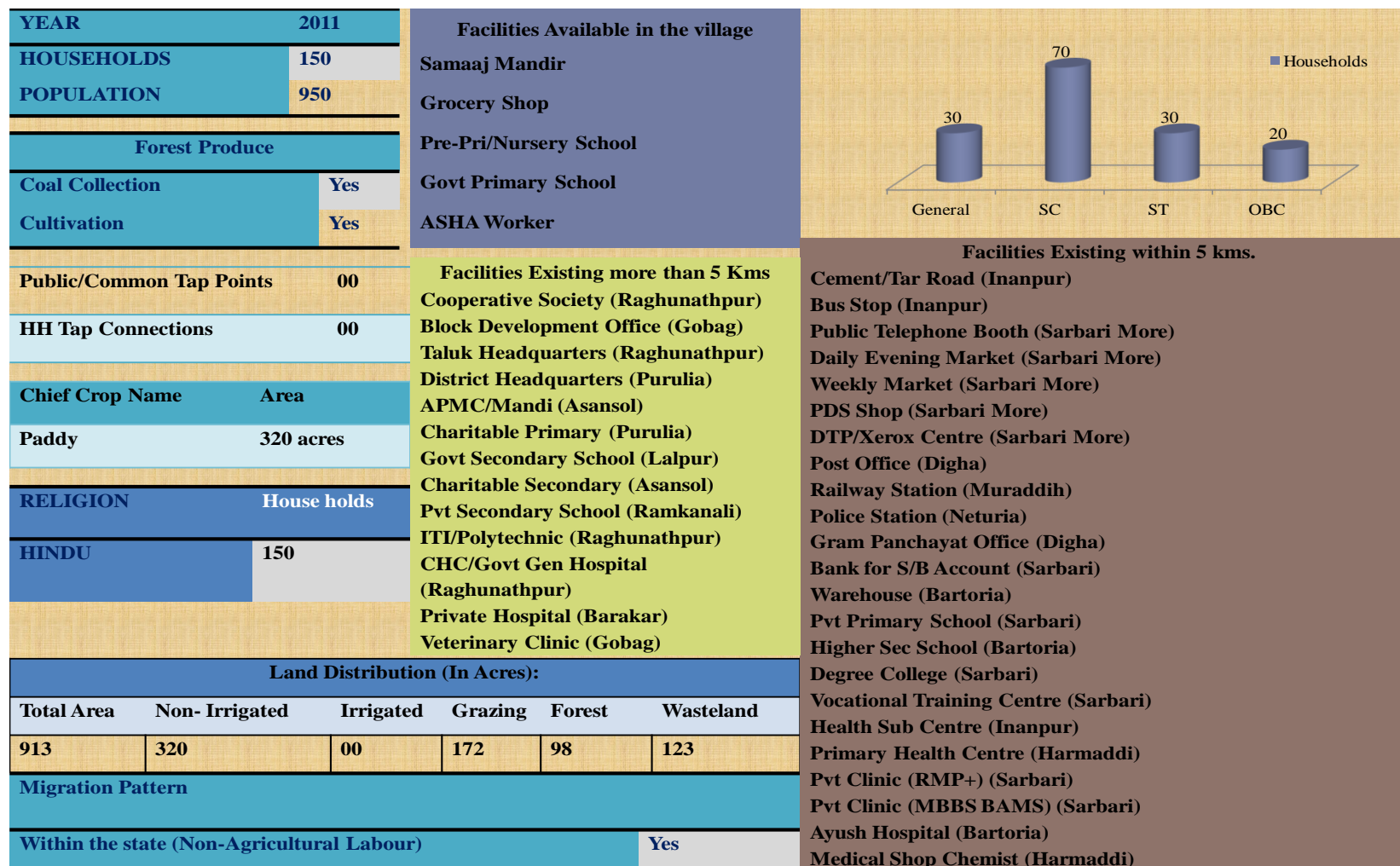
	<ul style="list-style-type: none"> • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. • In Digha village in total 5 tube well are available water is not available all the time especially during summer. In order to provide water to 240 families a minimum of 15 taps are required for village. If a water tank is constructed then it will be very helpful for the Digha village along with the nearby villages such as Monpura which is just 2 Kms away. • Pond development is required so that people can use them. Since the available tube well water is not available throughout the year. Three ponds are available in the village.
Health Care	<ul style="list-style-type: none"> • Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.
	<ul style="list-style-type: none"> • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Sports & Culture	<ul style="list-style-type: none"> • Big playground is available in the village, but it needs to be improved. It needs to be developed by leveling the ground and making places to sit for the people. In the playground village level tournament like football and cricket are also conducted. This can be an initiative to promote sports in the study area

Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.

Infrastructural Development

- Toilet in needed in primary school
- In the village the condition of road is not very poor but drains are required in order to maintain the safety and hygiene. The waste and sewage available in the drains are major cause for the various diseases prevailing in the village.

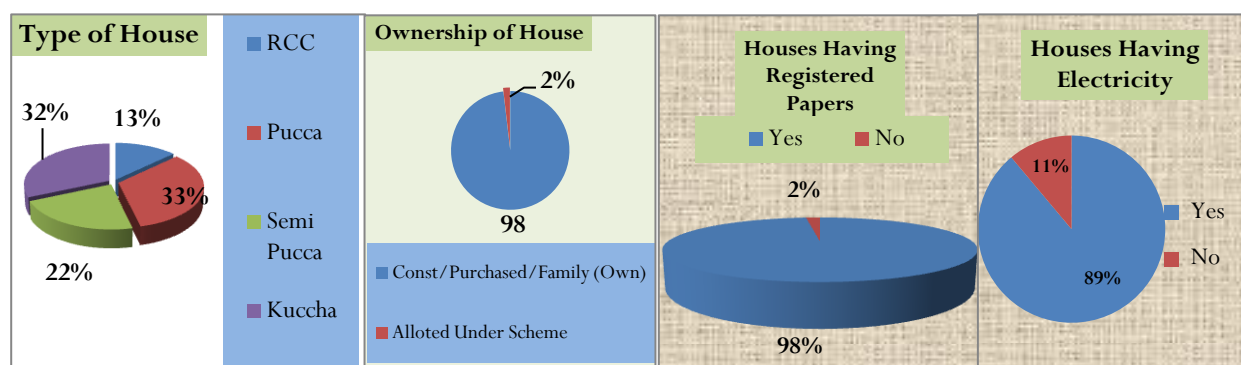
8.4. Parbatpur Village



8.4.1. Household Status

Household Status of Type of House & registered Papers

In the Parbatpur village maximum number of people which is approximately 33 percent is having Pucca Houses. Followed to which the Kuccha houses in the village is available which constitute 32 percent of the total. In the village people also reported that the 22 percent of the people live in Semi-Pucca Houses.

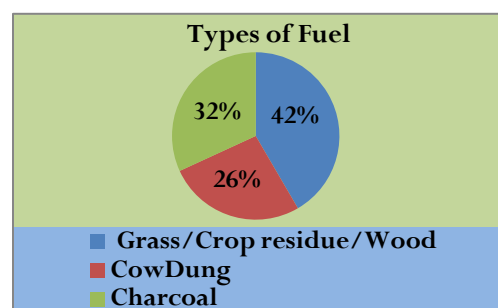


The remaining 13 percent of the people reported of being staying in the RCC Houses. The important aspect of the households in the village is that approximately 98 percent people have their own houses. Only 2 percent which implies 3 households out of the total were provided house under the government Scheme (Indira Aawas Yojana).

8.4.1.1 Type of Fuel

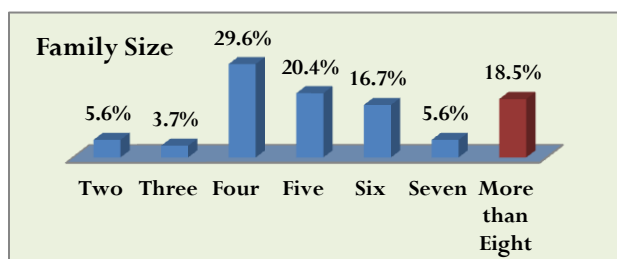
In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. In almost 42 percent of the houses Grass/Crop Residue/Wood is used for household and other domestic purposes. **Charcoal** is another source of fuel which is used by approximately 32 percent of the total respondents.

Followed to which is the “cow dung” for which around 26 percent of the people reported that they use it as fuel.



8.4.1.2 Size of the Family:

In the village a majority of the people reported that there are four members in their houses. Approximately 29.6 percent of the people said that they have four members in their houses.

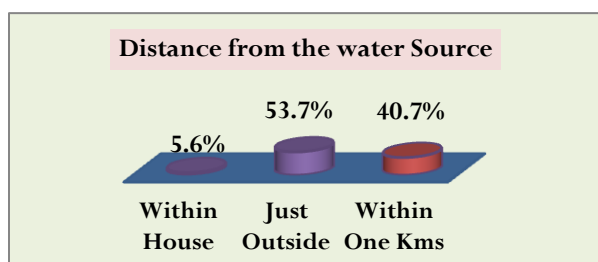
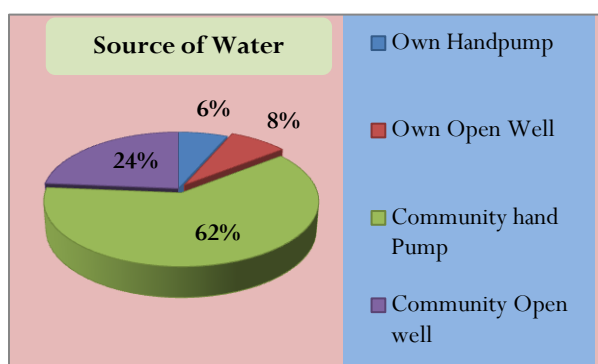


Followed to which 20.4 percent of the people said that they have five members in their houses, It was also reported by the people that there are around 18.5 people who have agreed that they more than eight members in their

families. In the village there is a diverse range of families varying from only two to more than eight.

8.4.2. Source of Water

Water is the major concern for all the people in the village. It was reported by the respondent that



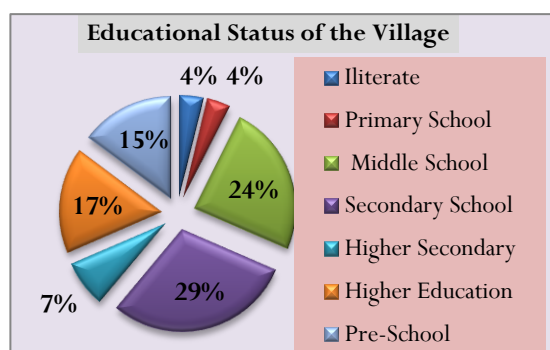
62 percent of the people use community Hand pumps in the village in order to fulfill their needs drinking water and other domestic purposes. Community open well is used by around 24 percent to get drinking water. Approximately 6 percent of the people reported that they have their own Hand pump and 8 percent of the people also said that they have their own open well. With regard to the distance of the above mentioned various sources of water it was found that approximately 53.7 percent of the people have the water source just outside their houses followed to which 40.7 percent of the people

have the waters sources within a range of a Kms. In the village itself 5.6 percent of the total population also said that they have water source within their houses. Within the houses implies those having Own Taps and Hand Pumps etc.

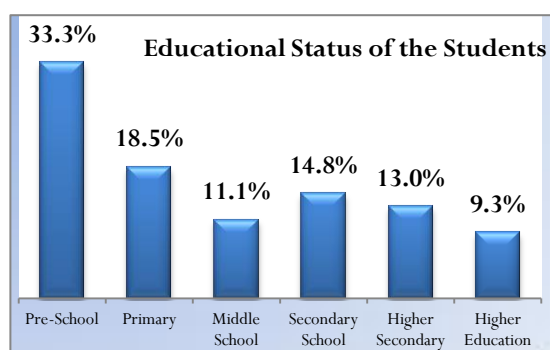
8.4.3. Education

Educational Status of the Village:

With regard to the educational status of the village it was reported that majority of the people have completed their education till Secondary School which comprises of approximately 29 percent of the respondent. Next to that 24 percent of the people have said that they have



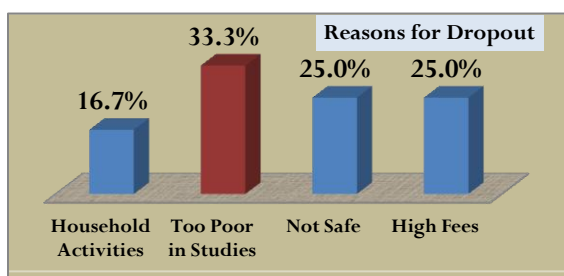
completed their education upto Middle level. The remarkable issue which was identified is that 17 percent of the respondents are having completed their Higher Education. With regard to Pre-School, around 15 percent of the people agreed that they have completed it. In the village majority of the students reported of being involved in their pre-schooling which is approximately 33 percent. Followed to which is those who are involved in the Primary Level Schooling which is approximately 19 percent among the respondents. It shall be noted that 15 percent of the students currently involved in Secondary Level Education. 13 percent of the people said that they are engaged in the Higher



Secondary Level Schooling. Among the lowest stratum with 9 percent was found in the higher Education.

8.4.3.1 Reasons for dropout:

In the village wide reasons for the dropouts were highlighted but almost half of the people



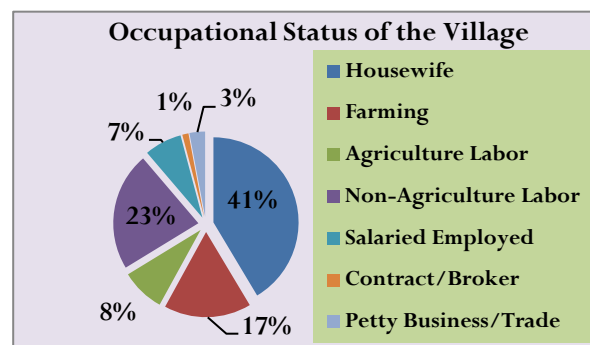
reported that they dropped out from the school due to **being too poor in studies**. Following to which comes the High Fees and those considering school going not safe for the girls. In the village people also reported that those agreed upon leaving school due to getting engaged in the Household

Activities is also around 16.7 percent of the total.

8.4.4. Occupation

Occupational Status of the Village:

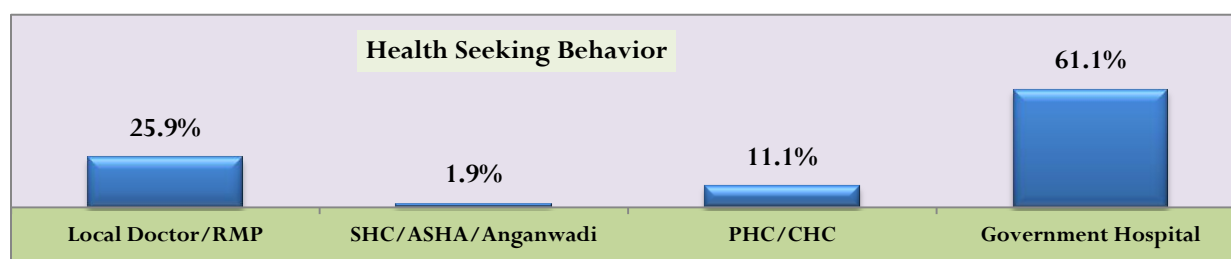
In the village around 41 percent of the women reported that they are engaged as Housewife. In the village Non-Agricultural sector is dominant which is almost comprised of 23 percent of the people. It should also be noted that 17 percentage of the people reported that they are engaged in the farming activity. 7 percent of the people said that they are engaged as salaried employed and around 8 percent of the people said that their main occupation as Agriculture labour.



8.4.5. Health

Health Seeking Behavior

Whenever a family member falls sick majority of people which is approximately 61 percent in the village approach to the Government Hospital to get health services. Followed to that 26 percent of the people agree that they visit to the Local Doctor/RMP in case of having any major or minor ailments, 11 percent of the people also said that they prefer PHC/CHC in case of any health issue but the percentage of people who agreed that they prefer to go to the



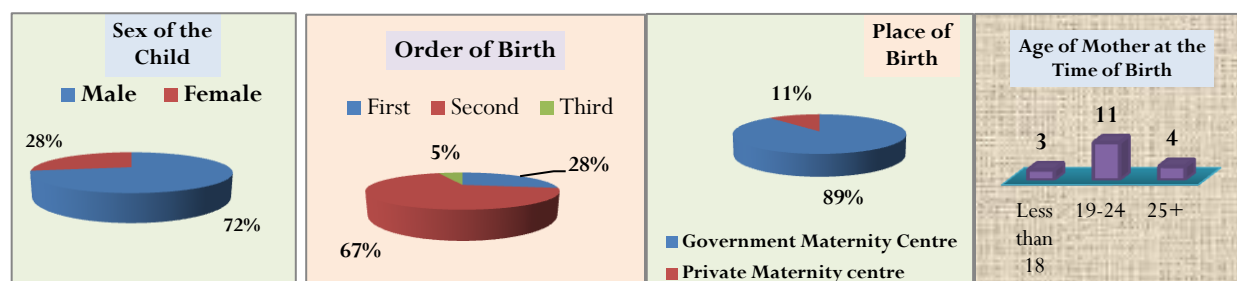
ASHA/Anganwadi worker has been found to be very low i.e. 2 percent.

8.4.5.1 Maternal Health

Sex of Child

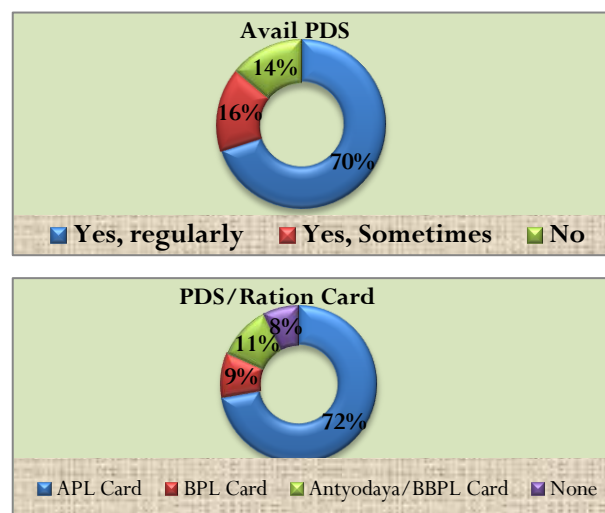
It was reported in the village that total 18 births have taken place in the village of which 13 are male and remaining 5 are females. With regard to the place of delivery it was informed that almost 16 births in the last three years have taken place in the Government Maternity Centre/General Hospital. The remaining Births have taken place in the Private Maternity Centre. It is very specific about the village that

all the births are institutional deliveries but there is no involvement of other bodies such as Home Deliveries by Doctor/Nurse, PHC/CHC etc. On asking all the women who have given birth to any children it were found that approximately 3 women have given birth to her first child when she was less than 18 years of age. There are total 11 births have taken place from those mother's who are in the age group 19-24. Similarly to that 4 births have been given by the women who are in the 25+ ages. Of the total 18 women who have been asked about the birth order 12 women reported that they are having Second Birth order.



8.4.6. People Having PDS/Ration card and those availing it

Approximately 72 percent of the people in the village have APL card but at the same time it was



also found that almost 8 percent of the people do not possess and ration or PDS card. The people or family holding the BPL card is approximately 9 percent. In the entire village those having Antyodaya BPL card is very less i.e. around 11 percent only. In the village almost 70 percent of the people reported that they avail PDS regularly. Also 16 percent reported that they avail PDS but sometimes. 14 percent of the people also reported that they do not avail PDS.

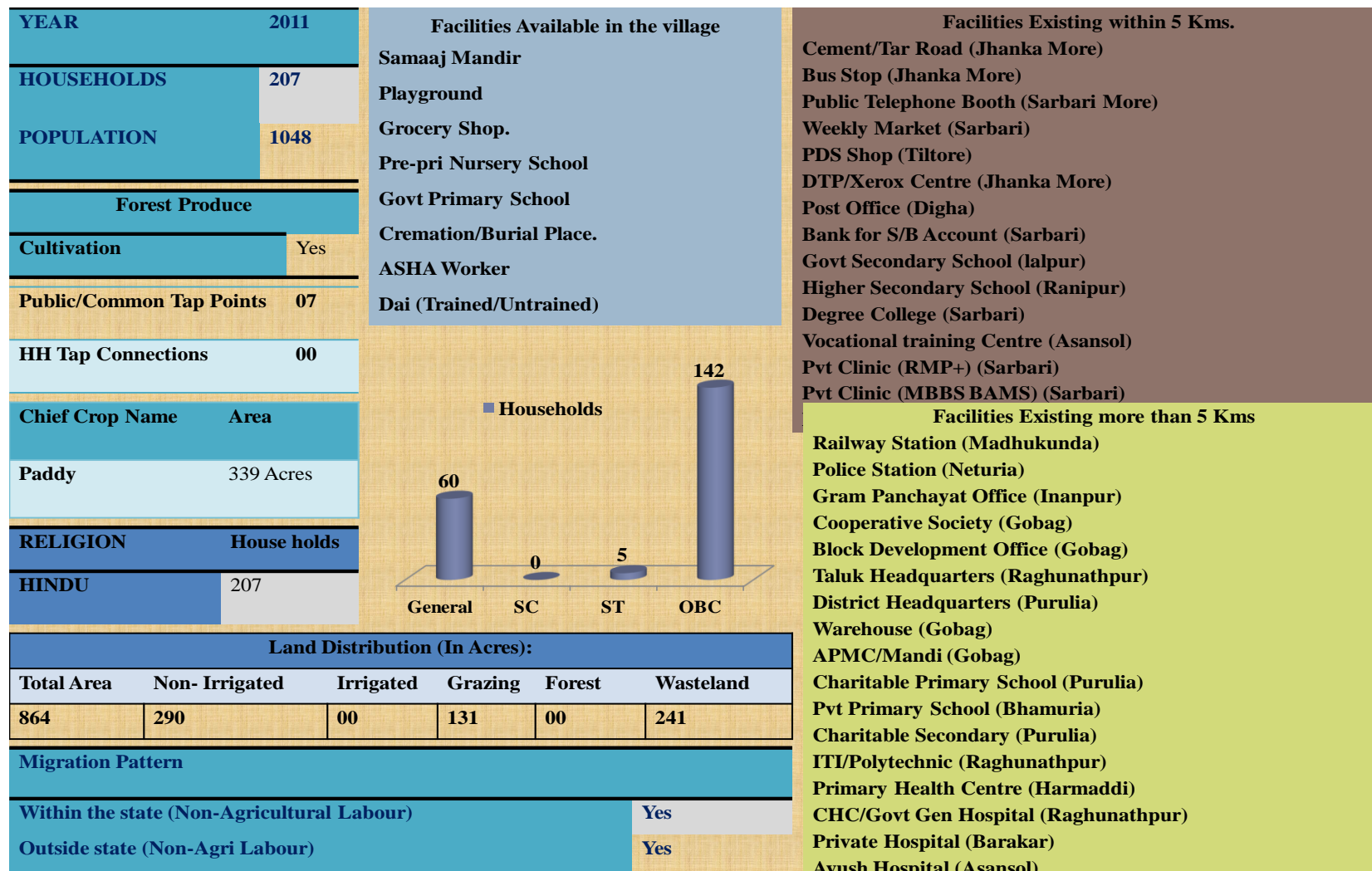
8.4.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • Only one classroom is there in the primary school of the village with regard to the number of students three more are required • In the village in order to improve the status of education educational materials shall be provided in the school in order to develop interest of the students towards education. • In the village at primary level and High School quarterly competitions shall be conducted by CIL and prizes shall also be provided which will encourage students more towards developing their extra-curricular skills. • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • Some yearly prizes shall be also introduced by the CIL for the students who perform well in the yearly examinations. It shall be noted that teachers shall be made effective partners into this with regard to identify the children.
Water Supply	<ul style="list-style-type: none"> • In the village a serious need of Community bore wells or Hand Pumps are required as the people of the village use canal water for drinking and domestic purposes. Water being the most crucial need in the village water shall be provided in extreme summer seasons. • Village pond remains dry during summer, pond maintenance and reformation is required. 3 hand pumps are there in the village which the entire village is using for drinking water. 12 taps are required in village. 11 acre pond exists in village which needs to be improved

	<ul style="list-style-type: none"> Also rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. Medical health camps is needed this can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Livelihood	<ul style="list-style-type: none"> If people in the village can be provided some vocational skills such as in Mobile Repairing, Electric materials etc they can start their own small scale business. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

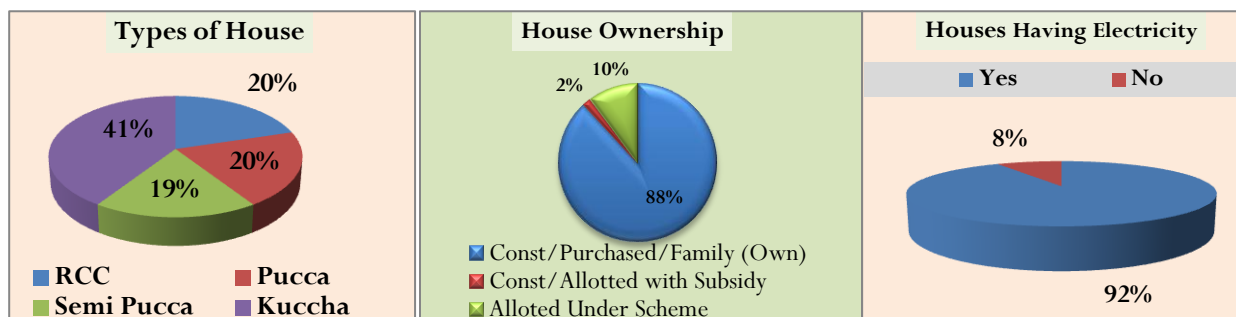
Social Empowerment	<ul style="list-style-type: none"> • SHG (both Male/Female) shall be formed and promoted in the village. With the monetary support provided by the CIL they can also start some economic activities.
Infrastructural Development	<div></div> <ul style="list-style-type: none"> • The roads need to be constructed along with the drains. If this road will be joined to the main road it will be very advantageous for the entire village concerning their transport and visiting any physical and health infrastructure positioned in the nearby areas.

8.5. Monpura Village



8.5.1. Household Status

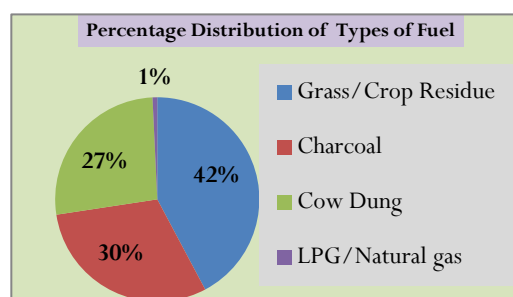
In the village majority of the houses which is approximately 41 percent of the total is of Kuccha in nature. Similar to that both Pucca and RCC Houses both are approximately 20 percent each of the total houses. It was also reported that a total of 19 percent are Semi Kuccha houses in the village. In the village almost all the houses are self owned or Constructed/Purchased by the family itself which is approximately 88 percent.



Around 10 percent of the people reported that they have been allotted houses under the scheme of Indira Aawas Yojana. Remaining 2 percent of the houses are constructed/Allotted with subsidy.

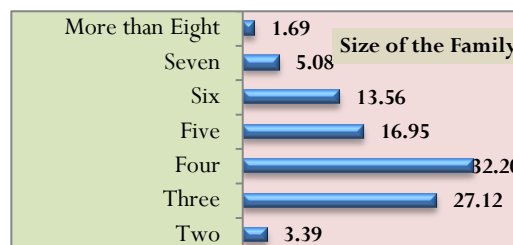
8.5.1.1 Type of Fuel:

With regard to the major type of fuel used in the village people reported that they use Grass/Crop residue and wood in order to meet their domestic and household needs. It was found that almost 96.6 percent of the people use Grass crop residue and wood as fuel in the village. Followed to that are used as major fuel in the village is Charcoal with people reporting approximately 69.5 percent. Cow Dung is also used by almost 61 percent of the people whereas other type of fuels such as LPG/Natural Gas is also used by the people but their percentage wise availability is very low.



8.5.1.2 Size of the Family:

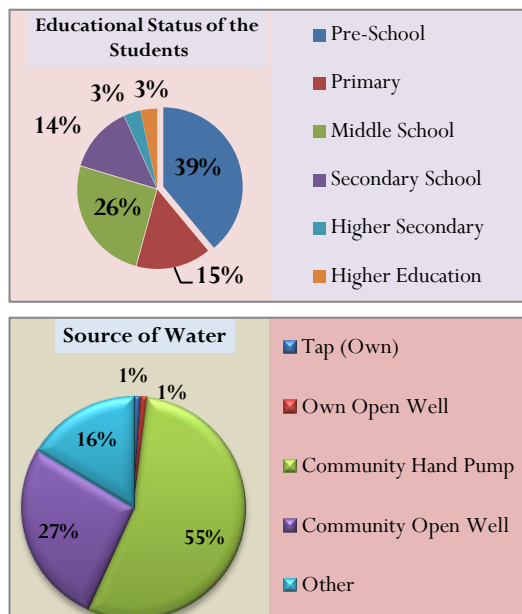
In the Monpura village majority of the people reported that the size of the family ranges from four to five on an average. It was reported by 32 percent of the people that they have four members in the family followed to that 27 percent of the people



said that they have three members. Important aspect is that in the village large size of family are very low i.e. more than eight members are only around 2 percent of the total.

8.5.2. Source of Water:

It was reported that almost more than 55 percent of the people are dependent upon the



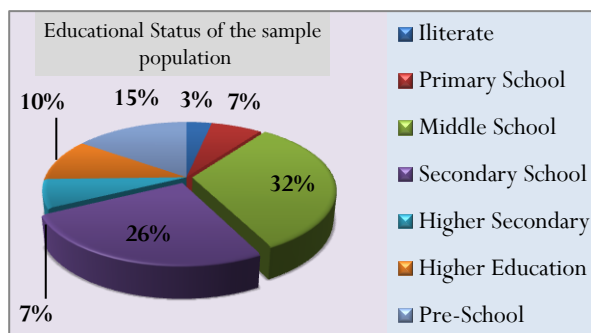
Community Hand Pump for the drinking water and water for domestic uses. Followed by this other major sources of water is Community open well which constitutes approximately 27 percent. It was also reported that the village people also draw water from the 'Other' Category which is approximately 16 percent. In the village the percentage of houses having their own taps and hand pumps is very less around 1 percent. It was reported that majority of the respondents which is approximately 50.8 percent have access to water facility located within one Kms which are basically the community taps and hand pumps.

49.2 percent of the people said that their source of water is located Just Outside the Houses which may be the tap provided by Govt/Panchayat etc or community tap or community open well etc.

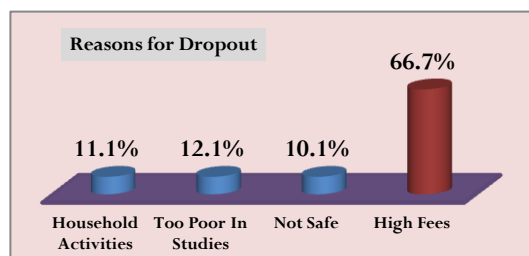
8.5.3. Education:

Educational Status of the sample population

With regard to the educational status of the village it was reported that majority of the people have completed their education till Upper Primary which comprises of approximately 32 percent of the respondent. Next to that 26 percent each have said that they have completed their Secondary Level Schooling. Followed to this approximately 15 percent of the people have completed their education upto Pre-School. In



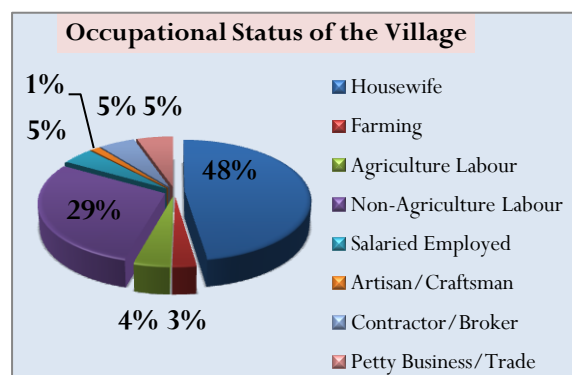
the village around 10 percent of the people have done their Higher Education and 7 percent each have completed their Higher Secondary and Primary schooling. In the village only 3 percent of the people have reported of being illiterate. In the village majority of the students reported of being involved in their pre-schooling which is approximately 39 percent. Approximately 27 percent of the people said that they have completed their Upper Primary Level Schooling. Followed to which is those who are involved in the Primary Schooling and Higher Secondary which are approximately 15 percent and 14 percent each among the respondents. In the village around 3 percent each are currently involved in the Higher Secondary and Higher Education. There were four major reasons identified in the village of them most prominent are High fees. With regard to high Fees approximately 66.7 percent of the people have agreed that the major reasons for drop out were high fees in the village. Being too poor in the studies and getting involved in Household Activities is also a reason for the drop out in the village which is reported by approximately 12.1 percent of the people. Going to school is also considered as a major reason for the dropout of the girls in the village.



8.5.4. Occupation

Occupational Status of the Village

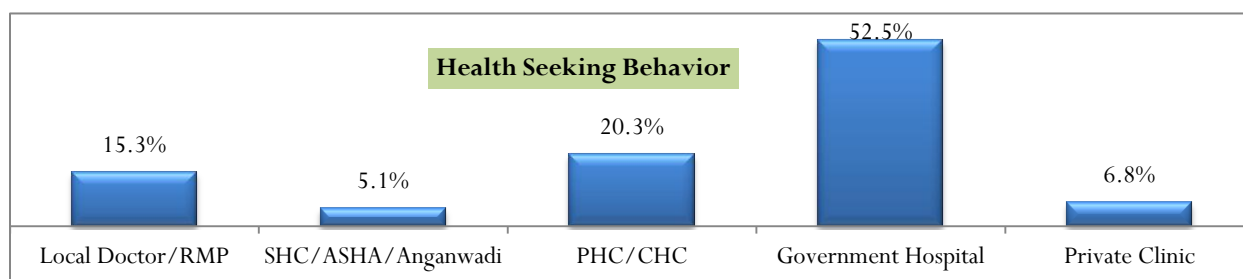
Approximately 48 percent of the women in the village reported of being housewife in the village. In the village most prominent occupation after being 'Housewife' which was found is those as Non-Agricultural Labour with 29 percent of the population. Being engaged as salaried Employed was reported as the second most prominent occupation in the village. The other occupations available in the village were Petty Business/Trade, Salaried Employed, Contractor/Broker etc all are 5 percent in each. In the village only 3 percent of the people reported of being engaged in the agriculture. There is also one percent of the sample population which reported of being artisan/craftsman in the village. In the village the proportion of people agreeing to practice



agriculture is very less which also implies that there is scarcity of water or no irrigation facilities.

8.5.5. Health

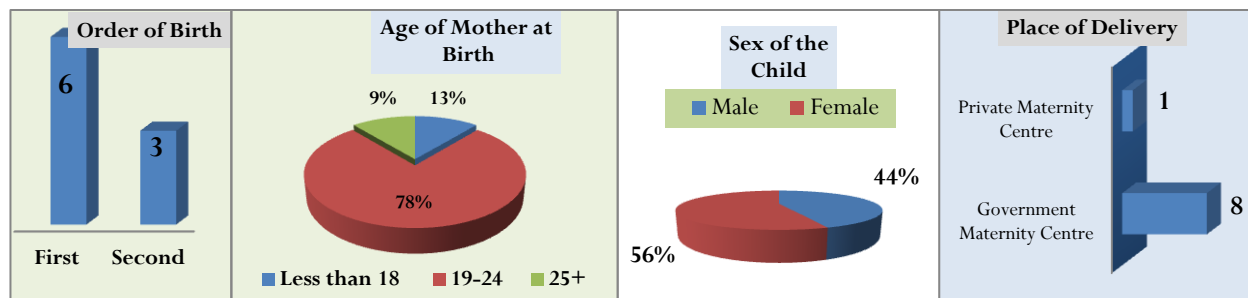
Health Seeking Behavior: With regard to the Health seeking Behavior majority of people which is approximately 53 percent each in the village reported that they approach to the Government Hospital to get health services. Followed to that 38.6 percent of the people agree that they visit to the PHC/CHC in case of any major and minor ailments, 15 percent of the people also said that they prefer going to Local Doctor/RMP but the percentage of people who agreed that they prefer to go to the ASHA/Anganwadi worker has been found approximately 5 percent, which is very low. The remarkable issue is that the people in the village are less fond to access Private clinic



and Hospitals which is around 7 percent, may be due to the reason that it might be very costly as compared to Government hospital.

8.5.5.1 Maternal Health:

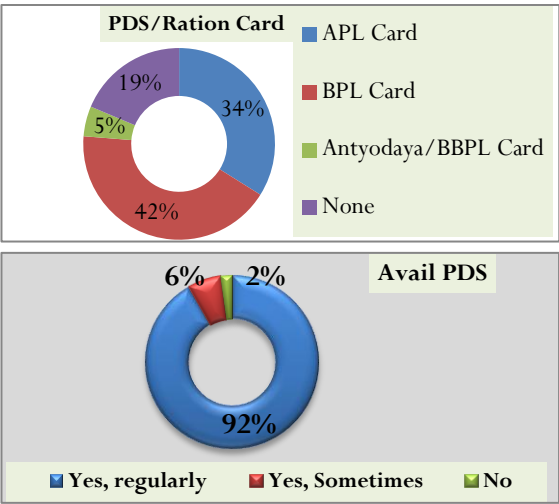
In the village total 9 births have taken place in last three years in the village of which 5 are female child and remaining are male child. In the village total births are institutional in nature but of which it was found that the majority of births were taken place in the government Maternity Centre. Also on asking the women regarding the registration of the birth it was found that out of 9 births eight were registered. A majority of women in the Monpura village reported that they have given birth to the child in the last three years when they were in the age group 19-24. Followed to which the 13 percent of the women said that they gave birth to the child when



she was less than 18 years of age. Out of the 9 women who were asked questions with regard to their birth history it was found that six of them are having their first birth order and remaining 3 said that they are having their second birth order.

8.5.6. PDS/Ration Card

In the village around 42 percent of the households are having BPL card and followed to which it



was reported that 34 percent of the people are having APL card with them. In the village there are also 19 percent of the people do not have any type of card available with them. The remaining five percent of the households have Antyodaya/BBPL card available with them. Out of the total people having the PDS and Ration card available with them, 92 percent of them avail it regularly and 6 percent of the people avail it sometimes.

8.5.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the primary school there are total 265 students and currently there only three classrooms available. In addition to that with regard to the number of students additional two more classes are required. • The Primary School in the village shall be provided with learning and Educational materials so that the students can use it. It is also recommended that there shall be a library in the village preferably near the school and school administration shall be given the responsibility for that. • In the Primary and High School Quarterly competitions on Essay Writing, Painting etc shall be conducted and prizes shall be also provided by CIL so that the students can develop interest towards it.
Water Supply	<ul style="list-style-type: none"> • Drinking water has emerged as major issue especially in summer season. Ensuring the availability of water supply can be taken as an intervention under CSR. • Irrigation facility should be made available through pipe line and check dams in order to increase the number of people engaged in agriculture. This will in long run improve the economic security of the people too. • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> • Accessibility to health care system is major issue in village. The government system PHC/CHC is located at the distance of more than 5 Kms, so the community has to rely on private services. An intervention in health system either through Mobile medical van or • Opening of dispensary from the company will reduce the expenditure on health services for the community.

	<ul style="list-style-type: none"> • Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health. • A training and Awareness programme shall also be provided to the women and adolescent girls in the village with regard to the safe health practices.
Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village and most of the people are involved in it after the women reporting their occupation as Housewife. • Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries on agricultural activities in the village. • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. • Skill building should be taken up as a flagship intervention in the village. The village is lagging behind in terms of having market oriented skills Provisioning of skill building facilities will enhance the employability of the youths.

Sanitation	<ul style="list-style-type: none"> Lack of proper sanitation facility has emerged as major issue in the village which will have major effect on the health of the villagers and especially children. Company can work with Panchayat to construct and run the community toilets. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Village level groups shall be formed and also provided some capital support from the CIL and those groups shall also be linked up with the organizations working in the areas of village development. The groups can also take up the responsibility of maintain cleanliness and hygiene of the village.
Infrastructural Development	<ul style="list-style-type: none"> Toilet in needed in primary school Community hall is required in the village for the purpose of social gatherings and meetings. Pucca road is very urgent along with drains. Community toilets near to village pond.

8.6. Poochara Village

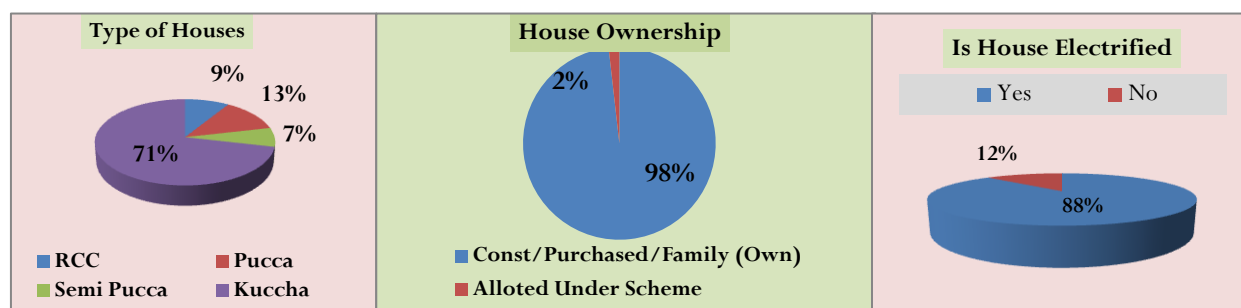
YEAR	2011	Facilities Available in the village			
HOUSEHOLDS	100	Samaaj Mandir			
POPULATION	500	Playground			
Forest Produce		PDS Shop			
Cultivation		Pre-pri Nursery School			
Public/Common Tap Points		Govt Primary School			
HH Tap Connections		Grocery Shop			
Chief Crop Name		Dai (Trained/Untrained)			
Paddy		Facilities Existing within 5 kms.			
RELIGION		Bus Stop (Poochara More)			
HINDU		Cement/Tar Road (Poochara More)			
Land Distribution (In Acres):		Public Telephone Booth (Sarbari More)			
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
913	320	00	172	98	123
Migration Pattern					
Within the state (Non-Agricultural Labour)					Yes
Outside state (Non-Agri Labour)					Yes



8.6.1. Household Status

Housing Condition:

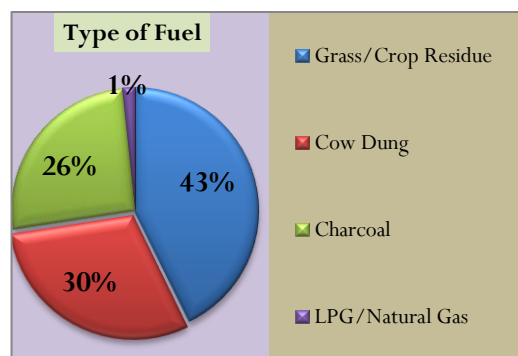
The majority of the Houses in the Poochara village fall into the category of Kuccha where approximately 71% of the people reported of having the Kuccha houses. Approximately 13% of the people in the village have Pucca houses on the other hand 9 percent of the people reported that they have RCC houses. With regard to Semi Pucca Houses 7% of the people fall in that category and remaining People have huts/jhopadpatti or in other words they don't have proper place to stay in the village. The ownership of the house in the figure 2 explains that majority of the people have their own constructed/Purchased/Family Houses, followed by the rent Free (Employer's) Land free & Construction own.



Very less percentage of people .i.e. approximately around 2% have reported that they have been allotted houses under the schemes such as Indira Aawas Yojana, Gharkul Yojana etc. Of the total houses in the village approximately 87.5% of the people reported that they have electric connection in their houses. Remaining 12.5% said that they do not have electric connection.

8.6.1.1 Fuel Used:

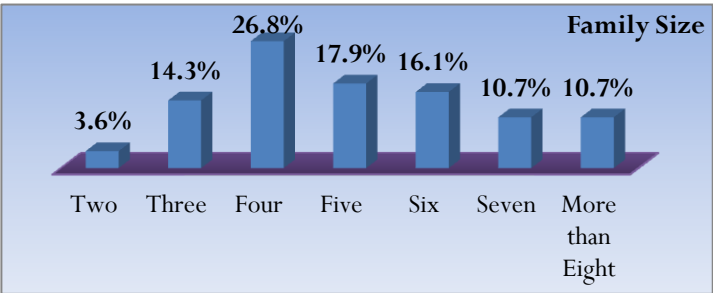
The three major *Types of fuel* used in the village are Grass/Crop Residue and wood which is used in almost 43 percent of the houses. Next to which comes cow dung which is approximately used by 30 percent of the village. As per reported by the people 26 percent of the people use Charcoal as fuel. It was also reported that Biogas and LPG/Natural Gas is used by



least people in the village which is around not more than 2-3 houses.

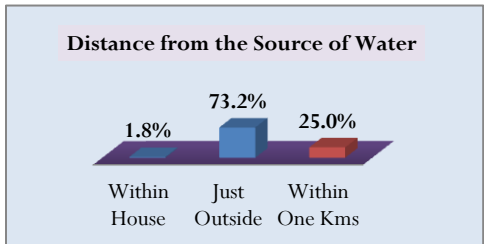
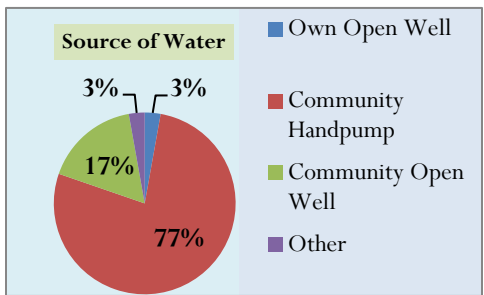
8.6.1.2 Size of the family

With regard to the size of family maximum respondents reported that there are four members in the family. It must also be noted that in the Poochara Village there exists a wide multiplicity of Family Size ranging from 1 to More than eight also. Almost 26.8 percent of the people have said that they have four members in their houses, and followed to that 17.9 percent of the people said that they have five members in their families. Major concern was found in the village that there are also large families existing which were reported by approximately 16 percent of the people.



8.6.2. Source of Water

With regard to the source of water as reported by the people it was found that in the village majority of the people are dependent upon the Community Hand Pump which is approximately 77 percent of the total. Followed to which we have community Open Well which was reported by approximately 17 percent of the people. The other sources of water which are available in the village are Taps provided by government/Panchayat, Own Open well which are 12 percent, 11 percent and 5 Percent respectively. Water is the major concern for all the people in the village.

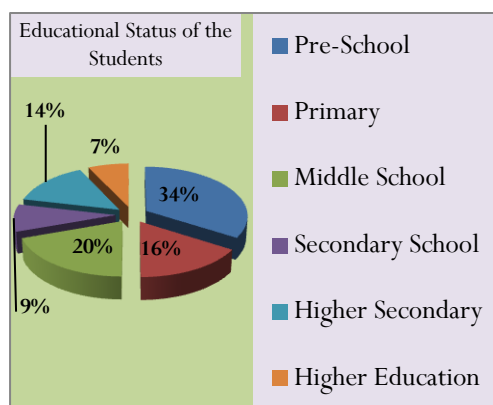


It was reported by the respondent that 95 percent of the people have their source of water just outside their house. The remaining 5.4 percent of the people have said that they have their source of water within the range of a Kms.

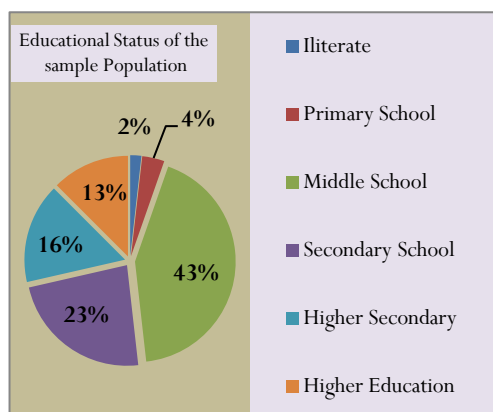
8.6.3. Education:

Educational Status:

The Educational Status of the Poochara village shows that majority of the respondents have completed their middle level (5th to 8th standard) schooling which is approximately 43% and followed by Secondary and Higher Secondary Schooling with 23% and 16% respectively.

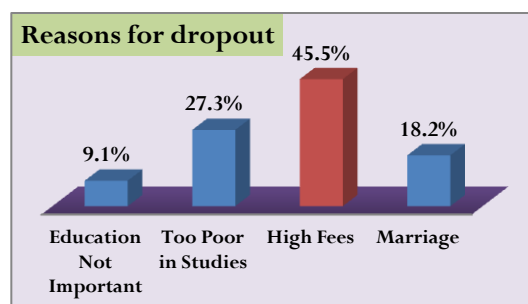


Another important factor existing in the village is also that 12% of the respondents were reported as those completed their higher education. The adequate population falls into the category of those completed their Primary School which is around 4%. At present in the village approximately 34 Percent of the students are involved in the Pre-School Schooling. Followed by that



Upper Primary Level Schooling and Primary Level Schooling have 20 percent and 16 percent respectively. With regard to the Higher Secondary which is having adequate percentage i.e. of 14 percent. It should be noted that 7 percent of the students are involved in the Higher Education. It was reported to us that the major reason for the dropout from the school was due to High Fees.

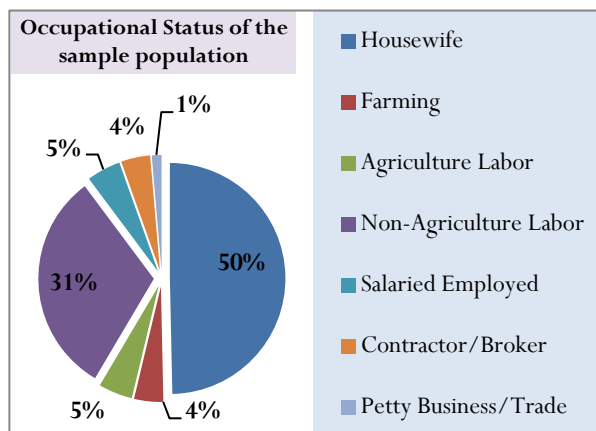
With such a high drop out rate with regard to High Fees indicates the clear signs of Poverty and children being seen as an extra hands for earning. Followed by being too poor in studies (27.3 Percent) another set of people reported students are Marriage as their major cause for dropout (18.2 Percent). Along with the above mentioned reasons other issues were also identified such as 'Not safe' for girls and 'Marriage'.



8.6.4.Occupation:

Occupational Status:

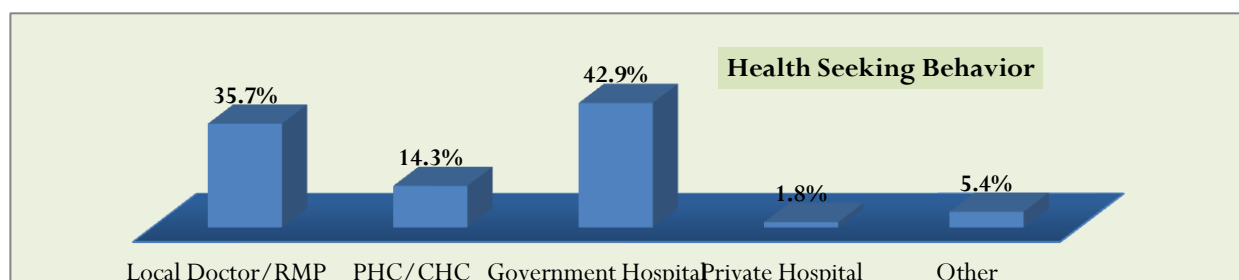
We can observe that the majority of the population is engaged as the Housewives. Followed by Non-Agricultural labour (31%) Unavailability of the water has a significant role in this context. The people in the village reported of having their own lands but water for irrigation is still a major concern for them. After the people who are engaged as Non-Agriculture Labour 5 percent for them are Agriculture Labour and Salaried Employed. Farming in the Village comprises of 4 percent of the population and other existing occupations available in the village are Livestock Rearing, Contractor/Broker, Petty Business/Trade etc.



9.6.5.Health

Health Seeking Behavior:

As reported by the people the majority of them visit to the Government Hospital for any health related Problems. Maximum numbers of respondent i.e. approximately 42.9 percent of the people are dependent on it. Followed by this People also visit Local Doctor/RMP for their minor and major ailments. The important concern is nobody in the village visit the ASHA and Anganwadi worker with regard to any health problem. In such a situation a serious need arises for capacity Building and Motivate the available ASHA & Anganwadi worker. The concerned agencies or NGO with the help of the key person in the village such as the Sarpanch or Village head shall be involved in order to make people aware about the roles & responsibilities of ASHA &

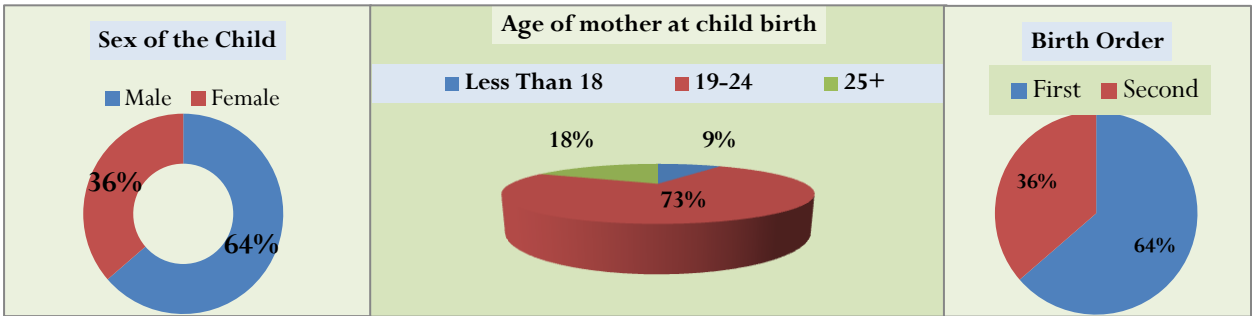


Anganwadi worker. 14.3 percent of the people said that they prefer CHC/PHC for the health related issue.

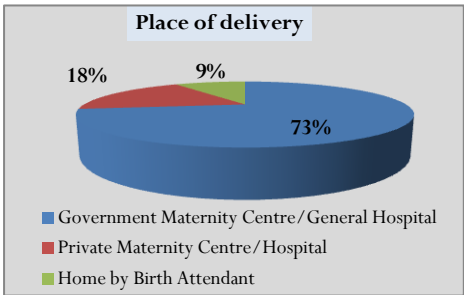
9.6.5.1 Maternal Health

Sex of the Child Born:

On asking the households with regard to the births in the village in the past three years it was found that 11 births have taken place. Of the total 11 births 7 were reported as male and remaining 4 are female child. It was found in the village that a majority of the births have taken place in the Government maternity centre. Out of the total 11 births 8 have taken place in the private Maternity centre. It was also reported that the 1 birth took place at home assisted by birth attendant. The people also reported that they do not believe in the services provided at the

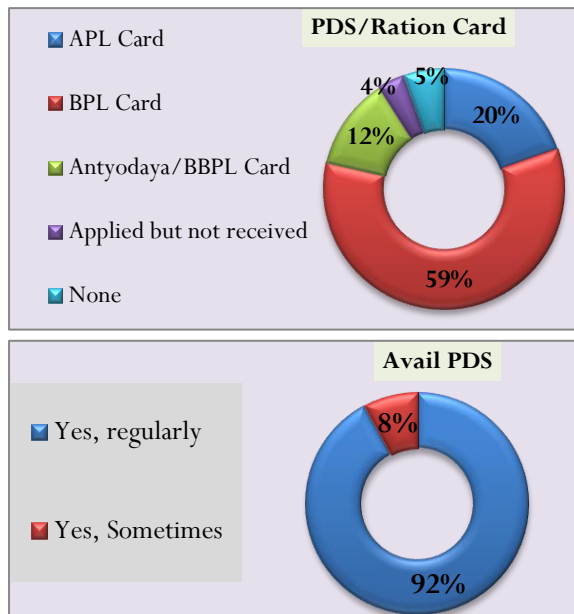


government health institutions. It was also reported that though the services are free but the quality provided is not good. Out of the total 11 births 2 also took place in Private Maternity Centre/Hospital. On asking the women who have given birth to the children it was reported that a majority of the women were in the age group ‘19-24’when they gave birth to the children. Approximately 2 births were given by the women in the age group 25+. The important concern is that there is also prevalence of mothers giving birth in less than 18 years of age. Out of the total number of births as reported by the people in the past three years, 7 women agreed that they are having their first Birth Order. Followed to which 4 women said that they are having their second birth order. It shall be noted that the birth order in the village is limited to only two which also implies there is prevalence of family Planning or newly married couples in the village.



8.6.6. PDS/Ration

In the village approximately 20 percent of the people hold APL Card and around 59 percent of



the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 12 percent hold it. In the village 5 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 92 percent of them avail food grains and other benefits of PDS. On the other hand 11 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 8

percent of the population said that they avail it but only sometimes.

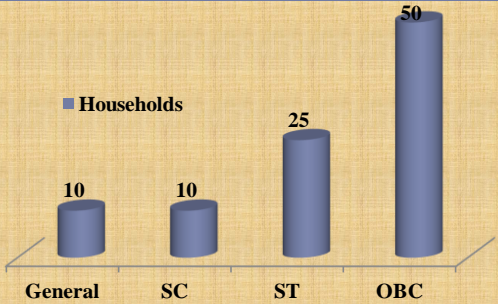
8.6.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the village primary school is not available and the children use to go to the primary school which is located in tiltore. • ICDS centre is required is also required so that the children can take the benefit of it. • In the village in order to improve the status of education educational materials shall be provided in the school in order to develop interest of the students towards education. • In the village at primary level and High School quarterly competitions shall be conducted by CIL and prizes shall also be provided which will encourage students more towards developing their extra-curricular skills. • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • Some yearly prizes shall be also introduced by the CIL for the students who perform well in the yearly examinations. It shall be noted that teachers shall be made effective partners into this with regard to identify the children.
Water Supply	<ul style="list-style-type: none"> • In the village a serious need of Community bore wells or Hand Pumps are required as the people of the village use canal water for drinking and domestic purposes. Water being the most crucial need in the village water shall be provided in extreme summer seasons.

	<ul style="list-style-type: none"> Also rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. Medical health camps is needed this can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Livelihood	<ul style="list-style-type: none"> If people in the village can be provided some vocational skills such as in Mobile Repairing, Electric materials etc they can start their own small scale business. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

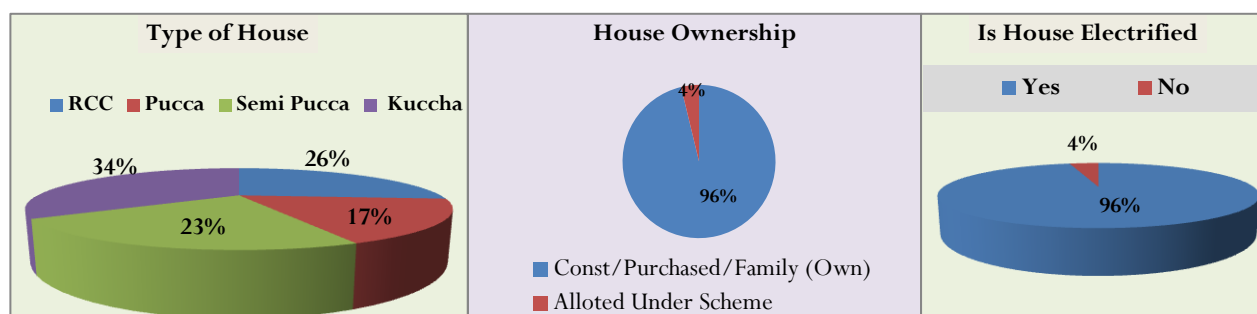
Social Empowerment	<ul style="list-style-type: none"> • SHG (both Male/Female) shall be formed and promoted in the village. With the monetary support provided by the CIL they can also start some economic activities.
Infrastructural Development	<ul style="list-style-type: none"> • Community hall is required in the village. • As reported by the people there are 4 tube wells (Normal) available in the village Lakhanpur is having German prakalp from where the water can be brought in village. 8 taps are required for entire village. • No health centres in the village, people go 12 Kms Harmaddi for treatment. • Community toilets are required in the village

8.7. Lalpur Village

Facilities Available in the village		Facilities Existing within 5 Kms.				Facilities Existing more than 5 Kms					
Samaaj Mandir		Cement/Tar Road (Sarbari Panchet Road)				Daily Evening Market (Parbelia)					
Pre-pri Nursery School		Bus Stop (Puapur More)				Weekly Market (Sarbari)					
Govt Primary School		Public Telephone Booth (Sarbari More)				Railway Station (Madhukunda)					
Grocery Shop		PDS Shop (Tiltore)				Police Station (Neturia)					
YEAR		2011		DTP/Xerox Centre (Puapur)				Gram Panchayat Office (Digha)			
HOUSEHOLDS		95		Post Office (Chilmara)				Cooperative Society (Raghunathpur)			
POPULATION		450		Bank for S/B Account (Sarbari More)				Block Development Office (Gobag)			
Forest Produce				Govt Secondary School (Ialpur)				Taluk Headquarters (Raghunathpur)			
Cultivation		Yes		Higher Secondary School (Ranipur)				District Headquarters (Purulia)			
Public/Common Tap Points		08		Pvt Clinic (RMP+) (Sarbari More)				Warehouse (Anara)			
HH Tap Connections		00		Pvt Clinic (MBBS BAMS) (Sarbari More)				APMC/Mandi (Barakar)			
Chief Crop Name		Area						Charitable Primary (Barakar)			
Paddy		395 acres						Pvt Primary School (Bhamuria)			
RELIGION		House holds		Medical Clinic (Sarbari)				Charitable Secondary (Asansol)			
HINDU		85						Pvt Secondary School (Parbelia)			
MUSLIM		10						Degree College (Sarbari)			
Land Distribution (In Acres):						ITI/Polytechnic (Raghunathpur)					
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland	Health sub Centre (Beldanga)					
893	320	00	172	134	271	Primary Health Centre (Harmaddi)					
Migration Pattern						CHC/Govt Gen Hospital (Raghunathpur)					
Within the state (Non-Agricultural Labour)						Private Hospital (Barakar)					
Outside state (Non-Agri Labour)						Ayush Hospital (Asansol)					
						Veterinary Clinic (Asansol)					
						Dai trained/untrained (Bhamuria)					

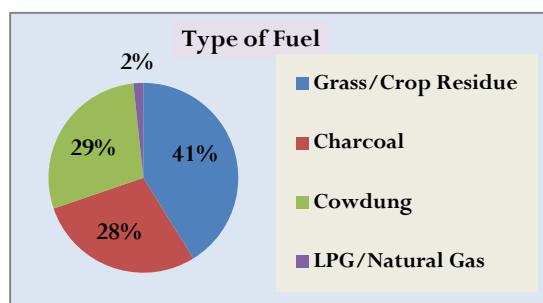
8.7.1. Household Status

In the Lalpur village most of the houses are of RCC which is approximately 26 percent of the total and it is followed by Pucca houses which are 17 percent. With regard to Semi Pucca and Kuccha they are comprised of 23 percent and 34 respectively. Also in the village almost all the houses which are approximately 96 percent people have their own houses and remaining 4 percent are allotted under Scheme. The above mentioned 4 percent of the houses are provided under Indira Aawas Yojana.



8.7.1.1 Type of Fuel

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 41 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other domestic purposes. Cow Dung is another source of fuel which is used by approximately 29

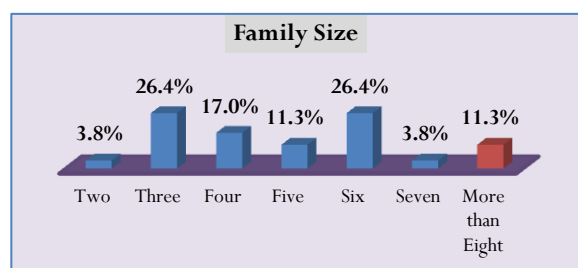


percent of the total respondents. Followed to which is the Charcoal for which around 28 percent of the people reported that they use it as fuel. Other types of fuels such as LPG, Biogas and Kerosene are also available but their percentage of availability is very less i.e. 2 percent, 3.3 and 5 percent respectively.

8.7.1.2 Size of the Family

As it can be observed that majority of the people have reported that they agree upon that on an average there are four members in the family.

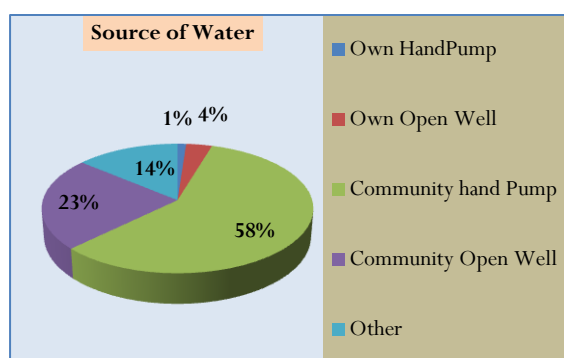
Since 17 percent of the people agreed that the family size is approximately four in number. In the village Families having more than 8 members, reported by approximately 11.3 percent of the people is also having high



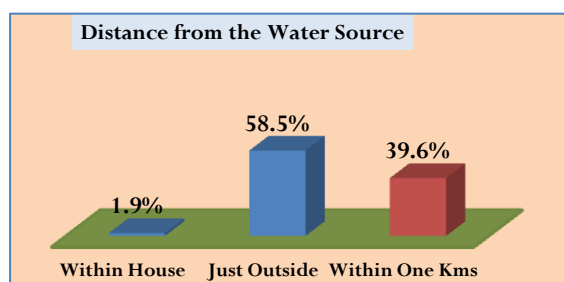
percentage. In the village there is a diverse variety of family size ranging from only two members to More than eight.

8.7.2. Source of Water

In the village people reported that the majority of source of water used is from community Hand



Pump which comprises of about 58 percent. Approximately 23 percent of the people use Community Open Well to take water. Remaining sources of water are Neighbor's Tap and Own Open Well in the villages which are 6 percent and 4 Percent respectively. In the village 1.9 reported



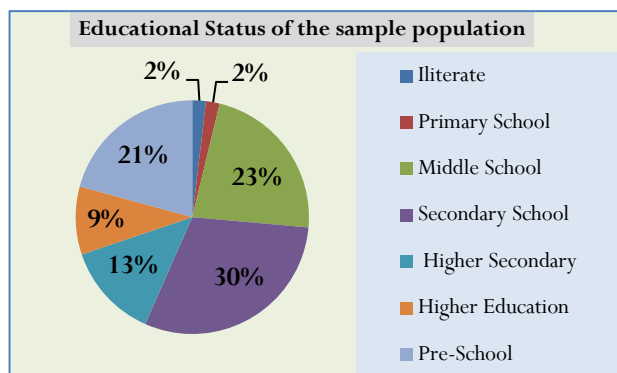
about the source of water in their houses. Having the water source just outside the houses is around 58 percent.

The most important issue in the village is about the drinking water problem and for that as per the respondents more than 39.6 percent of the people have water source within one Kms. Similar to that 17 percent of the people also reported that they have to go more than a Kms also to get drinking water and water for other domestic purposes.

8.7.3. Education

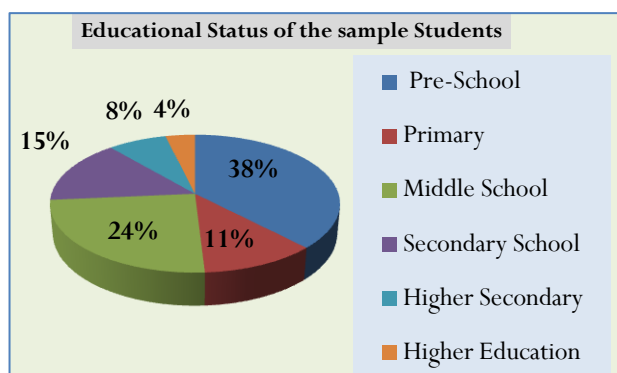
Educational Status of the Village

In Lalpur the educational status of the respondent explains that 9 percent have completed their education till Higher Education which is followed by the Higher Secondary level Schooling



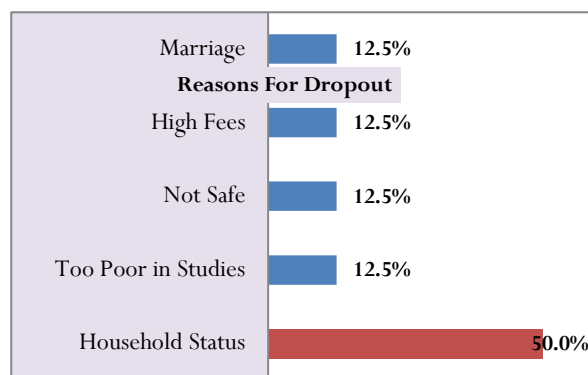
which is approximately around 13 Percent. In the Lalpur village approximately 30 percent of the people have completed their Secondary level Schooling.

Moving towards other categories of education it was found that 13 percent of the people have



completed their Pre-Schooling. Similarly those who have completed their Upper Primary Level Schooling and have done Vocational/Diploma/Certificate Courses are 23 percent and 2 percent respectively. In the village those students are studying majority of them are involved in the Pre-School which is

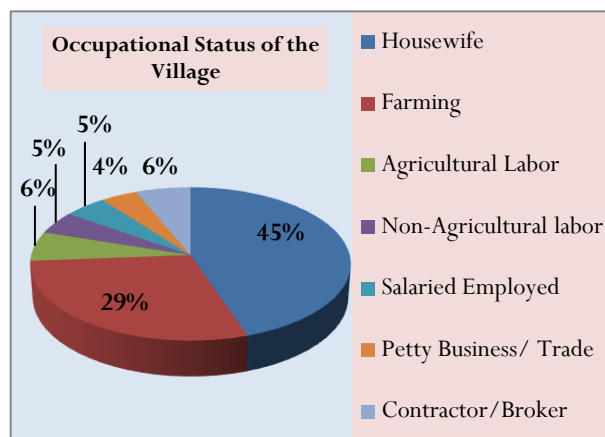
38 percent approximately followed by Upper Primary Level Schooling and Higher Education which approximately are 24 percent and 4 percent respectively.. In the Higher Secondary Schooling approximately 8 percent of the children are involved. In the village approximately 15 percent of the students are engaged in the Secondary School and in the Primary School 11 percent are involved. In the village when it was asked about the major reasons for Dropout, it was found that getting engaged in the household activities was the only reason for leaving education in between.



8.7.4. Occupation

In the village approximately 45 percent of the women reported as being the Housewife. In the village most dominant occupation is those

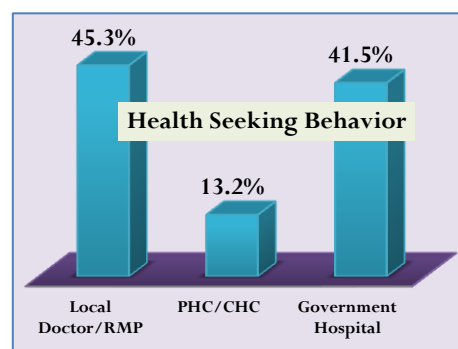
having Salaried Employed which accounts for approximately 5 percent of the population. The major problems drinking water and lack of irrigation facility are on top priority. Non-Agricultural activities in the village Agriculture Labour constitute 5 percent of the population approximately. Around 4 percent of the people reported of being involved as having Petty Business/trade. There is only 29 percent of the population reporting for being engaged in the Farming. The other occupational areas are also available in the village such as Agriculture Labour, Contractor Broker etc.



8.7.5. Health

Health Seeking Behavior

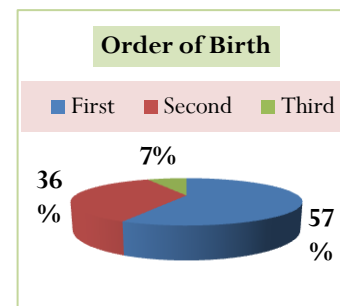
It was reported by the people that they mostly visit the Local Doctor/RMP in case of any illness as 45.3 percent of the people reported for it. It was found that 41.5 percent of the people visit Government Hospital also which is located at Headdih. Apart from these two approximately 13.2 percent of the people also agreed that they visit Private Clinics in case of any minor and major ailments.



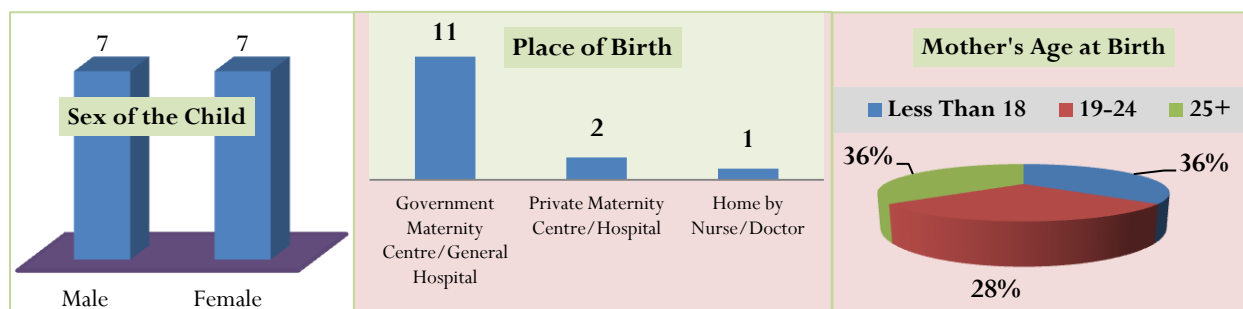
Though the cost is higher in the private Clinics but people also said that in case of emergencies they do not have any choice. 10 percent of the people also said that they prefer going to PHC/CHC also in case of any health related issue. The remaining 7 percent which stands at bottom agreed upon visiting Private Hospitals if anybody falls sick or ill.

8.7.5.1 Maternal Health

On asking the households with regard to the births in the village in the past three years it was found that 12 births have taken place. Of the total births both male and female are equal in number. It was



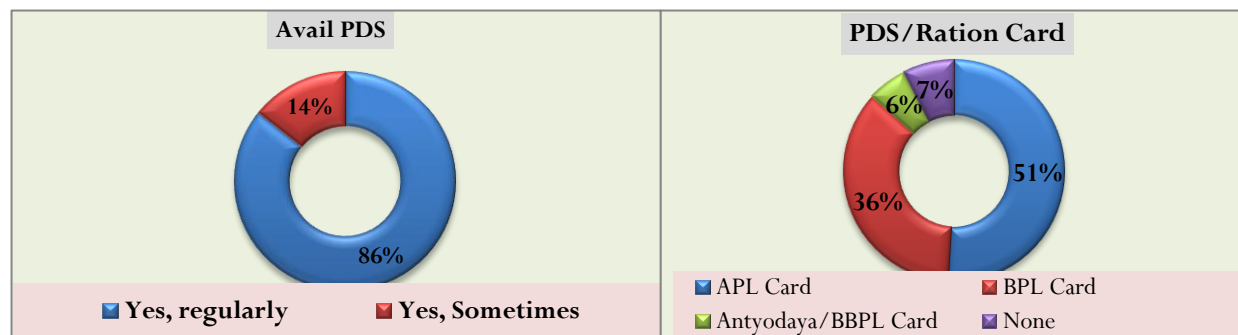
found in the village that a majority of the births have taken place in the Government maternity centre. Out of the total 14 births 2 have taken place in the private Maternity centre. The people also reported that they do not believe in the services provided at the government health institutions. It was also reported that though the services are free but the quality provided is not good.



The interesting fact in the village is that no births have taken place from the mothers who are in the age group less than 18. All the 14 births have been given by the women who are above 18 years of age. 10 women who have given birth in the last three years agreed that they are having their first birth order. Remaining two women said that they are having their second birth order.

8.7.6. PDS/Ration

In the village approximately 51 percent of the people hold APL Card and around 36 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 3 percent hold it. In the village 7 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 6 percent of them avail food grains and other benefits of PDS. On the other hand 2



percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 9 percent of the population said that they avail it but only sometimes.

8.7.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • The Primary School in the village shall be provided with learning and Educational materials so that the students can use it. It is also recommended that there shall be a library in the village preferably near the school and school administration shall be given the responsibility for that. • School building is newly constructed, hand pump is available in the school but it do not work all year • In the Primary and High School Quarterly competitions on Essay Writing, Painting etc shall be conducted and prizes shall be also provided by CIL so that the students can develop interest towards it.
Water Supply	<ul style="list-style-type: none"> • Drinking water has emerged as major issue especially in summer season. Ensuring the availability of water supply can be taken as an intervention under CSR. • Irrigation facility should be made available through pipe line and check dams in order to increase the number of people engaged in agriculture. This will in long run improve the economic security of the people too.

	<ul style="list-style-type: none"> Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. Drinking water is needed two times in a day for couple of hours. Two tube wells are there 200 feet (Both the tube wells are dry during summer). Lakhanpur is having german prakalp which is passing next to village from where pipeline can be brought. 10 tap is required for entire village Renovation of the village pond will be very helpful if a bathing place is made and the corners are cut and improved so that more water can be stored in the pond.
Health Care	<ul style="list-style-type: none"> Accessibility to health care system is major issue in village. The government system PHC/CHC is located at the distance of more than 5 Kms, so the community has to rely on private services. An intervention in health system either through Mobile medical van or Opening of dispensary from the company will reduce the expenditure on health services for the community. Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health. A training and Awareness programme shall also be provided to the women and adolescent girls in the village with regard to the safe health practices.
Rural Electrification	<ul style="list-style-type: none"> Street lights are essential in the village to evade the problems of theft and accident during night also to make certain that village people walk safe and sound in the village after evening or at night. 15 poles are required for entire village, (Solar or electric).

Environment	<ul style="list-style-type: none"> • In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village and most of the people are involved in it after the women reporting their occupation as Housewife. • Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries on agricultural activities in the village. • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. • Skill building should be taken up as a flagship intervention in the village. The village is lagging behind in terms of having market oriented skills Provisioning of skill building facilities will enhance the employability of the youths.

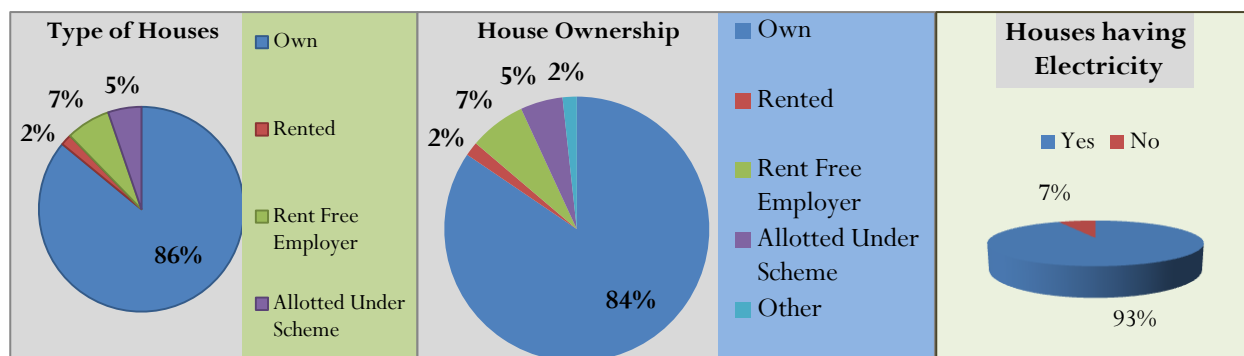
Sanitation	<ul style="list-style-type: none"> Lack of proper sanitation facility has emerged as major issue in the village which will have major effect on the health of the villagers and especially children. Company can work with Panchayat to construct and run the community toilets. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Village level groups shall be formed and also provided some capital support from the CIL and those groups shall also be linked up with the organizations working in the areas of village development. The groups can also take up the responsibility of maintain cleanliness and hygiene of the village.
Infrastructural Development	<ul style="list-style-type: none"> Toilet in needed in primary school

8.8. Headdih Village

YEAR	2011	Facilities Available in the village		Facilities Existing within 5 kms.	
HOUSEHOLDS	200	Samaaj Mandir		Cement/Tar Road (Sarbari More)	
POPULATION	1500	PDS Shop		Bus Stop (Sarbari More)	
Forest Produce		Grocery Shop		Public Telephone Booth (Sarbari More)	
Cultivation	Yes	Pre-pri Nursery School		Weekly Market (Sarbari More)	
Public/Common Tap Points	00	Govt Primary School		DTP/Xerox Centre (Sarbari More)	
HH Tap Connections	00	Govt Secondary School		Warehouse (Sarbari)	
<p>Bar chart showing the number of households by caste: General (130), SC (30), ST (0), and OBC (70).</p>		ASHA Worker		Post Office (Digha)	
		Pvt Clinic (RMP+)		Police Station (Neturia)	
		Dai (Trained/Untrained)		Bank for S/B Account (Sarbari)	
				Gram Panchayat Office (Inanpur)	
		Chief Crop Name	Area	Facilities Existing more than 5 Kms	
		Paddy	320 acres		
		RELIGION	House holds		
		HINDU	140		
		MUSLIM	45	Daily evening Market (Parbelia)	
		CHRISTIAN	01	Railway Station (Madhukunda)	
		BUDDHIST	14	Cooperative Society (Gobag)	
		Land Distribution (In Acres):		Block Development Office (Gobag)	
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
913	320	00	172	98	123
Migration Pattern					
Within the state (Non-Agricultural Labour)				Yes	Taluk Headquarters (Raghunathpur) District Headquarters (Purulia) APMC/Mandi (Asansol) ITI/Polytechnic (Raghunathpur) Charitable Primary (Asansol) Charitable Secondary (Asansol) Vocational Training Centre (Asansol) Private Secondary School (Parbelia) PHC (Harmaddi) CHC/Govt Gen Hospital (Raghunathpur) Private Hospital (Barakar) Ayush Hospital (Asansol) Veterinary Clinic (Asansol)

8.8.1. Household Status:

The houses available in the Hijuli village, majority of them are Pucca and followed by RCC and Semi-Pucca which are 25 Percent and 10 percent respectively. The percentage of the Kuccha houses is also available in the village which is approximately 18 percent but it is very less as compare to the other villages. Also the people at major are having houses of their own which is approximately around 84 per cent.



The remaining categories of house ownership are very low for instance only three people in the village are having houses allotted under any scheme. Approximately 2 percent of the population lives in any rented houses. Thus with the above two figures it can be said that the majority of the people in the village have houses of their own, during field visit to the same it was also observed that the place is developed as compared to the other villages. According to the respondents in the village, 93 percent of the people reported that they have electric connection in their houses and remaining does not have any electric connection in their houses.

8.8.1.1 Fuel Used:

The Major types of fuel used in the village for the household and domestic purposes are Grass, Crop Residue/Wood, Kerosene and LPG/Natural Gas. In almost all the houses Grass and Crop residue along with wood is used and in some houses Kerosene and LPG are preferred. It was also reported by the people that electricity and Bio-Gas is also used in the houses for cooking and other domestic purposes but their percentage is very low.

8.8.1.2 Size of Family:

In hijuli village maximum number of people reported that their family size is four. It should also be noted that approximately 19 percent houses have on an average more than eight members in their houses. ²¹Whenever agriculture is an important activity for poor households, they have an incentive to invest in children to serve as farm labour and assist with household tasks, such as fuel wood and water collection and childcare. Also when large families provide social security through the extended family, investing in children becomes a way of ensuring care in old age. More so, the lack of knowledge about family planning has resulted into persistence in increasing population growth. Thus in the village with regard to the Family Size and Family planning a capacity building and awareness Programme shall be conducted.

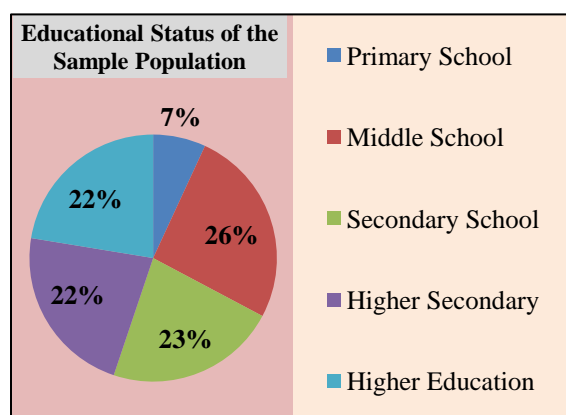
8.8.1.3 Toilet Facility in the Household:

With regard to the number of houses having toilet facility out of total 58 sample 22 households reported that they have toilets in their houses. Also with the same context 21 of them are constructed by the expenses of their own. Only one household reported that they got build their toilet with the Government/NGO expense.

8.8.2. Education:

Educational Status of the Village:

Almost all the respondent we selected for the household data collection was Literate. The figure

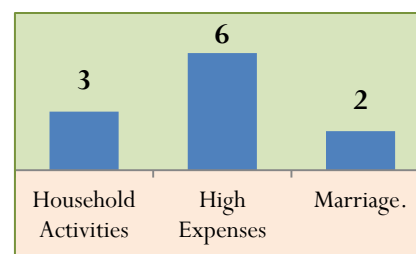


explains the educational status of the village as very homogeneous and uniform as only 7 percent of the people are in the categories that have completed their primary education. Rest all other cohort such as Upper Primary Level Schooling (26), Secondary School (23) and both Higher Secondary and Higher Education have an equal share of 22 Percent. Thus percentage wise almost

all the categories except primary level schooling are all homogeneous in nature.

²¹ <http://epc2008.princeton.edu/papers/80030>.

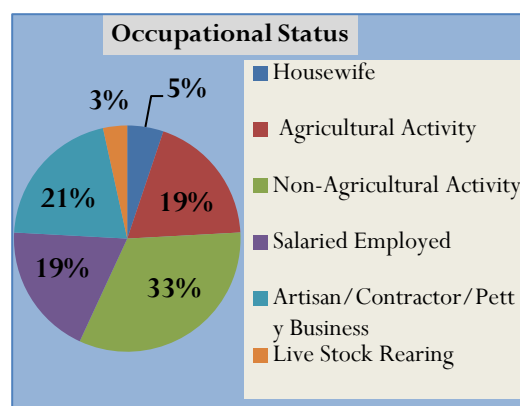
The number of dropouts in the village is very low i.e. only 11 in the entire village. The leading cause for the dropout in the village has been reported as High Expenses which contributes to 55 Percent, followed by Household activities (27 percent) and then Marriage which is 18 percent. It was found that though the education is free in the primary and secondary school but as moving towards Upper Primary and higher secondary the other expenses such as Books, Tuition Charges, and Transportation etc act as major hindrances against education.



8.8.3. Occupation

Occupational Status of the Village:

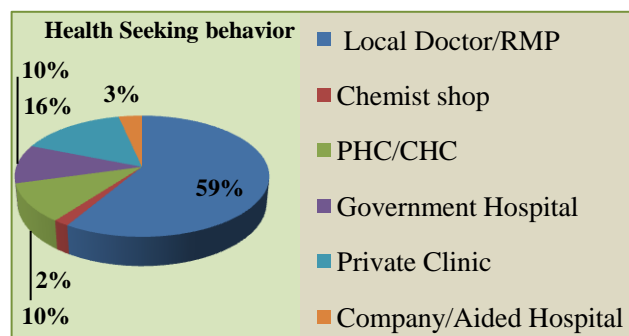
The most prominent occupation as reported by the people of the village is secondary activities comprising of approximately 33 percent of the population and followed by the people those who are engaged in the occupation such as artisan/Contractor and Petty Business. In the village Agricultural activity and salaried employed comprises equally i.e. of 19 in each. The remaining population is engaged in the live stock rearing.



8.8.4. Health:

Health Seeking Behavior

Most of the people in the village visit to the Local Doctor/RMP in case of any illness or ailments. It was reported that 59 percent of the population refer to local doctor for any minor or major ailments. 16 percent of the people also prefer to visit private clinic for the treatment. The village people also prefer to visit Government Hospital and PHC/CHC which is approximately 10 percent in both respectively.



8.8.5. Recommendations:

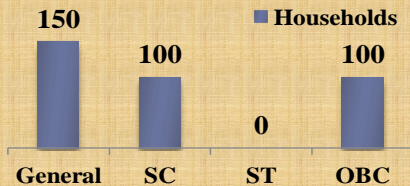

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • No drinking water is available in the school along with that no latrine and urine are also available. It was reported by the primary school teacher that 3 additional classrooms are required but there is no space available. Total students 400 (280 is normal attendance as there is no place to sit). • It was reported that the facility/provision of Mid-Day Meal is very irregular in the school. ICDS do not have drinking water facility. • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Almost more than 60 percent of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams

	<ul style="list-style-type: none"> • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. • As per the discussion with villagers availability of drinking water has emerged as major concern and especially in summer season. Piped water supply is available but covers only a minimal section of the community. Availability of drinking water to the community can be • Ensured if company work in collaboration with local administration and strengthen the existing drinking water supply system.
Health Care	<ul style="list-style-type: none"> • In the village it was reported that almost 67 percent of the people prefer going to the Local Doctor/RMP in case of any health related issue. It was also found that there was no body in the village who reported of visiting ASHA/Anganwadi worker when they are ill. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. • The District level Medical Colleges can be collaborated to give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and Family Planning.
Rural Electrification	<ul style="list-style-type: none"> • Street lights are needed

Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 22 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> Construction of toilet should be taken up under CSR. Gram Panchayat should be involved in the planning process where company can take the responsibility to construct the toilets and Panchayat should be asked to run and maintain it. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> Toilet in needed in primary school

- Street lights are required in the village road. 15 poles are there but electricity is required.
- Club and community hall is required in the village for the purpose of social gathering and ceremonies such as Village level meetings and marriages.
- 4 big ponds are there in the village which needs to be renovated and repaired in a way of construction of bathing place and washing clothes.
- Community toilets are required and can be constructed in the village, as reported by the people it can be constructed near the village pond

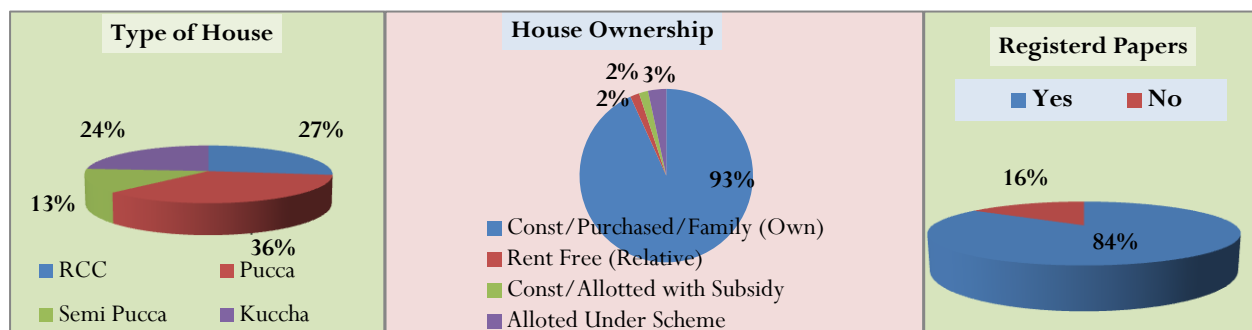
8.9 Bartoria Village

YEAR		2011	Facilities Available in the village				Facilities Existing within 5 kms.			
HOUSEHOLDS		350								
POPULATION		2100								
Forest Produce										
Coal Collection		Yes								
Cultivation		Yes								
Public/Common Tap Points		00								
HH Tap Connections		00								
Chief Crop Name		Area								
Paddy		320 acres								
RELIGION		House holds								
HINDU		310								
MUSLIM		40								
Land Distribution (In Acres):										
Total Area	Non- Irrigated	Irrigated					Grazing	Forest	Wasteland	
913	320	00	172	98	123					
Migration Pattern										
Within the state (Non-Agricultural Labour)					Yes					
Outside state (Non-Agri Labour)					Yes					

8.9.1. Household Status:

Type of House and Ownership Status:

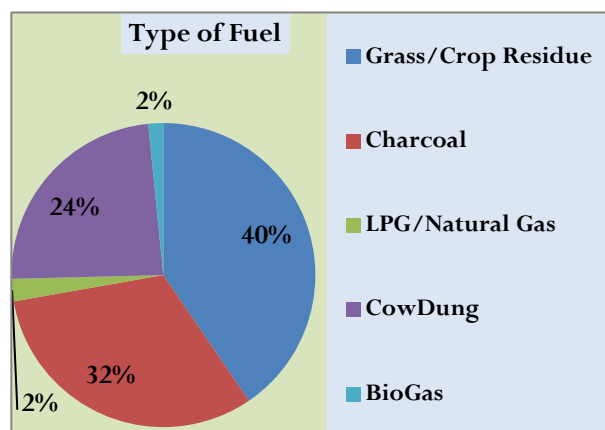
In the village there are majority of the houses which are Pucca in nature, approximately 36 percent of the total. Followed to which there are 27 percent of the houses which were reported as those of RCC. There is also availability of the Kuccha houses which is around 24 percent of the total. The remaining 13 percent were reported as the Semi-Pucca Houses.



With regard to the ownership of the houses 93 percent of the houses are constructed/Purchased/own by the family itself. Three percent of the houses have been allotted under scheme and remaining four percent have been divided into those constructed/ allotted with subsidy and rent free houses.

8.9.1.1 Type of Fuel:

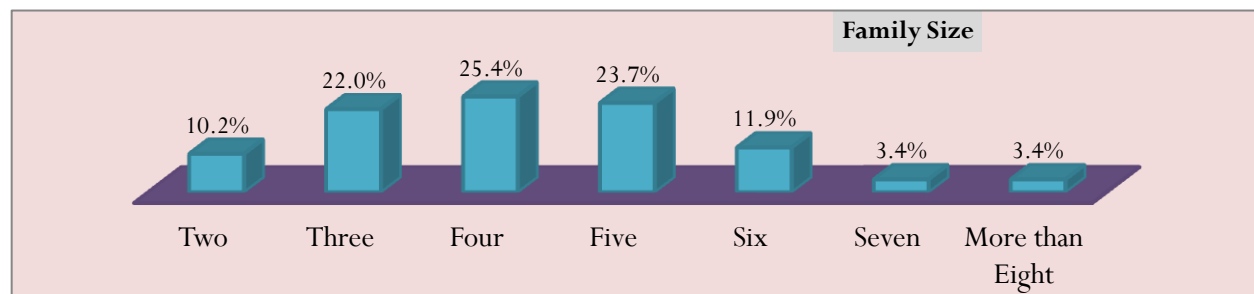
In the village majority of the people said that they use Grass/Crop Residue as fuel in their houses



and followed another set of people which is approximately 32 percent of the total uses Charcoal as fuel. There are other forms of fuels available in the village too which are Cow dung for which around 24 percent of the households reported that they use it. Remaining four percent is comprised of LPG/Natural Gas and Biogas.

8.9.1.2 Family Size:

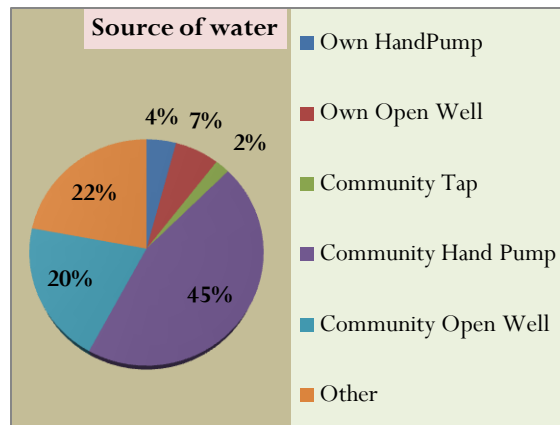
In the village majority of the houses have four members in their houses. Around one-fourth of the total houses have agreed that they have four members in their houses. Followed to which it



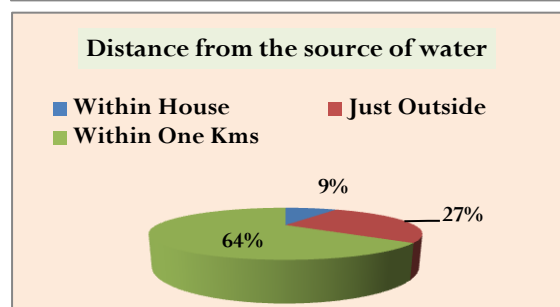
was found that 24 percent of the houses have five members in their houses. In the village it was also reported that large families having seven or more than eight members is very low in prevalence which is around 3.4 percent of the total in each.

8.9.2. Source of Water:

The majority of the people in the village are dependent upon the Community Hand Pump in order to get the Drinking water and water for other household purposes. Followed to the



community Hand Pump people in the village also reported that around 22 percent of them are dependent upon the other sources of water and 20 percent said that they use Community Open Well to get water. Other remaining sources are Own Open well which was reported by around 7 percent and around 4 percent of the people have their Own



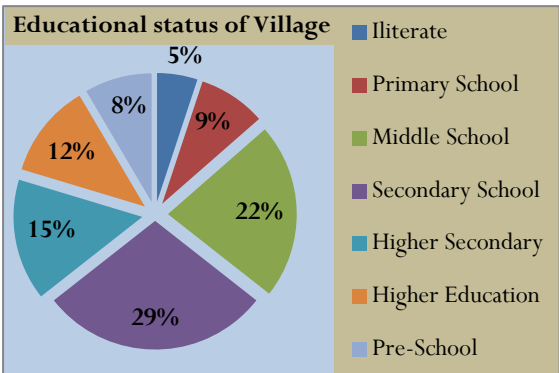
Hand Pump. The percentage of the people using community Tap is very low that is around 2 percent. The water is considered to be the most crucial resource in the area and in the village people approximately 65 have to go around one Kms to get water. This comprises of other sources, Community

Hand Pump etc. The percentage of the people having their own hand Pump and Own open well is around 7 percent and 4 percent respectively. With regard to that only approximately 9 percent

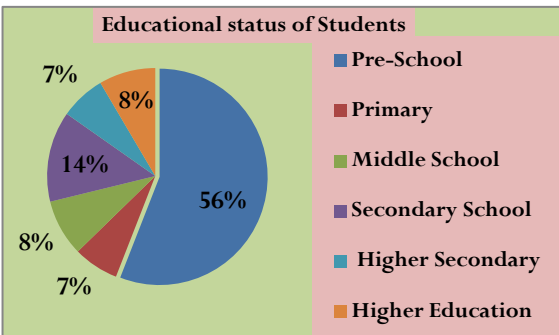
of the households are having their source of water within house only. Those fetching water from the Community Tap, Community Hand Pump and Community Open Well etc reported that they have their source of water Just Outside the house which is around 27 percent of the total.

8.9.3. Education:

In the village majority of the people said that they are engaged in the Secondary level Schooling. Followed to which it was also said that 22 percent of the people have completed their Middle Level Schooling. Approximately 15 percent of the people have completed their Higher



Secondary and 12 percent of the people have done their Higher education in various streams. Five percent of the people reported of being illiterate and nine percent of the people have done their primary level education and remaining 8 percent have said that they have done their Pre-Schooling.

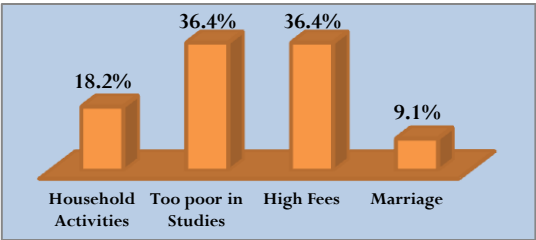


In the village majority of the students reported of being involved in their pre-schooling which is approximately 56 percent. Followed to which is those who are involved in the Secondary Level Schooling is around 14 percent of the total and those engaged in the Middle Level Schooling and Higher Education which is approximately around 8 percent in each among the respondents.

The remaining two educational standards Higher Secondary and Primary School comprise of 7 percent each in the village.

8.9.3.1 Reasons for Dropout:

There were four major reasons identified in the village of them most prominent are High Fees, Too Poor In Studies, Getting Involved in Household activities and Marriage. Majority of the people on

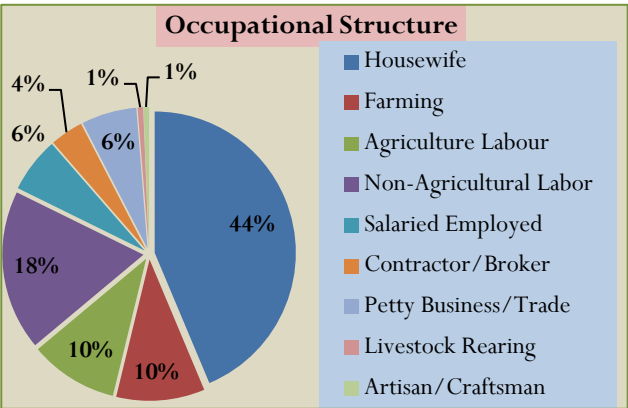


equal basis have said that they left their education in between due to high fees and Being too poor in studies. Followed to which approximately 18 percent of the students left education in between due to Household activities. Though marriage is considered a strong reason for Dropout especially for the girls and in the village 9.1 percent of the students have left education due to it.

8.9.4. Occupation:

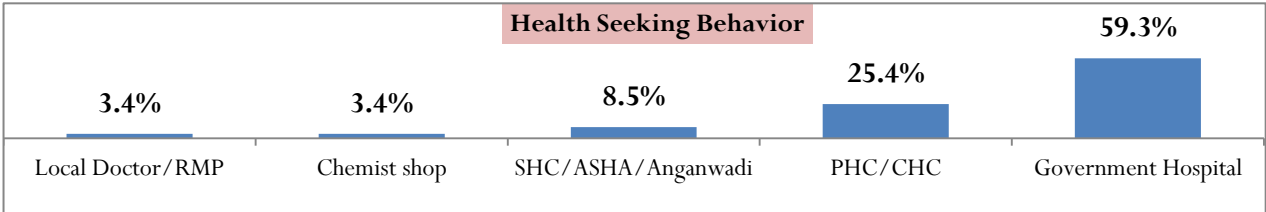
Approximately 44 percent of the women in the village reported of being housewife in the village.In the village most prominent occupation after being ‘Housewife’ which was found is those as Non-Agricultural Labour with 18 percent of the population.

Being engaged in Agriculture or farming was reported as the second most prominent occupation in the village. Here approximately 10 people reported that they are involved in it. Contractor/Broker approximately constitutes 4 percent of the population followed to which is Artisan, Craftsman Livestock Rearing etc.



8.9.5. Health:

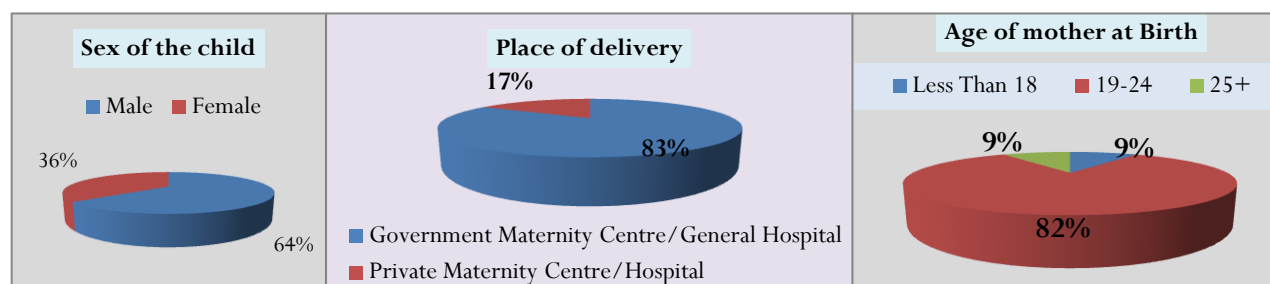
Whenever a family member fell sick majority of people which is approximately 59 percent each in the village reported that they approach to the Government Hospital and Local Doctor/RMP to get health services. Followed to this 26 percent of the people agree that they visit to the CHC/PHC in case of any major or minor ailments. 9 percent of the people also said that they prefer ASHA/Anganwadi in the village. Approximately 3 percent each in the village prefer to go to the Chemist Shop and Local Doctor/RMP. The remarkable issue is that the people in the



village are less fond to access Private clinic and Hospitals, may be due to the reason that it might be very costly as compared to Government hospital.

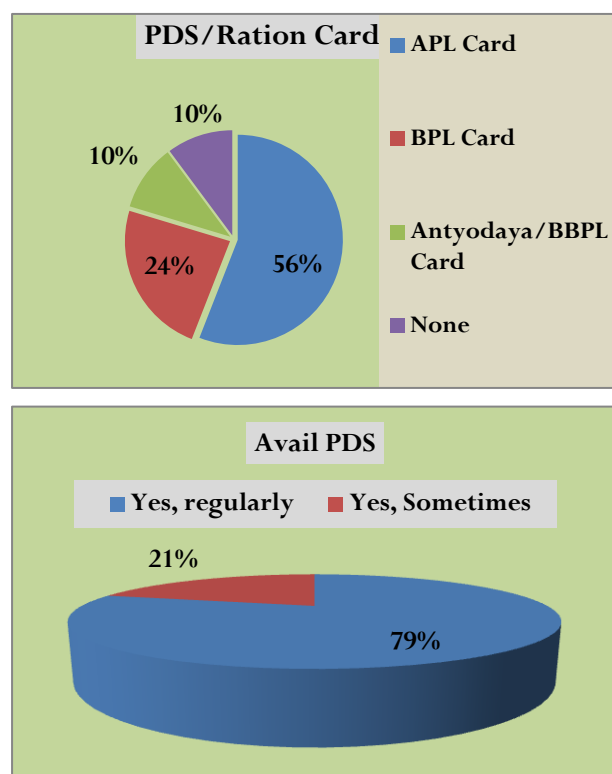
8.9.6. Maternal Health:

It was reported that out of 11 children born in the last three years 7 are male and remaining 4 are female. Out of the total 12 birth taken place in the village 10 have taken place in the Government Maternity Centre/General Hospital. The other two births have taken place in the Private Maternity Centre/Hospital. Out of the total 12 births in the last three years majority of the women reported that they were in the age group 19-24. Rest there is also issues of women who were less than 18 years of age at the time of giving birth.



8.9.7. Availability of PDS and Ration Card and People availing it:

In the village approximately 56 percent of the people hold APL Card and around 24 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 10 percent hold it. In the village 10 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 80 percent of them avail food grains and other benefits of PDS. Another 20 percent of the people also reported that they avail it but sometimes. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 17 percent of the population



said that they avail it but only sometimes.

8.9.8. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the village Primary School one classroom is needed as when the attendance is full (120) it becomes difficult for everybody to sit together in the available classrooms. No drinking water facility is available in the school. 10 low and 10 high benches are required for the students to sit in the classrooms. • A big playground is available near to school which requires be improving by leveling it and making the place to sit. In the playground inter village cricket and football are also conducted. • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed

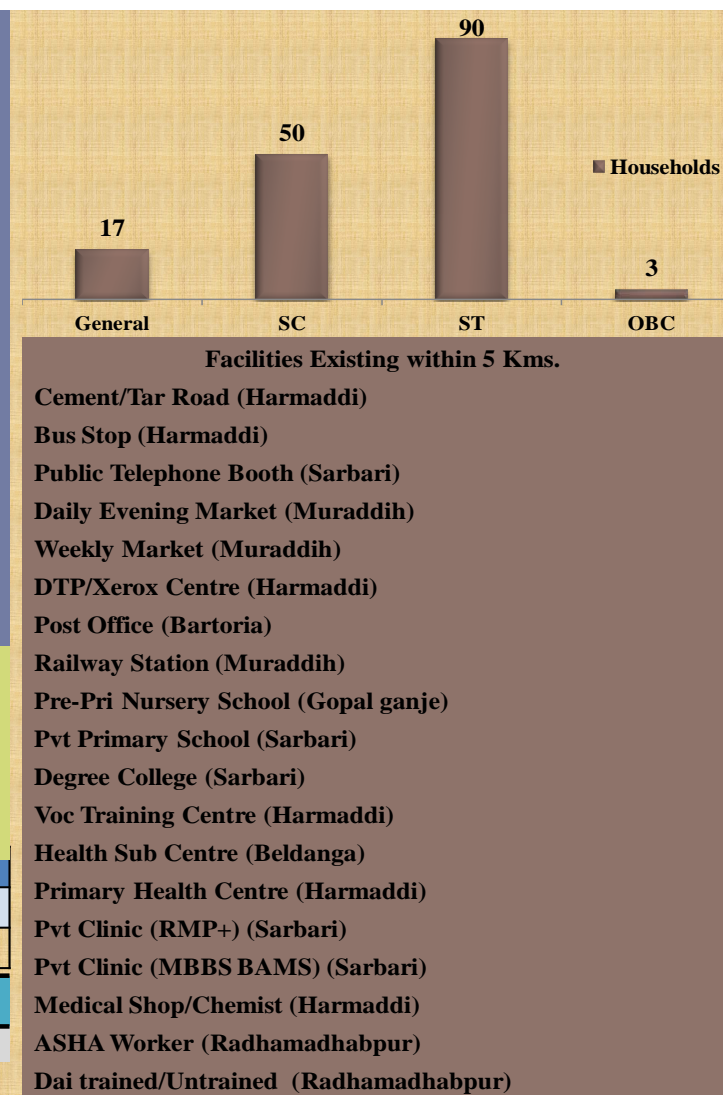
- Irrigation facility should be made available through pipe line and check dams
- Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
- As per the discussion with villagers availability of drinking water has emerged as major concern and especially in summer season. Piped water supply is available but covers only a minimal section of the community. Availability of drinking water to the community can be
- Ensured if company work in collaboration with local administration and strengthen the existing drinking water supply system.
- In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. It was also found that there was no body in the village who reported of visiting ASHA/Anganwadi worker when they are ill. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.
- The District level Medical Colleges can be collaborated to give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and Family Planning.

Rural Electrification	<ul style="list-style-type: none"> Street lights are needed
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 22 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> Construction of toilet should be taken up under CSR. Gram Panchayat should be involved in the planning process where company can take the responsibility to construct the toilets and Panchayat should be asked to run and maintain it. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

Social Empowerment	<ul style="list-style-type: none"> Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> Toilet in needed in primary school
	<ul style="list-style-type: none"> Tap line is not available in the village and as reported by the people a total of 20 taps are required. Pipeline is available at Sarbori more which is 2 Kms away from the village. If the water pipeline can be connected from Sarbari then the entire village can be provided with drinking water, which is the major issue available in the village. The bus stand needs to be repaired. The old primary school building can be repaired and build as library. Drains are required so that the waste water can be carried away from the village and village hygiene and sanitation can be maintained.

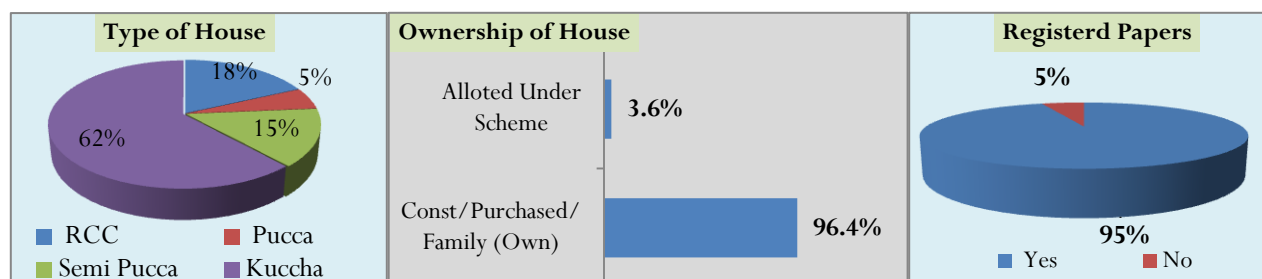
8.10. Madandih Village

YEAR		2011	Facilities Existing more than 5 Kms Police Station (Neturia) Cooperative Society (Gobag) Gram Panchayat Office (Gobag) Bank for S/B Account (Gobag) Block Development Office (Gobag) Taluk Headquarters (Raghunathpur) District Headquarters (Purulia) Warehouse (Aadra) APMC/Mandi (Asansol) Charitable Primary (Purulia) Govt Secondary School (Rampur) Pvt Secondary School (Ramkanali) Higher Sec School (Janardan D) ITI/Polytechnic (Raghunathpur) CHC/Govt Gen Hospital (Raghunathpur) Private Hospital (Barakar) Ayush Hospital (Asansol) Veterinary Hospital (Gobag) Samaj Mahal Playground Community Hall Pre-pri Nursery School Govt Primary School PDS Shop Grocery Shop		
HOUSEHOLDS		180			
POPULATION		1200			
Forest Produce					
Cultivation		Yes	Land Distribution (in Acres):		
Public/Common Tap Points		00			
HH Tap Connections		00			
Chief Crop Name		Area			
Paddy		518 Acres	Land Distribution (in Acres):		
RELIGION		House holds			
HINDU		180			
Land Distribution (in Acres):					
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland
1876	469	00	389	00	790
Migration Pattern					
Within the state (Non-Agricultural Labour)					Yes
Outside state (Non-Agri Labour)					Yes



8.10.1. Household Status:

The majority of the Houses in the Asanboni village fall into the category of Kuccha where approximately 62% of the people reported of having the Kuccha houses. Approximately 15% of the people in the village have RCC houses on the other hand 15 percent of the people reported that they have Semi-Pucca houses. With regard to Pucca Houses 5% of the people came in that category and remaining two percent have huts/jhopadpatti or in other words they don't have proper place to stay in the village. The ownership of the house in the figure 2 explains that majority of the people have their own constructed/Purchased/Family Houses, followed by the rent Free (Employer's) Land free & Construction own.

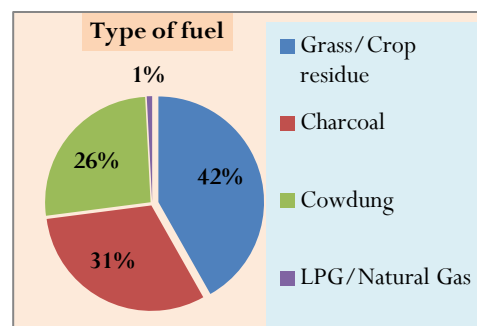


Very less percentage of people .i.e. approximately around 4% have reported that they have been allotted houses under the schemes such as Indira Aawas Yojana, Gharkul Yojana etc.

8.10.1.1 Type of Fuel:

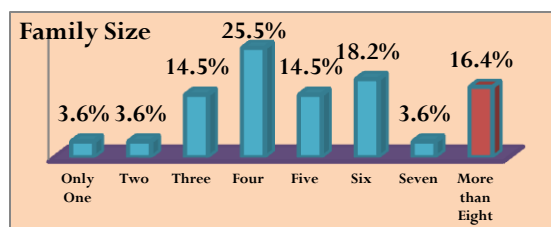
The major **Types of fuel** used in the village are Grass/Crop Residue and wood which is used in almost all the houses. 42 percent of the people have said that they use it as fuel in their houses.

Next to which comes Charcoal which is approximately used by 31 percent of the village. As per reported by the people Cow Dung is used by people in the village which is around 26 percent of the total. Only 1 percent of the people said that they use LPG/Natural Gas in their houses.



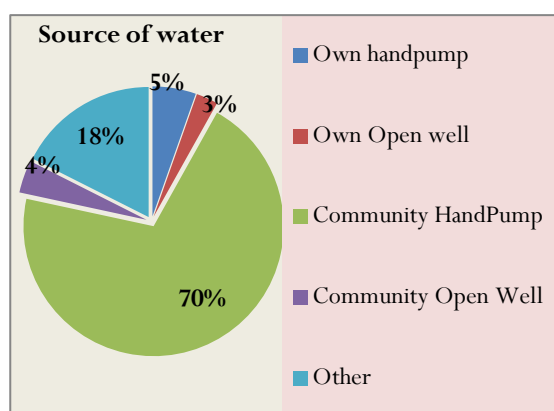
8.10.1.2 Family Size:

With regard to the size of family maximum respondents reported that there four members in the family. It must also be noted that in the Asanboni Village there exists a wide multiplicity of Family Size ranging from 1 to More than eight also. In Fact on an average after the total size of the family upto four & five, maximum respondents reported of having family size more than eight.

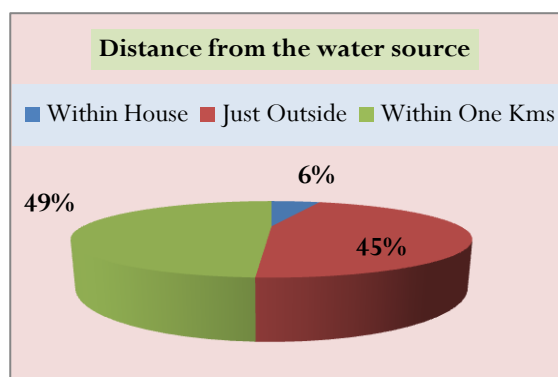


8.10.2. Source of Water:

In the village approximately 70 percent of the people have reported of having Community Hand Pump as their major source of water. Followed to which it was also found that 18 percent of the



people are also dependent upon the other sources of water. Around 4 percent of the people have said that they are dependent upon the community open well and 5 percent have said that they take water from their own Hand Pump. Three percent of the people have their own hand Pump from which they take water from and use it for drinking and other domestic purposes. In the village only 6 percent of the people reported about the source of water in their houses.

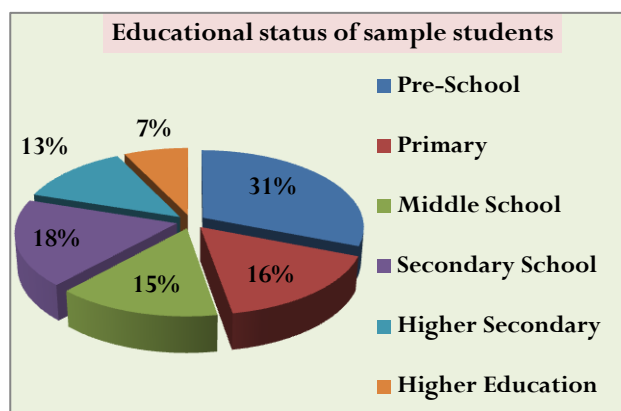
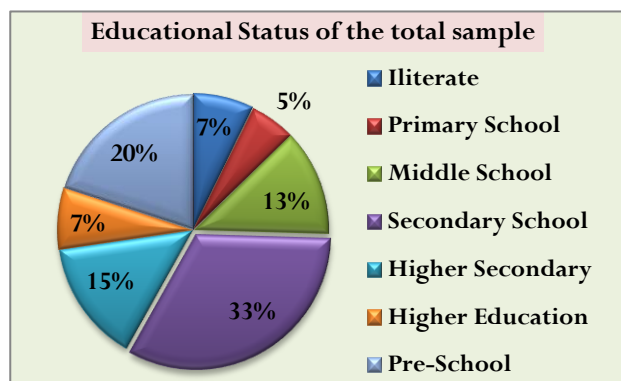


Having the water source just outside the houses is around 45 percent.

The most important issue in the village is about the drinking water problem and for that as per the respondents more than 49 percent of the people have water source within one Kms.

8.10.3. Education:

The Educational Status of the Asanboni village shows that majority of the respondents have

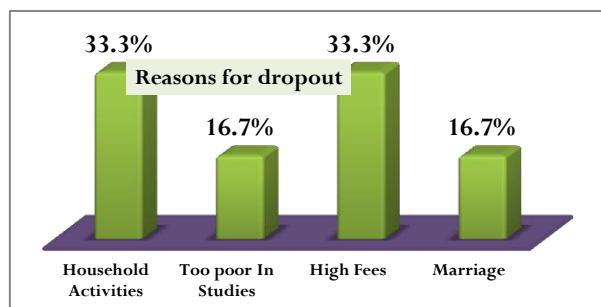


completed their Secondary level schooling which is approximately 33% and followed by Pre-Schooling and Higher Secondary with 20% and 15% respectively. Another important factor existing in the village is also that 7% of the respondents were reported as illiterate. The adequate population falls into the category of those completed their Higher Education which is around 7%. In the village those students who are currently engaged in any educational standard, it was reported by them that Majority of them are engaged in the Pre-Schooling followed to this is comprised of those who are involved in the Secondary Level Schooling. 15 percent of the students have said that they are

involved in the Middle Level Schooling. In the village only 7 percent of the students are engaged in the Higher Education.

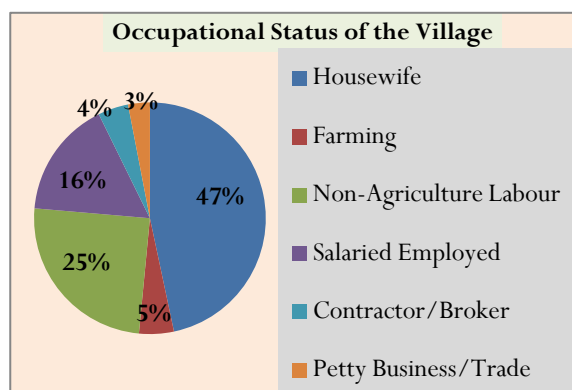
8.10.3.1 Reasons for Dropout:

It was reported to us that the major reason for the dropout from the school was due to High Fees and those getting involved in the Household Activities. With such a high drop out rate with regard to High Fees indicates the clear signs of Poverty and children being seen as an extra hands for earning. Followed by Household activities (33 Percent) another set of people reported students are too poor in studies in school as their major cause for dropout (17 Percent).



8.10.4. Occupation:

We can observe that the majority of the population is engaged as the Housewives. Followed by

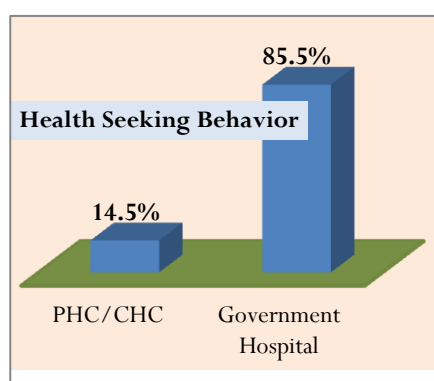


Non-Agricultural labour (25%) Unavailability of the water has a significant role in this context. 16 percent of the people reported of having involved as salaried Employed. The people in the village reported of having their own lands but water for irrigation is still a major concern for them. Artisan/Contract/Petty Business (3 Percent) is the third most prominent occupation

available in the village followed by Contractor/Broker and Farming which are as 4 percent and 5 percent respectively.

8.10.5. Health

Whenever a family member fell sick majority of people which is approximately 85 percent each

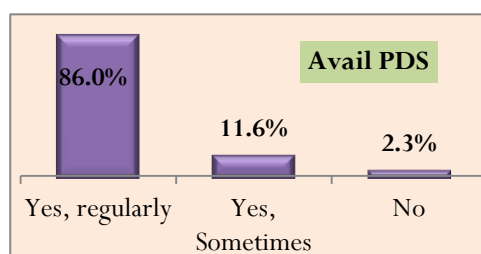


in the village reported that they approach to the Government Hospital to get health services. Followed to this 14.4 percent of the people agree that they visit to the CHC/PHC in case of any major or minor ailments. In the village there is a serious lacking of effort or role played by the ASHA/Anganwadi with regard to the health services. The remarkable issue is that the people in the village are less fond to access Private clinic and Hospitals, may be due to the reason that it might be

very costly as compared to Government hospital.

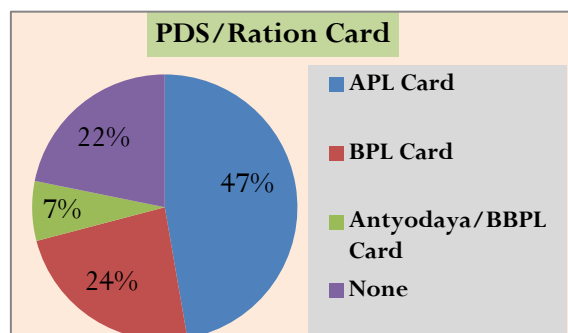
8.10.6. Availability of PDS/Ration Card & People availing it.

In the village approximately 47 percent of the people hold APL Card and around 24 percent of



the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 7 percent hold it. In the village 22 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration

Card has reported that 86 percent of them avail food grains and other benefits of PDS. Another 11 percent of the people also reported that they avail it but sometimes. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card.



8.10.7. Recommendations:

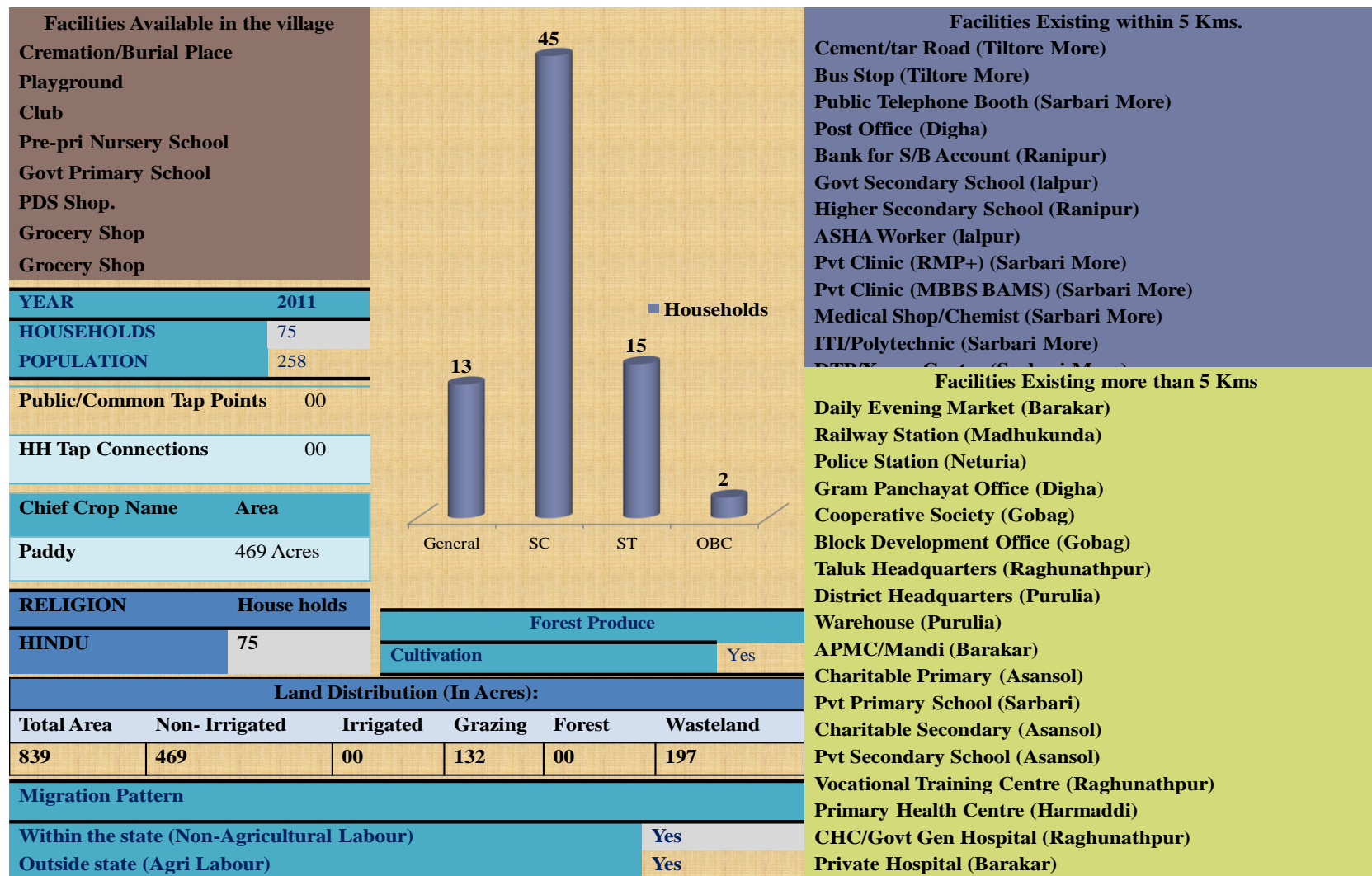
Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the village there is no Primary School; space is available in the village to build school. The children have to go to another village to attend the school. If the school is made within the village then we can expect a rise in the enrolment ratio along with the attendance rate • Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with.

	<ul style="list-style-type: none"> Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
Health Care	<ul style="list-style-type: none"> In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.
	<ul style="list-style-type: none"> Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Rural Electrification	<ul style="list-style-type: none"> Street lights are needed
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open ares in the village.

Livelihood	<ul style="list-style-type: none"> • Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. • The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. • The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency. • Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and technics will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals
Sanitation	<ul style="list-style-type: none"> • In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> • Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet in needed in primary school • Community hall is required in the village along with community toilets. The requirement for the community hall is for having a place for the purpose of social function and gathering such as Marriage and village Level Meeting.

- Dustbin is also required in the village. If provided then the people may develop a habit of using it and improvement in the cleanliness and hygiene can also be brought.
- Street lights are required in the village road. Only 200 foot road is Pucca rest all Kuccha. During rainy season the road becomes full of mud and since drains are also not available water stagnation causes various diseases.
- Pond improvement is required so that people can use them. Since the three tube wells available in the village do not provide the water throughout the year.

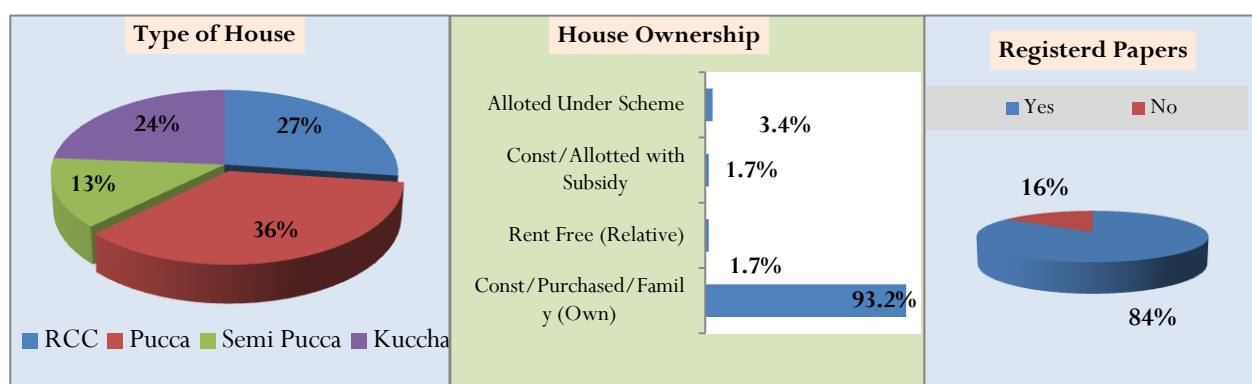
8.11. Tiltore Village



8.11.1. Household Status:

Type of House and Ownership Status:

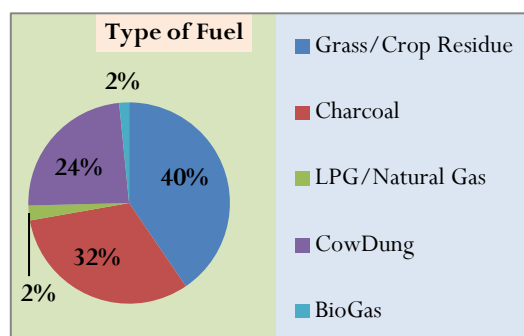
In the village there are majority of the houses which are Pucca in nature, approximately 36 percent of the total. Followed to which there are 27 percent of the houses which were reported as those of RCC. There is also availability of the Kuccha houses which is around 24 percent of the total. The remaining 13 percent were reported as the Semi-Pucca Houses. With regard to the ownership of the houses 93 percent of the houses are constructed/Purchased/own by the family itself.



Three percent of the houses have been allotted under scheme and remaining four percent have been divided into those constructed/ allotted with subsidy and rent free houses.

8.11.1.1 Type of Fuel:

In the village majority of the people said that they use Grass/Crop Residue as fuel in their houses

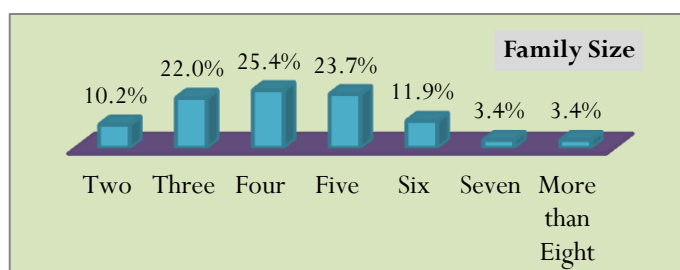


and followed another set of people which is approximately 32 percent of the total uses Charcoal as fuel. There are other forms of fuels available in the village too which are Cow dung for which around 24 percent of the households reported that they use it.

Remaining four percent is comprised of LPG/Natural Gas and Biogas.

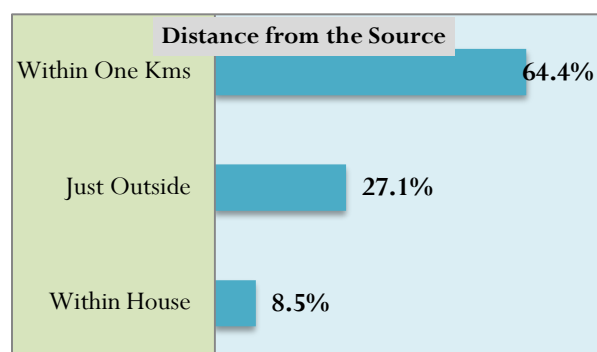
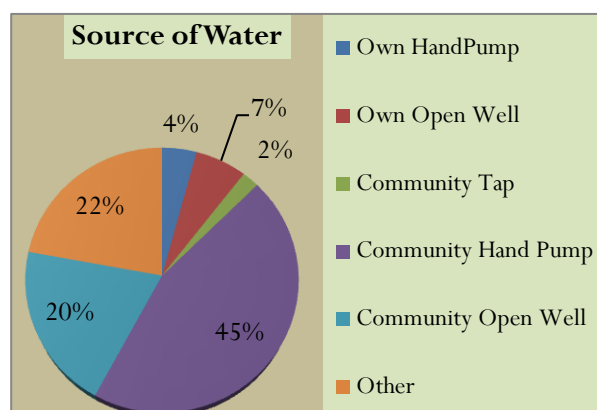
8.11.1.1 Family Size:

In the village majority of the houses have four members in their houses. Around one-fourth of the total houses have agreed that they have four members in their houses. Followed to which it was found that 24 percent of the houses have five members in their houses. In the village it was also reported that large families having seven or more than eight members is very low in prevalence which is around 3.4 percent of the total in each.



8.11.2. Source of Water:

The majority of the people in the village are dependent upon the Community Hand Pump in order to get the Drinking water and water for other household purposes. Followed to the community Hand Pump people in the village also reported that around 22 percent of them are dependent upon the other sources of water and 20 percent said that they use Community Open Well to get water. Other remaining sources are Own Open well which was reported by around 7 percent and around 4 percent of the people have their Own Hand Pump.



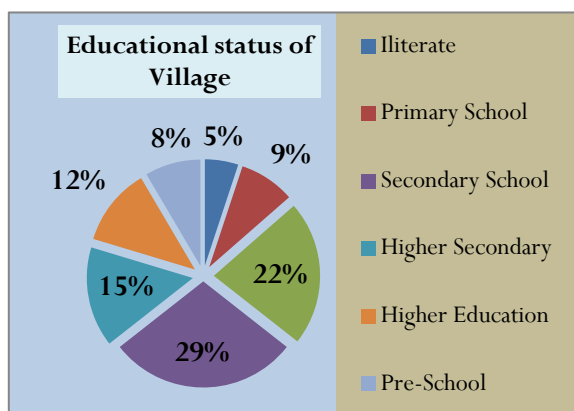
The percentage of the people using community Tap is very low that is around 2 percent. The water is considered to be the most crucial resource in the area and in the village people approximately 65 have to go around one Kms to

get water. This comprises of other sources, Community Hand Pump etc. The percentage of the people having their own hand Pump and Own open well is around 7 percent and 4 percent respectively. With regard to that only approximately 9 percent of the households are having their

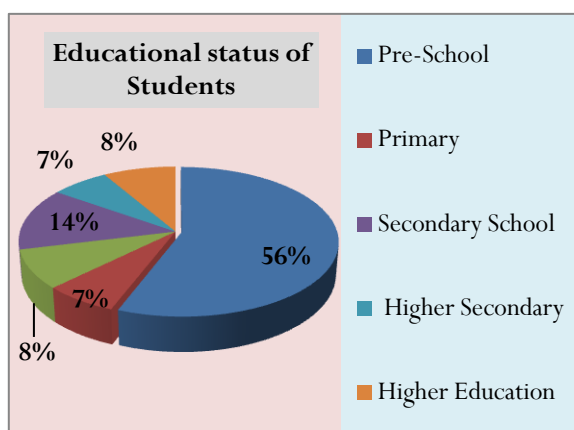
source of water within house only. Those fetching water from the Community Tap, Community Hand Pump and Community Open Well etc reported that they have their source of water Just Outside the house which is around 27 percent of the total.

8.11.3. Education:

In the village majority of the people said that they are engaged in the Secondary level Schooling.



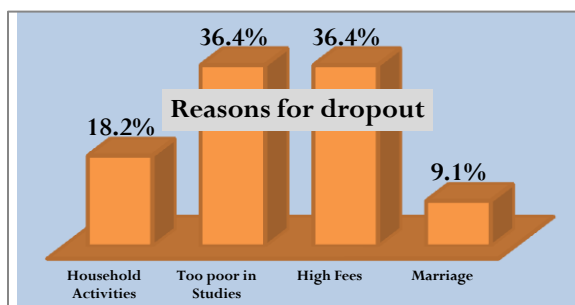
Followed to which it was also said that 22 percent of the people have completed their Upper Primary Schooling. Approximately 15 percent of the people have completed their Higher Secondary and 12 percent of the people have done their Higher education in various streams. Five percent of the people reported of being illiterate and nine percent of the people have done their primary level education and remaining 8 percent have said that they have done their Pre-Schooling. In the village majority of the students reported of being involved in their pre-schooling which is approximately 56 percent. Followed to which is those who are involved in the Secondary Level Schooling is around 14 percent of the total and those engaged in the Upper Primary Schooling



and Higher Education which is approximately around 8 percent in each among the respondents. The remaining two educational standards Higher Secondary and Primary School comprise of 7 percent each in the village.

8.11.3.1 Reasons for Dropout:

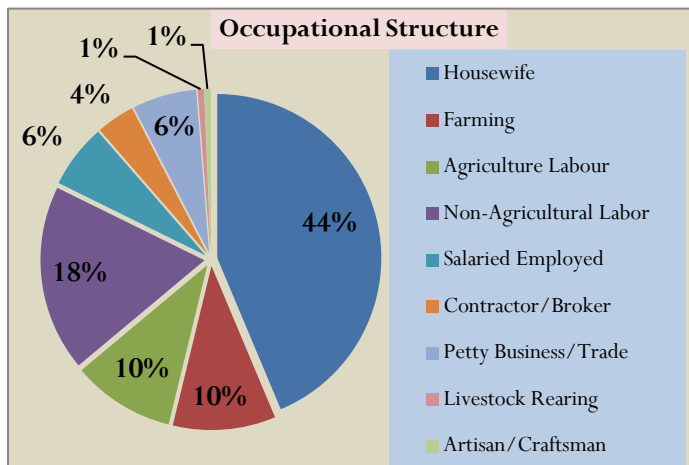
There were four major reasons identified in the village of them most prominent are High Fees, Too Poor In Studies, Getting Involved in Household activities and Marriage. Majority of the people on equal basis have said that they left



their education in between due to high fees and Being too poor in studies. Followed to which approximately 18 percent of the students left education in between due to Household activities. Though marriage is considered a strong reason for Dropout especially for the girls and in the village 9.1 percent of the students have left education due to it.

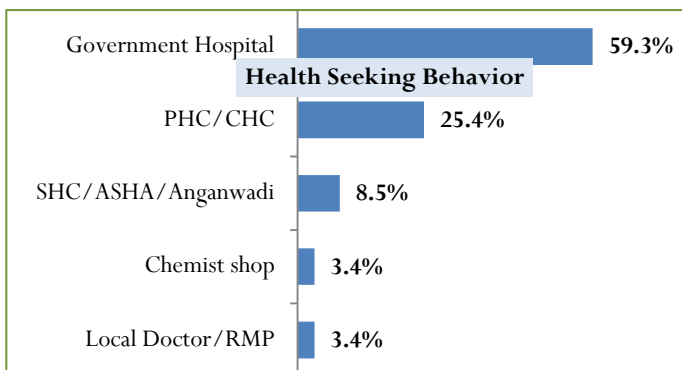
8.11.4. Occupation:

Approximately 44 percent of the women in the village reported of being housewife in the village. In the village most prominent occupation after being 'Housewife' which was found is those as Non-Agricultural Labour with 18 percent of the population. Being engaged in Agriculture or farming was reported as the second most prominent occupation in the village. Here approximately 10 people reported that they are involved in it. Contractor/Broker approximately constitutes 4 percent of the population followed to which is Artisan, Craftsman Livestock Rearing etc.



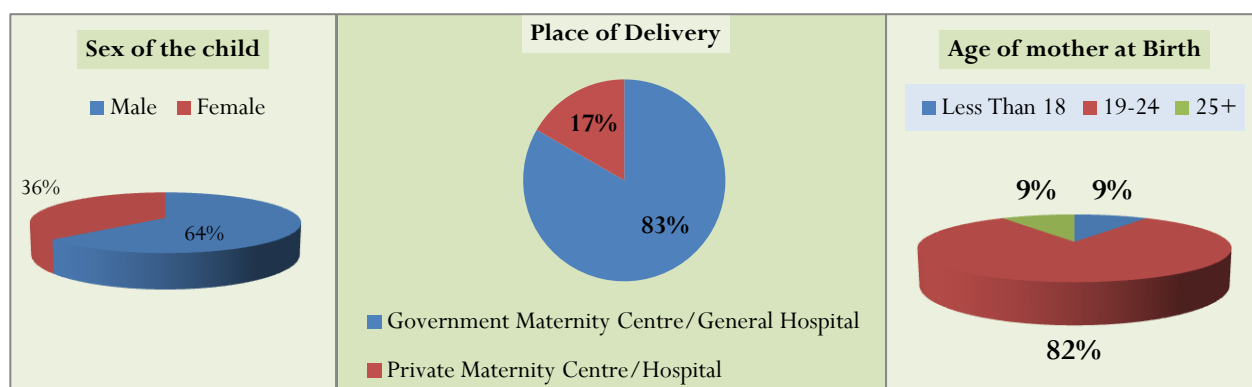
8.11.5. Health:

Whenever a family member fell sick majority of people which is approximately 59 percent each in the village reported that they approach to the Government Hospital and Local Doctor/RMP to get health services. Followed to this 26 percent of the people agree that they visit to the CHC/PHC in case of any major or minor ailments. 9 percent of the people also said that they prefer ASHA/Anganwadi in the village. Approximately 3 percent each in the village prefer to go to the Chemist Shop and Local Doctor/RMP. The remarkable issue is that the people in the village are less fond to access Private clinic and Hospitals, may be due to the reason that it might be very costly as compared to Government hospital.



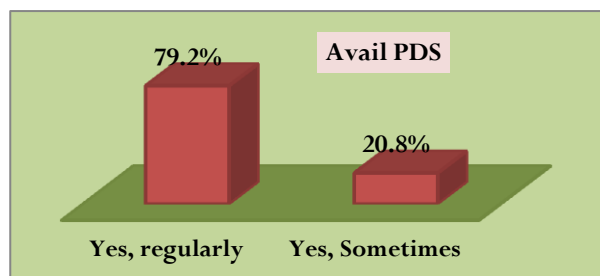
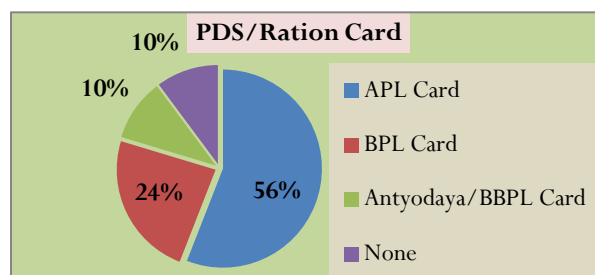
9.11.6. Maternal Health:

It was reported that out of 11 children born in the last three years 7 are male and remaining 4 are females. Out of the total 12 birth taken place in the village 10 have taken place in the Government Maternity Centre/General Hospital. The other two births have taken place in the Private Maternity Centre/Hospital. Out of the total 12 births in the last three years majority of the women reported that they were in the age group 19-24. Rest there is also issues of women who were less than 18 years of age at the time of giving birth.



8.11.7. Availability of PDS and Ration Card and People availing it:

In the village approximately 56 percent of the people hold APL Card and around 24 percent of the people have BPL Card with them. On asking about the households having Antyodaya/BBPL



card it was reported that 10 percent hold it. In the village 10 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 80 percent of them avail food grains and other benefits of PDS. Another 20 percent of the people also reported that they avail it but sometimes. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 17 percent of the

population said that they avail it but only sometimes.

8.11.8. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the primary school there are 53 students and two classrooms are available. Additional 1 classroom is required. Old classrooms are required to be repaired as during the rainy season water leaks from Ceiling • Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises. • It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening is needed • Irrigation facility should be made available through pipe line and check dams

	<ul style="list-style-type: none"> • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water. • As per the discussion with villagers availability of drinking water has emerged as major concern and especially in summer season. Piped water supply is available but covers only a minimal section of the community. Availability of drinking water to the community can be • Ensured if company work in collaboration with local administration and strengthen the existing drinking water supply system.
Health Care	<ul style="list-style-type: none"> • In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. It was also found that there was no body in the village who reported of visiting ASHA/Anganwadi worker when they are ill. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. • The District level Medical Colleges can be collaborated to give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and Family Planning.
Rural Electrification	<ul style="list-style-type: none"> • Street lights are needed

Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 22 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> Construction of toilet should be taken up under CSR. Gram Panchayat should be involved in the planning process where company can take the responsibility to construct the toilets and Panchayat should be asked to run and maintain it. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
Social Empowerment	<ul style="list-style-type: none"> Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
Infrastructural	<ul style="list-style-type: none"> Toilet in needed in primary school

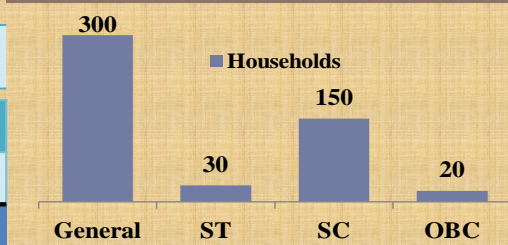
- Community marriage hall is required in the village for the purpose of having any social gathering such as marriages and village level meeting. The village Panchayat is going to help in providing the land.
- The village pond needs to be cut from corners and renovated in a way that more water can be stored and can be used when other sources of water are not available. Also the place to bathe and washing clothes is required to be made.
- The roads need to be constructed with drain.

Major Findings from the villages and
Recommendations:

9. Balitora Gram Panchayat

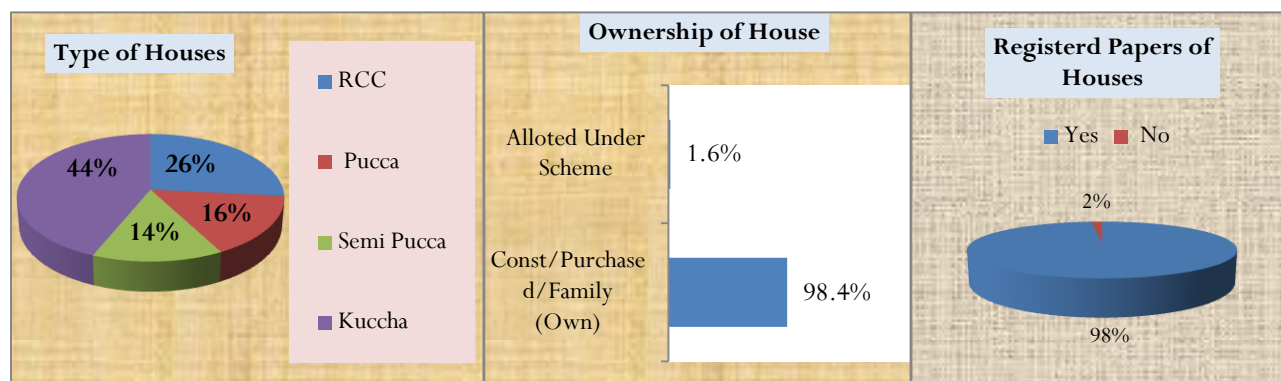
9.1. Balitora Village

YEAR 2011		Facilities Available in the village		Facilities Existing within 5 kms.	
HOUSEHOLDS	500	Samaaj Mandir		Public Telephone Booth (Madhukunda)	
POPULATION	3000	Cement/tar Road		Weekly Market (Madhukunda)	
Forest Produce		Club		DTP/Xerox Centre (Madhukunda)	
Coal Collection	Yes	Pre-pri Nursery School		Railway Station (Madhukunda)	
Cultivation	Yes	Govt Primary School		Gram Panchayat Office (Madhukunda)	
Public/Common Tap Points	00	Bus Stop		Bank for S/B Account (Madhukunda)	
HH Tap Connections	00	PDS Shop		Degree College (Sarbari)	
Chief Crop Name	Area	Grocery Shop		Pvt Clinic (RMP+) Madhukunda	
Paddy	320 acres	Post Office		Pvt Clinic (MBBS BAMS) Madhukunda	
RELIGION	House holds	Pvt Primary School		Medical Shop/Chemist (Madhukunda)	
HINDU	500	Higher Secondary School		Dai Trained/Untrained (Sunuri)	
Land Distribution (In Acres):		Health Sub Centre		Facilities Existing more than 5 Kms	
Total Area	Non- Irrigated	ASHA Worker		Daily Evening Market (Burnpur)	
913	320			Police Station (Sunnuri)	
				Cooperative Society (Talberia)	
				Block development Office (Talberia)	
				Taluka Headquarters (Raghunathpur)	
				District Hedquarters (Purulia)	
				Warehouse (Raghunathpur)	
				APMC/Mandi (Burnpur)	
				Charitable Primary (Asansol)	
				Govt Secondary School (Barshadih)	
				Charitable Secondary (Asansol)	
				Private Secondary School (Parbelia)	
				ITI/Polytechnic (Raghunathpur)	
				Vocational Training Centre (Gobag)	
				Primary Health centre (Murradi)	
				CHC/Govt Gen Hospiial (Raghunathpur)	
				Private Hospital (Barakar)	
				Asansol Hospital (Asansol)	
Migration Pattern					
Within the state (Non-Agricultural Labour)	Yes				
Outside state (Non-Agri Labour)	Yes				



9.1.1. Household Status

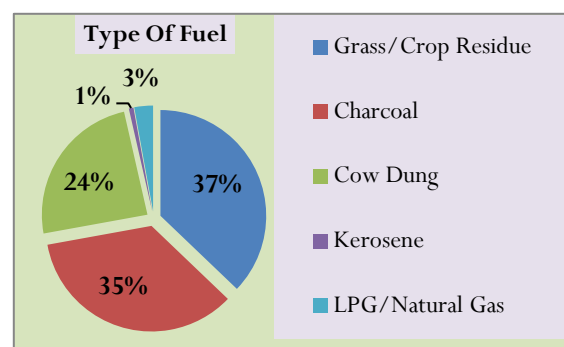
In the Balitora village most of the houses are of RCC which is approximately 26 percent of the total and it is followed by Pucca houses which are 16 percent. With regard to Semi Pucca and



Kuccha they are comprised of 14 percent and 44 respectively. Also in the village almost all the houses which is approximately 98 percent people have their own houses and remaining 2 percent are allotted under Scheme. The above mentioned 5 percent of the houses are provided under Indira Aawas Yojana. Approximately 88 percent of the sample reported that they have electricity in their houses.

9.1.1.1 Type of Fuel

In Village maximum number of the respondent reported that they use three major types of fuels in their houses such as Grass/Crop Residue/Wood, Charcoal and Cow dung. Approximately 37 percent of the people agreed that Grass/Crop Residue/Wood is used for household and other



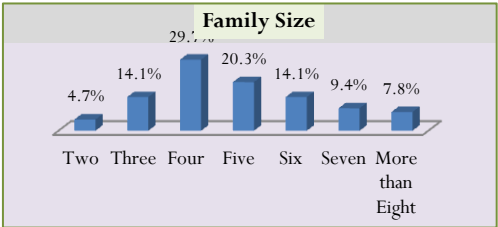
domestic purposes. Cow Dung is another source of fuel which is used by approximately 24 percent of the total respondents. Followed to which is the Charcoal for which around 35 percent of the people reported that they use it as fuel. Other types of fuels such as LPG, Biogas and Kerosene are also available but their percentage of availability is

very less i.e. 3 percent, 1 percent respectively.

9.1.1.2 Size of the Family

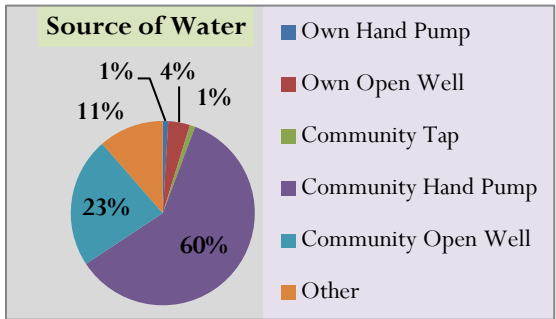
As it can be observed that majority of the people have reported that they agree upon that on an average there are four members in the family. Since 29.7 percent of the people agreed that the

family size is approximately four in number. In the village Families having more than 8 members, reported by approximately 7.8 percent of the people is also having high percentage. In the village there is a diverse variety of family size ranging from only two members to More than eight.

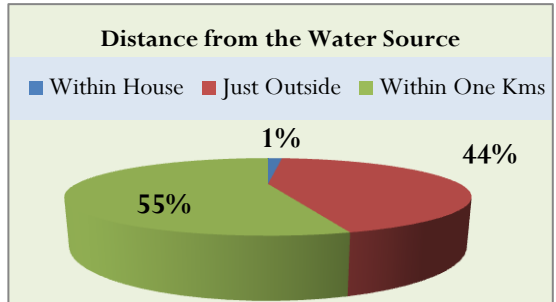


9.1.2. Source of Water

In the village people reported that the majority of source of water used is from community Hand Pump which comprises of about 60 percent. Followed by the above source people have



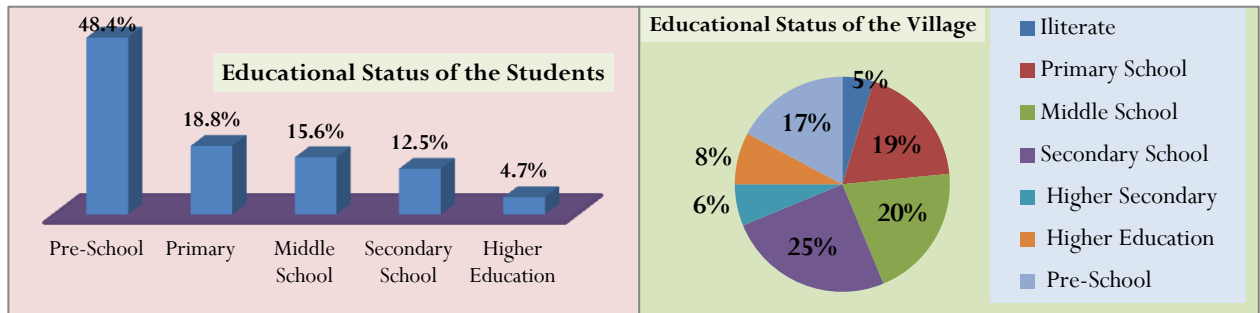
community Tap which is about 1 percent from which the people use water for domestic and drinking purpose. Approximately 23 percent of the people use Community Open Well to take water. Remaining sources of water are Neighbor's Tap and Own Open Well in the villages which are 11 percent and 4 Percent respectively. In the village 1.6 reported about the source of water in their houses. Having the water source just outside the houses is around 43.8 percent. The most important issue in the village is about the drinking water problem and for that as per the respondents more



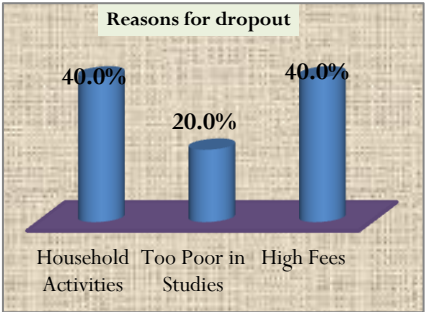
than 54.7 percent of the people have water source within one Kms.

9.1.3. Education

Educational Status of the Village



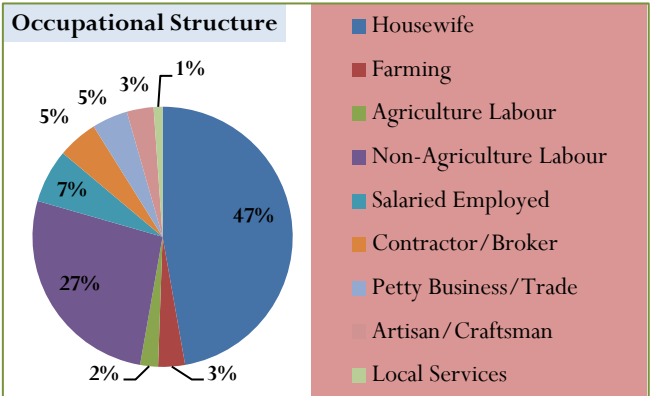
In Balitora the educational status of the respondent explains that 8 percent have completed their education till Higher Education which is followed by the Higher Secondary level Schooling which is approximately around 6 Percent. In the Balitora village approximately 25 percent of the people have completed their Secondary level Schooling. Moving towards other categories of education it was found that 17 percent of the people have completed their Pre-Schooling. Similarly those who have completed their Upper Primary Level Schooling and have done Vocational/Diploma/Certificate Courses are 20 percent and 2 percent respectively. In the village those students are studying majority of them are involved in the Pre-School which is 48.4 percent approximately followed by Upper Primary Level Schooling and Higher Education which approximately are 15.6 and 4.7 percent each. In the village approximately 12.5 percent of the students are engaged in the Secondary School and in the Primary School 18.8 percent are involved. In the village when it was asked about the major reasons for Dropout, it was found that getting engaged in the household activities and high fees was the main reason for leaving education in between.



9.1.4. Occupation

Occupational Status of the Village

In the village approximately 47 percent of the women reported as being the Housewife. In the village most dominant occupation is those having Salaried Employed which accounts for approximately 7 percent of the population. The major problems drinking water and lack of irrigation facility are on top priority. Non-Agricultural activities in the village Agriculture Labour constitute 27 percent of the population approximately.



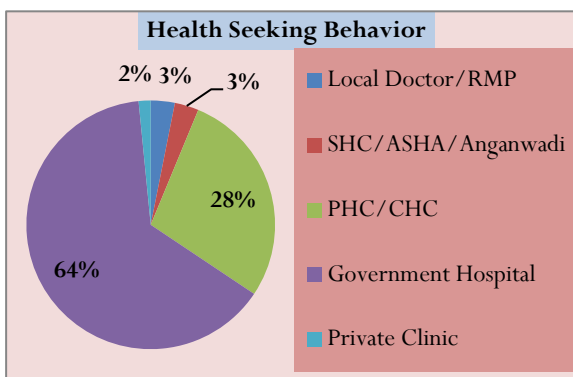
Around 5 percent of the people reported of being involved as having Petty Business/trade. There is only 3 percent of the population reporting for being engaged in the Farming. The other

occupational areas are also available in the village such as Agriculture Labour, Contractor Broker etc.

9.1.5. Health

Health Seeking Behavior

It was reported by the people that they mostly visit the Local Doctor/RMP in case of any illness

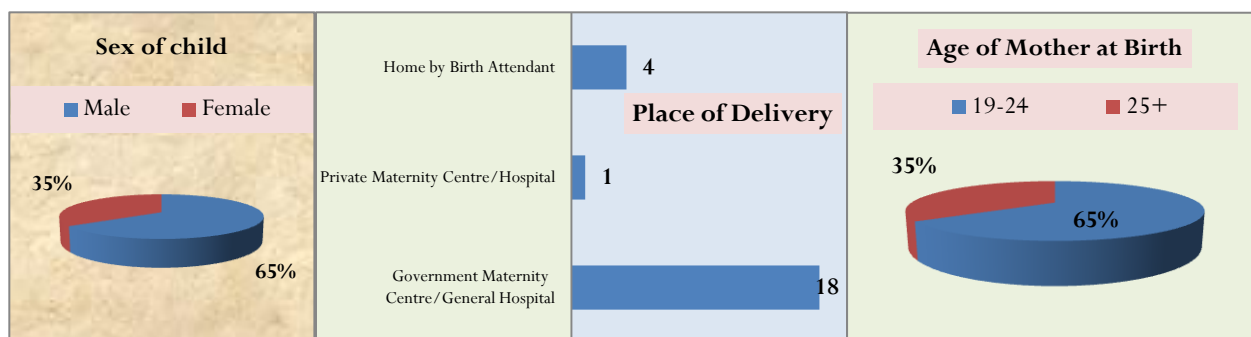


as 3 percent of the people reported for it. It was found that 64 percent of the people visit Government Hospital also which is located at Headdih. Apart from these two approximately 2 percent of the people also agreed that they visit Private Clinics in case of any minor and major ailments.

Though the cost is higher in the private Clinics but people also said that in case of emergencies they do not have any choice. 28 percent of the people also said that they prefer going to PHC/CHC also in case of any health related issue.

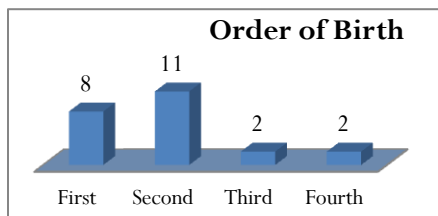
9.1.5.1 Maternal Health

On asking the households with regard to the births in the village in the past three years it was found that 23 births have taken place. Of the total births both male and female are 15 and 8 in



number respectively.

It was found in the village that a majority of the births have taken place in the private maternity centre. Out of the total 23 births 1 have taken place in the private Maternity centre. 18 have taken place in Government maternity centre. The very interesting fact in the village is that no births

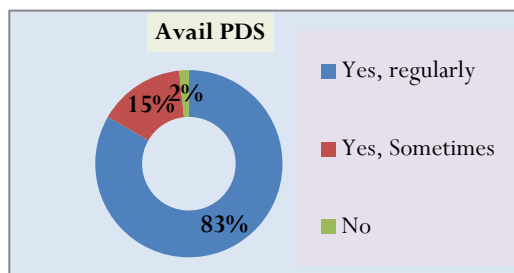
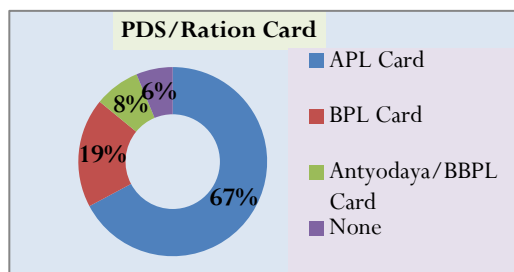


have taken place from the mothers who are in the age group less than 18. All the 23 births have been given by the women who are above 18 years of age. 8 women who have given birth in the last three years agreed that they are having their first birth order. 11 women said that they are having their

second birth order.

9.1.6. People having PDS/Ration card

In the village approximately 67 percent of the people hold APL Card and around 19 percent of



the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 8 percent hold it. In the village 6 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 83 percent of them avail food grains and other benefits of PDS. On the other hand 2 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 15 percent of

the population said that they avail it but only sometimes.

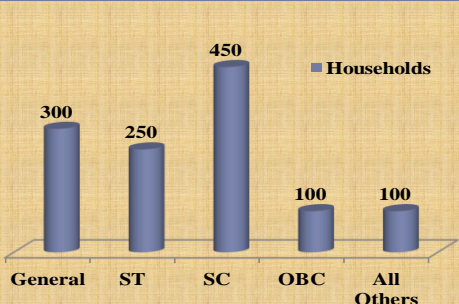
9.1.7. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • In the primary school total number of students is 75 and they have 4 classrooms to sit and study. Old building of the school needs repairing as the water leaks during rainy season • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • Primary school in Balitora faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening along with village pond renovation is needed • Irrigation facility should be made available through pipe line and check dams • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.

Health Care	<ul style="list-style-type: none"> Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.
	<ul style="list-style-type: none"> Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

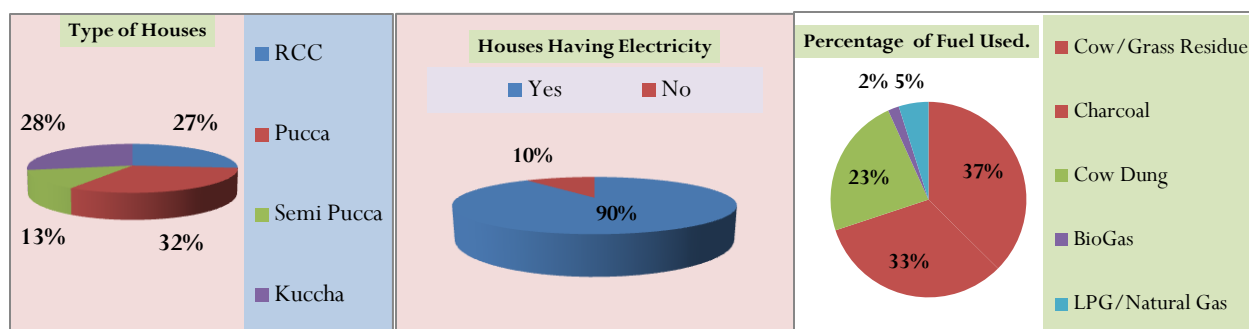
Social Empowerment	<ul style="list-style-type: none"> • Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. • In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. • SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. • Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet in needed in primary school <ul style="list-style-type: none"> • Community hall is required in the village. Sponge Iron factory is situated in both sides of the village. • Roads to be constructed along with drains. • Pond needs improvement and place for bathing and washing clothes is required.

9.2. Sunuri Village

YEAR 2011		Facilities Available in the village					Facilities Existing within 5 Kms.				
HOUSEHOLDS	1200	Samaaj Mandir Playground Community Hall Pre-pri Nursery School Govt Primary School Library Cremation/Burial Place Post Office ASHA Worker Dai (Trained/Untrained)					Cement/Tar Road (Madhukunda) Bus Stop (Madhukunda) Public Telephone Booth (Madhukunda) Daily Evening Market (Madhukunda) Weekly Market (Madhukunda). DTP/Xerox Centre (Madhukunda). Railway Station (Madhukunda) Gram Panchayat Office (JagannathD) Bank for S/B Account (Madhukunda) Higher Secondary School (Balitora) Primary Health centre (Balitora) Pvt Clinic (RMP+) (Sarbari) Pvt Clinic (MBBS BAMS) (Sarbari) Medical Shop/Chemist (Sarbari)				
POPULATION	7200										
Forest Produce											
Cultivation	Yes										
Public/Common Tap Points	00										
HH Tap Connections	00						Facilities Existing more than 5 Kms Cooperative Society (Purulia) Block Development Office (Talberia) Taluk Headquarters (Raghunathpur) District Headquarters (Purulia) Warehouse (Raghunathpur) APMC/Mandi (Saltore) Charitable Primary (Burnpur) Pvt Primary School (Bhamuria) Charitable Secondary (Burnpur) Pvt Secondary (Burnpur) Degree College (Sarbari) ITI/Polytechnic (Raghunathpur) Voc Training Centre (Asansol) Health Sub Centre (Muraddi) CHC/Govt Gen Hospital (Raghunathpur) Private Hosnital (Burnpur)				
Chief Crop Name	Area										
Paddy	800 acres										
RELIGION	House holds										
HINDU	500										
Land Distribution (In Acres):											
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland						
1100	800	00	00	25	00						
Migration Pattern											
Within the state (Non-Agricultural Labour)				Yes							
Outside state (Non-Agri Labour)				Yes							

9.2.1. Household Status:

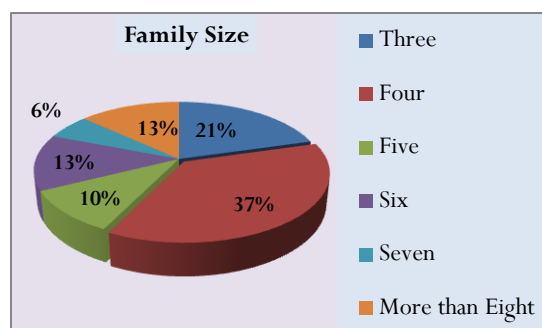
In the village majority of the houses are Pucca with 32.4 percent of the people reporting of having it. Followed by that the people said there are total 27.9 percent houses are Kuccha. The remaining RCC and Semi Pucca houses are 26.5 and 13.2 percent respectively. In the village all the houses are owned by the family itself and they the registered papers too with them.



On asking the people with regard to the availability of the electricity it was found that approximately 89.7 percent of the people are having electricity in their house. The three major **Types of fuel** used in the village are Grass/Crop Residue and wood which is used in almost all the houses. Approximately 89.7 percent of the people agreed that they use Grass crop residue/Wood etc for cooking and household purpose. Coal and Charcoal are second major fuel used in the houses which is approximately 77.9 Percent. The people reported that cow dung is also used by 55.9 percent of the people in the village as the fuel. The village is very diverse with regard to the use of fuel as apart from other mentioned fuels other types of fuels which are used in the village are; LPG/Natural Gas and Biogas

9.2.2 Size of the family

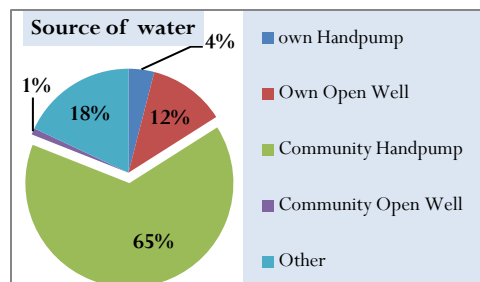
In the village approximately 37 percent of the people reported of having four members in the family. Followed to which 21 percent of the respondent is having three members in the family. It should also be reported that those agreeing upon having large family size is also in existence in the village i.e. approximately 13 percent of the people



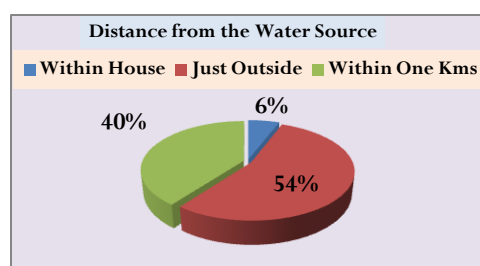
said that they have around seven members in their family.

9.2.2. Source of Water

With regard to the source of water it was reported that almost 65 percent of the people use



community tap in the village. The other 18 percent people said that they use water from “Other Category” to get water. Since in villages open wells are also source of water, we were informed that 12 percent of the people use open well water to get domestic & Drinking water. The

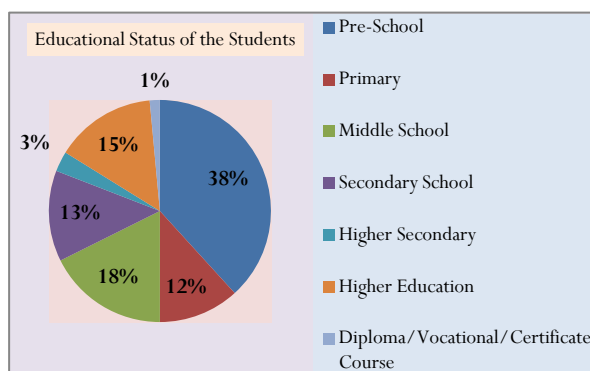
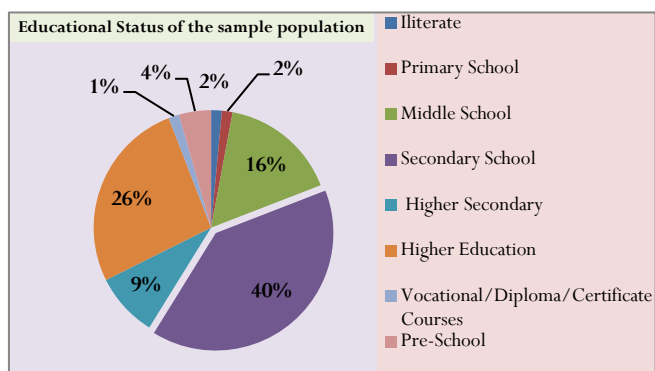


remaining 4 percent of the people use Own Hand pump to get water. On asking people regarding the distance from the source of water it was reported that almost 54 percent of the people said that they have community taps and Hand Pumps just outside their houses. Though it was also

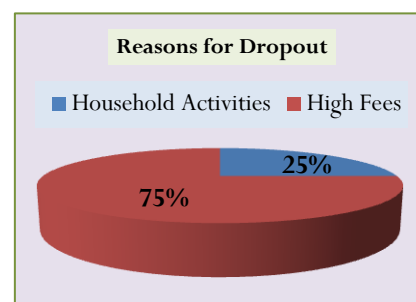
said that it do not function throughout the year, and water is a very crucial requirement to the entire village. Remaining people falling in the percentage of 40 said that they have to go approximately within one Kms in order to get water. Only 6 percent of the people have said that their water Source is within houses.

9.2.3. Education

With regard to the education majority of the people which is approximately 40 Percent found to be in the category that has completed their Secondary Level education. Followed to which is Higher Education school which comprises of 26 percent. In the village 16 percent of the people also reported that they have completed their Middle level education. In the village people also



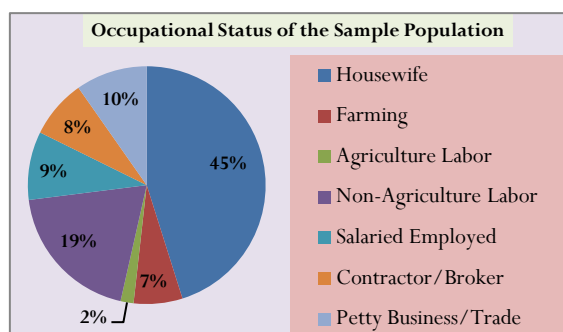
reported that 16 percent of the people have completed their Upper Primary Level Schooling. It was also reported that percentage of Illiterate people in the village is approximately 2 percent. With regard to those who have done any Vocational/Diploma and Certificate courses is around 2 percent in the village. In the village majority of the students reported of being involved in their pre-schooling which is approximately 38.2 percent. Followed to which is those who are involved in the Upper Primary Level Schooling which is approximately 17.6 percent of the total. In the village percentage of students who are involved in the Higher Education is 14.7 percent. In the village Primary and secondary level schooling comprises of 11.8 and 13.2 percent respectively in both the standards. In the entire village two major reasons were found to be the causes for drop out. With regard to the High Fees it was reported that 75 percent of the people agreed that their reason for dropout was High fees and other Expenses. Being involved in the Household activities is also a cause for the people to leave the education in between in the village.



9.2.4. Occupation:

Occupational Status of the Village

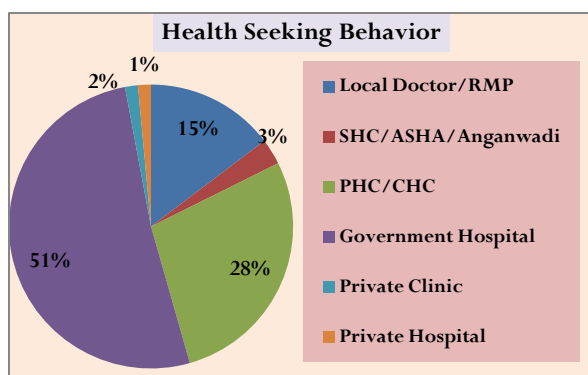
Apart from the 45 percent women's reporting being Housewife, in the village Non-Agricultural labour is dominant which is almost comprised of 19 percent of the people. Approximately 10 percent of the people are involved in the village as having Petty/Business Trade. Salaried Employed in the village comprises of 9 percent in the village which is followed by the contractor/Broker which is approximately 8 percent in the village. At the bottom agriculture labor is there in the village which is around 2 percent in the village.



9.2.5. Health

Health Seeking Behavior:

In the village more than half of the people prefer to go to the Government Hospital in case of any

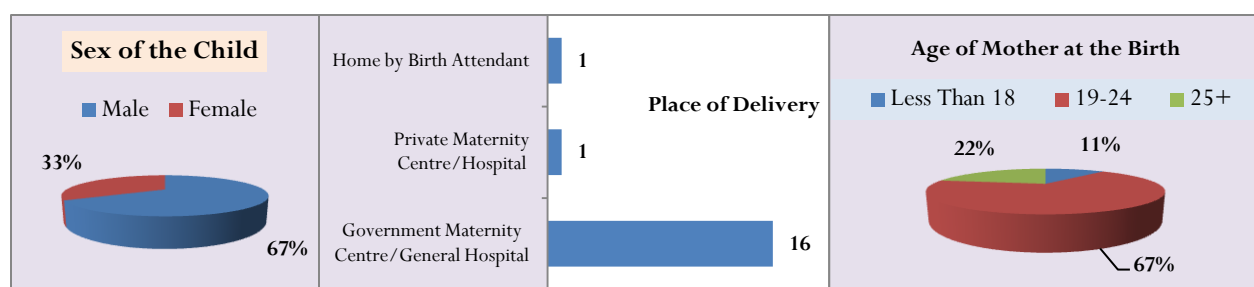


illness and disease. At the same time 28 percent of the people agreed that they go to the PHC/CHC for the treatment of their minor and major ailments. Followed to this it was also reported that 15 percent of the people agreed on visiting Local Doctor/RMP in case of any health related issue. The people who have agreed that

they visit to SHC/ASHA/Anganwadi, Private clinic and Private hospital is very less i.e. three percent, two percent and one percent respectively. Positive aspect which was determined that the people are utilizing the local health delivery system.

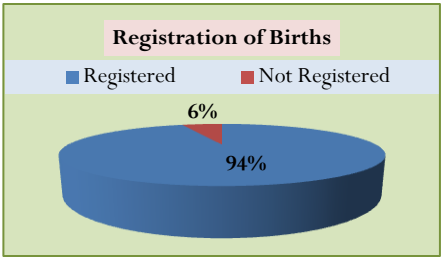
9.2.5.1 Maternal Health

It was reported that total 18 births have taken place in the village in the last three years. This was found on the basis of births reported by the people, where 12 are the male children and remaining 6 are the female child. Out of the total births majority of births have taken place in the Government Maternity Centre/General Hospital which is approximately 89 percent. Followed to which is home deliveries which are assisted by the Birth Attendant which is approximately 6 percent of the total. The percentage of the births taken place in the Private Maternity Centre/



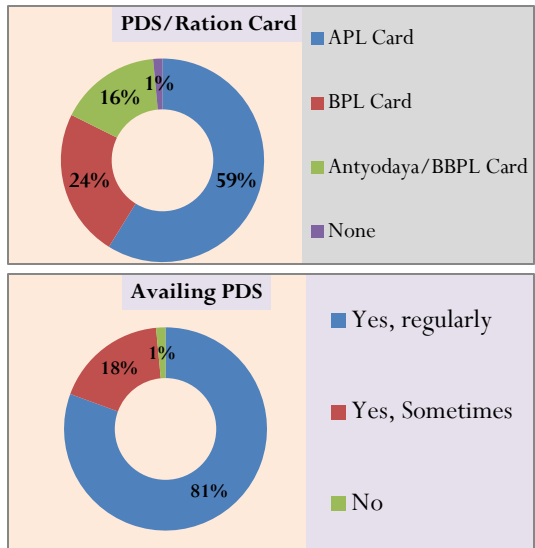
Hospital is around 5 percent in the village. Those women who have given birth to the child in last three years, on asking them about their age at first birth it was found that approximately 12 women were in the age group 19-24 when they gave birth. The important concern is that in the

village women giving birth to the child less than age 18 is also in existence. It was reported that 2 women also gave birth to her child when she was less than 18 years of age. In the village the remaining four births were also given those women who are in the category of 25+ age group. Of all the total births 12 women are having their first birth order in the village. Followed to which 5 women reported that they are having second Birth Order. Similarly a single reported of having her third birth order.



9.2.5. PDS/Ration Card available with the people:

In the village approximately 59 percent of the people hold APL Card and around 24 percent of



the people have BPL Card with them. On asking about the households having Antyodaya/BBPL card it was reported that 16 percent hold it. In the village 1 percent of the respondents do not have any card with them. Out of the total people who are having any of the PDS/Ration Card has reported that 81 percent of them avail food grains and other benefits of PDS. On the other hand 1 percent also reported that they do not avail it. As the reasons which were cited by them for not availing PDS ration was: Not Interested, Shop Being too far and having APL Card. Remaining 18

percent of the population said that they avail it but only sometimes.

9.2.6. Recommendations:

Area	Major problems and Recommendations
Education	<ul style="list-style-type: none"> • The primary school of the village is having 80 students with 3 classrooms. The building is very old and it needs urgent repairing • Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school. • Primary school in village faces problems like water logging leak during rainy season and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. CIL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village. • It was also found that there is a high dropout rates in the village. CIL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
Water Supply	<ul style="list-style-type: none"> • Water is the most crucial requirement in the village. Deep boring and well deepening along with village pond renovation is needed • Irrigation facility should be made available through pipe line and check dams • Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.

Health Care	<ul style="list-style-type: none"> Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.
	<ul style="list-style-type: none"> Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
Environment	<ul style="list-style-type: none"> In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open ares in the village.
Livelihood	<ul style="list-style-type: none"> Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
Sanitation	<ul style="list-style-type: none"> In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

Social Empowerment	<ul style="list-style-type: none"> • Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level. • In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. • SHG's shall be formed and support shall be given by the CIL and with regard to the accountability and transparency the concerned SHG Shall is responsible. • Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
Infrastructural Development	<ul style="list-style-type: none"> • Toilet is needed in primary school <ul style="list-style-type: none"> • Community hall is required in the village. Sponge Iron factory is situated in both sides of the village. The factory causes a lot of air pollution in the nearby areas. • Roads to be constructed along with drains. • Pond needs renovation and place for bathing and washing clothes is required. It will be constructed people can use them.



**Major
Recommendations for
the Village**

10. Key Conclusions and Recommendations:

These recommendations are common to all the studied villages and should be taken in collaboration with district administration, local Panchayats and implementing agencies. It is advisable to have a MoU between all the parties before implementation.

10.1. Skill Development

After passing the 10th class, the students were unable to join in higher education. Due to financial crisis, they are unable to undertake vocational and skills trainings. But skilled and efficient man power not available to meet the existing job demand in the market for various trades likely driving, welding, mobile repairing, electricians but skilled manpower supply not available to meet the current demand. Due to poverty, forcibly the poor youth members migrating to cities, converting daily labors, earning low wages and are affected by HIV/AIDS. Given the poverty scenario, a number of poverty eradication measures have been initiated by the government, mostly central government supported programs. For improving the standard of living of the poor, state intervention in the form of implementing antipoverty programs, elimination of hunger schemes, Employment Assurance Scheme (EAS), Public Distribution System (PDS), Integrated Child Development Scheme (ICDS) and Midday Meal Scheme have been introduced. All the above schemes are aimed at improving the living conditions of the poor by directly involving the appropriate target groups. However, this programme is not directly included related to vocational and skills development and not reaching to the poor people due to lack of awareness. Vocational Education in schools should be enhanced. This will present a channel for students to acquire skills, both life skills and industry-specific skills during schooling. This initiative in the long run will help the students to develop their interest into various fields.

10.2. Supply of Drinking Water

As most of the community depends on open sources of drinking water, the lack of it is considered as one of the major issues in almost all the villages. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with.

10.3. Health Care

In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it. Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.

10.4. Education

In all the villages in order to improve the status of education educational materials shall be provided in the school in order to develop interest of the students towards education.

In all the villages at primary level and High School quarterly competitions shall be conducted by CIL and prizes shall also be provided which will encourage students more towards developing their extra-curricular skills. Some yearly prizes shall be also introduced by the CIL for the students who perform well in the yearly examinations. It shall be noted that teachers shall be made effective partners into this with regard to identify the children.

10.5. Community and Household Toilets

In all the 40 villages of the purulia district it was reported by the people that they do not have proper sanitation facilities. In some villages where the number of households is very less such as in Beldanga village where there are only 10 households, each one of them shall be provided with toilets. Along with these there is also request from the village people with regard to community toilets in various villages.

10.6. Infrastructure Development

In almost all the village there is requirement of some infrastructural development at various levels such as in the schools, Drainage system, roads etc. It shall also be noticed that the village level bodies should also take part in it.

10.7. Development of Sports

In all the villages' development of the sports can be a very good initiative to involve youths in various activities. The requirement is to involve all the schools in the 40 villages of Puruliya district in various sports and annual events. There can be organized a annual or half yearly school level competition among the various schools and those performing very well shall be rewarded and can be given a form of fellowship too. This initiative will play a major role in context of mass brand promotion of CIL. In order to achieve it the sports department of the CIL should play active role to encourage and motivate people to participate in such events. Along with all these the district administration shall also be requested to provide support and co-ordination. The long term objective of this initiative shall be to identify talented youths from the villages and collaborate them with the various sports complex such as Sports Authority of India etc, so that they can develop their livelihood in the desired field and can be source of motivation for others too.