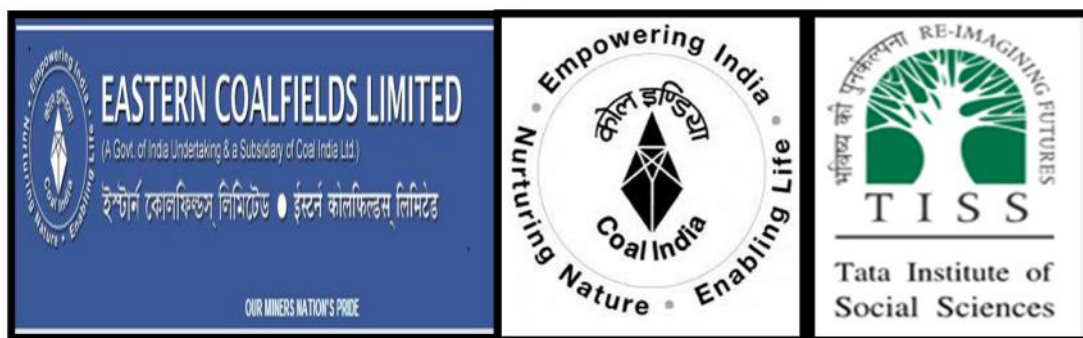


**UNDERSTANDING THE SCOPE OF CSR-INTERVENTION IN BACKWARD  
DISTRICTS OF WEST BENGAL AND JHARKHAND**

**CONDUCTED FOR  
EASTERN COALFIELDS LIMITED (ECL)**



**BY-**

**NATIONAL CORPORATE SOCIAL RESPONSIBILITY HUB, TISS**

**MUMBAI**

**25<sup>th</sup> November, 2013**

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### **List of Abbreviations and Acronyms**

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
GM	General Manager
MoU	Memorandum of Understanding
SC	Scheduled Caste
ST	Scheduled Tribe
OBC	Other Backward Class
APL	Above Poverty Line
BPL	Below Poverty Line
LPG	Liquefied Petroleum Gas
HH	Households
PHC	Primary Health Centre
SHC	Sub-Health Centre
ODS	Open Defecation System
RMP	Registered Medical Practitioner
PDS	Public Distribution System
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist

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Prof. B. Venkatesh Kumar

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National Corporate Social Responsibility Hub

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## **EXECUTIVE SUMMARY**

The following report is an outcome of the association between National Corporate Social Responsibility Hub (NCSR Hub) and Eastern Coalfields Limited (ECL) - a Public Sector Enterprise (PSE) and a subsidiary of Coal India Limited bound by a Memorandum of Understanding (MoU) signed between CIL and NCSR Hub. The report is an attempt to understand the current status, facilities and existing systems in the area of livelihood, health, water, sanitation, and education as well as to assess the needs of the communities in 4 areas of Burdwan District, West Bengal, namely, Kunustoria, J.K. Ropeways, Sodepur, Bankola and 2 areas of Dhanbad and Deoghar District, Jharkhand, namely, Mugma, and S.P. Mines. The study was conducted in 39 villages.

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

The main objectives of the study were-

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

Chapters after that do a situational analysis of the villages selected in afore mentioned areas. Finally, the report ends with a section on discussion of approaches for CSR interventions and points to be considered during implementation of CSR programmes as well as suggested areas of intervention/recommendations. Results of this analysis throw light on the following issues-

### **SUPPLY OF DRINKING WATER**

Water pollution emerged to be a major problem in almost all the villages wherein most of the respondents complained about the problem of high iron and arsenic content in water. There is a huge demand- supply gap which is likely to widen drastically in future. Reduction in water

pollution can be taken up as one of the major projects of ECL where it can try to reduce water pollution through developing water treatment plants by creating clusters of villages near the mine areas.

The receding of Water Table in most of the areas makes the use of hand pump, well and tubewell non-functional during summer. Hence, roof top and bottom water harvesting should be encouraged in order to mitigate the risk of water scarcity during dry spell.

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 the following villages. It is required to work on watershed management in these villages.

The villagers also expressed the demand for drinking water supply through pipelines to the household. ECL can collaborate with district and local administration to ensure the piped water supply. It can be done only through the convergence model where administration can take the responsibility of maintaining the piped supply system.

## **MATERNAL HEALTH**

During interaction with the respondents and key stakeholders as part of the research process, the absence of institutional delivery and maternal health emerged as one of the major issues of the community. Thus, this should be given importance under CSR work. Company can start Mobile Medical Van (MMV) Services in this particular CSR intervention. MMV can work in collaboration with Schools and Anganwadi Centres to address the lack of general health care and maternal health in particular. Regular interaction between Company doctors and Anganwadi workers will strengthen the capacity of Anganwadi workers and in turn will make the community aware about MMV. A schedule plan can be sketched in which the medical vans could be stationed at schools for the first half of the day and at Anganwadi centres for the second half of the day. The Schedule plan can also comprise of making a yearly plan of the visit of medical vans in all 39 villages in rotation which will make the community and the Anganwadi Centres aware of medical camps in advance. Company should also fix a day in the week when their CSR hospitals are open for general population to address their medical issues. The medical students from the near-by medical colleges could be entrusted the activity of managing the MMV. In

order to spread the awareness on health related issues, the ASHA workers with the help of Anganwadi workers could be involved and the schools can be the meeting ground for such awareness campaigns. Hoardings and posters could be used as a powerful tool for spreading awareness campaigns.

## **EDUCATION**

Education in rural parts mainly depends on government institutions. Primary school is 100% available in every surveyed village with mid-day meals functioning. Interventions in Interventions in education have wide scope and limitations. On the basis of field observation during the survey, a need for learning centre has been found. The learning centre will be constructed in school premises where children can learn vocational courses like computer/ coaching classes of compulsory subjects/ Art and Cultural activity/ Youth club or Sports clubs. These facilities can be provided as per the need and requirement of the village. Additional coaching classes for girls drop out should be encouraged by ECL. Adult literacy classes should be initiated and library should be introduced in village which could be managed by youth or sports club of that village. The villagers also expressed a requirement of Electric In-house fitting in all the primary school with a clear clarification on the management and payment of electricity bill at school or panchayat level.

## **SMOKELESS CHULHAS**

Lower Respiratory infections from cooking smoke are a major cause of mortality in the developing world resulting in around 600,000 deaths a year in India alone. During field interaction with the respondents and key stakeholders, the growing respiratory diseases due to the use of burning of coal for fuel for cooking in the households emerged as an important issue among the community. The one effective smoke reducing stove is 'The Low Smoke Stove' (Smokeless Chulha). Smokeless Chulha is a low tech solution to enable healthy indoor cooking. This stove has been developed to fight the ill-effects of indoor air pollution, a silent threat that is the cause of respiratory problems in many rural households of India. The foremost benefit of the Low Smoke Stove is that it provides a safer home environment for families. The company should

take up this intervention under CSR to promote 'The Low Smoke Stove' in all the studied villages.

## **SANITATION**

Considering the fact that Burdwan is performing well in sanitation, the awareness among the community is quite high about the requirement of toilets. The villagers feel the need of increasing the number of available community toilets. The key stakeholders, especially the Panchayat officials, are in view that increasing the community toilets with proper water supply will help to improve the sanitation situation. The Panchayat officials requested to provide community toilet under CSR. It is pre-requisite to consult all the Panchayats and to request them to be an active partner of the project and to bear the responsibility of maintaining the toilets if provided by the company.

# 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 Advocacy<sup>1</sup>.

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 sector<sup>2</sup>.

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<sup>1</sup> <http://tisscsrhub.org/> (Accessed on October 10, 2013)

<sup>2</sup> <http://tisscsrhub.org/about-us/from-the-directors-desk> (Accessed on October 10, 2013)

## 1.2 EASTERN COALFIELDS LIMITED (ECL)<sup>3</sup>

In India, coal mining started in 1774 in Raniganj Coalfield, which falls under E.C.L. Later in 1973, all Non-coking Coal Mines were nationalized and brought under Eastern Division of Coal Mines Authority Limited. In 1975, Eastern Coalfields Limited, one of the eight Subsidiary Companies of Coal India Limited (C.I.L) was formed and inherited all the private sector coal mines of Raniganj Coalfields.

ECL is situated in two states namely Jharkhand and West Bengal and spread over the districts of Deoghar, Dhanbad and Godda districts in Jharkhand and Burdwan, Bankura, Birbhum and Purulia districts in West Bengal.

As on 1.4.2011, the total coal reserve in ECL command area is 47.08 Billion tonnes; out of which 29.72 billion tonnes is in the State of West Bengal and 17.36 Billion tonnes is in the State of Jharkhand. Total proved reserve in the state of West Bengal is 11.63 billion tonnes and 4.19 billion tonnes is in the State of Jharkhand.

### 1.2.1. MAJOR CSR ACTIVITIES OF ECL

- a. A total amount of Rs. 13.14 crore has been utilized to carry out different CSR activities during 2011-12 in ECL.
- b. An amount of Rs. 111.72 lakhs has been sanctioned for up gradation of Netaji Eye Hospital. In the first phase, an amount of Rs. 25.35 lakhs has been provided for procuring medical equipment and Rs. 20.50 lakhs for civil works.
- c. Assistance has been provided to Bidhan Chandra Pratibandhi Karma Kendra, Khandra.
- d. Supply of Drinking Water in Rajmahal area.

## 1.3 FULFILLMENT OF THE MANDATE OF 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-

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<sup>3</sup> <http://www.easterncoal.gov.in/corporate.html> (Accessed on October 10, 2013)

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.

## 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 ECL. The geographical locations were selected by the company Eastern Coalfields Limited (referred henceforth as ECL) 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 the 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

The Core Study conducted by the NCSR Hub aimed to fulfil three-fold objectives, which are as follows:

1. **Situational Analysis-** The data collected from the study provides information that will be useful for a comparative analysis between locations or areas and within a location, as a reflection of the trend, over time. That is, it will enable future research studies to analyze the 'then and now' situation. The data collected was of stakeholders such as Households, Gram Panchayats, Health, Anganwadi Centre.
2. **Needs Assessment-** The study also aimed at collecting data, to understand the needs of the community at the household and village levels. Village specific needs, drawn from



the household survey, have been separately mentioned, which can be used as a base to decide upon the possible areas of intervention.

3. **Recommendations for CSR Interventions-** Recommendations have been made, based on needs identified, for possible areas of intervention.

## 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<sup>4</sup>. Data was collected on the basis of sample household survey as well as in depth interviews with 22 Panchayats and 3 Municipalities and school authorities. Also, qualitative methods were applied as and when required.

## 2.4. STUDY TOOLS

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

1. **Household Questionnaire:** The Household Questionnaire aimed to seek information, from the sample of households in the village, about their socio-economic background.<sup>5</sup>

2. **Village Questionnaire:** The Village Questionnaire was administered to all villages and collected information about demography; land area of the village, facilities available in and around the villages such as schools, Anganwadis' and health facilities and felt needs of the villages. Also information as regards to agriculture, irrigation facilities, and major occupations was obtained. The information was obtained, by visiting the functionaries of the village level institutions, such as panchayat representatives and officials, school teachers, Anganwadi workers, non- formal leaders and through informal discussions with a cross-section of village people.<sup>6</sup>

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<sup>4</sup> Page 147, Social Work Research, School of Social Work, IGNOU.

<sup>5</sup> Refer to Annexure 2.

<sup>6</sup> Refer to Annexure 3.

## 2.5. SAMPLING

The survey collected information on 2,225<sup>7</sup> households through the process of interview. 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.<sup>8</sup> In order to select the households to be interviewed; voter's list of every village was referred. From this list, desired sample size was obtained. The table below shows a detailed account of the sample size collected.

<b>COALFIELD AREA</b>	<b>VILLAGE</b>	<b>PANCHAYAT/ MUNICIPALITY</b>	<b>BLOCK</b>	<b>SAMPLE</b>
<b>Kunustoria Area</b>  <b>(Burdwan District, West Bengal)</b>	Narayankuri	Egra	Raniganj	62
	Bijpur	Jamuria Municipality	Jamuria	62
	Raniganj	Raniganj	Raniganj	82
	Toposi	Toposi	Jamuria	60
	Balanpur	Jamuria Municipality	Jamuria	58
	Sarthakpur	Jamuria Municipality	Jamuria	55
<b>J.K. Ropeways Area</b>  <b>(Burdwan District, West Bengal)</b>	Polashban	Madanpur	Andal	63
	Dirganala	Andal	Andal	58
	Madanpur	Madanpur	Andal	57
	Baska	Madanpur	Andal	57
	Ramprasadpur	Ramprasadpur	Andal	60
<b>Sodepur Area</b>  <b>(Burdwan District,</b>	Baradhemo	Kulti Municipality	Kulti	61
	Aluthia	Kulti Municipality	Kulti	61
	Chinakuri	Kulti Municipality	Kulti	63

<sup>7</sup> Defined as a group of people eating from the same pot.

<sup>8</sup> Ibid, Page 209.

<b>West Bengal)</b>	Chhotodhemo	Kulti Municipality	Kulti	47
	Beldanga (Adivasi Basti)	Kulti Municipality	Kulti	63
<b>Bankola Area  (Burdwan District, West Bengal)</b>	Nabagram	Nabagram	Pandabeshwar	54
	Sankarpur	Chhora	Pandabeshwar	51
	Shyamsundarpur	Nabagram	Pandabeshwar	47
	Ukhra	Ukhra	Andal	83
	Kumardihi	Nabagram	Pandabeshwar	55
	Shitalpur	Chhora	Pandabeshwar	50
	Moirā	Dakhin Khand	Andal	51
	Khandra	Khandra	Andal	63
	Joalbhangā	Nabagram	Pandabeshwar	48
	Bhatmura	Haripur	Pandabeshwar	46
<b>S.P. Mines Area  (Deoghar District, Jharkhand)</b>	Tarabad	Jamua	Palojori	51
	Saharjori	Asanbani	Sarath	45
	Barjori	Barjori	Palojori	57
	Morhabari	Asanbani	Sarath	57
	Thari	Thari	Sarath	56
	Kanki-Parsani	Kanki	Palojori	66
	Murgabani	Simalgarh	Palojori	50
	Ghourdour	Barbaad	Sarath	49
<b>Mugma Area  (Dhanbad District, Jharkhand)</b>	Rajpura	Gopalpur	Nirsa	56
	Allatand	Gopalpura	Nirsa	52
	Namohir	Merah	Nirsa	50
	Sasanberia	Sasanberia	Nirsa	59
	Ram Kanali	Ram Kanali	Nirsa	60
Total				2,225

During the research process, Local Panchayat officials and people's representative were also interviewed in each village to assess the facilities available in and around the village.

## 2.6. RESEARCH PROCESS

After the research team received a list of villages from ECL, 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, all data was entered into SPSS for analysis. 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 the interview, the consent was taken from all research participants. The respondents/research participants were informed about the 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

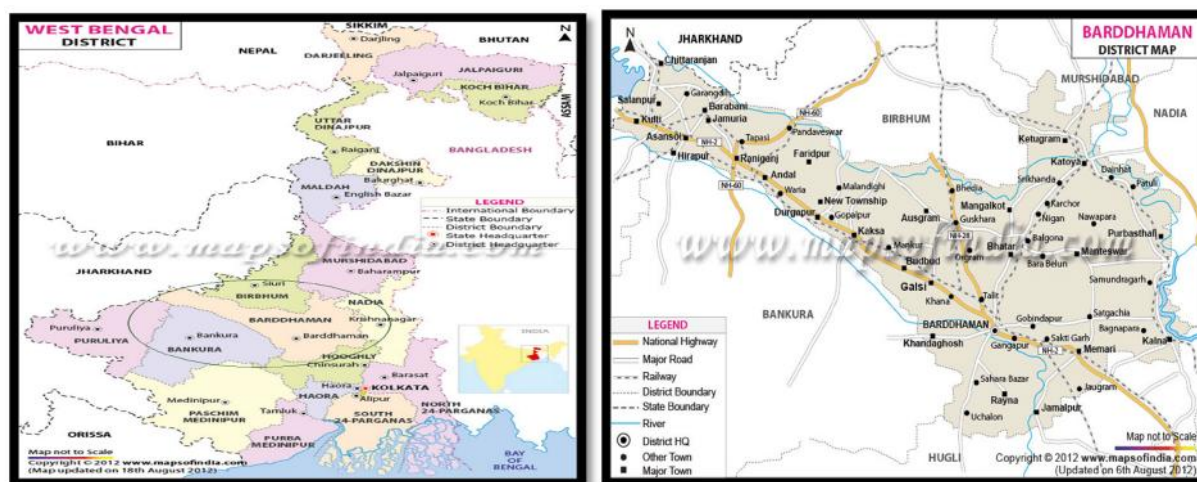
#### 3.1. ABOUT BURDWAN, WEST BENGAL

The study was conducted in Burdwan district of West Bengal. Burdwan is considered as a backward district in terms of industrial development by Ministry of Micro, Small and Medium Enterprises of Government of India<sup>9</sup>. The area of study and selection of villages was pre-decided by ECL. Study was conducted in 4 blocks of Pandabeshwar, Andal, Raniganj and Jamuria of the district. The selected villages are located in close vicinity of the ECL mines and come under the project affected area of the company.

##### 3.1.1. GEOGRAPHICAL PROFILE

Burdwan district extends from 22°56' to 23°53' North latitude and from 86°48' to 88°25' East longitudes. Lying within Burdwan Division, the district is bound on the north by Dumka (of Jharkhand), Birbhum and Murshidabad, on the east by Nadia, on the south by Hooghly, Bankura and Purulia and on the west by Dhanbad (of Jharkhand) districts<sup>10</sup>.

**FIGURE 1. MAP SHOWING WEST BENGAL STATE AND BURDWAN DISTRICT**



Source: [www.mapsofindia.com](http://www.mapsofindia.com)

<sup>9</sup> <http://www.dcmsme.gov.in/schemes/pcgbk01x.htm> (Accessed on October 20, 2013)

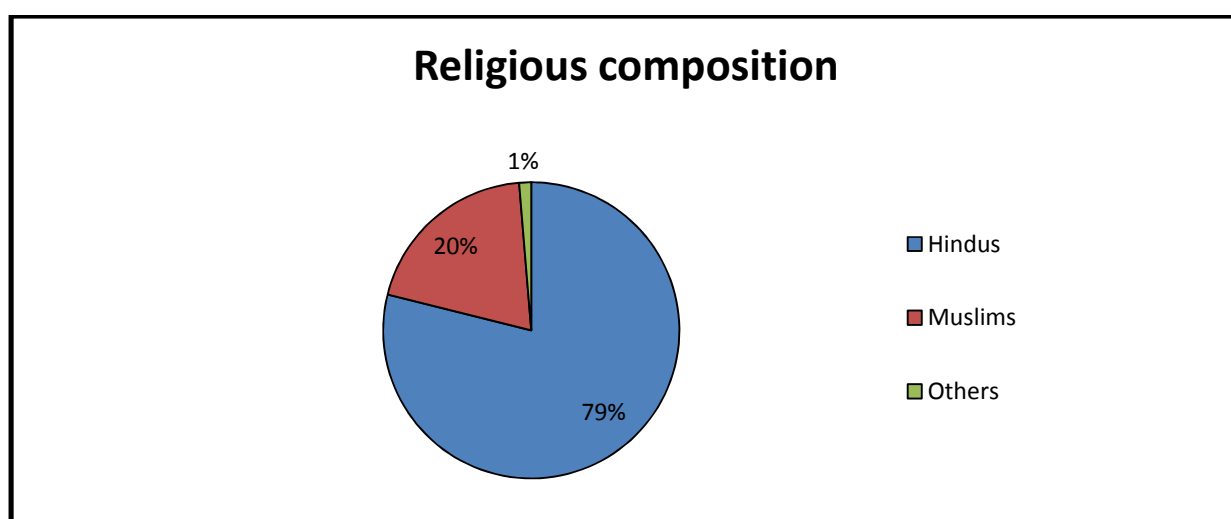
<sup>10</sup> <http://bardhaman.nic.in/geography.html> (Accessed on October 20, 2013)

The river Barakar forms the State boundary to the west; river Ajay separates Birbhum and Dumka to the north with exception of a portion of Katwa subdivision; the Damodar forms a southern boundary with Purulia and Bankura, while Bhagirathi forms the main eastern boundary with a few exceptions. The maximum length from east to west is 208 Km while the maximum breadth from north to south is 112 KM<sup>11</sup>.

### 3.1.2. SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE

Burdwan district is considered as minority district and considered under Category ‘A’ districts<sup>12</sup>. Muslims consist of one fifth of the population while other religious minorities are less than one percent of the population. Religious composition of the population is given below:

**FIGURE 2. RELIGIOUS COMPOSITION OF BURDWAN**



Source: Census 2001<sup>13</sup>

General demographic condition of Burdwan and the blocks covered under the study is given below:

<sup>11</sup> <http://bardhaman.nic.in/geography.html> (Accessed on October 20, 2013)

<sup>12</sup> [http://minorityaffairs.gov.in/sites/upload\\_files/moma/files/pdfs/MCDs\\_category.pdf](http://minorityaffairs.gov.in/sites/upload_files/moma/files/pdfs/MCDs_category.pdf) (Accessed on October 20, 2013)

<sup>13</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Social\\_and\\_cultural/Religion.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Social_and_cultural/Religion.aspx) (Accessed on October 20, 2013)

**FIGURE 3. DEMOGRAPHIC CHARACTERISTIC OF BLOCKS**

DETAILS	BURDWAN <sup>14</sup>	JAMURIA	ANDAL	RANIGANJ	PANDBESHWAR
Area	7024	145.86*	84.78*	41.47*	97.89*
Household	1730927	22180**	34676**	20239**	31308**
Population	7717563	112799*	168807*	101678*	146445*
Male Population	3966889	59839*	91633*	55160*	79992*
Female Population	3750674	52960*	77174*	46518*	66453*
Sex Ratio	943	886**	844**	845**	832**
Sex Ratio (SC)	959	918**	903**	900**	889**
Sex Ratio (ST)	1009	928**	898**	982**	920**
Proportion of SC (%)	27.4	29**	24**	33**	28**
Proportion of ST (%)	6.3	8**	3**	9**	7**
Density	1100	773*	1991*	2452*	1496*
Proportion of Urban Population	39.9	25.4**	75.5**	76**	74.3**

<sup>14</sup> [http://www.censusindia.gov.in/2011census/hlo/pca/PCA\\_Data\\_WB.html](http://www.censusindia.gov.in/2011census/hlo/pca/PCA_Data_WB.html) (Accessed on October 20, 2013)

(%)					
* <a href="http://bardhaman.nic.in/census/popdensity.html#bwi">http://bardhaman.nic.in/census/popdensity.html#bwi</a>					
** <a href="http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Area_Profile/SubDistrict_Profile.aspx">http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Area_Profile/SubDistrict_Profile.aspx</a>					

### 3.1.3. INDUSTRIES

Asansol and Durgapur are two major industrial zones in Burdwan District. Major industries located here are IISCO, Durgapur Steel Plant, Durgapur Alloy Steel Plant, Durgapur Fertilizer Product, Chittaranjan Locomotive etc<sup>15</sup>. ECL (the host company) a subsidiary of CIL, is located in Burdwan, whose primary function is coal mining. Production of coal in Burdwan is as follows:

**FIGURE 4. PRODUCTION OF COAL**

<b>PRODUCTION OF COAL<sup>16</sup></b>	
<b>Year</b>	<b>Production (in lakh tonnes)</b>
1999-00	142.45
2000-01	162.9
2001-02	285.5
2002-03	157.49
2003-04	149.23

### 3.1.4. AGRICULTURE

Major crop of Burdwan District is Rice with the total production of 2008 thousand tonnes followed by Potato with total production of 1235 thousand tonnes. In terms of production other major crops are jute, sugarcane, mustard and wheat. Canals are the major source of irrigation followed by wells<sup>17</sup>. Some statistics related to agriculture are as follows-

<sup>15</sup> <http://bardhaman.nic.in/indus/industry.htm> (Accessed on October 20, 2013)

<sup>16</sup> <http://bardhaman.nic.in/mines/mines.htm> (Accessed on October 20, 2013)

<sup>17</sup> <http://bardhaman.nic.in/agri/agriculture.htm> (Accessed on October 20, 2013)



**FIGURE 5. DISTRIBUTION OF AGRICULTURAL LAND IN THE DISTRICT**

DETAILS	BURDWAN <sup>18</sup>
Number of agricultural credit societies	560
Number of forest land*	21,448.71
Irrigated Area*	366,937.69
Unirrigated Area*	119,087.62
Culturable waste (including gauchar and groves)*	18,004.67
Area not available for cultivation*	98,088.65
*All areas are in Hectares	

### 3.1.5. LIVELIHOOD

In Burdwan District, about 58 percent of the population belongs to the agricultural sector, while the non-agricultural sector accounts for the remaining 42 percent<sup>19</sup>. Mining, Steel industry, Rice and Oilseed milling, Cutlery and tool manufacturing are major industries in the area<sup>20</sup>.

**FIGURE 6. STATUS OF EMPLOYMENT UNDER MGNREGA<sup>21</sup>**

HEADS	BURDWAN	JAMURIA	PANDBESHWAR	ANDAL	RANIGANJ
Total Job Card	1030362	15137	17192	20258	10674
SC Job Card	413081	6175	8666	9183	5303
ST Job Card	93488	1729	2287	1136	1333
Household Demand for work	446554	3392	3455	5296	3638

<sup>18</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Dist\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Dist_Profile.aspx)

<sup>19</sup> [http://www.fao.org/nr/water/docs/wb\\_lz\\_analysis.pdf](http://www.fao.org/nr/water/docs/wb_lz_analysis.pdf) (Accessed on October 20, 2013)

<sup>20</sup> Ibid

<sup>21</sup> [http://164.100.112.66/netnrega/writereaddata/state\\_out/Empstatusall3202\\_local\\_1314\\_.html](http://164.100.112.66/netnrega/writereaddata/state_out/Empstatusall3202_local_1314_.html) (Accessed on October 20, 2013)

Household provided Employment	211528	2148	2679	4511	2747
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### 3.1.6. HEALTH

In Burdwan, arsenic contamination in groundwater is prevalent. Groundwater of 12 out of 23 blocks contains arsenic above WHO guideline value (10 µg/L) and in 7 blocks above Indian standard value for Arsenic in drinking water (50 µg/L)<sup>22</sup>. Leprosy prevalence rate in Burdwan (1.31) is higher than the national prevalence rate (0.71) and West Bengal prevalence rate (0.92)<sup>23</sup>. The status of Health care facilities in Burdwan is:

**FIGURE 7. DISTRIBUTION OF HEALTH FACILITIES IN BURDWAN**

DETAILS	BURDWAN <sup>24</sup>
Number of allopathic hospitals	6
Number of maternity and child welfare centres	547
Number of maternity homes	19
Number of child welfare centres	877
Number of primary health centres	115
Number of primary health sub centres	500

### 3.1.7. EDUCATION

Burdwan is one of the developed districts of West Bengal in terms of literacy rate<sup>25</sup>. Literacy rate in Burdwan is 77.15%<sup>26</sup> while it is 67% in Jamuria block, 64% in Pandbeshwar

<sup>22</sup> <http://www.soesju.org/arsenic/wb7.htm> (Accessed on October 20, 2013)

<sup>23</sup> <http://atiwb.gov.in/index.htm/files/Public%20Health%20in%20West%20Bengal.pdf> (Accessed on October 20, 2013)

<sup>24</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Dist\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Dist_Profile.aspx) (Accessed on October 20, 2013)

<sup>25</sup> OSR Journal of Humanities and Social Science (IOSRJHSS), ISSN: 2279-0845 Volume 1, Issue 2 (Sep-Oct. 2012), PP 11-16, [www.iosrjournals.org](http://www.iosrjournals.org); Level of Educational Development and the Underlying Disparities: A Study of Burdwan District, West Bengal: Mr. Subhajit Ghatak

<sup>26</sup> [http://www.censusindia.gov.in/2011census/hlo/pca/PCA\\_Data\\_WB.html](http://www.censusindia.gov.in/2011census/hlo/pca/PCA_Data_WB.html) (Accessed on October 20, 2013)

block, 72% in Andal Block and 66% in Raniganj Block<sup>27</sup>. The net enrollment ratio (NER) at primary level (class 1 to 4) in year 2010-11 is 92 while at upper primary level for the same year is 58.4% (class 5 to 8)<sup>28</sup>. Pandbeshwar, Andal, Raniganj and Jamuria blocks covered in the study, are relatively better in terms of educational infrastructure than other blocks of the district<sup>29</sup>. The other indicators for education are listed below:

**FIGURE 8. DISTRIBUTION OF EDUCATIONAL INSTITUTION IN BURDWAN**

Area Details	Burdwan <sup>30</sup>	JAMURIA <sup>31</sup>	ANDAL <sup>32</sup>	RANIGANJ <sup>33</sup>	PANDABESHWAR <sup>34</sup>
Number of Primary Schools	3146	57	57	6	57
Number of Middle Schools	552	6	6	0	6
Number of Secondary Schools	385	3	3	0	3
Number of	74	1	1	0	1

<sup>27</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Area\\_Profile/SubDistrict\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Area_Profile/SubDistrict_Profile.aspx) (Accessed on October 20, 2013)

<sup>28</sup> <http://www.dise.in/Downloads/Publications/Publications%202011-12/DRC%202011-12.pdf> (Accessed on October 20, 2013)

<sup>29</sup> OSR Journal of Humanities and Social Science (IOSRJHSS), ISSN: 2279-0845 Volume 1, Issue 2 (Sep-Oct. 2012), PP 11-16, [www.iosrjournals.org](http://www.iosrjournals.org); Level of Educational Development and the Underlying Disparities: A Study of Burdwan District, West Bengal: Mr. Subhajit Ghatak.

<sup>30</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Dist\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Dist_Profile.aspx) (Accessed on November 20, 2013)

<sup>31</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Teshil\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Teshil_Profile.aspx) (Accessed on November 20, 2013)

<sup>32</sup> ibid

<sup>33</sup> ibid

<sup>34</sup> ibid

Senior Secondary Schools					
Number of Colleges	7	0	0	0	0
Number of Training Schools	13	0	0	0	0

### 3.1.8. HOUSING AND SANITATION

In Burdwan district, almost 97 percent of the households own the house they live in<sup>35</sup>. In terms of sanitation, as per Burdwan District report, Burdwan has 100 percent household latrine coverage and 137 out of 277 GPs have won the NGP to date<sup>36</sup>. However, 47 percent of all households and 38.3 percent of the BPL families<sup>37</sup> in Burdwan had latrines in their house.

<sup>35</sup> [http://www.icssr.org/Bardhaman\\_MCD\\_Report\\_Final.pdf](http://www.icssr.org/Bardhaman_MCD_Report_Final.pdf) (Accessed on October 20, 2013)

<sup>36</sup> [http://www.wsp.org/sites/wsp.org/files/publications/WSP\\_India\\_TSC\\_Report\\_Vol\\_1\\_Press.pdf](http://www.wsp.org/sites/wsp.org/files/publications/WSP_India_TSC_Report_Vol_1_Press.pdf) (Accessed on October 20, 2013)

<sup>37</sup> <http://www.iitk.ac.in/3inetwork/html/reports/IIR-2004/Chap%2013%202003.pdf> (Accessed on October 20, 2013)

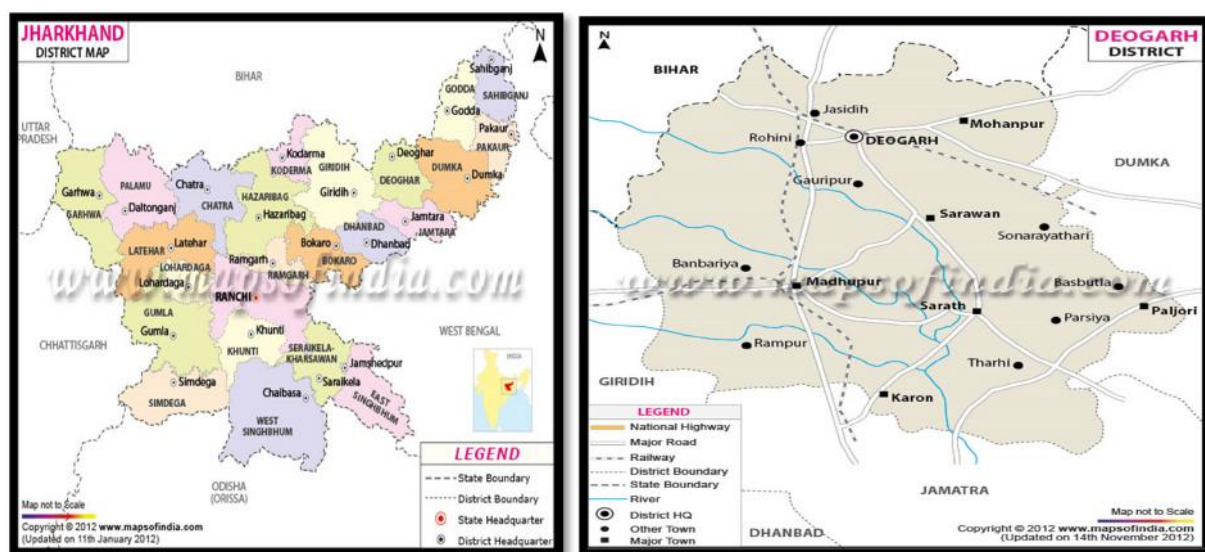
### 3.2. ABOUT DEOGHAR, JHARKHAND

The study was also conducted in Deoghar district of Jharkhand. The area of study and selection of villages was pre-decided by ECL. Study was conducted in 2 blocks of Sarath and Palojori of the district. The selected villages are located in close vicinity of the ECL mines and come under the project affected area of the company.

#### 3.2.1. GEOGRAPHICAL PROFILE

Deoghar district located in the north-west of Jharkhand state is an important district in Jharkhand. It is bounded by Bhagalpur district in North, Dhumka in south and east and Giridih in west. The district extends from 24°03' and 23°38' North latitude and 86°28' to 87°04' East longitude. The district is composed of 7 community development blocks namely Deogarh, Madhupur, Mohanpur, Sarwan, Palojori, Sarath, and Karon.<sup>38</sup>

**FIGURE 9. MAP SHOWING JHARKHAND STATE AND DEOGHAR DISTRICT**



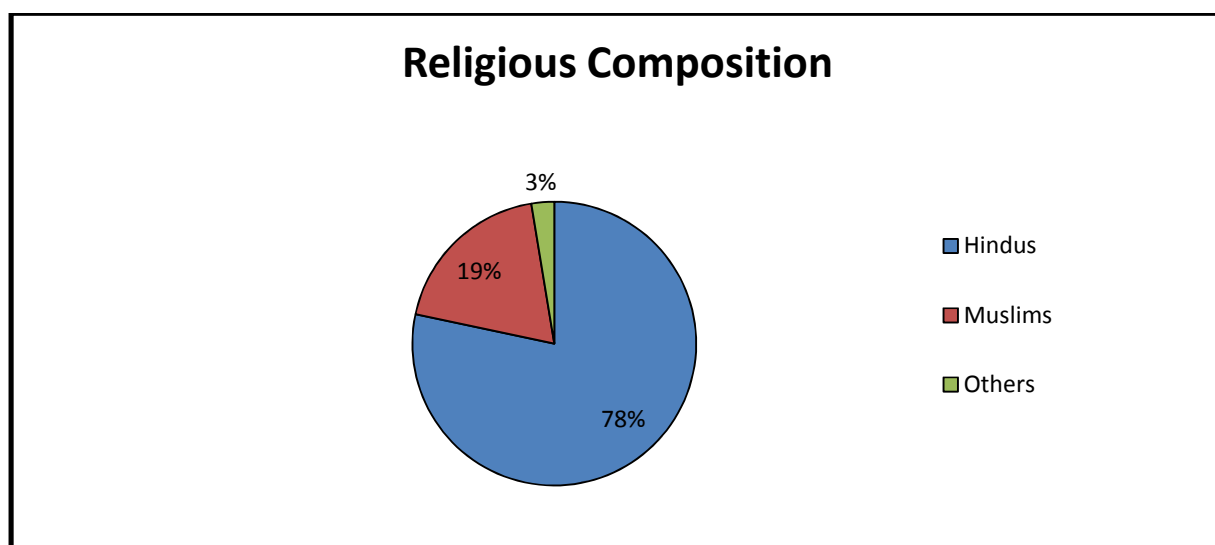
Source: [www.mapsofindia.com](http://www.mapsofindia.com)

<sup>38</sup> [http://www.sameti.org/Soil\\_Inventory/Deoghar\\_Soil\\_Analysis.pdf](http://www.sameti.org/Soil_Inventory/Deoghar_Soil_Analysis.pdf) (Accessed on October 20, 2013)

### 3.2.2. SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE

Muslims consist of one fifth of the population while other religious minorities are less than three percent of the population. Religious composition of the population is given below:

**FIGURE 10. RELIGIOUS COMPOSITION OF DEOGHAR**



Source: Census 2001<sup>39</sup>

General demographic condition of Burdwan and the blocks covered under the study is given below:

**FIGURE 11. DEMOGHAPHIC CHARACTERISTICS OF BLOCKS**

DETAILS	DEOGHAR <sup>40</sup>	SARATH <sup>41</sup>	PALAJORI <sup>42</sup>
Household	190,037	22,161	21,510
Population	1,165,390	136,950	128,032

<sup>39</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Social\\_and\\_cultural/Religion.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Social_and_cultural/Religion.aspx)  
(Accessed on October 20, 2013)

<sup>40</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Area\\_Profile/District\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Area_Profile/District_Profile.aspx)  
(Accessed on October 20, 2013)

<sup>41</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Area\\_Profile/SubDistrict\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Area_Profile/SubDistrict_Profile.aspx)  
(Accessed on October 20, 2013)

<sup>42</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Area\\_Profile/SubDistrict\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Area_Profile/SubDistrict_Profile.aspx)  
(Accessed on October 20, 2013)

Sex Ratio	914	920	953
Sex Ratio (SC)	924	928	979
Sex Ratio (ST)	961	955	971
Proportion of SC (%)	13	14	7
Proportion of ST (%)	12	14	29
Proportion of Urban Population (%)	13.7	0	0

### 3.2.3. AGRICULTURE

Major crops grown in Deoghar district are paddy, wheat and maize. Well Water is the major source of irrigation followed by handpump<sup>43</sup>. Some statistics related to agriculture are as follows-

**FIGURE 12. DISTRIBUTION OF AGRICULTURAL LAND IN THE DISTRICT**

DETAILS	DEOGHAR <sup>44</sup>
Number of agricultural credit societies	43
Number of forest land*	19,155
Irrigated Area*	25,825.53
Unirrigated Area*	121,986.4
Culturable waste (including gauchar and groves)*	32,486.44
Area not available for cultivation*	44,365.01
*All areas are in Hectares	

<sup>43</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Dist\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Dist_Profile.aspx) (Accessed on October 20, 2013)

<sup>44</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Dist\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Dist_Profile.aspx) (Accessed on October 20, 2013)

### 3.2.4. HEALTH

The status of Health care facilities in Deoghar district is as follows:

**FIGURE 13. DISTRIBUTION OF HEALTH FACILITIES IN DEOGHAR**

DETAILS	DEOGHAR <sup>45</sup>
Number of allopathic hospitals	17
Number of maternity and child welfare centres	25
Number of maternity homes	7
Number of child welfare centres	9
Number of primary health centres	18
Number of primary health sub centres	49

### 3.2.5. EDUCATION

Literacy rate in Deoghar is 50%<sup>46</sup> while it is 47% in Sarath block and 43% in Palojori block<sup>47</sup>. The other indicators for education are listed below:

<sup>45</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Dist\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Dist_Profile.aspx) (Accessed on October 20, 2013)

<sup>46</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Area\\_Profile/District\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Area_Profile/District_Profile.aspx) (Accessed on October 20, 2013)

<sup>47</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Area\\_Profile/SubDistrict\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Area_Profile/SubDistrict_Profile.aspx) (Accessed on October 20, 2013)



**FIGURE 14. DISTRIBUTION OF EDUCATIONAL INSTITUTION IN DEOGHAR**

Area Details	DEOGHAR <sup>48</sup>	SARATH <sup>49</sup>	PALJORI <sup>50</sup>
Number of Primary Schools	816	164	90
Number of Middle Schools	163	30	13
Number of Secondary Schools	41	3	4
Number of Senior Secondary Schools	9	2	0
Number of Colleges	7	0	0
Number of Training Schools	4	0	0

<sup>48</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Dist\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Dist_Profile.aspx) (Accessed on October 20, 2013)

<sup>49</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Teshil\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Teshil_Profile.aspx) (Accessed on October 20, 2013)

<sup>50</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Teshil\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Teshil_Profile.aspx) (Accessed on October 20, 2013)

### 3.3 ABOUT DHANBAD, JHARKHAND<sup>51</sup>

Dhanbad district was constituted on 1<sup>st</sup> November, 1956 by carving out the old Dhanbad subdivision, Chas and Chandankiyari police stations of the Sadar subdivision of the erstwhile Manbhum district. Dhanbad is a Police district since 1928. The re-organisation of the districts in the State of Bihar which took place after 1971 did not affect the district of Dhanbad. Dhanbad Municipality is the chief town and the headquarters of the district. In the year 1991, Bokaro District was constituted by carving out Chas Sub-division of Dhanbad district and Bermo Sub-division of Giridih District. The Dhanbad district consists of 9 blocks, namely, Baghmara, Baliapur, Dhanbad, Govindpur, Jharia, Nirsa, Topchanchi, Tundi, Purbu Tundi. It has 256 panchayats and 1348 villages<sup>52</sup>. It is one of the leading industrially developed regions of Jharkhand state. It is famous as 'Coal Capital'.

#### 3.3.1. GEOGRAPHICAL PROFILE

The Dhanbad district is situated in the state of Jharkhand and lies between 23°37'3" N and 24°4' N latitude and 86°50' E longitude. Dhanbad is among one of the important cities of Jharkhand that comes under *Chhota Nagpur Plateau* which is rich in coal reserves. It is situated at an average elevation of 227 m (745 ft). Its geographical length (extending from North to South) is 15 miles (24 km) and the breadth (stretching across East to West) is 10 miles (16 km). It shares its boundaries with West Bengal in the Eastern and southern Part, Dumka and Giridih in the North and Bokaro in the west<sup>53</sup>.

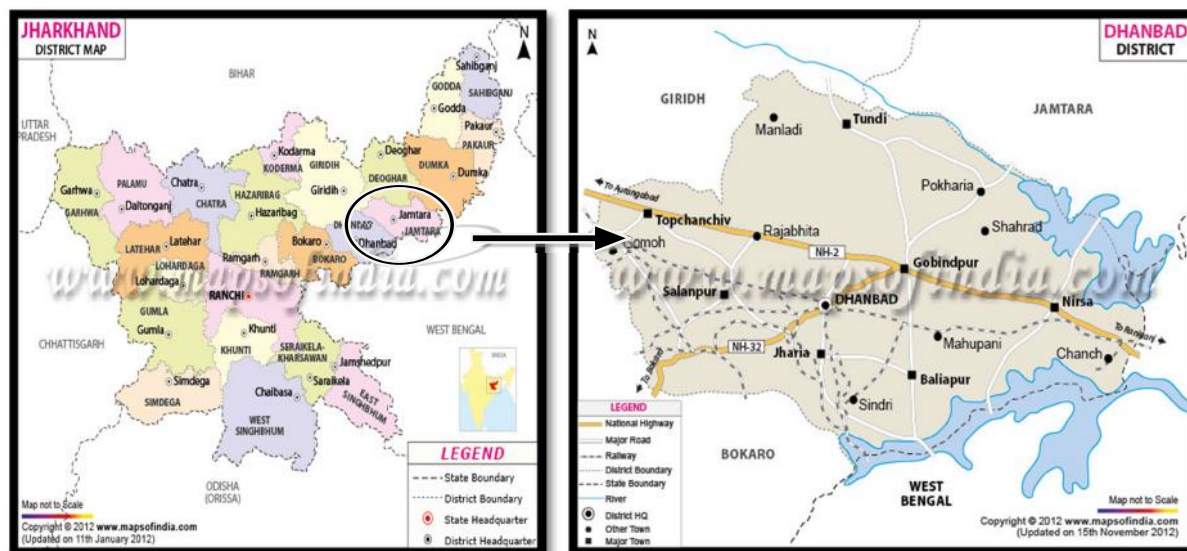
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<sup>51</sup> [http://dhanbad.nic.in/Health/at\\_a\\_glance.html](http://dhanbad.nic.in/Health/at_a_glance.html) (Accessed on October 20, 2013)

<sup>52</sup> [http://dhanbad.nic.in/Profile/at\\_a\\_glance.html](http://dhanbad.nic.in/Profile/at_a_glance.html) (Accessed on November 20, 2013)

<sup>53</sup> <http://dhanbad.nic.in/Profile/geography.html> (Accessed on November 20, 2013)

**FIGURE 15. MAPS SHOWING JHARKHAND STATE AND DHANBAD DISTRICT**

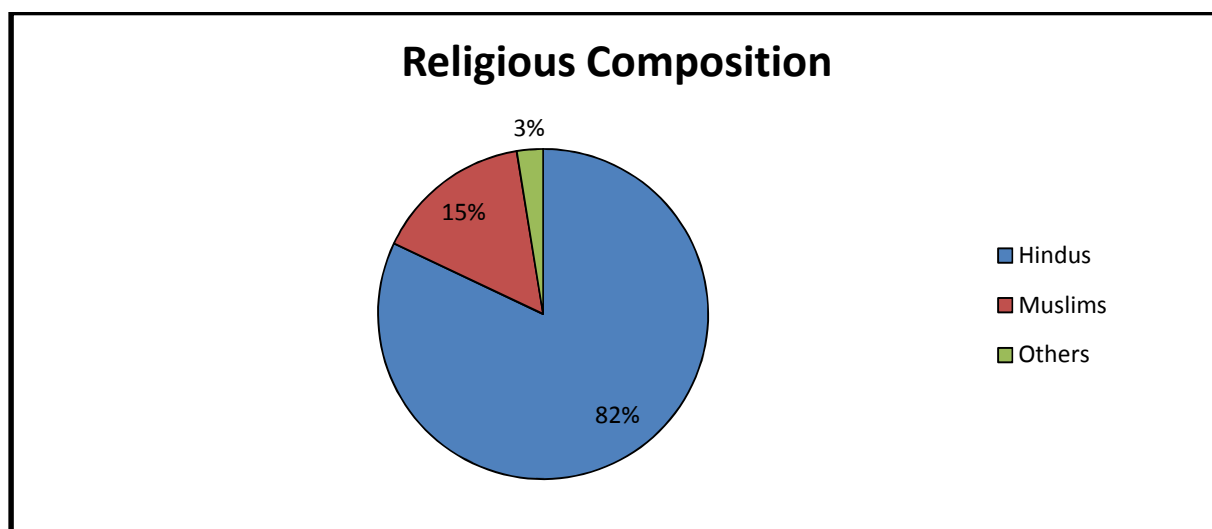


Source: [www.mapsofindia.com](http://www.mapsofindia.com)

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

### 3.3.2. SOCIO-ECONOMIC PROFILE

Muslims consist of 15% of the population while other religious minorities are less than three percent of the population. Religious composition of the population is given below:

**FIGURE 16. RELIGIOUS COMPOSITION OF DHANBAD**

Source: Census 2001<sup>54</sup>

### 3.3.3. DEMOGRAPHIC PROFILE

As per the 2011 census, Dhanbad had a population of 23,97,102 of which has been increased to 26,84,487. There was a change of 11.99% in the population compared to population as per 2001. In the previous census of India 2001, Dhanbad District recorded increase of 22.95% to its population compared to 1991. The demography of Dhanbad constitutes both rural as well as urban population in the following data.

**FIGURE 17. DEMOGRAPHIC STATUS OF DHANBAD DISTRICT**

PARTICULARS	RURAL	URBAN	TOTAL
Household	2,11,024	2,96,040	5,07,064
Population	11,24,093	15,60,394	26,84,487
Male Population	5,81,956	8,24,000	14,05,956

<sup>54</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Social\\_and\\_cultural/Religion.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Social_and_cultural/Religion.aspx)  
(Accessed on October 20, 2013)

Female Population	5,42,137	7,36,394	12,78,531
Scheduled Caste Population	1,63,090	2,74,219	4,37,309
Scheduled Tribe Population	1,98,079	35,040	2,33,119
Population Density*	1,147/sq.km **		
Sex Ratio*	909**		
Household Size	1100#		
* <a href="http://www.censusindia.gov.in/2011census/PCA/pca_highlights/pe_data">http://www.censusindia.gov.in/2011census/PCA/pca_highlights/pe_data</a>			
** <a href="http://www.census2011.co.in/census/district/96-dhanbad.html">http://www.census2011.co.in/census/district/96-dhanbad.html</a>			
# <a href="http://jnnurm.nic.in/wp-content/uploads/2010/12/CDP_Dhanbad.pdf">http://jnnurm.nic.in/wp-content/uploads/2010/12/CDP_Dhanbad.pdf</a>			

### 3.3.4. INDUSTRIES

Dhanbad is most highly industrialized district in Jharkhand. The dominant industry of the district is coal mining and it is coal which has attracted and brought about a concentration of numerous other industries within its limits<sup>55</sup>. There are at present 112 coal mines with a total produce of 27.5 million tonnes and an annual income of 7000 million Rupees through coal business. There are also power generation plants in this region. The Hydro Power plants namely, Tata Power and Damodar Valley Corporation (DVC) situated at Maithon and Panchet regions respectively.

<sup>55</sup> [dhanbad.nic.in/pdf/gztr\\_6.Chapter%20V\\_%20INDUSTRIES\\_%20196-309.pdf](http://dhanbad.nic.in/pdf/gztr_6.Chapter%20V_%20INDUSTRIES_%20196-309.pdf) (Accessed on October 23, 2013)

### 3.3.5. HEALTH

The region is not good in terms of health indicators. The industries waste and contaminated water have adversely affected the people of the region. However, the official figures show some of the health facilities centres' given below.

**FIGURE 18. DISTRIBUTION OF HEALTH FACILITIES IN DHANBAD**

SERIAL NUMBER	PARTICULARS	NUMBERS
1	Primary Health Centre	8
2	Add. P.H.C	228
3	Sub-Centres	137
4	Urban F.W.C	5
5	Malaria Clinic	8
6	Fever Treatment Depo	162
7	Drug Distribution Centre	1495
8	No. of Anganwari Centre	1911 (Working- 1855)
9	Other Hospital	DVC, BCCL, TISCO & ESI
10	Nursing Home	52 (UNDER MOU)
11	Ultrasonography Clinics	53
12	Biomedical Waste Disposal Centre	21974
13	No. of Sahiya Selected	1974
14	Selected No. of Villages	1112

	Health Society	
--	----------------	--

### 3.3.6. EDUCATION

The Dhanbad region stands second in the position in terms of literacy level. Literacy rate in Dhanbad is 67%<sup>56</sup> while it is 62% in Nirsa block.<sup>57</sup>

**FIGURE 19. DISTRIBUTION OF EDUCATIONAL INSTITUTION IN DHANBAD**

AREA DETAILS	DHANBAD <sup>58</sup>	NIRSA <sup>59</sup>
Number of Primary Schools	768	158
Number of Middle Schools	192	42
Number of Secondary Schools	54	9
Number of Senior Secondary Schools	9	1
Number of Colleges	14	0
Number of Training Schools	5	0

<sup>56</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Area\\_Profile/District\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Area_Profile/District_Profile.aspx) (Accessed on October 20, 2013)

<sup>57</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Census\\_Data\\_Online/Area\\_Profile/SubDistrict\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Area_Profile/SubDistrict_Profile.aspx) (Accessed on October 20, 2013)

<sup>58</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Dist\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Dist_Profile.aspx) (Accessed on October 20, 2013)

<sup>59</sup> [http://www.censusindia.gov.in/Census\\_Data\\_2001/Village\\_Directory/View\\_data/Teshil\\_Profile.aspx](http://www.censusindia.gov.in/Census_Data_2001/Village_Directory/View_data/Teshil_Profile.aspx) (Accessed on October 20, 2013)

## 4. EXCERPTS FROM THE FIELD

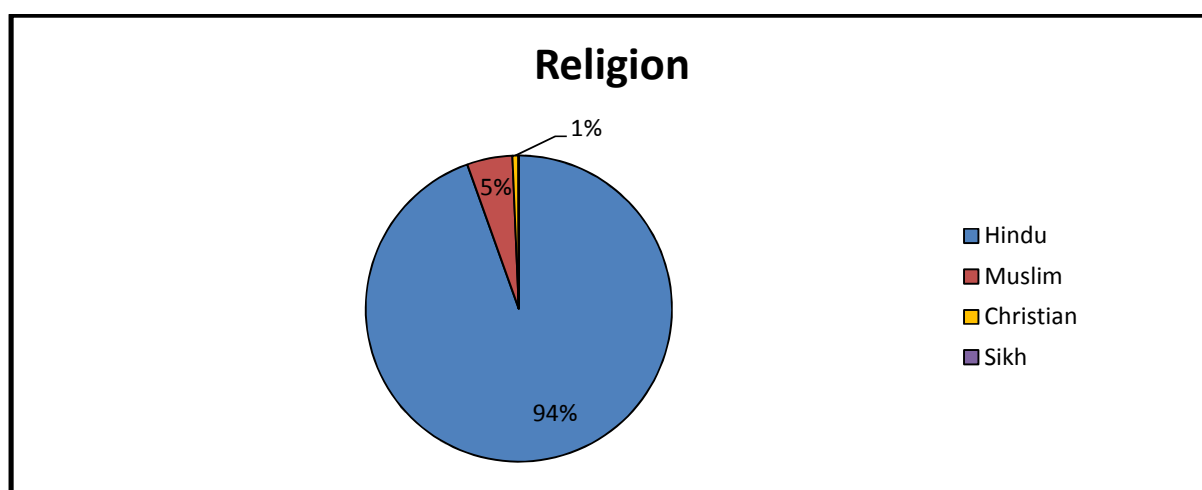
### 4.1. PROFILE OF RESPONDENTS

In the research process, total 2,225 households<sup>60</sup> were selected for interview on the basis of random sampling process. The background of the respondents was defined based on the following indicators:

#### 4.1.2. RELIGION

Out of total 2,225 respondents, 94% are Hindus and 5% are Muslims. A small percentage of 1% of the respondents was Christian. Religious distribution of the respondents is given below:

**FIGURE 20. DISTRIBUTION OF RELIGION OF RESPONDENT**



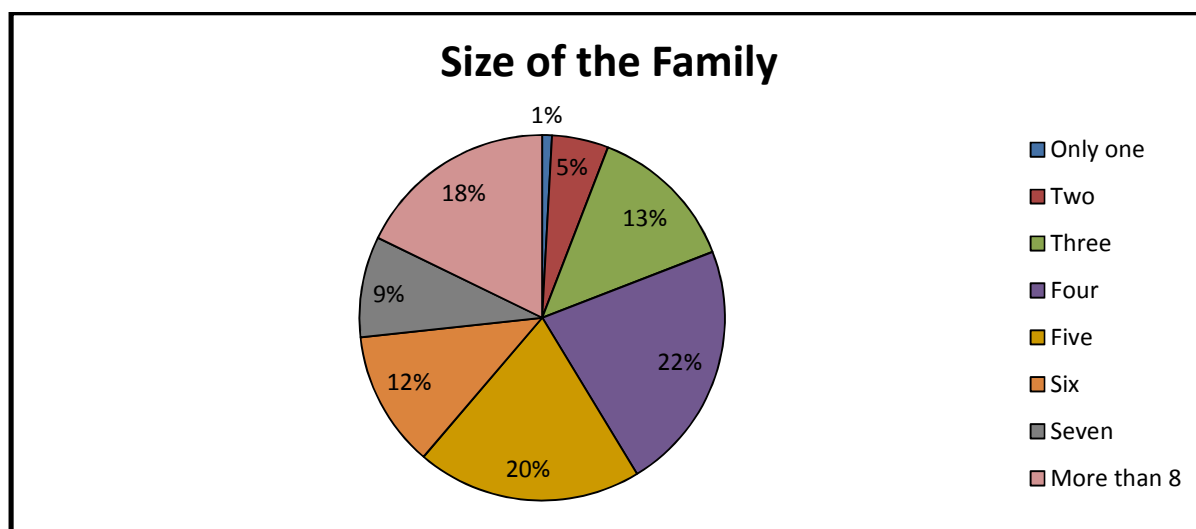
Note: Authors own calculation.

#### 4.1.3. SIZE OF FAMILY

A little more than 22 percent of the households have four members in the family followed by 20 percent households having 5 members in the family. The detailed representation of the family size is given below:

<sup>60</sup> Village wise distribution of the same is shared in the 2<sup>nd</sup> chapter (Methodology).

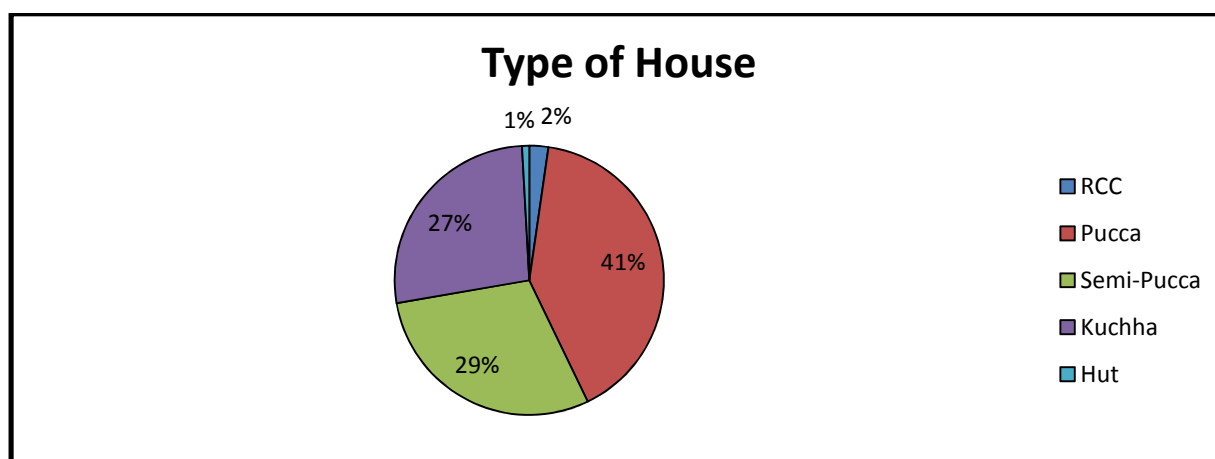


**FIGURE 21. DISTRIBUTION OF FAMILY SIZE OF RESPONDENT**

Note: Author's own calculation.

#### 4.1.4. HOUSING PATTERN

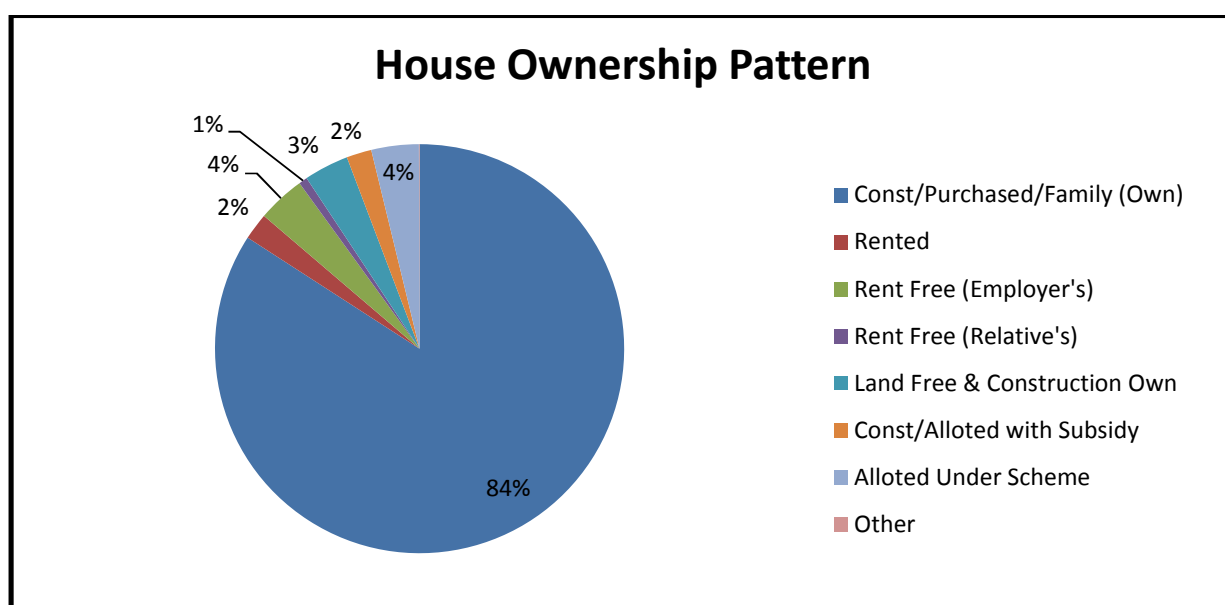
Out of 2,225 households, 41% are having pucca houses followed by 29% who are residing in Semi-Pucca houses. However, a significant percentage- 27% are living in kuchha house. The pattern of type of house is represented below:

**FIGURE 22. DISTRIBUTION OF HOUSING PATTERN OF RESPONDENT**

Note: Author's own calculation

In the research process, it was found that 84% are living in their own home while total 2% are living in rented house. A majority of household living in rented accommodation is living in rent free accommodation. The house ownership pattern is explained further by the figure given below:

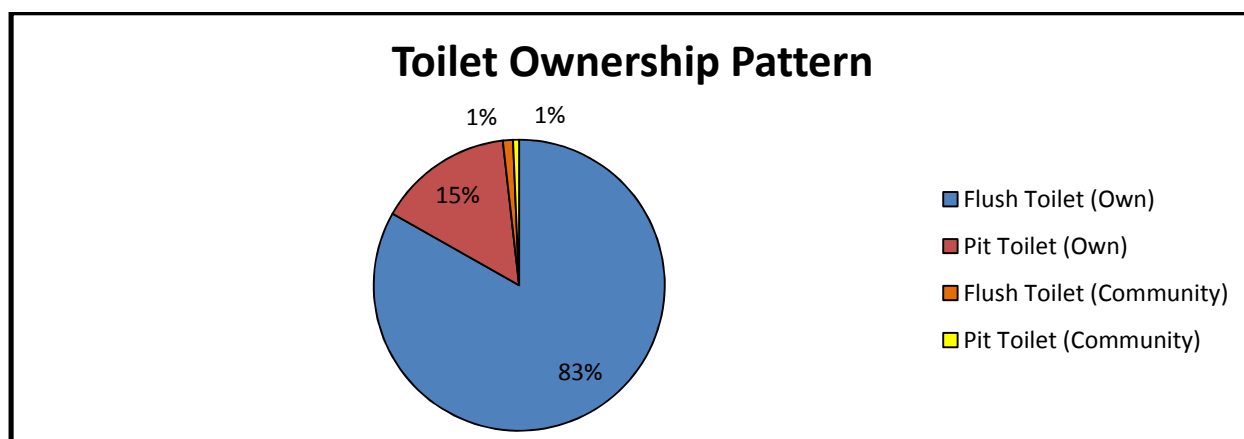
**FIGURE 23. DISTRIBUTION OF HOUSE OWNERSHIP PATTERN**



Note: Authors own calculation

#### 4.1.5. SANITATION

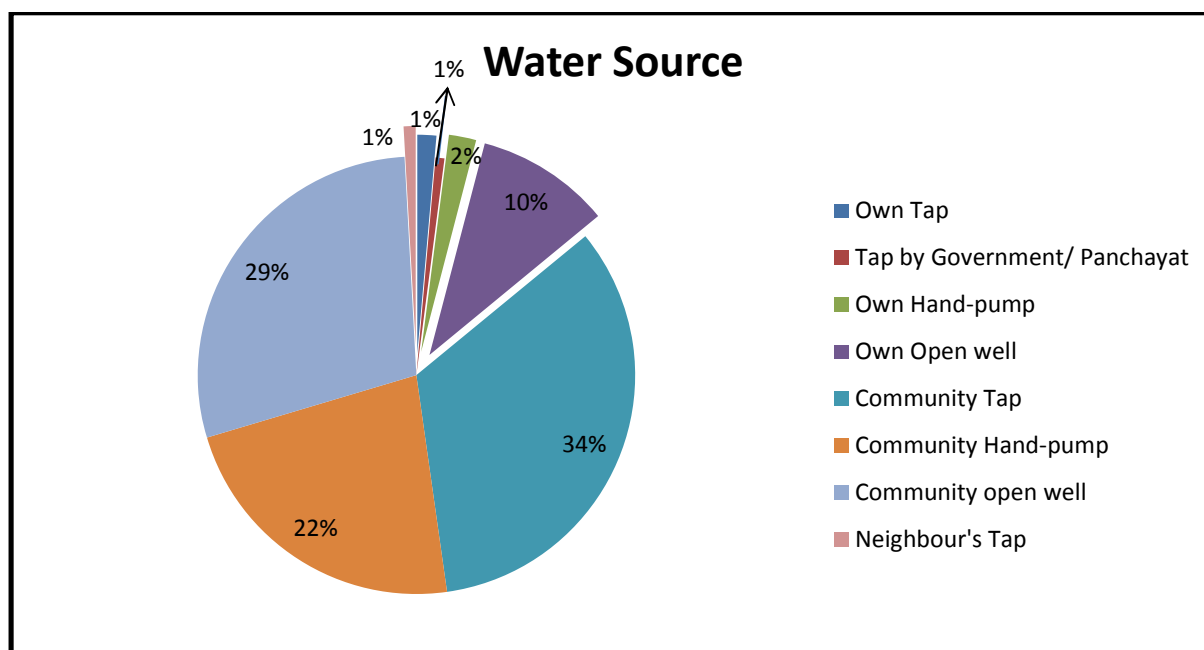
The district Burdwan's achievement in sanitation is significant which is also reflected in research wherein 83% of the household had flush toilet in their house. The detailed pattern of use of toilets is represented below:

**FIGURE 24. DISTRIBUTION OF HOUSEHOLD TOILETS**

Note: Author's own calculation

#### 4.1.6. DRINKING WATER

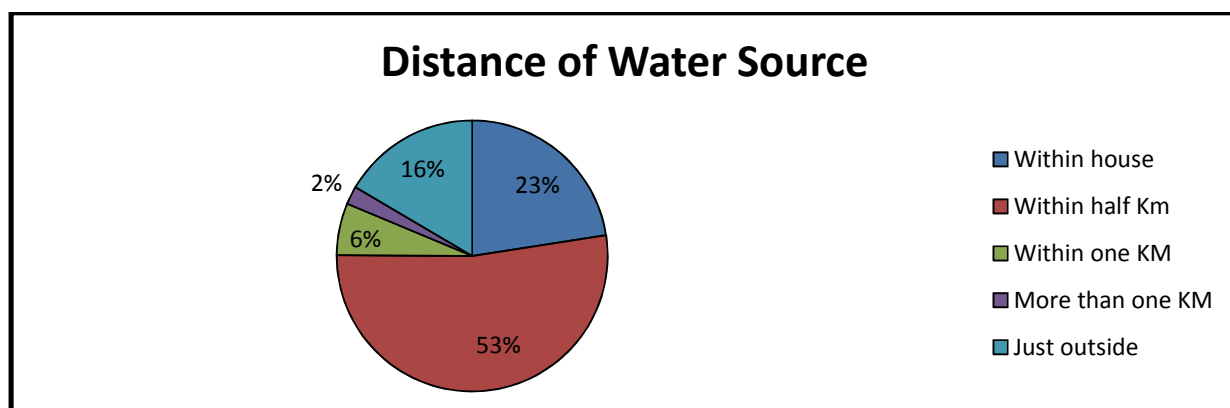
In the research, it came to the forefront that more than one fourth of the population use community tap to fetch drinking water. Availability of source of water inside the households is primarily dominant by hand-pump. Other sources of water inside the households (like own tap, own open well) forms about 13%. Supply of water through tankers from ECL is also a major source for many families and forms the major part of the source which is listed under 'other' as shown below in the pie chart. However, around 85% people avail water from sources located outside their house, namely community open well, tap, hand-pump. About 1% of the population also makes use of Neighbour's Tap to fetch water.

**FIGURE 25. DISTRIBUTION OF SOURCES OF DRINKING WATER**

Note: Author's own calculation

#### 4.1.7. DISTANCE OF WATER SOURCE

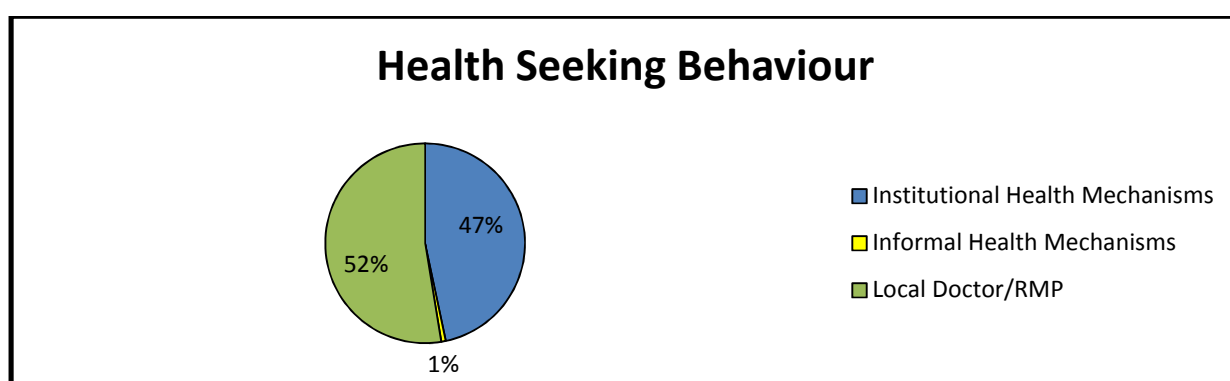
As the source of water located outside the household forms a major part of the water supply, the distance of the water source is an important point which is described below. A percentage of 53 percent of water sources located outside of the household lie within the radius of half a Km. Only 2 percent household have to travel more than 1 Km. However, 16 percent of the households have access to water sources just outside their house.

**FIGURE 26. DISTANCE OF WATER SOURCES FROM HOUSE**

Note: Author's own calculation

#### 4.1.8. HEALTH SEEKING BEHAVIOR

47% of the sample accesses the health institution whenever required. Frequency of accessing the traditional health practitioner amongst respondents was extremely low which represents the reach of institutional or registered medical practitioners in the studied area.

**FIGURE 27. DISTRIBUTION OF HEALTH MECHANISM ACCESS BY COMMUNITY<sup>61</sup>**

Note: Author's own calculation

<sup>61</sup> This particular classification has been done by Author.

Institutional Health Mechanism includes

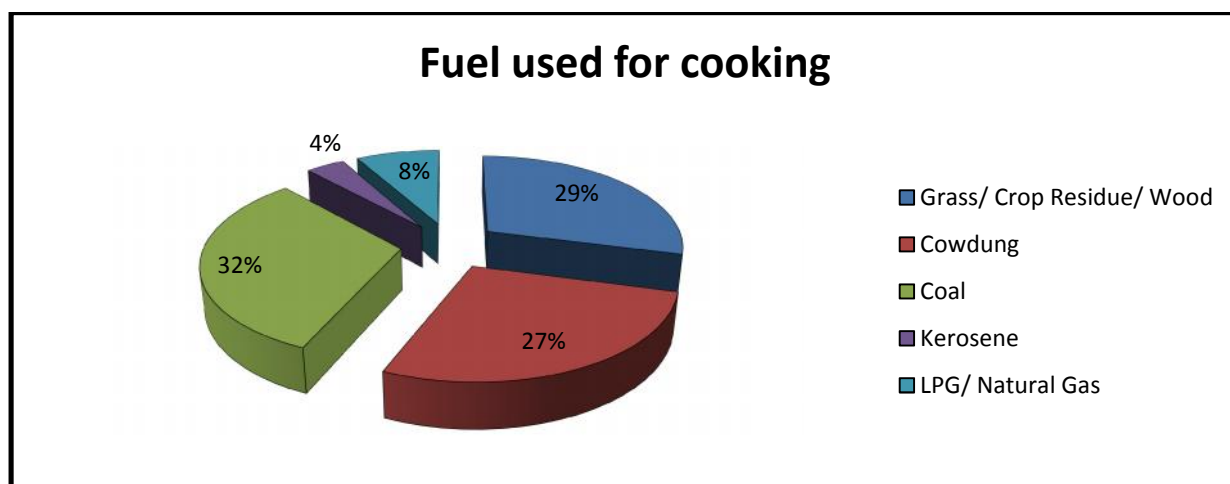
SHC/ASHA/Anganwadi/PHC/CHC/Government Hospital/Private Clinic/Private Hospital/Company or Aided Hospital.

Informal Health Mechanism includes Traditional Healer/Dai/Chemist Shop.

#### 4.1.9. Fuel Consumption for Cooking

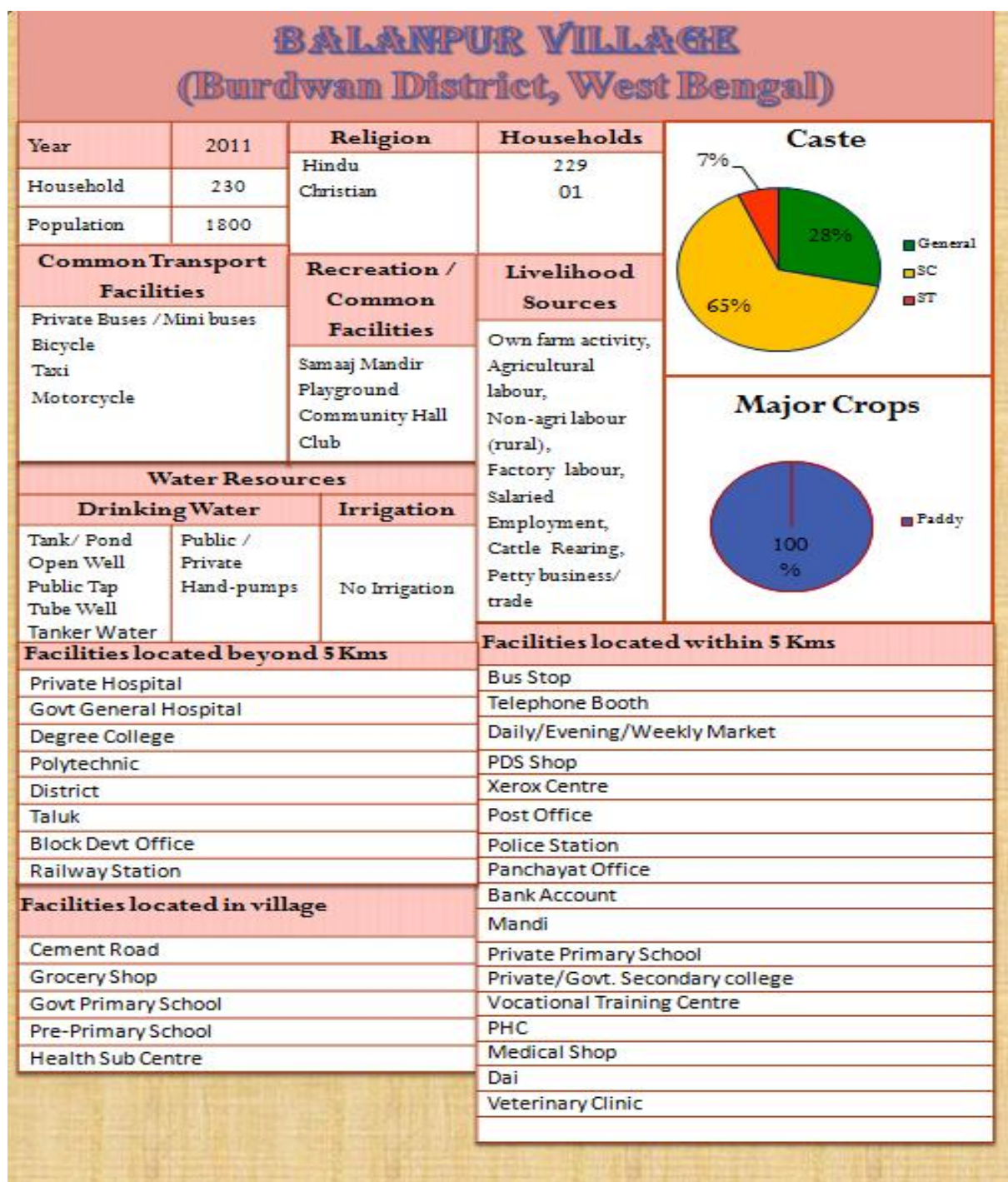
32% of the respondents used coal as a fuel in the households for cooking purposes. The percentage of respondents using coal as a fuel for cooking tops the charts in this area. This is followed by the use of Grass or Crop Residue or Wood by 29% of the respondents. A percentage of 27% of the sample use cowdung as a fuel for cooking while 12% of the respondents use Kerosene/LPG Gas for cooking purposes.

**FIGURE 28. DISTRIBUTION OF CONSUMPTION OF FUEL FOR COOKING PURPOSES**

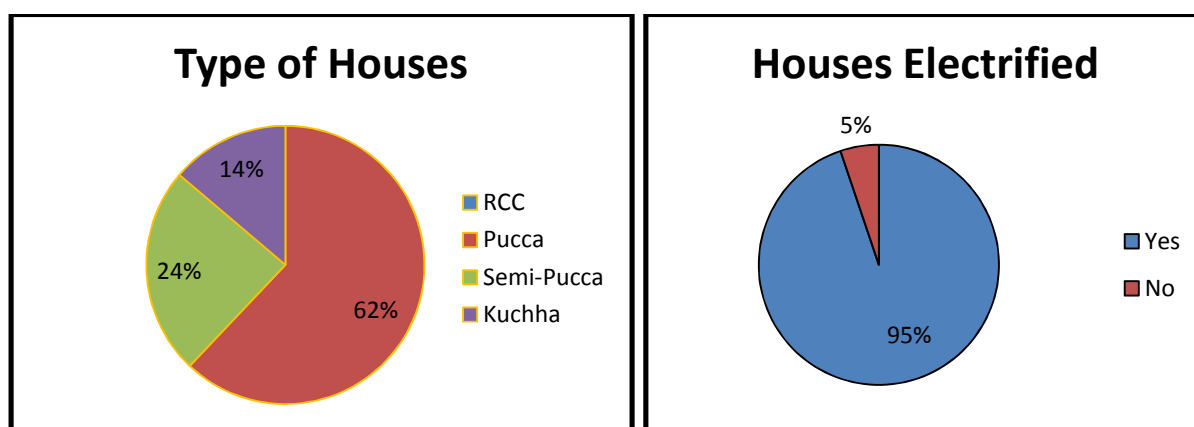


## 5. VILLAGES AT A GLANCE

### 5.1. BALANPUR VILLAGE, BURDWAN, WEST BENGAL

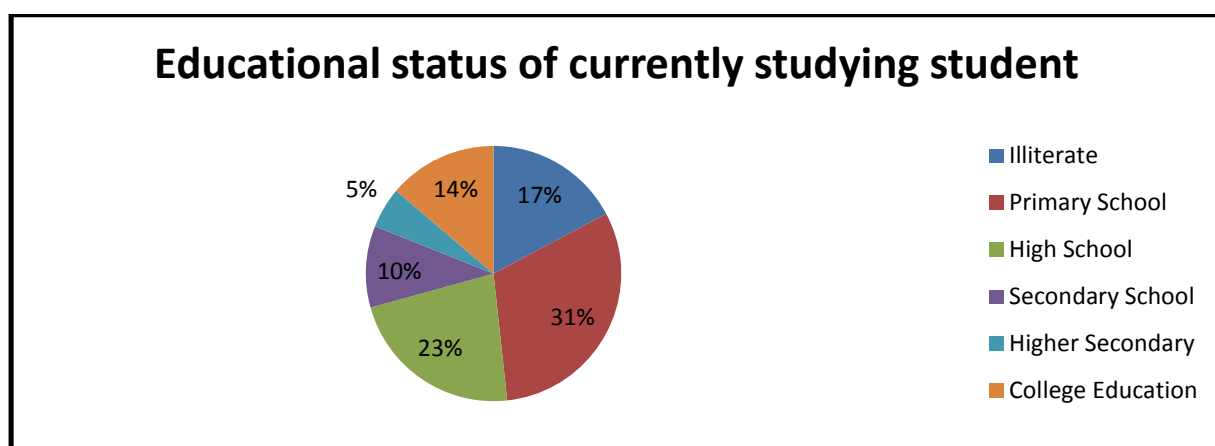


### 5.1.1. HOUSEHOLD STATUS



Majority of the sample in Balanpur Village have Pucca Houses 62% and only 24% have Semi-Pucca houses. However, the least popular houses are the Kutchha houses (14%). 100% of sample living in Balanpur have the registered papers (patta) of the land they are living in. 95% the households studied in the survey are electrified while 5% of the houses are not electrified. All the sample households were living in their own home.

### 5.1.2. EDUCATIONAL STATUS

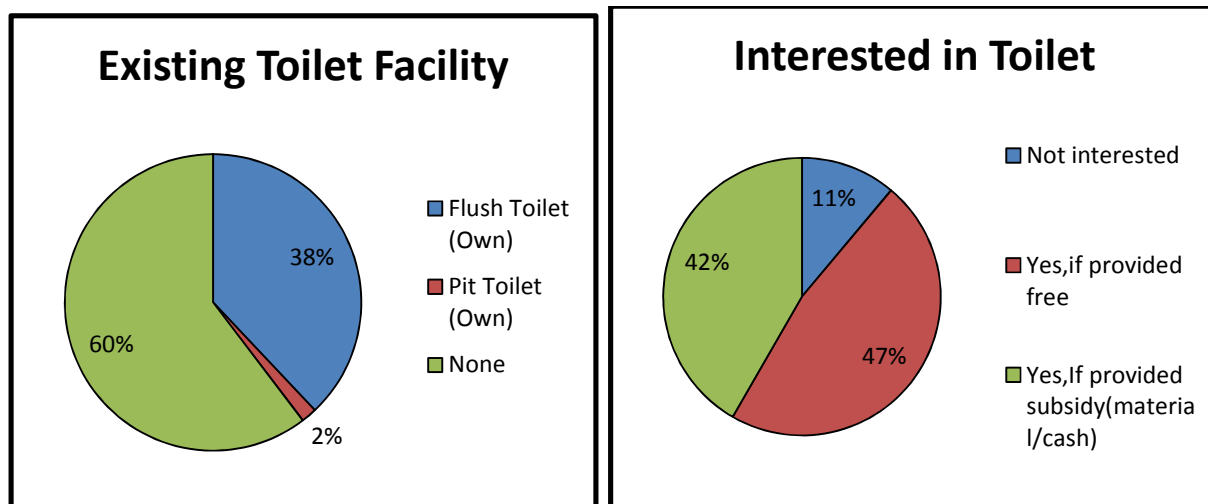


In Balanpur Village, 31% of the children are studying in primary school followed by 23% in High School, 14% in college, 10% in Secondary School and 5% in higher secondary school. A percentage of 17% students are illiterate and not availing any educational facility.

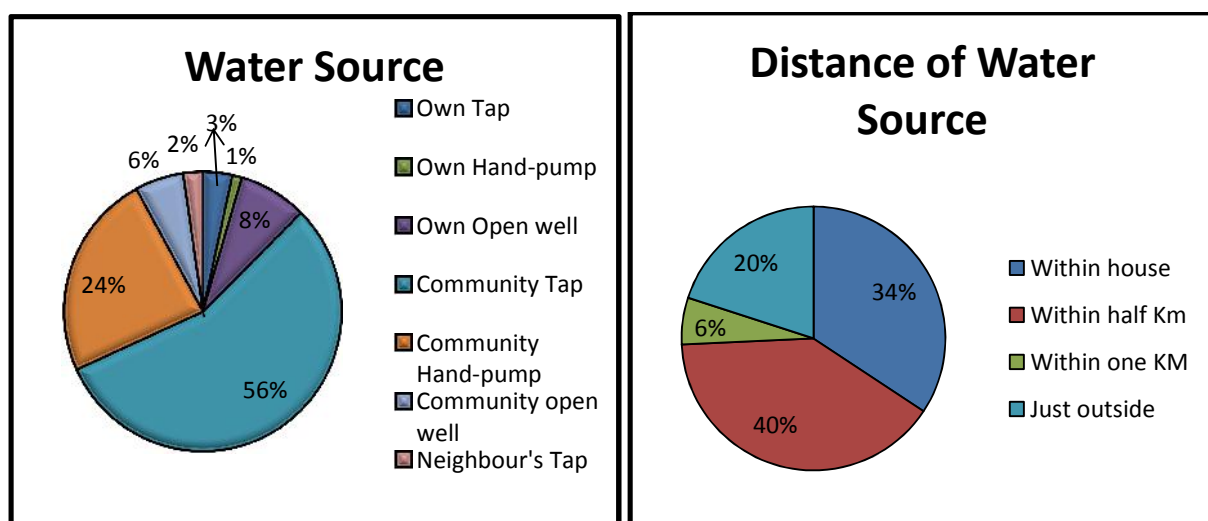


### 5.1.3. SANITATION

In the sample interviewed, 38% of the households have their own flush toilets and 2% have their own pit toilets but 60% of the sample reported having no toilets at all. Among the sample households who don't have any toilet facility, 11% said that they are not interested at all while 47% said they are interested if provided free and 42% said they are interested if provided subsidy. All the sample households who have toilet in their house informed that they have constructed it on their own.



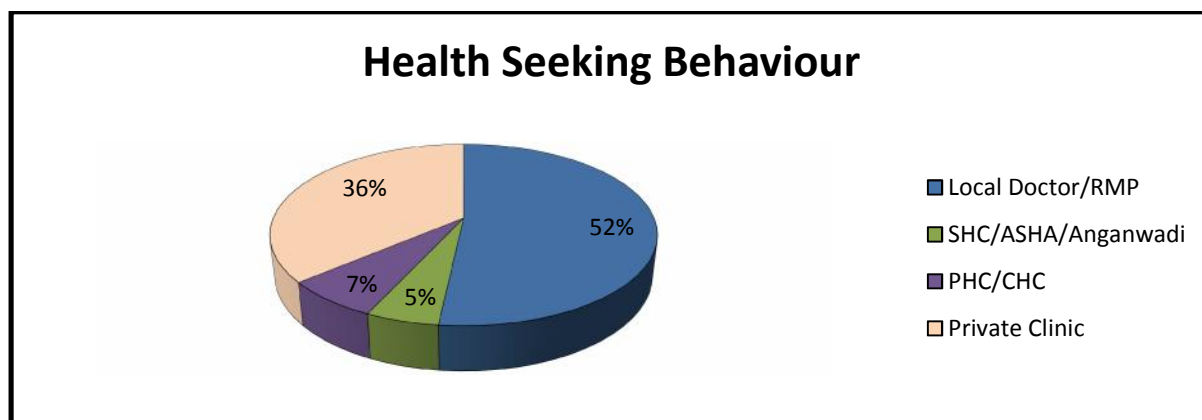
### 5.1.4. WATER SOURCE



56% of the sample households reported saying that they use community tap for drinking water purposes while Hand pump provides water to 25% of the population. As reported during research

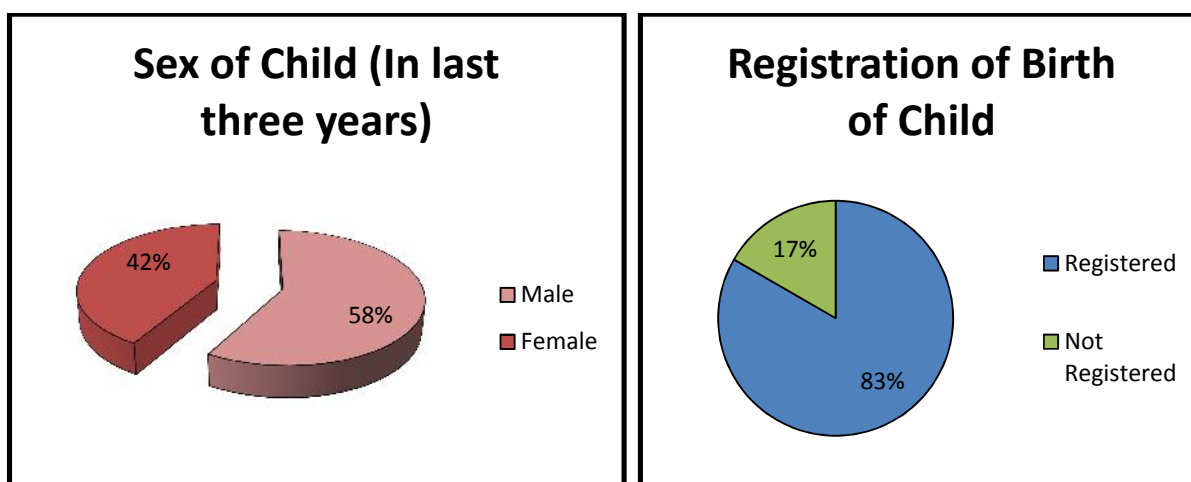
40% of the sample have to walk around half Km to fetch water while for 34% sample it is located within their premise. 20% of the sample said that they fetch water from just outside their premises and to 6% of the sample water source is located around the distance of one Km.

#### 5.1.5. HEALTH SEEKING BEHAVIOUR



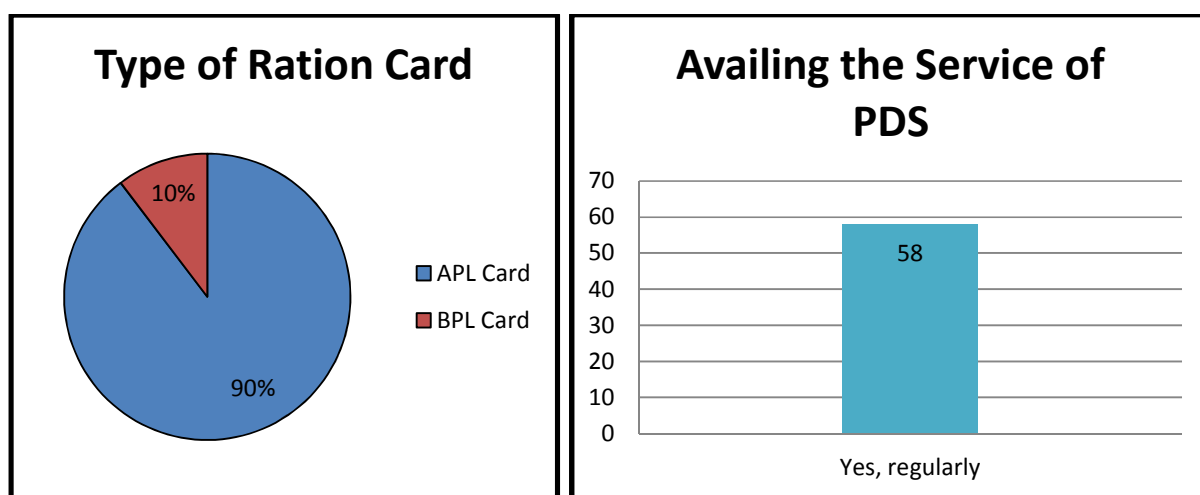
Majority of the sample reported consulting a local doctor for health related issues. Private clinic is consulted by 36% of the population. 7% each of the population visit a PHC/CHC. Only 5% visit a government hospital. As data reflects 90% of the population depends on private service which is a costly affair for the community.

#### 5.1.6. MATERNAL HEALTH



As per the analysis of sample interviewed, in the age group of 0-3 years, sex ratio is in favor of males which is 58% while female child are 42%. Out of the total births in the last three years, 83% of the births have been registered; while 17% of the births have not been registered.

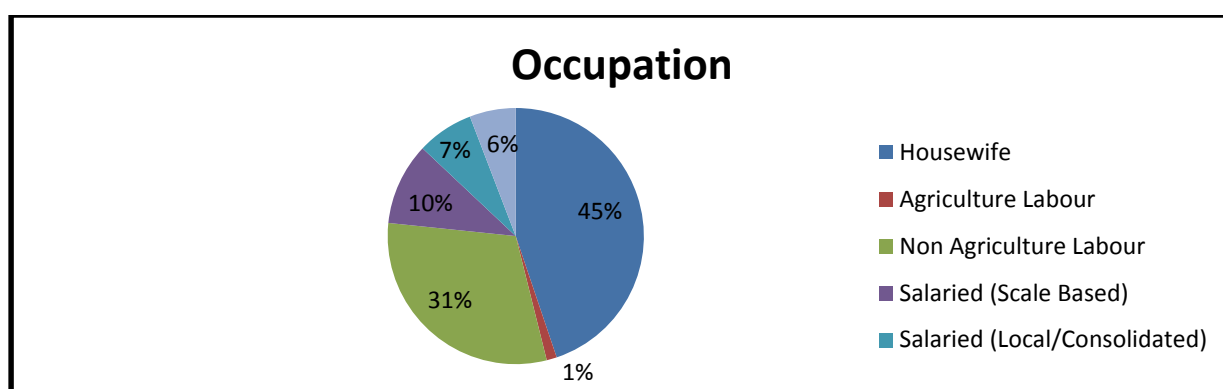
#### 5.1.7. PUBLIC DISTRIBUTION SYSTEM



Most of the sample (90%) hold an APL card, whereas 10% hold a BPL Card. Among the sample who holds ration card, 58% of them regularly avail the PDS facility.

#### 5.1.8. OCCUPATION

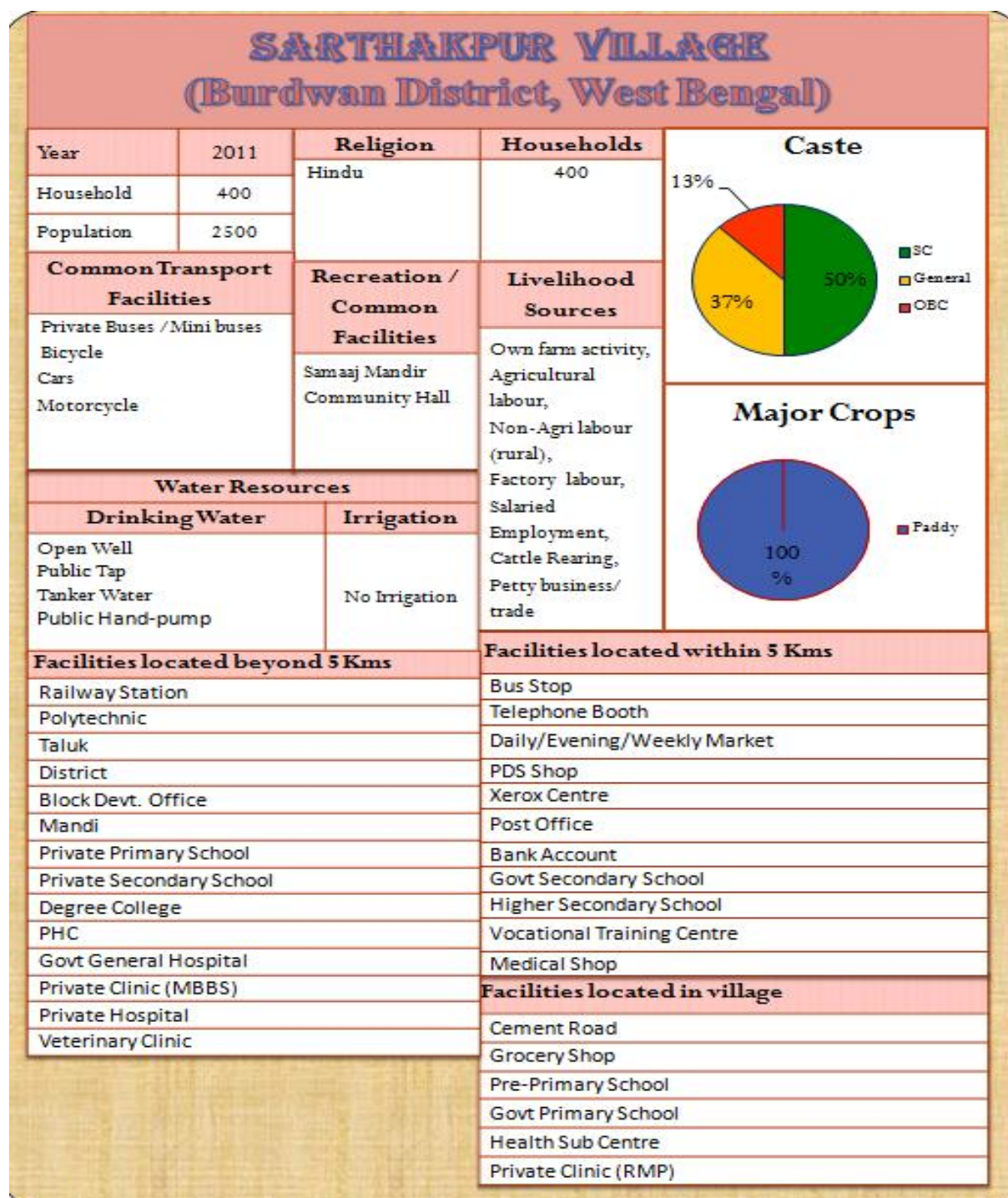
In the sample households, agriculture forms the source of livelihood for only 1% of the workforce population. 31% of the same category is working as Non- Agriculture Labour. 17% of the workforce said that they are salaried employee in government or private sector and 6% of the sample workforce is running petty business to earn livelihood. About 45% of the sample households claimed housewife as their occupation.



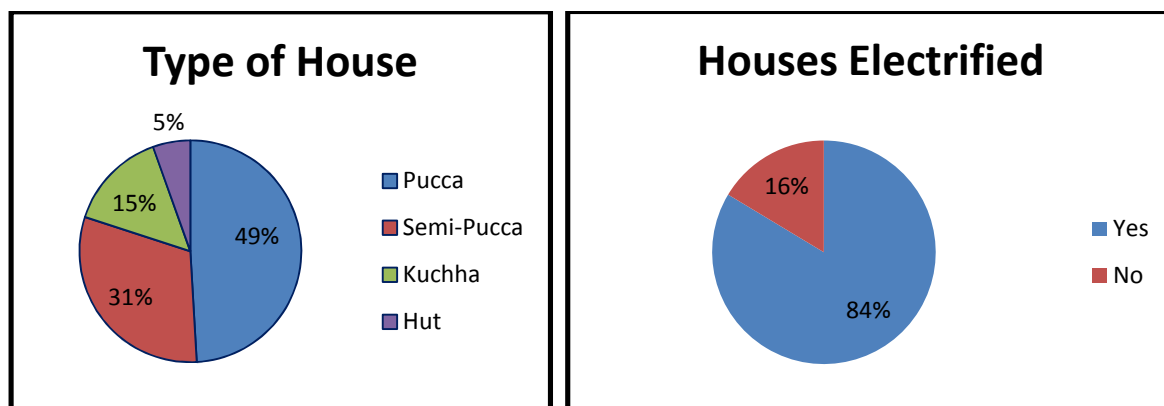
#### **5.1.9. RECOMMENDATION**

- Accessibility to health care system is major issue for Balanpur. The government system PHC/CHC is located at the distance of 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.
- Community has mentioned a demand for the sports equipment for the sports club. Thus, Sports material should be provided to the sports club.
- The Primary School of Balanpur (Balanpur F.P. School) has mentioned a requirement for a library- cum- reading room in the school as they have a collection of 210 books in their school premises. A library room with electricity connection should be provided in the primary school.
- Community has mentioned sullage nuisance as a major problem during the interview. The demand for drainage system is quite evident from the community and same can be taken on priority under CSR work.

## 5.2. SARTHAKPUR VILLAGE, BURDWAN, WEST BENGAL

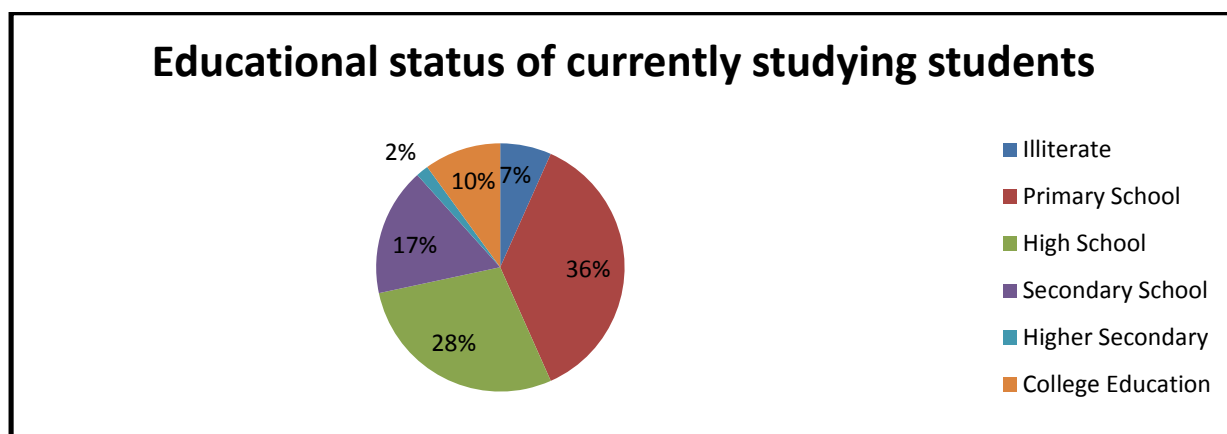


### 5.2.1. HOUSEHOLD STATUS



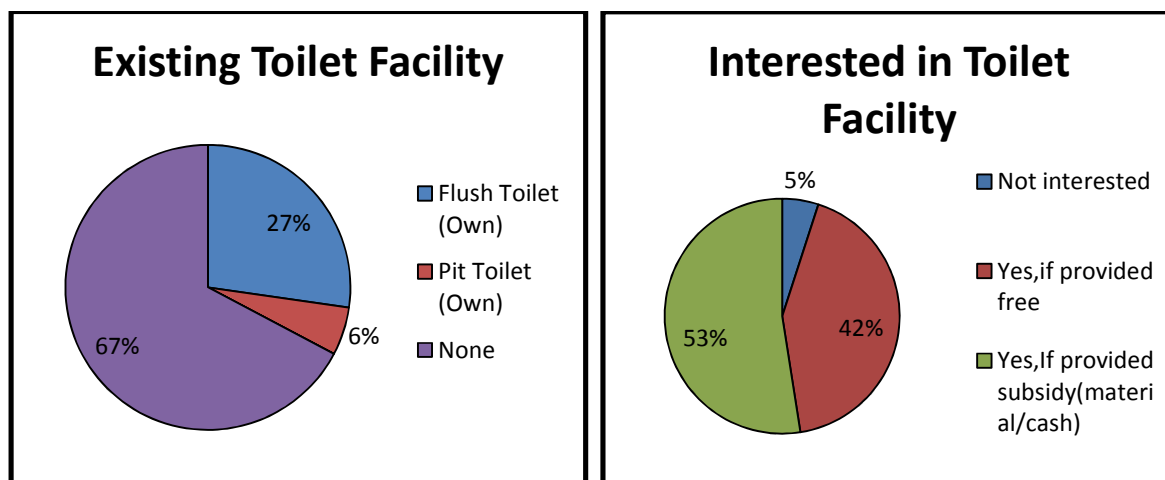
In Sarthakpur, among the sample interviewed, Pucca houses in the village is in majority (49%). The Semi-Pucca houses amount to 31% and the Kachha houses amount to 15%. However, the huts are less with only 5% of the sample living in them. In Sarthakpur, looking at the positive side, 100% of the people possess the registered papers of the land they own. In Sarthakpur, 84% of the sample is living in electrified house. However, on the flip side, 16% still live in houses that have no electricity. The house ownership pattern of the sample households in this village points to the fact that all the sample were living in their own home.

### 5.2.2. EDUCATIONAL STATUS



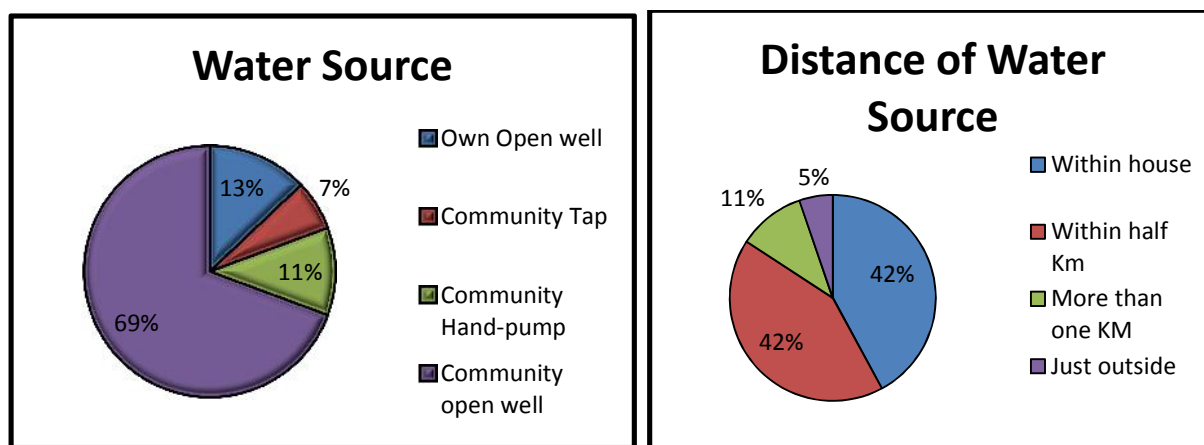
In Sarthakpur Village, 36% of the children are studying in primary school followed by 28% in High School, 17% in Secondary School, 10% in college and 2% in higher secondary school. A percentage of 7% students are illiterate and not availing any educational facility.

### 5.2.3. SANITATION



Among the sample, the percentage of households who had no toilet facility available was quite high in sarthakpur village, 67% of sample doesn't have toilet facilities. Only 33% said that they have toilet facility in their premise and all of them said that they constructed it on their own. Among the sample, which do not have toilet, 42% of them showed interest in toilets if provided free of cost while 53% said that if provided subsidy they will construct a toilet for their house.

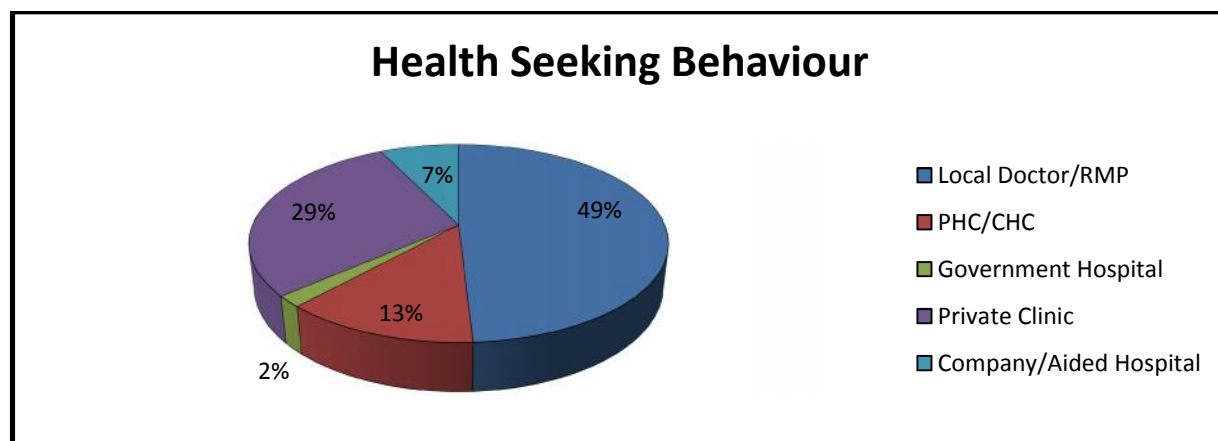
### 5.2.4. WATER SOURCE



In Sarthakpur, 69% of the sample households reported that they use community open well for the drinking water purposes. Another 11% claimed that they get water from community hand pump. 13% use their own open well and the rest of the 7% of the population uses the community tap. As reported during research, 42% of the sample have to walk around half Km to fetch water

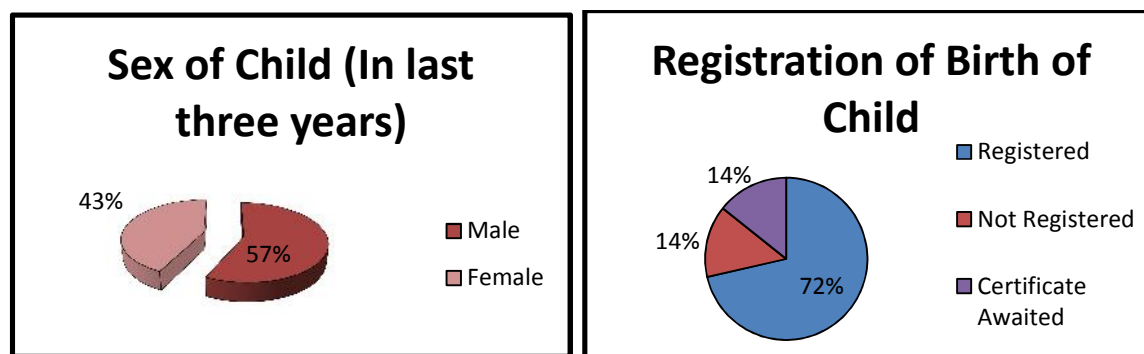
while for another 42% sample it is located within their premise. 5% of the sample said that they fetch water from just outside their premises and to 11% of the sample, water source is located at the distance of more than one Km.

### 5.2.5. HEALTH



Among the sample households 49% consults Local Doctor/ RMP for the health related issues. 13% go to a PHC/CHC for the same. 7% choose to go to a company aided hospital. Around 29% consult private service to avail health related needs and 2% said that they depends on government services if any medical need comes.

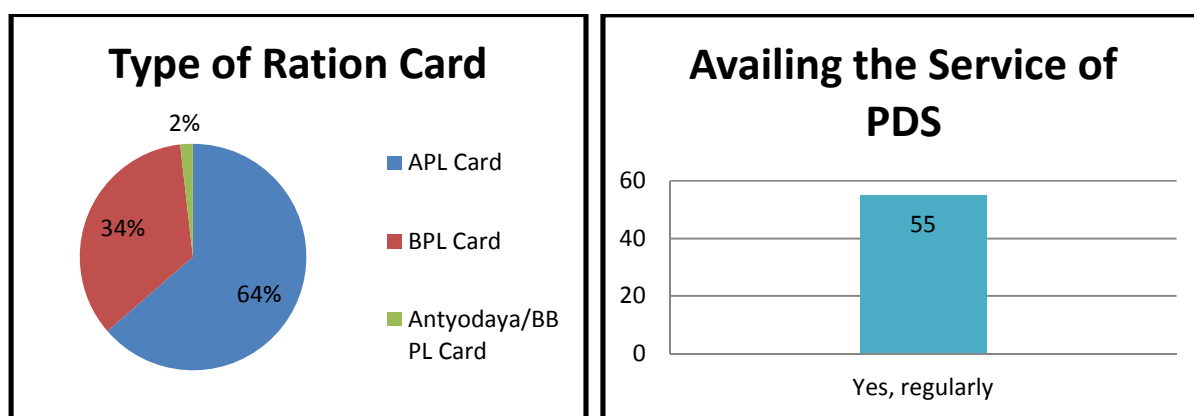
### 5.2.6. MATERNAL HEALTH



57% of the population were males and 43% of the population were females. The sex ratio among the kid of the age group 0-3 years is in favor of males in Sarthakpur. Out of the total child born, 72% of the sample have registered the birth of their child, while each of 14% have either not registered or Certificate is awaited in their case.

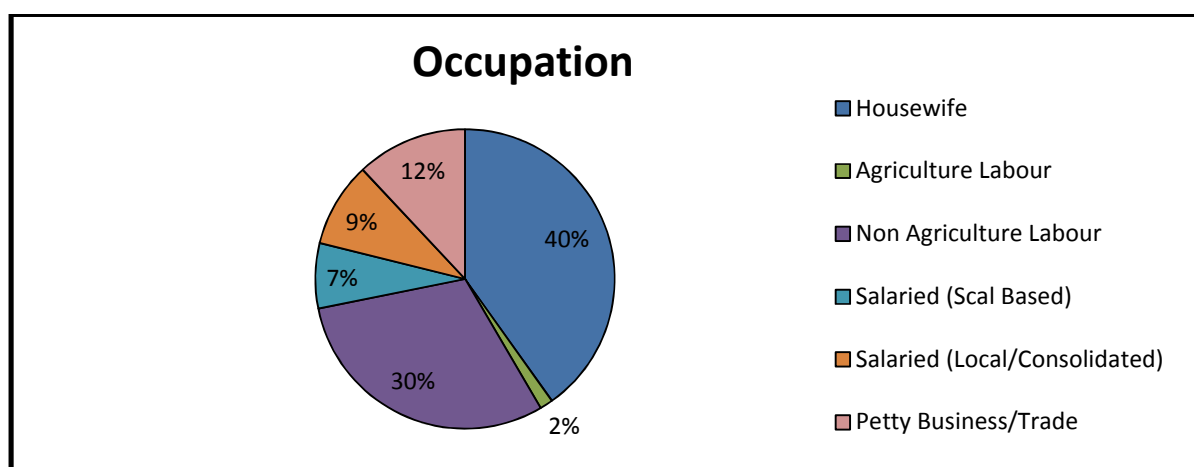


### 5.2.7. PUBLIC DISTRIBUTION SYSTEM



Among the sample, 64% reported having an APL Card, and 34% have BPL Card, 2% of the sample said that they have an Antyodaya/BBL card. Among the sample households who have ration card, 55 of them regularly avail PDS facility.

### 5.2.8. OCCUPATION

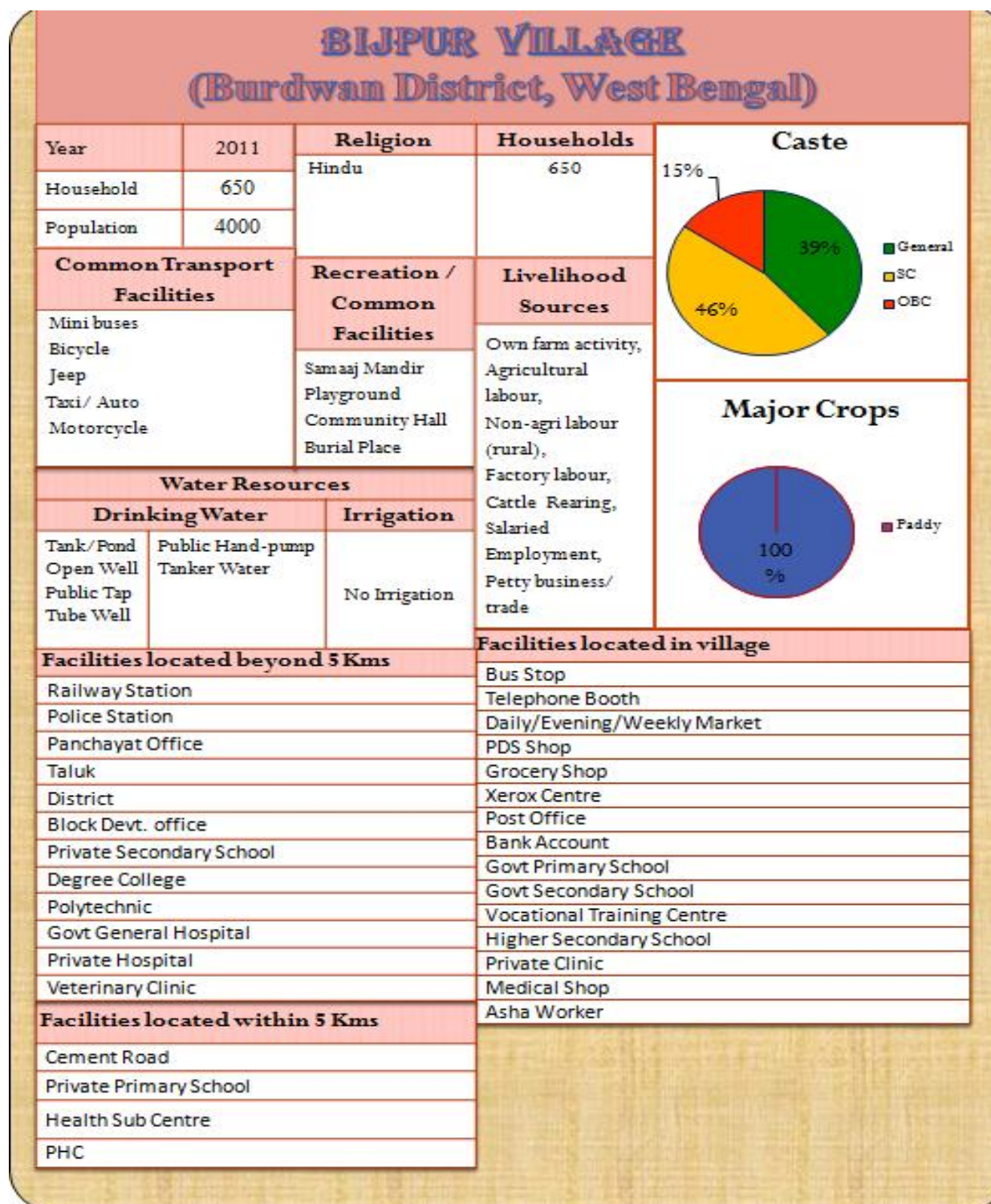


In the sample households, agriculture forms the source of livelihood for only 2% of the workforce population. 30% of the same category is working as Non- Agriculture Labour. 16% of the workforce said that they are salaried employee in government or private sector and 12% of the sample workforce is running petty business to earn livelihood. About 40% of the sample households claimed housewife as their occupation.

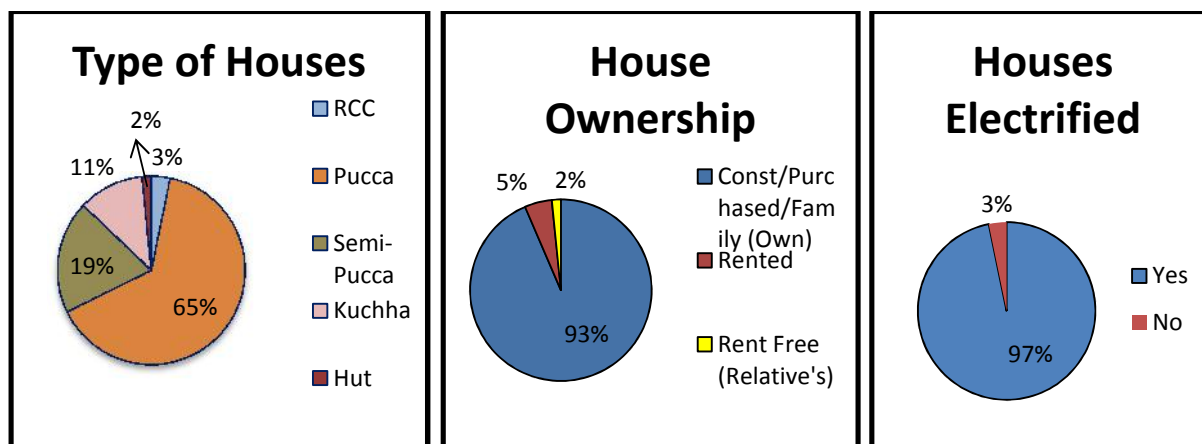
### 5.2.9. RECOMMENDATIONS

- Village reflects extremely discouraging figure in term of sanitation. It is important to support gram panchayat in terms of constructing and maintaining of community toilets. Following a convergence model, ECL can construct the community toilet and Gram Panchayat should be asked to run and maintain the toilets.
- The key stakeholders has mentioned a major problem of drinking water and high incidence of iron and arsenic content in the water that is found in Primary School's tubewell. There is a requirement to provide drinking water supply through pipelines in the area and also to provide purification system in school to remove the iron and arsenic content in water.
- The primary school has demanded for Teaching Learning Material (TLM) for the students. Teaching Learning Material in the form of charts, globe, maps should be provided to the school.
- As the Open Cast Mines are near the village, it has been reported that the blasting that happens in Mines have created a lot of cracks in 40% of the houses in sarthakpur Village. Specialised organizations/ institutes like ISM in Dhanbad should be contacted for the solution of these problems by the Company.

## 5.3. BIJPUR VILLAGE, BURDWAN, WEST BENGAL

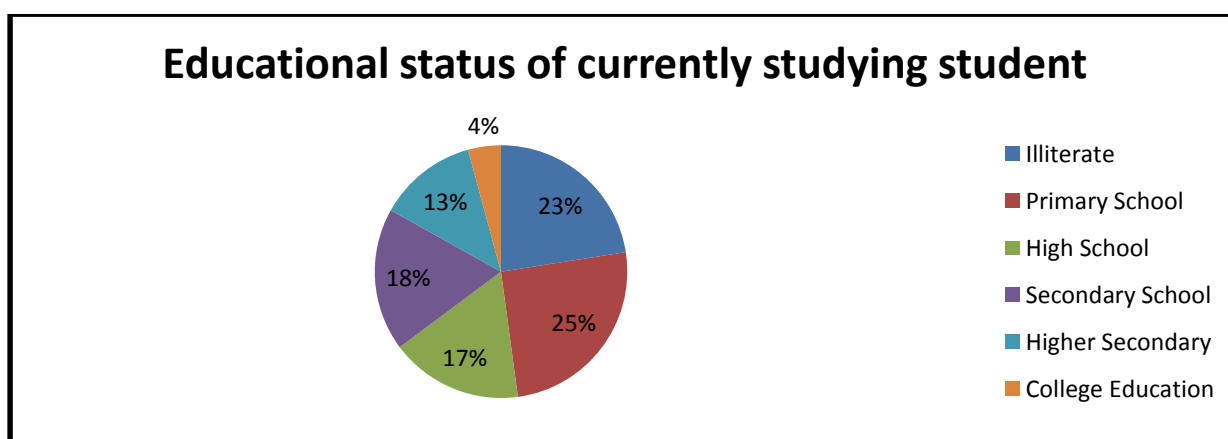


### 5.3.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Bijpur is Pucca Houses (65%). 19% of the sample households were living in Semi- Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region were Kuccha, hut and RCC, that is, 11%, 2% and 3% respectively. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Bijpur clearly points to the fact that 100% of the population who have their own house has registered papers of their land holdings. The data clearly points that 97% of the households have electricity while 3% of the households are not electrified. Furthermore, in the research process, it was also found that 93% are living in their own home while total 5% are living in rented house. 2% are living in rent free accommodation.

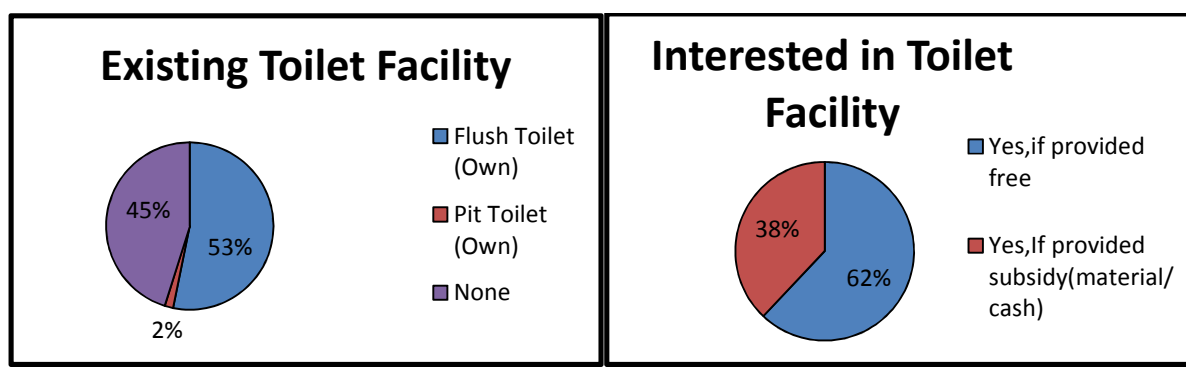
### 5.3.2. EDUCATIONAL STATUS



In Bijpur Village, 25% of the children are studying in primary school followed by 18% in Secondary School, 17% in High School, 13% in higher secondary school and 4% in college. A percentage of 23% students are illiterate and not availing any educational facility.

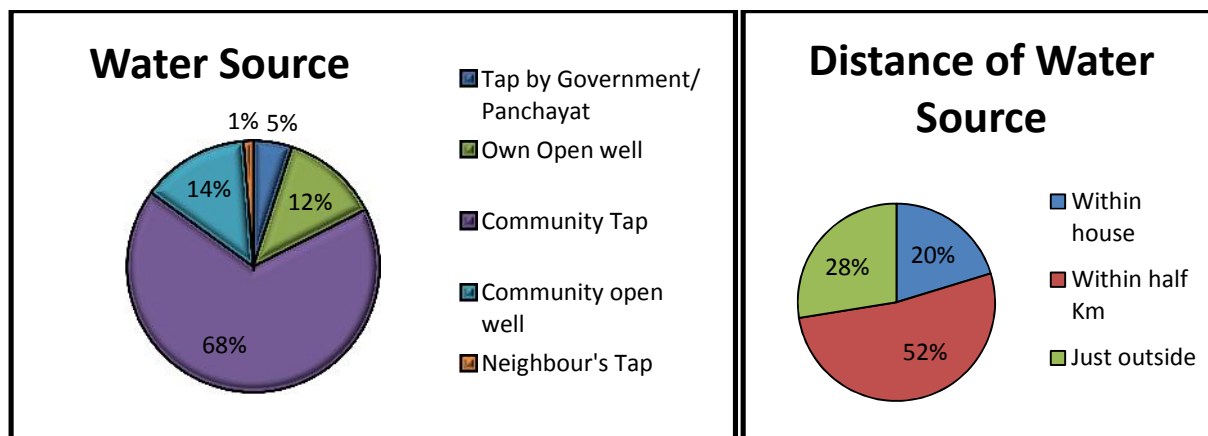
### 5.3.3. SANITATION

Study held in Bijpur village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Bijpur clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 62% of them opined that they would want flush toilet for their household if it is provided free. However, 38% of the people would want flush toilet if it is provided through a subsidy.

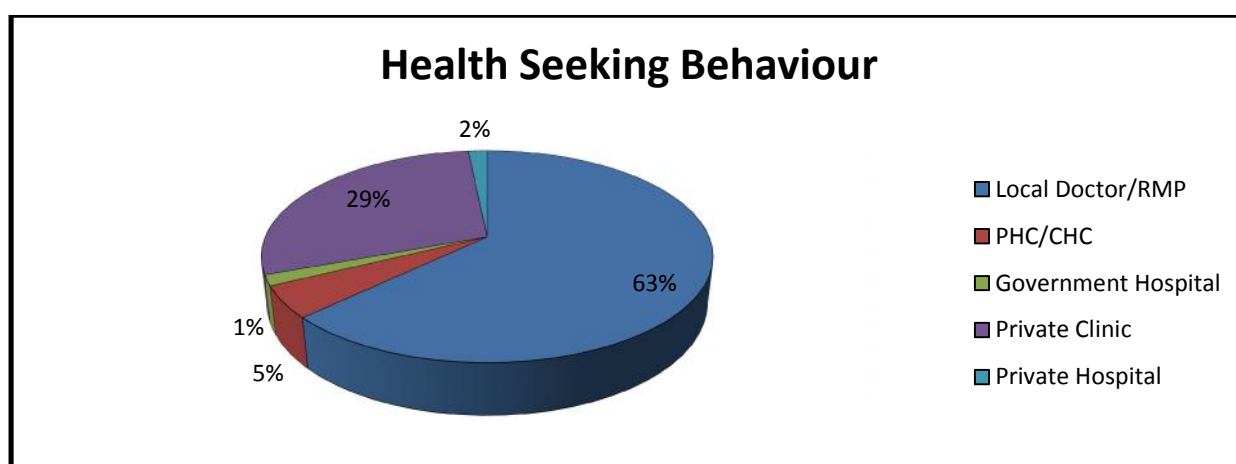
### 5.3.4. WATER



Community Tap caters the water related need of 68% of the sample and Open well including community and household own, provides drinking water to 26% of the sample households. 87% of the sample population depends on community source of water. Around 1% of sample households said that they get drinking water from Neighbor's tap. As reported during research, 52% of the sample have to walk around half Km to fetch water while for 20% sample it is located within their premise. 28% of the sample said that they fetch water from just outside their premises.

### 5.3.5. HEALTH

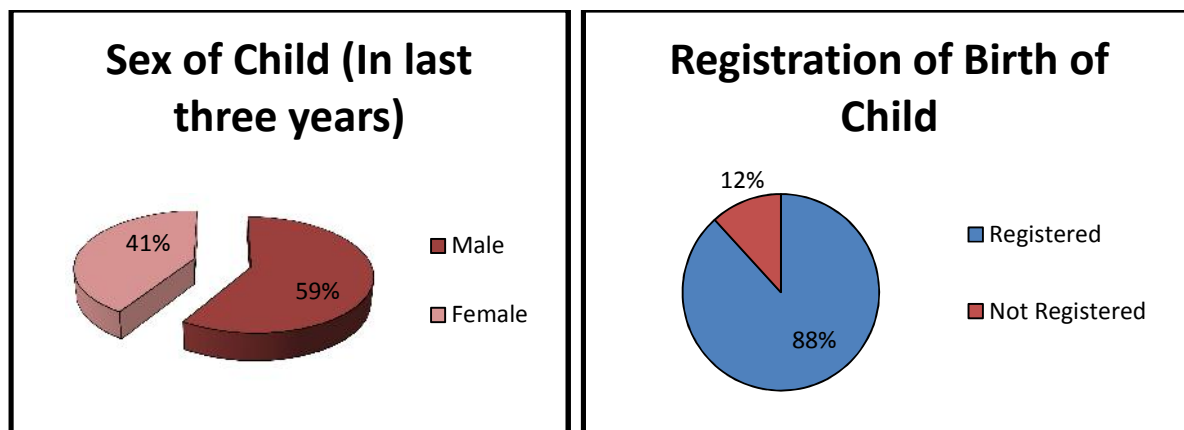
In the Bijpur Area, 63% of the people prefer Local Doctor/ RMP for health check up while only 29% of the people prefer Private Clinics and 5% of people go to PHC/ CHC. Only 1% of people go to Government Hospital and a 2% visit private Hospital.



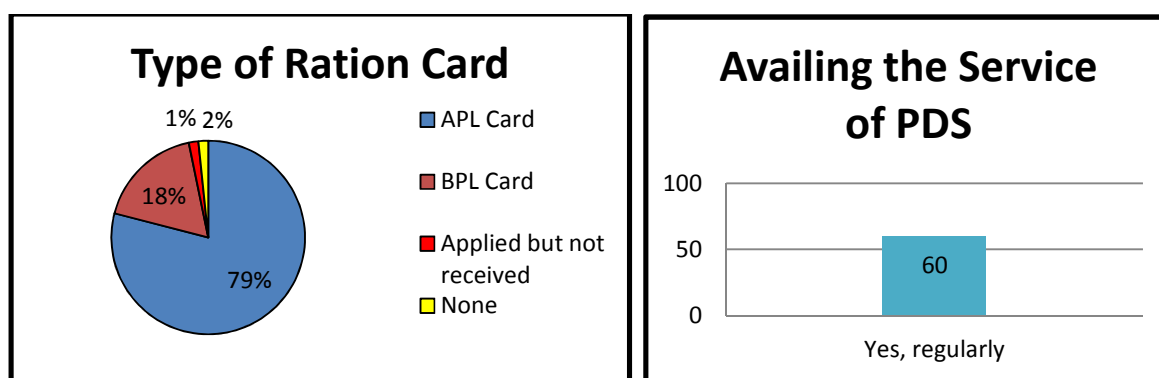
### 5.3.6. MATERNAL HEALTH

As per the UNICEF facts on maternal Health in India, only 47% of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant.<sup>62</sup> The data collected shows that in the last three years, 59% of the new born kids are male and 41% are females. It is an appreciative sign that 88% of the kids in Bijpur have registered the birth of child while 12% of the population has not registered the birth of their offspring.

<sup>62</sup> <http://www.unicef.org/india/health.html>



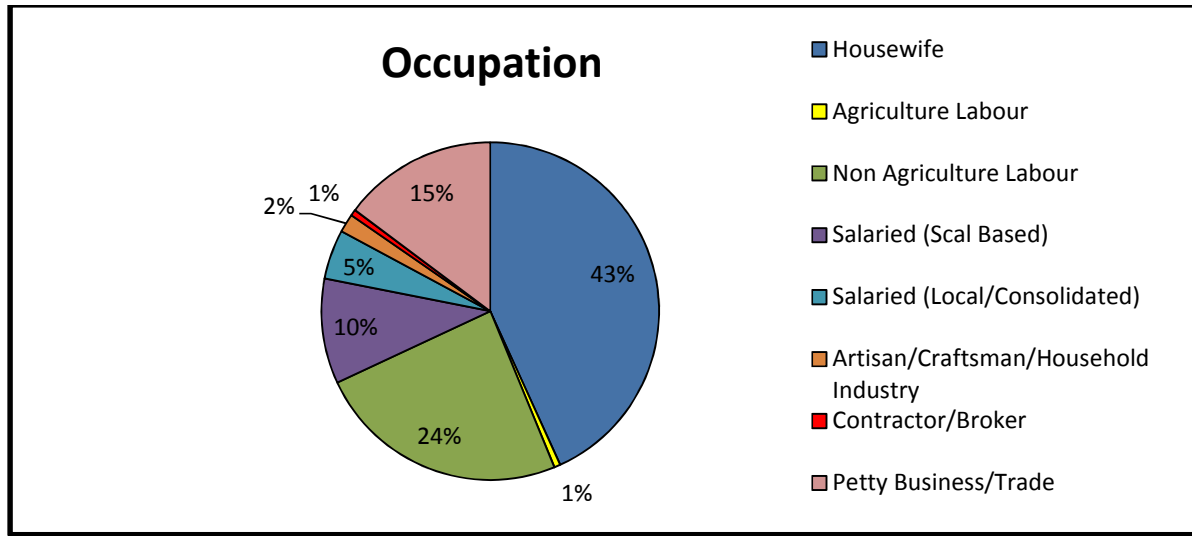
### 5.3.7. PUBLIC DISTRIBUTION SYSTEM



The data on Bijpur shows that 79% of the sample households have APL Card while 18% of the people are under BPL category. 2% of the sample does not have any card and 1% of the sample has applied for the card but has not received it till date. As informed during interview, 60 of the sample who have ration card of any type avail ration from PDS regularly.

### 5.3.8. OCCUPATION

In the sample households, agriculture forms the source of livelihood for only 1% of the workforce population. 24% of the same category is working as Non- Agriculture Labour. 15% of the workforce said that they are salaried employee in government or private sector and 15% of the sample workforce is running petty business to earn livelihood. 12% of the workforce is working as Artisan or Craftsman. About 43% of the sample households claimed housewife as their occupation.

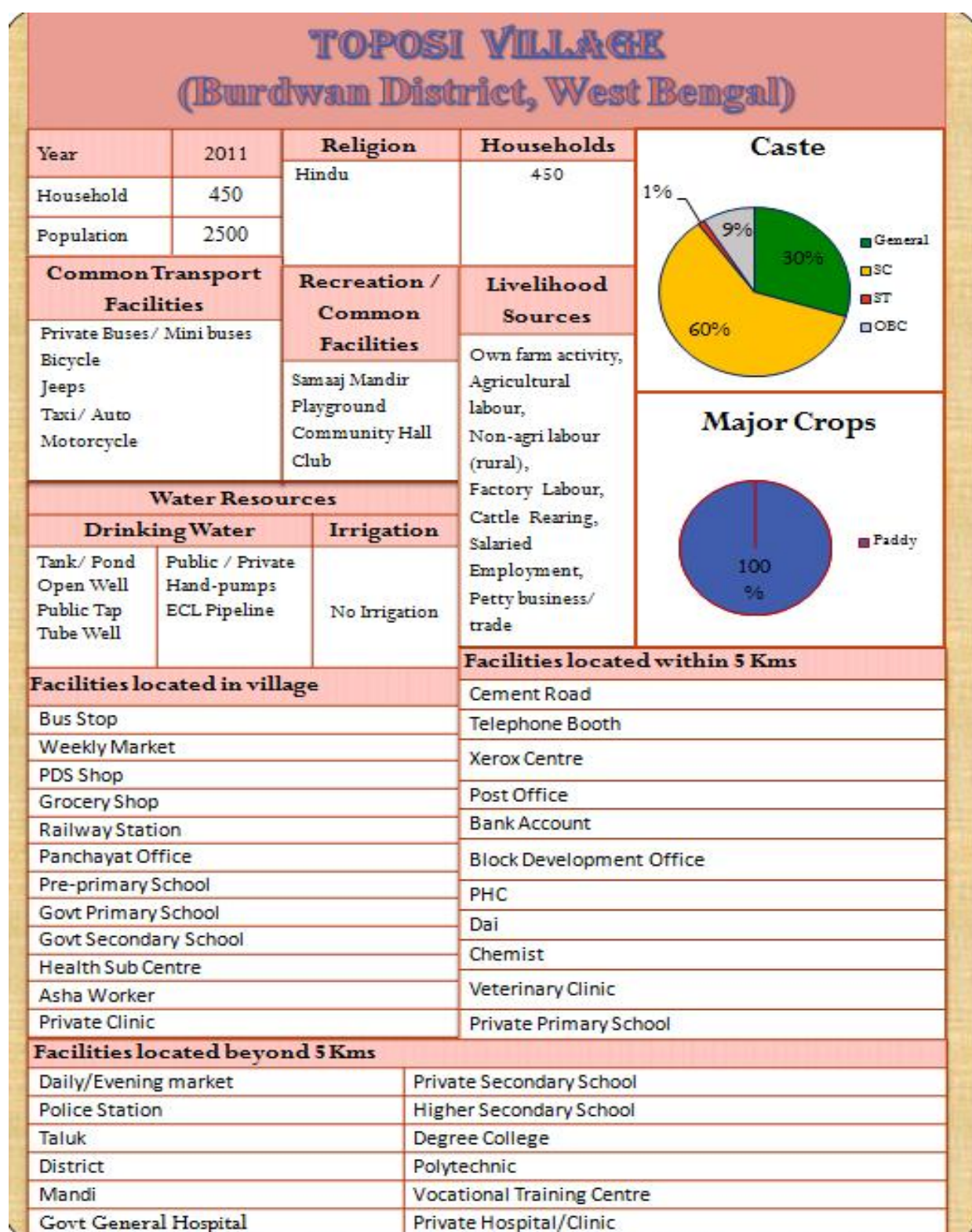




### 5.3.9. RECOMMENDATIONS

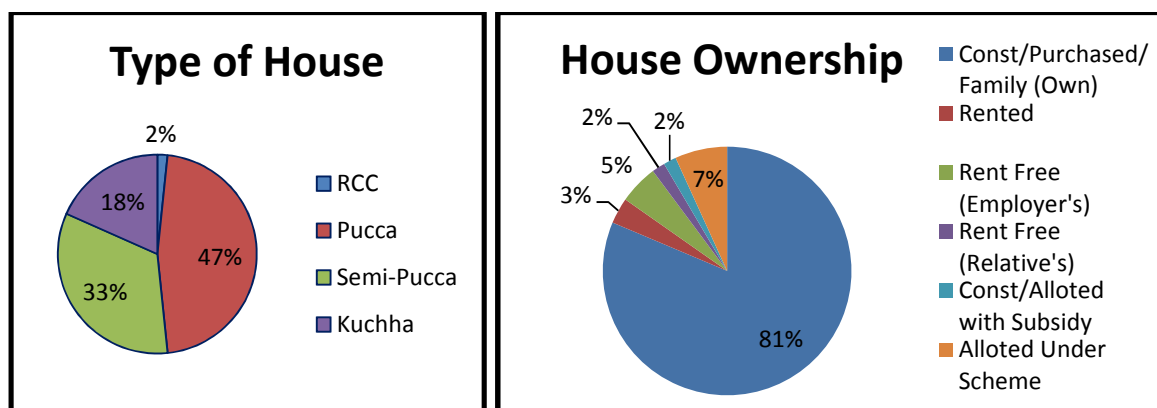
- As the discussion with villagers availability of drinking water has emerged as major concern and specially in summer season. Piped water supply is available but covers only a minimal section of the community. Availability of drinking water to the community can be ensured if company work in collaboration with local administration and strengthen the existing drinking water supply system.
- There is also a demand for sports equipment in school such as Indoor Games, Cricket Set, and Tennis Set.
- The Bijpur Netaji Shikshaniketan Schools should be provided a full fledged library with computers with the provision of solar panels to run the computers.
- School Authorities of Bijpur F. P. School have raised concern regarding the health related problems arising due to pollution and majorly because of air pollution because of the existence of Sponge Iron Factories in the vicinity. The school authorities have mentioned that the air-borne dust settles on the mid day meal food and becomes unhygienic for the consumption of students. Necessary steps need to be taken to address the issue.
- As the sanitation situation is not good in this village, there is a demand for community toilets in the village. The Municipal Corporation of the area has told the research team that they would take the responsibility of maintenance of these community toilets. Following a convergence model, ECL can construct the community toilet and Gram Panchayat should be asked to run and maintain the toilets.

## 5.4. TOPOSI VILLAGE, BURDWAN, WEST BENGAL



### 5.4.1. HOUSEHOLD STATUS

The household status in the village of Toposi shows that 47% of the sample households resides in Pucca houses, whereas, those who reside in Semi-Pucca and Kachha houses amount to 33% and 18% respectively. The least common type of Houses in this region is RCC houses that amounts to 2% of the sample households.



The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Toposi clearly points to the fact that 100% of the sample households' population has registered papers of their land holdings. Among the interviewed households 100% are electrified. In the research process, it was found that 81% are living in their own home while total 3% are living in rented house. A majority of household living in rented accommodation is living in rent free accommodation. 2% are living in households that are allotted under schemes.

### 5.4.2. EDUCATIONAL STATUS

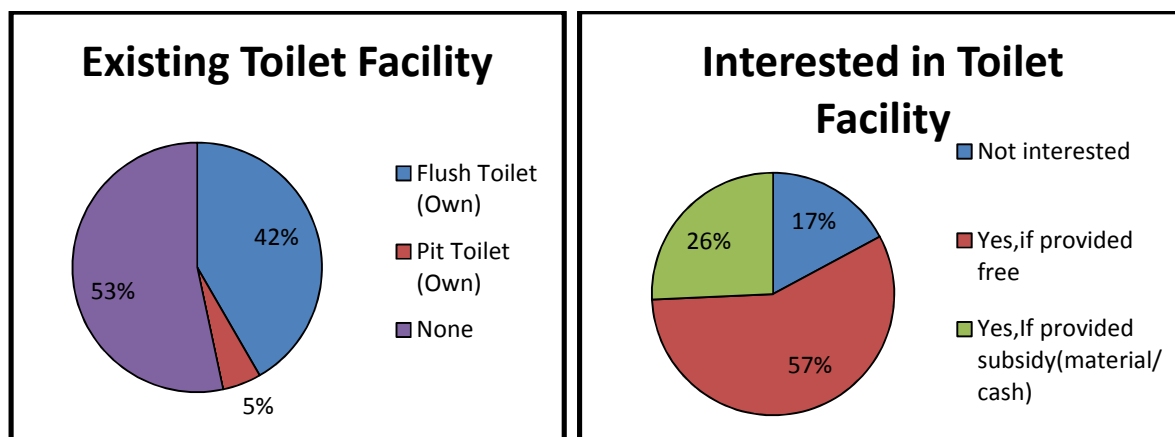
In Toposi village, 31% of the children are studying in primary school followed by 23% in High School, 14% in college, 10% in Secondary School and 5% in higher secondary school. A percentage of 17% students are illiterate and not availing any educational facility.

### Educational status of currently studying student



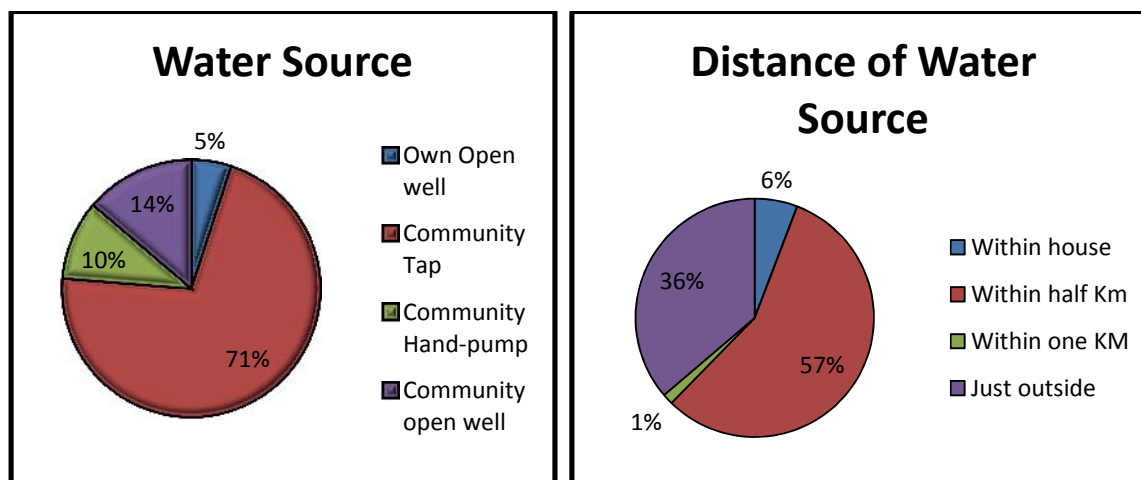
#### 5.4.3. SANITATION

Study held in Toposi village shows that the maximum number of sample in the village (53%) have absolutely no toilet facilities. Among those who have toilets of their own, 42% have a flush toilet and 5% have pit toilet, among the same group 98% of the households have constructed toilets on their own expense. However, 2% of the households have constructed toilets with the help of subsidy.



Among the sample households who doesn't have toilet of their own, 57% would like to have a flush toilet for their household if it is provided free while 26% of the same group would like to have a flush toilet if subsidy is provided. However, a sample of 17% was not interested in flush toilet for their household.

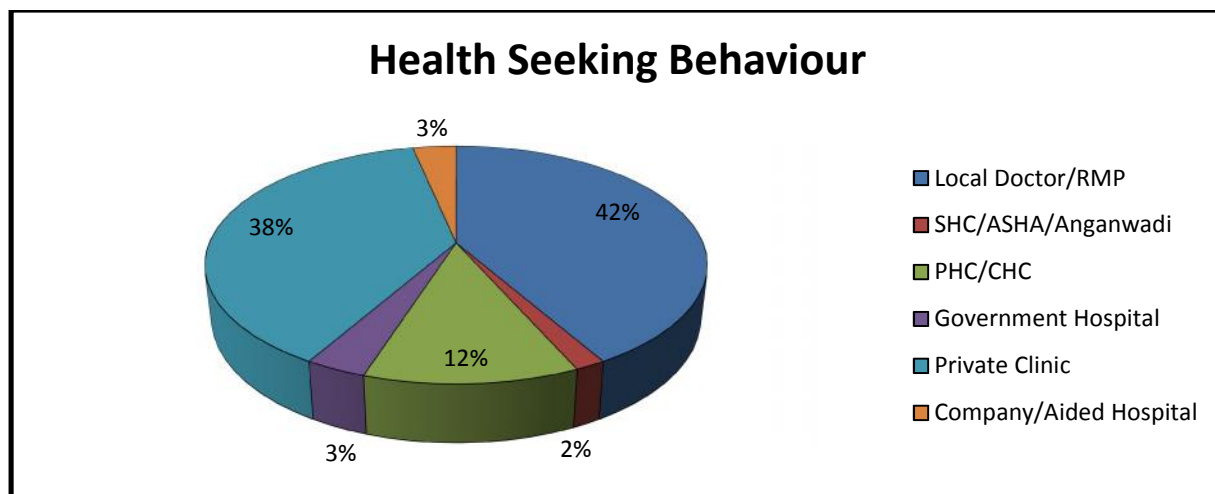
#### 5.4.4. WATER



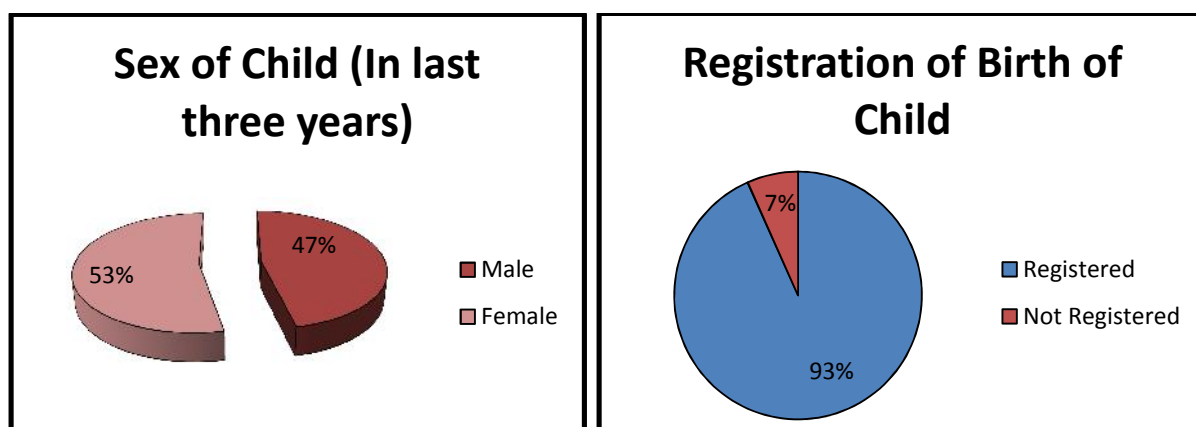
Community Tap provides water to 71% of the sample households and open well caters the water related need of 19% of the sample households. 10% sample household gets water from community hand-pump. As reported during research, 57% of the sample have to walk around half Km to fetch water while for 6% sample it is located within their premise. 36% of the sample said that they fetch water from just outside their premises. And 1% has to walk about one Km to fetch water.

#### 5.4.5. HEALTH

In the Toposi Area, 42% of the people prefer Local Doctor/RMP and 38% of people go to Private Clinics. A 12% of the population prefer going to PHC/CHC for health check up and a 2% prefer SHC/ Asha/ Aganwadi. Only 3% of each prefer going to Government Hospital and Company Aided Hospitals respectively for health check up.



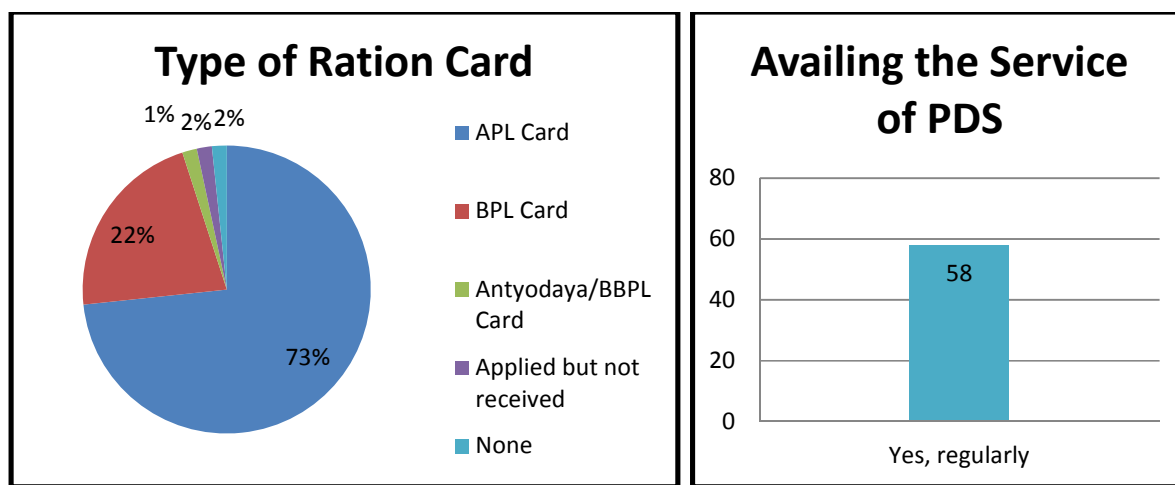
#### 5.4.6. MATERNAL HEALTH



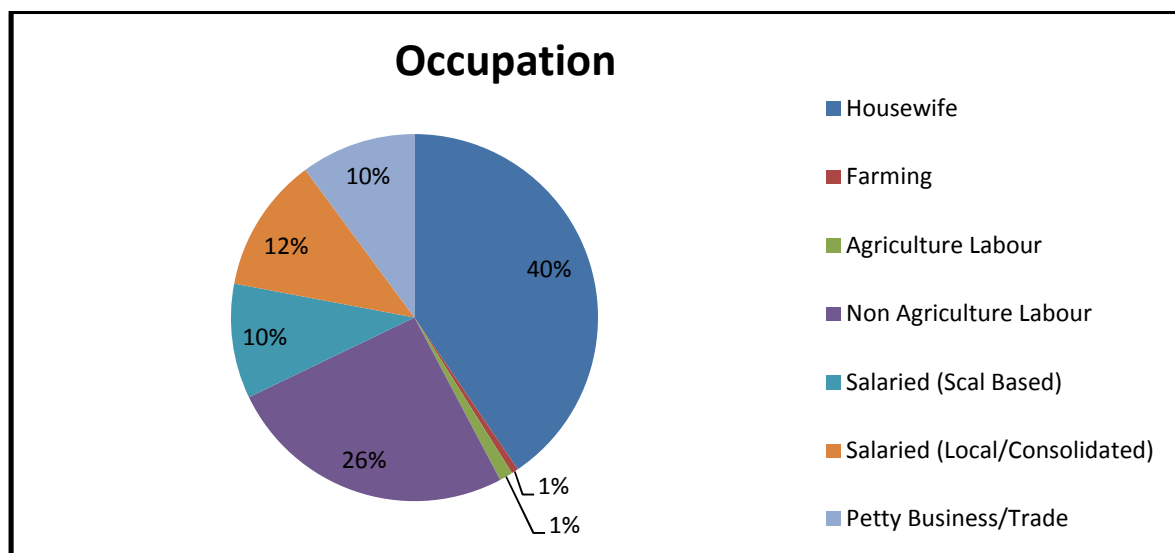
In Toposi, among the sample households who witnessed birth of a child in their house in last three years, 53% were females and 47% were males. Among the births, 93% are registered while 7% are not registered.

#### 5.4.7. PUBLIC DISTRIBUTION SYSTEM

Among the sample households 73% have APL Card while 22% of the people are under BPL category. Those who have ration card 58 of them avail the facility regularly.



#### 5.4.8. OCCUPATION



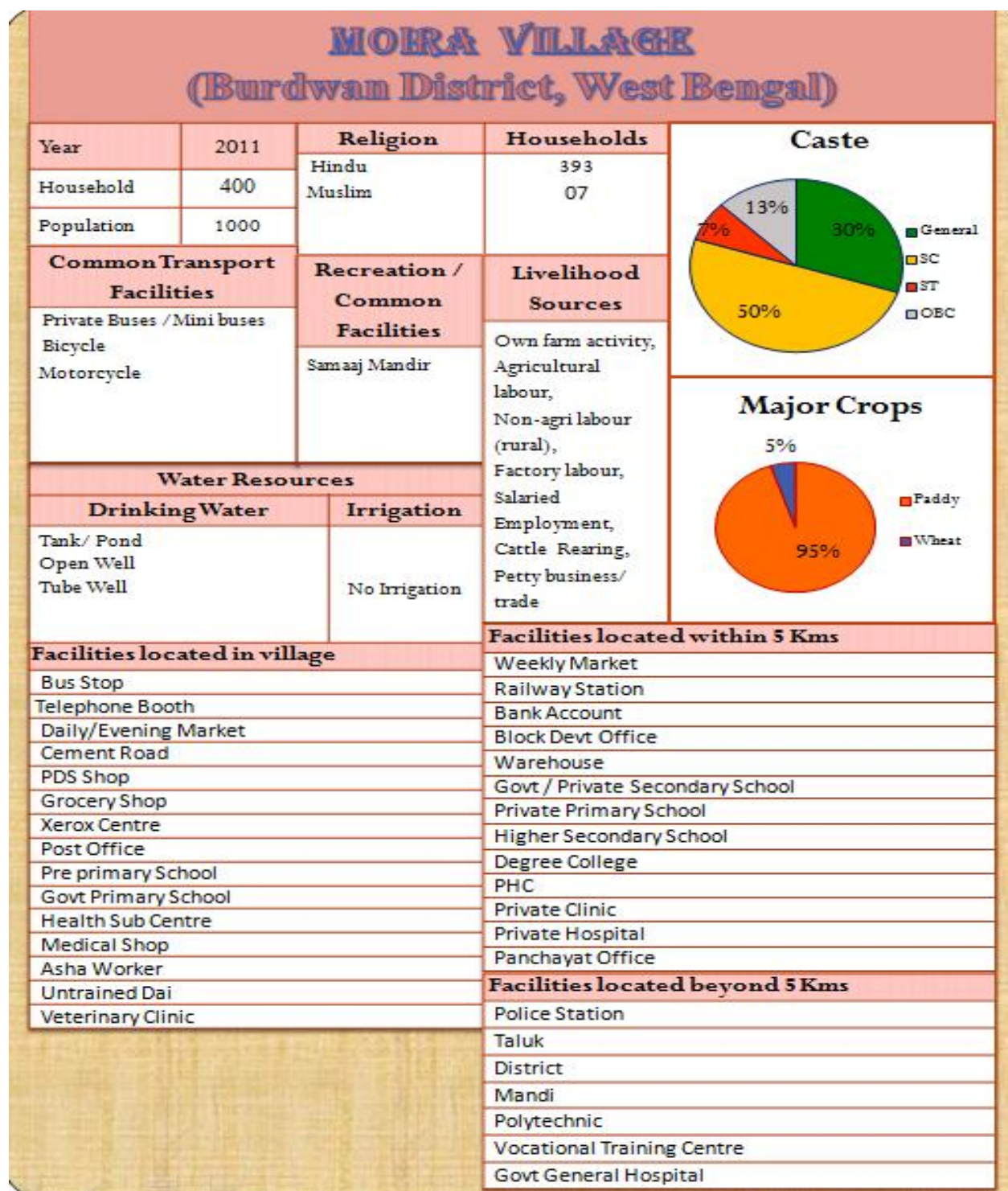
In the sample households, agriculture forms the source of livelihood for only 2% of the workforce population. 26% of the same category is working as Non- Agriculture Labour. 22% of the workforce said that they are salaried employee in government or private sector and 10% of the sample workforce is running petty business to earn livelihood. About 40% of the sample households claimed housewife as their occupation

#### **5.4.9. RECOMMENDATIONS**

- Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
- The Middle School of Toposi village should be provided a full fledged library with computers with the provision of solar panels to run the computers.
- The Primary School in Toposi has demanded for the construction of a cultural stage in the school where cultural events could be organized during national events. They have also demanded for music instruments like Tabala, Harmonica as well as Sports equipment for the students.
- More than half of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.

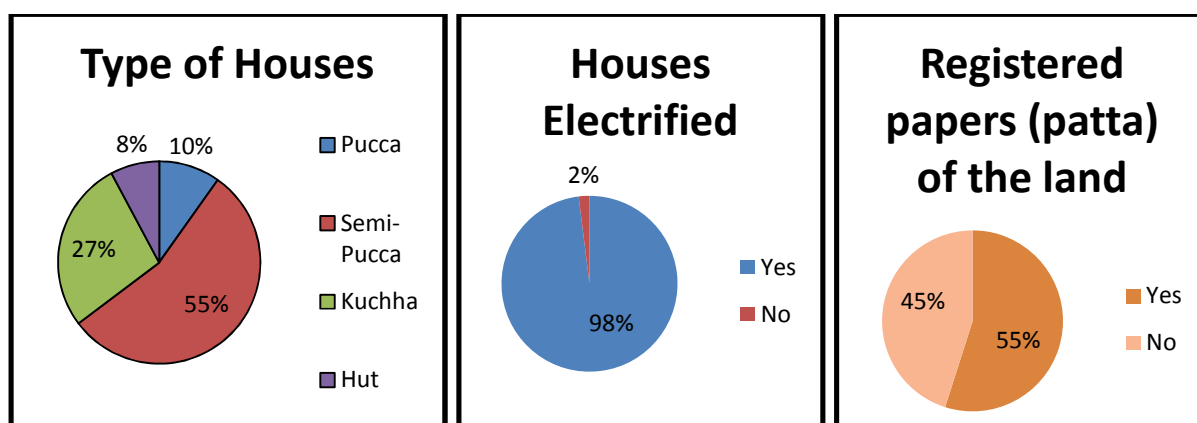


## 5.5. MOIRA VILLAGE, BURDWAN, WEST BENGAL

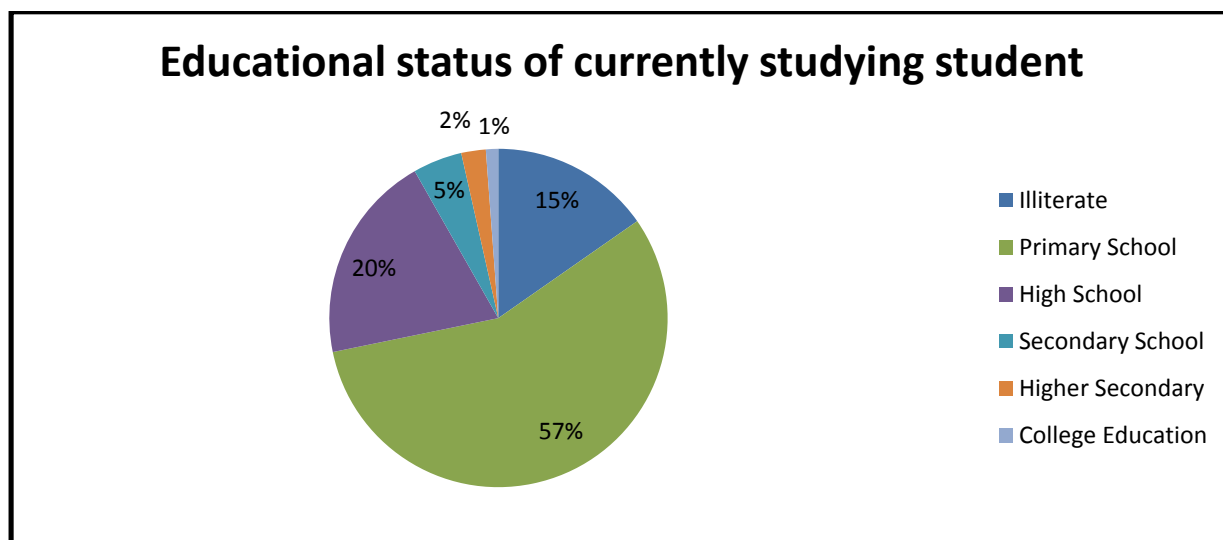


### 5.5.1. HOUSEHOLD STATUS

In Moira, among the sample household, 55% are living in semi-pucca house while 27% sample households are living in kachcha house. Around 10% of the same are living in pucca houses. Among the sample households, 55% had the papers of the land they were living on and 45% did not have the registered papers of the land. 98% of the households are electrified while 2% of the households are not electrified.



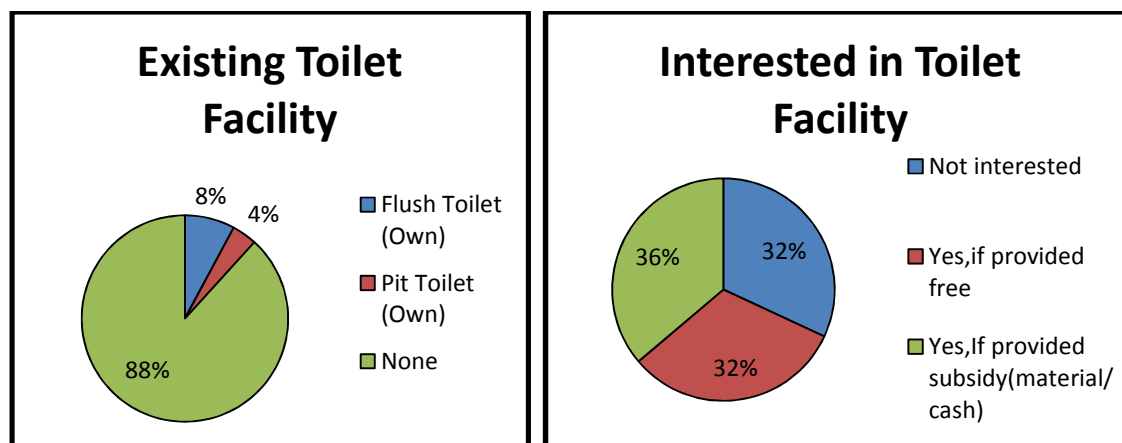
### 5.5.2. EDUCATIONAL STATUS



In Moira village, 57% of the children are studying in primary school followed by 20% in high school, 5% in secondary school, 2% in higher secondary school and 1% in college. A percentage of 15% students are illiterate and not availing any educational facility.

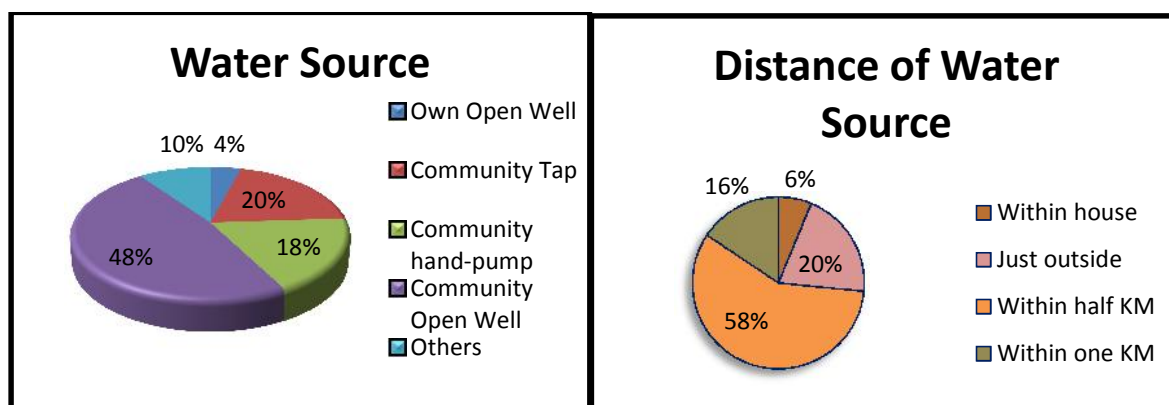
### 5.5.3. SANITATION

Total 88% of the sample households in the village do not have access to toilets. 12% of the sample have toilets in their house, 8% of the sample have flush toilets while 4% have pit toilet.



Among the sample households who have toilet of their own, 92% of them have constructed toilets fully at their own, 4% of them said that they get subsidy to construct the toilet. Sample households who does not have toilet of their own, 32% of them want flush toilet for the household if it is provided free while 36% would want the flush toilet if it is provided through subsidy.

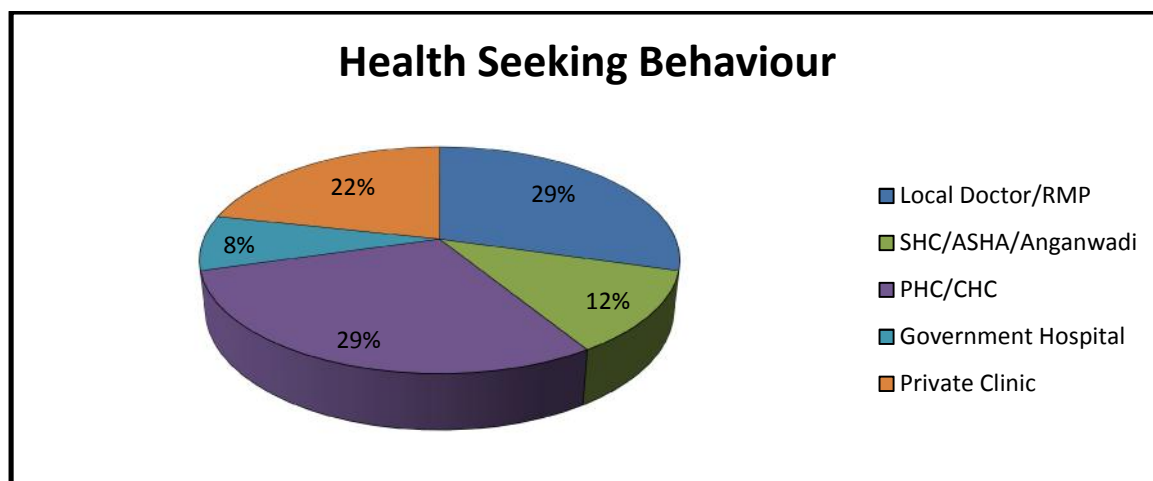
### 5.5.4. WATER



Almost half of the sample households fetch water from community open well. About one fourth of the sample population (20%) said that they fetch water from open well. For 58% of the population drinking water is located within half Km while for 20% of the population it is

available just outside the house. 16% of the sample households have to travel around one km to fetch water. And 6% of the households have water sources within the premises of their house.

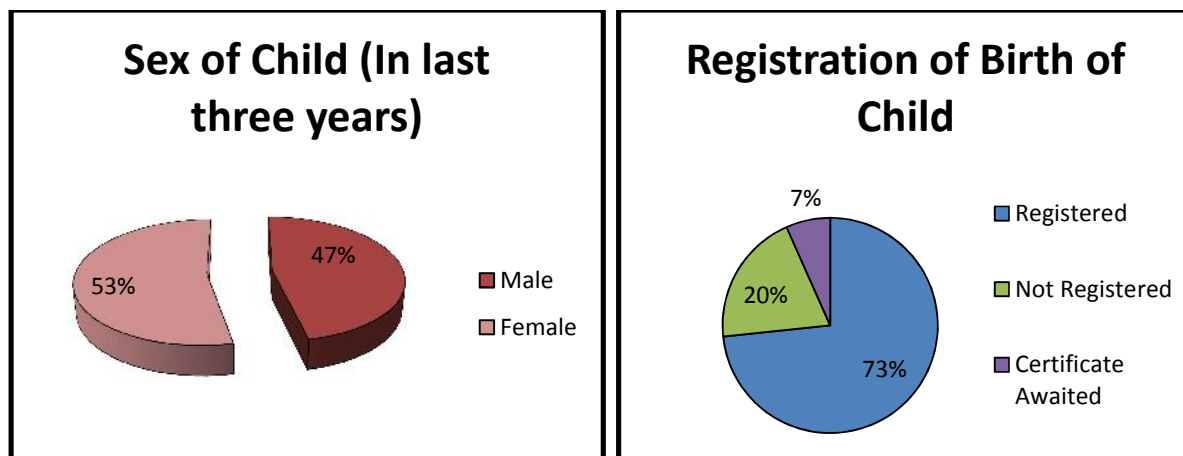
#### 5.5.5. HEALTH



In the Moira Area, 29% of the people prefer Local Doctor/ RMP and PHC/CHC each respectively for health check up. While only 8% of the people visit Government hospital. Nearly 22% visit private clinic for check up. However, only 12% of the people visit SHC/ ASHA/ Anganwadi for health related checkups.

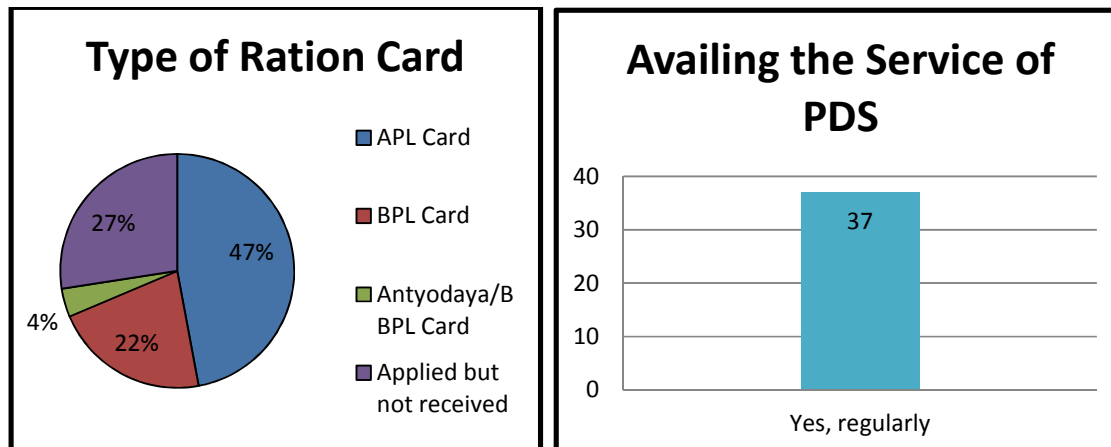
#### 5.5.6. MATERNAL HEALTH

Sample of Moira reflects that 53% of the children conceived in the last three years have been females and 47% have been males. Out of the children born, 73% of the sample have registered their birth, while, 20% have not registered the births of their child and 7% people are awaiting certificates.



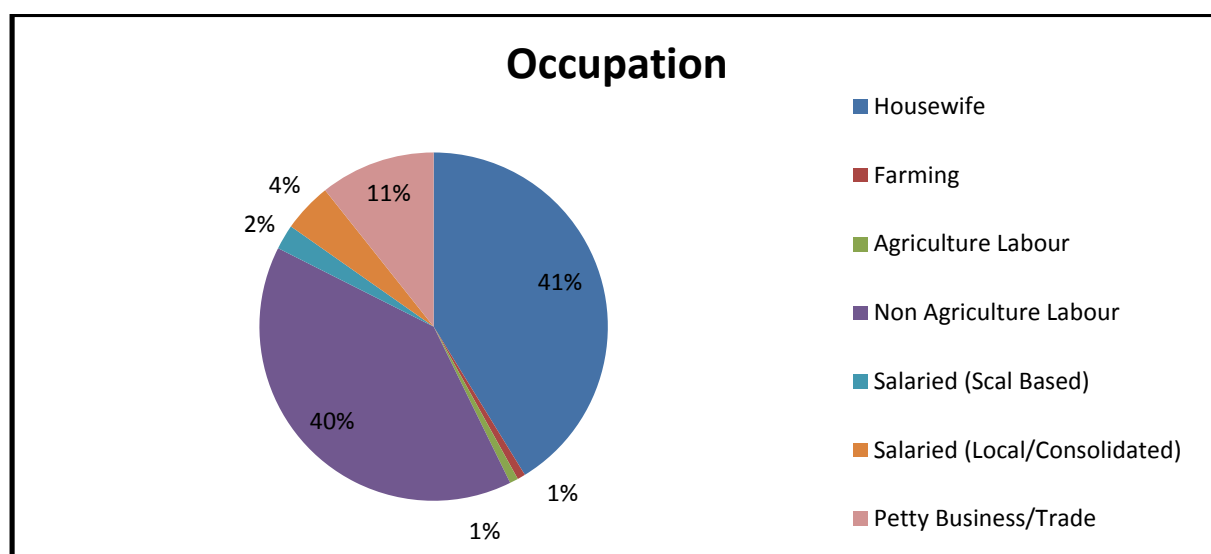
#### 5.5.7. PUBLIC DISTRIBUTION SYSTEM

The data on Moira shows that 47% of the population falls under APL Card category while 22% of the people are under BPL Card category and 4% are under Antyodaya/BBPL Card category while 27% of the people have not received ration card yet.



Households which possess ration cards, out of them 37 claimed availing ration from PDS regularly.

### 5.5.8. OCCUPATION



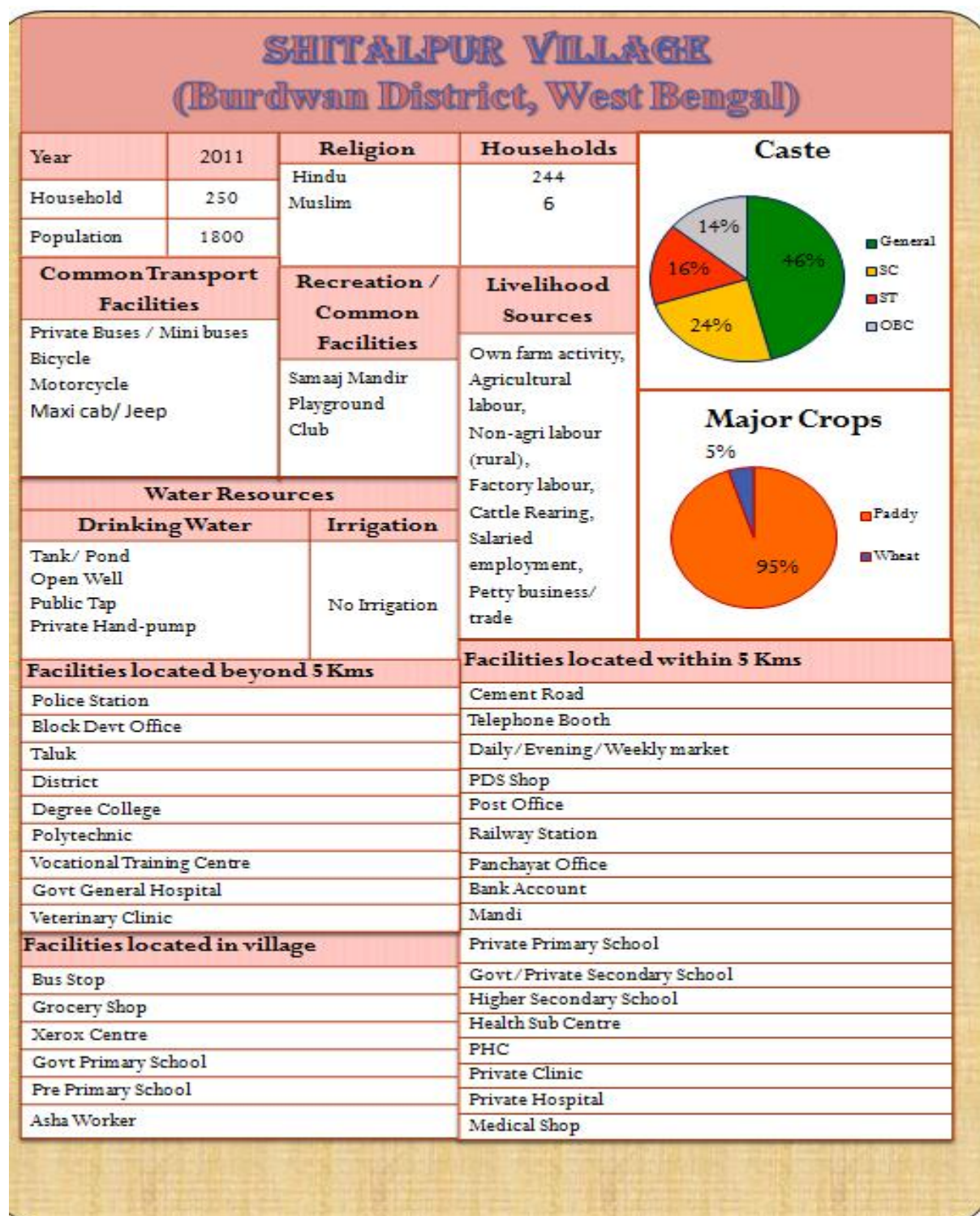
In the sample households, agriculture forms the source of livelihood for only 2% of the workforce population. 40% of the same category is working as Non- Agriculture Labour. 6% of the workforce said that they are salaried employee in government or private sector and 11% of the sample workforce is running petty business to earn livelihood. About 41% of the sample households claimed housewife as their occupation.

### **5.5.9. RECOMMENDATIONS**

- Skill building should be taken up as major issue in Moira. The village is lagging behind in terms of having market oriented skills. Not a single person among the interviewed households was found having vocational training. Provisioning of skill building facilities will enhance the employability of the youths.
- Vocational training to women considering their background and capability which can ensure the earning capacity will help to ensure the participation of women in earning livelihood for the family.
- Sanitation has emerged as major issue in the village. Construction of community toilet is important to ensure the healthy environment in the village. There is a demand for toilets in the Primary School also.
- The primary school and SSK School in the area should be supplied with sports material.



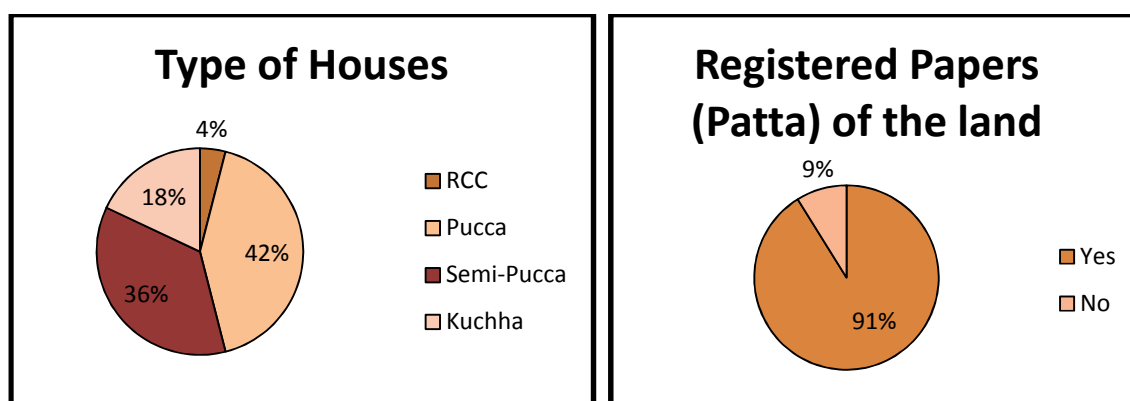
## 5.6. SHITALPUR VILLAGE, BURDWAN, WEST BENGAL





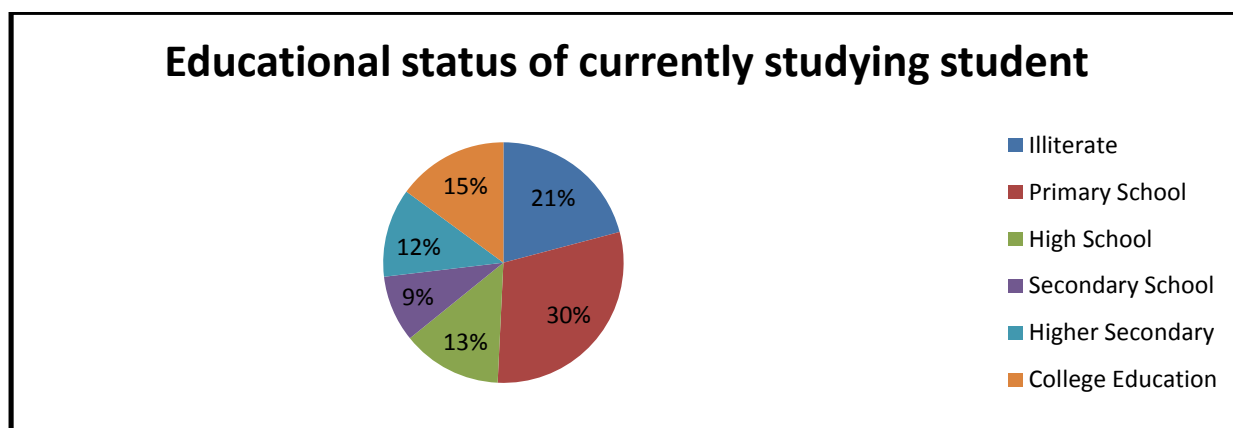
### 5.6.1. HOUSEHOLD STATUS

The household status in the village of Shitalpur shows that 42% of sample households reside in Pucca house, 36% are currently living in semi-pucca house while 18% were living in kuchcha house and 4% were living in RCC houses.



Among the studied households, 91% have registered papers of their land holdings, while 9% did not have registered land papers. All the studied households are electrified.

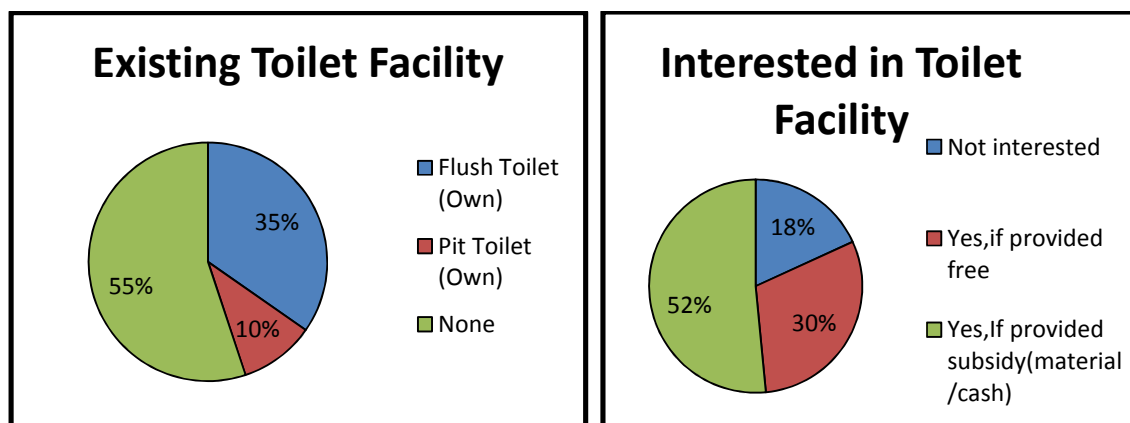
### 5.6.2. EDUCATIONAL STATUS



In Shitalpur village, 30% of the children are studying in primary school, 13% in high school, 9% in secondary school, 12% in higher secondary school and 15% in college. A percentage of 21% students are illiterate and not availing any educational facility.

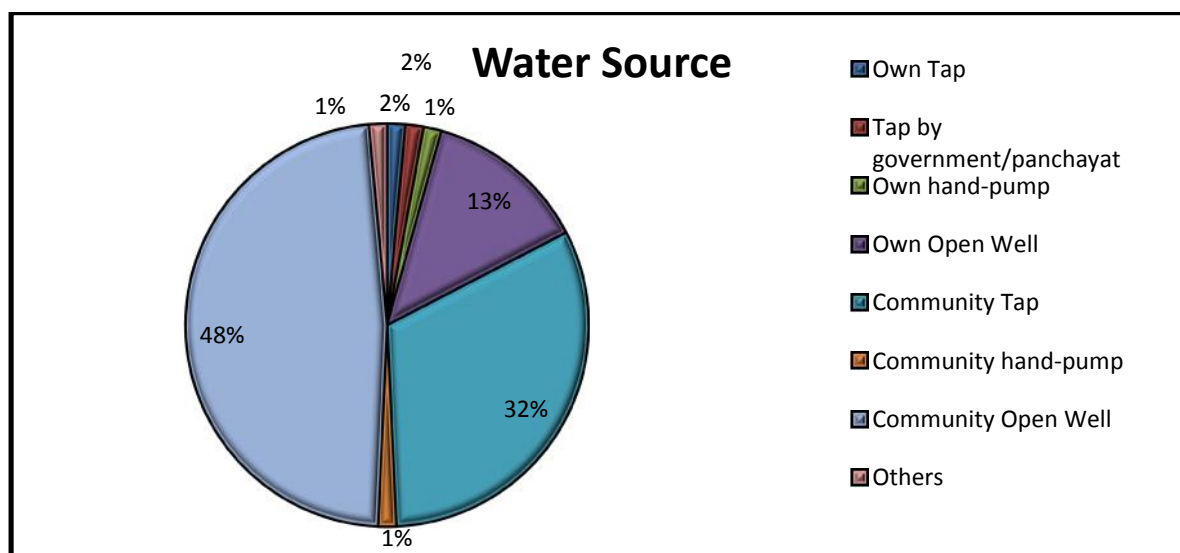
### 5.6.3. SANITATION

In Shitalpur, 35% of the sample households are having toilet of their own while 55% of the sample households have absolutely no toilet facilities.



Among the households who do not have toilet of their own, 52% of them would want a flush toilet if it is provided through subsidy, 30% of them want the toilet if it is provided free and 18% of them said that they are not interested in having toilet in their household.

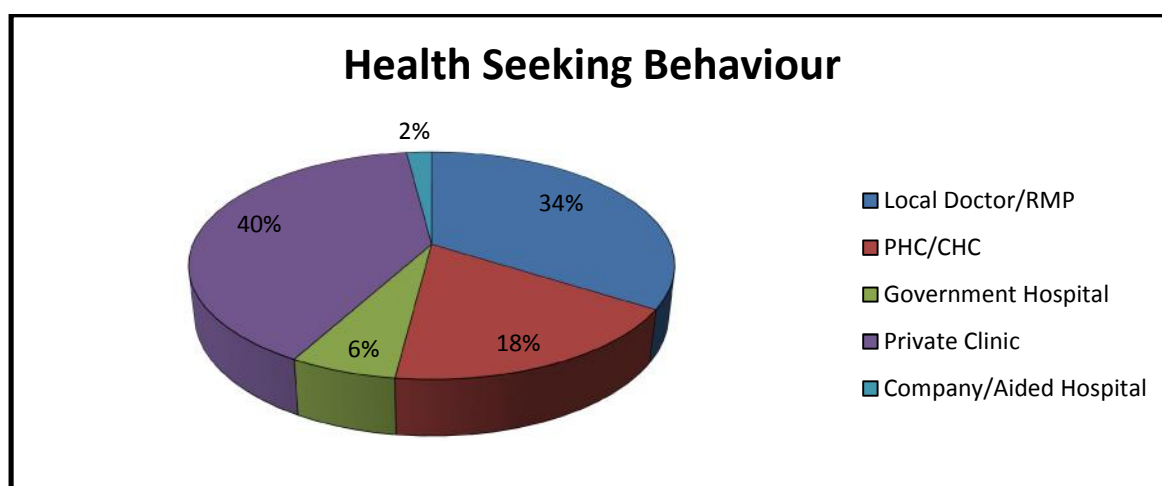
### 5.6.4. WATER



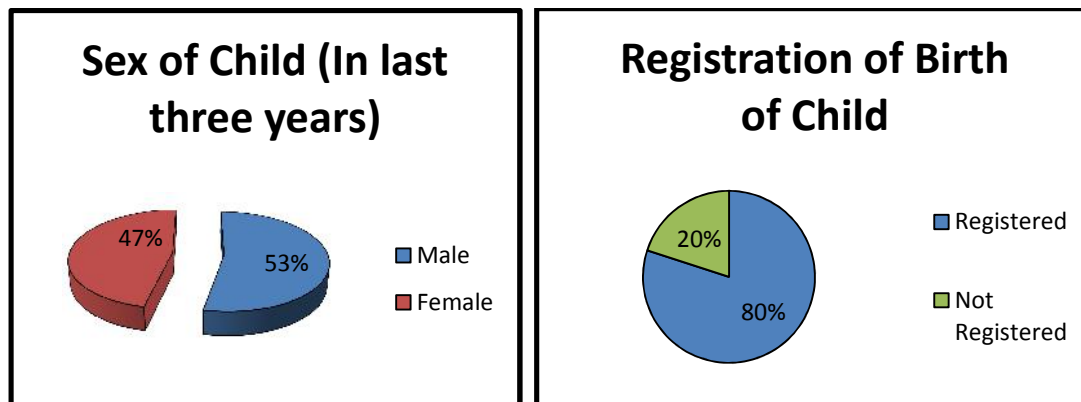
In Shitalpur, among the sample households, 33% avail water from Community open well. Around 2% sample households fetch water from own tap. For 1% of the sample households fetch water from other sources.

### 5.6.5. HEALTH

As data reflects, people prefer to go to Private Clinics. 34% of the sample households consult Local Doctor/ RMP, 2% prefer Company or Aided hospitals, 18% consult PHC/CHC and 6% of the sample consult Government Hospital.



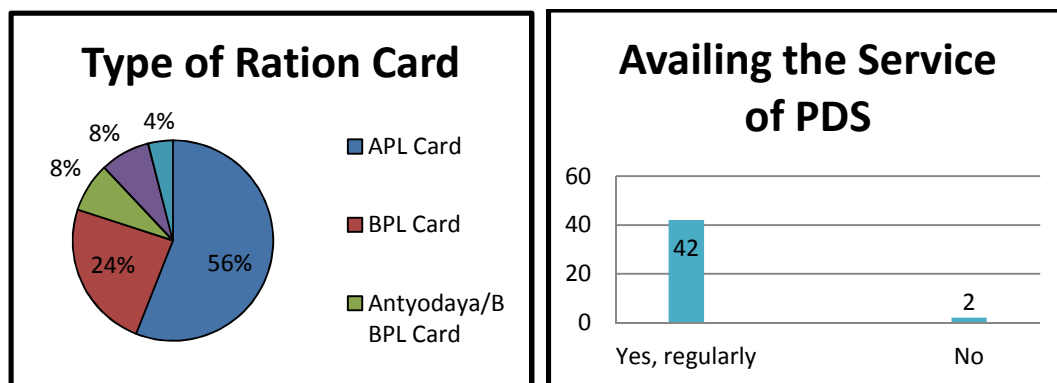
### 5.6.6. MATERNAL HEALTH



Among the women from households who delivered the child in last three years, were in age 53% are male child and 47% are female child, 80% of these birth are registered while 20% is not registered.

### 5.6.7. PUBLIC DISTRIBUTION SYSTEM

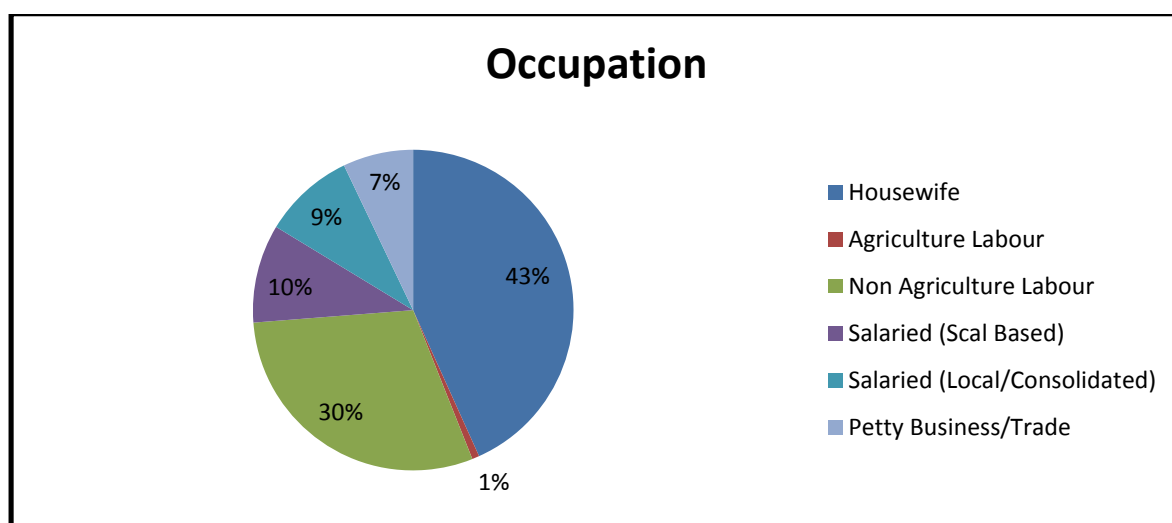
The data on Shitalpur shows that 56% of the sample households have APL Card while 24% have BPL Card. A small fraction (4%) of the household interviewed does not have any ration card.



Among the sample households who have ration card, 42 of them claimed to avail ration from PDS regularly and 2 of the respondents claimed not availing this facility at all.

### 5.6.8. OCCUPATION

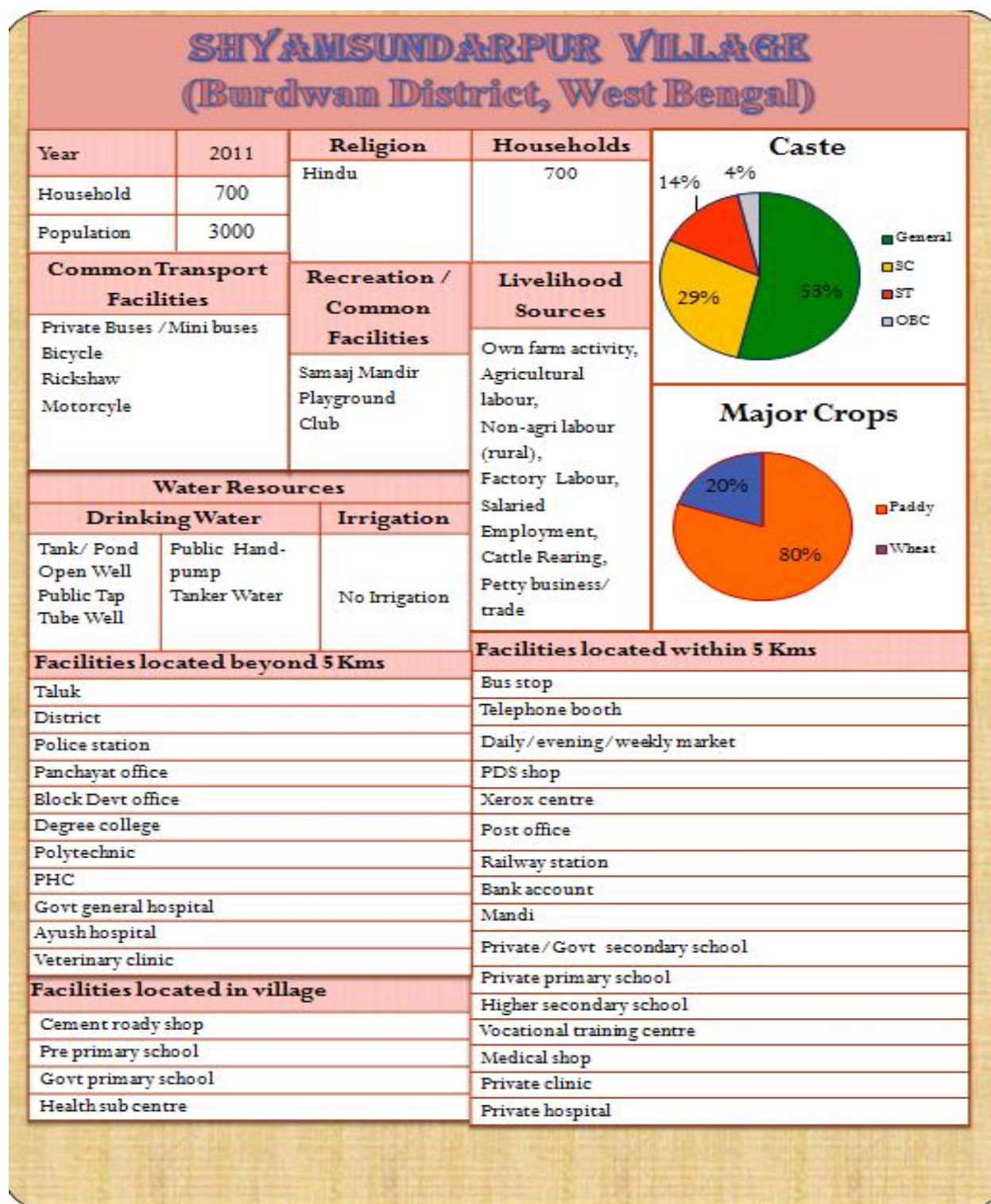
In the sample households, agriculture forms the source of livelihood for only 1% of the workforce population. 30% of the same category is working as Non- Agriculture Labour. 19% of the workforce said that they are salaried employee in government or private sector and 7% of the sample workforce is running petty business to earn livelihood. About 43% of the sample households claimed housewife as their occupation



### **5.6.9. RECOMMENDATIONS**

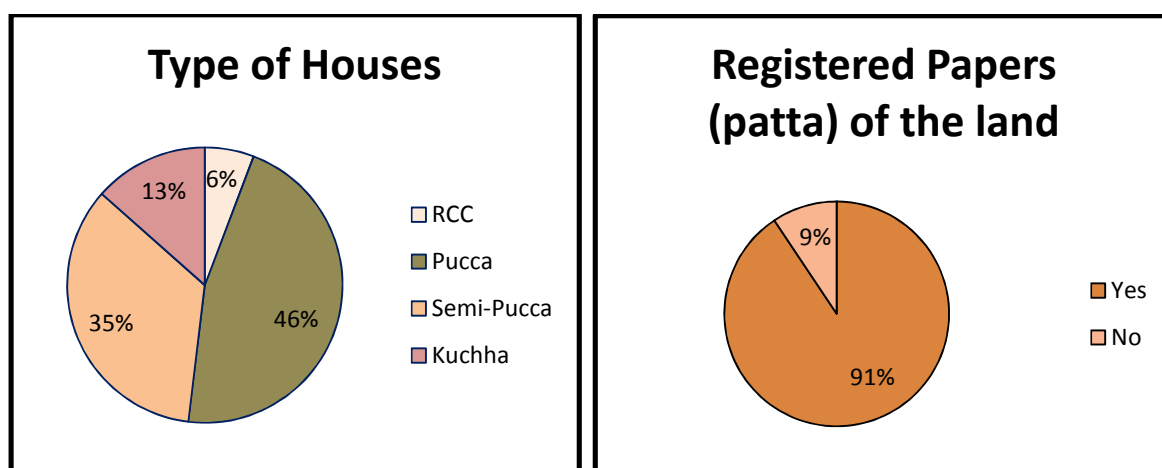
- Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
- Around half of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
- Establishing library in the school can be taken up as intervention.

## 5.7. SHYAMSUNDARPUR VILLAGE, BURDWAN, WEST BENGAL

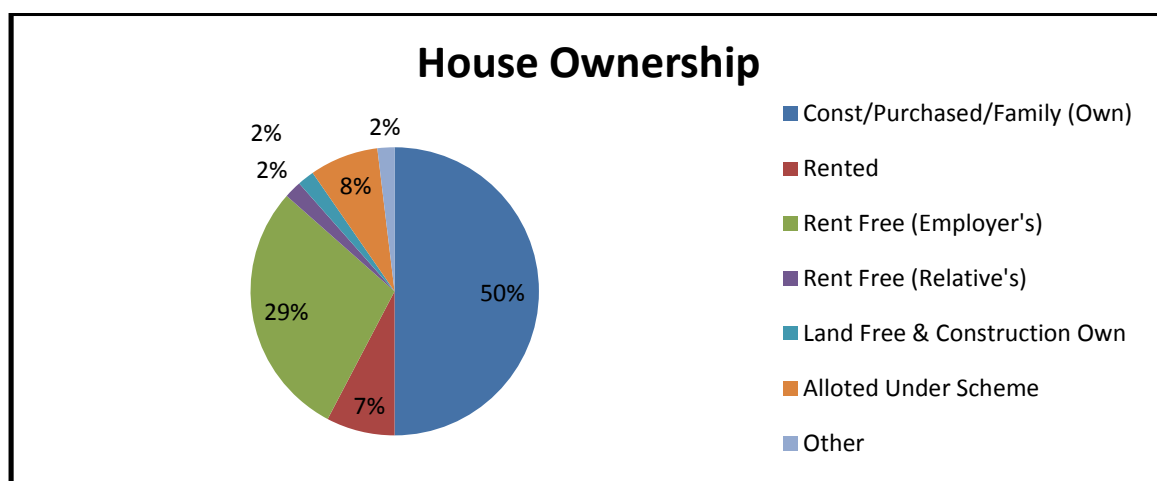


### 5.7.1. HOUSEHOLD STATUS

The status of the sample households in the village shows that 46% of the sample population resides in Pucca houses, 35% in Semi-Pucca and 13% live in Kachha houses. However, 6% of the samples were found living in RCC.

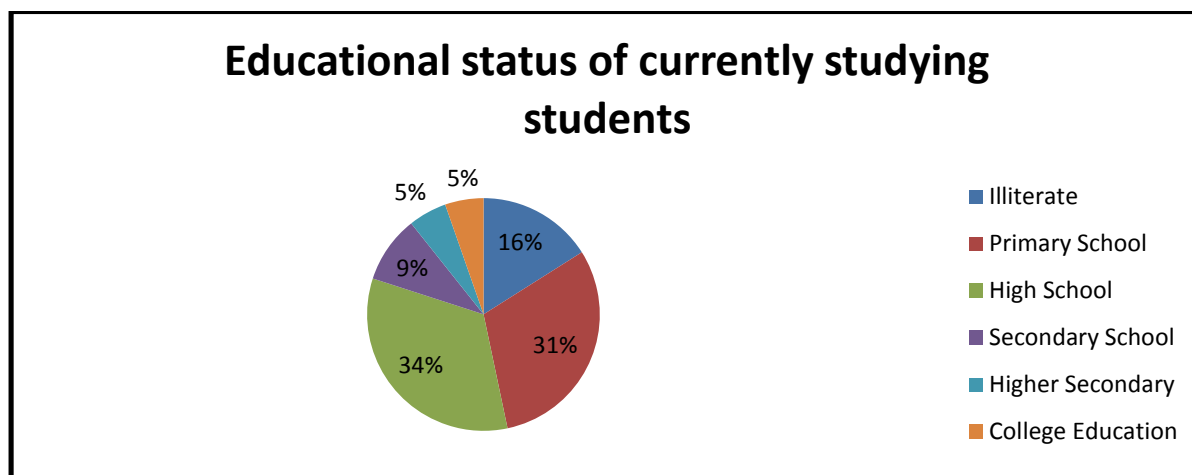


Among the households who are living in their own households, 91% of them informed that they have registered papers of their land; while 9% did not have registered papers of the land.



In the research process, it was found that 50% are living in their own home while total 7% are living in rented house. A majority of household living in rented accommodation is living in rent free accommodation. 8% were found to be living in accommodation that is allotted under schemes.

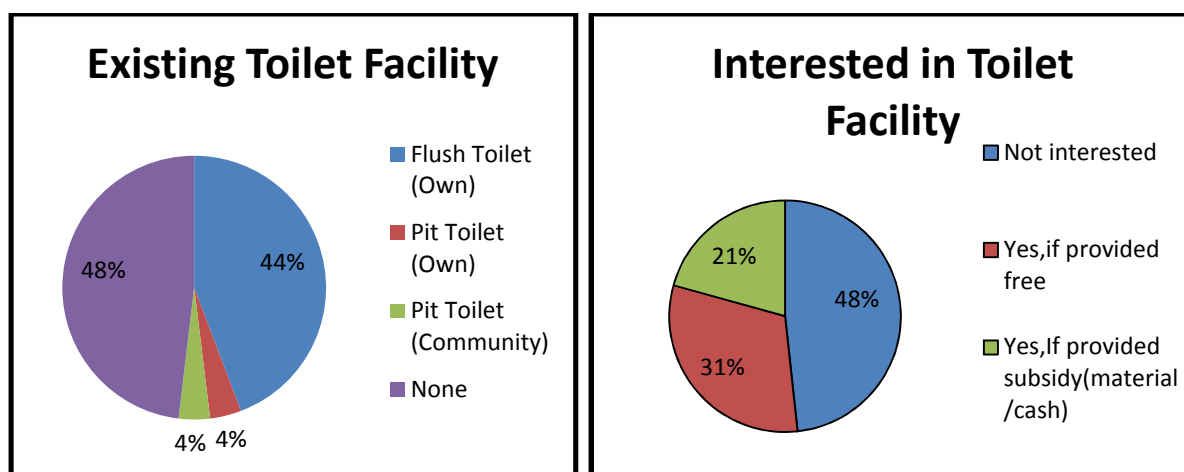
### 5.7.2. EDUCATIONAL STATUS



In shyamsundarpur village, 31% of the children are studying in primary school, 34% in high school, 9% in secondary school, 5% in higher secondary school and 5% in college. A percentage of 16% students are illiterate and not availing any educational facility.

### 5.7.3. SANITATION

Study held in Shyamsundarpur village shows that the maximum number of sample in the village (48%) have absolutely no toilet facilities. Among those who have toilets of their own, 44% have a flush toilet and 8% each have pit toilets.



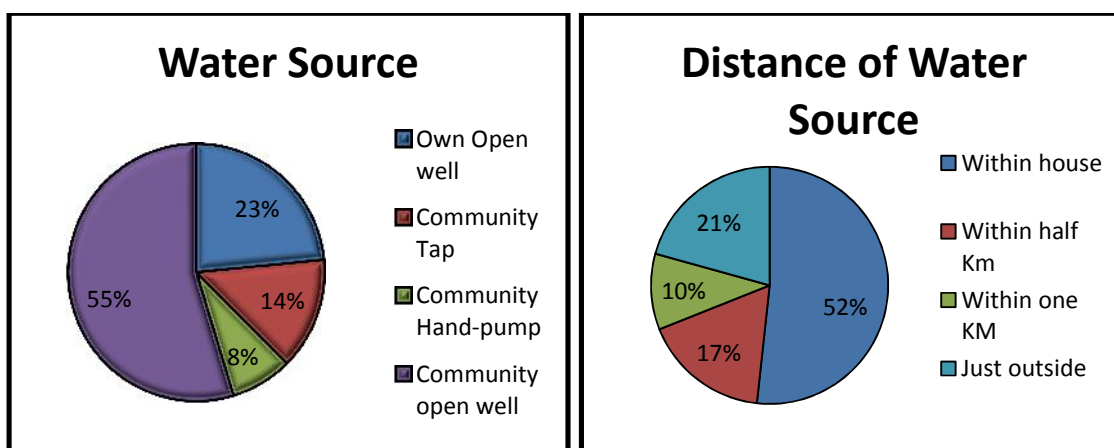
Among the sample households who doesn't have toilet of their own, 31% would like to have a flush toilet for their household if it is provided free while 21% of the same group would like to



have a flush toilet if subsidy is provided. However, a sample of 48% was not interested in flush toilet for their household.

#### 5.7.4. WATER

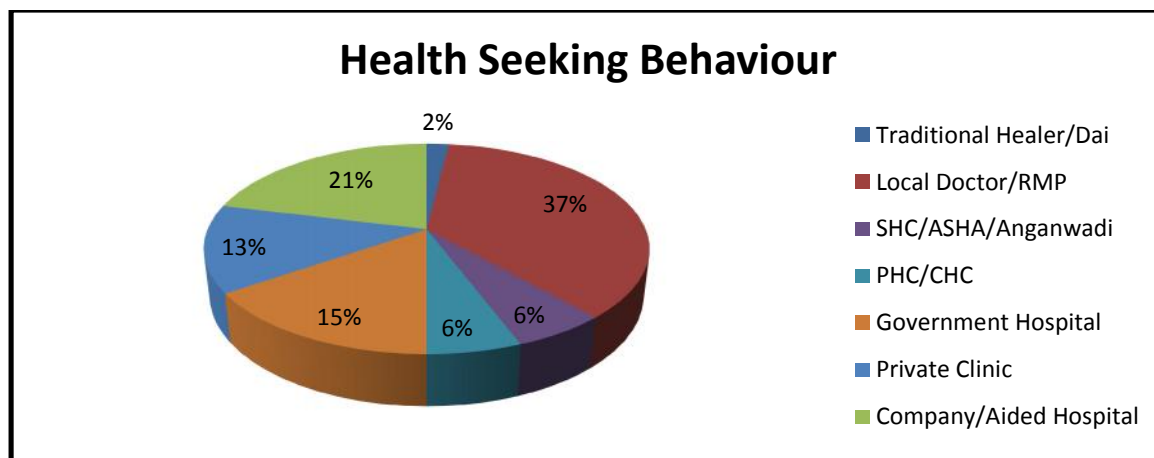
The data of Shyamsundarpur shows that 55% of the sample population use community open well. More than half the population uses community sources for fetching water. Only 23% use own open well as water source.



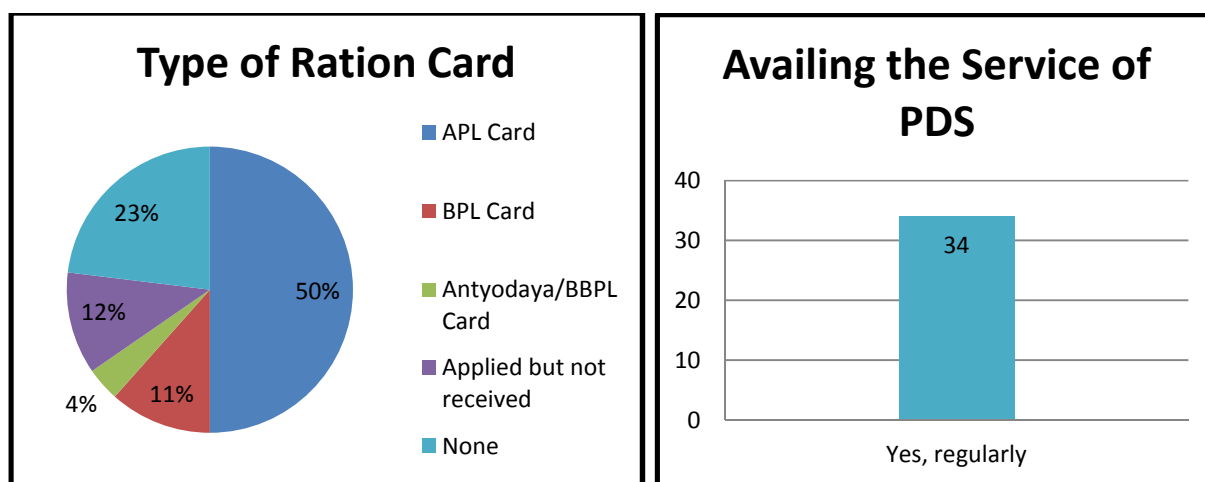
As reported during research, 17% of the sample have to walk around half Km to fetch water while for 52% sample it is located within their premise. 21% of the sample said that they fetch water from just outside their premises. 10% of the sample walk around one Km to fetch water.

#### 5.7.5. HEALTH

In the Shyamsundarpur Area, 37% of the sample households prefer Local Doctor/ RMP for health related needs, 15% prefer private clinic and nearly 21% of the people go to Company/ Aided Hospital for health check up.



#### 5.7.6. PUBLIC DISTRIBUTION SYSTEM

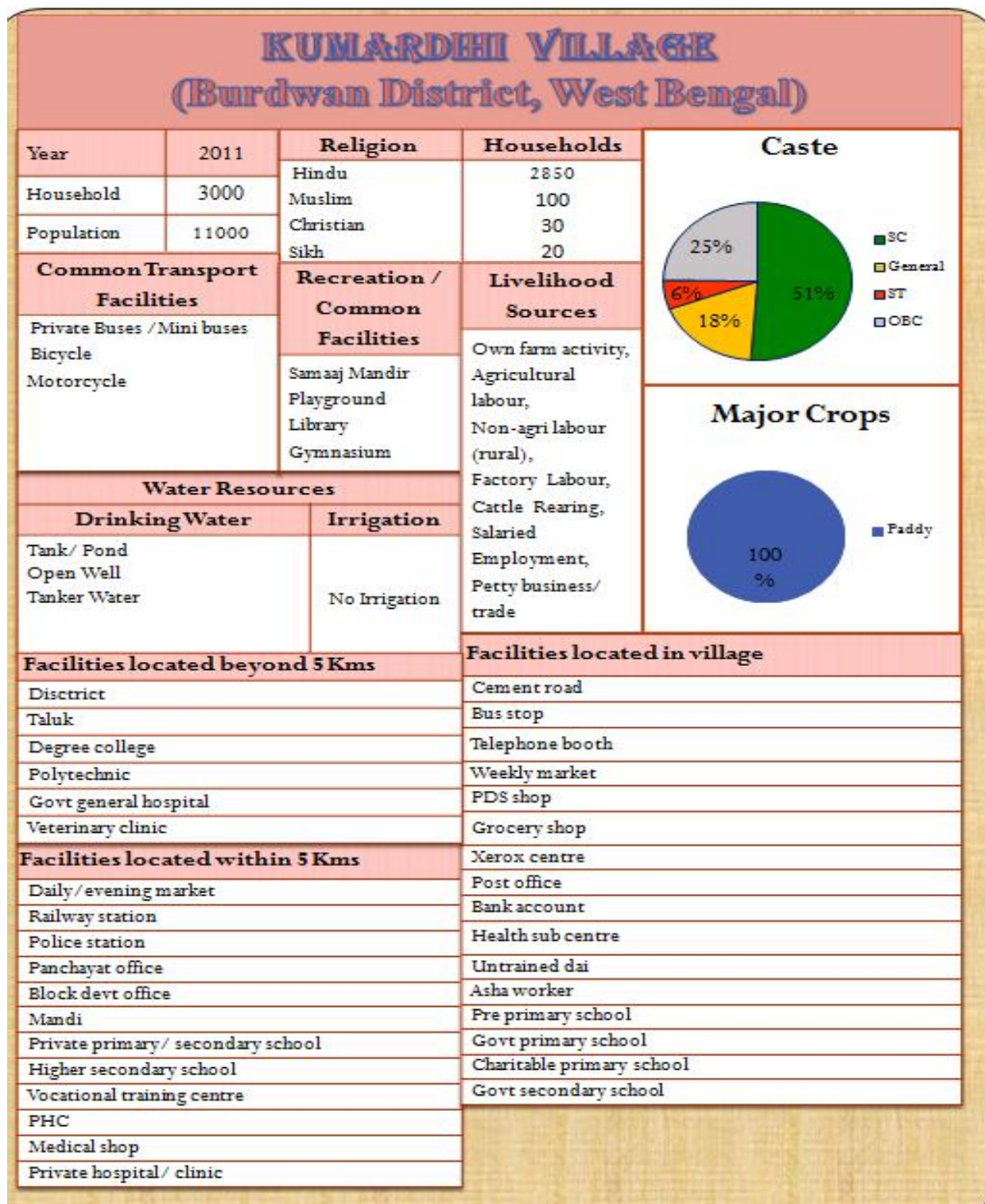


The data shows that 50% of the sample households have APL Card category, 11% are under BPL category, 4% holds Antyodaya Card and another 12% of the sample households informed that they had applied for the card but had not received the card yet while 23% of them do not have any card. Among the interviewed households, 34 avail ration from PDS regularly.

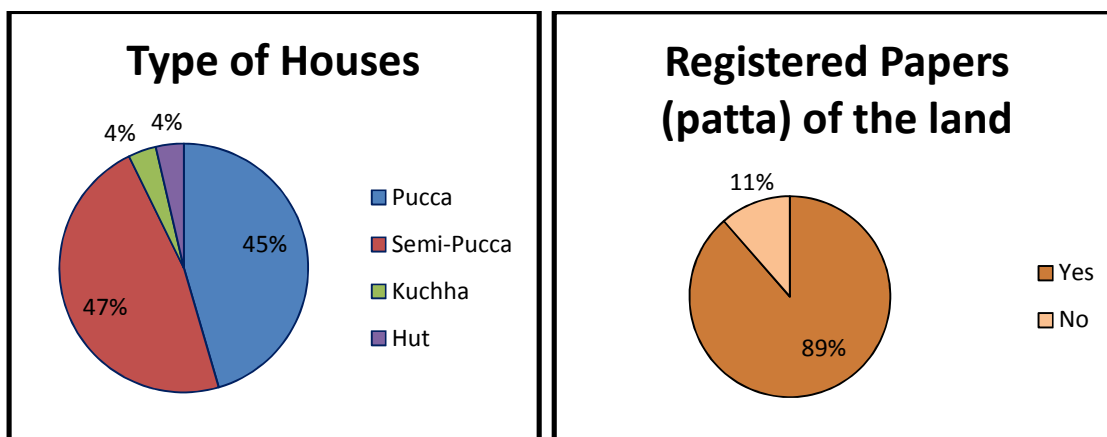
### **5.7.7. RECOMMENDATION**

- There is a lack of drinking water in the village. The people demand arrangements be made to supply purified drinking water through pipe lines. During summers they have to face more problems as scarcity of drinking water increases. The Mine water of the closed coal mine can be purified and supplied through the pipelines to solve the problem of drinking water.
- Provisioning of teaching aids is requested with special focus on computer education to increase the qualitative aspect of the education as well as to provide them necessary exposure towards computer and internet.
- School administration in the village has requested for kitchen for mid day meals as there is no cooking place. School also requested for teaching aids to improve the quality of education.
- Community reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.

## 5.8. KUMARDIHI VILLAGE, BURDWAN, WEST BENGAL

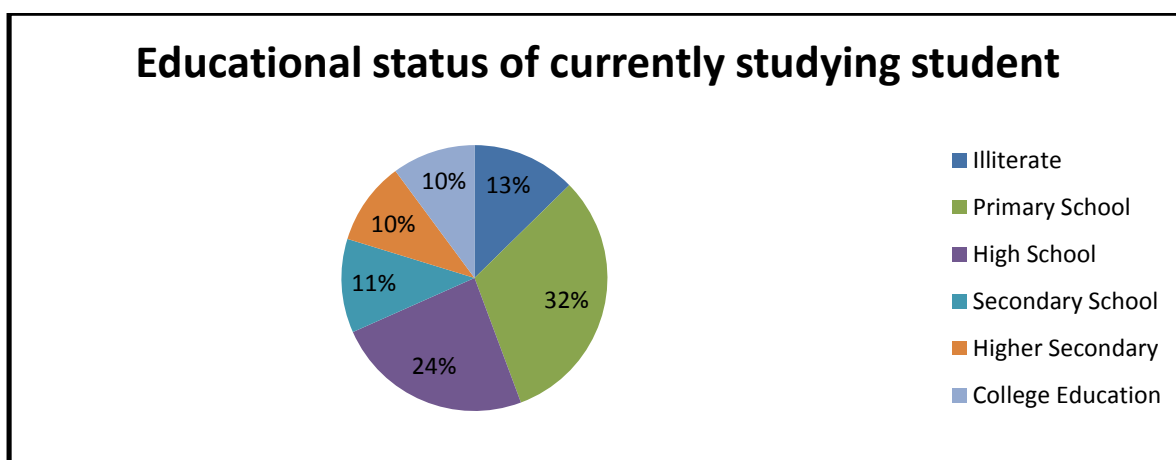


### 5.8.1. HOUSEHOLD STATUS



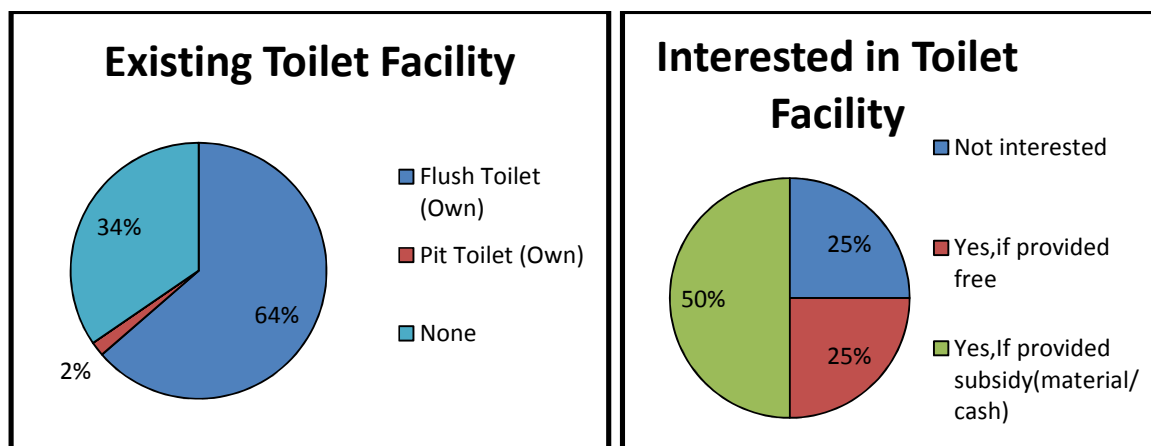
Among the sample households, 47% are semi- pucca households, 45% are pucca households and 4% are kachha households, and 4% in Hut. Among them 89% have registered paper of their land while 11% said that they do not have paper of the land they are living in.

### 5.8.2. EDUCATIONAL STATUS



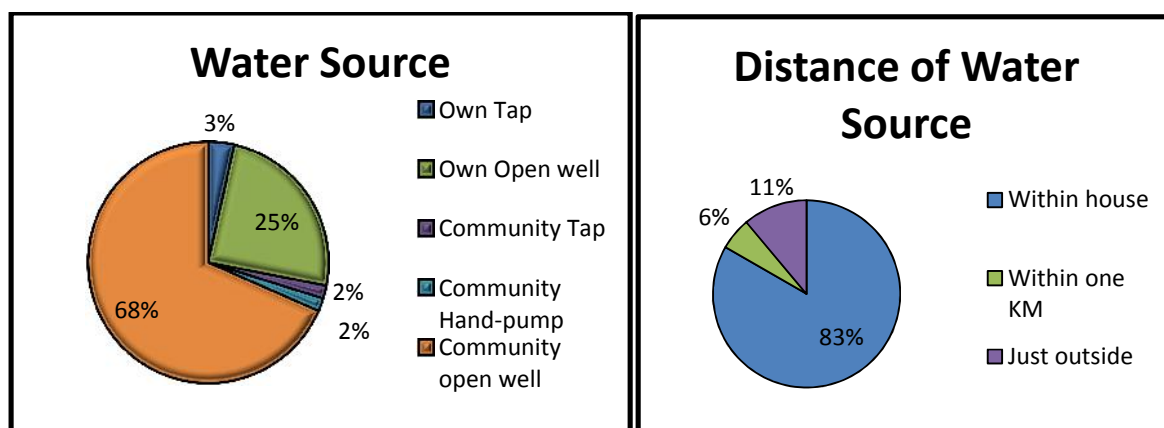
In Kumardihi village, 32% of the children are studying in primary school, 24% in high school, 11% in secondary school, 10% in higher secondary school and 10% in college. A percentage of 13% students are illiterate and not availing any educational facility.

### 5.8.3. SANITATION



Total 34% of the sample households in the village do not have access to toilets. 66% of the sample have toilets in their house, 64% of the sample have flush toilets while 2% have pit toilets. Among those who do not have toilet of their own, 25% of them want flush toilet for the household if it is provided free while 50% would want the flush toilet if it is provided through subsidy. About 25% of the population is not interested in the toilet facility.

### 5.8.4. WATER

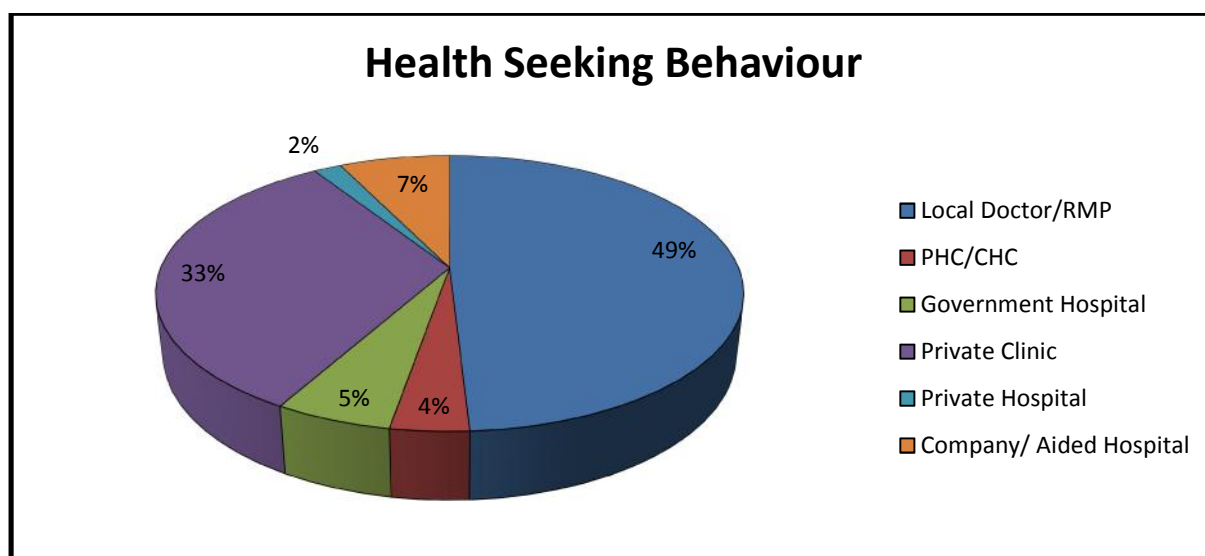


From the data collected in Kumardihi village, it was found that more than half the population of sample households is drawing water from community sources. 25% of the sample households draw water from open well. 3% of the sample are drawing water from own tap. As reported during research, 6% of the sample have to walk around one Km to fetch water while for 83%

sample it is located within their premise. 11% of the sample said that they fetch water from just outside their premises.

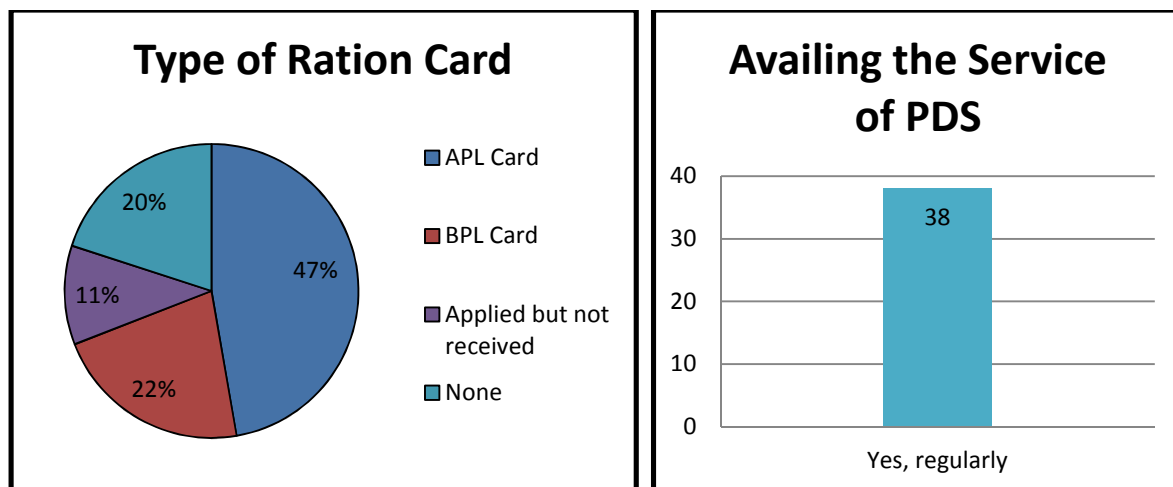
#### 5.8.5. HEALTH

In the Kumardihi Area, 49% of the sample prefers Local Doctor/RMP, 33% of people go to Private Clinics, 4% of people go to PHC/CHC, 5% go to Government Hospital and another 2% consult Private Hospital.



#### 5.8.6. PUBLIC DISTRIBUTION SYSTEM

The data on Kumardihi shows that 47% of the sample population holds APL Card while 22% of the people are under BPL Card category. 38 people confirmed that they avail ration regularly from PDS.

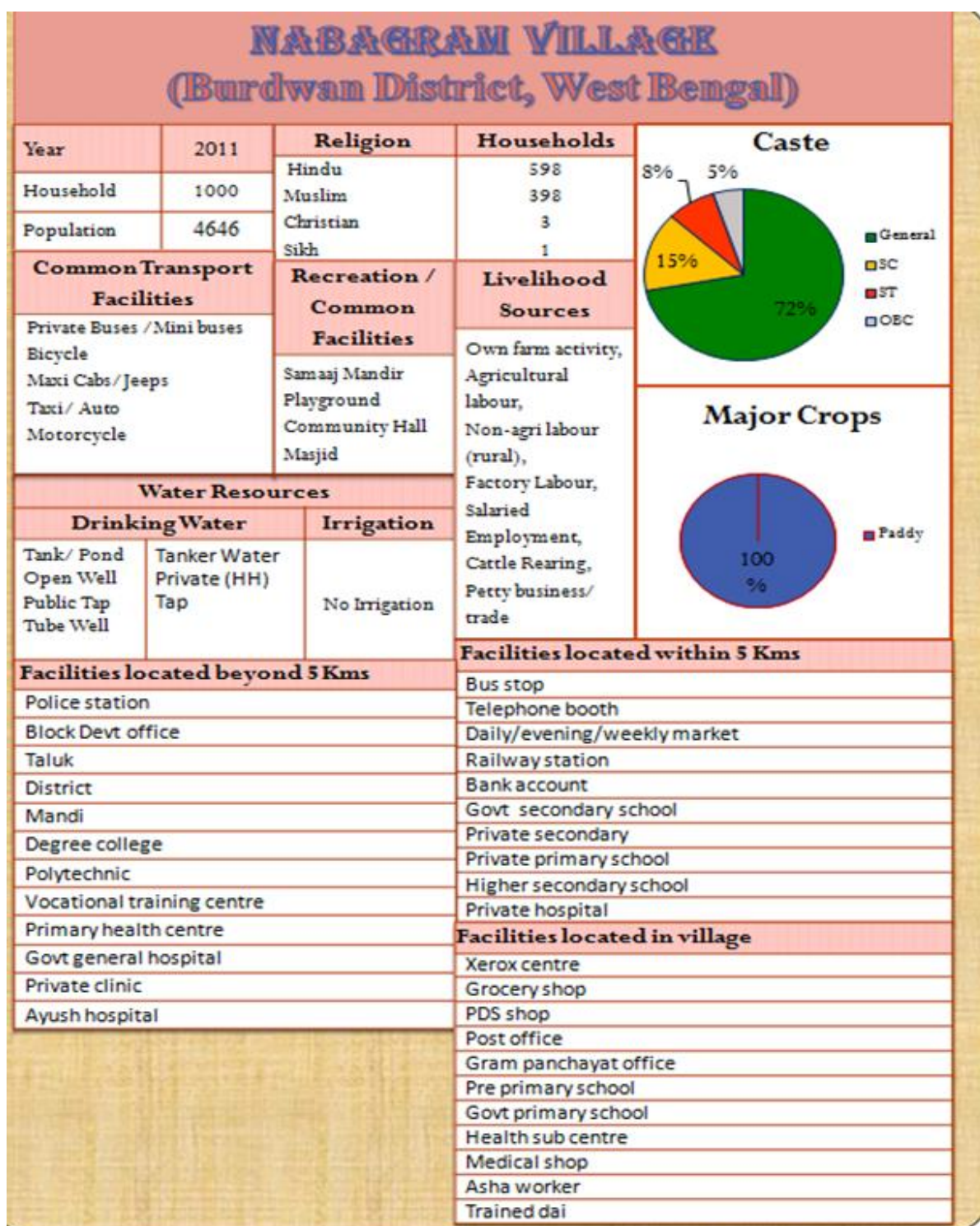


### 5.8.7. RECOMMENDATIONS

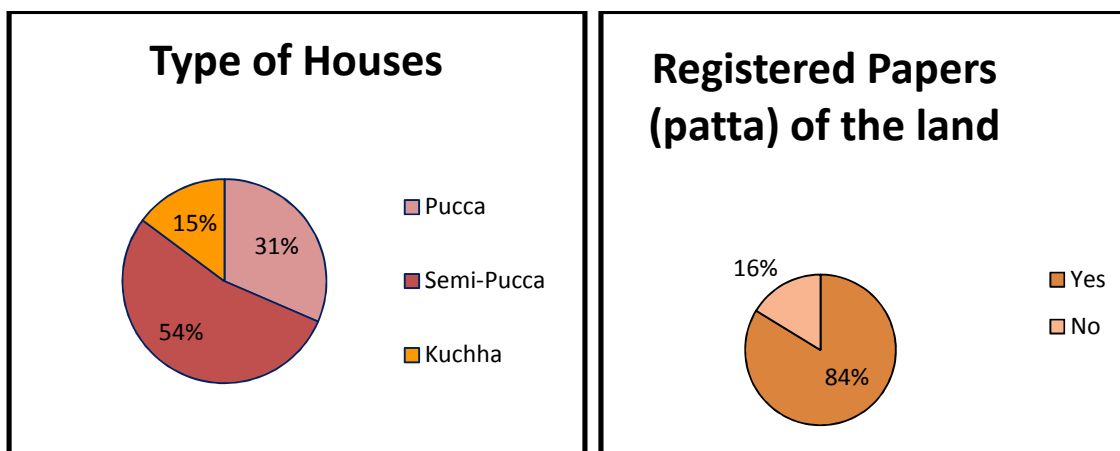
- Lack of proper sanitation facility has emerged as major issue in the village which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
- There is a demand for skill development course for the women of self help groups.
- There is a lack of drinking water in the village and especially in summer season. The people are of the opinion that there is water crisis due to OCP. Demand for drinking water supply through pipe lines were raised.
- Water stagnation and sullage is also one of the major issue in the village, constructing the drainage can be taken up as intervention here
- There is serious environmental and health problem were reported in the village, the given reason is high dust particles in the air. Company needs to address this issue.



## 5.9. NABAGRAM VILLAGE, BURDWAN, WEST BENGAL

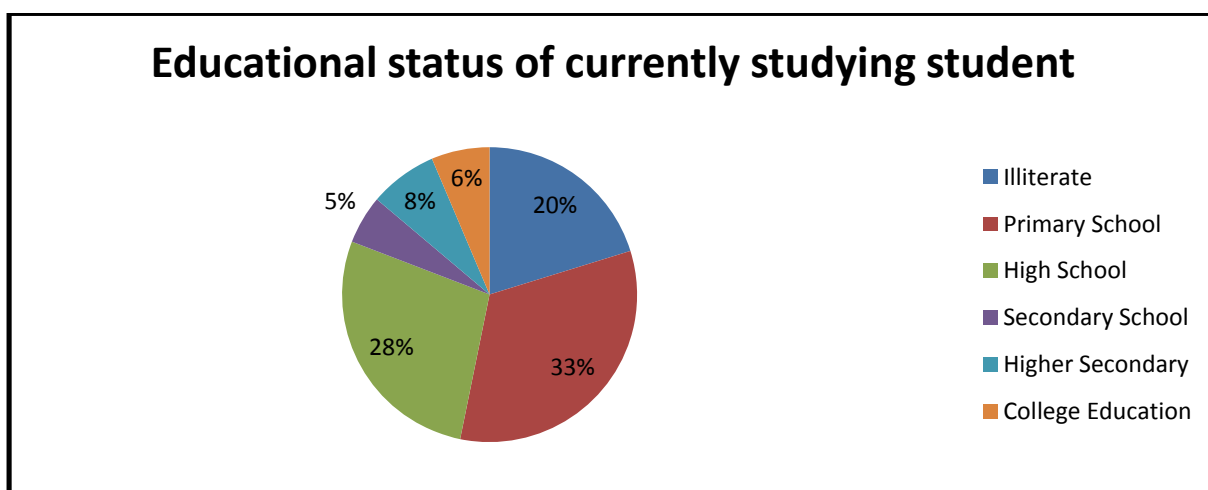


### 5.9.1. HOUSEHOLD STATUS



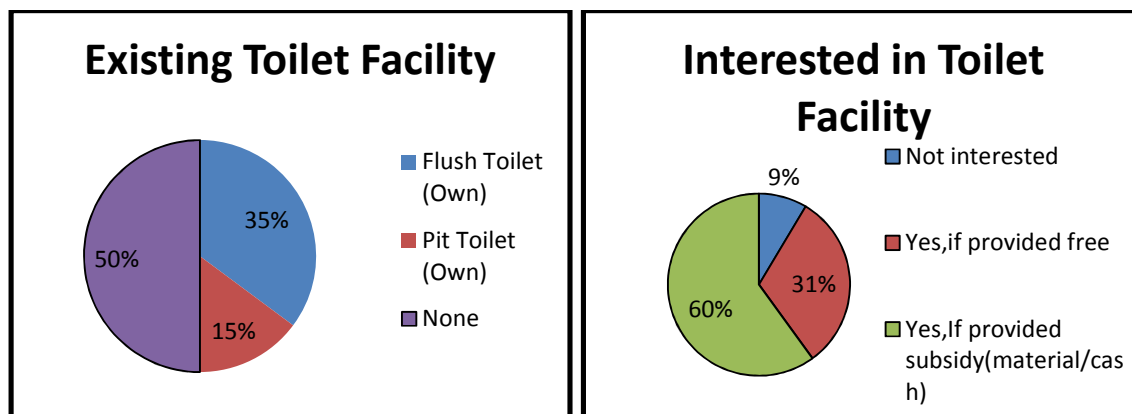
In Nabagram village, out of interviewed households, 31 % were having pucca house, 54% who have semi pucca houses while 15% of the people were having kuchha houses. 89% of the interviewed households live in their own house constructed by the family from their own resource, 5% are living in rented house provided by their employers and 6% are living in the house which is subsidized by government schemes. Among the households who are living in their own house, 84% of them have registered papers of land. All the sample households were electrified.

### 5.9.2. EDUCATIONAL STATUS



In Nabagram village, 33% of the children are studying in primary school, 28% in high school, 5% in secondary school, 8% in higher secondary school and 6% in college. A percentage of 20% students are illiterate and not availing any educational facility.

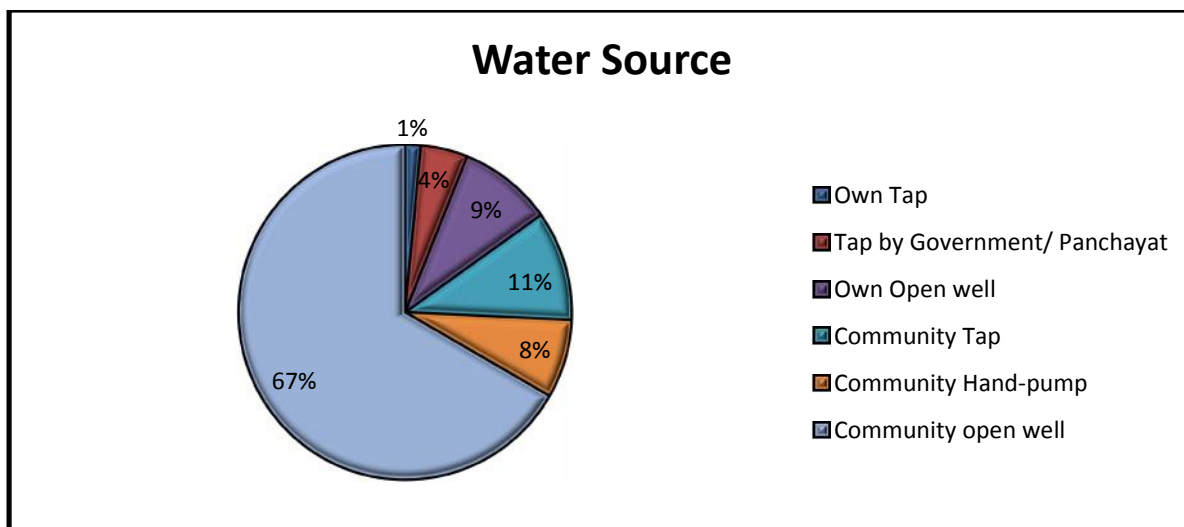
### 5.9.3. SANITATION



In Nabagram village, 35% of the sample households are having flush toilet and 15% of them were having pit toilet, combining these two 50% of the sample households are having toilets in their premise. Among the sample households 50% was found devoid of toilet facility. All the sample households who has toilet in their premise said that they have constructed toilet from their own resources. Among the sample households those who don't have toilet facility in their house, 31% of them are interested in having toilet facility in their house if provided with no charges while 60% of them want to construct a toilet if provided with subsidy and 9% of them did not show any interest for toilet construction.

### 5.9.4. WATER

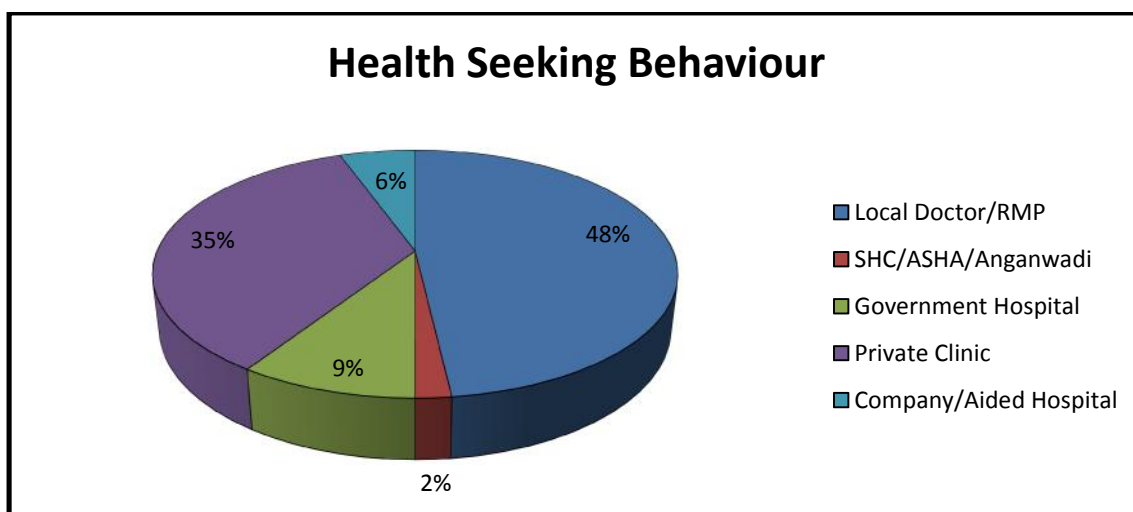
Among the sample community open well is used by 67% households for the water requirements followed by community tap which covers 11% of the sample households. Drinking water supply by government/ panchayat covers only 4% of the sample households which shows that there is need to extend its reach.



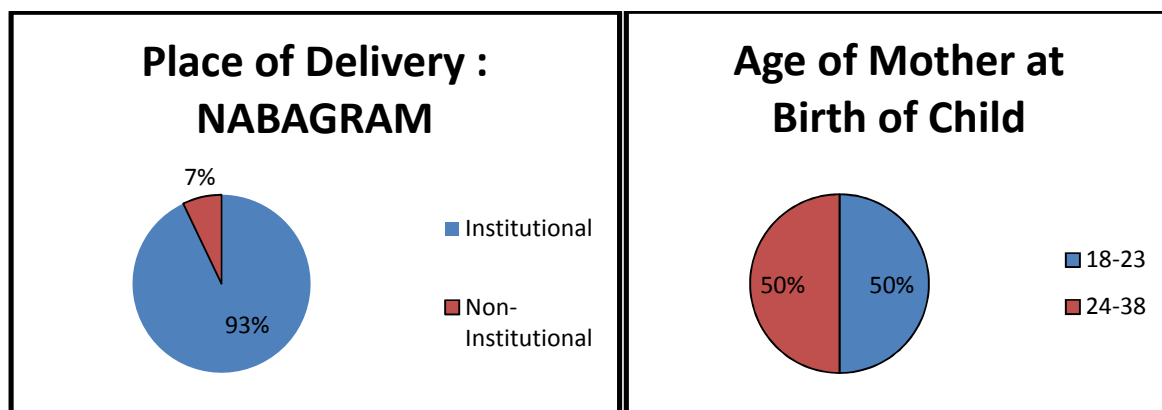
9% of the households said that open well is their source of drinking water which emphasizes the need to extend the reach of the piped water supply as quality of water is an issue raised by the villagers. Around 17% of the sample households have water source located inside their premise and 58% of the sample mentioned that the water source is located just outside their house. A little less than 23% of sample informed that they have to travel around half km to fetch water while 2% of the sample said that they travel upto one km to get water.

#### 5.9.5. HEALTH

In Nabagram village, 48% of the sample households avail health check up facility from local doctors followed Private Clinic which serves the 35% of the sample. Government or company aided services serves only 15% of the sample.

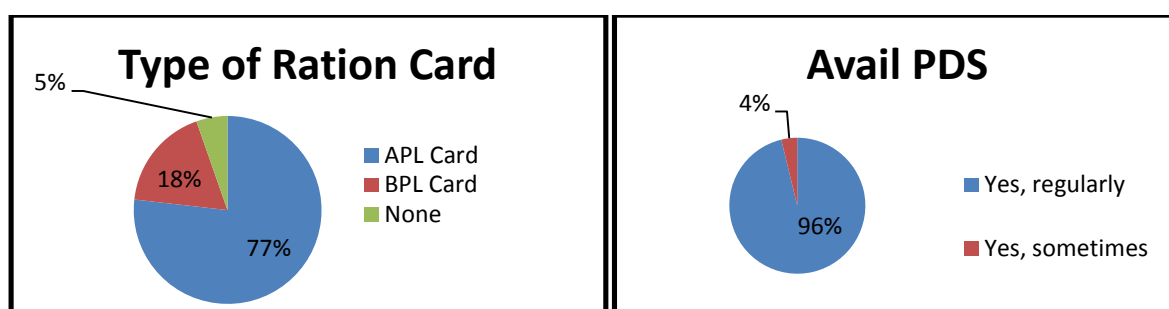


### 5.9.6. MATERNAL HEALTH



In Nabagram village among the sample households who witnessed birth of a child in last three years in their family 79% reported saying the delivery was institutional delivery while only 7% households from the same category said that delivery was non-institutional. Sex ratio among the kids of age group 0-3 years 57% are girl child and 43% are male child. Women who conceived child in last three years 50% of them were in the age group of 18 – 23 years at the time of delivery and other 50% were in the age group of 24-38 years. From the same category of households it was reported that 93% birth are registered while 7% are not registered.

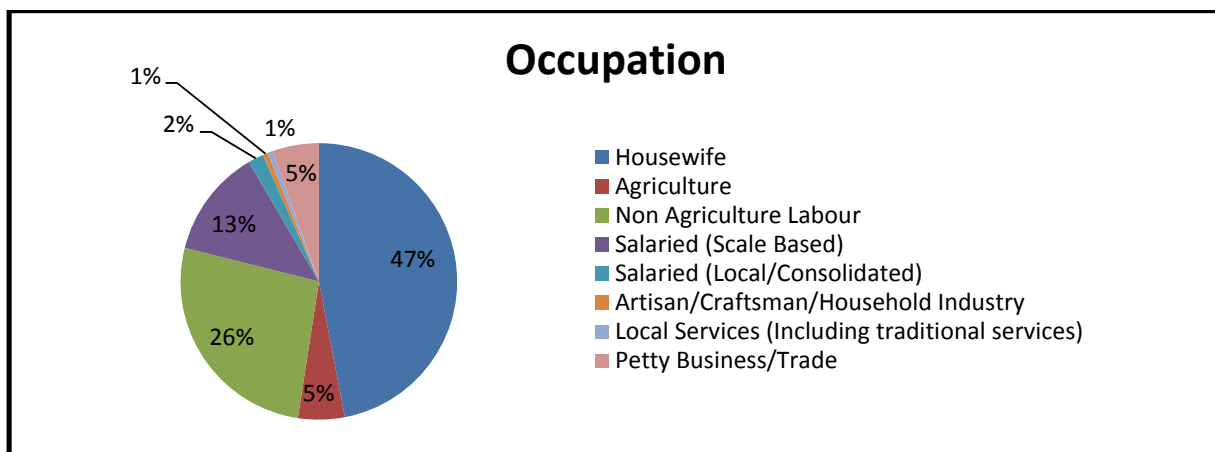
### 5.9.7. PUBLIC DISTRIBUTION SYSTEM



Among the sample 77 % holds APL card while 18 % have BPL cards. 5% of the sample households said that they don't have any kind of ration card. Among the ration card holders 96% said that they avail PDS regularly while only 4% of the sample reported saying that they avail this facility sometime while asking for the reasons they mentioned that they have APL card and it doesn't make sense to take poor quality of grain from PDS.

### 5.9.8. OCCUPATION

Around 25% of sample said that they have outstanding loan over them it is also reported that only 25% of the sample households own agricultural land. Occupational distribution of the village is given below:



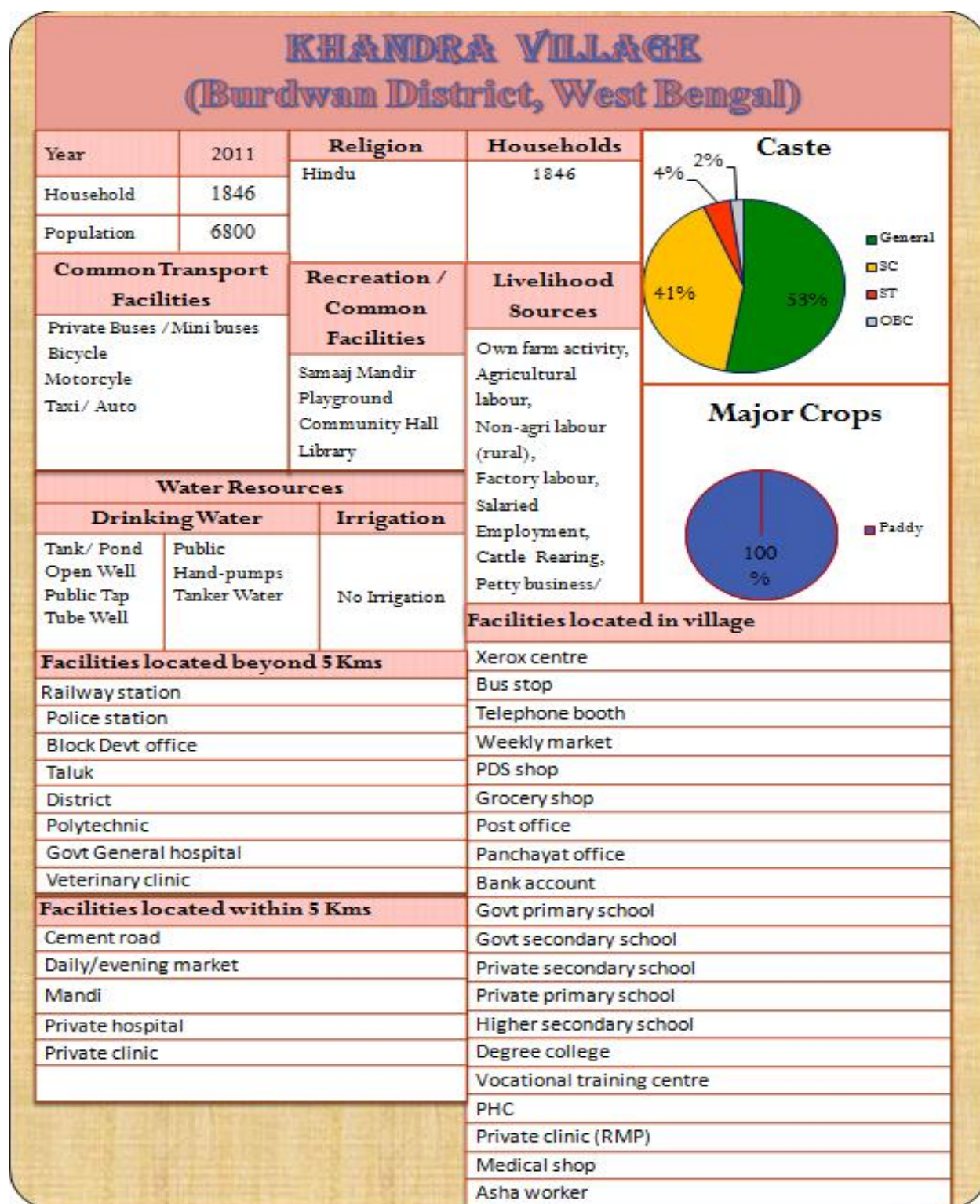
In Nabagram, among the sample households it is found that agriculture is source of livelihood for very only 5% of the sample workforce. 26% of the sample population work as non agriculture labour, 19% of the workforce said that they are salaried employee in government or private sector, 5% of the sample workforce is running petty business to earn livelihood and 1% each is working as artisan or employed in local service.

### 5.9.9. RECOMMENDATIONS

- 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 kids. Company can work with panchayat to construct and run the community toilets.
- There is a lack of drinking water in the village and especially in summer season. Demand for drinking water supply through pipe lines were raised.
- Water stagnation and sullage is also one of the major issue in the village, constructing the drainage can be taken up as intervention here.
- Lack of market oriented skill is one of the reason behind the rising unemployment in the village. Only 1 person were found during the study who have 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.
- There is serious environmental and health problem were reported in the village, the given reason is high dust particles in the air. Company needs to address this issue.

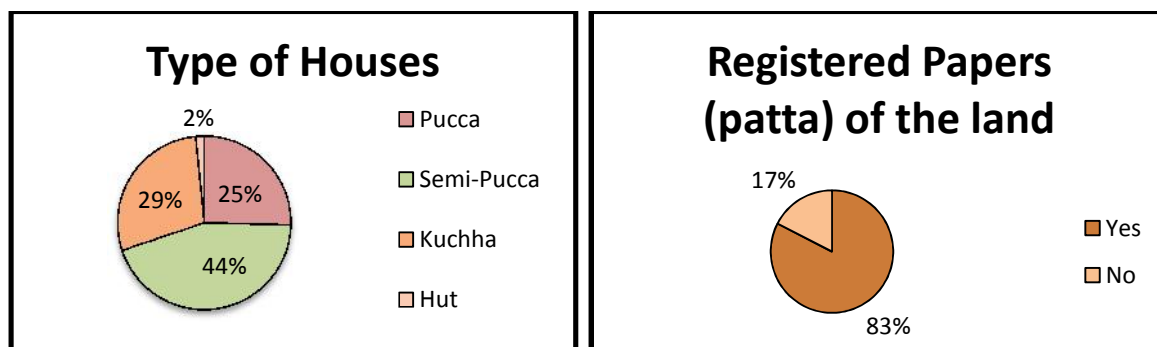


## 5.10. KHANDRA VILLAGE, BURDWAN, WEST BENGAL



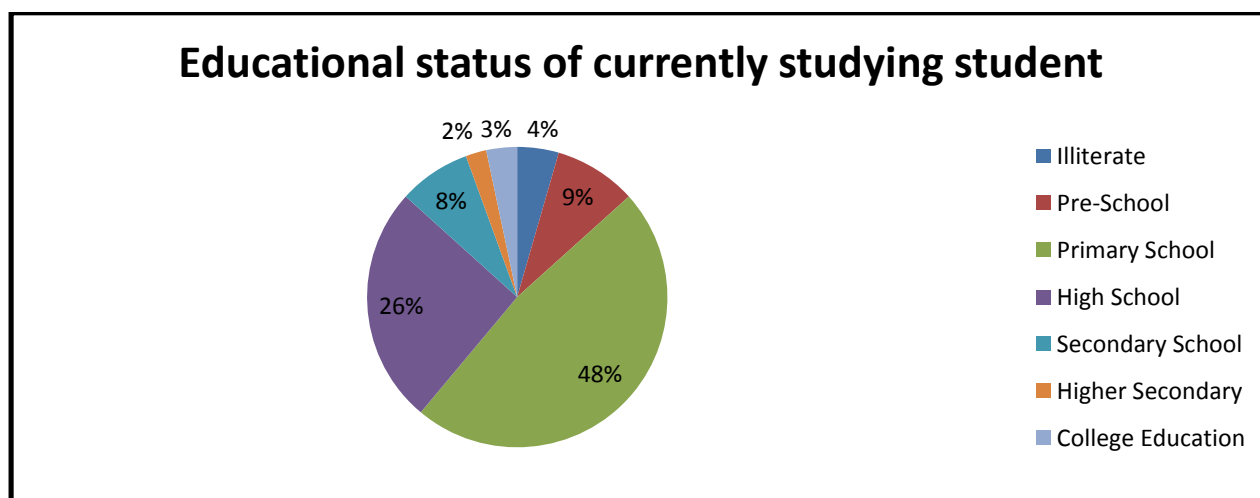


### 5.10.1. HOUSEHOLD STATUS



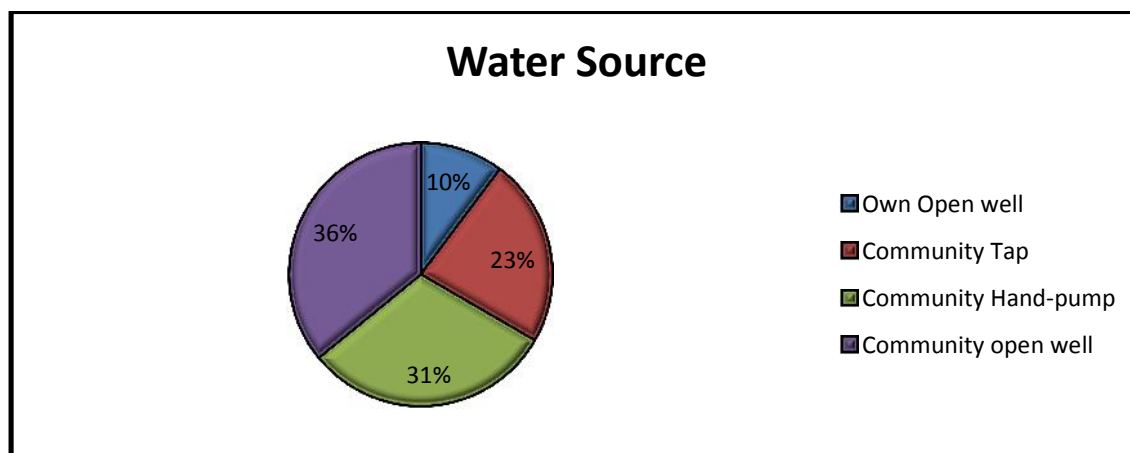
44% of the sample households are having semi pucca house, 29% of them are living in kuchcha house and 25% are living in pucca house. Among the sample households, who have their own house, 83% claimed to have patta of the land they are living while 17% claimed that they do not have any paper.

### 5.10.2. EDUCATIONAL STATUS



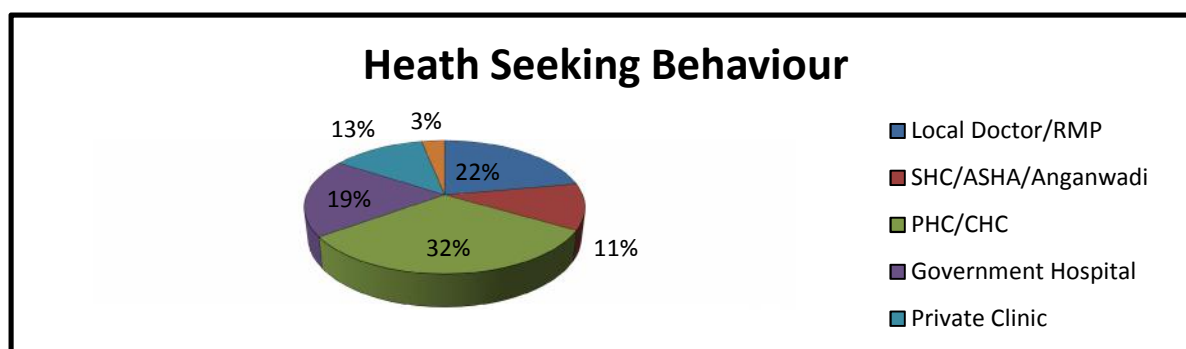
In Khandra village, 48% of the children are studying in primary school, 26% in high school, 9% in pre-school, 8% in secondary school, 2% in higher secondary school and 3% in college. A percentage of 4% students are illiterate and not availing any educational facility.

### 5.10.3. WATER SOURCE



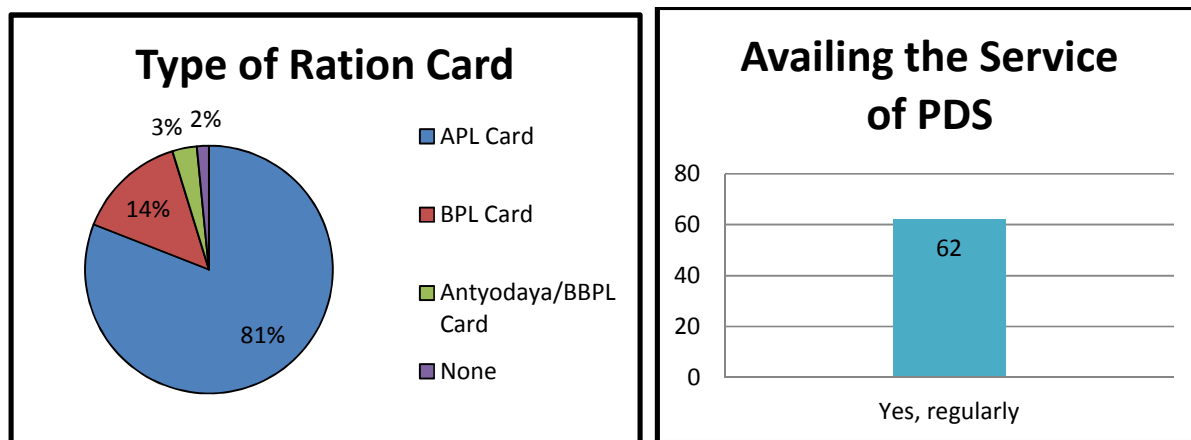
In Khandra, more than half the population use community sources of water such as Community Tap, Community Hand-pump, Community Open Well. 10% of the sample used own open well as a source of water.

### 5.10.4. HEALTH



Among the sample, 32% claimed that they consult the PHC/CHC first in case of any medical urgency while 22% of sample said that they consult a Local Doctor/ RMP for the same. 13% have consulted private clinics, while 19% have consulted Government hospitals.

### 5.10.5. PUBLIC DISTRIBUTION SYSTEM

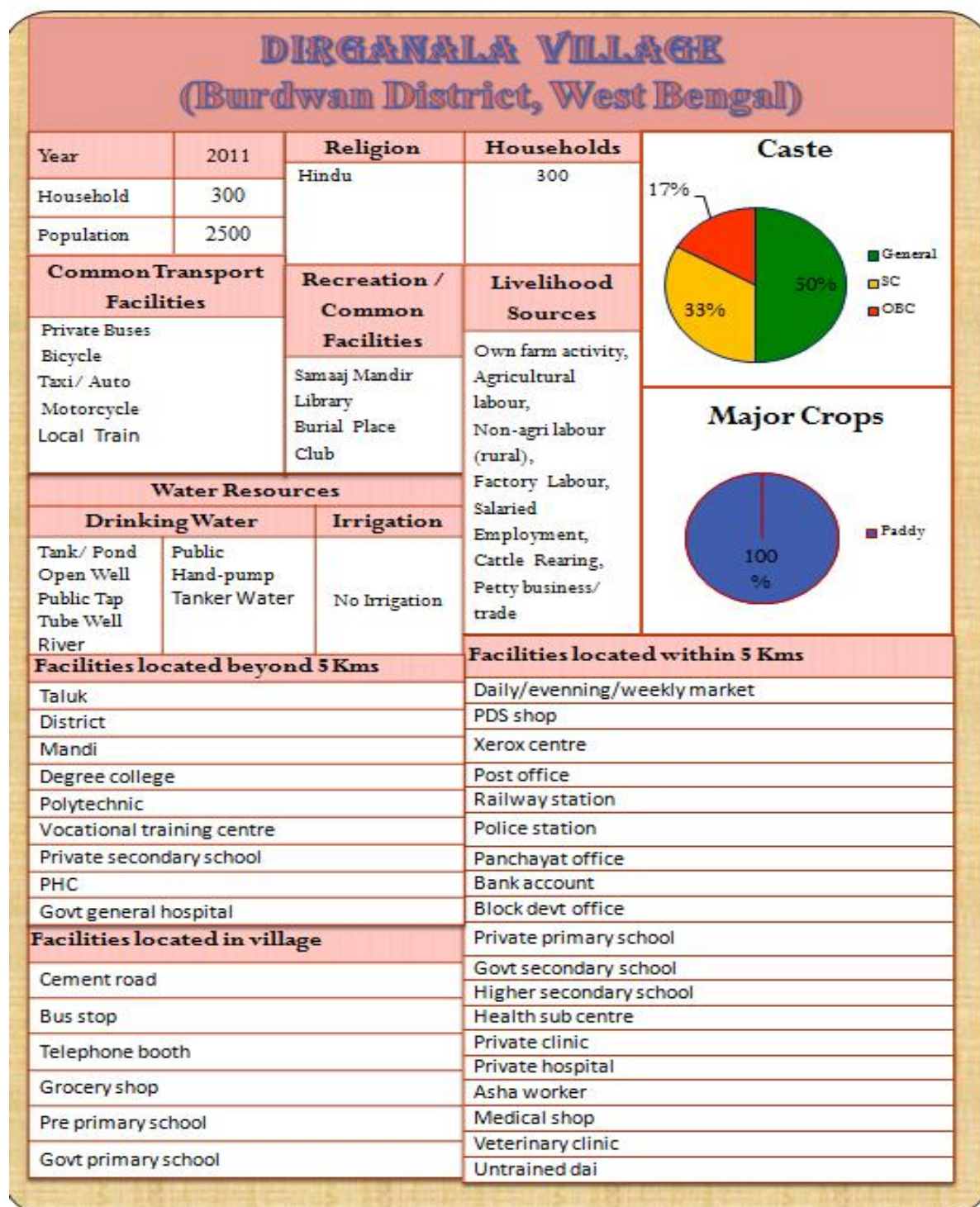


Among the sample, 81% reported saying that they have APL card while only 14% confirmed having BPL card, 2% of the sample also reported that they don't have any card. Those who have cards 62 of them confirmed that they avail ration from PDS regularly.

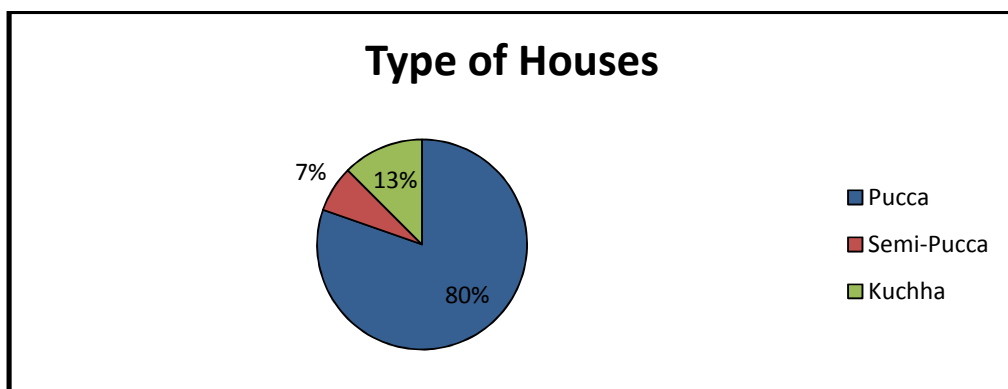
### 5.10.6. RECOMMENDATIONS

- There is a lack of drinking water in the village and especially in summer season.
- Drainage system in the village is a major concern for the villagers. It can be constructed and maintained to increase the cleanliness of the village.
- Pollution and dust is another concern, as informed by villagers it creates breathing issues. This needs to be dealt to ensure safe air to community.
- There is a demand for chemistry laboratory and library in the Khandra High School. The same should be provided by the Company
- The community has requested for the Sports material for the young population.

## 5.11. DIRGANALA VILLAGE, BURDWAN, WEST BENGAL

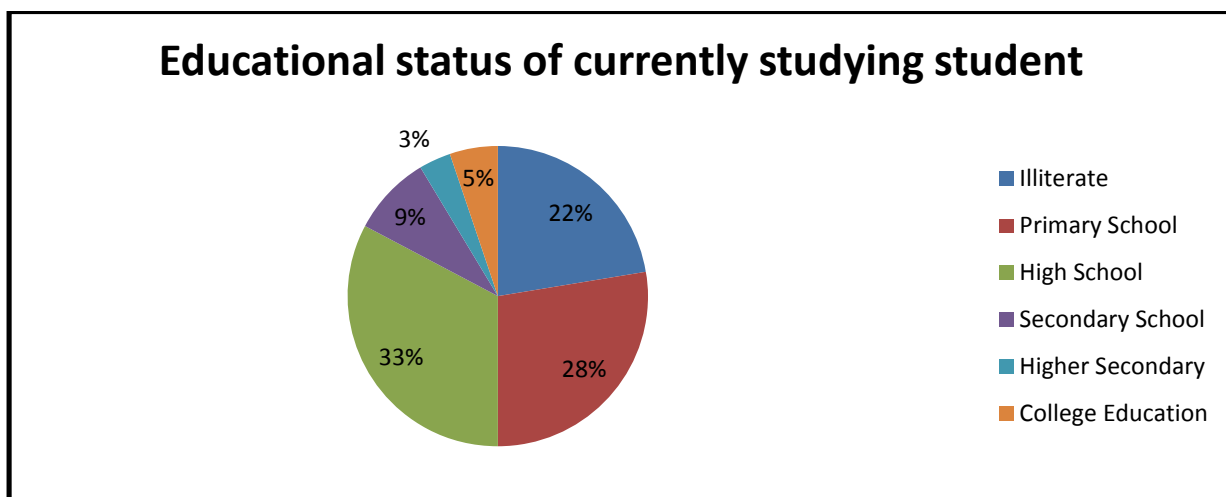


### 5.11.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Dirganala is Pucca Houses (80%). 7% of the sample households were living in Semi- Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region were Kuccha that is 13%. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Dirganala clearly points to the fact that 100% of the population who have their own house has registered papers of their land holdings. The data clearly points that 100% of the households are electrified. Furthermore, in the research process, it was also found that all the sample were living in their own home.

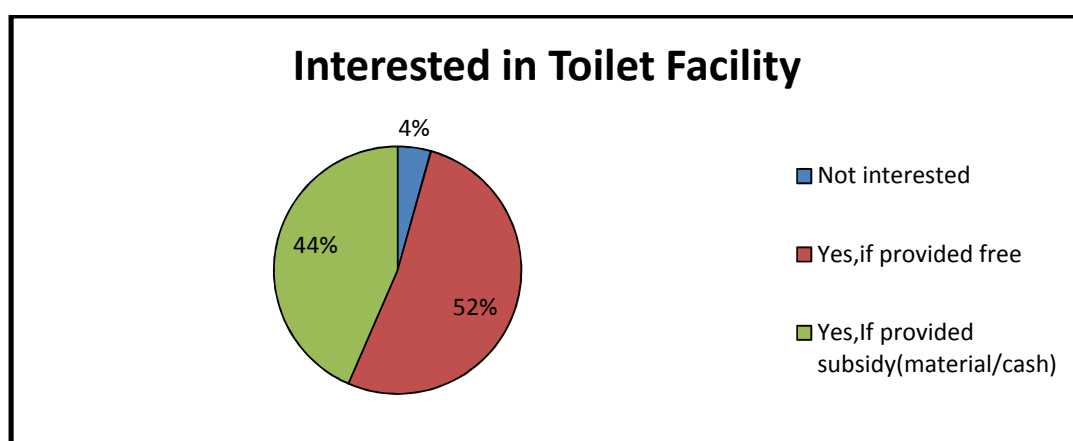
### 5.11.2. EDUCATIONAL STATUS



In Dirganala village, 28% of the children are studying in primary school, 33% in high school, 9% in secondary school, 3% in higher secondary school and 5% in college. A percentage of 22% students are illiterate and not availing any educational facility.

### 5.11.3. SANITATION

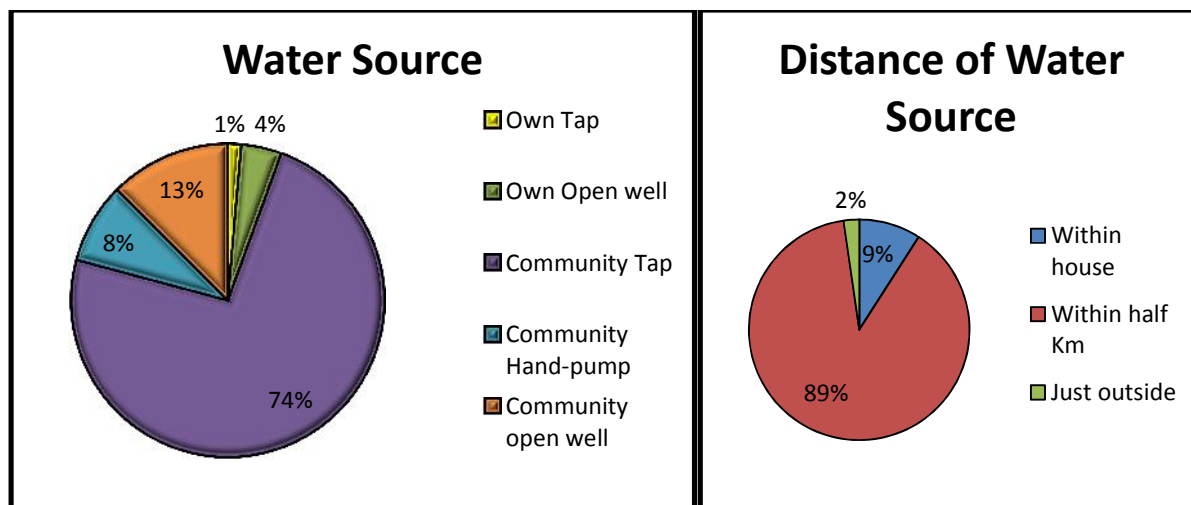
Study held in Dirganala village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Dirganala clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 52% of them opined that they would want flush toilet for their household if it is provided free. However, 44% of the people would want flush toilet if it is provided through a subsidy.

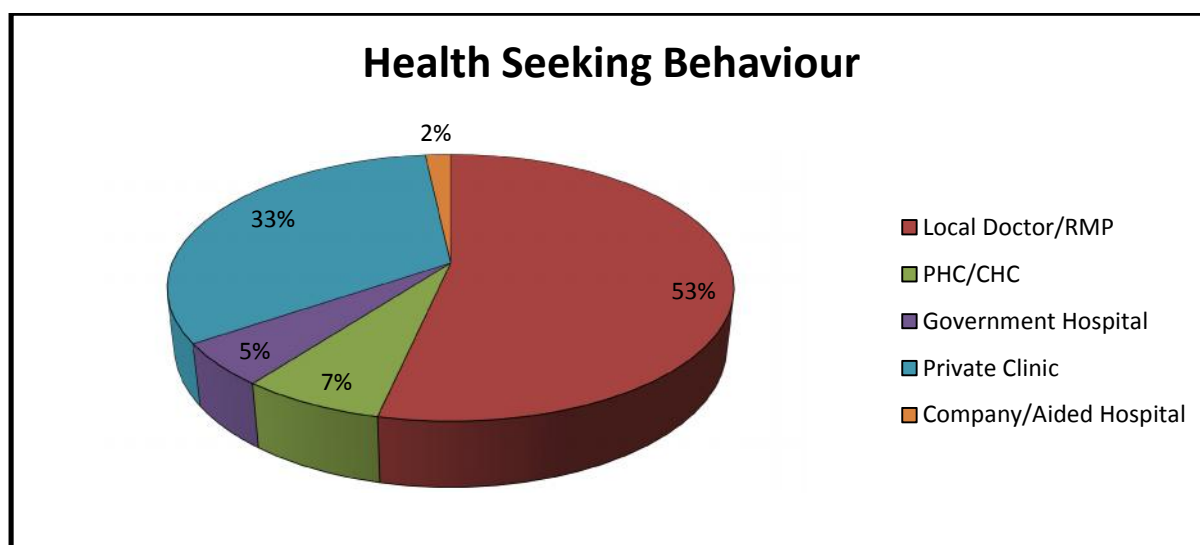
### 5.11.4. WATER

Community Tap caters the water related need of 74% of the sample and Open well including community and household own, provides drinking water to 17% of the sample households. As reported during research, 89% of the sample have to walk around half Km to fetch water while for 9% sample it is located within their premise. 2% of the sample said that they fetch water from just outside their premises.

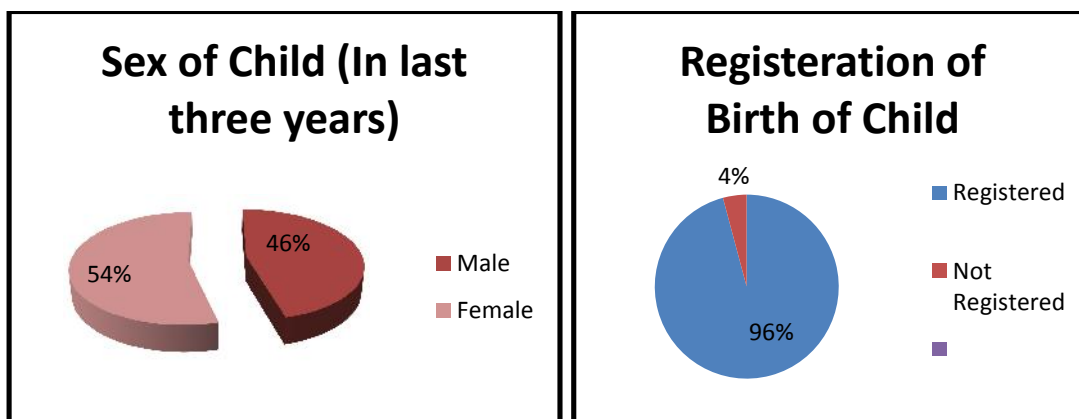


#### 5.11.5. HEALTH

In the Dirganala Area, 53% of the people prefer Local Doctor/ RMP for health check up while only 33% of the people prefer Private Clinics and 7% of people go to PHC/ CHC. Only 5% of people go to Government Hospital and a 2% visit Company Aided Hospital.

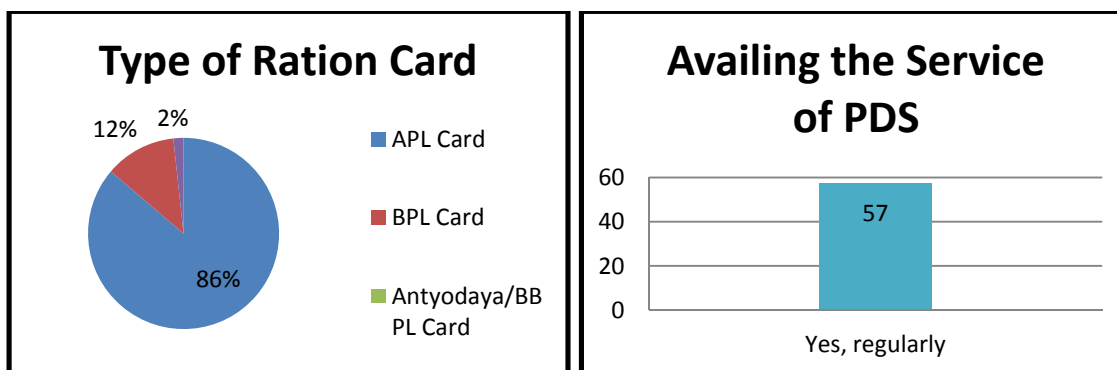


### 5.11.6. MATERNAL HEALTH



The data collected shows that in the last three years, 54% of the new born kids are male and 46% are females. It is an appreciative sign that 96% of the kids in Dirganala have registered the birth of child while 4% of the population has not registered the birth of their offspring.

### 5.11.7. PUBLIC DISTRIBUTION SYSTEM



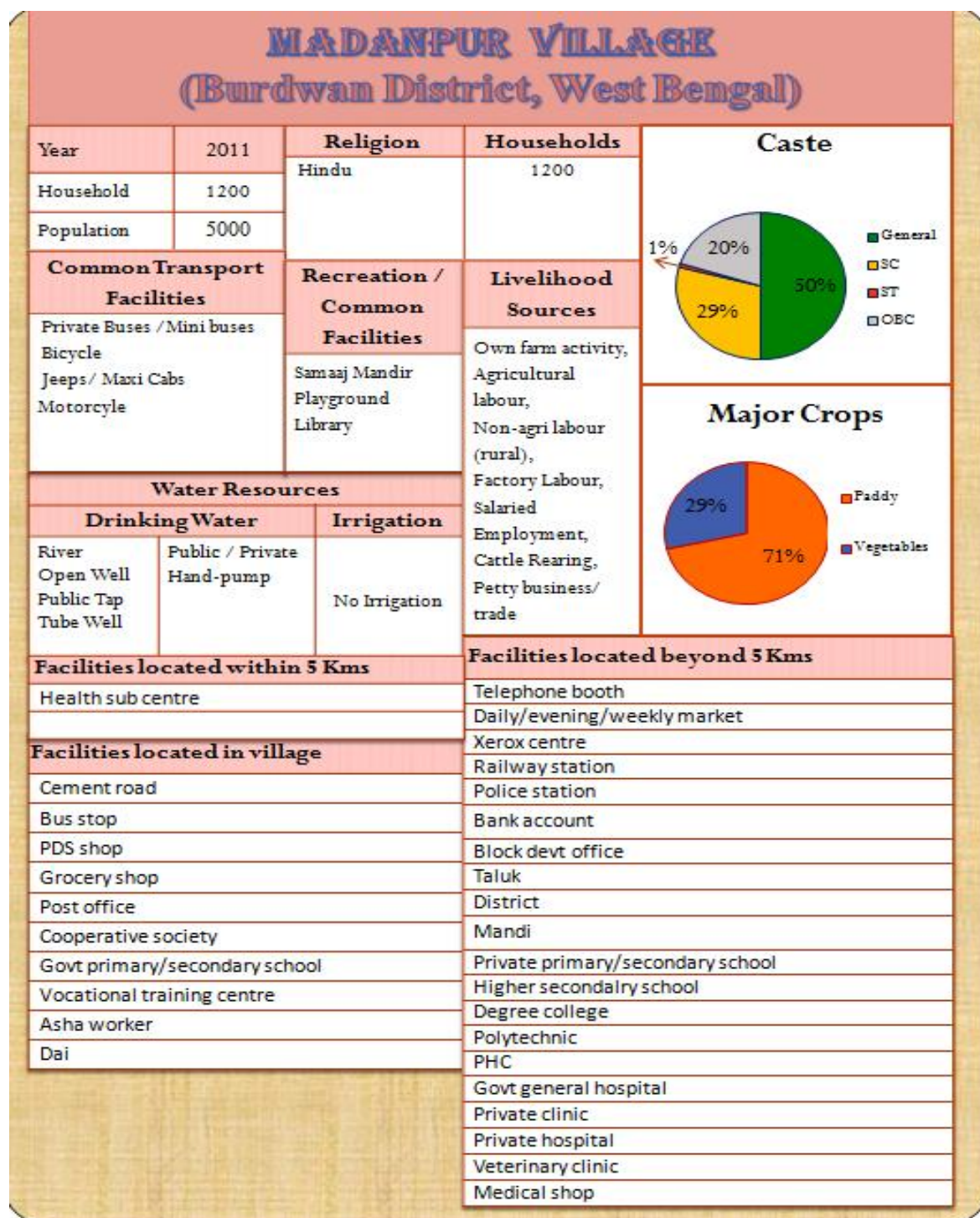
The data on Dirganala shows that 86% of the sample households have APL Card while 12% of the people are under BPL category. 2% of the sample has Antyodaya/ BBPL Card. As informed during interview, 57 of the sample who have ration card of any type avail ration from PDS regularly.



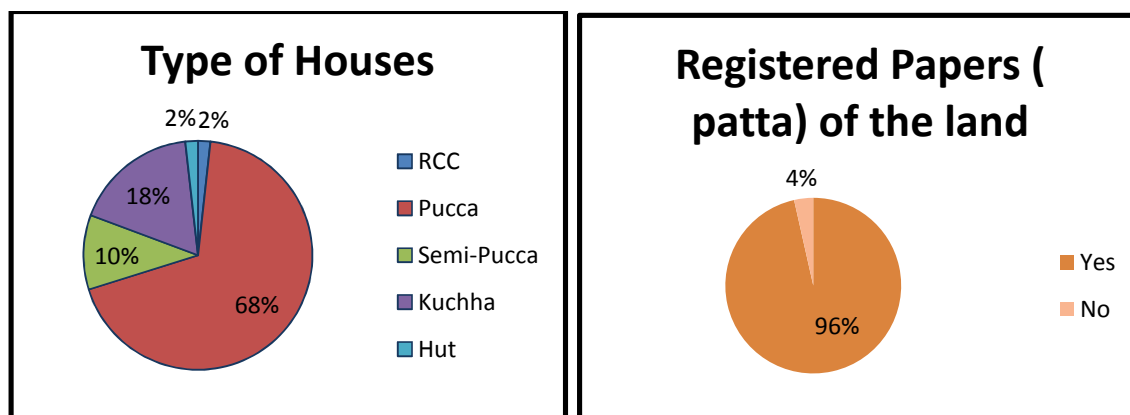
#### 5.11.8. RECOMMENDATIONS

- There is a demand for construction of health centre due to the absence of it in the vicinity. The Panchayat officials communicated that they needed two rooms in the health centre where the doctor that comes Damodar Valley Corporation (DVC) every week to see patients would get a permanent place to see patients.
- There has been a very high incidence of dengue outbreak due to mosquitoes in June/ July 2012. The villages reported an average of one person per family to be suffering from the disease. There is a demand for Insecticide spray Chemicals and medicines during the monsoon and all throughout the year. The chemicals should be sprayed inside the houses and also on the drains, pits, puddles. Also, the drain is cleaned by panchayat every two times a year. There is a demand for increasing the cleaning of drains to four times a year to prevent the growth of mosquitoes in the area.
- The Dignala F P School has demanded has demanded a kitchen shade for students to eat mid-day meals. The school authorities have also demanded for 10 set of benches for classes 3<sup>rd</sup> and 4<sup>th</sup>. They have also demanded for provision of health check up for students once in a year.
- In The Dignala SSK School, there is a demand for 2 toilets in school. And also a kitchen room to prepare mid-day meal.

## 5.12. MADANPUR VILLAGE, BURDWAN, WEST BENGAL

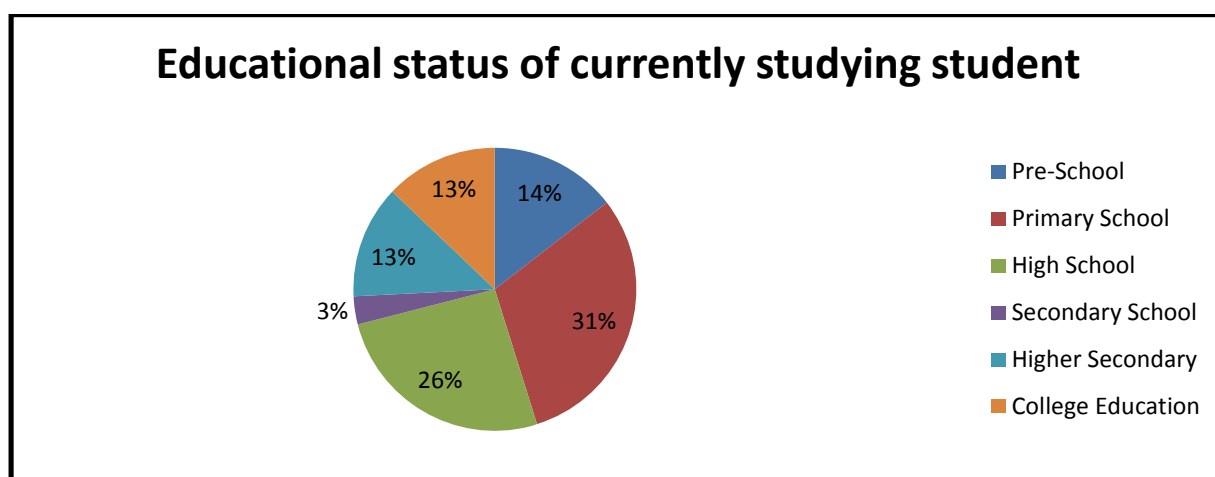


### 5.12.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Madanpur is Pucca Houses (68%). 18% of the sample households were living in Kachha houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region were Semi- pacca, hut and RCC, that is, 10%, 2% and 2% respectively. The word ‘Patta’ implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Madanpur clearly points to the fact that 96% of the population who have their own house has registered papers of their land holdings while 4% do not have registered papers of their land holdings. The data clearly points that all the sample households were electrified.

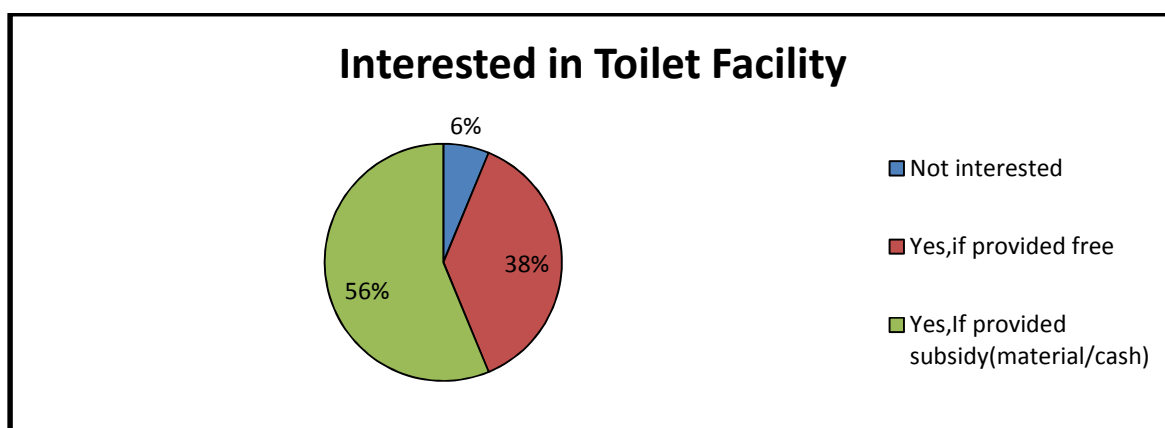
### 5.12.2. EDUCATIONAL STATUS



In Madanpur village, 31% of the children are studying in primary school, 26% in high school, 14% are studying in pre-school, 3% in secondary school, 13% in higher secondary school and 13% in college.

### 5.12.3. SANITATION

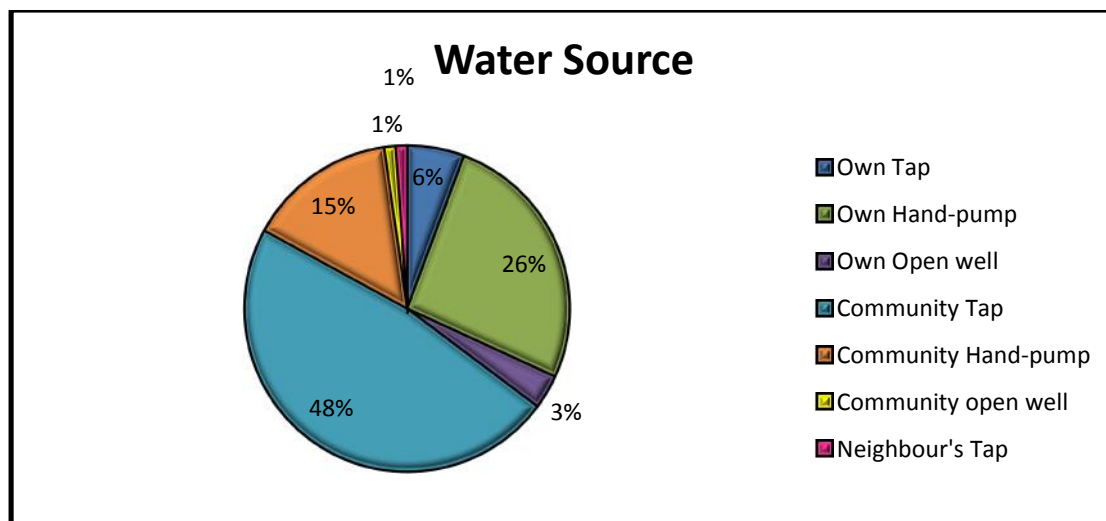
Study held in Madanpur village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



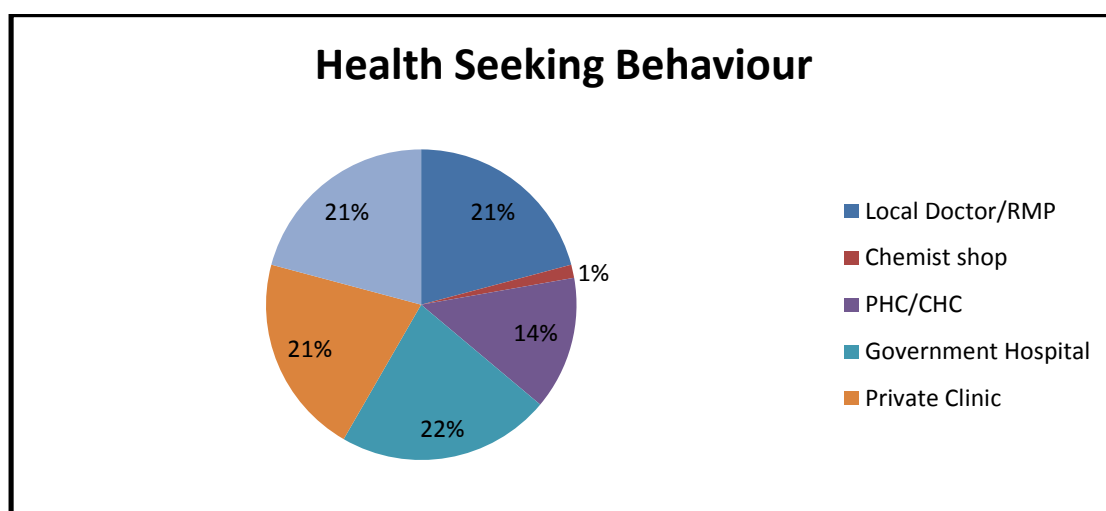
The data on the village of Madanpur clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 38% of them opined that they would want flush toilet for their household if it is provided free. However, 56% of the people would want flush toilet if it is provided through a subsidy.

### 5.12.4. WATER

Community Tap caters the water related need of 48% of the sample and Hand-Pump provides drinking water to 26% of the sample households. 1% of the sample population each depends on community source of water such as Community Hand-pump and Neighbors tap respectively. Around 6% of sample households said that they get drinking water from Own Tap.



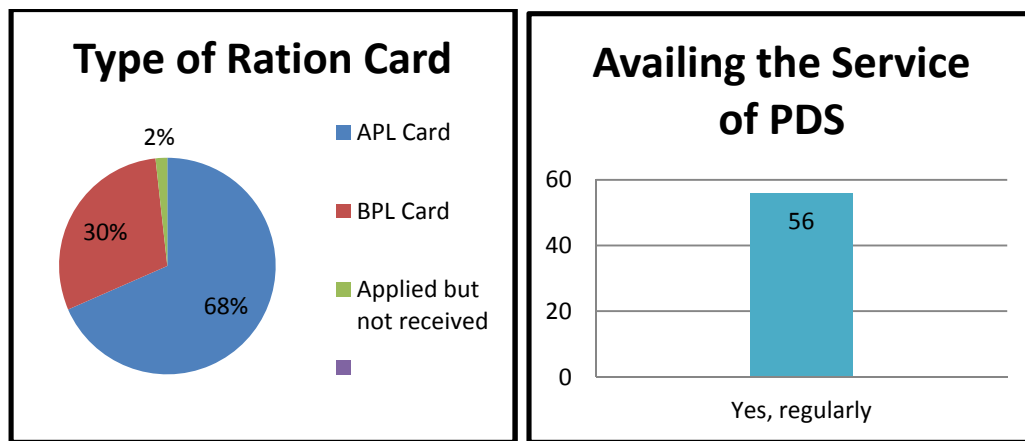
#### 5.12.5. HEALTH



In the Madanpur area, 21% of the people each prefer Local Doctor/ RMP, Private Clinics, Government Hospital. Only 14% of people go to PHC/CHC and a 1% visit Chemist shop.

### 5.12.6. PUBLIC DISTRIBUTION SYSTEM

The data on Madanpur shows that 68% of the sample households have APL Card while 30% of the people are under BPL category. 2% of the sample has applied for the card but has not received it till date. As informed during interview, 56 of the sample who have ration card of any type avail ration from PDS regularly.

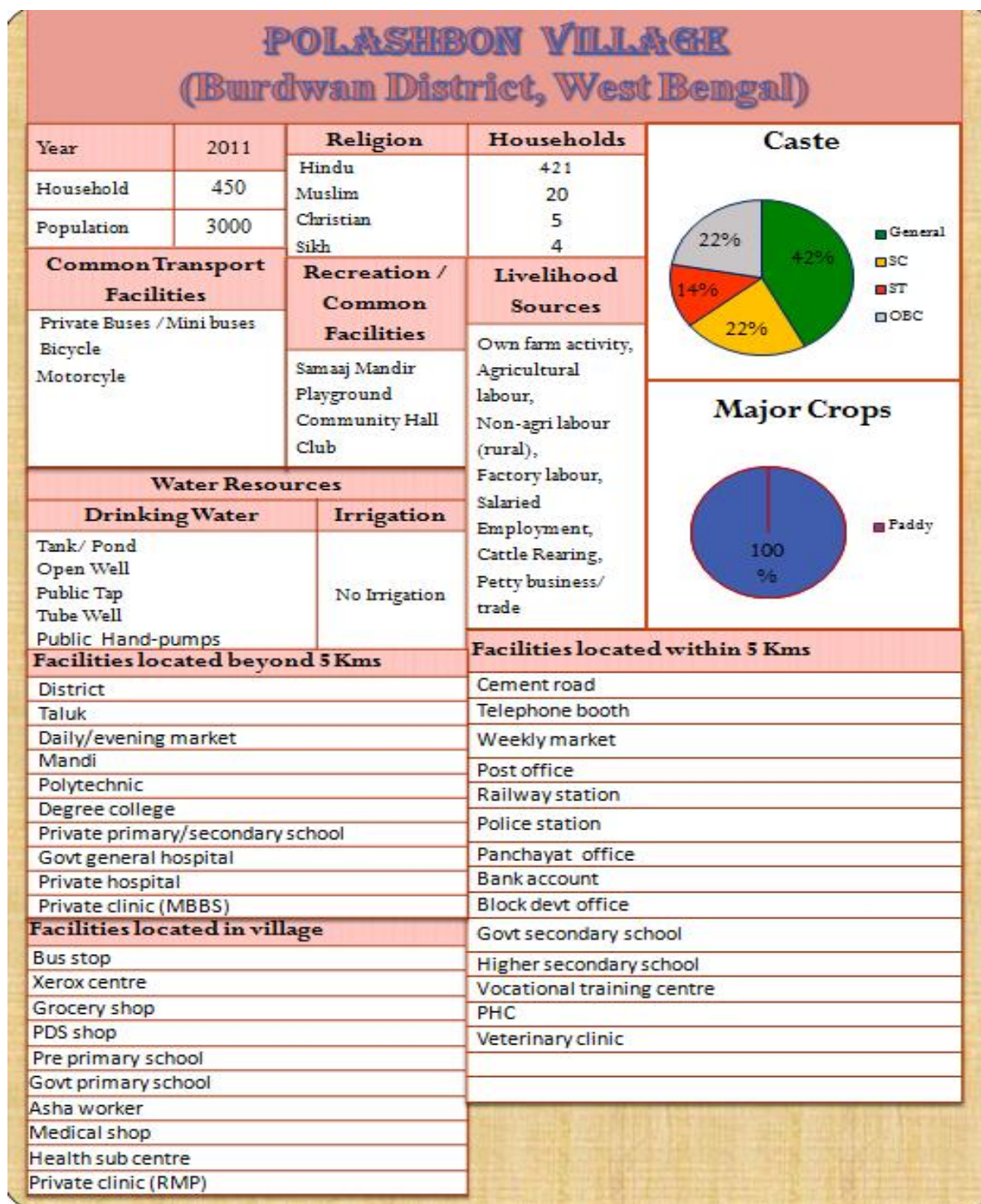


### 5.12.7. RECOMMENDATIONS

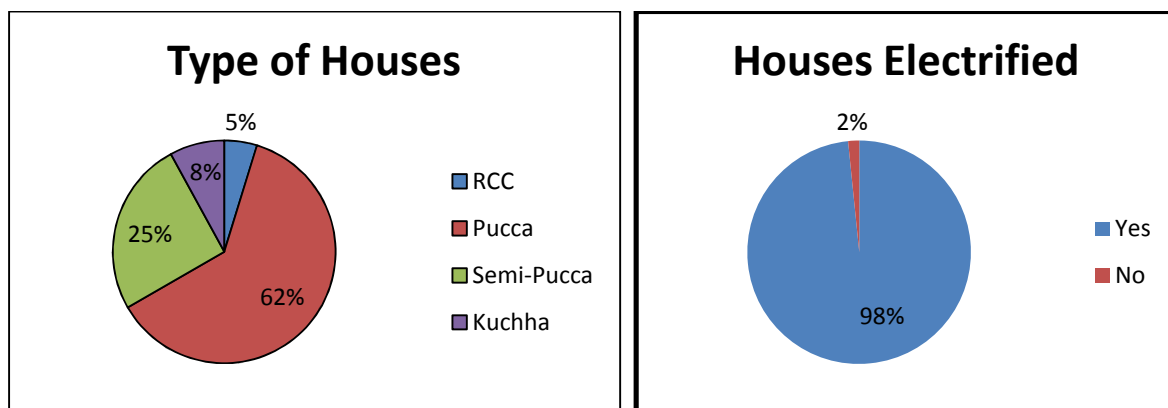
- As the discussion with villagers availability of drinking water has emerged as major concern and specially in summer season. Availability of drinking water to the community can be ensured if company work in collaboration with local administration and strengthen the drinking water supply system.
- School Authorities of Madanpur Mahesh Vidya Mandir have raised demand for providing Teaching Learning Material (TLM) such as maps for improving the education of the children. They should also be provided a laboratory and library with electricity connection through solar panels.



## 5.13. POLASHBON VILLAGE, BURDWAN, WEST BENGAL

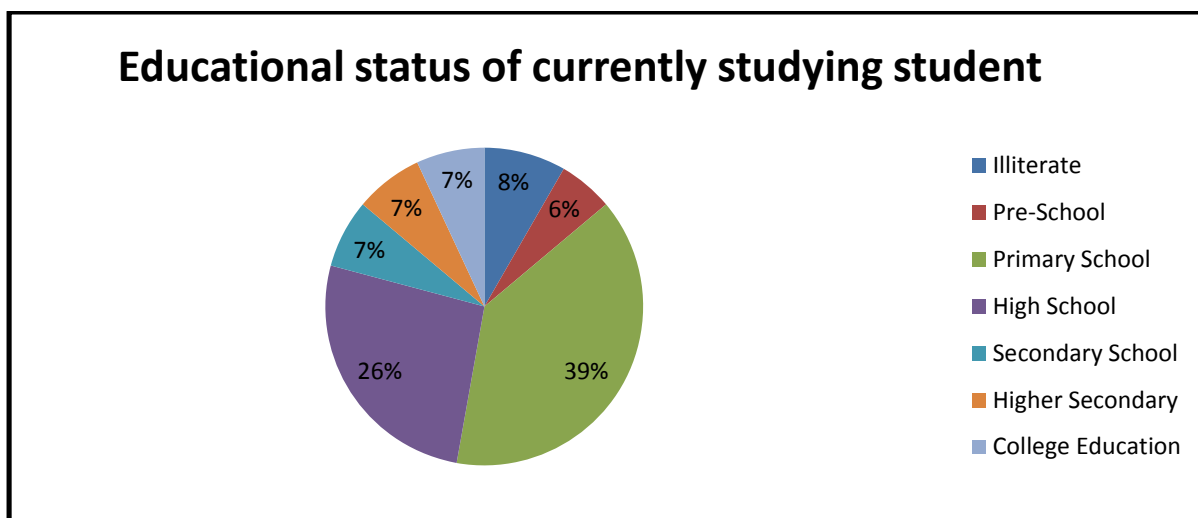


### 5.13.1. HOUSEHOLD STATUS



In Polashbon village, out of the sample 62% households are living in pucca houses, 25% households are living in semi pucca houses while 8% are living in kuchha houses. Among the sample households, all of them are having registered paper of the land they are living on. Among the samples, 98% households were electrified and 2% were not electrified.

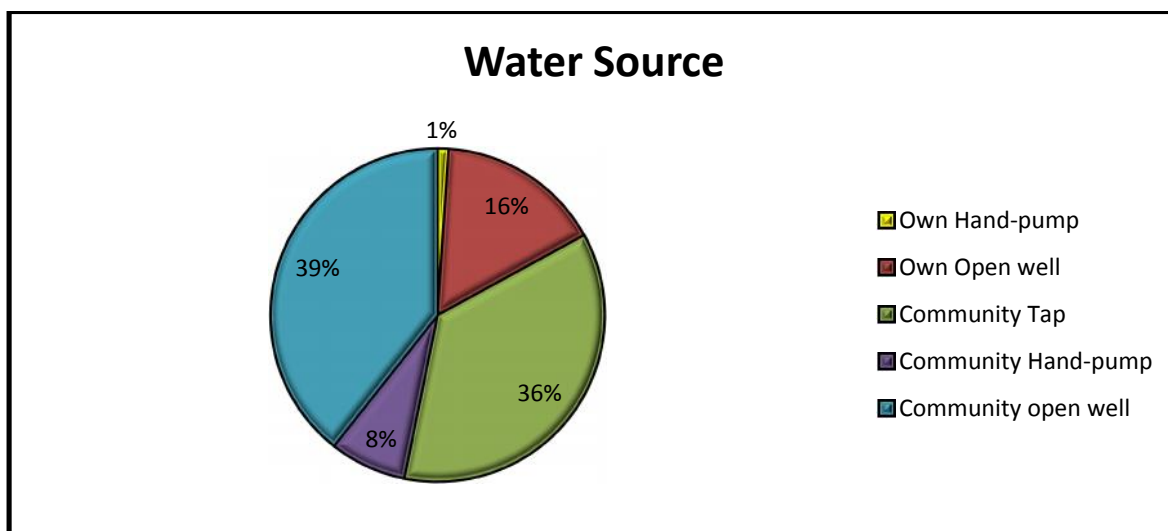
### 5.13.2. EDUCATIONAL STATUS



In Polashbon village, 39% of the children are studying in primary school, 26% in high school, 7% in secondary school, 7% in higher secondary school, 7% in college and 6% in pre-school education. A percentage of 8% students are illiterate and not availing any educational facility.

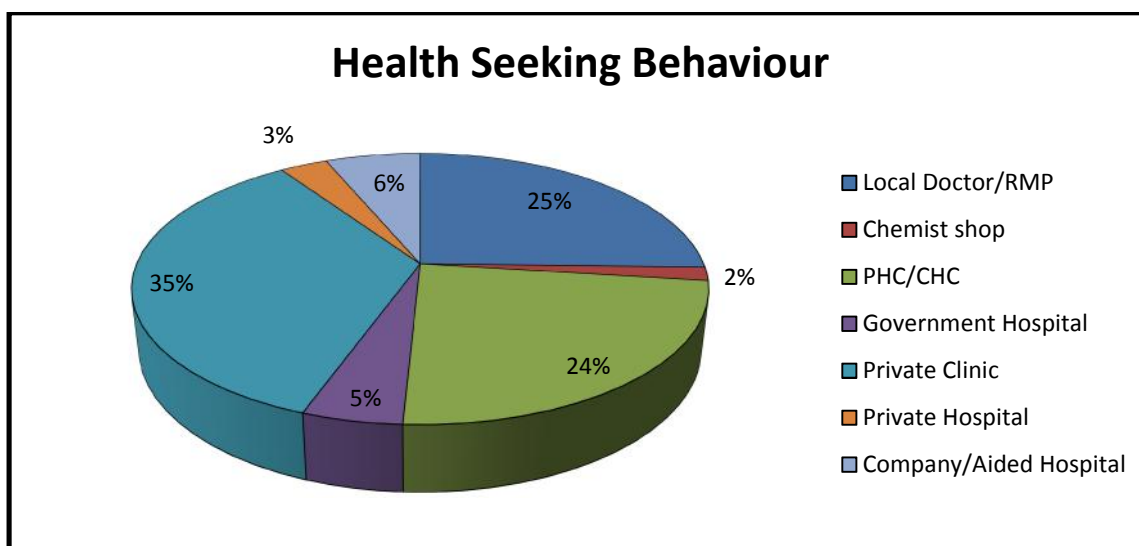


### 5.13.3. WATER



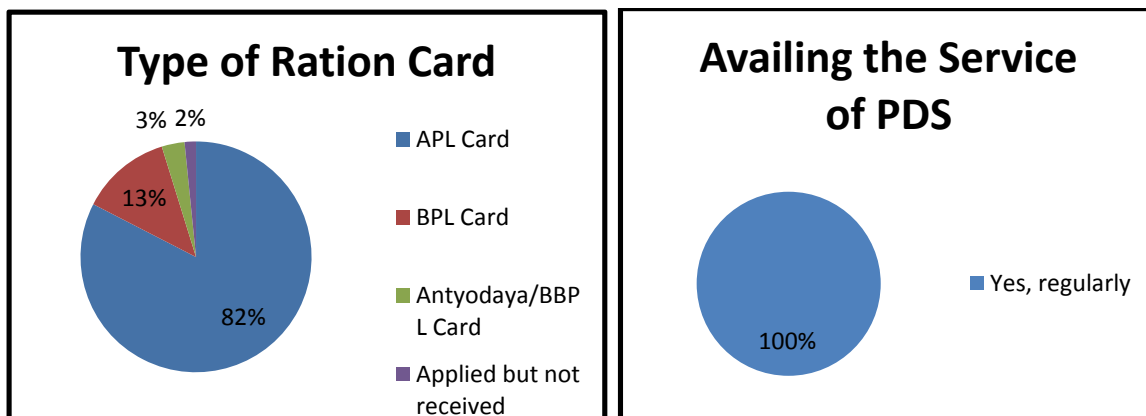
In Polashbon village it is found that 83% of the sample households are fetching water from community source such as Community Hand-pump, Community Tap, Community Open Well. 16% of the sample households are fetching water from own open well and 1% are fetching water from own hand-pump.

### 5.13.4. HEALTH



In Polashbon village, 35% of the sample household reported availing health check up facility from private clinic and 24% said that they consult PHC/CHC in case of any medical need. Government or company aided medical services cater the need of 11% of the sample households.

#### 5.13.5. PUBLIC DISTRIBUTION SYSTEM

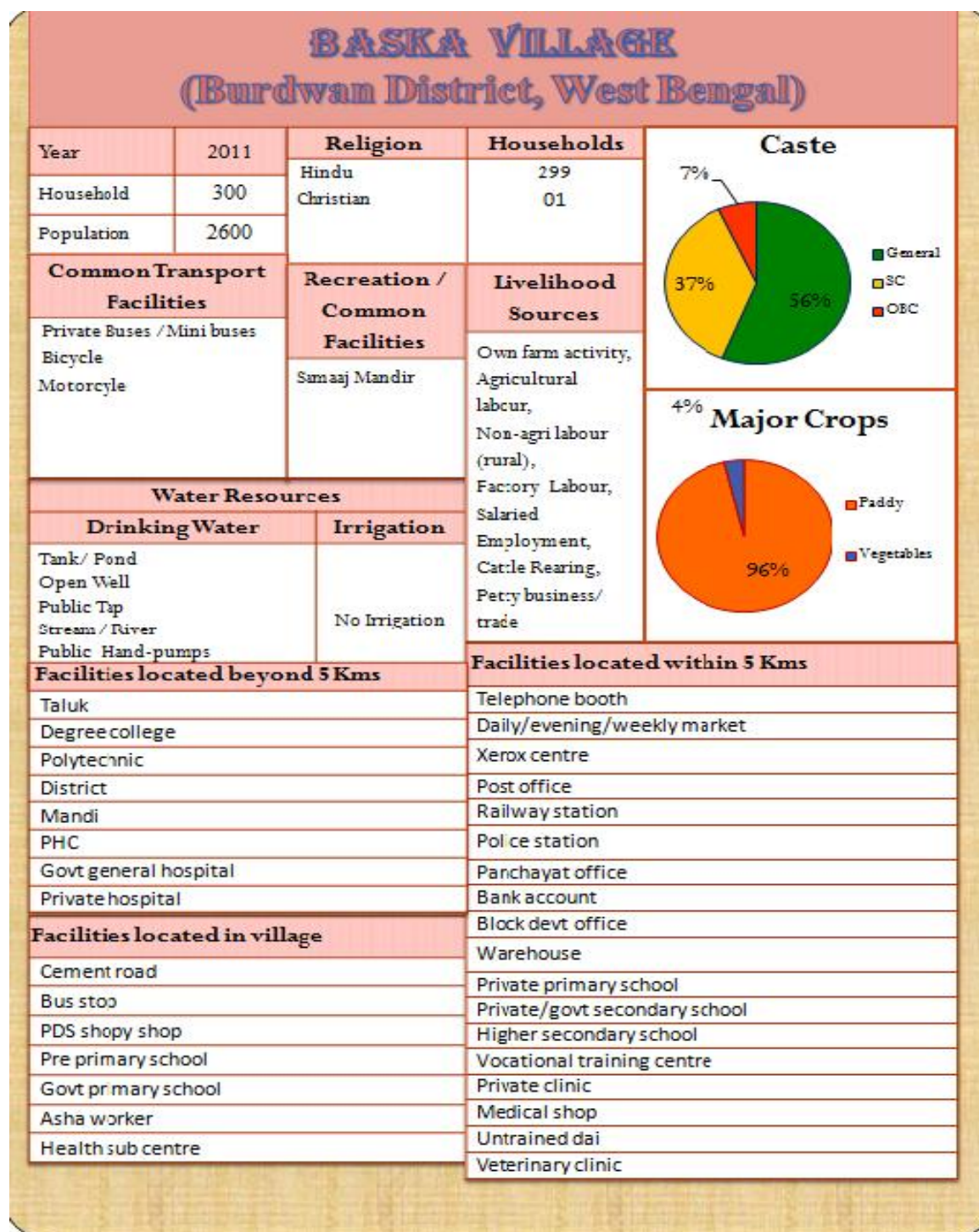


In Polashbon village, 82% of the sample households are having APL cards and 13% are having BPL cards. 3% of the sample reported having Antyodaya card and rest 2% have not received any ration card. Sample households who have ration cards, 100% of them avail the service of ration regularly from PDS.

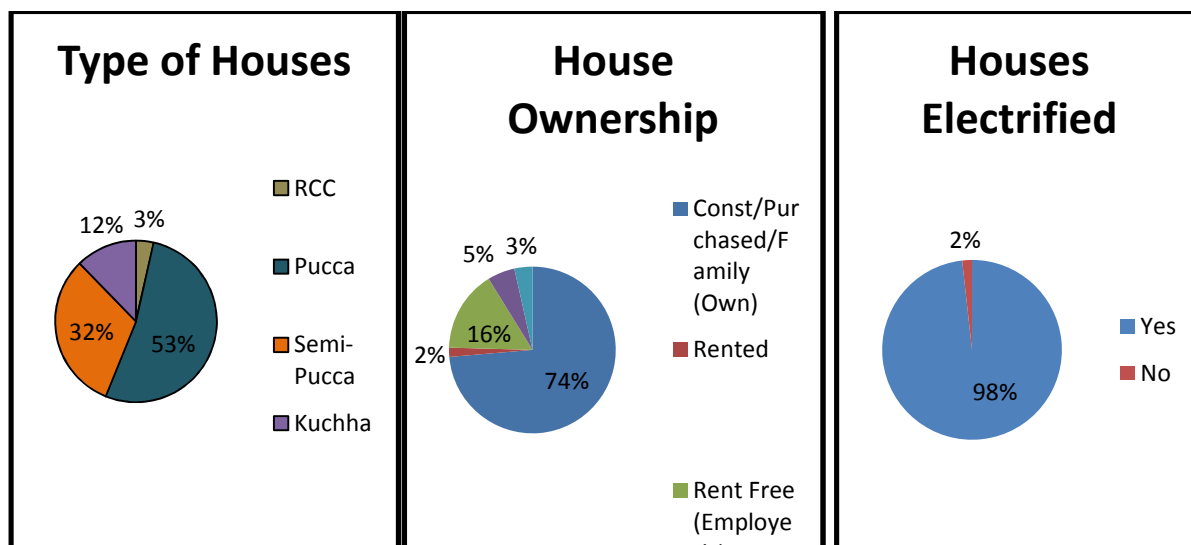
**5.13.6. RECOMMENDATIONS**

- 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 kids. Company can work with panchayat to construct and run the community toilets.
- There is a lack of drinking water in the village and especially in summer season. Demand for drinking water supply through pipe lines were raised.
- There is a demand for toilets in the primary school.
- Primary school has requested for library and drinking water facility.
- The community has requested for the development of playground cum children's park for the physical development of the children of the community.

## 5.14. BASKA VILLAGE, BURDWAN, WEST BENGAL

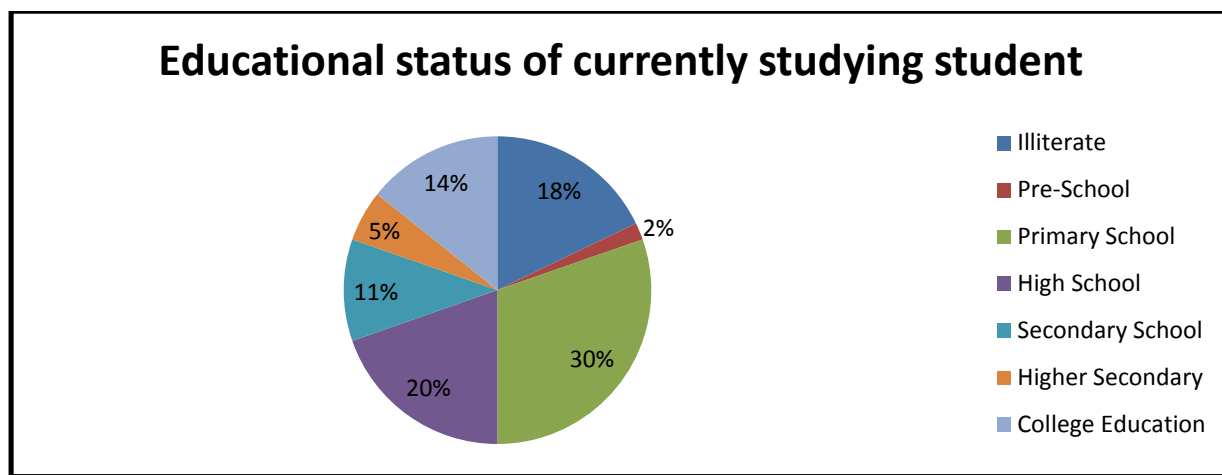


### 5.14.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Baska village is Pucca Houses (53%). 32% of the sample households were living in Semi- Pacca houses. The least common type of houses found in this region were Kuccha, RCC, that is, 12% and 3% respectively. The data clearly points that 98% of the households have electricity while 2% of the households are not electrified. Furthermore, in the research process, it was also found that 74% are living in their own home while total 18% are living in rented house.

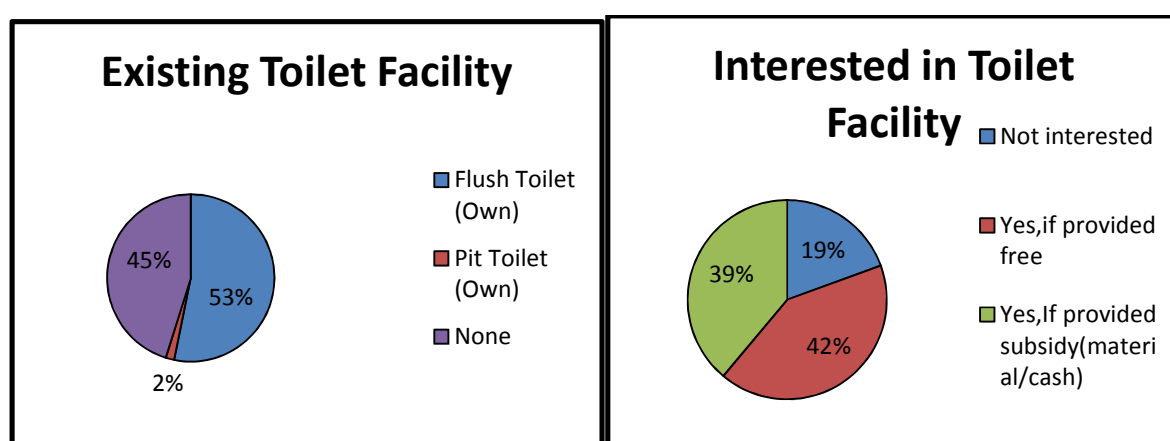
### 5.14.2. EDUCATIONAL STATUS



In Baska village, 30% of the children are studying in primary school followed by 20% in High School, 14% in college, 11% in Secondary School, 5% in higher secondary school and 2% in pre-school. A percentage of 18% students are illiterate and not availing any educational facility.

### 5.14.3. SANITATION

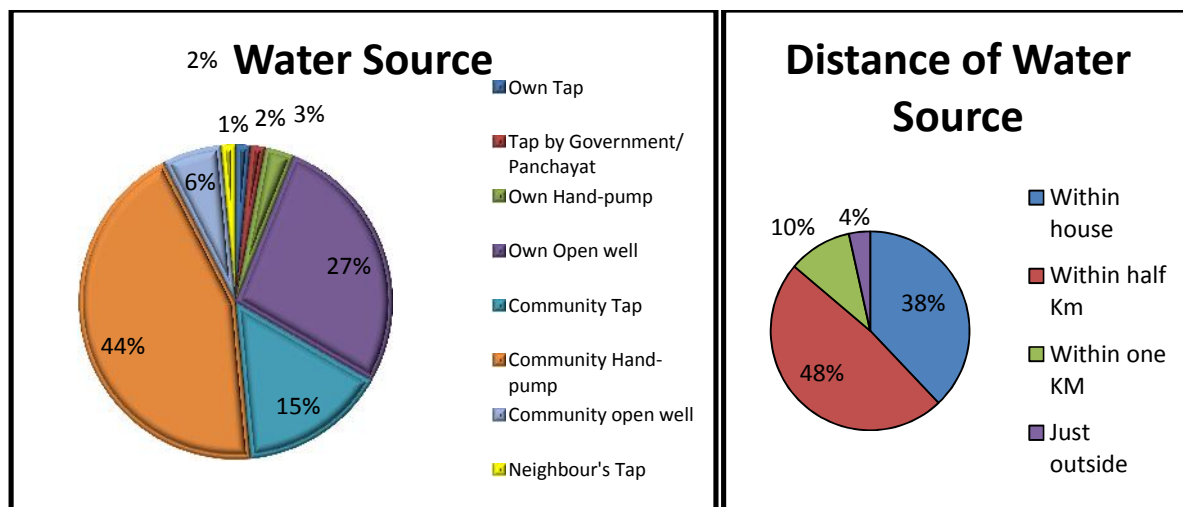
Study held in Baska village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Baska clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 42% of them opined that they would want flush toilet for their household if it is provided free. However, 39% of the people would want flush toilet if it is provided through a subsidy.

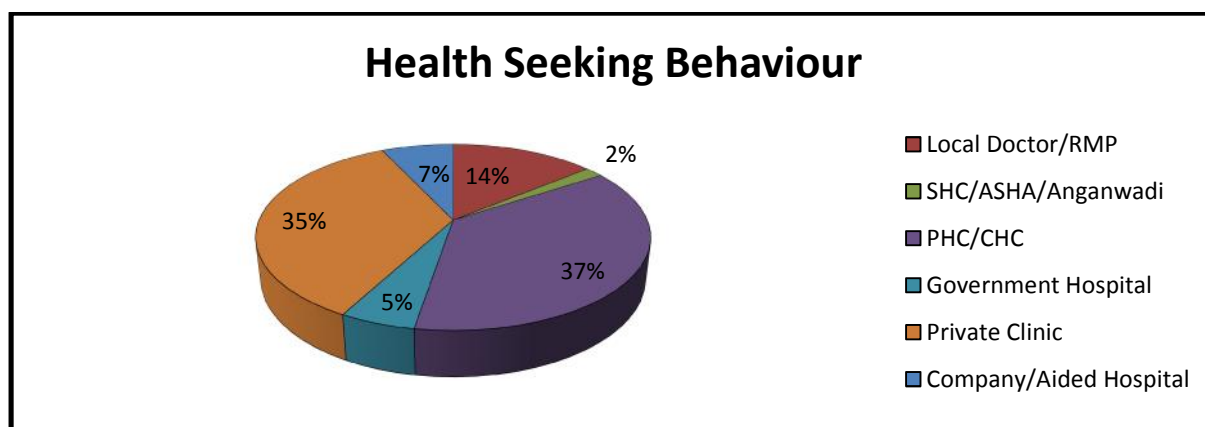
### 5.14.4. WATER

Community Tap caters the water related need of 15% of the sample and Open well including community and household own, provides drinking water to 33% of the sample households. Around 1% of sample households said that they get drinking water from Neighbor's tap. As reported during research, 48% of the sample have to walk around half Km to fetch water while for 38% sample it is located within their premise. 4% of the sample said that they fetch water from just outside their premises and 10% of the sample have to within one Km to fetch water.



#### 5.14.5. HEALTH

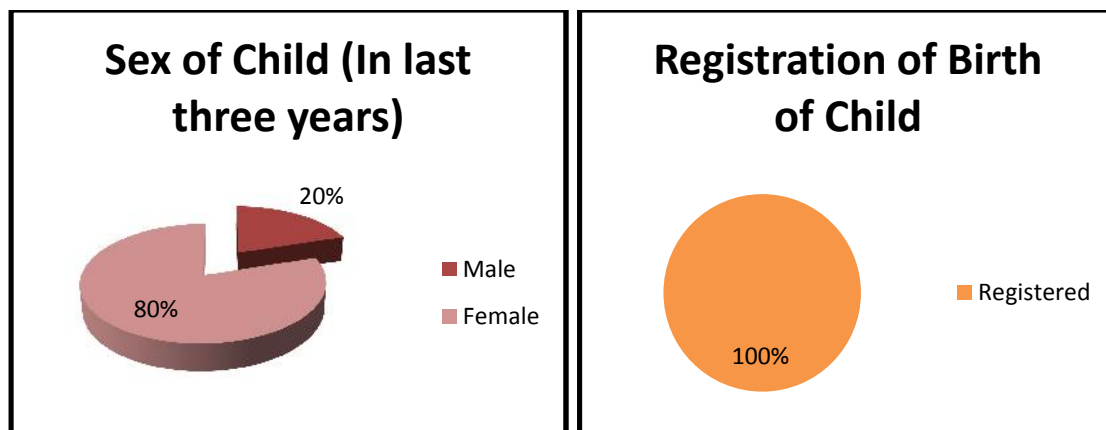
In the Baska area, 14% of the people prefer Local Doctor/ RMP for health check up while only 35% of the people prefer Private Clinics and 37% of people go to PHC/ CHC. Only 5% of people go to Government Hospital and a 7% visit company aided hospital.



#### 5.14.6. MATERNAL HEALTH

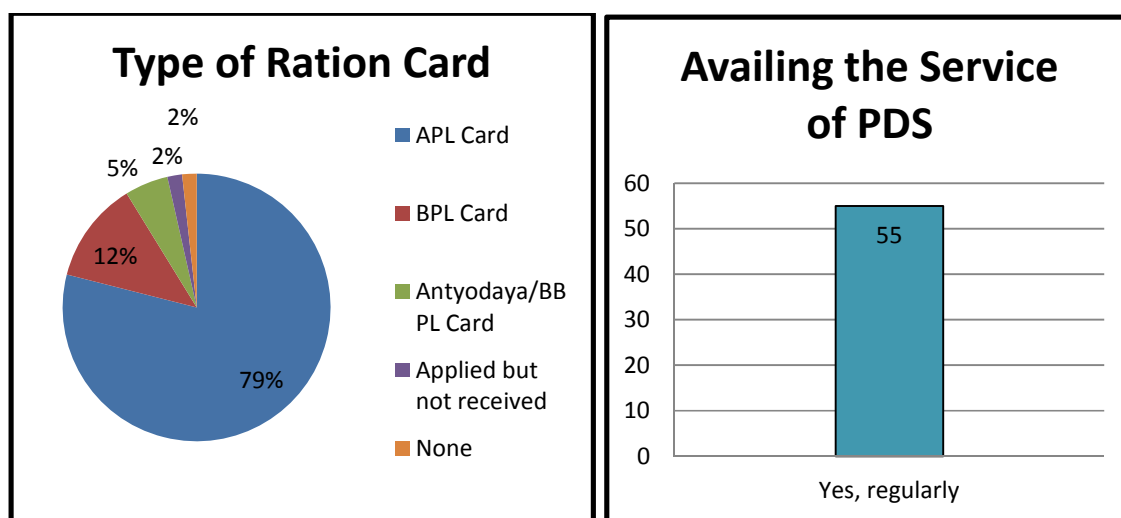
As per the UNICEF facts on maternal Health in India, only 47% of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant.<sup>63</sup>

<sup>63</sup> <http://www.unicef.org/india/health.html>



The data collected shows that in the last three years, 80% of the new born kids are females and 20% are males. It is an appreciative sign that 100% of the kids in Baska have registered the birth of child.

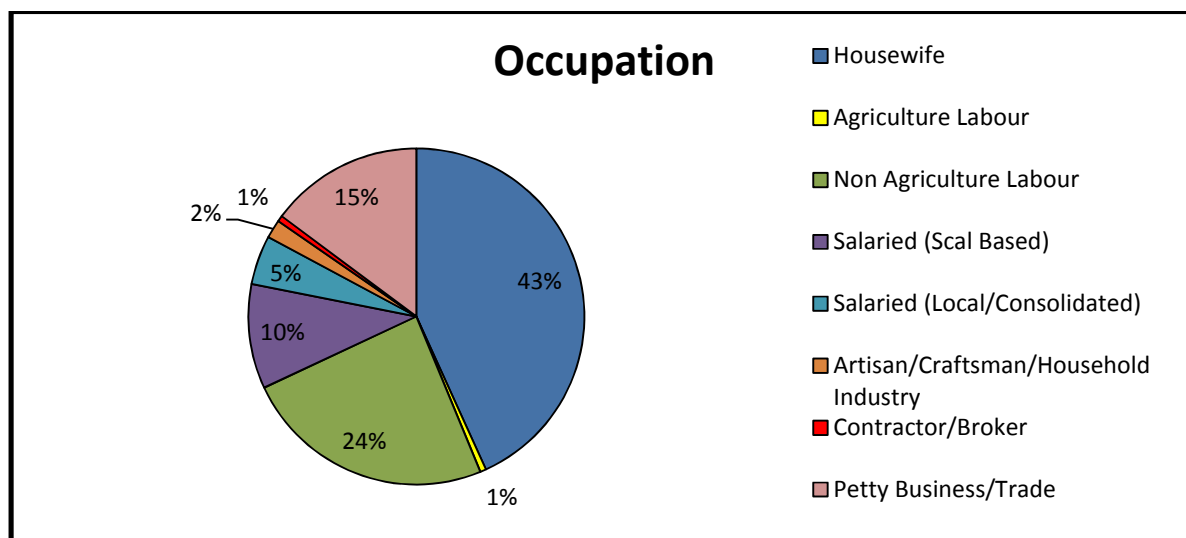
#### 5.14.7. PUBLIC DISTRIBUTION SYSTEM



The data on Baska shows that 79% of the sample households have APL Card while 12% of the people are under BPL category. 2% of the sample does not have any card and 2% of the sample has applied for the card but has not received it till date. As informed during interview, 55 of the sample who have ration card of any type avail ration from PDS regularly.



#### 5.14.8. OCCUPATION

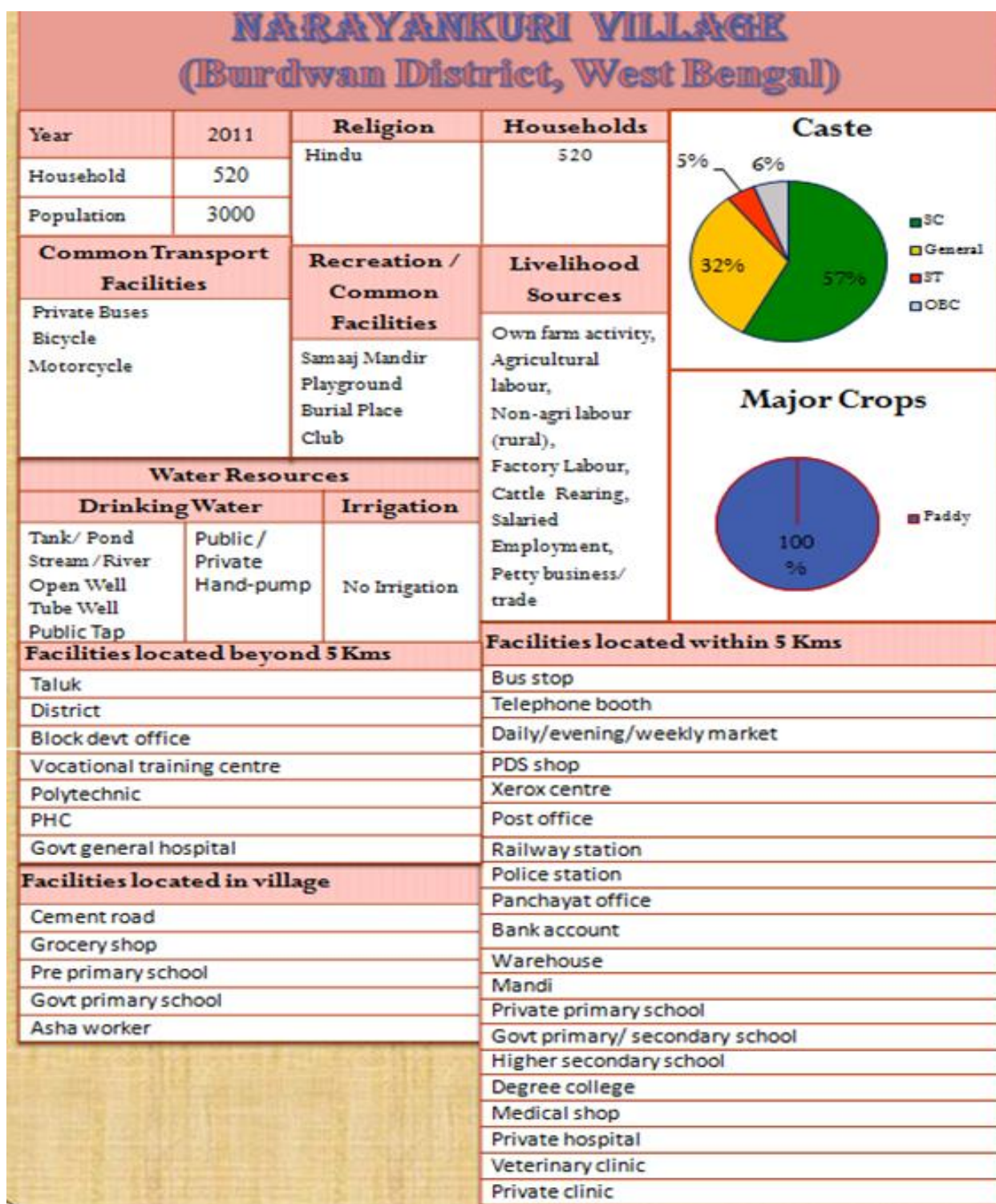


In the sample households, agriculture forms the source of livelihood for only 1% of the workforce population. 24% of the same category is working as Non- Agriculture Labour. 15% of the workforce said that they are salaried employee in government or private sector and 15% of the sample workforce is running petty business to earn livelihood. 12% of the workforce is working as Artisan or Craftsman. About 43% of the sample households claimed housewife as their occupation.

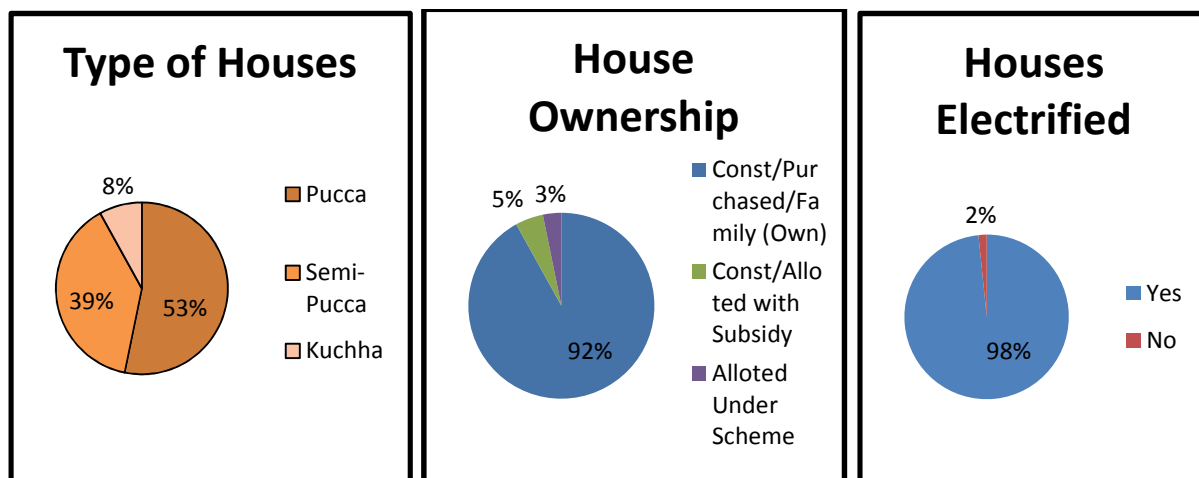
#### **5.14.9. RECOMMENDATIONS**

- 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 kids. Company can work with panchayat to construct and run the community toilets.
- Providing sports equipment to the primary schools can be taken up to improve the quality education in the school. Establishing library in the school can be taken up as intervention.
- Skill building should be taken up as major issue in Baska. The village is lagging behind in terms of having market oriented skills. Only one person among the interviewed households was found having vocational training. Provisioning of skill building facilities will enhance the employability of the youths.
- Like other villages, Baska also faces shortage of water and especially in summer. It was requested to arrange the drinking water facility through piped water supply.

## 5.15. NARAYANKURI VILLAGE, BURDWAN, WEST BENGAL

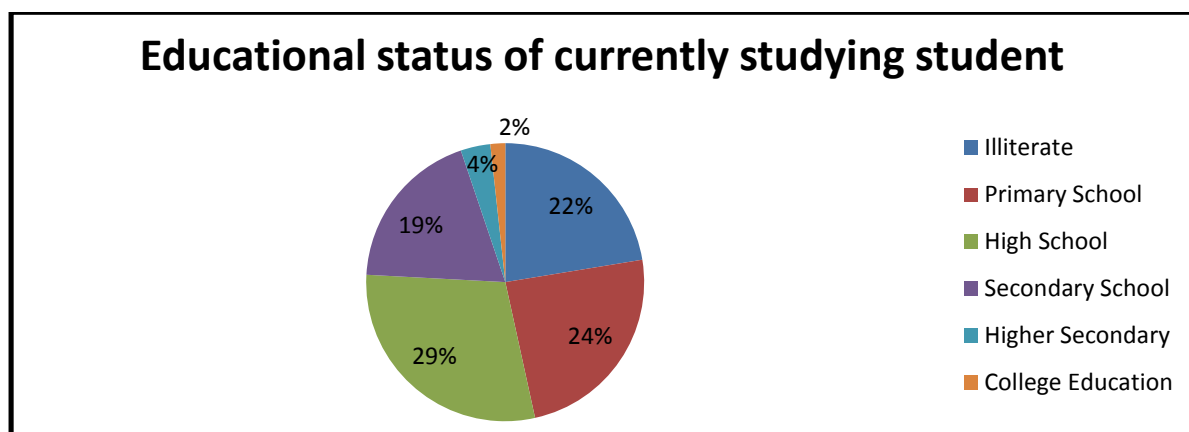


### 5.15.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Narayankuri is Pucca Houses (53%). 39% of the sample households were living in Semi- Pacca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region was Kuccha that is 8%. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data clearly points that 98% of the households have electricity while 2% of the households are not electrified. Furthermore, in the research process, it was also found that 92% are living in their own home while total 5% are living in houses allotted with subsidy. 3% are living in allotted in the scheme accommodation.

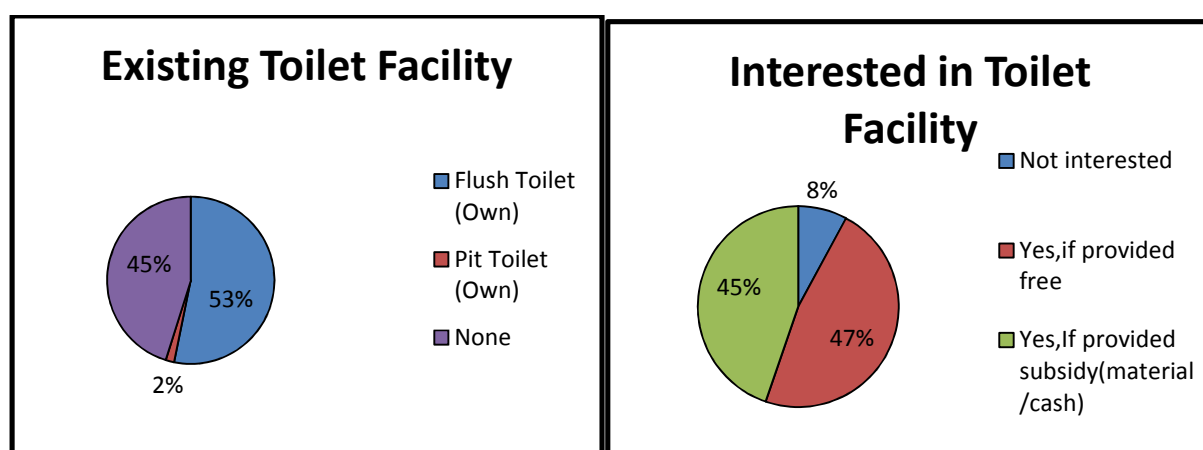
### 5.15.2. EDUCATIONAL STATUS



In Narayankuri village, 24% of the children are studying in primary school, 29% in High School, 19% in Secondary School, 4% in higher secondary school and 2% in college. A percentage of 22% students are illiterate and not availing any educational facility.

### 5.15.3. SANITATION

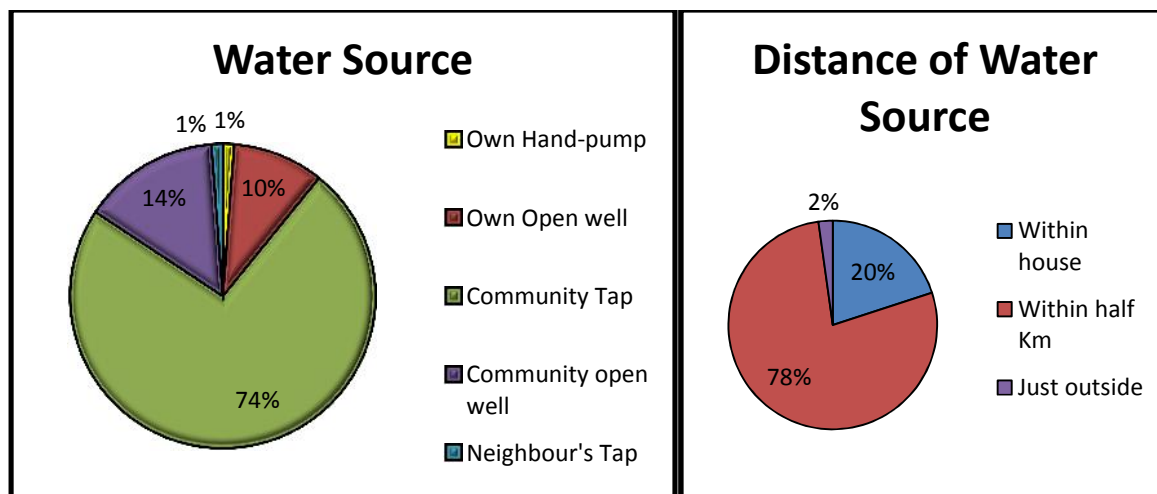
Study held in Narayankuri village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Narayankuri clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 47% of them opined that they would want flush toilet for their household if it is provided free. However, 45% of the people would want flush toilet if it is provided through a subsidy.

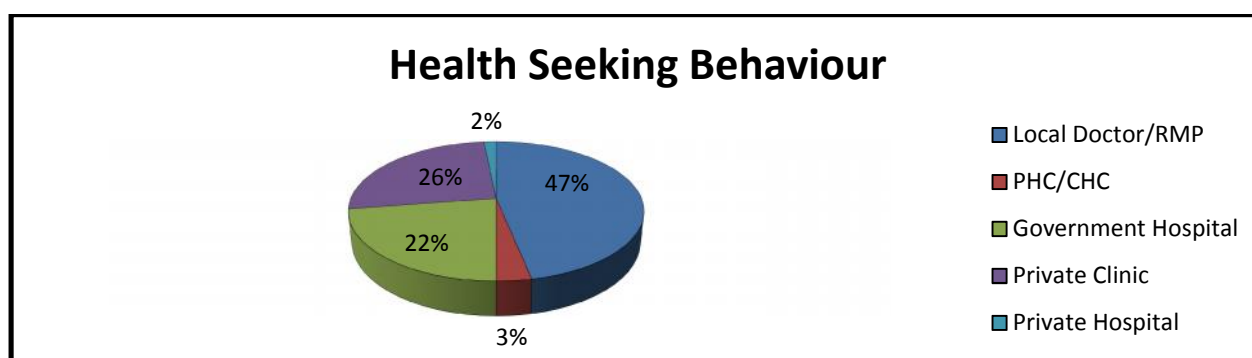
### 5.15.4. WATER

Community Tap caters the water related need of 74% of the sample and Open well including community and household own, provides drinking water to 24% of the sample households. Around 1% of sample households said that they get drinking water from Neighbor's tap. As reported during research, 78% of the sample have to walk around half Km to fetch water while for 20% sample it is located within their premise. 2% of the sample said that they fetch water from just outside their premises.



#### 5.15.5. HEALTH

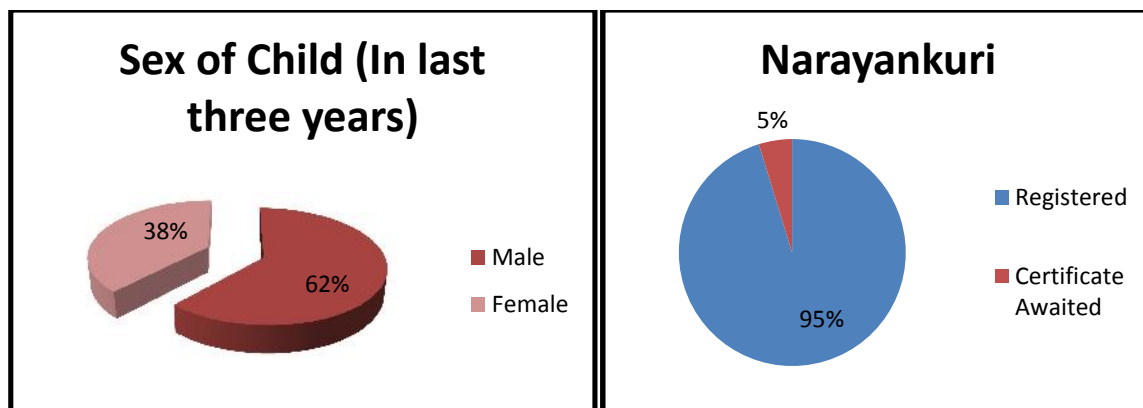
In the Narayankuri Area, 47% of the people prefer Local Doctor/ RMP for health check up while only 26% of the people prefer Private Clinics and 3% of people go to PHC/ CHC. Only 22% of people go to Government Hospital and a 2% visit private Hospital.



#### 5.15.6. MATERNAL HEALTH

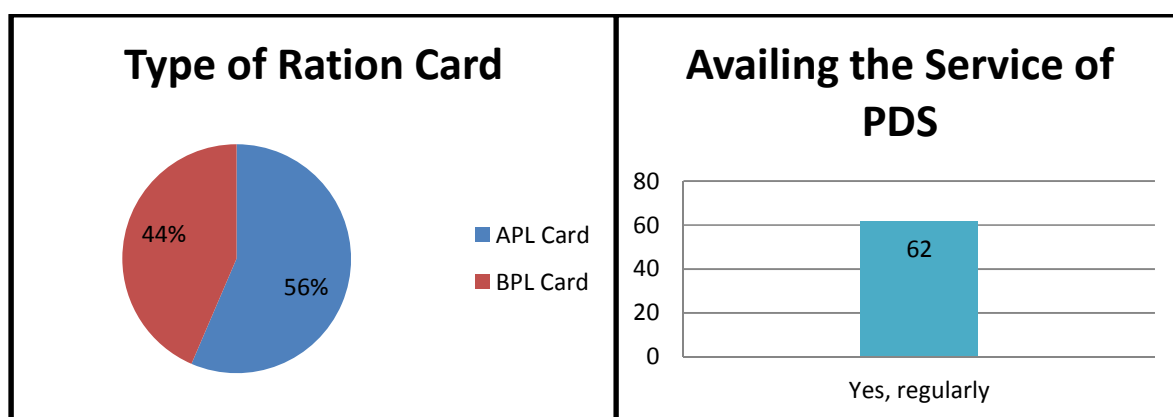
As per the UNICEF facts on maternal Health in India, only 47% of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant.<sup>64</sup>

<sup>64</sup> <http://www.unicef.org/india/health.html>



The data collected shows that in the last three years, 62% of the new born kids are male and 38% are females. It is an appreciative sign that 95% of the kids in Narayankuri have registered the birth of child while 5% of the population is waiting for the certificate of the registration.

#### 5.15.7. PUBLIC DISTRIBUTION SYSTEM



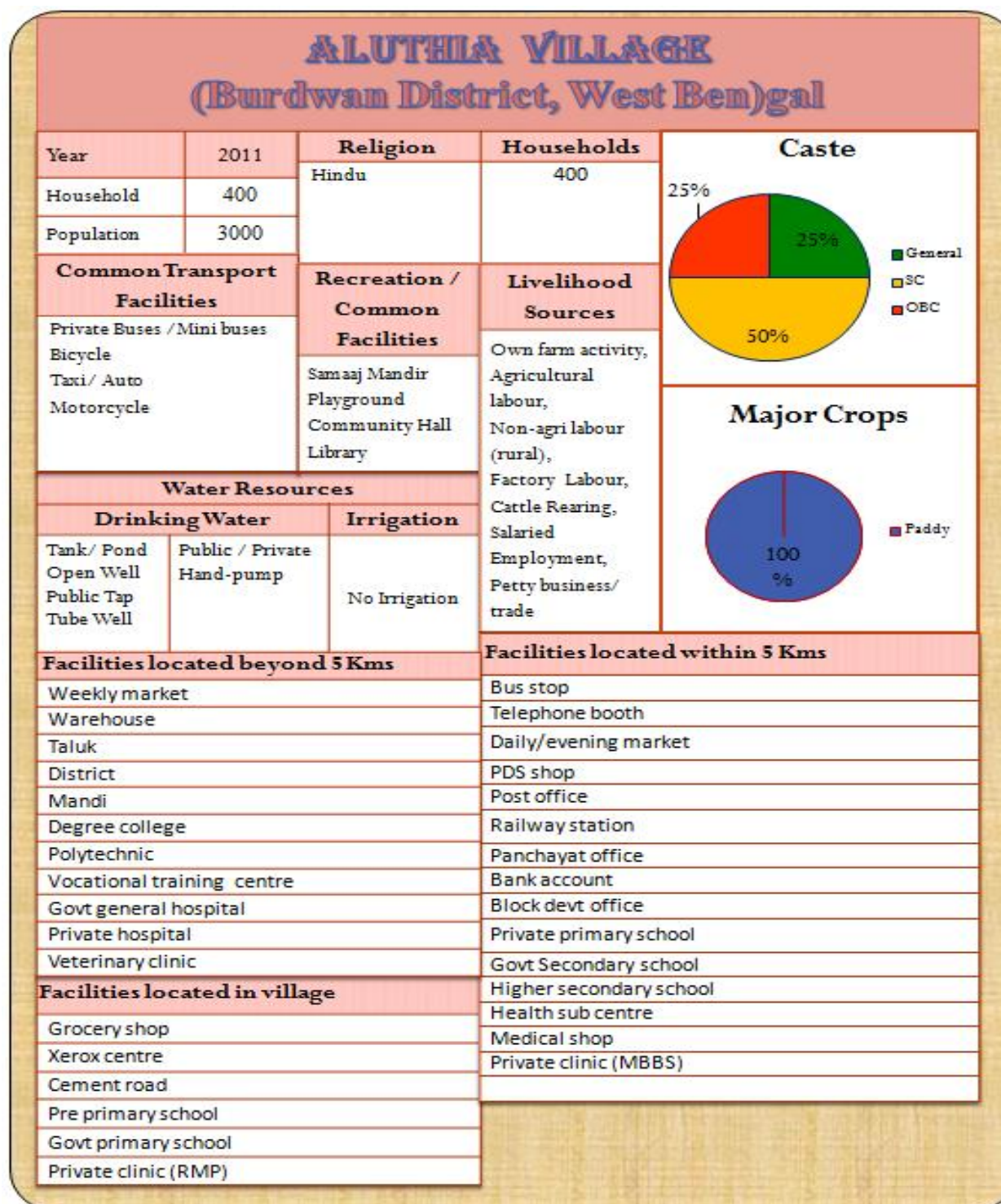
The data on Narayankuri shows that 56% of the sample households have APL Card while 44% of the people are under BPL category. As informed during interview, 62 of the sample who have ration card of any type avail ration from PDS regularly.

#### **5.15.8. RECOMMENDATIONS**

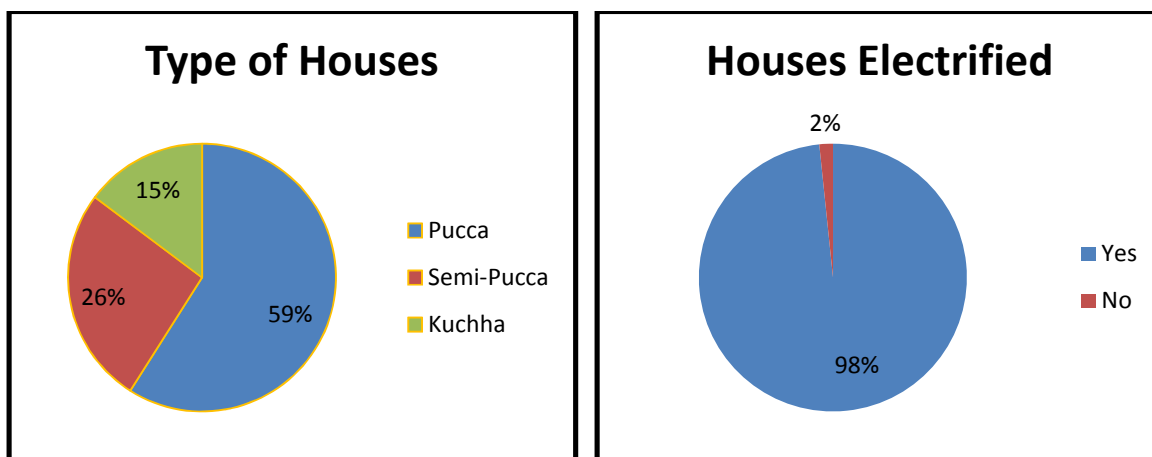
- Accessibility to health care system is major issue for Narayankuri. There is no health centre in the village, so the community has to rely on private services. An intervention in health system either through Mobile medical van or opening of dispensary from the company will reduce the expenditure on health services for the community
- Drainage system in the village is a major concern for the villagers. It can be constructed and maintained to increase the cleanliness of the village.
- There is a demand for the construction of the children's park by the community. Also, the extra ordinary youth should be encouraged to play on behalf of ECL at various levels. These extraordinary youth should not only represent ECL but should be provided with honorarium for motivation.



## 5.16. ALUTHIA VILLAGE, BURDWAN, WEST BENGAL

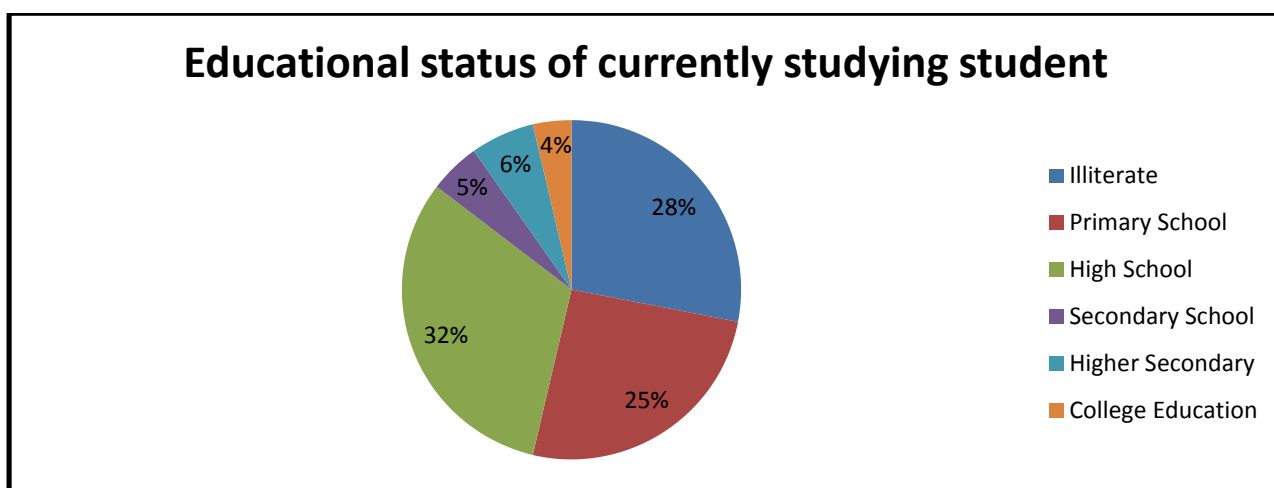


### 5.16.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Aluthia is Pucca Houses (59%). 26% of the sample households were living in Semi- Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region was Kuccha that is 15%. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. Furthermore, in the research process, it was also found that all are living in their own home. Around 98% of the houses are electrified while 2% of the houses are not electrified.

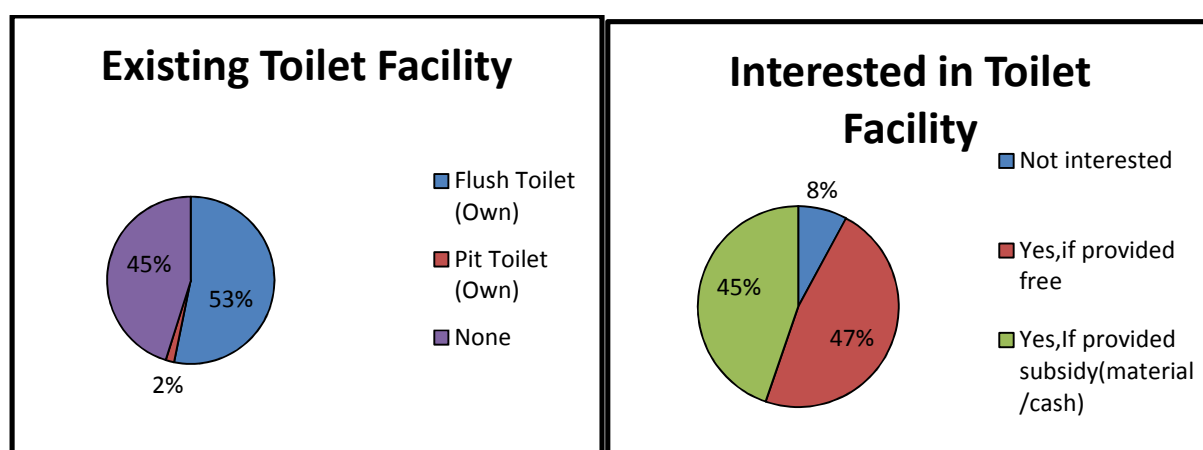
### 5.16.2. EDUCATIONAL STATUS



In Aluthia village, 32% of the children are studying in high school, 25% in primary School, 6% in higher secondary school, 5% in Secondary School and 4% in college. A percentage of 28% students are illiterate and not availing any educational facility.

### 5.16.3. SANITATION

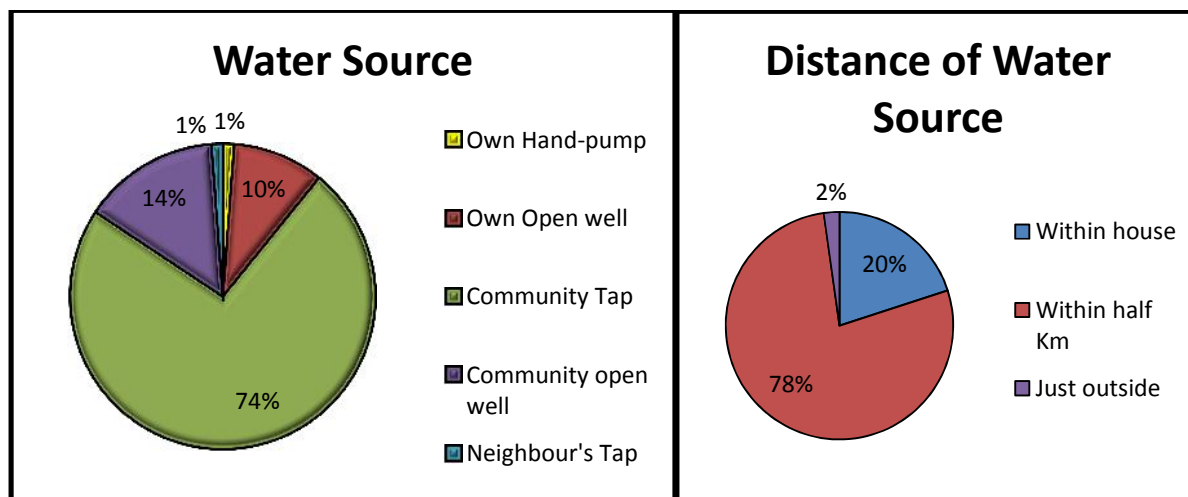
Study held in Aluthia village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Aluthia clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 47% of them opined that they would want flush toilet for their household if it is provided free. However, 45% of the people would want flush toilet if it is provided through a subsidy.

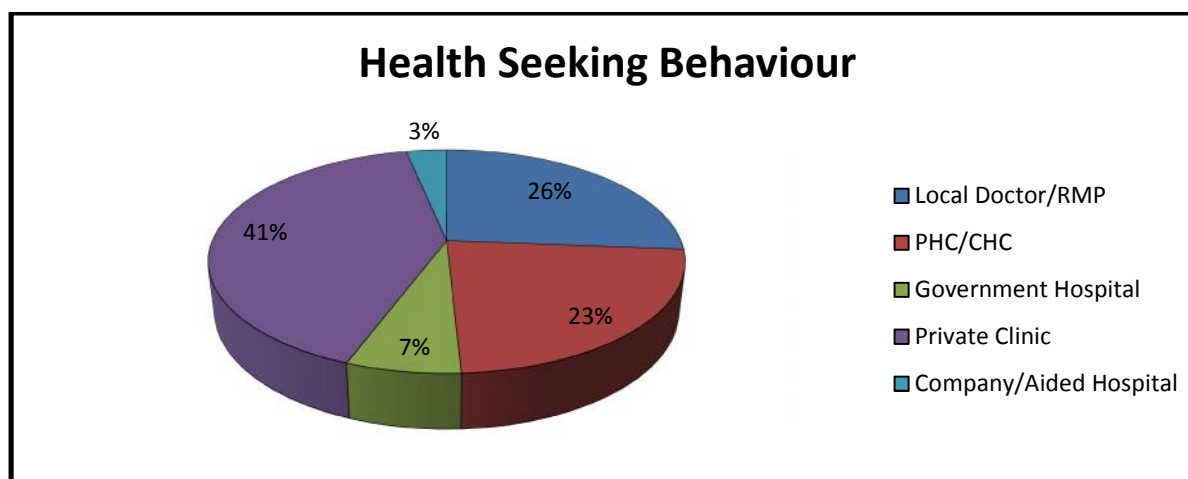
### 5.16.4. WATER

Community Tap caters the water related need of 74% of the sample and Open well including community and household own, provides drinking water to 24% of the sample households. Around 1% of sample households said that they get drinking water from Neighbor's tap. As reported during research, 78% of the sample have to walk around half Km to fetch water while for 20% sample it is located within their premise. 2% of the sample said that they fetch water from just outside their premises.



#### 5.16.5. HEALTH

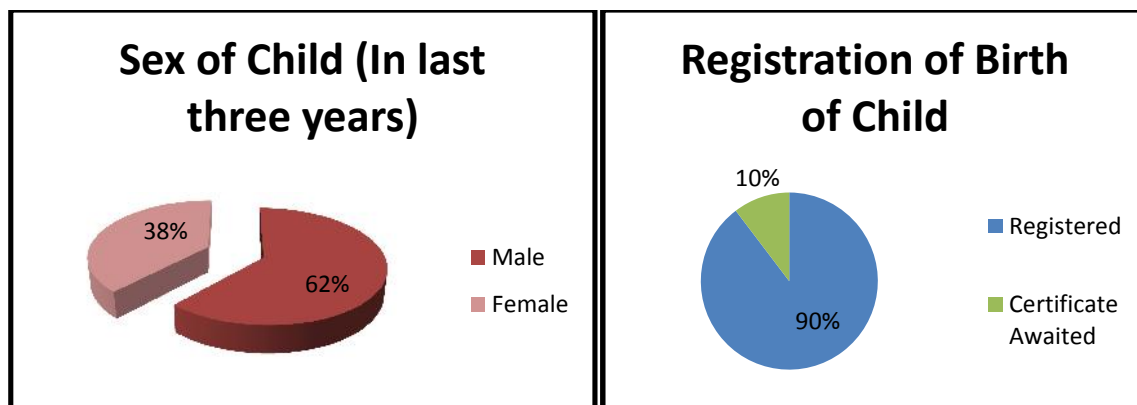
In the Aluthia area, 26% of the people prefer Local Doctor/ RMP for health check up while 41% of the people prefer Private Clinics and 23% of people go to PHC/ CHC. Only 7% of people go to Government Hospital and a 3% visit Company/ Aided Hospital.



#### 5.16.6. MATERNAL HEALTH

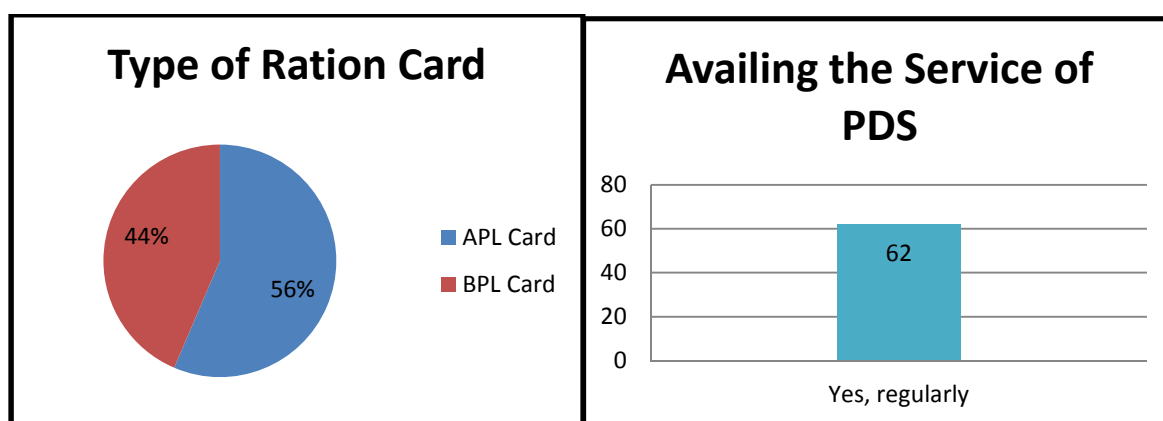
As per the UNICEF facts on maternal Health in India, only 47% of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant.<sup>65</sup>

<sup>65</sup> <http://www.unicef.org/india/health.html>



The data collected shows that in the last three years, 62% of the new born kids are male and 38% are females. It is an appreciative sign that 90% of the kids in Aluthia have registered the birth of child while 10% of the population is waiting for the certificate of the registration.

#### 5.16.7. PUBLIC DISTRIBUTION SYSTEM



The data on aluthia shows that 56% of the sample households have APL Card while 44% of the people are under BPL category. As informed during interview, 62 of the sample who have ration card of any type avail ration from PDS regularly.

**5.16.8. RECOMMENDATIONS**

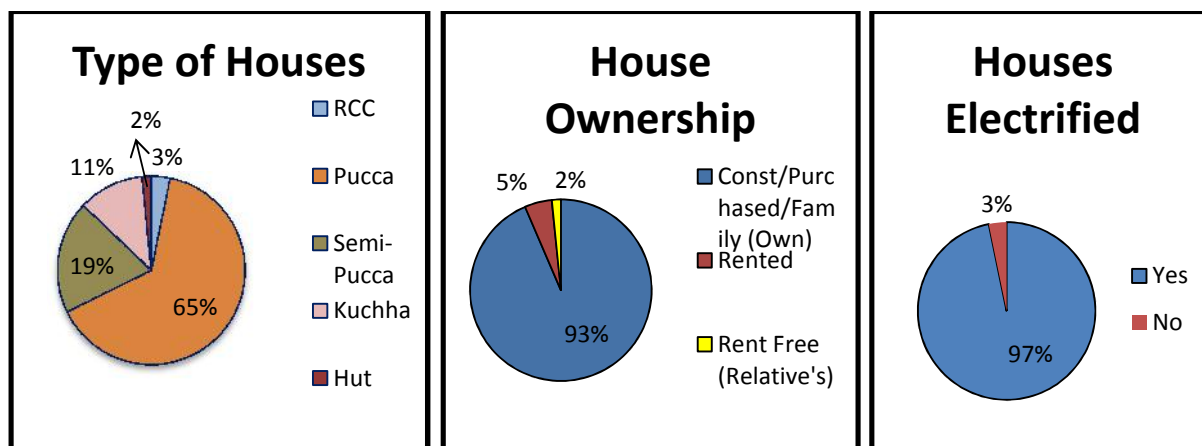
- The village of Aluthia has already been surveyed by the land department due to high level of soil erosion for re-habilitation.
- There is a lack of drinking water in the village and especially in summer season. Demand for drinking water supply through pipe lines were raised.
- The Aluthia F.P. School should be provided a library with atleast 10 additional academic books for the students.
- There has been demand for community hall from the community.



## 5.17. RAMPRASADPUR VILLAGE, BURDWAN, WEST BENGAL

RAMPRASADPUR VILLAGE (Burdwan District, West Bengal)					
Year	2011	Religion		Households	<div>Caste</div> <div>General SC ST OBC</div>
Household	1000	Hindu		900	
Population	5000	Muslim		100	
Common Transport Facilities		Recreation / Common Facilities		Livelihood Sources	
Private Buses / Mini buses		Samaaj Mandir		Factory Labour, Salaried Employment, Cattle Rearing, Non-agri labour (rural), Petty business/ trade, Artisan (Traditional)	
Bicycle		Playground			
Motorcycle					
Water Resources					
Drinking Water		Irrigation			
Tank/ Pond	Public / Private	No Irrigation			
Open Well	Hand-pump				
Public Tap					
River					
Facilities located within 5 Kms				Facilities located in village	
Daily/evening/weekly market				Cement road	
Xerox centre				Bus stop	
Post office				Telephone booth	
Railway station				PDS shop	
Police station				Grocery shop	
Bank account				Panchayat office	
Block devt office				Pre primary school	
Private primary school				Govt primary school	
Govt secondary school				Trained Dai	
Higher secondary school				Veterinary clinic	
Medical shop				Health sub centre	
Private clinic				Facilities located beyond 5 Kms	
				District	
				Taluk	
				Mandi	
				Private secondary school	
				Degree college	
				Polytechnic	
				Vocational Training centre	
				PHC	
				Govt General hospital	
				Private Hospital	

### 5.17.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Ramprasadpur is Pucca Houses (65%). 19% of the sample households were living in Semi- Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region were Kuccha, hut and RCC, that is, 11%, 2% and 3% respectively. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Ramprasadpur clearly points to the fact that 100% of the population who have their own house has registered papers of their land holdings. The data clearly points that 97% of the households have electricity while 3% of the households are not electrified. Furthermore, in the research process, it was also found that 93% are living in their own home while total 5% are living in rented house. 2% are living in rent free accommodation.

### 5.17.2. EDUCATIONAL STATUS

In Ramprasadpur village, 23% of the children are studying in high school, 23% in primary School, 10% in higher secondary school, 9% in Secondary School and 10% in college. A percentage of 25% students are illiterate and not availing any educational facility.

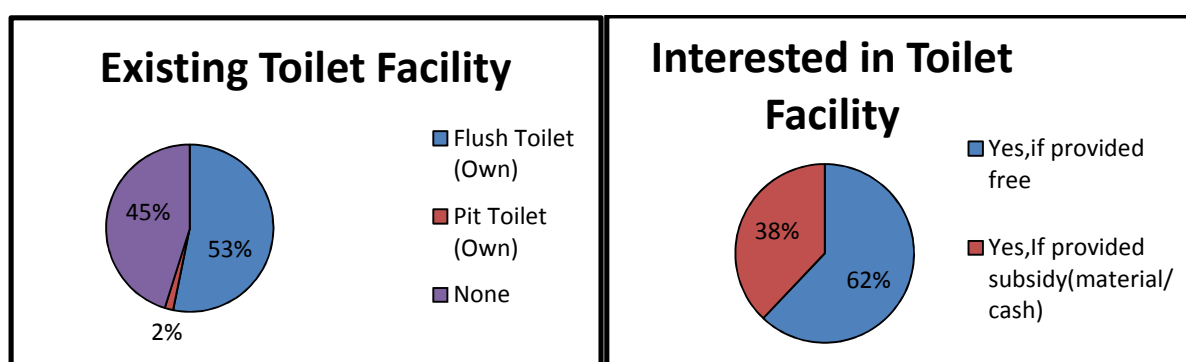


### Education status of currently studying student



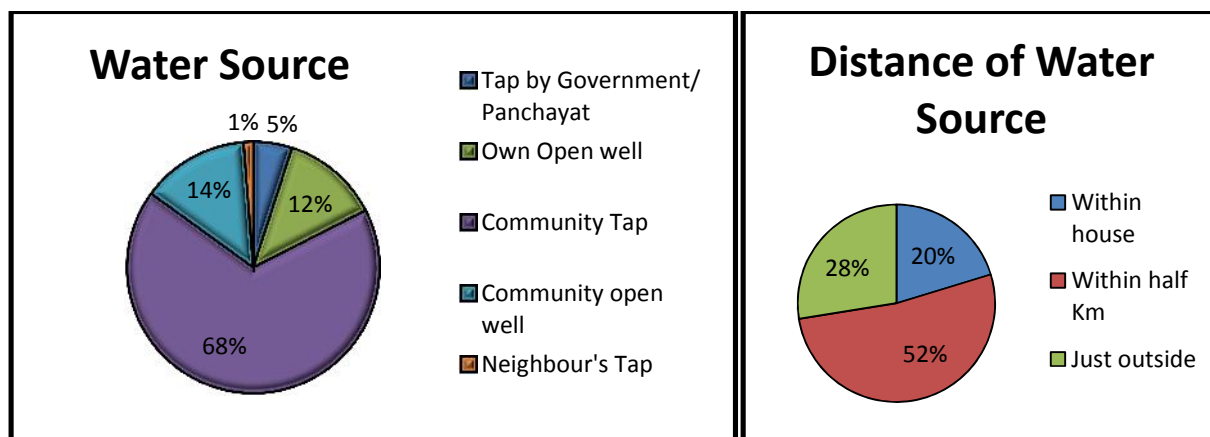
### 5.17.3. SANITATION

Study held in Ramprasadpur village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Ramprasadpur clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 62% of them opined that they would want flush toilet for their household if it is provided free. However, 38% of the people would want flush toilet if it is provided through a subsidy.

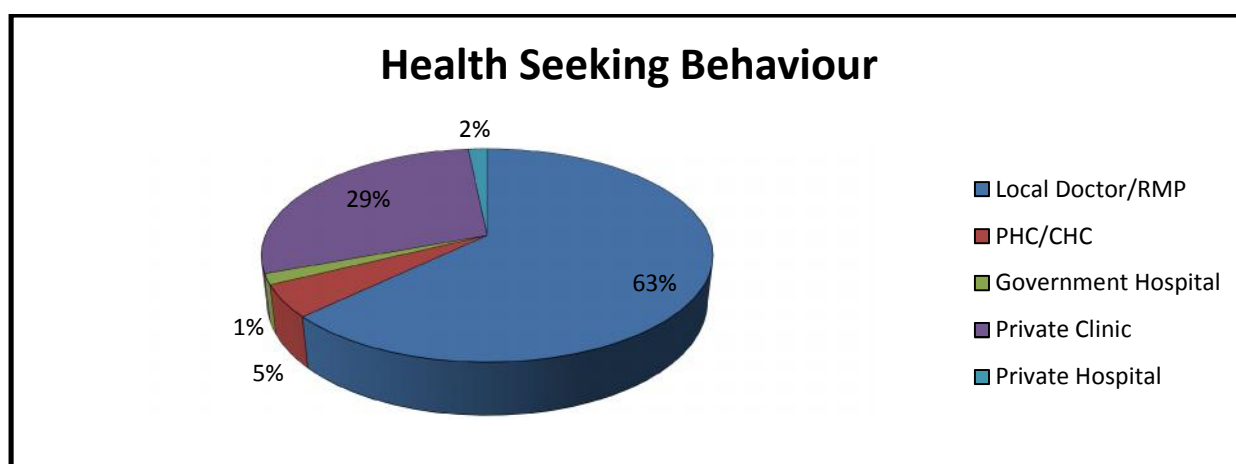
#### 5.17.4. WATER



Community Tap caters the water related need of 68% of the sample and Open well including community and household own, provides drinking water to 26% of the sample households. 87% of the sample population depends on community source of water. Around 1% of sample households said that they get drinking water from Neighbor's tap. As reported during research, 52% of the sample have to walk around half Km to fetch water while for 20% sample it is located within their premise. 28% of the sample said that they fetch water from just outside their premises.

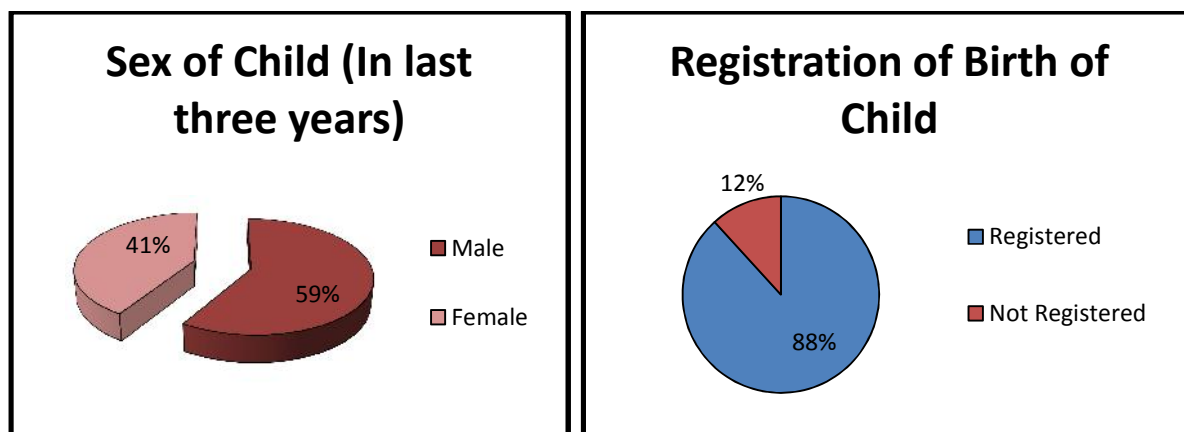
#### 5.17.5. HEALTH

In the Ramprasadpur Area, 63% of the people prefer Local Doctor/ RMP for health check up while only 29% of the people prefer Private Clinics and 5% of people go to PHC/ CHC. Only 1% of people go to Government Hospital and a 2% visit private Hospital.



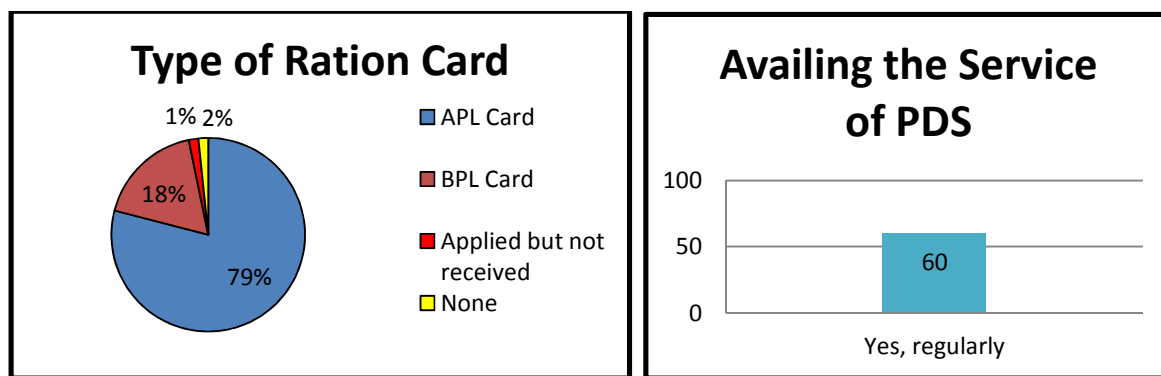
### 5.17.6. MATERNAL HEALTH

As per the UNICEF facts on maternal Health in India, only 47% of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant.<sup>66</sup>



The data collected shows that in the last three years, 59% of the new born kids are male and 41% are females. It is an appreciative sign that 88% of the kids in Rampradsadpur have registered the birth of child while 12% of the population has not registered the birth of their offspring.

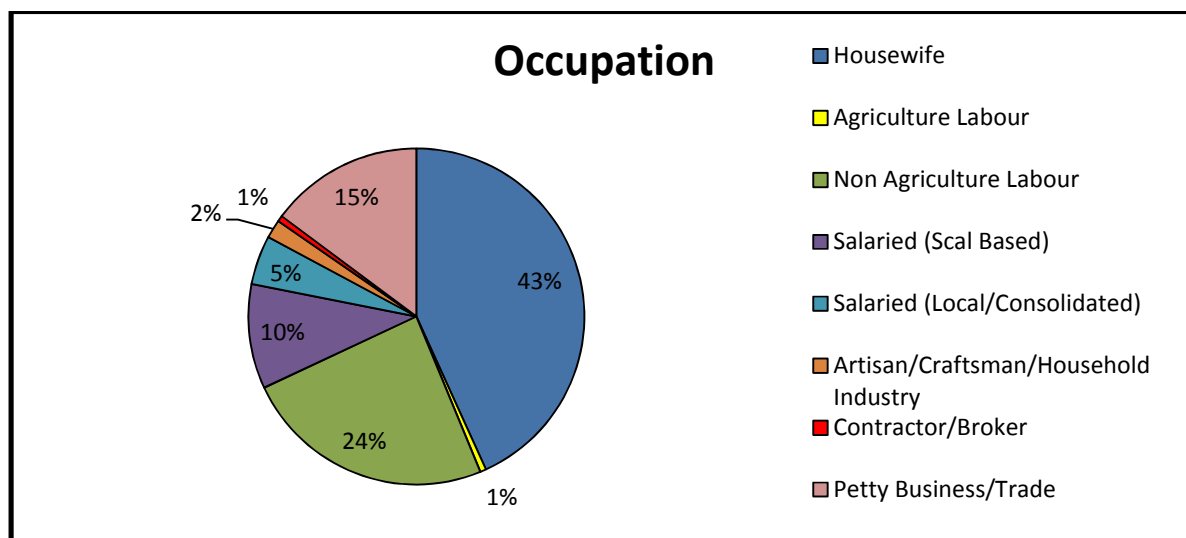
### 5.17.7. PUBLIC DISTRIBUTION SYSTEM



The data on Ramprasadpur shows that 79% of the sample households have APL Card while 18% of the people are under BPL category. 2% of the sample does not have any card and 1% of the sample has applied for the card but has not received it till date. As informed during interview, 60 of the sample who have ration card of any type avail ration from PDS regularly.

<sup>66</sup> <http://www.unicef.org/india/health.html>

### 5.17.8. OCCUPATION

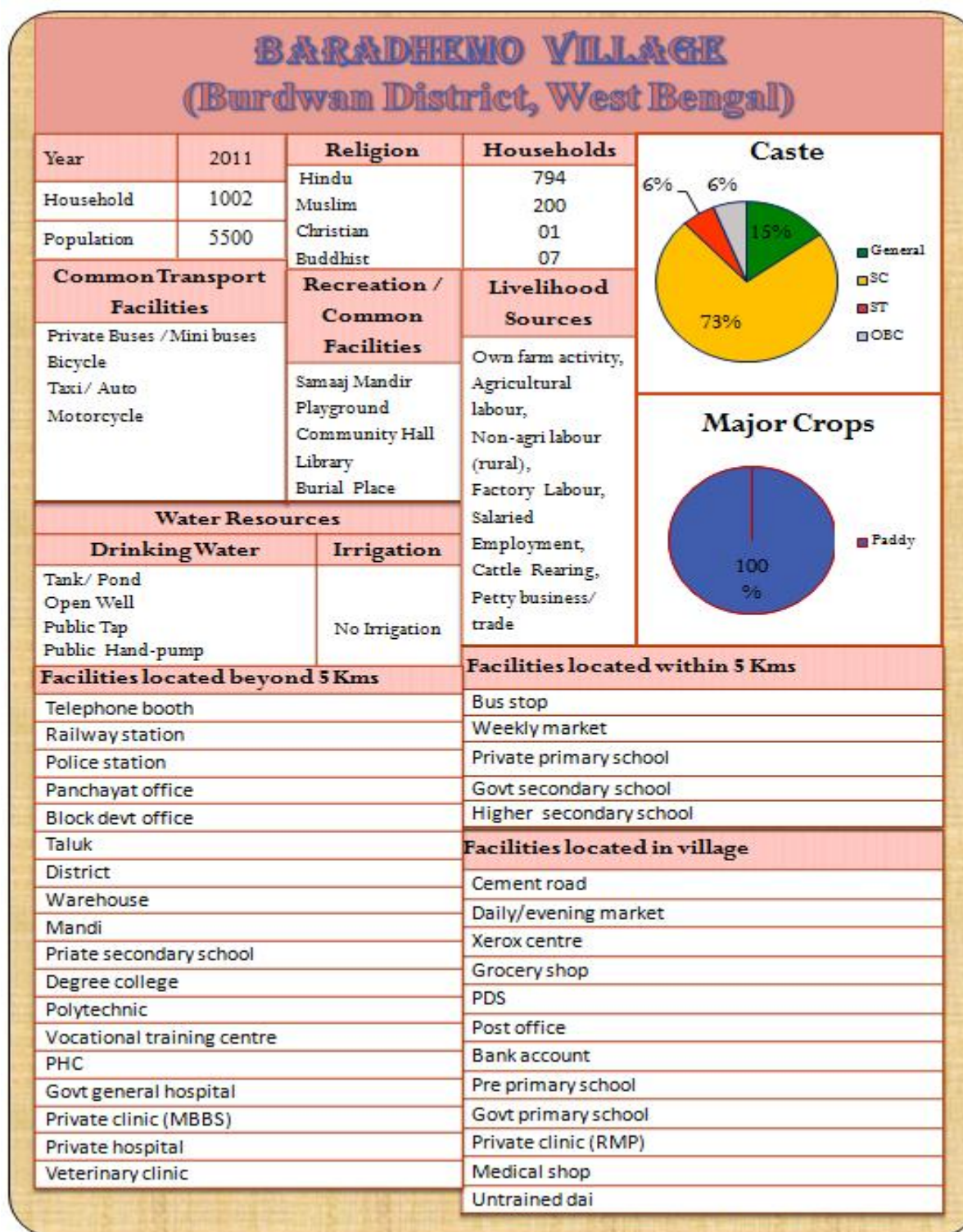


In the sample households, agriculture forms the source of livelihood for only 1% of the workforce population. 24% of the same category is working as Non- Agriculture Labour. 15% of the workforce said that they are salaried employee in government or private sector and 15% of the sample workforce is running petty business to earn livelihood. 12% of the workforce is working as Artisan or Craftsman. About 43% of the sample households claimed housewife as their occupation.

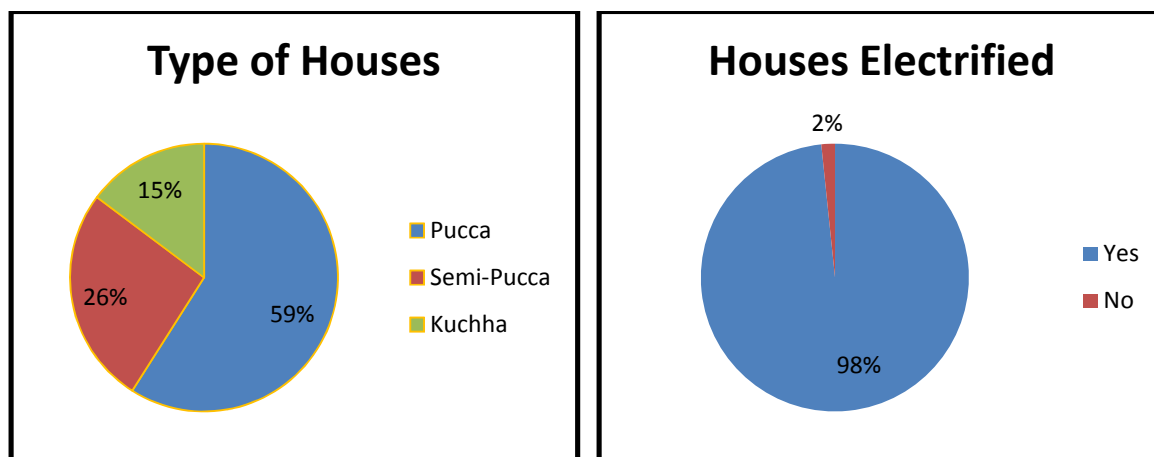
### 5.17.9. RECOMMENDATIONS

- The keystakeholders of the village reported that there are two playground in the village namely Tetul Bagan Maidan and Neechu Para Ground that organizes various sports tournaments within Para's of the village. The major games played are Cricket and Football. They demand for development of playgrounds with a concrete boundary wall with a goal post. They also want leveling of playground. The extra ordinary youth should be encouraged to play on behalf of ECL at various levels. These extraordinary youth should not only represent ECL but should be provided with honorarium for motivation.
- There is no drainage system. A covered drainage system is required on two sides of the main road.
- The SSK Urdu Medium School should be provided two toilets in the school compound.
- Poor connectivity from the main road has been found in this village. Most of the roads in the village are Katcha roads that make the movement very difficult during rainy season. There is already a main road called 'Ramprasadpur Road' which is the main connecting road to the village. This road extends from ECL Coal Bolt to South Bazaar More. This road is approximately 2.5 to 3 KM long and requires repairing.

## 5.18. BARADHEMO VILLAGE, BURDWAN, WEST BENGAL

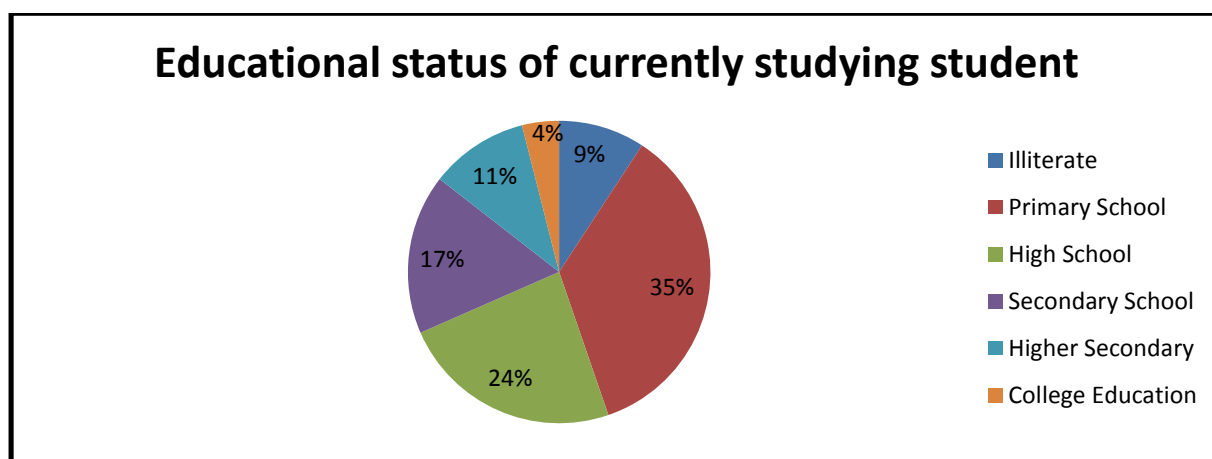


### 5.18.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Baradhemo is Pucca Houses (59%). 26% of the sample households were living in Semi- Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region was Kuccha that is 15%. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. Furthermore, in the research process, it was also found that all are living in their own home. Around 98% of the houses are electrified while 2% of the houses are not electrified.

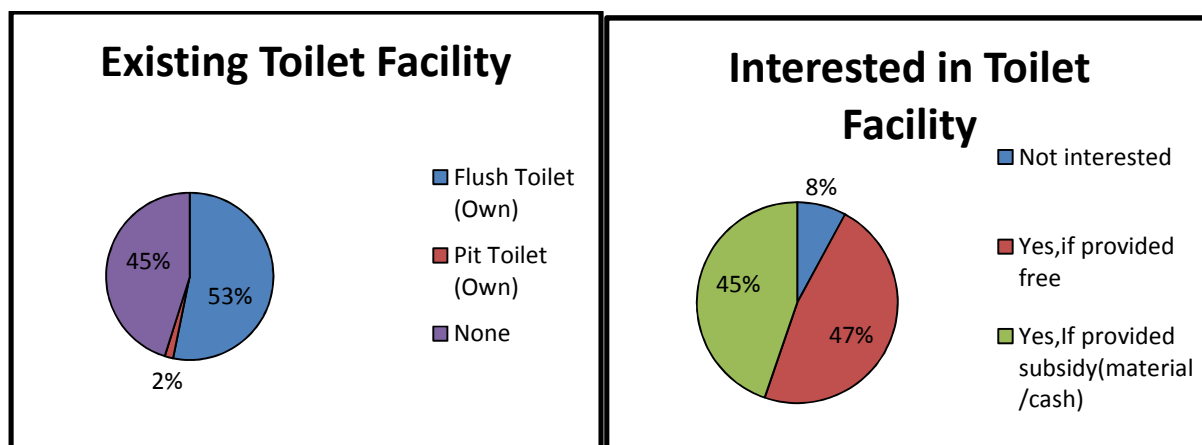
### 5.18.2. EDUCATIONAL STATUS



In Baradhemo village, 35% of the children are studying in primary school, 24% in high school, 17% in secondary school, 11% in higher secondary school and 4% in college. A percentage of 9% students are illiterate and not availing any educational facility.

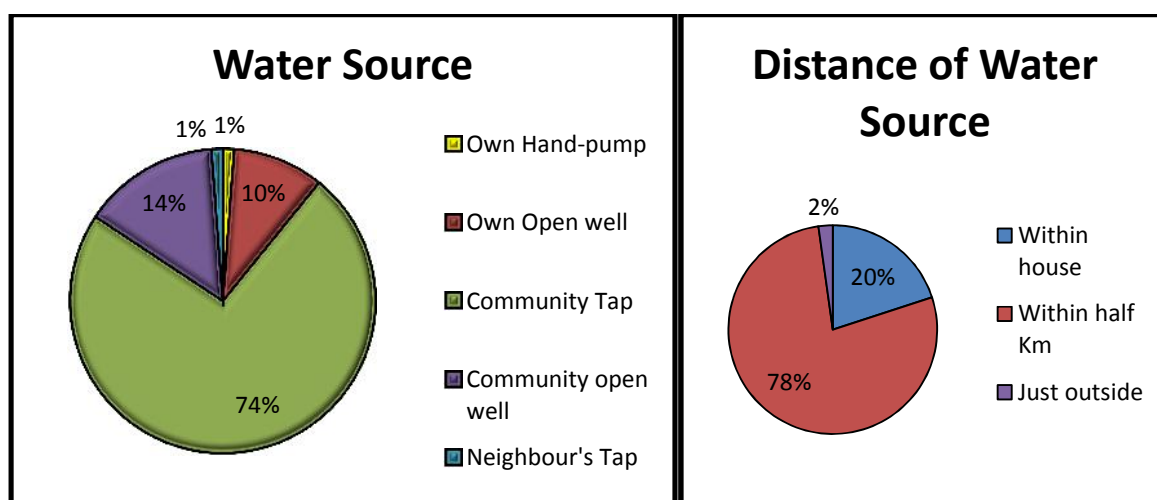
### 5.18.3. SANITATION

Study held shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 47% of them opined that they would want flush toilet for their household if it is provided free. However, 45% of the people would want flush toilet if it is provided through a subsidy.

### 5.18.4. WATER



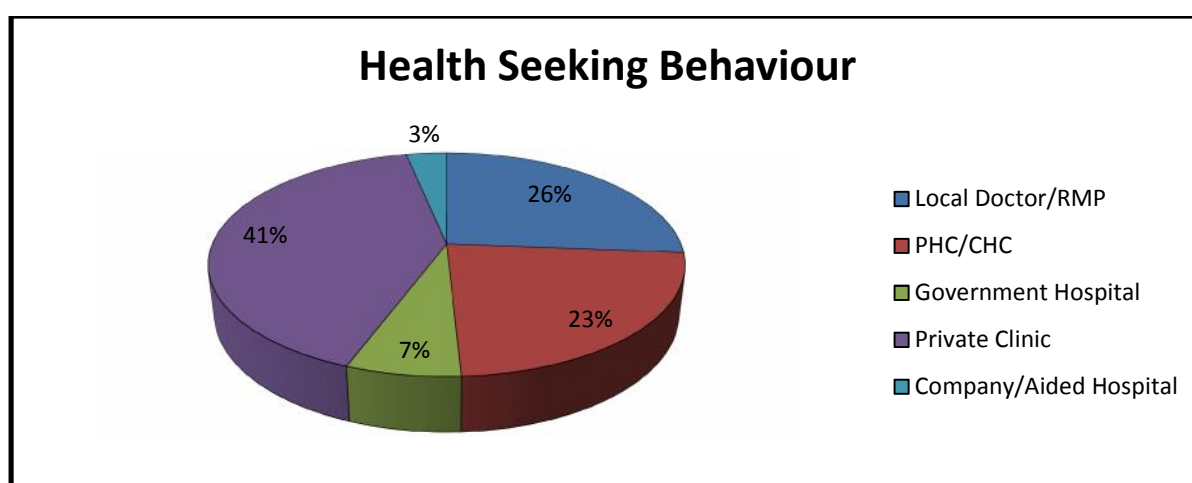
Community Tap caters the water related need of 74% of the sample and Open well including community and household own, provides drinking water to 24% of the sample households. Around 1% of sample households said that they get drinking water from Neighbor's tap. As



reported during research, 78% of the sample have to walk around half Km to fetch water while for 20% sample it is located within their premise. 2% of the sample said that they fetch water from just outside their premises.

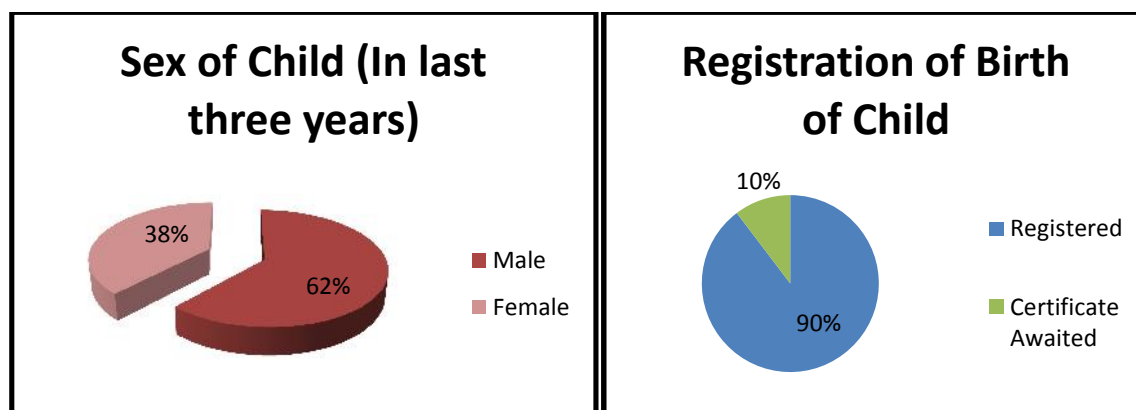
#### 5.18.5. HEALTH

In the Baradhemmo Area, 26% of the people prefer Local Doctor/ RMP for health check up while 41% of the people prefer Private Clinics and 23% of people go to PHC/ CHC. Only 7% of people go to Government Hospital and a 3% visit Company/ Aided Hospital.



#### 5.18.6. MATERNAL HEALTH

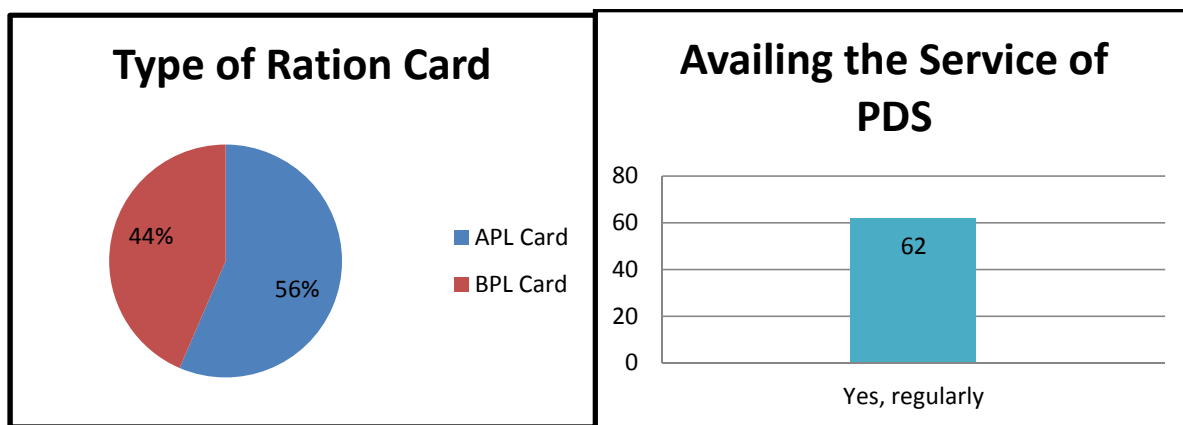
As per the UNICEF facts on maternal Health in India, only 47% of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant.<sup>67</sup>



<sup>67</sup> <http://www.unicef.org/india/health.html>

The data collected shows that in the last three years, 62% of the new born kids are male and 38% are females. It is an appreciative sign that 90% of the kids in baradhemmo have registered the birth of child while 10% of the population is waiting for the certificate of the registration.

#### 5.18.7. PUBLIC DISTRIBUTION SYSTEM

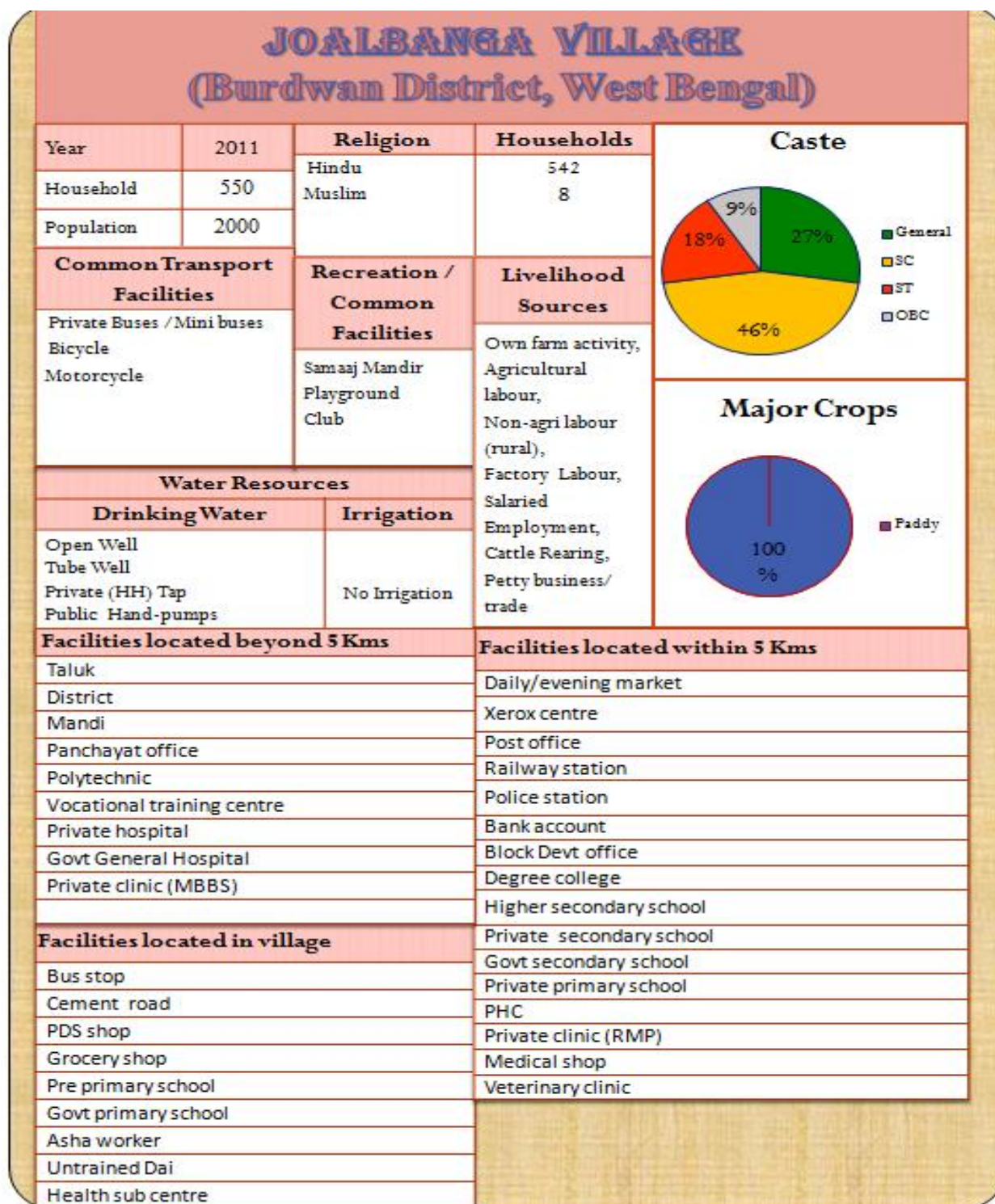


The data on Baradhemmo shows that 56% of the sample households have APL Card while 44% of the people are under BPL category. As informed during interview, 62 of the sample who have ration card of any type avail ration from PDS regularly.

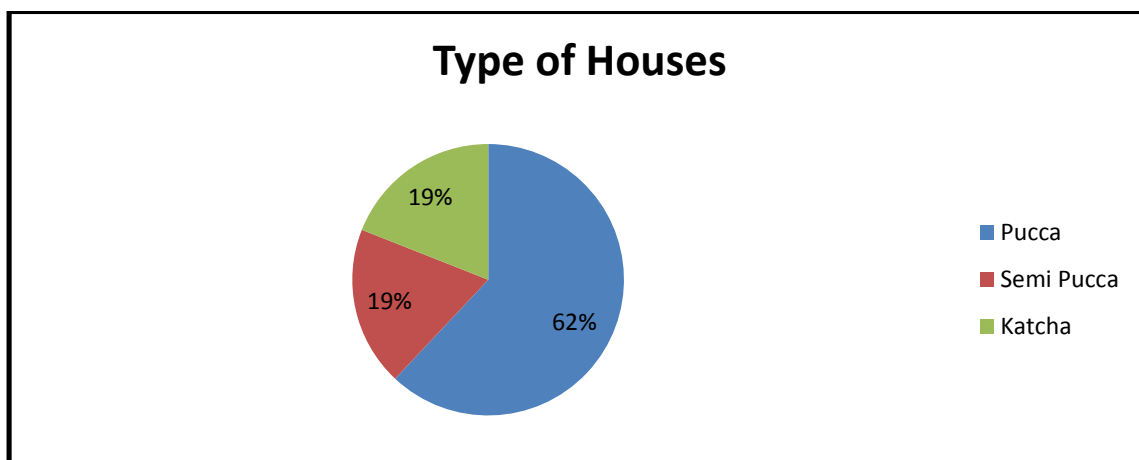
#### 5.18.8. RECOMMENDATIONS

- There is a lack of drinking water in the village and especially in summer season. Demand for drinking water supply through pipe lines were raised.
- There has been demand for community hall from the community.

## 5.19. JOALBHANGA VILLAGE, BURDWAN, WEST BENGAL

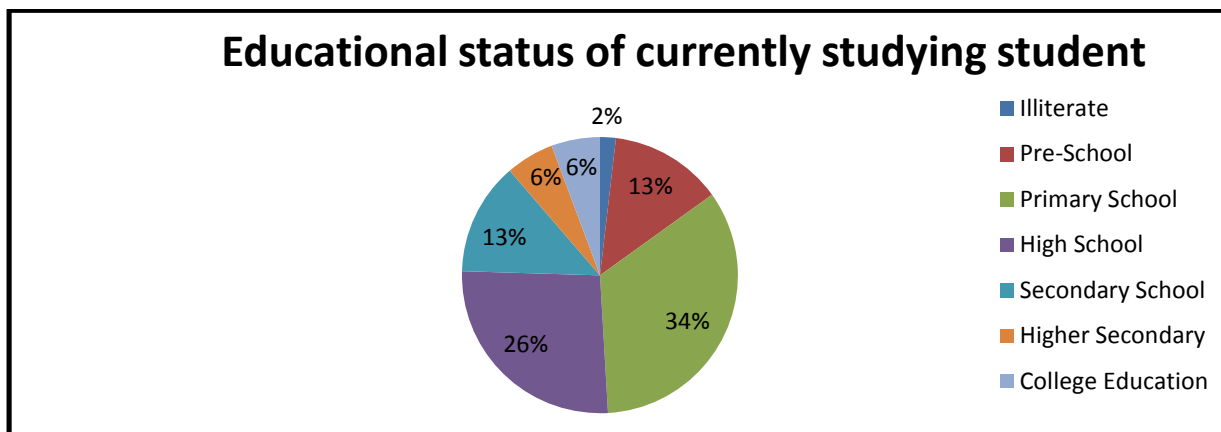


### 5.19.1. HOUSEHOLD STATUS



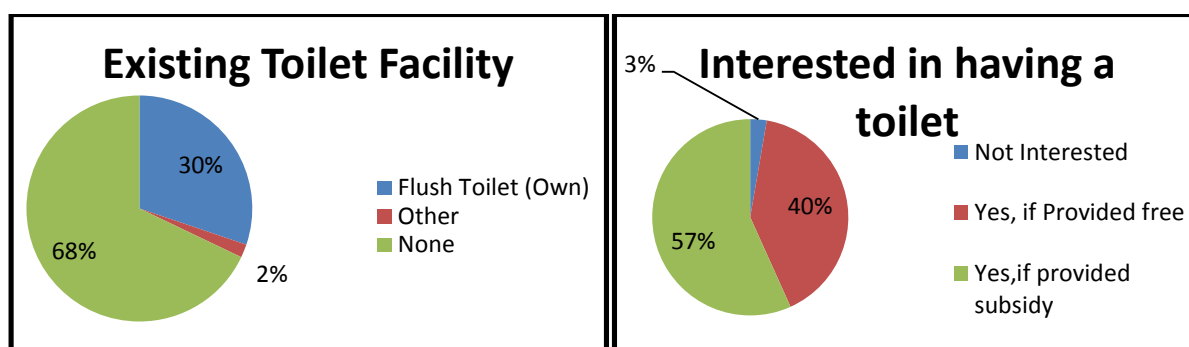
In Joalbhanga village, 62 % of the sample households are having pucca house, while the semi pucca house and kuchcha houses are providing shelter to equal percentage of sample which is 19%. Among the sample 96% households of the sample claimed to have registered paper of land they are living on. All the sample households were found electrified.

### 5.19.2. EDUCATIONAL STATUS



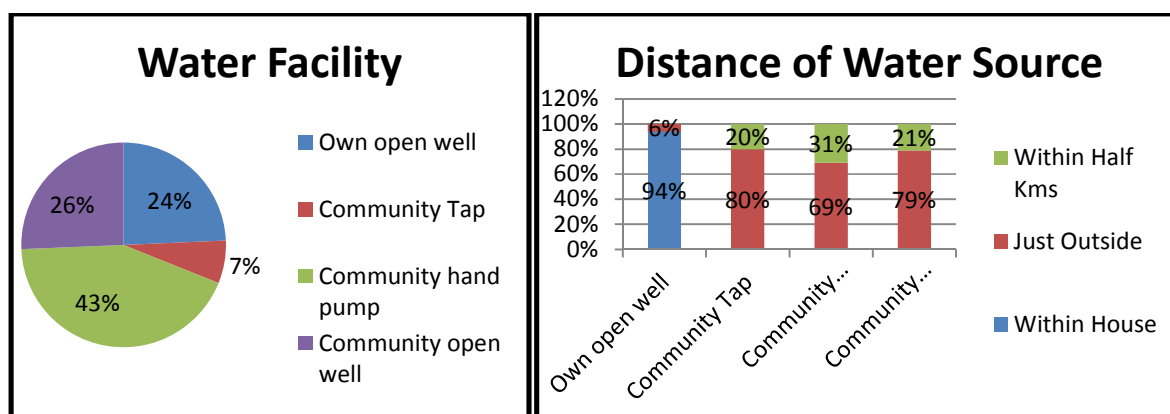
In Joalbhanga village, 34% of the children are studying in primary school, 26% in high school, 13% in pre- school, 13% in secondary school, 6% in higher secondary school and 6% in college. A percentage of 2% students are illiterate and not availing any educational facility.

### 5.19.3. SANITATION



Among the samples 30% households have flush toilets in their premise and only 2% avail other source while 68% of the sample reported having no toilet facility. All the households who have toilets in their premise informed that they constructed toilet from their own resource. Among the sample that don't have any toilet facility 40% of them were keen to have toilet if provided free to them while 57% said that they would be able to construct a toilet if given subsidy. 3% of the sample households didn't show any interest for constructing a toilet in their premise.

### 5.19.4. WATER



26% of the sample households avail water from community open well where as 24% fetch water from own open well, 43% get water from community hand pump and rest 7% fetch water from community taps. Drinking water supply provided by Government/Gram Panchayat caters the need of very small proportion of the village. 23% of the sample households have water facility inside their house. Open well is only water source which is located inside the village as mentioned in the above graph 94% of the individual open wells are located inside the premise.

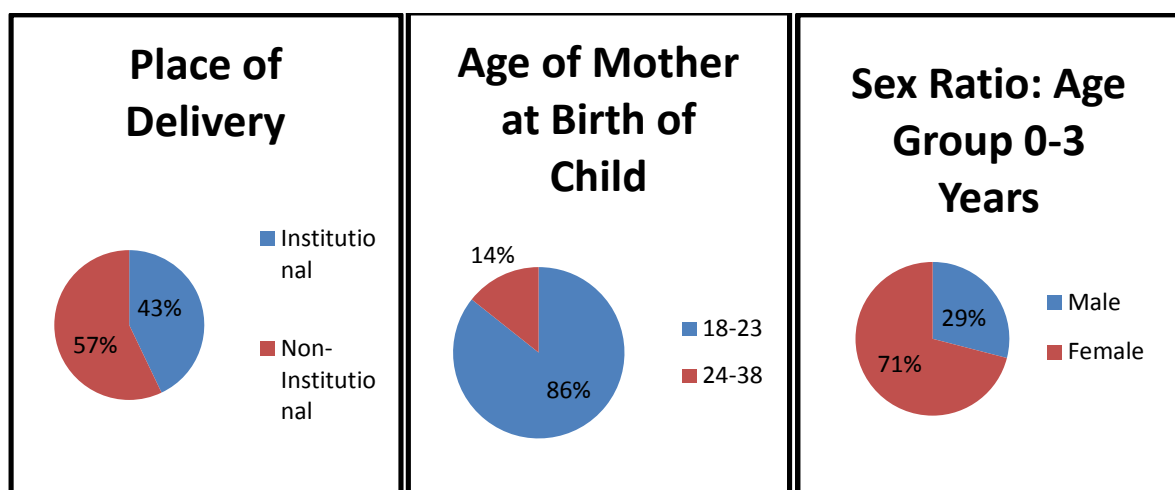
19% of the population has to travel around half Kms to fetch the water. Around 58% sample said that drinking water source is located just outside of their households.

#### 5.19.5. HEALTH



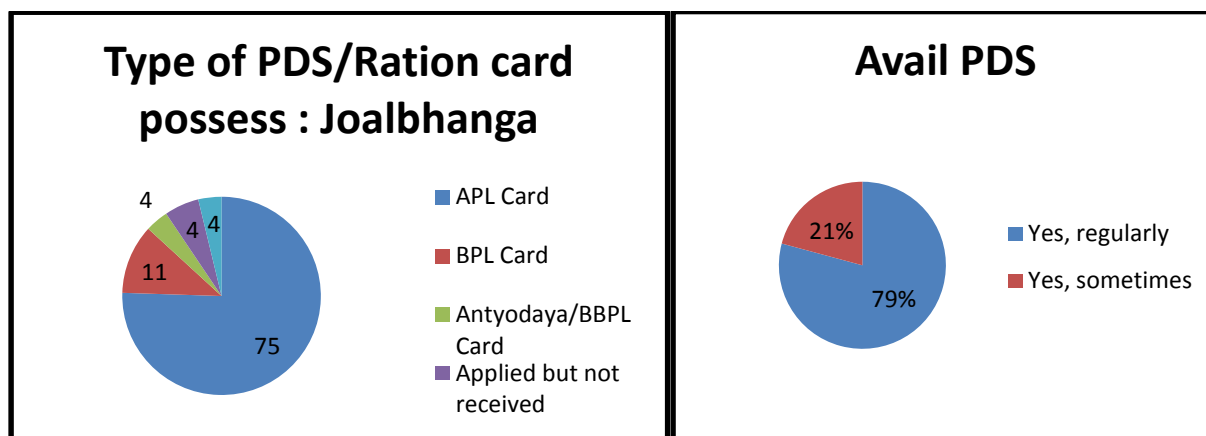
Private clinic were found to be availed by 53% of the sample followed by local doctors (32%), while 13% of the sample go for PHC/CHC and lastly, 2% prefer consultation from the chemist shops. Government hospitals and Company hospital were not found to be actively taken by the people for health check ups. Government hospitals are generally cheap source for health check up which had been completely neglected this area and open huge scope of improvement in long run.

#### 5.19.6. MATERNAL HEALTH



Among the birth taken place in last three years in Joalbhangra village sex ratio is in favour of girl child (71%). 43% of the total deliveries were institutional deliveries while non-institutional deliveries were quite high at 57 %. Out of all studied villages in this location Joalbhangra has maximum cases of non-institutional deliveries. 86% of the women who conceived child in last three years among the sample households were in the age group of 18-23 years at the time of birth of their child while rest 14% were in the age group of 24-38 years. As informed by respondents all the kids born in last three years are registered.

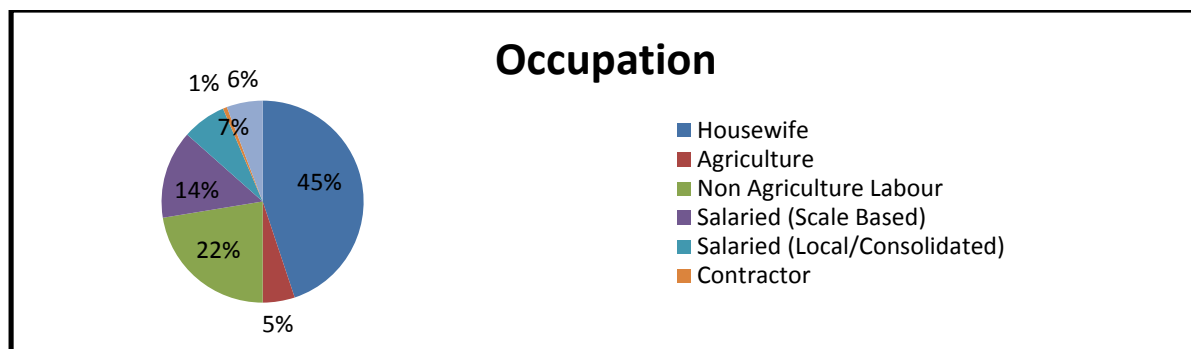
#### 5.19.7. PUBLIC DISTRIBUTION SYSTEM



In Joalbhangra village, 75 % of the sample households hold APL card while 11 % of the people are under BPL card category, 4% of the sample had applied for the card but had not received the card yet another 4% have Antyodaya card while 4% do not have any card at all. Out of those who reported having a ration card 79 % of them avail PDS regularly. Among the sample household 21% said that they avail this facility sometimes the reasons they mentioned is primarily that they own APL card which doesn't provide any significant difference than market, poor quality of grain is also major reason to discourage people in availing PDS.

#### 5.19.8. OCCUPATION

In Joalbhangra area, 64% of the sample said that they own agriculture land while 36% of the people do not own agricultural land. 77 % of the sample said that they have outstanding loan on them while 23% of them are free from loan.



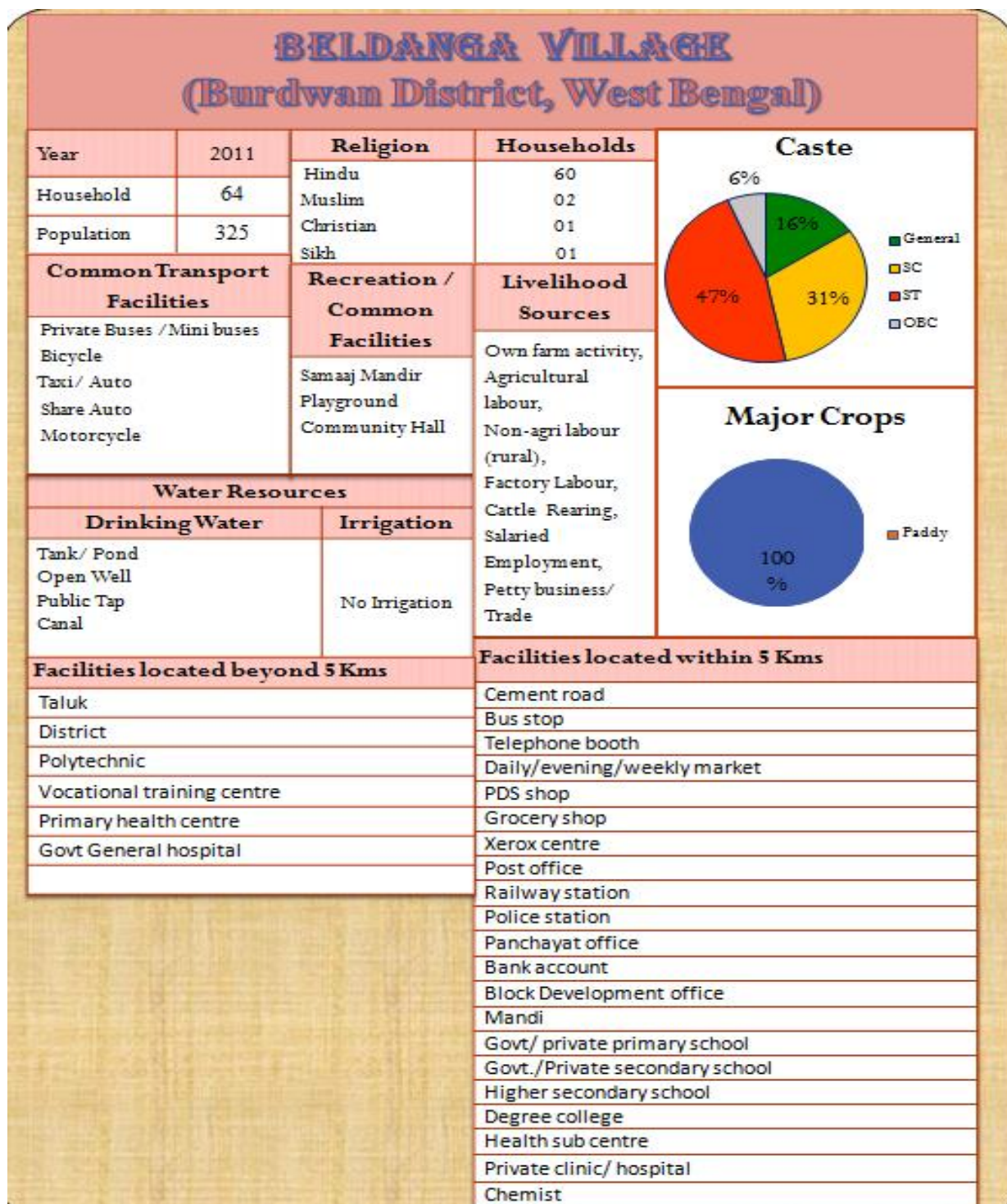
In Joalbhanga, among the sample households it is found that agriculture is source of livelihood for very only 5% of the sample workforce. 22% of the sample population work as non agriculture labour, 21% of the workforce said that they are salaried employee in government or private sector, 6% of the sample workforce is running petty business to earn livelihood.



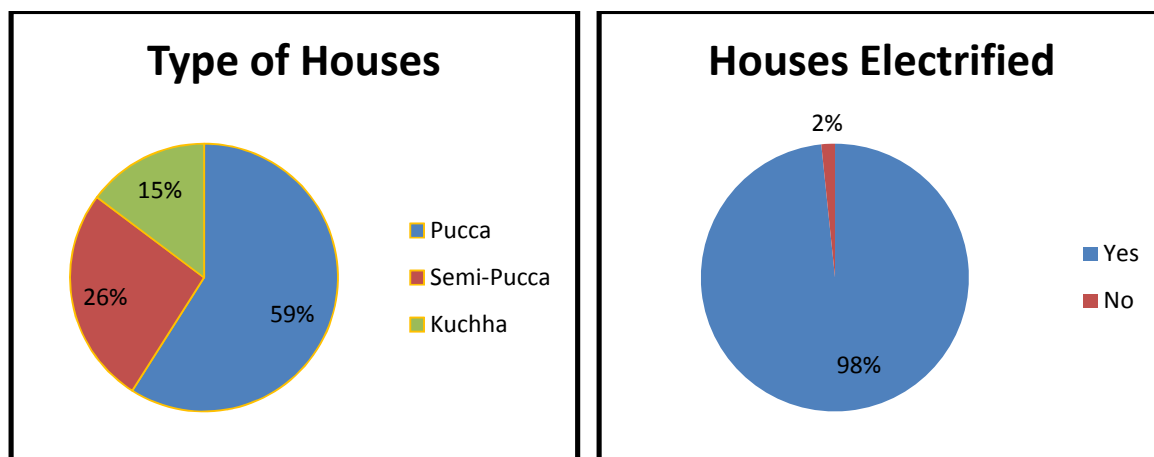
### 5.19.9. RECOMMENDATIONS

- To support gram panchayat in terms of constructing and maintaining of community toilets. Following a convergence model ECL can construct the community toilet and Gram P Village reflects extremely discouraging figure in term of sanitation. It is important tanchayat should be asked to run and maintain the toilets.
- 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.
- Provisioning of teaching aids is requested with special focus on computer education to increase the qualitative aspect of the education as well as to provide them necessary exposure towards computer and internet.
- A large number of birth in village is still non-institutional thus it is important to create awareness about the same which can attract the community towards the benefit of institutional deliveries.

## 5.20. BELDANGA VILLAGE, BURDWAN, WEST BENGAL

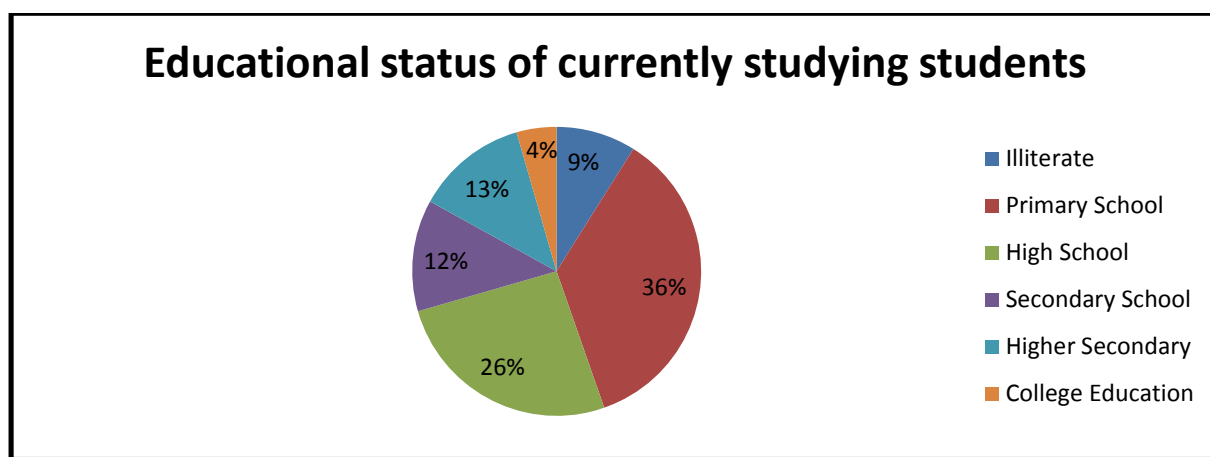


### 5.20.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Beldanga is Pucca Houses (59%). 26% of the sample households were living in Semi- Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region was Kuccha that is 15%. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. Furthermore, in the research process, it was also found that all are living in their own home. Around 98% of the houses are electrified while 2% of the houses are not electrified.

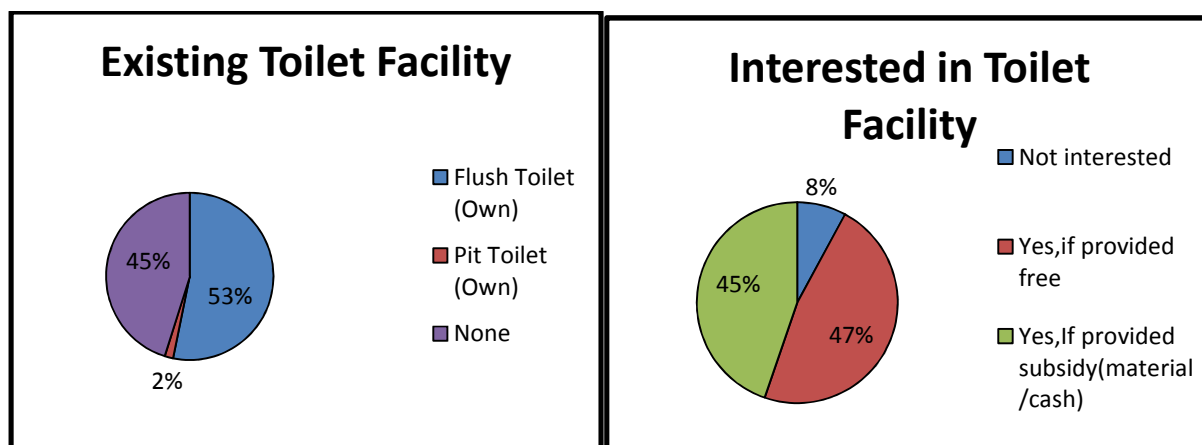
### 5.20.2. EDUCATIONAL STATUS



In Beldanga village, 36% of the children are studying in primary school, 26% in high school, 13% in higher secondary school, 12% in secondary school and 4% in college. A percentage of 9% students are illiterate and not availing any educational facility.

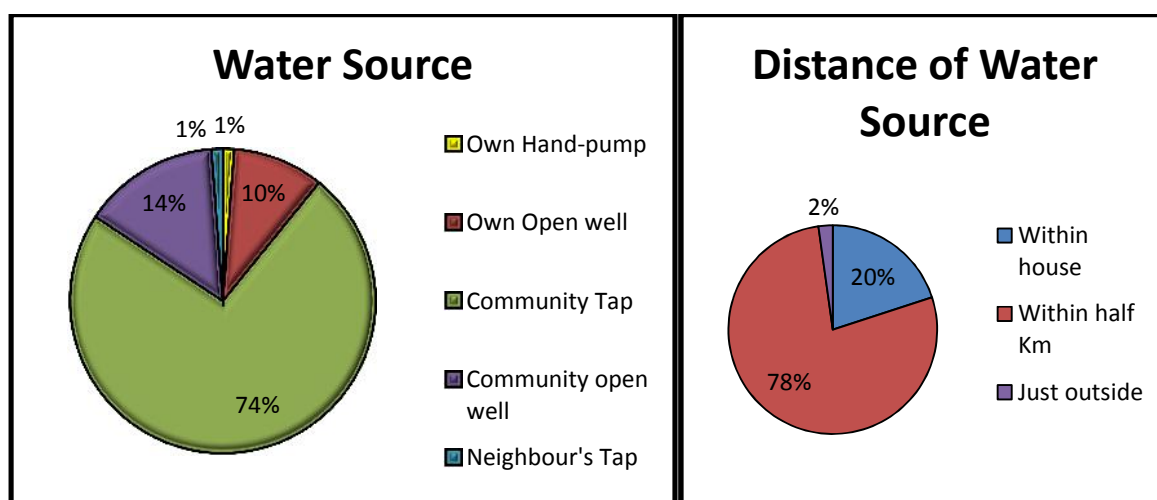
### 5.20.3. SANITATION

Study held shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 47% of them opined that they would want flush toilet for their household if it is provided free. However, 45% of the people would want flush toilet if it is provided through a subsidy.

### 5.20.4. WATER

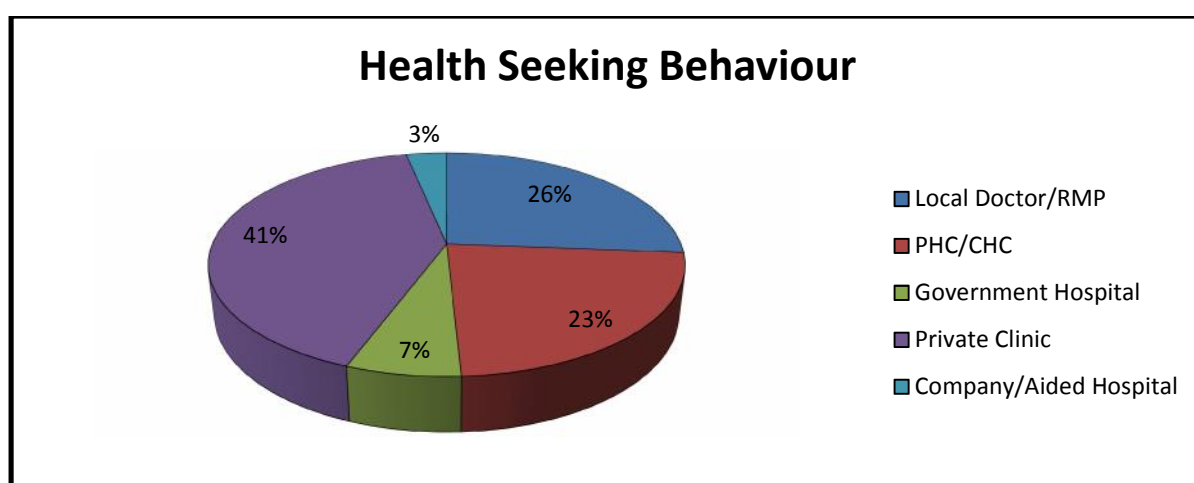


Community Tap caters the water related need of 74% of the sample and Open well including community and household own, provides drinking water to 24% of the sample households. Around 1% of sample households said that they get drinking water from Neighbor's tap. As

reported during research, 78% of the sample have to walk around half Km to fetch water while for 20% sample it is located within their premise. 2% of the sample said that they fetch water from just outside their premises.

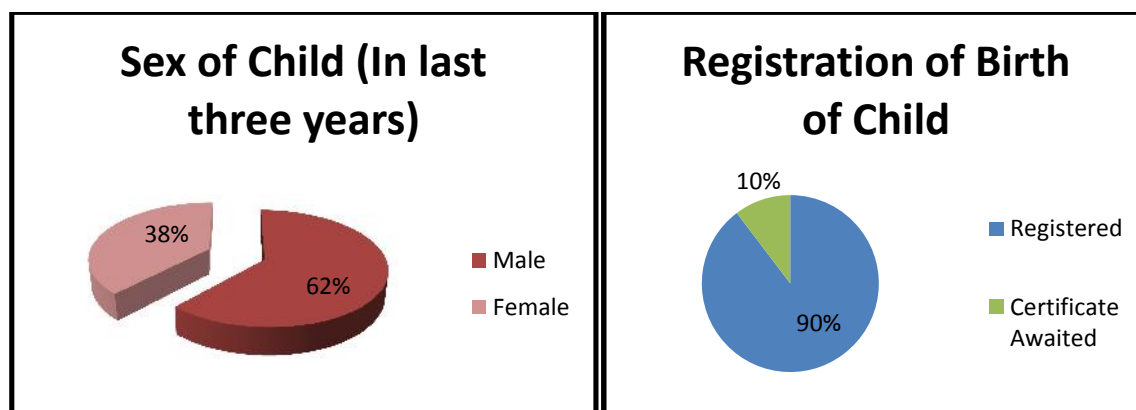
#### 5.20.5. HEALTH

In the Beldanga Area, 26% of the people prefer Local Doctor/ RMP for health check up while 41% of the people prefer Private Clinics and 23% of people go to PHC/ CHC. Only 7% of people go to Government Hospital and a 3% visit Company/ Aided Hospital.



#### 5.20.6. MATERNAL HEALTH

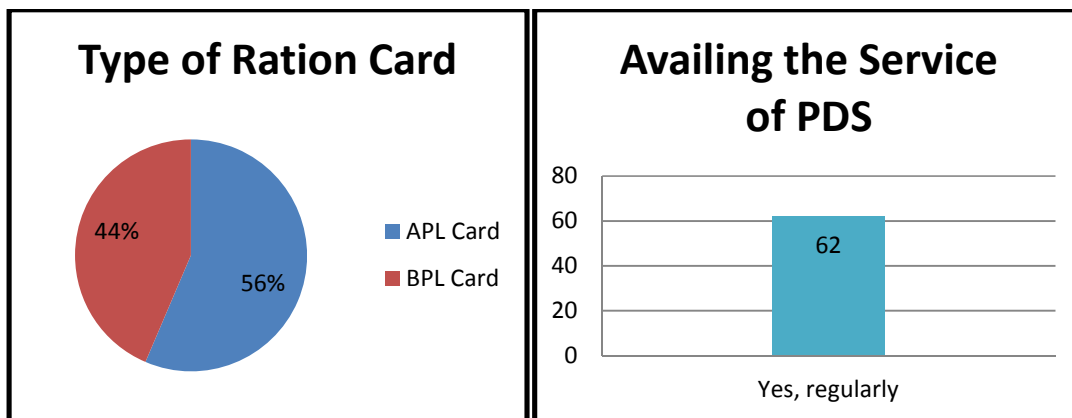
As per the UNICEF facts on maternal Health in India, only 47% of women likely in India have an institutional delivery and 53% had their births assisted by a skilled birth attendant.<sup>68</sup>



<sup>68</sup> <http://www.unicef.org/india/health.html>

The data collected shows that in the last three years, 62% of the new born kids are male and 38% are females. It is an appreciative sign that 90% of the kids in beldanga have registered the birth of child while 10% of the population is waiting for the certificate of the registration.

#### 5.20.7. PUBLIC DISTRIBUTION SYSTEM



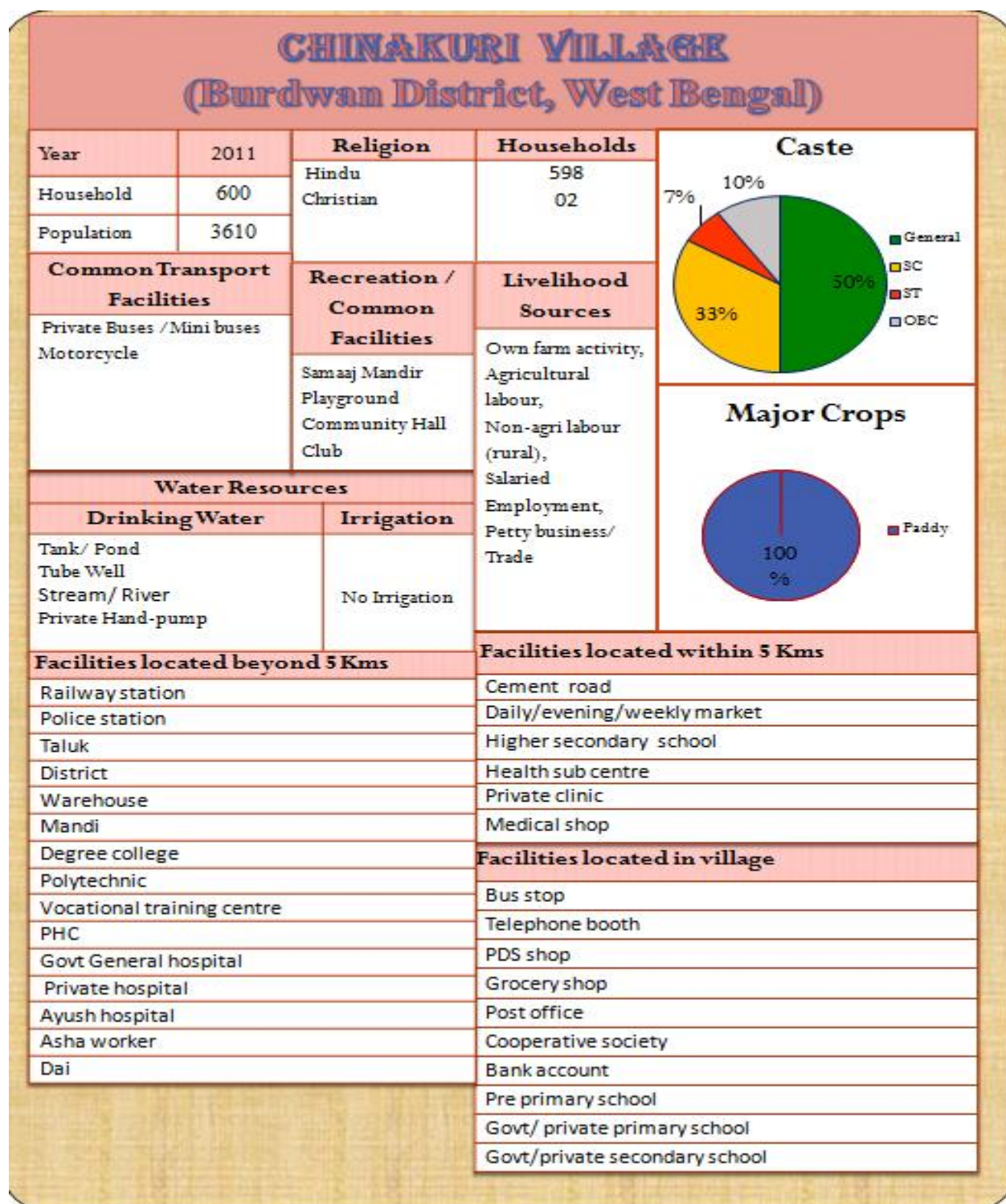
The data on Beldanga shows that 56% of the sample households have APL Card while 44% of the people are under BPL category. As informed during interview, 62 of the sample who have ration card of any type avail ration from PDS regularly.

#### 5.20.8. RECOMMENDATIONS

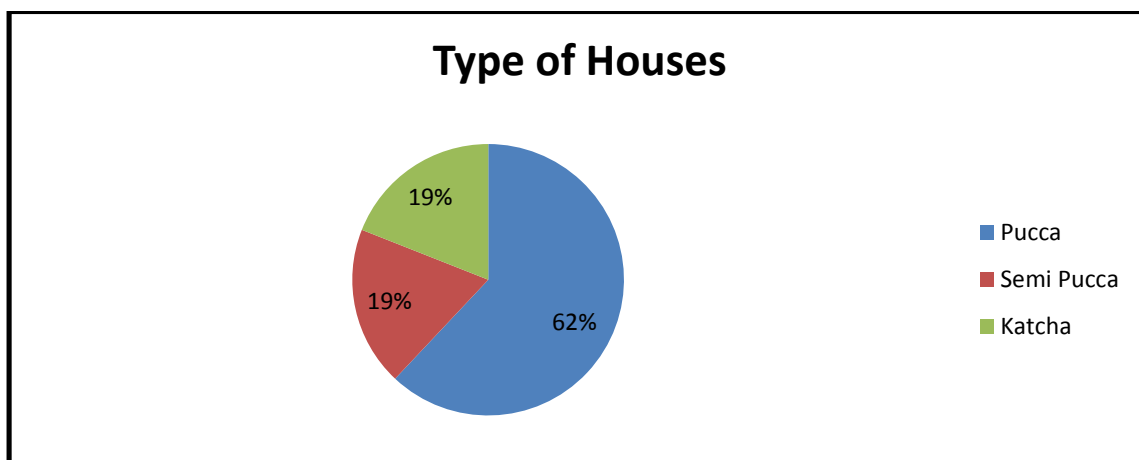
- There is a lack of drinking water in the village and especially in summer season. Demand for drinking water supply through pipe lines were raised.
- There has been demand for community hall from the community.



## 5.21. CHINAKURI VILLAGE, BURDWAN, WEST BENGAL

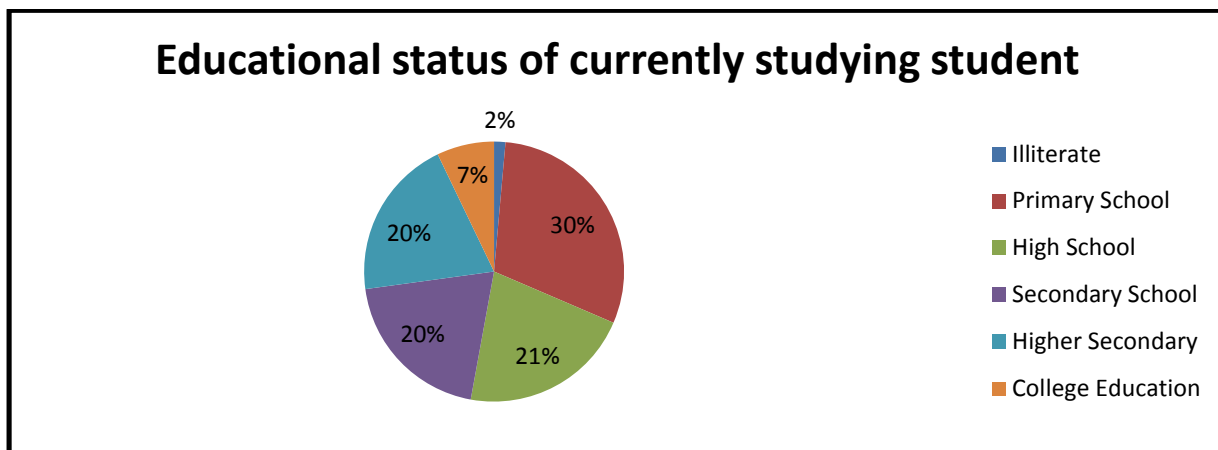


### 5.21.1. HOUSEHOLD STATUS:



In Chinakuri village, 62 % of the sample households are having pucca house, while the semi pucca house and kuchcha houses are providing shelter to equal percentage of sample which is 19%. Among the sample 96% households of the sample claimed to have registered paper of land they are living on. All the sample households were found electrified.

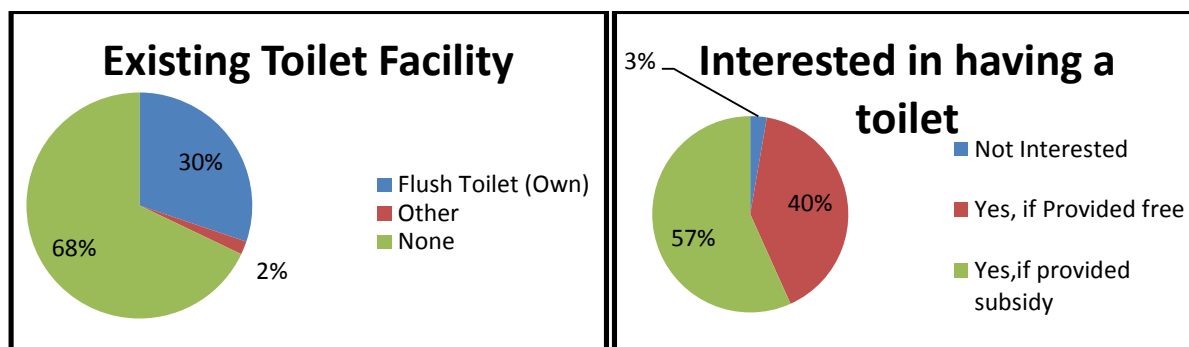
### 5.21.2. EDUCATIONAL STATUS



In Chinakuri village, 30% of the children are studying in primary school, 21% in high school, 20% in secondary school, 20% in higher secondary school and 7% in college. A percentage of 2% students are illiterate and not availing any educational facility.

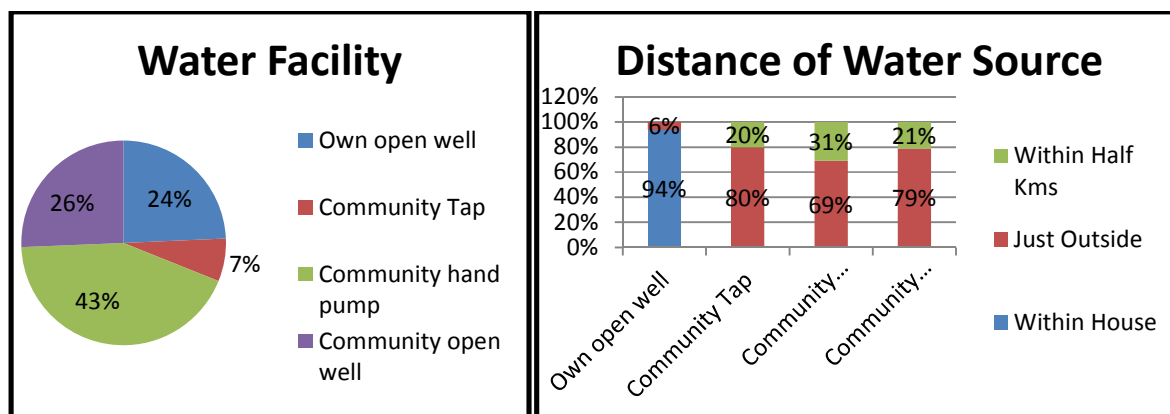


### 5.21.3. SANITATION



Among the samples 30% households have flush toilets in their premise and only 2% avail other source while 68% of the sample reported having no toilet facility. All the households who have toilets in their premise informed that they constructed toilet from their own resource. Among the sample that don't have any toilet facility 40% of them were keen to have toilet if provided free to them while 57% said that they would be able to construct a toilet if given subsidy. 3% of the sample households didn't show any interest for constructing a toilet in their premise.

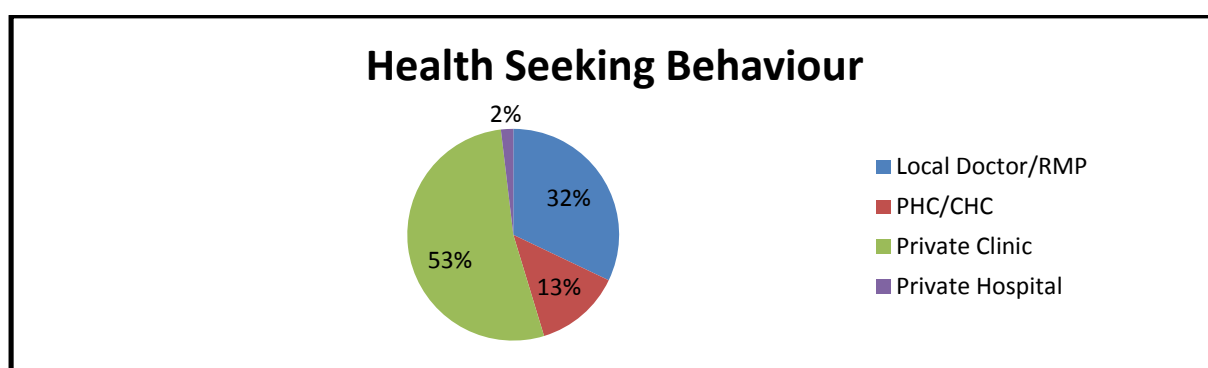
### 5.21.4. WATER



26% of the sample households avail water from community open well where as 24% fetch water from own open well, 43% get water from community hand pump and rest 7% fetch water from community taps. Drinking water supply provided by Government/Gram Panchayat caters the need of very small proportion of the village. 23% of the sample households have water facility inside their house. Open well is only water source which is located inside the village as mentioned in the above graph 94% of the individual open wells are located inside the premise.

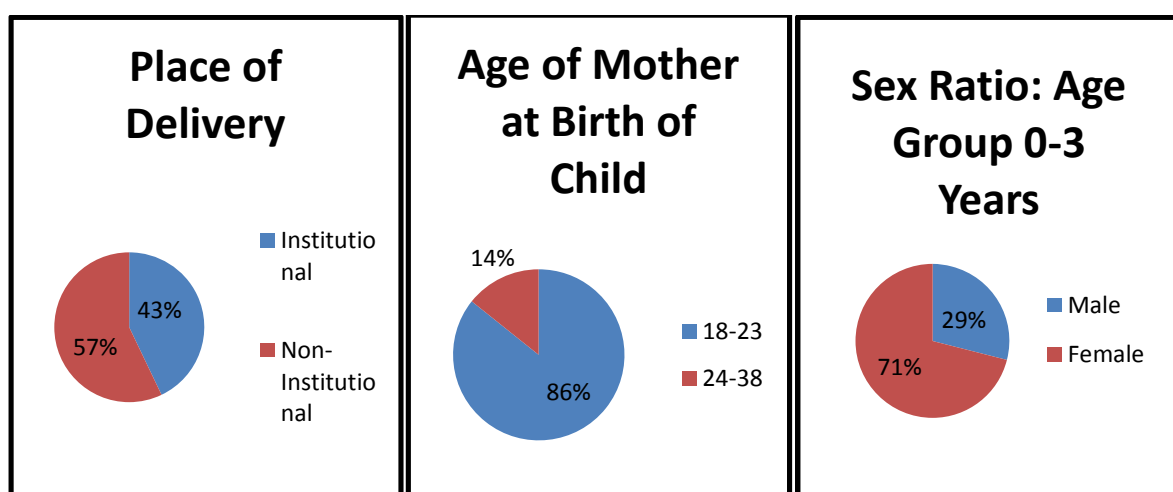
19% of the population has to travel around half Kms to fetch the water. Around 58% sample said that drinking water source is located just outside of their households.

#### 5.21.5. HEALTH



Private clinic were found to be availed by 53% of the sample followed by local doctors (32%), while 13% of the sample go for PHC/CHC and lastly, 2% prefer consultation from the chemist shops. Government hospitals and Company hospital were not found to be actively taken by the people for health checkups. Government hospitals are generally cheap source for health check up which had been completely neglected this area and open huge scope of improvement in long run.

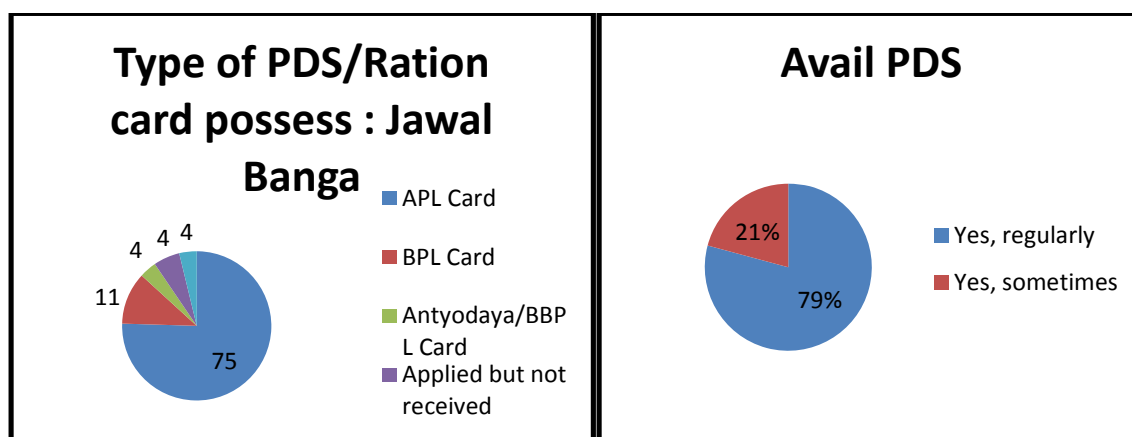
#### 5.21.6. MATERNAL HEALTH



Among the birth taken place in last three years in chinakuri village sex ratio is in favour of girl child (71%). 43% of the total deliveries were institutional deliveries while non institutional deliveries were quite high at 57 %. Out of all studied villages in this location, chinakuri has

maximum cases of non-institutional deliveries. 86% of the women who conceived child in last three years among the sample households were in the age group of 18-23 years at the time of birth of their child while rest 14% were in the age group of 24-38 years. As informed by respondents all the kids born in last three years are registered.

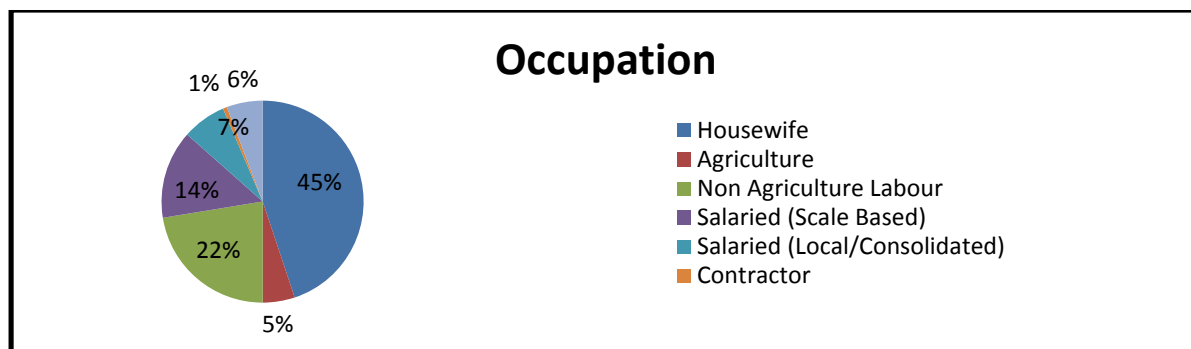
#### 5.21.7. PUBLIC DISTRIBUTION SYSTEM



In Chinakuri village, 75 % of the sample households hold APL card while 11 % of the people are under BPL card category, 4% of the sample had applied for the card but had not received the card yet another 4% have Antyodaya card while 4% do not have any card at all. Out of those who reported having a ration card 79 % of them avail PDS regularly. Among the sample household 21% said that they avail this facility sometimes the reasons they mentioned is primarily that they own APL card which doesn't provide any significant difference than market, poor quality of grain is also major reason to discourage people in availing PDS.

#### 5.21.8. OCCUPATION

In Chinakuri area, 64% of the sample said that they own agriculture land while 36% of the people do not own agricultural land. 77 % of the sample said that they have outstanding loan on them while 23% of them are free from loan.

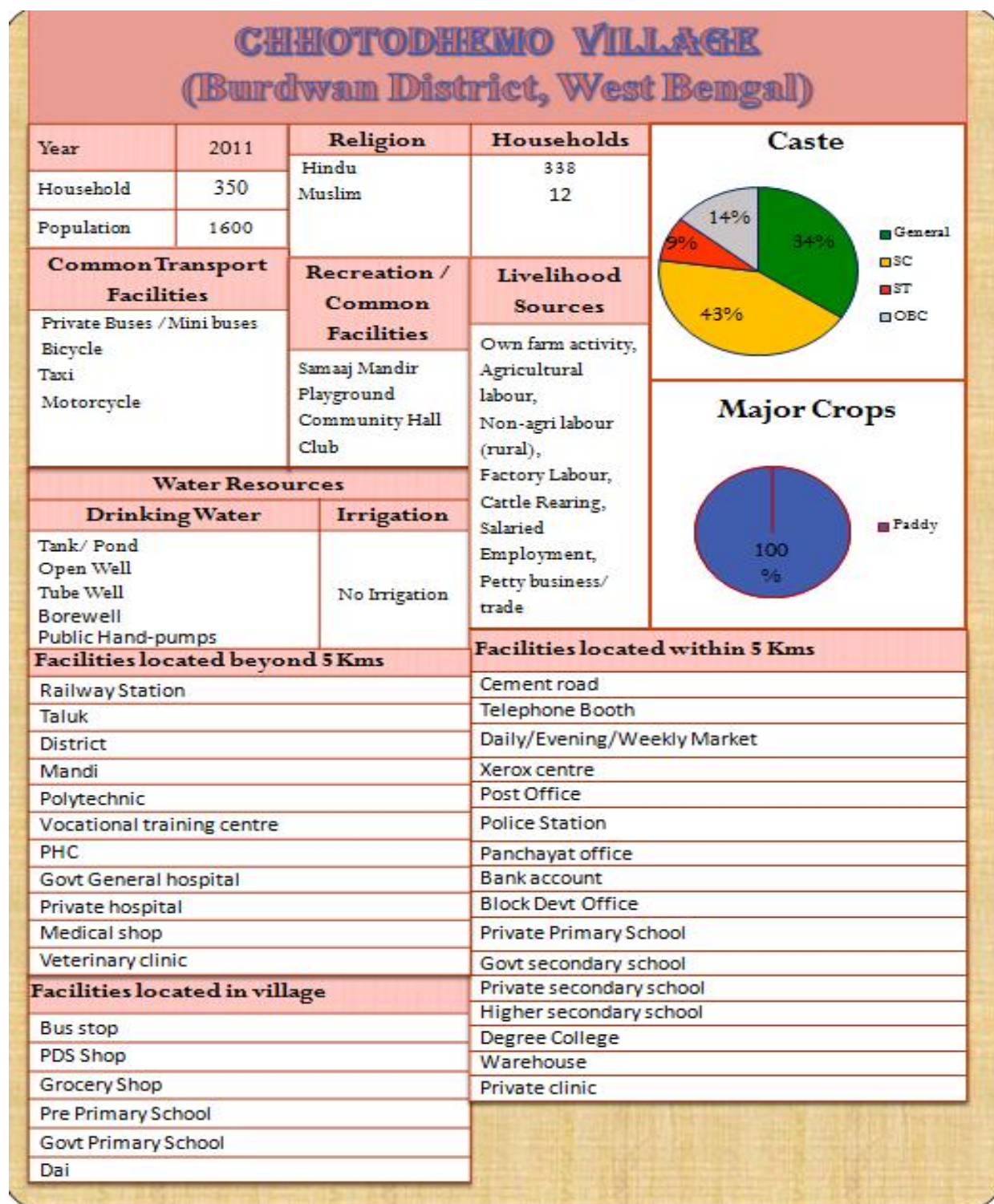


In chinakuri, among the sample households it is found that agriculture is source of livelihood for very only 5% of the sample workforce. 22% of the sample population work as non agriculture labour, 21% of the workforce said that they are salaried employee in government or private sector, 6% of the sample workforce is running petty business to earn livelihood.

#### **5.21.9. RECOMMENDATIONS**

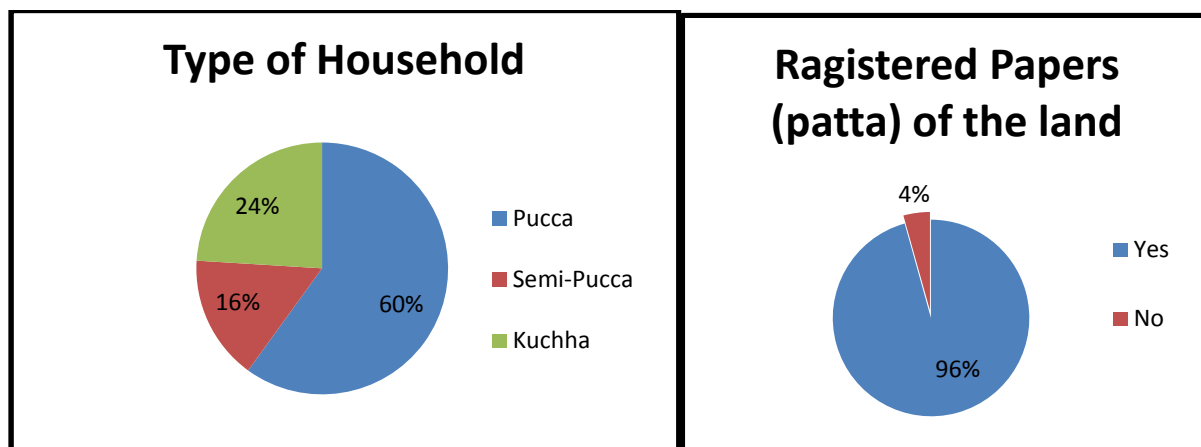
- Village reflects extremely discouraging figure in term of sanitation. It is important to support gram panchayat in terms of constructing and maintaining of community toilets. Following a convergence model ECL can construct the community toilet and Gram Panchayat should be asked to run and maintain the toilets.
- Provisioning of full fledged library is requested with special focus on computer education to increase the qualitative expect of the education as well as to provide them necessary exposure towards computer and internet.
- A large number of birth in village is still non-institutional thus it is important to create awareness about the same which can attract the community towards the benefit of institutional deliveries.

## 5.22. CHHOTODHEMO VILLAGE, BURDWAN, WEST BENGAL



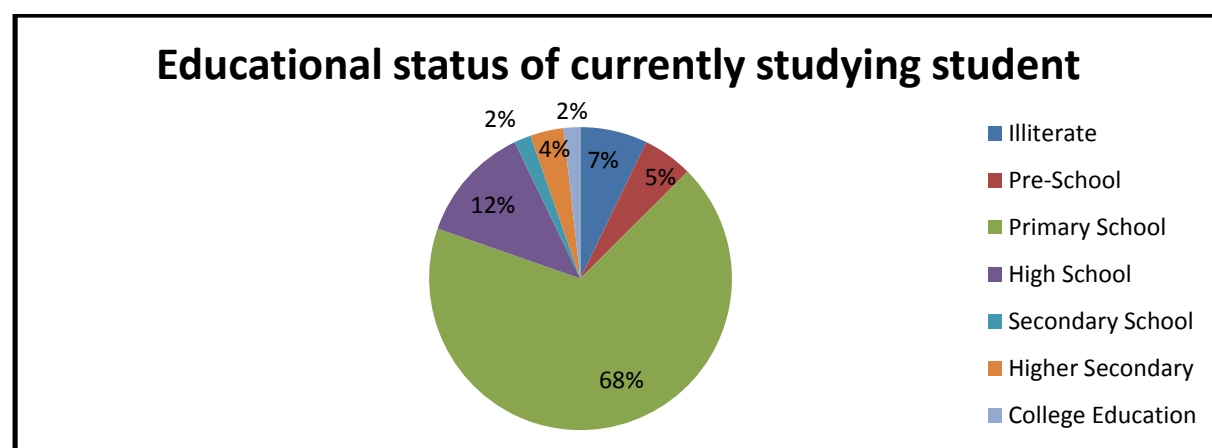
### 5.22.1. HOUSEHOLD STATUS

The most type of house found among the sample households in Chotodhemo is Pucca Houses (60%). 24% of the sample households were living in Kuccha houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of house found in this region is Semi- Pucca house (16%).



The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Chotodhemo clearly points to the fact that 96% of the population has registered papers of their land holdings. While the rest of the population which amounts to a figure of 4% has no registered papers of the land. The data clearly points that 98% of the households have electricity while 2% of the households are not electrified.

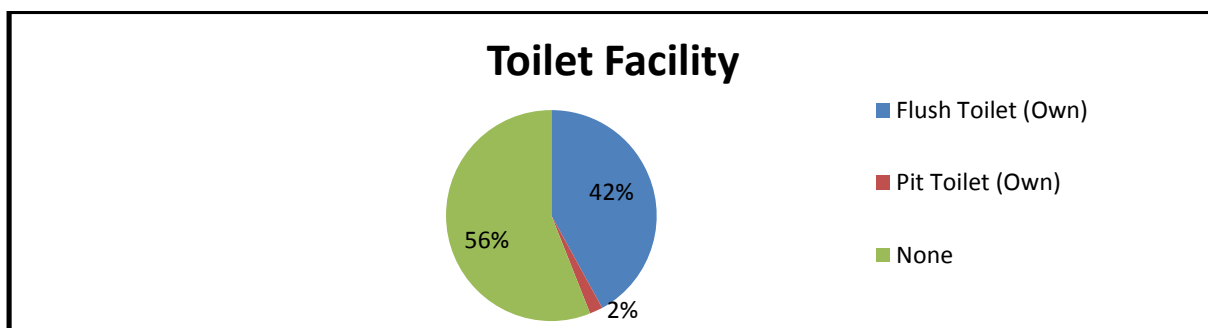
### 5.22.2. EDUCATIONAL STATUS



In Chotodhemo village, 68% of the children are studying in primary school, 12% in high school, 5% in pre-school, 2% in secondary school, 4% in higher secondary school and 2% in college. A percentage of 7% students are illiterate and not availing any educational facility.

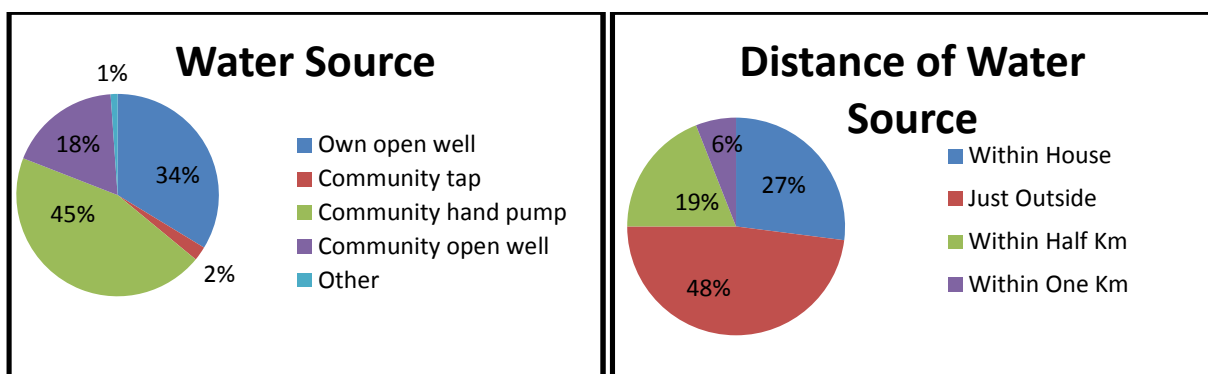
### 5.22.3. SANITATION

Study held in Chotodhemo village shows that the maximum number of people in the village (56%) have absolutely no toilet facilities. Among the people who have a toilet on their own, a 42% use a flush toilet and 2% use a pit toilet.



The data on the village of Chotodhemo clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households who do not have toilet of their own in the village 65% of them opined that they would want flush toilet for their household if it is provided free. However, 35% of the people would want flush toilet if it is provided through a subsidy.

### 5.22.4. WATER

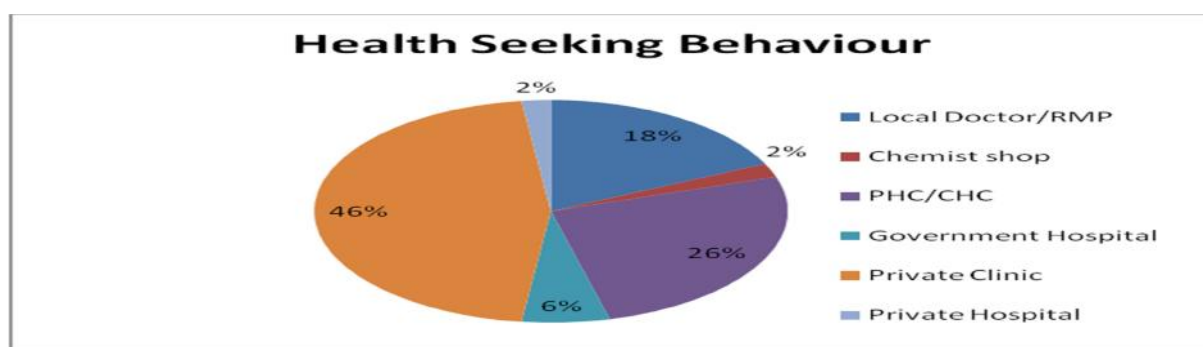




Community hand pump caters the water related need of 45% of the sample and open well including community and household own, provides drinking water to 52% of the sample households. 65% of the sample population depends on community source of water. Around 2% of sample households said that they get drinking water from community tap. For 27% of the sample households' water source is located inside their house while 48% said it is located just outside their house. Around 6% said that they have to walk around one km to get drinking water.

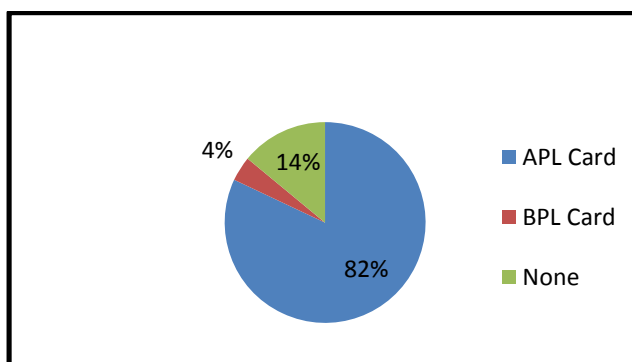
#### 5.22.5. HEALTH

In the Chotodhemo area, 46% of the people prefer private Clinic for health check up while only 26% of the people prefer PHC/CHC and 18% of people go to Local Doctor/ RMP. Only 6% of people go to Government Hospital and a 2% visit private Hospital. Only 2% of the people manage with consultation with the chemist shop.

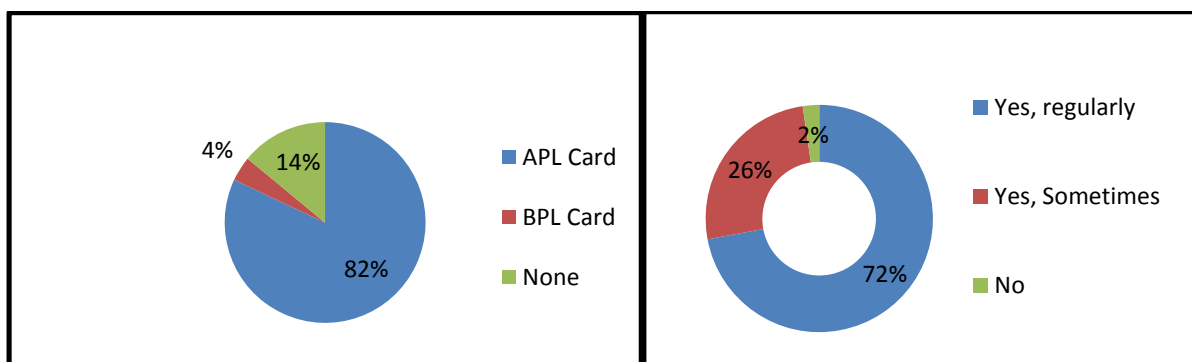


#### 5.22.6. PUBLIC DISTRIBUTION SYSTEM

##### TYPE OF RATION CARD



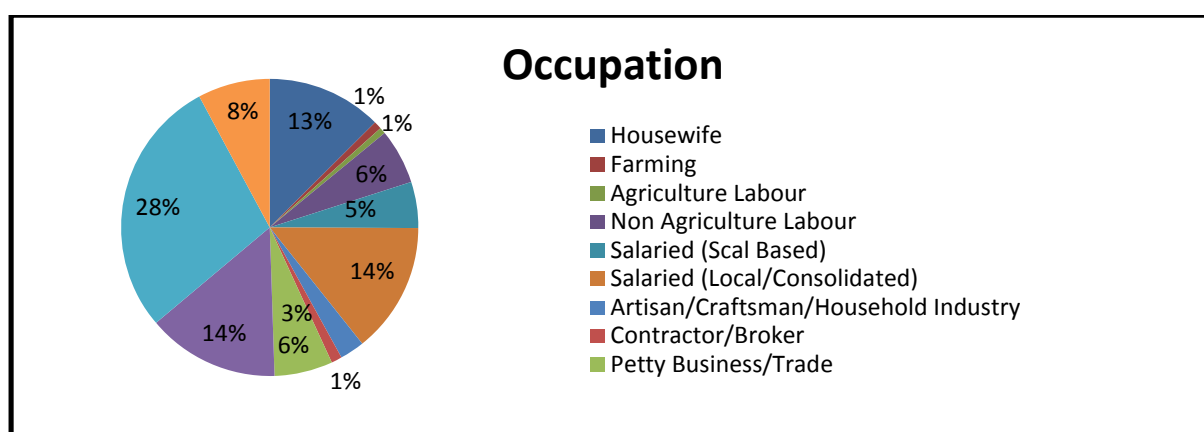
##### AVAILING THE SERVICE OF



The data on Chotodhemo shows that 82% of the sample households have APL Card while 4% of the people are under BPL category. 14% of the sample does not have any card. As informed during interview, 72% of the sample households who have ration card of any type avail ration from PDS regularly, while 26% sample households of the same category has been found to be availing this facility sometimes. A very small percentage (2%) of the sample do not avail this facility at all.

### 5.22.7. OCCUPATION

As majority of 80% people do not own agricultural land while only 20% of the people own agricultural land, the practice of agriculture does not seem to be the major source of livelihood in this area. 8% of the sample households reported having an outstanding loan on them. Below mentioned table shows the occupation wise distribution of the sample population.

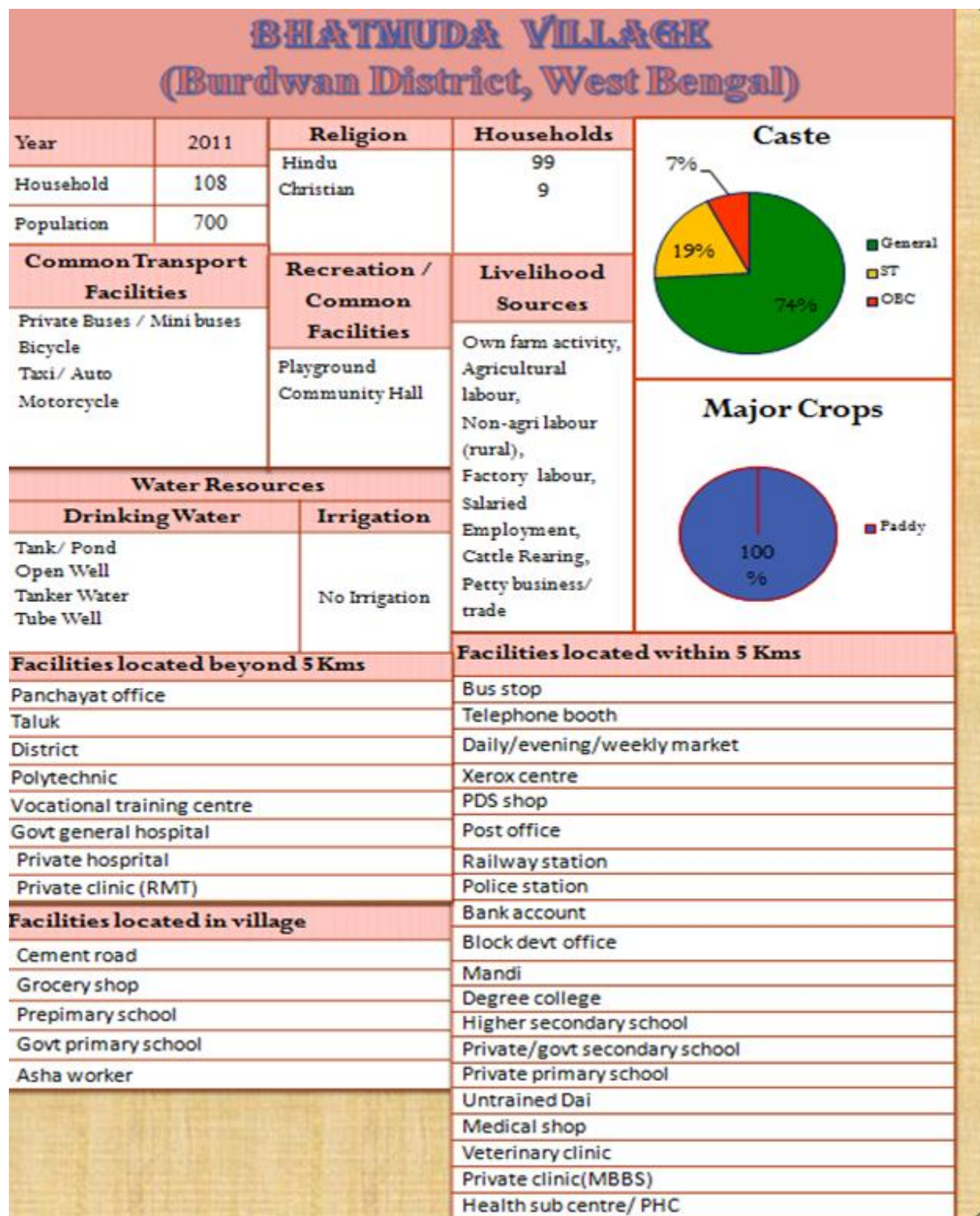


Local unorganized sector provides livelihood to 28% of the working force of sample population. Livestock rearing is occupation of 14% of the same category. Salaried scale based employee is 5% of the population. Farming is primary occupation for only one percent of the sample population and another one percent of sample population works as agriculture member, so agriculture is livelihood for only two percent of the sample population. 13% of the working force of the sample population registered themselves as housewife.

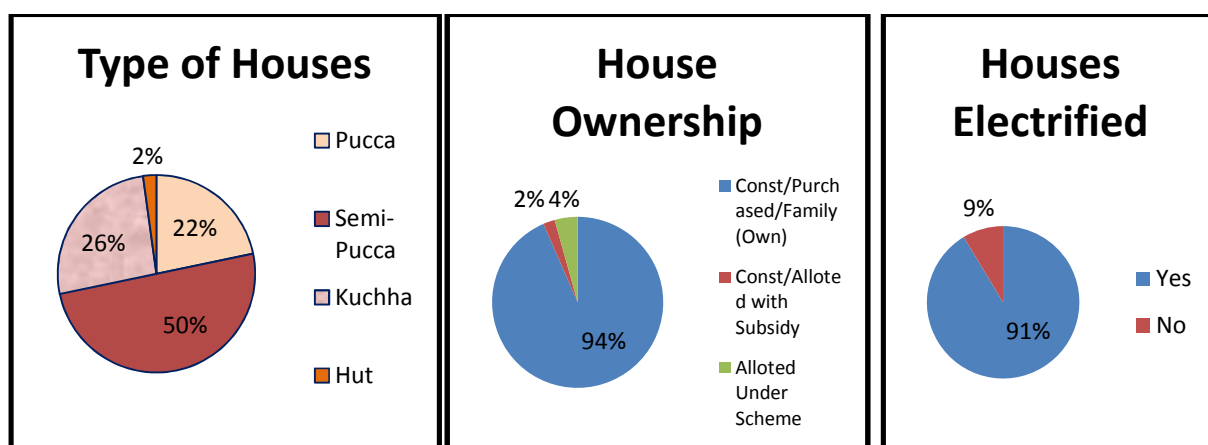
#### 5.22.8. RECOMMENDATIONS

- The village reflects striking less awareness towards the education, more so for secondary and higher education. Intervention to increase the accessibility of higher education in terms of providing scholarship or assistance to meritorious students who opt for higher education will be an effective tool.
- Village reflects extremely discouraging figure in term of sanitation. It is important to support gram panchayat in terms of constructing and maintaining of community toilets. Following a convergence model ECL can construct the community toilet and Gram Panchayat should be asked to run and maintain the toilets.
- A large number of birth in Basakdanga is still non-institutional thus it is important to create awareness about the same which can attract the community towards the benefit of institutional deliveries.
- As data suggests the occupation level among the community is extremely low, especially among the women. An intervention among community for skill building should be introduced considering that content of the training should be relevant to the demand in local market.

## 5.23. BHATMUDA VILLAGE, BURDWAN, WEST BENGAL

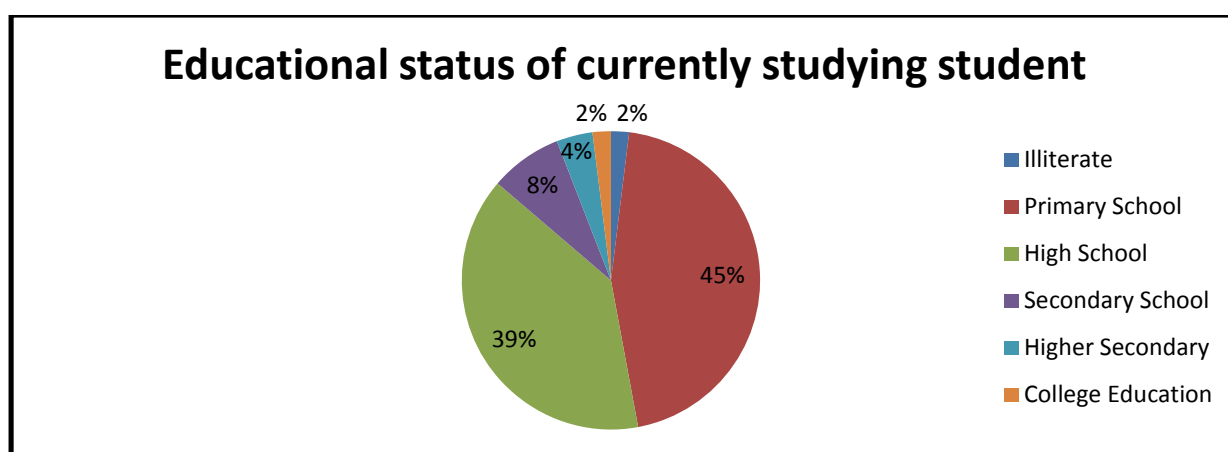


### 5.23.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Bhatmuda is Semi- Pucca Houses (50%). 22% of the sample households were living in Pucca houses. The least common type of houses found in this region was Kuccha and hut, that is, 26% and 2% respectively. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Bhatmuda clearly points to the fact that 100% of the population who have their own house has registered papers of their land holdings. The data clearly points that 91% of the households have electricity while 9% of the households are not electrified. Furthermore, in the research process, it was also found that 94% are living in their own home while 2% are living in houses allotted with subsidy.

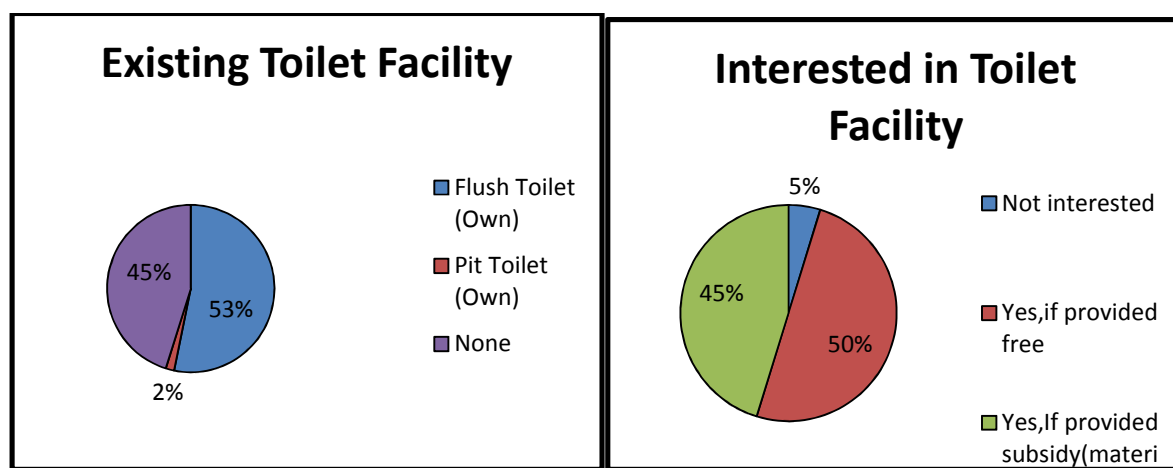
### 5.23.2. EDUCATIONAL STATUS



In Bhatmuda village, 45% of the children are studying in primary school, 39% in high school, 8% in secondary school, 4% in higher secondary school and 2% in college. A percentage of 2% students are illiterate and not availing any educational facility.

### 5.23.3. SANITATION

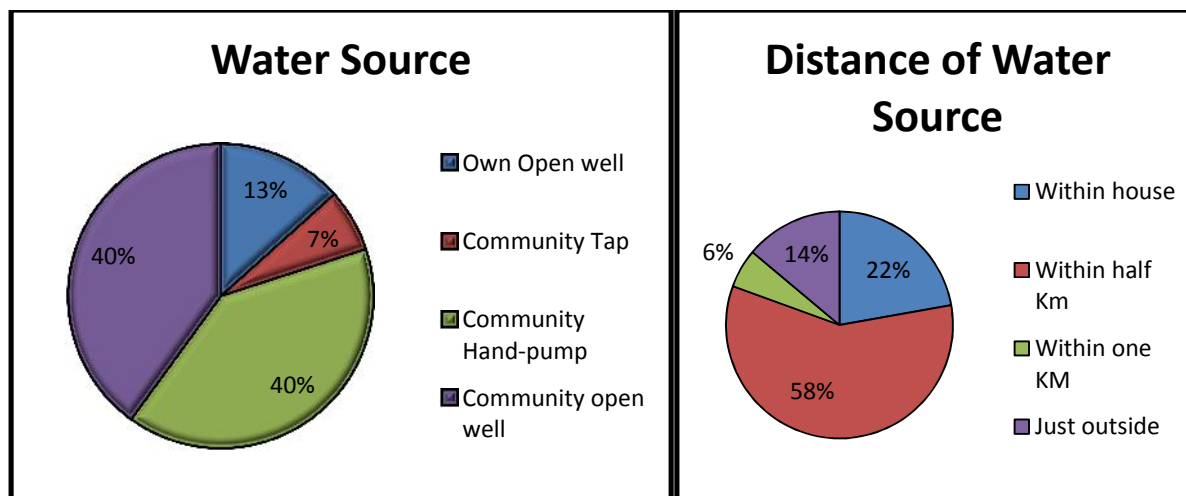
Study held in Bhatmuda village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Bhatmuda clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 50% of them opined that they would want flush toilet for their household if it is provided free. However, 45% of the people would want flush toilet if it is provided through a subsidy.

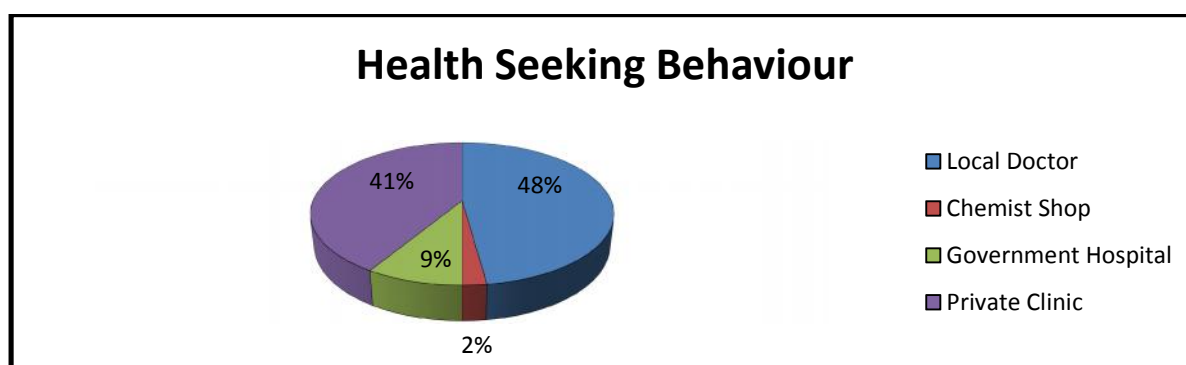
### 5.23.4. WATER

Community Tap caters the water related need of 7% of the sample and Open well including community and household own, provides drinking water to 53% of the sample households. 87% of the sample population depends on community source of water. As reported during research, 58% of the sample have to walk around half Km to fetch water while for 22% sample it is located within their premise. 14% of the sample said that they fetch water from just outside their premises.



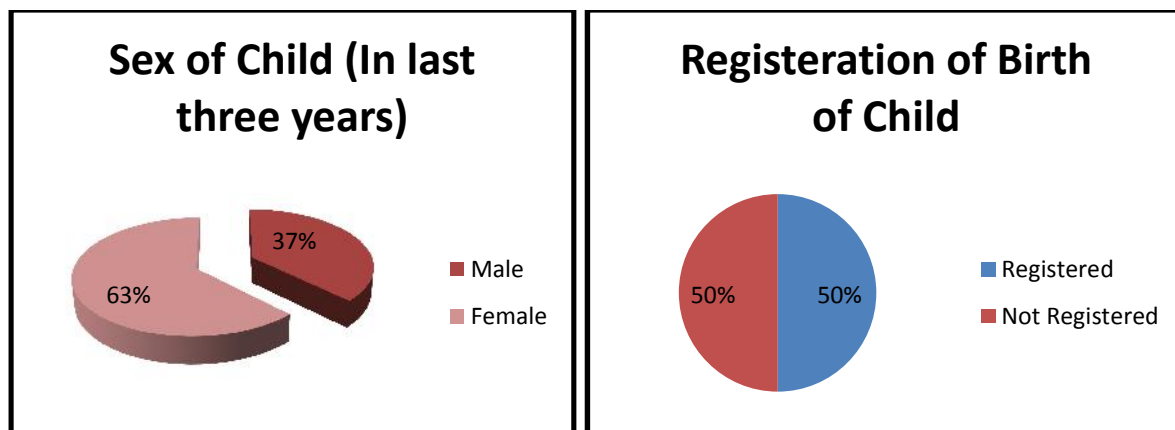
### 5.23.5. HEALTH

In the Bhatmuda Area, 48% of the people prefer Local Doctor/ RMP for health check up while only 41% of the people prefer Private Clinics and 2% of people visit chemist shop. Only 9% of people go to Government Hospital.

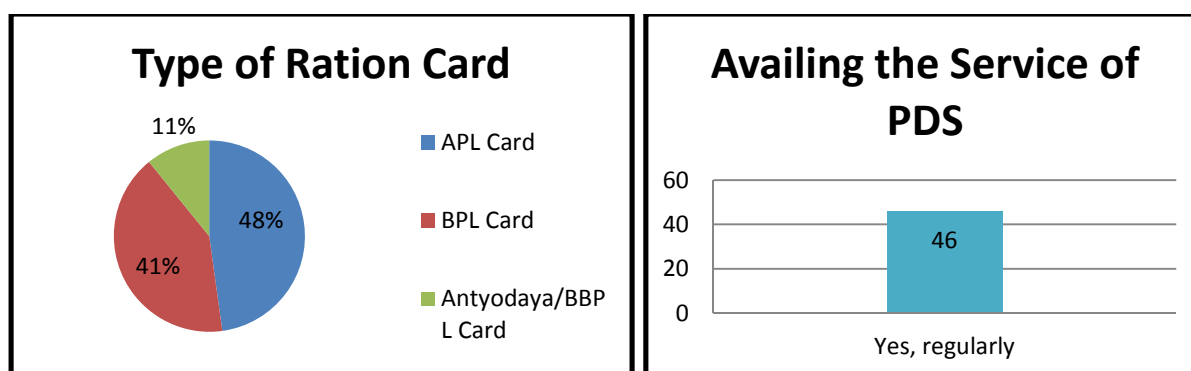


### 5.23.6. MATERNAL HEALTH

The data collected shows that in the last three years, 63% of the new born kids are females and 37% are males. It is interesting to note that 50% of the population has registered the birth of their new born while the other 50% has not registered the birth of their child.



#### 5.23.7. PUBLIC DISTRIBUTION SYSTEM



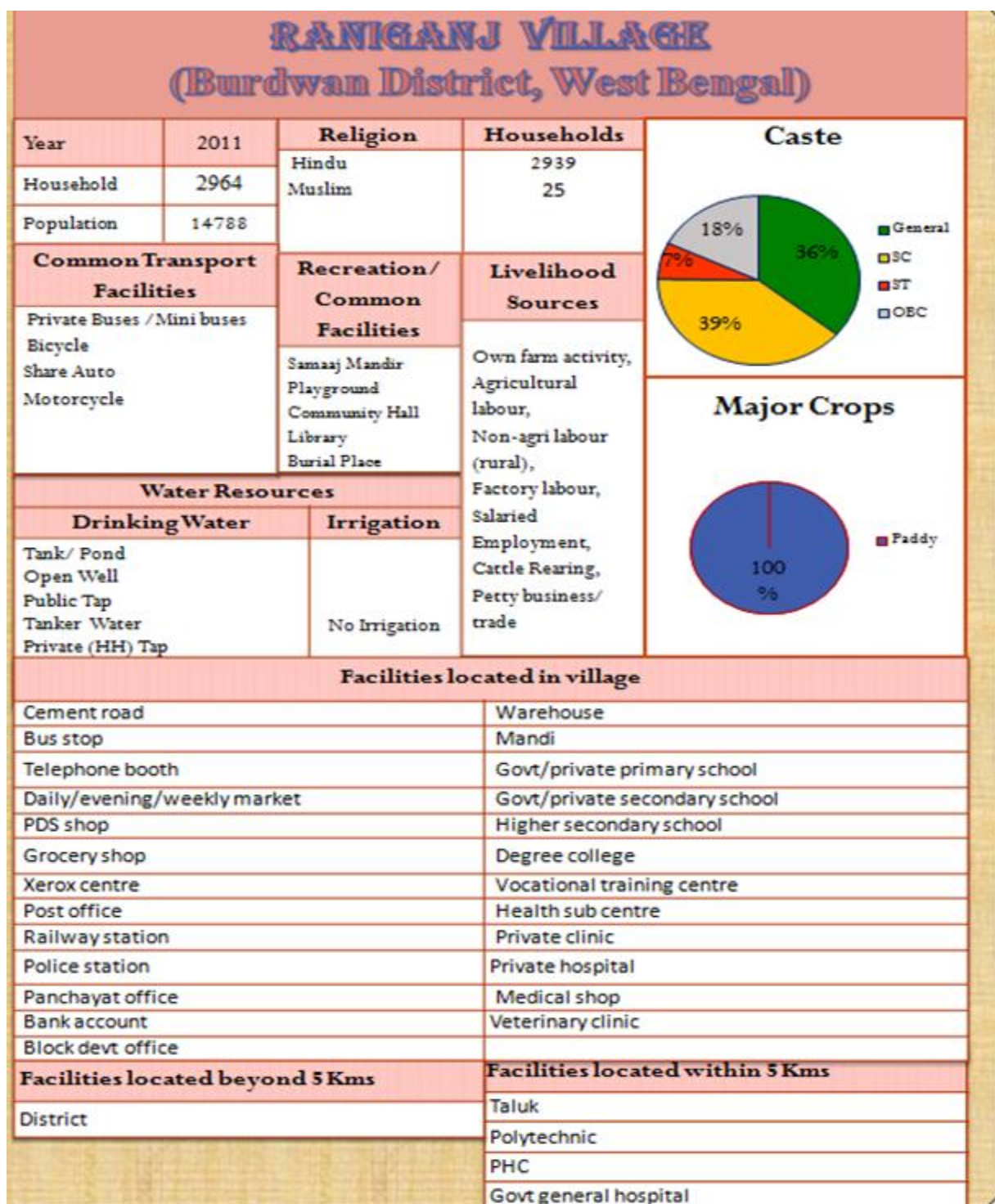
The data on Bhatmuda shows that 48% of the sample households have APL Card while 41% of the people are under BPL category. 11% of the sample has Antyodaya/BBPL Card . As informed during interview, 46 of the sample who have ration card of any type avail ration from PDS regularly.



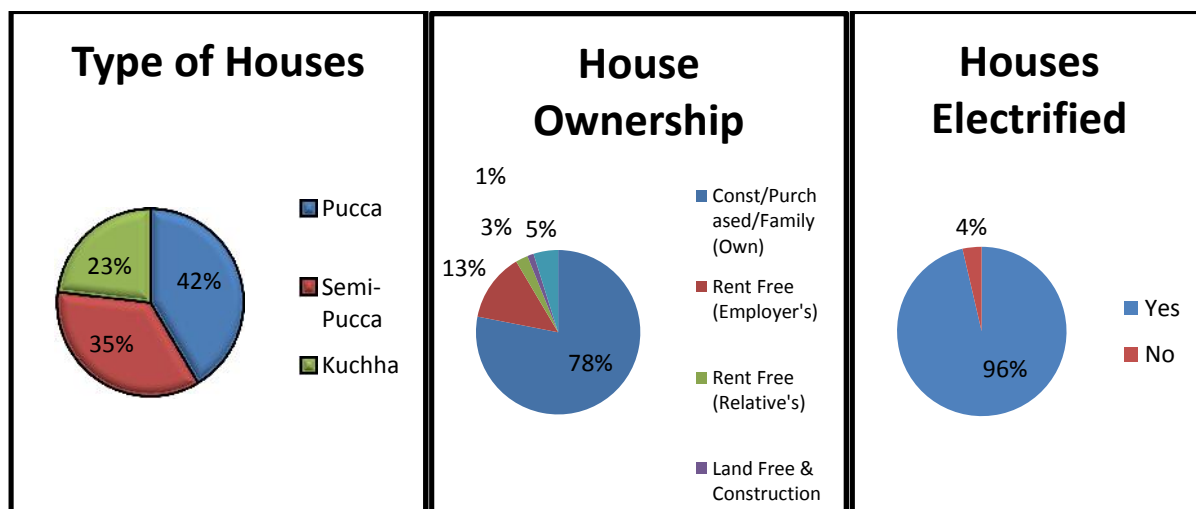
#### 5.23.8. RECOMMENDATIONS

- The key stakeholders has mentioned a major problem of drinking water and high incidence of iron and arsenic content in the water. There is a requirement to provide purified drinking water supply through pipelines in the area.
- Unemployment and lack of job opportunity has emerged as issue in the village. It needs to be taken into consideration that Burdwan as district provides opportunity but there is lack of skilled work force and there is lack of workforce having vocational degrees. ECL can take initiatives to provide skill to youth to increase their employability.
- The primary school has demanded for Teaching Learning Material (TLM) and sports equipment for the students. Teaching Learning Material in the form of charts, globe, maps should be provided to the school. Sports equipment in the form flying dish, skipping rope should be provided in the school.
- As the Open Cast Mines are near the village, it has been reported that the blasting that happens in Mines have created a lot of cracks in the houses in Bhatmuda Village. Specialised organizations/ institutes like ISM in Dhanbad should be contacted for the solution of these problems by the Company.

## 5.24. RANIGANJ VILLAGE, BURDWAN, WEST BENGAL



### 5.24.1. HOUSEHOLD STATUS

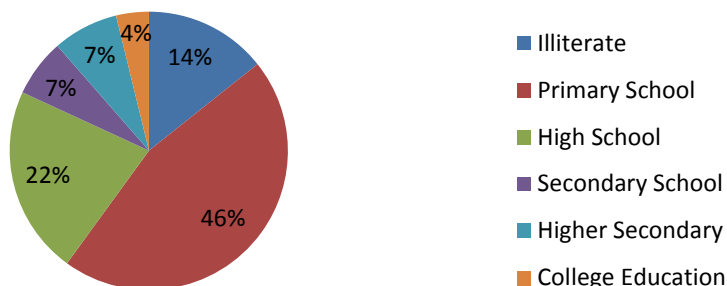


The most type of house found among the sample households in Raniganj is Pucca Houses (42%). 35% of the sample households were living in Semi- Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region were Kuccha that is 23%. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Raniganj clearly points to the fact that 100% of the population who have their own house has registered papers of their land holdings. The data clearly points that 96% of the households have electricity while 4% of the households are not electrified. Furthermore, in the research process, it was also found that 79% are living in their own home while total 16% are living in rented house.

### 5.24.2. EDUCATIONAL STATUS

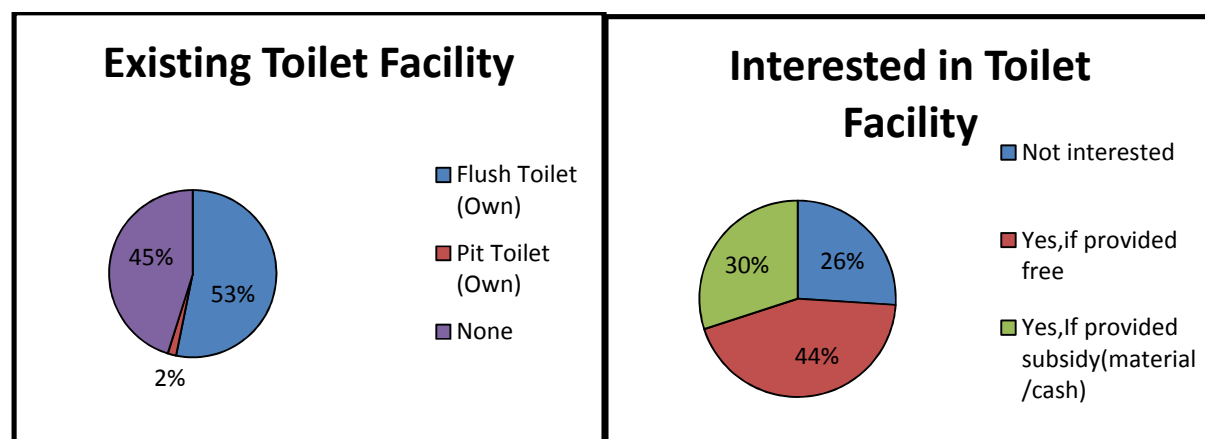
In Raniganj village, 46% of the children are studying in primary school, 22% in high school, 7% in secondary school, 7% in higher secondary school and 4% in college. A percentage of 14% students are illiterate and not availing any educational facility.

### Educational status of currently studying student



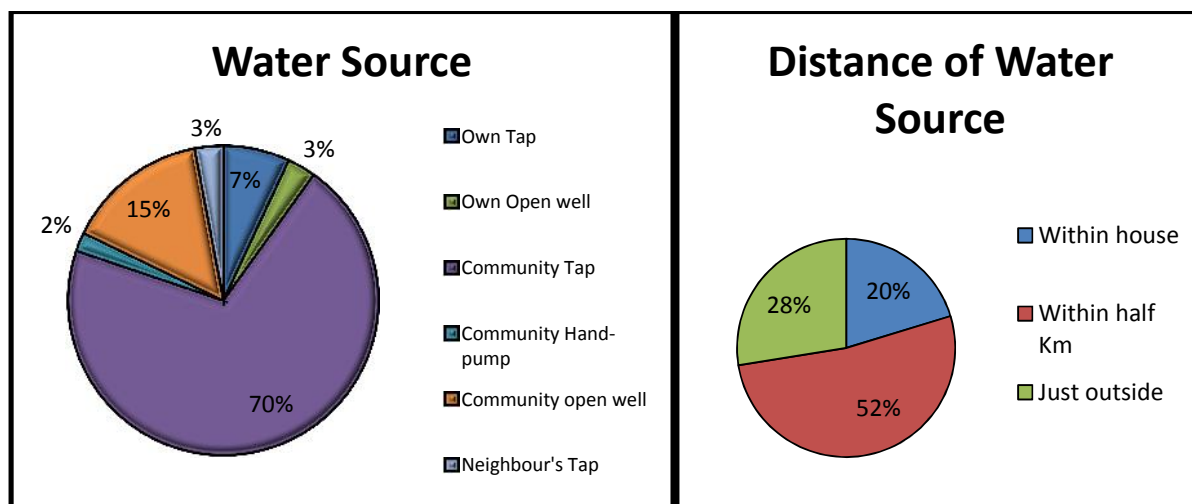
#### 5.24.3. SANITATION

Study held in Raniganj village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Raniganj clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 44% of them opined that they would want flush toilet for their household if it is provided free. However, 30% of the people would want flush toilet if it is provided through a subsidy.

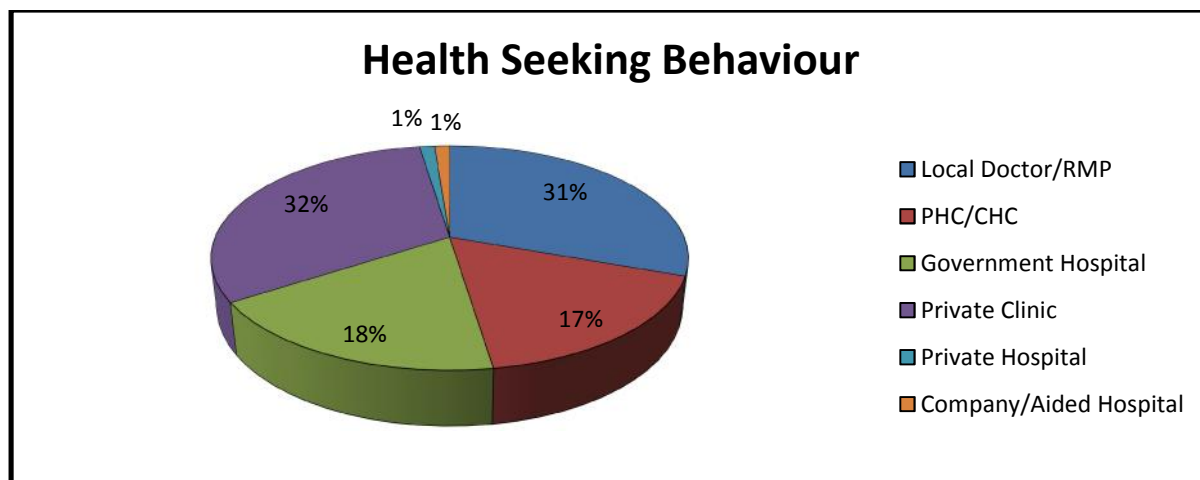
#### 5.24.4. WATER



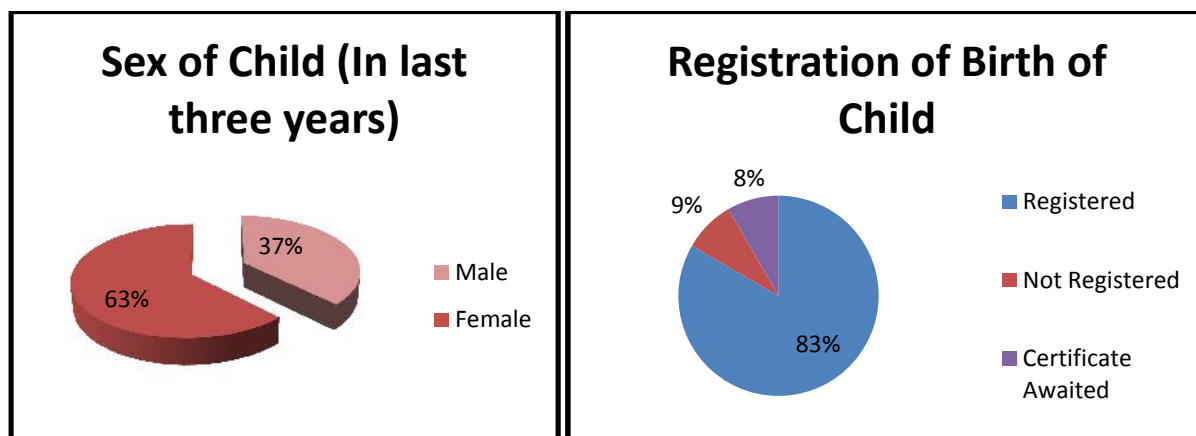
Community Tap caters the water related need of 70% of the sample and Open well including community and household own, provides drinking water to 18% of the sample households. 87% of the sample population depends on community source of water. As reported during research, 52% of the sample have to walk around half Km to fetch water while for 20% sample it is located within their premise. 28% of the sample said that they fetch water from just outside their premises.

#### 5.24.5. HEALTH

In the Raniganj Area, 31% of the people prefer Local Doctor/ RMP for health check up while only 32% of the people prefer Private Clinics and 17% of people go to PHC/ CHC. Only 18% of people go to Government Hospital and a 1% visit private Hospital and company/ aided hospital.

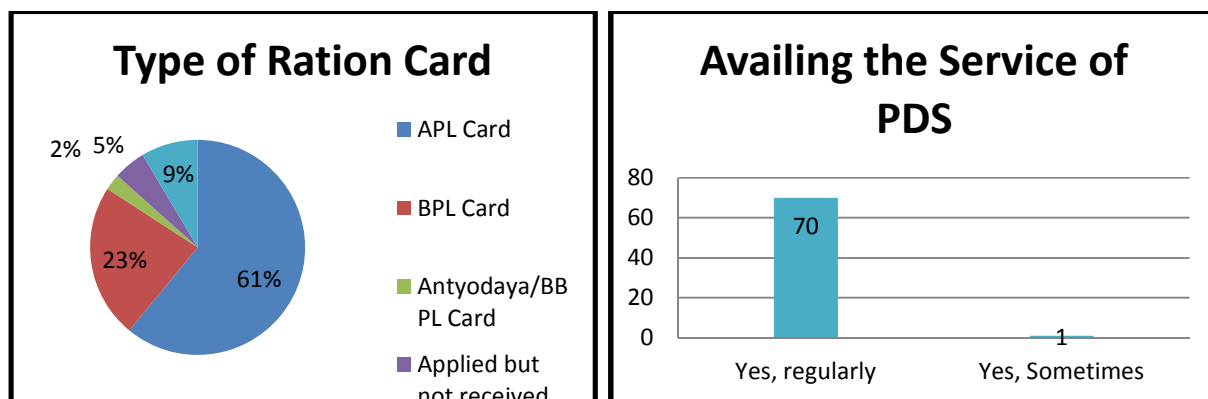


#### 5.24.6. MATERNAL HEALTH



The data collected shows that in the last three years, 37% of the new born kids are male and 63% are females. It is an appreciative sign that 83% of the kids in Raniganj have registered the birth of child while 9% of the population has not registered the birth of their offspring and 8% are waiting for the certificate of registration.

#### 5.24.7. PUBLIC DISTRIBUTION SYSTEM



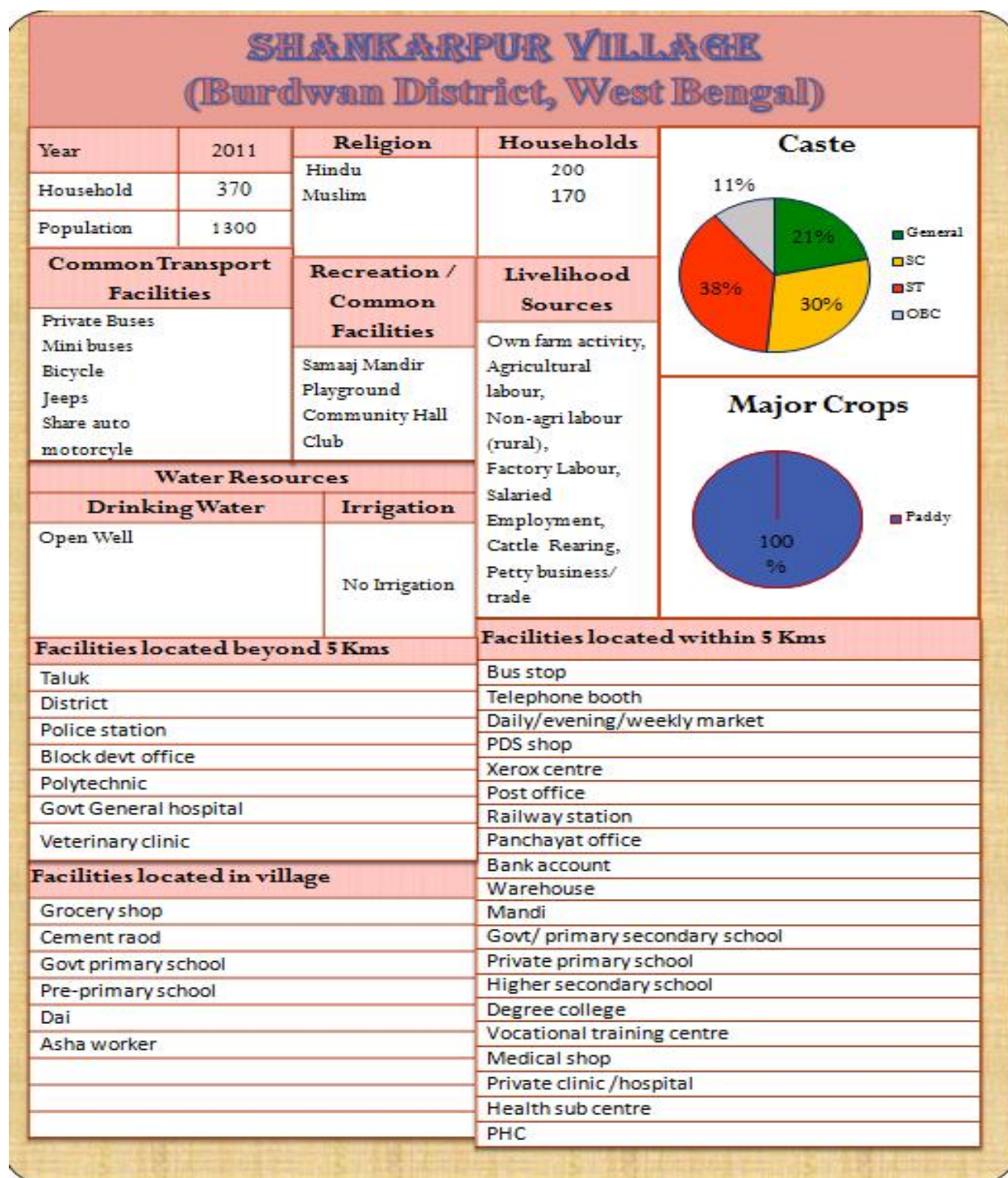
The data on Raniganj shows that 61% of the sample households have APL Card while 23% of the people are under BPL category. 5% of the sample has applied for the card but has not received it till date. As informed during interview, 70 of the sample who have ration card of any type avail ration from PDS regularly and 1 of the sample who have ration card of any type avail ration from PDS sometimes.

**5.24.8. RECOMMENDATIONS**

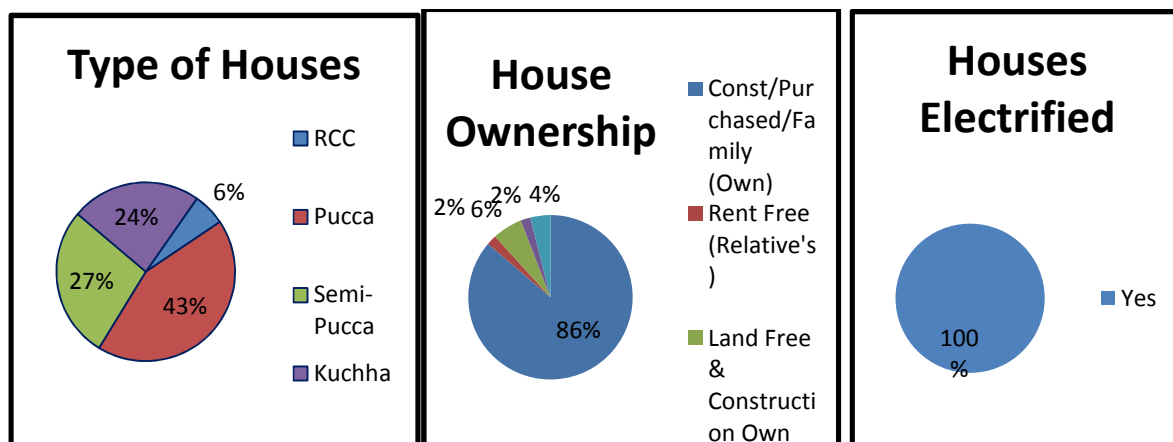
- Villagers have raised concern regarding the health related problems arising due to pollution and majorly because of air pollution. Necessary steps needs to be taken to address the issue. Methods like plantation and afforestation should be employed to curb dust pollution.
- The primary and middle schools in the area should be provided a full fledged library with electricity connection through solar panels to run these computers.
- The community has strongly demanded for a community hall in the village for social events and medical camps and meetings for Anganwadi centre.



## 5.25. SHANKARPUR VILLAGE, BURDWAN, WEST BENGAL

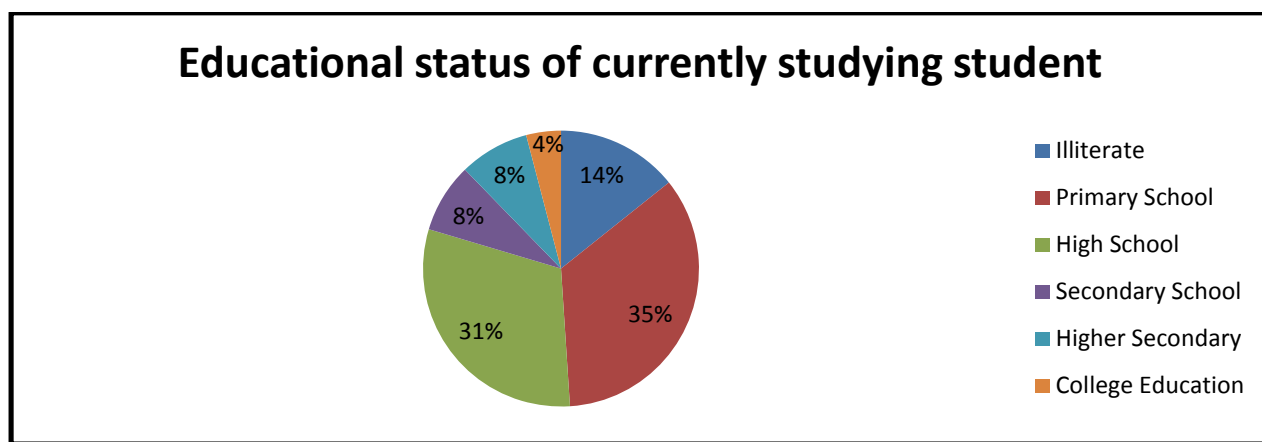


### 5.25.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Shankarpur is Pucca Houses (43%). 27% of the sample households were living in Semi- Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region were Kuchha and RCC, that is, 24% and 6% respectively. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Shankarpur clearly points to the fact that 100% of the population who have their own house has registered papers of their land holdings. The data clearly points that 100% of the households have electricity. Furthermore, in the research process, it was also found that 86% are living in their own home while total 2% are living in rented house.

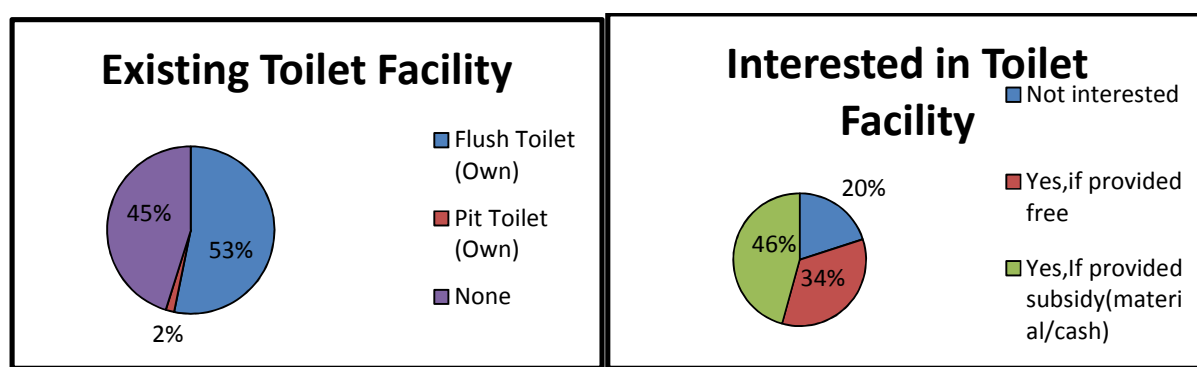
### 5.25.2. EDUCATIONAL STATUS



In Shankarpur village, 35% of the children are studying in primary school, 31% in high school, 8% in secondary school, 8% in higher secondary school and 4% in college. A percentage of 14% students are illiterate and not availing any educational facility.

### 5.25.3. SANITATION

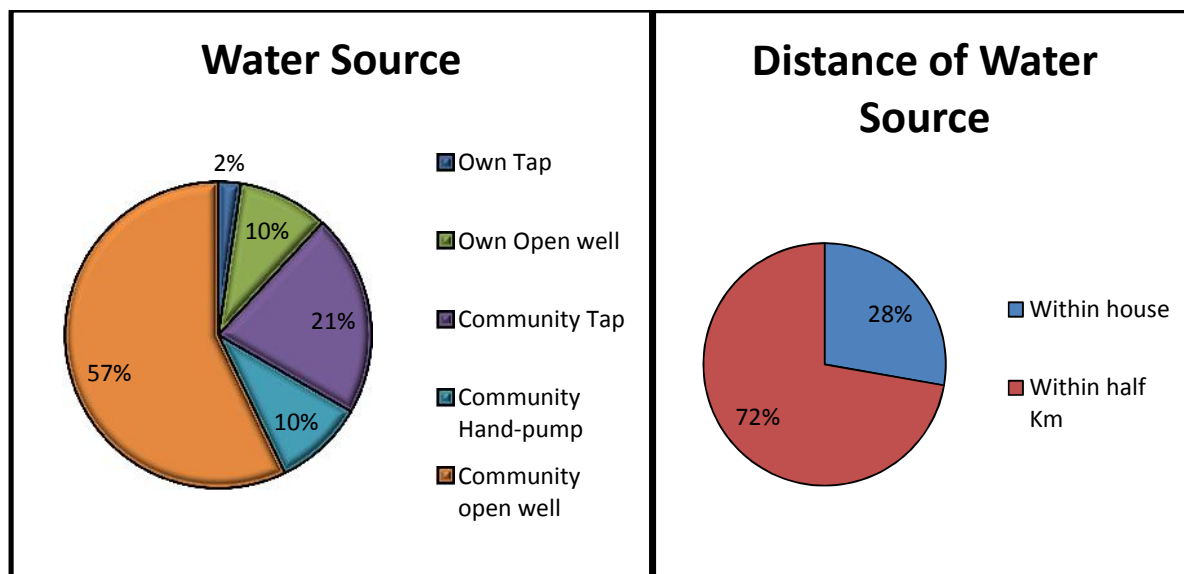
Study held in Shankarpur village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Shankarpur clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 34% of them opined that they would want flush toilet for their household if it is provided free. However, 46% of the people would want flush toilet if it is provided through a subsidy.

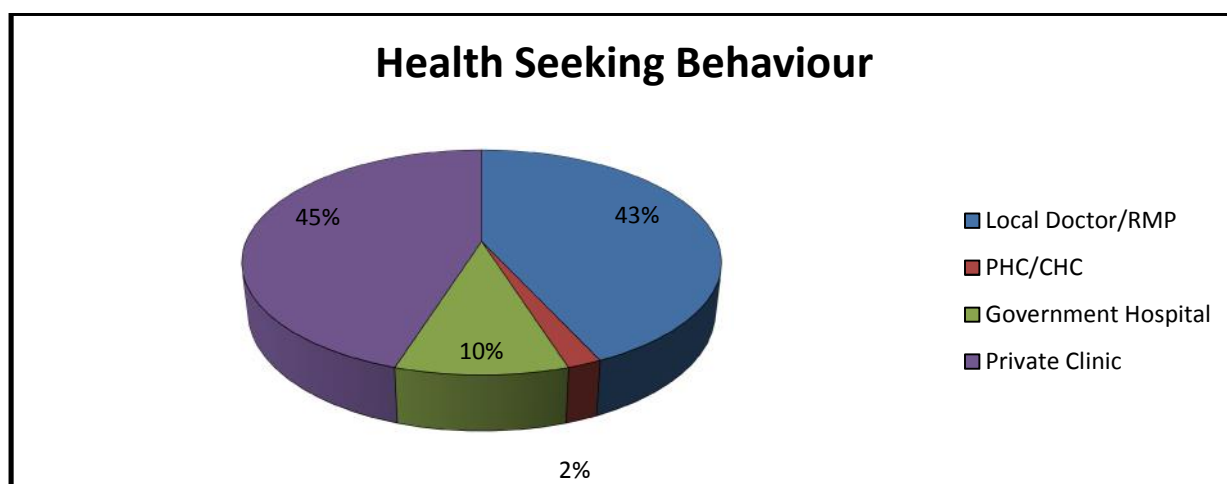
### 5.25.4. WATER

Community Tap caters the water related need of 21% of the sample and Open well including community and household own, provides drinking water to 57% of the sample households. As reported during research, 72% of the sample have to walk around half Km to fetch water while for 28% sample it is located within their premise.



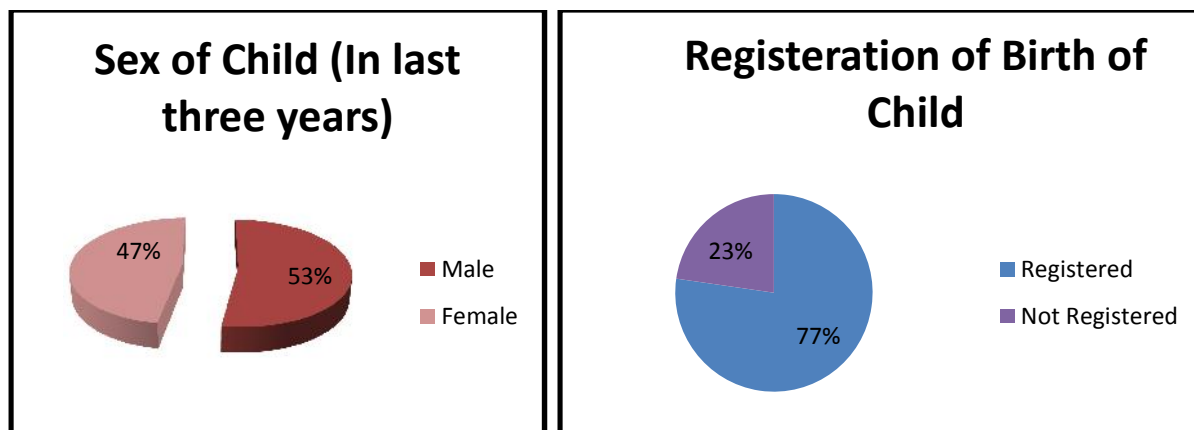
#### 5.25.5. HEALTH

In the Shankarpur Area, 43% of the people prefer Local Doctor/ RMP for health check up while only 45% of the people prefer Private Clinics and 2% of people go to PHC/ CHC. Only 10% of people go to Government Hospital.

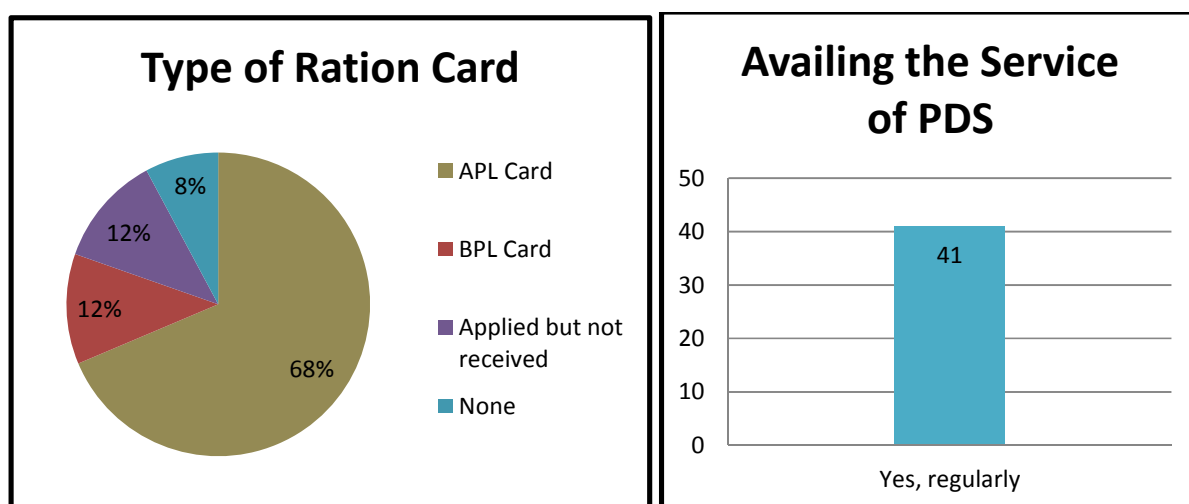


#### 5.25.6. MATERNAL HEALTH

The data collected shows that in the last three years, 53% of the new born kids are male and 47% are females. It is an appreciative sign that 77% of the kids in Shankarpur have registered the birth of child while 23% of the population has not registered the birth of their offspring.



#### 5.25.7. PUBLIC DISTRIBUTION SYSTEM



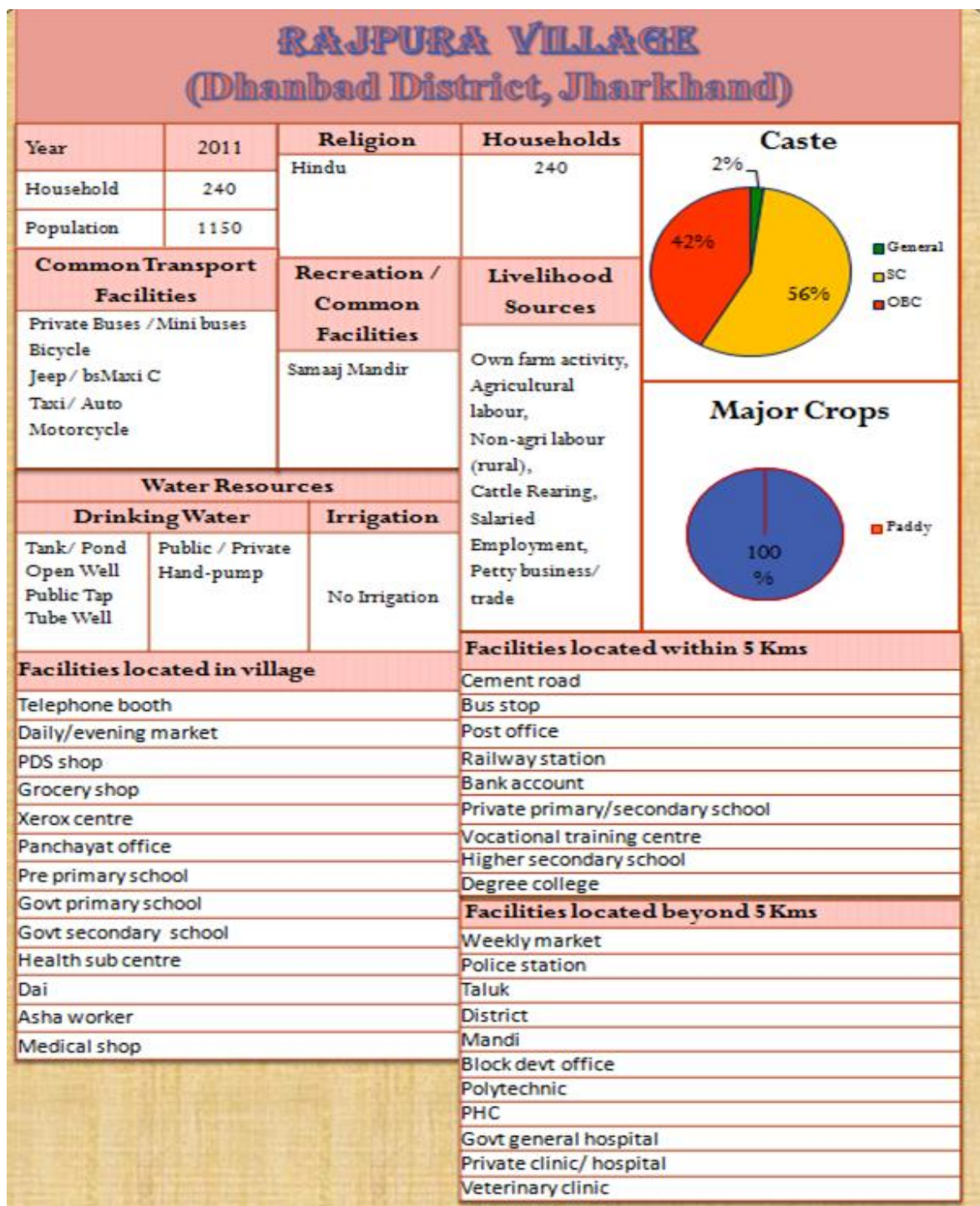
The data on Shankarpur shows that 68% of the sample households have APL Card while 12% of the people are under BPL category. 8% of the sample does not have any card and 12% of the sample has applied for the card but has not received it till date. As informed during interview, 41 of the sample who have ration card of any type avail ration from PDS regularly.

**5.25.8. RECOMMENDATIONS**

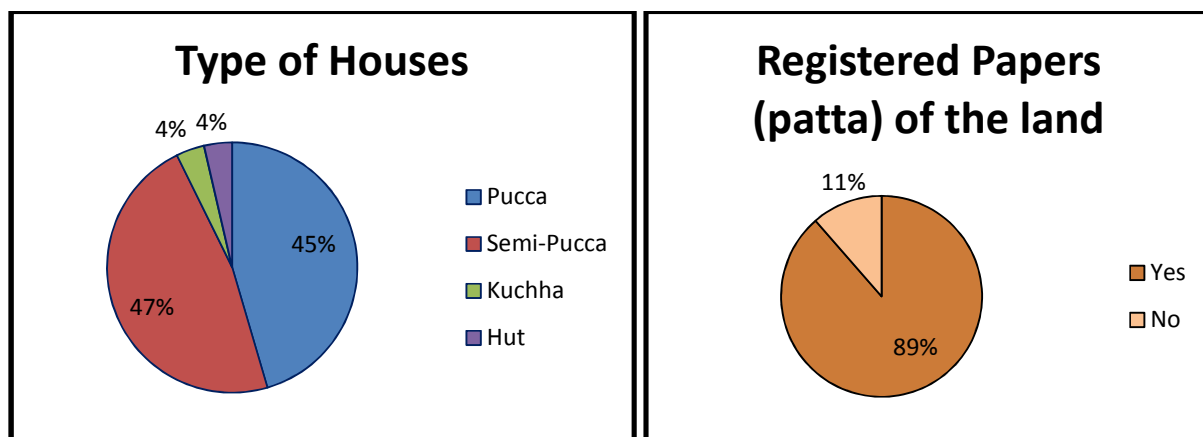
- Village reflects extremely discouraging figure in term of sanitation. It is important to support gram panchayat in terms of constructing and maintaining of community toilets. Following a convergence model ECL can construct the community toilet and Gram Panchayat should be asked to run and maintain the toilets.
- There has been a demand from the village stakeholders for the sports equipments. There is a football ground in the village where various tournaments are organised. ECL can work with block department to honour the meritorious sports players and increase their enthusiasm.
- Provisioning of teaching aids is requested with special focus on computer education to increase the qualitative expect of the education as well as to provide them necessary exposure towards computer and internet.



## 5.26. RAJPURA VILLAGE, DHANBAD, JHARKHAND

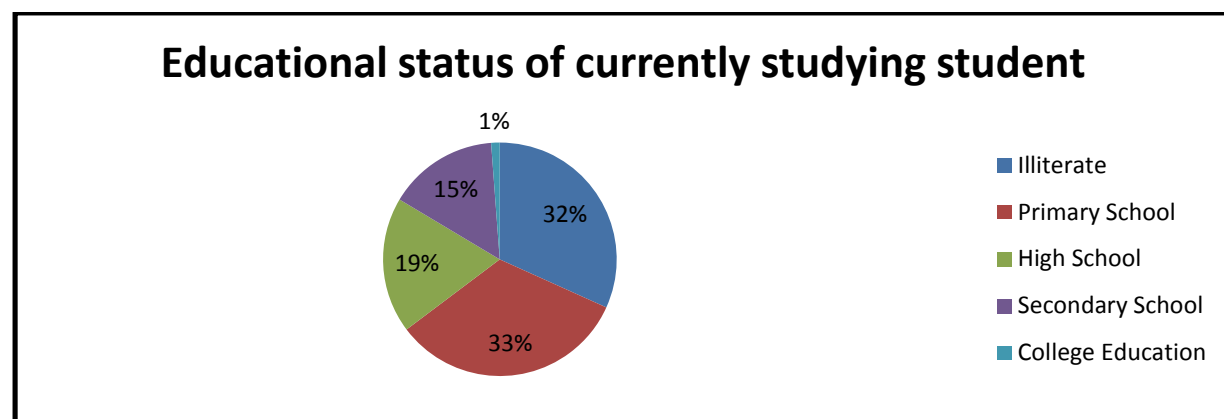


### 5.26.1. HOUSEHOLD STATUS



Among the sample households, 47% are semi- pucca households, 45% are pucca households and 4% are kachha households and 4% in Hut. Among them 89% have registered paper of their land while 11% said that they do not have paper of the land they are living in.

### 5.26.2. EDUCATIONAL STATUS



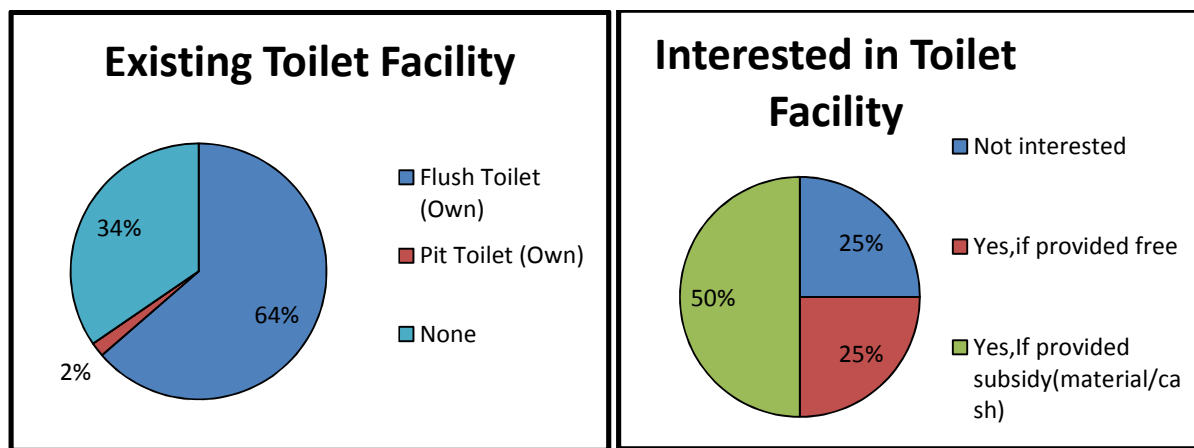
In Rajpura village, 33% of the children are studying in primary school, 19% in high school, 15% in secondary school and 1% in college. A percentage of 32% students are illiterate and not availing any educational facility.

### 5.26.3. SANITATION

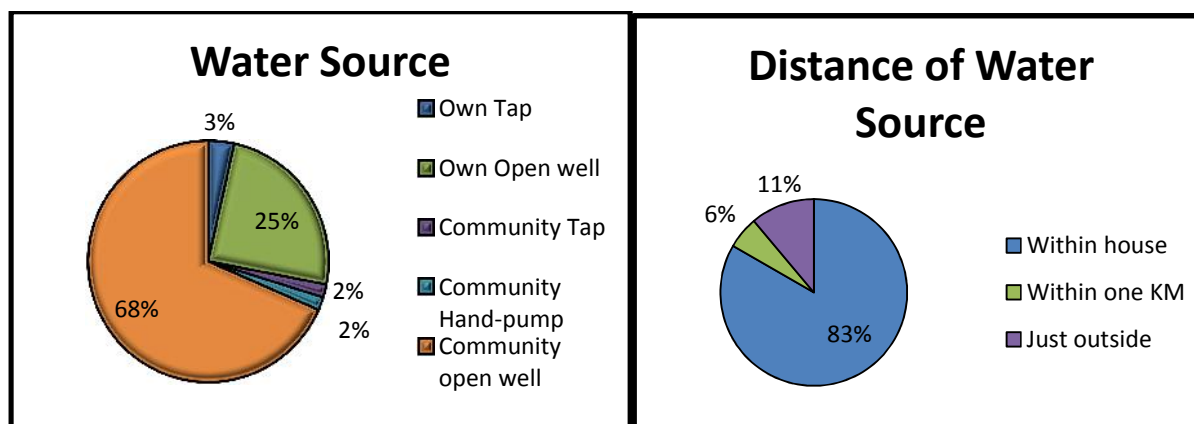
Total 34% of the sample households in the village do not have access to toilets. 66% of the sample have toilets in their house, 64% of the sample have flush toilets while 2% have pit toilets. Among those who do not have toilet of their own, 25% of them want flush toilet for the



household if it is provided free while 50% would want the flush toilet if it is provided through subsidy. About 25% of the population is not interested in the toilet facility.



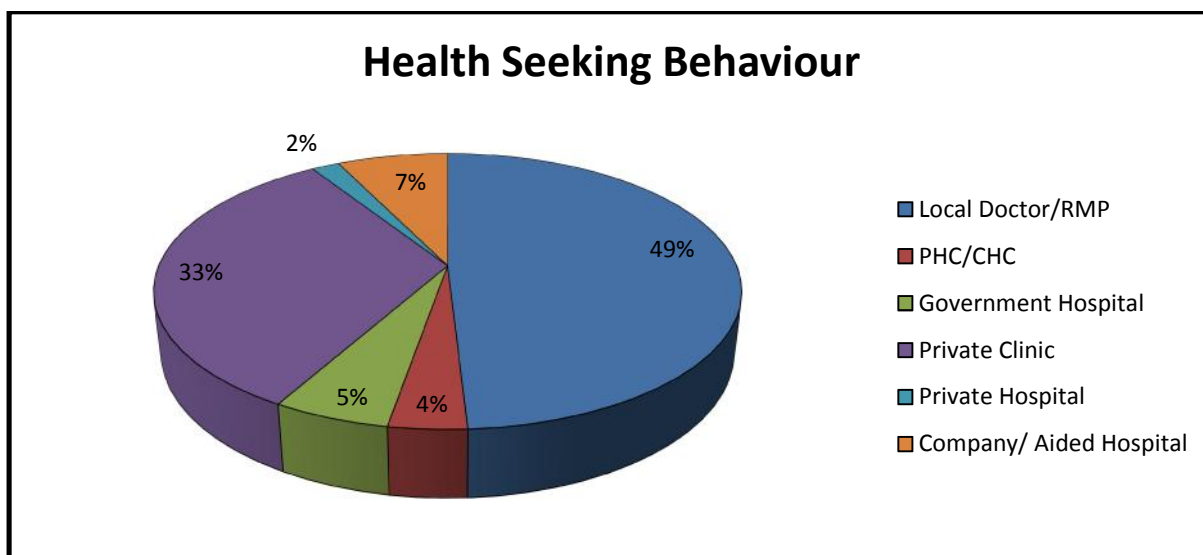
#### 5.26.4. WATER



From the data collected in Rajpura village, it was found that more than half the population of sample households is drawing water from community sources. 25% of the sample households draw water from open well. 3% of the sample are drawing water from own tap. As reported during research, 6% of the sample have to walk around one Km to fetch water while for 83% sample it is located within their premise. 11% of the sample said that they fetch water from just outside their premises.

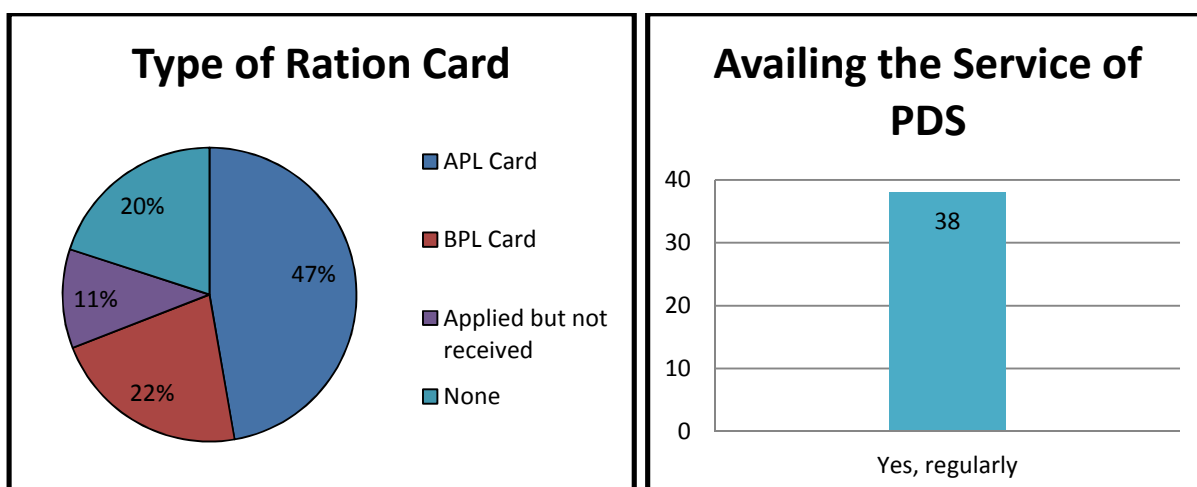
### 5.26.5. HEALTH

In the Rajpura Area, 49% of the sample prefers Local Doctor/RMP, 33% of people go to Private Clinics, 4% of people go to PHC/CHC, 5% go to Government Hospital and another 2% consult Private Hospital.



### 5.26.6. PUBLIC DISTRIBUTION SYSTEM

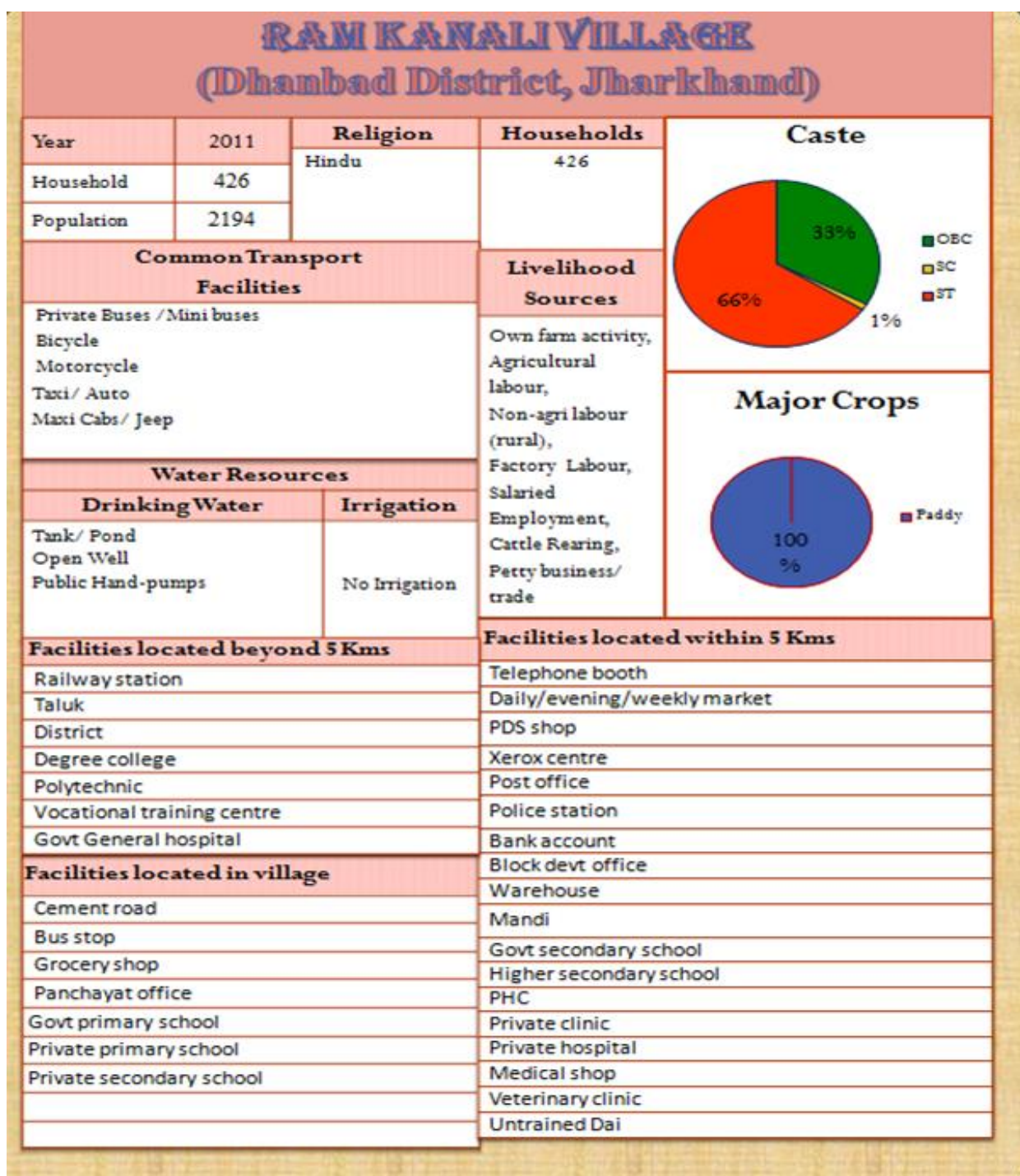
The data on Rajpura shows that 47% of the sample population holds APL Card while 22% of the people are under BPL Card category. 38 people confirmed that they avail ration regularly from PDS.



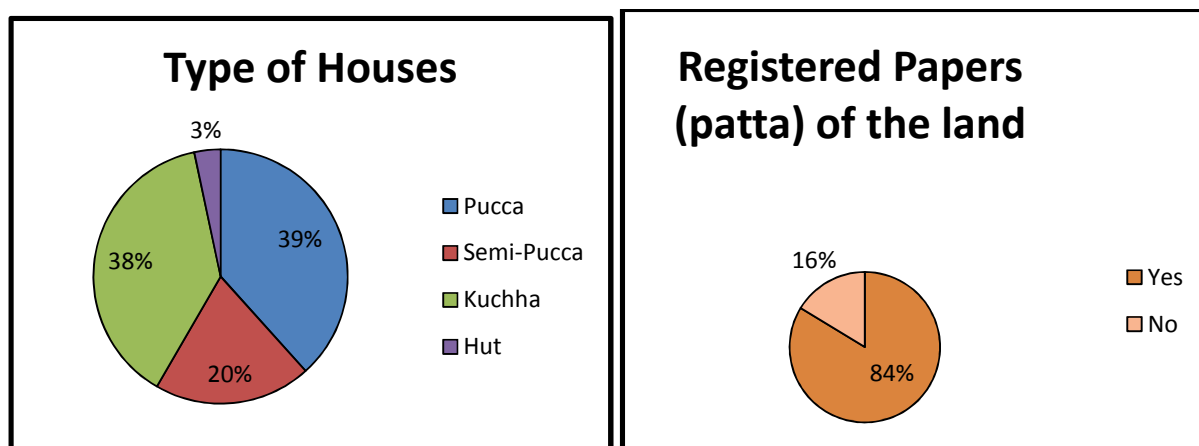
**5. 26.7. RECOMMENDATIONS**

- 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 kids. Company can work with panchayat to construct and run the community toilets.
- The Primary School should be provided a library with electricity connection through solar panels.
- Water stagnation and sullage is also one of the major issue in the village, constructing the drainage can be taken up as intervention here.

## 5.27. RAM KANALI VILLAGE, DHANBAD, JHARKHAND

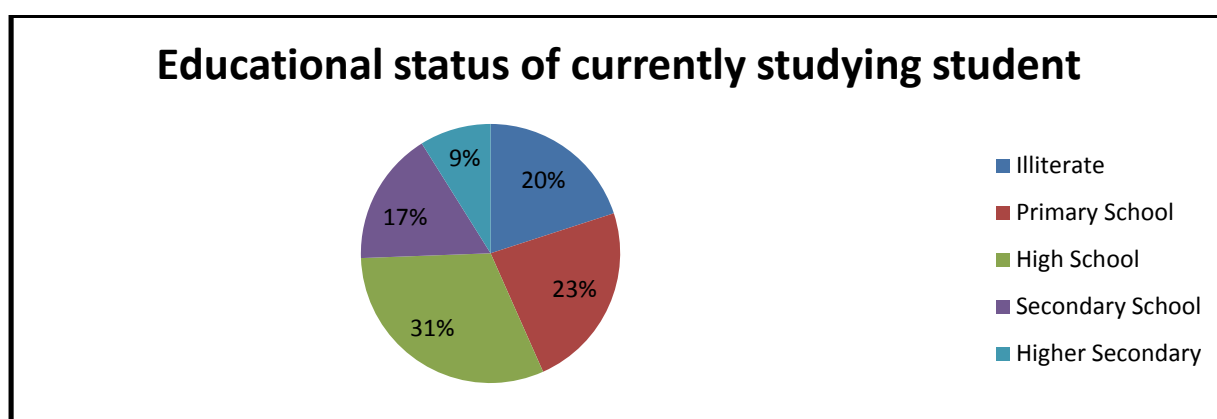


### 5.27.1. HOUSEHOLD STATUS



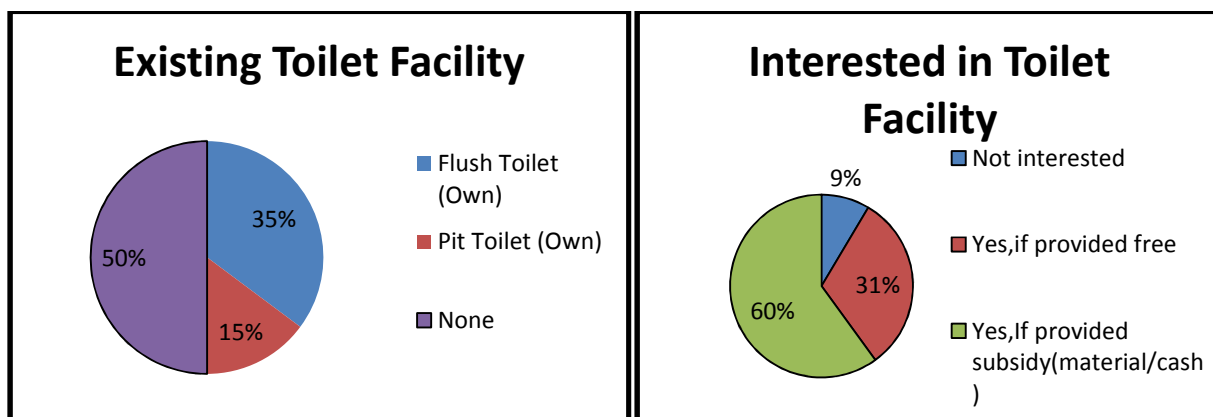
In Ram Kanali village, out of interviewed households, 31 % were having pucca house, 54% who have semi pucca houses while 15% of the people were having kuchha houses. 89% of the interviewed households live in their own house constructed by the family from their own resource, 5% are living in rented house provided by their employers and 6% are living in the house which is subsidized by government schemes. Among the households who are living in their own house, 84% of them have registered papers of land. All the sample households were electrified.

### 5.27.2. EDUCATIONAL STATUS



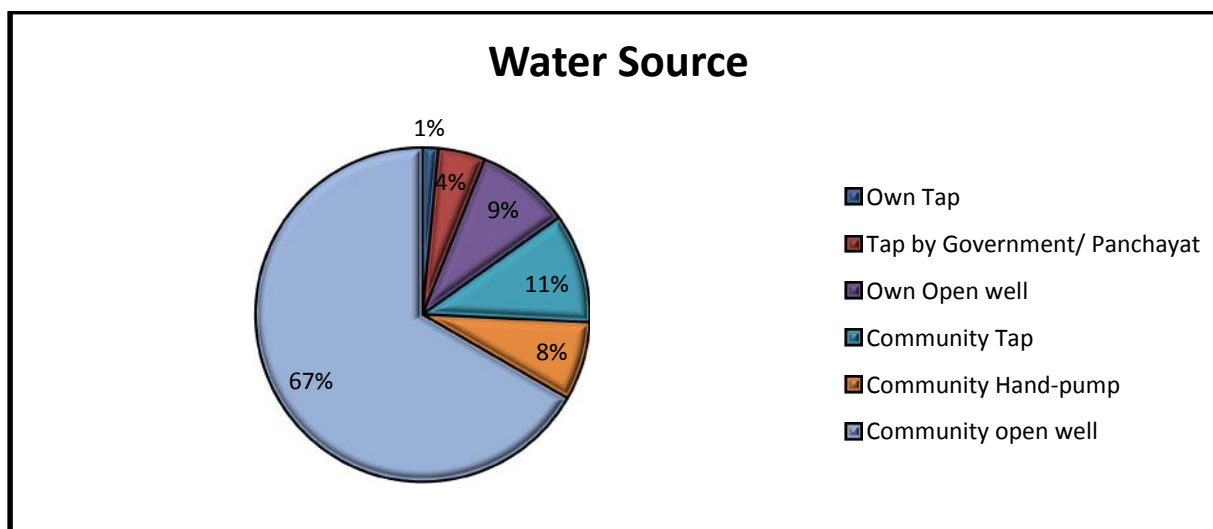
In Ram Kanali village, 31% of the children are studying in high school, 23% in primary school, 17% in secondary school and 9% in higher secondary school. A percentage of 20% students are illiterate and not availing any educational facility.

### 5.27.3. SANITATION



In Ram Kanali village, 35% of the sample households are having flush toilet and 15% of them were having pit toilet, combining these two 50% of the sample households are having toilets in their premise. Among the sample households 50% was found devoid of toilet facility. All the sample households who has toilet in their premise said that they have constructed toilet from their own resources. Among the sample households those who don't have toilet facility in their house, 31% of them are interested in having toilet facility in their house if provided with no charges while 60% of them want to construct a toilet if provided with subsidy and 9% of them did not show any interest for toilet construction.

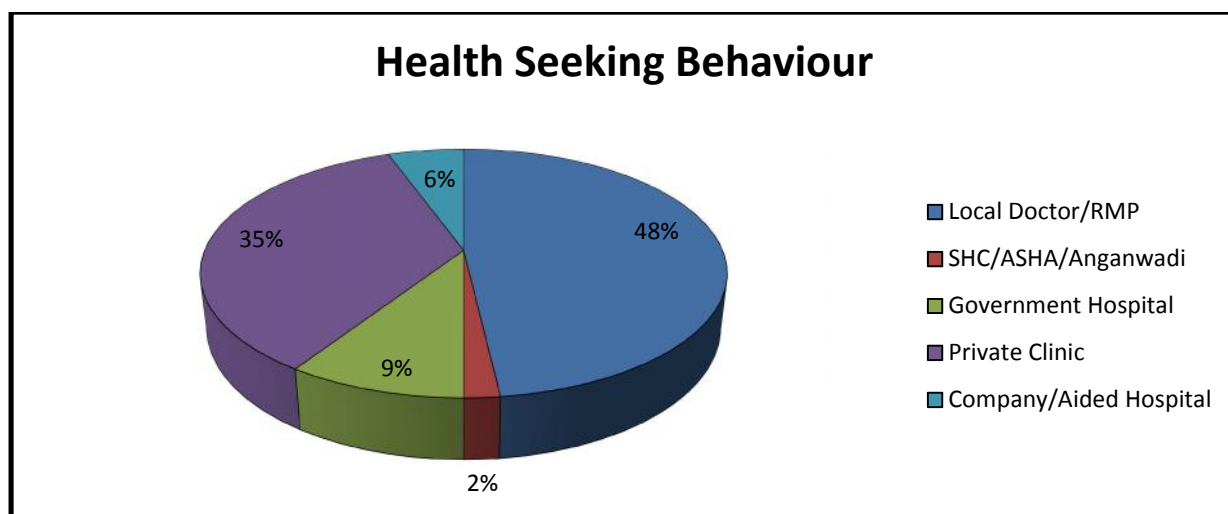
### 5.27.4. WATER



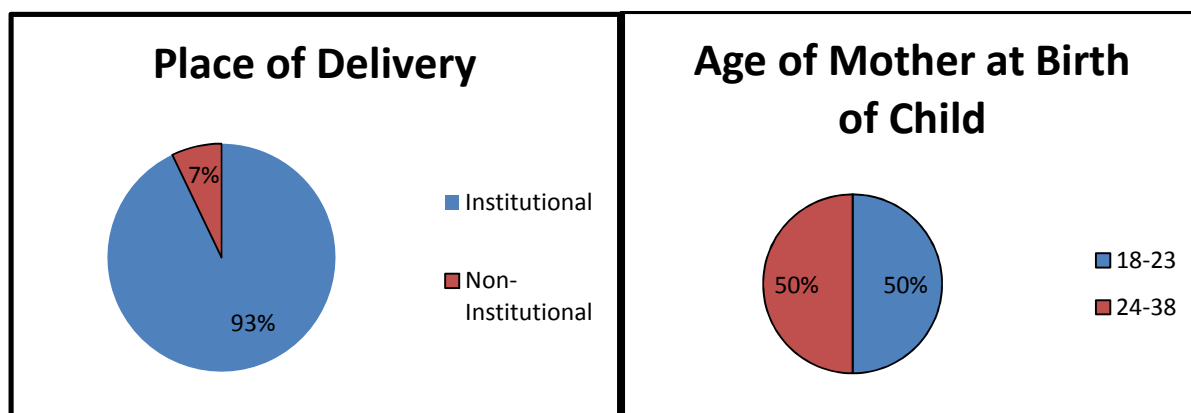
Among the sample community open well is used by 67% households for the water requirements followed by community tap which covers 11% of the sample households. Drinking water supply by government/ panchayat covers only 4% of the sample households which shows that there is need to extend its reach. 9% of the households said that open well is their source of drinking water which emphasizes the need to extend the reach of the piped water supply as quality of water is an issue raised by the villagers. Around 17% of the sample households have water source located inside their premise and 58% of the sample mentioned that the water source is located just outside their house. A little less than 23% of sample informed that they have to travel around half km to fetch water while 2% of the sample said that they travel upto one km to get water.

#### 5.27.5. HEALTH

In Ram Kanali village, 48% of the sample households avail health check up facility from local doctors followed Private Clinic which serves the 35% of the sample. Government or company aided services serves only 15% of the sample.

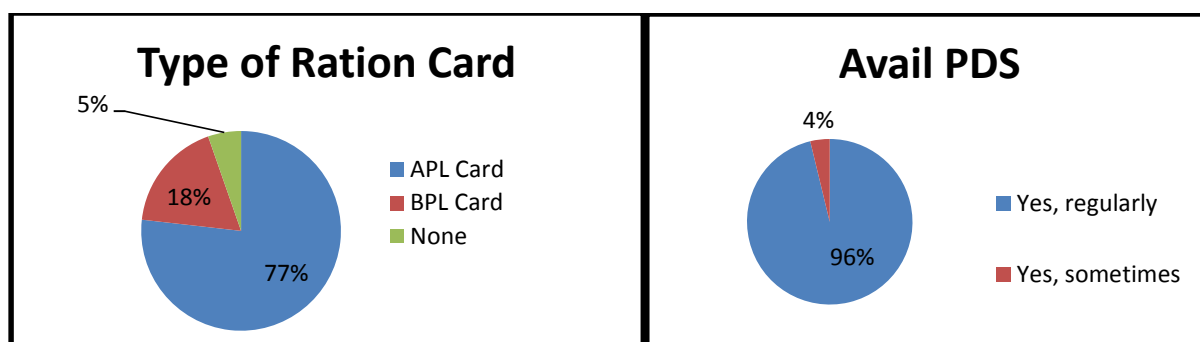


### 5.27.6. MATERNAL HEALTH



In Ram Kanali village among the sample households who witnessed birth of a child in last three years in their family 79% reported saying the delivery was institutional delivery while only 7% households from the same category said that delivery was non-institutional. Sex ratio among the kids of age group 0-3 years 57% are girl child and 43% are male child. Women who conceived child in last three years 50% of them were in the age group of 18 – 23 years at the time of delivery and other 50% were in the age group of 24-38 years. From the same category of households it was reported that 93% birth are registered while 7% are not registered.

### 5.27.7. PUBLIC DISTRIBUTION SYSTEM

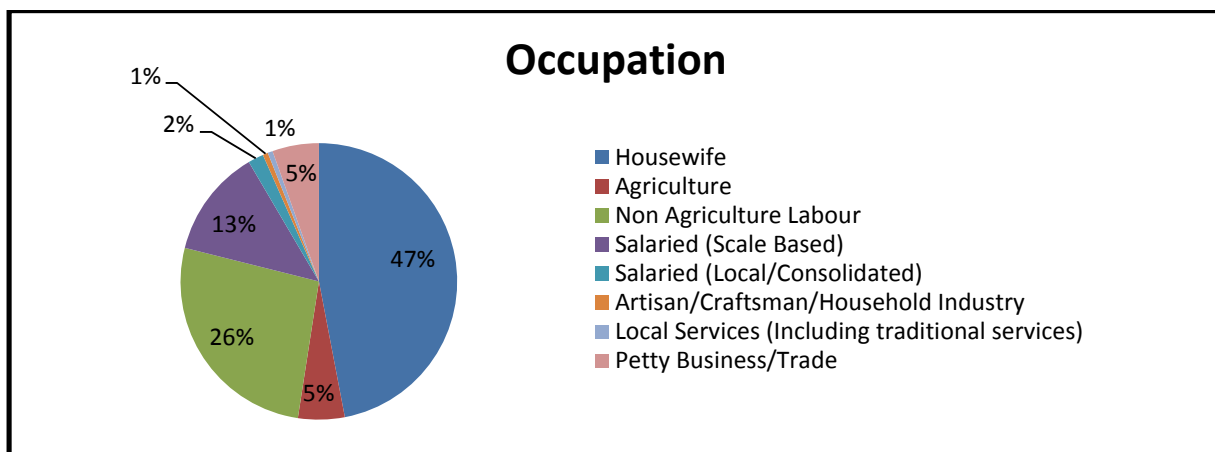


Among the sample 77 % holds APL card while 18 % have BPL cards. 5% of the sample households said that they don't have any kind of ration card. Among the ration card holders 96% said that they avail PDS regularly while only 4% of the sample reported saying that they avail this facility sometime while asking for the reasons they mentioned that they have APL card and it doesn't make sense to take poor quality of grain from PDS.



### 5.27.8. OCCUPATION

Around 25% of sample said that they have outstanding loan over them it is also reported that only 25% of the sample households own agricultural land. Occupational distribution of the village is given below:

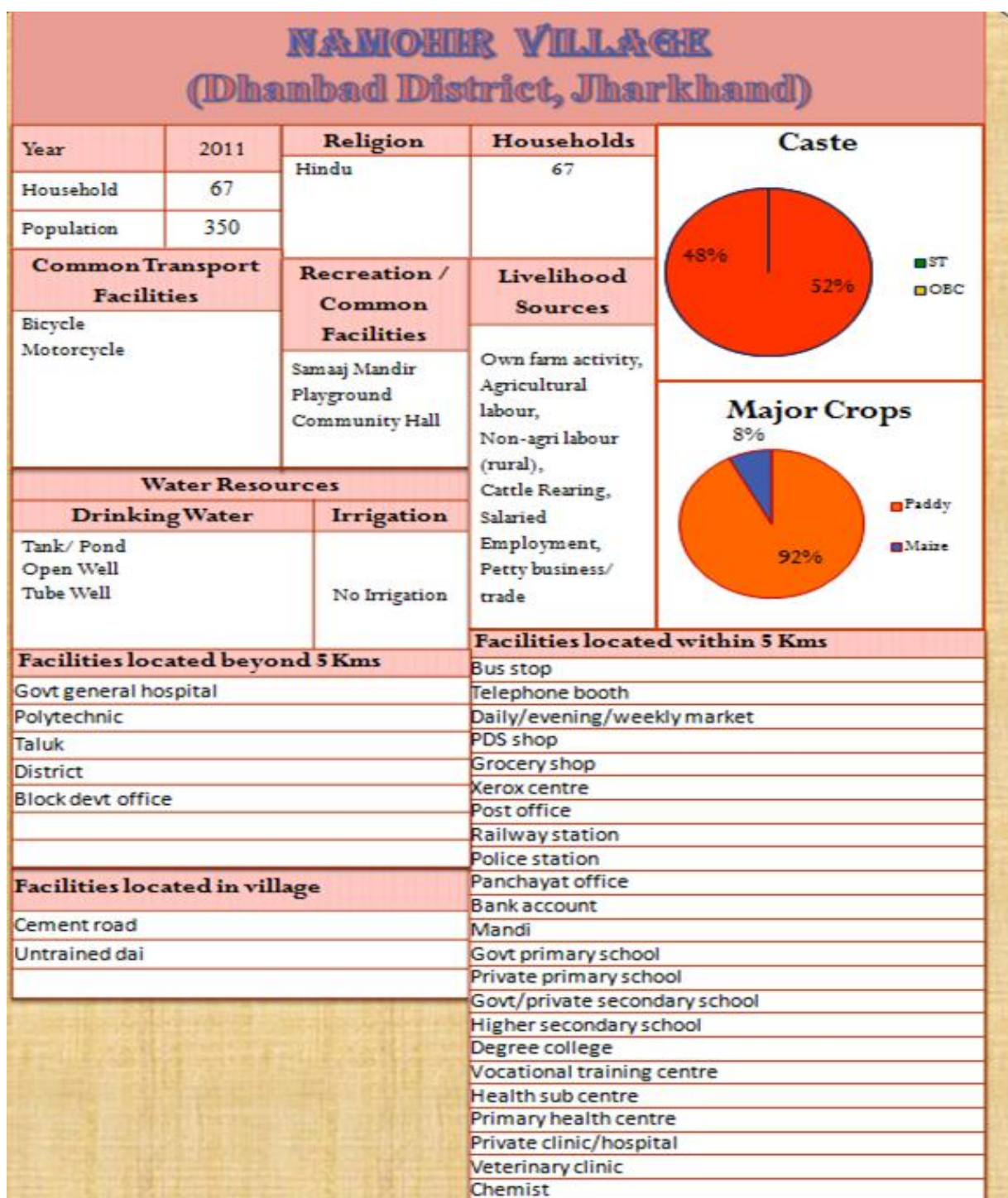


In Ram Kanali, among the sample households it is found that agriculture is source of livelihood for very only 5% of the sample workforce. 26% of the sample population work as non agriculture labour, 19% of the workforce said that they are salaried employee in government or private sector, 5% of the sample workforce is running petty business to earn livelihood and 1% each is working as artisan or employed in local service.

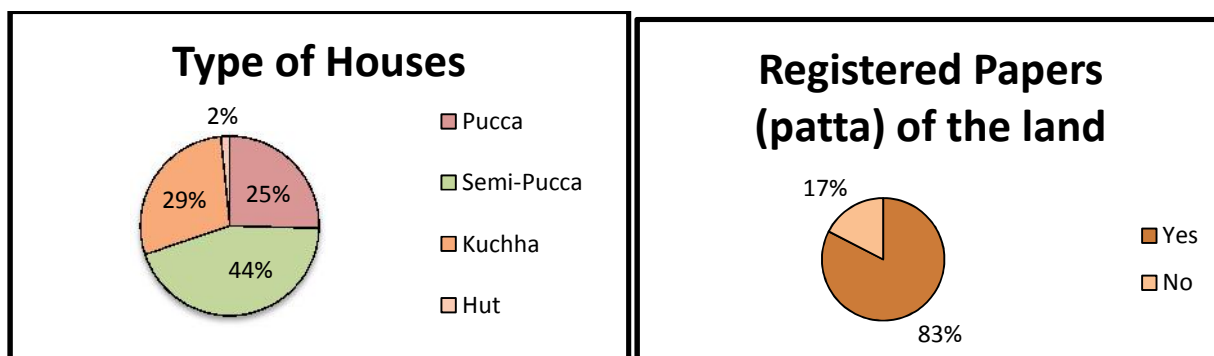
#### **5.27.9. RECOMMENDATIONS**

- 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 kids. Company can work with panchayat to construct and run the community toilets.
- There is a lack of drinking water in the village and especially in summer season. Demand for drinking water supply through pipe lines were raised.
- Water stagnation and sullage is also one of the major issue in the village, constructing the drainage can be taken up as intervention here.
- Lack of market oriented skill is one of the reason behind the rising unemployment in the village. Only 1 person were found during the study who have 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.

## 5.28. NAMOHIR VILLAGE, DHANBAD, JHARKHAND

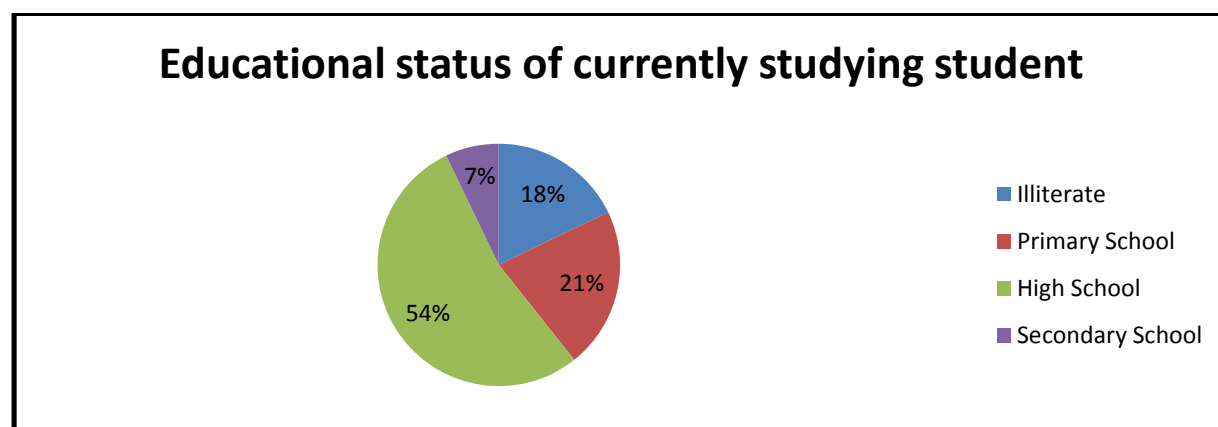


### 5.28.1. HOUSEHOLD STATUS



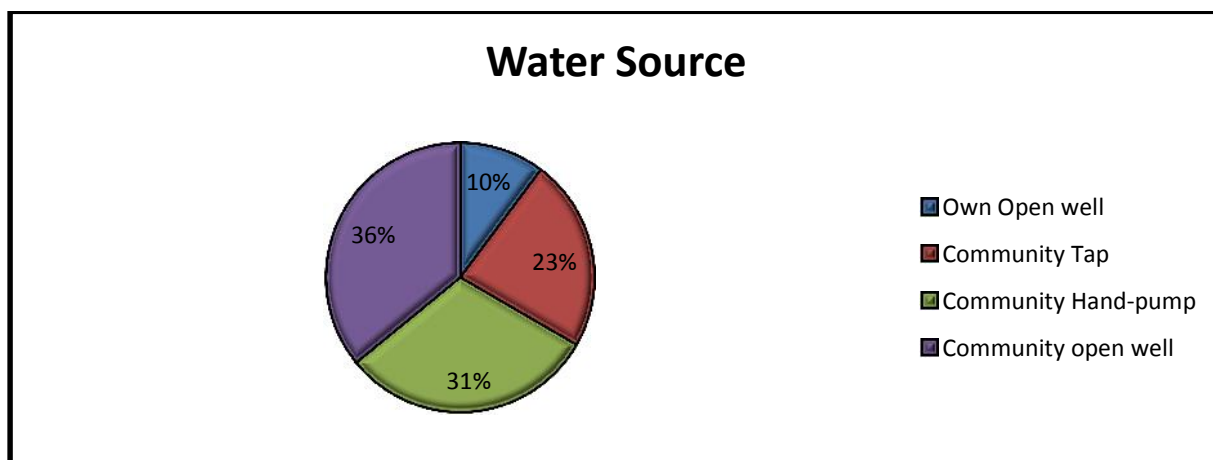
44% of the sample households are having semi pucca house, 29% of them are living in kuchha house and 25% are living in pucca house. Among the sample households, who have their own house, 83% claimed to have patta of the land they are living while 17% claimed that they do not have any paper.

### 5.28.2. EDUCATIONAL STATUS



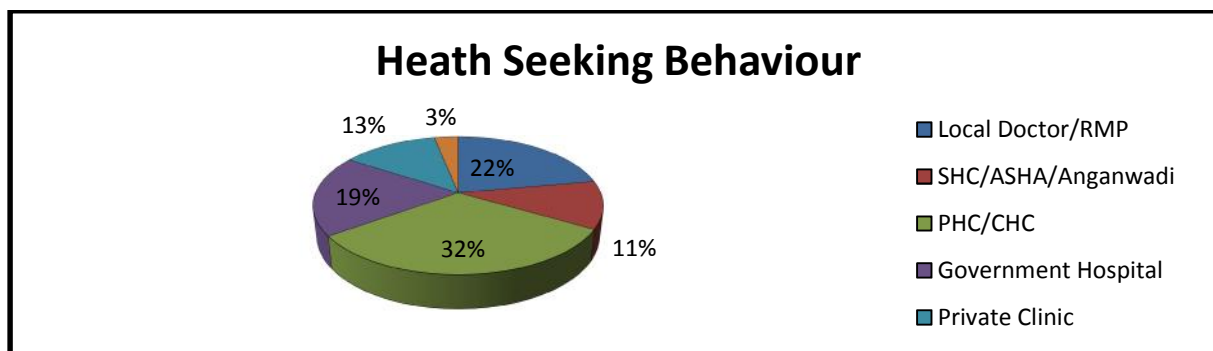
In Namohir village, 54% of the children are studying in high school, 21% in primary school and 7% in secondary school. A percentage of 18% students are illiterate and not availing any educational facility.

### 5.28.3. WATER SOURCE



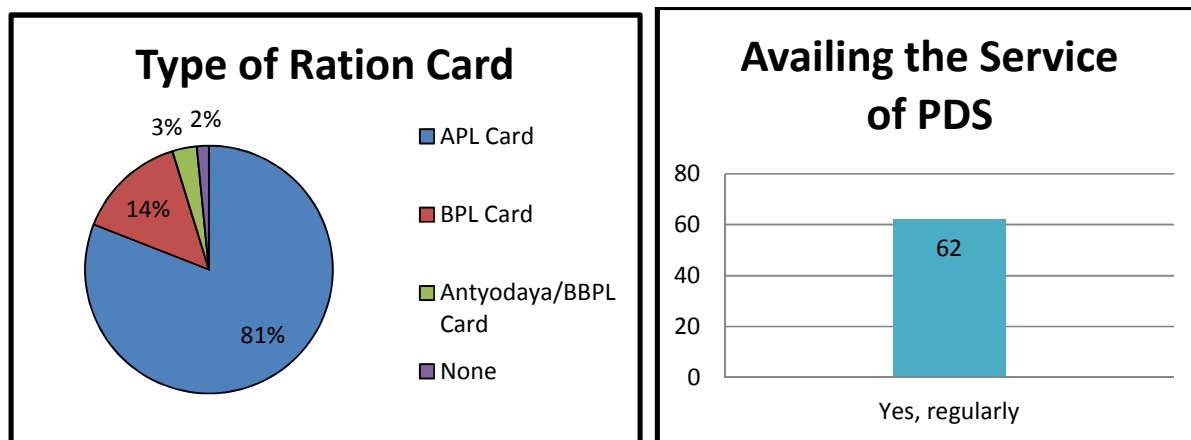
In Namohir, more than half the population use community sources of water such as Community Tap, Community Hand-pump, Community Open Well. 10% of the sample used own open well as a source of water.

### 5.28.4. HEALTH



Among the sample, 32% claimed that they consult the PHC/CHC first in case of any medical urgency while 22% of sample said that they consult a Local Doctor/ RMP for the same. 13% have consulted private clinics, while 19% have consulted Government hospitals.

### 5.28.5. PUBLIC DISTRIBUTION SYSTEM

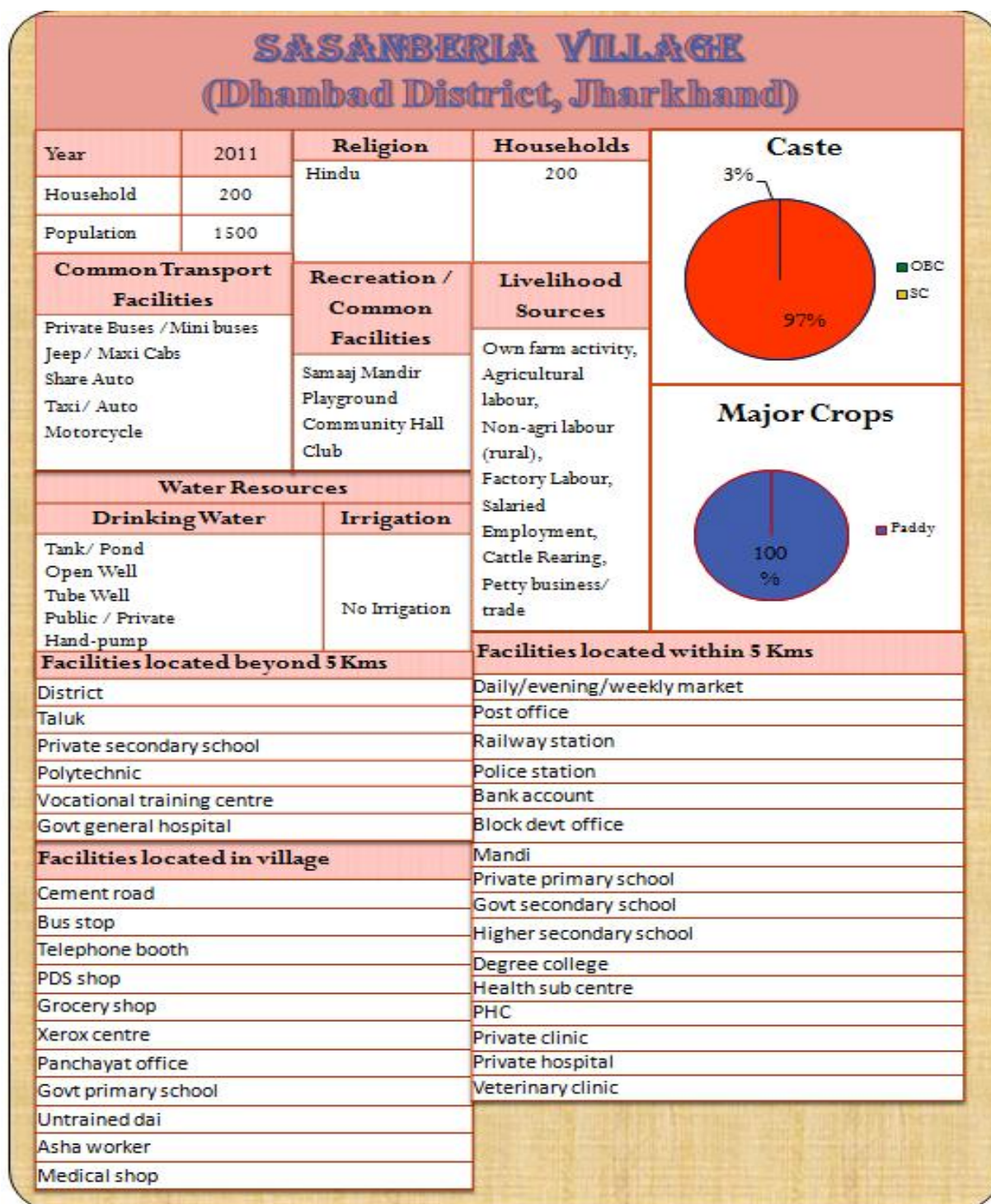


Among the sample, 81% reported saying that they have APL card while only 14% confirmed having BPL card, 2% of the sample also reported that they don't have any card. Those who have cards 62 of them confirmed that they avail ration from PDS regularly.

### 5.28.6. RECOMMENDATIONS

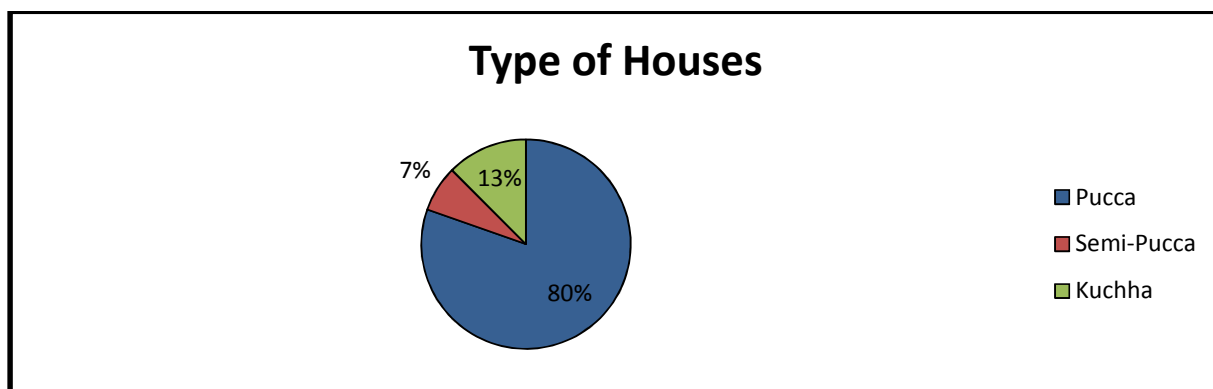
- There is a lack of drinking water in the village and especially in summer season.
- There is a demand for library in the primary school with atleast 10 extra academic books and electricity connection through solar panels.
- Drainage system in the village is a major concern for the villagers. It can be constructed and maintained to increase the cleanliness of the village.

## 5.29. SASANBERIA VILLAGE, DHANBAD, JHARKHAND



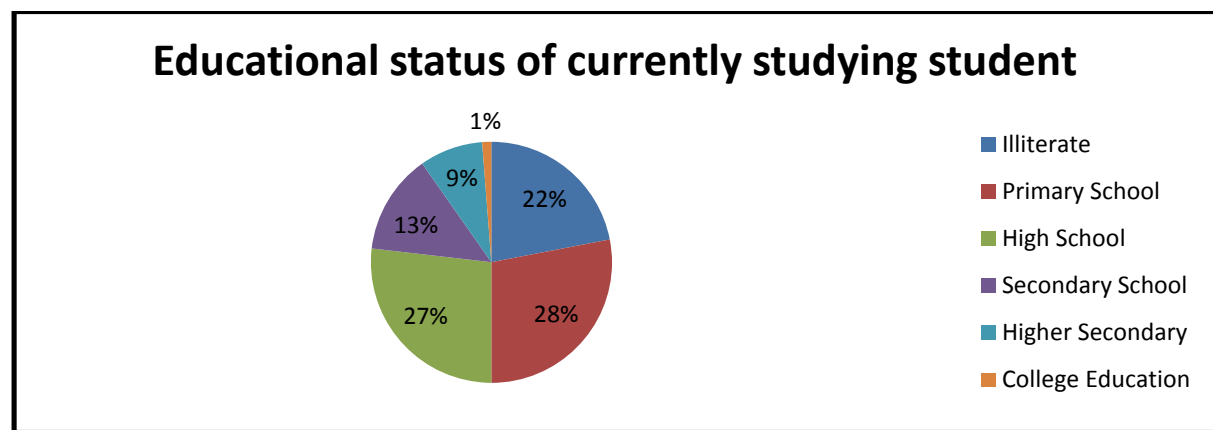


### 5.29.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Sasanberia is Pucca Houses (80%). 7% of the sample households were living in Semi- Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region were Kuccha that is 13%. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Sasanberia clearly points to the fact that 100% of the population who have their own house has registered papers of their land holdings. The data clearly points that 100% of the households are electrified. Furthermore, in the research process, it was also found that all the sample were living in their own home.

### 5.29.2. EDUCATIONAL STATUS

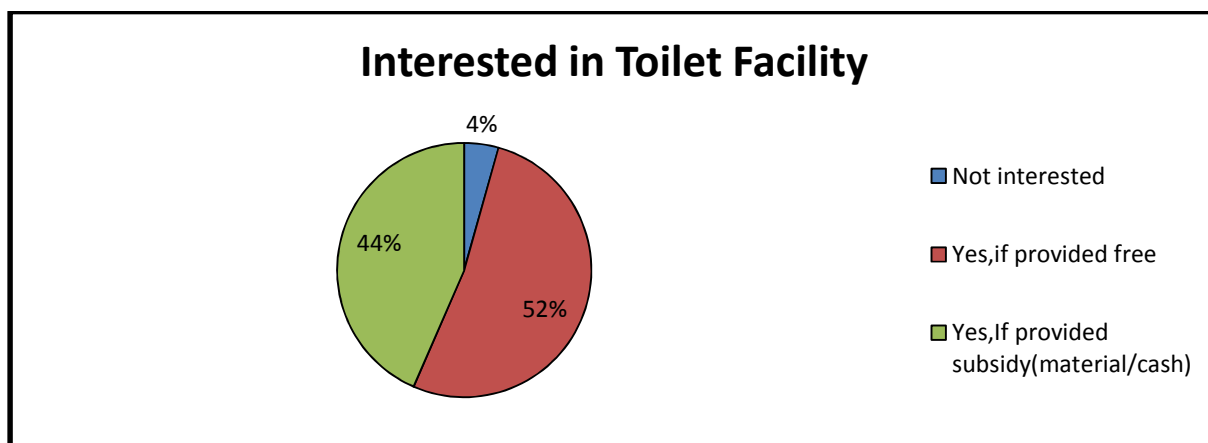


In Sasanberia village, 28% of the children are studying in primary school, 27% in high school, 13% in secondary school, 9% in higher secondary school and 1% in college. A percentage of 22% students are illiterate and not availing any educational facility.



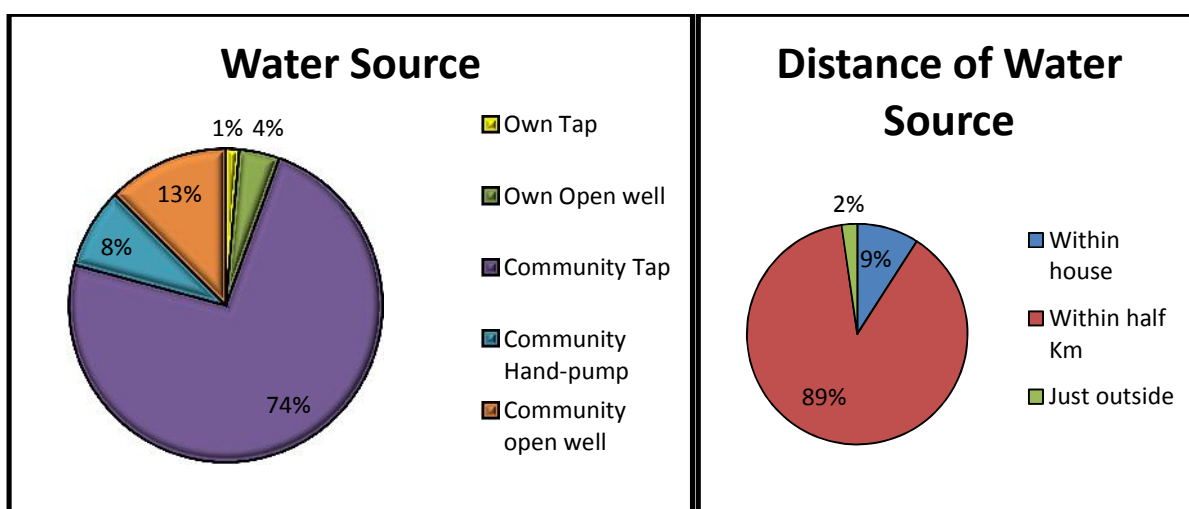
### 5.29.3. SANITATION

Study held in Sasanberia village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Sasanberia clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 52% of them opined that they would want flush toilet for their household if it is provided free. However, 44% of the people would want flush toilet if it is provided through a subsidy.

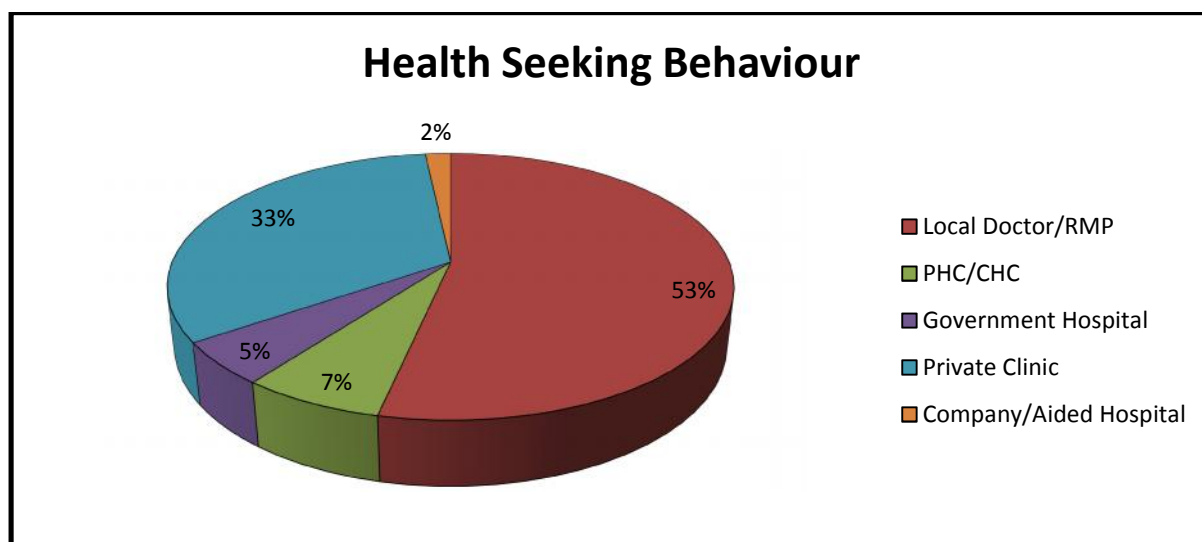
### 5.29.4. WATER



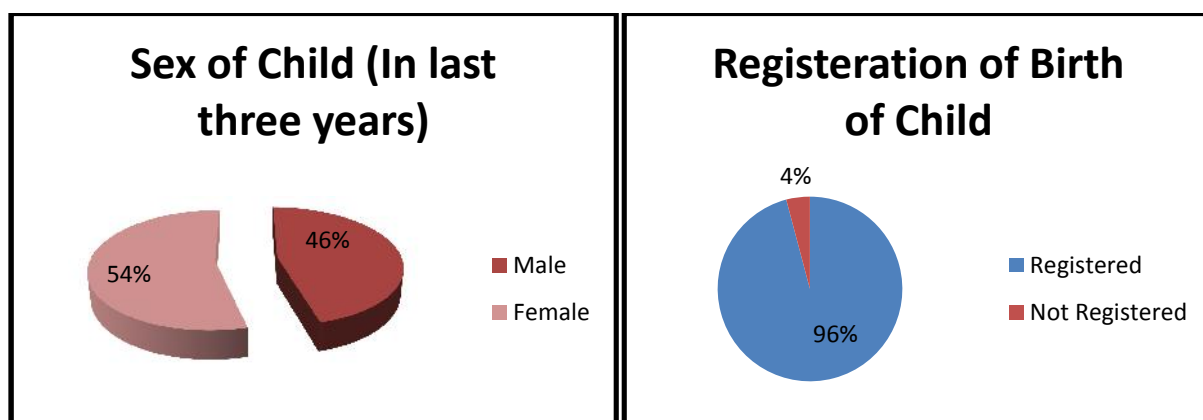
Community Tap caters the water related need of 74% of the sample and Open well including community and household own, provides drinking water to 17% of the sample households. As reported during research, 89% of the sample have to walk around half Km to fetch water while for 9% sample it is located within their premise. 2% of the sample said that they fetch water from just outside their premises.

#### 5.29.5. HEALTH

In the Sasanberia Area, 53% of the people prefer Local Doctor/ RMP for health check up while only 33% of the people prefer Private Clinics and 7% of people go to PHC/ CHC. Only 5% of people go to Government Hospital and a 2% visit Company Aided Hospital.

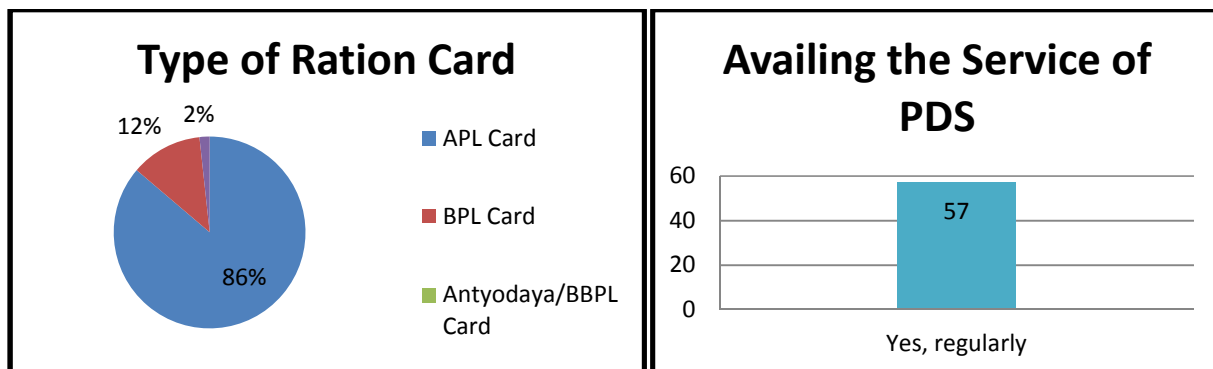


#### 5.29.6. MATERNAL HEALTH



The data collected shows that in the last three years, 54% of the new born kids are male and 46% are females. It is an appreciative sign that 96% of the kids in Sasanberia have registered the birth of child while 4% of the population has not registered the birth of their offspring.

#### 5.29.7. PUBLIC DISTRIBUTION SYSTEM

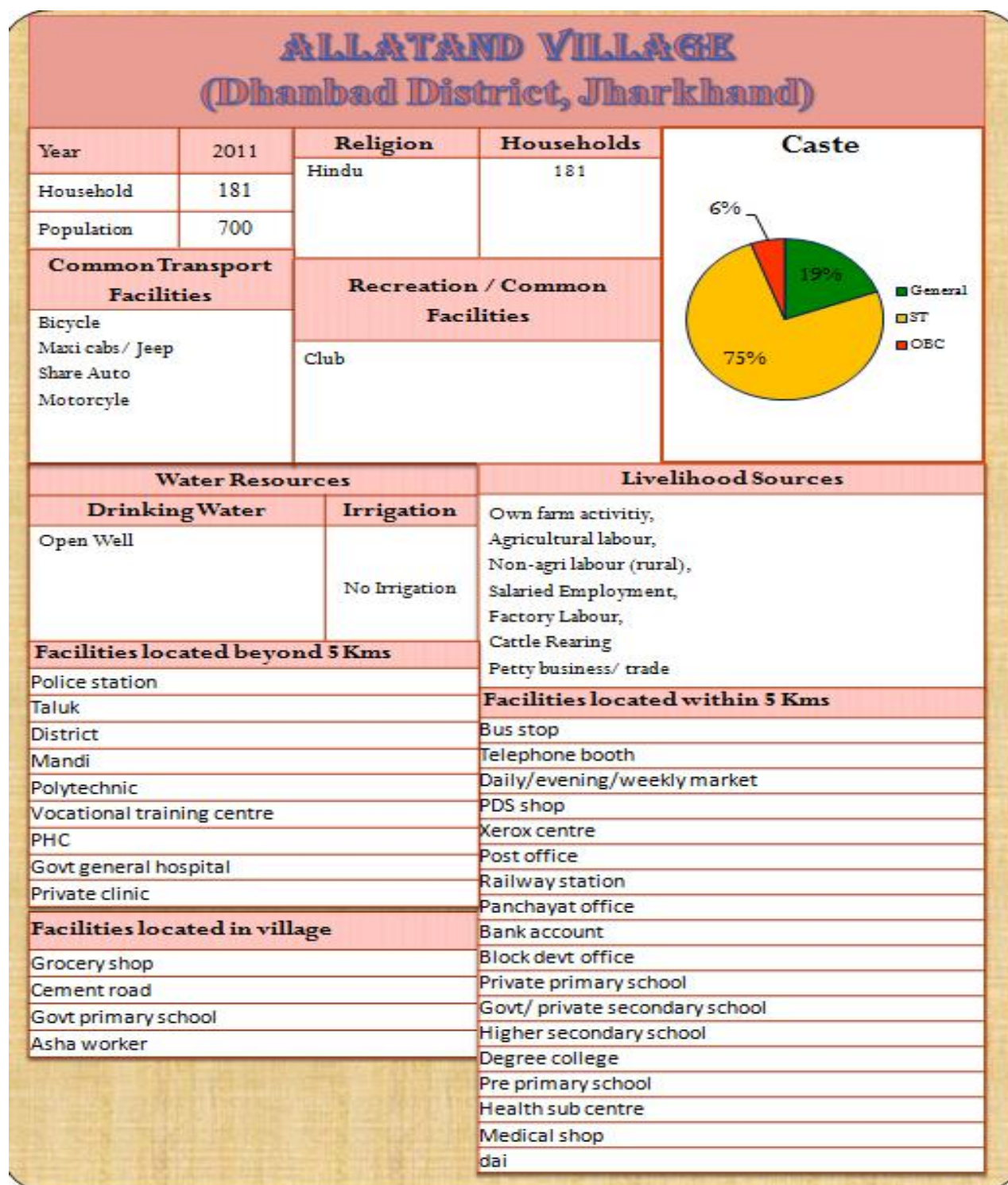


The data on Sasanberia shows that 86% of the sample households have APL Card while 12% of the people are under BPL category. 2% of the sample has Antyodaya/ BBPL Card. As informed during interview, 57 of the sample who have ration card of any type avail ration from PDS regularly.

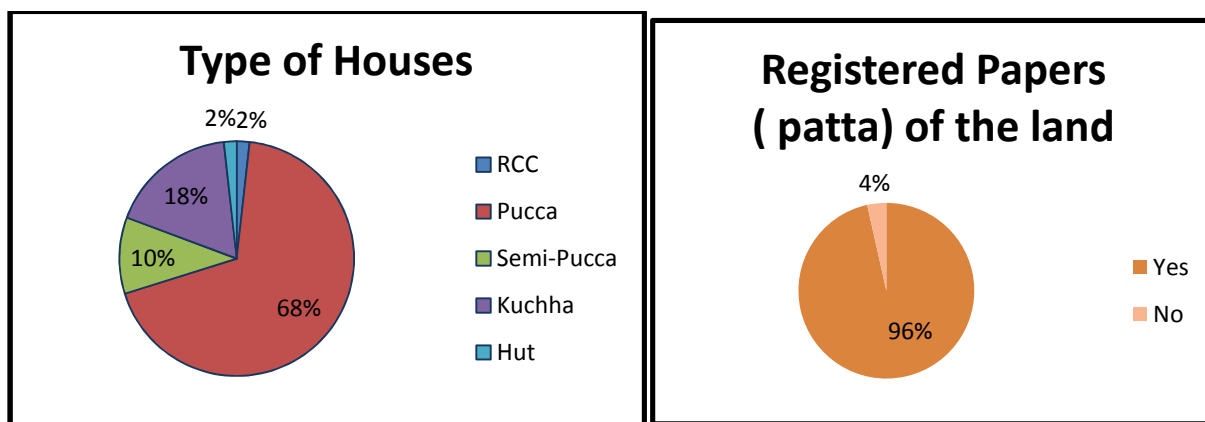
#### **5.29.8. RECOMMENDATIONS**

- There has been a demand for playground from the community of Sasanberia for the young population.
- There should be efforts to form self help groups in the village to start micro-enterprise.
- The village reflects striking less awareness towards the education, more so for secondary and higher education. Intervention to increase the accessibility of higher education in terms of providing scholarship or assistance to meritorious students who opt for higher education will be an effective tool.
- Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers.

## 5.30. ALLATAND VILLAGE, DHANBAD, JHARKHAND

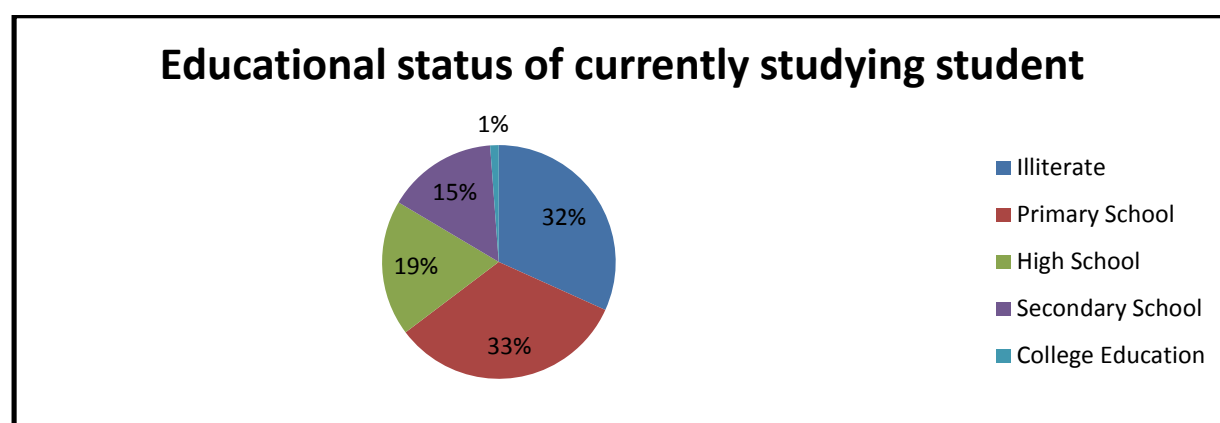


### 5.30.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Allatand is Pucca Houses (68%). 18% of the sample households were living in Kachha houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region were Semi- pacca, hut and RCC, that is, 10%, 2% and 2% respectively. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Allatand clearly points to the fact that 96% of the population who have their own house has registered papers of their land holdings while 4% do not have registered papers of their land holdings. The data clearly points that all the sample households were electrified.

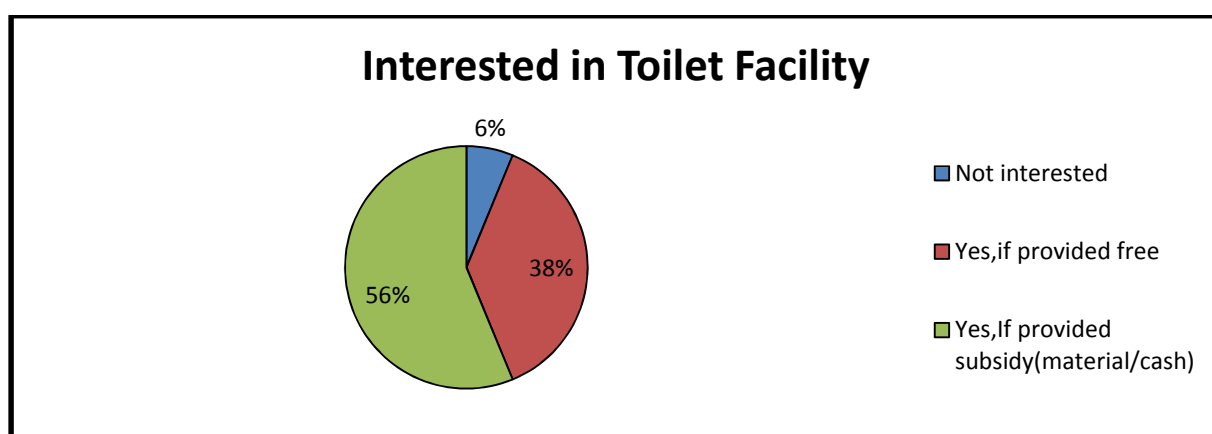
### 5.30.2. EDUCATIONAL STATUS



In Allatand village, 33% of the children are studying in primary school, 19% in high school, 15% in secondary school and 1% in college. A percentage of 32% students are illiterate and not availing any educational facility.

### 5.30.3. SANITATION

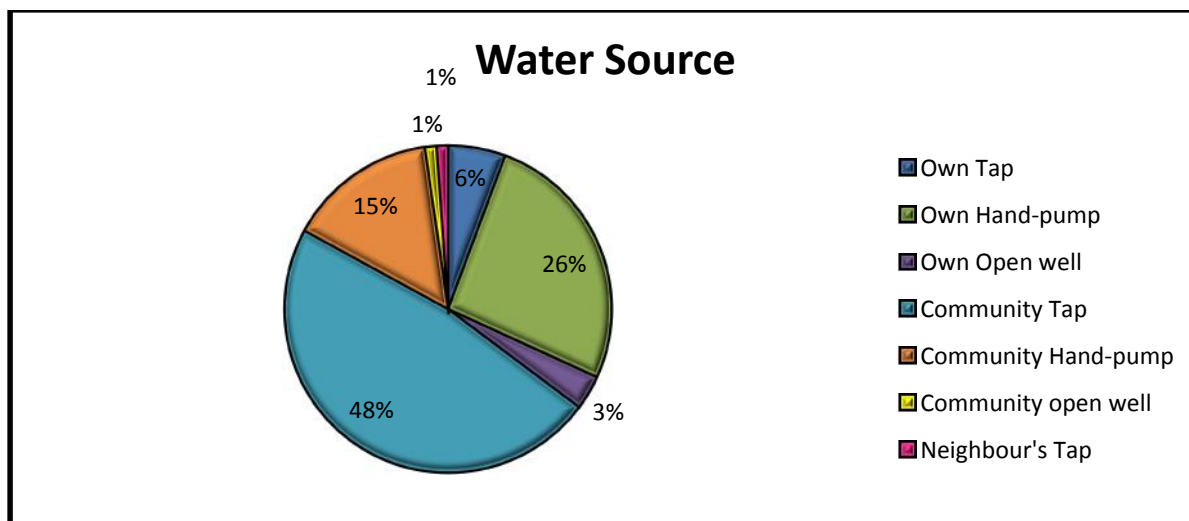
Study held in Allatand village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



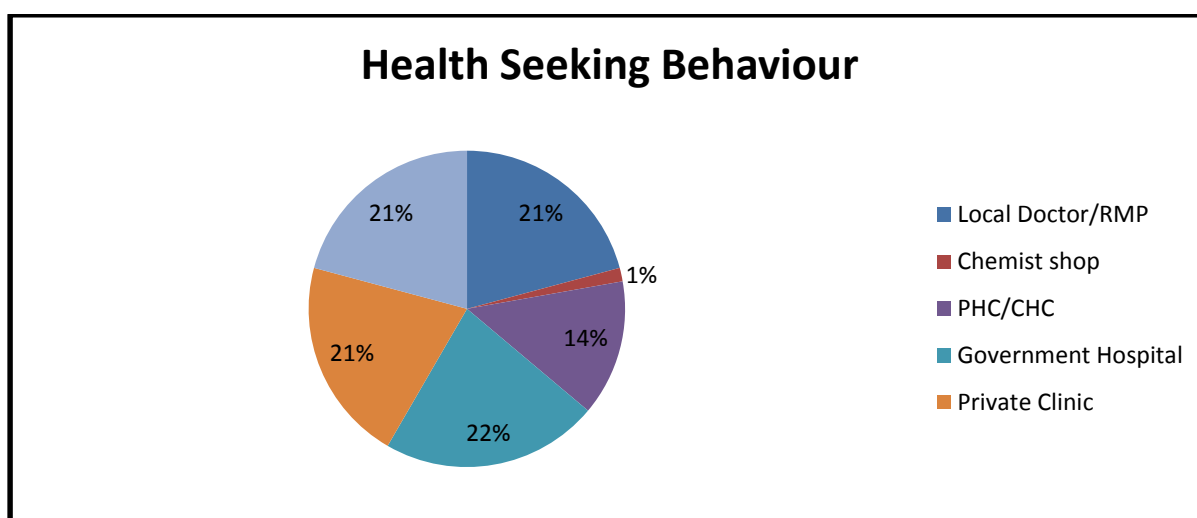
The data on the village of Allatand clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 38% of them opined that they would want flush toilet for their household if it is provided free. However, 56% of the people would want flush toilet if it is provided through a subsidy.

### 5.30.4. WATER

Community Tap caters the water related need of 48% of the sample and Hand-Pump provides drinking water to 26% of the sample households. 1% of the sample population each depends on community source of water such as Community Hand-pump and Neighbors tap respectively. Around 6% of sample households said that they get drinking water from Own Tap.



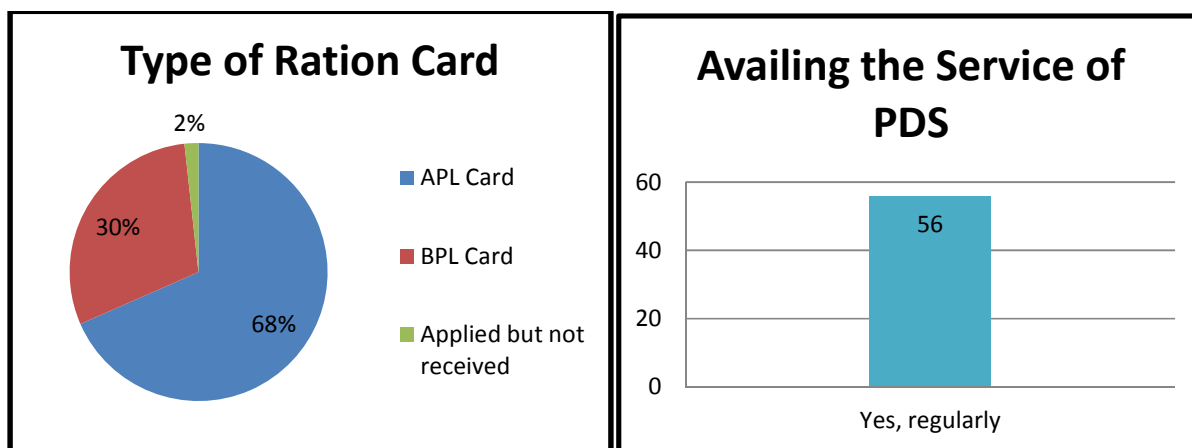
#### 5.30.5. HEALTH



In the Allatand Area, 21% of the people each prefer Local Doctor/ RMP, Private Clinics, Government Hospital. Only 14% of people go to PHC/CHC and a 1% visit Chemist shop.



### 5.30.6. PUBLIC DISTRIBUTION SYSTEM

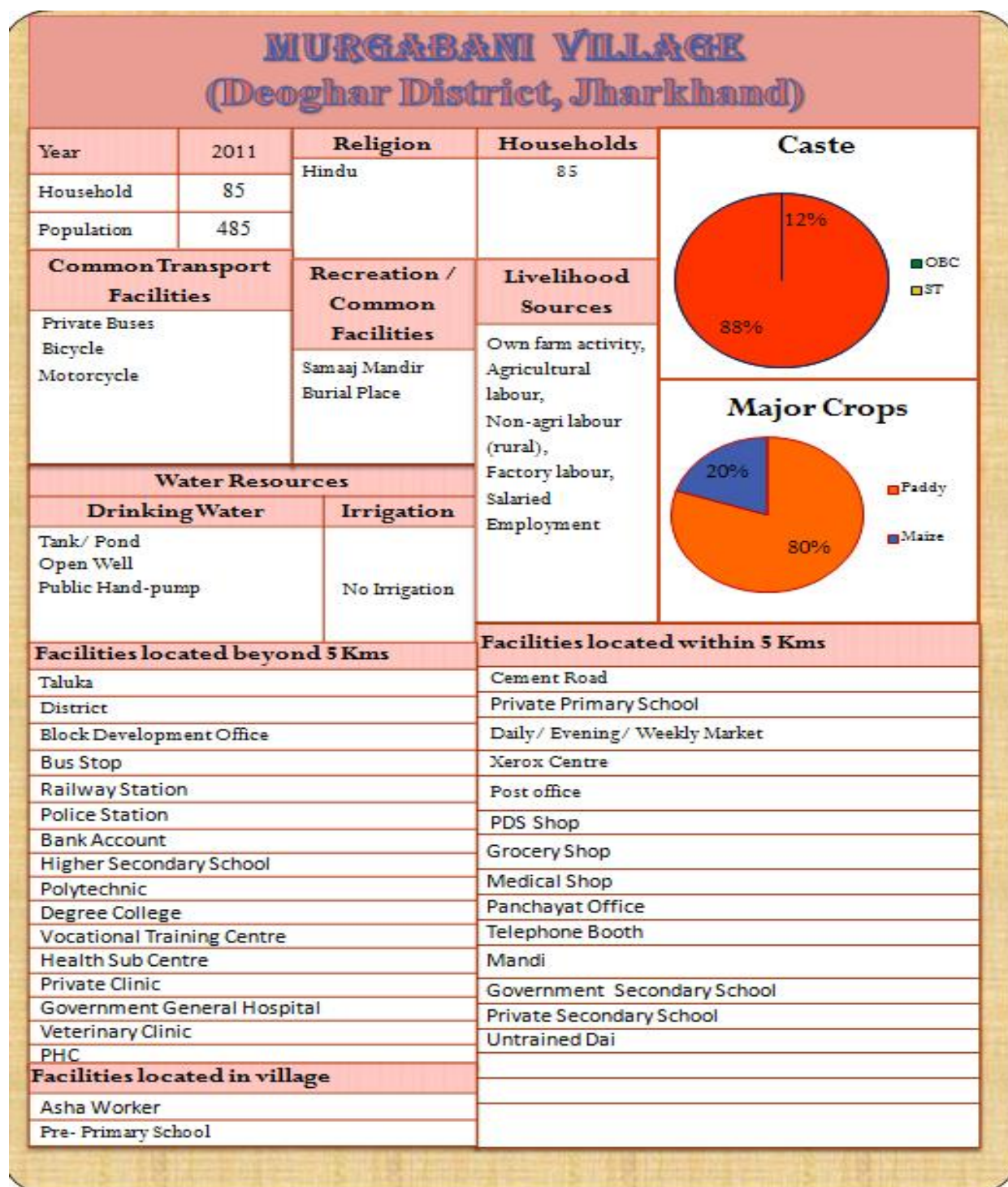


The data on Allatand shows that 68% of the sample households have APL Card while 30% of the people are under BPL category. 2% of the sample has applied for the card but has not received it till date. As informed during interview, 56 of the sample who have ration card of any type avail ration from PDS regularly.

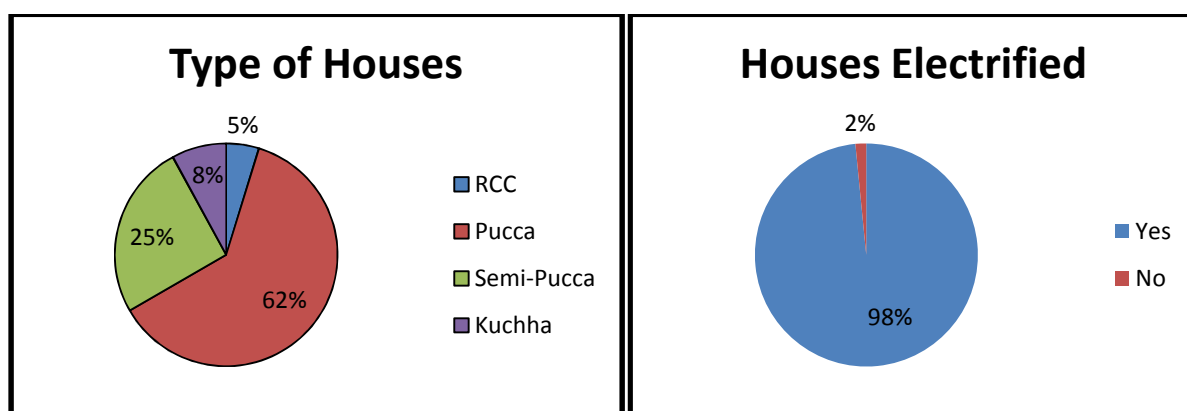
### 5.30.7. RECOMMENDATIONS

- As the discussion with villagers availability of drinking water has emerged as major concern and specially in summer season. Availability of drinking water to the community can be ensured if company work in collaboration with local administration and strengthen the drinking water supply system.
- There is a demand for playground for the children.
- The Primary school should be provided a library with atleast 10 extra academic books with the supply of power through solar panels.

## 5.31. MURGABANI VILLAGE, DEOGHAR, JHARKHAND

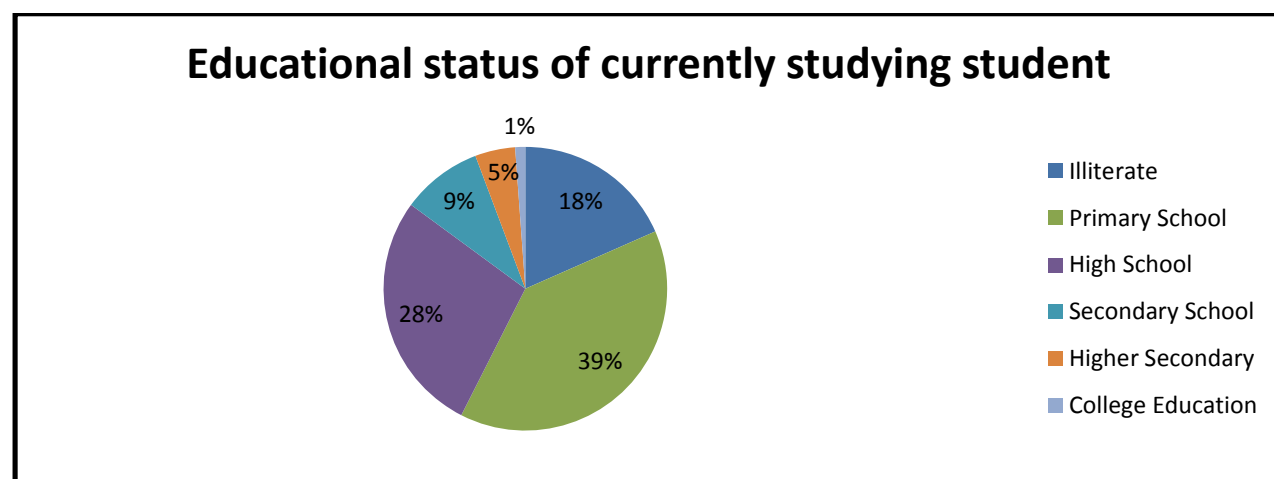


### 5.31.1. HOUSEHOLD STATUS



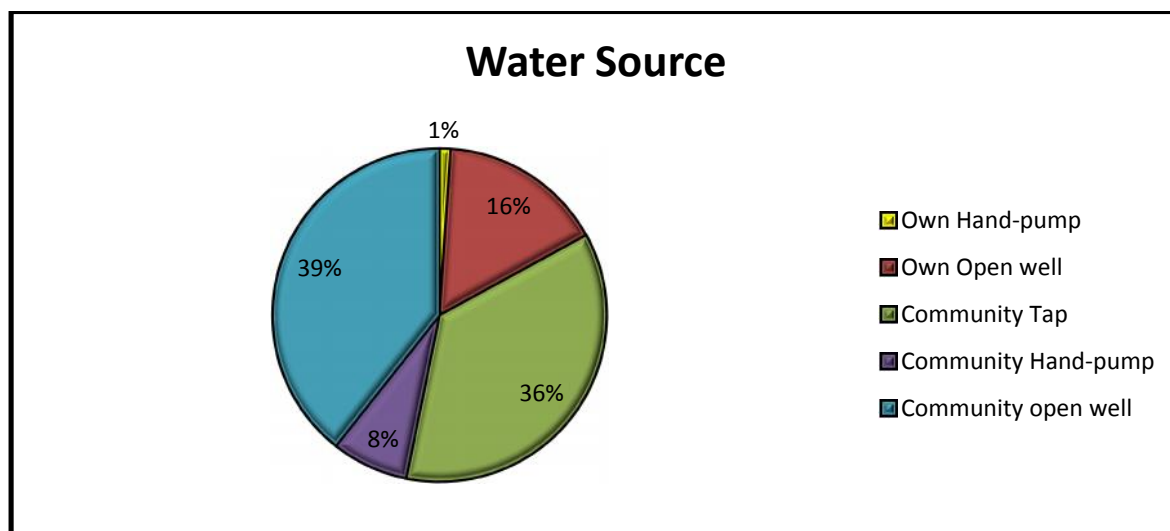
In Murgabani village, out of the sample 62% households are living in pucca houses, 25% households are living in semi pucca houses while 8% are living in kuchha houses. Among the sample households, all of them are having registered paper of the land they are living on. Among the samples, 98% households were electrified and 2% were not electrified.

### 5.31.2. EDUCATIONAL STATUS



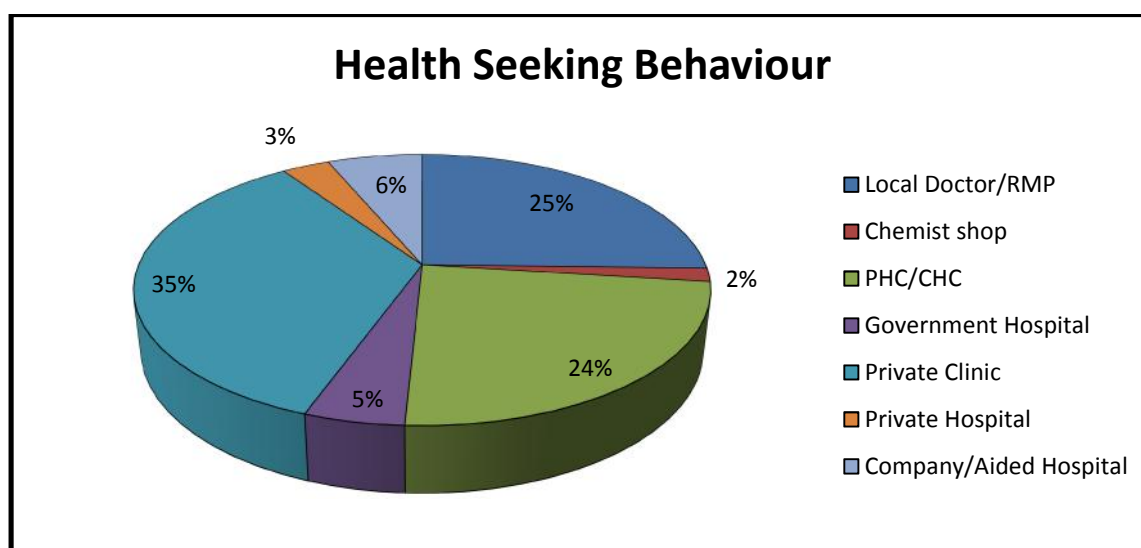
In Murgabani village, 39% of the children are studying in primary school, 28% in high school, 9% in secondary school, 5% in higher secondary school and 1% in college. A percentage of 18% students are illiterate and not availing any educational facility.

### 5.31.3. WATER



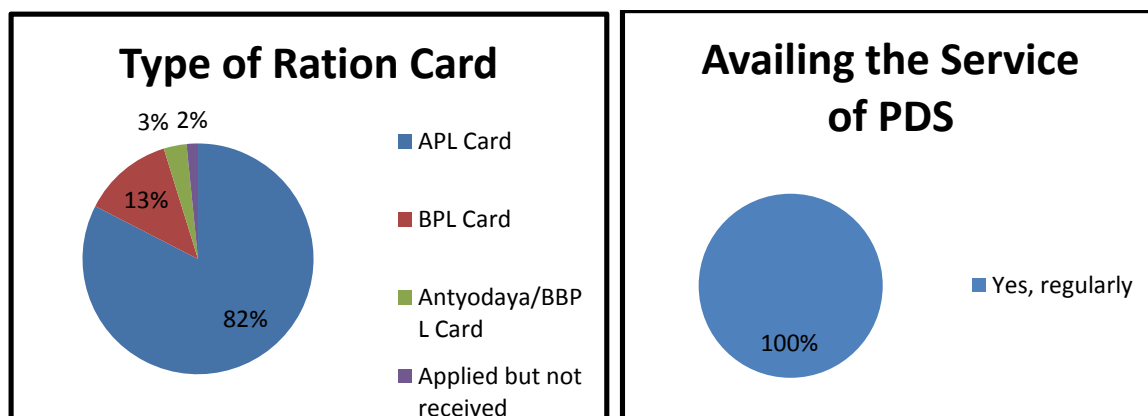
In Murgabani village it is found that 83% of the sample households are fetching water from community source such as Community Hand-pump, Community Tap, Community Open Well. 16% of the sample households are fetching water from own open well and 1% are fetching water from own hand-pump.

### 5.31.4. HEALTH



In Murgabani village, 35% of the sample household reported availing health check up facility from private clinic and 24% said that they consult PHC/CHC in case of any medical need. Government or company aided medical services cater the need of 11% of the sample households.

#### 5.31.5. PUBLIC DISTRIBUTION SYSTEM

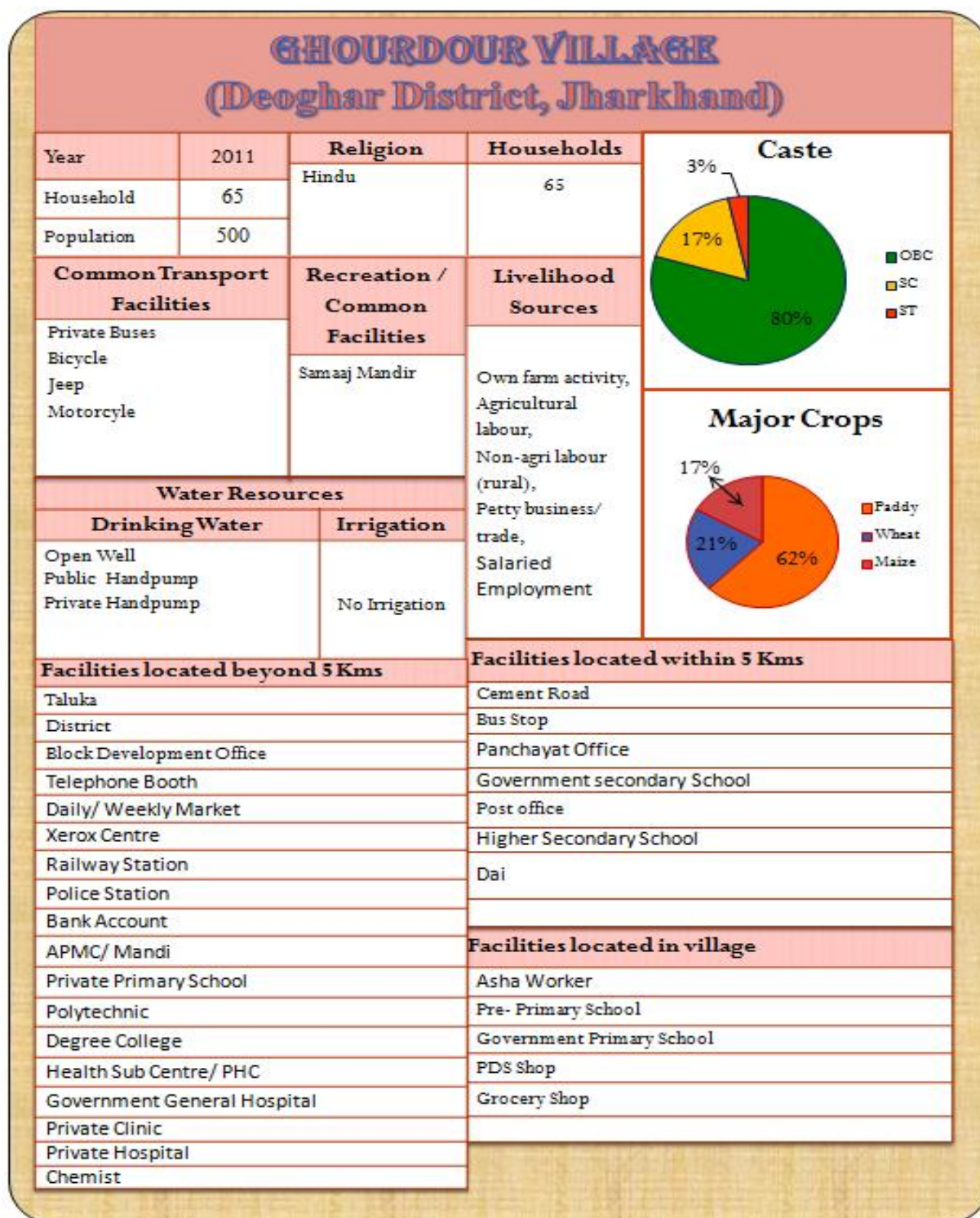


In Murgabani village, 82% of the sample households are having APL cards and 13% are having BPL cards. 3% of the sample reported having Antyodaya card and rest 2% have not received any ration card. Sample households who have ration cards, 100% of them avail the service of ration regularly from PDS.

#### **5.31.6. RECOMMENDATIONS**

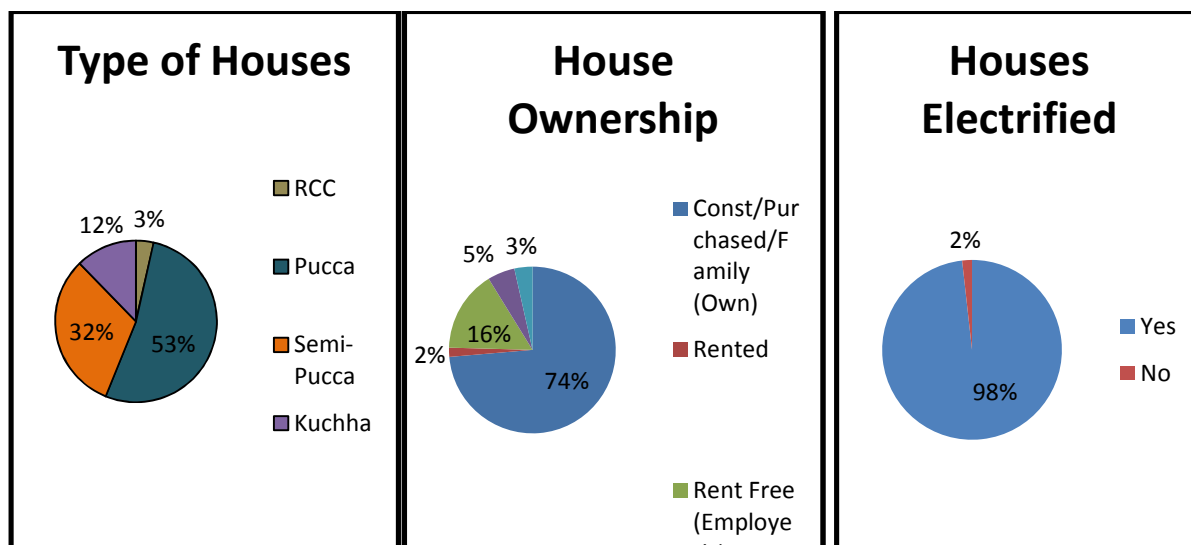
- Lack of proper sanitation facility has emerged as major issue in the village which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
- There is a lack of drinking water in the village and especially in summer season. Demand for drinking water supply through pipe lines were raised.
- There is a demand for playground in the primary school.
- The community has demanded for check dams near the river side in the village so as to use the water for agricultural purposes.

## 5.32. GHOURDOUR VILLAGE, DEOGHAR, JHARKHAND



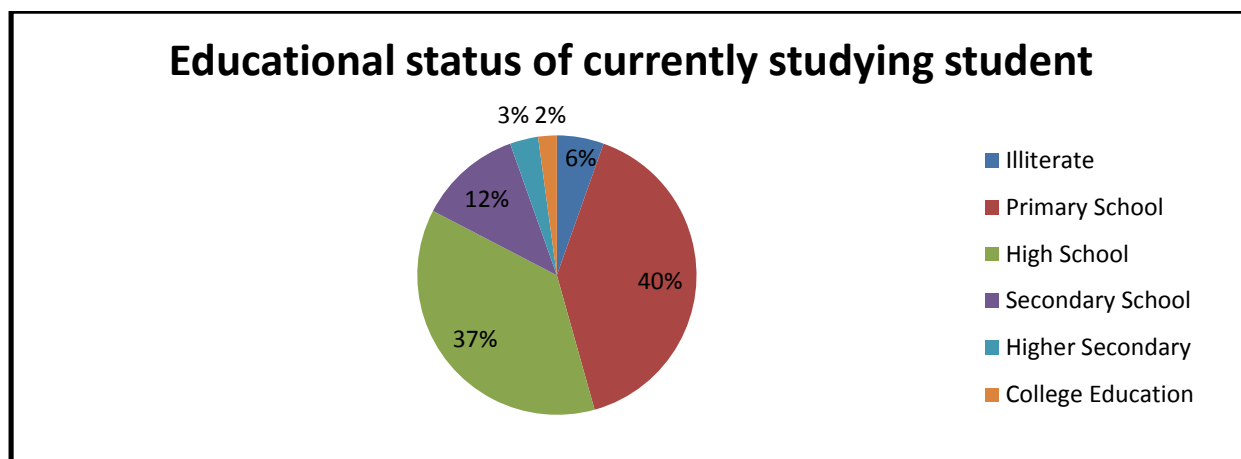


### 5.32.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Ghourdour village is Pucca Houses (53%). 32% of the sample households were living in Semi- Pucca houses. The least common type of houses found in this region were Kuchha, RCC, that is, 12% and 3% respectively. The data clearly points that 98% of the households have electricity while 2% of the households are not electrified. Furthermore, in the research process, it was also found that 74% are living in their own home while total of 18% are living in rented house.

### 5.32.2. EDUCATIONAL STATUS

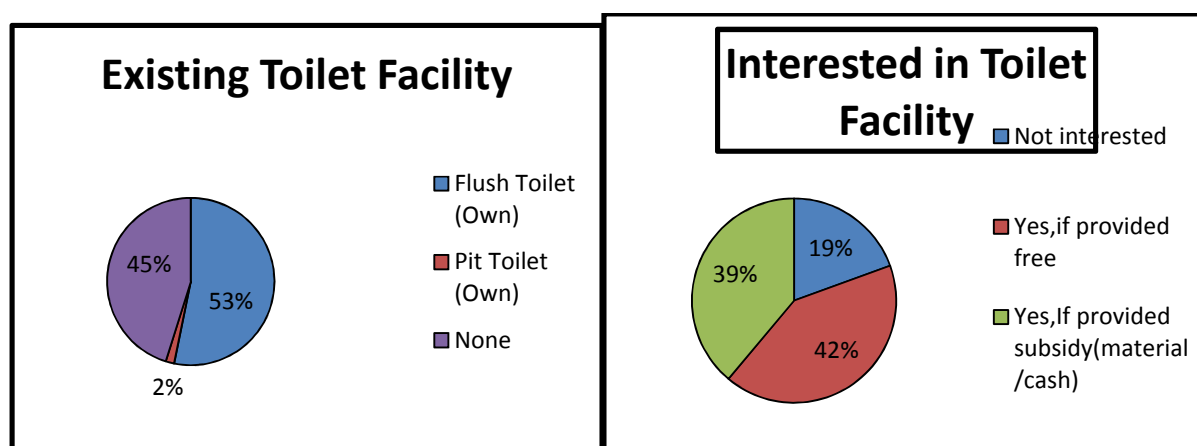




In Ghourdour village, 40% of the children are studying in primary school, 37% in high school, 12% in secondary school, 3% in higher secondary school and 2% in college. A percentage of 6% students are illiterate and not availing any educational facility.

### 5.32.3. SANITATION

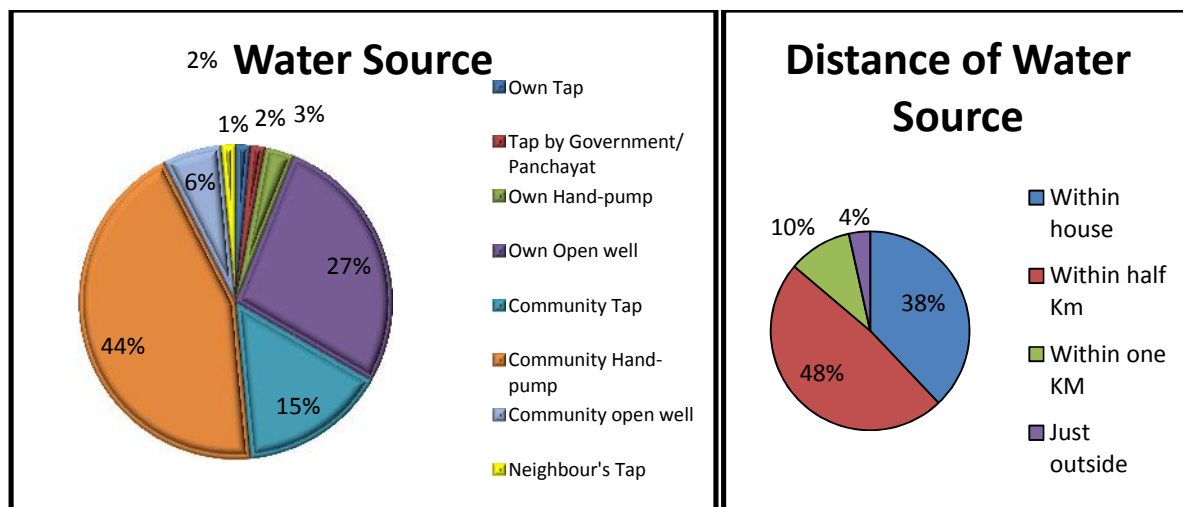
Study held in Ghourdour village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Ghourdour clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 42% of them opined that they would want flush toilet for their household if it is provided free. However, 39% of the people would want flush toilet if it is provided through a subsidy.

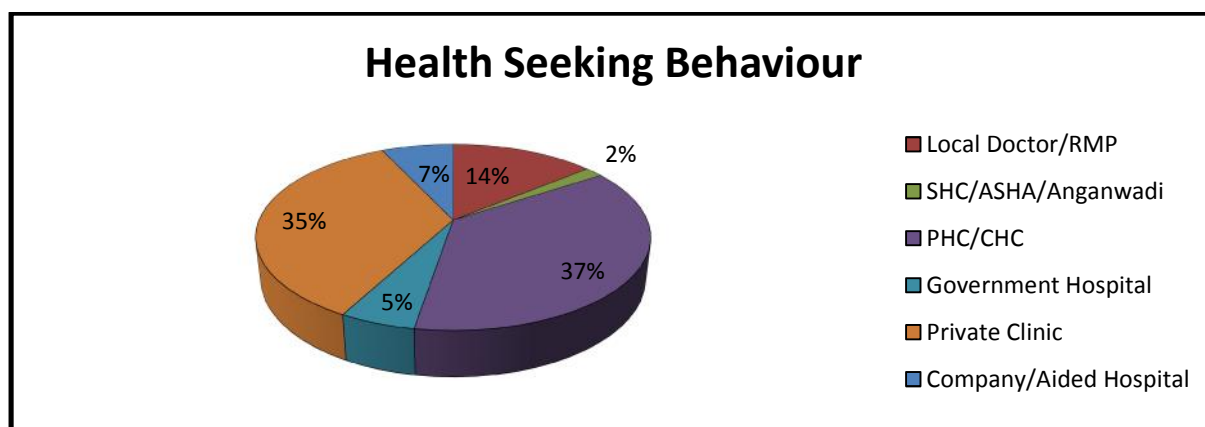
### 5.32.4. WATER

Community Tap caters the water related need of 15% of the sample and Open well including community and household own, provides drinking water to 33% of the sample households. Around 1% of sample households said that they get drinking water from Neighbor's tap. As reported during research, 48% of the sample have to walk around half Km to fetch water while for 38% sample it is located within their premise. 4% of the sample said that they fetch water from just outside their premises and 10% of the sample have to within one Km to fetch water.



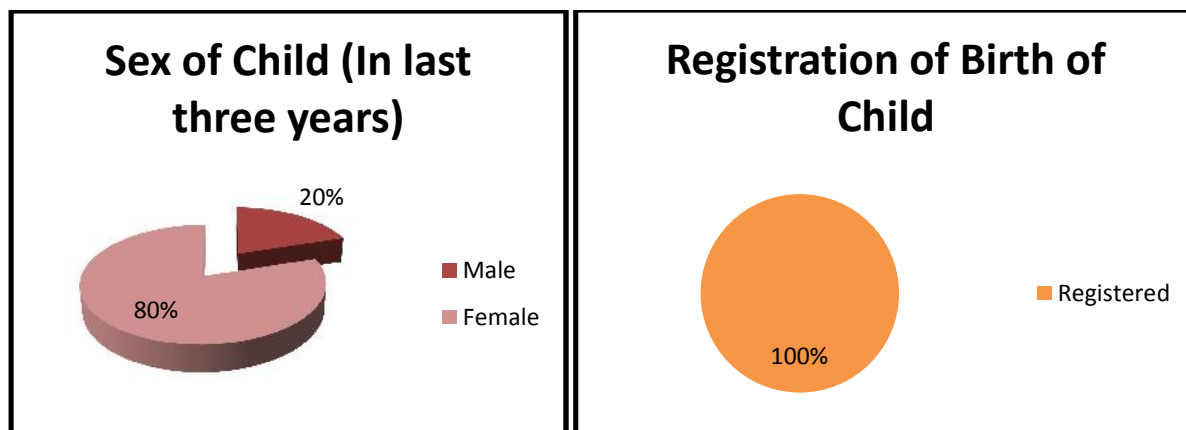
### 5.32.5. HEALTH

In the Ghourdour Area, 14% of the people prefer Local Doctor/ RMP for health check up while only 35% of the people prefer Private Clinics and 37% of people go to PHC/ CHC. Only 5% of people go to Government Hospital and a 7% visit company aided hospital.

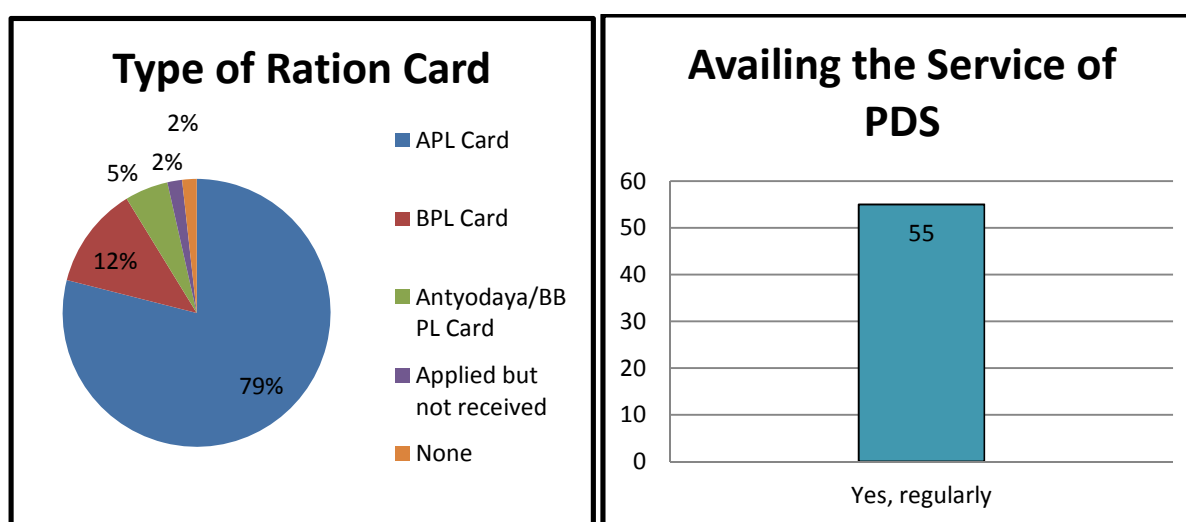


### 5.32.6. MATERNAL HEALTH

The data collected shows that in the last three years, 80% of the new born kids are females and 20% are males. It is an appreciative sign that 100% of the kids in Ghourdour have registered the birth of child.

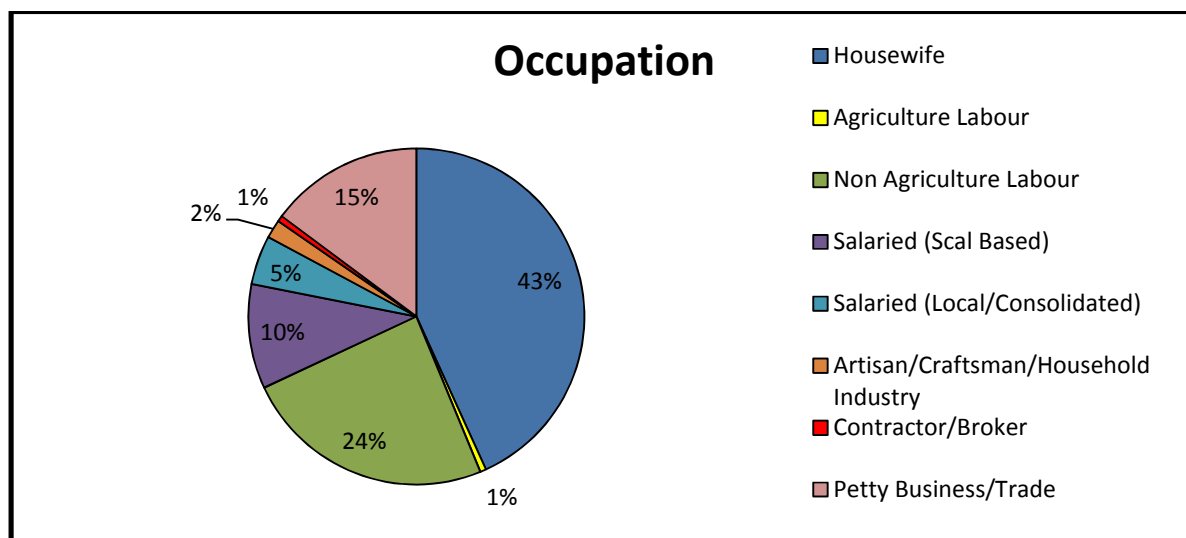


#### 5.32.7. PUBLIC DISTRIBUTION SYSTEM



The data on Ghourdour shows that 79% of the sample households have APL Card while 12% of the people are under BPL category. 2% of the sample does not have any card and 2% of the sample has applied for the card but has not received it till date. As informed during interview, 55 of the sample who have ration card of any type avail ration from PDS regularly.

### 5.32.8. OCCUPATION

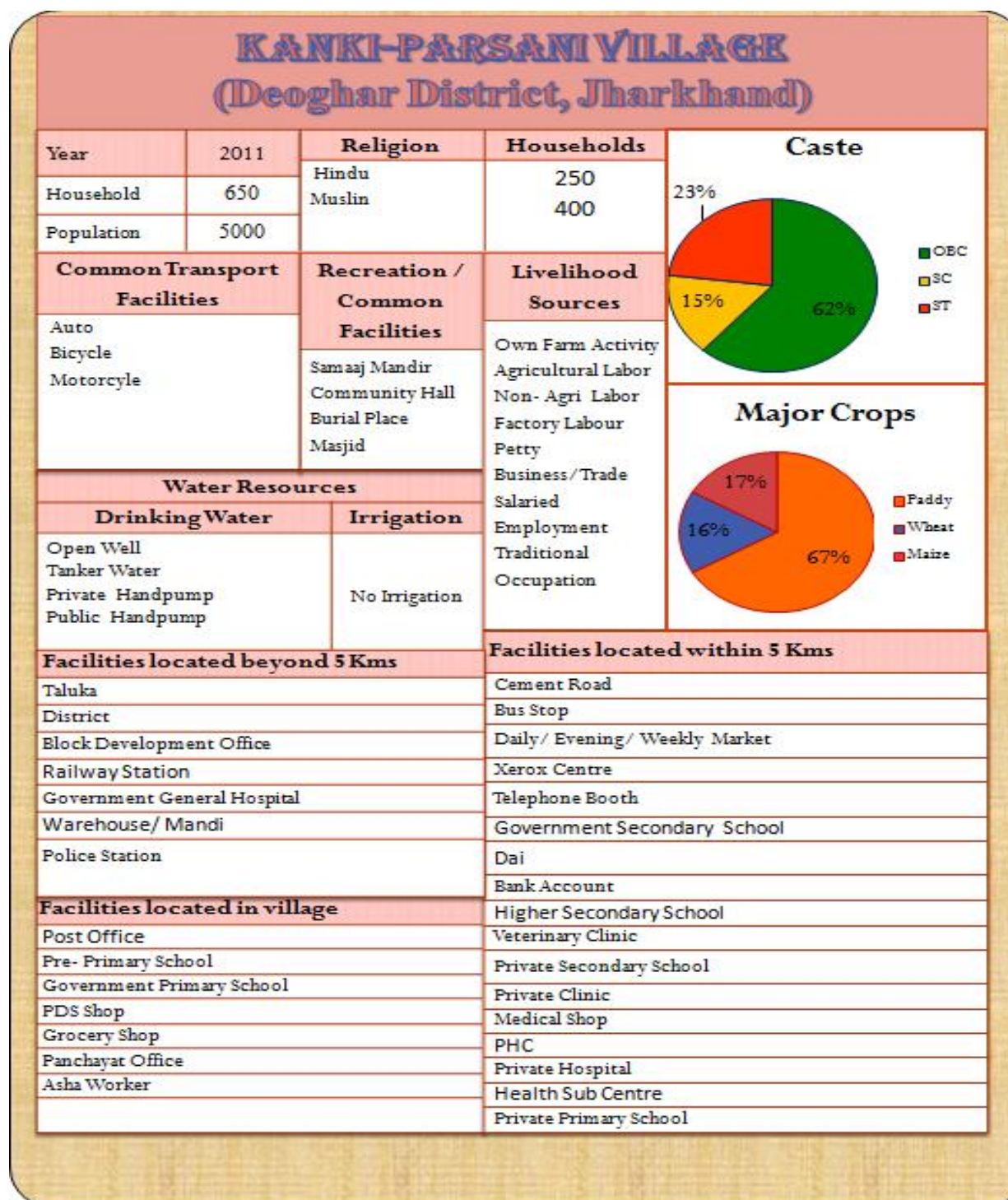


In the sample households, agriculture forms the source of livelihood for only 1% of the workforce population. 24% of the same category is working as Non- Agriculture Labour. 15% of the workforce said that they are salaried employee in government or private sector and 15% of the sample workforce is running petty business to earn livelihood. 12% of the workforce is working as Artisan or Craftsman. About 43% of the sample households claimed housewife as their occupation.

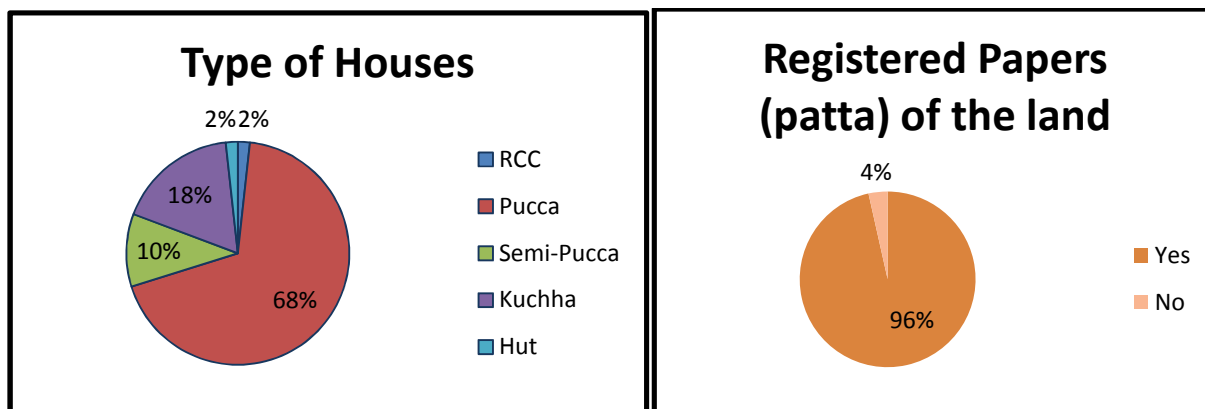
### **5.32.9. RECOMMENDATIONS**

- 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 kids. Company can work with panchayat to construct and run the community toilets.
- Providing sports equipment to the primary schools can be taken up to improve the quality education in the school. Establishing library in the school can be taken up as intervention.
- Skill building should be taken up as major issue in Ghourdour. The village is lagging behind in terms of having market oriented skills. Only one person among the interviewed households was found having vocational training. Provisioning of skill building facilities will enhance the employability of the youths.

## 5.33. KANKI-PARSANI VILLAGE, DEOGHAR, JHARKHAND

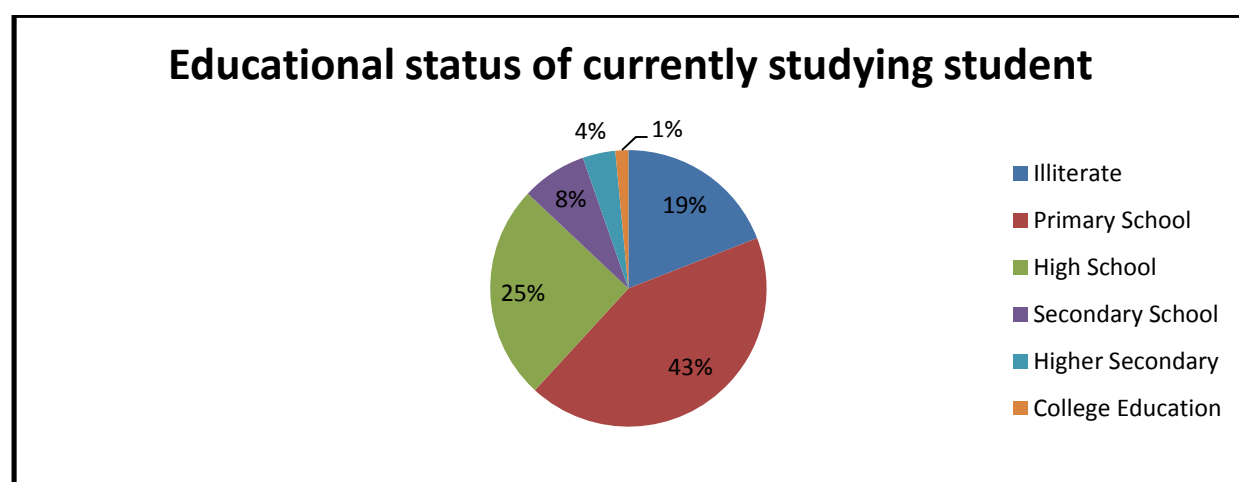


### 5.33.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Kanki-Parsani is Pucca Houses (68%). 18% of the sample households were living in Kachha houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region were Semi- pacca, hut and RCC, that is, 10%, 2% and 2% respectively. The word ‘Patta’ implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Kanki-Parsani clearly points to the fact that 96% of the population who have their own house has registered papers of their land holdings while 4% do not have registered papers of their land holdings. The data clearly points that all the sample households were electrified.

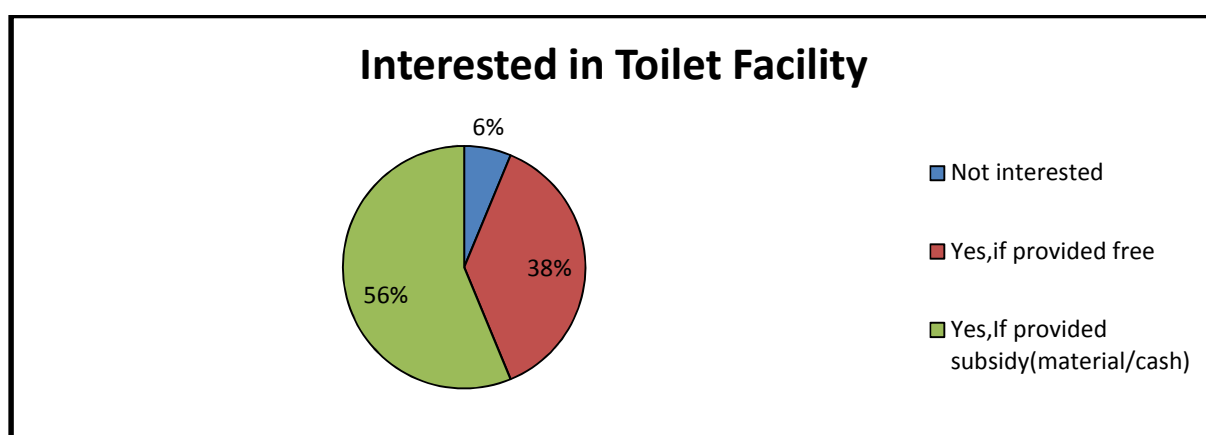
### 5.33.2. EDUCATIONAL STATUS



In Kanki-Parsani village, 43% of the children are studying in primary school, 25% in high school, 8% in secondary school, 4% in higher secondary school and 1% in college. A percentage of 19% students are illiterate and not availing any educational facility.

### 5.33.3. SANITATION

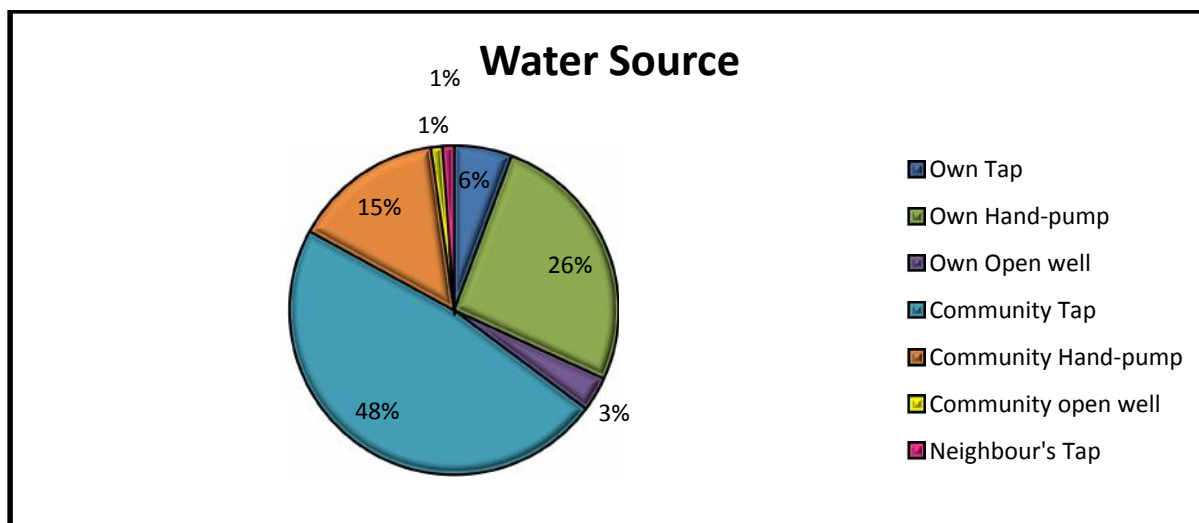
Study held in Kanki-Parsani village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Kanki-Parsani clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 38% of them opined that they would want flush toilet for their household if it is provided free. However, 56% of the people would want flush toilet if it is provided through a subsidy.

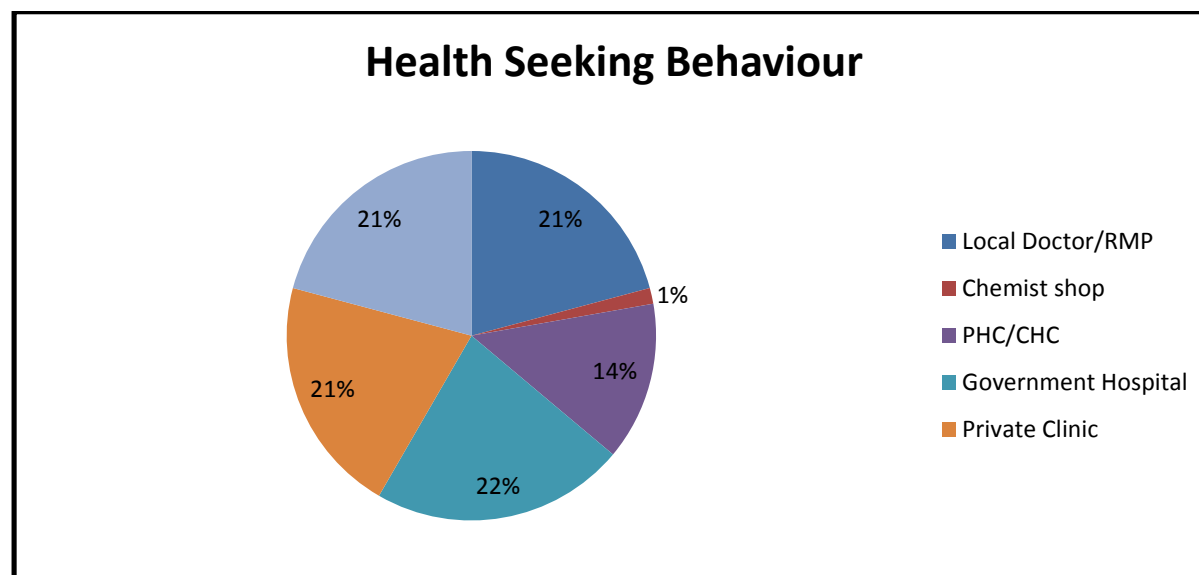


#### 5.33.4. WATER



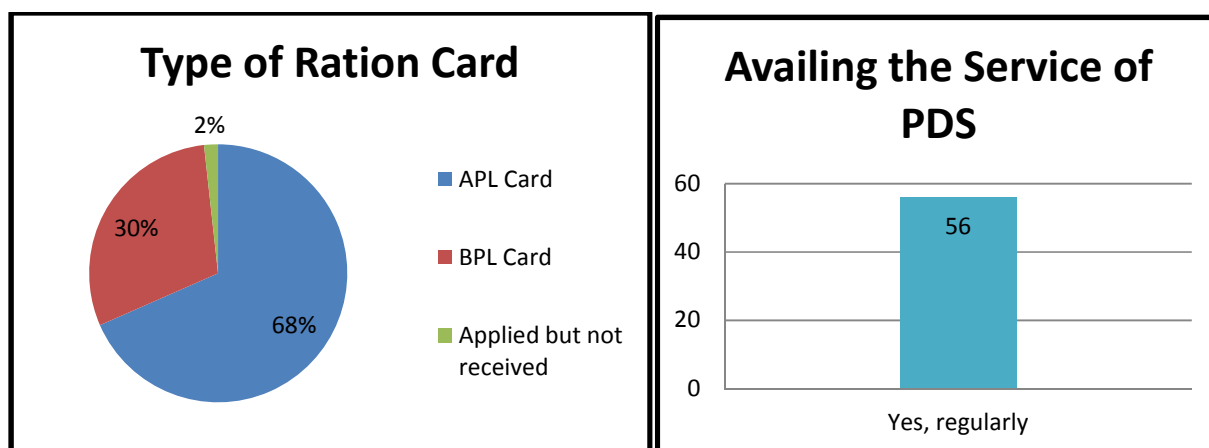
Community Tap caters the water related need of 48% of the sample and Hand-Pump provides drinking water to 26% of the sample households. 1% of the sample population each depends on community source of water such as Community Hand-pump and Neighbors tap respectively. Around 6% of sample households said that they get drinking water from Own Tap.

#### 5.33.5. HEALTH



In the Kanki-Parsani Area, 21% of the people each prefer Local Doctor/ RMP, Private Clinics, Government Hospital. Only 14% of people go to PHC/CHC and a 1% visit Chemist shop.

### 5.33.6. PUBLIC DISTRIBUTION SYSTEM

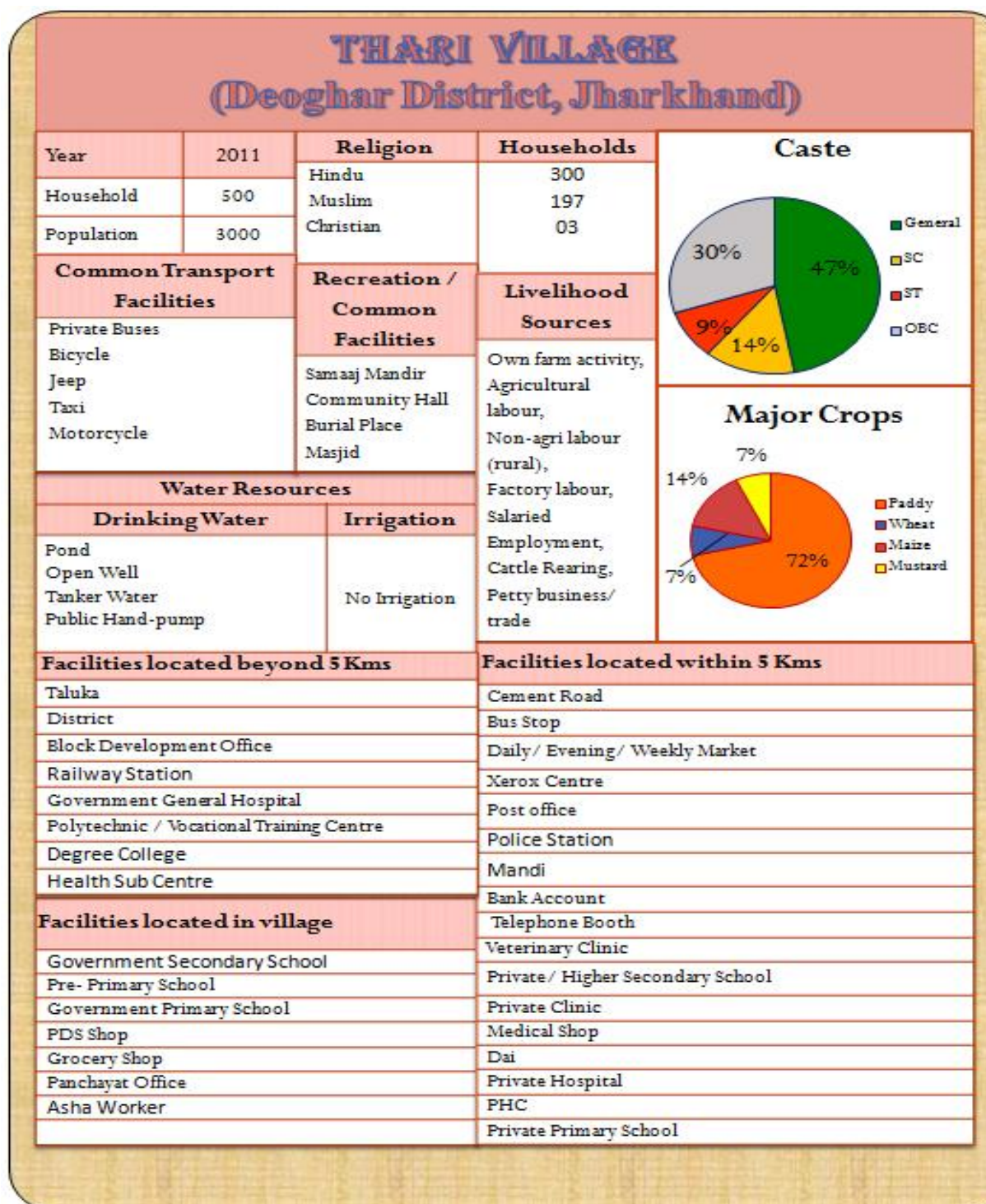


The data on Kanki-Parsani shows that 68% of the sample households have APL Card while 30% of the people are under BPL category. 2% of the sample has applied for the card but has not received it till date. As informed during interview, 56 of the sample who have ration card of any type avail ration from PDS regularly.

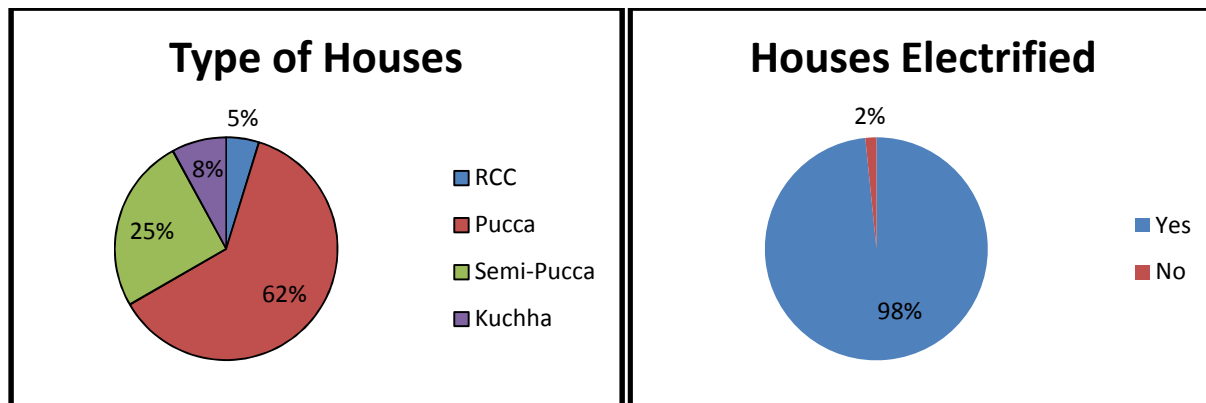
### 5.33.7. RECOMMENDATIONS

- As the discussion with villagers availability of drinking water has emerged as major concern and specially in summer season. Availability of drinking water to the community can be ensured if company work in collaboration with local administration and strengthen the drinking water supply system.
- There is a demand for playground for the children.
- The Primary school should be provided a library with atleast 10 extra academic books with the supply of power through solar panels.

## 5.34. THARI VILLAGE, DEOGHAR, JHARKHAND

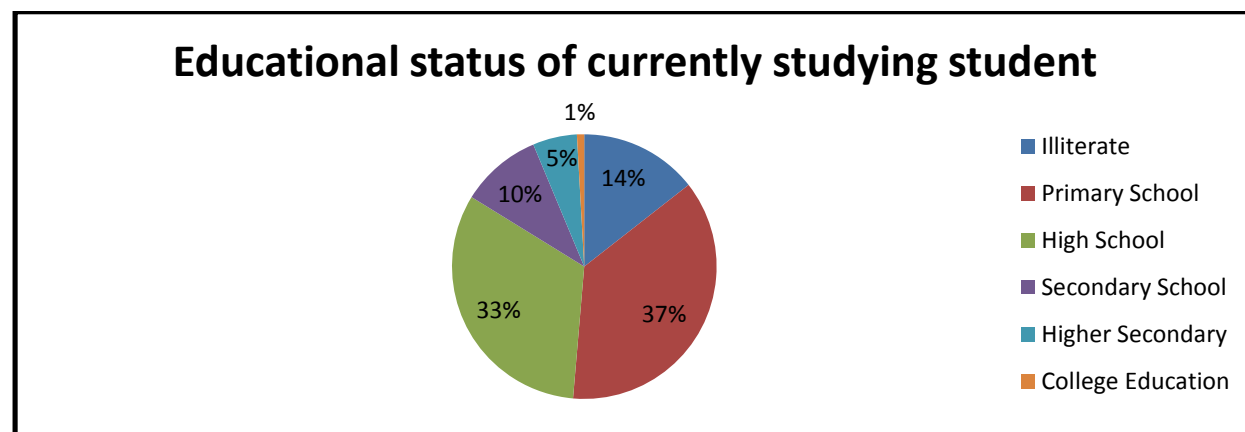


### 5.34.1. HOUSEHOLD STATUS



In Thari village, out of the sample 62% households are living in pucca houses, 25% households are living in semi pucca houses while 8% are living in kuchha houses. Among the sample households, all of them are having registered paper of the land they are living on. Among the samples, 98% households were electrified and 2% were not electrified.

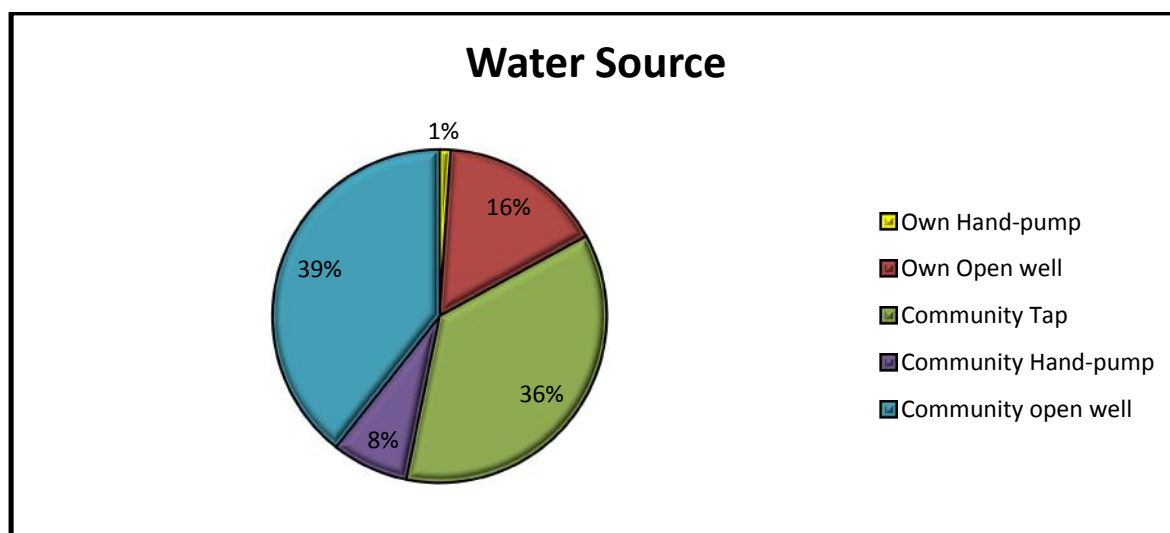
### 5.34.2. EDUCATIONAL STATUS



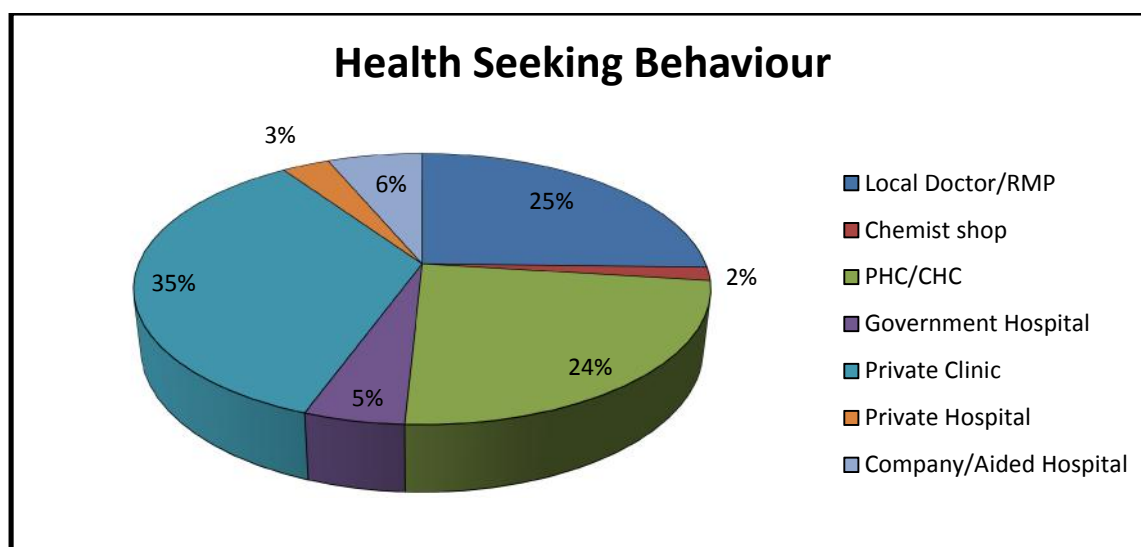
In Thari village, 37% of the children are studying in primary school, 33% in high school, 10% in secondary school, 5% in higher secondary school and 1% in college. A percentage of 14% students are illiterate and not availing any educational facility.

### 5.34.3. WATER

In Thari village it is found that 83% of the sample households are fetching water from community source such as Community Hand-pump, Community Tap, Community Open Well. 16% of the sample households are fetching water from own open well and 1% are fetching water from own hand-pump.



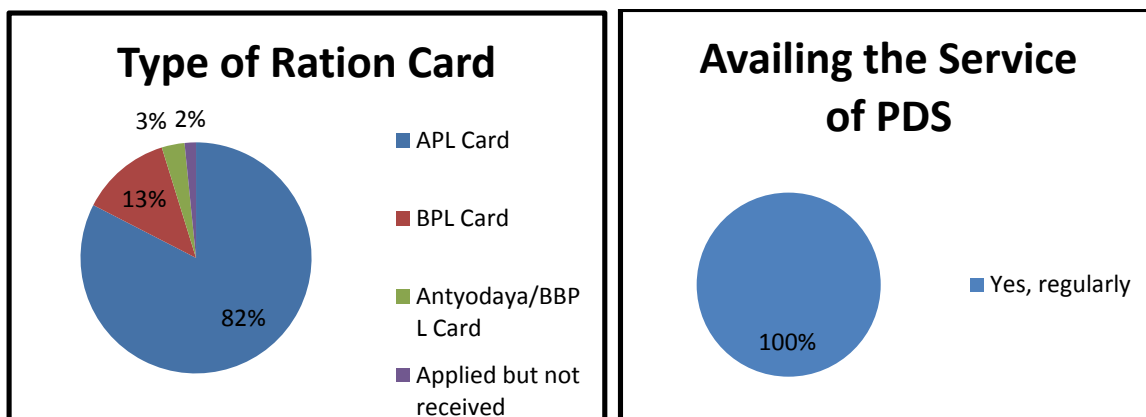
#### 5.34.4. HEALTH



In Thari village, 35% of the sample household reported availing health check up facility from private clinic and 24% said that they consult PHC/CHC in case of any medical need. Government or company aided medical services cater the need of 11% of the sample households.



#### 5.34.5. PUBLIC DISTRIBUTION SYSTEM



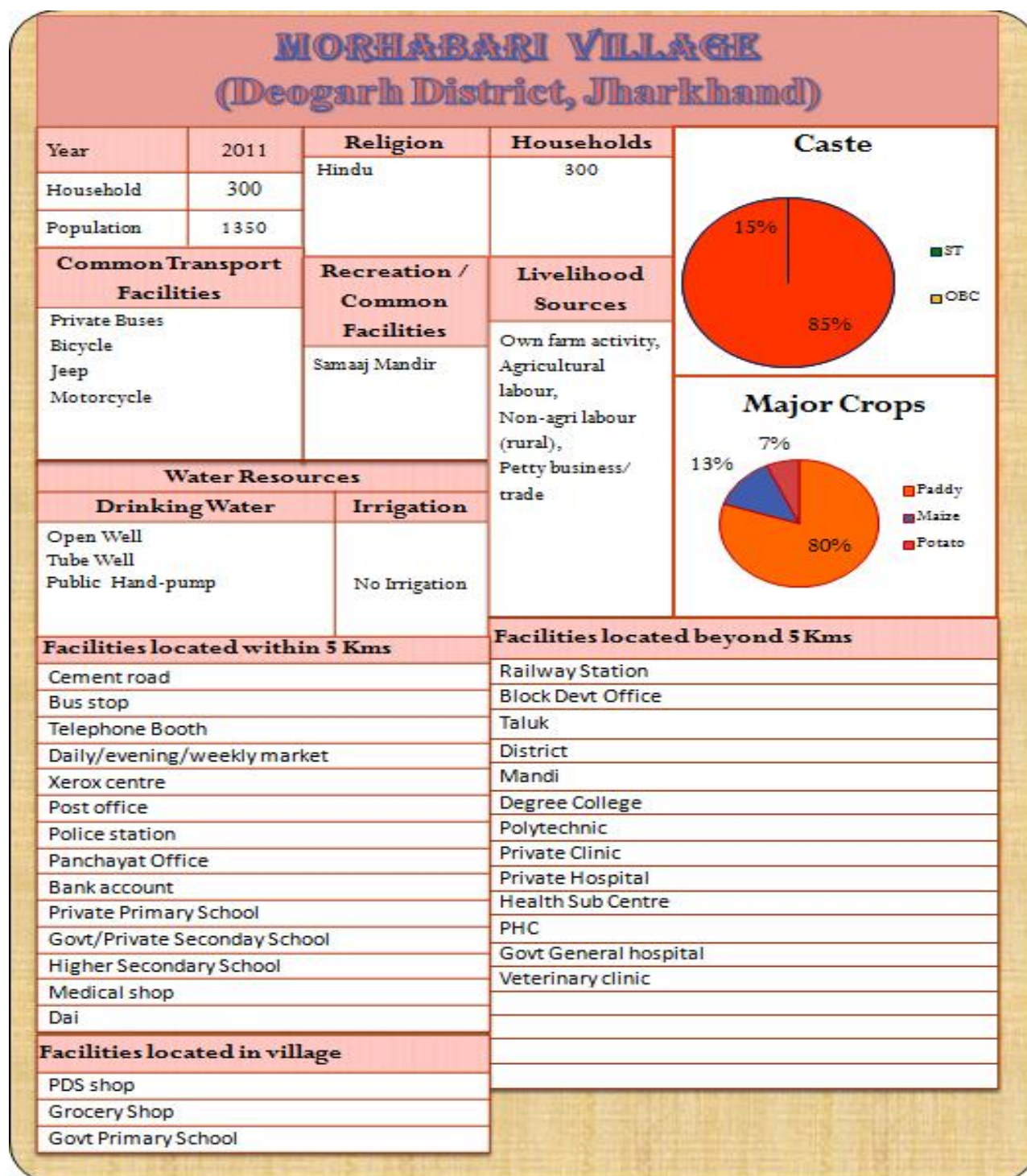
In Thari village, 82% of the sample households are having APL cards and 13% are having BPL cards. 3% of the sample reported having Antyodaya card and rest 2% have not received any ration card. Sample households who have ration cards, 100% of them avail the service of ration regularly from PDS.

#### 5.34.6. RECOMMENDATIONS

- 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 kids. Company can work with panchayat to construct and run the community toilets.
- There is a lack of drinking water in the village and especially in summer season. Demand for drinking water supply through pipe lines were raised.
- There is a demand for playground in the primary school.
- There is a demand for toilets in primary school.

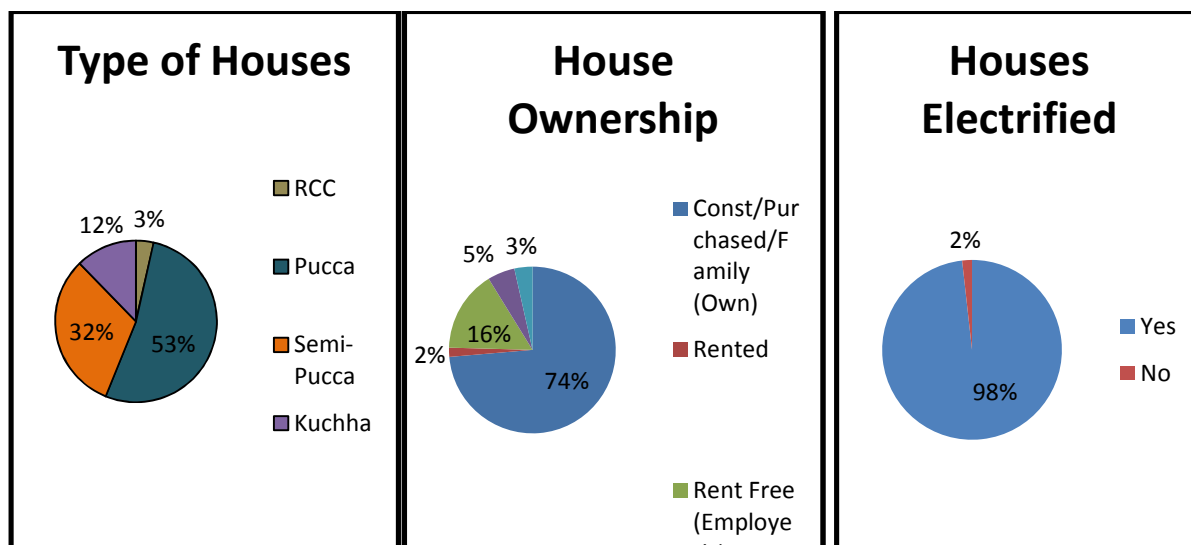


## 5.35. MORHABARI VILLAGE, DEOGHAR, JHARKHAND



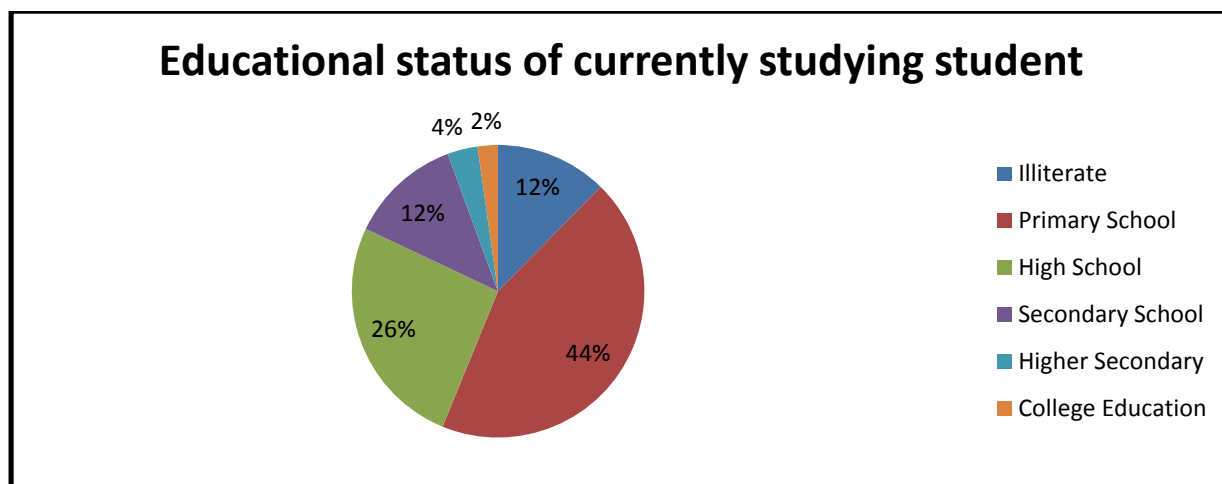


### 5.35.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Morhabari village is Pucca Houses (53%). 32% of the sample households were living in Semi- Pucca houses. The least common type of houses found in this region were Kuchha, RCC, that is, 12% and 3% respectively. The data clearly points that 98% of the households have electricity while 2% of the households are not electrified. Furthermore, in the research process, it was also found that 74% are living in their own home while total 18% are living in rented house.

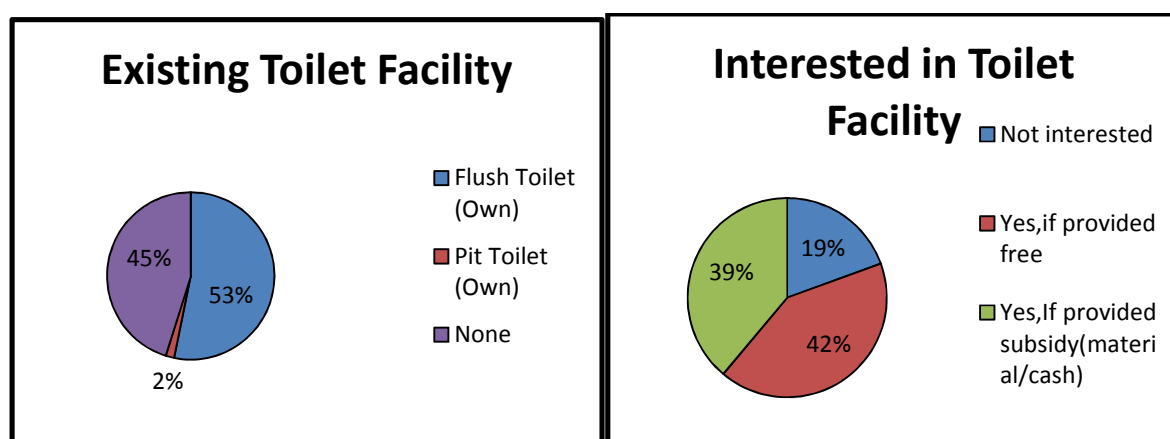
### 5.35.2. EDUCATIONAL STATUS



In Morhabari village, 44% of the children are studying in primary school, 26% in high school, 12% in secondary school, 4% in higher secondary school and 2% in college. A percentage of 12% students are illiterate and not availing any educational facility.

### 5.35.3. SANITATION

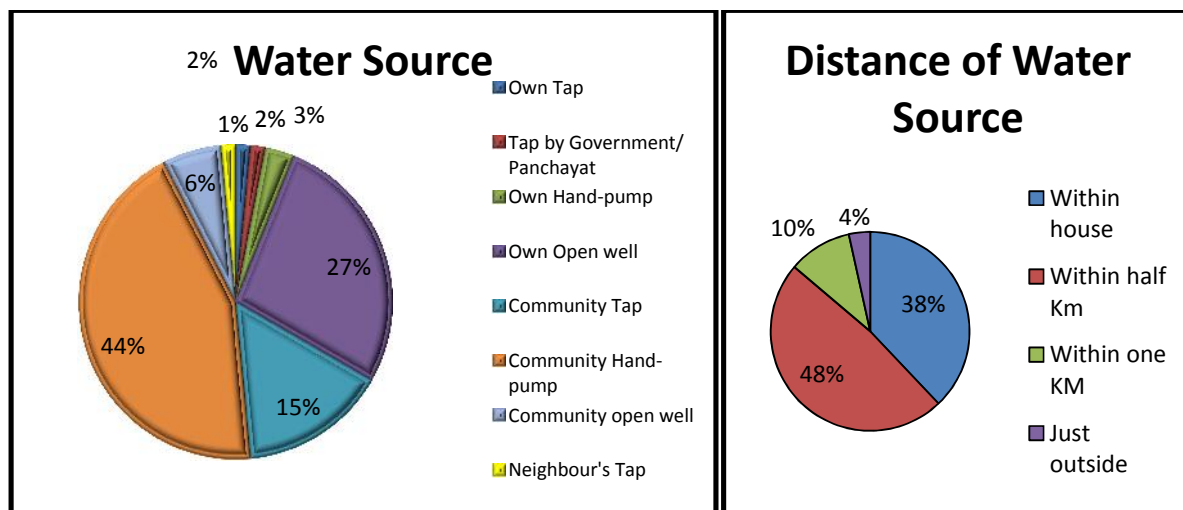
Study held in Morhabari village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Morhabari clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 42% of them opined that they would want flush toilet for their household if it is provided free. However, 39% of the people would want flush toilet if it is provided through a subsidy.

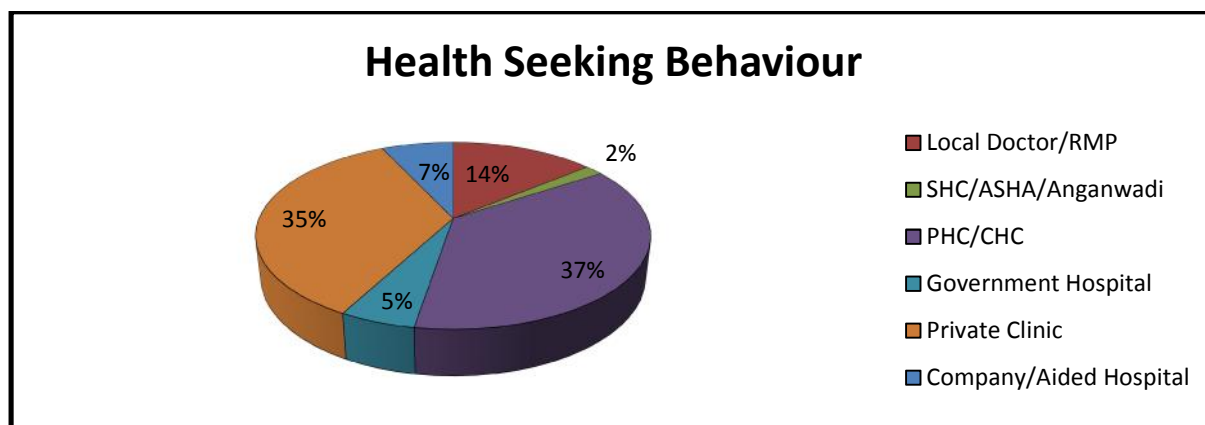
### 5.35.4. WATER

Community Tap caters the water related need of 15% of the sample and Open well including community and household own, provides drinking water to 33% of the sample households. Around 1% of sample households said that they get drinking water from Neighbor's tap. As reported during research, 48% of the sample have to walk around half Km to fetch water while for 38% sample it is located within their premise. 4% of the sample said that they fetch water from just outside their premises and 10% of the sample have to within one Km to fetch water.



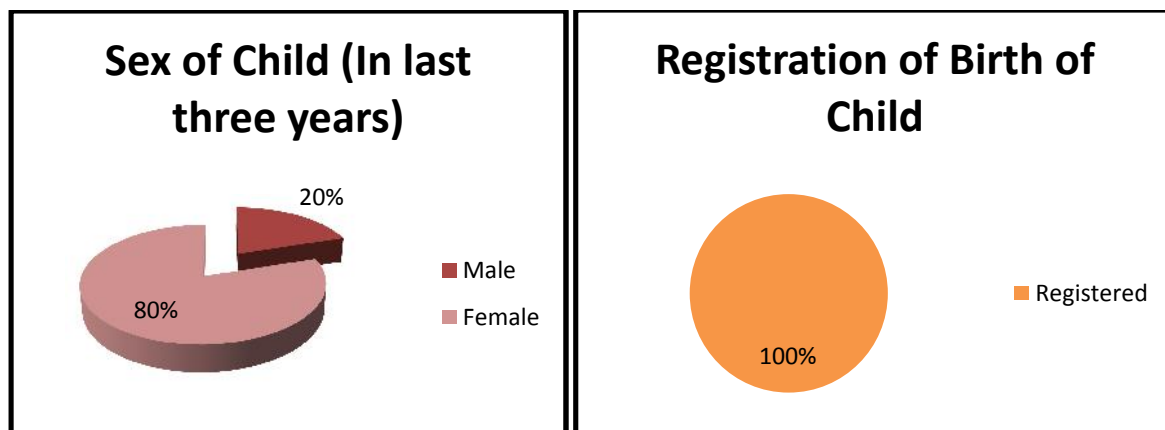
#### 5.35.5. HEALTH

In the Morhabari Area, 14% of the people prefer Local Doctor/ RMP for health check up while only 35% of the people prefer Private Clinics and 37% of people go to PHC/ CHC. Only 5% of people go to Government Hospital and a 7% visit company aided hospital.

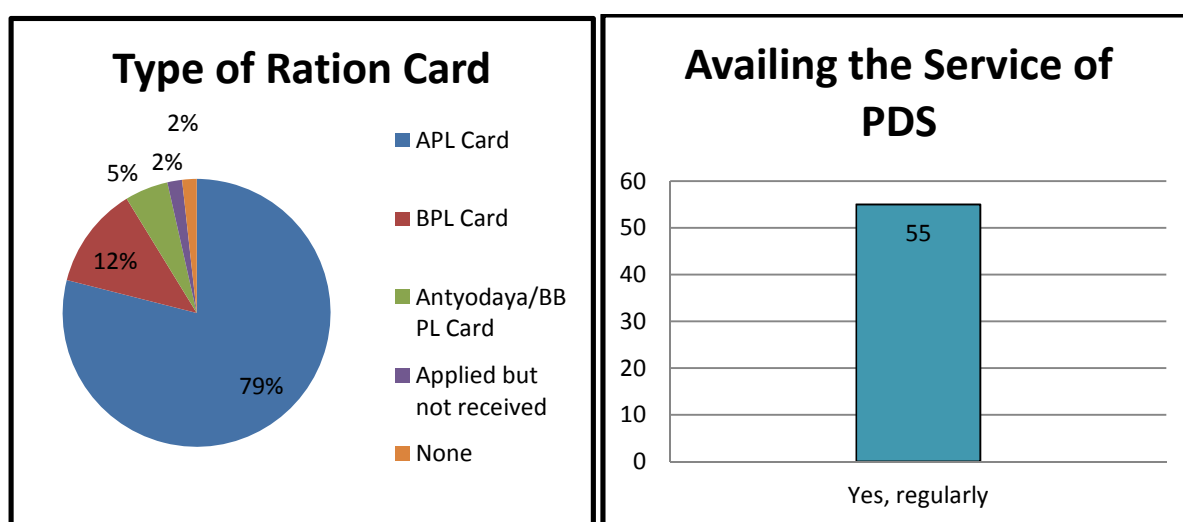


#### 5.35.6. MATERNAL HEALTH

The data collected shows that in the last three years, 80% of the new born kids are females and 20% are males. It is an appreciative sign that 100% of the kids in Morhabari have registered the birth of child.

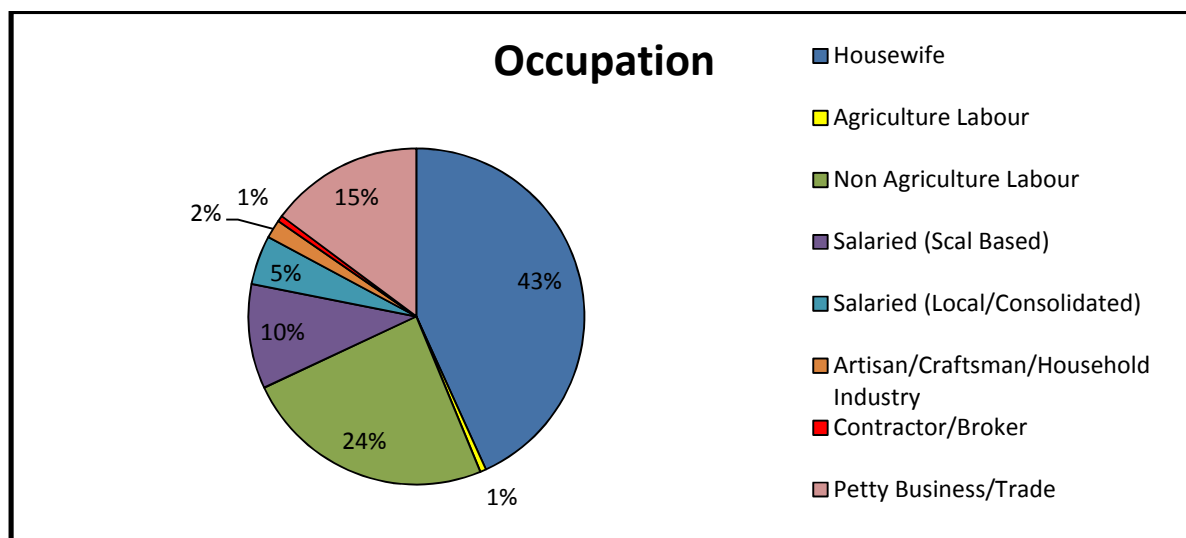


#### 5.35.7. PUBLIC DISTRIBUTION SYSTEM



The data on Morhabari shows that 79% of the sample households have APL Card while 12% of the people are under BPL category. 2% of the sample does not have any card and 2% of the sample has applied for the card but has not received it till date. As informed during interview, 55 of the sample who have ration card of any type avail ration from PDS regularly.

### 5.35.8. OCCUPATION

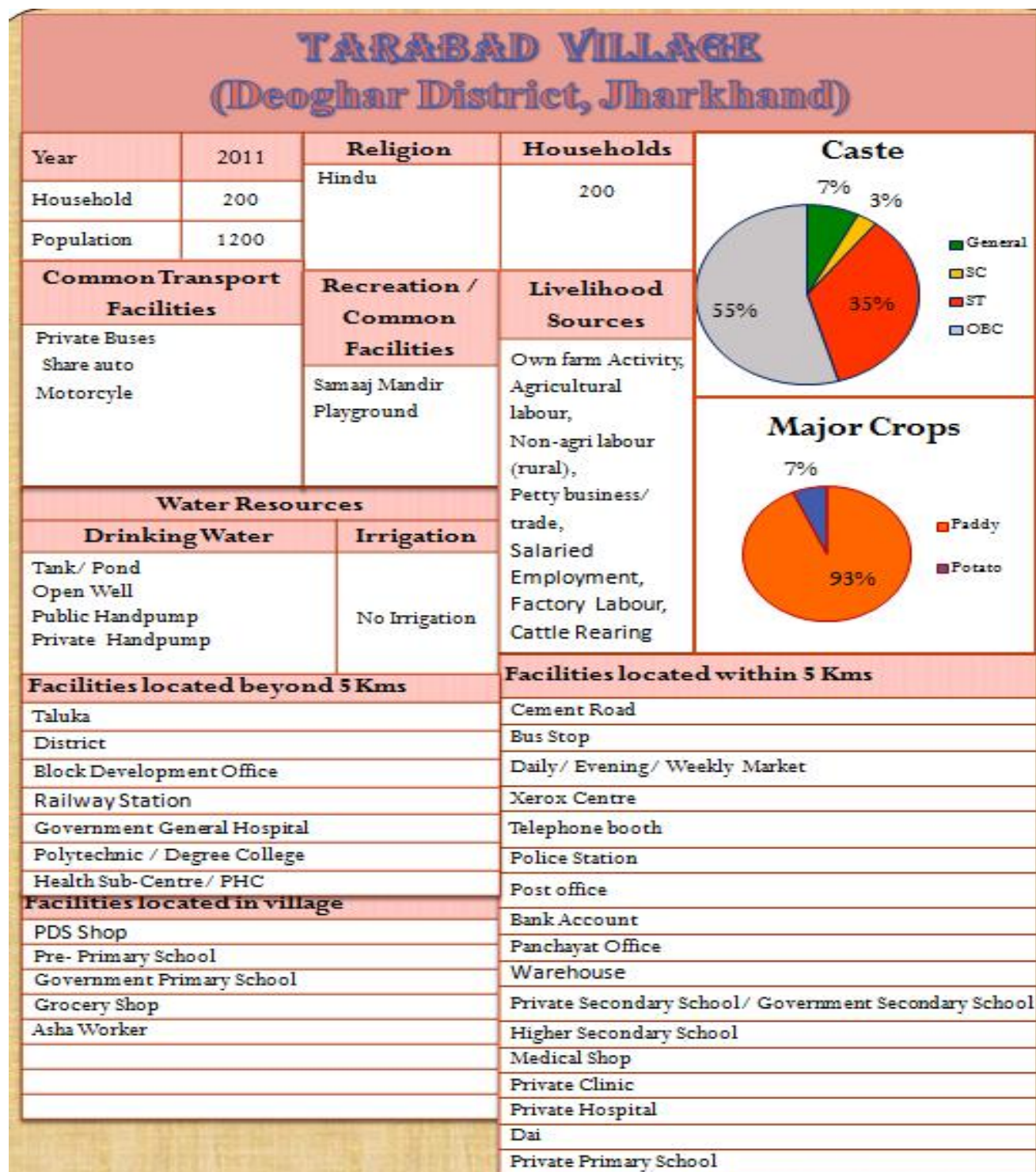


In the sample households, agriculture forms the source of livelihood for only 1% of the workforce population. 24% of the same category is working as Non- Agriculture Labour. 15% of the workforce said that they are salaried employee in government or private sector and 15% of the sample workforce is running petty business to earn livelihood. 12% of the workforce is working as Artisan or Craftsman. About 43% of the sample households claimed housewife as their occupation.

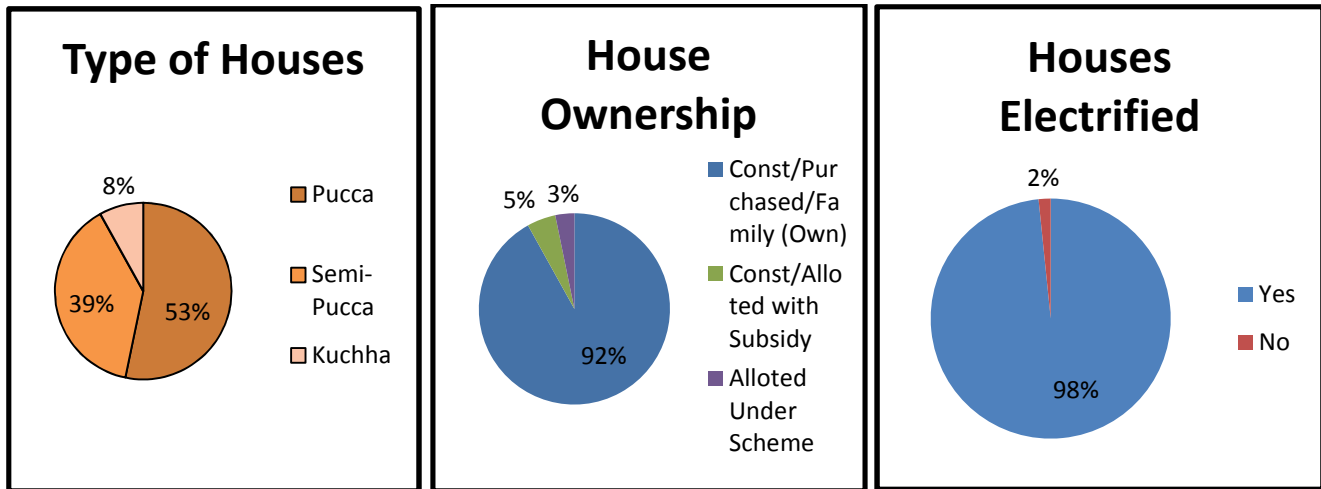
### **5.35.9. RECOMMENDATIONS**

- 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 kids. Company can work with panchayat to construct and run the community toilets.
- Establishing library in the primary school can be taken up as intervention.
- Skill building should be taken up as major issue in Morhabari. The village is lagging behind in terms of having market oriented skills. Only one person among the interviewed households was found having vocational training. Provisioning of skill building facilities will enhance the employability of the youths.

## 5.36. TARABAD VILLAGE, DEOGHAR, JHARKHAND

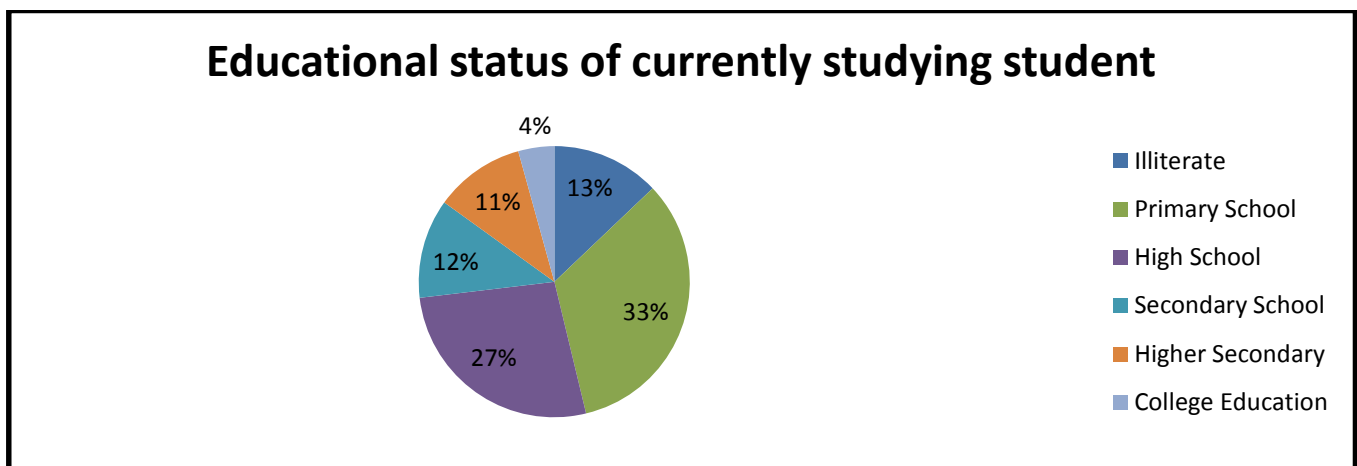


### 5.36.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Tarabad is Pucca Houses (53%). 39% of the sample households were living in Semi- Pucca houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region was Kuccha that is 8%. The word ‘Patta’ implies the registration of the ownership of land issued by the Registrar of land holdings. The data clearly points that 98% of the households have electricity while 2% of the households are not electrified. Furthermore, in the research process, it was also found that 92% are living in their own home while total 5% are living in houses allotted with subsidy. 3% are living in allotted in the scheme accommodation.

### 5.36.2. EDUCATIONAL STATUS

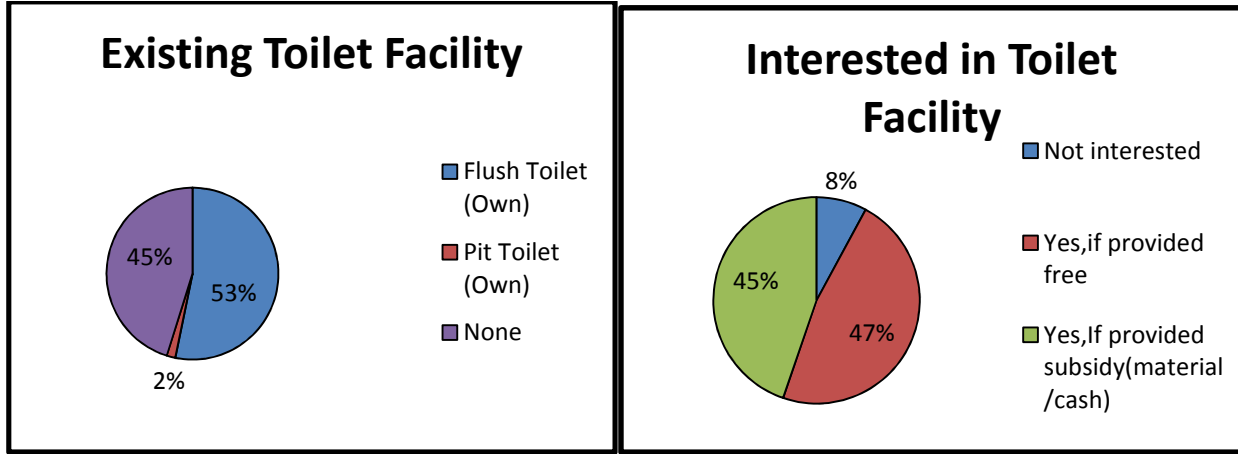


In Tarabad village, 33% of the children are studying in primary school, 27% in high school, 12% in secondary school, 11% in higher secondary school and 4% in college. A percentage of 13% students are illiterate and not availing any educational facility.



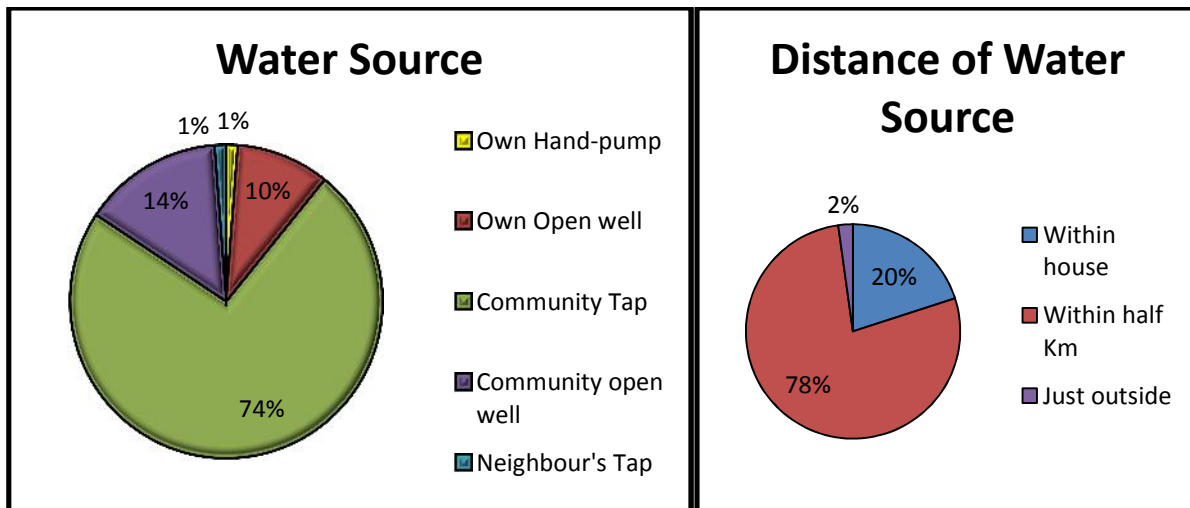
### 5.36.3. SANITATION

Study held in Tarabad village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



The data on the village of Tarabad clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 47% of them opined that they would want flush toilet for their household if it is provided free. However, 45% of the people would want flush toilet if it is provided through a subsidy.

### 5.36.4. WATER

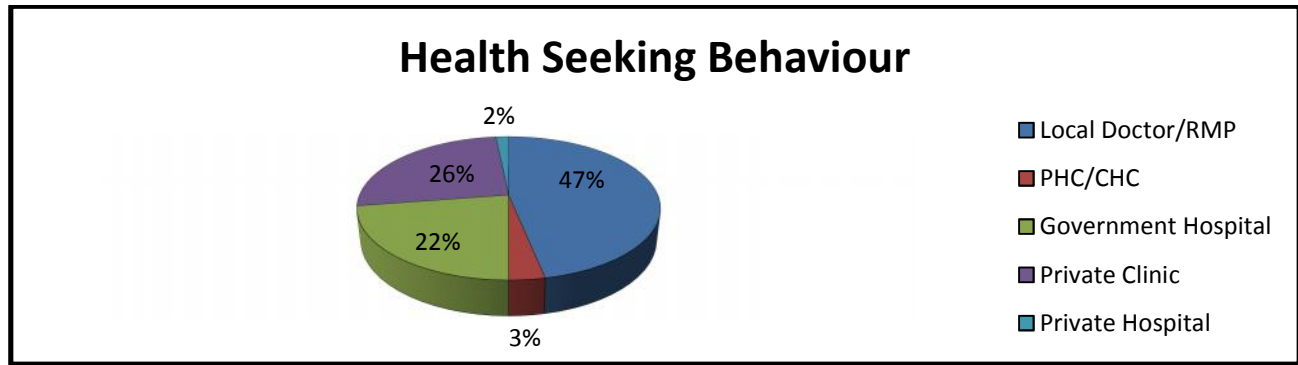


Community Tap caters the water related need of 74% of the sample and Open well including community and household own, provides drinking water to 24% of the sample households. Around 1% of sample households said that they get drinking water from Neighbor's tap. As reported during research, 78% of

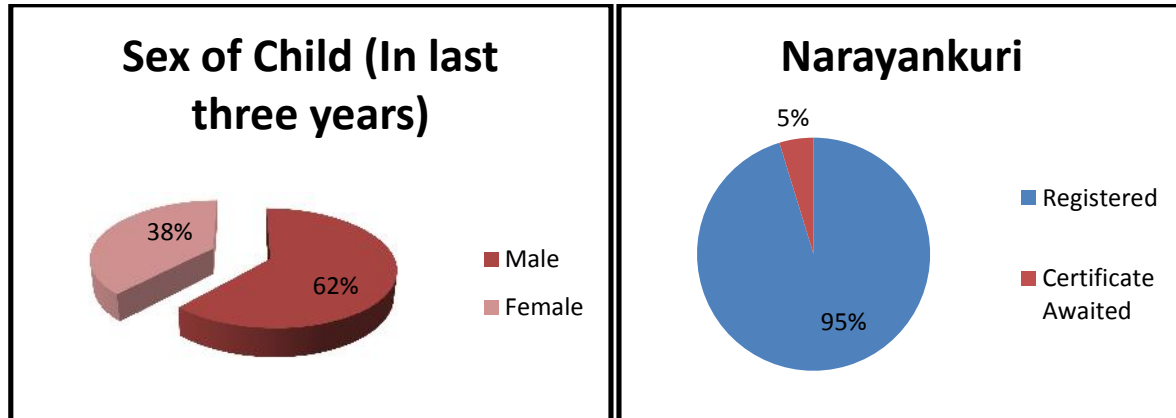
the sample have to walk around half Km to fetch water while for 20% sample it is located within their premise. 2% of the sample said that they fetch water from just outside their premises.

#### 5.36.5. HEALTH

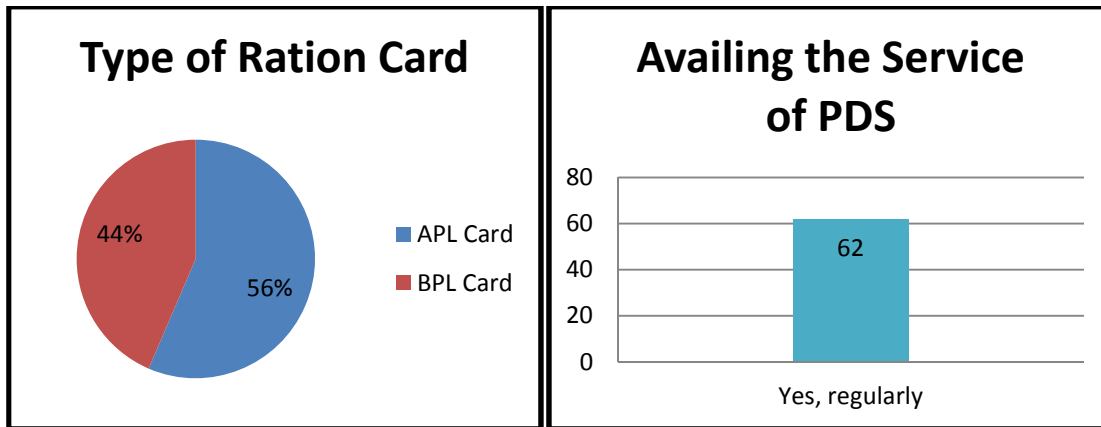
In the Tarabad Area, 47% of the people prefer Local Doctor/ RMP for health check up while only 26% of the people prefer Private Clinics and 3% of people go to PHC/ CHC. Only 22% of people go to Government Hospital and a 2% visit private Hospital.



#### 5.36.6. MATERNAL HEALTH



The data collected shows that in the last three years, 62% of the new born kids are male and 38% are females. It is an appreciative sign that 95% of the kids in Tarabad have registered the birth of child while 5% of the population is waiting for the certificate of the registration.

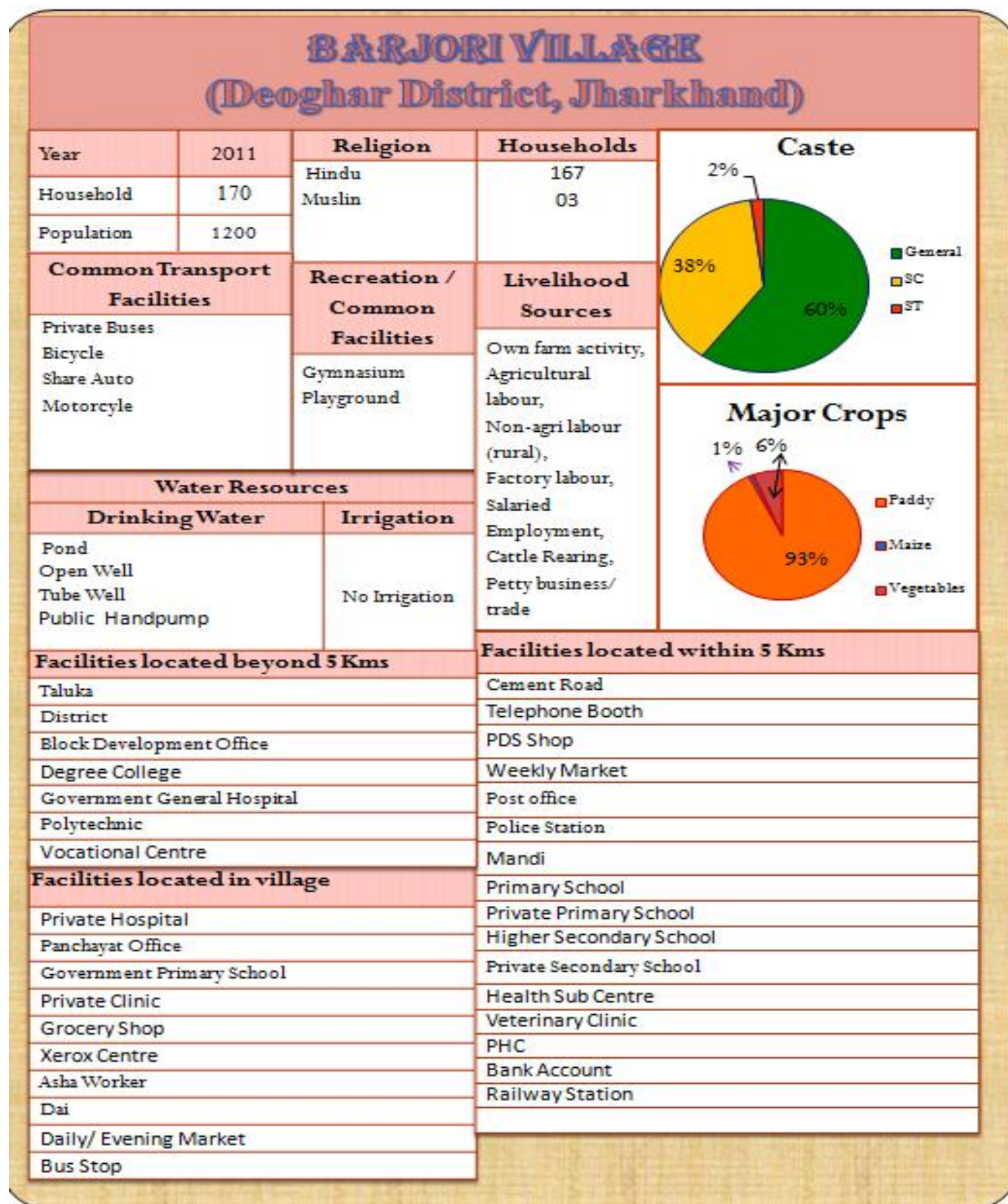
**5.36.7. PUBLIC DISTRIBUTION SYSTEM**

The data on Tarabad shows that 56% of the sample households have APL Card while 44% of the people are under BPL category. As informed during interview, 62 of the sample who have ration card of any type avail ration from PDS regularly.

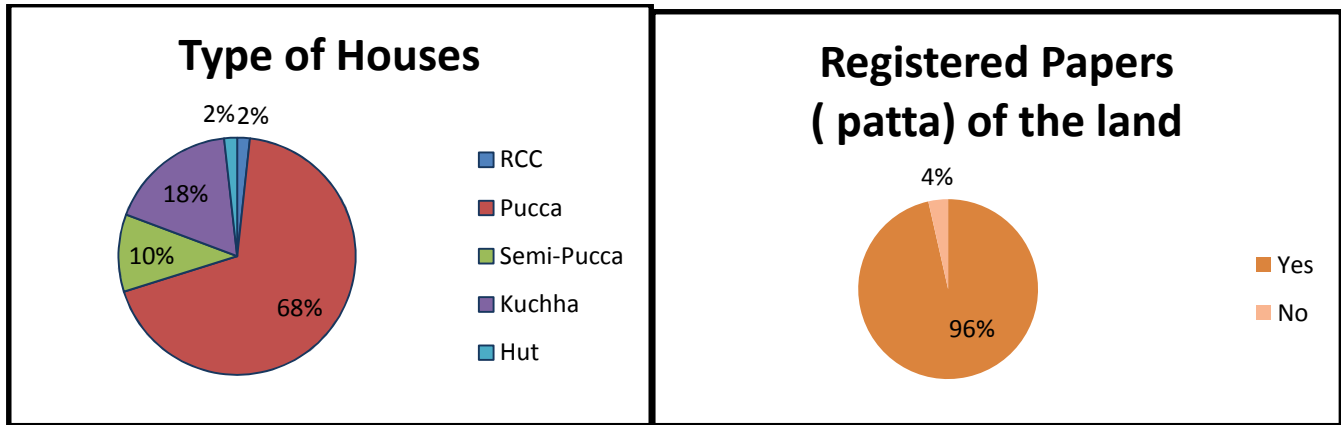
#### **5.36.8. RECOMMENDATIONS**

- Accessibility to health care system is major issue for Tarabad. There is no health centre in the village, 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
- Drainage system in the village is a major concern for the villagers. It can be constructed and maintained to increase the cleanliness of the village.
- The primary school and the middle schools should be provided full fledged library with electricity connection through solar panel.

## 5.37. BARJORI VILLAGE, DEOGHAR, JHARKHAND

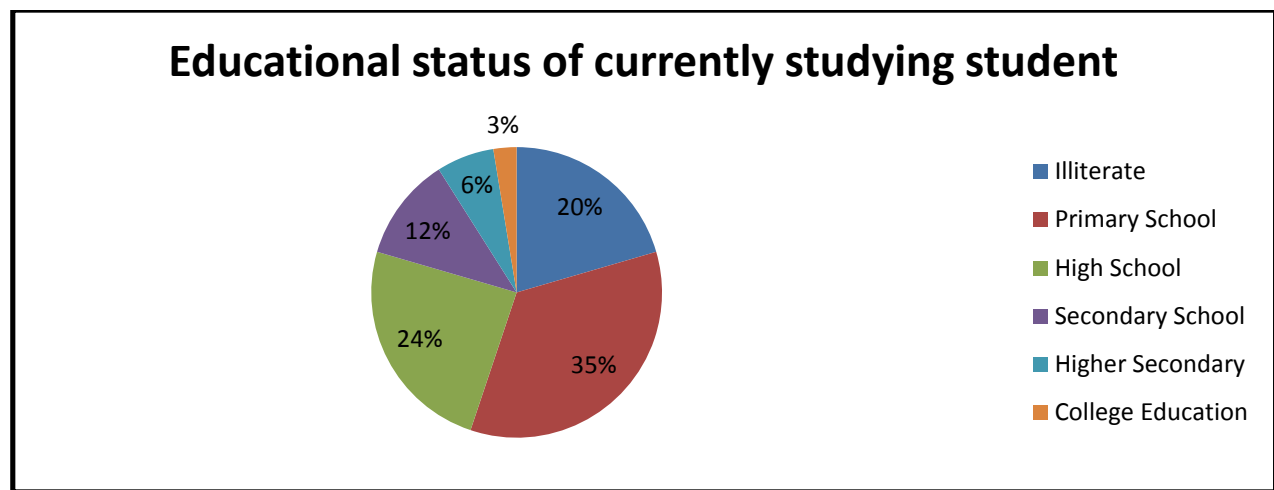


### 5.37.1. HOUSEHOLD STATUS



The most type of house found among the sample households in Barjori is Pucca Houses (68%). 18% of the sample households were living in Kachha houses, it brings out the fact that still many people living in this region are deprived of basic amenities such as proper houses to live in. The least common type of houses found in this region were Semi- pucca, hut and RCC, that is, 10%, 2% and 2% respectively. The word 'Patta' implies the registration of the ownership of land issued by the Registrar of land holdings. The data on the village of Barjori clearly points to the fact that 96% of the population who have their own house has registered papers of their land holdings while 4% do not have registered papers of their land holdings. The data clearly points that all the sample households were electrified.

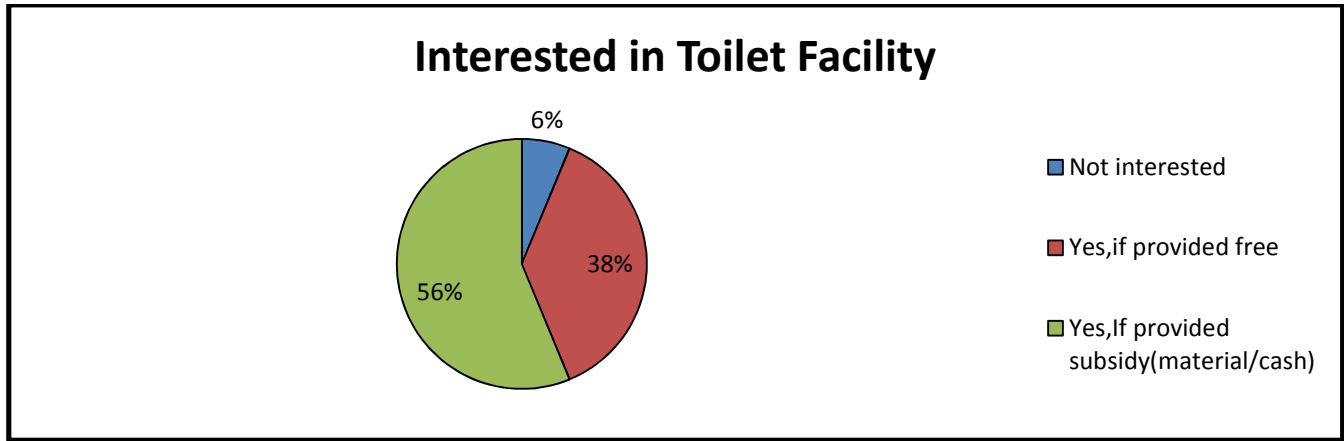
### 5.37.2. EDUCATIONAL STATUS



In Barjori village, 35% of the children are studying in primary school followed by 24% in High School, 12% in Secondary School, 6% in higher secondary school and 3% in college. A percentage of 20% students are illiterate and not availing any educational facility.

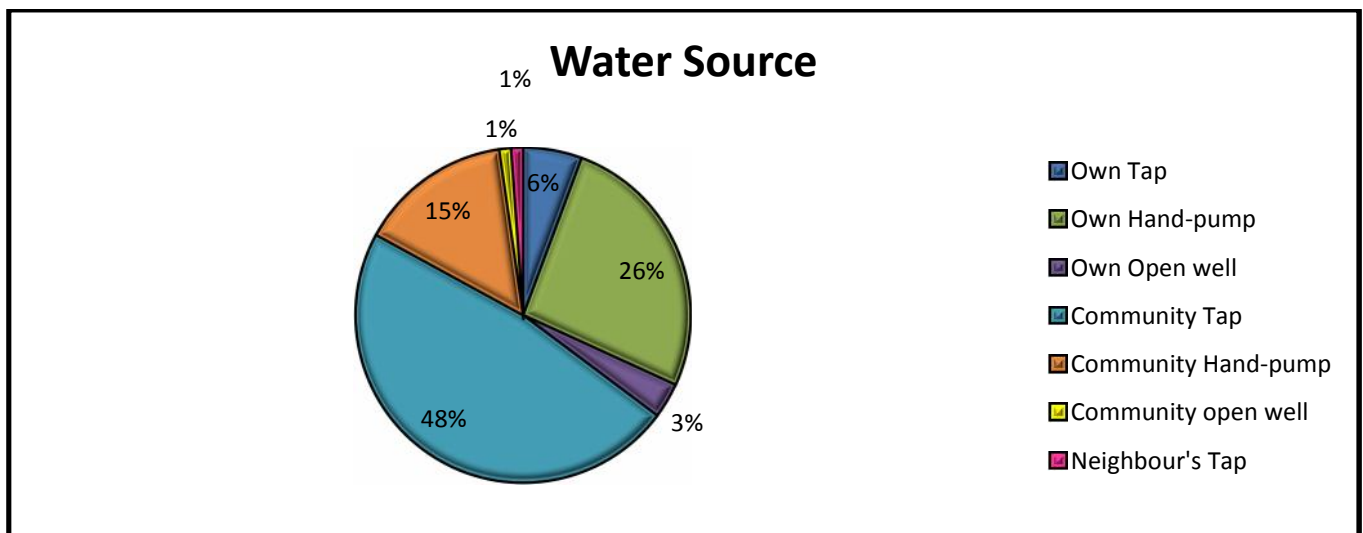
### 5.37.3. SANITATION

Study held in Barjori village shows that 45% of people in the village have absolutely no toilet facilities. Among the people who have a toilet on their own, a 53% use a flush toilet and 2% use a pit toilet.



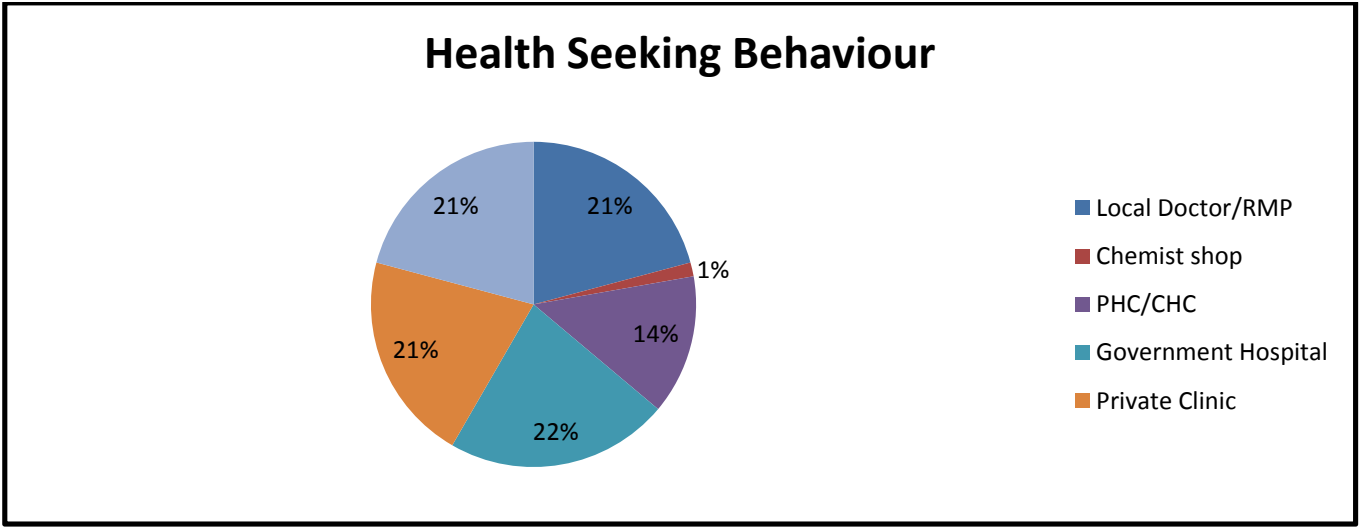
The data on the village of Barjori clearly shows that out of those who had toilets of their own all of them constructed toilets on their own. Among the surveyed households, who do not have toilet of their own in the village, 38% of them opined that they would want flush toilet for their household if it is provided free. However, 56% of the people would want flush toilet if it is provided through a subsidy.

### 5.37.4. WATER



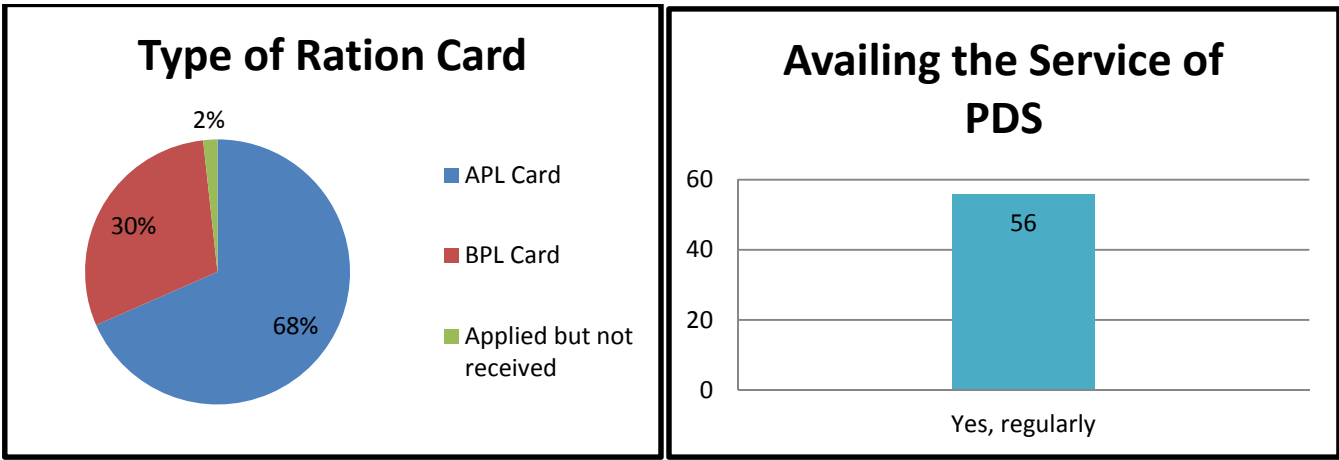
Community Tap caters the water related need of 48% of the sample and Hand-Pump provides drinking water to 26% of the sample households. 1% of the sample population each depends on community source of water such as Community Hand-pump and Neighbors tap respectively. Around 6% of sample households said that they get drinking water from Own Tap.

5.37.5. HEALTH



In the Barjori area, 21% of the people each prefer Local Doctor/ RMP, Private Clinics, Government Hospital. Only 14% of people go to PHC/CHC and a 1% visit Chemist shop.

5.37.6. PUBLIC DISTRIBUTION SYSTEM



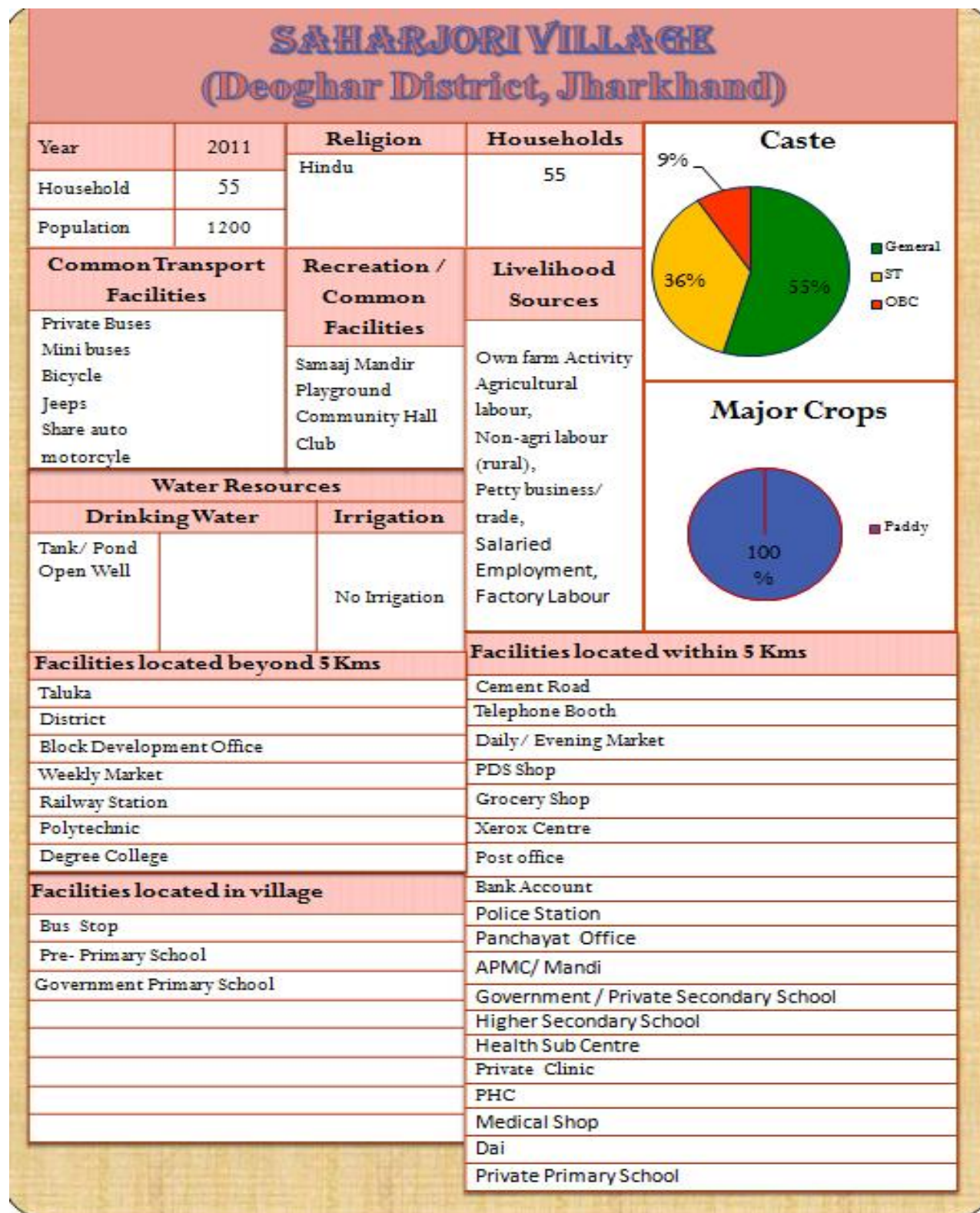
The data on Barjori shows that 68% of the sample households have APL Card while 30% of the people are under BPL category. 2% of the sample has applied for the card but has not received it till date. As informed during interview, 56 of the sample who have ration card of any type avail ration from PDS regularly.



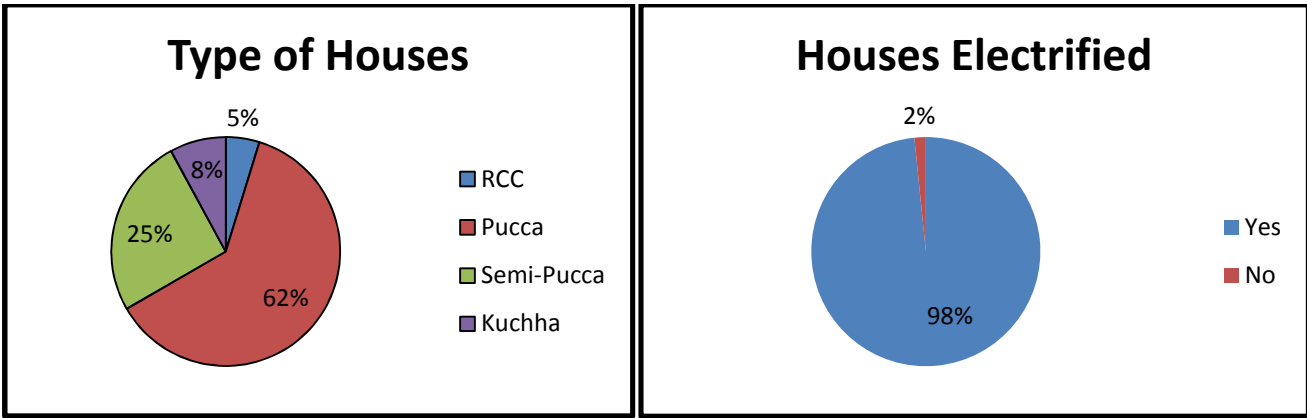
#### **5.37.7. RECOMMENDATIONS**

- As the discussion with villagers availability of drinking water has emerged as major concern and specially in summer season. Availability of drinking water to the community can be ensured if company work in collaboration with local administration and strengthen the drinking water supply system.
- There is a demand for playground for the children in the school.
- The Primary school should be provided a library with atleast 10 extra academic books with the supply of power through solar panels.

## 5.38. SAHARJORI VILLAGE, DEOGHAR, JHARKHAND

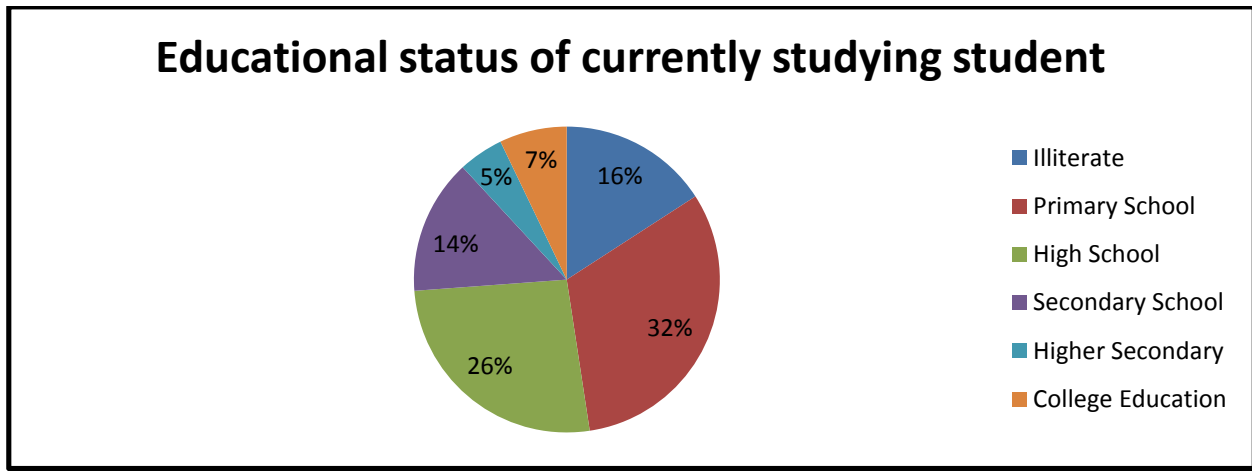


**5.38.1. HOUSEHOLD STATUS**



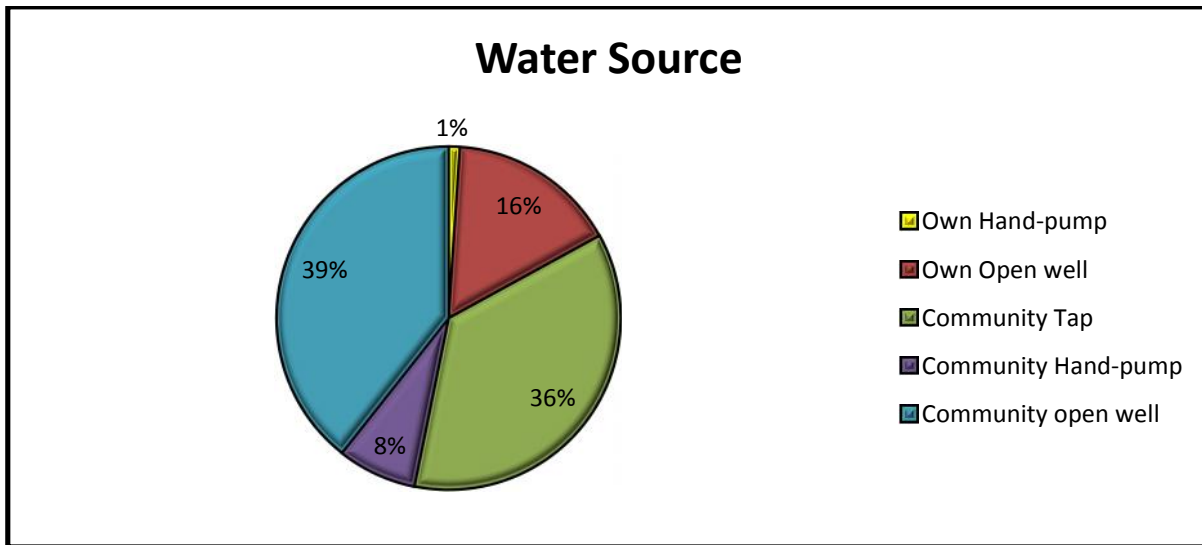
In Saharjori village, out of the sample 62% households are living in pucca houses, 25% households are living in semi pucca houses while 8% are living in kuchha houses. Among the sample households, all of them are having registered paper of the land they are living on. Among the samples, 98% households were electrified and 2% were not electrified.

**5.38.2. EDUCATIONAL STATUS**



In Saharjori village, 32% of the children are studying in primary school followed by 26% in High School, 14% in Secondary School, 7% in college and 5% in higher secondary school. A percentage of 16% students are illiterate and not availing any educational facility.

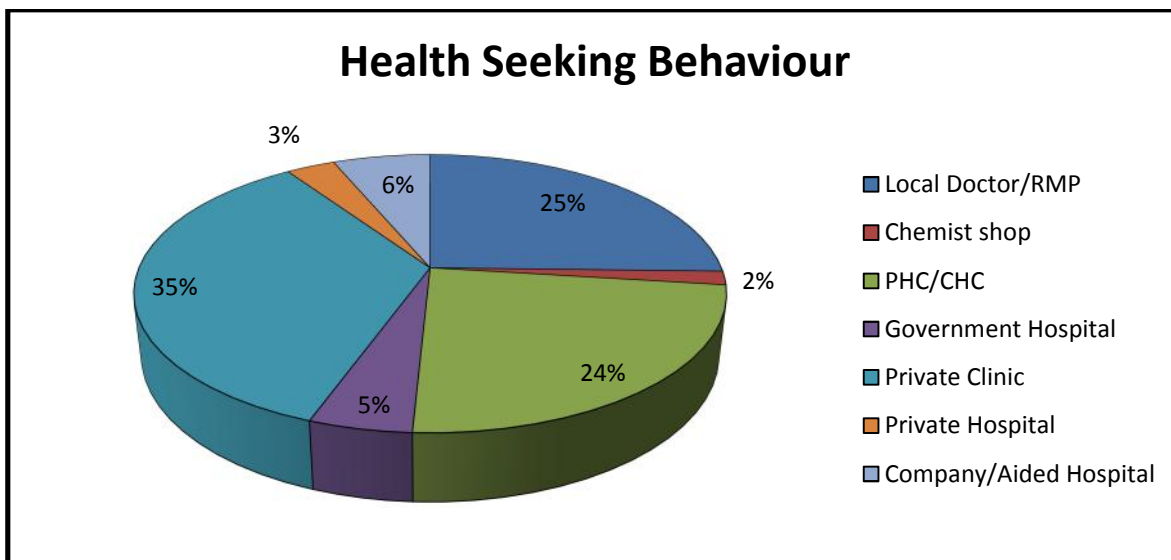
### 5.38.3. WATER



In Saharjori village it is found that 83% of the sample households are fetching water from community source such as Community Hand-pump, Community Tap, Community Open Well.

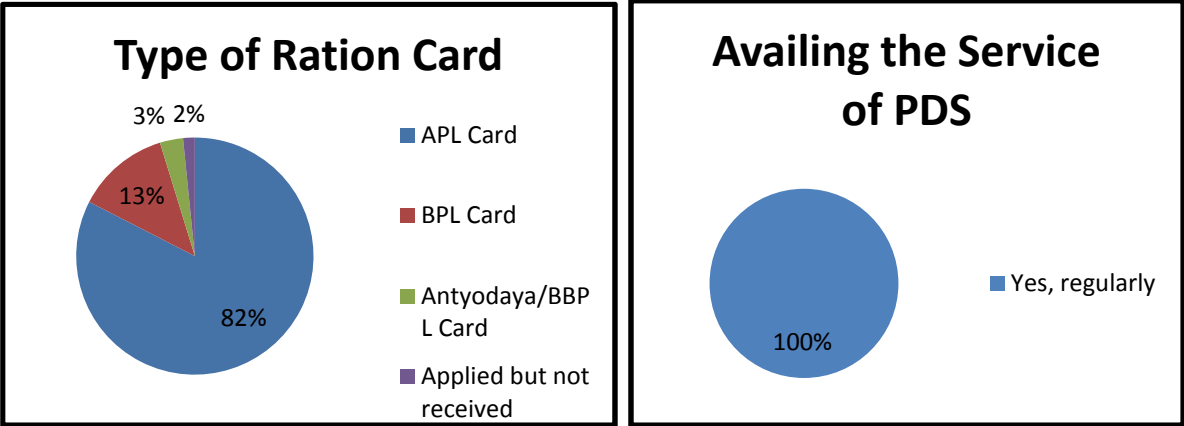
16% of the sample households are fetching water from own open well and 1% are fetching water from own hand-pump.

### 5.38.4. HEALTH



In Saharjori village, 35% of the sample household reported availing health check up facility from private clinic and 24% said that they consult PHC/CHC in case of any medical need. Government or company aided medical services cater the need of 11% of the sample households.

**5.38.5. PUBLIC DISTRIBUTION SYSTEM**

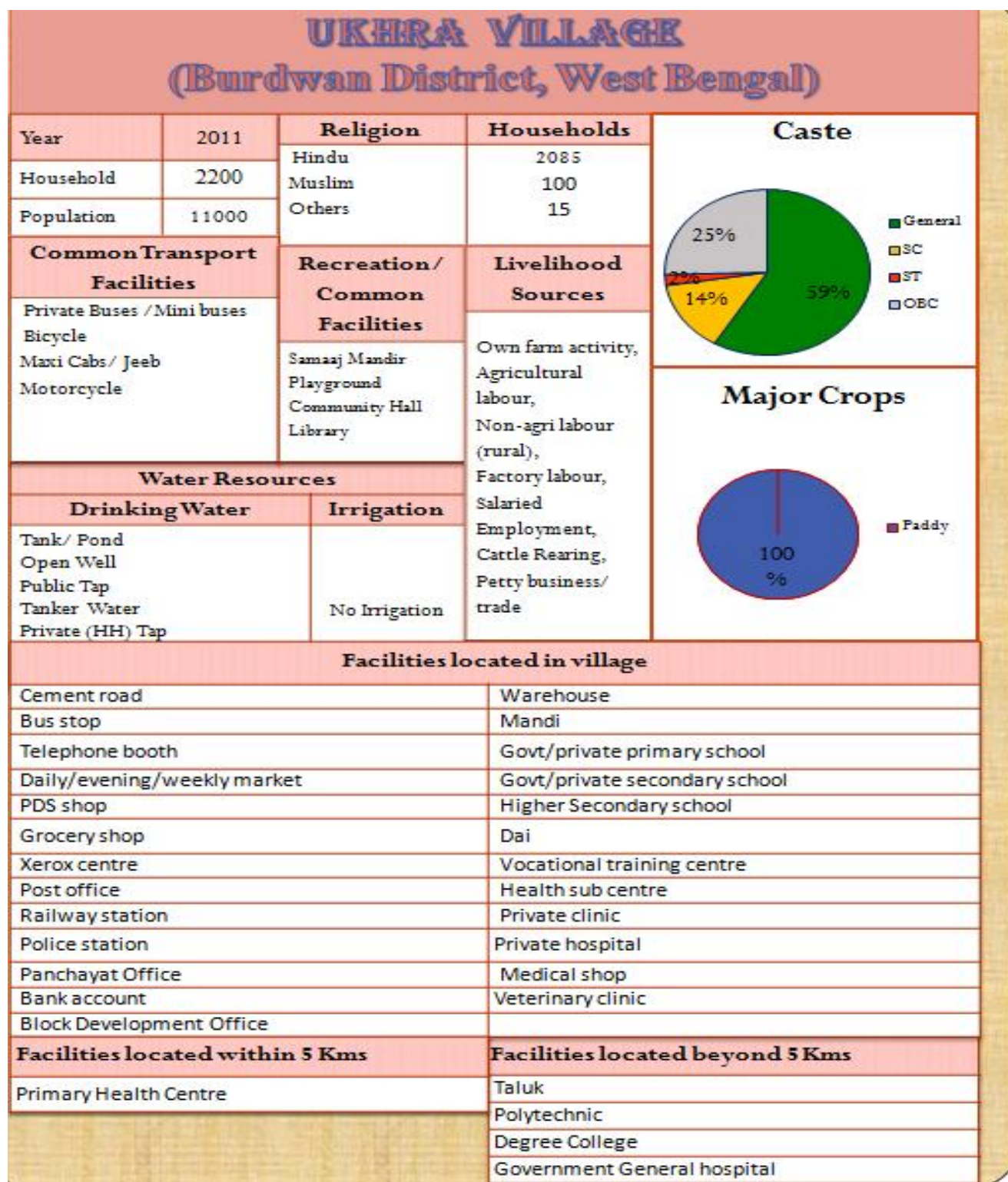


In Saharjori village, 82% of the sample households are having APL cards and 13% are having BPL cards. 3% of the sample reported having Antyodaya card and rest 2% have not received any ration card. Sample households who have ration cards, 100% of them avail the service of ration regularly from PDS.

#### **5.38.6. RECOMMENDATIONS**

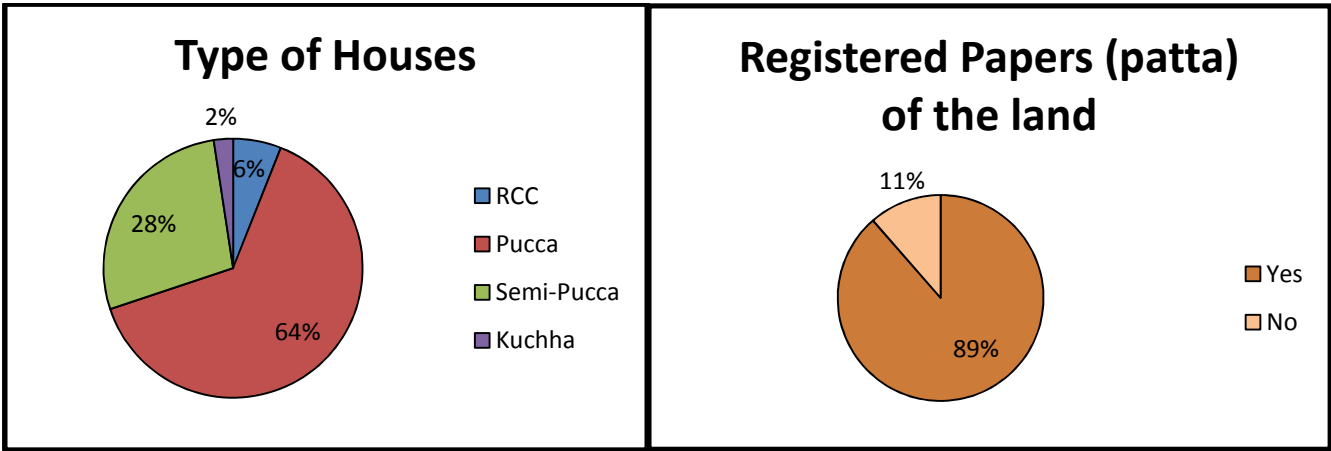
- Lack of proper sanitation facility has emerged as major issue in the village which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
- There is a lack of drinking water in the village and especially in summer season. Demand for drinking water supply through pipe lines were raised.
- The area of Saharjori village has high incidence of air pollution. The Company should address this issue through plantation/ afforestation.

## 5.39. UKHRA VILLAGE, BURDWAN, WEST BENGAL



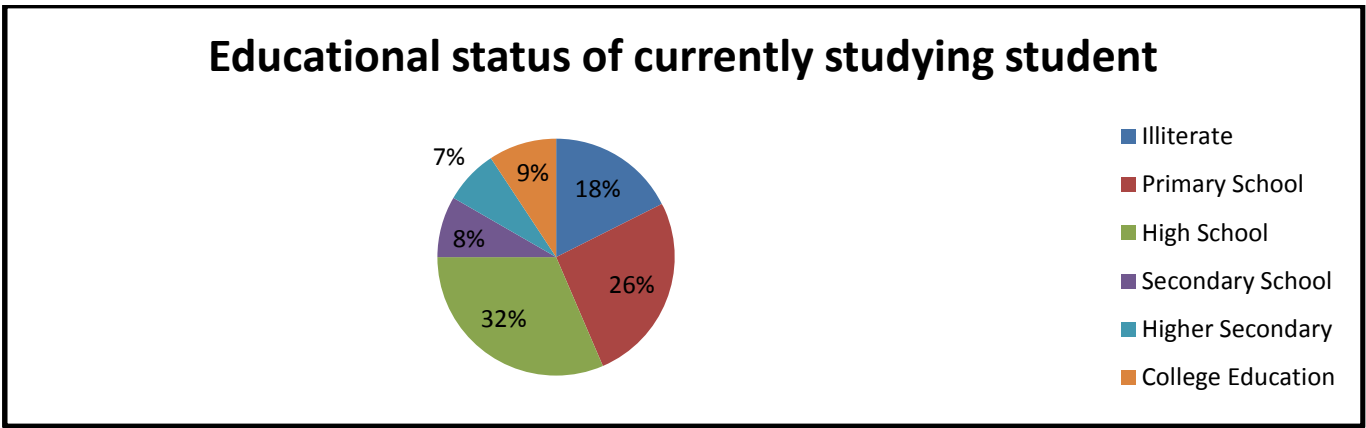


**5.39.1. HOUSEHOLD STATUS**



Among the sample households, 28% are semi- pucca households, 64% are pucca households and 2% are kachha households, and 6% in RCC. Among them 89% have registered paper of their land while 11% said that they do not have paper of the land they are residing on.

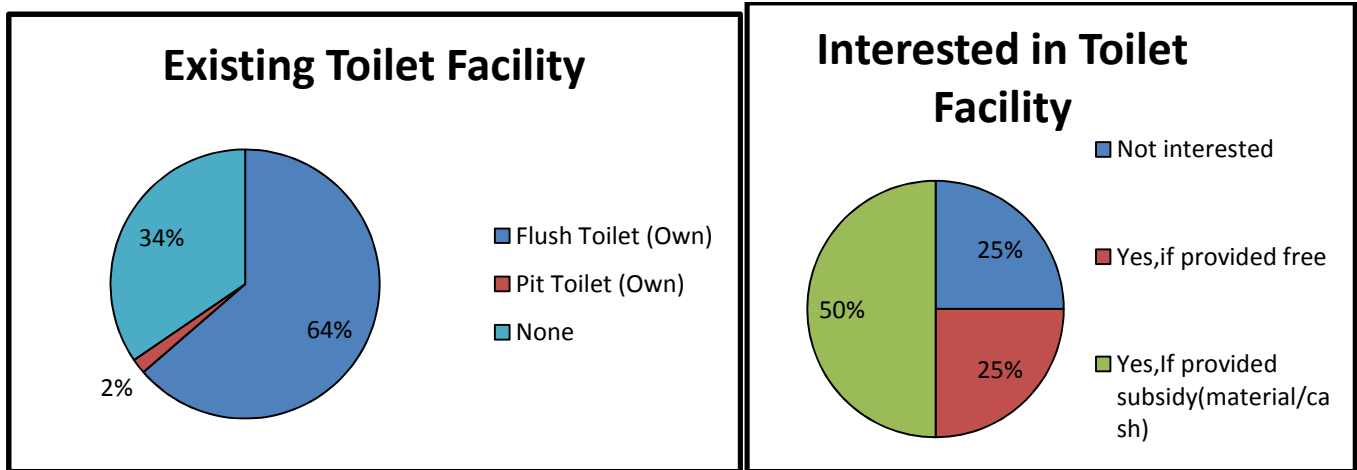
**5.39.2. EDUCATIONAL STATUS**



In Ukhra village, 32% of the children are studying in high school, 26% in primary school, 9% in college, 8% in secondary school and 7% in higher secondary school. A percentage of 18% students are illiterate and not availing any educational facility.

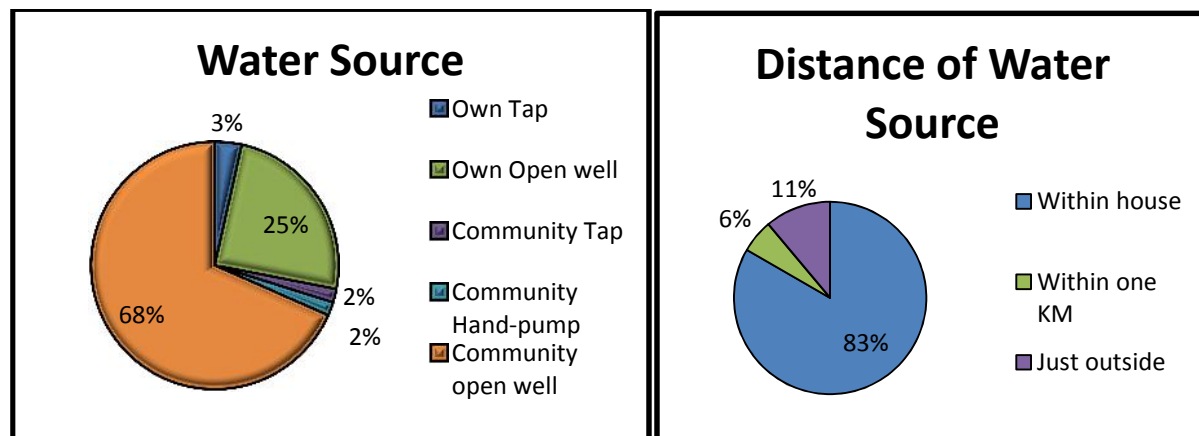


### 5.39.3. SANITATION



Total 34% of the sample households in the village do not have access to toilets. 66% of the sample have toilets in their house, 64% of the sample have flush toilets while 2% have pit toilets. Among those who do not have toilet of their own, 25% of them want flush toilet for the household if it is provided free while 50% would want the flush toilet if it is provided through subsidy. About 25% of the population is not interested in the toilet facility.

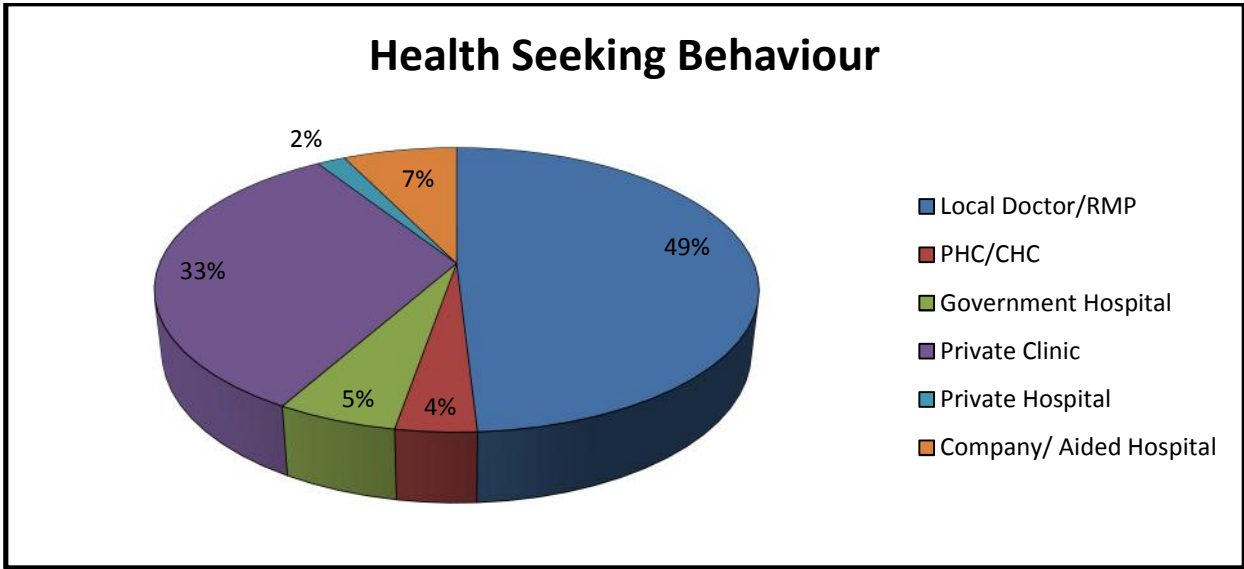
### 5.39.4. WATER



From the data collected in Ukhra village, it was found that more than half the population of sample households is drawing water from community sources. 25% of the sample households draw water from open well. 3% of the sample are drawing water from own tap. As reported during research, 6% of the sample have to walk around one Km to fetch water while for 83% sample it is located within their premise. 11% of the sample said that they fetch water from just outside their premises.

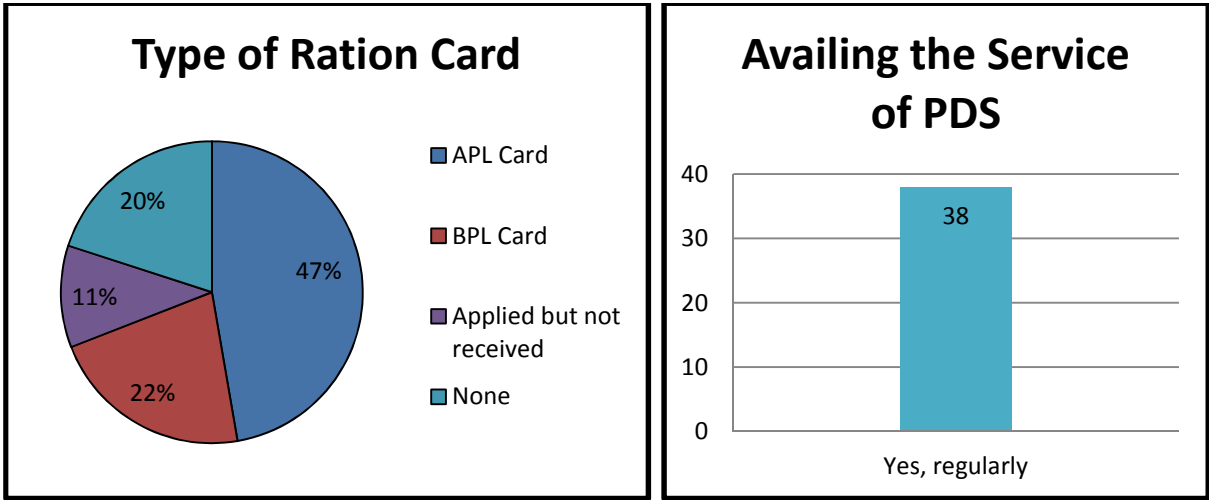
### 5.39.5. HEALTH

In the Ukhra area, 49% of the sample prefers Local Doctor/RMP, 33% of people go to Private Clinics, 4% of people go to PHC/CHC, 5% go to Government Hospital and another 2% consult Private Hospital.



**5.39.6. PUBLIC DISTRIBUTION SYSTEM**

The data on Ukhra shows that 47% of the sample population holds APL Card while 22% of the people are under BPL Card category. 38 people confirmed that they avail ration regularly from PDS.



### **5.39.7. RECOMMENDATIONS**

- There is a special demand from the children of the community for a playground. The most loved and played game in the village is cricket.
- There is a demand for boundary wall in the school.
- Unemployment is majorly seen in this area. Activities like piggery and poultry should be encouraged. Women headed family should be provided with a pair of goats.
- There is no irrigation facility for agricultural activities. ECL should work on providing treated mines water to farmers of nearby villages during summer. Methods of lift irrigation should be provided like engine, pipe and motor. All such equipment should only be given to a group, individual supply should be avoided. Water shade should be developed in the mining area. Check Dam should be constructed to provide drinking water facility to the villagers.

## 6. KEY CONCLUSIONS AND RECOMMENDATIONS

This section provides broad guidelines that could be considered throughout the CSR project cycle. It lays down the broad guidelines applicable to all CSR programmes undertaken by the company, with reference to relevant provisions, in the DPE guidelines.

### **1. Need for a CSR Cell and Employee Involvement:**

There is a need for a separate CSR department/ cell within the company. A separate department would enhance the process and execution of CSR related activities in a better way. Currently, in PSE's, CSR is handled by executives who handle multiple roles and therefore are not able to devote enough time for CSR. Also, CSR is then considered as a secondary priority. To able to undertake CSR with much more seriousness, it is felt that a separate department/cell should be developed within the company.

### **2. Requirement for Pre-Planning for ensuring Better Impact and Sustainability:**

“CSR and Sustainability policies should address social, economic, and environmental concerns and in the selection of activities the focus should be on the social, economic, and environmental impact rather than just mere outcomes. In fact, impact assessment of CSR and sustainability initiatives may get greater weightage at the stage of performance (MoU) evaluation, than mere certification of having utilized the earmarked budget, or even rigid adherence to timelines. CPSE's are encouraged to join hands and pool their resources and capabilities to create synergy for undertaking joint ventures for projects which have scalability and greater social impact that can trigger socio-economic development through ripple effects” (See 1.3.12- 1.3.13, Revised CSR Guidelines, DPE, 13122012).

There is a need for maximum involvement and consultation with the beneficiary community, at the stages of need assessment, planning, implementation, and monitoring, evaluation, and impact assessment in order to have a greater impact.

### **3. Stakeholder Engagement:**

There is a need to involve all important/ key stakeholders like the community, local administration, PSE officials, Block level administration during the levels of both planning and implementation. These key stakeholders should invariably be consulted in planning for CSR and sustainable projects in the backward regions.

#### **4. Need for a Holistic Approach:**

The planning and implementation of the CSR programmes should be undertaken strategically and holistically, to provide their maximum impact. Development in any sector is linked and is expected to have impact on other areas of development. Therefore, an integrated and holistic planning model for development in a number of areas rather than sectoral planning in isolation is expected to create better impact.

#### **5. Partnership with an expert agency:**

An expert agency should be invited to partner the selected projects at all the levels of planning and implementation.

This section provides thematic recommendations on possible areas of intervention identified in the baseline survey study that 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.

## **SUPPLY OF DRINKING WATER**

Water pollution emerged as a major problem has found to be a major problem in almost all the villages wherein most of the respondents complained about the problem of high iron and arsenic content in water. There is a huge demand- supply gap which is likely to widen drastically in future. Reduction in water pollution can be taken as one of the major projects of ECL where it can try to reduce water pollution through developing water treatment plants by creating clusters of villages near the mine areas.

The receding of Water Table in most of the areas makes the use of hand pump, well and pond non-functional during summer. Hence, roof top and bottom water harvesting should be encouraged in order to mitigate the risk of water scarcity during dry spell.

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 the following villages. It is required to work on watershed management in these villages.

The villagers also expressed the demand for drinking water supply through pipelines to the household. ECL can collaborate with district and local administration to ensure the piped water supply. It can be done only through the convergence model where administration can take the responsibility of maintaining the piped supply system.

## **MATERNAL HEALTH**

While interacting with the respondents and key stakeholders during the research process, the absence of institutional delivery and maternal health emerged as one of the major issues of the community. Thus, this should be given importance under CSR work. Company can start Mobile Medical Van (MMV) Services in this particular CSR intervention. MMV can work in collaboration with Schools and Anganwadi Centres to address the lack of general health care and maternal health in particular. Regular interaction between Company doctors and Anganwadi workers will strengthen the capacity of Anganwadi workers and in turn will make the community aware about MMV. A schedule plan can be sketched wherein the medical vans are stationed at schools for the first half of the day and at Anganwadi Centres for the second

half of the day. The Schedule plan can also comprise of making a yearly plan of the visit of medical vans in all 39 villages in rotation which will make the community and the Anganwadi Centres aware of medical camps in advance. Company should also fix a day in the week when their CSR Hospitals are open to general population to address their medical issues which should be communicated to the villagers. The medical students from the near-by medical colleges could be entrusted the activity of managing the MMV. This will also improve the service delivery of both the parties.

In order to spread the awareness on health related issues, the Asha workers with the help of Anganwadi workers could be involved and the schools can be the meeting ground for such awareness campaigns. Hoardings and posters could be used for spreading awareness campaigns.

## **EDUCATION**

Education in rural parts mainly depends on government institutions. Primary school is 100% available in every surveyed village with mid-day meals functioning. Interventions in Interventions in education have wide scope and limitations. On the basis of field observation during the survey, a need for learning centre has been found. The learning centre will be constructed in school premises where children can learn vocational courses like computer/ coaching classes of compulsory subjects/ Art and Cultural activity/ Youth club or Sports clubs. These facilities can be provided as per the need and requirement of the village. Additional coaching classes for girls drop out should be encouraged by ECL. Adult literacy classes should be initiated and library should be introduced in village which could be managed by youth or sports club of that village. The villagers also expressed a requirement of Electric In-house fitting in all the primary school with a clear clarification on the management and payment of electricity bill at school or panchayat level.

## **SMOKELESS CHULHAS**

Lower Respiratory infections from cooking smoke are a major cause of mortality in the developing world resulting in around 600,000 deaths a year in India alone. During interaction on the field with the respondents and key stakeholders, the growing respiratory diseases due to the use of burning of coal for fuel for cooking in the households emerged as an important issue among the community. The one effective smoke reducing stove is 'The Low Smoke Stove' (Smokeless Chulha) is a low tech solution to enable healthy indoor cooking. This stove has been developed to fight the ill-effects of indoor air

pollution, a silent threat that is the cause of respiratory problems in many rural households of India. The foremost benefit of the Low Smoke Stove is that it provides a safer home environment for families. The company should take up this intervention under CSR to promote 'The Low Smoke Stove' in all the studied villages.

## **COMMUNITY TOILET**

Considering the fact that Burdwan is performing well in sanitation the awareness among the community is quite high about the requirement of toilets, the villagers feel the need of increasing the number of available community toilets. The key stakeholders especially the Panchayat officials are in view that increasing the community toilets with proper water supply will help to improve the sanitation situation. The Panchayat officials requested to provide community toilet under CSR. It is pre requisite to consult all the Panchayats and to request them to be an active partner of the project and to bear the responsibility of maintaining the toilets if provided by the company.



## 7. ANNEXURES

### Annexure 1- Definitions

1. Pucca Structure: A pucca structure is one whose walls and roofs are made of pucca materials such as concrete, cement, oven burnt bricks, hollow cement/ ash bricks, stone, stone blocks, jack boards, iron, zinc, or other metal sheets, timber, tiles, slate, corrugated iron, asbestos cement sheet, vaneer, plywood, artificial wood of synthetic material and poly vinyl chloride (PVC) material.
2. Katcha Structure: A structure, which has walls and roof made of non- pucca materials, is regarded as a katcha structure.
3. A private aided institution is one, which is run by an individual or a private organization and receives a maintenance grant from a government or local body.
4. P.D.S.: This stands for Public Distribution System, which involves distribution of some essential commodities, by the government, at subsidized rates, through ration shops, fair price shops and control shops.

Annexure 2- Household Survey

(As this questionnaire requires input from male and female members of household, it should be administered to head of household in the presence of other responsible adult male and female members.)

IDENTIFICATION PARTICULARS	
<b>Before Starting Interview</b>	
Name of District _____	Code: _____
Name of Taluka _____	Code: _____
Name of Block _____	Code: _____
Gram Panchayat _____	Code: _____
Name of the village _____	Code: _____
Date of Interview (DD/MM/YY): ____/____/____	
Time of starting Interview (HH.MM):	_____ . _____ AM/PM
<b>After Ending Interview</b>	
Time of ending interview (HH.MM):	_____ . _____ AM/PM

## A: Household, Water and Sanitation background

Qn.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A01	What is your religion?	HINDU.....1 MUSLIM.....2 CHRISTIAN.....3 SIKH.....4 BUDHHIST.....5 JAIN.....6 OTHER .....7 NO RELIGION.....8	
A02	What is your caste or tribe?	CASTE/TRIBE ..... <input type="text"/> <input type="text"/> <input type="text"/>  NO CASTE/TRIBE SYSTEM.....97	
A03	Do you come under scheduled caste, scheduled tribe, nomadic tribe, or other backward class? Which one?	SCHEDULED CASTE.....1 SCHEDULED TRIBE.....2 NOMADIC TRIBE.....3 DENOTIFIED TRIBE.....4 OTHER BACKWARD CLASS (OBC).....5 GENERAL.....6 DON'T KNOW.....7	

A04	TYPE OF HOUSE  (RECORD AS PER GUIDELINES BASED ON TYPE OF WALL,  ROOF AND FLOOR)	RCC .....1  PUCCA .....2  SEMI-PUCCA .....3  KUCHCHA .....4  HUT .....5  TENT (MAKESHIFT).....6	
A05	Is the house your own, rented, rent-free, sanctioned/provided under some scheme?	CONST/PURCHASED/FAMILY(OWN).... ..1  RENTED.....2  RENT-FREE(EMPLOYER'S).....3  RENT-FREE(RELATIVE'S).....4  LAND FREE & CONSTRUCTION OWN.....5  CONST/ALLOTTED WITH SUBSIDY.....6  ALLOTTED UNDER SCHEME.....7  OTHER.....8	A07
A06	Allotted under which scheme?	INDIRA AWAS YOJNA.....1  GHARKUL YOJNA.....2  BY CONCERNED PSE UNDER REHAB.....3  OTHER .....4	

A07	Do you have registered papers (patta) of this land?	YES.....1 NO.....2	
A08	HOUSE ELECTRIFIED?	YES.....1 NO.....2	
A09	What type of toilet facility do you have?	FLUSH TOILET (OWN).....1 PIT TOILET(OWN).....2 FLUSH TOILET(COMMUNITY).....3 PIT TOILET(COMMUNITY)..... 4 OTHER _____5 NONE.....6	A11 
A10	If own, how was the toilet constructed?	FULLY OWNER EXPENSE .....1 SHARED BY HOUSEHOLDS.....2 WITH SUBSIDY.....3 FULLY AT GOVT/NGO EXPENSE.....4 OTHER _____5	A12 

A11	Would you like to have a (flush) toilet for your household?	NOT INTERESTED.....1  YES, IF PROVIDED FREE.....2  YES, IF PROVIDED SUBSIDY(MATERIAL/CASH).....3  YES, OTHER.....4	
A12	Is there sullage nuisance surrounding your house? What is the nature of sullage nuisance?  (INTERVIEWER: MAKE AN INDEPENDENT ASSESSMENT AND RECORD)	<u>RESP INTWR</u>  NONE..... X X  WATER STAGNATION.....A A  DRAINAGE/SEWAGE.....B B  CATTLE BASED WASTE.....C C  OPEN AIR DEFECATION.....D D  WASTE DUMPING.....E E  OTHER.....F F	
A13	From where do you fetch water for your household?  (ASK FOR ALL SOURCES)	TAP (BY OWN).....A  OWN TAP BY GOVT/PANCHAYAT .....B  OWN HANDPUMP.....C  OWN OPEN WELL.....D  NEIGHBOUR'S TAP.....E  COMMUNITY TAP.....F  COMMUNITY HANDPUMP.....G	A15

		COMMUNITY OPEN WELL.....H  OTHER_____I	
A14	How far is the water source from your household?	JUST OUTSIDE.....1  WITHIN 1/2 KM.....2  WITHIN 1 KM.....3  MORE THAN 1 KM.....4	
A15	What types of fuel does your household use for cooking?   (ASK FOR ALL SOURCES)	GRASS/CROP RESIDUE/WOOD.....A   COWDUNG.....B  COAL/CHARCOAL .....C  KEROSENE.....D  BIOGAS.....E  SOLAR ENERGY.....F  LPG/NATURAL GAS.....G  ELECTRICITY.....H  OTHER_____I	

B: Household composition

B01	In total how many members are there in your household including those staying away for studying, working, delivery and other purposes?	NUMBER OF MEMBERS..... <div><div></div><div></div></div>	
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09											
10											
11											
12											

**Col (3) Relation to Head:** **01** Head, **02** Spouse, **03** Son/Daughter, **04** Son-in-law/Daughter-in-law, **05** Grandchild, **06** Father/mother, **07** Father-in-law/Mother-in-law, **08** Brother/Sister, **09** Brother-in-law/Sister-in-law, **10** Uncle/Aunt, **11** Niece/Nephew, **12** Grandfather/Grandmother, **13** Other relative, **14** Servant/Employee/Other

**Col (4) Residential status:** **1** Currently residing, **2** Studying elsewhere, **3** Working elsewhere, **4** Staying elsewhere but not studying or working.

**Col (5) Sex:** **1** Male, **2** Female. **Col (6) Age:** Record age in completed years, **00** if not completed one year, 96 if age 96 or above.

**Col (7) Marital Status:** **1** Unmarried, **2** Married, **3** Widowed, **4** Divorced, **5** Separated/ Deserted, **6** Other

**Col (8) Education (completed):** **00** Illiterate, **01** Literate without schooling, **01-12** Write standard as it is, **13** Bachelors 1st Year, **14** Bachelors 2<sup>nd</sup> Year, **15** Bachelors 3<sup>rd</sup> Year, **16** Masters 1<sup>st</sup> year, **17** Masters 2<sup>nd</sup> year, **18** M.Phil doing/completed, **19** PhD doing/completed, **21-29** Years of engineering/technical/management degree course, **31-39** Years of Medical/health degree course, **41-49** Years of Post-SSLC certificate/diploma/vocational course (ITI, polytechnic, VHSC's and other courses) **51-59** Years of Pre-SSLC certificate/diploma/vocational course. **Col (10): Reasons for dropout/Not gone to school (if code >1 in Col. 9):** **1** To work and support household, **2** Required to attend domestic chores, **3** Education/higher education not considered important, **4** Too poor in studies/failed/irregular to school, **5** School too far/sending girls not safe, **6** Poor quality of teaching/teachers not available or rude, **7** Too high fees/expenses, **8** Frequent shifting of residence, **9** Physical/mental disability/illness, **10** Quit education due to early marriage **11** Other (specify)

**Col (11, 12): Activity:** **00** Housewife, **01** Farming, **02** Agriculture labour, **03** Non-agriculture labour, **04** Salaried (scale based), **05** Salaried (local/consolidated), **06** Artisan/craftsman/household industry, **07** Contractor/broker, **08** Petty business/trade, **09** Livestock rearing, **10** Local services (including traditional services), **19** Other (specify) **97** None.

B03: CHECK B02 AND LIST ALL PERSONS **STUDYING (CODE 1 IN COLUMN 9)** AND THEN ASK DETAILS

MI D	Name of Student	Standard studying	Institution	Distance	Mode of travel	Frequency of mid-day meal  (ASK UPTO STANDA RD 8TH)	Benefits received in one year  (RECORD UP TO 5 BENEFITS )
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

**Col (3) Standard studying:** Codes as in Col (8) of table B02, **00** Pre-school education.

**Col (4) Institution:** **1** Govt, **2** Private-aided, **3** Private-unaided, **4** Other

**Col (5) Distance to institution from home:** Distance in completed km as it is, **00** if <1 km or within the village.

**Col (6) Mode of travel:** **0** Walk, **1** Bicycle, **2** Scooter/Bike/etc, **3** Auto/Taxi/Cycle Rickshaw, **4** Bus, **5** Train, **6** Other

**Col (7) Frequency of mid-day meal:** **0** No, **1** Once a week, **2** Few days a week **3** All the days

**Col (8) Benefits received: 0** None **1** Food supplements/ration, **2** Scholarship **3** Fee concession, **4** Uniforms, **5** Books & stationery, **6** Bus/train pass, **7** Health facilities, **8**. Bicycle **9** Other.

B04	Did you or any of your household members receive any vocational skill training in the last 3 years?  (READ THE LIST OF VOCATIONAL SKILLS)	YES.....1  NO.....2	→B06
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**B05: LIST ALL THE PERSONS WHO RECEIVED SKILL TRAINING AND ASK DETAILS (IF RECEIVED MORE THAN ONE TRAININGS, CONSIDER THE LATEST ONE COMPLETED)**

MID	Name of person	Type of Skill	Agency provided training	Duration of training (As it is)	Month and year of training (As it is)	Engaged in this activity for income generation	If not engaged, why?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

**Col (3) Type of skill: Modern: 11** Computer/TV/Mobile/Electronic goods sale/service, **12** Home appliances sale/service, **13** DTP Centre/Xerox/Bookbinding/Screen-printing and related work, **14** Catering/bakery/hotel-related, **15** Tuition/Training-related, **19** Other modern skills,

**Household Industry:** **21** Tailoring/embroidery, **22** Weaving/dying/spinning/Textile-related, **23** Toy/Decoration-making, **24** Beedi/Agarbathi/Soap/Home use items making, **25** Basket/Carpet/Home utilities making, **26** Papad/Sweet/Eatable making, **29** Other household industry related skills,

**Agricultural-related:** **31** Thresher/Harvester/Tractor operation, **32** Horticulture/Sericulture training, **33** Progressive farming techniques (including vermiculture and related skills), **34** Insecticide spraying/related operation, **35** Food processing, **39** Other agricultural skills,

**Service-oriented:** **41** Driving vehicles, **42** Photography/Photo studio, **43** Healthcare (nursing, midwifery and related work), **44** Beautician services, **49** Other services,

**Small Scale Industry:** **51** Motor mechanic (repair and related work), **52** Welding/Electrical repair work, **53** Jewelry or bead making, **54** Construction related work, **59** Other small scale industry skills,

**Traditional skill:** **61** Cobbling, **62** Leather/related work, **63** Carpentry, **64** Masonry, **65** Pottery, **66** Stone-carving, **67** Wood-carving, **68** Metal work (ironsmith and related skill), **69** Other Traditional skills.

**Col (4) Agency provided training:** **1** NGO, **2** Government, **3** Charity organization, **4** Other

**Col (7) Engaged in this activity:** **1** Wage employed, **2** Self employed, **3** Both, **4** Not engaged **5** Pursuing course training

**Col (8) If not engaged, why?:** **00** NotApplicable **01** Financial (Credit) constraints, **02** Time constraints, **03** Marketing problems, **04** Labour problems, **05** Electricity problems, **06** Raw materials problems, **07** Family problems, **08** Complying rules and regulations, **09** Shifted to better income source, **10** This skilled work not in demand, **11** Married and changed work, **12** Family/Child care commitments, **19** Other

C: Health seeking behaviour

C01	If household members fall sick, where do	TRADITIONAL	
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	you go or whom do you consult first?	HEALER/DAI...01  LOCAL DOCTOR/RMP.....2  CHEMIST SHOP.....3  MOBILE CLINIC.....4  SHC/ASHA/ANGANWADI..... .5  PHC/CHC.....6  GOVT HOSPITAL.....7  PRIVATE CLINIC.....8  PRIVATE HOSPITAL.....9  COMPANY/AIDED HOSPITAL...10  SEEK NO TREATMENT.....11  DEPENDS ON AILMENT.....12  OTHER_____	
C02	During the last 12 months, which are the agencies did you/your household members visit for consultation and/or treatment?  (ASK FOR ALL SOURCES)	TRADITIONAL HEALER/DAI...A  LOCAL DOCTOR/RMP.....B  CHEMIST SHOP.....C  MOBILE CLINIC.....D	





(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

**Col (3) Sex of child:** 1 Male, 2 Female.

**Col (4): Date of birth:** Exact date of birth (DD/MM/YY) or at least month and year of birth need to be recorded.

**Col (5) Place of birth:** 1 Government Maternity Centre/General Hospital, 2 Private Maternity Centre/Hospital, 3 PHC/CHC, 4 Health sub-centre, 5 Home by Nurse/doctor, 6 Home by birth attendant, 7 Home by other, 8 Other (specify).

**Col (6): Age of mother at child birth:** Age of the mother when the child was born;

**Col (7): Order of birth:** Order of birth to the mother, irrespective of survival status of the children. 1 first birth, 2 second birth, and so on.

**Col (8): Allowance:** Allowance given for the delivery by Government or NGOs usually to meet transport and hospital expenses, under Safe Delivery Scheme.

**Col (9) Birth Registration:** 1 Registered and certificate obtained; 2 Institutional delivery and confirmed its registration from hospital authorities or birth registrar, 3 Institutional delivery but registration status not known, 4 Institutional delivery but not registered, 5 Home delivery and registered, 6 Home delivery and not registered, 7 Other, 8 Status not known.

**Col (10): If died, age at death:** 0 if child surviving, If the child died, record the age at death in completed days if died within 2 months of birth (xx days), in completed months if died within 2 years (xx months) and in completed years if died after 2 years (xx years).

## D: Landholding and Livestock

D01	Does your household own any agricultural land including any plantation land?	YES.....1 NO.....2	→D06
D02	How much agriculture land do you own?	ACRES _____._____	
D03	How much land do you cultivate?	ACRES _____._____	
D04	How much of the land cultivated by you is irrigated?	Nil..... 0 ACRES _____._____	→D06
D05	What are the sources of irrigation?  Do not record rain as a method of irrigation  (ASK FOR ALL SOURCES)	CANAL.....A  POND.....B  WELL.....C  RIVER.....D  MOTOR PUMP.....E  TUBE WELL.....F  BORE WELL.....G  DAM.....H  OTHER.....I  NONE.....X	
D06	Does your household own any livestock?  (READ LIVESTOCK LIST)	YES.....1 NO.....2	→E01

D07	Please give the list of livestock and numbers you possess.	HE BUFFALO.....  SHE BUFFALO.....  COW.....  BULLOCK.....  SHEEP.....  GOAT.....  PIGGERY.....  POULTRY.....  OTHER.....	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																					

### E: Public Distribution System and outstanding loans

E01	What type of PDS/Ration card does your household possess?	APL CARD.....1 BPL CARD.....2 ANTYODAYA/BBPL CARD.....3 APPLIED BUT NOT RECEIVED.....4 NOT APPLIED.....5 NONE.....6	} → E04
E02	Do you avail ration from PDS?	YES, REGULARLY.....1 YES, SOMETIMES.....2 NO.....3	→ E04

E03	<p>What are the reasons for not (regularly) availing PDS ration?</p> <p>(ASK FOR ALL REASONS)</p>	<p>NOT INTERESTED.....A</p> <p>POOR QUALITY OF GRAIN.....B</p> <p>NO PDS SHOP/IRREGULAR.....C</p> <p>SHOP TOO FAR.....D</p> <p>HAVE APL CARD.....E</p> <p>NO MONEY DURING PDS SUPPLY.....F</p> <p>USE OWN FARM PRODUCE PARTLY</p> <p>OTHER.....I</p>	
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## Loans

E04	Does any member of your family have outstanding loan from bank, cooperatives, SHGs, money lenders, friends, relatives, and so on?	<p>YES.....1</p> <p>NO.....2</p>	<p>F</p> <p>→</p>
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E05: Details of **loans** outstanding

MID	Name of borrower	Source of credit	Month & year of loan	Amount borrowed	Interest rate % per year	Assets mortgaged	Purpose of loan
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

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**Col (3) Credit source:** **1** Bank, **2** Money lender, **3** Trader/Employer, **4** NGO **5** Relative/Friends, **6** SHG, **7** Other **8.** Co-operative Society.

**Col (7) Asset mortgaged:** **0** None, **1** Own land/house deed, **2** Others land/house deed, **3** Own jewels, **4** Others jewels **5** Own durable goods, **6** Others durable goods **7** Personal security, **8** Deposit **9** Other

**Col (8) Purpose of Loan:** **01** Farming activity; **02** Petty trade/business; **03** Medical expenses, **04** Education, **05** Marriage expenses, **06** Family function/ceremonies/festival, **07** House construction/purchase/repair, **08** Purchase of land, **09** Purchase of Jewelry, **10** Purchase of durable goods, **11** To buy animals, **12** Settle/pay another loan, **13** Family consumption, **14** Delivery related expenses, **15** Death related expenses, **16** Other. (Record up to 3 in order of importance)

F: Major problems in the village

F: What are the major problems faced or needs to be addressed in the village?

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## Annexure 3- Village Survey

## Village Questionnaire

<b>IDENTIFICATION PARTICULARS</b>		
Name of District: _____	Code: _____	
Name of Taluka: _____	Code: _____	
Name of Block: _____	Code: _____	
Gram Panchayat: _____	Code: _____	
Name of Village: _____	Code: _____	
<u>Informant name</u>	<u>Informant status</u>	<u>Status Code</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Date of completion of interview (DD/MM/YY): _____ / _____ / _____		
Name of the Supervisor (Interviewer): _____		Code: _____

## P: Population, Land and Water

Qn.	QUESTIONS AND FILTERS	CODING CATEGORIES
P01	<p>WRITE YEAR OF ENUMERATION AND RECORD HOUSEHOLDS AND POPULATION OF THE VILLAGE</p> <p>(CODE 0000 UNDER YEAR IF NO ENUMERATION)</p>	<p>YEAR.....</p> <p>HOUSEHOLDS.....</p> <p>POPULATION.....</p>
P02	<p>Total, irrigated, non-irrigated (rain fed), grazing (pasture) land, forest land, wasteland <b>area</b> in the village</p> <p>(RECORD ALL FIGURES IN ACRES)</p>	<p>TOTAL AREA.....1</p> <p>IRRIGATED.....2</p> <p>NON-IRRIGATED.....3</p> <p>GRAZING.....4</p> <p>FOREST.....5</p> <p>WASTELAND.....6</p>
P03	<p>What extent of agricultural land in the village <b>suffers</b> from flood proneness, alkalinity, water logging, and soil erosion?</p> <p>(RECORD IN ACRES <b>OR</b> WRITE CODES IN BOXES –</p> <p>1 ALMOST NIL, 2 SOME, 25%, 3 HALF, 50%, 4 MORE THAN HALF, 75%, 5 ALMOST ALL)</p> <p><b>DEFINITIONS:</b></p> <p>FLOOD PRONENESS – CAN BE EASILY AFFECTED BY FLOODS IN RIVER NEARBY</p>	<p>FLOOD PRONENESS.....1</p> <p>ALKALINITY.....2</p> <p>WATER LOGGING.....3</p> <p>SOIL EROSION.....4</p> <p>DROUGHT PRONENESS.....5</p>

	<p>ALKALINITY – OR CLAY SOIL, THAT IS HIGH IN ALKALINE, LOW INFILTRATION CAPACITY CAUSING RAIN WATER TO EASILY STAGNATE/ LOG</p> <p>WATER LOGGING - THE WATER TABLE (LEVEL) OF THE GROUND WATER IS TOO HIGH FOR AGRICULTURE TO TAKE PLACE</p> <p>SOIL EROSION – SOIL THAT GETS WASHED AWAY EASILY BY WIND OR WATER</p> <p>DROUGHT PRONENESS – LAND THAT IS SUFFERS NORMALLY FROM DROUGHTS, I.E. LACK OF RAINS IN THE REGION</p>	
P05	<p>What are the various <b>sources of irrigation</b> in the village?</p> <p>(NOTE: WITH OR WITHOUT MOTOR)</p> <p>(ASK FOR ALL SOURCES)</p>	<p>TANK/POND.....A</p> <p>STREAM/RIVER.....B</p> <p>CANAL.....C</p> <p>OPEN WELL.....D</p> <p>TUBE WELL.....E</p> <p>OTHER_____</p> <p>_F</p> <p>NONE.....X</p>
P06	<p>What are the various <b>sources of water</b> for the use of households in the village? Rank them in order of importance?</p>	<p>TANK/POND.....1</p> <p>STREAM/RIVER.....2</p>





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Q02	<p>What are the <b>sources of livelihood</b> for the people of the village?</p> <p>ENCIRCLE MULTIPLE OPTIONS</p>	<p>OWN FARM ACTIVITIES.....A</p> <p>AGRICULTURAL LABOUR.....B</p> <p>NON-AGRI LABOUR (RURAL).....C</p> <p>FACTORY LABOUR (MODERN).....D</p> <p>SALARIED EMPLOYMENT.....E</p> <p>PETTY BUSINESS/TRADE.....F</p> <p>CATTLE REARING.....G</p> <p>COLLECT &amp; SALE FOREST/MINING PRODUCTS.....H</p> <p>RENT/PENSION/REMITTANCE.....I</p> <p>ARTISAN (TRADITIONAL).....J</p> <p>OTHER_____</p> <p>_K</p>	

Q03	Accessibility of the forest/mining area to the people of the village for their livelihoods? What purposes?  ENCIRCLE MULTIPLE OPTIONS  (YES – CAN ACCESS, NO – CANNOT ACCESS, NA – NO FOREST/MINING)	<table border="1"> <thead> <tr> <th></th><th>CODE</th><th>YES</th><th>NO</th><th>NA</th></tr> </thead> <tbody> <tr> <td>FIREWOOD .....</td><td>1</td><td>A</td><td>B</td><td>C</td></tr> <tr> <td>FRUIT/NUTS/LEAVES/...</td><td>2</td><td>A</td><td>B</td><td>C</td></tr> <tr> <td>HUNTING .....</td><td>3</td><td>A</td><td>B</td><td>C</td></tr> <tr> <td>CULTIVATION.....</td><td>4</td><td>A</td><td>B</td><td>C</td></tr> <tr> <td>COAL COLLECTION.....</td><td>5</td><td>A</td><td>B</td><td>C</td></tr> <tr> <td>OTHER.....</td><td>6</td><td>A</td><td>B</td><td>C</td></tr> </tbody> </table>		CODE	YES	NO	NA	FIREWOOD .....	1	A	B	C	FRUIT/NUTS/LEAVES/...	2	A	B	C	HUNTING .....	3	A	B	C	CULTIVATION.....	4	A	B	C	COAL COLLECTION.....	5	A	B	C	OTHER.....	6	A	B	C	
	CODE	YES	NO	NA																																		
FIREWOOD .....	1	A	B	C																																		
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HUNTING .....	3	A	B	C																																		
CULTIVATION.....	4	A	B	C																																		
COAL COLLECTION.....	5	A	B	C																																		
OTHER.....	6	A	B	C																																		
Q04	Extent of Household of the village (at least one member) <b>temporarily or for certain periods migrates</b> to other places in search of work.	YES, MANY MIGRATE.....1  YES, FEW MIGRATE.....2  RARE.....3	→ Q0 6																																			
Q05	Where do people migrate for work?	Within the state (Agri Labour).....1  Within the state (Non-Agri Labour).....2  Outside state (Agri Labour)...3  Outside state (Non-Agri Labour).....4  Other.....5																																				
Q06	How many children of this village are currently (this year) <b>staying and studying outside the village?</b>	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>																																				

## R: Religion, Caste, Recreation and Transport Facilities

Qn.	QUESTIONS AND FILTERS	CODING CATEGORIES	S K P																																																																																																				
R01	<p>What is the religious composition of this village?</p> <p>(ASCERTAIN AND RECORD APPROXIMATE NUMBER/PERCENTAGE OF HOUSEHOLDS)</p>	<p><b><u>Religion</u></b>                      <b><u>HHs</u></b></p> <p>HINDU.....1                      <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MUSLIM.....2                      <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>CHRISTIAN.....3                      <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>BUDDHIST.....4                      <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>SIKH.....5                      <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>JAIN.....6                      <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>OTHER.....7 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																																																																																																					
R02	<p>What is the <b>caste/ tribal</b> composition of this village?</p> <p>(ASCERTAIN AND RECORD APPROXIMATE PERCENTAGE OF HOUSEHOLDS)</p> <p>(CATEGORY – 1 GENERAL, 2 SCHEDULED CASTE, 3 SCHEDULED TRIBE, 4 OTHER BACKWARD CLASS, 5 NOMADIC TRIBE, 6 DENOTIFIED TRIBE)</p>	<p><b><u>Caste/ Tribe CATG.</u></b>    <b><u>Code</u></b>    <b><u>HHs</u></b></p> <p>1 _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>2 _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>3 _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>4 _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>5 _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>6 ALL OTHERS.....</p>																																																																																																					

R03	<p>Recreation/Common facilities available in the village such as playground, Samaaj Mandir, gymnasium (vyayamshala), conference hall etc.</p> <p>(ASK ALL SOURCES)</p>	<p>PLAYGROUND.....A</p> <p>SAMAAJ MANDIR.....B</p> <p>GYMNASIUM (VYAYAMSHALA).....C</p> <p>COMMUNITY HALL.....D</p> <p>LIBRARY.....E</p> <p>CREMATION/BURIAL PLACE.....F</p> <p>OTHER _____G</p>													
R04	<p>Which are the <b>nearest towns</b> to which people of your village often go for buying household goods and for services including medical services?</p> <p>How far they are from your village (km)?</p> <p>How many trips <b>public/state transport buses</b> MAKE in a day to these towns from or through your village?</p>	<p><b><u>Town</u></b>      <b><u>Distance</u></b>   <b><u>Trips</u></b></p> <p>1 _____ <table border="1" data-bbox="1220 1077 1394 1120"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p>2 _____ <table border="1" data-bbox="1220 1126 1394 1169"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p>3 _____ <table border="1" data-bbox="1220 1176 1394 1218"><tr><td></td><td></td><td></td><td></td></tr></table></p>													
R05	<p>What <b>other common transport</b> facilities people often use to go to the (se) town(s)?</p> <p>(ASK ALL SOURCES)</p>	<p>PRIVATE BUSES/MINI-BUSES.....A</p> <p>MAXI CABS/JEEP.....B</p> <p>SHARE AUTO.....C</p> <p>TAXI/AUTO.....D</p> <p>BICYCLE.....E</p> <p>MOTOR CYCLE .....F</p>													

		BULLOCK/HORSE CART.....G	
		OTHER.....H	

S: Physical, Educational and Health facilities

Qn.	Items	Distance to the nearest item	SKI P																																																												
	<b>DISTANCE CODES:</b> 00=Within village/<1 km, 01 to 94 kms: (KMS As It Is), 95=95+ kms, 98=Don't know, 99 Not applicable/none nearby																																																														
S01	<u><b>Nearest Physical Facilities</b></u>  <table border="0"> <thead> <tr> <th><u><b>FACILITIES</b></u></th><th><u><b>CODE</b></u></th><th><u><b>DISTANCE</b></u></th><th><u><b>VILLAGE/ TOWN NAME</b></u></th></tr> </thead> <tbody> <tr> <td>CEMENT/ TAR ROAD.....1</td><td></td><td><table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td><td>_____</td></tr> <tr> <td>BUS STOP.....2</td><td></td><td><table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td><td>_____</td></tr> <tr> <td>PUBLIC TELEPHONE BOOTH.3</td><td></td><td><table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td><td>_____</td></tr> <tr> <td>DAILY/EVENING MARKET...4</td><td></td><td><table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td><td>_____</td></tr> <tr> <td>WEEKLY MARKET.....5</td><td></td><td>_____</td><td></td></tr> <tr> <td>PDS SHOP.....6</td><td></td><td>_____</td><td></td></tr> <tr> <td>Grocery shop.....7</td><td></td><td>_____</td><td></td></tr> <tr> <td>DTP/XEROX CENTRE.....8</td><td></td><td>_____</td><td></td></tr> </tbody> </table>			<u><b>FACILITIES</b></u>	<u><b>CODE</b></u>	<u><b>DISTANCE</b></u>	<u><b>VILLAGE/ TOWN NAME</b></u>	CEMENT/ TAR ROAD.....1		<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							_____	BUS STOP.....2		<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							_____	PUBLIC TELEPHONE BOOTH.3		<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							_____	DAILY/EVENING MARKET...4		<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							_____	WEEKLY MARKET.....5		_____		PDS SHOP.....6		_____		Grocery shop.....7		_____		DTP/XEROX CENTRE.....8		_____	
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S02	<b><u>Nearest Local Institutions</u></b>			
	<b><u>INSTITUTIONS</u></b>	<b><u>CODE</u></b>	<b><u>DISTANCE</u></b>	<b><u>VILLAGE/ TOWN NAME</u></b>
	POST OFFICE.....1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	RAILWAY STATION.....2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	POLICE STATION.....3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	GRAM PANCHYAT OFFICE....4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	COOPERATIVE SOCIETY....5	<input type="text"/>	<input type="text"/>	<input type="text"/>
	BANK FOR S/B ACCOUNT....6	<input type="text"/>	<input type="text"/>	<input type="text"/>
	BLOCK DEVT OFFICE.....7	<input type="text"/>	<input type="text"/>	<input type="text"/>
	TALUK HEADQUARTERS.....8	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DISTRICT HEADQUARTERS...9	<input type="text"/>	<input type="text"/>	<input type="text"/>
	WAREHOUSE.....10	<input type="text"/>	<input type="text"/>	<input type="text"/>
	APMC/MANDI.....11	<input type="text"/>	<input type="text"/>	<input type="text"/>
S03	<b><u>Nearest Educational Institutions</u></b>			
	<b><u>FACILITIES</u></b>	<b><u>CODE</u></b>	<b><u>DISTANCE</u></b>	<b><u>VILLAGE/ TOWN NAME</u></b>
	PRE-PRI/NURSERY	<input type="text"/>	<input type="text"/>	SCHOOL..1
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	GOVT PRIMARY SCHOOL.....2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CHARITABLE PRIMARY.....3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PVT PRIMARY SCHOOL.....4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	GOVT SECONDARY SCHOOL...5	<input type="text"/>	<input type="text"/>	<input type="text"/>

	CHARITABLE SECONDARY....6	_____	
	PVT SECONDARY SCHOOL....7	_____	
	HIGHER SEC SCHOOL.....8	_____	
	DEGREE COLLEGE.....9	_____	
	ITI/POLYTECHNIC.....10	_____	
	VOC TRAINING CENTRE....11	<input type="checkbox"/> <input type="checkbox"/> _____	
S04	<b><u>Nearest Health/Medical Facilities</u></b>		
	<b><u>FACILITIES</u></b>	<b><u>CODE</u></b>	<b><u>DISTANCE</u></b>
	<b><u>VILLAGE/ TOWN NAME</u></b>		
	HEALTH SUB-CENTRE.....1	<input type="checkbox"/> <input type="checkbox"/>	_____
	PRIMARY HEALTH	<input type="checkbox"/> <input type="checkbox"/>	CENTRE...2
	_____	<input type="checkbox"/> <input type="checkbox"/>	
	CHC/GOVT GEN	<input type="checkbox"/> <input type="checkbox"/>	HOSPITAL...3
	_____	<input type="checkbox"/> <input type="checkbox"/>	
	PVT CLINIC (RMP+).....4	<input type="checkbox"/> <input type="checkbox"/>	_____
	PVT CLINIC (MBBS/BAMS+)..5	<input type="checkbox"/> <input type="checkbox"/>	_____
	PRIVATE HOSPITAL.....6	<input type="checkbox"/> <input type="checkbox"/>	_____
	Ayush HOSPITAL.....7	<input type="checkbox"/> <input type="checkbox"/>	_____
	VETERINARY CLINIC.....8	<input type="checkbox"/> <input type="checkbox"/>	_____
	MEDICAL SHOP/CHEMIST....9	<input type="checkbox"/> <input type="checkbox"/>	_____
	ASHA WORKER.....10	<input type="checkbox"/> <input type="checkbox"/>	_____
	DAI(TRAINED/UNTRAINED)..11	<input type="checkbox"/> <input type="checkbox"/>	_____



S05	Does any mobile medical team visit this village?	YES.....1 NO.....2	→S09
S06	How often does the team visit this village?	DAILY.....1 FEW DAYS A WEEK.....2 WEEKLY.....3 FORTNIGHTLY/LESS FRQNTLY.....4	
S07	By whom is the Mobile Medical Van service provided?  (PROVIDE DETAILS OF THE AGENCY)	BY PHC/CHC.....1 BY MISSIONARIES.....2 BY COMPANY.....3 BY OTHERS.....4	
S08	What services are provided by Mobile Medical Vans?  MCH – Mother Child Healthcare	MINOR AILMENT TREATMENT.....A  CHRONIC DISEASES TREATMENT....B  MCH SERVICES.....C  BLOOD/URINE TESTS.....D  SCANING RELATED TESTS.....E  BP/DIABETIC RELATED TESTS.....F	

		HIV/STI RELATED SERVICES.....G  OTHER_____H	
S09	Number of Anganwadi centres in the village	ANGANWADI CENTRES..... <input type="checkbox"/>	
S10	Number of self-help groups (SHGs) in the village for women, men, mixed, production/business activity-based	SHGS' FOR WOMEN.....1 <input type="checkbox"/> SHGS' FOR MEN.....2 <input type="checkbox"/> SHGS' MIXED.....3 <input type="checkbox"/>	

T: Social Organizations, Government, NGO Functionaries; MGNREGS and other schemes

**T01:** Details of social/community organizations such as SHGs, Women clubs, youth clubs, farmers clubs within and outside your village that serve the village.

Name of Institution	Type	No. of Members	Active or not?	Activities and beneficiaries in the last one year (Record all activities and number of beneficiaries by activity)	
				Activities	Number of beneficiaries
(1)	(2)	(3)	(4)	(5)	(6)


**Col (2) Organisation type:** **01** Peoples Organisations (e.g. Water and Sanitation Committee), **02** Youth Club/Group, **03** SHG, **04** Mahila Mandal, **05** Bhajan Mandali

**Col (4)** **01** Yes, **02** No, **03** Don't know

**Col (5) Activities:** **01** Mid Day Meal food preparation, , **02** Awareness creation, **03** Literacy/Education providing, **04** Health care activities, **05** Developmental activities, **06** Rehabilitation/Disaster control activities, **07** Giving early warning system, **08** Working on environment issues, **10** Working on Policies/advocacy **11** Others.

**Col (6) Beneficiaries:** Record number of beneficiaries by activity.

**T02:** Which Government functionaries and NGO workers visit your village? How often?

Sector	Sr. No.	Who visited (designation)	Frequency of visit
(1)	(2)	(3)	(4)
Agriculture department (e.g. Agriculture extension officer, patwari)	1		
	2		
	3		
Rural development (Gram sevak, Collector, BDOs, CDOs, DM, Panchayat officials)	1		
	2		
	3		
Health and social welfare (e.g.	1		

Doctors, ANM, ASHA Health Inspector, Anganwadi Worker/ Anganwadi Sahayika, Supervisor/CDPO)	2		
	3		
Other government functionaries	1		
	2		
	3		
NGOs	1		
	2		
	3		

**Col (3): Who visited:** 01 Agriculture extn officer, 02 Patwari, 03 Gram sewak, 04 BDO, 05 Panchayat official, 06 Health worker, 07 PHC doctor, 08 ANM, 09 Health inspector, 10 Anganwadi supervisor/ CDPO, 11 Veterinary doctor, 12 ASHA, 13 Anganwadi worker, 14 NGO people, 15 Other

**Col (4): Frequency of visit:** 1 Daily, 2 Few days a week, 3 Weekly, 4 Occasionally, 5 Rarely, 6 Other

**T03:** MGNREGS or NGOs implemented employment and income generation schemes in this village in the past 12 months

Program	Implemented by whom?	No. of Job Cards (If MGNREG A)	No. of beneficiaries		Minimum Wage (As per Panchayat)	Challenges in Implementation
			Males	Females		
(1)	(2)	(3)	(4)	(5)	(6)	(7)


**Column 1:** 1 IAY, 2 NREGA, 3 SJGSY, 4 NGY, 5 JGSY, 6 Others.

**Column 2:** 1 Govt., 2 CSR, 3 NGO, 4 Other

U: Health, Sanitation and Education Institutions

**U01:** Health Institutions (Hospitals/Clinics) in and around the village

Name and address of the institution	Type	Distance	Services available	Cost of services	Utilization by villages	Reasons for non-utilization of services
(1)	(2)	(3)	(4)	(5)	(6)	(7)

**Col (2) Type:** 1 PHC, 2 Govt. hospital, 3 Private hospital, 4 CSR hospital, 5 Private clinics, 6 Other

**Col (3) Distance:** Distance in completed km, 00 if <1 km or within the village

**Col (4) Services available:** 1 Minor Ailment Treatment, 2 Chronic Diseases Treatment, 3 MCH Services, 4 Blood/Urine Tests, 5 Scanning Related Tests, 6 BP/Diabetic Related Tests, 7 HIV/STI Related Services, 8 Other

**Col (5) Cost of services:** 1 Free, 2 Free but tips paid, 3 Subsidised, 4 Reasonable charges, 5 Very high charges

**Col (6): Utilization by Villages:** 1 Most people go, 2 Many people go, 3 Few go, 4 Rich/affordable people go, 5 Rarely people go

**Col (7) Reasons for Non-Utilization:** 1 No Facility Nearby, 2 Timing not Convenient, 3 Health Personnel often absent, 4 Waiting time too long, 5 Poor Quality of Services, 6 Unaffordable, 7 Other

**U02:** Community Toilet Facility available in the village (RECORD ONLY ONES IN USE)

Sr. No.	Location (Record nearest landmark)	Type of toilet	No. of pits/toilets	Provided by	Maintained by	Water facility	Payments	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

**Col (3) Type of toilet:** 1 Pit, 2 Flush, 3 Other, 4 None

**Col (5) Provided by:** 1 Panchayat, 2 NGO, 3 CSR, 4 Other

**Col (6) Maintained by:** 1 Panchayat, 2 Local people, 3 NGO, 4 Other, 5 None

**Col (7) Water facility:** 1 Overhead Tank, 2 Well, 3 Bore well, 4 Storage Tank, 5 Other, 6 None

**Col (8) Payments:** 1 By Panchayat, 2 By User, 3 Through CSR, 4 None

**Col (9) Remarks:** Record sanitation & infrastructural condition of the toilet as per interviewer's observation



			F=2)							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

**Col (6) Marital Status:** 1 Unmarried, 2 Married, 3 Widowed, 4 Divorced, 5 Separated/Deserted, 6 Other

**Col (7) Education (completed):** 00 Illiterate, 01 Literate without schooling, 01-05 Standard (if literate only), 06-10 Standard, 11-12 Higher secondary, 13-15 BA/BSc/B.Com Degree course, 16-17 MA/MSc/M.Com Degree course, 18 M.Phil doing/completed, 19 PhD doing/completed, 21-29 Years of engineering/technical/management degree course, 31-39 Years of Medical/health degree course, 41-49 Years of Post-SSLC certificate/diploma/vocational course (ITI, polytechnic, VHSC's and other courses) 51-59 Years of Pre-SSLC certificate/diploma/vocational course

**Col (08): Occupation:** 00 None, 01 Farming, 02 Agriculture labour, 03 Non-agriculture labour, 04 Salaried (scale based), 05 Salaried (local/consolidated), 06 Artisan/craftsman/household industry, 07 Contractor/broker, 08 Petty business/trade, 09 Livestock rearing, 10 Local services (including traditional services), 19 Other (specify)

**Col (9): Type of Disability:** 1 Physical Disability, 2 Mentally Challenged, 3 Visual Impairment, 4 Hearing Impairment, 5 Other

**Col (10 & 11): Type of skill: Modern:** 11 Computer/TV/Mobile/Electronic goods sale/service, 12 Home appliances sale/service, 13 DTP Centre/Xerox/Bookbinding/Screen-printing and related work, 14 Catering/bakery/hotel-related, 15 Tuition/Training-related, 19 Other modern skills,



**Service-oriented:** **41** Driving vehicles, **42** Photography/Photo studio, **43** Healthcare (nursing, midwifery and related work), **44** Beautician services, **49** Other services.

**Traditional skill:** **61** Cobbling, **62** Leather/related work, **63** Carpentry, **64** Masonry, **65** Pottery, **66** Stone-carving, **67** Wood-carving, **68** Metal work (ironsmith and related skill), **69** Other  
Traditional skills

[illegible]

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**Col (6) Marital Status:** 1 Unmarried, 2 Married, 3 Widowed, 4 Divorced, 5 Separated/Deserted, 6 Other

**Col (9) Type of Benefits:** 1 Old Age Pension Scheme, 2 Widow Pension Scheme, 3 Disability Pension Scheme, 4 Other

**Col (11) Problems:** 00 Have no problems, 1 Do not get all benefits, 2 Irregular, 3 Do not get any benefit, 4 Other,

**V03:** Details of development activities by non-Governmental organizations (NGOs including under CSR) in the past 3 years.

Sr. No.	Nature of activity	Agency provided the benefit	Year of activity (As it is)	Approx. cost (As it is)	No. of beneficiaries (if applicable)	Maintenance By	Functional or not?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

**Col (2) Nature of Activity:** 1 approach road, 2 streetlight, 3 hand pumps, 4 tanker water supply, 5 watersheds, 6 renovation of buildings, 7 supply of equipment, 8 medical facilities (clinic, hospital, MMU), 9 Other

**Col (3) Agency Provided the Benefit:** 1 State Govt., 2 Central Govt., 3 CSR, 4 Panchayat, 5 Missionary/ Trust, 6 Other

**Col (7) Maintenance by:** 1 State Govt., 2 Central Govt., 3 CSR, 4 Panchayat, 5 Missionary/Trust, 6 Other

**Col (8) Functional or not?** 1 Yes, 2 No, 3 Need urgent Maintenance

W: Major Problems of the Village

**W:** Major Problems (Could Be Related To Health, Nutrition, Sanitation, Education, Livelihood, Disaster, Etc.) That Require Attention According To Respondents

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