REPORT OF BASELINE SURVEY CONDUCTED IN SEVEN VILLAGES OF MEWAT, HARYANA

INDIAN OIL CORPORATION LIMITED CSR PROJECT

Conducted by

National Corporate Social Responsibility Hub

Tata Institute of Social Sciences

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LIST OF ABBREVIATIONS

1. CSR : Corporate Social Responsibility
2. TISS : Tata Institute of Social Sciences
3. DPE : Department of Public Enterprises
4. CPSE : Central Public Sector Enterprises
5. NCSRH : National Corporate Social Responsibility Hub
6. BDO : Block Development Office
7. CS Pro : Census and Survey Processing System
8. SPSS : Statistical Product and Service Solutions
9. MoC : Memorandum of Collaboration
10. RCC : Reinforced Concrete Cement
11. PCC : Plain Concrete Cement
12. LPG : Liquefied Petroleum Gas
13. OBC : Other Backward Classes
14. SC : Scheduled Caste
15. ST : Scheduled Tribe
16. IAY : Indira Awaas Yojana
17. MDM : Mid-Day Meal
18. NGO : Non-Governmental Organisation
19. HH : Household
20. OAD : Open Air Defecation
21. MOWS : Ministry of Water Resources
22. MAP : Mass Awareness Programmes
23. ODS : Open Defecation System
24. RMP : Registered Medical Practitioner
25. SHC : Sub-Health Centre
26. ASHA : Accredited Social Health Activist
27. PHC : Primary Health Centre
28. CHC : Community Health Centre
29. MGNREGA : Mahatma Gandhi National Rural Employment Guarantee Act
30. PDS : Public Distribution System
31. APL : Above Poverty Line
32. BPL : Below Poverty Line
33. DTP : Desk Top Publishing
34. APMC : Agricultural Produce Market Committee
35. ITI : Industrial Training Institute
36. MBBS : Bachelors of Medicine and Bachelors of Science
37. BAMS : Bachelor of Ayurveda, Medicine and Surgery
38. RO : Reverse Osmosis
39. TSC : Total Sanitation Campaign
40. MCH : Maternal and Child Health
41. SHG : Self Help Group
42. CCR : Concrete Cement Roads
43. MMV : Mobile Medical Van
44. CGWB : Central Ground Water Board
45. IT : Information Technology

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EXECUTIVE SUMMARY

Introduction

The research study conducted in Mewat is part of the Baseline Survey commissioned by Indian Oil Corporation Limited to National Corporate Social Responsibility Hub, Tata Institute of Social Sciences. This study was undertaken as per the terms of the Memorandum of Collaboration (MoC) between IOCL and TISS as signed on 27th of November, 2012. The Baseline Survey is spread across 5-7 villages in each of the 41 locations across 21 states, making it a large-scale study affecting more than 270 villages across India. Seven villages in the district of Mewat were chosen for implementation of the study by IOCL officials.

Study Design

The Baseline Survey was conducted with the three-fold objectives: to establish baseline information of the villages in order to gauge their present situation; to understand the needs of the households, levels of accessibility and availability to services; to identify the gaps and challenges and chalk out the possible areas of CSR intervention.

This was an exploratory study using Quantitative methods of investigation. Two separate quantitative tools were developed: Household questionnaire and Village questionnaire to triangulate information and obtain best possible accuracy of data. The questionnaires were scientifically designed to obtain household and village-level information on various socio-economic indicators. The data obtained has been thematically segregated in the report in the following domains:

1. Demographic and Housing Characteristics
2. Literacy and Educational Status
3. Vocational Training
4. Water Resources, Sanitation and Hygiene
5. Health-care Facilities and Birth Details
6. Livelihood, Landholding and Livestock
7. Social Welfare Schemes
8. Safety Nets and Credit Patterns

9. Infrastructure – Availability and Accessibility

Systematic Random Sampling method was employed with the help of existing enumeration lists (Voters' list) obtained from local authorities. The data, after on-field data collection, was entered and analysed using SPSS.

Findings and Recommendations

The seven villages which come under the scope of the study in District Mewat are predominately Muslims with more than 75% of their population follow Islam. It is observed that sampled villages are less developed in terms of infrastructure, education, health care facilities etc. The average literacy rate of the sampled villages is 47.5% which is comparatively lower than the district, state and national literacy rate.

There are some areas of grievance which need to be addressed through sound interventions along with efforts that can be taken to further improve the quality of life. The major areas of intervention found across the surveyed villages of Mewat are:

1. **Health:** In all the surveyed villages, the condition of health infrastructure is not found at basic level also. The nearest government health institutions are available in Nuh and Hodal which are at the distance of 10-15 Km from the villages which are also lacking in the health personnel as well as in infrastructures, reported by the participants and only approached in case of severe diseases and emergencies. The trend of accessing hospitals/ clinics is not considered as a main and primary mode of treatment. As per the data majority of the population for their primary treatment, prefer to avail the services of RMPs (Registered Medical Practitioners) also known as local doctors or quacks and they have neither professional qualification nor license to practise any system of medicine. Treatment from these doctors is always a risk and dangerous for human life as local doctors do not conduct proper medical tests for diagnosing the diseases and give medicines by looking at some preliminary and superficial symptoms which is not a safe and careful practice and leads to reactions in human body many times which has dire consequences on the patient's life. Apart from this, absence of MCH services in the villages is another issue. The lack of awareness related to the institutional deliveries has been found to be common in all the sampled villages. It is observed that a common tendency to invite untrained dais for delivery is common in all the villages. Non-institutional deliveries are a serious threat to the mother and

the child which requires qualified help during the delivery. These observations and data analysis strictly guides to provide better primary health care facilities such as MMVs in the surveyed villages.

2. **Sanitation and Drainage:** The Total Sanitation Campaign (TSC) seems to have no impact in the surveyed villages. An average of 63.1% of the households across seven villages has no toilet facility for the defecation. The people of villages lack sanitation facilities because of several reasons like lack of awareness, financial incapability and do not understand that how open defecation has adverse impacts on their health and wellbeing. There is no drainage system in the villages due to which there is water logging issues in all the villages. Household waste water keeps flowing on damaged and uneven paths inside the village and gets clogged in some low areas which hampers cleanliness of the villages as well as creates ideal conditions for giving birth to mosquitoes which leads to many health-hazardous diseases like malaria, dengue etc.

There is a need to first create awareness related to the consequences of open defecation and then need to assist villagers in constructing private toilets.

3. **Education:** Education is one of the main building blocks to a better future. But in all the seven sampled villages high dropout rates putting a question mark on this view. The average literacy rate of the sampled villages is 47.5% which is very less than the district's and national average literacy level[1]. The literacy level among women is much lower than the men as observed from the data. It was observed that parents do not want to send their female child to schools because they connect it directly with their future tasks and according to them their daughters are going to take care of household chores for which education is not needed. The distance to middle and high schools also becomes a factor for not sending girls for higher studies due to the security reasons. Existence of degree colleges, ITIs, polytechnics is quite scarce and these institutions are also situated at a distance of 7-15 Km from the villages which meant incurring expenses for travel. There is an urgent need to sensitize the communities towards education for their children with special emphasis on the girl child. Other hindrances like financial constraints and security issues can be curbed if parents are motivated and encouraged to send their children to schools.

4. **Fuel:** The penetration of LPG is almost nil in the villages of Mewat, almost 100% of the households make use of traditional *chullahs*. Burning wood or cow dung has very adverse effects on health of women, as majorly women cook food in a household. It leads to various breathing

1 http://www.census2011.co.in/census/state/districtlist/haryana.html

problems, eye problems etc. as she inhales many harmful toxins like carbon monoxide and nitrogen oxide etc.

Provision of an alternative which is close to the traditional methods along with it being less of a financial liability than LPG needs to be introduced. Smokeless *chullahs* can be considered as an option to be introduced in these villages.

5. **Infrastructural requirements:** Various areas around the villages have kuccha roads which affects the sanitation and approachability of the area. PCC roads can be constructed as a resolution to this issue.

Prioritisation and Categorisation of Interventions

Interventions for above-mentioned problems have been elaborated upon in the report. The interventions, as per the IOCL-TISS MoC requirement have also been prioritised on the basis of stakeholders' views, data analysis and on-field observations of the Research team. This means that in each village the recommended intervention on Priority-1 should be given first preference and importance over others and accordingly implementation should be planned for each village. Moreover, the interventions have been identified and categorised on Short, Medium and Long term basis keeping in mind the nature of the interventions to be planned for implementation for each village.

CHAPTER 1: INTRODUCTION

1.1. CORPORATE SOCIAL RESPONSIBILITY

The concept of CSR, although an age old one, has multiple definitions based on how it is understood. It was 30 years ago that Votaw wrote: *''Corporate Social Responsibility means something, but not always the same thing to everybody"* (Garriga & Mele, 2004). CSR, although, a subjectively understood idea, finds at its core, the integration of the communities social, environmental and other concerns into the company's business operations.

The role of businesses in social welfare has seen a major shift over the years. It has changed its trajectory from philanthropy to go in the direction of coming up with long-standing sustainable projects with a predetermined goal. As Frederick (1987, 1998 as cited in Garriga & Mele, 2004) stated, CSR has transcended over the years from being an ethical-philosophical concept to an action-oriented managerial concept of social responsiveness. Which goes to say that it now entails understanding the interaction between business and society, comprehension of responsibility of business towards society and finally, relationship-building. Hence, two of the four dimensions of business along with income-generation and political performance are social demands and ethical values. Social demands and ethical values display connect between society and business and bring out the two-way relationship between the two.

One of the very many groups of theories (Integrative theories) constructed around CSR states how business should integrate social demands since business depends on society for its existence, continuity and growth (Garriga & Mele, 2004). It is in the form of social demands, the society interacts with business and hence it should be made so that the business operates in accordance with the current social values.

One more important aspect of CSR is, understanding that social needs that are not set in time and space. There is a constant shift in society and the business, in its attempt at social welfare, needs to keep track of it and modify its ways in accordance.

1.2. SIGNIFICANCE OF CSR

Since the adoption of LPG (Liberalisation, Privatisation and Globalisation) policies by the Indian government in the 1990's, the economy of India has seen a monumental rate of growth. Although liberalisation and globalisation is a radical phenomenon in world economy, it accounts for a lot of economic tension for India since it is still a developing nation with a very different socio-economic makeup and flow of money than the rest of the world. The growing industrialisation due to liberalised policies coupled with low-cost technology, has led to a host of social and environmental challenges such as water scarcity, pollution, labour conditions, displacement of communities, effect on agriculture and livelihood etc. These must be addressed to avoid weakening the nation's ability to sustain growth and development in the decades to come. In addition to these, due to its still developing status, adoption of such policies brings with it issues of rapid but uneven economic transition with certain sections of society being ignored and left behind from the process of development. Although the Indian constitution promises economic equality along with other rights, a large portion of Indian voters remain economically disadvantaged (Zile, 2012). These reinforce the need for an existence of a social welfare mechanism.

Since the corporates are becoming more economically powerful than the State, joining forces with individual companies by mandating promotion of social welfare could simulate a win-win situation. It could, on one hand, help bridge the economic divide in the society by the upliftment of backward areas and communities. On the other hand, it helps the company create a relationship with its stake-holders thereby promoting goodwill of the company. The government gives the companies the autonomy of choosing how and where they wish to utilise their CSR funds while avoiding additional taxes in the process.

For this, Department of Public Enterprises (DPE) under Ministry of Heavy Industries & Public Enterprises has introduced the CSR Guidelines in March, 2010 for the Central Public Sector Enterprises (CPSEs). According to the revised DPE guidelines (IEF April, 2013), CSR is, "the responsibility which the corporate enterprises accept for the social, economic and environmental impact their activities have on the stakeholders. The stakeholders include employees, consumers, investors, shareholders, civil society groups, Government, Non-Governmental Organisations, communities and the society at large. It is the responsibility of the companies to not only shield

the diverse stakeholders from any possible adverse impact that their business operations and activities may have, but also entails affirmative action by the companies in the social, economic and environmental spheres as expected of them by the stakeholders, to the extent of their organisational resource capabilities." It also states, "It is now universally accepted that corporate social responsibility is not a stand-alone, one time, ad-hoc philanthropic activity. Rather, it is closely integrated and aligned with the business goals, strategies and operations of the companies. There is a close integration of social and business goals of companies" (Guidelines on Corporate Social Responsibility and Sustainability for Central Public Sector Enterprises, 2013). The guidelines give a view about the concept of CSR and how a corporate needs to conceptualise its CSR interventions prior to their implementation. Earlier the trend was more of charity or philanthropy which was considered as CSR but in recent times a shift has taken place with focus on the participation of people with the employees in implementing CSR initiatives. The interventions are required to be thoroughly researched on the basis of that the programmes/project have to be formulated which is a new and phenomenal development in the last few years. This interest and initiative is seen on part of the CPSEs as they gradually realise their responsibility towards the environment, people and the potential of such a corporate in affecting change.

1.3. NATIONAL CORPORATE SOCIAL RESPONSIBILITY HUB

As stated before, CSR in modern times is becoming an increasingly streamlined and organised process and since the trend is moving from ad-hoc philanthropic activities to long-term social modification, an understanding of social aspects becomes a necessity. National Corporate Social Responsibility Hub (NCSRH) was created by the DPE under the guidelines for CSR at Tata Institute of Social Sciences (TISS), Mumbai. TISS, a pioneer educational institution in social sciences, was chosen to establish NCSRH by the DPE for its 75 years of experience and expertise of teaching, research, advocacy, capacity building, publications, documentation, and field interventions. The Hub is created to carry out the following tasks:

1. Preparation of panels of Agencies for CSR Activity
2. Nation-wide compilation, documentation, and creation of database;
3. Training and Competency building

4. Advocacy; and Research;
5. Think Tank; Conferences and Seminars
6. Promotional Activities and Dissemination

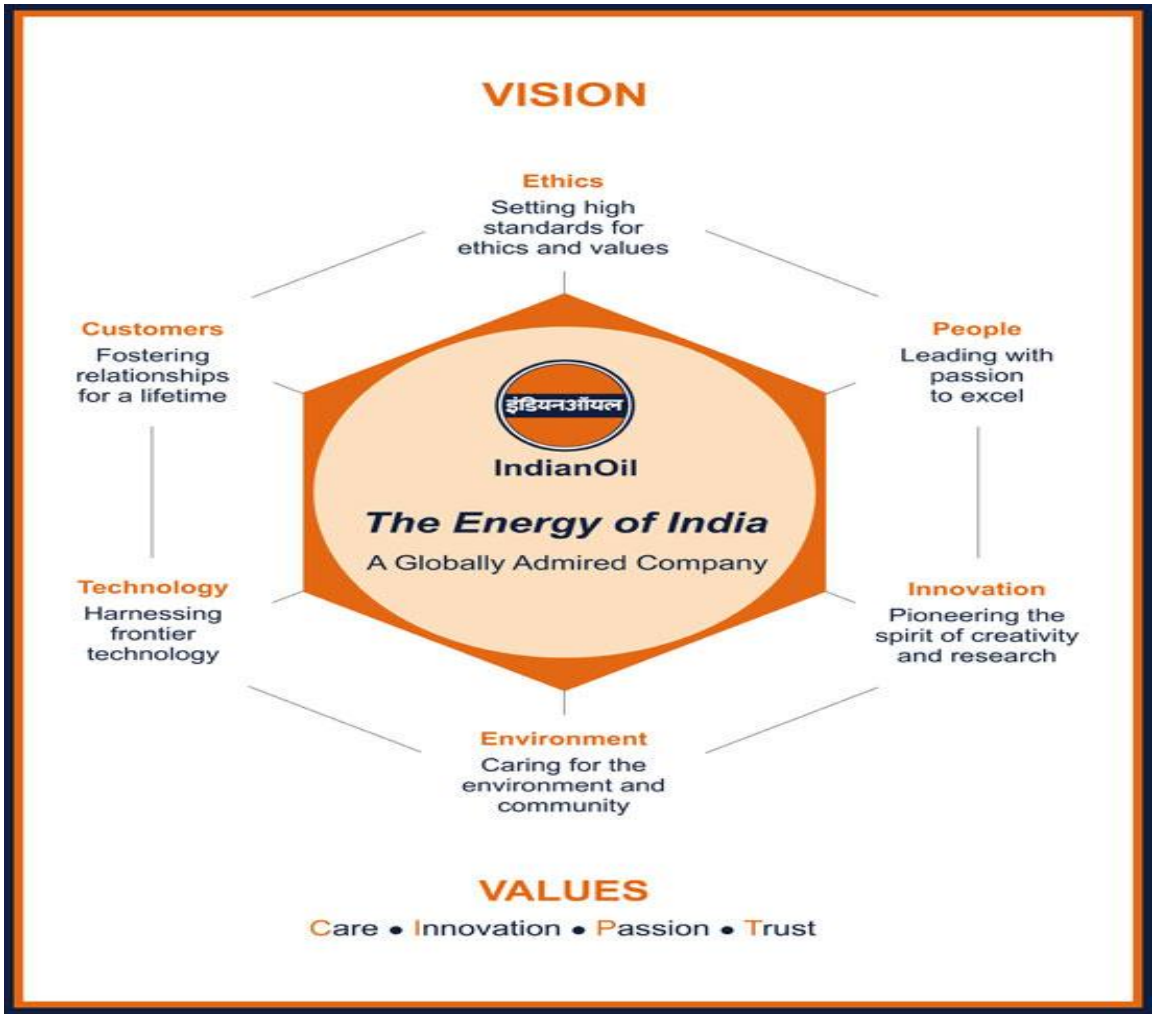
The NCSRH comprises of a dedicated team working closely and dealing with CPSEs approaching the Hub for the shelf of activities as per the DPE Guidelines on CSR. The major activities are related to Research in which the Hub conducts Baseline survey and recommends the possible areas of interventions to the CPSEs based on the findings thereof. The Hub's recommendations are holistic and sustainable in line with the DPE Guidelines and come out from scientific techniques covering all the major areas like water, sanitation, health, education, livelihood, with a multi-stakeholder approach. After receiving recommendations from the Hub, CPSEs choose from the possible areas of interventions and implement projects in accordance with their CSR policy and CSR budget allotted for the year.

For implementation of the activities, CPSEs require credible partners in the form of Non-Governmental Organisations (NGOs), Trusts, Community-based Organisations etc. For this task, the hub is engaged in a continuous process of empanelling organisations from different states spread across the country. For the purpose, the Hub has an independent team consisting of the faculty from TISS, engaged in scrutinizing the applications of these implementing organisations and shortlist credible organisations on the basis of pre-decided parameters. The Hub also undertakes the Impact Assessment and Evaluation studies for the CPSEs' CSR activities that are undergoing or have been completed even prior to the DPE Guidelines being implemented. The Hub then scrutinizes on-field implementation, effect, benefits and gaps in the programmes and recommends improvements thereof for effectively achieving the programme objectives.

1.4. INDIAN OIL CORPORATION LIMITED

Indian Oil is India's flagship national oil company, with business interests that straddle the entire hydrocarbon value chain - from refining, pipeline transportation and marketing of petroleum products to exploration & production of crude oil & gas as well as marketing of natural gas and petro-chemicals. It is the highest ranked Indian corporate in the prestigious Fortune 'Global 500' listing, ranked at the 83rd position in the year 2012. Indian Oil and its subsidiaries have a dominant share of the petroleum products' market, national refining capacity and downstream

sector pipelines capacity. With a strong workforce, Indian Oil has been helping to meet India's energy demands for over five decades now.



Indian Oil has a concerted social responsibility programme to partner communities for health, family, welfare, education, environment and cultural heritage protection. The Corporation has always been at the forefront during national emergencies stepping in to provide assistance, relief and rehabilitation as well as maintaining an uninterrupted supply of petroleum products. Indian Oil has successfully combined its corporate social responsibility with its business offerings, meeting the energy demands of millions of people every day, across the length and breadth of the country.

Indian Oil has time and again rallied to help victims of natural calamities, maintaining uninterrupted supply of petroleum products and contributing to relief and rehabilitation measures. Indian Oil has successfully combined its CSR agenda with its business offerings.

1.4.1. CSR Approach of Indian Oil Corporation Limited

At Indian Oil, corporate social responsibility (CSR) has been the cornerstone of success right from its inception in the year 1964. The Corporation's objectives in this key performance area are enshrined in its Mission statement: "…to help enrich the quality of life of the community and preserve ecological balance and heritage through a strong environment conscience."

Indian Oil has defined set of core values– Care, Innovation, Passion and Trust – to guide them in all they do. They take pride in being able to claim almost all countrymen as customers. That's why, they coined the phrase, "Indian Oil – India Inspired", in their corporate campaigns. Public corporations like Indian Oil are essential organs of society deploying significant public resources. They, therefore, are aware of the need to work beyond financial considerations and put in that little extra to ensure that they are perceived not just as corporate behemoths that exist for profits, but as wholesome entities created for the good of the society and for improving the quality of life of the communities they serve[2].

[2] www.iocl.com

CHAPTER 2: METHODOLOGICAL CONSIDERATIONS

This chapter on methodology will give information about the research design, sampling method, objectives, rationale used for the study. This becomes pertinent so as to give the reader a thorough understanding about the research process followed by the researchers so as to give a rationale and background to the findings of the study. This methodology is the basis of the study conducted by National CSR Hub, TISS for IOCL. The entire methodology, including the objectives, sampling and tools has been in consultation with faculty experts within TISS and this was shared and discussed with the company prior to the study.

2.1. OBJECTIVES OF THE BASELINE SURVEY

- To obtain baseline information of socio-economic conditions like housing, sanitation, education, health, livelihood and safety nets of the households in the villages
    - To assess the present situation of the villages and obtain information about the facilities and services available to the locals
    - To assess the needs of the households to understand the major areas of interventions from the locals' point of view
- To understand the levels of availability and accessibility to services and facilities in and around the villages for the locals
- To understand the critical areas or challenges and find out the possible areas of CSR interventions

2.2. RESEARCH DESIGN

A research design is used to give structure to a research. It provides a blueprint for the entire study, from its inception to the end, to maximize control over factors thereby reducing random error, controlling systematic error and enhancing the overall validity of the research. A research design, by answering the four major questions; which questions are to be asked, *what* data is

relevant, best *way to obtain* the data and how to *analyse* it; helps streamline the process of research and bring it in line with its given objectives.

The current study adopts an *exploratory research design*. An exploratory design, as the name suggests, is used when not much prior information is available about the research questions. It helps to look at the problem in isolation without forming preconceived notions in the mind of a researcher. An exploratory design is, in fact, made use of to determine the nature of the problem. Moreover, it is used as it gives flexibility to delve deep into the subject at hand and 'explore' various aspects that may come out prior or during the study to gain a better understanding of the problem at hand.

Considering the number of locations and villages, to standardise the study, Quantitative Research was adopted. "Quantitative research is 'Explaining phenomena by collecting numerical data that are analysed using mathematically based methods (in particular statistics)'" as defined by Aliaga and Gunderson (2000).[3] Therefore, quantitative research method is used in this study to quantify the data by using sampling methods and analyse it statistically, and further generalise it to a larger universe. This quantitative method identifies certain significant indicators that help assess the real situation of the population and the set objectives of the study. The following thematic areas were considered to determine the quality of life by creating a complete village and household profile:

1. Demographic and Housing Characteristics
2. Literacy and Educational Status
3. Vocational Training
4. Water Resources, Sanitation and Hygiene
5. Health-care Facilities and Birth Details
6. Livelihood, Landholding and Livestock
7. Social Welfare Schemes
8. Safety Nets and Credit Patterns
9. Infrastructure – Availability and Accessibility

[3] Introduction to Quantitative Research: http://www.sagepub.in/upm-data/36869_muijs.pdf

The data was collected at two levels viz. Village level and Household level. The Household Questionnaire was to understand the socio-economic situation at the household level on the above-mentioned areas/ parameters, whereas the Village Questionnaire looked at the structure and make-up of the village as a whole and finding information from the point of view of the officials and key persons from the village. Information at the village level was collected from key stakeholders like Sarpanch, Secretary, School Principal, Teachers, Doctors, etc. providing a bird's eye view of the village; while the household information was collected from independent households in the village.

2.3. SAMPLING

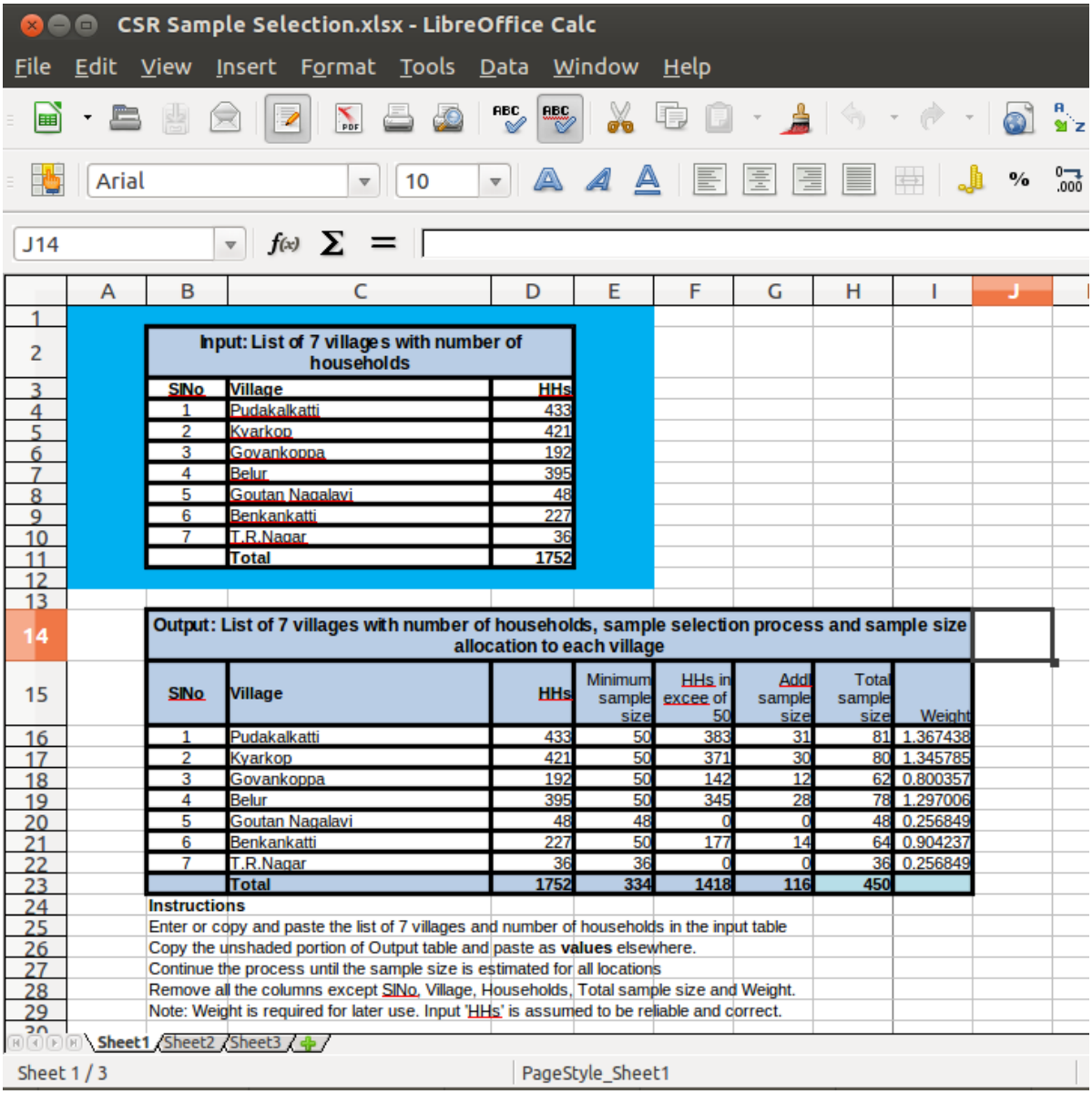
Being a quantitative method and spread over multiple locations across various States of India, this study had to select a sample out of the total population. It was designed based on systematically selected households as the 'sample' and the village on the whole as the total 'universe'. The aim in a Sample Survey is to generalise and universalise the data collected and findings of the sample population to the entire universe that is the total population. The following is the step-wise sampling method that was followed for this study:

Step 1

The survey was conducted in 5-7 pre-decided villages at every location covered under the scope of the study. A minimum sample size of 50 was decided for each village irrespective of the population and number of households in the village. This was a measure taken to standardise the sampling across all locations keeping in mind the representativeness of the sample as there are inevitable differences in each location due to its uniqueness in geography, demography, locale, etc. A household sample of 400 across the sampled villages was to be drawn. An additional 50 number of household sample was added to the 400 to rule out loss of data in case of unforeseen circumstances and human errors. Thus, the total sample from each location was to be 450 households across 5-7 villages.

The sample size for every location was decided by keeping duration of the field work, size of questionnaire and man days in mind. After the preliminary decision of a total of 450 across the 5-7 villages in a location and a minimum sample of 50 within each village, a formula was devised to draw the sample size of each of the village according to the number of population and

households in the village. Depending on the size of the population, additional sample size was proportionately computed to make up the final number of 450 for each location. A matrix to calculate the exact number of sample to be drawn from each village was designed using computing techniques in Microsoft Excel. A sample of the calculations is provided below for reference.



Input: List of 7 villages with number of households

SINo	Village	HHs
1	Pudakalkatti	433
2	Kyarkop	421
3	Govankoppa	192
4	Belur	395
5	Goutan Nagalavi	48
6	Benkankatti	227
7	T.R.Nagar	36
	Total	**1752**

Output: List of 7 villages with number of households, sample selection process and sample size allocation to each village

SINo	Village	HHs	Minimum sample size	HHs in excee of 50	Addl sample size	Total sample size	Weight
1	Pudakalkatti	433	50	383	31	81	1.367438
2	Kyarkop	421	50	371	30	80	1.345785
3	Govankoppa	192	50	142	12	62	0.800357
4	Belur	395	50	345	28	78	1.297006
5	Goutan Nagalavi	48	48	0	0	48	0.256849
6	Benkankatti	227	50	177	14	64	0.904237
7	T.R.Nagar	36	36	0	0	36	0.256849
	Total	**1752**	**334**	**1418**	**116**	**450**	

Instructions

Enter or copy and paste the list of 7 villages and number of households in the input table
Copy the unshaded portion of Output table and paste as **values** elsewhere.
Continue the process until the sample size is estimated for all locations
Remove all the columns except SINo, Village, Households, Total sample size and Weight.
Note: Weight is required for later use. Input 'HHs' is assumed to be reliable and correct.

Sheet1 Sheet2 Sheet3
Sheet 1 / 3 PageStyle_Sheet1

Step 2

The number of households and the total number of population was acquired from the online census data, 2001 for each of the villages (Census of India, 2011 results were not available for all

locations at the time of designing and conducting the said study). In case where the census data was absent for a few villages on the official website of the Census of India, the information was then collected on field from the Panchayat, the BDO office or the Municipal Corporation office as relevant to finalise the sample from those villages.

After acquiring the data needed to compute the sample numbers, the next step was to systematically and effectively draw out specific names of households. This was to maintain authenticity and avoid bias in the data and impartially select households from each village through a systematic method. To acquire the pool of sample households, the latest enumeration list was required for each village. Given the paucity of time, manually enumerating each household in each village was not possible and therefore the next impartial method was to use and rely on authentic and official government enumeration lists. The Voters' List containing a list of all adult population eligible to respond to survey questions was considered ideal in this situation. Hence, the latest voter's list was collected for each of the villages from the Panchayat/ Block Development Offices at the village/ block level.

Step 3

Once the sample size was computed, a method of Systematic Random Sampling was utilized to select the specific households to be interviewed from the village from the Voters' Lists. Systematic random sampling is used in cases where there is a large population to be sampled from the total population and avoid any kind of bias in selection. Systematic sampling is the method of selecting individuals at regular interval from the list (in the sampling frame), only the starting point being selected at random.

Example: After obtaining the sample size for each village as illustrated in the image, the Voters' List was then sought from the local authorities. The steps that were followed to draw the sample are as mentioned below:

Number of Households: 395

Sample Size: 78 + 40% = 40/ 100*78 + 78 = 109 (40% was additional sample drawn)

Population: 1975

Family size: 1975/ 395 = 5 (average family size followed in GoI research study standards)

Voters: 1500

Sample Interval: 1500/ 78 = 13.76 = 14 (The interval should be higher than 5 i.e. number of members per household)

Random sample: 3

Hence, every 14th person after Voter no. 3 will be part of the study that is 3, 17, 31…109 will be drawn as sampled respondents for the study.

The additions, deletions, modifications in the Voters' List will also be included, deleted, modified prior to beginning the process of drawing out samples from the List.

2.3.1. MULTI-STAGE SAMPLING FOR SPECIFIC LOCATIONS

For certain locations like Kerala, and Municipal areas in other locations the researchers had to employ slightly different approach for the sampling frame. In Kerala for instance, the numbers do not adhere strictly to village or cities, as the rural-urban divide with the developmental and socio-political scenario is blurred. So given the numbers and size of the villages in Kerala according to the Census data and discussion with the Block and Panchayat officials on-field, the sampling for this location was altered to achieve the target in the given time frame. Although the methodology and technique used was the same; Multi-Stage sampling approach was used to draw the sample. Each village, administratively, is divided into several wards. So as the first stage, two to three wards from each village were selected through systematic random sampling. In the next stage, selection of households was done from each ward by using the same method of sampling. The questionnaire was then administered to these sampled households.

2.4. TOOLS OF THE STUDY – SURVEY INSTRUMENTS

Primarily the tools employed in the core investigation were quantitative tools; a Household Questionnaire and a Village-level Questionnaire.

2.4.1. Household Questionnaire: The household questionnaire was used to seek information from a sample of households in the location about their socioeconomic background, housing and sanitation, demographic characteristics, recent births related information, morbidity, health seeking behaviour, occupation, vocational skills possessed, credit patterns, and access to PDS etc.

2.4.2. Village-level Questionnaire: This questionnaire was administered to all villages as per the list provided by the company. The information obtained in this questionnaire was about facilities available in and around the villages such as schools, aanganwadis and PHCs, social institutions like Mahila mandals, SHGs and farmers clubs, activities undertaken by companies (under CSR) and other NGOs, and felt needs of the villages. The information was obtained by visiting the functionaries of the village level institutions such as Panchayat representatives and officials, school principal and teachers, aanganwadi worker, non-formal leaders and informal discussion with a cross-section of village authorities and key people.

Both the questionnaires included one open-ended question inquiring about the major problems in the village. This was added so as to give space and flexibility to the respondents to give their understanding of the problems as well as possible solutions from the villagers' perspective of the issues as it is believed that the sample population and village officials can provide an insider's view to the needs of the village as well as the resolution of the same.

2.5. DATA COLLECTION

The data collection for the survey was initiated with a team of eight professionals with two Programme Officers and six Research Investigators at all the locations. The targeted numbers of households were identified from the Voters' Lists which were accessed by the team from Office of the Chief Electoral Officer, website of the respective state and the number of households were finalised from the Census data which was of 2001. The gaps from 2001 and 2011 data were identified and sorted out during the initial field visit in every village. These visits were made to all the villages to inform the locals about data collection and to take official 2011 (if available) data from the Panchayat to finalise the sample from Voters' List.

The data collection was completed in 5 to 7 villages from each location in 8 to 10 days. All the questionnaires filled by investigators were scrutinized each day by the TISS Programme Officers to check it for proper entry and clearing the doubts. If questionnaires were eliminated for improper data entered or any other issues, the sample number was taken care of beforehand by drawing additional sample. Apart from Household Questionnaires, TISS PO and Local PO collected data for Village Questionnaires with a multi-stakeholder approach. The questionnaires

were administered on key Panchayat officials, teachers, doctors and other relevant persons to obtain the necessary information. It was needed to find out the available facilities and accessibilities.

2.6. DATA ENTRY

After the completion of data entry, the questionnaires were checked and the additional/ qualitative responses were translated from regional languages to English for data entry purposes. Software called "Census and Survey Processing System" (CS Pro) was used for data entry which is a widely used software for quantitative data. The data was then exported to Statistical Product and Service Solutions (SPSS) for data analysis purposes.

2.7. DATA INTERPRETATION AND ANALYSIS

Baseline survey is a quantitative study with a selected sample of households in each of the locations. The data collected from the households and village key informants was then entered in SPSS, statistical software, for further data interpretation. This data was used to conduct village as well as household specific analysis represented through indices for clear understanding. The indices are a tabular representation of the analysed data in percentages or numbers.

The primary data received through the survey itself was corroborated with the secondary data obtained from various sources to complete the analysis in a wholesome manner.

2.8. COORDINATION OF THE PROJECT

To maintain the quality and uniformity of the project, all the stages of the entire project from budgeting, study design, data collection, data entry, data analysis, and report writing was coordinated, closely monitored and conducted by two Programme Managers under the close guidance of the Project Director. Faculty Guidance from expert faculty in TISS was sought for design and methodology of the study. The data collection was coordinated by nine Programme Officers as well as preparation of the study, data analysis; report writing was also done under the guidance of the two Project Coordinators. The officials of IOCL were involved in the project to coordinate the processes of the study from the company.

CHAPTER 3: VILLAGE DEMOGRAPHICS

Village Profile

Village 1: Indana

Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001

District	Mewat	**Block**	Punhana
Taluka	Punhana	**Village**	Indana
		Panchayat	Indana
Demographics		Sampled Households	57
Population	13500	Number of Households	700
Scheduled Caste	5.2%	Hindu HHs	8.6%
Scheduled Tribe	0%	Muslim HHs	91.4%
Other Backward Class	94.8%	Christian HHs	0%
General	0%	Other HHs	0%
Major Castes		**Major Tribes**	
Meos	Sunni		
Nayi	Teli		
Fakir			
Basic Amenities		**Land Details (in Acres)**	
Total public/ common tap points	10	Total land	450
Household tap connections	--	Residential land	--
Major source of water	1. Private tap	Agricultural land	400
(Ranked in the order of usage)	2. Chamber/tank water	Total Non-irrigated land	--
		Total irrigated land	400
		Waste Land	--
Community toilet	0		
		Important Towns	
Type of House (Largest two)	1. Semi-pucca	Punhana (9km)	
	2. Pucca	Hodal (9km)	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 100%		
	2. Cow dung - 100%		

Village Profile

Village 2: Neemika

Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001

District	Mewat	**Block**	Punhana
Taluka	Punhana	**Village**	Neemika
		Panchayat	Neemika

Demographics			
Population	4000	Sampled Households	61
Scheduled Caste	9.7%	Number of Households	800
Scheduled Tribe	0%	Hindu HHs	8.1%
Other Backward Class	90.3%	Muslim HHs	91.9%
General	0%	Christian HHs	0%
		Other HHs	0%

Major Castes	**Major Tribes**
Meos	
Jaat	
Balmiki	

Basic Amenities		**Land Details (in Acres)**	
Total public/ common tap points	10	Total land	600
Household tap connections	--	Residential land	--
Major source of water	1. Tanker water	Agricultural land	450
(Ranked in the order of usage)	2. Public tap	Total Non-irrigated land	150
		Total irrigated land	300
		Waste Land	--
Community toilet	0		
		Important Towns	
Type of House (Largest two)	1. Semi-pucca	Punhana (10km)	
	2. Pucca	Hodal (7 km)	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 100%		
	2. Cow dung - 100%		

Village Profile

Village 3: Madhiyaki

Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001

District	Mewat	**Block**	Punhana
Taluka	Punhana	**Village**	Madhiyaki
		Panchayat	Madhiyaki

Demographics			
Population	3000	Sampled Households	59
Scheduled Caste	0%	Number of Households	400
Scheduled Tribe	0%	Hindu HHs	0%
Other Backward Class	100%	Muslim HHs	100%
General	0%	Christian HHs	0%
		Other HHs	0%

Major Castes	**Major Tribes**
Meos	
Musalman	
Saka	

Basic Amenities		**Land Details (in Acres)**	
Total public/ common tap points	--	Total land	500
Household tap connections	--	Residential land	--
Major source of water	1. Chamber water	Agricultural land	400
(Ranked in the order of usage)	2. Private tap	Total Non-irrigated land	--
		Total irrigated land	400
		Waste Land	--
Community toilet	0		
		Important Towns	
Type of House (Largest two)	1. Semi-pucca	Punhana (10 km)	
	2. Kuccha	Hodal (11 km)	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 100%		
	2. Cow dung - 100%		

Village Profile

Village 4: Nai

Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001

District	Mewat	**Block**	Punhana
Taluka	Punhana	**Village**	Nai
		Panchayat	Nai

Demographics			
Population	40000	Sampled Households	71
Scheduled Caste	7.2%	Number of Households	3000
Scheduled Tribe	0%	Hindu HHs	8.6%
Other Backward Class	90%	Muslim HHs	91.4%
General	0%	Christian HHs	0%
Nomadic	1.4%	Other HHs	0%
Do not Know	1.4%		

Major Castes		**Major Tribes**
Meos	Khan	
Dalit	Miyan	
Fakir	Mishra	

Basic Amenities		**Land Details (in Acres)**	
Total public/ common tap points	--	Total land	2500
Household tap connections	--	Residential land	--
Major source of water	1. Tanker water	Agricultural land	2300
(Ranked in the order of usage)	2. Chamber water	Total Non-irrigated land	1500
		Total irrigated land	800
		Waste Land	--
Community toilet	0		
		Important Towns	
Type of House (Largest two)	1. Semi-pucca	Punhana (9 km)	
	2. Kuccha	Hodal (13 km)	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 100%		
	2. Cow dung - 100%		

Village Profile

Village 5: Jharokari

Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001

District	Mewat	**Block**	Punhana
Taluka	Punhana	**Village**	Jharokari
		Panchayat	Jharokari

Demographics			
Population	2500	Sampled Households	54
Scheduled Caste	3.7%	Number of Households	400
Scheduled Tribe	0%	Hindu HHs	13%
Other Backward Class	96.3%	Muslim HHs	87%
General	0%	Christian HHs	0%
		Other HHs	0%

Major Castes	**Major Tribes**
Meos	Jaat
Fakir	Yadav
Balmiki	

Basic Amenities		**Land Details (in Acres)**	
Total public/ common tap points	--	Total land	500
Household tap connections	--	Residential land	--
Major source of water	1. Private tap	Agricultural land	450
(Ranked in the order of usage)	2. Chamber/tank water	Total Non-irrigated land	250
		Total irrigated land	200
		Waste Land	--
Community toilet	0		
		Important Towns	
Type of House (Largest two)	1. Semi-pucca	Punhana (12 km)	
	2. Kuccha	Hodal (12 km)	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 100%		
	2. Cow dung - 100%		

Village Profile

Village 6: Singar

Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001

District	Mewat	**Block**	Punhana
Taluka	Punhana	**Village**	Singar
		Panchayat	Singar

Demographics			
Population	50000	Sampled Households	57
Scheduled Caste	1.2%	Number of Households	4500
Scheduled Tribe	3.5%	Hindu HHs	15.3%
Other Backward Class	90.6%	Muslim HHs	84.7%
General	3.5%	Christian HHs	0%
Do not Know	1.2%	Other HHs	0%

Major Castes		**Major Tribes**
Meos	Mahajan	Kumhar
Miyan	Sakka	
Brahmin		

Basic Amenities		**Land Details (in Acres)**	
Total public/ common tap points	500	Total land	9000
Household tap connections	--	Residential land	--
Major source of water	1. Tank/Chamber water	Agricultural land	7000
(Ranked in the order of usage)	2. Public tap	Total Non-irrigated land	3000
		Total irrigated land	4000
		Waste Land	--
Community toilet	0		
		Important Towns	
Type of House (Largest two)	1. Semi-pucca	Punhana (5 km)	
	2. Kuccha	Hodal (15 km)	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood – 97.6%		
	2. Cow dung - 100%		

Village Profile

Village 7: Bichhore

Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001

District	Mewat	**Block**	Punhana
Taluka	Punhana	**Village**	Bichhore
		Panchayat	Bichhore

Demographics			
Population	22000	Sampled Households	73
Scheduled Caste	2.7%	Number of Households	4500
Scheduled Tribe	0%	Hindu HHs	23.3%
Other Backward Class	80.8%	Muslim HHs	76.7%
General	15.1%	Christian HHs	0%
Nomadic Tribe	1.4%	Other HHs	0%

Major Castes	**Major Tribes**
Meos	Gautam
Miyan	Tiwari
Brahmin	Sakka

Basic Amenities		**Land Details (in Acres)**	
Total public/ common tap points	200	Total land	4800
Household tap connections	--	Residential land	--
Major source of water	1. Tank/ chamber water	Agricultural land	3800
(Ranked in the order of usage)	2. Community tap	Total Non-irrigated land	--
		Total irrigated land	3800
		Waste Land	--
Community toilet	0		
		Important Towns	
Type of House (Largest two)	1. Semi-pucca	Punhana (11 km)	
	2. Pucca	Hodal (11 km)	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 100%		
	2. Cow dung - 100%		

CHAPTER 4: MEWAT, HARYANA: An in-depth analysis

This is the Final Report of the Baseline Survey for IOCL conducted in Mewat, Haryana by National CSR Hub, TISS for IOCL to identify possible areas of CSR intervention. This report is a product of the extensive survey undertaken in seven villages of Mewat district.

The following tables throughout the report will have various indices or thematic areas like Household information – religious composition, caste composition, literacy, sanitation, water, livelihood, infrastructure, etc. across the seven villages. Each of the tables have been explained with the significant information pertaining to the villages and these tables also provide a benefit of comparative analysis across these seven villages in terms of their socio-economic condition in each area one panoramic view of the location. This in-depth analysis is followed by the very significant chapter on *'Possible Areas of Intervention'* that is the problems and recommendations that are common to all villages as well as specific issues and suggested resolutions are defined.

DEMOGRAPHIC & HOUSING CHARACTERISTICS

Table 1: DEMOGRAPHIC & HOUSING CHARACTERISTICS								
		Village 1 Indana	**Village 2 Neemika**	**Village 3 Madhiyaki**	**Village 4 Nai**	**Village 5 Jharokari**	**Village 6 Singar**	**Village 7 Bichhore**
Religious Composition (%)	Hindu	8.6	8.1	0	8.6	13	15.3	23.3
	Muslim	91.4	91.9	100	91.4	87	84.7	76.7
	Sikh	0	0	0	0	0	0	0
Category (%)	Scheduled Caste	5.2	9.7	0	7.2	3.7	1.2	2.7
	Scheduled Tribe	0	0	0	0	0	3.5	0
	Other Backward Classes	94.8	90.3	100	90	96.3	90.6	80.8
	General	0	0	0	0	0	3.5	15.1
	Nomadic Tribe	0	0	0	1.4	0	0	1.4
	No Response	0	0	0	1.4	0	1.2	0
Major Castes	1	Meos	Meos	Meos	Meos	Meos	Meos	Meos
	2	Fakir	Jaat	Muslman	Dalit	Fakir	Miyan	Miyan
	3	Nayi	Balmiki	Saka	Fakir	Balmiki	Brahmin	Brahmin
	4	Sunni	Nayi	Aabasi	Khan	Jaat	Mahajan	Gautam
	5	Teli			Miyan	Sunni	Sakka	Tiwari
	6	Kohli			Mishra	Yadav	Kureshi	Sakka
Major Tribes	1						Kumhar	
	2							

Type of House (%)	RCC	0	0	0	1.4	0	0	0
	Pucca	13.8	9.7	10.2	5.7	9.2	12.9	24.7
	Semi Pucca	63.8	56.5	69.5	64.3	64.8	61.2	63
	Kuccha	19	25.8	16.9	22.9	24.1	23.5	12.3
	Hut	1.7	8	3.4	5.7	1.9	2.4	0
	Tent	1.7	0	0	0	0	0	0
House Ownership (%)	Owned	94.8	98.4	98.3	98.6	98.1	100	98.6
	Rented	0	1.6	0	0	0	0	0
	Rent Free	3.4	0	0	1.4	0	0	1.4
	Subsidized/ Allotted under scheme	1.8	0	1.7	0	1.9	0	0
Electricity (%)		75.9	72.6	72.9	61.4	83.3	81.2	86.3
Fuel (%)	Grass / Crop Residue / wood	100	100	100	100	100	97.6	100
	Cow dung	100	100	100	100	100	100	100
	Coal / Charcoal	0	0	0	0	0	0	0
	Kerosene	0	0	0	0	1.9	1.2	0
	Bio Gas	0	0	0	0	0	0	0
	Solar Energy	0	0	0	0	0	0	0
	LPG / Natural Gas	3.4	1.6	3.4		11.1	10.6	2.7
	Electricity	0	0	0	0	0	0	0
	Other	0	0	0	0	0	0	0

DEMOGRAPHIC AND HOUSING CHARACTERSTICS

The seven villages which come under the scope of the study in District Mewat are predominately Muslims with more than 75% of their population follow Islam. The existence of Hindu religion also found in small percentage in six villages except in Madhyaki. The highest 23.3% of Hindu population resides in Bichhore village and the lowest in Neemika (8.1%).

As for social categories, the major stake is of OBC population (nearly 90%) with *Meos, Fakir, Sunni and Miyan* caste groups found in all the seven villages. The population belongs to General category is found only in Bichhore and Singar with 15.1% and 3.5% respectively with caste names like *Brahmin, Mishra and Yadav*. A small share of SC population also founds in six villages except Madhyaki where whole population belongs to OBC. A single tribe; *Kumhar* with only 3.5% of the population also founds in Singar.

Moving on the type of houses, 60% of the habitants of these surveyed villages resides in semi-pucca houses. The average of 20.7% of the population across seven villages also lives in kuchha houses, with 25.8% at Neemika followed by Jharokri (24.1%) and lowest is 12.3% in Bichhore. A small portion of the population across six villages except Bichhore also resides in temporary housing structure such as huts, with highest 8% of the population from Neemika and lowest is 1.7% in Indana. It is also analyzed from the data that nearly 95% of the population across the seven villages owned the houses they reside in, while in Indana, Jharokari and Madhyaki people got benefits under the housing scheme of the government as reported in the data table.

As per the data, more than 60% of houses are electrified in all the surveyed villages with highest at Bichhore (86.3%) and lowest in Nai (61.4%). The analysis of data shows that people who resides in huts have no access to electricity at all, along with it an average of 21.8% of the households across the seven villages resides in semi-pucca houses also do not have access to electricity with highest of 28.6% in Neemika and lowest of 15.2% households in Bichhore. As per the data, come of the pucca houses are also not able to access electricity.

The reach of the country's most efficient fuel LPG for cooking seems to be very less across the seven surveyed villages as below than 10% of the population use LPG for cooking across the surveyed villages. The main sources of fuel for cooking and other household chores used by the habitants of surveyed villages are crop residue/ wood and cow dung which are used by the 100% of the population in all the villages. These two fuels are easily available in all the villages as the

forest area is near to them and most of the villagers own livestock. The use of traditional *chullahs* is also seen in the pucca houses during the survey.

LITERACY & EDUCATIONAL STATUS

Table 2: LITERACY & EDUCATIONAL STATUS								
		Village 1 Indana	**Village 2 Neemika**	**Village 3 Madhiyaki**	**Village 4 Nai**	**Village 5 Jharokari**	**Village 6 Singar**	**Village 7 Bichhore**
Literacy Level (%)		52.8	47.3	49.5	43.2	50.6	44.7	43.9
Currently Studying (%)		51.5	51.3	33.9	46.2	45.4	31.1	36.3
Children studying in Type Of Institution (%)	Government	93.3	70.6	78.8	86	70.4	80.7	83.1
	Private Aided	6.7	28.7	20	14	26.5	19.3	16.9
	Private Un-Aided	0	0.7	1.2	0	0	0	0
	Madarsa	0	0	0	0	3.1	0	0
Mode Of Travel (%)	Walk	85.6	80.3	86.2	88.4	70.4	84.1	85.7
	Bicycle	1	0.7	1.2	0	0	0	0
	Scooter / Bike	0	0.7	0	0	0	0	0
	Auto / Taxi / Cycle Rickshaw	12.4	2.9	8.8	4.6	19.4	3.4	1.3
	Bus	1	15.4	3.8	7	10.2	12.5	13
Mid - Day Meal (%)	No Meals	10	3.2	20.6	22.5	11.3	16.2	18.6
	Once a Week	0	0	14.3	1.5	0	5.9	3.4
	Few Days a Week	14.4	14.9	19	57.7	0	47	50.8

	All the Days	75.6	81.9	46.1	18.3	88.7	30.9	27.2
Reasons of Dropout (%)	To work and support household	28.3	20	39.2	23.8	25.5	29.6	36.5
	Required to attend domestic chores	8.3	5	8.8	7.5	3.7	12.1	11.8
	Education / Higher Education not considered important	8.4	16	0.8	0	14.7	0.7	0
	Too poor in studies / failed / Irregular to school	0	0	5.6	0	1	5.6	7.1
	School to far / Sending girls not safe	11.7	11	4.8	1.3	11.1	3.5	1.2
	Poor quality of teaching / teachers not available or rude	0	0	0	0	0	0	0
	Too high fee / expenses	0	1	3.2	2.5	0	4.9	1.2
	Frequent shifting of residence	0	0	0	0	3.7	0	0
	Physical / Mental disability / illness	0	0	0	0	0	0	0
	Quit education due to early marriage	1.7	0	0	1.3	1.2	1.4	0
	None	41.6	47	37.6	63.6	39.1	42.2	42.2

LITERACY AND EDUCATIONAL STATUS

The literacy rate of District Mewat is 54.08% which is comparatively lower than the average literacy rate of Haryana which is 76.60%. The secondary data also shows that literacy rate of female is 36.60% which is considerably low than the average literacy rate of the women (66.80%) across all the districts of Haryana[4].

As per the data, the average literacy rate is 47.5% across the seven sampled villages which is again less than the literacy rate of District Mewat. The highest literacy rate is found in Indana with 52.8% and lowest found in Nai with 43.2%. It is also found that currently studying population is highest in Indana (51.5%) followed by Neemika (51.3%) and lower in Singar (31.1%).

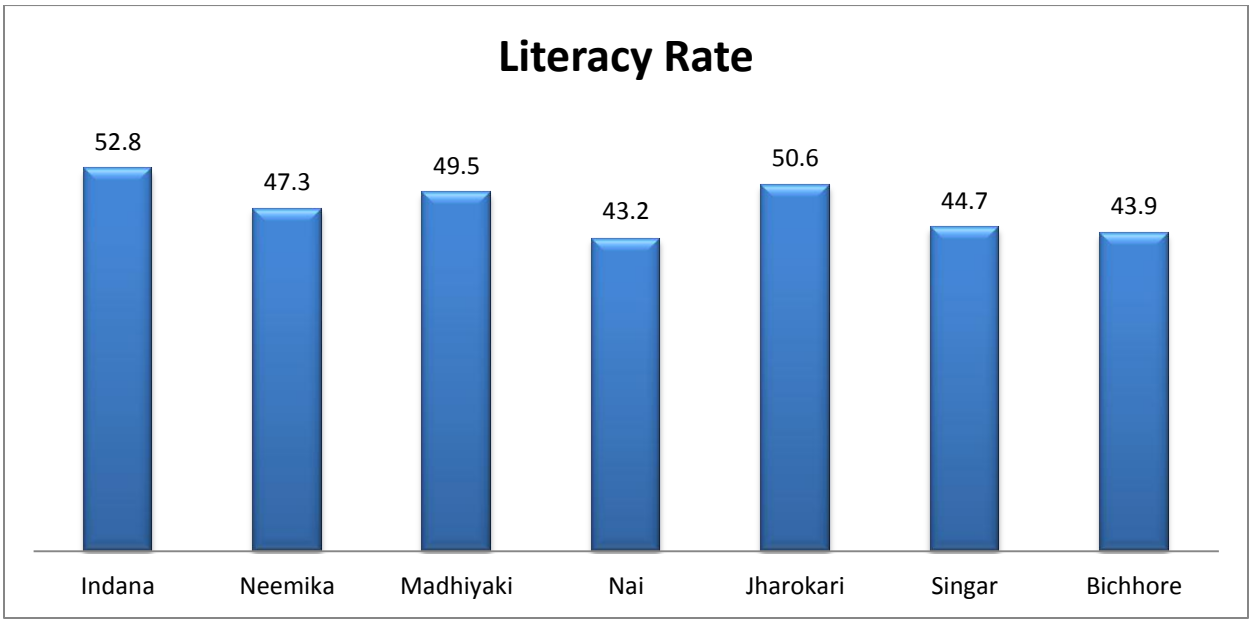


Figure 1: Literacy Rate

More than 70% of the students currently study in government schools in all the surveyed villages, with 93.3% in Indana and lowest in Neemika (70.6%); 28.7% of the students from Neemika study in private aided schools. Bichhore and Singar have higher secondary schools which are accessed by most of the students from all the neighbouring as well as sampled villages. The modes of transport used to reach the educational institutes are buses and auto rickshaws and majority of the students walk to schools. By walk, more than 70% of the students

4 http://www.census2011.co.in/census/state/districtlist/haryana.html

reach to their respective schools. There are cases of dropouts also reported by the students from formal education. The various reasons have been given by the respondents to quit the study across the surveyed villages in which three common responses are: to work and support the family, required to attend the domestic chores and school too far / not safe for girls. During the discussions with the main stakeholders of all the surveyed villages, it is observed that the education for the girls is not considered important because of mindset that girls has to manage household chores and it does not need any educational input while the reason of security is another issue which restricts few parents to send their daughters to the schools.

MDM scheme of government is also functional in all the villages. Though it ensures the daily meal for every children studying up to 8th class, but the data shows that except Jharokari, there are students in a range of 14-60% receive meals for few days in a week in rest of the villages.

VOCATIONAL TRAINING

There were no beneficiaries found to have taken any kind of vocational training in the surveyed villages.

WATER RESOURCES, SANITATION & HYGIENE

Table 3: WATER RESOURCES, SANITATION & HYGIENE									
			Village 1 Indana	**Village 2 Neemika**	**Village 3 Madhiyaki**	**Village 4 Nai**	**Village 5 Jharokari**	**Village 6 Singar**	**Village 7 Bichhore**
Water Facility (%)	Own Private Tap		34.5	11.3	16.9	2.9	51.9	9.4	11
	Own Govt. Tap		13.8	19.4	16.9	2.9	1.9	9.4	4.1
	Own Hand Pump		10.3	1.6	1.7	4.3	0	0	6.8
	Own Open Well		8.6	3.2	0	1.4	3.7	1.2	1.4
	Neighbour's Tap		12.1	14.5	3.4	5.7	5.6	10.6	4.1
	Community Tap		10.3	50	32.2	8.6	33.3	25.9	21.9
	Community Hand Pump		19	17.7	0	2.9	0	5.9	8.2
	Community Open Well		27.6	8.1	5.1	1.4	0	0	1.4
	Tank / Chamber		24.1	6.4	28.9	52.9	49.2	51.8	42.5
	Stream / River		0	0	0	0	0	0	0
	Canal		0	0	0	0	0	0	0
	Tube well		0	0	0	0	0	0	0
	Tanker Water		0	64.5	1.7	45.8	3.7	4.7	4.2
Number of Common / Public Taps and Individual Taps	Public		10	10	0	0	0	500	200
	Individual		0	0	0	0	0	0	0

Type of Toilet (%)	Own Flush		5.3	1.6	28.8	20	3.7	25.9	27.4
	Own Pit		24.1	27.4	10.2	11.4	31.5	21.2	12.3
	Community Flush		1.7	0	0	1.4	0	3.5	0
	Community Pit		0	0	0	0	0	1.2	0
	ODS		68.9	71	61	67.2	64.9	48.2	60.3
Toilet Construction Expense (%)	Fully Owner		58.8	27.8	78.3	86.4	52.6	95	96.6
	Shared By HH		41.2	66.7	0	0	47.4	0	0
	Subsidy		0	5.5	17.4	9.1	0	2.5	3.4
	Govt. and NGO Expense		0	0	4.3	4.5	0	2.5	0
People Interested in a Private toilet Facility (%)	Yes, If Free		67.2	59	42.9	33.9	61.5	39.7	84.9
	Yes, If Subsidized		7.3	11.5	42.9	53.6	5.8	33.3	0
	No response		25.5	29.5	14.2	12.5	30.8	27	15.1
	Not Interested		0	0	0	0	1.9	0	0
Number of Community Toilets			1	0	0	0	0	0	0
Problem of Sullage Nuisance (%)	None	Respondent	1.7	0	28.8	20	7.4	12.9	30.1
		Observer	0	0	8.5	4.3	0	2.4	11
	Water Stagnation	Respondent	36.2	46.8	32.2	57.1	53.7	67.1	41.1
		Observer	22.4	30.6	20.3	47.1	16.7	62.4	15.1
	Drainage /	Respondent	67.2	72.6	16.9	45.7	74.1	55.3	17.8

	Sewage	Observer	36.2	45.2	28.8	57.1	44.4	56.5	46.6
	Cattle Waste	Respondent	55.2	53.2	35.6	37.1	46.3	47.1	20.5
		Observer	75.9	41.9	40.7	62.9	57.4	63.5	47.9
	OAD (Open Air Defecation)	Respondent	43.1	11.3	13.6	30	37	22.4	28.8
		Observer	41.4	19.4	35.6	37.1	46.3	35.3	38.4
	Waste Dumping	Respondent	41.4	30.6	39	27.1	37	29.4	32.9
		Observer	63.8	56.5	69.5	42.9	74.1	50.6	76.7

WATER RESOURCES, SANITATION AND HYGIENE

There are various resources available in the villages from where people fetch water for household purposes as reported by them. It is reported by the participants that mainly chamber water is the resource which provide safe drinking water in almost every sampled village. The analysis of data also suggests that an average of 36.5% of the household among all the surveyed villages access chamber water and highest respondents from Nai reported it with 52.9% lowest is 6.4% reported in Neemika. The chambers are constructed by government under Rajiv Gandhi Drinking Water Supply scheme and under this scheme water pipelines are installed in almost every sampled village. Though the pipelines in each village does not cover whole residential area and government has not provided any household tap connections. All the tap connections are illegal in nature and restricted to powerful groups only as government did not completed the work, reported by the participants. The other resources such as hand pumps, private taps and open well's water is not potable as it contains high fluoride content as reported by the participants and main stake holders of all the villages. The water from the chambers is also available only for short duration of time which leaves the habitants to purchase the water from tanker to fulfill the daily requirement of the water. It is also observed that in Neemika, the villagers are mainly dependent on tanker water as the other water sources are not fulfilling their needs.

In terms of a toilet facility, Open air defecation (OAD) is practiced in all the villages. Highest with 71% of the respondents in Neemika followed by Indana (68.9%), Nai (67.2%) and lowest in Singar (48.2%) reported to practice open defecation. In Madhiyaki, 28.8% of the population own flush toilets and least user of flush toilets are found in Neemika (1.6%). It is also found that nearly 90% of the population with toilet facility in Bichhore and Nai constructed them on their own expenses while in Neemika only 27.8% of the population borne the full expenses of the toilet construction and 66.7% of the households have shared the expenses. In Madhiyaki, 17.4% of the households have constructed toilets through the subsidies received from the government which is followed by Nai (9.1%) and Neemika (5.5%) and nearly 3% of the population in Singar and Bichhore also received subsidies for toilet construction.

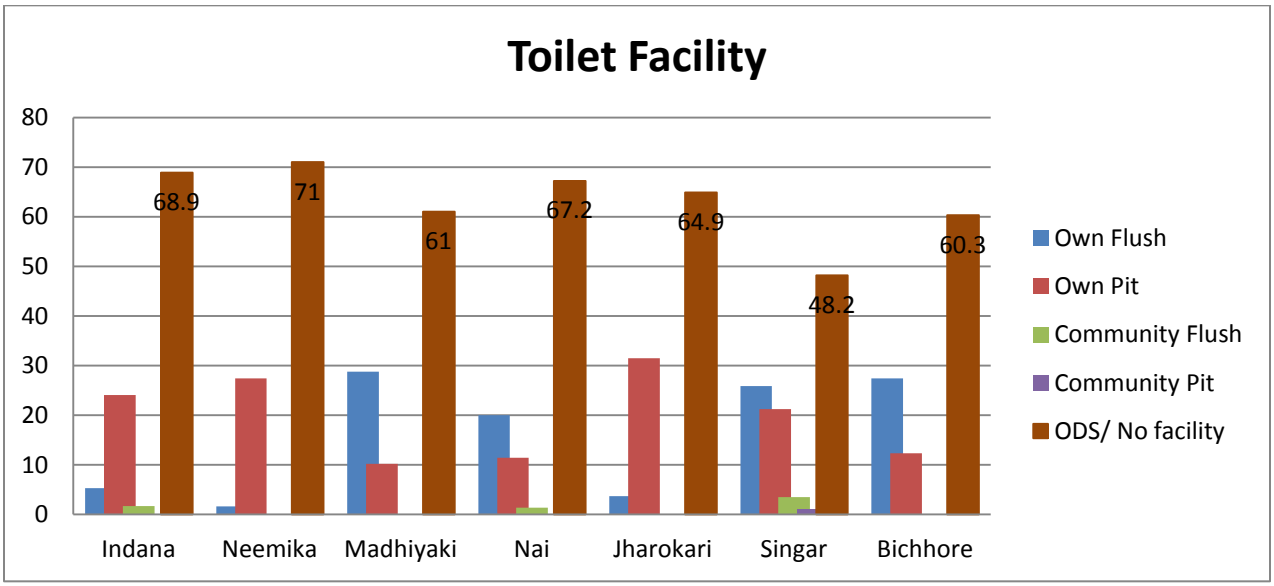


Figure 2: Toilet facility

Average of 55.6% of the population across the surveyed villages has shown interest in private toilets, if constructed free in the premises of their households. The sanitation in the surveyed villages is found to be in deplorable condition. Problems like water stagnation, drainage/sewage, cattle waste, open air defecation and waste dumping are reported by the participants and also observed by the interviewers in all the villages.

HEALTH CARE FACILITIES & BIRTH DETAILS

Table 4: HEALTHCARE FACILITIES & BIRTH DETAILS								
		Village 1 Indana	**Village 2 Neemika**	**Village 3 Madhiyaki**	**Village 4 Nai**	**Village 5 Jharokari**	**Village 6 Singar**	**Village 7 Bichhore**
Primary Mode of Treatment (%)	Traditional Healer/ Dai	0	0	0	0	0	0	0
	Local Doctor/ RMP	93.1	66.2	93.2	98.6	87	95.3	76.7
	Chemist Shop	0	1.6	0	1.4	0	0	0
	Mobile Clinic	0	3.2	0	0	0	0	0
	SHC/ ASHA/ Aanganwadi	0	0	0	0	0	0	0
	PHC/CHC	0	0	1.7	0	0	0	0
	Government Hospital	0	0	3.4	0	0	0	0
	Private Clinic	6.9	27.4		0	13	4.7	20.6
	Private Hospital		1.6	1.7	0			2.7
	CSR Hospital	0	0	0	0	0	0	0
	No Treatment	0	0	0	0	0	0	0
	Depends on Ailment	0	0	0	0	0	0	0
Accessed in the last 12 Months (%)	Traditional Healer/ Dai	1.7	0	0	0	1.9	0	0
	Local Doctor/ RMP	100	93.5	91.5	95.7	100	96.5	94.5
	Chemist Shop	91.4	71	10.2	25.7	74.1	27.1	2.7
	Mobile Clinic		4.8	1.7	1.4	7.4		
	SHC/ ASHA/ Aanganwadi	0	3.2	0	0	7.4	0	0
	PHC/CHC	10.3	17.7	5.1	4.3	9.3	30.6	

	Government Hospital	8.6	16.1	42.4	24.3	3.7	30.6	9.6
	Private Clinic	86.2	61.3	33.9	64.3	75.9	61.2	79.5
	Private Hospital	62.1	14.5	49.2	60	38.9	56.5	69.9
	Nobody Fell Sick	0	0	0	0	0	1.2	0
	Depends on Ailment	0	0	0	0	0	0	0
Birth in Last 3 Years		17	23	35	20	22	28	14
Sex of child (%)	Male	41.2	78.3	40	70	50	50	71.4
	Female	58.8	21.7	60	30	50	50	28.6
Place of Birth (%)	Government Maternity Center / General Hospital	23.5	17.4	5.7	15	9.1	7.1	7.1
	Private Maternity Center / Hospital	5.9	8.7	17.1	0	9.1	3.6	21.4
	PHC / CHC	0	0	0	0	0	3.6	0
	Health Sub Center	0	0	0	0	0	0	0
	Home By Nurse / Doctor	11.8		40	20	22.7	21.4	7.1
	Home By Birth Attendant	5.9	39.1	17.2	40	22.7	42.9	7.1
	Home By Other	52.9	34.8	20	25	36.4	21.4	57.3
Maternity Allowance (frequency)		0	2	0	3	0	2	0

HEALTH CARE FACILITIES AND BIRTH DETAILS

The trend of accessing the health care services is not new in this village as RMPs are accessed by the large portion of the population across the surveyed villages. The trend of accessing hospitals/ clinics is not considered as a main and primary mode of treatment. The data shows that more than 90% of the population in Nai, Singar, Madhiyaki and Indana access the services of RMPs for primary treatment while 60-90% of the population among Jharokari, Bichhore and Neemika access the services of RMPs. These RMPs are easily available in all the villages and due to less fee, people often choose them for treatment over MBBS doctors. Only in Neemika, 27.4% and in Bichhore 20.6% of the population access private clinics which are present in the village itself.

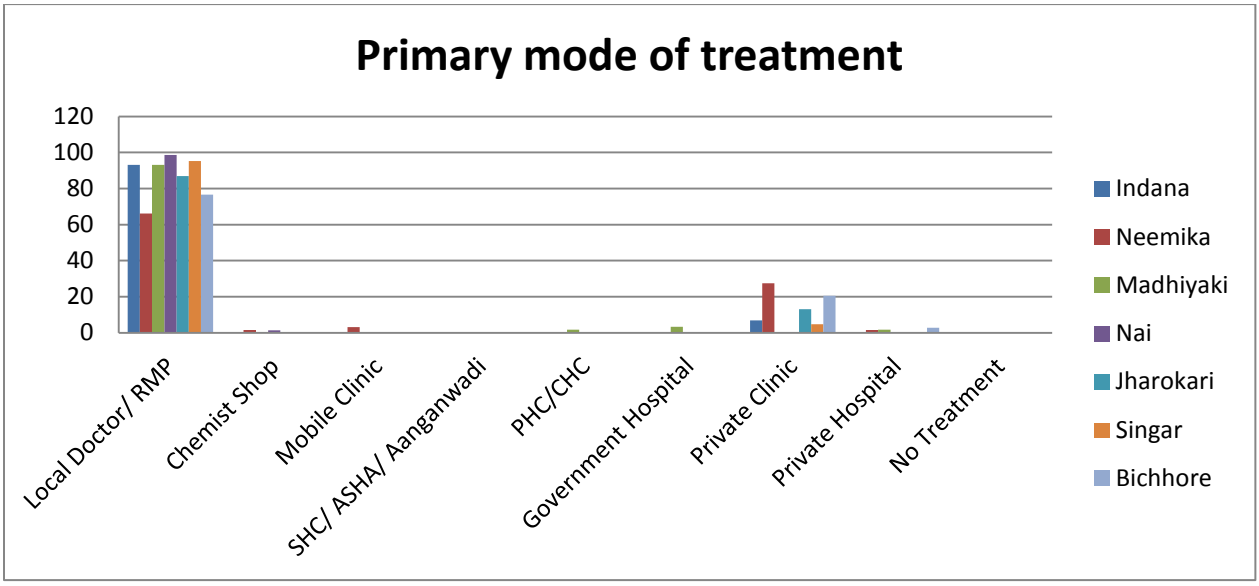


Figure 3: Primary mode of treatment

If talk about the health care facilities accessed in last 12 months, again RMPs are on the top of the list as 95.6% population across the surveyed villages followed by private clinics which are accessed by an average of 66.1% of the population across the sampled villages. In Singar village, PHC is present but only 30.6% population of the village accessed the health care services in last 12 months from there. In Bichhore, 69.9% have accessed private hospital which is at a distance of 11 Km from the village while 14.5% from Neemika have accessed the same with lowest response in the last 12 months.

The presence of ASHA worker is marked in every village but the institutional deliveries are less in all the surveyed villages. While interacting with ASHA and Aanganwadi workers in all the

villages, it is observed that villagers do not give any importance to ASHA workers' suggestions and refuse to cooperate with them. In Bichhore, 57.3% of the deliveries have taken place at home with the help of neighbours and relatives while it is noticed that 29.4% institutional deliveries have also taken place in Indana at Government hospitals and private hospitals/ maternity homes. Nai reported of only 15% deliveries which have taken place in government hospitals while rests of the deliveries have taken place at home. Janani Sishu Suraksha Yojna is also functional as reported by the locals but high percentage of home deliveries is an area of concern. Non-institutional deliveries are a serious threat to the mother and the child which requires qualified help during the delivery.

LIVELIHOOD, LANDHOLDING & LIVESTOCK

Table 5: LIVELIHOOD, LAND HOLDING & LIVESTOCK								
		Village 1 Indana	**Village 2 Neemika**	**Village 3 Madhiyaki**	**Village 4 Nai**	**Village 5 Jharokari**	**Village 6 Singar**	**Village 7 Bichhore**
Primary Engagement (%)	House wife	26.7	19.8	22.8	22.5	23.4	22.9	27.3
	Own Farm Activities	6.7	4	4.6	9	5	4.4	1.7
	Agricultural Labour	1.7	5.9	3.1	4.6		3.4	6.2
	Non – Agriculture Labour	14.2	12.4	9.2	11.6	11.8	14.9	14.4
	Salaried Employment	1.8	2.9	5.4	3.5	3.6	5.9	5.5
	Petty Business	1.9		1.5	1.2	1.2	2.7	2.3
	Contractor/ broker	0	1	0.5				0.5
	Cattle Rearing	0	0	0	0	0	0	0
	Collect / Sale of Forest / Mining Products	0	1	0	0	0	0	0
	Rent / Pension / Remittance	0	0.8	0	0	0	0	0
	Local services (including traditional services)	0	0	0.3	0.3	0	0	0.2
	Artisan	2.9		0.5	0.3	2.4	0.6	
	None	44.1	52.2	52.1	47	52.6	45.2	41.9
Secondary Engagement (%)	House wife	2.1	2.6		1.6	0.6	3.1	0.9
	Own Farm Activities	1	0.5	0.6		1.9	0	0
	Agricultural Labour			3.7	3.3	0.6	0	1.3
	Non – Agriculture Labour	1	0	0	0	1.3	0	0

	Factory Labour	0	0	0	0	0	0	0
	Salaried Employment	0	0	0	0	0	0	0
	Petty Business	0	0	0	0	0	0	0
	Contractor/ broker	0	0	0	0	0	0	0
	Cattle Rearing	0	2.1	0	0	0	0	0
	Collect / Sale of Forest / Mining Products	0	0	0	0	0	0	0
	Rent / Pension / Remittance	0	0	0	0	0	0	0
	Local services (including traditional services)	0	0.5	0	0	0	0.3	0
	Artisan	0	0	0	0	0	0	0
	None	95.9	94.3	95.7	95.1	95.6	96.6	97.8
Land in acres	Total Area	450	600	500	2500	500	9000	4800
	Irrigated	400	300	400	800	200	4000	3800
	Non- Irrigated		150		1500	250	3000	
	Grazing	0	0	0	0	0	0	0
	Forest	0	0	0	0	0	0	0
	Wasteland	0	0	0	0	0	0	0
Agricultural Land Condition	Flood Proneness	0	0	0	0	0	0	0
	Alkalinity	0	75	75	100	75	75	75
	Water Logging	0	0	0	0	0	0	0
	Soil Erosion	0	0	0	0	0	0	0
	Drought Proneness	0	50	0	0	50	0	0
	Snowfall	0	0	0	0	0	0	0

Ownership of Agricultural Land (%)		46.6	58.1	52.5	45.7	51.9	48.2	41.1
Total Owned Land (%)	0-5 acres	92.5	88.9	77.3	93.6	92.9	85.4	90
	6 -10 acres	7.5	8.2	19.4	6.4	3.6	4.8	10
	11 – 15 acres	0	2.9	3.3	0	3.5	9.8	0
	16 -20 acres	0	0	0	0	0	0	0
	21 acres and above	0	0	0	0	0	0	0
Cultivated Land in Acres (%)	0-5 acres	88.8	88.8	77.3	93.6	92.9	85.4	86.7
	6 -10 acres	11.2	8.4	19.4	6.4	3.6	4.8	10
	11 – 15 acres	0	2.8	3.3	0	3.5	9.8	0
	16 -20 acres	0	0	0	0	0	0	0
	21 and above acres	0	0	0	0	0	0	3.3
Irrigated Land in Acres (%)	0-5 acres	88.8	91.6	77.3	93.7	96.5	85.4	86.7
	6 -10 acres	11.2	5.6	19.4	6.3	3.5	7.3	10
	11 – 15 acres	0	2.8	3.3	0	0	7.3	3.3
	16 -20 acres	0	0	0	0	0	0	0
	21 and above acres	0	0	0	0	0	0	0
Sources of Irrigation (%)	Canal	0	0	3.2	6.2	0	0	3.3
	Pond	0	0	0	0	0	0	0
	Well	0	0	0	0	0	0	0
	River	0	0	0	0	0	0	0
	Motor Pump	0	1.6	0	9.4	0	0	3.3
	Tube well	85.2	62.1	58.1	50	75	53.7	83.3
	Bore Well	77.8	65.5	51.6	65.6	100	58.5	50

	Dam	0	0	22.6	12.5	0	0	10
	None	0	0	0	0	0	2.4	0
Major Crops (in acres of land)		Wheat (400 acres)	Wheat (500 acres)	Wheat (380 acres)	Millet (900 acres)	Wheat (200 acres)	Wheat (2000)	Wheat (3600 acres)
				Jawar (200 acres)	Jawar (800 acres)	Mustard (200 acres)	Mustard (2000 acres)	Mustard (1800 acres)
					Wheat (700 acres)	Millet (100 acres)	Jawar (1000 acres)	
						Jawar (100 acres)		
Ownership of Livestock (%)		79.3	82.3	79.7	70	77.8	57.6	67.1
List of Livestock (%)	He Buffalo	13	7.8	36.2	10.2	14.3	12.2	38.8
	She Buffalo	91.3	90.2	61.7	89.8	95.2	89.8	69.4
	Cow	15.2	2	12.8	4.1	7.1	14.3	10.2
	Bullock	4.3	5.9	10.6	6.1	4.8	2	6.1
	Sheep	0	0	31.9	0	0	4.1	0
	Goat	21.7	7.8	0	22.4	19	24.5	8.2
	Piggery	0	0	0	0	0	0	
	Poultry	6.5	17.6	0	4.1	0	0	8.2

LIVELIHOOD, LANDHOLDING AND LIVESTOCK

The data shows that there are various sources of livelihood available in the sampled villages. In a closer look, it is found that in Singar, Bichhore and Indana, for nearly 15% of the population non-agricultural labour is the primary source of livelihood while in rest of the villages nearly 12% of the population is engaged in non-agricultural labour works. The other sources such as farming, agricultural labour, salaried employment, petty business, contractor and artisan are also available in the villages but a small percentage of the population across the seven villages found to be engaged in these sources.

Nearly 50% of the population across the seven surveyed villages owns agricultural land and majority of the land is owned between 0.1-5 acres. Around 93% population of Nai holds the agricultural land in between 0.1-5 acres, followed closely by Jharokari (92.9%) and lowest is 77.5% in Madhiyaki. The same percentage of the agricultural land holdings in all the villages have been cultivated by their owners while little variation in irrigation is observed. The main sources of irrigation are tube wells and bore wells. Ground water is used for irrigation by means of tube wells and bore wells by majority of the people and it is being reported by the key stakeholders that ground water has fluoride content in it which make the agricultural land alkaline in nature. Agricultural land suffers with alkalinity as reported by almost 75% of the respondents across all the villages.

Moving to the livestock ownerships, it is analysed that in Neemika, 82.3% of the population own livestock, followed by Madhyaki (79.7%) and lowest is 57.6% in Singar. An average of 83.9% of the people across seven villages mainly own she buffaloes, with highest 95.2% in Jharokri and lowest 61.7% in Madhiyaki. He buffaloes, cows and bullocks are other common livestock owned by the owners in almost every village. Apart from this goat and poultry are other livestock available in few villages.

SOCIAL WELFARE SCHEMES

Table 6: SOCIAL WELFARE SCHEMES								
		Village 1 Indana	**Village 2 Neemika**	**Village 3 Madhiyaki**	**Village 4 Nai**	**Village 5 Jharokari**	**Village 6 Singar**	**Village 7 Bichhore**
Indira Awas Yojana	Total Beneficiaries	50	0	0	0	80	50	30
	Male	0	0	0	0	0	0	0
	Female	0	0	0	0	0	0	0
	Financial Assistance	0	0	0	0	0	0	0
	Challenges	Lack of funding						
MGNREGA	No. Of Job Cards	125	0	150	0	0	300	40
	Males	0	0	80	0	0	140	20
	Females	0	0	70	0	0	160	20
	Min. Wage	191		191	0	0	191	125
	Challenges	0	0	0	0	0	0	0

SOCIAL WELFARE SCHEMES

Social welfare schemes are not functional in some of the sampled villages. The MGNREGA is functional in Singar, Madhyaki, Indana and Bichhore with 300, 150, 125 and 40 job cards respectively issued to the households. In Bichhore, from last one year the MGNREGA scheme is not functional. The minimum wage of Rs. 191 per day is given to the workers in MGNREGA.

The housing scheme, IAY, is also functional only in four villages, viz. Jharokri, Indana, Singar and Bichhore with 80, 50, 50 and 30 respondents who have received the benefits from it. However, in Jharokri lack of funding is reported as a challenge in the proper implementation of the scheme.

SAFETY NETS & CREDIT PATTERNS

Table 7: SAFETY NETS & CREDIT PATTERNS								
		Village 1 Indana	**Village 2 Neemika**	**Village 3 Madhiyaki**	**Village 4 Nai**	**Village 5 Jharokari**	**Village 6 Singar**	**Village 7 Bichhore**
Type of PDS / Ration Card (%)	APL Card	44.8	61.3	50.8	64.3	53.7	62.4	52.1
	BPL Card	46.6	35.5	40.7	28.6	40.7	30.6	45.2
	Antyodaya / BBPL Card	0	0	0	0	0	0	0
	Applied But Not Received	6.9	0	3.4		1.9	2.4	0
	Not Applied	1.7	3.2	5.1	7.1	3.7	4.6	2.7
Avail PDS (%)	Yes, Regularly	43.4	28.3	29.6	18.5	47.1	15.2	43.7
	Yes, Sometimes	20.8	18.3	14.8	18.5	15.7	24.1	16.9
	No	35.8	53.4	55.6	63	37.2	60.7	39.4
Reasons for Not Availing PDS (%)	Not Interested	0	0	0	7.1	0	0	0
	Poor Quality of Grains	0	0	13.2	0	0	9	0
	No PDS shop / Irregular	6.8	22	1.7	13.2	11.1	1.2	0
	Shop Too Far	0	0	0	0	0	0	0
	Have APL Card	83.3	86.7	78.9	73.6	85.2	79.1	92.5
	No Money During PDS Supply	0	0	7.9	1.9		10.4	0

	Depot Holder dont give	8.6	0	0	0	0	0	0
	Shortage of Ration in Ration Shop	0	0	0	0	0	3.6	4.1
	Use Own Farm Produce Partly	0	0	0	1.9	0	0	0
People with outstanding loans (%)		13.8	14.5	20.3	10	7.4	5.9	5.5
Source of Credit (%)	Bank	37.5	63.6	53.8	28.6	75	60	100
	Money Lender	12.5	18.2	15.4	0	0	0	0
	Trader / Employer	12.5	0	0	0	0	0	0
	NGO	0	0	0	0	0	0	0
	Relative / Friends	37.5	18.2	30.8	28.7	25	40	
	SHG	0	0	0	0	0	0	0
	Co-operative Society	0	0	0	42.9	0	0	0
Interest Rate (%)	0 -1%	12.5	9.1	7.7	14.2	0	0	0
	2- 5%	50	27.3	38.5	42.9	50	40	25
	6-10%	12.5	0	46.2	14.3	50	40	25
	11-15%	25	36.4	7.6	14.3	0	0	25
	15 -20%	0	27.2	0	14.3	0	20	25
Assets Mortgaged (%)	Own Land / House Deed	22.2	72.7	7.7	28.6	50	20	50

	Others Land / House Deed	11.1	0	0	0	25	20	0
	Own Jewels		0	0	0	0	0	0
	Others Jewels	33.3	9.1	7.7	0	0	0	0
	Own Durable Goods		0	0	0	0	0	0
	Others Durable Goods	11.2	0	0	0	0	20	0
	Personal Security	0	0	0	0	0		0
	None	22.2	18.2	84.6	71.4	25	40	50
	Deposits	0	0	0	0	0	0	0
Purpose of Loan (%)		0	0	0	0	0	0	0
	Farming	0	9.1	7.7	0	25	20	25
	Petty Trade	0	18.2	15.3	0	25	20	50
	Medical Expenses	0	0	7.7	0	0	20	0
	Education	0	9		0	0		0
	Marriage	62.5		30.8	12.5	50	40	0
	Family Function / Ceremonies / Festivals	0	0	23.1	0	0	0	0
	House Construction / Purchase / Repair	0	9.1	15.4	25	0	0	25
	Purchase of Land	0	9.1	0	0	0	0	0

	Purchase of Jewellery	0	9.1	0	0	0	0	0
	Purchase of Durable Goods	0	0	0	0	0	0	0
	Buy Animals	12.5			37.5			
	Pay Another Loan	0	0	0	0	0	0	0
	Family Consumption	0	0	0	0	0	0	0
	Pregnancy / Child Birth Related Expenses	0	9.1	0	12.5	0	0	0
	Death Related Expenses	0	0	0	12.5	0	0	0
	No response	12.5	0	0	0	0	0	0
	Other	12.5	27.3	0	0	0	0	0

SAFETY NETS AND CREDIT PATTERNS

Highest numbers of BPL families are found in Indana with 46.6%, followed by Bichhore (45.2%) and lowest is 28.6% in Nai. In case of APL cards, Nai has the highest percentage of APL card holders with 64.3% of the APL families. In all the surveyed villages, a small percentage of the population has not applied for the ration cards. Having an APL card is reported as a common reason of not availing PDS in all the villages. The same reason was reported in other districts which are Panipat, Kaithal, Rewari and Faridabad for not availing PDS. In Bichhore 43.7% of the population avails PDS regularly followed by Indana (43.4%) and lowest in Singar (15.2%). As mentioned in the data, there are BPL families reported of availing PDS due irregularities in PDS or cash-flow problem at the time of PDS supply.

Moving on to the people with outstanding loans, it is found that below than 20% of the borrowers are there in all the sampled villages. The highest of 20.3% people are found with outstanding loans in Madhiyaki, followed by Neemika (14.5%), Indana (13.8%) and lowest in Bichorre (5.5%). The main sources of the loan are banks and relatives/ friends. In Bichorre, all the borrowers have taken loan from bank and half of the borrowers have mortgaged their own land and half have not mortgaged any asset. It is also found that in Neemika village, 9% of the borrowers have taken loan from bank for the education purposes. It is also analysed from the data that those who have taken loans from banks are paying more interest rate as compared to those who have taken loan from relatives/ friends and money lenders. The exact figures of percentage are listed in table for the reference. One of the main reasons of taking loan in five villages except Neemika and Bichhore is to meet the marriage expenses. In Indana, 62.5% of the borrowers have taken loan only to meet marriage expenses while in Nai 14.5% of the borrowers have taken loan for the same reason.

INFRASTRUCTURE- AVAILABILITY & ACCESSIBILITY

Table 8: INFRASTRUCTURE FACILITIES & ACCESSIBILITY									
			Village 1 Indana	**Village 2 Neemika**	**Village 3 Madhiyaki**	**Village 4 Nai**	**Village 5 Jharokari**	**Village 6 Singar**	**Village 7 Bichhore**
Recreational	Playground		√						
	Samaj Mandir/ Mosque		√	√	√	√	√	√	√
	Gymnasium								
	Community hall								
	Library								
	Cremation/ Burial Place		√	√	√	√	√	√	√
Physical Facilities	Cement/Tar road	Within Village	√	√	√	√	√	√	√
		Within 5 Km							
		More than 5 Km							
	Bus Stop	Within Village		√	√			√	
		Within 5 Km	√				√		√
		More than 5 Km				√			
	Public Telephone Booth	Within Village				√		√	√
		Within 5 Km	√		√		√		
		More than 5 Km		√					
	Daily Market	Within Village				√		√	√
		Within 5 Km					√		
		More than 5 Km	√	√	√				

	Weekly Market	Within Village						√	√
		Within 5 Km							
		More than 5 Km	√	√	√	√	√		
	PDS Shop	Within Village	√	√	√	√	√	√	√
		Within 5 Km							
		More than 5 Km							
	Grocery Shop	Within Village	√	√	√	√	√	√	√
		Within 5 Km							
		More than 5 Km							
	DTP/Xerox Center	Within Village				√		√	√
		Within 5 Km	√		√		√		
		More than 5 Km		√					
Local Institutions/	Post Office	Within Village				√		√	√
		Within 5 Km	√				√		
		More than 5 Km		√	√				
	Railway Station	Within Village							
		Within 5 Km							
		More than 5 Km	√	√	√	√	√	√	√
	Police Station	Within Village							
		Within 5 Km						√	√
		More than 5 Km	√	√	√	√	√		
	Gram Panchayat Office	Within Village						√	√
		Within 5 Km							
		More than 5 Km							
	Co-operative Society	Within Village				√		√	√
		Within 5 Km	√						
		More than 5 Km			√		√		
	Bank for S/B	Within Village				√		√	√

	Account	Within 5 Km	√						
		More than 5 Km		√	√		√		
	Block Development Office	Within Village							
		Within 5 Km							
		More than 5 Km	√	√	√	√	√	√	√
	Taluk Headquarters	Within Village							
		Within 5 Km							
		More than 5 Km	√	√	√	√	√	√	√
	District Headquarters	Within Village							
		Within 5 Km							
		More than 5 Km	√	√	√	√	√	√	√
	Warehouse	Within Village							
		Within 5 Km							
		More than 5 Km	√	√	√	√	√	√	√
	APMC/ Mandi	Within Village							
		Within 5 Km							
		More than 5 Km	√	√	√	√	√	√	√
Transport facilities	Public/ Pvt./ Mini buses		√	√				√	
	Maxi Cabs/ Jeep		√	√	√	√	√	√	√
	Share auto		√	√		√			√
	Taxi/ Auto		√			√	√	√	√
	Bicycle		√	√	√			√	
	Motorcycle		√	√	√	√	√	√	√
	Bullock/ Horse Cart				√		√		√
Education	Pre-Pri/Nursery	Within Village	√	√	√	√	√	√	√

	School	Within 5 Km							
		More than 5 Km							
	Govt. Primary School	Within Village	√	√	√	√	√	√	√
		Within 5 Km							
		More than 5 Km							
	Charitable Primary	Within Village							
		Within 5 Km							
		More than 5 Km							
	Pvt. Primary School	Within Village		√		√		√	√
		Within 5 Km					√		
		More than 5 Km	√		√				
	Govt. Secondary School	Within Village		√		√		√	√
		Within 5 Km	√		√		√		
		More than 5 Km							
	Charitable Secondary School	Within Village							
		Within 5 Km							
		More than 5 Km							
	Pvt. Secondary School	Within Village						√	
		Within 5 Km			√				√
		More than 5 Km	√	√		√	√		
	Higher Secondary School	Within Village						√	√
		Within 5 Km	√		√	√	√		
		More than 5 Km		√					
	Degree College	Within Village							
		Within 5 Km							

		More than 5 Km	√	√	√	√	√	√	√
	ITI/ Polytechnic	Within Village							
		Within 5 Km							
		More than 5 Km	√	√	√	√	√	√	
	Vocational training center	Within Village							
		Within 5 Km							
		More than 5 Km	√	√	√	√	√	√	
Health Care Facilities	Local Doctor/ RMP	Within Village	√	√	√	√	√	√	√
		Within 5 Km							
		More than 5 Km							
	Chemist Shop	Within Village				√		√	√
		Within 5 Km	√	√	√		√		
		More than 5 Km							
	Mobile Clinic	Within Village							
		Within 5 Km							
		More than 5 Km							
	SHC/ ASHA/ Aanganwadi	Within Village	√	√	√	√	√	√	√
		Within 5 Km							
		More than 5 Km							
	PHC/CHC	Within Village							
		Within 5 Km	√	√	√	√	√		√
		More than 5 Km							
	Government Hospital	Within Village							
		Within 5 Km							
		More than 5 Km	√	√	√	√	√	√	√
	Private Clinic	Within Village					√		
		Within 5 Km	√						

		More than 5 Km		√	√	√			√
	Private Hospital	Within Village							
		Within 5 Km							
		More than 5 Km	√	√	√	√	√	√	√
	CSR Hospital	Within Village							
		Within 5 Km							
		More than 5 Km							
	Veterinary Clinic	Within Village		√		√		√	√
		Within 5 Km	√		√		√		
		More than 5 Km							

CHAPTER 5: AN OVERVIEW OF PROBLEMS AND POSSIBLE AREAS OF INTERVENTIONS

SALIENT FEATURES OF PROBLEMS AND RECOMMENDATIONS

The problems in the report have been explained in detail with the village-wise findings analysed and the interventions succeeding these are aimed at a sustainable approach to improve the situation of the villages in a long-term and effective manner. Being in similar stage of development and poverty, villages may have similar problems in nature like lack of healthcare, livelihood, sanitation facilities. Therefore, the recommendations or possible areas of interventions are also similar in nature and explained once in this section under each area of concern. However, the pertinent point to be noted is that this does not imply cluster or common project-implementation for a set of villages. The interventions recommended in need independent implementation in each village under the given location, as the problem is uniquely present in each village as given in the village-wise findings.

There are also few problems and recommendations that are singled-out in the last part of this chapter which are identified and appearing exclusively in that particular village, but not in any other villages in that same location. Hence these have been given a separate mention. The implementation, like in the first part, also needs to be independently done in that particular village.

Prioritising and Nature of Interventions

As required in the Memorandum of Collaboration (MoC) between TISS and IOCL, each intervention has been given a Priority on the basis of stakeholders' views, data analysis and on-field observations of the Research team. This means that in each village the recommended intervention on Priority-1 needs to be given first preference and importance over others and accordingly implementation should be planned for each village.

Moreover, each intervention also has been segregated under three terms depending upon their 'nature' as required in the MoC: Short Term, Medium Term and Long Term Intervention. Short term intervention is defined here as those interventions that require less than 1 year engagement from the company; Medium term interventions are those that need 1 to 3 years of engagement; Long term interventions are those that need a continued engagement of more than 3 years. A particular intervention may be short, medium or

long term, but the implementation needs to begin in the first year; the number of years is indicative, and not restricted, of the duration of completion to give an idea for planning. Also, if the company and implementing agency deems any intervention to be continued longer than the specified term to achieve its objectives or expanded depending on the need and beneficiary response, the discretion is upon the company to allocate the time, efforts and spending on the intervention accordingly. The implementation may be planned for those selected interventions by the company on the basis of the priorities and nature of interventions provided in this chapter.

Priority1: Health Care Facilities – Medium term intervention

In all the surveyed villages, the condition of health infrastructure is not found at basic level also. From the secondary data, it is found that the district has 1 hospital, 4 CHC, 17 PHC and 110 sub-centres[5]. Out of the seven surveyed villages only PHC is found in Singar. Health sub-centre also found in Neemika, Nai, Bichhore and Indana. As per the findings, it is clear that majority of the people from all the villages access local doctors or quacks for the primary treatment. It is also noticed that in last 12 months the accessibility of these local doctors (unprofessional) for health care is more than 90% in all the villages. These doctors do not have any professional qualification like MBBS, BAMS, etc. They treat people on the basis of their experience of locally available medicines and without proper knowledge, formal training or any registration with the medical council. Therefore, treatment from these doctors is always a risk and dangerous for human life as they do not conduct proper medical tests for diagnosing the diseases and give medicine by looking at some symptoms which is not a safe and careful practice and leads to reactions in human body many times which can lead to risk of life also sometimes. A large proportion of population is seeking help from private medical practitioners due to high rate of unawareness and poorly equipped government hospitals, which fail to attend to the needs of sick individuals.

Further, it is also noticed that, a PHC and sub health centres present in the villages have poor medical infrastructure and doctors are hardly present at there. The existence of poor medical infrastructure meant that the PHC and sub centres do not have functioning pathological laboratories where they could get elementary medical tests conducted. Only marginal population seeks treatment from private clinics and hospitals as the financial status of the villagers is observed to be poor and treatment cost at private hospitals and private clinics is unaffordable for most of the villagers which automatically lead them to seek treatment from local doctors which is very risky. The nearest government health institutions are available in Nuh and Hodal which are at the distance of 10-15 Km from the villages which are also lacking in the health personnel as well as in infrastructures, reported by the participants and only approached in case of severe diseases and emergencies. The distance is also another reason which restricts people to seek the treatment from the hospitals and therefore they approach local doctors which are easily available in the villages itself and provide health services on cheap rates which are very harmful in long term.

5 Jitendra Prasad, A Baseline survey of minority concentration districts of India, Mewat (Haryana), 2008.

Another issue is the absence of the MCH services in these villages. Majority of the deliveries take place in the homes in the presence of birth attendants. It is observed that a common tendency to invite untrained dais for delivery is common in all the villages. It is also observed that there are few numbers of deliveries that took place in institutions like hospitals. Though the ASHA workers (a trained female community health activist from the village itself who work as an interface between the community and the public health system, plays an important role in providing key services to mother and child and spread awareness) and Aanganwadi staff are present in all the villages but they are also not helpful to raise the frequency of institutional deliveries just because of the reason of the conservative mind-set of the community in all the villages. As discussed above there is an acute shortage of health personnel in the whole district, therefore it is also increasing the tendencies of inviting untrained Dais for the deliveries. As per the secondary data, the district have the worst maternal mortality rate and infant mortality rate, there is only one woman doctor available for the whole of Mewat[6].

Village specific Problems:

Village 1: Indana

As per the data, 93.1% of the sampled population access the services of quacks for the primary treatment. The health sub centre is present in the village but not even the single reported to access its services. The ANMs in the sub centre are not regular as per the respondents. Apart from this, nearly 53% of the deliveries are non-institutional and took place in the absence of birth attendant or nurse which is a highly risky practice as there is a danger of losing lives. The problems during gestation periods are also treated by local doctors as observed in the village during discussions. This makes the situation of women vulnerable due to the lack of health care. An untrained *dai*is also available in the village who helps villagers during the deliveries.

Village 2: Neemika

For the population of 4000 people there is a health sub centre in the village which is not accessed and used by the villagers as there is no proper stock of medicines throughout the year. The ANMs are present in the health sub centre but doctors hardly visit as reported by the respondents. The local doctors/quacks are available in the village and accessed by 66.2% of the sampled population for the primary treatment and 93.5% of the population have accessed the services of local doctors/quacks over the last year. The economic status of the village is observed as weak which is also one of the reason to not seek the services

6 http://kractivist.wordpress.com/2013/05/22/india-one-woman-doctor-for-entire-district-of-mewat-believeitornot/

of qualified doctors. The local doctors are cost effective and mostly accessed by the villagers. They do not have professional degree to practice medicine and do it on the basis of their regular day life experience. Apart from this, 34.8% of the deliveries took place at home in the absence of the nurse or birth attendants. Apart from this no medical store is available in the village.

Village 3: Madhiyaki

The health scenario is not different in this village from other surveyed villages. The data shows that 93.2% of the people accessed the services of RMPs/local doctors. The financial status of the village is also low as 52.1% of the people are dependent on others for their livelihoods. The PHC is nearly 5km away from the village and only accessed by 1.7% of the people as a primary mode of treatment. The village is connected by road but lack of public transport also restricts people to visit government hospitals. There is no dispensary or medical store available in the village which make the situation worst.

Village 4: Nai

The prejudices towards seeking treatment from qualified doctors have observed in the village. The people of the village still believes in seeking treatments from quacks and local doctors (unqualified and without license). The data also shows that for 98.6% of the people, primary mode of treatment comes from local doctors. The low literacy rate is also one of the reasons behind it. The absence of medicines and doctors in the government health institution also adds to seek treatment from quacks/local doctors. The data also shows that 57.2% of the deliveries took place at home either in the presence of nurse/doctor or birth attendant while 20% of the non-institutional deliveries took place at home in the absence of any health personnel or birth attendant. Hence, it becomes important to provide the health services in the village, especially to women who are in their gestation period.

Village 5: Jharokari

The village is located few kilometres away from the state highway but still very limited transportation facilities are available to commute to the nearest towns. The population of the village is 2500 and it does not have any health sub centre from where villagers can take primary treatment. As per the data, only 13% of the people visit private hospital for the primary treatment which is in the village. Those who belong to difficult financial backgrounds are not able to seek treatment from the private hospitals or clinics. The PHC is at a distance of 5 km but doctor is not available as reported by the villagers and medicines are not available. It is also observed that people from difficult financial backgrounds often ignore the illness.

Village 6: Singar

Singar is one of the most crowded villages with nearly 50,000 population. The PHC is available in the village itself but still not accessed by the villagers due to the absence of doctor and lack of medicines. The RMPs have opened up their private clinics in the village which are accessed by the villagers frequently. It is also observed that due to the close relationship of the villagers with these RMPs, they mostly accessed their services for any kind of treatment. As per the data, 95.3% of the population access the services of local doctors. It is also observed that preference is given to non-institutional deliveries as data also indicates the same that 21.4% of the deliveries took place at home in the absence of any nurse or birth attendant. It is observed in every village that the status of women health in every village is very poor and due to the unavailability of adequate health facilities in the village make the scenario worst as women would not be able to share her problem with RMPs as mostly they are males.

Village 7: Bichhore

The situation is same of this village is also like other villages with no difference. The population of the village is 22,000 and out of it 76.7% of the people accessed the services of RMPs for their treatment in last one year. Apart from this, poor sanitation condition in the village leads to several diseases such as malaria, cholera, typhoid, etc. and due to lack of health facilities in the village, timely treatment is not accessible to the villagers. The non-institutional deliveries are more in this village compared to others. As per the data, 57.3% of the deliveries are non-institutional and took place in the absence of any health personnel. The PHC is 4 km from the village where labour room facilities are available but due to the lack of awareness the preference is not given to them. Only one medical store is available in the village. There is an urgent need to improve the health status of the village by providing them health services.

INTERVENTIONS

To address the problem of primary healthcare needs, a Mobile Medical Van (MMV) initiative can be started for all these villages. People are travelling long distances to access basis healthcare facilities. This distance also makes them vulnerable and they are forced to take services of unauthorized practitioners. This can be curbed by providing them with primary treatment at their doorstep with the help of MMVs. One MMV should be accompanied by two MBBS doctors: 1 male and 1 female, one compounder, one driver and one community mobilizer. Community mobilizer can be employed from within the surveyed villages as this will affect positively the functioning of the MMV and make mobilization more effective. The need of two doctors arises as women in the villages do not feel comfortable with male doctors and this is relevant because women are treated secondary in status. It is recommended that each village will be

visited twice a week as it will help villagers to access treatment from experts on a regular basis. The schedule of MMVs should be made available in public places at every village so that people can use it at the time of emergency. The problems reported by the villagers should be diagnosed and appropriate treatment prescribed. Medicines should be stored in cool and dry place and should not be exposed to direct sunlight. The MMVs should be connected to nearby private as well as government hospitals so that they can refer patients suffering from major illnesses.

The services of MMVs should be started by making a card for every family accessing the services for the first time and a nominal fee should be charged for that. The check up and diagnosis should be a free service but the medicine should be provided at nominal charges. This will help in using the services of MMVs with serious level and restrict the casual attitude of wasting services and accessing it without any reason. The nominal charges will also help in understanding the importance of the services as the free services are considered to be poor. By the introduction of family card, the monitoring will be effective and error free. It will also easy to assess the impact of the project as it will be filled by the doctors with every visit of the family members. This can be created as one condition to provide treatment to the villagers with cards which will be helpful in keeping records.

Further for MCH services, the MMVs should be guided to provide the prime healthcare services to the pregnant women. With the help of ASHA workers and Aanganwadi workers, pregnant women can be identified and can be guided or motivated for the institutional deliveries. The lack of health personnel in government institutes is reported by many participants, therefore financial help as a maternity allowance to the pregnant women can be provided by the company so that they can seek the treatment from the private hospitals or clinics. Apart from this, street plays, wall paintings, etc. are other activities which can be practiced by the implementing agency to aware the villagers about the importance of institutional deliveries.

Priority 2: Sanitation and Drainage – Medium term intervention

It is observed as well as reflected in the data that open air defecation is practiced in the villages. An average of 63.1% of the households across seven villages has no toilet facility for the defecation. A marginal population of all the seven villages has flush toilets. The Total Sanitation Campaign (TSC) seems to have no impact in the surveyed villages. The people of villages lack sanitation facilities because of several reasons like lack of awareness, financial incapability and do not understand that how open defecation has adverse impacts on their health and wellbeing. Open defecation in the villages has been practiced by almost every caste, class and creed of the people in the surveyed villages. Due to open

defecation, people are prone to diseases like cholera, dysentery, diarrhea, jaundice, typhoid, and intestinal worms, etc. Women and children majorly face problems due to unavailability of toilet facility. Women not only have to go out of the hustle-bustle of the village, but also in the dark hours, before sunrise or after sunset for open defecation for privacy and cultural practices. This whole practice affects natural as well as human environment. Germs contaminate homes and food due to this unclean and unhygienic practice through flies. Exposure to these germs affects the immune system of children and creates health problems in the long run. Elderly people of the villages also face many problems due to unavailability of toilet facility in their home as they are unable to walk long distance due to their age. Monsoons and water stagnation pose as a major problem as it is a huge challenge to find a place with some shade for open defecation. Further, shrinking spaces in the rural areas like the urban areas is a constant issue they face in terms of open defecation, as they are left with very few spaces.

There is no drainage system in the villages due to which there is water logging issues in all the villages. Household waste water keeps flowing on damaged and uneven paths inside the village and gets clogged in some low areas which hampers cleanliness of the villages as well as creates ideal conditions for giving birth to mosquitoes which leads to many health-hazardous diseases like malaria, dengue etc. With the construction of toilets, there is also a need for installing drainage system in the villages.

Village specific findings:

Village 1: Indana

As per the data, 68.9% people of the village do not have any kind of toilet facility. The TSC programme is not functional in this village and due to the poor financial condition of the households they are not able to construct the toilets. There is no system for drainage. The waste water remains stagnated on the roads of the village which leads to several diseases. Only 5.3% of the households have flush toilet facility. A community toilet is available in the village but not used by villagers due to the lack of water facility and unhygienic conditions as it always remains dirty. As per the respondents, they prefer to defecate in open which clearly shows the lack of awareness about sanitation is there in the village. It also shows that they do not have resources to keep the environment clean and hygienic.

Village 2: Neemika

The internal roads are congested and not found in satisfactory condition. There is also no system for drainage and due to which waste water from households remain stagnated on the roads. Open air defecation is prevalent in the village as per the data; 71% people do not have any kind of toilet facility at

household level. The women of the village face problems when it comes to defecate in open as they have to defecate during early hours of the morning or late in the evening. The children often seem to defecate on the streets of village which have adverse effects on the environment of the village. As per the observers, 41.4% of the sullage nuisance is caused by the open air defecation in the village. The village have 27.4% of pit toilets which are unhygienic and use of them is mostly avoided by the people.

Village 3: Madhiyaki

The population of the village is 3,000 out of which only 28.8% of the people have flush toilets and 61% of the people do not have any kind of toilet facility in the village. The households which have flush toilets are also not used by all the members of family which came out while discussion with the respondents. The villagers prefer to defecate in open. There is a need to modify the behaviour of the villager and make them aware about the diseases that can take place due to unhygienic condition. The government TSC programme is also functional in the village but due to lack of funding there is less number of beneficiaries. The programme is not able to complete its goal as open defecation is still taking place in the village. Apart from this, internal streets of the village are found to be in unsatisfactory condition and absence of drainage lines is also there due to which water remains clogged and becomes a proper breeding ground for mosquitoes and other insects.

Village 4: Nai

The main source of diseases in this village is the absence of drainage lines in the village because of which water gets stagnated on the roads and near to households which becomes a breeding ground for mosquitoes. Few of the internal roads are pucca but due to the absence of drainage lines water remain clogged on them. The data shows that 67.2% of the people do not have any toilet facility and defecate in open. Due to lack of awareness about the diseases caused due to the open defecation make the scenario worst. The health status of the village is also not satisfactory as discussed. One of the major causes of illness in the village is open defecation and water clogging. As per the data available, people of the village seem to be interested in private toilets if assistance to them will be provided. This is a positive sign and to bring the change and uplift the hygienic conditions of the village the construction of private toilets is required along with behaviour modification.

Village 5: Jharokari

The situation is same like other surveyed villages. The data shows that 64.9% of the people do not have any toilet facility and defecate in open and as per the observers 46.3% of the sullage nuisance is caused in

the village due to open air defecation. The Government's TSC programme is also not functional in the village. The waste water from the houses remains stagnated on the roads due to the absence of drainage lines which makes it inconvenient for the villagers to walk through. Old people face more problems to defecate in open as they have to walk to the fields which become a problem at several occasions. The villagers are not able construct private toilets because of their financial conditions which do not allow them to take up this task and bound to defecate in open.

Village 6: Singar

As per the data, 25.9% people have flush toilets and also observed that they are in use but still 48.2% of the people do not have any toilet facility. It is observed that people who belong to difficult financial background generally do not have any toilet facility. There are only 2.5% of people who have received subsidy and same percentage of people constructed toilets on the expenses beard by NGO or Government. As per the respondents, there are only few beneficiaries of government's scheme because disbursement of funds takes time and most of the people are not able to match the criteria set by government and that is why they do not get benefits. The absence of drainage system in the village is also observed. Due to the water clogging, most of the streets keep on stinking and becomes the breeding ground for mosquitoes which in result spread diseases like malaria, dengue, etc.

Village 7: Bichhore

Nearly 60% of the people defecate in open because of the unavailability of toilet facility. The village do not have any community toilet. In this village, 27.4% of the people have flush toilet facility and 12.3% people own pit toilets. As per the respondents who have toilet facility available at household level, inadequate supply of water and lack of household tap connections are few of the reasons due to which they do not make use of the same and defecate in open. People who have low income are not able to construct toilets in their houses. The problems are worst for the pregnant women who have to defecate in open. There is an urgent need to construct toilets in the village. The drainage lines are available at few of the places but due to the absence of any mechanism to clean them, water remains stagnated. There is a need to construct drainage lines in whole of the village to stop the spreading of the diseases caused by water stagnation. As per the respondents, malaria and diarrhoea are the diseases prevalent in the village.

INTERVENTION

There is an urgent need of controlling the problem of open defecation. Open defecation is leading to many health issues especially among women and children. Availability of toilet facility is one of the basic

needs of any household which is not fulfilled even after several attempts made by government at central as well as state level because of reasons like affordability, culture, unawareness, etc. Defecating in open is an unhealthy practice as established which leads to serious health problems in the long run. Households who do not have any toilet facility, as well as the people who have existing pit toilet facility can be provided with individual flush toilet facility for coping with the problem. People with pit toilet should also be included because pit toilets are not hygienic enough and they are simply constructed by digging a hole in ground. Most importantly pit toilets involve the job of manual scavenging by people from underprivileged dalit castes who have to work in unimaginable and pathetic conditions to clean human excreta without any safety equipment. Individual flush toilets with proper water and drainage facilities are therefore needed for the households without toilet facility or with pit facility as well to curb unhygienic practices. A huge sewerage tank can be constructed out of the village and households can be connected through sewerage pipelines or drainage system. All the waste can go to the septic tank through pipelines which will lead to a healthy environment and clean village. Maintenance of the septic tank can be handed over to the Panchayat by the company and recurring maintenance costs can be included beforehand and given periodically to the Panchayat.

The project can be divided into different steps for successful implementation:

Step 1: First of all, awareness generation and behaviour modification should be taken into consideration. The awareness programme should have the provision of introducing hygienic practices to the villagers which are hand washing before eating, washing hands properly after toilet use, storing food at clean places away from mosquitoes reach, water use with chlorine, and other hygienic practices. By practicing these habits several problems related to stomach can be avoided. Awareness generation is as important as construction of toilets, because if people are not motivated for using toilets then there is no use of construction. This can be done through various mediums like posters display, street plays, discussions, short films, interactive sessions, etc.

Step 2: After awareness generation in all the villages, an audit needs to be conducted by the implementing agency to gauge the reach and effectiveness of the behaviour modification exercises. A sample village can be chosen to implement the project to see the motivation and adaptability among the villagers of using the toilets.

Step 3: If there is a positive impact then the project can be expanded to all other surveyed villages. The water requirement, proper doors and space should be adequate as these factors work out in negative if not

taken care properly. Households should decide the place where they want their toilet to be constructed in their household.

Priority 3: Education Facility – Medium term intervention

The average literacy level of the villages is 47.5% which is very less than the district's and national average literacy level[7]. The literacy level among women is much lower than the men as observed from the data. Less number of women pursued higher education as compared to men. This can be because girl education is not given as much importance. It was also observed that parents do not want to send their female child to schools because they connect it directly with their future tasks and according to them their daughters are going to take care of household chores for which education is not needed. This is one of the main reasons why girls are still lagging behind in the nation. The low involvement of women in employment indicates that women still live with a secondary status. Many of the boys and girls did not manage to clear 10th standard examination due to which many of them dropped out.

All villages have a government primary school facility; however for education above 5th standard, students have to travel to neighbouring villages. This travel is considered unsafe for girls combined with lack of financial capability; need to attend domestic chores and non- affordability of higher education are among the other reasons for dropping out. Under the Sarva Siksha Abhyan, education is free of cost, however, other additional cost of books, uniform, travel, etc. need to be incurred by the parents. Also from the secondary data it is figured out that out of 2622 secondary level schools in the state, there were only 84 in Mewat[8]. Out of seven villages, only two villages have (Singar and Bichhore) higher secondary (1st to 12th) schools. In these two villages also due to the cultural, caste barriers and unawareness, importance of education specifically for girls is observed very less. Existence of degree colleges, ITIs, polytechnics is quite scarce and these institutions are also situated at a distance of 7-15 Km from the villages which meant incurring expenses for travel. The distance to middle and high schools also becomes a factor for not sending girls for higher studies. Education is also free up to 10th standard, after which fees at colleges is high making degree acquisition an ambitious dream. Education is one of the main building blocks to a better future. It is necessary to promote girl education whereas, also make education more accessible and affordable for all.

7http://www.census2011.co.in/census/state/districtlist/haryana.html

8Jitendra Prasad, A Baseline survey of minority concentration districts of India, Mewat (Haryana), 2008.

Village specific findings:

Village 1: Indana

Government primary school is available in the village and the dropout rate of the students is low till 5th standard. However, it is observed that during school time, students remain at home and parents also overlook their children being absent from the school. The awareness related to the importance of education is poor among the parents. And people of the village have general perception of not sending girls to the school. The education for the girls is not considered important and those who understand the value of education for girls are not able to send the girl child because of activities like eve-teasing around the village. The higher secondary school is at Bichhore village which is 4 Km away from the village and parents do not send their girl child to far distances alone because they are scared of any mis-happening. The school is common for both girls and boys. The available data also shows that nearly 12% of the dropout's reason is school too far away and not safe for sending the girls at their the results also shows that 8.4% dropouts not consider the education important. Apart from this, literacy rate of the village is also 52.8% which clearly signifies the need of awareness related to importance of education is required and to ensure the safety of the girls is also required.

Village 2: Neemika

The quality of education in the available government primary school is poor and it is observed during the interactions with the few of the school going students. The absence of adequate number of teachers in the school has been also reported by the respondents. The village have same perception as cited above about the girl's education. In this village, it is found that girls are not enrolled in the schools even for the primary education as it is not considered important for them. The data also shows that 16% of the dropout rate is just because education is not considered important and it is directly related to the girl's dropout. Another reason showing girl's dropout rate is- 11% dropouts because school is too far and sending girls is not safe and 5% quit studies as they were required to attend domestic chores. The higher secondary school is at the distance of 7 km from the village and lack of public transport is another issue which increases the probability of dropout rates in the village.

Village 3: Madhiyaki

The population of the village is 3,000 and the literacy rate of the village is only 49.5%. The government primary school is available in the village. Lack of adequate number of teachers and poor infrastructure of the school reduces the attendance of the students as per the respondents. The dropout rate of students, especially among girls, has been observed higher. The safety of girls is one of the major issues of the

dropout rates among girls. The higher secondary school is at the distance of 4 km from the village. Lack of safe and public transport is also one of the problems which add to the dropout rates of the girls from higher secondary education. There is a need to improve the infrastructure of government primary school and aware the people about the importance of higher education and if the villagers are not able to meet the expenses of education than by means of scholarships the promotion of education is required in the village.

Village 4: Nai

In this village, government primary and secondary schools are available but higher secondary school is at the distance of 4 km and no public transport facility is available for the students or even to the villagers to reach there. By means of private transport such as auto rickshaw, private bus, students who are pursuing their higher education reaches these institutions. The schemes of government such as free education up to secondary level and mid-day meal also seems to have less impact on increasing the literacy rate of the village. As per the data, literacy rate of the village is 43.2%. It is observed that there is a need to spread the awareness about the importance of education in the village is required to increase the literacy rate of the village. As per the data, 23.8% of the students drop from their studies to work and support their households. The motivation among parents is also required to build up so that they send their children to schools.

Village 5: Jharokari

A primary government school is in the village and students are enrolled in it. The problem arises when it comes to go higher secondary school as they are at a distance of 4.5 km from the village and as per the villagers to send the girls is not safe. Activities like eve-teasing, following the girls, passing comments, etc. in and around the village have been reported by the villagers. The mind-set of the people is observed against the education and as per the respondents education is not at all important for their children. Nearly 15% dropped out because education is not considered important by them or their parents. There is an urgent need to make people aware about the need of education for the development of their children and village.

Village 6: Singar

The village has a government primary school, a higher secondary school and private secondary school. The population of the village is also near to 50,000, but still village have the literacy rate of 44.7% and out of total school going age population, only 31.1% of the population is currently studying. The dropout rate is high because of the difficult financial backgrounds of the family as 29.6% of the students quit their

studies because they have to work and support their family. There are few students who are pursuing post-graduation degrees. Nearly 12% girls quit their studies as they require to attend the domestic chores and for them education is considered as secondary by their families. The government schools available in the village also lacks in proper infrastructure as per the respondents. In one of the government middle school (up to 8th standard), it is observed that the facility of drinking water is not available and student carry water bottles with them, the need is fulfilled by a common tap point near to the school but not in the school premises. The strength of the students is more than the rooms available. There is a need to improve the infrastructure of the schools so that the quality of the education also improves. Apart from this, awareness among masses is required about the importance of education.

Village 7: Bichhore

The scenario is same in this village like other villages. A government higher secondary school and a government primary school are available in the village. The perception of the people related to girl's education is same like other surveyed villages. It was observed that parents do not want to send their female child to schools because they connect it directly with their future tasks and according to them their daughters are going to take care of household chores for which education is not needed. As per the available data, 36.5% of the students quit their studies as they have to work and support their families financially. The poor financial condition of the villagers is another problem which affects the education. Financial constraints restrict parents to send their children for higher studies. The infrastructure such as desks, proper drinking water facilities also need to be looked out in the government schools.

INTERVENTIONS

As it is clear that education is not accessible equally by female children in these villages, interventions need to be designed specifically for this section with special emphasis. Parents need to understand the value of education for their girl children as they also need education equally to grow. They need to understand and accept the fact that the role of a woman is not restricted to the household and below men.

This can be done through a focussed behaviour change communication strategy to sensitize communities towards education for their children with special emphasis on the girl child. Other hindrances like financial constraints and security issues can be curbed if parents are motivated and encouraged to send their children to schools. This will take place if they are aware about the importance of education which is lacking at the basic level also. This can be done with group and individual sessions with parents to make them realise the importance of education. Some inspirational and exceptional examples can be placed in front of them so that they can understand the real purpose of education which is to make a child aware,

confident and sensitive towards life issues. A child needs education to become independent and self-sustaining whether it is a girl or a boy.

Further to this, material and academic support needs to be provided to the girls as this is seen as one of the major problems in girl's education that their parents do not want to spend on their education as it considered as waste. Boy's education is always considered as an investment as this will help the parents in their old age but in case of girls it is considered as a waste. The education is free as propagated by Government of India under Right to Free Education but it is not actually free as the parents have to bear the burden of stationery, transportation, uniform, etc. Material support to the girl child will help them in accessing education. With material, academic support is also needed as this will help the girls in understanding the concepts taught in school time and help them in doing their homework. This will strengthen their concepts and academic knowledge which will make strong base.

Steps to Intervene

The initiation of this project should be with awareness drives for parents, school teachers and children. Parents need to understand the importance of education for their girl child, teachers need to understand that they are duty bound to come to school and teach students by providing quality education. They should be motivated and give guidance to students for their future also.

This will be clubbed with identifying girls in school going age from these villages. As per the list, beneficiaries from every village can be identified. The talks with their parents at group level and individual level should take place to engage them in a dialogue and understand their views in order to make them understand the need and importance of education for their girl child. The teachers of the schools can also be sensitised to help in the process of motivating parents.

Implementing organisation need to work out partnership with all the schools in the neighbouring villages to successfully run their programmes. The academic support exercise will take place in school's premises just after the school hours for two-three hours. This will allow them to revise their class work and do their homework. This is very much needed as after reaching back to homes these females have to do household chores and do not get time which becomes one of the main reasons for their dropout.

The existing groups like parents' teachers association and village education committee can be taken into consideration while implementing this project. These committees are available at Panchayat level and are expected to work for the development of education voluntarily. These committees can be engaged at the awareness stage to reach out maximum number of people. Including local members will have local

importance and people will also understand it in much effective way when it will be delivered by their local people.

Toilet facilities and other infrastructure facilities at school levels should be checked by the implementing organisation. There should be toilet facilities available separately for girls as this is one of the major reasons of dropout among girls. Apart from this, necessary drinking water and another basic infrastructural need should also be taken care of by the implementing agency.

OTHER COMMON PROBLEMS:

1. Priority 4: Smokeless Chullah- Short term intervention:

It was observed during the survey and data also replicates that majority of people in all the villages' use crop residue or wood and cow dung as fuel for cooking. There is very less percentage of people who use LPG connections. Burning wood or cow dung has very adverse effects on health of women, as majorly women cook food in a household. It leads to various breathing problems, eye problems etc. as she inhales many harmful toxins like carbon monoxide and nitrogen oxide etc.

INTERVENTION: There is an emerging concept of smokeless Chullah. This is a single burner chullah which is operated by solid fuel like wood, grass, crop residue etc. same as traditional chullahs, but it reduces the use of fuel by 65% and emits very less smoke than traditional chullah, which will help in decreasing the amount of harmful toxins inhaled by women daily. The intervention can be done in different steps. As it's working and using method is same as traditional chullahs which villagers are already using so it does not need any special training.

Awareness generation and behaviour modification should be done so that people should feel the need of smokeless chullah and should get motivated for using it. The advantages like health benefits and less fuel consumption of this chullah should be communicated to the villagers which will help in motivating the villagers.

2. Priority 5: Internal roads- Short term intervention:

The internal roads of all the villages are in deplorable condition. They are kuccha, muddy and damaged which causes the problem in commutation to the villagers. Therefore, a short-term intervention can be made by constructing PCC (Plain Cement Concrete) roads in the village

wherever required in consultation with Panchayat. The drains should also be constructed along with roads which will help in exiting the waste/rain water and durability of the road.

VILLAGE SPECIFIC PROBLEMS AND RECOMMENDATIONS:

Village	Priority	Problem	Interventions	Nature of Interventions
Bichhore	6	Infrastructure: Road from Bichhore to Kamad village which links the village from AnajMandi is damaged and in deplorable condition and makes commutation difficult. In the monsoon or during rains, it is very difficult to pass through it. It is a muddy and Kuchha road. The road is mostly accessed by village farmers to reach the mandi.	A PCC (Plain Cement Concrete) road can be constructed by the company with the help of Panchayat so that it becomes easy to commute from village to Anajmandi. There should be drains on both the side of the road which will help in exiting water and more durability.	Short term intervention
Neemika	6	Drinking water: The ground water is not safe for drinking as reported by villagers. It has fluoride contents in it which is leading to several diseases like joint aches, nausea, vomiting, pain in the stomach, bloated feeling or gas formation in the stomach, constipation followed by diarrhea.	Overhead tanks can be constructed along with multiple water tap connections which will allow people to take water from these overhead tanks. As mentioned in the village data, electricity is available in the village which is a positive point. With the help of motor pumps which are operated by electricity water can be easily stored in the overhead tanks. After construction, to address the main problem of fluoride content, water purifying systems or RO systems needs to be installed which will filter the water before it reaches to taps. RO systems are capable of making water suitable for drinking and reduce the risk of several health issues as claimed by several studies undertaken for fluoride treatment.	Medium term intervention
Jharokari, Neemika	7	Old Age Home: During the survey, it is observed that in these villages few of the senior citizens are living in huts. On probing it was found that they are either abandoned or financially weak.	An Old Age home can be constructed in any of the village with the help of Panchayat so that these abandoned homeless senior citizens can have a shelter to live. There are several old age homes running in India. Any organization specialized in this can be	Short term intervention

			contacted for the same purpose.	
Nai, Singar	6	Absence of Panchayat Ghar	In both of these villages, there is a need of Panchayat Ghar. The Panchayat of the village is willing to provide land. Also the Panchayat ghar can be used for other purposes like community center, or can be used for other important meetings which take place in villages.	Short term interventio n

CONCLUDING REMARKS

The baseline survey conducted at this location revealed certain key areas that need urgent attention. Intervention in these areas will work towards growth and development of the villages and its inhabitants in different spheres of the socio-economic arena. Different chapters on data analysis, key findings of the village and interventions give a clear picture of the kind of problems faced by people and the needs that are to be addressed along with priority of the intervention.

Following are certain important considerations which the company must take care of during implementation of the interventions.

IMPORTANT CONSIDERATIONS PRIOR TO IMPLEMENTATION

1. **Maintenance of the Projects and Infrastructure**

   Infrastructure, which will be built by IOCL, should be maintained by the individual or the Panchayat, as per the projects. The common bathrooms, lanes, drain, etc. should be maintained by the Panchayat from their funds, or additional funds from IOCL, and individual taps, toilets, etc. should be maintained by individual households. These considerations should be discussed with the Panchayat prior to starting any of the projects and a written agreement should be signed with them in this context. The maintenance terms should be made clear to the Panchayat members as well as to individual households which will help them in maintaining it. If the Panchayat and individual households need some financial help in maintaining the infrastructure, IOCL can consider providing the same and take a decision on that. The partnership between the organisation and villagers should be framed out clearly and completely, on their terms, before implementing any of the projects. This will start all the projects on very clear and positive note.

2. **Caste Discrimination as a Hindrance in Development and Growth**

   Caste discrimination, on general terms, is evidently present in most parts of our country, either in obvious ways or through subtlety. This fact needs to be kept in mind while implementing any of the projects so as to ensure equal access by all to the facilities made available in addition to preventing encouragement of the phenomenon in the process of development. Facilities, like water tanks in some villages, are also made available on the basis of castes, as people practise untouchability which is a legal offense but practised widely across India. The caste discrimination practised should be taken into consideration before implementing the projects, as all the benefits can get concentrated with the dominant castes. The services should be provided with special

emphasis on the socially backward castes as they are doubly marginalised- one because of the lack of development and the other because of their social backwardness in certain states. Practising untouchability is a crime, according to the Indian Constitution and this principle has to be followed strictly in implementing the projects with equal access being provided to groups from all the castes. In fact, care should also be taken to provide interventions specific to marginalised caste groups as they do not have equal opportunities for access.

3. **Linkages between Different Projects**

   The projects recommended above should be in sync with each other. For instance, roads with drains should be constructed after laying down pipelines, if the water project is to be implemented by IOCL. And the Mobile Medical Van project will be more effective and easy to implement, if there are roads with drains laid down in the villages.

4. **Community Ownership of the Projects**

   The ownership of the projects by the community is a much-needed phenomenon, for the success of any social development project. The labour for all the construction should be drawn from the locals by providing them masonry training, as this will help in income generation and result in semi-skills development of the locals. Semi-skilled persons can be first trained by forming a group across the villages and each semi-skilled labourer can form his own team of people of unskilled labourers. Construction of, say, individual toilets or drainage lines in that particular village becomes the responsibility of the semi-skilled team leader with his/ her group of unskilled labourers. This will be cost-effective, train the people and give them an intrinsic sense of community ownership of the projects. The community can be involved in all the projects, using the method of '*Shram Daan*', which is a very popular concept to engage communities in India. With this, ownership can be generated among people, as they will be involved in building these projects, from the start. The locations of the projects should be decided through discussions with all stakeholders to make it comfortable for majority of the people.

5. **The Collaborative Model**

   All the projects taken up for implementation by IOCL should be in sync with the Local and Central Government Schemes, to avoid duplication. If there are projects previously sanctioned by the government, which are yet to be implemented, they can be supported by IOCL financially in a collaborative model with the Government. Collaboration with the Government is necessary for the sustainability of the projects and for increasing their usability. India is a welfare state and accordingly the state has provisions for every single aspect of human development. The Central

and State Governments have a variety of schemes available to support the rural population, but the areas of contention are *availability, accessibility and affordability.* Lack of attention, funds or will in any of these areas makes the implementation of these schemes weaker. The level of awareness is also not particularly high, because of which people are not able to avail their basic rights. The Government can be approached by the Company to provide the support needed for reaching out to people and for optimum utilisation of available resources for holistic development.

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ANNEXURES

Village Questionnaire

IDENTIFICATION PARTICULARS

Name of District:_____ Code: _____

Name of Taluka: _____ Code: _____

Name of Block: _____ Code: _____

Gram Panchayat: _____ Code: _____

Name of Village:_____ Code: _____

Informant name	Informant status	Status Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of completion of interview (DD/MM/YY): / /

P: Population, Land and Water

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

	2. ALKALINITY – OR CLAY SOIL, THAT IS HIGH IN ALKALINE, LOW INFILTRATION CAPACITY CAUSING RAIN WATER TO EAILSY STAGNATE/ LOG 3. WATER LOGGING - THE WATER TABLE (LEVEL) OF THEGROUND WATER IS TOO HIGH FOR AGRICULTURE TO TAKE PLACE 4. SOIL EROSION – SOIL THAT GETS WASHED AWAY EASILY BY WIND OR WATER 5. DROUGHT PRONENESS – LAND THAT IS SUFFERS NORMALLY FROM DROUGHTS, I.E. LACK OF RAINS IN THE REGION		
P05	What are the various **sources of irrigation** in the village? (NOTE: WITH OR WITHOUT MOTOR) (ASK FOR ALL SOURCES)	TANK/POND.....A STREAM/RIVER.....B CANAL.....C OPEN WELL.....D TUBE WELL.....E OTHER_____F NONE.....X	
P06	What are the various **sources of water** for the use of households in the village? Rank them in order of importance?	TANK/POND.....1 STREAM/RIVER.....2 CANAL.....3 OPEN WELL.....4 TUBE WELL.....5 PUBLIC TAP/OVERHEAD TANK.....6 PRIVATE (HH) TAP.....7 TANKER WATER.....8 OTHER_____9	
P07	Number of **public/common tap** water posts and number of households with **individual tap** connections by the Government.	PUBLIC/COMMON TAP POINTS... ☐☐ HH TAP CONNECTIONS.....☐☐☐	

Q: Livestock, Crops and Livelihoods

Qn.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKP
Q01	What are the **major crops** grown in the village and in how much acres of land area these crops were grown during the last one year?	CROP NAME CODE LAND AREA _____ ☐☐ ☐☐☐☐ _____ ☐☐ ☐☐☐☐ _____ ☐☐ ☐☐☐☐ _____ ☐☐ ☐☐☐☐ _____ ☐☐ ☐☐☐☐ _____ ☐☐ ☐☐☐☐ _____ ☐☐ ☐☐☐☐ _____ ☐☐ ☐☐☐☐	

Q02	What are the **sources of livelihood** for the people of the village? ENCIRCLE MULTIPLE OPTIONS	OWN FARM ACTIVITIES.....A AGRICULTURAL LABOUR.....B NON-AGRI LABOUR (RURAL).....C FACTORY LABOUR (MODERN).....D SALARIED EMPLOYMENT.....E PETTY BUSINESS/TRADE.....F CATTLE REARING.....G COLLECT & SALE FOREST/MINING PRODUCTS.....H RENT/PENSION/REMITTANCE.....I ARTISAN (TRADITIONAL).....J OTHER_____K	
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)	**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	
Q04	Extent of Household of the village (at least one member) **temporarily or for certain periods migrates** to other places in search of work.	YES, MANY MIGRATE.....1 YES, FEW MIGRATE.....2 RARE.....3 → Q06	
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) **staying and studying outside the village**?	NUMBER OF CHILDREN..... ☐☐	

R: Religion, Caste, Recreation and Transport Facilities

Qn.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKP**
R01	What is the religious composition of this village? (ASCERTAIN AND RECORD APPROXIMATE NUMBER/PERCENTAGE OF HOUSEHOLDS)	**Religion HHs** HINDU.....1 ☐☐ MUSLIM.....2 ☐☐ CHRISTIAN.....3 ☐☐ BUDDHIST.....4 ☐☐ SIKH.....5 ☐☐ JAIN.....6 ☐☐ OTHER_____7 ☐☐	

R02	What is the **caste/ tribal** composition of this village? (ASCERTAIN AND RECORD APPROXIMATE PERCENTAGE OF HOUSEHOLDS) (CATEGORY – 1 GENERAL, 2 SCHEDULED CASTE, 3 SCHEDULED TRIBE, 4 OTHER BACKWARD CLASS, 5 NOMADIC TRIBE, 6 DENOTIFIED TRIBE)	**Caste/Tribe** **CATG.** **Code** **HHs** 1_____ _____ ☐☐ ☐☐ 2_____ _____ ☐☐ ☐☐ 3_____ _____ ☐☐ ☐☐ 4_____ _____ ☐☐ ☐☐ 5_____ _____ ☐☐ ☐☐ 6 ALL OTHERS..... ☐☐ ☐☐	
R03	Recreation/Common facilities available in the village such as playground, Samaaj Mandir, gymnasium (vyayamshala), conference hall etc. (ASK ALL SOURCES)	PLAYGROUND.....A SAMAAJ MANDIR.....B GYMNASIUM (VYAYAMSHALA).....C COMMUNITY HALL.....D LIBRARY.....E CREMATION/BURIAL PLACE.....F OTHER _____G	
R04	Which are the **nearest towns** to which people of your village often go for buying household goods and for services including medical services? How far they are from your village (km)? How many trips **public/state transport buses** MAKE in a day to these towns from or through your village?	**Town** **Distance** **Trips** 1_____ ☐☐ ☐☐ 2_____ ☐☐ ☐☐ 3_____ ☐☐ ☐☐	
R05	What **other common transport** facilities people often use to go to the (se) town(s)? (ASK ALL SOURCES)	PRIVATE BUSES/MINI-BUSES.....A MAXI CABS/JEEP.....B SHARE AUTO.....C TAXI/AUTO.....D BICYCLE.....E MOTOR CYCLE.....F BULLOCK/HORSE CART.....G OTHER.....H	

S: Physical, Educational and Health facilities

Qn.	Items	Distance to the nearest item	SKIP
	DISTANCE CODES: 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 Nearest Physical Facilities

FACILITIES	CODE	DISTANCE	VILLAGE/ TOWN NAME
CEMENT/ TAR ROAD	1		
BUS STOP	2		
PUBLIC TELEPHONE BOOTH	3		
DAILY/EVENING MARKET	4		
WEEKLY MARKET	5		
PDS SHOP	6		
Grocery shop	7		
DTP/XEROX CENTRE	8		

S02 Nearest Local Institutions

INSTITUTIONS	CODE	DISTANCE	VILLAGE/ TOWN NAME
POST OFFICE	1		
RAILWAY STATION	2		
POLICE STATION	3		
GRAM PANCHYAT OFFICE	4		
COOPERATIVE SOCIETY	5		
BANK FOR S/B ACCOUNT	6		
BLOCK DEVT OFFICE	7		
TALUK HEADQUARTERS	8		
DISTRICT HEADQUARTERS	9		
WAREHOUSE	10		
APMC/MANDI	11		

S03 Nearest Educational Institutions

FACILITIES	CODE	DISTANCE	VILLAGE/ TOWN NAME
PRE-PRI/NURSERY SCHOOL	1		
GOVT PRIMARY SCHOOL	2		
CHARITABLE PRIMARY	3		
PVT PRIMARY SCHOOL	4		
GOVT SECONDARY SCHOOL	5		
CHARITABLE SECONDARY	6		
PVT SECONDARY SCHOOL	7		
HIGHER SEC SCHOOL	8		
DEGREE COLLEGE	9		
ITI/POLYTECHNIC	10		
VOC TRAINING CENTRE	11		

S04	**Nearest Health/Medical Facilities** **FACILITIES** **CODE** **DISTANCE** **VILLAGE/ TOWN NAME** HEALTH SUB-CENTRE.....1 ☐☐ _____ PRIMARY HEALTH CENTRE...2 ☐☐ _____ CHC/GOVT GEN HOSPITAL...3 ☐☐ _____ PVT CLINIC (RMP+).....4 ☐☐ _____ PVT CLINIC (MBBS/BAMS+).5 ☐☐ _____ PRIVATE HOSPITAL.....6 ☐☐ _____ Ayush HOSPITAL.....7 ☐☐ _____ VETERINARY CLINIC.....8 ☐☐ _____ MEDICAL SHOP/CHEMIST....9 ☐☐ _____ ASHA WORKER.....10 ☐☐ _____ DAI(TRAINED/UNTRAINED).11 ☐☐ _____		
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..... ☐	
S10	Number of self-help groups (SHGs) in the village for women, men, mixed, production/business activity-based	SHGS' FOR WOMEN.....1 ☐ SHGS' FOR MEN.....2 ☐ SHGS' MIXED.....3 ☐	

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)
1. Agriculture department (e.g. Agriculture extension officer, patwari)	1		
	2		
	3		
2. Rural development (Gram sevak, Collector, BDOs, CDOs, DM, Panchayat officials)	1		
	2		
	3		
3. Health and social welfare (e.g. Doctors, ANM, ASHA Health Inspector, Anganwadi Worker/ Anganwadi Sahayika, Supervisor/CDPO)	1		
	2		
	3		
4. Other government functionaries	1		
	2		
	3		
5. 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 MGNREGA)	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 Scaning 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

U03: Educational Institution in and around the villages (Up to Higher Secondary Education)

Name of Institution	Run by	Standard (from-to)	Medium of instruction	Transport facility by institution	Number of students	Mid-day meals served	Cost of education
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Col (2) Run By: 1 Government, 2 Private Aided, 3 Private Unaided, 4 Missionary/Trust, 5 CSR, 6 Other

Col (4) Medium of Instruction: 1 Hindi, 2 English, 3 Regional Languages

Col (5) Transport Facility by Institution: 1 Bus, 2 Auto Rickshaws, 3 Cycle Rickshaws, 4Other, 5 None

Col (7) MDM Served: 1 Yes, 2 No

Col (8) Cost of education: **1** Free, **2** Subsidised, **3** Reasonable charges, 4 Very high charges

V: Schemes and Facilities for Special Groups and Overall Developmental Activities

V01: Collect List and Record Details of Differently-abled Persons

Vocational skills need to be assessed from the individual or dependents.

Sr. No.	Name	Parents name	Sex (M=1, F=2)	Age (As it is)	Marital status	Education	Occupation	Type of disability	Vocational skill	Skill interested in
(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,

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** Jewellery 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.

V02: Collect List and Record Details of Beneficiaries under Different Social Security Schemes

Sr. No.	Name	Father's/ Husband's name	Sex (M=1, F=2)	Age	Marital status	Education	Occupation	Type of benefit	Amount/ month (As It is)	Problems
(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 (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, 1Do 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

_____

_____

_____

_____

_____

Household Questionnaire

(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

Before Starting Interview

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

After Ending Interview

Time of ending interview (HH.MM): _____ . _____
AM/PM

Names of Respondents 1: _____ MID: _____
2: _____ MID: _____
3: _____MID: _____

Name of Interviewer: _____Code: _____

After Checking/Editing Questionnaire

Name of Supervisor: _____Code: _____
Name of Editor: _____Code: _____

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_____ ☐☐ 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? (READ OUT ALL THE OPTIONS TO RESPONDENT & PROBE)	CONST/PURCHASED/FAMILY(OWN).....1 RENTED.....2 RENT-FREE(EMPLOYER'S).....3 RENT-FREE(RELATIVE'S).....4 LAND FREE & CONSTRUCTION OWN.....5 CONST/ALLOTED WITH SUBSIDY.....6 ALLOTED UNDER SCHEME.....7 OTHER_____8	→ A07 → A08
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? (ASK FOR THOSE HAVING "PIT TOILET (OWN)" ALSO)	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) (ASK ALL THE OPTIONS & MULTIPLE RESPONSE POSSIBLE)	RESP INTWR 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/ MULTIPLE RESPONSE POSSIBLE) FOR SELECTED SOURCES, RECORD DISTANCE IN BOXES AS PER CODES: **1** WITHIN HOUSE **2** JUST OUTSIDE, **3** WITHIN 1/2 KM, **4** WITHIN 1 KM, **5** MORE THAN 1 KM	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 ☐ COMMUNITY OPEN WELL.....H ☐ OTHER_____I ☐	
A14	What types of fuel does your household use for cooking? (ASK FOR ALL SOURCES/ MULTIPLE RESPONSE POSSIBLE)	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..... ☐☐	

B02: Please give following details for all members of your household, starting from the head.

Sl.No. (MID)	Name of Member	Relation to Head	Residential Status	Sex (M=1) F=2)	Age Completed	Marital Status (10+)	Education (7+)	Studying? (Y=1,N=2) (3-24)	Reasons for dropout/no schooling (7-18)	Occupation	
										Primary	Secondary
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01		01									
02											
03											
04											
05											
06											
07											
08											
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/Aunty, **11** Niece/Nephew, **12** Grandfather/Grandmother, **13** Other relative, **14** Servant/Employee/Other (specify)

Col (4) Residential status:1 Currently residing, **2** Studying elsewhere, **3** Working elsewhere, **4** Staying elsewhere but not studying or working, **5**Other (specify).

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 (specify)

Col (8) Education (completed):00 Illiterate, **01** Literate without schooling, **01-12** Write standard as it is, **13** Bachelors 1st Year**, 14** Bachelors 2nd Year**, 15** Bachelors 3rd Year/ Completed Graduation, **16** Masters 1st year, **17** Masters 2nd year/ Completed Post-graduation, **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, **60** Other (specify)

Col (10): (MULTIPLE RESPONSE POSSIBLE) Reasons for dropout/Not gone to school (if code 2 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

MID	Name of Student	Standard studying	Type of Institution	Distance to institution from home	Mode of travel	Frequency of mid-day meal (ASK UPTO STANDARD 8TH)	Benefits received in one year (RECORD UP TO 5 BENEFITS)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Col (1) & (2) MID & Name of Student: RECORD AS PER TABLE B02

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

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

Col (5) Distance to institution from home: Distance in completed km as it is, **00** if less than 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 (specify)

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 (specify).

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 →	 C01

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 (1) & (2) MID & Name: RECORD AS PER TABLE B02

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 (specify),

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 (specify),

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 (specify),

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

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 (specify),

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 (specify).

Col (4) Agency provided training: **1** NGO, **2** Government, **3** Charity organization**, 4** CSR/ By Company(specify name) **5** Other (specify)

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

Col (8) If not engaged, why?:00 Not Applicable **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 (specify).

C: Health seeking behaviour

C01	If household members fall sick, where do you go or whom do you consult first?	TRADITIONAL HEALER/DAI....1 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 NO TREATMENT.....11 DEPENDS ON AILMENT.....12 OTHER_____13	
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/ MULTIPLE RESPONSE POSSIBLE)	TRADITIONAL HEALER/DAI....A LOCAL DOCTOR/RMP.....B CHEMIST SHOP.....C MOBILE CLINIC.....D SHC/ASHA/ANGANWADI.....E PHC/CHC.....F GOVT HOSPITAL.....G PRIVATE CLINIC.....H PRIVATE HOSPITAL.....I COMPANY/AIDED HOSPITAL....J OTHER_____K NO TREATMENT.....X NOBODY FELL SICK.....Y	

Birth Details

C03	Did any woman in your household give birth to a child in the last 3 years (that is, since January 2010)?	YES.....1 NO.....2 →	D01

C04: Please give the following details in respect of all the **births, including live and still births** (OCCURRED IN THE LAST 3 YEARS).

MID of Mother	Name of Mother	Name of Child	Sex of child	Date of birth	Place of birth	Mother's age at birth	Order of birth	Maternity allowance	Birth registration	If child died, age at death (0-3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

Col (1) & (2) MID & Name: RECORD AS PER TABLE B02

Col (4) Sex of child:1 Male, **2** Female.

Col (5): Date of birth: Exact date of birth (DD/MM/YY) or at least month and year of birth need to be recorded.

Col (6) 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 (7): Age of mother at child birth: Age of the mother when the child was born;

Col (8): 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 (9): Maternity Allowance (In Rs.): Allowance given for the delivery by Government or NGOs usually to meet transport and hospital expenses, under Safe Delivery Scheme.

Col (10) Birth Registration:1 Yes Registered, **2** No Not Registered, **3** Certificate Awaited, **4** Status Not Known, **5** Other (specify).

Col (11): If died, age at death: **0** Still Birth; **Record the age** at death in completed days, if the child 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? (RECORD IN LOCAL UNITS, IF REQUIRED)	ACRES _____._____	
D03	How much land do you cultivate? (RECORD IN LOCAL UNITS, IF REQUIRED)	ACRES _____._____	
D04	How much of the land cultivated by you is irrigated (total owned, rented, encroached, etc.)? (RECORD IN LOCAL UNITS, IF REQUIRED)	Nil..... 0 → ACRES _____._____	D06

D05	What are the sources of irrigation? NOTE: DO NOT RECORD RAIN AS A METHOD OF IRRIGATION (ASK FOR ALL SOURCES/ MULTIPLE RESPONSE POSSIBLE)	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. (RECORD **99** IF NUMBER OF LIVESTOCK 99 & ABOVE) (ASK FOR ALL SOURCES/ MULTIPLE RESPONSE POSSIBLE)	HE BUFFALO.....A SHE BUFFALO.....B COW.....C BULLOCK.....D SHEEP.....E GOAT.....F PIGGERY.....G POULTRY.....H OTHER_____I	

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 → E04 YES, SOMETIMES.....2 NO.....3	
E03	What are the reasons for not (regularly) availing PDS ration? (ASK FOR ALL REASONS/ MULTIPLE RESPONSE POSSIBLE)	NOT INTERESTED.....A POOR QUALITY OF GRAIN.....B NO PDS SHOP/IRREGULAR.....C SHOP TOO FAR.....D HAVE APL CARD.....E NO MONEY DURING PDS SUPPLY.....F USE OWN FARM PRODUCE PARTLY.....G OTHER_____I	

Loans

E04	Does any member of your family have outstanding loan from bank, cooperatives, SHGs, money lenders, friends, relatives, and so on?	YES.....1 NO.....2 →	F01

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)

Col (1) & (2) MID & Name: RECORD AS PER TABLE B02

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

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 (specify)

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** Pregnancy/child birth related expenses, **15** Death related expenses, **16** Other (specify). (RECORD UP TO 3 IN ORDER OF IMPORTANCE)

F: Major problems in the village

F01: What, according to you, are the major problems faced or needs to be addressed in the village at the village level? (PROBE & ELABORATE POSSIBLE SOLUTIONS ACCORDING TO THE RESPONDENT)

1. _____
2. _____
3. _____
4. _____
5. _____