

**REPORT OF BASELINE SURVEY CONDUCTED IN SEVEN VILLAGES OF
REWARI, HARYANA
INDIAN OIL CORPORATION LIMITED CSR PROJECT**



Conducted by

**National Corporate Social Responsibility Hub
Tata Institute of Social Sciences
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Commissioned by

Indian Oil Corporation Limited

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B. Venkatesh Kumar
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LIST OF ABBREVIATIONS

1. IOCL	: Indian Oil Corporation Limited
2. CSR	: Corporate Social Responsibility
3. TISS	: Tata Institute of Social Sciences
4. DPE	: Department of Public Enterprises
5. CPSE	: Central Public Sector Enterprises
6. NCSRH	: National Corporate Social Responsibility Hub
7. BDO	: Block Development Office
8. CS Pro	: Census and Survey Processing System
9. SPSS	: Statistical Product and Service Solutions
10. MoC	: Memorandum of Collaboration
11. RCC	: Reinforced Concrete Cement
12. PCC	: Plain Concrete Cement
13. LPG	: Liquefied Petroleum Gas
14. OBC	: Other Backward Classes
15. SC	: Scheduled Caste
16. ST	: Scheduled Tribe
17. IAY	: Indira Awaas Yojana
18. MDM	: Mid-Day Meal
19. NGO	: Non-Governmental Organisation
20. HH	: Household
21. OAD	: Open Air Defecation
22. MOWS	: Ministry of Water Resources
23. MAP	: Mass Awareness Programmes
24. ODS	: Open Defecation System
25. RMP	: Registered Medical Practitioner
26. SHC	: Sub-Health Centre
27. ASHA	: Accredited Social Health Activist
28. PHC	: Primary Health Centre
29. CHC	: Community Health Centre
30. MGNREGA	: Mahatma Gandhi National Rural Employment Guarantee Act
31. PDS	: Public Distribution System
32. APL	: Above Poverty Line
33. BPL	: Below Poverty Line
34. AAY	: Antyodaya Anna Yojna
35. DTP	: Desk Top Publishing
36. APMC	: Agricultural Produce Market Committee
37. ITI	: Industrial Training Institute
38. MBBS	: Bachelors of Medicine and Bachelors of Science
39. BAMS	: Bachelor of Ayurveda, Medicine and Surgery
40. RO	: Reverse Osmosis
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 Rewari 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 Rewari 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 the district of Rewari are predominantly Hindu with over 98% of their population following Hinduism. The villages are well connected with roads. Major portion of the inhabitants from each of the villages stay in pucca and semi pucca structure houses, and most of them are electrified, education with the average literacy rate of 76.6% across all the villages being at par with the national as well as the overall district literacy rate.

Few of the major areas of intervention found across the surveyed villages of Rewari are:

1. **Water:** The ground water of district Rewari is highly constituted with the chemical substances such as fluoride which makes the water unsafe for drinking. The fluoride content present in ground water is above than permissible limit and is harmful to human consumption. The data collected from the villages show that the ground water is the main source of drinking as well as for irrigation as the villagers are totally dependent on hand pumps, tube wells, bore wells which fetch available ground water. The consumption of fluoride water can lead to several serious illnesses.

Due to these reasons, water is a major grievance issue in all the villages in the context of availability of water for drinking and household purposes which need to be addressed.

2. **Livelihood:** Livelihood is one of the most important areas to establish the sustainability in a family. As the data from the villages indicates, there are a high percentage of individuals who are currently not engaged in any kind of activity i.e. education or income generation. Also, the low level of education and dropout cases from formal education, the youth of all these villages find themselves without direction and skills to capture any job leads to unemployment. It is also analysed that most of the male students dropout from formal education to support their families financially and in case of girls, it is households chores. The current education is non-

responsive to the skill demands of existing and future industries, underlining the importance of specialised training.

3. **Drainage System and Garbage:** The data depicts that across the villages there is a pressing issue of either open drainage system or absence of drainage system. The waste water from households do not exit from the village due to the absence of drains and get logged and remain stagnated in the main internal roads of the villages. As witnessed by the villagers due to open drainage system breeding of mosquitoes and flies, malodorous from stagnated water and garbage waste on roads are contaminating the environment. There are no dumpsters installed in the villages due to which the villagers dump garbage on the streets. Thus, the solid waste is indiscriminately dumped on roadsides or in drainage lines thus augmenting the issue.

4. **Infrastructural requirements:** The villages have infrastructural needs such as installation of streetlights. It is observed by the researchers and reported by the participants that there is no street light installed by the Panchayat in any of the sampled village. Incidences of thefts have also been reported by the participants and the absence of street lights are working in favour of thieves. There are other infrastructural needs in the villages which need to be addressed such as PCC roads, toilets, etc.

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 the 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 serve¹.

¹www.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).² 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

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

² Introduction to Quantitative Research: http://www.sagepub.in/upm-data/36869_muijs.pdf

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.

Baseline Survey Report Phase II: Rewari, Haryana

CSR Sample Selection.xlsx - LibreOffice Calc

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14	<p>Output: List of 7 villages with number of households, sample selection process and sample size allocation to each village</p> <table border="1"> <thead> <tr> <th>SNo</th> <th>Village</th> <th>HHs</th> <th>Minimum sample size</th> <th>HHs in excee of 50</th> <th>Add sample size</th> <th>Total sample size</th> <th>Weight</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Pudakalkatti</td> <td>433</td> <td>50</td> <td>383</td> <td>31</td> <td>81</td> <td>1.367438</td> </tr> <tr> <td>2</td> <td>Kvarkop</td> <td>421</td> <td>50</td> <td>371</td> <td>30</td> <td>80</td> <td>1.345785</td> </tr> <tr> <td>3</td> <td>Govankoppa</td> <td>192</td> <td>50</td> <td>142</td> <td>12</td> <td>62</td> <td>0.800357</td> </tr> <tr> <td>4</td> <td>Belur</td> <td>395</td> <td>50</td> <td>345</td> <td>28</td> <td>78</td> <td>1.297008</td> </tr> <tr> <td>5</td> <td>Goutan Nagalavi</td> <td>48</td> <td>48</td> <td>0</td> <td>0</td> <td>48</td> <td>0.256849</td> </tr> <tr> <td>6</td> <td>Benkankatti</td> <td>227</td> <td>50</td> <td>177</td> <td>14</td> <td>64</td> <td>0.904237</td> </tr> <tr> <td>7</td> <td>T.R.Nagar</td> <td>36</td> <td>36</td> <td>0</td> <td>0</td> <td>36</td> <td>0.256849</td> </tr> <tr> <td></td> <td>Total</td> <td>1752</td> <td>334</td> <td>1418</td> <td>116</td> <td>450</td> <td></td> </tr> </tbody> </table>										SNo	Village	HHs	Minimum sample size	HHs in excee of 50	Add sample size	Total sample size	Weight	1	Pudakalkatti	433	50	383	31	81	1.367438	2	Kvarkop	421	50	371	30	80	1.345785	3	Govankoppa	192	50	142	12	62	0.800357	4	Belur	395	50	345	28	78	1.297008	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	
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15	<p>Instructions</p> <p>Enter or copy and paste the list of 7 villages and number of households in the input table</p> <p>Copy the unshaded portion of Output table and paste as values elsewhere.</p> <p>Continue the process until the sample size is estimated for all locations</p> <p>Remove all the columns except SNo, Village, Households, Total sample size and Weight.</p> <p>Note: Weight is required for later use. Input 'HHs' is assumed to be reliable and correct.</p>																																																																																	
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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: Gindokhar			
<i>Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001& 11</i>			
District	Rewari	Block	Rewari
Taluka	Rewari	Village	Gindokhar
		Panchayat	Gindokhar
Demographics		Sampled Households	63
Population	2500	Number of Households	500
Scheduled Caste	8.1%	Hindu HHs	100%
Scheduled Tribe	0%	Muslim HHs	0%
Other Backward Class	85.1%	Christian HHs	0%
General	6.8%	Other HHs	0%
Major Castes		Major Tribes	
Ahir (OBC)			
Brahmin (Gen)			
Dalit (SC)			
Yadav (Gen)			
Basic Amenities		Land Details (in Acres)	
Total public/ common tap points	10	Total land	1200
Household tap connections	NA	Residential land	NA
Major source of water	1. Public tap	Agricultural land	1150
<i>(Ranked in the order of usage)</i>	2. Public hand pump	Total Non-irrigated land	400
		Total irrigated land	750
		Waste Land	15
Community toilet	0	Important Towns	
Type of House (Largest two)	1. Semi-pucca 2. Pucca	Rewari (7 km)	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 98.4% 2. Cow dung – 85.5%		

Village Profile			
Village 2: Sulkha			
<i>Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001& 11</i>			
District	Rewari	Block	Rewari
Taluka	Rewari	Village	Sulkha
		Panchayat	Sulkha
Demographics		Sampled Households	86
Population	6000	Number of Households	1100
Scheduled Caste	25.6%	Hindu HHs	100%
Scheduled Tribe	1.2%	Muslim HHs	0%
Other Backward Class	8.1%	Christian HHs	0%
General	65.1%	Other HHs	0%
Major Castes		Major Tribes	
Brahmin (Gen)		Jogi	
Jaat (OBC)			
Kumhar (SC)			
Basic Amenities		Land Details (in Acres)	
Total public/ common tap points	20	Total land	3000
Household tap connections	NA	Residential land	NA
Major source of water <i>(Ranked in the order of usage)</i>	1. Public Tap	Agricultural land	2700
	2. Community open well	Total Non-irrigated land	1700
	3. Own Hand pump	Total irrigated land	1000
Community toilet	0	Grazing Land	20
Type of House (Largest two)	1. Semi-pucca 2. Pucca	Important Towns	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 100% 2. Cow dung - 86%	Rewari (9 km)	

Village Profile			
Village 3: Mustfapur			
<i>Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001</i>			
District	Rewari	Block	Jattusan
Taluka	Rewari	Village	Mustfapur
		Panchayat	Mustfapur
Demographics		Sampled Households	71
Population	4500	Number of Households	475
Scheduled Caste	8.5%	Hindu HHs	100%
Scheduled Tribe	0%	Muslim HHs	0%
Other Backward Class	88.7%	Christian HHs	0%
General	2.8%	Other HHs	0%
Major Castes		Major Tribes	
Ahir (OBC)			
Darji (SC)			
Brahmin (Gen)			
Basic Amenities		Land Details (in Acres)	
Total public/ common tap points	2	Total land	845
Household tap connections	475	Residential land	NA
Major source of water <i>(Ranked in the order of usage)</i>	1. HH tap connections 2. Public taps	Agricultural land	800
		Total Non-irrigated land	00
		Total irrigated land	800
Community toilet	2	Grazing Land	16
Type of House (Largest two)	1. Pucca 2. Semi-Pucca	Important Towns	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 100% 2. Cow dung – 81.7%	Rewari (10 km)	

Village Profile			
Village 4: Daliyaki			
<i>Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001</i>			
District	Rewari	Block	Rewari
Taluka	Rewari	Village	Daliyaki
		Panchayat	Daliyaki
Demographics		Sampled Households	64
Population	1200	Number of Households	300
Scheduled Caste	63.9%	Hindu HHs	98.4%
Scheduled Tribe	0%	Muslim HHs	1.6%
Other Backward Class	32.8%	Christian HHs	0%
General	3.3%	Other HHs	0%
Major Castes		Major Tribes	
Ahir (OBC)			
Yadav (Gen)			
Brahmin (Gen)			
Basic Amenities		Land Details (in Acres)	
Total public/ common tap points	2	Total land	1500
Household tap connections	250	Residential land	NA
Major source of water <i>(Ranked in the order of usage)</i>	1. Community open well 2. HH Tap connection	Agricultural land	1450
		Total Non-irrigated land	00
		Total irrigated land	1450
Community toilet	0	Waste Land	00
Type of House (Largest two)	1. Semi-pucca 2. Pucca	Important Towns	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood – 96.1% 2. Cow dung – 86.9%	Rewari (5 km)	

Village Profile			
Village 5: Bhiwadi			
<i>Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001</i>			
District	Rewari	Block	Bawal
Taluka	Rewari	Village	Bhiwadi
		Panchayat	Kamlapur
Demographics		Sampled Households	55
Population	400	Number of Households	65
Scheduled Caste	0%	Hindu HHs	100%
Scheduled Tribe	0%	Muslim HHs	0%
Other Backward Class	94.5%	Christian HHs	0%
General	5.5%	Other HHs	0%
Major Castes		Major Tribes	
Gujjar (OBC)			
Basic Amenities		Land Details (in Acres)	
Total public/ common tap points	3	Total land	1500
Household tap connections	NA	Residential land	NA
Major source of water (Ranked in the order of usage)	1. Own Hand pumps 2. Community hand pump	Agricultural land	150
		Total Non-irrigated land	NA
		Total irrigated land	150
Community toilet	0	Waste Land	22
Type of House (Largest two)	1. Pucca 2. Semi Pucca	Important Towns	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 100% 2. Cow dung - 96.4%	Rewari (5 km)	

Village Profile			
Village 6: Paragpura			
<i>Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001</i>			
District	Rewari	Block	Rewari
Taluka	Rewari	Village	Paragpura
		Panchayat	Paragpura
Demographics		Sampled Households	62
Population	1500	Number of Households	300
Scheduled Caste	9.7%	Hindu HHs	100%
Scheduled Tribe	1.6%	Muslim HHs	0%
Other Backward Class	83.9%	Christian HHs	0%
General	4.8%	Other HHs	0%
Major Castes		Major Tribes	
Ahir (OBC)		Khati	
Brahmin (Gen)			
Yadav (Gen)			
Basic Amenities		Land Details (in Acres)	
Total public/ common tap points	4	Total land	400
Household tap connections	250	Residential land	NA
Major source of water <i>(Ranked in the order of usage)</i>	1. Chamber water 2. Public Hand pump	Agricultural land	350
		Total Non-irrigated land	00
		Total irrigated land	350
Community toilet	0	Waste Land	00
Type of House (Largest two)	1. Semi-pucca 2. Pucca	Important Towns	
		Rewari (14 km)	
		Bawal (8 km)	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 100% 2. Cow dung – 85.5%		

Village Profile			
Village 7: Jatuwas			
<i>Sources: Primary Baseline Data - Village Questionnaire, Census of India 2001</i>			
District	Rewari	Block	Rewari
Taluka	Rewari	Village	Jatuwas
		Panchayat	Jatuwas
Demographics		Sampled Households	65
Population	1500	Number of Households	350
Scheduled Caste	12.3%	Hindu HHs	100%
Scheduled Tribe	3.1%	Muslim HHs	0%
Other Backward Class	10.8%	Christian HHs	0%
General	73.8%	Other HHs	0%
Major Castes		Major Tribes	
Brahmin (Gen)		Dhanuk	
Jaat (OBC)			
Basic Amenities		Land Details (in Acres)	
Total public/ common tap points	5	Total land	725
Household tap connections	300	Residential land	NA
Major source of water <i>(Ranked in the order of usage)</i>	1. Public hand pump 2. Community open well	Agricultural land	680
		Total Non-irrigated land	00
		Total irrigated land	680
Community toilet	0	Waste Land	20
Type of House (Largest two)	1. Semi-pucca 2. Pucca	Important Towns	
Sources of Fuel in Use (Largest two)	1. Grass/ crop residue/ wood - 98.5% 2. Cow dung - 93.8%	Rewari (3 km)	

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

This is the Final Report of the Baseline Survey for IOCL conducted in Rewari, 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 Rewari 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.

4.1 DEMOGRAPHIC & HOUSING CHARACTERISTICS

Table 1: RELIGIOUS & HOUSEHOLD COMPOSITION								
		Village 1 Gindokhar	Village 2 Sulkha	Village 3 Mustfapur	Village 4 Daliyaki	Village 5 Bhiwadi	Village 6 Paragpura	Village 7 Jatuwas
Religious Composition (%)	Hindu	100	100	100	98.4	100	100	100
	Muslim	0	0	0	1.6	0	0	0
	Sikh	0	0	0	0	0	0	0
Category (%)	Scheduled Caste	8.1	25.6	8.5	63.9	0	9.7	12.3
	Scheduled Tribe	0	1.2	0	0	0	1.6	3.1
	Other Backward Classes	85.1	8.1	88.7	32.8	94.5	83.9	10.8
	General	6.8	65.1	2.8	3.3	5.5	4.8	73.8
Major Castes	1	Ahir	Brahmin	Ahir	Ahir	Gujjar	Ahir	Brahmin
	2	Brahmin	Jaat	Brahmin	Yadav		Yadav	Jaat
	3	Jogi	Kumhar	Yadav	Brahmin		Brahmin	Khati
	4	Yadav	Katir	Darji	Dalit		Dalit	Harijan
	5	Khati	Dalit	Kati				Jagra
	6	Dalit		Nayi				
Major Tribes	1		Jogi				Khati	Dhanuk
	2							
	3							
Type of House (%)	RCC	8.1	3.5	9.9	3.3	5.5	12.9	4.6
	Pucca	35.5	44.1	50.7	26.2	50.9	27.4	33.8
	Semi Pucca	56.4	51.2	38	70.5	38.2	59.7	58.5

Baseline Survey Report Phase II: **Rewari, Haryana**

	Kuccha	0	1.2	1.4	0	5.4	0	3.1
	Hut	0	0	0	0	0	0	0
House Ownership (%)	Owned	100	96.5	100	98.4	100	100	100
	Rented	0	0	0	0	0	0	0
	Rent Free	0	0	0	0	0	0	0
	Subsidized/ Allotted under scheme	0	3.5	0	1.6	0	0	0
Electricity (%)		96.8	95.3	98.6	98.4	89.1	96.8	95.4
Fuel (%)	Grass / Crop Residue / wood	98.4	100	100	96.1	100	100	98.5
	Cow dung	85.5	86	81.7	86.9	96.4	85.5	93.8
	Coal / Charcoal	0	0	0	0	0	0	0
	Kerosene	0	0	0	0	0	0	0
	Bio Gas	0	0	0	0	0	0	0
	Solar Energy	0	0	0	0	0	0	0
	LPG / Natural Gas	58.1	57	76.1	60.7	36.4	66.1	44.6
	Electricity	0	0	0	0	0	0	0

DEMOGRAPHIC AND HOUSING CHARACTERISTICS

The survey is conducted in seven villages of district Rewari. As per the Census of India, 2011 it is found that among seven surveyed villages the population graph varies from 400 to 6000 persons. In Sulkha, population is 6000 which is highest among the surveyed villages followed by 4500 in Mustafapur and minimum is 400 in Bhiwadi. The average family size across the seven villages is approx. 6 persons per family.

All the villages are dominated by Hindu religion. Only in Daliyaki, a small portion of population near to 2% found to be followed Muslim religion. Majority of the population in all the seven surveyed villages belongs to OBC. The highest found in Bhiwadi with 94.5% mainly belongs to *Gujjar* caste group, followed by Mustafapur (88.7%) and lowest is 8.1% in Sulkha. *Yadav, Jaat, Ahir, khati* and *Nai* are the main caste groups in all the villages except Bhiwadi. It is found that only Daliyaki has above 60% SC population while in rest of the villages, the share of SC population is below 25%. Dalit is the only SC caste group which is found across the seven villages. In two villages, Jatuwas and Sulkha, nearly 65% of the population from each village belongs to General category and the major castes are *Brahmin* and *Jatt*.

Daliyaki reported to have 70.5% population living in semi-pucca houses which is highest percentage in surveyed villages and lowest is 38% in Mustafapur. A small share of the population in all the surveyed villages also resides in RCC houses. The average of 38.4% across the sampled villages also resides in pucca houses. Almost in all the villages, houses have been owned by the people resides in it. Only in Sulkha (3.5%) and Daliyaki (1.6%) houses are allotted under housing scheme by the Government.

Electricity is not reported to be as a problem in the villages as nearly 95% of the houses are electrified. In Bhiwadi, few of the houses are kuchha and not electrified.

It is to be noted that ill effects of using grass/crop residue/wood and cow dung as a fuel for cooking causes lots of health problems to the cooks and the survey showed that the 90% of the population in all the sampled villages use these sources of fuel. The use of these traditional *chulla* is not decreased in any of the village but a considerable increase in the most efficient fuel of the country, LPG, is also noticed which is used by an average of 57% of the population across the surveyed villages and highest observed in Mustafapur (76.1%) followed by Pragpura (66.1%) and lowest is 36.4% in Bhiwadi. This is also to be noted that people having LPG connection do

Baseline Survey Report Phase II: **Rewari, Haryana**

not use it on regular basis. They use it at the time of some function or when they have to cook something quickly.

4.2 LITERACY & EDUCATIONAL STATUS

Table 2:LITERACY & EDUCATIONAL STATUS								
		Village 1 Gindokhar	Village 2 Sulkha	Village 3 Mustfapur	Village 4 Daliyaki	Village 5 Bhiwadi	Village 6 Paragpura	Village 7 Jatuwas
Literacy Level (%)		78.3	79.9	83.7	76.3	69	77	72.4
Currently Studying (%)		54.2	67.3	76.8	65.8	67.6	72	65.2
Children studying in Type Of Institution (%)	Government	29.6	34.2	22.6	55.8	72.3	27.3	40.8
	Private Aided	70.4	65.8	77.4	44.2	27.7	72.7	57.3
	Private Un-Aided	0	0	0	0	0	0	1.9
Mode Of Travel (%)	Walk	22.5	29.7	32.1	28.6	68.1	19.5	25.2
	Bicycle	1.4	0.9	1.9	13	1.1	1.3	17.5
	Scooter / Bike	0	0.9	0.9	2.6	1.1	0	3.9
	Auto / Taxi / Cycle Rickshaw	0	0	3.8	9.1	7.4	0	6.8
	Train	1.5	3.6	58.5	0	0	0	4.9
	Bus	74.6	64.9	2.8	46.7	22.3	79.2	41.7
Mid - Day Meal (%)	No Meals	14.3	20	16.7	50	28.6	46.2	11.1
	Once a Week	0	0	0	0	0	0	0
	Few Days a Week	37.5	40	16.6	29.2	17.9	30.8	29.6
	All the Days	48.2	40	66.7	20.8	53.5	23	59.3

Baseline Survey Report Phase II: **Rewari, Haryana**

Reasons of Dropout (%)	To work and support household	53.6	20	54.5	7.1	14.2	9.1	20
	Required to attend domestic chores	7.1	20		14.3	4.8	0	0
	Education / Higher Education not considered important	0	0	0	0	0	0	0
	Too poor in studies / failed / Irregular to school	0	0	0	7.1	0	0	0
	School to far / Sending girls not safe	0	0	0	0	0	0	0
	Poor quality of teaching / teachers not available or rude	0	0	0	0	0	0	0
	Quit education due to early marriage	0	0	0	0	4.8	0	0
	None	39.3	60	45.5	71.5	76.2	90.9	80

LITERACY AND EDUCATIONAL STATUS

As per the Census of India 2011, the average literacy rate of the district Rewari is 78%, higher than the national average of 74.04%.

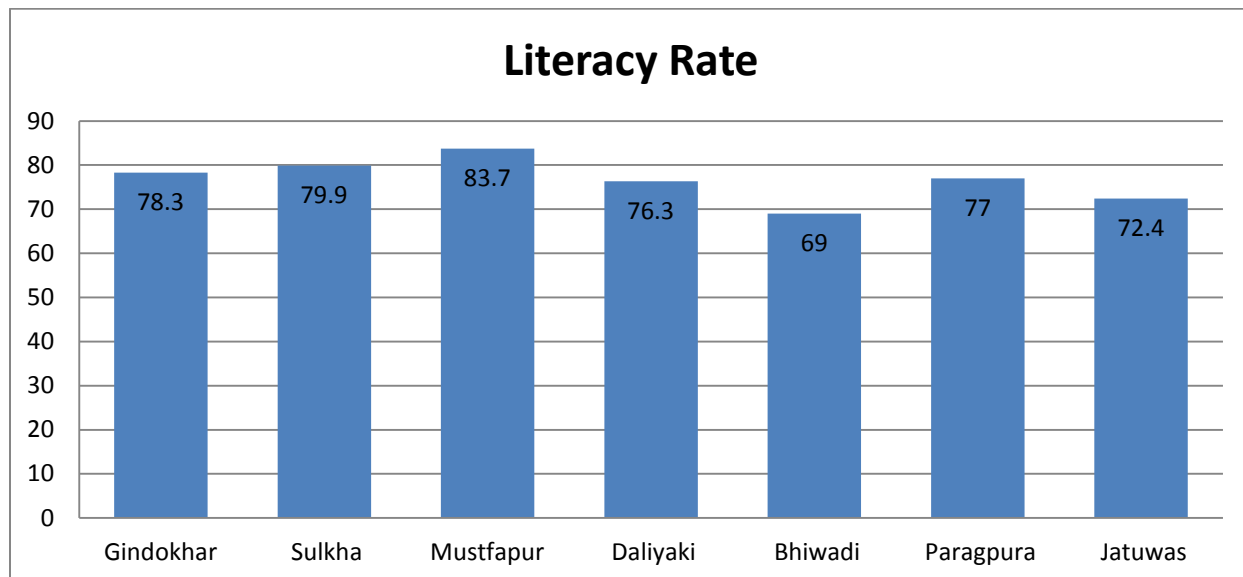


Figure 1: Literacy Rate

The surveyed villages also show the average literacy rate of 76.6% close to average literacy rate of the district and observed highest in Mustafapur (83.7%) and lowest in Bhiwadi (69%). The status of currently studying is noticed higher again in Mustafapur with 76.8% of the children in the age group of 3-24 years are studying followed by Paragpura with 72% and the least in Gindokhar with 54.2%. In five villages, viz. Mustafapur, Paragpura, Gindokhar, Sulkha and Jatuwas, an average of 68.7% of the students go to private un-aided schools while rest of the students go to government schools. As most of the villages are near to the Rewari city therefore various modes of transport are also available in all the villages to reach their respective educational institutes. The government primary schools are present in all the villages while a minimum distance of 5 km from the sampled villages has to be travelled by the students to reach higher secondary schools.

It was observed during the interaction with government school authorities in some of the villages that the strength of the students is not optimal due to lack of infrastructure facilities such as inadequate rooms, benches, fans, safe drinking water and computers. The infrastructure is the foremost requirement to make a school accommodating. In this era with high level of

competition, infrastructure unavailability to the village children shows a deprived picture and marginalises the rural population at primary level itself.

In the age group of 3-24 years, the main reason for drop out is only to work and to support the family financially and highest 54.5% reported in Mustafapur and lowest 7.1% in Daliyaki. Along with this 14.3% (mainly girls) in Daliyaki quit their studies as they have been required to attend domestic chores. In all the villages it has been observed that very small number of students opts for higher education. As reported by the participants and key stakeholders, due to difficult financial background of the families most of the students who performed well in studies choose to earn money instead of getting higher education.

The MDM scheme of the government found to be functioning in all the villages. As per this scheme, one time meal to the students of government schools up to 8th standard is provided daily. The data shows that most of the students of all surveyed villages have been found receiving the benefits of MDM. In two villages, Daliyaki and Paragpura, it is also analysed that the students of government schools studying below 8th standard also reported that they have not received the benefits of MDM.

4.3 VOCATIONAL TRAINING

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

4.4 WATER RESOURCES, SANITATION & HYGIENE

Table 3: WATER RESOURCES, SANITATION & HYGIENE									
			Village 1 Gindokhar	Village 2 Sulkha	Village 3 Mustfapur	Village 4 Daliyaki	Village 5 Bhiwadi	Village 6 Paragpura	Village 7 Jatuwas
Water Facility (%)	Own Private Tap		4.8	14	45.1	34.4	18.2	8.1	3.1
	Own Govt. Tap		17.7	9.3	36.6	8.2	0	1.6	4.6
	Own Hand Pump		0	18.6	5.6	4.9	89.1	1.6	0
	Own Open Well		0	0	0	1.6	0	1.6	0
	Neighbour's Tap		0	2.3	0	0	16.4	0	0
	Community Tap		37.1	37.2	16.9	9.8	1.8	30.6	18.5
	Community Hand Pump		24.2	16.3	22.5	1.6	20	37.1	73.8
	Community Open Well		1.6	32.6	1.6	63.9	0	6.5	58.5
	Tank / Pond		0	0	0	0	0	0	0
	Chamber water		0	0	0	0	5.5	72.6	0
	Tube well		0	0	0	0	9.1	0	0
	Motor Pump		0	0	0	3.2	1.8	0	0
	Tanker Water		48.9	15.6	0	0	0	0	0
Number of Common / Public Taps and Individual Taps	Public		10	20	2	2	3	4	5
	Individual				475	250		250	300
Type of	Own Flush		35.5	33.7	31	31.1	14.5	37.1	29.2

Baseline Survey Report Phase II: **Rewari, Haryana**

Toilet (%)	Own Pit		48.4	44.2	53.5	32.8	38.2	27.4	40
	Community Flush		0	0	0	0	0	0	0
	Community Pit		0	0	0	0	0	0	0
	ODS		16.1	22.1	15.5	36.1	47.3	35.5	30.8
Toilet Construction Expense (%)	Fully Owner		94.2	89.6	88.3	89.7	93.1	100	97.8
	Shared By HH		0	0	0	0	6.9	0	0
	Subsidy		5.8	10.4	11.7	10.3	0	0	2.2
	Govt. and NGO Expense		0	0	0	0	0	0	0
People Interested in a Private toilet Facility (%)	Yes, If Free		22.5	15.8	10.2	23.8	25.5	41	13
	Yes, If Subsidized		2.5	17.5	14.3	28.6	29.8	15.4	30.4
	No response		75	66.7	75.5	47.6	44.7	43.6	56.6
Number of Community Toilets			0	0	2	0	0	0	0
Problem of Sullage Nuisance (%)	None	Respondent	1.6	10.5	25.4	16.4	3.6	9.7	20
		Observer	1.6	2.3	11.3	14.8	1.8	1.6	10.8
	Water Stagnation	Respondent	61.3	51.2	52.1	54.1	49.1	43.5	61.5
		Observer	40.3	59.3	45.1	32.8	49.1	21	41.5
	Drainage / Sewage	Respondent	46.8	48.8	40.8	37.7	54.5	27.4	36.9
		Observer	48.4	52.3	46.5	42.6	54.5	41.9	36.9
	Cattle Waste	Respondent	35.5	34.9	25.4	34.4	56.4	35.5	36.9
		Observer	45.2	54.7	42.3	52.5	76.4	56.5	58.5

Baseline Survey Report Phase II: **Rewari, Haryana**

OAD (Open Air Defecation)	Respondent	14.5	22.1	4.2	11.5	25.5	12.9	18.5
	Observer	8.1	25.6	11.3	16.4	30.9	24.2	20
Waste Dumping	Respondent	50	38.4	28.2	32.8	52.7	41.9	32.3
	Observer	67.7	73.3	66.2	39.3	81.8	67.7	60

WATER RESOURCES, SANITATION AND HYGIENE

The common water resources available for household purposes across the surveyed villages are community taps, community hand pumps and own private taps. It is found that 73.8% households of Jatuwas use community hand pumps while in Daliyaki it is used by 1.6% of the households. In Gindokhar and Sulkha, nearly 37% of the households use community taps reported to be in sufficient due to the time bound supply of water and therefore to meet water requirements people have to purchase water from private tankers. The use of community open wells is marked highest in Daliyaki with 63.9% the population reported to use it while in the same village 34.4% of the households also have own private taps. The data from village questionnaires shows that at least 2 community taps in each village have been installed by its respective Panchayat. The participants and key stakeholders in all villages reported that the available ground water resources accessed by most of the households have fluoride present in it which is leading to several health problems in long run.

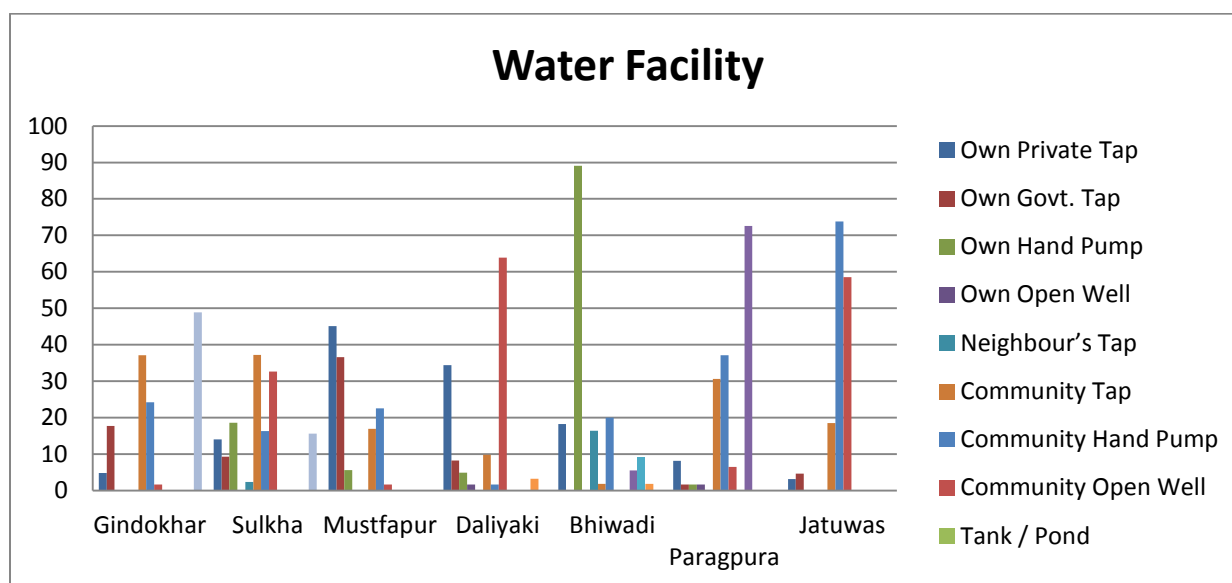


Figure 2: Water Facility

The data shows that an average of 40.6% of people in all the villages have pit toilets and nearly 30% of the population have flush toilets in six villages except Bhiwadi where 47.3% population practice open air defecation. It is also analysed that open air defecation is practiced in almost every village with highest in Bhiwadi, followed by Daliyaki (36.1%) and lowest in Mustafapur (15.5%). Around 90% of the toilets in all the surveyed villages have been constructed by the own

expenses of the owners while rest of the toilets are constructed after receiving the benefits of subsidies given by the government. The data from Gindokhar and Pragpura villages also show that the population without toilet facility is interested in private flush toilets if constructed free while in other villages, people found to be interested to construct toilets if some subsidies can be provided to them. As for the sullage nuisance, water stagnation, cattle waste, waste dumping and drainage unavailability are seen as a major threat to the hygienic condition of these villages which requires immediate attention so that the villages remain away from the disease such as malaria, dengue and typhoid.

4.5 HEALTH CARE FACILITIES & BIRTH DETAILS

Table 4: HEALTHCARE FACILITIES & BIRTH DETAILS								
		Village 1 Gindokhar	Village 2 Sulkha	Village 3 Mustfapur	Village 4 Daliyaki	Village 5 Bhiwadi	Village 6 Paraggpura	Village 7 Jatuwas
Primary Mode of Treatment (%)	Traditional Healer/ Dai	0	0	0	0	0	0	0
	Local Doctor/ RMP	75.8	86	81.7	55.7	76.4	79	66.2
	Chemist Shop	0	0	0	1.6	5.5	0	0
	Mobile Clinic	0	0	0	0	0	0	0
	SHC/ ASHA/ Aanganwadi	0	0	0	0	0	0	0
	PHC/CHC	0	0	0	0	0	0	0
	Government Hospital	1.6	1.2	1.4	3.3	0	0	3.1
	Private Clinic	9.7	11.6	15.5	34.4	18.2	21	29.2
	Private Hospital	12.9	1.2	1.4	4.9	0	0	1.5
	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	0	0	0	0	0	0	0
	Local Doctor/ RMP	80.6	87.2	83.1	60.7	81.8	74.2	66.2
	Chemist Shop	41.9	31.4	31	37.7	34.5	14.5	18.5
	Mobile Clinic	0	0	0	0	0	0	0
	SHC/ ASHA/ Aanganwadi	0	0	0	0	0	0	0

Baseline Survey Report Phase II: **Rewari, Haryana**

	PHC/CHC	0	0	0	0	0	0	0
	Government Hospital	25.9	31.4	31	54.1	30.9	27.4	29.2
	Private Clinic	91.9	83.7	80.3	85.2	76.4	90.3	78.5
	Private Hospital	77.4	75.6	85.9	75.4	67.3	79	73.8
	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
Birth in Last 3 Years		10	9	9	10	15	13	11
Sex of child (%)	Male	50	55.6	77.8	60	60	53.8	63.6
	Female	50	44.4	22.1	40	40	46.2	36.4
Place of Birth (%)	Government Maternity Centre / General Hospital	30	44.5	11.1	60	33.3	15.4	36.4
	Private Maternity Centre / Hospital	60	44.4	88.9	40	46.7	69.2	18.2
	PHC / CHC	0	0	0	0	0	0	18.2
	Health Sub Centre	0	0	0	0	0	0	0
	Home By Nurse / Doctor	0	0	0	0	0	0	0
	Home By Birth Attendant	10	0	0	0	6.7	7.7	27.2
	Home By Other	0	11.1	0	0	13.3	7.7	0
Maternity Allowance		3	1	2	3	1	0	2

HEALTHCARE FACILITIES AND BIRTH DETAILS

All the villages are near to the city where government and private hospitals can be easily accessed but data shows that the primary mode of treatment is availed from RMPs (local doctors) in most of the surveyed villages. These local doctors are easily available in the village and provide health care services at cheaper cost. A very small percentage of the population can be seen in the table access hospitals primarily for treatment. The same scenario is observed in the health care services accessed in last 12 months but the accessibility of private clinics is more in comparison to RMPs. In Gindokhar and Pragapura, nearly 90% of the population accessed health care services from private clinics in last 12 months while in rest of the villages 60-80% of the population accessed private clinics for the treatments in last 12 months. The health care institutions with MBBS doctors are only available in Rewari at a distance of 5-10 km from each surveyed village.

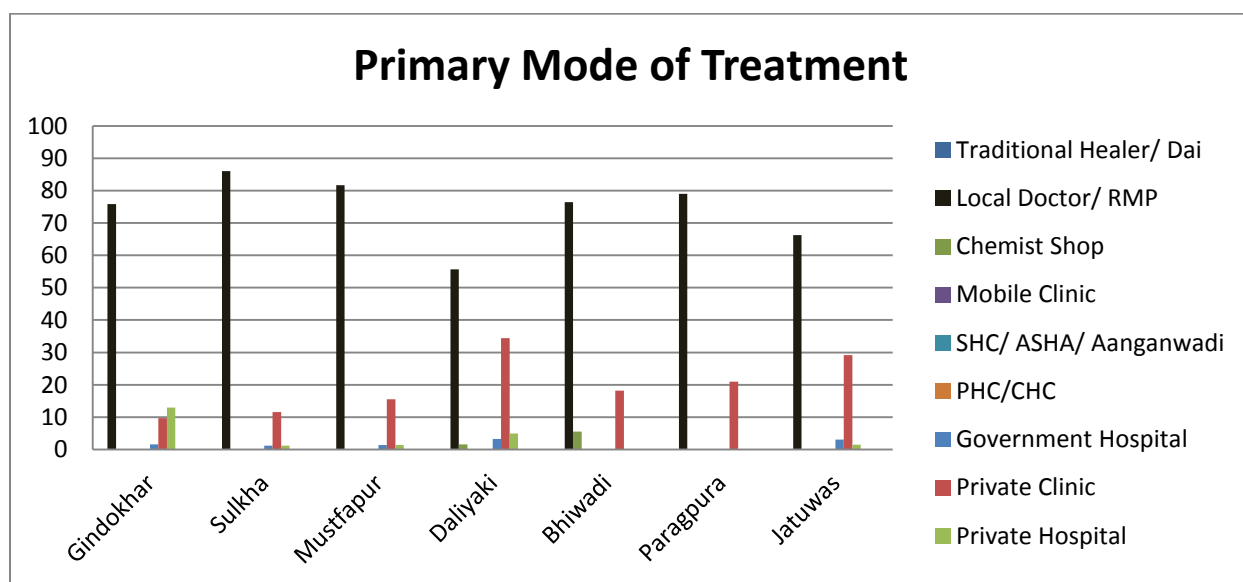


Figure 3: Primary mode of Treatment

It is clear from the data that most of the deliveries have taken place in the government or private hospitals in all the surveyed villages. However 27.2% and 20% of the deliveries in Jatuwas and Bhiwadi respectively have taken place at home in the presence of birth attendants or Midwives. Maternity allowances are also received by the beneficiaries whose deliveries have been taken place in government hospitals.

4.6 LIVELIHOOD, LANDHOLDING & LIVESTOCK

Table 5: LIVELIHOOD, LAND HOLDING & LIVESTOCK								
		Village 1 Gindokhar	Village 2 Sulkha	Village 3 Mustfapur	Village 4 Daliyaki	Village 5 Bhiwadi	Village 6 Paragpura	Village 7 Jatuwas
Primary Engagement (%)	Housewife	33.9	29.3	31.5	28.7	29.6	31.7	28.2
	Own Farm Activities	6.5	6.6	9.6	0.7	6.4	6.7	6.3
	Agricultural Labour	4	2.8	2	7.3	1.8	4.3	3.7
	Non – Agriculture Labour	5.3	7.4	5.2	10.7	7.8	2.7	9.5
	Salaried Employment	7.5	10.9	12.2	11.6	5.7	12	6.9
	Petty Business	5	3.3	2.3	1	2.8	2.3	2.9
	Cattle Rearing	0	0	0.5	0	0	0	0.6
	Contractor / Broker	0	0.3	0	0	0	0.3	0
	Rent / Pension / Remittance	0	0	0	0	0.7	2.7	1.1
	Artisan / craftsman / house hold industry	1.8	2.3	2.6	1	0.7	0	0.3
	None	36	37.1	34.1	39	44.5	37.3	40.5
Secondary Engagement (%)	Housewife	0	0	0	0.6	0	0.6	0.5
	Own Farm Activities	1	0	0.9	1.1	0.6	2.1	1.4

Baseline Survey Report Phase II: **Rewari, Haryana**

	Agricultural Labour	0	0.4	0.4	0	0	0	0
	Non – Agriculture Labour	0.5	0	0.4	0	0	0	0
	Salaried Employment	1	0	0.5	0	0	0	1
	Petty Business	0	0	0	0	1.9	0	0
	Cattle Rearing	0	0	0	0.6	1.3	0	0
	Local services (including traditional services)	0	0.8	0	0	0	0	0
	Rent / Pension / Remittance	0	0	0	0	0	0	0
	Artisan / craftsman / house hold industry	0	0	0	0	0	0	0
	None	97.5	98.8	97.8	97.7	96.2	97.3	97.1
Land (in Acres)	Total Area	1200	3000	845	1500	1500	400	725
	Irrigated	750	1000	800	1450	150	350	680
	Non- Irrigated	400	1700					
	Grazing	5	20	16	0	3	16	0
	Forest	0	0	20	0	0	0	0
	Wasteland	15	0	0	0	22	0	20
Agricultural Land Condition (%)	Flood Proneness	0	0	0	0	0	0	0

Baseline Survey Report Phase II: **Rewari, Haryana**

	Alkalinity	0	0	0	0	0	0	0
	Water Logging	0	0	0	0	0	0	0
	Soil Erosion	0	0	0	0	25	0	0
	Drought Proneness	0	25	0	0	0	0	0
	Snowfall	0	0	0	0	0	0	0
Ownership of Agricultural Land (%)		74.2	65.1	73.2	18	65.5	79	67.7
Total Owned Land in Acres (%)	0-5 acres	95.7	82.2	86.5	81.9	97.4	89.7	88.6
	6 -10 acres	4.3	10.8	9.7	18.1	0	6.1	9.1
	11 – 15 acres	0	3.6	1.9	0	2.6	4.2	2.3
	16 -20 acres	0	1.8	0	0	0	0	0
	21 acres and above	0	1.6	1.9	0	0	0	0
Cultivated Land in Acres (%)	0-5 acres	95.7	82.2	86.5	81.9	97.4	89.7	88.6
	6 -10 acres	4.3	10.8	9.7	18.1	0	6.1	9.1
	11 – 15 acres	0	3.6	1.9	0	2.6	4.2	2.3
	16 -20 acres	0	1.8	0	0	0	0	0
	21 and above acres	0	1.6	1.9	0	0	0	0
Irrigated Land in Acres (%)	0-5 acres	95.7	82.2	86.5	81.9	97.4	89.7	88.6
	6 -10 acres	4.3	10.8	9.7	18.1	0	6.1	9.1
	11 – 15 acres	0	3.6	1.9	0	2.6	4.2	2.3
	16 -20 acres	0	1.8	0	0	0	0	0

Baseline Survey Report Phase II: **Rewari, Haryana**

	21 and above acres	0	1.6	1.9	0	0	0	0
Sources of Irrigation (%)	Canal	2.2	5.4	0	9.1	2.8	0	6.8
	Pond	0	0	0	0	2.8	0	0
	Well	4.3	5.4	0	36.4	5.6	6.1	15.9
	River	0	0	0	0	0	0	0
	Motor Pump	6.5	0	5.8	9.1	63.9	4.1	6.8
	Tube well	67.4	60.7	59.6	90.9	47.2	57.1	45.5
	Bore Well	45.7	46.4	48.1	9.1	0	51	52.3
	Dam	0	0	0	0		0	0
	others	0	0	0	0	0	0	0
Major Crops and area		Wheat (150 acres)	Wheat (200 acres)	Wheat (100 acres)	Wheat (500 acres)	Wheat (60 acres)	Wheat (100 acres)	Wheat (280 acres)
		Mustard (600 acres)	Mustard (2000 acres)	Mustard (700 acres)	Mustard (300 acres)	Mustard (60 acres)	Mustard (200 acres)	Mustard (400 acres)
		Bajra (250 acres)		Bajra (600 acres)	Bajra (500 acres)	Bajra (60 acres)	Bajra (50 acres)	
				Jau (400 acres)	Jau (50 acres)			
					Gram (100 acres)			
Ownership of Livestock (%)		72.6	69.8	77.5	54.1	85.5	79	73.8

Baseline Survey Report Phase II: **Rewari, Haryana**

List of Livestock (%)	He Buffalo	2.2	5	5.5	0	4.3	8.2	6.2
	She Buffalo	82.2	90	85.5	84.8	95.7	93.9	80.2
	Cow	40	18.3	32.7	15.2	36.2	20.4	25
	Bullock	0	0	1.8	0	4.3	0	6.2
	Sheep	0	1.7	0	0	0	0	0
	Goat	2.2	6.7	0	6.1	0	0	6.2
	Piggery	0	0	0	0	0	0	0
	Poultry	0	0	0	0	0	0	0
	Horse	0	0	0	0	0	0	2.1

LIVELIHOOD, LANDHOLDING AND LIVESTOCK

There are various primary sources of livelihood found as reported by the villagers during survey. The common among them are farm activities, agricultural and non-agricultural labour, salaried employees and petty businesses common to every surveyed village. An average of 9.54% of the population is engaged in salaried employment across the surveyed villages and highest with 12.2% of people from Mustafapur followed by Paragpura (12%) and least in Bhiwadi (5.7%) of the population engaged in salaried employment. Non-agricultural labour is found higher in Daliyaki (10.7%) and lower in Paragpura (2.7%). In Mustafapur, 9.6% of the population engaged in farming activities followed by Paragpura (6.7%) and lowest in Daliyaki with around 1% of the population. Apart from this, artisans/ craftsman are also found in surveyed villages except in Paragpura. The findings also show that an average of 38.3% of the population across the surveyed villages found to be dependent on other family members which includes students, elderly and unemployed population.

The data shows that an average of 88.8% agricultural land owners in surveyed villages owned the land in between 0.1-5 acres of land, with highest 95.7% in Gindokhar and lowest 81.9% in Daliyaki. In Sulkha and Mustafapur, nearly 2% of the agricultural land owners have more than 21 acres of landholdings. It is also observed that the whole of own land is cultivated and irrigated by the owners of each village with the available sources of irrigation. Tube wells are the common source of irrigation reported in all the villages and used by an average of 61.2% of the people across the seven villages. The other sources such as bore wells, open wells, motor pumps and canal water are also used in the villages. The canal water is not used as source of irrigation in Mustafapur and in Paragpura, well is not available in Sulkha and bore well as a source of irrigation is not available in Bhiwadi.

The ownership of the livestock is highest in Bhiwadi where nearly 85% of the livestock owners have she buffaloes (95.7%) and cows (36.2%) which is further followed by Paragpura (79%), Mustafapur (77.5%), Jatuwas (73.8%) and lowest ownership is found in Daliyaki (54.1%). More than 80% of the population across all the villages own she buffaloes while comparatively smaller population across all villages also own cows.

4.7 SOCIAL WELFARE SCHEMES

Table 6: SOCIAL WELFARE SCHEMES								
		Village 1 Gindokhar	Village 2 Sulkha	Village 3 Mustfapur	Village 4 Daliyaki	Village 5 Bhiwadi	Village 6 Paragpura	Village 7 Jatuwas
Indira Awaas Yojana	Total Beneficiaries	0	No. Not available	0	7	0	No. Not available	No. Not available
	Male							
	Female							
	Financial Assistance							
	Challenges							
MGNREGA	No. Of Job Cards	0	132	105	0	0	0	0
	Males	0	10	55	0	0	0	0
	Females	0	122	50	0	0	0	0
	Min. Wage	0	191	191	0	0	0	0
	Challenges		Improper allocation of work					

SOCIAL WELFARE SCHEMES

MGNREGS provides employment of 100 days to a household in rural areas founds to be functioning only in Sulkha and Mustafapur. In Sulkha, 132 job cards have been issued to the households out of which 122 have been issued to females and only 10 to males while in Mustafapur 105 job cards have been issued; 55 to males and 50 to females. The daily wage of Rs. 191 is reported as minimum wage to the workers of this scheme. In Sulkha, beneficiaries have reported improper allocation of work which is a major challenge in proper implementation of the scheme.

The housing scheme of central government namely Indira Awaas Yojna (IAY) is also functional in four villages, viz. Daliyaki, Paragpura, Jatuwas and Sulkha. Daliyaki have 7 beneficiaries while the data is not available in case of Sulkha, Paragpura and Jatuwas.

4.8 SAFETY NETS & CREDIT PATTERNS

Table 7: SAFETY NETS & CREDIT PATTERNS								
		Village 1 Gindokhar	Village 2 Sulkha	Village 3 Mustfapur	Village 4 Daliyaki	Village 5 Bhiwadi	Village 6 Paragpura	Village 7 Jatuwas
Type of PDS / Ration Card (%)	APL Card	83.9	75.6	73.2	63.9	65.5	80.6	73.8
	BPL Card	14.5	24.4	21.2	31.2	29.1	12.9	21.5
	Antyodaya / BBPL Card	0	0	0	0	0	0	0
	Applied But Not Received	0	0	1.4	4.9	0	1.7	0
	Not Applied	1.6	0	4.2	0	5.4	4.8	4.7
Avail PDS (%)	Yes, Regularly	13.1	14	14.9	1.7	19.3	6.9	17.7
	Yes, Sometimes	1.6	10.5	7.5	31	11.5	6.9	6.5
	No	85.3	75.5	77.6	67.3	69.2	86.2	75.8
Reasons for Not Availing PDS (%)	Not Interested	0	0	0	0	0	0	0
	Poor Quality of Grains	0	5.4	3.5	7	4.8	0	0
	No PDS shop / Irregular	21.2	23.4	5.3	10.1	2.4	13	9.8
	Shop Too Far	0	0	0	0	0	0	0
	Have APL Card	98.1	87.8	89.5	61.4	85.7	79.6	84.3
	No Money During PDS Supply	0	5.4	0	0	2.4	0	0
	Use own farm produce	0	1.4	1.8	0	0	0	0
	Don't get Timely	4.8	1.2	0	28.5	9.5	18.5	7.8
	due to improper supply	0	0	1.4	0	0	0	0
People with outstanding loans (%)		11.3	8.1	16.9	3.3	3.6	4.8	16.9

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Source of Credit (%)	Bank	71.4	85.7	75	100	0	66.7	54.5
	Money Lender	0	14.3	8.3	0	50	0	45.5
	Trader / Employer	0	0	0	0	0	0	0
	NGO	0	0	0	0	0	0	0
	Relative / Friends	0	0	8.4	0	0	33.3	0
	SHG	0	0	0	0	0	0	0
	Co-operative Society	28.6	0	8.3	0	50	0	0
Interest Rate (%)	0 -1%	0	0	0	0	50	0	0
	2- 5%	28.6	28.6	8.3	0	50	33.4	18.2
	6-10%	57.2	57.2	41.8	0	0	33.3	54.6
	11-15%	14.2	14.2	33.3	100	0	0	9.1
	15 -20%	0	0	8.3	0	0	0	0
	20-25%	0	0	8.3	0	0	33.3	18.1
Assets Mortgaged (%)	Own Land / House Deed	57.1	42.9	33.3	100	33.4	32.3	36.4
	Others Land / House Deed	0	0	0	0	0	0	9.1
	Own Jewels	0	0	8.3	0	0	0	0
	Others Jewels	0	0	0	0	0	0	0
	Own Durable Goods	0	0	0	0	0	0	0
	Others Durable Goods	0	0	0	0	33.3	0	0
	Personal Security	0	0	0	0	0	0	0
	None	42.9	57.1	58.4	0	33.3	67.7	54.5
Purpose of Loan (%)	Farming	57.1	71.4	8.3	0	50	0	45.5
	Petty Trade	0	0	16.8	0	0	33.3	18.2
	Medical Expenses	0	14.3	0	0	0	66.7	9.1
	Education	0	0	8.3	0	0	0	0

Baseline Survey Report Phase II: **Rewari, Haryana**

Marriage	0	14.3	16.7	0	0	0	0
Family Function / Ceremonies / Festivals	0	0	0	0	0	0	0
House Construction / Purchase / Repair	28.6	0	33.3	100	50	0	18.2
Purchase of Land	0	0	0	0	0	0	9
Purchase of Jewellery	0	0	0	0	0	0	0
Purchase of Durable Goods	0	0	8.3	0	0	0	0
Buy Animals	0	0	8.3	0	0	0	0
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	0	0	0	0	0	0
Death Related Expenses	0	0	0		0	0	0
No response	14.3	0	0		0	0	0

SAFETY NETS AND CREDIT PATTERN

More than 63% of the households across all the seven villages come under APL families. The highest APL families are in Gindokhar (83.9%) followed by Paragpura (80.6%) and the lowest recorded in Daliyaki (63.9%). The highest number of BPL card holder families is recorded in Daliyaki (31.2%) and lowest in Paragpura (12.9%).

The data shows that less than 20% of the households avail regular PDS across the surveyed villages while an average of 76.7% of households across the surveyed villages not avail PDS because they have APL cards. This is the common reason seen in all the surveyed villages of Haryana which comes under the scope of this study. Apart from this, a small portion of sampled population which comes under BPL also reported that they avail PDS sometimes because of the irregular functioning in PDS across the surveyed villages.

It is clear from the data that a small percentage of people across the seven villages have taken loans mainly from banks except Bhiwadi where loans have been taken from money lender and co-operative society. Bhiwadi has recorded the lowest portion of 3.3% people with outstanding loans while 16.9% borrowers, which is highest percentage of borrowers, found each in Jatuwas and Mustafapur. The analysis of data shows that those who have taken loans from money lenders are paying less interest in comparison to those who have taken loan from banks and cooperative societies. It is also found that most of the borrowers have not mortgaged any asset to take the loan which is taken mainly for farming activities except Daliyaki and Paragpura. Borrowers have mortgaged own land to take the loan for other purposes in all the surveyed villages. Only in Mustafapur, 8.3% of the borrowers have taken loan for the education purpose.

4.9 INFRASTRUCTURE- AVAILABILITY AND ACCESSIBILITY

Table 8: INFRASTRUCTURE FACILITIES & ACCESSIBILITY									
			Village 1 Gindokhar	Village 2 Sulkha	Village 3 Mustfapur	Village 4 Daliyaki	Village 5 Bhiwadi	Village 6 Paragpura	Village 7 Jatuwas
Recreational	Playground							√	
	Samaj Mandir		√	√	√	√	√	√	√
	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	√(Boodpur)		√(Rodai)	√(Rewari)		√(Badhana)	√(Rewari)
		More than 5 Km							
	Public Telephone Booth	Within Village							
		Within 5 Km			√(Bikaner)	√(Rewari)	√(Rewari)		√(Rewari)

Baseline Survey Report Phase II: **Rewari, Haryana**

	More than 5 Km	√(Rewari)					√(Bawal)	
Daily Market	Within Village							
	Within 5 Km				√(Rewari)	√(Rewari)		√(Rewari)
	More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)	
Weekly Market	Within Village							
	Within 5 Km				√(Rewari)	√(Rewari)		√(Rewari)
	More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)	
PDS Shop	Within Village	√	√	√			√	√
	Within 5 Km				√(Rampura)	√(Kamalpur)		
	More than 5 Km							
Grocery Shop	Within Village	√	√	√	√	√	√	√
	Within 5 Km							
	More than 5 Km							
DTP/Xerox Centre	Within Village		√	√		√		
	Within 5 Km				√(Rewari)		√(Badhana)	√(Rewari)
	More than 5 Km	√(Rewari)						

Baseline Survey Report Phase II: **Rewari, Haryana**

Local Institutions/	Post Office	Within Village		√	√					
		Within 5 Km	√(Bodiya Kamalpur)			√(Nagli Goda)	√(Bithwana)	√(Badhana)	√(Bithwana)	
		More than 5 Km								
	Railway Station	Within Village								
		Within 5 Km				√(Rewari)	√(Rewari)			√(Rewari)
		More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)		
	Police Station	Within Village								
		Within 5 Km				√(Rampura)	√(Rewari)			√(Rewari)
		More than 5 Km	√(Rewari)	√(Rewari)	√(Phalawas)			√(Rampura)		
	Gram Panchayat Office	Within Village	√	√						
		Within 5 Km								
		More than 5 Km								
	Co-operative Society	Within Village								
		Within 5 Km	√(Sehnwaz)	√	√(Bhotipur)	√(Bhadawas)	√(Karnawas)	√(Sulkha)	√(Bhadawas)	
		More than 5 Km								

Baseline Survey Report Phase II: **Rewari, Haryana**

Bank for S/B Account	Within Village							
	Within 5 Km	√(Bodiya Kamalpur)	√(Bhadawas)	√(Phalawas)	√(Bhadawas)	√(Karnawas)	√(Sulkha)	√(Rewari)
	More than 5 Km							
Block Development Office	Within Village							
	Within 5 Km				√(Rewari)			√(Rewari)
	More than 5 Km	√(Rewari)	√(Rewari)	√(Jatusana)		√(Bawal)	√(Bawal)	
Taluk Headquarters	Within Village							
	Within 5 Km				√(Rewari)	√(Rewari)		√(Rewari)
	More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)	
District Headquarters	Within Village							
	Within 5 Km				√(Rewari)	√(Rewari)		√(Rewari)
	More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)	
Warehouse	Within Village							
	Within 5 Km				√(Rewari)	√(Rewari)		√(Rewari)
	More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)	
APMC/ Mandi	Within Village							

Baseline Survey Report Phase II: **Rewari, Haryana**

		Within 5 Km				√(Rewari)	√(Rewari)		√(Rewari)
		More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)	
Transport facilities	Public/ Pvt./ Mini buses		√	√	√		√		√
	Maxi Cabs/ Jeep		√	√	√	√	√	√	√
	Share auto				√				√
	Taxi/ Auto						√	√	
	Bicycle		√	√	√	√	√	√	√
	Motorcycle		√	√	√		√	√	√
	Bullock/ Horse Cart								
Education	Pre-Pri/Nursery School	Within Village	√	√	√	√	√	√	√
		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							

Baseline Survey Report Phase II: **Rewari, Haryana**

	More than 5 Km							
Pvt. Primary School	Within Village		√					
	Within 5 Km	√(Boodpur)		√(Bikaner)	√(Nagli Goda)	√(Kamal pur)	√(Badhana)	√(Rewari)
	More than 5 Km							
Govt. Secondary School	Within Village		√	√				
	Within 5 Km	√(Bodiya Kamalpur)			√(Nagli Goda)	√(Bithwana)	√(Badhana)	√(Rewari)
	More than 5 Km							
Charitable Secondary School	Within Village							
	Within 5 Km							
	More than 5 Km							
Pvt. Secondary School	Within Village							
	Within 5 Km		√(Bhadawas)	√(Tehnadipur)	√(Nagli Goda)	√(Rewari)	√(Bhadawas)	√(Rewari)
	More than 5 Km	√(Rewari)						
Higher Secondary School	Within Village		√					
	Within 5 Km	√(Bodiya Kamalpur)			√(Nagli Goda)	√(Bithwana)	√(Nagli Goda)	√(Rewari)
	More than 5 Km			√(Rewari)				

Baseline Survey Report Phase II: **Rewari, Haryana**

	Degree College	Within Village							
		Within 5 Km				√(Rewari)	√(Rewari)		√(Rewari)
		More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)	
	ITI/ Polytechnic	Within Village							
		Within 5 Km				√(Rewari)	√(Rewari)		√(Rewari)
		More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)	
	Vocational training centre	Within Village							
		Within 5 Km				√(Rewari)	√(Rewari)		√(Rewari)
		More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)	
Health Care Facilities	Local Doctor/ RMP	Within Village	√	√	√		√		√
		Within 5 Km				√ (Nagli Goda)		√ (Badhana)	
		More than 5 Km							
	Chemist Shop	Within Village		√	√				
		Within 5 Km	√(Boodpur)			√(Rewari)	√(Bithwana)	√ (Badhana)	√(Rewari)
		More than 5 Km							
	Mobile Clinic	Within							

Baseline Survey Report Phase II: **Rewari, Haryana**

	Village							
	Within 5 Km							
	More than 5 Km							
SHC/ ASHA/ Aanganwadi	Within Village	√	√	√	√	√	√	√
	Within 5 Km							
	More than 5 Km							
PHC	Within Village							
	Within 5 Km	√ (Boodpur)			√ (Bhadawas)		√ (Takdi)	√ (Bhadawas)
	More than 5 Km		√ (Bawal)	√ (Jatusana)				
Government Hospital	Within Village							
	Within 5 Km				√ (Rewari)	√ (Rewari)		√ (Rewari)
	More than 5 Km	√ (Rewari)	√ (Rewari)	√ (Rewari)			√ (Rewari)	
Private Clinic	Within Village							
	Within 5 Km				√ (Rewari)	√ (Rewari)		√ (Rewari)
	More than 5 Km	√ (Rewari)	√ (Rewari)	√ (Rewari)			√ (Rewari)	
Private Hospital	Within Village							

Baseline Survey Report Phase II: **Rewari, Haryana**

		Within 5 Km				√(Rewari)	√(Rewari)		√(Rewari)	
		More than 5 Km	√(Rewari)	√(Rewari)	√(Rewari)			√(Rewari)		
	CSR Hospital	Within Village								
		Within 5 Km								
		More than 5 Km								
	Veterinary Clinic	Within Village	√		√					
		Within 5 Km					√ (Tothwal)	√ (Rewari)	√ (Badhana)	√ (Bhadawas)
		More than 5 Km		√ (Banipura)						

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

5.1 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.

5.2 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.

5.3 Priority 1: Water Facility – Medium Term Intervention

Problem of drinking water is common to all the surveyed villages. As per Central Ground Water Board report, 2007, the ground water of district Rewari have presence of chemical constituents more than the permissible limit and is harmful for human consumption. Fluoride content in water seems to be debatable. Limited amount of fluoride is supported by some scientist as it helps in normal mineralization of bones and formation of dental enamel. But not that small amount is also contested by another bunch of scientists saying that fluoride is not good for the human body. According to Indian standards, the permissible limit of fluoride content in water is reported to be 1.5mg/l, but as per secondary data obtained for Haryana, nearly 14 districts including Rewari reported to have fluoride content in water in a range of 0.51-3.88 mg/l; the higher limit is found to be double of permissible limit³. The data collected from the villages show that the ground water is the main source of drinking as well as for irrigation as the villagers are totally dependent on hand pumps, tube wells, bore wells which fetch available ground water.

The chemical constituents that make water saline are mainly fluoride, chlorine, iron, sodium and other toxins. Usage of these chemicals also leads to several health problems to a human body. The saline contents have strong electro-negativity due to which saline contents (mainly fluoride) affect the calcium present in teeth and bones causing dental fluorosis, teeth mottling, skeletal fluorosis and deformation of bones to all the users. Excess fluoride in water also affects plants and animals⁴. The major health problems which can take place by consumption of more than permissible fluoride are as follows⁵:

- 1) aches and pain in the joints, i.e. neck, back, hip, shoulder and knee without visible signs of fluid accumulation
- 2) non-ulcer dyspepsia such as nausea, vomiting, pain in the stomach, bloated feeling or gas formation in the stomach, constipation followed by diarrhea
- 3) Polyuria (frequent urination) and polydipsia (excessive thirst)
- 4) Muscle weakness, fatigue, anaemia with low haemoglobin level
- 5) Complaints of repeated abortions/still birth
- 6) Complaints of male infertility with abnormality in sperm morphology, oligospermia (spermatozoa deficiency in the semen), azospermia (spermatozoa absence in the semen) and low testosterone levels.

³ Ministry of water resources, <http://wrmin.nic.in/writereaddata/linkimages/flouride13322666886.pdf>

⁴ Journal of Environmental Biology, Mukul Bishnoi and Shalu Arora, 2007

⁵ <http://education.vsnl.com/fluorosis/publication.html>

It is observed during the survey and reported by participants that there are people in village suffering from joint aches, dental problems and even cancer related problem. The numbers are high in Bhiwadi village which is surrounded by factories.

5.3.1 Village specific findings:

Village 1: Gindokhar

The data shows that 48.9% of the population gets potable drinking water from tankers. Apart from this, 37.1% of the households fetch water from community taps and there is only 10 community taps available in the village for the population of more than 2,500 people. As cited above, clean and safe water for drinking is not available in the villages as they have fluoride content more than permissible limit which. It is also observed that no measure have been taken to treat the water at home. The water supplied by the Government is either irregular in nature or insufficient for the whole village, reported by key participants. Some of the women travel a distance of 400-600 meters to collect water for drinking by carrying the containers of 25 to 30 litres on their head which, in long run, becomes the reason of several body related diseases. The villagers also reported that tanker water costs them Rs. 2-3 per bucket which increase their daily household expenses and also the water is not either treated or filtered.

Village 2: Sulkha

The data shows that the village has multiple options available to fetch water for drinking and other household purposes. But still water quality remains a significant challenge in this village. The two main sources for fetching water are community tap used by 37.2% and community open well by 32.6% and as per the respondents both sources have fluoride content present in them. The diseases such as joint aches, vomiting, etc. are reported by the respondents to the research team because of impurity present in water. The one major reason behind these diseases is water with high fluoride content and other chemical present in the water used for drinking.

Village 3: Mustfapur

As per the data, 45.1% of the population has their own private taps. The water source for these private taps is underground water and the underground water is contaminated with fluoride. The secondary data also reveals presence of fluoride is more than permissible limit in water. Another main source of drinking water is community hand pumps which is used by 22.5% of the people. There is a need to generate awareness among people about the treatment of water in the household as many of the people have private taps.

Village 4: Daliyaki

People of the village are aware about the fact that ground water is not safe for drinking but still 63.9% of the population fetch water from open well for household purposes and those who are economically good have installed submersibles in their house to fetch the water. The villagers have also reported about the joint pains, cardio vascular diseases and the same has been observed in the field and mostly old age people are found to have these diseases. Therefore, it becomes important to provide the village with safe and clean drinking water. The village Panchayat has also shown their interest in providing assistance if required by the implementing agency.

Village 5: Bhiwadi

The village is small and surrounded by the factories which mainly deal in petro chemical products. As per the villagers, the sample of water has been taken and it is found that ground water is not safe for drinking. Still, 89.1% of the population has their own hand pumps to fetch water for drinking and other household purposes. There is no household with government tap connections. There are 16.4% people in the village who are dependent on their neighbour's water source to avail the drinking water facility. There is no treatment plant to treat and provide potable water which is a major concern.

Village 6: Paragura

The data shows that 72.6% of the household avails water from chamber for household purposes. The issue of fluoride presence in the water is reported by the respondents even in the chamber water which is supplied by the government. Apart from this, 37.1% of population fetches water from community hand pump and secondary data shows that ground water has fluoride content which is above permissible limit. It is also observed that few of the financially sound households have RO systems installed to filter water at their home but most of households do not have access to this facility. There is no community facility also available to the people by which they can get filtered water for drinking.

Village 7: Jatuwas

This is the nearest village from the district Rewari, where 73.8% of the population fetches water from community hand pumps for the drinking and household purposes and 58.5% fetches from community open well. The villagers are aware about the quality of water. In the village, it is also observed that few of the hand pumps installed by government are now out of order or not used by villagers as the water coming out from them is rusty and highly contaminated with substances such as fluoride and other

chemicals. The taste of the water changes completely is also reported by the respondents. The village Panchayat has also shown their interest in providing assistance if required by the implementing agency.

INTERVENTIONS:

Water is one of the very basic amenities which should be available to all the people irrespective of caste, creed, class, etc. Potable water is still a challenge for rural India as there are places where people have to walk miles to fetch potable water. Rewari can be seen as an example where potable water is not available as the fluoride content is reported to be much higher than the permissible limit. As reported, multiple resources are mentioned by the respondents to fetch water out of which hand pumps are accessed by almost every household. Other sources like private taps and community taps are also available which are attached with submersible pumps hence fetching ground water with fluoride content. The harmful effects of water with more than permissible fluoride content is already detailed out in the above part and the solution needs to be formulated here.

Overhead tanks and RO Water Purifying System:

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.

The Nalgonda Technique:

To solve it at mass level, community as well as individual solution needs to be formulated for the problem. Nalgonda technique can be used in similar way here to treat water and to make it potable. Nalgonda technique involves the use of two basic chemicals, namely, lime and alum followed by flocculation, sedimentation and filtration. The unit for both the chemicals needs to be finalized after knowing the actual level of fluoride content in water. Two buckets with taps and a sieve with a cotton cloth are needed for de-fluoridation. As suggested, contents of alum and lime will be decided as per the fluoride content in the ground water and will be added to the raw water bucket, and dissolved by stirring with a wooden ladle. The villagers should be trained to stir fast. The flocs formed should be left to settle. The water can be passed through a sieve into another bucket and both the containers should be plastic buckets of 20 litres capacity with covers and a tap 5cm above the bottom. The treated water can be stored

in bucket which can be used for drinking and cooking. The whole experiment should involve the villagers as conducted in Nalgonda which will help villagers in adopting the same exercise at individual levels.

To spread it at village level, a community can be established from the villagers to educate and aware people to use the technique at household level.

Few steps are also requires to be taken care while implementing:

1. The awareness related to water conservation needs to be created in all the villages so that misuse and wastage of purified water can be reduced.
2. Community participation also needs to be ensured, by handing over the complete responsibility of its maintenance to the community.
3. RO systems will be installed as per the population of village. As it varies from 400 to 6000 people from village to village.

5.4 Priority 2: Livelihood – Long Term Intervention

Livelihood is one of the most important areas to establish the sustainability in a family. All the other aspects such as education, health, etc. are attached to it as people get the money from livelihood sources and money is required for accessing any and every service in today's world. All the villages are close to Rewari city where opportunities for employment are available for the skilled workers as there are approximately 56 large and medium scale industrial units and more than 2250 small scale industries and rural industries⁶. In all the surveyed villages, it is found that youth are engaged in non-agricultural labour and other unskilled or semi-skilled labour works and female youth of the villages remain in the house to do the domestic and other related chores. The education in the village is always remain questionable because of several reasons like motivation, encouragement from the families, financial position of the families, awareness, secondary status to women, expectation of support from male child in agricultural work, etc. keeps education as a secondary choices. Because of low level of education and dropout cases from formal education, these youth find themselves without direction and skills to capture any job leads to unemployment. It is also analysed that most of the male students dropout from formal education to support their families financially and in case of girls, it is households chores.

⁶ (<http://rewari.nic.in/ind2.htm>) (Bihari, 2011)

5.4.1 Village specific findings:

Village 1: Gindokhar

As per the data, only 7.5% villagers are engaged in salaried employment and 6.5% are engaged in farming for their livelihoods. However, 36% of the population, which includes elderly and housewives also, is not engaged in any income generation activities and dependent on other members of the family. It is observed that women of the village remains busy in doing the household chores and indirectly involved in agriculture work, if family has agricultural land. The same came out from the data as 33.9% of the women above 18 years are housewives and remain busy with household chores whole of the day. The women due to cultural and gender barriers are not allowed to go out of the village for the job. Therefore, there is a need to create some livelihood options in the village itself for such women who wants to work and to become one of the earning hands of the family. The unemployed and/or unskilled youth of the village can be identified and trained in industrial trainings which are in demand in the nearby industries. It will solve the problem of unemployment and provide skills to this youth population.

Village 2: Sulkha

The village has the same issues like Gindokhar. As per the data, 37.1% of the people are not engaged in any income generation activity and completely dependent on others' income. The women are also restricted by traditional and cultural barriers and not allowed to be engaged in livelihood options. Nobody reported to receive any kind of vocational training which makes them skilled and capable of finding skilled jobs in the nearby industries.

Village 3: Mustfapur

It is observed that majority of the youth of the village is jobless as they do not have adequate skills set required for securing a job in the nearby industries. In all the surveyed villages, it is noticed that no one has received any vocational training. People are not aware about the importance of vocational courses. Therefore, to increase the employability amongst the villagers, there is a need to provide vocational/skill training to the youth of the village efforts need to be made by the implementing agency to work with women to make them empowered by providing means of livelihood to them. The data shows that 31.5% of the women are housewives and remain busy with household chores.

Village 4: Daliyaki

In this village, 39% of the people are not engaged in any income generation activity as they are not able to find the job and not aware about the jobs. Whenever there is a job than their educational qualification

do not match up with the requirements of the job. The villagers are unable to find the job because they are not skilled which comes out as a major reason. The social barriers restrict women to go out and look for a job; therefore it becomes important to create some livelihood option for them in the village itself.

Village 5: Bhiwadi

The weak financial conditions of most of the villagers come out to be the major reason of dropouts in the village. As per the data, 14.2% students quit their studies to work and support their families financially. Due to dropout from the schools, they start working as unskilled labour with contractors which always becomes a restricting factor of their growth. Therefore, it becomes important to provide vocational training to these dropout students who generally have weak financial backgrounds. There are countable people in the village who are presently pursuing their bachelor's degree. The data also shows that 44.5% of the people are not engaged in any kind of the income generation activity.

Village 6: Paragura

To increase the employability for the people of the village there is a need to make them skilled and educated. Though the village's literacy level is 77% but few people have pursued higher education. They quit their studies mostly after senior secondary school or dropout during first few months from college. Around 37% of the population is dependent on others' income. As people are not highly educated and unskilled, they are not able to secure jobs in the nearby industries. Therefore, it becomes important to make the people skilled and provide them with livelihood.

Village 7: Jatuwas

The women of the village are mainly engaged in household chores as per the data and observation during data collection. Even the young girls who have ambitions for higher education and become an earning hand for their families or to raise their social status also observed to engage in household chores due to social and cultural barriers. The status of the women is still secondary in the village. Around 40% of the people are not engaged in any income generation activity out of which 28.2% are housewives.

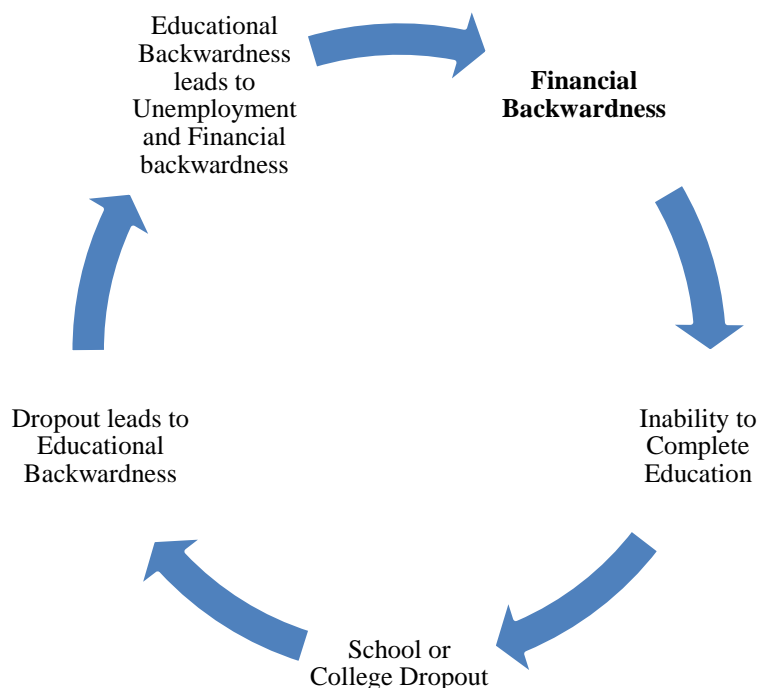
INTERVENTIONS

Education & Livelihood: A Vicious Cycle of Financial Backwardness

The main problem of livelihood in the surveyed villages is due to low level of education among youth which creates the problem for them in securing a job in the available industrial hub as they do not have education/degree or any skill to become skilled labourer. Skill labour is in great demand in all the industries in today's time. The attraction towards skill or vocational training is much higher than degree

courses as youth is focused on securing a job rather than taking degrees. This is also true, majorly in case of rural areas where financial constraints become a major hurdle in accessing and affording education. Availability is also one of the major issues as the premier institutions are not available near to these villages and students have to leave their homes and go far away to study in that. This is the main reason of keeping skill education above than degree. However, skill training and vocational training are also not available to these youth staying in villages and wherever available, the quality is of questionable standards. Financial backwardness is thus not only the cause to continue education, but also a consequence of incomplete education and dropouts. This is one vicious circle of maintaining a status quo with the poor remaining to be in poverty and generations getting thereby affected by this.'

Vicious Cycle of Financial Backwardness⁷



Vocation Training for Skill Building of Rural Youth

The demand of skill workers is increasing day by day and Rewari town has ample opportunities to provide to the skilled youth. An agency specialized in vocational/skill training can be hired to provide skills to these youth which can help them in securing jobs. The programme can be divided into two parts,

⁷Adapted from the Thesis Presentation of Research on 'Crisis of Muslim Education: A Study of Dropouts and Alternate Trajectories' by Avadh Bihari, 2011 at TISS, Mumbai, India

i.e., skill training and life skills which can also be called as civic skills. Skill training part can focus on making them skilful in one trade by which they can acquire job in an industry or any other place. Life skills are necessary to make them one responsible human being. Many times it is seen that those who have left education or did not get quality education lack in life skills. The meaning of discipline, community service, self-service are some of the major areas which need serious attention to make a person social and responsible human being. Both of these parts need to be equally focused during the training which will be a complete package. The training part should be worked out as following:

1. Implementing agency should create awareness at community level as well as household level about the importance and advantages of skill training.
2. This should be followed by a community meeting at the implementing agency office/common place in village attended by youth and their parents. This meeting should give the detailed idea about the skill training programme to the youth as well as the parents with all the details like duration, benefits, job placement, etc.
3. Type of skills should be decided by the implementing agency and funding organization after understanding the market requirements. After shortlisting 4-5 trades, these skills should be offered to the prospective beneficiaries and selection should be based on their basic knowledge, capability and interest.
4. The training should be rigorous with equal importance to practical classes. A certificate of skill acquired should be given to the trainee immediately after the training.

The training should be made available to all the beneficiaries with a marginal fee which will help the trainees in understanding the importance of the training for which they are paying. A monthly stipend can be provided to all the trainees, which needs to be decided by the company as per the budget. The study material related to the training should be provided before starting the course or in the very first class. Implementing agency should also be directed to give job placements to all the trainees. A minimum percentage of job placements should be decided by the company and implementing agency which will work as a milestone. All the nearby agencies can be contacted and according to their immediate requirements, training can be provided to the bunch of youth.

For the female youth, due to the security and other cultural and societal restrictions, training classes of tailoring, embroidery, soft toy making, beautician, household articles, stationery, gift articles courses (*suggestive options, not exhaustive*) can be started in the village itself, in the Aaganwadis and other community places which can be suggested by the community people also. There should be only 2 or 3

persons enrolled from each village in each suggested course. The reason for enrolling 2 or 3 females in each of the course is that with this they can find the market in the village itself. Further, after completion of the courses, the material and machinery which is required to start the self-employment ventures can be supported by the company.

5.5 Priority 3: Waste Disposal Systems: Drainage & Garbage – Medium Term Intervention

Lack of drainage/ sewerage system is the one of the main problems reported by the participants of the villages. The waste water from households do not exit from the village due to the absence of drains and get logged and remain stagnated in the main internal roads of the villages. The water stagnation is also a home for mosquito breeding. Due to such unhygienic conditions, the villagers are prone to several diseases like cholera, malaria, typhoid, jaundice and other water borne diseases. This clogging of water also affects the roads whenever constructed as water clogging weakens the roads. During the monsoon season, people face problem even in commuting according to their daily routine because of water stagnation.

The drainage and garbage disposal systems are interlinked and affect each other. It is observed in all the villages that waste dumping is also a reason for the unhealthy environment in all the villages. People throw the garbage in any open space available near to the households as there are no facilities available to dispose the garbage. Further, the garbage is spread by the stray animals at the main roads which also become a reason for the water stagnation in all the villages. In none of the villages were any dustbins found to be installed by Panchayat or any other body.

5.5.1 Village specific findings:

Village 1: Gindokhar

The village Panchayat has constructed small drainage lines but due to lack of maintenance and proper cleaning, water remains stagnated in these lines. It is also noticed that these drainage lines are not in satisfactory condition and are not constructed in the whole village. The data also shows that 61.3% of the population considers water stagnation as a problem of sullage nuisance because of which several diseases like malaria, dengue, etc. take place. There is an urgent need to renovate the drainage line of the village to reduce the water stagnation in the main internal roads of the village. The cleaning of these lines is also required.

Village 2: Sulkha

The drainage lines in the whole village are not in a satisfactory condition which leads to water logging issues, especially in front of the Government primary school's gate. Due to the stagnation of the sewage water, mosquitoes and other health problems are on the rise in the village. As per the respondents, few cases of malaria and dengue are reported in the last 2 or 3 months in the village. Lack of proper cleaning of the drain lines is also observed in the village. The maintenance of sewer lines needs to be taken care of with the support of the Panchayat. Apart from this, garbage on the sides of roads can be seen as it is observed that there is no dustbin or garbage dumping zone is available.

Village 3: Mustfapur

The drain lines have been constructed but not in the whole village. It is observed that due to the absence of the proper drainage system at few of the places, water remains stagnated on the roads, especially on the outer road of the village also called as *firni*. Due to such unhygienic conditions, these areas of village are prone to several diseases like cholera, malaria, typhoid, jaundice etc. There is a requirement for construction of drainage system to drain out the waste water from the village. Not even a single dustbin is placed by Panchayat in the village because of which the solid waste is thrown away by the households on roads or any available place which makes the surrounding unhygienic.

Village 4: Daliyaki

The village Panchayat has constructed drainage lines but it is observed that these drainage lines ends up at the end of the street and at that point water remains stagnated and keeps on stinking all the time and during over flow water comes out on the streets. The lines are not covered and due to stagnation of dirty water, it is becoming the home for several insects which can harm humans. It is also observed that no dustbins have placed at anywhere in the village and people throw their waste in open space which becomes home for flies.

Village 5: Bhiwadi

The condition of the village is vulnerable in comparison to other surveyed village. The internal roads are not pucca. The drainage lines are completely unavailable in this village. A main street which also leads towards the government primary school always remain flooded with waste water. It causes inconvenience to the villagers and especially to the school going children. Not even a single dustbin is found in the village where villagers can throw their garbage.

Village 6: Paragpura

It is found that there is no dustbin placed anywhere in the village. People of the village throw their garbage in the open spaces. The drain lines are also constructed in the village but only a few of the places its absence is marked. The renovation at some of the places of already constructed drain line is also required so that sewer water does not come out of it and gets clogged in the middle of the streets.

Village 7: Jatuwas

The village has the same problems as of others. However in this village, the drain lines have been constructed in some of the streets of the village. It has been observed that that the drain lines which are constructed by the Panchayat are also in deplorable condition and need maintenance. In few of the places where drain lines are not constructed, the waste water from households clogged in front of the houses. The condition becomes pathetic during rains as reported by the villagers. There is no dustbin placed anywhere in the village. The waste disposed in open spaces where stray animals such as cow, ox, etc. keep on coming and cause problems to the ongoing vehicles and peoples which may sometime can be a cause for accidents.

INTERVENTION: DRAINAGE SYSTEM

It is important to note that lack of proper waste disposal systems leads to hazardous living conditions for the people. There is a requirement for **construction of drainage system** to drain out the sewer from the villages. In some of the villages drainage lines are already constructed but due to lack of proper cleaning and maintenance they are in appalling conditions and require renovation. The open drainage lines need to be covered completely so they do not spread diseases and outside waste is not dumped and clogged inside the drains. This will partially address the issue of manual scavenging by lower (dalit) castes only as well. Once the drain lines are constructed, it would be the responsibility of the Panchayats in their respective villages to ensure the proper **cleaning and maintenance** of the drainage lines. Before construction of these drainage lines, Panchayat should be informed that the maintenance of drainage lines will be the responsibility of the Panchayat with all required equipment provided by the company, and on that condition the drains will be constructed which will be monitored by the implementing agency and company. The company needs to monitor whether all the proper safety precautions are taken while cleaning. Panchayat will also collect a very nominal fee from all the households to use these drains. Also, the awareness programmes to generate the awareness regarding the diseases spread by water stagnation and other harmful effects caused due to water clogging in the surroundings will be conducted which will help people in understanding the importance of proper channels of disposing different types of wastes.

Apart from this, insect vectors represent the largest group of disease transmitting agents. In most cases and for the most widespread diseases, mosquitoes are the main vectors. Among a wide range of vector-borne diseases, two diseases, namely, malaria and lymphatic filariasis stand out as serious health hazards in the context of poor drainage. Therefore, spraying of insecticides should be done after regular intervals; especially in monsoons as there is high risk of water borne diseases during that season because of water stagnation at most of the villages.

INTERVENTION: WASTE MANAGEMENT

Proper disposal of solid waste is important for overall health as well as avoiding water stagnation and water clogging of streets and drains due to waste thrown in the drains. A committee can be set up with the help of Panchayat and villagers which can work for maintaining and monitoring cleanliness and hygiene in the village. There are committees already available in the villages but rarely do they function because of multiple reasons. Only after awareness creation, motivation and behaviour modification can the intervention move towards expecting villagers to dispose waste in a dustbin daily. School children, aanganwadi, mothers can be the first target groups to educate all.

Dustbins can be placed in the villages so that the garbage can be collected at one place. And after a week or ten days a truck can collect all the garbage from the dustbins and can dump it at a designated place out from the villages. While placing dustbins, awareness is also required in the villagers so that they can understand the need and importance of dustbins and how the use of dustbins will increase the hygiene. Other general practices related to health and hygiene can also be taken into consideration to make the villagers aware of daily practices to maintain good health and hygiene. Cleanliness drive can be initiated by the implementing agency along with the Panchayat whereby they will volunteer to clean their village on one day of the week so as to understand the importance of good sanitation practices as well as become sensitive towards the issues of caste-based professions of cleaners/ sweepers. Wall paintings, street plays, group discussions, etc. can be used by the implementing agency to affect the behaviour of villagers in a positive direction.

In both the interventions for alleviating the sullage nuisance issues in the villages, the company needs to provide adequate material like brooms, buckets, containers, disinfectant powder and sprays, gloves, rubber gum boots, masks, head cover, etc. for cleaning and maintenance to the Panchayat. Trucks to carry out the garbage from all the villages, small and large dustbins are also requirements that need to be considered by the company for success of the intervention. These safety gear and equipment also ensure

safety and healthcare of the cleaners in the occasion of any water clogging in the drainage lines and clearing the waste disposal bins from common places on a regular basis.

5.6 Priority 4: Street Lights – Short Term Intervention

The absence of street light is reported by the villagers as well as observed by the data collection team. There are no street light available at the major points of commuting. People face problem in commuting after sunset and girls and women are restricted to homes after sunset to avoid any mishaps. It is also difficult to walk and drive bicycles, motor cycles when there is no street light. Also the roads are damaged which increases the problem of walking and driving. Also the incidents of theft have increased in the villages, reported by the villagers. Absence of street lights is working in favour of thieves who get good chances to do their work.

Solar Street light is one option which can work to solve this problem. These street lights can be fixed at all the major points which will make commuting easy for all villagers and the problem related to theft etc. will also reduce considerably.

5.7 VILLAGE SPECIFIC PROBLEMS AND INTERVENTIONS

PRIORITY 5:

- **Village Names: DALIYAKI, BHIWADI**

Health care facilities – Medium term intervention

Daliyaki: There is no health care institution available in this village. As per the data, 55.7% of the sampled population seeks primary health care treatment from local doctors (RMPs) which, in long term, are risky as they are unqualified and do not have any license to practise any medicine. Also only 34.4% of the population primarily seeks treatment from private clinics which is located within 5 Km from the village.

Bhiwadi: In this village also there is no government or private health care institution, therefore 76.4% are found to be accessing local doctors (RMPs) as primary mode of treatment and the same percentage has reported to access the private clinics in last one year. Data also shows that few households accessed hospitals, that too, when the ailment is serious or they left with no other option.

Intervention:

Healthcare Clinic:

In these two villages, a clinic can be started in the villages where medicines and check up by a MBBS doctor will be provided to the people. An MBBS doctor can visit twice or thrice a week in these clinics and at least for 3 hours. If the strength of patients increases then the timings of doctor can be extended as per the convenience. Further, with the help of community people, space for starting clinic can be found in the villages itself. To understand the effectiveness of the service, a health card of the patient visiting first time can be made and nominal fees can be charged from them. This will also keep the track of the common diseases in the village. The nominal charges can also be made for medicines. The nominal charges will help people in understanding the importance of the services as the free services are considered to be poor.

Referral Services:

Moreover, the implementing agency can partner and tie-up with nearest multi-specialty hospitals like public and private hospitals in the block that would act as referrals for the villagers. The treatment, tests, medication would be sponsored by the company free of cost depending upon the economic situation of the patients. The clinic doctor would then write a referral note for the patients who have major illnesses, need pathology, X-ray, MRI, etc., tests, longer treatment and care. Cases of cancer are found in substantial numbers in the village Bhiwadi in Rewari and this kind of a referral service with sponsored treatment would address the inability of the villagers to spend huge amounts on their healthcare.

Health Cards:

In the event of quality and low cost healthcare services for the villagers, a facility of health cards can be initiated which would act as an additional help in cases of emergency. The health card can define which kind of illnesses and maximum amount of spending in parts of fully. The card can be used on hospitalization of treatment at a hospital or health facility, for which the implementing agency would partner with them along with the referral services.

➤ **Village Name: MUSTAFAPUR**

Recreational – Short term intervention

There is no playground in the village. It is informed by the locals that there are players from the village who are playing in the state hockey, basketball and volleyball teams. It is also observed that students are very enthusiastic in sports and looking for a bright career in this field. Therefore a playground in the

village is required so that the youth and students who are interested in sports can develop their competencies and skills in playing. A coach can be made available by the company to raise the sports spirit. The land for the playground may be provided by the village Panchayat which can be developed by the company under the promotion of sports activities. Apart from this, the flooring of the basketball court is also required in the school. The school administration lacks funds for constructing it.

PRIORITY 6: Sanitation and Behaviour Modification – Medium term intervention

➤ Village Names: SULKHA, BHIWADI, DALIYAKI, PRAGPURA, JATUWAS

It is observed as well as reflected by the data that open air defecation is practiced in the 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 mainly practiced by those who belong to difficult financial backgrounds as they face difficulty in affording private toilets at household level. Children of these households can be seen defecating in the household area which also creates the breeding grounds for mosquitoes leading to diseases like malaria and dengue fever. Women of these houses have to defecate in lonely places around the villages that too before the sunrise or after sunset as they do not go in the day time as defecating in open is not considered a good practice culturally by these people. Because of this, women are forced to control the pressure throughout the day and face several problems like indigestion, stomach ache, etc. Sanitation means access to - and the use of functional - toilets or latrines that ensure privacy and dignity and are backed by sustained and collective hygiene behaviour change of the entire community, contributing to a healthy living environment for all.

Village specific findings:

Village 1: Sulkha

It is observed by field researchers that due to difficult financial background, few of the villagers have not constructed any kind of toilet in their house, even many households that do own a working latrine continue to defecate in the open. The data shows 22.1% practice open defecation as they do not have any toilet facility. People who are young and healthy often report preferring to go in the fields or the jungle — in part because of the widespread belief that open defecation is good for health, and that using a latrine is unpleasant or disgusting. There is a need to conduct behaviour modification sessions for people and also individual toilets are required to construct so that the practice of open defecation can be changed.

Village 2: Bhiwadi

As per the data, 47.3% of the people defecate in open as they do not have any toilet facility. The percentage of open defecation is higher than other surveyed villages. Only 14.5% of the people have flush toilets and it is observed that flush toilets are only constructed by financially sound households. Due to the poor financial conditions people are also not able to construct the private toilets. The children of such households can be seen defecating near the household which also become a problem for sullage nuisance. The behaviour towards sanitation and using latrines to defecate also needs to be modified in order to eliminate open defecation.

Village 3: Daliyaki

The behaviour toward sanitation observed same as cited in above two villages. The data shows that 31.1% households have flush toilet facility but still 36.1% of the households use to defecate in open as they do not have any toilet facility available in their household premises. Inadequate facility of water in the households is also one of the reasons to give preference to open defecation. As per the data, only 34.4% households have their own private tap and majority of households (63.9%) access water from community open well. The practice of defecation can be reduced if villagers have the awareness related to the consequences of defecating in open and the benefits of using toilets. The construction of toilets is also required to those families who belongs to difficult financial background and are not able to construct toilets by their own.

Village 4: Paragpura

The open defecation is prevailed in village as 35.5% households do not have any toilet facility available. The people of the village have widespread belief that open defecation is good for health, and that use of toilets is unpleasant or disgusting. It is observed by the researchers that in many households, only children, the old, and the weak or sick, for whom it is difficult to walk far from the house, use toilets. Only few households use them to protect the modesty of young women or for the convenience of people who have to get ready quickly in the morning for a job outside the village. Before constructing private toilets in the village it is required to modify the behaviour of the people towards the use of toilets so that open defecation can be reduced.

Village 5: Jatuwas

As per the data, 30.8% of the households do not have any toilet facilities and they defecate in open. The women of these households face lots of problems as they have to defecate in lonely places around the

villages that too before the sunrise or after sunset as they do not go in the day time as defecating in open is not considered a good practice culturally by these people. Because of this, women are forced to control the pressure throughout the day and face several problems like indigestion, stomach ache, etc. It is also observed that people who have some kind of toilet facility at their home also practice open defecation because of the belief that open defecation is good for health, and use of toilets is unpleasant or disgusting even they feel it unhygienic or found it difficult to defecate at there. It clearly signifies that construction of private toilets is required those who have poor financial conditions and do not afford the construction of toilet and behaviour modification towards sanitation and use of toilets is also required.

Intervention: For a sustainable and permanent solution to the problem, there is a need to conduct behaviour modification sessions for people to gradually improve or to understand the importance of sanitation and hygiene. The behaviour modification should be strategic and focused to grab the optimum response from the community. Women, girls and children should be focused as they are more motivated than man and can change the lifestyle of whole household. Girls should be targeted and training should be provided to them to train other fellow partners and villagers. Aanganwadi workers and ASHA workers can be contacted to take their help in reaching out the community. Wall painting related to hygienic practices, toilet use and related messages should be painted at several common places. Once the attitude of the villagers sees some change, private individual flush toilets can be constructed along with underground septic tank in the household area in the households without toilet or pit toilet facilities. The households without toilet facility need to be identified by the implementing agency with the help of village Panchayat, ASHA and Aanganwadi worker. The use of toilet should also be taught to people with the practice of maintaining it. Importance of hand wash after toilet use should be taught to the villagers.

PRIORITY 7: Infrastructure– Short term intervention

➤ **Village Names: SULKHA, BHIWADI, DALIYAKI, PARAGPURA, JATUWAS**

The internal roads of the villages are in deplorable condition. They are kuccha, muddy and damaged which causes the problem 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 water and durability of the road.

➤ **Village Names: DALIYAKI, BHIWADI**

Infrastructure – Short term intervention

The road ways towards the graveyard/cremation ground in both of the villages need to be constructed. During the rainy season water logging becomes a major issue and a lot of problems are faced by the villagers in order to reach that area as reported by most of the participants from both the villages. Therefore, a short term intervention can be made by constructing a PCC road with drains alongside in both the villages which leads to the cremation ground so that the problem can be solved.

PRIORITY 8: Veterinary Facility – Short term facility

➤ **Village Names: DALIYAKI, GINDOKHAR, PARAGPURA**

Most of the villagers have cattle at their homes but there is no veterinary clinic in the villages to take care of the animals when they fall sick. A veterinary clinic is available in **Gindokhar** but remains close due to the unavailability of the veterinary health personnel. The people of **Daliyaki** and **Paragpura** have to travel the distance of 4 to 5 Km to access the services of veterinary clinic. And it is reported that the health personnel in these clinics visit few days in a week but not regularly. Due to the unavailability of the veterinary doctor, villagers mostly overlook the diseases of the cattle/ animals. This is resulting in the increase of the death toll of cattle/ animals.

Intervention: For the welfare of the animals/cattle, company can organise health check-up camps for animals, twice or thrice in a month to assure better health of the cattle/ animals in the village. The medicines can be provided free of cost. Before conducting such camps, initial mobilisation should be taken into consideration to take villager's view and increase their awareness.

PRIORITY 9: Education – Long term intervention

➤ **Village Name: Bhiwadi**

Due to difficult financial background of the families in the village, the dropout rates are very high. During the analysis of data it is noticed that after completion of the senior secondary education, the dropout rate is very high. As few of the sampled population found to be pursuing bachelor degree or other diploma/ professional degrees but majority of the population is dropping out and one of the main reasons quoted by the majority is financial backwardness. Financial backwardness affects all the aspects of life positively as well as negatively.

Intervention: Education is one of the main aspects of the human life and without education one cannot think of a bright future. In today's world where competition is very high, merely with higher secondary

education it becomes very difficult to find a decent job with earning to bear daily expenditures of life. In this village, weak financial conditions of the families are pushing their children to quit studies after 10th or 12th standard and become an earning hand to support the family which is resulting in the high dropout rates in the village. The problem in education system also makes a student doubly marginalized as school does not give any skill oriented education to the students and after completing 10th or 12th class, a student get a job of unskilled labour. To attain skills, one has to attend special courses in polytechnics or ITIs which is an investment of 2 years. Investing this much time is impossible for the majority of the students as they have dropped out from formal education to support the families financially. As to find a job is very difficult with only school higher secondary education, it is observed that most of the youth end up with low pay jobs or do not get any job as per their requirements.

On being probing, it is figured out that, most of them want to continue their studies. Therefore, to overcome this problem, company can identify and help these dropouts. Firstly, the identification of these dropouts is required. Once they are identified and those found interested in further studies can be provide with **full education scholarships** so that they can take admissions in colleges/ITIs/polytechnics for higher education and ensure there bright future ahead. Apart from scholarships, the students who have to travel outside the villages for secondary and college/ diploma education can be provided with **transport facility** like bicycles, buses, depending upon the distance. Also **study material** can be provided like textbooks, notebooks, stationery, bag, uniform, etc. which will take the burden of additional expenditure off the shoulders of the families. Many-a-times the lack of transport and expenses of study material, uniform etc. becomes a burden for the economically weaker families and a hindrance in continuing the education. **Remedial/ tutorial classes** with innovative teaching and learning approaches like visual methods, activities, charts, presentations, theatre can be used to boost those willing and interested students. These can be held after or before school hours in the premises of the government school in the village from a younger to older age group. This will ensure that dropouts are curtailed at a young age. Additionally, **career guidance cell** can be established for students approaching 10th and 12th needs to be given so that they can choose the right path of their choice and make an informed decision at an early stage. The involvement of parents/ guardians along with the students, group counselling and individual counselling sessions will also help the students to continue education. This will inculcate the importance and benefits of a sound and continued education and degree in today's times in the minds of the parents and students as well as towards girl education.

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: _____
<u>Informant name</u>	<u>Informant status</u>	<u>Status Code</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Date of completion of interview (DD/MM/YY): / /		

P: Population, Land and Water

Qn.	QUESTIONS AND FILTERS	CODING CATEGORIES																								
P01	WRITE YEAR OF ENUMERATION AND RECORD HOUSEHOLDS AND POPULATION OF THE VILLAGE (CODE 0000 UNDER YEAR IF NO ENUMERATION)	YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> HOUSEHOLDS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> POPULATION..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																								
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> IRRIGATED.....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NON-IRRIGATED.....3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> GRAZING.....4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> FOREST.....5 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WASTELAND.....6 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																								
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:	FLOOD PRONENESS.....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ALKALINITY.....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WATER LOGGING.....3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> SOIL EROSION.....4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DROUGHT PRONENESS.....5 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																								

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	<ol style="list-style-type: none"> 1. FLOOD PRONENESS – CAN BE EASILY AFFECTED BY FLOODS IN RIVER NEARBY 2. ALKALINITY – OR CLAY SOIL, THAT IS HIGH IN ALKALINE, LOW INFILTRATION CAPACITY CAUSING RAIN WATER TO EASILY 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	<p>What are the various sources of irrigation in the village? (NOTE: WITH OR WITHOUT MOTOR) (ASK FOR ALL SOURCES)</p>	<p>TANK/POND.....A STREAM/RIVER.....B CANAL.....C OPEN WELL.....D TUBE WELL.....E OTHER.....F NONE.....X</p>
P06	<p>What are the various sources of water for the use of households in the village? Rank them in order of importance?</p>	<p>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</p>
P07	<p>Number of public/common tap water posts and number of households with individual tap connections by the Government.</p>	<p>PUBLIC/COMMON TAP POINTS... <input type="text"/><input type="text"/> HH TAP CONNECTIONS..... <input type="text"/><input type="text"/><input type="text"/></p>

Q: Livestock, Crops and Livelihoods

Qn.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKP																																																																
Q01	<p>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?</p>	<p><u>CROP NAME</u> <u>CODE</u><u>LAND</u> <u>AREA</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="width: 5%; text-align: center;"><input type="text"/></td> <td style="width: 5%; text-align: center;"><input type="text"/></td> <td style="width: 5%; text-align: center;"><input type="text"/></td> <td style="width: 5%; text-align: center;"><input type="text"/></td> <td style="width: 5%; text-align: center;"><input type="text"/></td> <td style="width: 5%; text-align: center;"><input type="text"/></td> <td style="width: 5%; text-align: center;"><input type="text"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td 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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)	<table border="1"> <thead> <tr> <th>CODE</th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>FIREWOOD1</td> <td>A</td> <td>B</td> <td>C</td> </tr> <tr> <td>FRUIT/NUTS/LEAVES/...2</td> <td>A</td> <td>B</td> <td>C</td> </tr> <tr> <td>HUNTING3</td> <td>A</td> <td>B</td> <td>C</td> </tr> <tr> <td>CULTIVATION.....4</td> <td>A</td> <td>B</td> <td>C</td> </tr> <tr> <td>COAL COLLECTION.....5</td> <td>A</td> <td>B</td> <td>C</td> </tr> <tr> <td>OTHER.....6</td> <td>A</td> <td>B</td> <td>C</td> </tr> </tbody> </table>	CODE	YES	NO	NA	FIREWOOD1	A	B	C	FRUIT/NUTS/LEAVES/...2	A	B	C	HUNTING3	A	B	C	CULTIVATION.....4	A	B	C	COAL COLLECTION.....5	A	B	C	OTHER.....6	A	B	C	
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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..... <input type="text"/> <input type="text"/>																													

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)	<p style="text-align: center;"><u>Religion HHs</u></p> HINDU.....1 <input type="text"/> <input type="text"/> MUSLIM.....2 <input type="text"/> <input type="text"/> CHRISTIAN.....3 <input type="text"/> <input type="text"/> BUDDHIST.....4 <input type="text"/> <input type="text"/> SIKH.....5 <input type="text"/> <input type="text"/> JAIN.....6 <input type="text"/> <input type="text"/> OTHER.....7 <input type="text"/> <input type="text"/>	

Baseline Survey Report Phase II: **Rewari, Haryana**

R02	<p>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)</p>	<table border="1"> <thead> <tr> <th><u>Caste/Tribe</u></th> <th><u>CATG.</u></th> <th colspan="2"><u>Code</u></th> <th colspan="2"><u>HHs</u></th> </tr> </thead> <tbody> <tr> <td>1 _____</td> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2 _____</td> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3 _____</td> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>4 _____</td> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>5 _____</td> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>6 ALL OTHERS.....</td> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	<u>Caste/Tribe</u>	<u>CATG.</u>	<u>Code</u>		<u>HHs</u>		1 _____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 _____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 _____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4 _____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 _____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6 ALL OTHERS.....		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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R03	<p>Recreation/Common facilities available in the village such as playground, Samaaj Mandir, gymnasium (vyayamshala), conference hall etc. (ASK ALL SOURCES)</p>	<p>PLAYGROUND.....A SAMAAJ MANDIR.....B GYMNASIUM (VYAYAMSHALA).....C COMMUNITY HALL.....D LIBRARY.....E CREMATION/BURIAL PLACE.....F OTHER _____G</p>																																										
R04	<p>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?</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Town</u></th> <th colspan="2"><u>Distance</u></th> <th colspan="2"><u>Trips</u></th> </tr> </thead> <tbody> <tr> <td>1 _____</td> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2 _____</td> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3 _____</td> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		<u>Town</u>	<u>Distance</u>		<u>Trips</u>		1 _____		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 _____		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 _____		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
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R05	<p>What other common transport facilities people often use to go to the (se) town(s)? (ASK ALL SOURCES)</p>	<p>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</p>																																										

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																																																	
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S05	Does any mobile medical team visit this village?	YES.....1 NO.....2 → S09																																																	
S06	How often does the team visit this village?	DAILY.....1 FEW DAYS A WEEK.....2 WEEKLY.....3 FORTNIGHTLY/LESS FRQNTLY.....4																																																	
S07	By whom is the Mobile Medical Van service provided? (PROVIDE DETAILS OF THE AGENCY)	BY PHC/CHC.....1 BY MISSIONARIES.....2 BY COMPANY.....3 BY OTHERS.....4																																																	
S08	What services are provided by Mobile Medical Vans? MCH – Mother Child Healthcare	MINOR AILMENT TREATMENT.....A CHRONIC DISEASES TREATMENT....B MCH SERVICES.....C BLOOD/URINE TESTS.....D SCANING RELATED TESTS.....E BP/DIABETIC RELATED TESTS.....F HIV/STI RELATED SERVICES.....G OTHER.....H																																																	
S09	Number of Anganwadi centres in the village	ANGANWADI CENTRES..... <input type="text"/>																																																	
S10	Number of self-help groups (SHGs) in the village for women, men, mixed, production/business activity-based	SHGS' FOR WOMEN.....1 <input type="text"/> SHGS' FOR MEN.....2 <input type="text"/> SHGS' MIXED.....3 <input type="text"/>																																																	

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 (1)	Sr. No. (2)	Who visited (designation) (3)	Frequency of visit (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		

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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 Scanning Related Tests, 6 BP/Diabetic Related Tests, 7 HIV/STI Related Services, 8 Other

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

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

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

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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, 4 Other, 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, 1 Do not get all benefits, 2 Irregular, 3 Do not get any benefit, 4 Other

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

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

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

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

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

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

W: Major Problems of the Village

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

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 _____ <input type="text"/> NO CASTE/TRIBE SYSTEM.....97	
A03	Do you come under scheduled caste, scheduled tribe, nomadic tribe, or other backward class? Which one?	SCHEDULED CASTE.....1 SCHEDULED TRIBE.....2 NOMADIC TRIBE.....3 DENOTIFIED TRIBE.....4 OTHER BACKWARD CLASS (OBC).....5 GENERAL.....6 DON'T KNOW.....7	
A04	TYPE OF HOUSE (RECORD AS PER GUIDELINES BASED ON TYPE OF WALL, ROOF AND FLOOR)	RCC1 PUCCA2 SEMI-PUCCA3 KUCHCHA4 HUT5 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/ALLOTTED WITH SUBSIDY.....6 ALLOTTED 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

Baseline Survey Report Phase II: **Rewari, Haryana**

A10	If own, how was the toilet constructed?	FULLY OWNER EXPENSE1 SHARED BY HOUSEHOLDS.....2 WITH SUBSIDY.....3 FULLY AT GOVT/NGO EXPENSE.....4 OTHER5	} → 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, OTHER4																									
A12	Is there sillage nuisance surrounding your house? What is the nature of sillage nuisance? (INTERVIEWER: MAKE AN INDEPENDENT ASSESSMENT AND RECORD) (ASK ALL THE OPTIONS & MULTIPLE RESPONSE POSSIBLE)	<table border="1"> <thead> <tr> <th></th> <th>RESP</th> <th>INTWR</th> </tr> </thead> <tbody> <tr> <td>NONE.....</td> <td>X</td> <td>X</td> </tr> <tr> <td>WATER STAGNATION.....</td> <td>A</td> <td>A</td> </tr> <tr> <td>DRAINAGE/SEWAGE.....</td> <td>B</td> <td>B</td> </tr> <tr> <td>CATTLE BASED WASTE.....</td> <td>C</td> <td>C</td> </tr> <tr> <td>OPEN AIR DEFECATION.....</td> <td>D</td> <td>D</td> </tr> <tr> <td>WASTE DUMPING.....</td> <td>E</td> <td>E</td> </tr> <tr> <td>OTHER.....</td> <td>F</td> <td>F</td> </tr> </tbody> </table>		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	
	RESP	INTWR																									
NONE.....	X	X																									
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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 OTHERI	<table border="1"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
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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/CHARCOALC KEROSENE.....D BIOGAS.....E SOLAR ENERGY.....F LPG/NATURAL GAS.....G ELECTRICITY.....H OTHERI																									

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..... <input type="text"/>	
-----	--	---	--

Baseline Survey Report Phase II: **Rewari, Haryana**

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, 5Other (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)

Baseline Survey Report Phase II: **Rewari, Haryana**

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.

Baseline Survey Report Phase II: **Rewari, Haryana**

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	<p>If household members fall sick, where do you go or whom do you consult first?</p>	<p>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</p>	
C02	<p>During the last 12 months, which are the agencies did you/your household members visit for consultation and/or treatment?</p> <p>(ASK FOR ALL SOURCES/ MULTIPLE RESPONSE POSSIBLE)</p>	<p>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</p>	

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

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. _____