

Understanding the Scope of Corporate Social Responsibility (CSR) interventions in Backward Districts of India

Angul, Sundergarh and Jharsuguda (Odisha)



**Mahanadi
Coalfields
Limited**

(A Subsidiary of Coal India Limited)

A Mini Ratna Company



Conducted by

National Corporate Social Responsibility Hub

Tata Institute of Social Sciences

Mumbai

Commissioned by

Mahanadi Coalfields Limited (MCL)

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List of Abbreviations

CSR	Corporate Social Responsibility
CPSEs	Central Public Sector Enterprises
ECL	Eastern Coalfields Limited
NCSR Hub	National Corporate Social Responsibility Hub
TISS	Tata Institute of Social Sciences
DPE	Department of Public Enterprises
SC	Scheduled Caste
ST	Scheduled Tribe
OBC	Other Backward Class
PHC	Primary Health Centre
SHC	Sub-Health Centre
ODS	Open Defecation System
RMP	Registered Medical Practitioner
PDS	Public Distribution System
BPL	Below Poverty Line

Acknowledgement:

In keeping with the DPE Guidelines, National Corporate Social Responsibility Hub (NCSR Hub), Tata Institute of Social Sciences, Mumbai undertook the project of doing a Needs Assessment Study for Mahanadi Coalfields Ltd. (MCL) in Anugul, Jharsuguda and Sundergarh in Odisha.

For all the three projects, we would like to express our deep gratitude to Mr. Pat (CSR/Civil), MCL for his continuous support and guidance to the research team of NCSR Hub. We would also like to thank Mr. Sivaprasad Bundela Asst. Manager, CSR, MCL who played the role of an anchor throughout the study.

Finally, we would like to thank all our research investigators who helped the research team of NCSR Hub in data collection.

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1. INTRODUCTION

1.1 NATIONAL CORPORATE SOCIAL RESPONSIBILITY HUB (NCSR HUB)

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

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

1.2 MAHANADI COALFIELDS LTD. (MCL)³

In India coal mining started in 1774. In 1973, all Non-coking Coal Mines were nationalized and brought under Eastern Division of Coal Mines Authority Limited. Mahanadi Coalfields is one of the 8 subsidiaries of Coal India Limited and was carved out of South Eastern Coalfields limited in 1992 with it's headquarter at Sambalpur.

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

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

³ <http://www.mcl.gov.in/#>

MCL has its coal mines spread across Odisha. It has total 16 open cast mines and seven underground mines. There are 45 sanctioned mining projects in MCL with a capacity of 190.83 Mty of coal. The total capital outlay of 45 projects is Rs. 6076.78 Crs.⁴MCL employs over Twenty Thousand manpower including semi-skilled category.

1.3 FULFILLMENT OF THE MANDATE OF DPE GUIDELINES

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

1.4 COLLABORATION BETWEEN MCL AND NCSR HUB

On July 12, 2012 MCL issued work order MCL/SAMB/CIVIL/12-13/892 to NCSR Hub to achieve the objective of strengthening the CSR aspect of the PSE. As per the work order, both the parties agreed to avail and extend NCSR Hub’s professional services of doing Needs Assessment Studies for the company. Thus, a study was undertaken by NCSR Hub in order to assess the needs of the communities getting affected by the company’s operations to plan appropriate CSR intervention. The sites of CSR intervention were selected by MCL.

⁴ http://en.wikipedia.org/wiki/Mahanadi_Coalfields

2. METHODOLOGY

2.1 CONTEXT OF THE STUDY

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

2.2 OBJECTIVE OF THE STUDY

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

2.3 RESEARCH DESIGN

The research design of this study was exploratory. Exploratory studies help the researchers to acquaint themselves with the characteristics of a research problem⁵. Data was collected on the basis of sample household survey as well as in depth interviews with 12 Panchayats and school authorities. Also, qualitative methods were applied as and when required.

2.4 STUDY TOOLS

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

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

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

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

2.5 SAMPLING

A sample of 2712 households was interviewed. The method of sampling used was *Systematic Random Sampling*. In this method of sampling, each and every unit has an equal chance to get selected in the sample. Systematic Sampling provides a more even-spread of the sample over the population list and leads to greater precision.⁶ In order to select the households to be interviewed; voter's list of every village was referred. From this list desired sample size was obtained. Local panchayat officials and people's representative were also interviewed in each village. Village wise sample distribution are given below:

Angul		Sundargarh		Jharsuguda	
KANKILI	57	DUDUKA	58	KUDAPALI	47
NATADA	51	SARNGIJHARIA	47	AYANLAPALI	71
AMBAPAL	47	DURUBAGA	62	BUNDIA	40
RADASAR	45	KANIKA	55	HANSA KANTAPALI	52
DERA	47	KUSIRA	49	CHINIGRIGUDA	48
KUMUNDA	56	HEMGIR	58	KUDALOI	59
HANDIDHUA	14	LAIKERA	62	KHADAMA	46
TALBEDA	50	BARPALI	60	MUCHBAHAL	50
JAMBU BAHALI	48			SANANDAMALA	54
KANDALA	49			KIRARAMA	53
SONASINGIDA	44			BANDHABAHAL	28
KARANAPUR	55			CHHULIBERNA	58
DANARA	49				
GOBARA	66				
BADAJORADA	47				
BELUGAN KHAMAR	45				

⁶ Ibid, Page 209

BRAJANTHA PUR	38
GANTAPADA	55
NATEDI	43
BADASINGIDA	47

2.6 RESEARCH PROCESS

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

The study was facilitated by MCL. The Research team with the representative of MCL visited all the concerned Gram Panchayats and Block offices for the initial round of interaction before commencement of the study. This helped to build trust in the community and facilitated the entry of the research team in the studied villages.

2.7 ETHICAL CONSIDERATION

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

3.Context of the Field: Secondary Data Research

3.1District Angul⁷

The District of Angul situated at the heart of Odisha was a part of Undivided Dhenkanal District till early March 1993, but for the administrative convenience, Dhenkanal District was divided into two parts i.e. Dhenkanal and Angul vide State Government Notification No. DRC-44/93/14218/R. dated 27 March 1993. Angul District came into existence as a separate District on April 1, 1993. The District is surrounded by Cuttack & Dhenkanal on the east, Sambalpur and Deogarh on the west, Sundargarh and Keonjhar on the north and Phulbani on the south. Covering an area of 6232 sq.km, Angul District is located at Latitude 20.50 North to 85.00 East Longitude. The altitude of this place is 564 to 1187 mts.

As per the 2011 Census, the total population (as per PCA 2011) of Angul District is 1273821 out of which male population is 655718 and female population is 618103.

The Administrative headquarters of the Angul District is located at Angul city. In the present scenario of the administrative set up, there are 4 sub division, 8 tehsils and 8 blocks in the District. There are total



number of 209 Gram Panchayats, 2 Municipalities, 1 Notified Area Council (NAC), and 22 Police stations functioning in the District of Angul.

⁷ Source: http://www.ordistricts.nic.in/district_profile/aboutus.php Updated on (4 December 2013)
Extracted on 2 January 2014



Source: <http://www.mapsofindia.com>

Census 2011 Angul	Total	Rural	Urban	Rural %	Urban %
No of Households	297050	249733	47317	84.07%	15.93%
Total Population Person	1273821	1067275	206546	83.79%	16.21%
Total Population Male	655718	546385	109333	83.33%	16.67%
Total Population Female	618103	520890	97213	84.27%	15.73%
Population in the age group 0-6 Person	152403	130583	21820	85.68%	14.32%
Population in the age group 0-6 Male	80666	68785	11881	85.27%	14.73%
Population in the age group 0-6 Female	71737	61798	9939	86.15%	13.85%
Scheduled Castes population Person	239552	205004	34548	85.58%	14.42%
Scheduled Tribes population Person	179603	162048	17555	90.23%	9.77%
Literates Population Person	869456	709069	160387	81.55%	18.45%
Literates Population Male	494425	404772	89653	81.87%	18.13%
Literates Population Female	375031	304297	70734	81.14%	18.86%
Illiterate Persons	404365	358206	46159	88.58%	11.42%

Source: <http://censusindia.gov.in/>

Sex Ratio – 943

Literacy Rate- 77.53%

Population Density- 200

3.2 Agriculture⁸

Agriculture occupies a vital place in the economy of Angul District, as it provides direct and indirect employment to around 70 % of its total work force, as per the 2001 census. The major crops of the Kharif season are paddy, maize, ragi, oilseeds, pulses, small millets and vegetables etc. Paddy, wheat, maize, field pea, sunflower, garlic, ginger, potato, onion, tobacco, sugarcane and coriander etc are the major Rabi crops.

Livestock	Number ('000)
Cattle	733.9
Buffaloes	21.3
Commercial dairy farms	-
Goat	270.5
Sheep	63.6
Others (Pig)	3.32

Source: Contingency Plan for District: Angul (2001)

Poultry	
Commercial	24885
Backyard	81391

Source: Contingency Plan for District: Angul (2001)

Agro climatic Zone: Mid central Agro Climate

Land Utilisation Pattern	(In hect.)
Geographical area	6,61,523
Cultivable area	2,11,291 (32% of Geographical area)
a) High land	1,23,831 (58% of cultivable area)

⁸ http://www.ordistricts.nic.in/important_sectors/index.php?id=6# Updated on – 1 October 2013, Extracted on 2 January 2014

b) Medium land	53,942 (26% of cultivable area)
----------------	---------------------------------

c) Low land	33,518 (16% of cultivable area)
-------------	---------------------------------

Irrigation Potential

a) Kharif	57348 (27%)
-----------	-------------

b) Rabi	29721 (16%)
---------	-------------

Source: Contingency Plan for District: Angul (2001)

[http://www.nicra-icar.in/nicrarevised/images/statewiseplans/Orissa%20\(Pdf\)/OUAT,%20Bhubaneswar/Orissa%201-Angul%2031.05.2011.pdf](http://www.nicra-icar.in/nicrarevised/images/statewiseplans/Orissa%20(Pdf)/OUAT,%20Bhubaneswar/Orissa%201-Angul%2031.05.2011.pdf)

3.3 Industry

The last decade has witnessed a tremendous improvement in the industrial scenario of Angul District. Many public sector undertakings have setup up plants and offices here, like National Aluminium Company Limited (NALCO), Mahanadi Coal Fields Limited (MCL), National Thermal Power Corporation (NTPC) and Talcher Thermal Power Station (TTPS). One of the major coalfields is the Talcher coalfield, which contains huge reserves of power grade non-coking coal. Engineering Units, Rice Mills, Hotels, Fly Ash Brick units, Stone Crushers, Service Units, Bleaching units, Bread and Bakery units, Tyre Re-treading units, Flour Mills and Spices Grinding units etc. are some of the small scale industries functioning here.

Dhokra casting works, Terracotta works, Wood carvings, Art textiles and Soft toys etc are some examples of the crafts that have been generating revenues for this District. The District Industries Centre functioning in the District promotes its various industrial activities.

3.4 Health Institutions Profile:

Sr. No		Numbers	Sr. No		Numbers
1	Dist. Headquarter Hospital	1	7	Blood Bank	3
2	Sub Divisional Hospital	3	8	Govt. Medical College & Hospital	0
3	Post-Partum Centre	4	9	Cancer Institute	0
4	Community Health Centre	9	10	Other Hospital (OH)	0
5	Primary Health Centre (New)	27	11	Infectious Disease Hospital (IDH)	0
6	Sub Centres	166	12	Training Institute	0

3.4.1 Health Indicators of State and District

Health Indicators	District	State
Birth rate (per 1000 persons)	18.86	21.9
Death rate (per 1000 persons)	6	9.3
Maternal mortality rate (MMR) per 100000 live births	89.85	301
Infant mortality rate (IMR) per 100000 live birth	78	73
Life expectancy at birth	65	61
Sub Centres / Primary Health Centres / Community Health Centres per 1 lakh population (Allopathic only)	3.15	22
No. of dispensary and hospitals per 1 lakh population (Allopathic only)	0.44	4
No. of beds in hospitals per 1 lakh population (Allopathic only)	28.77	38.5
Doctors (Modern i.e. allopathic system) per 1 lakh population	8.15	14

<http://angul.nic.in/DIST-PLAN-2011-12/Chapter-1.pdf>

3.5 Education⁹

The Angul District is having 4,09,260 male literates and 2,62,173 female literates. As per educational institutes are concerned Angul District has many Government and Private Institutes. Government College (Angul), Angul Women's College (Angul) and Talcher College (Talcher) are the important educational institutions of the District. There are other training institutes of the District, like Police Training College (PTC) Angul, Forest Rangers College Angul and a number of industrial training institutes providing quality technical education to a vast number of students of the District. Different educational programmes like Sarva Sikhya Aviyan, Total Literacy Campaign, Post Literacy Campaign, Continuing Education Programme and National Child Labour Project have been initiated by the Government with an objective of reaching education to all, including those unprivileged ones for whom education is still out of bounds and reach.

3.6 Economy of Angul District¹⁰

The last few years has witnessed a steep rise in the Economy of Angul District, with the setting up of the various public sector undertakings like National Aluminium Company Limited

⁹ http://www.ordistricts.nic.in/district_profile

¹⁰ ibid

(NALCO), Mahanadi Coal Fields Limited (MCL), National Thermal Power Corporation (NTPC) and Talcher Thermal Power Station (TTPS). There has been an increase in the total production of power from 15.5 MT to 36.5 MT, with the revenue increasing by a staggering 400%. The present power operational levels of NTPC and NALCO are 1960 MW and 840 MW respectively, with strong possibilities of this figure increasing in the near future. Here, there is also the presence of a heavy water plant and a coal washer.

The District Industries Center functioning in the District promotes its various industrial activities. Bauxite mines, Alumina Refinery, Aluminium Smelter, Captive Power Plant and Port Facilities etc also contribute to the District's Economic growth. One of the major coalfields is the Talcher coalfield, which contains huge reserves of power grade non-coking coal.

Engineering Units, Rice Mills, Hotels, Fly Ash Brick units, Stone Crushers, Service Units, Bleaching units, Bread and Bakery units, Tyre Ret reading units, Flour Mills and Spices Grinding units etc. are some of the small-scale industries functioning here. In the rural areas, Chuda Mills, Oil Expellers, Spices Grinding Units etc. have been set up, catering to the needs of the rural people.

Dhokra casting works, Terracotta works, Wood carvings, Art textiles and Soft toys etc are some examples of the crafts that have also been generating revenues for this District. The artisans dealing with Pottery, Carpentry, Stone crushing, Brick making, Spices grinding, Paddy processing, Beedi making, Khali stitching and Bamboo basket making etc have been assisted by the State Government, through its Odisha Khadi and Village Industries Board.

Agriculture is the major contributor to the District's Economy with about 2, 16,403 hectares of land being cultivated, providing direct and indirect employment to about 70 % of the total workforce of the District as per the 2001 census. The major crops of the Kharif season are paddy, maize, ragi, oilseeds, pulses, small millets and vegetables etc. Paddy, wheat, maize, field pea, sunflower, garlic, ginger, potato, onion, tobacco, sugarcane and coriander etc are the major Rabi crops cultivated in the District.

3.7 Water Resources¹¹

Status of Drinking Water Availability & Source

Items	1994-95	2000-01	2004-05
Villages having no Source of safe drinking water	104	0	33
Working Tube Wells	3,690	5,770	7,484
Villages Covered by Tube Wells	1,209	3,219	1,485
Working Sanitary Wells	2	45	77
Villages Covered by Sanitary Wells	2	45	77
Pipe Water Projects	3	3	20
Villages Covered by Pipe Water	10	14	40
Source: Census of India			

¹¹ <http://censusindia.gov.in/>

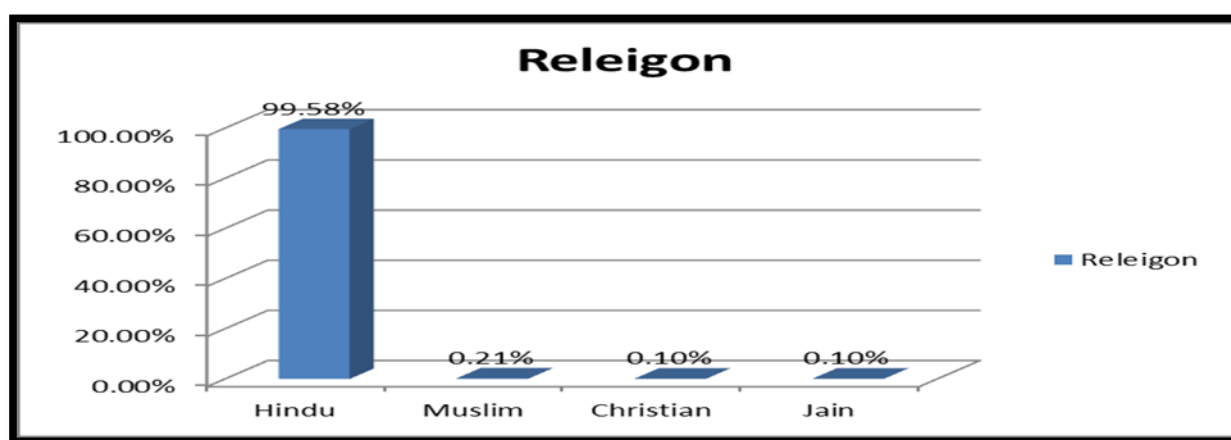
4. FINDINGS FROM THE FIELD

PROFILE OF RESPONDENTS

In the research process, total 953 households were selected for interview on the basis of random sampling process. The background of the respondents was defined based on the following indicators:

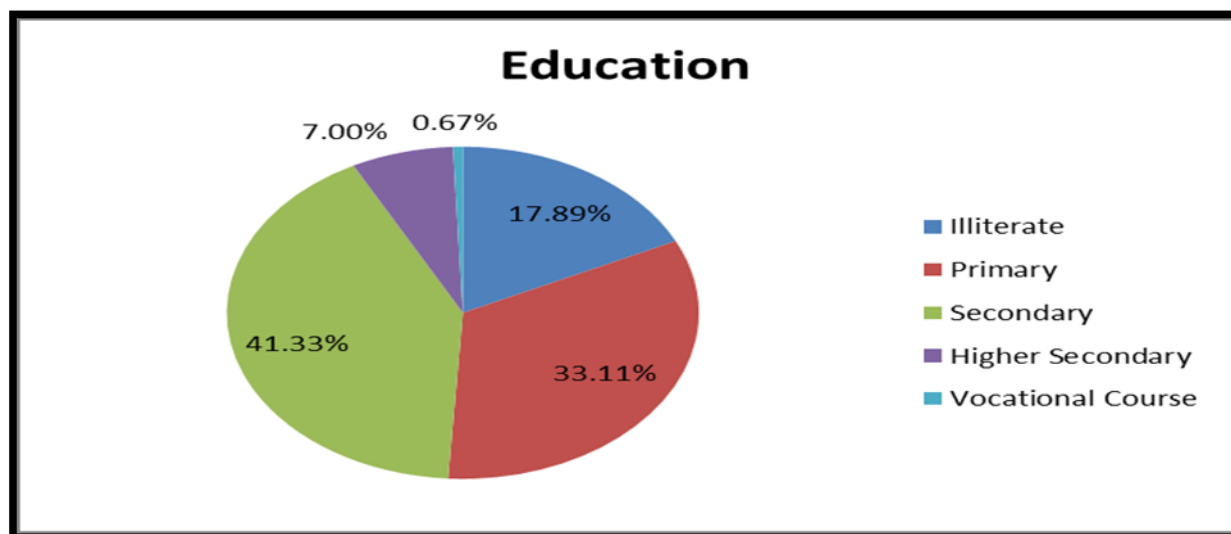
4.1 Religion

Out of total 953 respondents, 99.58% are Hindus and 0.21% is Muslims. Religious distribution of the respondents is given below:



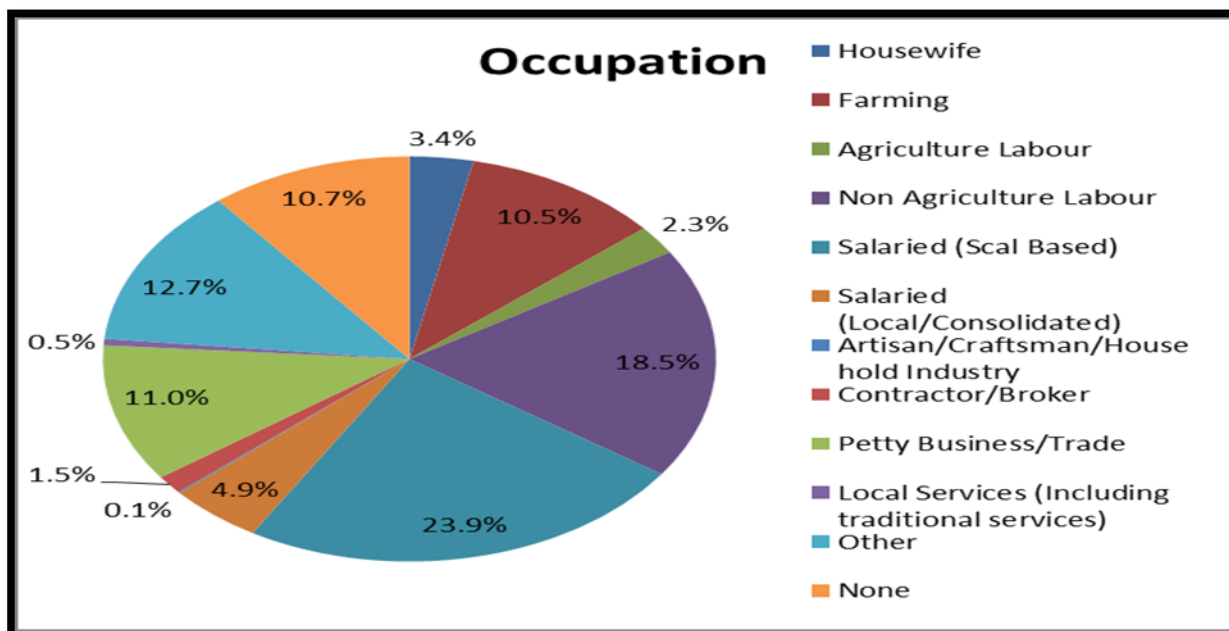
4.2 Educational Attainment

Out of total respondents 17.89% are illiterate, 33.11% had primary education, and more than 40% respondents had secondary education. However, only 0.67% respondents had vocational education. The chart explaining educational distribution of the respondents is given below



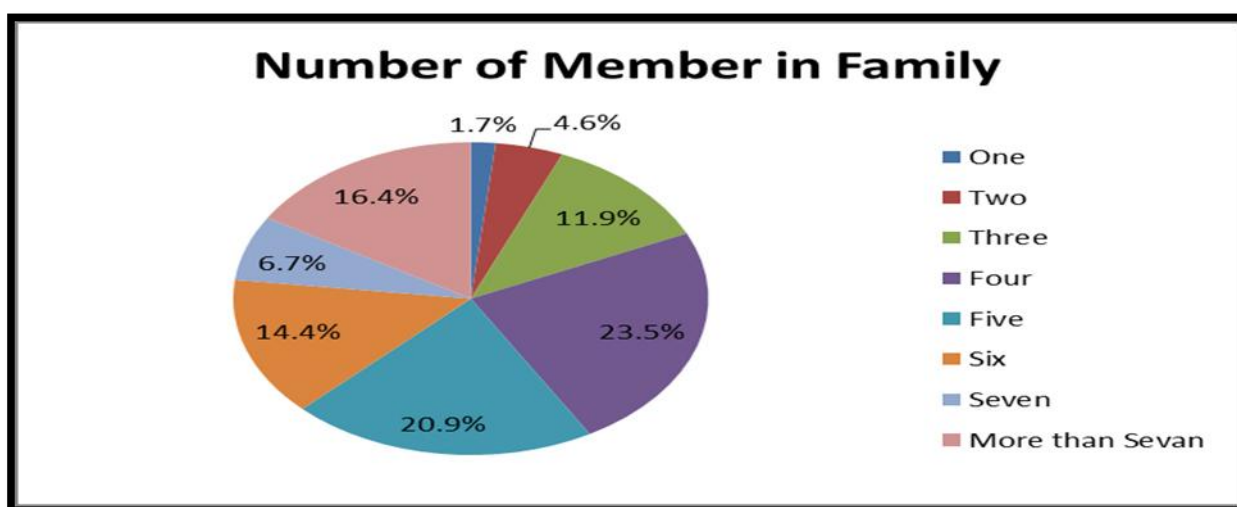
4.3 Occupational Distribution

If we go through the Occupation of the respondents as given below in chart around 28% respondents were salaried employees. 18.5% respondents are non-agriculture laborer. 10.7% of respondents did not have any Occupation, which is quite a big part of population.



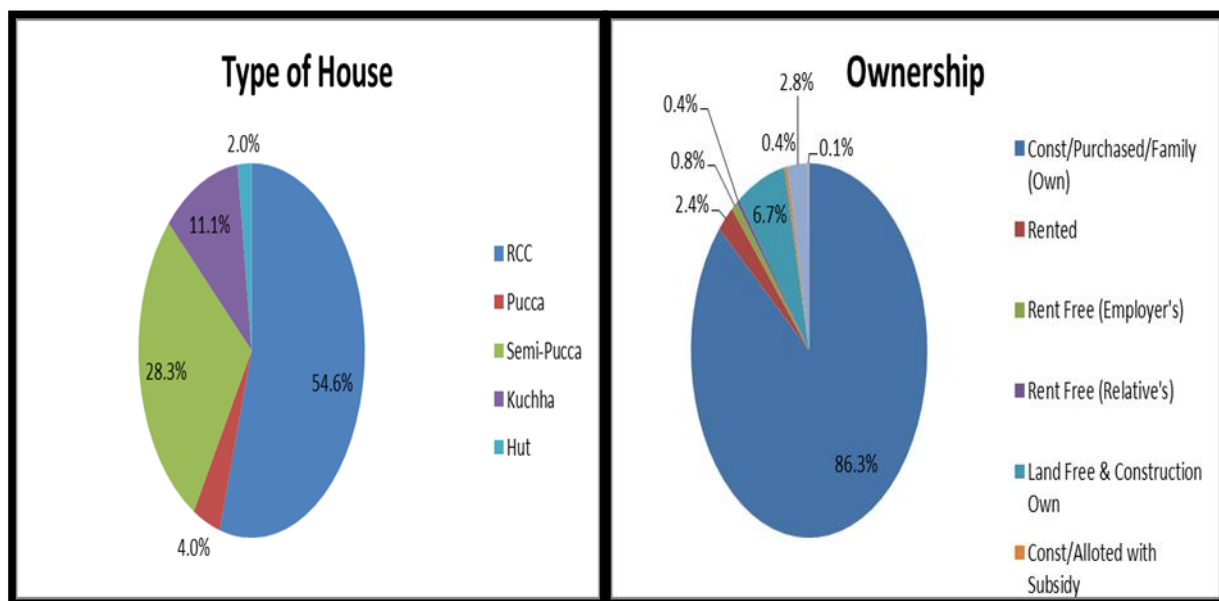
4.4 Size of Family

23.5% of the households have four members in the family followed by 20.9% households having 5 members in the family. The detailed representation of the family size is given below:



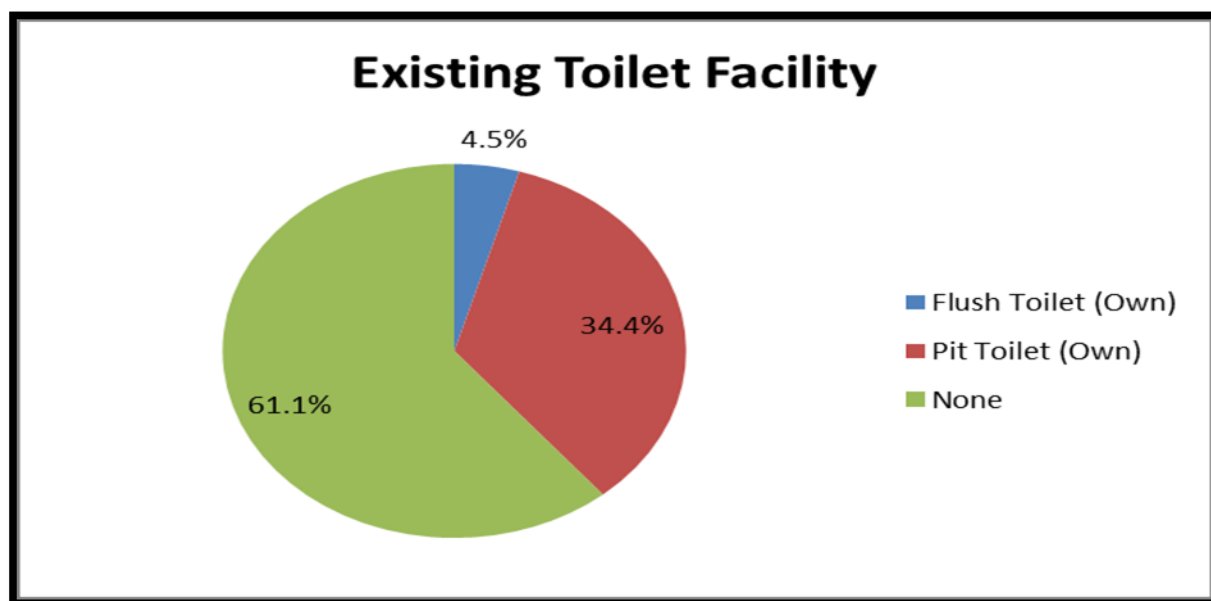
4.5 Housing Pattern

Out of 953 households 54.6% are having RCC houses however a significant 11.1% is living in kuchha house. It is found that 86.3% of households interviewed during the research are constructed house by own. The pattern of type of house and ownership is represented below:



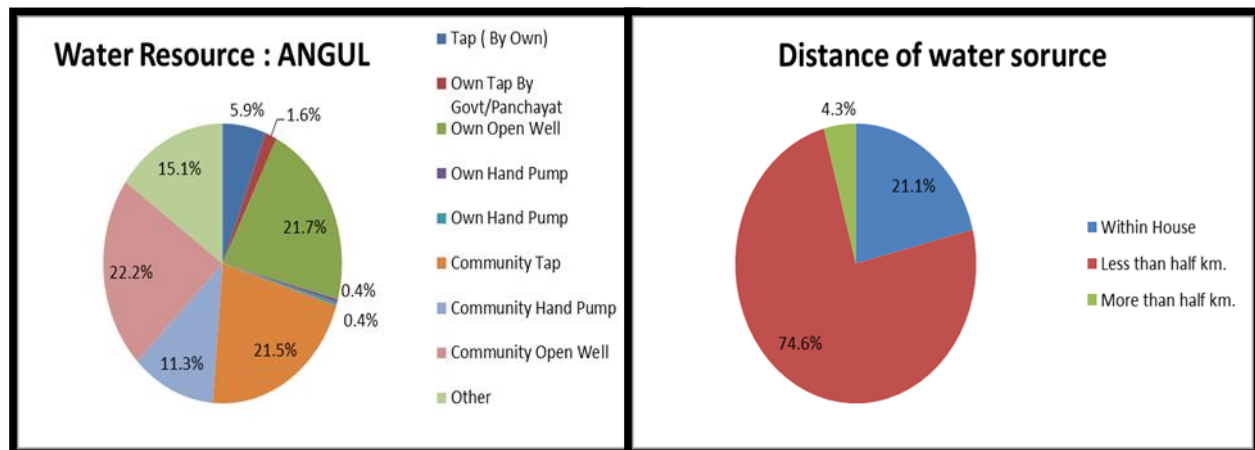
4.6 Sanitation

The poor condition of Sanitation of Angul District is clearly visible in the result of 953 respondents, where 61.1% do not have toilet in house. The detailed pattern of use of toilet is represented below:



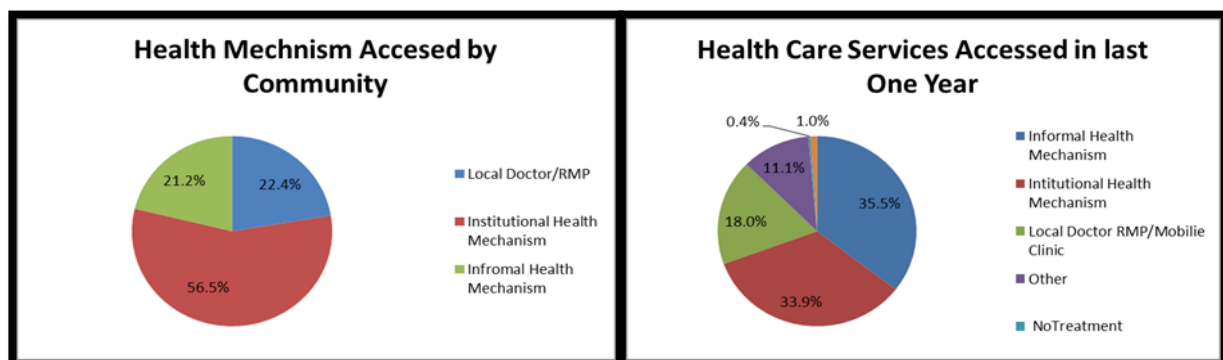
4.7 Drinking Water

In the research it was found that more than 22% of the population use community own well to fetch drinking water. Only 5.9% of households have the water source located inside the premise. Availability of source of water inside the households is primarily dominant by open well. However around 80% people avail water from source located outside their house, namely community open well, tap, hand pump etc. 74.6% of water sources are located less than half km. distance. Water resources and distance of water resources are showing in below given



charts.

4.8 Health Seeking Behavior¹²



56.5% of the sample accesses the health institution whenever required. Frequency of accessing the informal health care services like chemist shop in last 12 months are 36% followed by 34% of institutional health services.

¹² Classification has been done by Author.

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

Informal Health Mechanism consists Traditional Healer/Dai/Chemist Shop

5.1 KANKILI

YEAR	2009
HOUSEHOLDS	250
POPULATION	1200

Forest Produce

Firewood	Yes
Fruits/Nuts/Leaves	Yes

Chief Crop Name	Area
Paddy	300 acres
Muga	20 acres
Biri	10 acres

Kankili.

RELIGION	House holds
HINDU	250

Public/Common Tap Points 10

HH Tap Connections 0

Facilities Existing within 5 kms.

Bus Stop
Public Telephone Booth
Daily Market
Weekly Market
DTP/Xerox Centre
Medical Shop/ Chemist
Pvt. Secondary School
Higher Secondary School
Pvt. Primary School
Railway Station
Police Station
Gram Panchayat Office
Co-operative Society
Bank for S/B Account

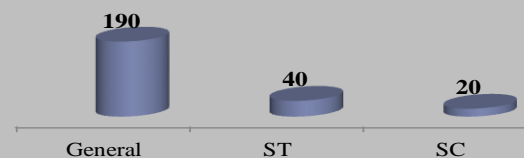
Dera

Handidhua

Land Distribution:

Total Area	Irrigated	Grazing	Non-Irrigated	Forest	Wasteland
1700 acres	300 acres	20 acres	100 acres	50 acres	20 acres

Households



Facilities Available in the village

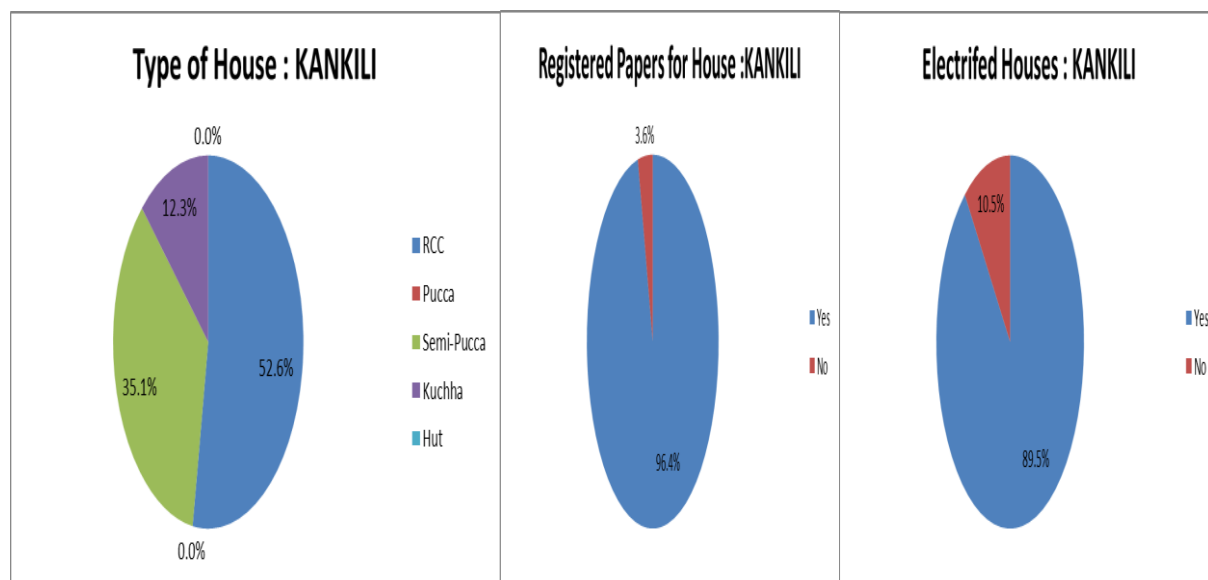
Samaaj Mandir
Cement/Tar road
PDS Shop
Grocery Shop
Post Office
ASHA worker
Veterinary Clinic
Pre-Pri/Nursery School
Govt. Primary School
Govt. Secondary School
Heath Sub-Centre

Facilities Existing more than 5 Kms

Degree College	Talcher
ITI/ Polytechnic	
Vocational training centre	
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	
CHC/ Govt. Gen. Hospital	Angul
Block Development Office	
Taluk Headquarters	
District Headquarters	Angul
Primary Health Centre	Godibanda

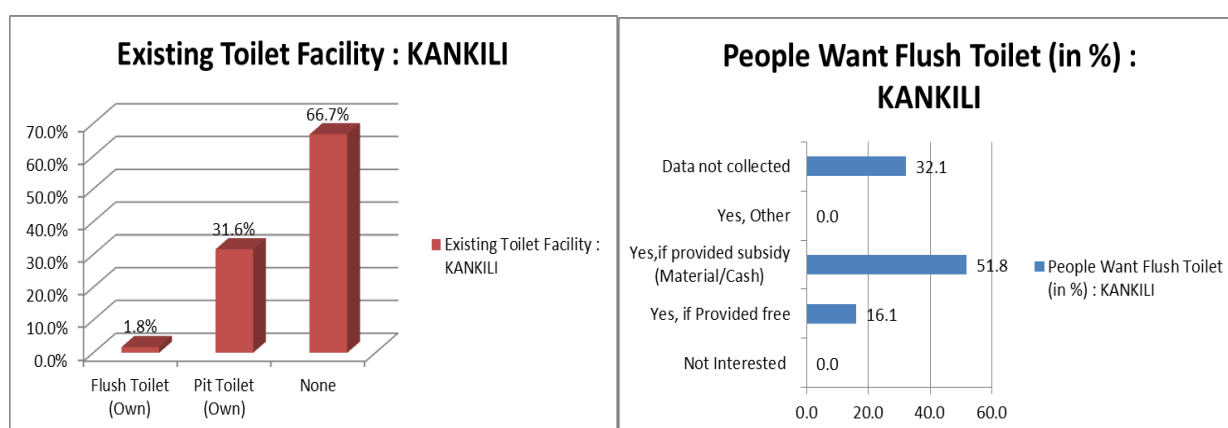
5.1.1 HOUSEHOLD STATUS

The household status in the village of Kankili shows that 52.6% of sample households reside in RCC house, 35.1 % of sample households reside in Semi-Pucca house while 12.3% are living in kuchha house. Among the studied households around 96.4% have registered papers of their land holdings, 90% of the studied households are electrified.



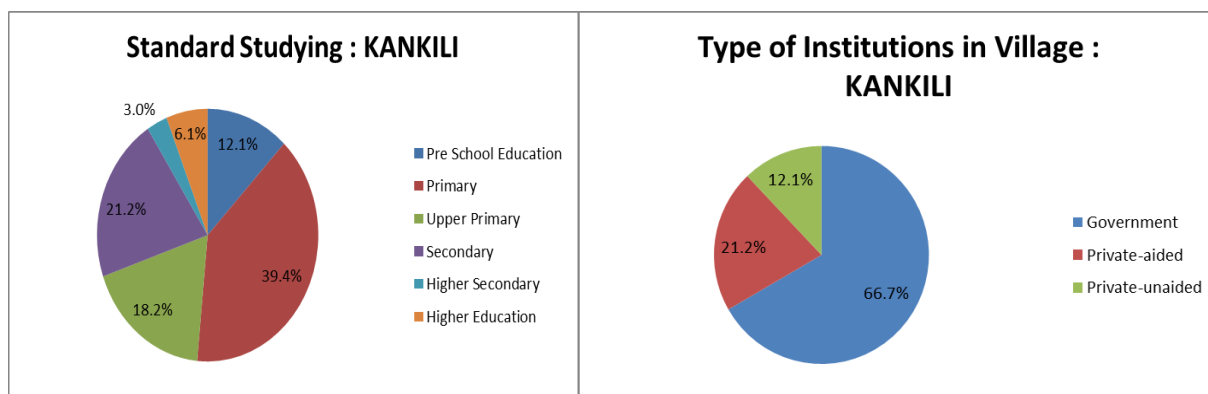
5.1.2 Sanitation

In Kankili, 66.7% of the sample households do not have toilet of their own. Among the households who do not have toilet of their own 51.8% of them would want a flush toilet if it is



provided through subsidy, 16.1% of them want the toilet if it is provided free.

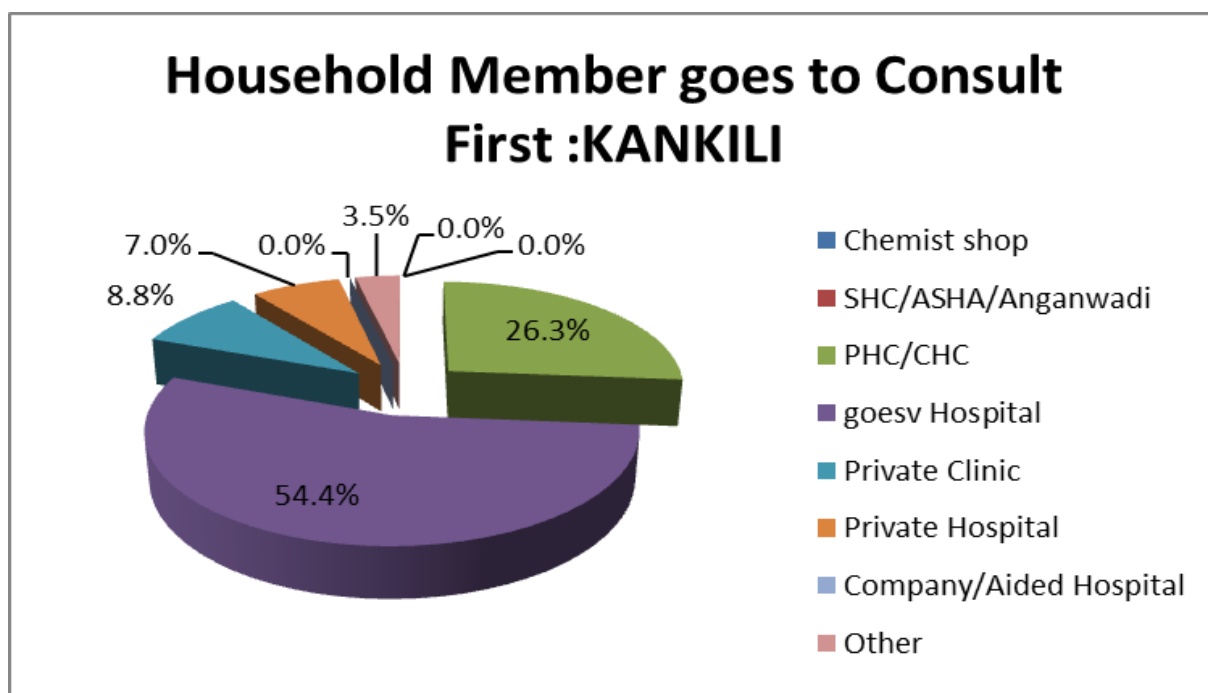
5.1.3 Education



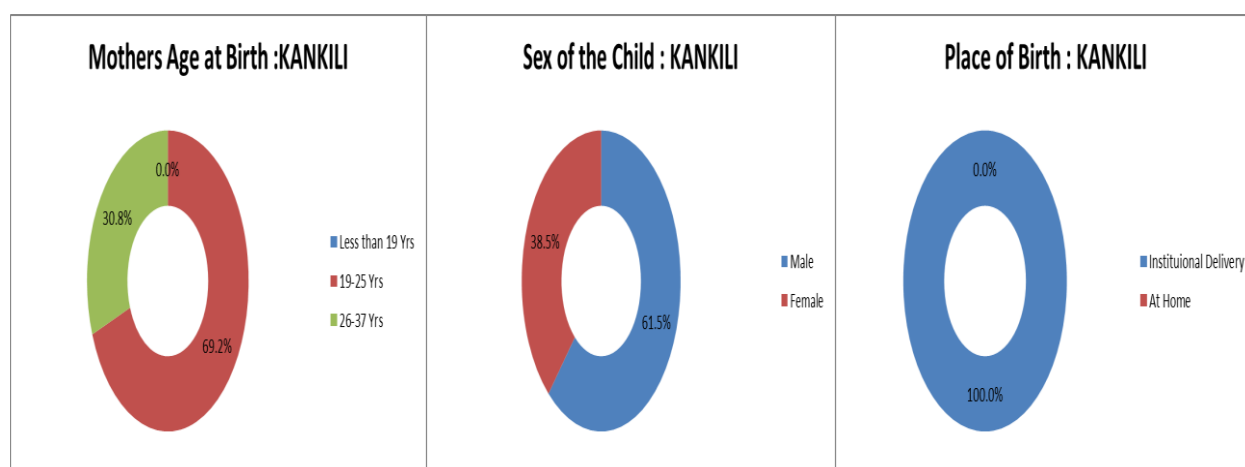
In studied village students who are currently studying 39.4% of them are in primary school followed by upper primary school where 18.2% students are studying. 66.7% of the children are enrolled in government institutions followed by 21.2% in private-aided institutions

5.1.4 Health

Among the sample 54.4% claimed that they consult the government hospital in case of urgency while 26.3% of sample said that they consult PHC/CHC for the same. 8.8% of sample consult private clinic and 7% consult private hospital while only 3.5% go to other health services.



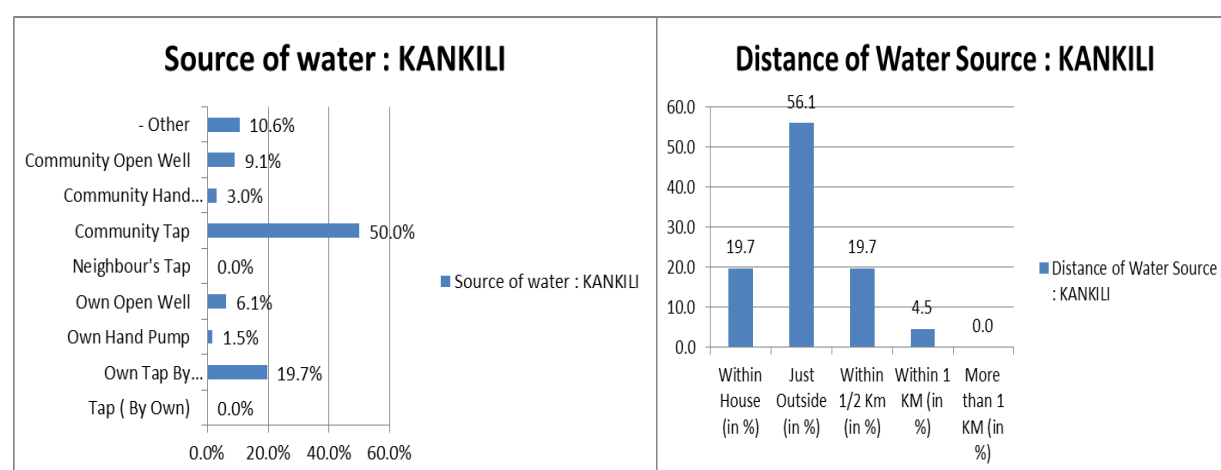
5.1.5 Maternal Health



In Kankili village among the sample households who witnessed birth of a child in last three years in their family 100% reported saying the delivery was institutional delivery. Sex ratio among the kids of age group 0-3 years 38.5% are girl child and 61.5% are male child. Women who conceived child in last three years 69.2% of them were in the age group of 19 – 25 years at the time of delivery and rest of the 30.8% were in the age group of 26-37 years.

5.1.6 Water

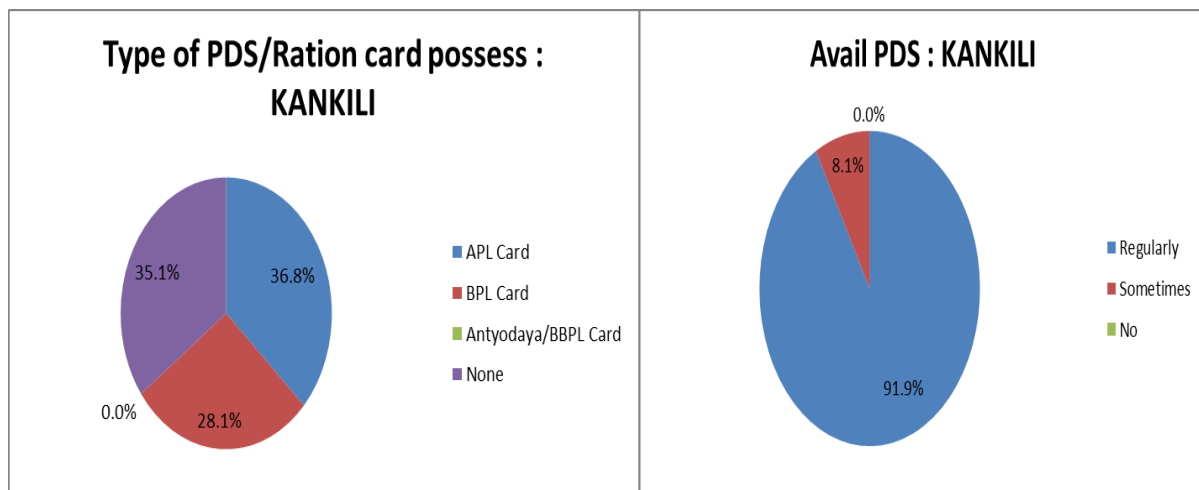
In Kankili around 70% of sample households use tap water for drinking, 15.2% fetches water from community open well and 4.5% depends on hand pump. 19.7 % of sample households have water source in premise, 56.1% have water source just outside house while 4.5% need to



travel more than half km. to fetch water.

5.1.7 Public Distribution System

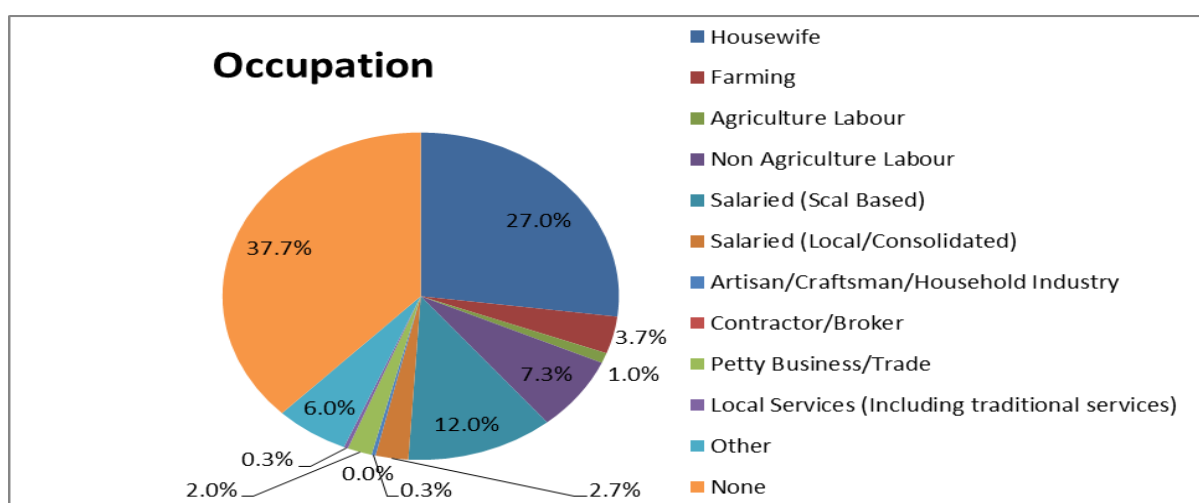
Most of the sample 36.8% holds an APL card, whereas 28.1% hold a BPL Card and 31.5% of the sample does not hold any card. Among the sample that holds ration card 91.9% of them regularly avail the PDS facility and the rest 8.1% of the population only sometimes avail this



facility

5.1.8 Occupation

Among the sample household members only 1% is working as agriculture labour, 3.7% are in farming, 7.3% of the workforce is working as non-agriculture labour, 2% is involved in petty business for their livelihood, around 15% are working as salaried employee either in government or private sector and 27% are housewives. 37.7% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary



Occupation is none.

5.1.9 MAJOR RECOMMENDATIONS FOR THE VILLAGE:

1. Community has mentioned sullage nuisance and pollution as two major problems during the interview. The demand for drainage system is quite evident from the community and same can be taken on priority under CSR work. 66.7% of the sample households do not have toilet of their own.
2. Accessibility to drinking water is major problem in village 60% of the people using community resources for drinking water purpose.
3. In the village people do not have work to do which show need to provide vocational training as well as resources for livelihood.
4. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.

5.2 NATADA

FLOOD PRONENESS	SOME 25%
ALKALINITY	SOME 25%
WATER LOGGING	ALMOST NIL
SOIL EROSION	SOME 25%
DROUGHT PRONENESS	ALMOST NIL

YEAR	2011
HOUSEHOLDS	600
POPULATION	5000
Forest Produce	
Coal Collection	Yes

Public/Common Tap Points	5
HH Tap Connections	20

Chief Crop Name	Area
Paddy	1000 Acres

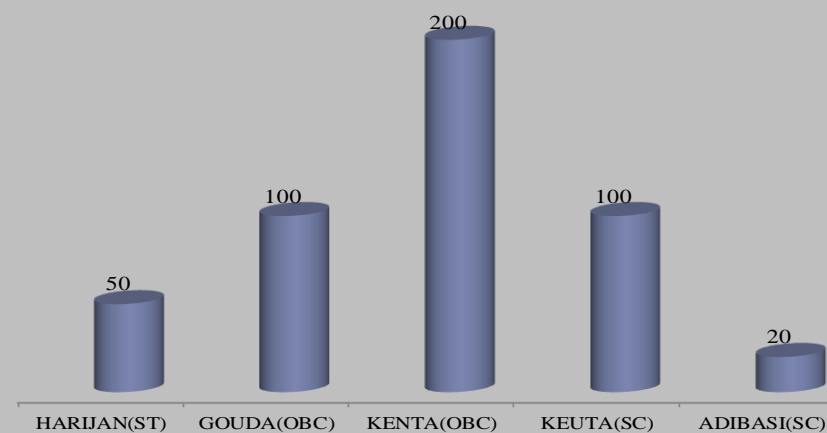
Facilities Available in the village

Cement/Tar road
Bus Stop
Public Telephone Booth
Daily Market
Weekly Market
PDS Shop
Grocery Shop
DTP/Xerox Centre
Post Office
Heath Sub-Centre
Veterinary Clinic
Medical Shop/ Chemist
ASHA worker
Pre-Pri/Nursery School
Govt. Primary School
Government Secondary School
Private Secondary School

Land Distribution (In Acre)					
Total Area	Irrigated	Non-Irrigated	Grazing	Forest	Wasteland
8000	100	1500	50	0	2000

Migration Pattern

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



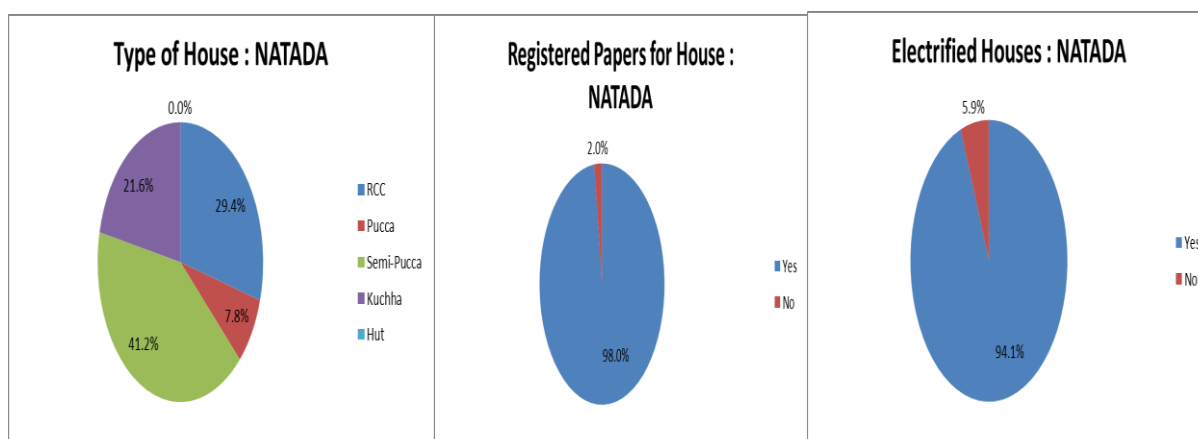
Facilities Existing within 5 kms.

Railway Station	Handidhwa
Police Station	Hengulai
Pvt. Clinic (MBBS/BAMS+)	Balanda
Higher Secondary School	
Pvt. Primary School	
Govt. Secondary School	
Degree College	
Vocational Training Centre	

More than 5 Kms

Taluk Headquarters	Angul
District Headquarters	Angul
CHC/ Govt. Gen. Hospital	Hengulai
Primary Health Centre	Hengulai
ITI/ Polytechnic	Talcher
Bank for S/B Account	Handidhwa
BDO Office	Talcher
Gram Panchayat Office	Talcher
Pvt CSR Hospital	Angul

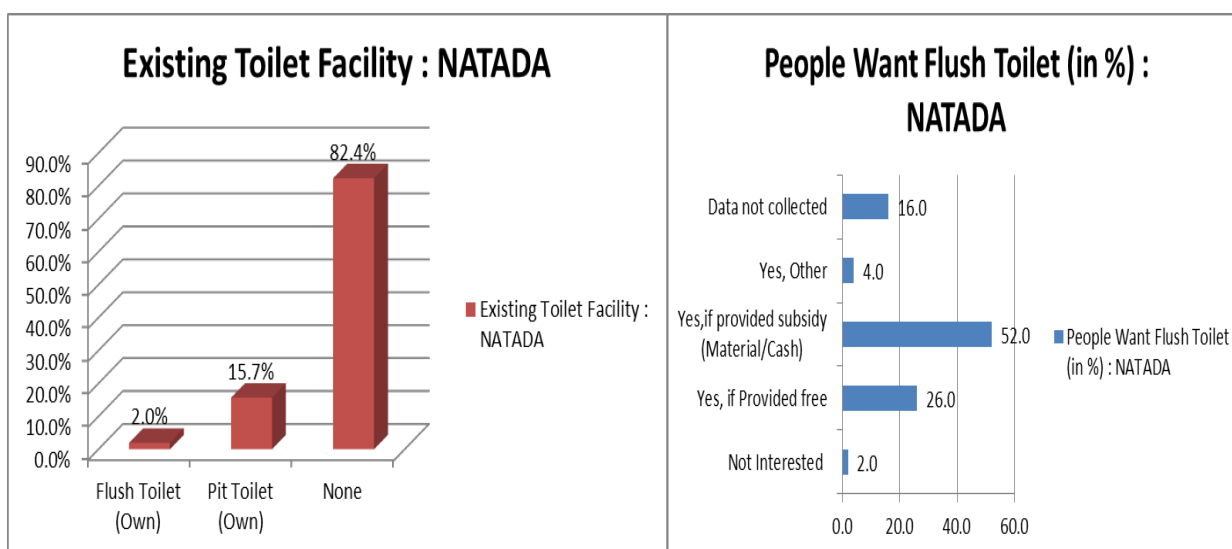
5.2.1 Household Status



In Natada village 21.6% of sample households reside in kuchha house while 37.2% reside in RCC or Pucca house. 98% of studied households have registered papers for house and 94.1% houses are electrified.

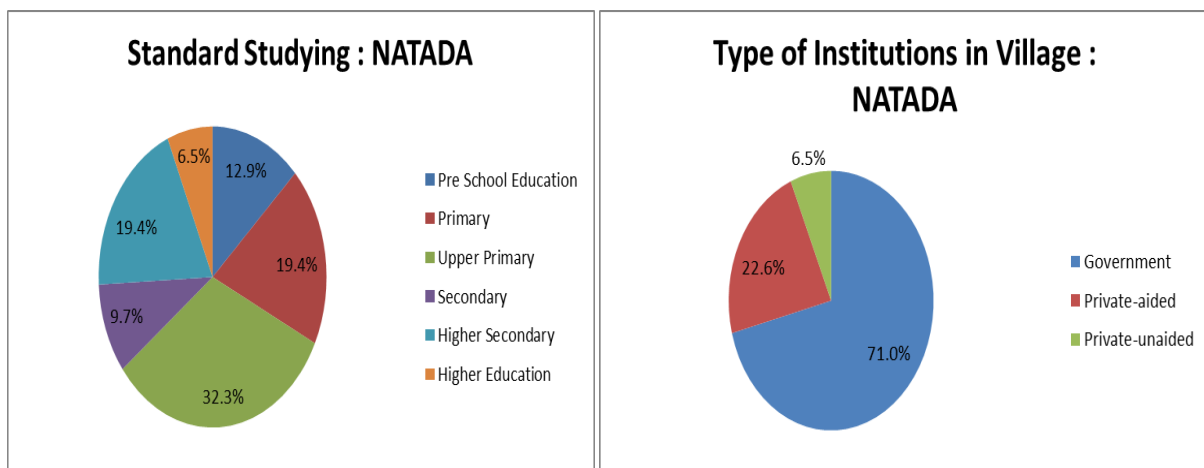
5.2.2 Sanitation

In Natada village 82.4% of sample households do not have toilet facilities while 2% have flush toilet and 15.7% of sample households have pit toilet. Those who do not have toilet 52% of them interested to construct flush toilets if they will get a subsidy, 26% want free of cost



construction while 2% is not interested at all.

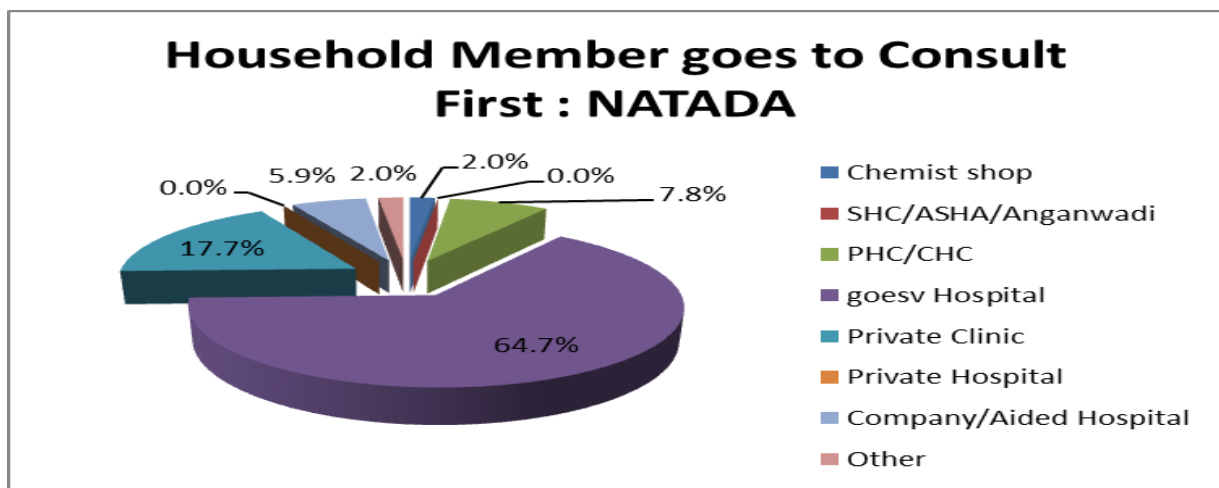
5.2.3 Education



Students who are currently studying 19.4% of them are in primary school, 32.3% in upper primary school, 19.4% are in high secondary whereas 6.5% students are studying in higher education. 71% of the children are enrolled in government institutions followed by 22.6% in private-aided institutions and 6.5% of private-unaided institutions.

5.2.4 Health

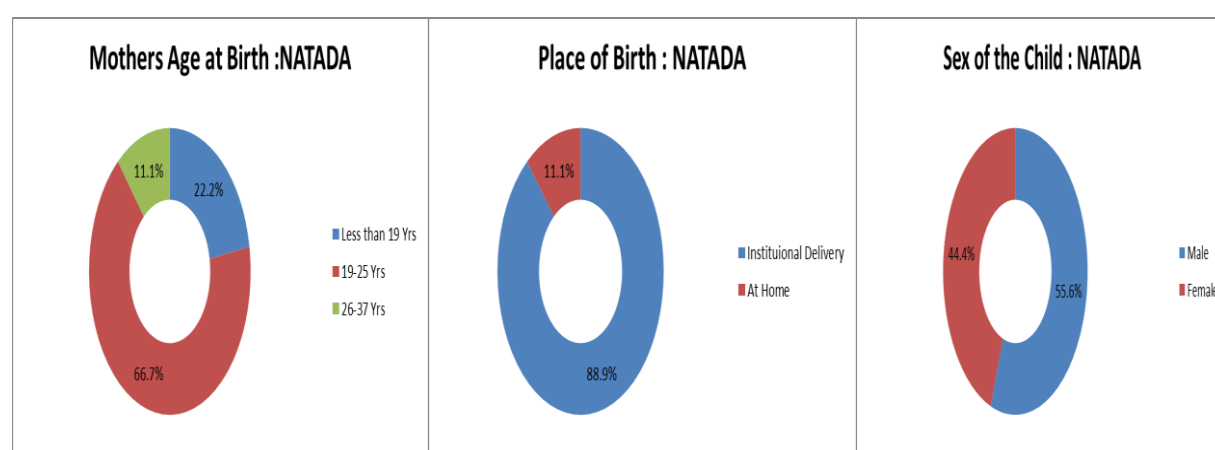
In Natada village 64.7% of the sample household members go to government hospital while 17.7% reported that they go to a private clinic in case of emergency. 5.9% reported that they go to consult a company aided hospital, 7.8% goes to PHC/CHC while only 2% of the sample



claimed that they consult chemist shop for the same. More than 72% sample household members claimed that they went different government health service provider which shows the proper functioning of government health services in the village.

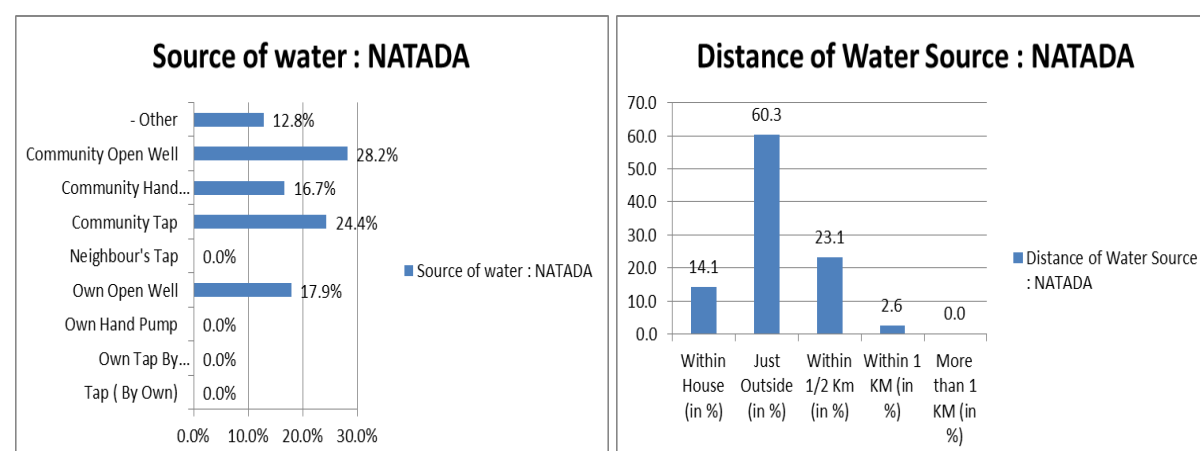
5.2.5 Maternal Health

In studied village among the sample households who witnessed the birth of a child in the last three years in their family 88.9% reported saying the delivery was institutional delivery while only 11.1% households from the same category said that delivery was non-institutional. The sex ratio among the kids of age group 0-3 years 44.4% are girl child and 55.6% are male child. Women who conceived a child in the last three years 22.2% of them were less than 19 years in age at the time of delivery, 66.7% were in the age group of 19-25 years while 11.1% were in the age group of 26-37 years.



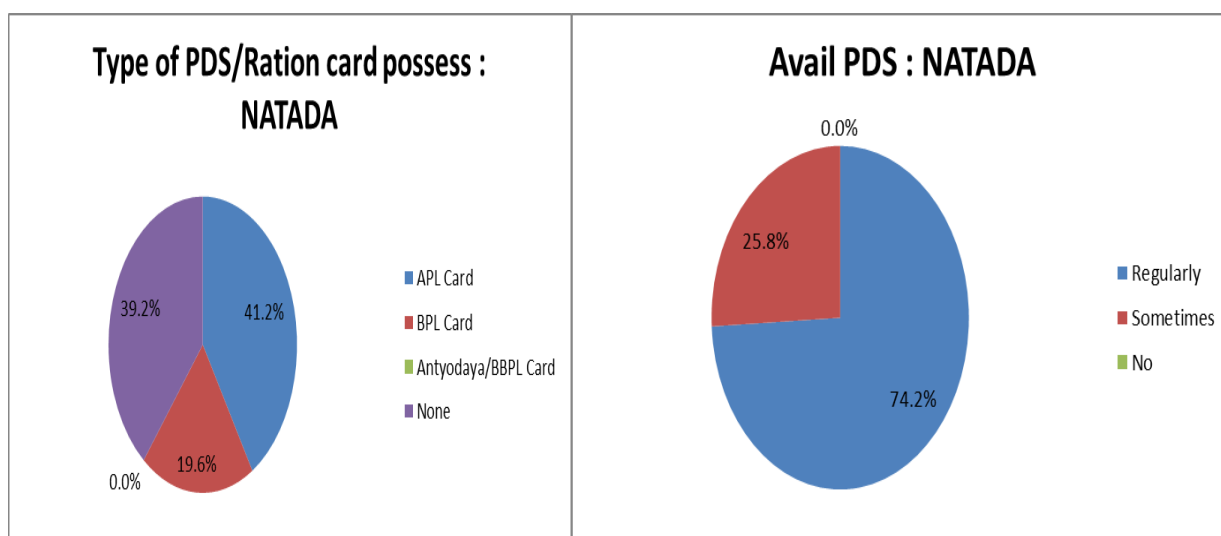
5.2.6 Water

In the studied village 46.2% of sample households fetch drinking water from open well, one fourth of households depend on community tap and 16.7% fetch water from community hand pump. 14.1% of sample households have a water source in premise, 60.3% have just outside house, while 2.6% need to go more than half km. to fetch water.



5.2.7 Public Distribution System

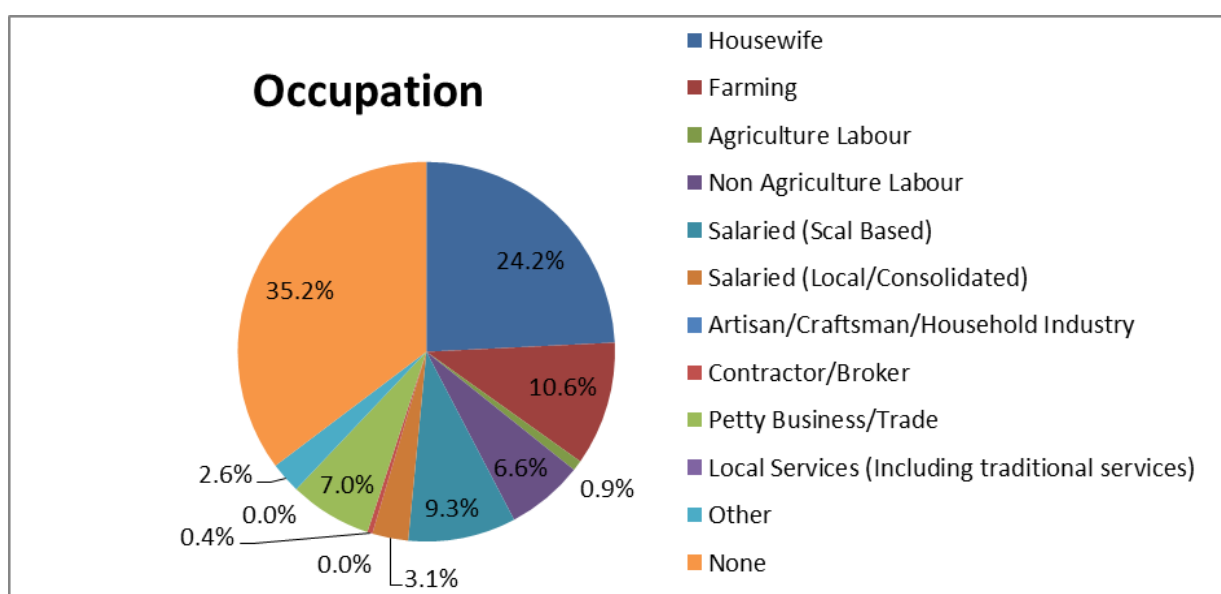
Among the sample 41.2% reported having an APL Card, and 19.6% have BPL Card and



39.2% have reported having none. Among the sample households who have ration card 74.2% of them regularly avail PDS facility and 25.8% sometimes avail PDS facility.

5.2.8 OCCUPATION

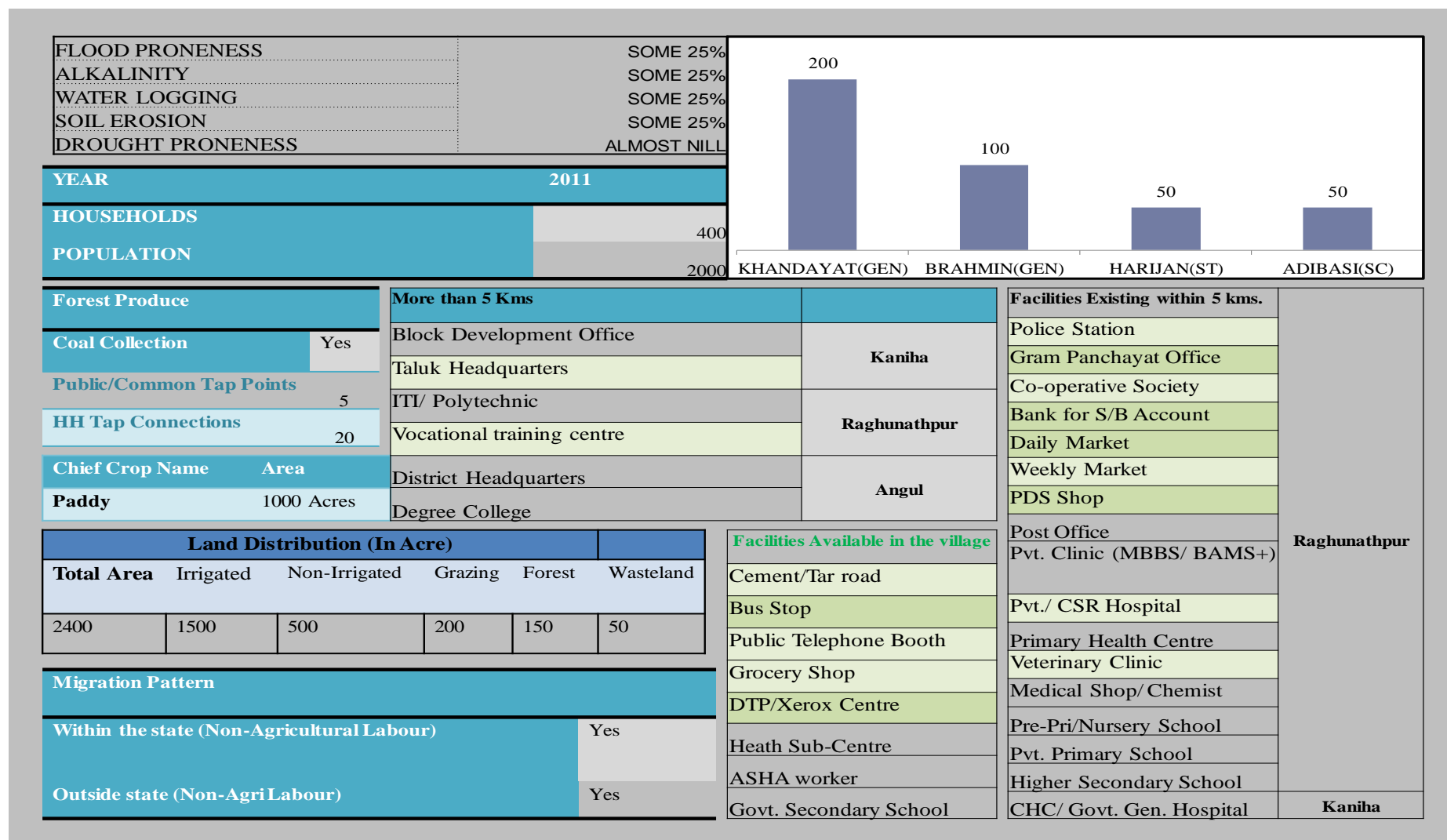
Among the sample household members 10.6% of the workforce are working as agriculture labour, 10.6% workforce are involved in farming, 6.6 % as non agriculture labour, 7% is involved in petty business for their livelihood, 12.4% are working as salaried employee either in government or private sector and 5% said that agriculture is their livelihood and 24.2% are housewives. 35.2% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.



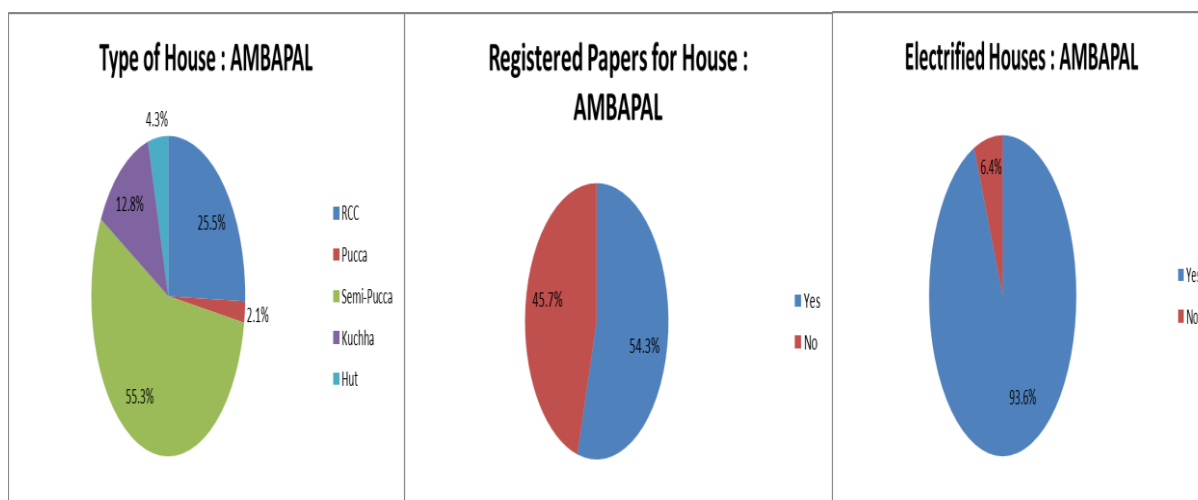
5.2.9 RECOMMENDATION:

1. Highest no of Kuchha houses are in Natada. Only one Indira aawas constructed by Government scheme. Pepole need to avail housing schemes.
2. Accessibility to drinking water is major problem in village 69% of the people using community resources for drinking water purpose.
3. 82.4% sample households do not have toilet facilities at all. People are ready to construct toilet if they will get any kind of subsidy.
4. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.

5.3 AMBAPAL



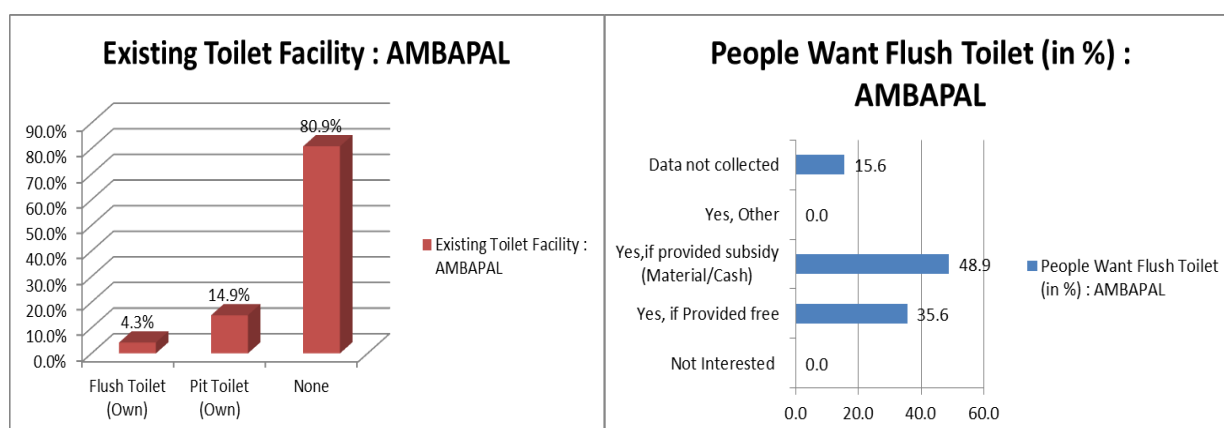
5.3.1 Household Status



In Ambapal around 17% of sample households reside in kuchha houses or huts, more than one fourth reside in RCC or Pucca houses while more than half of sample households have semi pucca households. 54.3% of sample households have registered papers and 93.6% of houses are electrified.

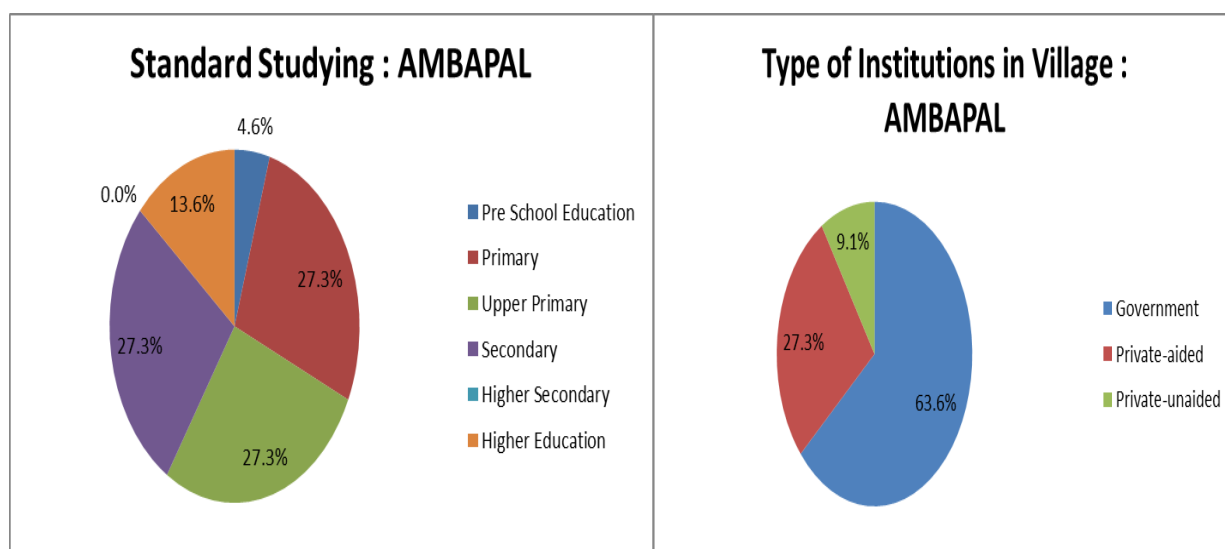
5.3.2 Sanitation

In study village 80.9% of sample households do not have toilet facilities while around 15% have pit toilet. Those who do not have toilet 50% of them are interested to construct if they will get the subsidy.



5.3.3 Education

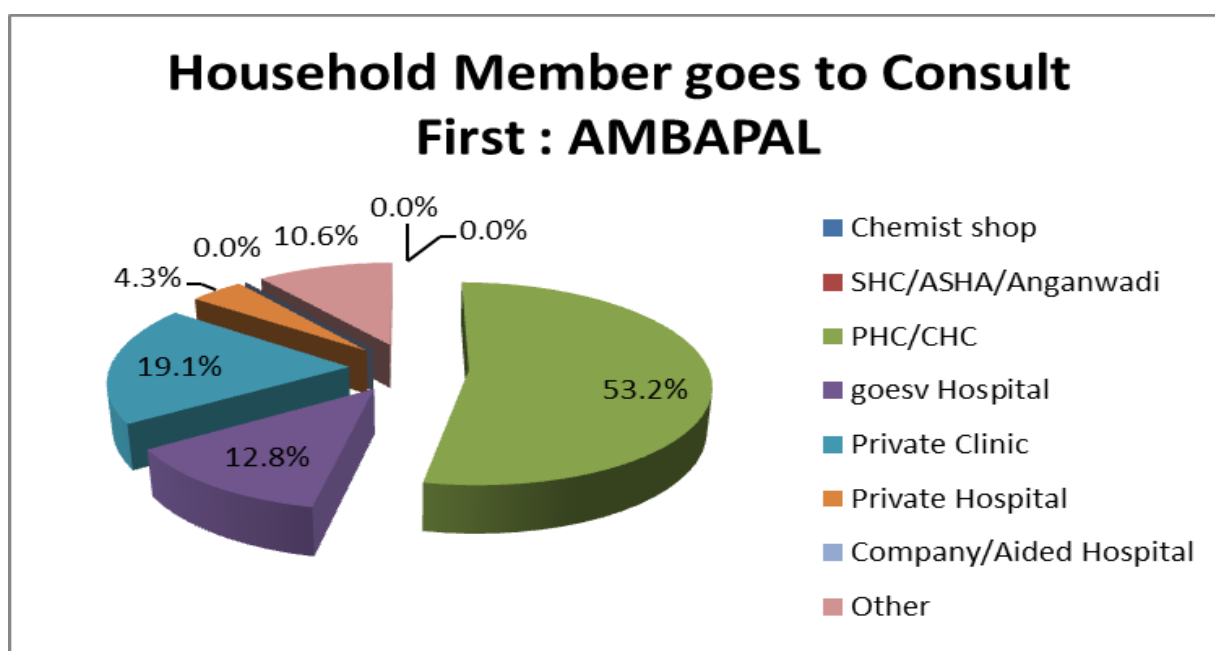
In the studied village students who are currently studying 27.3% of them are in primary school, 27.3% in upper primary school, 19.4% are in high secondary whereas no one is in higher



secondary. 63.6% of the children are enrolled in government institutions followed by 27.3% in private-aided institutions and 9.1% are in private-unaided institutions.

5.3.4 Health

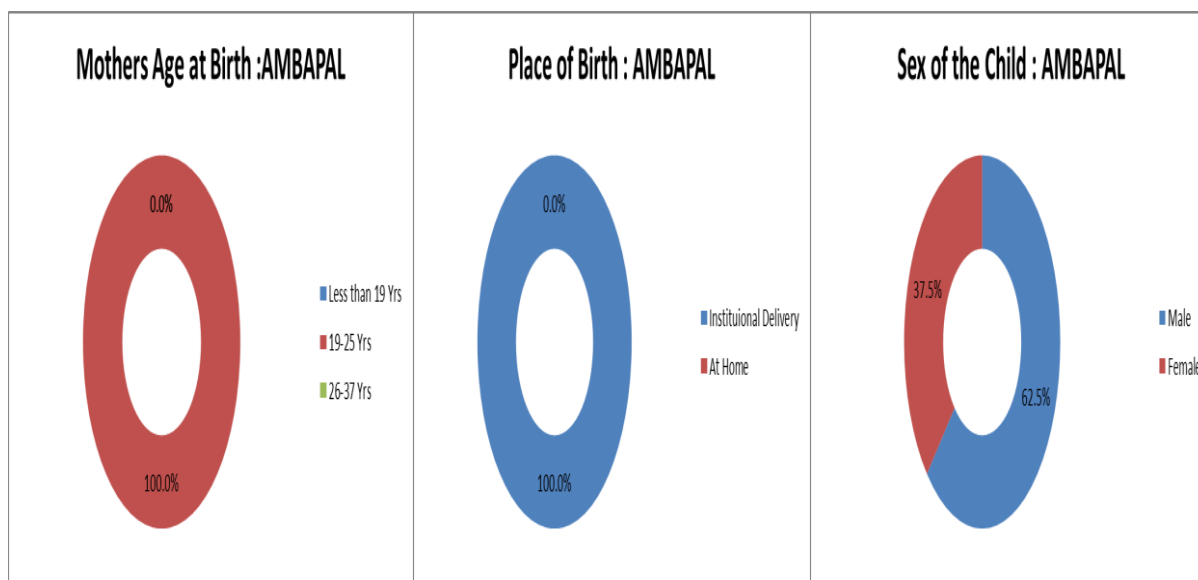
In Ambapal village 53.2% of sample household members claimed that they consult the PHC/CHC in case of any medical emergency while 12.8% consult government hospital for the same. 19.1% claimed that they consult private clinic whereas 4.3% claimed to consult at a



private hospital for health services. Around three fourth of the sample reported that they use government health care services like PHC/CHC, government hospital.

5.3.5 Maternal Health

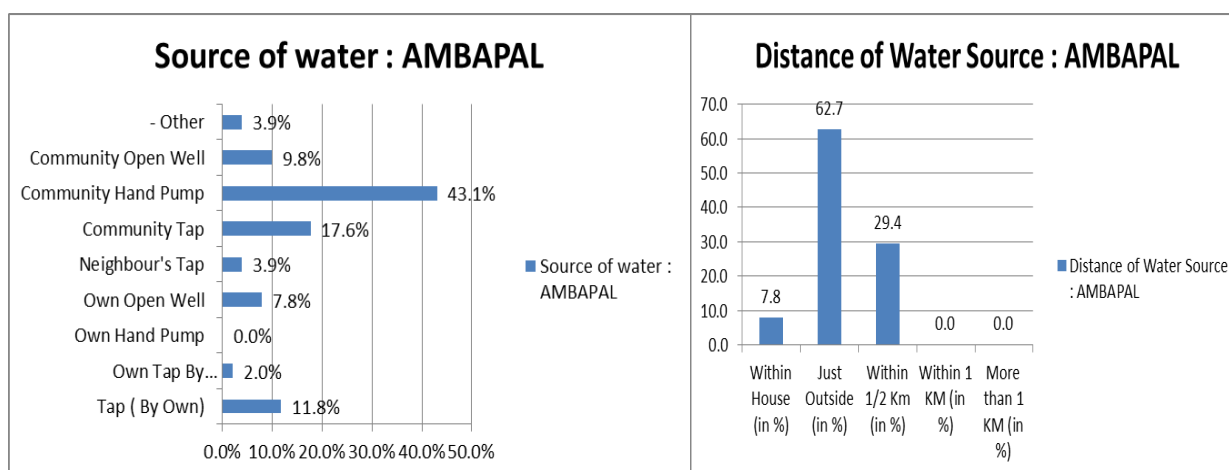
In Ambapal village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The



sex ratio among the kids of age group 0-3 years 37.5% are girl child and 62.5% are male child. Women who conceived a child in the last three years 100% of them were in the age group of 19-25 years at the time of delivery.

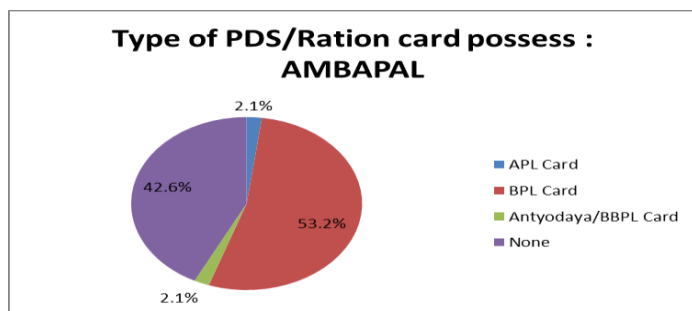
5.3.6 Water

In the studied village 43.1% of sample households are dependent upon hand pump for drinking water; more than 35% have tap water for drinking while 17.6% fetch water from open well. 7.8% of sample households have a water source in premise and 62.7% have just outside house while 29.4% needed to go around half km. to fetch water.



5.3.7 Public Distribution System

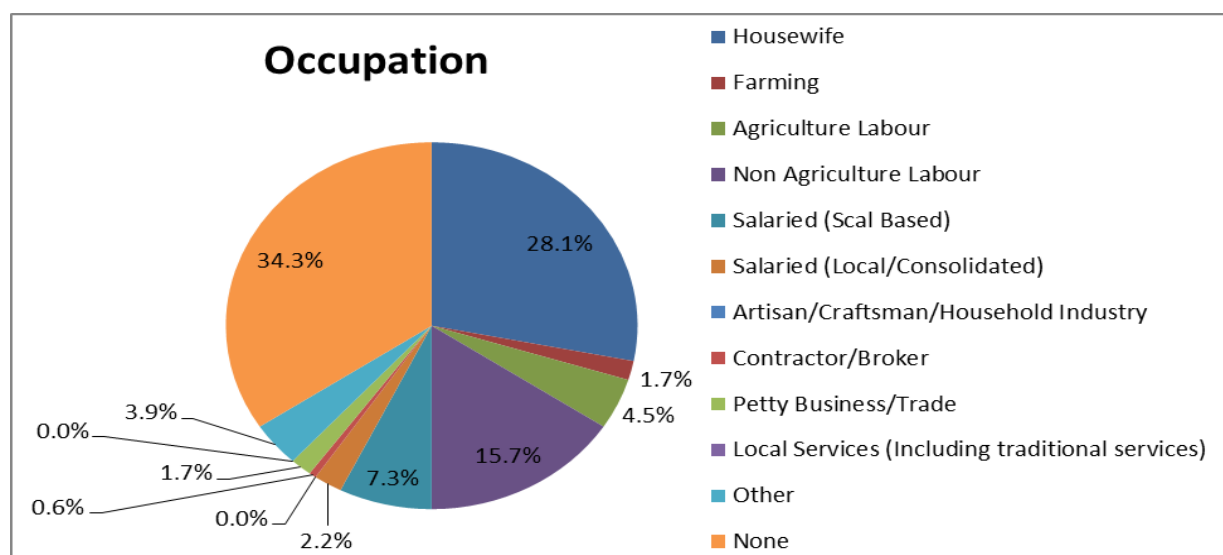
Most of the sample 53.2% reported having BPL Card, 2.1% of the sample said that they have an Antyodaya card/BBPL card and 42.9% have reported having none.



Among the sample households who have ration card 100% of them regularly avail PDS facility.

5.3.8 OCCUPATION

Among the sample household members 4.5% of the workforce are working as agriculture labour, 15.7% as non agriculture labour, 0.6% are involved in petty business for their livelihood, 9.5% are working as salaried employee either in government or private sector and

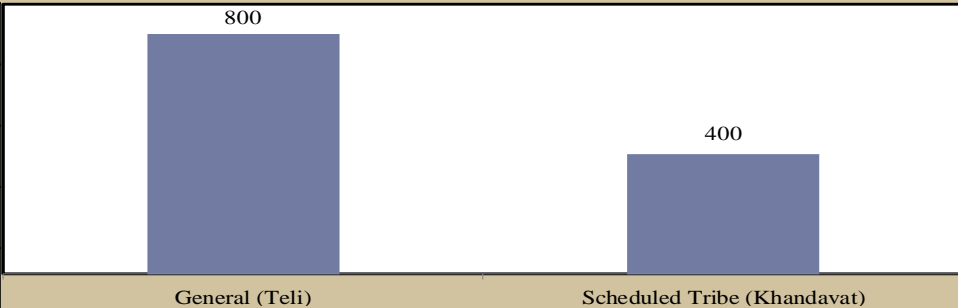


28.1% are housewives. 34.3% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

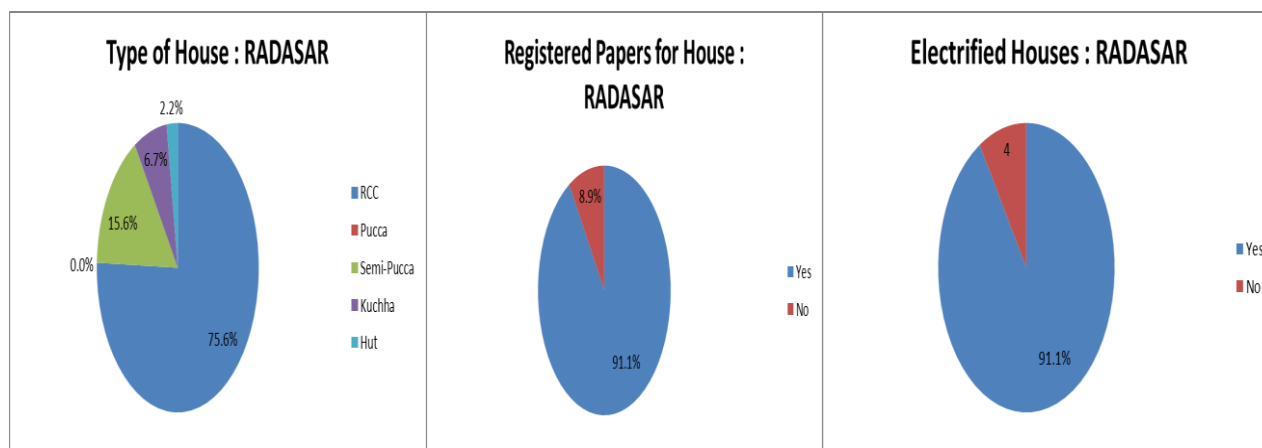
5.3.9 RECOMMENDATION:

1. Accessibility to drinking water is major problem in village 69% of the people using community resources for drinking water purpose.
2. 81% of the sample households do not have toilet facilities at all. People are ready to construct toilet if they will get any kind of subsidy.
3. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
4. Livelihood opportunity is a major problem. It needs to provide vocational training and create livelihood opportunity for villagers.
5. 42.9% of the sample households do not have any kind of ration cards. People need to aware for it.

5.4 RADARSAR

FLOOD PRONENESS		No									
ALKALINITY		No									
WATER LOGGING		No									
SOIL EROSION		No									
DROUGHT PRONENESS		Some 25%									
				General (Teli)		Scheduled Tribe (Khandavat)					
Household Taps		00		Facilities Available in the village		More than 5 Kms		Facilities Existing within 5 Kms.			
Public/Common Taps		12		PDS Shop		Degree College		Bus Stop		Dera	
YEAR		2011		Grocery Shop		ITI/ Polytechnic		Public Telephone Booth			
HOUSEHOLDS		1200		Cement/Tar road		Vocational training centre		Daily Market			
POPULATION		8400		Medical Shop/ Chemist		Pvt. Clinic (MBBS/ BAMS+)		Weekly Market			
Forest Produce				ASHA worker		Pvt./ CSR Hospital		DTP/Xerox Centre			
Firewood		Yes		Pre-Pri/Nursery School		Block Development Office		Post Office			
Fruits/Nuts		Yes		Govt. Primary School		Office		Bank for S/B Account		Gantapada	
Chief Crop Name		Area		Govt. Secondary School		Taluk Headquarters		CHC/ Govt. Gen. Hospital			
Paddy		1200 acres		RELIGION		House holds		Pvt. Secondary School			
				HINDU		1200		Higher Secondary School			
Land Distribution (In Acres):						District Headquarters		Pvt. Primary School			
Total Area		Irrigated		Non-Irrigated		Grazing		Forest			
2800		1200		1200		100		200		200	
								Gram Panchayat Office		Gondibanda	
								Co-operative Society			
								Veterinary Clinic			
								Heath Sub-Centre			
								Primary Health Centre		Handidhwa	
								Pvt. Clinic (RMP+)			
								Railway Station			
								Police Station			

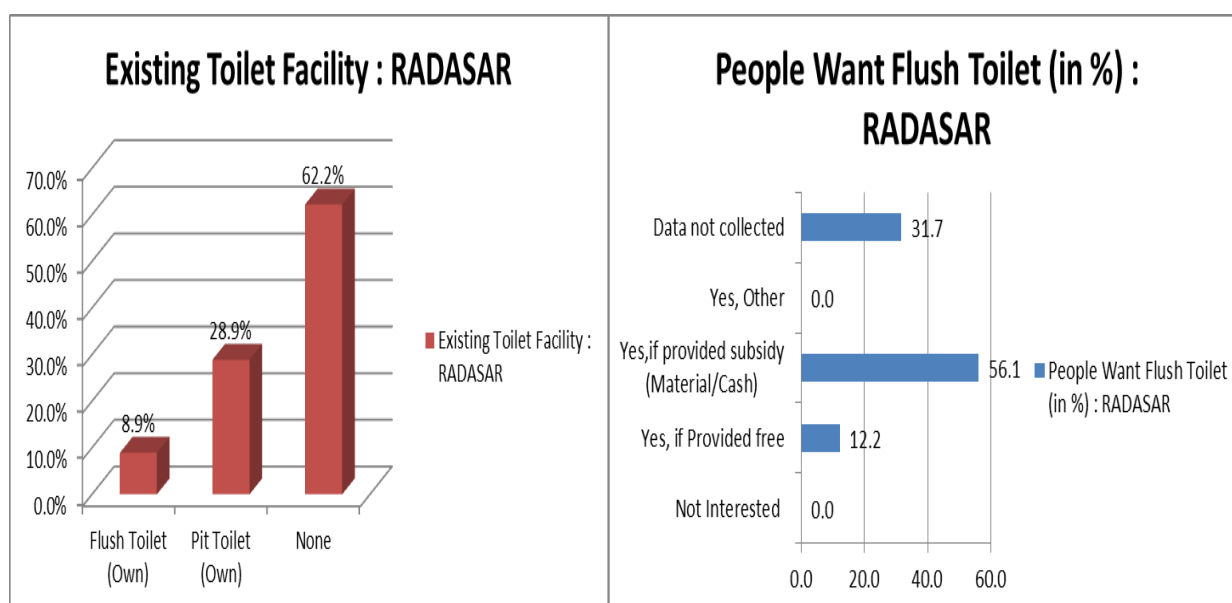
5.4.1 Household Status



The household status in the village of Radasar shows that around 9% of sample households reside in kuchha house or hut, three fourth of sample households reside in RCC house. Among the studied households around 91.1% have registered papers of their land holdings, 91.1% of the studied households are electrified.

5.4.2 Sanitation

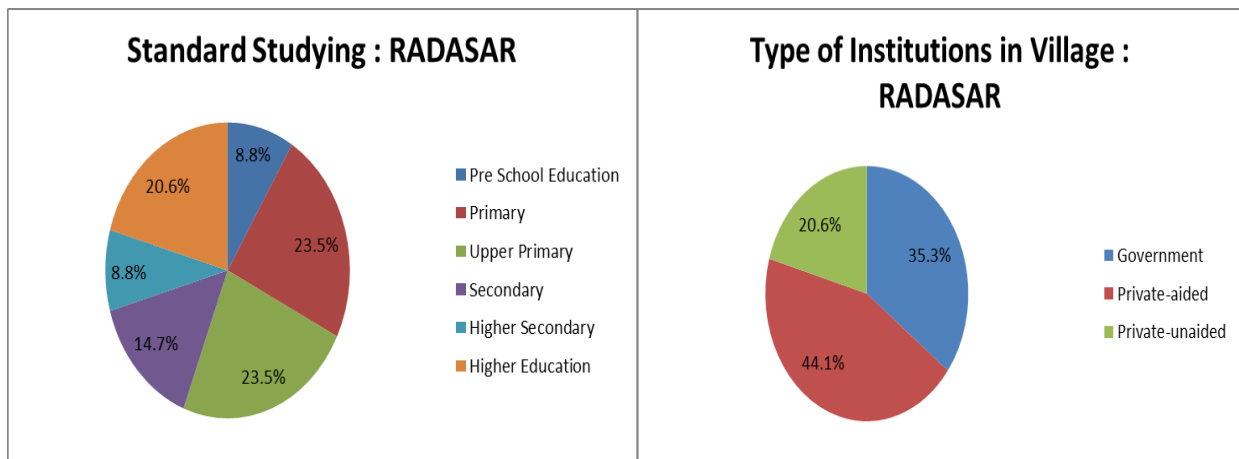
In Radasar village 62.2% sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own 56.1% of them would want a flush toilet if



it is provided through subsidy, 12.2% of them want the toilet if it is provided free.

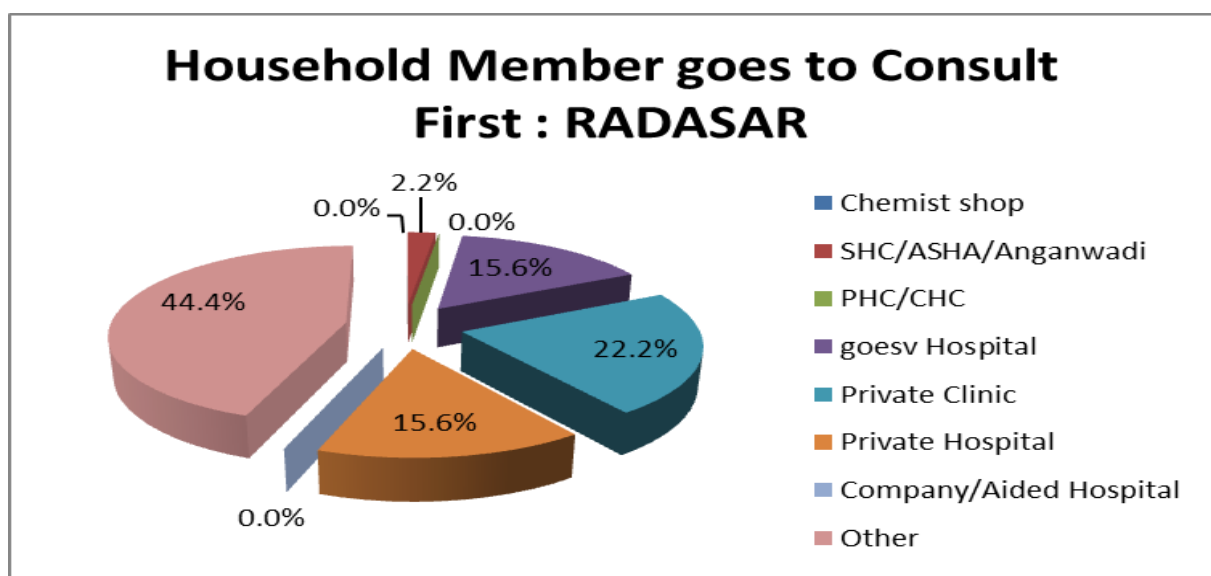
5.4.3 Education

Students who are currently studying 23.5% of them are in primary school, 23.5% in upper primary school, 14.7% are in higher secondary whereas 20.6% students are studying in higher education. 44.1% of the children are enrolled in private-aided institutions followed by 35.3% in government institutions and 20.6% in private-unaided institutions.



5.4.4 Health

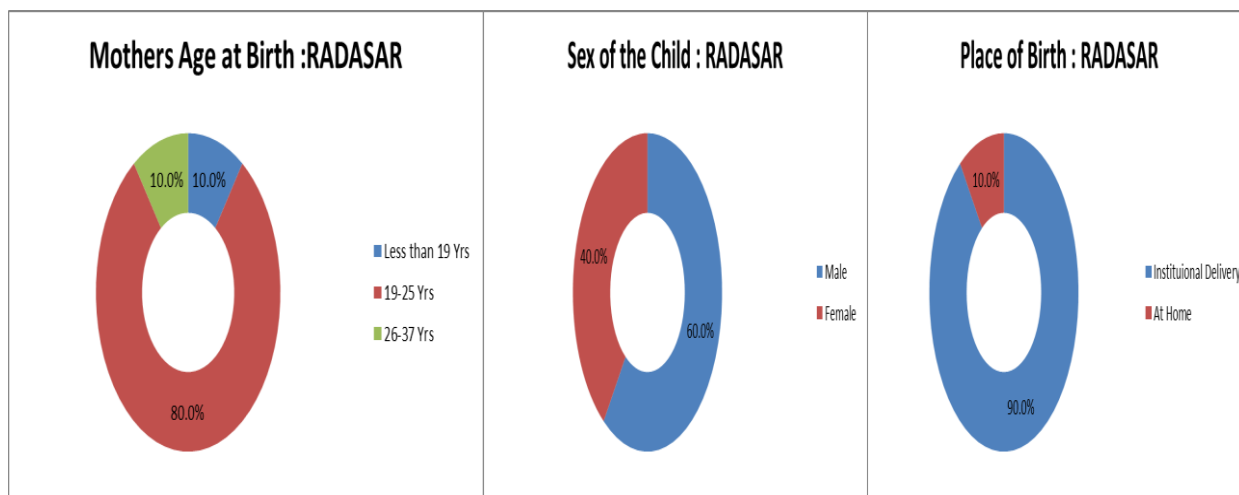
In Radasar village 15.6% of sample household members claimed that they consult government hospital in case of medical emergency while 22.2% said they consult private clinic and 15.6% claimed that they consult private hospital for the same. 44.4% of sample household members



go for other services which shoes the poor functioning of government health services.

5.4.5 Maternal Health

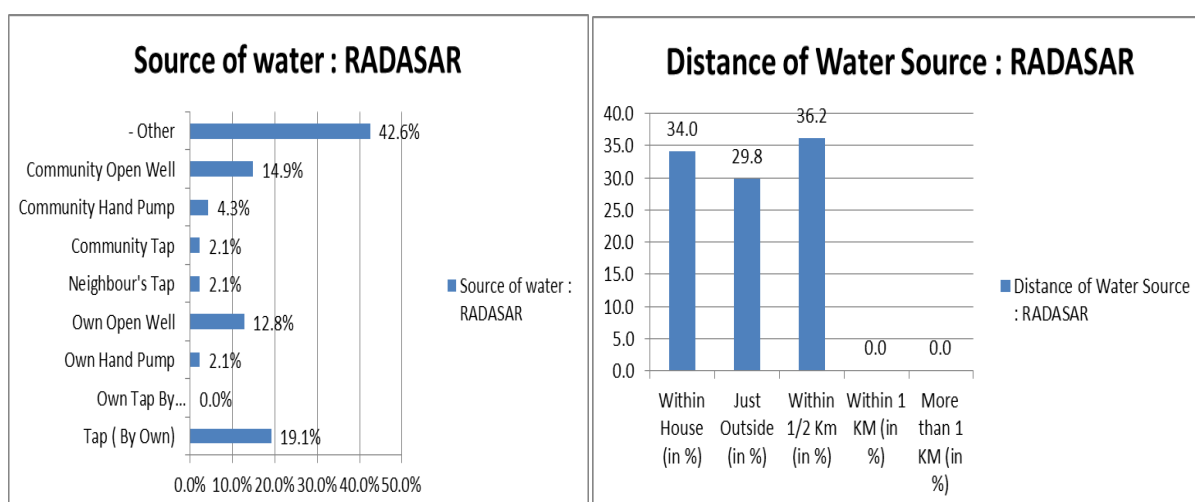
In the Radasar village among the sample households who witnessed the birth of a child in the last three years in their family 90% reported saying the delivery was institutional delivery



while only 10% households from the same category said that delivery was non-institutional.

The sex ratio among the kids of age group 0-3 years 40% are girl child and 60% are male child. Women who conceived a child in the last three years 10% of them were less than 19 years in age, 80% of them were in the age group of 19-25 years at the time of delivery while 10% were in the age group of 26-37 years.

5.4.6 Water

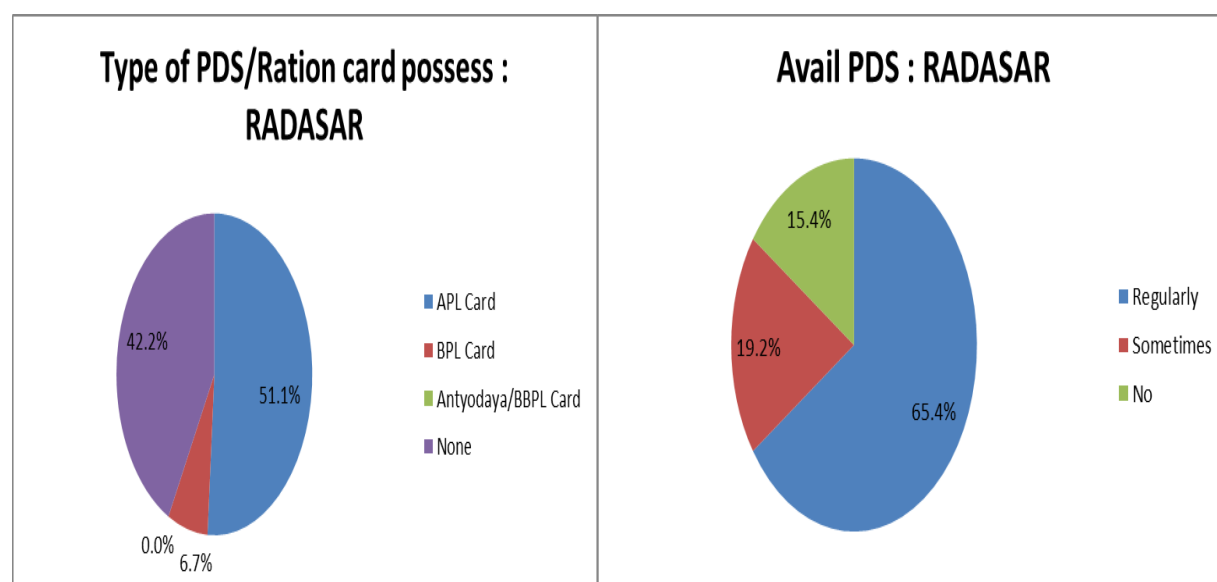


27.6% of the sample households reported saying that they use open well for drinking water purposes while piped water supply cover the 23.3% of the sample. Hand pump provides water

to 6.4% of the population. As reported during research 29.8% of the sample have water source located just outside the home while for a 34% sample it is located inside their premise. 36.2% of the sample said that they are supposed to walk around half Km to fetch water.

5.4.7 Public Distribution System

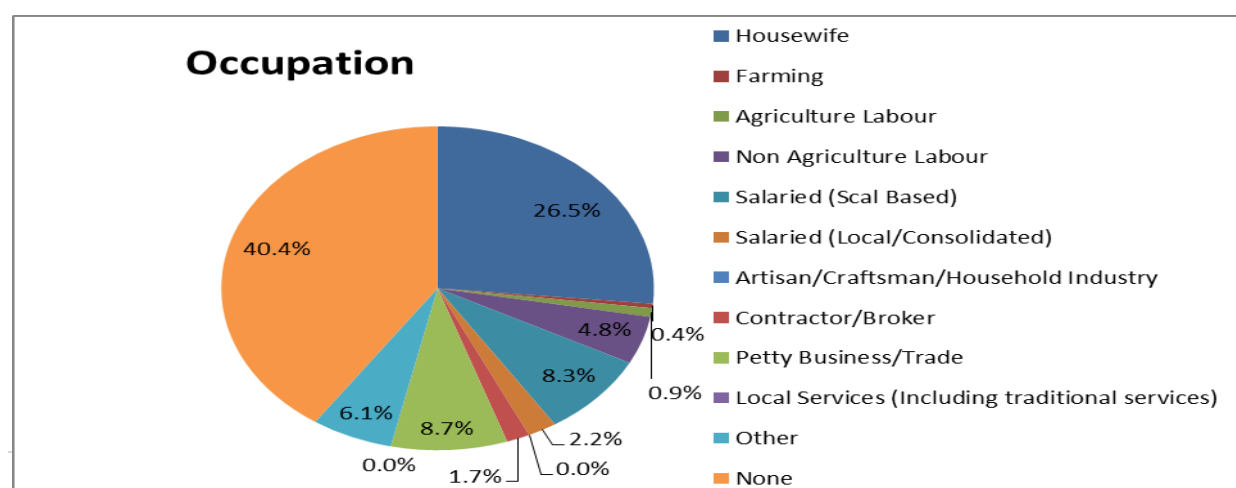
Among the sample 51.1% reported having an APL Card, and 6.7% have BPL Card and 42.2%



have reported having none. Among the sample households who have ration card 65.4% of them regularly avail PDS facility, 19.2% sometimes avail PDS facility and 15.4% do not avail PDS facility

5.4.8 OCCUPATION

Among the sample household members only 0.9% of the workforce are working as agriculture labour, 4.8 % as non agriculture labour, 8.7% are involved in petty business for their livelihood, 10.5% are working as salaried employee either in government or private sector and 26.5% are housewives. 40.4% said that they do not work at all however; it also includes



women who instead of saying housewives said that their primary Occupation is none.

5.4.9 RECOMMENDATION:

1. 62% of the sample households do not have toilet facilities at all. There is need to provide subsidy for toilet construction.
2. 36% people need to go around half km to fetch drinking water. There is need to improve drinking water facility in village.
3. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
4. Around 67% of the household members either do not work at all or housewife. It shows the need to create livelihood opportunity in village.
5. More than 40% of the sample households do not have any kind of ration card. People need awareness as well as help for it.

5.5 DERA

YEAR	2011
HOUSEHOLDS	1540
POPULATION	7500

Forest Produce	
Firewood	Yes
Fruits/Nuts/Leaves	Yes

RELIGION	House holds
HINDU	1540

Public/Common Tap Points 12

HH Tap Connections 0

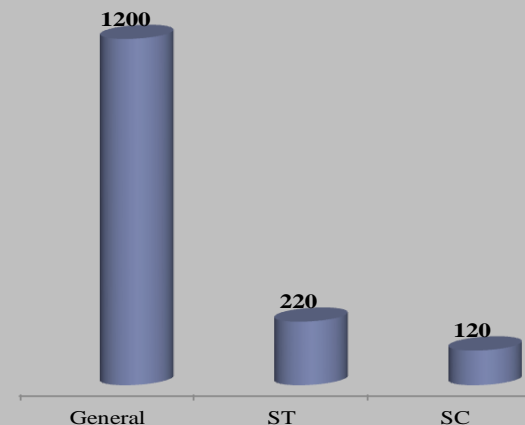
Chief Crop Name	Area
Paddy	5500 acres
Muga	1500 acres

Land Distribution:					
Total Area	Non-Irrigated	Irrigated	Grazing	Forest	Wasteland
11000 acres	3000 acres	7000	700 acres	200 acres	100 acres

Dera.

Facilities Available in the village
Playground
Cement/Tar road
Bus Stop
Public Telephone Booth
Daily Market
Weekly Market
PDS Shop
Grocery Shop
DTP/Xerox Centre
Post Office
Gram Panchayat Office
Co-operative Society
Bank for S/B Account
Veterinary Clinic
Medical Shop/ Chemist
ASHA worker
Heath Sub-Centre
Pvt. Secondary School
Higher Secondary School
Pvt. Primary School
Govt. Secondary School
Pre-Pri/Nursery School
Govt. Primary School

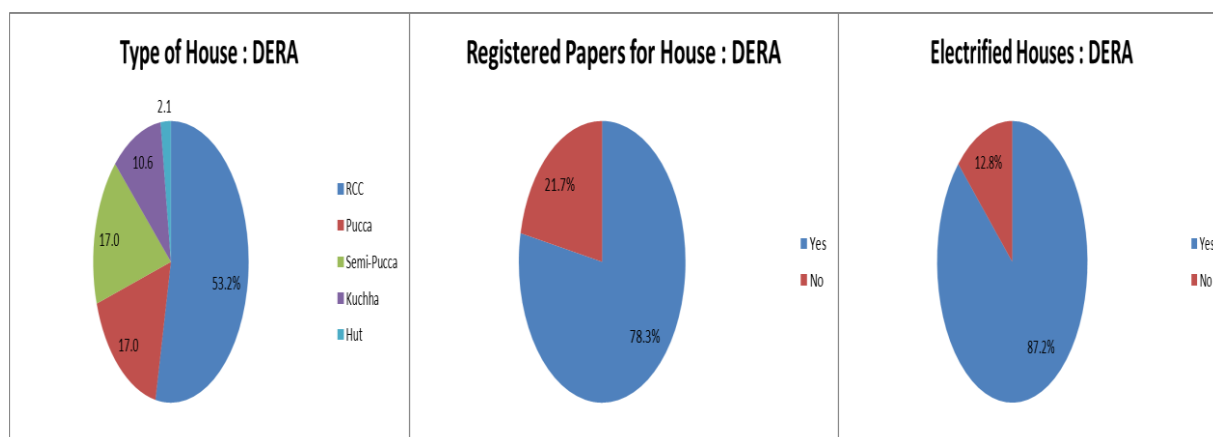
Households



Facilities Existing within 5 kms.

Railway Station	Handidhua
Police Station	
Degree College	
ITI/ Polytechnic	Talcher
Vocational training centre	
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	
CHC/ Govt. Gen. Hospital	Godibanda
Primary Health Centre	
Block Development Office	Talcher
Taluk Headquarters	

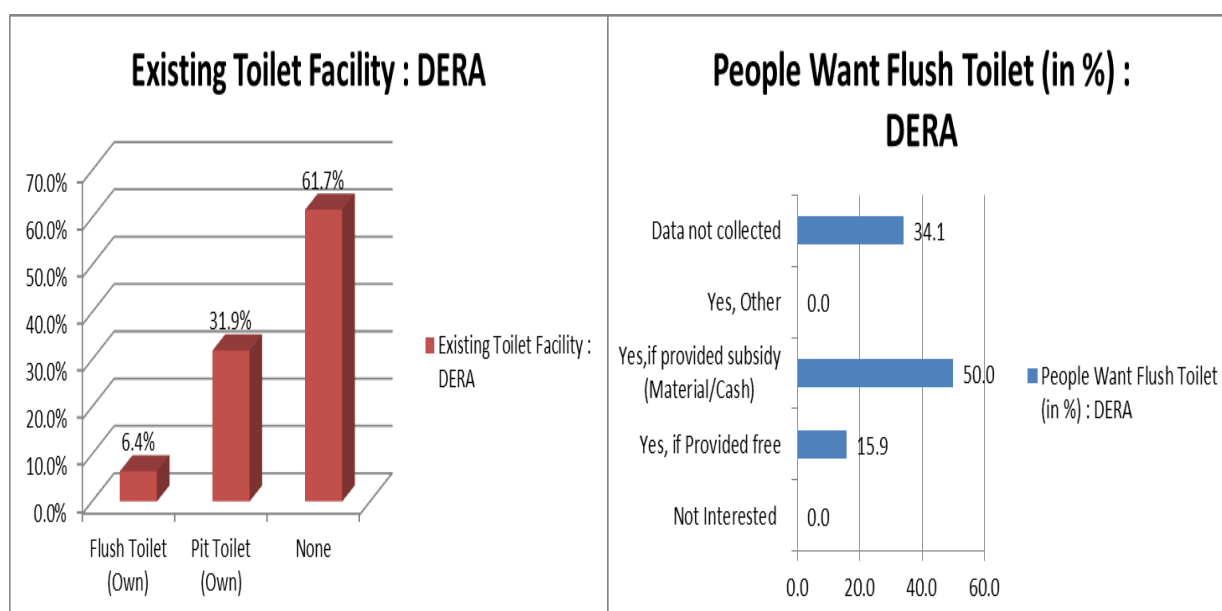
5.5.1 Household Status



The household status in the village of Dera shows that 70.2% of sample households reside in RCC and Pucca house, 17 % of sample households reside in Semi-Pucca house while 12.7% are living in kuchha house or hut. Among the studied households around 78.3% have registered papers of their land holdings, 87.2% of the studied households are electrified.

5.5.2 Sanitation

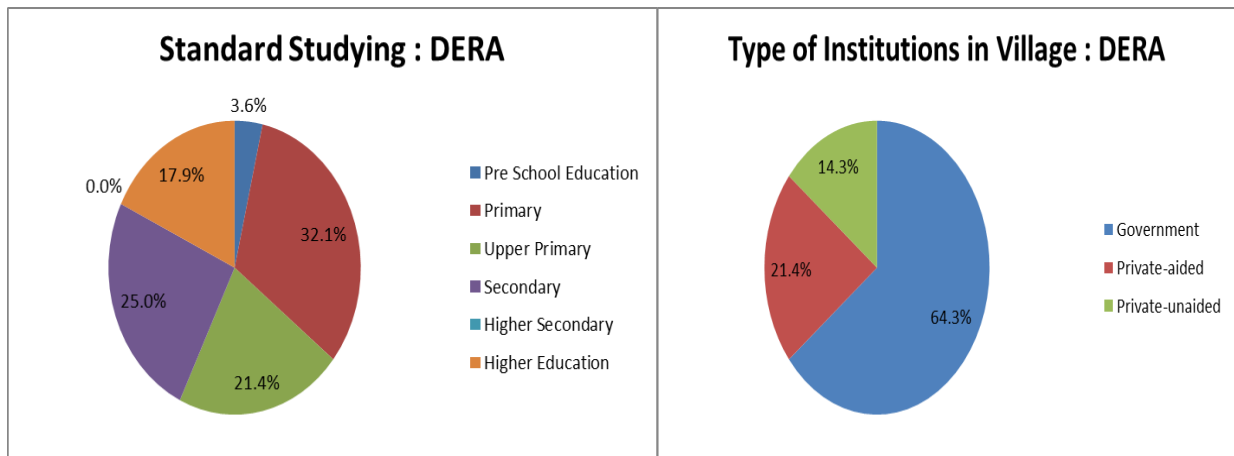
In studied village 61.7% sample households do not have toilet facility of their own. Among the households who do not have toilet of their own 50% of them would want a flush toilet if it is



provided through subsidy, 15.9% of them want the toilet if it is provided free.

5.5.3 Education

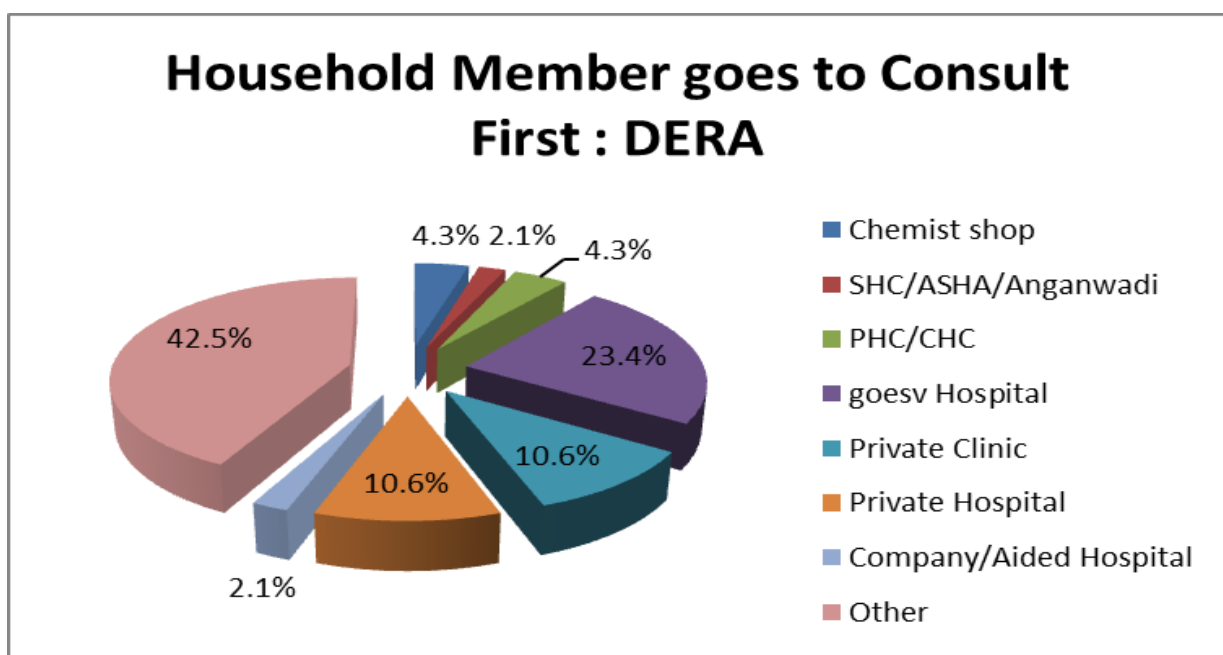
In the studied village of Dera students who are currently studying 32.1% of them are in primary school, 21.4% in upper primary school, 25% are in secondary whereas no one is in



higher secondary. 64.3% of the children are enrolled in government institutions followed by 21.4% in private-aided institutions and 14.3% are in private-unaided institutions.

5.5.4 Health

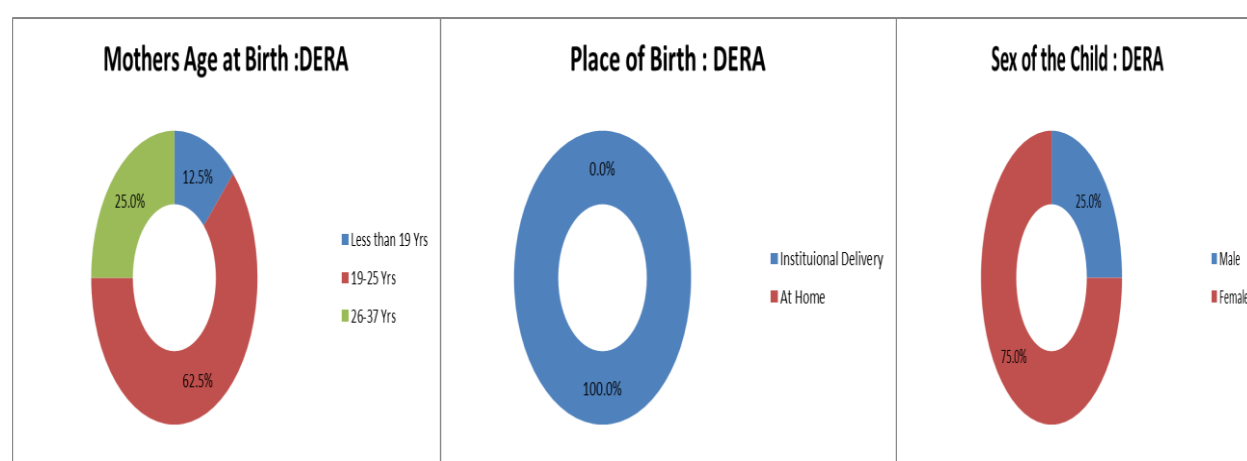
Among the sample 23.4% claimed that they consult government hospital first in case of any medical emergency while 10.6% of the sample said that they consult a private clinic and 10.6% consult private hospital for the same. 2.1% of the sample claimed that they consult company aided hospital in case of medical emergency and 4.3% consult chemist shop for the same. But



the majority of the sample which is above 42% go for other sources for medical emergency.

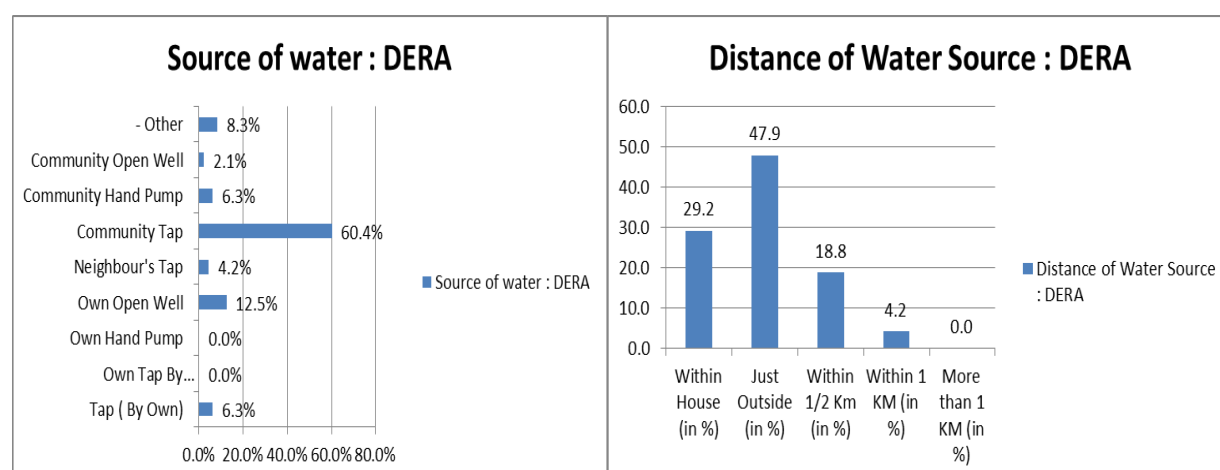
5.5.5 Maternal Health

In Dera village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 75% are girl child and 25% are male child. Women who conceived a child in the last three years 12.5% of them were less than 19 years of age, 62.5% of them were in the age group of 19-25 years at the time of delivery while 25% were in the age group of 26-37 years.



5.5.6 Water

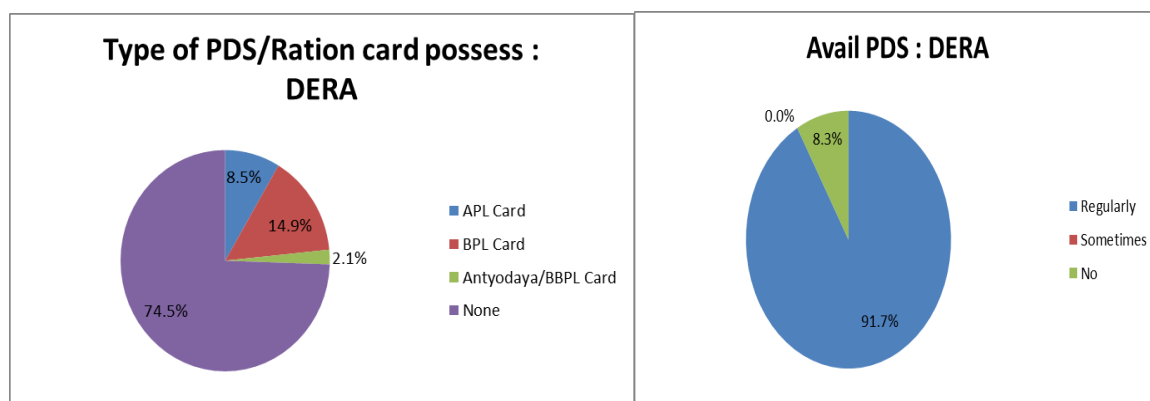
In Dera, 71% of the sample households reported that they use piped water for drinking purposes. Another 14.6% claimed that they get water from an open well whereas 6.3% of



sample households depend on hand pump for drinking water and 8.3% uses another source. 47.9% of the sample informed that water source is located just outside the house while for only

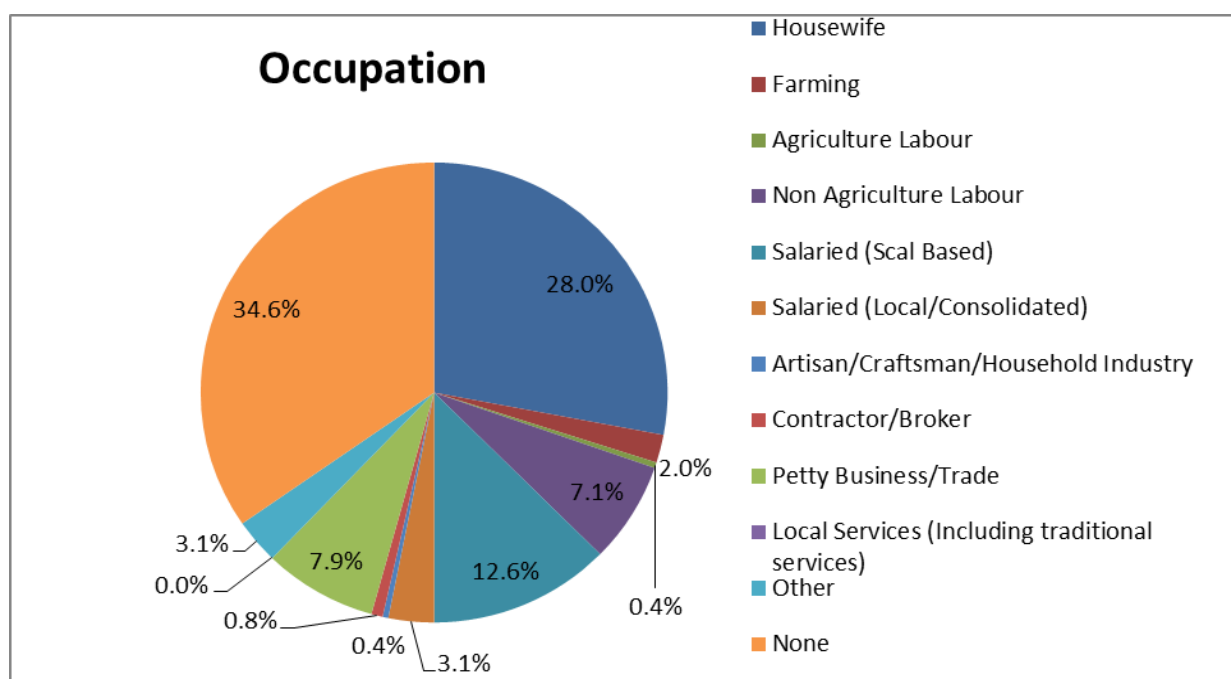
29.2% of sample it is located inside their premise. 4.2% of the sample said that they have to walk almost one Km to fetch drinking water.

5.5.7 Public Distribution System



5.5.8 OCCUPATION

Among the sample household members only 0.4% of the workforces are working as agriculture labour, 7.1% as non-agricultural labour, and 7.9% are involved in petty business for their livelihood, 16% are working as salaried employee either in government or private sector and 28% are housewives. 34.6% said that they do not work at all however; it also includes women



who instead of saying housewives said that their primary Occupation is none.

5.5.9 RECOMMENDATION:

1. Highest no of Kuchha houses are in Natada. Only one Indira aawas constructed by Government scheme. People need to avail housing schemes.
2. Accessibility to drinking water is major problem in village 4.2% of the sample households need to go 1 km and 18.8% needs to go half km to fetch drinking water. It needs to provide drinking water facility.
3. 61.7% sample households do not have toilet facilities at all. People are ready to construct toilet if they will get any kind of subsidy.
4. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
5. 12.7% of the households do not have electricity. MCL and Gram Panchyat can provide electricity by traditional means like solar energy.

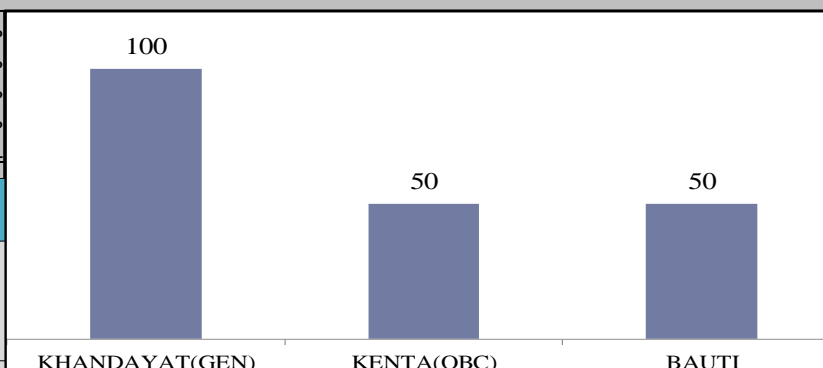
5.6 KUMUNDA

FLOOD PRONENESS	SOME 25%
ALKALINITY	SOME 25%
WATER LOGGING	SOME 25%
SOIL EROSION	SOME 25%
DROUGHT PRONENESS	ALMOST NIL

YEAR	2011	More than 5 Kms			
HOUSEHOLDS	400	Handidhua			
POPULATION	2000				
Forest Produce		Talcher			
Coal Collection	Yes				
FIREWOOD	Yes	Angul			
Public/Common Tap Points	4				
HH Tap Connections	0	Talcher			
Chief Crop Name	Area				
Paddy	800 Acres	Talcher			

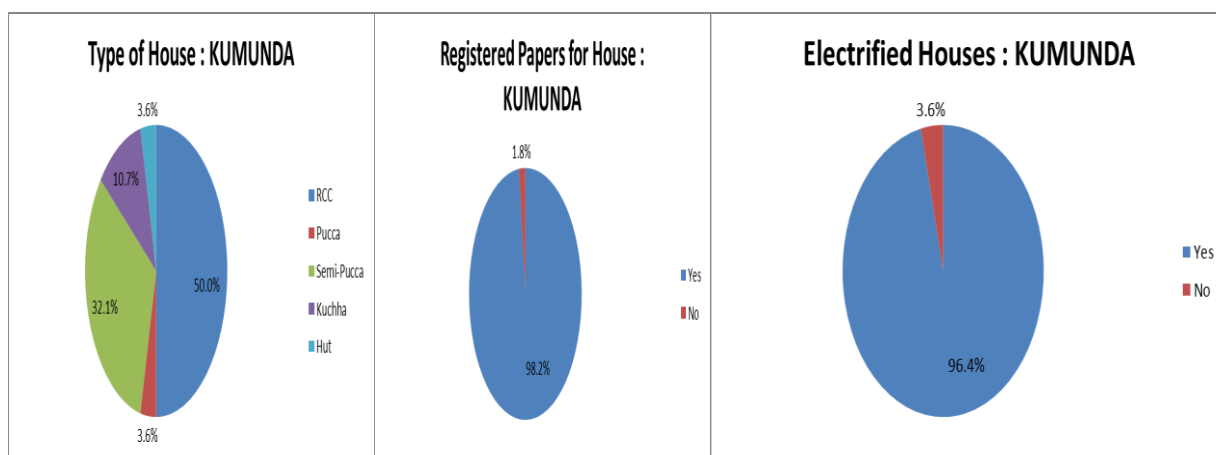
Land Distribution (In Acre)					
Total Area	Irrigated	Non-Irrigated	Grazing	Forest	Wasteland
1600	800	200	300	200	100

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



Facilities Existing within 5 kms.		Facilities Available in the village	
Public Telephone Booth	Gopalprasad	Cement/Tar road	
Daily Market		Bus Stop	
Weekly Market		PDS Shop	
DTP/Xerox Centre		Grocery Shop	
Post Office		Gram Panchayat Office	
Pvt./ CSR Hospital		Heath Sub-Centre	
Medical Shop/ Chemist	Bharatpur	Veterinary Clinic	
Pre-Pri/Nursery School		ASHA worker	
Pvt. Primary School		Dai (Trained/ Untrained)	
Pvt. Secondary School	Danara	Govt. Primary School	
Higher Secondary School		Govt. Secondary School	
Co-operative Society	Kalama Chhuin		
Bank for S/B Account			
PHC	Badajorada		
CHC/Govt Gen Hospital			
Vocational training centre			

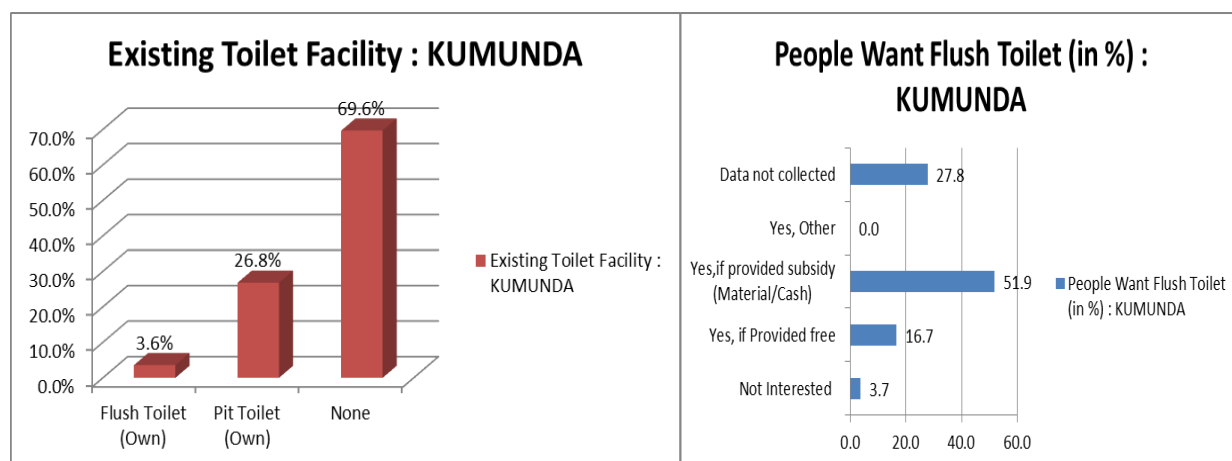
5.6.1 Household Status



The household status in study village shows that 53.6% of sample households reside in RCC or pucca house, 32.1 % of sample households reside in Semi-Pucca house while 14.3% are living in kuchha house or hut. Among the studied households around 98.2% have registered papers of their land holdings, 96.4% of the studied households are electrified.

5.6.2 Sanitation

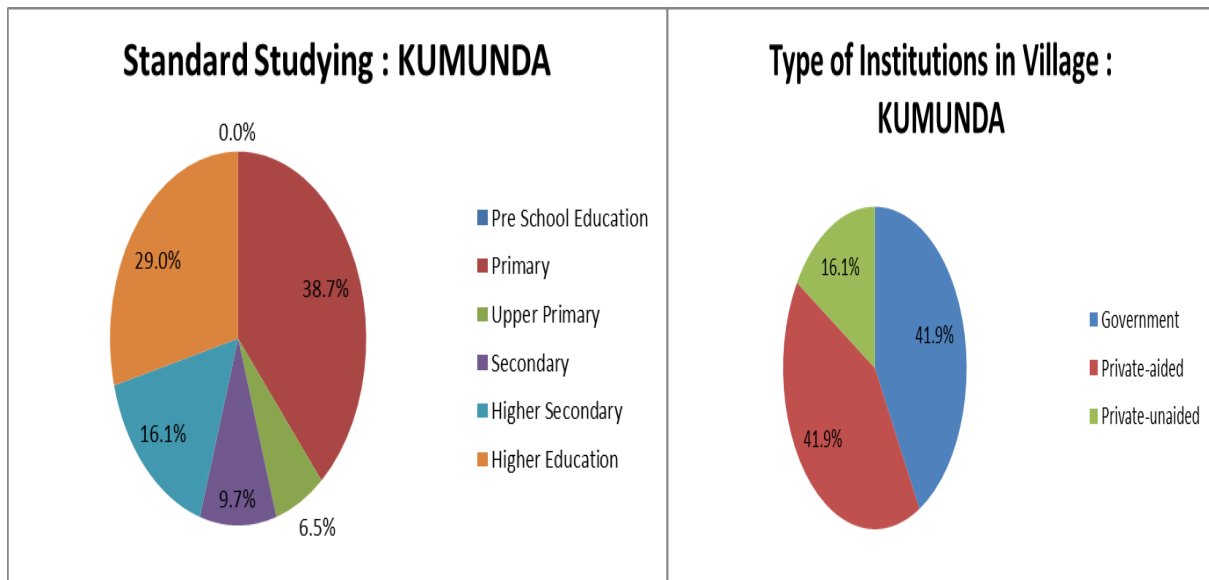
In Kumunda village 69.6% sample households do not have toilet facility at all. Among the households who do not have a toilet of their own 51.9% of them would want a flush toilet if it



is provided through subsidy, 16.7% of them want the toilet if it is provided free and 3.7% are not interested at all.

5.6.3 Education

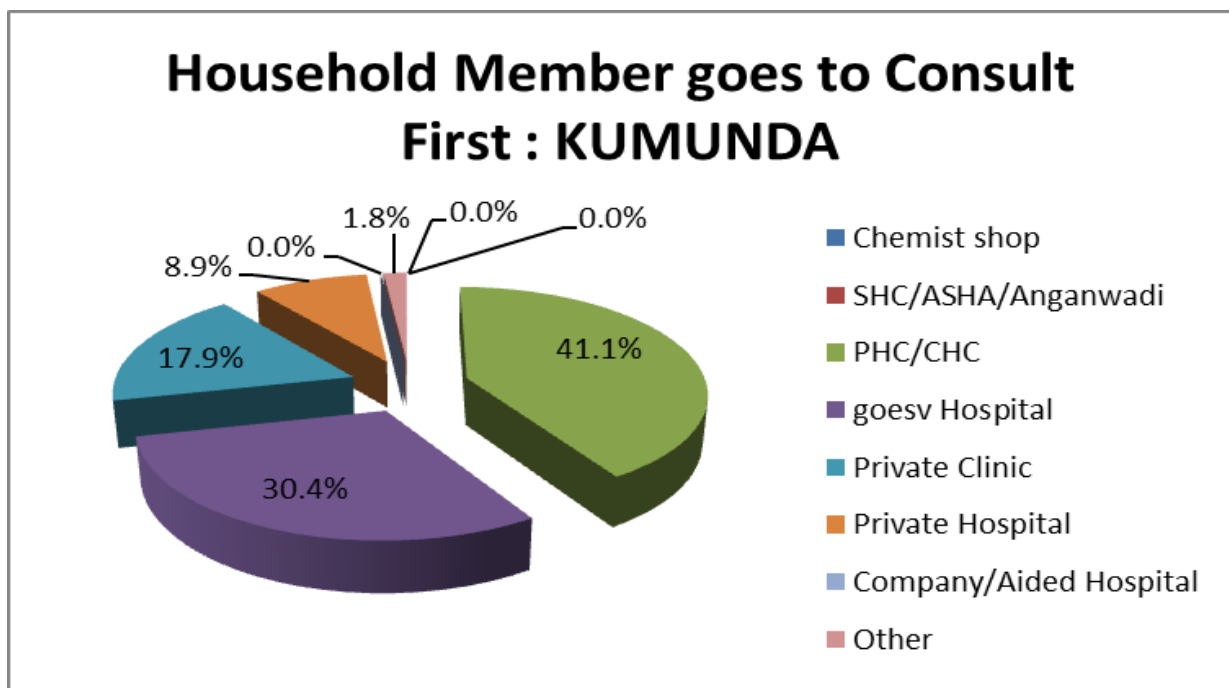
In the studied village students who are currently studying 38.7% of them are in primary school,



6.5% in upper primary school, 16.1% are in higher secondary, 29% is in higher education. 41.9% of the children are enrolled in government institutions followed by 41.9% in private-aided institutions and 16.1% are in private-unaided institutions.

5.6.4 Health

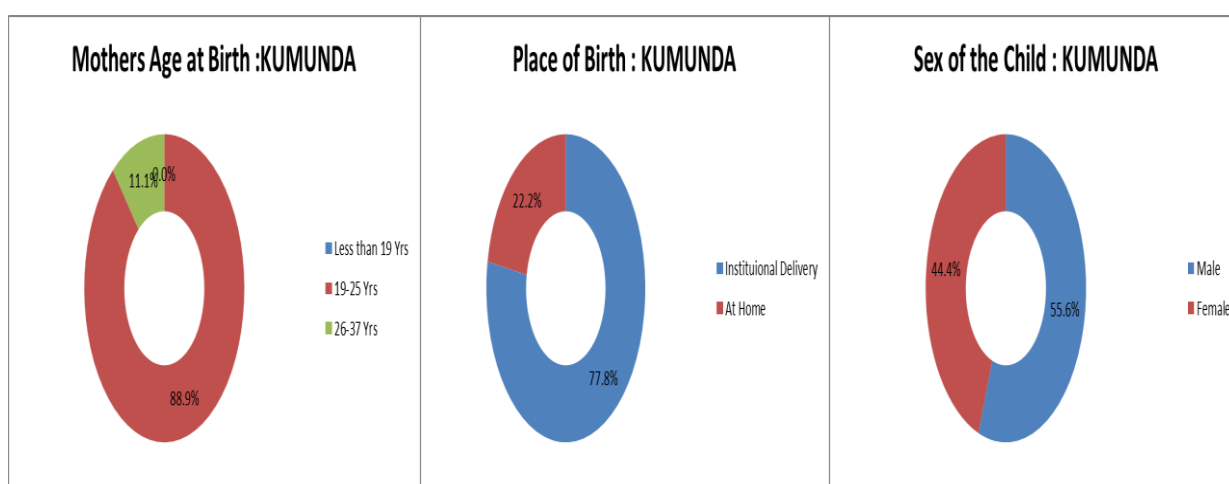
Among the sample in Kumunda village 41.1% claimed that they consult PHC/CHC in case of medical emergency while 30.4% of the sample said they consult government hospital for the



same. 17.9% of sample household members go to private clinic and 8.9% consult private hospital for medical emergencies.

5.6.5 Maternal Health

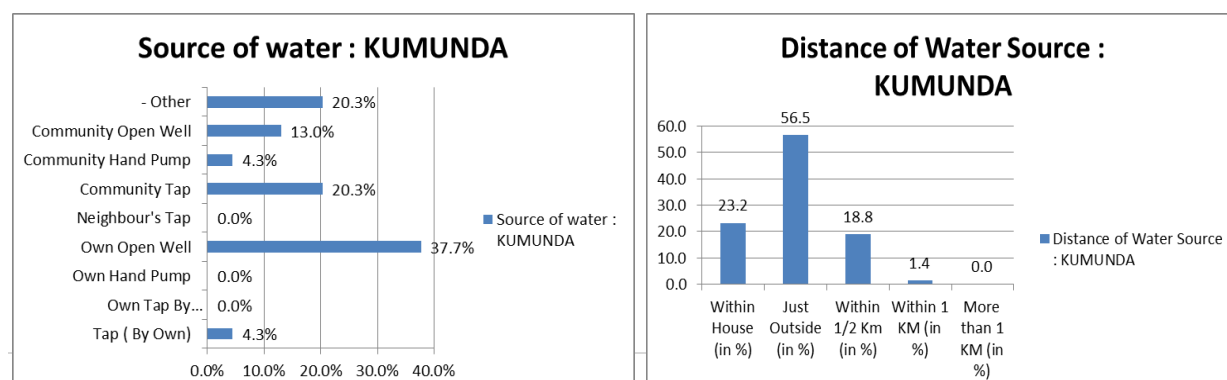
In studying village among the sample households who witnessed the birth of a child in the last three years in their family 77.8% reported saying the delivery was institutional delivery while only 22.2% households from the same category said that delivery was non-institutional. The sex ratio among the kids of age group 0-3 years 44.4% are girl child and 55.6% are male child.



Women who conceived a child in the last three years 88.9% of them were in the age group of 19-25 years at the time of delivery while 11.1% were in the age group of 26-37 years

5.6.6 Water

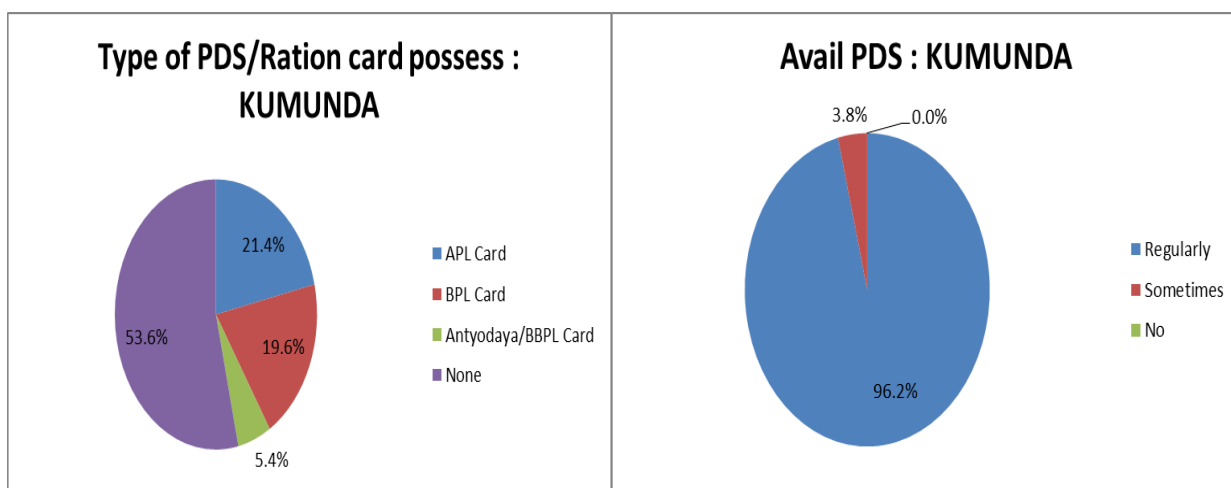
In studied village more than half of the sample households reported that they use open well for the drinking water purposes. Another 4.3% claimed that they get water from community hand pump, 20.3% said that they use community tap, 20.3% use other source and 4.3% of the population uses own tap. 56.5% of the sample informed that water source is located just outside the house while for 23.3% of sample it is located inside their premise. 1.4% of the



sample said that they have to walk almost one Km. to fetch drinking water.

5.6.7 Public Distribution System

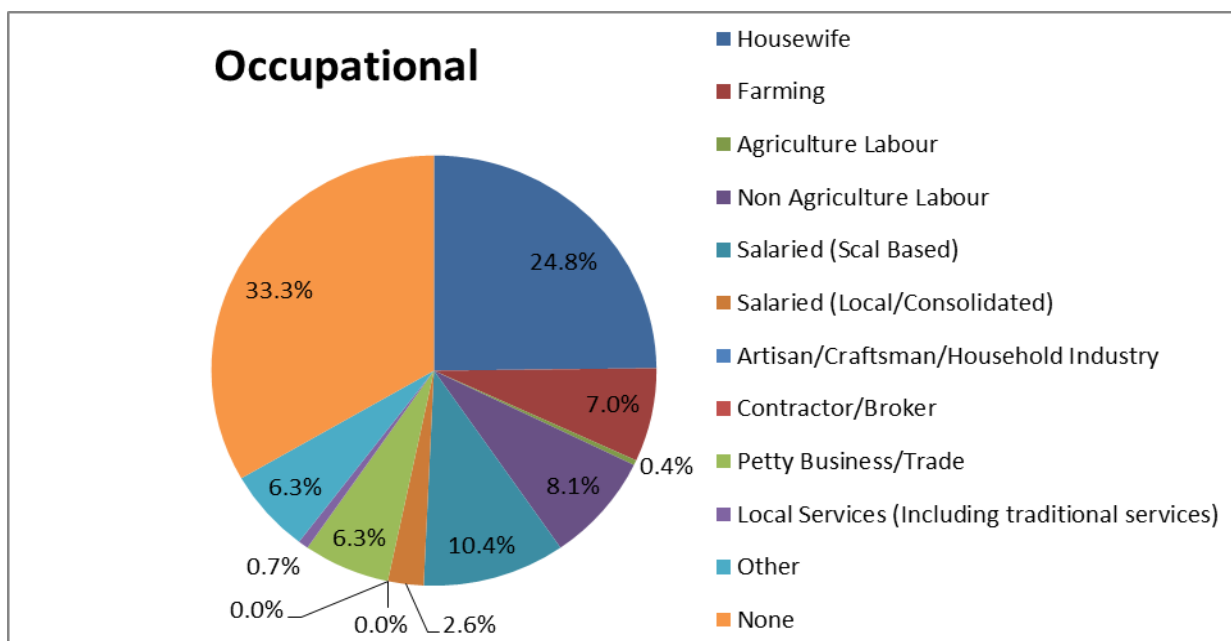
In the studied village among the sample 21.4% reported having an APL Card, 19.6% have BPL Card, 5.4% of the sample said that they have an Antyodaya/BBPL card and more than half of the sample (53.6%) have reported having none. Among the sample households who have ration card 96.2% of them regularly avail PDS facility and 3.8% sometimes avail PDS



facility.

5.6.8 OCCUPATION

Among the sample household members only 0.4% of the workforce is working as agriculture labour, 8.1% as non agriculture labour, 6.3% are involved in petty business for their livelihood, 13% are working as salaried employee either in government or private sector and



24.8% are housewives. 33.3% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

5.6.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 70% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
4. Among the deliveries one fourth of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
5. More than half of the sample households do not have ration card at all. Company can work with Gram panchayat for awareness on it.
6. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.

5.7 HANDIDHUA

YEAR	2009
HOUSEHOLDS	2500
POPULATION	12000

RELIGION	House holds
HINDU	2000
MUSLIM	210

Forest Produce	
Firewood	Yes
Fruits/Nuts/Leaves	Yes

Public/Common Tap Points	10
HH Tap Connections	20

Chief Crop Name	Area
Paddy	3000 acres

Handidhua.

Facilities Existing within 5 kms.

Block Development Office	Talcher
Taluk Headquarters	
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	
Pvt. Secondary School	Dera
Higher Secondary School	
Pvt. Primary School	
Heath Sub-Centre	Godibanda
Primary Health Centre	
CHC/ Govt. Gen. Hospital	

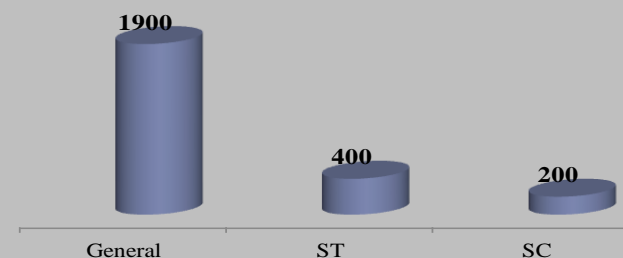
Facilities Existing more than 5 Kms

Degree College	Talcher
ITI/ Polytechnic	
Vocational training centre	
District Headquarters	Angul

Land Distribution:

Total Area	Irrigated	Non- Irrigated	Wasteland
10000 acres	3000 acres	2000 acres	100 acres

Households

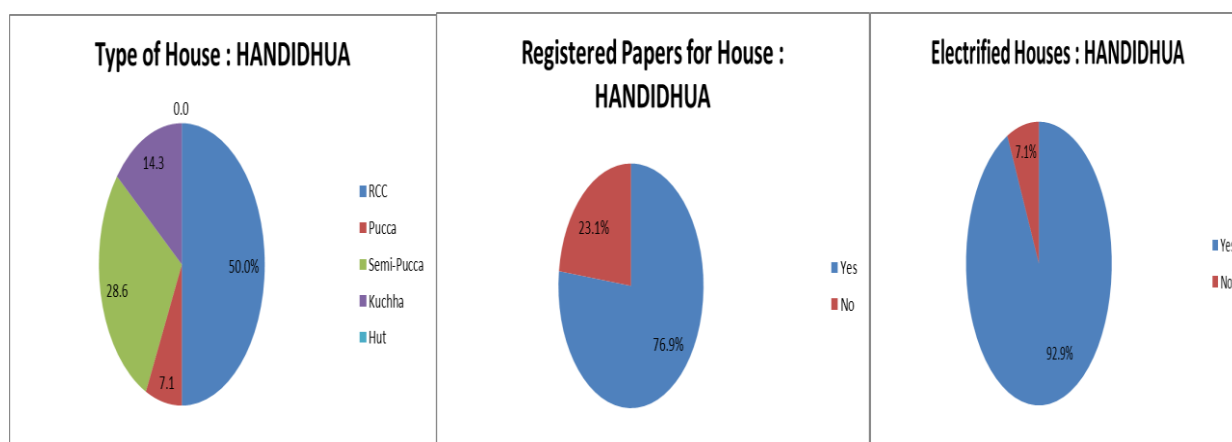


Facilities Available in the village

Playground
Samaaj Mandir
Cement/Tar road
Bus Stop
Public Telephone Booth
Daily Market
Weekly Market
PDS Shop
Grocery Shop
DTP/Xerox Centre
Post Office
Railway Station
Police Station
Co-operative Society
Bank for S/B Account
Veterinary Clinic
Medical Shop/ Chemist
ASHA worker
Pre-Pri/Nursery School
Govt. Primary School

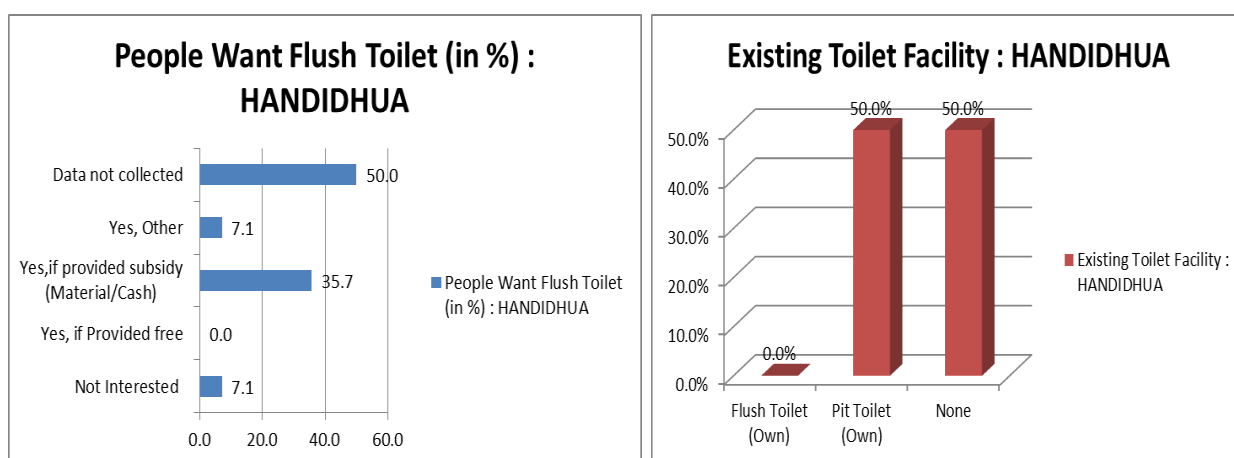
5.7.1 Household Status

In the village of Handidhwa shows that 57.1% of sample households reside in RCC or pucca



house, 28.6 % of sample households reside in Semi-Pucca house while 14.3% are living in kuchha house. Among the studied households around 76.9% have registered papers of their land holdings, 92.9% of the studied households are electrified.

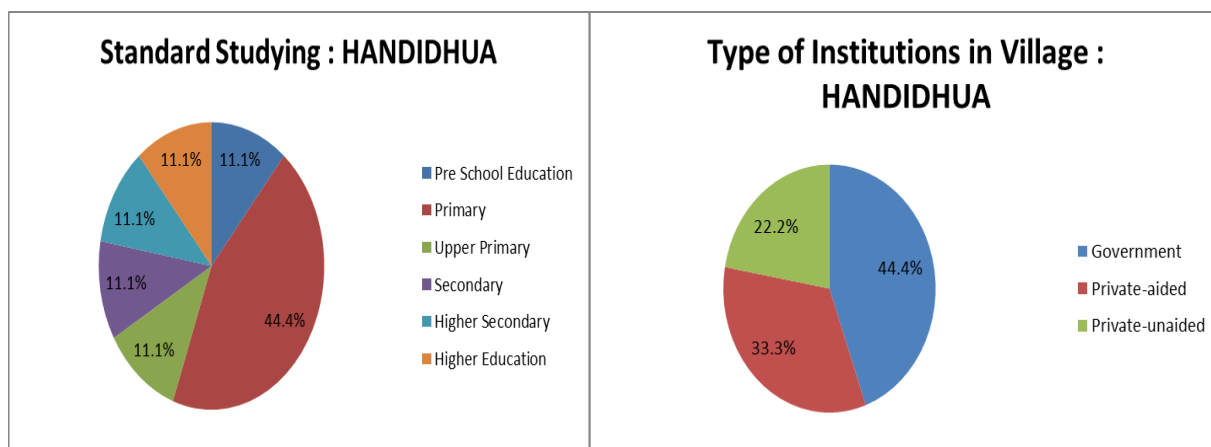
5.7.2 Sanitation



In Handidhwa village half of the sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own around 36% of them would want a flush toilet if it is provided through subsidy and 7.1% of them not interested at all. 7% is a big number so there is need to know the reason behind the lack of interest for a toilet by households.

5.7.3 Education

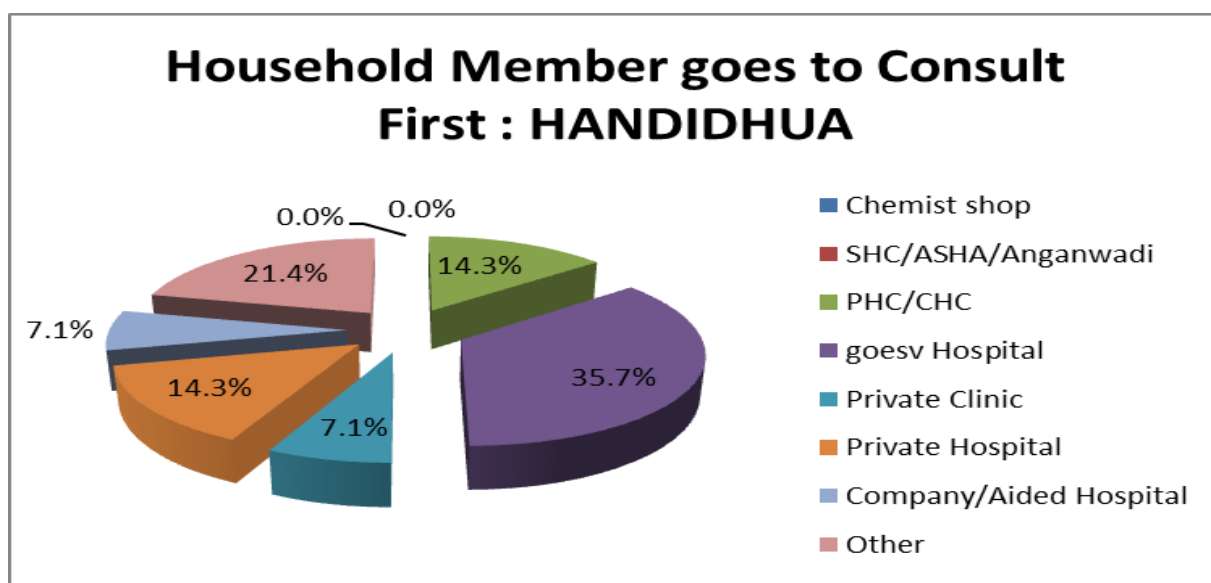
Students who are currently studying 44.4% of them are in primary school, 11.1% in upper primary school, 11.1% are in higher secondary whereas 11.1% students are studying in higher



education. 44.4% of the children are enrolled in government institutions followed by 33.3% in private-aided institutions and 22.2% are in private-unaided institutions

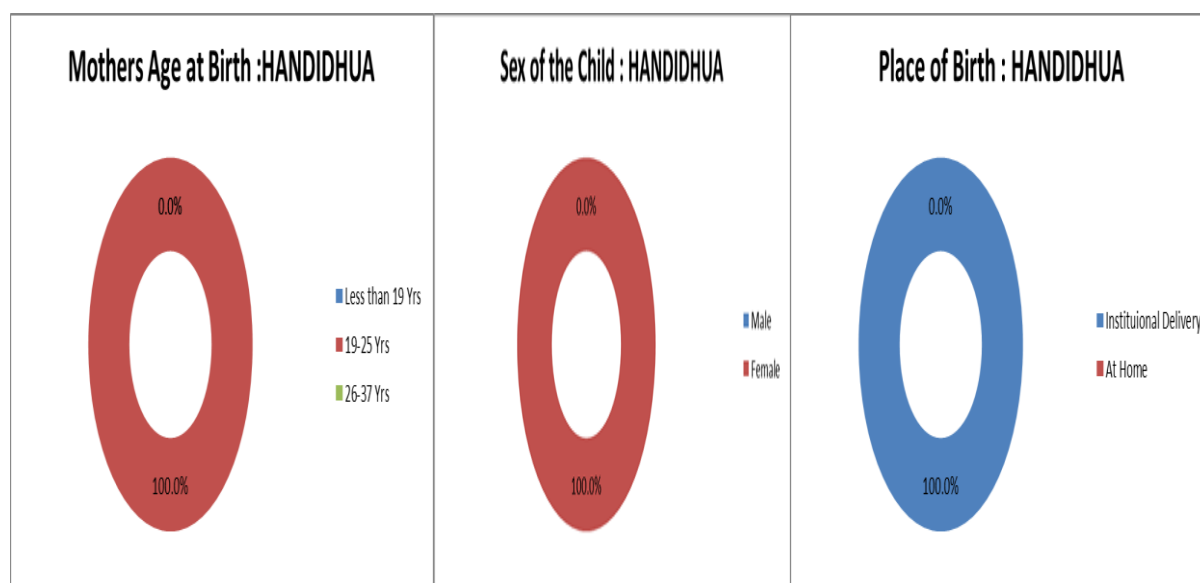
5.7.4 Health

In studied village 35.7% of sample household members consult government hospital first in



case of medical emergency and 14.3% consult PHC/CHC for the same. 21.4% sample household members consult private hospital/clinic whereas 7.1% consult company aided hospital for medical services. Still a big number of sample 21.4% consult other sources.

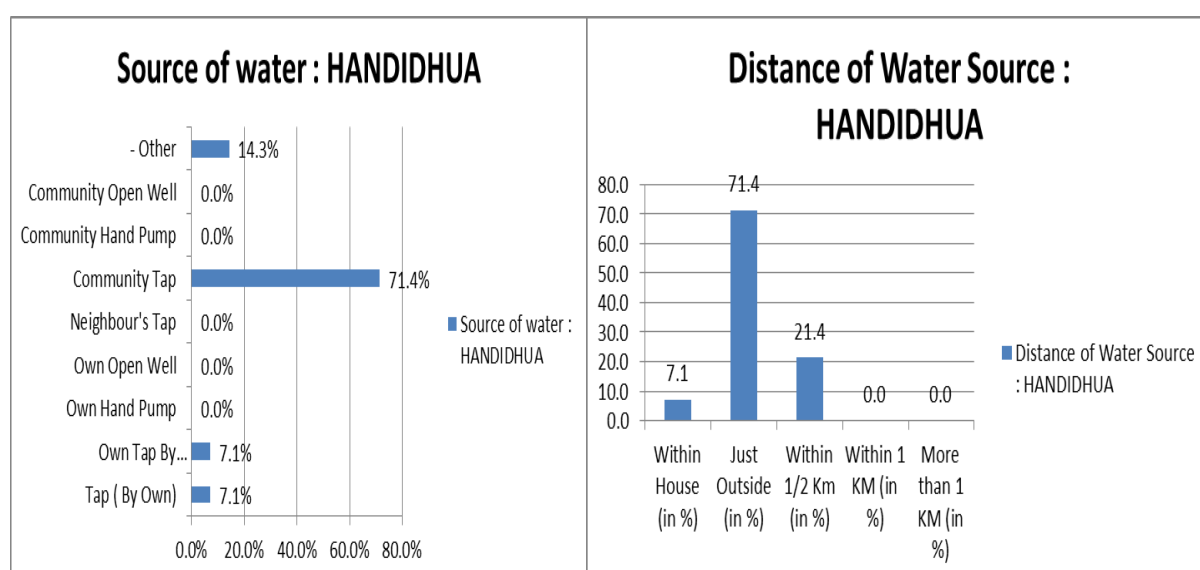
5.7.5 Maternal Health



Among the sample households of Handidhwa village, who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 100% are girl child. Women who conceived a child in the last three years 100% of them were in the age group of 19-25 years at the time of delivery.

5.7.6 Water

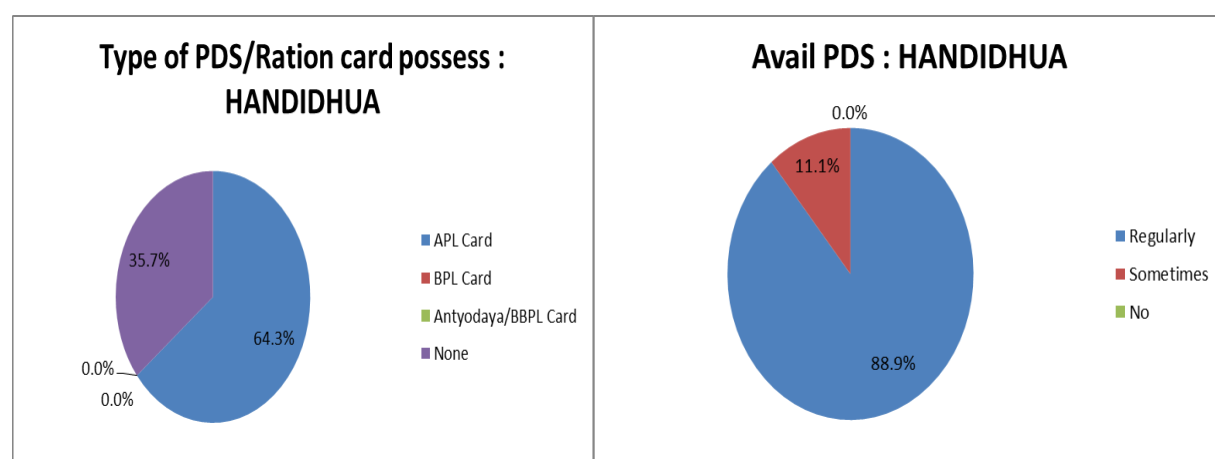
In Handidhwa, 71.4% of the sample households reported that they use community tap for the drinking water purposes. 7.1% claimed that they use tap by Panchayat while 7.1% have own



tap for water. 71.4% of the sample informed that water source is located just outside the house while for only 7.1% of sample it is located inside their premise. 21.4% of the sample said that they have to walk almost half km to fetch drinking water.

5.7.7 Public Distribution System

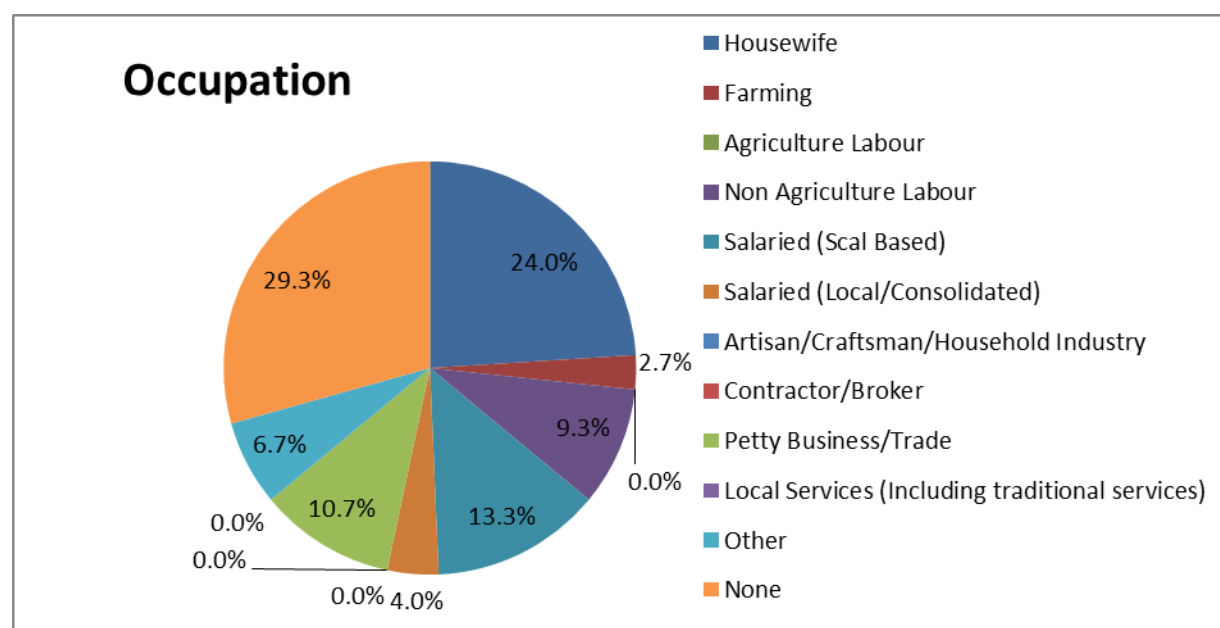
In studied village 64.3% reported having an APL Card, 35.7% have reported having none whereas not a single sample having a BPL card. Among the sample households who have ration card 88.9% of them regularly avail PDS facility and 11.1% sometimes avail PDS



facility.

5.7.8 OCCUPATION

Among the sample household members only 2.7% are having farming as their primary Occupation, there is no agriculture labour while 9.3% workforce work as non-agricultural



labour. 17.7% of sample household members are salaried employee either in government or

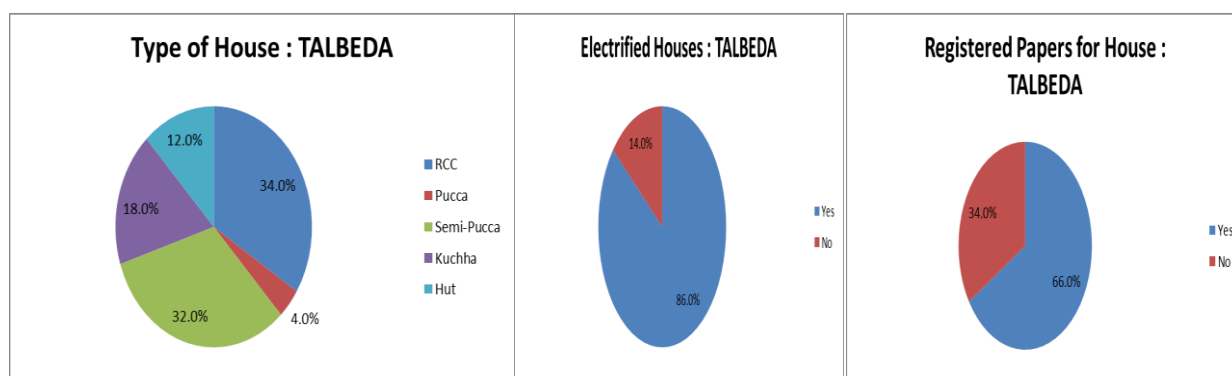
private sector, 10.7% of the workforce are in petty business, 29.3% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

5.7.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers.
2. 50% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with Panchayat to construct and run the community toilets.
3. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
4. More 35% of the sample households do not have ration card at all. Company can work with Gram Panchayat for awareness on it.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan to provide different kind of skill to women with special focus to their educational background.

5.8 TALBEDA

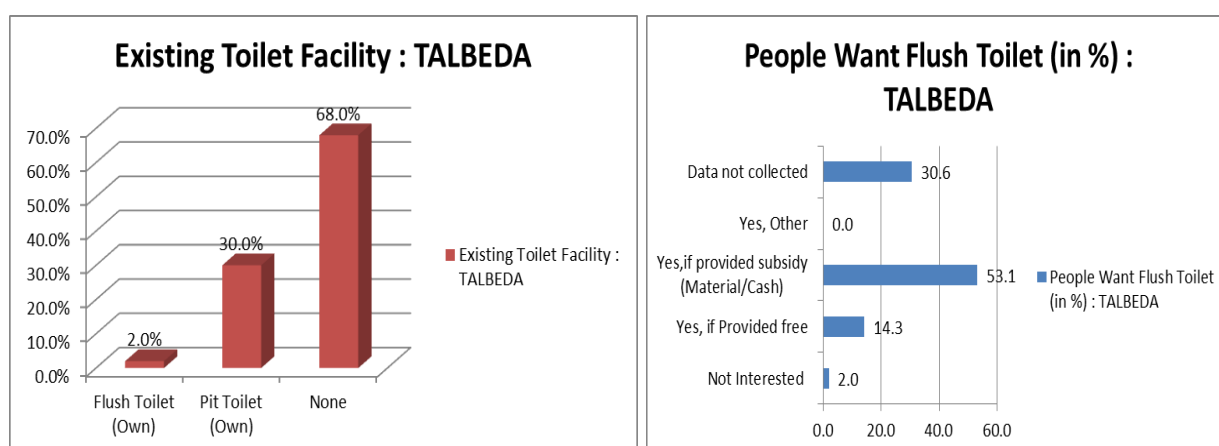
5.8.1 Household Status



The household status in the village of Talbada shows that 38% of sample households reside in RCC or Pucca house, 32 % of sample households reside in Semi-Pucca house while 18% are living in kuchha house whereas 12% reside in the hut. Among the studied households around 66% have registered papers of their land holdings; 86% of the studied households are electrified.

5.8.2 Sanitation

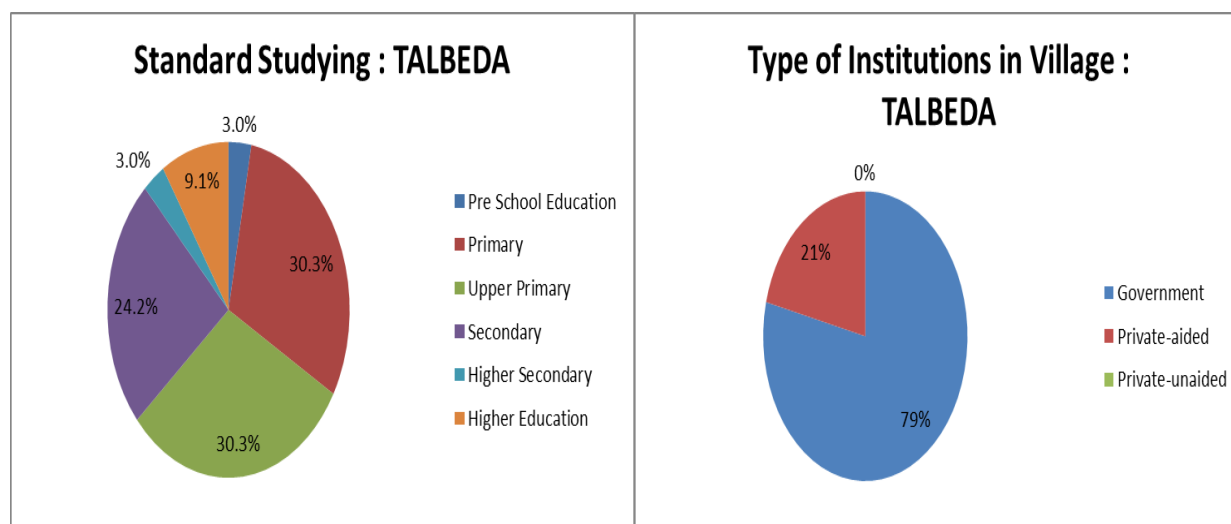
In Talbada study village 68% sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own 53.1% of them would want a



flush toilet if it is provided through subsidy, 14.3% of them want the toilet if it is provided free while 2% is not interested at all.

5.8.3 Education

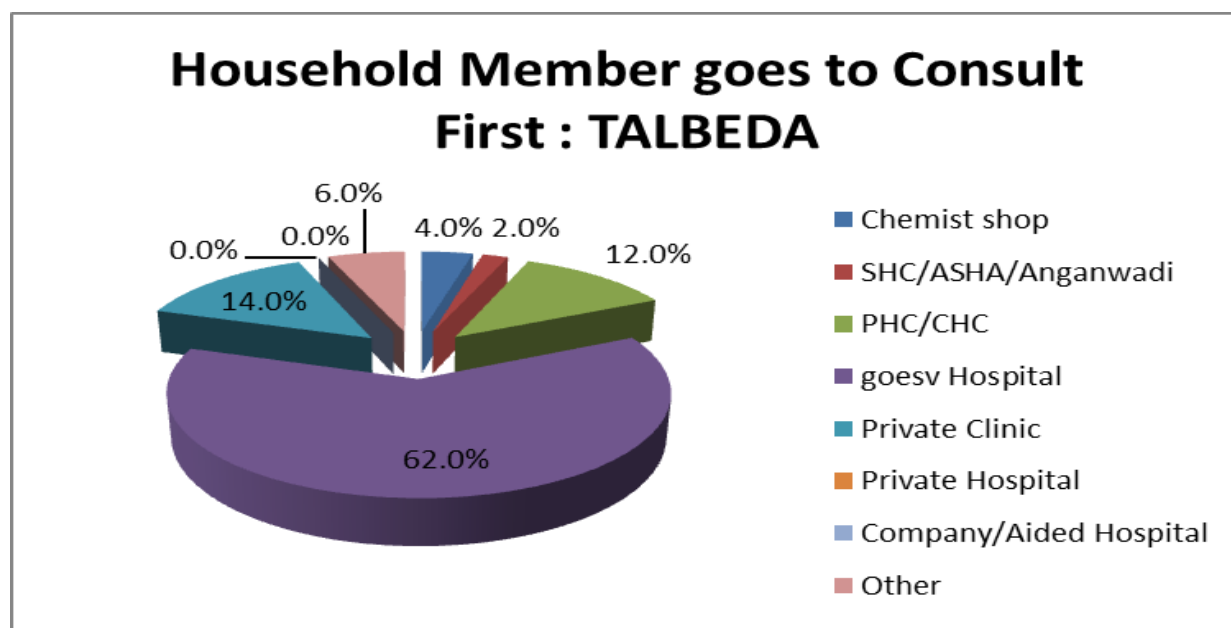
Students who are currently studying 30.3% of them are in primary school, 30.3% in upper primary school, 3% are in higher secondary whereas 9.1% students are studying in higher education. 79% of the children are enrolled in government institutions followed by 21% in



private-aided institutions.

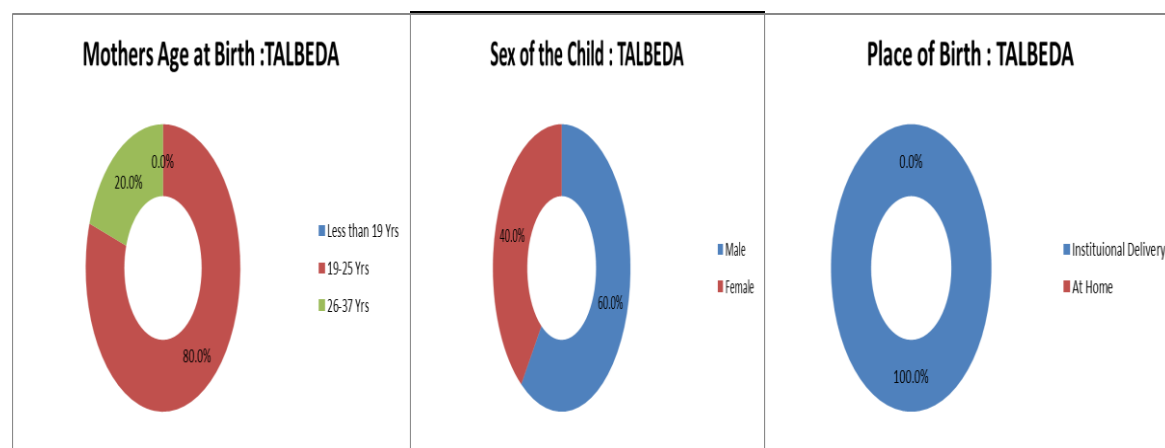
5.8.4 Health

Among the sample 62% claimed that they consult government hospital first in case of any medical emergency while 14% of sample said that they consult SHC/ASHA/Anganwadi/PHC/CHC for the same. 14% of sample household members go to



consult private clinic while 4% of the sample go to the chemist shop for medical emergency.

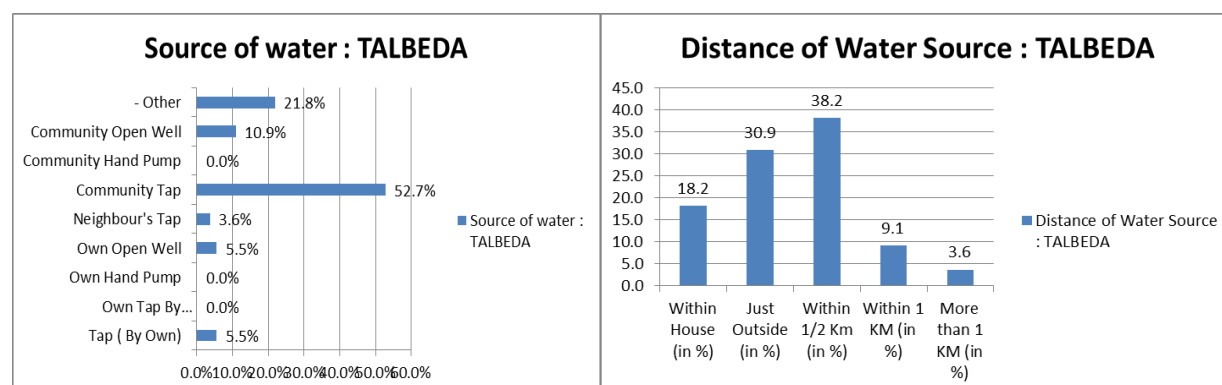
5.8.5 Maternal Health



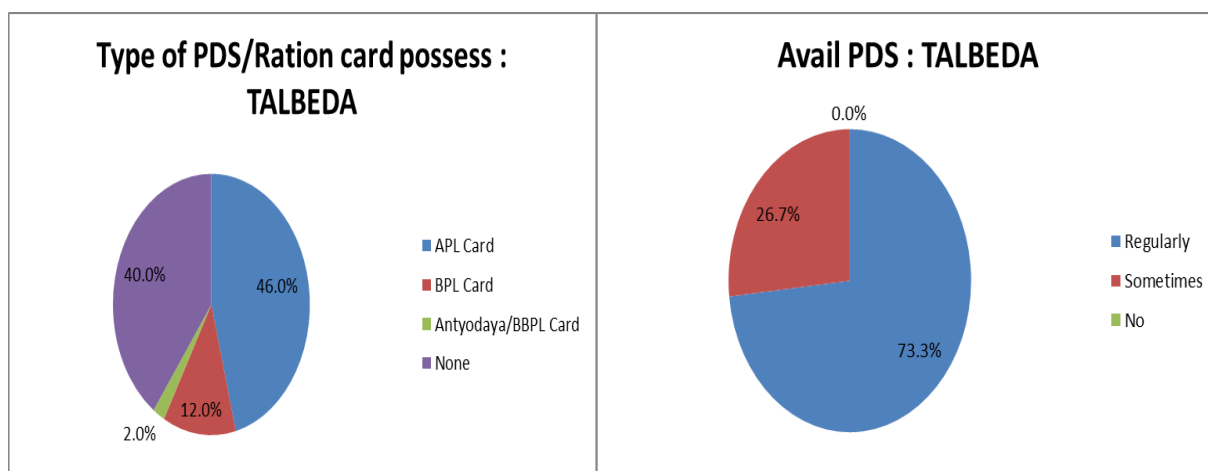
In the studied village among the sample households who the witnessed birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 40% are girl child and 60% are male child. Women who conceived a child in the last three years 80% of them were in the age group of 19-25 years at the time of delivery while 20% were in the age group of 26-37 years.

5.8.6 Water

In the studied village 52.7% of the sample households reported that they use community tap for the drinking water purposes. Another 3.6% claimed that they get water from neighbour's tap, 5.5% uses their own tap where 16.4% use open well. 30.9% of the sample informed that water source is located just outside the house while for 18.2% of sample it is located inside their premise. 38.2% of the sample said that they have to walk half km to fetch water while 3.6% of the sample said they have to walk more than one Km to fetch drinking water.



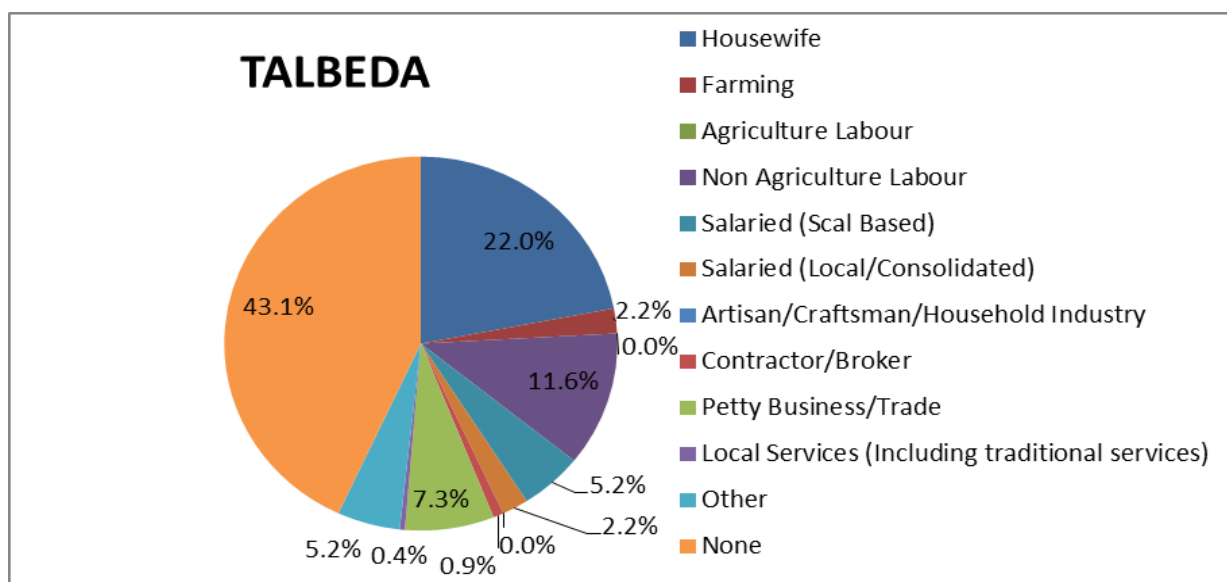
5.8.7 Public Distribution System



In Talbeda village 46% of the sample reported having an APL Card, 12% have BPL Card, 2% of the sample said that they have an Antyodaya/BBPL card and 40% have reported having none. Among the sample households who have ration card 73.3% of them regularly avail PDS facility, 26.7% sometimes avail PDS facility.

5.8.8 OCCUPATION

In Talbeda village 2.2% of sample household members depend on farming for a livelihood, 11.6% are non-agricultural labour, 7.4% workforce are salaried employee either in government or private sector 7.3% of the workforce depending on petty business whereas no



one work as agriculture labour. 43.1% said they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

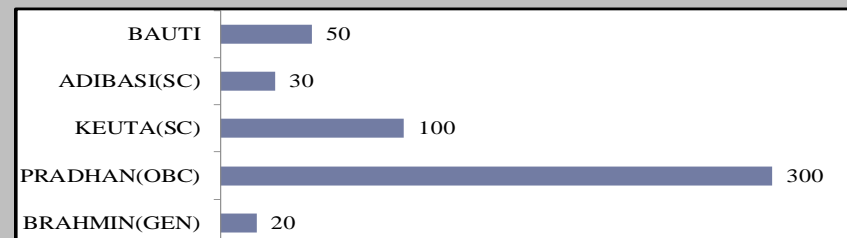
5.8.9 RECOMMENDATION:

1. 30% of the sample household reside in Kuchha house or Hut. Company and Gram panhcyat can provide some kind of subsidy for housing.
2. Quality of drinking water has emerged as the issue in discussion with the villagers. 13% of the sample household members need to travel 1 km to fetch water It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
3. Around 68% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with Panchayat to construct and run the community toilets.
4. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
5. 40% of the sample households do not have ration card at all. Company can work with Gram Panchayat for awareness on it.
6. Half of the sample household members are unemployed. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.

5.9 JAMBU BAHALI

FLOOD PRONENESS	SOME 25%
ALKALINITY	SOME 25%
WATER LOGGING	SOME 25%
SOIL EROSION	SOME 25%
DROUGHT PRONENESS	ALMOST NIL

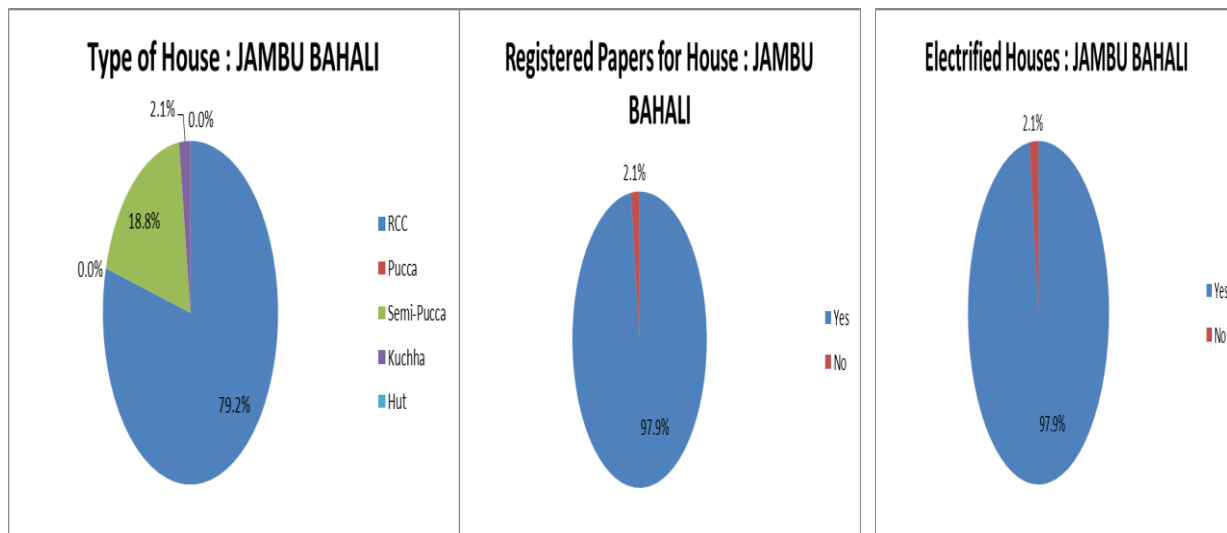
YEAR		2011		Facilities Existing within 5 kms.		
HOUSEHOLDS	POPULATION	550	2550	Vocational training centre		Danara
				Pvt. Primary School		
		Govt. Secondary School				
		Pre-Pri/Nursery School				
Public/Common Tap Points		09		Medical Shop/ Chemist		
HH Tap Connections		00		Veterinary Clinic		
				Pvt./ CSR Hospital		
				Heath Sub-Centre		
Chief Crop Name	Area			Gram Panchayat Office		
Paddy	1500 Acres			Co-operative Society		
				Post Office		Handidhua
				Railway Station		
				Police Station		
Forest Produce				Public Telephone Booth		Danara
FIREWOOD		Yes		Daily Market		
FRUIT/NUTS/LEAVES		Yes		Weekly Market		
				DTP/Xerox Centre		
Land Distribution (In Acre)						
Total Area	Irrigated	Non-Irrigated		Grazing	Forest	Wasteland
3000	1500	1000		200	200	100
Migration Pattern						
Within the state (Non-Agricultural Labour)						Yes
Outside state (Non-Agri Labour)						Yes



Facilities Available in the village	
Cement/Tar road	
Bus Stop	
PDS Shop	
Grocery Shop	
ASHA worker	
Dai (Trained/ Untrained)	
Govt. Primary School	
Bank for S/B Account	Talcher
Block Development Office	
Pvt. Clinic (RMP+)	
Pvt. Clinic (MBBS/ BAMS+)	
Higher Secondary School	
Degree College	Angul
ITI/ Polytechnic	
Taluk Headquarters	
Primary Health Centre	Brajanthapur
CHC/ Govt. Gen. Hospital	

5.9.1 Household Status

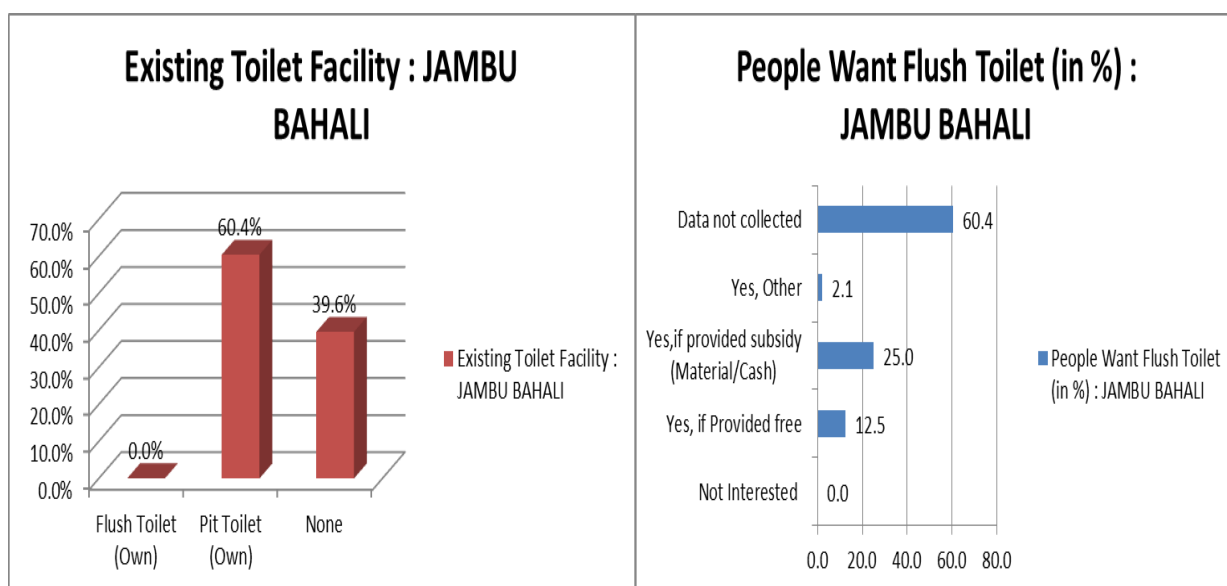
The household status in the village of Jambu Bahali shows that 79.2% of sample households reside in RCC house, 18.8 % of sample households reside in the Semi-Pucca house while only 2.1% are living in kuchha house. Among the studied households around 97.9% have registered



papers of their land holdings, 97.9% of the studied households are electrified.

5.9.2 Sanitation

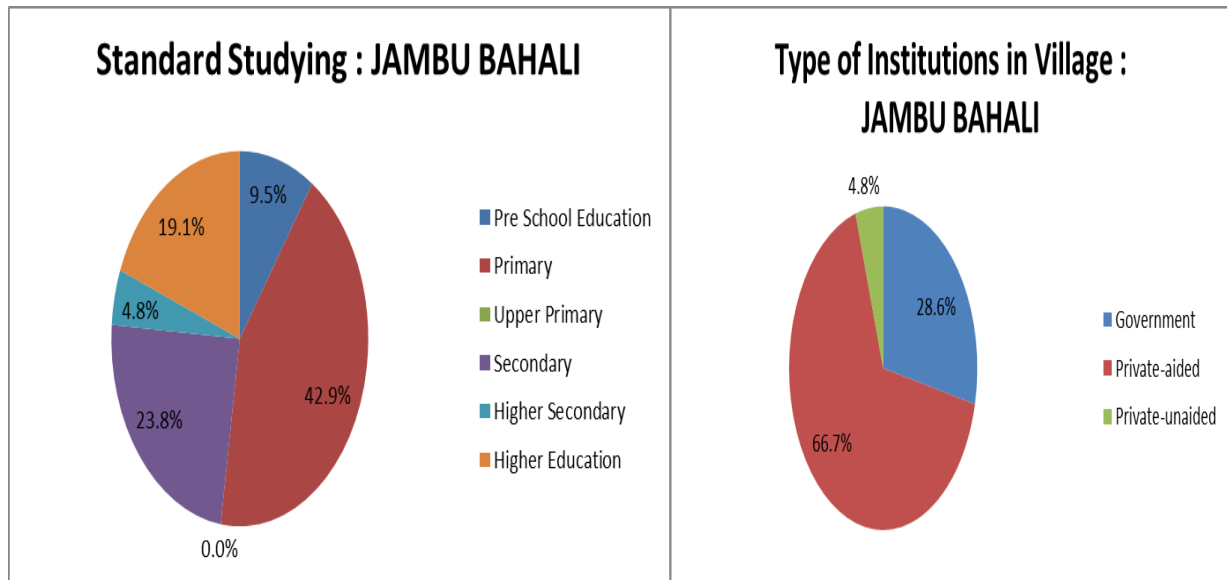
In studied village around 40% sample households do not have toilet facilities of their own while 60% own pit toilet. Among the households who do not have a toilet of their own 25% of them would want a flush toilet if it is provided through subsidy, 12.5% of them want the toilet



if it is provided free.

5.9.3 Education

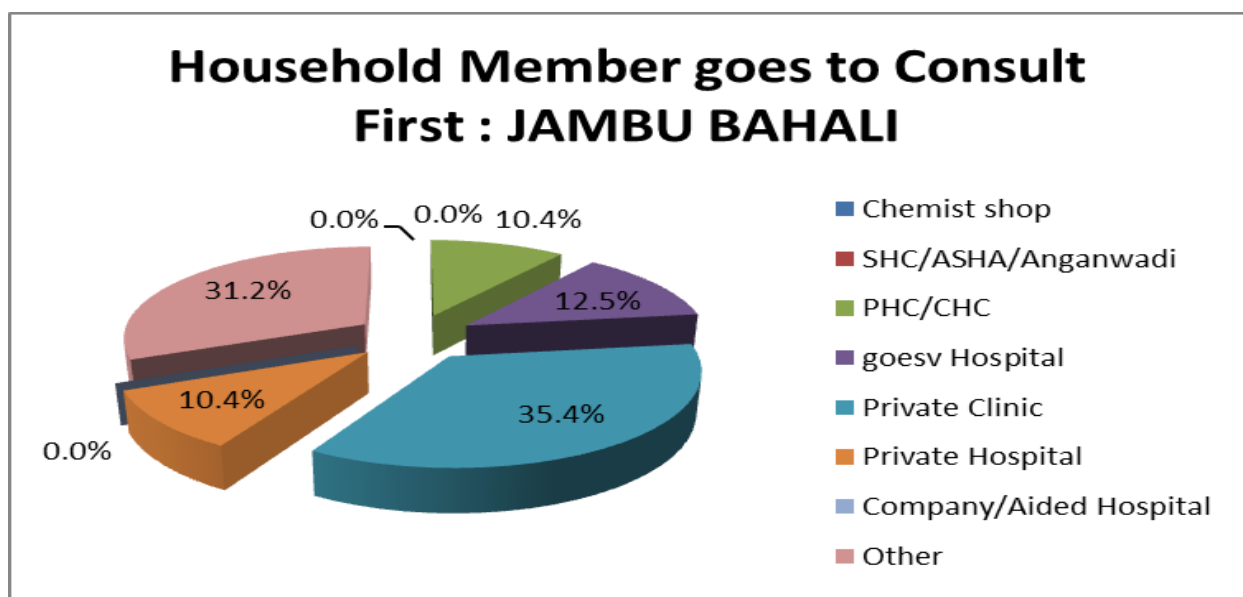
Students who are currently studying 42.9% of them are in primary school, 23% in secondary school, 4.8% are in higher secondary whereas 19.1% students are studying in higher education. 28.6% of the children are enrolled in government institutions, 66.7% in private-aided



institutions and 4.8% are in private-unaided institutions

5.9.4 Health

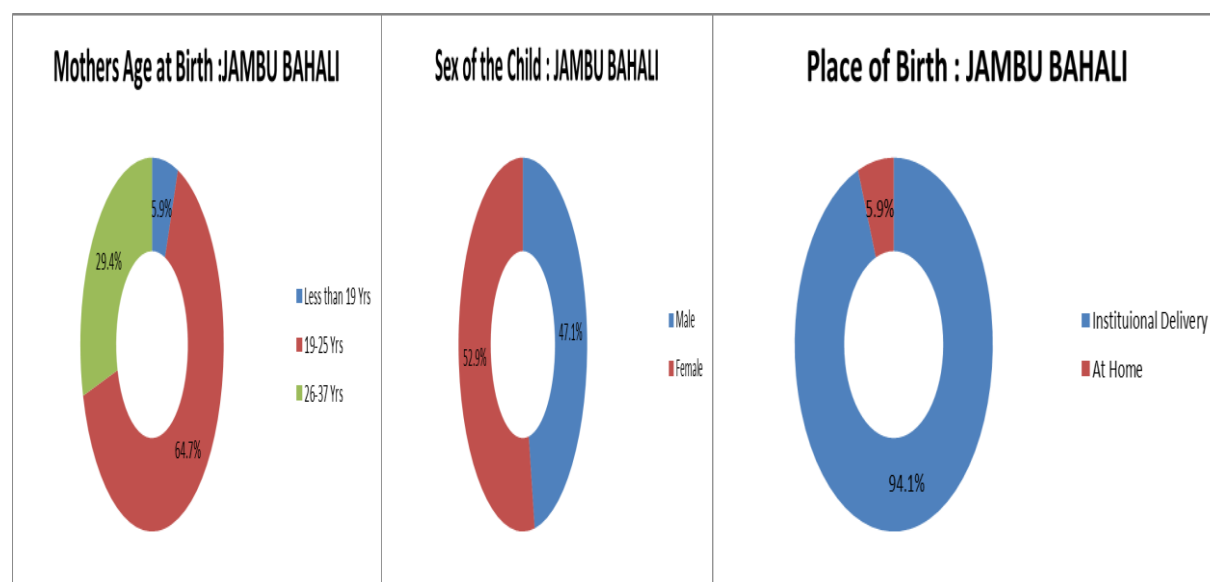
In Jambu Bahali village 35.4% of sample household members claimed that they consult private clinic first in case of medical emergency while 10.4% go to private hospital for the same. Around 23% of sample household members claimed that they consult government



hospital/PHC/CHC in case of medical emergency whereas 31.2% depend on other sources.

5.9.5 Maternal Health

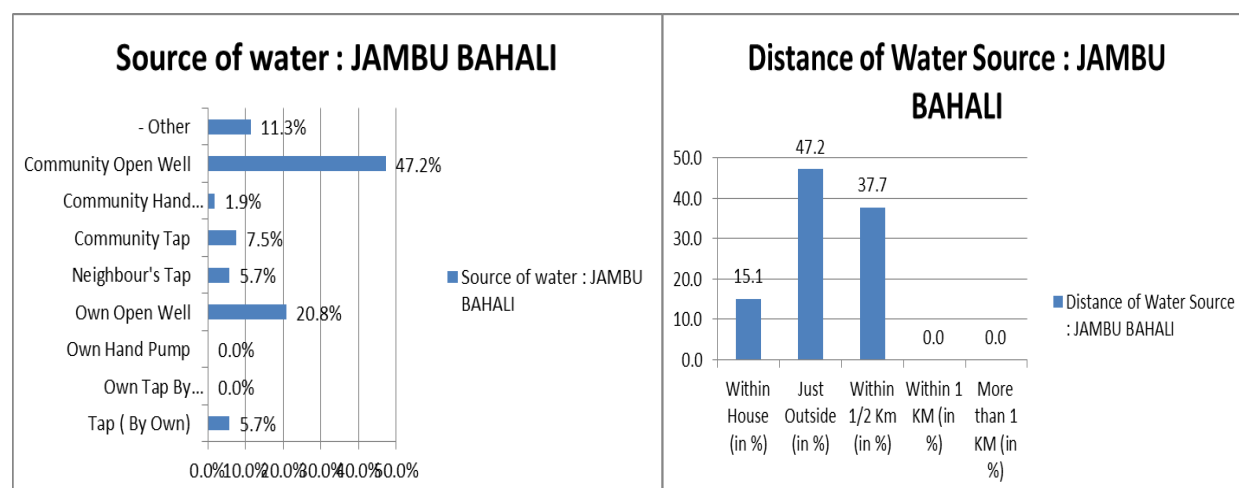
In the Jambu Bahali village among the sample households who witnessed the birth of a child in



the last three years in their family 94.1% reported saying the delivery was institutional delivery while only 5.9% households from the same category said that delivery was non-institutional. The sex ratio among the kids of age group 0-3 years 52.9% are girl child and 47.1% are male child. Women who conceived a child in the last three years 5.9% of them were less than 19 years of age, 64.7% of them were in the age group of 19-25 years at the time of delivery while 29.4% were in the age group of 26-37 years.

5.9.6 Water

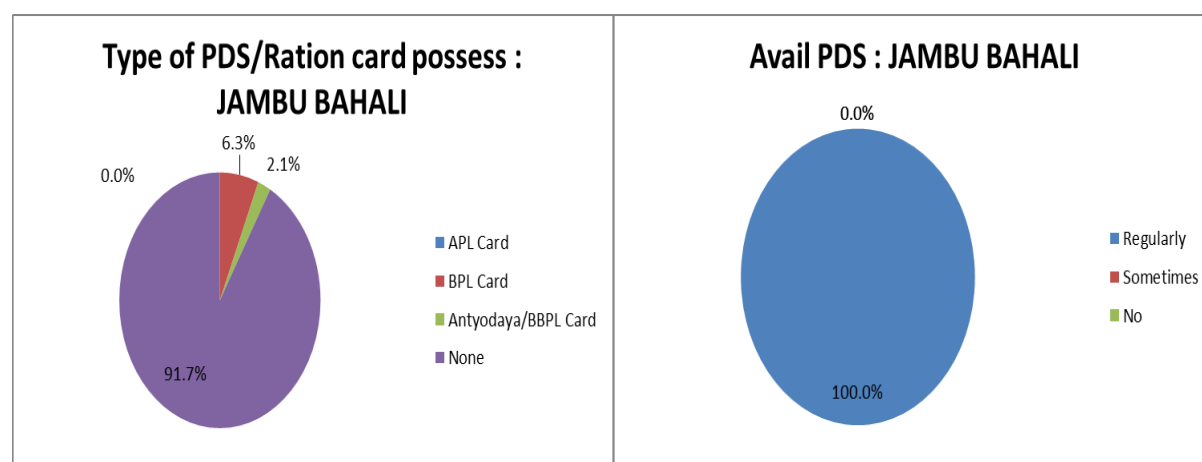
In Jambu Bahali, 47.2% of the sample households reported that they use community open well for the drinking water purposes, 7.5% said that they use community tap and 11.3% use other



source. 20.8% use their own open well, 5.7% of the population uses the community tap whereas 5.7% sample own water tap. 47.2% of the sample informed that water source is located just outside the house while for 15.1% of sample it is located inside their premise. 37.7% of the sample said that they have to walk half Km to fetch drinking water.

5.9.7 Public Distribution System

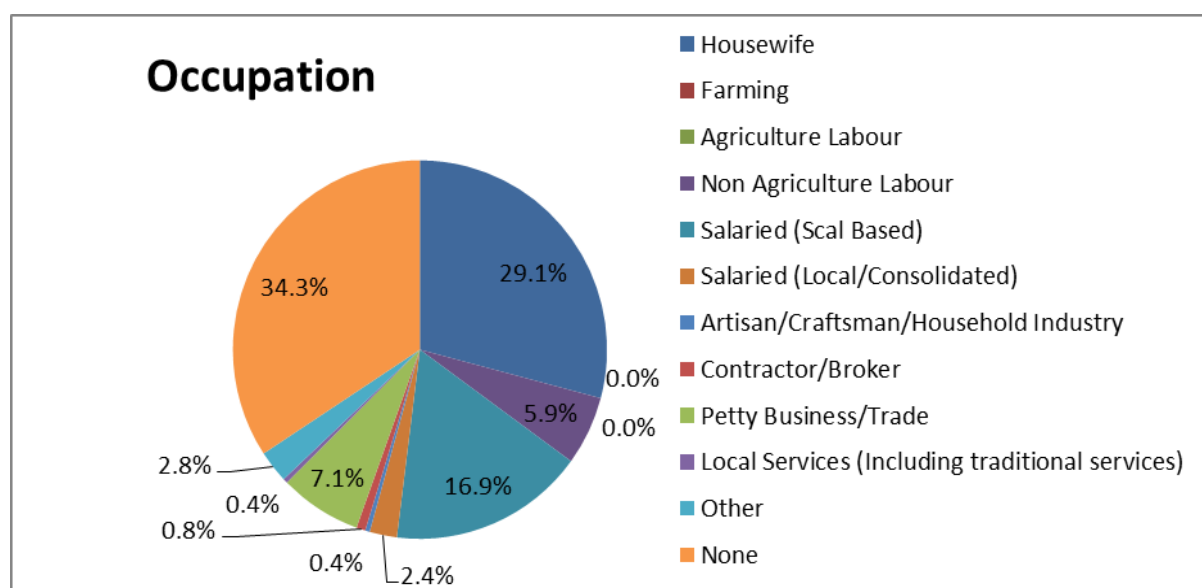
Among the sample 6.3% reported having BPL Card, 2.1% of the sample said that they have an



Antyodaya card and 91.7% have reported having none. Among the sample households who have ration card 100% of them regularly avail PDS facility.

5.9.8 OCCUPATION

In Jambubahali no one has farming as a primary Occupation. 5.9% of sample household members are non-agriculture labour, 19.3% of the workforce are salaried employee either in government or the private sector while 7.1% are doing petty business. 34.3% said that they do



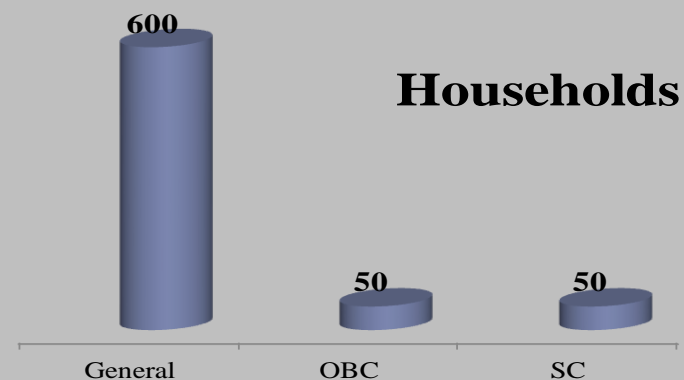
not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

5.9.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. People depend on open well for water. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. 40% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
4. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.

5.10 KANDALA

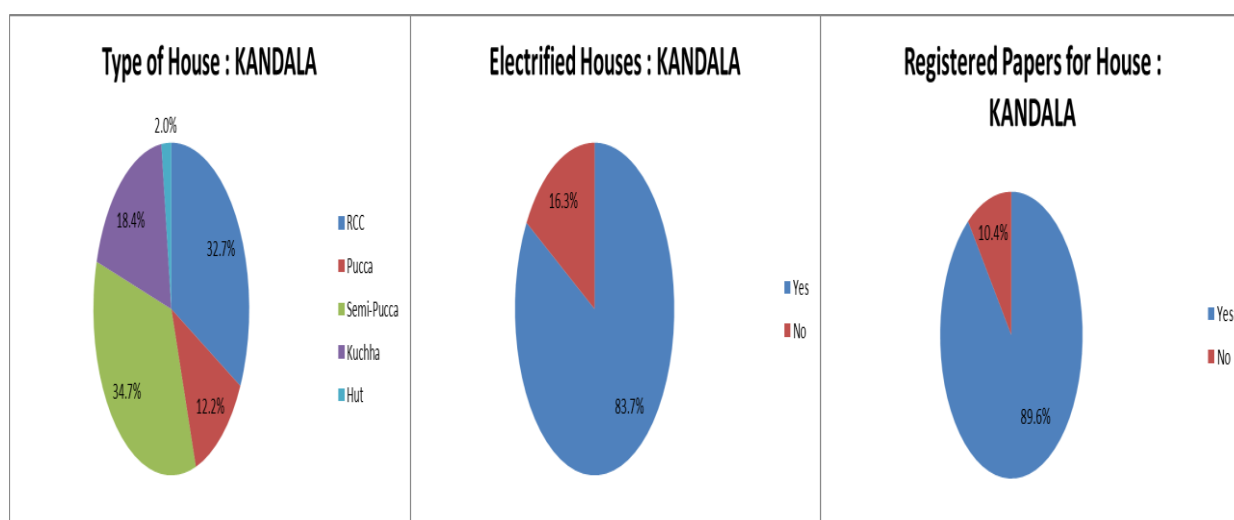
Facilities Available in the village		Kandala.				
Samaaj Mandir						
Cement/Tar road		RELIGION		House holds		
Gram Panchayat Office		HINDU		300		
Co-operative Society						
Post Office		YEAR		2009		
PDS Shop		HOUSEHOLDS		300		
Grocery Shop		POPULATION		2000		
Pvt. Clinic (RMP+)		Facilities Existing more than 5 Kms				
ASHA worker		Degree College		Talcher		
Pre-Pri/Nursery School		ITI/ Polytechnic				
Govt. Primary School		Vocational training centre				
Govt. Secondary School		Pvt. Clinic (MBBS/ BAMS+)				
		Pvt./ CSR Hospital				
Forest Produce		Block Development Office		Angul		
Firewood		Yes				
Fruits/Nuts/Leaves		Yes				
Public/Common Tap Points		00	Taluk Headquarters		Handidhua	
HH Tap Connections		00	District Headquarters			
Chief Crop Name		Area	Railway Station			
Paddy		500 acres	Police Station			
Land Distribution:						
Total Area	Non- Irrigated	Irrigated	Grazing	Forest	Wasteland	
1500 acres	400 Acres	500 acres	50 acres	50 acres	10 acres	



Facilities Existing within 5 kms.	
Bus Stop	Dera
Public Telephone Booth	
Daily Market	
Weekly Market	
DTP/Xerox Centre	
Bank for S/B Account	
Veterinary Clinic	
Medical Shop/ Chemist	
Heath Sub-Centre	
Pvt. Secondary School	
Pvt. Primary School	Godibanda
Primary Health Centre	
CHC/ Govt. Gen. Hospital	Gantapada
APMC/ Mandi	
Higher Secondary School	

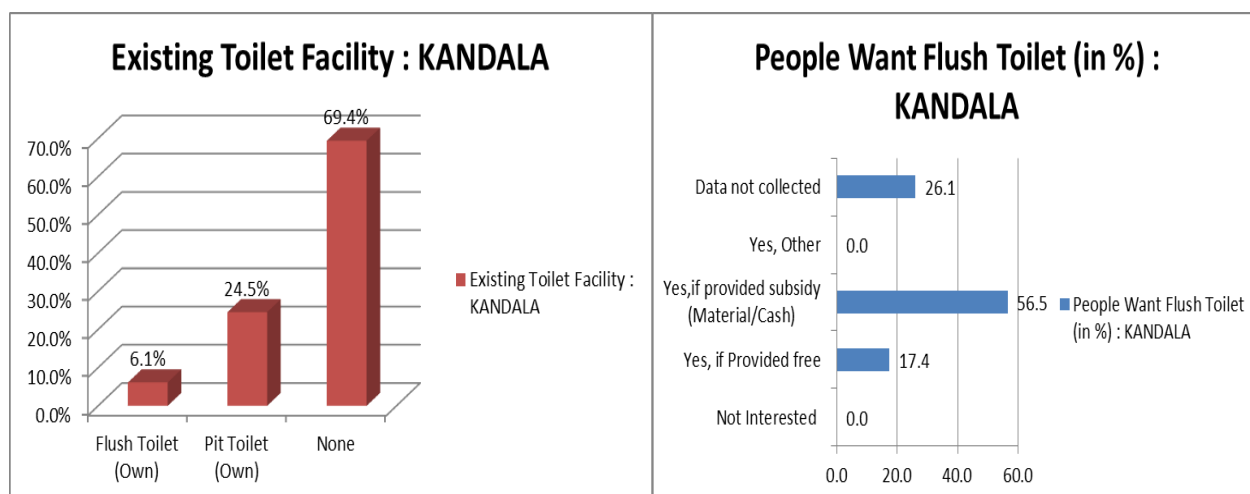
5.10.1 Household Status

The household status in the village of Kandala shows that 44.9% of sample households reside in RCC or pucca house, 34.7 % of sample households reside in Semi-Pucca house while 20.4%% are living in kuchha house or hut. Among the studied households around 89.6% have registered papers of their land holdings, 93.7% of the studied households are electrified.



5.10.2 Sanitation

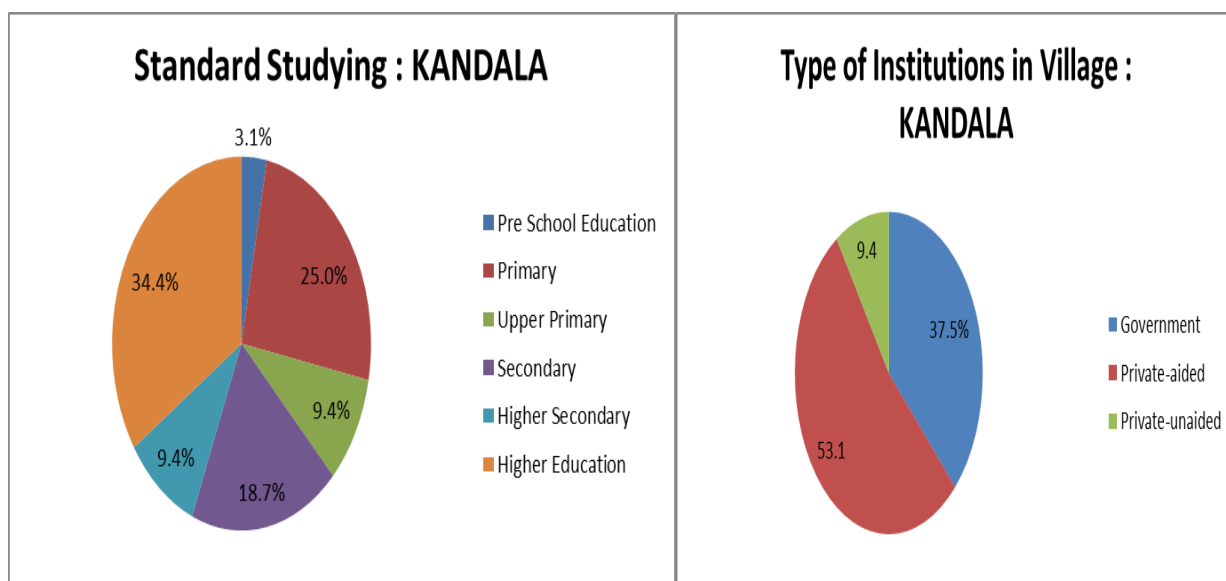
In studied village 69.4% of sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own 56.5% of them would want a flush toilet if



it is provided through subsidy, 17.4% of them want the toilet if it is provided free.

5.10.3 Education

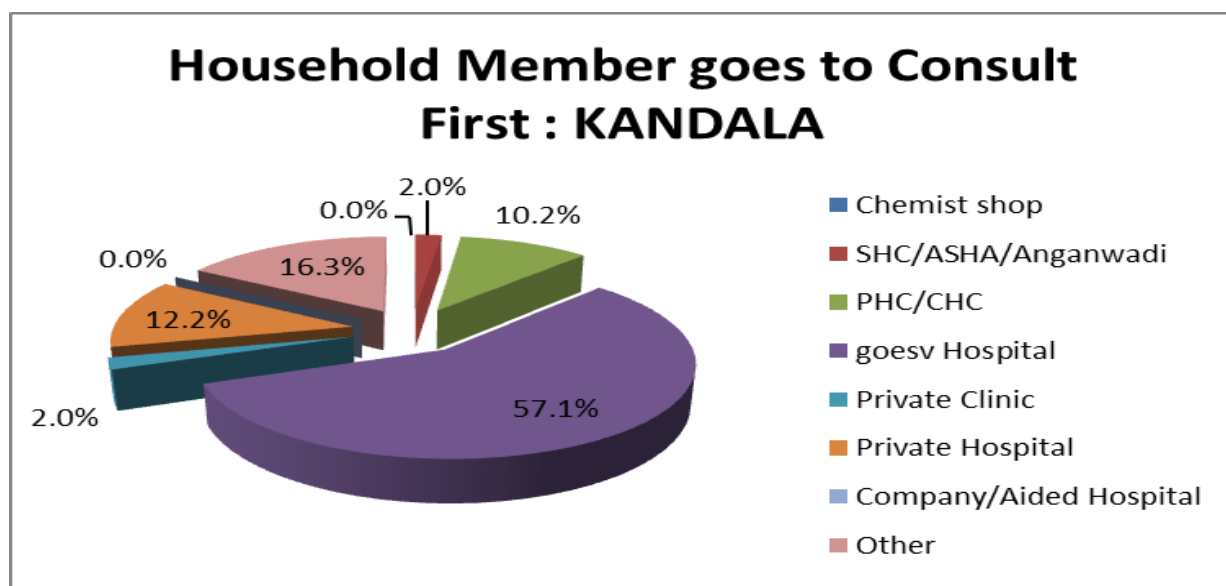
Students who are currently studying 25% of them are in primary school, 9.4% in upper primary



school, 9.4% are in higher secondary whereas 34.4% students are studying in higher education. 37.5% of the children are enrolled in government institutions, 53.1% in private-aided institutions and 9.4% are in private-unaided institutions

5.10.4 Health

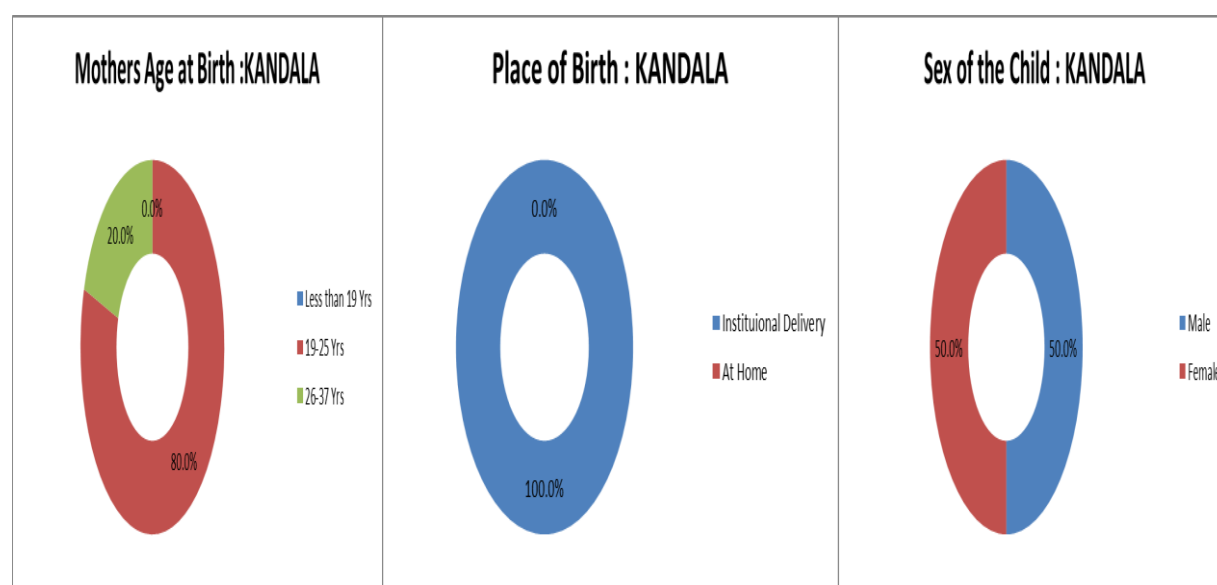
In Kandala village 57.1% of sample household members claimed that they consult government hospital first for medical emergency whereas 12.2% go to SHC/ASHA/Anganwadi/PHC/CHC



for the same. 14.2% claimed that they consult private hospital/clinic for medical emergency while 16.3% depends on other sources.

5.10.5 Maternal Health

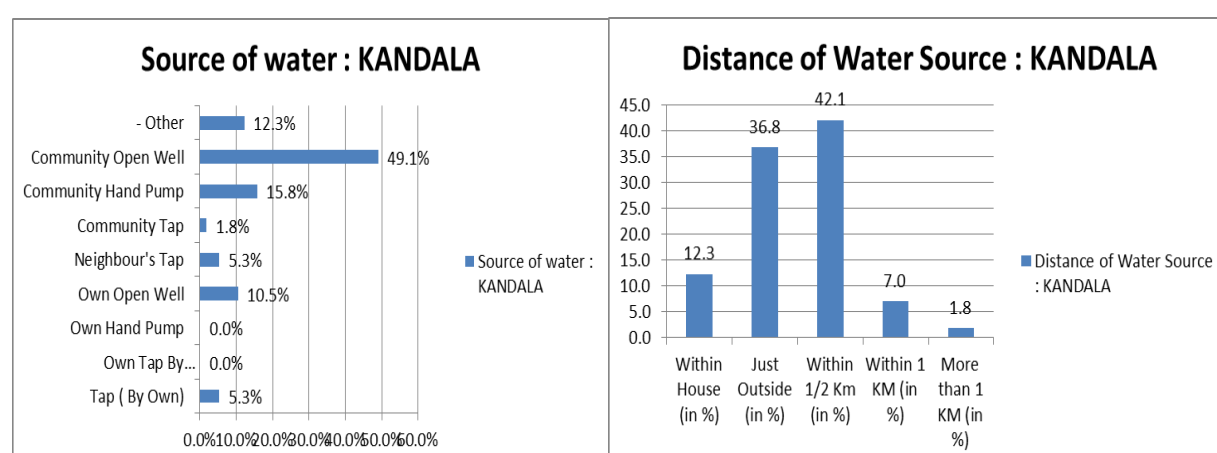
In studying village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 50% are girl child and 50% are male child. Women who conceived a child in the last three years 80% of them were in the age group of 19-



25 years at the time of delivery while 20% were in the age group of 26-37 years.

5.10.6 Water

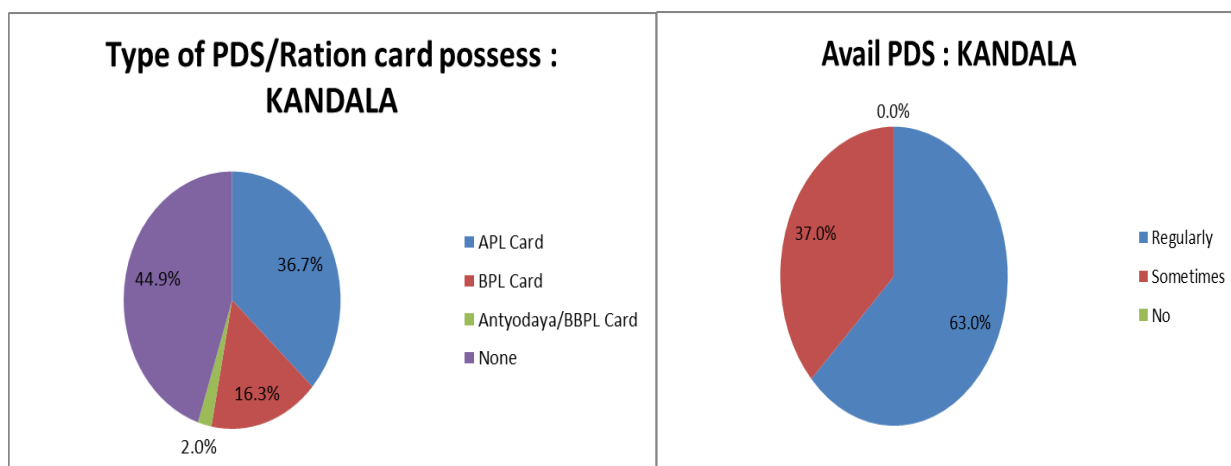
In Kandala village, 49.1% of the sample households reported that they use community open well for the drinking water purposes. Another 15.8% claimed that they get water from community hand pump and 5.3% use a neighbour's tap. 1.8% said that they use community tap. 12.3% use other source 10.5% use their own open well and the rest of the 5.3% of the population uses own tap. 36.8% of the sample informed that water source is located just outside the house while for 12.3% of sample it is located inside their premise. 42.1% sample told they have to walk half km. for water, 7% of the sample said that they have to walk almost



one Km to fetch drinking water and 1.8% need to walk more than one km to fetch water.

5.10.7 Public Distribution System

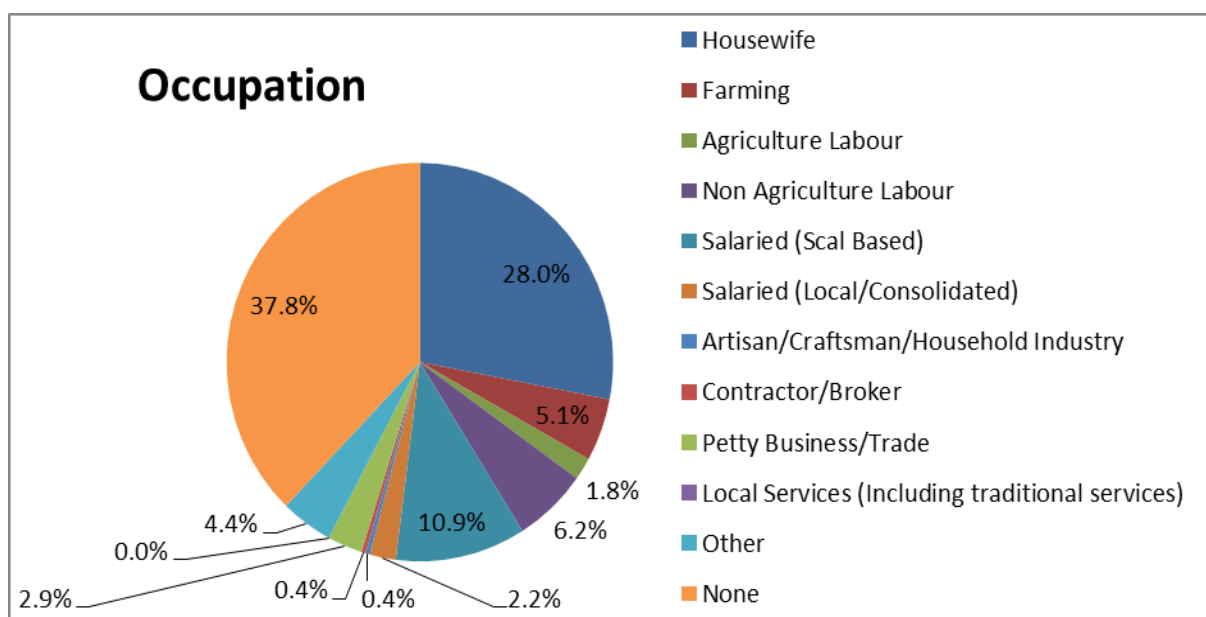
In Kandala village 36.7% of the sample reported having an APL Card, and 16.3% have BPL Card, 2% of the sample said that they have an Antyodaya/BBPL card and 44.9% have reported having none. Among the sample households who have ration card 63% of them regularly avail PDS facility and 37% sometimes avail PDS. It shows the poor functioning of



PDS.

5.10.8 OCCUPATION

In Kandala village 5.1% of sample household members depending on farming, 1.8% are



agriculture labour and 6.2% are non-agricultural labour, 11.3% of the workforce are salaried employee either in government or the private sector while only 0.4% are doing petty business.

37.8% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

5.10.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. More than 50% villagers need to travel half to 1 km for drinking water. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers.
2. Around 70% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Around 17% of the sample households do not have electricity. It needs to provide electricity facility to villagers.
4. Around half of the sample households do not have ration card at all. Those who have ration card 37% of them do not avail PDS. Company can work with Gram panchayat for awareness on it.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.

5.11SONASINGIDA

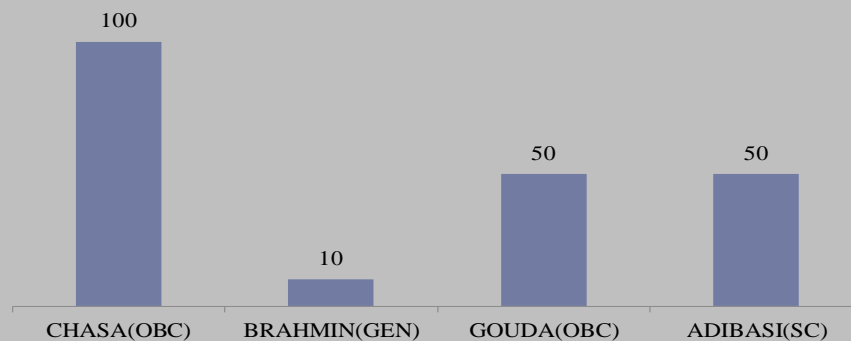
FLOOD PRONENESS	SOME 25%
ALKALINITY	SOME 25%
WATER LOGGING	SOME 25%
SOIL EROSION	SOME 25%
DROUGHT PRONENESS	ALMOST NIL

YEAR	2011	More than 5 Kms	
HOUSEHOLDS	210	Taluk Headquarters	Talcher
POPULATION	1225	District Headquarters	Angul
		Higher Secondary School	
		ITI/ Polytechnic	Talcher
		BDO Office	
FIREWOOD	YES	Degree College	Angul

Coal Collection	YES	Facilities Available in the village	
Public/Common Tap Points	5	Cement/Tar Road	
HH Tap Connections	0	Bus Stop	
		PDS Shop	
Chief Crop Name	Area	Grocery Shop	
Paddy	900 Acres	ASHA Worker	
		Government Primary School	

Land Distribution (In Acre)					
Total Area	Irrigated	Non-Irrigated	Grazing	Forest	Wasteland
1800	900	400	200	200	100

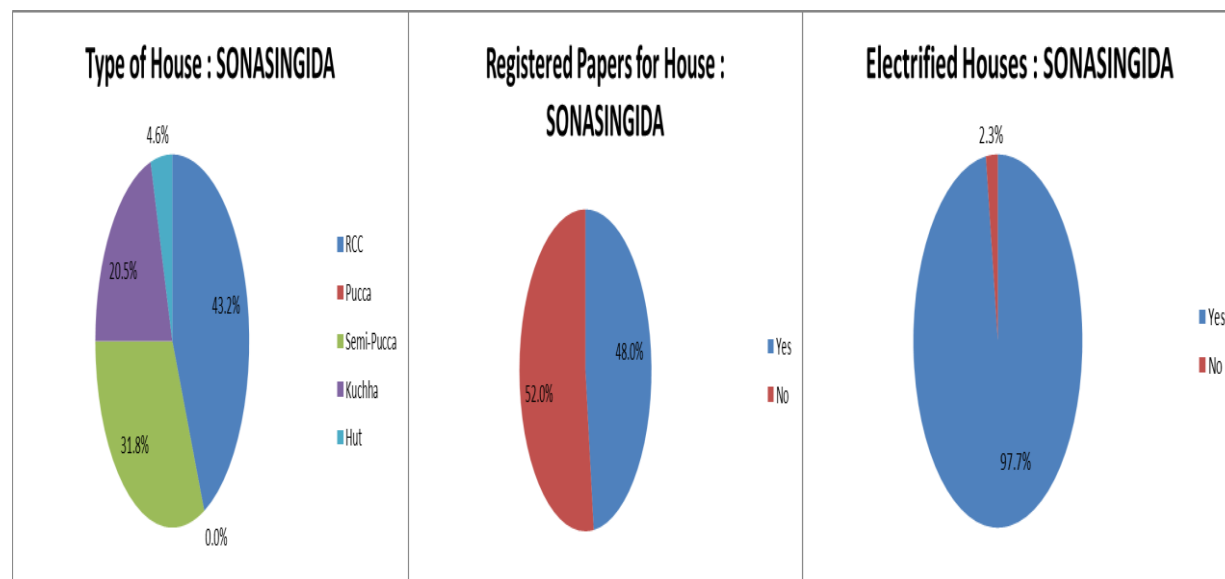
Migration Pattern	
Within the state (Non-Agricultural Labour)	Yes
Outside state (Non-Agri Labour)	Yes



Facilities Existing within 5 kms.	
Railway Station	Handidhua
Police Station	Handidhua
Primary Health Centre	Brajnathpur
Pvt CSR Hospital	Talcher
Medical Shop/Chemist	BharatPur
Pvt Clinic (RMP+)	BharatPur
Daily Market	BharatPur
Weekly Market	BharatPur
DTP/Xerox Centre	Angul
Gram Panchayat Office	
Post Office	
Co-Operative Society	
Veterinary Clinic	Badajorada
Pre-Pri/Nursery School	
Pvt. Primary School	
Govt. Secondary School	
Vocational training centre	
Private Secondary School	BharatPur
Bank For S/B Account	Handidhua
CHC/Govt Gen Hospital	Brajnathpur

5.11.1 Household Status

The household status in the studied village shows that 42.2% of sample households reside in

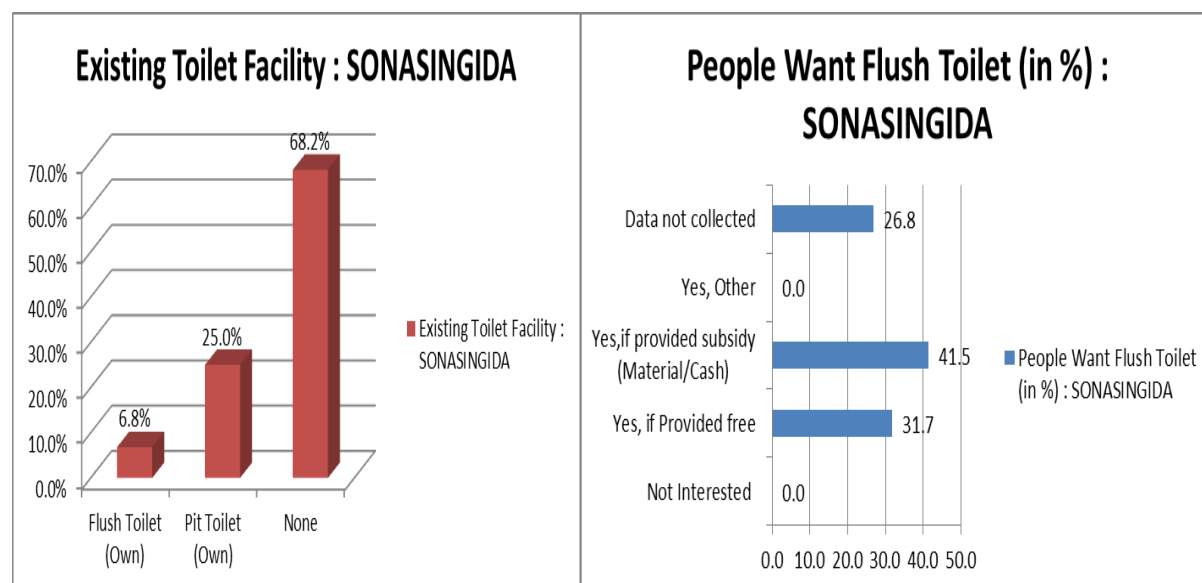


RCC house, 31.8 % of sample households reside in Semi-Pucca house while one fourth of sample households are living in kuchha house or hut. Among the studied households around 48% have registered papers of their land holdings, 99.7% of the studied households are electrified.

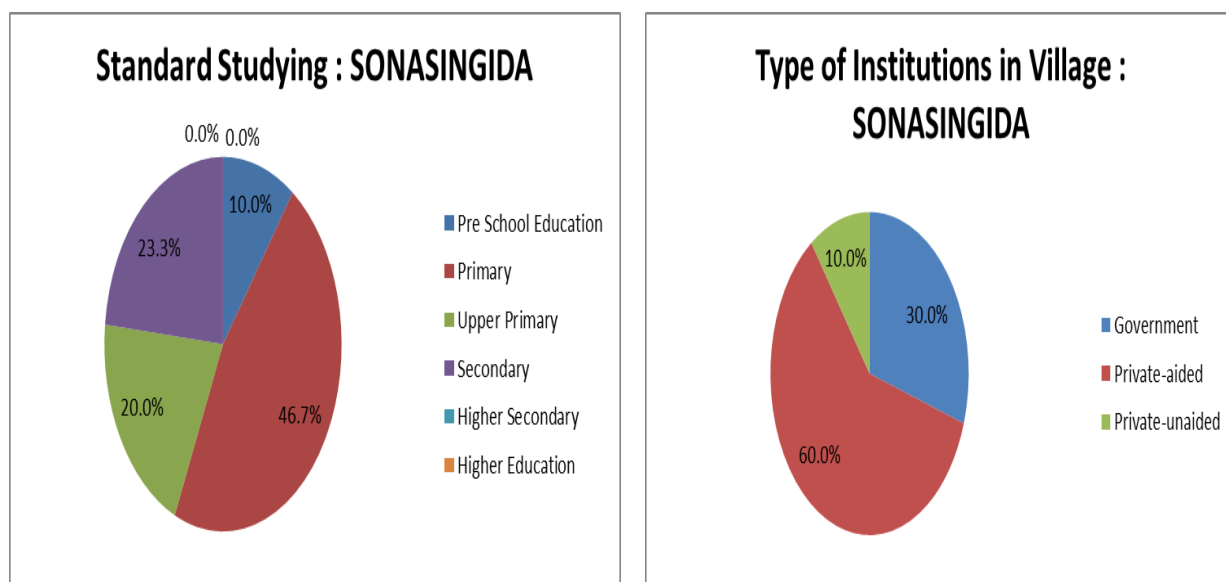
5.11.2 Sanitation

In Sonasingida village 68.2% sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own 41.5% of them would want a flush toilet if it is provided through subsidy, 31.7% of them want the toilet if it is provided free.

5.11.3 Education



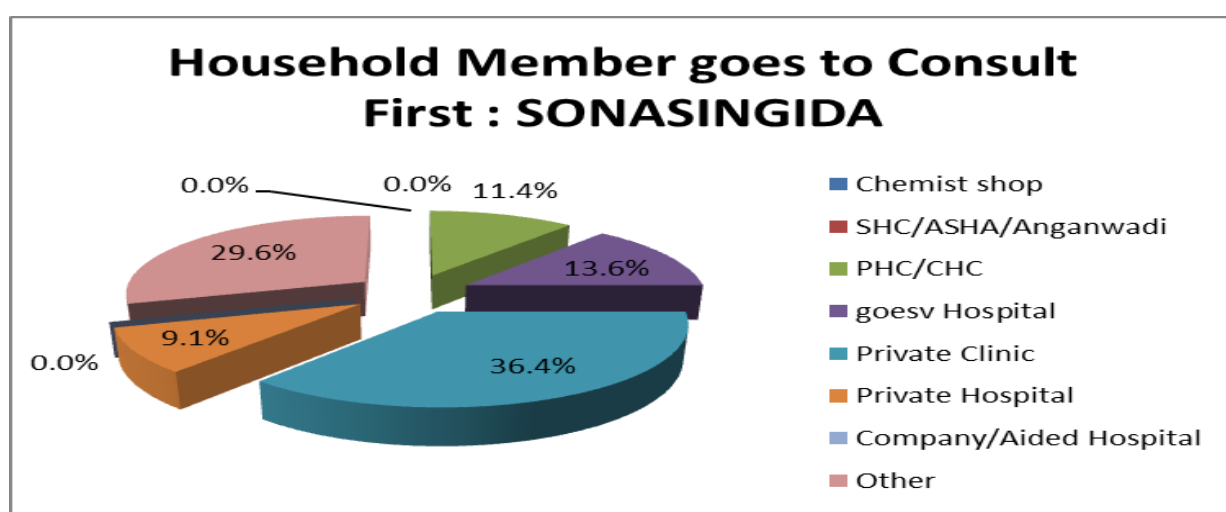
Students who are currently studying 46.7% of them are in primary school, 20% in upper primary school, 10% are in higher secondary whereas no one studying in higher education. 30% of the children are enrolled in government institutions, 60% in private-aided institutions



and 10% are in private-unaided institutions

5.11.4 Health

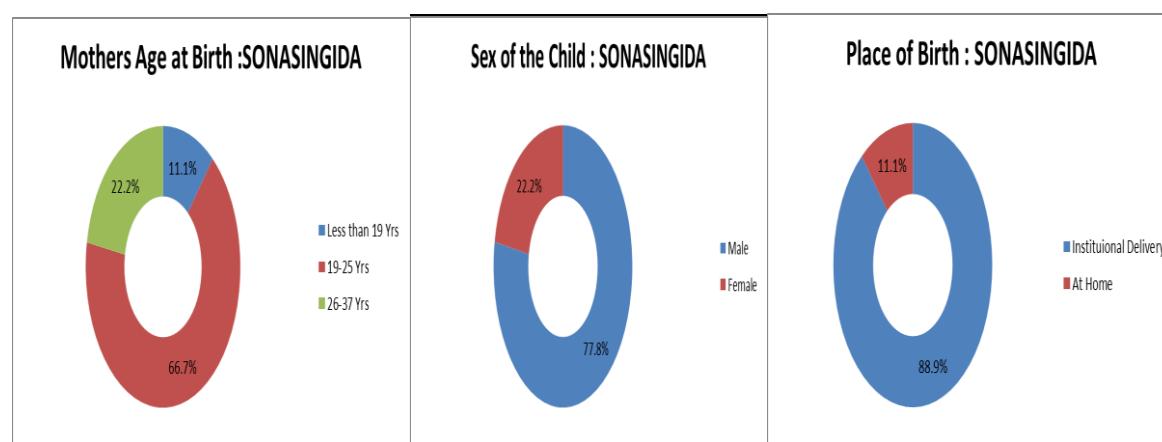
Among the sample 36.4% claimed that they consult private clinic first in case of any medical urgency while 9.1% of the sample said that they consult a private hospital for the same. Consulting local doctor/ private clinic/private hospital is the first option for 46% of the sample which shows that they have to incur costs to avail the medical services while only 25% claimed that they consult government hospital/PHC/CHC/ company aided hospital in case of



emergency. The data reflect high dependency of community over private health resources. At

the same time 29.6% of sample household members depending on other sources for medical services.

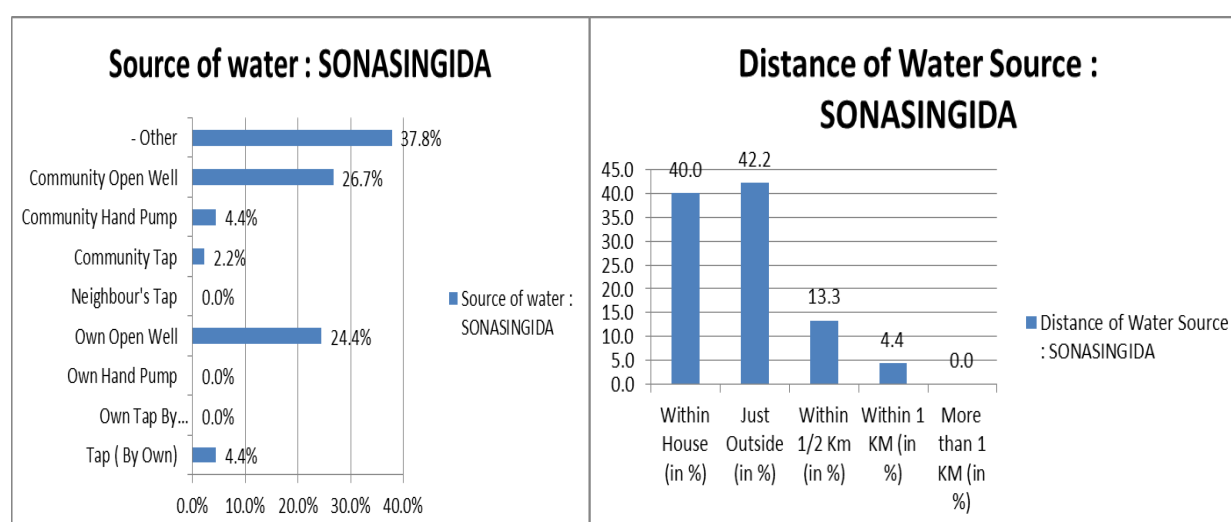
5.11.5 Maternal Health



In the Sonasingida village among the sample households who witnessed the birth of a child in the last three years in their family 88.9% reported saying the delivery was institutional delivery while only 11.1% households from the same category said that delivery was non-institutional. The sex ratio among the kids of age group 0-3 years 22.2% are girl child and 77.8% are male child. Women who conceived a child in the last three years 11.1% of them were less than 19 years of age, 66.7% of them were in the age group of 19-25 years at the time of delivery while 22.2% were in the age group of 26-37 years.

5.11.6 Water

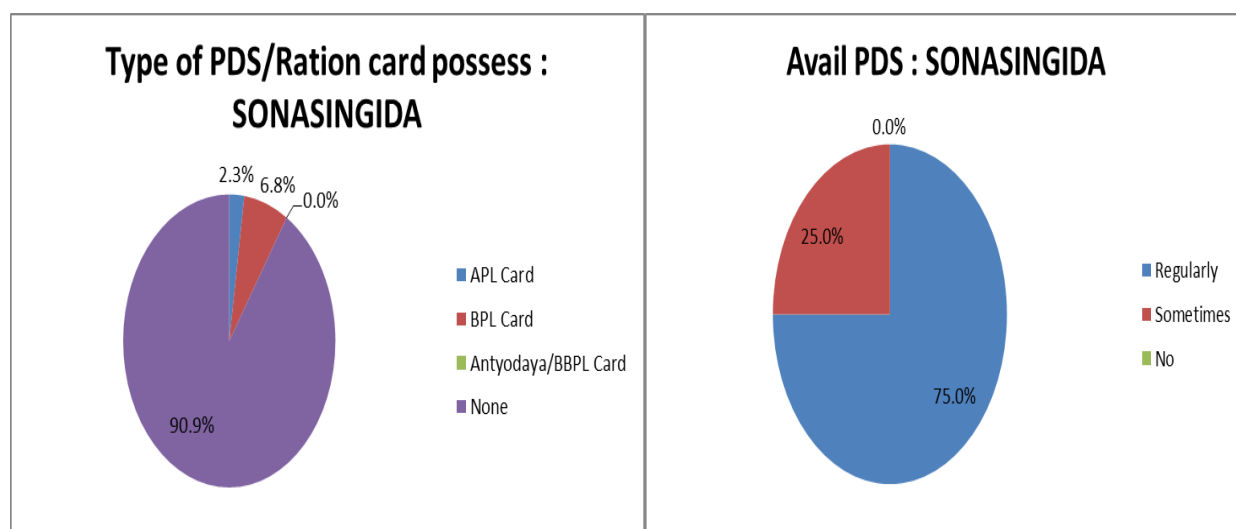
In studied village, 26.7% of the sample households reported that they use community open well for the drinking water purposes. Another 24.45% claimed that they get water from own open well. 2.2% said that they use community tap whereas 37.8%, 2.2% of the population uses the community tap and 4.4%.depends on community hand pump while 4.4% own water tap.



42.2% of the sample informed that water source is located just outside the house while for 40% of sample it is located inside their premise. 4.4% of the sample said that they have to walk almost one Km to fetch drinking water.

5.11.7 Public Distribution System

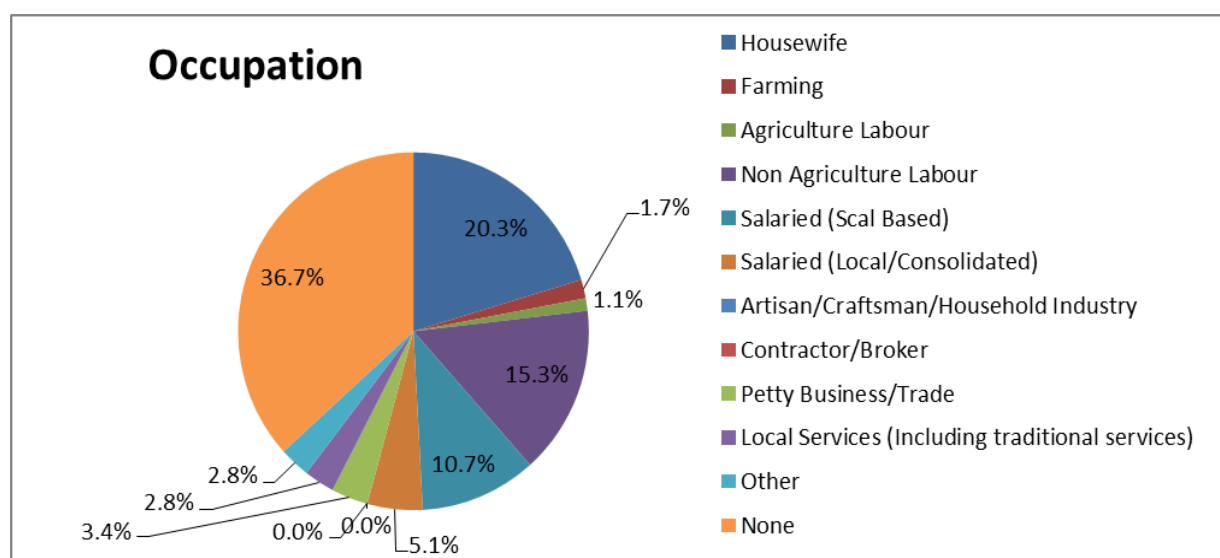
Among the sample 90.9% reported having none, 2.3% have an APL Card and 6.8% have BPL Card. Among the sample households who have ration card 75% of them regularly avail PDS



facility while 25% sometimes avail PDS facility.

5.11.8 OCCUPATION

In studied village only 1.7% of sample households depend on farming, 1.1% are agriculture labour and 15.3% workforce are non-agricultural labour, 15.8% of the workforce are salaried employee while 3.4% are doing petty business for livelihood. 36.7% said that they do not work



at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

5.11.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Villagers are dependent on open well for drinking water. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers.
2. Around 70% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Not a single sample household member studying in high school or higher education. Company can promote or provide facility for education.
4. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
5. Among the deliveries 11% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
6. 90% of the sample households do not have ration card at all. Company can work with Gram panchayat for awareness on it.
7. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.

5.12. KARANAPUR

FLOOD PRONENESS	SOME 25%
ALKALINITY	SOME 25%
WATER LOGGING	SOME 25%
SOIL EROSION	SOME 25%
DROUGHT PRONENESS	ALMOST NIL

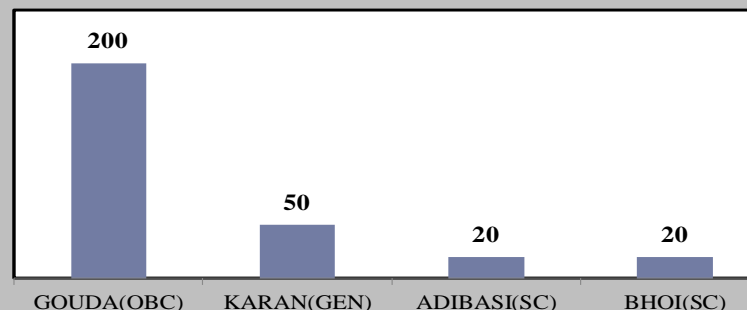
YEAR	2011
HOUSEHOLDS	300
POPULATION	1500

Public/Common Tap Points	8
HH Tap Connections	0

Forest Produce	
Firewood	Yes
Fruits/Nuts/Leaves	Yes
Coal Collection	Yes

Chief Crop Name	Area
Paddy	400 Acres

Facilities Existing within 5 kms.		
Bus Stop		Danara
Public Telephone Booth		
Daily Market		
Weekly Market		
DTP/Xerox Centre		Balanda
Pvt./ CSR Hospital		
Medical Shop/ Chemist		
Pvt. Secondary School		
Pvt. Clinic (MBBS/ BAMS+)		Danara
Veterinary Clinic		
Pvt. Primary School		
Govt. Primary School		
Vocational training centre		



Facilities Available in the village	
Cement/Tar Road	
PDS Shop	
Grocery Shop	
Post Office	
Heath Sub-Centre	
ASHA worker	
Others doctors service	
Govt. Primary School	
Govt. Secondary School	

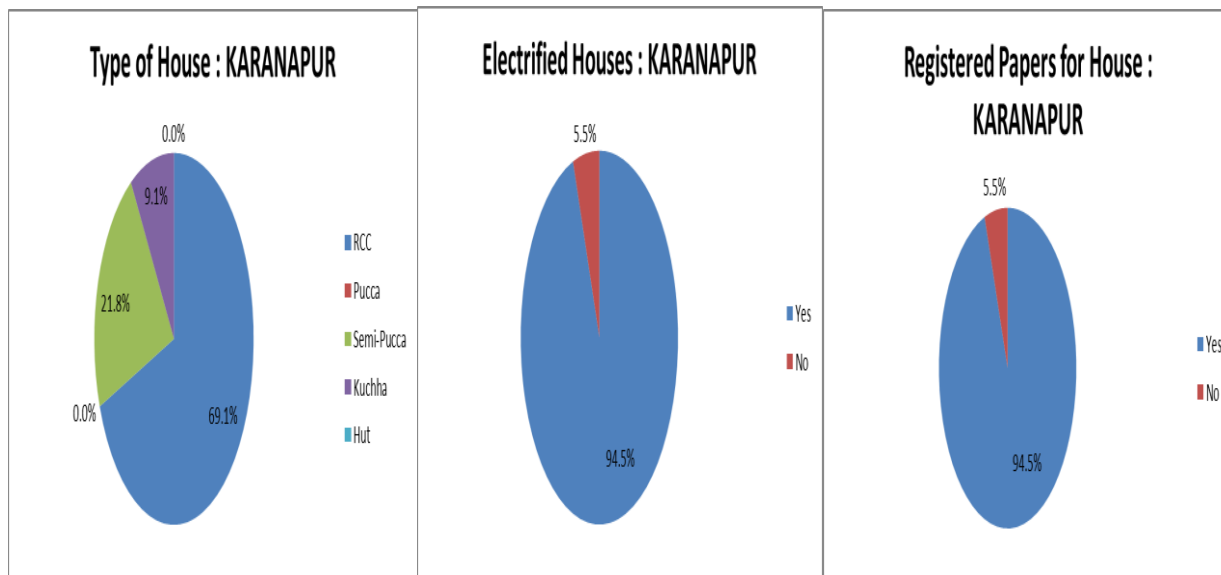
Land Distribution (In Acre)					
Total Area	Irrigated	Non-Irrigated	Grazing	Forest	Wasteland
1200	400	300	200	200	100

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

More than 5 Kms	
Railway Station	Handidhua
Police Station	
ITI/ Polytechnic	Talcher
Higher Secondary School	
Block Development Office	Angul
Taluk Headquarters	
District Headquarters	Brajanthapur
Degree College	
Primary Health Centre	Handidhua
CHC/ Govt. Gen. Hospital	
Bank for S/B Account	Badajorada
APMC/ Mandi	

5.12.1 Household Status

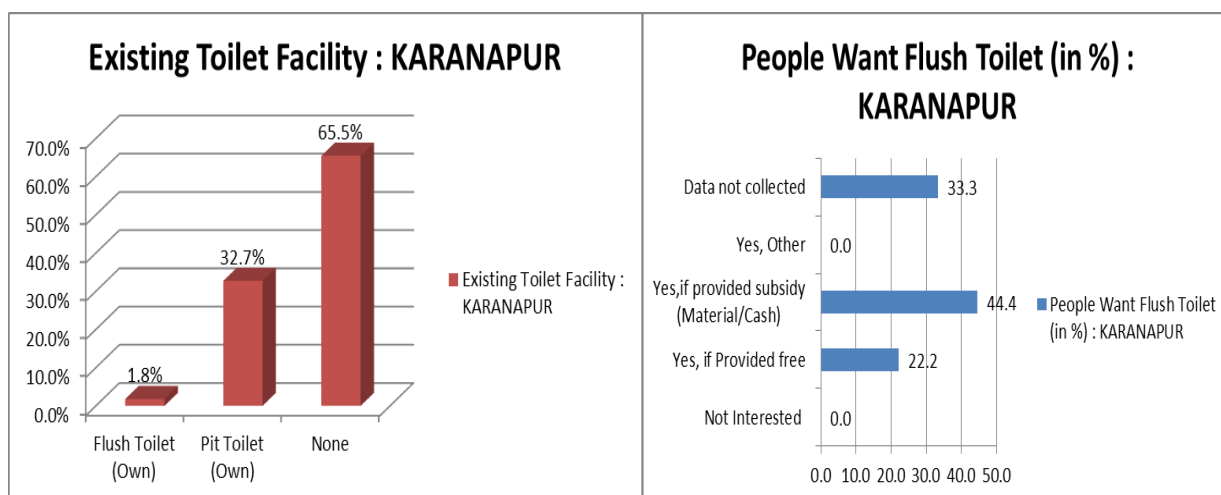
The household status in the Karanapur village shows that 69.1% of sample households reside in RCC house, 21.8 % of sample households reside in the Semi-Pucca house while 9.1% of sample households are living in kuchha house. Among the studied households around 94.5%



have registered papers of their land holdings, 94.5% of the studied households are electrified.

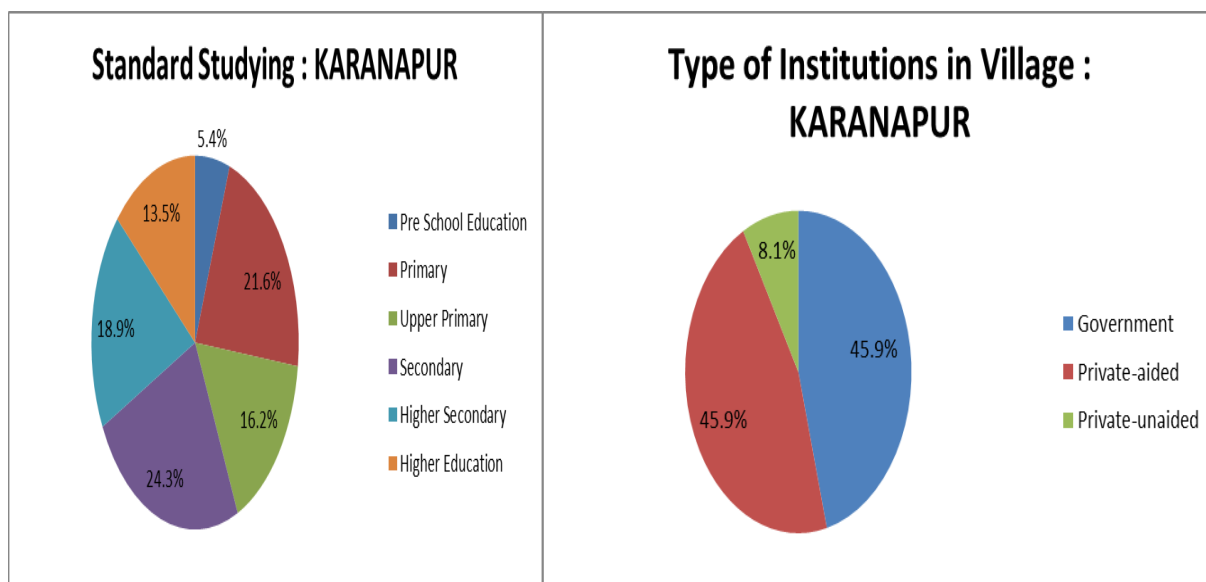
5.12.2.Sanitation

In studied village 65.5% sample households do not have toilet facilities of their own. Among the households who do not have toilet of their own 44.4% of them would want a flush toilet if it is provided through subsidy, 22.2% of them want the toilet if it is provided free.



5.12.3 Education

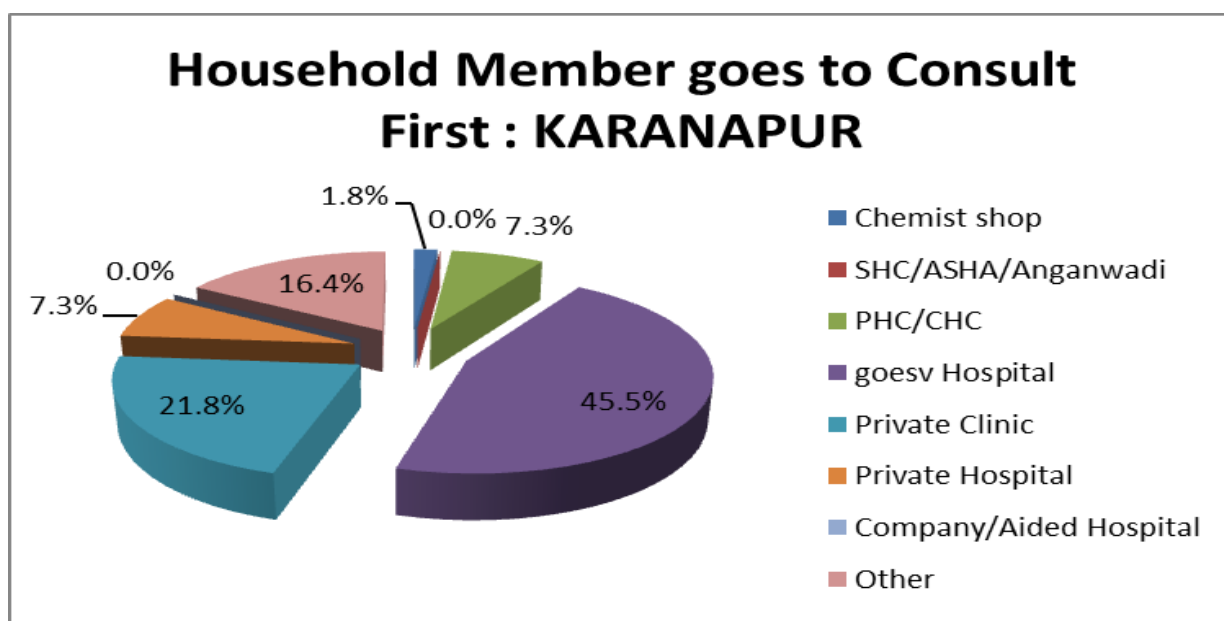
In Karanpur village Students who are currently studying 21.6% of them are in primary school, 16.2% in upper primary school, 18.9% are in higher secondary whereas 13.5% students are studying in higher education. 45.9% of the children are enrolled in government institutions



followed by 45.9% in private-aided institutions and 8.1% are in private-unaided institutions

5.12.4 Health

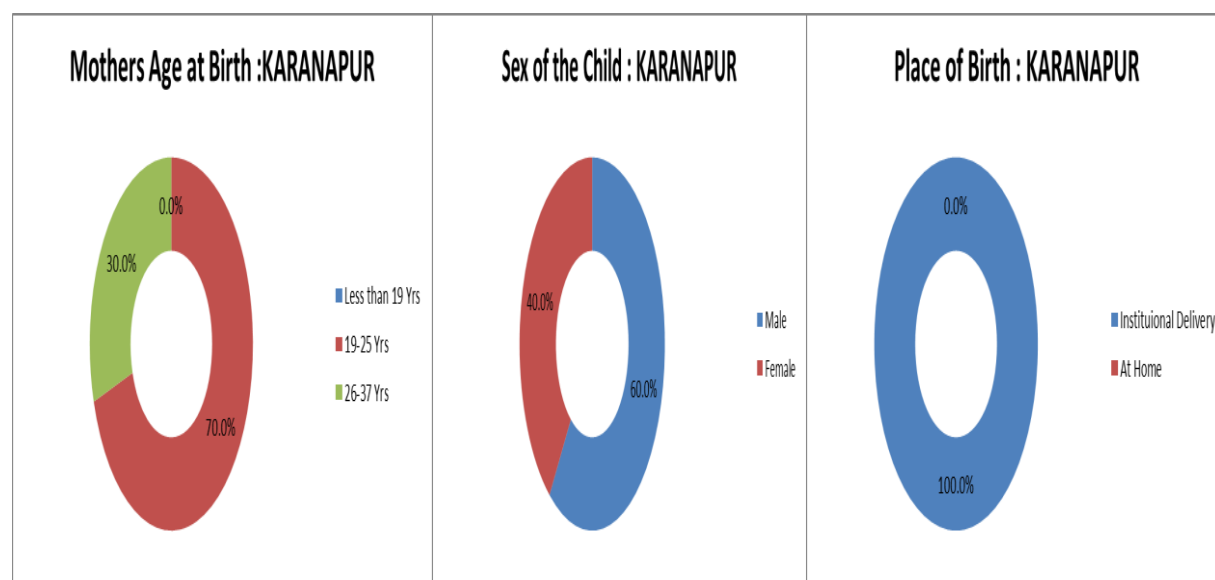
Among the sample household members 45.5% claimed that they consult government hospital first in case of any medical urgency, 7.3% consult PHC/CHC while 29% of the sample said that they consult a private clinic or private hospital for the same for the same. 1.8% of sample



household members reported that they consult chemist shop first in case of medical emergency.

5.12.5 Maternal Health

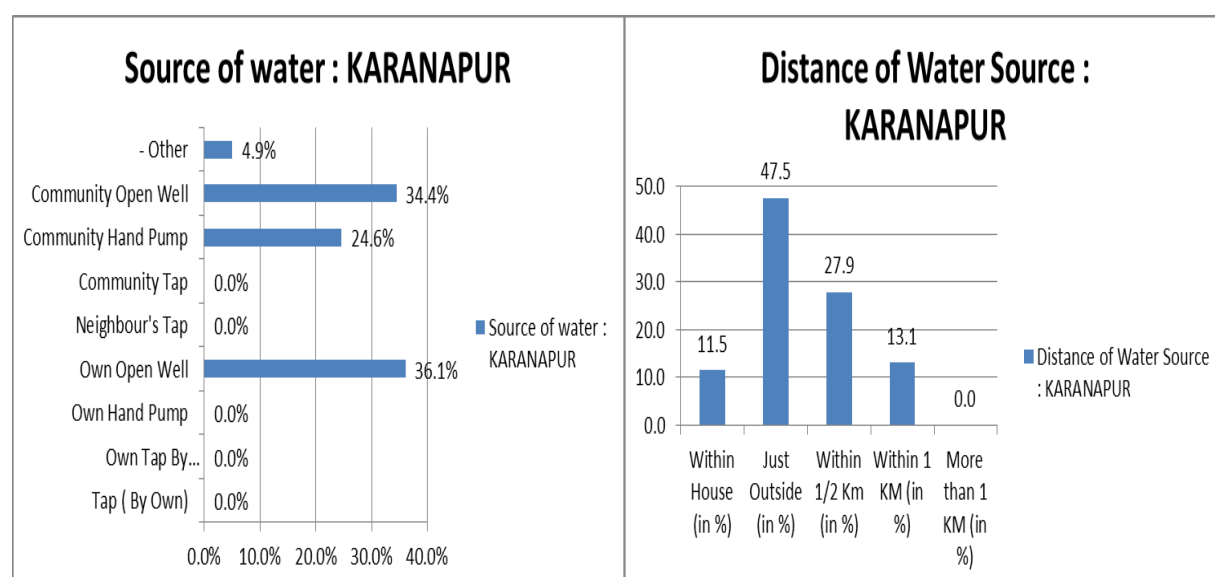
In Karanpur village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The



sex ratio among the kids of age group 0-3 years 40% are girl child and 60% are male child. Women who conceived a child in the last three years 70% of them were in the age group of 19-25 years at the time of delivery while 30% were in the age group of 26-37 years.

5.12.6 Water

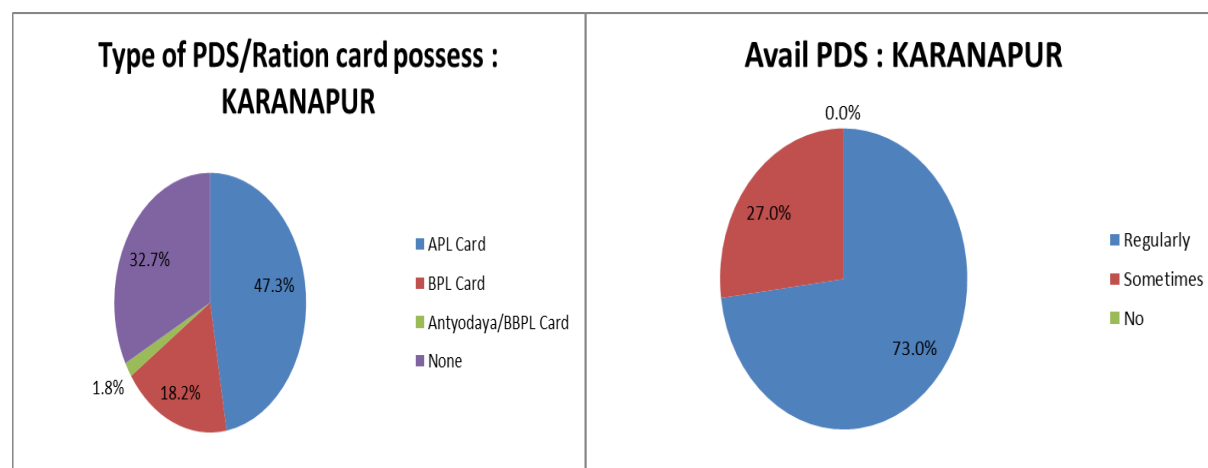
In Karanpur village, 34.4% of the sample households reported that they use community open well for the drinking water purposes, another 36.1% claimed that they get water from own



open well while 24.6% fetch water from community hand pump. 47.5% of the sample informed that water source is located just outside the house while for 11.5% of sample it is located inside their premise. 27.9% of the sample said that they have to walk half Km to fetch drinking water whereas remaining 13.1% have to walk almost one km for drinking water.

5.12.7 Public Distribution System

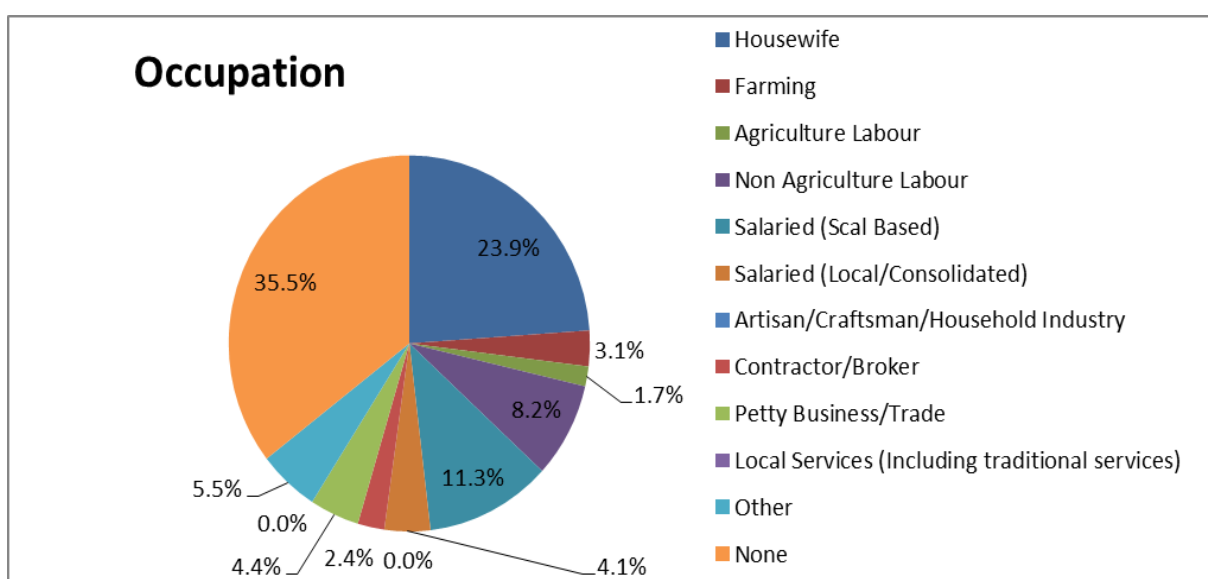
Among the sample 47.3% reported having an APL Card, 18.2% have BPL Card, 1.8% of the sample said that they have an Antyodaya/BBPL card and 32.7% have reported having none.



Among the sample households who have ration card 73% of them regularly avail PDS facility and 27% sometimes avail PDS facility.

5.12.8 OCCUPATION

In Karanpur 23.9% of the sample household members are housewives, 3.1% are doing farming, 1.7% is agricultural labourer and 8.2% are non-agriculture labour. 15.4% of the workforce are working as salaried employee either in government or the private sector while 4.4% of the

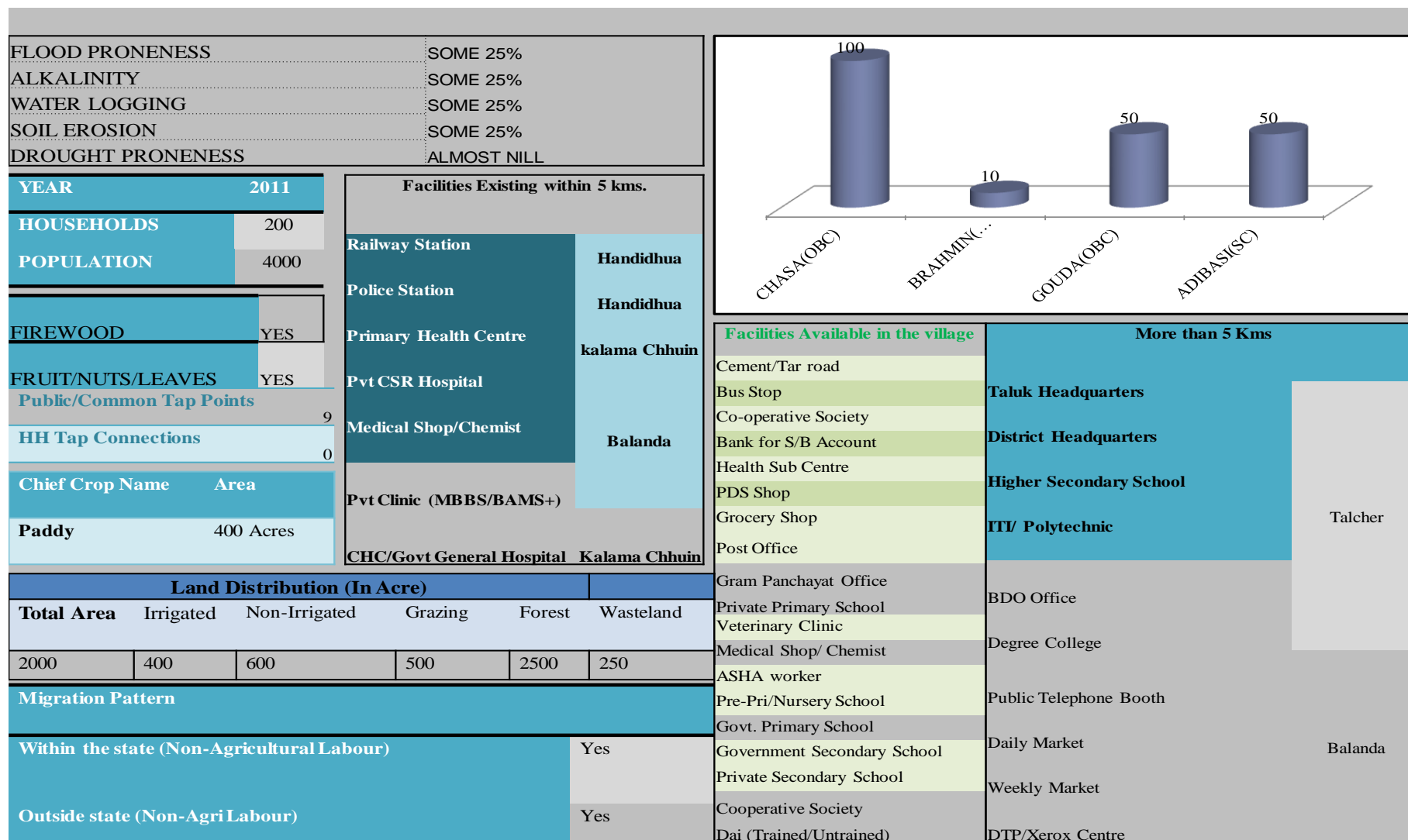


sample household members depend on petty business. 35.5% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none

5.12.9 RECOMMENDATION:

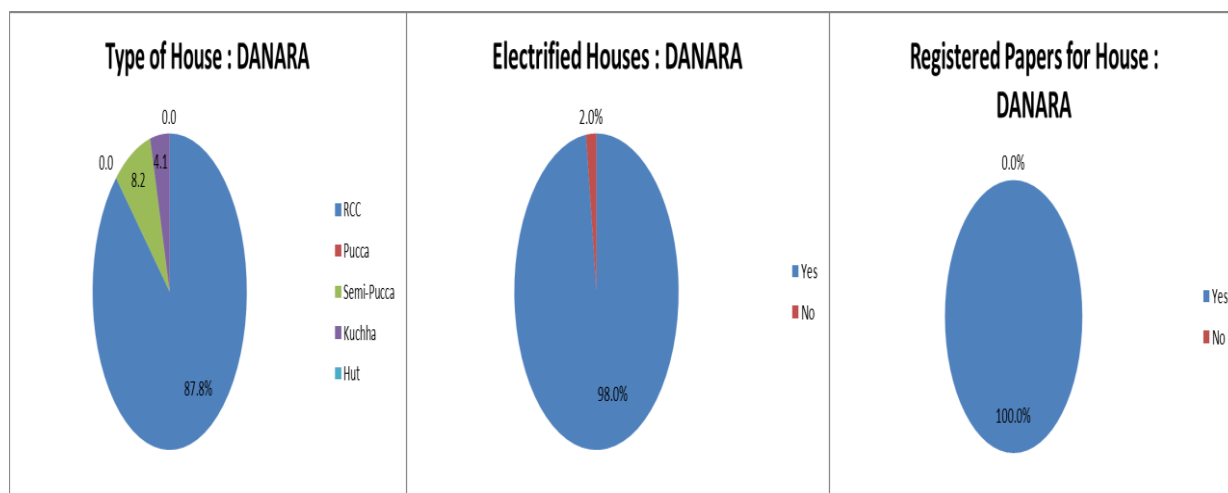
1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers.
2. Around 66% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with Panchayat to construct and run the community toilets.
3. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
4. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.

5.13.DANARA



5.13.1 Household Status

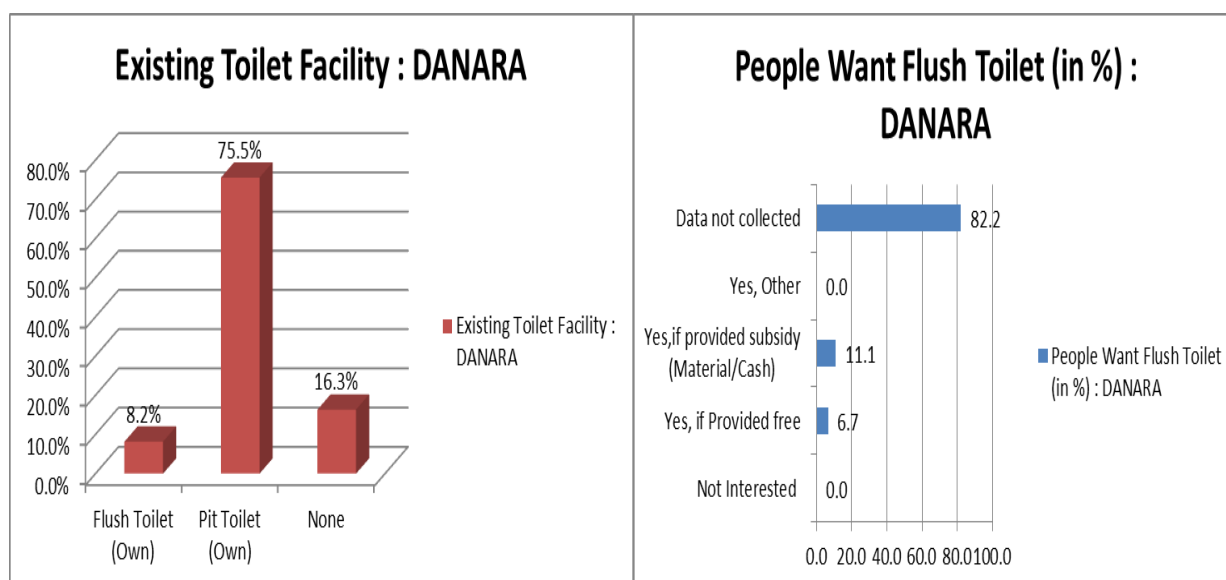
The household status in the studied village shows that 87.8% of sample households reside in RCC house, 8.2 % of sample households reside in the Semi-Pucca house while 4.1% of sample households are living in kuchha house.



Among the studied households around 100% have registered papers of their land holdings, 98% of the studied households are electrified.

5.13.2 Sanitation

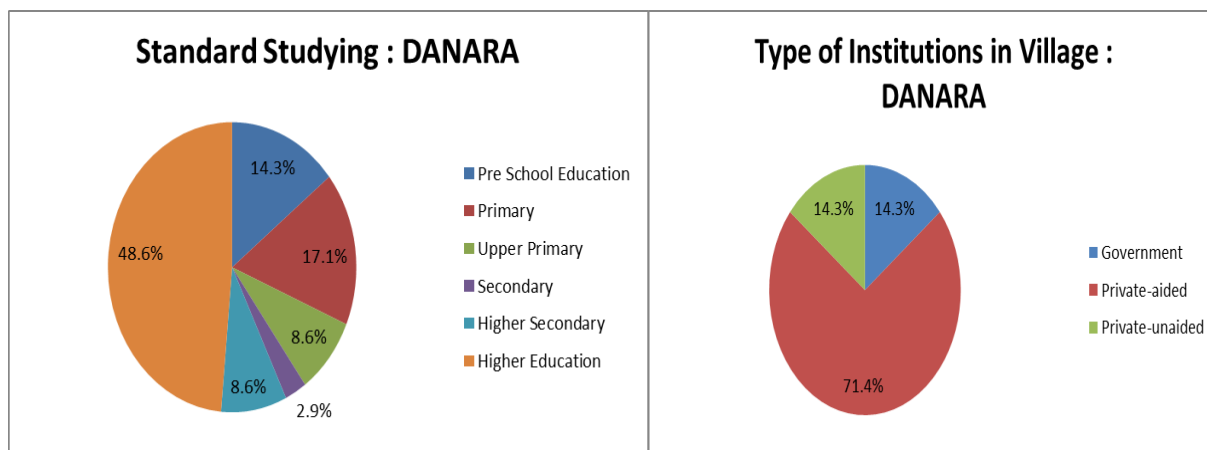
In Danara village 16.3% sample households do not have toilet facilities of their own, more than



three fourth households have pit toilets while 8.2% have flush toilets. Among the households who do not have a toilet of their own 11.1% of them would want a flush toilet if it is provided through subsidy, 6.7% of them want the toilet if it is provided free.

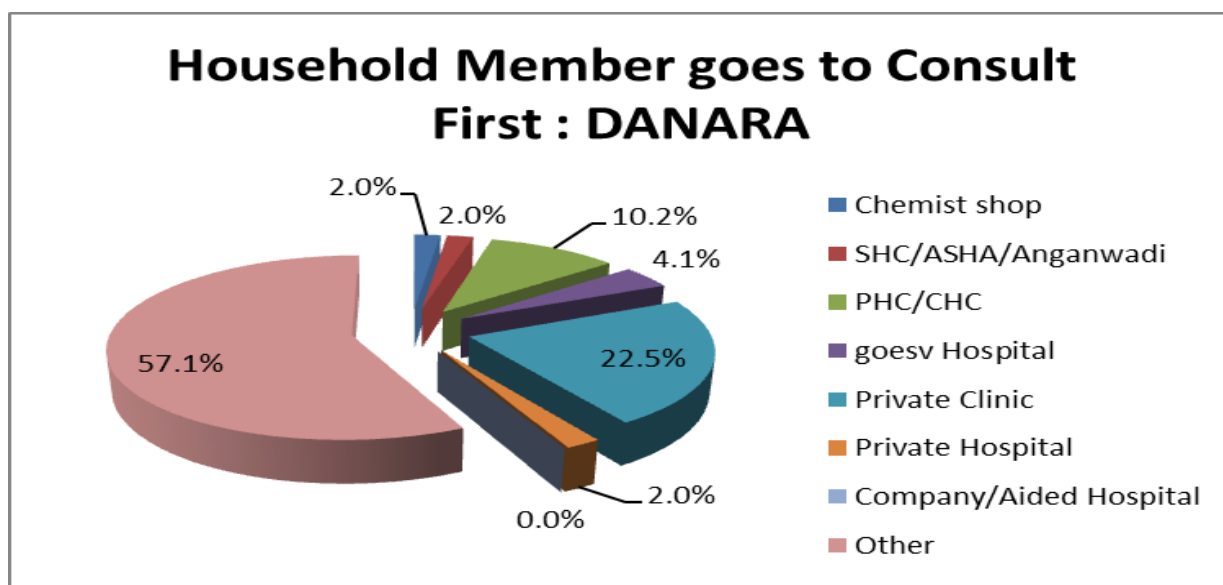
5.13.3 Education

Students who are currently studying in Danara village 17.1% of them are in primary school, 8.6% in upper primary school, 8.6% are in higher secondary whereas around half of the students are studying in higher education. 14.3% of the children are enrolled in government institutions, 71.4% in private-aided institutions and 14.3% are in private-unaided institutions.



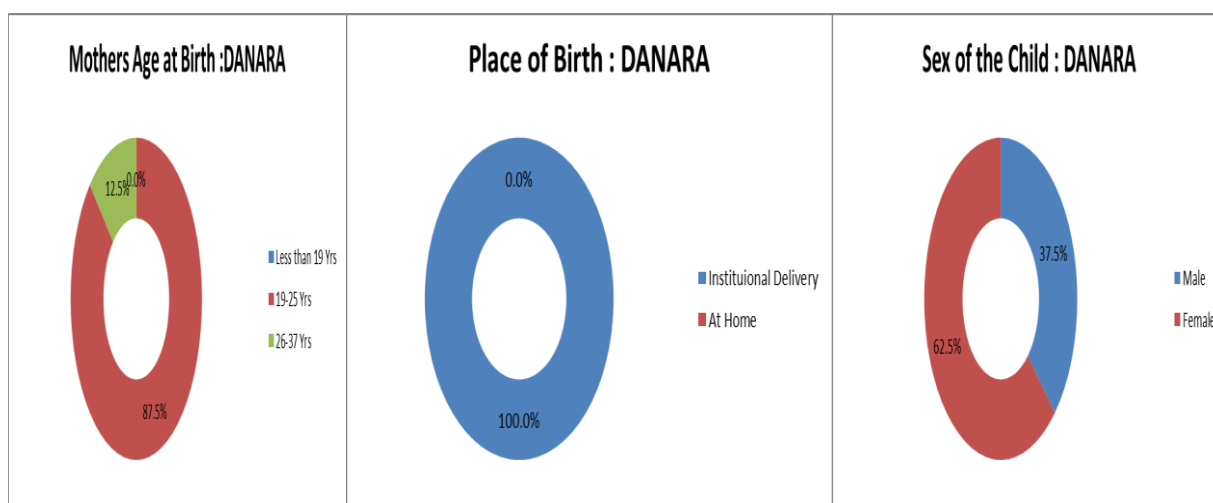
5.13.4 Health

In Danara village 24.5% of sample household members claimed that they consult private clinic or hospital first in case of medical emergency while 16.3% claimed that they consult government health services like PHC/CHC/ SHC/ASHA/Anganwadi/Government hospital for the same. Among sample 57.1% of household members consult other sources for medical



emergency whereas 2% consult chemist shop for the same.

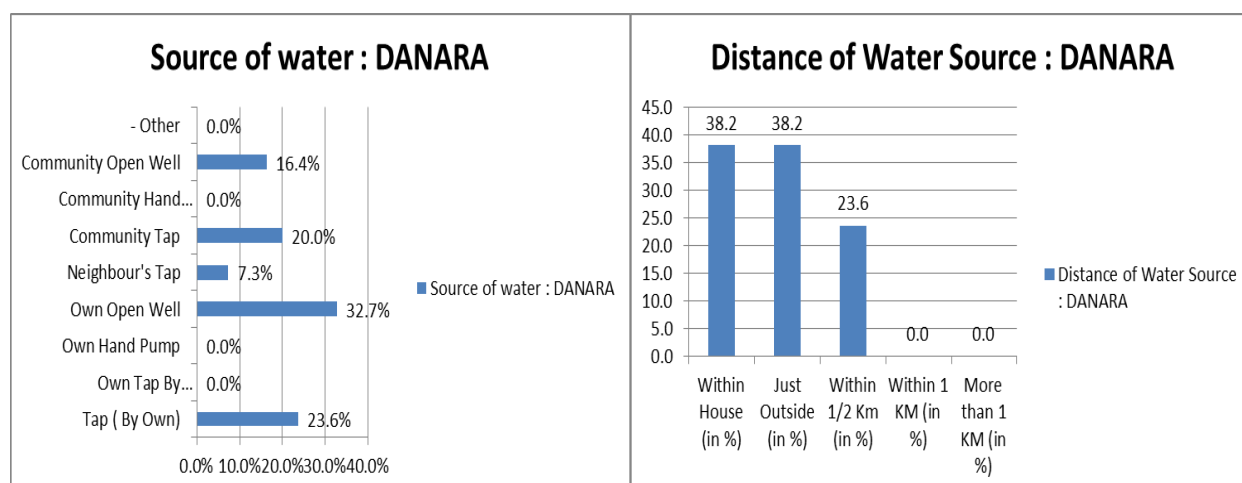
5.13.5 Maternal Health



Among the sample households in Danara village who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 62.5% are girl child and 37.5% are male child. Women who conceived a child in the last three years 87.5% of them were in the age group of 19-25 years at the time of delivery while 12.5% were in the age group of 26-37 years

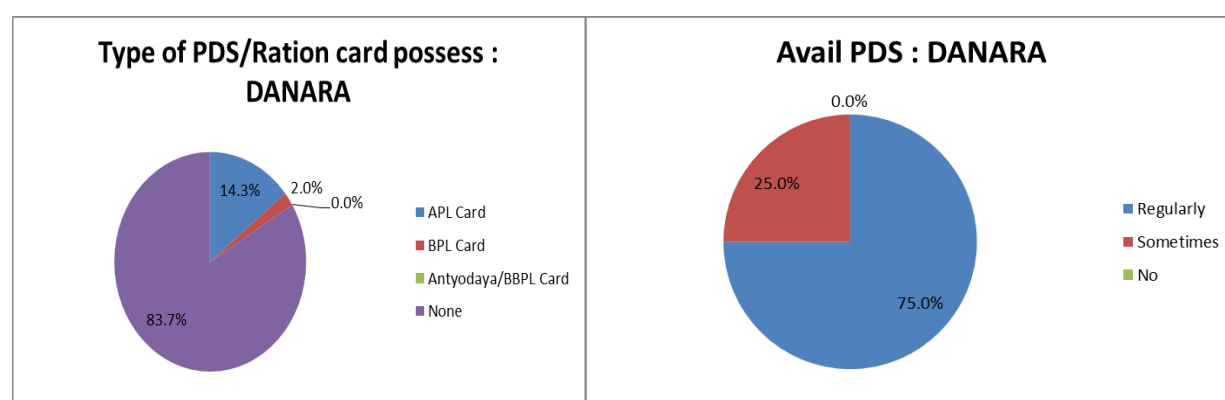
5.13.6 Water

In studied village, 32.7% of the sample households reported that they use own open well for the drinking water purposes, another 16.4% claimed that they get water from community open well. 20% said that they use community tap, 7.3% use neighbour's tap and the rest of the 23.6% have their own tap. 38.2% of the sample informed that water source is located just outside the house while for 38.2% of sample it is located inside their premise. 23.6% of the



sample said that they have to walk half Km to fetch drinking water.

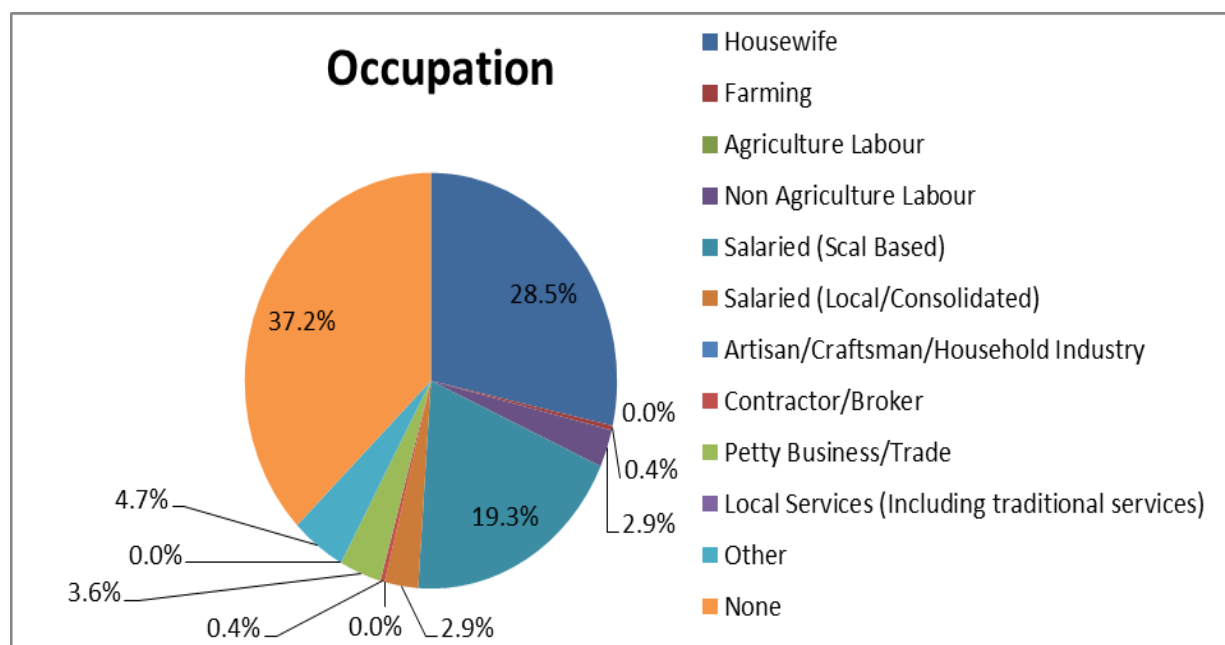
5.13.7 Public distribution System



Among the sample 14.3% reported having an APL Card, 2% have BPL Card and 83.7% have reported having none. Among the sample households who have ration card 75% of them regularly avail PDS facility and 25% sometimes avail PDS facility.

5.13.8 OCCUPATION

In Danara village only 0.4% of the sample household members are agriculture labour, 2.9% are non agricultutal labour, 22.2% are salaried employee while no one depends on farming. 37.2%



said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

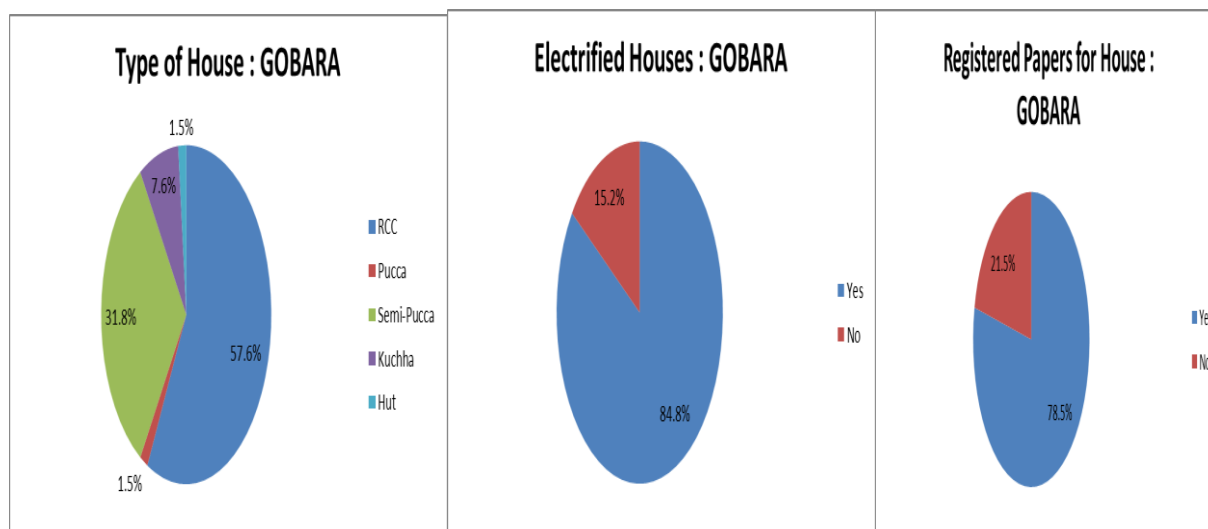
5.13.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.

5.14 GOBARA

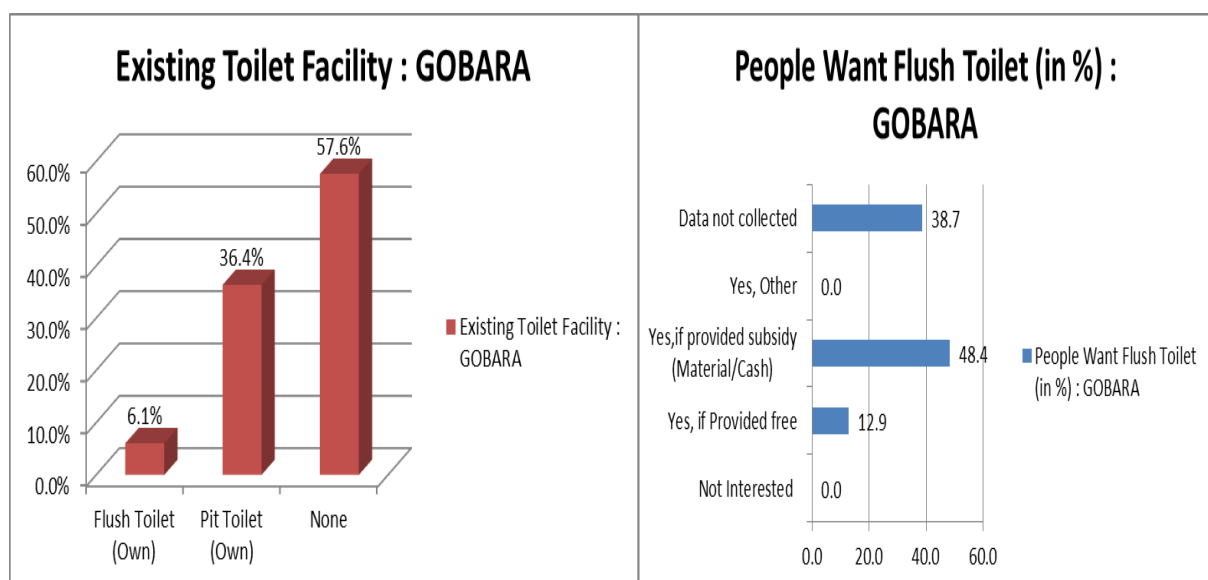
FLOOD PRONENESS						No	Facilities Available in the village				
ALKALINITY							No	Public Telephone Booth			
WATER LOGGING								No	Daily Market		
SOIL EROSION									No	Weekly Market	
DROUGHT PRONENESS										Some 25%	PDS Shop
YEAR 2011		More than 5 Kms				Facilities Existing within 5 kms.		Grocery Shop			
HOUSEHOLDS		1600		Block Development Office		Talcher	Pvt. Secondary School		Dera	DTP/Xerox Centre	
POPULATION		8000		Taluk Headquarters			Higher Secondary School			Post Office	
Forest Produce				Pvt. Clinic (MBBS/ BAMS+)			Pvt. Primary School			Cement/Tar road Gram Panchayat Office	
Firewood		Yes		Pvt./ CSR Hospital			Bank for S/B Account			Co-operative Society	
Fruits/Nuts/Leaves		Yes		Degree College			Bus Stop Railway Station			Veterinary Clinic	
Public/Common Tap Points		80		ITI/ Polytechnic			Police Station			Medical Shop/ Chemist	
HH Tap Connections		0		Vocational training centre			Primary Health Centre			ASHA worker	
Chief Crop Name		Area		District Headquarters			Angul.	CHC/ Govt. Gen. Hospital		Handidhua	Pvt. Clinic (RMP+)
Paddy		3000 Acres						Heath Sub-Centre Govt. Secondary School			
Land Distribution (In Acre)											
Total Area		Irrigated	Non-Irrigated	Grazing	Forest	Wasteland					
6400		3000	2000	500	500	400					

5.14.1 Household Status



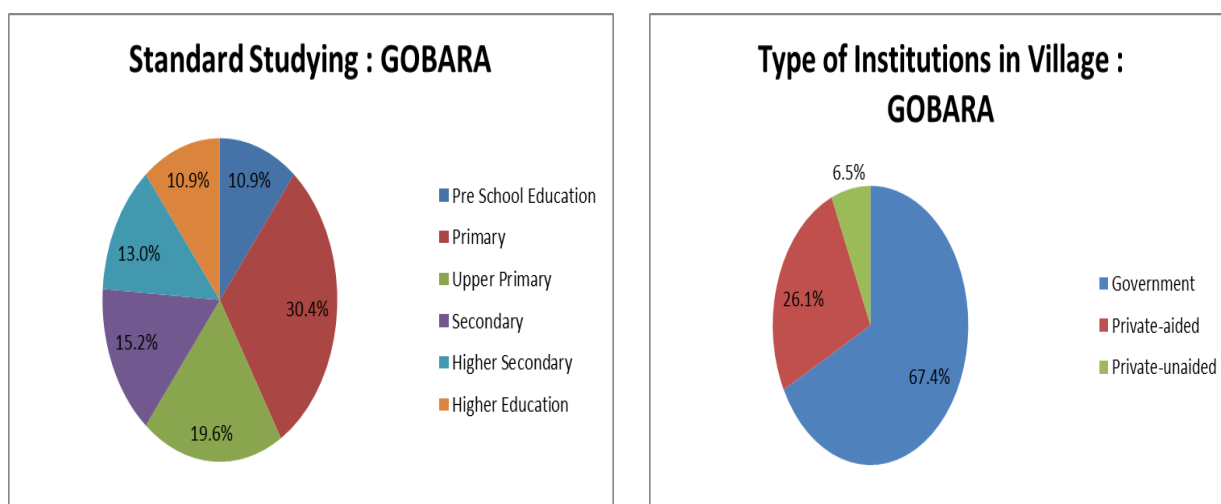
The household status in the Gobara village shows that 57.6% of sample households reside in RCC house, 31.8 % of sample households reside in Semi-Pucca house while 9.1% of sample households are living in kuchha house or hut. Among the studied households around 78.5% have registered papers of their land holdings, 84.8% of the studied households are electrified.

5.14.2 Sanitation



In Gobara village 57.5% sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own 48.4% of them would want a flush toilet if it is provided through subsidy, 12.9% of them want the toilet if it is provided free.

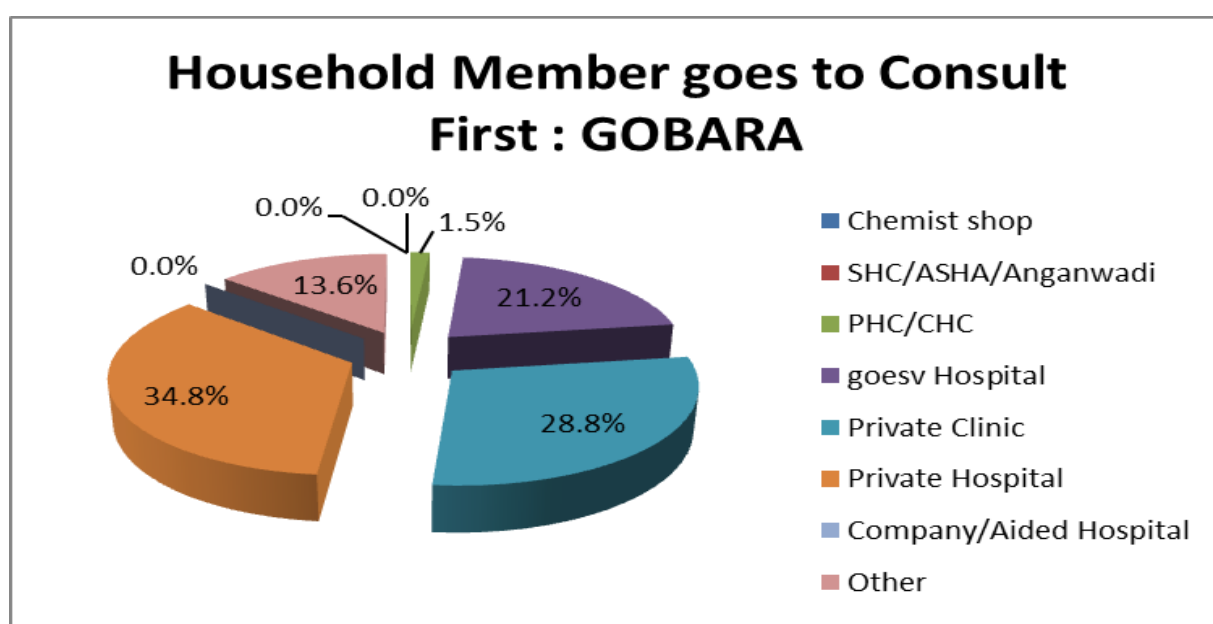
5.14.3 Education



Students who are currently studying 30.4% of them are in primary school, 19.6% in upper primary school, 13% are in higher secondary whereas 10.9% students are studying in higher education. 67.4% of the children are enrolled in government institutions followed by 26.1% in private-aided institutions and 6.5% in private-unaided institutions.

5.14.4 Health

Among the sample 34.8% claimed that they consult private clinic first in case of any medical emergency while 28.8% of the sample said that they consult a private hospital for the same. Consulting local doctor/ private clinic/private hospital is the first option for 63.6% of the

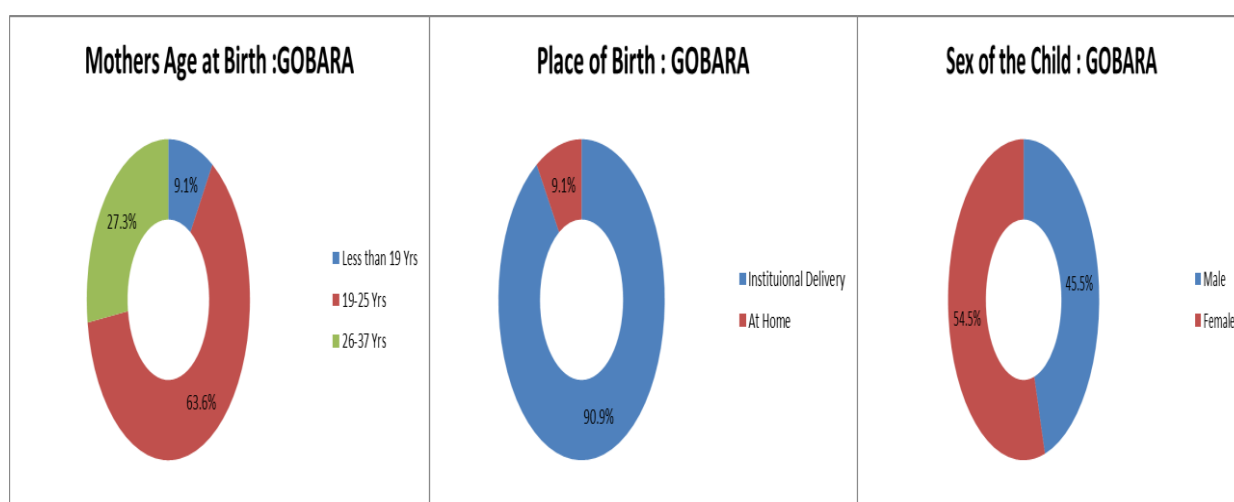


sample which shows that they have to incur costs to avail the medical services while only 22.7% claimed that they consult government hospital/PHC/CHC in case of emergency. The

data reflect high dependency of community over private health resources and poor functioning of government health services that are the reason for 13.6% sample households who go for other available medical services.

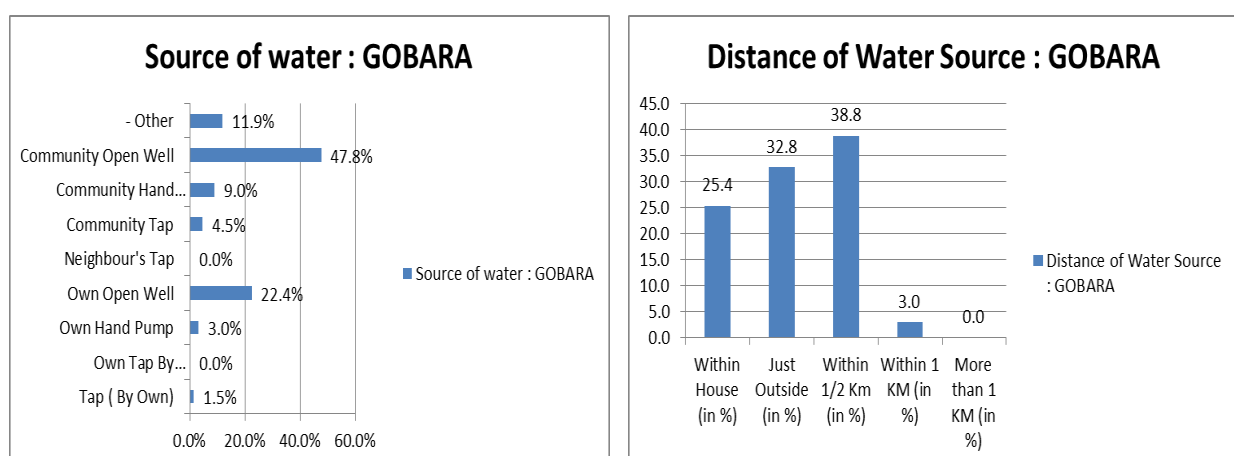
5.14.5 Maternal Health

In Gobara village among the sample households who witnessed the birth of a child in the last three years in their family 90.9% reported saying the delivery was institutional delivery while only 9.9% households from the same category said that delivery was non-institutional. The sex



ratio among the kids of age group 0-3 years 54.5% are girl child and 45.5% are male child. Women who conceived a child in the last three years 9.1% of them were less than 19 years of age, 63.6% of them were in the age group of 19-25 years at the time of delivery while 27.3% were in the age group of 26-37 years.

5.14.6 Water

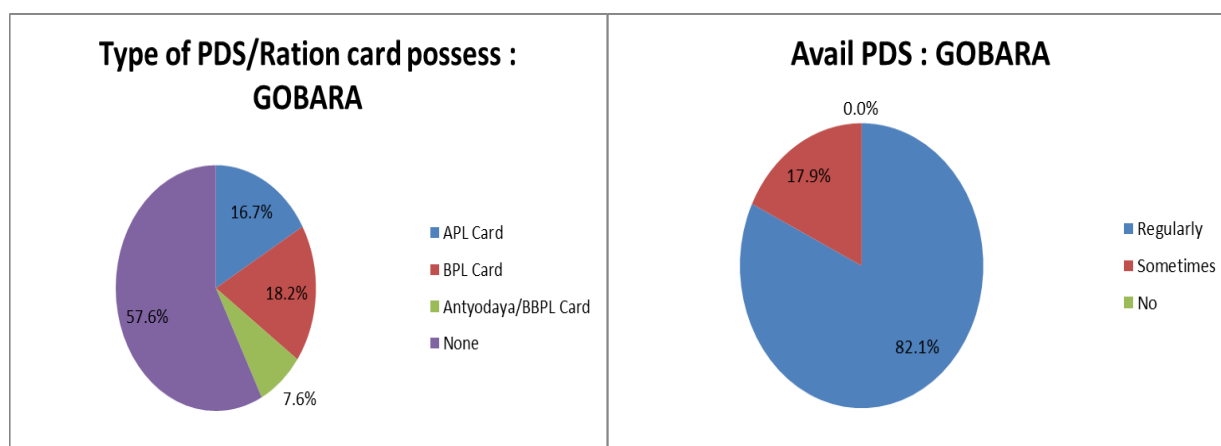


In Gobara village, 47.8% of the sample households reported that they use community open well for the drinking water purposes, another 22.4% claimed that they get water from

community hand pump. 4.5% said that they use community tap, 11.9% use other source 12% use their hand pump and the rest of the 1.5% of the population uses own tap. 32.8% of the sample informed that water source is located just outside the house while for 25.4% of sample it is located inside their premise. 3% of the sample said that they have to walk almost one Km to fetch drinking water.

5.14.7 Public Distribution System

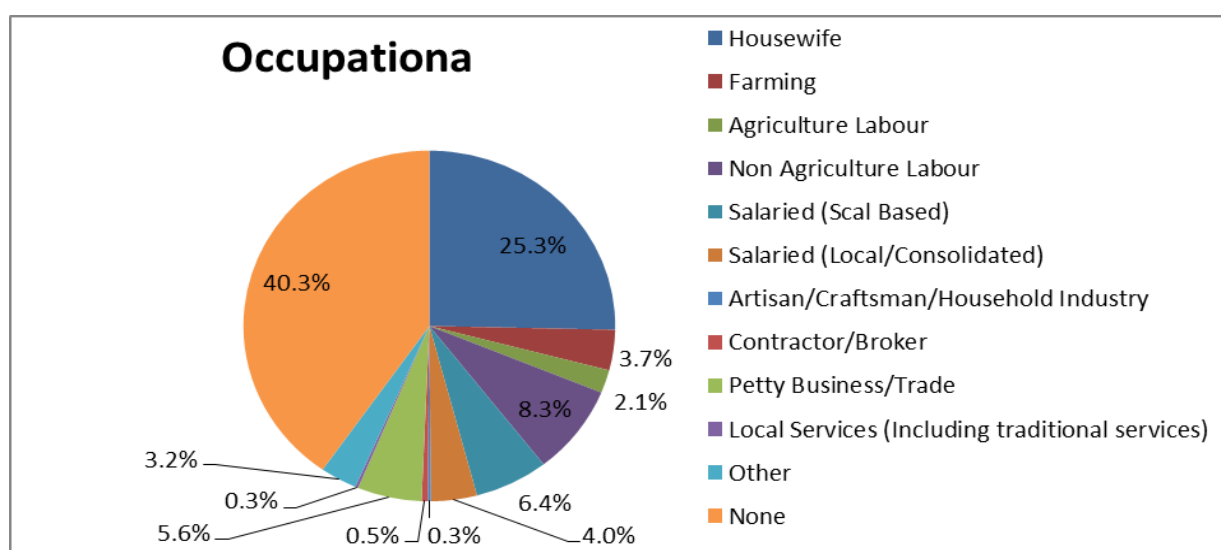
In studied village sample 16.7% of the sample reported having an APL Card, 18.2% have BPL



Card, 7.6% of the sample said that they have an Antyodaya card and 57.6% have reported having none. Among the sample households who have ration card 82.1% of them regularly avail PDS facility and 17.9% sometimes avail PDS facility.

5.14.8.OCCUPATION

In Gobara village 3.7% of sample household members have farming as primary Occupation, 3.7% are agriculture labour while 2.1% are non-agriculture labour. 10.4% of the sample



households are salaried employee either in government or private sector whereas 5.6% are doing petty business for livelihood. 40.3% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

5.14.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Villagers are dependent on open well for drinking water. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 58% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. More than 15% of the sample households do not have electricity. Company can provide solar energy lights.
4. Among the deliveries 10% them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
5. More than half of the sample households do not have ration card at all. Company can work with Gram panchyat for awareness on it.
6. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.

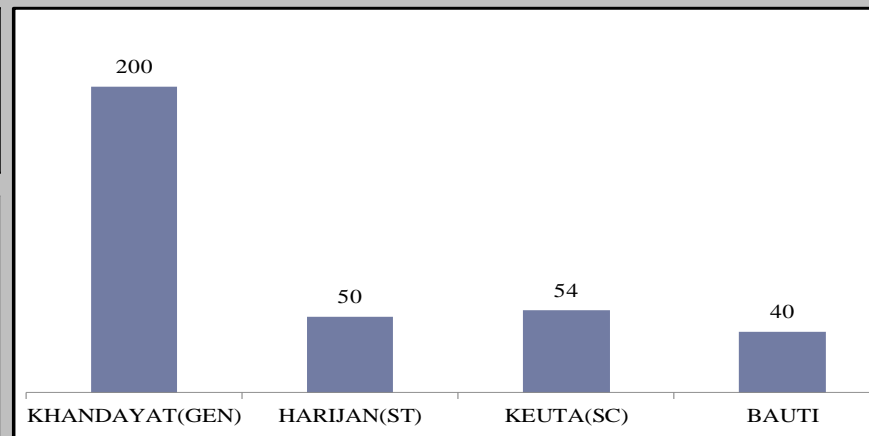
5.15 BADAJORADA

FLOOD PRONENESS	SOME 25%
ALKALINITY	SOME 25%
WATER LOGGING	SOME 25%
SOIL EROSION	SOME 25%
DROUGHT PRONENESS	ALMOST NIL

YEAR	2011	More than 5 Kms	
HOUSEHOLDS	350	Taluk Headquarters	Talcher
POPULATION	1800	District Headquarters	Angul
FIREWOOD	YES	Higher Secondary School	Talcher
FRUIT/NUTS/LEAVES	YES	ITI/ Polytechnic	Talcher
Public/Common Tap Points	9	BDO Office	Talcher
HH Tap Connections	0	Degree College	Talcher
Chief Crop Name	Area		
Paddy	400 Acres		

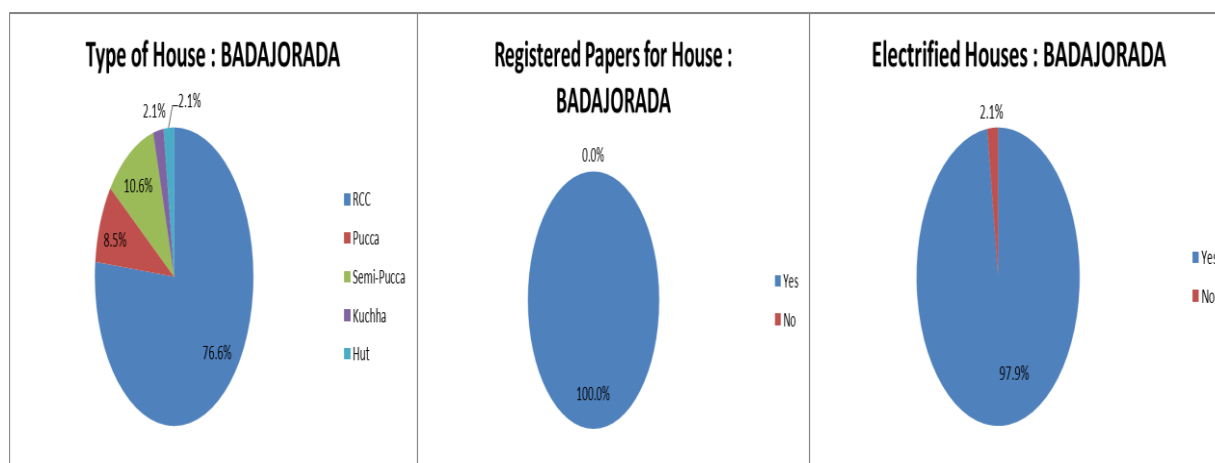
Land Distribution (In Acre)					
Total Area	Irrigated	Non-Irrigated	Grazing	Forest	Wasteland
2000	400	600	500	2500	250

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



Facilities Existing within 5 kms.		Facilities Available in the village
Railway Station	Handidhwa	Cement/Tar road
Police Station	Kaliyani	Bus Stop
Pvt. Clinic (MBBS/ BAMS+)	Handidhwa	Public Telephone Booth
Pvt CSR Hospital	Handidhwa	Daily Market
Medical Shop/Chemist	Brajnathpur	Weekly Market
DTP/ Xerox Centre		PDS Shop
Bank for S/B Account	BharatPur	Grocery Shop
Pvt Clinic (RMP+)		Post Office
PHC	Brajnathpur	Gram Panchayat Office
CHC/Govt General Hospital	Brajnathpur	Heath Sub-Centre
		Veterinary Clinic
		Medical Shop/ Chemist
		ASHA worker
		Pre-Pri/Nursery School
		Govt. Primary School
		Government Secondary School
		Private Secondary School
		Cooperative Society
		Dai (Trained/Untrained)

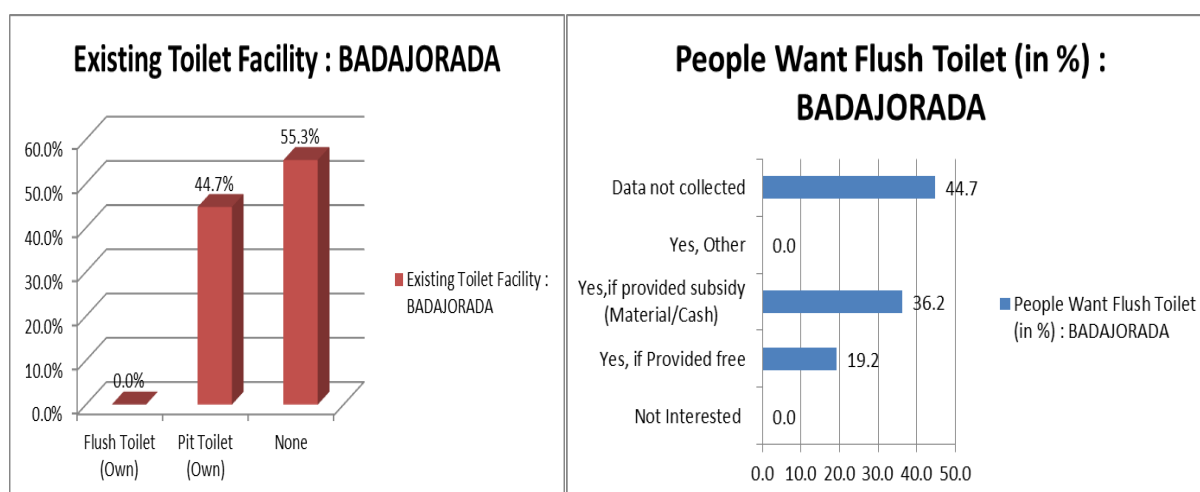
5.15.1 Household Status



The household status in the studied village shows that more than three fourth of sample households reside in RCC house, 8.5% of sample households reside in Pucca house, 10.6 % of sample households reside in Semi-Pucca house while 4.2% of sample households are living in kuchha house or hut. Among the studied households around 100% have registered papers of their land holdings, 97.9% of the studied households are electrified.

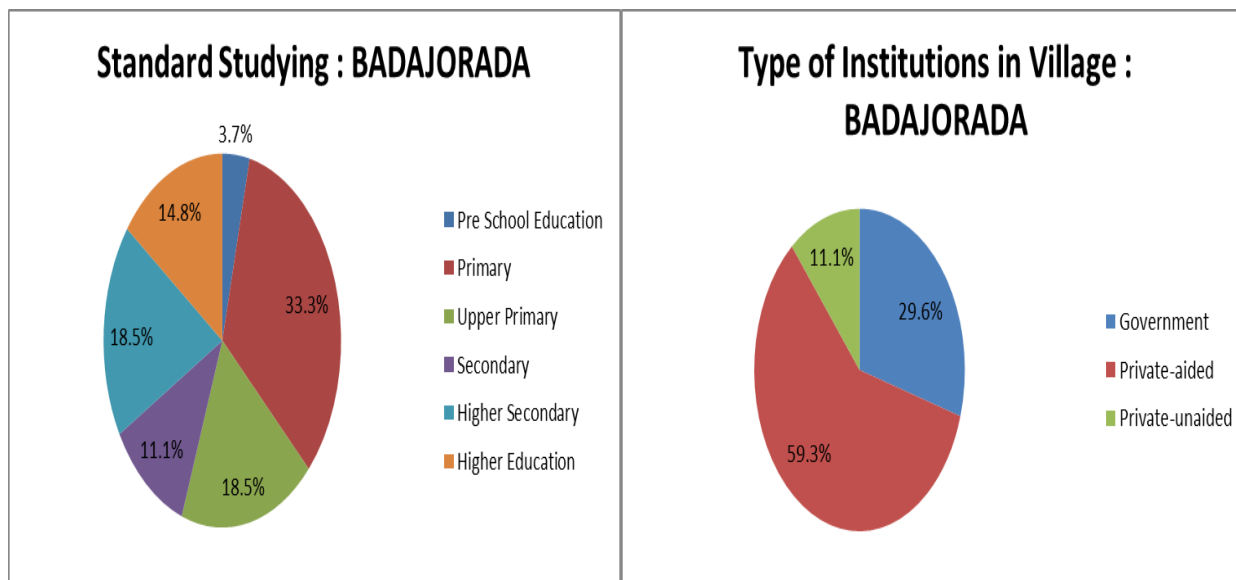
5.15.2 Sanitation

In studied village 55.3% sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own 36.2% of them would want a flush toilet if it is provided through subsidy, 19.2% of them want the toilet if it is provided free.



5.15.3 Education

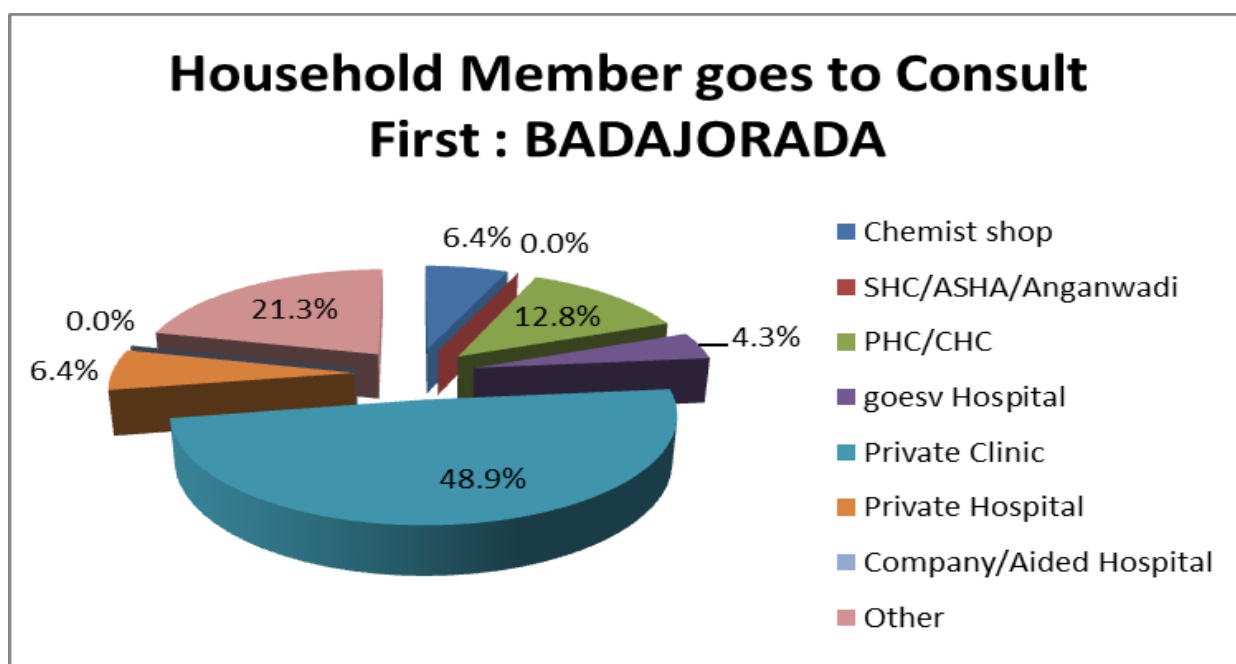
In studied village students who are currently studying 33.3% of them are in primary school, 18.5% in upper primary school, 18.5% are in higher secondary whereas 14.8% students are



studying in higher education. 29.6% of the children are enrolled in government institutions, 59.3% in private-aided institutions and 11.1% are in private-unaided institutions.

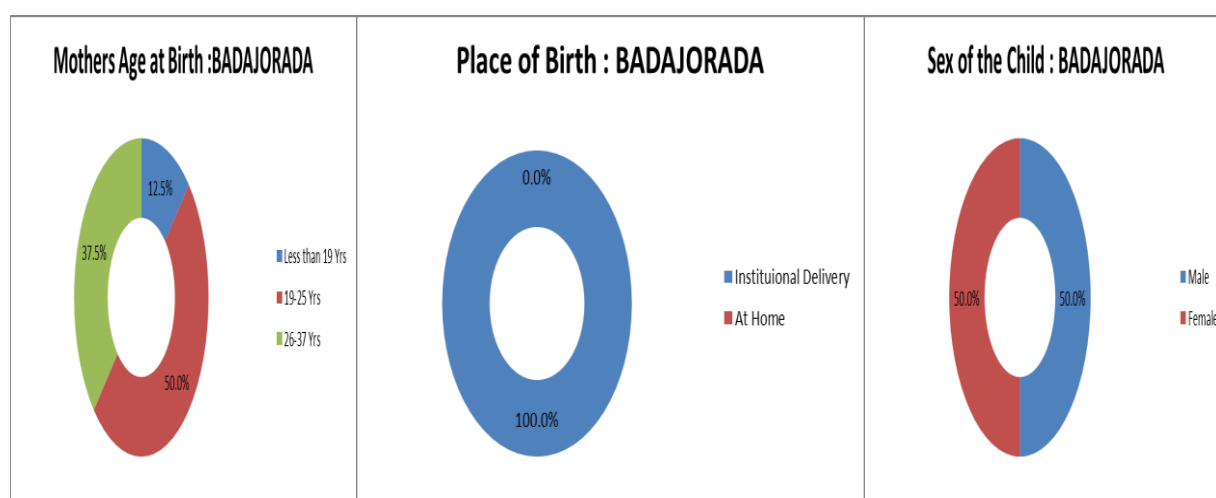
5.15.4 Health

Among the sample households 48.9% claimed that they consult private clinic first in case of any medical emergency while 6.4% of the sample said that they consult a private hospital for



the same for the same. Consulting local doctor/ private clinic/private hospital is the first option for 55% of the sample which shows that they have to incur costs to avail the medical services while only 17% claimed that they consult government hospital/PHC/CHC/ company aided hospital in case of emergency. The data reflect high dependency of community over private health resources and poor functioning and availability of government health care services that are the reasons for 6.4% of sample households reported to consult chemist shop for medical emergency while 21.3% go for other available sources in the village.

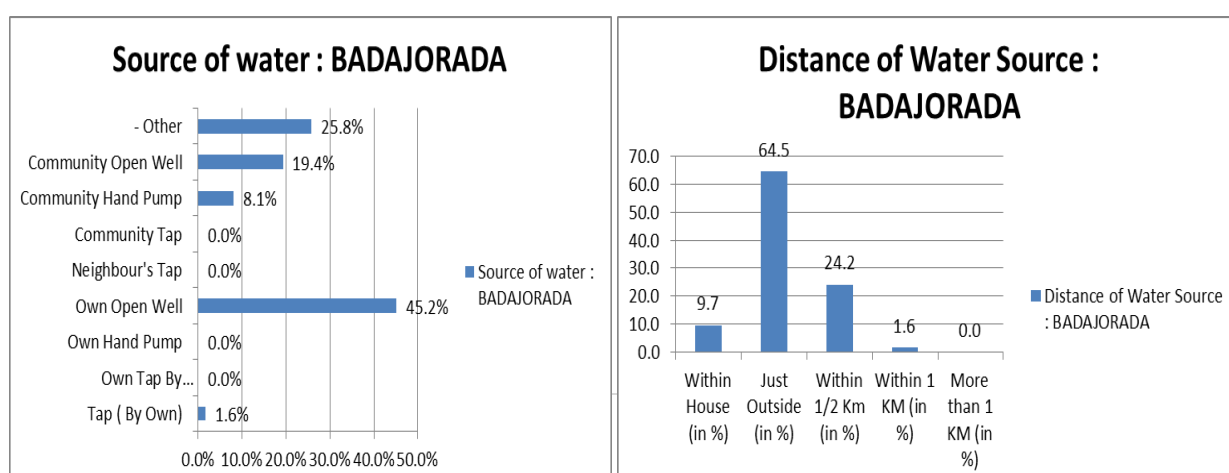
5.15.5 Maternal Health



In the Badajorada village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 50% are girl child and 50% are male child. Women who conceived a child in the last three years 12.5% of them were less than 19 years of age, 50% of them were in the age group of 19-25 years at the time of delivery while 37.5% were in the age group of 26-37 years.

5.15.6 Water

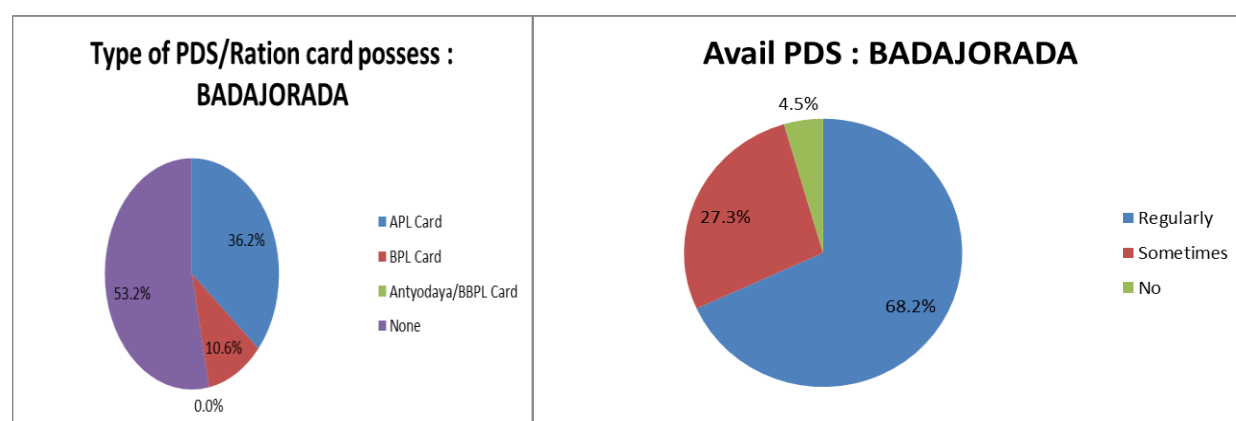
In Badajordara village, 45.2% of the sample households reported that they use own open well



for the drinking water purposes and another 19.4% claimed that they get water from community open well. 25.8% use other source, 8.1% use community hand pump and the rest of the 1.6% of the population uses the community tap. 64.5% of the sample informed that water source is located just outside the house while for 9.7% of sample it is located inside their premise. 1.6% of the sample said that they have to walk almost one Km to fetch drinking water.

5.15.7 Public Distribution System

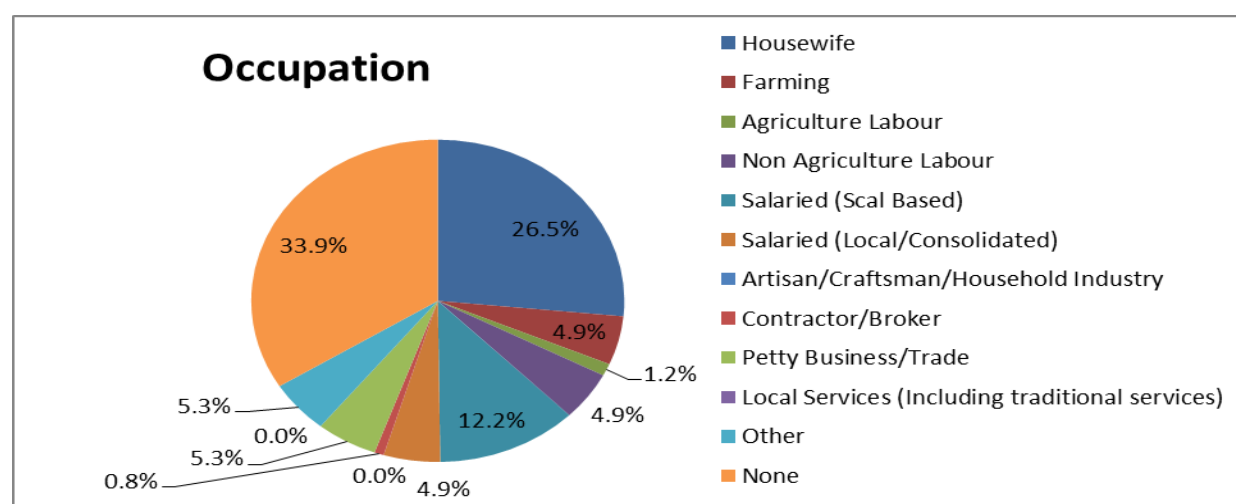
Among the sample 36.2% reported having an APL Card, 10.6% have BPL Card, and 53.2% have reported having none. Among the sample households who have ration card 68.2% of them



regularly avail PDS facility, 27.3% sometimes avail PDS facility and 4.5% do not avail PDS facility

5.15.8 OCCUPATION

In studied village 4.9% of sample household members depend on farming, 1.2% is agriculture



labour, 4.9% are non-agriculture labour, and 17% of the workforce are salaried employee

whereas 5.3% are doing petty business. 34% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

5.15.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Villagers are dependent on open well for drinking water. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 56% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
4. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.

5.16 BELUGAN KHAMAR

YEAR	2011
HOUSEHOLDS	240
POPULATION	1500

Belugan Khamar.

Facilities Existing more than 5 Kms	
District Headquarters	Angul

RELIGION	House holds
HINDU	240
Forest Produce	
Firewood	Yes
Fruit/Nuts/Leaves	Yes

Public/Common Tap Points 8

HH Tap Connections 0

Chief Crop Name	Area
Paddy	5000 acres

Land Distribution:					
Total Area	Irrigated	Non- Irrigated	Grazing	Forest	Wasteland
8000 acres	5000 acres	1000 Acres	600 acres	1000 acres	400 acres

Facilities Existing within 5 kms.	
Bus Stop	Dera
Public Telephone Booth	
Daily Market	
Weekly Market	
DTP/Xerox Centre	
Veterinary Clinic	
Medical Shop/ Chemist	
Pvt. Secondary School	Talcher
Higher Secondary School	
Pvt. Primary School	
Degree College	
ITI/ Polytechnic	
Vocational training centre	
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	Handidhua
CHC/ Govt. Gen. Hospital	
Bank for S/B Account	
Block Development Office	
Taluk Headquarters	
Railway Station	
Police Station	Godibanda
Primary Health Centre	

Households

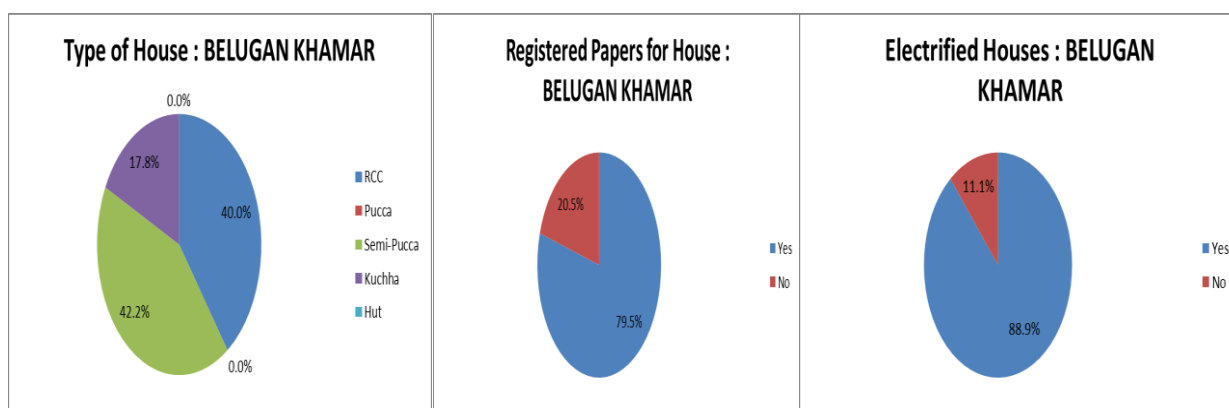


General

Facilities Available in the village
Samaaj Mandir
Cremation/ Burial Place
Cement/Tar road
PDS Shop
Grocery Shop
Gram Panchayat Office
Co-operative Society
Heath Sub-Centre
ASHA worker
Pre-Pri/Nursery School
Govt. Primary School

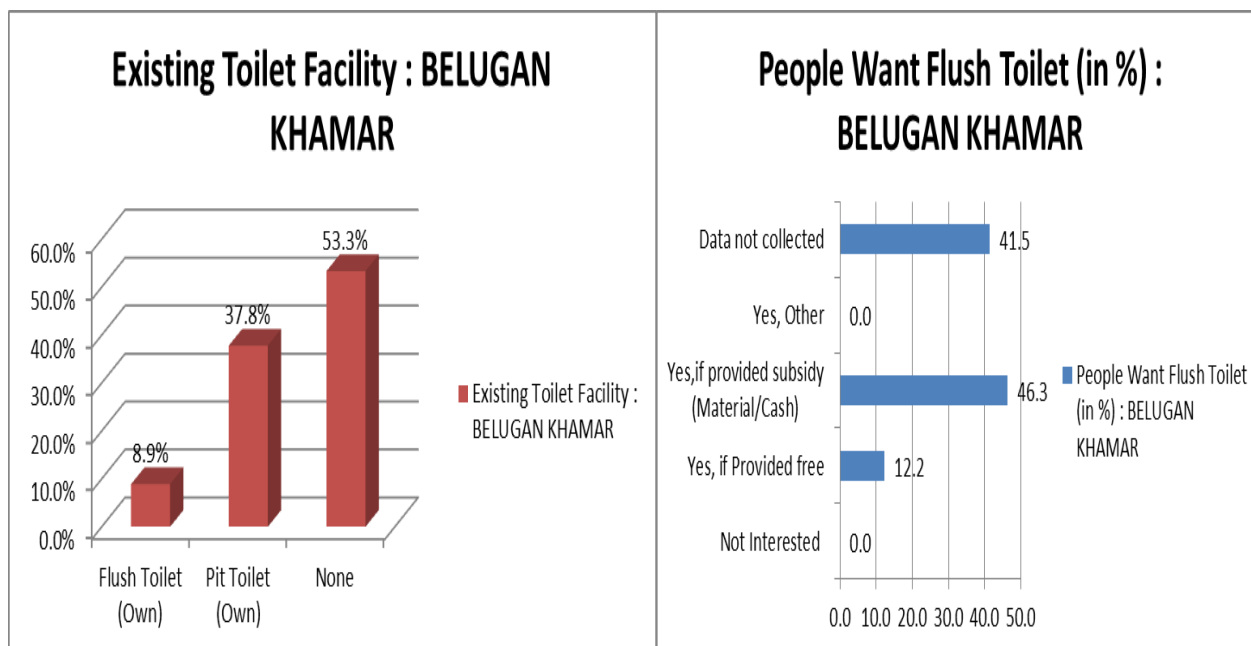
5.16.1 Household Status

The household status in the studied village shows that 40% of sample households reside in RCC house, 42.2 % of sample households reside in the Semi-Pucca house while 17.8% of sample households are living in kuchha house. Among the studied households around 79.5% have registered papers of their land holdings, 88.9% of the studied households are electrified.



5.16.2 Sanitation

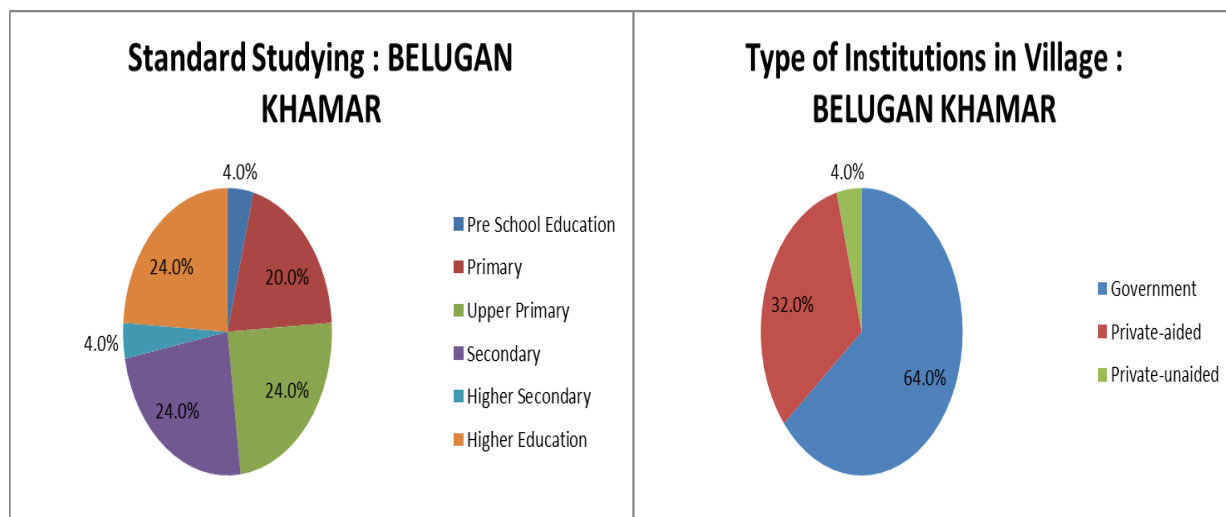
In Belugan Khamar village 53.3% sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own 46.3% of them would want a



flush toilet if it is provided through subsidy, 12.2% of them want the toilet if it is provided free.

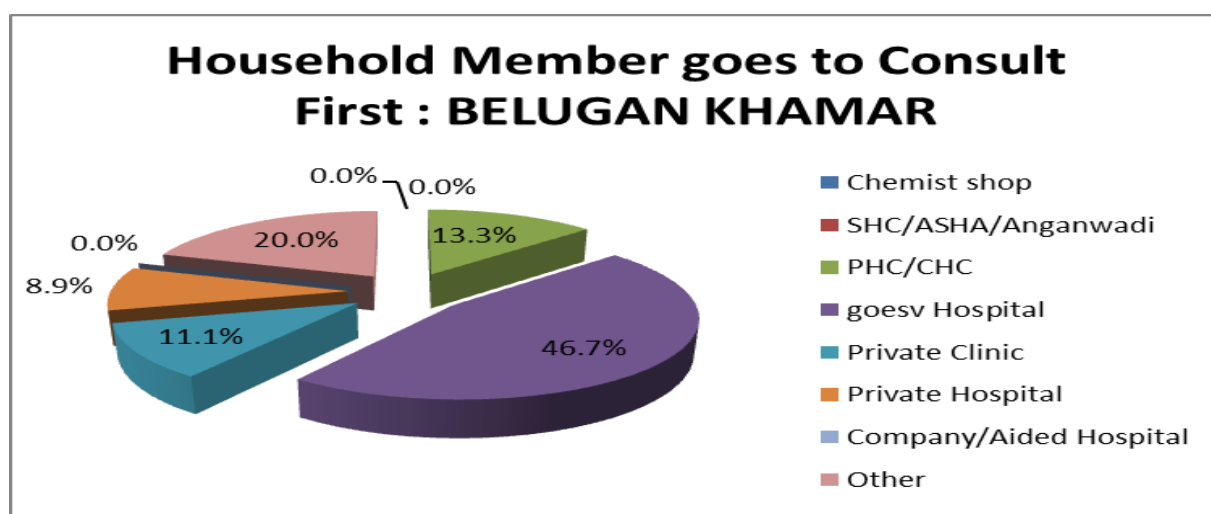
5.16.3 Education

In Belugan Khamar village students who are currently studying 20% of them are in primary school, 24% in upper primary school, 4% are in higher secondary whereas around one fourth of the students are studying in higher education. 64% of the children are enrolled in government institutions followed by 32% in private-aided institutions and 4% are in private-unaided institutions



5.16.4 Health

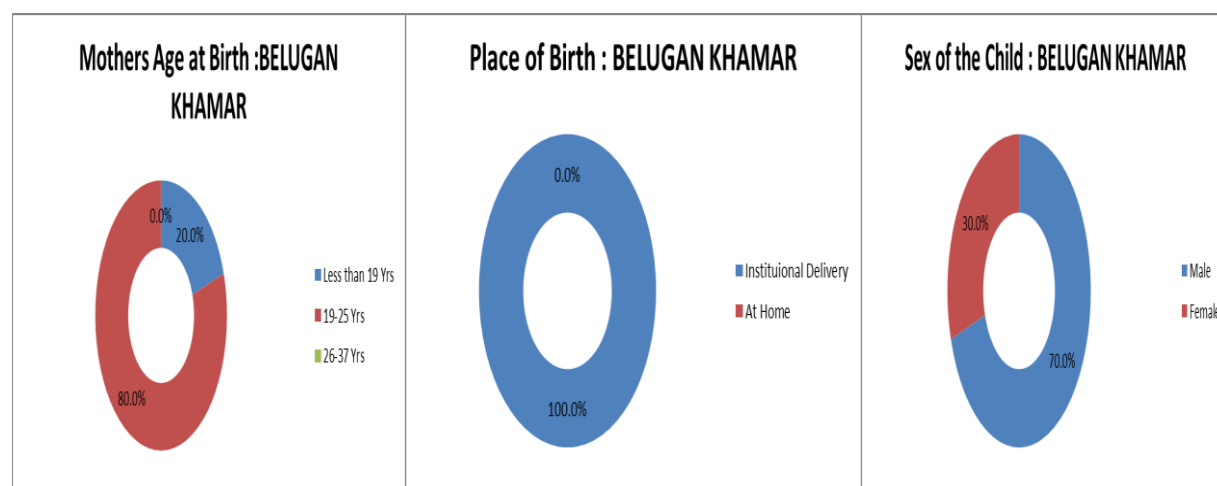
In Belugan Khamar 46.7% of sample household members claimed that they consult government hospital first for medical emergency while 13.3% consult PHC/CHC for the same.



20% of sample households claimed that they consult private clinic or private hospital for a medical emergency whereas 20% sample consult other sources for the same.

5.16.5 Maternal Health

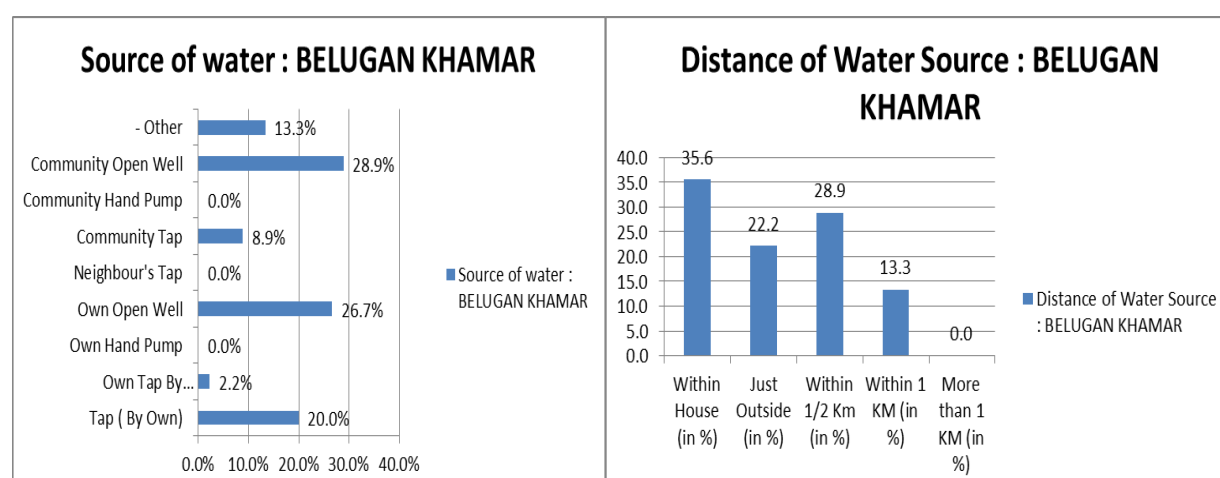
In studied village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 30% are girl child and 70% are male child.



Women who conceived a child in the last three years 20% of them were less than 19 years in age while 80% of them were in the age group of 19-25.

5.16.6 Water

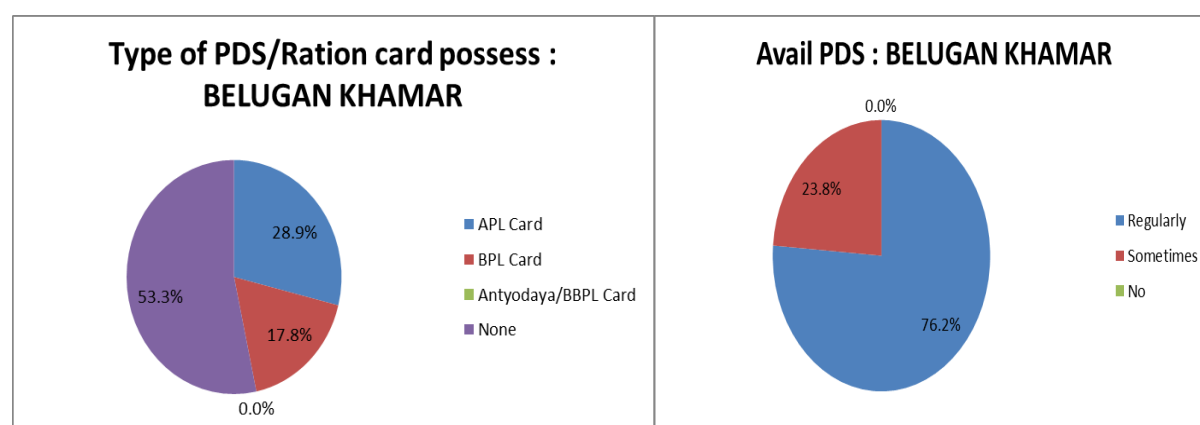
28.9% of the sample households in studied village reported that they use community open well for the drinking water purposes, another 26.7% claimed that use their own open well. 8.9% said that they use community tap, 13.3% use other source, 20% use tap by panchyat while 20% have own tap. 35.6% of sample informed that water source is located inside their premise 22.2% of the sample have water source located just outside the house. 28.9% have a water



source on distance of half km. while 13.3% of the sample said that they have to walk almost one Km to fetch drinking water.

5.16.7 Public Distribution System

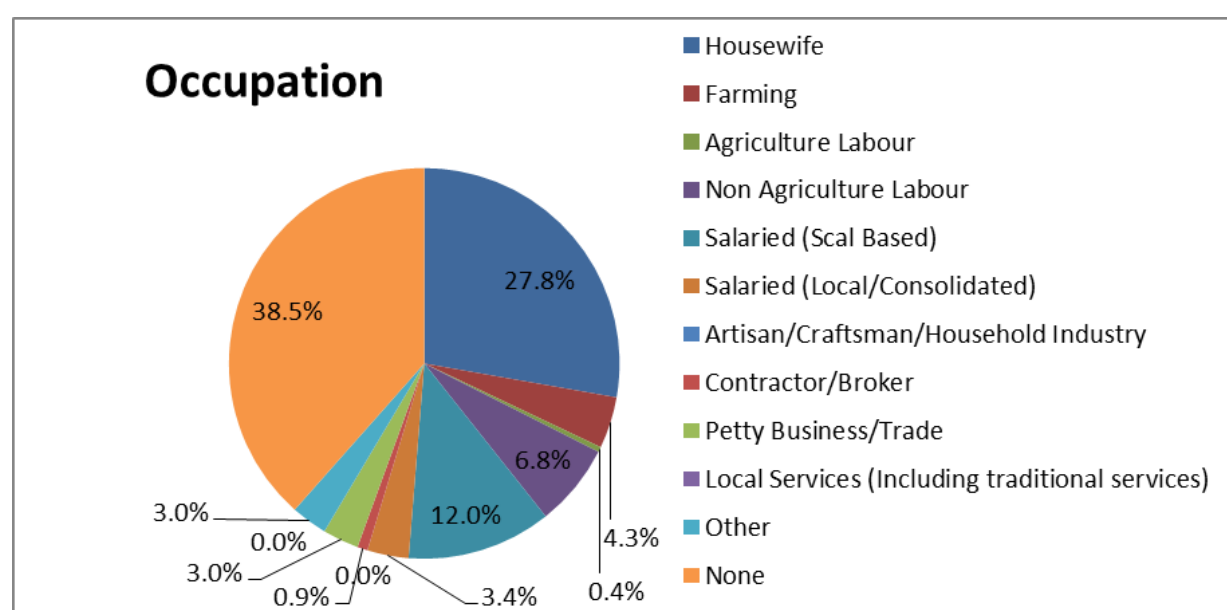
Among the sample 28.9% reported having an APL Card, 17.8% have BPL Card and 53.3% have reported having none. Among the sample households who have ration card 76.2% of



them regularly avail PDS facility while 23.8% sometimes avail PDS facility.

5.16.8 OCCUPATION

In studied village among the sample household members 4.3% are doing farming, 0.4% is agriculture labour , 6.8% are non-agriculture labour, 15.4% of the workforce are salaried employee whereas 3% are doing petty business. 38.5% said that they do not work at all



however; it also includes women who instead of saying housewives said that their primary Occupation is none.

5.16.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Villagers are dependent on open well for drinking water. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. More than half of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. People are totally dependent on coal charcoal and grass crop residue wood for fuel which increases pollution. Improved cook stove for clean development mechanism can be a good option for low smoke as well as use of low fuel.
4. Among the deliveries 10% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
6. More than 10% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights.

5.17 BRAJANTHA PUR

BrajnathPur.

YEAR	2011
HOUSEHOLDS	140
POPULATION	800
RELIGION	House holds
HINDU	138
MUSLIM	03
Forest Produce	
Firewood	Yes
Fruits/Nuts/Leaves	Yes

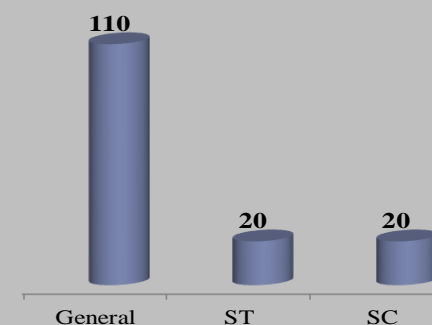
Public/Common Tap Points	10
HH Tap Connections	0
Chief Crop Name	Area
Paddy	300 acres
Muga	20 acres

Facilities Existing more than 5 Kms	
Railway Station	Handidhua
Police Station	
Gram Panchayat Office	
Co-operative Society	
Bank for S/B Account	Angul
District Headquarters	
Degree College	Talchera
ITI/ Polytechnic	
Vocational training centre	
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	
CHC/ Govt. Gen. Hospital	
Block Development Office	
Taluk Headquarters	

Facilities Available in the village	
Samaaj Mandir	
Cement/Tar road	
PDS Shop	
Grocery Shop	
Post Office	
Heath Sub-Centre	
ASHA worker	
Pre-Pri/Nursery School	
Govt. Primary School	
Govt. Secondary School	

Land Distribution:					
Total Area	Irrigated	Grazing	Forest	Wasteland	Non- Irrigated
1000 acres	300 acres	20 acres	50 acres	20 acres	40 Acres

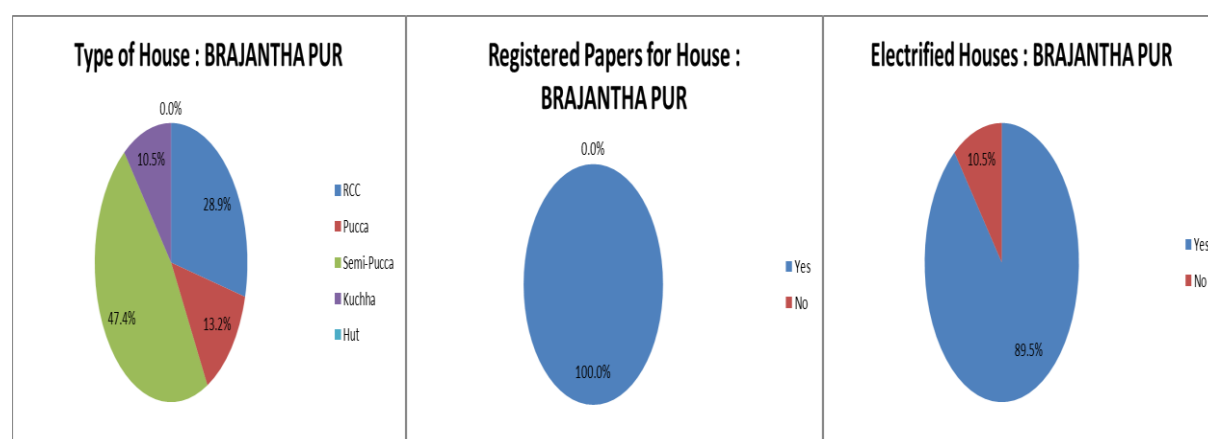
Households



Facilities Existing within 5 kms.	
Bus Stop	Dera
Public Telephone Booth	
Daily Market	
Weekly Market	
DTP/Xerox Centre	
Veterinary Clinic	
Medical Shop/ Chemist	
Pvt. Secondary School	Godibanda
Higher Secondary School	
Pvt. Primary School	
Primary Health Centre	

5.17.1 Household Status

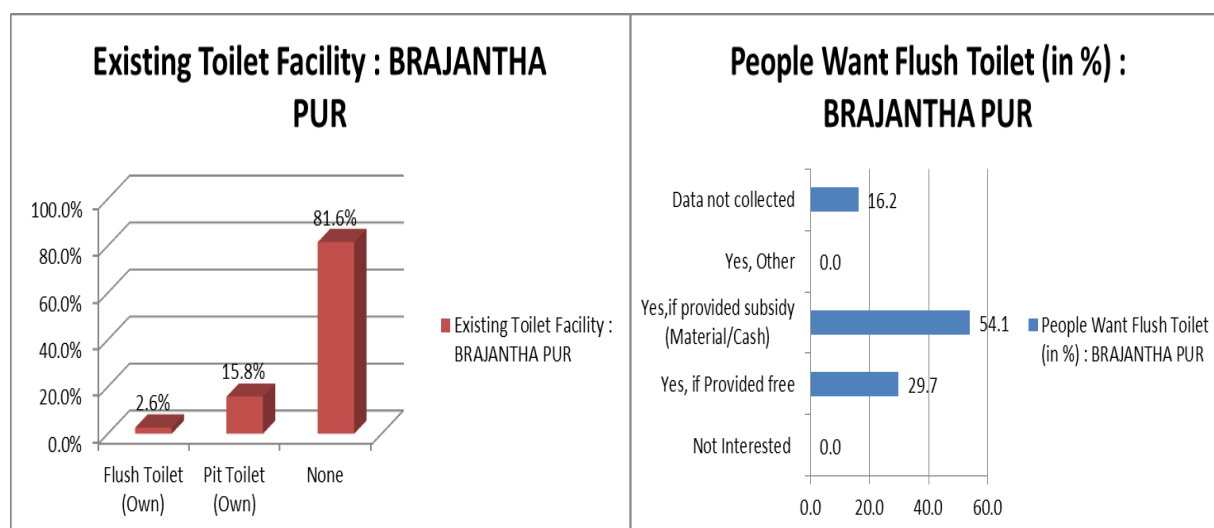
The household status in the studied village shows that 42.1% of sample households reside in RCC or Pucca house, 47.4 % of sample households reside in the Semi-Pucca house while 10.5% of sample households are living in kuchha house. Among the studied households around 100% have registered papers of their land holdings, 89.5% of the studied households are



electrified.

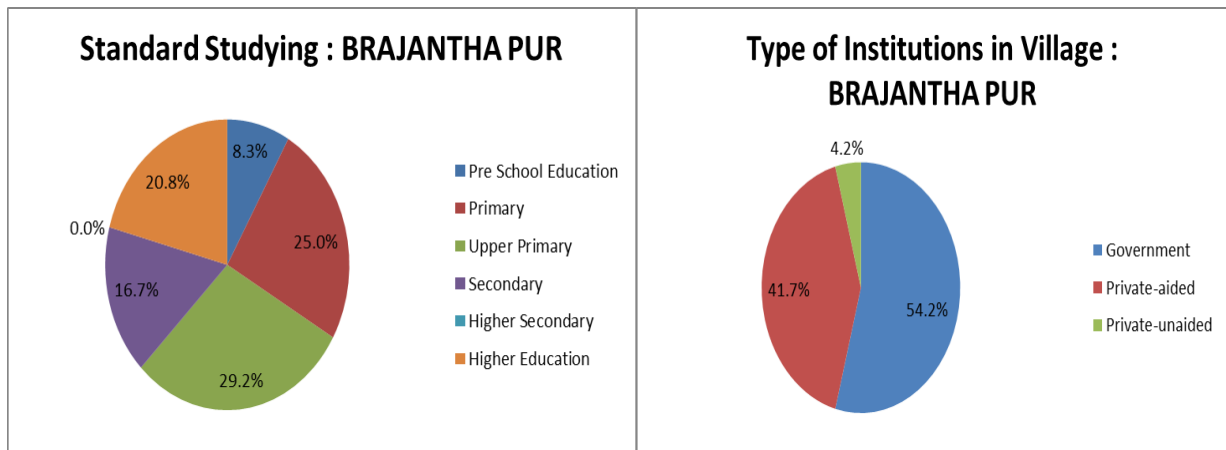
5.17.2 Sanitation

In studied village 81.6% sample households do not have toilet facilities of their own, 15.8% has pit toilets while 2.6% have flush toilets. Among the households who do not have a toilet of their own 54.1% of them would want a flush toilet if it is provided through subsidy, 29.7% of



them want the toilet if it is provided free.

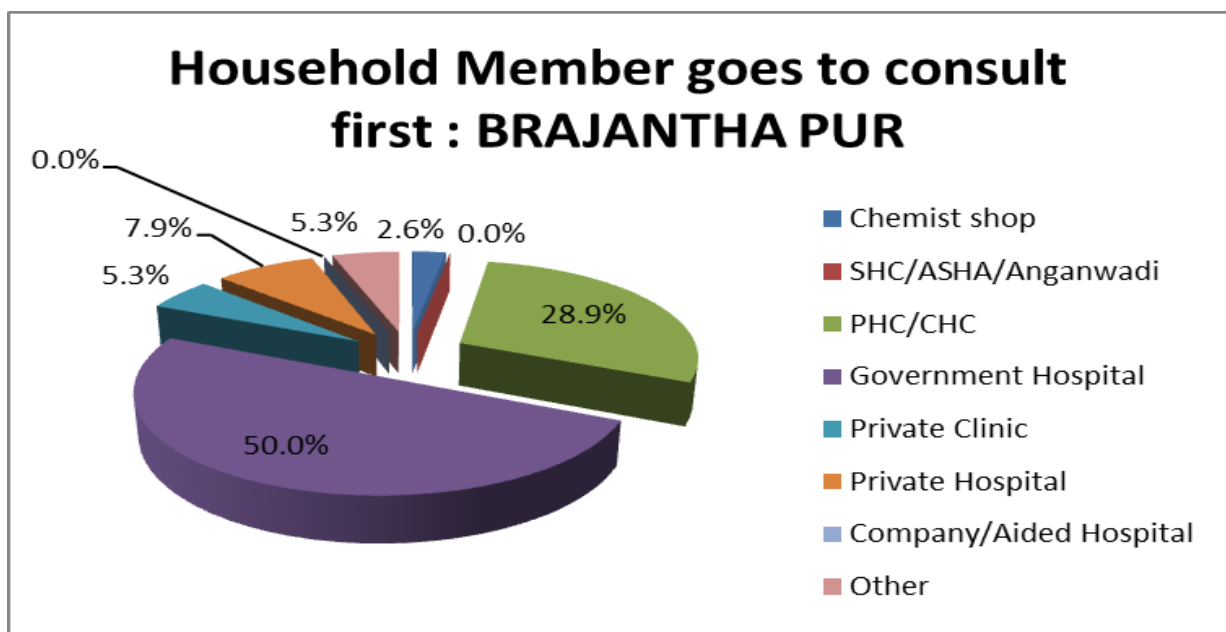
5.17.3 Education



Students who are currently studying one fourth of them are in primary school, 29.2% in upper primary school, 16.7% are in secondary whereas 20.8% students are studying in higher education. 54.2% of the children are enrolled in government institutions followed by 41.7% in private-aided institutions and 4.2% are in private-unaided institutions

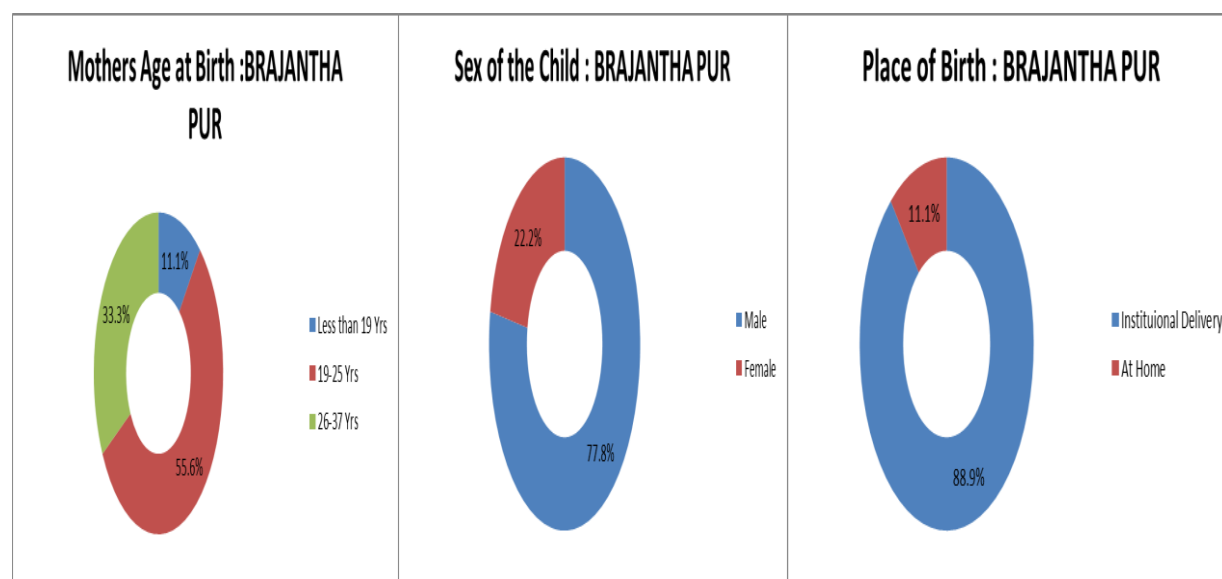
5.17.4 Health

Among the sample household members 50% claimed that they consult government hospital first in case of any medical urgency while 28.9% of the sample said that they consult PHC/CHC for the same. 13.3% of sample household members claimed that they consult private clinic or private hospital while 2.6% reported they consult chemist shop for the same.



5.17.5 Maternal Health

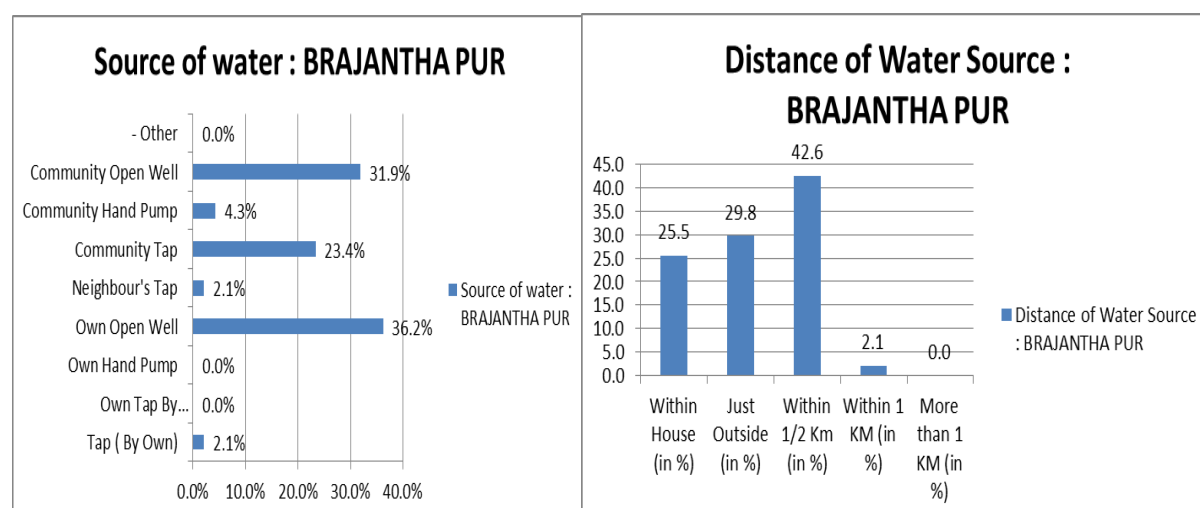
In the Brajanthapur village among the sample households who witnessed the birth of a child in



the last three years in their family 88.9% reported saying the delivery was institutional delivery while only 11.1% households from the same category said that delivery was non-institutional. The sex ratio among the kids of age group 0-3 years 22.2% are girl child and 77.8% are male child. Women who conceived a child in the last three years 11.1% of them were less than 19 years of age, 55.6% of them were in the age group of 19-25 years at the time of delivery while 33.3% were in the age group of 26-37 years.

5.17.6 Water

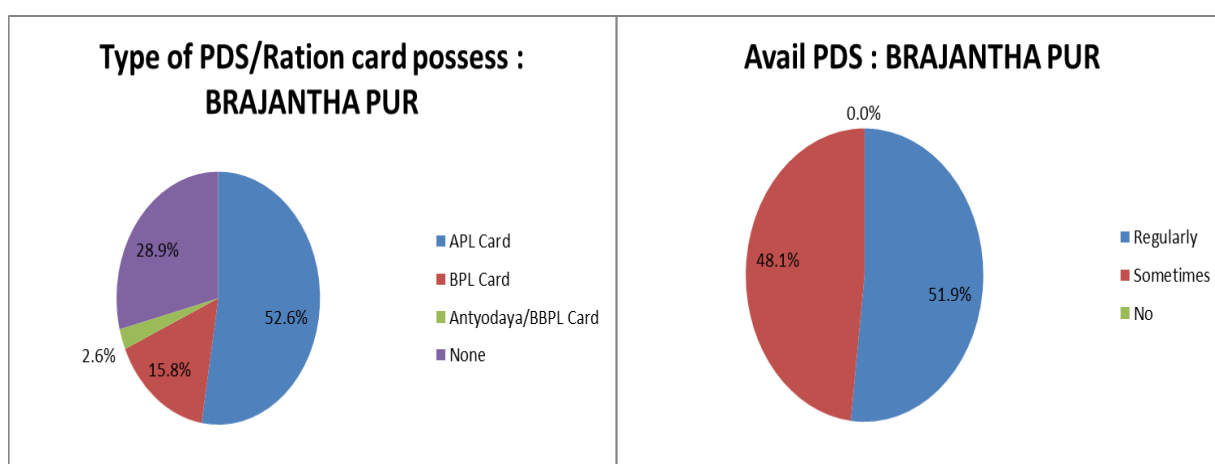
In Brajanthapur, 31.9% of the sample households reported that they use community open well for the drinking water purposes, another 36.2% claimed that use their own open well. 23.4% said that they use community tap, 2.1% use neighbour's tap, 4.3% use community hand pump



and the rest of the 2.1% have their own tap. 42.2% of the sample said they have to walk half km. to fetch water, 25.5% of sample informed that water source is located inside their premise and 29.8% of the sample have water source located just outside the house. 2.1% of the sample said that they have to walk almost one Km to fetch drinking water.

5.17.7 Public Distribution System

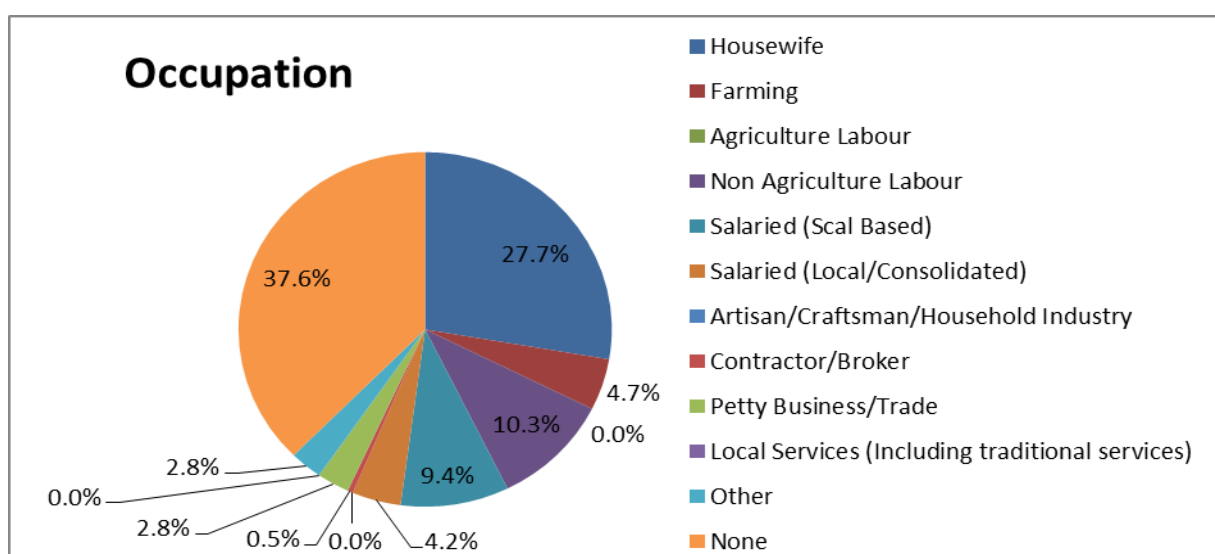
In Brajanthapur village 52.6% of the samples reported having an APL Card, 15.8% have BPL Card, 2.6% of the sample said that they have an Antyodaya card and 28.9% have reported having none. Among the sample households who have ration card 51.9% of them regularly



avail PDS facility whereas 48.1% sometimes avail PDS facility.

5.17.8 OCCUPATION

Among the sample household members in studied village 4.7% depending on farming as



primary Occupation, 10.3% are non-agricultural labour, 13.6% of the workforce are salaried employee whereas 2.8% are doing petty business. 37.6% of the household members said that

they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

5.17.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Villagers are dependent on open well for drinking water. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 82% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Among the deliveries more than 10% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
4. Around half of the sample households do not have ration card at all. Company can work with Gram panchyat for awareness on it.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
6. More than 10% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

5.18 GANTAPADA

YEAR	2011
HOUSEHOLDS	400
POPULATION	2000

Forest Produce	
Firewood	Yes
Fruits/Nuts/Leaves	Yes

RELIGION	House holds
HINDU	400

Public/Common Tap Points 6

HH Tap Connections 0

Chief Crop Name	Area
Paddy	300 acres

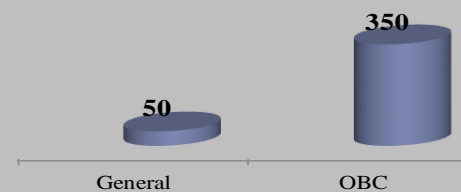
Land Distribution:					
Total Area	Non-Irrigated	Irrigated	Grazing	Forest	Wasteland
1200 acres	200 Acres	300 acres	200 acres	300 acres	200 acres

GantaPada.

Facilities Available in the village

Playground
Cement/Tar road
Daily Market
Weekly Market
PDS Shop
Grocery Shop
Gram Panchayat Office
APMC/ Mandi
Medical Shop/ Chemist
ASHA worker
Pre-Pri/Nursery School
Govt. Primary School
Govt. Secondary School

Households

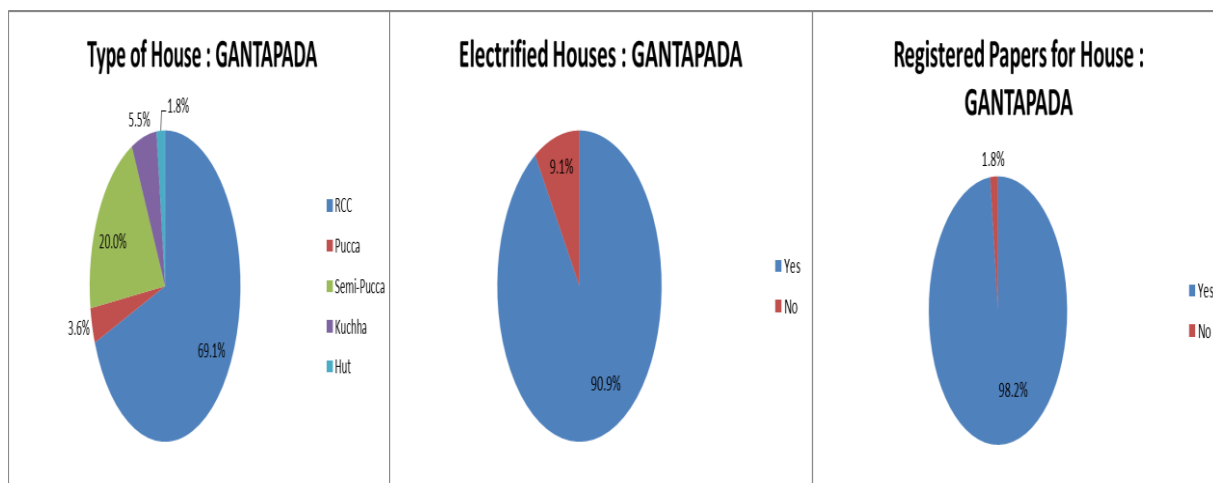


Facilities Existing within 5 kms.

Bus Stop	Dera
Public Telephone Booth	
DTP/Xerox Centre	
Post Office	
Co-operative Society	
Bank for S/B Account	
Pvt. Clinic (MBBS/ BAMS+)	
Vocational training centre	
Pvt. Secondary School	Talcher
Pvt. Primary School	
Block Development Office	
Taluk Headquarters	
Pvt./ CSR Hospital	
Veterinary Clinic	
Higher Secondary School	Angul
Degree College	
ITI/ Polytechnic	
District Headquarters	Hatatota
Railway Station	
Police Station	
Daily Market	
Weekly Market	Godibanda
Heath Sub-Centre	
Primary Health Centre	
CHC/ Govt. Gen. Hospital	

5.18.1 Household Status

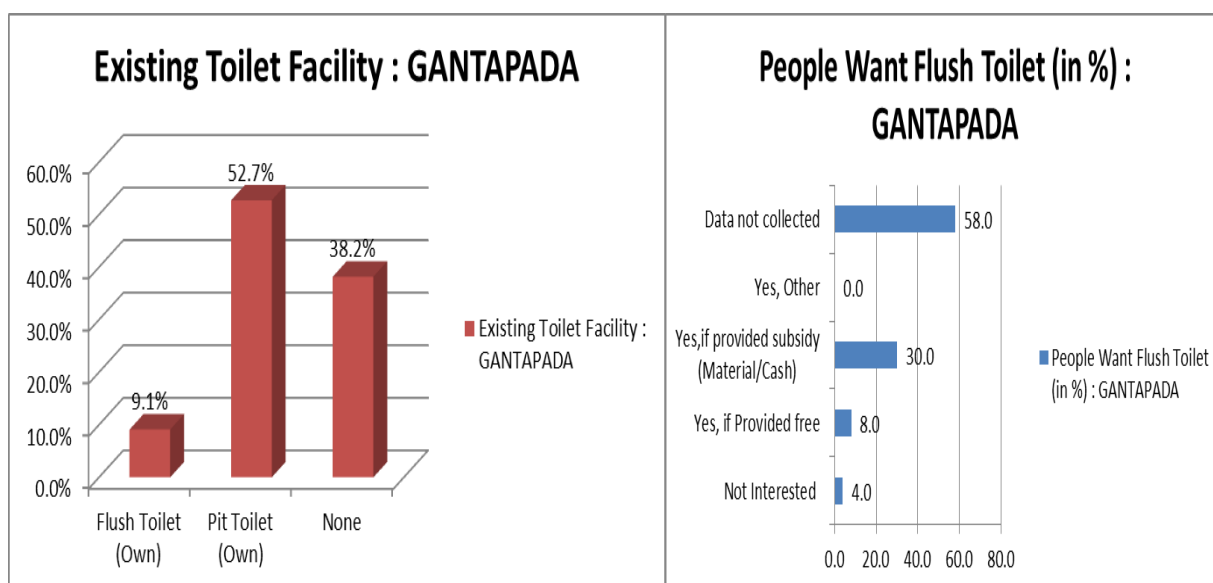
The household status in the village of Gantapada shows that 72.7% of sample households reside in RCC or Pucca house, 20 % of sample households reside in Semi-Pucca house while



7.3% are living in kuchha house or hut. Among the studied households around 98.2% have registered papers of their land holdings, 90.9% of the studied households are electrified.

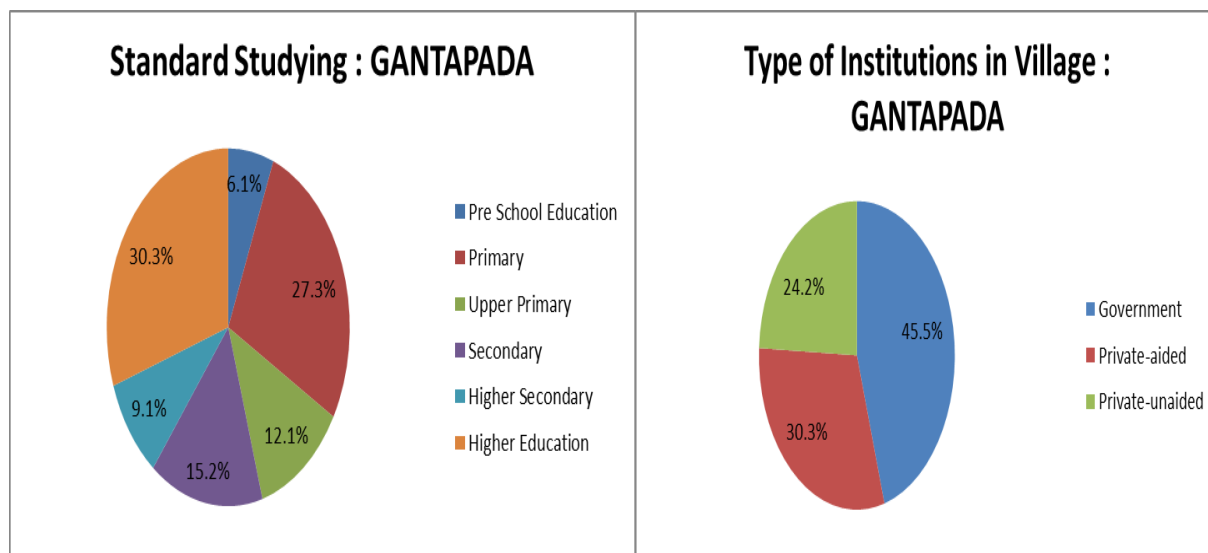
5.18.2 Sanitation

In Gantapada village 38.2% sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own 30% of them would want a flush toilet if it is provided through subsidy, 8% of them want the toilet if it is provided free whereas 4% not interested at all.



5.18.3 Education

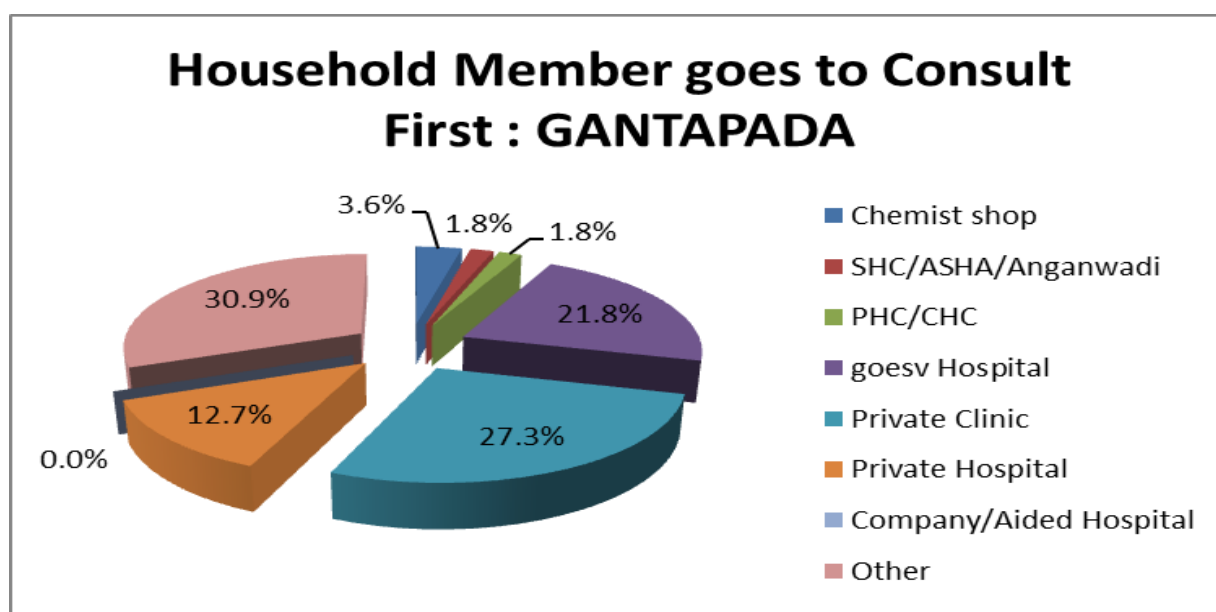
In the Gantapada studied village students who are currently studying 27.3% of them are in



primary school, 12.1% in upper primary school, 9.1% are in higher secondary whereas 30.3% students are studying in higher education. 45.5% of the children are enrolled in government institutions followed by 30.3% in private-aided institutions and 24.2% are in private-unaided institutions

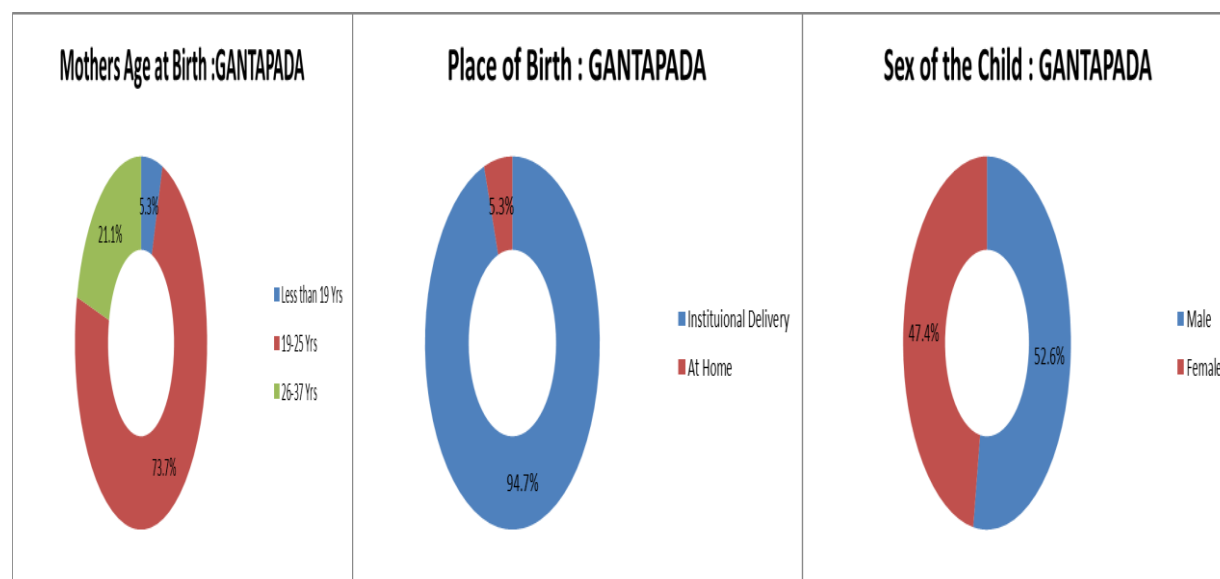
5.18.4 Health

In studied village 27.3% sample household members claimed that they consult private clinic



first for medical emergency while 12.7% consult private hospital for the same, 21.8% of

sample household members claimed that they go government hospital for medical emergencies, 3.6% claimed that they consult SHC/ASHA/Anganwadi/PHC/CHC for the same. 3.6% sample reported that they consult chemist shop first for the medical emergency while 30.9% go to other sources for the same.

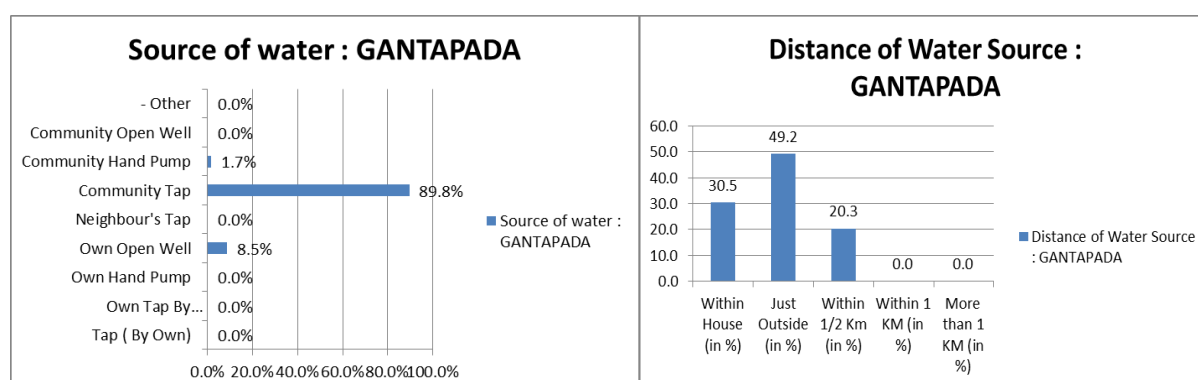


5.18.5 Maternal Health

In the Gantapada village among the sample households who witnessed the birth of a child in the last three years in their family 94.7% reported saying the delivery was institutional delivery while only 5.3% households from the same category said that delivery was non-institutional. The sex ratio among the kids of age group 0-3 years 47.4% are girl child and 52.6% are male child. Women who conceived a child in the last three years 5.3% of them were less than 19 years of age, 73.7% of them were in the age group of 19-25 years at the time of delivery while 21.1% were in the age group of 26-37 years.

5.18.6 Water

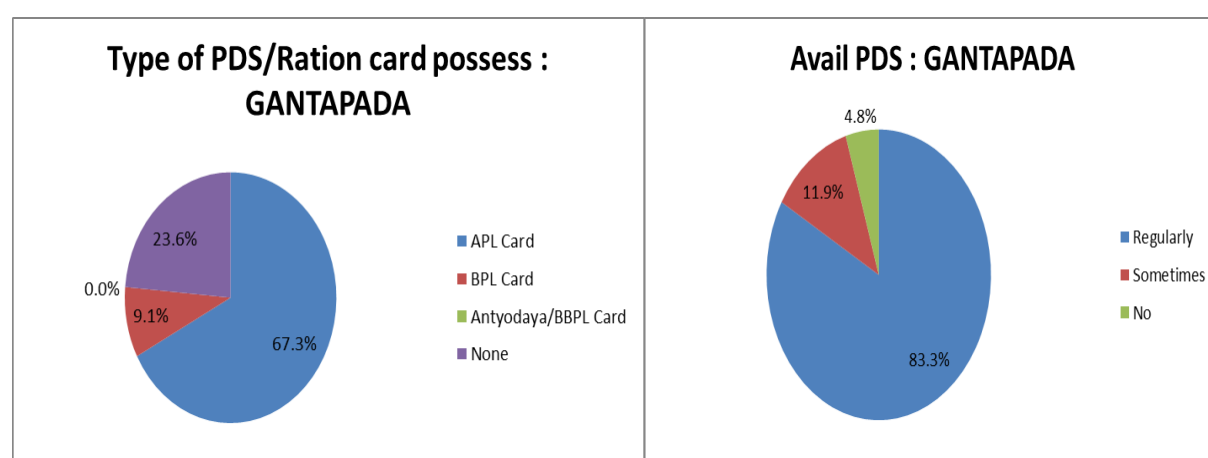
In Gantapada, 89.8% of the sample households reported that they use community tap for the drinking water purposes, 8.5% claimed that use their own open well while the rest of the 1.7%



depend on community hand pump for drinking water. 49.2% of the sample informed that water source is located just outside the house while for 30.5% of sample it is located inside their premise. 20.3% of the sample said that they have to walk half Km to fetch drinking water.

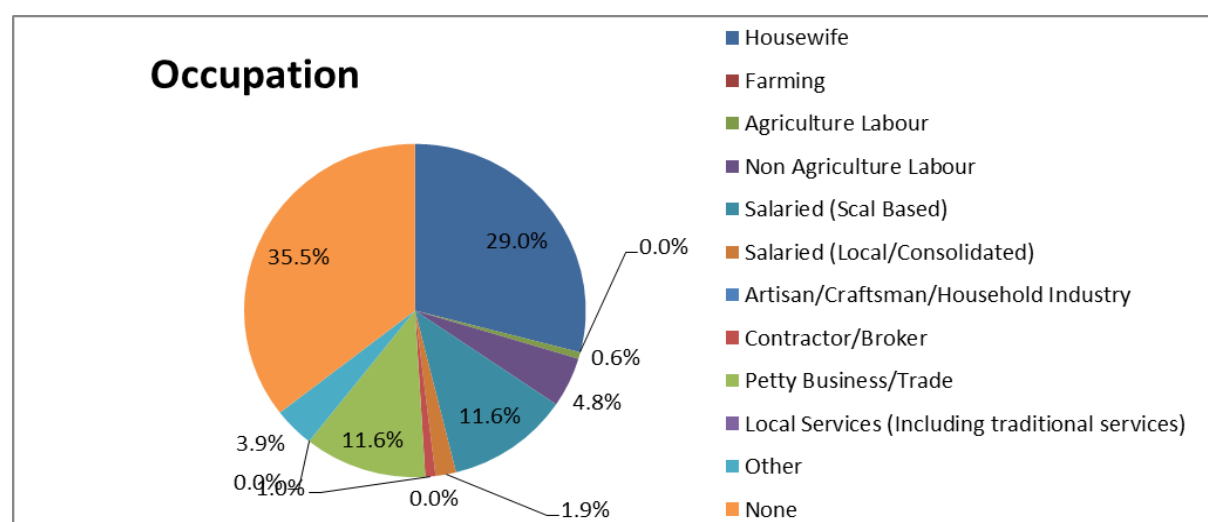
5.18.7 Public Distribution System

Among the sample 67.3% reported having an APL Card, 9.1% have BPL Card and 23.6% have reported having none. Among the sample households who have ration card 83.3% of them regularly avail PDS facility, 11.9% sometimes avail PDS facility and 4.8% do not avail PDS facility.



5.18.8 OCCUPATION

Among the sample household members 4.8% are working as non-agricultural labour, 13.5% are salaried employee and 11.6% are doing petty business whereas no one have farming and only 0.6% of the workforce is agriculture labour. 35.5% of the sample household members said that they do not work at all however; it also includes women who instead of saying housewives



said that their primary Occupation is none.

5.18.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 40% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Among the deliveries more than 10% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
4. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
5. More than 10% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

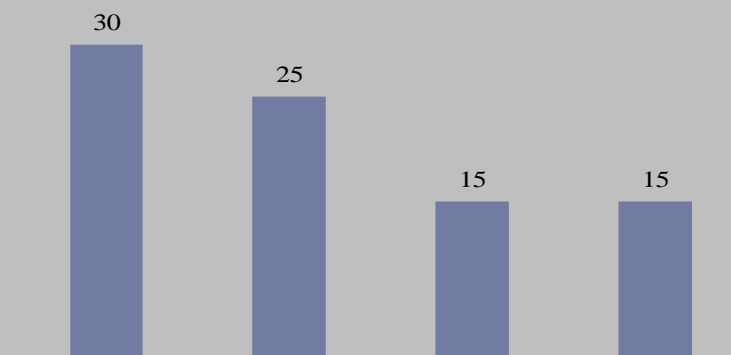
5.20 NATEDI

FLOOD PRONENESS	SOME 25%
ALKALINITY	SOME 25%
WATER LOGGING	SOME 25%
SOIL EROSION	SOME 25%
DROUGHT PRONENESS	ALMOST NIL

YEAR	2011	More than 5 Kms	
HOUSEHOLDS	100	Railway Station	Hengulai
POPULATION	500	Police Station	
		Health Sub centre	
		CHC/Govt Gen Hospital	
		Pvt/CSR Hospital	
Public/Common Tap Points	3	Higher Secondary School	Talcher
HH Tap Connections	2	Vocational Training Centre	
		Degree College	
		ITI/Polytechnic	
		Block Development Office	
Chief Crop Name	Area	Gram Panchayat Office	Angul
Paddy	200 Acres	Co-operative Society	
Biri	50 Acres	Taluk Headquarters	
Muga	60 Acres	District Headquarters	

Land Distribution (In Acre)					
Total Area	Irrigated	Non-Irrigated	Grazing	Forest	Wasteland
800	200	300	10	50	100

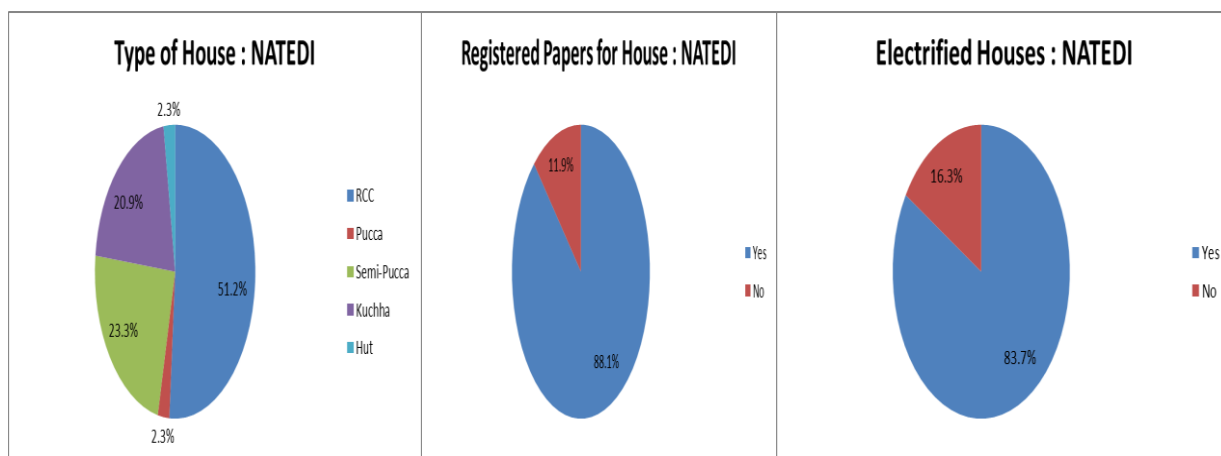
Migration Pattern	
Within the state (Non-Agricultural Labour)	Yes
Outside state (Non-Agri Labour)	Yes



Facilities Available in the village	Facilities Existing within 5 kms.
Cement/Tar Road	Bus Stop
PDS Shop	Public Telephone Booth
Grocery Shop	Daily Market
ASHA Worker	Weekly Market
Government Primary School	Medical Shop/Chemist
	DTP/Xerox Centre
	Pvt Clinic (RMP+)
	Pvt Clinic (MBBS BAMS+)
	Private primary School
	Government Secondary School
	Pvt Secondary School
	Post Office
	Primary Health Centre

5.20.1 HOUSEHOLD STATUS

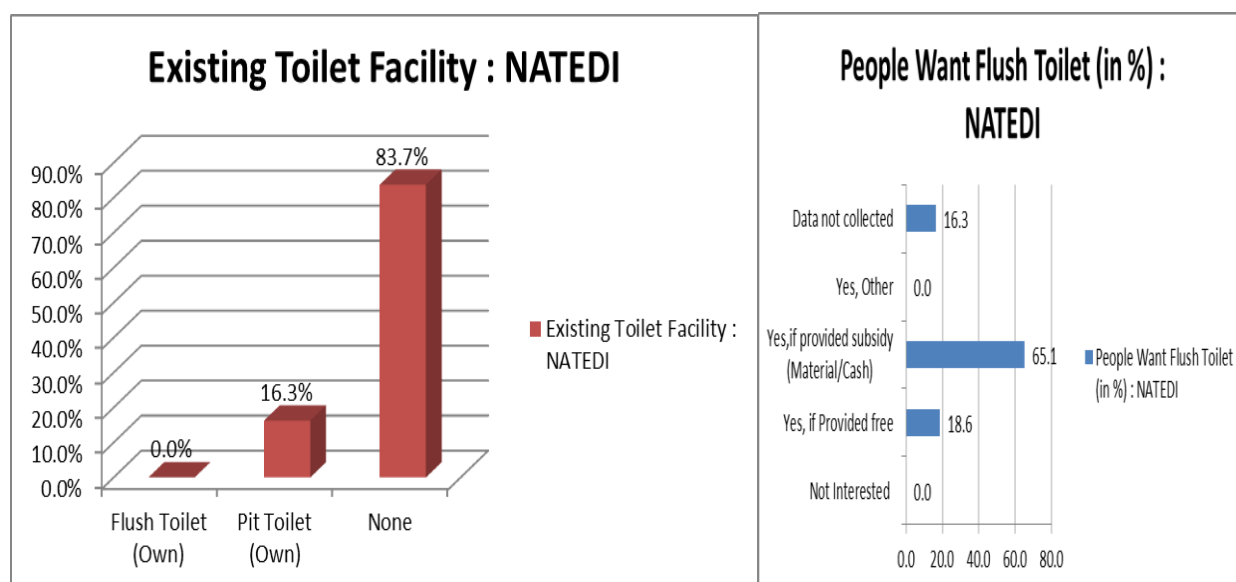
The household status in the studied village shows that 51.2% of sample households reside in



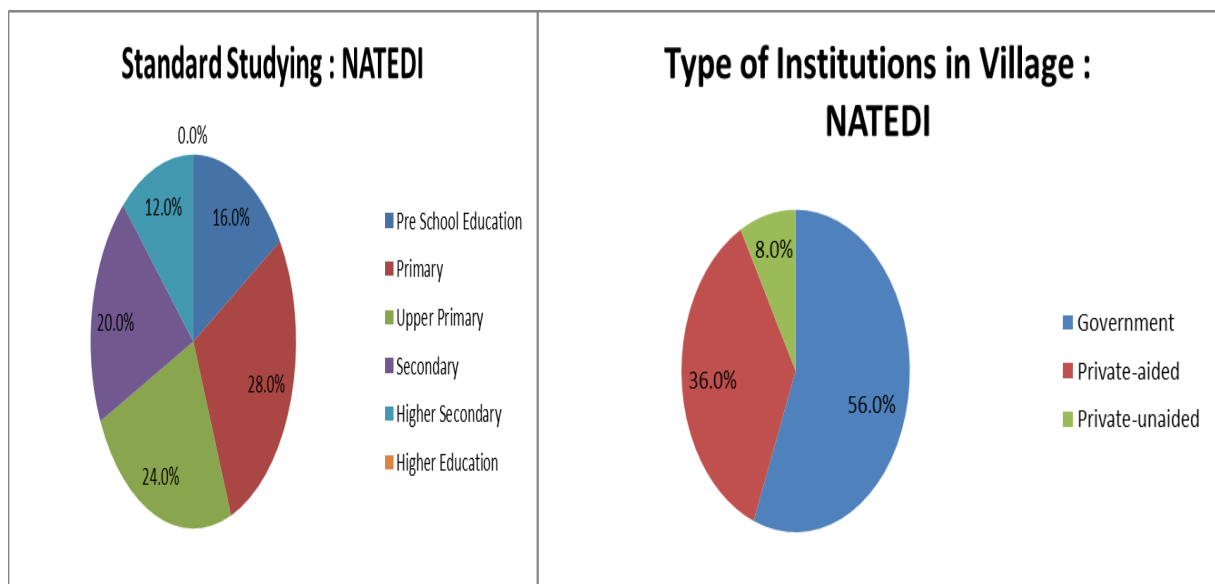
RCC house, 23.3 % of sample households reside in Semi-Pucca house while 23.2% are living in kuchha house or hut. Among the studied households around 88.1% have registered papers of their land holdings, 83.7% of the studied households are electrified.

5.20.2 Sanitation

In Natedi village 83.7% sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own 65.1% of them would want a flush toilet if it is provided through subsidy, 18.6% of them want the toilet if it is provided free.



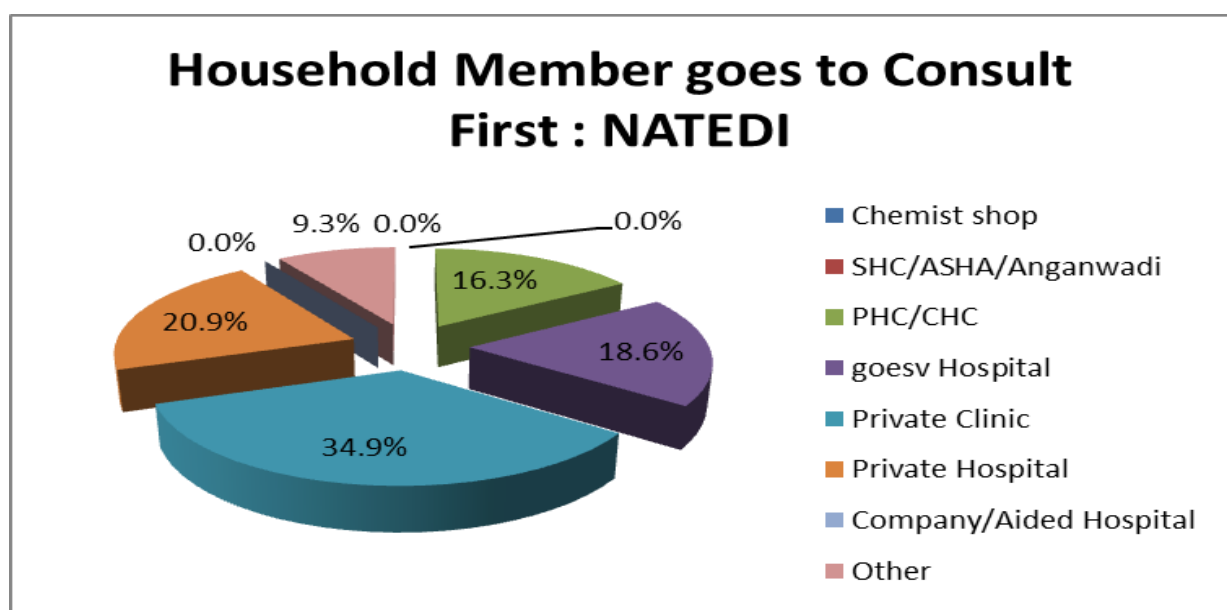
5.20.3 Education



Students who are currently studying in Natedi village 28% of them are in primary school, 24% in upper primary school, 12% are in higher secondary whereas no one is in higher education. 56% of the children are enrolled in government institutions followed by 36% in private-aided institutions and 8% in private-unaided institutions.

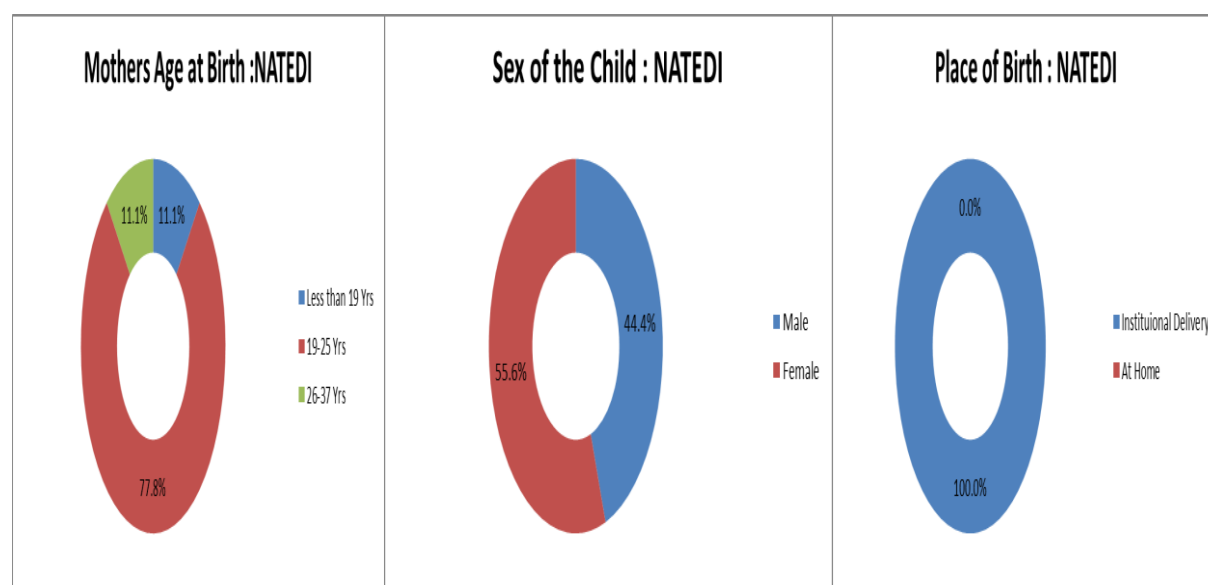
5.20.4 Health

In Natedi village 55.8% of the sample household members claimed that they consult private clinic or private hospital in case of medical emergency while 34.9% claimed that they consult government hospital/PHC/CHC for the same and 9.3% go to other sources for medical emergency.



5.20.5 Maternal Health

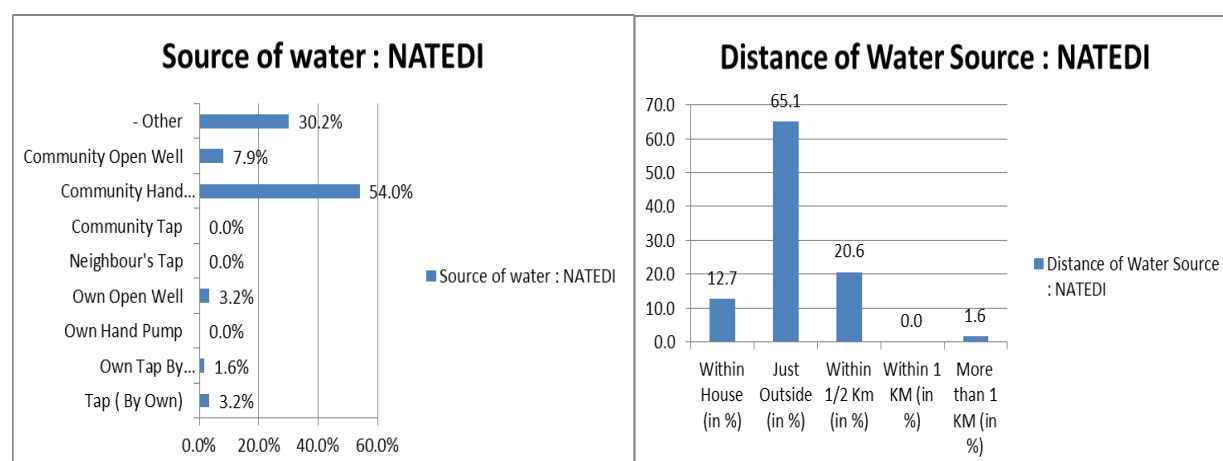
In the Natedi village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 55.5% are girl child and 44.4% are male child. Women who conceived a child in the last three years 11.1% of them were less than 19 years of age, 77.8% of them were in the age group of 19-25 years at the time of delivery while



11.1% were in the age group of 26-37 years.

5.20.6 Water

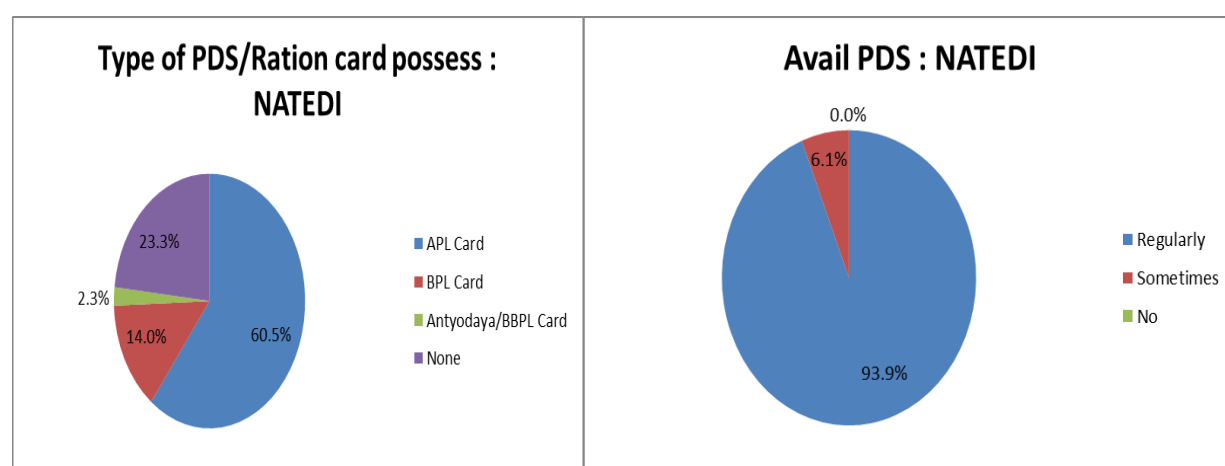
In Natedi, 54% of the sample households reported that they use community hand pump for the drinking water purposes, another 7.9% claimed that they get water from community open well. 3.2% have own open well. 30.2% depending on another source, 1.6% have tap by Panchayat and the rest of the 3.2% have own tap for drinking water. 65.1% of the sample informed that



water source is located just outside the house while for 12.7% of sample it is located inside their premise. 20.6% of the sample said that they have to walk half Km to fetch drinking water whereas 1.6% has to walk more than one km. to fetch water.

5.20.7 Public Distribution System

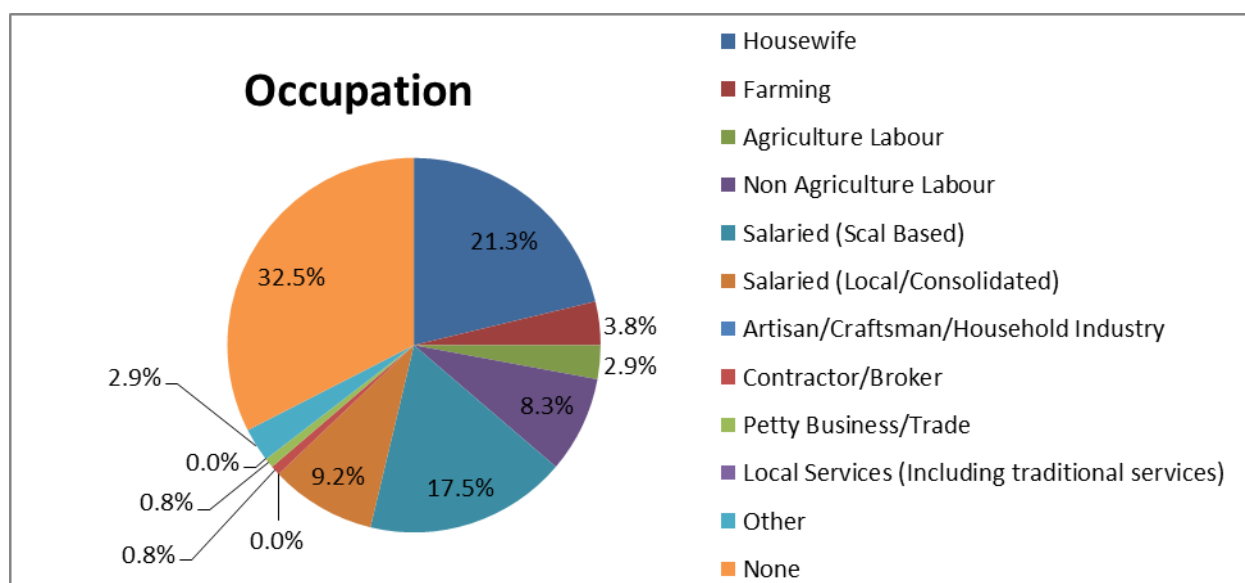
Among the sample in studied village 60.5% reported having an APL Card, 14% have BPL Card, 2.3% of the sample said that they have an Antyodaya/BBPL card and 23.3% have reported having none. Among the sample households who have ration card 93.9% of them



regularly avail PDS facility whereas 6.1% sometimes avail PDS facility.

5.20.8 OCCUPATION

In Natedi village 3.8% of the sample household members depend on farming, 2.9% work as agriculture labour and 8.3% are non-agricultural labour while more than one fourth of the workforce are salaried employee either in government or the private sector. 32.5% of the



sample household members said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

5.20.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 84% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Among the deliveries more than 10% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
4. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
5. More than 16% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

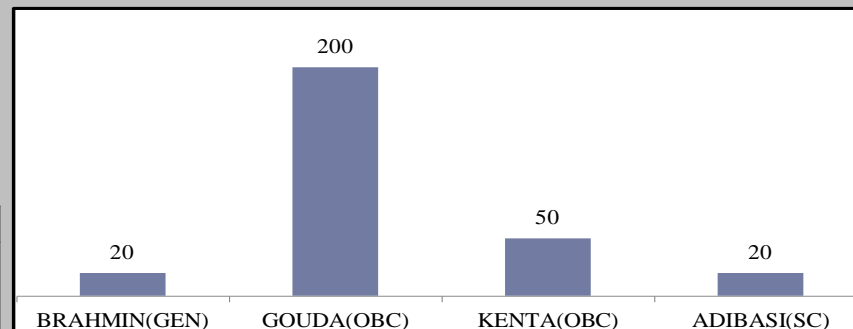
5.21BADASINGIDA

FLOOD PRONENESS	SOME 25%
ALKALINITY	SOME 25%
WATER LOGGING	SOME 25%
SOIL EROSION	SOME 25%
DROUGHT PRONENESS	ALMOST NIL

YEAR	2011	More than 5 Kms	
HOUSEHOLDS	290	Degree College	Talcher
POPULATION	1905	ITI/ Polytechnic	
Forest Produce		Pvt./ CSR Hospital	
FIREWOOD	Yes	Ayush Hospital	
FRUIT/NUTS/LEAVES	Yes	CHC/ Govt. Gen. Hospital	
COAL COLLECTION	Yes	Block Development Office	Angul
Public/Common Tap Points	12	Taluk Headquarters	
HH Tap Connections	0	Pre-Pri/Nursery School	
Chief Crop Name	Area	District Headquarters	Handidhua
Paddy	800 Acres	Railway Station	
		Police Station	
		Bank for S/B Account	

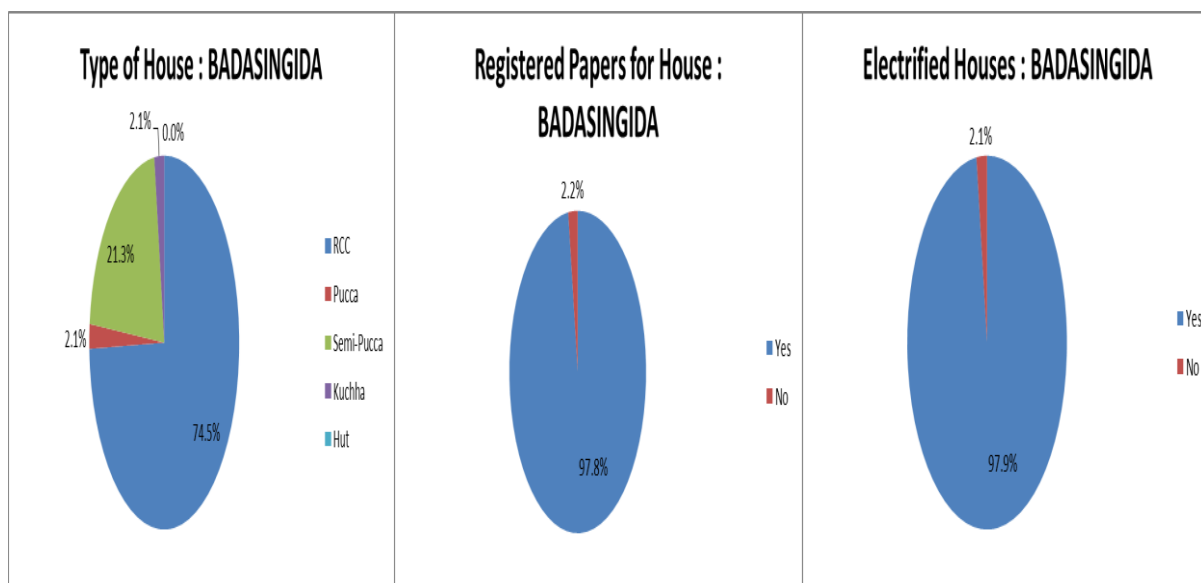
Land Distribution (In Acre)					
Total Area	Irrigated	Non-Irrigated	Grazing	Forest	Wasteland
2500	1000	200	800	250	850

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



Facilities Available in the village	Facilities Existing within 5 kms.	
Cement/Tar road	Daily Market	Bharatpur
Bus Stop	Weekly Market	
PDS Shop	DTP/Xerox Centre	
Grocery Shop	Pvt. Clinic (RMP+)	
Heath Sub-Centre	Higher Secondary School	Natada
Medical Shop/ Chemist	Primary Health Centre	
ASHA worker	Gram Panchayat Office	Badajorada
Govt. Primary School	Co-operative Society	
	Post Office	
	Pvt. Primary School	
	Govt. Secondary School	
	Veterinary Clinic	
	Pvt. Secondary School	
	Vocational training centre	

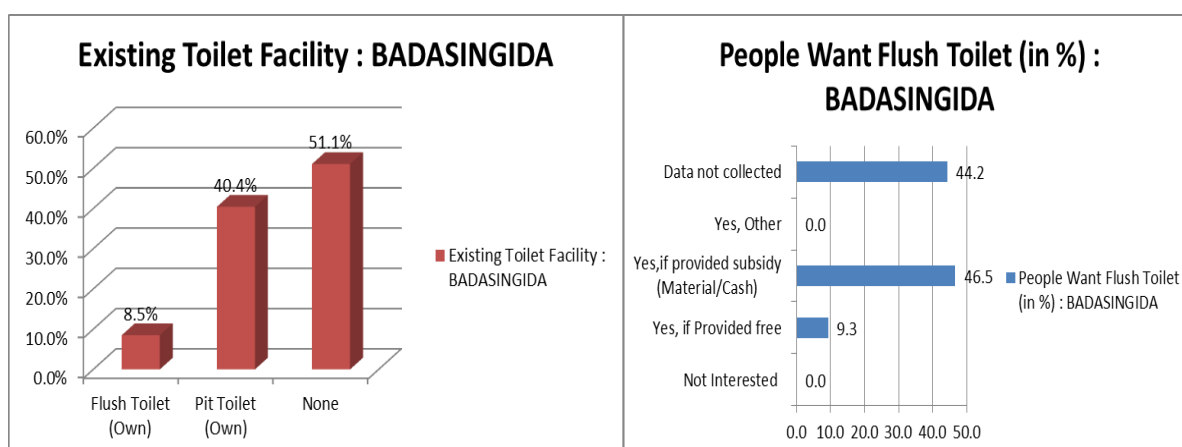
5.21.1 Household Status



The household status in the village of Badasingida shows that more than three fourth of sample households reside in RCC or Pucca house, 21.3 % of sample households reside in Semi-Pucca house while 2.1% are living in kuchha house. Among the studied households around 97.8% have registered papers of their land holdings, 97.9% of the studied households are electrified.

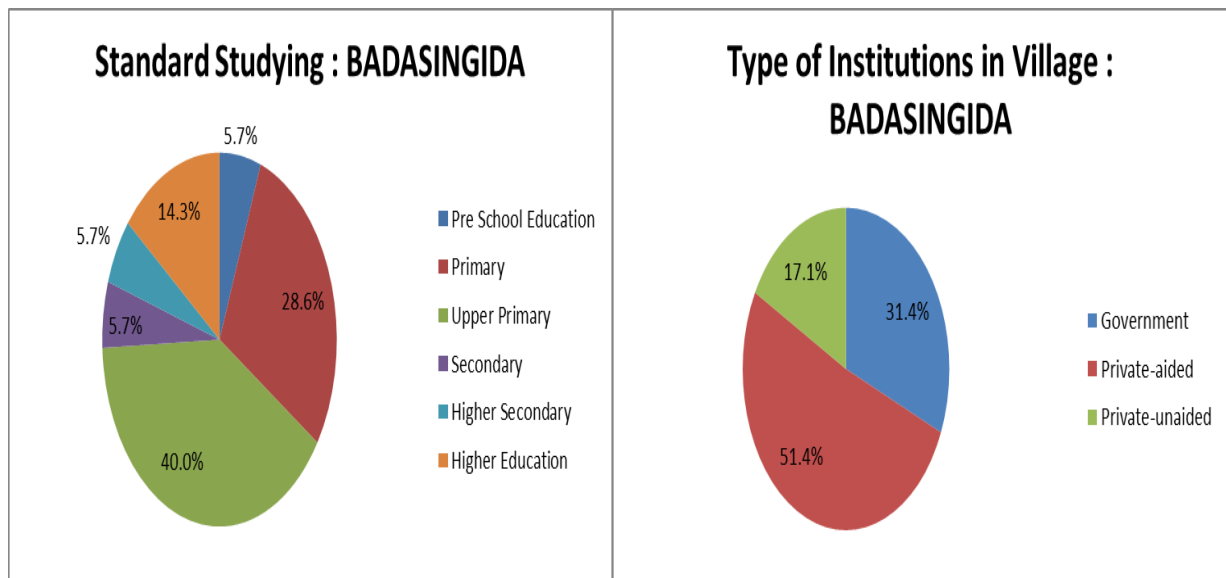
5.21.2 Sanitation

In studied village 51.1% sample households do not have toilet facilities of their own. Among the households who do not have a toilet of their own 46.5% of them would want a flush toilet if it is provided through subsidy, 9.3% of them want the toilet if it is provided free.



5.21.3 Education

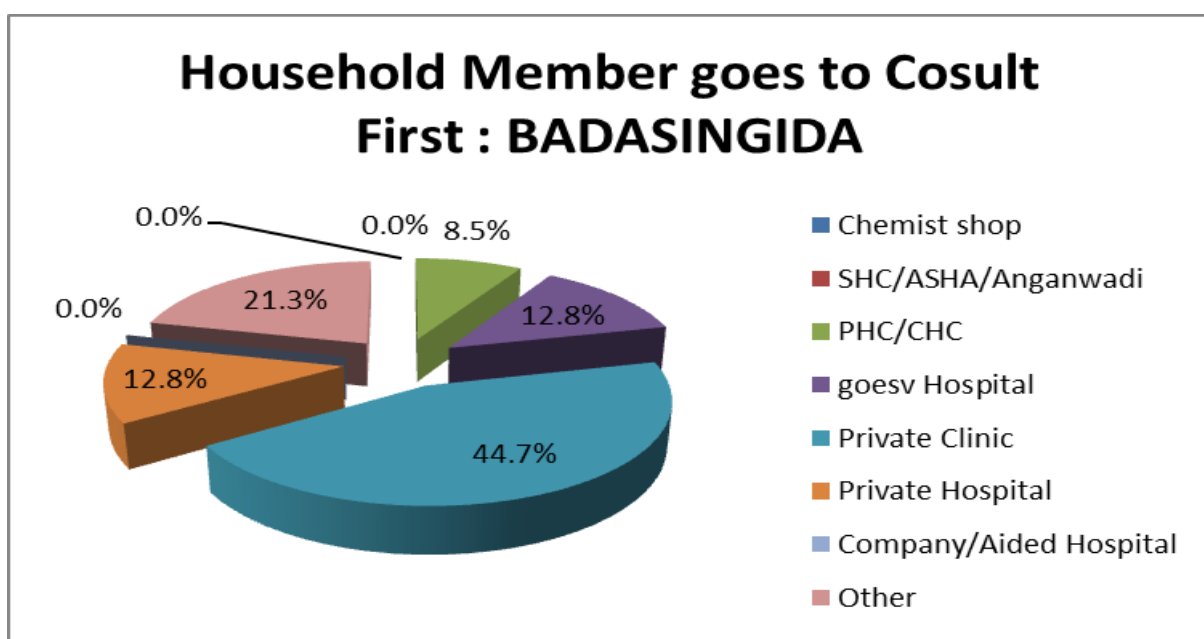
Students who are currently studying 28.6% of them are in primary school, 40% in upper primary school, 5.7% are in higher secondary whereas 14.3% students are studying in higher



education. 31.4% of the children are enrolled in government institutions, 51.4% in private-aided institutions and 17.1% in private-unaided institutions.

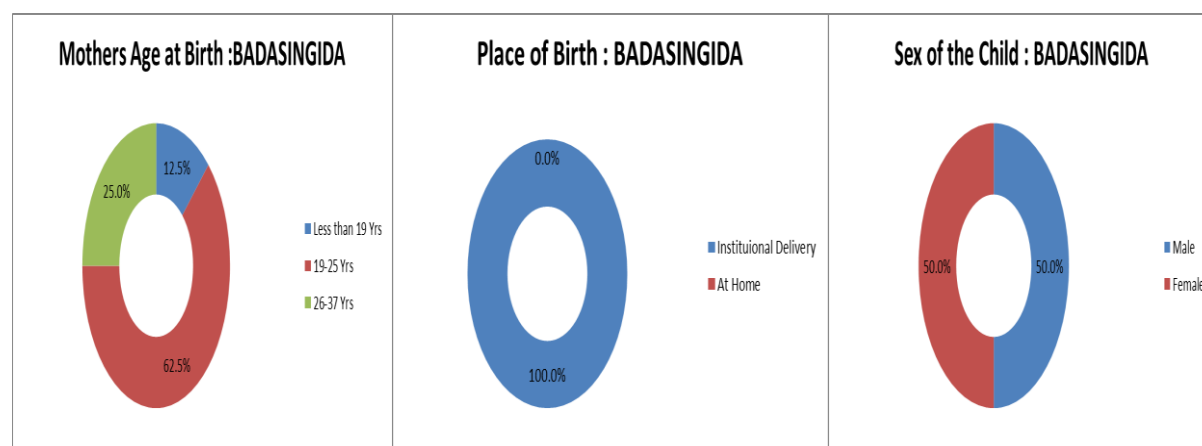
5.21.4 Health

Among the sample 44.7% claimed that they consult private clinic first in case of any medical urgency while 12.8% of the sample said that they consult a private clinic for the same. Consulting private clinic/private hospital is the first option for 57.5 % of the sample which shows that they have to incur costs to avail the medical services while only 21.3% claimed that



they consult government hospital/PHC/CHC/ company aided hospital in case of emergency. The data reflect high dependency of community over private health resources.

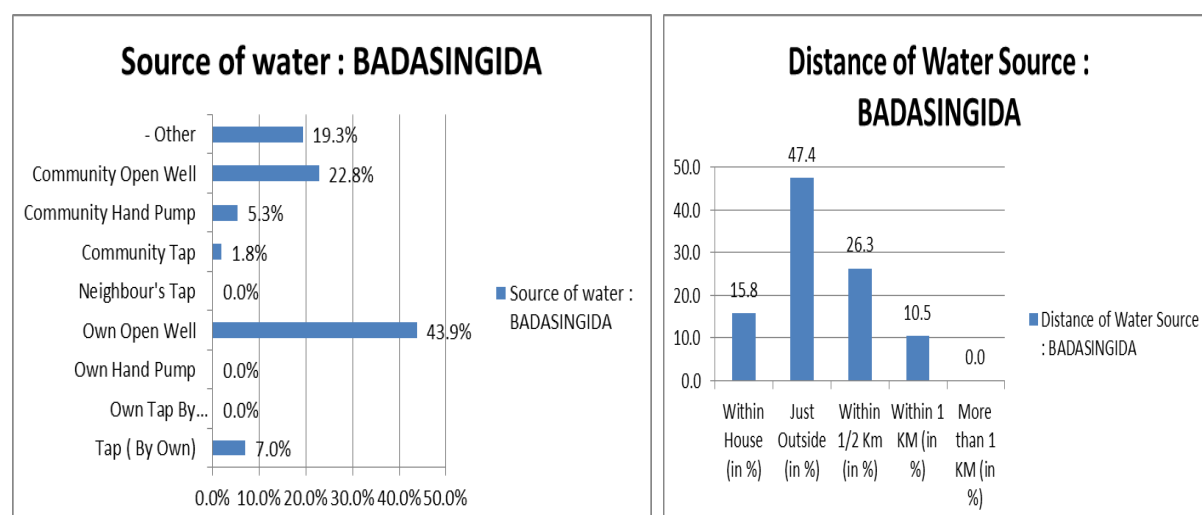
5.21.5 Maternal Health



In the Badasingida village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 50% are girl child and 50% are male child. Women who conceived a child in the last three years 12.5% of them were less than 19 years of age, 62.5% of them were in the age group of 19-25 years at the time of delivery while 25% were in the age group of 26-37 years.

5.21.6 Water

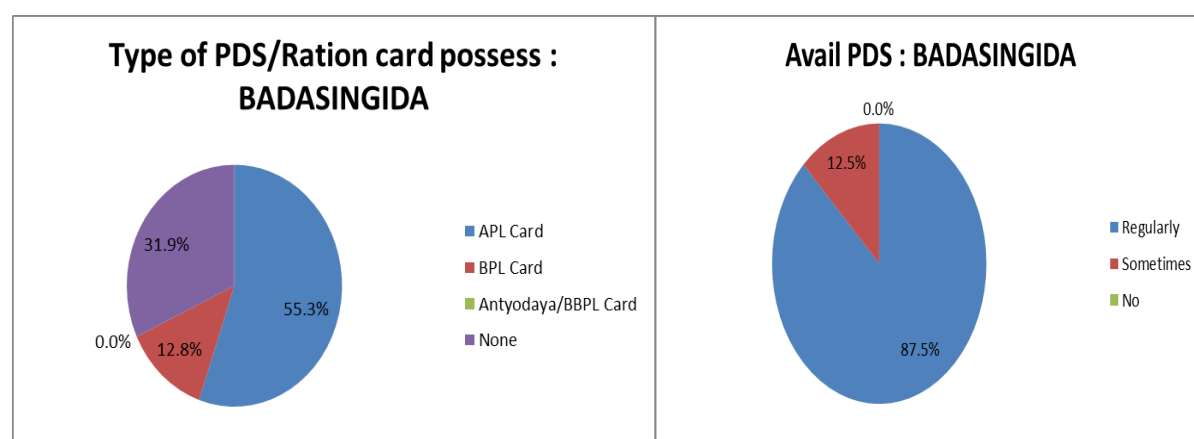
In studied village, 43.9% of the sample households reported that they use own open well for the drinking water purposes, another 22.8% claimed that they get water from community open well. 19.3% said that they use other sources, 1.8% use community tap, 5.3% use community hand pump and the rest of the 7% have their own tap. 47.4% of the sample informed that water



source is located just outside the house while for 15.8% of sample it is located inside their premise. 23.6% of the sample said that they have to walk half Km to fetch drinking water while 10.5% have to walk almost half km. for drinking water.

5.21.7 Public Distribution System

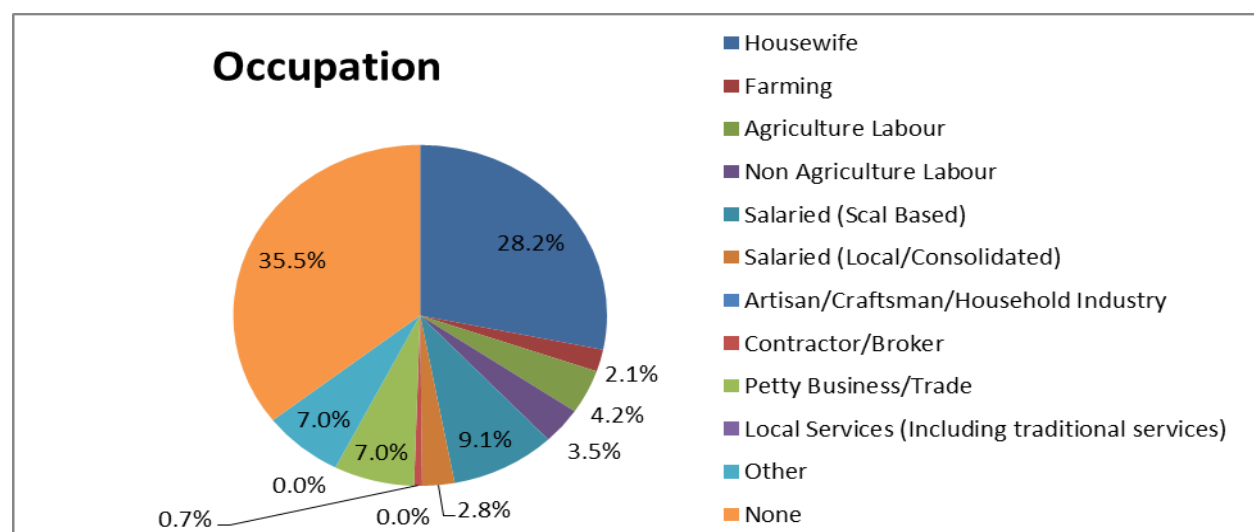
Among the sample in Badasingida village 55.3% reported having an APL Card, 12.8% have



BPL Card, and 31.9% have reported having none. Among the sample households who have ration card 87.5% of them regularly avail PDS facility whereas 12.5% sometimes avail PDS facility.

5.21.8 OCCUPATION

In Badasingida village 2.1% of the sample household members are doing farming, 4.2% are agriculture labour, 3.5% are non agriculture labour, 7% are doing petty business while 12% of the workforce are salaried employee. 35.3% of the sample household members said that they do not work at all however; it also includes women who instead of saying housewives said that



their primary Occupation is none.

5.21.9 RECOMMENDATION:

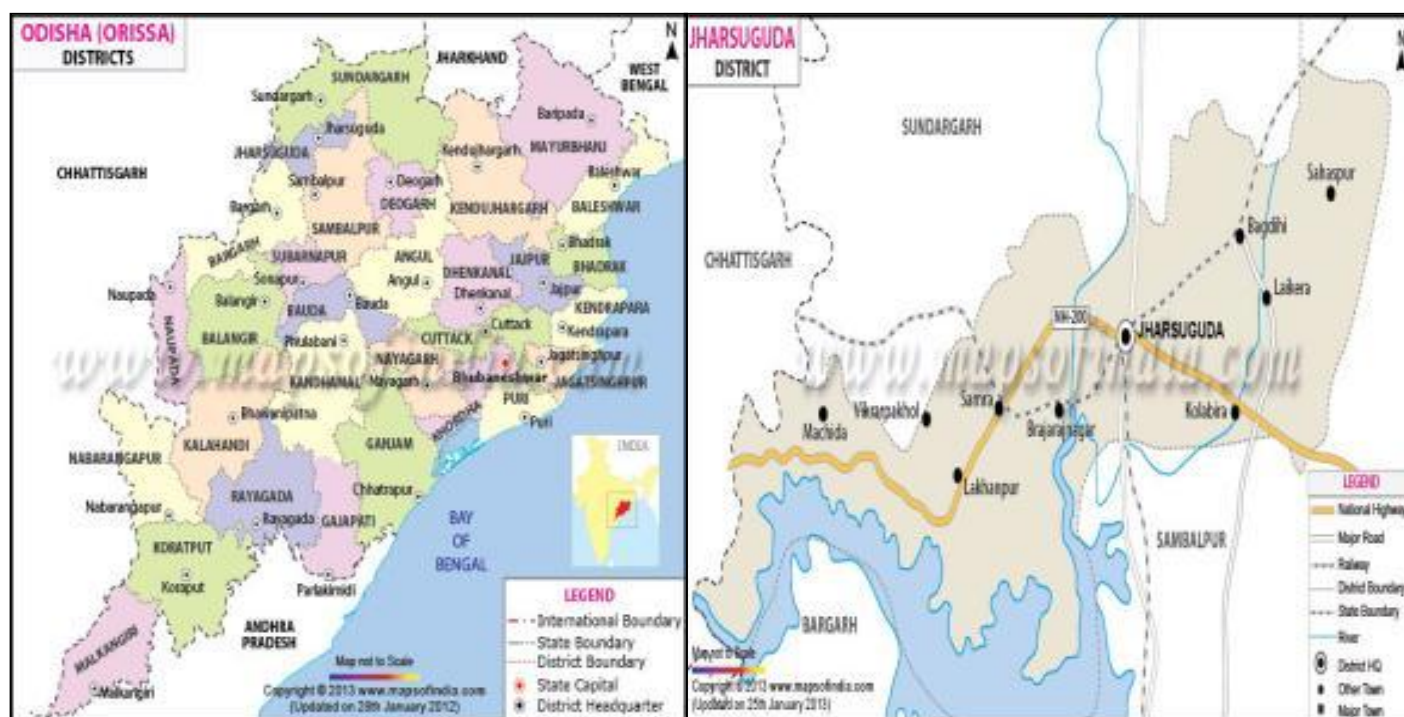
1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. More than half of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women.

6. Jharsuguda

6.1 District Profile¹³

Mineral rich District, Jharsuguda is one of the most industrially developed District of Odisha. Jharsuguda District was established on 1st April, 1994. Earlier it was a part of Sambalpur District. It was created by amalgamation of the erstwhile Jamindars of Rampur, Kolabira, Padampur and Kudabaga. The District is surrounded by Sundargarh District in the North, Sambalpur District in the East, Bargarh District in the South and Chhattisgarh state in the West. Jharsuguda District is situated at a distance of 372 kms. from state capital Bhubaneswar. Jharsuguda District is covering total area of 2, 081 sq kms. The District lies between 21.82 degree north longitude and 84.1 degree east latitude.

Total population of the District is 514853 consisting of 352 villages. Urban Population is 185,885 and rural population is 3289668. Total male population of the District is 264549 and female population is 250304. The District consists of total 88209 SC populations and 162432 ST populations. The total literacy rate of the District is 71.4% comprising 83.04% male literacy rate and 59.23% female literacy rate.



Source: <http://www.mapsofindia.com>

¹³ http://www.ordistricts.nic.in/district_home.php?did=jhg

Demographic Profile

Census 2011 Jharsuguda	Total	Rural	Urban	Rural %	Urban %
No of Households	136061	84287	51774	61.95%	38.05%
Total Population Person	579505	348340	231165	60.11%	39.89%
Total Population Male	296690	176162	120528	59.38%	40.62%
Total Population Female	282815	172178	110637	60.88%	39.12%
Population in the age group 0-6 Person	64794	37295	27499	57.56%	42.44%
Population in the age group 0-6 Male	33341	19023	14318	57.06%	42.94%
Population in the age group 0-6 Female	31453	18272	13181	58.09%	41.91%
Scheduled Castes population Person	104620	68740	35880	65.70%	34.30%
Scheduled Tribes population Person	176758	140117	36641	79.27%	20.73%
Literates Population Person	405879	234962	170917	57.89%	42.11%
Literates Population Male	228092	132448	95644	58.07%	41.93%
Literates Population Female	177787	102514	75273	57.66%	42.34%
Illiterate Persons	173626	113378	60248	65.30%	34.70%

Source : <http://censusindia.gov.in/>

Sex Ratio – 953

Literacy Rate- 78.86%

Population Density- 274

As per the administrative set up of the District is concerned, Jharsuguda District has got one sub division namely Jharsuguda. There are total five Tahsils (Jharsuguda, Lakhanpur, Laikera, Kolabira-N and Kirmira-N) in the District. Total five Blocks (Jharsuguda, Lakhanpur, Kolabira, Laikera, Kirmira) are there in the District.

The District of Jharsuguda is characterized by a hot dry summer. The temperature in the month of May is 42 degree at the maximum. The average rainfall of the District is 1500 millimetre. From April to August the wind blows from south and southwest whereas from September onwards wind blows from North West.

Major portion of the land area covering hilly region has a radish stony soil. The plain region having brownish black soil is suitable for growing paddy and vegetables. The soil of the

riverbanks and delta area is sandy loam suitable for paddy, sugarcane and groundnut cultivation. Some part of the Lakhanpur block is specially known for ginger cultivation which it exports in tones to other countries.

6.2 Economic Profile

The economy of the Jharsuguda District can be judged through its natural resources. The District is rich in minerals like coals, quartzite and fire clay. Besides deposit of limestone, granite, white sand stone and laterite stone are also found in several places of Jharsuguda District that add to economy of the District. Several industrial units like Vendanta Alumina, Bhusan Steel and Power, TATA Refractories are operating in the District that contributes to the economic growth of the District. There are also some major forest products like Kendu leaves, wood, rice and leather that also contribute significantly to the economy of Jharsuguda District.

6.3 Education

As per literacy rate of the Jharsuguda District is 71.4% .The male literacy rate is 83.04% whereas female literacy rate is 59.23%. There are numbers of educational institutions in the District like S.M. College Jharsuguda, Women,s College Jharsuguda, PKSS College Jharsuguda, L.N. College Jharsuguda, Black Diamond College of Engineering and Jharsuguda Engineering School etc. There are total 717 government and government added schools in Jharsuguda.

6.4 Health

No. of Government and Government added Schools	717
Number of High Schools	139
Number of other special schools like JVV, KVS	4
Teachers Position in Elementary Schools: (Govt. & Govt. Aided)	2953

6.5 Land and Agriculture¹⁴

Land use pattern of the district	Area (000 ha)
Geographical area	208
Cultivable area	78
Forest area	20
Land under non-agricultural use	39
Permanent pastures	20
Cultivable wasteland	15
Land under Misc. tree crops and groves	6
Barren and uncultivable land	17
Current fallows	21
Other fallows	3

Source- Odisha Agriculture Statistics 2008-09.

Agricultural land use	Area ('000 ha)	Cropping intensity %
Net sown area	78.0	144.5 %
Area sown more than once	34.7	
Gross cropped area	112.7	

Source- Odisha Agriculture Statistics 2008-09

Irrigation	Area ('000 ha)
Net irrigated area	101.1
Gross irrigated area	143.3
Rain fed area	278.8

¹⁴ Agriculture Contingency Plan for District: JHARSUGUDA

Livestock	Male ('000)	Female ('000)	Total ('000)
Non descriptive Cattle (local low yielding)	10.1	57.8	67.9
Improved cattle	0.1	0.2	0.3
Crossbred cattle	3.5	5.1	8.6
Non descriptive Buffaloes (local low yielding)	7.7	2.3	10.1
Descript Buffaloes	0.4	0.6	1.1
Goat	18.0	27.9	45.9
Sheep	3.3	4.1	7.4
Others (Camel, Pig, Yak etc.)	1.9	3.7	5.7

6.6 Mineral resources and Industries

The district is rich in minerals like coals, quartzile and fire clay. Besides deposit of limestone, granite, white sand stone and laterite stone are also found in several places. There are 3 numbers of quartzile mines, 3 fire clay mines, 7 Coal mines and 5 open east project. After the closure of Orient paper Mills, Bhaskar Textile Mills, Sime Pottery industry and some other small units, the industrial progress has suffered. The Tata Refectories, L&T small units are operating in the district.

7.FINDINGS FROM THE FIELD

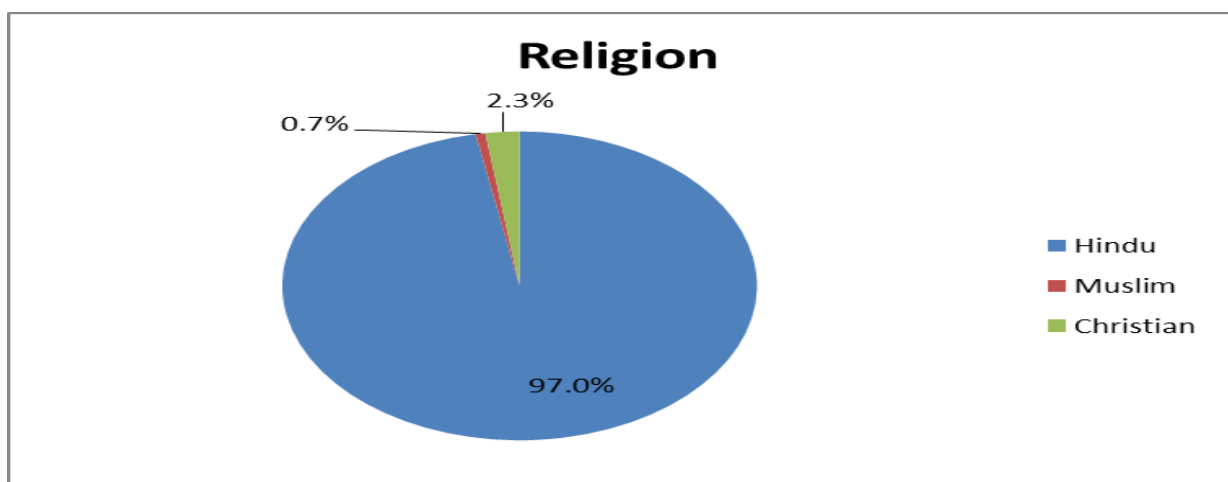
7.1 Jharsugurha

7.1.1 PROFILE OF RESPONDENTS

In the research process, total 606 households were selected for interview on the basis of random sampling process. The background of the respondents was defined based on the following indicators:

7.1.2 .Religion

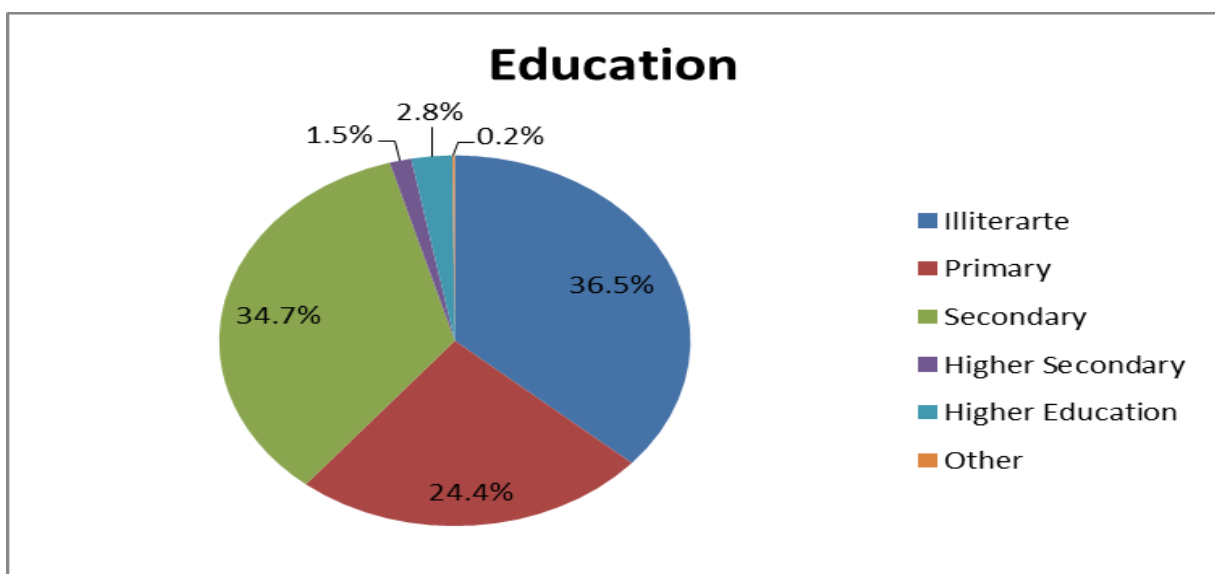
Out of total 606 respondents, 97% are Hindus, 2.3% are Christians and 0.7% is Muslims.



Religious distribution of the respondents is given below:

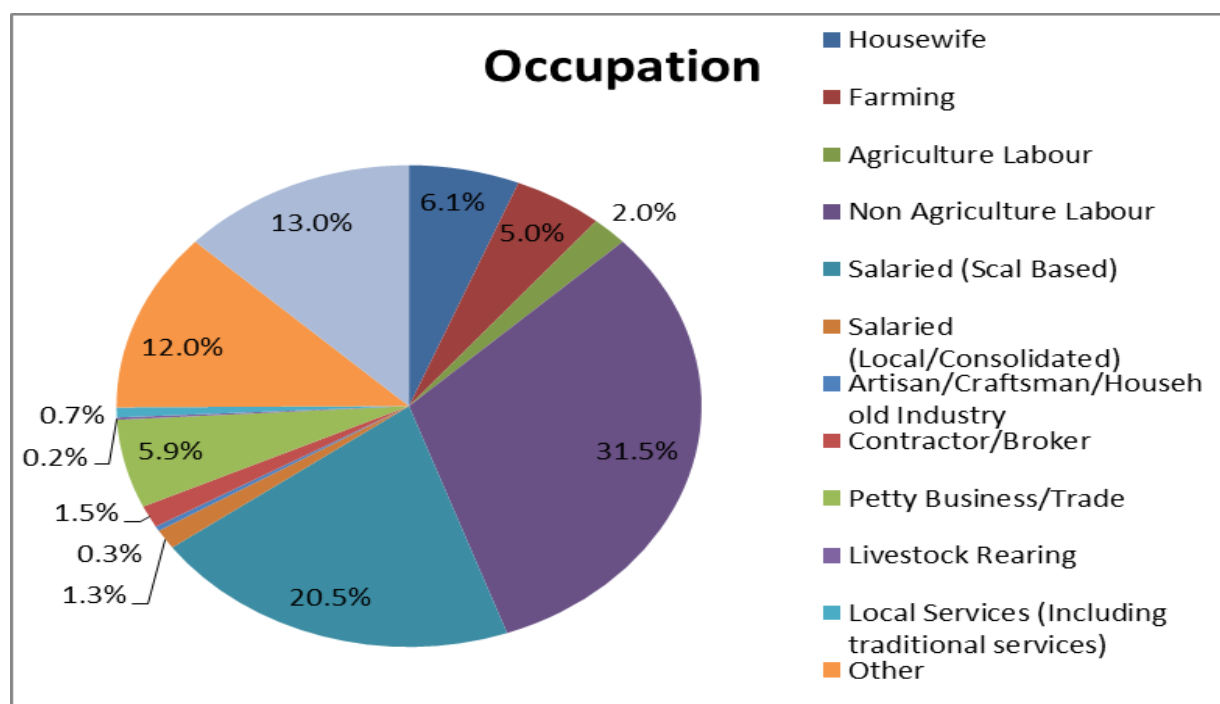
7.1.3 Educational Attainment

Out of total respondents 36.5% are illiterate, 24.4% had primary education, and 34.7 % respondents had secondary education, however only 2.8% respondents had higher education.



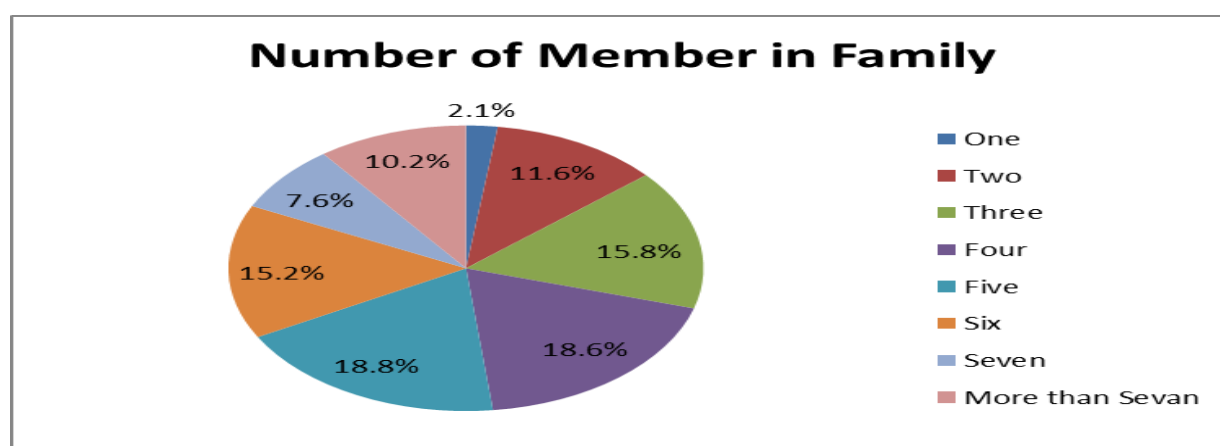
The chart explaining educational distribution of the respondents is given below

7.1.4 Occupational Distribution



31.5% of respondents were non agriculture labor while 21.8% respondents are salaried employee. Housewives were also the major part of the respondents as they form 6.1% percent of respondent group.

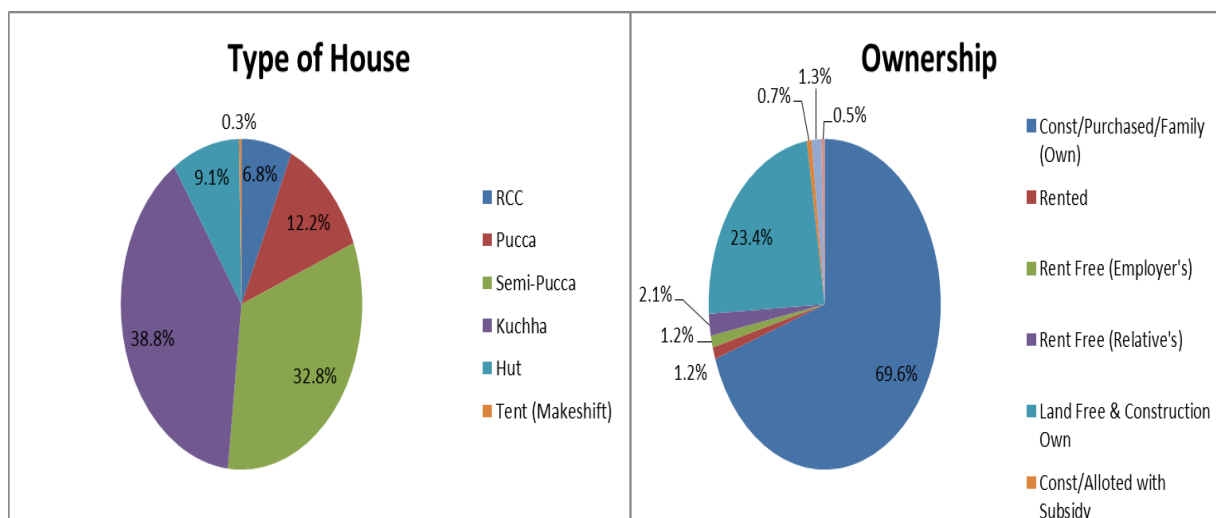
7.1.5 Size of Family



10.2% of the households have more than seven members in the family. 18.6% have four members, 18.8% have five members and 15.2% have six members in family. The detailed representation of the family size is given below:

7.1.6 Housing Pattern

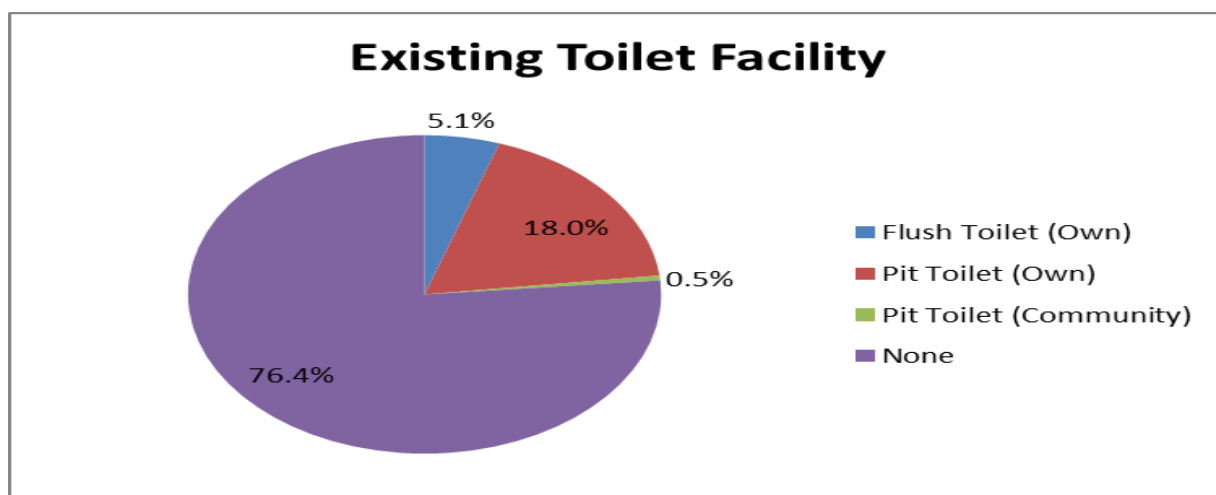
Out of 606 households 38.8% are having kuchha followed by 32.8% are having semi kuchha house. Around 19% houses are RCC and Pucca whereas 10% families are living in Hut or tent.



It is found that only 0.7% of houses are constructed by subsidy. The pattern of type of house and ownership is represented below:

7.1.7 Sanitation

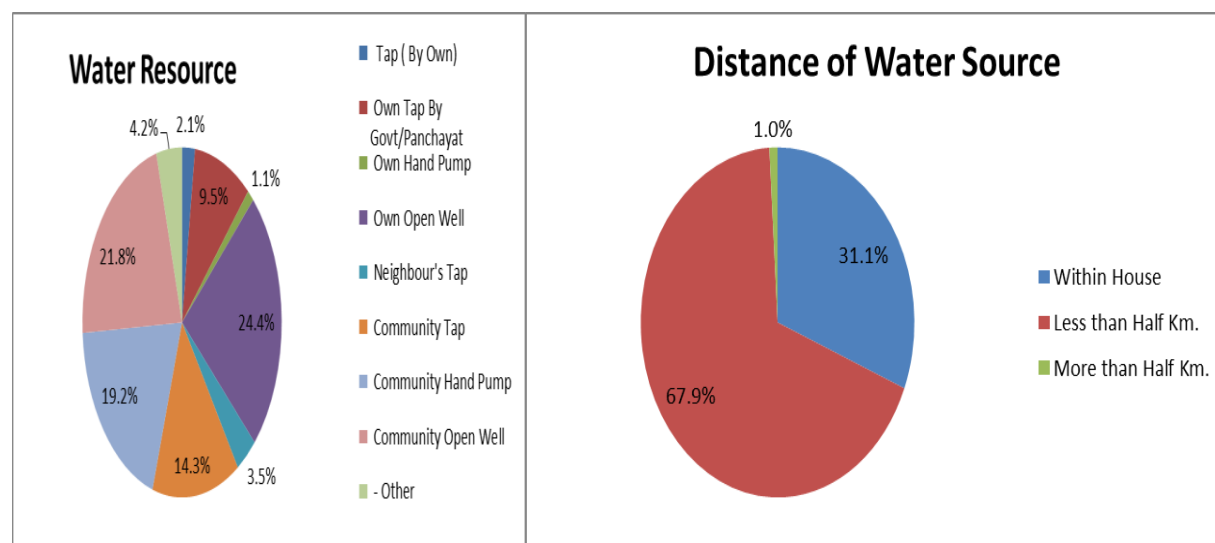
The poor condition of sanitation is visible where more than three fourth households do not have toilet facility. The detailed pattern of use of toilet is represented below:



7.1.8 Drinking Water

In the sample it was found that one fourth of the population depends on open own well to fetch drinking water. 31% of households have the water source located inside the premise. Availability of source of water inside the households is primarily dominant by open well. Other

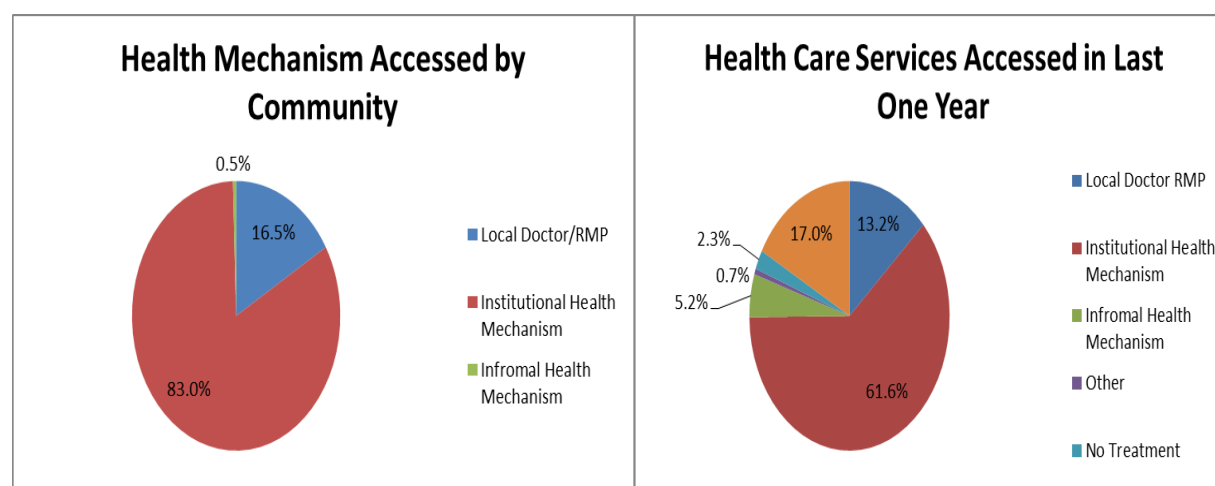
sources of water inside the households (like own tap, own hand pump) forms less than 7%. However around 68% of people avail water from source located outside their house, namely



community open well, tap, hand pump etc. Water resources and distance of water resources are showing in below given charts.

7.1.9 Health Seeking Behavior¹⁵

83% of the sample accesses the health institution whenever required. Frequency of accessing the traditional health practitioner amongst respondents was extremely low which represents the reach of institutional or registered medical practitioners in the studied area.



¹⁵ Classification has been done by Author.

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

Informal Health Mechanism consists Traditional Healer/Dai/Chemist Shop

7.2.KUDAPALI

YEAR	2010
HOUSEHOLDS	200
POPULATION	1200
Forest Produce	
Coal Collection	Yes

Jawal Banga.

RELIGION	House holds
HINDU	100

Public/Common Tap Points 5

HH Tap Connections 0

Chief Crop Name	Area
Paddy	100 acres

Land Distribution:

Total Area	Forest
200 acres	25 acres

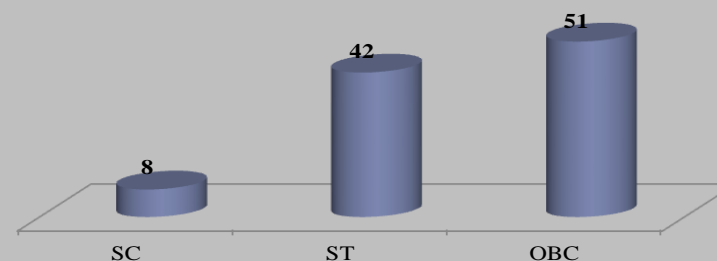
Facilities Existing more than 5 Kms

Co-operative Society	Jharsuguda
Block Development Office	
Taluk Headquarters	
District Headquarters	
CHC/ Govt. Gen. Hospital	Rajpur
Charitable Primary	
Primary Health Centre	Belpahar
Pvt./ CSR Hospital	
Heath Sub-Centre	Kaliakani

Facilities Available in the village

Playground
Samaaj Mandir
Gymnasium
Cement/Tar road
PDS Shop
Grocery Shop
Public Telephone Booth
Gram Panchayat Office
ASHA worker
Pre-Pri/Nursery School
Govt. Primary School

Households

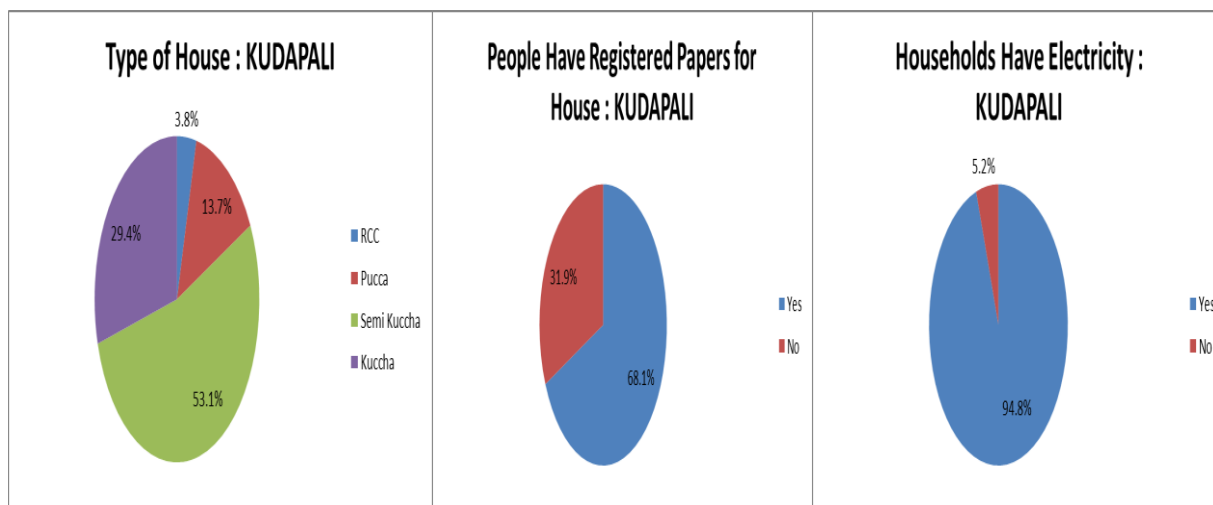


Facilities Existing within 5 kms.

Bus Stop	Burdia Colony
Daily Market	
Weekly Market	
DTP/Xerox Centre	
Post Office	
Railway Station	Breajraj Colony
Police Station	
Bank for S/B Account	
Pvt. Clinic (RMP+)	
Pvt. Clinic (MBBS/ BAMS+)	
Veterinary Clinic	
Medical Shop/ Chemist	
Degree College	
ITI/ Polytechnic	
Vocational training centre	
Charitable Secondary School	Ayanlapali
Pvt. Secondary School	
Pvt. Primary School	
Higher Secondary School	Ayanlapali
Govt. Secondary School	

7.2.1 Household status

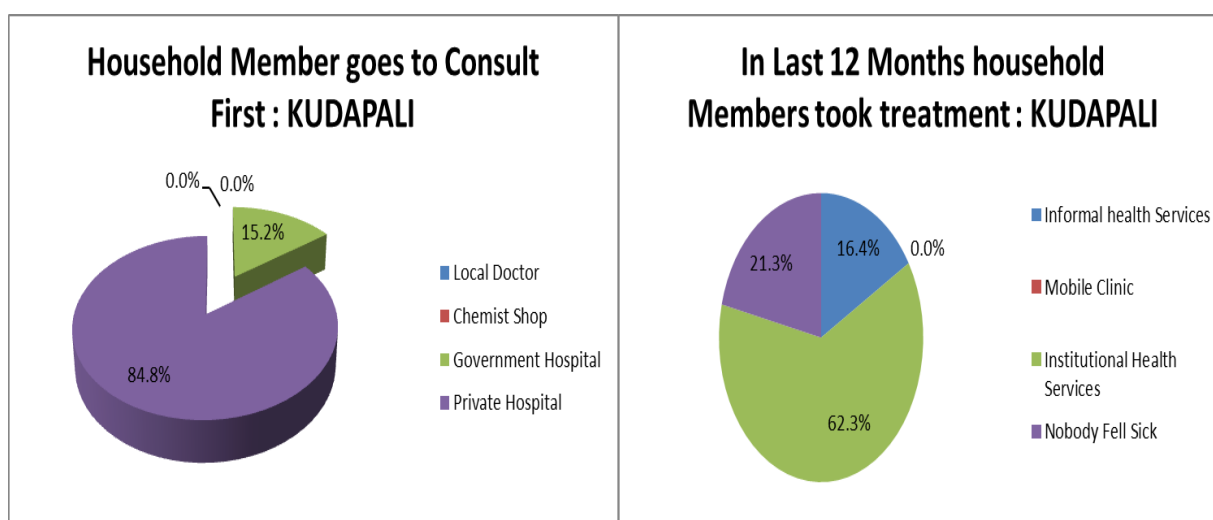
In Kudapali study village around 30% sample households reside in Kuchha house while 53.7%



resides in semi kuccha house. 68% sample respondents told they have registered papers for house. In Kudapali 95% sample houses are electrified.

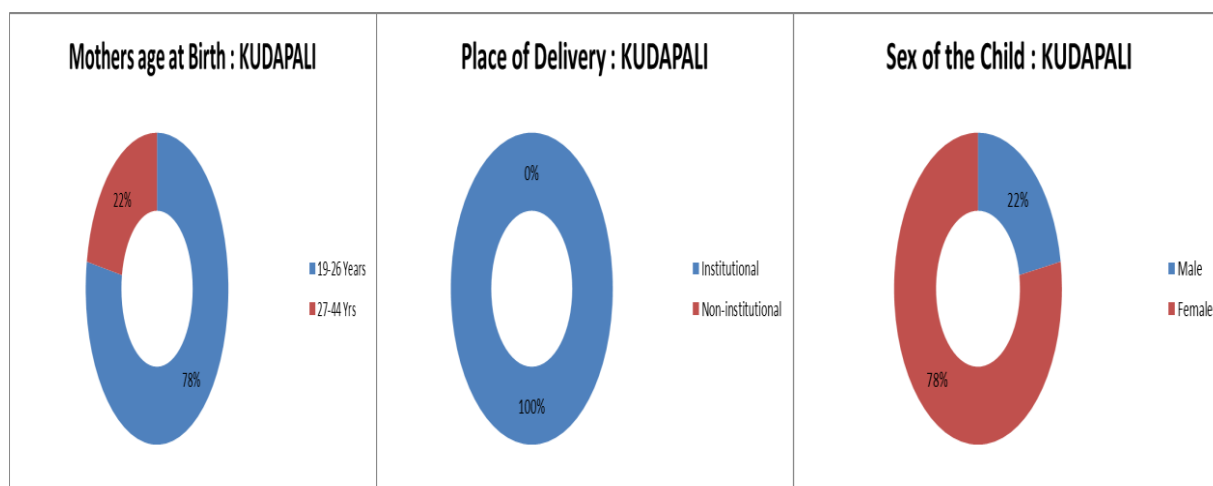
7.2.2 Health

Among the respondents 84.8% of households go to private hospital for treatment which shows the poor functioning of government health facilities. If we go through the last 12 months data it make known that 62.3% sample households accessed institutional health services (government hospital, private hospital, PHC, CHC) while 21.3% sample household members did not fell sick.



7.2.3 Maternal Health

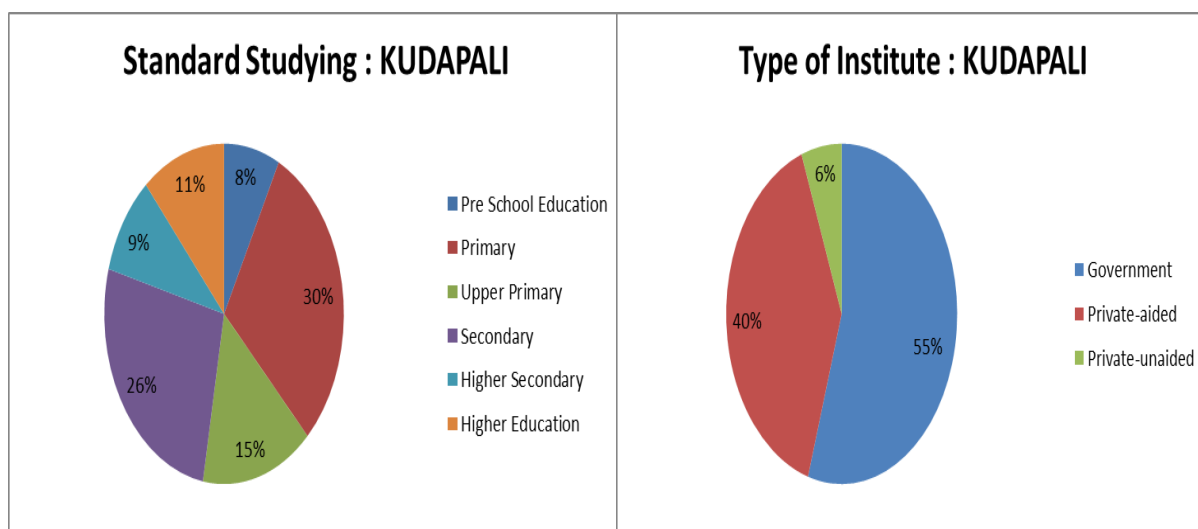
In the Kudapali village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 78% are girl child and 22% are male child.



Women who conceived a child in the last three years 78% of them were in the age group of 19 – 26 years at the time of delivery and rest of the 22% were in the age group of 27 - 44 years.

7.2.4 Education

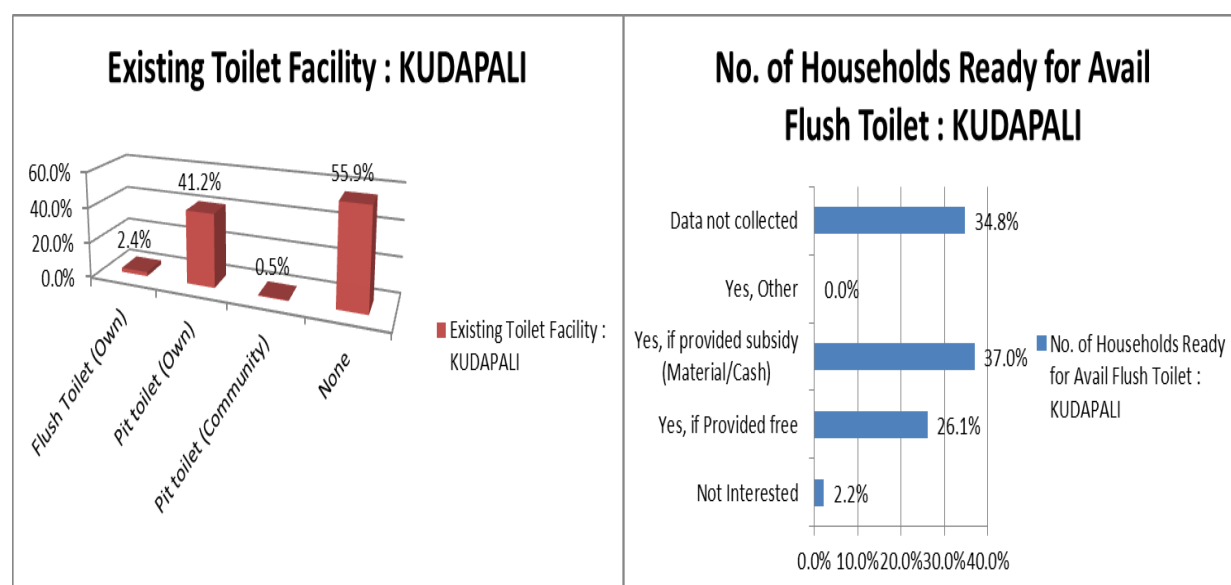
In Kudapali, status of education shows positive awareness about education. Among the students of sample households who are presently studying, 30% are studying in primary school, 15% in upper primary school, 26% are studying in secondary school, 9% are studying in higher secondary education and 11% are in higher education. 55% of students are studying



in government institutions and 45% students are studying in private institutions which reflect the lack of quality education in government institutions.

7.2.5 Sanitation

In Study village 60% respondent households do not have toilet facilities. 14% have a pit toilet

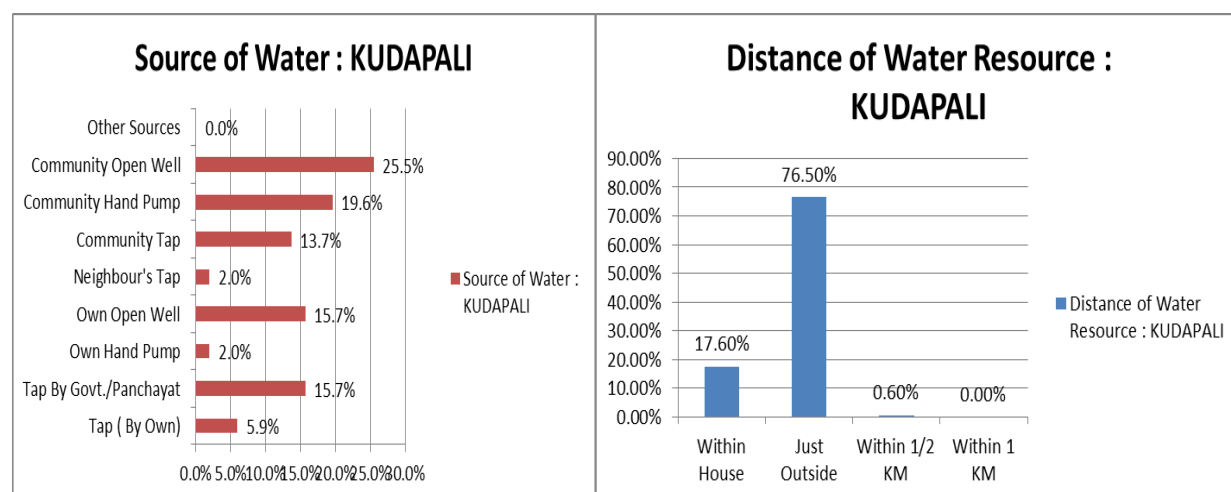


while, 2.4% have a flush toilet while 0.5% of households use the community pit toilet.

Among those who do not have toilet facility when they asked for a flush toilet, 2.2% were not interested at all, 37% said if they get subsidy they are interested to construct while 26% want free of cost toilet construction.

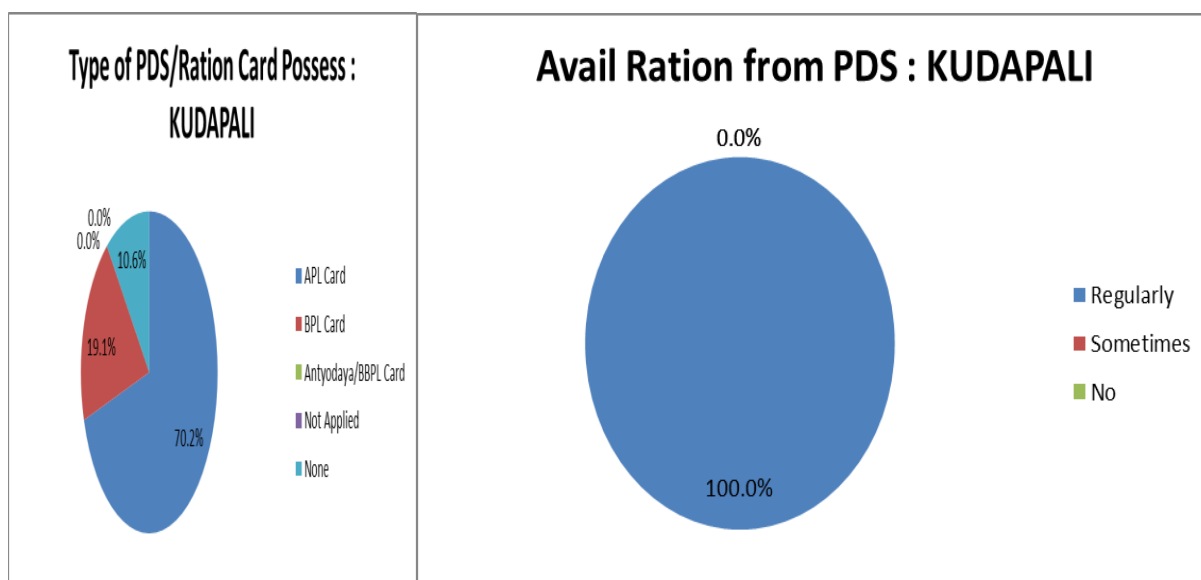
7.2.6 Water

In Kudapali around 40% sample households fetch water from community open well and around 37% depends on tap water, 19.6% of households fetch water from community hand

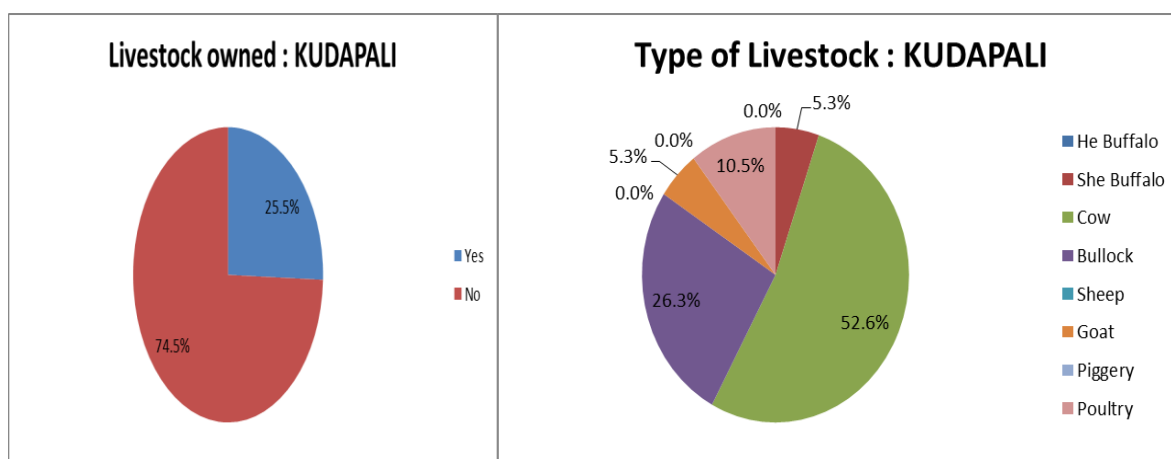


pump, however 2% households own hand pump. Among sample respondents 17.60% have a water source within the premise and three fourth of the population have water source just outside house.

7.2.7 Public Distribution System



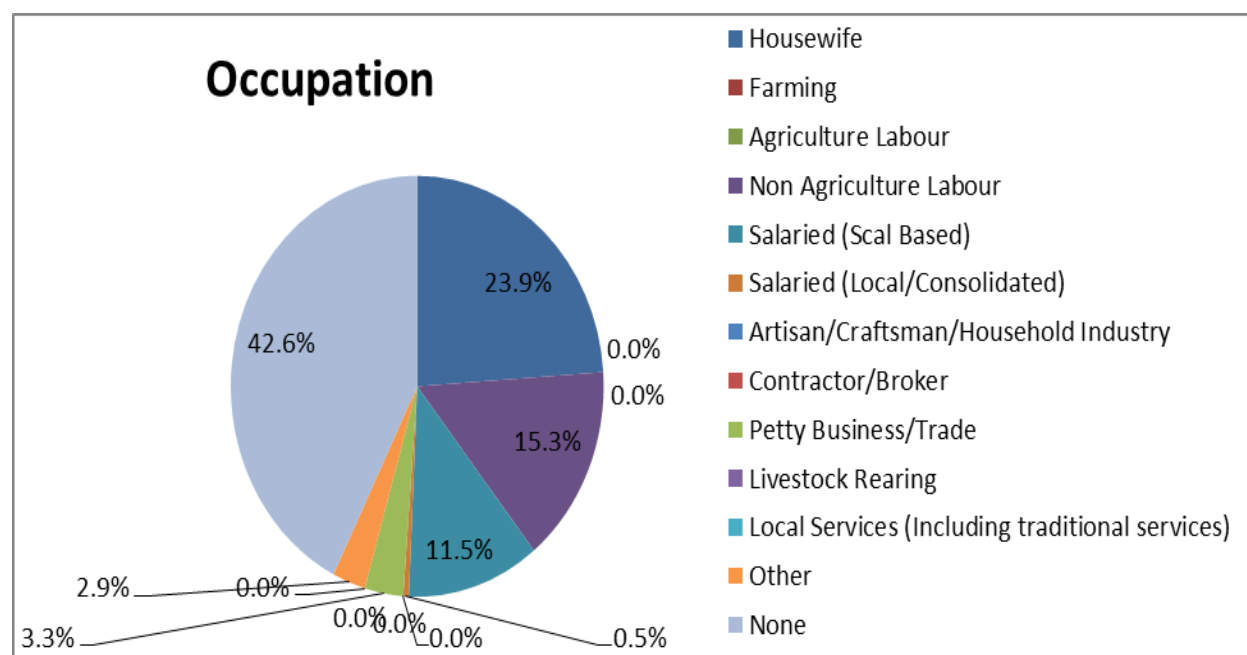
In study village only 19.1% sample households have BPL card and 10.6% households do not have any kind of ration card while 70% have an APL card. Those who have any type of ration card they all avail ration from PDS.



7.2.8 Livestock

7.2.9 OCCUPATION

Among the sample household members no one have farming and not a single person is



agriculture labour. 15.3% of the sample household members are non agricultural labour, 3.3% are doing petty business while 12% of the workforce are salaried employee. 42.6% of the sample household members (which is almost half of the workforce) said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

7.2.10 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 56% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.

7.3.AYANLAPALI

YEAR	2009
HOUSEHOLDS	90
POPULATION	1000

Forest Produce	
Fruit/ Nuts/ Leaves	Yes
Coal Collection	Yes

Public/Common Tap Points 03

HH Tap Connections 0

RELIGION	House holds
HINDU	90

Chief Crop Name	Area
Paddy	50 acres

Land Distribution:			
Total Area	Irrigated	Forest	Non- Irrigated
100 acres	15 acres	6 acres	25 acres

AINLAPALI

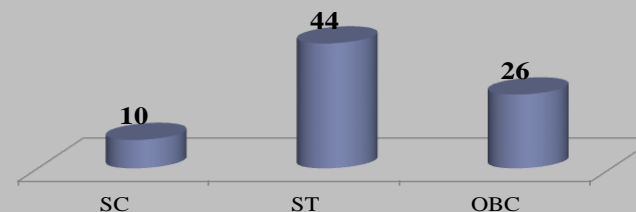
Facilities Available in the village

Cement/Tar road
PDS Shop
ASHA worker
Pre-Pri/Nursery School
Govt. Primary School
Govt. Secondary School

Facilities Existing within 5 kms.

Public Telephone Booth	Burdia Colony
Weekly Market	
Daily Market	
DTP/Xerox Centre	
Post Office	Kudapali
Gram Panchayat Office	

Households

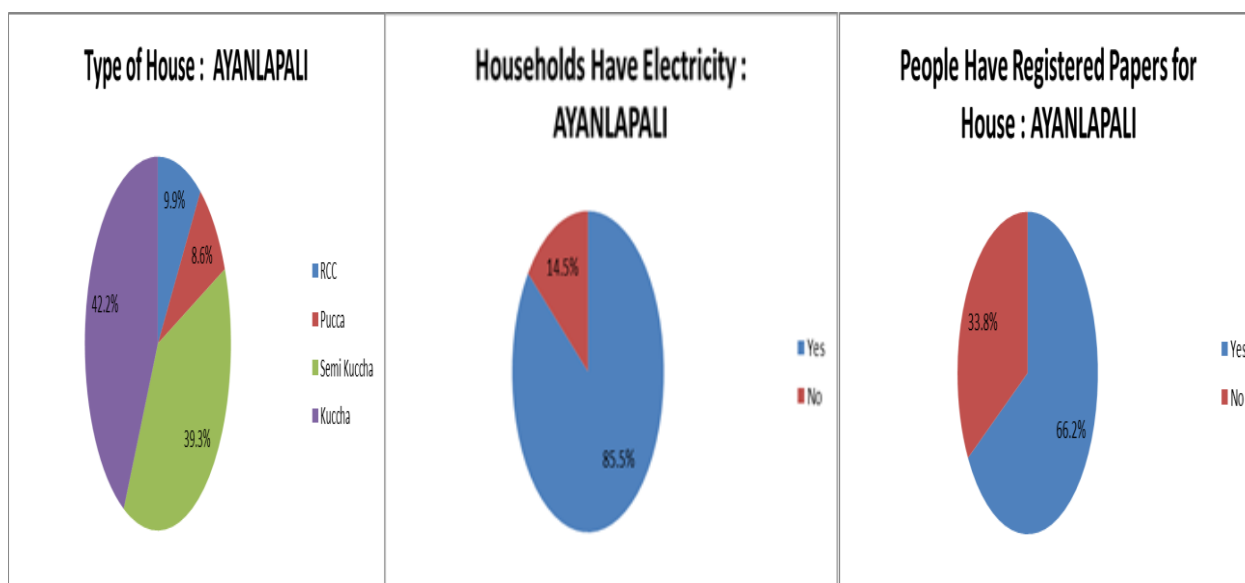


Facilities Existing more than 5 Kms

Bus Stop	Brajraj Nagar
Railway Station	
Police Station	
APMC/ Mandi	
Pvt. Clinic (RMP+)	
Pvt. Clinic (MBBS/ BAMS+)	Jharsuguda
Co-operative Society	
Block Development Office	
Taluk Headquarters	
District Headquarters	Belpahar
Ayush Hospital	
Veterinary Clinic	
Medical Shop/ Chemist	Kutabaga
Vocational training centre	
Charitable Primary	
Pvt. Primary School	
Charitable Secondary School	Mandalia
Pvt. Secondary School	
Degree College	Gumando
ITI/ Polytechnic	
Pvt./ CSR Hospital	

7.3.1 Household Status

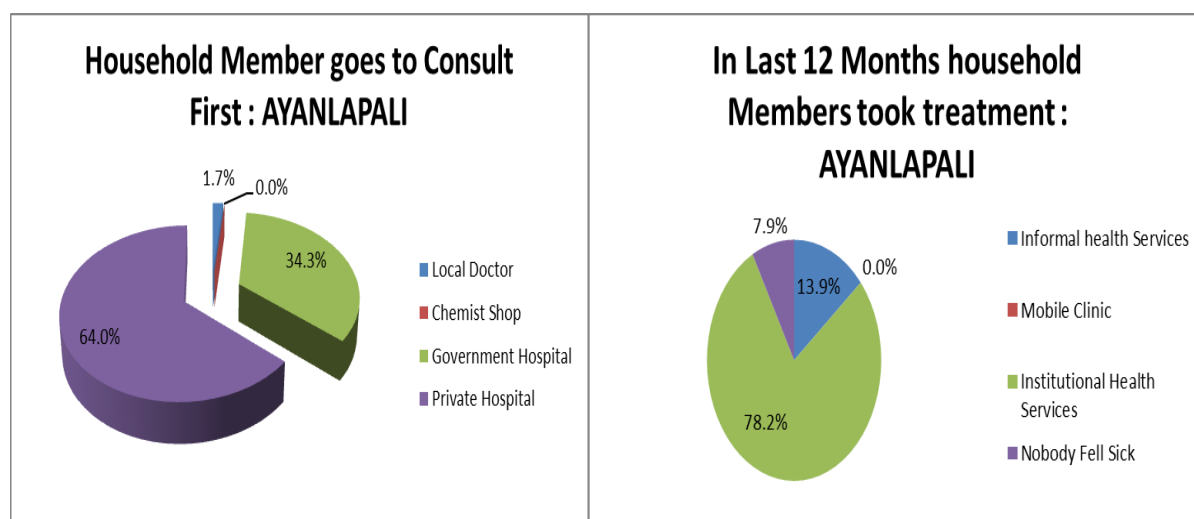
In Ayanpali 42.2% of sample households have kuccha house. Only 18% households have RCC or pucca house. 66.2% have registered papers for a house and 85.5% of sample households are



electrified.

7.3.2 Health

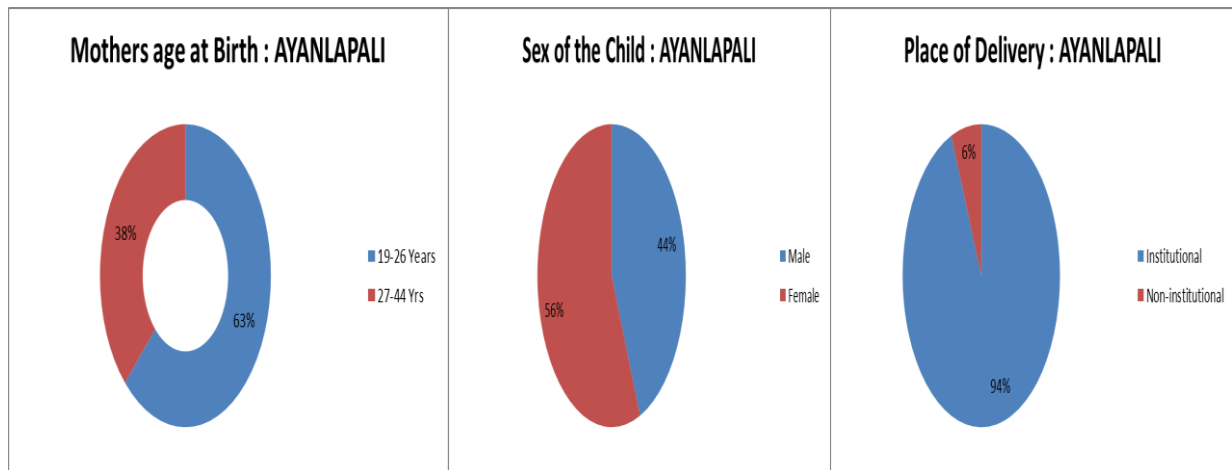
In study village 64% of sample households go to consult a private hospital for treatment and 34.3% go to a government hospital. If we see the data of last 12 months only around 80% of



sample household members approached institutional health services while 8% did not fell ill.

7.3.3 Maternal Health

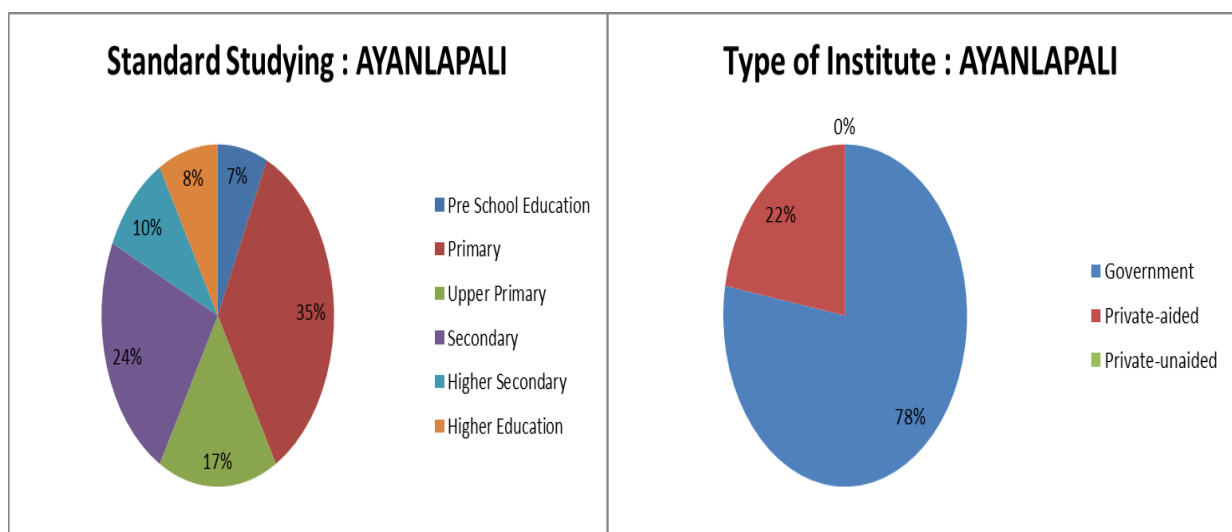
In the studied village among the sample households who witnessed the birth of a child in the last three years in their family 94% reported saying the delivery was institutional delivery while only 6% households from the same category said that delivery was non-institutional. The sex ratio among the kids of age group 0-3 years 58% are girl child and 44% are male child.



Women who conceived a child in the last three years 63% of them were in the age group of 19-26 years while 38% were in the age group of 27-44 years.

7.3.4 Education

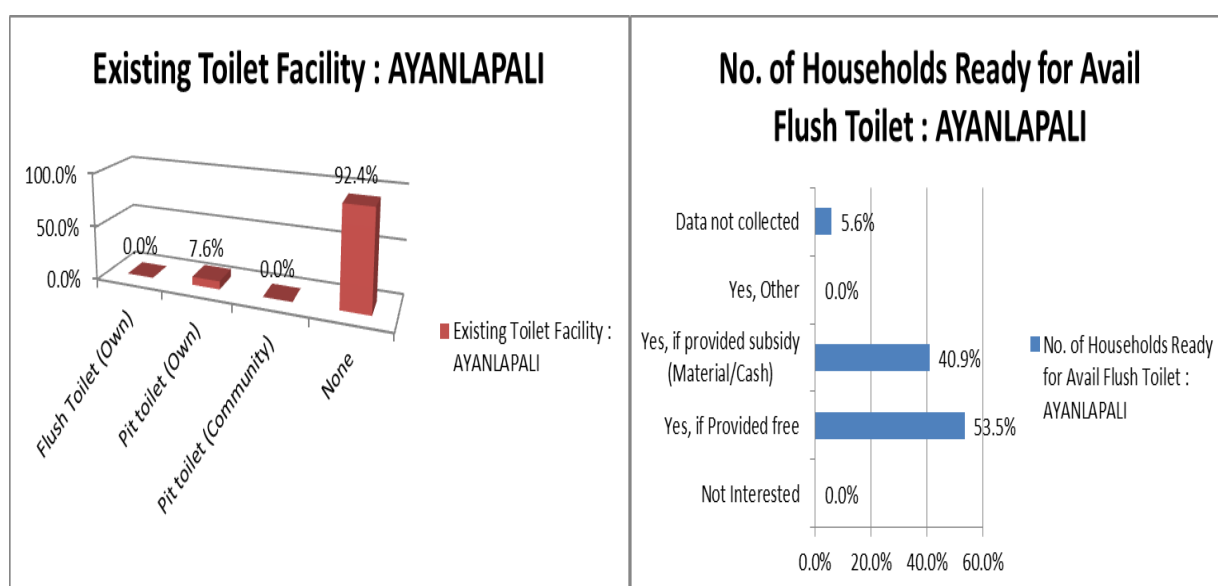
In AYANLAPALI, among the students of sample households who are currently studying, 35% are currently studying in primary school, 17% in upper primary school, 24% are studying in secondary school, 10% are studying in higher secondary education and 8% in higher education. 78% of students are studying in government institutions and 22% students are studying in



private institutions. Status of education shows positive awareness about education in studying village.

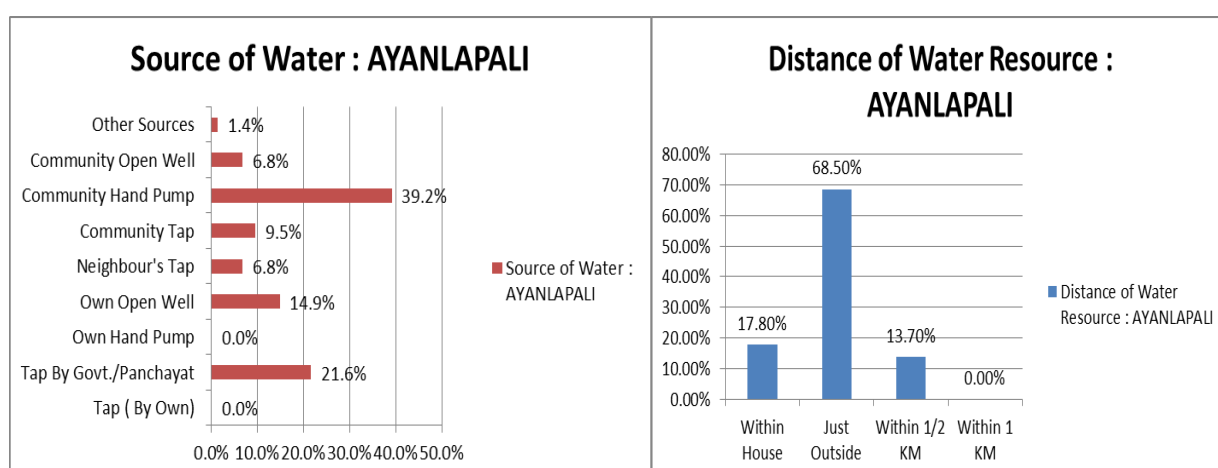
7.3.5 Sanitation

In AYANLAPALI village 92.4% of sample households do not have toilet facilities. Those who do not have toilet 40% of them interested to construct if they will get the subsidy.



7.3.6 Water

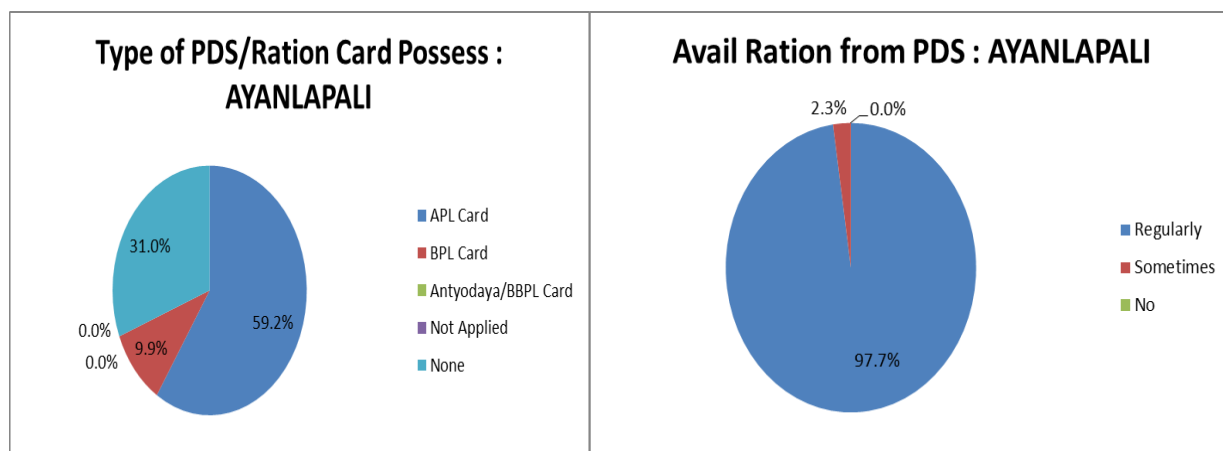
In study village around 40% households fetch water from community hand pump whereas around 80% depends on tap (community tap, Panchayat tap) for water. In addition 21.7% fetch



water from open well. 17.8% sample households have a water source in premise, 68.5% have water source just outside the house whereas 13.7% need to travel around half km to fetch drinking water.

7.3.7 Public Distribution System

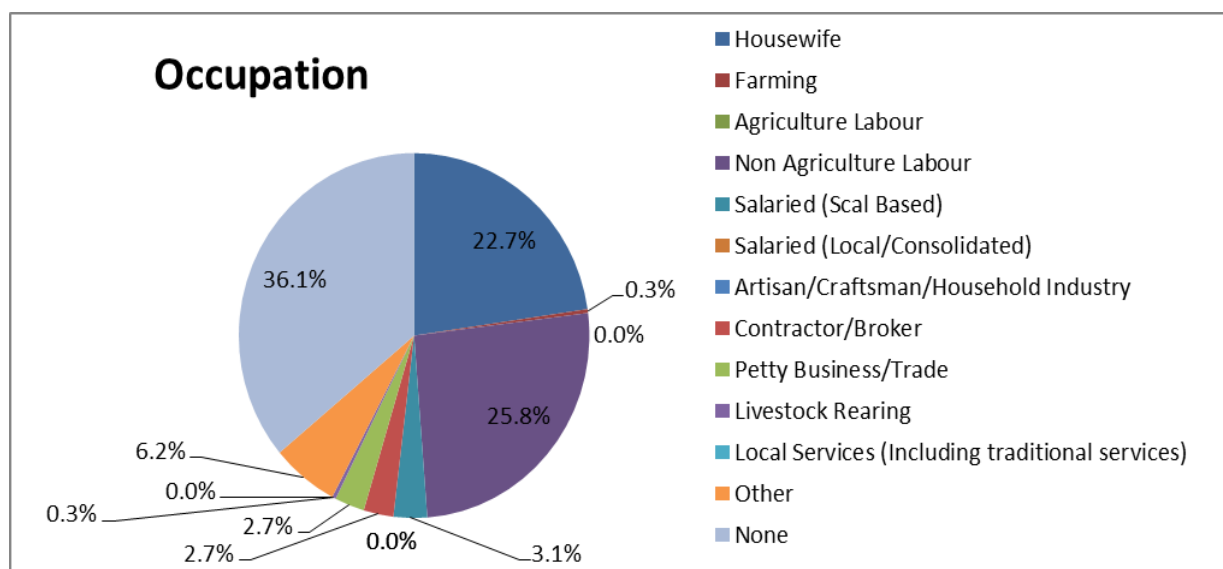
In study area a big amount of sample households which is 31% do not have any kind of ration



card while only 10% sample households have BPL card. Those who have ration card 97.7% of them regularly avail PDS while 2.3% sometimes use it.

7.3.8 OCCUPATION

In Ayanapali village more than one fourth (25.8%) of the workforce are non-agricultural labour whereas no one is agriculture labour and only 0.3% have farming. 3.1% of the workforce are salaried employee, 2.7% are doing petty business for livelihood. 36.1% of the sample household members said that they do not work at all however; it also includes women who



instead of saying housewives said that their primary Occupation is none.

7.3.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 93% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
4. More than 15% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

7.4 BUNDIA

YEAR	2011
HOUSEHOLDS	90
POPULATION	750

Bundia.

Forest Produce	
Firewood	Yes
Coal Collection	Yes
Fruit/Nuts/Leaves	Yes

RELIGION	House holds
HINDU	118

Public/Common Tap Points 4

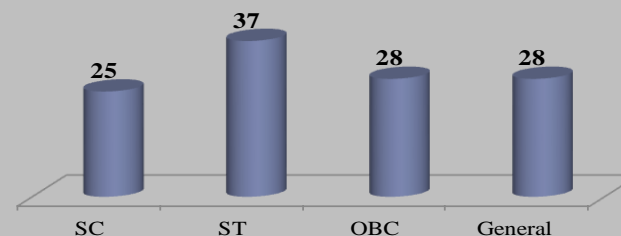
HH Tap Connections 0

Chief Crop Name	Area
Paddy	400 acres
Potato	50 acres

Facilities Available in the village	
Playground	
Samaaj Mandir	
Taxi/ Auto	
Bicycle	
Motorcycle	

Facilities Existing more than 5 Kms	
Block Development Office	Jharsiguda
Taluk Headquarters	
District Headquarters	
CHC/ Govt. Gen. Hospital	Rajpur
Primary Health Centre	
ITI/ Polytechnic	Mandalia

Households

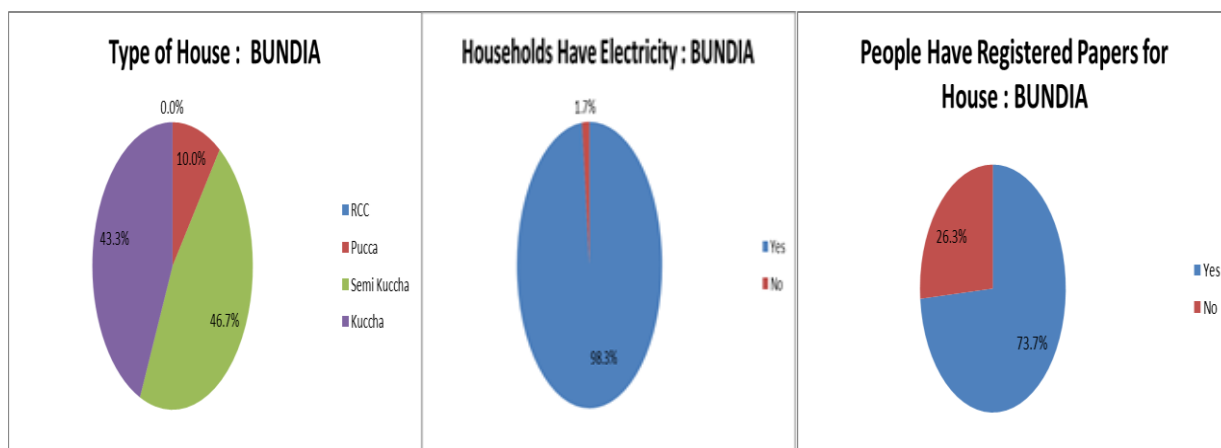


Facilities Existing within 5 kms.	
Railway Station	Breajraj Nagar
Police Station	
Weekly Market	
Daily Market	
Bus Stop	
Bank for S/B Account	
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	
Pvt. Secondary School	Kudapali
Higher Secondary School	
Degree College	
Vocational training centre	
Charitable Primary school	Burdia Colony
Gram Panchayat Office	
PDS Shop	
Heath Sub-Centre	
Govt. Secondary School	Burdia Colony
Grocery Shop	
DTP/Xerox Centre	
Pre-Pri/Nursery School	
Govt. Primary School	
Pvt. Primary School	
Public Telephone Booth	
Post Office	

Land Distribution:				
Total Area	Irrigated	Non- Irrigated	Forest	Wasteland
1800 acres	600 acres	200 acres	900 acres	50 acres

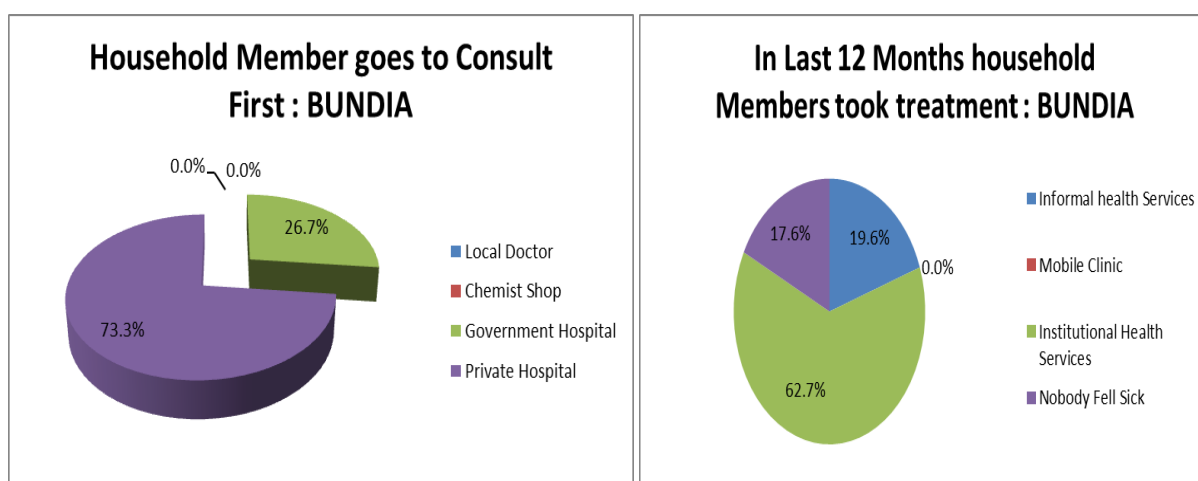
7.4.1 Household Status

In Bundia 43.3% sample households have kuchha house and 46.7% have a semi kuchha house only 10% have Pucca house. 73.7% of sample households have registered papers for house whereas 98.3% of houses are electrified.



7.4.2 Health

In study village three fourth sample household members go to a private hostel for treatment and remaining go to governmental hospital. In last 12 months 62.7% took treatment from an

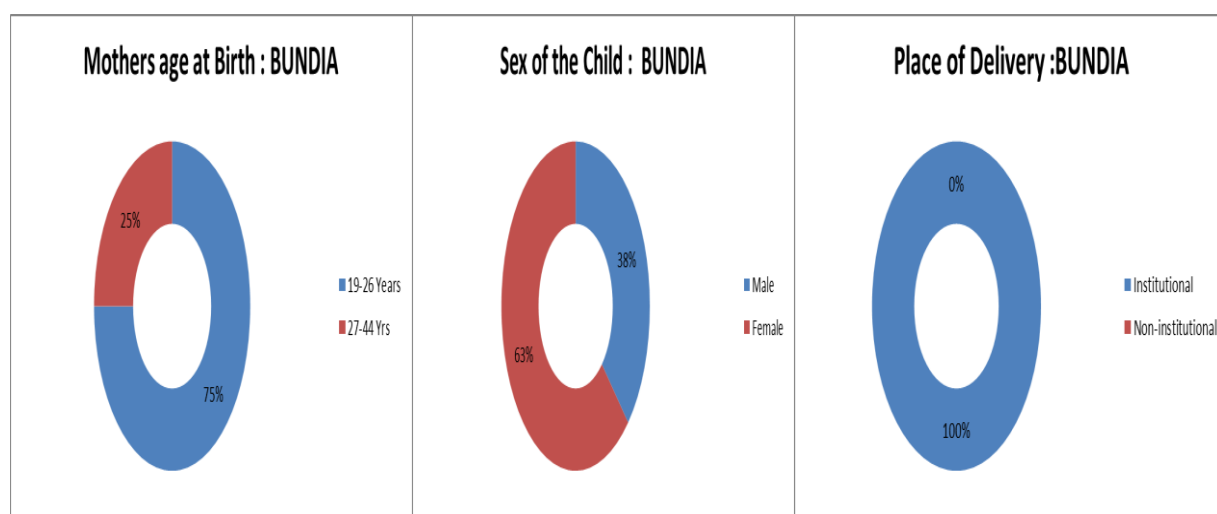


institutional health service provider while around 20% went informal health services like chemist shop, local dai etc.

7.4.3 Maternal Health

In Bundia, among the sample households who witnessed birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery while. The sex ratio among the kids of age group 0-3 years 44.4% are girl child and 55.6% are male child.

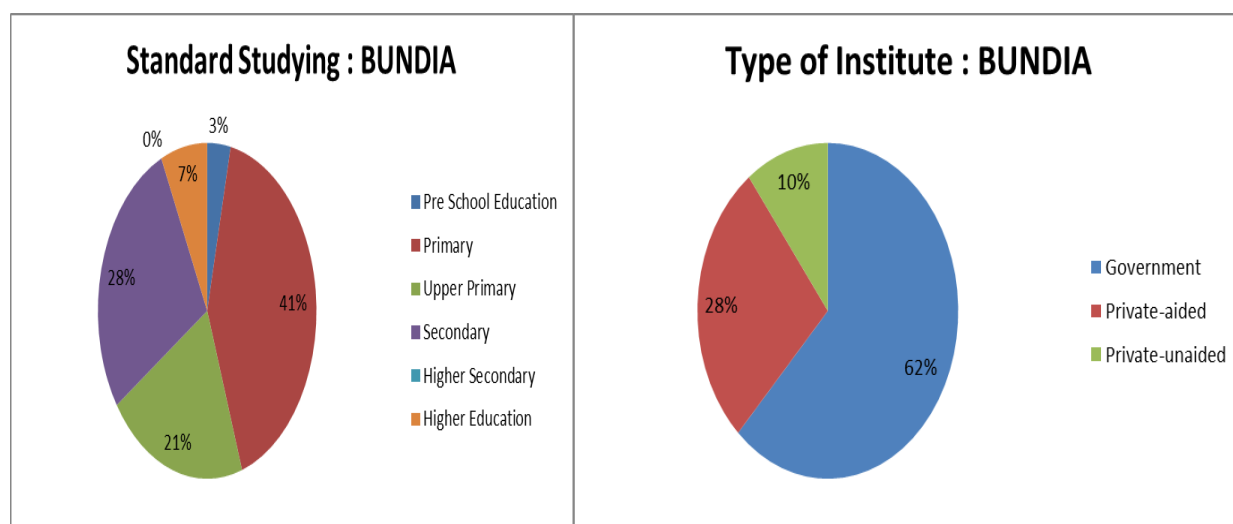
Women who conceived a child in the last three years 75% of them were in the age group of 19-



26 years while 25% were in the age group of 27-44 years.

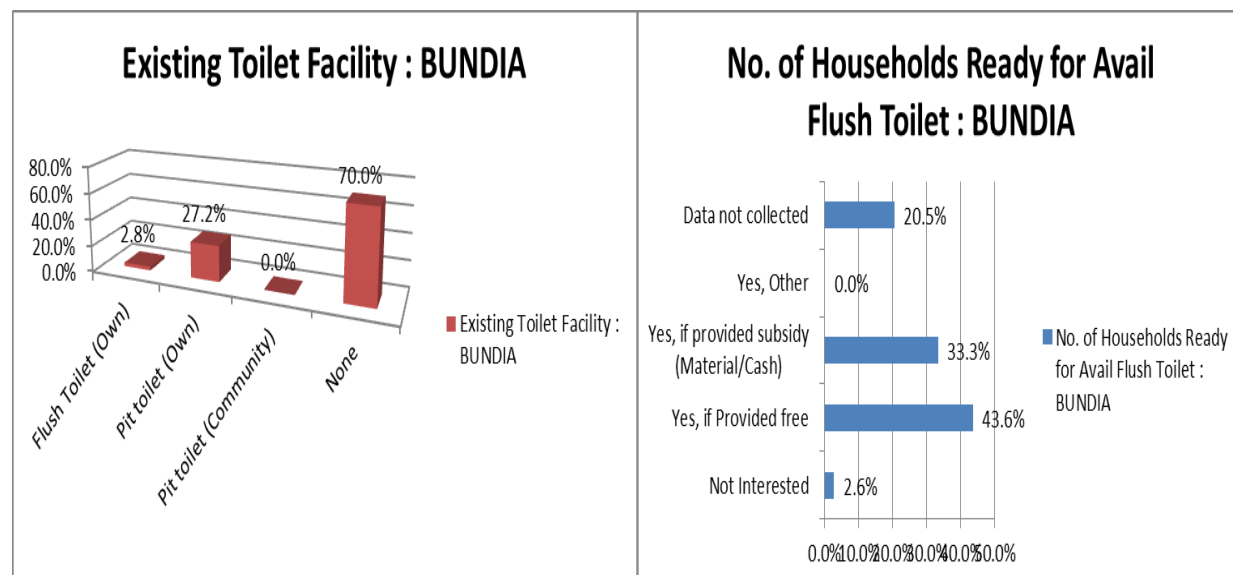
7.4.4.Education

In the Bundia village among samples 41% are enrolled in primary school, 21% are in upper primary school, 28% students are studying in secondary standard while 7% are in higher education. In Bundia no one is in higher secondary which shows lack of awareness for education. 62% students are studying in government institutions, 28% are in private aided institutions while 10% are studying in private-unaided institution.



7.4.5 Sanitation

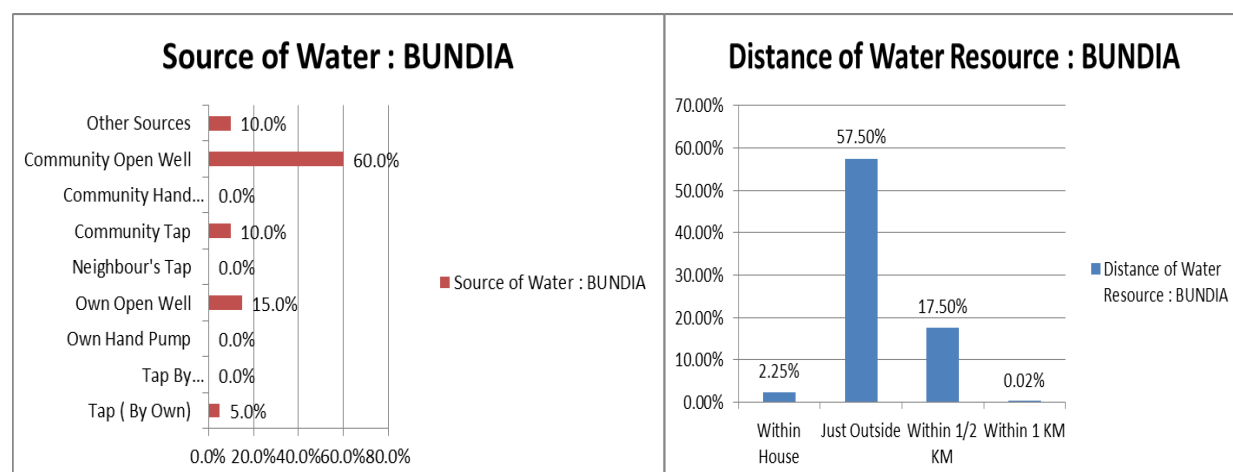
In Bundia 70% of sample households do not have toilet facilities. Those who do not have toilet facility 2% of them not interested to construct toilets while 33.3% are interested if they will get



the subsidy.

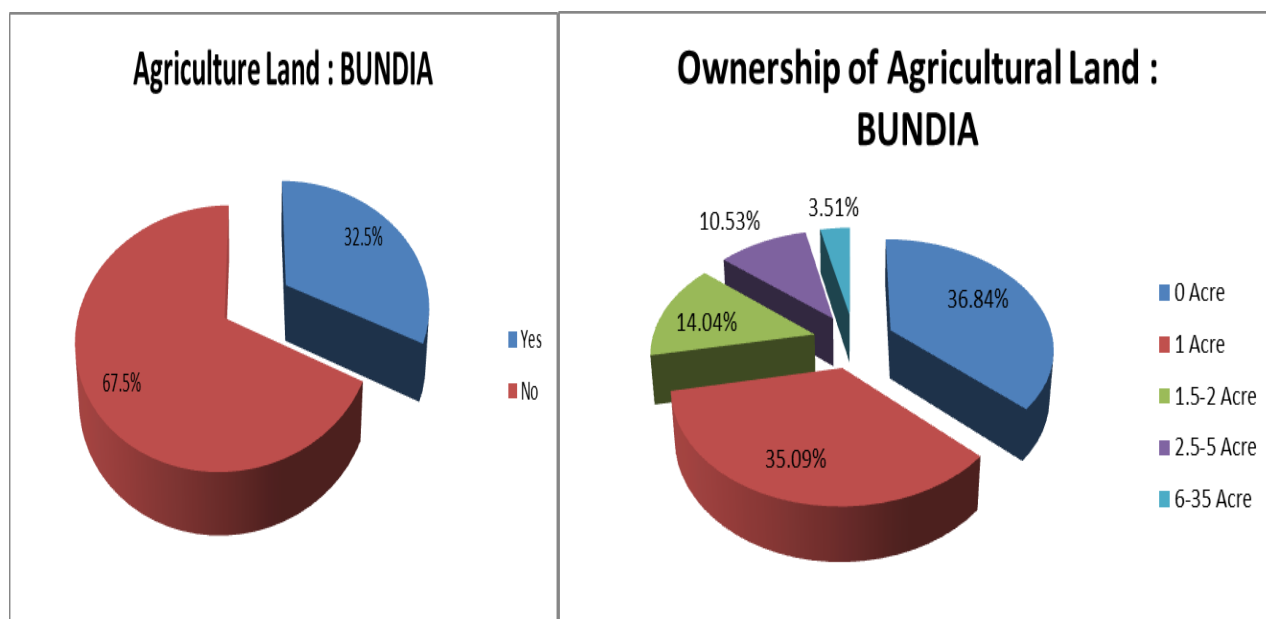
7.4.6 Water

In study area three fourth of the sample households fetch water from open well and 15% are depending on tap water. Only 2.25% of sample households have a water source in the premise and 57.6% have just outside the house whereas 17.5% have access to water source within half



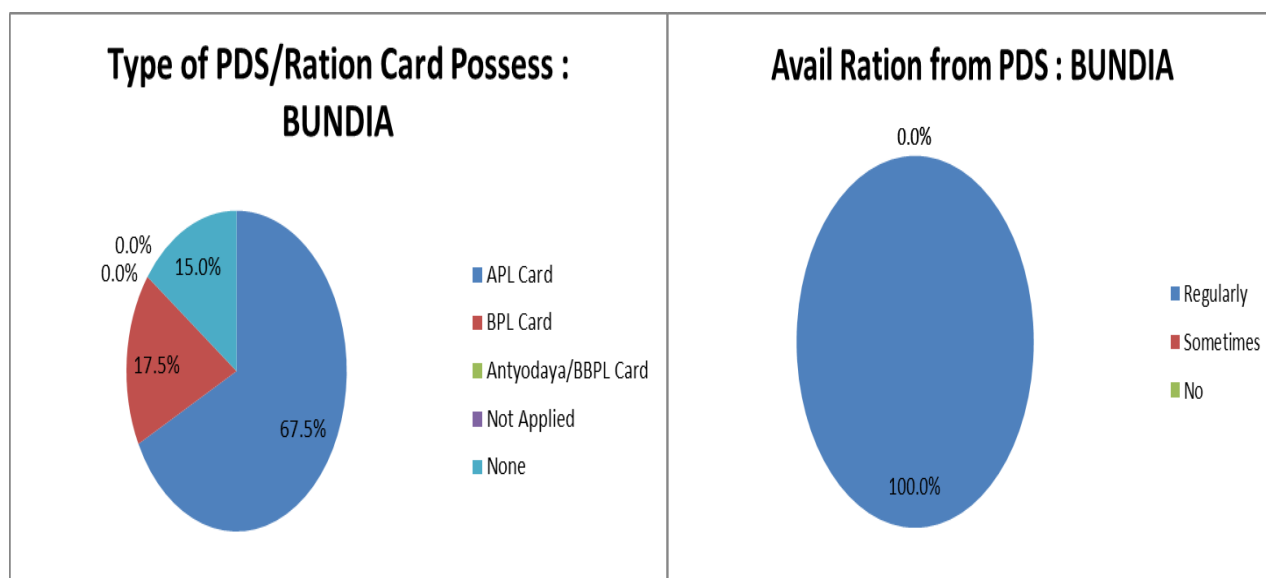
km. of distance.

7.4.7 Agriculture Land



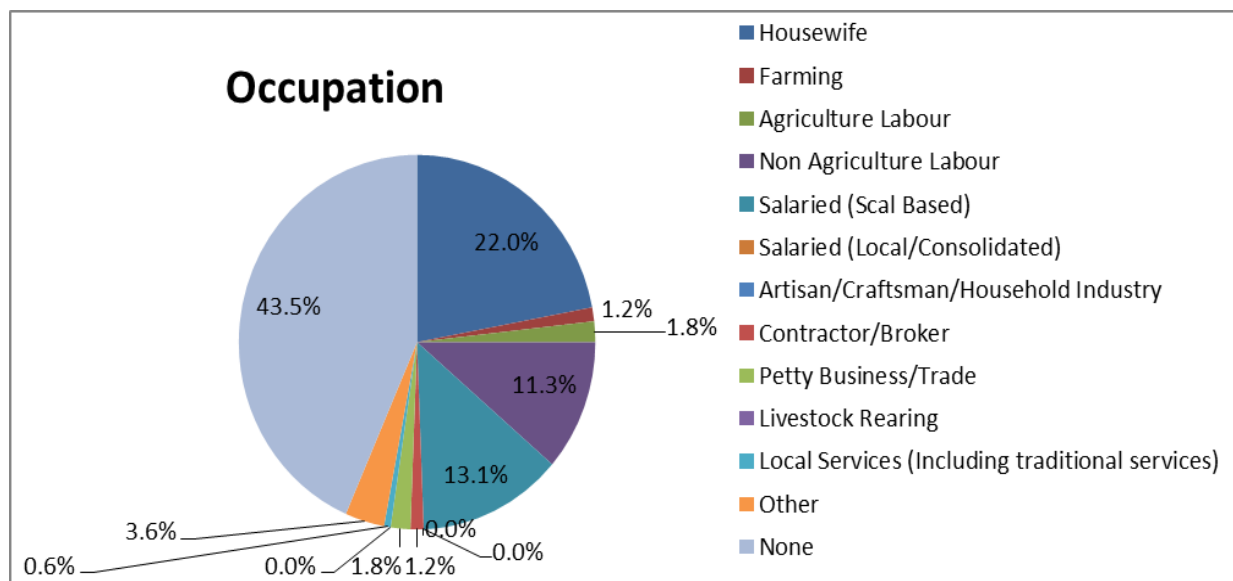
7.4.8 Public Distribution System

In Bundia only 17.5% sample households have BPL card while 15% do not have any type of ration card. Those who have ration card they all avail PDS regularly.



7.4.9 OCCUPATION

In the Bundia village 1.2% of the sample households depend on farming, 1.8% work as



agriculture labour, 11.3% of the workforce are non-agriculture labour, and 13.1% of the sample household members are salaried employee whereas around 2% are doing petty business. In addition a large number of workforce which is 43.5% said they do not work at all.

7.4.10 RECOMMENDATION:

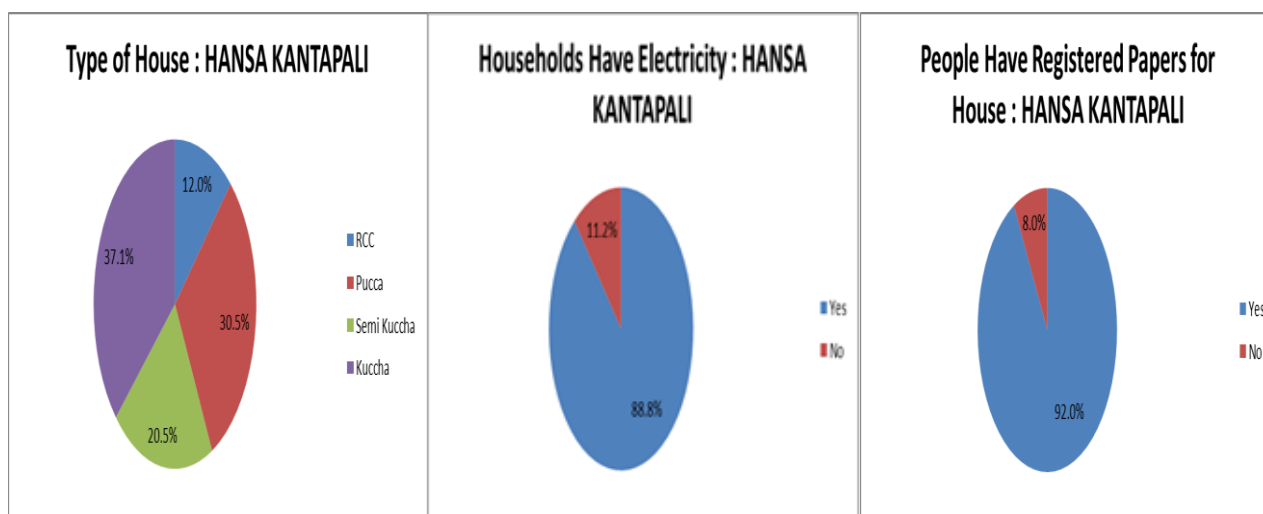
1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 70% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
4. More than 17% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

7.5 HANSA KANTAPALI

Hansa Kantapali.					
YEAR		2010			
HOUSEHOLDS		900			
POPULATION		10000			
Public/Common Tap Points 12					
HH Tap Connections 0					
Chief Crop Name		Area			
Paddy		500 acres			
Cauliflower		50 acres			
Onion		50 acres			
Land Distribution:					
Total Area	Irrigated	Non- Irrigated	Grazing	Forest	Wasteland
2000 acres	600 acres	100 Acres	50 acres	700 acres	100 acres
Facilities Available in the village					
Samaaj Mandir					
Cement/Tar road					
Grocery Shop					
Gram Panchayat Office					
Bank for S/B Account					
Heath Sub-Centre					
Veterinary Clinic					
ASHA worker					
Pre-Pri/Nursery School					
Govt. Primary School					
Govt. Secondary School					
Pvt. Secondary School					
Facilities Existing more than 5 Kms					
Higher Secondary School				Jharsuguda	
Degree College					
ITI/ Polytechnic					
Vocational training centre					
Charitable Primary					
Pvt. Primary School					
Primary Health Centre					
CHC/ Govt. Gen. Hospital					
Pvt. Clinic (RMP+)					
Pvt. Clinic (MBBS/ BAMS+)					
Medical Shop/ Chemist					
Block Development Office					
Taluk Headquarters					
District Headquarters					
Co-operative Society					
Post Office					
Railway Station					
Police Station					
Daily Market					
Bus Stop					
Facilities Existing within 5 kms.					
Public Telephone Booth				Buri Chowk	
DTP/Xerox Centre					
Weekly Market				Malidhia	
PDS Shop					
Pvt./ CSR Hospital				Behara Peta	

7.5.1 Household Status

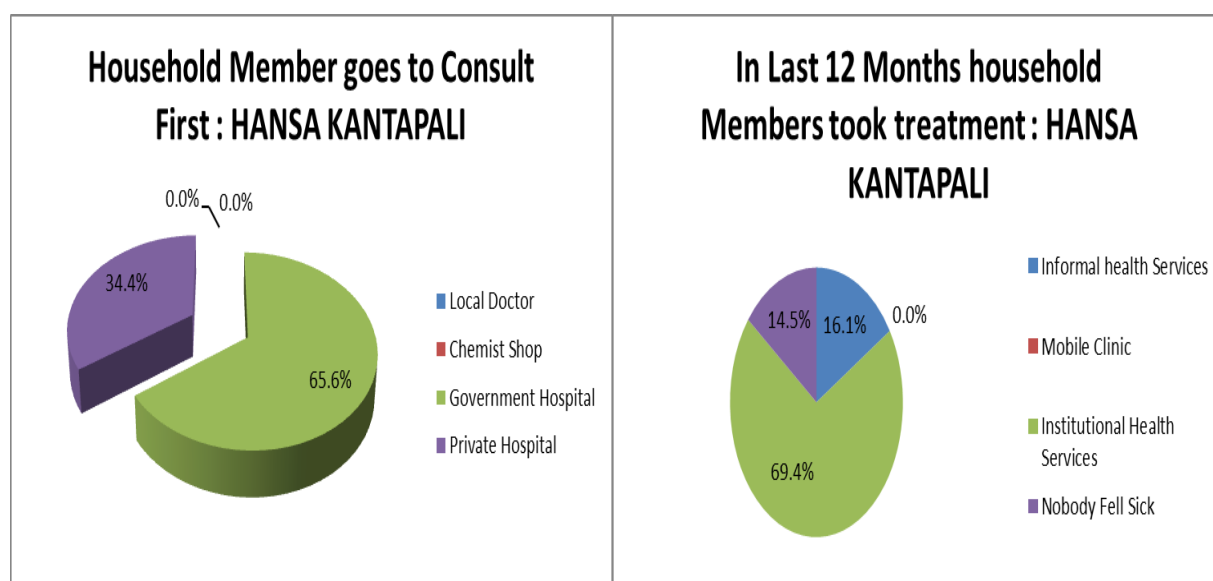
In study village around 43% of sample households have pucca or RCC houses, which is



comparatively higher than other study villages. Still 37% of the sample households are having Kuccha houses. 92% of sample households have registered paper for house and around 90% of households are electrified.

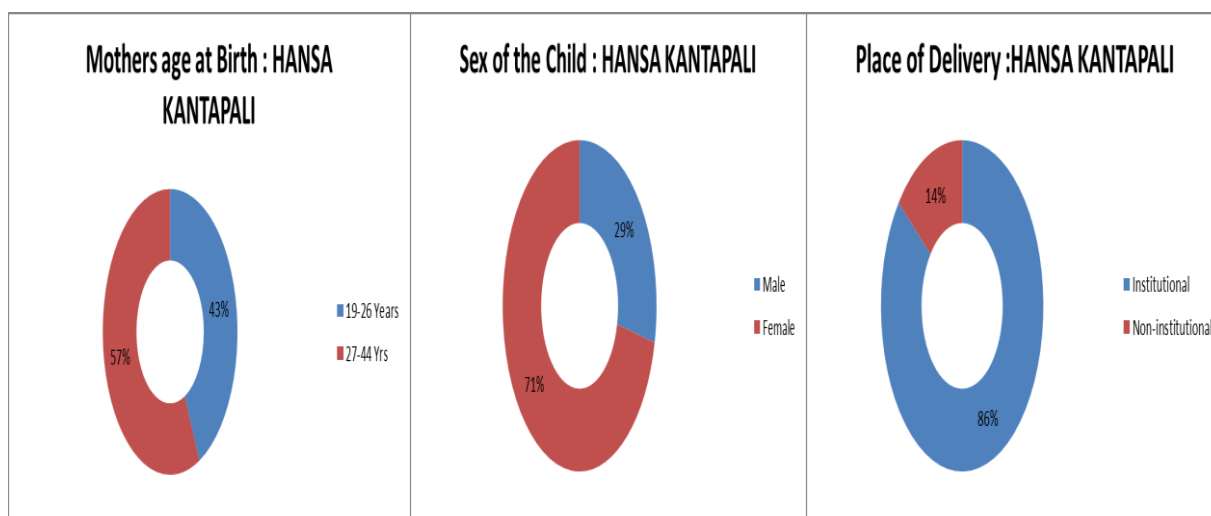
7.5.2 Health

In the Hansakantapali study village 65.6% of the sample households go to a government hospital to consult for treatment while 34.4% go to a private hospital. In last 12 months data around 70% sample household members took treatment from institutional health services.



7.5.3 Maternal Health

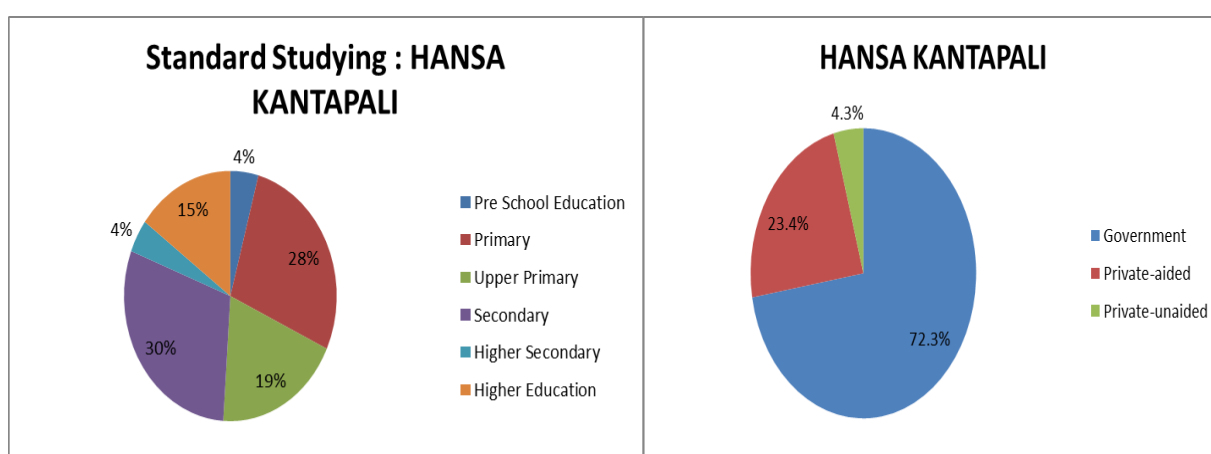
In studied village among the sample households who witnessed the birth of a child in the last



three years in their family 86% reported saying the delivery was institutional delivery while only 14% households from the same category said that delivery was non-institutional. The sex ratio among the kids of age group 0-3 years 71% are girl child and 29% are male child. Women who conceived a child in the last three years 43% of them were in the age group of 19-26 years while 57% were in the age group of 27-44 years.

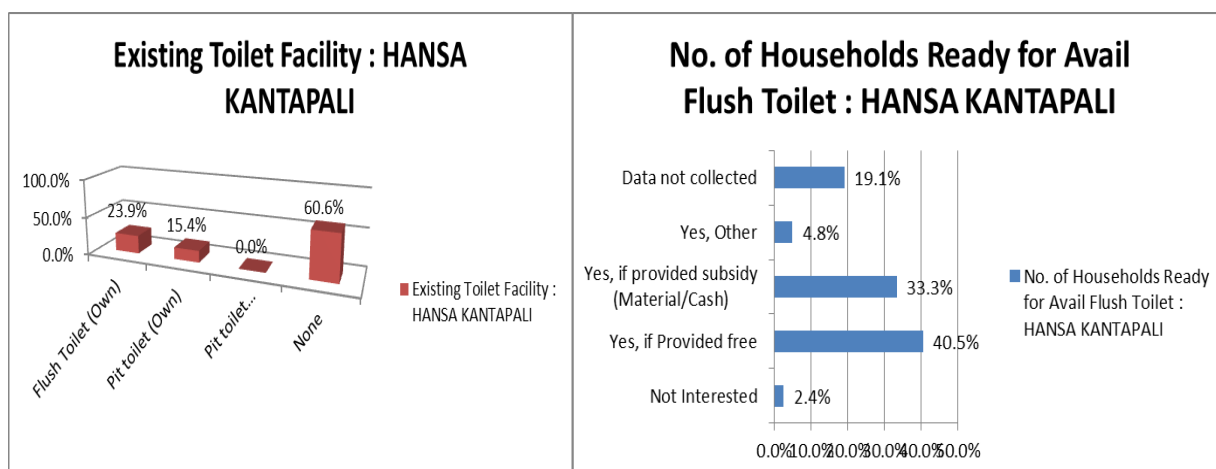
7.5.4 Education

In Hansakantapali among the sample 28% children are enrolled in primary education, 19% are in upper primary education, 30% students are studying in secondary level, and 4% are in higher



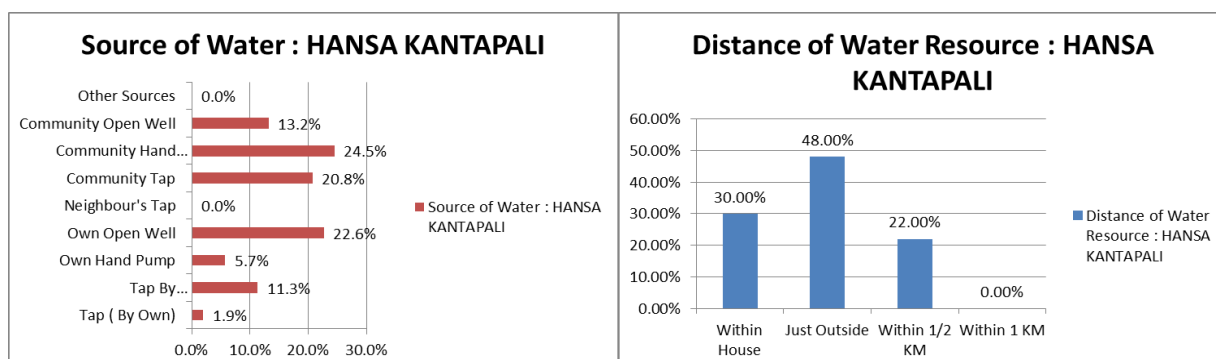
secondary level while 15% are studying in higher education. The data on enrolment reflect the awareness for education in village. 72.3% of students are in government institutions while 23.4% are in private aided and 4.3% are in private unaided institutions.

7.5.5 Sanitation



In study village 60.6% of sample households do not have toilet facilities. 33.3% of those who do not have toilet facility interested to construct if they will get the subsidy whereas 2.4% do not interested at all.

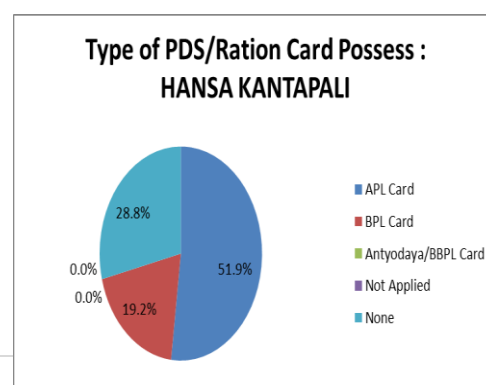
7.5.6 Water



In study village around 36% sample households fetch water from an open well, 34% depend on tap water and 30% fetch drinking water from hand pump. 30% of sample households have a water source in the premise and 48% have just outside the house while 22% have within half km.

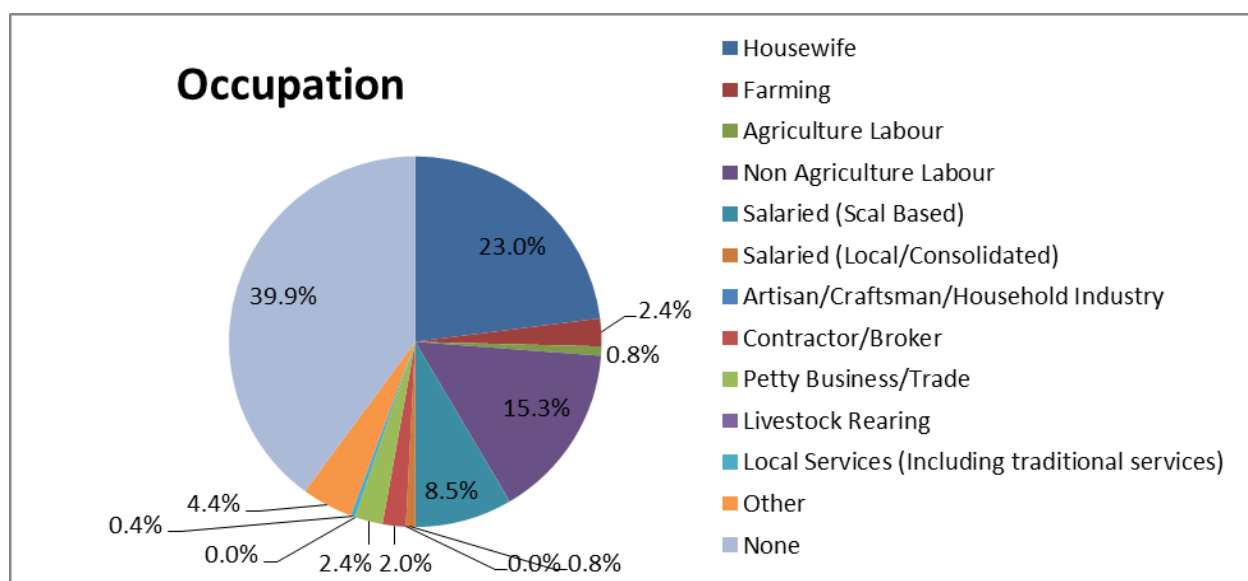
7.5.7 Public Distribution System

In Hansa Kantapali 19.2% have BPL card whereas 28.8 do not have any type of ration card. Those who have ration card they all avail PDS regularly.



7.5.8 OCCUPATION

Among the sample household members 2.4% are depending on farming for livelihood, 0.8% is agriculture labour, 15.3% are non-agricultural labour, and 9.3% of the workforce are salaried employee either in government or private sector whereas 2.4% are doing petty business for livelihood. 40% of the sample household members said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is



none.

7.5.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. More than 60% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Among the deliveries more than 14% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
4. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
5. More than 11% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

7.6CHINIGRIGUDA

FLOOD PRONENESS	Nil
ALKALINITY	Nil
WATER LOGGING	Half
SOIL EROSION	Nil
DROUGHT PRONENESS	Half

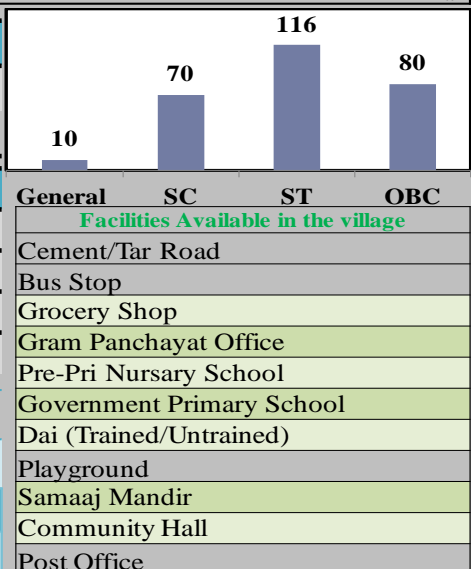
YEAR	2011
HOUSEHOLDS	620
POPULATION	3200

Forest Produce	
Coal Collection	Yes
Fruit/Nuts/Leaves	Yes
Cultivation	Yes
Coal Collection	Yes

Public/Common Tap Points	63
HH Tap Connections	70
Chief Crop Name	Area
Paddy	200 Acres

Land Distribution (In Acre)					
Total Area	Irrigated	Non-Irrigated	Grazing	Forest	Wasteland
2000	00	500	10	100	50

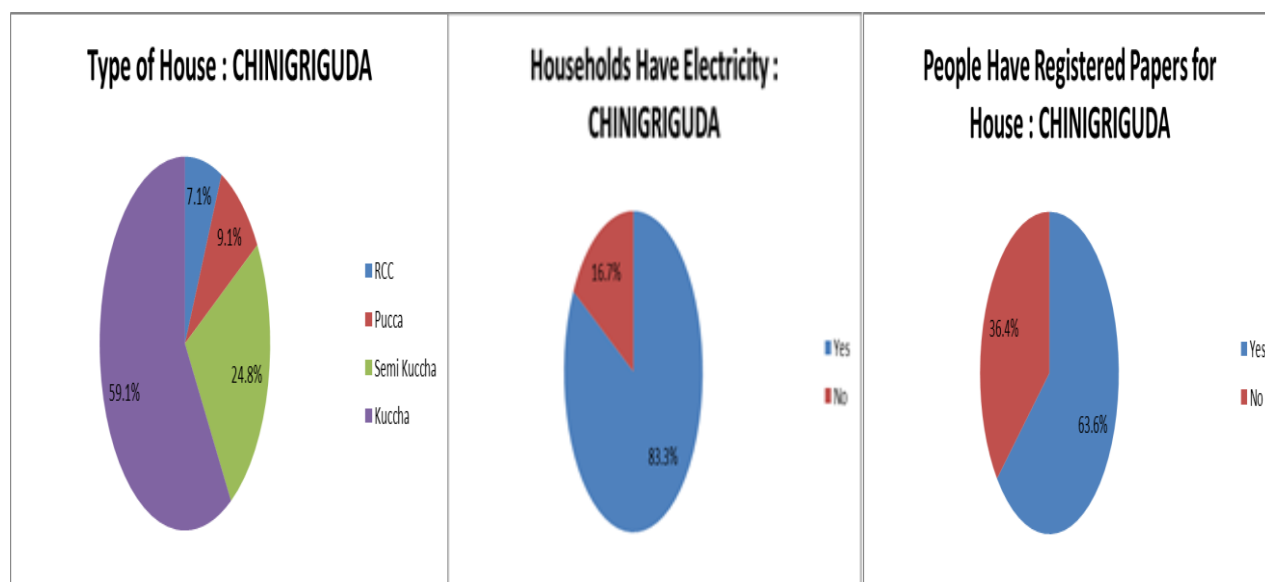
Migration Pattern	
Within the state (Non-Agricultural Labour)	Yes
Outside state (Non-Agri Labour)	Yes



More than 5 Kms	
Public Telephone Booth	Belpahar
Railway Station	
Cooperative Society	
Bank for S/B Account	
Charitable Primary School	
Pvt Primary School	
Higher SEC School	
Degree College	
ITI/Polytechnic	
Vocational Training Centre	
Pvt Clinic	lakhon Pur
Private Hospital	
Veterinary Clinic	
Medical Shop/Chemist	
Police Station	
Block Development Office	
Taluk Headquarters	Jharsuguda
CHC/Government Hospital	
Health Sub Centre	
District Headquarters	
Facilities Existing within 5 kms.	
Daily/Evening Market	Kudaloi
Weekly Market	
PDS Shop	
DTP/Xerox Centre	
ASHA Worker	
Government Secondary Charitable School	Bonjari
Primary Health Ccentre	

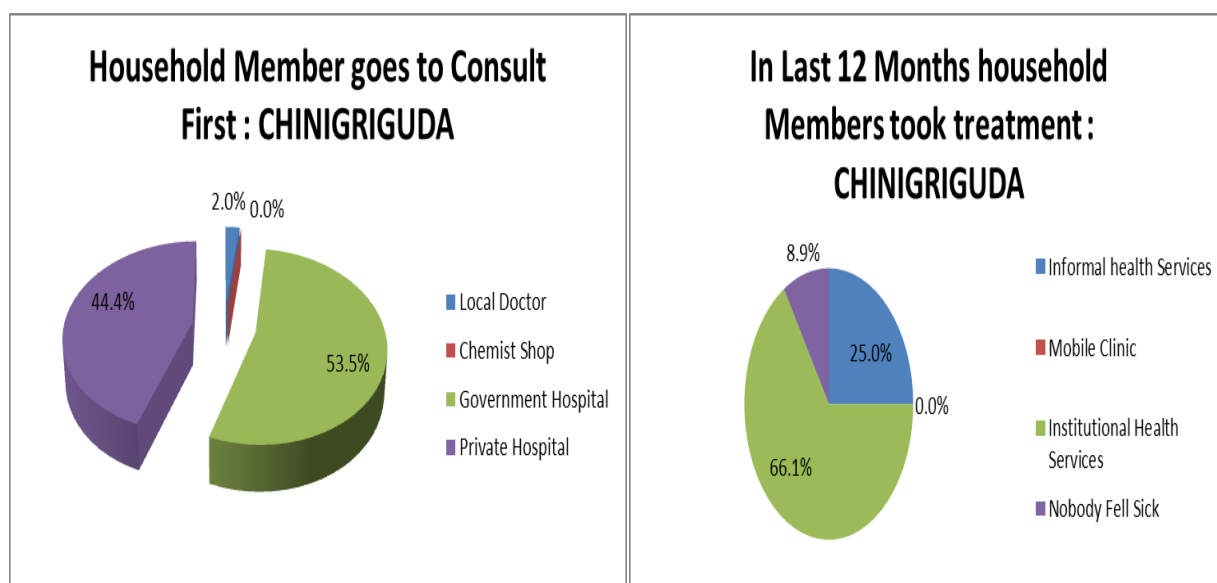
7.6.1 Household Status

In Chinigriguda village 60% sample households have kuccha house while 16.2% have RCC or pucca houses. 63.6% of sample households have registered papers for a house and 83.3% of houses are electrified.



7.6.2 Health

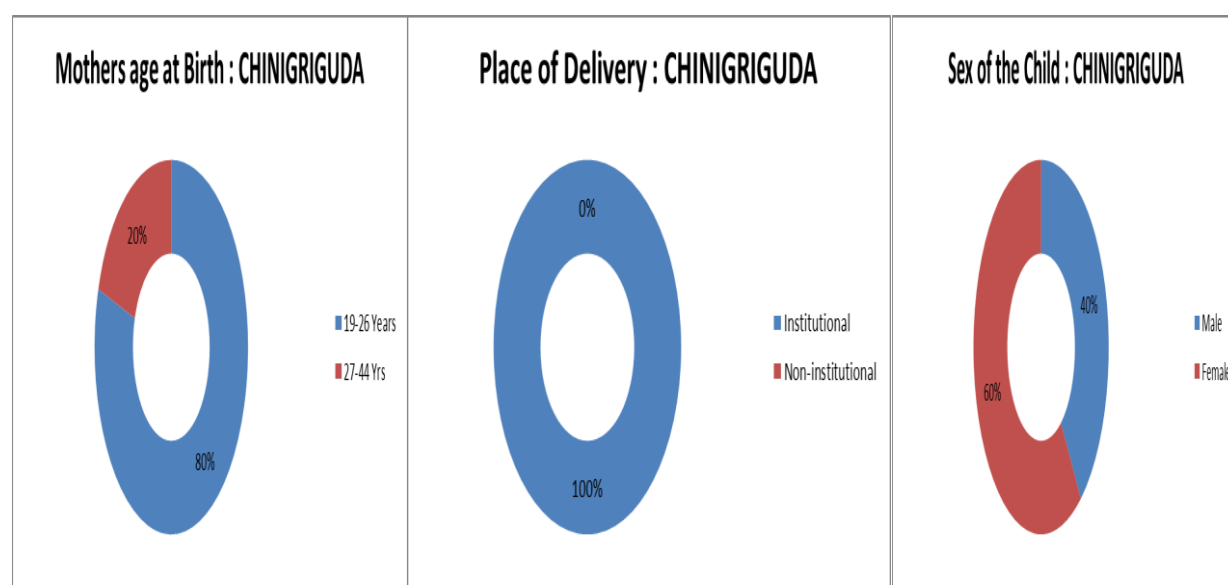
In study village 53.3% of sample households go to government hospital and 44.4% go to private hospital to consult for treatment. In last 12 months 66% households took treatment



from an institutional health service provider while one fourth member took treatment from informal health service provider like chemist shop, traditional doctor.

7.6.3 Maternal Health

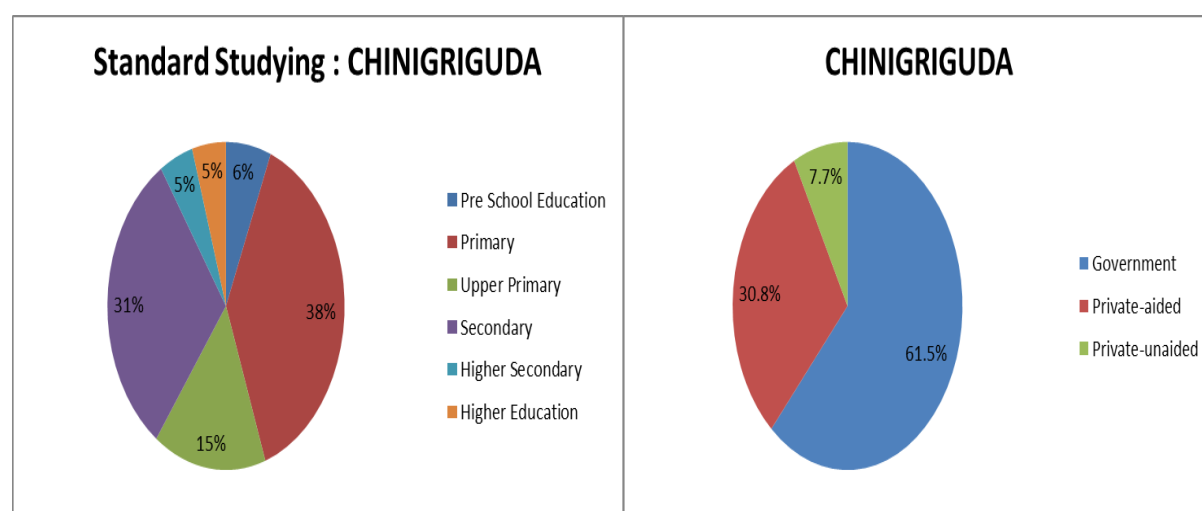
In the Chingriguda village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 60% are girl child and 40% are male child. Women who conceived a child in the last three years 80% of them were in the age group of 19-



26 years while 20% were in the age group of 27-44 years.

7.6.4 Education

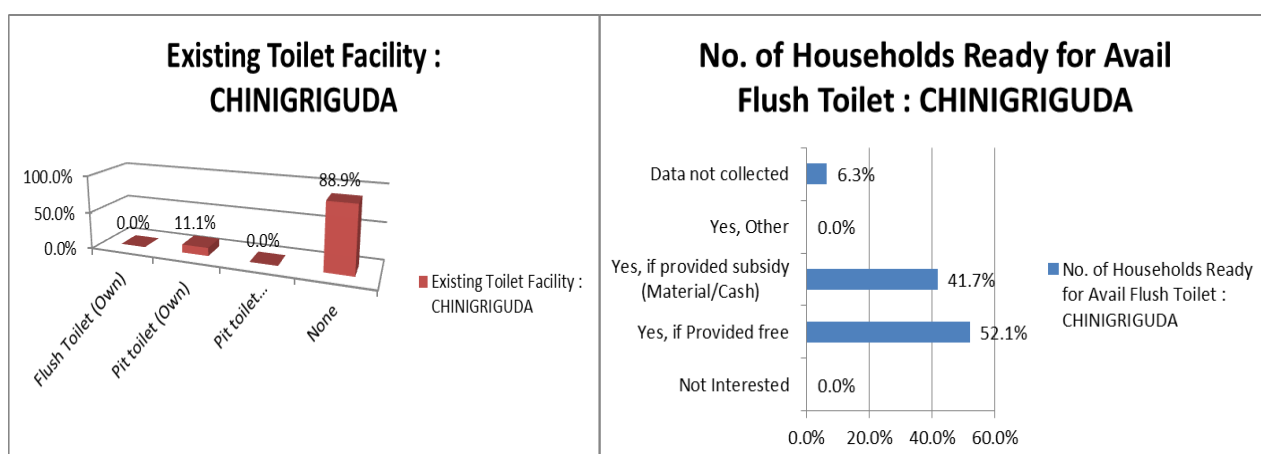
In the Chingriguda village among the sample households 38% children enrolled in primary schools, 15% are in upper primary school, 31% students are studying in secondary education while 5% each are in higher secondary and higher education. Enrolment data of standard



studying in different level shows the level of awareness for education in the village. 61.5% of students are studying in government institutions 30.8% are in private aided institutions while the rest of the 7.7% are studying in private unaided institutions.

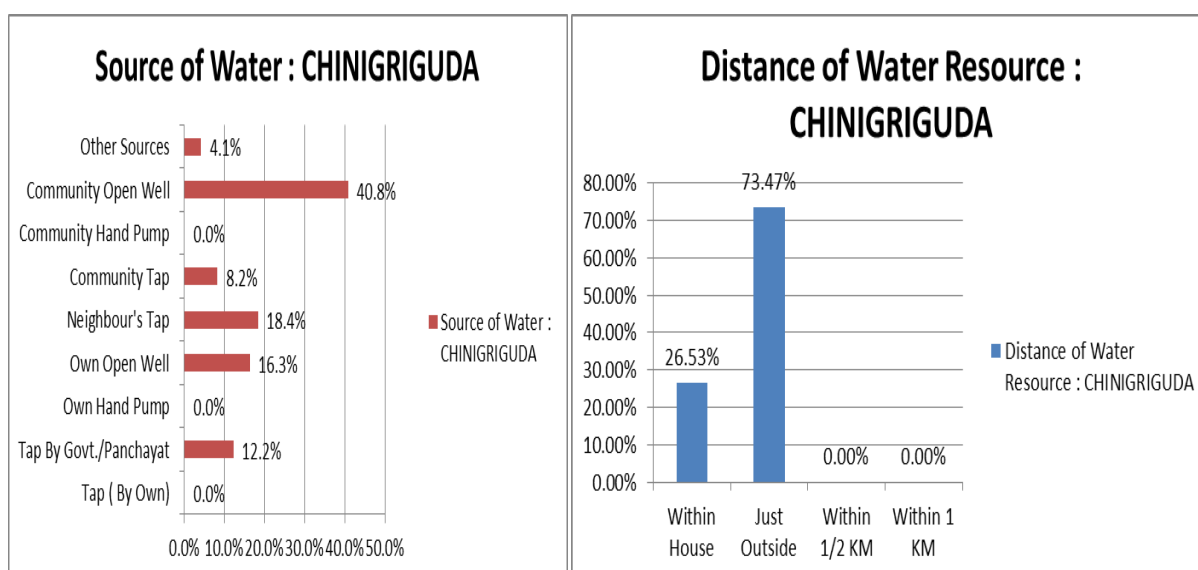
7.6.5 Sanitation

In study village 88.9% sample households do not have toilet facilities. Those who do not have toilet facility 41.7 % of them said they are interested if they will get the subsidy.



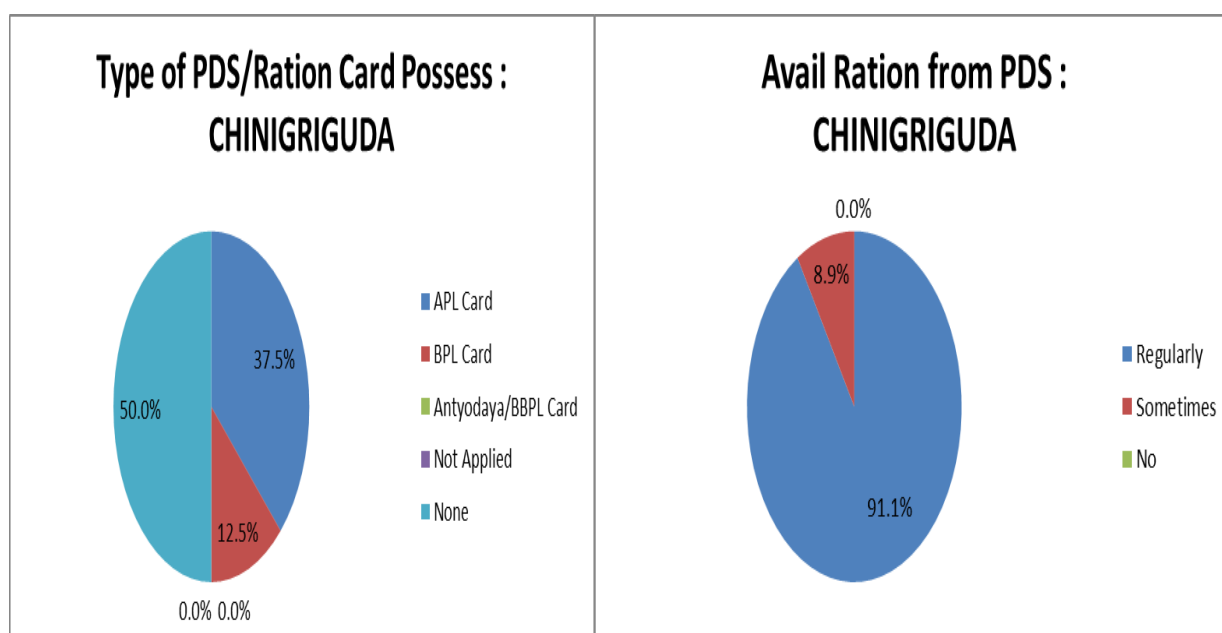
7.6.6 Water

In Chingriguda around 57% of sample households fetch drinking water from open well 40% depending on tap water. One fourth of sample households have a water source in premise while three fourth have just outside house.



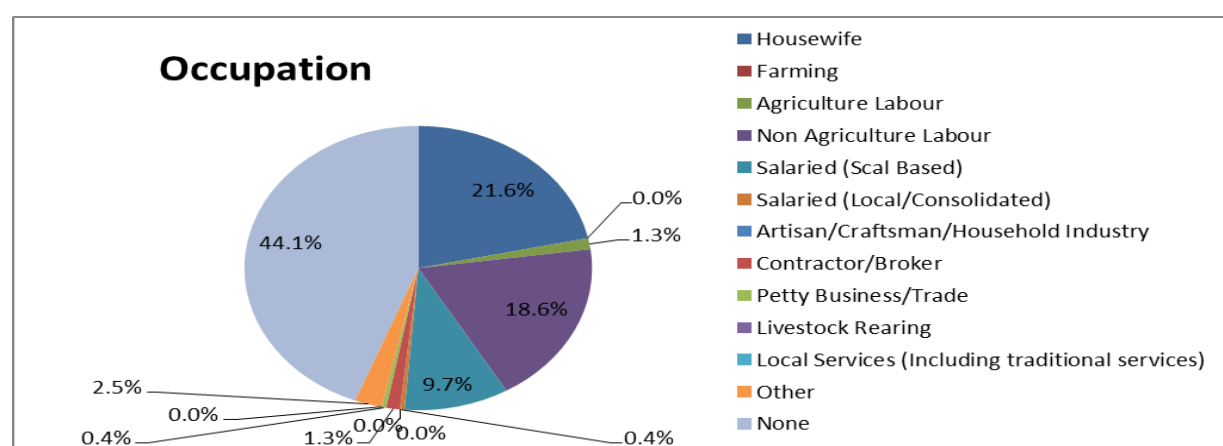
7.6.7 Public Distribution System

In study village half of the sample households do not have any kind of ration cards while



12.5% have BPL card. Those who have ration card 91% of them avail PDS regularly.

7.6.7 OCCUPATION



Among the sample household members 1.3% is agriculture labour, 18.6% are non-agricultural labour, and 10% of the workforces are salaried employee either in government or private sector whereas 0.4% is doing petty business for livelihood. 44% of the sample household members said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none. If we count housewives and those who do not work at all it is 65.7% of the total workforce which is clearly indicates the problem of unemployment or lack of livelihood opportunity in village.

7.6.8 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 89% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
4. More than 17% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

7.7 KUDALOI

YEAR	2011
HOUSEHOLDS	620
POPULATION	3200

Forest Produce

Firewood	Yes
Cultivation	Yes
Coal Collection	Yes
Fruit/Nuts/Leaves	Yes

Public/Common Tap Points 63

HH Tap Connections

70

RELIGION House holds

HINDU	412
MUSLIM	8
Christian	200

Chief Crop Name	Area
Paddy	200 acres
Potato	100 acres

Land Distribution:

Total Area	Non- Irrigated	Forest	Wasteland	Grazing
2000 acres	500 Acres	100 acres	50 acres	10 acres

Kudolai.

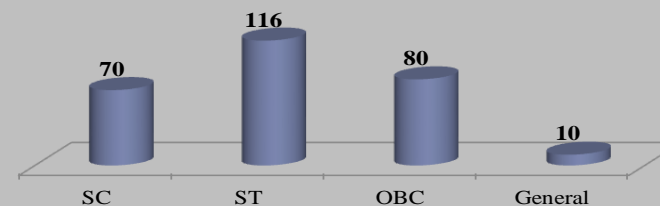
Facilities Existing within 5 kms.

Primary Health Centre	Bonjari
Govt. Secondary School	

Facilities Available in the village

Playground
Samaaj Mandir
Cement/Tar road
Bus Stop
Daily Market
Weekly Market
PDS Shop
Grocery Shop
DTP/Xerox Centre
Post Office
ASHA worker
Pre-Pri/Nursery School
Govt. Primary School

Households

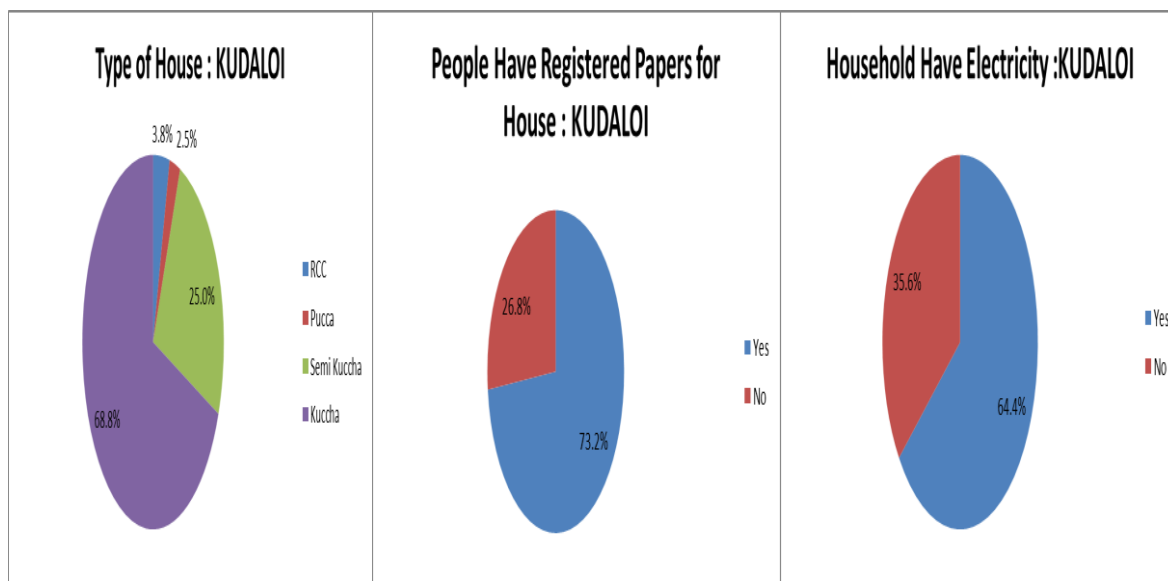


Facilities Existing more than 5 Kms

Pvt. Secondary School	Belapur
Higher Secondary School	
Degree College	
ITI/ Polytechnic	
Vocational training centre	
Charitable Primary	
Pvt. Primary School	
Veterinary Clinic	
Medical Shop/ Chemist	
Pvt. Clinic (RMP+)	
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	
Co-operative Society	
Bank for S/B Account	
Railway Station	Lakhanpur
Public Telephone Booth	
Block Development Office	
Taluk Headquarters	
Police Station	Jharsuguda
CHC/ Govt. Gen. Hospital	
Heath Sub-Centre	
District Headquarters	

7.7.1 Household Status

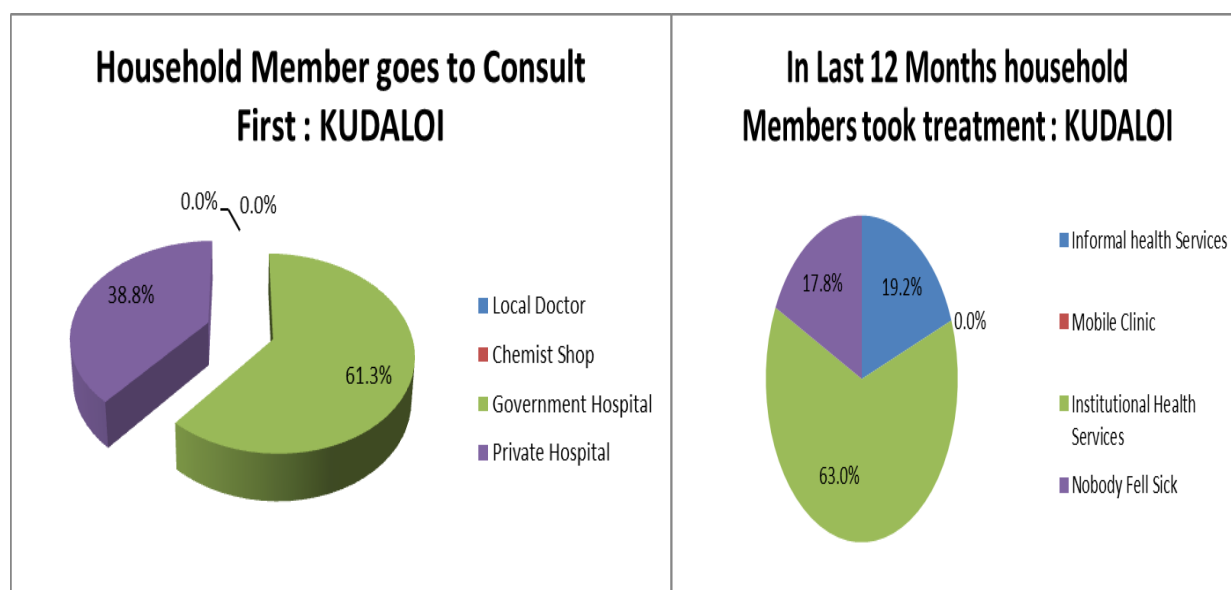
In the Kudaloi village around 70% sample households are resides in Kuccha house while only



6.3% of households reside in RCC or pucca house. Around three fourth of sample households have registered papers for a house and 64.4% of sample households are electrified.

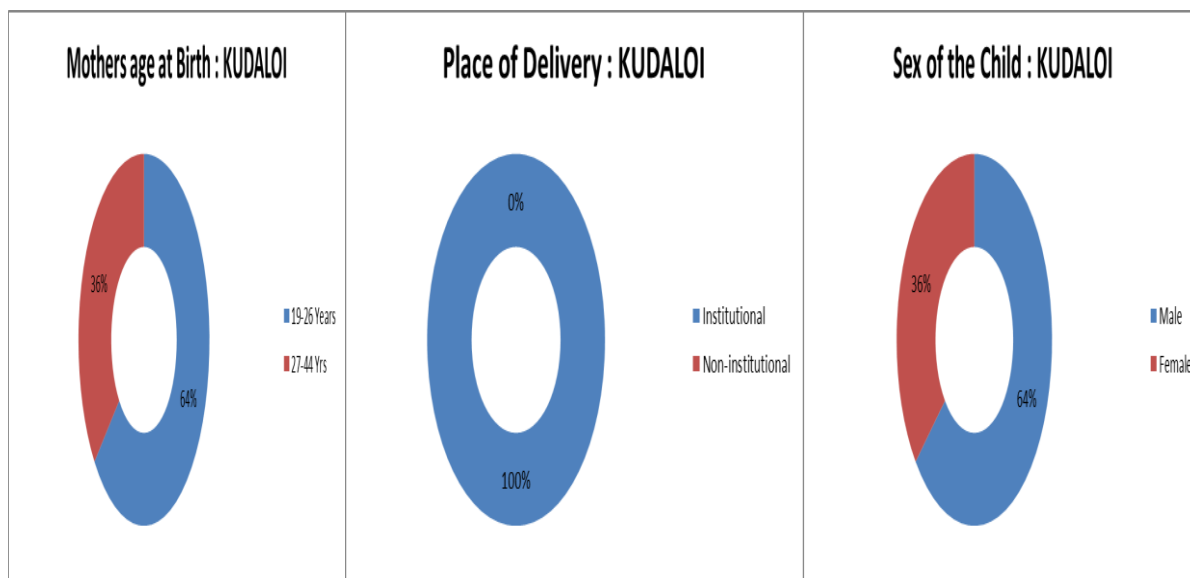
7.7.2 Health

In study area 61.3% sample households go to the government hospital for treatment. In last 12 months 63% of sample households took treatment from institutional health service provide while 19.2% took treatment from an informal health service provider like chemist shop.



7.7.3 Maternal Health

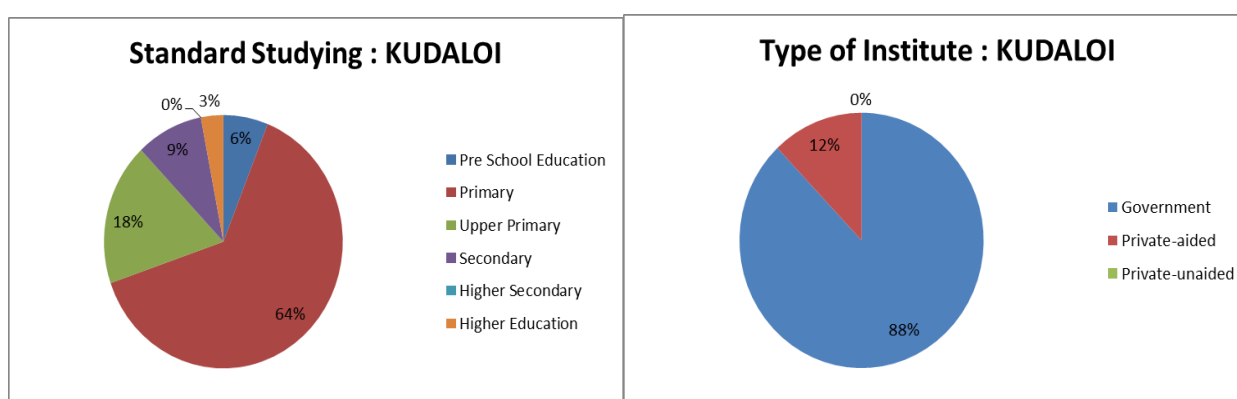
In studying village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 36% are girl child and 64% are male child.



Women who conceived a child in the last three years 64% of them were in the age group of 19-26 years while 36% were in the age group of 27-44 years.

7.7.4 Education

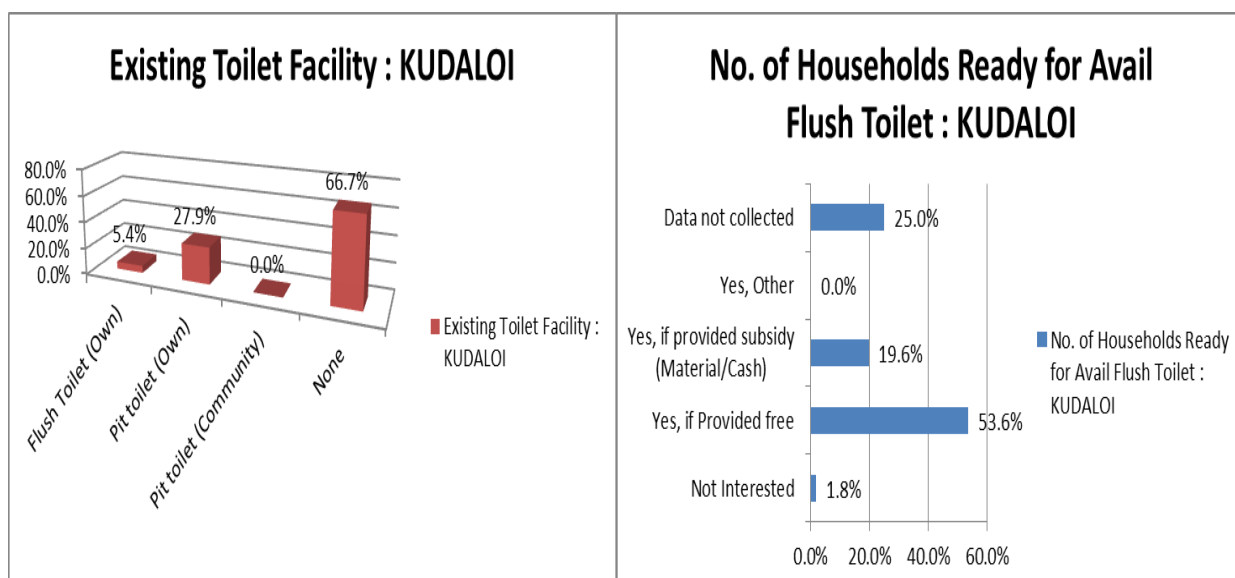
In Kudaloi among the sample household 64% children are enrolled in primary schools, 18% are in upper primary school. 9% students are studying in the secondary level and only 3% are in higher education while no one studying in higher secondary education. Enrolment data of



primary education reflect an awareness for education in new generation. 88% of students are studying in government institutions while 12% are in private aided institutions.

7.7.5 Sanitation

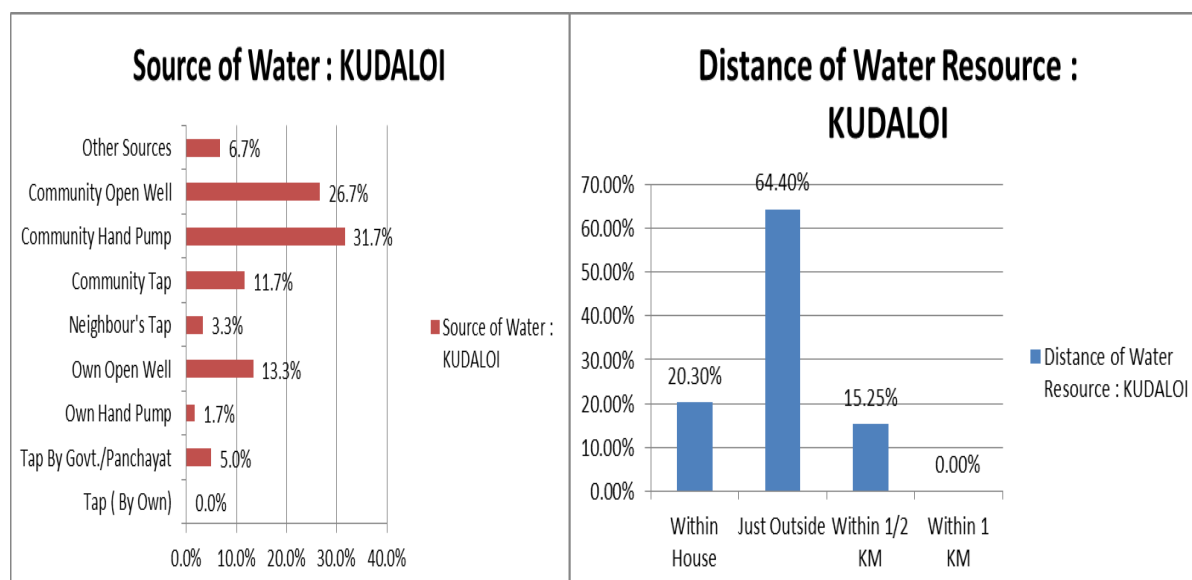
In Kudaloi village 66.7% households do not have toilet facility at all. Among those who do not have toilet facility around 20% are interested to construct flush toilets if they will get subsidy



and 53.6% want free of cost construction while 1% is not interested to construct toilet.

7.7.6 Water

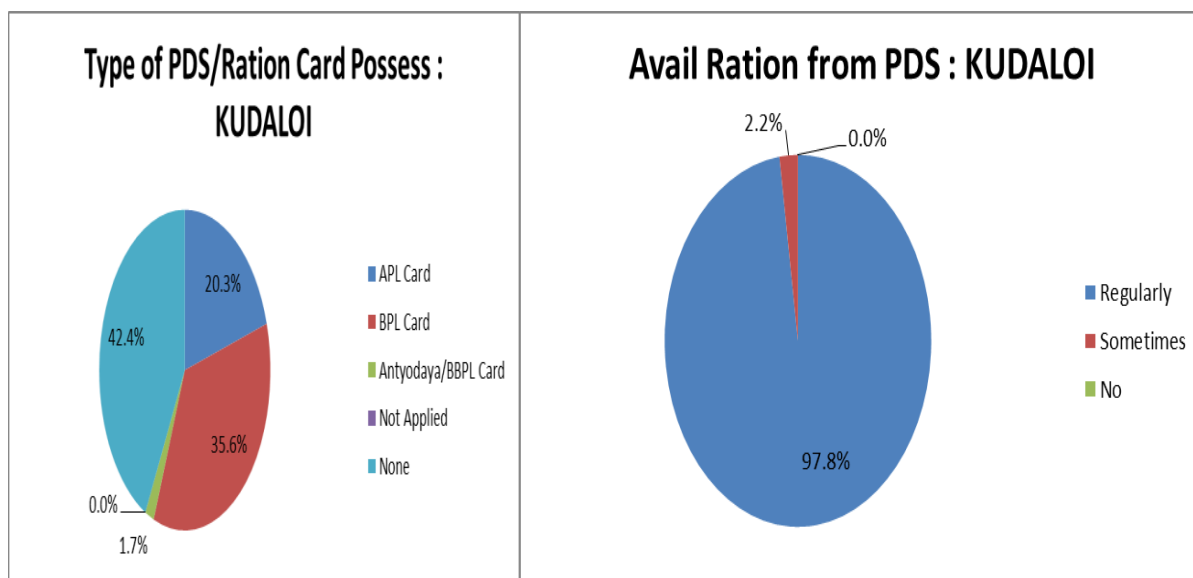
In study village 40% of sample households fetch water open well followed by 33.4% depends on hand pump while 20% use tap water for drinking. 20.30% of sample households have a water source in premise only and 64.4% have just outside of the house whereas around 15%



have a water source within half km. of distance.

7.7.7 Public Distribution System

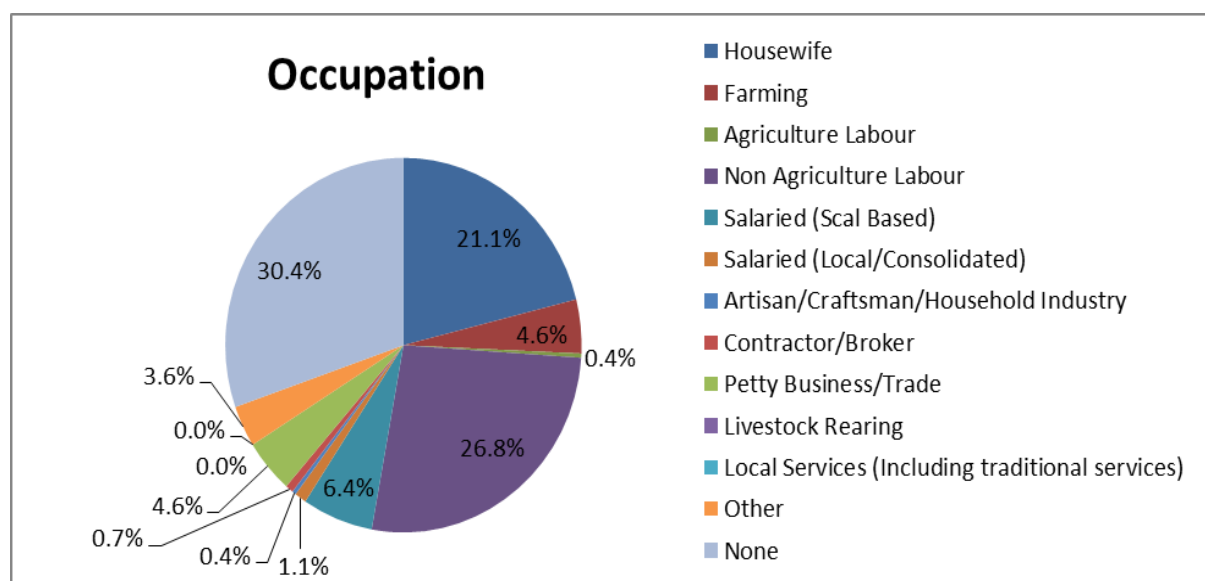
In the Kudaloi village around 43% of sample households do not have any type of ration card following by 35.6% have BPL card and only 1.7% have an Antyodaya or BBPL card. Those



who have any type of ration card 97.8% of them avail PDS regularly.

7.7.8 OCCUPATION

Among the sample household members in Kudaloi village 4.6% depending on farming for a livelihood, 26.8% of the workforces are non-agricultural labour, 7.5% are salaried employee either in government or private sector whereas 4.6% of the sample household members are doing petty business for livelihood. 30.4% of the sample household members said that they do not work at all however; it also includes women who instead of saying housewives said that



their primary Occupation is none. If we count housewives and those who do not work at all it is half of the total workforce which clearly indicates the problem of unemployment or lack of livelihood opportunity in village.

7.7.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 67% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
4. More than 35% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or can work on the issues of electricity.

7.8 KHADAMA

YEAR	2011
HOUSEHOLDS	221
POPULATION	1575

Forest Produce	
Firewood	Yes
Coal Collection	Yes
Fruit/Nuts/Leaves	Yes

Public/Common Tap Points 06

HH Tap Connections
0

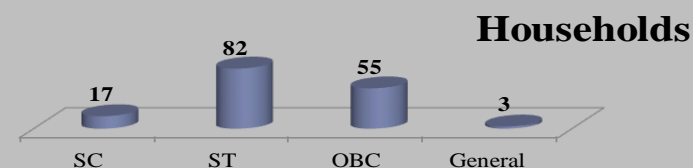
Chief Crop Name	Area
Paddy	400 acres
Potato	50 acres
Tomato	50 acres
Badam/Cauliflower	60 acres.

Land Distribution:			
Total Area	Irrigated	Non- Irrigated	Forest
1500 acres	900 acres	100 Acres	50

Khadama.

RELIGION	House holds
HINDU	217
MUSLIM	4

Facilities Existing within 5 kms.	
Daily Market	Sundargarh
Weekly Market	
DTP/Xerox Centre	
Post Office	
Police Station	
Bank for S/B Account	Belpahar
Medical Shop/ Chemist	
Pvt. Primary School	
Govt. Secondary School	
Pre-Pri/Nursery School	
Heath Sub-Centre	Sunandramala
Gram Panchayat Office	
Co-operative Society	

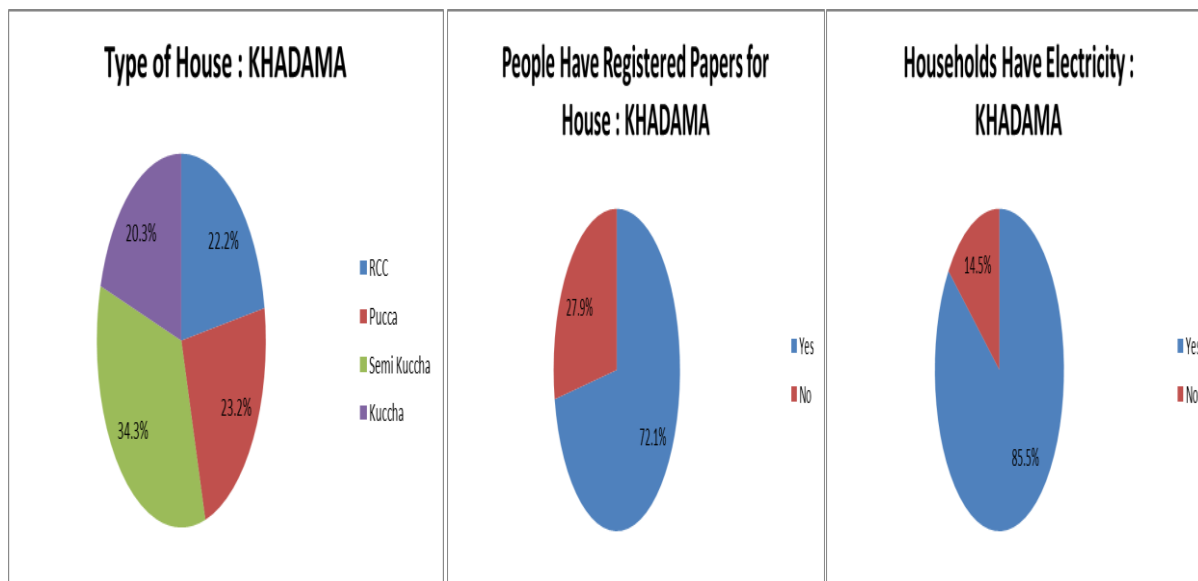


Facilities Existing more than 5 Kms	
Block Development Office	Gopalpur
Taluk Headquarters	
District Headquarters	
Railway Station	Tikilpada
Pvt. Secondary School	
Higher Secondary School	
Degree College	
Vocational training centre	Dalipally
Primary Health Centre	
CHC/ Govt. Gen. Hospital	
Veterinary Clinic	Tharmala
Pvt. Clinic (RMP+)	
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	

Facilities Available in the village	
Samaaj Mandir	
Cement/Tar road	
Bus Stop	
Public Telephone Booth	
PDS Shop	
Grocery Shop	
ASHA worker	
Govt. Primary School	

7.8.1 Household Status

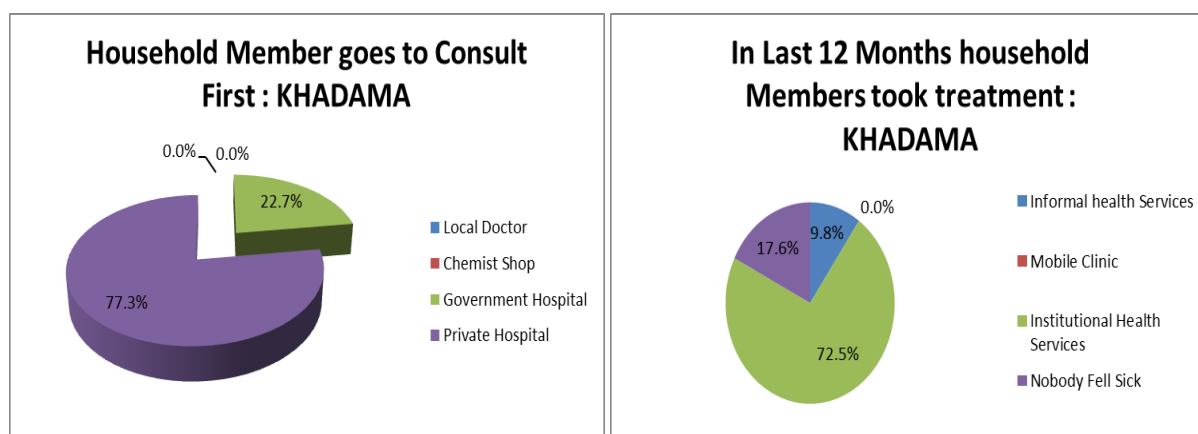
In Khadama study village 20.3% of sample households reside in kuccha house whereas 45.4%



reside in RCC or pucca house. 72.1% of sample households have registered papers for house and 85.5% of houses are electrified.

7.8.2 Health

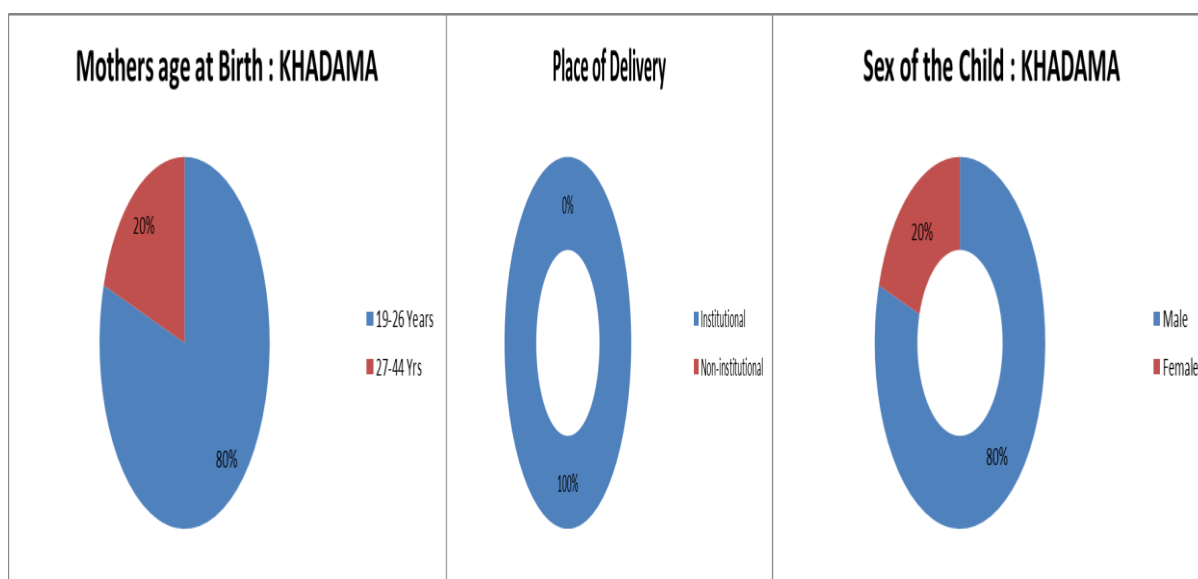
In the studied village three fourth of sample households go to private hospital for treatment while one fourth go to a government hospital. In last 12 months around three fourth of the



population took treatment from an institutional health service provider while 9.8% took treatment from informal sources.

7.8.3 Maternal Health

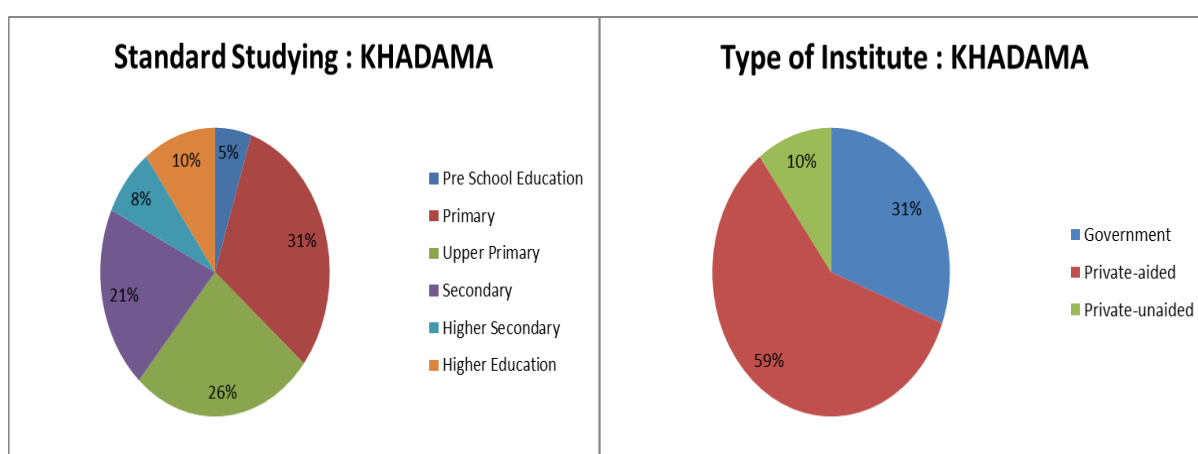
In the Khadama village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 80% are girl child and 20% are male child.



Women who conceived a child in the last three years 80% of them were in the age group of 19-26 years while 20% were in the age group of 27-44 years.

7.8.4 Education

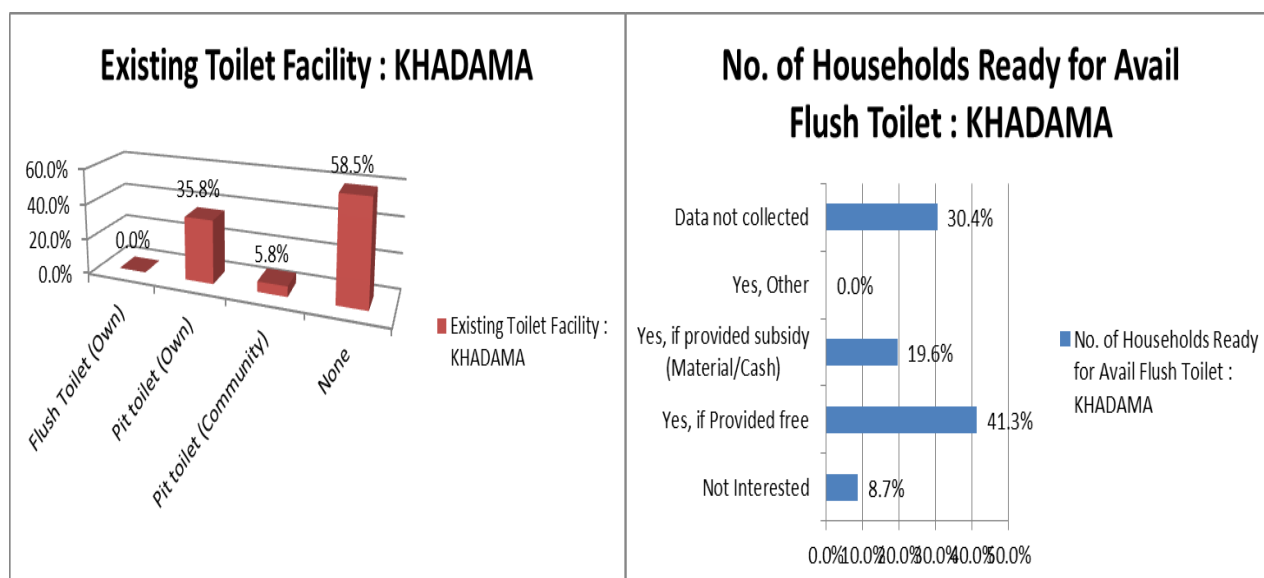
In Khadama among the sample households 31% children are enrolled in primary standard and 26% are in upper primary standard, 29% students are studying in secondary and higher



secondary standard while 10% are enrolled in higher education. Data on standard studying reflects the awareness for education in studying village. 31% students are studying in government institutions and 59% are in private aided-institutions while the rest of the 10% are private unaided institutions. Around 60% of students are in private aided institutions which show the contributions of aided institutions for educational awareness.

7,8,5 Sanitation

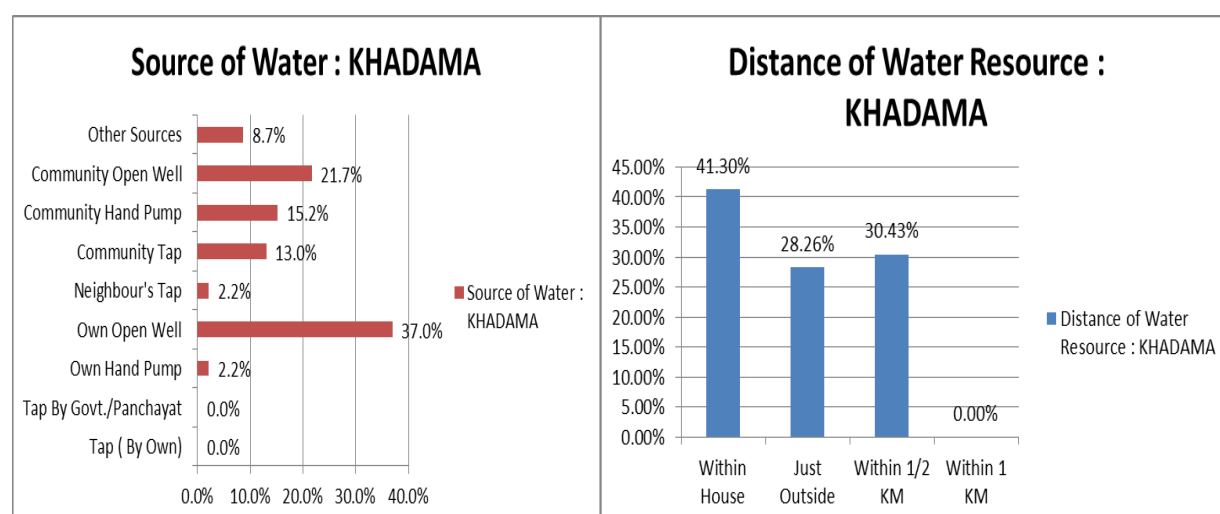
In khadama 58.8% of sample households do not have a toilet facility although 45% of households are RCC or Pucca house. Those who do not have toilets around 20% of them said they are interested to construct flush toilet if get subsidy whereas around 9% of sample



households are not interested to construct toilet.

7.8.6 Water

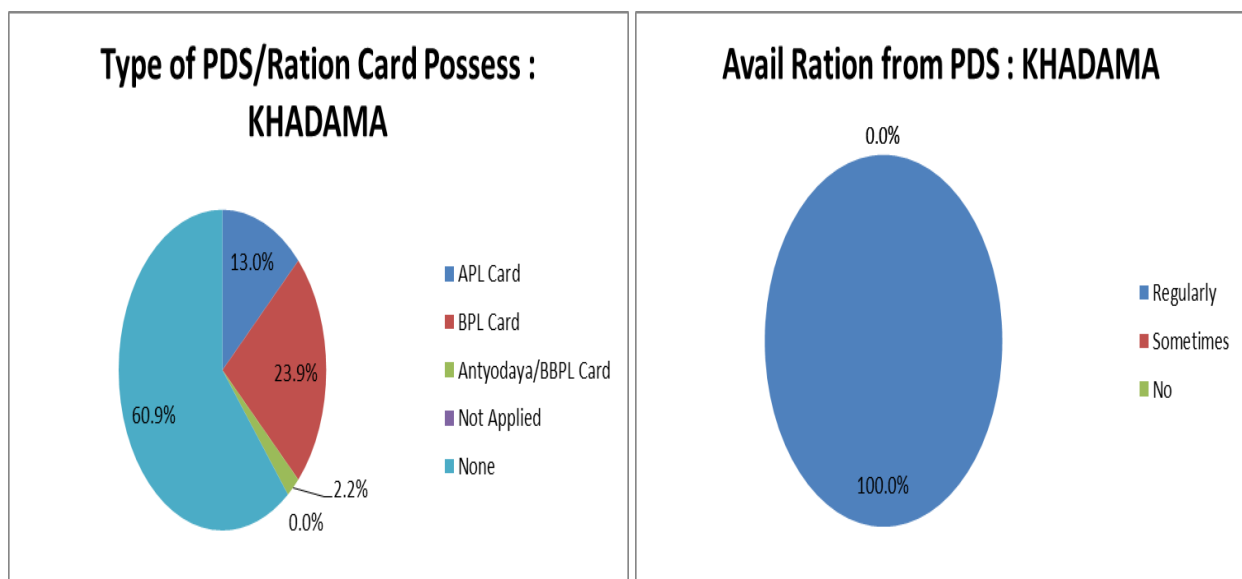
In Khadama 58.7% of sample households fetch drinking water from open well and 17.45 depends on hand pump for drinking water whereas only 2.2% of sample households have access of tap water. 41.3% of sample households have a water source in premise and 28.26% have water source just outside house while 30.43% of population need to go around half km. to



fetch water.

7.8.7 Public Distribution System

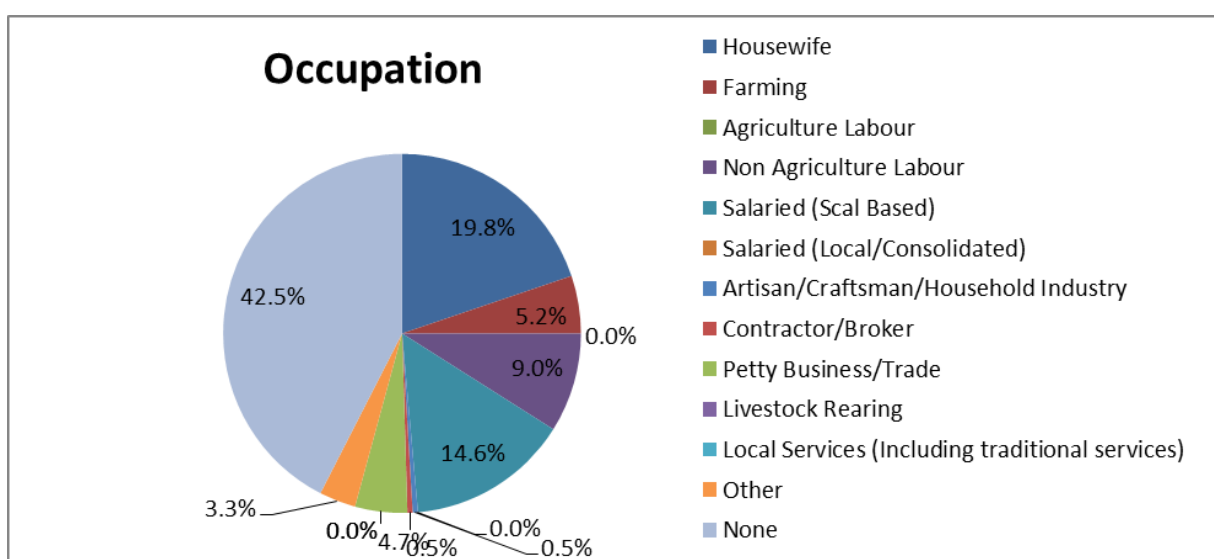
In study village 61% of households do not have any type of ration card which shows the poor functioning public distribution system. One fourth of sample households have BPL, BBPL or



Antyodaya card.

7.8.8 OCCUPATION

Among the sample household members 5.2% depending on farming for a livelihood, 9% work as non-agricultural labour, and 15% are salaried employee either in government or private sector whereas 4.7% are doing petty business for livelihood. 42.5% of the sample household members said that they do not work at all however it includes women who instead of saying housewives said that their primary Occupation is none.



7.8.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 8460% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
4. More than 15% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or can work on issue of electricity.

7.9 MUCHBAHAL

YEAR	2011
HOUSEHOLDS	153
POPULATION	1133

Muchbahal

Forest Produce	
Firewood	Yes
Fruits/Nuts/Leaves	Yes

RELIGION	House holds
HINDU	135
CHRISTIAN	18

Public/Common Tap Points 0

HH Tap Connections 54

Chief Crop Name	Area
Paddy	150 acres
Vegetable	20 acres

Facilities Existing more than 5 Kms

Block Development Office	Lakhanpur
Taluk Headquarters	
District Headquarters	
Warehouse	Jharsuguda
APMC/ Mandi	
Primary Health Centre	Kaliakani

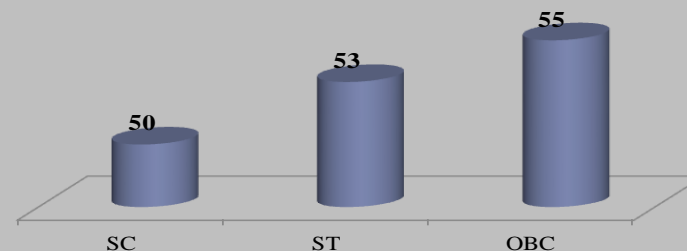
Facilities Available in the village

Playground
Samaaj Mandir
Cement/Tar road
Bus Stop
PDS Shop
Grocery Shop
ASHA worker
Pre-Pri/Nursery School
Govt. Primary School

Land Distribution:

Total Area	Irrigated	Forest	WasteLand
77 acres	8 acres	17 acres	12 acres

Households

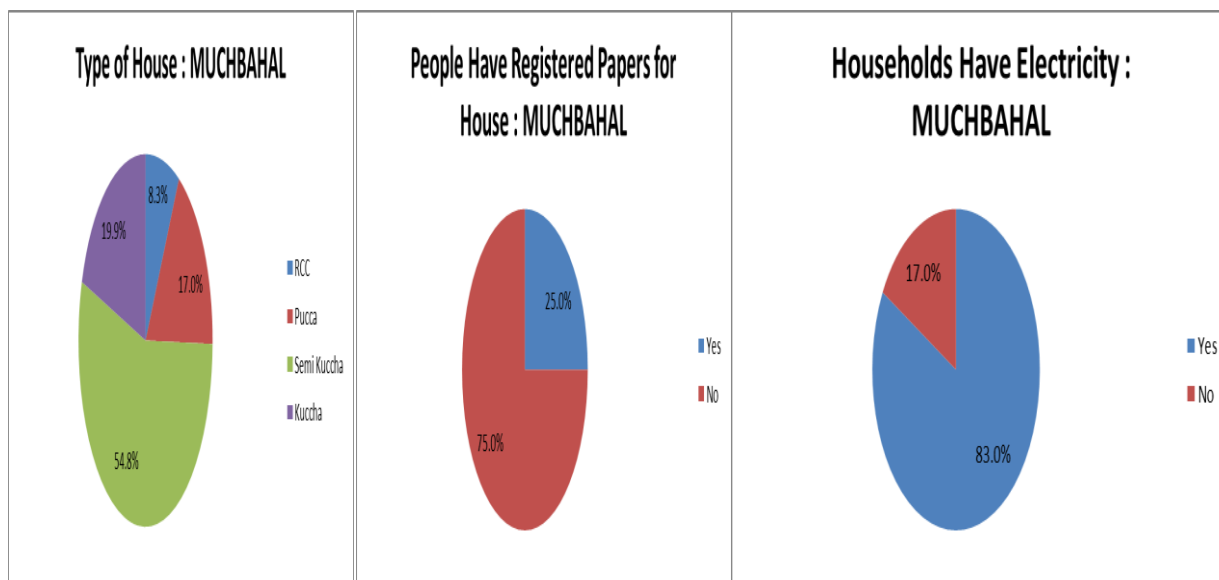


Facilities Existing within 5 kms.

Veterinary Clinic	Belpahar
Medical Shop/ Chemist	
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	
CHC/ Govt. Gen. Hospital	
Railway Station	
Police Station	
Gram Panchayat Office	
Co-operative Society	
Bank for S/B Account	
Public Telephone Booth	Gumadera
Pvt. Secondary School	
Higher Secondary School	
Degree College	
Vocational training centre	
Pvt. Primary School	
Veterinary Clinic	
Medical Shop/ Chemist	
Daily Market	
Weekly Market	Jamkani
DTP/Xerox Centre	
Heath Sub-Centre	
Govt. Secondary School	
Charitable Primary	Naupada

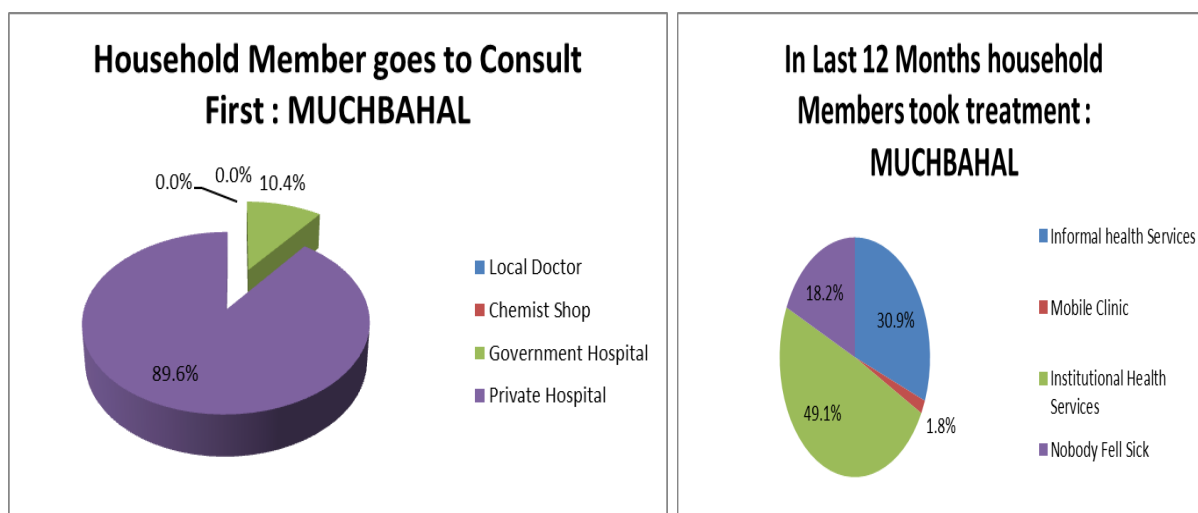
7.9.1 Household Status

In Muchbahal 20% sample households have kuccha house while one fourth of sample households have RCC or Pucca house. Only one fourth of sample households have registered papers while 83% of households have electricity.



7.9.2 Health

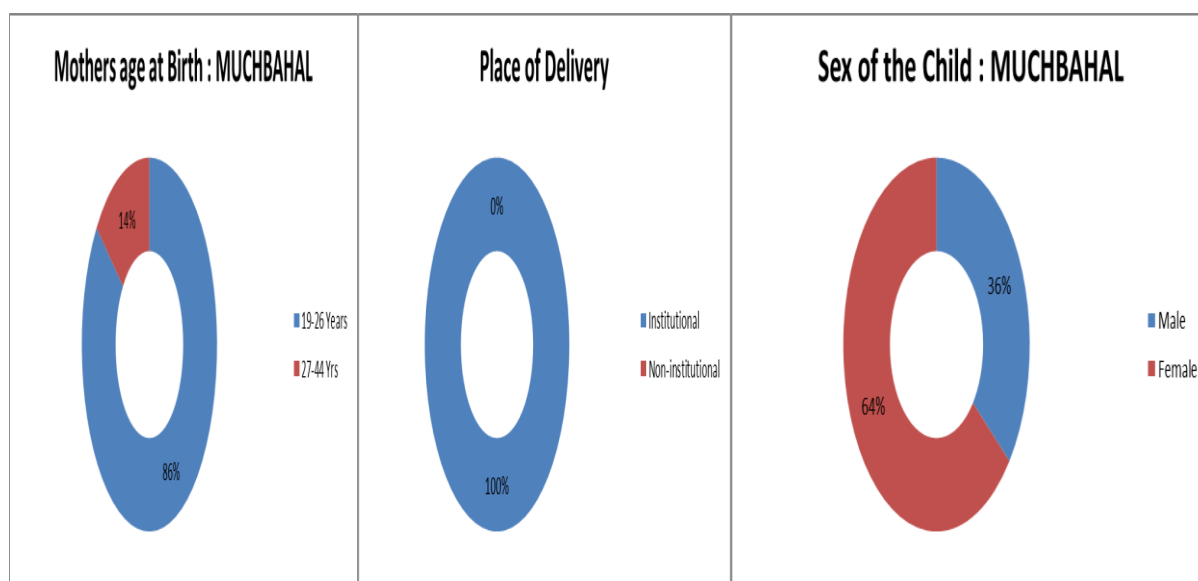
In Muchbahal around 90% go to private hospital for treatment. If we go through the last 12 months data only 50% of sample households took treatment from institutional service provider. A big number 30.9% of sample households took treatment from an informal health service



provider.

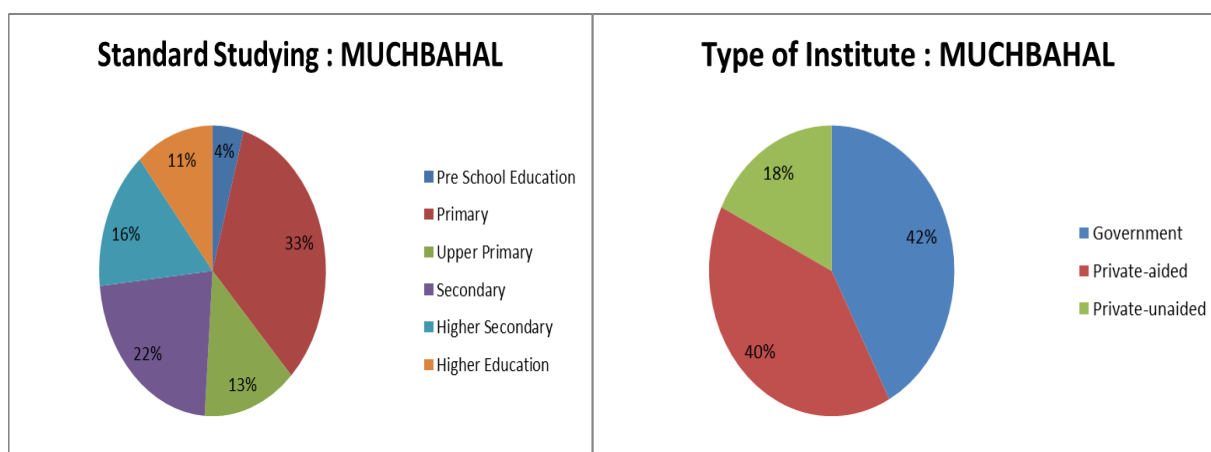
7.9.3 Maternal Health

In studying village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The



sex ratio among the kids of age group 0-3 years 64% are girl child and 36% are male child. Women who conceived a child in the last three years 86% of them were in the age group of 19-26 years while 14% were in the age group of 27-44 years.

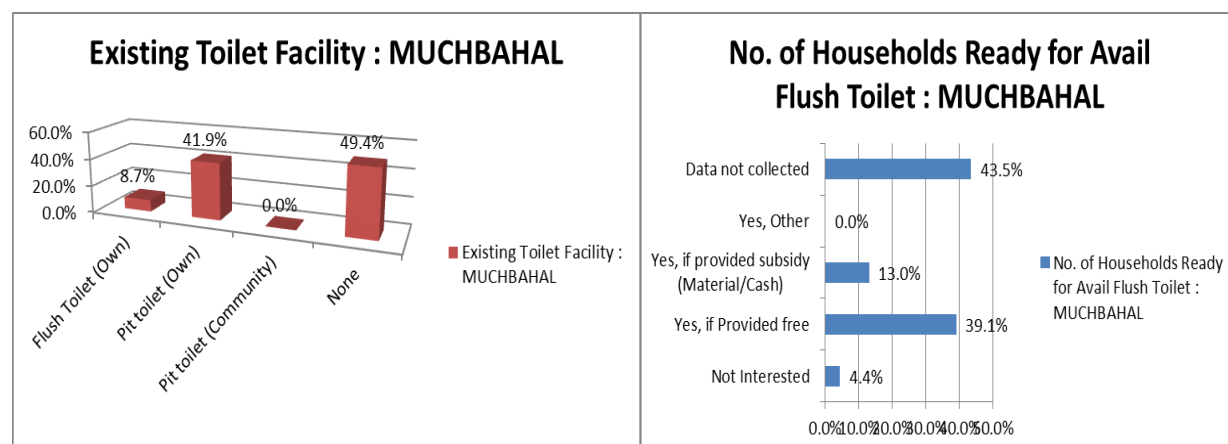
7.9.4 Education



In Muchbahal, status of education shows positive awareness about education. Among the students of sample households who are presently studying, 33% are currently studying in primary school, 13% are in upper primary school, 22% studying in secondary school, 16% studying in higher secondary education and 11% in higher education. 42% of students are studying in government institutions, 40% are in private-aided institutions while 18% students are studying in private-unaided institutions.

7.9.5 Sanitation

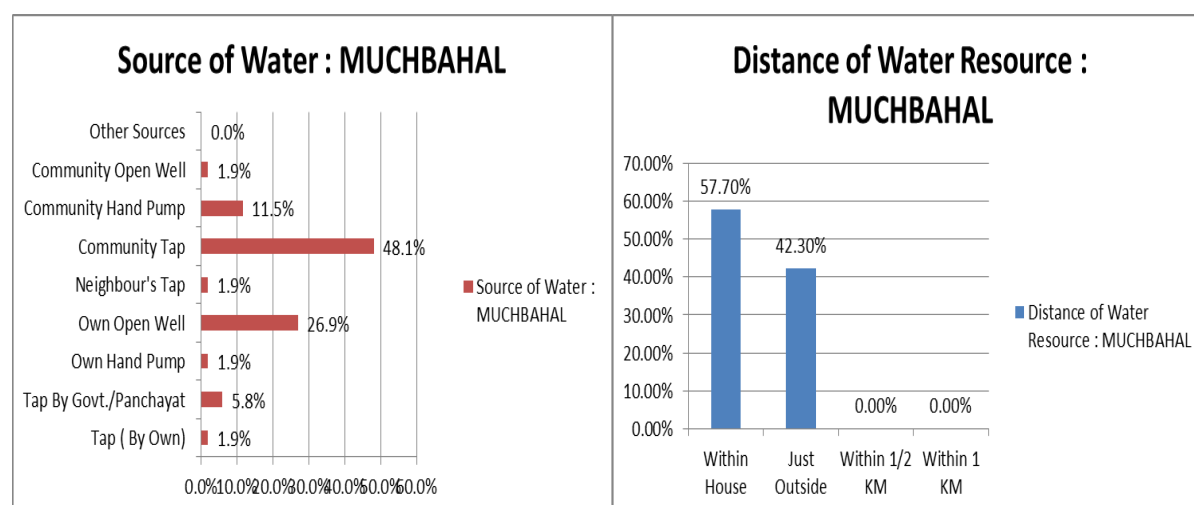
In Muchbahal around 50% sample households do not have any type of toilet facility. Those who do not have toilet 13 % of them said if they will get subsidy they are interested to



construct toilets while 4.4% not interested at all.

7.9.6 Water

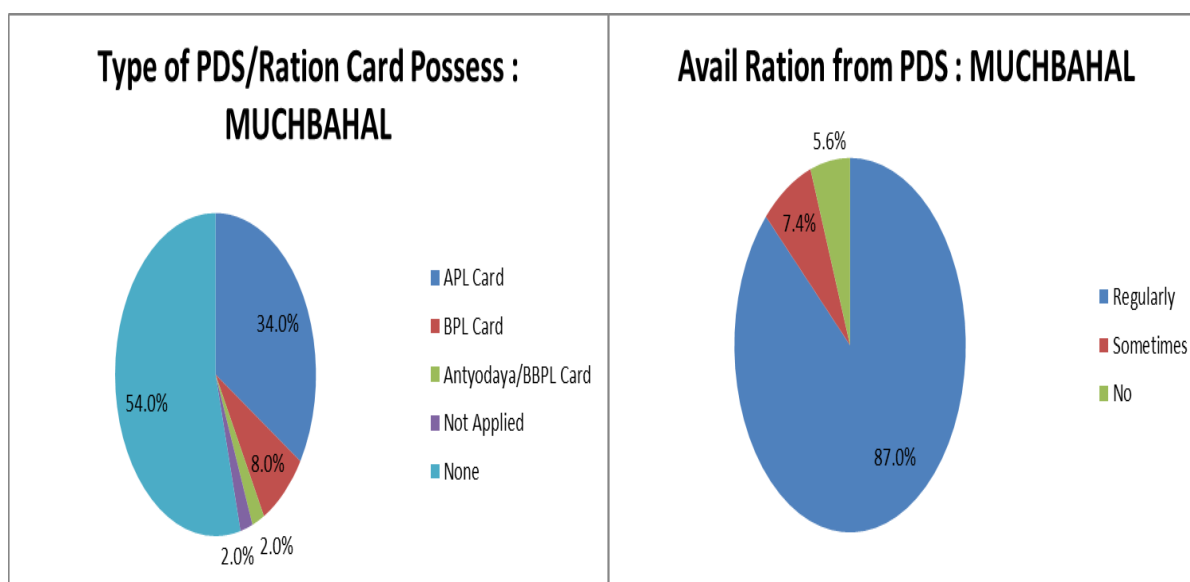
In study village around 58% of sample households depends on tap (own tap, community tap, tap by Panchayat) for drinking water, 13% depends on hand pump and one fourth of sample



households fetch water from open well. 57.70% of sample households have a water source in premise while 42.3% have just outside the house.

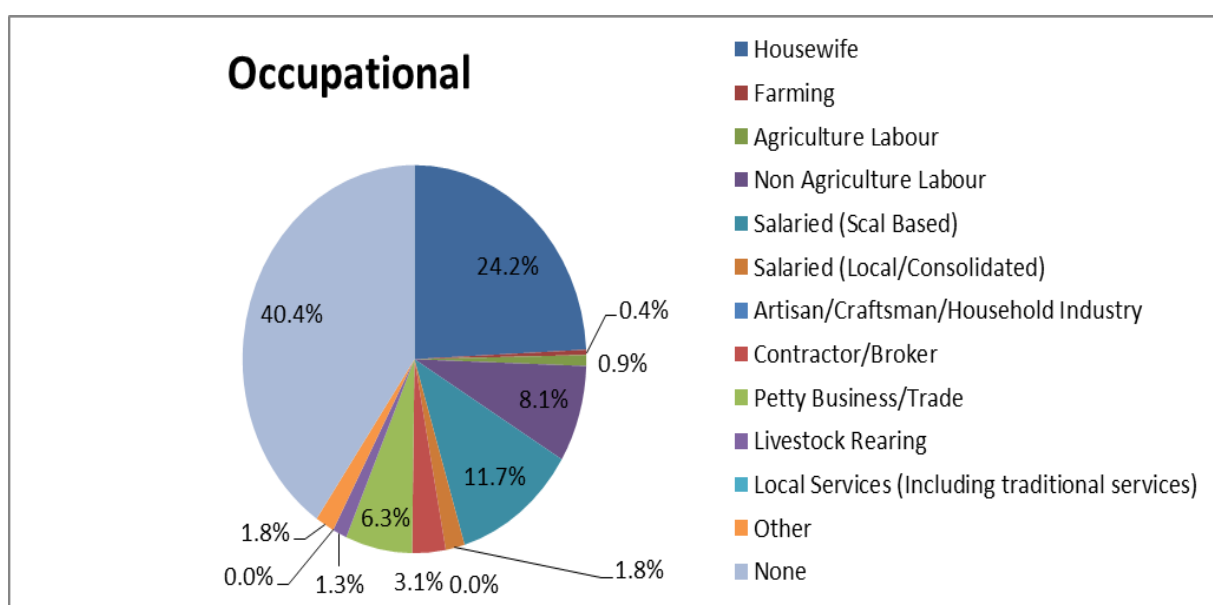
7.9.7 Public Distribution System

In study village 54% of sample households do not have any kind of ration card, only 8% have BPL card. Those who have ration card 87% of them regularly avail PDS while 5.6% do not avail PDS. It shows the malfunction of PDS in the village.



7.9.8 OCCUPATION

Among the sample household members 8.1% are non-agricultural labour, 13.5% of the workforces are salaried employee either in government or private sector, and 6.3% are doing petty business for a livelihood. 40.4% of the sample household members said that they do not



work at all however; it also includes women who are housewives but replied who do not work at all. If we count housewives and those who do not work at all the 64.6% of the workforces do not have livelihood options in the village.

7.9.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 50% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
4. 17% of the sample households do not have electricity. Company with the collaboration of Gram Panchayat can provide solar lights or work on the issue of electricity.

7.10 SANANDAMALA

YEAR	2011
HOUSEHOLDS	350
POPULATION	2657

Forest Produce	
Firewood	Yes
Cultivation	Yes
Coal Collection	Yes
Fruits/Nuts/Leaves	Yes

Facilities Available in the village
Samaaj Mandir
Cement/Tar road
Grocery Shop
Heath Sub-Centre
Ayush Hospital
ASHA worker
Pre-Pri/Nursery School
Govt. Primary School

Public/Common Tap Points 21

HH Tap Connections 0

Chief Crop Name	Area
Paddy	1000 acres
Potato	500 acres
Onion	500 acres

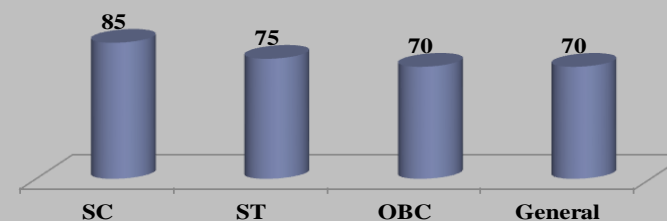
Sanandamala.

RELIGION	House holds
HINDU	340
MUSLIM	10

Facilities Existing more than 5 Kms

Taluk Headquarters	Jharsuguda
District Headquarters	
Degree College	
ITI/ Polytechnic	Belpahar
Veterinary Clinic	
Pvt./ CSR Hospital	
CHC/ Govt. Gen. Hospital	
Railway Station	Kubhar Bandh
Primary Health Centre	
Pvt. Clinic (RMP+)	Thamala
Pvt. Clinic (MBBS/ BAMS+)	
Block Development Office	Lakhanpur
Police Station	Banar Palli

Households



Land Distribution:

Total Area	Irrigated	Grazing	Forest	Wasteland	Non-Irrigated
15000 acres	2000 acres	500 acres	700 acres	100 acres	1000 Acres

Migration Pattern

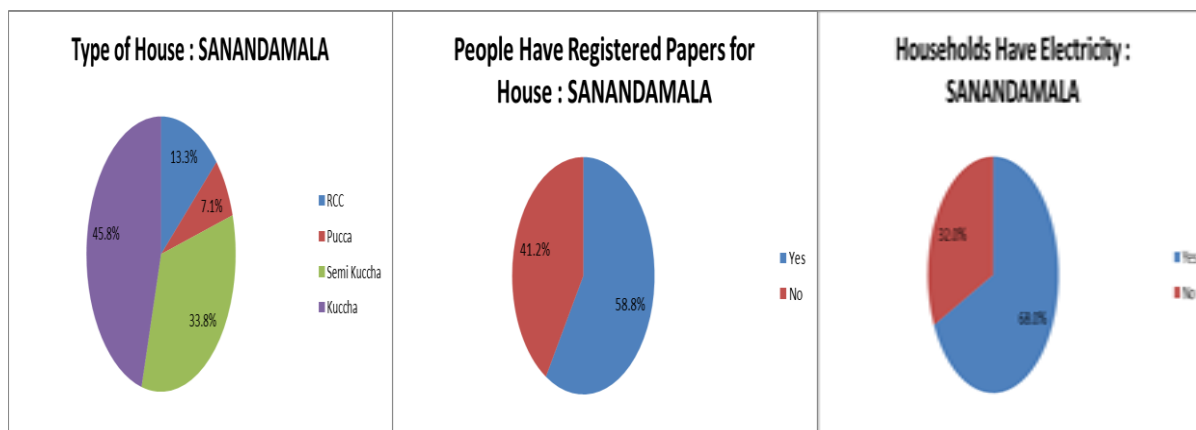
Outside state (Non-Agri Labour)	Yes
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Facilities Existing within 5 kms.

Bus Stop	Bandabahal
Public Telephone Booth	
Daily Market	
DTP/Xerox Centre	
Bank for S/B Account	Krapa Bhalla
Medical Shop/ Chemist	
Pvt. Primary School	
Govt. Secondary School	
Vocational training centre	Sunandramala
Weekly Market	
Pvt. Secondary School	
Charitable Secondary School	
Charitable Primary	Dalajana

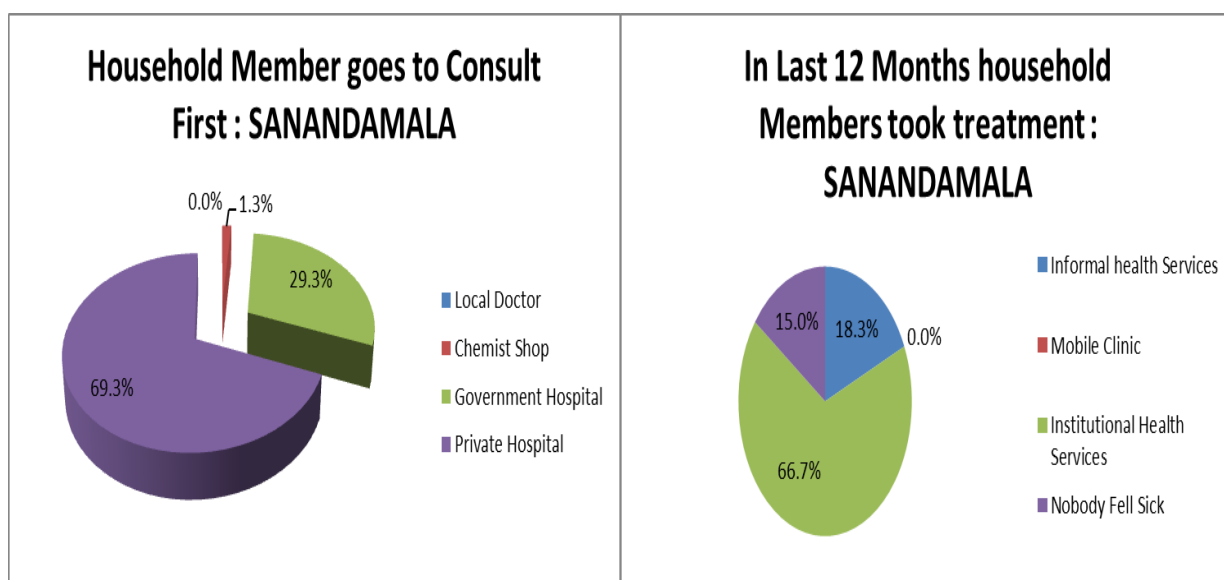
7.10.1 Household Status

In SANANDAMALA 45.8% of sample households reside in kuccha house while 20.4% resides in RCC or Pucca house. 58.8% of sample households have registered papers for a house and 68% of houses are electrified.



7.10.2 Health

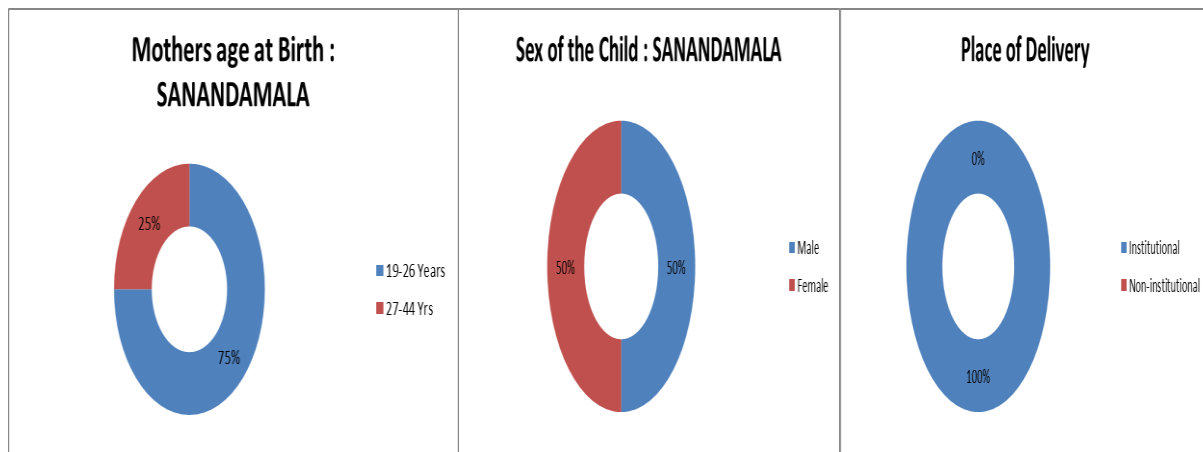
In the studied village 1.3% sample households go to chemist for consult and around 70% households go to a private hospital. It shows the lack of government health care services in village. In last 12 months 66.7% of sample households took treatment from an institutional



health service provider while 18.3% took treatment from informal sources.

7.10.3 Maternal Health

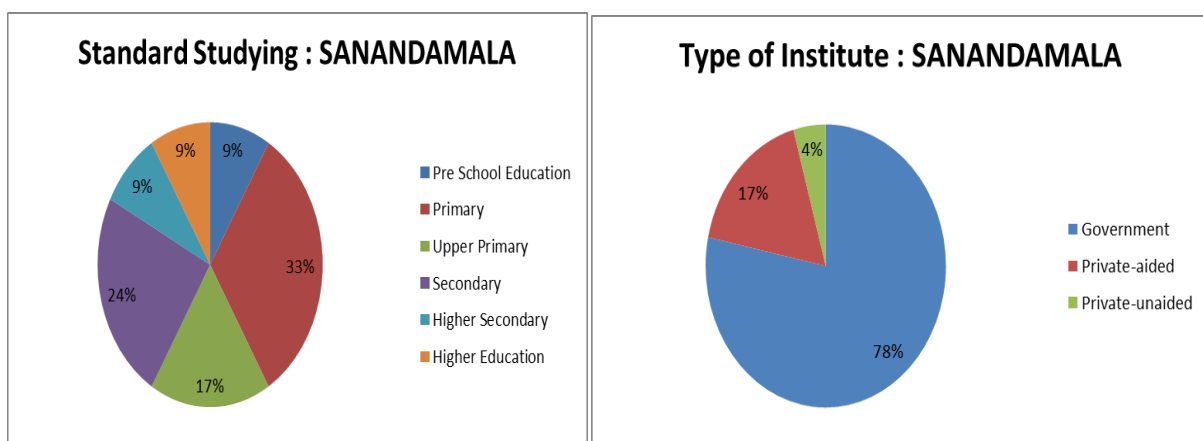
In the studied village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 50% are girl child and 50% are male child.



Women who conceived a child in the last three years 75% of them were in the age group of 19-26 years while 25% were in the age group of 27-44 years.

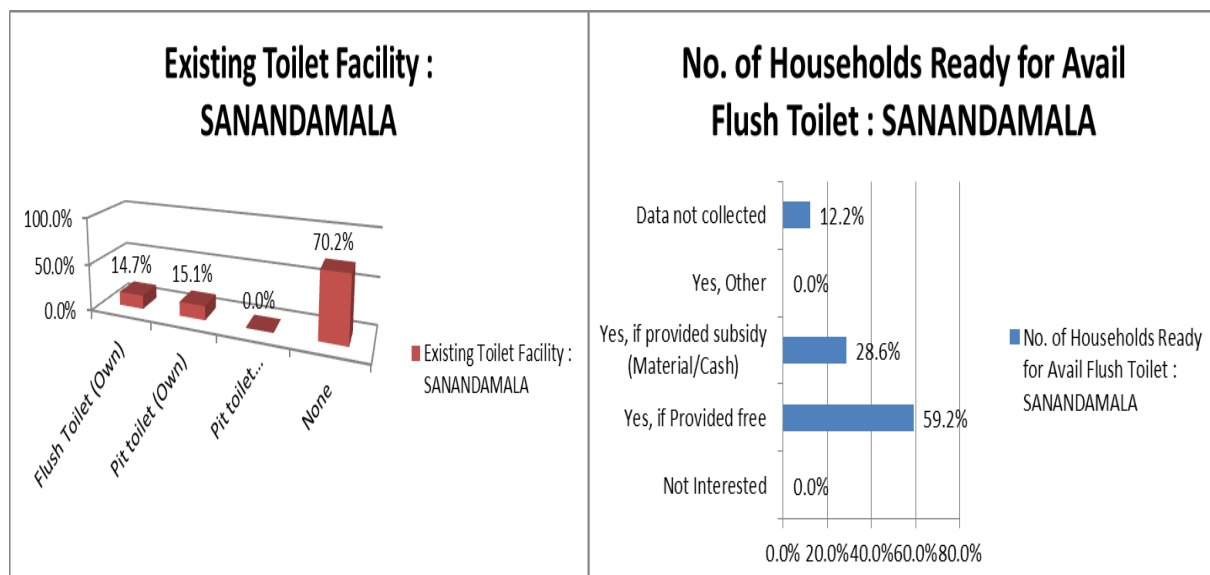
7.104 Education

Among the students of sample households who are presently studying, 33% are studying in primary school, 17% in upper primary school, 24% are studying in secondary school, 9% are studying in higher secondary education and 9% in higher education. 78% of students are studying in government institutions, 17% students are studying in the private-aided institutions and the rest of the 4% are studying in private-unaided institutions. In SANANDAMALA, status of education and enrolment in government as well as aided institutions shows positive awareness about education.



7.10.5 Sanitation

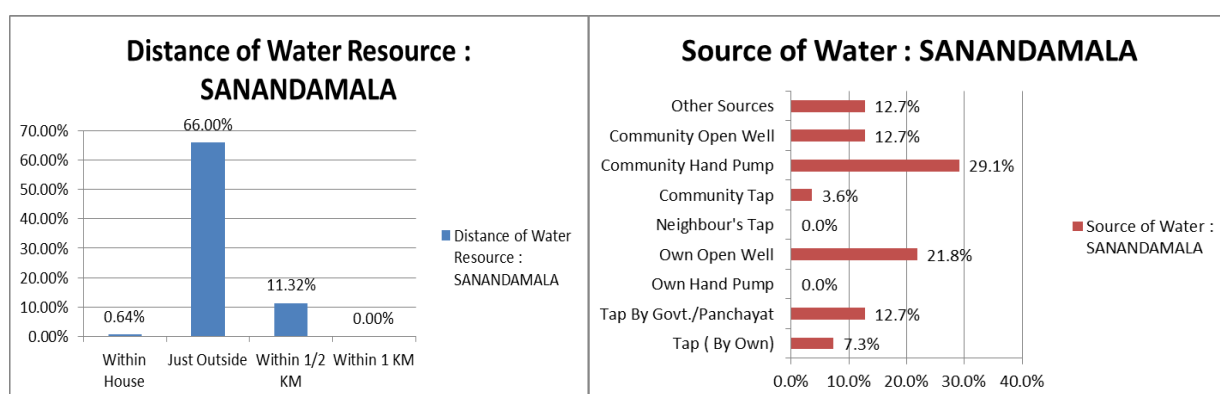
In study village 70% sample households do not have toilet facilities. Those who do not have a toilet facility, 28.65% of them interested to construct toilet if they will get the subsidy; whereas



59% want free of cost construction.

7.10.6 Water

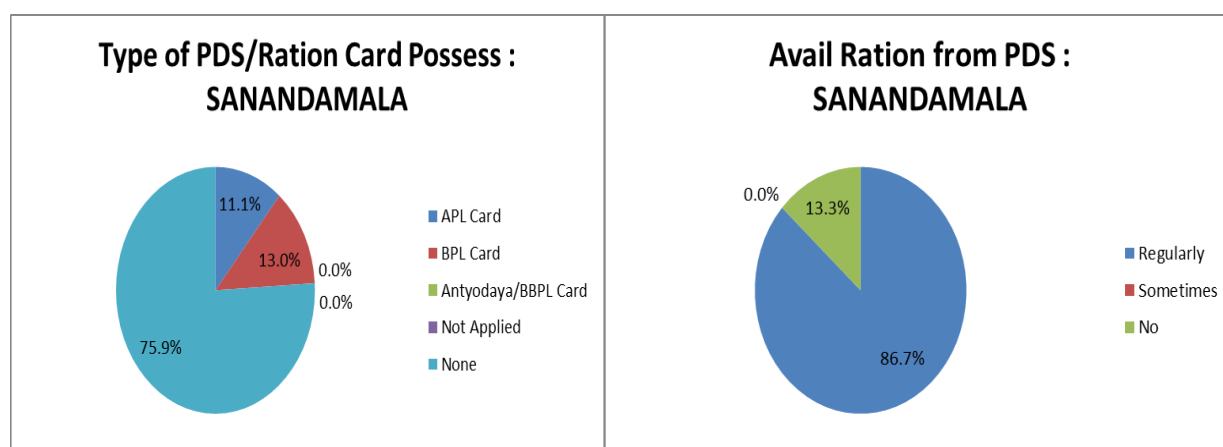
In SANANDAMALA 23.6% of sample households depending on tap for drinking water, 29.5% depends on hand pump and 34.5% fetch water from open well. If we see the distance of water source less than 1% households have a water source on premise and 66% have just outside the house while 11.32% need to go half km. to fetch water.



7.10.7 Public Distribution System

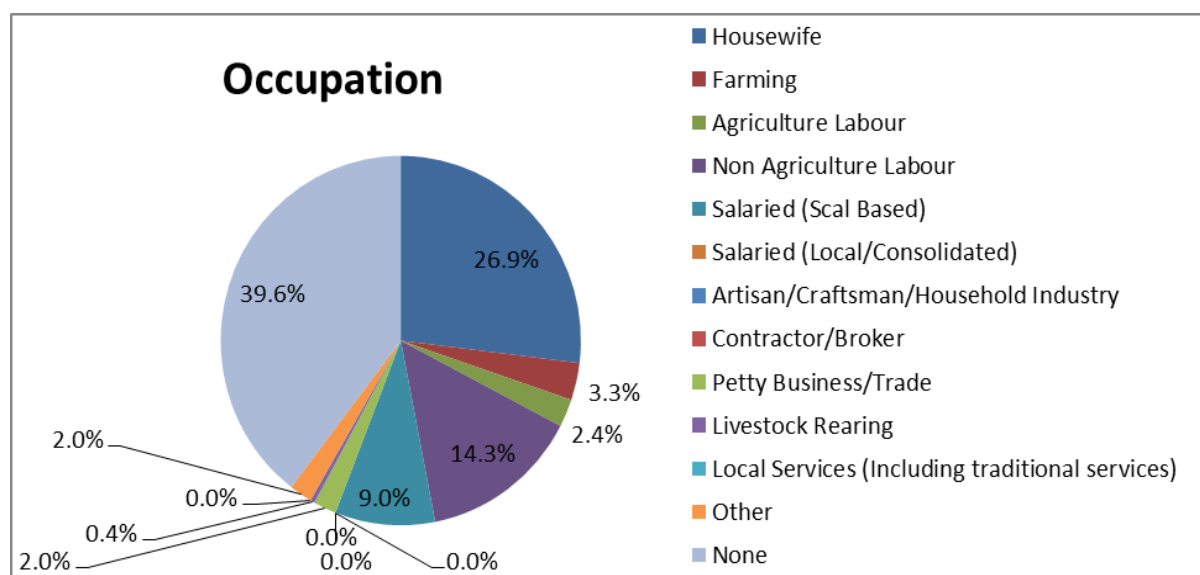
In SANANDAMALA more than three fourth of sample households do not have any type of ration card while only 13% have BPL card. Those who have ration card 13.3 % of them do not

avail ration from PDS. Majority of population without ration card and availability of ration from PDS show the poor functioning of PDS in the village.



7.10.8 OCCUPATION

Among the sample household members 3.3% are depending on farming for livelihood, 2.4% are agricultural labour, 14.3% of the workforces are non-agricultural labour, 9% are salaried employee whereas 2% are doing petty business. 39.6% of the sample household members said



they do not work at all however it includes women who instead of saying housewives said that their primary Occupation is none.

7.10.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 70% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
4. More than 32% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or can work on the problem of electricity.

7.11.KIRARAMA

YEAR	20112
HOUSEHOLDS	96
POPULATION	715

Forest Produce	
Firewood	Yes
Cultivation	Yes
Coal Collection	Yes

Public/Common Tap Points	5
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HH Tap Connections	0
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Chief Crop Name	Area
Paddy	90 acres
Potato	10
Cauliflower	10
Onion	10

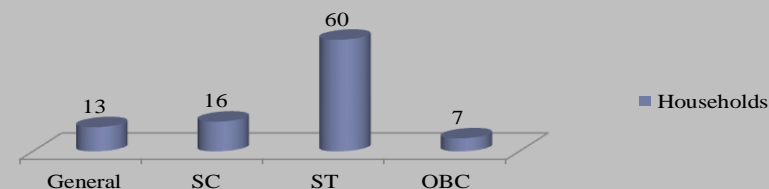
Land Distribution:				
Total Area	Irrigated	Non-Irrigated	Forest	Wasteland
300 acres	100 Acres	40 Acres	40 Acres	5 Acres

Kirarama.

RELIGION	House holds
HINDU	96

Facilities Available in the village

Playground
Samaaj Mandir
Cement/Tar road
Weekly Market
PDS Shop
Grocery Shop
ASHA worker
Dai (Trained/ Untrained)
Pre-Pri/Nursery School
Govt. Primary School



Facilities Existing more than 5 Kms

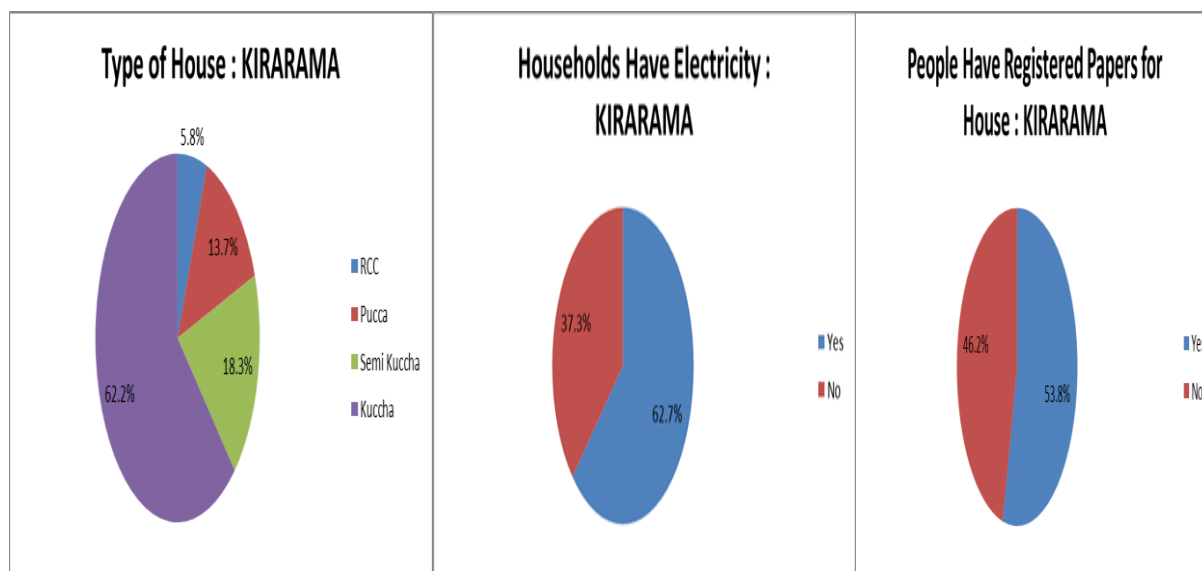
Post Office	Sunandramala
Gram Panchayat Office	
Co-operative Society	
Pvt. Secondary School	Belpahar
Higher Secondary School	
Degree College	
ITI/ Polytechnic	
Vocational training centre	
Railway Station	Dalajana
Govt. Secondary School	

Facilities Existing within 5 kms.

Bus Stop	Bandhabahal
Public Telephone Booth	
Daily Market	
DTP/Xerox Centre	
Police Station	
Bank for S/B Account	
Block Development Office	
Heath Sub-Centre	
Primary Health Centre	
Pvt. Clinic (RMP+)	
Medical Shop/ Chemist	
Charitable Secondary School	
Pvt. Primary School	

7.11.1 Household Status

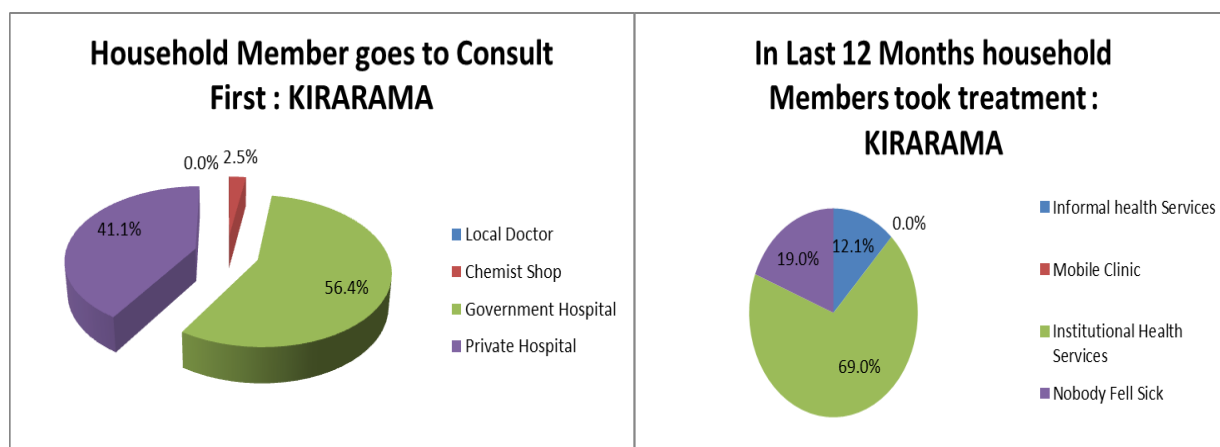
In Kiarama 62.2% of sample households reside in Kuccha house while only 19.5% households have RCC or pucca house. Around half of the sample households do not have registered papers



for a house and 62.7% of sample households are electrified.

7.11.2 Health

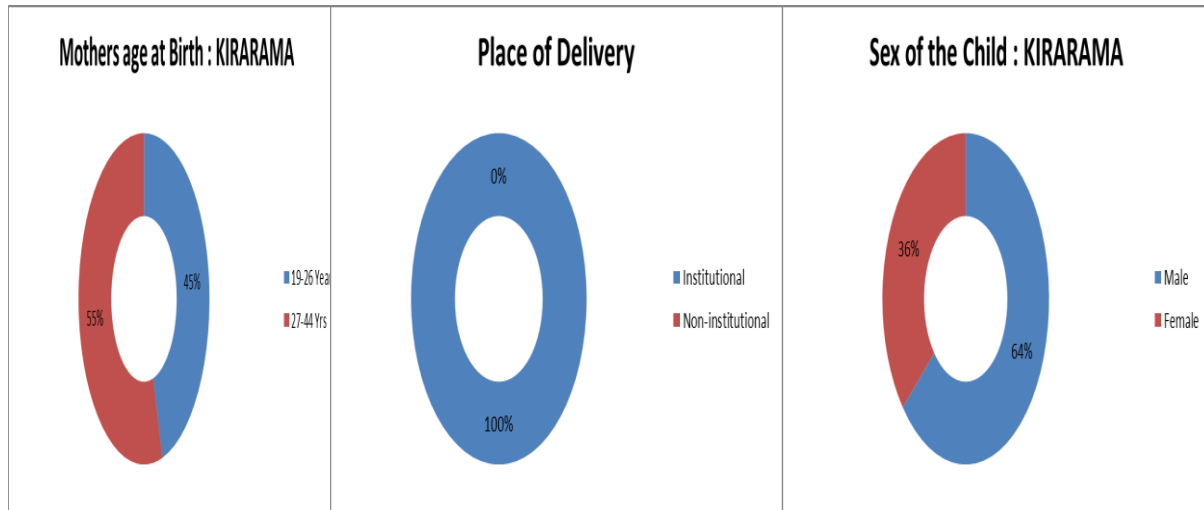
In the studied village 2.5% of sample household members go to consult chemist shop for treatment while half of the sample households go to government hospital and 41.1% go to a



private hospital. In last 12 months 68% household members took treatment from institutional service provider while 12% went to informal sources.

7.11.3 Maternal Health

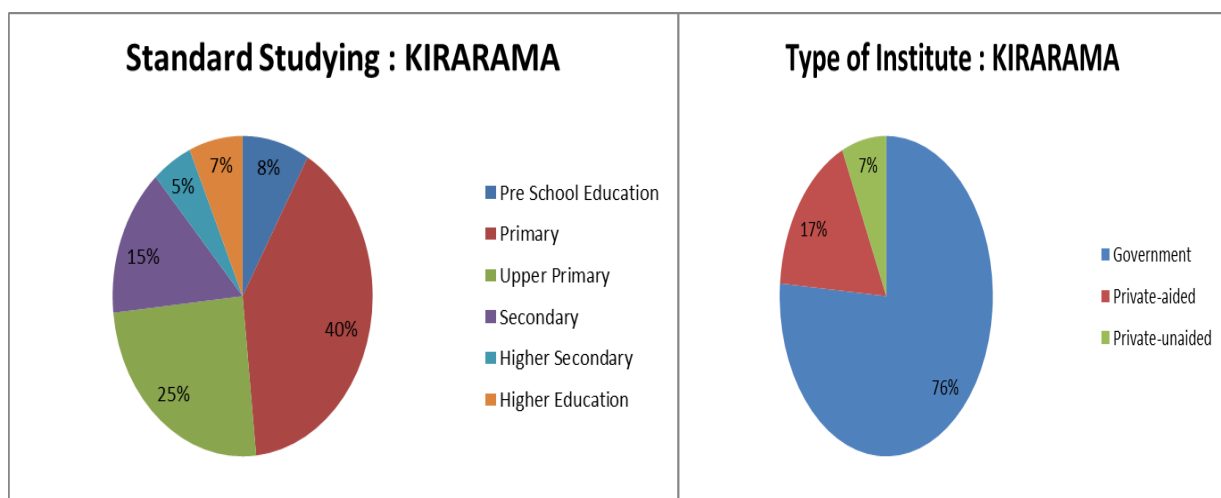
Among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 36% are girl child and 64% are male child. Women who conceived



a child in the last three years 45% of them were in the age group of 19-26 years while 55% were in the age group of 27-44 years.

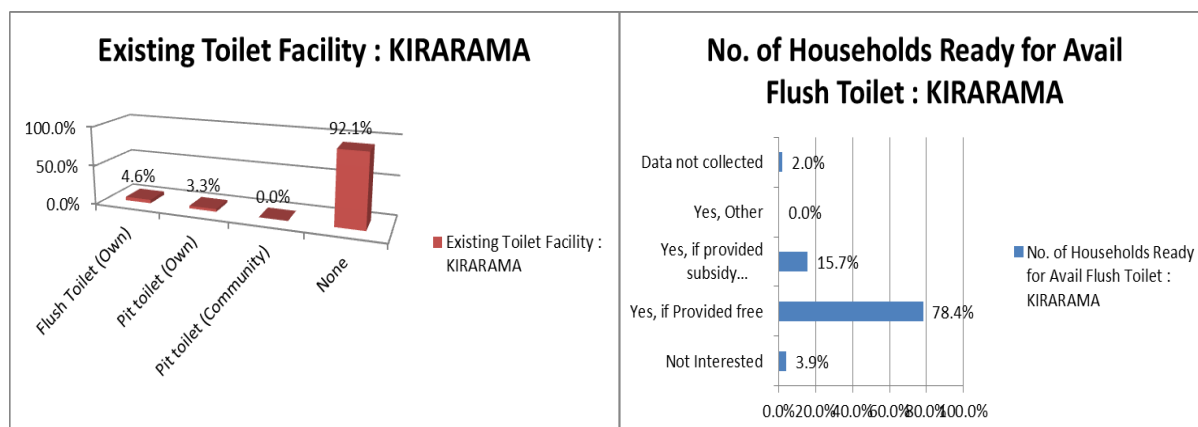
7.11.4 Education

In Kiarama, among the sample household 40% children are enrolled in primary school and 25% are in upper primary school which reflects awareness for education in new generation. 15% students are studying in secondary standard, 5% in higher secondary standard while 7% are studying in higher education. 76% students are studying in government institutions, 17% are in private aided institutions while rest of the 7% are studying in private unaided institutions.



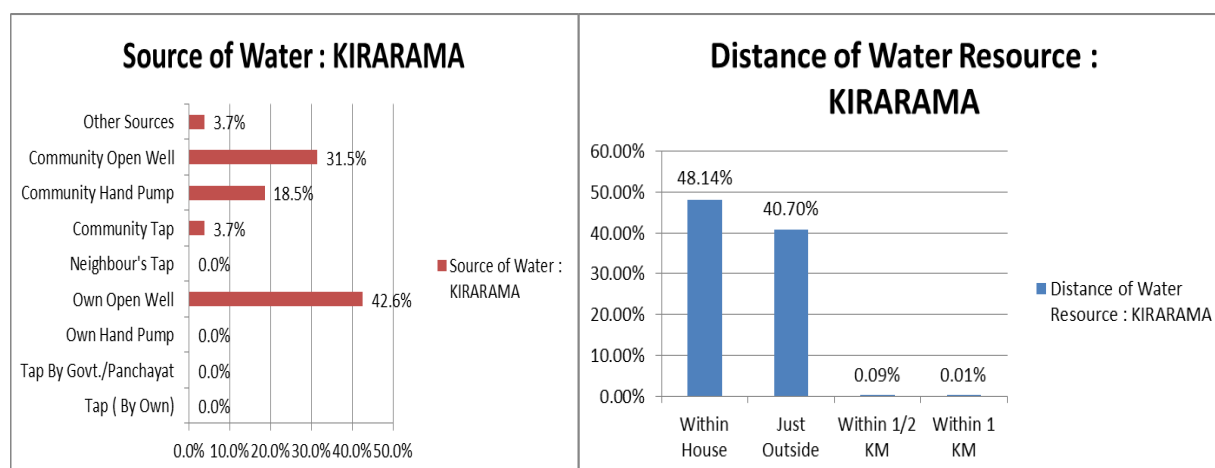
7.11.5 Sanitation

In the Kirarama 92.1% sample households do not have toilet facilities. Those who do not have toilet 15.7% of them interested to construct flush toilets if they will get subsidy while 78.4% want free of cost and 3.9% not interested at all.



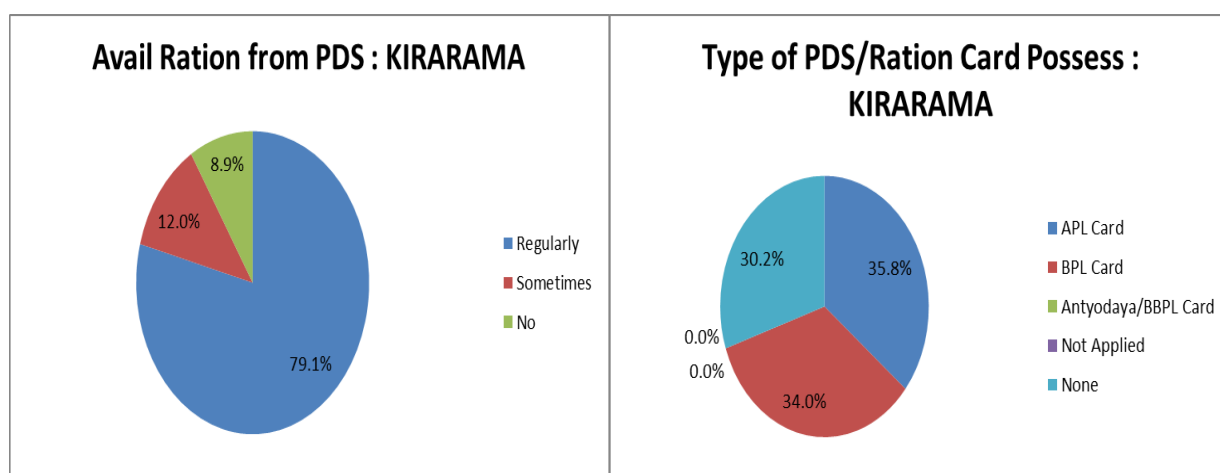
7.11.6 Water

In the study village major source of drinking water is open well which contribute around three fourth of demand for water, 18.5% fetch water from hand pump while only 3.7% depends on community tap for drinking water. 48.14% of sample households have a water source in premise while 40.4% have water source just outside house.



7.11.7 Public Distribution System

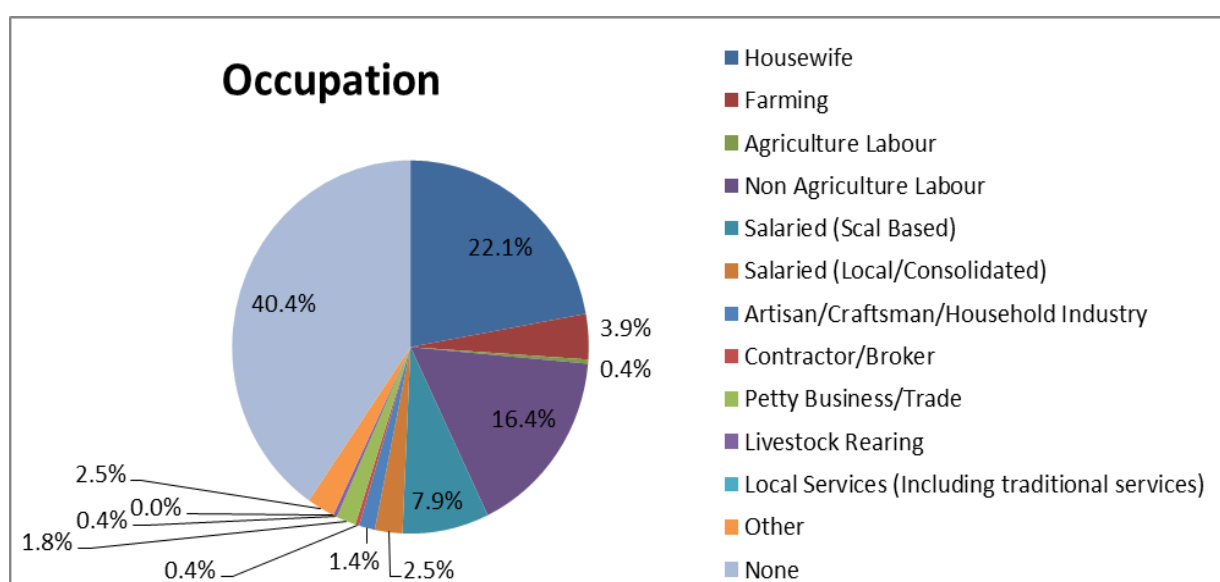
In Kirarama 34% of sample households have a BPL card while 30% do not have any type of ration card. 12% of sample households who have ration card avail PDS sometimes while 8.9%



do not avail PDS.

7.11.8 OCCUPATION

Among the sample household members 3.9% are depending on farming for a livelihood, 16.4% are non-agricultural labour, 10.4% are salaried employee either in government or private sector whereas 1.8% are doing petty business. However a large number of sample household members which is 40.4% said that they do not work at all however, it includes women who instead of saying housewives said that their primary Occupation is none. Total 62.5% of the



sample household members either do not have work or housewives which show the lack of livelihood option in the village.

7.11.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. Villagers are dependent on open well for drinking water. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. More than 92% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
4. More than 37% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or can work on the issue of electricity.

7.12 BANDHABAHAL

YEAR	2011
HOUSEHOLDS	400
POPULATION	2200

Forest Produce	
Fruit/Nut/Leaves	Yes
Coal Collection	Yes

RELIGION	House holds
HINDU	382
MUSLIM	3
Christian	4
Sikh	1

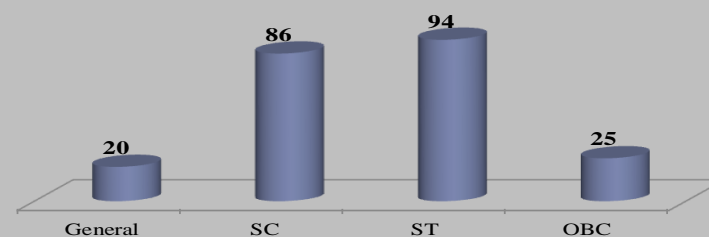
Chief Crop Name	Area
Paddy	280 acres
Potato	30
Saga	30
Onion/Tomato	40

Land Distribution:			
Total Area	Irrigated	Non- Irrigated	Forest
1026.48 acres	60	40 Acres	22

Bandhabahal

Facilities Available in the village
Cement/Tar road
Bus Stop
Daily Market
PDS Shop
Grocery Shop
DTP/Xerox Centre
Post Office
Gram Panchayat Office
Bank for S/B Account
Medical Shop/Chemist
ASHA worker
Pvt. Clinic (MBBS/ BAMS+)
Dai (Trained/ Untrained)
Pre-Pri/Nursery School
Govt. Primary School
Pvt. Primary School
Govt. Secondary School
Pvt. Secondary School
Higher Secondary School
Vocational training centre

Households

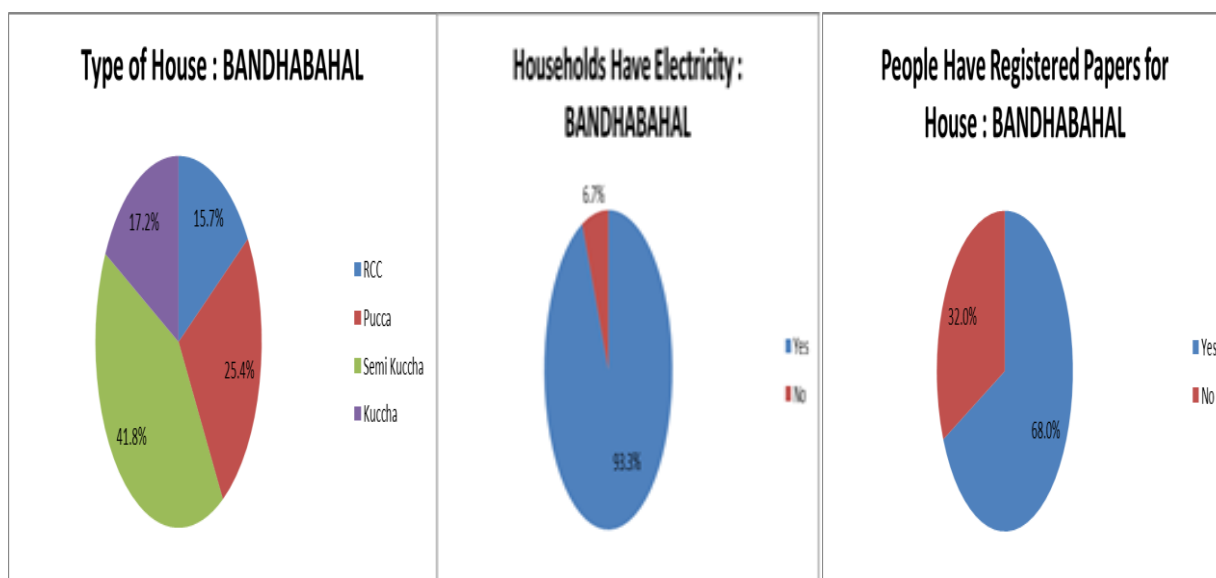


Facilities Existing more than 5 Kms	
Block Development Office	Lakhanpur
Taluk Headquarters	
CHC/ Govt. Gen. Hospital	
Pvt./ CSR Hospital	
Degree College	Belpahar
ITI/ Polytechnic	
Charitable Secondary School	
Charitable Primary	
Veterinary Clinic	
Railway Station	Jharsuguda
District Headquarters	
Primary Health Centre	Kubhar Bandh

Facilities Existing within 5 kms.	
Weekly Market	Karpabahal
Police Station	Banar Palli
Co-operative Society	Sanandamala

7.12.1 Household Status

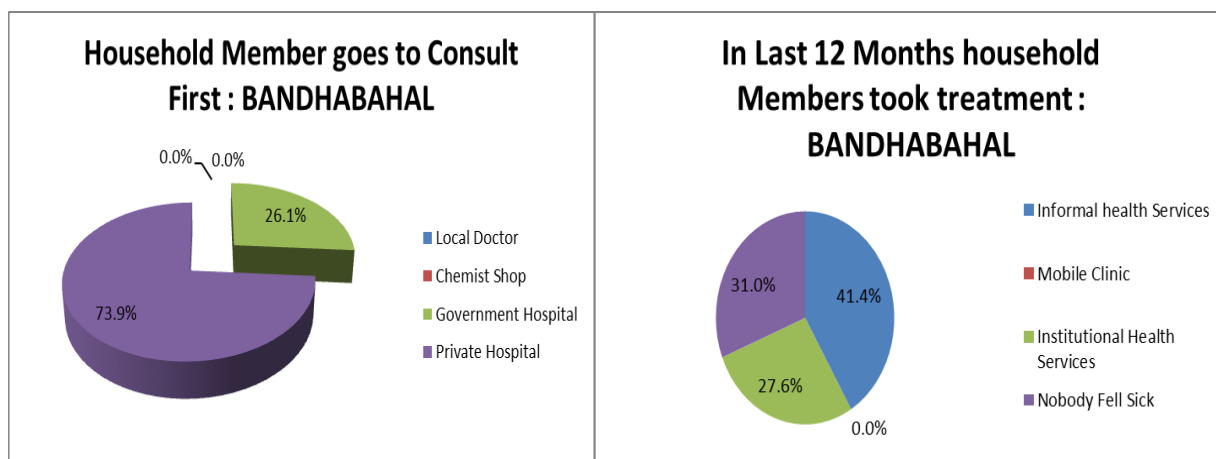
In Study area 17.2 of sample households resides in kuccha house while around 40% resides in



RCC or pucca house. 68% of the sample households have registered papers and 93% of houses are electrified.

7.12.2 Health

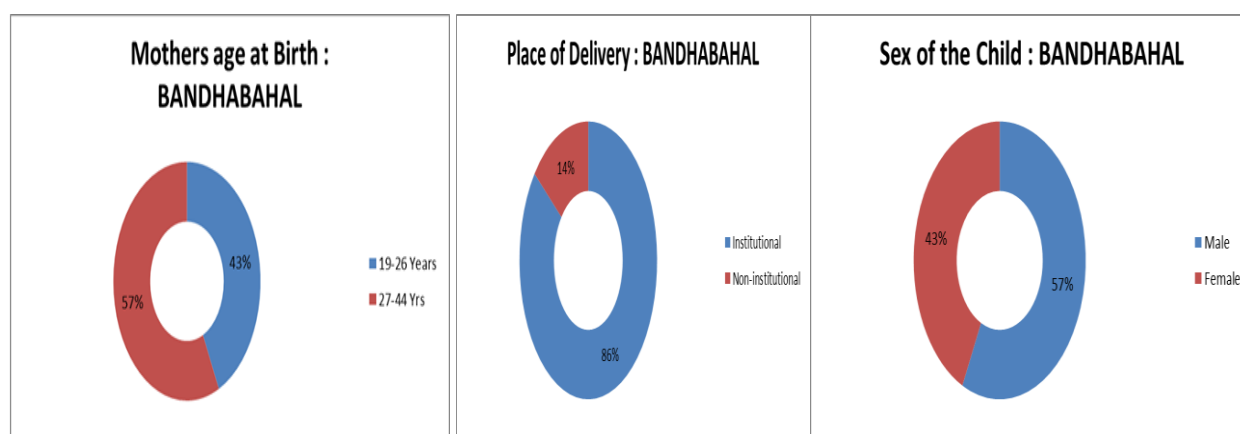
In Bandhabahal three fourth of sample household members go to private hospital for treatment. If we see the data of last 12 months around 42% took treatment from an informal health service provider. The trend of go to private hospital for treatment and in the last 12 months maximum number of members go to informal service provider are the sign of unavailability of



government health services.

7.12.3 Maternal Health

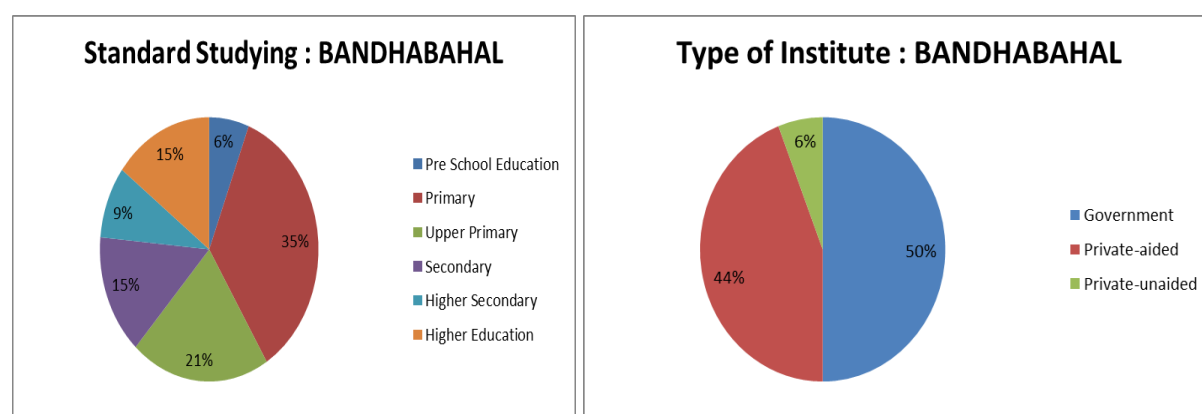
In the Bandhabahal village among the sample households who witnessed the birth of a child in the last three years in their family 86% reported saying the delivery was institutional delivery while only 14% households from the same category said that delivery was non-institutional. The sex ratio among the kids of age group 0-3 years 43% are girl child and 57% are male child. Women who conceived a child in the last three years 43% of them were in the age group of 19-



26 years while 57% were in the age group of 27-44 years.

7.12.4 Education

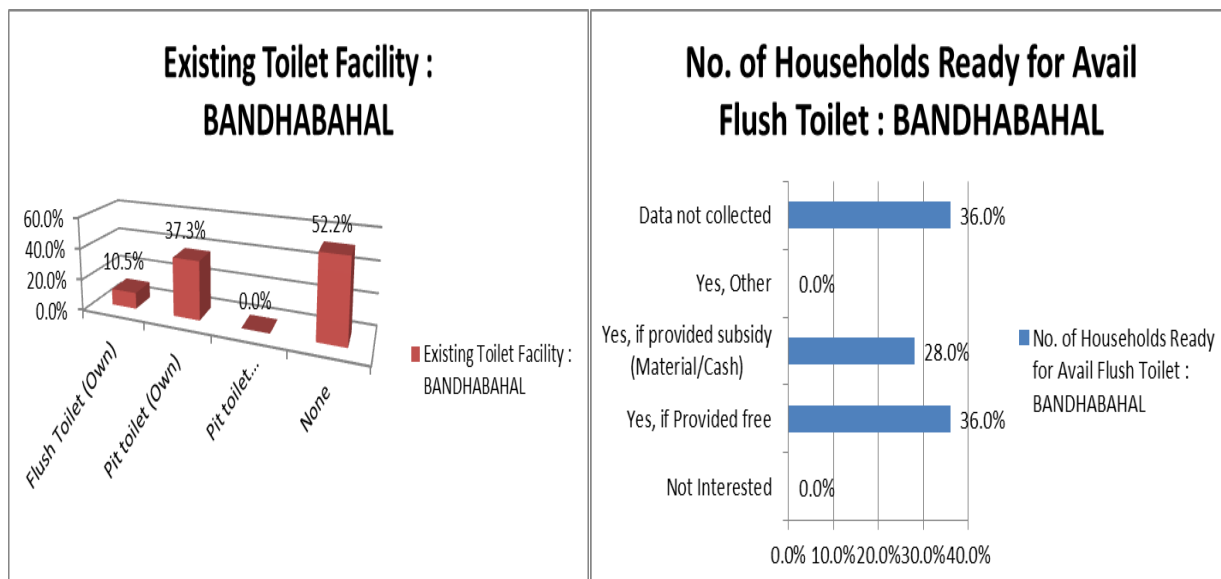
In studied village, among the sample households 35% children are enrolled in primary school, 21% are in upper primary, 15% students are studying in secondary standard, 9% in higher secondary school while 15% are in higher education. 50% students are studying in government



institutions, 44% are in private aided institutions whereas the rest of the 6 % students are studying in private unaided institutions.

7.12.5 Sanitation

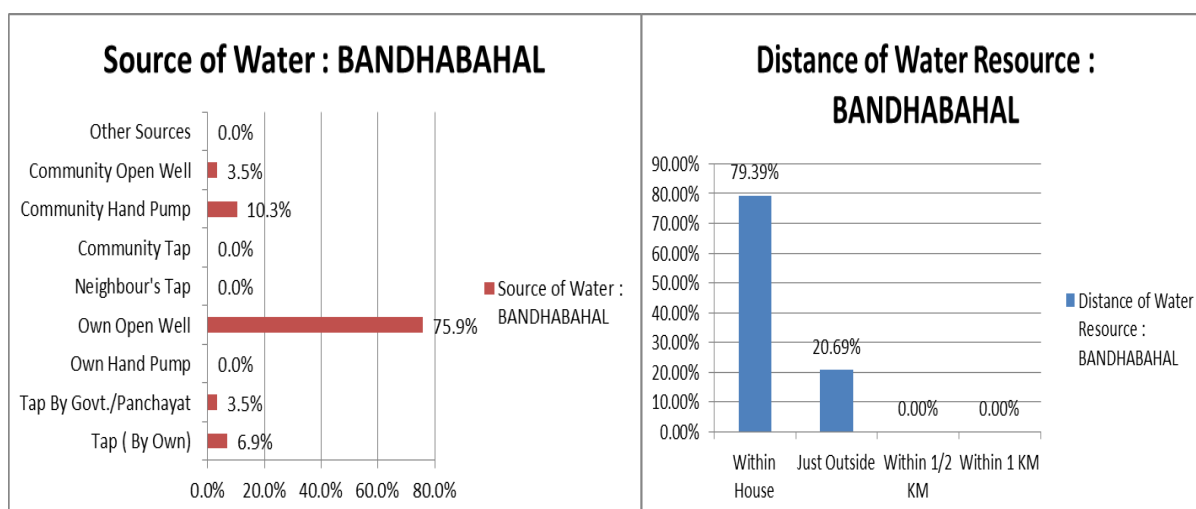
Around half of the sample population do not have toilet facility, 10% have flush toilets and the



remaining have pit toilets. Those who do not have toilet facility; 28% of said they are interested to construct if they will get the subsidy.

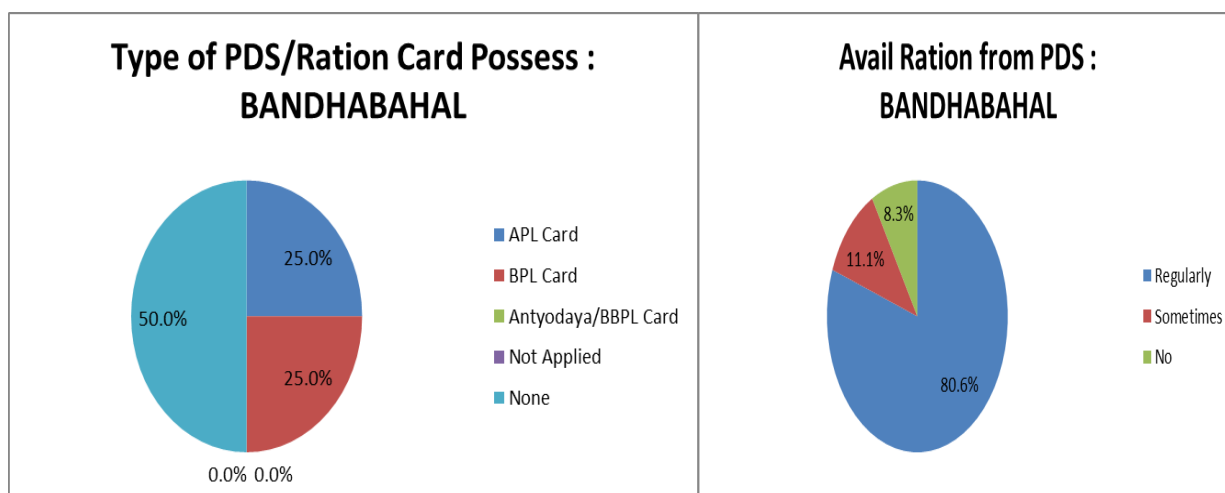
7.12.6 Water

In the study village more than three fourth sample households depend on own open well for drinking water while 10% depends on tap water. Around 80% of sample households have a water source within the premise and remaining 20% have just outside house.



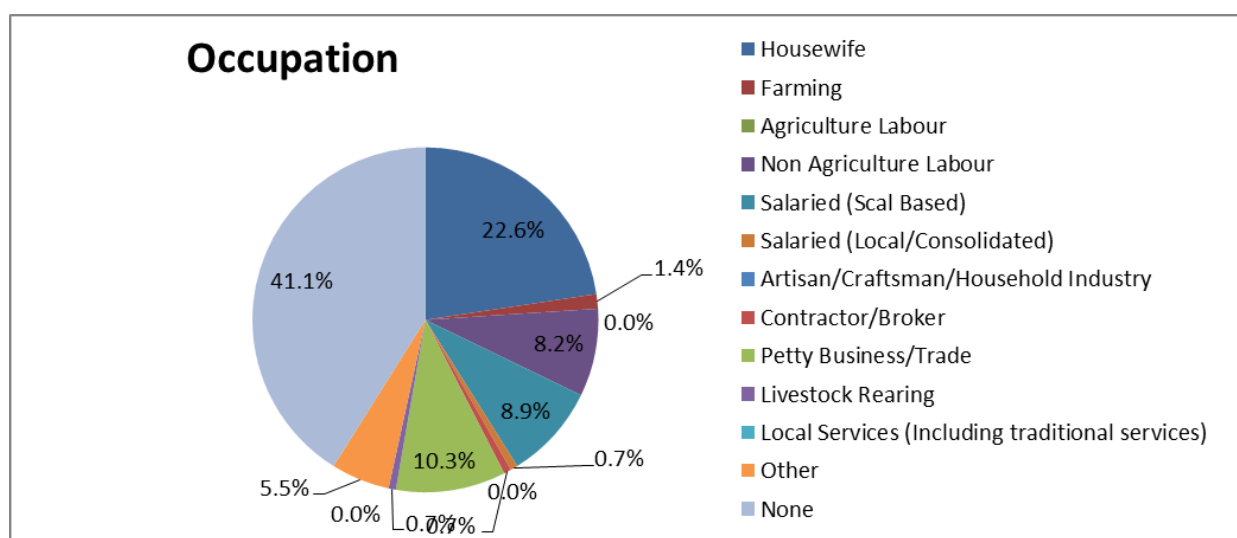
7.12.7 Public Distribution System

In BandhaBahal 50% of sample households do not have a ration card while 25% have BPL card. Those who have any type of ration card 80% of them avail PDS regularly while 8.3% do not avail PDS and 11% avail PDS sometimes. The data in avail PDS show the malfunctioning of PDS in the village.



7.12.8 OCCUPATION

Among the sample household members 1.4% is depending on farming for livelihood, 8.2% are non-agricultural labour, 9.6% are salaried employee either in government or private sector whereas 10.3% are doing petty business. However a large number of sample household members which is 41.4% said that they do not work at, it includes women who instead of saying housewives said that their primary Occupation is none. Total 63.7% of the sample household members either do not have work or housewives which show the lack of livelihood



option in the village.

7.12.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. More than half of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Among the deliveries more than 14% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
4. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
5. Around 7% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or can work on electricity.

7.13 CHHULIBERNA

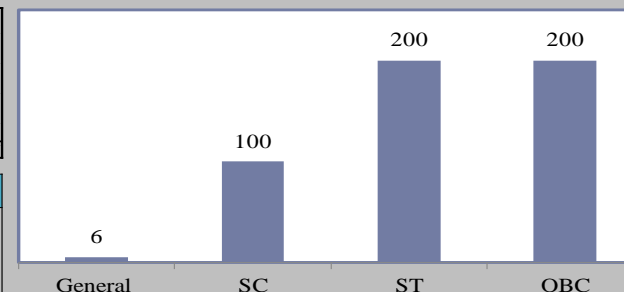
FLOOD PRONENESS	Nil
ALKALINITY	Nil
WATER LOGGING	Nil
SOIL EROSION	Nil
DROUGHT PRONENESS	More Than Half

YEAR	2010	More than 5 Kms	
HOUSEHOLDS	506	Block Development Office	Jharsuguda
POPULATION	4000	Taluk Headquarters	
		Pvt Clinic (RMP+)	
		District Headquarters	Karpabahal

Forest Produce		Facilities Available in the village	
Coal Collection	Yes	Samaaj Mandir	
Firewood	Yes	Community Hall	
Fruits/Nuts/Leaves	Yes	Cremation/Burial Place	
		Cement/Tar Road	
		PDS Shop	
Public/Common Tap Points	00	Grocery Shop	
HH Tap Connections	14	Pre-Pri Nursary School	
Chief Crop Name	Area	Government Primary School	
Paddy	500 Acres	Govt Secondary School	
		ASHA Worker	
		Dai (Trained/Untrained)	

Land Distribution (In Acre)					
Total Area	Irrigated	Non-Irrigated	Grazing	Forest	Wasteland
5000	00	1000	200	800	200

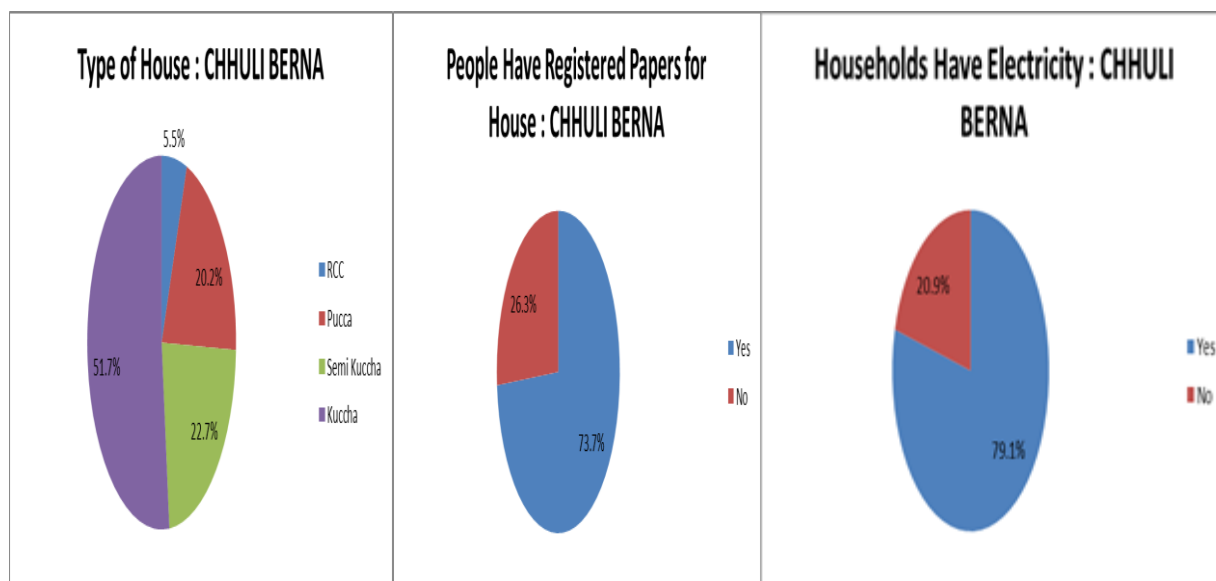
Migration Pattern	
Within the state (Non-Agricultural Labour)	Yes
Outside state (Non-Agri Labour)	Yes



Facilities Existing within 5 kms.	
Bus Stop	Belpahar
Post Office	
Railway Station	
Police Station	Breajraj Nagar
Cooperative Society	Belpahar
Bank for S/B Account	
Charitable Primary School	
Pvt Primary School	
Pvt Secondary School	
Higher Sec School	
Degree College	
CHC/Govt General Hospital	Gumadera
Pvt Clinic	
Pvt Hospital	
Medical/Chemist Shop	
Public Telephone Booth	
Daily/Evening Market	
Weekly Market	
DTP/Xerox Centre	
Gram Panchayat Office	
Health Sub Centre	
Primary Health Centre	

7.13.1 Household status

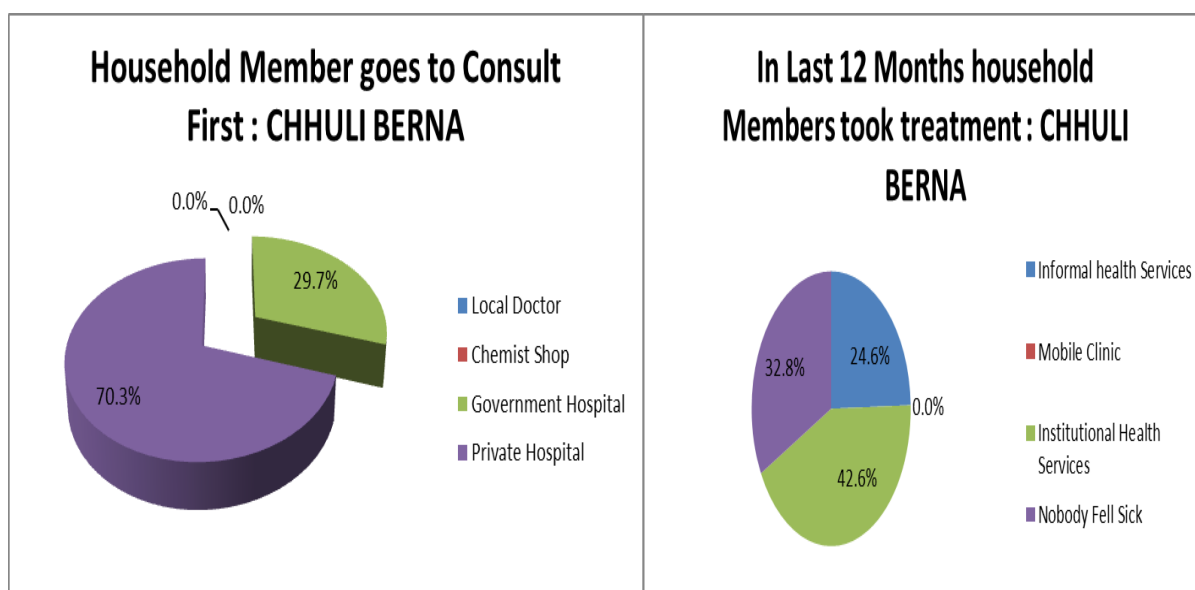
In study village more than half of sample households reside in kuchha house. Around one fourth of sample households have registered paper for house whereas 80% of houses are



electrified.

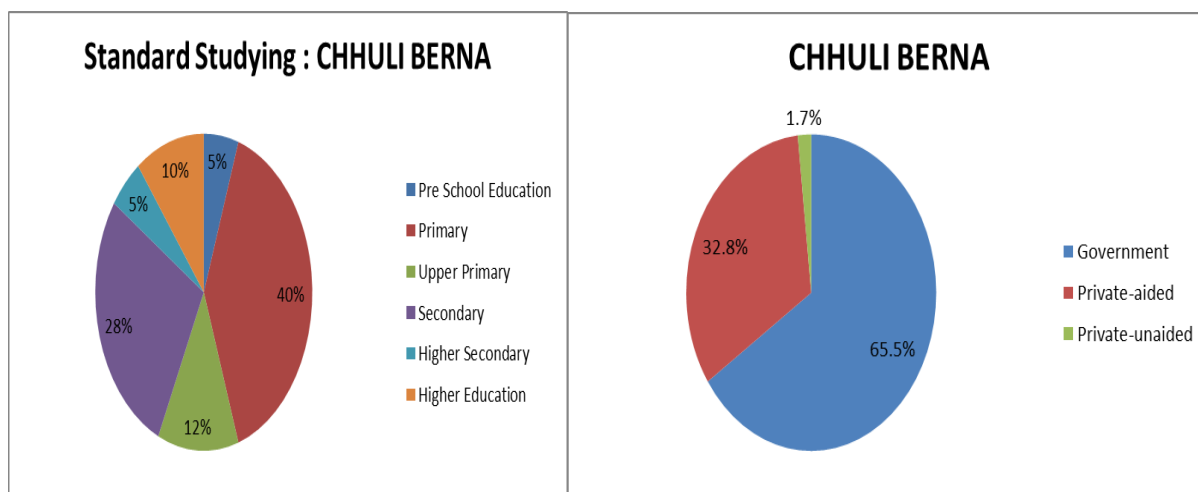
7.13.2 Health

In Chulli Berna 70% of sample household members go to private hospital for consult which shows the poor functioning of government health services. In last 12 months 42.6% sample household members took treatment from institutional service provider while 32.8% did not fell sick.



7.13.3 Education

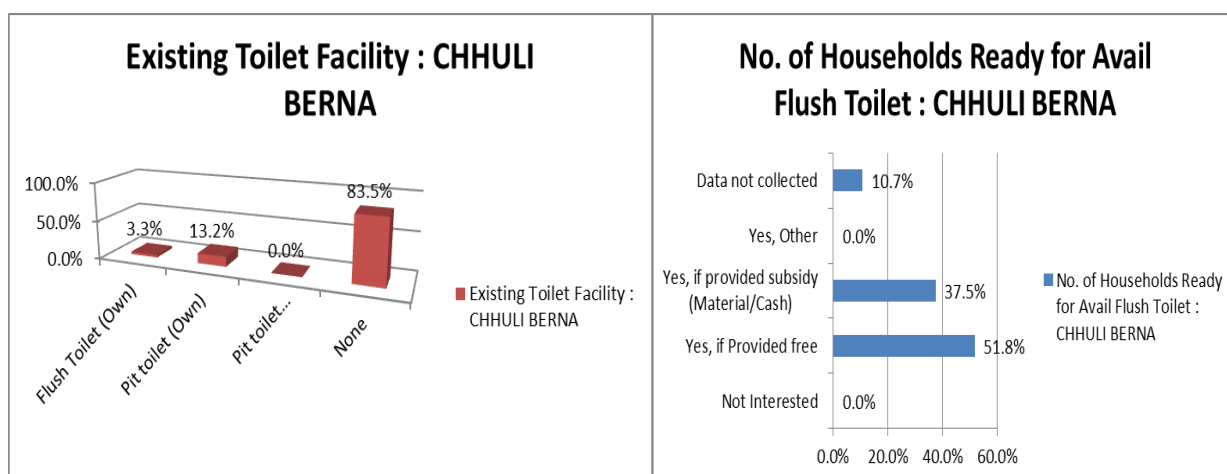
In Chhuliberna, status of education shows positive awareness about education. Among the sample households 40% children are enrolled in primary school, 12% in upper primary school, 28% students are studying in secondary standard, 5% in higher secondary while 10% are studying in higher education. 65.5% students are studying in government institutions, 32.8% in private aided and rest of the 1.7% is studying in private unaided institutions. High percentage of enrolment in primary education reflects the awareness level in new generation as well as



contribution of government and private aided institutions.

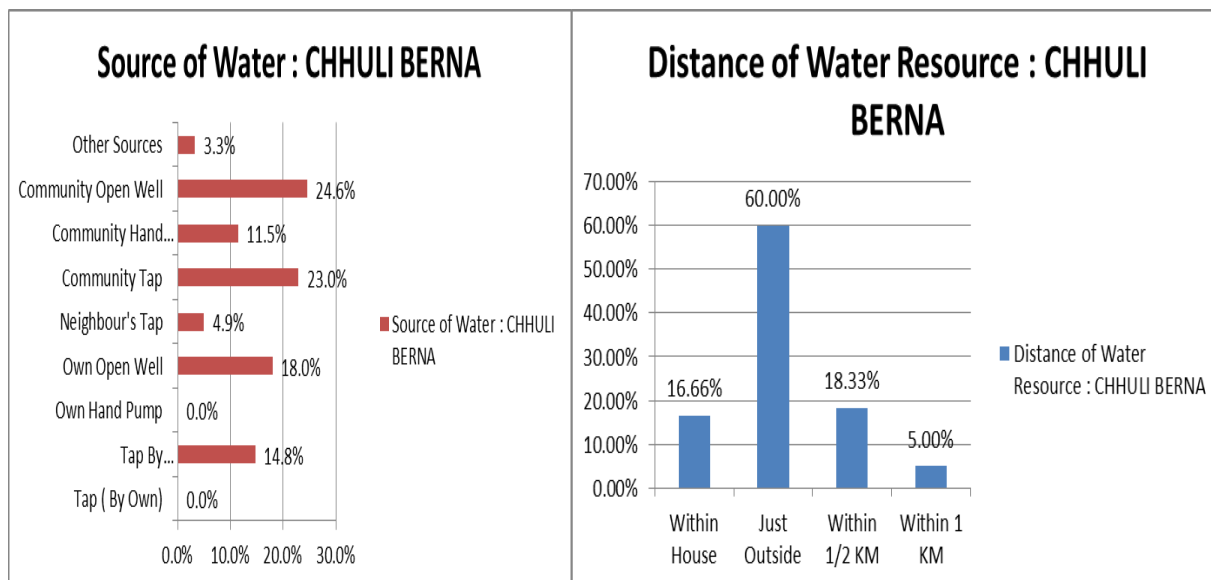
7.13.4 Sanitation

In study village around 84% households do not have toilet facility. 37.5% of those who do not have toilet interested to construct if they will get a subsidy and around 52% want if they will get free of cost.



7.13.5 Water

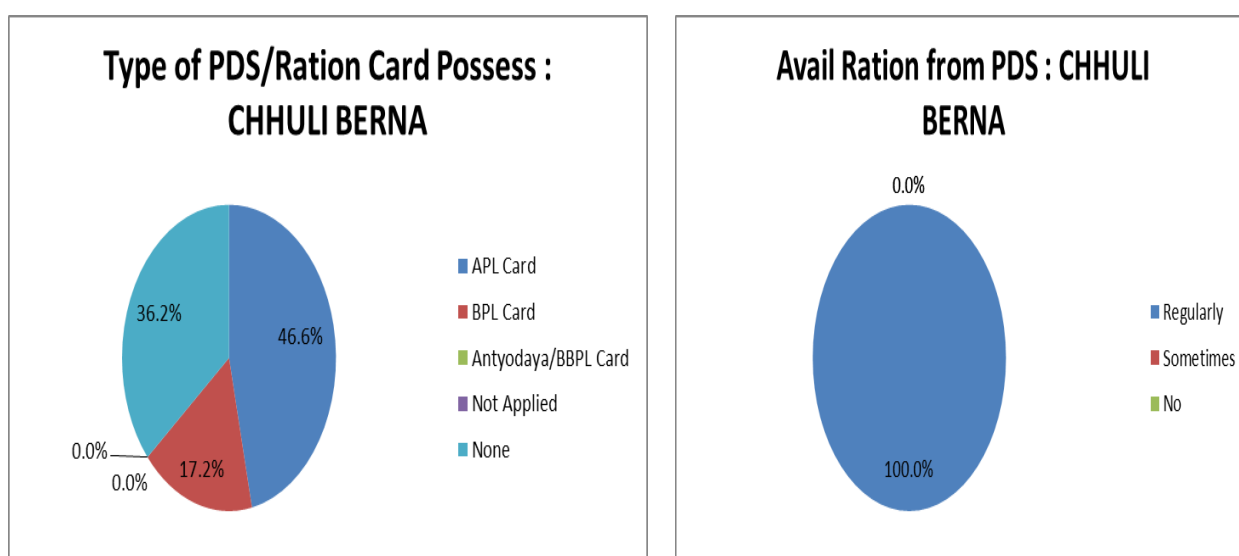
In the study area around 42% of sample households depends on tap (community, own or



panchayat tap) for drinking water while 42.6% fetch water from open well. 16.66% of sample households have a water source within premise and 60% have just outside house whereas 5% need to go more than half km. away to fetch water.

7.13.6 Public Distribution System

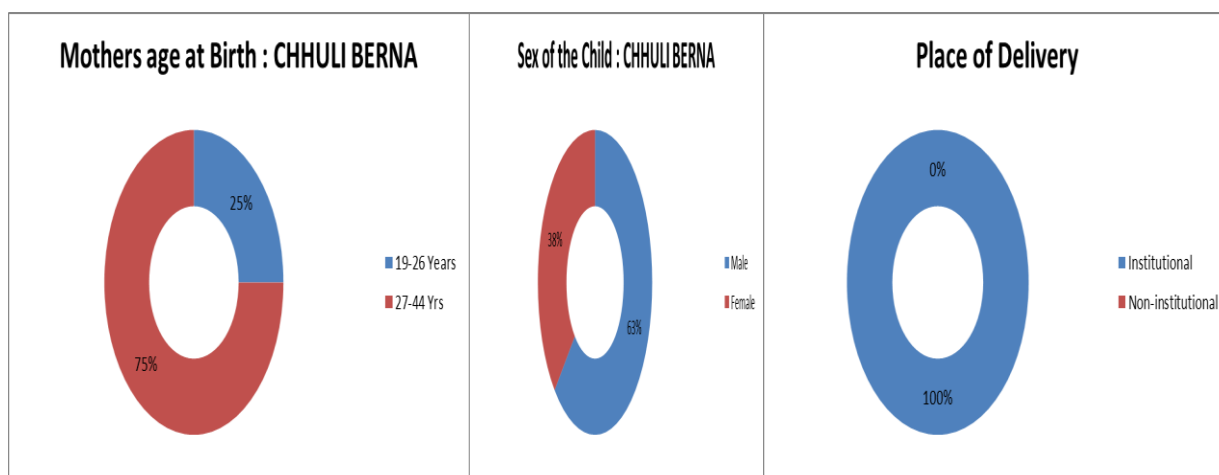
In CHHULIBERNA 17.2% sample households have BPL cards and 46.6% whereas 36.2% sample households do not have any type of households. Those who have cards they avail PDS



regularly.

7.13.7 Maternal Health

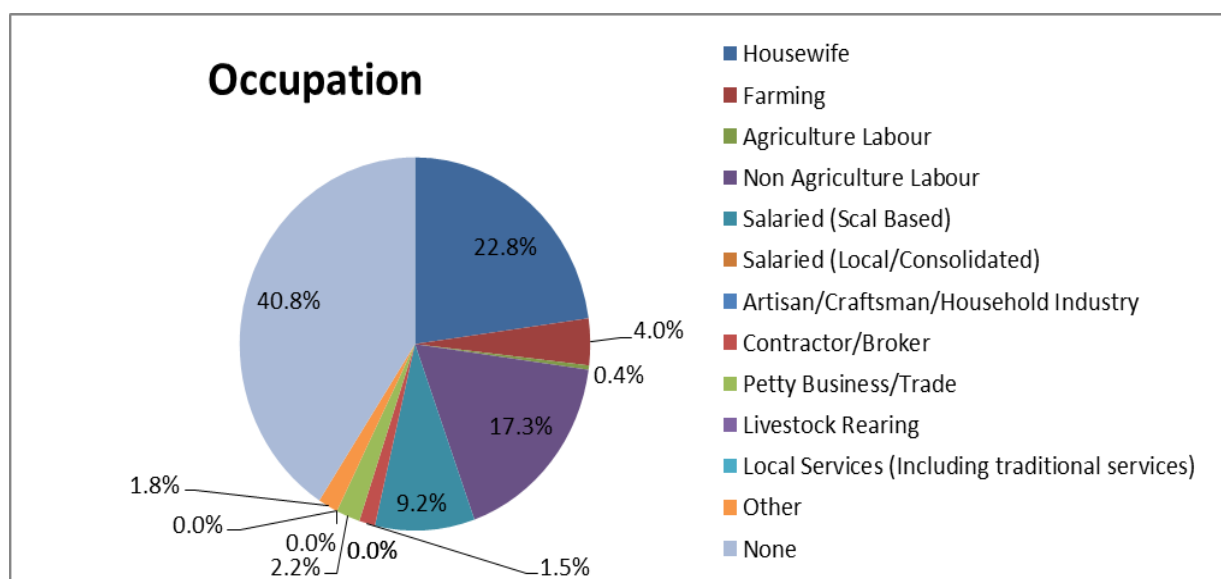
In studying village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. The sex ratio among the kids of age group 0-3 years 38% are girl child and 63% are male child. Women who conceived a child in the last three years 25% of them were in the age group of 19-



26 years while 75% were in the age group of 27-44 years.

7.13.8 OCCUPATION

Among the sample household members in the village 4% are depending on farming for a livelihood, 17.5% are non-agricultural labour, 9.2% are salaried employee and 2.2% are doing petty business. 40.8% of the sample household members said that they do not work at all



however it includes women who instead of saying housewives said that their primary Occupation is none. Total 63.6% of the sample household members either do not have work or housewives which show the lack of livelihood option in the village.

7.13.9 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 84% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
4. More than 20% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

8.Sundargarh¹⁶

The district of Sundargarh is endowed with rich natural resources including minerals, forests, fertile soils, surface and ground water resources with tourist potential. However, the district has remained in the focus for high incidence of poverty and poor human development indicators. This prompted the Government of Orissa to pay special attention to the district development process through decentralised planning and initiating measures whereby local needs can be met. As a part of the overall National and State perspective, the Government of Odisha has started decentralised planning process in the district to capture people's aspirations and their priority needs and making it a part of the overall district development process. It is realised that people's needs can effectively capture through decentralised planning involving all the stakeholders at different planning unit level. It would help to address effectively the people's concerns and it can accelerate the development process. Over and above, strengthen grassroots planning and implementation would contribute to the overall development of the district.

The district is surrounded by the State of Jharkhand in the north and Chhattisgarh on the North West. The other boundaries of the district are bounded by Jharsuguda, Sambalpur and Deogarh districts on the South and Keonjhar & Angul district on the east. The district is located between 21035' N and 22032' N latitudes and 83032' E and 85022' E longitudes. The total geographical spread of the district is 9712 Sq. Km which is 6.23% of the total geographical area of the State and the second largest district in the state in terms of its geography. The total cultivable land of the district is 3.36 lakh hectares and the area used for non-agriculture activity is 0.5 lakh hectares. The barren and pasture land of the district is 0.7 and 0.16 lakh hectares respectively. Geographically the district is not a compact unit and consists of widely dissimilar tracts of expansive and fairly open country dotted with tree-clad isolated peaks, vast inaccessible forests, extensive river valleys and mountainous terrain. It is an undulating tableland of different elevations broken up by rugged hill ranges and cut-off by torrential hill streams and the rivers. Because of this undulating, hilly and sloping nature of landscape, the area is subject to rapid runoff leading to soil erosion.

8.1 Education

The literacy rate of the district remains at 65.22% (2001) can well be compared with the State percentage of 63.61% (2001). However, rural literacy percentage is much below the State

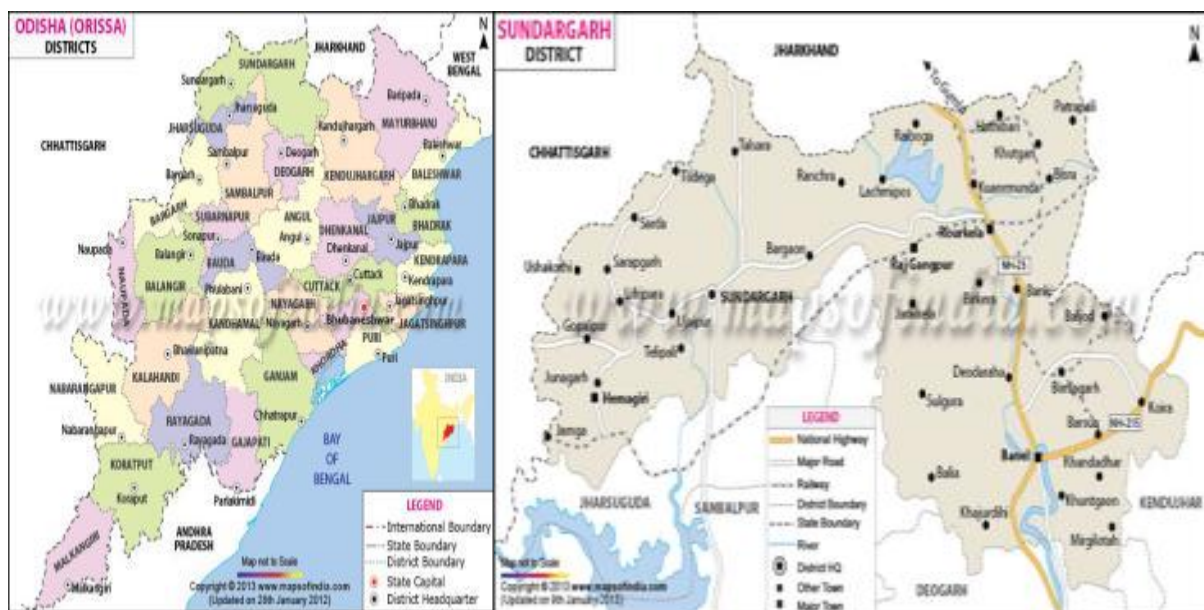
¹⁶ http://www.ordistricts.nic.in/district_profile/index.php

average. The percentage of male and female literacy in rural areas is 67.73 and 43.37 respectively.

Looking at the trend of literacy in the district, it is pertinent that in 1991, the literacy rate of the district was 52.97% which increased to 65.22% during 2001 and further to 74.13% during 2011 i.e. growth of 12.25 percentage point from 1991 to 2001 and 8.91% from 2001 to 2011. Though rate of growth in literacy during the last decade i.e. 2001 to 2011 is comparatively less than the earlier decade i.e. 1991-2001, still the district has achieved a positive growth. Normally, it happens that once a level is attained, moving upward in the ladder from the achieved midpoint normally becomes tough and difficult. In spite of that, the district achievement remains encouraging with 8.91% decadal literacy growth.

2011. Education Deprivation Index further reflects that the district was having index value of 79.06 [based on census 2001] which is much higher than many other districts of the state. Overall achievement in women literacy is because of various educational initiatives by Central Government, State Government and many other individuals and agencies to promote women education in the district.

The district has the premier National Institute of Technology (NIT) at Rourkela. The Biju Pattnaik University of Technology has been established at Rourkela in 2003. The details of educational sector/ institution are given in Annexure-14. The district is having 1809 primary schools and 542 Middle schools. The dropout rate of girls in the Primary school is 12.82% and boys are 9.51%. About ten Ashram schools are being operated in the district where tribal children are getting free of cost education



Source: <http://www.mapsofindia.com>

Census 2011 Sundargarh	Total	Rural	Urban	Rural %	Urban %
No of Households	479109	312497	166612	65.22%	34.78%
Total Population Person	2093437	1355340	738097	64.74%	35.26%
Total Population Male	1061147	676068	385079	63.71%	36.29%
Total Population Female	1032290	679272	353018	65.80%	34.20%
Population in the age group 0-6 Person	263160	181482	81678	68.96%	31.04%
Population in the age group 0-6 Male	135204	92292	42912	68.26%	31.74%
Population in the age group 0-6 Female	127956	89190	38766	69.70%	30.30%
Scheduled Castes population Person	191660	115853	75807	60.45%	39.55%
Scheduled Tribes population Person	1062349	908475	153874	85.52%	14.48%
Literates Population Person	1342322	782147	560175	58.27%	41.73%
Literates Population Male	750147	441493	308654	58.85%	41.15%
Literates Population Female	592175	340654	251521	57.53%	42.47%
Illiterate Persons	751115	573193	177922	76.31%	23.69%

Source : <http://censusindia.gov.in/>

Sex Ratio – 973

Literacy Rate- 73.34%

Population Density- 216

8.2 District Demography:

According to the 2001 census the total population of the district was 18, 30,673 which constitutes 4.97% of the total population of the State. The population spread is across 1744 villages and 4 urban areas. The ST and SC population of the district is 9, 18,903 [50.21%] and 1, 57,745 [8.62%] respectively. Important tribes in this district are Munda, Kharia, Kisan, Bhuyan, Oram and Gond. The rural and urban population of this district is 12, 01,479 and 6, 29,194 (2001) respectively. The ratio of population of this district between rural and urban areas is 2:1. Urban settlements are fast increasing in this district and this district has a high percentage [34.4%] of people living in urban areas against a state average of 14.97%. The complete demographic profile including the scenario of the rural and urban population is given in the following tables.

Demographic Profile of the District by Census Year		
SN Particulars	2001	2011
1 Total population	18,30,673	20,80,664
2 Male population	9,35,601	10,55,723
3 Female population	8,95,072	10,24,941
4 Female for 1000 males	957	971
5 Schedule Caste Population	1,57,745	
6 Schedule Tribe Population	9,18,903	
7 Density of population (per sq.km)	188 214	
8 Rural Population	12,01,479	
9 Urban population	6,29,194	
10 Decennial growth Rate	16.34%	13.66
11 Population in the working age group	8,04,095	
12 Educated Unemployed	63,804	
Source: Census of India and Census of Orissa		

8.3 Health Infrastructure:

The district is facing well shortage of trained health professionals (0.65% per thousand populations) as compared to the national average of 1.61%. There is a similar condition of shortage of health institutions in the district (0.075/1000 population). Crude birth and death rate of the district, infant mortality per thousand populations and maternal mortality per one

lakh population in the district are 24.1%, 10.6%, 51 and 235 respectively. The details of the health infrastructure of the district are given in the Table no 1.14. The total health institution per 1000 population is 0.477.

Type of Health Institutions in the District

SN	Type of Institutions	No. of Institutions
1	DHH	1
2	SDHs	2
3	CHC-1	6
4	CHC-II	5
5	UG PHC	2
6	PHC	6
7	PHC(new)	53
8	PHC(New to be functioned)	5
9	Police & OSAP (Hospital)	3
10	Jail Hospital	2
11	PPC	4
12	URS	1 (with 5 centers)
13	Urban FWC	2
14	LEU	3
15	MLCU	1
16	Homeopathic Dispensaries	22
17	Homeopathic Doctors	21

18	Ayurvedic Dispensaries	32
19	Ayurvedic Doctors/Kabiraj	30
20	Total Health Institution (per 1000 population)	0.477

Source: District Statistical Office, Sundargarh; NRHM, Sundargarh

8.4 Drinking Water and Rural Electrification:

Regarding the status of the drinking water supply in the district the total wells are traced in the villages are 13043 and it is the major source of the drinking water in the villages of the districts. Around 88 percent rural villages of the districts are electrified. The status of the drinking water and the rural electrification of the district are given in the following table.

Table 21: Drinking Water Supply

SN	Particular	Specification
1	Total Wells	13043
2	Total Wells defunct	464
3	No of village covered under- VW & SC	174

Source: District Statistical Office, Sundargarh

Table 22: Status of Rural Electrification

SN	Particular	Specification
1	Number of villages electrified	88.9%
2	Number of villages not electrified	11.1

8.5 Mineral Resources¹⁷

Being rich in mineral resources, the district occupies a place of prominence in the mineral map of the state. Mining activities here date back to 1898 when lime stones were exploited in the Bisra region. Then a systematic and scientific exploitation of manganese ore at Gadiajore,

¹⁷ Comprehensive District Plan 2012-2013 Sundargarh District

dolomite at Panposh and limestone at Birmitrapur started during the year 1898, 1912 and 1917 respectively. Later, mining for iron ore, coal and bauxite were also started. The total output of minerals in the district during the year 2000-01 is 688.67 lakh MT and the total number of working mines is 355. Such mining activities have influenced employment generation in these sectors to the tune of 9779.

8.6 Agriculture

Agriculture and allied sector continues to be the main stay of the economy of the district with more than 50% of the total work force depending for their sustenance. Total cultivated area of the district is 3, 36,000 hectares which is 35% of the entire area of the district. Percentage of irrigated area under kharif and rabi crops are 11.4% and 4.48% respectively. Rice is the principal food crop of the district. The productivity of rice per hectare is 17.43 Qtl / hect. Average size of land holding in the district is 0.17 hectare. Around 13,000 hectare is coming under the fallow land; while the pasture land is traced around 16,000 hectares.

8.7 Animal Husbandry and Fishery:

The cattle wealth of the district according to 2001 live-stock census is given in the following table. To protect animals against common contagious diseases and to impart technical know-how to the people, 30 veterinary institutions and 116 live-stock aid centers are functioning in the district. Milk, egg and meat production in the district during 2001– 02 was 37,000 MT, 53,000,000 numbers and 3822 MT respectively. Regarding the infrastructure of animal husbandry there are two numbers of veterinary hospitals and 28 veterinary dispensaries. The total annual fish production is 4487 (M.T).

8.8 Economic Activities

The district has rich mineral deposits and a good industrial base. Besides Rourkela Steel Plant there are 4 large scale and 24 medium scale industries in the district. There are 1700 SSI units registered with DIC, Rourkela and 466 SSI units registered with DIC Sundargarh. According to 2001 census, 9,779 are employed in mining activities and 79,926 are employed in industrial activities. Of late, in a very short span of two years, 28 sponge iron plants have come up in the iron belt, i.e., from Koira to Bargaon, and a few more are in the pipeline, resulting in a spurt of economic activity in the district.

Table 24: District Industry Status

SN	Industry Particulars	Specification
1	Numbers of SSI units (2002-03)	425
2	Capital Investment (in lakhs)	15,04,60
3	Persons employed	1,660
4	Industrial Workers	79,926
5	Nos. of Cottage Industries set up	(2000-01) 1,159
6	Total Capital Investment (in lakhs)	184
7	Employment generated	2,054
8	Number of looms (2000-01)	1,164
9	Total Capital Investment (in lakhs)	90 (RS)
10	Production (in lakhs)	4.32 Sq/Mt
11	Employment Generated	2,328

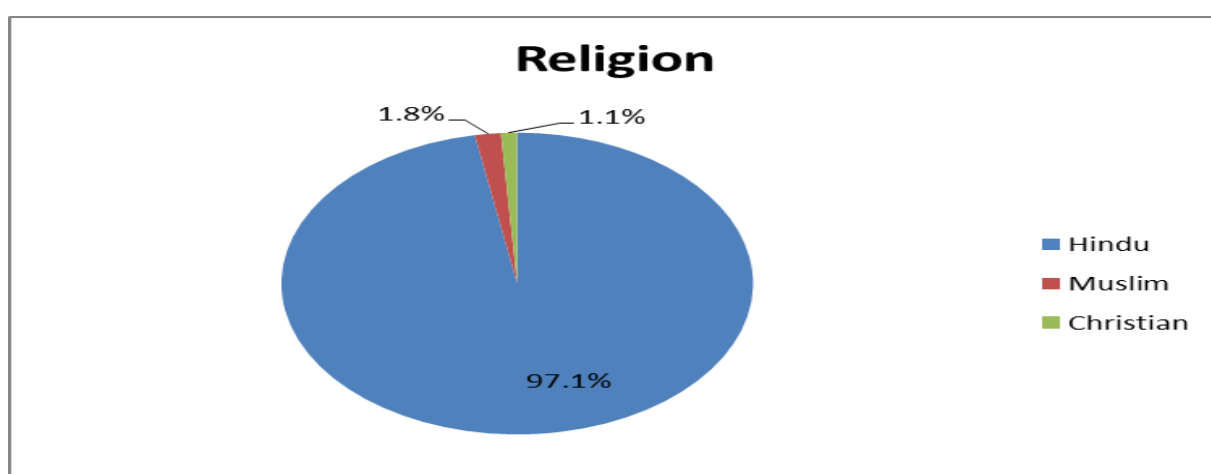
Source: District Statistical Office, Sundargarh

9.FINDINGS FROM THE FIELD

9.1 Sundargarh

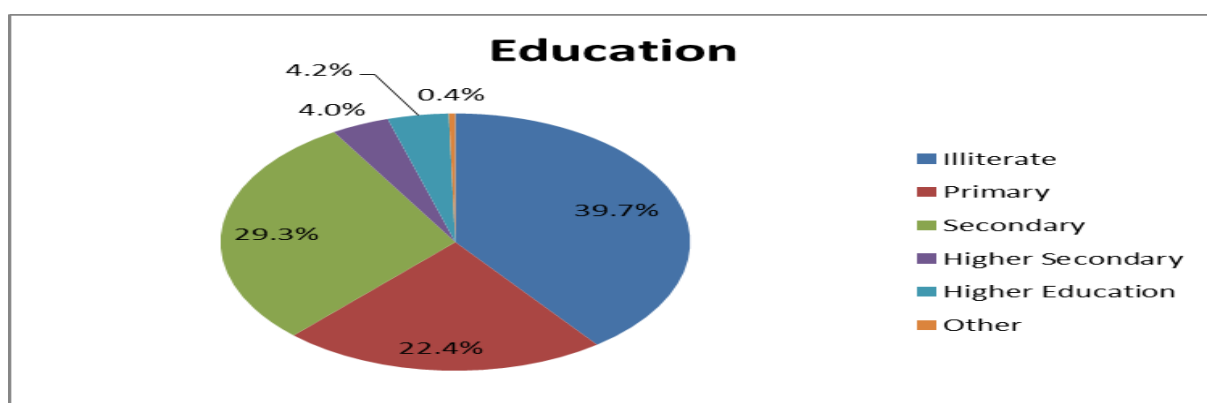
9.1.1 PROFILE OF RESPONDENTS

In the research process, total 451 households were selected for interview on the basis of random sampling process. The background of the respondents was defined based on the following indicators:



9.1.2 Religion

Out of total 451 respondents, 97.1% are Hindus, 1.8% is Muslims and 1.1% is Christians.



Religious distribution of the respondents is given below:

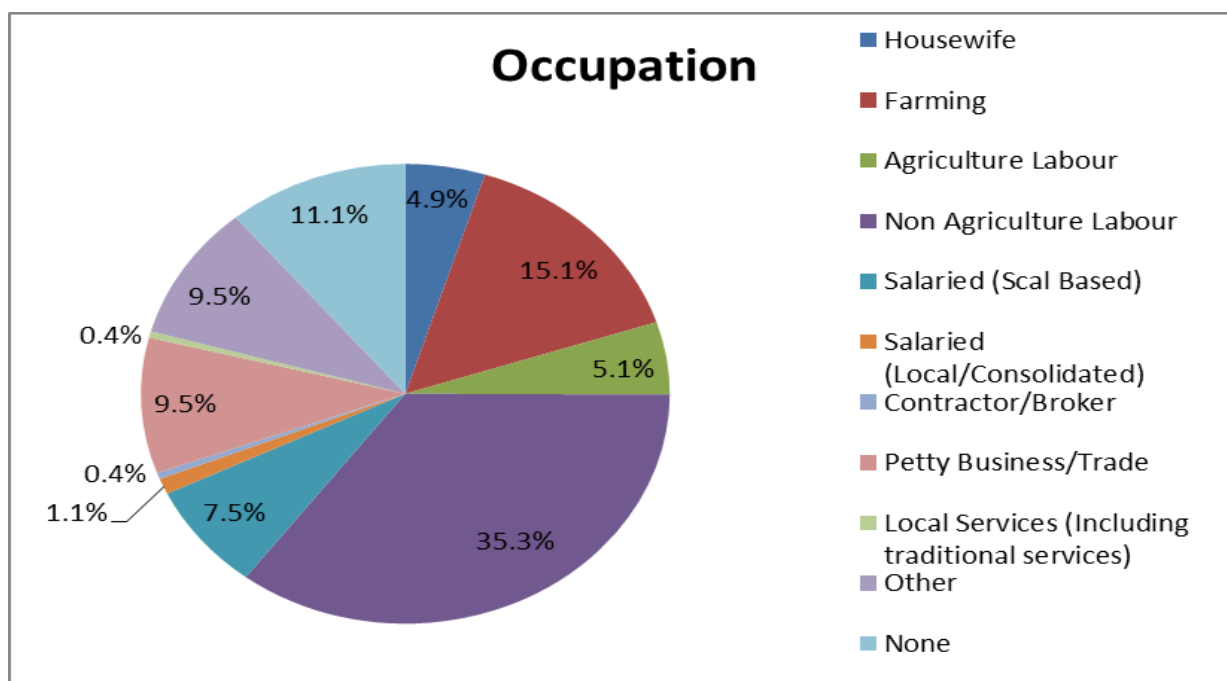
9.1.3 Educational Attainment

Out of total respondents around 40% are illiterate, 22.4% had primary education, and 30% respondents had secondary education. 4.2% of respondents had higher education which is

comparatively a good percentage. The chart explaining educational distribution of the respondents is given below

9.1.4 Occupational Distribution

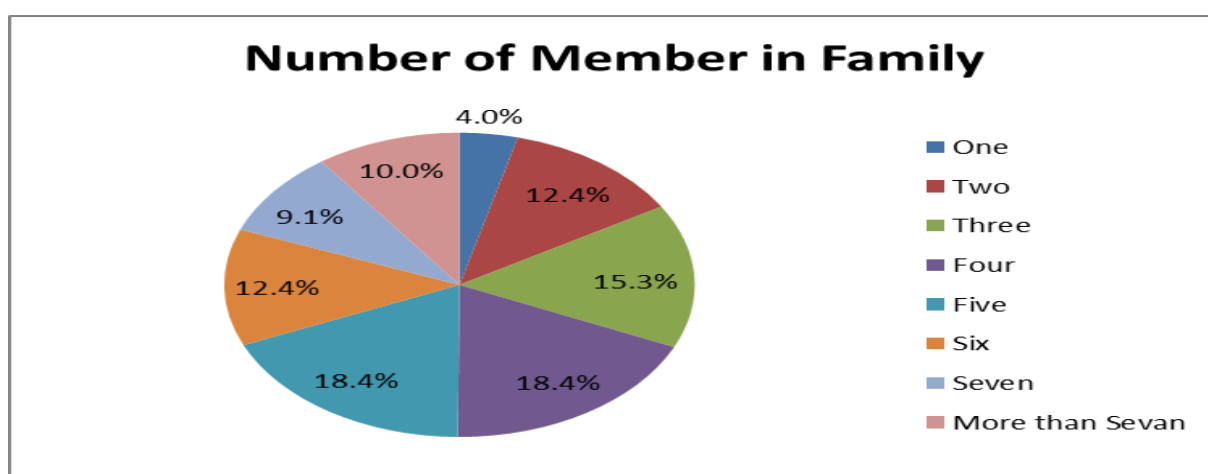
Maximum respondents (35.3%) were nonagricultural laborer, while 15.1% are dependent on



farming. Only 8.6% are salaried employees and 9.5% are in Petty Business or trade. The Occupational distribution is given in below chart.

9.1.5 Size of Family

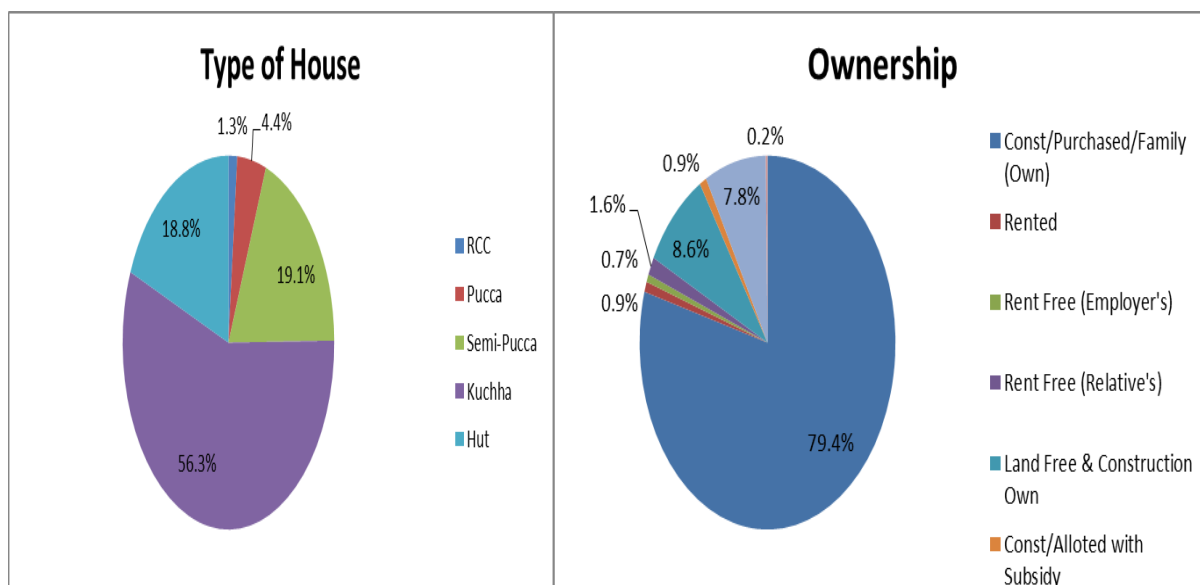
20% of families have more than six members in family. 50% families have more than four



members. The detailed representation of the family size is given below:

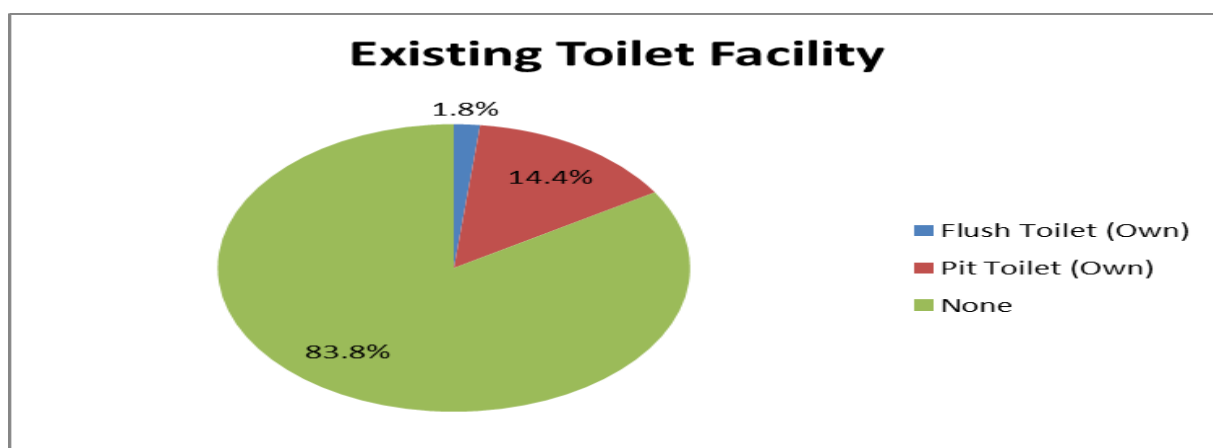
9.1.6 Housing Pattern

Out of 451 households 75% are having kuchha houses or hut. 19.5% are living in semi pucca house. Only 5% of houses are pucca and RCC. It is found that 0.9% of households interviewed during the research are constructed by subsidy. The pattern of type of house is represented below:



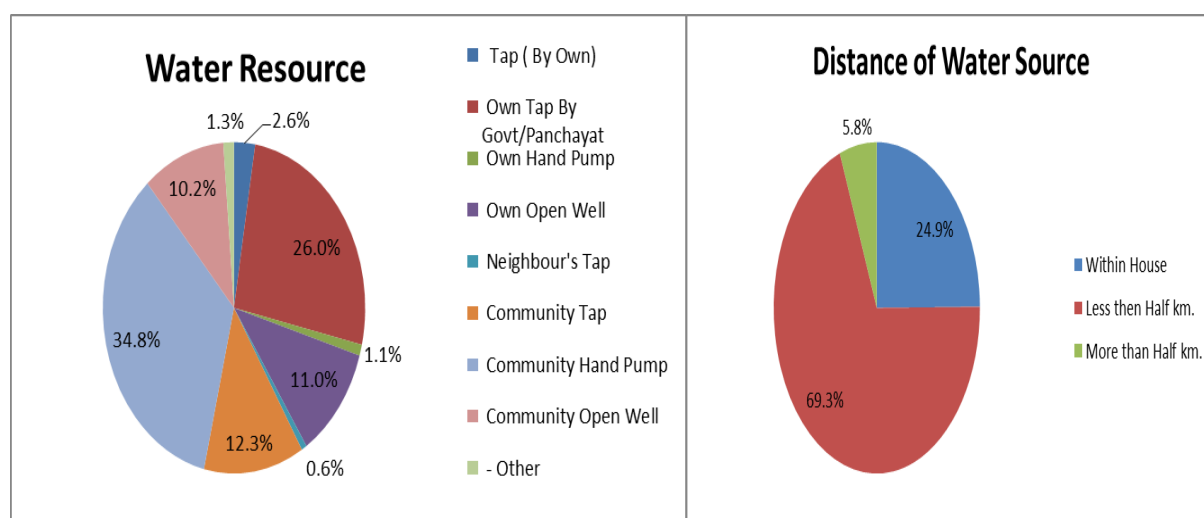
9.1.7 Sanitation

In Sundargarh District the sanitation condition as found after the interview is very critical. 84% of households do not have toilet facilities. The detailed pattern of use of toilet is represented below:



9.1.8 Drinking Water

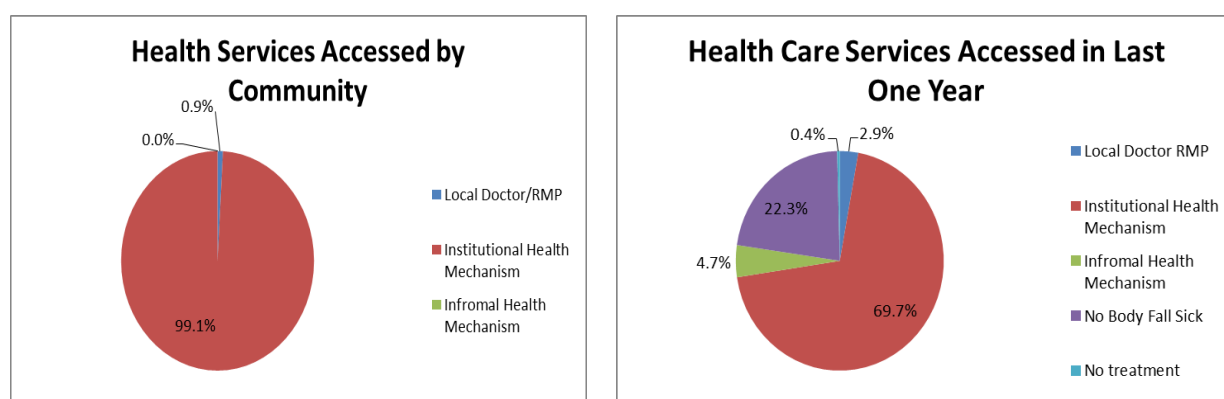
In the household interview it was found that out of 451 respondents 25% of households have the water sources located inside the premise. Availability of source of water inside the households is primarily dominant by Tap by Govt/Panchyat. 34.8% of households dependent on community hand pump for drinking water. However around 70% people avail water from



source located outside their house, namely community open well, tap, hand pump etc

9.1.9 Health Seeking Behavior¹⁸

100% of the sample accesses the health institution whenever required. Frequency of accessing the traditional health practitioner amongst respondents is nil which represents the reach of institutional or registered medical practitioners in the studied area. In last one year only 4.7% of respondents accessed informal health care services. Details is given below in charts-



¹⁸ Classification has been done by Author.

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

Informal Health Mechanism consists Traditional Healer/Dai/Chemist Shop

9.2 DUDUKA

YEAR	2011
HOUSEHOLDS	600
POPULATION	3000

RELIGION	House holds
HINDU	200
MUSLIM	23
Christian	1

Forest Produce	
Firewood	Yes
Fruits/Nuts/Leaves	Yes
Cultivation	Yes

Public/Common Tap Points	5
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HH Tap Connections	15
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Chief Crop Name	Area
Paddy	40 acres

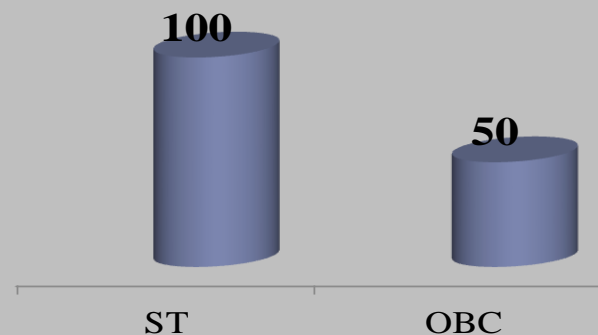
Land Distribution:			
Total Area	Irrigated	Grazing	Non- Irrigated
1000 acres	60 acres	5 acres	5 acres

DuduKa

Facilities Available in the village

Playground
Bus Stop
Public Telephone Booth
Daily Market
PDS Shop
Grocery Shop
DTP/Xerox Centre
Post Office
Gram Panchayat Office
APMC/ Mandi
Public/ Pvt./ Mini buses
Maxi Cabs/ Jeep
Bicycle
Motorcycle
Pre-Pri/Nursery School
Govt. Primary School
Pvt. Secondary School
Higher Secondary School
Degree College
Govt. Secondary School

Households



Facilities Existing more than 5 Kms

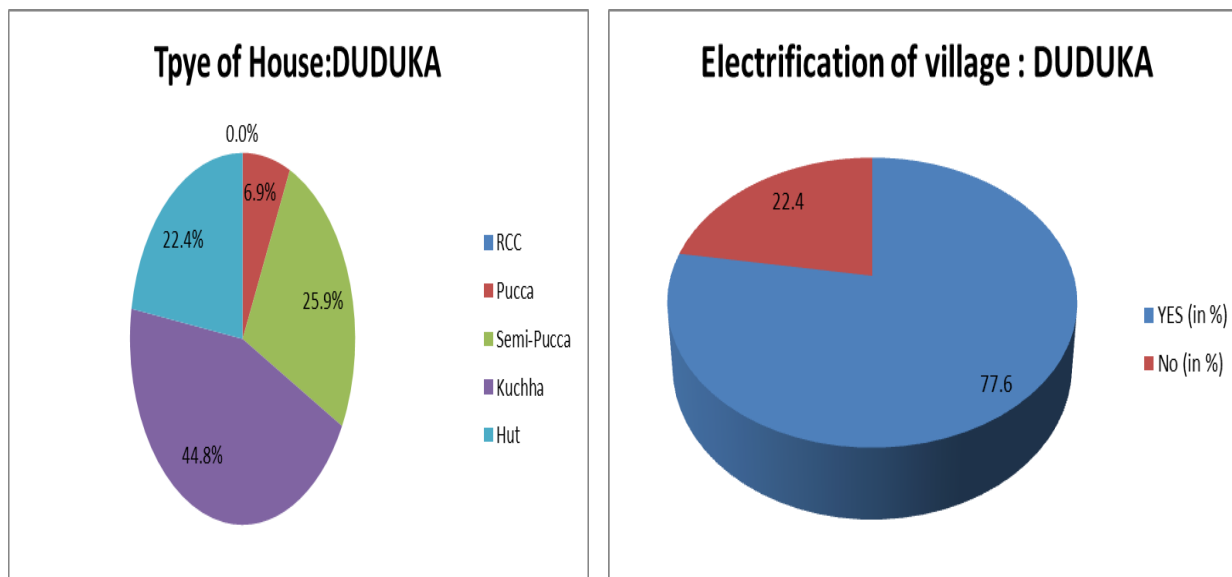
Railway Station	Hemgiri
Police Station	
Bank for S/B Account	
Block Development Office	Laikera
Co-operative Society	
Taluk Headquarters	
ITI/ Polytechnic	sundargarh
Vocational training centre	
Heath Sub-Centre	
Primary Health Centre	Mandila
CHC/ Govt. Gen. Hospital	Rajpur
Pvt Primary School	Jharsuguda
	Tiklipada

Facilities Existing within 5 kms.

Weekly Market	Balinga
Ayush Hospital	Brearaj Nagar
Veterinary Clinic	
Pvt. Clinic (RMP+)	
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	Belphar

9.2.1 Household Status

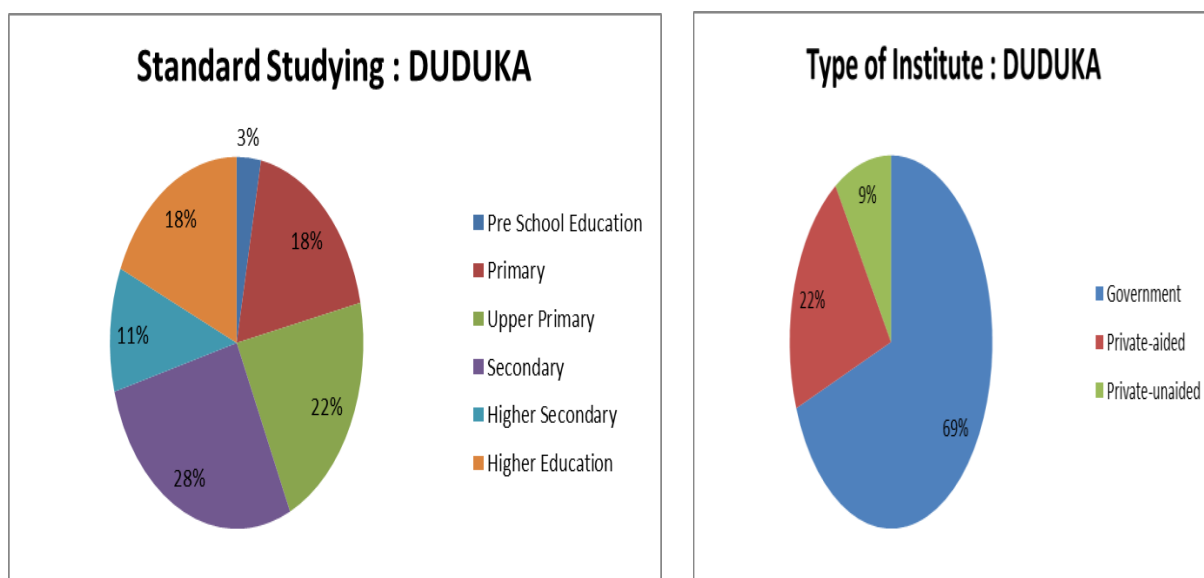
In Duduka village 44.8% of sample reside kuccha house and 22.4% are living in Hut. There is



no RCC house and only 7% houses are Pucca house. 70% of samples have their own house while only 1.7% houses constructed by subsidy. 77.6% of the household studied are electrified.

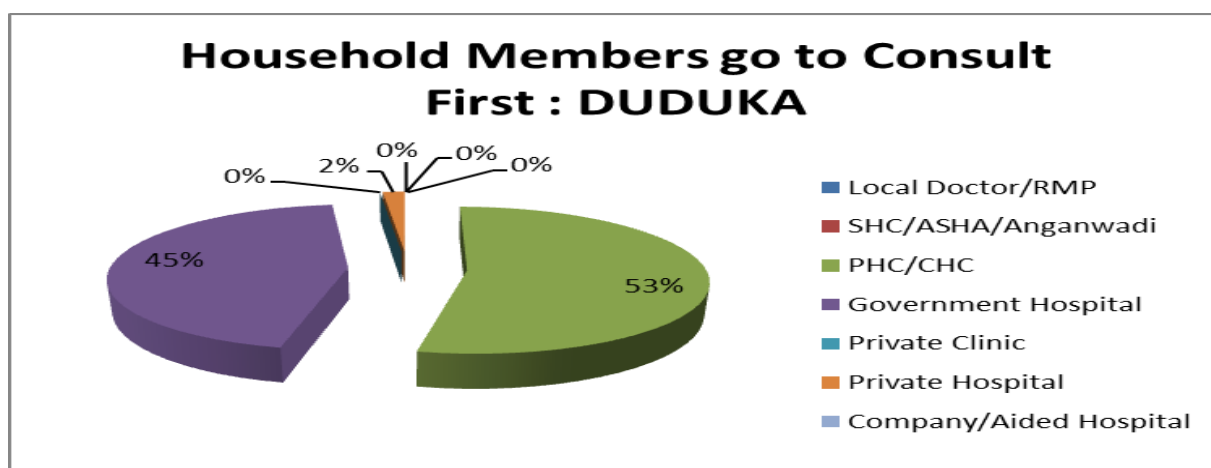
9.2.2 Education

Among the sample households presently 18% children are studying in primary level, 22% are studying in Upper primary level, 28% are studying in secondary schools while 18% in higher



education as well as pursuing vocational courses. 69% of students are enrolled in government institutions while 31% in private institutions.

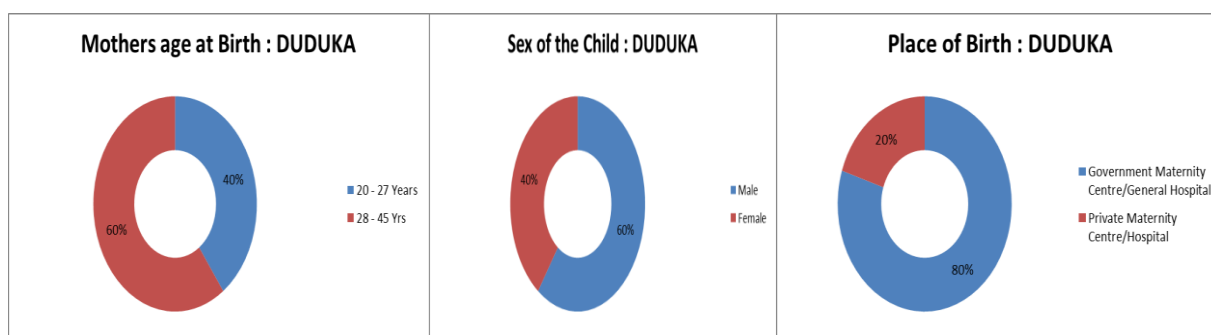
9.2.3 Health



Among the sample 53% claimed that they consult PHC/CHC first in case of any medical urgency while 45% of the sample said that they consult a government hospital for the same. Only 2% of sample household members go to a private hospital in a medical emergency. As data reflect 98% of sample household members consult government health service provider like government hospital, PHC/CHC which shows the functioning and availability of government healthcare service in the village.

9.2.4 Maternal Health

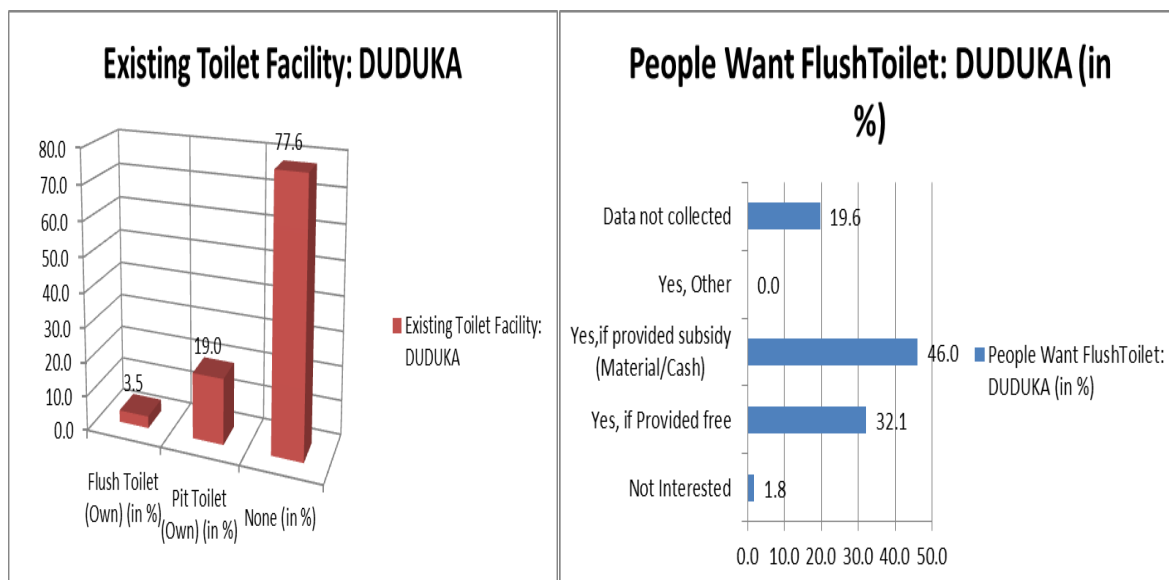
In Duduka village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. 80% sample reported that deliveries were at government maternity centre/hospital while 20% had a delivery at private hospital/maternity centre. The sex ratio among the kids of age group 0-3 years 40% are girl child and 60% are male child. Women who conceived a child in the last three years 40% of them were in the age group of 20 – 27 years at the time of delivery and rest



of the 60% were in the age group of 28 - 45 years.

9.2.5 Sanitation

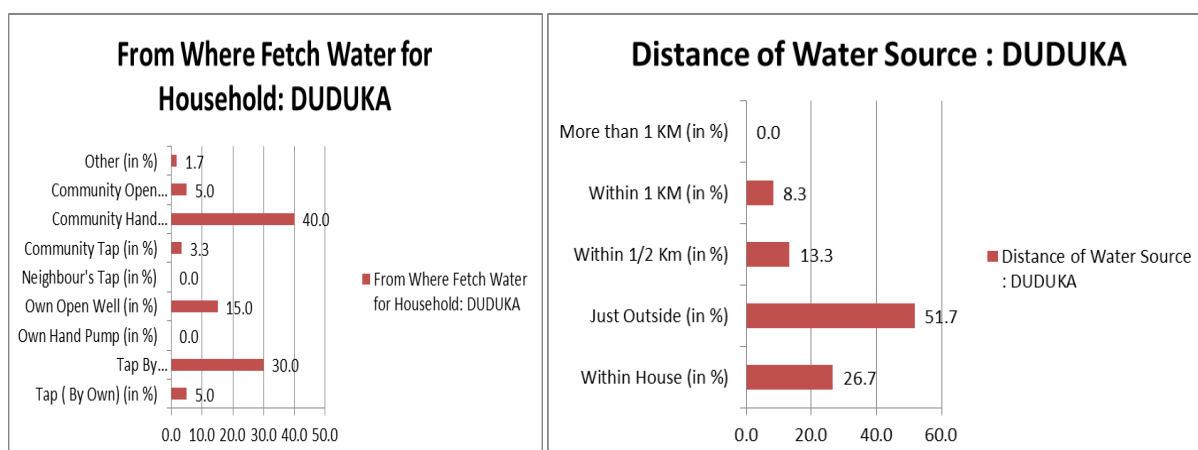
A negative feature of this region is that 77.6% of the sample households do not have their own toilets. Only 3.5% of sample households have flush toilets.



Among the sample households who do not have any toilet facility 77% said that they are interested in toilet construction. 32% said they are interested if provided free while 46% said they are interested if provided subsidy.

9.2.6 Water Source

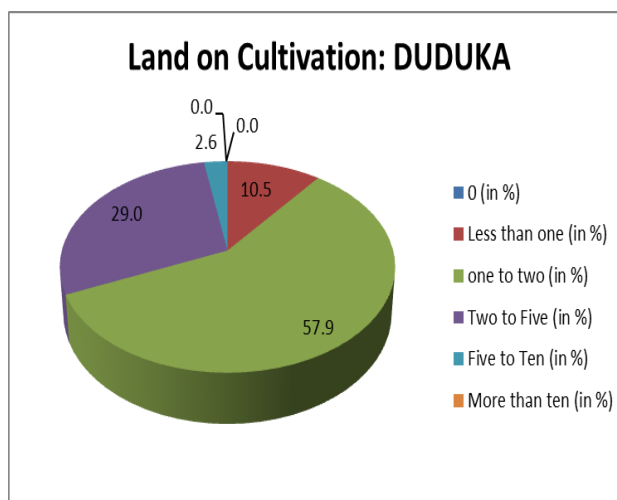
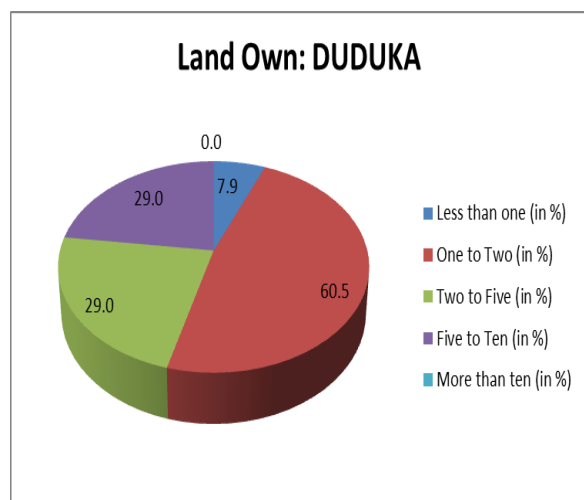
40% of the sample households reported saying that they use community hand pump for drinking water purposes while piped water supply cover the 35% of the sample. Open well provides water to 20% of the households. As reported during research 51.7% of the sample have water source located just outside the home while for a 27% sample it is located inside their premise. 13% of the sample said that they are supposed to walk around half Km to fetch



water and to 8.3% of the sample water source is located around the distance of one Km which a big population.

9.2.7 Own Agriculture Land

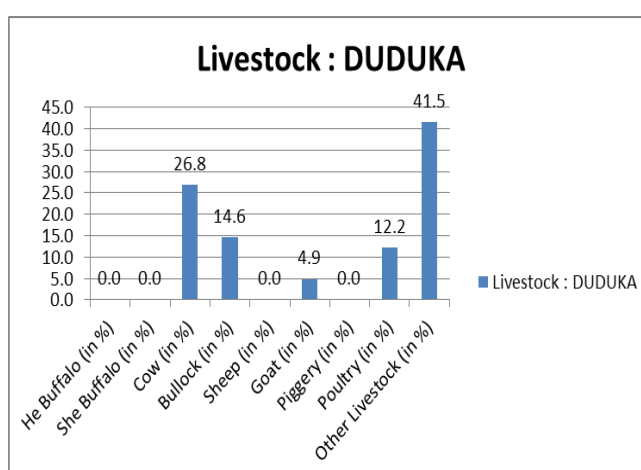
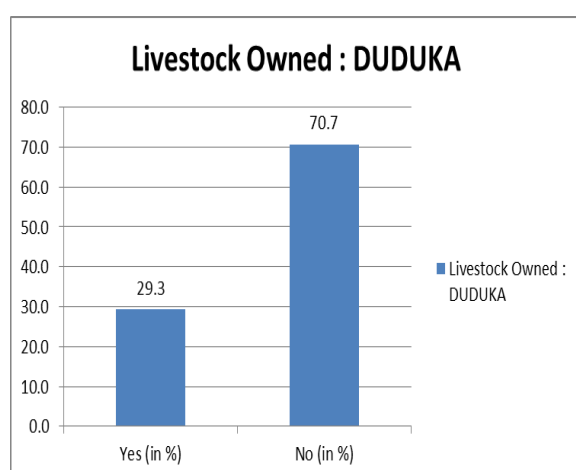
In Duduka 60% of the sample population owns one to two hectares of agriculture land. 29% samples have five to ten hectare agriculture land. In sample households no one had Duduka



cultivated irrigated land.

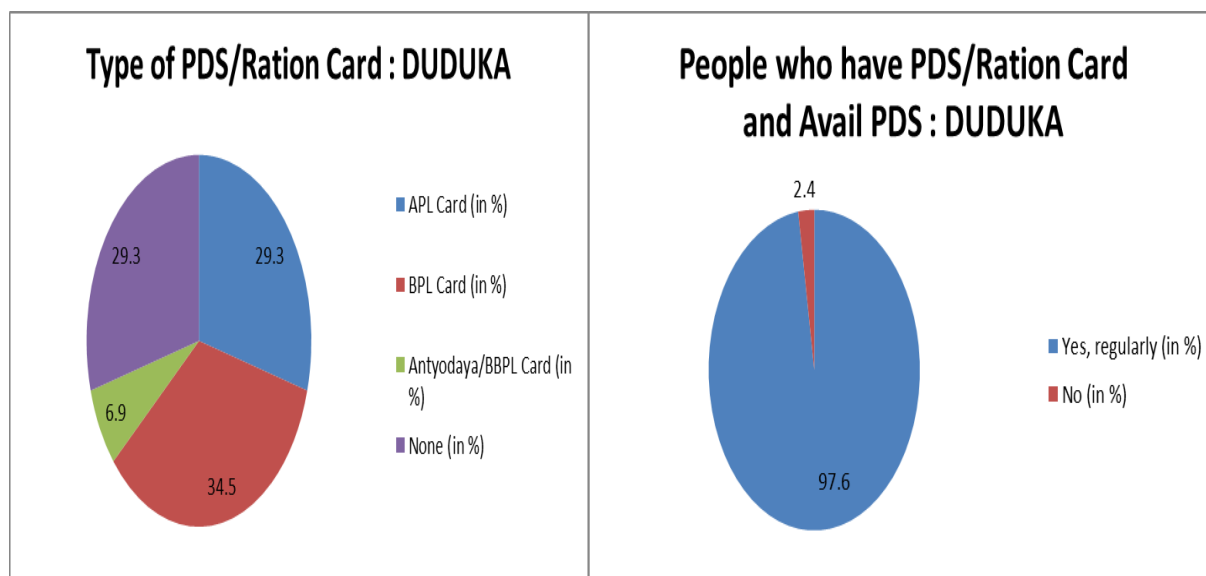
9.2.8 Livestock

In Duduka 70% of samples do not have livestock. Among the sample households who own livestock 27% have cow and 12% have poultry. 41.5% have other livestock. Detail about livestock mentioned in the above charts.



9.2.9 Public Distribution System

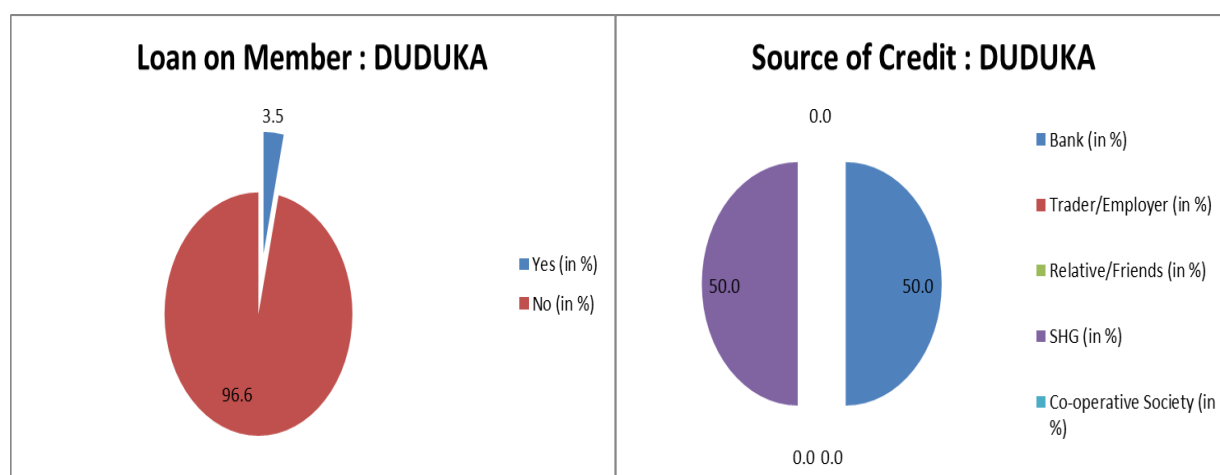
29.3% of samples have an APL card in Duduka while 29.3% do not have any kind of a ration card. 6.9% sample has Antyodaya or BBPL card. Among those who have ration card 97.6%



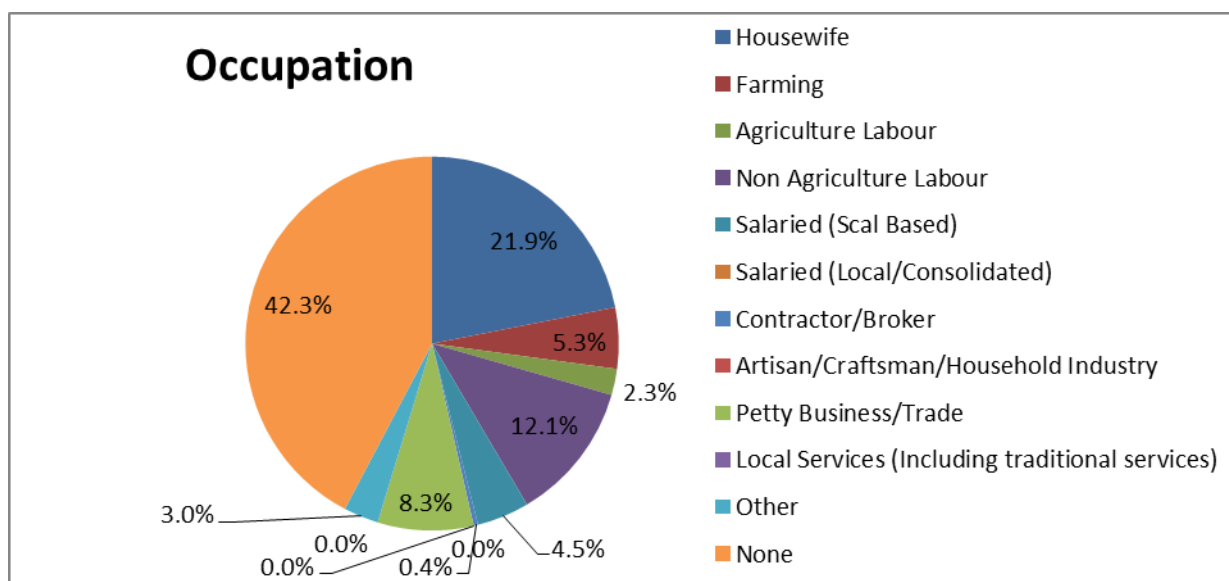
avail public distribution system. Other than Duduka all other have 100% Avail of PDS

9.2.10 Loan on Member

Only 3.5% of samples in Duduka have Loan on them. Those who have loan they credited it from 50% from bank and 50% from SHG.



9.2.11 OCCUPATION



In Duduka village 5.3% of the sample household members are doing farming for livelihood, 2.3% work as agricultural labour and 12.1% are non-agricultural labour whereas 4.5% are salaried employee and 8.3% are doing petty business. 42.3% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none. More than 64% of the sample household members either do not have work at all or housewives which show the high rate of unemployment in the village.

9.2.12 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 78% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. 67% of the sample households reside in Kuccha houses or hut. Company with the collaboration of Gram Panchyat can provide housing scheme.
4. Among the deliveries more than 20% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
6. Around one fourth of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

9.3 SARNGIJHARIA

SarangJharia

Households

20

ST

RELIGION	House holds
HINDU	93
MUSLIM	7

Forest Produce	
Firewood	Yes
Fruits/Nuts/Leaves	Yes
Coal Collection	Yes

Chief Crop Name	Area
Paddy	60 acres
Vegetable	20 acres
Potato	10 acres
Binjur	20 acres

Land Distribution:			
Total Area	Wasteland	Non- Irrigated	Grazing& Forest
550 acres	50 acres	100 acres	25 acres

Facilities Available in the village

Samaaj Mandir
Bicycle
Motorcycle
ASHA worker
Dai (Trained/ Untrained)
Pre-Pri/Nursery School
Govt. Primary School
Higher Secondary School
Degree College

Facilities Existing more than 5 Kms

Post Office	
Co-operative Society	
Bank for S/B Account	
Govt. Secondary School	
Pvt. Secondary School	Gopalpura
Railway Station	
Police Station	
Taluk Headquarters	Hemgiri
Pvt. Clinic (RMP+)	
Pvt. Clinic (MBBS/ BAMS+)	Breajraj Nagar
Ayush Hospital	
Veterinary Clinic	
Medical Shop/ Chemist	Belpahar
District Headquarters	Sundargarh
Heath Sub-Centre	rajpur
Primary Health Centre	kaliakani
CHC/ Govt. Gen. Hospital	rajpur

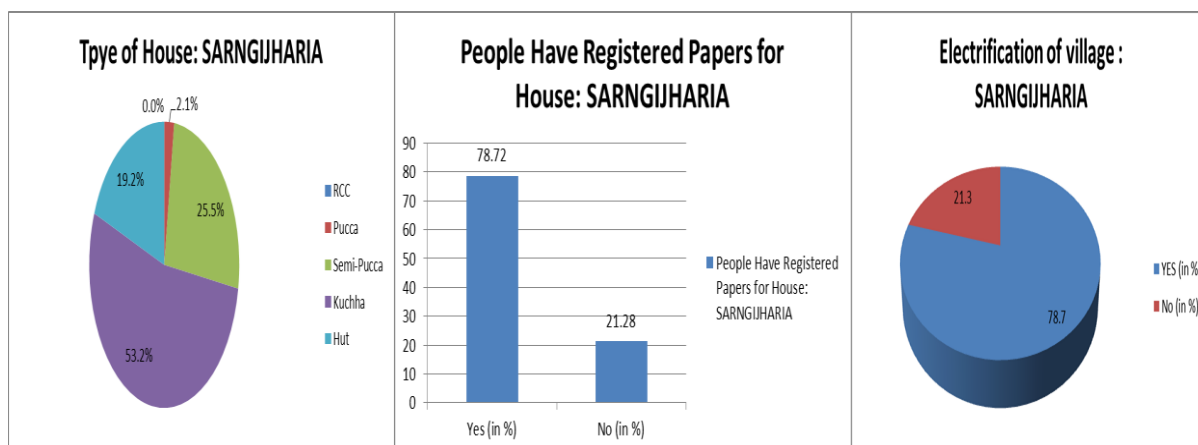
Facilities Existing within 5 kms.

Public Telephone Booth	
Daily Market	
PDS Shop	Balinga
Cement/Tar road	Kanika
Grocery Shop	Gopalpur
DTP/Xerox Centre	
Weekly Market	Basudhara

YEAR	2011
HOUSEHOLDS	100
POPULATION	450

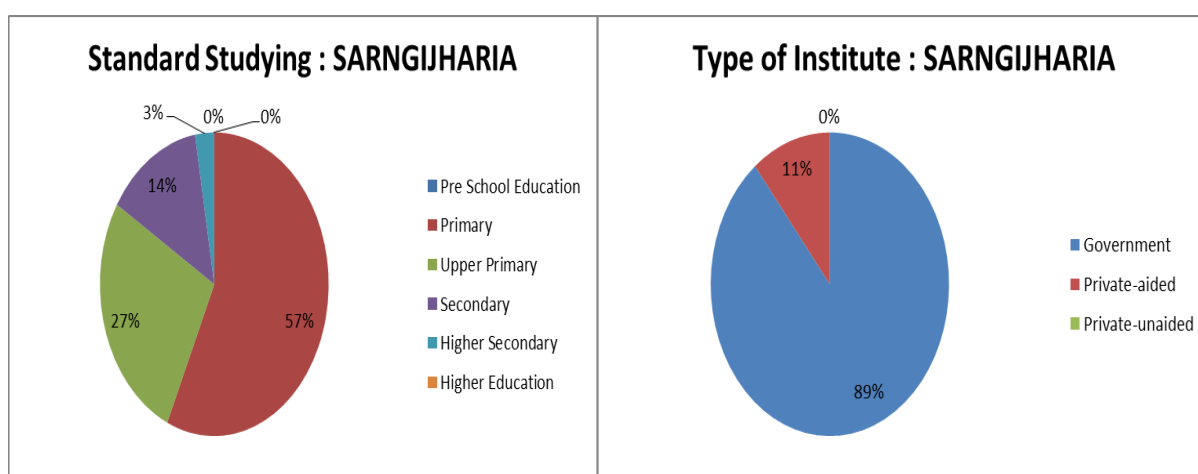
9.3.1 Household Status

In Sarngijharia village only 2.1% of sample households are living in Pucca house. 53.2% have Kuccha house and 19.2% are living in huts. 78.7% of sample have registered paper for house and same percentages of houses are electrified. It shows that all those houses which have registered papers have electricity.



9.3.2 Education

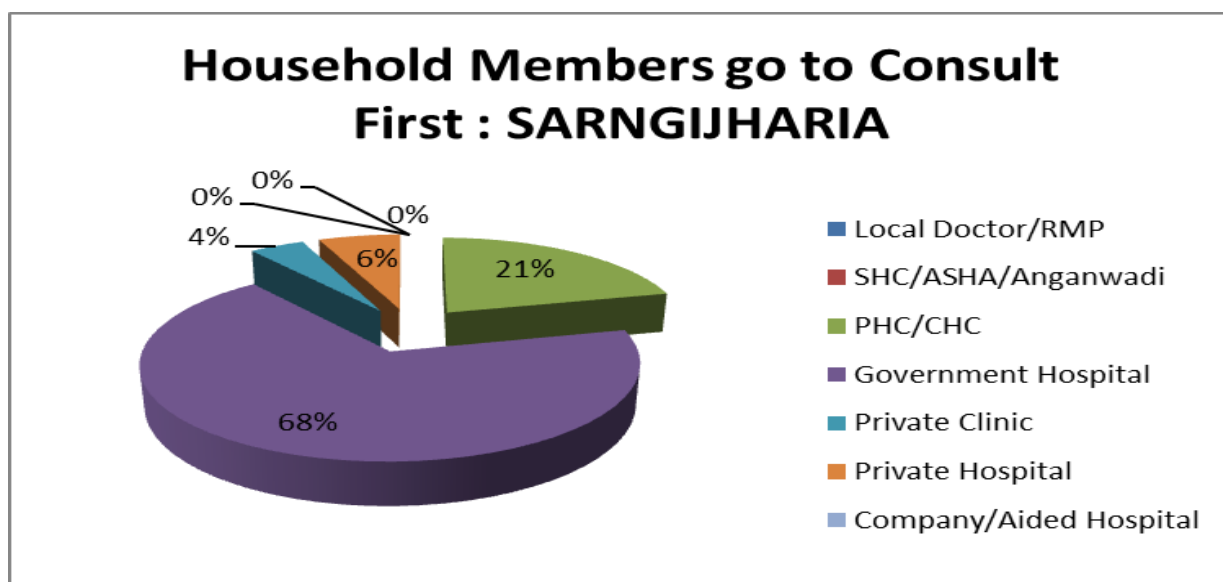
In Sarngijharia among the sample households 57% children are enrolled in primary education, 27% students are in upper primary level and 14% are studying in secondary level. Only 3% students are studying in higher secondary level, while no one is reported enrolled in higher



education as well as pursuing vocational courses. 89% of students are studying in government institutes and rest of the 11% are in private –aided institutes.

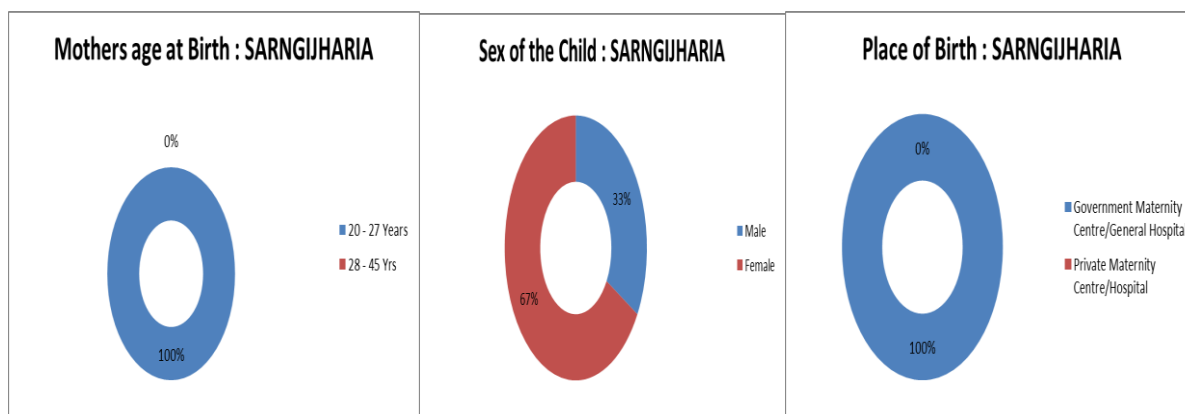
9.3.3 Health

Among the sample household members 68% claimed that they consult government hospital first in case of any medical urgency while 21% of the sample said that they consult PHC/CHC



for the same and 10% of sample household members consult private clinic or private hospital in a medical emergency. The data reflect high dependency on government institutes which show the functioning and quality of government health care services in village.

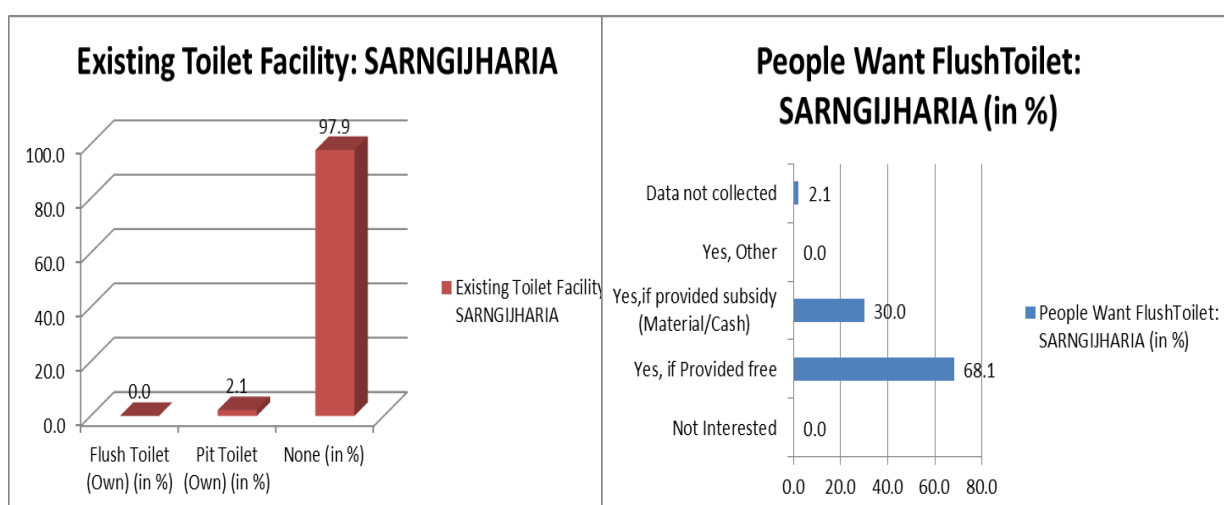
9.3.4 Maternal Health



Among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery and deliveries were at government maternity centre/hospital. The sex ratio among the kids of age group 0-3 years 40% are girl child and 67% are male child. Women who conceived a child in the last three years 100% of them were in the age group of 20 – 27 years.

9.3.5 Sanitation

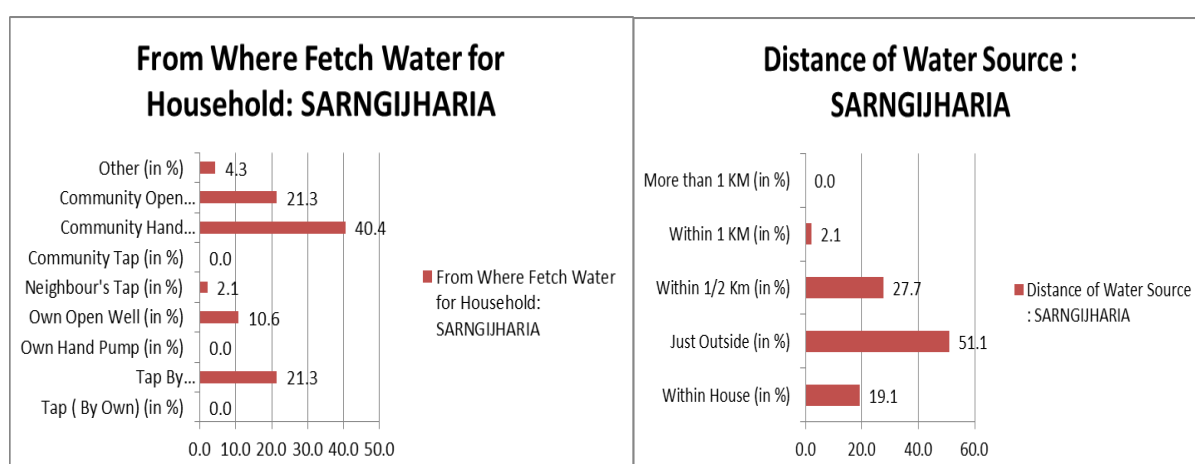
In sample village 98% of households do not have a toilet facility remaining 2% have pit toilet.



Among those who do not have toilet facility 68% said they are ready to construct toilet if will get free and 30% are ready to construct if they will get the subsidy.

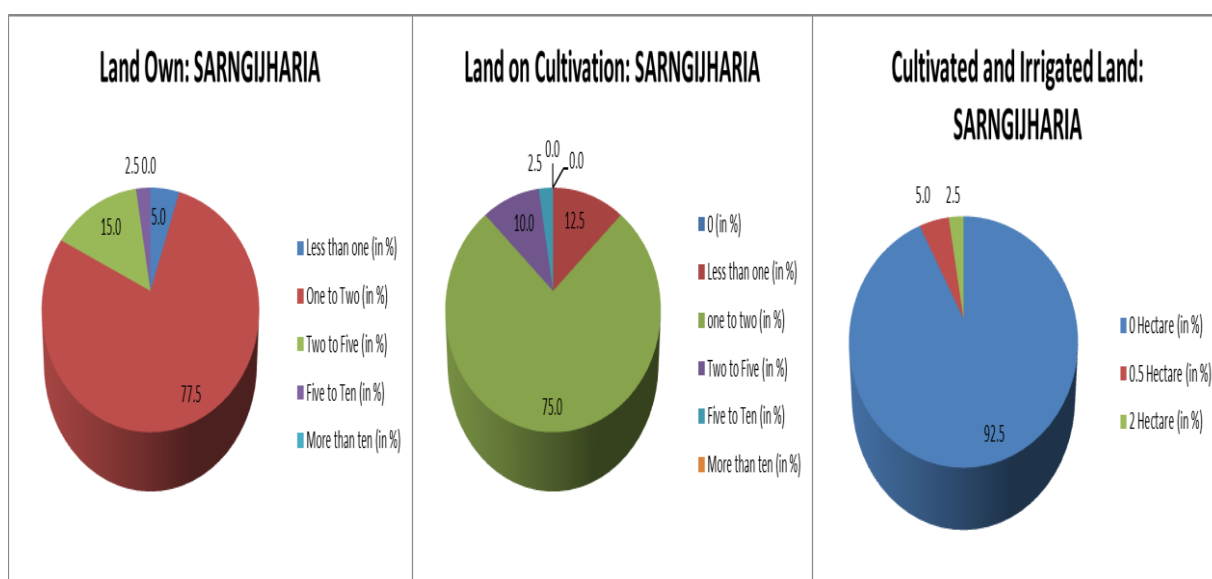
9.3.6 Water

Sarngijharia sample households are depending on community hand pump and open well for drinking water. 21.3% of people accessed water from Tap by government or Panchayat. 40%



depend on community hand pump. 51% of the sample have water source just outside the house while 19% have a water source in premise only. 27.7% need to go less than half km to fetch water.

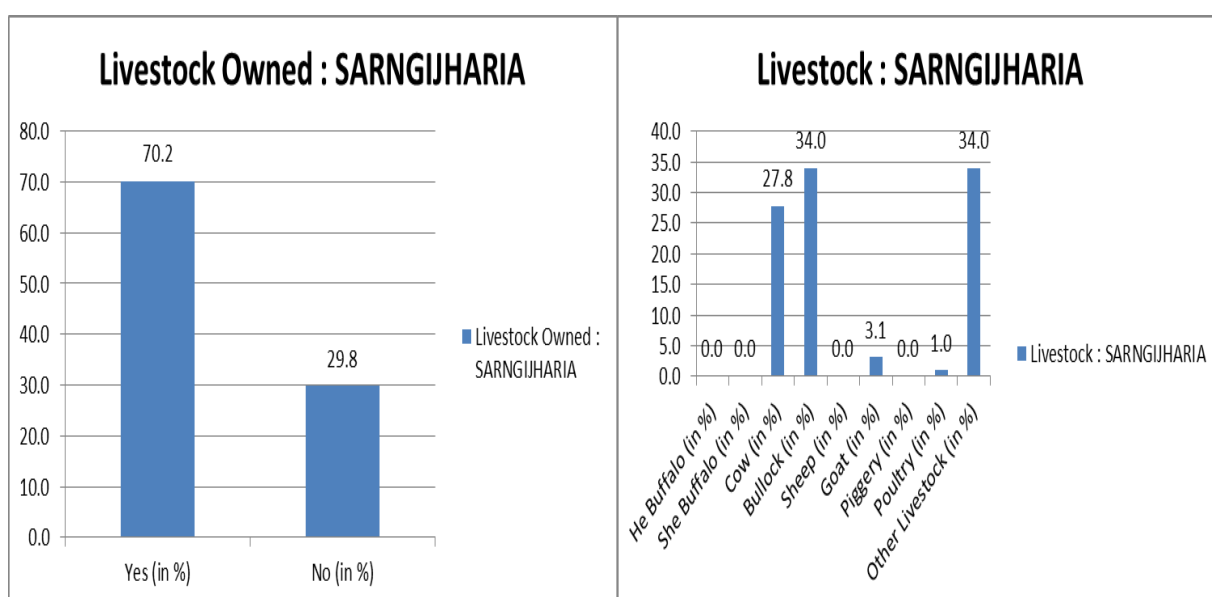
9.3.7 Own Agriculture Land



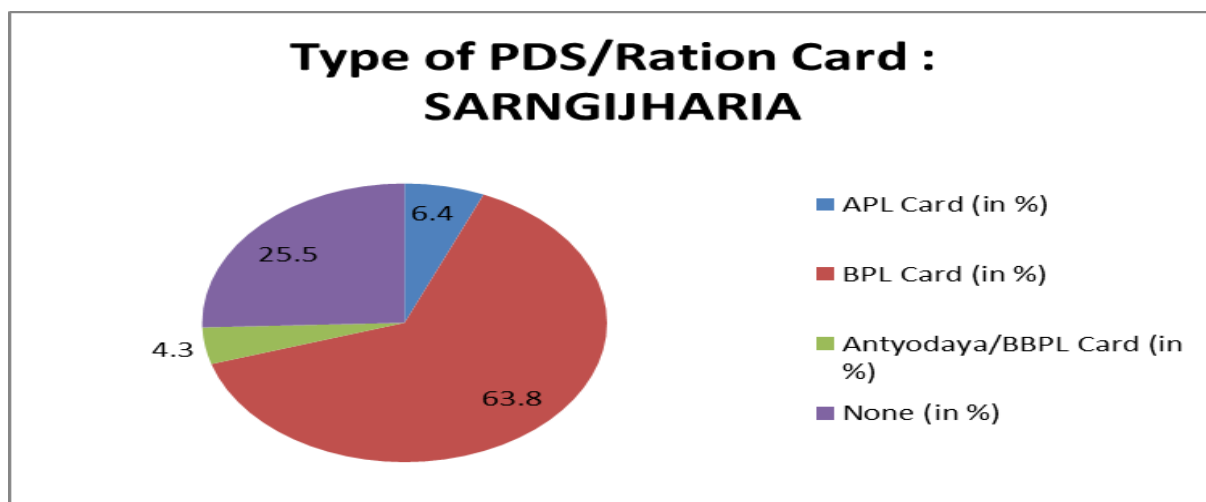
In sample village 78% own one to two hectares of agriculture land. 2.5% have five to ten hectares of land. 75% of sample household cultivate on one to two hectares of land. Among the sample 92.5% do not have irrigated land.

9.3.8 Livestock

70.2% of households own livestock in Sargijharia village. Among those who own livestock 34% own bullock followed by 28% of the sample have a cow. 3.1% of household have goat and 1% has poultry.



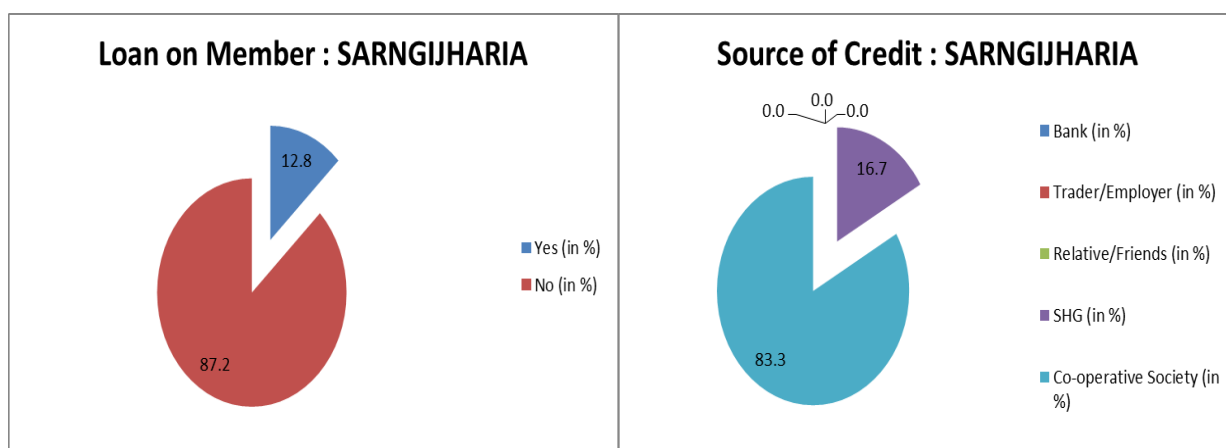
9.3.9 Public Distribution System



In sample village around 64% of sample households have a BPL card while one fourth of the sample households do not have any type of ration card. Those who have ration cards they all avail PDS services.

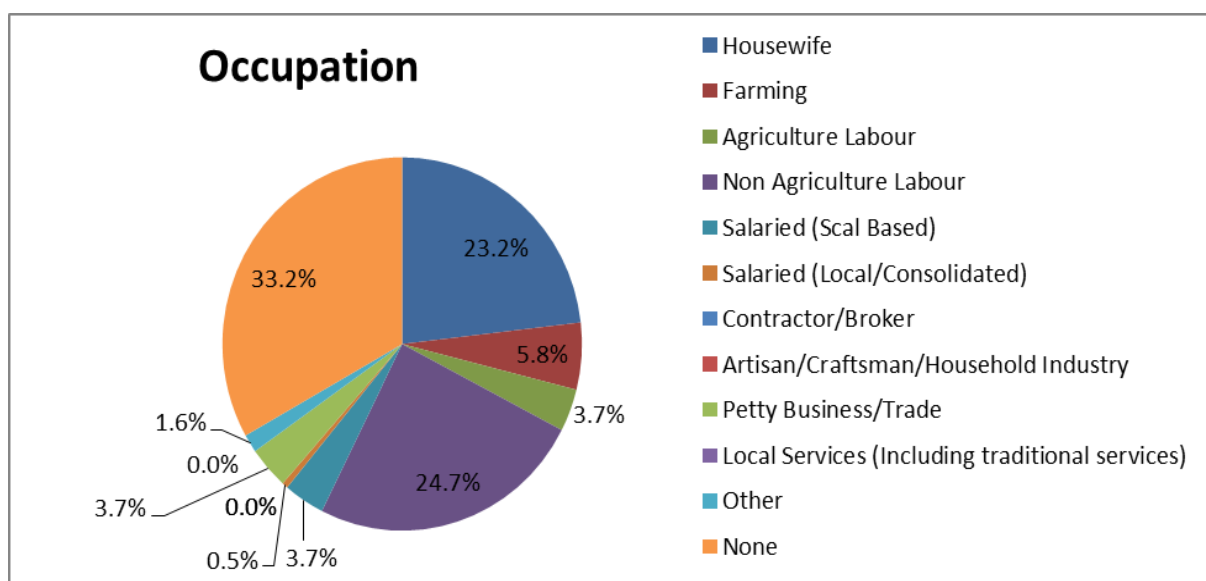
9.3.10 Loan on Member

12.8% of members of sample households have a loan which was credited from Co-operative society and SHG 83.3% and 16.7% respectively. The functioning of co-operative and SHG is a



good sign of functioning of non- governmental organization in sample village.

9.3.11 OCCUPATION



Among the sample household members 5.8% are doing farming for livelihood, 3.7% are agricultural labour and around one fourth of the workforces are non-agricultural labour whereas around 4% are salaried employee and 3.7% are doing petty business. 33.2% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

9.3.12 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 98% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. 70% of the houses are kuchha house. There is need for housing scheme.
4. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
5. More than 21% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.
6. In village no one is in high school or higher education. Company should work on awareness for education.

9.4DURUBAGA

YEAR 2009

Durubanga.

RELIGION House holds

HINDU	35
MUSLIM	23
Christian	1
Sikh	1

Forest Produce

Firewood	Yes
Fruits/Nuts/Leaves	Yes
Coal Collection	Yes

Public/Common Tap Points 8

HH Tap Connections 14

Chief Crop Name Area

Paddy 1000 acres

Land Distribution:

Total Area	Grazing	Forest	Wasteland	Non- Irrigated
2000 acres	100 acres	200 acres	100 acres	1000 acres

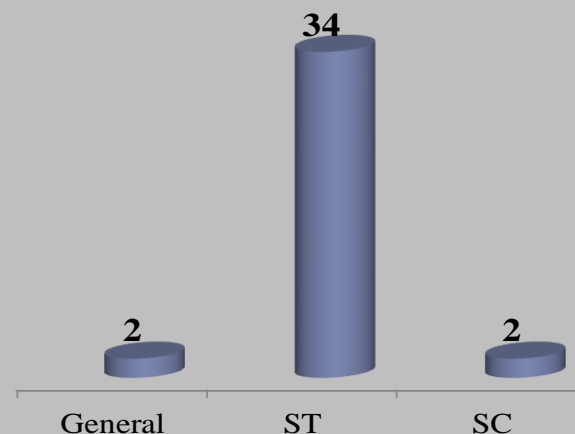
Facilities Existing within 5 kms.

Public Telephone Booth	Hemgiri
Daily Market	
Heath Sub-Centre	Kudapali
Pvt. Clinic (MBBS/ BAMS+)	Breajraj Nagar
Pvt./ CSR Hospital	
Veterinary Clinic	Main colony
Medical Shop/ Chemist	
Pvt. Clinic (RMP+)	

Facilities Available in the village

Playground
Samaaj Mandir
Community hall
Cement/Tar road
Bus Stop
Weekly Market
PDS Shop
Grocery Shop
DTP/Xerox Centre
Post Office
Police Station
Public/ Pvt./ Mini buses
Pre-Pri/Nursery School
Govt. Primary School
Charitable Primary
Govt. Secondary School

Households

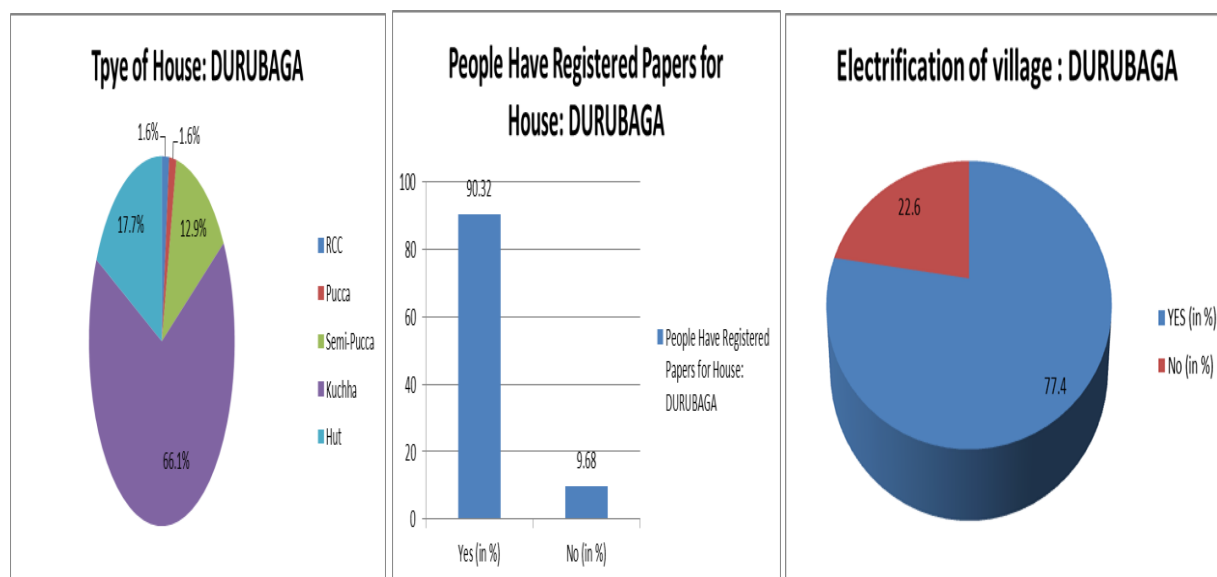


Facilities Existing more than 5 Kms

Gram Panchayat Office	Hemgiri
Co-operative Society	
Bank for S/B Account	
Block Development Office	
Railway Station	
Pvt. Secondary School	
Higher Secondary School	
Degree College	Duduka
ITI/ Polytechnic	sundargarh
Vocational training centre	kanika
Primary Health Centre	rajpur
CHC/ Govt. Gen. Hospital	jhasuguda

9.4.1 Household Status

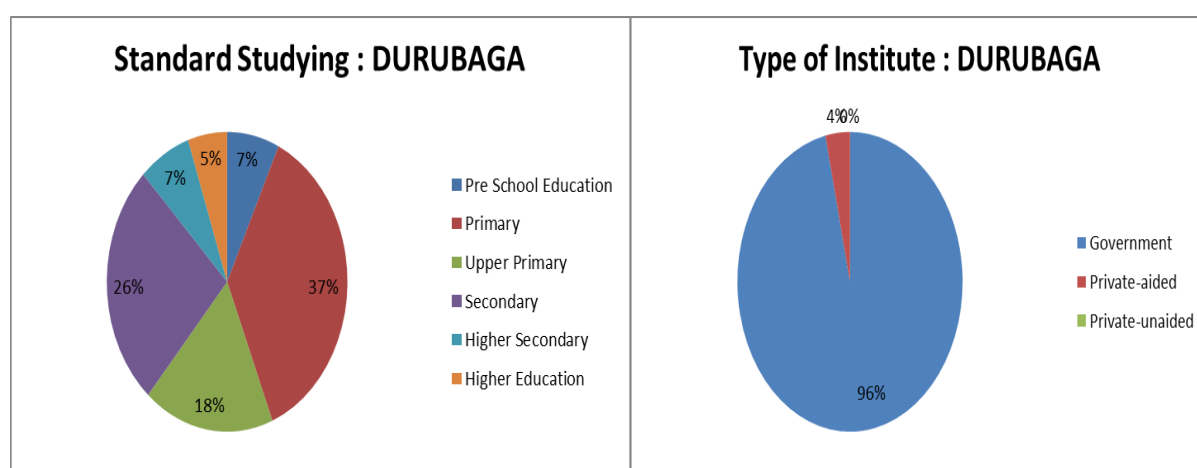
In Durubaga 66% of respondents have Kuccha households while 17.7% are living in huts.



Among the total sample only 3.2% have RCC or Pucca house. 90% respondents have registered papers for their house while 77.4% households are electrified.

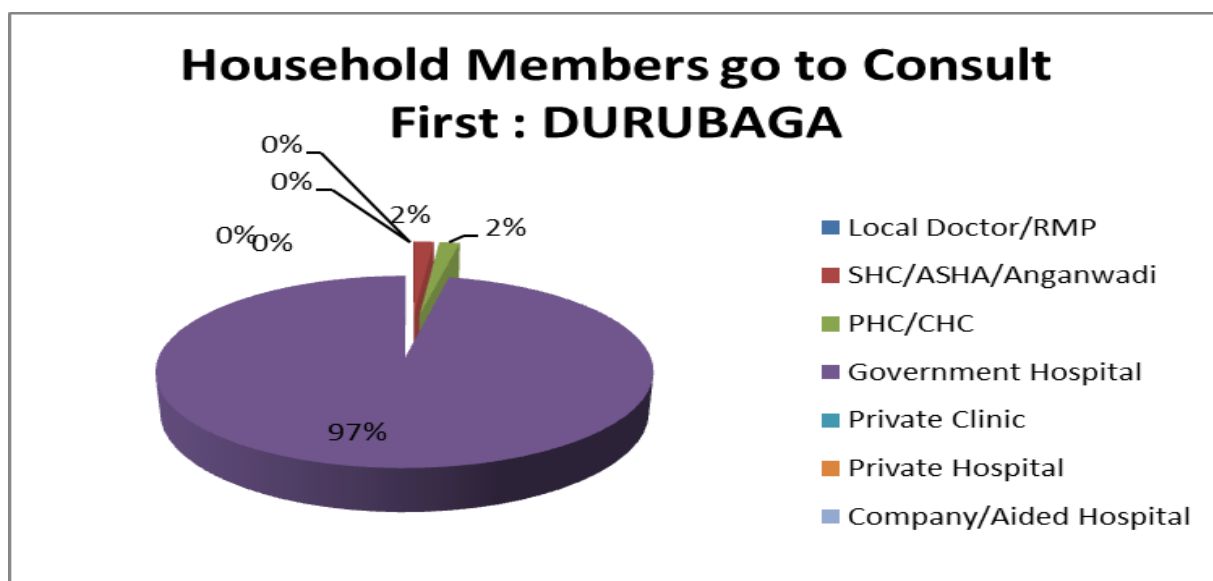
9.4.2 Education

In the studied village among the sample households 37% children are enrolled in primary schools, 18% are studying in upper primary, 26% are in secondary level. As data reported 7% students are studying in higher secondary while 5% are reported enrolled in higher education as well as pursuing vocational courses. 96% students are studying in government institutions



and the rest of the 4% are in private institutes.

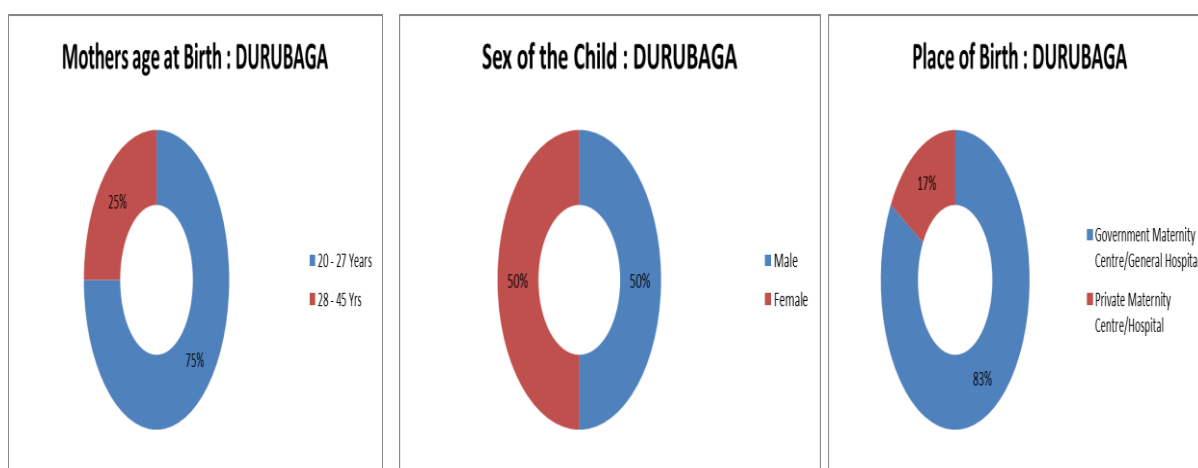
9.4.3 Health



In Durubaga 100% of sample household members consult government institutions like PHC/CHC, SHC/ASHA/Anganwadi or government hospital in case of medical emergency.

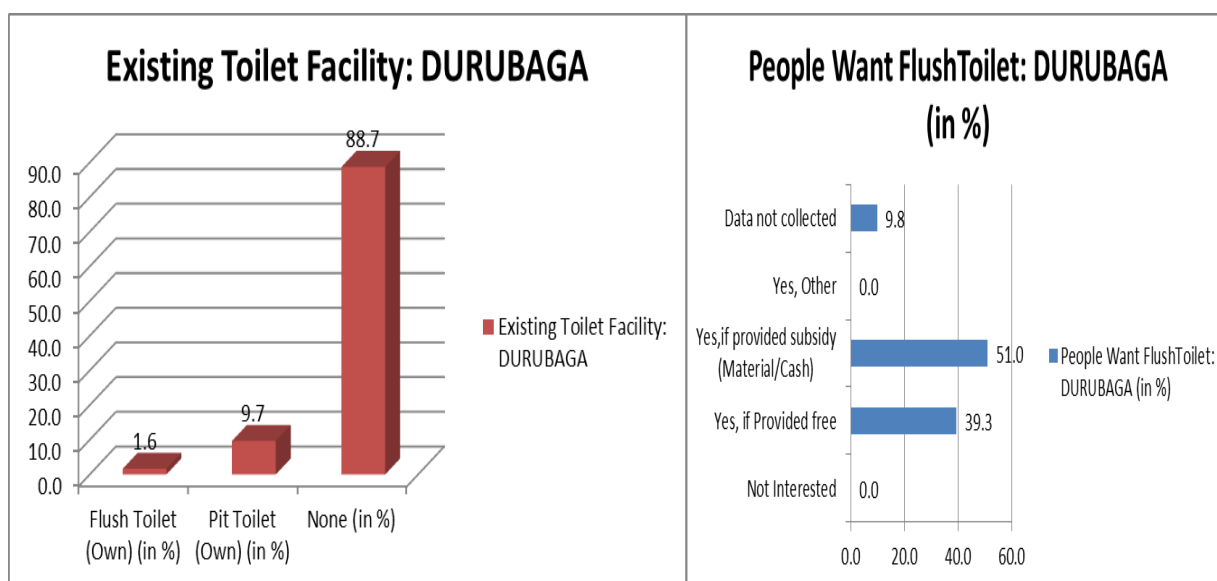
9.4.4 Maternal Health

In studying village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. 83% sample reported that deliveries were at government maternity centre/hospital while 17% had a delivery at private hospital/maternity centre. The sex ratio among the kids of age group 0-3 years 50% are girl child and 50% are male child. Women who conceived a child in the last three years 75% of them were in the age group of 20 – 27 years at the time of delivery and rest of the 25% were in the age group of 28 - 45 years.



9.4.5 Sanitation

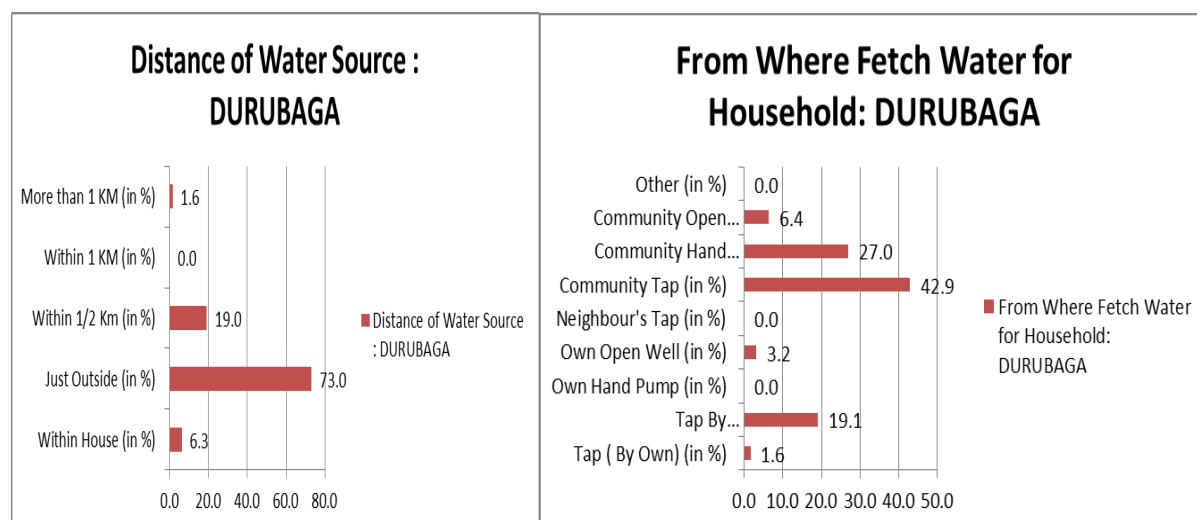
In study village 88.7% sample households do not have toilet facilities while 9.1% have pit



toilet and 1.6% have flush toilets. Among those sample households which do not have toilet facility 51% interested to construct if get a subsidy and around 40% want it free of cost.

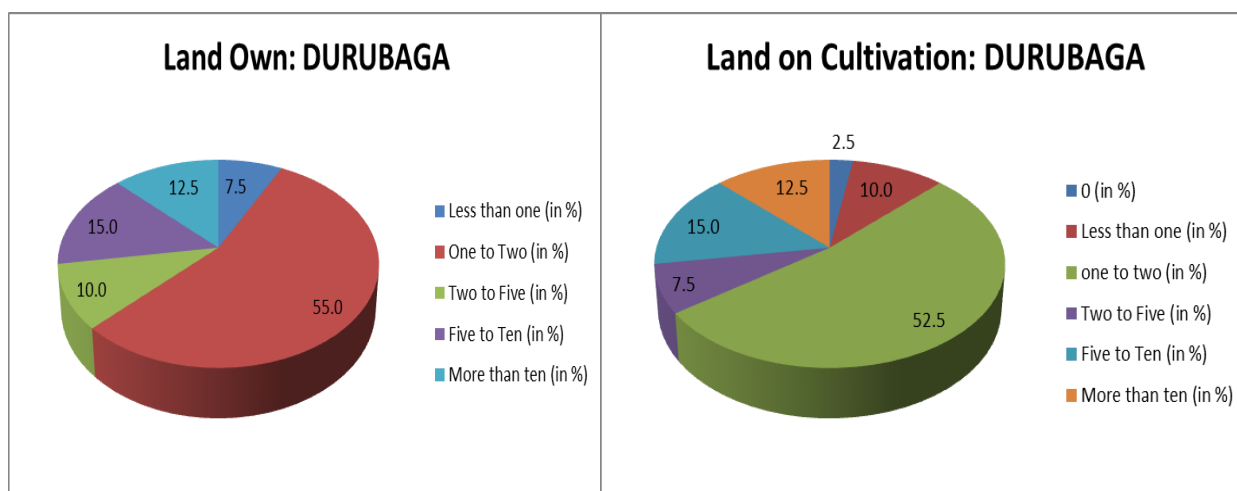
9.4.6 Water

In Durubaga around 64% sample households depends on tap for drinking water followed by



27% by community hand pump. 73% of sample households have water source just outside house. 1.6% of households need to go more than 1 km to fetch drinking water. Only 6% have a water source in premise.

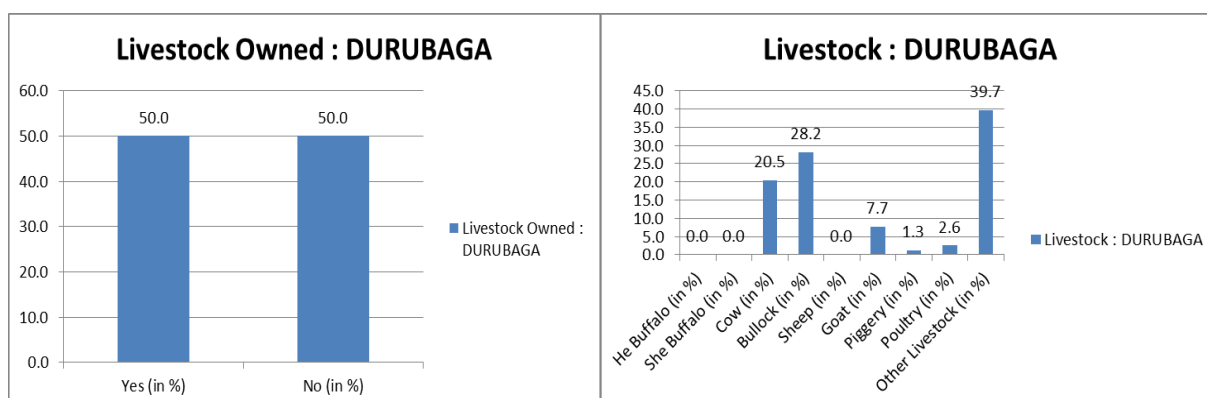
9.4.7 Own Agriculture Land



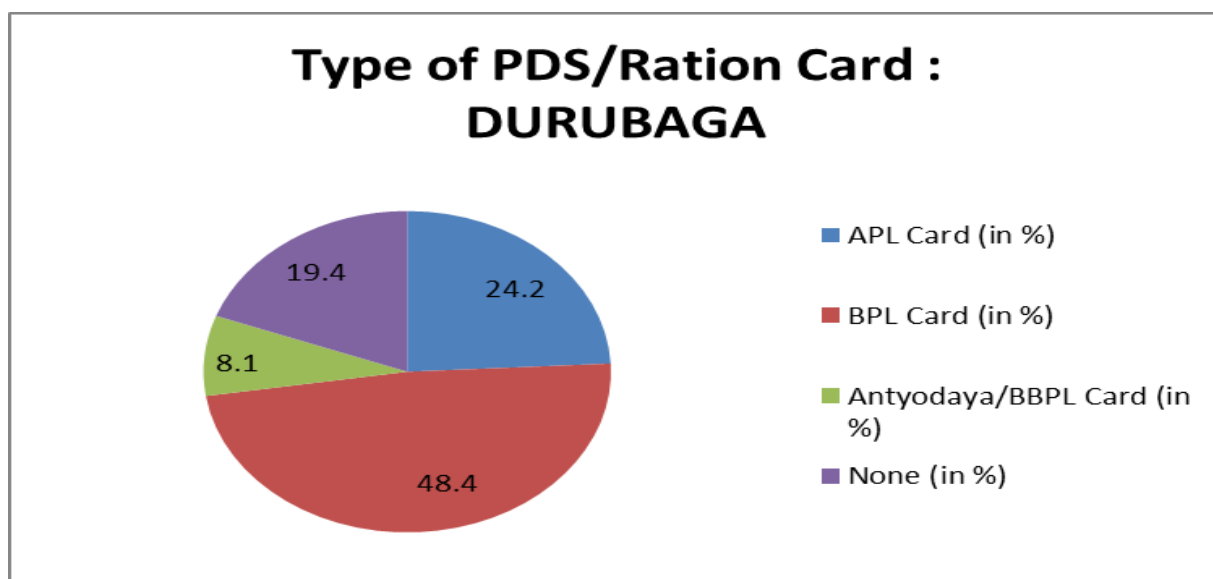
In study village 7.5% sample households do not have agriculture land 55% have one to two hectare land and 12.5% have more than ten hectares of agriculture land. Among the sample that have agriculture land 2.5% do not cultivate on it and 10% cultivate on less than one hectare area. In Durubaga sample households do not have cultivated and irrigated land.

9.4.8 Livestock

In Durubaga 50% sample households own livestock. Major livestock are Cow, Bullock and Goat. 1.3% sample households have piggery.



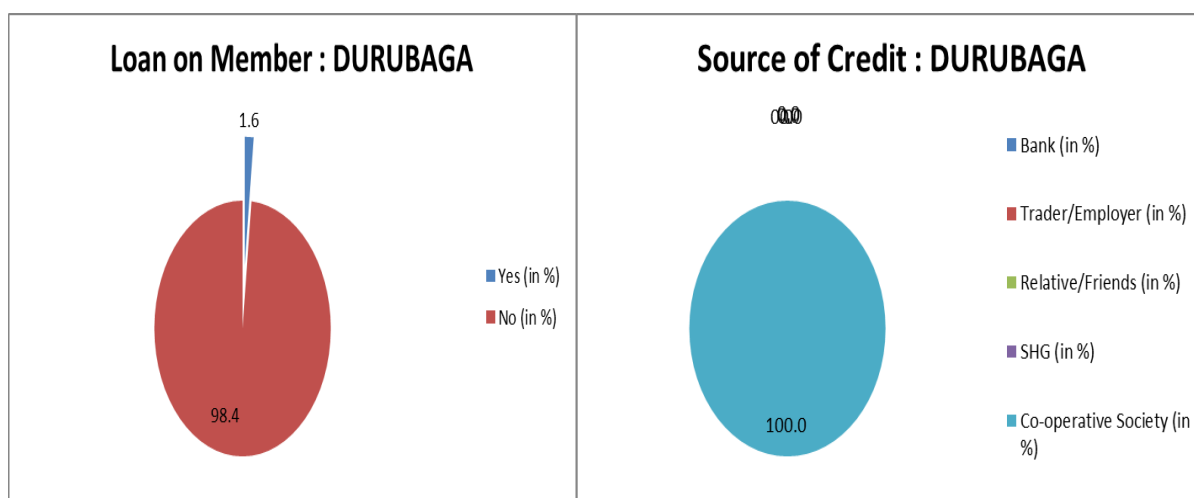
9.4.9 Public Distribution System



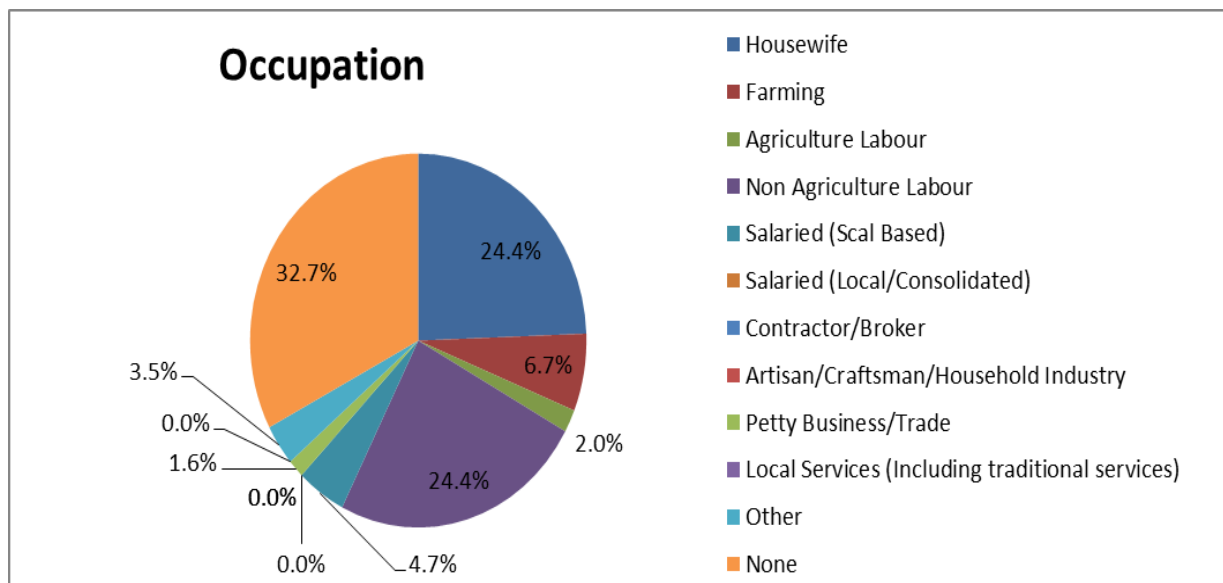
In Durubaga around 20% sample households do not have any type of ration card while 50% have BPL card and 8% have Antyodaya or BBPL card. Among those who have ration card all avail PDS.

9.4.10 Loan on Member

In sample village only 1.6% sample household members have loan which is taken from co-operative societies.



9.4.11 OCCUPATION



In Durubaga village 6.7% of the sample households are depending on farming for livelihood, 2% are agricultural labour, around one fourth of the workforces are non-agricultural labour, and 4.7 are a salaried employee whereas 1.6% is doing petty business. 32.7% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none. More than half of the workforce are either do not work at all or housewife which show the lack of employment opportunity in the village.

9.4.12 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 89% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. More than 80% of sample houses are kuchha house. There is need of housing schemes.
4. Among the deliveries more than 17% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
6. More than 22% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

9.5 KANIKA

YEAR	2011
HOUSEHOLDS	1010
POPULATION	5453

Forest Produce	
FIREWOOD	Yes
FRUIT/NUTS/LEAVES	Yes
HUNTING	Yes
CULTIVATION	Yes
COAL COLLECTION	Yes

Public/Common Tap Points 75

HH Tap Connections 40

Chief Crop Name	Area
Paddy	70 acres
Vegetable	30 acres

Kanika.

RELIGION	House holds
HINDU	700
MUSLIM	120
Christian	90

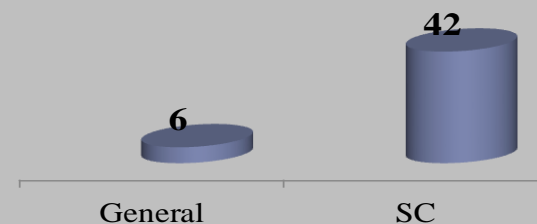
Facilities Existing more than 5 Kms

ITI/ Polytechnic	Hemgiri
Vocational training centre	
Pvt. Secondary School	
Higher Secondary School	
Police Station	
Gram Panchayat Office	
Block Development Office	Behara peta hansakantaplli
Pvt./ CSR Hospital	
Heath Sub-Centre	Jharsuguda
Primary Health Centre	
CHC/ Govt. Gen. Hospital	
Pvt. Clinic (RMP+)	
Pvt. Clinic (MBBS/ BAMS+)	

Land Distribution:

Total Area	Irrigated	Wasteland	Forest	Non- Irrigated
2000 acres	170 acres	26 acres	60 acres	20 acres

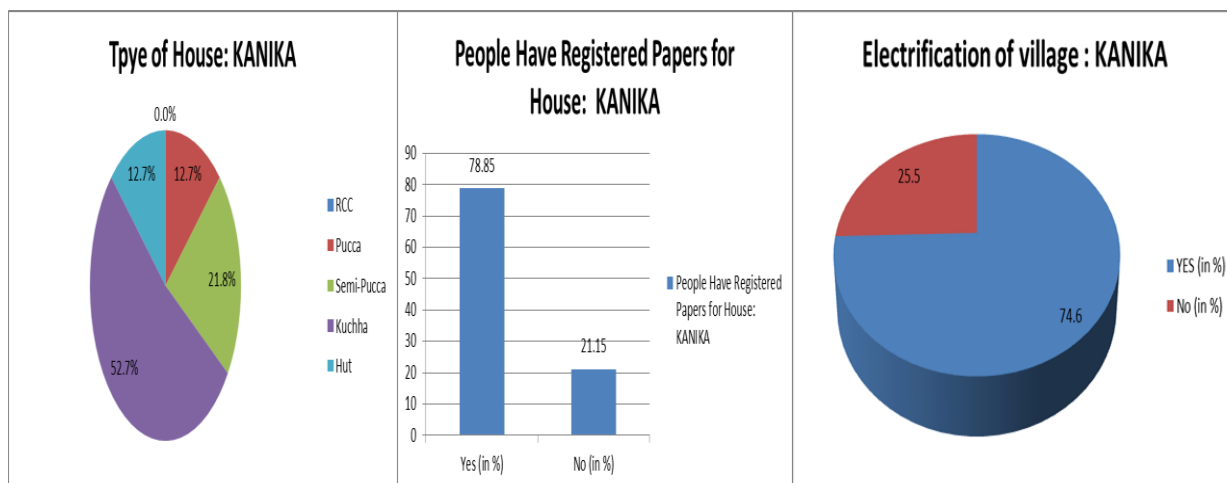
Households



Facilities Available in the village
Playground
Samaaj Mandir
Community hall
Library
Cremation/ Burial Place
Cement/Tar road
Bus Stop
Public Telephone Booth
Daily Market
Weekly Market
PDS Shop
Grocery Shop
DTP/Xerox Centre
Post Office
Railway Station
Co-operative Society
Bank for S/B Account
Pre-Pri/Nursery School
Govt. Primary School
Medical Shop/ Chemist
Ayush Hospital
Pvt. Primary School
Govt. Secondary School

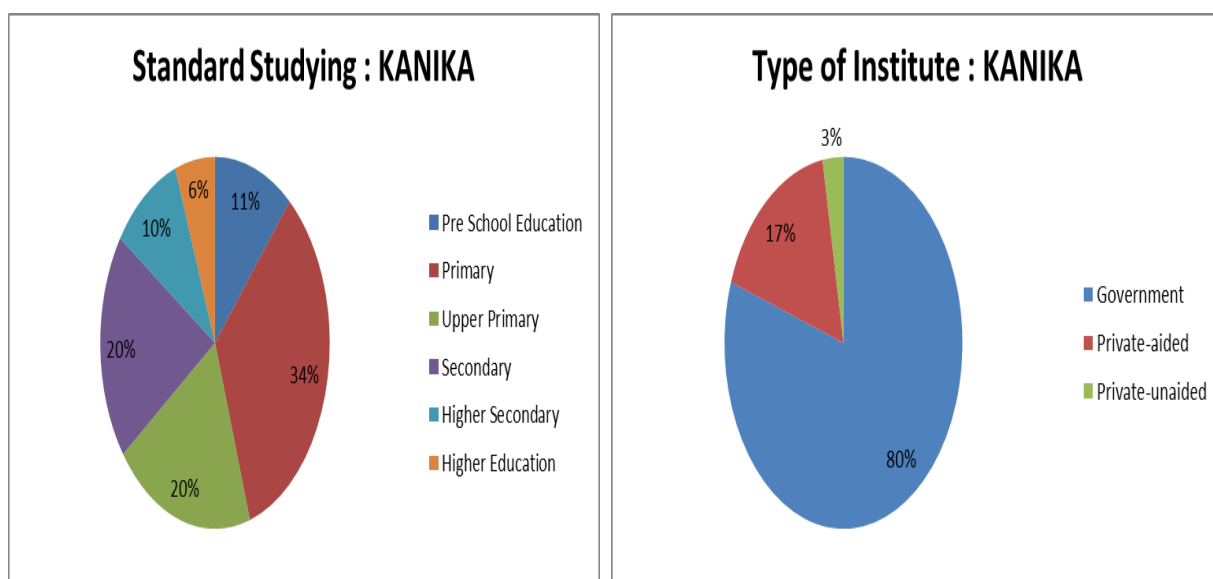
9.5.1 Household Status

In Kanika village as mentioned in above charts only 12.7% of sample households have a Pucca house while more than half of households have kuccha house and 12.7% are living in huts. Among those who own house 78.85% have registered papers and 75% of households are electrified.

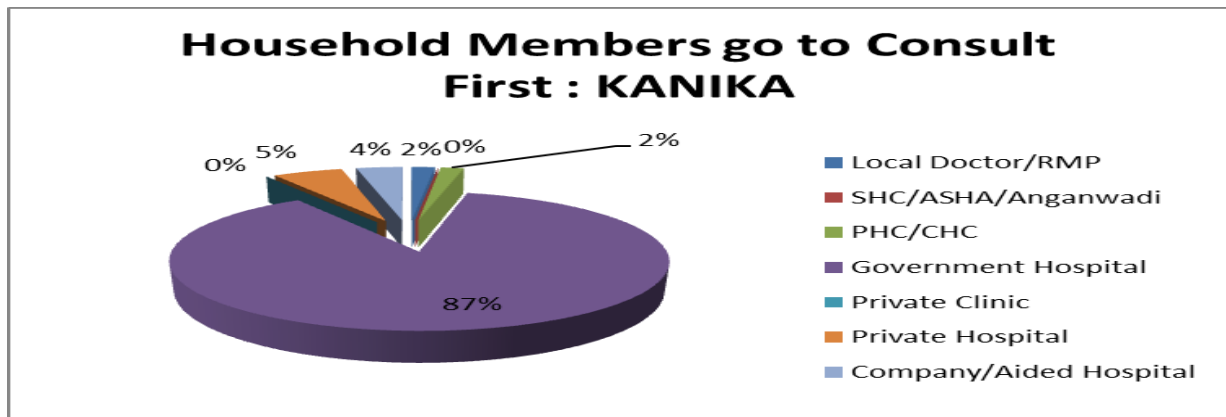


9.5.2 Education

In Kanika, 34% children among sample households are enrolled in primary schools, 20% are in upper primary school, 10% students are studying the higher secondary whereas 6% reported enrolled in higher education as well as pursuing vocational courses. 80% of students are studying in government institutes, 17% are in private aided institutes while the rest of the 3% are in private unaided institutes.



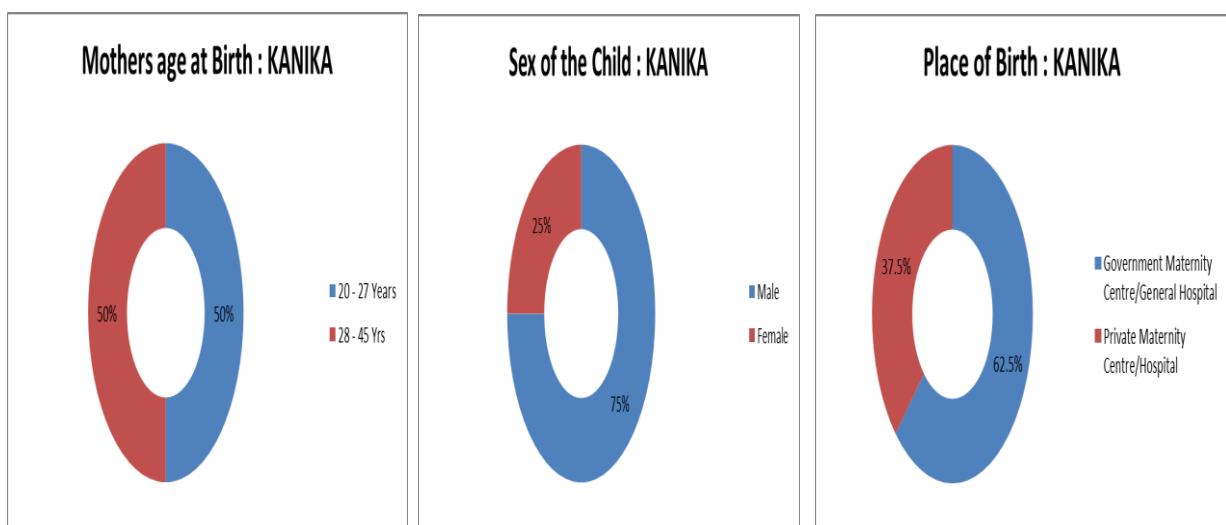
9.5.3 Health



In studied village 89% of sample household members consult government hospital or PHC/CHC first for medical emergency, 2% consult Local doctor, 5% consult private hospital while the rest of the 4% consult company aided hospital in case of medical emergency.

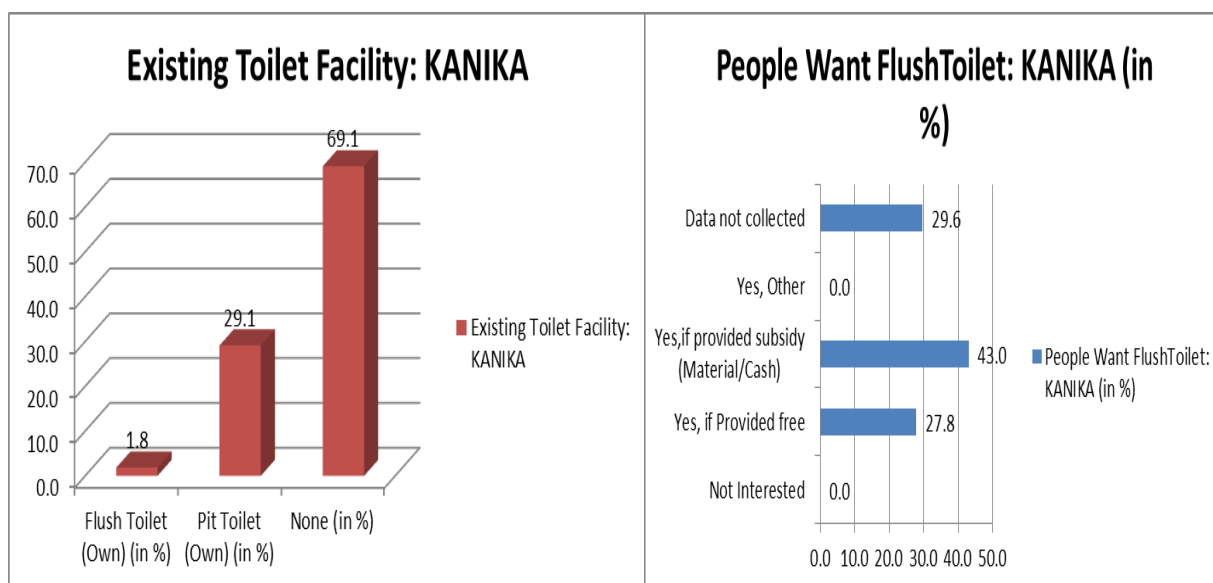
9.5.4 Maternal Health

In Kanika village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. 62.5% sample reported that deliveries were at government maternity centre/hospital while 37.5% had a delivery at private hospital/maternity centre. The sex ratio among the kids of age group 0-3 years 25% are girl child and 75% are male child. Women who conceived a child in the last three years 50% of them were in the age group of 20 – 27 years at the time of delivery and rest of the 50% were in the age group of 28 - 45 years.



9.5.5 Sanitation

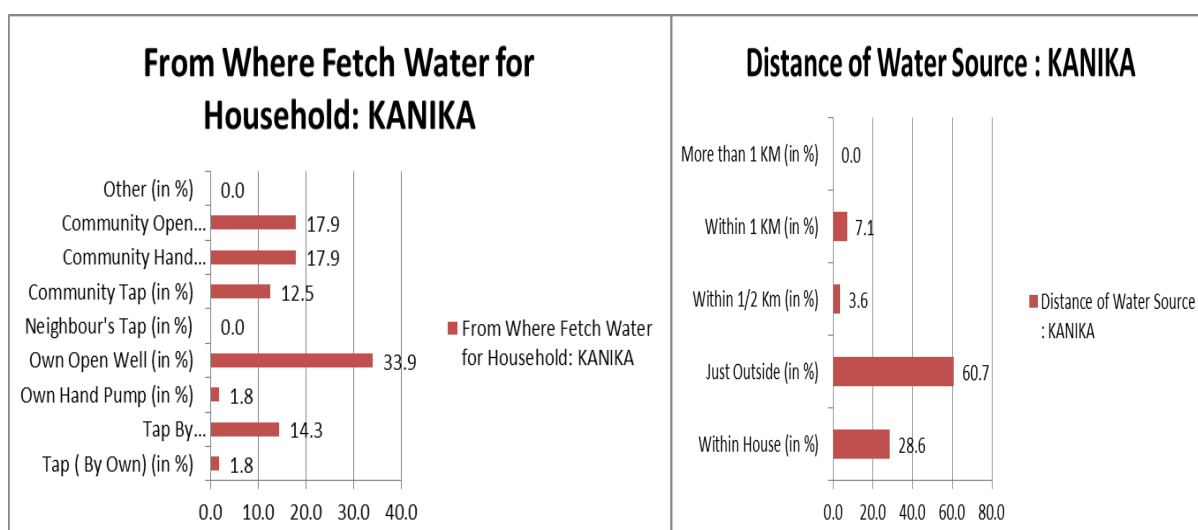
In Kanika village 69% sample households do not have toilet facilities. Among those who do not have toilet facility 43% said they are interested to construct if they will get a subsidy and



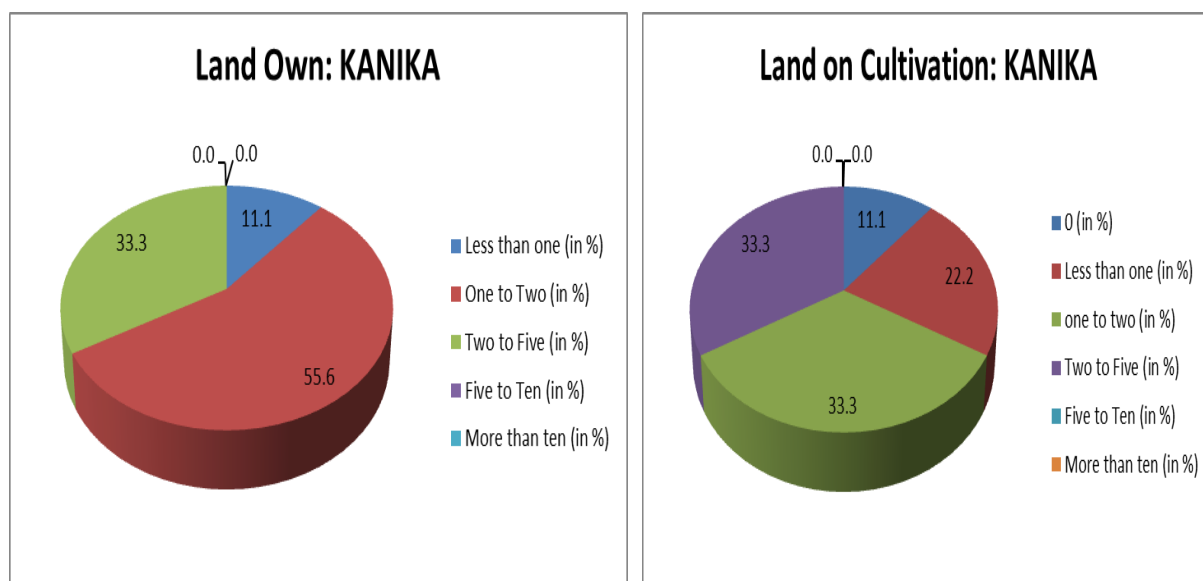
around 28% want free of cost construction.

9.5.6 Water

In study village around 52% sample households depend on open well for drinking water and 28% depending on tap and remaining are depend on hand pump. 28.6% of sample households have a drinking water source in premise while 60% have it just outside the house and 7.1% of the household need to go more than half kms. to fetch water.



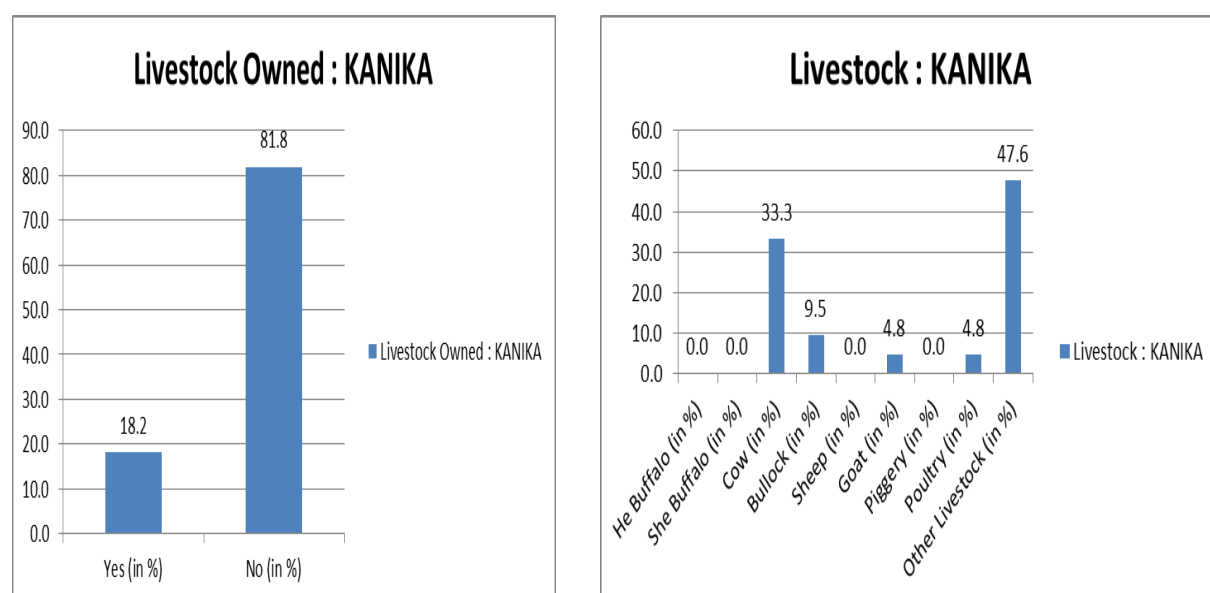
9.5.7 Own Agriculture Land



In Kanika 11% sample households have less than one hectare of land while 33.3% have two to five hectares of agriculture land. However no one has more than five hectares of agriculture land. Among the sample household which have agriculture land 11% do not cultivate and there is no cultivated irrigated land.

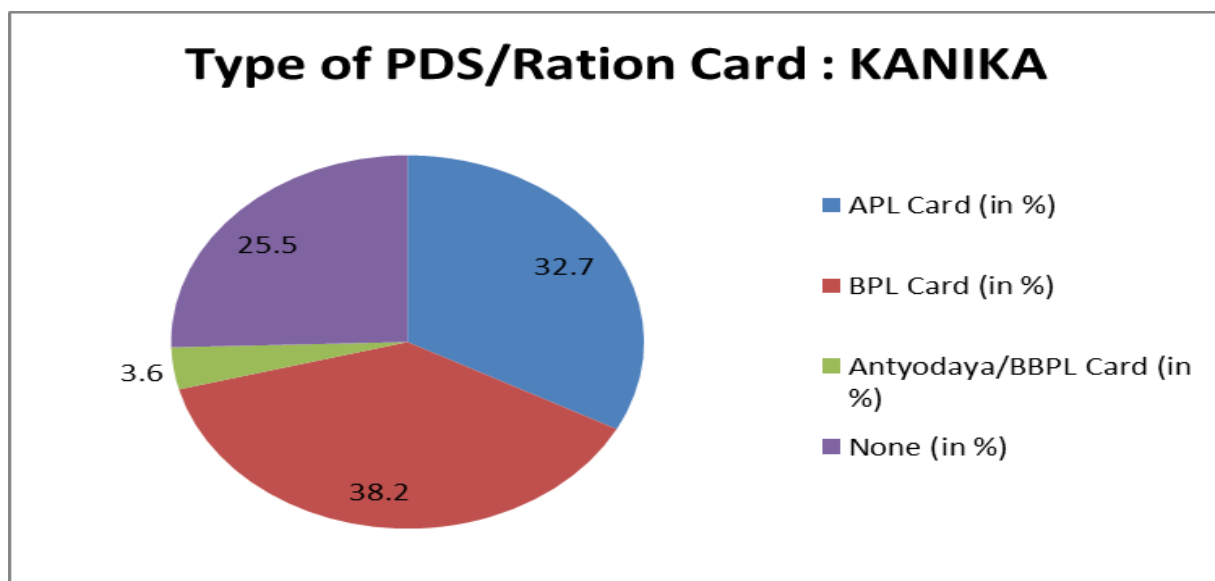
9.5.8 Livestock

In Kanika village only 18.2% of sample households own livestock which is cow 33% bullock



9.5% Goat 4.8% and poultry 4.8%.

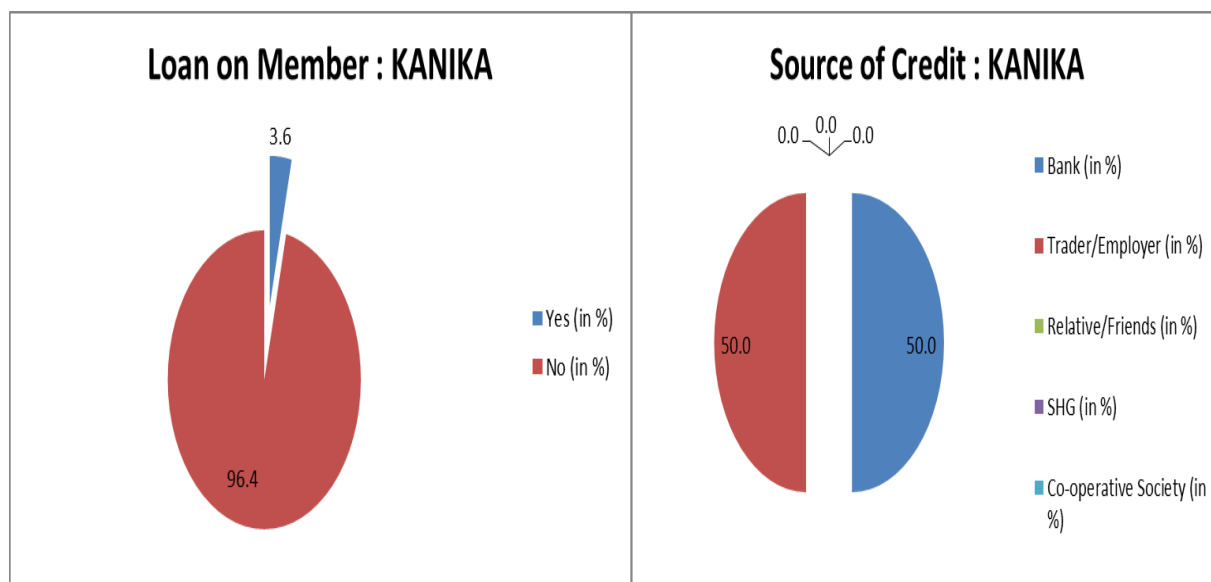
9.5.9 Public Distribution System



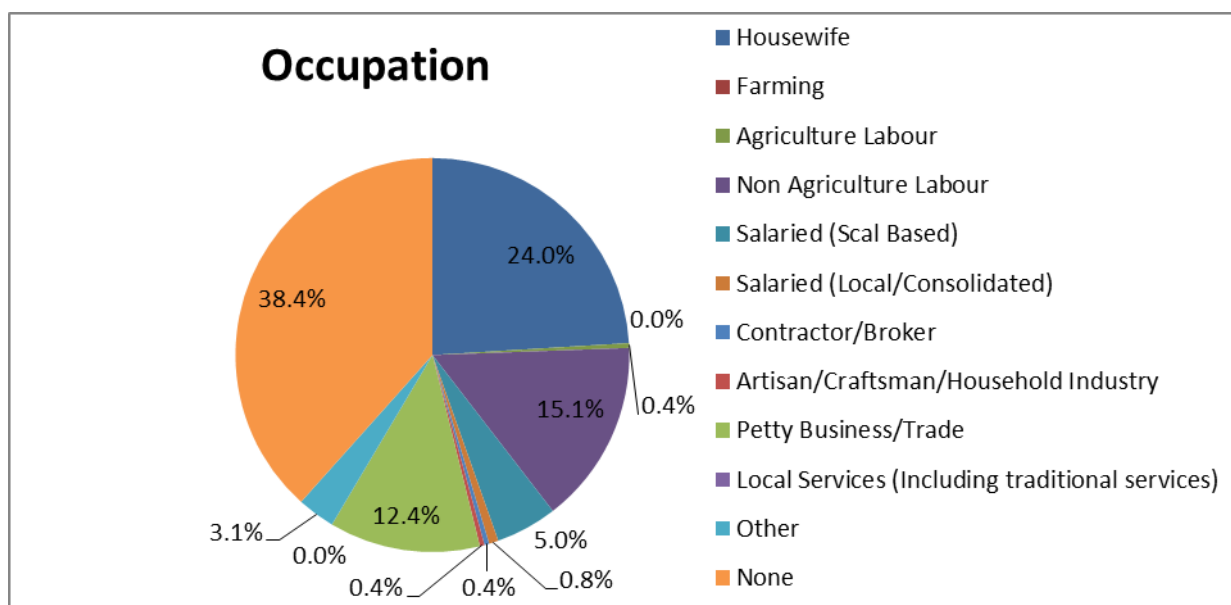
One fourth of sample households do not have any kind of ration card while 38.2% are having BPL card. Those who have any type of ration card they all avail PDS.

9.5.10 Loan on Member

In Study village 3.6% of sample household members have loan on them. 50% of loan credited from trader or employee.



9.5.11 OCCUPATION



Among the sample household members 15.1% are non-agricultural labour, 5.8% are salaried employee in government or private sector, and 12.4% are doing petty business for livelihood. 38.4% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

9.5.12 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 70% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. More than 65% of sample houses are kuchha house. There is need of housing schemes.
4. Among the deliveries more than 37% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
6. More than one fourth of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

9.6 KUSIRA

YEAR	20109
HOUSEHOLDS	115
POPULATION	800

Forest Produce	
Firewood	Yes
Cultivation	Yes

RELIGION	House holds
HINDU	103
Christian	7

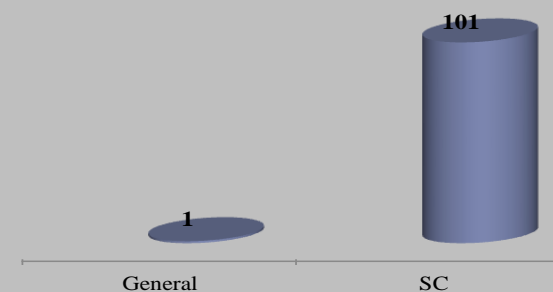
Chief Crop Name	Area
Paddy	400 acres
Potato	50 acres
Biri/Muga	50 acres

Land Distribution:					
Total Area	Irrigated	Grazing	Forest	Wasteland	Non- Irrigated
1500 acres	50 acres	85 acres	500 acres	50 acres	600 acres

Kuisira.

Facilities Existing more than 5 Kms	
Higher Secondary School	Duduka
Degree College	
ITI/ Polytechnic	Sundergarh
Charitable Secondary School	
Charitable Primary	
Taluk Headquarters	
Bank for S/B Account	Hemgiri
Block Development Office	
Gram Panchayat Office	
Heath Sub-Centre	jamkani
Primary Health Centre	belphar
CHC/ Govt. Gen. Hospital	kaliakani
Vocational training centre	lekipada

Households

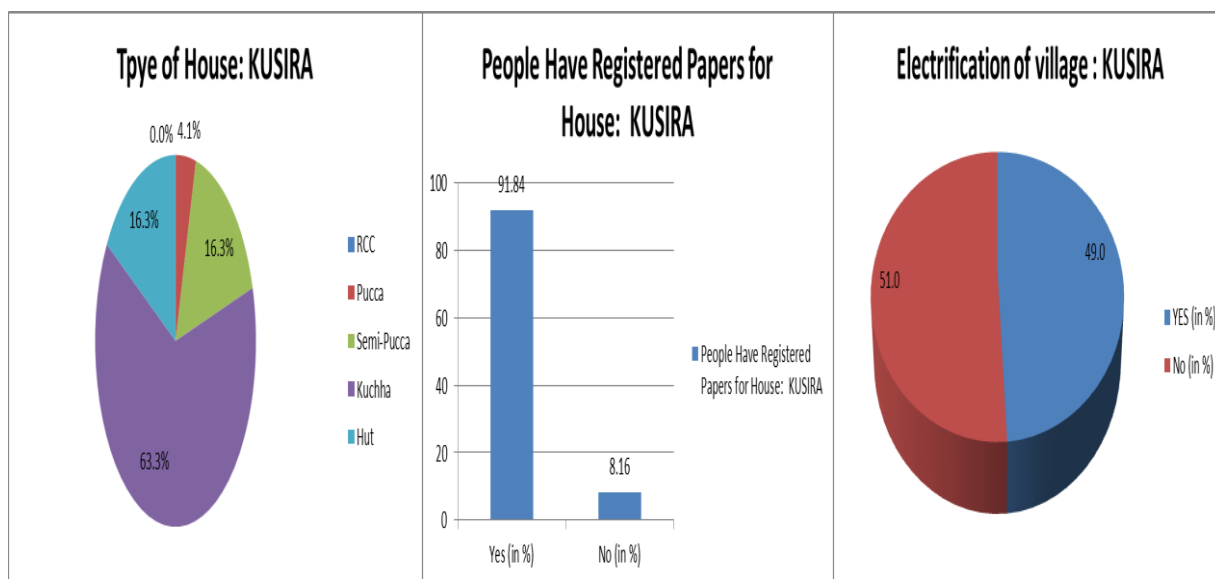


Facilities Available in the village	
Playground	
Samaaj Mandir	
Cement/Tar road	
Pre-Pri/Nursery School	
Govt. Primary School	
ASHA worker	

Facilities Existing within 5 kms.	
Bus Stop	Balinga
Public Telephone Booth	
Weekly Market	Busudhara
Grocery Shop	
DTP/Xerox Centre	
Daily Market	Gumadal
Pvt. Clinic (MBBS/ BAMS+)	
Pvt./ CSR Hospital	
Medical Shop/ Chemist	

9.6.1 Household Status

In Kushira village only 4% of households have Pucca house while around 70% families are living in kuccha house or hut. 92% sample households have registered paper for house and

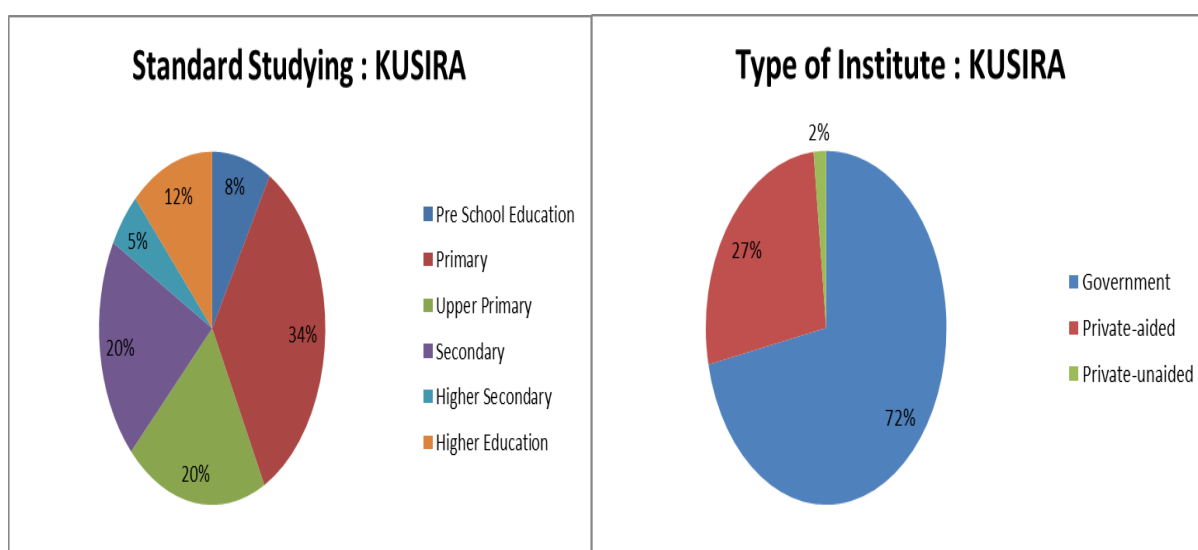


49% houses are electrified.

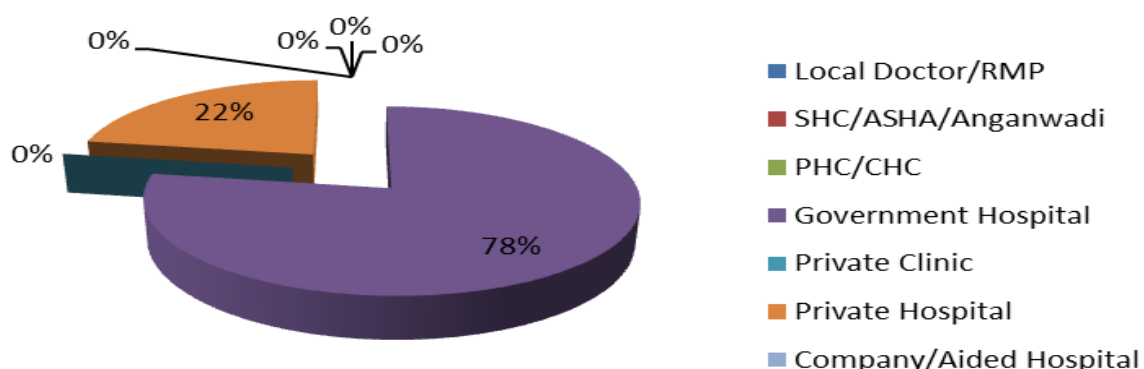
9.6.2 Education

In the studied village among the sample households 34% children are studying in primary schools, 20% are in secondary level, 5% students are studying in higher secondary while 12% students are enrolled in higher education as well as pursuing vocational courses. 72% of students are studying in government institutes, 27% are in private aided institutes while the rest of the 1% is in private unaided institutes.

9.6.3 Health



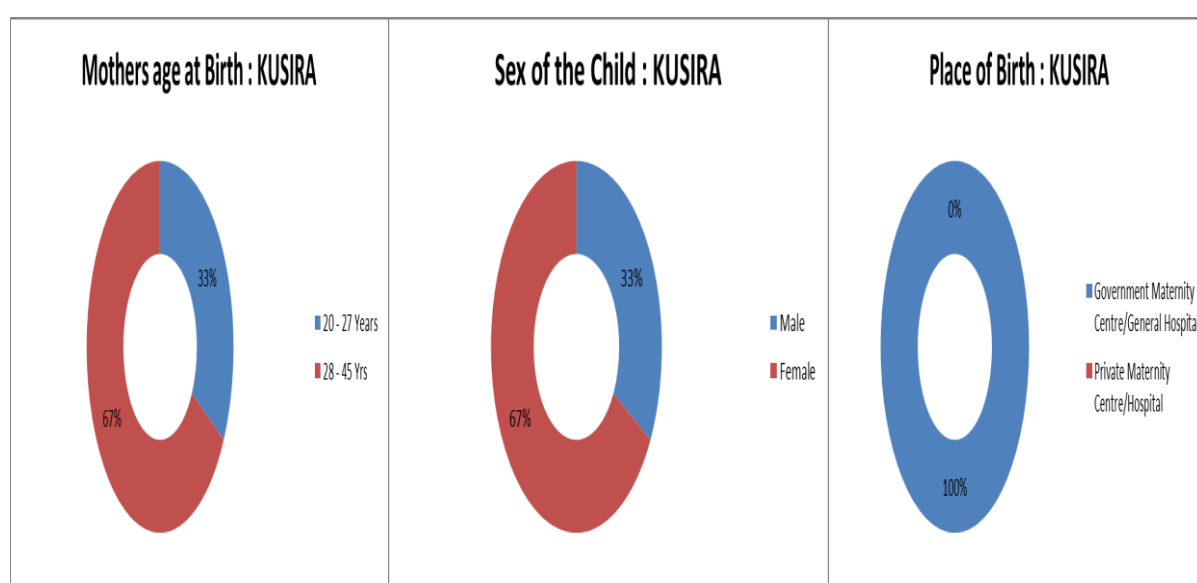
Household Members go to Consult First : KUSIRA



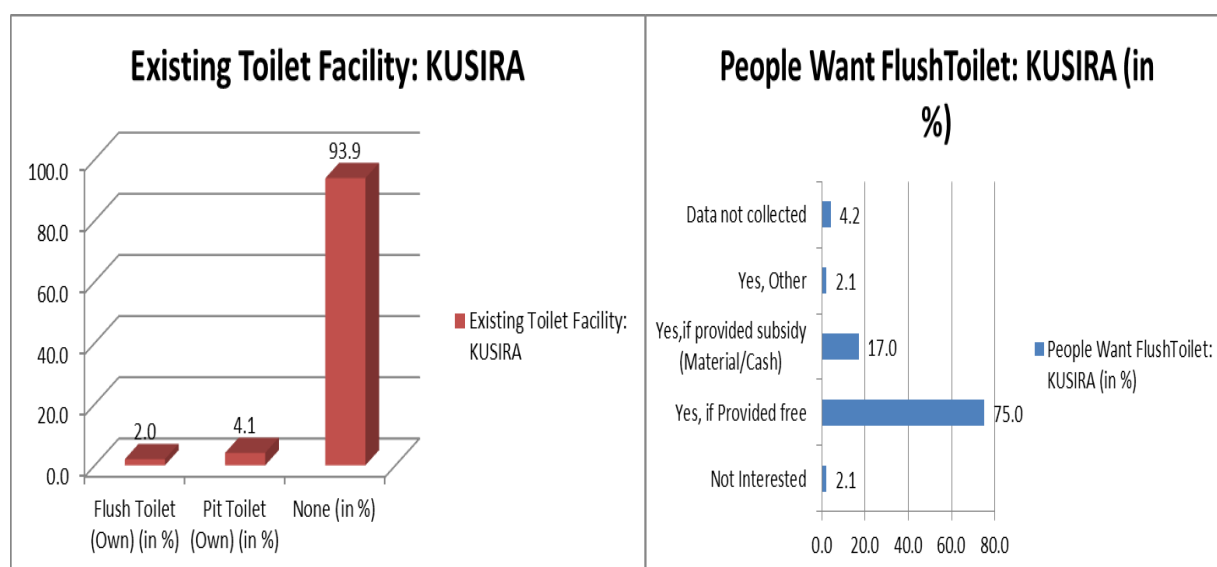
In Kushira village 78% of sample household members consult government hospital in case of medical emergency while 22% consult private hospital for the same.

9.6.4 Maternal Health

In Kushira village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery and 100% deliveries were at government maternity centre/hospitalized. The sex ratio among the kids of age group 0-3 years 67% are girl child and 33% are male child. Women who conceived a child in the last three years 33% of them were in the age group of 20 – 27 years at the time of delivery and rest of the 67% were in the age group of 28 - 45 years.



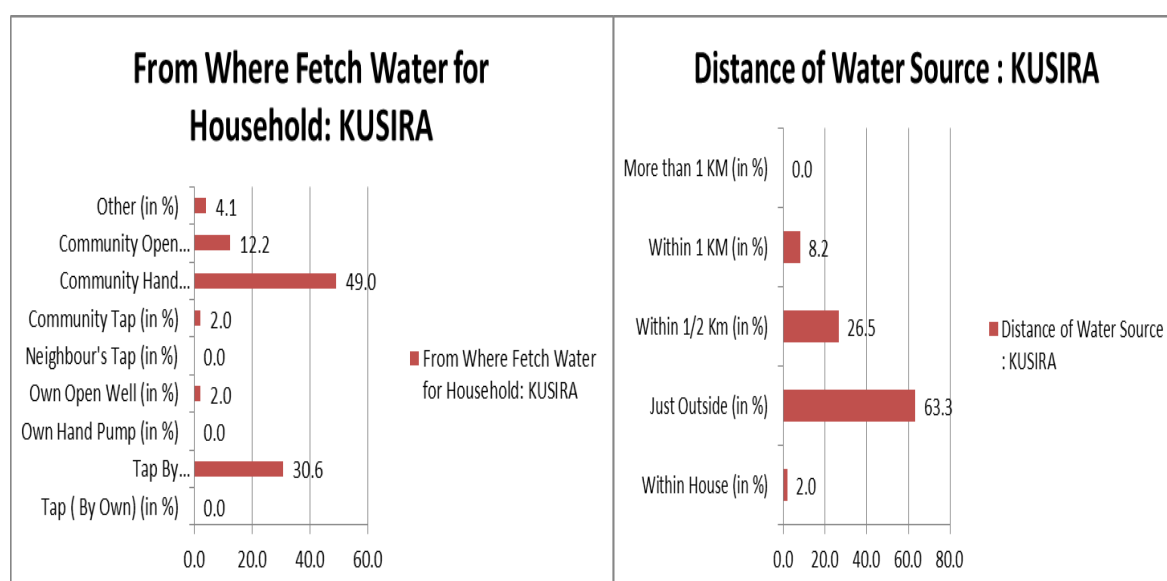
9.6.5 Sanitation



In Kushira 94% households do not have toilet facilities. Among those families who do not have toilet 2.1 % are not interested in toilet construction and 75% said they are interested if get constructed free of cost and 17% want subsidy for toilet construction.

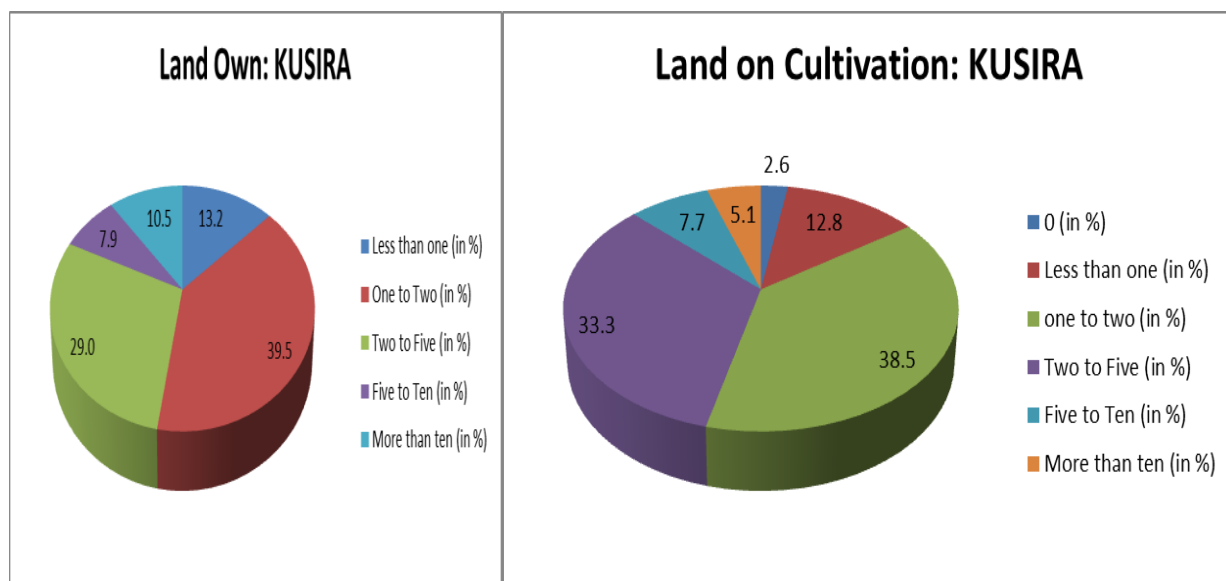
9.6.6 Water

In Kushira around 50% sample households depend on community hand pump for drinking water and 33% depend on tap water. Only 2% sample households have a water source in premise and 63.3% have water source just outside house. 8.2% households need to go more than half km. to fetch water.



9.6.7 Land

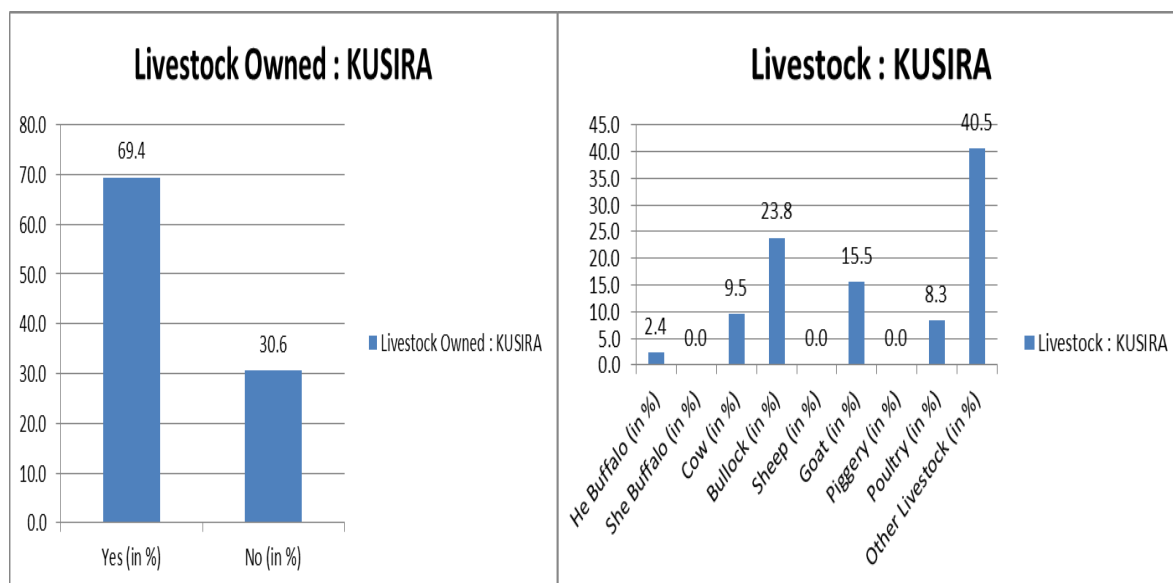
In Kushira 40% sample households have one to two hectares of land. 10.5% households have more than ten acres of land. 2.6% of the sample do not cultivate on their land and there is no



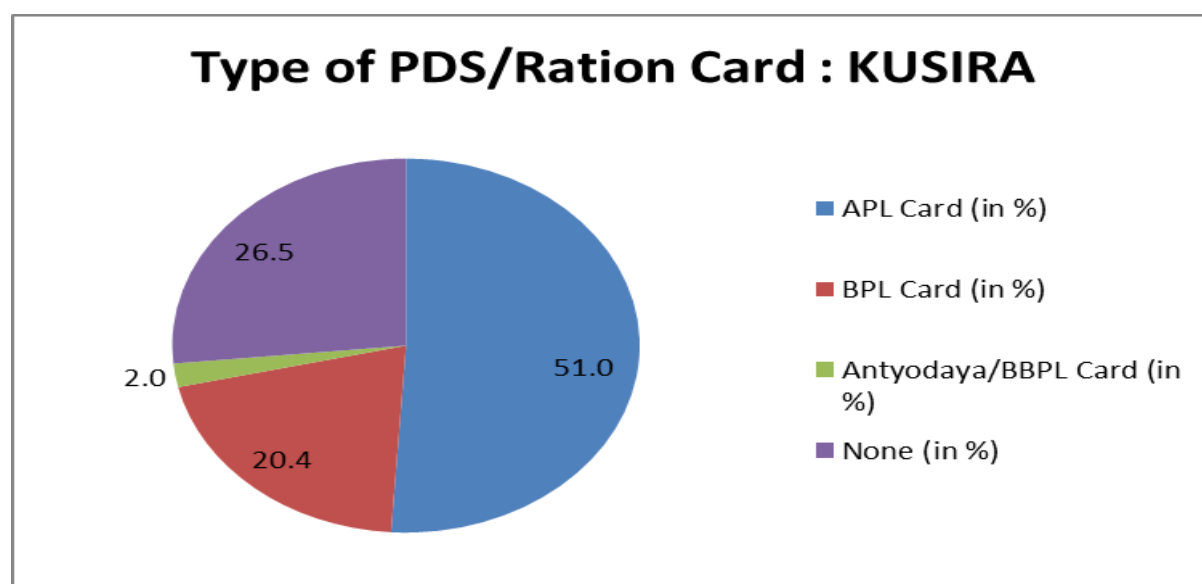
cultivated irrigated land.

9.6.8 Livestock

In study village around 70% of sample households own livestock. Among those who own livestock 2.4% have he buffalo, 9.5% have cow, 23.8% have bullock. Livestock owned and kind of livestock distribution charts is given below.



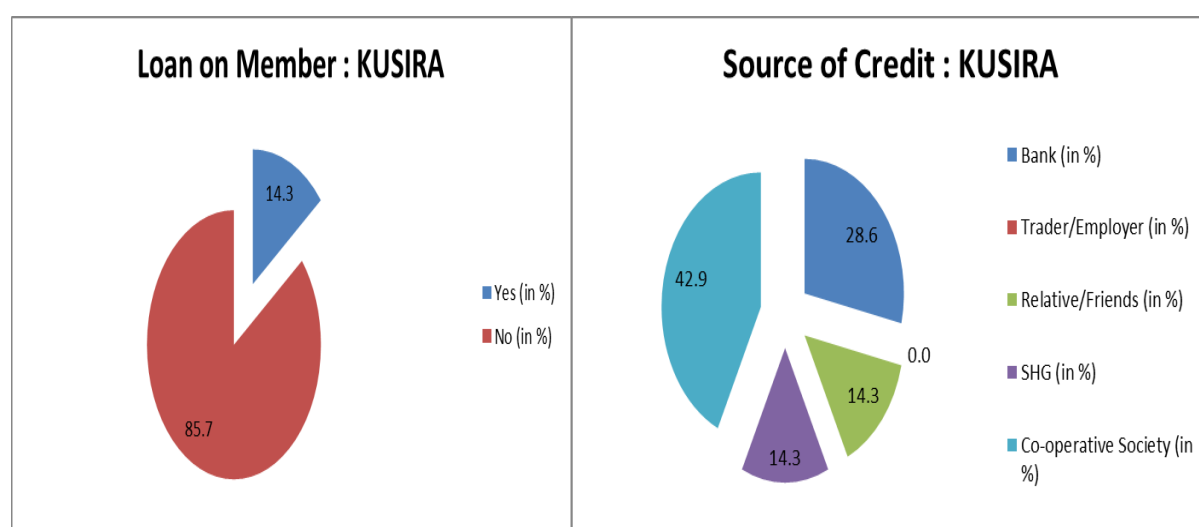
9.6.9 Public Distribution System



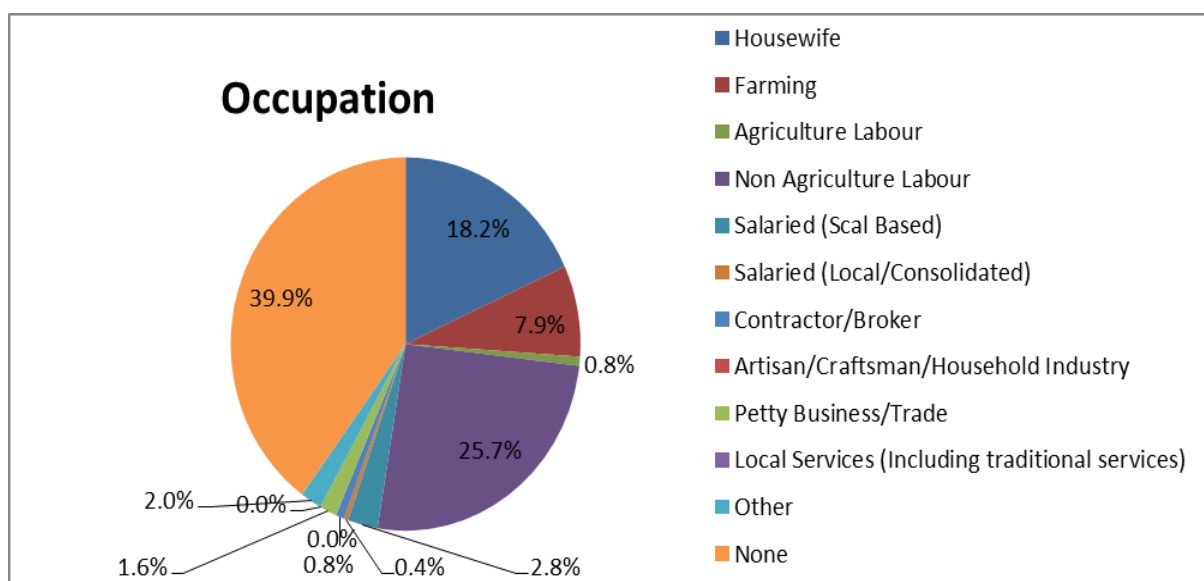
20.4% of sample household in Kusira have BPL card while more than one fourth of the sample households do not have any type of ration card. Those sample households which have ration card all avail PDS.

9.6.10 Loan on Member

14.3% of sample household members in study village have loan on them. Among those who have loan 14.3% credited it from relatives or friends and other all credited through Bank, SHGs and co-operative society.



9.6.11 OCCUPATION



Among the sample household members in Kushira 7.9% depending on farming for livelihood, 25.7% are non-agricultural labour, 1.6% is doing petty business whereas around 3% are salaried employee. Around 40% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none. Around 60% of the workforces are either do not have any work at all are housewives which show the employment opportunity in the village.

9.6.12 RECOMMENDATION:

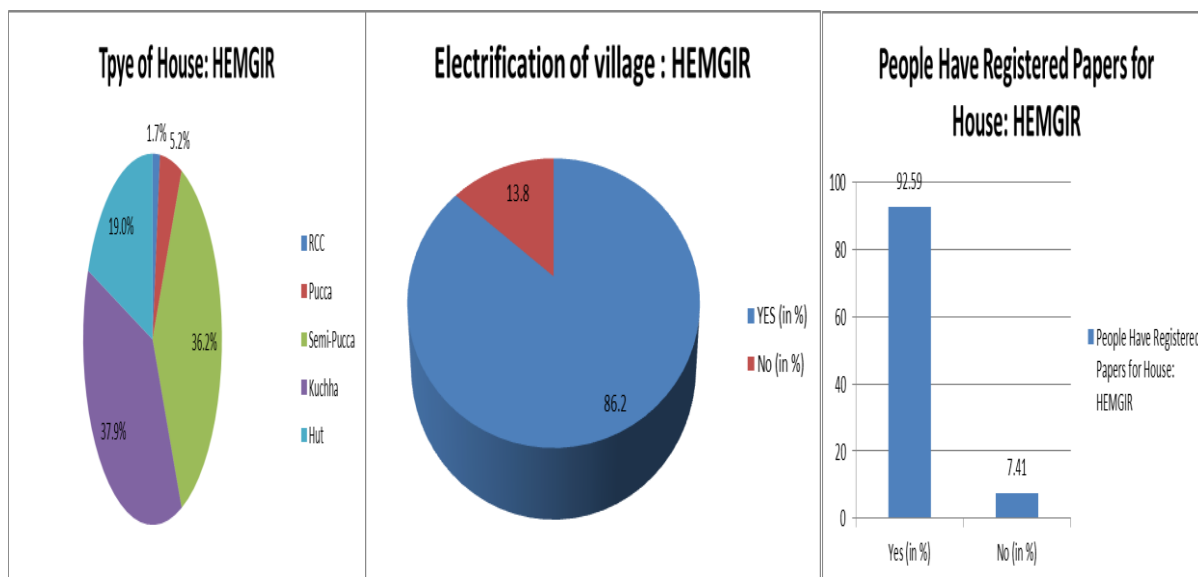
1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 94% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. More than three fourth of sample houses are kuchha house. There is need of housing schemes.
4. Among the deliveries more than 17% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
6. More than half of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or can work on the issue electricity.

9.7 HEMGIR

Hemgiri				
Forest Produce				
FIREWOOD COAL COLLECTION FRUIT/NUTS/LEAVES	Yes	YEAR	2011	
	Yes	HOUSEHOLDS	2000	
	Yes	POPULATION	10000	
RELIGION	House holds	Public/Common Tap Points 35		
HINDU	1998			
MUSLIM	2	HH Tap Connections 200		
Chief Crop Name	Area			
Paddy	5000 acres			
Wheat	30 acres			
Vegetable	50 acres			
Biri/Muga	50 acres			
Land Distribution:				
Total Area	Grazing	Forest	Wasteland	Non- Irrigated
20000 acres	500 acres	6000 acres	2000 acres	5000 acres
Migration Pattern				
Outside state (Non-Agri Labour)				Yes
Facilities Existing more than 5 Kms				
Primary Health Centre		kubharvandha		
CHC/ Govt. Gen. Hospital				
Veterinary Clinic				
Pvt. Clinic (RMP+)				
Pvt. Clinic (MBBS/ BAMS+)		Tharmala		
Pvt./ CSR Hospital				
Heath Sub-Centre				
ITI/ Polytechnic				
Vocational training centre		Lakhanpur		
		Belphar		
		</		

9.7.1 Household Status

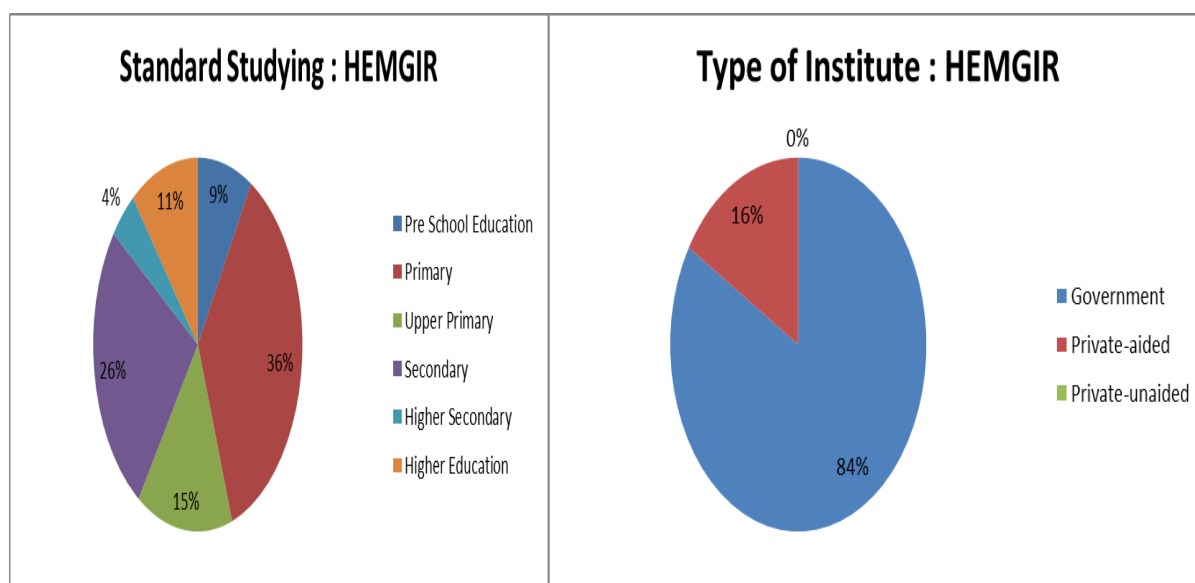
In Hemgir village around 7% sample households have RCC or Pucca house. 56.9% houses are kuchha or hut while 36.2% are semi pucca house. Around 93% of sample households have registered papers for house while 86.2% houses are electrified.



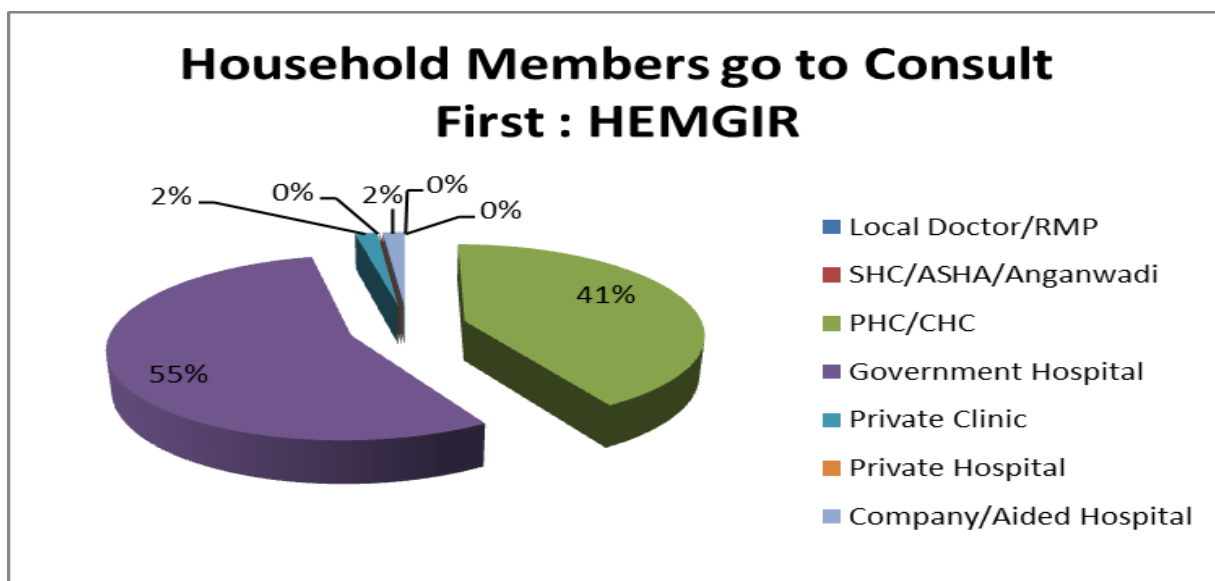
9.7.2 Education

Among the sample households in Hemgir village 9% kids are in pre-school, 36% children are enrolled in primary school, 4% students are studying in higher secondary while 11% reported enrolled in higher education as well as pursuing vocational courses.

84% of students are studying in government institutes and 16% are in private aided institutes.



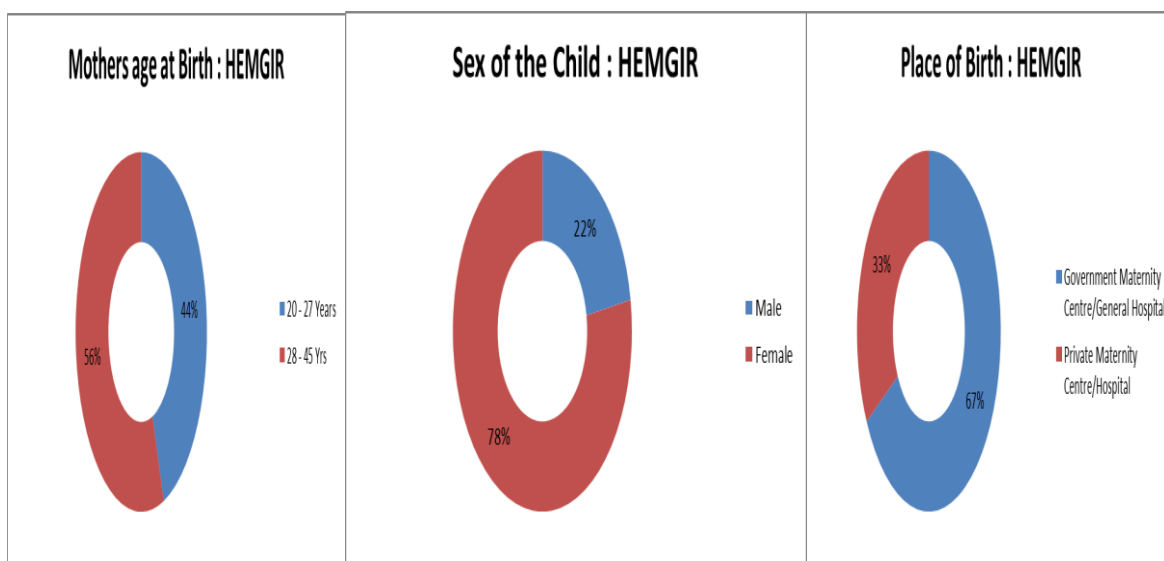
9.7.3 Health



In Hemgir, 96% of sample household members consult government hospital or PHC/CHC first in case of medical emergency, 2% Consult Company aided hospital while only 2% go to a private clinic.

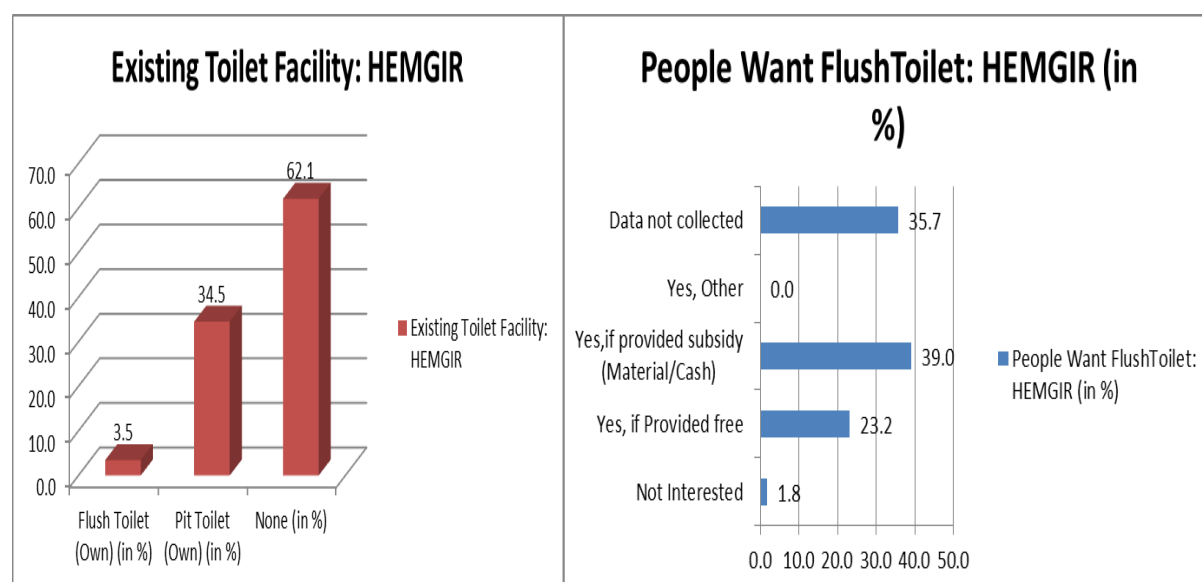
9.7.4 Maternal Health

Among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery. 67% sample reported that deliveries were at government maternity centre/hospital while 33% had a delivery at private hospital/maternity centre. The sex ratio among the kids of age group 0-3 years 78% are girl



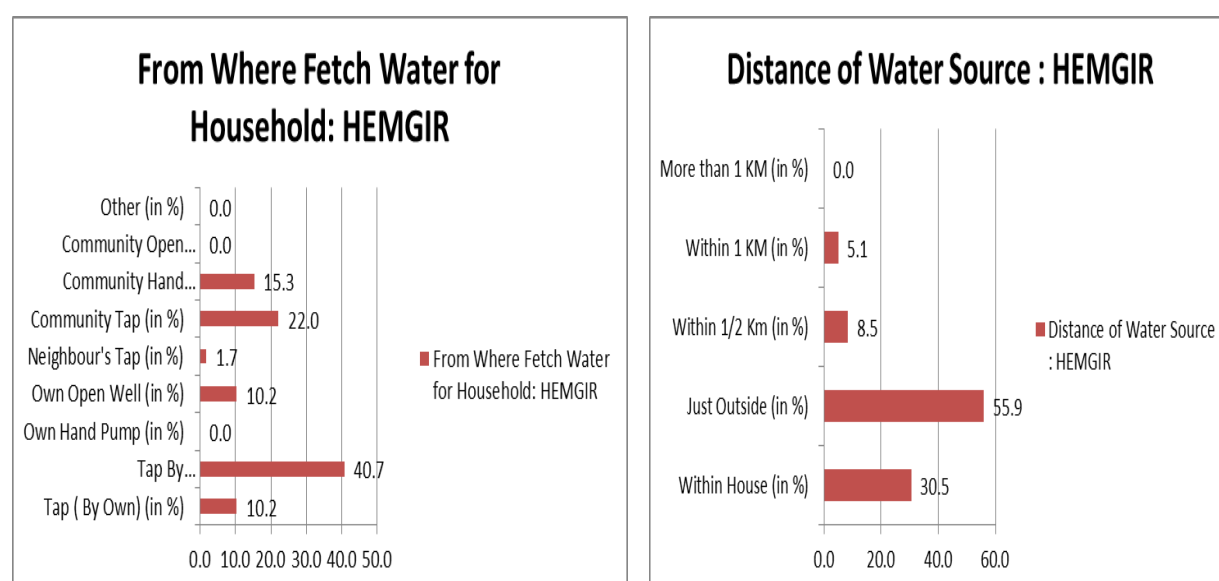
child and 22% are male child. Women who conceived a child in the last three years 44% of them were in the age group of 20 – 27 years at the time of delivery and rest of the 56% were in the age group of 28 - 45 years.

9.7.5 Sanitation

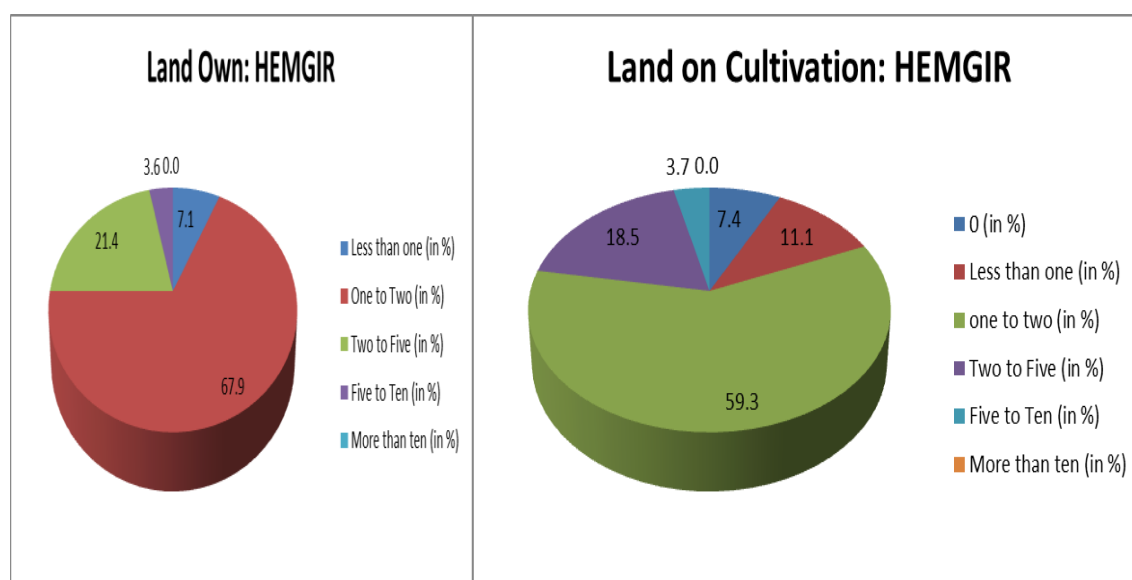


In Hemgir 62.1% population does not have toilet facilities. Among those who do not have toilet facility 1.8% are not interested to construct, 39% said if they will get subsidy they are interested to construct while 23.2% want free of cost.

9.7.6 Water



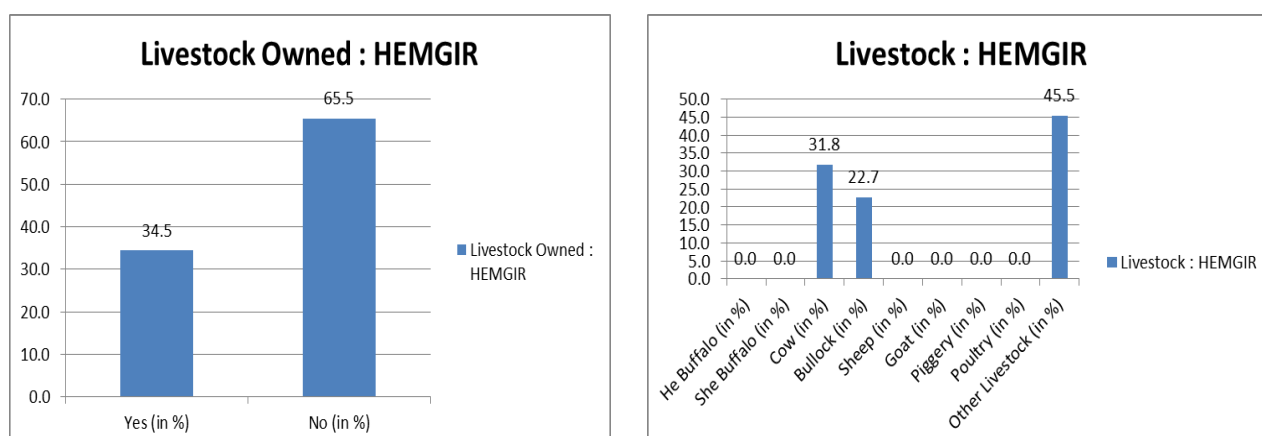
In Hemgiri around 75% of the sample houses depends on tap water (community tap, own tap. tap by panchyat) and 15.3% depends on community hand pump for drinking water. 30.5% of sample houses have a water source in premise while 60% have just outside house only 5% of sample families need to go more than half km. to fetch drinking water.



9.7.7 Agriculture Land

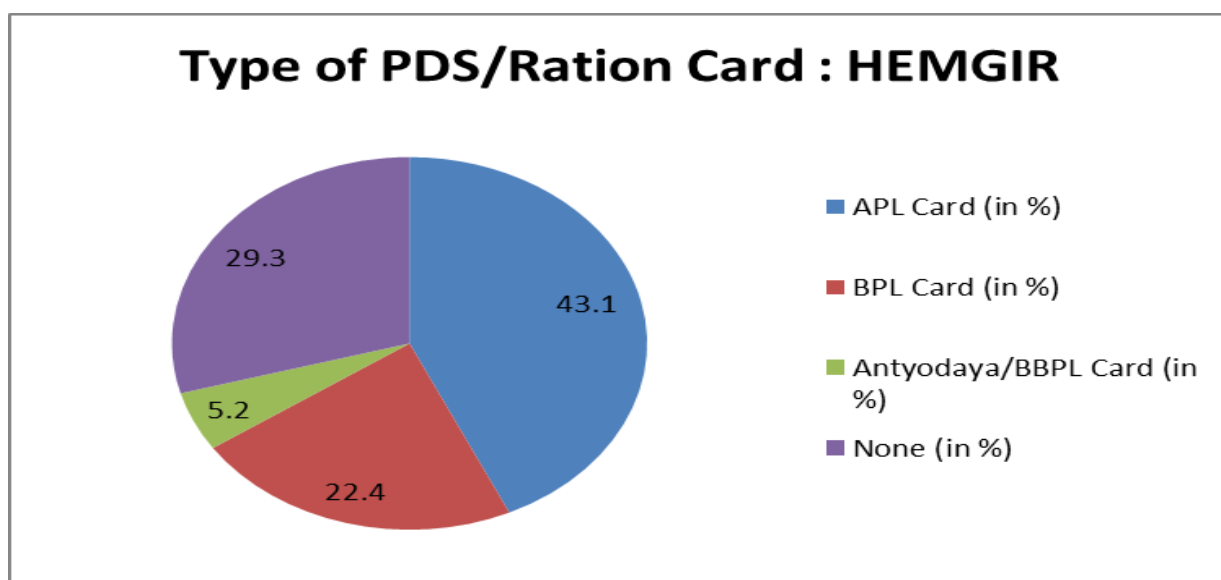
In Hemgiri majority of sample households own one to two hectare of agriculture land which is around 70%. 7.4% of agriculture land owner sample do not cultivate. There is no cultivated and irrigated land.

9.7.8 Livestock



In Hemgir only 34.5% of sample family own livestock in which majority of livestock are cow 31.8% and bullock 22.7%.

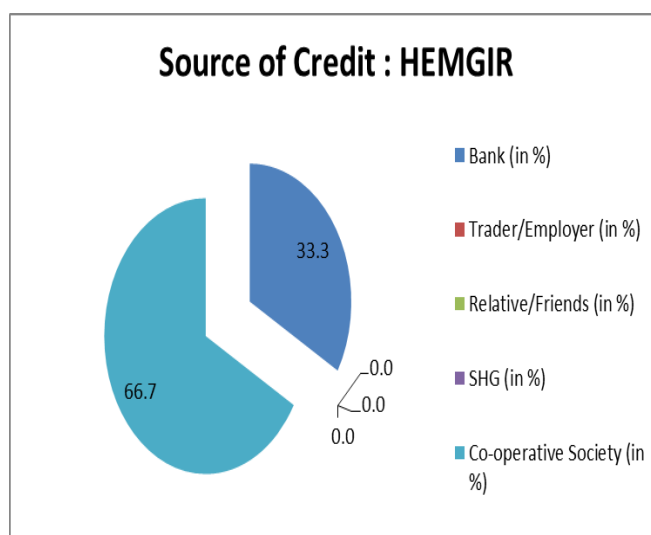
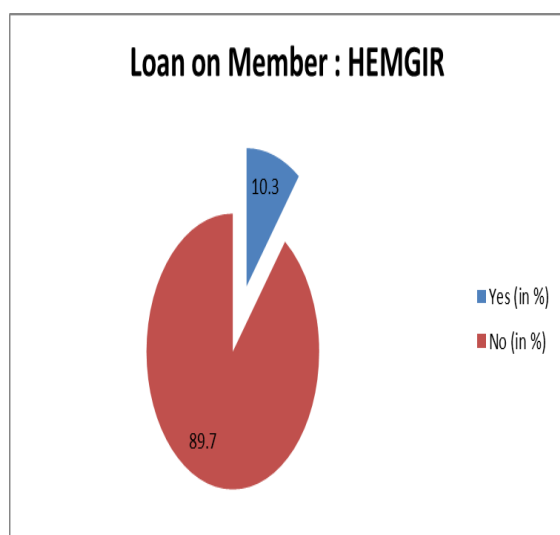
9.7.9 Public Distribution System



Among sample households 22.4% have BPL card while around 30% do not have any type of card. Those who have ration card they all avail PDS.

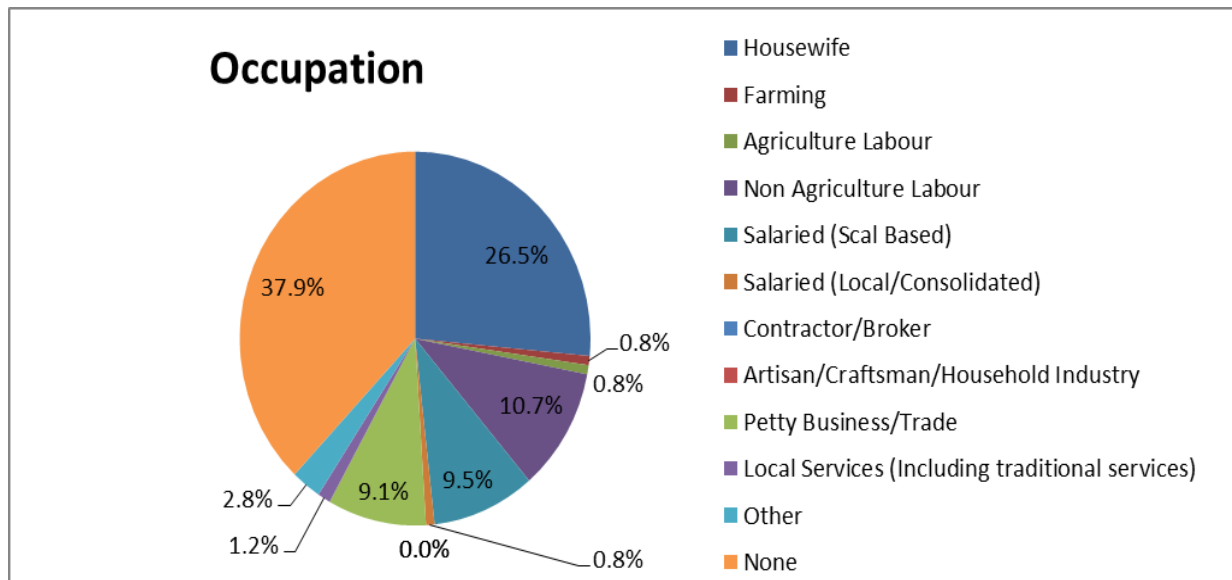
9.7.10 Loan on Member

In Hemgir 10.3% of sample household members have loan which is credited from bank and co-operatives.



9.7.11 OCCUPATION

Among the sample household members only 1.6% has farming or agricultural labour as livelihood, 10.7% are non-agricultural labour, and 9% are doing petty business whereas 10% are salaried employee. 37.9% said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.



9.7.11 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 62% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. More than 57% of sample houses are kuchha house. There is need of housing schemes.
4. Among the deliveries more than 33% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
6. Around 14% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or can work on the issur of electricity.

9.8 LAIKERA

FLOOD PRONENESS	
ALKALINITY	
WATER LOGGING	
SOIL EROSION	
DROUGHT PRONENESS	

YEAR	2011
HOUSEHOLDS	
POPULATION	

Public/Common Tap Points

5

HH Tap Connections

20

Chief Crop Name	Area
Paddy	1000 Acres

Forest Produce	
Coal Collection	Yes
Firewood	Yes
Fruits/Nuts Leaves	Yes
Facilities Existing within 5 kms.	
DTP Xerox Centre	Duduka

Land Distribution (In Acre)					
Total Area	Irrigated	Non-Irrigated	Grazing	Forest	Wasteland
8000	100	1500	50	0	2000

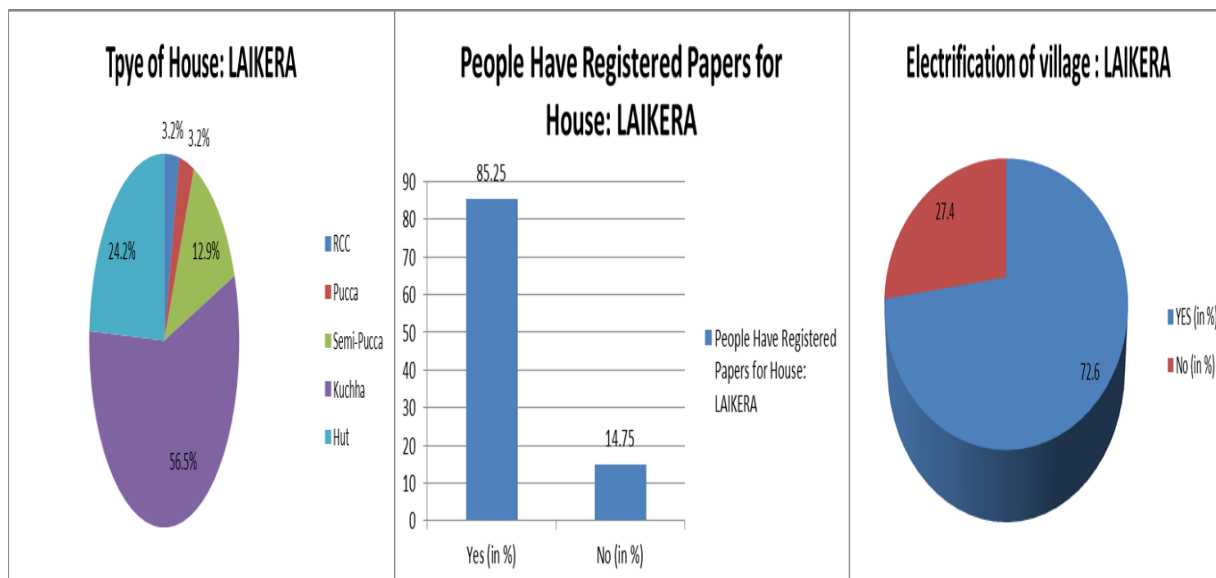
Migration Pattern

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

Facilities Available in the village	More than 5 Kms	
Cement/Tar road	ITI/ Polytechnic	Sundergarh
Bus Stop	Vocational training centre	
Public Telephone Booth	District Headquarters	
Daily Market	Warehouse	
Weekly Market	Railway Station	Hemgiri
PDS Shop	Police Station	
Grocery Shop	Block Development Office	
Post Office	Taluk Headquarters	
Gram Panchayat Office	Higher Secondary School	Duduka
Co-operative Society	Degree College	
APMC/ Mandi	Primary Health Centre	Kumbharbandh
Pre-Pri/Nursery School	CHC/ Govt. Gen. Hospital	
Govt. Primary School	Medical Shop/ Chemist	Garjanbahal
ASHA Worker	Pvt. Secondary School	
Govt. Secondary School	Pvt. Clinic (RMP+)	Tharmala
Pvt. Primary School	Pvt. Clinic (MBBS/ BAMS+)	
	Pvt./ CSR Hospital	

9.8.1 Household Status

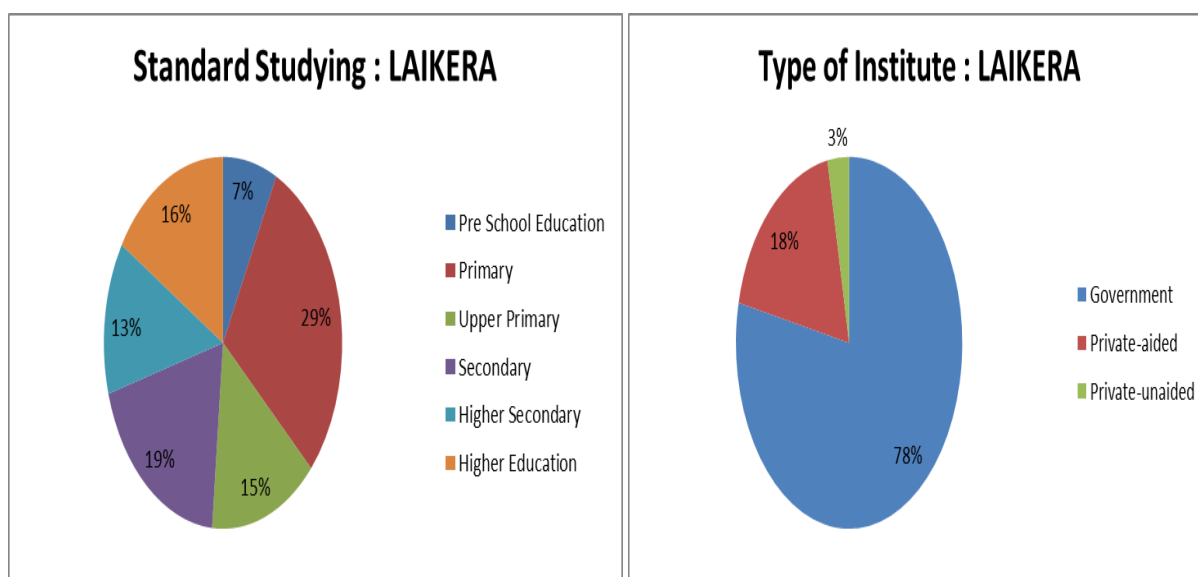
In Laikera study village only 6.4% sample houses are RCC or Pucca house while 80% of houses are kuccha or hut. 85% of houses have registered paper and around three fourth of sample



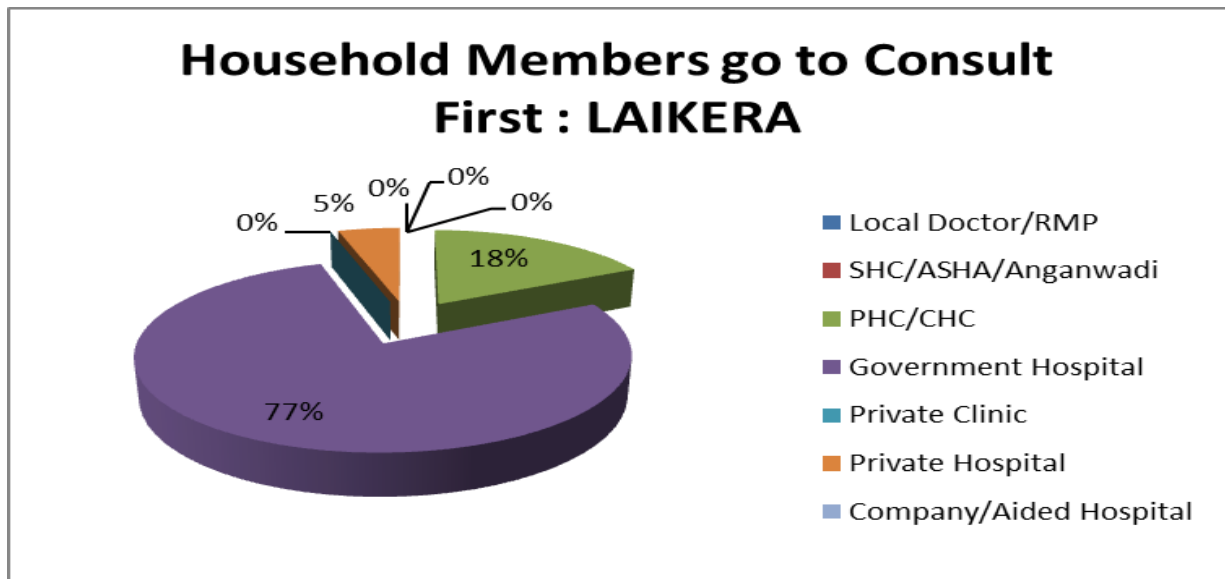
houses are electrified.

9.8.2 Education

In Laikera 29% children from sample households are enrolled in primary-schools, 15% are in upper primary schools, 32% of students are studying in secondary and higher secondary schools while 16% are enrolled in higher education as well as pursuing vocational courses. 78% of students are studying in government institutes, 18% are in private aided institutes while the rest of the 3% are in private unaided institutes.



9.8.3 Health

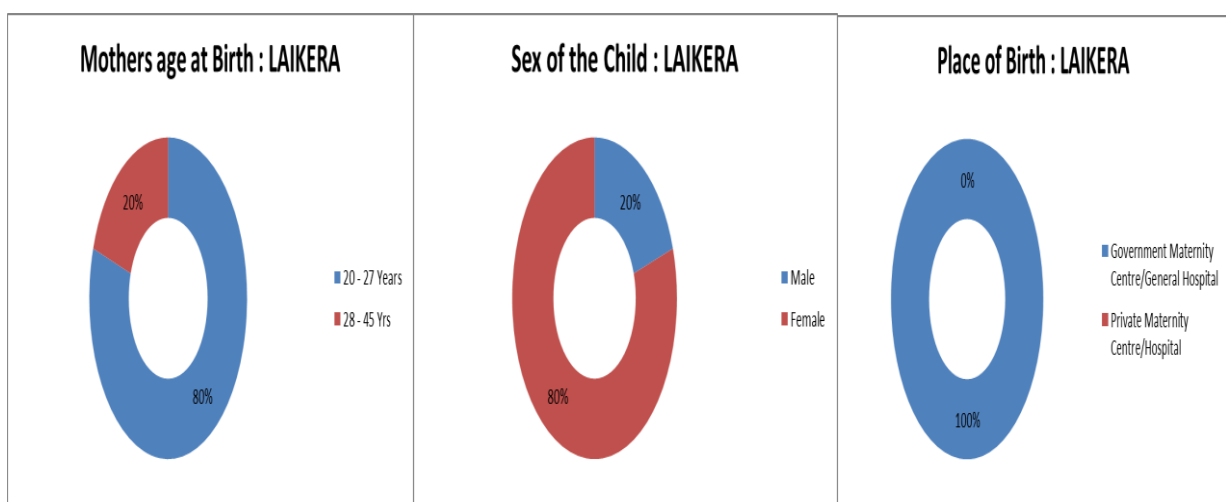


In Laikera 95% of sample household members claimed that they consult government hospital or PHC/CHC in case of any medical emergency while rest of the 5% said they consult private hospital for the same.

9.8.4 Maternal Health

In studied village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery and 100% were at government maternity centre/hospital.

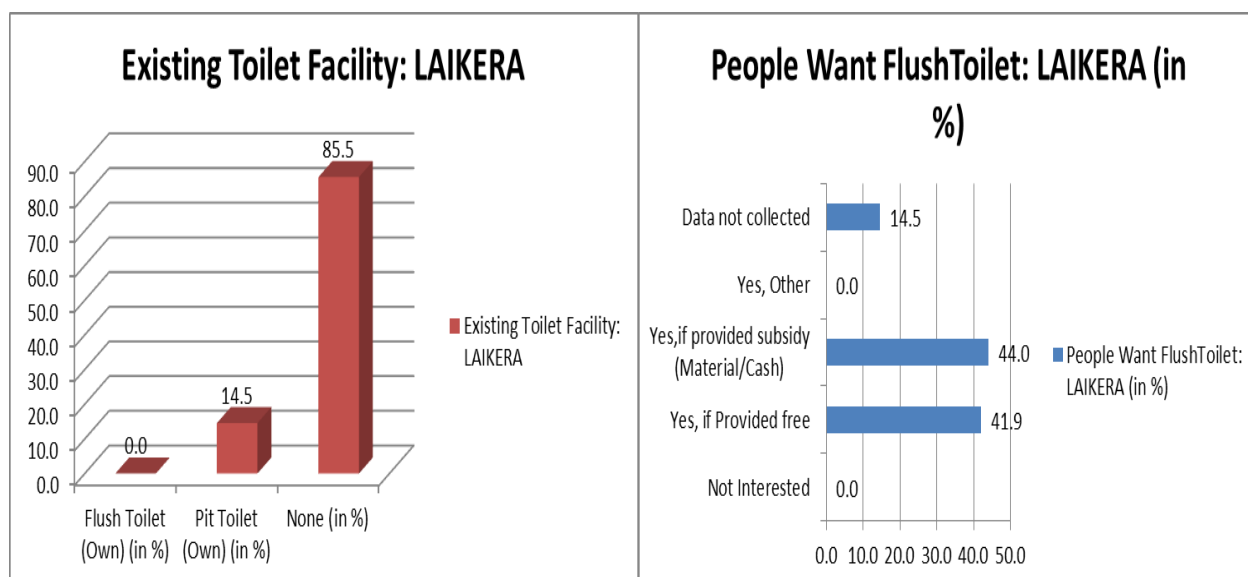
The sex ratio among the kids of age group 0-3 years 80% are girl child and 20% are male child. Women who conceived a child in the last three years 80% of them were in the age group of 20



– 27 years at the time of delivery and rest of the 20% were in the age group of 28 - 45 years.

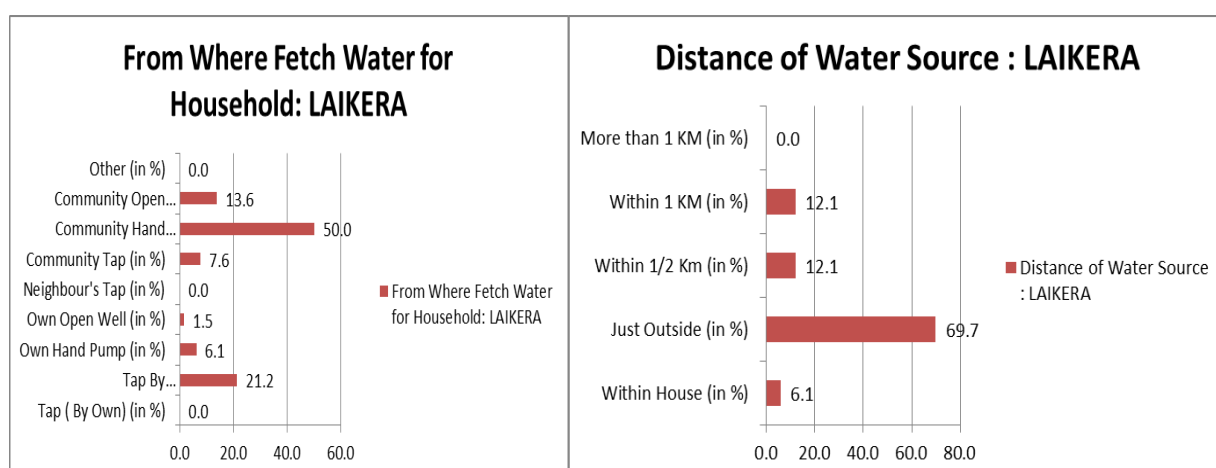
9.8.5 Sanitation

In Laikera 85.5% of sample households do not have toilet facilities. Among those who do not have toilet facility 44% said they are interested if they get a subsidy and around 42% want free



of cost toilet construction.

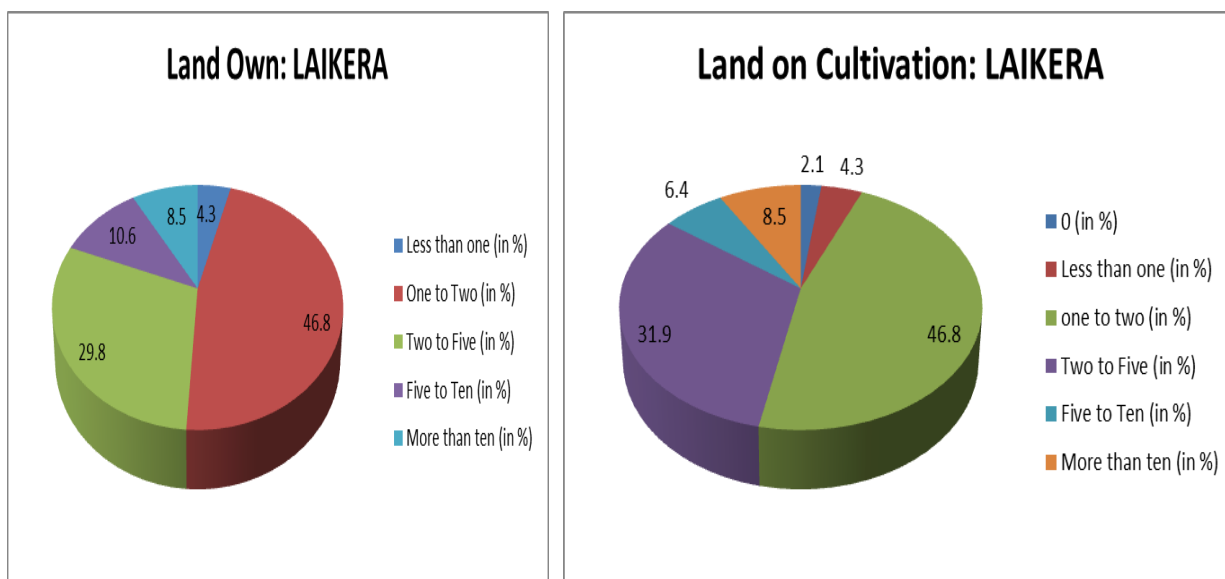
9.8.6 Water



Majority of sample households depends on hand pump for drinking water which is 66% of the total sample and 28.8% depends on tap water. In Laikera only 6.1% of sample households have a water source in premise while 70% have just outside of the house.

9.8.7 Agriculture Land

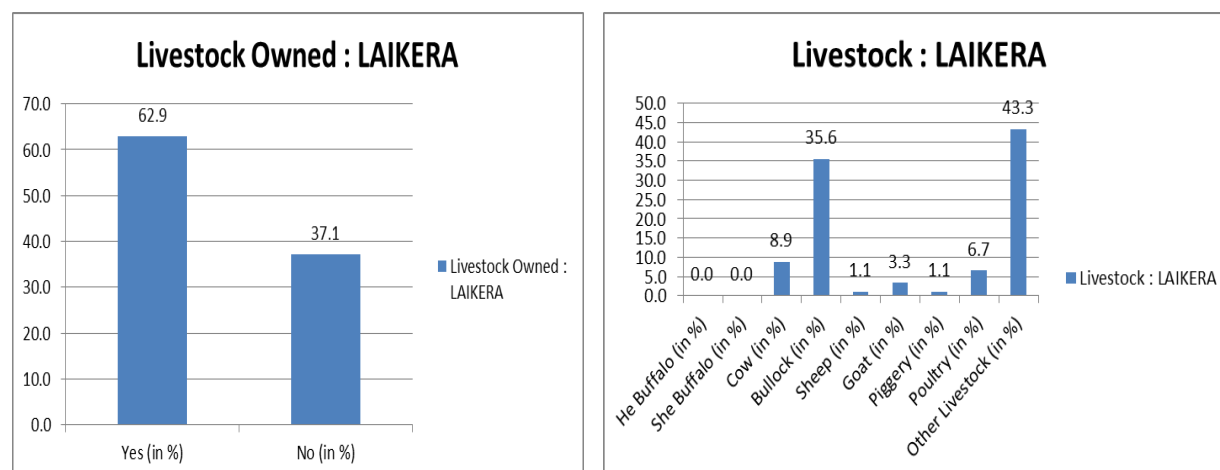
In study village 46.8% of sample households have one to two hectare of agriculture land and



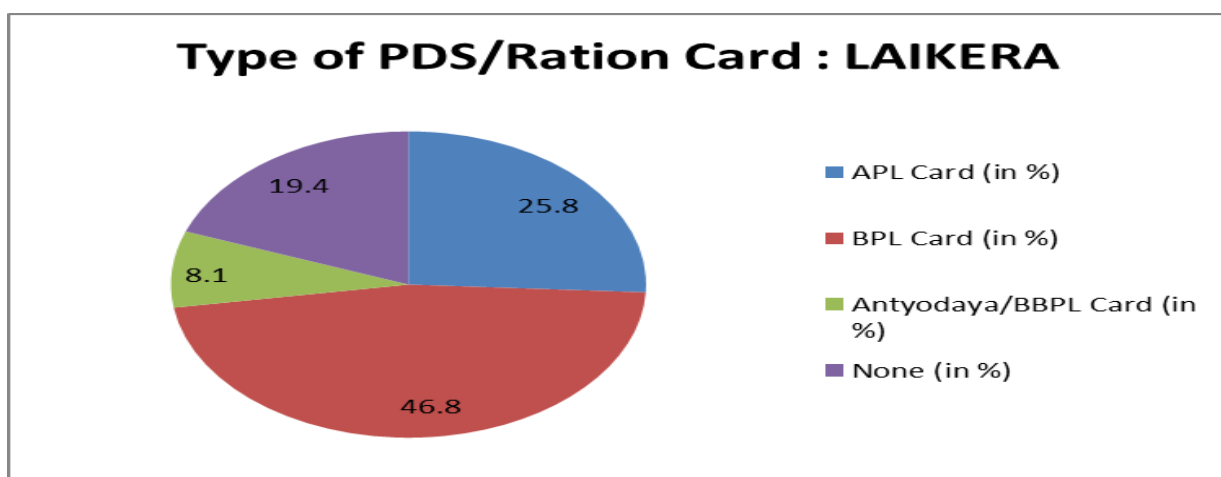
8.5% have more than ten hectare of land. There is no cultivated irrigated land in Laikera.

9.8.8 Livestock

In Laikera 63% of sample households own livestock out of which 35.6% have bullock and 8.9% have cow. 1.1% of sample households have sheep and 1.1% has poultry. Types of livestock owned and percentage of different livestock are given in below charts.



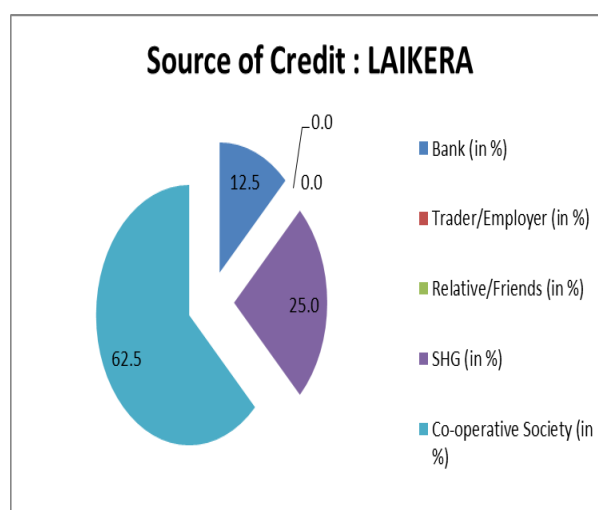
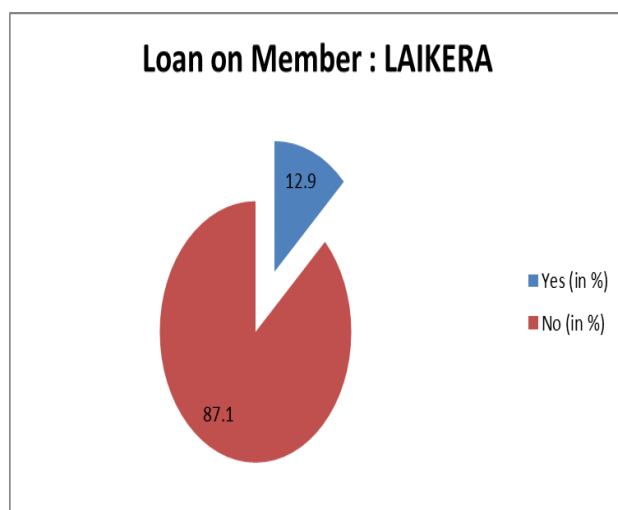
9.8.9 Public Distribution System



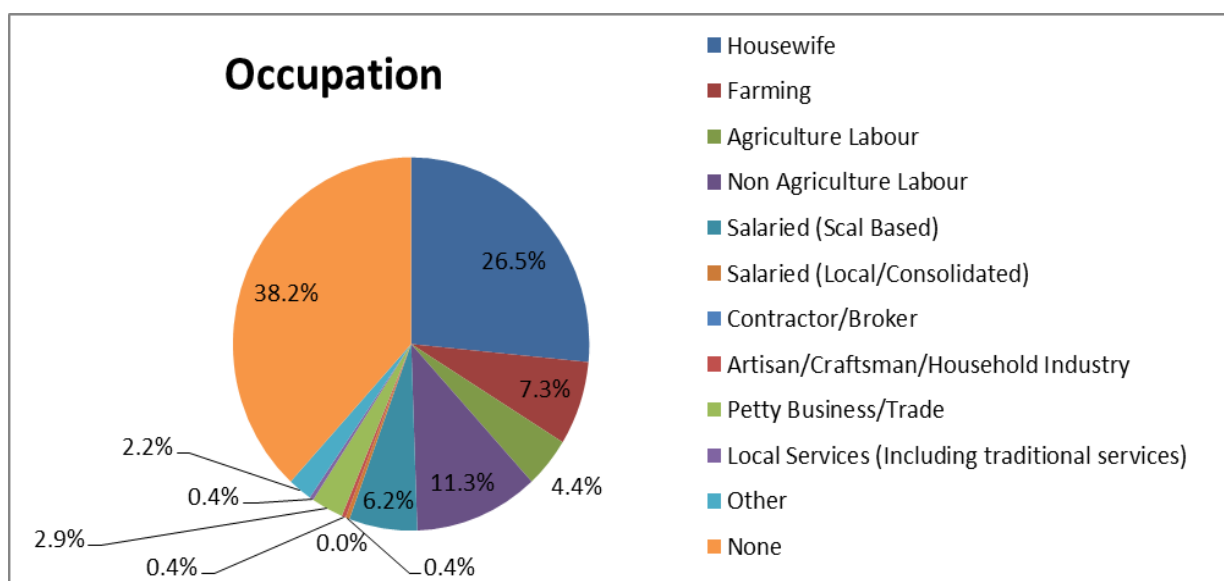
In Likera around 47% of sample households have BPL card while 19.4% do not have any type of ration card. In Likera those who have ration are all avail PDS.

9.8.10 Loan on Member

Around 13% of sample households member have loan and source of credit is bank 12.5%, SHGs 25% and co-operative society 62.5%.



9.8.11 OCCUPATION



Among the sample household members in Laikera village 7.3% depending on farming for a livelihood, 4.4% are agricultural labour, 11.3% are non-agricultural labour, and 2.9% are doing petty business whereas 6.6% are salaried employee. 38.2% of the workforce said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none.

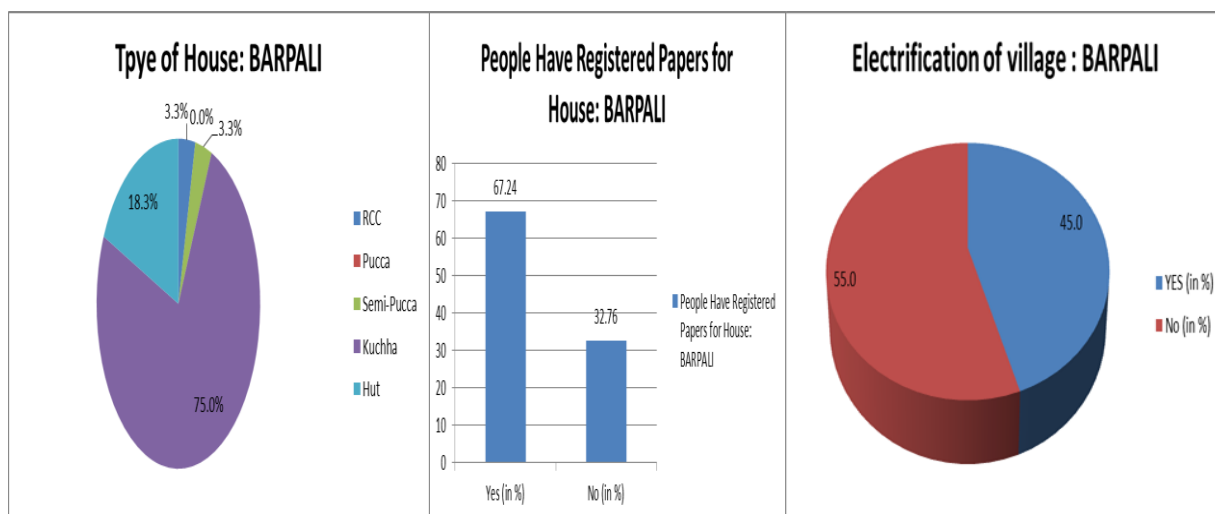
9.8.12 RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. More than 85% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. More than 80% of sample houses are kuchha house. There is need of housing schemes.
4. Among the deliveries more than 17% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
6. More than 27% of the sample households do not have electricity. Company with the collaboration of Gram Panchyat can provide solar lights or work on electricity.

9.9 BARPALI

FLOOD PRONENESS		ALMOST NILL		Facilities Existing within 5 kms.					
ALKALINITY		ALMOST NILL		Higher Secondary School					
WATER LOGGING		ALMOST NILL		Degree College					
SOIL EROSION		ALMOST NILL		Charitable Secondary School					
DROUGHT PRONENESS		ALMOST NILL		Pre-Pri/Nursery School					
YEAR	2011	More than 5 Kms		Duduka					
HOUSEHOLDS	500	ITI/ Polytechnic	Sundergarh						
POPULATION	2500	Vocational training centre							
Forest Produce		Taluk Headquarters							
Coal Collection	Yes	Post Office							
Public/Common Tap Points	0	Railway Station	Hemgiri						
HH Tap Connections	0	Co-operative Society							
Chief Crop Name	Area	Bank for S/B Account							
Paddy	700 Acres	Block Development Office							
		Primary Health Centre	Kaliakari						
		Pvt. Secondary School	Barpalli						
Land Distribution (In Acre)				Facilities Available in the village					
				Pvt. Clinic (MBBS/ BAMS+)					
				Medical Shop/ Chemist					
Total Area				Irrigated	Non-Irrigated	Grazing	Forest	Wasteland	
1500		0		500		10		500	50
Migration Pattern									
Within the state (Non-Agricultural Labour)								Yes	
Outside state (Non-Agri Labour)								Yes	

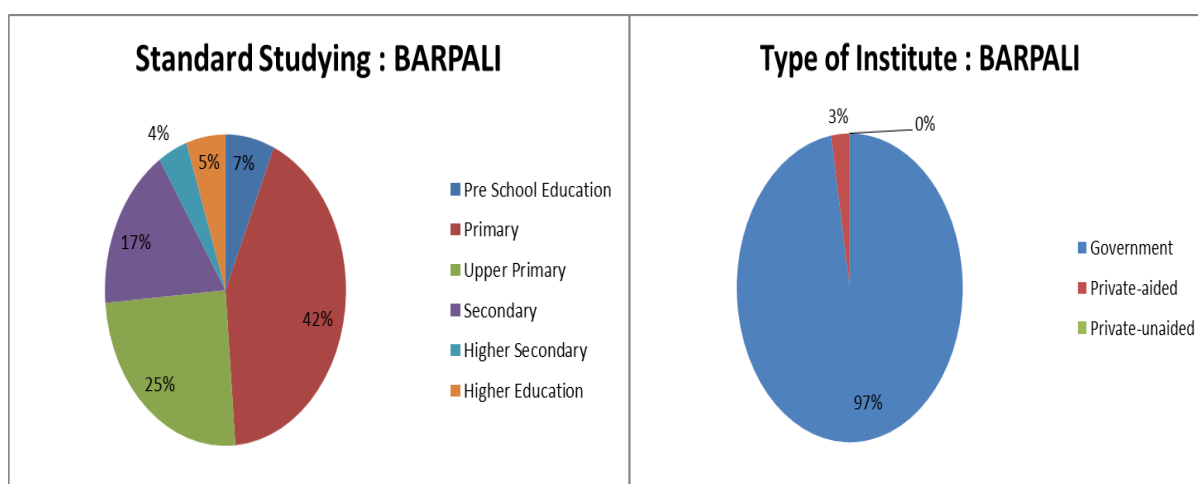
9.9.1 Household Status



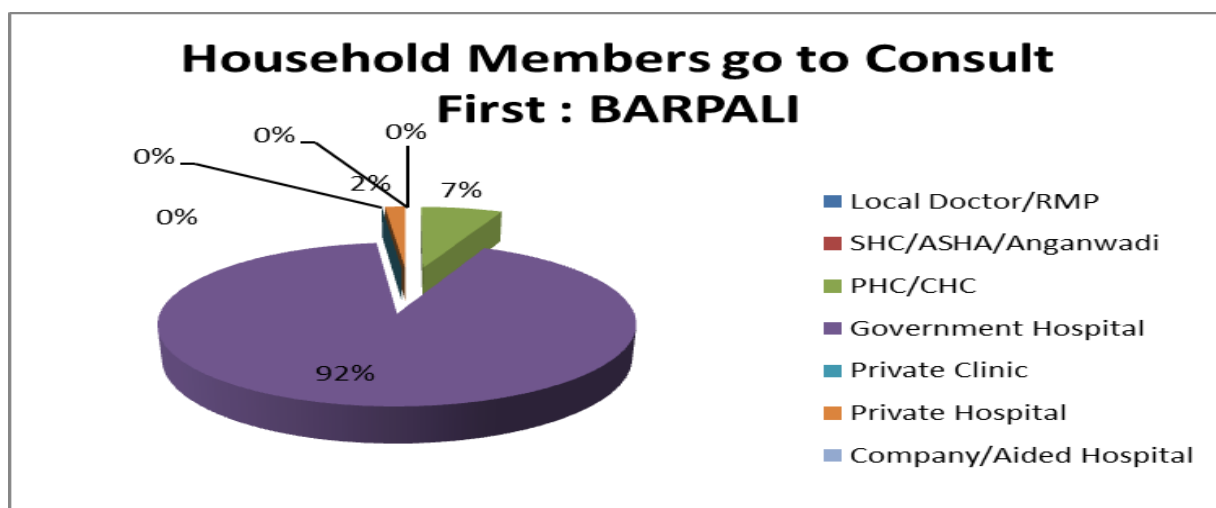
In Barapali study village 93.3% of sample households have kuchcha house or hut, only 3.3% RCC house. 67.24% of households have registered papers of house while 45% of sample houses are electrified.

9.9.2 Education

In Barpali village around 50% children are enrolled in preschool or primary school, 25% are in upper primary school, 22% students are studying in secondary or higher secondary school while 5% reported enrolled in higher education as well as pursuing vocational courses. 97% of students are studying in government institutes, while the rest of the 3% are in private institutes. A higher number of enrolments in government school show the functioning of education services in village.



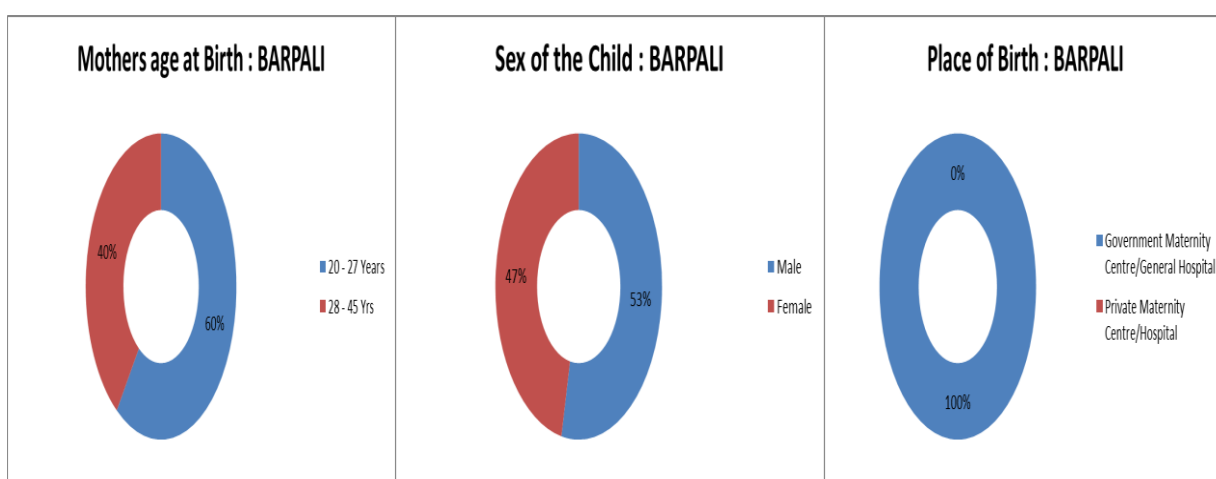
9.9.3Health



In Barpali village 98% of sample household members claimed that they consult at government hospital or PHC/CHC first in case of any medical emergency whereas the rest of the 2% said that they consult private hospital for the same.

9.9.4 Maternal Health

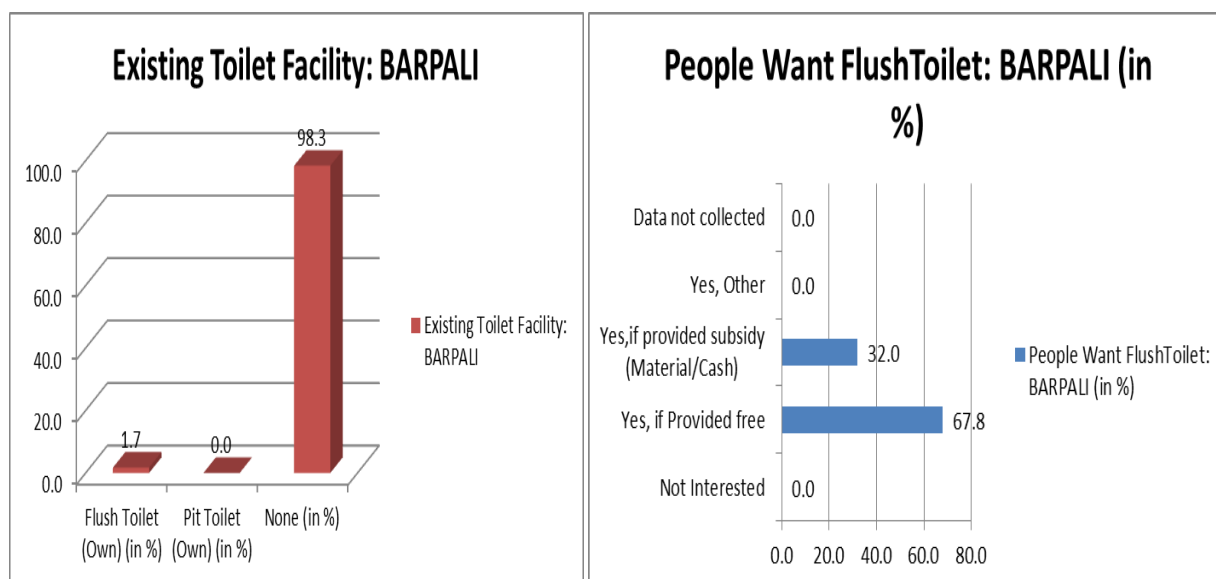
In Barapali village among the sample households who witnessed the birth of a child in the last three years in their family 100% reported saying the delivery was institutional delivery and 100% deliveries were at government maternity centre/hospital. The sex ratio among the kids of age group 0-3 years 47% are girl child and 53% are male child. Women who conceived a child



in the last three years 60% of them were in the age group of 20 – 27 years at the time of delivery and rest of the 40% were in the age group of 28 - 45 years.

9.9.5 Sanitation

In Barapali 98.3% sample households do not have toilet facilities. In the study village those

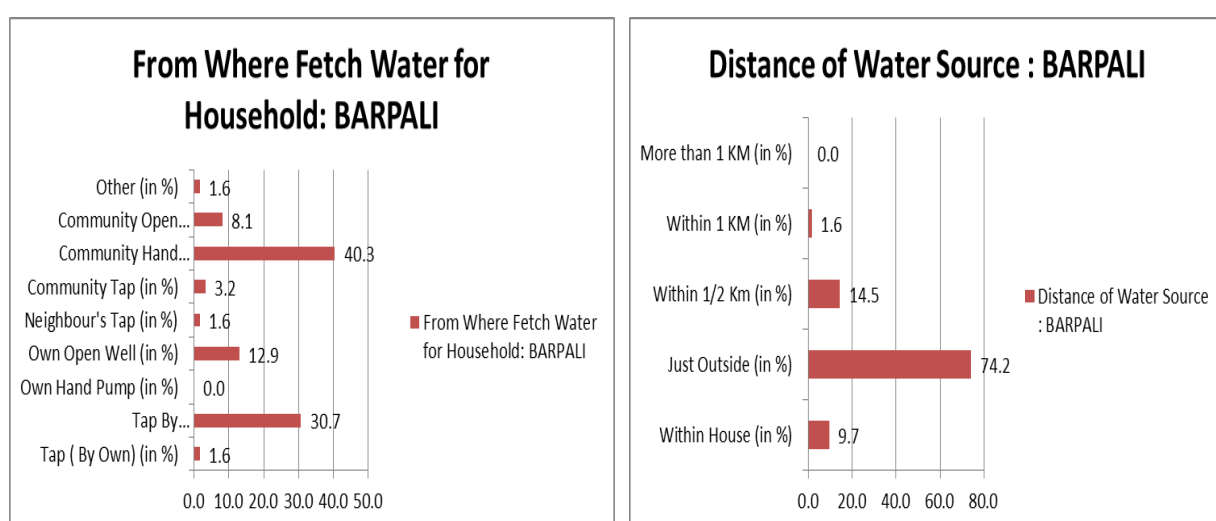


who do not have toilet facility 32% said

they are interested if they get a subsidy while 67.8 want free of cost construction.

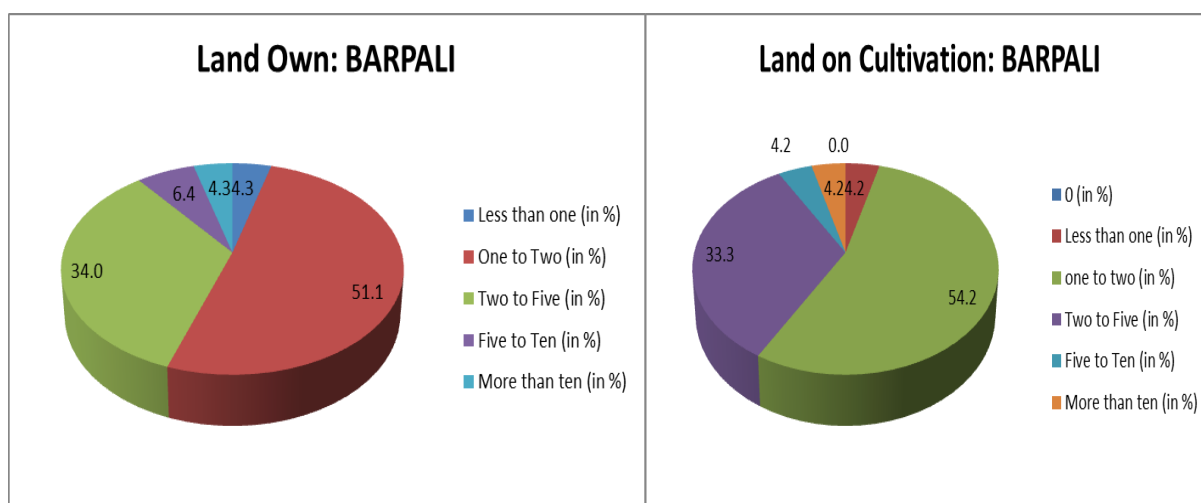
9.9.6 Water

In Barapali 40.3% households depend on community hand pump for drinking water while around 37% use tap water and 21% fetch water from an open well. 9.7% sample households



have a water source in premise while around 75% have water source just outside the house

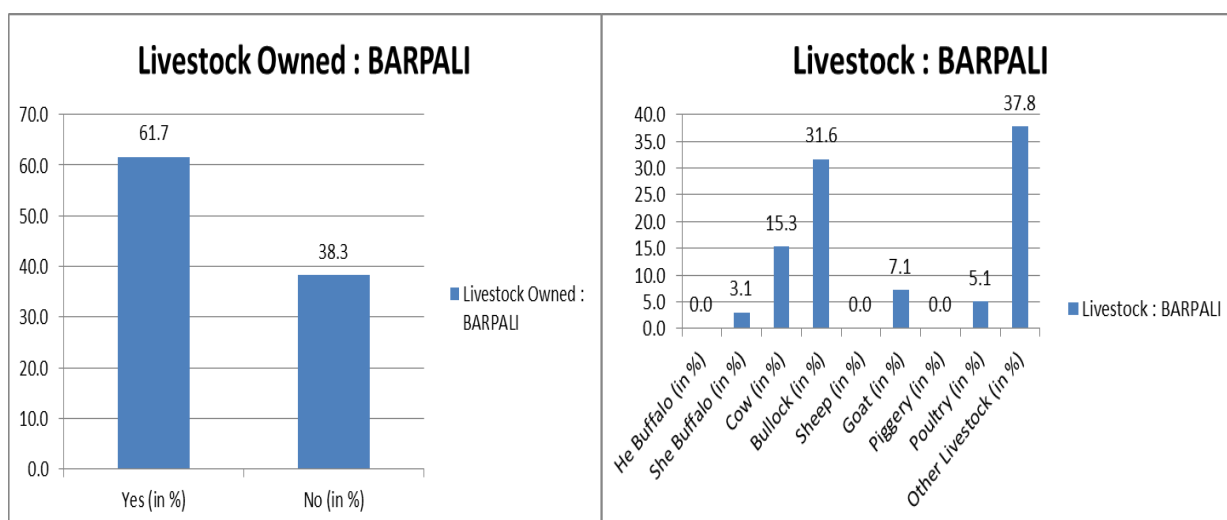
9.9.7 Agriculture Land



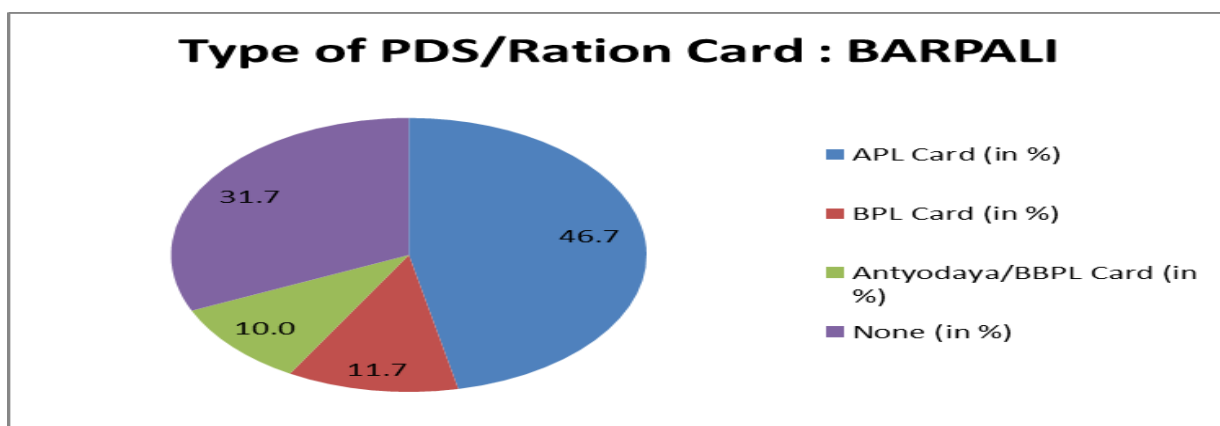
In Barapali 51.1 % of sample households own one to two hectares of agriculture land while 34% own two to five hectares of agriculture land. Almost all cultivate their land but there is no cultivated irrigated land.

9.9.8 Livestock

61.7% of sample households own livestock. Those who own livestock out of them 31.6% own bullock, 15.3% own cow, 7.1% own goat. Only 3.1% own she buffalo. Only 3.1% own she buffalo.



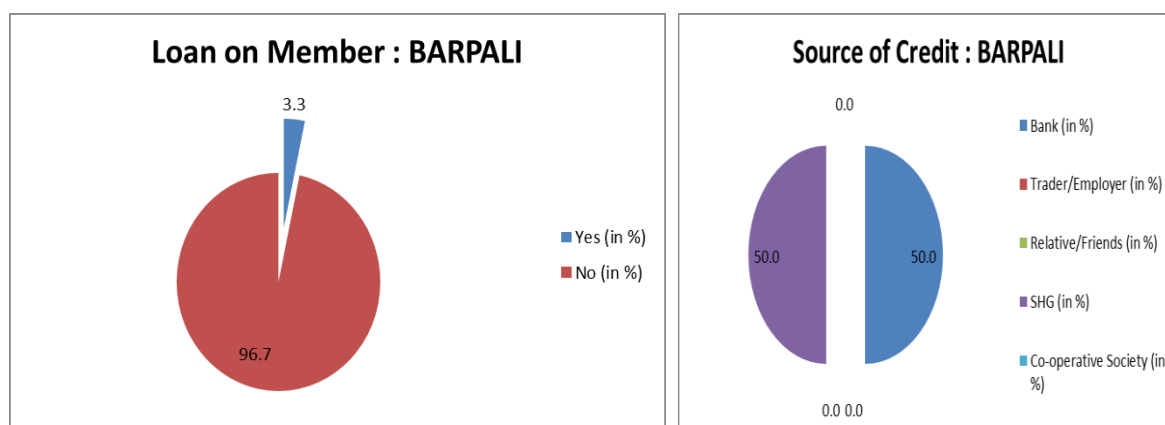
9.9.9 Public Distribution System



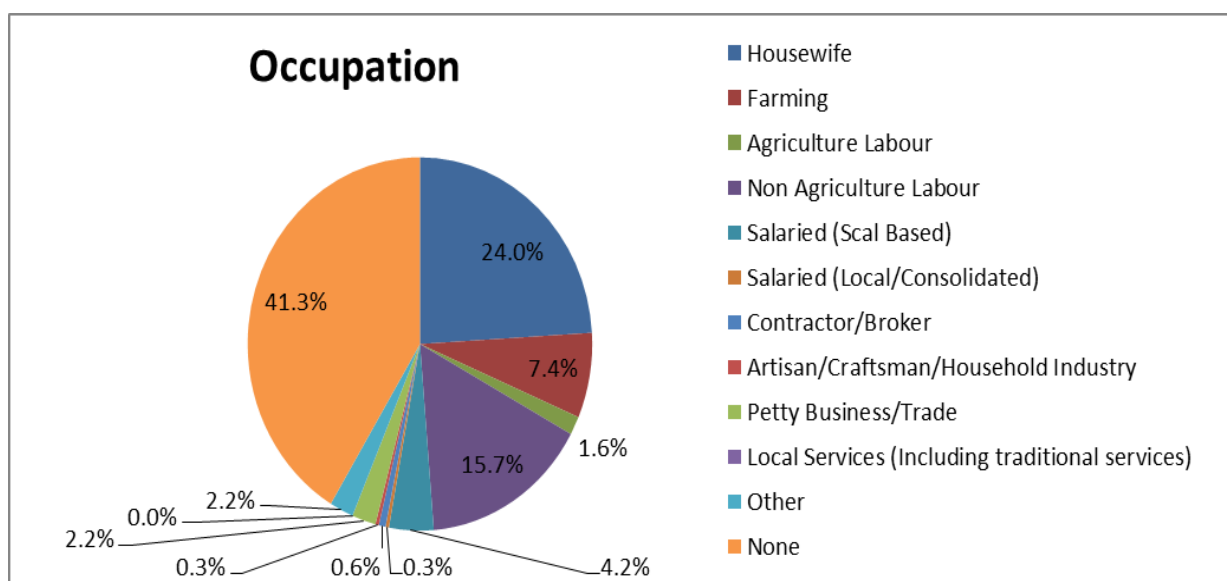
In study village only 11.7% of sample households have BPL card while 31.7% do not have any kind of ration card. Those who have ration card all avail PDS.

9.9.10 Loan on Member

Only 3.3% of sample household members have loan which is credited from bank and SHGs.



9.9.11 OCCUPATION



Among the sample household members 7.4% are depending on farming for a livelihood, 1.6% is agricultural labour, 15.7% are non-agricultural labour, and 4.5% are salaried employee either in government or private sector, whereas 2.2% are doing petty business. 41.3% of the workforce said that they do not work at all however; it also includes women who instead of saying housewives said that their primary Occupation is none. More than 65% of the sample household members either do not work at all or housewives which show lack of livelihood opportunity in the village.

9.9.12RECOMMENDATION:

1. Quality of drinking water has emerged as the issue in discussion with the villagers. Piped water supply does not cover all the households in the village. It can be initiated by the company in collaboration with local administration and local organization to ensure the availability of safe drinking water to the villagers
2. Around 99% of the sample households reported saying that they do not have toilet facility which will have major effect on the health of the villagers and especially kids. Company can work with panchayat to construct and run the community toilets.
3. More than 93% of sample houses are kuchha house. There is need of housing schemes.
4. Among the deliveries more than 17% of them were non institutional which indicates the need of working on this issue to improve the quality of health services for pregnant women.
5. Employment level of women is extremely low in the village. They said either they are unemployed or housewife, sometimes intermixing the two. Company can plan an intervention to increase the employability for the women. However, it is important to consider that the women come from very diverse background and any intervention should be planned on the basis of that. Company can plan to provide different kind of skill to women with special focus to their educational background.
6. 55% of the sample households do not have electricity. Company with the collaboration of Gram Panchayat can provide solar lights or work on electricity.

About National Corporate Social Responsibility Hub (NCSR Hub):

NCSR Hub, located at the Tata Institute of Social Sciences, works as a think tank to frame CSR intervention program using people oriented approaches. NCSR Hub performs following duties:

Advocacy and Research: The Hub has conducted research studies so far for GAIL, Goa Shipyard Limited, Mazgon Dock Limited, GRSE, HPCL, RCF Limited, BDL, NCL, NHDC, and BHEL.

Preparation of Panels of implementation organization/ monitoring and evaluation agencies: Diligent format of application and multilayered process of empanelment is followed to ensure empanelment of credible and capable organizations.

Developing MIS System: Developing Management Information Systems (MIS) for recording and monitoring CSR activities to help create a national database of all the CSR activities of CPSEs as well as the list of empanelled organizations.

CSR Training for CPSE personnel: The Hub partnered with 7 academic institutes- Entrepreneurship Development Institute, Ahmedabad; Indian Institute of Foreign Trade, Delhi; International Management Institute, Delhi; Institute of Public Enterprise, Hyderabad; Omeo Kumar Das Institute of Social Change and Development, Assam; Tata Institute of Social Sciences, Mumbai and Xavier's Institute of Management, Bhubaneswar- across the country to conduct training for the CSR personnel of all Public Sector Undertakings.



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