

BASELINE STUDY INTERIM REPORT



BY-

NATIONAL CORPORATE SOCIAL RESPONSIBILITY HUB

TISS

FOR

WESTERN COALFIELDS LTD. (WCL)

Aug-Oct 2013

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List of Abbreviations

CSR	Corporate Social Responsibility
CPSEs	Central Public Sector Enterprises
WCL	Western 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
NT	Nomadic Tribe
OBC	Other Backward Class
PHC	Primary Health Centre
SHC	Sub-Health Centre
ODS	Open Defecation System
RMP	Registered Medical Practitioner
GP	Gram Panchayat

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 Western Coalfields Ltd. (WCL) in Majri area, Wani North area, Wani area, Ballarpur area and Chandrapur area in 2 districts Yavatmal & Chandrapur of Maharashtra.

For all the five projects, we would like to express our deep gratitude to Mr. Rupak Dayal, Director, Personnel, WCL for his continuous support and guidance to the research team of NCSR Hub. We would also like to thank Mr. Suresh Rao, GM, CSR, WCL & Mr. Kuppu Swamy, Ex-GM CSR, WCL who played the role of an anchor throughout the study. Needs Assessment Study done in Majri, Wani North, Wani, Ballarpur & Chandrapur areas would not have been possible without the co-operation and whole-hearted support of Mr. A. N. Verma, Mr. R.K. Singh, Ms. Sangya, Mr. Gupta, Mr. D. S. Raju.

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

Prof. B. Venkatesh Kumar

Director

National Corporate Social Responsibility Hub

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EXECUTIVE SUMMARY

The following report is an outcome of the association between National Corporate Social Responsibility Hub (NCSR Hub) and Western Coalfields Limited (WCL) - a Public Sector Enterprise (PSE) and subsidiary of Coal India Limited, bound by a Memorandum of Understanding (MoU) signed between CIL & NCSR Hub. The report is an attempt to understand the current status, facilities and existing systems in the area of livelihood, health, water and sanitation, and education as well as to assess the needs of the communities in areas around Majri, Wani North, Wani, Ballarpur and Chandrapur mines in Warora, Rajura, Ballarshah and Chandrapur blocks of Yavatmal & Chandrapur Districts, Maharashtra. The study was conducted in 40 villages.

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

The main objectives of the study were-

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

Chapters after that do a situational analysis of the villages selected in afore mentioned areas. Finally, the report ends with a chapter on suggested areas of intervention/recommendations.

1. INTRODUCTION

1.1 NATIONAL CORPORATE SOCIAL RESPONSIBILITY HUB (NCSR HUB)

In the wake of rapid globalization and pressing ecological issues, the perception towards the role of corporate in the broader social paradigm is undergoing a sea change. In the recent years, society and the state have put forward an expectation before public sector corporate to integrate the social responsibility aspects in their business persuasion. This scenario not only affects large scale public sector undertakings, but also includes firms of small scale. The underlying assumption that Corporate Social Responsibility (CSR) is one way through which companies can demonstrate their commitment towards being socially responsible. In fact, CSR as an integral aspect of corporate has a double edged effect in terms of creating goodwill for the company and acting as a social and economic intervention to bring about large scale change in the life of people from different walks. It is in this context, Tata Institute of Social Sciences (TISS), Mumbai and Department of Public Enterprises (DPE), Government of India have come to realize that there is a need to have centralized system where core functions of CSR including learning and knowledge dissemination take place. As a result, TISS, a pioneer educational institution in social sciences with decades of experience in teaching, research, publications, and field interventions has come forward to host the National CSR Hub. This Hub is coordinated at the School of Management and Labor Studies (SMLS) at TISS. The Hub carries out activities in a partnership mode i.e. TISS, civil society organizations, and the concerned PSEs. Broadly, core functions of CSR Hub at TISS include inter alia Research, Publication and knowledge dissemination, Capacity Building, and 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 <http://tisscsrhub.org/> (Accessed on June 10, 2013)

1.2 WESTERN COALFIELD LTD. (WCL)

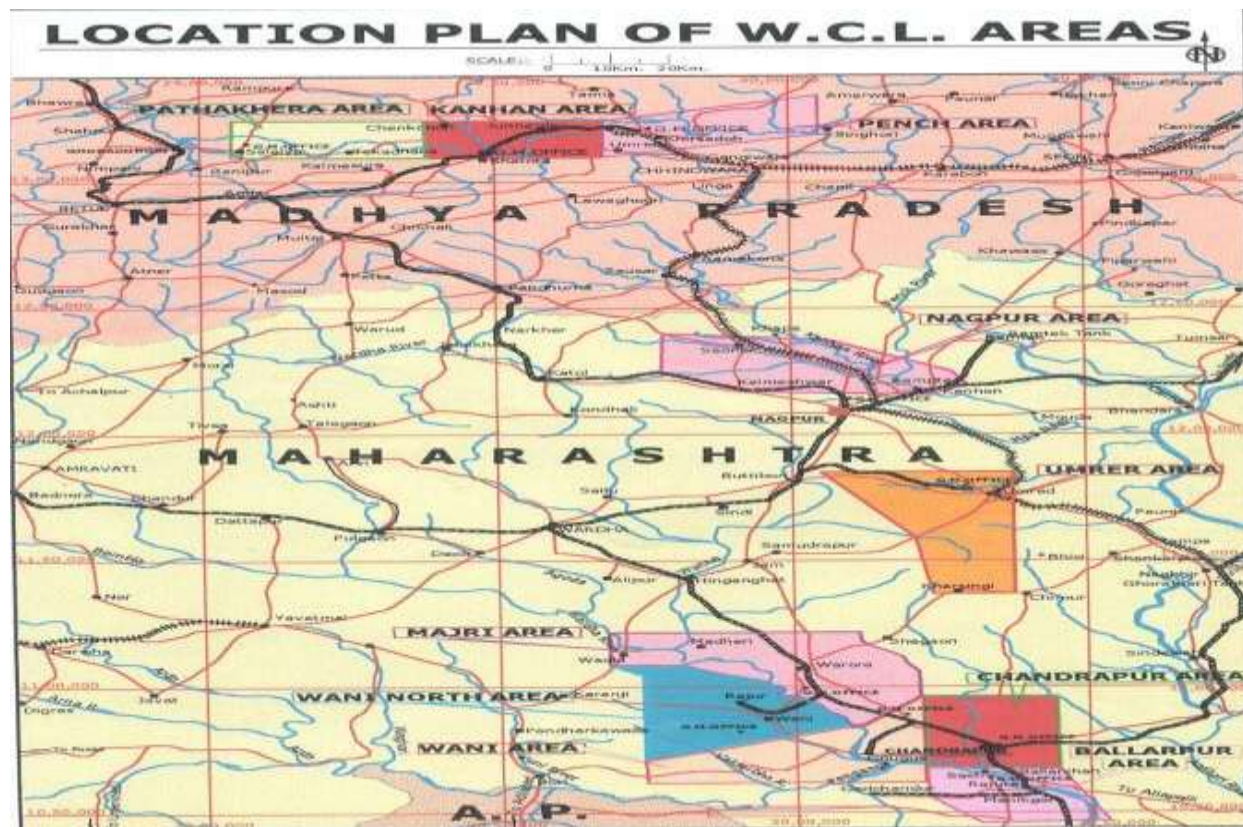
Western Coalfields Limited (WCL) is one of the eight Subsidiary Companies of Coal India Limited (CIL) which is under administrative control of Ministry of Coal. WCL has been conferred "Miniratna" status on 15th March'2007. The Company has contributed about 8.6% of the national coal production during 2009-10. The company came into existence on 1st November, 1975, after re-organization of the Nationalized Coal Industry. At that juncture, the operations of WCL were spread over in the States of Maharashtra, Madhya Pradesh and Orissa, organized into 2 Divisions and 12 operational Areas.³

It has mining operation spread over the states of Maharashtra (in Nagpur, Chandrapur & Yavatmal Districts) and Madhya Pradesh (in Betul and Chhindawara Districts). The Company is a major source of supplies of coal to the industries located in Western India in the States of Maharashtra, Madhya Pradesh, Gujarat and also in Southern India in the States of Andhra Pradesh, Tamil Nadu, Karnataka and Kerala⁴.

³ <http://westerncoal.gov.in/sites/default/files/userfiles/WCL%20AN%20OVERVIEW%202010-11.pdf>

⁴ <http://westerncoal.nic.in/?q=node/1>

Figure 1: Map of WCL Area Location



5

The turnover of the company during the year 2010-11 was Rs.7073.44 crores against budgeted Rs.6765.74 crores. The net profit for the year is Rs.1067.97 crores against budget of Rs.386.12 crores. The total sales realization during 2010-11 was Rs.7314 crores. The total outstanding dues with customers have decreased from Rs.263.31 crores as on 01.04.2010 to Rs.147.37 crores as on 01.04.2011.

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

⁵ <http://westerncoal.nic.in/?q=node/81>

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 WCL AND NCSR HUB

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 WCL. The first phase of study was conducted in Nagpur, Umrer districts in Maharashtra and Kanhan District in Madhya Pradesh and the report of the same was submitted to WCL on the date of February, 2013. The current report is the outcome of the second phase of the study conducted in Yavatmal districts of Maharashtra.

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 WCL. The geographical locations were selected by the company Western Coalfield Ltd. (referred henceforth as WCL) 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

1. To assess the needs in the area of health, education, livelihood, sanitation, drinking water and resource management of the community.
2. To provide information on the impact of CSR intervention in studied villages.
3. 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 problem⁶. Data was collected on the basis of sample household survey as well as in depth interviews with 40 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.

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 2639 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.⁷ 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.

⁶ Page 147, Social Work Research, School of Social Work, IGNOU

⁷ Ibid, Page 209

The table given below gives a detailed account of the sample size collected from 40 villages, district-wise. Local Panchayat officials and people's representative were also interviewed in each village.

Chandrapur:

S. NO.	VILLAGE NAME	SAMPLE SIZE	S. NO.	VILLAGE NAME	SAMPLE SIZE
1	Majri	70	13	Gouri	84
2	Kuchna	70	14	Baman Wada	62
3	Mangaon	71	15	Bhatali	57
4	Kondha	70	16	Mathara	56
5	Deulwada	70	17	Antargaon	53
6	Patala	70	18	Marda	61
7	Dhorwasa	70	19	Tirvanja	60
8	Vislon	70	20	Varvat	68
9	Payali	54	21	Vichoda	60
10	Nandgaon	71	22	Chincholi	54
11	Sakhara	77	23	Chorgaon	56
12	Kolgaon	58	24	Goyegaon	55
Total			1547		

Yavatmal:

S. NO.	VILLAGE NAME	SAMPLE SIZE	S. NO.	VILLAGE NAME	SAMPLE SIZE
1	Ukni	70	9	Belora	49
2	Bramhni	70	10	Chikhli	56
3	Bhalar	70	11	Sakhara	64
4	Ghonsa	67	12	Gadegaon	71
5	Rasa	65	13	Junada	39
6	Boarda	59	14	Ghughus	90
7	Rajura	70	15	Matholi	37
8	Belsani	47	16	Shivni	56
Total			980		

2.6 RESEARCH PROCESS

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

The study was facilitated by WCL. The study in the Wani Block of Yavatmal district was assisted by Wani North & Wani Unit of WCL and Bhadrawati, Korpana, Rajura, Ballarpur and Chandrapur were facilitated by Majri, Wani, Chandrapur and Ballarpur Unit of WCL, who made accommodation and logistical arrangements. The Research team with the representative of WCL 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 'Bengali' with occasional use of Hindi as and when required. Respondents were also given a choice to respond or not respond to the questions asked.

2.8 CONTEXT OF THE FIELD: SECONDARY DATA RESEARCH

The study was conducted in Yavatmal & Chandrapur districts of Maharashtra. The area of study and selection of villages was pre decided by WCL. Study was conducted in 1 Block of the district, Wani Yavatmal & 5 Blocks of Chandrapur. The selected villages are located in close vicinity of the WCL mines and come under the project affected area of the company.

3. CHANDRAPUR DISTRICT

3.1 GEOGRAPHICAL PROFILE

Figure 2: Map of Chandrapur District



Source⁸

Chandrapur District lies between 18.4' and 20.5' North latitudes and 78-5 to 80-6 east Longitude with an altitude of 189 m from the sea-level. In the south, Chandrapur shares its border with Andhra Pradesh, East & West are Gadchilori and Yavatmal respectively and in the North with Wardha, Nagpur & Bhandara districts of Maharashtra. The entire area of the district falls in the Godavari basin.

The area is drained by major tributaries of the Godavari River. The Penganga, flowing along part of the Western boundary, meets the Wardha River near Ghughus to form the Wardha River.

3.2 SOCIO-ECONOMIC PROFILE

The statistics of religion shows that the Religious Composition of Chandrapur district has Hindus 81.12%, Buddhists 13.23% and Muslims 3.67% respectively among all the religious groups.

⁸ <http://chanda.nic.in/htmldocs/chandrap.html>

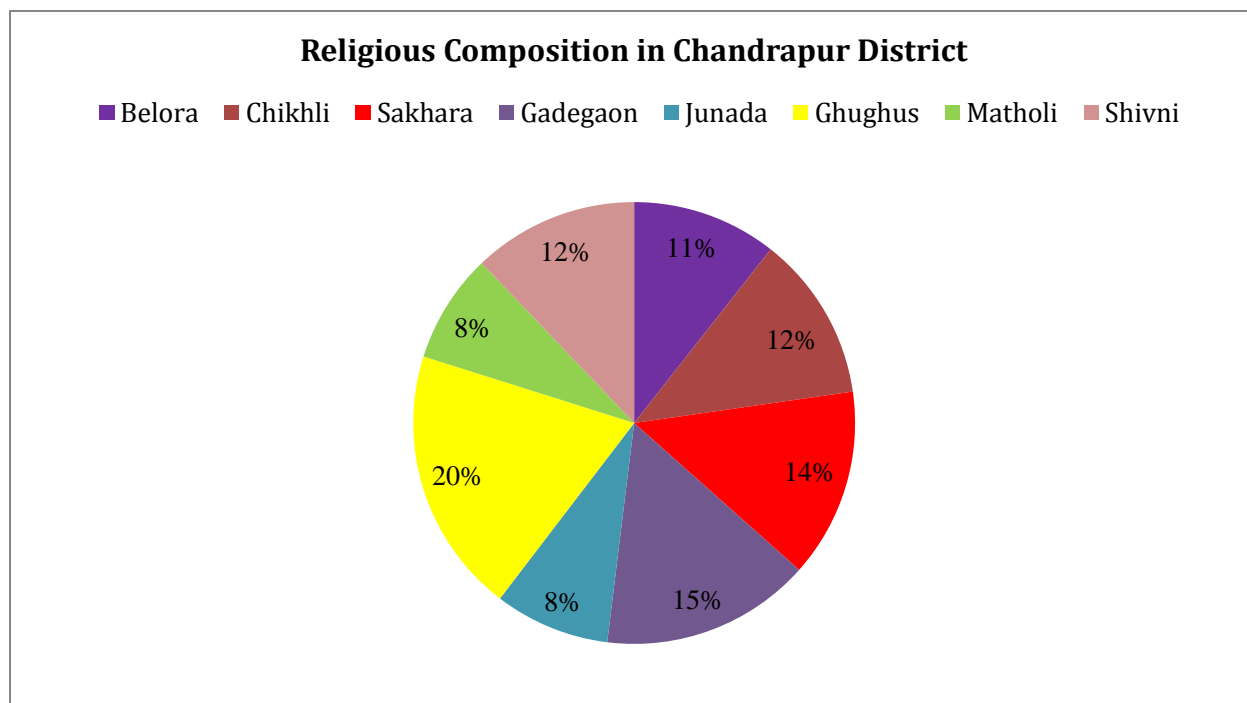


Figure 3: Religious Composition of Chandrapur

Source⁹

General demographic condition of the Blocks are given below:

Details	Bhadravati	Rajura	Ballarpur	Chandrapur
Households	35,015	32,777	27,967	37,892
Population	156,995	152,216	133,722	440,897
Sex Ratio	931	941	931	918
Sex Ratio (SC)	923	947	960	930
Sex Ratio (ST)	972	966	969	941
Proportion of SC (%)	16	16	20	17
Proportion of ST (%)	17	23	12	11
Proportion of Urban Population (%)	45.7	20.6	67.3	80.5

⁹ http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Social_and_cultural/Religion.aspx

3.3 INDUSTRIES

Chandrapur district has 32.34 sq. Km of Industrial area. It is estimated that Chandrapur Block alone has 1,22,70,00,000 tonnes of Coal. Prominent industries of Chandrapur district are limestone, coal & paper mills.¹⁰

3.4 AGRICULTURE

Paddy, Cotton, Jowar and Soybean are the main crops in the district of Chandrapur. Other major crops are Wheat, Gram, and some pulses. Cotton & Chili are the major cash crop of the area. 34.33 % of the total area is under forest cover.¹¹

Agricultural land use	Area ('000 ha)
Net sown area	451.5
Area sown more than once	80.6
Cropping Intensity	117.8
Gross cropped area	532.1
Irrigation	Area ('000 ha)
Net irrigated area	107
Gross irrigated area	118
Rain fed area	344.5

3.5 LIVELIHOOD

Chandrapur, Total work-force in 4 existing industrial estates is just 2071 but there are major industrial like coal mines. Thermal power station, Cement Factories, Paper mill etc. which are situated outside the industrial area where work force is about 30,000. There is influx of workers from other states particularly in Coal Mines. Seasonal migration is temporary phenomenon lasting for two-three months.¹²

¹⁰ <http://mpcb.gov.in/images/pdf/action%20plan%20chandrapur1.pdf>

¹¹ <http://chanda.nic.in/htmldocs/location.html>

¹² <http://chanda.nic.in/htmldocs/location.html>

3.6 HEALTH

Chandrapur, the districts has 39 hospitals, 58 dispensaries, 87 primary health centers, 11 maternity and child welfare centers, 317 primary health sub centers, 11 health centers, 94 community health workers and 316 other amenities which included nursing homes, other medical centers, registered private practitioners etc. The higher order facilities like hospitals, maternity and child care centers were mostly located in major urban centers while primary health centers and sub centers community health workers were largely located in various tehsils of the district.¹³

3.7 EDUCATION¹⁴

Average literacy level of Chandrapur in 2011 was 80.01 compared to 73.17 of 2001. If things are looked out at gender wise, male and female literacy were 86.79 and 72.97 respectively. For 2001 census, same figures stood at 82.94 and 62.89 in Chandrapur District. Total literate in Chandrapur district were 1,578,615 of which male & female were 872,565 and 706,050 respectively. In 2001, Chandrapur district had 1,311,008 in its district.

3.8 HOUSING AND SANITATION¹⁵

Figure 6: Housing & Sanitation Table

Chandrapur District	Total no. of HH	No. HH having Latrine facility within premises	No. HH not having Latrine facility within premises
Total	529612	229471	300141
Rural	352643	102534	250109
Urban	176969	126937	50032

4. VILLAGE PROFILE OF CHANDRAPUR DISTRICT

4.1 PROFILE OF RESPONDENTS

A total 2560 households¹⁶ were selected for interview on the basis of random sampling process. The background of the respondents was defined based on the following indicators:

¹³ <http://chanda.nic.in/>

¹⁴ <http://www.census2011.co.in/census/district/347-chandrapur.html>

¹⁵ <http://www.indiastat.com/table/housing/17/householdsbysourcesoftoiletfacility/278476/679837/data.aspx>

4.1.1 Religion

Out of total 1751 respondents, 84% are Hindus, 15% are Buddhist and 1% Muslim. Religious distribution of the respondents is given below:

4.1.2 Educational Attainment

Out of total respondents 37% are in high school, 19% in the secondary school, 18% are in primary education, and 7% are doing higher education. Almost 19% are illiterate. The chart explaining educational distribution of the respondents is given below.

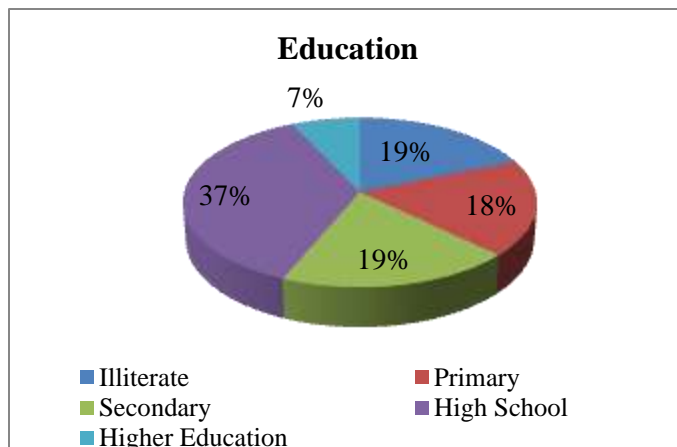


Figure 1 Educational attainment of respondent

Note: Author's own calculations

4.1.3 Occupational Distribution

Maximum respondents 27% are in salaried jobs, 16% are Contractors/ Brokers, 15% are into petty business and trade and 13% in livestock rearing. Housewives were also the major part of the respondents as they form 20% percent of respondent group.

4.1.4 Size of Family

A little more than 32 percent of the households have four members in the family followed by 22 percent households having 5 members in the family. The detailed representation of the family size is given below:

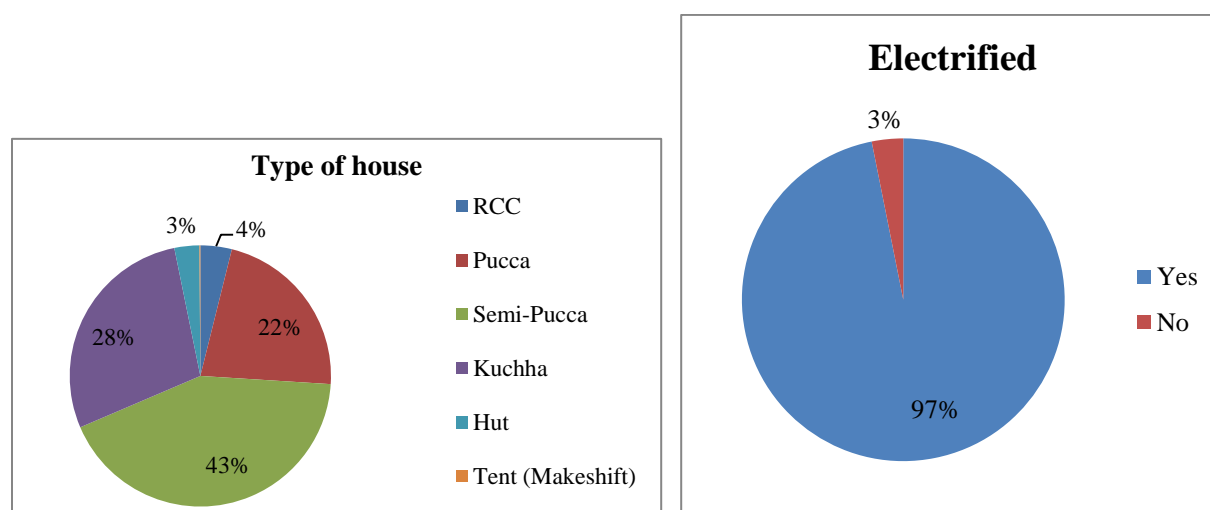
4.1.5 Housing Pattern

Out of 1751 households 43% are having semi- pucca houses, 22% are staying in pucca houses however a significant percentage of 28% are living in kuchha house. It is found that 97% of

¹⁶ Village wise distribution of the same is shared in the 2nd chapter (Methodology)

households interviewed during the research are electrified. The pattern of type of house is represented below:

Figure 2 Distribution of housing pattern of respondent



Note: Author's own calculation

In the research process it was found that 89% are living in their own home while total 6% are living in houses allotted by Government. Only 2% is paying rent for the accommodation. The house ownership pattern is explained further by the figure given below:

4.1.6 Sanitation

Chandrapur is the worst affected district of open defecation which is also reflected in research a major 60% of the household do not have toilets. The detailed pattern of use of toilet is represented below:

4.1.7 Drinking Water

In the research it was found that 27% of the respondents uses Own tap for availing drinking water and 28% use community hand pumps. 18% use community taps and only 3% use the open well. The source of water, almost 46% is located within less than half a km, 30% has to travel more than half a km and 24% have their source within the house.

4.1.9 Health Seeking Behavior¹⁷

46% of the respondents avail Government health services, 19% go to private clinics and the rest have access to other private institutions.

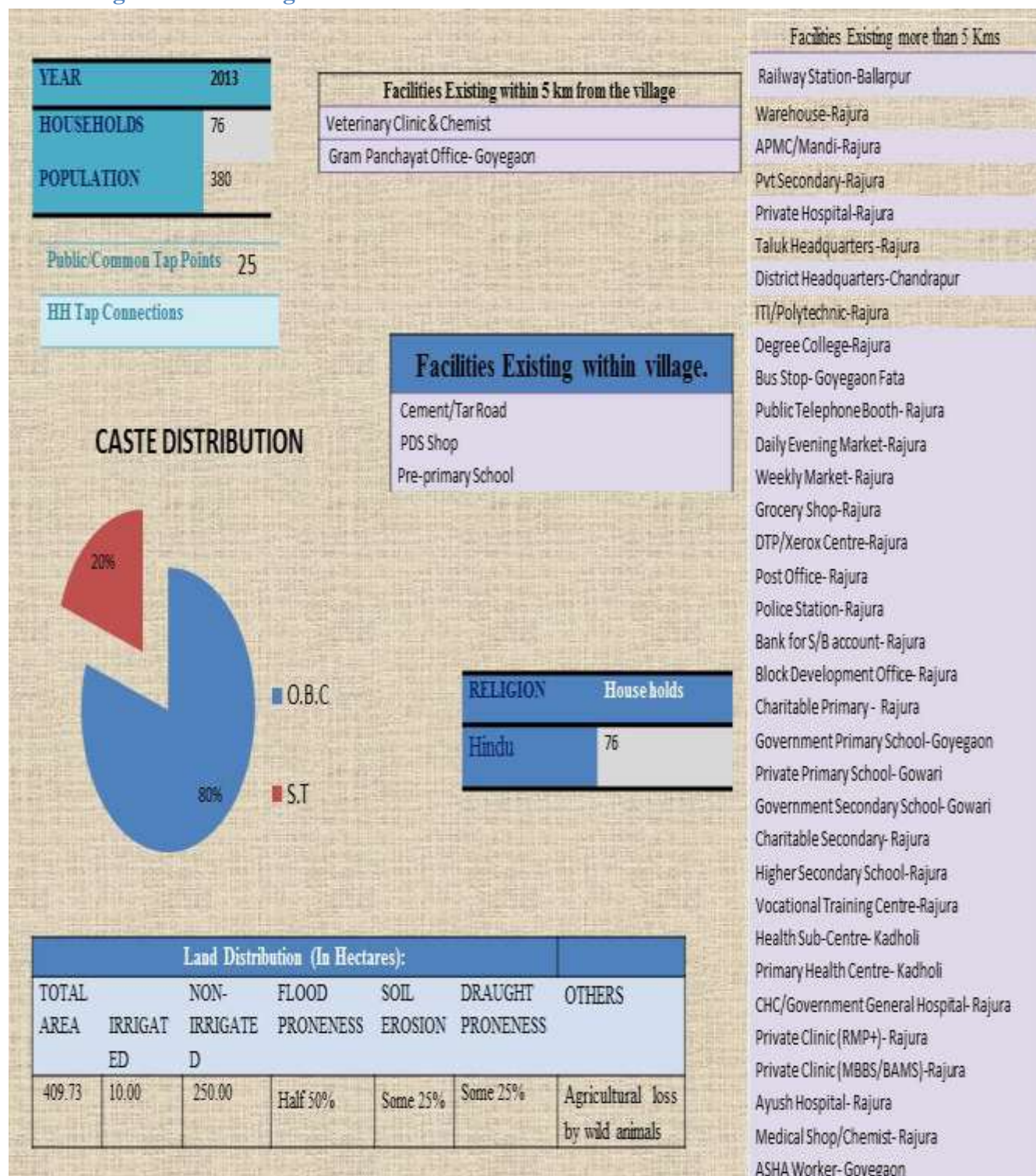
¹⁷ Classification has been done by Author.

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

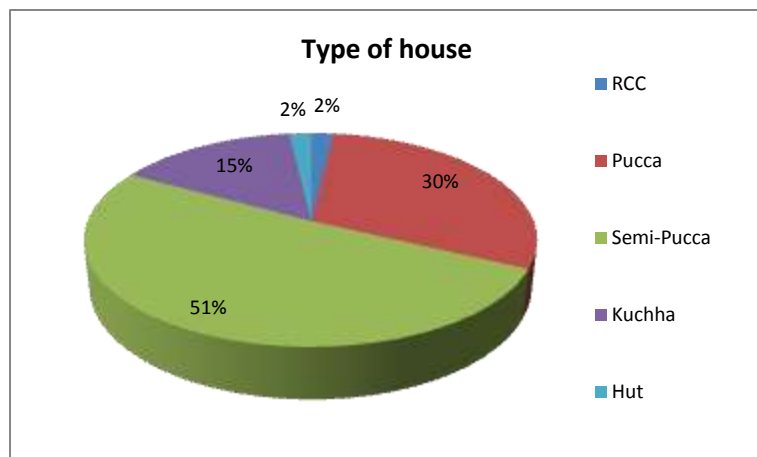
Informal Health Mechanism consists Traditional Healer/Dai/Chemist Shop

4.2 The 24 villages in Chandrapur village:

4.2.1 Village Name: Antargaon

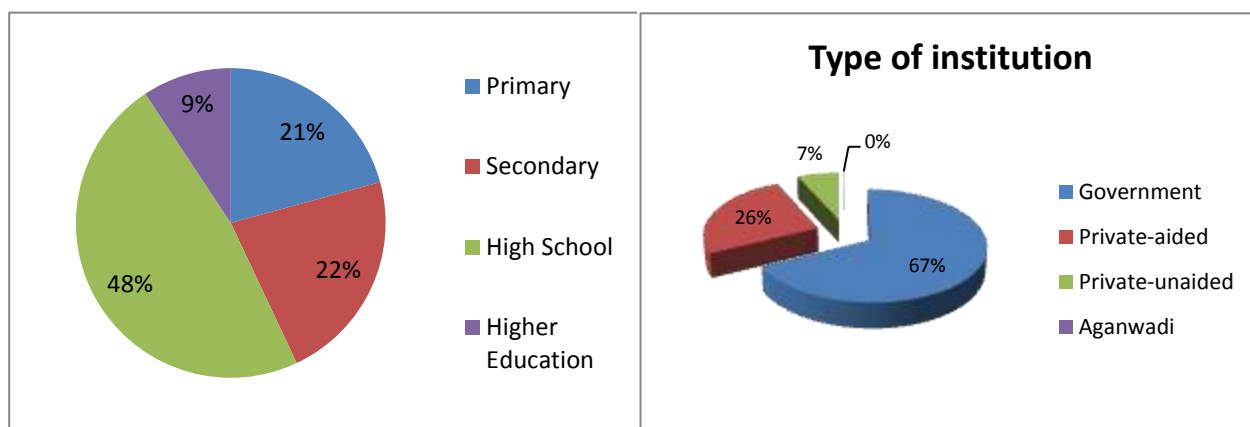


4.2.2 HOUSEHOLD STATUS:



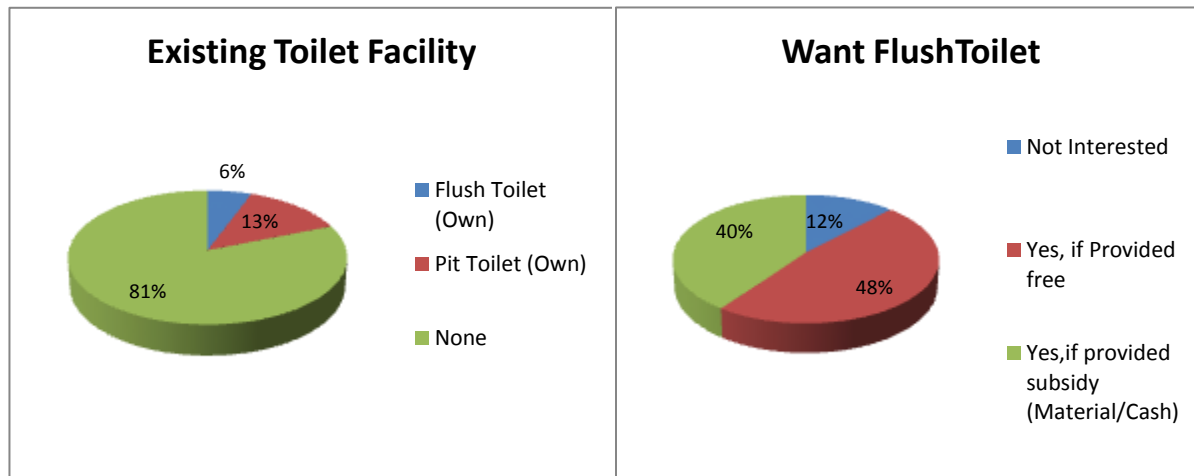
Majority of the sample in Antargaon Village have Semi-Pucca Houses (51%), only 2% have RCC and Hut type houses each. 30% houses are Pucca and 15% are Kuchha houses. 100% of the houses in Antargaon are electrified.

4.2.3 EDUCATION:



Students who are currently studying 48% of them are in high school followed by secondary school where 22% students are studying. 67% of the children are enrolled in government institutions followed by private-aided institutions 26%.

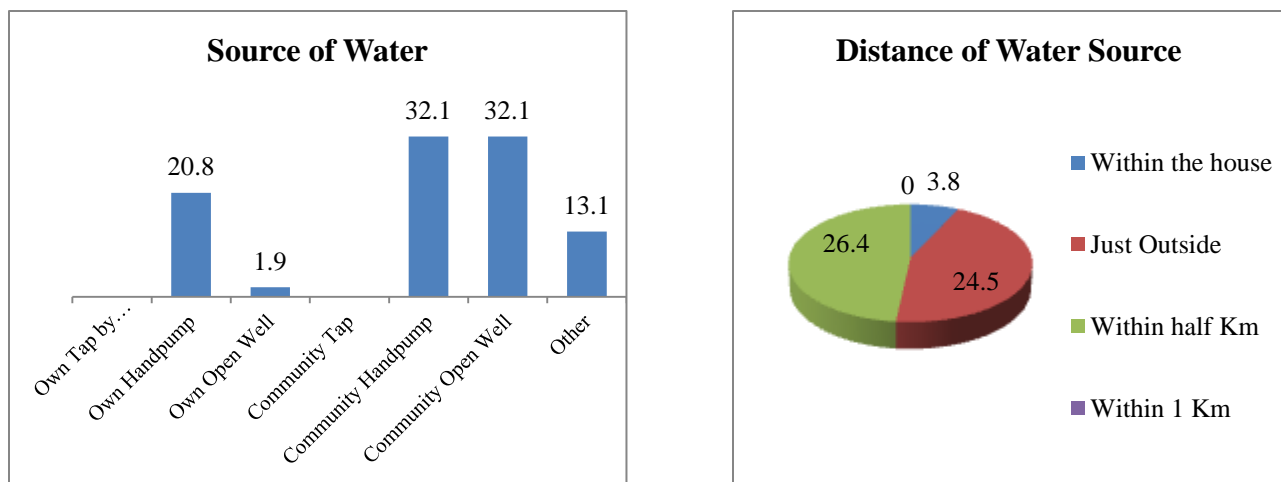
4.2.4 SANITATION:



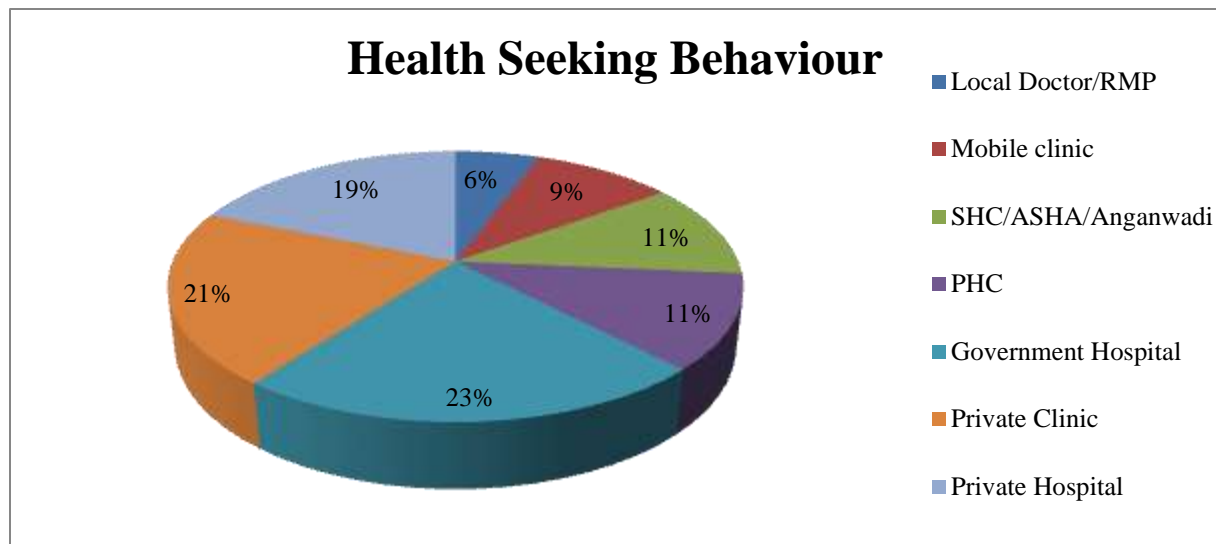
A negative aspect of this region is that 81% of the sample households do not have any toilet facility, only few houses 6% have flush toilets and 13% have Pit toilets. Among the sample households who don't have any toilet facility 48% said that they are interested if provided free, while 40% said they are interested if provided subsidy. Only 12% were not interested.

4.2.5 WATER SOURCE

32.1% of the sample households reported saying that they use community open well and community handpump for drinking water purposes. Own hand pump provides water to 20.8% of the population. As reported during research for 26.4% of the sample have water source located within half km from their home while for 24.5% of the sample it is located just outside the their home.



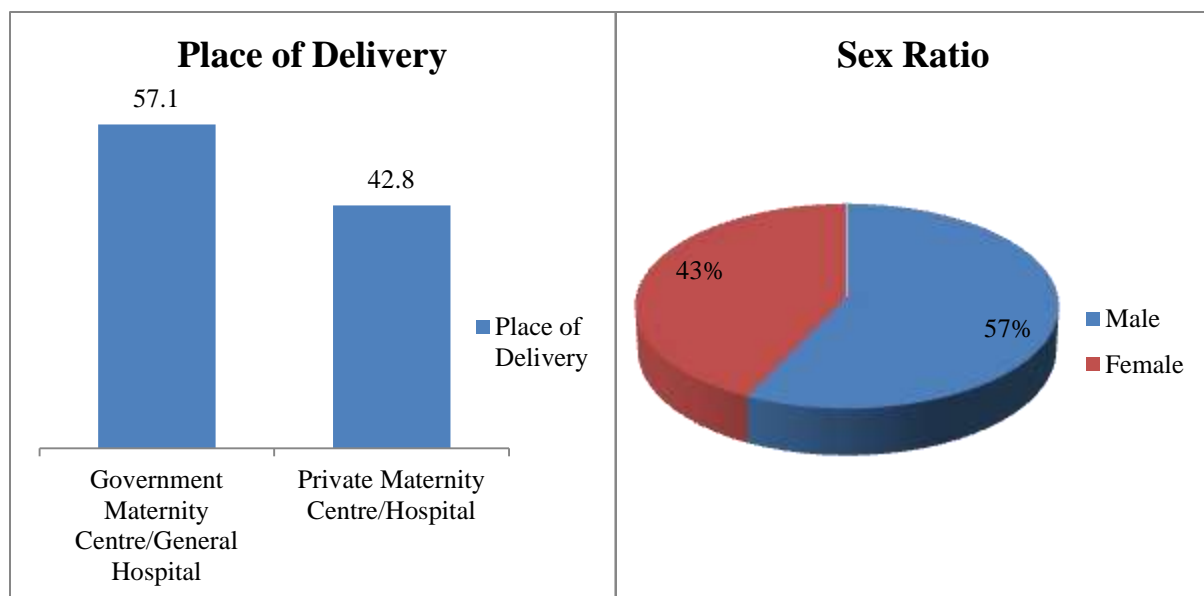
4.2.6 HEALTH SEEKING BEHAVIOUR:



23% of the sample reported consulting the Government Hospital, whereas almost nearly the same sample 21% preferred going to the Private Clinic. 19% visit private hospital. 11% each of the population visit the ASHA/Anganwadi worker or a PHC/CHC for the same. 9 % visit a local doctor and only 6% consults the Mobile Van whenever available.

4.2.7 MATERNAL HEALTH:

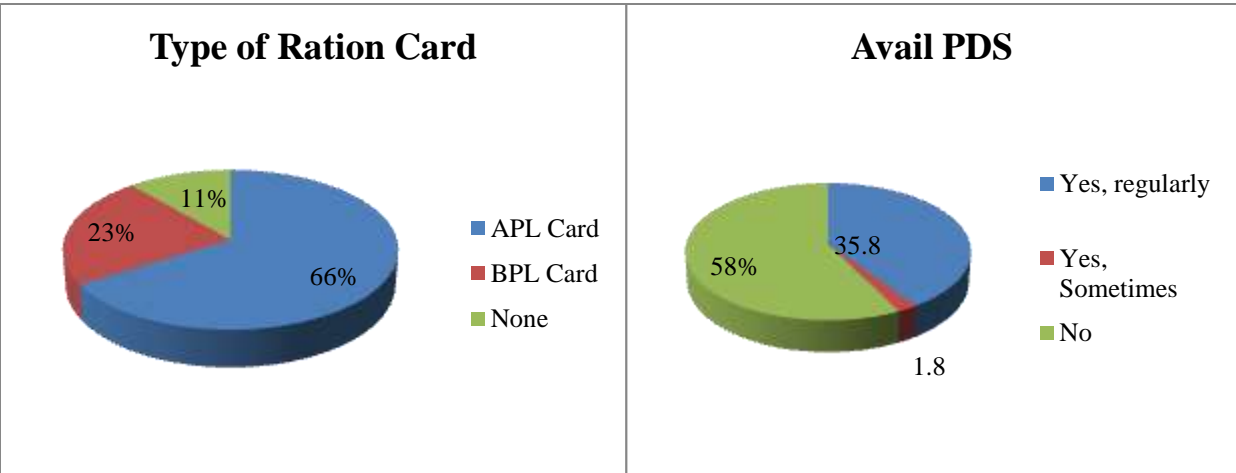
As per the analysis of sample interviewed 57% of deliveries happen in Government Hospital



and 43% go to Private institutions. In the age group of 0-3 years sex ratio 57% are males and 43% are female.

4.2.8 PUBLIC DISTRIBUTION SYSTEM:

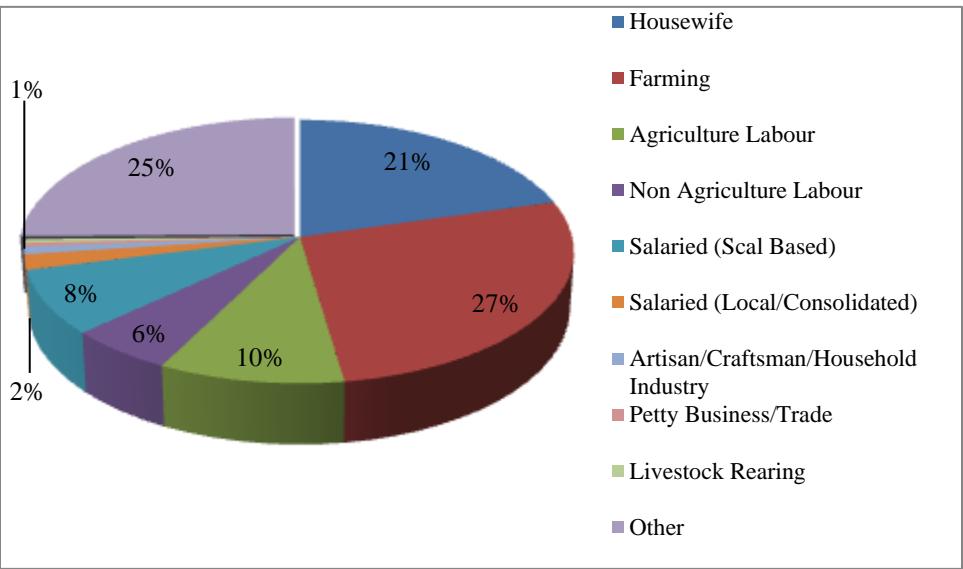
Most of the sample (66%) hold an APL card, whereas 23% hold a BPL Card while 11% of sample does not hold any card. Among the sample who holds ration card 36% of them regularly



avail the PDS facility, whwreas 58% donot avail this facility at all.

4.2.8 OCCUPATION:

Farming provides livelihood to 27% of the working force of sample population. 25% are engaged with arts and crafts and household industry. 10% and 6% are agricultural labour and non-agricultural labour respectively. Livestock rearing is occupaiton of 14% of the same



category. Salaried scale based employee is 8% of the population.

21% of the working force of the sample population registerd themselves as

housewife.

4.2.9 MAJOR PROBLEMS IN THE VILLAGE:

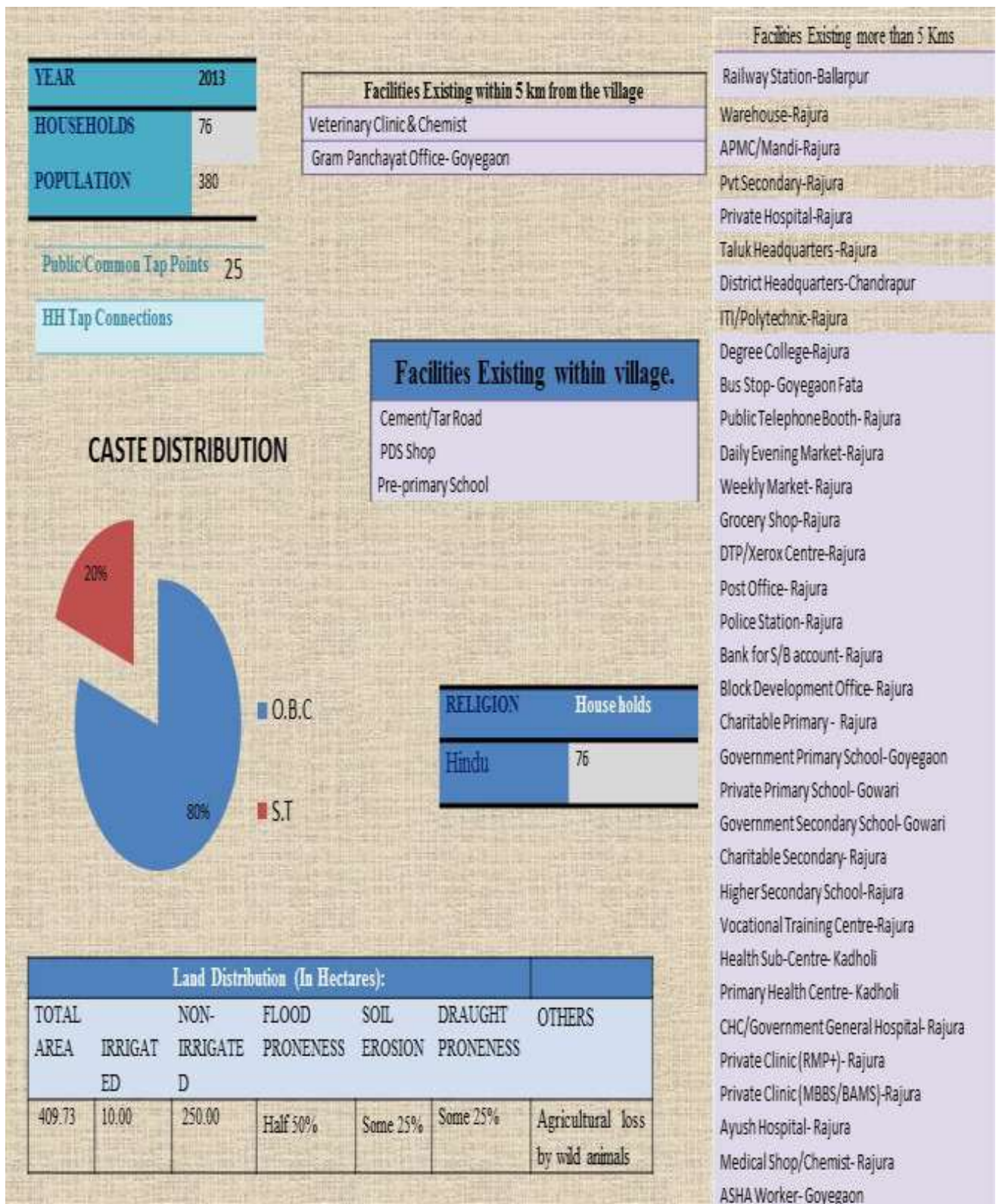
- **Road Connectivity:** The approach road for the village is a Kuccha road, which is in a very bad condition due to rain and water logging. Bad road condition has led to delay in health services for the village and during rainy season commutation for the students who go out for higher studies gets highly affected. Requirement of cement/ tar road connecting the village Antargaon with Goyegaon (3Km) is essential.
- **Infrastructure:** the village is on the bank of Gouri Nala, which has been changing its course every year during the rainy season. As observed, the river has washed off few areas in the village and in urgent need of a '*bandh*' or stone boundary to divert the flow of the river.
- **Health:** Requirement of Health Van to visit the village as communication to the nearest hospital (Rajura 11Km) is not easily available. The village PHC (20km) & Sub-Centre (6km) are not connected by direct road. Health concerns like malaria and arthritis are common in this village. Also during emergency medical requirement, availability of communication is low & cost is very high.
- **Education:** Provision of bus for the children of the village as cost of travelling for students who go outside the village for higher studies is very high, (up to 600 INR per month per student). Also Government buses are not frequent in the area, giving higher chances of dropout among the female students and high absentee rate.

RECOMMENDATION:

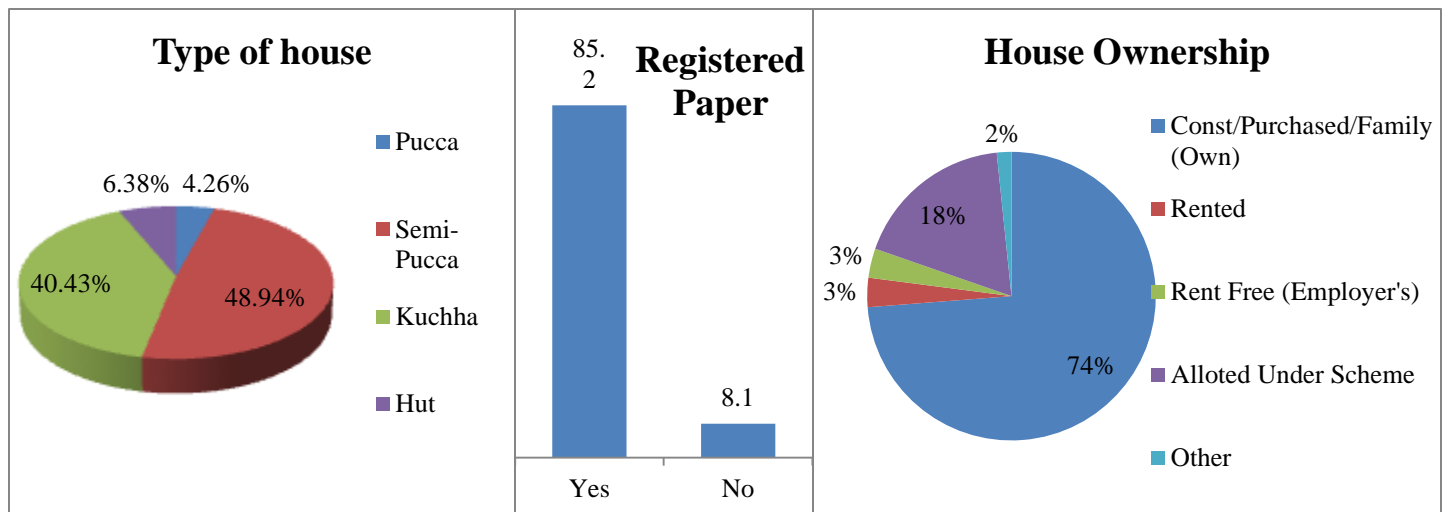
- Approach road from Goyegaon to Antargaon.
- Attention to health: providing MMU visit every 2 weeks. It was also found that there was no body in the village who reported of visiting ASHA/Anganwadi worker when they are ill. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.

- The District level Medical Colleges can be collaborated to give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and Family Planning.
- School bus facility for the children.
- Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. WCL should donate funds for its establishment in any of the school premises.
- It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- It was also found that there is a high dropout rates in the village. Almost more than 60 percent of the students less than 18 years of age reported that they left education due to High fees and other expenses. WCL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.

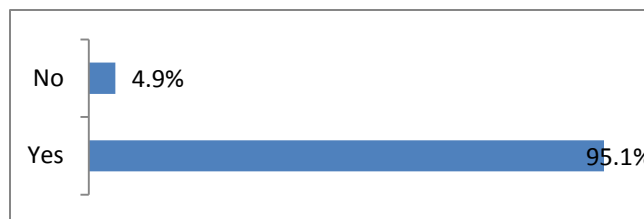
4.2.2 Village Name: Bamanwada



4.2.2.3 HOUSEHOLD STATUS:



Majority of the Bamanwada Village Houses (48.9%) houses 40.4%, only houses. 6.3% of

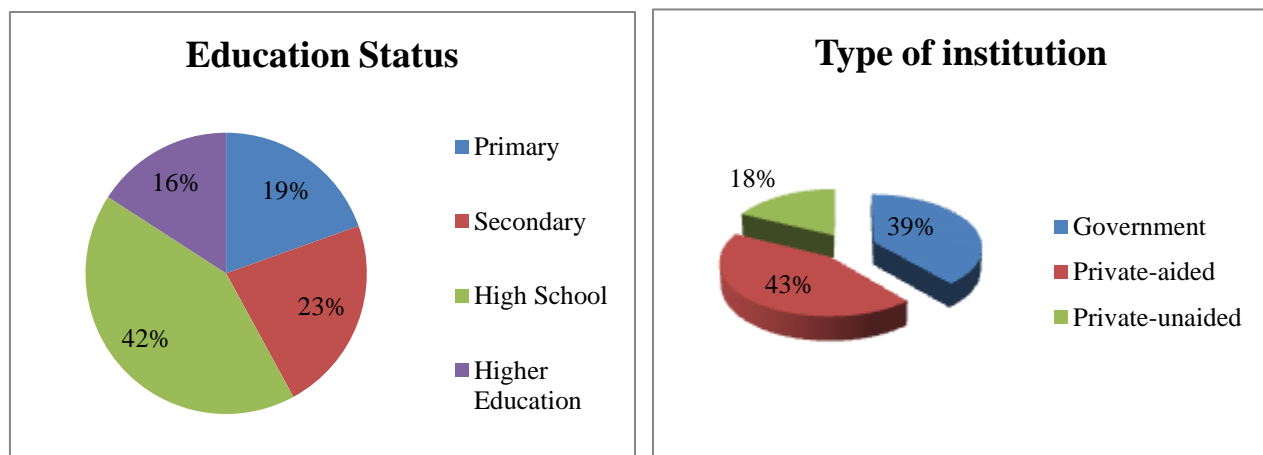


sample in have Semi-Pucca followed by Kuchha 4% have Pucca houses are huts.

91% of sample living in Bamanwada have the registered papers (patta) of the land they are living in but 9% still don't possess the papers of the land. All the households studied in the survey are electrified.

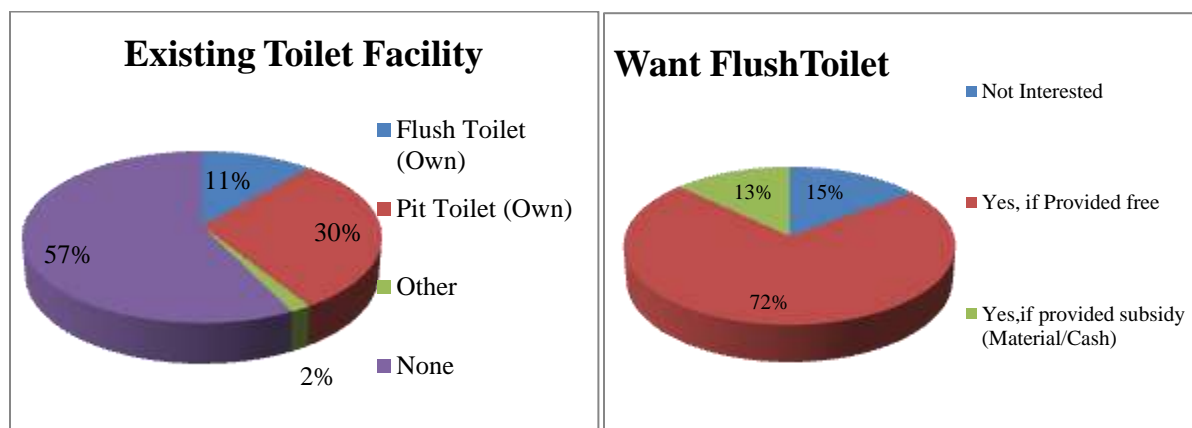
4.2.2.4 EDUCATION:

Students who are currently studying 42% of them are in high school followed by secondary school where 23% students are studying. 43% of the children are enrolled in private aided



institutions while 39% in government institution.

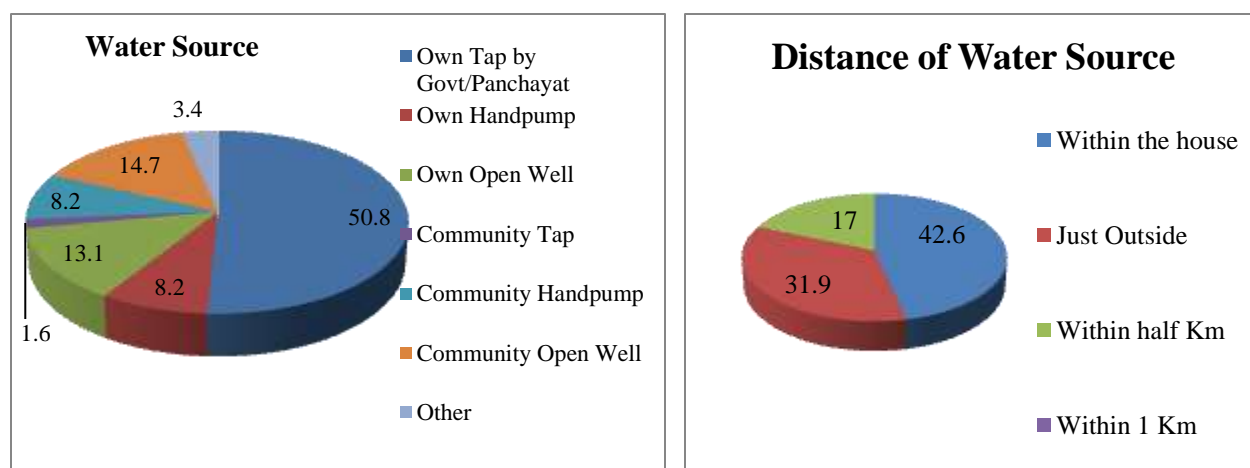
4.2.2.5 SANITATION:



The village has no toilet facility for 57% of the respondents. Only 11% has flush toilets and a 30% have own pit toilets. When asked about availing toilet facility, 72% agreed if provided free. But a clear 15% were not interested.

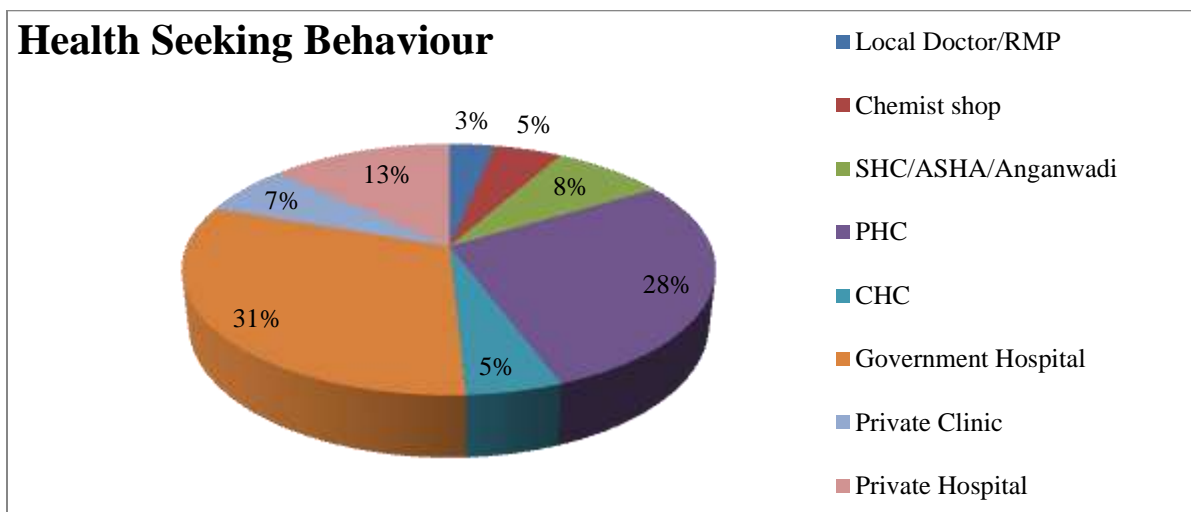
4.2.2.6 WATER SOURCE

58% have their own/ Government taps for availing water, 13.1% have their own well and 8.2%



have own handpump. 14.7% has to avail water from community Open Well. As reported during research 42.6% of the sample have water source located within the home while for 31.9% sample it is located just outside their premise. 17% of the sample said that they are supposed to walk around half Km to fetch water.

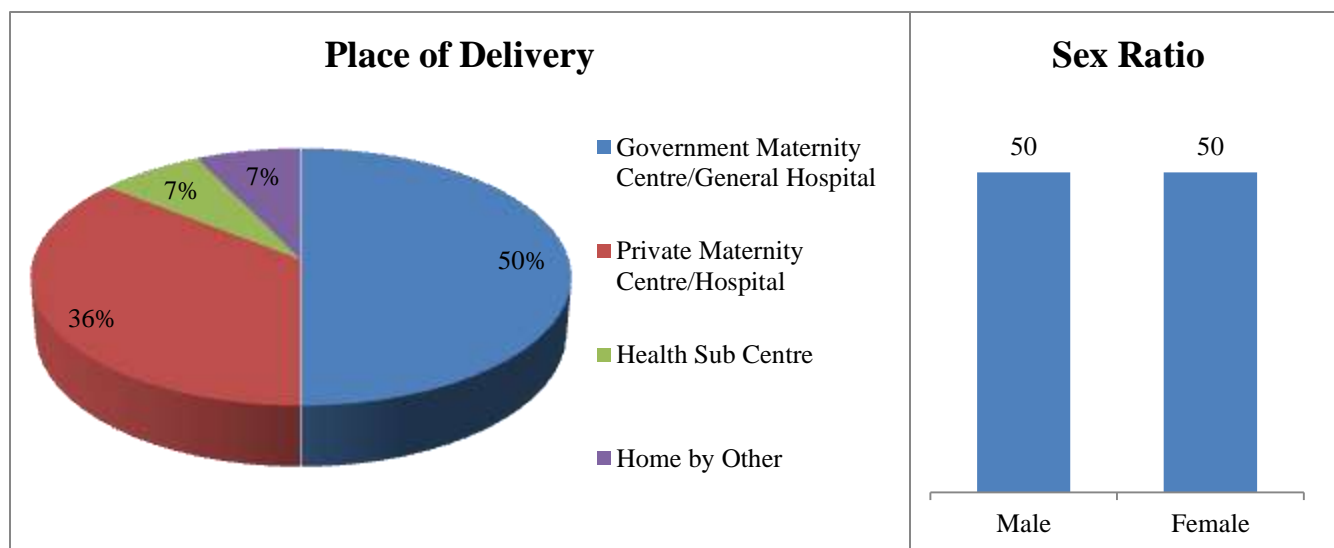
4.2.2.7 HEALTH SEEKING BEHAVIOUR:



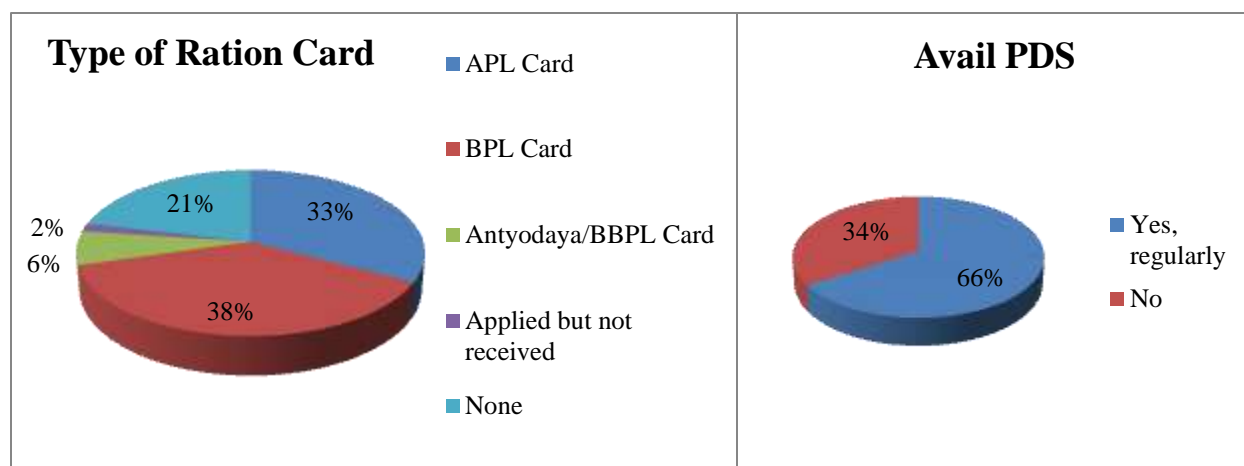
Majority of the sample reported consulting a the Government hospital for health related issues. 28% of the population visits a PHC and 5% visit the CHC for the same. 13% of them visit the private clinic. Only 8 % visit a Anganwadi and ASHA worker.

4.2.2.8 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (50%) give birth to their first child in an institutional place. 36% in a private maternity centre place. In the age group of 0-3 years sex ratio is 50% for both male and female.



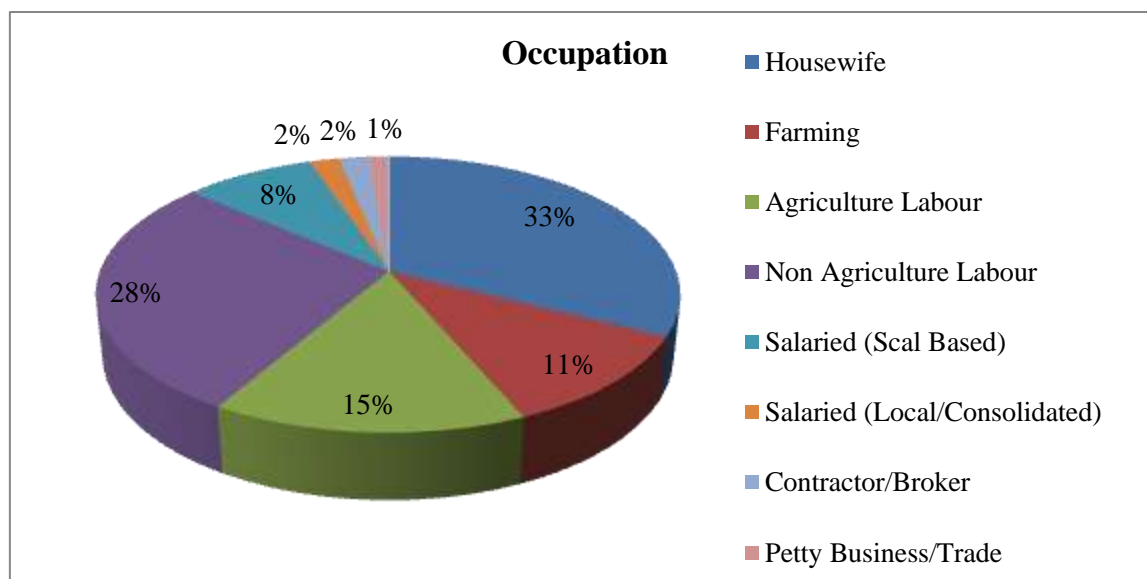
4.2.2.9 PUBLIC DISTRIBUTION SYSTEM:



38% hold BPL cards while 33% have the APL cards. 21% has no Ration card at all. 6% have the Antodaya Card and 2% had never applied for ration cards. Among the sample who holds ration card 66% of them regularly avail the PDS facility and the rest 34% of the population only sometimes avail this facility.

4.2.2.10 OCCUPATION:

As reflected by data 28% of the village members are into non-agricultural labour, 15% are agricultural labour, 11% are into farming and 8% are salaried. Majority of the respondents interviewed 33% were housewives.



- ***Transport & Communication:*** There is no bus stand in the village. The Government. Bus does not stop in the village, inspite of several passengers commuting to Rajura for work. The Gram Panchayat (GP) has complained & put requisition for a bus-stop, but it has been not been granted.
- ***Health:*** The sub-center has minimal facility; there are 2 nurses and who are not regular. The village PHC is in Chincholi, 25kms from the village, the people prefer to go to the Block Government. Hospital in Rajura. But the major problem faced in the hospital is of long queues, waiting hours and heavy patient rush.
- ***Water:*** The over-head tank is very small; suggestion for requirement of a bigger water-tank has been made by the GP. Due to power-cuts, the water supply is very irregular, as the water is pumped to the tank from a bore-well.
- ***Electricity:*** Power cuts are very frequent; there are periods of constant 24-48 hours of load-shedding.
- ***Education:*** The children in anganwadi & the school do not have chairs & tables and sit on the floor on mats, as observed by the researcher the floors were damp from the rains and water was seeping out of the floor. This can be a major concern for the health of the children.

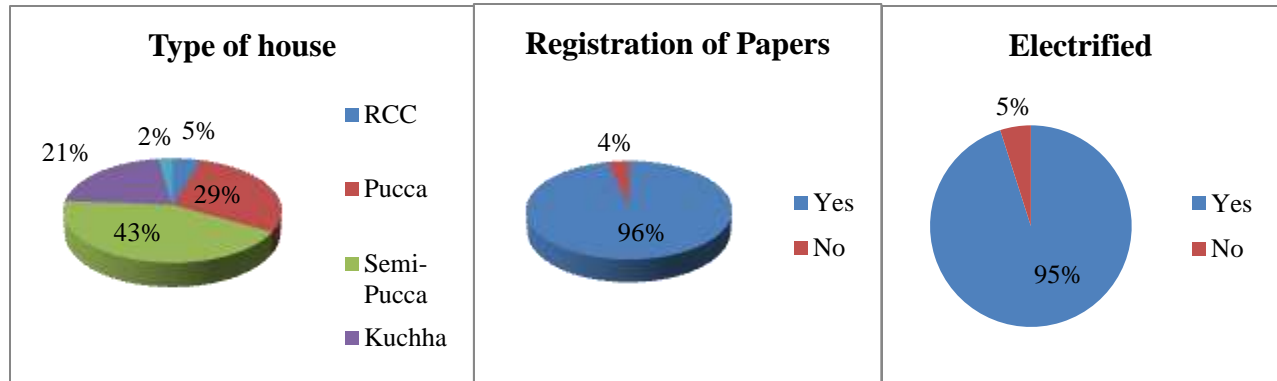
RECOMMENDATION:

- Provision of Bus Stop in front of the village, on the main road outside village GP.
- Proper sitting arrangement for the children in school & Anganwadi.
- Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
- As per the discussion with villagers availability of drinking water has emerged as major concern and especially in summer season. Piped water supply is available but covers only a minimal section of the community. Availability of drinking water to the community can be
- Ensured if company work in collaboration with local administration and strengthen the existing drinking water supply system.

4.2.3 Village Name: Gouri

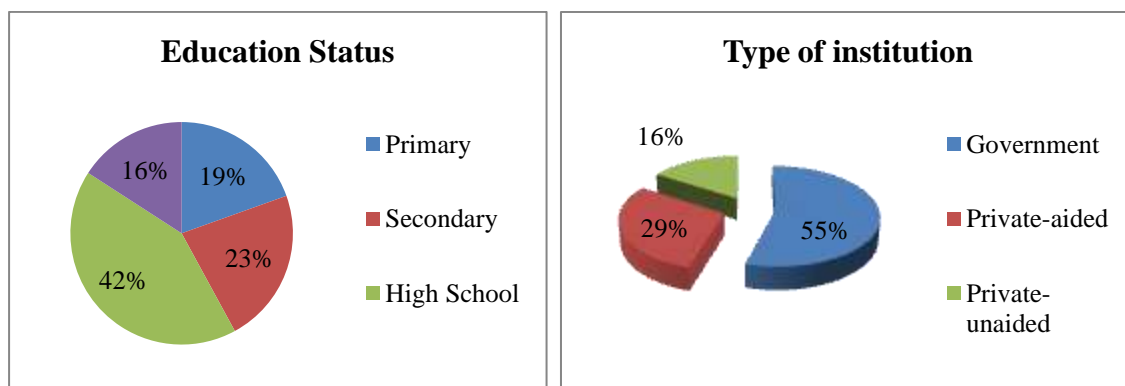
4.2.3.1 HOUSEHOLD STATUS:

43% of the houses are Semi pucca, 29% are pucca houses. A big percentage of 21% live in



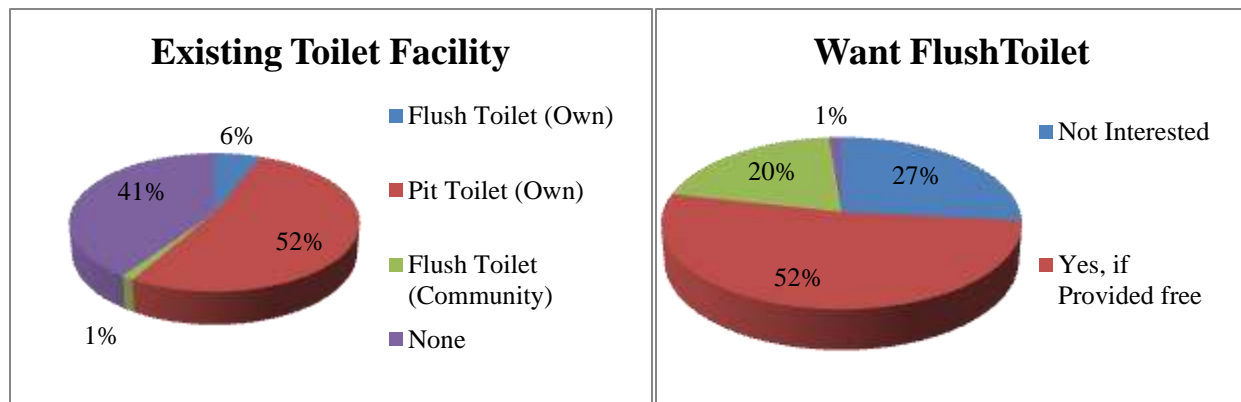
Kuccha houses and 2% in huts. Only 5% have RCC houses. 96% of sample living have the registered papers (patta) of the land they are living in but 4% still don't possess the papers of the land. 5% of the households studied do not have access to electricity.

4.2.3.2 EDUCATION:



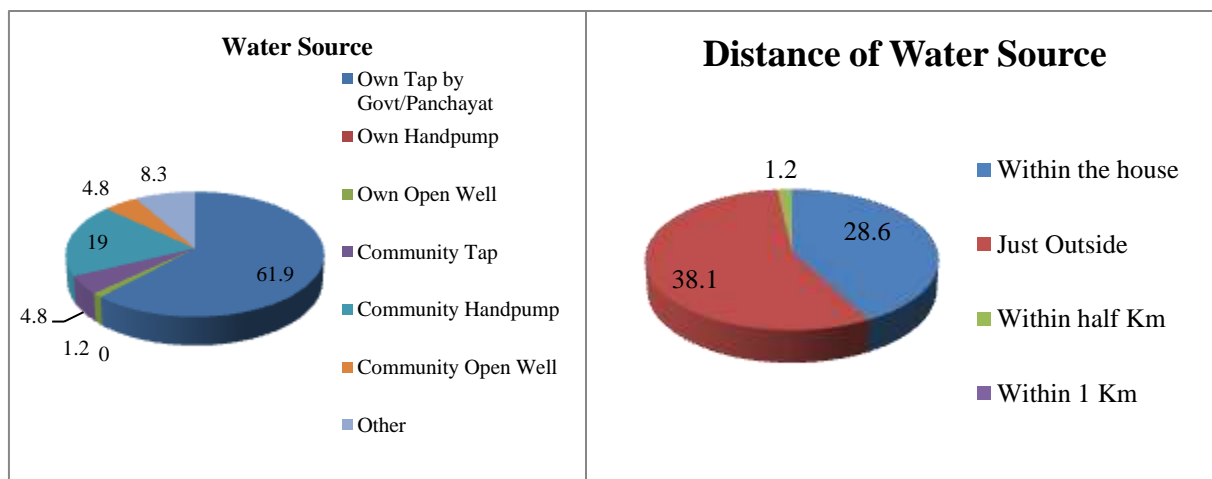
Students who are currently studying 42% of them are in high school, 23% in the secondary schools, and 19% in primary school followed higher education where 16% students are studying. 54% of the children are enrolled in government institutions followed by private-aided institutions.

4.2.3.3 SANITATION:



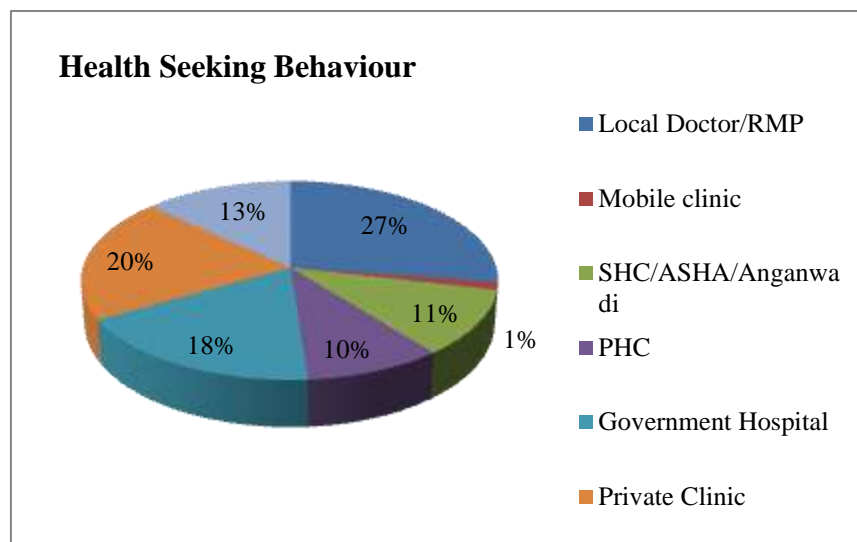
A major 52% are households with pit toilet facility and 41% have no access to toilet at all. Only 6% have flush toilets. Among those who do not have toilet facility, 52% agreed to avail one if provided for free and a major chunk of 27% was not interested.

4.2.3.5 WATER SOURCE



61.9% of the sample households reported saying that they use piped water supply for drinking water purposes while 19% use community handpump. As reported during research 38.1% of the sample have water source located just outside the home while for 28.6% sample it is located inside their premise.

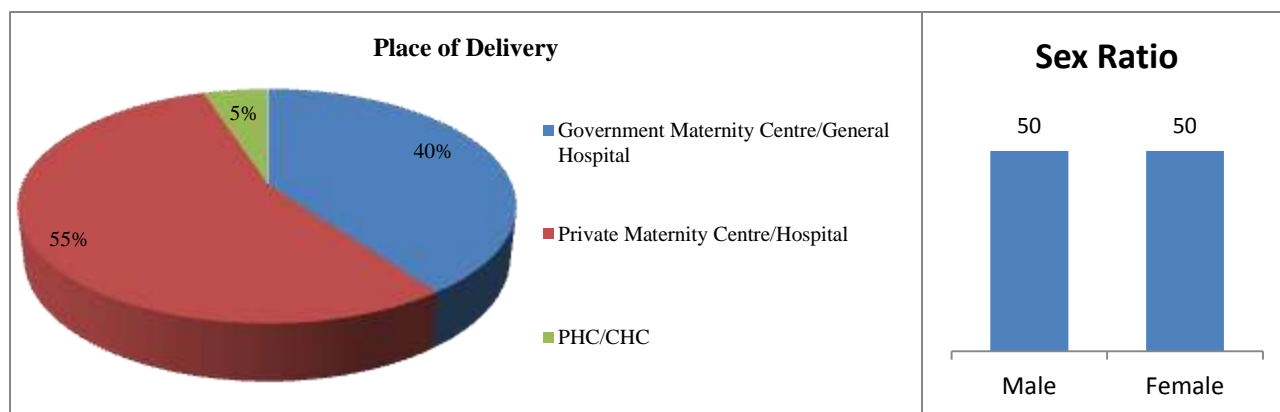
4.2.3.6 HEALTH SEEKING BEHAVIOUR:



Majority of the sample reported consulting a local doctor for health related issues. Next to local doctors respondents preferred to visit the government hospitals. 11% of them also referred the Anganwadi and ASHA workers.

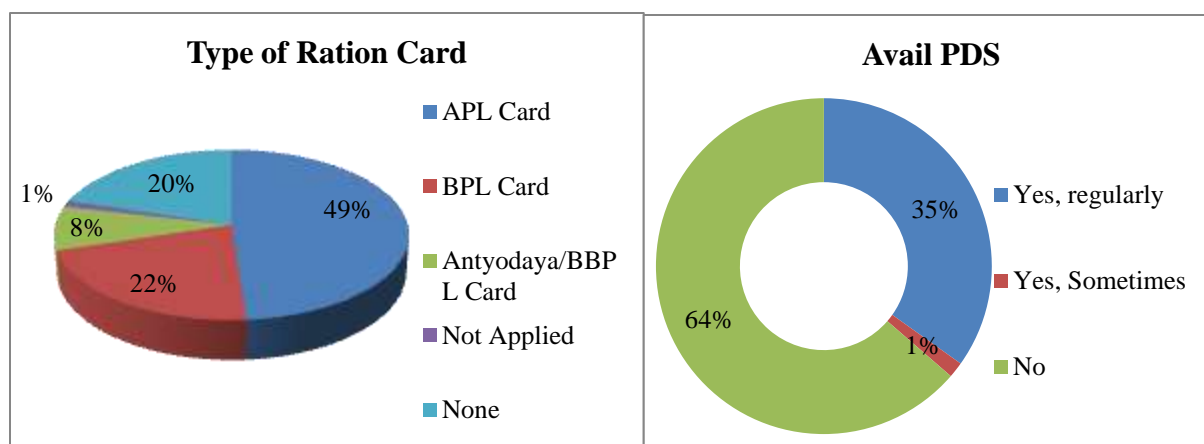
4.2.3.7 MATERNAL HEALTH:

As per the analysis of sample interviewed 100% give birth to their first child in an institutional place. In the age group of 0-3 years sex ratio is 50% for both male and female.



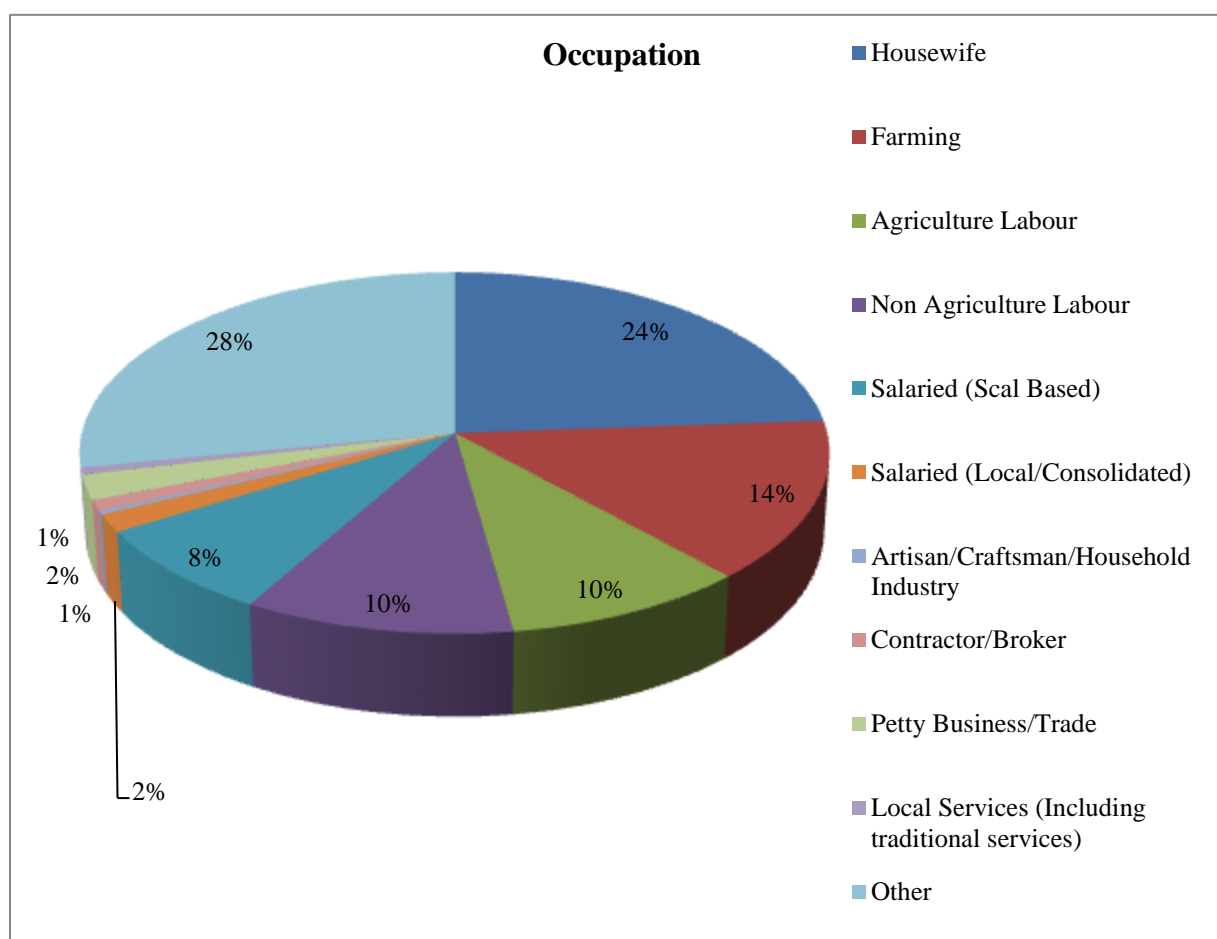
4.2.3.8 PUBLIC DISTRIBUTION SYSTEM:

Most of the sample 49% hold an APL card, whereas 22% hold a BPL Card and 8% of the sample hold an Antyodaya/BBPL Card while 1% of sample has not applied for any card. Among the sample who holds ration card only 35% of them regularly avail the PDS facility and the rest 64% of the population only do not avail this facility at all.



4.2.3.9 OCCUPATION:

As reflected by data 28% of the village members are salaried employees, 14% do farming, 10% each are agricultural and non-agricultural labourers. 24% of the respondents interviewed are



housewives.

4.2.3.10 MAJOR PROBLEMS IN THE VILLAGE:

- **Environment:** Due to blasting in the mines, village infrastructures have developed cracks and few old houses have fallen down.
- **Agriculture:** During rainy season, the mud dumpings around the village slides to the neighboring agricultural fields & rivers/ nalas. This damages the crops and increases silt deposition in the river/ nala.
- **Health:** The village faces environmental concern in terms of loose dust which pollutes the air in summers. Upper respiratory tract & skin problems are common.
- **Education:** Provision of bus for the children of the village as cost of travelling for students who go outside the village for higher studies is very high, 600 per month per student. High absentee rate are also common due to absence of regular bus services (both Government & private).

RECOMMENDATION:

- Cater to the environment concerns.
- Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. WCL should donate funds for its establishment in any of the school premises.
- It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. WCL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
- Irrigation facility should be made available through pipe line and check dams. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with.
- Attention to health: providing MMU visit every 2 weeks.
- School bus facility for the children.

4.2.4 Village Name: Goyegaon

RELIGION	House holds
Hindu	115
Buddhist	20

YEAR	2001
HOUSEHOLDS	238
POPULATION	676

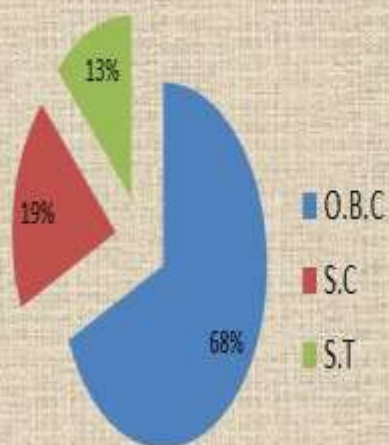
Public/Common Tap Points 00

HH Tap Connections 115

Facilities Existing within village.

Cement/Tar Road
PDS Shop
Gram Panchayat Office
Pre-primary School
Government Primary School
Asha Worker

CASTE DISTRIBUTION



Facilities Existing within 5 km from the village

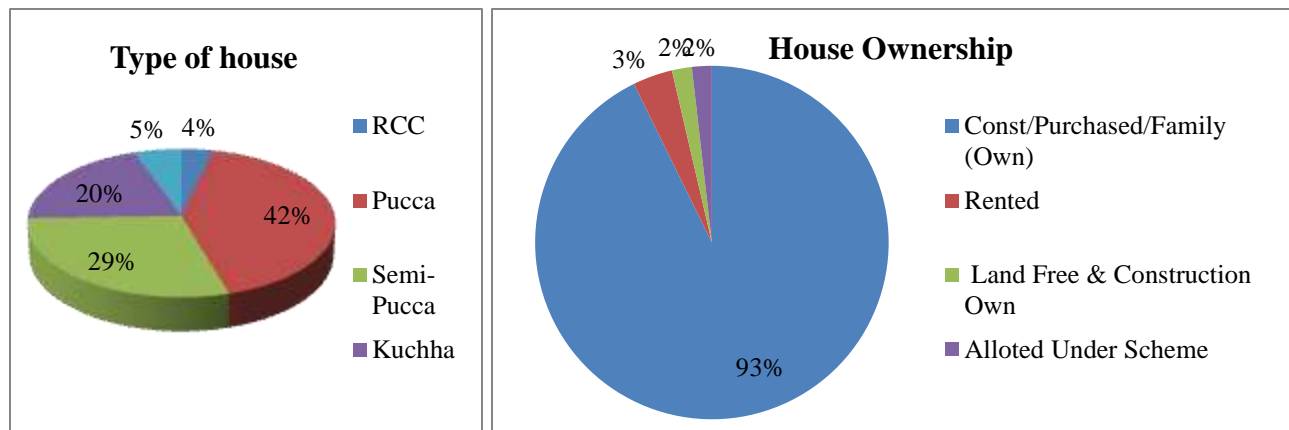
Bus Stop- Goyegaon
Post Office- Aarvi
Cooperative Society- Gorvi
Health Sub-Centre- Aarvi
Private Secondary School- Govri

Facilities Existing more than 5 Kms

Railway Station- Ballarpur
Warehouse- Rajura
APMC/Mandi-Rajura
Higher Secondary School- Rajura
Private Hospital- Rajura
Taluk Headquarters -Rajura
District Headquarters- Chandrapur
ITI/Polytechnic-Rajura
Degree College-Rajura
Vocational Training Centre- Rajura
Public Telephone Booth- Rajura
Daily/Evening Market- Rajura
Weekly Market- Rajura
Grocery Shop- Rajura
DTP/Xerox Centre- Rajura
Police Station- Rajura
Bank for S/B Account- Rajura
Block Development Office- Rajura
Primary Health Centre- Kadholi
CHC/Government General Hospital- Rajura
Private Clinic (RMP+)- Rajura
Private Clinic (MBBS/BAMS+)- Eajura
Ayush Hospital- Rajura
Veterinary Clinic- Kadholi
Medical Shop/Chemist- Rajura

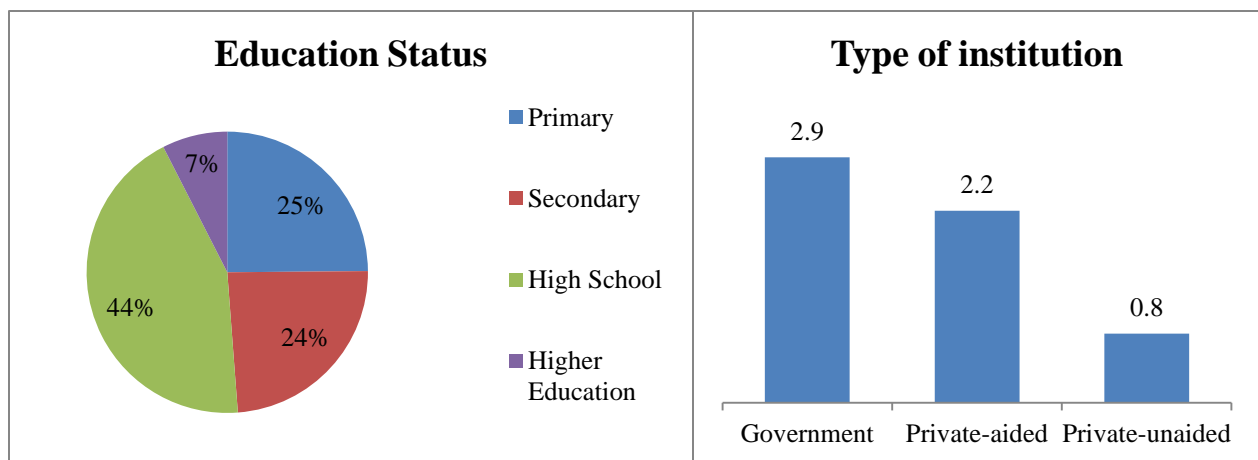
Land Distribution (In Hectares):						
TOTAL AREA	NON-IRRIGATED	NON-IRRIGATED	FLOOD PRONE SS	ALKALINITY	DROUGHT PRONESS	OTHERS
442.48	40.00	423.5	Half, 50%	Some, 25%	Some, 25%	Wild animals

4.2.4.1 HOUSEHOLD STATUS:



Majority of the sample in Goyegaon Village have Pucca Houses (42%), only 4% have RCC houses. However, more than 25% have semi-pucca and 20% are Kuccha houses.

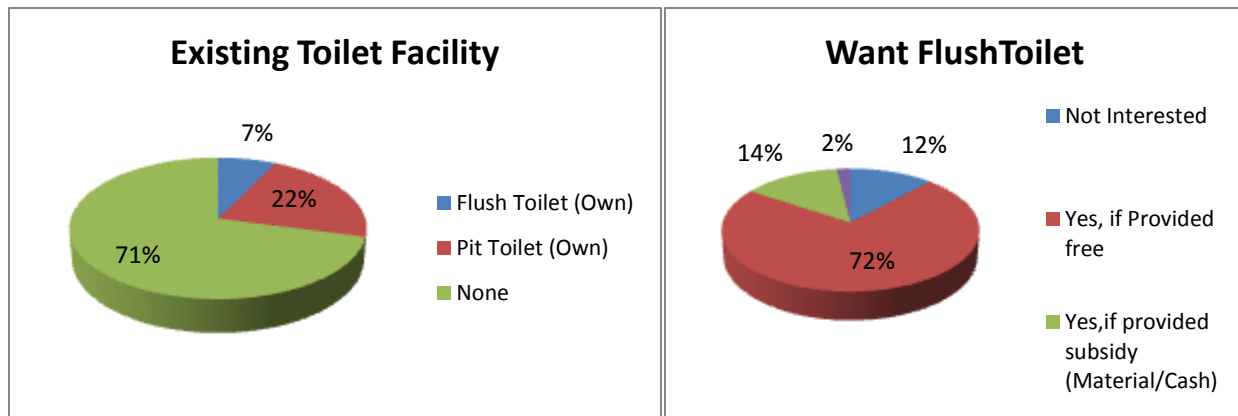
4.2.4.2 EDUCATION:



Students who are currently studying 44% of them are in high school followed by primary and secondary school where 25% and 24% of students are studying respectively. 48% of the children are enrolled in government institutions followed by private-aided institutions.

4.2.4.3 SANITATION:

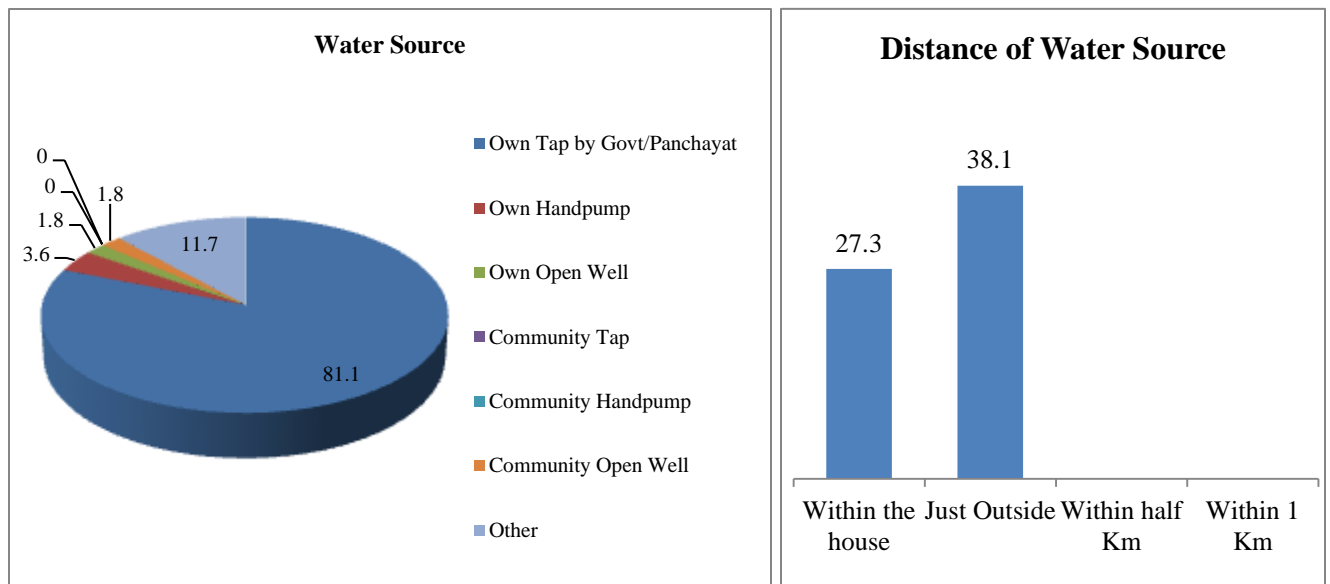
71% of the households interviewed do not have any toilet facility. Only 7% have flush toilets



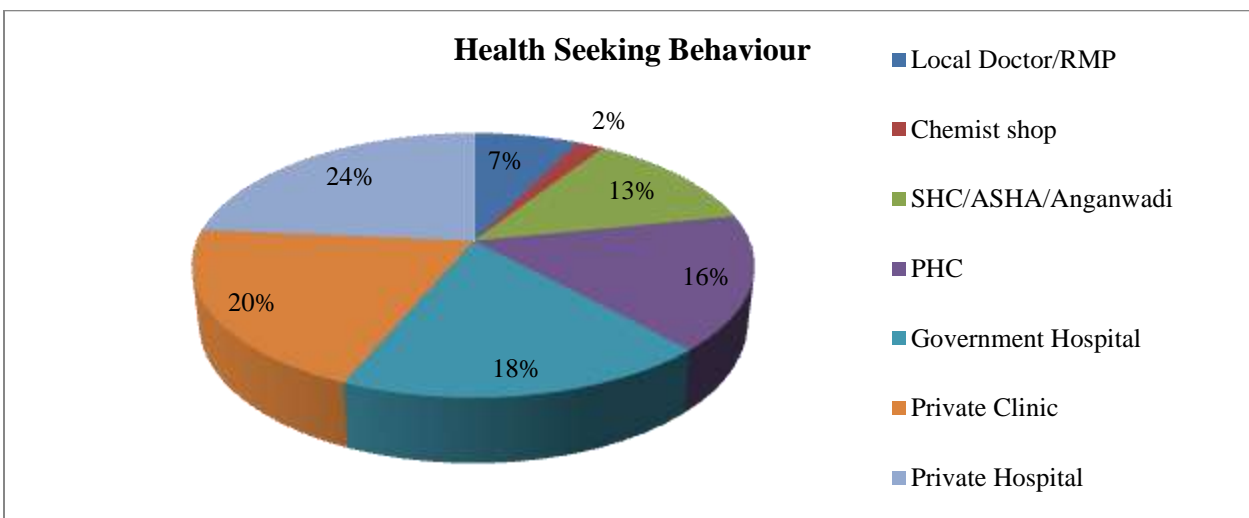
and 22% have the pit toilets. Among the sample households who don't have any toilet facility 72% said that they are interested if provided free.

4.2.4.4 WATER SOURCE

81% of the sample households reported saying that they use piped water supply. 38% of the sample said that the water facility is just outside their premises and the rest 27% have sources within their house.



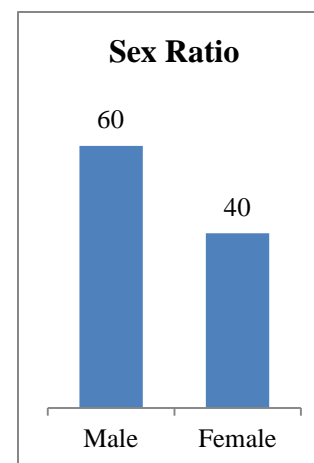
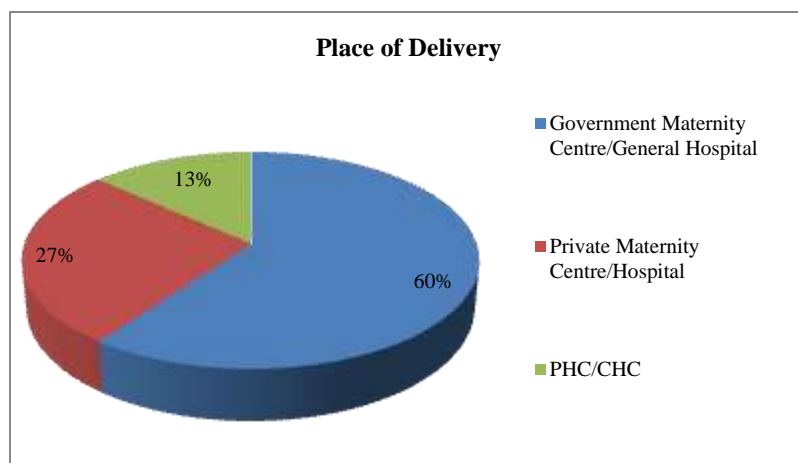
4.2.4.5 HEALTH SEEKING BEHAVIOUR:



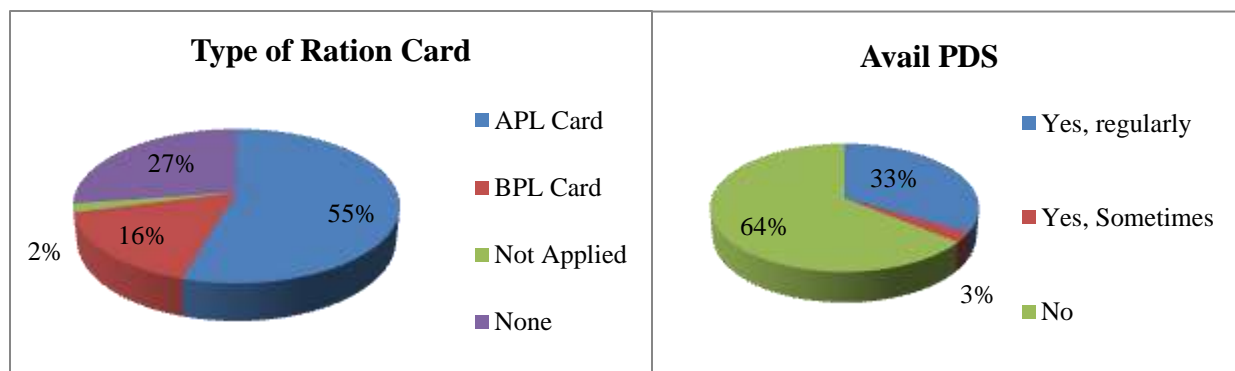
Majority of the sample reported consulting a private clinic and private hospital for health related issues. Government services of health are referred by the rest of the population. 7% also visit the local doctor/RMP.

4.2.4.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (60%) give birth to their first child in a government institutional place. 27% prefer the private institutions and 13% avail the local government PHC/CHC. In the age group of 0-3 years sex ratio is in favor of females which is 60% while male child are 40%.



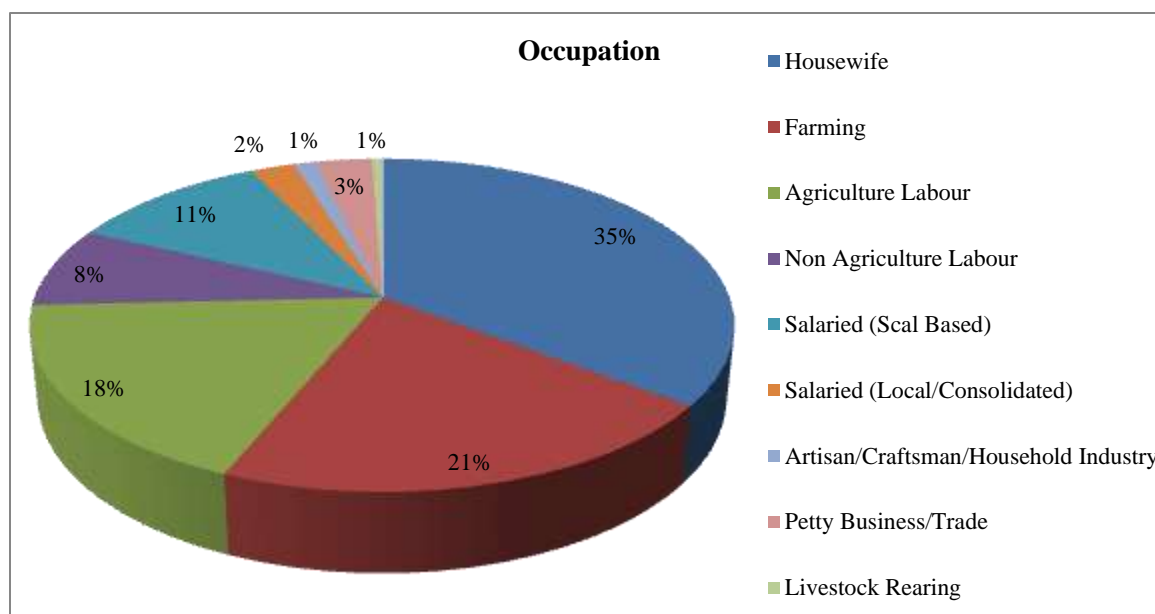
4.2.4.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (55%) hold an APL card, whereas 16% hold a BPL Card and 2% of the sample have not applied whereas a clear 27% have no ration card. Among the sample who holds ration card 64% of them do not avail the PDS facility, 33% use it regularly and the rest 3% of the population only sometimes avail this facility.

4.2.4.7 OCCUPATION:

As reflected by data 21% of the village members are into farming, 18% are agricultural labourers. A majority of the respondents 35% said that they were housewives.



4.2.4.8 MAJOR PROBLEMS IN THE VILLAGE:

- **Water:** the village water has high content of fluoride acid, making the water unfit for drinking.
- **Health:** The village PHC is at a distance of 15Km and the nearest hospital (Rajura 8Km). During emergency medical requirement, availability of communication is low & cost is very high.
- **Education:** The children in the Anganwadi sit on the floor and there is no water filter available in the school.

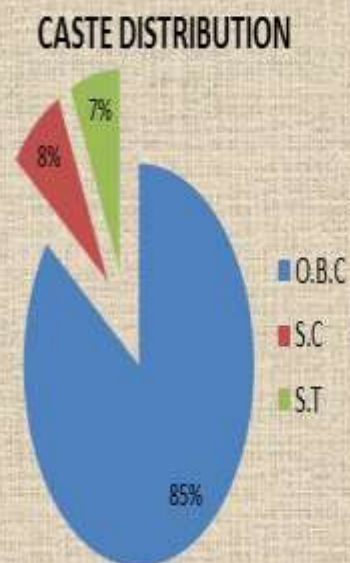
Recommendations:

- Attention to health: providing MMU visit every 2 weeks.
- Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. WCL should donate funds for its establishment in any of the school premises.
- It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- A health awareness camp is essential in this village as people which can be better managed by introducing mobile Medical Vans. Medicine should also be provided to the beneficiaries
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- There is a requirement of filter plant in this area.
- Requirement of water filter's facility for the Zilla Parishad School and anganwadi in this village.

4.2.5 Village Name: Kolgaon

RELIGION	House holds
Hindu	144
Buddhist	12

YEAR	2011
HOUSEHOLDS	156
POPULATION	196



Land Distribution (In Hectares):				
TOTAL AREA	NON-IRRIGATED	WASTELAND	FLOOD PRONENESS	DROUGHT PRONENESS
689.35	38.00	423.00	228.24	More than half, 75%
				Almost Nil

Public/Common Tap Points 00

HH Tap Connections 153

Facilities Existing within 5 km from the village

Post Office- Kadholi
Primary Health Centre- Kadholi
Veterinary Clinic- Kadholi
Medical Shop/Chemist- Kadholi

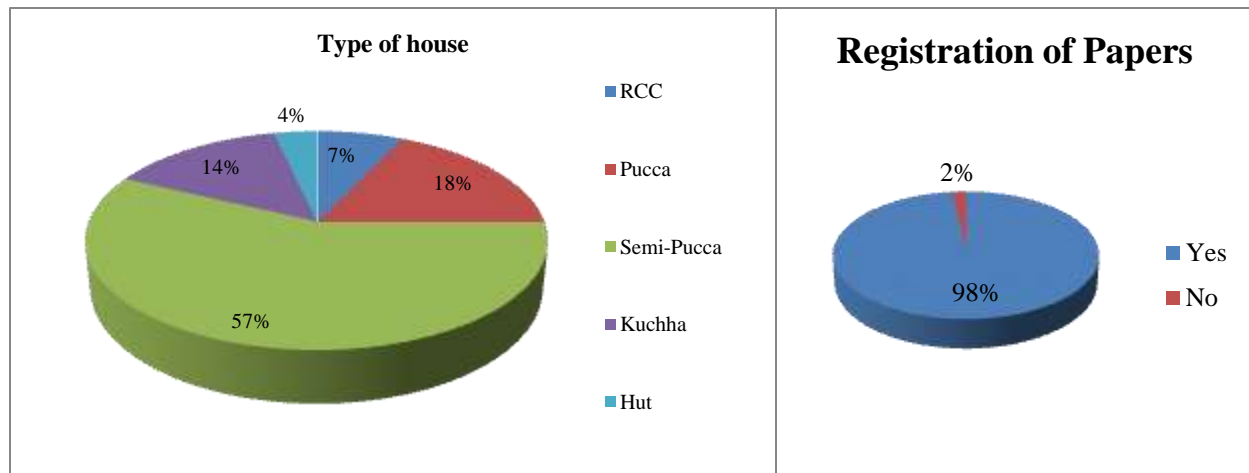
Facilities Existing within village.

Cement/Tar Road
PDS Shop
Gram Panchayat Office
Pre-primary School
Government Primary School
Pvt Primary School
Asha Worker

Facilities Existing more than 5 Kms

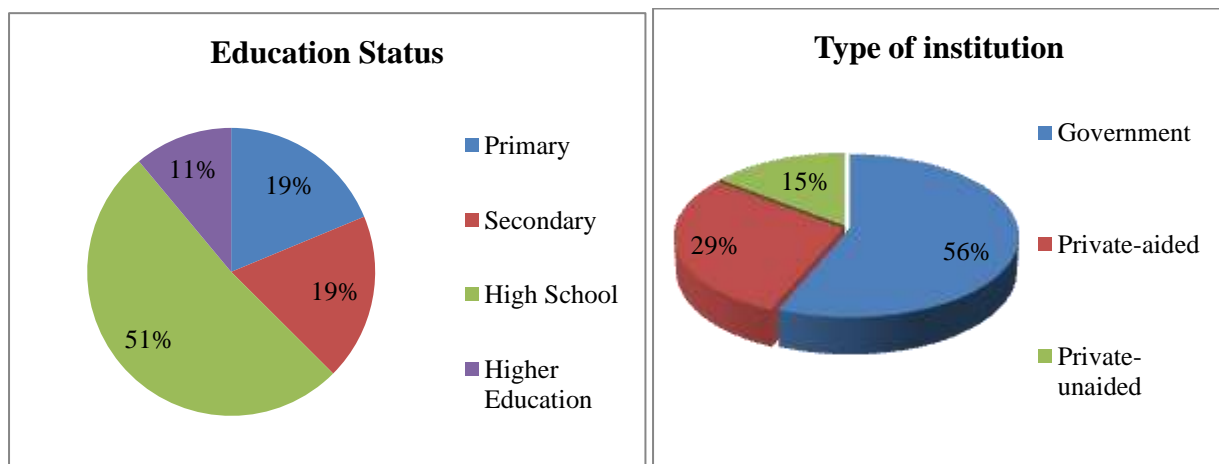
Railway Station-Ballarpur
Warehouse-Rajura
APMC/Mandi-Rajura
Private Secondary School-Ballarpur
Private Hospital- Ballarpur
Taluk Headquarters -Rajura
District Headquarters- Chandrapur
ITI/Polytechnic-Ballarpur
Degree College-Ballarpur
Vocational Training Centre- Ballarpur
Higher Secondary School- Ballarpur
Bus Stop- Ballarpur
Public Telephone Booth- Ballarpur
Daily/Evening Market- Ballarpur
Weekly Market- Ballarpur
Grocery Shop- Ballarpur
DTP/Xerox Centre- Ballarpur
Police Station- Rajura
Cooperative Society- Rajura
Bank for S/B account
Block Development Office- Rajura
CHC/Government General Hospital- Rajura
Private Clinic (RMP+)- Ballarpur
Private Clinic (MBS/BAMS+)- Ballarpur

4.2.5.1 HOUSEHOLD STATUS:



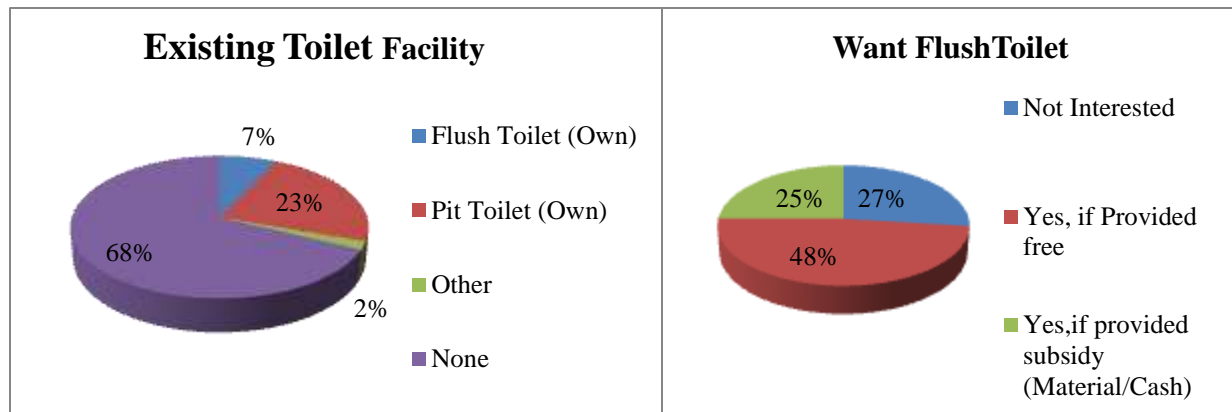
Majority of the sample in Kolgaon Village have Semi-Pucca Houses (57%), 18% stay in Pucca houses, 14% in Kuchha homes, only 4% stay in Hut type houses. However, only 7% population stay in RCC houses. 98% of sample living in Kolgaon have the registered papers (patta) of the land they are living in but 2% still don't possess the papers of the land. All the households studied in the survey are electrified.

4.2.5.2 EDUCATION:



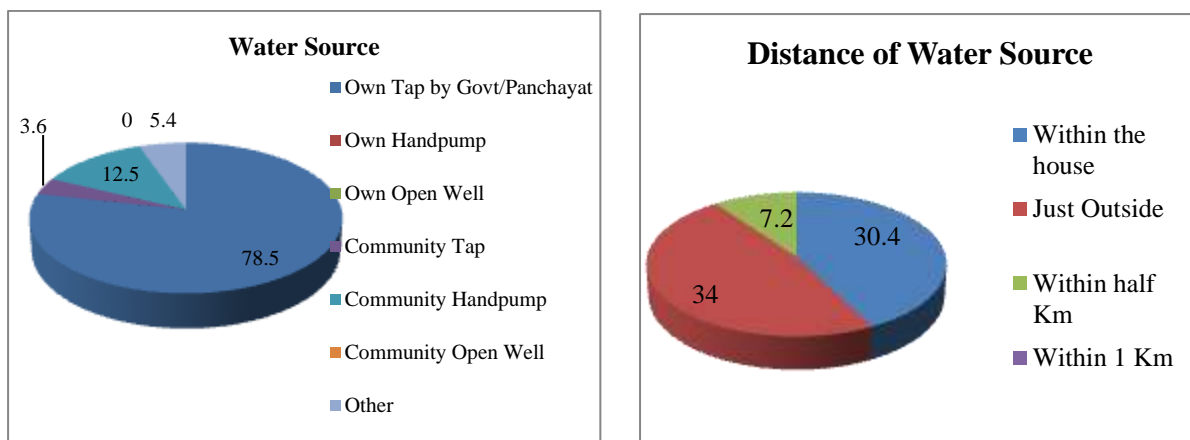
Students who are currently studying 51% of them are in high school followed by primary and secondary school where 29% students are studying. 56% of the children are enrolled in government institutions followed by private-aided institutions 29%.

4.2.5.3 SANITATION:



A shocking 68% of the household do not have any toilet facility, 23% have pit toilet and only 7% have flush toilet. Among the sample households who don't have any toilet facility 48% said that they are interested if provided subsidy.

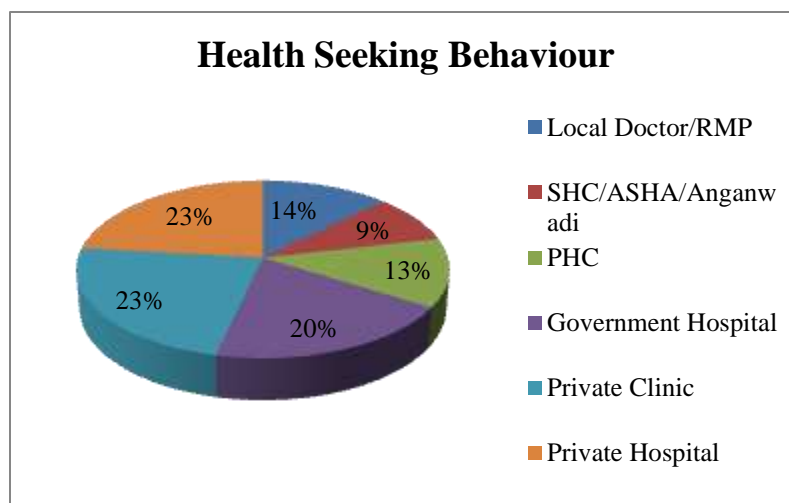
4.2.5.4 WATER SOURCE



78.5% of the sample households reported saying that they use piped water supply. Hand pump provides water to 12.5% of the population. As reported during research 34% of the sample have water source located just outside the home while for 30% sample it is located inside their premise. 7% of the sample said that they are supposed to walk within half a km to fetch water.

4.2.5.5 HEALTH SEEKING BEHAVIOUR:

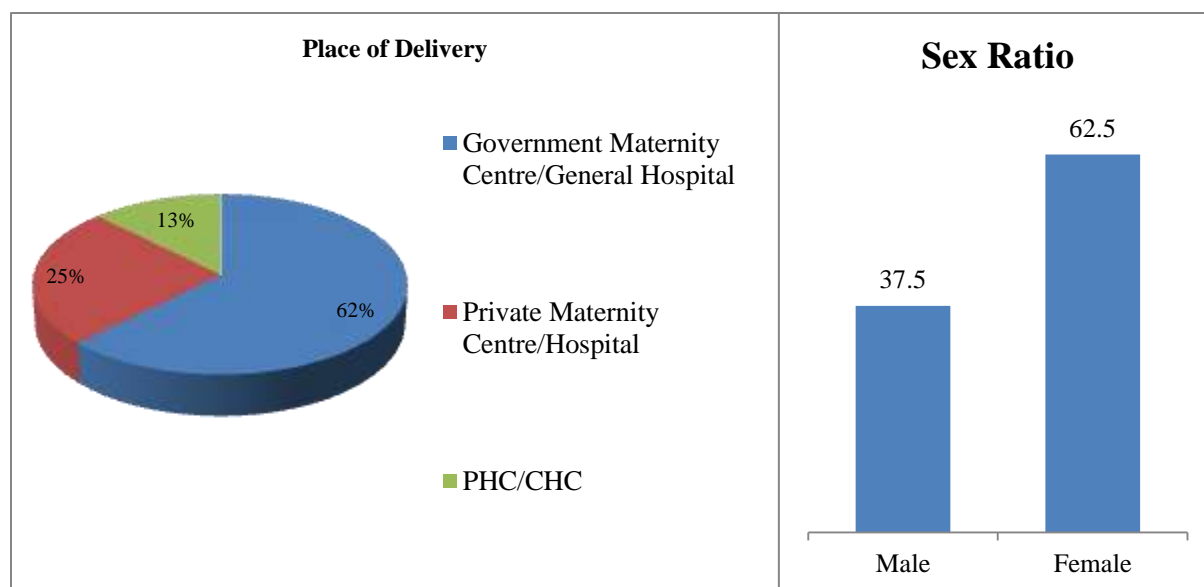
Majority 23% of the sample reported consulting a local doctor and private hospital for health related issues.



Only 20 % visit a government hospital. Fewer visits the local government health options like the Anganwadi/ASHA and PHC/CHC.

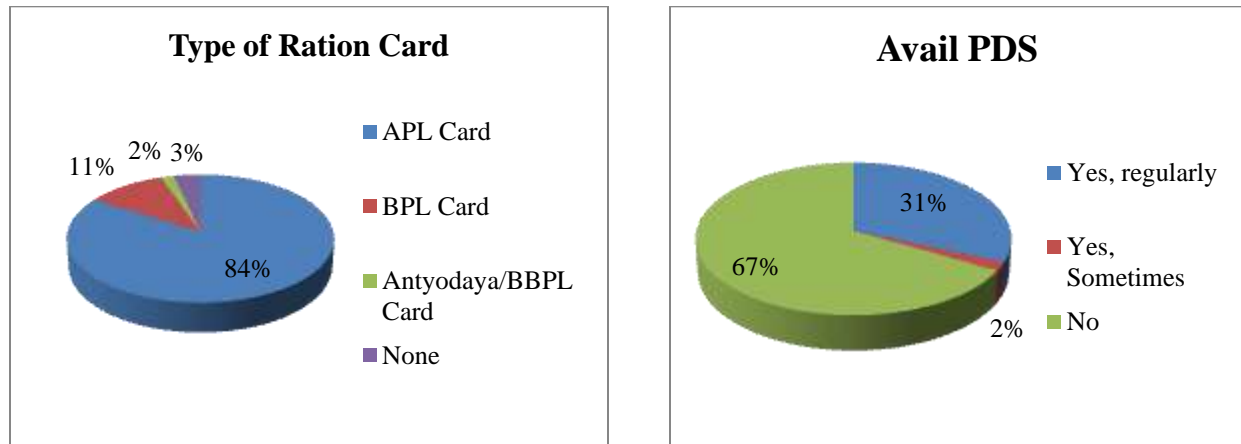
4.2.5.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (62%) give birth to their first child in a government institutional place. A quarter of the population surveyed goes to private institutions and the rest PHC/CHC. In the age group of 0-3 years sex ratio is in favor of females which is



63% while male child are 37%.

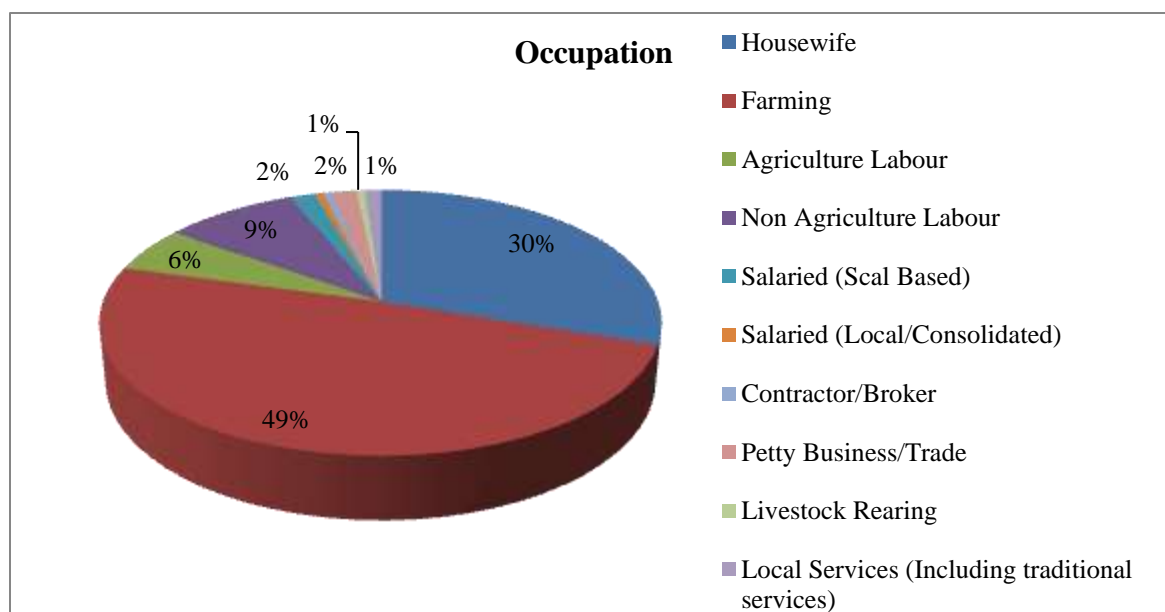
4.2.5.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (84%) hold an APL card, whereas 11% hold a BPL Card and 2% of the sample hold an Antyodaya/BBPL Card while 3% of sample does not hold any card. Among the sample who holds ration card 31% of them regularly avail the PDS facility, 67% do not use at all and the rest 2% of the population only sometimes avail this facility.

4.2.5.8 OCCUPATION:

As reflected by data 49% of the village members are into farming, a high percentage of respondents interviewed 30% were housewives. 9% are non-agricultural labours and 6% are agricultural labours.



4.2.5.9 MAJOR PROBLEMS IN THE VILLAGE:

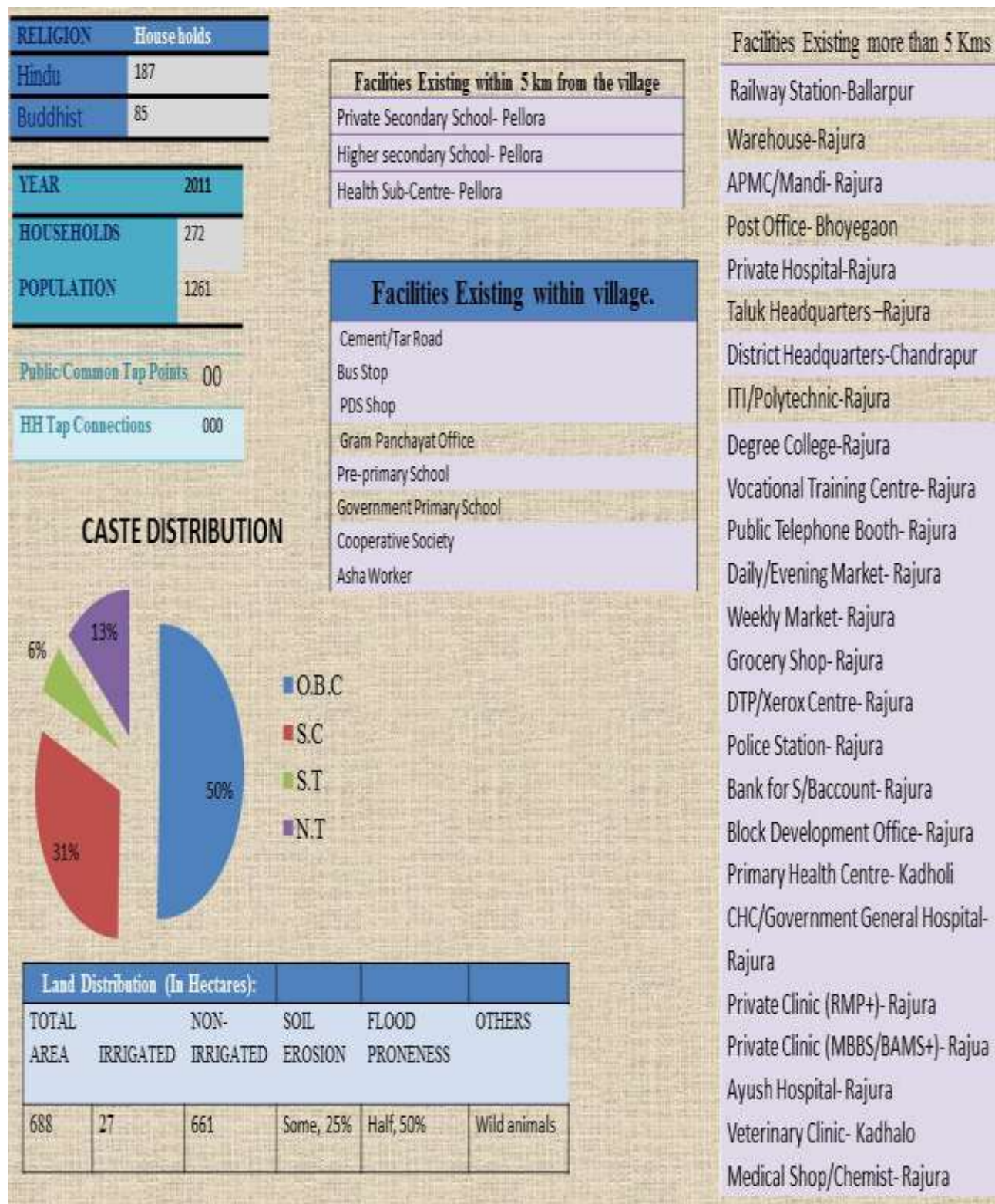
- **Water:** Water supply sources are not available in the village as according to the need and population..
- **Sanitation:** open defecation & choked drainage in the village. Roads covered with HH sewage & animal waste.
- **Health:** The village faces environmental concern in terms of loose dust which pollutes the air in summers.

RECOMMENDATION

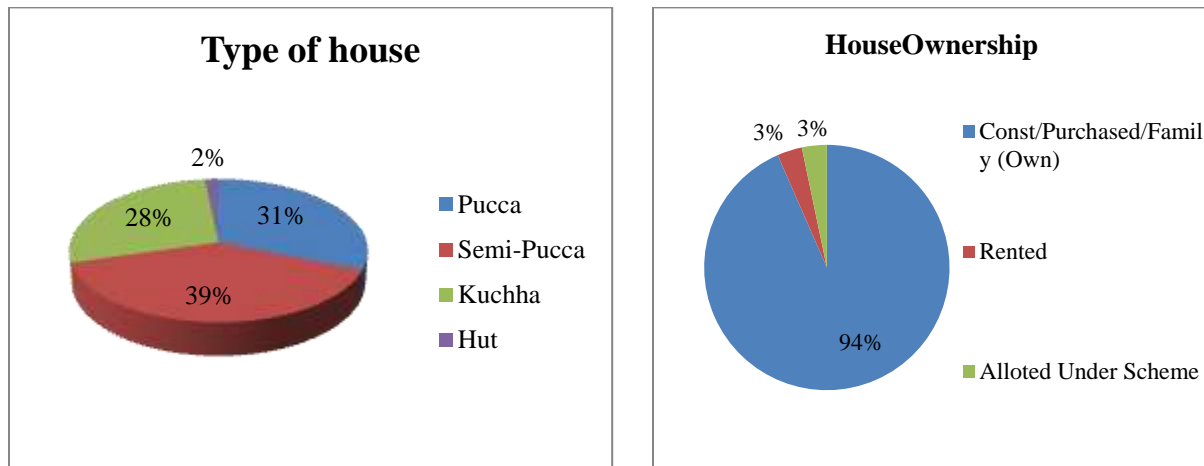
- Attention to health: providing MMU visit every 2 weeks. In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low.
- The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the WCL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village.
- The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

- Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and techniques will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals
- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- There is a requirement of drinking water sources in the village along with water filtration plant facility.

4.2.6 Village Name: Marda

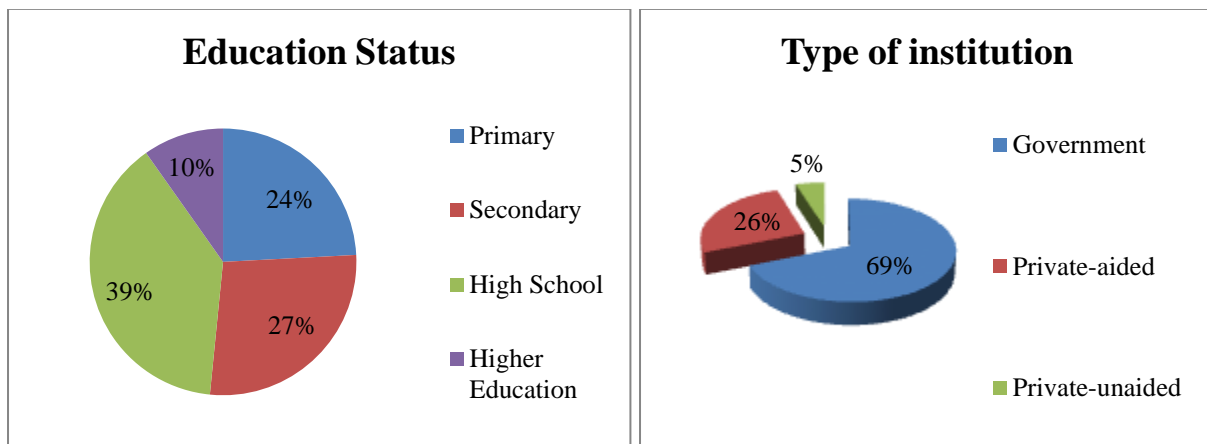


4.2.6.1 HOUSEHOLD STATUS:



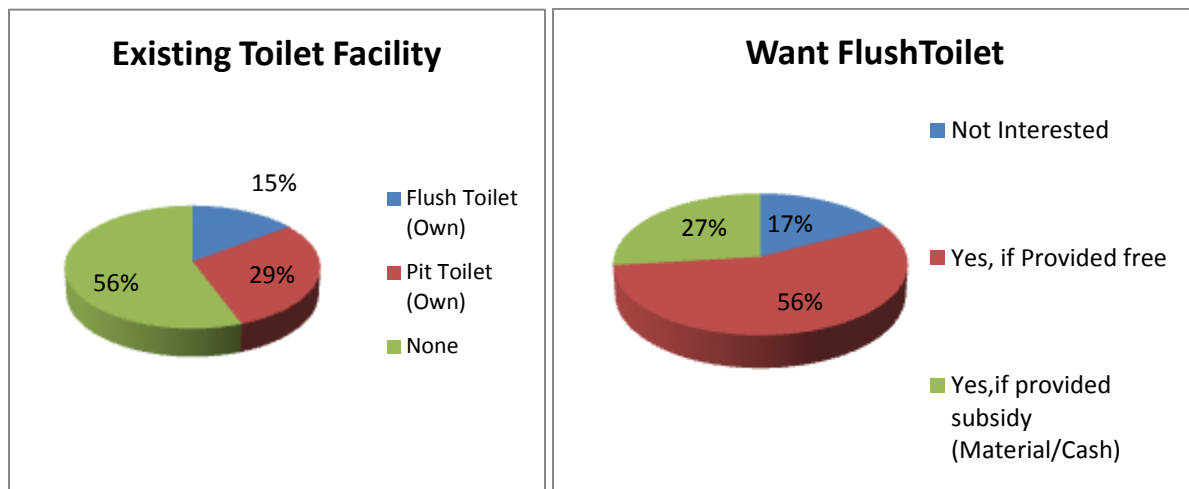
Majority of the sample in Marda Village have Semi-Pucca Houses (39%), 31% stay in Pucca houses, 28% in Kuchha and only 2% live in huts. 94% of the respondents stay in family constructed houses, while 3% each stay in rented and scheme allotted homes. All the households studied in the survey are electrified.

4.2.6.2 EDUCATION:



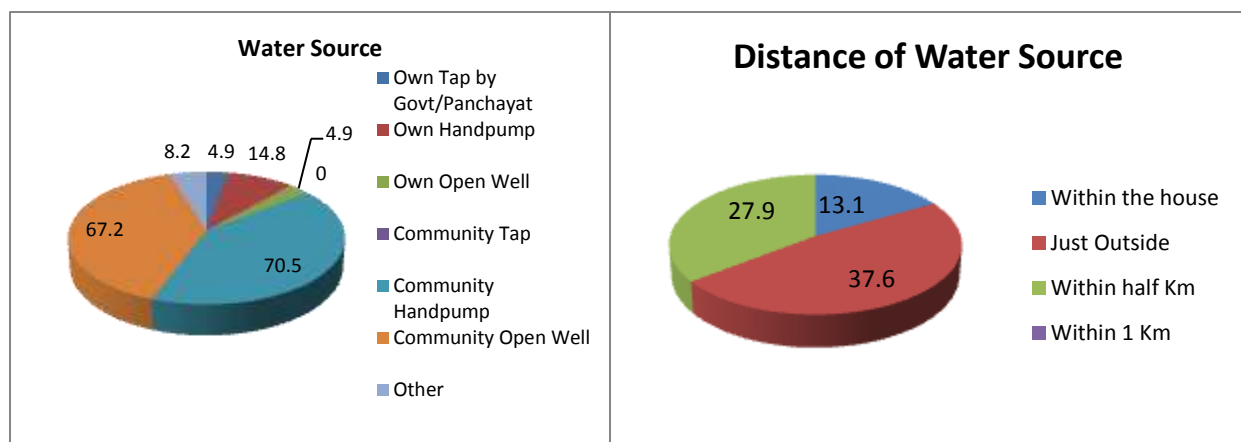
Students who are currently studying 39% of them are in high school followed by primary and secondary school where 27% & 24% students are studying. 69% of the children are enrolled in government institutions followed by private-aided institutions 26%.

4.2.6.3 SANITATION:



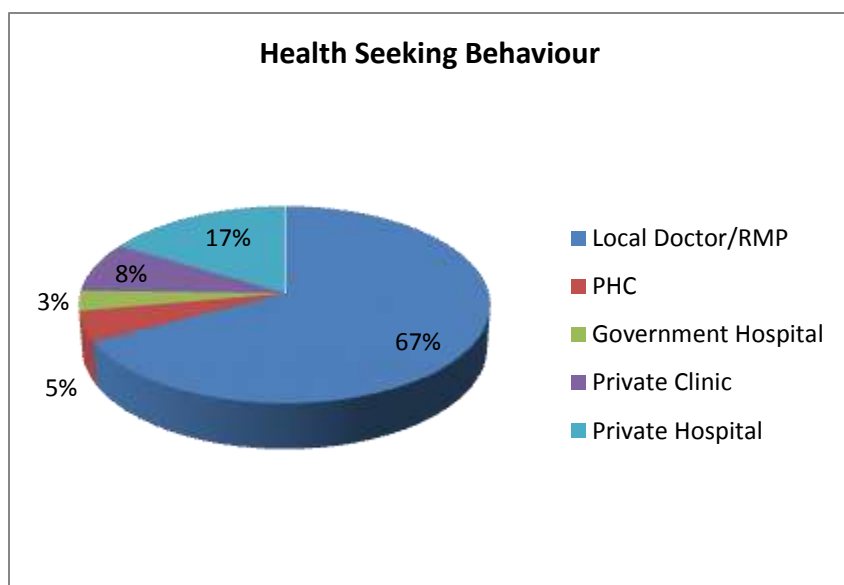
More than half 56% of the household do not have any toilet facility, 29% have pit toilet and 15% have flush toilet. Among the sample households who don't have any toilet facility 56% said that they are interested if provided free. 27% agreed if provided subsidy and 17% were not interested.

4.2.6.4 WATER SOURCE



70.5% of the sample households reported saying that they use community handpump for drinking water purposes while community open well is used by 67.2%. only 4.9% have access to piped water supply. As reported during research 37.6% of the sample have water source located just outside the home while for 25% sample it is located within half a km. 13% of the sample said it is within the premises of their house.

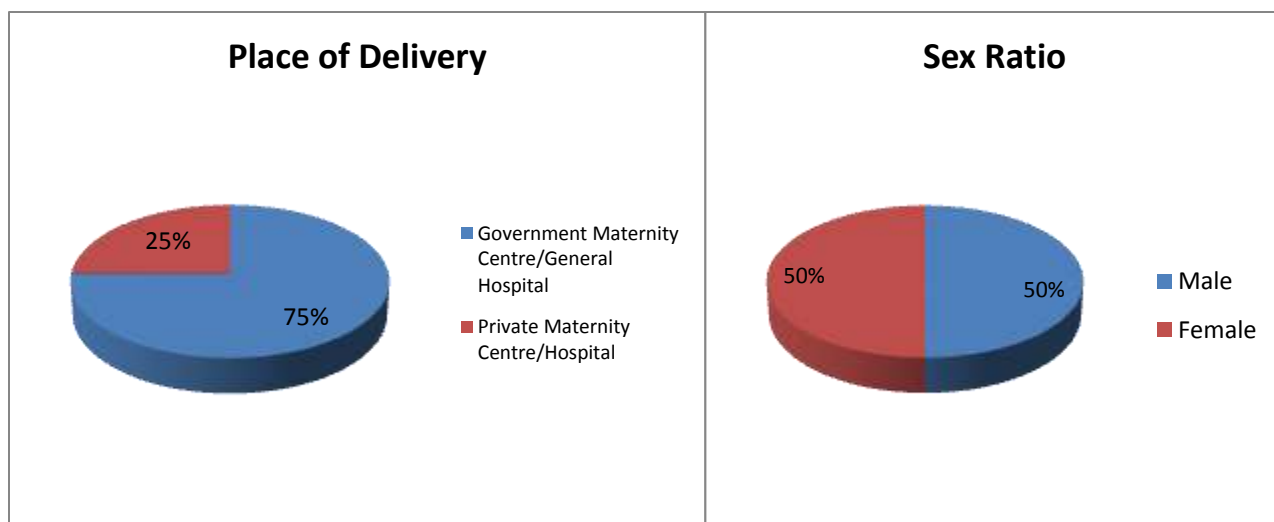
4.2.6.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 67% reported consulting a local doctor for health related issues. Private clinic and private hospitals is consulted by 25% of the population. Only 3 % visit a government hospital.

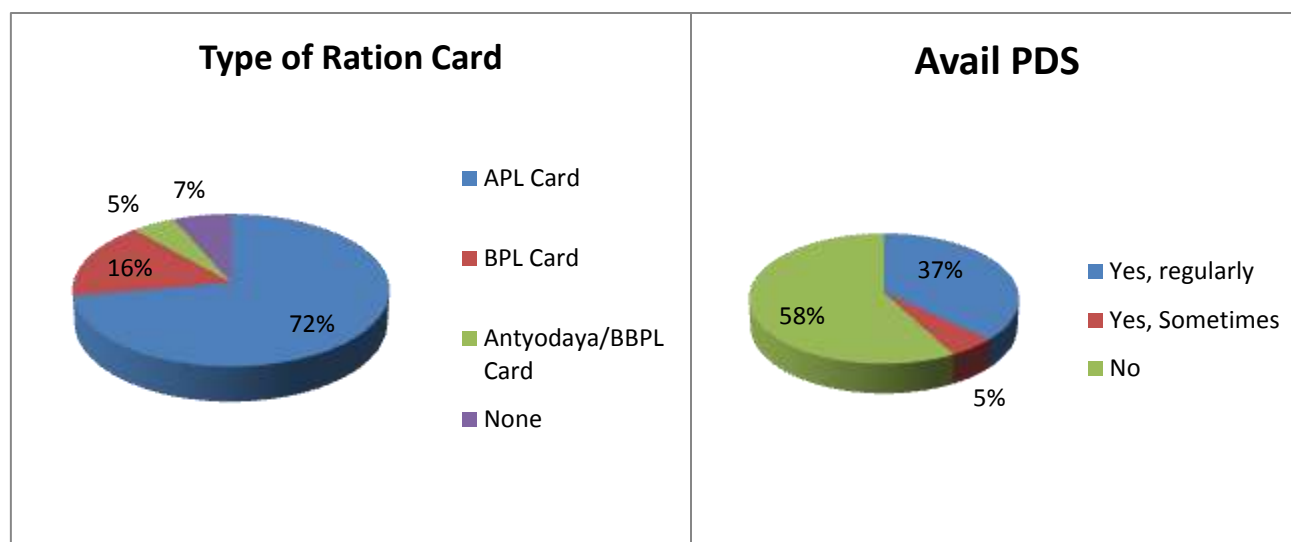
4.2.6.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (75%) give birth to their first child in a government institutional place. And the rest (25%) in a private maternity place. In the age group



of 0-3 years sex ratio is equal.

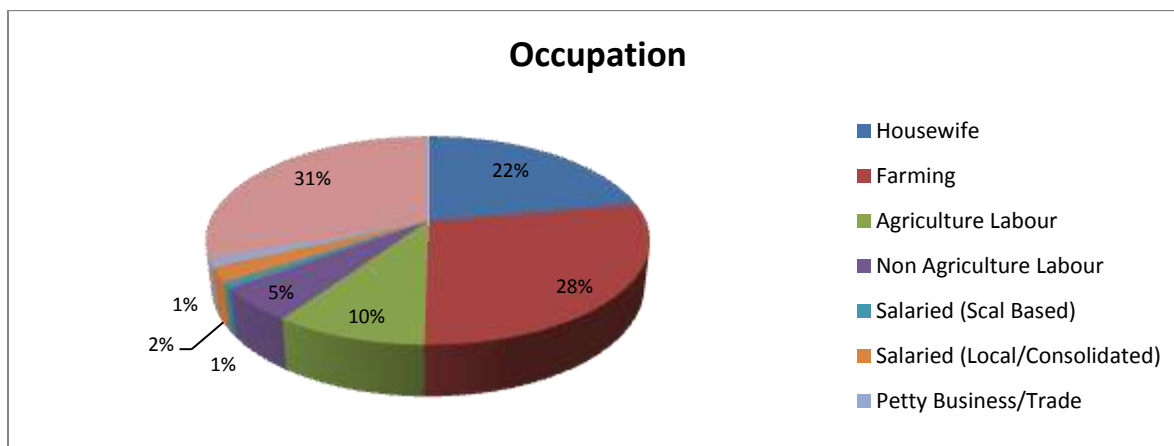
4.2.6.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (72%) hold an APL card, whereas 16% hold a BPL Card and 5% of the sample hold an Antyodaya/BBPL Card while 7% of sample does not hold any card. Among the sample who holds ration card 37% of them regularly avail the PDS facility and only 5% of the population only sometimes avail this facility while 58% does not use it at all.

4.2.6.8 OCCUPATION:

As reflected by data 28% of the village members are into farming, 9% are agricultural labours, 5% are non-agricultural labours while 31% are into other profession. 22% said that they were housewives.



4.2.6.9 MAJOR PROBLEMS IN THE VILLAGE:

Water: Drinking water is a major issue in the village as the Government. Scheme for HH tap system could not initiate due to infrastructural & monetary problem. The water available from bore well is not fit for drinking.

Sanitation: Open defecation on the roads is common. No proper drainage system and existing drainage is not maintained, the HH sewage & cattle waste flows across the village roads. There is a requirement of community toilet as suggested by the village people.

Health: Nearest health Sub-center is 4km from the village & district hospital is 30km. The sub-center is not equipped enough to cater to emergency & complex medical situation. Health is a serious concern for the village people. Also transportation facility and travelling cost is a major problem.

Infrastructure: The village is located at a remote distance from the District Capital, Rajura. Connectivity for higher education, health, and other necessary requirements is difficult. Requirement of a Tar / cement road from Marda village to Jaitapur via Kurli, distance 4km, will make connectivity easier.

Recommendation:

- Water Supply source and filter system for the village.
- Attention to health: providing MMU visit every 2 weeks.
- Extensive awareness campaigns on sanitation & hygiene with the help of Government. Departments.
- Schools for handicapped should be started which can cater 3-4 villages. In the village it was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the WCL and with regard to the accountability and transparency the concerned SHG Shall is responsible.
- The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the WCL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village.

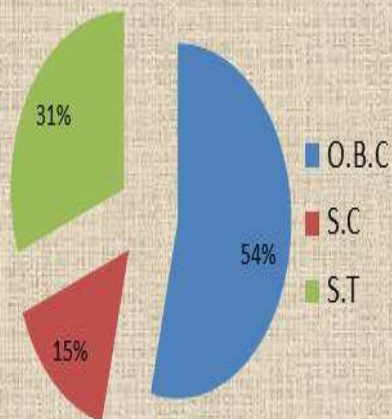
- The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
- Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and techniques will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals

4.2.7 Village Name: Mathra

RELIGION	HOUSEHOLDS
Hindu	130

YEAR	
HOUSEHOLDS	130
POPULATION	650

CASTE DISTRIBUTION



Land Distribution (In Hectares):				
TOTAL AREA	IRRIGATED	NON-IRRIGATED	DROUGHT PRONENESS	FLOOD PRONENESS
			Some, 25%	Half, 50%

Facilities Existing more than 5 Kms

Railway Station-Ballarpur
District Headquarters- Chandrapur
ITI/Polytechnic-Durgapur
Gram Panchayat Office- Khamona
Primary Health Centre- Kadholi

Facilities Existing within village.

Cement/Tar Road
Bus Stop
PDS Shop
Post Office
Pre-primary School
Government Primary School
Asha Worker

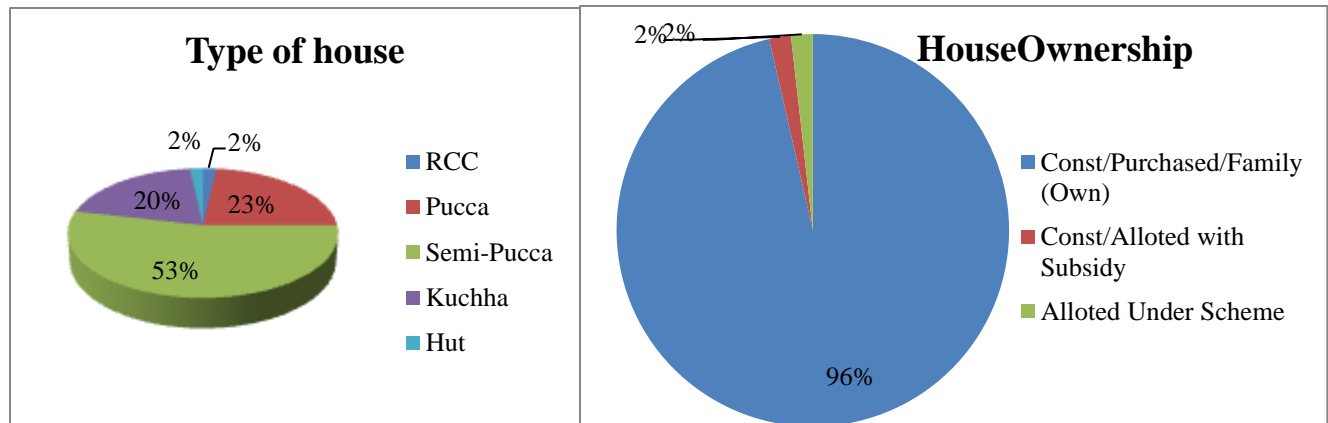
Facilities Existing within 5 km from the village

Public Telephone Booth- Rajura
Daily/Evening Market- Rajura
Weekly Market- Rajura
Grocery Shop- Rajura
DTP/Xerox centre- Rajura
Post Office- Gouri
Police Station- Sasti
Cooperative society- Rajura
Bank for S/B account- Rajura
Block development Office- Rajura
Taluk Headquarters- Rajura
Warehouse- Rajura
APMC/Mandi- Rajura
Private Secondary School- Gouri
Higher Secondary school- Rajura
Degree College- Rajura
ITI/Polytechnic- Rajura
Vocational Training Centre- Rajura
CHC/Government General Hospital- Rajura
Private Clinic (RMP+)- Rajura
Private Clinic (MBBS/BAMS+)- Rajura
Private Hospital- Rajura
Ayush Hospital- Rajura
Veterinary Clinic- Rajura
Medical Shop/Chemist- Rajura

Public/Common Tap Points 00

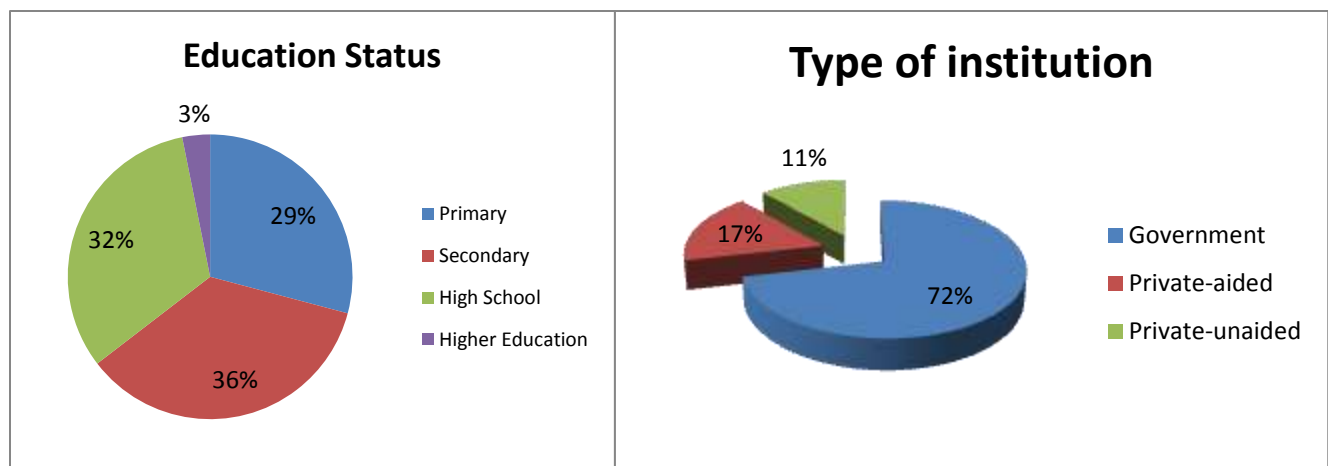
HH Tap Connections 000

4.2.7.1 HOUSEHOLD STATUS:



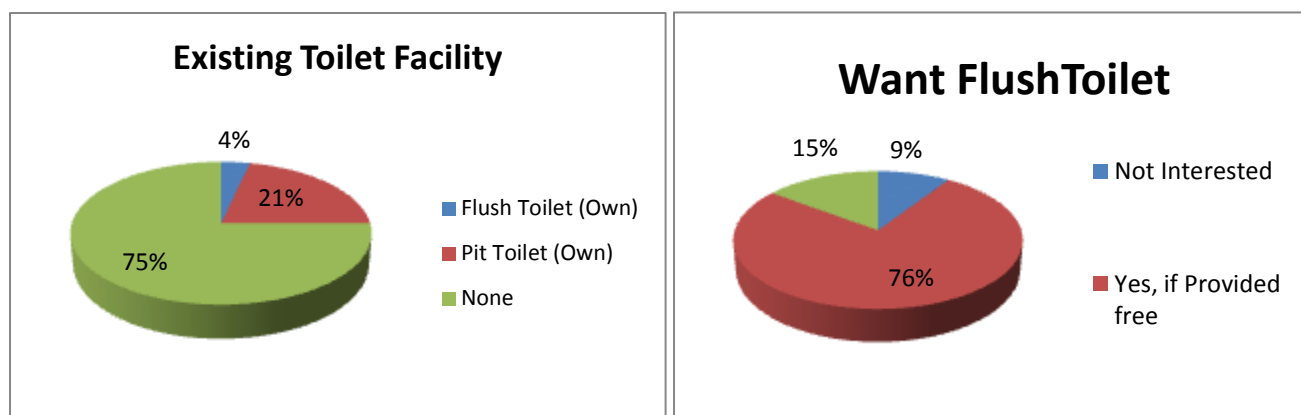
Majority of the sample in Mathra Village have Semi-Pucca Houses (53%), 23% stay in Pucca houses, 20% in Kuccha and only 2% each live in huts and RCC houses. 96% of the respondents stay in family constructed houses, while 2% each stay in rented and scheme allotted homes. All the households studied in the survey are electrified.

4.2.7.2 EDUCATION:



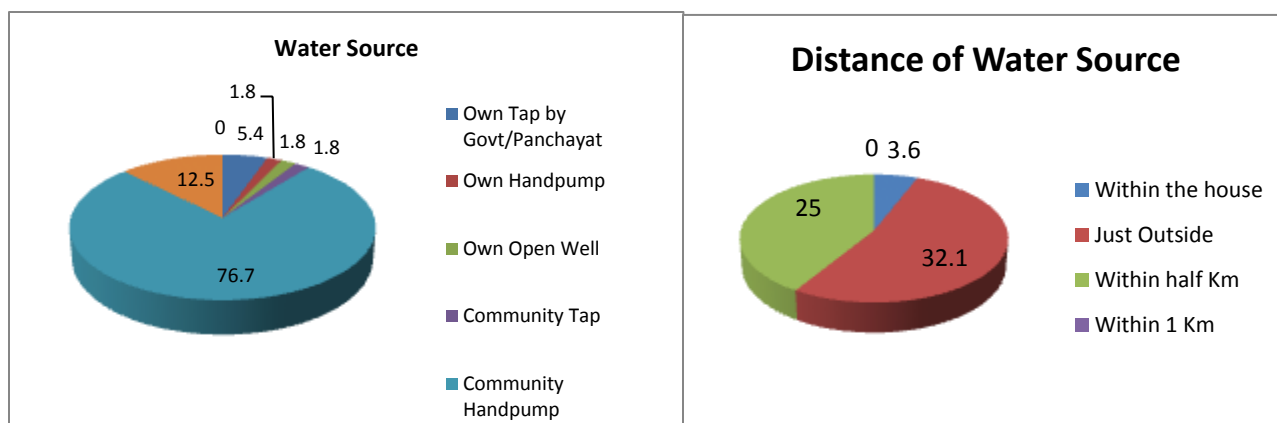
Students who are currently studying 32% of them are in high school followed by primary and secondary school where 29% & 36% students are studying. 72% of the children are enrolled in government institutions followed by private-aided institutions 17%.

4.2.7.3 SANITATION:



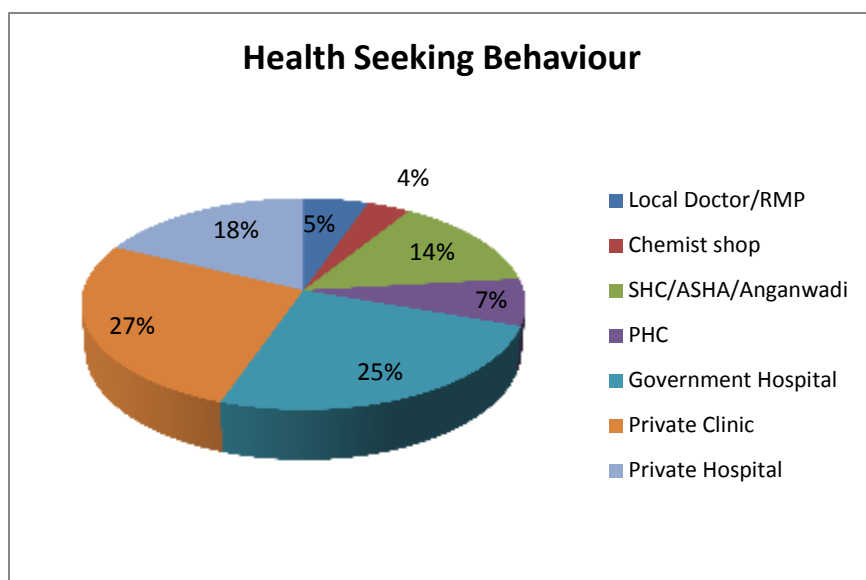
Quarter of the households does not have any toilet facility, 21% have pit toilet and only 4% have flush toilet. Among the sample households who don't have any toilet facility 76% said that they are interested if provided free. 15% agreed if provided subsidy and 9% were not interested.

4.2.7.4 WATER SOURCE



76.7% of the sample households reported saying that they use community handpump for drinking water purposes while community open well is used by 12.5%. only 5.4% have access to piped water supply. As reported during research 32.1% of the sample have water source located just outside the home while for 25% sample it is located within half a km. 3.6% of the sample said it is within the premises of their house.

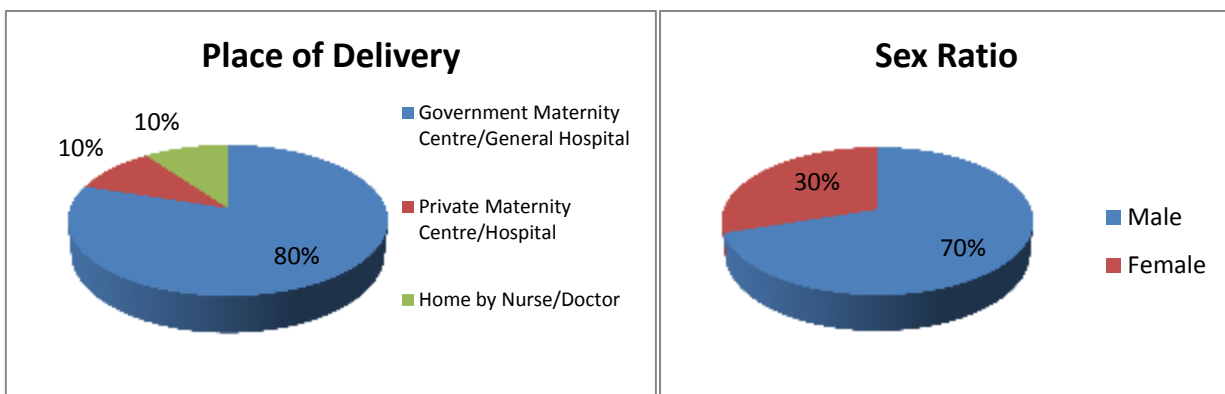
4.2.7.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 27% reported consulting private clinics for health related issues. 25% visited the government hospital. Next is a private hospital which is consulted by 18% of the population. A good 21% visit the local government health sources like

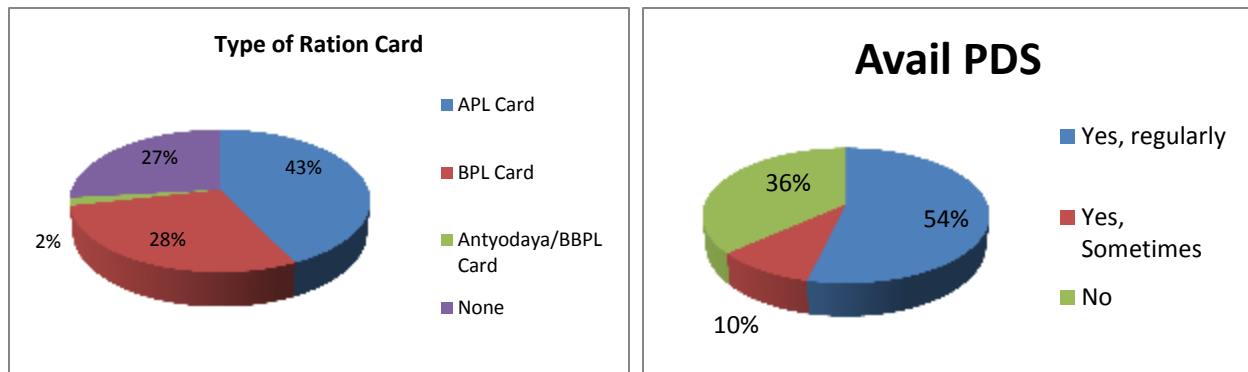
Anganwadi/ASHA/PHC/CHC.

4.2.7.6 MATERNAL HEALTH:



As per the analysis of sample interviewed majority (80%) give birth to their first child in a government institutional place. 10% each in a private maternity place and at Home. In the age group of 0-3 years sex ratio is favours towards male child 70% and female 30%.

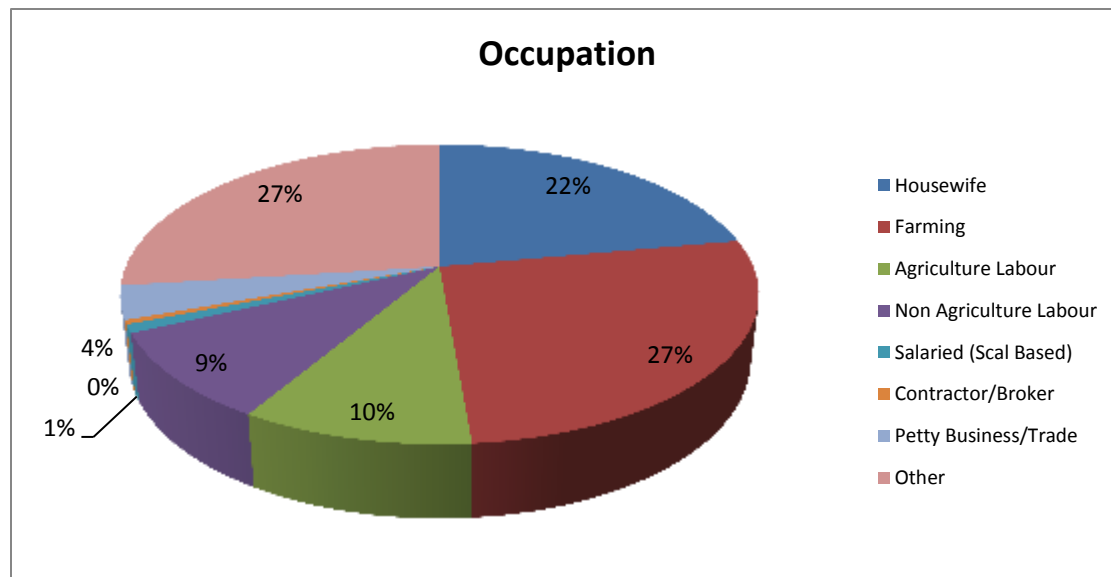
4.2.7.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (43%) hold an APL card, whereas 28% hold a BPL Card and 2% of the sample hold an Antyodaya/BBPL Card while 27% of sample does not hold any card. Among the sample who holds ration card 54% of them regularly avail the PDS facility and only 10% of the population only sometimes avail this facility while 36% does not use it at all.

4.2.7.8 OCCUPATION:

As reflected by data 27% of the village members are into farming, 10% are agricultural labours, 9% are non-agricultural labours while 27% are into other profession. 22% said that they were housewives.



4.2.7.9 MAJOR PROBLEMS IDENTIFIED

- **Water:** the village does not have HH tap system and for drinking water the people are dependent on bore wells, whose water quality is poor and not fit for drinking.
- **Environmental concerns:** the village faces dust problem as it is located beside the main road and truck & heavy vehicles are frequent.
- **Sanitation:** Only few HH have been covered under NGY, construction & usage of Toilets are very less in the village. People go to the field and on roads for open defecation.

RECOMMENDATION:

- Availability of clean & regular drinking water supply.
Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school.

Primary school in Benipur faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. WCL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.

- It was also found that there is a high dropout rates in the village. WCL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
- Extensive awareness campaigns on sanitation & hygiene with the help of Government. Departments.

4.2.8 Village Name: Sakhri

RELIGION	House holds
Hindu	294
Buddhist	38

Public/Common Tap Points 00

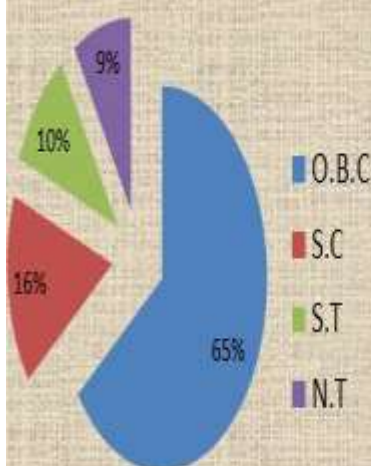
HH Tap Connections 171

YEAR	2001
HOUSEHOLDS	332
POPULATION	1547

Facilities Existing within village.

Cement/Tar Road
Bus Stop
PDS Shop
Gram Panchayat Office
Cooperative Society
Post Office
Pre-primary School
Government Primary School
Private Secondary School
Asha Worker

CASTE DISTRIBUTION



Land Distribution (In Hectares):							
TOTAL AREA	IRRIGATED	NON-IRRIGATED	FOREST	WASTELAND	FLOOD PRONENESS	SOIL EROSION	DROUGHT PRONENESS
409.73	10.00	250.00	Half 50%	Some 25%	Half 50%	Some, 25%	Some, 25%

Facilities Existing more than 5 Kms

Railway Station-Ballarpur

Warehouse-Rajura

APMC/Mandi-Rajura

Higher Secondary School- Rajura

Private Hospital- Rajura

Taluk Headquarters-Rajura

District Headquarters-Chandrapur

ITI/Polytechnic-Rajura

Degree College-Rajura

Vocational Training Centre- Rajura

Public Telephone Booth- Rajura

Daily/Evening Market- Rajura

Weekly Market- Rajura

Grocery Shop- Rajura

DTP/Xerox Centre- Rajura

Police Station- Rajura

Bank for S/B account- Rajura

Block Development Office- Rajura

Primary Health Centre- Kadhoti

CHC/Government General Hospital- Rajura

Private Clinic (RMP+)- Rajura

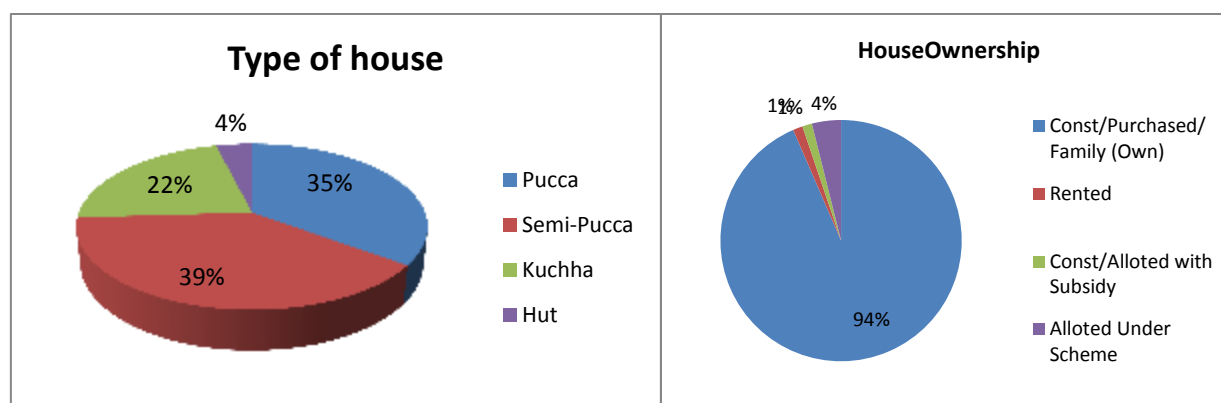
Private Clinic (MBBS/BAMS+)- Rajura

Ayush Hospital- Rajura

Veterinary Clinic- Kadholi

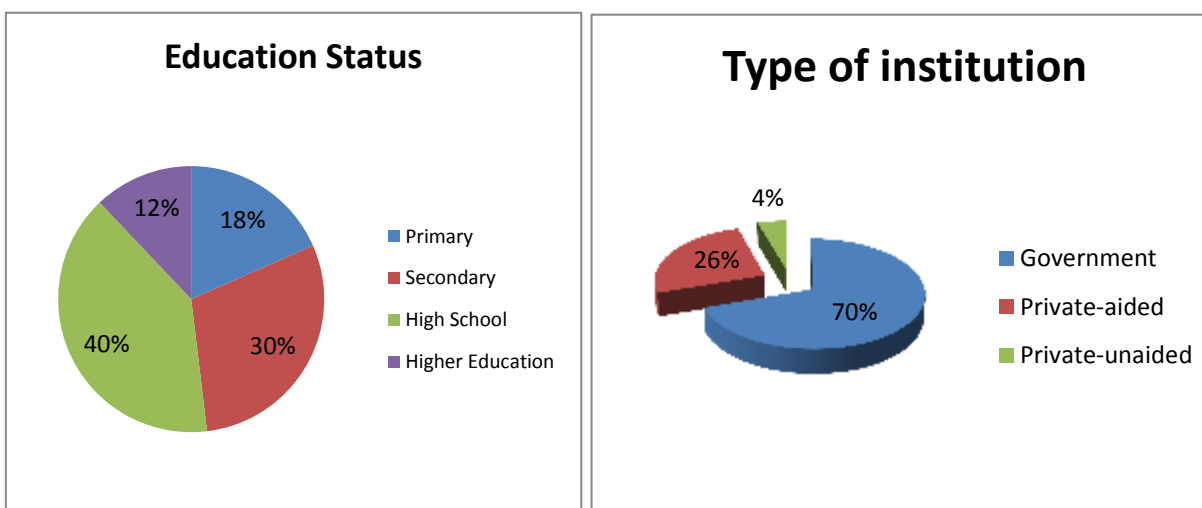
Medical Shop/Chemist- Rajura

4.2.8.1 HOUSEHOLD STATUS:



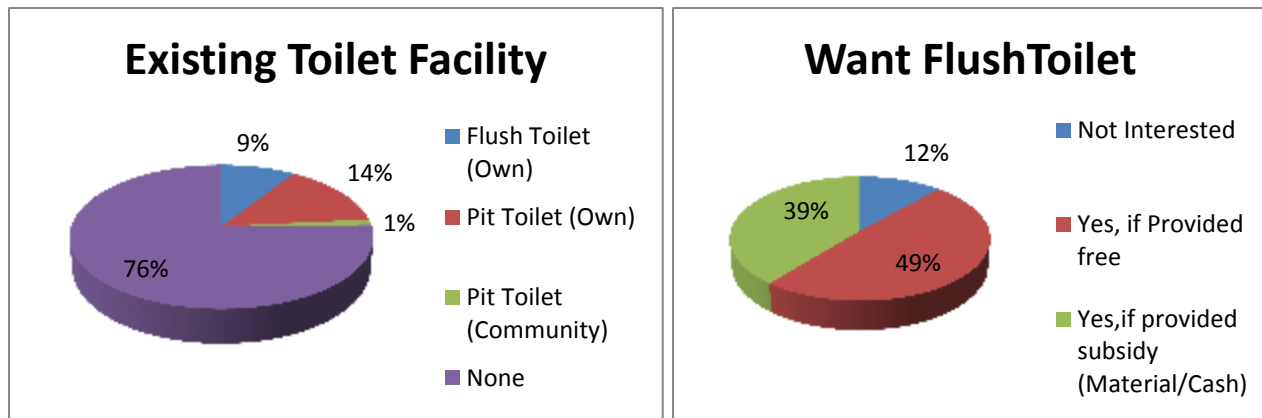
Majority of the sample in Sakhri Village have Semi-Pucca Houses (39%), 35% stay in Pucca houses, 22% in Kuchha and only 4% live in huts. 94% of the respondents stay in family constructed houses, while 1% each stay in rented and scheme allotted homes. All the households studied in the survey are electrified.

4.2.8.2 EDUCATION:



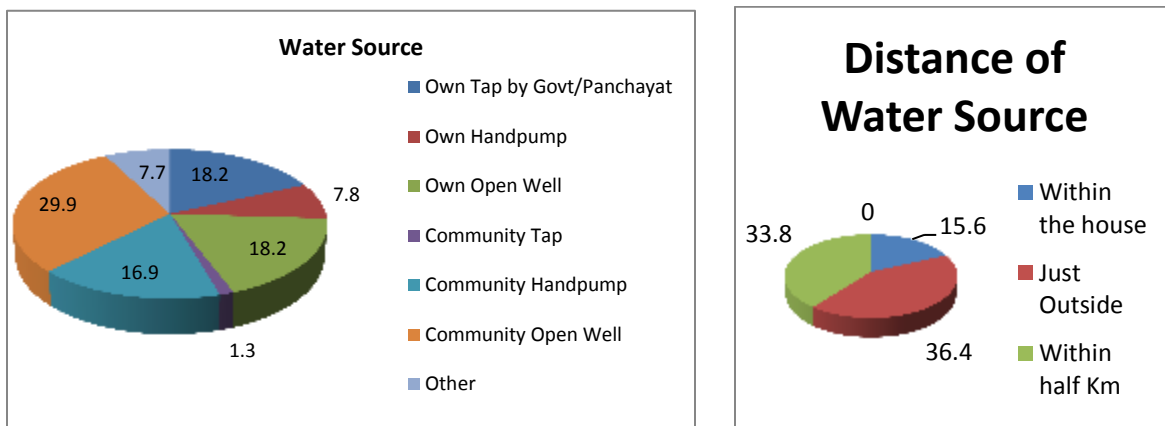
Students who are currently studying 40% of them are in high school followed by secondary and primary school where 30% & 18% students are studying. 70% of the children are enrolled in government institutions followed by private-aided institutions 26%.

4.2.8.3 SANITATION:



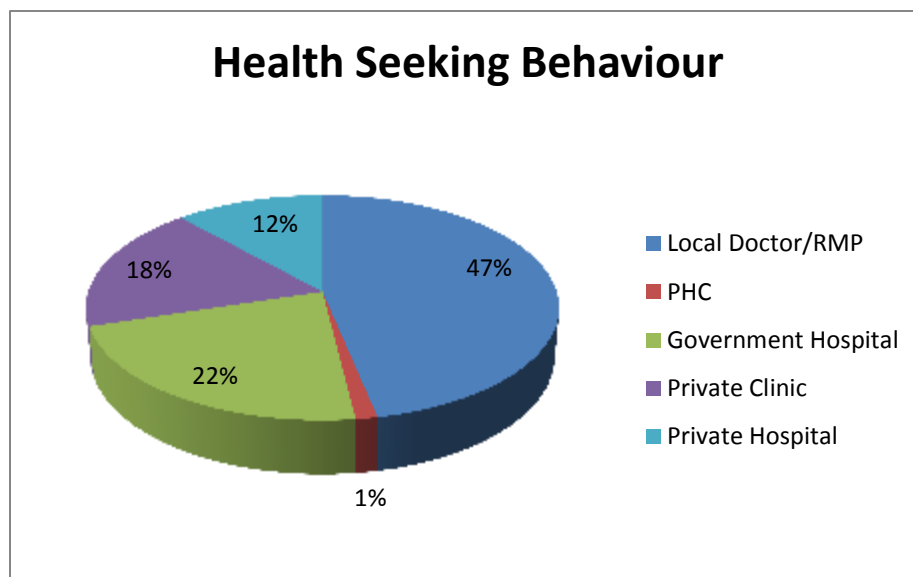
A shocking 76% of the household do not have any toilet facility, only 14% have pit toilet and 9% have flush toilet. Among the sample households who don't have any toilet facility 49% said that they are interested if provided free. 39% agreed if provided subsidy and 12% were not interested.

4.2.8.4 WATER SOURCE



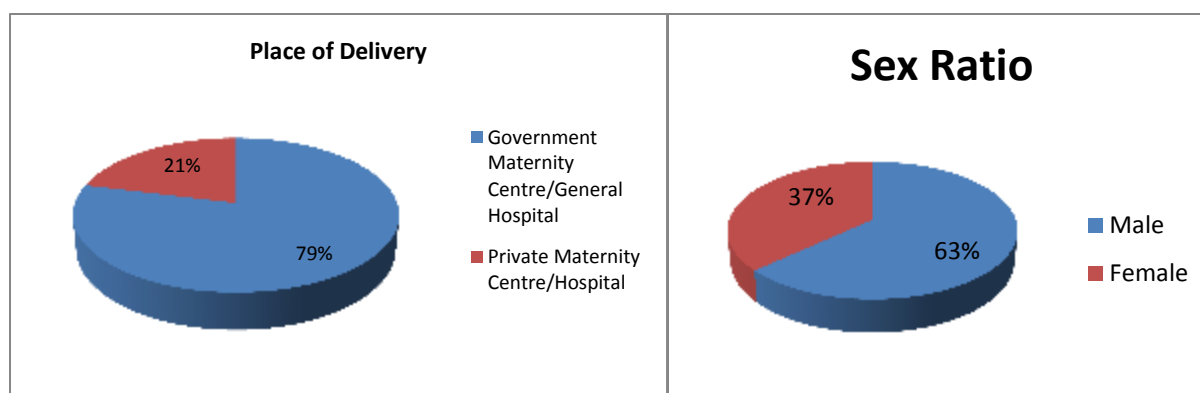
29.9% of the sample households reported saying that they use community open well for drinking water purposes while own well and piped water system is used by 18.2% and 16.9% have access to community handpump. As reported during research 36.4% of the sample have water source located just outside the home while for 33.8% sample it is located within half a km. 15.6% of the sample said it is within the premises of their house.

4.2.8.5 HEALTH SEEKING BEHAVIOUR:



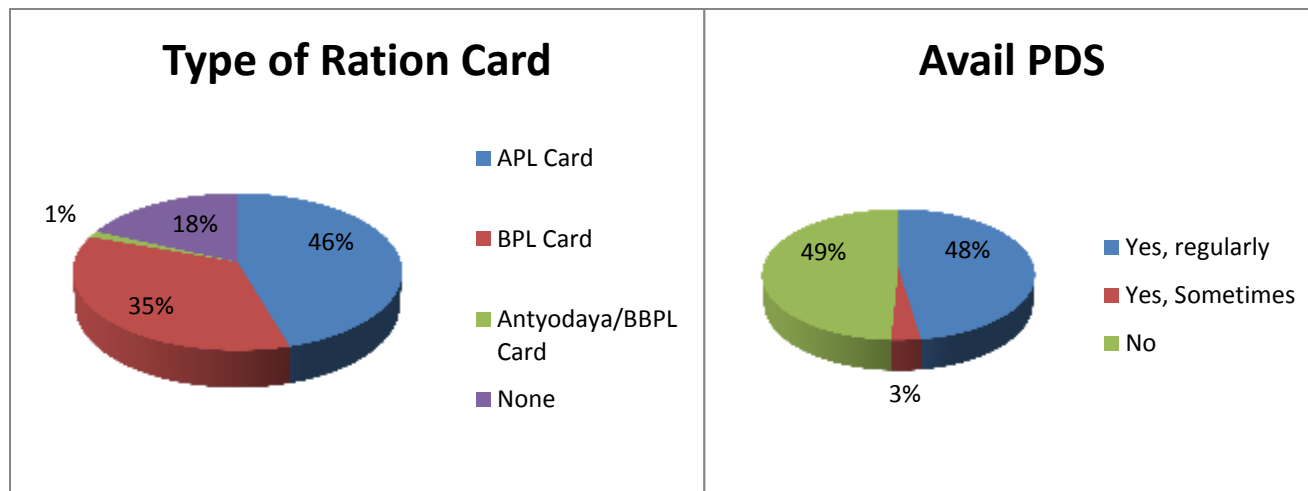
Majority of the sample 47% reported consulting a local doctor for health related issues. 22 % visit a government hospital. Private clinic and private hospitals is consulted by 18% and 12% of the population.

4.2.8.7 MATERNAL HEALTH:



As per the analysis of sample interviewed majority (79%) give birth to their first child in a government institutional place. And the rest (21%) in a private maternity place. In the age group of 0-3 years sex ratio is inclined towards male 63%, whereas female is 37%.

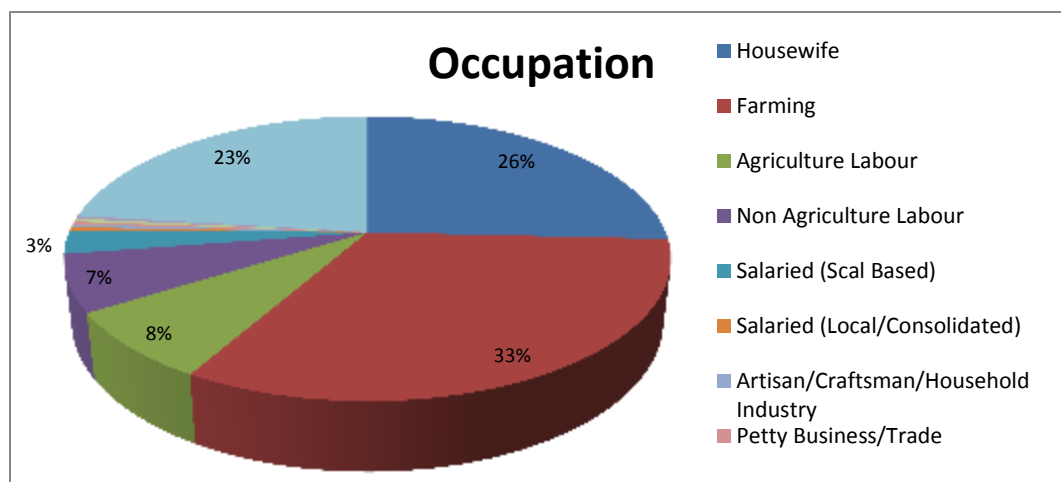
4.2.8.8 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (46%) hold an APL card, whereas 35% hold a BPL Card and 1% of the sample hold an Antyodaya/BBPL Card while 18% of sample does not hold any card. Among the sample who holds ration card 48% of them regularly avail the PDS facility and the rest 3% of the population only sometimes avail this facility whereas 49% do not avail the system at all.

4.2.8.9 OCCUPATION:

As reflected by data 23% of the village members are salaried employers, 33% are into farming, 8% are agricultural labours, 7% are non-agricultural labours while 31% are into other profession. 22% said that they were housewives.



4.2.8.10 MAJOR PROBLEMS IN THE VILLAGE:

- **Environment:** Due to blasting in the mines village infrastructures have developed cracks and in summers the dust pollution is very high.
- **Health:** Upper respiratory tract & skin problems are common due to pollution.
- **Sanitation:** Open defecation is common and the roads are covered with cattle waste & HH sewage due to no drainage system.

Recommendation:

Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low.

- The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the WCL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level.

In the village it was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed.

SHG's shall be formed and support shall be given by the WCL and with regard to the accountability and transparency the concerned SHG Shall is responsible.

- Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
- Cater to the environment concerns.
- Attention to health: providing MMU visit every 2 weeks.

- Extensive awareness campaigns on sanitation & hygiene with the help of Government. Departments.

4.2.9 Village Name: Bhatali

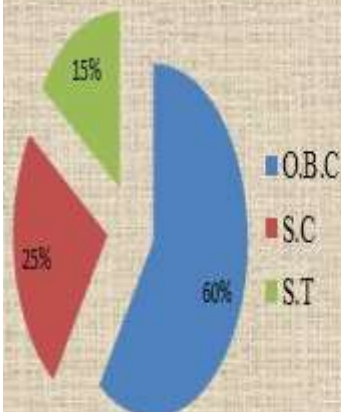
RELIGION	House holds
Hindu	254
Buddhist	44

Public/Common Tap Points 13

HH Tap Connections 90

YEAR	2001
HOUSEHOLDS	298
POPULATION	1199

CASTE DISTRIBUTION



Facilities Existing within village.

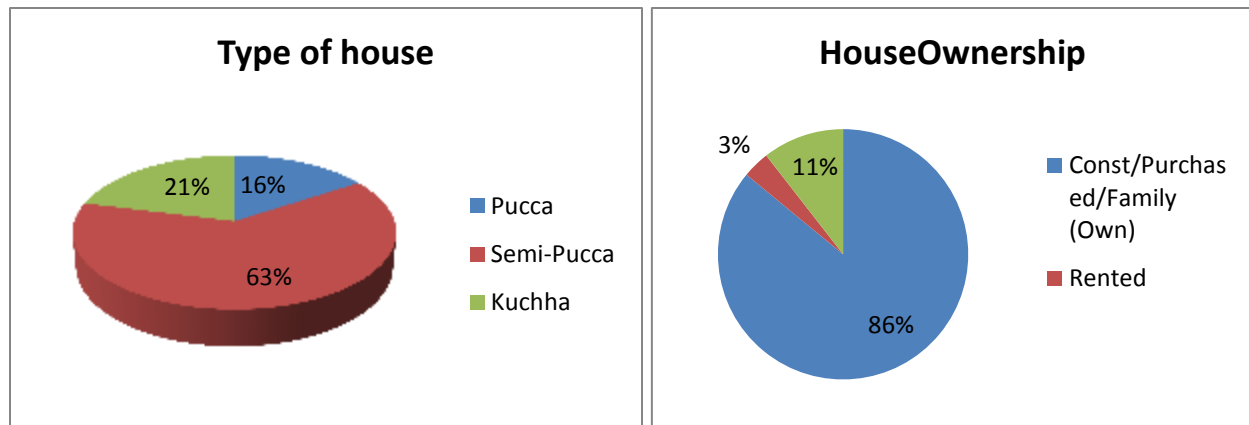
Cement/Tar Road
PDS Shop
Post Office
Pre-primary School
Government Primary School
Veterinary Clinic
Health Sub-Centre
Asha Worker
Gram Panchayat Office
Cooperative Society

Facilities Existing more than 5 Kms

Railway Station-Chandrapur
Warehouse-Chandrapur
APMC/Mandi-Durgapur
Private Secondary School-Chandrapur
Private Hospital-Chandrapur
Taluk Headquarters-Chandrapur
District Headquarters-Chandrapur
ITI/Polytechnic-Chandrapur
Degree College-Chandrapur
Bus Stop- Chandrapur
Public Telephone Booth- Chandrapur
Daily/Evening Market-Chandrapur
Weekly Market- Chandrapur
Grocery Shop- Chandrapur
DTP/Xerox Centre- Chandrapur
Police Station- Durgapur
Bank for S/B account- Chandrapur
Block Development Office- Chandrapur
Higher Secondary School- Chandrapur
Vocational Training Centre- Chandrapur
Primary Health Centre- Durgapur
CHC/Government General Hospital- Chandrapur
Private Clinic (RMP+)-Durgapur
Private Clinic (MBBS/BAMS+)-Chandrapur
Medical Shop/Chemist- Durgapur

DROUGHT PRONENESS	WATER LOGGING	SOIL EROSION	FLOOD PRONENESS	OTHERS
Some, 25%	Some, 25%	Some, 25%	Half, 50%	WCL dumping, dust, blasting, low water level in the area

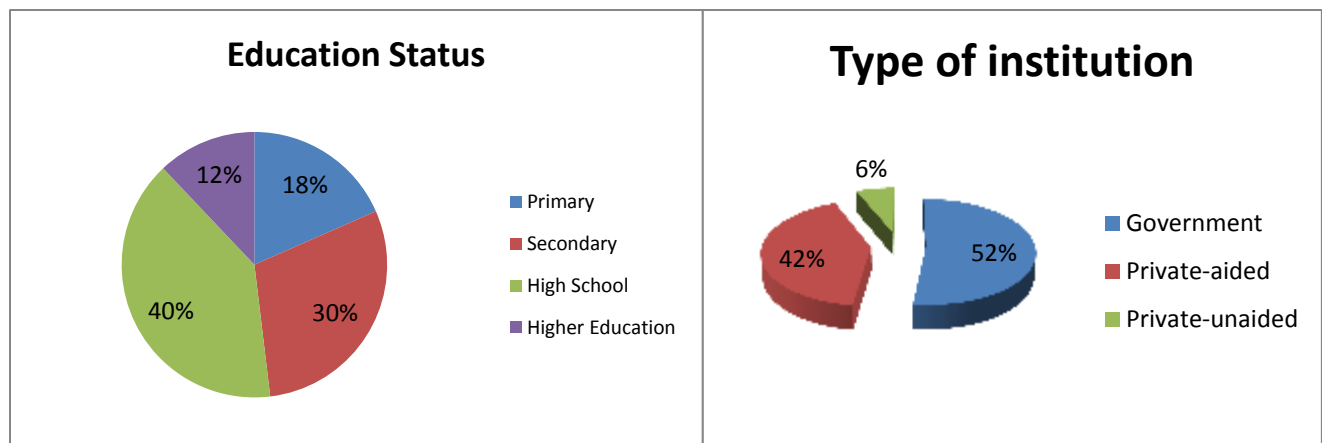
4.2.9.1 HOUSEHOLD STATUS:



Majority of the sample in Bhatadi Village have Semi-Pucca Houses (63%), 16% stay in Pucca houses, 21% in Kuchha. 86% of the respondents stay in family constructed houses, while 3% each stay in rented and 11% on scheme allotted homes. 99% all of the households studied in the survey are electrified.

4.2.9.2 EDUCATION:

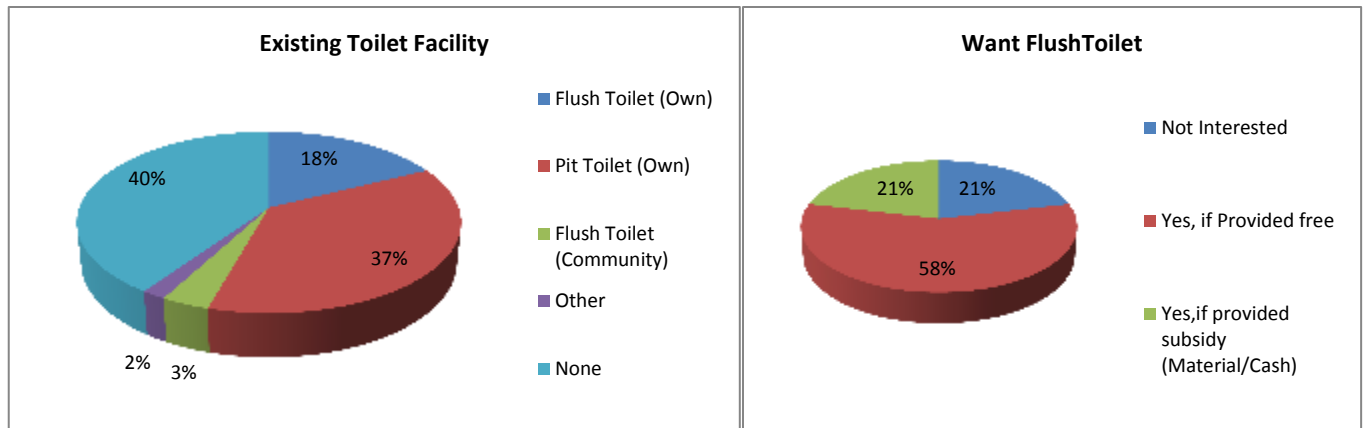
Students who are currently studying 40% of them are in high school followed by secondary and



primary school where 30% & 18% students are studying. 52% of the children are enrolled in government institutions followed by private-aided institutions 42%.

4.2.9.3 SANITATION:

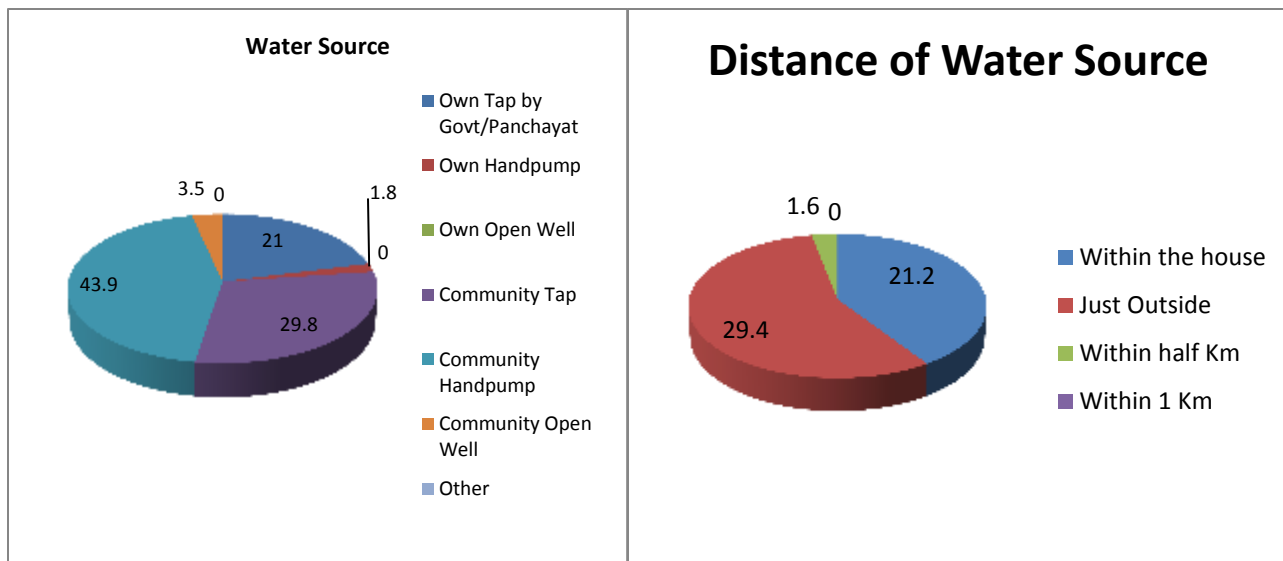
40% of the household do not have any toilet facility, 37% have pit toilet and 18% have flush



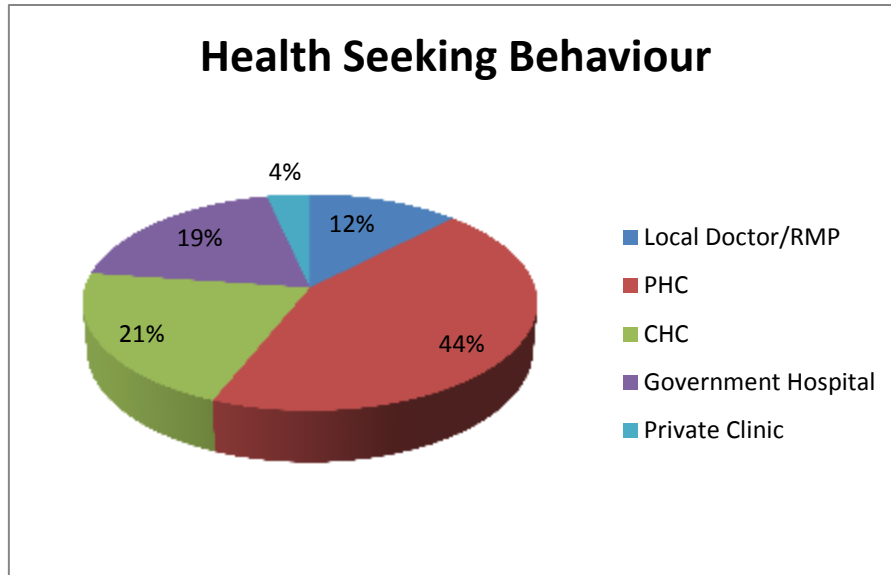
toilet. Among the sample households who don't have any toilet facility 58% said that they are interested if provided free. 21% each agreed if provided subsidy and were not interested.

4.2.9.4 WATER SOURCE

43.9% of the sample households reported saying that they use community handpump for drinking water purposes while community tap is used by 29.8%, 21% have access to piped water supply. As reported during research 29.4% of the sample have water source located just outside the home, 21.2% of the sample said it is within the premises of their house while for only 1.6% sample it is located within half a km.

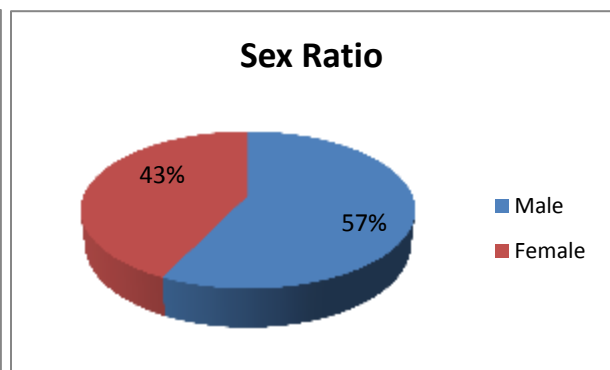
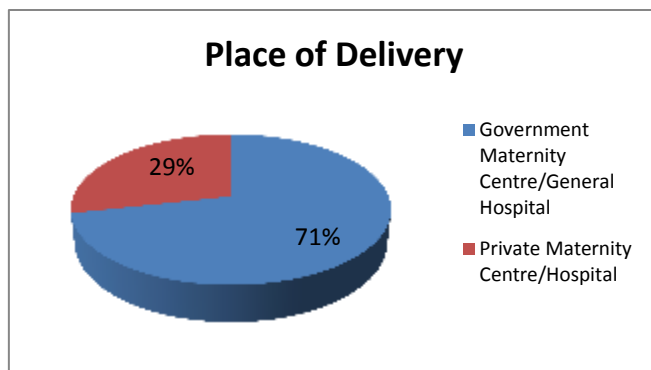


4.2.9.5 HEALTH SEEKING BEHAVIOUR:



A clear 44% of the people visit the PHC, next to which is the CHC 21% and 19% go to government hospital. Only 16% visit the private health institutions.

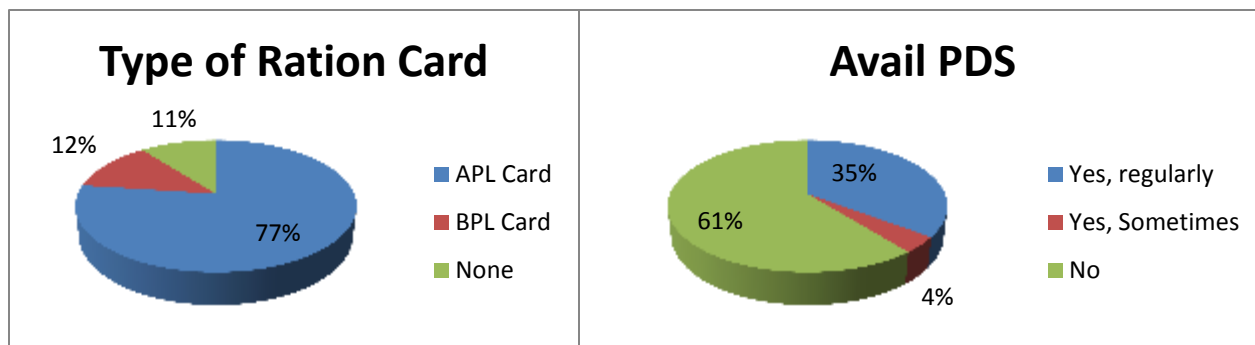
4.2.9.6 MATERNAL HEALTH:



As per the analysis of sample interviewed majority (71%) give birth to their first child in a government institutional place. And the rest (29%) in a private maternity place. In the age group of 0-3 years sex ratio is inclined towards male at 57%.

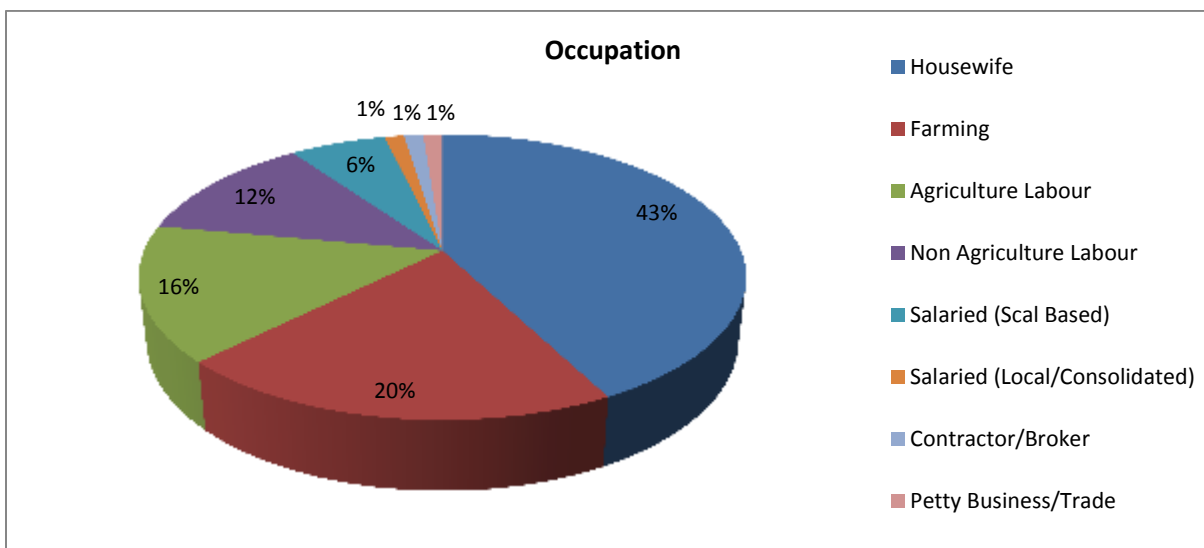
4.2.9.7 PUBLIC DISTRIBUTION SYSTEM:

Most of the sample (72%) hold an APL card, whereas 16% hold a BPL Card and 5% of the sample hold an Antyodaya/BBPL Card while 7% of sample does not hold any card. Among the



sample who holds ration card 37% of them regularly avail the PDS facility and only 5% of the population only sometimes avail this facility while 58% does not use it at all whereas 49% do not avail the system at all.

4.2.9.8 OCCUPATION:



As reflected by data 20% of the village members are into farming, 16% are agricultural labours, 12% are non-agricultural labours while 43% said that they were housewives. Also 6% are salaried employers.

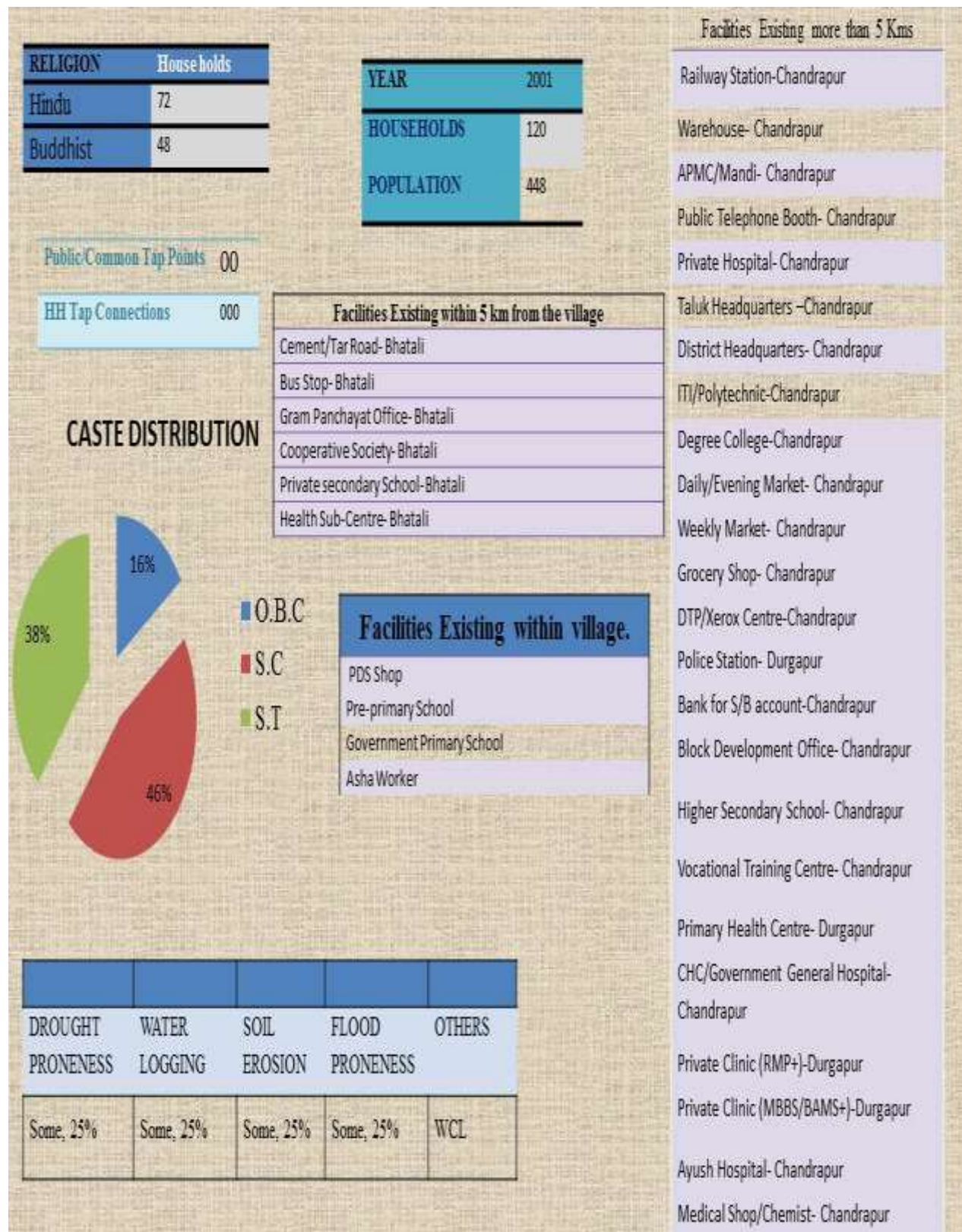
4.2.9.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Water:** there is one overhead tank which is shared by 2 villages, since the population has increased; the water supply from 1 tank is not being able to cater to 2 villages.
- The water in the bore wells are not fit for drinking water, WCL has provided a filter plant but it has stopped working because GP is not being able to provide the monthly maintenance charges (approx.. 40,000INR/ month).
- **Health:** The sub-center has minimal facility and village people travel 7Km to the PHC and in case of emergency to Chandrapur (12Km).
- **Environment:** the open cast mine of Durgapur area starts within 100mts of the village. There is a very high dust pollution and health consequence.
- **Education:** the children in anganwadi & the Zilla Parishad School do not have chairs & provision of filter water is not available. Toilets in both school and anganwadi require to be constructed newly. Also the classrooms need repairing, since they leak during rainy season.
- **Transport & Communication:** Requirement of bus service for children going out of village for higher studies, since proper mode of transport is not available.
- **Employment:** The village members requested arrangement of trainings for the unemployed youth in this village. (ITI, Vocational, driving and other trainings).

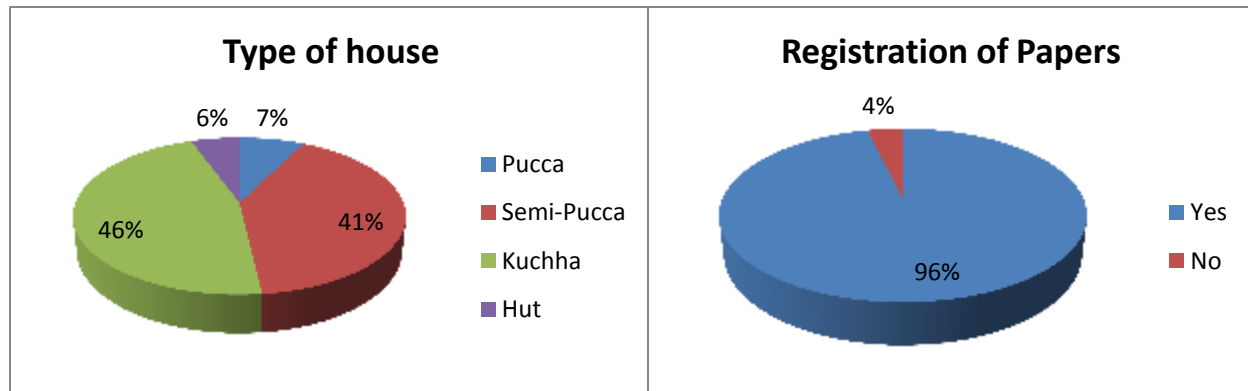
RECOMMENDATION:

- Provision of Drinking water.
- Urgent requirement to cater to the environment concern.
- MMU visit at least once a week.
- Proper sitting arrangement and toilet facility for the children in school & Anganwadi.

4.2.10 Village Name: Chincholi



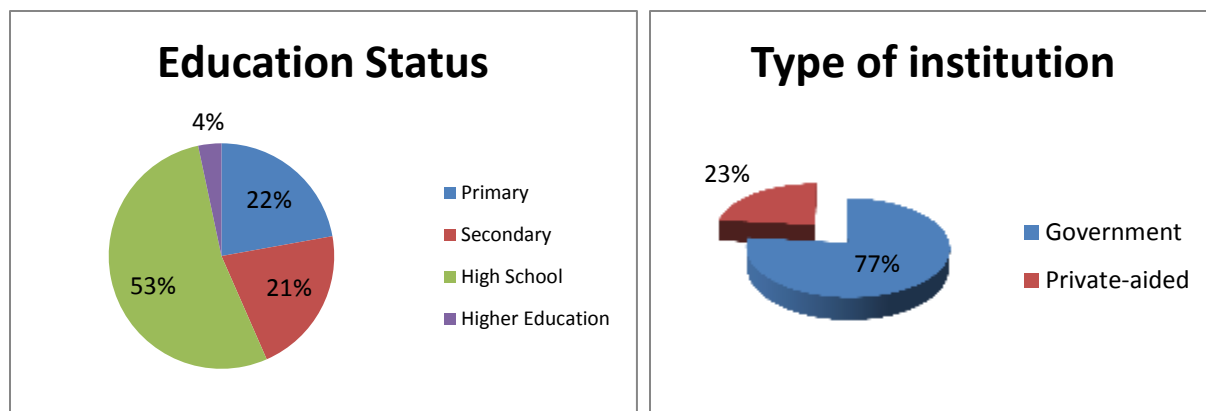
4.2.10.1 HOUSEHOLD STATUS:



Majority of the sample in Chincholi Village have Semi-Pucca Houses (39%), 46% stay in Kuccha houses, 7% in Pucca and only 6% live in huts. 96% of the respondents have registered papers for their houses.

4.2.10.2 EDUCATION:

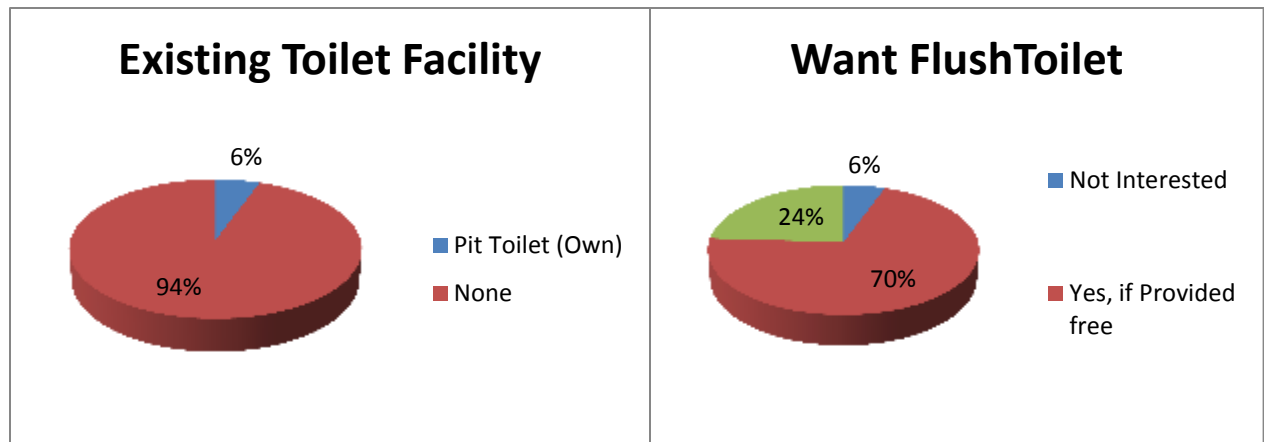
Students who are currently studying 53% of them are in high school followed by primary and



secondary school where 21% & 22% students are studying. 77% of the children are enrolled in government institutions followed by private-aided institutions 23%.

4.2.10.3 SANITATION:

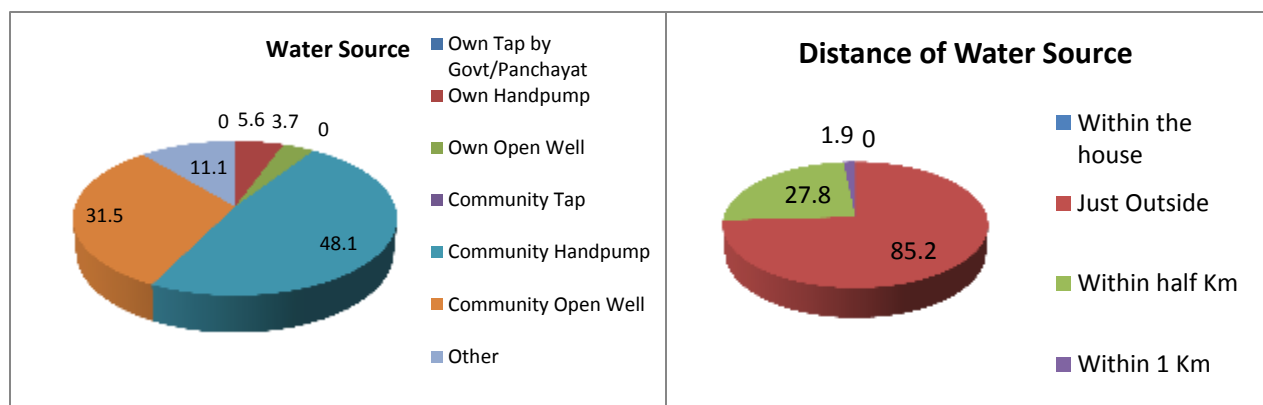
A shocking 94% do not have any toilet facility, only a 6% have pit toilet. Among the sample households who don't have any toilet facility 70% said that they are interested if provided free.



24% agreed if provided subsidy and 6% were not interested.

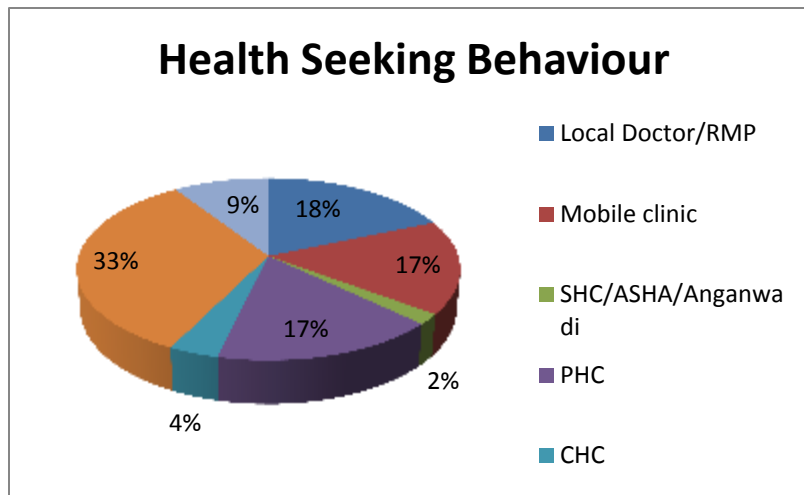
4.2.10.4 WATER SOURCE

48.1% of the sample households reported saying that they use community handpump for drinking water purposes while community open well is used by 31.5%. there is no access to piped water supply. As reported during research 85.2% of the sample have water source located just outside the home while for 27.8% sample it is located within half a km. 1.9% of the sample



said they have to walk within 1km from their house to access water.

4.2.10.5 HEALTH SEEKING BEHAVIOUR:

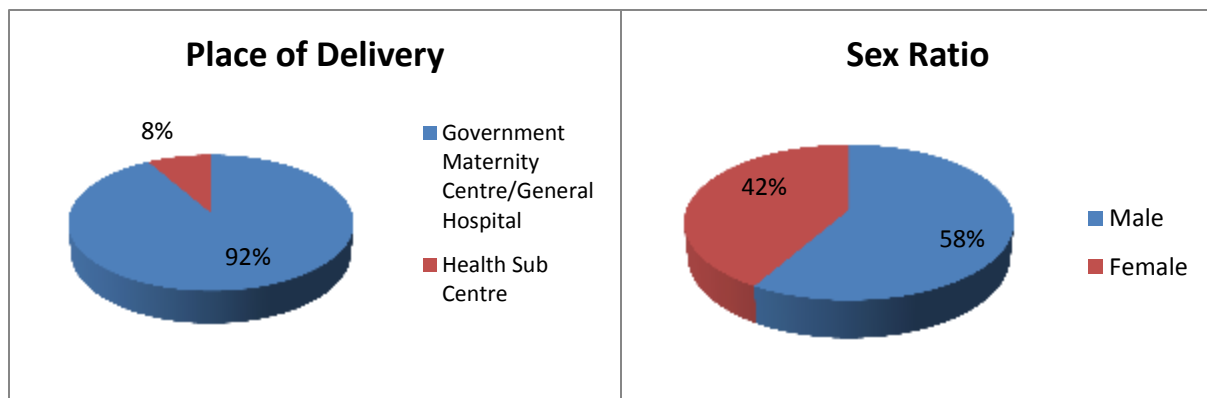


Majority of the sample reported consulting the government hospital 33% for health related issues. 17% each of the sample consults the PHC and the Mobile clinic available. Local doctors and Private clinic is consulted by 18% and 9% of the population. 4% each of the

population visit the CHC for the same. Only 2 % visit Anganwadi and ASHA.

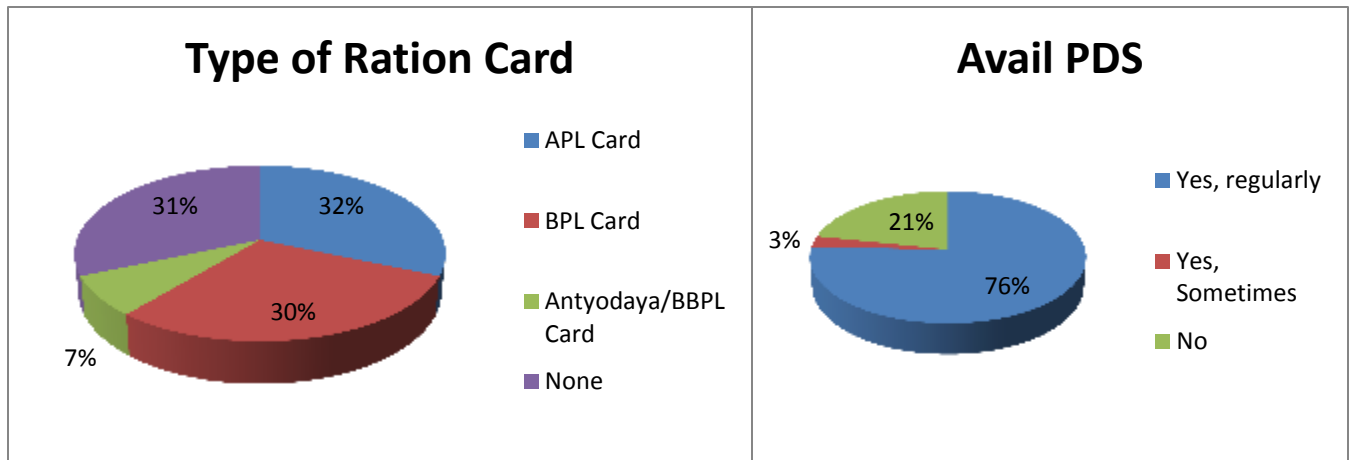
4.2.10.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (92%) give birth to their first child in a government institutional place. And the rest (8%) in a private maternity place. In the age group of 0-3 years sex ratio is inclined towards male 58%..



4.2.10.7 PUBLIC DISTRIBUTION SYSTEM:

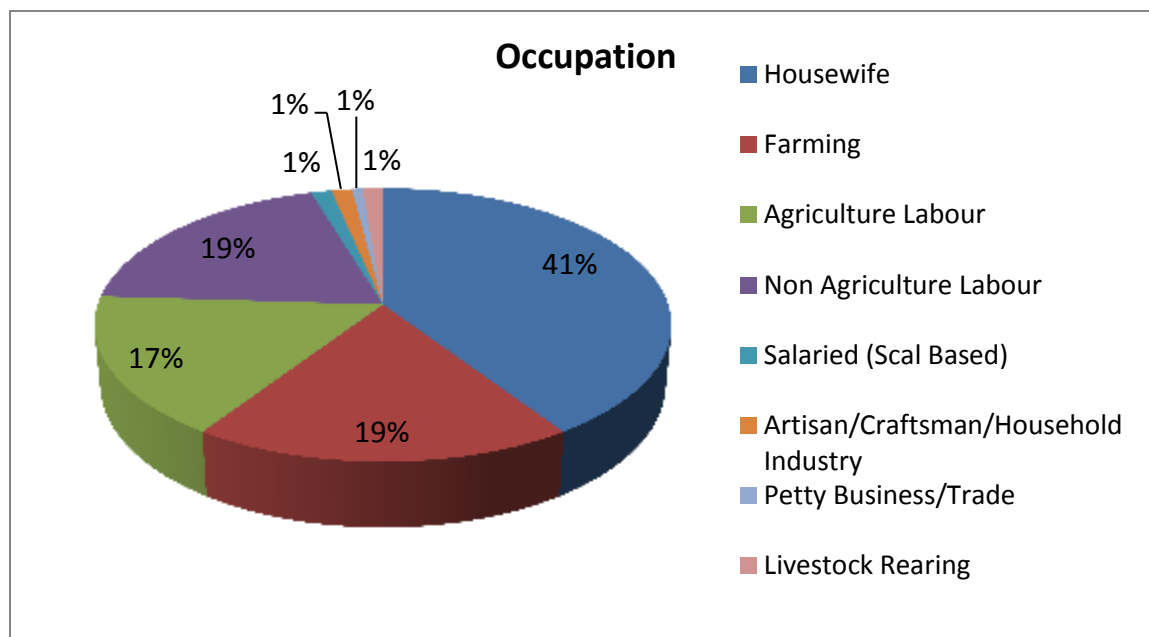
Most of the sample (32%) hold an APL card, whereas 30% hold a BPL Card and 7% of the



sample hold an Antyodaya/BBPL Card while 31% of sample does not hold any card. Among the sample who holds ration card 76% of them regularly avail the PDS facility and only 3% of the population only sometimes avail this facility while 58% does not use it at all whereas 21% do not avail the system at all.

4.2.10.8 OCCUPATION:

As reflected by data 19% of the village members are into farming, 17% are agricultural labours, 19% are non-agricultural labours while 41% said that they were housewives.



4.2.10.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Transport & Communication:** There is no school bus for the students to outside the village for higher studies. The State Government bus is unpredictable and thus cannot be relied by school & college going students.
- **Health:** The sub-center has minimal facility in Bhatali is not well equipped, people travel 16Km to Chandrapur for medical emergency.
- **Water:** there is no overhead water tank for the village, water is pumped from the river and used for drinking without filtration. Water in the bore wells are not fit for drinking.
- **Sanitation:** Open defecation is a common problem.
- **Education:** the children in anganwadi & the school do not have chairs & tables and sit on the floor. Due to blasting, cracks have developed in the school walls.

RECOMMENDATION:

- Availability of Drinkable water.
- Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
- In the school there is no drinking water facility in the school. Toilets are available but due to unavailability of water children do not use them.
- Drinking water, similar to the other villages is a major concern for the village people. In total 12 taps are required so that each and every household can get sufficient water for domestic and drinking purpose.
- Accessibility to health care system is major issue in village. The government system PHC/CHC is located at the distance of more than 5 Kms, so the community has to rely on private services. An intervention in health system either through Mobile medical van or
- Opening of dispensary from the company will reduce the expenditure on health services for the community.
- Awareness and training on sanitation and Government. Schemes.
- School bus facility.

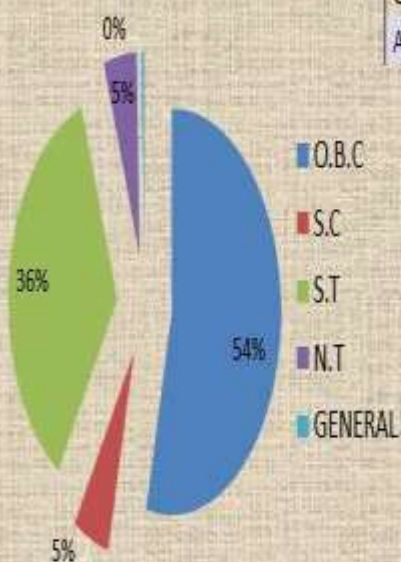
- MMU visit at least twice a month

4.2.11 Village Name: Chorgaon

RELIGION	House holds
Hindu	213
Buddhist	12

YEAR	2013
HOUSEHOLDS	225
POPULATION	965

CASTE DISTRIBUTION



Land Distribution (In Hectares):					
TOTAL AREA	IRRIGATED	NON-IRRIGATED	WATER LOGGING	DRAUGHT PRONENESS	OTHERS
			Some 25%	Some 25%	Wild animals

Public Common Tap Points 00

HH Tap Connections 000

Facilities Existing within village.

Cement/Tar Road
Gram Panchayat Office
PDS Shop
Cooperative Society
Pre-primary School
Government Primary School
Asha Worker

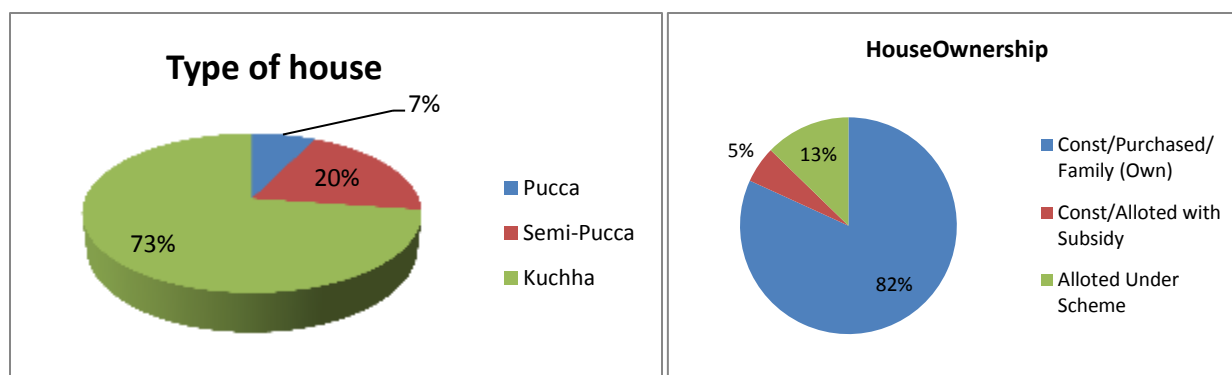
Facilities Existing within 5 km from the village

Veterinary Clinic- Warvat

Facilities Existing more than 5 Kms

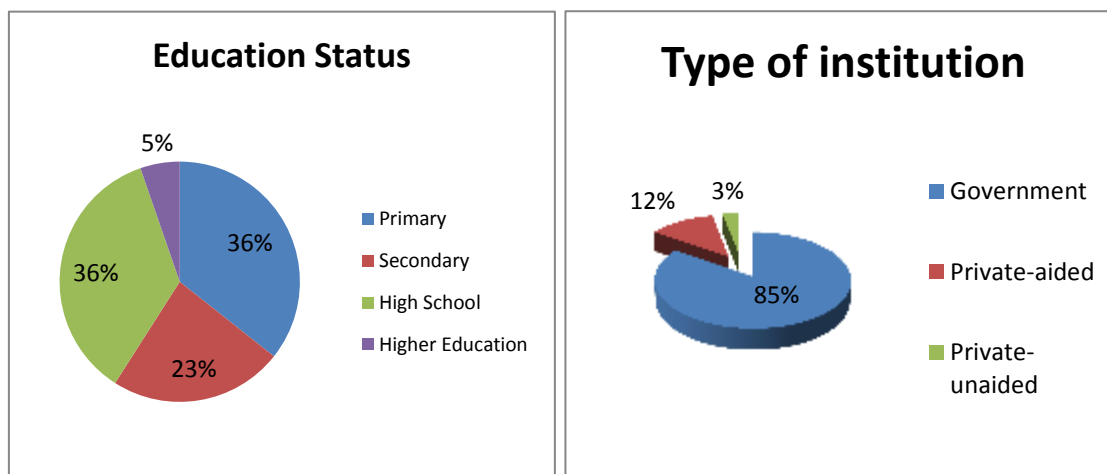
Railway Station-Chandrapur
Warehouse- Chandrapur
APMC/Mandi- Chandrapur
Private Secondary School- Durgapur
Private Hospital-Chandrapur
Taluk Headquarters -Chandrapur
District Headquarters-Chandrapur
ITI/Polytechnic- Chandrapur
Degree College- Durgapur, Chandrapur
Vocational Training Centre- handrapur
Higher Secondary School- Chandrapur
Bus Stop- Durgapur
Public Telephone Booth- Durgapur
Daily/ Evening Market- Durgapur
Weekly Market- Durgapur
Grocery Shop- Durgapur
DTP/Xerox Centre- Durgapur
Post Office- Padmapur
Police Station- Durgapur
Bank for S/B account- Durgapur
Block Development Office- Chandrapur
Primary Health Centre Durgapur
CGC/Government General Hospital- Chandrapur
Private Clinic (RMP+)- Durgapur
Private Clinic (MBBS/BAMS+)- Durgapur
Ayush Hospital- Chandrapur
Medical Shop/Chemist- Durgapur

4.2.11.1 HOUSEHOLD STATUS:



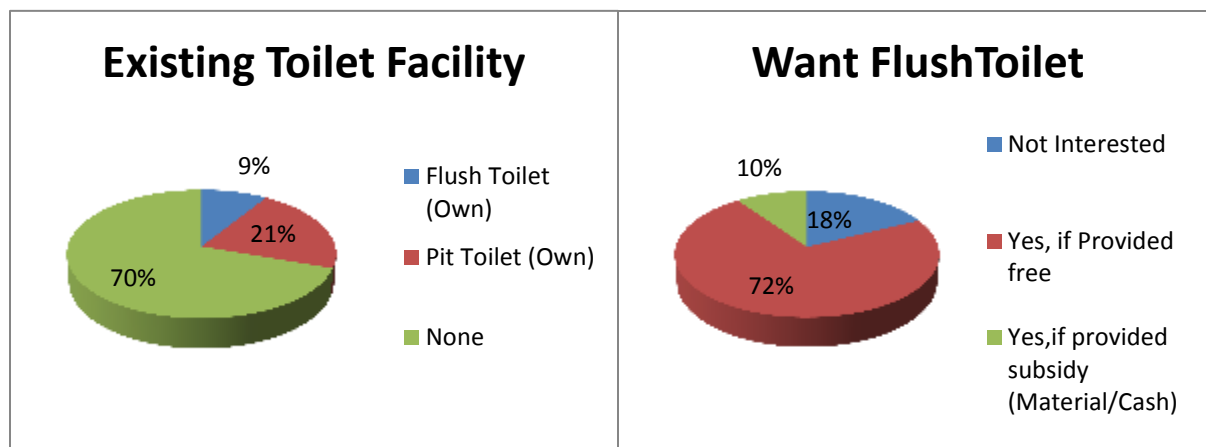
Majority of the sample in Chorgaon Village have Kuccha houses 43%, 20% stay in Semi-Pucca houses while 7% stay in Pucca houses. 82% of the respondents stay in family constructed houses, while 18% stay in scheme allotted homes. All the households studied in the survey are electrified.

4.2.11.2 EDUCATION:



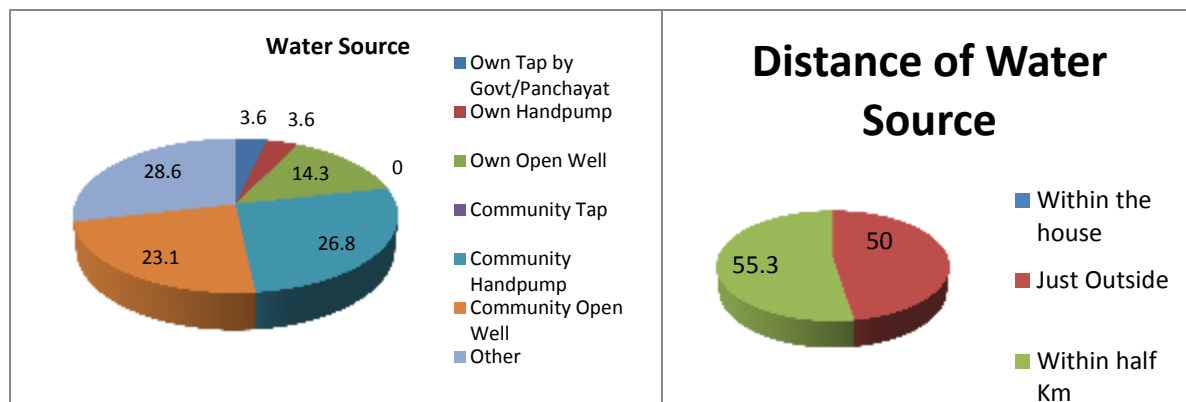
Students who are currently studying 36% of them are in high school and primary school followed secondary school where 23% students are studying. 85% of the children are enrolled in government institutions followed by private-aided institutions 12%.

4.2.11.3 SANITATION:



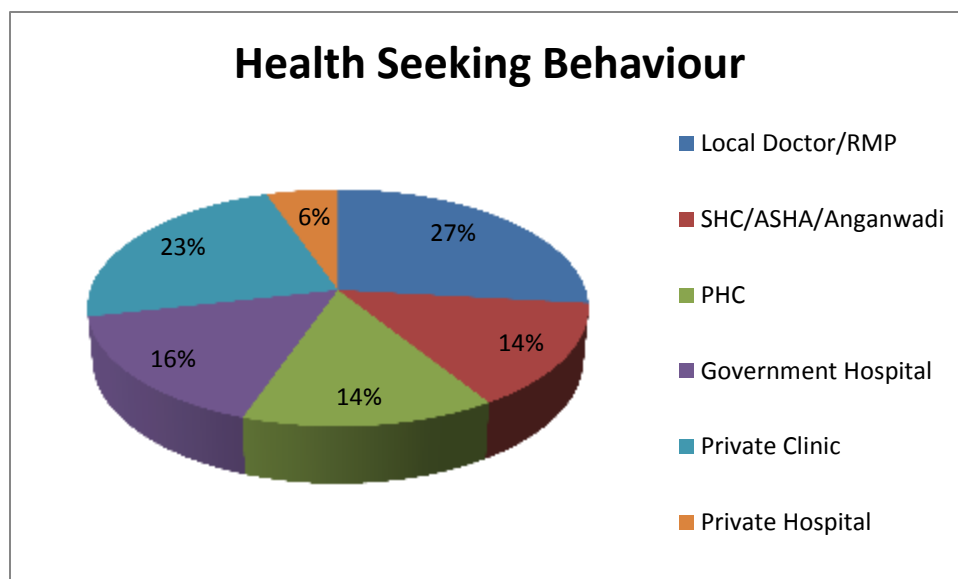
Almost 70% of the household do not have any toilet facility, 21% have pit toilet and 9% have flush toilet. Among the sample households who don't have any toilet facility 72% said that they are interested if provided free. 10% agreed if provided subsidy and 18% were not interested.

4.2.11.4 WATER SOURCE



26.8% of the sample households reported saying that they use community handpump for drinking water purposes while community open well is used by 23.1%. only 3.6% have access to piped water supply. As reported during research 50% of the sample have water source located just outside the home while for 55.3% sample it is located within half a km.

4.2.11.5 HEALTH SEEKING BEHAVIOUR:

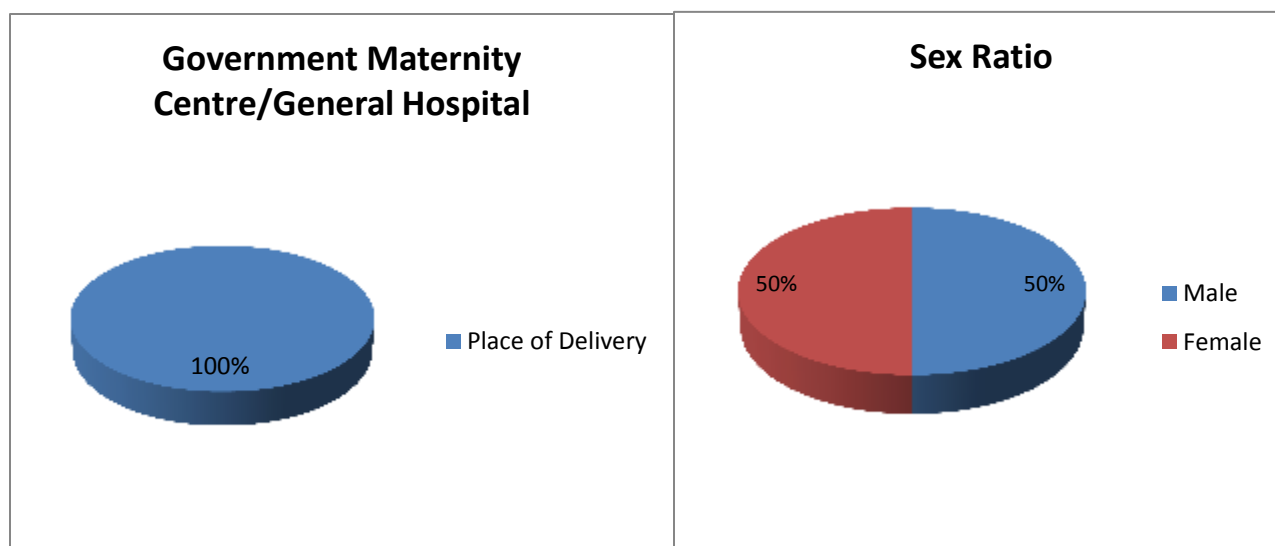


Majority of the sample 27% reported consulting local doctors; a good 23% visited the private clinics for health related issues. 16% visited the government hospital. Next is a private hospital which is consulted

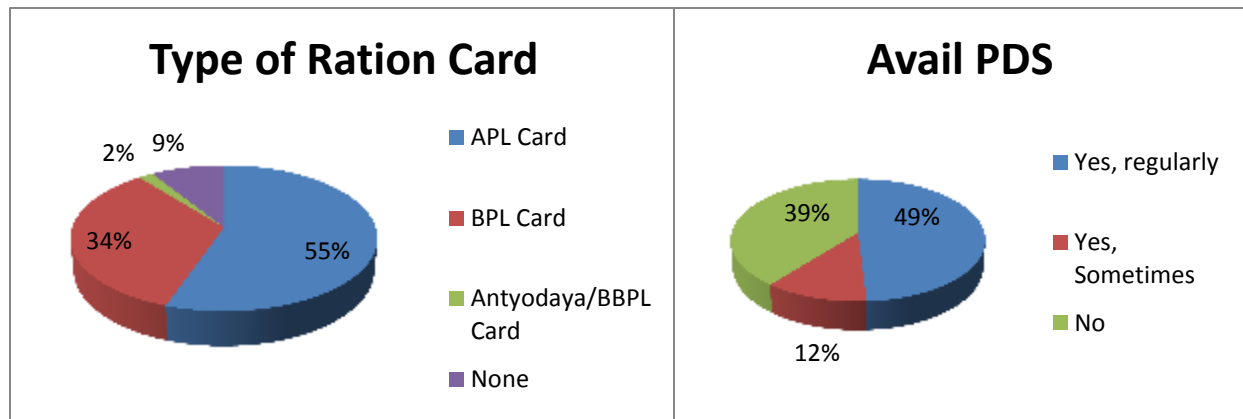
by 6% of the population. A good 28% visit the local government health sources like Anganwadi/ASHA/PHC/CHC.

4.2.11.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority 100% give birth to their first child in a government institutional place. In the age group of 0-3 years sex ratio is equal.



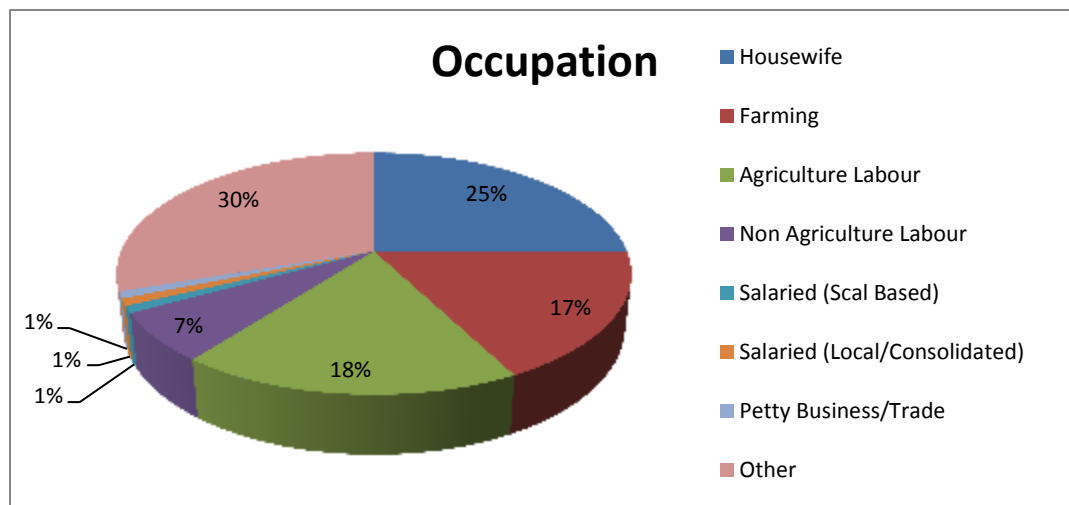
4.2.11.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (55%) hold an APL card, whereas 34% hold a BPL Card and 2% of the sample hold an Antyodaya/BBPL Card while 9% of sample does not hold any card. Among the sample who holds ration card 49% of them regularly avail the PDS facility and only 12% of the population only sometimes avail this facility while 58% does not use it at all whereas 39% do not avail the system at all.

4.2.11.8 OCCUPATION:

As reflected by data 17% of the village members are into farming, 18% are agricultural labours, 7% are non-agricultural labours while 3% are into other profession. 25% said that they were housewives.



4.2.11.9 MAJOR PROBLEMS IN THE VILLAGE:

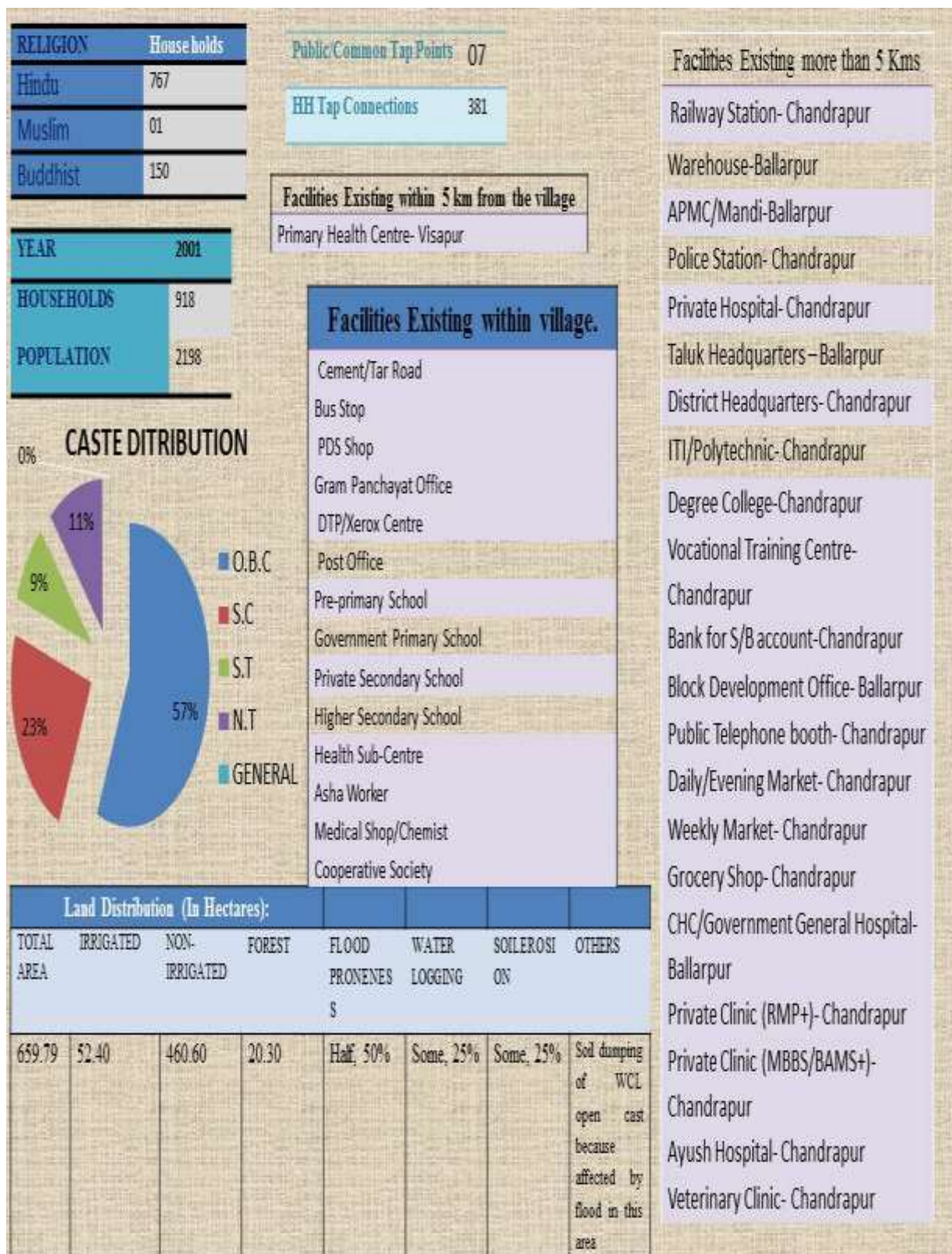
- **Health:** The village PHC is in Durgapur, 12kms from the village, major problem faced in the PHC is of long queues, waiting hours and heavy patient rush. Since the village is in a remote area, commutation to the health center is difficult.
- **Sanitation:** Open defecation is a serious problem.
- **Education:** Availability of infrastructure like fan, table / chair / benches, bathrooms & kitchen construction, for the school and Anganwadi.

RECOMMENDATION:

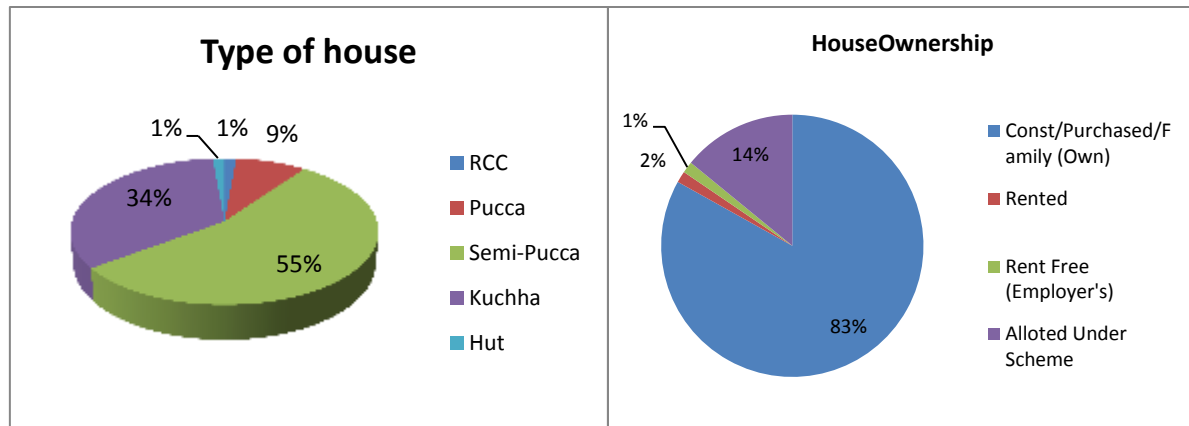
Immediate Requirement:

- Provision of MMU, at least 2 times in a month.
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- A training and Awareness programme shall also be provided to the women and adolescent girls in the village with regard to the safe health practices.
- Awareness & training on toilet usage & sanitation habits.
- In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
- Non-Agriculture labour is the most dominant occupation in the village and most of the people are involved in it after the women reporting their occupation as Housewife.
- Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries on agricultural activities in the village.

4.2.12 Village Name: Nandgaon

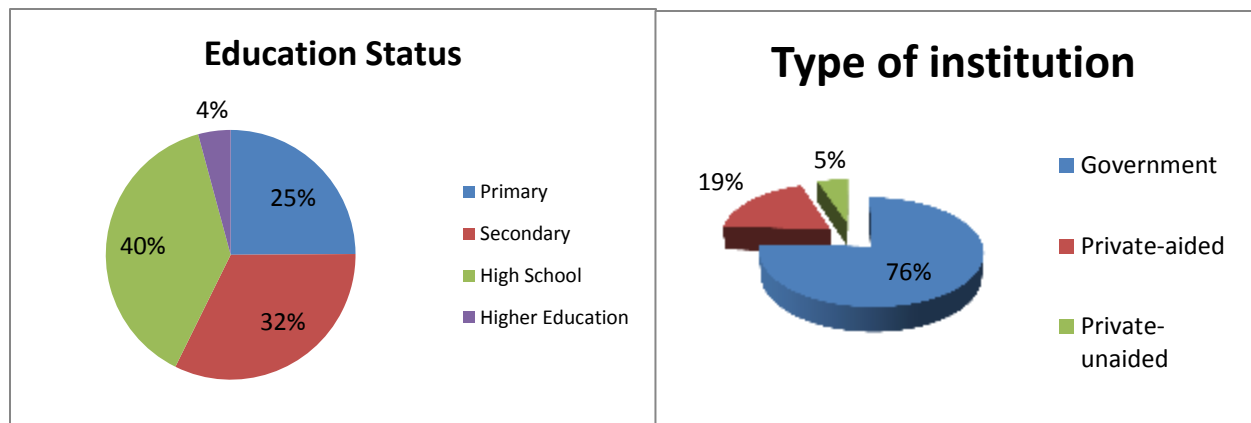


4.2.12 .1 HOUSEHOLD STATUS:



Majority of the sample in Nandgaon Village have Semi-Pucca Houses (55%), 34% stay in Kuchha houses, 9% in Pucca and only 1% each live in huts and RCC houses. 83% of the respondents stay in family constructed houses, while 14% scheme allotted homes. 99% of all the households studied in the survey are electrified.

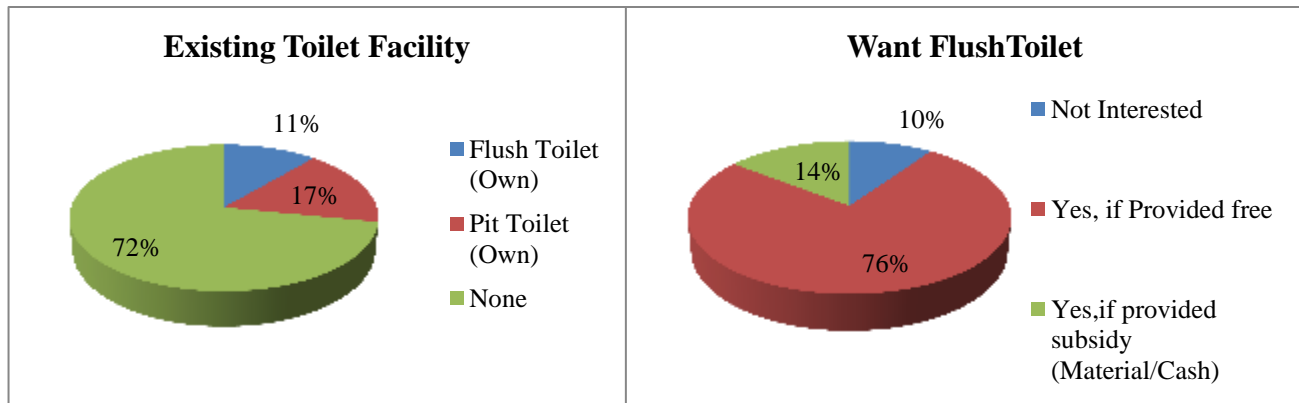
4.2.12.2 EDUCATION



Students who are currently studying 39% of them are in high school followed by primary and secondary school where 25% & 32% students are studying. 76% of the children are enrolled in government institutions followed by private-aided institutions 19%.

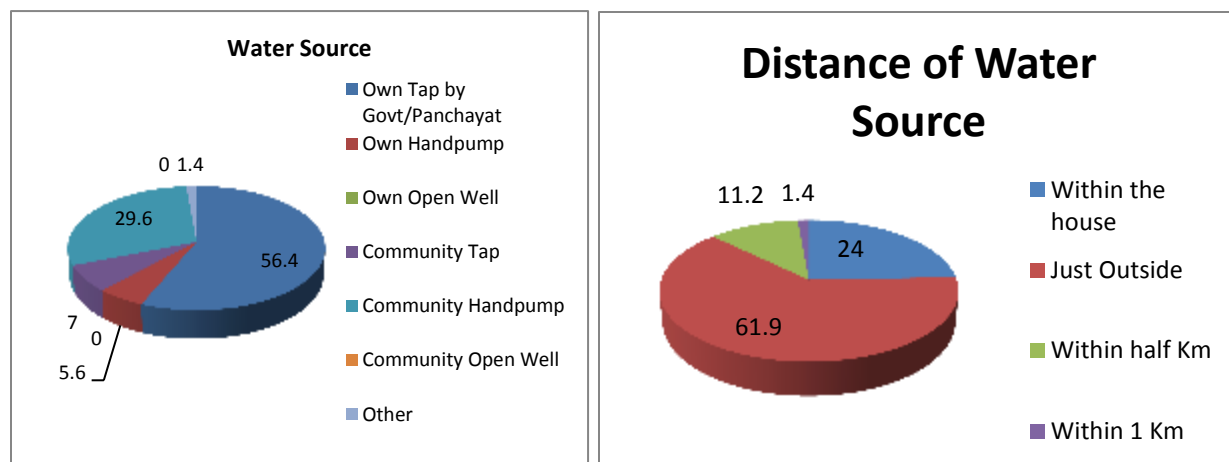
4.2.12 .3 SANITATION

Almost quarter of the households 72% do not have any toilet facility, 17% have pit toilet and



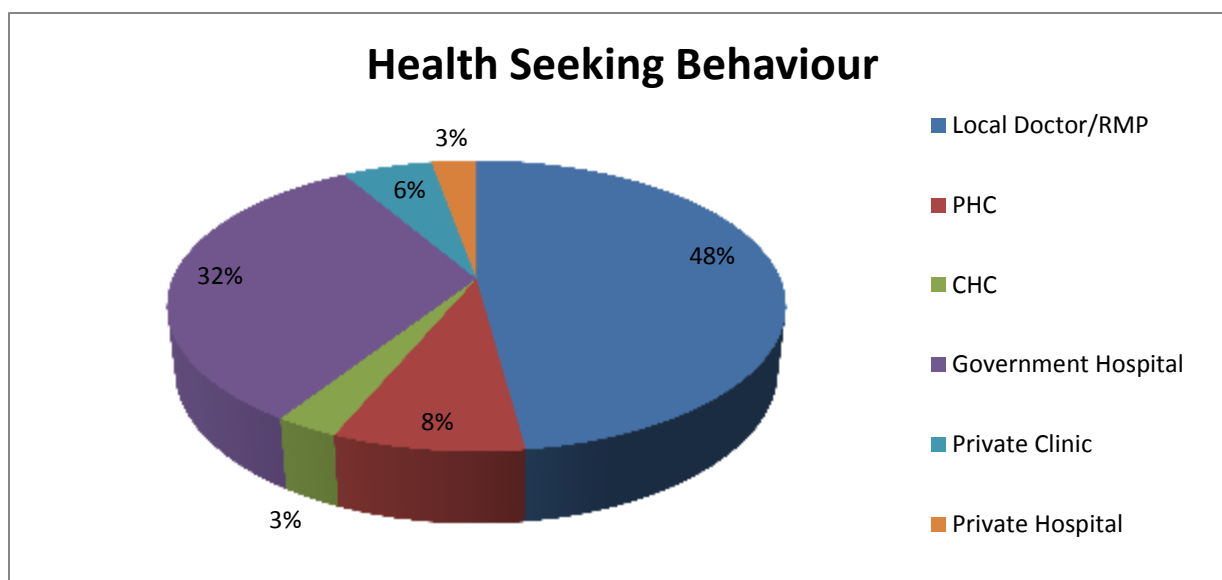
11% have flush toilet. Among the sample households who don't have any toilet facility 76% said that they are interested if provided free. 14% agreed if provided subsidy and 10% were not interested.

4.2.12 .4 WATER SOURCE



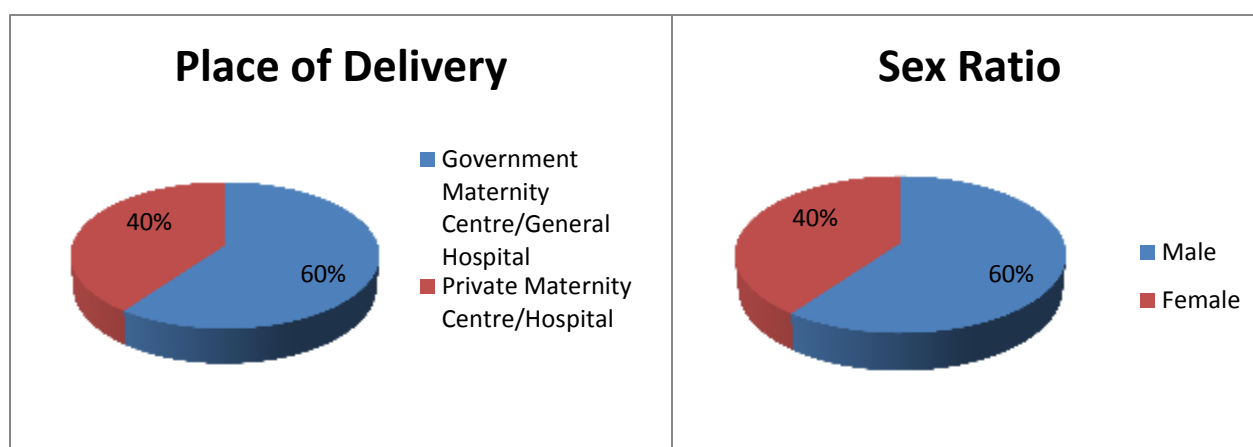
56.4% of the sample households reported saying that they have access to piped water supply, 29.6% access water from community handpump, 7% from community tap. As reported during research 61.9% of the sample have water source located just outside the home while for 11.2% sample it is located within half a km. 24% of the sample said it is within the premises of their house.

4.2.12 .5 HEALTH SEEKING BEHAVIOUR



Majority of the sample 48% reported consulting the local doctor/RMP, while only 9% visited the private clinics and hospitals for health related issues. A good 32% visited the government hospital. 11% visit the local government health sources like PHC/CHC.

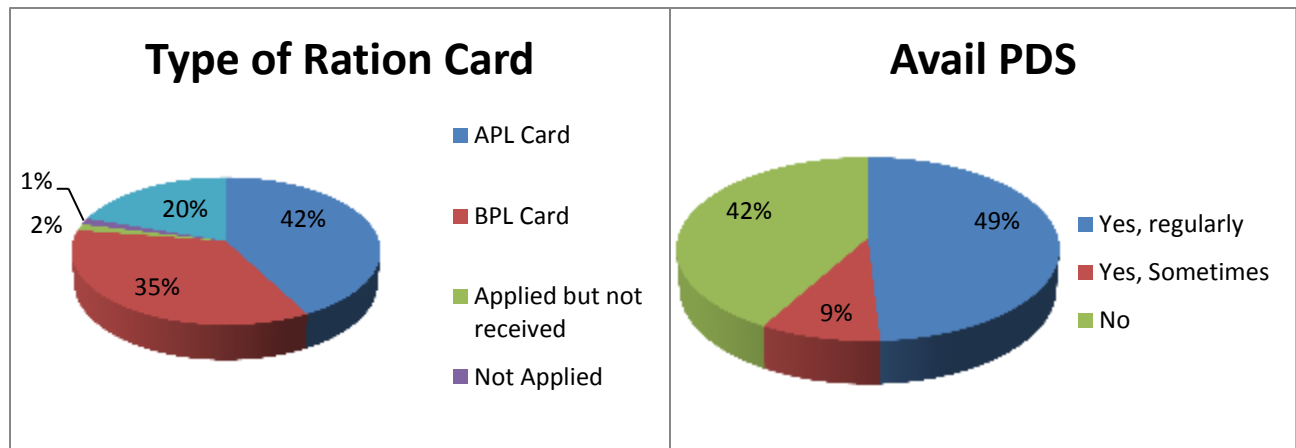
4.2.12 .6 MATERNAL HEALTH



As per the analysis of sample interviewed majority (60%) give birth to their first child in a government institutional place. And the rest (40%) in a private maternity place. In the age group of 0-3 years sex ratio is 60% male and 40% female.

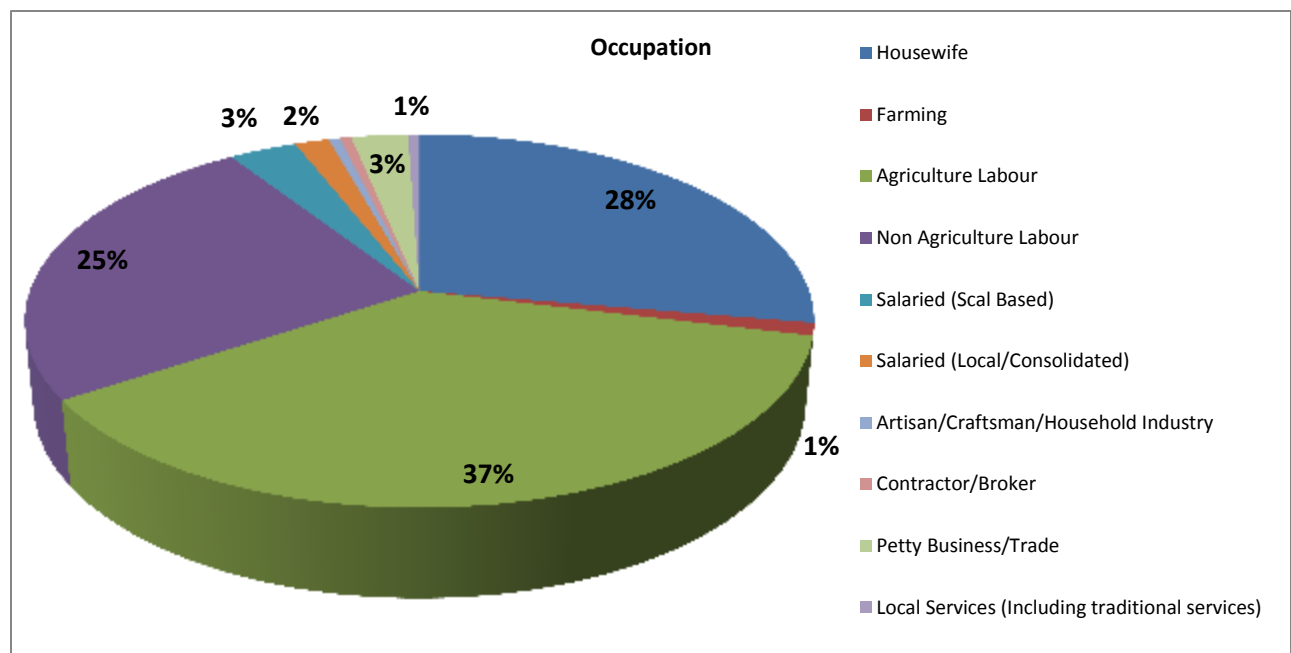
4.2.12 .7 PUBLIC DISTRIBUTION SYSTEM

Most of the sample (42%) hold an APL card, whereas 35% hold a BPL Card and 2% of the sample hold an Antyodaya/BBPL Card while 20% of sample does not hold any card and 1% have not yet applied. Among the sample who holds ration card 49% of them regularly avail the



PDS facility and only 9% of the population only sometimes avail this facility while 42% does not use it at all.

4.2.12 .8 OCCUPATION



As reflected by data 37% of the village members are agricultural labours, 25% are non-agricultural labours while 3% are into salaried profession. 28% said that they were housewives.

4.2.12 .9 MAJOR PROBLEMS IN THE VILLAGE:

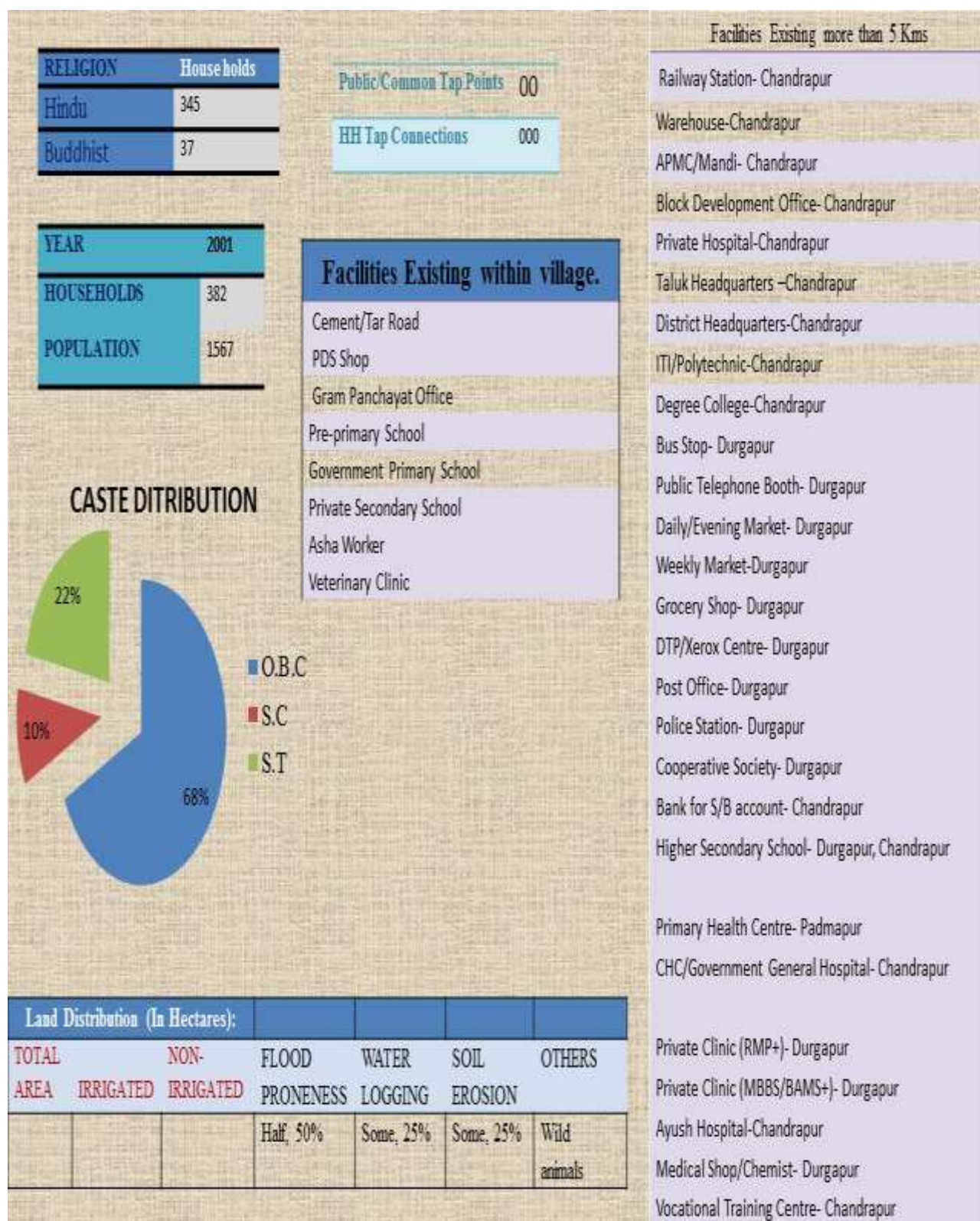
- **Communication:** Non-availability of school bus for the children travelling outside the village for higher education.
- **Water:** Power cuts are very frequent; due to which water pumps cannot function properly, creating water scarcity.
- **Education:** the children in anganwadi & the school do not have chairs & tables and sit on the floor on mats, as observed by the researcher the floors were damp from the rains and water was seeping out of the floor. This can be a major concern for the health of the children
- **Sanitation:** open defecation on the main road.

RECOMMENDATION:

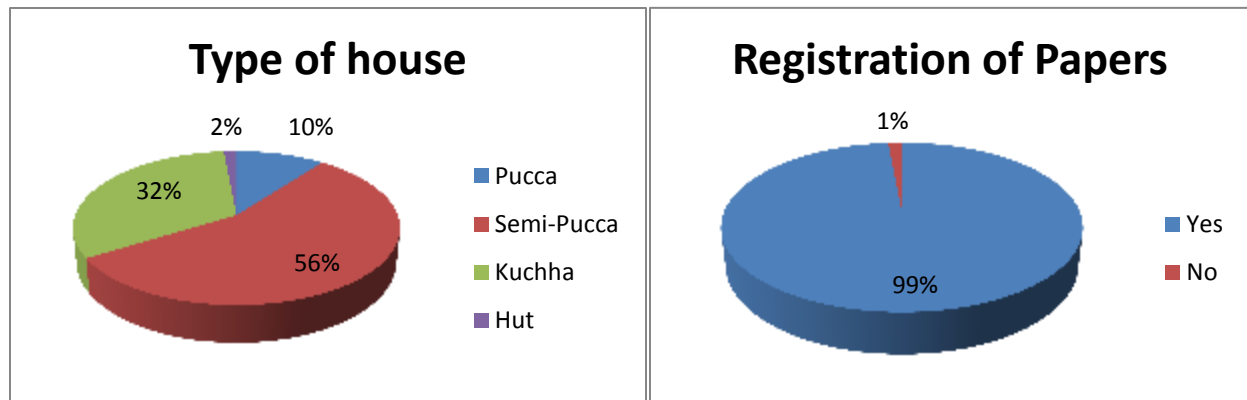
Immediate requirement:

- Lack of proper sanitation facility has emerged as major issue in the village which will have major effect on the health of the villagers and especially children. Company can work with Panchayat to construct and run the community toilets. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
- Non-Agriculture labour is the most dominant occupation in the village and most of the people are involved in it after the women reporting their occupation as Housewife.
- Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the WCL so that they can start some small scale business such as Fisheries on agricultural activities in the village.
- The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
- Skill building should be taken up as a flagship intervention in the village. The village is lagging behind in terms of having market oriented skills Provisioning of skill building facilities will enhance the employability of the youths.

4.2.14 Village Name: Varvat



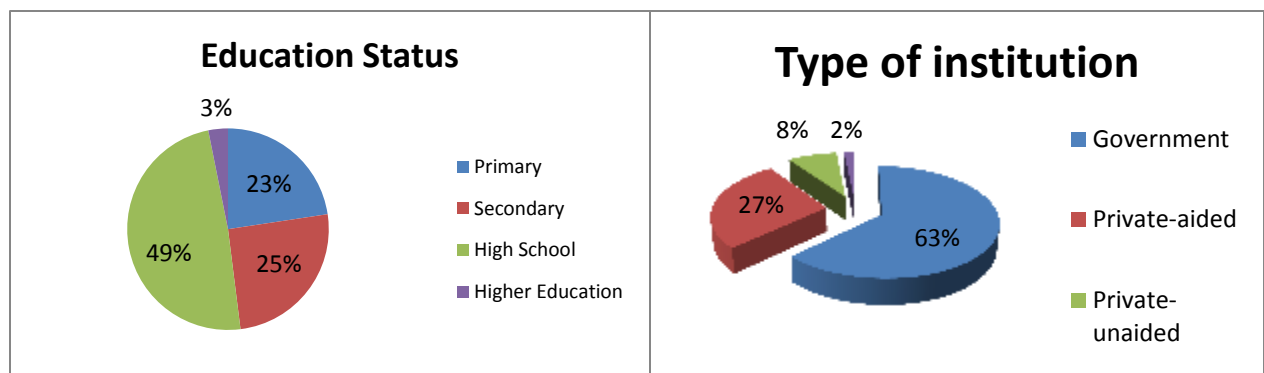
4.2.14 .1 HOUSEHOLD STATUS



Majority of the sample in Varvat Village have Semi-Pucca Houses (56%), 32% in Kuccha, 10% stay in Pucca houses and only 2% live in huts. 99% of sample living in Varvat have the registered papers (patta) of the land they are living in but 1% still don't possess the papers of the land. 94% of all the households studied in the survey are electrified.

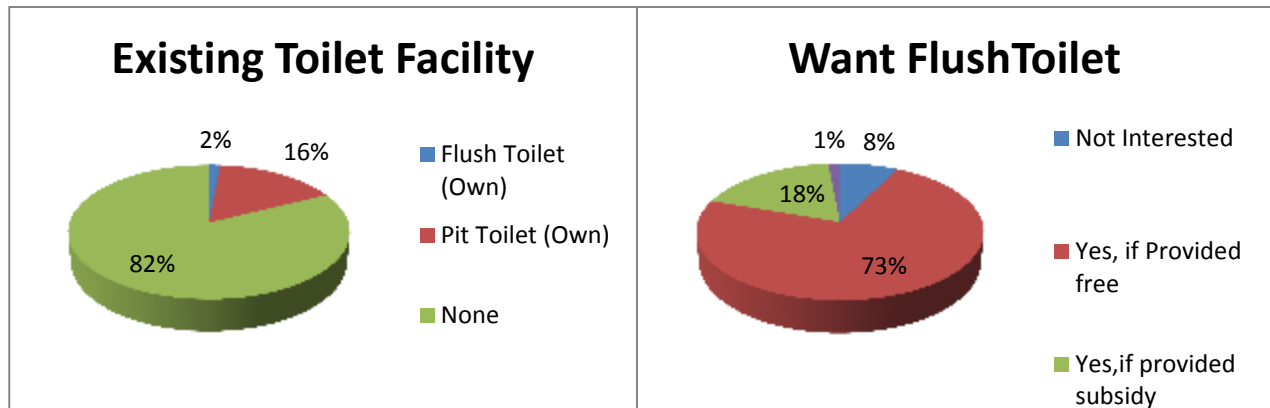
4.2.14 .2 EDUCATION:

Students who are currently studying 49% of them are in high school followed by primary and secondary school where 23% & 25% students are studying. 63% of the children are enrolled in



government institutions followed by private-aided institutions 27%.

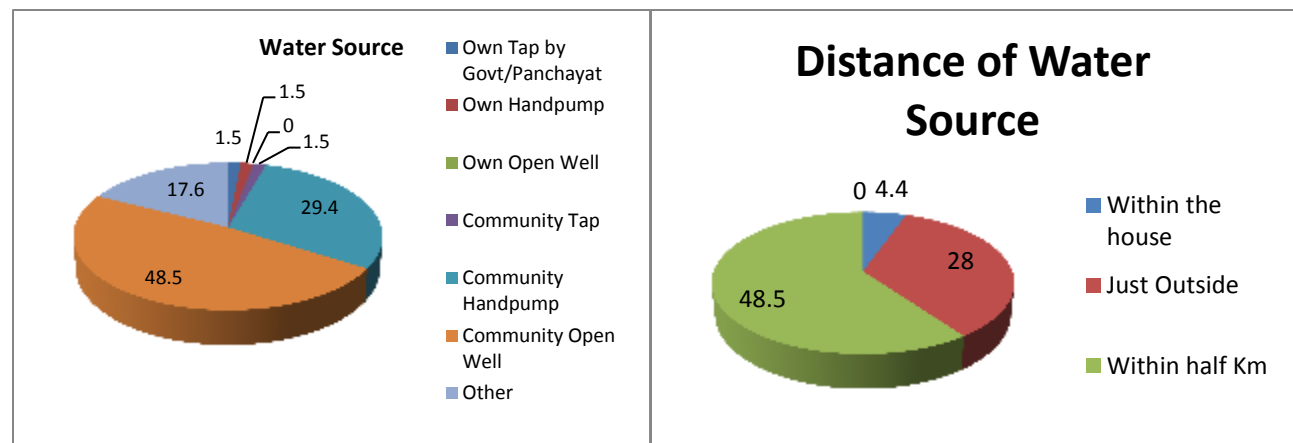
4.2.14 .3 SANITATION



A shocking 82% of the household do not have any toilet facility, 16% have pit toilet and only 2% have flush toilet. Among the sample households who don't have any toilet facility 73% said that they are interested if provided free. Only 19% agreed if provided subsidy and 8% were not interested.

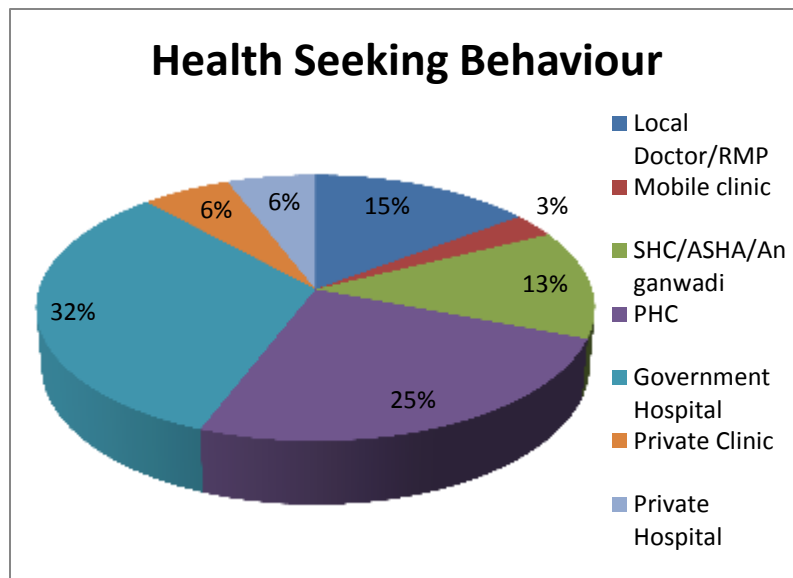
4.2.14.4 WATER SOURCE

48.5% of the sample households reported saying that they use community open well for drinking



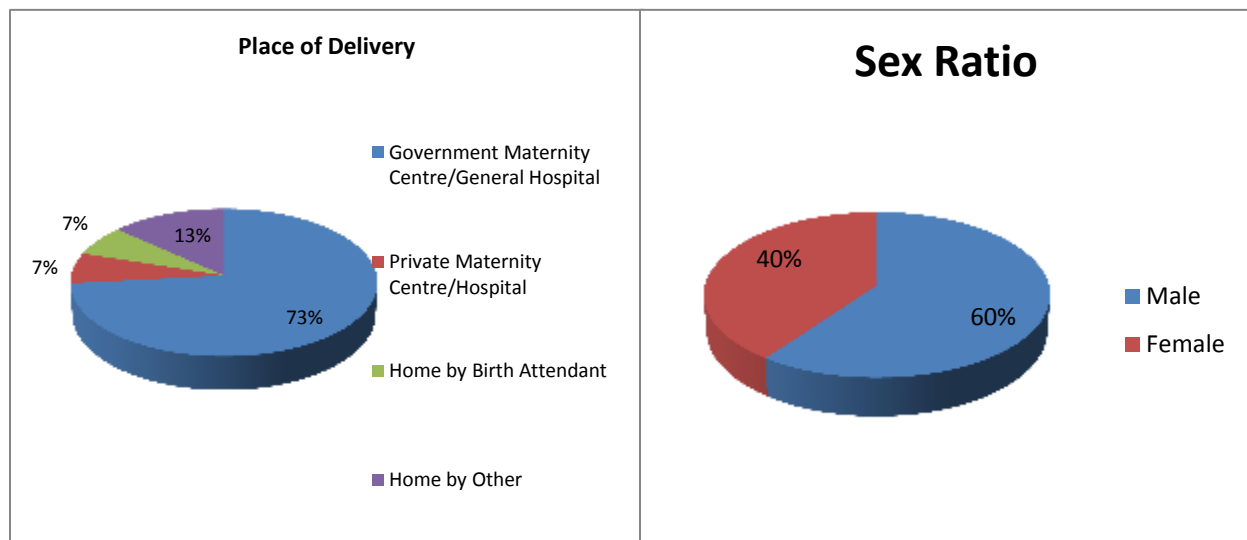
water purposes while community handpump is used by 29.4%. only 1.5% have access to piped water supply. As reported during research 48.5% of the sample have water source located within half a km. For 28% it is just outside their premises whereas for 13% of the sample said it is within the premises of their house.

4.2.14 .5 HEALTH SEEKING BEHAVIOUR



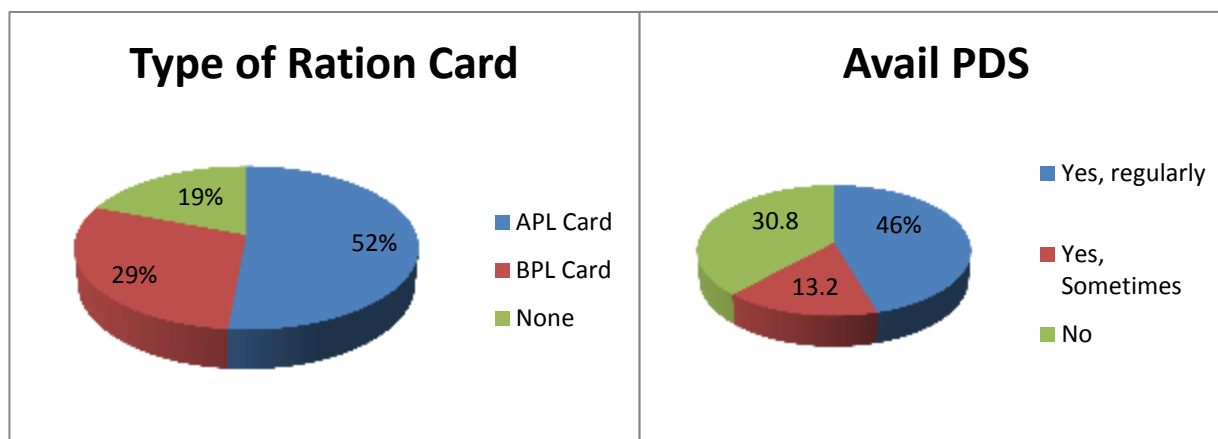
Majority of the sample 32 reported consulting the government hospital, a good 25% visits the primary health center and 13% consults the SHC/ASHA/Anganwadi. Private clinics and hospitals for health related issues are visited by 12%. 15% visited the local doctors.

4.2.14 .6 MATERNAL HEALTH



As per the analysis of sample interviewed majority (73%) give birth to their first child in a government institutional place, 13% in a private maternity place, whereas 14% give birth in a non-institutional way. In the age group of 0-3 years sex ratio is heavy on the male child 60%.

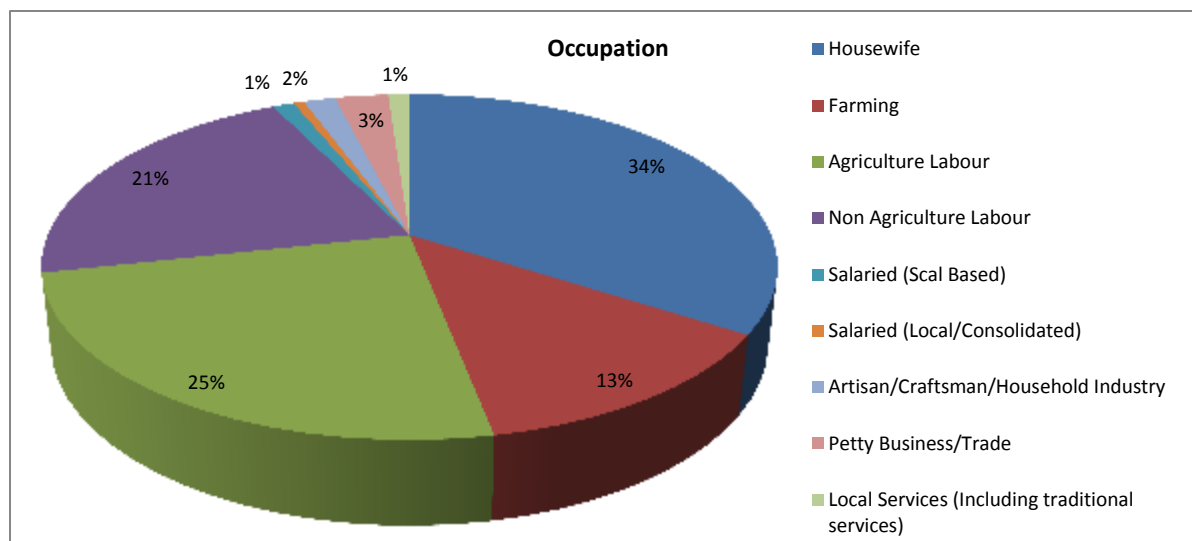
4.2.14.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (52%) hold an APL card, whereas 29% hold a BPL Card and 19% of the sample hold an Antyodaya/BBPL Card. Among the sample who holds ration card 46% of them regularly avail the PDS facility and only 13% of the population only sometimes avail this facility while 31% does not use it at all.

4.2.14.8 OCCUPATION

As reflected by data 25% of the village members are into agricultural labours, 21% are non-agricultural labours while 13% are into farming and 3% were engaged into petty business. A majority of the respondents 34% said that they were housewives.



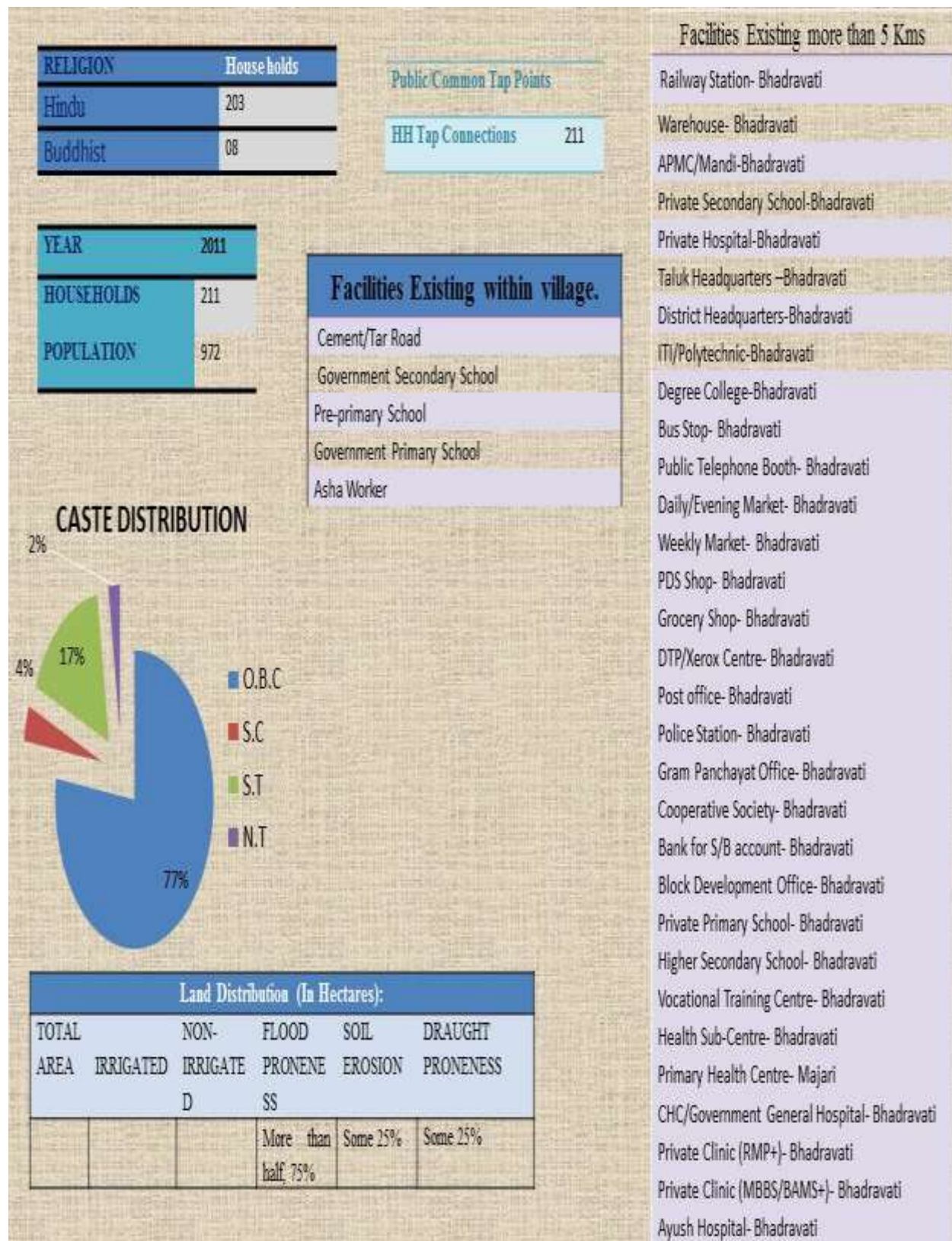
4.2.14 .9 MAJOR PROBLEMS IN THE VILLAGE:

- ***Health:*** Consumption of alcohol is a major problem in this village as told by the women of the village. For medical emergency, people travel 9-15km.
- ***Water:*** the over-head tank is very small; requirement for a bigger tank has been made by the GP. Due to power-cuts, the water supply is very irregular, as the water is pumped to the tank from a bore-well.
- ***Electricity:*** Power cuts are very frequent; there are periods of constant 24-48 hours of load-shedding.
- ***Sanitation:*** Open defecation, blocked drainage system as HH garbage is thrown in them.

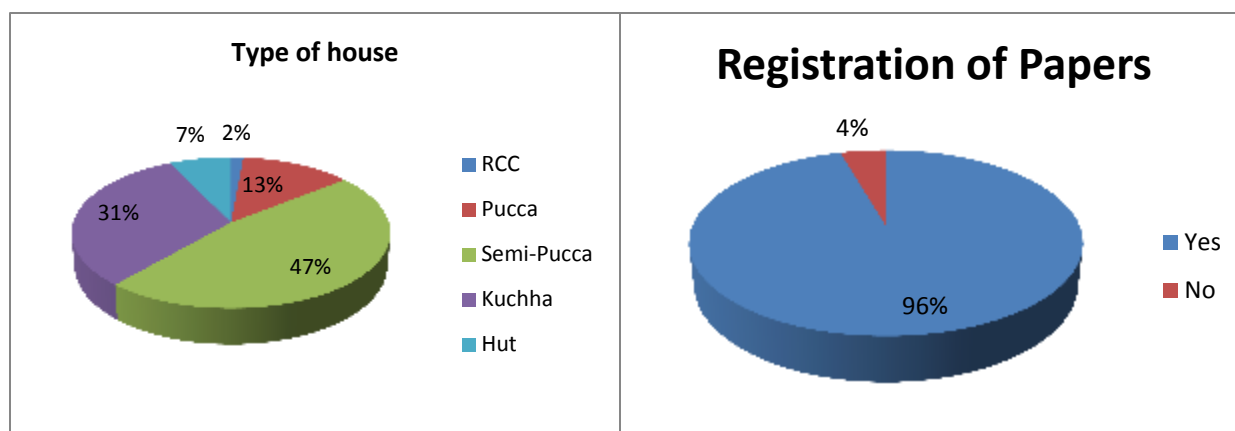
RECOMMENDATION:

- Awareness generation on hygiene & sanitation.
- MMU visit at least twice a month
- Putting up de-addiction camps.

4.2.15 Village Name: Deulwada



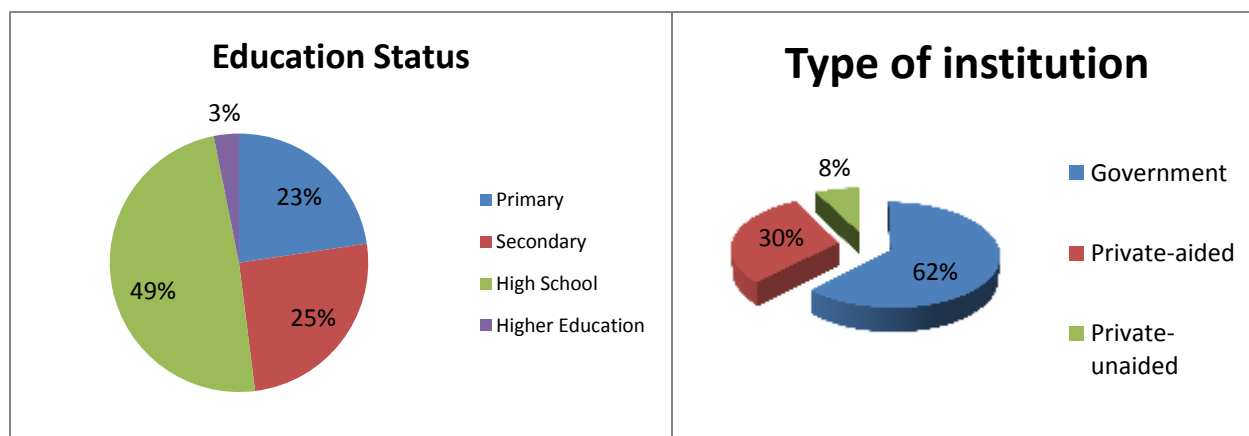
4.2.15 .1 HOUSEHOLD STATUS



Majority of the sample in Deulwada Village have Semi-Pucca Houses (47%), 31% in Kuccha, 13% stay in Pucca houses, only 2% live in RCC houses and 7% stay in huts. 94% of all the households studied in the survey are electrified. 96% of sample living in Deulwada have the registered papers (patta) of the land they are living in but 4% still don't possess the papers of the land.

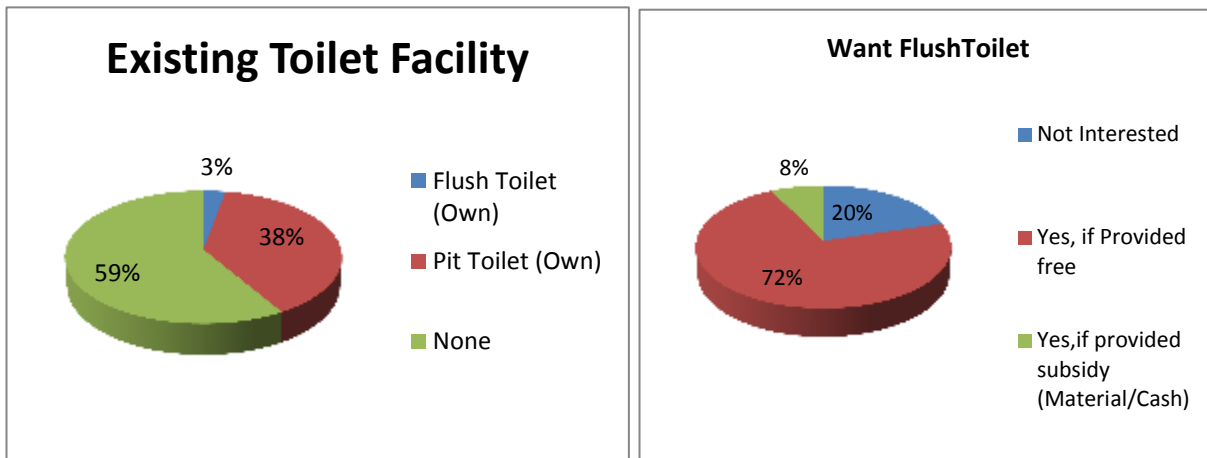
4.2.15 .2 EDUCATION

Students who are currently studying 49% of them are in high school followed by primary and secondary school where 23% & 25% students are studying. 62% of the children are enrolled in



government institutions followed by private-aided institutions 30%.

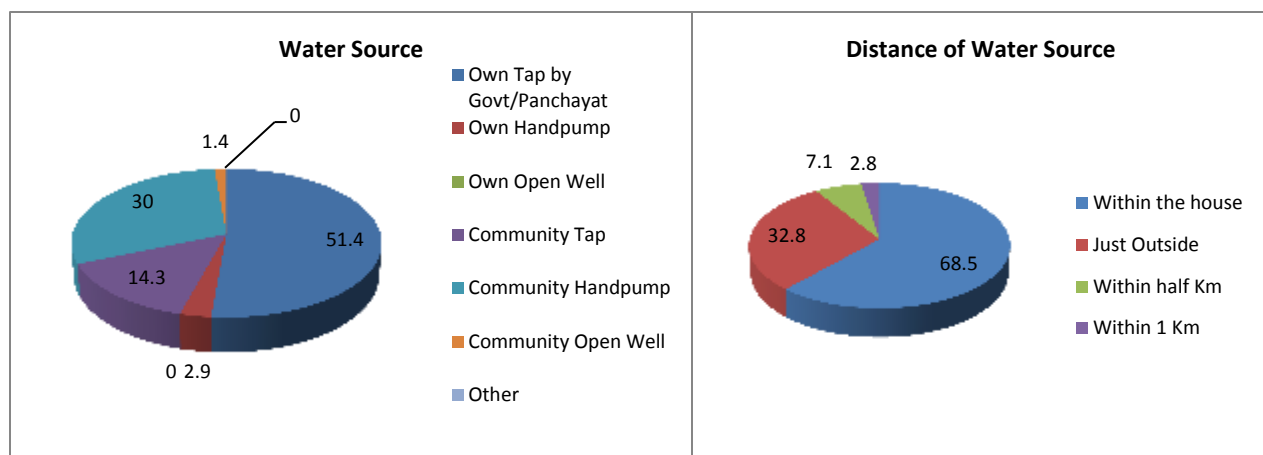
4.2.15 .3 SANITATION



More than half 59% of the household do not have any toilet facility, 38% have pit toilet and only 3% have flush toilet. Among the sample households who don't have any toilet facility 72% said that they are interested if provided free. 8% agreed if provided subsidy and 20% were not interested.

4.2.15 .4 WATER SOURCE

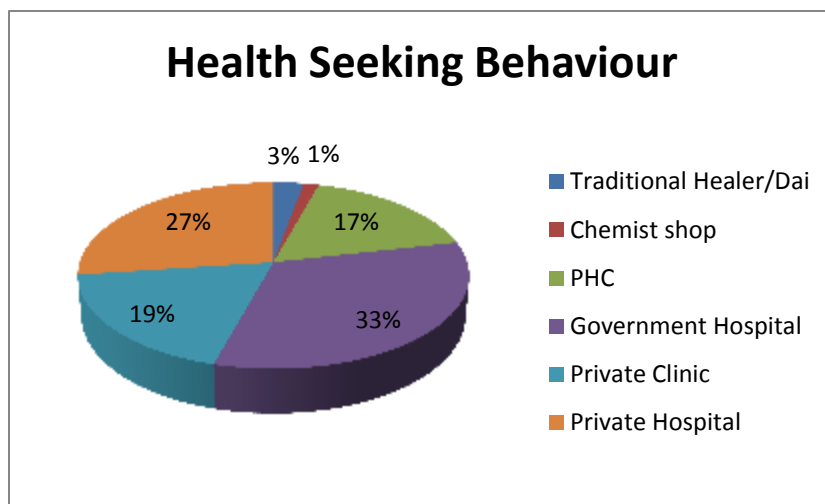
51.4% of the sample households reported saying that they have access to piped water supply,



30% use community handpump for drinking water purposes while community tap is used by 14.3% and 41.4% take water from community open well. As reported during research 68.5% of the sample have water source located within the premises of their house. 32.8% have just outside the home while for 7.1% sample it is located within half a km. 2.8% of the sample has to walk within 1km of their house.

4.2.15 .5 HEALTH SEEKING BEHAVIOUR

Majority of the sample reported consulting the government hospital 33% for health related issues.

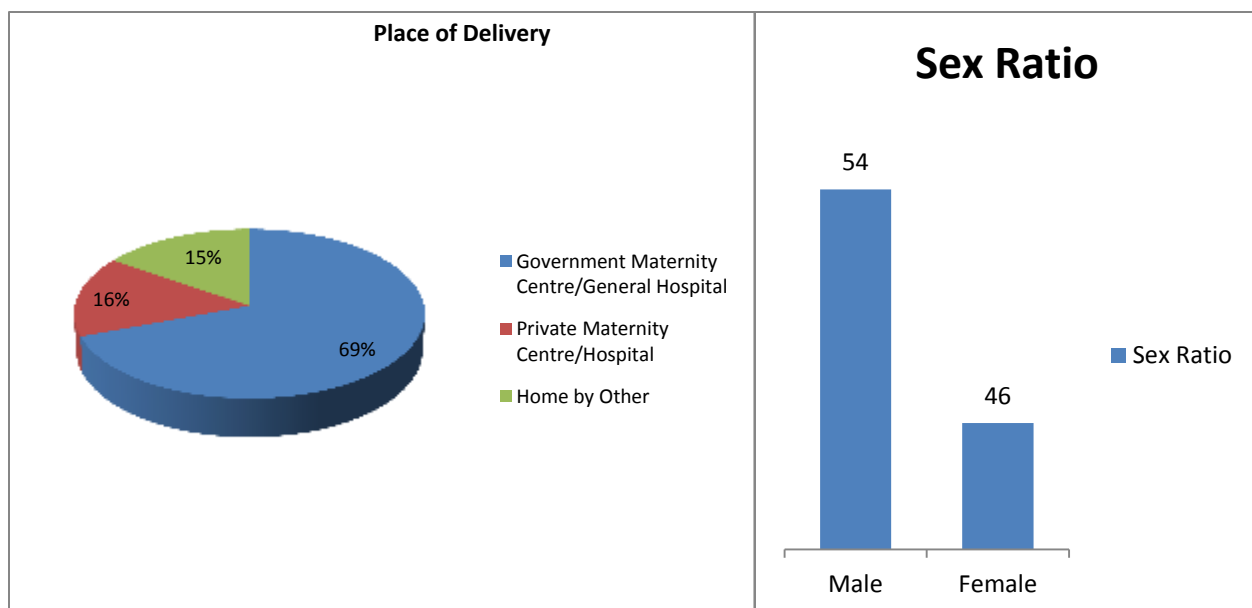


Private hospital and private clinic is consulted by 27% and 19% of the population respectively. 17% of the population visits a PHC.

Only 23% visit traditional healer/dai and 1% go to the chemist shop.

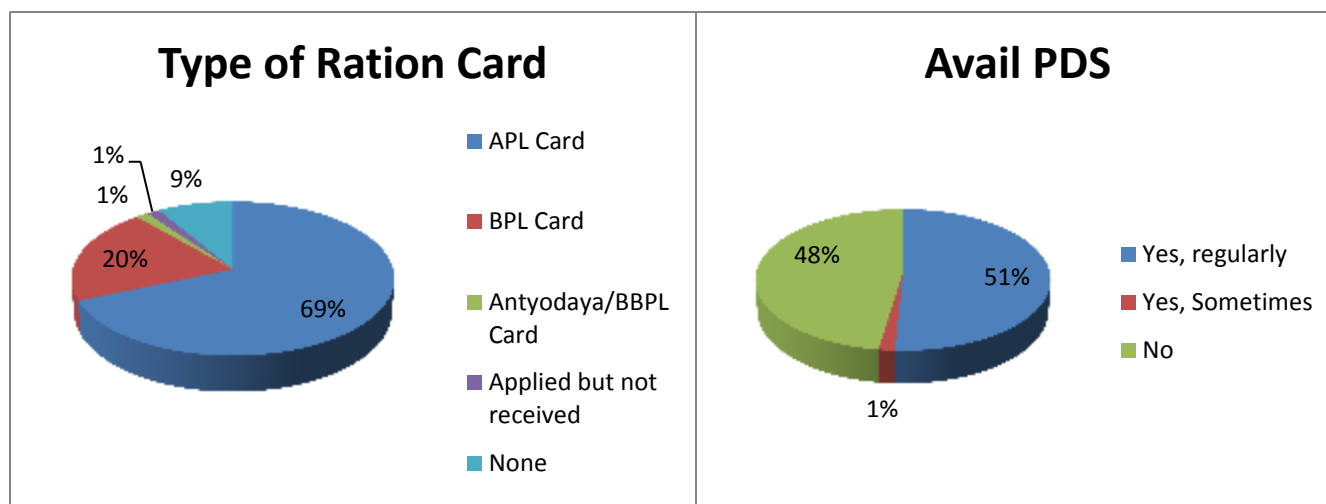
4.2.15 .6 MATERNAL HEALTH

As per the analysis of sample interviewed majority (69%) give birth to their first child in a government institutional place. 16% in a private maternity place while 15% in a non-institutional way. In the age group of 0-3 years sex ratio is favoured towards the male child 54% and female child 46%.



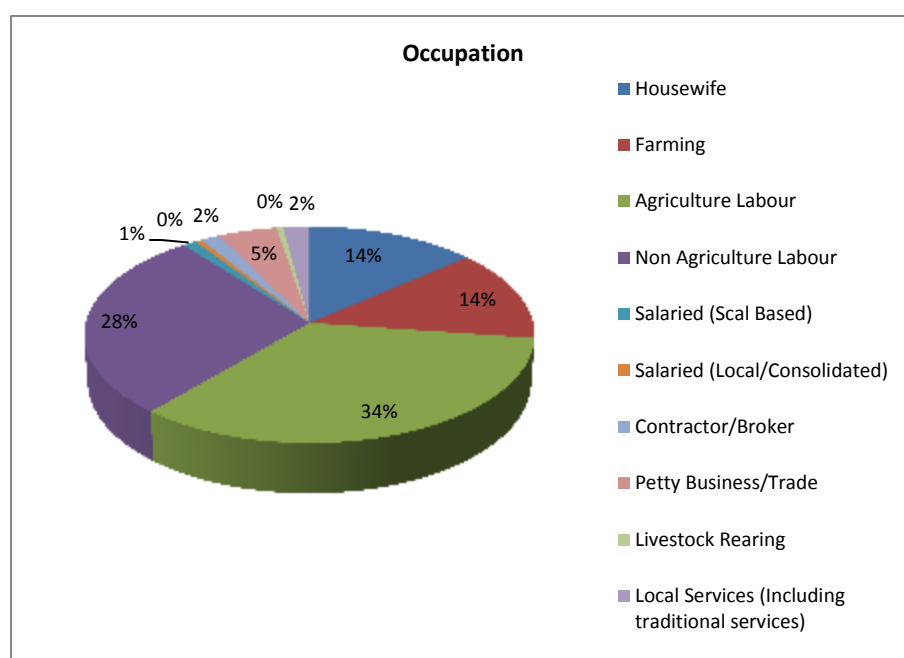
4.2.15 .7 PUBLIC DISTRIBUTION SYSTEM:

Most of the sample (69%) hold an APL card, whereas 20% hold a BPL Card and only 1% of the



sample hold an Antyodaya/BBPL Card while 9% of sample does not hold any card 1% have not yet received the card. Among the sample who holds ration card 51% of them regularly avail the PDS facility and only 1% of the population only sometimes avail this facility while 48% does not use it at all.

4.2.15 .8 OCCUPATION



As reflected by data, 34% are agricultural labours, 28% are non-agricultural labours, 14% of the village members are into farming while 5% are into petty business/trade. 14% said that they were housewives.

4.2.15 .9 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Open defecation on the roads especially during rainy season and in the fields for rest of the year. No drainage system, the HH sewage & cattle waste flows across the village roads.
- **Education:** the school building has developed cracks due to the blasting in the mines because of which water leaks into the rooms during rainy season making it damp and vulnerable to mishaps.

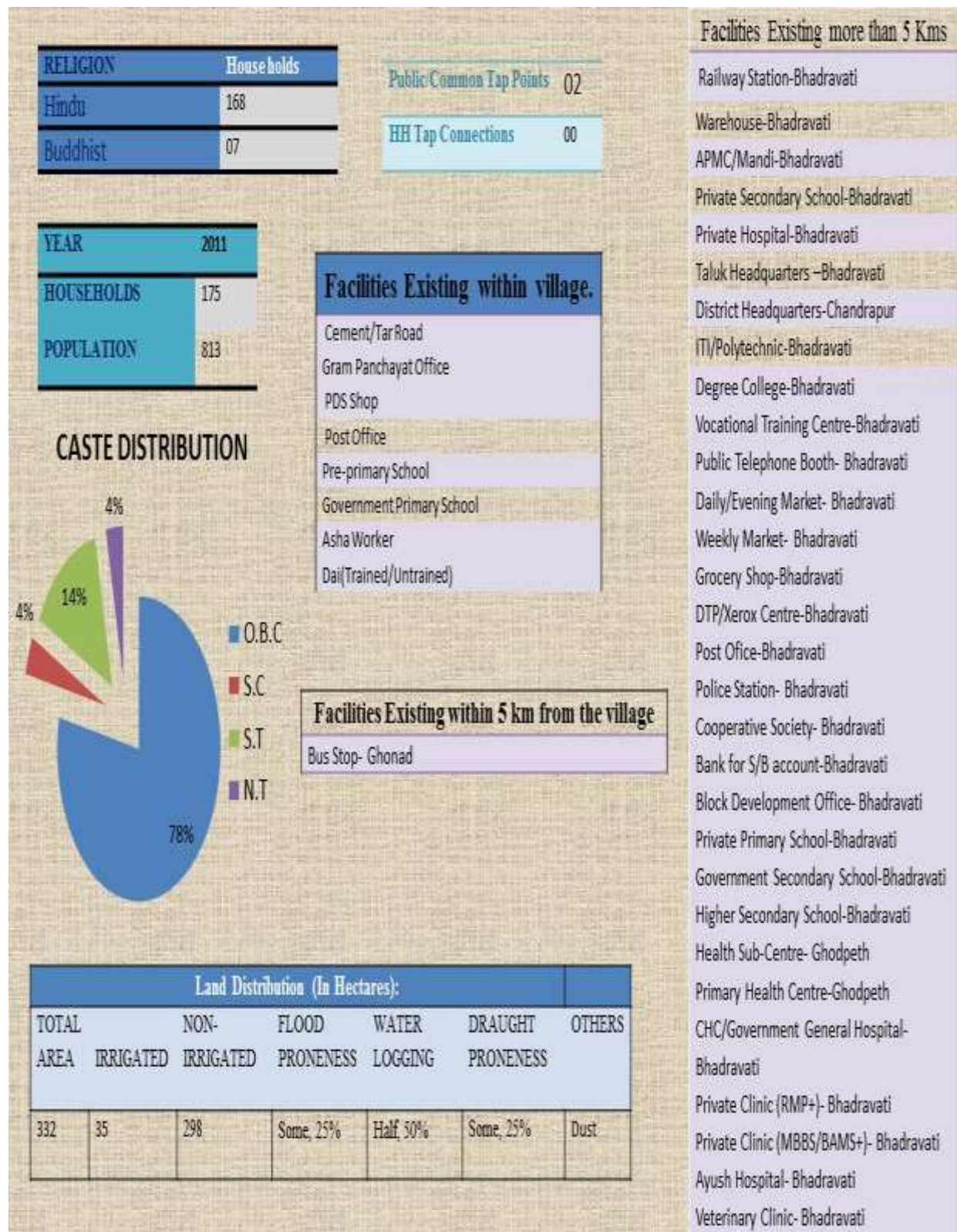
There are no benches for the children in both school and Anganwadi.

- **Water:** the village lies in the hilly area, where bore wells are difficult to dig. The area has very low water table. Available water for drinking is not of good quality.

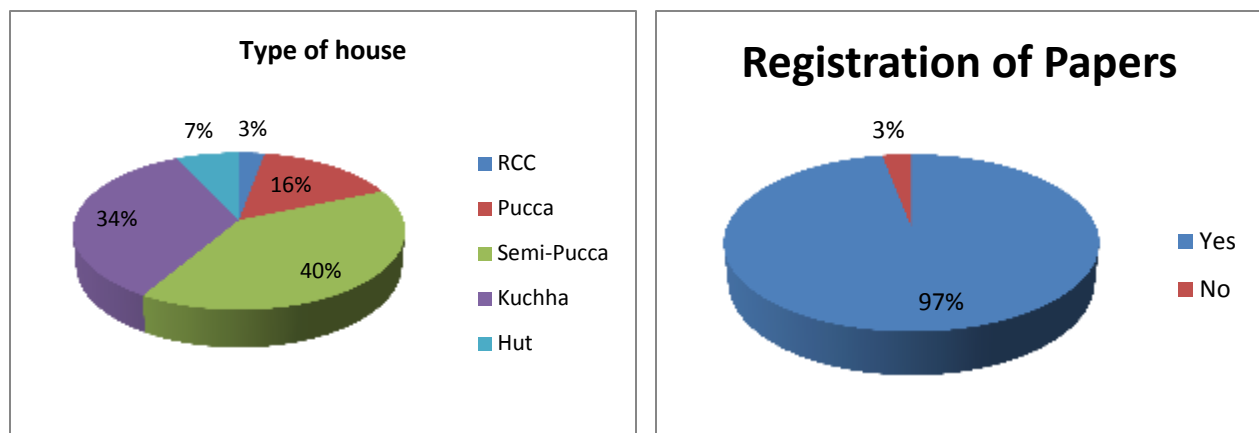
A) RECOMMENDATION

- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Drinking water availability and water filter system for the village.
- Provision of sitting for the students.
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- A training and Awareness programme shall also be provided to the women and adolescent girls in the village with regard to the safe health practices.
- The Primary School in the village shall be provided with learning and Educational materials so that the students can use it. It is also recommended that there shall be a library in the village preferably near the school and school administration shall be given the responsibility for that.
- In the Primary and High School Quarterly competitions on Essay Writing, Painting etc shall be conducted and prizes shall be also provided by CIL so that the students can develop interest towards it

4.2.16 Village Name: Dhorwasa

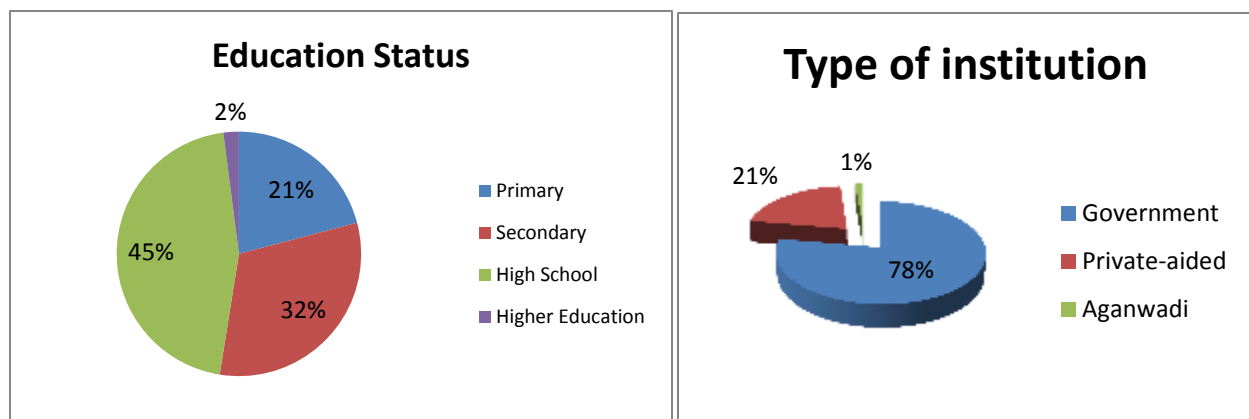


4.2.16.1 HOUSEHOLD STATUS:



Majority of the sample in Dhorwasa Village have Semi-Pucca Houses (40%), 16% stay in Pucca houses, 34% in Kuchha, 7% live in huts while 3% in RCC houses. 94% of all the households studied in the survey are electrified. 97% of sample living in Dhorwasa have the registered papers (patta) of the land they are living in but 3% still don't possess the papers of the land.

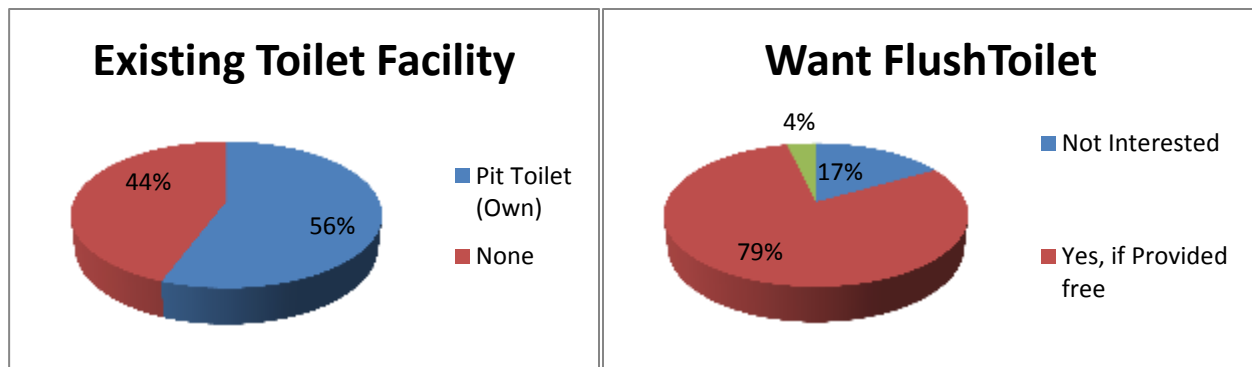
4.2.16.2 EDUCATION



Students who are currently studying 45% of them are in high school followed by primary and secondary school where 21% & 32% students are studying. 78% of the children are enrolled in government institutions followed by private-aided institutions 21%.

4.2.16.3 SANITATION:

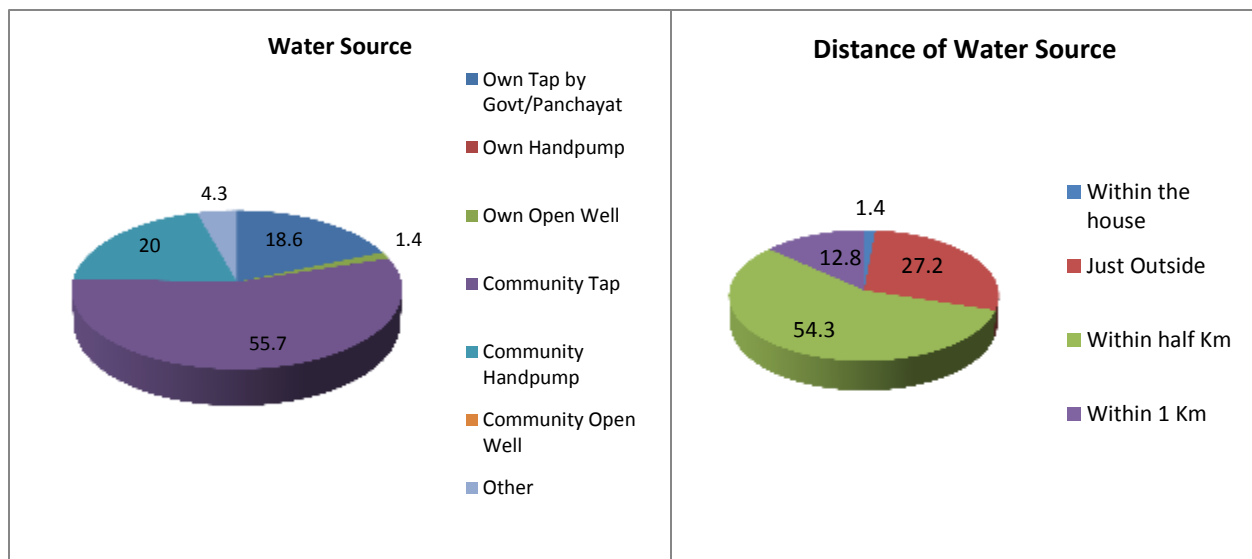
More than half 40% of the household do not have any toilet facility while 56% have pit toilet.



Among the sample households who don't have any toilet facility 79% said that they are interested if provided free. 4% agreed if provided subsidy and 17% were not interested.

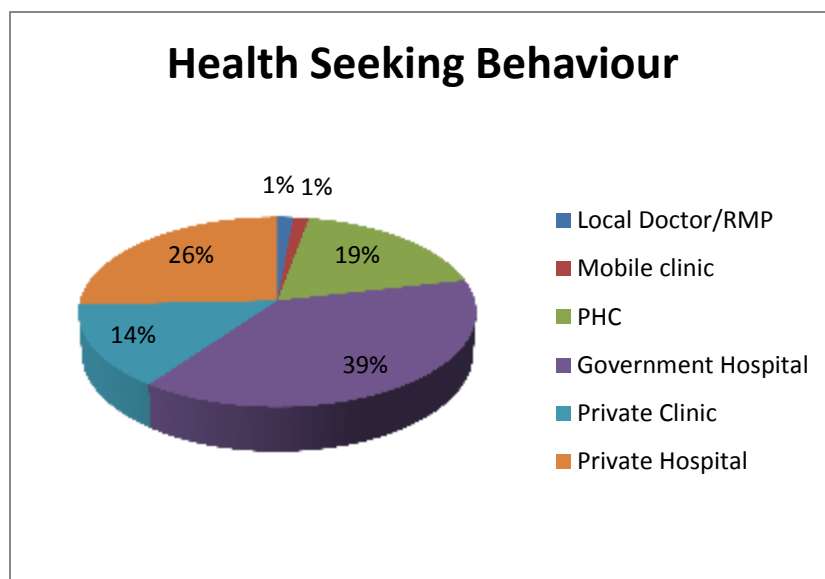
4.2.16.4 WATER SOURCE

55.7% of the sample households reported saying that they use community tap for drinking water



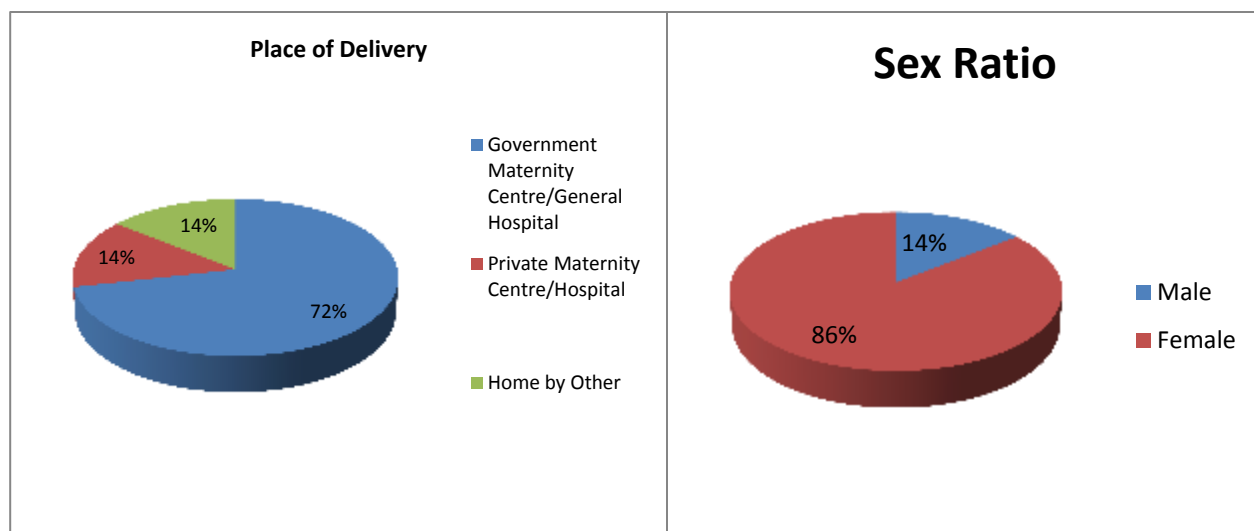
purposes while community handpump is used by 20%, 18.6% have access to piped water supply. As reported during research 54.3% of the sample have water source located within half a km while for 27.2% sample it is located just outside the home. Almost 12.8% of the sample said it is they have to walk within 1km to get access to water, only 1.4% have water facility within the premises of their house.

4.2.16.5 HEALTH SEEKING BEHAVIOUR:



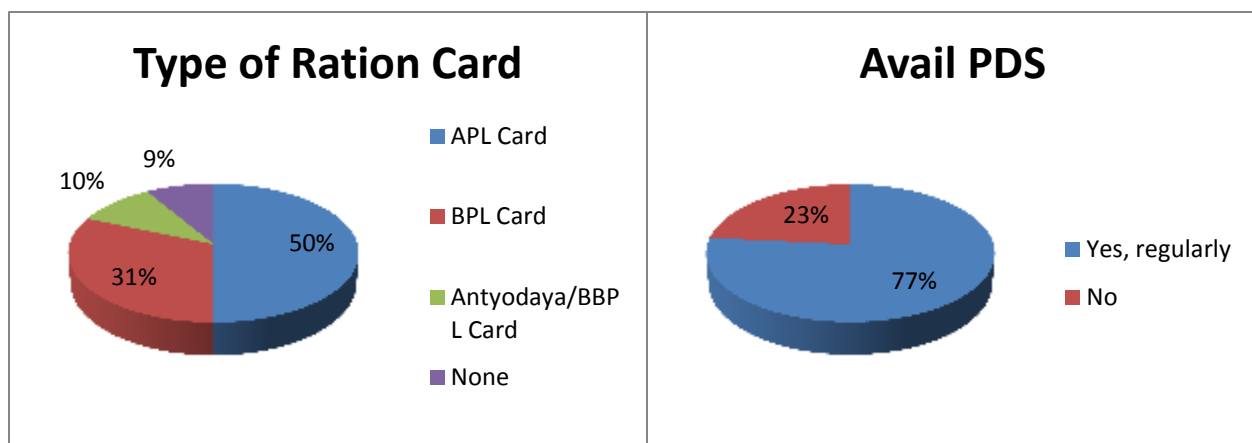
Majority of the sample 39% reported consulting the government hospital for health related issues, 26% visit the private hospitals, PHC is consulted by 19% of the population while 14% visit the local doctors.

4.2.16.6 MATERNAL HEALTH:



As per the analysis of sample interviewed majority (72%) give birth to their first child in a government institutional place, 14% in a private maternity place and 14% at home in a non-institutional way.. In the age group of 0-3 years sex ratio is favoured towards female 86% and male 14%..

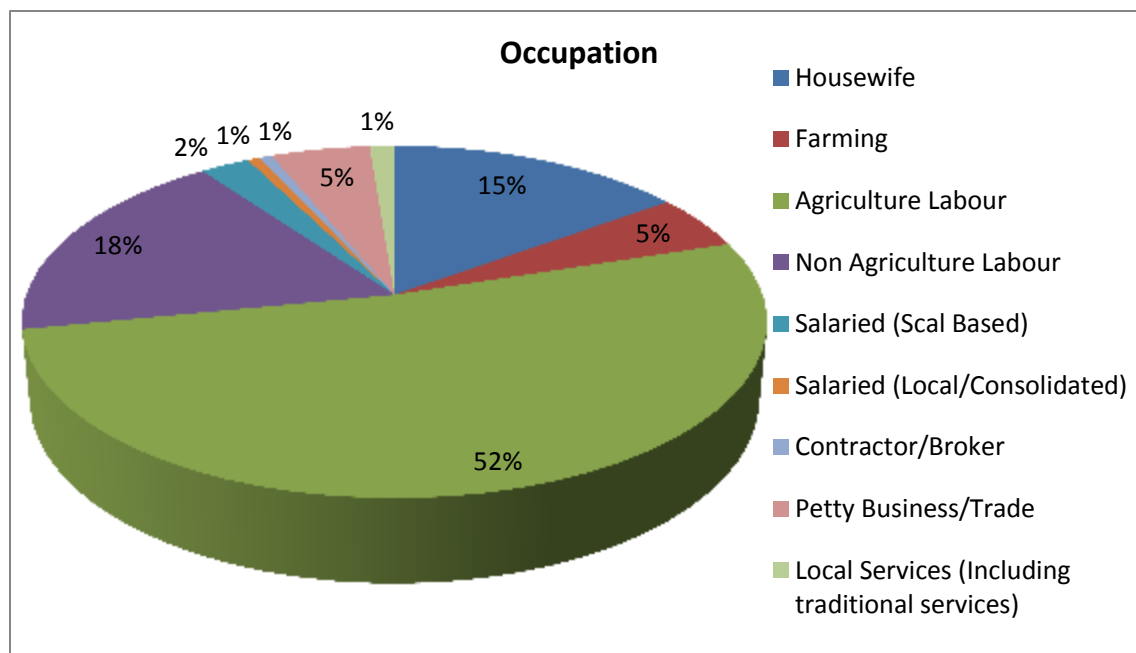
4.2.16.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (50%) hold an APL card, whereas 31% hold a BPL Card and 10% of the sample hold an Antyodaya/BBPL Card while 9% of the sample does not hold any card. Among the sample who holds a ration card, 77% of them regularly avail the PDS facility while 23% does not use it at all.

4.2.16.8 OCCUPATION:

As reflected by the data, 52% of the village members are agricultural labourers, 18% are non-agricultural labourers while 5% are into farming. 15% said that they were housewives.



4.2.16.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Environment:** The village is located very near to the Open cast Mine, major concern is dust pollution, especially during the summers and infrastructure damage due to blasting.
- **Health:** The village PHC (13km) & district hospital (6km) are not connected by direct road. Diseases like malaria and diarrhea are common in this village.
- **Agriculture:** mud slides into the agricultural land during the rainy season and heavy dust laden wind covers the fields with layers of sand damaging the crops.
- **Education:** the school building has developed cracks due to the blasting in the mines because of which water leaks into the rooms during rainy season making it damp and vulnerable to mishaps.

RECOMMENDATION:

- Priority focus should be on the environmental concerns and avoid crop damage.
- Attention to health: providing MMU visit every 2 weeks.
 - Attention to health: providing MMU visit every 2 weeks.
 - Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. WCL should donate funds for its establishment in any of the school premises.
 - It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
 - A health awareness camp is essential in this village as people which can be better managed by introducing mobile Medical Vans. Medicine should also be provided to the beneficiaries
 - Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.

- There is a requirement of filter plant in this area.
- Requirement of water filter's facility for the Zilla Parishad School and anganwadi in this village.

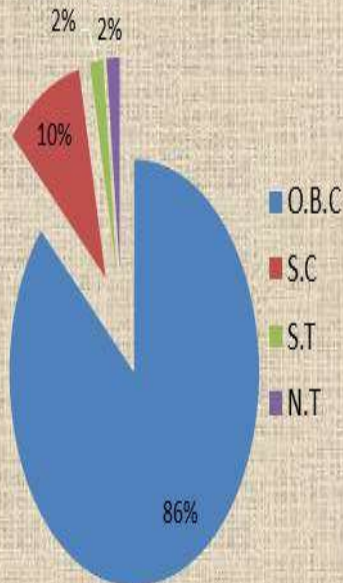
-

4.2.17 Village Name: Kondha

RELIGION	House holds
Hindu	630
Buddhist	70

YEAR	2011
HOUSEHOLDS	700
POPULATION	2740

CASTE DISTRIBUTION



Public/Common Tap Points 27

HH Tap Connections 291

Facilities Existing more than 5 Kms

Police Station- Bhadravati
Warehouse- Bhadravati
APMC/Mandi-Bhadravati
Block Development Office- Bhadravati
CHC/Government General Hospital- Bhadravati
Taluk Headquarters –Bhadravati
District Headquarters-Chandrapur
ITI/Polytechnic-Bhadravati
Degree College-Bhadravati
Vocational Training Centre- Bhadravati

Facilities Existing within 5 km from the village

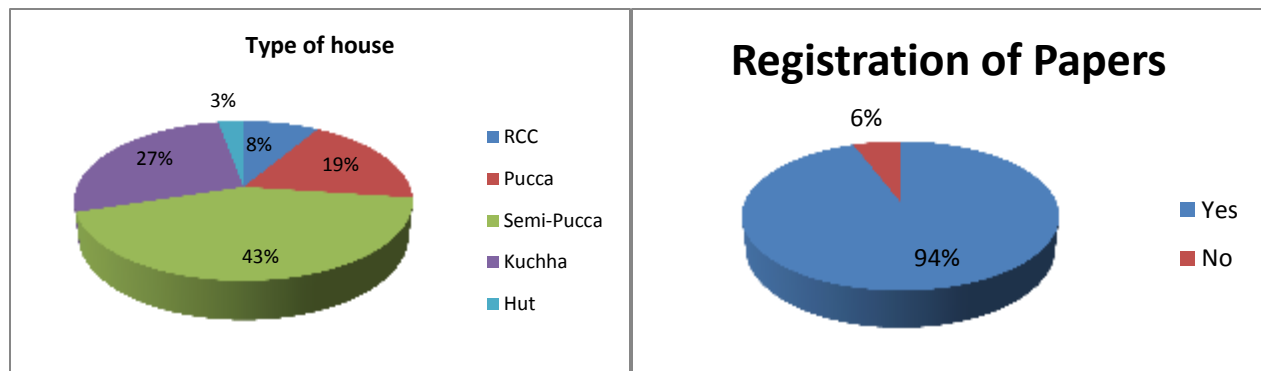
Public Telephone Booth- Majari
Daily/Evening Market- Majari
Railway Station- Majari
Cooperative Society- Majari
Bank for S/B account- Majari
Primary Health Centre- Majari
Private Hospital- Majari
Veterinary Clinic- Majari

Facilities Existing within village.

Cement/Tar Road
Bus Stop
PDS Shop
Grocery Shop
DTP/Xerox centre
Weekly Market
Pre-primary School
Government Primary School
Private Secondary School
Post Office
Health Sub-Centre
Asha Worker
Dai(Trained/Untrained)
Medical Shop/Chemist
Private Clinic (MBBS/BAMS+)
Gram Panchayat Office
Higher Secondary School
Government Secondary School

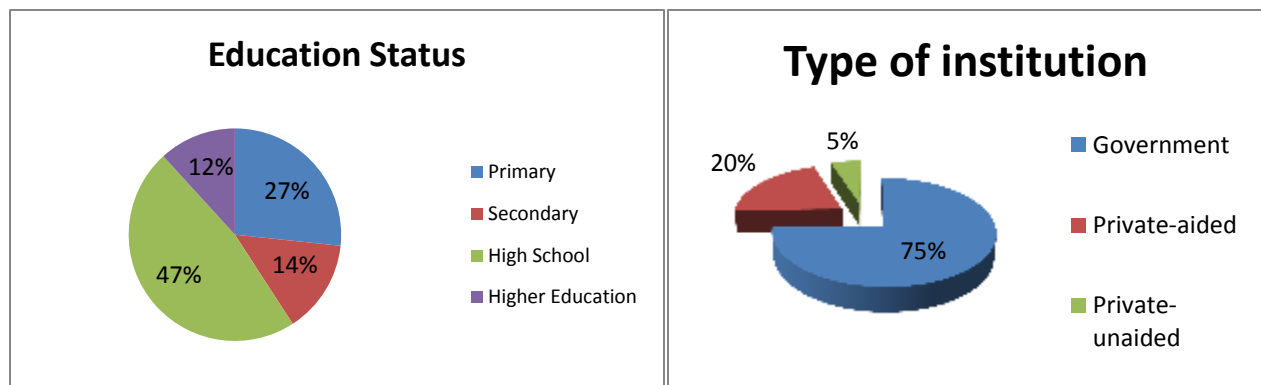
Land Distribution (In Hectares):								
TOTAL AREA	NON-IRRIGATED	FOREST	WASTELAND	FLOOD PRONE	WATER LOGGING	SOIL EROSION	DROUGHT PRONE	
1040.61	125.00	857.00	45.10	103.58	More than half, 75%	Some, 25%	Some, 25%	Some, 25%

4.2.17 .1 HOUSEHOLD STATUS



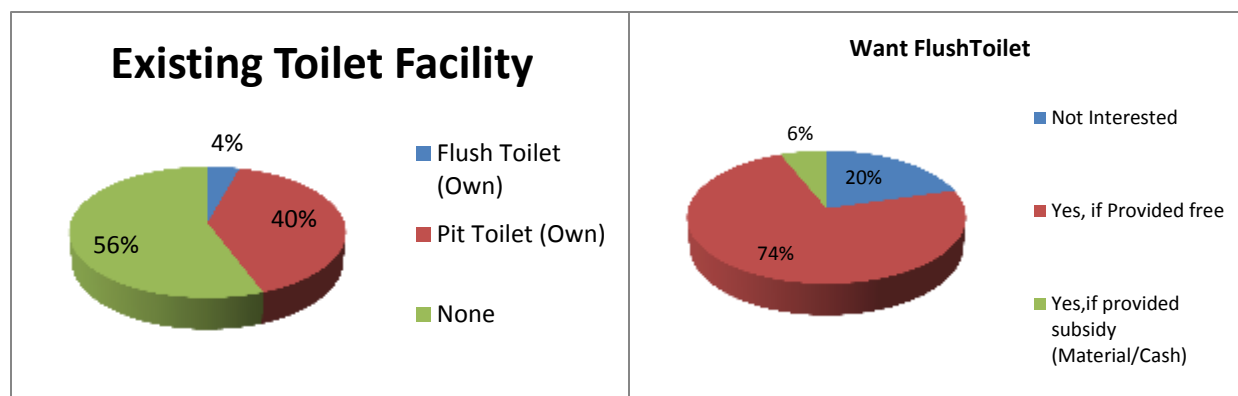
Majority of the sample in Kondha Village have Semi-Pucca Houses (43%), 19% stay in Pucca houses, 27% in Kuchha while 8% stay in RCC homes and only 3% live in huts. 93% of all the households studied in the survey are electrified. 94% of sample living in Kondha have the registered papers (patta) of the land they are living in but 6% still don't possess the papers of the land.

4.2.17.2 EDUCATION:



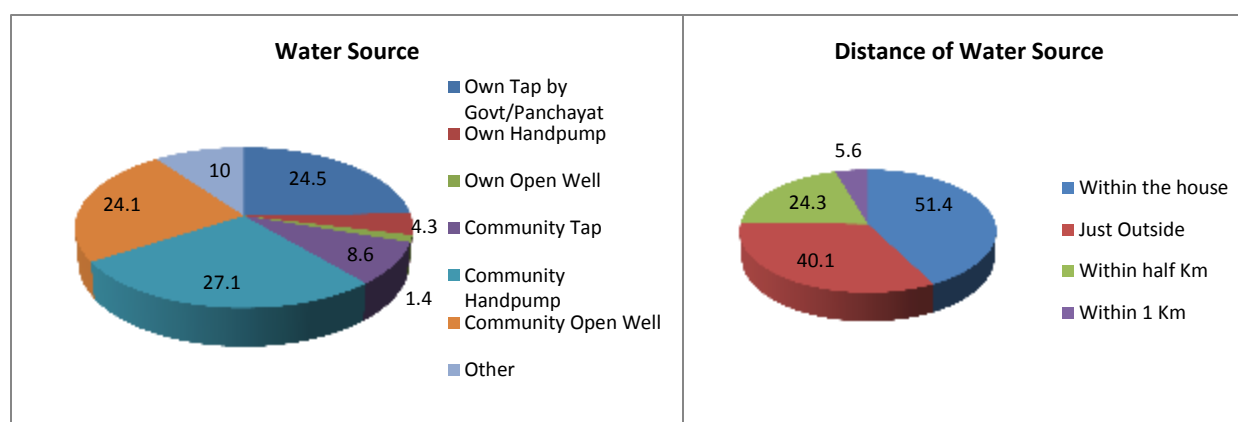
Students who are currently studying 47% of them are in high school followed by primary and secondary school where 27% & 14% students are studying. 12% go for higher education. 75% of the children are enrolled in government institutions followed by private-aided institutions 20%.

4.2.17.3 SANITATION



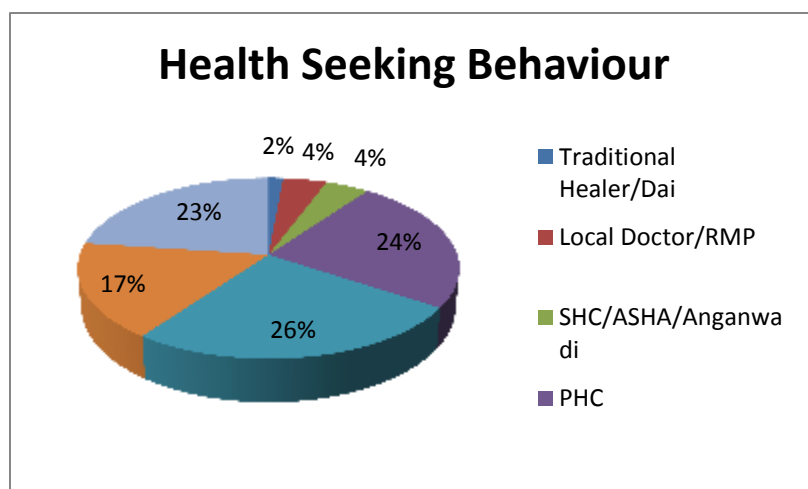
More than half, 56% of the household do not have any toilet facility, 40% have pit toilet and 4% have flush toilet. Among the sample households who don't have any toilet facility 74% said that they are interested if provided free. 6% agreed if provided subsidy and 20% were not interested.

4.2.17.4 WATER SOURCE



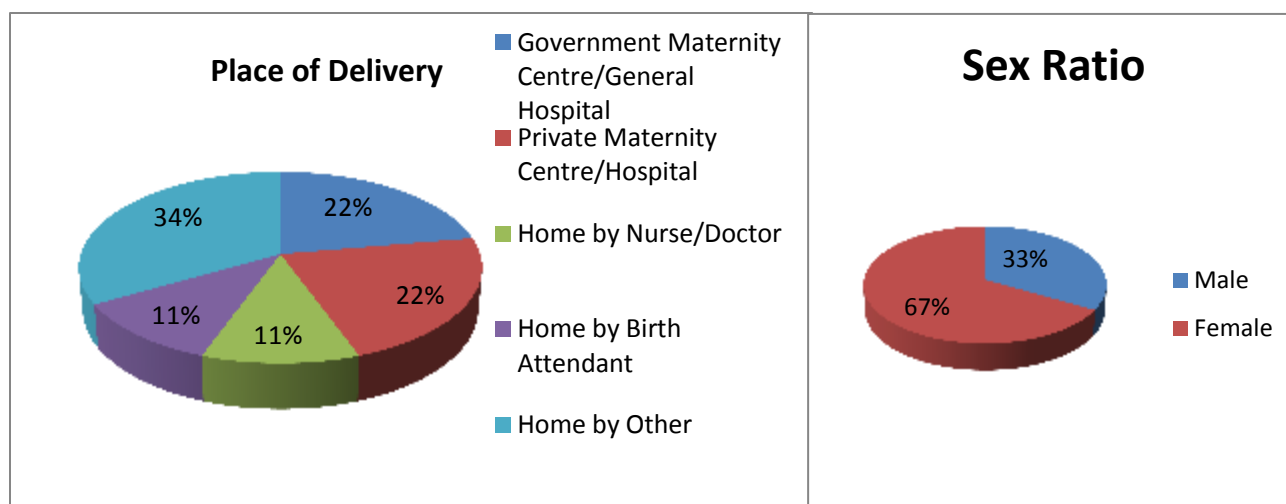
27.1% of the sample households reported saying that they use community handpump for drinking water purposes while community open well is used by 24.1%, 24.5% have access to piped water supply. As reported during research 51.4% of the sample have water source located within the premises of their house, for 40.1% is just outside the home while for 24.3% sample it is located within half a km. 5.6% of the population has to walk a distance within 1 km to have access to water.

4.2.17.5 HEALTH SEEKING BEHAVIOUR:



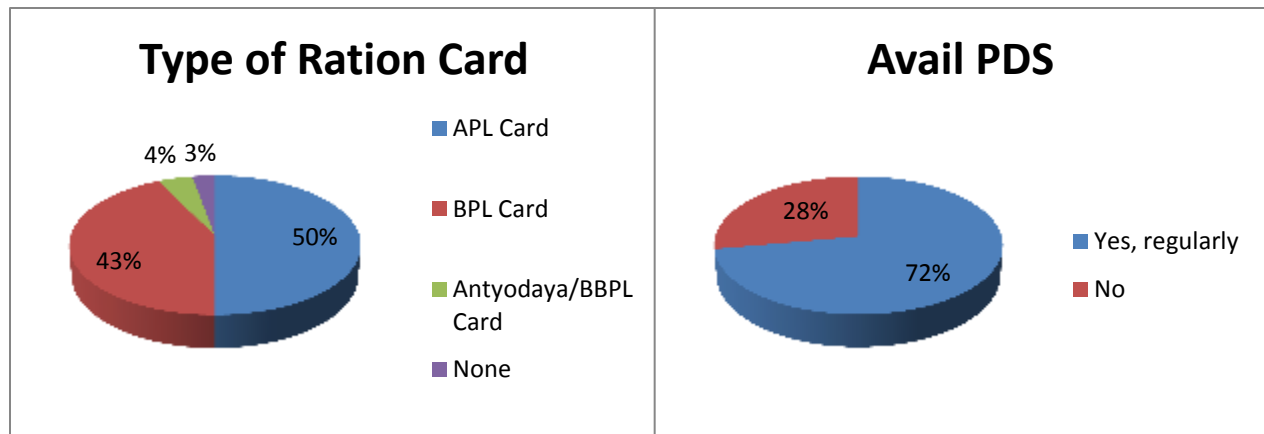
Majority of the sample 67% reported consulting the government hospital while 24% visits the PHC for health related issues. Private clinic and private hospitals is consulted by 17% & 26% of the population.

4.2.17.6 MATERNAL HEALTH:



As per the analysis of sample interviewed 56% give birth to their first child in a non- institutional place, 22% each gives birth in government and private institutions. In the age group of 0-3 years sex ratio is favoured towards female 67% and 33% male.

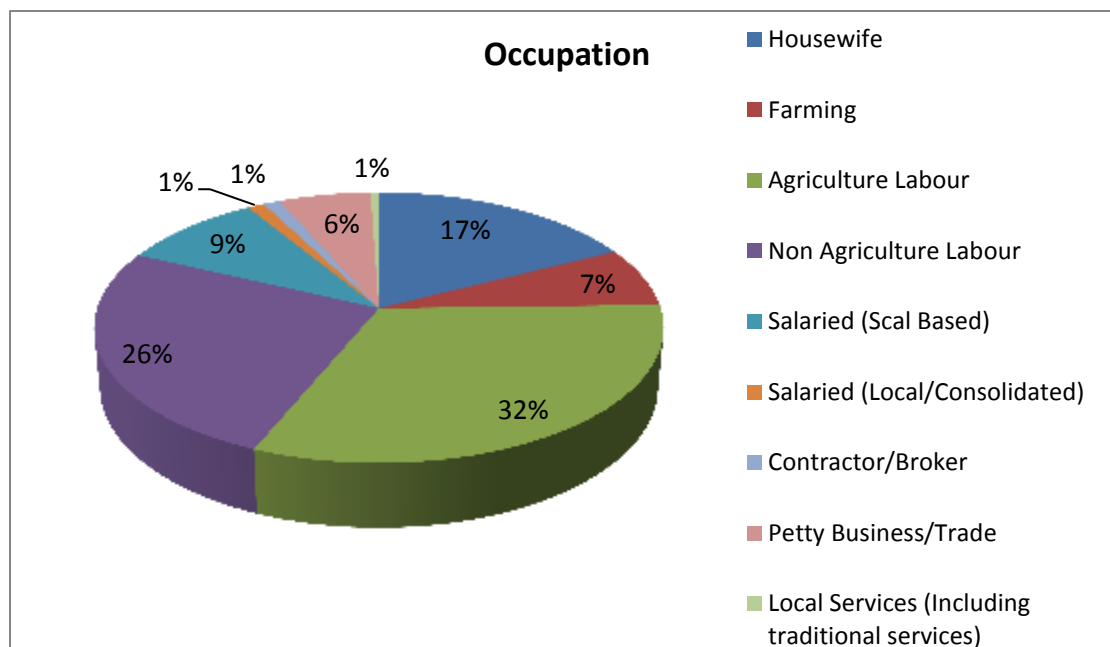
4.2.17.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (50%) hold an APL card, whereas 43% hold a BPL Card and 4% of the sample hold an Antyodaya/BBPL Card while 3% of sample does not hold any card. Among the sample who holds ration card 72% of them regularly avail the PDS facility while 28% does not use it at all.

4.2.17.8 OCCUPATION:

As reflected by data 32% of the village members are agricultural labours, 26% are non-agricultural labours, 9% are salaried employers, 7% are into farming while 6% are into petty business/trade. 17% said that they were housewives.



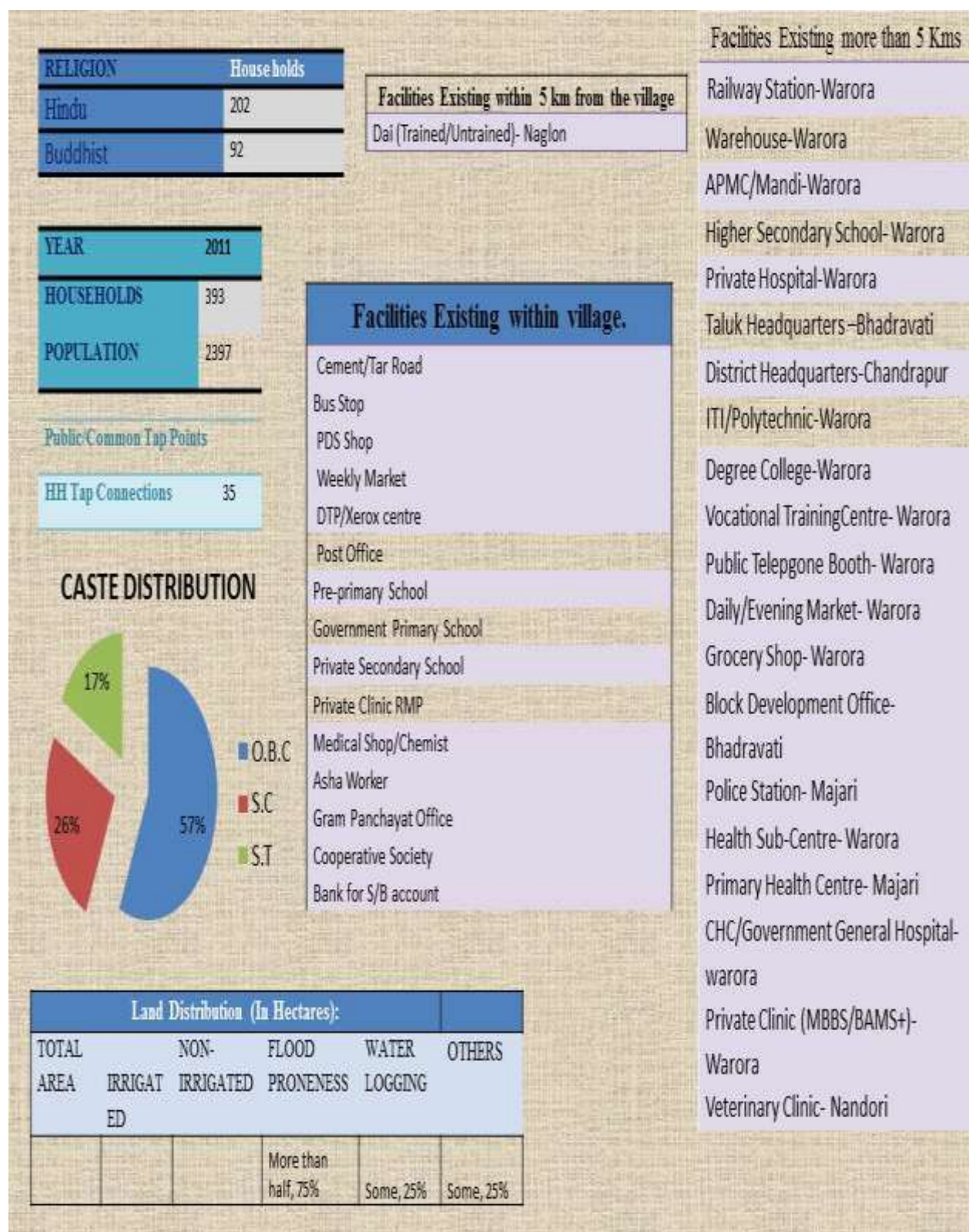
4.2.17.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Environment:** Severe industrial & dust pollution, heavy trucks carrying coal leaves behind coal dust and dust particles. There is a private coalmine next to the village, which contaminates the nearby nala or river with polluted water.
- **Communication:** the main road connecting the village with Majri is in a very bad condition, heavy trucks which commute in this way carry excessive load which is more than the actual capacity of the road.
- **Sanitation:** Open defecation on the roads especially during rainy season and in the fields for rest of the year. No drainage system, the HH sewage & cattle waste flows across the village roads.

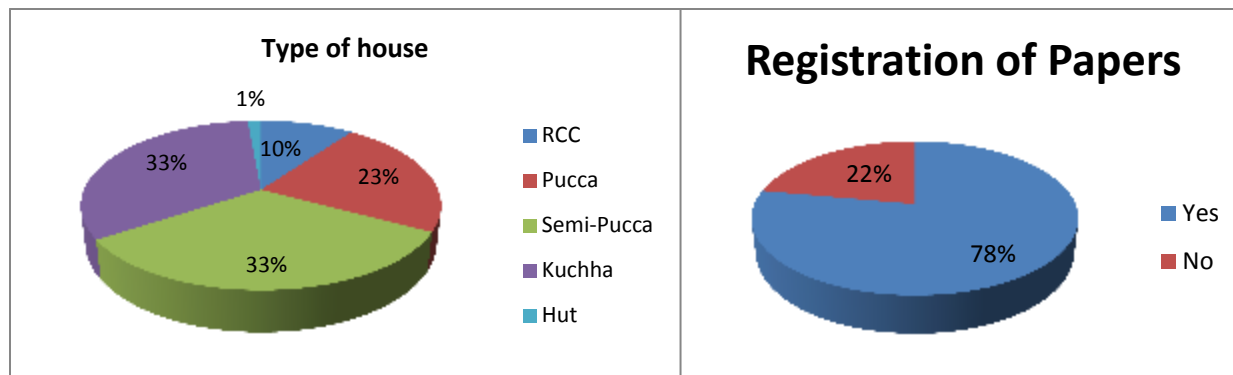
RECOMMENDATION:

- Immediately cater to the environment concerns
- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. WCL should donate funds for its establishment in any of the school premises.
- It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. WCL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
- Construction of toilet should be taken up under CSR. Gram Panchayat should be involved in the planning process where company can take the responsibility to construct the toilets and Panchayat should be asked to run and maintain it. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

4.2.18 Village Name: Kuchna

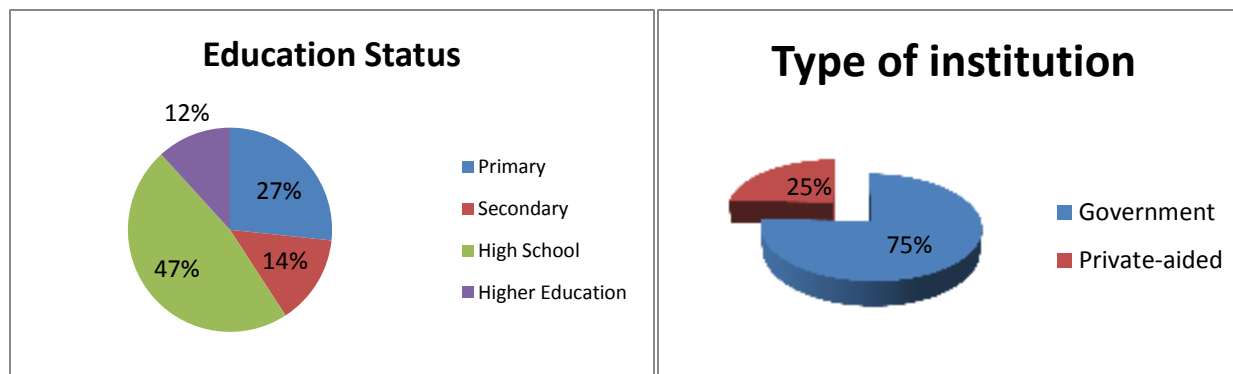


4.2.18.1 HOUSEHOLD STATUS



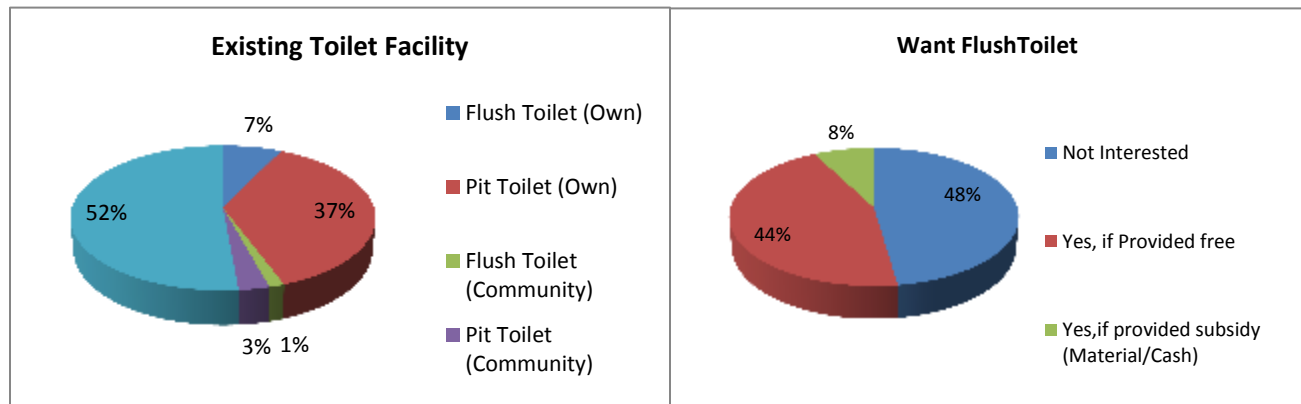
Majority of the sample in Kuchna Village have Semi-Pucca Houses (33%), 23% stay in Pucca houses, 33% in Kuchha houses, 10% have RCC homes and only 1% live in huts. 97% of all the households studied in the survey are electrified. 78% of sample living in Kuchna have the registered papers (patta) of the land they are living in but 22% still don't possess the papers of the land.

4.2.18.2 EDUCATION:



Students who are currently studying 47% of them are in high school followed by primary and secondary school where 27% & 14% students are studying. 75% of the children are enrolled in government institutions followed by private-aided institutions 25%.

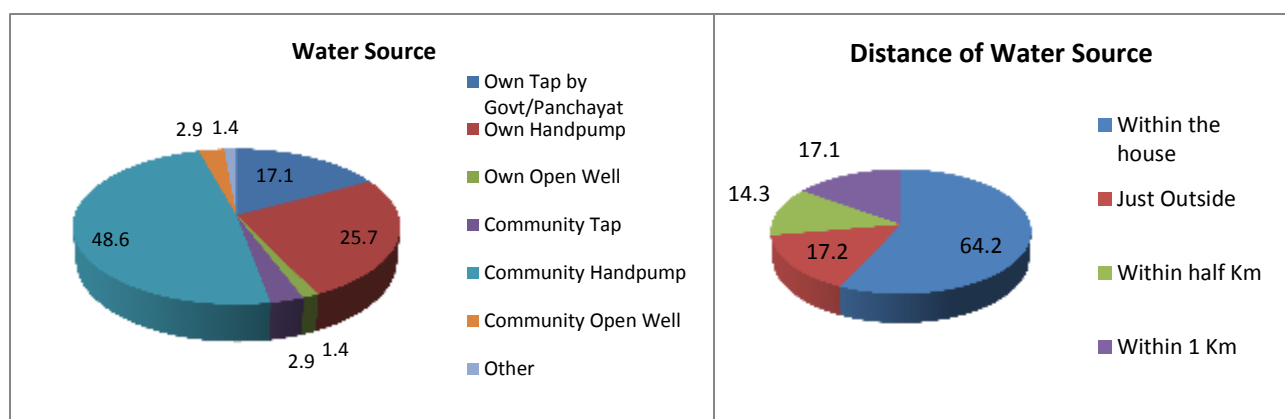
4.2.18.3 SANITATION:



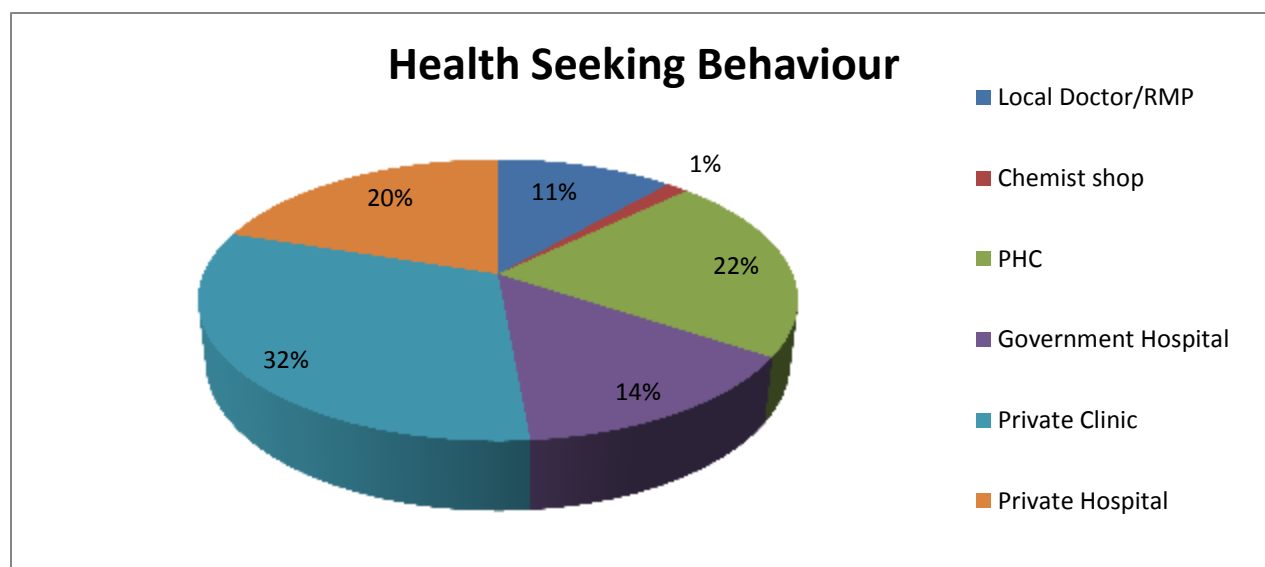
More than half 52% of the household do not have any toilet facility, 37% have pit toilet and 7% have flush toilet. Among the sample households who don't have any toilet facility 44% said that they are interested if provided free. 8% agreed if provided subsidy and 48% were not interested.

4.2.18.4 WATER SOURCE

48.6% of the sample households reported saying that they use community handpump for drinking water purposes while community tp is used by 25.7%. only 17.1% have access to piped water supply. As reported during research 64.2% of the sample have water source located within the home while for 17.2% sample it is located just outside. For 14.3% of the sample said it is within the premises of their house whereas 17.1% have to walk within 1km to fetch water.



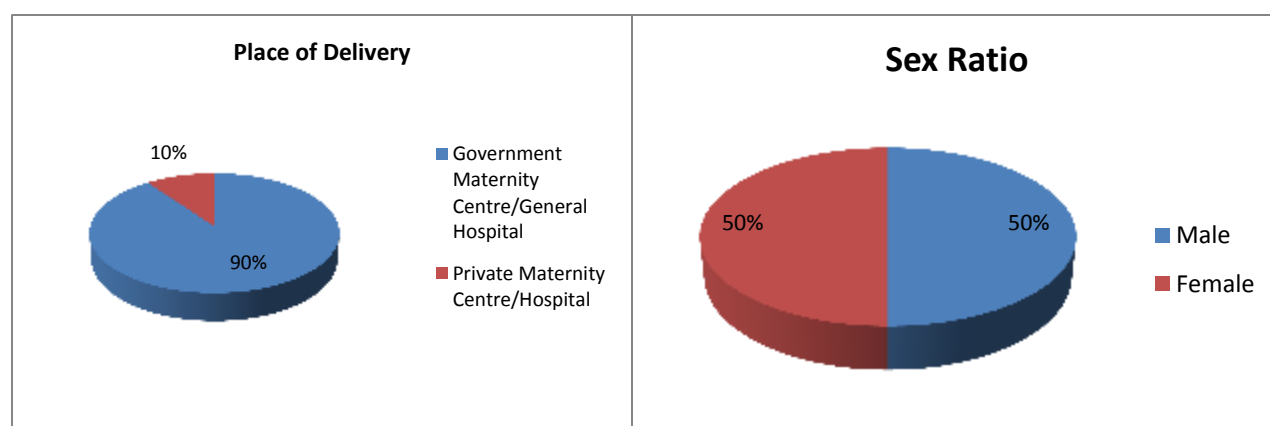
4.2.18.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 31% reported consulting Private clinic and 20% goes to the private hospital for health related issues. 21% of the population visits the government hospital and 14% go to the PHC. Almost 12% visits the local doctor.

4.2.18.6 MATERNAL HEALTH

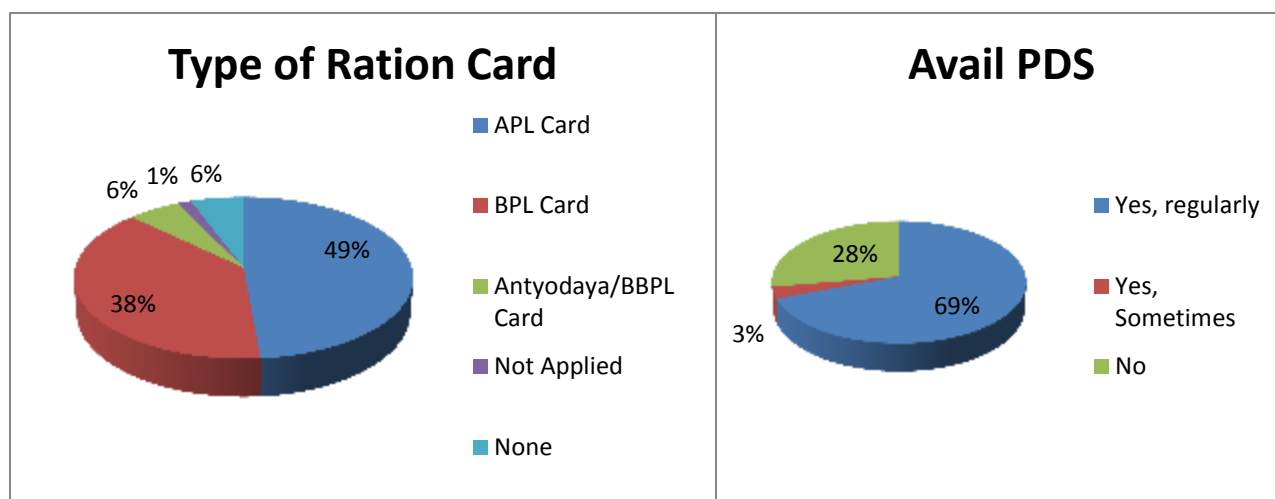
As per the analysis of sample interviewed majority (90%) give birth to their first child in a



government institutional place. And the rest (10%) in a private maternity place. In the age group of 0-3 years sex ratio is equal.

4.2.18.7 PUBLIC DISTRIBUTION SYSTEM:

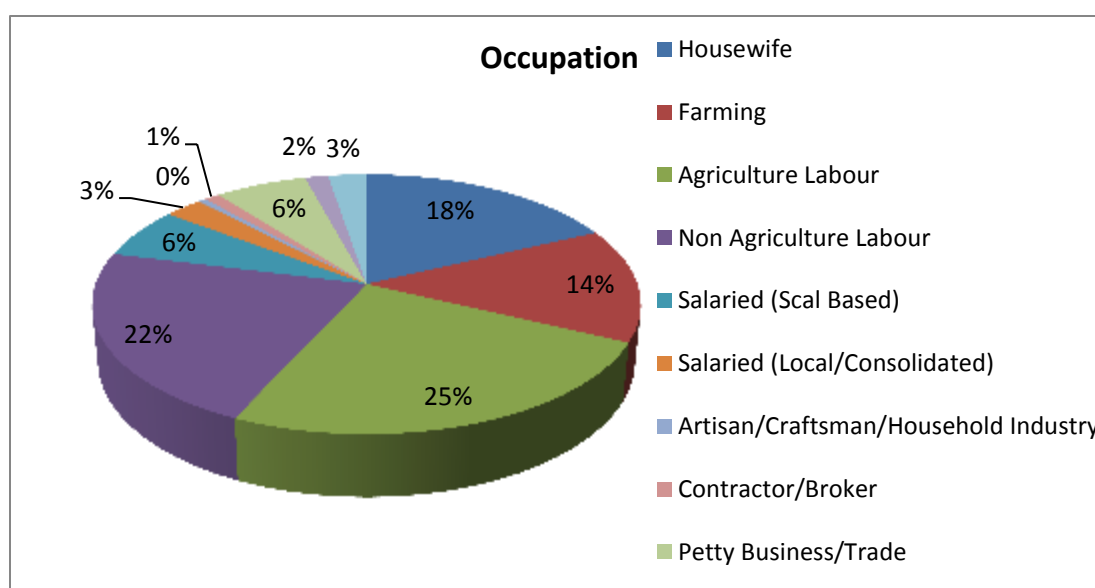
Most of the sample (48%) hold an APL card, whereas 39% hold a BPL Card and 6% of the sample hold an Antyodaya/BBPL Card while 6% of sample does not hold any card and 1% have



not yet applied. Among the sample who holds ration card 69% of them regularly avail the PDS facility and only 3% of the population only sometimes avail this facility while 28% does not use it at all.

4.2.18.8 OCCUPATION:

As reflected by data 25% of the village members are agricultural labours, 22% are non-agricultural labours while 14% are into farming. 9% are salaried employers and 6% have petty bussiness/trade. 18% said that they were housewives.



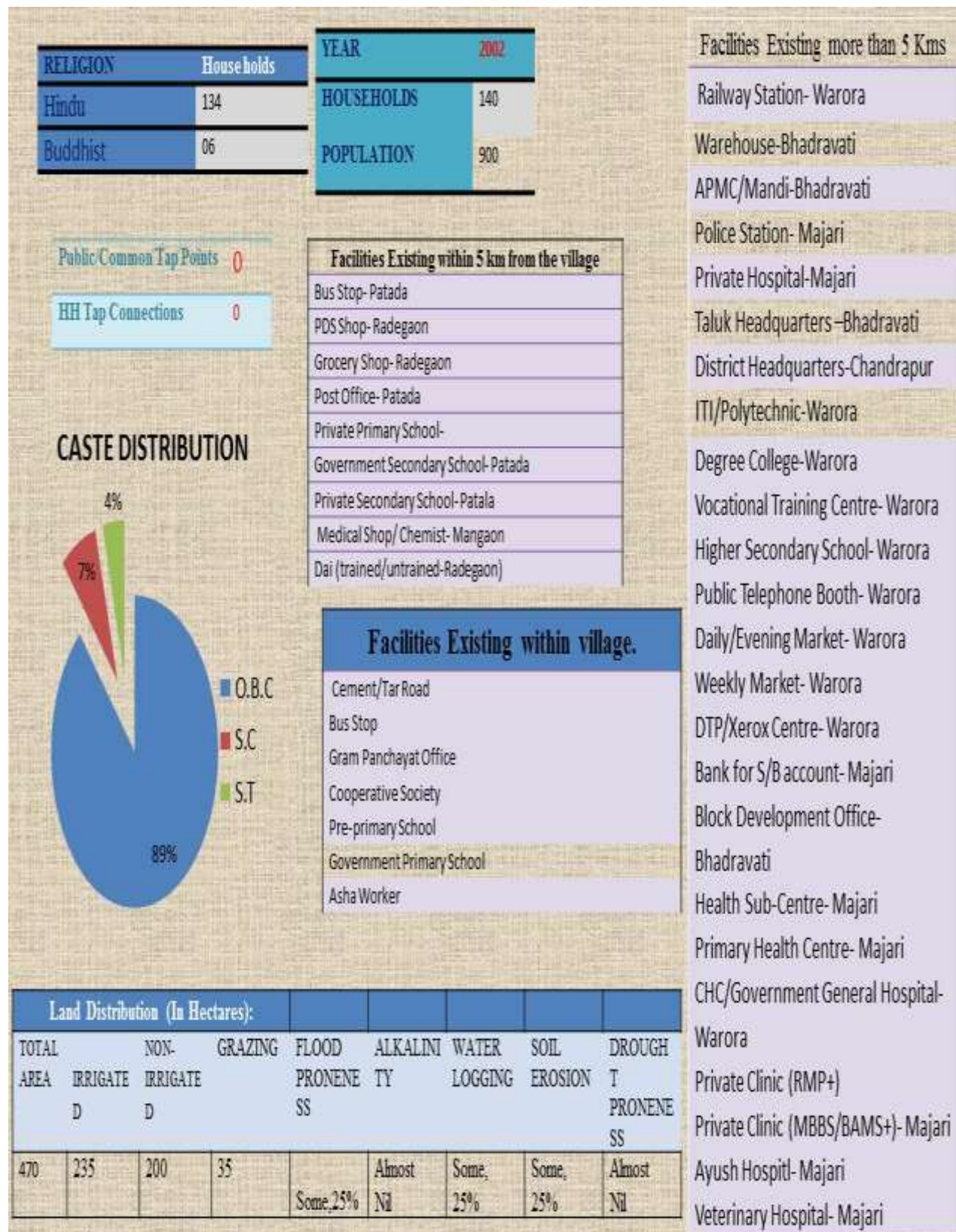
4.2.18.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Education:** The Anganwadi room is very old and remains damp during the rainy season, provision of benches for the children are not present. There is no toilet facility in the anganwadi.
- **Sanitation:** Drains are clogged with HH garbage dump and open defecation is common.
- **Environment:** Since the village is on the main road, there is major problem of dust pollution. Common allergies and skin diseases are prevalent in the area.

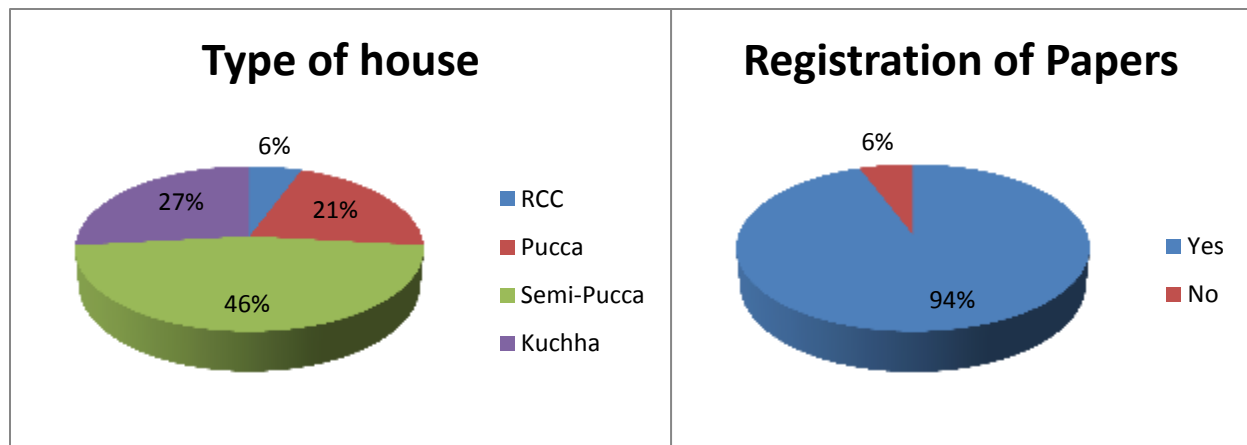
RECOMMENDATION:

- Extensive awareness campaigns on sanitation & hygiene with the help of Government. Departments. Construction of toilet should be taken up under CSR. Gram Panchayat should be involved in the planning process where company can take the responsibility to construct the toilets and Panchayat should be asked to run and maintain it. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
- MMU Visit at least twice a month.
- Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. CIL should donate funds for its establishment in any of the school premises.
- It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the WCL and with regard to the accountability and transparency the concerned SHG Shall be responsible.

4.2.19 Village Name: Mangaon

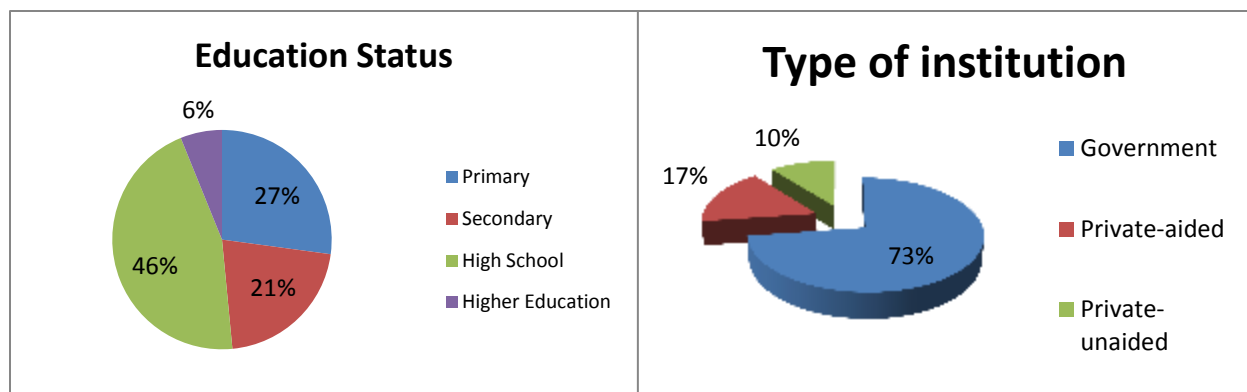


4.2.19.1 HOUSEHOLD STATUS:



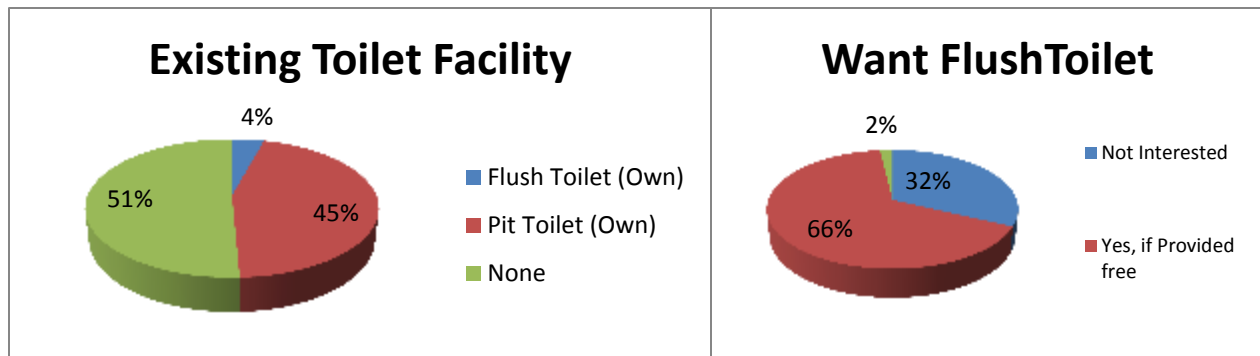
Majority of the sample in Mangaon Village have Semi-Pucca Houses (46%), 21% stay in Pucca houses, 27% in Kuchha and only 6% live in RCC houses. All the households studied in the survey are electrified. 94% of sample living in Mangaon have the registered papers (patta) of the land they are living in but 6% still don't possess the papers of the land.

4.2.19.2 EDUCATION



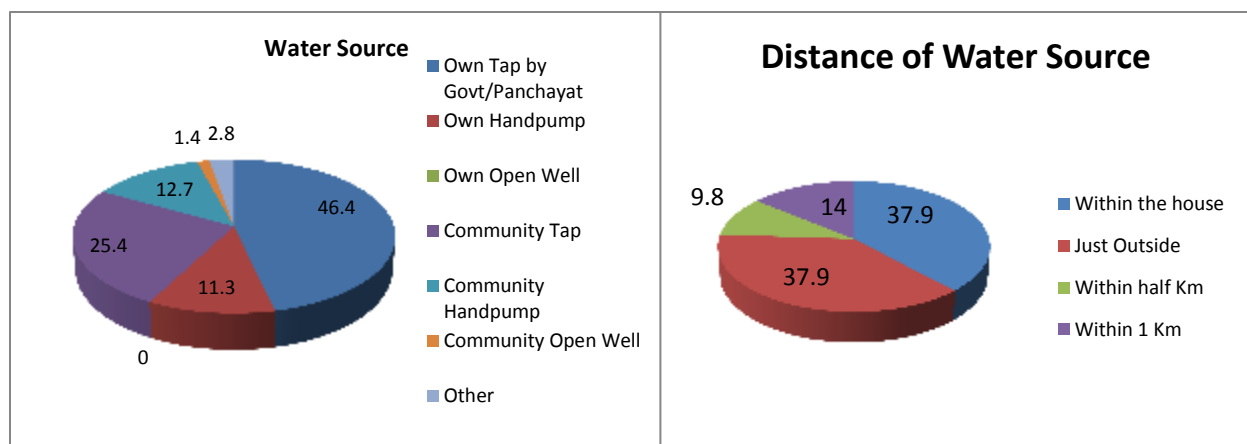
Students who are currently studying 46% of them are in high school followed by primary and secondary school where 27% & 21% students are studying. 73% of the children are enrolled in government institutions followed by private-aided institutions 17%.

4.2.19.3 SANITATION:



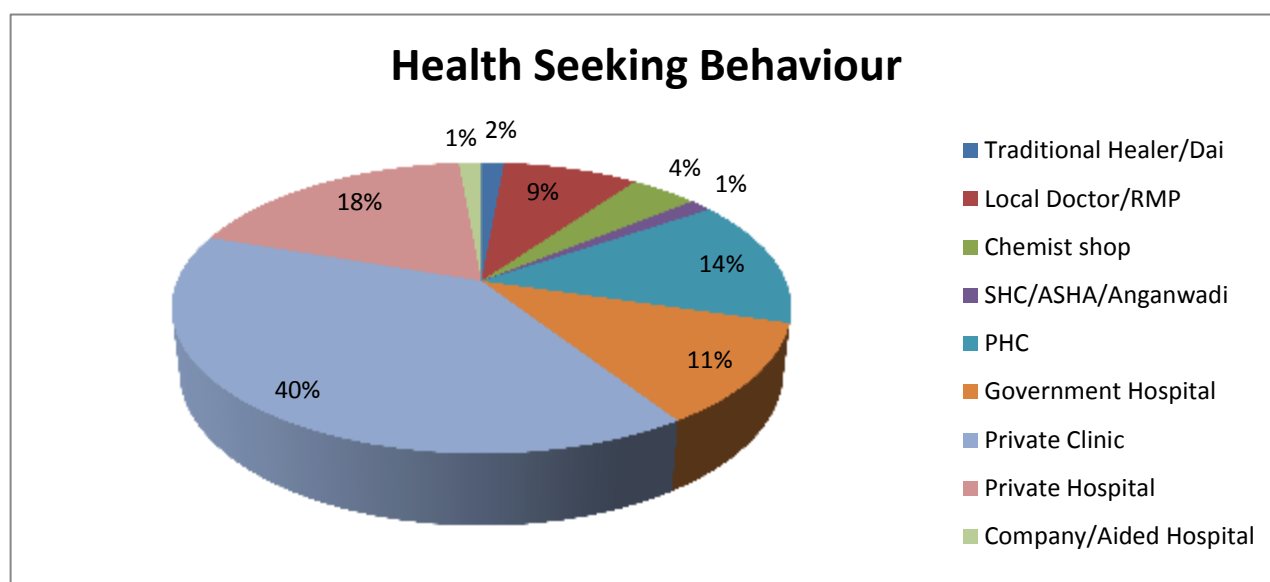
More than half 51% of the household do not have any toilet facility, 45% have pit toilet and only 4% have flush toilet. Among the sample households who don't have any toilet facility 66% said that they are interested if provided free. 2% agreed if provided subsidy and 32% were not interested.

4.2.19.4 WATER SOURCE



46.4% of the sample households reported saying that they have access to piped water supply 25.4% use community tap for drinking water purposes while own hand pump is used by 11.3%. As reported during research 37.9% of the sample have water source located within the home while for 37.9% sample it is located within half a km just outside their home premises. 9.8% of the sample said it is within half km of their house while 14 have to walk almost 1km to fetch water.

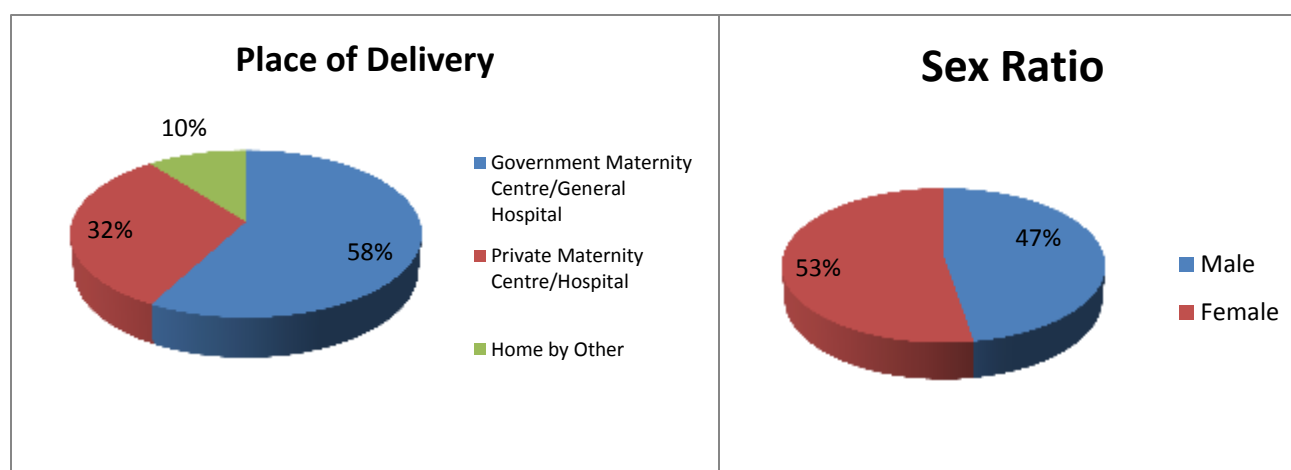
4.2.19.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 40% reported consulting a private clinic for health related issues. 18% visited the private hospital. Only 11% visit a government hospital, and 9% consulted the local doctor.

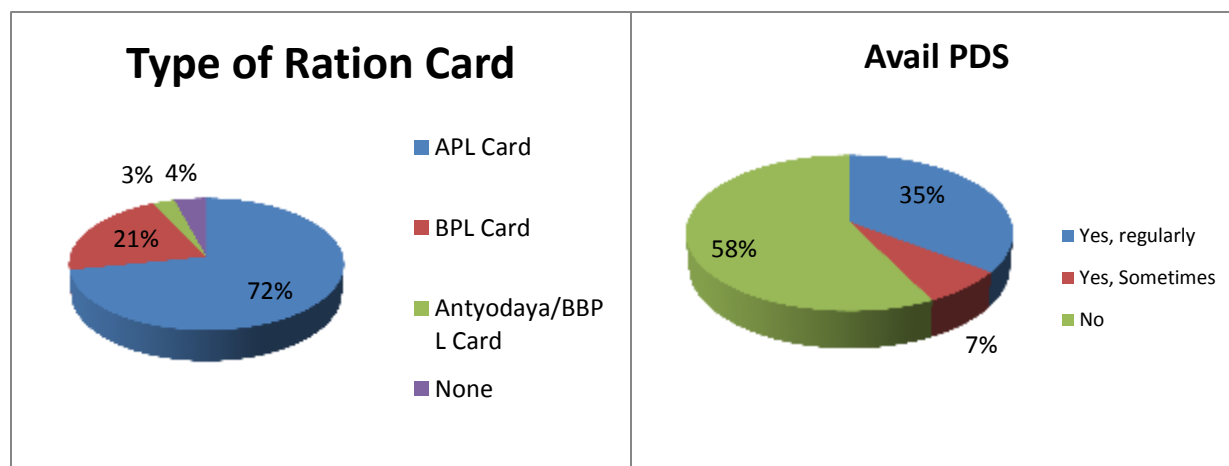
4.2.19.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (58%) give birth to their first child in a government institutional place. 32% in a private maternity place and 10% has home delivery. In the age group of 0-3 years sex ratio is favoured towards the female 53% and male 47%.



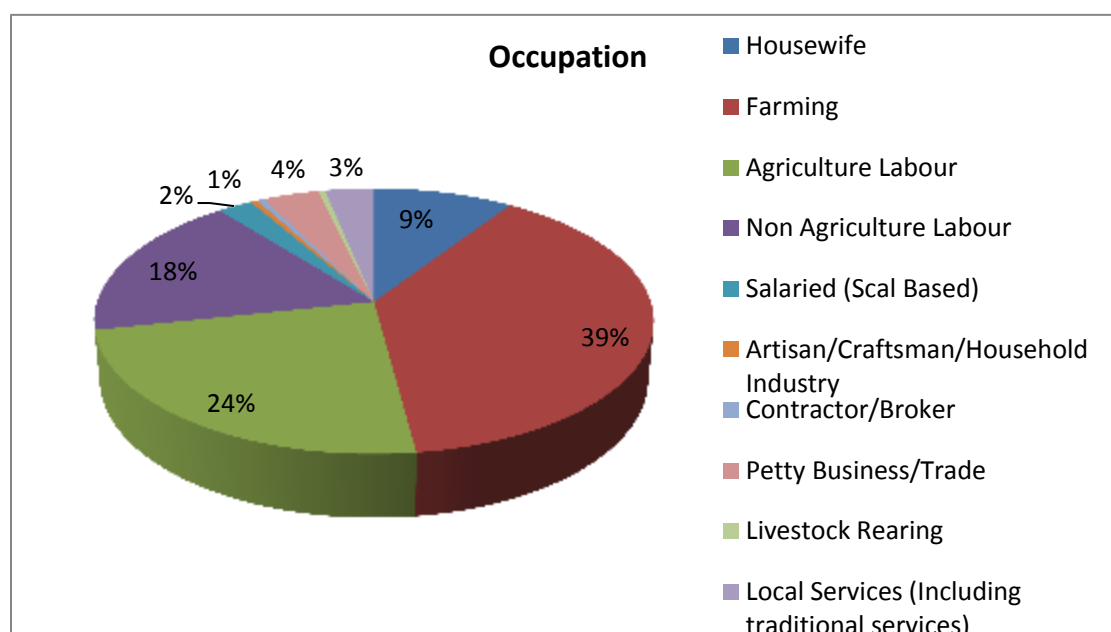
4.2.19.7 PUBLIC DISTRIBUTION SYSTEM:

Most of the sample (72%) hold an APL card, whereas 21% hold a BPL Card and 3% of the sample hold an Antyodaya/BBPL Card while 4% of sample does not hold any card. Among the sample who holds ration card 35% of them regularly avail the PDS facility and 7% of the population only sometimes avail this facility. 58% does not avail the facility at all.



4.2.19.8 OCCUPATION:

As reflected by data 39% of the village members are into farming, 24% are agricultural labours, 18% are non-agricultural labours while 4% are into petty business/trade and 3% are contractors/broker. 9% said that they were housewives.



4.2.19.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Extreme bad condition of the drains in the village and they are not cleaned and the HH garbage is dumped in them. Major problem of Open Defecation in the area, very unhygienic living condition.
- **Health:** Health is a major concern in this area, because of high pollution level, water borne diseases, upper respiratory tract and skin problems are common in the village. The nearest PHC is 10kms.

RECOMMENDATION:

- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Attention to health: providing MMU visit every 2 weeks. In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low.
- The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the WCL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village.
- The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

4.2.20 Village Name: Patala

RELIGION	House holds
Hindu	462
Muslim	03
Sikh	01
Buddhist	19

YEAR	2011
HOUSEHOLDS	484
POPULATION	2198

Facilities Existing within 5 km from the village
Daily/Evening Market- Majri
Weekly Market- Majri
Public Telephone Booth- Majri
DTP/Xerox Centre- Majri
Railway Station- Majri
Police Station- Majri
Bank for S/B account- Kuchana

Public/Common Tap Points 6

HH Tap Connections 250

Facilities Existing more than 5 Kms

Block Development Office-
Bhadravati

Warehouse-Bhadravati

APMC/Mandi-Bhadravati

Higher Secondary School- Wani

Private Hospital-Wani, Warora

Taluk Headquarters -Bhadravati

District Headquarters-Chandrapur

ITI/Polytechnic-Wani, Warora

Degree College-Wani, Warora

Vocational Training Centre- Wani,
Warora

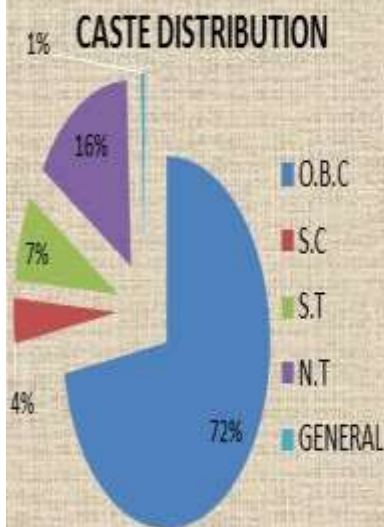
CHC/Government General Hospital-
Warora

Ayush Hospital- Wani, Warora

Veterinary Clinc- Wani, Warora

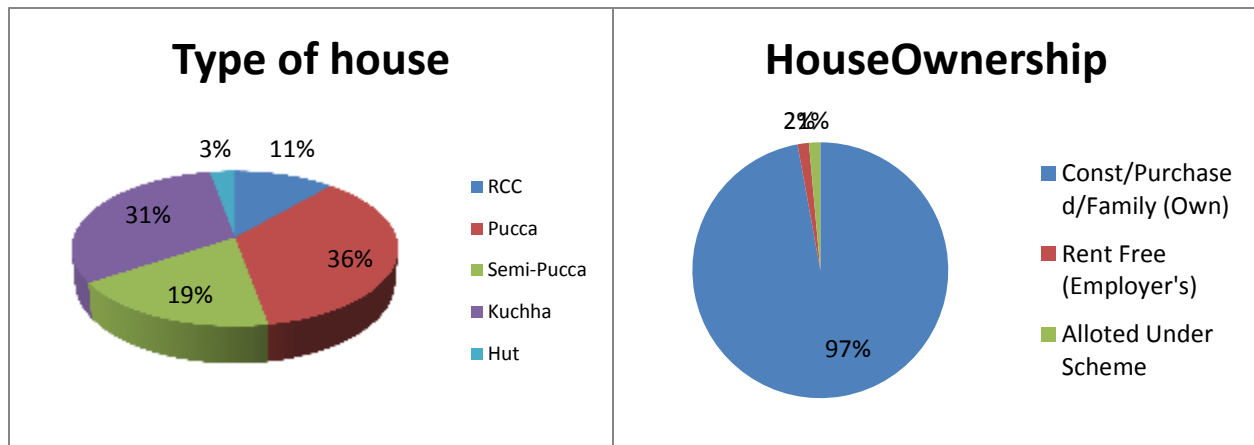
Facilities Existing within village.

Cement/Tar Road
Bus Stop
PDS Shop
Grocery Shop
Gram Panchayat Office
Post Office
Pre-primary School
Government Primary School
Private Secondary School
Private Clinic RMP
Health Sub-Centre
Asha Worker
Dai(Trained/Untrained)
Cooperative Society
Government Secondary School
Primary Health Centre
Private Clinic (MBBS/BAMS+)
Medical Shop/Chemist



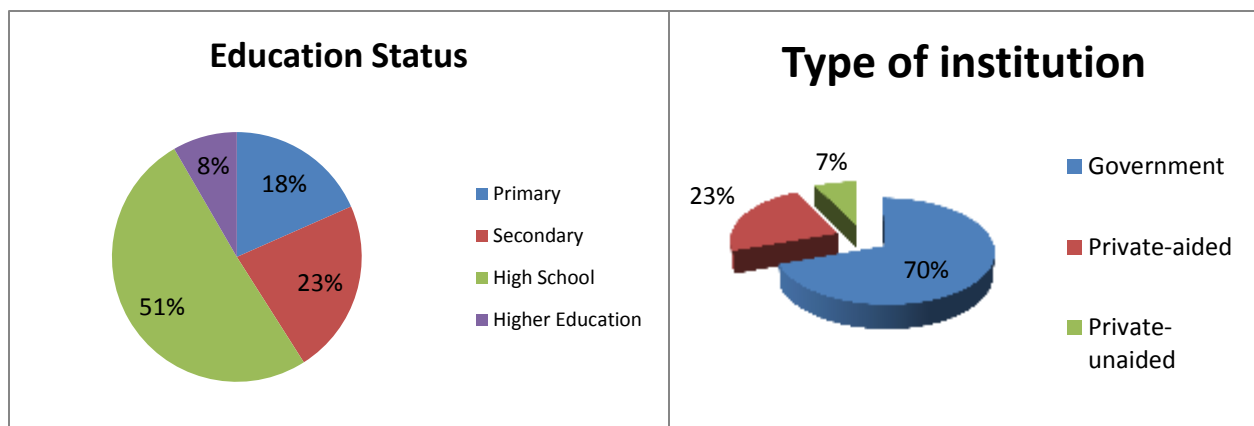
FLOOD PRONENESS	WATER LOGGING	SOIL EROSION	DROUGHT PRONENESS
More than half, 75%	Half, 50%	Some, 25%	Some, 25%

4.2.20.1 HOUSEHOLD STATUS:



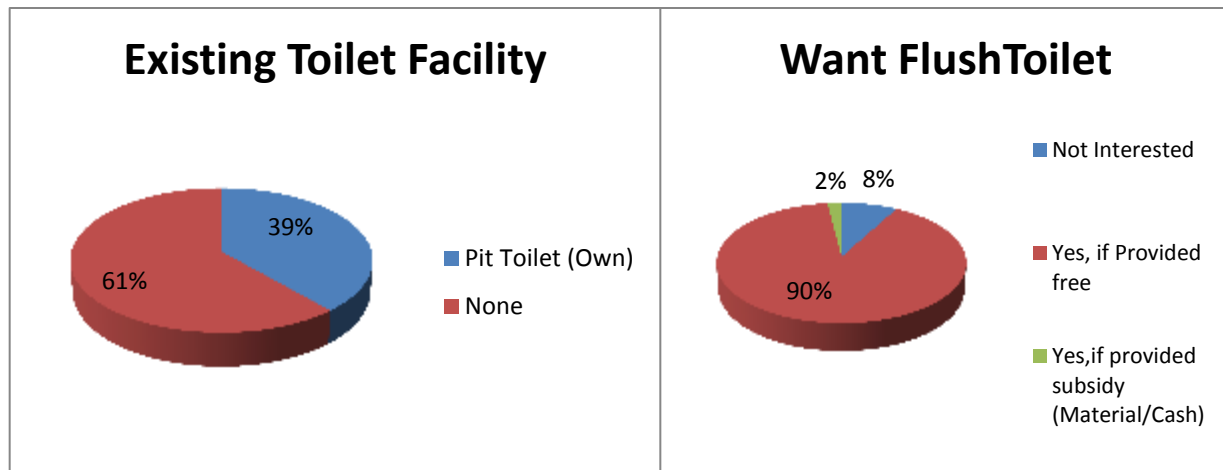
Majority of the sample 36% in Patala Village stay in Pucca houses, 19% in semi-pucca houses, 31% in Kuccha and only 3% live in huts. There are 11% who stay in RCC houses. 97% of the respondents stay in family constructed houses, while 2% each stay in rented and scheme allotted homes. All the households studied in the survey are electrified.

4.2.20.2 EDUCATION:



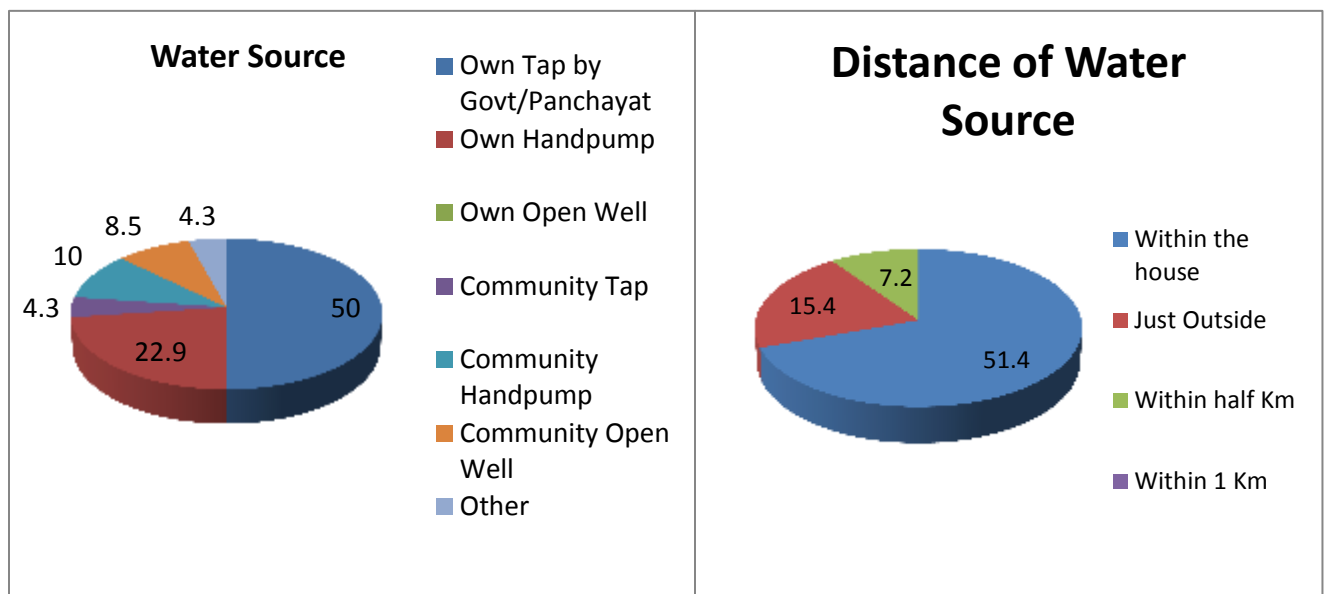
Students who are currently studying 51% of them are in high school followed by primary and secondary school where 18% & 23% students are studying. 70% of the children are enrolled in government institutions followed by private-aided institutions 23%.

4.2.20.3 SANITATION:



61% of the household do not have any toilet facility while 39% have pit toilet. Among the sample households who don't have any toilet facility 90% said that they are interested if provided free. 2% agreed if provided subsidy and 8% were not interested.

4.2.20.4 WATER SOURCE

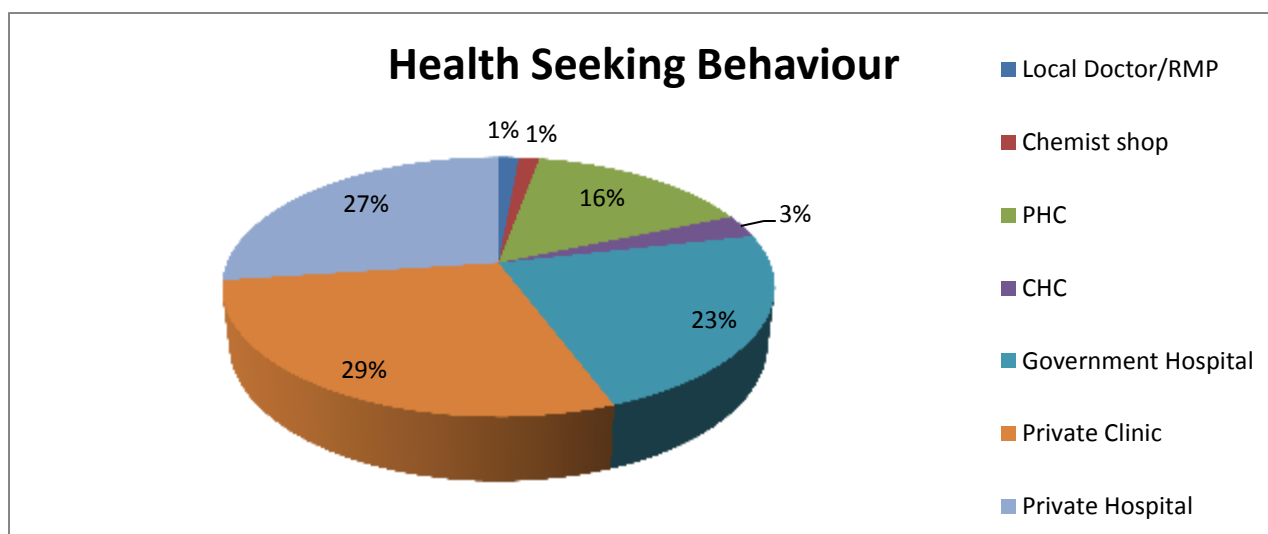


50% of the sample households reported having access to piped water supply, 22.9% saying that they use own handpump for drinking water purposes while community handpump & community

open well is used by 10% & 8.5% respectively. As reported during research 51.4% of the sample have water source located within the home while for 15.4% sample it is located just outside their home and for 7.2% within half a km.

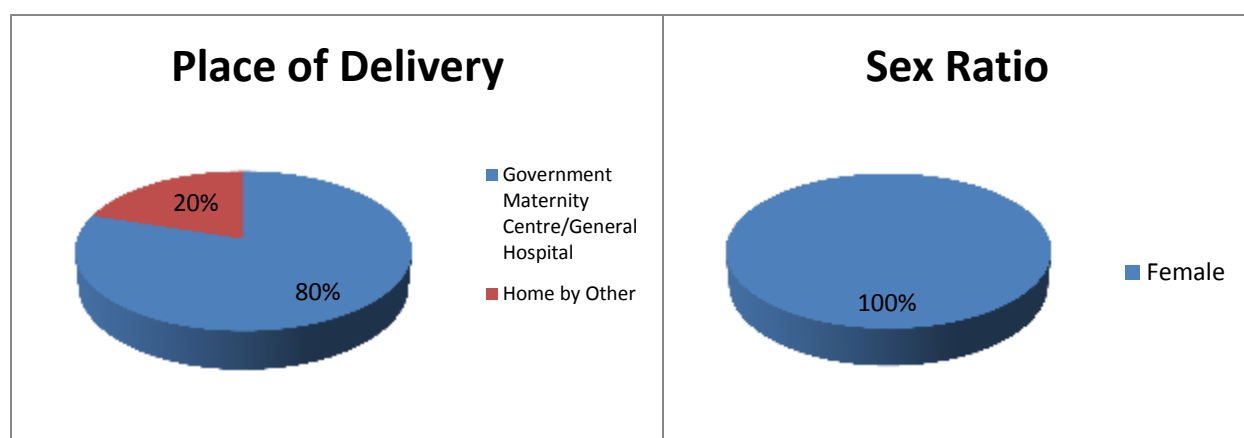
4.2.20.5 HEALTH SEEKING BEHAVIOUR:

Majority of the sample 29% reported consulting the private clinic and 27% visiting the private hospital. 23% go to the government hospital and 16% visit the PHC. Only 3% visit a CHC. 1% visit a chemist shop and 1% visit a local doctor/RMP.



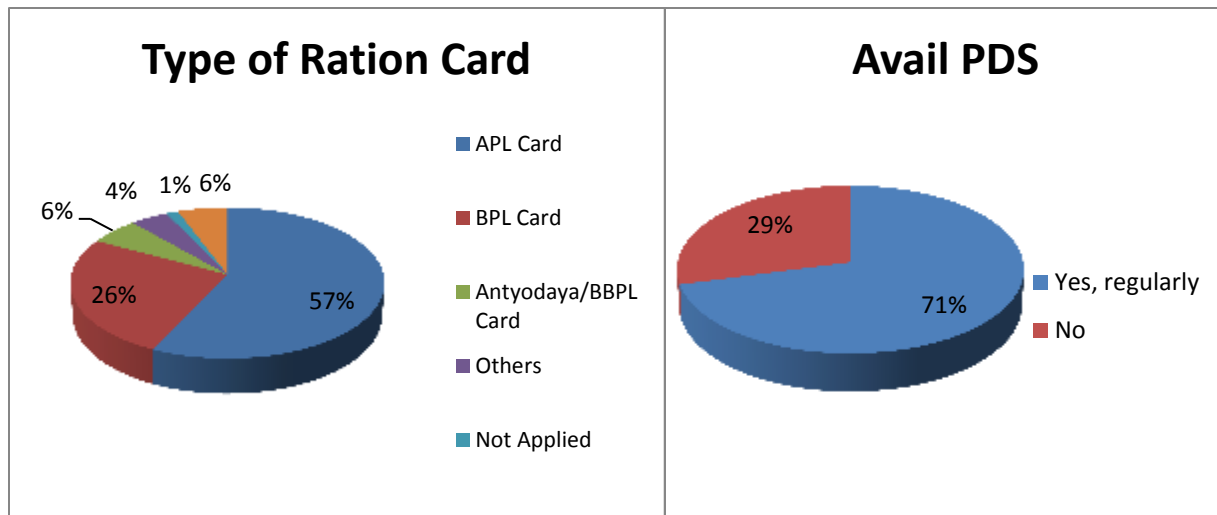
4.2.20.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (80%) give birth to their first child in a government institutional place. And the rest (20%) in a private maternity place. In the age group of 0-3 years sex ratio has 100% females.



4.2.20. 7 PUBLIC DISTRIBUTION SYSTEM

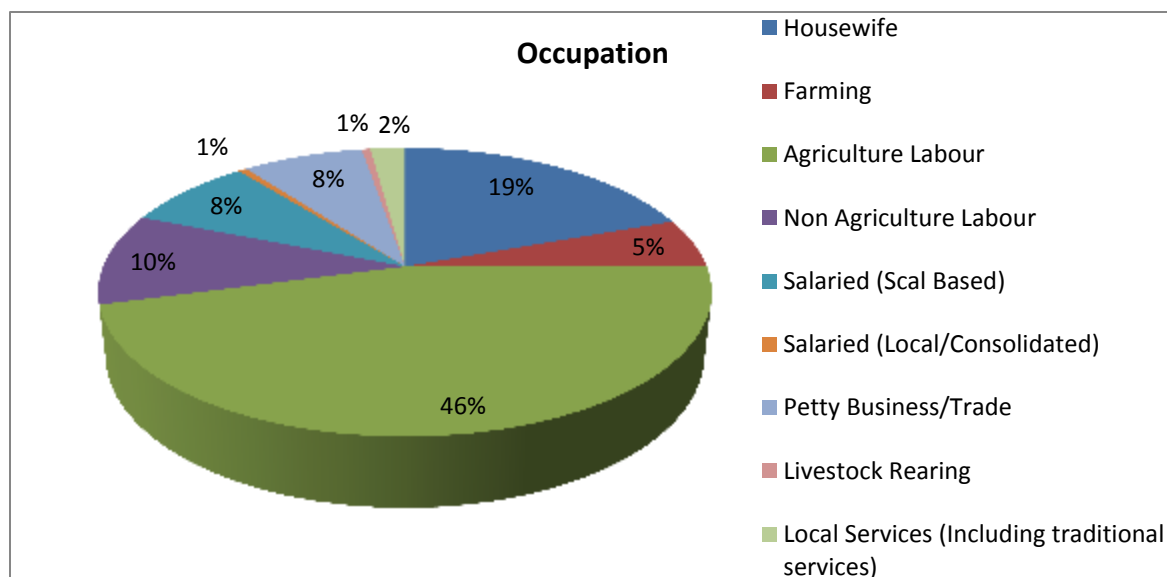
Most of the sample (57%) hold an APL card, whereas 26% hold a BPL Card and 6% of the



sample hold an Antyodaya/BBPL Card while 6% of sample does not hold any card. Among the sample who holds ration card 71% of them regularly avail the PDS facility and 21% does not use it at all.

4.2.20.8 OCCUPATION:

As reflected by data 46% of the village members are agricultural labours, 10% are non-agricultural labours while 5% are into farming and 8% are into petty bussiness/trade. 19% said that they were housewives.



4.2.20.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Extreme bad condition of the drains in the village and they are not cleaned and the HH garbage is dumped in them. Major problem of Open Defecation in the area, very unhygienic living condition.
- **Health:** Health is a major concern in this area, because of high pollution level, water borne diseases, upper respiratory tract and skin problems are common in the village. The nearest PHC is 10kms.

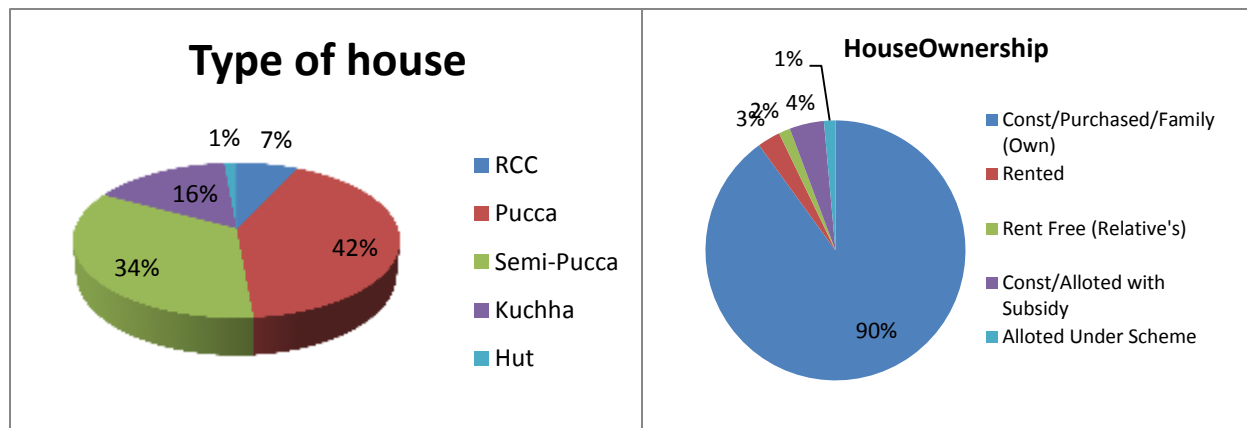
RECOMMENDATION:

- Extensive awareness campaigns on sanitation & hygiene with the help of Government. Departments. The District level Medical Colleges can be collaborated to give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and Family Planning
- Attention to health: providing MMU visit every 2 weeks. In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. It was also found that there was no body in the village who reported of visiting ASHA/Anganwadi worker when they are ill. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.

4.2.21 Village Name: Majri



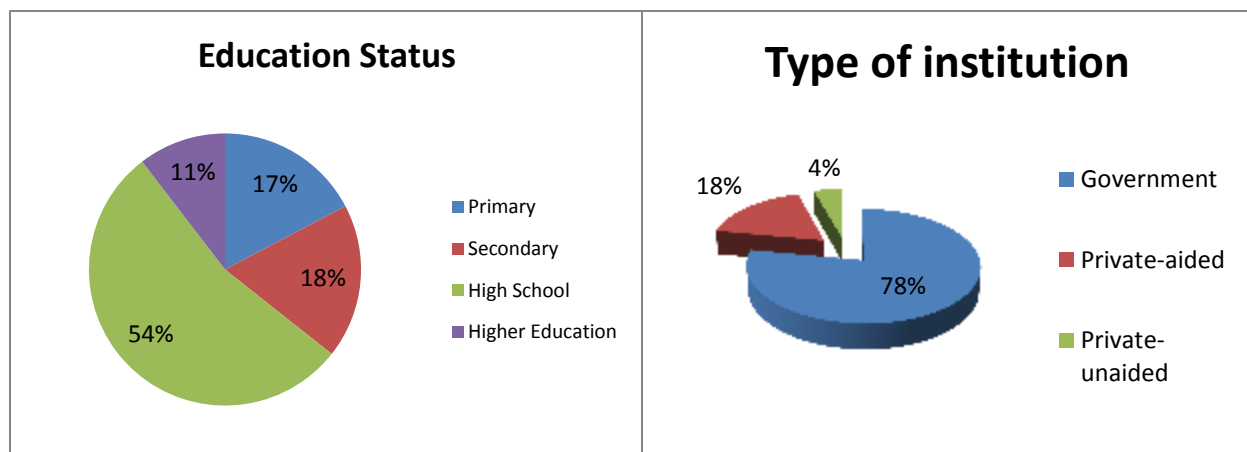
4.2.21.1 HOUSEHOLD STATUS:



Majority of the sample in Majri Village have Pucca Houses (42%), 34% stay in Semi-Pucca houses, 16% in Kuchha, 1% live in huts and 7% stays in RCC houses. 90% of the respondents stay in family constructed houses, while 10% stay in rented, subsidy and scheme allotted homes. 99% of all the households studied in the survey are electrified.

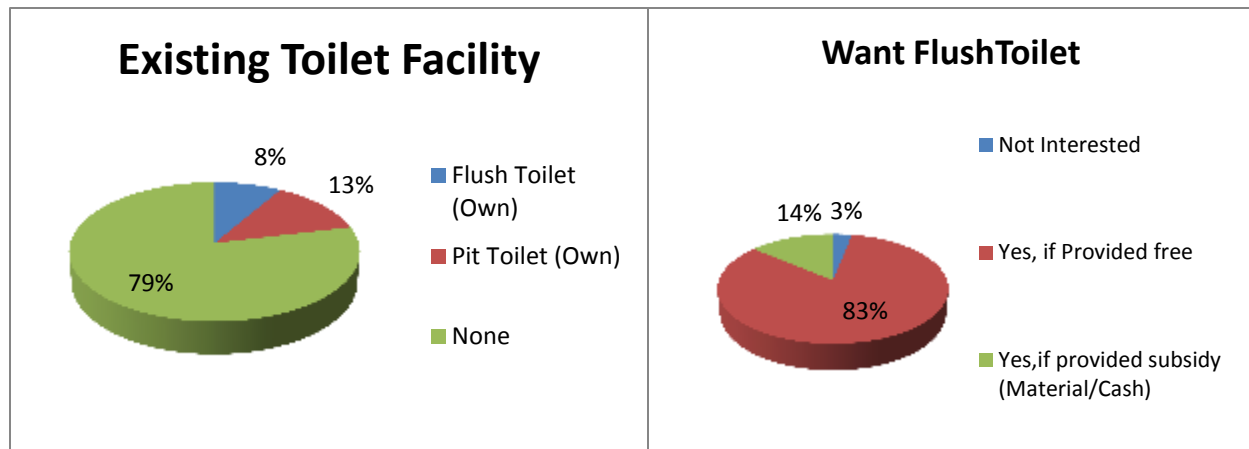
4.2.21.2 EDUCATION:

Students who are currently studying 54% of them are in high school followed by primary and



secondary school where 19% & 11% students are studying. 78% of the children are enrolled in government institutions followed by private-aided institutions 18%.

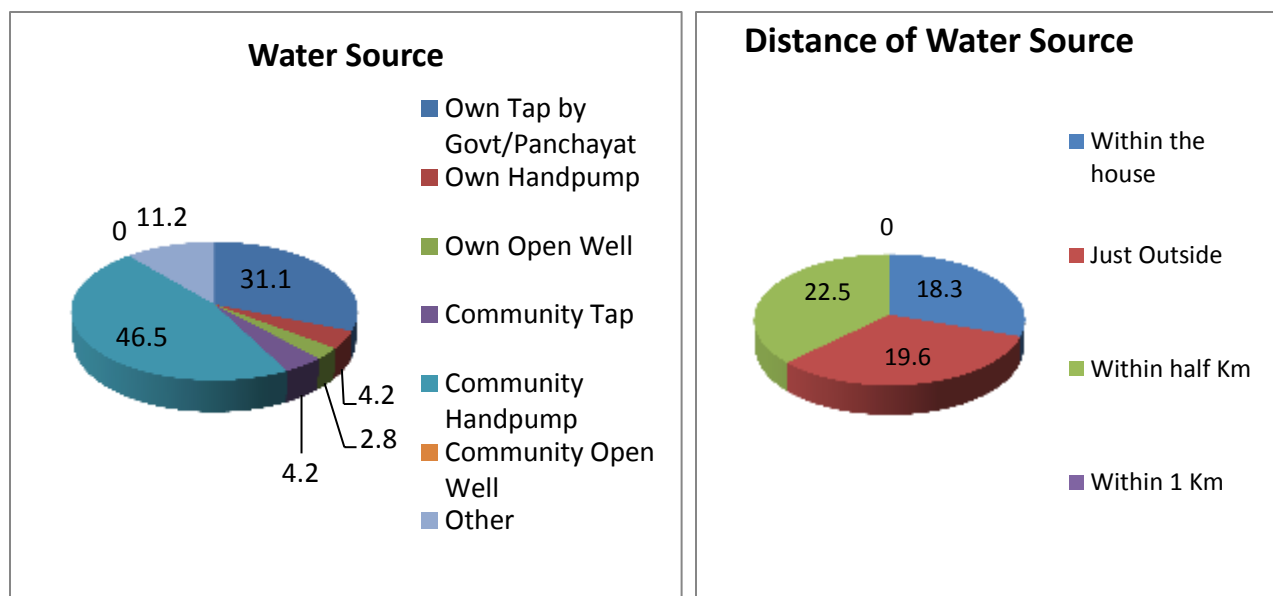
4.2.21. 3 SANITATION



More than half 79% of the household do not have any toilet facility, 13% have pit toilet and 8% have flush toilet. Among the sample households who don't have any toilet facility 83% said that they are interested if provided free. 14% agreed if provided subsidy and 3% were not interested.

4.2.21.4 WATER SOURCE

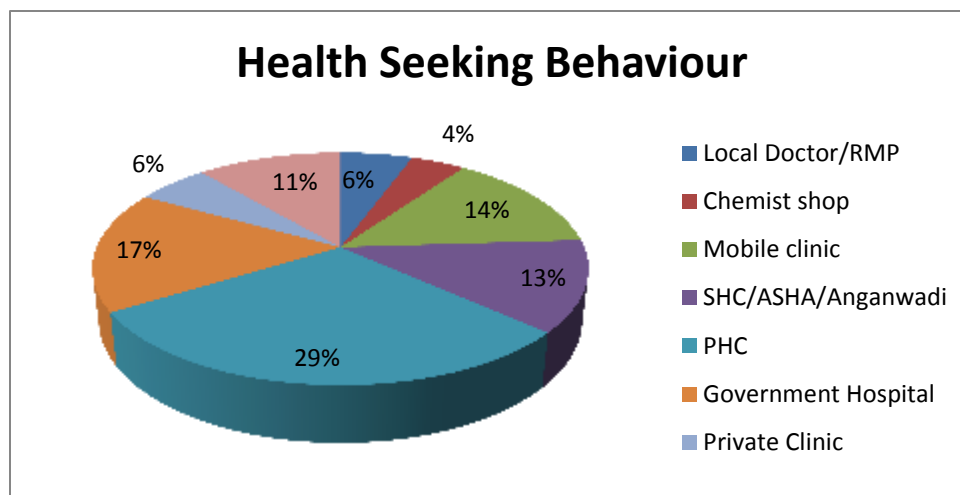
46.5% of the sample households reported saying that they use community handpump for drinking water purposes while 31.1% have access to piped water supply. As reported during research 22.5% of the sample have water source located just outside the home while for 19.6% sample it is located just outside their houses. 18.3% of the sample said it is within the premises of



their house.

4.2.21.5 HEALTH SEEKING BEHAVIOUR

Majority of the sample 29% reported consulting the Primary Health center which is located in

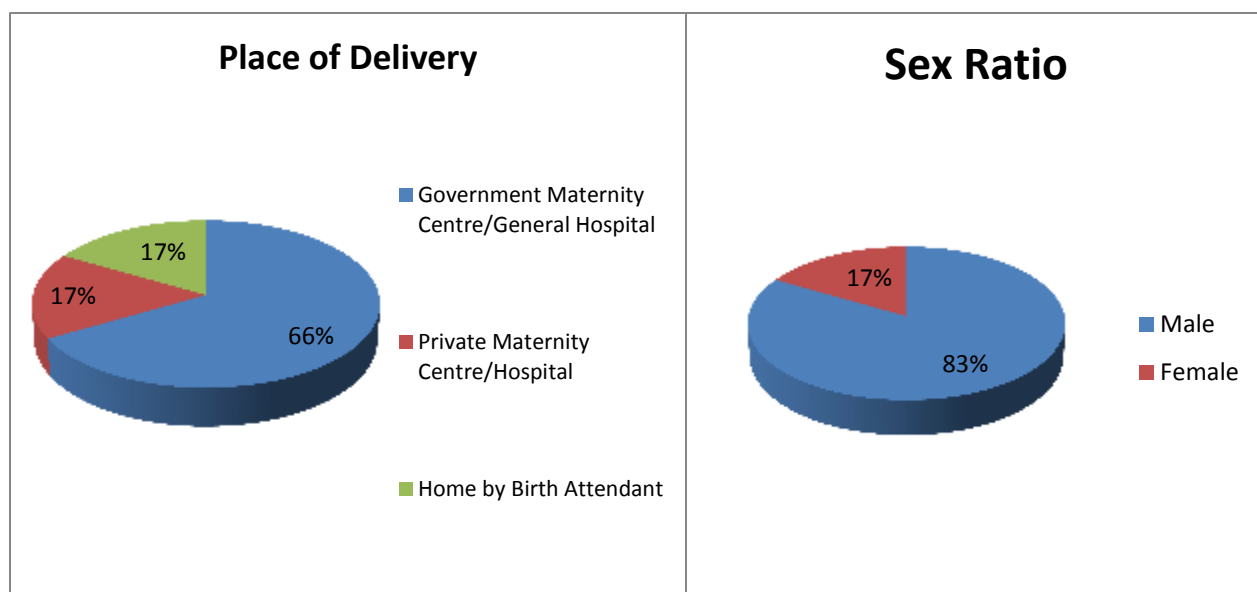


the village itself. Private clinic and private hospitals is consulted by 17% of the population, 6% consult the local doctors and 14% the mobile clinic. 17% visit a government

hospital.

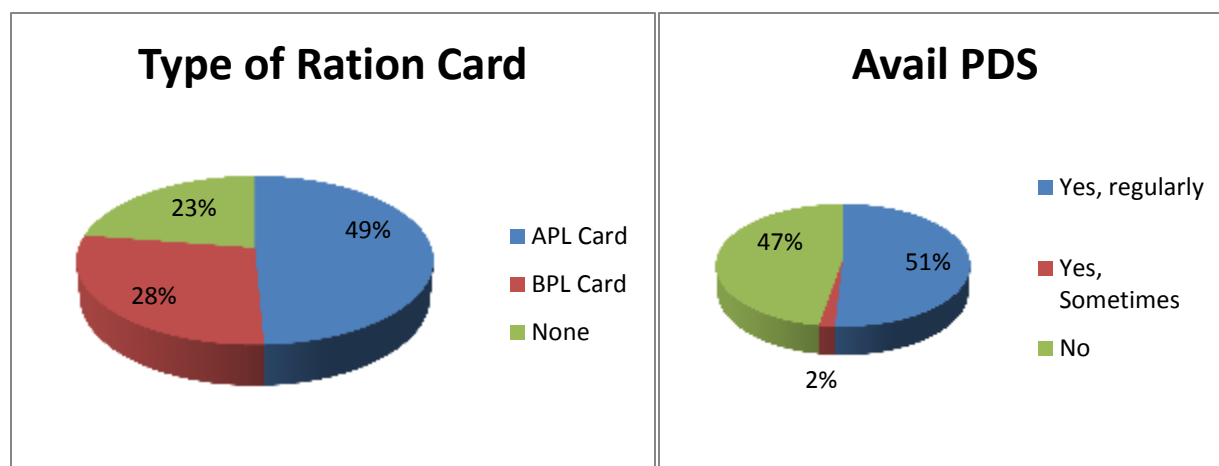
4.2.21.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (66%) give birth to their first child in a government institutional place. 17% each in a private maternity place and also at home by birth



attendant. In the age group of 0-3 years sex ratio is favourable towards the male child at 83% and female at 17%.

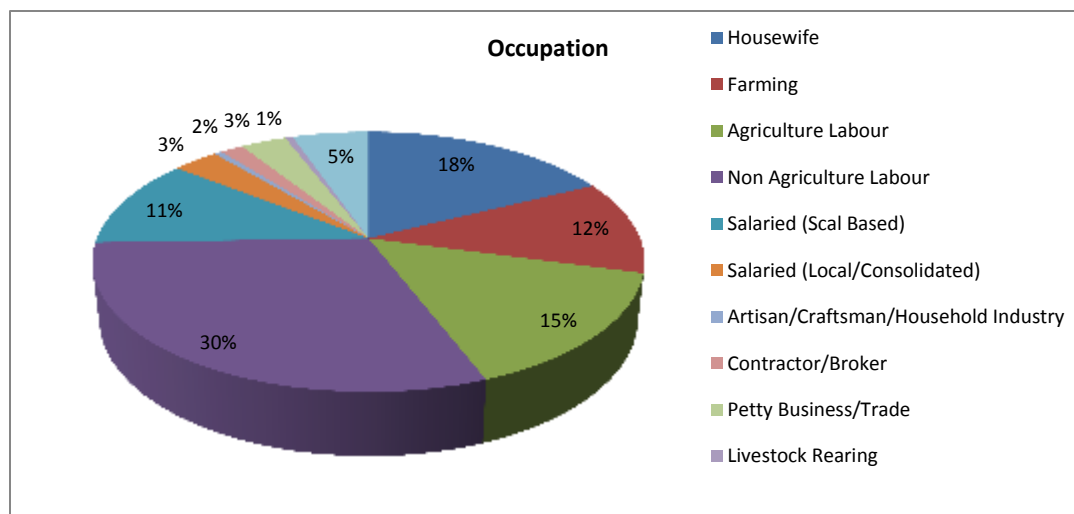
4.2.21.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (49%) hold an APL card, whereas 28% hold a BPL Card while 23% of sample does not hold any card. Among the sample who holds ration card 51% of them regularly avail the PDS facility and only 2% of the population only sometimes avail this facility while 47% does not use it at all.

4.2.21.8 OCCUPATION:

As reflected by data 30% are non-agricultural labours, 15% are agricultural labours while 12% are into ofarming and 11% are salaried employers. A 5% said they were into local tradition. 18% said that they were housewives.



4.2.21.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Extreme bad condition of the road and drains in the village, HH garbage, and sewage water and cattle waste have formed layers of muck on the existing road. Major problem of Open Defecation in the area, very unhygienic living condition.
- **Water:** the village is located on a stony slope, the ground water is very low and the water quality is poor. For drinking water the village faces major concern, especially in the summers. The water used for drinking is brought from a neighboring village (2km).

Inspite of the village being on the banks of a nala, the water table is very low. As told by the villagers the sand from the river bank is taken away to the open cast mines.

RECOMMENDATION:

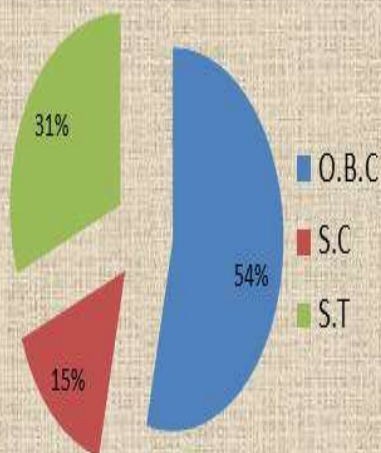
- Extensive awareness campaigns on sanitation & hygiene with the help of Government. Departments. Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school.
- Primary school in village faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. WCL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- It was also found that there is a high dropout rates in the village. WCL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
- Provision of clean drinking water.

4.2.22 Village Name: Vichoda

RELIGION	HOUSEHOLDS
Hindu	130

YEAR	
HOUSEHOLDS	130
POPULATION	650

CASTE DISTRIBUTION



Land Distribution (In Hectares):				
TOTAL AREA	IRRIGATED	NON-IRRIGATED	DROUGHT PRONENESS	FLOOD PRONENESS
			Some, 25%	Half, 50%

Facilities Existing more than 5 Kms

Railway Station-Ballarpur
District Headquarters- Chandrapur
ITI/Polytechnic-Durgapur
Gram Panchayat Office- Khamona
Primary Health Centre- Kadholi

Facilities Existing within village.

Cement/Tar Road
Bus Stop
PDS Shop
Post Office
Pre-primary School
Government Primary School
Asha Worker

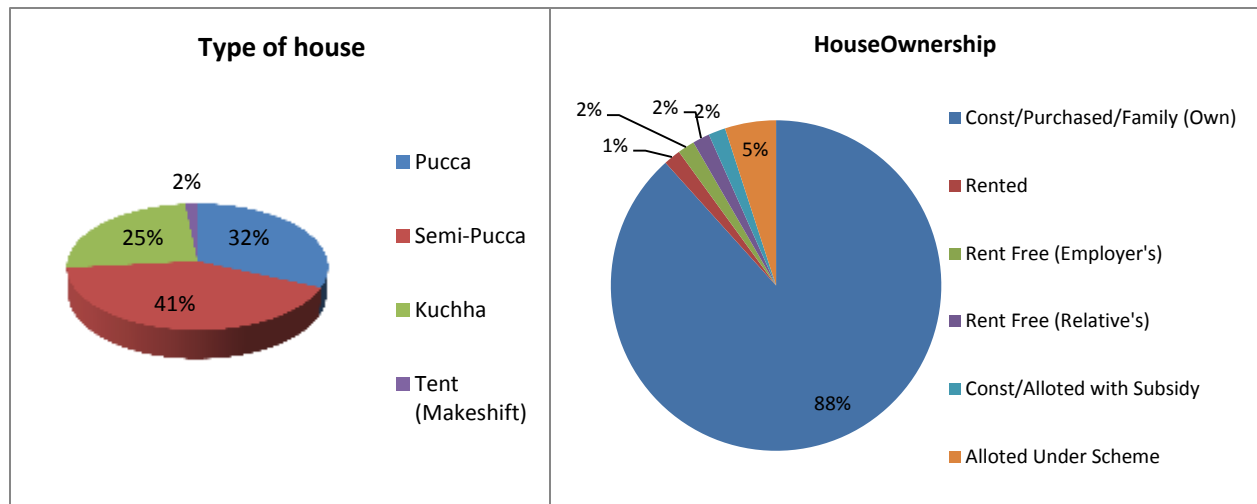
Facilities Existing within 5 km from the village

Public Telephone Booth- Rajura
Daily/Evening Market- Rajura
Weekly Market- Rajura
Grocery Shop- Rajura
DTP/Xerox centre- Rajura
Post Office- Gouri
Police Station- Sasti
Cooperative society- Rajura
Bank for S/B account- Rajura
Block development Office- Rajura
Taluk Headquarters- Rajura
Warehouse- Rajura
APMC/Mandi- Rajura
Private Secondary School- Gouri
Higher Secondary school- Rajura
Degree College- Rajura
ITI/Polytechnic- Rajura
Vocational Training Centre- Rajura
CHC/Government General Hospital- Rajura
Private Clinic (RMP+)- Rajura
Private Clinic (MBBS/BAMS+)- Rajura
Private Hospital- Rajura
Ayush Hospital- Rajura
Veterinary Clinic- Rajura
Medical Shop/Chemist- Rajura

Public/Common Tap Points 00

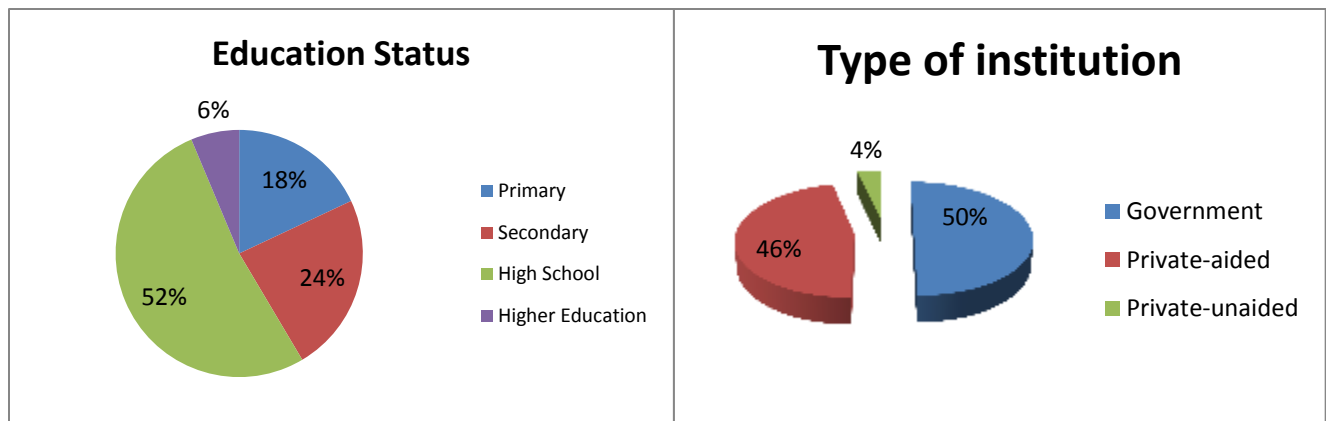
HH Tap Connections 000

4.2.22.1 HOUSEHOLD STATUS:



Majority of the sample in Vichoda Village have Semi-Pucca Houses (41%), 32% stay in Pucca houses, 25% in Kuccha and only 2% live in tent (makeshift) houses. 88% of the respondents stay in family constructed houses, while 7% stay in scheme allotted homes. 98% of all the households studied in the survey are electrified.

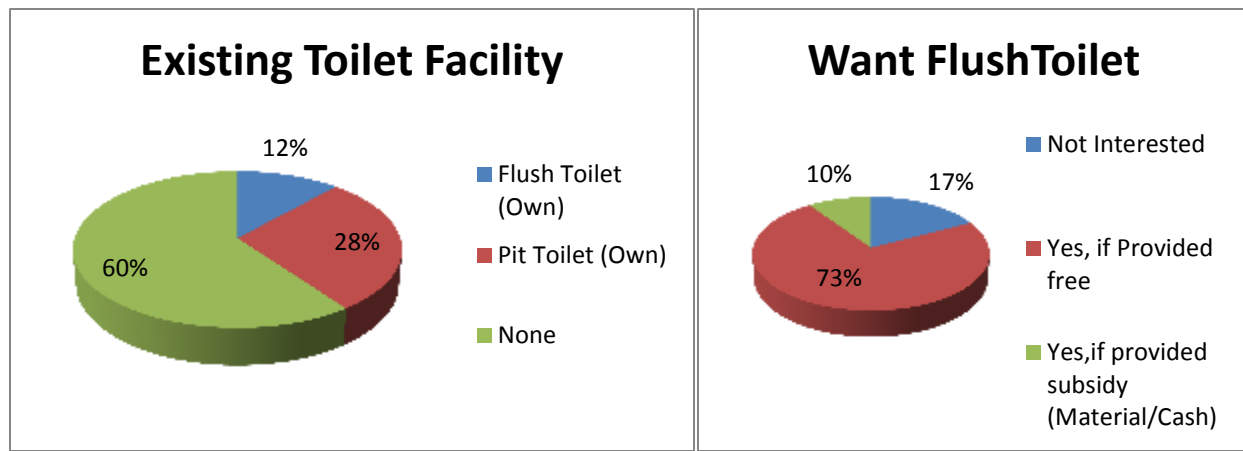
4.2.22.2 EDUCATION:



Students who are currently studying 52% of them are in high school followed by primary and secondary school where 18% & 24% students are studying. A very high percentage of 46% studies in private aided schools whereas 50% are in government schools.

4.2.22.3 SANITATION:

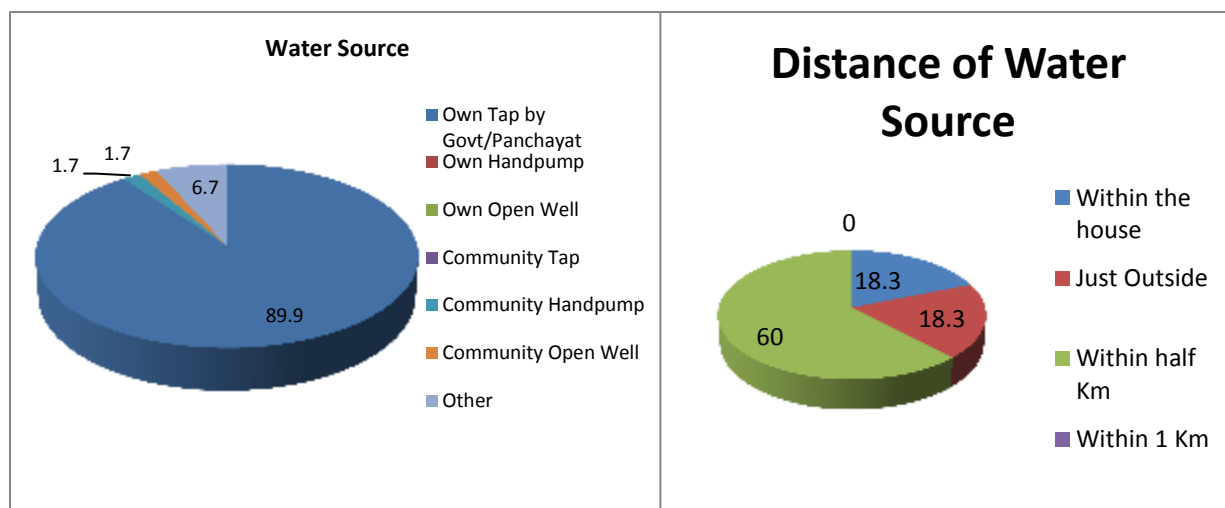
More than half 60% of the household do not have any toilet facility, 28% have pit toilet and



12% have flush toilet. Among the sample households who don't have any toilet facility 73% said that they are interested if provided free. 10% agreed if provided subsidy and 17% were not interested.

4.2.22.4 WATER SOURCE

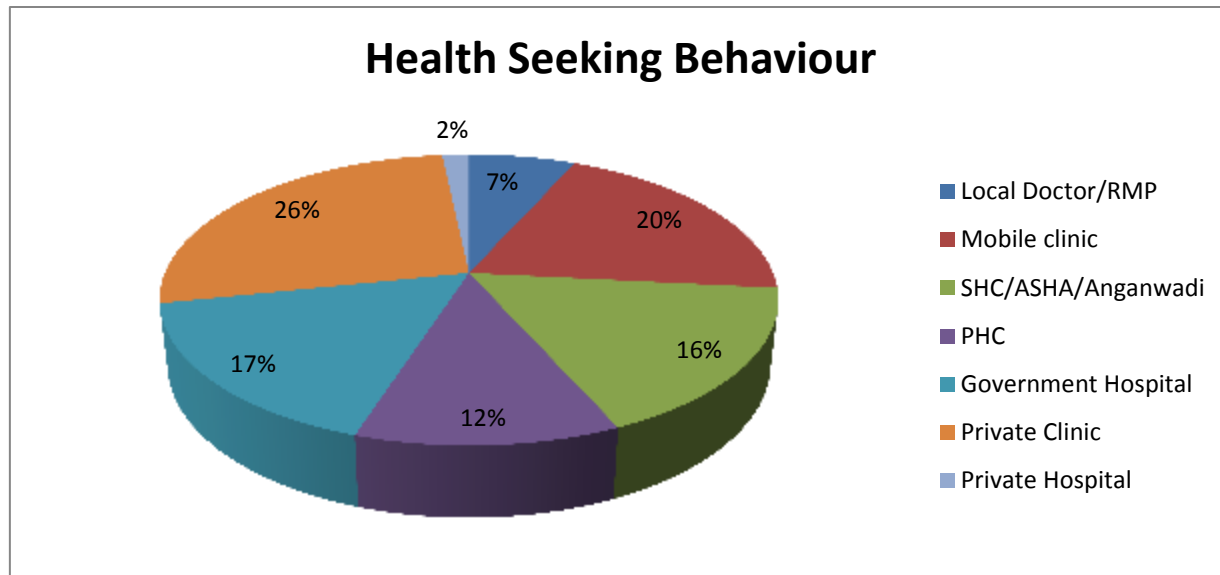
89.9% of the sample households reported saying that they have access to piped water tap system.



But as reported during research for 60% of the sample have water source within half a km. For 18.3% each of the sample access to water is within the premises of their house or within their houses.

4.2.22.5 HEALTH SEEKING BEHAVIOUR:

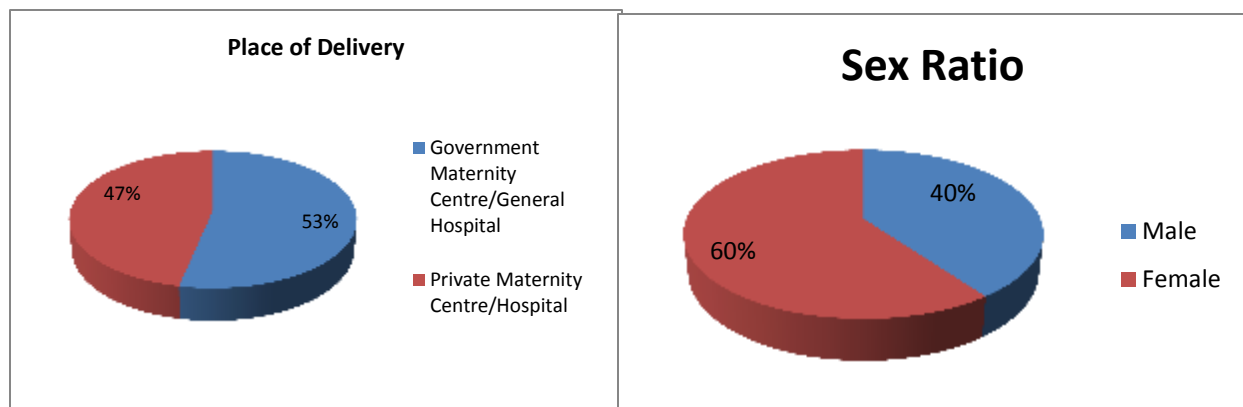
Health seeking behavior pattern for this village is well distributed, with 27% visiting the private



clinic, next 20% consults the mobile clinic, while 17% people go to the government hospital, and 16% consults the Anganwadi/ASHA. 11% goes to the Primary health centre.

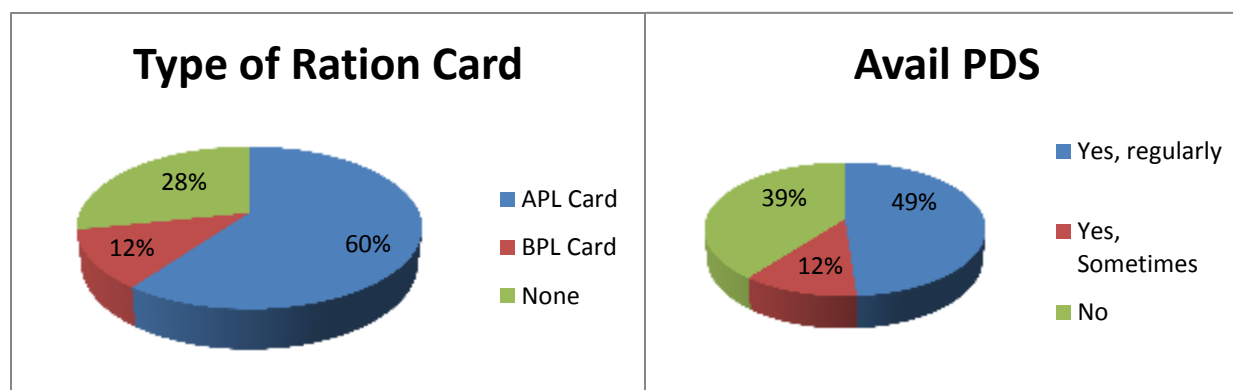
4.2.22.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (53%) give birth to their first child in a



government institutional place. And the rest (47%) in a private maternity place. In the age group of 0-3 years sex ratio is favourable towards the female child at 60% and male is 40%.

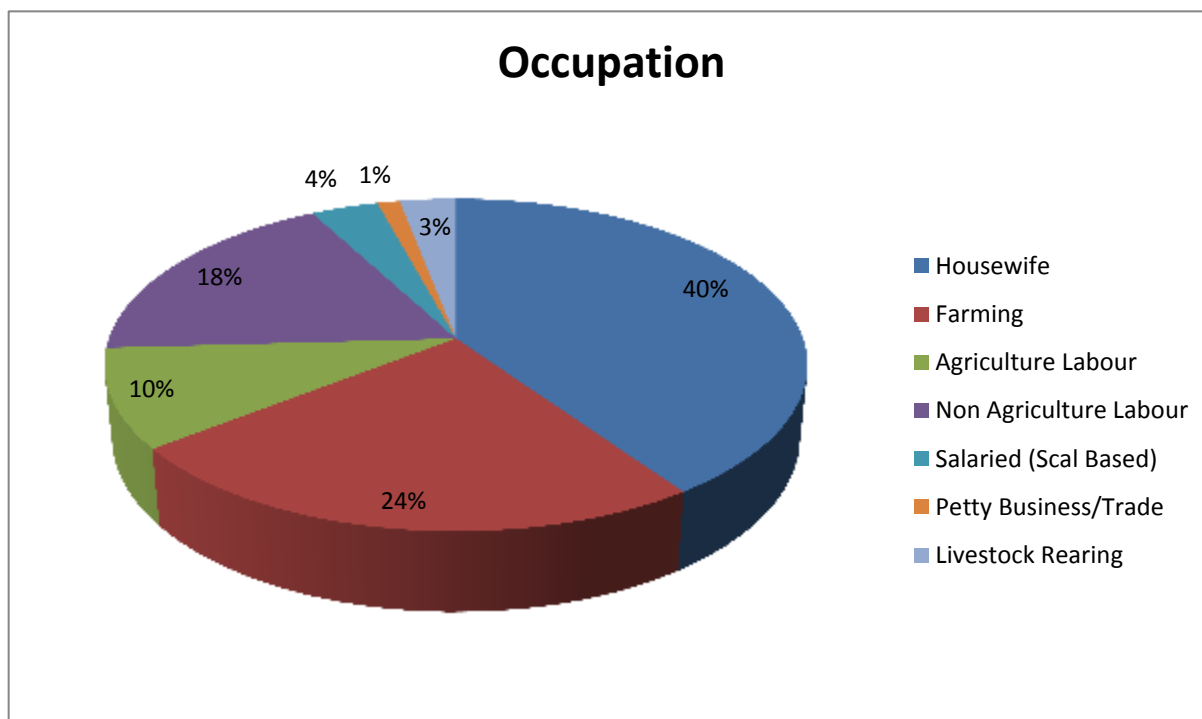
4.2.22.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (60%) hold an APL card, whereas 12% hold a BPL Card while a high 28% of sample does not hold any card. Among the sample who holds ration card 49% of them regularly avail the PDS facility and only 12% of the population only sometimes avail this facility while 39% does not use it at all.

4.2.22.8 OCCUPATION:

As reflected by data 24% of the village members are into farming, 10% are agricultural labours, 18% are non-agricultural labours. 40% said that they were housewives.



4.2.22.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Extreme bad condition of the road and drains in the village, HH garbage, and sewage water and cattle waste have formed layers of muck on the existing road. Major problem of Open Defecation in the area, very unhygienic living condition.
- **Water:** the village is located on a stony slope, the ground water is very low and the water quality is poor. For drinking water the village faces major concern, especially in the summers. The water used for drinking is brought from a neighboring village (2km).

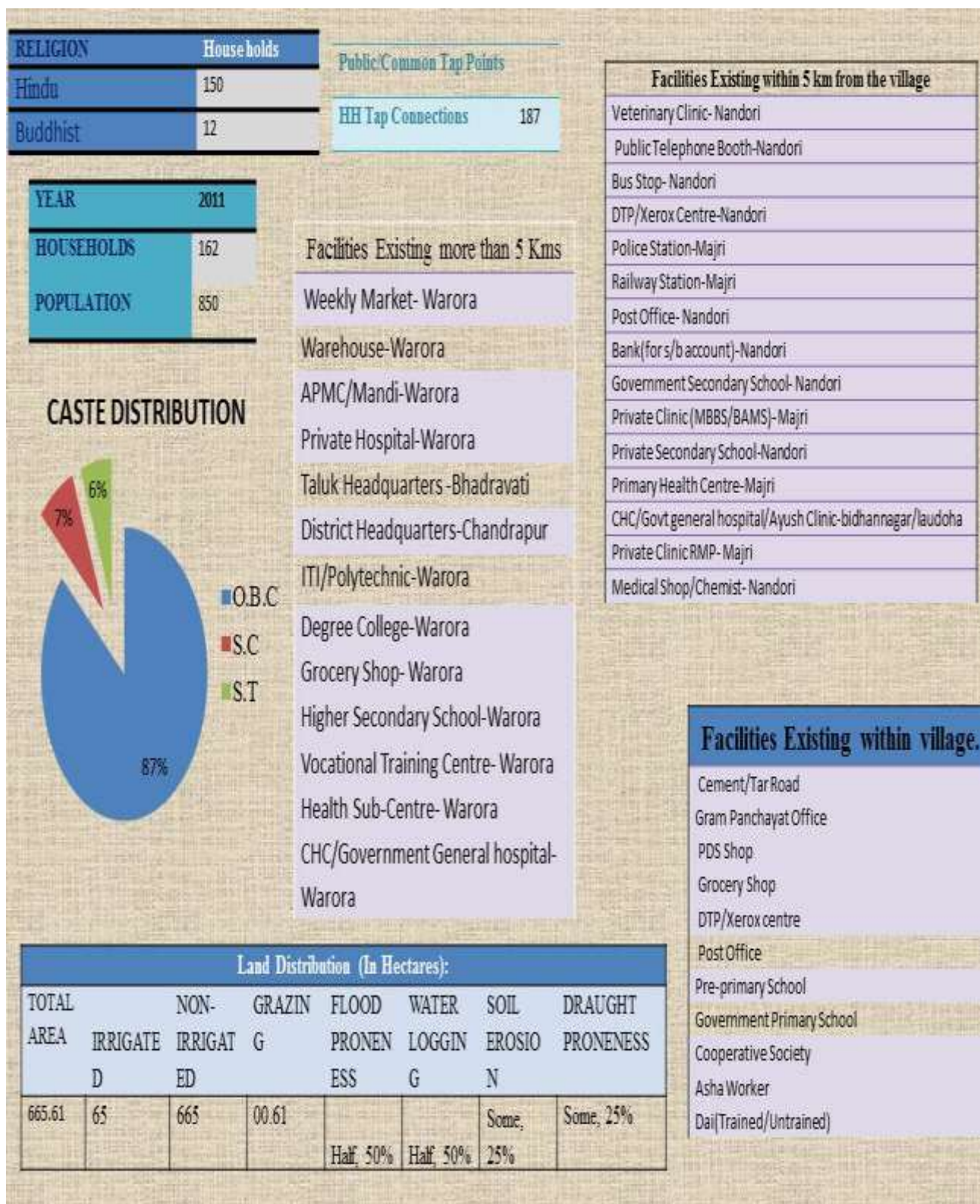
In spite of the village being on the banks of a nala, the water table is very low. As told by the villagers the sand from the river bank is taken away to the open cast mines.

RECOMMENDATION:

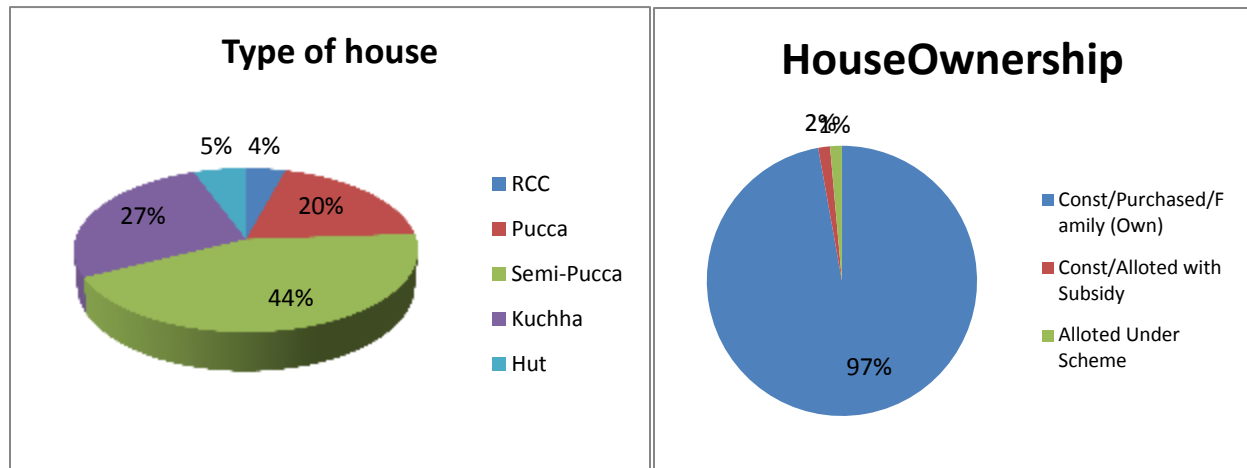
- Attention to health: providing MMU visit every 2 weeks. In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low.
- The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the WCL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village.

- The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
- Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and techniques will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals
- Extensive awareness campaigns on sanitation & hygiene with the help of Government. Departments.
- There is a requirement of drinking water sources in the village along with water filtration plant facility.

4.2.23 Village Name: Vislone



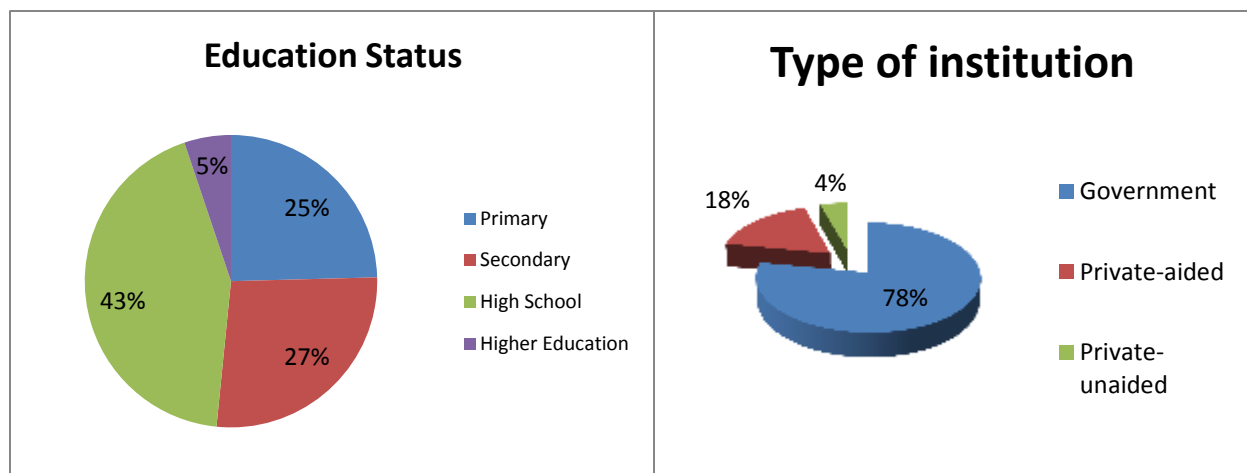
4.2.23.1 HOUSEHOLD STATUS:



Majority of the sample in Vislone Village have Semi-Pucca Houses (44%), 27% stay in Kuchha houses, 20% in Pucca, 4% live in hut while only 5% live in huts. 97% of the respondents stay in family constructed houses, while 3% each stay in scheme allotted homes. 98% of all the households studied in the survey are electrified.

4.2.23.2 EDUCATION:

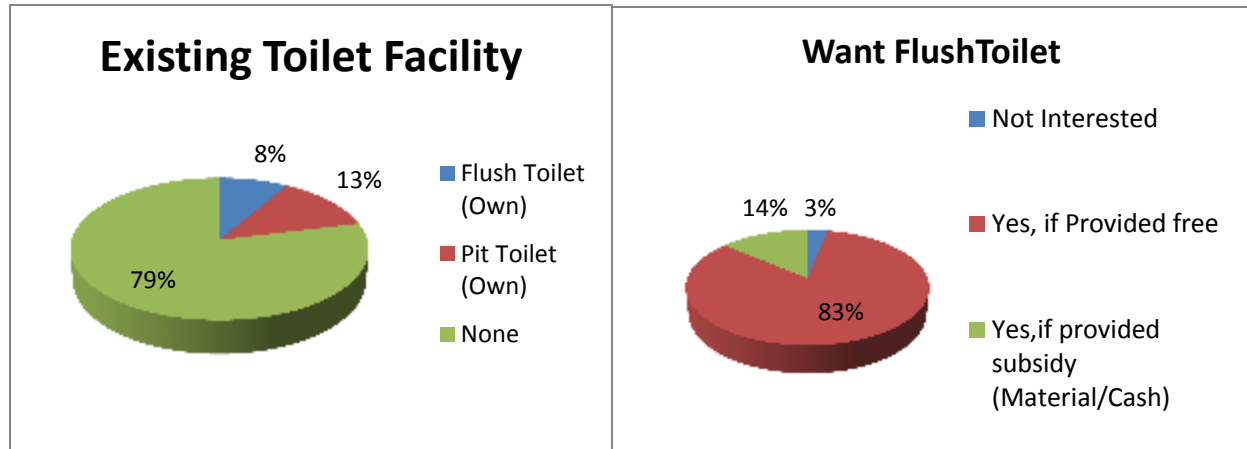
Students who are currently studying 43% of them are in high school followed by primary and secondary school where 25% & 27% students are studying and 5% are doing higher education.



78% of the children are enrolled in government institutions followed by private-aided institutions 18%.

4.2.23.4 SANITATION:

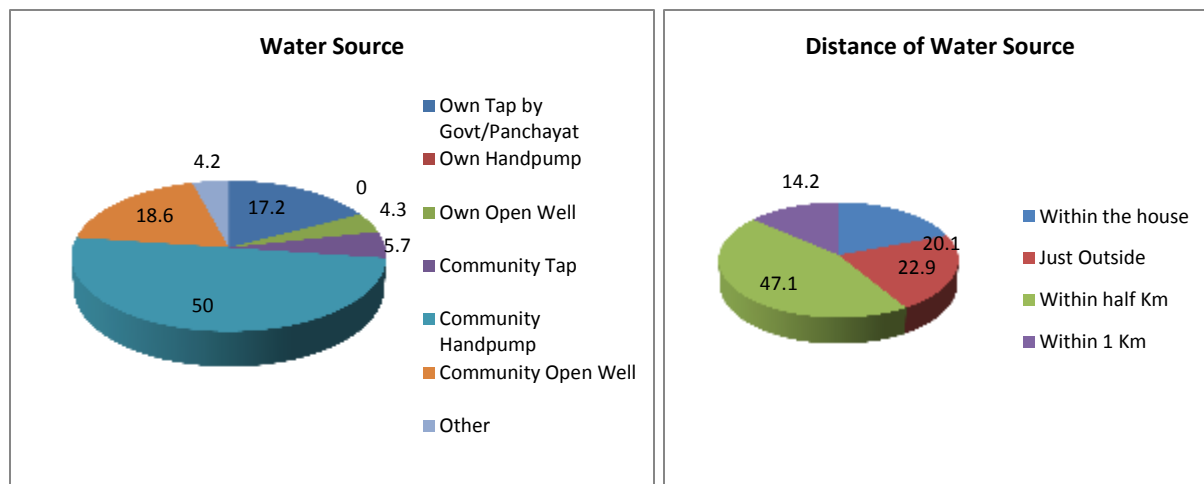
More than half 79% of the household do not have any toilet facility, 13% have pit toilet and 8%



have flush toilet. Among the sample households who don't have any toilet facility 83% said that they are interested if provided free. 14% agreed if provided subsidy and 3% were not interested.

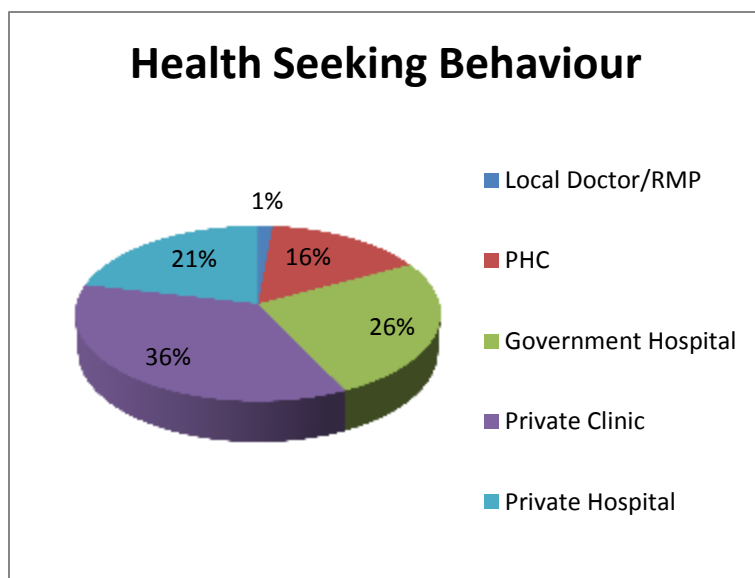
4.2.23.5 WATER SOURCE

50% of the sample households reported saying that they use community handpump for drinking water purposes while community open well is used by 18.6% only 17.2% have access to piped water supply. As reported during research 47.1% of the sample have water source located within half km from the home while for 22.9% sample it is located just outside. 20.1% of the sample said it is within the premises of their house while for 14.2% it is within 1km distance from their



houses.

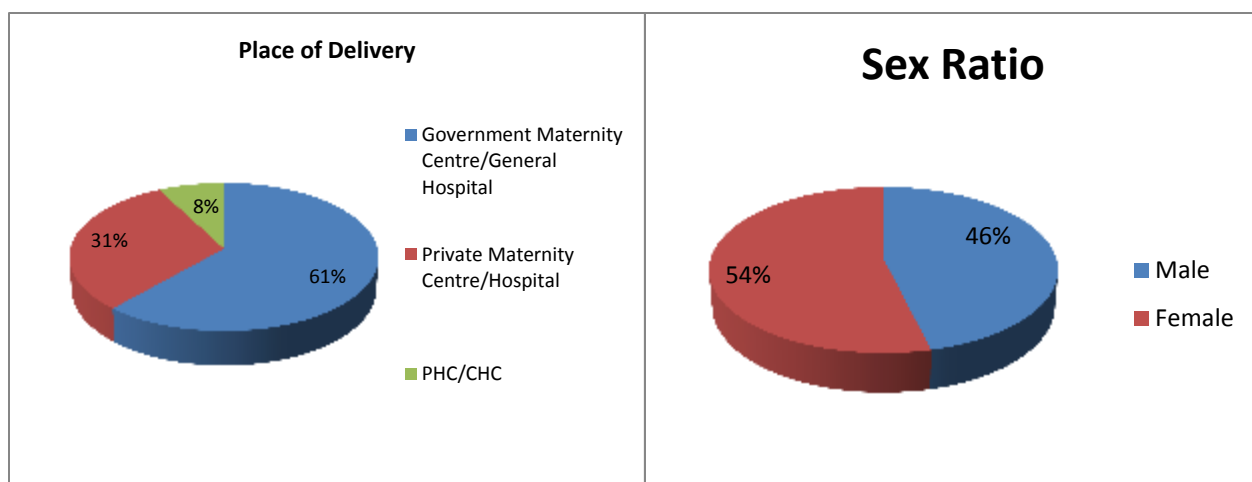
4.2.23.6 HEALTH SEEKING BEHAVIOUR:



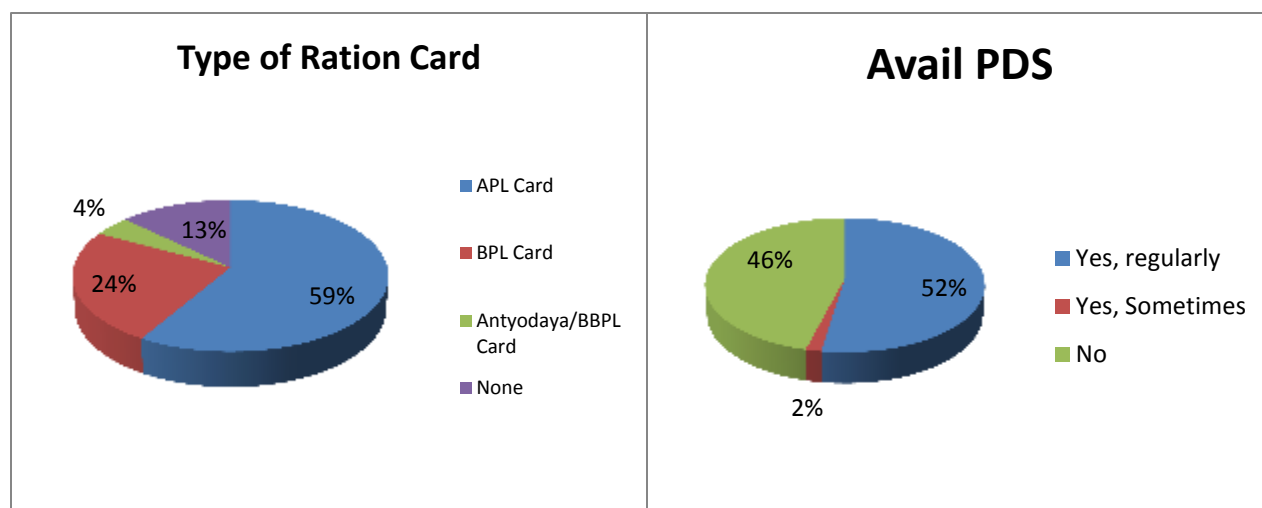
Majority of the sample 36% reported consulting private clinic and 21% private hospitals for health related concerns. Government hospital is consulted by 26% of the population while 16% prefer going to the PHC.

4.2.23.7 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (69%) give birth to their first child in a government institutional place. And the rest (31%) in a private maternity place. In the age group of 0-3 years sex ratio is 54% female and 46% male.



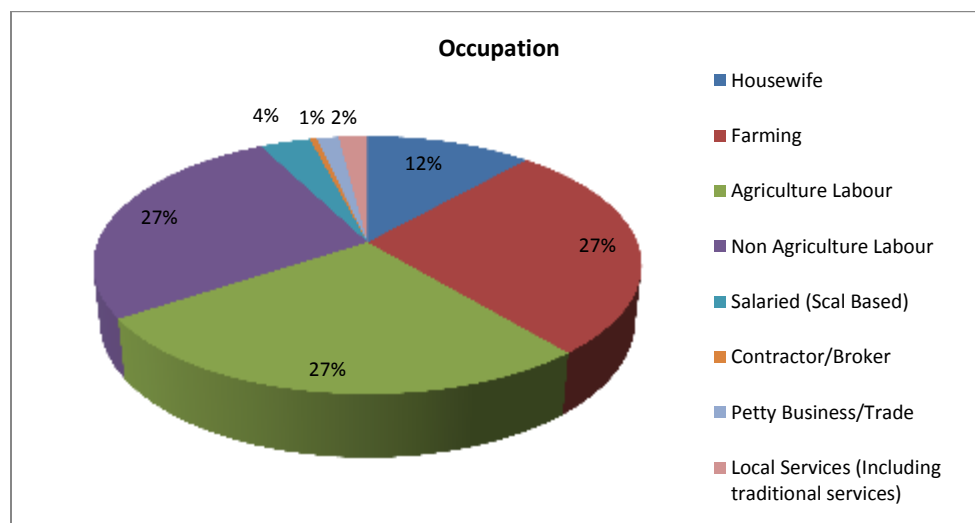
4.2.23.8 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (59%) hold an APL card, whereas 24% hold a BPL Card and 4% of the sample hold an Antyodaya/BBPL Card while 13% of sample does not hold any card. Among the sample who holds ration card 52% of them regularly avail the PDS facility and only 2% of the population only sometimes avail this facility while 46% does not use it at all.

4.2.23.9 OCCUPATION:

As reflected by data 27% of the village members are into farming, 27% are agricultural labours, 27% are non-agricultural labours while 4% are into local services and 2% are salaried employers. 12% said that they were housewives.



4.2.23.10 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Extreme bad condition of the road and drains in the village, HH garbage, and sewage water and cattle waste have formed layers of muck on the existing road. Major problem of Open Defecation in the area, very unhygienic living condition.
- **Water:** the village is located on a stony slope, the ground water is very low and the water quality is poor. For drinking water the village faces major concern, especially in the summers. The water used for drinking is brought from a neighboring village (2km).

In spite of the village being on the banks of a nala, the water table is very low. As told by the villagers the sand from the river bank is taken away to the open cast mines.

RECOMMENDATION:

Immediate requirement:

- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Provision of clean drinking water.
- Attention to health: providing MMU visit every 2 weeks.
- Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. WCL should donate funds for its establishment in any of the school premises.
- It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- A health awareness camp is essential in this village as people which can be better managed by introducing mobile Medical Vans. Medicine should also be provided to the beneficiaries
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health

women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.

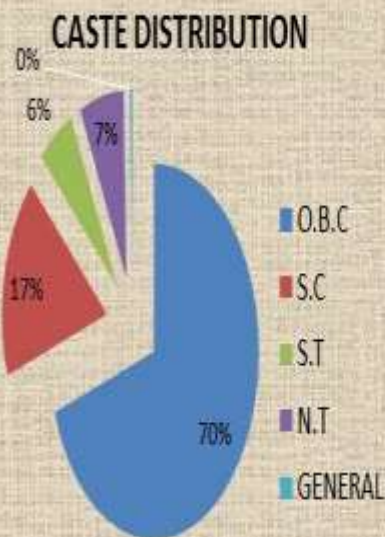
- There is a requirement of filter plant in this area.

-

4.2.24 Village name: Payali

RELIGION	House holds
Hindu	207
Buddhist	40
Jain	01

YEAR	2011
HOUSEHOLDS	248
POPULATION	951



Public/Common Tap Points 02

HH Tap Connections 125

Facilities Existing within village.

Cement/Tar Road
Gram Panchayat Office
PDS Shop
Post Office
Pre-primary School
Government Primary School
Private Secondary School
Private Clinic RMP
Cooperative society
Asha Worker
Dai (Trained/Untrained)
Private Clinic (MBBS/BAMS+)

Facilities Existing within 5 km from the village

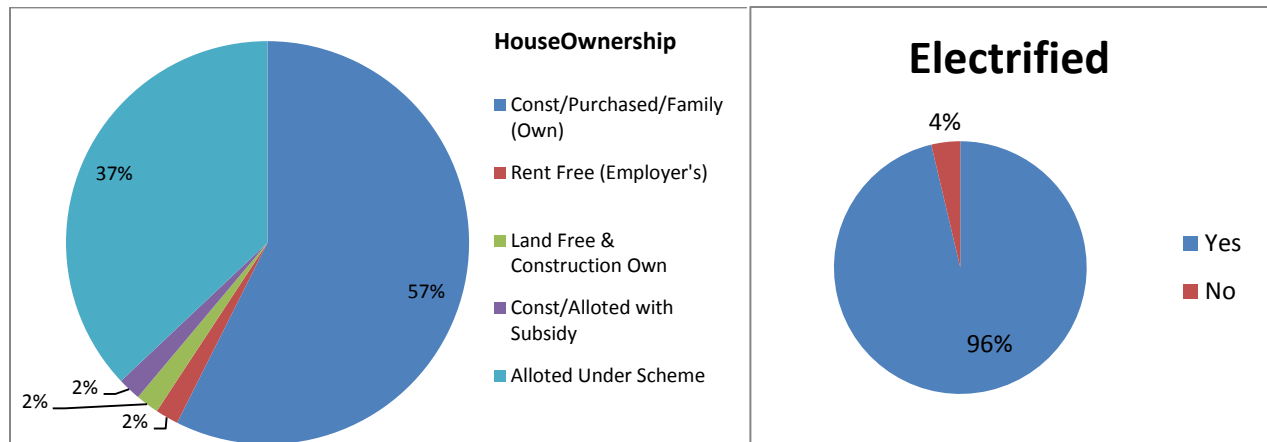
Bus Stop- Guggus Road
Primary Health Centre- Kolgaon
Medical Shop/Chemist- Kailash Nagar
Veterinary Clinic- Kolgaon

Facilities Existing more than 5 Kms

Railway Station-Chandrapur
Warehouse-Wani
APMC/Mandi-Wani
Higher Secondary School- Shindola
Private Hospital- Wani
Taluk Headquarters-Wani
District Headquarters-Yawatmal
ITI/Polytechnic-Wani
Degree College-Wani
Police Station- Shirpur
Bank for S/B account- Shindola
Block Development Office- Wani
Public Telephone Booth- Guggus
Daily/Evening Market-Guggus
Weekly Market- Guggus
Grocery Shop- Guggus
DTP/Xerox Centre- Guggus
Vocational Training Centre- Wani
CHC/Government General Hospital- Wani

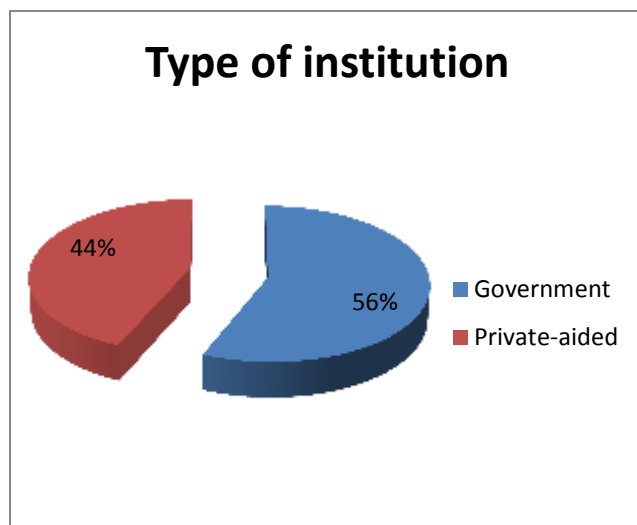
Land Distribution (In Hectares):						
TOTAL AREA	IRRIGATED	NON-IRRIGATED	FLOOD PRONENESS	WATER LOGGING	SOIL EROSION	OTHERS
544.98	40.35	145.00	Half, 50%	Some, 25%	Some, 25%	WCL dusting and dumping

4.2.24.1HOUSEHOLD STATUS:



57% of the respondents stay in family constructed houses, while 37% each stay scheme allotted homes. For 2% of the sample stay in rent free accommodation, 2% has built their own home on land given free to them and the remaining have been allotted on subsidy. All the households studied in the survey 96% electrified.

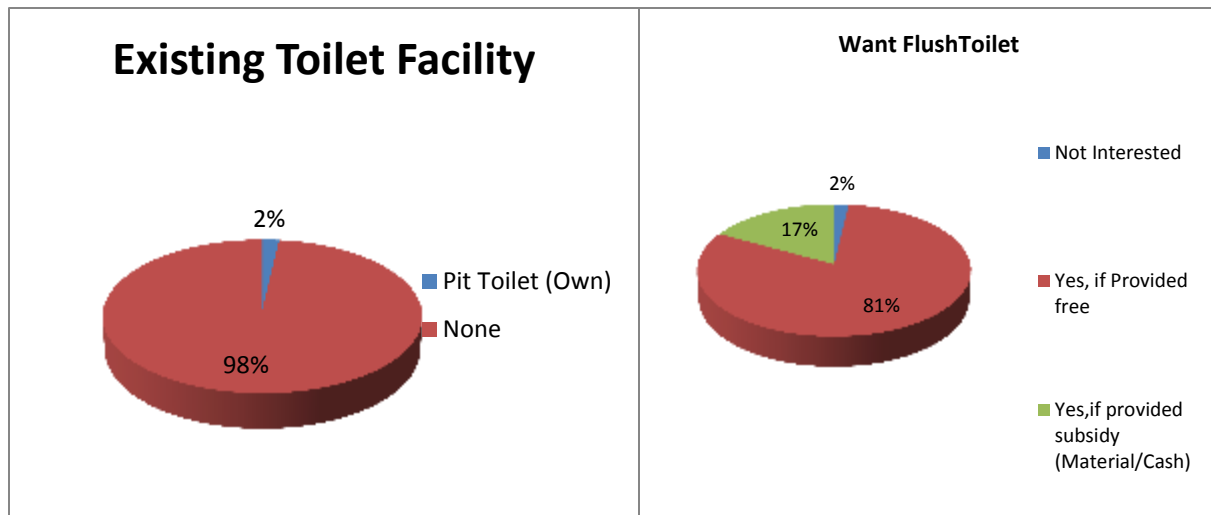
4.2.24.2 EDUCATION:



Students who are currently studying, 56% of the children are enrolled in government institutions followed by private-aided institutions 44%.

4.2.24.3 SANITATION:

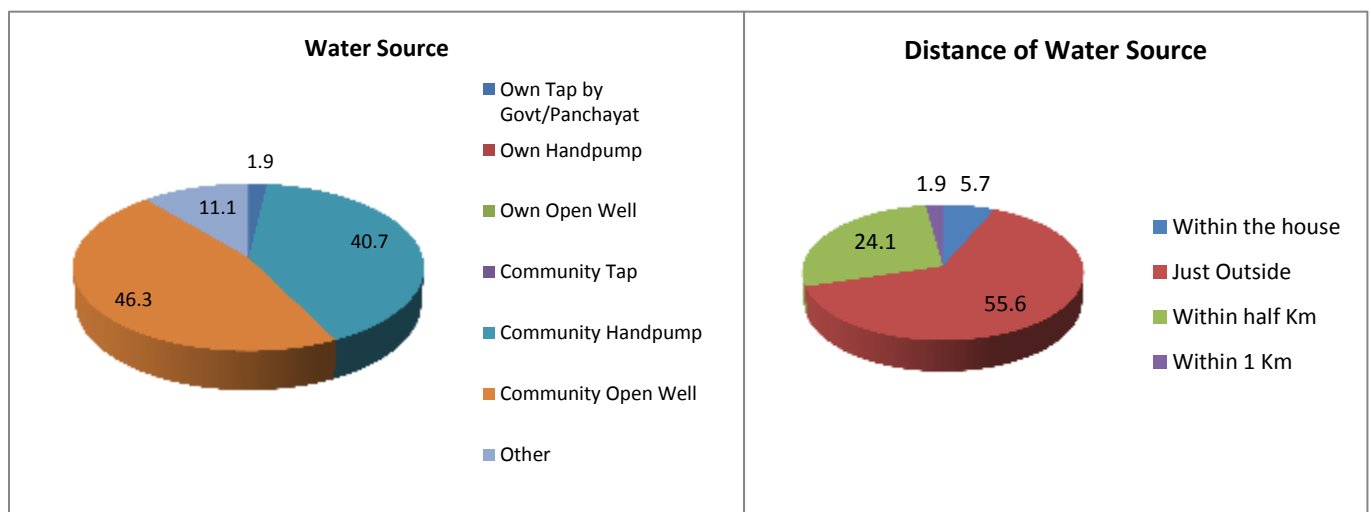
Shockingly the entire number of respondents interviewed claimed that they do not any toilet



facility, which is 98% while only 2% have pit toilet. Among the sample households who don't have any toilet facility 82% said that they are interested if provided free. 17% agreed if provided subsidy and 2% were not interested.

4.2.24.4 WATER SOURCE

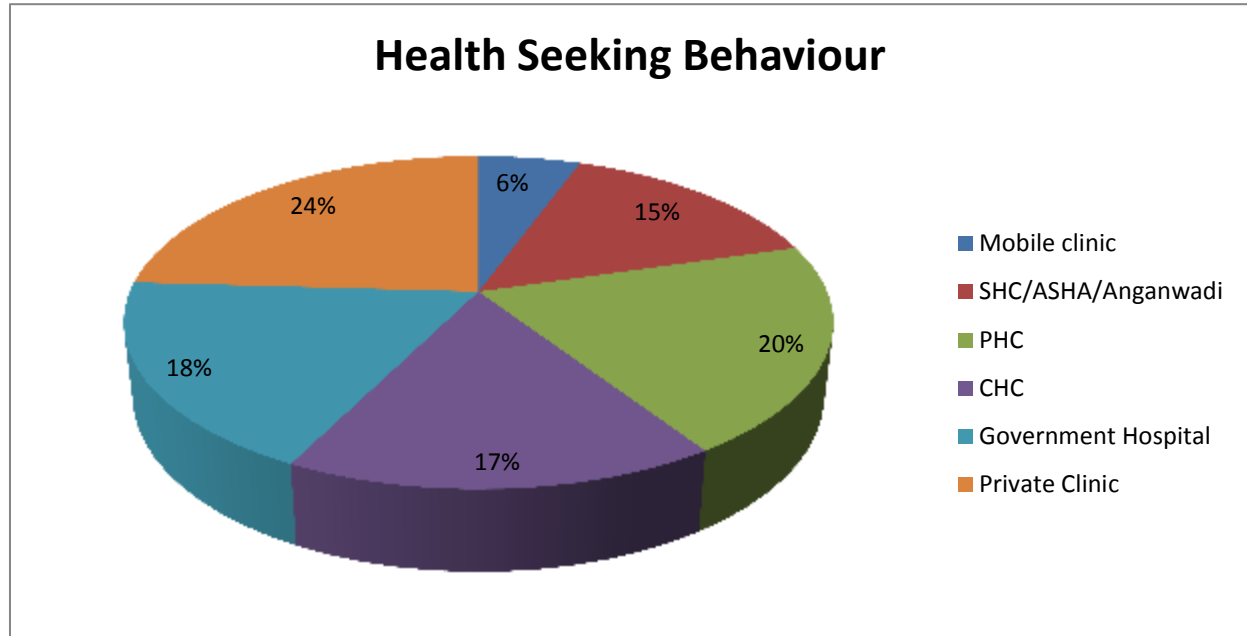
40.7% of the sample households reported saying that they use community handpump for drinking water purposes while community open well is used by 46.3%. only 1.9% have access to piped water supply whereas 11.1% have other water sources. As reported during research 55.6%



of the sample have water source located just outside the home while for 24.1% sample it is located

within half a km. 5.7% of the sample said it is within the premises of their house while for 1.9% it is within 1km.

4.2.24.5 HEALTH SEEKING BEHAVIOUR:

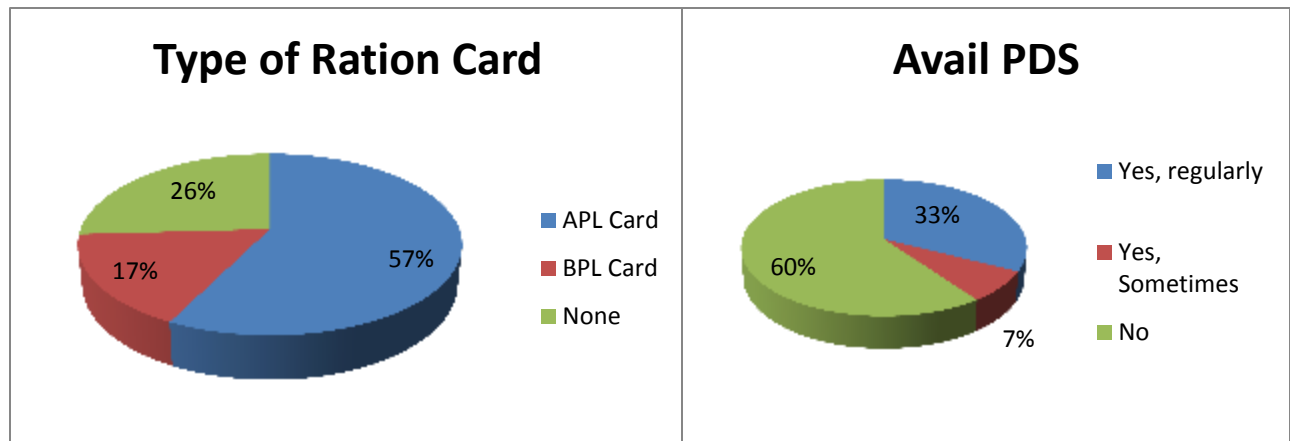


The health seeking behavior of the respondents reflected that 24% visit the private clinic, 20% go to the PHC, 18% consults the government hospital, 17% to the CHC while 15% go to the ASHA/Anganwadi and 6% consults the local doctor.

4.2.24.6 MATERNAL HEALTH:

As per the analysis of sample interviewed, it was seen that 100% give birth to their first child in a government institutional place. And the sex ratio is 100% female among the 0-3 years children among the respondents interviewed.

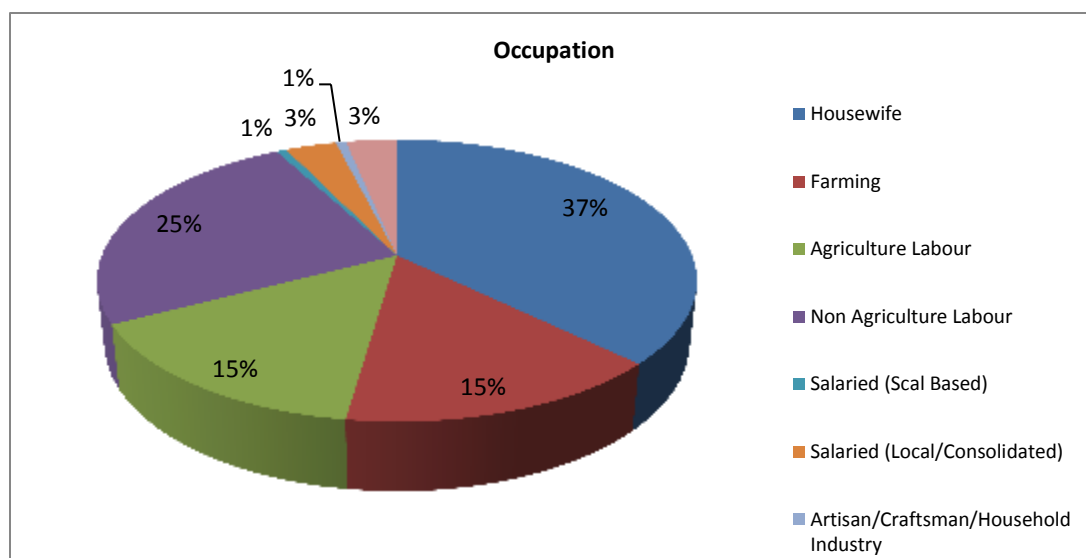
4.2.24.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (57%) hold an APL card, whereas 17% hold a BPL while 26% of sample does not hold any card. Among the sample who holds ration card 33% of them regularly avail the PDS facility and only 8% of the population only sometimes avail this facility while 60% does not use it at all.

4.2.24.8 OCCUPATION:

As reflected by data 25% are non-agricultural labours 15% of the village members are into farming , 15% are agricultural labours while 3% are into salaried employers. A majority of the respondents 37% said that they were housewives.



4.2.24.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Extreme bad condition of the road and drains in the village, HH garbage, and sewage water and cattle waste have formed layers of muck on the existing road. Major problem of Open Defecation in the area, very unhygienic living condition.
- **Water:** the village is located on a stony slope, the ground water is very low and the water quality is poor. For drinking water the village faces major concern, especially in the summers. The water used for drinking is brought from a neighboring village (2km).

In spite of the village being on the banks of a nala, the water table is very low. As told by the villagers the sand from the river bank is taken away to the open cast mines.

RECOMMENDATION:

- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
- Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low.
- In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
- Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level.
- In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed.
- Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be

taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.

5. YAVATMAL DISTRICT

5.1 GEOGRAPHICAL PROFILE

Figure 7: Maps of Yavatmal District



18

Yavatmal district lies in the South-Western part of the Wardha Penganga-Wainganga plain. The district lies between 19.26' and 20.42' north latitudes and 77.18' and 79.9' east longitudes. It is surrounded by Amravati and Wardha district to the north and Chandrapur district to the east. Andhra Pradesh State and Nanded district to the south and Parbhani and Akola district.¹⁹

5.2 SOCIO-ECONOMIC PROFILE

The statistics of religion shows that the Religious Composition of Yavatmal district constitutes 81.33% Hindus, Buddhists 9.02% and Muslims 8.01% respectively among all the religious groups.

¹⁸ http://yavatmal.nic.in/eng/gis_yav_map.htm

¹⁹ <http://yavatmal.nic.in/eng/location.htm>

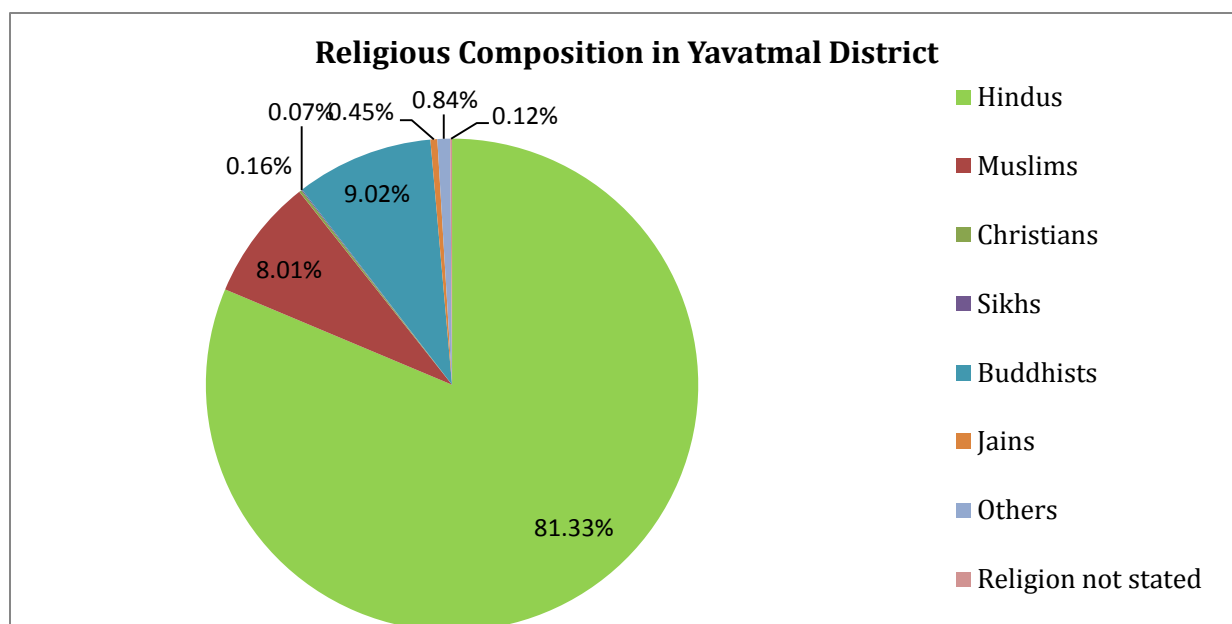


Figure 8: Religious Composition of Yavatmal

Source²⁰

General demographic condition of the Blocks are given below:

Figure 9: Demographic Characteristic of Blocks in Yavatmal

Details	Wani	Bhadrawati	Rajura	Ballarpur	Chandrapur
Households	42,259	35,015	32,777	27,967	37,892
Population	193,713	156,995	152,216	133,722	440,897
Sex Ratio	940	931	941	931	918
Sex Ratio (SC)	953	923	947	960	930
Sex Ratio (ST)	958	972	966	969	941
Proportion of SC (%)	9.0	16.0	16.0	20.0	17.0
Proportion of ST (%)	14.0	17.0	23.0	12.0	11.0
Proportion of Urban Population (%)	33.3	45.7	20.6	67.3	80.5

5.3 INDUSTRIES

Major Industries in Yavatmal are Coal & Cement. Limestone is found abundant in Yavatmal, in 2010-11 production of Coal was 15871752 tonnes and for Limestone, 1301018 tones.²¹

²⁰ http://www.censusindia.gov.in/Census_Data_2001/Census_Data_Online/Social_and_cultural/Religion.aspx

5.4 AGRICULTURE

In Yavatmal District Jowar, Cotton, Groundnut and rice are the major Kharif crops, whereas Wheat and gram are the important crops grown in Rabi sesame and linseed (Jowar) are also grown along with these crops. Sugarcane, bananas, Oranges, Grapes and betel leaves are few important irrigated crops grown in district.²²

Some statistics related to agriculture are as follows-

Figure 10 Distribution of Agricultural Land²³

Agricultural land use	Area ('000 ha)
Net sown area	884
Area sown more than once	15
Cropping Intensity	101.6
Gross cropped area	899
Irrigation	Area ('000 ha)
Net irrigated area	35.4
Gross irrigated area	39
Rain fed area	839.3

5.5 HEALTH

In Yavatmal district there are 11 rural hospitals²⁴, 63 PHC's²⁵, 435 sub-centers²⁶ and 3 sub-district hospitals,

²¹ <http://dcmsme.gov.in/dips/Yavatmal%20dips%2012-13.pdf>

²² http://yavatmal.nic.in/eng/agriculture_crops.htm

²³ <http://agricoop.nic.in/Agriculture%20Contingency%20Plan/Maharashtra/MH21%20-%20Yavatmal.pdf>

²⁴ <http://www.maha-arogya.gov.in/services/hospital/rural/default.htm>

²⁵ <http://www.maha-arogya.gov.in/services/primary/primary/default.htm>

²⁶ <http://www.maha-arogya.gov.in/services/primary/subcenter/default.htm>

5.6 EDUCATION²⁷

Average literacy level of Yavatmal in 2011 was 82.82 compared to 73.62 of 2001. If things are looked out at gender wise, male and female literacy were 89.41 and 75.93 respectively. For 2001 census, same figures stood at 84.09 and 62.52 in Yavatmal District. Total literate in Yavatmal district were 2,022,574 of which male & female were 1,115,980 and 906,594 respectively. In 2001, Yavatmal district had 1,537,777 in its district.

5.7 HOUSING AND SANITATION²⁸

Figure 11: Housing & Sanitation Table of Yavatmal District

Yavatmal District	Total no. of HH	No. HH having Latrine facility within premises	No. HH not having Latrine facility within premises
Total	640385	198454	441931
Rural	513041	111592	401449
Urban	127344	86862	40482

6. VILLAGE PROFILE OF YAVATMAL DISTRICT

6.1 PROFILE OF RESPONDENTS

In the research process, total 809 households²⁹ were selected for interview in the Yavatmal District on the basis of random sampling process. The background of the respondents was defined based on the following indicators:

6.1.1 Religion

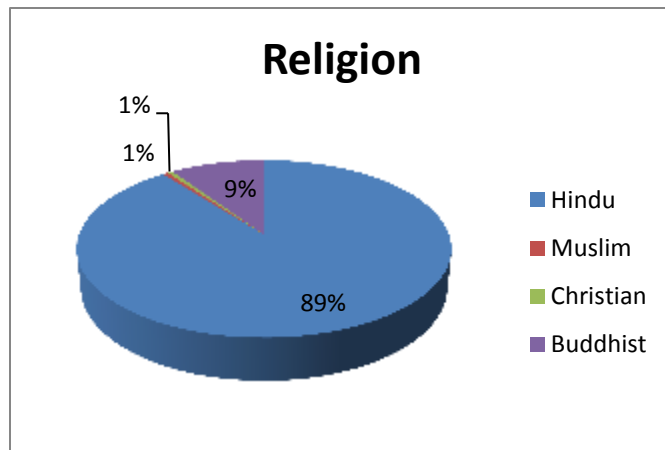
Out of total 809 respondents, 89% are Hindus, 9% Buddhists and 1% each of Muslims and Christian population. Religious distribution of the respondents is given below:

²⁷ <http://www.census2011.co.in/census/district/348-yavatmal.html>

²⁸ <http://www.indiastat.com/table/housing/17/householdsbysourcesoftoiletfacility/278476/679837/data.aspx>

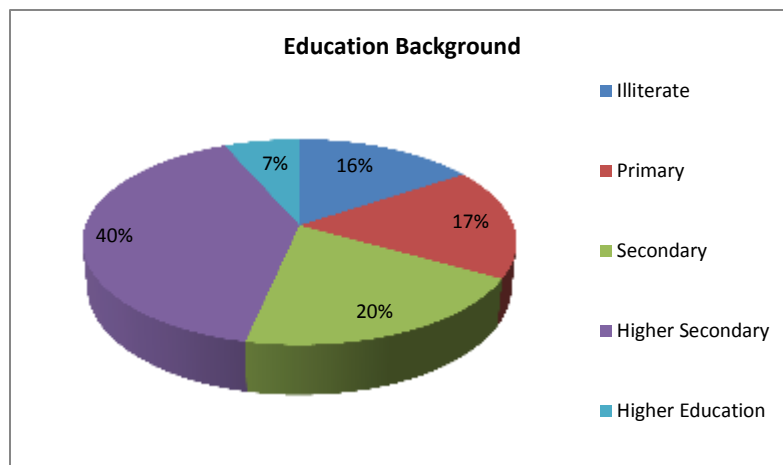
²⁹ Village wise distribution of the same is shared in the 2nd chapter (Methodology)

Figure 3 Distribution of religion of respondent



Note: Authors own calculation

6.1.2 Educational Attainment



Out of total respondents 16% are illiterate, 17% had primary education, and 20% are in Secondary type of Education, whereas a major 40% are in Higher Secondary. 7% go for Higher Education. The chart explaining educational distribution of the respondents is given below.

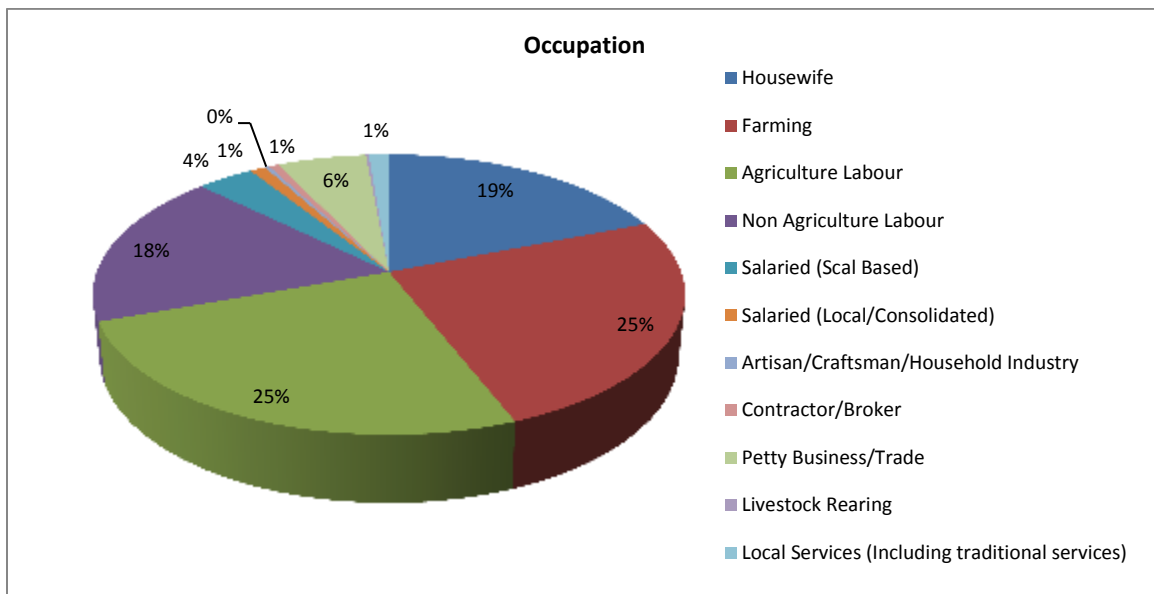
Figure 4 Educational attainment of respondent

Note: Author's own calculations

6.1.3 Occupational Distribution

A quarter of the respondents interviewed work as agricultural labours and the 2nd quarter is into Farming. 18% of the respondents are non-agricultural labours and 6% are petty businessmen and traders. 4% are into salaried employment and housewives were also the major part of the respondents as they form 19% of respondent group.

Figure 5 Distribution of occupation of respondent

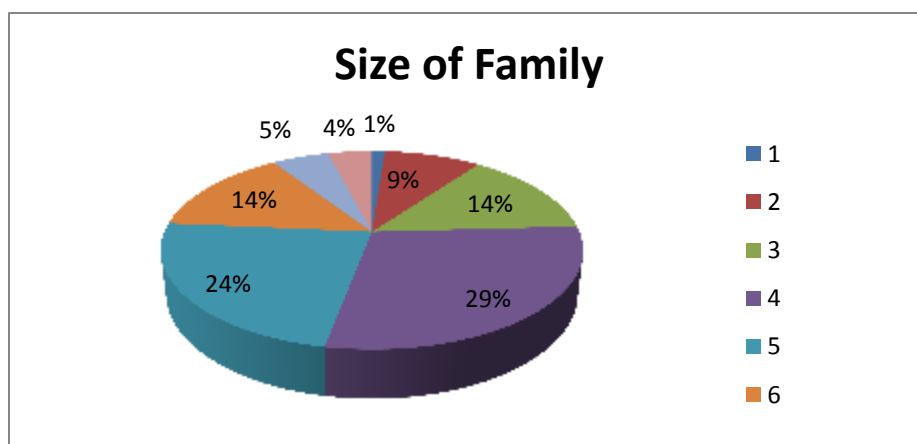


Note: Author's own calculation

6.1.4 Size of Family

29 percent of the households have four members in the family followed by 24 percent households having 5 members in the family. The detailed representation of the family size is given below:

Figure 6 Distribution of family size of respondent

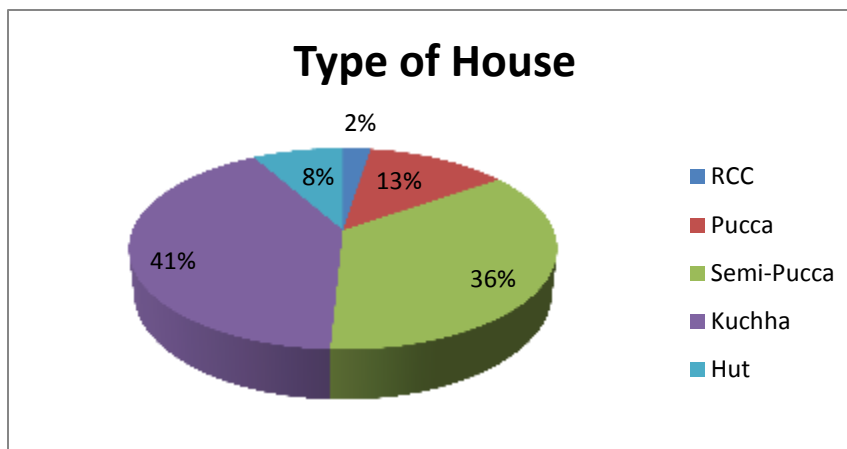


Note: Author's own calculation

6.1.5 Housing Pattern

Out of all the households interviewed a majority of 41% stay in kuccha houses however 36 percentage stay in semi-pucca houses. A 13% are living in pucca houses and only 2% live in RCC houses. Quite a significant percentage of 8% stay in Huts. It is found that 96% of households interviewed during the research are electrified. The pattern of type of house is represented below:

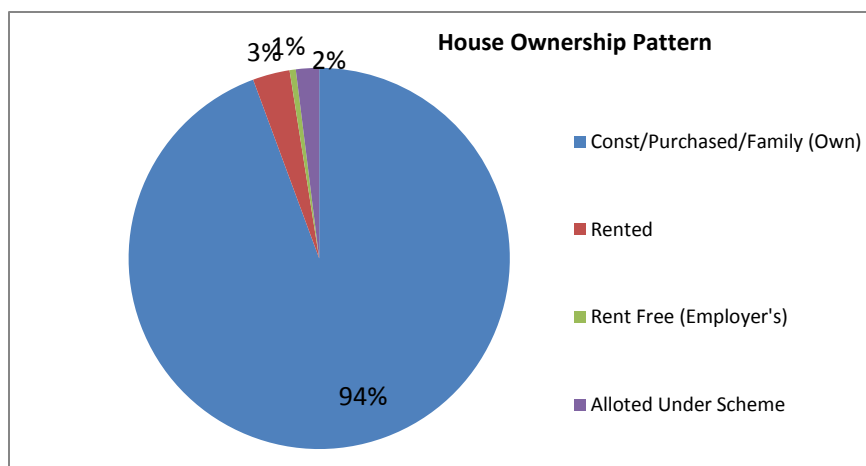
Figure 7 Distribution of housing pattern of respondent



Note: Author's own calculation

In the research process it was found that 94% are living in their own home while total 3% are living in rented house. However only 1% is staying in Rent free houses provided by employers and 2% stay in houses allotted under schemes. The house ownership pattern is explained further by the figure given below:

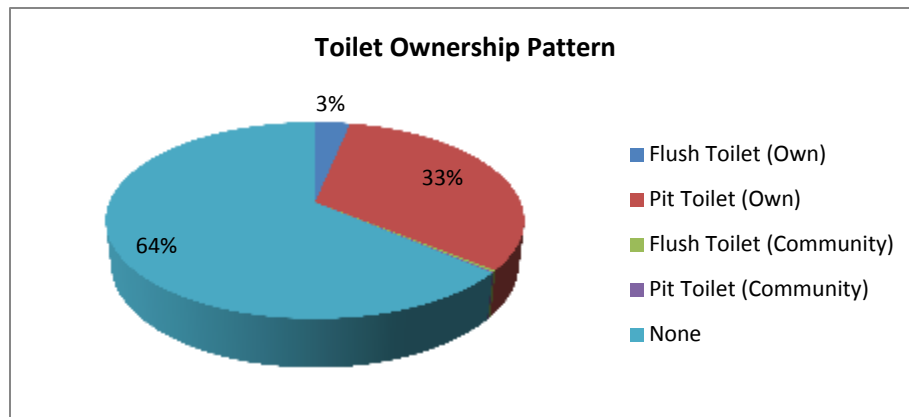
Figure 8 Distribution of House ownership pattern



Note: Authors own calculation

6.1.6 Sanitation

Yavatmal district is one of the worst hit in poor sanitation. Majority of the households



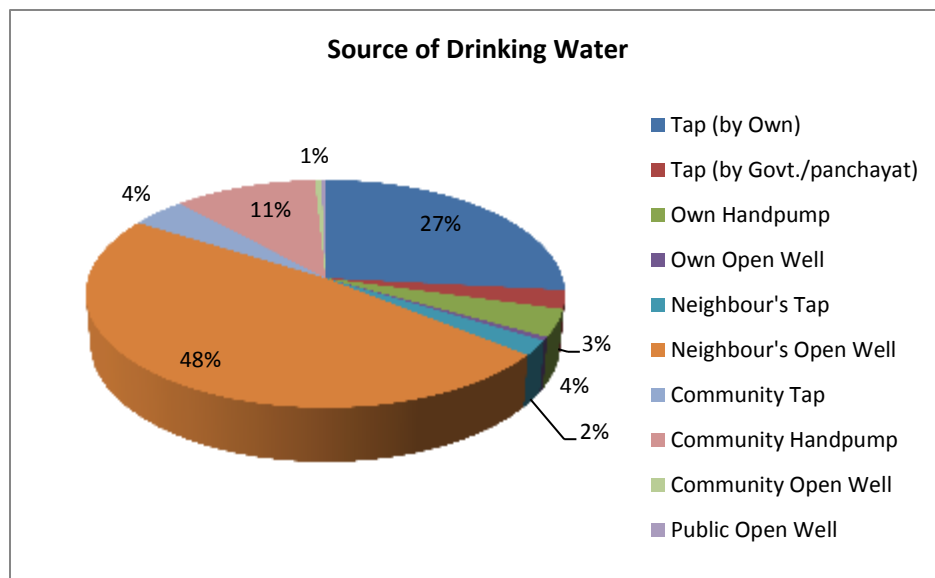
interviewed 64% do not have toilets, 33% have pit toilet and only 3% have flush toilets. The detailed pattern of use of toilet is represented below:

Figure 9 Distribution of household toilets

Note: Author's own calculation

6.1.7 Drinking Water

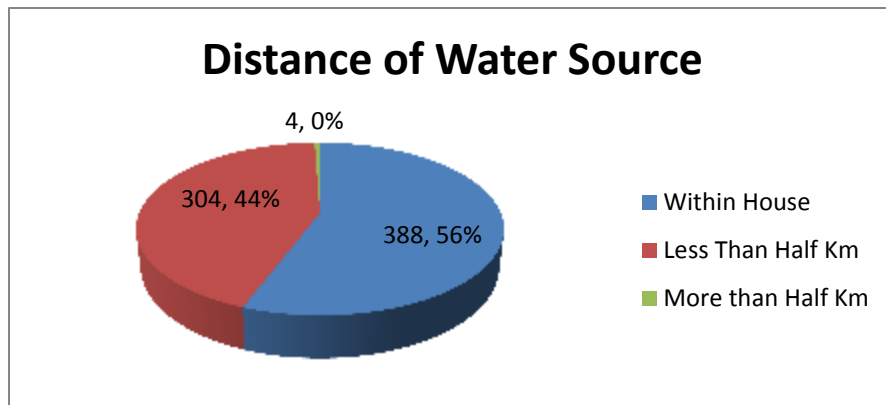
In the research it was found that more than one fourth of the population use neighbor's open



wells to fetch drinking water. 27% of households use Own Tap water and 11% use the community hand pumps. Other sources of water inside the households (like own hand pump, tap by government/Panchayat, neighbor's tap and

community tap) forms only 13%.

Figure 10 Distribution of sources of drinking water

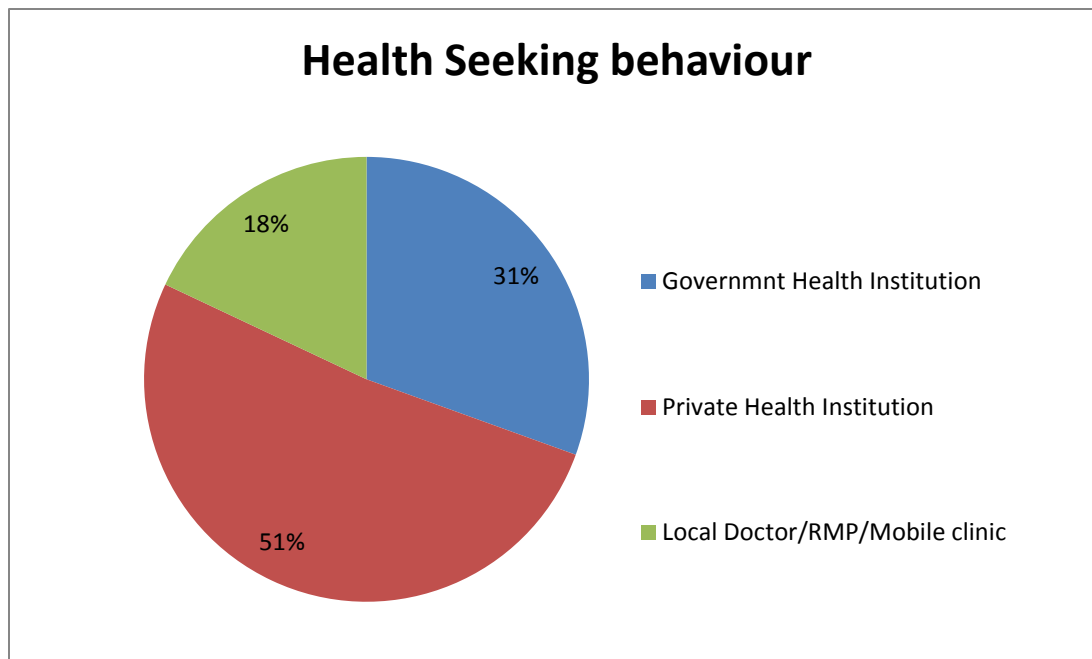


Note: Author's own calculation

As the source of water located within the household forms 56% of the water supply, the distance of the water source is an important

point which is described below. 44% of the water sources, are located within the radius of half a km. Very few households have to travel more than 1 km.

Figure 11 Distance of water sources from house



Note: Author's own calculation

6.1.9 Health Seeking Behavior³⁰

51% of the sample accesses the private health institution whenever required. Percentage of accessing the Local doctors/RMP/Mobile Clinic is only 18%. Whereas respondents visiting the government health institutions are 31%.

Figure 22 Distribution of health mechanism access by community

Note: Author's own calculation

³⁰ Classification has been done by Author.

Government Health Institutional Consists SHC/ASHA/Anganwadi/PHC/CHC/Government Hospital

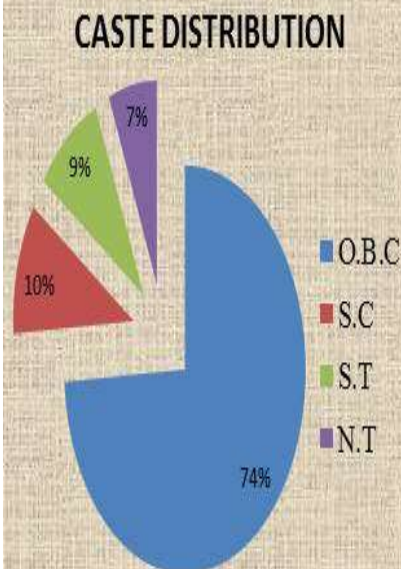
Private Health Institutions consists of Private Clinic/Private Hospital/Company or Aided Hospital/ Chemist Shop

6.2 Profile of 16 villages in Yavatmal District:

6.2.1 Village Name: Belora

YEAR	2011
HOUSEHOLDS	385
POPULATION	1470

RELIGION	House holds
Hindu	347
Muslim	03
Buddhist	35



Facilities Existing within village.

Post Office
Pre-primary School
Government Primary School
Gram Panchayat Office
Pvt Clinic (MBBS/BAMS+)
Health Sub-Centre
Asha Worker
Dai(Trained/Untrained)

Public/Common Tap Points 00

HH Tap Connections 000

Land Distribution (In Hectares):					
TOTAL AREA	NON-IRRIGATED	FLOOD PRONE	WATER LOGGING	OTHERS	
30	15	15	Some, 25%	Some 25%	WCL dust, pollution and dumping

Facilities Existing more than 5 Kms

Railway Station-Chandrapur

Warehouse-Wani

APMC/Mandi- Wani

Private Secondary School- Guggus

Private Hospital- Wani

Taluk Headquarters – Wani

District Headquarters- Yawatmal

ITI/Polytechnic- Wani

Degree College- Guggus

Police Station- Shirpur

Cooperative Society- Guggus

Bank for S/B account- Guggus

Block Development Office- Wani

Higher Secondary School- Guggus

Vocational Training Centre- Wani

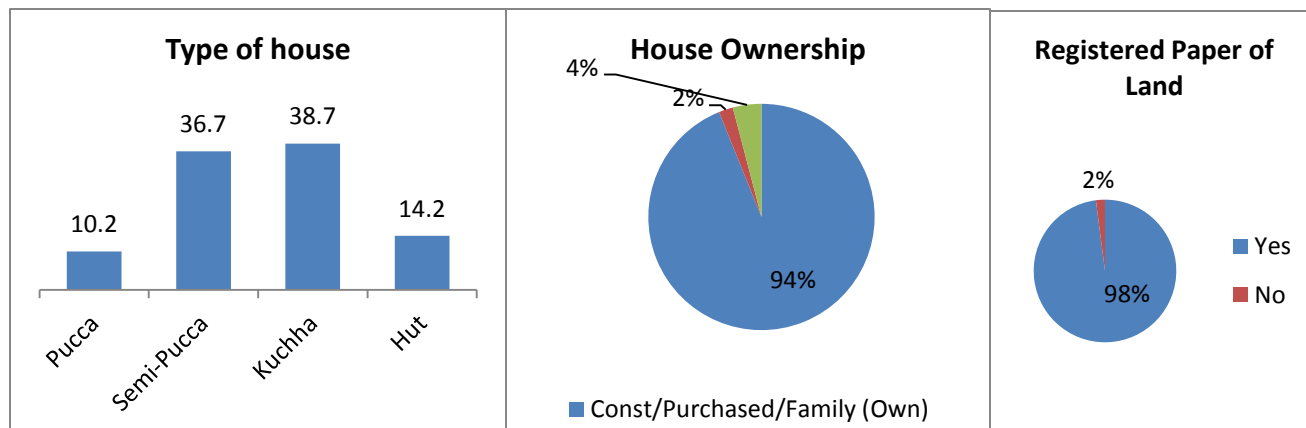
Primary Health Centre- Kolgaon

CHC/Government General Hospital- Wani

Veterinary Clinic- Niljai

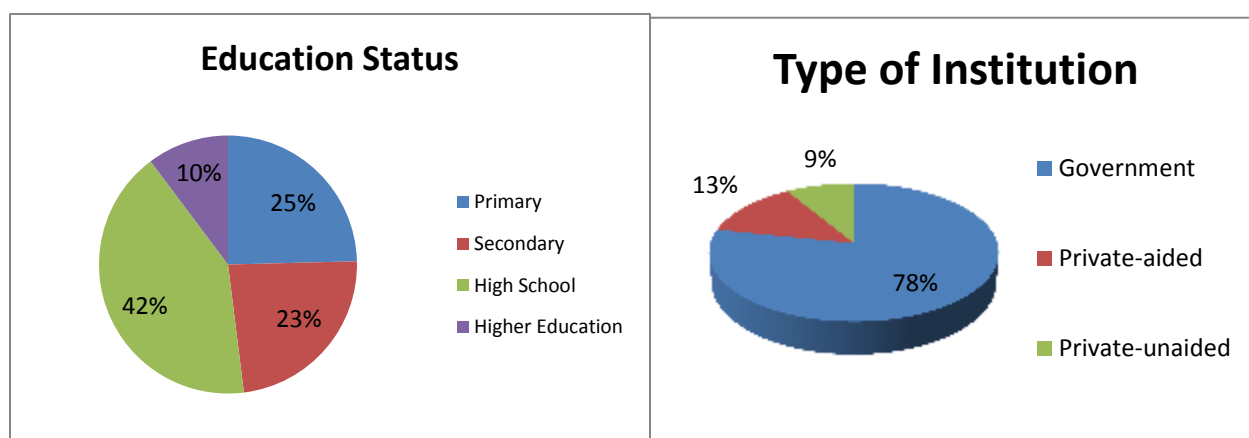
MedicalShop/Chemist- Guggus

6.2.2 HOUSEHOLD STATUS:



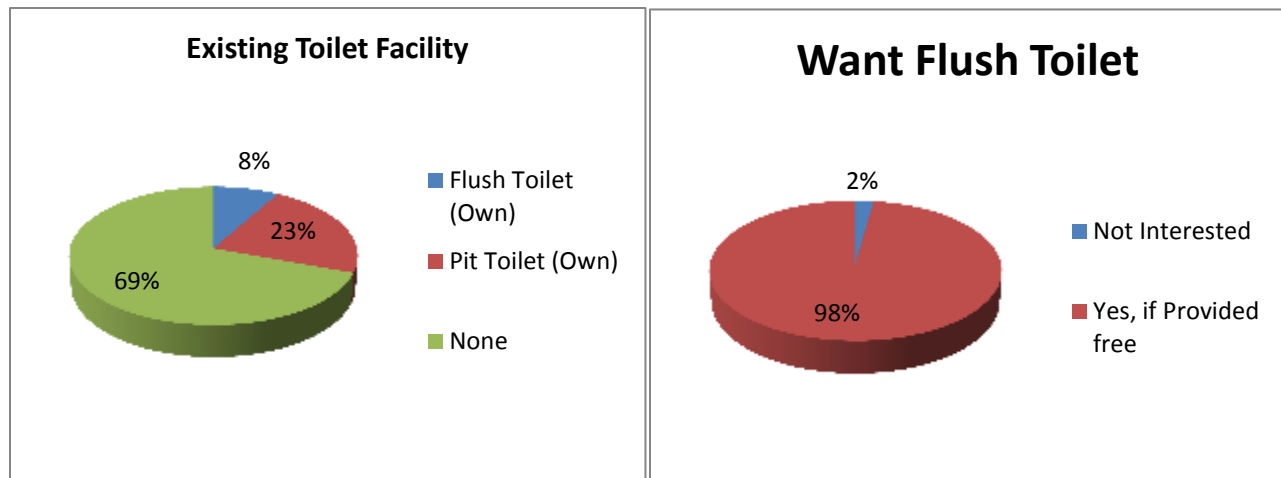
Majority of the sample in Belora Village have Kuccha Houses (39%), 37% stay in Semi-Pucca houses, 14% in huts and only 10% live in Pucca Houses. 98% of sample living in Belora have the registered papers (patta) of the land they are living in but 2% still don't possess the papers of the land. 97% of all the households studied in the survey are electrified.

6.2.3 EDUCATION:



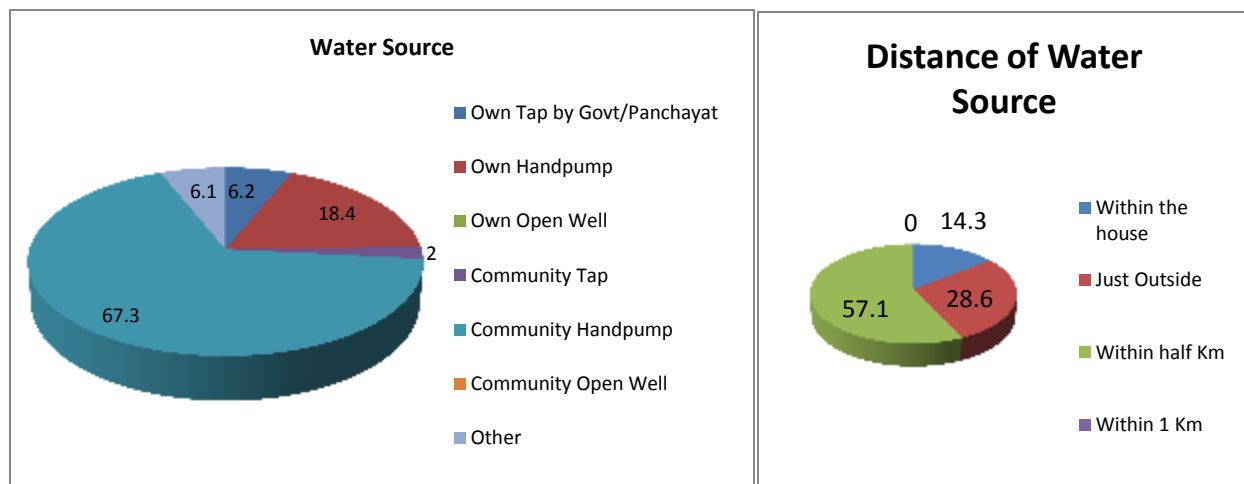
Students who are currently studying 42% of them are in high school followed by primary and secondary school where 25% & 23% students are studying, while 10% are doing Higher Education. 78% of the children are enrolled in government institutions followed by private-aided institutions 13%.

6.2.4 SANITATION:



More than half 65% of the household do not have any toilet facility, 23% have own pit toilet and only 8% have flush toilet. Among the sample households who don't have any toilet facility 98% said that they are interested if provided free. Only 2% were not interested.

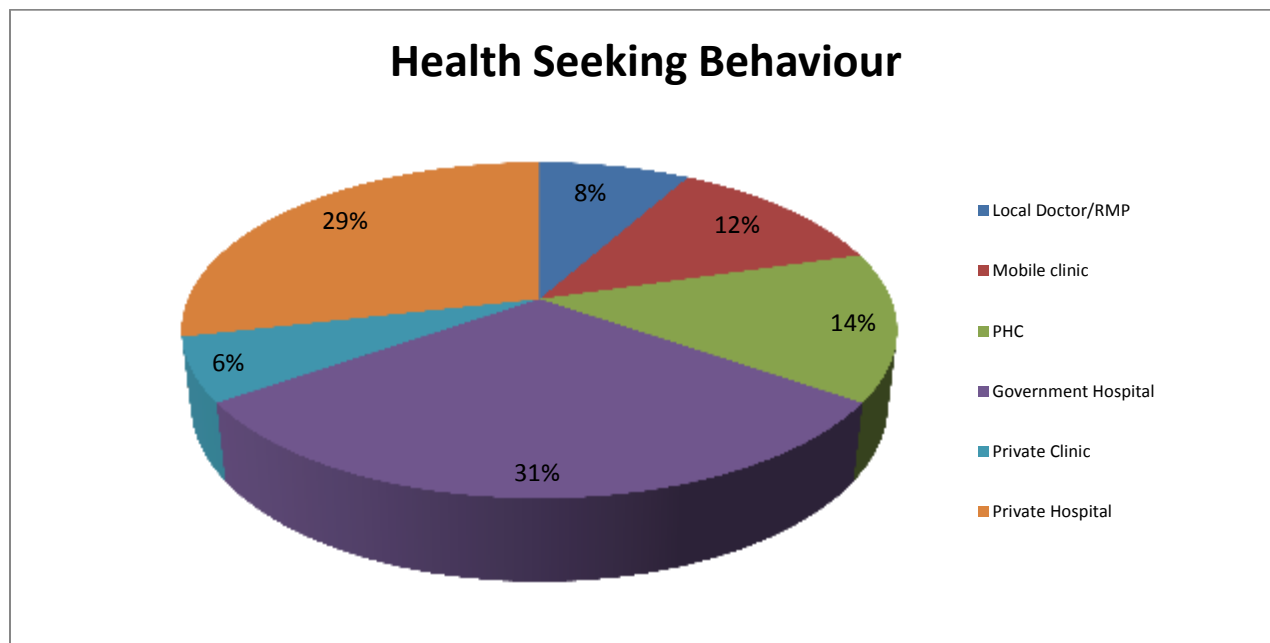
6.2.5 WATER SOURCE



67.3% of the sample households reported saying that they use community handpump for drinking water purposes while Own Handpump is used by 18.4%, around 6% each use Own Tap and use water from other resources only 2% have use the community tap. As reported during research 57.1% of the sample have water source is located within half a km. 28.6% of the sample

said it is just outside their premises and 14.3% said water source is within the premises of their house.

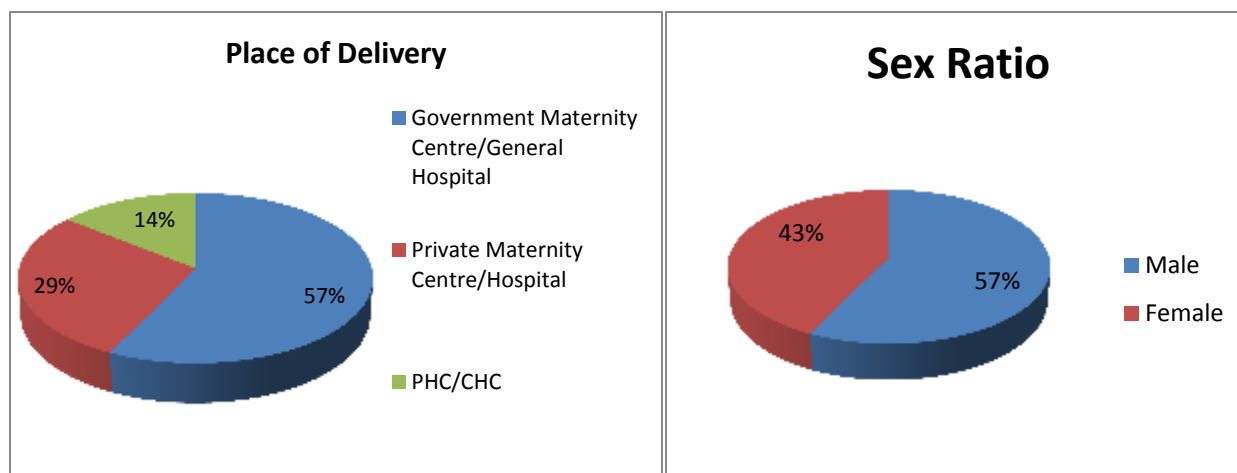
6.2.6 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 31% reported consulting the government hospital for health related issues. 29% went to the Private hospitals, 14% visited the PHC and the rest of the population consulted the mobile clinic 12%, Local Doctor/RMP 8% and only 6 % visited the private clinic.

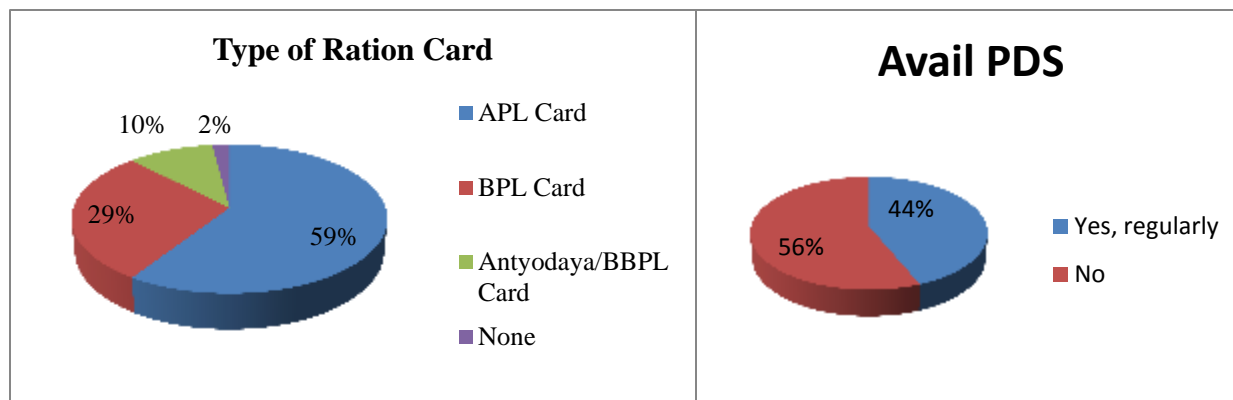
6.2.7 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (57%) give birth to their first child in a government institutional place. 29% in a private maternity place and 14% in the nearest



PHC/CHC. In the age group of 0-3 years sex ratio is 57% Male and 43% Female.

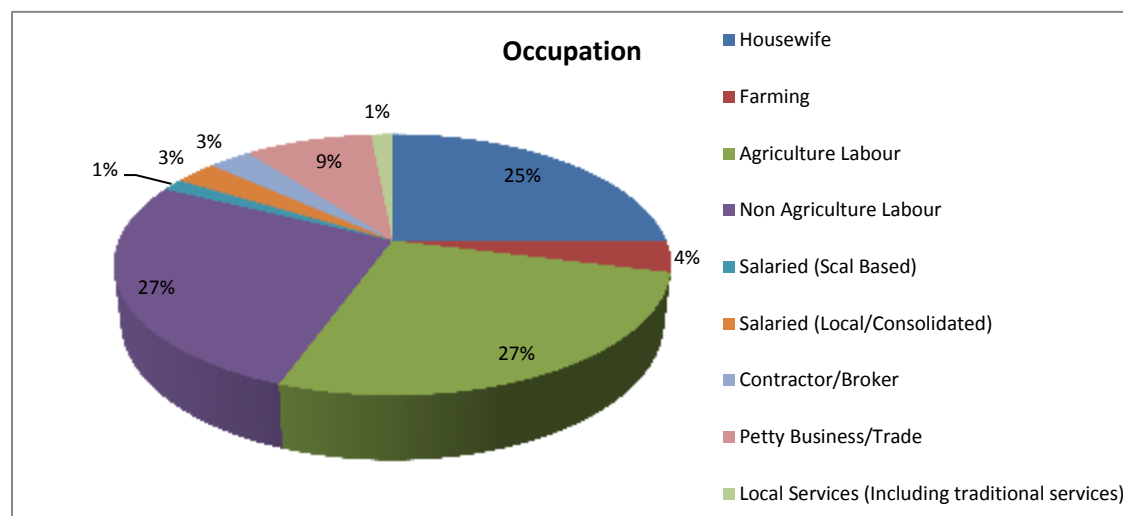
6.2.8 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (59%) hold an APL card, whereas 29% hold a BPL Card and 10% of the sample hold an Antyodaya/BBPL Card while 2% of sample does not hold any card. Among the sample who holds ration card 44% of them regularly avail the PDS facility and the rest 56% of the population do not avail the facility at all.

6.2.9 OCCUPATION:

As reflected by data 27% each of the village members are into agricultural labour and non-agricultural labour, only 4% do farming while 9% are into petty business. 25% said that they were housewives.



6.2.10 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Open defecation on the roads especially during rainy season and in the fields for rest of the year. No drainage system, the HH sewage & cattle waste flows across the village roads. Avail facility of a Community toilet and to build proper drainage system in the village as requested by the villagers.

RECOMMENDATION:

Immediate Requirement:

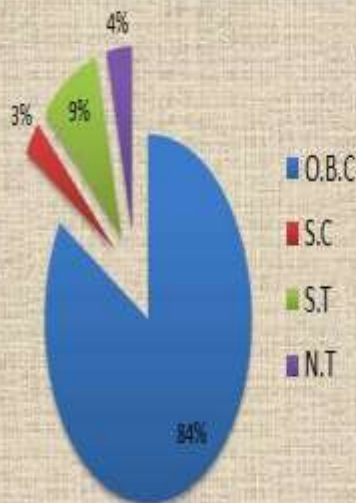
- Availability of village over-head water tank.
- Attention to health: providing MMU visit every 2 weeks.
- Extensive awareness campaigns on sanitation & hygiene with the help of Government. Departments.
- Building trust in the communities: CSR nodal officer of the areas must visit all the affected coal mine villages once every week and make rapport with the village stakeholders (school principal, teachers, Anganwadi worker, ASHA, ANM, PHC doctor, the Gram Sachiv and Sarpanch).

6.2.2 Village Name: Bhalar

RELIGION	House holds
Hindu	451
Buddhist	03

YEAR	2011
HOUSEHOLDS	454
POPULATION	1814

CASTE DISTRIBUTION



Land Distribution (In Hectares):					
TOTAL AREA	NON-IRRIGATED	FLOOD PRONE SS	WATER LOGGING	DRAUGHT PRONE SS	OTHERS
1342.41	1090.41	Some, 25%	Some, 25%	Some 25%	Forest animals

Facilities Existing within 5 km from the village

Weekly Market- Bhalar Colony

Facilities Existing within village.

Cement/Tar Road
Bus Stop
Post Office
Gram Panchayat Office
Pre-primary School
Government Primary School
Private Secondary School
Health Sub-Centre
Asha Worker
Medical Shop/Chemist

Public/Common Tap Points 10

HH Tap Connections 290

Facilities Existing more than 5 Kms

Railway Station- Wani

Warehouse-Wani

APMC/Mandi- Wani

Police Station- Wani

Private Hospital-Durgapur

Taluk Headquarters – Wani

District Headquarters-Yawatmal

ITI/Polytechnic-Wani

Degree College-Wani

Vocational Training Centre- Wani

Higher Secondary School- Wani

Cooperative Society- Wani

Bank for S/B account- Wani

Block Development Office- Wani

Primary Health Centre- Shirpur

CHC/Government General Hospital-

Wani

Private Clinic (RMP+)- Wani

Private Clinic (MBBS/BAMS+)- Wani

Private Hospital- Wani

Ayush Hospital- Wani

Veterinary Clinic- Wani

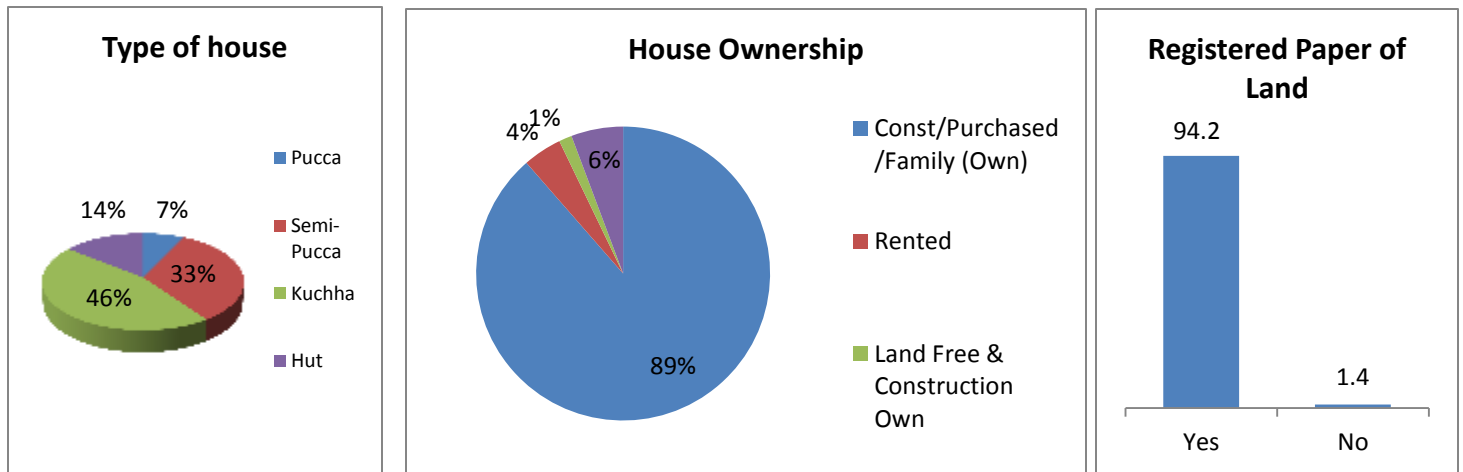
Public Telephone Booth- Wani

Daily/Evening Market- Wani

PDS Shop- Lalguda

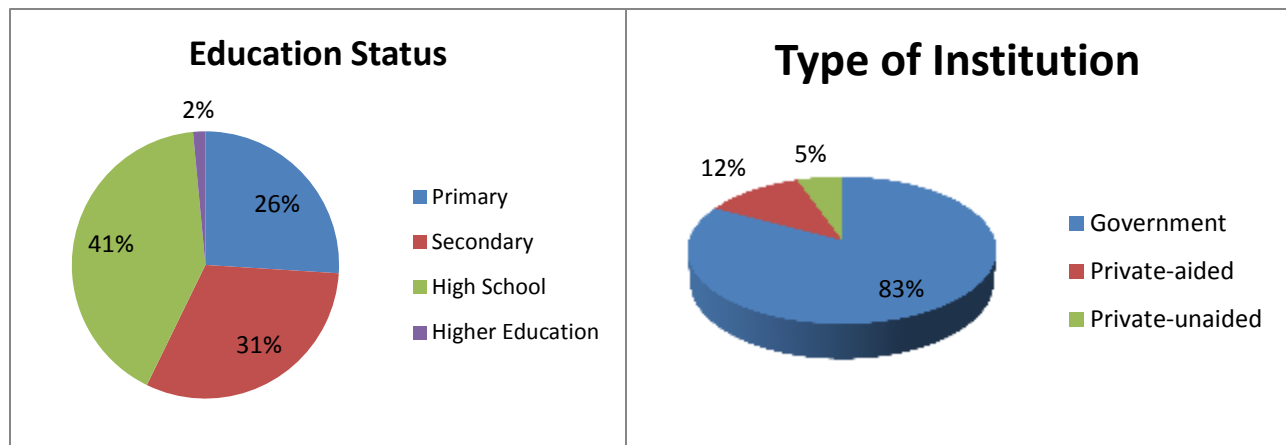
Grocery Shop- Wani

6.2.2.1 HOUSEHOLD STATUS:



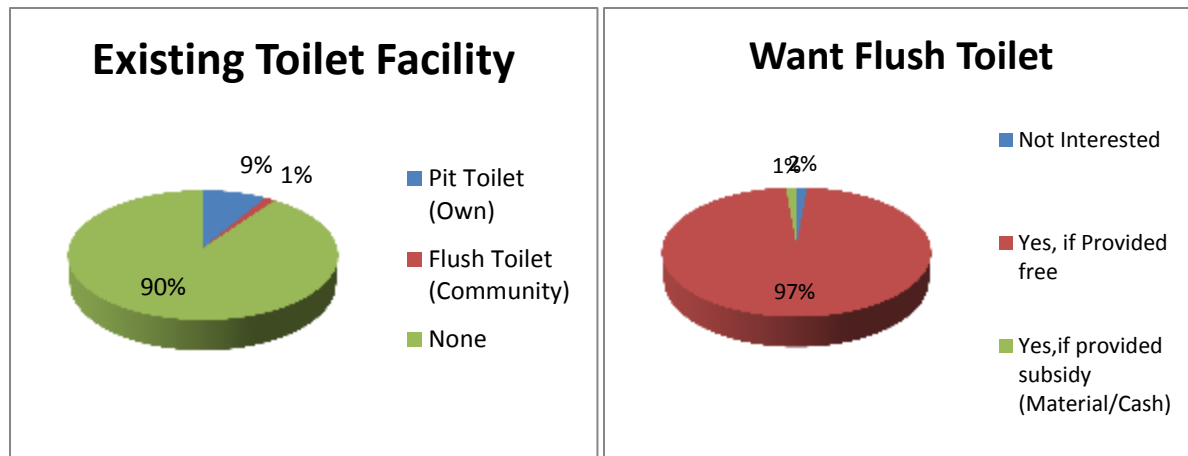
Majority of the sample in Bhalar Village have Kuccha Houses (46%), 33% stay in Semi-Pucca houses, 14% in huts and only 7% live in Pucca Houses. 96% all the households studied in the survey are electrified. 99% of sample living in Bhalar have the registered papers (patta) of the land they are living in but 1% still don't possess the papers of the land.

6.2.2.2 EDUCATION



Students who are currently studying 41% of them are in high school followed by secondary and primary school where 31% & 26% students are studying. 83% of the children are enrolled in government institutions followed by private-aided institutions 12%.

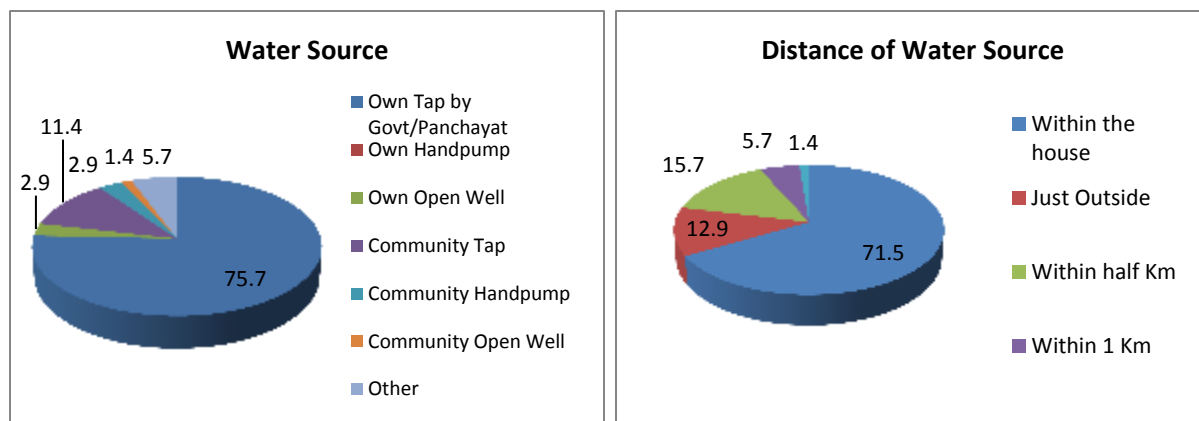
6.2.2.3 SANITATION:



A shocking 90% of the household do not have any toilet facility at all, 9% have pit toilet and only 1% have flush toilet. Among the sample households who don't have any toilet facility 97% said that they are interested if provided free. 1% agreed if provided subsidy and 2% were not interested.

6.2.2.4 WATER SOURCE

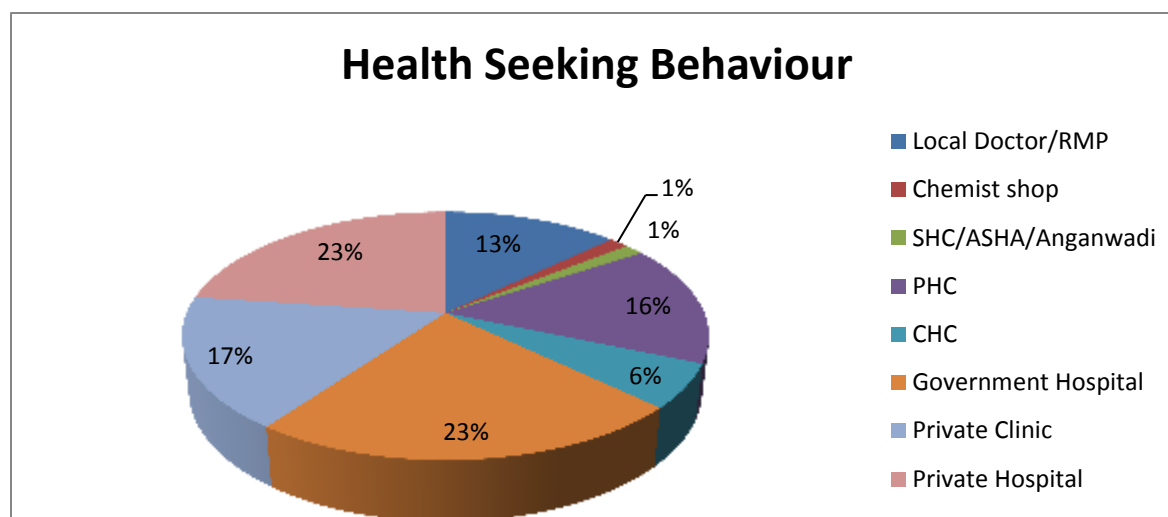
75.7% of the sample households reported having access to piped water supply. Around 6% use other sources of water. As reported during research 71.5% of the sample have water source



located within the home while for 12.5% it is located just outside their premises, 15.7% sample it is located within half a km. Over 6% of the population has to travel more than half a Km to access water sources.

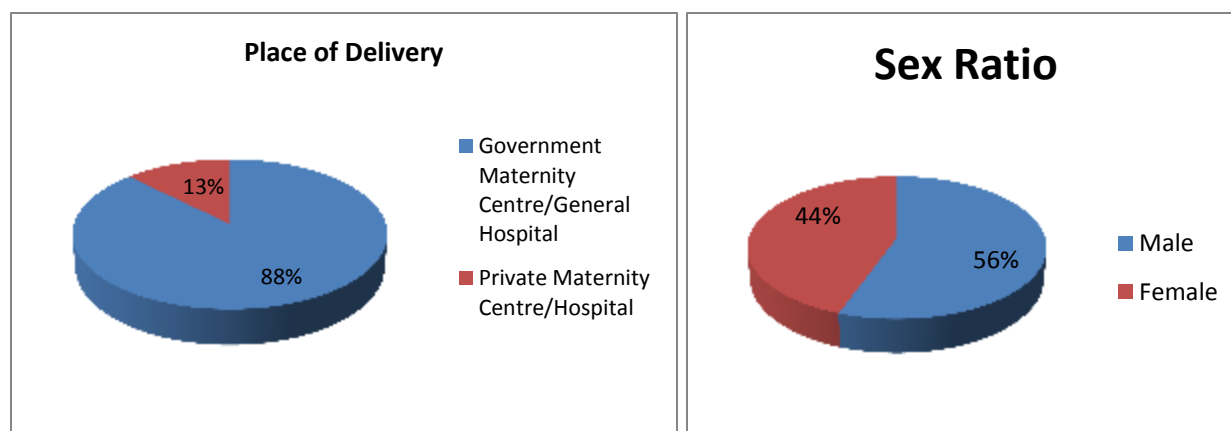
6.2.2.5 HEALTH SEEKING BEHAVIOUR:

The health seeking trend among the sample surveyed is scattered, 23% each of the population goes to Government and Private Hospital. 22% consult the nearest PHC and CHC with 17% visiting the private clinic and 13% consulting the Local Doctor/RMP.



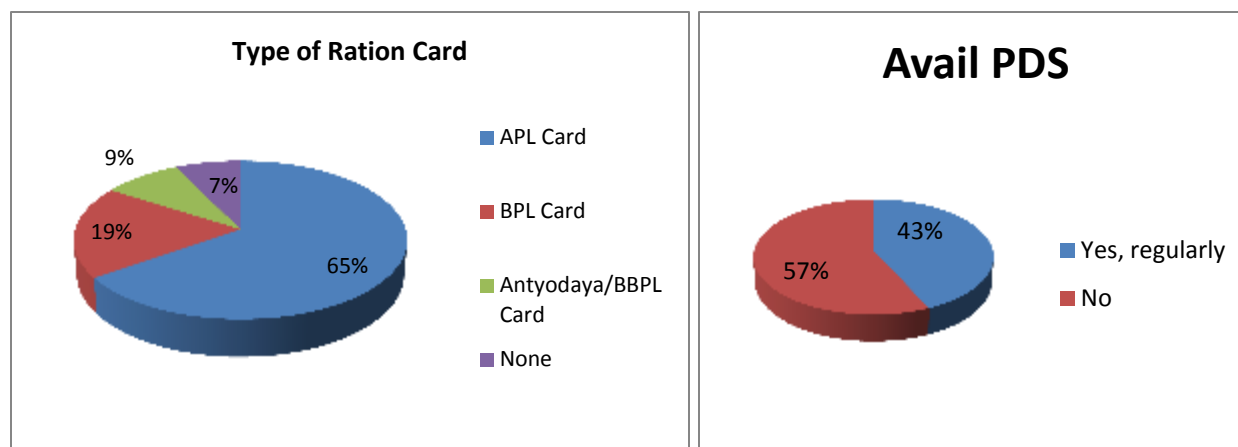
6.2.2.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (87%) give birth to their first child in a government institutional place. And the rest (13%) in a private maternity place. In the age group



of 0-3 years sex ratio is 56% Male and 44% Female.

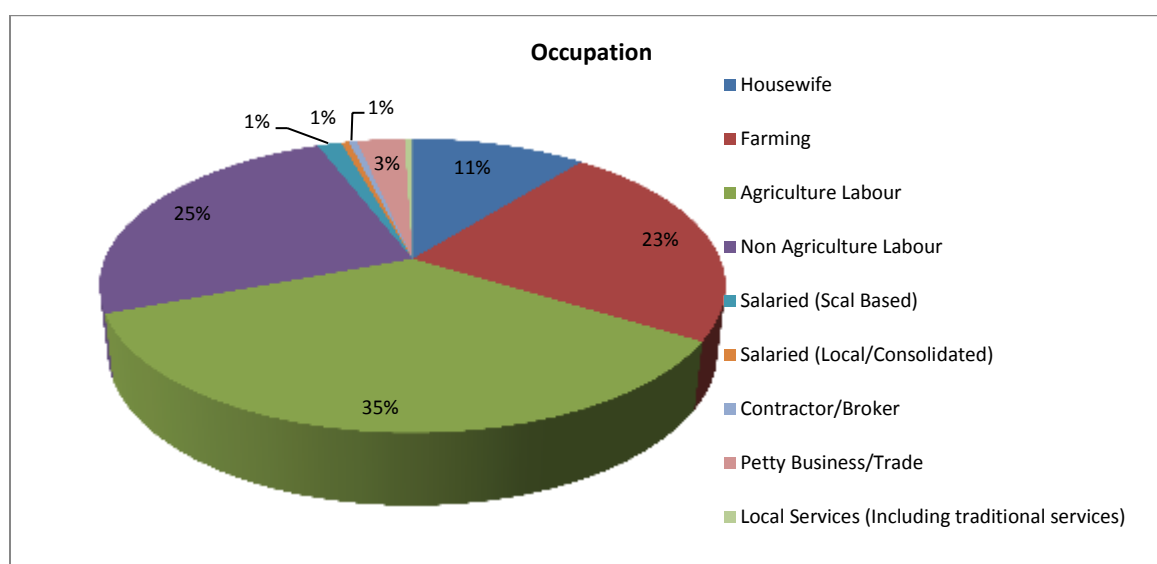
6.2.2.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (65%) hold an APL card, whereas 19% hold a BPL Card and 9% of the sample hold an Antyodaya/BBPL Card while 7% of sample does not hold any card. Among the sample who holds ration card 43% of them regularly avail the PDS facility whereas 57% do not avail the system at all.

6.2.2.8 OCCUPATION

As reflected by data 35% of the village members are agricultural labours, 25% are non-agricultural labours, 23% are into farming while 3% are into petty business. 11% said that they were housewives.



6.2.2.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Water:** Wardha River flows near this village; there is a well beside the river which the people of the village use for drinking water. But during the rainy season, the river overflows, flooding the well and making the well water polluted and not suitable for drinking and the water pump out of work. Thus since there is no other water supply sources, the villagers use the river water directly (without filtration) for drinking purpose.

Also there is a coal washery just outside the village (which is temporarily closed) pollutes the river water. Since there is no water filter plant, the village people are forced to drink & use the polluted water.

- **Agriculture:** As told by the villagers, there are annual flood affecting the crops, mud dumpings near the village agricultural land which during the rainy season slides in the land and damages the crops. Also due to forest type vegetation on these dumpings, Agricultural Loss by Wild Animals stay in the area also destroying crops.
- **Rehabilitation:** as told by the villagers, the village comes under a future coal mine area and thus will be rehabilitated in coming few years.
- **Drinking & Alcohol:** as told to the researcher, the men in the village are heavy drinkers, who create nuisance & even involve in domestic violence.
- **Sanitation:** Open defecation on the roads especially during rainy season and in the fields for rest of the year. No drainage system, the HH sewage & cattle waste flows across the village roads.
- **Health:** Village people have to travel to Ghughus (10) or Chandrapur (26) for medical emergency, it is not cost effective, as private auto charges 200INR for Ghughus & over 500INR for Chandrapur with additional private hospital & doctor charges ranging from minimum 200-4000INR.
- Water Filter system for the village.
- Attention to health: providing MMU visit every 2 weeks.
- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.

6.2.3 Village Name: Chikhli

RELIGION	House holds
Hindu	113
Buddhist	01

Public/Common Tap Points 02

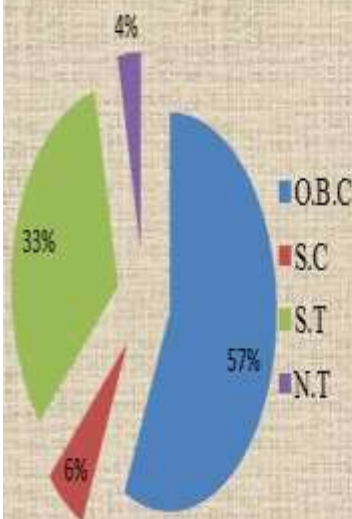
HH Tap Connections 80

YEAR	2011
HOUSEHOLDS	114
POPULATION	471

Facilities Existing within 5 km from the village

Cement/Tar Road- Kolgaon Road
Higher Secondary School- Paramdoh
Health Sub-Centre- Paramdoh

CASTE DISTRIBUTION



Facilities Existing within village.

PDS Shop
Post Office
Pre-primary School
Government Primary School
Gram Panchayat Office
Asha Worker

Facilities Existing more than 5 Kms

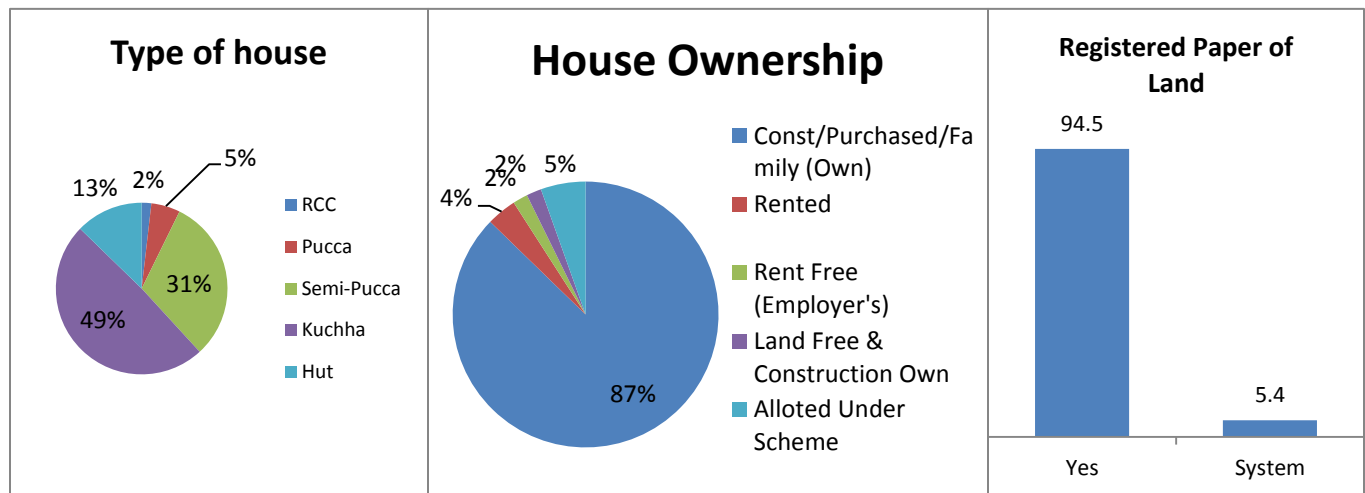
Railway Station-Wani
Warehouse-Wani
APMC/Mandi-Wani
Police Station- Shirpur
Private Hospital- Wani
Taluk Headquarters –Wani
District Headquarters-Yawatmal
ITI/Polytechnic- Wani
Degree College-Wani
Vocational Training Centre- wani
Bus Stop- Wani
Public Telephone Booth- Guggus
Daily/Evening Market- Shindola
Weekly Market- Shindola
Grocery Shop- Wani
DTP/Xerox Centre- Wani
Cooperative Society- Shirpur
Bank for S/B account- Wani
Block Development Office- Wani
Primary Health Centre- Kolgaon
CHC/Government General Hospital- Wani
Private Clinic (RMP+)- Wani
Private Clinic (MBBS/BAMS+)- Wani
Veterinary Clinic- Kolgaon
Medical Shop/ Chemist- Chikhli

Land Distribution (In Hectares):

TOTAL AREA	NON-IRRIGATED	WASTELAND	FLOOD PRONENESS	WATER LOGGING	OTHERS
405.64	29.00	380	05	Half, 50% Some, 25%	WCL dusting

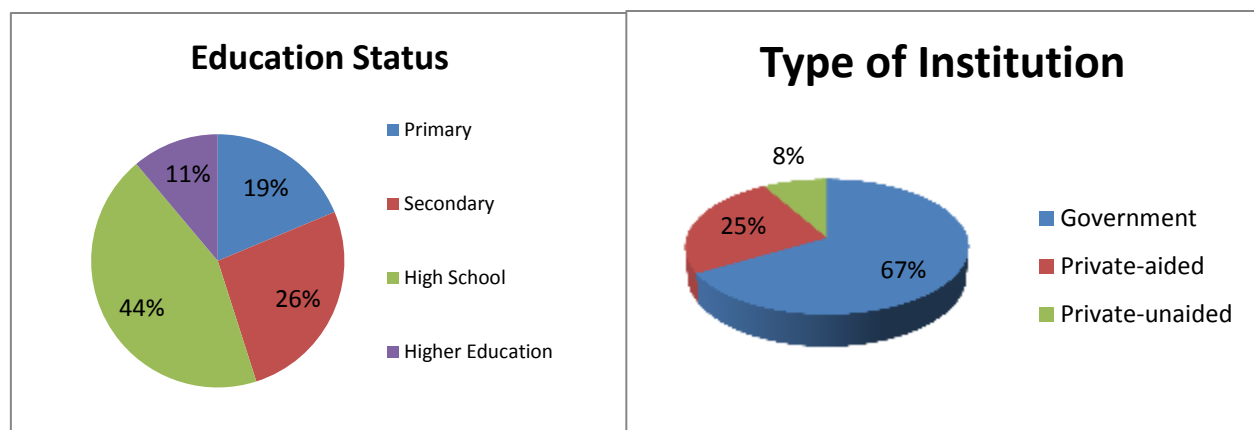
6.2.3.1 HOUSEHOLD STATUS:

Majority of the sample in Chikhli Village have Kuccha Houses (41%), 31% stay in Semi-Pucca



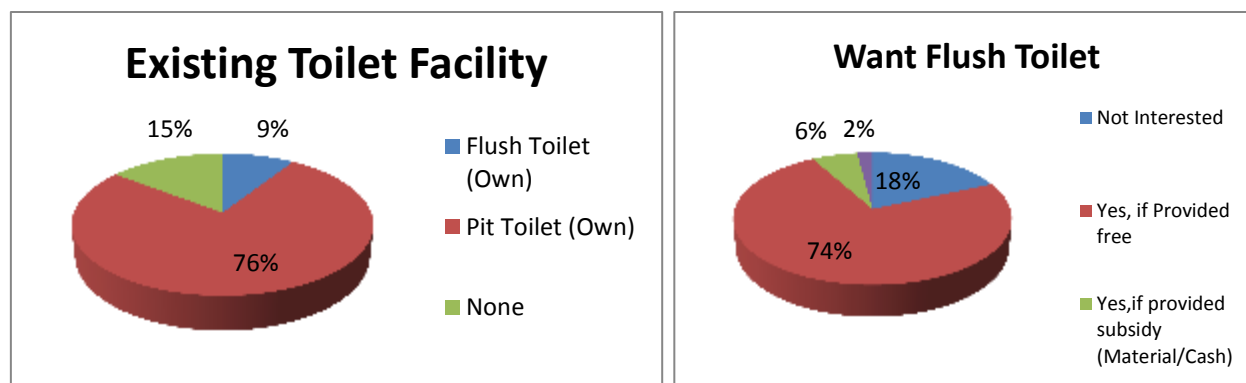
houses, 13% in huts, 5% stay in Pucca houses and only 2% live in RCC homes. 90% of all the households studied in the survey are electrified. 95% of sample living in Chikhli have the registered papers (patta) of the land they are living in but 5% still don't possess the papers of the land.

6.2.3.2 EDUCATION:



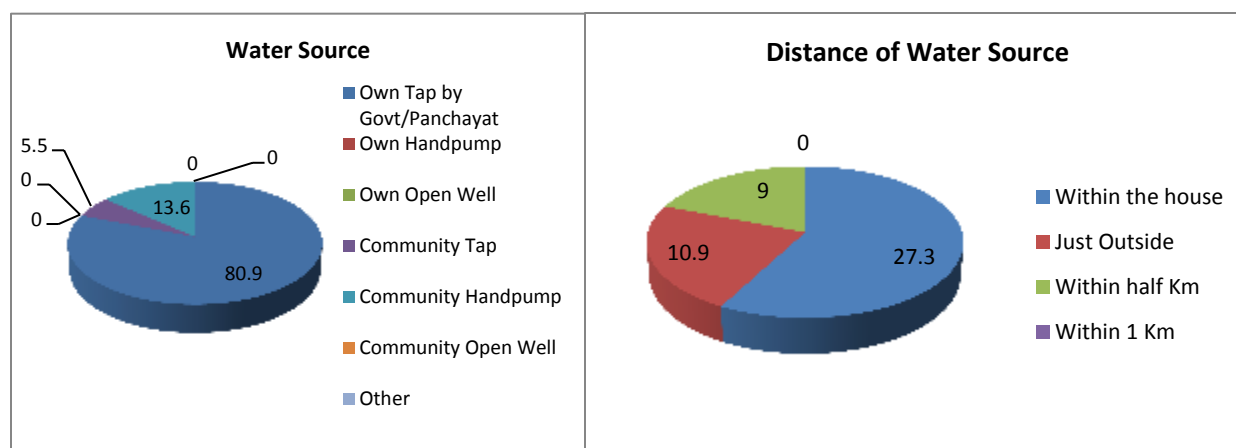
Students who are currently studying 44% of them are in high school followed by secondary and primary school where 26% & 19% students are studying. 67% of the children are enrolled in government institutions followed by private-aided institutions 25%.

6.2.3.3 SANITATION



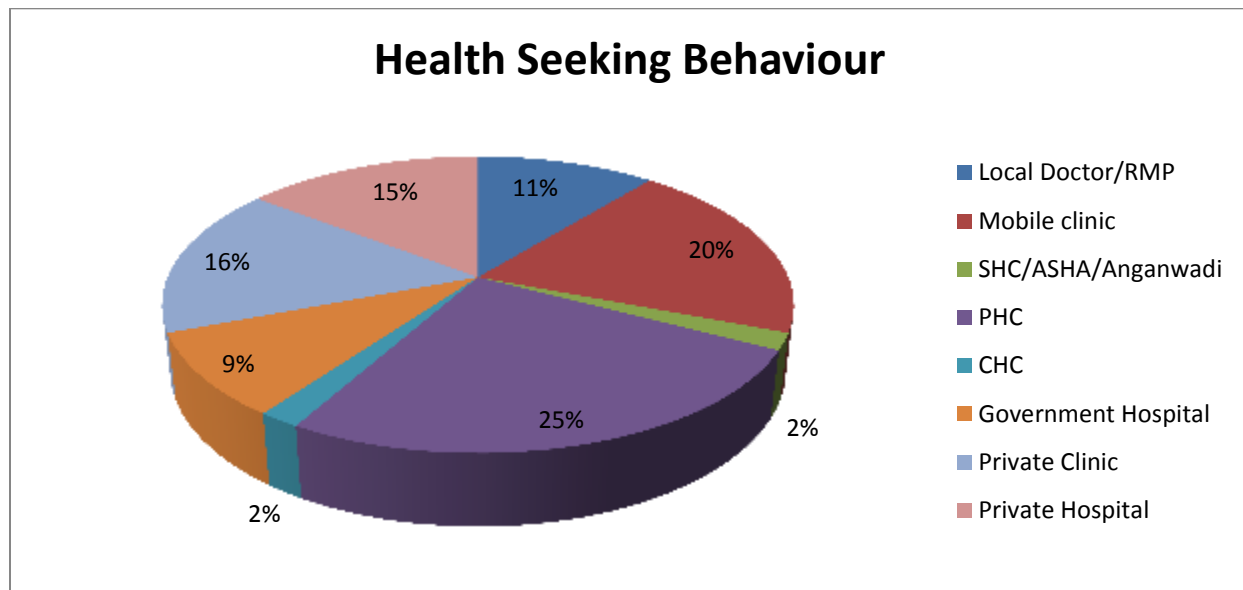
The village Chikhli is a Nirmal Gram village and it has higher percentage of toilets available compared to the other villages in the district. More than half 75% of the household have Pit Toilet facility, 9% have flush toilet and 15% have no toilets at all. Among the sample households who don't have any toilet facility 74% said that they are interested if provided free. 6% agreed if provided subsidy and 18% were not interested.

6.2.3.4 WATER SOURCE



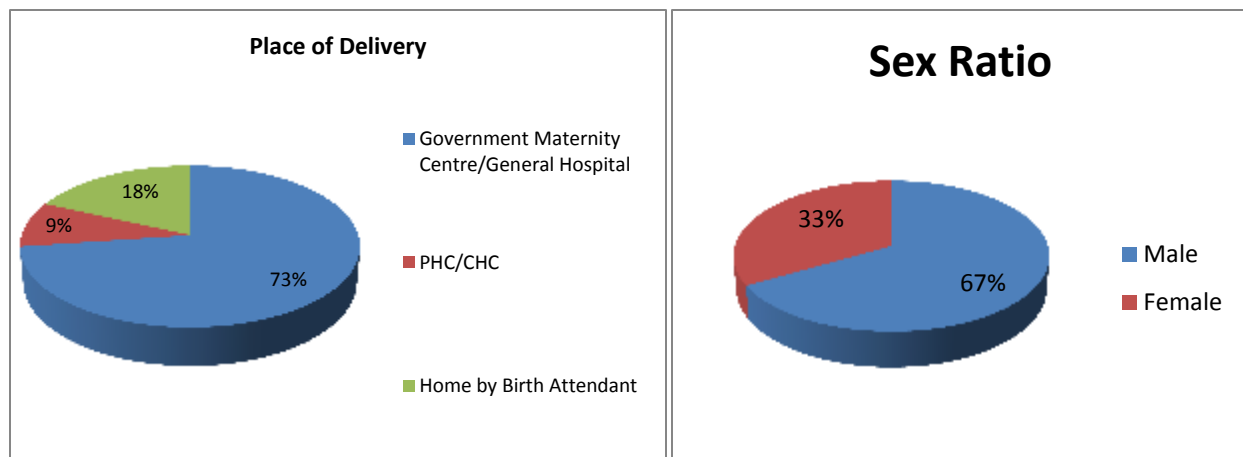
80.9% of the sample households reported saying that they have access to piped water supply, 13.6% use the community handpump and the rest 5.5% use the community tap. As reported during research 27.3% of the sample have water source located within the home while for 10.9% sample it is located just outside the premises. For 9% of the water source is available within half a km.

6.2.3.5 HEALTH SEEKING BEHAVIOUR:



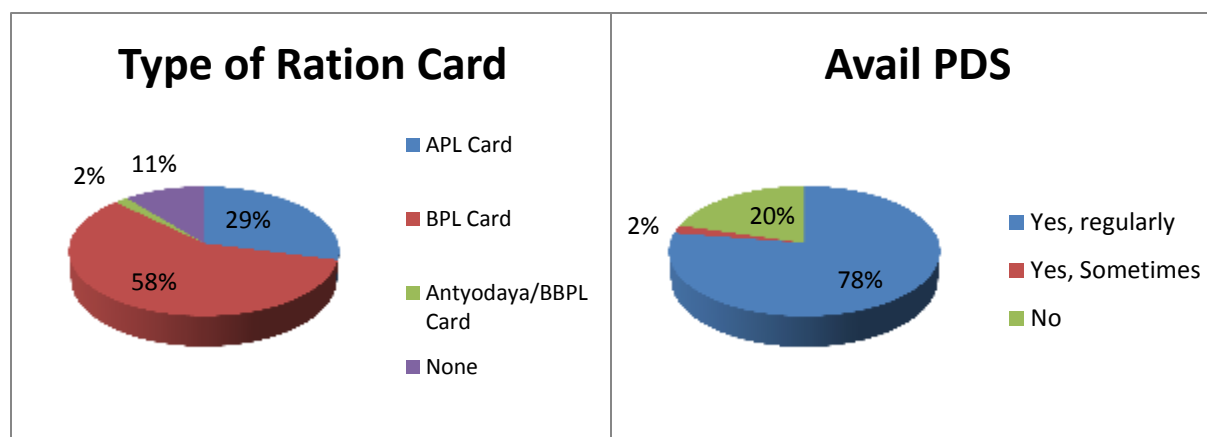
27% of the people visit the PHC and CHC, 20% consults the mobile clinic, 16% go to the private clinic and 15% visit the private hospital. 11% consults the local doctor/RMP and only 9% go to the Government Hospital. A 2% visit the ASHA / Anganwadi.

6.2.3.7 MATERNAL HEALTH:



As per the analysis of sample interviewed majority (73%) give birth to their first child in a government institutional place. 18% at home with Birth attendant and 9% in the PHC/CHC. In the age group of 0-3 years sex ratio is 67% male and 33% female.

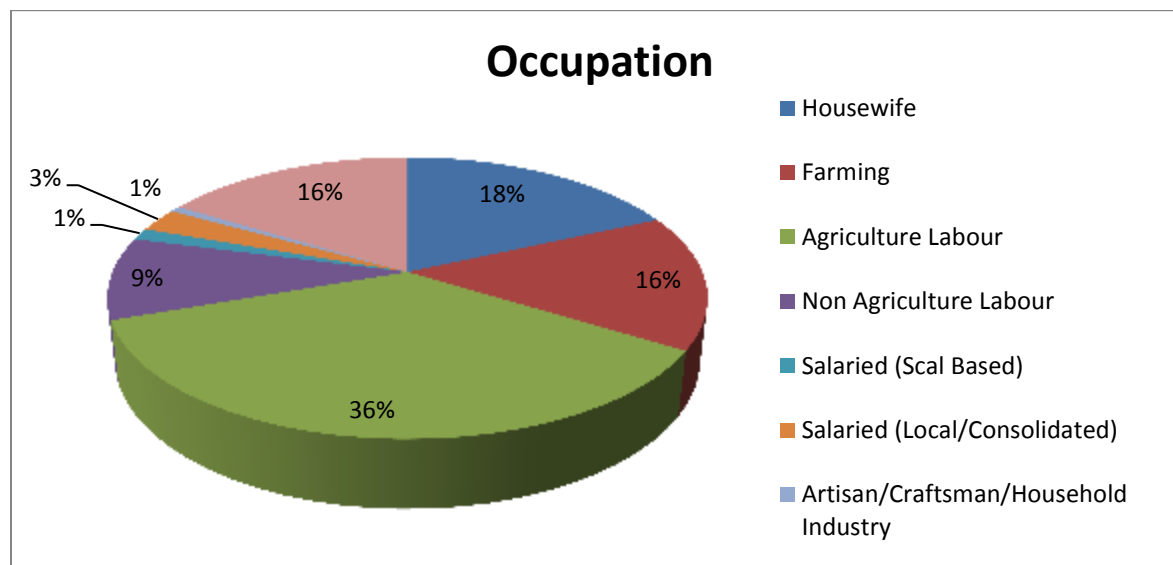
6.2.3.8 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (58%) hold an BPL card, whereas 29% hold a APL Card and 2% of the sample hold an Antyodaya/BBPL Card while 11% of sample does not hold any card. Among the sample who holds ration card 78% of them regularly avail the PDS facility and only 2% of the population only sometimes avail this facility while 20% does not use it at all.

6.2.3.9 OCCUPATION:

As reflected by data 36% of the village members are agricultural labours, 16% are into farming, while 16% are into other profession. 18% said that they were housewives. 3% are in salaries employment.



6.2.3.10 MAJOR PROBLEMS IN THE VILLAGE:

- **Water:** The village people requested for tube-wells. The present water supply from the sources is not fit for drinking purpose, it has high mineral content.
- **Health:** Since the village is very small, there is no Health facility available for emergency purposes.
- **Education:** The village members suggested for classes 8th to 12th, since the children have to travel outside village for secondary educational. The Z.P school, classes 1st to 4th requires table/benches facility for the students, and library facility.
- **Sanitation:** Requirement of Drainage facility in the village and Community toilet facility as suggested by the villagers.
- **Infrastructure:** The village approach road just 1Km or less towards the village is Kuccha and in rainy season, it is very difficult to commute specially for emergency medical requirement and travel for the school teachers and other students studying outside the village.

RECOMMENDATION:

- Attention to health: providing MMU visit every 2 weeks.
- Construction of the approach road, around 1Km.
- Availability of Drinkable water.
- Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
- In the school there is no drinking water facility in the school. Toilets are available but due to unavailability of water children do not use them.
- Drinking water, similar to the other villages is a major concern for the village people. In total 12 taps are required so that each and every household can get sufficient water for domestic and drinking purpose.
- Accessibility to health care system is major issue in village. The government system PHC/CHC is located at the distance of more than 5 Kms, so the community has to rely on private services. An intervention in health system either through Mobile medical van or

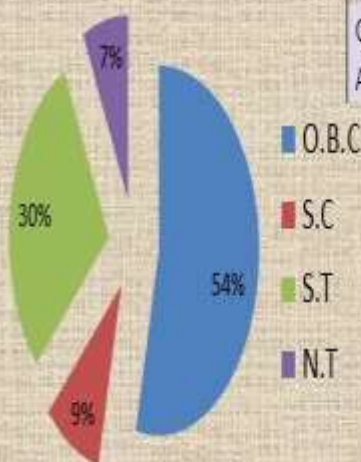
- Opening of dispensary from the company will reduce the expenditure on health services for the community.
- Awareness and training on sanitation and Government. Schemes.
- School bus facility.

6.2.4 Village Name: Matholi

RELIGION	House holds
Hindu	46
Buddhist	05

YEAR	2011
HOUSEHOLDS	54
POPULATION	234

CASTE DISTRIBUTION



Land Distribution (In Hectares):			
TOTAL AREA	IRRIGATED	NON-IRRIGATED	FLOOD PRONENESS
388.89	77.43	273.28	Almost All

Public/Common Tap Points

HH Tap Connections

Facilities Existing within village.

Cement/Tar Road
Weekly Market
Gram Panchayat Office
Pre-primary School
Government Primary School
Cooperative Society
Asha Worker

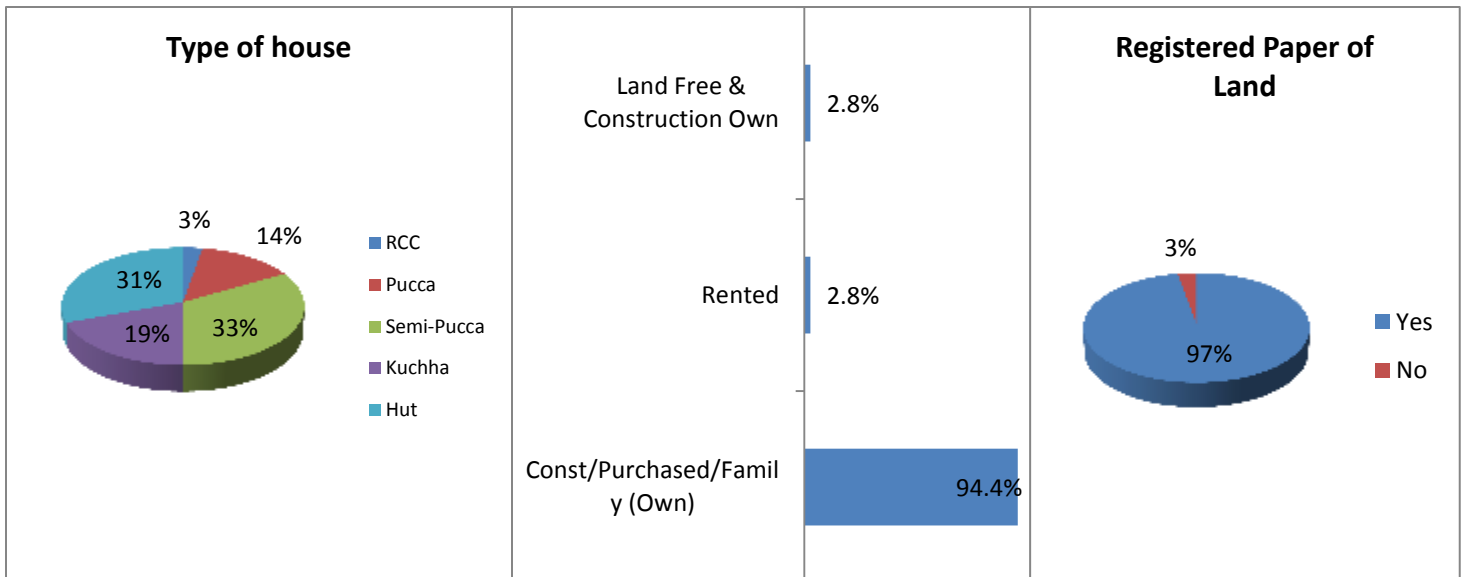
Facilities Existing within 5 km from the village

Bus Stop- Kailash Nagar
Public Telephone Booth- Kailash Nagar
PDS Shop- Mangoli
Grocery Shop- Mangoli
DTP/Xerox Centre- Kailash Nagar
Post Office- Sakhra
Bank for S/B account- Kailash Nagar
Private Secondary school- Sakhra
Health Sub-Centre- Kolgaon
Primary Health Centre- Kolgaon
Private Clinic (RMP+)- Sakhra
Private Clinic (MBBS/BAMS+)- Kailash Nagar
Veterinary Clinic- Kolgaon
Medical Shop/Chemist- Kailash Nagar

Facilities Existing more than 5 Kms

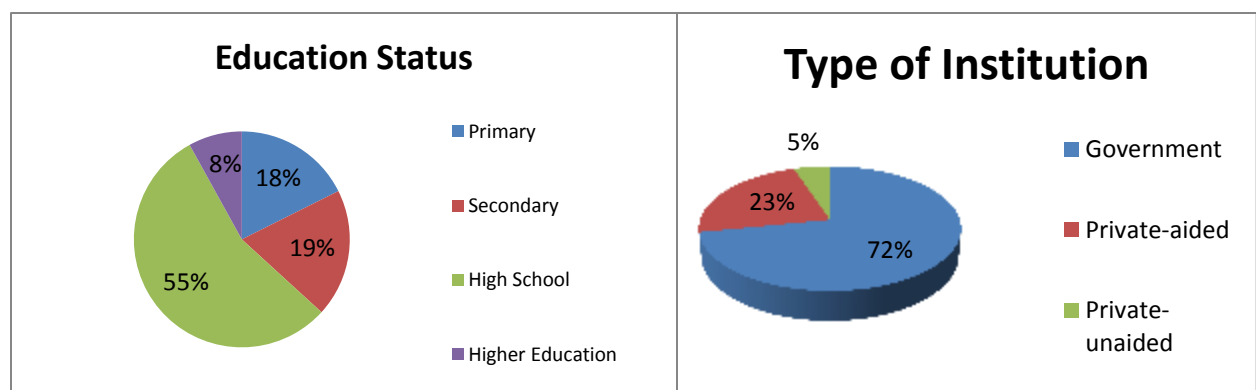
Railway Station-Wani
Warehouse-Wani
APMC/Mandi-Wani
Block Development Office- Wani
Private Hospital-Wani
Taluk Headquarters -Wani
District Headquarters-Yawatmal
ITI/Polytechnic-Wani
Degree College-Guggus
Vocational Training Centre- Wani
Higher Secondary School- Guggus
CHC/Government General Hospital- Wani

6.2.4.1 HOUSEHOLD STATUS:



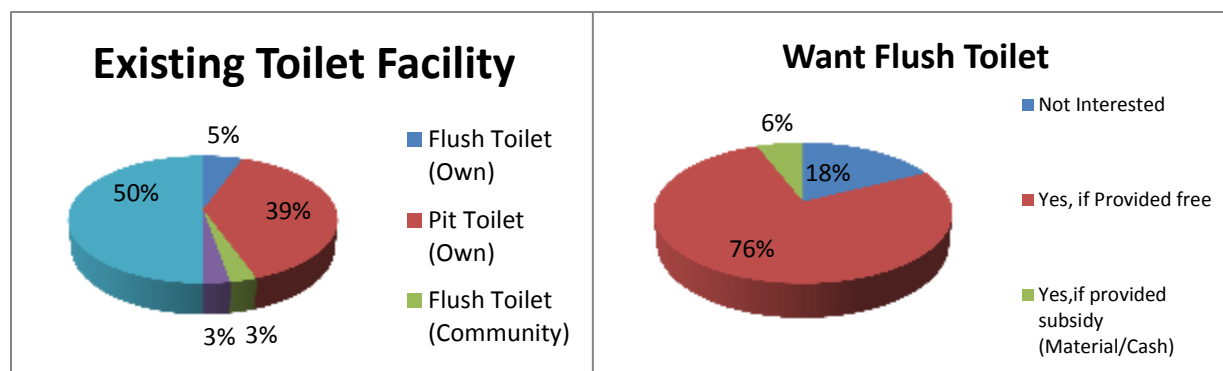
Majority of the sample in Matholi Village have Semi-Pucca Houses (33%), 31% stay in huts, 19% in Kuccha, 14% stay in Pucca houses and only 3% live in RCC homes. 97% of all the households studied in the survey are electrified. 97% of sample living in Matholi have the registered papers (patta) of the land they are living in but 3% still don't possess the papers of the land.

6.2.4.2 EDUCATION:



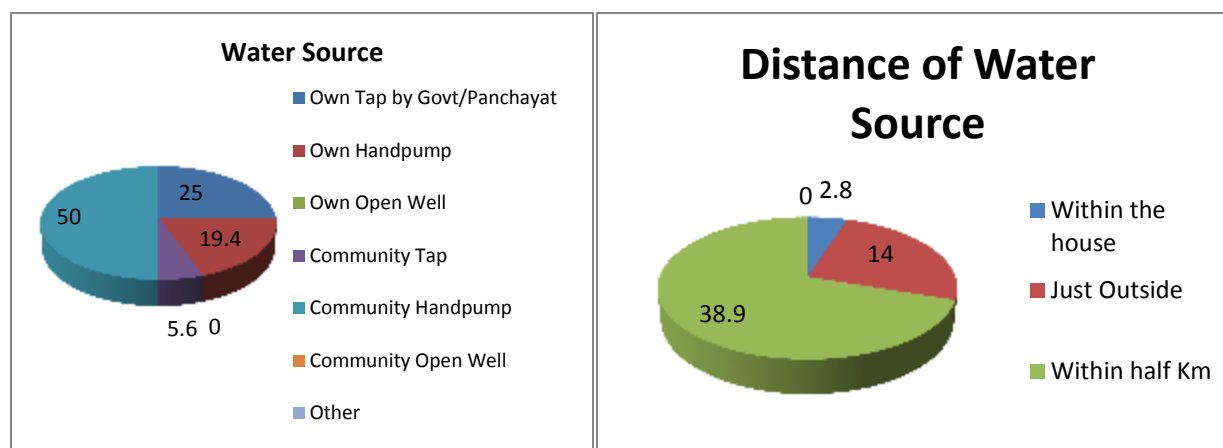
Students who are currently studying 55% of them are in high school followed by primary and secondary school where 18% & 19% students are studying. 8% of the surveyed sample are in higher studies. 72% of the children are enrolled in government institutions followed by private-aided institutions 23%.

6.2.4.3 SANITATION



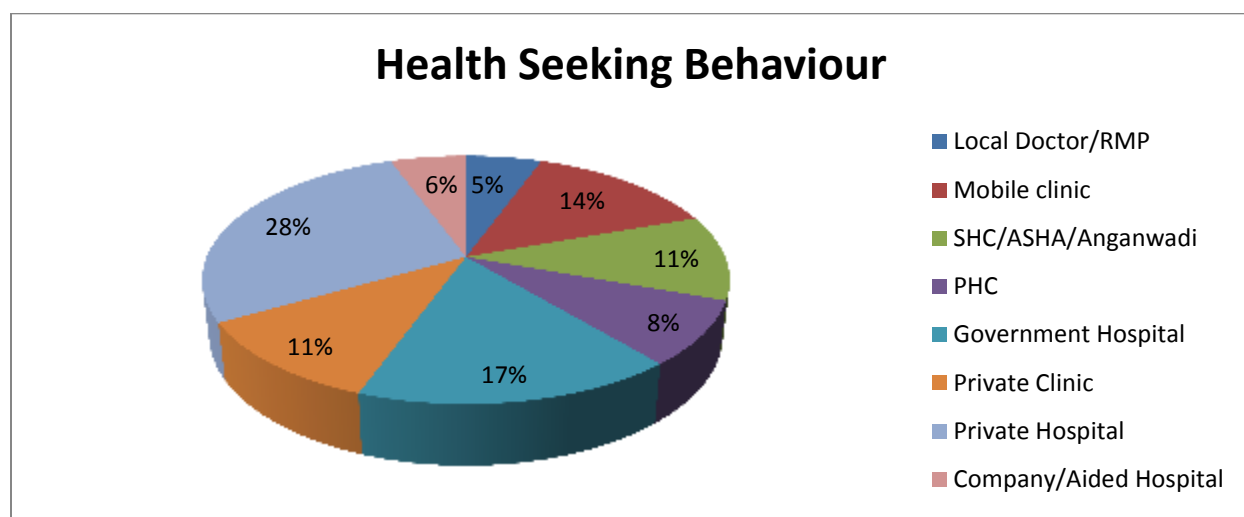
Half of the household do not have any toilet facility, 39% have pit toilet, 5% have flush toilet and 3% each use Community Pit toilet and community flush toilet. Among the sample households who don't have any toilet facility 76% said that they are interested if provided free. 6% agreed if provided subsidy and 18% were not interested.

6.2.4.4 WATER SOURCE



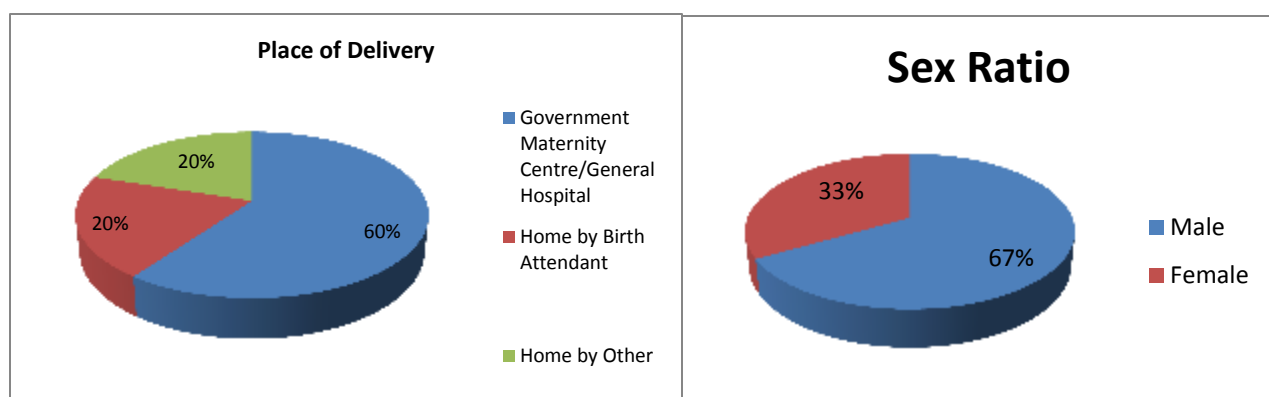
Half of the sample households reported saying that they use community handpump for drinking water purposes while 25% have access to piped water supply. 19.4% use Own Handpump and 5.6 % access the community tap. As reported during research 38.9% of the sample have water source located within half a km. 14% of the sample said it is just outside the premises and for only 2.8 % source is within the premises of their house.

6.2.4.5 HEALTH SEEKING BEHAVIOUR:



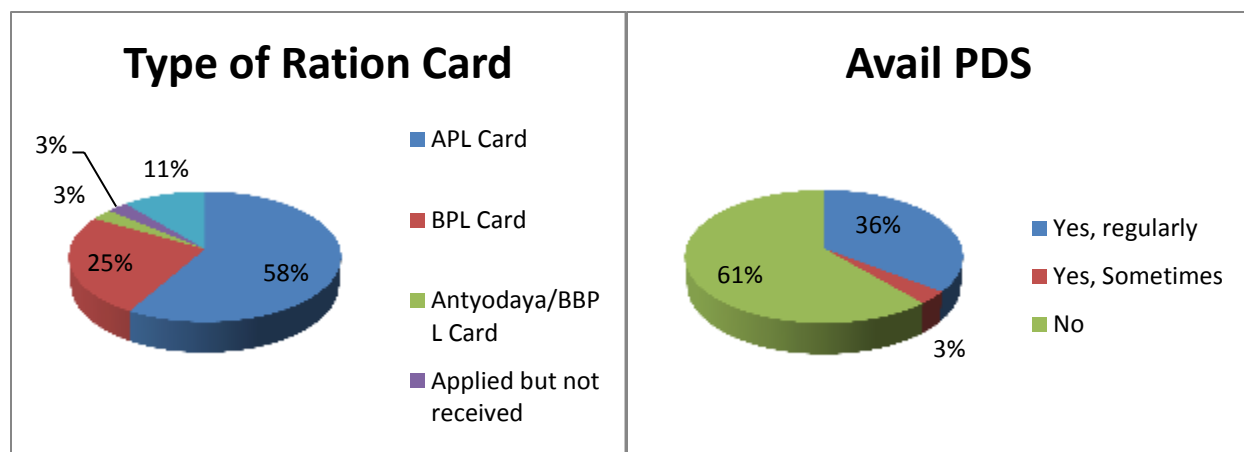
Majority of the sample 39% reported consulting the private hospital and private clinic for health related issues. Government hospital is visited by 17% of the population, 11% go to SHC/ASHA/Anganwadi, 8% consults the PHC 6% visits the Company hospital. Only 5% visit the local doctor/RMP.

6.2.4.6 MATERNAL HEALTH:



As per the analysis of sample interviewed majority (60%) give birth to their first child in a government institutional place, 20% of the sample give delivery in their home by Birth attendant and the remaining 20% also give birth in home by informal system. In the age group of 0-3 years sex ratio is 67% male and 33% female.

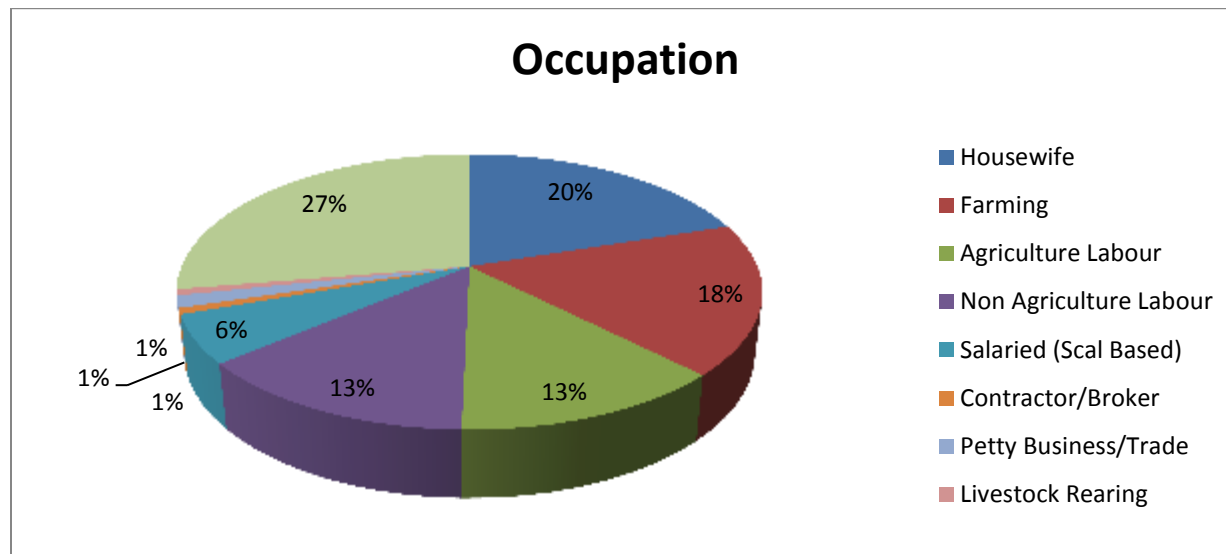
6.2.4.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (58%) hold an APL card, whereas 25% hold a BPL Card, 3% of the sample hold an Antyodaya/BBPL Card while 3% have not yet applied, 11% of sample does not hold any card. Among the sample who holds ration card only 36% of them regularly avail the PDS facility and only 3% of the population only sometimes avail this facility while 61% does not use it at all.

6.2.4.8 OCCUPATION:

As reflected by data 27% of the village members are into occupation not defined. 18% are into farming, 13% each are agricultural labours and non-agricultural labours while 6% are salaried employers. 20% said that they were housewives. 20% said that they were housewives.



6.2.4.9 MAJOR PROBLEMS IN THE VILLAGE:

Sanitation: Open defecation on the roads especially during rainy season and in the fields for rest of the year. The HH sewage & cattle waste flows across the village roads.

Education: the Anganwadi has developed severe cracks and the floor is broken due to blasting in the mine area. The children are made to sit outside the room on the open space outside the room for safety purpose.

RECOMMENDATION:

- Construction of the Anganwadi center must be on the priority.
- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level.
- In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed.
- SHG's shall be formed and support shall be given by the WCL and with regard to the accountability and transparency the concerned SHG Shall is responsible.
- Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- Primary school in village faces problems like water logging and lack of class rooms. Teachers have requested for the teaching aids such as toys and books. WCL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.

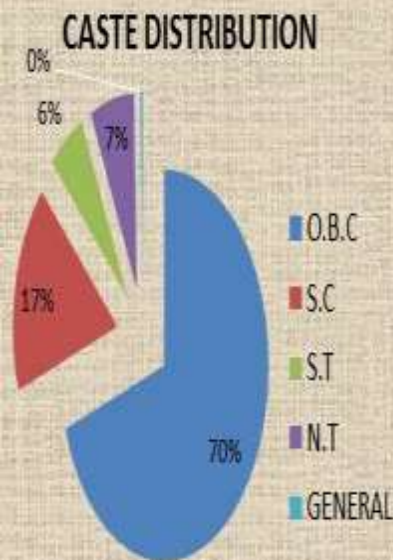
- It was also found that there is a high dropout rates in the village. WCL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education

-

6.2.5 Village Name: Sakhara

RELIGION	House holds
Hindu	207
Buddhist	40
Jain	01

YEAR	2011
HOUSEHOLDS	248
POPULATION	951



Public Common Tap Points 02

HH Tap Connections 125

Facilities Existing within village.

Cement/Tar Road
Gram Panchayat Office
PDS Shop
Post Office
Pre-primary School
Government Primary School
Private Secondary School
Private Clinic RMP
Cooperative society
Asha Worker
Dai (Trained/Untrained)
Private Clinic (MBBS/BAMS+)

Facilities Existing within 5 km from the village

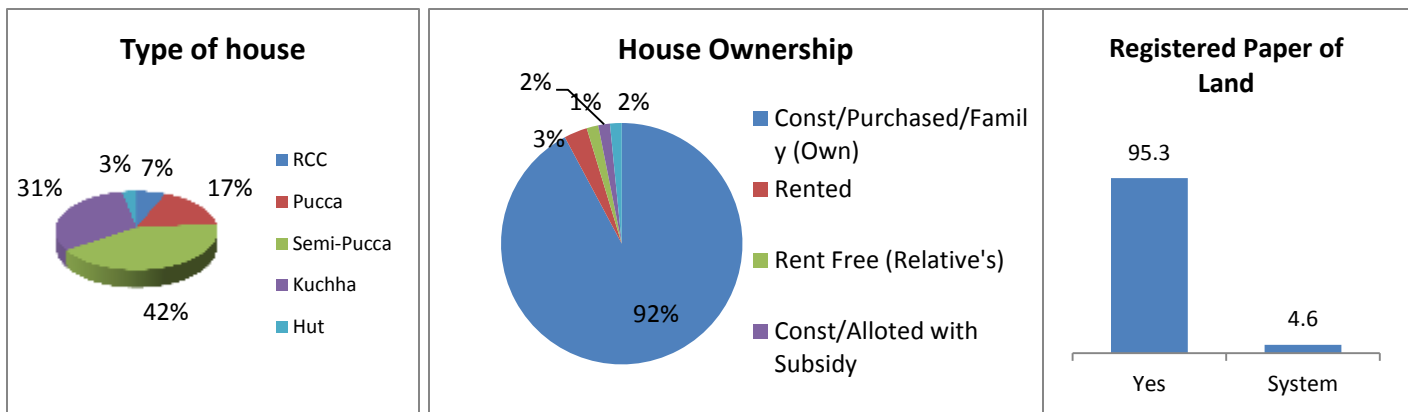
Bus Stop- Guggus Road
Primary Health Centre- Kolgaon
Medical Shop/Chemist- Kailash Nagar
Veterinary Clinic- Kolgaon

Facilities Existing more than 5 Kms

Railway Station-Chandrapur
Warehouse-Wani
APMC/Mandi-Wani
Higher Secondary School- Shindola
Private Hospital- Wani
Taluk Headquarters -Wani
District Headquarters-Yawatmal
ITI/Polytechnic-Wani
Degree College-Wani
Police Station- Shirpur
Bank for S/B account- Shindola
Block Development Office- Wani
Public Telephone Booth- Guggus
Daily/Evening Market-Guggus
Weekly Market- Guggus
Grocery Shop- Guggus
DTP/Xerox Centre- Guggus
Vocational Training Centre- Wani
CHC/Government General Hospital- Wani

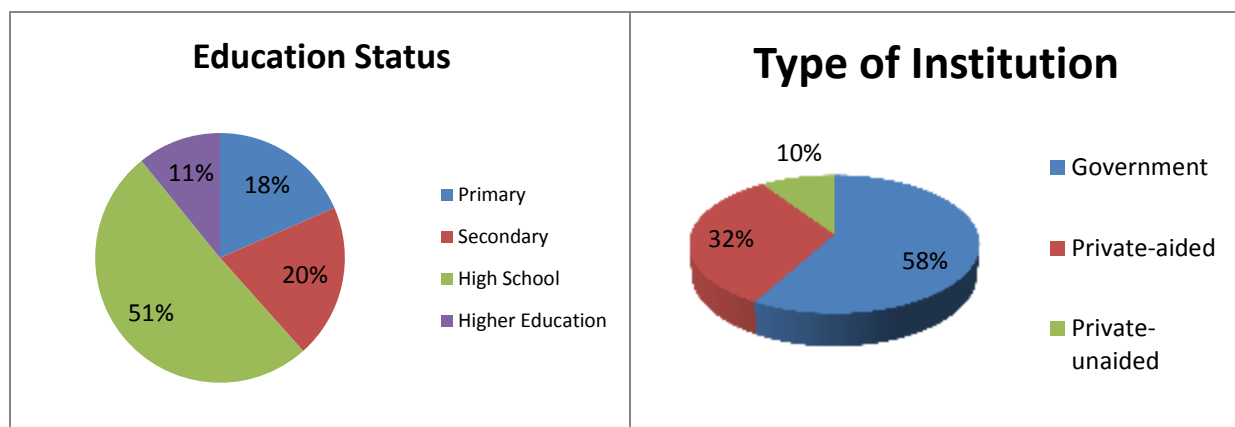
Land Distribution (In Hectares):						
TOTAL AREA	IRRIGATED	NON-IRRIGATED	FLOOD PRONENESS	WATER LOGGING	SOIL EROSION	OTHERS
544.98	40.35	145.00	Half, 50%	Some, 25%	Some, 25%	WCL dusting and dumping

6.2.5.1 HOUSEHOLD STATUS:



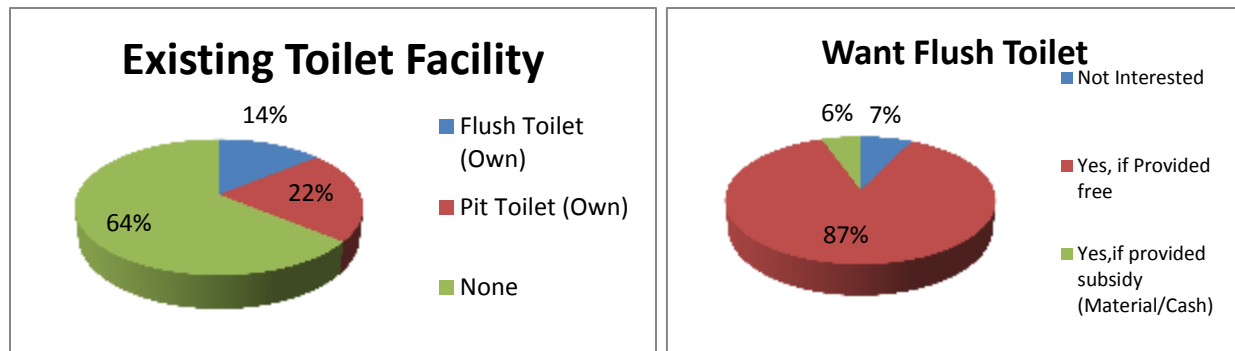
Majority of the sample in Sakhara Village have Semi-Pucca Houses (42%), 31% stay in Kuchha houses, 17% in Pucca, 7% in RCC houses and only 3% live in huts. 95% of all the households studied in the survey are electrified. 95% of sample living in the village have the registered papers (patta) of the land they are living in but 5% still don't possess the papers of the land.

6.2.5.2 EDUCATION



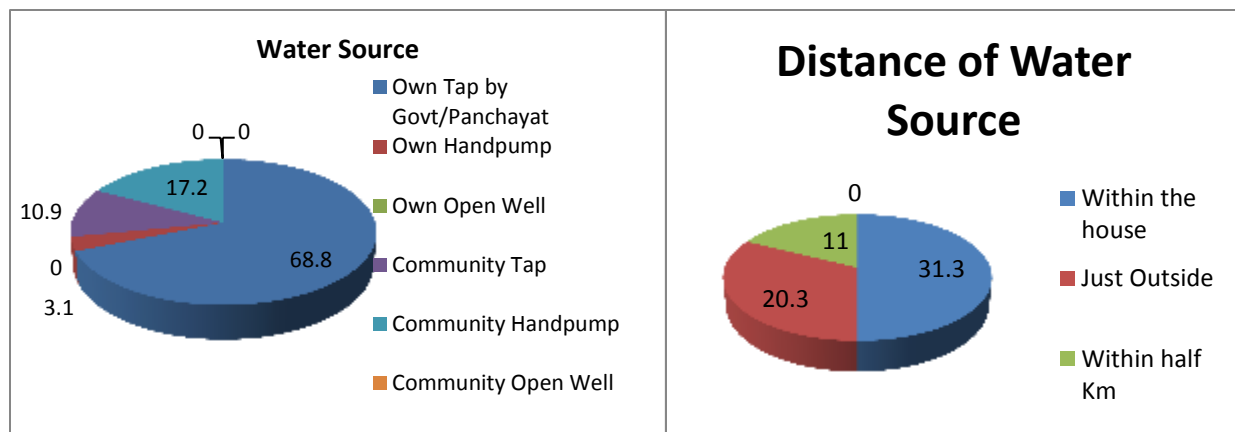
Students who are currently studying 51% of them are in high school followed by secondary and primary school where 20% & 18% students are studying, while 11% are doing higher studies. 58% of the children are enrolled in government institutions followed by private-aided institutions 32%.

6.2.5.3 SANITATION:



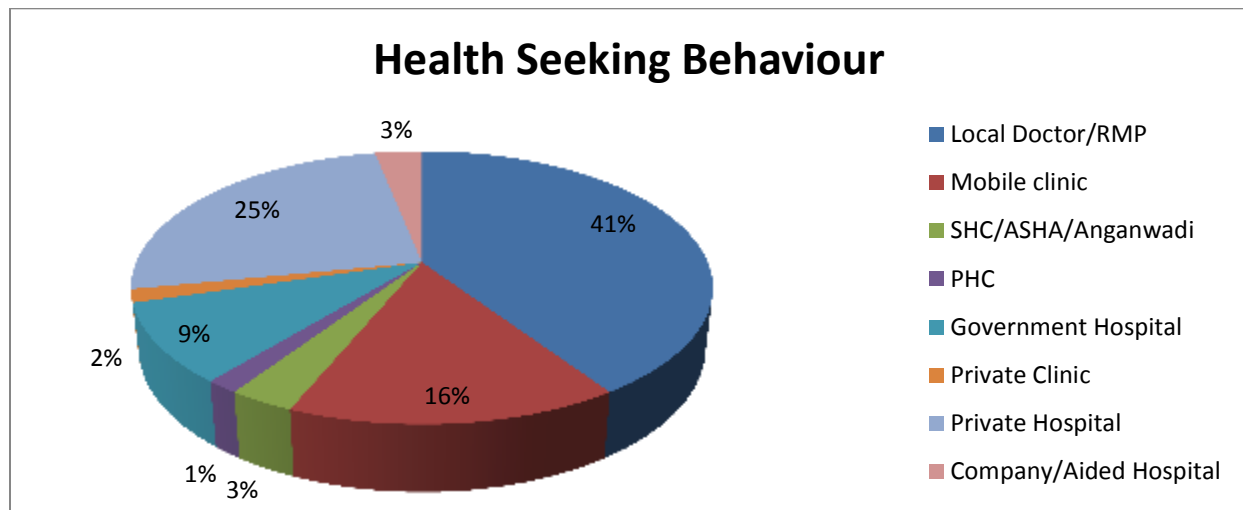
More than half 60% of the household do not have any toilet facility, 22% have pit toilet and 14% have flush toilet. Among the sample households who don't have any toilet facility 87% said that they are interested if provided free. 6% agreed if provided subsidy and 7% were not interested.

6.2.5.4 WATER SOURCE



68.8% of the sample households reported saying that they have access to piped water supply, 17.2% use the community handpump, while 10.9% have access to the community tap system. As reported during research 31.3% of the sample have water source located within the home while for 20.3% sample it is located just outside their premises. And for 11% is within half a km.

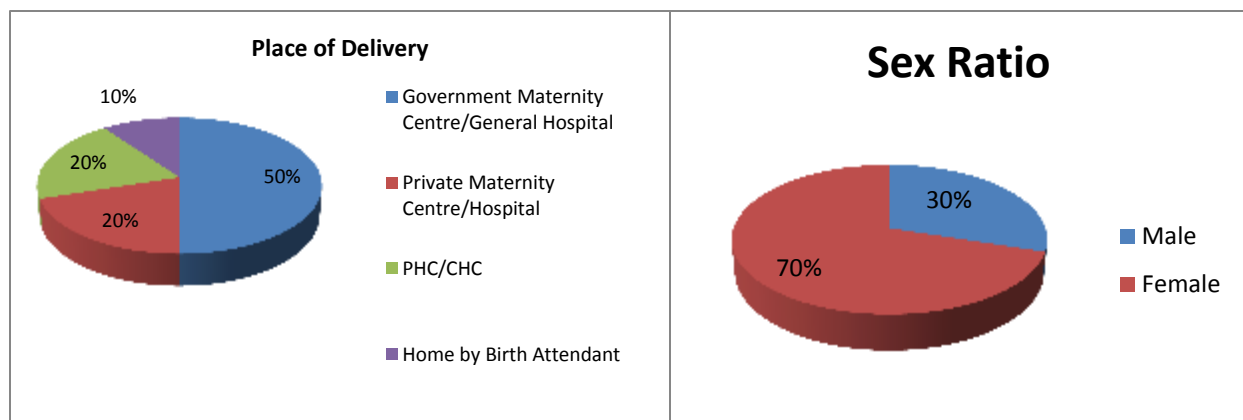
6.2.5.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 41% reported consulting a local doctor for health related issues. Private clinic and private hospitals is consulted by 34% of the population. 16% consult the mobile clinic while only 9 % visit a government hospital.

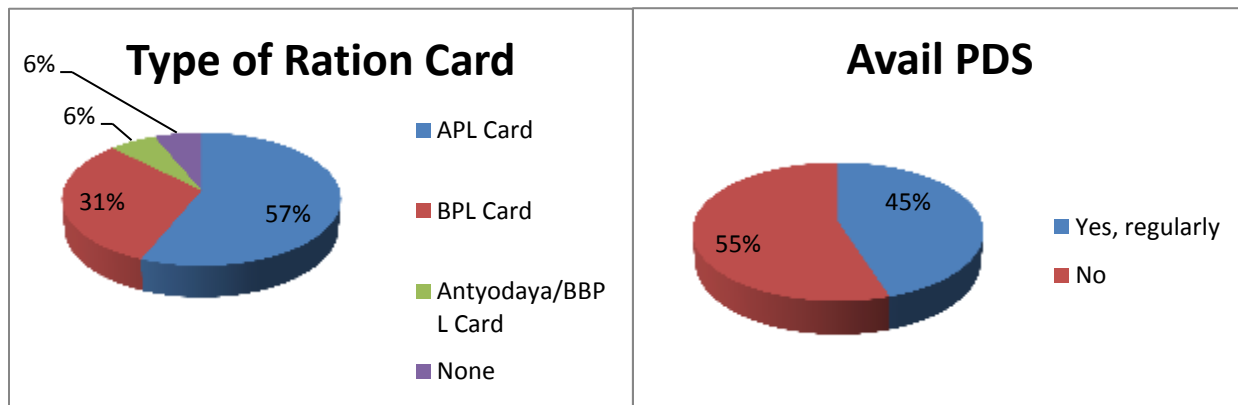
6.2.5.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (50%) give birth to their first child in a government institutional place, 20% in a private maternity plac, next 20% in PHC/CHC's and



10% at home by attendant. In the age group of 0-3 years sex ratio is favourable to female at 70% and male at 30%.

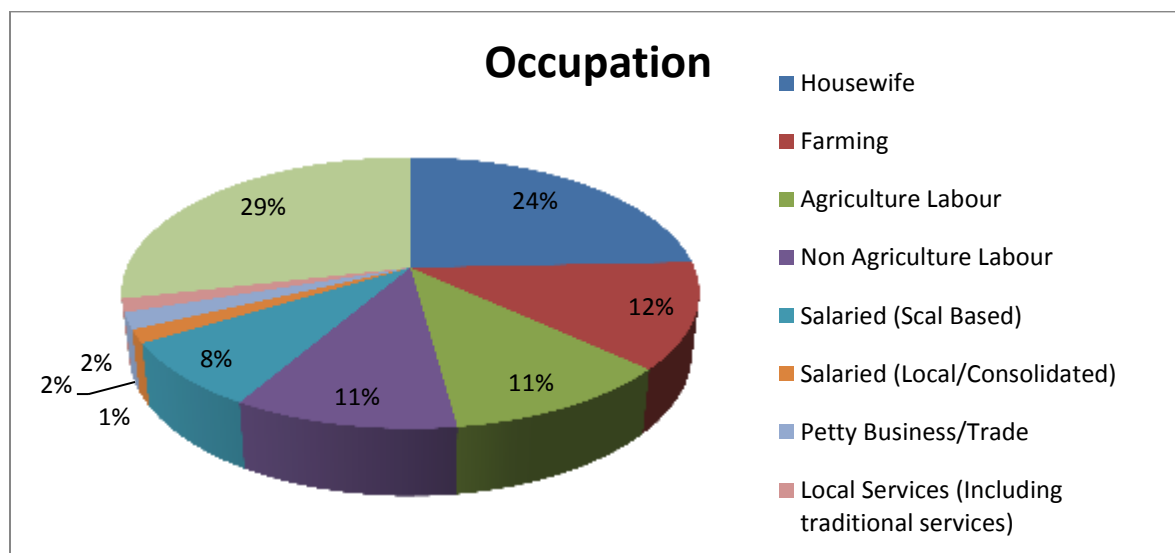
6.2.5.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (57%) hold an APL card, whereas 31% hold a BPL Card and 6% of the sample hold an Antyodaya/BBPL Card while 6% of sample does not hold any card. Among the sample who holds ration card 45% of them regularly avail the PDS facility whereas 55% does not use it at all.

6.2.5.8 OCCUPATION:

As reflected by data 29% of the village members are into other profession, 12% are into farming, 11% are agricultural labours and non-agricultural labours while 8% are salaried employees. 24% said that they were housewives. 24% said that they were housewives.



6.2.5.9 MAJOR PROBLEMS IN THE VILLAGE:

- ***Environmental concerns:*** Due to high temperature in the region, during summers the coal dumped in the mine area catches fire which increases the surrounding temperature by few more degrees and as WCL sprinkles water to put off the fire, the already heated environment becomes excessively humid & unbearable, allowing home-coolers to stop functioning.

Control on WCL dust and dumping as it causes air pollution and creates health problems.

The village agricultural lands lying in the lower region are prone to annual floods and water logging during the monsoons. The 2 rivers Wardha & Paen-ganga over-flow in this area due to high silt & mud deposit on the river water-way. An important observation made by the researcher is the mud sliding of OB dumps along the river banks, which forces the water to take a different route, thus flooding the low-land areas extensively, damaging crop & infrastructure.

Also the heavy rainfall creates mud slides in the Mongoli OB dump just surrounding the village, transporting the mud across the fields and destroying the crops.

- ***Water:*** Water source's (drinking and daily use), water tank with water filtration facility has been requested by the villagers.
- ***Infrastructure:*** Development of cracks in most of the village HH due to blasting in the mines. The main road built by Government is used by WCL dumpers (which weigh 50 tons + additional 60 tons of Coal) which weakens the capacity & makes the road prone to road-slides in the rainy season.

The GP is not able to make proper drainage & roads inside the village because of opposition from the people as they are not willing to give the required space in front of their houses.

- ***Sanitation:*** Only 45 HH have been covered under NGY, construction & usage of Toilets are microscopic in the village. Open defecation on the roads especially during rainy season and in the fields for rest of the year. No proper drainage system, the HH sewage & cattle waste flows across the village roads.
- ***Electricity:*** Due to frequent and unpredictable power cuts, water supply in the households gets affected.

- **Health:** Mostly upper respiratory tract related health problems, like dust allergy, asthma, coughing, and also present are some hidden cases of Tuberculosis.

Village people who do not work with WCL cannot access WCL Hospital (4kms), due to which they have to travel to Chandrapur (32kms) in case of emergency. It is not cost effective, as private auto charges 200INR for Ghughus & over 500INR for Chandrapur with additional private hospital & doctor charges ranging from minimum 200-4000INR.

Recommendation:

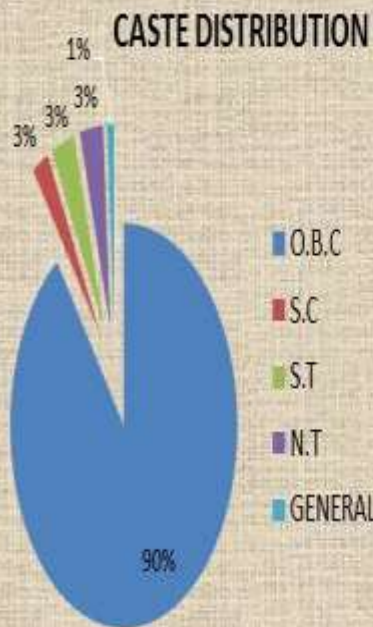
- Immediate Attention to health: providing MMU visit twice every week.
- Immediate cater to the Environmental concerns of the village.
- Education facility for the children- providing the village primary school with Educational Materials will be a very nice initiative to develop interest of the students towards education. It is important to be understanding about the social and psychological condition to ensure the success of school.
- Primary school in village faces problems like lack of class rooms. Teachers have requested for the teaching aids such as toys and books. WCL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- It was also found that there is a high dropout rates in the village. WCL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
- Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women and children also to take the benefit of it.
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.

- In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

6.2.6 Village Name: Shivni

RELIGION	House holds
Hindu	295
Muslim	02
Christian	01
Buddhist	02

YEAR	2011
HOUSEHOLDS	300
POPULATION	1050



Facilities Existing within 5 km from the village

Bus Stop- Mungoli
Public Telephone Booth- Mungoli
DTP/Xerox Centre- Mungoli
Post Office- Sakhra
Private Clinic (RMP+)- Mungloi
Private Clinic (MBBS/BAMS+)- Mungoli
Medical Shop/Chemist- Mungoli
Primary Health Centre- Kolgaon
Veterinary Clinic- Kolgaon

Facilities Existing more than 5 Kms

Railway Station- Wani
Warehouse-Wani
APMC/Mandi-Wani
Private Secondary School- Guggus
Private Hospital-Guggus
Taluk Headquarters – wani
District Headquarters-Yawatmal
ITI/Polytechnic-Wani
Degree College-Wani
Vocational Training Centre- Wani
Higher Secondary School-Guggus
Daily/Evening Market- Guggus
Weekly Market- Guggus
Grocery Shop- Guggus
Police Station- Shirpur
Bank for S/B account- Shindola
Block Development office- Wani
CHC/Government General Hospital- Wani

Facilities Existing within village.

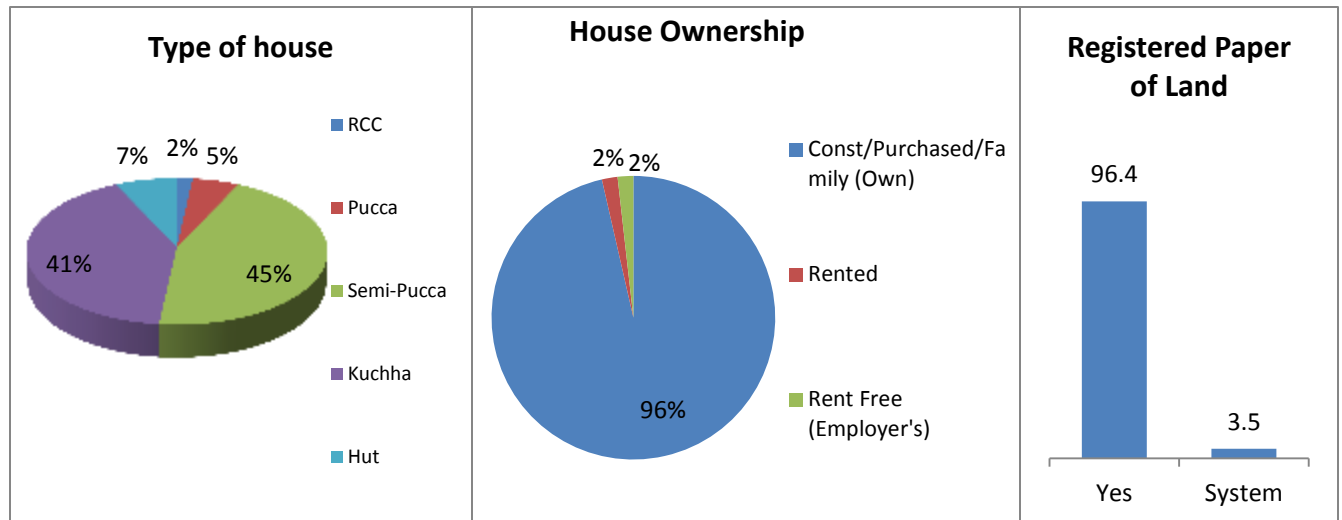
Cement/Tar Road
Gram Panchayat Office
PDS Shop
Cooperative Society
Pre-primary School
Government Primary School
Health Sub-Centre
Asha Worker

Land Distribution (In Hectares):						
TOTAL AREA	IRRIGATED	NON-IRRIGATED	WASTELAND	WATER LOGGING	FLOOD PRONENESS	OTHERS
800	500	290	10	Some, 25%	Half, 50%	WCL dusting

Public/Common Tap Points 04

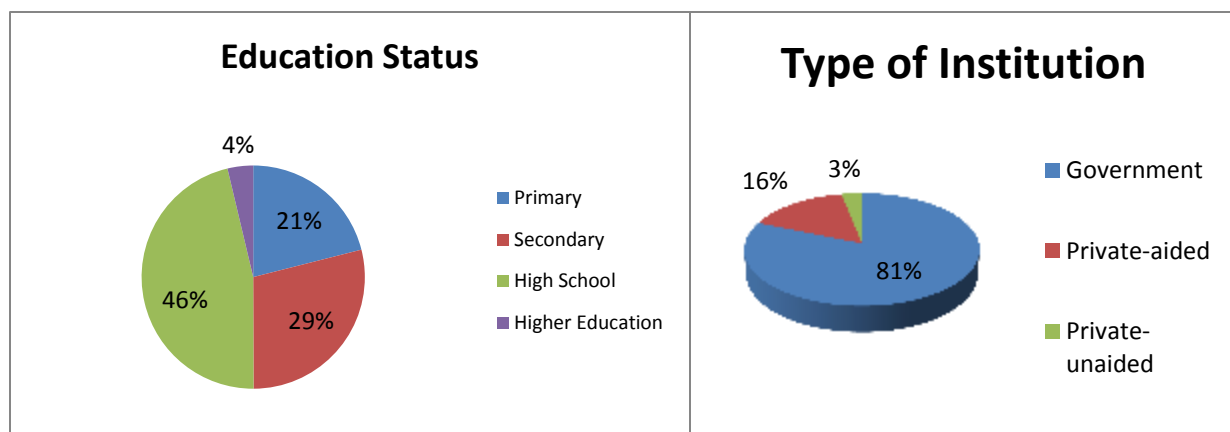
HH Tap Connections 100

6.2.6.1 HOUSEHOLD STATUS:



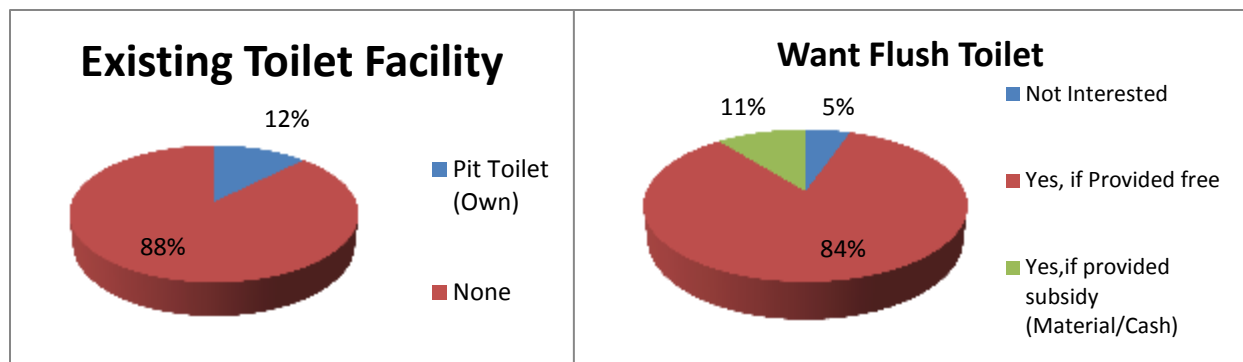
Majority of the sample in Shivni Village have Semi-Pucca Houses (45%), 41% stay in Kuchha houses, 7% in huts, 5% in Pucca houses and only 2% live in RCC homes. All the households studied in the survey are electrified. 96% of sample living in Shivni have the registered papers (patta) of the land they are living in but 4% still don't possess the papers of the land.

6.2.6.2 EDUCATION:



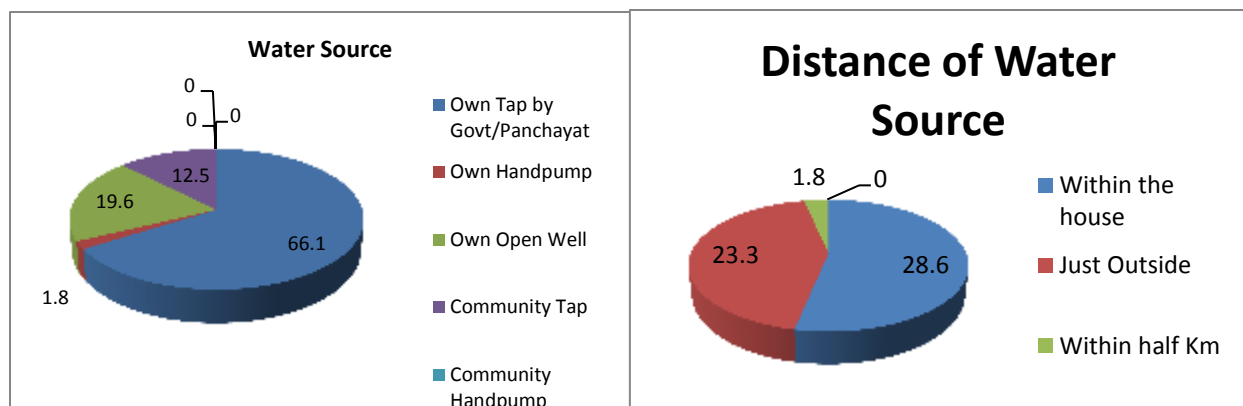
Students who are currently studying 46% of them are in high school followed by secondary and primary school where 29% & 21% students are studying. 81% of the children are enrolled in government institutions followed by private-aided institutions 16%.

6.2.6.3 SANITATION:



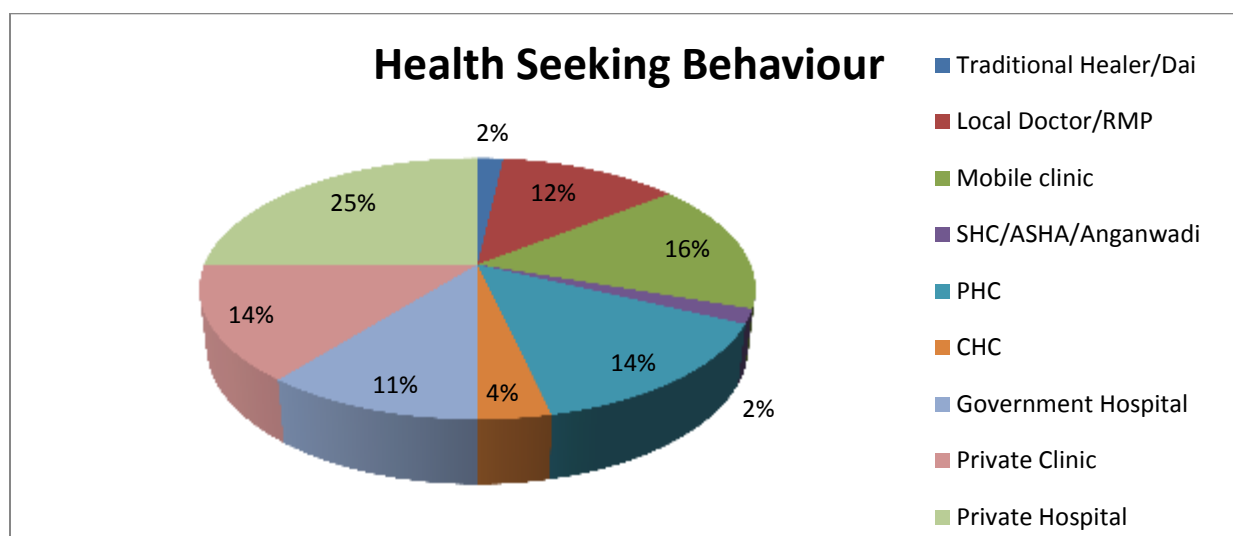
A significant 88% of the household do not have any toilet facility, only 12% have pit toilet. Among the sample households who don't have any toilet facility 84% said that they are interested if provided free. 11% agreed if provided subsidy and 5% were not interested.

6.2.6.4 WATER SOURCE



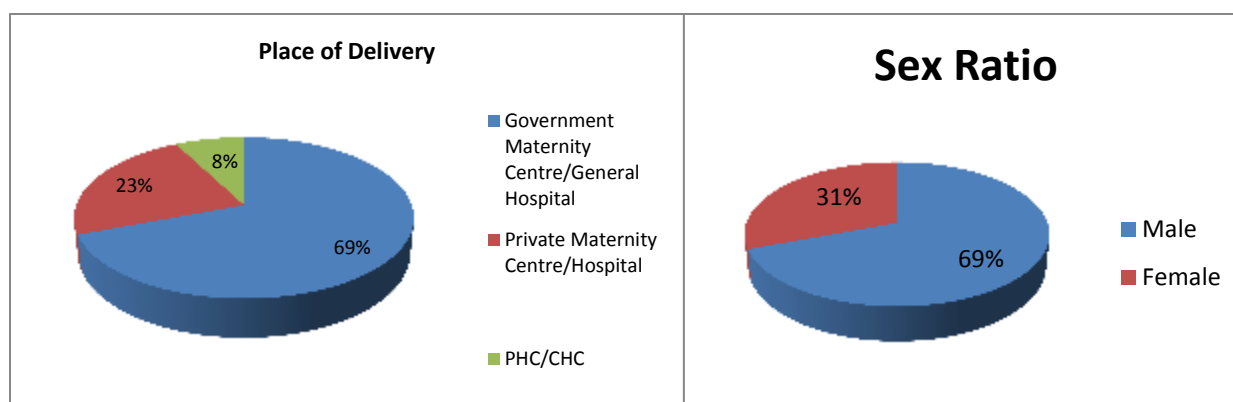
66.1% of the sample households reported saying that they have access to piped water supply, 19.6% use own open well, 12.5% have access to the community tap. As reported during research 28.6% of the sample have water source located within the home while for 23.3% sample it is located just outside. 1.8% of the sample said it is within half a km.

6.2.6.5 HEALTH SEEKING BEHAVIOUR:



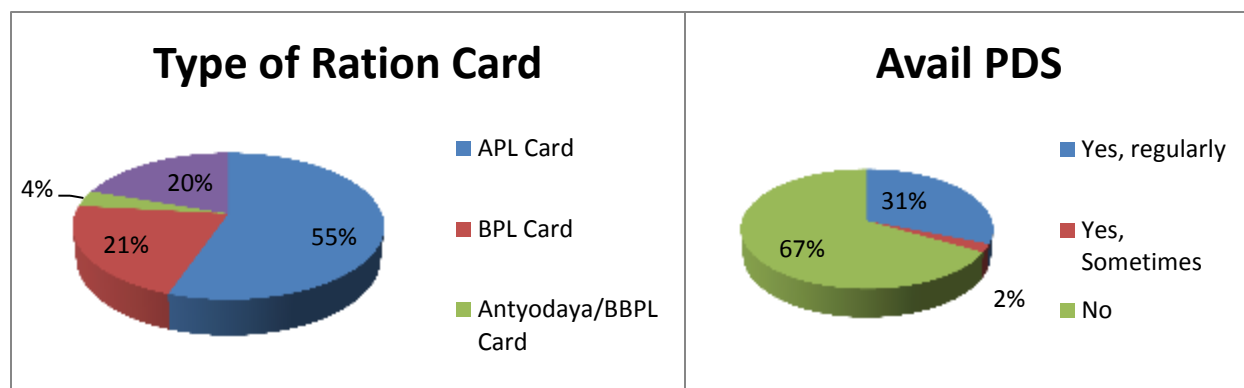
Majority of the sample 39% reported consulting the private clinic and private hospitals for health related issues. 18% visits the PHC and CHC, Mobile clinic is consulted by 25% of the population, 11% go to the government hospital. 2% consult the traditional dai/healer.

6.2.6.6 MATERNAL HEALTH:



As per the analysis of sample interviewed majority (69%) give birth to their first child in a government institutional place, 16% in a private maternity place and 8% go to the PHC/CHC. In the age group of 0-3 years sex ratio is male 69% and female is 31%.

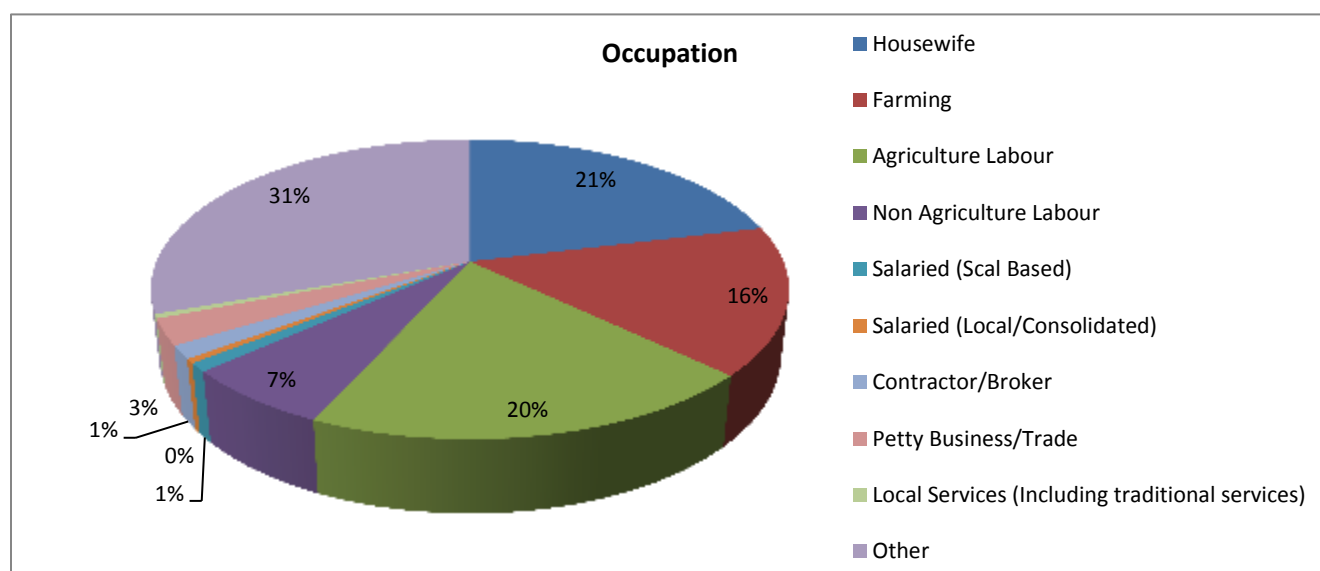
6.2.6.7 PUBLIC DISTRIBUTION SYSTEM



Most of the sample (55%) hold an APL card, whereas 21% hold a BPL Card and 4% of the sample hold an Antyodaya/BBPL Card while 20% of sample does not hold any card. Among the sample who holds ration card 31% of them regularly avail the PDS facility and only 2% of the population only sometimes avail this facility while 67% does not use it at all.

6.2.6.8 OCCUPATION:

As reflected by data 31% of the village members are into other profession, 20% are agricultural labours, 16% are into farming, 7% are non-agricultural labours while 3% are into petty business. 21% said that they were housewives.



6.2.6.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Resistance:** The team faced resistance from the members of gram panchayat as they claimed that presence of WCL for 20 years have not benefitted them. They wanted to get some work sanctioned from WCL personnel before allowing the Team to start the survey.
- **Transport & Communication:** There is no proper transportation system connecting the village with main town & bigger villages. Only 1 private auto is available in the village charging 300-500INR for emergency bookings. It is very difficult for the people of the Shivni village to afford such cost as the populations do not have affluent economic status.
- **Health:** The sub-center has minimal facility & since the ASHA does not stay in the village, the utilization of the center is negligible. Also there are no proper facilities like equipment's, table, chairs, regular electricity supply, etc.

Although the PHC is nearby, the people prefer to go to private hospital, since doctors & nurses are very irregular and do not provide proper services. Private Doctors charge 150INR as fees & the medicine charges range from 500-1500INR.

- **Environmental concerns:** the village fears environmental concerns like dust problem in future, as WCL is expanding the Mongoli OC Mine towards the Shivni village.
- **Sanitation:** Only HH have been covered under NGY, construction & usage of Toilets are very less in the village. Open defecation on the roads especially during rainy season and in the fields for rest of the year. No drainage system, the HH sewage & cattle waste flows across the village roads.
- **Infrastructure:** The approach road from Mongoli to Shivni is in a very bad condition, there is no proper pacca road to reach the nearest village Mongoli. During the rainy season, commutation is the major problem.

The primary school premises do not have a boundary wall and the school ground is used as a short cut road for the vehicles, grazing ground for animals. The compound is not safe for the children.

The anganwadi center in the new Shivni village does not have proper approach road & even minimal requirements are absent. No power supply, chairs, table, charts are available in the room.

- **Employment:** To provide employment to the youths of the village as there is shortage of work as suggested by the GP.

RECOMMENDATION:

- Construction of approach road from Mongoli village to Shivni, 3kms stretch.
- School compound wall construction.
- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Building trust in the communities: CSR nodal officer of the areas must visit all the affected coal mine villages once every week and make rapport with the village stakeholders (school principal, teachers, Anganwadi worker, ASHA, ANM, PHC doctor, the Gram Sachiv and Sarpanch).
- In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
- In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed.
- SHG's shall be formed and support shall be given by the WCL and with regard to the accountability and transparency the concerned SHG Shall is responsible.
- Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.
- In the village the condition of road is not very poor but drains are required in order to maintain the safety and hygiene. The waste and sewage available in the drains are major cause for the various diseases prevailing in the village.
- Primary school in village faces problems like lack of class rooms. Teachers have requested for the teaching aids such as toys and books. WCL can help them by providing library which in turn will improve the quality of education. It was found in the village that no students are engaged in

some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village

6.2.7 Village Name: Boarda

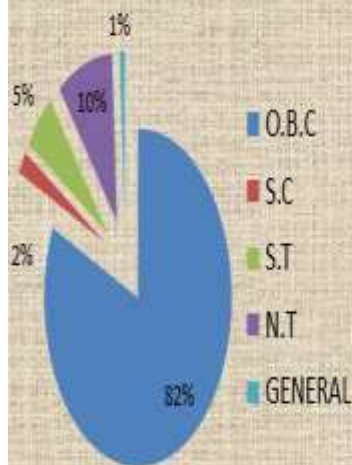
RELIGION	House holds
Hindu	457
Muslim	03
Jain	01
Buddhist	06

YEAR	2011
HOUSEHOLDS	466
POPULATION	2750

Public Common Tap Points 15

HH Tap Connections 325

CASTE DISTRIBUTION



Facilities Existing within village.

Cement/Tar Road
Gram Panchayat Office
PDS Shop
Post Office
Pre-primary School
Government Primary School
Private Secondary School
Veterinary Clinic
Health Sub-Centre
Asha Worker
Cooperative Society

Facilities Existing more than 5 Kms

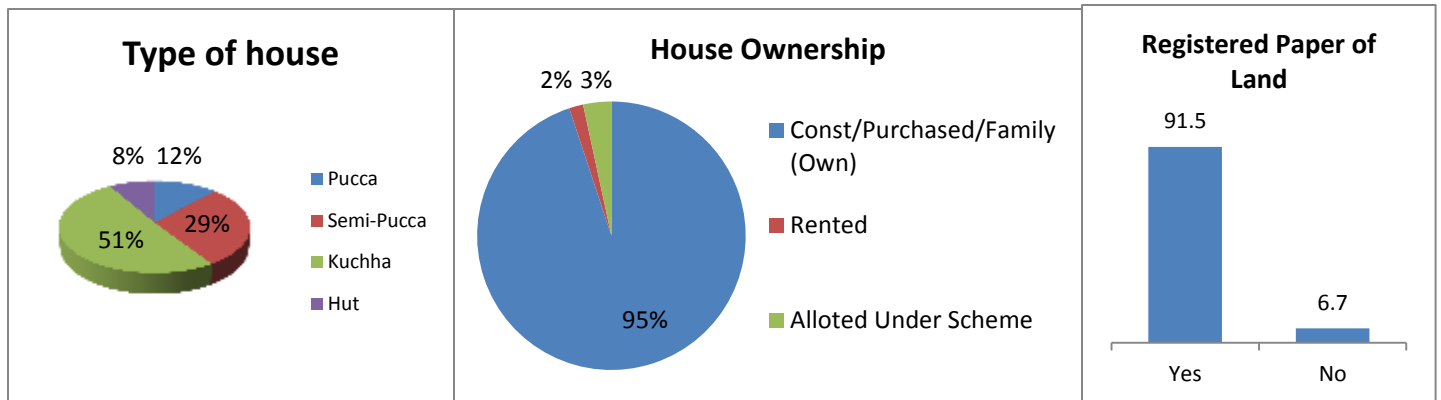
Railway Station-Wani
Warehouse- Wani
APMC/Mandi-Wani
Police Station- Wani
Private Hospital- Wani
Taluk Headquarters –Wani
District Headquarters- Yawatmal
ITI/Polytechnic-Wani
Degree College- Wani
Bus Stop- Wani
Public Telephone Booth- Wani
Block Development Office- Wani
Vocational Training Centre- Wani
Primary Health Centre- Rajur
CHC/Government General Hospital- Wani
Grocery Shop- Wani

Land Distribution (In Hectares):						
TOTAL AREA	NON-IRRIGATED	FOREST IRRIGATED	WATER LOGGING	DRAUGHT PRONENESS	OTHERS	
1577.88	40.00	927.12	633.59	Half 50%	Half, 50%	Dust, water pollution

Facilities Existing within 5 km from the village

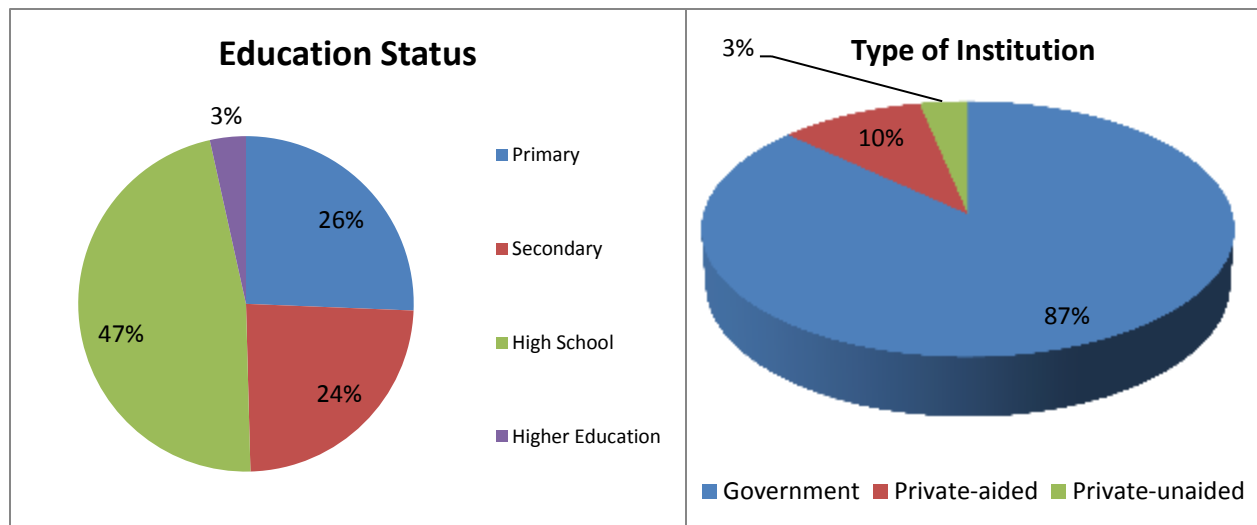
DTP/Xerox Centre- Ghonsa
Bank for S/B account- Ghonsa
Daily Market-Ghonsa
Weekly Market- Ghonsa
Higher Secondary School- Ghonsa
Private Clinic (RMP+)- Ghonsa
Private Clinic (MBBS/BAMS+)- Ghonsa
Medical Shop/Chemist

6.2.7.1 HOUSEHOLD STATUS:



Majority of the sample in Boarda Village have Semi-Pucca Houses (51%), 31% stay in Kuccha houses, 29% in Semi-Pucca, 12% stay in Pucca houses and 8% live in huts. 93% of all the households studied in the survey are electrified. 97% of sample living in Boarda have the registered papers (patta) of the land they are living in but 7% still don't possess the papers of the land.

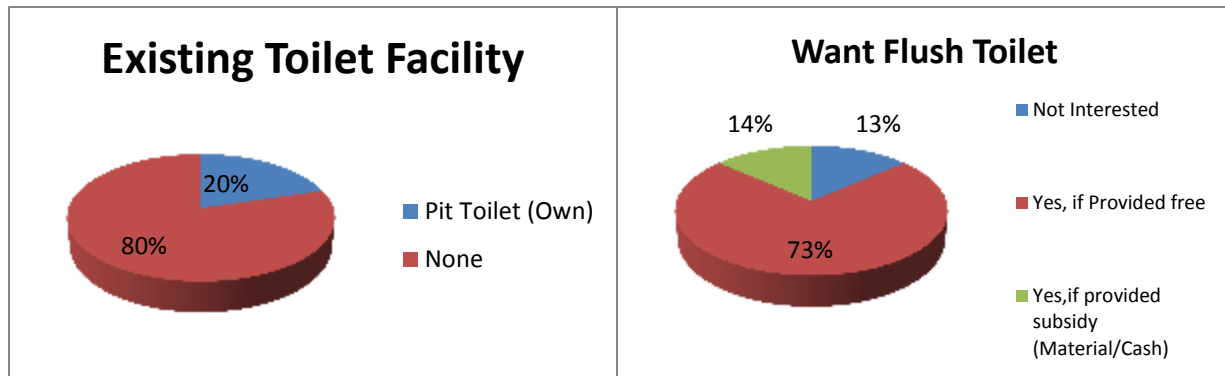
6.2.7.2 EDUCATION



Students who are currently studying 47% of them are in high school followed by primary and secondary school where 26% & 24% students are studying. 87% of the children are enrolled in government institutions followed by private-aided institutions 10%.

6.2.7.3 SANITATION:

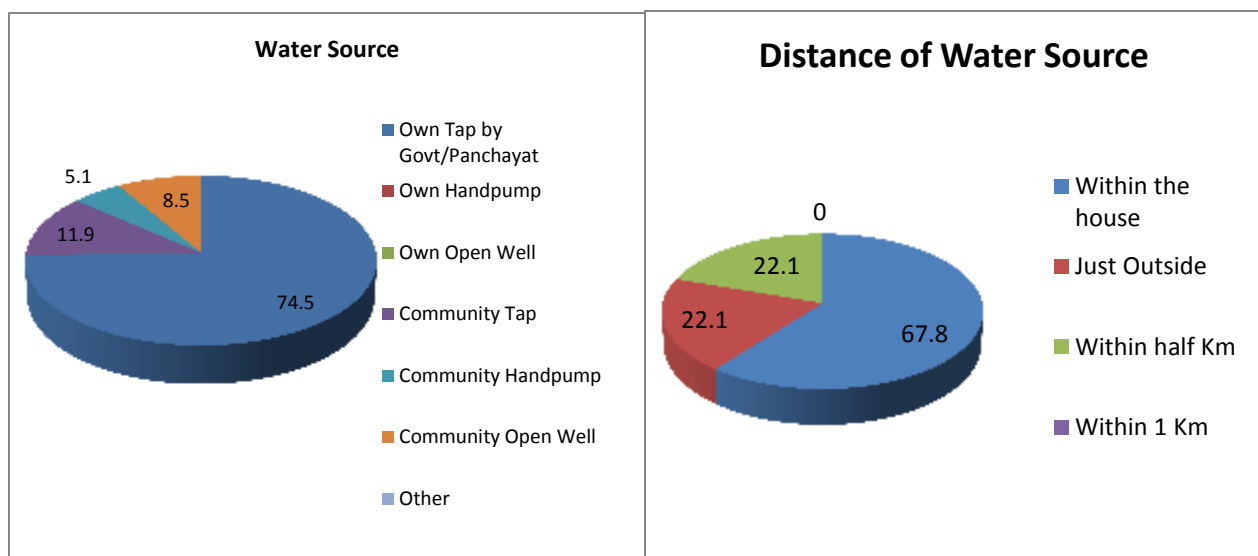
80% of the household do not have any toilet facility and 20% have pit toilet. Among the sample



households who don't have any toilet facility 73% said that they are interested if provided free. 14% agreed if provided subsidy and 13% were not interested.

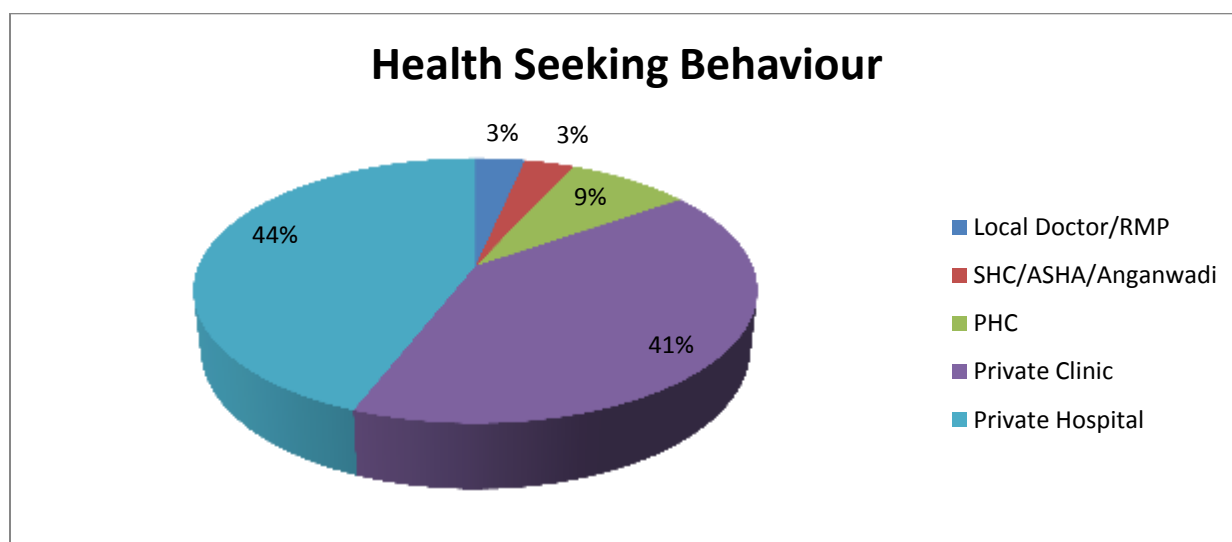
6.2.7.4 WATER SOURCE

74.5% of the sample households reported saying that they have access to piped water supply,



11.9% used the community tap, 8.5% accessed the community open well and 5.1% used community handpump. As reported during research 67.8% of the sample have water source located within the home while for 22.1% each of the sample it is located just outside their premises and within half a km.

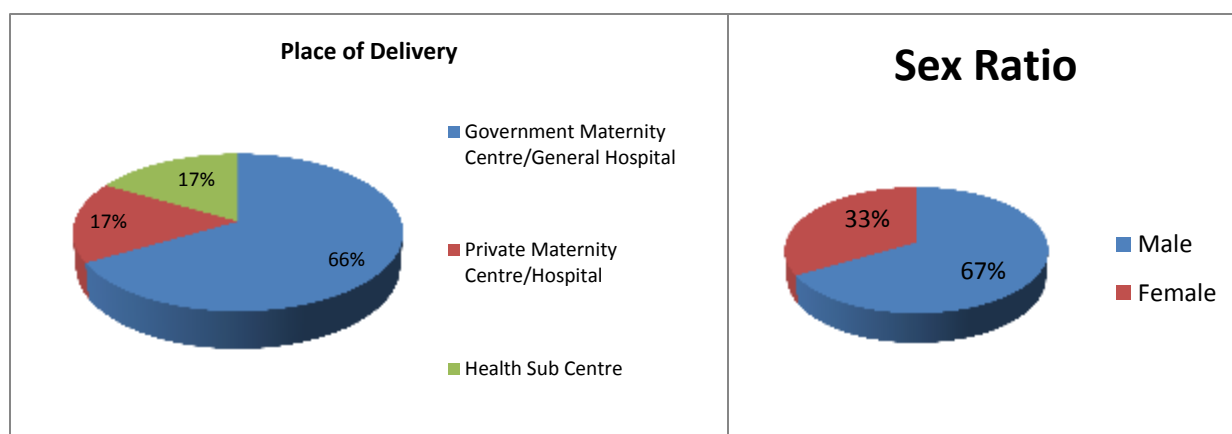
6.2.7.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 44% reported consulting the private hospital for health related issues, next 41% visited the private clinic 12% of the population consulted the PHC and Anganwadi/ASHA. 3 % visit the local doctor/RMP. No data has been reported of visiting the government hospital.

6.2.7.6 MATERNAL HEALTH:

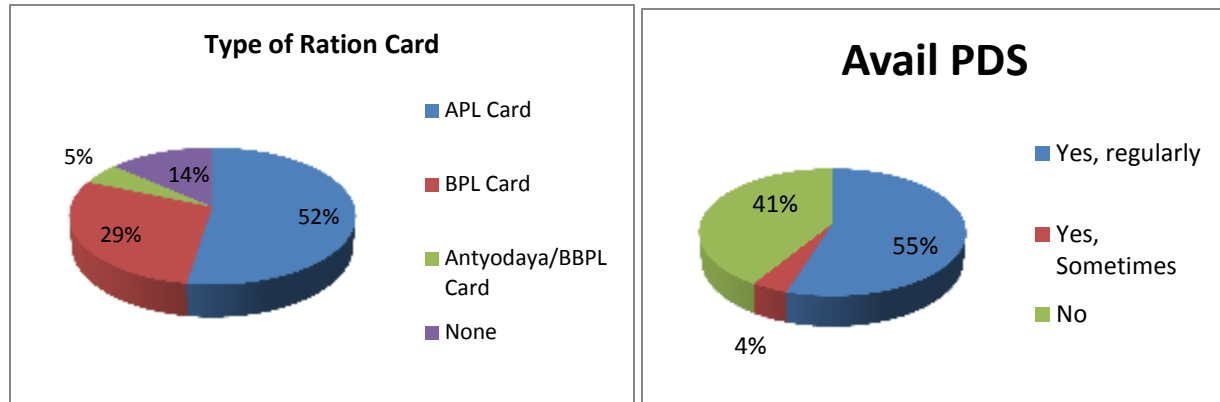
As per the analysis of sample interviewed majority (66%) give birth to their first child in a government institutional place, 17% in a private maternity place and the rest 17% at nearest



health sub centre. In the age group of 0-3 years sex ratio is 33% female and 67% male.

6.2.7.8 PUBLIC DISTRIBUTION SYSTEM:

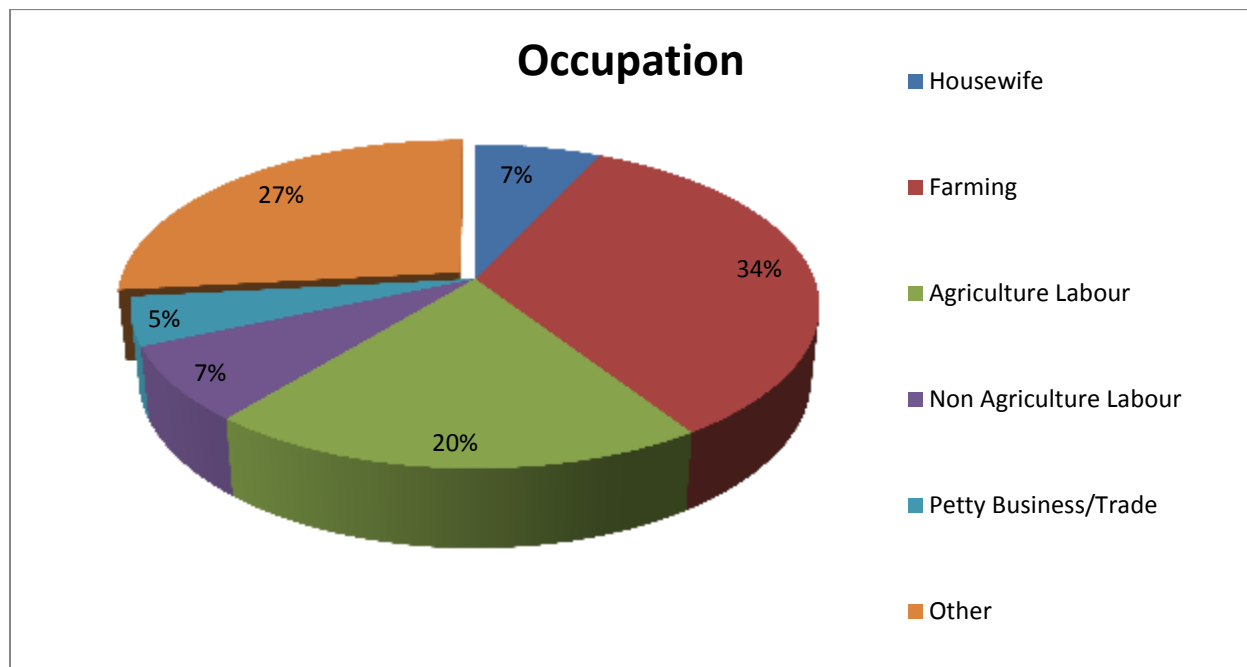
Most of the sample (52%) hold an APL card, whereas 29% hold a BPL Card and 5% of the



sample hold an Antyodaya/BBPL Card while 14% of sample does not hold any card. Among the sample who holds ration card 55% of them regularly avail the PDS facility and only 4% of the population only sometimes avail this facility while 41% does not use it at all.

6.2.7.9 OCCUPATION

As reflected by data 34% of the village members are into farming, 28% are into other profession, 20% are agricultural labours, 7% each are non-agricultural labours and petty businessmen/traders while 7% said that they were housewives.



6.2.7.10 MAJOR PROBLEMS IN THE VILLAGE:

- **Water:** the village faces severe water concerns. The water in the overhead tank is supplied every 4 days which is pumped out from the WCL Ghonsa mines without filtering, thus making the water unfit for consumption. Also the water tank is very old and less capacity in ratio to the population
- **Sanitation:** there are no HH toilets in the village; there is a requirement of community toilet as suggested by the GP.
- **Health:** Requirement of Health Van to visit the village as communication to the nearest hospital is 25km away in Wani. The village PHC (35km). The sub-center is not well equipped to handle complex medical problems. Also during emergency medical requirement, availability of communication is low & cost is very high.
- **Agriculture:** the village also faces a major water problem for agricultural problem, due to crop failure and economic loss there has been 100 farmer deaths in the last 15 years. A dam had been constructed to cater to the problem of water retention in the soil, but has not been successful.

RECOMMENDATION:

- Lack of proper sanitation facility has emerged as major issue in the village which will have major effect on the health of the villagers and especially children. Company can work with Panchayat to construct and run the community toilets. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.
- Non-Agriculture labour is the most dominant occupation in the village and most of the people are involved in it after the women reporting their occupation as Housewife.
- Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the WCL so that they can start some small scale business such as Fisheries on agricultural activities in the village.
- The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

- Skill building should be taken up as a flagship intervention in the village. The village is lagging behind in terms of having market oriented skills Provisioning of skill building facilities will enhance the employability of the youths.

6.2.8 Village Name: Brahmani

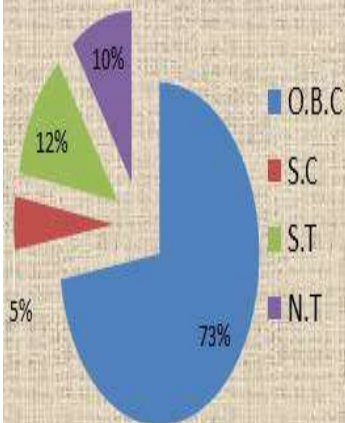
RELIGION	House holds
Hindu	170
Buddhist	09

YEAR	2011
HOUSEHOLDS	179
POPULATION	810

Public/Common Tap Points 03

HH Tap Connections 95

CASTE DISTRIBUTION



Facilities Existing within village.

Cement/Tar Road
PDS Shop
Gram Panchayat Office
Pre-primary School
Government Primary School
Private Secondary School
Health Sub Centre
Asha Worker

Facilities Existing within 5 km from the village

Bus Stop- Wani
Public Telephone Booth- Wani
Daily Market- Wani
Weekly Market- Wani
Police Station- Wani
Railway Station- Wani
Co-operative Society- Wani
Bank(for s/b account)- Wani
Block Devt. Office- Wani
Post Office- Wani
Higher Secondary School- Wani
Degree College- Wani
Vocational Training Centre- Wani
ITI/Polytechnic- Wani
CHC/Govt general hospital/Ayush Clinic- Wani
Pvt Clinic RMP- Wani
Grocery Shop- Wani
DTP/ Xerox Centre- Wani
Taluk Headquarters- Wni
Warehouse- Wani
APMC/Mandi- Wani
Private Clinic (MBBS/BAMS+)- Wani
Private Hospital- Wani
Medical Shop/Chemist- Wani

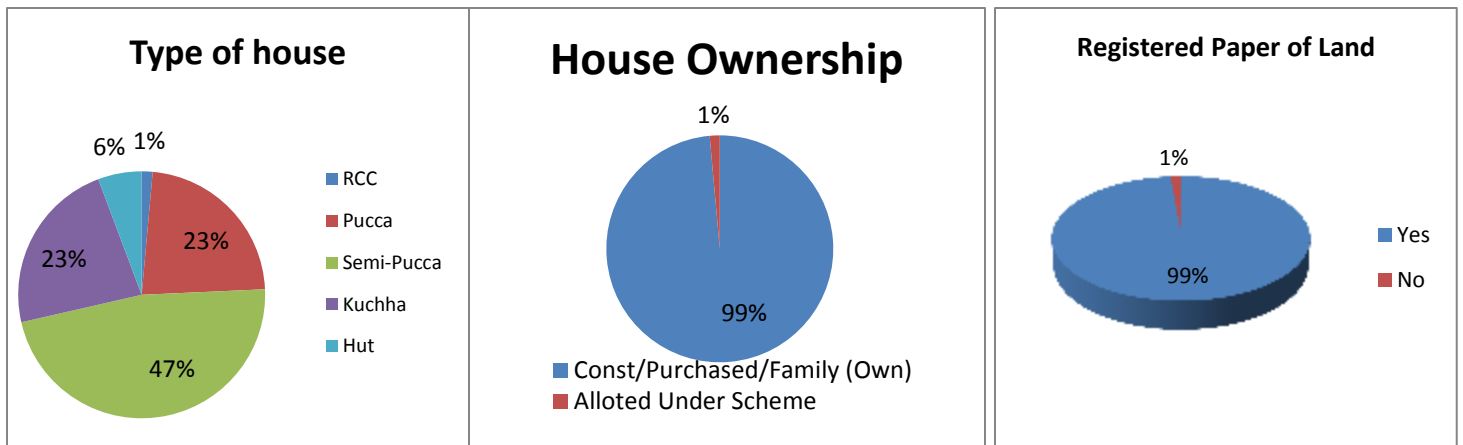
Land Distribution (In Hectares):

TOTAL AREA	NON-IRRIGATED	WASTELAND	WATER LOGGING	FLOOD PRONENESS	OTHERS
598.46	570.71	28.00	Half 50%	Half, 50%	Forest animals

Facilities Existing more than 5 Kms

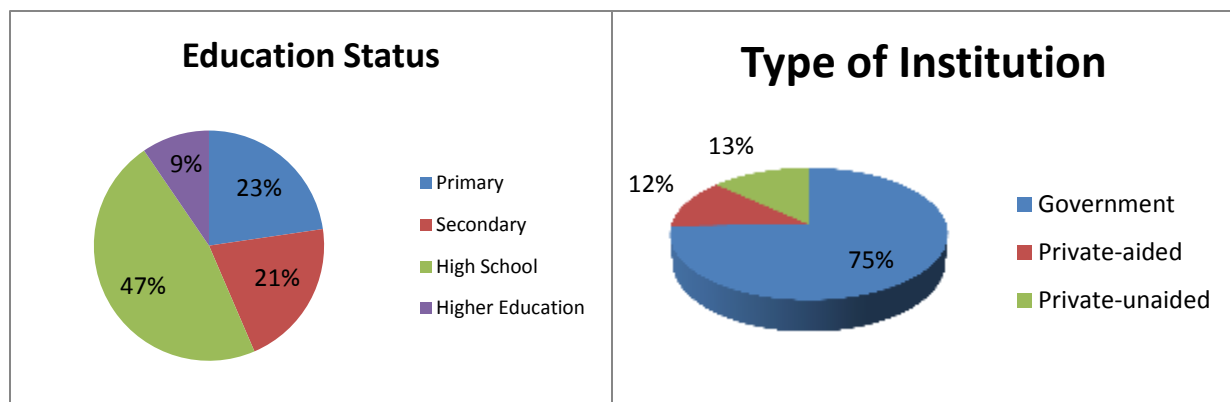
Primary Health Centre- Shirpur
Veterinary Clinic- Aheri
District Headquarters-Yawatmal

6.2.8.1 HOUSEHOLD STATUS:



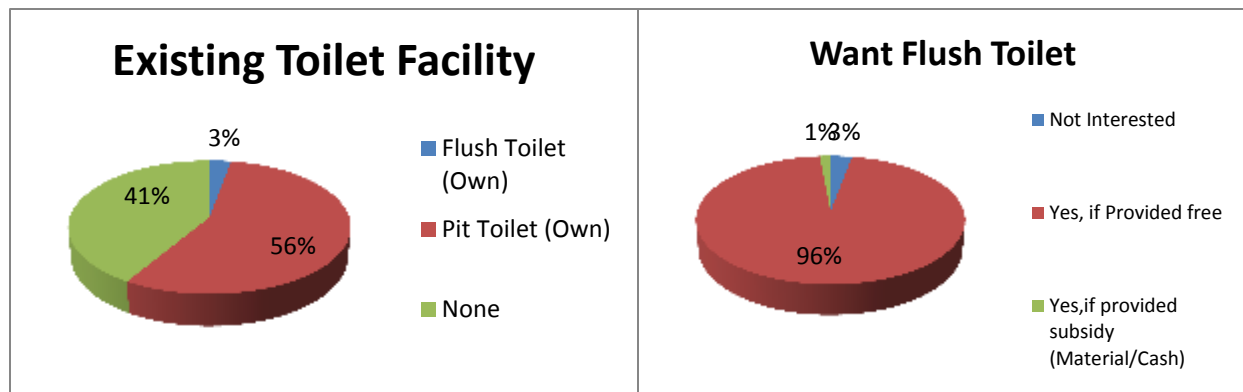
Majority of the sample in Brahmani Village have Semi-Pucca Houses (47%), 23% stay in Pucca houses, 23% in Kuccha, 6% stay in huts and only 1% live in RCC houses. All the households studied in the survey are electrified. 99% of sample living in Brahmani have the registered papers (patta) of the land they are living in but 1% still don't possess the papers of the land.

6.2.8.2 EDUCATION:



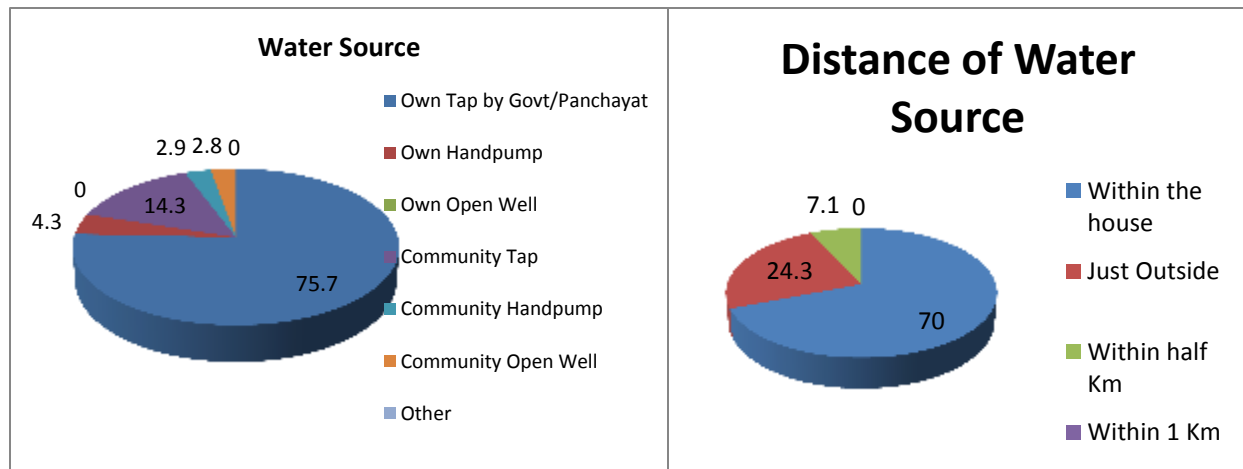
Students who are currently studying 47% of them are in high school followed by primary and secondary school where 23% & 21% students are studying. 75% of the children are enrolled in government institutions followed by private-aided institutions 12% and 13% enrolled in private-unaided institutions.

6.2.8.3 SANITATION



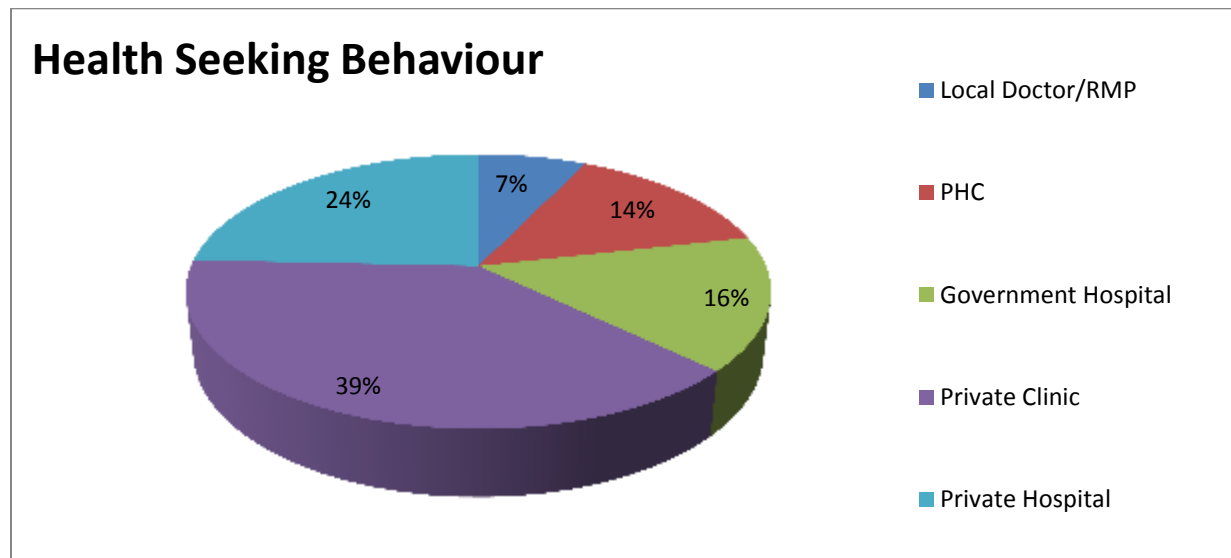
More than half 40% of the household do not have any toilet facility, 56% have pit toilet and 3% have flush toilet. Among the sample households who don't have any toilet facility 96% said that they are interested if provided free. 1% agreed if provided subsidy and 3% were not interested.

6.2.8.4 WATER SOURCE



75.7% of the sample households reported saying that they have access to piped water supply, 14.3% use community tap, 4.3% use own handpump while 2.9% and 2.8% use community handpump and open well respectively. As reported during research 70% of the sample have water source located within the home while for 24.3% sample it is located just outside the house. For 7.1% water source is located within half a km.

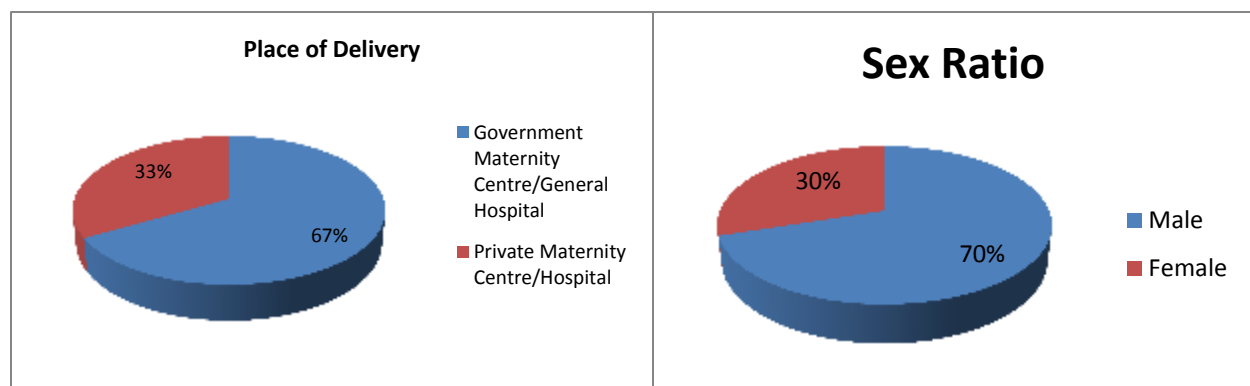
6.2.8.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 63% reported consulting the private clinic and private hospitals for health related issues. Government hospitals are consulted by 16% of the population, whereas 14% visit the PHC. 7 % visit the local doctor/RMP.

6.2.8.6 MATERNAL HEALTH:

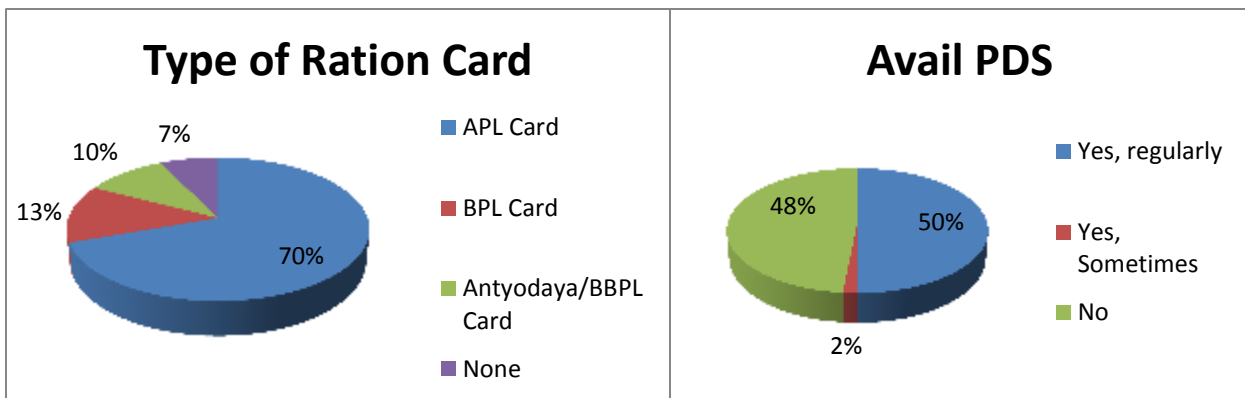
As per the analysis of sample interviewed majority (67%) give birth to their first child in a government institutional place. And the rest (33%) in a private maternity place. In the age group



of 0-3 years sex ratio is 70% male and 30% female.

6.2.8.7 PUBLIC DISTRIBUTION SYSTEM:

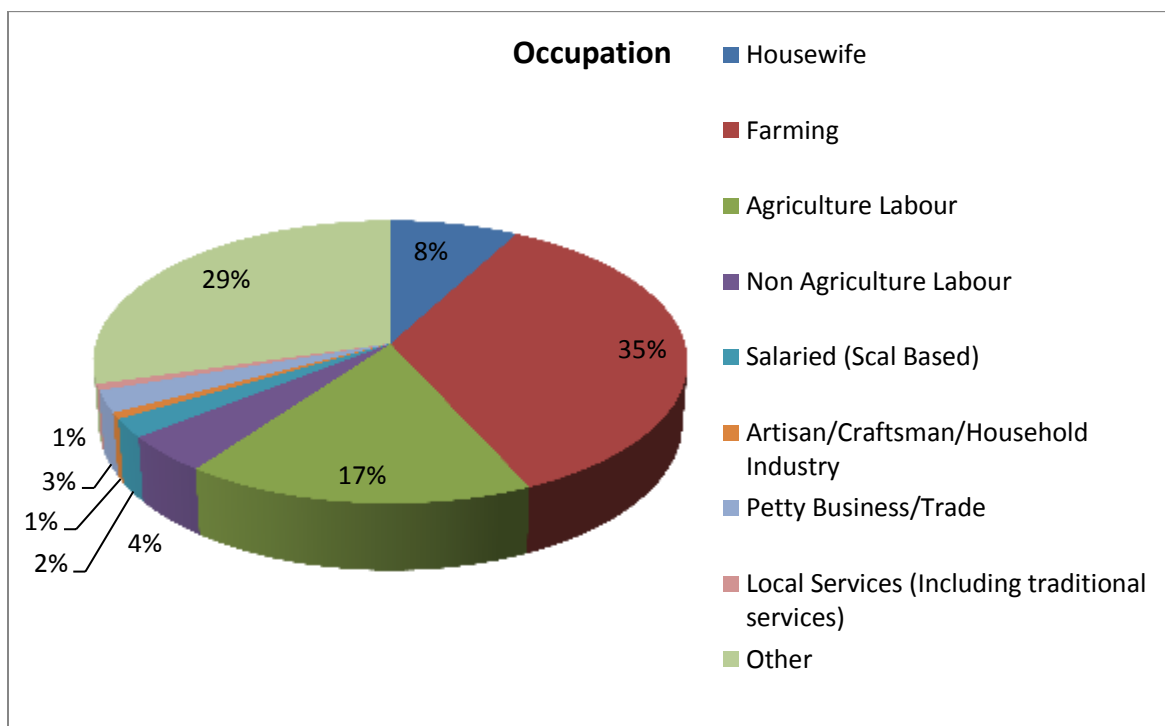
Most of the sample (70%) hold an APL card, whereas 13% hold a BPL Card and 10% of the



sample hold an Antyodaya/BBPL Card while 7% of sample does not hold any card. Among the sample who holds ration card 50% of them regularly avail the PDS facility and only 2% of the population only sometimes avail this facility while 48% does not use it at all.

6.2.8.8 OCCUPATION:

As reflected by data 35% of the village members are into farming, 29% are into other profession, 17% are agricultural labours, 4% are non-agricultural labours while 8% said that they were housewives.



6.2.8.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Major problem of Open Defecation in the area, very unhygienic living condition.
- **Environment:** As the village is located on the main road, it faces high dust pollution.
- **Education:** Provision of benches for the children is not available. There is no filtered drinking water available in both school and Anganwadi

RECOMMENDATION:

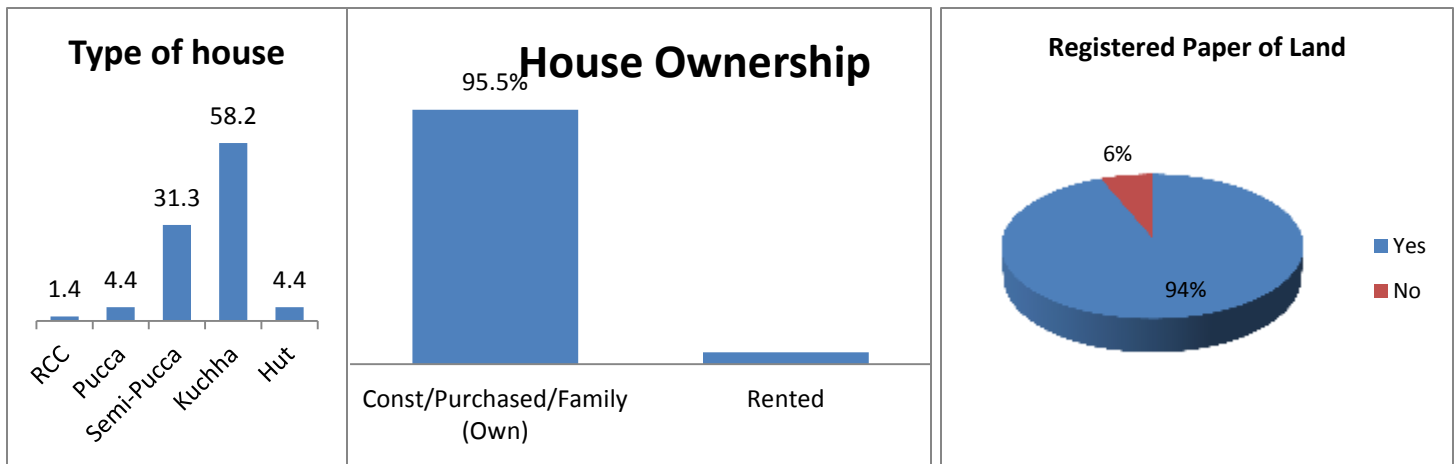
- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Attention to health: providing MMU visit every 2 weeks. In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue.
- The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity.
- With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife.
- Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low.
- The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the WCL so that they can start some small scale business such as Fisheries in the village or Community Pond available in the village.

- The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.

6.2.9 Village Name: Ghonsa



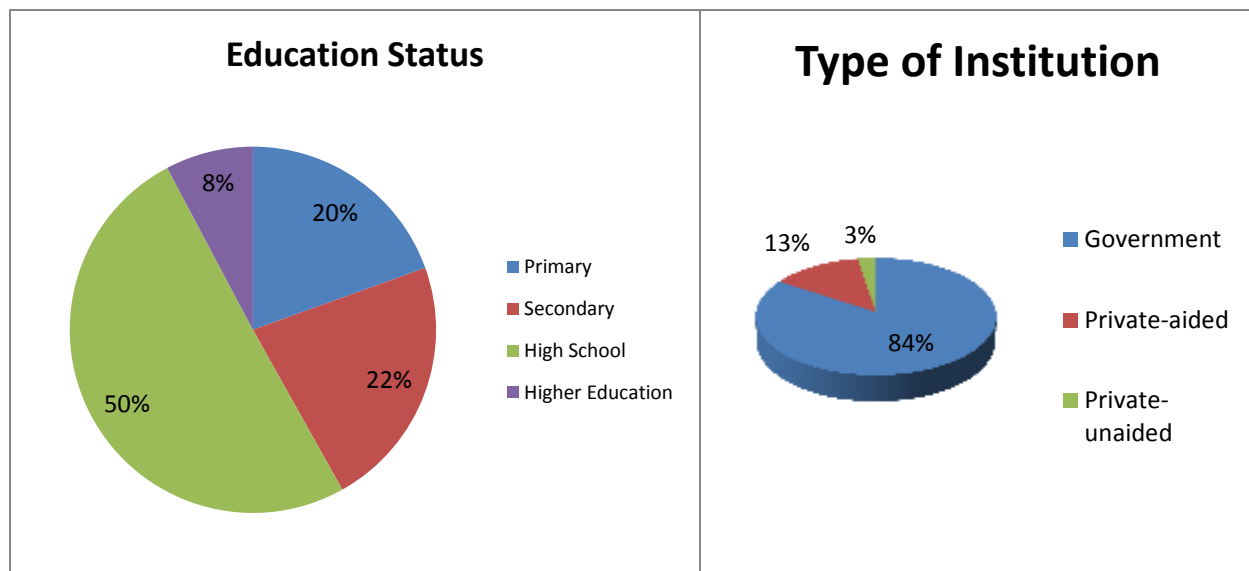
6.2.9.1 HOUSEHOLD STATUS:



Majority of the sample in Ghonsa Village have Kuccha Houses (58%), 31% stay in Semi-Pucca houses, 5% in Pucca, 4% in huts and only 2% live in RCC houses. 95% of all the households studied in the survey are electrified. 94% of sample living in Ghonsa have the registered papers (patta) of the land they are living in but 6% still don't possess the papers of the land.

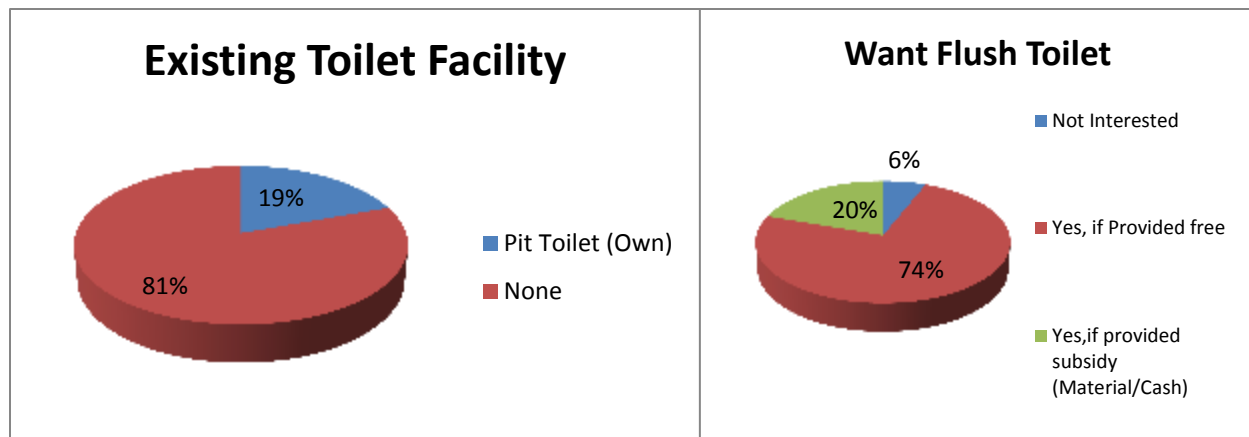
6.2.9.2 EDUCATION:

Students who are currently studying 50% of them are in high school followed by primary and



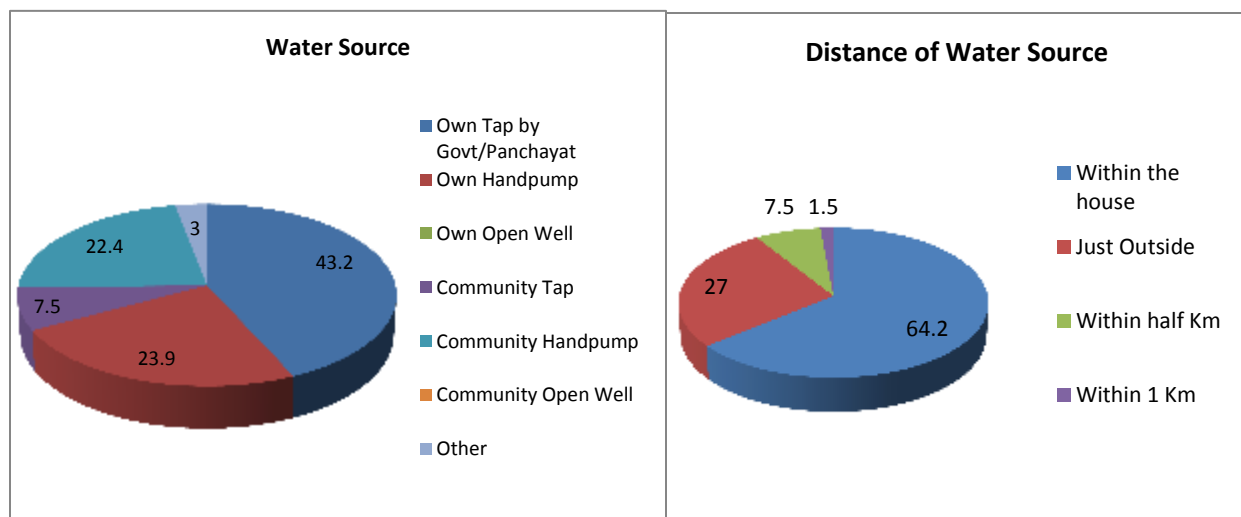
secondary school where 20% & 22% students are studying. 84% of the children are enrolled in government institutions followed by private-aided institutions 13%.

6.2.9.3 SANITATION:



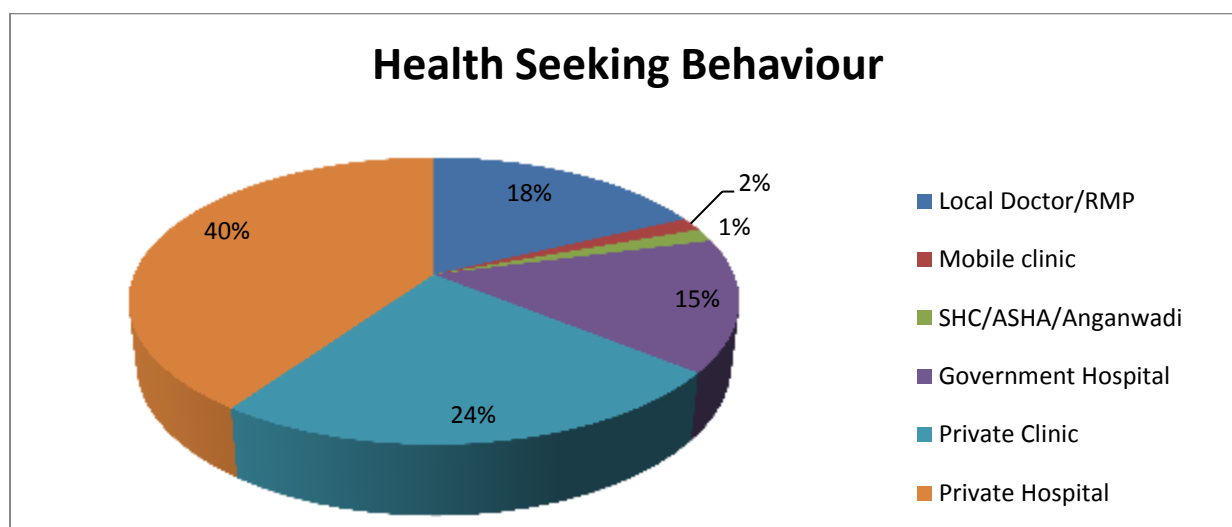
More than half 80% of the household do not have any toilet facility and 19% have pit toilet. Among the sample households who don't have any toilet facility 74% said that they are interested if provided free. 20% agreed if provided subsidy and 6% were not interested.

6.2.9.4 WATER SOURCE



43.2% of the sample households reported saying that they have access to piped water supply, 23.9% uses own handpump, 22.4% have access to community handpump and 7.5% uses the community tap. As reported during research 64.6% of the sample have water source located within the home while for 27% sample it is located just outside. 7.5% of the sample said it is within half a km of their house whereas 1.5% has to walk almost a km to access water source.

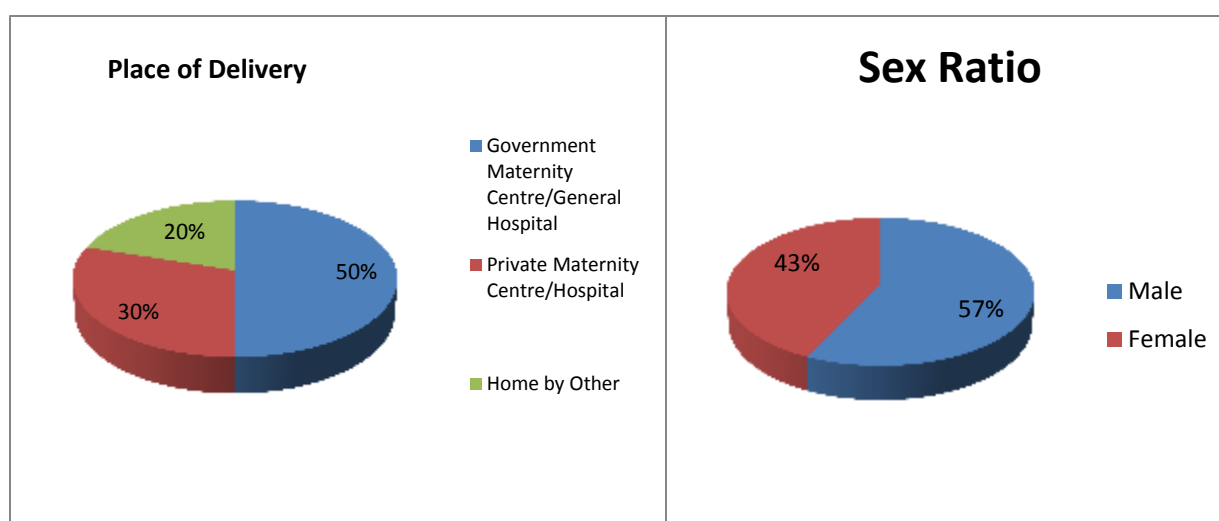
6.2.9.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 40% reported consulting the private hospital, 24% visits the private clinic for health related issues. Local doctor/RMP is consulted by 18% of the population. Only 15 % visit a government hospital.

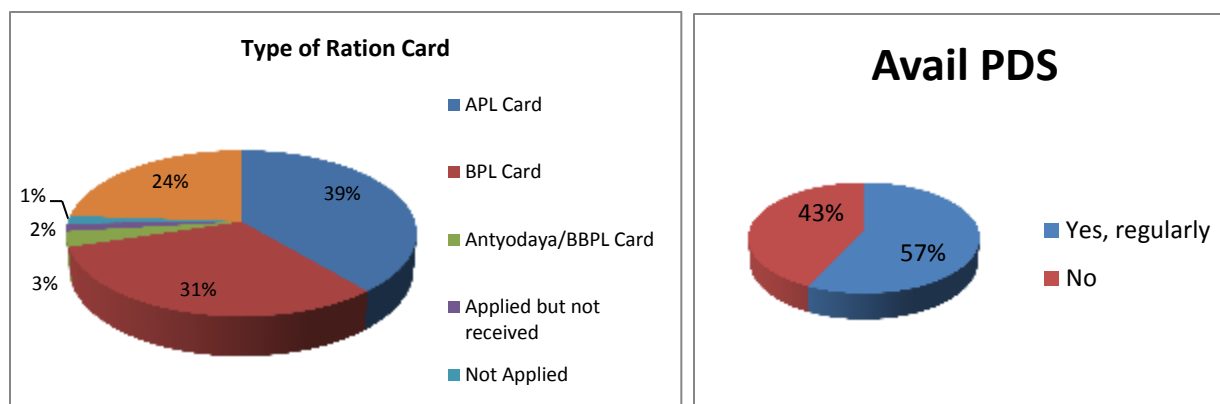
6.2.9.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (50%) give birth to their first child in a government institutional place, 30% in a private maternity place and 20% at home. In the age



group of 0-3 years sex ratio is 57% male and 43% female.

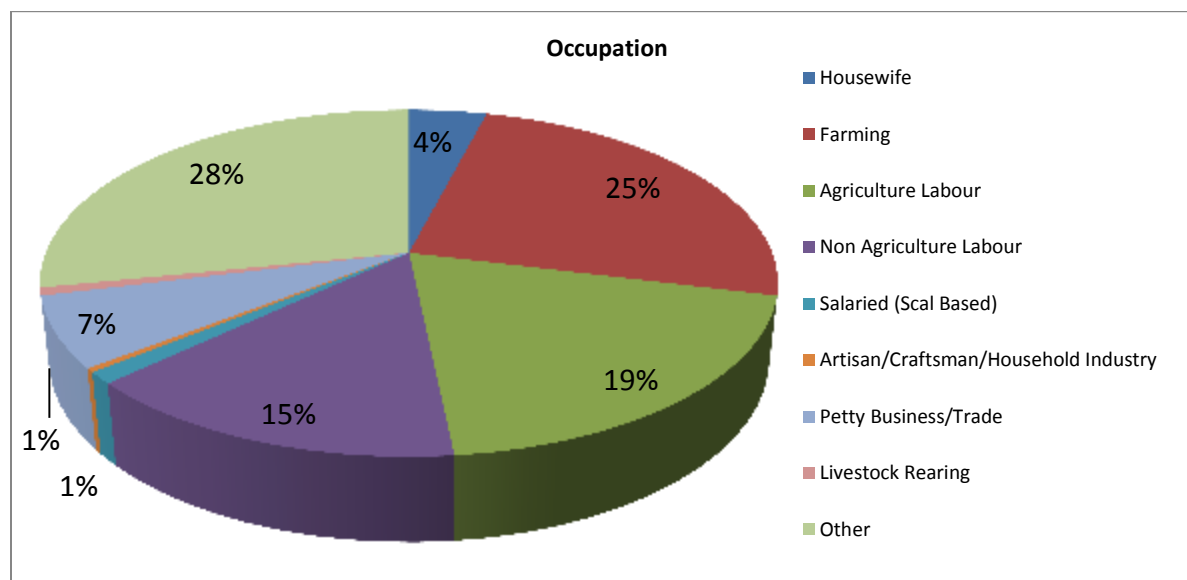
6.2.9.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (39%) hold an APL card, whereas 31% hold a BPL Card and 2% of the sample hold an Antyodaya/BBPL Card while 24% of sample does not hold any card. Among the sample who holds ration card 57% of them regularly avail the PDS facility while 43% does not use it at all.

6.2.9.8 OCCUPATION:

As reflected by data 28% of the village members are into other professions, 25% in farming, 19% are agricultural labours, 15% are non-agricultural labours while 7% are petty businessmen/traders, 1% are in salaried employment. 4% said that they were housewives.



6.2.9.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Extreme bad condition of the drains in the village and they are not cleaned and the HH garbage is dumped in them. Major problem of Open Defecation in the area, very unhygienic living condition. Especial concentration should be made on the ST and NT area of the village.
- **Education:** Provision of another Anganwadi is essential for the ST & NT population in the village as suggested by the villagers, since their population has increased over the year.

RECOMMENDATION:

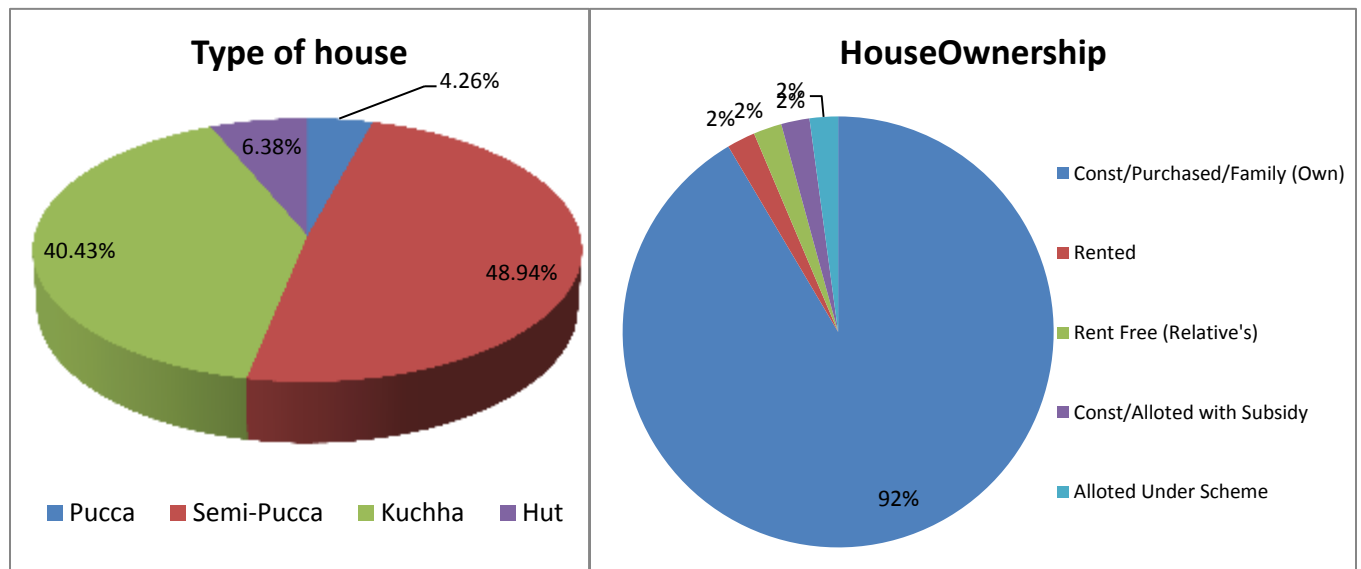
- Attention to health: providing MMU visit every 2 weeks.
- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Street lights are required in the village. 15 poles are required for entire village, (Solar or electric)
- Community hall is required in the village as a place for public gathering, also where the marriages and other social function can take place.
- Playground is there in the village but the spectators do not have any place to sit.
- No Health centre is available in the village; nearest health institution is located at 3 and 5 Kms away. People suffer a lot of problem during emergency situation.
- Roadside solar lights are required. Along with the street light in the village roadside plantation is required.
- Schools for handicapped should be started which can cater 3-4 villages. In the village It was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed. SHG's shall be formed and support shall be given by the WCL and with regard to the accountability and transparency the concerned SHG Shall be responsible.
 - The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
- Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and techniques will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the

requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals

6.2.10 Village Name: Belsani

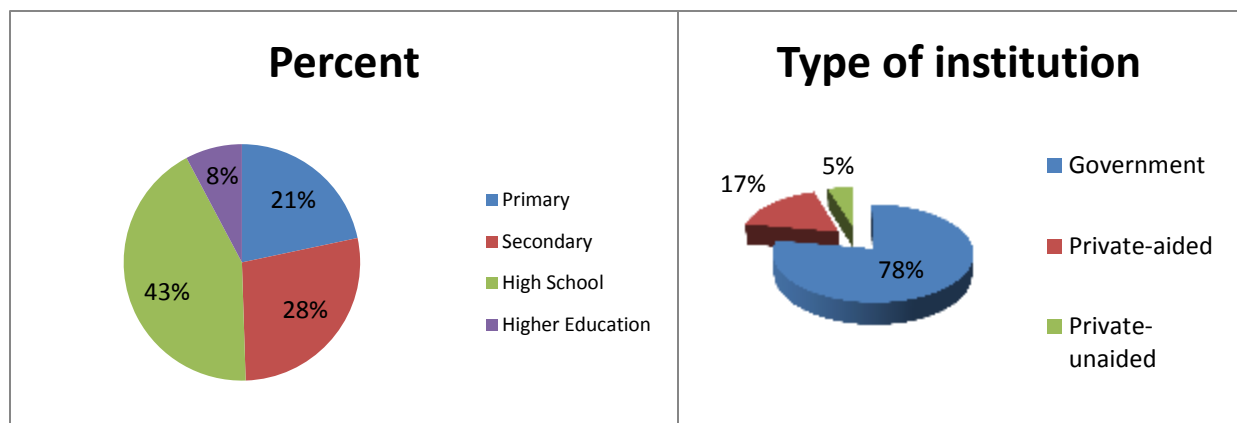


6.2.10.1 HOUSEHOLD STATUS:



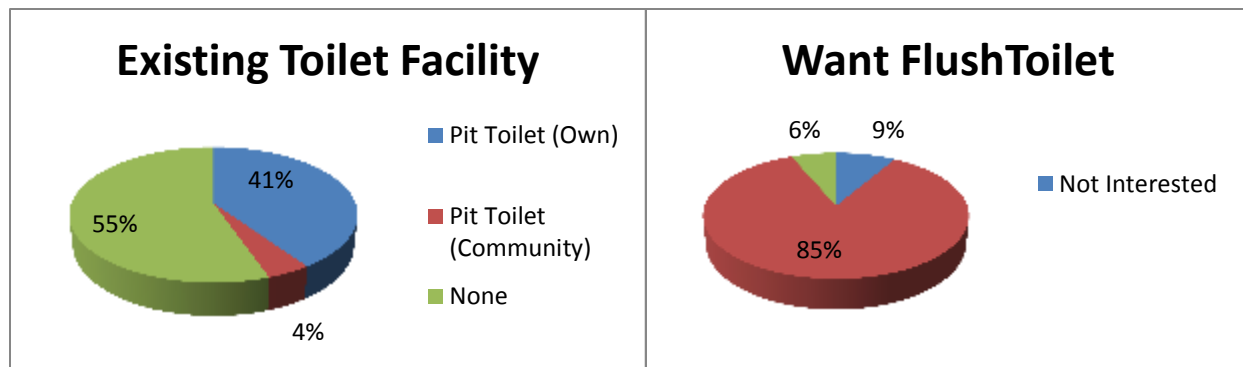
Majority of the sample in Belsani Village have Semi-Pucca Houses (48.94%), 40.43% stay in Kuccha houses, 4.26% in Kuccha and 6.38% live in huts. 92% of the respondents stay in family constructed houses, while 8% each stay in rented and scheme and subsidy allotted homes. All the households studied in the survey are electrified.

6.2.10.2 EDUCATION:



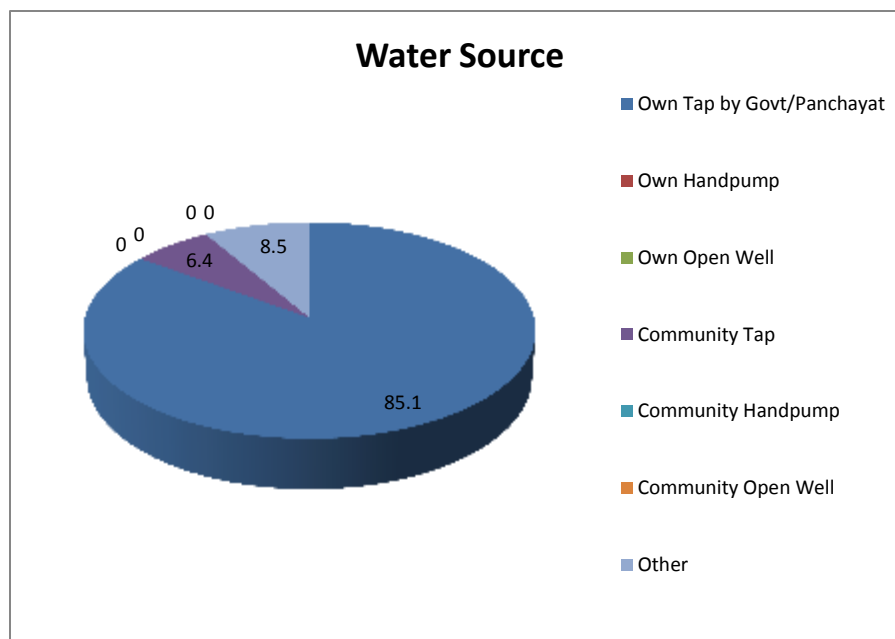
Students who are currently studying 43% of them are in high school followed by secondary and primary school where 28% & 21% students are studying. 78% of the children are enrolled in government institutions followed by private-aided institutions 17%.

6.2.10.3 SANITATION:



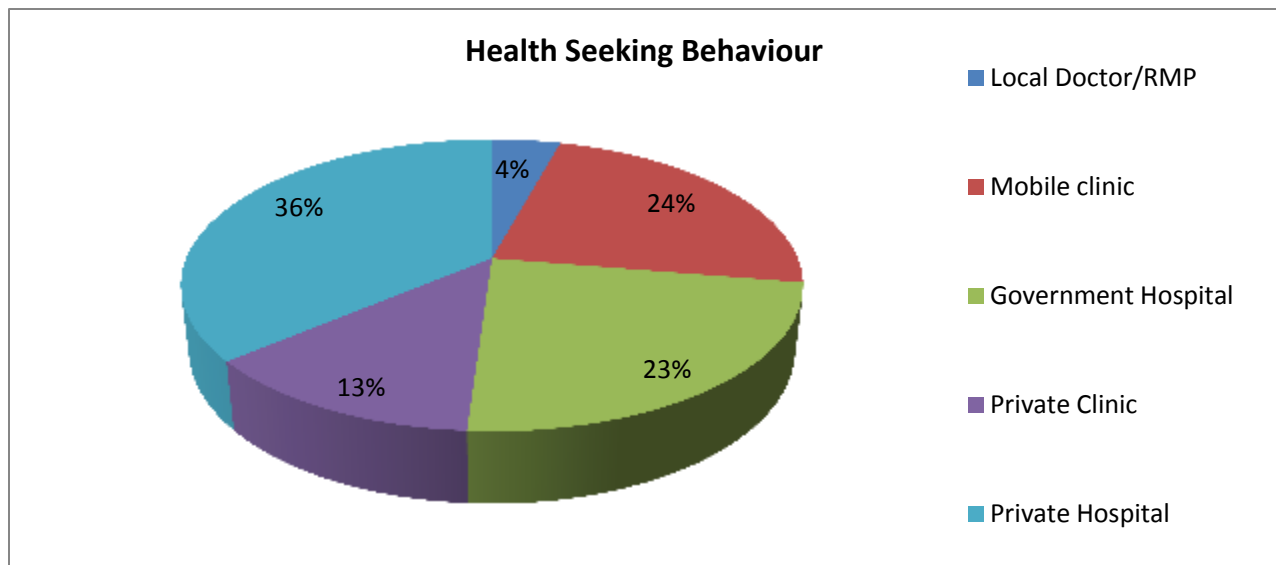
More than half 55% of the household do not have any toilet facility, 41% have pit toilet and 4% have flush toilet. Among the sample households who don't have any toilet facility 85% said that they are interested if provided free. 6% agreed if provided subsidy and 9% were not interested.

6.2.10.4 WATER SOURCE



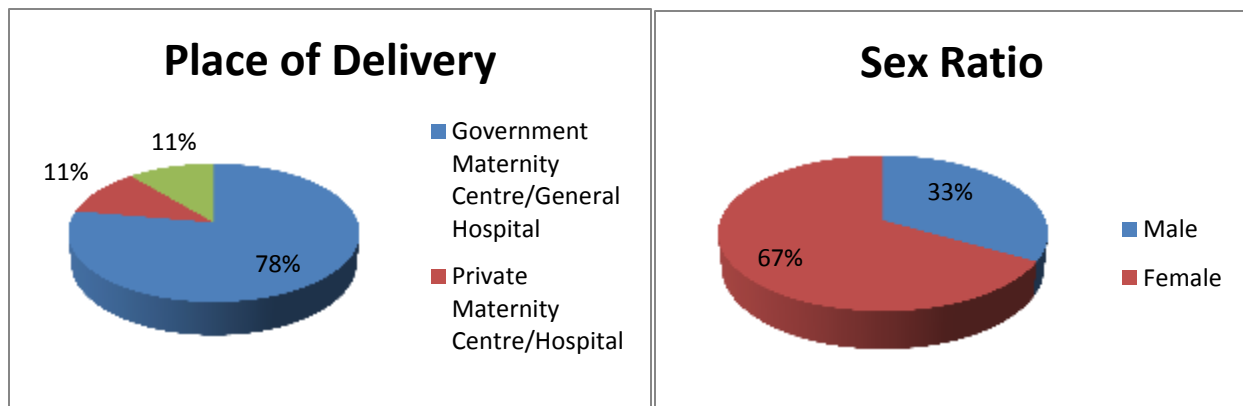
85.1% of the sample households reported saying that they have access to piped water supply. 8.5% used the community handpump and the remaining 6.4% had access to the community tap.

6.2.10.5 HEALTH SEEKING BEHAVIOUR:



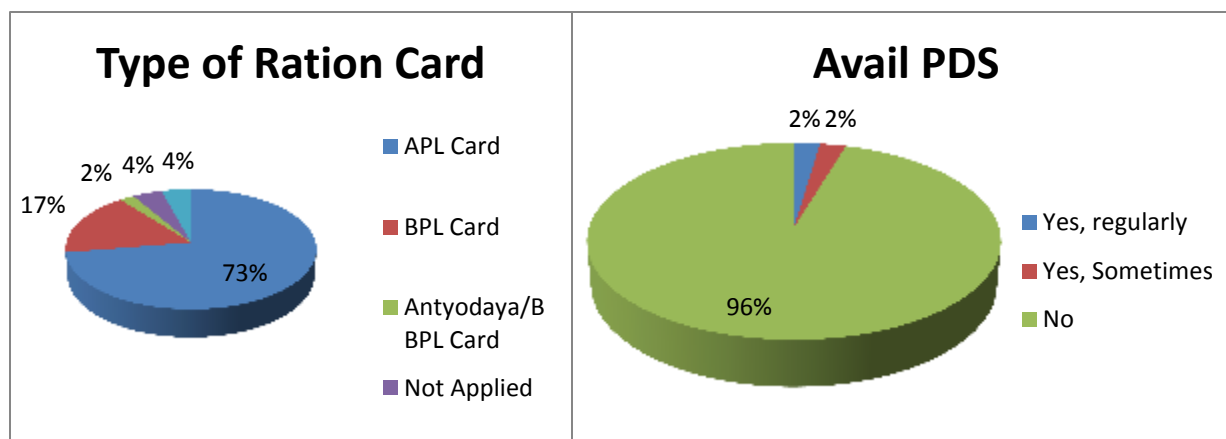
Majority of the sample 49% reported consulting the private clinic and private hospitals for health related issues. Mobile clinic is consulted by 24% of the population while 23 % visit a government hospital. 4% go to the local doctor/RMP.

6.2.10.6 MATERNAL HEALTH:



As per the analysis of sample interviewed majority (89%) give birth to their first child in an institutional place. And the rest (11%) in a non-institutional place. In the age group of 0-3 years sex ratio is in favor of females which is 67% while male child are 33%.

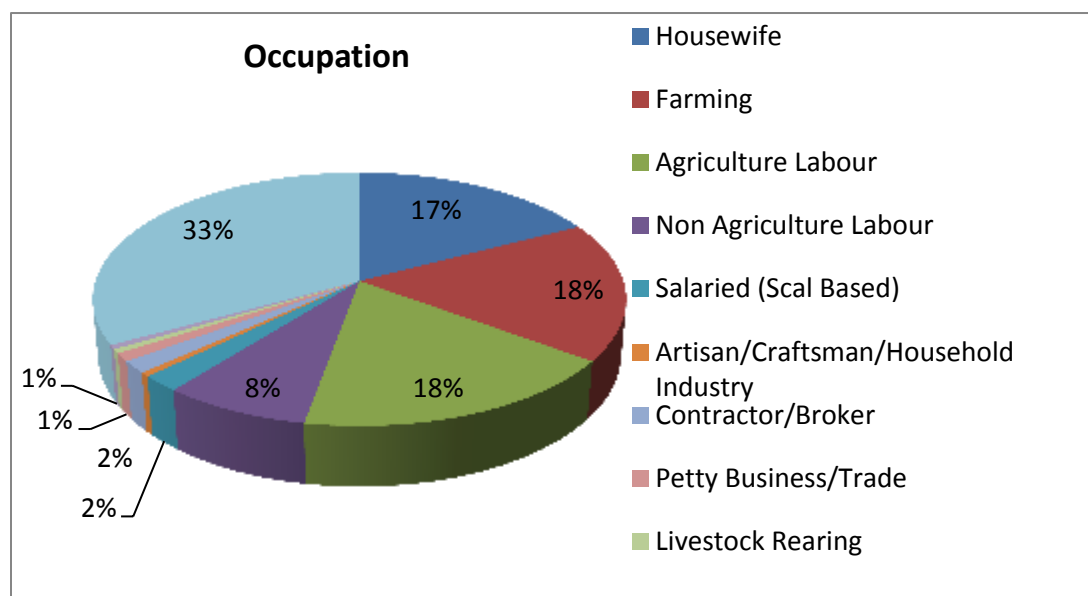
6.2.10.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (73%) hold an APL card, whereas 17% hold a BPL Card and 2% of the sample hold an Antyodaya/BBPL Card while 8% of the sample does not hold any card. Among the sample who holds a ration card 96% do not avail the system at all.

6.2.10.8 OCCUPATION:

As reflected by data 33% of the village members are into other professions, 18% into farming, 18% are agricultural labours, 8% are non-agricultural labours while 17% said that they were housewives.



6.2.10.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Extreme bad condition of the drains in the village and they are not cleaned and the HH garbage is dumped in them. Major problem of Open Defecation in the area, very unhygienic living condition.
- **Health:** Health is a major concern in this area, because of high pollution level, water borne diseases, upper respiratory tract and skin problems are common in the village. As informed by the PHC, few cases of TB & HIV/AIDS positive are present in the village.
- **Education:** The Anganwadi do not have electricity; the second anganwadi (near the railway station) does not have a permanent room and is functioning currently in a rented room. As informed by the Anganwadi worker and observed the room is very small and not fit as a classroom.

RECOMMENDATION:

- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Make arrangement for a better Anganwadi room by requesting the GP.
- Immediately cater to the environment concerns
- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. WCL should donate funds for its establishment in any of the school premises.
- It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. WCL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.
- Construction of toilet should be taken up under CSR. Gram Panchayat should be involved in the planning process where company can take the responsibility to construct the toilets and

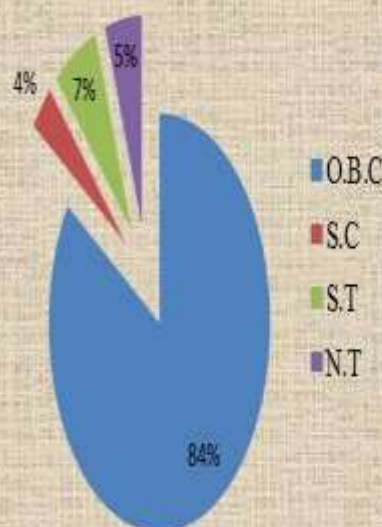
Panchayat should be asked to run and maintain it. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

6.2.11 Village Name: Gadegaon

RELIGION	House holds
Hindu	161
Buddhist	06

YEAR	2001
HOUSEHOLDS	167
POPULATION	619

CASTE DISTRIBUTION



Land Distribution (In Hectares):					
TOTAL AREA	IRRIGATED	NON-IRRIGATED	FLOOD PRONENESS	DROUGHT PRONENESS	OTHERS
629.06	22.00	536.00	Half, 50%	Some, 25%	Ultratech dust

Public/Common Tap Points

HH Tap Connections

Facilities Existing within village.

Cement/Tar Road
Bus Stop
PDS Shop
Gram Panchayat Office
Pre-primary School
Government Primary School
Asha Worker

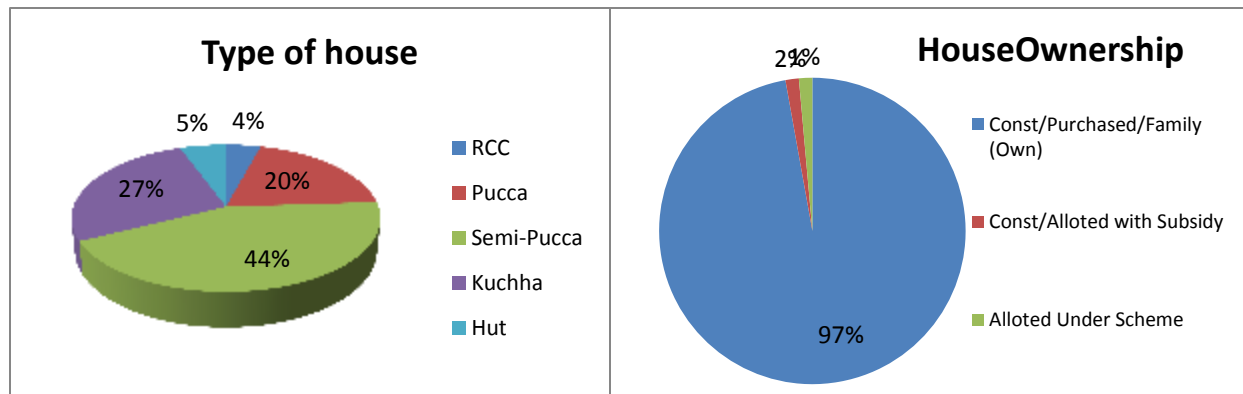
Facilities Existing within 5 km from the village

Post Office- Virur
Cooperative Society- Kavthada
Private Secondary School- Virur
Health Sub- Centre- Virur
Primary Health Centre- Virur

Facilities Existing more than 5 Kms

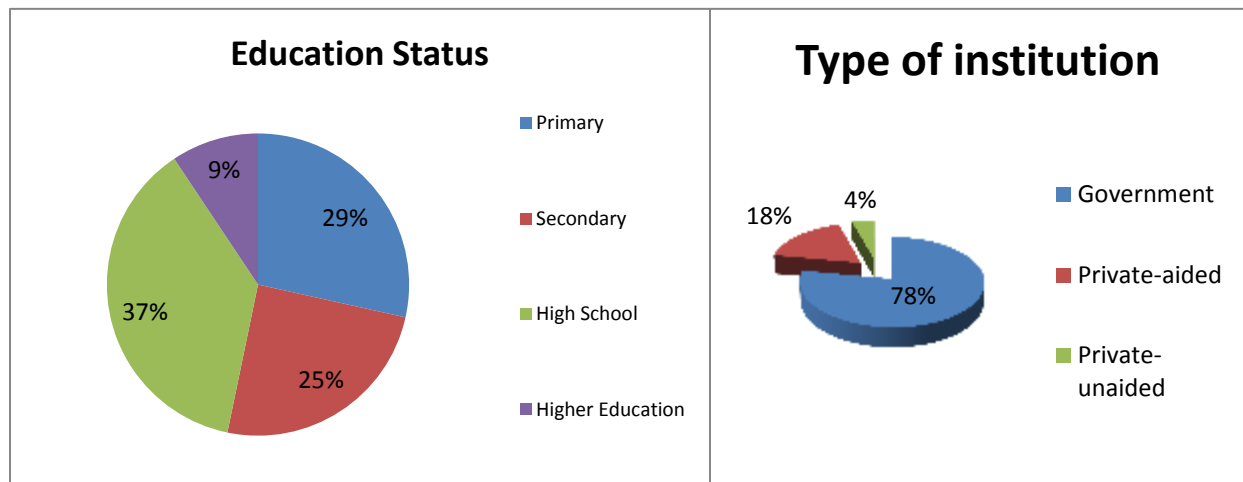
Railway Station- Ballarpur
Warehouse- Korpana
APMC/Mandi- Korpana
Police Station- Gadchandur
Private Hospital- Gadchandur
Taluk Headquarters – Korpana
District Headquarters- Korpana
ITI/Polytechnic- Korpana
Degree College- Gadchandur
Vocational Training Centre- Korpana
Higher Secondary School- Gadchandur
Public Telephone Booth- Gadchandur
Daily/Evening Market- Gadchandur
Weekly Market- Gadchandur
Grocery Shop- Gadchandur
DTP/Xerox Centre- Gadchandur
Bank for S/B account- Gadchandur
Block Development Office- Korpana
CHC/Government General Hospital- Gadchandur
Private Clinic (RMP+)- Gadchandur
Private Clinic (MBBS/BAMS+)- Gadchandur
Veterinary Clinic- Antargaon

6.2.11.1 HOUSEHOLD STATUS:



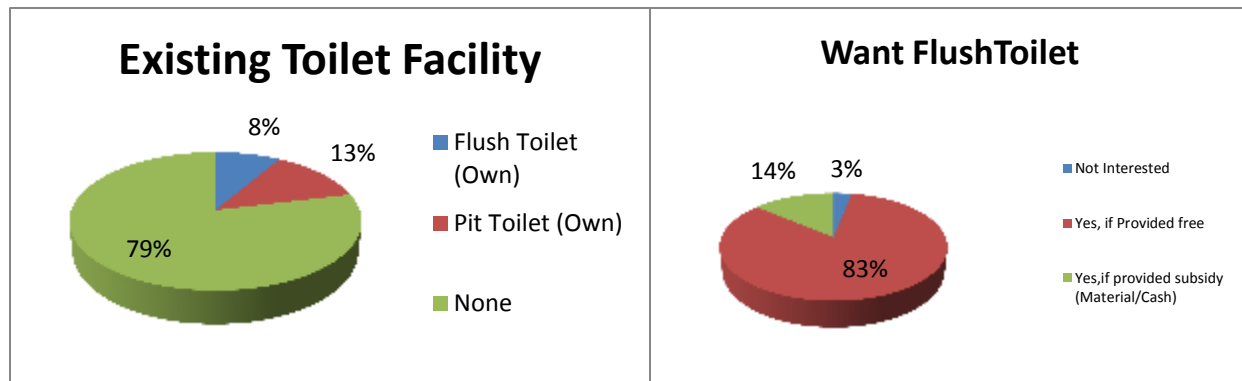
Majority of the sample in Gadegaon Village have Semi-Pucca Houses (44%), 27% stay in Kuccha houses, 20% in Pucca, 5% in huts and only 4% live in RCC houses. 97% of the respondents stay in family constructed houses, while 3% each stay in rented and scheme allotted homes. 97% of all the households studied in the survey are electrified.

6.2.11 2 EDUCATION



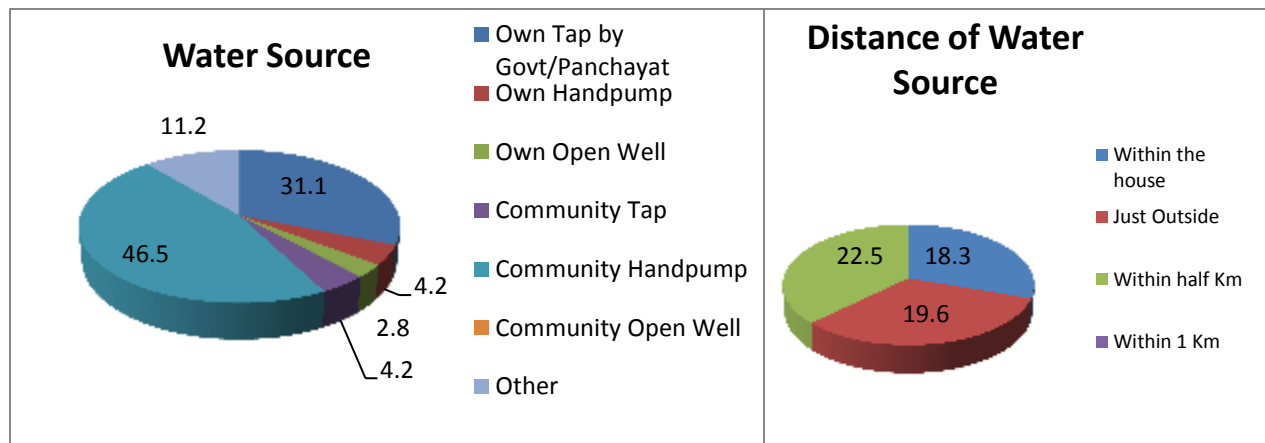
Students who are currently studying 37% of them are in high school followed by primary and secondary school where 29% & 25% students are studying. 78% of the children are enrolled in government institutions followed by private-aided institutions 18%.

6.2.11.3 SANITATION:



More than half 75% of the household do not have any toilet facility, 13% have pit toilet and 8% have flush toilet. Among the sample households who don't have any toilet facility 83% said that they are interested if provided free. 14% agreed if provided subsidy and 3% were not interested.

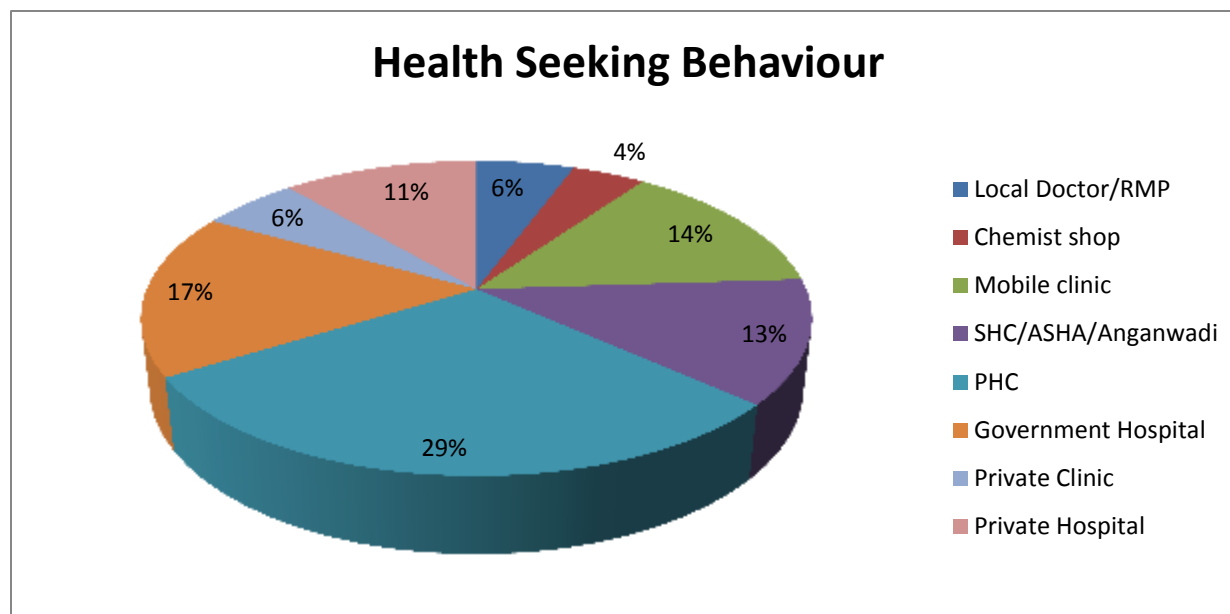
6.2.11.4 WATER SOURCE



46.5% of the sample households reported saying that they use community handpump for drinking water purposes while own/government tap water is used by 31.1%. 11.2% have access other water sources. As reported during research 22.5% of the sample have water source located within half a km the home while for 19.6% sample it is located just outside. 18.3% of the sample said it is within the premises of their house.

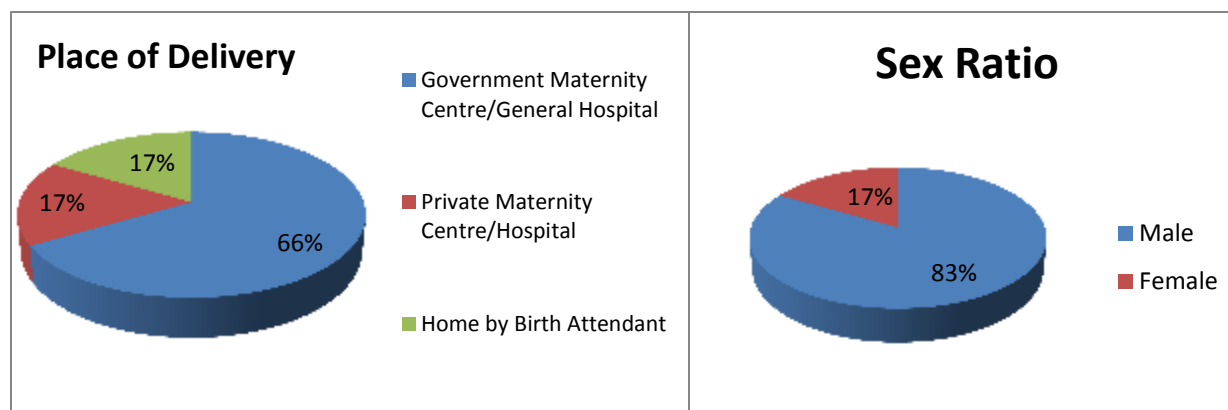
6.2.11.5 HEALTH SEEKING BEHAVIOUR:

Majority of the sample reported consulting the PHC for health related issues, 17% visit the



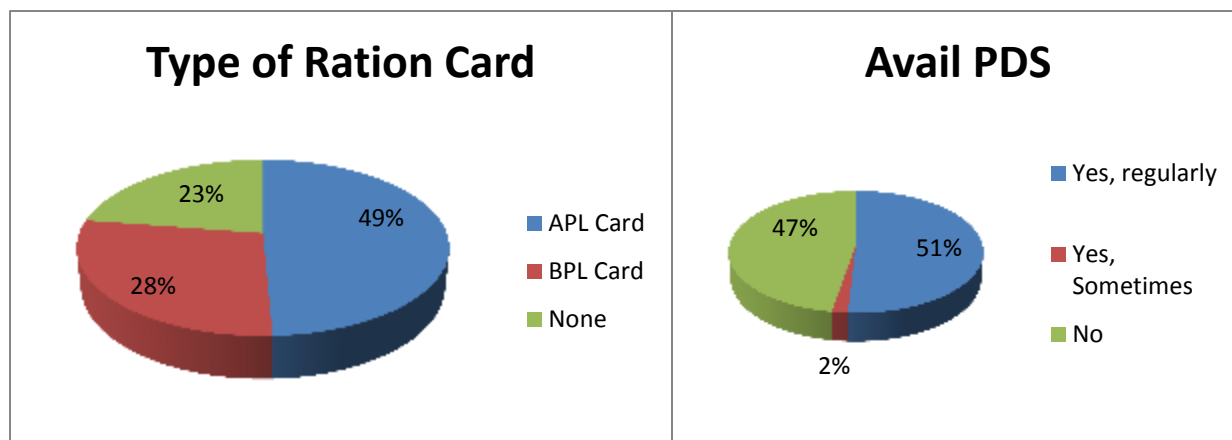
government hospital while 14% go to the Mobile clinic and 13% to the ASHA/Anganwadi/SHC. Private hospital is visited by 11% and private clinic is consulted by 6% of the population. 4% of the population visit chemist shop.

6.2.11.6 MATERNAL HEALTH:



As per the analysis of sample interviewed majority (66%) give birth to their first child in a government institutional place. 17% in a private maternity place and the rest 17% at home with the help of birth attendant. In the age group of 0-3 years sex ratio is 83% male and 17% female.

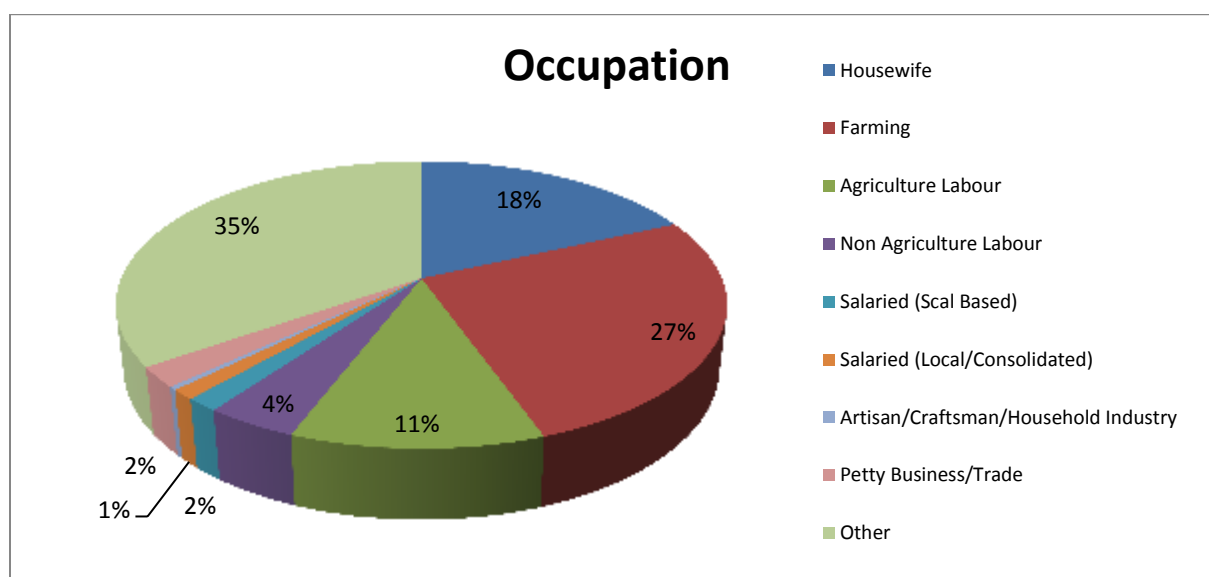
6.2.11.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (49%) hold an APL card, whereas 28% hold a BPL Card and 23% of sample does not hold any card. Among the sample who holds ration card 51% of them regularly avail the PDS facility and only 2% of the population only sometimes avail this facility while 47% does not use it at all.

6.2.11.8 OCCUPATION:

As reflected by data 35% of the village members are into other profession, 27% are into farming, 11% are agricultural labours, 4% are non-agricultural labours while 2% are into in petty business/trade. 18% said that they were housewives.



6.2.11.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Sanitation:** Extreme bad condition of the road and drains in the village, HH garbage, and sewage water and cattle waste have formed layers of muck on the existing road. Major problem of Open Defecation in the area, very unhygienic living condition.
- **Water:** the village is located on a stony slope, the ground water is very low and the water quality is poor. For drinking water the village faces major concern, especially in the summers. The water used for drinking is brought from a neighbouring village (2km).

Inspite of the village being on the banks of a nala, the water table is very low. As told by the villagers the sand from the river bank is taken away to the open cast mines.

RECOMMENDATION:

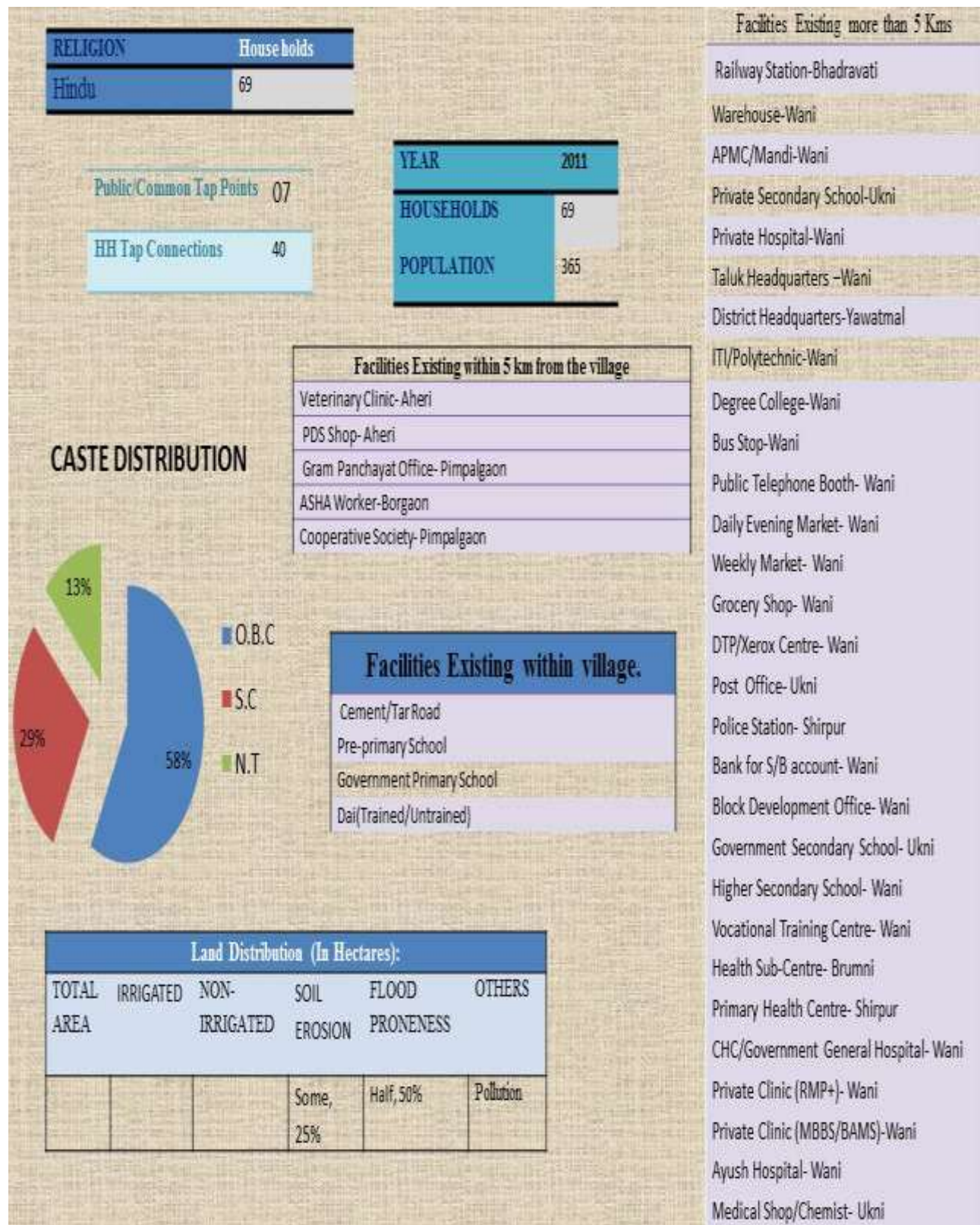
- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Provision of clean drinking water.
- Attention to health: providing MMU visit every 2 weeks. In the village it was reported that majority of the people prefer going to the Local Doctor/RMP in case of any health related issue. The suggested strategy with regard to this is that Mobile Medical Van shall be provided in the village, approximately three days in a week. Along with this there shall be also provision of connecting ASHA/Anganwadi Worker to the MMV which can encourage people to specially women also to take the benefit of it.
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- Non-Agriculture labour is the most dominant occupation in the village since majority of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low.
- The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the WCL so

that they can start some small scale business such as Fisheries in the village or Community Pond available in the village.

- The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
- Providing the support for skill development/vocational training of the youth- Livelihood options are quite limited for the village people. They have no other option than working as non-Agriculture labour. Giving them training to work with modern tools and techniques will not only help them to increase their earning capacity but also make their interaction with modern world easier. Selection of trade for the training should be selected carefully considering the requirements of local markets. It should also aim to create opportunity for self-employment providing tool kits to the trained individuals
- Extensive awareness campaigns on sanitation & hygiene with the help of Government. Departments.
- There is a requirement of drinking water sources in the village along with water filtration plant facility.

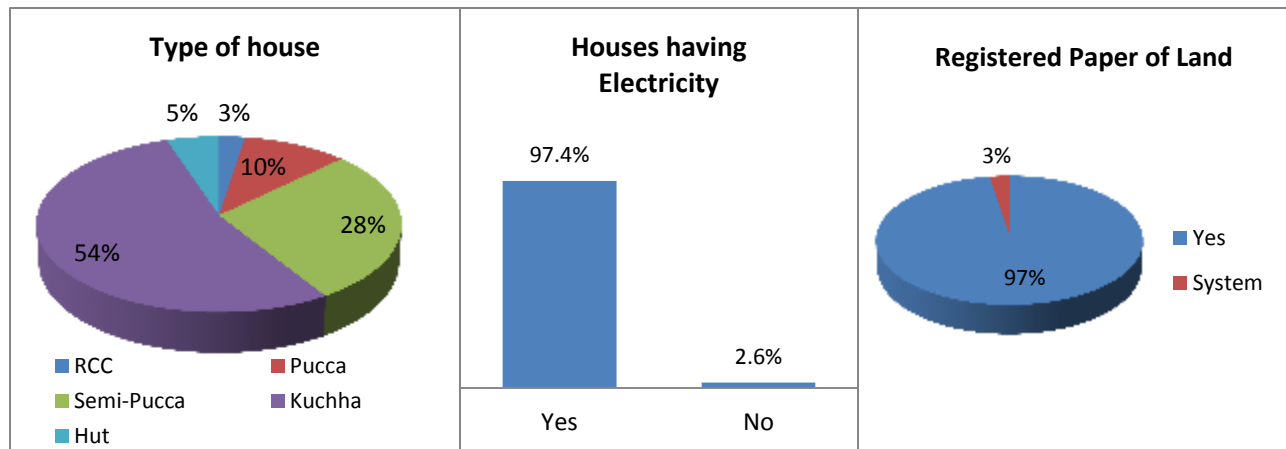
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6.2.12 Village Name: Junad



6.2.12.1 HOUSEHOLD STATUS:

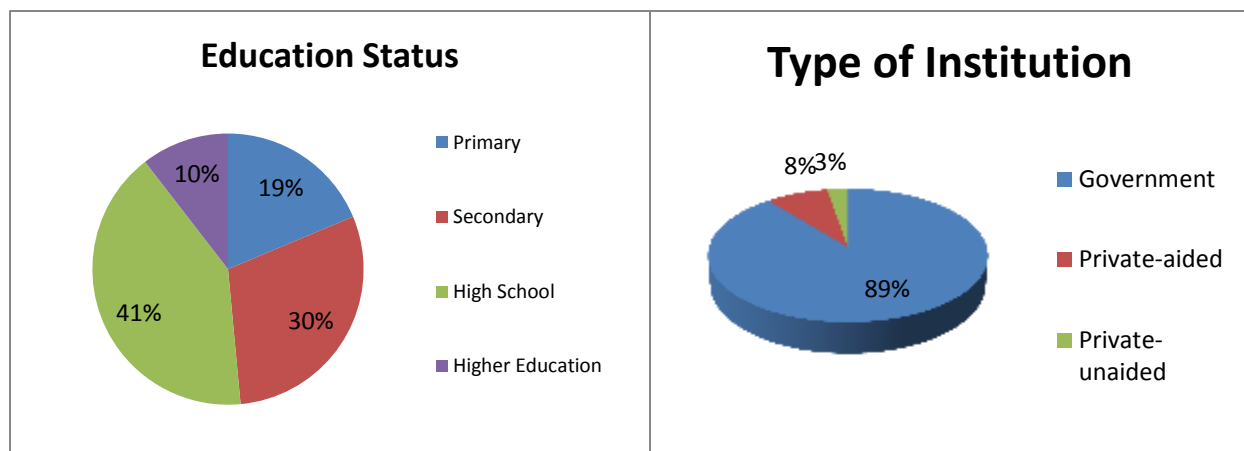
Majority of the sample in Junad Village have Ku ccha Houses (54%), 28% stay in Semi-Pucca



houses, 10% in Pucca, 5% in huts and only 3% live in RCC houses. 97% of all the households studied in the survey are electrified. 97% of sample living in Junad have the registered papers (patta) of the land they are living in but 3% still don't possess the papers of the land.

6.2.12.2 EDUCATION:

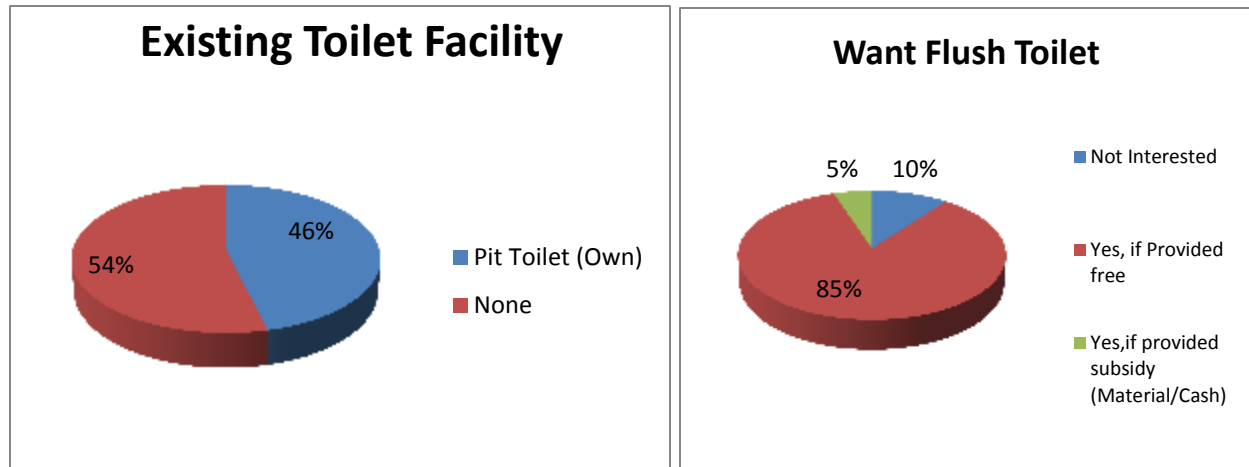
Students who are currently studying 41% of them are in high school followed by secondary and primary school where 30% & 19% students are studying. 10% of the sample goes for higher



education. 89% of the children are enrolled in government institutions followed by private-aided institutions 8%.

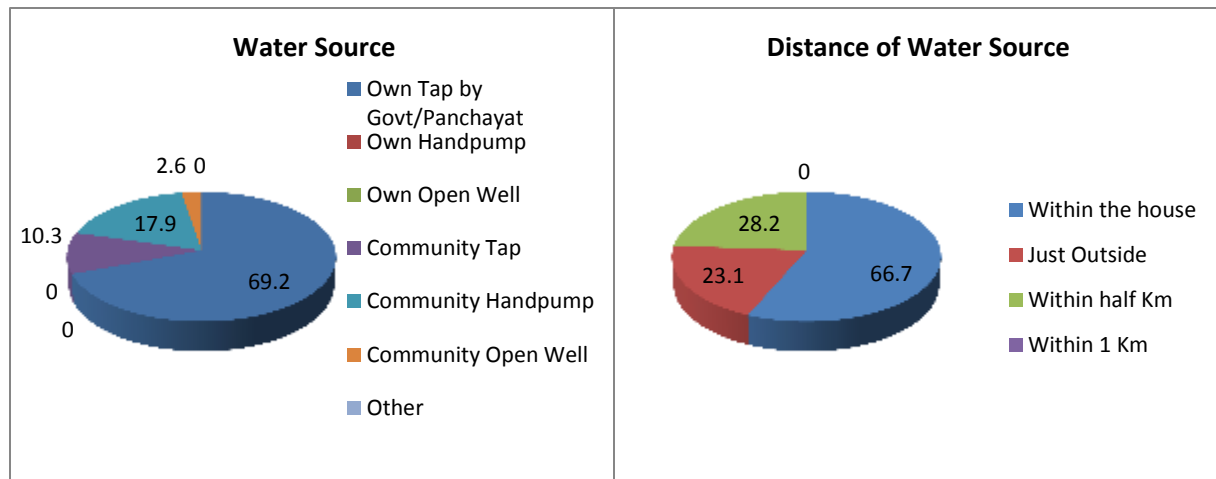
6.2.12.3 SANITATION:

More than half 50% of the household do not have any toilet facility, 46% have pit toilet. Among



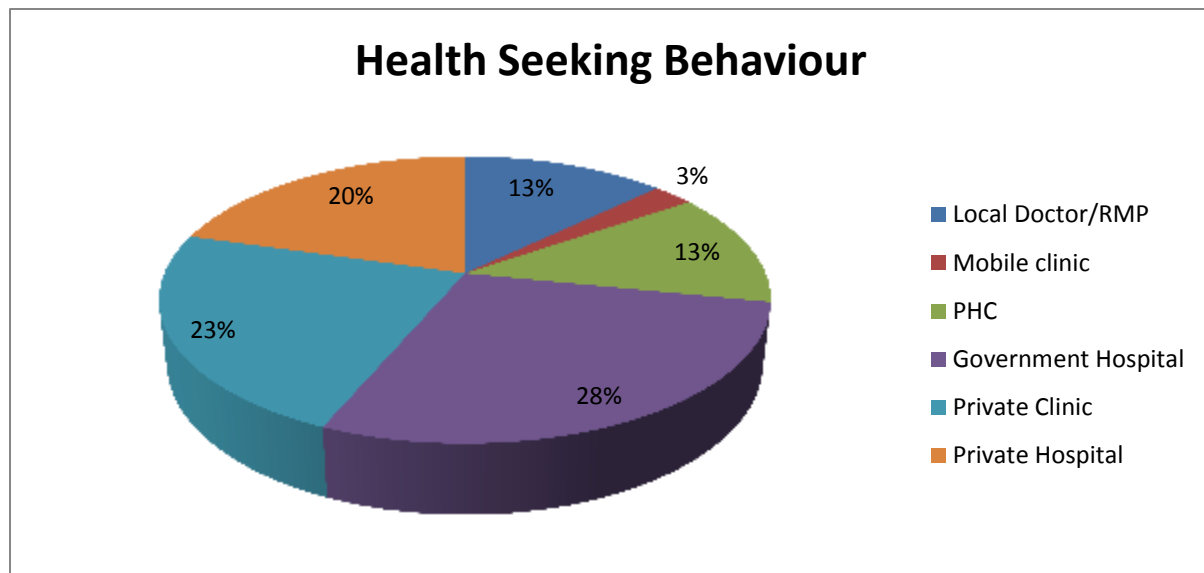
the sample households who don't have any toilet facility 85% said that they are interested if provided free. 5% agreed if provided subsidy and 10% were not interested.

6.2.12.4 WATER SOURCES:



69.2% of the sample households reported saying that they have access to piped water supply, 17.9% use the community handpump, 10.3% have access to the community tap and remaining 2.6% use the community open well. As reported during research 66.7% of the sample have water source within the premises of their house while for 28.2% sample it is located within half a km. 23.1% of the sample said it is located just outside the home.

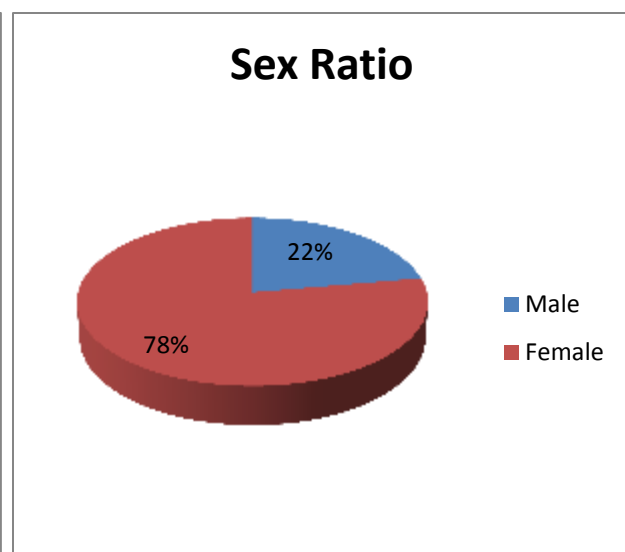
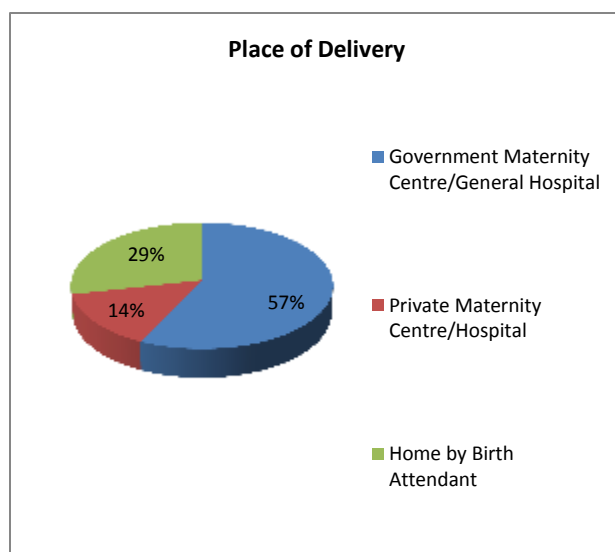
6.2.12.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 43% reported consulting the private clinic and private hospitals for health related issues. Government hospitals are consulted by 28% of the population. 13% visits the PHC, while 13% consults the local doctor/RMP. Only 3% visits the Mobile clinic..

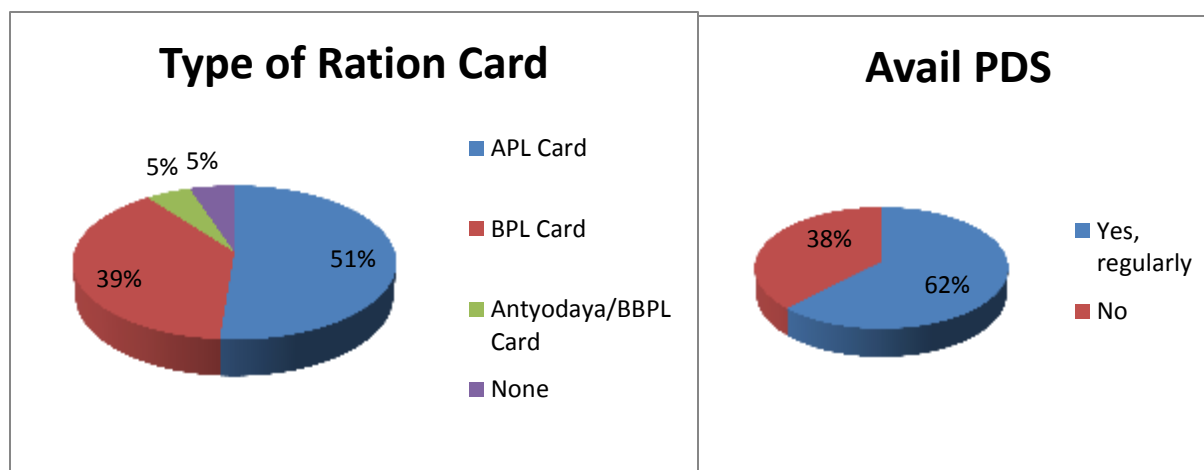
6.2.12.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (57%) give birth to their first child in a government institutional place. 14% in a private maternity place while 29% at home by attendant. In the age group of 0-3 years sex ratio is favoured towards female at 78% and male at



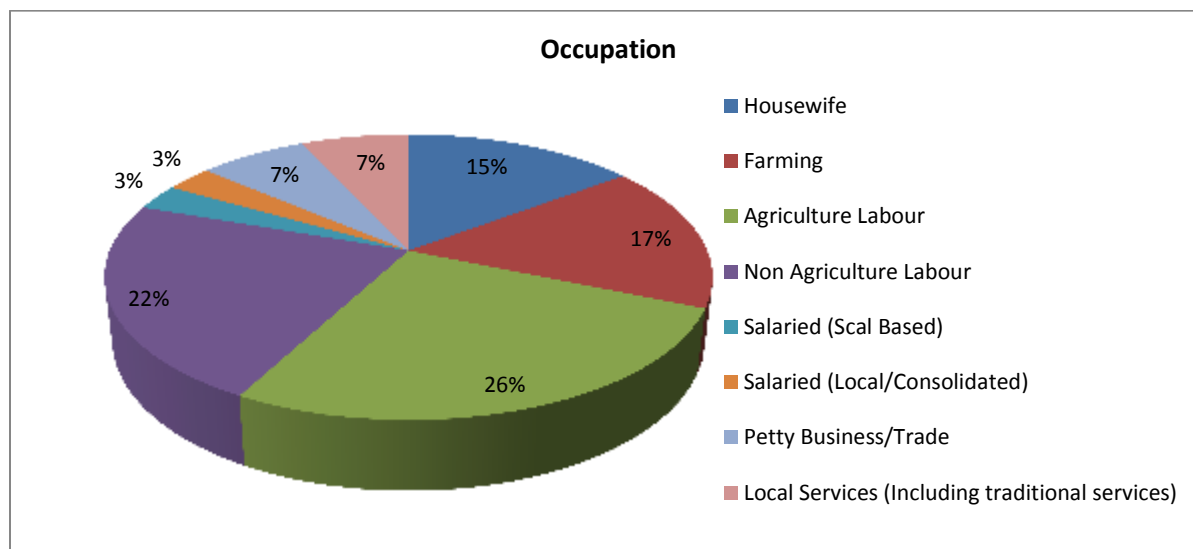
22%.

6.2.12.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (51%) hold an APL card, whereas 39% hold a BPL Card and 5% of the sample hold an Antyodaya/BBPL Card while 5% of sample does not hold any card. Among the sample who holds ration card 62% of them regularly avail the PDS facility and 38% does not use it at all.

6.2.12.8 OCCUPATION:



As reflected by data 26% of the village members are agricultural labours, 22% are non-agricultural labours, 17% are into farming, while 7% each are into petty business and local services. 15% said that they were housewives.

6.2.12.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Health:** Access to nearest health facility is 10kms (Sub-center) and 30kms (PHC) from the village; mobile van visits the village once a month. Immediate health concerns and emergency situation is very critical in the area.
- **Infrastructure:** Extremely bad approach-road condition. WCL provided school rooms do not have the basic facility of fans and light.
- **Electricity:** It is a major concern for the people of this village. As mentioned by the village people, they receive only 13hours of electricity which effects the water pumping system and daily chores.
- **Sanitation:** Major problem of Open Defecation in the area, very unhygienic living condition.
- **Water:** The water table is very low. As told by the villagers the continuous blasting of coals underground have disrupted the groundwater channels.

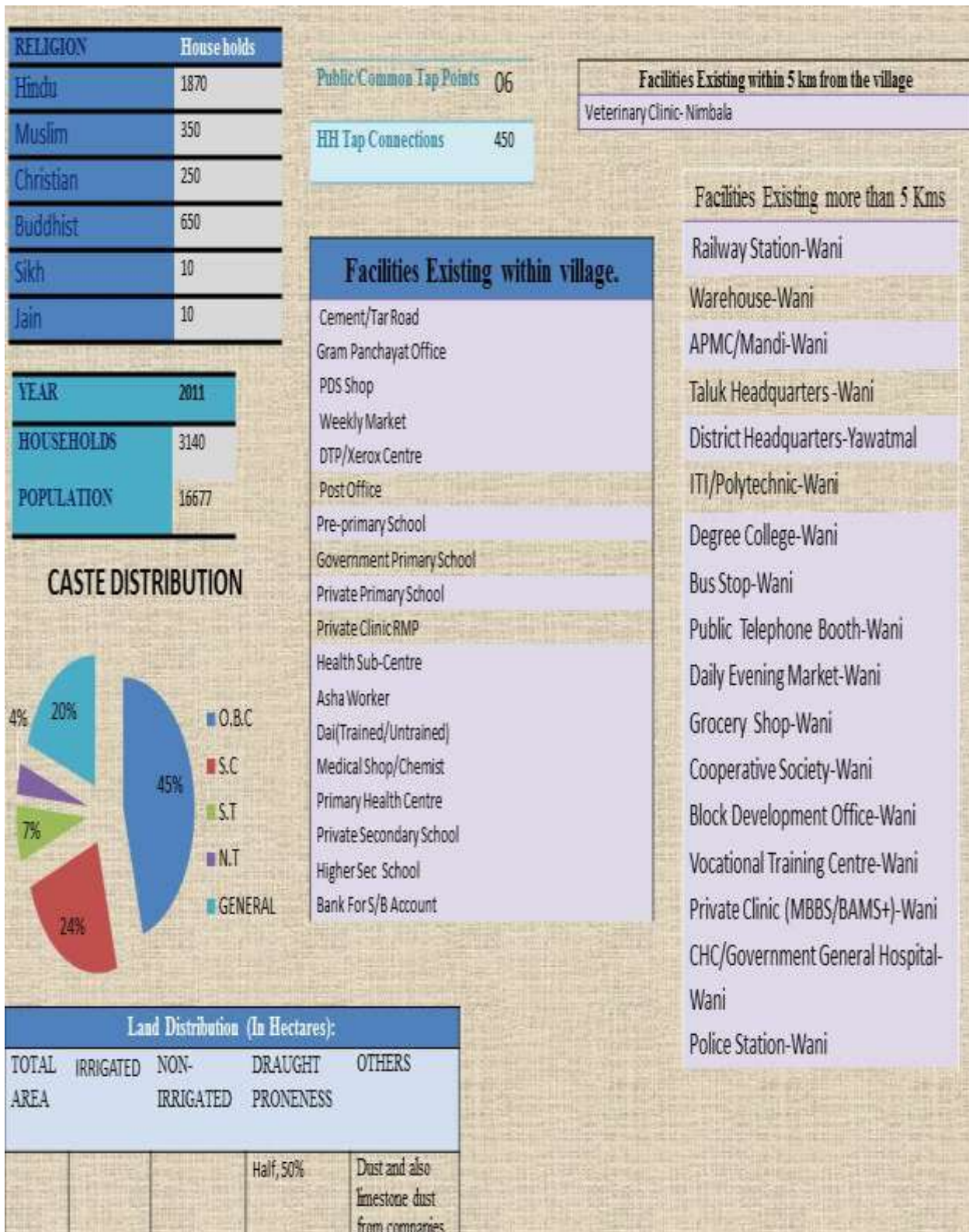
RECOMMENDATION:

- Provision of Mobile Health Van in the area at least twice a week.
- Provision of water sources for farming and other daily chores.
- Immediately cater to the environment concerns
- Extensive awareness campaigns on sanitation & hygiene with the help of Government Departments.
- Vocational training in schools should be provided like electronics, Computer awareness, Communication, etc both for girls and boys. WCL should donate funds for its establishment in any of the school premises.
- It was found in the village that no students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- It was also found that there is a high dropout rates in the village. Majority of the students less than 18 years of age reported that they left education due to High fees and other expenses. WCL can introduce few scholarships for the backward students in the village, which can provide both support and motivate the students towards Higher Education.

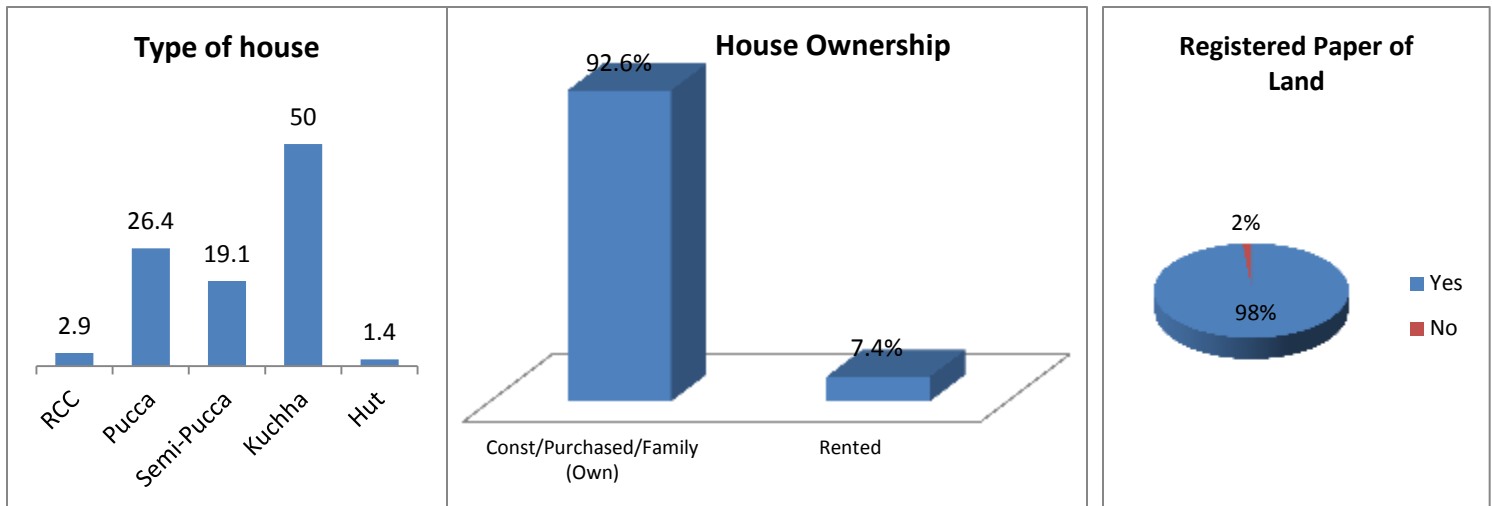
- Construction of toilet should be taken up under CSR. Gram Panchayat should be involved in the planning process where company can take the responsibility to construct the toilets and Panchayat should be asked to run and maintain it. In the village in order to improve the situation of sanitation households shall be provided with the toilets and prior to that they shall be also motivated with regard to the benefits of using toilets.

-

6.2.13 Village Name: Rajur

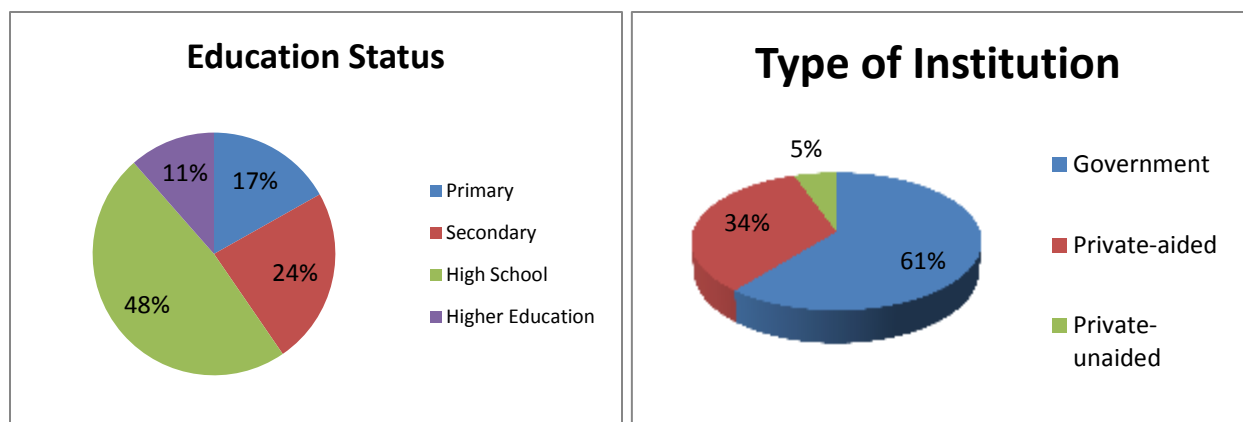


6.2.13.1 HOUSEHOLD STATUS:



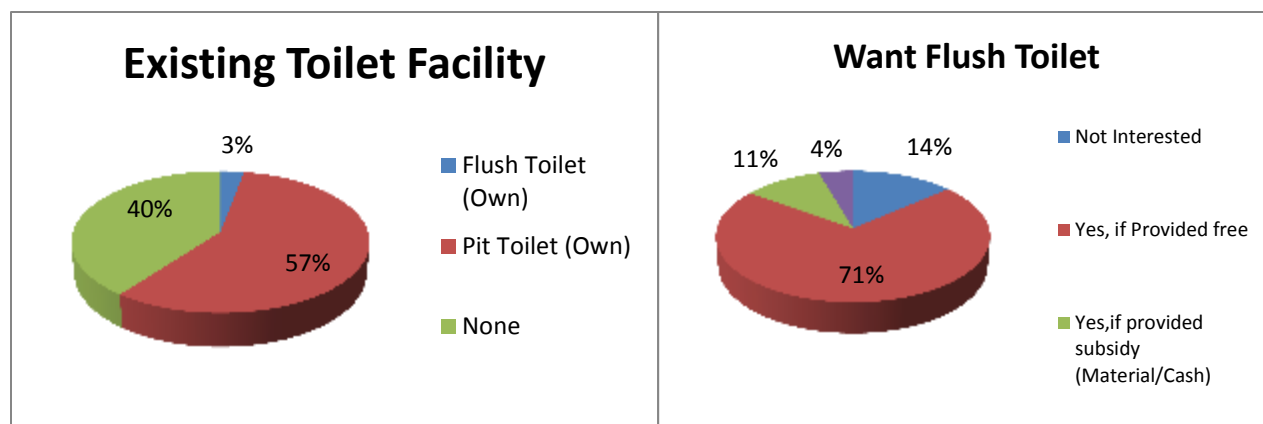
Majority of the sample in Rajur Village have Kuchha Houses (50%), 26% stay in Pucca houses, 19% in Semi-Pucca homes, 3% in RCC houses and only 2% live in huts. All the households studied in the survey are electrified. 98% of sample living in Rajur have the registered papers (patta) of the land they are living in but 2% still don't possess the papers of the land.

6.2.13.2 EDUCATION:



Students who are currently studying 47% of them are in high school followed by secondary and primary school where 24% & 17% students are studying. 11% are going for higher studies. 61%

of the children are enrolled in government institutions followed by private-aided institutions

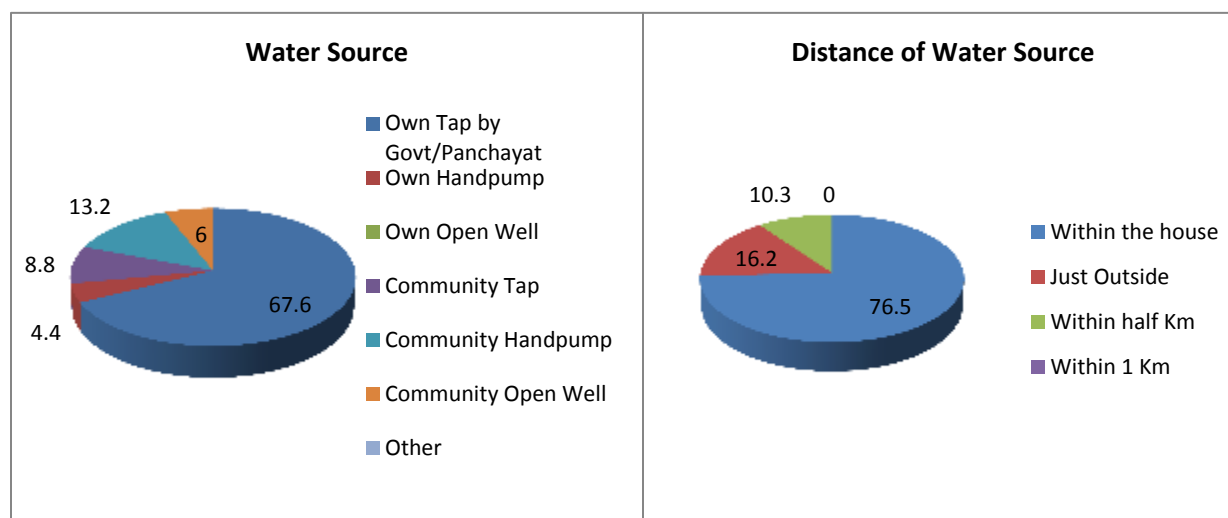


34%.

6.2.13.3 SANITATION:

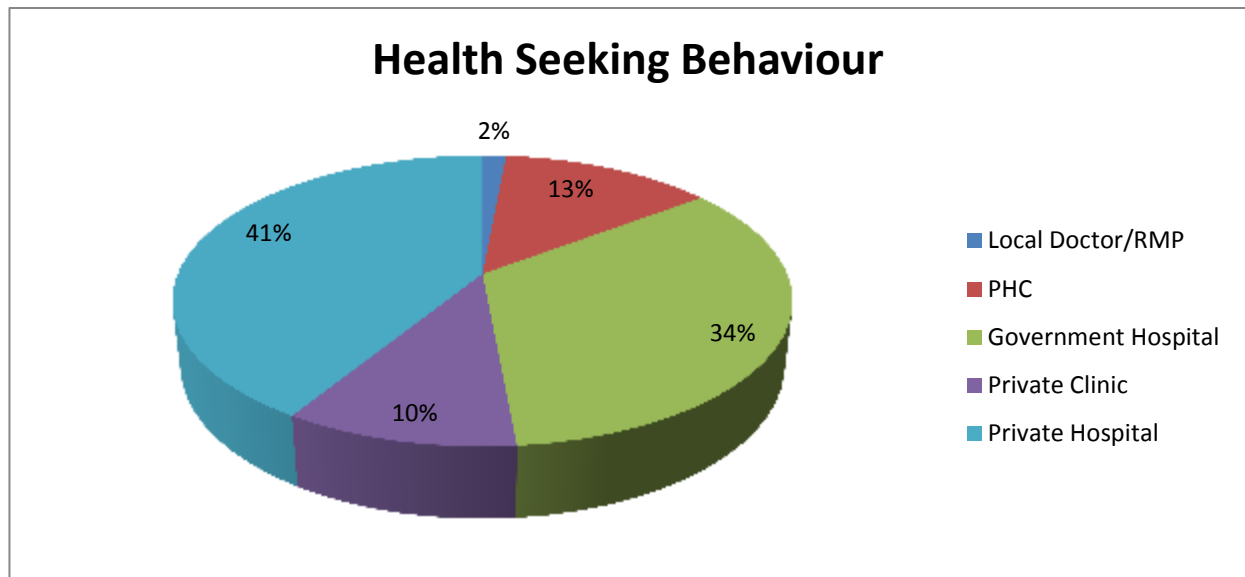
More than half 40% of the household do not have any toilet facility, 57% have pit toilet and 3% have flush toilet. Among the sample households who don't have any toilet facility 71% said that they are interested if provided free. 11% agreed if provided subsidy and 14% were not interested.

6.2.13.4 WATER SOURCES:



67.6% of the sample households reported saying that they have access to own piped water supply, 13.2% use community handpump for drinking water purposes while 8.8% use community tap, community open well is used by 6% and only 4.4% use own handpump. As reported during research 76.5% of the sample have water source within the premises of their

house while for 10.3% sample it is located within half a km. 16% of the sample said it is located



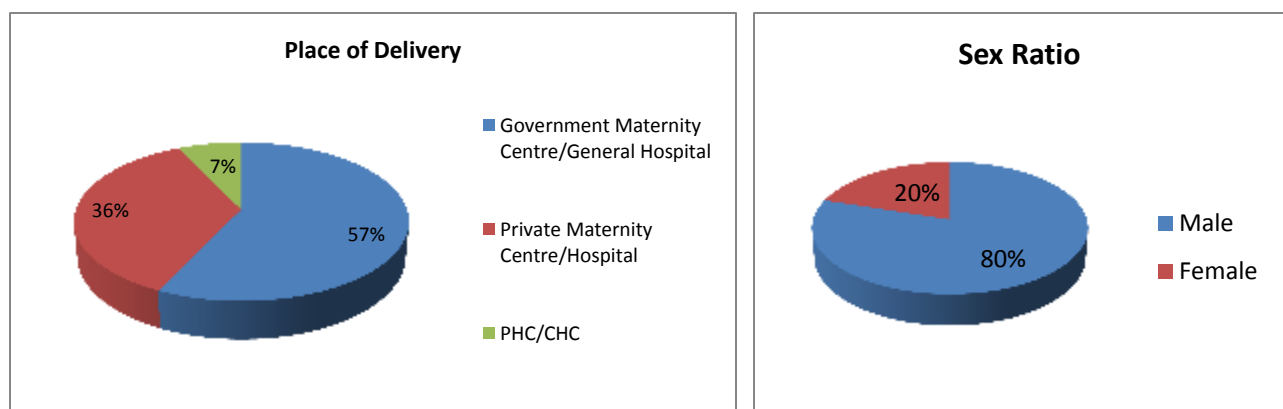
just outside the home.

6.2.13.5 HEALTH SEEKING BEHAVIOUR:

Majority of the sample 51% reported consulting the private clinic and private hospitals for health related issues. Government hospital is consulted by 34% of the population and 13% visit the PHC. Only 3 % visit a local doctor.

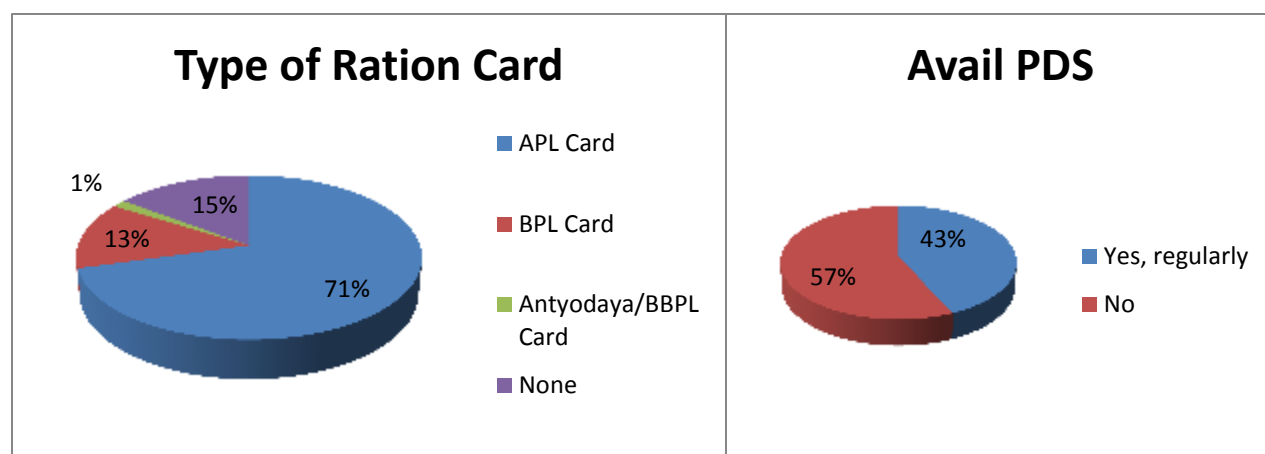
6.2.13.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (64%) give birth to their first child in a



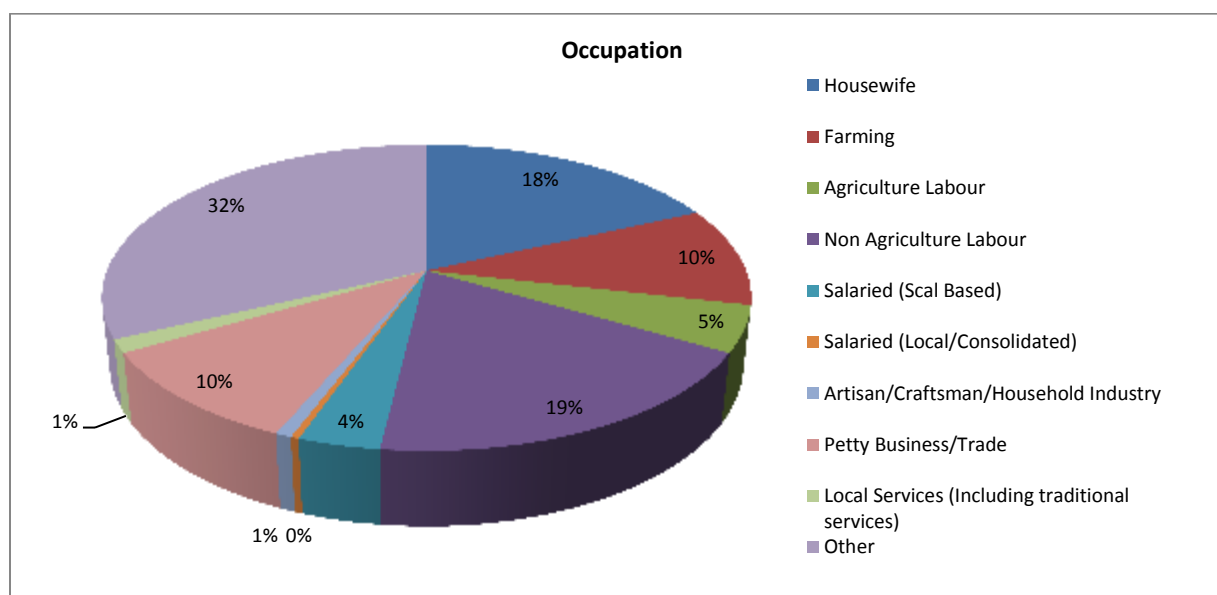
government institutional place. And the rest 36% in a private maternity place. In the age group of 0-3 years sex ratio is equal.

6.2.13.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (71%) hold an APL card, whereas 13% hold a BPL Card and 1% of the sample hold an Antyodaya/BBPL Card while 15% of sample does not hold any card. Among the sample who holds ration card 43% of them regularly avail the PDS facility while 57% does not use it at all.

6.2.13.8 OCCUPATION:



As reflected by data 32% of the village members are into other profession ,19% are non-agricultural labours, 10% are into farming, 5% are non-agricultural labours while 10% are into petty business/trades. 18% said that they were housewives.

6.2.13.9 MAJOR PROBLEMS IN THE VILLAGE:

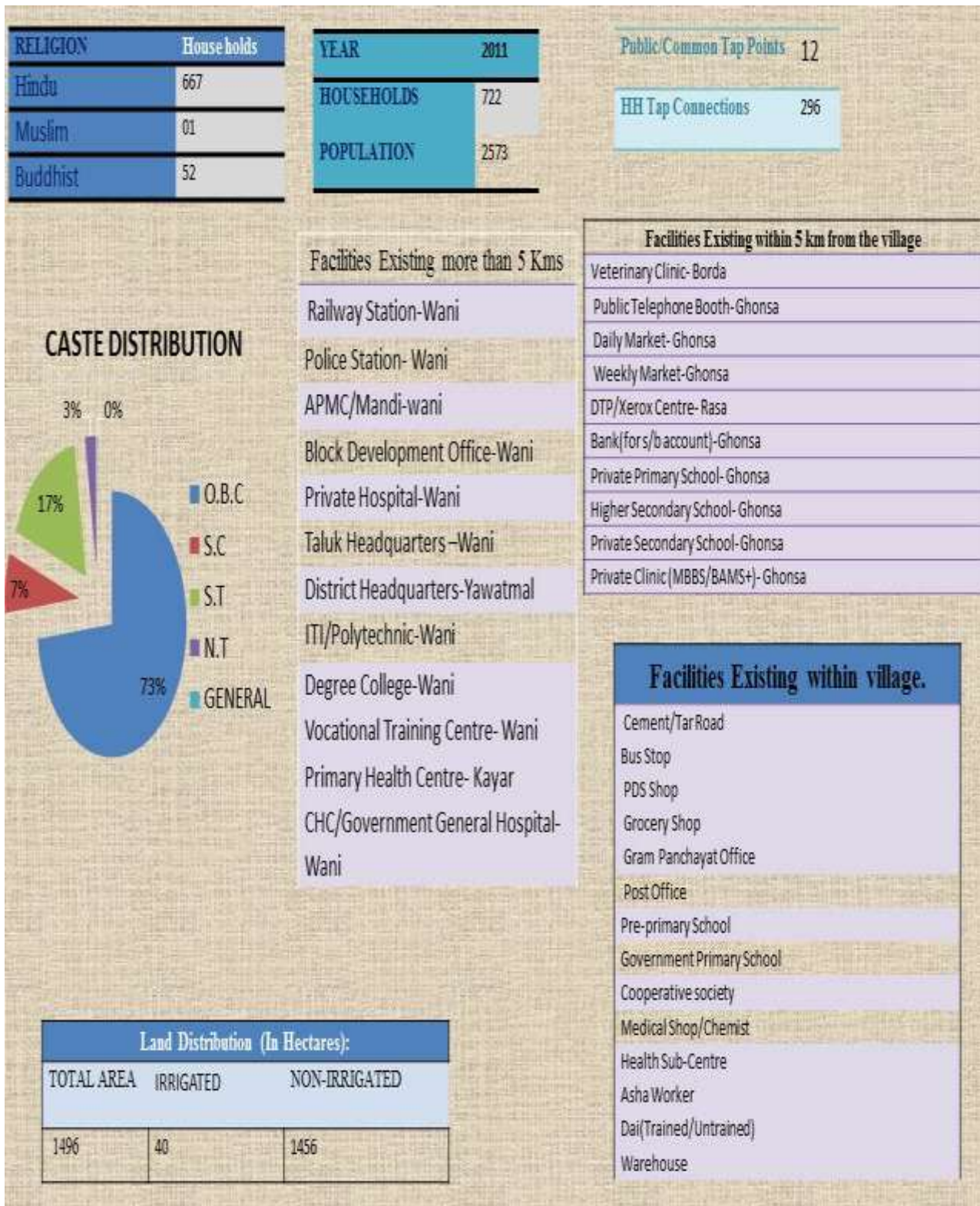
- **Health:** Dust & Pollution are the major concern for health in this area. Rajur is an industrial area with 5 major factories within 5kms of the village. .
- **Water:** Access to water for drinking and daily chores is the major challenge in the area. The overhead tank cannot cater to the growing population in the area. Also the villagers complained about polluted water in the area and drying water-tables.

RECOMMENDATION:

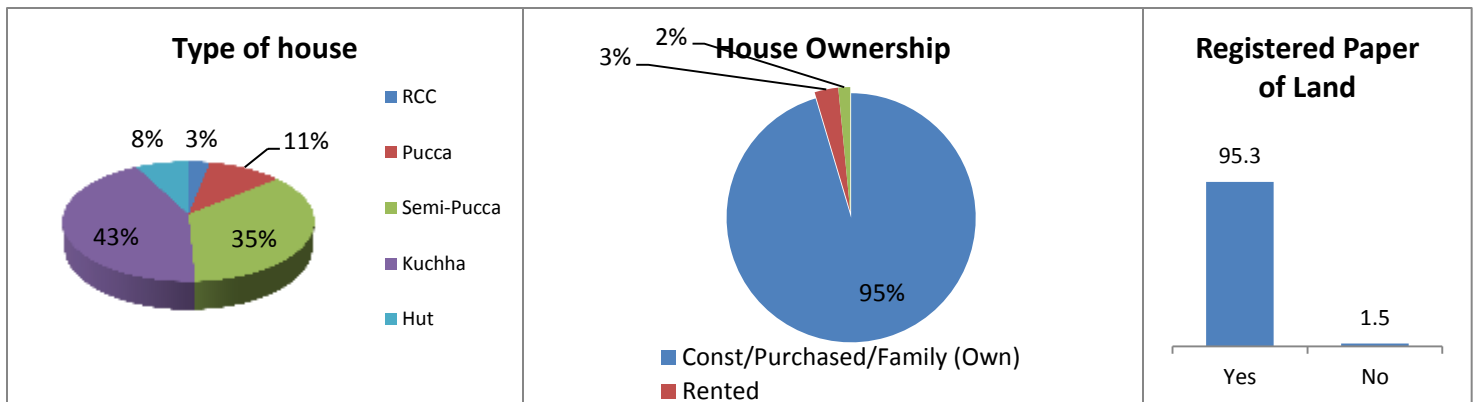
- Attention to health: providing MMU visit every 2 weeks.
- Vocational training in schools should be provided like electronics, Computer awareness, Communication skills, etc both for girls and boys. WCL should donate funds for its establishment in any of the school premises.
- It was found in the village that only one percent of the total students are engaged in some vocational/Certificate courses. With the involvement of students in such courses can bring new and generate economic activities for the students in the village.
- A health awareness camp is essential in this village as people which can be better managed by introducing mobile Medical Vans. Medicine should also be provided to the beneficiaries
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- There is a requirement of filter plant in this area.
- Requirement of water filter's facility for the Zilla Parishad School and Anganwadi in this village.

- Irrigation facility should be made available through pipe line and check dams. Community tap & Open Well are the major source of water in the village. In the village Rainwater Management methods shall be introduced so that the water table can be brought above and in long run water scarcity problem can be dealt with.

6.2.14 Village Name: Rasa



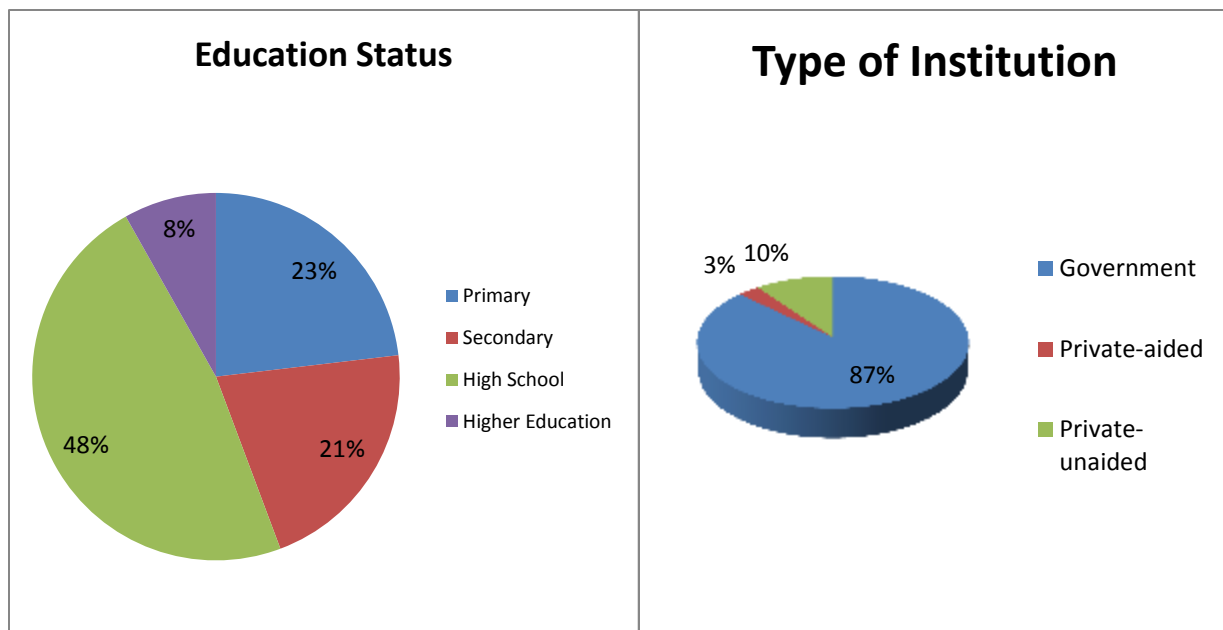
6.2.14.1 HOUSEHOLD STATUS:



Majority of the sample in Rasa Village have Kuccha Houses (43%), 35% stay in Semi-Pucca houses, 11% in Pucca, 8% in huts and only 3% live in RCC homes. 97% of all the households studied in the survey are electrified. 98% of sample living in Rasa have the registered papers (patta) of the land they are living in but 2% still don't possess the papers of the land.

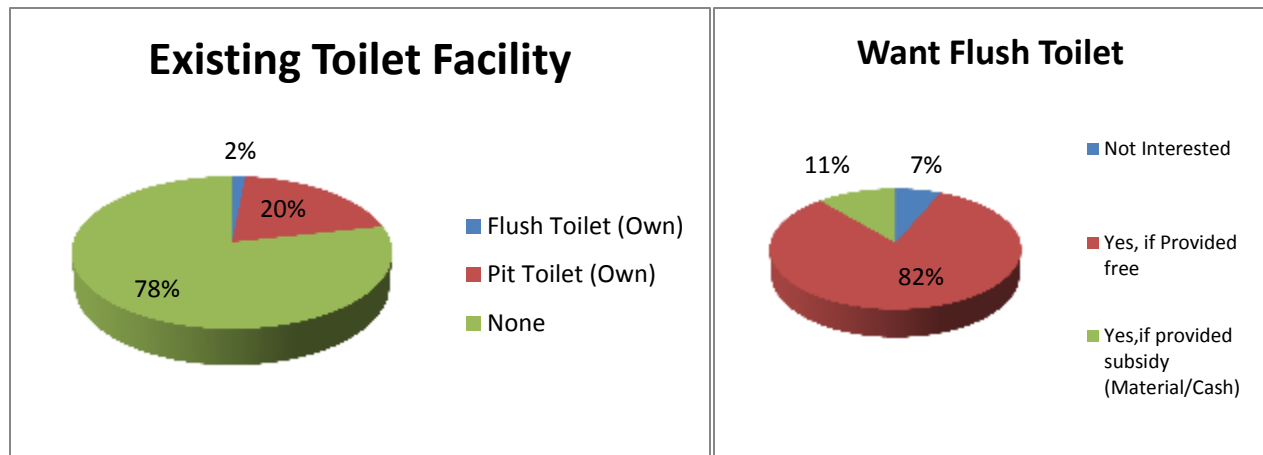
6.2.14.2 EDUCATION:

Students who are currently studying 48% of them are in high school followed by primary and



secondary school where 23% & 21% students are studying. 87% of the children are enrolled in government institutions followed by private-unaided institutions 10%.

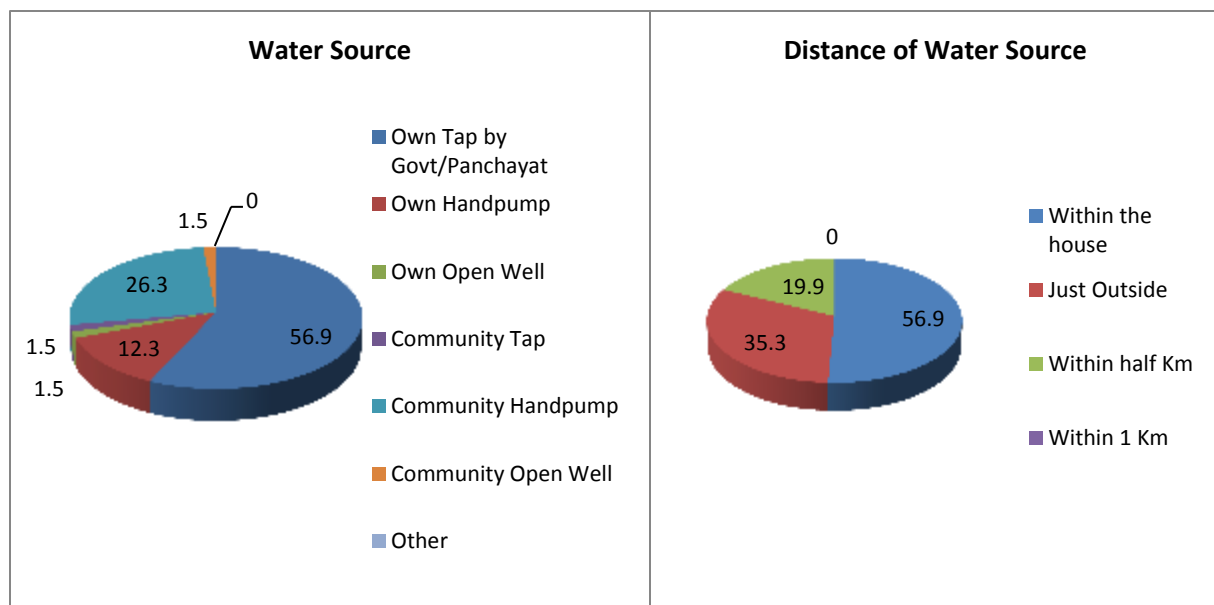
6.2.14.3 SANITATION:



More than 75 % of the household do not have any toilet facility, 20% have pit toilet and 2% have flush toilet. Among the sample households who don't have any toilet facility 82% said that they are interested if provided free. 11% agreed if provided subsidy and 7% were not interested.

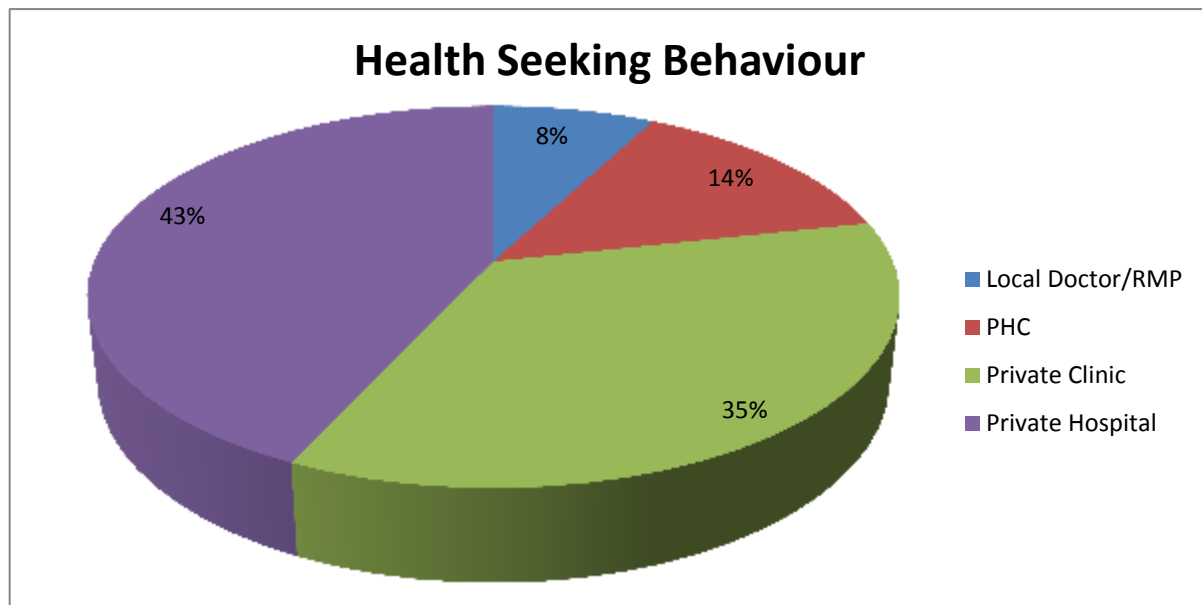
6.2.14.4 WATER SOURCES

56.9% of the sample households reported saying that they have access to piped water supply, 26.3% use community handpump for drinking water purposes while 12.3% use Own Handpump.



As reported during research 56.9% of the sample have water source located within the premises of their house while for 35.3% sample it is located just outside the home. 19.9% of the sample said it is within half a km.

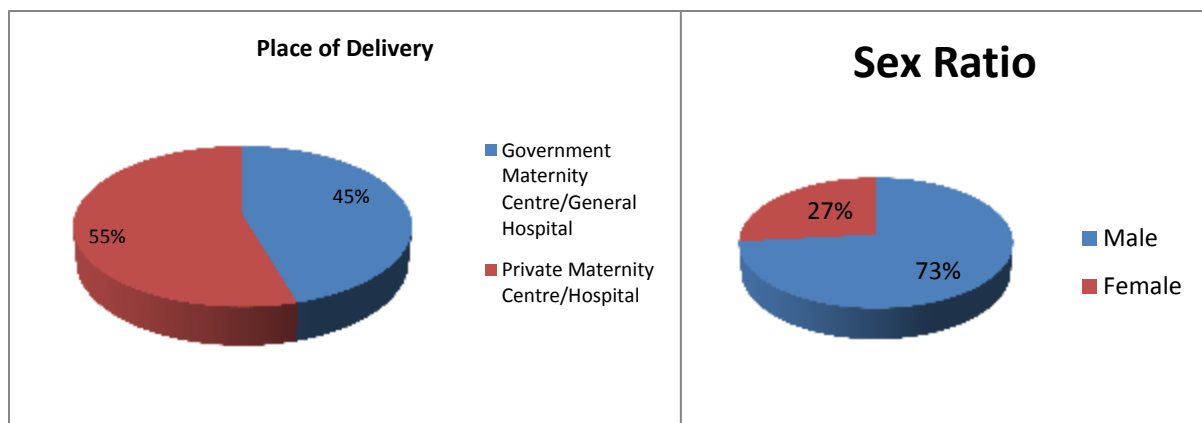
6.2.14.5 HEALTH SEEKING BEHAVIOUR:



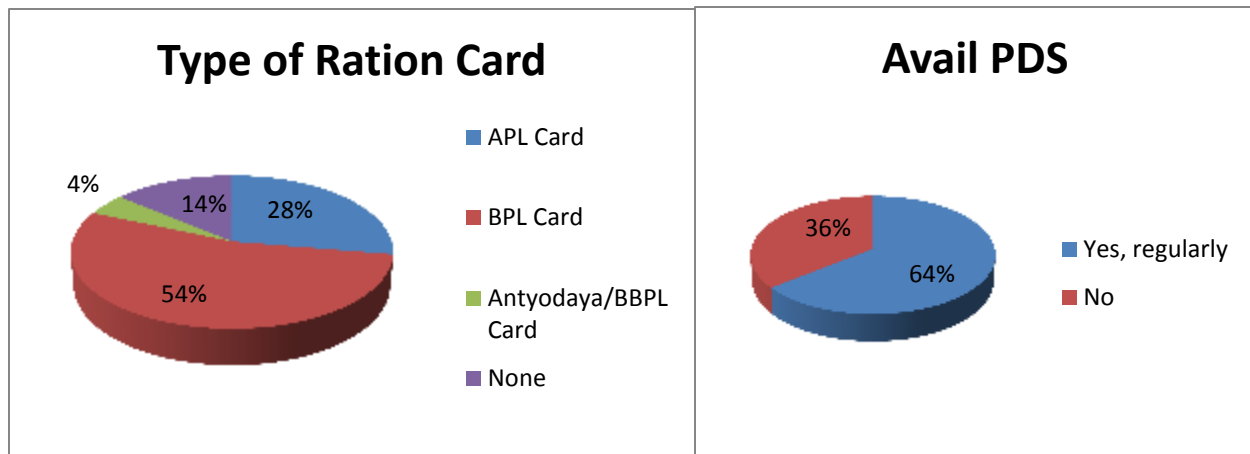
Majority of the sample 43% reported consulting the private hospital for health related issues. Private clinic is consulted by 35% of the population. 14% visit the PHC and 8% the local doctor/RMP.

6.2.14.6 MATERNAL HEALTH:

As per the analysis of sample interviewed 45% give birth to their first child in a government institutional place. And the rest 45% in a private maternity place. In the age group of 0-3 years sex ratio is 73% male and 27% female.



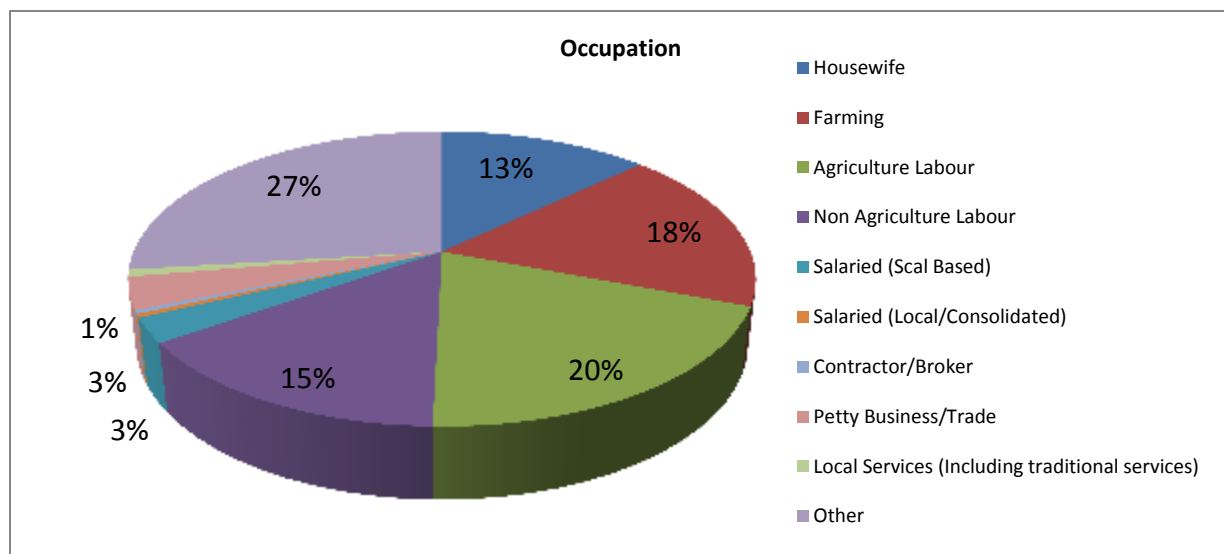
6.2.14.7 PUBLIC DISTRIBUTION SYSTEM:



Most of the sample (54%) hold an BPL card, whereas 28% hold a APL Card and 4% of the sample hold an Antyodaya/BBPL Card while 14% of sample does not hold any card. Among the sample who holds ration card 64% of them regularly avail the PDS facility while 36% does not use it at all.

6.2.14.8 OCCUPATION:

As reflected by data 18% of the village members are into farming, 20% are agricultural labours, 15% are non-agricultural labours while 27% are into other profession. 13% said that they were housewives.



6.2.14.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Health:** Extreme problem of alcoholism in the area starting from a very young age among the male population, the village women reported boys as young as 12 years are into drinking.
- **Sanitation:** Extreme bad condition of hygiene in the area. With almost negligible toilet facility in houses, open defecation is the major problem.
- **Water:** Access to water for drinking challenge in the area.

RECOMMENDATION:

- De-addiction camp and awareness.
- Awareness and training on hygiene and proper sanitation.
- Provision of clean drinking water facility.
- Non-Agriculture labour is the most dominant occupation in the village since 27 percent of the people are involved in it after the women reporting their occupation as Housewife. Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low.
- The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the WCL so that they can start some small scale business such as Fisheries in the village or Community Pond available. The important aspect of the initiative should be the Panchayat taking the responsibility of accountability and transparency.
- Educational & Vocational Centre for handicapped should be started which can cater at Gram Panchayat Level.
- In the village it was also reported that there are no SHG's are functioning. Some of the SHG's were formed in the past but due to lack of capital and guidance it failed.
- SHG's shall be formed and support shall be given by the WCL and with regard to the accountability and transparency the concerned SHG Shall is responsible.
- Lack of market oriented skill is one of the reasons behind the rising unemployment in the village. No persons were found during the study who has taken any skill building training. This can be taken up as major initiative. Supporting local school in terms of provisioning of computer education to students can be one aspect of the vocational education.

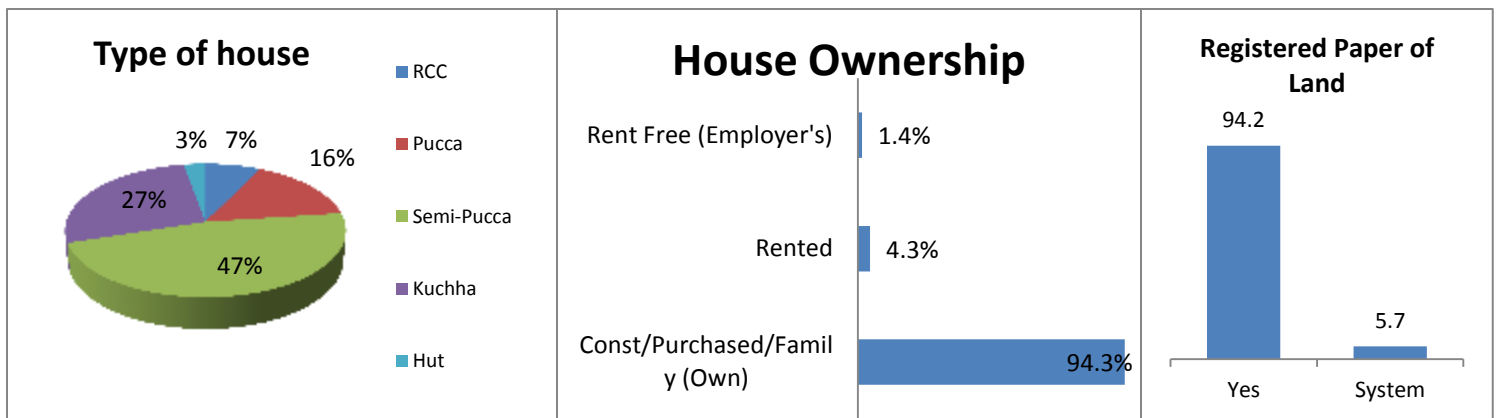
- Cater to the environment concerns.
- Attention to health: providing MMU visit every 2 weeks.
- Extensive awareness campaigns on sanitation & hygiene with the help of Government. Departments.
-

6.2.15 Village name: Ukni



6.2.15.1 HOUSEHOLD STATUS:

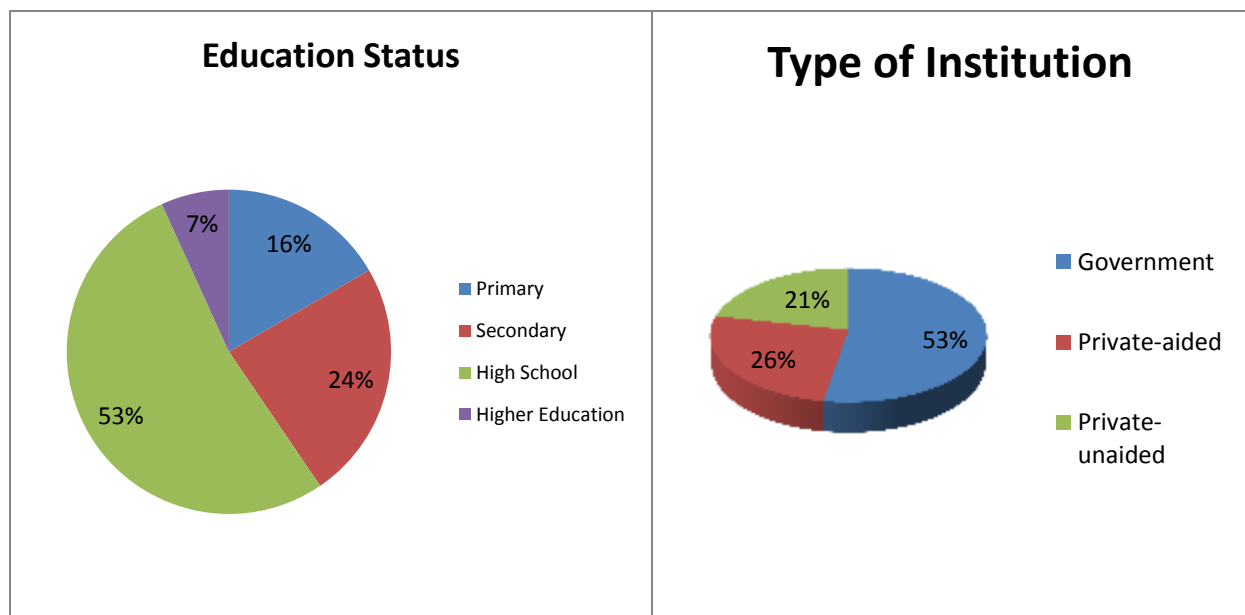
Majority of the sample in Ukni Village have Semi-Pucca Houses (47%), 27% stay in Kuccha



houses, 16% in Pucca, 7% in RCC homes and only 3% live in huts. 98% of all the households studied in the survey are electrified. 94% of sample living in Ukni have the registered papers (patta) of the land they are living in but 6% still don't possess the papers of the land.

6.2.15.2 EDUCATION:

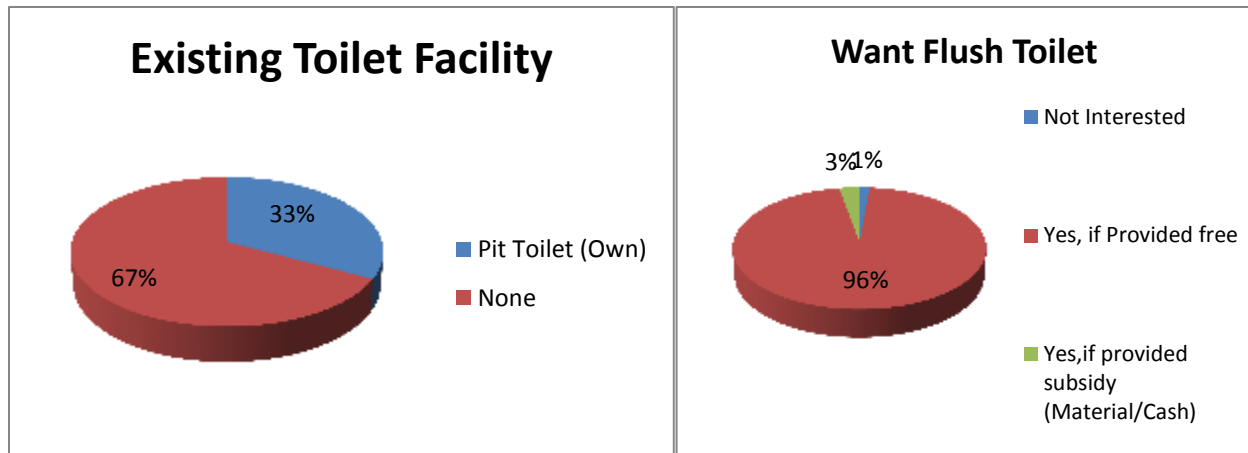
Students who are currently studying 53% of them are in high school followed by primary and



secondary school where 16% & 24% students are studying. 53% of the children are enrolled in government institutions followed by private-aided institutions 26%.

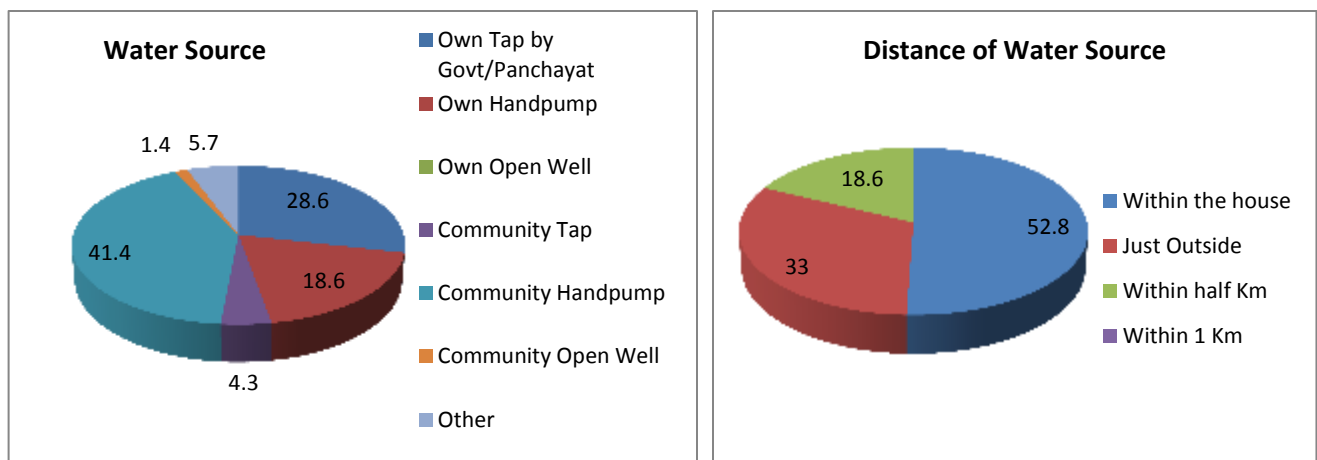
6.2.15.3 SANITATION:

More than 65% of the household do not have any toilet facility, 33% have pit toilet. Among the



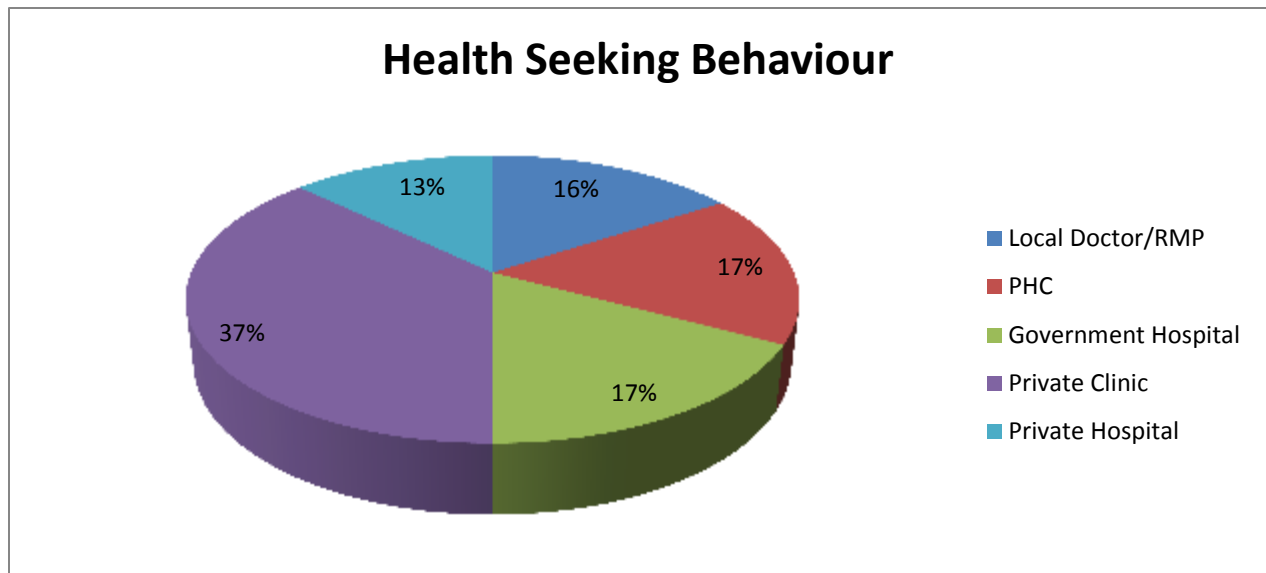
sample households who don't have any toilet facility 96% said that they are interested if provided free. 3% agreed if provided subsidy and 1% were not interested.

6.2.15.4 WATER SOURCES:



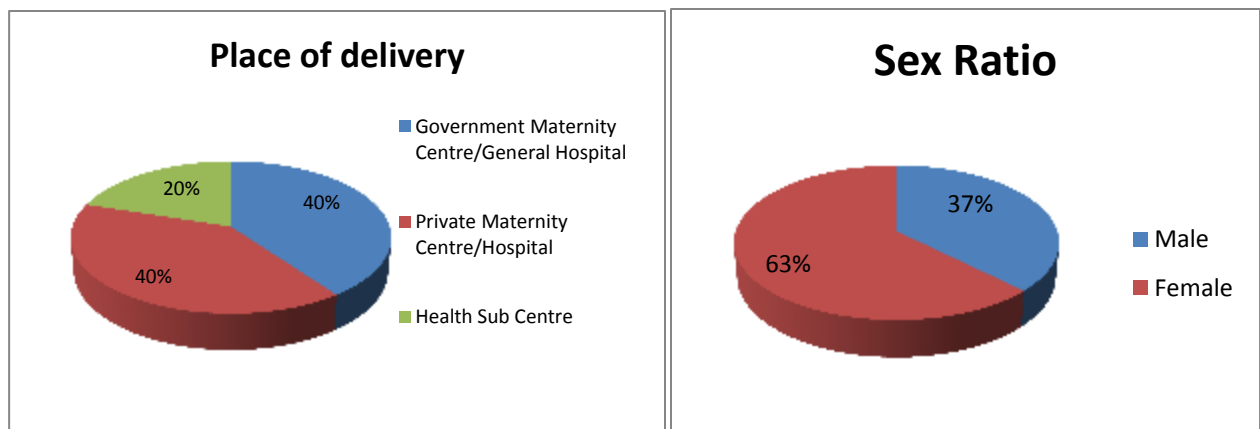
41.4% of the sample households reported saying that they use community handpump for drinking water purposes while own tap water is used by 28.6%, 18.6% have own handpump. As reported during research 52.8% of the sample have water source located within the premises of their house while for 33% sample it is located just outside the home and for 18.6% is located within half a km.

6.2.15.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample 50% reported consulting the private clinic and private hospitals for health related issues. Government hospitals are consulted by 17% of the population, 16% consults a local doctor and 17% visits the PHC.

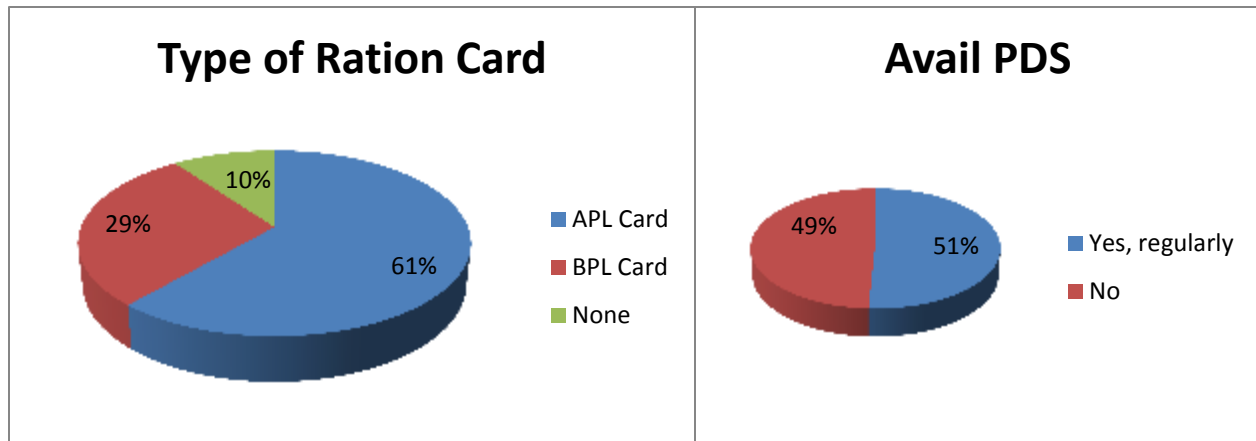
6.2.15.6 MATERNAL HEALTH:



As per the analysis of sample interviewed 40% each give birth to their first child in a government institutional place and in a private maternity place while 20% in Health Sub-centre. In the age group of 0-3 years sex ratio is 63% female and 37% male.

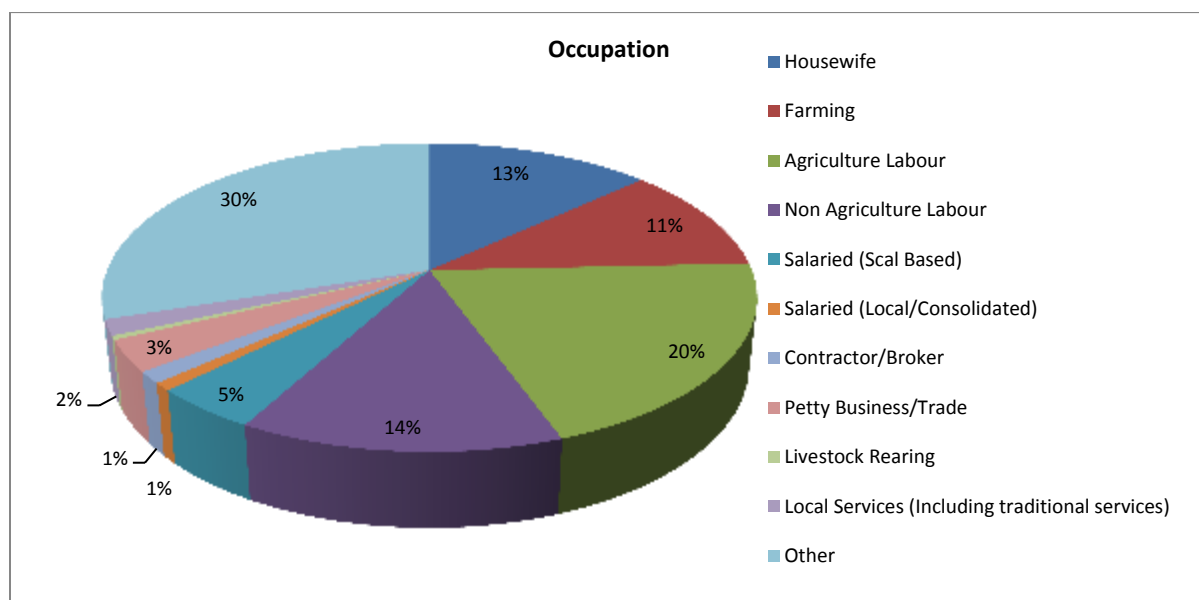
6.2.15.7 PUBLIC DISTRIBUTION SYSTEM:

Most of the sample (61%) hold an APL card, whereas 29% hold a BPL while 10% of sample



does not hold any card. Among the sample who holds ration card 51% of them regularly avail the PDS facility while 51% does not use it at all.

6.2.15.8 OCCUPATION:



As reflected by data 11% of the village members are into farming , 20% are agricultural labours, 14% are non-agricultural labours while 30% are into other proffession. 13% said that they were housewives.

6.2.15.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Health:** Malaria and Filariasis was found to be rampant in the village.
- **Sanitation:** Extreme bad condition of hygiene in the area. Open defecation is the major problem.
- **Water:** Access to clean water for drinking challenge in the area.

RECOMMENDATION:

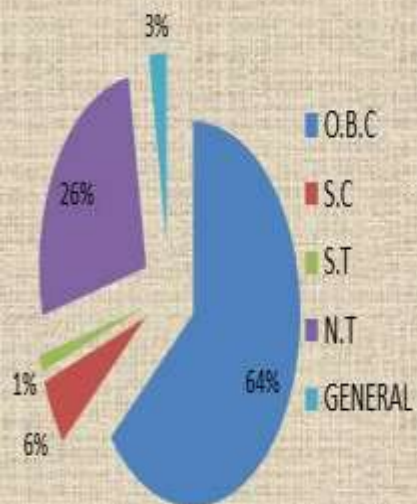
- Provision of Health camps and Mobile Health van.
- Awareness and training on hygiene and proper sanitation.
- Provision of clean drinking water facility.
- Availability of Drinkable water.
- Water tanker should be provided during extreme summer and rainwater management methods shall be provided in the village in order to recharge the ground water.
- In the school there is no drinking water facility in the school. Toilets are available but due to unavailability of water children do not use them.
- Drinking water, similar to the other villages is a major concern for the village people. In total 12 taps are required so that each and every household can get sufficient water for domestic and drinking purpose.
- Accessibility to health care system is major issue in village. The government system PHC/CHC is located at the distance of more than 5 Kms, so the community has to rely on private services. An intervention in health system either through Mobile medical van or
- Opening of dispensary from the company will reduce the expenditure on health services for the community.
- Awareness and training on sanitation and Government. Schemes.
- School bus facility.
- MMU visit at least twice a month

6.2.16 Village Name: Ghuggus

RELIGION	House holds
Hindu	537
Buddhist	32

YEAR	2011
HOUSEHOLDS	569
POPULATION	2340

CASTE DISTRIBUTION



Public/Common Tap Points 12

HH Tap Connections 296

Facilities Existing within village.

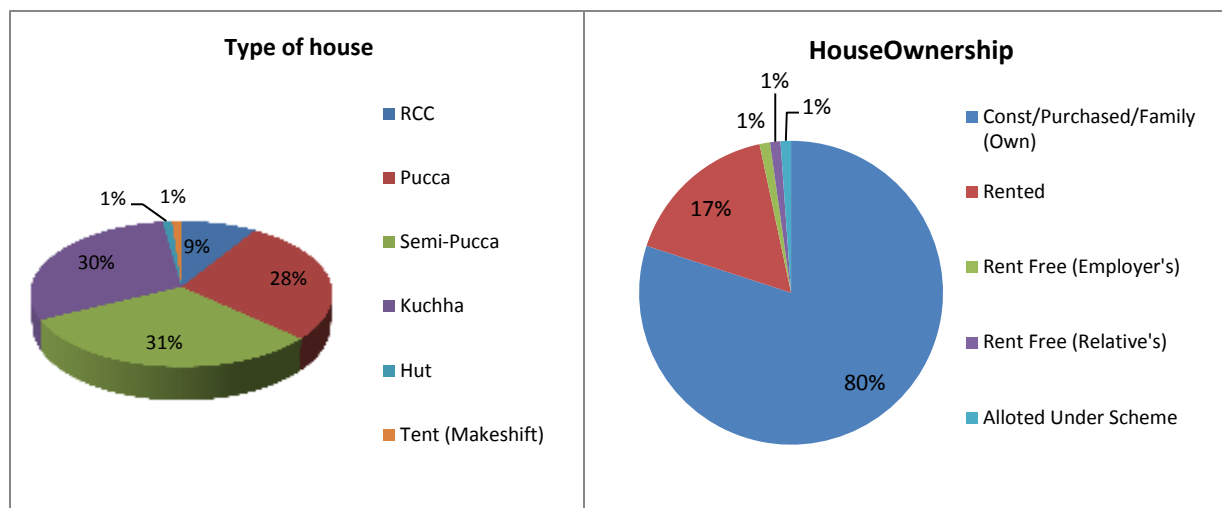
Cement/Tar Road
Weekly Market
PDS Shop
Gram Panchayat Office-
DTP/Xerox Centre
Post Office
Pre-primary School
Government Primary School
Private Secondary School
Pvt Clinic RMP
Health Sub-Centre
Asha Worker
Bank for S/B account
Block Development Office
Cooperative Society

Facilities Existing more than 5 Kms

Railway Station-Wani
Warehouse-Wani
APMC/Mandi- Wani
Grocery Shop- Wani
Private Hospital-Durgapur
Taluk Headquarters –Wani
District Headquarters-Yawatmal
ITI/Polytechnic-Wani
Degree College-Wani
Police Station- Shirpur
Bus Stop- Wani
Public Telephone Booth- Wani
Daily/Evening Market- Wani
Primary Health Centre- Shirpur
CHC/Government General Hospital-
Wani
Private Clinic (MBBS/BAMS+)- Wani
Private Hospital – Wani
Veterinary Clinic- Wani
Higher Secondary School- Wani
Vocational Training Centre- Wani

Land Distribution (In Hectares):						
TOTAL AREA	IRRIGATED	NON-IRRIGATED	WASTELAND	FLOOD PRONENESS	SOIL EROSION	OTHERS
1685.42	22.40	737.2	907.53	More than half, 75%	Some, 25%	Dust

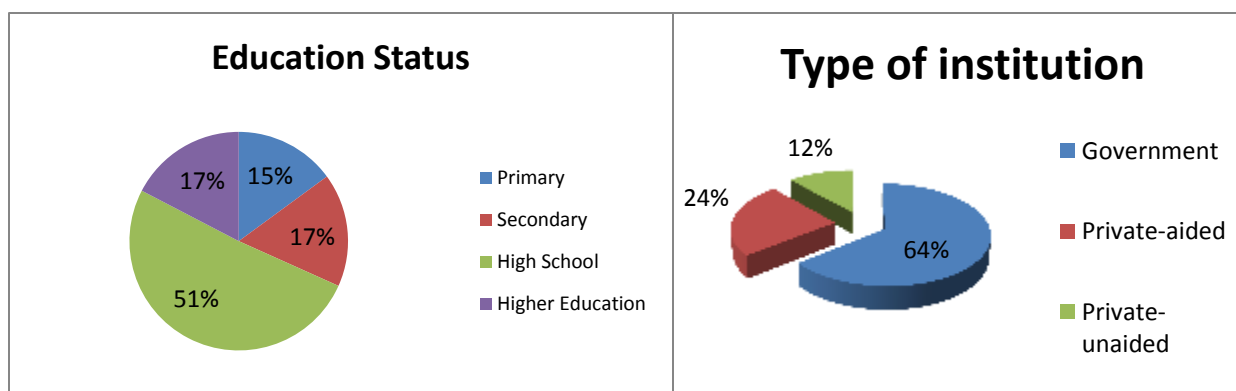
6.2.16.1 HOUSEHOLD STATUS:



Majority of the sample in Antargaon Village have Pucca Houses (94%), only 4% have Semi-Pucca houses. However, the least popular houses are the Kutchha houses (2%). 98% of sample living in Antargaon have the registered papers (patta) of the land they are living in but 2% still don't possess the papers of the land. All the households studied in the survey are electrified.

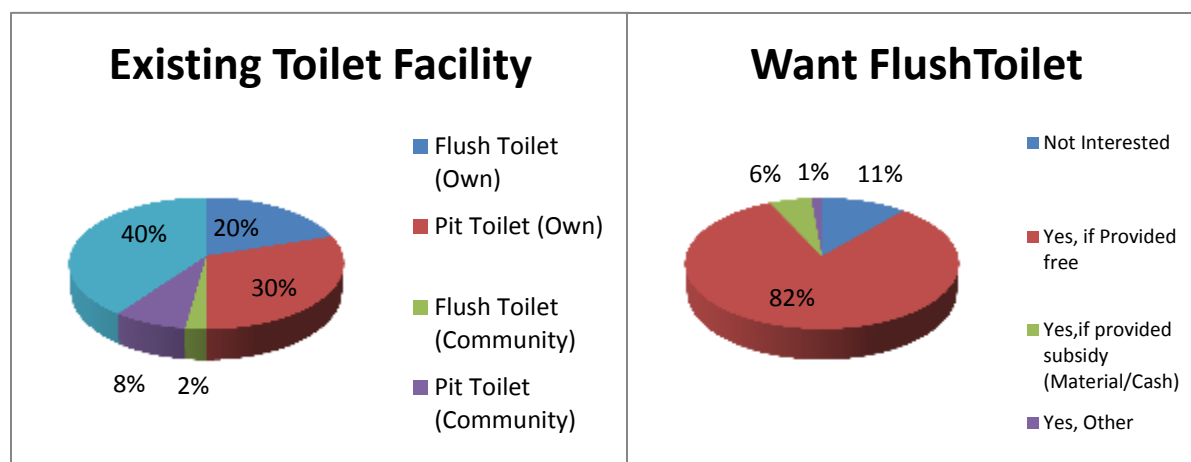
6.2.16.2 EDUCATION:

Students who are currently studying 47% of them are in primary school followed by upper primary school where 20% students are studying. 65% of the children are enrolled in government



institutions followed by private-aided institutions.

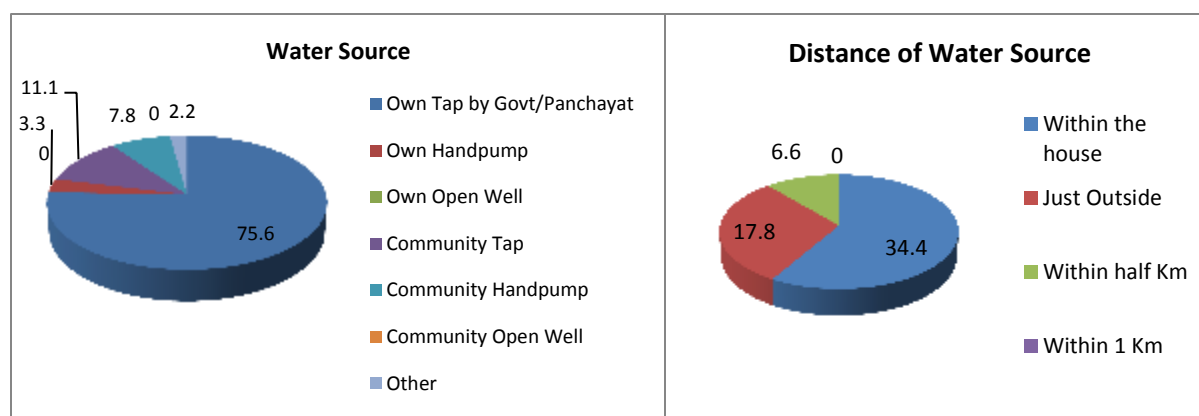
6.2.16.3 SANITATION:



A positive aspect of this region is that 85% of the sample households have their own flush toilets but 11% of the sample reported having no toilets at all. Among the sample households who don't have any toilet facility 43% said that they are not interested at all while 57% said they are interested if provided subsidy. All the sample households who have toilet in their house informed that they have constructed it on their own.

6.2.16.4 WATER SOURCE

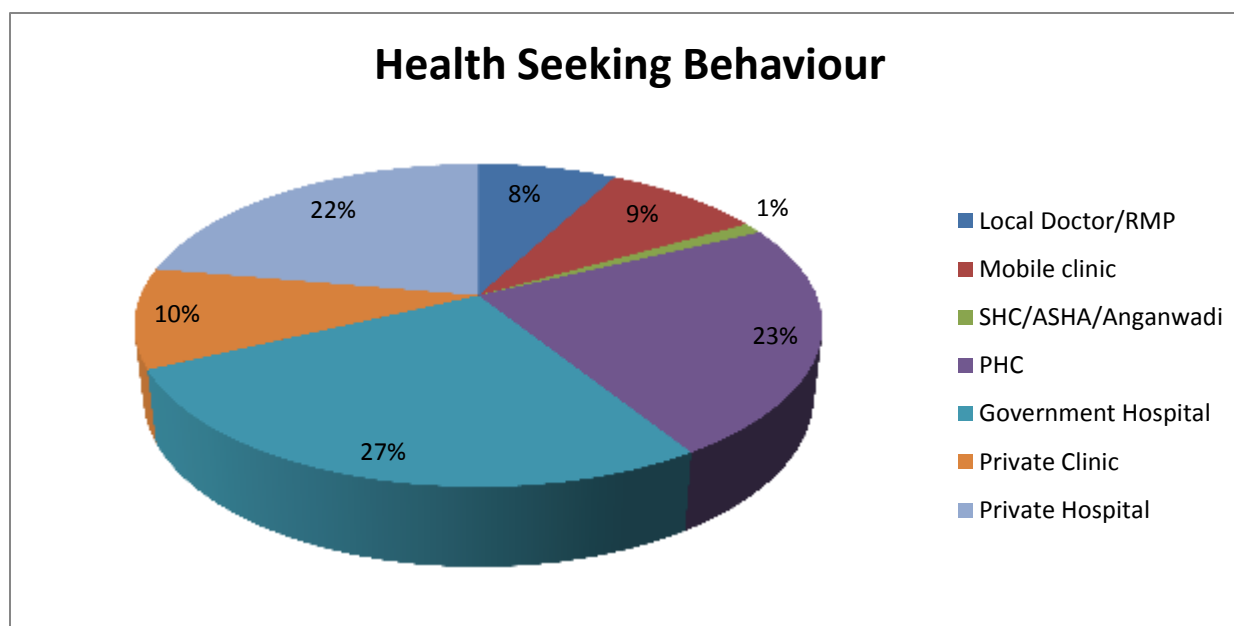
47% of the sample households reported saying that they use open well for drinking water purposes while piped water supply cover the 33% of the sample. Hand pump provides water to



14% of the population. As reported during research 46% of the sample have water source located just outside the home while for 35% sample it is located inside their premise. 18% of the sample

said that they are supposed to walk around half Km to fetch water and to 1% of the sample water source is located around the distance of one Km.

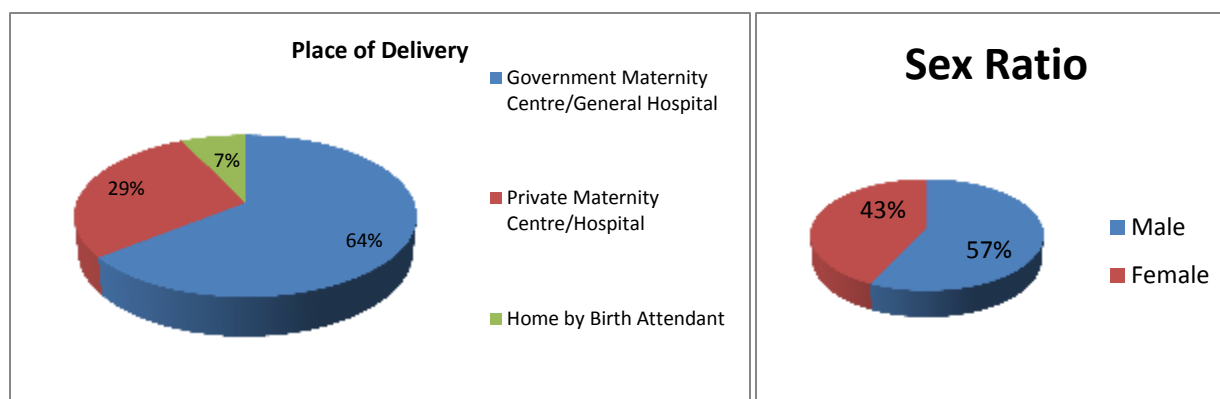
6.2.16.5 HEALTH SEEKING BEHAVIOUR:



Majority of the sample reported consulting a local doctor for health related issues. Private clinic is consulted by 26% of the population. 4% each of the population visit a company aided hospital or a PHC/CHC for the same. Only 2 % visit a government hospital. As data reflects 90% of the population depends on private service which is a costly affair for the community.

6.2.16.6 MATERNAL HEALTH:

As per the analysis of sample interviewed majority (90%) give birth to their first child in an

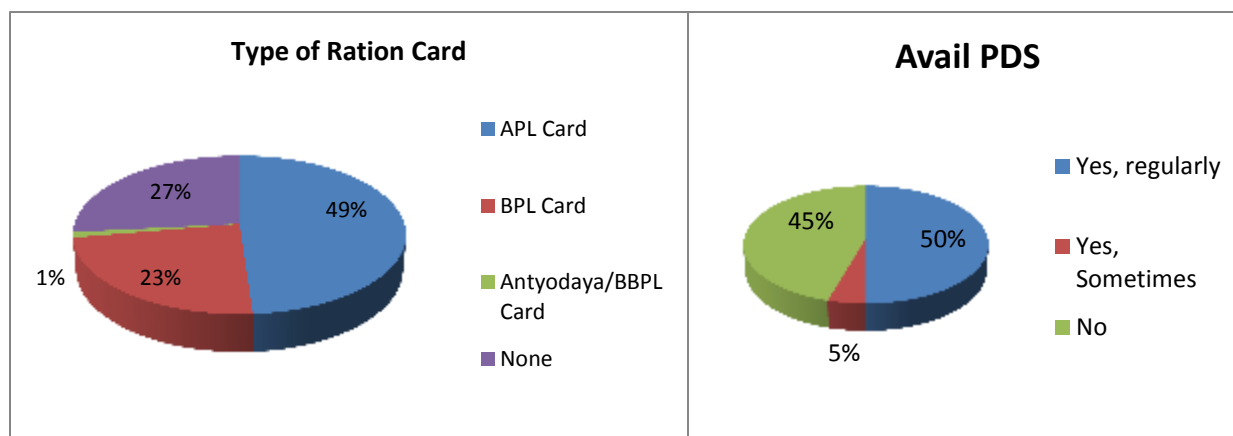


institutional place. And the rest (11%) in a non-institutional place. In the age group of 0-3 years sex ratio is in favor of females which is 67% while male child are 33%. In case of mothers 79%

of the mothers gave birth to their first child between the age of 24-38 while 22% gave birth in the age between 18-23.

6.2.16.7 PUBLIC DISTRIBUTION SYSTEM:

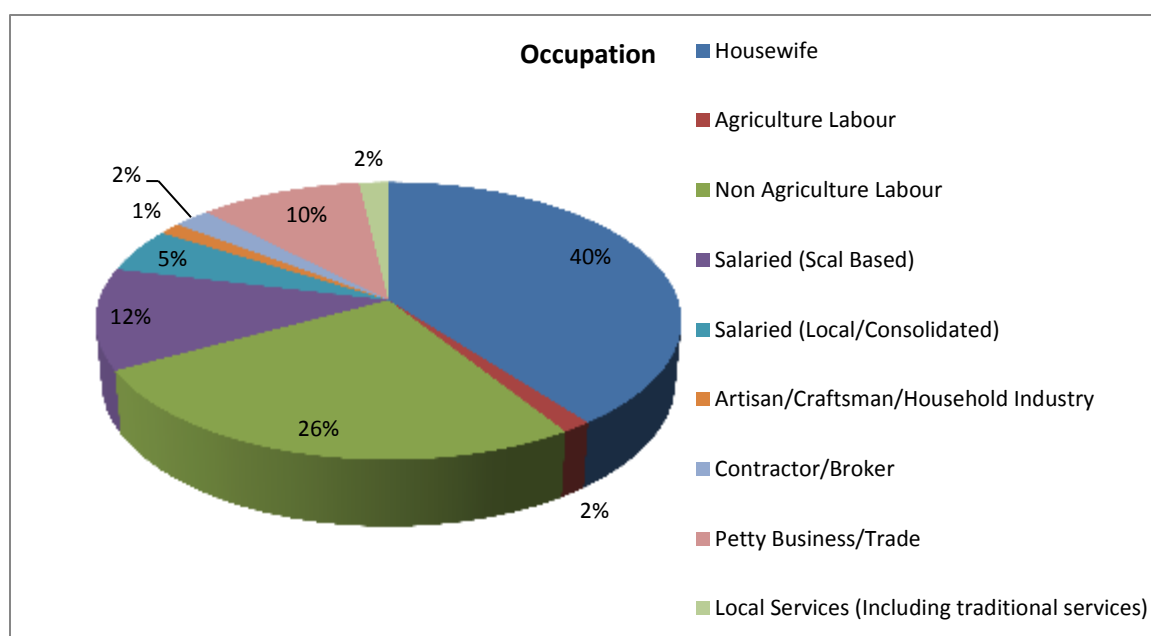
Most of the sample (92%) hold an APL card, whereas 4% hold a BPL Card and 2% of the sample hold an Antyodaya/BBPL Card while 2% of sample does not hold any card. Among the sample who holds ration card 89% of them regularly avail the PDS facility and the rest 11% of



the population only sometimes avail this facility.

6.2.16.8 OCCUPATION:

As reflected by data 15% of the village members have an outstanding loan on them, 38% of the sample reported woning agricultural land.



6.2.16.9 MAJOR PROBLEMS IN THE VILLAGE:

- **Health:** the PHC does not have the facility to have x-rays machine because of which the poor patients do not get it done. The nearest x-ray place is in Chandrapur 32kms, although WCL private hospital has the facility, non-employees are not allowed.

Most children go to convent only, very few percentage of children come to Anganwadi. Negligible children's presence creates disinterest among the workers and thus proper functioning is hampered. Correct count of malnourishment is not recorded. The food quality made by SHG groups for the mid-day meal is also not good.

- **Environmental concerns:** the village has serious environmental concerns like extreme dust pollution and industrial pollution.
- **Water:** Two overhead tanks with 15Lac & 1Lac capacity are not enough to cater to the village constantly increasing population of over 50,000.
- **Infrastructure:** The Anganwadi are 37 in nos. but total 37 rooms are not available due to lack of infrastructure & space. There are Anganwadi where 3 classrooms sit in one room.
- **Education:** Although accurate numbers of Anganwadi are available for the total population, the children aged 3-6 years in the area are not sent to the Anganwadi but are sent to convent schools. This is because the parents are economically well off & want their children to attend English medium schools. This also affects the Anganwadi system in the area, creating dis-interest among the Anganwadi workers & helpers & laid-back working condition.

RECOMMENDATION:

- Construction of water tank with capacity of water for a population of 50,000
- Provision of X-ray machine in the PHC.
- In order to improve the environment and eco-system of the village plantation shall be done along the roadside and in open areas in the village.
- Non-Agriculture labour is the most dominant occupation in the village and most of the people are involved in it after the women reporting their occupation as Housewife.

- Unemployment is major problem here and those people involved in the Farming and agricultural labour etc are very low. The suggested recommendation in order to improve economic security of the village few women and youth groups can be formed and shall be provided some Monetary support from the CIL so that they can start some small scale business such as Fisheries on agricultural activities in the village.
- Medical health camps is needed which can give information about government health schemes, of family planning as well as day to day health care activity. With regard to Maternal Health women shall also be encouraged and aware towards Institutional deliveries, Age at Birth and number of children and good for her reproductive health.
- A training and Awareness programme shall also be provided to the women and adolescent girls in the village with regard to the safe health practices.
- Awareness & training on toilet usage & sanitation habits.

7. KEY CONCLUSIONS AND RECOMMENDATIONS

These recommendations are common to all the studied villages and should be taken in collaboration with district administration, local panchayats and implementing agencies. It is advisable to have a MoU between all the parties before implementation.

7.1 WATER

WATER POLLUTION

Water pollution emerged out as a major problem wherein most of the respondents complained about the problem of fluoride and other pollutants (water pumped out of the mines) in the water.

7.1.1 High Fluoride Content

³¹World Health Organization (International Standards for Drinking Water) prescribes a permissible limit of 1.5 mg/L Fluoride content in groundwater. A study found out that almost 90million people out of which 6 million children are effected by fluoride contaminated water.

³²In the India state of Maharashtra, the content is as high as 6mg/L, which leads to dental fluorosis and skeletal fluorosis affecting bone and ligaments. Presence of high fluoride in the baseline survey villages were prominent from the mottled teeth of the children as shown to the researcher by the school teachers.

- Steps towards reducing the fluoride content in the water may be taken up as a crucial CSR activity by WCL.
- Very simple techniques for defluorination/ dilution are available which needs to be worked on in consultation with the Government bodies and specialized organization.
- There is availability of local raw materials to cater to the high fluoride content that needs to be implemented in consultation with the geological and geochemical investigations.
- Awareness about the ill-effects of the deadly Fluorosis disease needs to be made at the local village level.

³¹ http://www.nih.ernet.in/rbis/india_information/fluoride.htm

³² http://www.ucd.ie/dipcon/docs/theme07/theme07_09.PDF

7.1.2 Unprocessed Mine Water

Water is typically the prime environment medium (besides air) that is affected by mining activities. Mining adversely affects water quality and poses significant threat to the water resources. In some areas, the water from the underground mines are filtered and used in the WCL colonies, but in some cases it has been seen that the water is pumped out and directly diverted to the river or nullah in the area, polluting the local water body.

- WCL must take immediate steps to filter the polluted water by maintaining Standard India Practice³³.
- Immediate consultation with the Government departments for implementing Filter system scheme for all villages either individually or by forming cluster villages

DRINKING WATER AVAILABILITY

7.1.3 Installation of Solar Electrification Power System

A major problem in the baseline surveyed villages where found to be inadequate and irregular supply of electricity. Although most of the villages have constructed over-head tanks and household pipelines under the government scheme of 'Nal Jal Yojana', irregular supply of electricity effects the pumping of water out from underground or rivers and to supply through the pipelines to all households.

Chandrapur and Yavatmal districts have very high temperature in the summers and adequate solar exposure for the entire year. Application of solar power systems for domestic usage will solve electricity related problems for the villages, including drinking water availability.

- Create alliance with National Solar Scheme or Jawaharlal Nehru National Solar Mission.

7.1.4 Water-table Management and Water Harvesting

As most of the community depends on open sources of drinking water, the lack of it is one of the major issues in the villages. It was found that the water level in tube-wells and bore-wells was very low and the water dried up very quickly after the rainy season. There is no system to conserve the rain water.

³³ http://imwa.de/docs/imwa_1994/IMWA1994_Singh_679.pdf

- Essential steps to incorporate projects on watershed management in these villages.
- Link with local organizations working on environment issues and the Government departments for incorporating local techniques of water harvesting.

7.2 DRAINAGE, HYGIENE AND SANITATION

7.2.1 Open sullage

Most of the villages surveyed have uncovered sullage disposal system with few villages having open drains and most of the others having no drainage system at all. The waste flows across the roads and are worsened by cattle dung and other garbage which is also thrown outside the houses on the roads. The government representatives, health officials and school teachers claim that no awareness about diseases and unhygienic living style are given an ear by the local village people. These ill habits contribute to the spread of water borne and other diseases like diarrhea, dengue & malaria.

7.2.2 Open Defecation

Although quite a number of houses have toilets, built individually or under Government schemes, it was observed that maximum of them were not used for defecation purpose. It was observed that the village people used the road sides and other open areas to defecate. It was shameful to see children and the young women to face such situation.

- WCL must take the issue as a major CSR project along with the Government schemes in the area.
- Extensive awareness and training on hygiene and sanitation issues needs to be carried out in the villages. Special attention towards women and children should be made.

7.3 LIVELIHOOD

Unemployment is also a concern for the community. Panchayat officials in certain villages emphasized on the increasing number of unemployment among the youth. It was also observed by the Researcher that a considerable number of young men would be seen in the village huddling together and sitting idle. When queried, the senior respondents would retort that the youths are not interested in farming and agricultural work. They emphasized that since a major portion of

the agricultural lands were being sold out to the mining industry, farming occupation has restricted itself within the younger population. There is a significant belief among the senior respondents that the village youths are first generation learners and believe the profession of farming to be not worthy for them.

- Training on market oriented skills, required skills for mining industry.
- Skills like computer education, ITI training, ticketing and beautician training has increased in the market, can be undertaken as CSR projects to increase the employability of the community.
- Focus on Agricultural skill development and training may also be taken into consideration.

7.4 EDUCATION

A major concern among most of the villages were transportation problem among the students who goes out for secondary, higher secondary and college education. The problem sustaining in this area is due to distance of higher educational institutions, bad road condition with non-availability of school buses and irregular government buses and other modes of transport. This has increased the probability of high absentees and lack of interest for further study among the students.

The problem seemed grave to the researcher, as observed on her field survey, there were young girls who faced the major brunt of the situation. The parents were reluctant to send their young girls on irregular public bus services and other private autos.

- Most of the villages have requested for a solution to cater this problem may be addressed under the CSR activities, like making a school bus available.
- Since the villages are close by and have a small student population going for higher studies, a multipurpose bus route which may take a minimal charge from the community can be initiated. The concept of a mobile library along with a mini-science lab can be fitted.

7.5 HEALTH

Maternal Health

For child delivery and emergency medical attention, the villagers have to travel a certain distance to the community health centres, district hospital or private clinics. Due to very bad condition of

roads in the area, few Anganwadi and ASHA respondents have detailed about medical mishaps and critical conditions among the patients. This is a serious health issue of the area that needs immediate attention.

- Since the health Sub-centres are not well equipped, the patients have to travel far. CSR activity to strengthen the nearest health system to the village may be taken up.
- Although there is an ambulance available in PHC's, the availability is an issue when it comes to emergency. The villagers have to travel in private autos which are very uncomfortable. Initiating Mobile Health Vans along with the Government Health system and nearby Medical Colleges.
- It was observed that the WCL Hospitals are very well equipped, but only the WCL officials can use it and outsiders are strictly not allowed. As a CSR activity, one day of a week the hospital may be opened to the neighbouring villages.

Pollution

Another chronic health related problem was found to be of Upper respiratory tract disease and Skin allergies. Extremely high dust pollution in the area due to uncovered coal carrying trucks and dusty roads are the major reasons behind the health problems. Although it is mandatory to sprinkle water at intervals on the roads by the coal mines, it is seldom maintained.

- Regularity of water sprinklers and strict monitoring.
- Aforestation of road sides.
- Mobile Health Van for immediate relief to the serious health concerns arising out of pollution.