Report of Need Assessment Survey

Phase One: Singrauli, Madhya Pradesh

TISS- Northern Coalfields Limited CSR Project

Conducted by

National Corporate Social Responsibility Hub
School of Management and Labour Studies
Tata Institute of Social Sciences
Mumbai

Commissioned by
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Singrauli
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We are grateful to the Research team for conducting this extensive study efficiently. We thank them for diligently collecting the data from the field and coming out with the findings, analysis and this detailed report with recommendations.

Director,
NCSR Hub, TISS

B. Venkatesh Kumar
**List of Abbreviations**

<table>
<thead>
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<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<tr>
<td>CPSEs</td>
<td>Central Public Sector Enterprises</td>
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<td>NCL</td>
<td>Northern Coalfields Limited</td>
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<td>NCSR Hub</td>
<td>National Corporate Social Responsibility Hub</td>
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<td>TISS</td>
<td>Tata Institute of Social Sciences</td>
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<tr>
<td>DPE</td>
<td>Department of Public Enterprises</td>
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<tr>
<td>PDS</td>
<td>Public Distribution System</td>
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<tr>
<td>MGNREGS</td>
<td>Mahatama Gandhi National Rural Employment Guarantee Scheme</td>
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<tr>
<td>SC</td>
<td>Scheduled Caste</td>
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<tr>
<td>ST</td>
<td>Scheduled Tribe</td>
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<tr>
<td>OBC</td>
<td>Other Backward Class</td>
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<tr>
<td>PHC</td>
<td>Primary Health Centre</td>
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<tr>
<td>SHC</td>
<td>Sub-Health Centre</td>
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<tr>
<td>MDM</td>
<td>Mid-Day Meal</td>
</tr>
<tr>
<td>ITI</td>
<td>Industrial Training Institute</td>
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<tr>
<td>JSY</td>
<td>Janani Suraksha Yojana</td>
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<tr>
<td>ODS</td>
<td>Open Defecation System</td>
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<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
</tr>
<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
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INTRODUCTION

Corporate Social Responsibility: The big leap of the 21st Century

Corporate Social Responsibility (CSR) is taking a new big leap this century with the clear shift from philanthropy to a more responsible social development of India. This is being undertaken through the Central Public Sector Enterprises (CPSEs) in India with directives from the Department of Public Enterprises (DPE), Ministry of Heavy Industries and Public Enterprises, GoI. The National CSR Hub (NCSR Hub) located in Tata Institute of Social Sciences (TISS) is working in tandem with the CPSEs to achieve this feat. Baseline Survey or Needs Assessment studies are recommended by the DPE Guidelines to know the needs of the communities so as to implement sustainable CSR interventions.

This is a Baseline Survey Report done by NCSR Hub in 25 villages of Singrauli District, Madhya Pradesh as provided by Northern Coalfields Limited (NCL). The data collection process in the field was undertaken from November 23-December 17, 2011 with NCL functionaries facilitating the process. NCL commissioned this study to NCSR Hub by issuing a Work Order, in absence of the MoU between Coal India Limited (CIL) and in order to cull out the needs in the communities and thereby develop a sustainable CSR approach which can be replicated into meaningful interventions for the development of these locations.

Although with experience and passage of time, an outsider view is present on what the needs are of the community, yet it is pertinent to understand how the community views its own problems and needs. CSR in India, apart from creating a brand value for the company, is more important today to create stable communities. The CSR models in India have thus far excluded the beneficiaries from the planning processes, so the policies are disconnected with the people, who are the direct beneficiaries. So, the whole approach of conducting Baseline Survey is to bring views of the people as to what are the issues that they face; what is their understanding of development; which are the areas that need to be worked upon, and so on.

Northern Coalfields Limited (NCL) is a Mini Ratna Central Public Sector Enterprise, (A subsidiary of Coal India Limited). The mission of Coal India is to produce the planned quantity of coal efficiently and economically with due regard to safety, conservation and quality.
About Singrauli: *The Energy Capital of India*¹

Singrauli is the 50th district of Madhya Pradesh. It has been formed as a district after dividing it from Sidhi district. Singrauli has three tehsils namely Singrauli, Deosar and Chitrangi. It has three development blocks by the same name. The area in the eastern part of the state of M.P. and the adjoining southern part of Sonebhadra district in the state of U.P. is collectively known as Singrauli. Singrauli is emerging as India’s Energy capital.

Singrauli is fast emerging as the power hub of India, especially for electric power and coal and therefore locally it is also called as *Urjanchal* (a Hindi word which means land of energy). The total installed capacity of all thermal power plants at Singrauli is around 10% total installed capacity of India. Interestingly, the place was considered so treacherous that it was used by the Kings of Rewa State, who ruled the area till 1947, as an open air prison for detaining errant civilians and officers.

<table>
<thead>
<tr>
<th>Description</th>
<th>2001</th>
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<tbody>
<tr>
<td><strong>Actual Population</strong></td>
<td>920,169</td>
</tr>
<tr>
<td>Male</td>
<td>478,633</td>
</tr>
<tr>
<td>Female</td>
<td>441,536</td>
</tr>
<tr>
<td><strong>Sex Ratio (Per 1000)</strong></td>
<td>922</td>
</tr>
<tr>
<td>Child Sex Ratio (0-6 Age)</td>
<td>955</td>
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<tr>
<td><strong>Average Literacy</strong></td>
<td>49.25</td>
</tr>
<tr>
<td>Male Literacy</td>
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<td>Female Literacy</td>
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<tr>
<td><strong>Literate</strong></td>
<td>356,524</td>
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<tr>
<td>Male Literates</td>
<td>247,559</td>
</tr>
<tr>
<td>Female Literates</td>
<td>108,965</td>
</tr>
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</table>

¹ [http://singrauli.nic.in/abtsing.htm](http://singrauli.nic.in/abtsing.htm)

http://www.census2011.co.in/census/district/330-singrauli.html
Area of the Study: Villages under mining projects of NCL

NCL selected 25 villages across 6 locations for the Baseline Survey in M.P. in its Phase I. These villages are selected by different mining projects of NCL like Jhingurda, Gorbi, Jayant, Nigahi, Amlohari, and seven villages are in direct control of the Headquarters.

RESEARCH DYNAMICS

Methodology of the Study: Research design, methods and sampling

Methodology is the crucial part of the research study. The methodology helps in culling out important data from the field. The methodology used in the study was pre-decided by the researchers and modified according to the geographical areas. For these types of studies, the NCSR Hub uses an ‘exploratory’ research design so as to allow maximum flexibility to understand the areas and issues.

The sample size for the areas was 10% of the total households in each village. The researchers collected the qualitative information from Primary Health Centre (PHC), public schools and from the key persons of the villages like Secretary and Sarpanch.

The study was done holistically by using quantitative as well as qualitative methods of social science research. For obtaining quantitative information and understand the different emerging needs of the areas, a Household Survey tool was devised by the team. This method was used to get 10% of the Household data. The team used different qualitative tools like Village Profile, Health Profile, Education Profile, Aanganwadi Profile, and Focus Group Discussions (FGDs) to understand and obtain the qualitative data about these conditions in the areas. The study tried to gather the current scenario of the villages and had a solution-oriented approach in making efforts to understand what can be done to change the existing problems. The study had purposive sampling and so focused on the marginalised sections of the villages as the potential beneficiaries of CSR.

Data Collection Process: A focus on every tola of the village

The data collection was done by the team rigorously to cover the best possible data from every location. A team of four Programme Officers and two Research Associates gathered data by
visiting every village. The data was collected from every *tola* (area) of the village and the researchers kept the proportionate sampling in mind while collection data.

The report is divided into two parts. The first part will entail the analysis and findings from every site categorized into main heads like demographic profile, water facility, housing and sanitation, livelihood, education, healthcare, and major problems faced by the villagers. The second part of the report will cover the possible areas of interventions and will recommend the major programmes for CSR implementation.
BIRKUNIA PANCHAYAT (BIRKUNIA & PIPARKHAD)

Demographic Profile

Birkunia is a village near to the Singrauli Headquarters and it is an adopted village of NCL under CSR for the development. Thus, this village benefits from the CSR initiatives of the company like hand pumps, solar lamps, health camps, connectivity to Singrauli and other places through pucca road, community centre and other initiatives. Birkunia panchayat includes another village - Piparkhad as well. According to Census 2001, Birkunia is spread out in the area of 719 hectares with the total population of 1,743 persons with 881 males and 862 females and 285 households. The entire population belongs to Hindu religion. The majority of the population studied was Scheduled Tribes with 66.7%, Scheduled Castes were found to be 16.7%, OBC 11.1% and General 5.6% with only two families of Brahmins found. The major tribes in Birkunia are Baiga, Kol, Panika and Agariya with 43.5, 30.4, 21.7 and 4.3 per cent respectively. The major castes are Chamar, Bais, Brahmin and Sahu with 58.3, 16.7, 16.7 and 8.3 per cent respectively. Birkunia is divided in several tolas like – Bodha khadia, Jiganhwa, Khajura, Chuhar baniya and Dalla tola. Major issues were found in tolas which are in the remote and interior parts of Birkunia.

Piparkhad village was under Birkunia Panchayat. The total population is 3,253 persons with 1,700 males and 1,553 females and 232 households as reported by the Birkunia Panchayat. The total area of the village was 220 hectares according to Census 2001. The entire population was found to be following Hinduism. The Scheduled Castes were found to be 61.1%, Scheduled Tribes as 16.7% and OBC 22.2% of the total studied population. The major castes were found to be Chamar, Yadav, Bais, and Nai (barber) with 43.8, 12.5, 31.3 and 12.5 per cent. The major tribes are Kherwar with 66.7% and Baiga with 33.3%.

Water facility

The major sources of water are public wells used by 34.3%, government hand pumps used by 31.4%, private well by 20%, NCL hand pumps used by 11.4% and private hand pumps accessed by a mere 2.9%. The time taken in walking, fetching water and carrying it back ranges from 2 minutes when the source is nearby to 2.5 hours when the source is very far from the house.
People have to make up to 20 trips in one day to fetch water. Particularly, Bodha khadia, Khajura, Dalla tola and Jiganhwa tola face major problems of access to drinking water and water for irrigation.

In Piparkhad, the major source of water that the people access is hand pumps provided by the government with 61.9%. 14.3% have private wells, 9.5% people access public wells and the 9.5% have access to NCL hand pumps. Only one family out of the total interviewed families gets water from pond. People take 10 to 35 minutes to fetch water from these sources and the trips made to collect water are anything between 2 to 15 trips a day.

One common problem of drinking water in both the villages was narrated as water being unclean that leads to health problems. The hand pumps provide ground water which is unclean most of the time. There is no water purifier attached to the water resources to clean the water and that gives diseases related to stomach and so on.

**Housing and Sanitation**

A whopping 94.4% live in kuchha houses in Birkunia. This evidently causes the people difficulties in their day-to-day lives and especially during the rainy days. 86.1% of those interviewed have legal ownership of their land, while rest of the land is owned by the government land. These were particularly found to be Baiga and Agariya tribes in School tola, Dalla tola, Bodha khadia and jiganhwa tolas.

In Piparkhad, the situation of housing is comparatively better in terms of 52.6% having kuchha houses, 31.6% having semi-pucca houses and 15.8% i.e. 3 households having pucca houses. All the people own their houses.

The situation of sanitation in both Birkunia and Piparkhad, with 97.2% habituated to going for ODS in Birkunia and 94.7% in Piparkhad. Only one house in both the villages out of the studied population, belonging to Bais (OBC), had a flush toilet system. For ODS, they have to walk anything between 15 minutes to 1 hour to find proper space. Only 3 families mentioned distance to walk as difficulties faced by them in Birkunia, while in Piparkhad no difficulties were mentioned by the people in ODS. The reason is the inability to articulate the problems as they are living with these conditions since childhood. ODS is not a lack of choice but rather a habit for
them. There was no system of waste water disposal and garbage disposal found in either of the villages.

**Livelihood**

The major occupations in Birkunia village are manual labour, agricultural labour and agriculture. They were found to be 32.1, 11.2 and 10.3 per cent of the total studied population in this village respectively. The total studied population includes housewives, students and dependent population as well. In Birkunia, out of the population studied, 71.4% own agricultural land. Around 70% of the population own agricultural land from 0.5 to 5 acres. Most of the families are dependent on rains, while only 10 families responded that they use different sources of irrigation like wells, ponds, sprinklers and motor pumps. The major crops that grow in the village are maize, wheat, rice and arhar. Sarso, chana, udad, tili, bajra, jowar and vegetables are also grown in minor quantities.

In Piparkhad, 55.3% are labourers, 42.1% are into agriculture and one person each is in government and private service. 78.9% own agriculture land and 21.1% do not own any land. And they own between 0.25 to 18 acres of land. They are mostly dependent on rains as well but 6 families use wells, tube-wells and rivers as other sources of irrigation. Wheat, rice, and maize are the major crops and udad, chana and vegetables are other crops that they grow on their agricultural lands. Only 3 families use the produce for commercial use; the production is 200-15,000 kg with income between Rs. 15,000 to Rs. 1,40,000. The rest keep the produce for self-consumption. In Piparkhad, credit facilities are available for those who own land. The agriculture schemes from the government are 22 kms away in Krishi Samiti, Ramgad and this is inaccessible.

The Village profile also reflected that 20% of the people migrate completely from the village to outside towns or cities like Lucknow in search of better employment. They work there as contract labourers. MGNREGS is functional in both the villages and 88.9% of the population in Birkunia and 94.7% of the population studied in Piparkhad is aware of the scheme of the Central government via the Gram Panchayat and around the same percentage have Job Cards. The wages they get were reported to be between Rs. 50-100. The Gram Pradhan noted that they pay Rs. 122
for a full day’s work to the villagers for their labour, which was not reported by any of the villagers.

In Piparkhad, the village profile showed that there were 2 women’s Self Help Groups (SHGs) running in the village and one group was engaged in cattle rearing and the other in Mid-Day Meal preparation in the Government school.

Around 77% of the people interviewed take loans in Birkunia from landlords, moneylenders, banks and personal sources for reasons such as marriage, health and work. This is due to the low income levels that do not support their customs of marriage, lack of health facilities and hardly any livelihood opportunities. In Piparkhad, around 68% take loans from personal sources, landlords, moneylenders and banks as well. The reasons behind taking loans are work, marriage, health and personal reasons. They pay rate of interest of 5-10% at Rs. 100 per month.

**Education**

There are 2 primary schools and 1 middle school in Birkunia and Piparkhad. In Birkunia, after 8th class, for secondary school, parents have to send their children to Kareila which is 6 kms away. Colleges, ITI, Polytechnic etc. are in Waidhan which is 40 kms away and students have to stay there and give room rent and buses can be taken from the main road outside Birkunia.

There are issues related to education in Birkunia. 26.7% are illiterate in the village. 81.5% children go to school, while 18.5% are not enrolled in school even though they of school-going age and 61% of the children dropout of school, due to reasons such as distance to travel to school, unavailability of transport, child required for household work, farm, or to earn income for family, too much cost, not interested in studies, got married and even health issues. Of those who attend schools, 47.7% attend primary school, 20.6% attend middle school, 5.1% are in Higher Secondary, and only 3% i.e. 6 children are doing graduation and post-graduation.

In Piparkhad, 73.7% children are going to school while 3 do not go to school as they are required for household work or they are not interested in studies. Around 63% of the interviewed were found to have dropped out of school for reasons such as disinterest in studies, required for work on farm or family business, and others were dropouts due to distance of the school from home, required for household work, and age factor. According to the Education profile of a private
school in Piparkhad, the principal, stated the issues as lack of infrastructure for this school. The school had only one main hall and another verandah where 7 classes from 1st to 5th are held and there are no toilets or drinking water facilities either. 80 students attend this school and people are interested in education but the infrastructure is a major hurdle for this Saraswati Shishu Mandir School run by Gram Bharti Sanstha, an NGO.

Healthcare

Not surprisingly, the state machinery fails to provide for healthcare facilities to the people of Birkunia. There is no government dispensary, ambulance, PHC or SHC in this village. Government dispensary is in Singrauli and Chitrangi which is 36-40 km away and hardly any people visit there. People have to go as far as 8 kms to Piparkhad for basic healthcare from SHC or Private clinic. The doctor from the private clinic receives lot of faith from the villagers for years now and so majority of the interviewed population of 43.6% visits this private clinic. They spend a minimum of Rs. 100-200 there for minor illnesses. Other 28.2% go to private hospitals, 25.6% go to unqualified ‘jholachaap’ doctors and only one reported of visiting government dispensary.

Under the CSR initiative, NCL sends a medical van with a doctor on each Thursday to Birkunia. This van stays at the school (Panchayat Bhawan) for a couple of hours and people come to the school for treatment including free medicines. This treatment reaches a good number of people and they benefit from this once in a week. However, the drawback is that people in remote tolas like Dalla tola, Khajura tola, Jiganhwa tola are not aware of this and cannot avail the benefit of this scheme. The Pradhan reported that this facility was extended for people of Piparkhad also but this was not found with any of the respondents of the researchers.

In Birkunia, for major illnesses, 47.8% people go to private hospitals, 26.1% visit private clinics and 21.7% visit government hospitals. And they spend up to Rs. 15,000 depending on the nature of illness. They take loans for the expenses of the same. There are 1 or 2 people who go to govt. dispensary and unqualified doctors. Unfortunately, only 3 families have had institutional deliveries in the past, with 2 having visited government hospitals and 1 private hospital. Rest 91.2% of the total studied population had home-based deliveries. Only one family reported
availing the benefit of Janani Suraksha Yojana and they reported ASHA worker being available for them.

In Piparkhad, for minor illnesses, 65% of the people have access to private clinic which is accessed by people of Birkunia also. Others go for private and government hospital but these are not many. There was one chemist shop also found in Piparkhad. This could be due to the Private doctor accessed by people across the villages. For major illnesses, 52.4% go for private hospital, 33.3% go to the same private clinic in Piparkhad and 14.3% go to Government hospitals. 73.7% of the people interviewed had home-based deliveries and the rest 26.3% had institutional deliveries with 66.7% in Government hospitals and 33.3% in private hospitals.

**Major Problems**

**Birkunia**

As mentioned earlier, Bodha khadia, Jiganhwa, Khajura, Chuhar baniya and Dalla tola face major issues being in the remote and interior parts of Birkunia and consist of mainly Baiga, Agariya, Kol tribes. They face problems for basic facilities such as drinking water, housing, sanitation and roads. They live on hilltops and have to walk far for water. The facilities provided by NCL like hand pumps and solar lamps were said to have not reached them so far due to several reasons like conflict of interests between the various groups of the villages. Hand pumps and public wells are needed for drinking water, household use and irrigation also. Majority of the people i.e. 17.8% reflected drinking water as a problem and need. The village profile brought out that the drinking water was impure and unclean in the village.

Health and livelihood were the second most common problems reflected by people. People are compelled to go to private facilities and spend huge sums of money or worse still go to unqualified doctors in the village in any kind of illnesses. Further, related to healthcare malaria was a common problem. Also, in case of women, due to ODS, they face stomach problems due to lack of toilet facilities and an enormous number of 60% of the women in the village are said to be affected by the Gram Panchayat. Vaccination and nutrition, in case of children, is not proper as the coverage is not comprehensive for the new-born infants. So, post-natal care is needed for the infants.
Livelihood opportunities are absent and training centres were a requirement as people are in labour only. Moreover, the wages are very low and not sufficient to run a household. Thus, taking loans is a common feature. Amongst Baiga, Agariya, Kol etc. tribes this is a problem and it also affects their education and health as they cannot access these facilities due to financial problems. This was a major problem unanimously reflected by the villagers and the panchayat. Improving irrigation facilities in terms of water through hand pumps and stop dams and equipments can also help improve their situation as responded by them.

Housing is mostly kuchha and this is a difficulty as reported by 7.8% of the studied population as in 2010 many people’s houses were destroyed in the storm and rains. Pakka houses are not sufficiently provided for by the Panchayat under the Indira Awas Yojana of the Central Government. Illumination was also an issue pointed out by the people and solar lamps were not reaching the people in remote parts by the service providers. There are instances when people living in remote areas get solar lights at their door steps but if it does not work within a few months then they get no help to repair it. People also do not have money to maintain it and there is no help for this from the authorities.

Sanitation was also a problem reported by the same number of 7.8% people. As mentioned earlier, women face stomach related diseases due to lack of toilet facilities. This is because they do not have the choice to go anytime in the day if they want to or if they are having constipation. They stop motions because of unavailability of space and suffer from stomachaches. This needs to be checked by medical experts, but ODS was seen as a common problem.

Education was another problem that was reported by 5.6% of the population. There is a severe problem of dropouts in this village. For people in remote parts, a child going to school for 2 to 3 days a week is the concept of schooling. Rest of the days due to water bodies on the way or financial problems, and distance, the children are held back at home by the parents. Thus, access to schooling is a major issue with only 2 primary schools and 1 middle school in the village. Moreover, there is no high school, which becomes one more reason for people to stop the child’s education.

Roads, land, and wood were other problems that came out. There is a serious need for roads in the interior tolas. People of these tolas are disconnected from the outer world on a greater note.
The unavailability of roads disconnect them from the education, healthcare, etc. which ultimately leads to poor standards of living. They have to walk around 10 km to come to the road. Any facility like Mobile Health van cannot go to these people because of lack of roads.

A sub-aanganwadi centre, training centres for driving, ITI, tailoring, repairing of hand pumps etc. and bullocks for agriculture were major expectations from the villagers that came out through the Focus Group Discussion (FGD) conducted in Birkunia. The Sarpanch and Secretary mentioned irrigation, livelihood opportunities and housing as a major issue with a special focus on the needy tolas of ST category.

**Piparkhad**

Drinking water was a major problem for 23.5% of the population and this was mainly due to the impurities in water and less number of sources to get water. The village profile also brought out water for irrigation purposes as mentioned as a problem by the panchayat. Lack of facility for irrigation is reducing the option of livelihood for the poor villagers and such facilities could improve the economic levels of the families by giving greater agricultural produce. Roads figured as a problem for 17.6% of the studied population from the household surveys. 13.7% mentioned lack of livelihood opportunities as another issue. People are mainly engaged in labour work, especially in the tribal families. The labour work is restricted to manual labour because most of them are illiterate. Sanitation is noted as a problem for 9.8% people and the panchayat also pointed out the construction of private toilets would be helpful for the people. People are practicing ODS which is giving birth to diseases as well as illnesses. Illumination, health and irrigation are problems for an equal percentage of people. Housing and land were other issues reflected by around 5 people out of the total studied sample.
AJGUDH

Demographic Profile

Ajgudh village was under the Headquarters with a total population of 2,596 persons with 12% SC population, 62% ST population and 422 households in all. The population studied comprised of Hindus and the major castes were Chamar, Yadav, Bais, Nai, and Sahu. The major tribes are Gond, Kherwar, Baiga, Panika, Kol, and Agariya. Ajgudh is divided in 10 tolas and is a large village spread out over 2,079 hectares of total area. The tolas are –

1. Khas Ajgudh – OBC, SC, ST
2. Dubaiyah – ST
3. Kherwari – 80% OBC, 20% ST
4. Pateri – ST
5. Dhaudapadi – OBC, ST
6. Bandhawa – ST
7. Kachari – ST
8. Budhawa – SC
9. Bakhariwa – ST (Baiga)
10. Jhagarwa – ST

Ajgudh has several tolas that are remote, interior and far to reach due to the area being completely hilly, forest area and lack of roads. The research team has covered all the tolas to represent all the population to the best possible extent.

Water facilities

The major water resources are government hand pumps, private well, public well, and river with 29.4, 25.5, 15.7, and 11.8 per cent respectively out of the total studied population. Other sources are NCL hand pumps, public tap, private tap, pond, and naala. The time taken by people to reach the sources ranges from 10 minutes to 1 hour 20 minutes. And they have to make 3 to 15 such trips each day. For remote areas, it is highly difficult to access water for drinking and irrigation purposes.

Housing and Sanitation

Out of the 48 interviewed for Household Survey, 44 had kuchha houses and the rest 4 had pucca houses. This was seen in mainly all kinds of population, except OBC and General. The tribal
population lives on hilltops for farming and seclusion as is their way of habitat for years now. Thus, the type of housing is kuchha accordingly and they repair it repeatedly each year after rains and other seasonal difficulties. The ownership of housing was seen in 62.2% of the population, while 35.6% were staying on government land. This was mainly the forest land. And 1 house of those interviewed was rented. All those interviewed were going for ODS and they did not have toilet facilities. People take 10 minutes to 2 hours for ODS as they have to go far to find space. The major difficulty they shared was the distance they have to travel for defecation and others were problem for women to go into the open, health problems, lack of space, and seasonal difficulties in monsoon. There was no drainage or waste disposal system due to hilly region.

**Livelihood**

As found through the Village profile and the Household survey, majority of the population is occupied in Labour work. There are others in agriculture and one or two were found to be in government or private service. Most of the population studied that is 89.1% owned agriculture land, while rest 10.9% did not have any land. The major crops are maize, rice, wheat and arhar (pulses). Udad, tili, chana, jowar, kodo, java, and other vegetables are some other crops that they grow in minor quantities. Most use it for domestic purposes, while one Yadav (OBC) family and one Kherwar (ST) family were selling the produce for commercial purpose.

MGNREGS is functional in Ajgudh and 93% were aware about the scheme for employment and they all had Job Cards as well. Most of them had worked for 1 to 20 days in the last year and they had received Rs. 60 to 110 as per day wages. Most had got Rs.100 per day wages. Livelihood options are not sufficient and MGNREGS is not a long term option as they get hardly any work under the same and malpractices are rampant in the same. Agriculture has a lot of scope but lack of irrigation facilities makes the situation worse. Wells, Rivers and Tube-well water through motor pumps are some sources of irrigation but these are not sufficient as it puts financial constraints on the family and they have to take loans for irrigation, marriage, health and other personal reasons.

**Education**

Schooling is available up to Higher Secondary but the building is only for Primary and Middle school up to 8th class. Out of the studied population, the school going children are 87.5% and
those not going to school were found to be 12.5%. The reasons behind these children not enrolled in school was due to mainly education not considered necessary and child required for work on farm or family business. Other reasons of non-enrollment were outside work, household work, school being far away, disinterest in studies, etc. There are children dropping out of school for similar reasons, but the major reasons were child required to work to earn bread for family and not interested in studies. Other reasons were the same as cited above for non-enrollment.

Healthcare

There is one Sub Health Centre next to school building and 7.3% of those interviewed go to SHC for the treatment of minor illnesses. A whopping 60% go to private clinic for treatment of minor illnesses, while 16.4% go to unqualified doctors, 10.9% go to private hospitals, and rest two to three people go to government hospitals or take traditional treatment. For major illnesses, 46.5% go to private hospitals for treating major illnesses, 27.9% go to government hospitals, 23.3% to private hospitals, and only one reported of going to SHC. 90% have home-based deliveries and 10% have deliveries in hospitals. These 4 respondents have had deliveries in government and private hospitals. Malaria is a common problem amongst all villagers and kushtha rog (skin diseases) is a problem in women as mentioned by the Panchayat.

Major Problems

The major need that was mentioned by the people, like in all other villages, was drinking water, as showed by 25% of the population studied. This need is real in remote tolas as it is very difficult for them to access water and they have to walk far and make several trips in a day.

Approach road to the village is an urgent and pressing need. It was mentioned by the Panchayat and people that the road to enter the village falls under forest area and so companies do not intervene as Forest dept. has not given permission. However, in monsoon, this road is inaccessible and even on other days the condition is exceptionally poor to even walk. 23.1% people said roads inside the village were also a pressing need as they were troubled by the lack of pakka roads and even the kaccha roads were in such bad condition that it made the day-to-day travel as well as travel in evening or medical emergencies impossible.
Electricity and health received attention of 15 to 16 people. People use kerosene oil to light lamps and they need electricity for irrigation. Also, healthcare is available only for namesake in the SHC. The private facilities are far and expensive for them. They need some effective and cheap facility closer to home, so they can reach quickly in the times of need. The travelling time to access a clinic or hospital is excessive and this creates issues in times of serious and major illnesses.

Sanitation and livelihood each received attention of 6.5% of the population. All the people go for ODS and they require sanitation facilities as they face problems of space, diseases and seasonal difficulties. People have no livelihood options except agriculture and labour. There is need for better agriculture methods and more livelihood options.

Education, irrigation and transport were other needs of the people. The Village profile brought out the need of building High School structure, boundary wall for existing school, hand pumps in school, need for more teachers as currently, better quality of MDM, and bridge between main Ajudh to Bagaiyah so children do not miss school. The incidence of dropouts and non-enrollment is rampant and needs attention through providing support to the needy children coming from remote areas of Ajudh. Aanganwadi centres and primary schools are needed so as to help more children to engage in schooling from a young age and to inculcate the importance of education as well as interest in studies. Community hall was another need from the Panchayat but not people.

**KAREILA AND BARMANI**

**Demographic Profile**

Kareila is spread out in 3 to 4 km with SC, ST, OBC and General population being 33%, 10%, 50%, and 7% respectively. The scheduled castes interviewed were 48.9%, scheduled tribe 35.6%, and OBC 15.6%. The major castes found were Chamar, Yadav, Bais, Nai, Dhobi, and Prajapati. The major tribes were Kol, Panika and Gond. The only population found was Hindu population. The total number of households is 378. This village has strong caste discrimination towards harijan (SC) from the Bais families who consider themselves higher. There have been incidents of a harijan beaten up by a Bais family as the harijan’s cow went into his field. The major tolas of this village are –
Barmani has a total number of 202 households. The ST population out of the studied population is 38.5%, SC population is 30.8%, OBC population is 26.9% and the General is 3.8%. The major caste groups are Chamar, Bashor, Yadav, Bais, prajapati, Vishwakarma, and Brahmins. The major tribes are Kol, Panika, and Agariya. The maximum respondents belonged to Panika tribe. The caste discrimination was practiced in Barmani as well with Brahmins and OBC overpowering the SC and ST population. However, there were issues seen between the SC and ST population over drinking water as well.

**Water facilities**

In Kareila, 55.8% of the population studied is dependent on hand pumps fitted by the Panchayat for drinking and domestic purposes. 21.2% were found to be accessing NCL hand pumps. Around 13% were accessing water from public or private wells while rest of the population accesses water mainly from rivers or even ponds. They take between 10 minutes to 2 hours to fetch water in one trip and they have to make 3 to 15 such trips each day.

A similar situation was seen in Barmani, with 85.2% accessing water from Panchayat hand pumps in the village, while rest 4 respondents have NCL hand pump, public or private well near their houses. They also take 10 minutes to 1 hour to walk for water and they make 3 to 15 trips in a day. Drinking water and water for irrigation was an issue pointed out by both the Panchayats.

**Housing and Sanitation**

In Kareila, 80% of the people studied have kuchha houses, while 15.6% and 4.4% have semi-pucca and pucca houses respectively. 86% own them and 14% stay on government lands. In Barmani, 70.4% stay in kuchha houses, 25.9% stay in semi-pucca houses, and one family was
found to be staying in pucca house. 96.2% stay in owned houses while one of the total population was found to be staying in a rented house.

As far as sanitation is concerned all the villagers were found to practice ODS in both the villages. The villagers have to walk from 15 minutes to 2 hours for ODS in Kareila and they face issues such as problems for women to go out in the open, lack of space, distance to walk, darkness and seasonal problems like in rains. In Barmani, people walk 15 minutes to 1 hour to the field for ODS. There were no waste disposal systems found in the villages.

Livelihood

In Kareila, majority of the population is working as labourers that are 83.8%. Around 12% out of the total studied population were in agriculture, 3 persons were in government service and 1 was contractor. For agriculture, 68.9% own lands and 31.1% do not own agricultural lands and work as agricultural labourers or manual labour in the village. 59.3% of the farmers are dependent on rains and 14.8% have wells for irrigation through diesel motor pumps or manually. Rest of the people irrigates lands from tube-wells, river, canal, and hand pumps. There is a dam in the village but they do not have any mechanism to supply water to the nearby fields. Those who have the finances lay pipelines and pump up the water. But those who cannot afford it need facilities of motor pump to irrigate their fields. SHGs are present in Kareila. These are 3 groups of 12 women each, 2 are running MDM in the school and one is in the process of starting a dairy co-operative.

In Barmani, 61% were labourers, 32% were farmers and 4 others were in government and private service. 80.8% have land for cultivation and 19.2% do not have lands. People are dependent on rains here as well and others who irrigate land do it through wells and tube-wells via motor pumps, but these are not many. Rice, wheat and maize are the major crops in these villages.

MGNREGS is working in both the villages as all the people interviewed were aware of the scheme of the Panchayat, except one respondent in Kareila. 93.3% respondents in Kareila and 85.2% in Barmani had Job cards. They need livelihood opportunities like bricklins, training for men and women so they can be self-sufficient, as explained by the Panchayat.
Education

In Kareila, there is a school from Primary to High School and for College and higher studies they have to go to Baidhan or Pachor which are 40-50 kms away. Children from nearby villages also attend this school. Some children come on bicycles, but most come walking. The school is from 1st to 12th class. There are no seating arrangements in the school and even high school students sit on the floor on mattresses. There is no water facility. And even though there are 4 toilets, children don’t use them and go outside. There is no electricity and students sit in the heat and darkness. Many students do not eat MDM as there are instances when children found worms in the food; while some children practice caste discrimination and many students from General, OBC, ST and even Prajapati (SC) communities do not eat food made in MDM as the cook is from Saket (lower caste in SC) community. These details and issues came out of the education profile with the teachers and interaction with the students.

There are 37.1% people who are illiterate in the village, while 22% were still students in the village. 6 were found to have done Graduation and 5 had passed 12th. 82.5% of the children of those interviewed attend school and 15% do not attend schools. The reasons behind non-enrollment are lack of proper school facilities for girls, required for farming, too much cost, not interested in studies, etc. The phenomenon of dropout is mainly due to lack of interest in studies and financial reasons. They are required for household work/farming/ earning money and distance of school from home is far, or they have to get married at an early age. Child marriage is also an occurrence, which is a cause of dropouts in Kareila.

In Barmani, 88.9% of the children are going to school, while 25.9% are illiterate. 11 had completed 8th class, while only 1 had done 12th class and 2 had done Graduation in the sample studied. Three were not enrolled in school due to requirement for working on the farm, or taking care of siblings or not interested in studies. The major reasons behind dropouts were found to be lack of interest in studies, required for farming, or to earn daily bread for the family. Other children dropped out due to household work, marriage or financial reasons. The condition of education is not up to the mark and hardly any students continue after 8th class due to financial constraints.
Healthcare

There is a Sub-Health Centre in Kareila but it is not very well-functional. For minor illnesses, 56.4% of the villagers go to the private clinic in Piparkhad which is 8 kms away, as they have faith on this doctor and all the people of the nearby villages visit this doctor. 25.5% of the villagers go to unqualified doctors and some travel up to 10 km to Vaid chauraha for treatment of minor illnesses. 8 respondents said they even go to private hospitals while one or two go to SHC in the village, or government hospitals outside Kareila. On the other hand for major illnesses, 62.5% go to private hospitals for treatment, 20.8% go to the same private clinic in piparkhad, and 14.6% go to government hospitals while one person said they go unqualified doctors.

72.3% of the population has home-based deliveries and 23.4% said they have had deliveries in Hospitals. Out of these 53.8% have delivery in Government hospitals, while 46.2% delivered their children in private hospitals.

In Barmani, for minor illnesses, 76.9% of the population studied goes to private clinic in Piparkhad as they have no health facilities in the village and 15.4% go to private hospitals while 2 responded that they take treatment from unqualified doctors. 65.4% go to private hospitals like Nehru Hospital of NCL for treatment of major illnesses. 30.8% are compelled to go to private clinic in Piparkhad due to financial constraints. One respondent said they go to government hospital. For deliveries 84.6% have it at home only while 15.4% to either government or private hospitals.

Major problems

Kareila

Majority of the people mentioned drinking water as a problem as they have to walk very far to fetch water and even caste discrimination is practiced so they are forced to struggle for this basic necessity. Livelihood is another major issue as the financial constraints are causing them difficulties in all the spheres like housing, food, health, education, etc. They are willing to work in groups for brick-making or other training options. Lack of proper health facilities is also a problem. They require better healthcare for minor illnesses at least. Furniture and electricity in
schools were major needs that were observed by the team. Better irrigation facilities can improve the agriculture scenario here.

**Barmani**

One major problem in Barmani was seen with the elderly population as they are given no pension by the Panchayat and their children are not taking care of them. There was a case found where one lady was more than 100 years old and had no voters ID or ration card and had to beg for food. Similar cases were found amongst senior citizens who were more than 60 years of age. There are no health, proper housing, and pension facilities for them. They needed proper care and attention in the absence of anyone to take care of them. Education also needs more infrastructure and incentives to children and parents to complete their studies as the financial hurdles are many. Healthcare for all villagers is a necessity as most go for private and spend exorbitant amounts. Better irrigation facilities can improve the agriculture scenario here.

**KHIRWA AND CHATARI**

**Demographic Profile**

Khirwa has a total of 484 households and the population studied was majority Hindu population. The scheduled tribe population studied was 45%, OBC was 35%, scheduled caste was 15%, and General was 5%. The major castes are Chamar, Yadav, Bais, Dhobi, Brahmin, and Vishwakarma. The major tribes are Kol, Baiga, Panika, Gond, and Kherwar.

Chatari has a total of 311 households with 57% OBC population, 19% SCs, 14.3% General and 9.5% STs. The major castes are Chamar, Yadav and Bais, and Kherwar tribe was found.

**Water facilities**

People in Khirwa access multiple sources of water when one resource dries up. 36.4% use government hand pumps for daily use and drinking water. 18.2% use NCL hand pumps, 15.9% access public wells, 11.4% are using private wells, and 16% use other sources such as river, private hand pump, bore wells, and private tap. The process of walking and fetching water takes 10 minutes to 2 hours in one trip and they make 3 to 10 such trips in a day.
In Chatari, 42.9% of the population studied fetches water from public wells, 28.6% get water from government hand pumps, and 28.5% use NCL and private hand pumps and private wells. They take between 10 minutes to 1 hour for one trip to walk, get water and come back, and they make 3 to 15 such trips in a day.

**Housing and Sanitation**

In Khirwa too, as in all the villages, most of the houses are kuchha that is 77.5%, 20% are semi-pucca and only one was found to be pucca house. 78.9% own their house plot, 18.4% live on government land, and one was found to be rented. All the people were found to be practicing open defecation system (ODS) and they have to walk 10 minutes to 1 hour to and fro for defecation. They face difficulties in terms of the distance they have to travel to find space.

In Chatari, 61.9% live in kuchha houses, while 23.8% have semi-pucca houses, remaining have pucca houses. All the respondents own their respective houses. There are no sanitation facilities in this village as well and all the respondents go outside in the fields. They have to walk for atleast 15 minutes to a maximum of 1 hour for ODS. So they face problems of distance and women face problems to go out in the open.

**Livelihood**

In Khirwa, manual labour, farming, agriculture labour, government and private services are the various occupation people are engaged in. 72.5% of the population is engaged in labour work and 13.2% is engaged in farming, 12.1% is comprising landless agricultural labourers and one or two are in government and private service. 73.7% of the population own agricultural land and rest 26.3% do not own land. Majority of the farmers are dependent on rains and few use ponds, wells, canals, and tube-wells through motor pumps for irrigation. The major crops are wheat, arhar, maize and rice. They also grow udad, tili, chana, vegetables, etc. in minor quantities. MGNREGS is functional in this village. 87.5% of the population is aware of the scheme and rest 12.5% is not aware about this employment scheme from the Panchayat. Most of those aware of the scheme have job cards and Rs. 50, 90 and 100 are the most commonly paid wages per day. People even get between Rs. 28-85 per day depending on the work done and the Panchayat pays less on most occasions.
In Chatari, 47.9% and 43.7% are labourers and farmers respectively and 8.5% of the studied population is engaged as agricultural labourers. 76.2% own agricultural lands and rest are landless labourers. The farmers are dependent on rains and a few irrigate their land through canal and wells by extracting water through motor pumps and they grow wheat, arhar, rice, maize chiefly and udad, tili, chana, vegetables in minor quantities. Those having more than 2.5 acres of land and production of more than 1 quintal sell the crop and earn Rs. 10,000 to 15,000 for one-time crop. But these were found to be only 3 Bais (OBC) families. On the other hand, MGNREGS is functional in the village with 90.5% aware about the scheme and 85.7% have job cards. Most of the people have worked for 21-40 days in the last year, but they got only Rs. 60-80 per day instead of the standard rate of Rs. 100 for last year. Only one or two respondents had got Rs. 100 per day. The livelihood options are limited and wages are very low in the village.

**Education**

There are a large number of children in Khirwa who are not enrolled in school by their parents and also those who drop out of school midway. 66.7% children are attending school, while 33.3% have never been enrolled in school. The reasons cited by the parents were distance, neglect towards education, disinterest in studies, financial condition, and required for giving a helping hand on the field, in the house or in the family income. For drop outs, the major reasons are disinterest in studies and unaffordable schooling. Child working on the farm/household/for payment in cash, distance and education not considered important by the parents were other reasons. 31.6% of the population studied was illiterate, only 35.4% have completed education till primary level of 5th class. Only 16.2% have studied in middle school, and only 11.4% have studied after 8th class. This includes 3 graduates and 2 post graduates. The situation of education is thus very poor in Khirwa and needs serious interventions.

In Chatari, a whopping 42.2% of the people are illiterate and the highest level of education is up to 10th class only. There were no individuals found to have continued after Secondary school. 40.6% have studied up to primary level and this number keeps falling drastically. Only 17.2% had studied up to 10th class and only 2 persons had passed 10th. This is a dismal scenario of education. 73.3% children were enrolled in schools, while 26.7% were not even enrolled in any school and the reasons stated by 33.3% was required for work on farm/ family business.
Required for household work, not interested in studies and education not considered necessary by guardians was responded by 16.7% each. 17 children were found to be dropouts with 23.5% each stating reasons of working on farm and working to earn money. 17.6% each stated reasons such as too much cost and not interested in studies. Around 12% were required for household work like grazing sheep, cows, taking care of chores, and siblings etc. One more reason stated by one respondent was lack of proper school facilities for girls which compelled her to dropout.

**Healthcare**

There are no state government healthcare facilities in Khirwa. A majority of 62.5% of the population studied goes to private clinics for treatment of minor illness, while 32.5% go to private hospitals and 5% go to unqualified doctors in the village. 55% go to private hospitals for treatment of major illnesses. Also 27.5% go to government hospitals and 17.5% go to private clinics for treating major illnesses. Further, 82.5% of the women have deliveries in their homes only and 17.5% go to government (60%) or private (40%) hospitals.

In Chatari also there are no government facilities for healthcare. For minor illnesses, 46.2% go to private clinic, 23.1% each go to private hospitals and unqualified doctors and 7.7% visit government hospitals outside the village. For major illnesses, 63.6% go to private hospitals like Nehru, while 22.7% go to government hospital and 13.6% go to private clinics. 94.4% have home-based deliveries which is detrimental to the child’s and mother’s health. Even the post-natal care is not provided effectively by the Aanganwadi centre in the village and women and children are forced to go to Singrauli for immunization and vaccinations because of the hard conditions and unavailability of services at their door steps.

**Major Problems**

**Khirwa**

The major problems that 46.7% of the people in Khirwa narrate are mainly drinking water and electricity as they need more options for clean and nearby drinking water. 30.9% of the population mentioned roads, education and livelihood as the major issues. Education is lacking at the level of infrastructure as well as quality of teaching which is not encouraging people to send their children to school over the need to do household work or earn daily bread. Livelihood
options are not many and they require more opportunities for self-sufficiency and so as to improve their educational as well as healthcare facilities and their standard of living. Health, sanitation and irrigation are other issues that they face in the village. There are no subsidized and quality healthcare facilities in the village. Similarly there are no toilets and people have no awareness related to using toilets and their importance. Lack of irrigation facilities creates a problem to engage in agriculture to increase the production and make an earning out of it.

Chatari

The major problem faced by the people was of drinking water stated by 32.6% of the population and health stated by 17.4%. They earn Rs.100 a day and spend more than Rs. 100 on healthcare which is unfair on them as it is a lacuna of the state machinery and not a fault of the villagers. They face problems due to lack of electricity and livelihood options. Their standard of living is low due to mainly illiteracy and lack of livelihood options as well as irrigation facilities. Sanitation and education are other issues stated by the people. But education was found to be a major problem as there is lacking infrastructure and lack of interest in education due to adult illiteracy. These issues need to be tackled at the root.
JHINGURDA PROJECT

CHURKI AND CHAKARIYA

Demographic Profile

Churki is a village selected under the Jhingurda project of NCL and has a total population of 3,711 persons with 721 households according to Census 2001 survey of GoI. The village is 7 kms by 8 kms having 8 tolas (areas) in all namely, Khanana, Kopamuda, Parisidhwa, Sidhawa, Baura, Piprahwa, Isri and Dumbarchua tola. The village is a Hindu dominated one with Scheduled Tribe population as the highest with 1,662 persons and Scheduled Caste population is of 674 persons. Second largest population is of OBCs and rest is General population and the total of both is 1,375 persons. The major tribes are Kol, Baiga, Gond, Agariya, and Kherwar. The major castes are Chamar, Yadav, Bais and Sahu. The Bais and Yadav castes are the influential castes in this village and there is a stark difference in the way of living, income levels and facilities availed by these caste groups which are mainly in Sidhawa, Baura (main basti), Piprahwa (madh churki) and Isri (proper churki).

Chakariya is the other village selected under the Jhingurda project. This village consists of Hindu population and is a tribal dominated village. The total population according to Census 2001 is 2,254 persons, the Scheduled Tribe population is 1,998 persons and Scheduled Caste population is 149 persons. The major caste found was Chamar and major tribe was Gond, Panika, Kherwar, and Agariya. The total number of households is 384.

Water facilities

The major sources of water in Churki are private wells, public wells, NCL hand pumps, government hand pumps, river, and naala. A rare few have public and private taps. They take between 10mins. to 1.5 hours and they have to make 2 to 15 trips to collect water. This causes them great difficulty, but major problems faced are by the tribal belts in interior tolas like the SC/ST population in Dumbarchua, Khanana, Parisidhwa, Piprahwa, and Baura tola.

In Chakariya, hand pumps, wells and rivers are major sources of water. Taps and naalas are other minor sources. NCL hand pumps and government hand pumps are there in the village. Majority
of the population takes around 10 to 30 minutes to fetch water, while a few others take 40 minutes or even 1 hour to get water. And they make 2 to 15 trips in a day. This consumes a lot of time and more sources are needed as wells dry up in the summers.

**Housing and Sanitation**

In Khanana, Kopamuda, Parisidhwa, Piprahwah, and Dumbarchua tolas of Churki, there are mainly kuchha houses in 89.5% of the houses surveyed. The rest are semi-pucca and pucca houses. 59.5% of the houses are on Government land and 37.8% are owned by the people while one was found to be rented. In case of sanitation 100% of the studied population practice Open Defecation system (ODS). They take minimum 20mins to 2 hours to walk to the field for ODS. The difficulties that they face mainly are distance to walk and problem for women to go into the open. Other problems they face by practicing ODS are health problems, lack of space, seasonal difficulties, and darkness.

Chakariya has as many as 97.2% of the total studied population staying in kuchha houses and 20 out of 36 owning the house plots, while 16 living on government lands. The majority population, like everywhere else that is 86.1% go for ODS and rest of the population has pit toilets – public or private and public flush toilets. They have to walk 10 minutes to 2 hours for open space and they face problems of distance, health problems and no space for ODS.

**Livelihood**

The villagers of Churki are majorly engaged in labour work to earn livelihood. Agriculture is done by a minor number and few others are in Government service. The labourers found by the research team were 85.5% while 11.8% were farmers. 76.3% of those interviewed owned some land and they all use the produce for domestic purposes as it is not sufficient. 91.7% were aware about the MGNREGS and 94.6% had job cards in the village. The minimum wages per day that people get for daily labour are Rs. 100, while Rs. 122 for MGNREGS according to the Village profile done with the Panchayat. But the Household survey showed a different picture. The wages received are minimum Rs. 50 to Rs. 100 as the most common. Only one person responded Rs. 120 for MGNREGS work. The major crops that the farmers grow are Maize, Arhar and Wheat. Other crops are Rice, Java, Vegetables, Chana, Udad, Sarso, Tili, Jowar, Kodo, etc.
The major occupation in Chakariya is manual daily wage labour and a minor percentage is in agriculture. 6 out of those interviewed are in government service and others are in private services and small scale businesses. 91.7% of the people interviewed owned lands, but they use it for self-consumption only. 69% are dependent on rains for farming and rest of the people use river, wells, tube-wells and motor pumps. Also 91.7% knew about the MGNREGA for employment from Panchayat and 88.6% had job cards as well. They get Rs. 60-100 per day as wages for the same. The livelihood options are not sufficient for the villagers as majority are engaged in labour work and irrigation facilities hardly suffice for the purpose of farming. The problem in livelihood options is that the villagers are not aware of what they could do if presented with an opportunity. They are in need of orientation and capacity building of the appropriate skills.

Education

Churki

School is up to Higher Secondary in Churki. The High school is running in the building for Primary and Middle school. There is one Satellite Primary school in Khanana tola and one Primary school in Dumbarchua tola and one Primary to High School in Main tola of Churki. With the size of the village, the schools are not enough in this village. 64% children were found to be attending school while 18% were not enrolled in school. The reasons stated for this were distance, lack of transport, required for household work, and outside work for payment and on farm. There are cases of dropouts and reasons were distance, household work, outside work for payment, too expensive and lack of interest in studies. 65.7% have studied up to primary school, 86.4% have studied up to 12th class and 8.6% were found to be illiterate of those interviewed. But the highest level of education attained was found to be Diploma and Graduation.

As per the Education profile conducted in the Shaskiya High School, Churki, many issues came up. The school is on Tribal land since many years and it is a pakka building with classrooms, toilets, and hand pump. Major students come from ST category, also from OBC and lastly SC category. The number of both boys and girls decreases during the transition from Primary to Middle to High School as follows:
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Around 30 children drop out each year and more are boys. This is because the children have to work for giving a helping hand to their family income, less importance for education and too much distance from home to school and this is common in the tribal population. The govt. scheme of bicycle is only for children coming from outside the village and not for children who are coming from far off tolas in the same village. SC/ST scholarships are available for the backward section and no fees are taken from any of the students as this is a govt. run school.

The one honest but uncomfortable admittance of the school authorities was that they make the students only clean the toilets as they have no funds to appoint a cleaner. Further the children sit on the floor till even 10th class as no furniture is available.

There are some physically challenged children also who attend this school as the school for deaf, mute and physically challenged children is in Singrauli and Baidhan and parents do not have finances to send them there.

The major problem shared by the school authorities was of absenteeism as 20-30% of the children are absent 1-2 days per week, while some children are present for only 1-2 days per week. This is due to household work that they do in the night and cannot get up in the morning or goats grazing and such other jobs that they have to be present for when their parents go to earn daily bread. Another major reason is the river or naalas that keep the children of Kopamuda and Parisidhwa tola away from the school. Girls are not able to continue after 10th class due to marriage, financial conditions, and lack of transport and so the schools cannot even employ them for teaching as they are under-qualified.

**Chakariya**

There is one primary school in Chakariya and 16.9% of the total studied population has students. However, 44.6% of the population is illiterate. 36.9% have studied up to primary school and 48.9% up to middle school and 11 people responded pursuing or completion of Higher Secondary school. However, there were no respondents attained or pursuing higher studies or even Diploma amongst those studied by the team. 58.3% children were going to school while
41.7% were not going to school. The reasons for non-enrollment were mainly disinterest in studies, required to stay back for household work, work on farm, and work for payment in cash. Other reasons stated by 2 of the respondents were distance of the school being far and required to stay back for taking care of siblings. The same reasons were also stated for school dropouts with an additional reason of unaffordable costs of schooling. As far as the school infrastructure is concerned, the school building has been made since 2 years but is not at all functional and the food given in MDM in the existing school is not enough for the children.

**Healthcare**

There are no healthcare facilities in Churki. For minor illnesses, most of the population goes to unqualified ‘jholachaap’ doctors, that is 30.8% population and 28.2% of the studied population goes to private hospital. Rest of the 20.5, 17.9 and 2.6 per cent population goes to private clinic, government hospital and government dispensary respectively. For major illnesses, 48.6% of the people interviewed go to private hospitals, 35.1% go to government hospitals and rest 16.2% go to private clinics. The government facilities like PHC and SHC are in Singrauli. The deliveries take place mainly in the homes that is 90.6% are home-based deliveries. Death due to home-based deliveries and malnutrition are major problems in women and child health. Malaria, typhoid and lack of health centres for minor illnesses, deliveries and emergencies are other major issues.

People in Chakariya are compelled to go to unqualified doctors for treatment of illnesses as there is no government healthcare facility available. These are 64.1% of the total studied population. 30.8% go to private clinics and the rest 5.1% go to government hospital. For major illnesses, majority 51.4% go to private hospitals. 20% go to private clinics while the 14.3% each go to government hospitals and unqualified doctors. 87.5% of the women have home-based deliveries and 12.5% have institutional deliveries. And they have deliveries in private hospitals only. This is turning out to be highly expensive for them with no state healthcare facilities.
Major Problems

Churki

The major problems that come out of the household surveys are drinking water, roads, electricity, and health. Sanitation, education, irrigation, livelihood, transport, and housing are other problems stated by the people.

As per the Village profile with the Panchayat and the Education Profile with the High School, the need for primary schools in Kopamuda and Parisidhwah tola came out strongly. They justified this by saying that the lack of schools is leading to problems of absenteeism, enrollment and dropouts. During monsoon the rivers and naalas are filled with water and so the children have to stay back at home and miss school for 2-3 months. The Panchayat is unable to construct a bridge under MGNREGS due to lack of funds. Further, scholarships, bicycles, bus service within village and outside village are other issues that can be addressed to improve the level of education. Improvement in the existing infrastructure of schools by adding playground, merry-go-round, slides, swings, library, are other infrastructural requirements of the school.

Lack of health centres and uncared for aanganwadi centres are adding to the existing health problems like malaria, typhoid. Moreover, maternity deaths, ante-natal care, and malnutrition are issues that need serious intervention. Drinking water is an issue for interior tolas as they spend several hours of one day in collecting water only. Water for irrigation through stop dams and other equipment are issues that need to be addressed. This will improve the agricultural produce and standard of living of the people. The facilities provided by NCL like hand pumps and solar lamps were said to have not reached them due to the politics of the Gram Sarpanch and the power-holders in the village who get these installed closer in proximity to their houses. Other options of livelihood creation are required and the village profile suggested fishing, animal husbandry, stitching and sewing classes to work with groups of men and women. Toilets, pukka houses and roads in interior parts are other pressing issues of Churki.

Chakariya

As in the case of all the other villages, drinking water has received the maximum attention by the people. Water resources such as wells and rivers dry up in extreme summers and hand pumps are the only resource which are far and few in the village. This need was reflected by 28.4% of the
population studied by the team. Electricity was second-most on priority for 19.3% of the people as the entire population studied uses kerosene lamps for illumination, and only 2 out of 37 were found to be also using solar lights.

Health was articulated by 14.8% of the population and rightly so as they have to go for private healthcare and unqualified doctors for minor to major illnesses. The distance to travel, expenses and untimely treatment are obvious problems related to this kind of treatment. When healthcare is an issue, sanitation cannot be far behind. Around 9% of the people realise the need for toilets in lieu of Open Defecation System that they have to go for. ODS leads to diseases and people would prefer to go to functional toilets for cleanliness and comfort but this is not available and hence they are habituated to ODS.

Livelihood options are the usual ones with labour work and agriculture. They sell animal to get some money but this is not a long-lasting option. Employment is a major issue for people and there were innovative solutions put forth during the Household Surveys like animal husbandry, poultry related businesses, flour mill (atta chakki) for women, etc.

The other problems that also came out were roads, education, irrigation and transport. Although many did not respond about education, serious improvement in curbing the non-enrollment and dropout rates is required. This can be done at the level of infrastructure and secondly at the level of quality education that will make parents and children interested in education. Lack of interest and awareness were the root causes seen in education scenario in Chakariya.
GORBI PROJECT

SOLANG AND PADRI

Demographic Profile

Solang is under Block B, Gorbi project of NCL. Solang Panchayat has four villages i.e. Singahi, Thurwa, Rachgad and main village – Solang. Solang Panchayat has a total population of 1,495 persons with 762 males and 733 females and 211 households as per the latest Census 2001. The total area of the village is 367 hectares. The majority of the population following Hinduism is 77.1%, while a substantial population of 22.9% comprises Muslims.

Out of the sample interviewed, Scheduled Caste (SC) population in this village was found to be 44.1%, Scheduled Tribe (ST) was 11.8%, OBC was 8.8% and General was 35.3%. The major caste groups in this village are Chamar (harijan), Bashor, Dhobi, Brahmin, Kayasth, Pathan, Saeeyad, and Shah. The major and only scheduled tribe was Kol.

The total population of Padri is 1,787 persons with 907 males and 880 females. Apart from Padri, Chakuar is also in Padri panchayat. However, the village to be studied was Padri with 309 numbers of households. The maximum population is of ST with 962 persons (22 minorities included), General category with 587 persons, OBC with 418 persons and SC with 118 persons. The major castes are Chamar, Brahmin and Vishwakarma. The major tribes are Kol and Gon.

Water facility

In Solang, the source of water for majority of the interviewed sample is by hand pumps, that is, 61.8% get water from Government hand pumps, 23.5% from NCL hand pumps, 11.8% use private wells and rest have private hand pumps. They take anything between 10 minutes to 2 hours to fetch water from these sources, depending on their location to walk and the queue to fill water from the public sources. Additionally, they have to make several such trips in one day, from minimum 3 trips and up to 20 trips.

In Padri, majority of the studied population that is 59.5% has access to government hand pumps, 13.7% access private wells, and others use NCL/private hand pumps and public/private taps.
They take between 10 minutes to 1 hour to walk, fetch water and walk back in one trip. And they have to make between 2 to 20 trips.

**Housing and Sanitation**

The numbers of pucca houses are less compared to the kuchha houses in this village. There are 15.2% pucca houses and an equal number of semi-pucca and kuchha houses with 42.4% each. Majority of the households are owned by the families and not Government or NCL land.

Sanitation facilities are missing from this village as well as around 94% of the population has to go for open defecation system (ODS) in the absence of toilets. For ODS, people have to walk anything between 15 minutes to 2 hours each day. The problems faced by people are mainly distance to walk for an open space and difficulty for women to go out in the open. The Village profile and few respondents shared toilets as a need for better sanitation facilities. There was no system of waste water disposal and garbage disposal found in Solang.

Most of the houses are kuchha in Padri that is 66.7%, 27.8% are semi-pucca and 5.6% with pucca houses. And 87.5% own their houses. In the case of sanitation, 83.3% use ODS while 16.7% have private pit toilet facility. Those going for ODS have to walk for 15 to 80 minutes. There are pit toilets being constructed by the Panchayat under Nirmal Gram Yojana. The cost of one toilet is Rs. 2200 and this is in partnership model so the villagers have to contribute 1/4th to complete the roof and door of the toilet. These are not completed or used by most of the villagers as of now.

**Livelihood**

The major sources of livelihood here are agriculture, labour, service and business. 44.1% of the people own agricultural land and the major crops they grow are rice, wheat, maize, arhar (pulses) and vegetables. Around 75% of the population studied uses the crop produce for domestic purpose, as they do not have enough produce to sell. Only 25% uses the crop for commercial purposes as a source of their family income. On the other hand, 55.9% do not own any agriculture land and this area being close to the mines of NCL, 4.2% are engaged in service at NCL, while 2.4% in private service. There is also migrant population from Chattisgarh, U.P. and other areas in Solang.
MGNREGA is functional in the village and 84% of the total population studied knew about the scheme for employment. The wages stated by the Panchayat are Rs. 120 per day, but most of the people get Rs. 100 per day from the Sarpanch. One family even stated Rs. 40 as the wages per day. This is a common malpractice under MGNREGS. 62.5% had job cards and 37.5% did not have job cards according to the data collected, and the Sarpanch stated that there were 1000 new job cards which are around 66%. However, Sarpanch said that the people do not come for MGNREGS as far as possible and opt for other labour work instead. The reasons behind the same remain unclear, but one of the speculations is the low wages as well as lack of enough days of work provided by the Sarpanch.

There are some who are contractors and a considerable amount of 21.2% of the population is dependent. This includes toddlers, unemployed youth and elderly population. On a positive note, majority of the studied population of 34% are students. This shows that majority of the children are going to school or higher studies.

In Padri, the major sources of livelihood are labour work in NCL, MGNREGA and others, agriculture, private and government services. 54.5% own agriculture land and 45.5% do not own any land. The major crops grown are wheat, maize, rice, arhar, udad, tili, chana, vegetables etc. The major source of irrigation is rains, while other sources are ponds, wells and tube-wells. The panchayat mentioned that the non-irrigated land is massive and if there are irrigation facilities, better cultivation and production can be done as the land is very fertile. Currently they grow only one crop in monsoon. 82.9% are aware of MGNREGS and 77.1% have job cards. While 17.1% are now aware about the scheme and 22.9% do not have job cards.

**Education**

As seen earlier, 33.2% of the population interviewed belongs to the student category and 66.7% children attend school. The schools give Mid-Day Meal to the children and mostly they get on all 6 days of the week, but some said they get meals on 4 or 5 days a week. However there is still a small percentage of 8.3% who are not enrolled in school. The reasons cited were: school was too far away, transport was unavailable or they were not interested in studies. Taking a look at the break-up of school-going children, 27.3% are studying in Primary, 27.8% in Middle to
Secondary school, 4.5% in Higher Secondary, and only around 7.5% go for diploma, graduation and higher studies.

Fourteen respondents were found to have dropped out of school in Solang village and the major reason that was reflected by the guardians was disinterest in studies with 6 responding the same. Other reasons were that children were required on farm or for family business, required to work outside for cash, cost of schooling being unaffordable, or they got married. 20% of the children were found to work after school hours.

There are 3 primary schools and middle as well as secondary schools in Padri. Higher secondary school is not too far away as it is in Gorbi 6 kms away. College and ITI are only in Baidhan 45 kms away. Out of the studied population, 40.8% have studied up to Primary school. 8 people out of those interviewed have completed graduation. Further, 31% are illiterate in the village. Out of those dropped out of school, half of the population dropped out due to lack of interest in studies. While other reasons cited were working on farms, no importance for education, working for payment in cash, unaffordable costs and got married. One issue mentioned was children studying in DAV, DPS from the village, are not allowed to travel in the private buses of DAV, DPS as the conductor got them off the bus, holding their hand and said they are not children of NCL employees. This is despite of the fact that they were informed by NCL that they could send their children in the same bus.

Healthcare

According to the Gram Sarpanch of Solang and other Panchayat members, asthma, malaria and appendicitis are three most common problems in the village and these were the major epidemics in the last year. While gastric troubles are common amongst women, and pneumonia, fever, diahorrea are most common amongst infant and young children.

There are no health facilities in Solang, either government or private. Government facilities like Sub Health Centre, Primary Health Centre and Community Health Centre are in Morwa only. According to Census 2001 and Village Profile from the Panchayat of Solang, these government facilities are more than 10 km away. For minor illnesses, majority of the people interviewed i.e. 41.7%, visit private hospitals, 36.1% of the people visit private clinics, while a considerable
amount of patients i.e. 19.4% visit unqualified doctors, while a minor number is visiting Government hospitals due to the lack of them. Even for major illnesses majority of the people being around 70% visit private hospitals. 24.4% visit Government hospitals and rest 4.9% visit private clinics. Further, close to 94% of the population has a delivery at home only.

Thus, the situation of health is a major issue as there are no facilities in the village and other private facilities are far and expensive for the villagers. In fact, people are spending anything between Rs. 70 for consulting charges to Rs. 5000 for major treatments. One respondent said they had spent up to Rs. 40,000 and for this purpose they take loans. Not surprisingly, a majority of 55.2% stated health as the reason for taking loans at the rate of interest between 5-14% Rs. 100 per month.

Most of the population of Padri goes to unqualified ‘jholachaap’ doctors for treatment of minor illnesses. When that does not work, more than 45% go to private hospitals for major and minor illnesses. 33.3% go to private clinics for minor illnesses and rest go to govt. hospitals, dispensary, PHC, unqualified doctors. Other facilities that people access for major illnesses are 41.9% at government hospitals, rest go to government dispensary, private clinic and unqualified doctors. Malaria is a common occurrence. In two days, 82 persons were affected by the same. There were 82.8% having home-based deliveries and only 17.2% go for institutional deliveries to government and private hospitals. However, maternity deaths are an occurrence and 4-6 deaths have occurred in the last 2 months in the village which were home-based without any medical assistance. Further, outside health facilities are expensive and there are no health facilities available in the village for the people.

Major Problems

Solang

The major problems stated by people are drinking water, electricity, health facilities, livelihood, and education. A minor percentage stated roads, sanitation, land issues, irrigation facilities, wood and housing as other problems that the population faces. Particular to the villages in Solang Panchayat the following needs or expectations were put forth:
✓ **Singahi**: Drinking water, sanitation (toilets)
✓ **Rachgad**: Drinking water, irrigation facilities
✓ **Thurwa**: Received no benefits from NCL after taking lands so need all facilities which are drinking water, electricity, water, road, health facilities and education. Blasting causes damage to houses and pucca houses needed as cracks are caused in the walls.
✓ **Solang**: Blasting causes damage to houses. Drinking water, sanitation (toilets), electricity, health facilities.

For water, the villagers have to spend a considerable amount of time daily on walking and fetching water from the hand pumps which are far and comparative to the population, less in number. Moreover, majority of the people are engaged in labour work for daily wages and the livelihood options are not enough. This is also leading to financial problems, which are in turn causing issues in the schooling of children as well. The Village profiling brought out the need for employment of women for creation of livelihood other than labour.

In healthcare, the scenario is rather bleak and it is a major concern especially for minor illnesses and deliveries in Solang, which was echoed by the Gram Panchayat of Solang as well. Sanitation is another issue that needs some attention as maximum people practice ODS. This in turn breeds diseases and becomes a health issue for the people.

As far as education is concerned, lack of High school was reflected as a problem by the Sarpanch of Solang Panchayat. The issues of child labour, non-enrollment, and dropouts that came out in some percentage is related to financial reasons and lack of Government schools. Solutions need to be looked into to improve the scenario of education.

**Padri**

Pathar khuriya tola faces major problem of access to resources, roads, water, healthcare and even school. The Sarpanch does not pay any attention to this tola because it is in interiors of the village. Majority of the population studied mentioned drinking water as a major problem that is 28.2% of the population faces difficulties. The issue is the distance that they have to walk to access water so more hand pumps to be installed was a common need of the people. Electricity or illumination was another need showed by 15.4% of the people studied. Most of the people use kerosene oil lamps for illumination in the night. This makes studying and other work difficult for them.
Health and Livelihood was the third need reflected by 14.1% population equally. People are compelled to visit private facilities for even minor illnesses and they end up spending huge amounts on the same. Particularly for maternity health and deliveries, institutional facilities are required to curb maternity deaths and attention to mother and infants.

In terms of livelihood, people are mainly labourers and agriculture is largely dependent on rains. Therefore, irrigation facilities are required to improve farming and income levels thereof as well as livelihood options need to be explored to improve their standard of living. Sericulture was another option mentioned by the people in Paschim tola of Padri. There are employment issues in this tola for educated people. Roads, irrigation facilities, housing, land and sanitation were other issues that were reported by the people and were termed as other needs by 2 to 6 persons.

**SEMUAR**

**Demographic Profile**

Semuar is a village selected by NCL under the Gorbi Project. The total population of the village is 1500 persons and 148 households. The village is spread out in 2km by 3km. SC and ST population is 20% while OBC is less than 80% and 10-12 persons belong to General category. The major castes are Chamar, Bais, Sahu and Vishwakarma, with Bais being a majority. The major tribe found was Panika.

**Water facility**

50% of the population fetches water from private wells, while 28.6% fetch from government hand pumps. And the rest 21.3% fetch water from other sources like NCL hand pump, public wells and private taps. They make 4 to 15 trips in a day to walk to the source of water and fill water. Maximum people make 15 trips a day. Most people who have private wells take 5 minutes for one such trip but rest take more time.

**Housing and Sanitation**

76.9% of the houses are kuchha and 15.4% were pucca. Only one was found to be semi-pucca. 81.8% of the people own the house they stay in and rest live on government land. All the population interviewed go for ODS in the absence of toilets. They have to walk 10 to 40 minutes
to find space for ODS and they face difficulties daily in the distance to walk, lack of space, problem for women to defecate in open, health and hygiene problems and seasonal difficulties. The village is electrified and when it gets cut, they use solar lights or kerosene lamps.

**Livelhood**

The major occupation in Semuar is agriculture and daily wage labour. Many people go as contract labourers to Hindalco which is nearby. Villagers get work under MGNREGS and the wages according to the Panchayat are Rs.122 this year. 35 wells, 4 roads etc. has been under the scheme. 84.6% of the population studied was found to be working in the scheme and 92.3% had job cards. The wages they get per day are between Rs. 50 to 100. The labour work in the village also fetches Rs. 100 only for them. Such people in labour are 53.8% and another 15.4% is agricultural labourer. 23.1% are cultivating their lands. And two or three are in government or private service. Most interviewed had their own agricultural lands and the major crops are wheat, rice, arhar, maize and chana and they use it for domestic purposes as the produce is not enough to sell. The major cause behind minimal produce is lack of irrigation facilities. Those who have some finances or can get a loan, arrange motor pumps and irrigate from the wells. Others depend on the rains only. Thus, livelihood options are not enough or not even well-paying.

**Education**

There is a primary and middle school in Semuar. 70% of children go to this school or outside the village. After 8th class, students have to go to Kherkatta which is 5 km away. Colleges are in Baidhan which is 40 km away, but people attend school only up to 10th here. After 10th only 4 students were found to have continued education and one had completed Graduation. Those guardians who had not enrolled their children in school mainly stated reason of the child being required for working on farm/ or family business. Other reasons are lack of importance for education, required for household work, required to work outside for payment in cash or kind, unaffordable cost of schooling, and required to take care of siblings. For those who had dropped out of school, the major reason was required for working on the farm or family business and other reason was the child got married and had to leave studies midway. Other reasons were same as given for non-enrollment and also lack of interest in studies.
Healthcare

There are no health facilities at all in Semuar and 16.7% people visit unqualified ‘jholachaap’ doctors in the village for illnesses. There is one PHC in another village called Kasar which is in a different panchayat and is 4-5 km away and one respondent visits there and one goes to SHC in another village. 38.9% go to private clinics and 22.2% go to private hospitals for treatment of minor illnesses. On a positive note, one functional chemist shop was also seen in this village. For major illnesses, 50% of the population goes to private hospitals. 27.3% go to government hospitals and 9.1% each go to private clinics and unqualified doctors even for major illnesses. For deliveries there is no assistance and 72.7% have child-birth at home only. Rest of the population goes to government or private hospitals. Very few go to private as the cost is high and if they cannot go to government hospital, then they have it at home only. The knowledge of JSY and ASHA is not well-spread amongst the people and most are not aware of the benefits. Aanganwadi centre is there and some people avail the benefit of pre-school education and immunization. But the supplementary nutrition is not enough and there is malnutrition amongst the children as reported in the Village profile. Even for deliveries, complications are there but there is no sub-centre that can provide this basic facility of deliveries.

Major Problems

Semuar has problems like other villages related to drinking water, health, education, roads, etc. The household survey brought out 19.5% each mentioned drinking water and health facilities as a problem and 12.2% each mentioned roads and irrigation as areas of concern. 9.8% each stressed on sanitation and education. Others mentioned livelihood and housing facilities as a problem. The Panchayat and other village leaders mentioned Health, Education and Irrigation as a major concern.

To prioritise the problems in Semuar, Healthcare is lacking and problems related to home-based deliveries, malnutrition and other illnesses like malaria is grave. The environment for education is not very encouraging and people are not continuing after 10th class and pursuing higher studies. The non-enrollment and dropout in education is mainly inter-linked with livelihood issues. Agriculture is not improving despite landholding, as there are no irrigation facilities in the village except rains in the peak season. Also, more livelihood options are needed which will
improve their living standard and to improve the level of education as well. Better quality of education and better infrastructure for school is a need as the quality of education is poor and discouraging. Other needs are infrastructural, related to drinking water, roads, sanitation, and pucca housing.

**KHERKATTA PANCHAYAT (GANGI & KHERKATTA)**

Kherkatta is a Gram Panchayat and a village under Gorbi project. This Panchayat also includes Gangi village covered in this survey by the team. The total number of households in Gangi is 55 while in Kherkatta it is 207. In Kherkatta, 15-20% belongs to SC category, 30-35% belongs to ST category, 35% belong to OBC and 15-20% belongs to General category. The major castes in Khekatta are Chamar, Bashor, Sahu and Brahmins and the major tribes are Baiga, Panika and Gond. The tolas in Kherkatta are Uttar tola, Purab tola, Nebulaiyah tola, Jilla tola, and Main Basti. Nebulaiyah tola has mainly Baiga population and some Gond families too. Jilla tola has OBC and general population. Both these tolas are in deprived condition and have no electricity at all, while rest of the Kherkatta has electricity. In Gangi, 5% are from SC category (mainly Prajapati), while rest of the 95% are from ST category (mainly Gond). Purab tola and Gerwana tola are part of Gangi. Purab tola is near pahadi and has no electricity. Gerwana tola has SC and ST families and SC families are engaged in pottery. The people also engage in Dafali Gudum, a dance festival of the SC population.

**Water facilities**

In Kherkatta, the major source of water accessible by the people is public and private wells. When wells dry up they use other sources. NCL Hand pump is another major source available. Rest of the population uses government hand pump and taps. They have to make 3 to 15 trips in a day to collect water and one trip takes anything between 10 minutes to 1 hour to go and come back. In Gangi, most use private wells.

**Housing and Sanitation**

In Kherkatta, majority of the houses were found to be kuchha and 71.4% were self-ownership, while 28.6% were on government land. All the people go for ODS and they have to walk 15 minutes to 1 hour for space. They face difficulties related to distance, problems for women to go
into the open, no space and darkness. The situation is similar in Gangi in case of housing and sanitation.

**Livelihood**

The major occupation is agriculture in Kherkatta and Gangi. People are also engaged in daily wage labour as well as government and NCL service. Some also go as contract labourers in NCL and Hindalco. 80% were found to be engaged in labour work in Kherkatta, 15% in farming and 5% in private service. 66.7% owned agricultural lands but they use it for domestic purposes as the production is insufficient. In Ramgad committee for farmers and KCC committee for agri-loans are there. However, irrigation facilities are not there. Some access wells and rivers and irrigate their lands by using motor pumps in lean season. The major crops are wheat, maize, arhar, tili. MGNREGS is functional in this village and the people were aware of the scheme in both the villages. They got Rs.100 as wages last year for a day. 80% of the SC population migrate to Lucknow and work as construction labourers and stay there most of the year. They come to the village during festival seasons.

**Education**

There is a school in Kherkatta from Primary to Higher Secondary school. However for Nebuliyah tola the school is far and there is no separate building for Higher secondary school. Only 32.2% have studied up to primary level, 13.6% up to middle school, and similar number has studied from 9th to 12th class. Only 2 persons were found to have done Graduation. 80% children are going to school and 20% are not enrolled in school. The reasons of non-enrollment are mainly child required to work on farm or outside to earn daily bread. Rest 20% also had the problem of too much cost for education. The same reasons were stated behind children dropping out of school midway. 33.9% population is illiterate in Kherkatta. Gangi does not have these problems. There is one primary school in the village and after 5th class children walk to Kherkatta School that is in 3 km distance. MDM is not of good and the supposed quality that it should be as the children complain of the food quality and do not eat this food.
**Healthcare**

There are no health facilities in the entire Kherkatta panchayat. SHC is 5 km away in Kasar or Chingo and PHC is 45 km away in Chitrangi block. Government dispensary is available in Baidhan. For minor illnesses, 58.8% of the population goes to unqualified doctors in lieu of any facilities. 11.8% people go to the private clinic of NCL in Gorbi project, while rest of the population studied goes to SHC, government hospital, or take traditional home-based treatment. For major illnesses, 58.3% go to private hospital (Nehru NCL), 16.7% each go to government hospital and private clinic, and there is a chemist shop also in the village. Further, 84.6% have home-based deliveries and this is a common practice as people are unaware about ASHA workers and JSY schemes. Those who are aware use the Janani Express of Kasar SHC and ASHA takes them for delivery to the Sub-health centre in Kasar.

**Major Problems**

The major problems in Kherkatta panchayat were mentioned by people as drinking water, electricity, sanitation, housing and health. Education, irrigation and livelihood were other problems mentioned by them. The most pressing issues of the population are general healthcare and maternity healthcare; lack of school buildings for Primary section in Nebulaiyah tola, Kherkatta, and for Higher secondary in Kherkatta; livelihood options; and water for drinking and irrigation.
MUDWANI

Demographic Profile

Mudwani is selected by the Dudhichua project and adjoining the Dudhichua mines. It falls under the Municipal Corporation under Ward No. 16 (Pragti). Mudwani has a total population of 250-300 persons approximately, total number of households is 66 and the tribe residing here is Baiga.

Water facilities

For drinking water facilities, they are forced to dig a hole in the land and they drink the ground water which is impure and this leads to health hazards. There are 2 NCL hand pumps in the village out of which 1 is non-functional and these hand pumps are at fitted at a very far off distance so people do not access the hand pump and go to the lake to collect water.

Housing and Sanitation

In majority, people are living in kuchha houses and the land belongs to NCL, yet they have not received any compensation. The source of illumination is kerosene lamp and few of them have solar light, which is not functional due to lack of maintenance by the people and the company. They do not have any toilet facility and practice ODS. They face lot of difficulties like seasonal problems, distance, problems for women to go in the open. There is no drainage system and they dispose garbage nearby their house.

Livelihood

In majority, people do not have agriculture land, except a few, they are totally dependent on forest raw material/ resources and earn livelihood of Rs. 30-40 per day by selling these. Simultaneously, they are also working in coal mines as labourers, but the number is few. Some of them have livestock that is goat, and they use it as a source of livelihood by selling it in the market.
Education

There is one Satellite school up to 5th standard which reflects how under-developed and remote area it is. There is only one teacher for this school who comes for some hour to teach these students. For further studies, the students have to commute to Medhauli Government school, which is 10 km away and some children go there walking, by taking lift, or by bus. The children are going to Satellite school and after completing primary education most of the students quit their studies because of lack of financial resources as they have to spend Rs. 10 per day on travelling to Medhauli.

Healthcare

There is one functional aanganwadi centre running in the school and it provides supplementary nutrition and immunization. But, all children of the village are unable to access the services because of the distance. They have to walk kilometers to access these services. For minor illness, people refer to RMP/ unqualified doctors only and for major illness, they refer to government hospital but the number is few. In majority, deliveries are home-based. According to a respondent, a mobile van visits every Sunday and distributes medicines, without prescription or doctors, but the people dispose off these medicines as they cannot read and are not told the use of the particular medicines. According to the team’s observation, distributing medicines without a doctor and consultation is not only futile, but also hazardous.

Public Distribution System

Most of the people have BPL and AAY card and to avail ration they have to travel 10 km and due to distance problem, it is difficult for them to access ration. For BPL, it is 35 kg allotted, while for AAY it is 40 kg.

Major Problems

There are no roads in Mudwani. There is one huge lake which divides the village into two parts and the other part is the interior part of the village. There is one path through which they can walk across and reach the main village, but in monsoon season the path is submerged under
water and people have to swim to come across. This problem affects the families and they are not able to access the facilities in terms of education, healthcare, livelihood and others.

On the contrary, another issue is related to Rehabilitation and Resettlement (R&R) policy. The households of Mudwani need to be relocated and resettled to a habitat suitable to the Baiga tribe. As this land is of NCL and the issue is unresolved, the company cannot construct any infrastructure like pucca houses and development is not possible here. As this is a “Baiga tribe”, they are used to living in forest areas and so they are supposed to be resettled in forest land or area with water bodies, without disturbing their lifestyle.

In terms of drinking water, people are dependent on the lake water and water from holes in the ground. Hand pumps and drinking water with filter or chlorine tablets that is purified water supply is needed in Mudwani.

Livelihood options are very limited and giving technical training won’t suit the Baiga tribe. So traditional livelihood options are required and many options are possible through SHGs. Poultry, fishing (providing seeds), agriculture, horticulture (fertilizers and vegetable seeds), animal husbandry (goatry), etc. are viable options. Labour work and SHGs can bring up the income levels. The physical infrastructure made in the community can be given to the local tribe and they can construct the same to earn livelihood and learn construction for those interested. Vocational training in handloom is another possible option, though with market linkages only. Moreover, these options should be extended to youth and women as there is a problem of alcoholism in the older males.

Health is another major issue as there are no facilities for the people. The ad-hoc activities of mobile vans, health camps should be planned and people need to be informed well in advance. Special focus needs to be given to ante-natal care, post-natal care and maternity care. Awareness of health facilities of NCL hospital under CSR should be generated so maximum benefits can be availed. Alcoholism is an issue in the male members of the tribe which leads to health and livelihood related issues.

Distribution of solar lights to interior parts, maintenance and repair of existing solar lights can provide a good source of illumination to the village.
A general store for PDS is required and this can be provided in collaboration with the Parshad who is willing to provide support.

**JAYANT, NIGAHI AND AMLOHRI PROJECTS**

The following villages under Jayant, Amlohari, Nigahi and Dudhichua projects have been rejected on the basis of lack of needs after primary observations of the Research team and Project Co-ordinators:

**Jayant**
1. Jaitpur
2. Saraswaha Lal
3. Saraswaha Raja
4. Medhauli
5. Mirchagar

**Nigahi**
6. Itwa
7. Moher

**Amlorhi**
8. Kachni
9. Dasouti
10. Bharwaha
Possible Areas for Intervention

This section is going to recapitulate and provide a sharp look on the needs for every location. The major problems and needs related to every village were listed in the last sub-section of every panchayat. This section will prioritize the needs for every location and rationalize it as to why these needs are important for those locations. Broadly, drinking water, healthcare facilities, sanitation, livelihood options and education came out as the major needs for all the areas but there are some specific needs also. The broad as well as specific needs will be encapsulated and covered in the following table:

<table>
<thead>
<tr>
<th>Location</th>
<th>Needs</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birkunia</td>
<td>Drinking water</td>
<td>Bodha khadia, Jiganhwa, Khajura, Chuhar baniya and Dalla tola are in remote and interior parts of Birkunia and facilities of clean and sufficient drinking water are needed in these tolas in particular. This can be provided through more hand pumps located in each household OR overhead tanks and taps catering to each household.</td>
</tr>
<tr>
<td>Roads &amp; other Infrastructures</td>
<td>Roads</td>
<td>All the above-mentioned interior tolas require pucca roads as accessibility and connectivity to facilitate education, healthcare and daily commutation, as this is a major problem for the people of Baiga, Agariya and other tribes residing on hilltops there. Roads and bridges are needed urgently. These should have a longer life and the repairing and maintenance should be done through a consultative mechanism between the company and the District Administration. Pucca houses for the needy population are required. The tribes prefer to live closer to flora and fauna and this should be kept in mind while constructing houses for them.</td>
</tr>
<tr>
<td>Healthcare facilities</td>
<td>Healthcare</td>
<td>There are no government facilities for healthcare. Permanent medical dispensaries in interior parts with doctor, nurse and medication is required as the villagers are compelled to spend exorbitant amounts by taking loans on private healthcare. This facility should be capable of treating minor illnesses, deliveries, vaccination and referrals to hospitals for free medical treatment of major illnesses. Awareness of govt. schemes needs to be given as well.</td>
</tr>
<tr>
<td>Livelihood options</td>
<td>Livelihood</td>
<td>For people who own land, better irrigation facilities are required and for interior tribal areas, who are dependent on daily wages, more options are needed. Formation of SHGs like poultry, goatry, animal husbandry, women’s groups are options that need to be explored but with proper market linkages and monitoring. Training for car driving, ITI, repairing of hand pumps, solar lamps can help in maintaining the assets given to the villagers. These are only potential options.</td>
</tr>
</tbody>
</table>
suggestive options, not exhaustive.

<table>
<thead>
<tr>
<th>Education</th>
<th>There is a serious problem of dropouts and absenteeism amongst the children in remote parts like Khajura tola as they are unable to access the schools due to distance, lack of roads/bridges, financial issues. Bicycles, scholarships also need to be provided to all the children of these tolas. Scholarships for higher education with lodging and other expenses can be borne by NCL for needy and willing students. This is not an issue for people residing in the main village near school. Bus service is another possible option for the children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitation</td>
<td>Lack of sanitation facilities was a problem faced by the studied population. Almost all of the population in Birkunia is practicing ODS. The construction of toilets with infrastructure and flush water facility can bring a change in the practice. The need of behavior change is also there which will be the key to shift people from ODS to toilet use, and inculcate better hygiene habits.</td>
</tr>
<tr>
<td>Housing &amp; Illumination</td>
<td>Almost all of the studied population stays in kuchha houses. They need pucca houses as it is a problem in the monsoon season. Majority use kerosene lamps and the rest have electricity and solar lamps. Solar lamps are not available for people in interior tolas where it is needed the most. The company may dovetail with the State Govt. and help in providing infrastructure and connection for electricity to each household.</td>
</tr>
<tr>
<td>Piparkhad</td>
<td>People expressed more drinking water sources as a major need due to the distance they have to travel and unclean water that they get. There is a need for clean drinking water in all the regions of Piparkhad.</td>
</tr>
<tr>
<td>Livelihood &amp; Irrigation</td>
<td>Majority occupation is agriculture, but due to lack of facilities for irrigation, the cultivation and production is not optimum. So facilities of check dams, water shed management, loans for equipments are required to improve the situation. Livelihood options are required for more than half who are engaged in labour work. SHGs for men and women, ITI, are some options that can work.</td>
</tr>
<tr>
<td>Roads</td>
<td>Roads for connectivity and accessibility are required for interior tolas in the village as they have only kuchha roads inside. These should have a longer life and the repairing and maintenance should be done through a consultative mechanism between the company and the District Administration.</td>
</tr>
<tr>
<td>Ajgudh</td>
<td>Drinking water needs to be provided to all the tolas in Ajgudh as people have to travel long distances and make several trips in a day for water.</td>
</tr>
<tr>
<td>Roads</td>
<td>Approach road to the village is an urgent need in Ajgudh. Also pucca roads are needed in the interior parts which make walking a task everyday as well as in the monsoon season. There is an issue of Forest dept. land, so this should be in consultation with the Forest</td>
</tr>
<tr>
<td>Department</td>
<td>Issue Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Healthcare facilities</td>
<td>The Sub-health centre in Ajgudh is not in accessible condition. Permanent medical dispensaries in interior parts with doctor, nurse and medication is required as the villagers are compelled to spend exorbitant amounts by taking loans on private healthcare. This facility should be capable of treating minor illnesses, deliveries, vaccination and referrals to hospitals for free medical treatment of major illnesses. Awareness of govt. schemes needs to be given as well.</td>
</tr>
<tr>
<td>Livelihood &amp; Irrigation</td>
<td>89% of the people are in agriculture, but due to lack of facilities for irrigation, the cultivation and production is not optimum. So facilities of check dams, water shed management, loans for equipments are required to improve the situation. Livelihood options are required for people who are engaged in labour work. SHGs for men and women, ITI, are some options that can work.</td>
</tr>
<tr>
<td>Education</td>
<td>Bridge to connect the interior tolas to the main tola where school is located is required as children cannot walk across in rainy season. Better quality of teachers, MDM is also a need. Bicycles and scholarships can decrease the rate of dropouts and increase enrollment and attendance.</td>
</tr>
<tr>
<td>Drinking water</td>
<td>31.1% of the population mentioned drinking water as a major issue. They spend a considerable amount of time on fetching water every day.</td>
</tr>
<tr>
<td>Livelihood options &amp; Irrigation</td>
<td>More than 80% of the population is labourers and they require options to improve their income levels. SHGs for men and women like dairy products, brick-making, etc. are options. ITI and such functional training programmes can help them in availing better job opportunities. Water shed management, check dams and other techniques need to be explored for better irrigation and this will help them use the produce for domestic as well as commercial purposes.</td>
</tr>
<tr>
<td>Education</td>
<td>Furniture and electricity are the major needs here in the school. These need to be catered to by the company.</td>
</tr>
<tr>
<td>Elderly care</td>
<td>The team met elderly population aged 70 years to more than 100 years, who were left to fate and beggary for food and survival. Their children leave them due to poverty and migration for livelihood. The Panchayat is not interested in giving them any pension or care. They were living in pathetic conditions struggling for survival. This is an area where the company needs to intervene and introduce pension and care centres for the elderly from Barmani and even nearby villages, on a very urgent basis.</td>
</tr>
<tr>
<td>Education</td>
<td>Scholarships to children to continue after class 8th can be provided to incentivize higher education and decrease dropouts.</td>
</tr>
<tr>
<td>Healthcare facilities</td>
<td>Better healthcare facilities are needed as they go to the private doctor in Piparkhad or Nehru Hospital and spend exorbitant amounts on treatment of minor and major illnesses. Permanent</td>
</tr>
<tr>
<td>Place</td>
<td>Healthcare facilities</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Khirwa</td>
<td>Permanent medical dispensaries in interior parts with doctor, nurse and medication is required as the villagers are compelled to spend exorbitant amounts by taking loans on private healthcare. This facility should be capable of treating minor illnesses, deliveries, vaccination and referrals to hospitals for free medical treatment of major illnesses. Awareness of govt. schemes needs to be given as well.</td>
</tr>
<tr>
<td>Chatari</td>
<td>There are no subsidized and quality healthcare facilities in the village. This is also a major need for the people. Permanent medical dispensaries in interior parts with doctor, nurse and medication is required as the villagers are compelled to spend exorbitant amounts by taking loans on private healthcare. This facility should be capable of treating minor illnesses, deliveries, vaccination and referrals to hospitals for free medical treatment of major illnesses. Awareness of govt. schemes needs to be given as well.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>Livelihood options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khirwa</td>
<td>They require more opportunities for self-sufficiency and so as to improve their overall standard of living.</td>
</tr>
<tr>
<td>Chatari</td>
<td>More options to improve income levels and irrigation facilities are needed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
<th>Water facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khirwa</td>
<td>Drinking water and water for irrigation are both needs expressed by the community.</td>
</tr>
<tr>
<td>Education</td>
<td>More schools are needed in Kopamuda and Parisidhwa tola of Churki. Alternatively bridges need to be constructed so children from these tolas do not miss their school or keep away from enrolling. Building for Higher Secondary school is needed in Main tola. Bicycles, scholarships, bus services can incentivize them to attend schools. The existing school infrastructure can be improved by setting up slides, swings etc. for aanganwadi and younger children and library facility for older students to imbibe reading habits.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Infrastructure needs</td>
<td>Drinking water, roads and bridges are needed in the interior tolas and were the major areas where people face day-to-day difficulties. Illumination through solar lamps was also a problem noted.</td>
</tr>
<tr>
<td>Healthcare facilities</td>
<td>Aanganwadi centres are failing to achieve their purpose of providing ante-natal and post-natal care as the cases of maternity deaths and malnutrition are there. People access <em>jholachaap</em> doctors and private services for minor illnesses. Permanent medical dispensaries in interior parts with doctor, nurse and medication is required as the villagers are compelled to spend exorbitant amounts by taking loans on private healthcare. This facility should be capable of treating minor illnesses, deliveries, vaccination and referrals to hospitals for free medical treatment of major illnesses. Awareness of govt. schemes needs to be given as well.</td>
</tr>
<tr>
<td>Livelihood options &amp; Irrigation</td>
<td>More options like fishing, animal husbandry, to work with groups of men and women are needed. Water for irrigation through stop dams is needed.</td>
</tr>
<tr>
<td>Healthcare facilities</td>
<td>People access <em>jholachaap</em> doctors and private services for minor illnesses. Permanent medical dispensaries in interior parts with doctor, nurse and medication is required as the villagers are compelled to spend exorbitant amounts by taking loans on private healthcare. This facility should be capable of treating minor illnesses, deliveries, vaccination and referrals to hospitals for free medical treatment of major illnesses. Awareness of govt. schemes needs to be given as well.</td>
</tr>
<tr>
<td>Water resources</td>
<td>Lack of sources of water for drinking as well as irrigation purposes was shared as problems by the people.</td>
</tr>
<tr>
<td>Livelihood options</td>
<td>Employment is a major issue for people and there were innovative solutions put forth during the Household Surveys like animal husbandry, poultry related businesses, flour mill (atta chakki) for women, etc.</td>
</tr>
<tr>
<td>Education</td>
<td>Infrastructure to improve existing school structure as well as better quality of education is a need as the interest in education is lacking.</td>
</tr>
<tr>
<td>Illumination &amp; Sanitation</td>
<td>Illumination through solar lamps was a need that came out and toilets were expressed as a need by 9% who realised the issues of hygiene due to ODS.</td>
</tr>
<tr>
<td>Solang</td>
<td>Drinking water</td>
</tr>
<tr>
<td>Sanitation</td>
<td>Sanitation is another issue that needs attention as maximum people practice ODS. This in turn breeds diseases and becomes a health issue for the people.</td>
</tr>
<tr>
<td>Livelihood options</td>
<td>More options are needed to raise the income levels. The Village profiling brought out the need for employment of women for creation of livelihood other than labour.</td>
</tr>
<tr>
<td>Healthcare facilities</td>
<td>In healthcare, the scenario is rather bleak and it is a major concern especially for minor illnesses and deliveries in Solang. Permanent medical dispensaries in interior parts with doctor, nurse and medication is required as the villagers are compelled to spend exorbitant amounts by taking loans on private healthcare. This facility should be capable of treating minor illnesses, deliveries, vaccination and referrals to hospitals for free medical treatment of major illnesses. Awareness of govt. schemes needs to be given as well.</td>
</tr>
</tbody>
</table>

| Padri (Special focus to be on Pathar khuriya tola) | Drinking water | The issue is the distance that they have to walk to access water so more hand pumps to be installed was a common need of the people. |
| Roads | Roads are mainly required in Pathar khuriya tola to increase mobility and connectivity. These should have a longer life and the repairing and maintenance should be done through a consultative mechanism between the company and the District Administration. |
| Illumination | This is a requirement of the people as they face difficulties in studying and other jobs after sunset. |
| Healthcare facilities | People are forced to visit private facilities for even minor illnesses and they end up spending huge amounts on the same. Particularly for maternity health and deliveries institutional facilities are required to curb maternity deaths and attention to mother and infants. |
| Livelihood options | Irrigation facilities are required to improve the level of agriculture in the village. Sericulture was another option mentioned by the people in Paschim tola of Padri. There are employment issues in this tola for educated people. Other options for labour class need to be explored. |

<p>| Semuar | Healthcare facilities | Healthcare facilities are needed as there are no major facilities in the village and people have to go to RMP or private clinics. Permanent medical dispensaries in interior parts with doctor, nurse and medication is required as the villagers are compelled to spend exorbitant amounts by taking loans on private healthcare. This facility should be capable of treating minor illnesses, deliveries, vaccination and referrals to hospitals for free medical treatment of major illnesses. Awareness of govt. schemes needs to be given as well. |</p>
<table>
<thead>
<tr>
<th>Kherkatta</th>
<th>Education</th>
<th>The environment after 10\textsuperscript{th} class is not very encouraging for the students. Counselling in schools related to diploma and other options after graduation can be given to improve the scenario of higher education in Semuar.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Sanitation</td>
<td>General and maternity healthcare need medical attention and proper dispensary with doctors and other facilities. Toilets were a need of the people as they are compelled to go for ODS.</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Primary school building is required in Nebulaiyah tola as children of this tola find it difficult to access the school in the village. Higher secondary school was also a need reflected by the Panchayat.</td>
<td></td>
</tr>
<tr>
<td>Water resources</td>
<td>This is a need expressed by majority of the people as more hand pumps or water through taps is required by them as they take a lot of time to commute for fetching water. Water is also required for irrigation purposes.</td>
<td></td>
</tr>
<tr>
<td>Road &amp; Transport</td>
<td>There are no roads in Mudwani. People have to swim across the lake in monsoon or walk a long distance to come to the main village. Roads are thus required from interior parts till the main road. Transport to take people and children to and from the village to main markets, schools, town areas is an urgent requirement.</td>
<td></td>
</tr>
<tr>
<td>Drinking water</td>
<td>People are dependent on the lake water and water from holes in the ground. Hand pumps and drinking water with filter or chlorine tablets that is purified water supply is needed in Mudwani.</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>There is only a Satellite school up to 5\textsuperscript{th} class. If they want to continue after 5\textsuperscript{th}, they have to travel more than 10 km to Medhauli for which they have to spend Rs. 10 out of the daily earning of Rs. 30 (approx.). Thus, children are forced to drop out after 5\textsuperscript{th} class. A school from Primary to Higher Secondary should be there with good teachers so as to improve the level of education.</td>
<td></td>
</tr>
<tr>
<td>Livelihood options</td>
<td>Baiga tribe earns Rs. 30-40 per day only by selling forest leaves and wood. Livelihood options are very limited and traditional livelihood options are required like SHGs for Poultry, fishing (providing seeds), agriculture, horticulture (fertilizers and vegetable seeds), animal husbandry (goatry), etc. Construction work in the community can be given to the local tribe. Vocational training in handloom with market linkages can be done. Moreover, these options should be extended to youth and women as there is a problem of alcoholism in the older males.</td>
<td></td>
</tr>
<tr>
<td>Healthcare</td>
<td>A permanent healthcare facility for minor illnesses, deliveries, infant and child care is needed with chemist facility. A medical ambulance on-duty is also needed for major illnesses. Medicines should be strictly administered with proper medical consultation.</td>
<td></td>
</tr>
</tbody>
</table>
Electricity connection and Solar lamps are needed for the interior parts as they live in complete darkness and there is no electricity.

People of Mudwani have to travel 10 km to the ration shop and there is no guarantee that the shop would be open and travelling is a major hurdle again. There is a need for a building for PDS so that the Parshad can set up a shop there.

Pucca houses are a major need as well for the people as they face seasonal difficulties. Lack of toilets is another issue that needs attention as well as awareness, along with construction of toilets.

*The Research team recommends a meeting of the PSU, POs of Hub, and NGO (implementing agency) to discuss all the selected possible areas of intervention. This discussion can be focused on implementing strategies.*

**Special Note on Recommendations:**

*Healthcare* is a common problem to all the villages as there are no State Govt. facilities for them at subsidized rates and quality healthcare. Ad-hoc medical camps, weekly doctors, distribution of medicines are not helpful as they need facility on a regular basis. Permanent medical dispensaries in interior parts with doctor, nurse and medication is required. Awareness of govt. schemes as well as company’s CSR initiatives needs to be given as well.

*Livelihood* options are needed in almost every village as mentioned above. Options need to be devised for three categories: (1) those who are literate and educated; (2) those who have agricultural lands and; (3) those who are illiterate and landless. A systematic implementation and monitoring of SHGs; technical education; irrigation techniques and water management; scholarships and counseling for higher education are various options that need to be well-thought out and explored for sustainable changes.

*Education* needs focused intervention as and where required. Constructing a school building is not enough when the quality of teachers is poor or altogether unavailable. Furniture and school buildings are suggested, however, teachers from within the community, transport or TA/DA and salary to get teachers from towns are options that need to be discussed and implemented. Scholarships, bicycles and other transport facilities are required so as to make access to schools a routine activity and not a struggle for the children and parents.

*Infrastructure* like roads needs to be made such that it should have a longer life. And the repairing and maintenance of the infrastructure like roads, hand pumps, solar lamps, etc. needs to
be done through consultative mechanism between the company and the District Administration. The water should be arranged so as to be supplied door-to-door.

All these interventions require continuous monitoring by the CSR cell of NCL. Though the CSR team members are highly motivated but they are lacking resources. There should be sufficient nos. of vehicle so that they could move around the villages to assess the need. One of the vehicles should be for exclusive supervision of many of the civil works undergoing in each project of NCL. The constant involvement of District Administration is a must being great stake holder. Their programs could be dovetailed for the development of the area. All these are restricted in view of lack of vehicles as well as manpower. These need to be addressed on priority for the success of CSR activities.

CSR budget should not be used as observed in rehabilitated and resettled villages of the company. Those are the responsibility of the company as they are displaced and rehabilitated for mining operations. There also needs to be clarity on the villages acquired but not relocated by the company as they need serious attention and development. CSR initiatives and budget should be poured into the other villages and communities for long-term and sustainable development. This is also a specific suggestion that the various projects of NCL should join hands to select a few villages and concentrate on them, as current trend is of doing CSR project-location wise. This should be decided and devised at the Head Office level so as to formulate clear interventions and smother operations of CSR.

Moreover, CSR budget should not be used in any case for philanthropic activities either in form of donations to institution or state government or sponsoring activities not related to direct benefit of the locals / villagers living around the command area of NCL. Furthermore, more employees should be made aware of CSR activities and DPE CSR Guidelines by way of dissemination of information, advertising the achievements, sponsoring workshops, training programs etc. It should be a continuous process not one time activity. There should be dissemination of information to the community directly and not only through the Panchayat, about the CSR activities, benefits and how to access them. This will help the beneficiaries of the interior parts of the villages to access the facilities and thus benefit themselves as well as for the success of the CSR initiatives of the company.
**ANNEXURE-1:** The following is the total number of households as per Census 2001 data and the sample households for each village:

<table>
<thead>
<tr>
<th>Village Name</th>
<th>Total No. of Households</th>
<th>Sample Households (10% or depends)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birkunia</td>
<td>285</td>
<td>37</td>
</tr>
<tr>
<td>Piparkhad</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>Aigudh</td>
<td>422</td>
<td>28</td>
</tr>
<tr>
<td>Kareila</td>
<td>378</td>
<td>44</td>
</tr>
<tr>
<td>Barmani</td>
<td>202</td>
<td>27</td>
</tr>
<tr>
<td>Khirwa</td>
<td>484</td>
<td>47</td>
</tr>
<tr>
<td>Chatari</td>
<td>311</td>
<td>26</td>
</tr>
<tr>
<td>Churki</td>
<td>722</td>
<td>29</td>
</tr>
<tr>
<td>Chakariya</td>
<td>384</td>
<td>36</td>
</tr>
<tr>
<td>Solang</td>
<td>211</td>
<td>44</td>
</tr>
<tr>
<td>Padri</td>
<td>309</td>
<td>45</td>
</tr>
<tr>
<td>Semuar</td>
<td>148</td>
<td>13</td>
</tr>
<tr>
<td>Kherkatta</td>
<td>207</td>
<td>13</td>
</tr>
<tr>
<td>Gangi</td>
<td>55</td>
<td>5</td>
</tr>
<tr>
<td>Mudwani</td>
<td>35</td>
<td>3</td>
</tr>
</tbody>
</table>
ANNEXURE-2: TOOLS USED IN THE STUDY

Household Survey

State: District:
Tehsil/Taluka: Village:

(A) Basic Information
1. Name of Respondent (Optional):
2. Address (Number, Landmark to identify the House):
3. Religion: (a) Hindu (b) Muslim (c) Sikh (d) Christian (e) Jain (f) Buddhist (g) Others, Specify:
4. What is the caste or tribe of the family:
   (a) Caste (Specify) __________ (b) Tribe (Specify) __________
5. Is this a scheduled caste, a scheduled tribe, other backward class, or none of them?
   (a) SC (b) ST (c) OBC (d) General (e) None of them (f) Don’t know
6. Which Ration card do you have? (a) Yellow (b) White (c) Green/Blue (d) Others, Specify:

(B) Housing & Sanitation:

Housing
7. Type of house: (a)Pucca (b) Semi-Pucca (c)Kutcha
8. Ownership details: (a) Owned (Patta) (b) Govt.(Khate ki) (c) Rented (d) Others, Specify:
9. What is the source of Illumination? (a) Electricity (b) Kerosene Lamp (c) Candle (d) Solar Light (e) Petro-max (f) Gas (g) Others, Specify:
10. What is the source of water for domestic use? (a) Public tap/well (b) Private tap/well (c) NCL Hand Pump (d) Govt. tap/ hand pump (e) Pond (f) River Others, Specify:
11. (A) How long does it take to go there, get water, and come back in one trip? ….. Minutes ……. Kms
    (B) How many such trips have to be made in a day? (a) One (b) Two (c) Three (d) Four (e) More, Specify:
12. What type of fuel you used for cooking? (a) Wood (b) Coal (c) LPG (d) Kerosene (e) Dung Cakes (f) Bio-Gas (g) Others, Specify:

Sanitation
13. What kind of toilet facility is available for you? (a) Flush Toilet- Public/Private (b) Pit Toilet- Public/Private (c) Open Defecation System (ODS) (d) Others, Specify:
14. If ODS, what kind of difficulty do you or members of your family face?
15. How far do you have to walk? …………. Mins; …………. Km
(C) Socio-Economic Profile:

16. **Family Details:**

   (**Relationship**: 1= Head; 2= Wife; 3= Son; 4= Daughter; 5= Brother, 6= Sister, 7= Grandson; 8= Granddaughter; 9= Daughter-in-law; 10= Son-in-law; 11= Other relatives; 12=Mother; 13=Father; 14=Brother-in-law; 15=Sister-in-law)
   (Sex: 1= Male; 2= Female 3= Others, Specify)
   (**Literacy Status**: 1= Literate; 2= Illiterate)
   (**Occupation**: 1- Agricultural Labour; 2- Housewife; 3- Student; 4- Dependent; 5- Farmer; 6- Labourer; 7- Service 8= Others, Specify)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Relationship</th>
<th>Age</th>
<th>Education Status</th>
<th>Occupation</th>
<th>Income/Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Livelihood**

17. Does this household own any agricultural land? (a) Yes (b) No
18. How many acres of land do you have? ________ acres
19. How many acres of irrigated land you have?
20. What is the source of water for Irrigation? (a) Canal (b) Ponds (c) Wells (d) Rivers (e) Rains (f) Tube wells (g) Sprinklers (h) Others, Specify:
21. In how many acres of land do you grow crops? ________ acres

22. If family members are in agriculture, then:

<table>
<thead>
<tr>
<th>Crops</th>
<th>Production</th>
<th>Use</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
23. Expenditure incurred in work (Agriculture)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Equipment</th>
<th>Quantity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tractor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Plough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Fertilizers (khad)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Seeds (beej)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Tube-well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Generator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Thresher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Others, Specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. Livestock—

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Livestock</th>
<th>Quantity</th>
<th>Cost</th>
<th>Use</th>
<th>Income, if Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Goat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Cow</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Buffalo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Bullock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Pig</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Others, Specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. Do you have Vehicles? (a) Bicycle (b) Motor bike (c) Car (d) Others, Specify:

26. Have you migrated for livelihood? (a) Yes (b) No
   a) If yes, then where? (a) Rural Area (b) Urban Area
   b) What were the reasons behind migration? (a) Work/Employment (b) Business (c) Education (d) Marriage (e) Moved with Household (f) Others, Specify:

27. Do you know about the MGNREGA scheme? (a) Yes (b) No

28. Do you have MGNREGA job card? (a) Yes (b) No
   a) How many days did you get work in last year? (a) 1-20 (b) 21-40 (c) 41-60 (d) 61-80 (e) 81-100
   b) What are the wages you get in MGNREGA work? Rs. .......

29. From where do you get loans? (a) Landlords (b) Money Lenders (c) Personal Loans (d) SHGs (e) Banks (f) Others, Specify:
   i. What are the reasons behind taking loans? (a) Marriage (b) Work (c) Health Issues (d) Entrepreneurship (e) Others, Specify:
   ii. What is the rate of interest you pay generally? (a) Rs. ......./100/per month (b) Rs. ......./100/ per Annum (Percentage per Annum)
   iii. Is there any loan on you presently? (a) Yes (b) No
   iv. What is the amount of the loan? Rs. .........
   v. If yes, how do you intend to repay the loan? ..................
Education

30. Are children going to school? If no, what are the reasons for the same?
   a) School too far away
   b) Transport not available
   c) Education not considered necessary
   d) Required for household work
   e) Required for work on farm/family business
   f) Required for outside work for payment in cash or kind
   g) Cost too much
   h) No proper school facilities for girls
   i) Required for care of siblings
   j) Not interested in studies
   k) Others, Specify:

31. If there was a Drop-out in your family, what were the reasons for the same?
   a) School too far away
   b) Transport not available
   c) Education not considered necessary
   d) Required for household work
   e) Required for work on farm/family business
   f) Required for outside work for payment in cash or kind
   g) Cost too much
   h) No proper school facilities for girls
   i) Required for care of siblings
   j) Not interested in studies
   k) Got married
   l) Others, Specify:

Mid-Day Meal

32. Does the child get food under the Mid-day Meal scheme? (a) Yes   (b) No
33. How many times a week? (a) 1 day (b) 2 days (c) 3 days (d) 4 days (e) 5 days (f) 6 days

Researcher’s Comments:

34. Is there a functional Aanganwadi Centre in the village? (a) Yes (b) No
    a. Are there any Aanganwadi Workers/ Sahayika? (a) Yes   (b) No
    b. Do you send your children to Aanganwadi? (a) Yes (b) No
    c. What facilities do you get? (a) Immunization (tiika) (b) Supplementary nutrition (c) Pre-school education (d) Others, specify:
35. Does the child work after school hours and/or on holidays? (a)Yes   (b) No
(C) Health and Nutrition:

Health

36. Tick the applicable with the details (You can tick multiple options):

<table>
<thead>
<tr>
<th>Facilities</th>
<th>For Minor Illness (cold, cough, indigestion)</th>
<th>For Major Illness (Malaria, typhoid, jaundice, chicken pox, diahorrea, Pneumonia, T.B., HIV, uterus removal)</th>
<th>Cost Incurred (Per Visit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) PHC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) SHC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Government dispensary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Government Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Private Clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Private Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Chemist shop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Traditional Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Quacks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Others, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37. Were the deliveries in your family home-based? (a) Yes (b) No
38. If yes, then who assisted in the deliveries? (a) ANM (b) ASHA Worker (c) Traditional Birth Attendant (Dai) (d) None
39. Did any illnesses/deaths occur before or post-delivery? (a) Yes (b) No
40. If at hospital, then details:

<table>
<thead>
<tr>
<th>Type of Hospital (Govt./Pvt.)</th>
<th>Expenses bore</th>
<th>Benefits of JSY (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

41. Are ASHA workers and/or ANMs available in the village? (a) Yes (b) No (c) Don’t know

Nutrition

42. Can you access the purchase of grains and other constituents of meals from the PDS shop? (a) Yes (b) No
43. If yes, what do you get from the PDS shop? (a) Rice (b) Wheat (c) Sugar (d) Kerosene (e) Palm Oil (f) Others, Specify:
44. If no, what are the reasons for same? (a) No shop (b) Distance (c) Irregular functioning of the shop (d) Any other; specify:
### 45. Expenditure on Food Items During Last Month:

<table>
<thead>
<tr>
<th>Food item</th>
<th>Unit of Measurement</th>
<th>Quantity Consumed</th>
<th>Approx. Price (Rs.) Per Unit</th>
<th>Total Value (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Rice</td>
<td>Kg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Wheat</td>
<td>Kg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Jowar/ Bajra</td>
<td>Kg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Pulses</td>
<td>Kg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Green vegetables</td>
<td>Kg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Oil</td>
<td>Ltr.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Beverages (Tea, Coffee, etc.)</td>
<td>Kg.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Others, Specify:</td>
<td>Kg./Ltr./Dz.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 46. What are the five major problems faced or needs to be addressed in the village?

1. _______________________________________________________________
2. _______________________________________________________________
3. _______________________________________________________________
4. _______________________________________________________________
5. _______________________________________________________________

### 47. What are your expectations from Northern Coalfields Limited for the development of the village?
Village Profile

State: District:
Tehsil/Taluka: Village:

1. Total Population of the Village:
   a. Male: b. Female

2. No./Percentage of
   a. SC: b. ST: c. OBC: d. Gen:

3. Area of the Village (in Hectares):

4. Total Number of Household in the Village:

5. What are the major sources of Livelihood?

6. Name of the nearest town and Distance: ......................

7. Name and Distance to the nearest Railway Station:

8. Village Electrification: (a) Not Electrified (b) Electrified, but Irregular Supply (c) Electrified and Regular Supply

9. Educational facilities:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary School</td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td></td>
</tr>
<tr>
<td>Secondary School</td>
<td></td>
</tr>
<tr>
<td>Higher Secondary School</td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
</tr>
<tr>
<td>ITI/Polytechnic</td>
<td></td>
</tr>
</tbody>
</table>

10. Health Facilities:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub Centre</td>
<td></td>
</tr>
<tr>
<td>Primary Health Centre</td>
<td></td>
</tr>
<tr>
<td>Community Health Centre/Rural Hospital</td>
<td></td>
</tr>
<tr>
<td>Government Dispensary</td>
<td></td>
</tr>
<tr>
<td>Private Clinic</td>
<td></td>
</tr>
<tr>
<td>Private Hospital</td>
<td></td>
</tr>
<tr>
<td>Quacks</td>
<td></td>
</tr>
<tr>
<td>Traditional Doctors</td>
<td></td>
</tr>
<tr>
<td>Mobile Health Unit/ Visit</td>
<td></td>
</tr>
</tbody>
</table>

11. Other Facilities

<table>
<thead>
<tr>
<th>Facility</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Office</td>
<td></td>
</tr>
<tr>
<td>Telegraph Office</td>
<td>STD Booth</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------</td>
</tr>
</tbody>
</table>

12. Type of Drainage Facility in the village
   a) Underground Drainage
   b) Open Drainage
   c) None

13. Total arable (land used for growing crops) land in the village (in Hectares): Irrigated ……; Non-Irrigated ……

14. Main Source of Irrigation in the Village: (a) Rain Water (b) Tank/pond (c) Stream/River (d) Canal (e) Well (f) Tube Well (g) Others, Specify ……..

15. Main Crops Grown in the Village: (a) ………………………… (b) …………………… (c) …………….

16. Major government schemes available for agriculture:

17. What activity do the farmers’ communities engage in during the lean season?

18. What are the minimum wages the daily-wage labourers get?

19. Do people migrate to/ from the village for livelihood?(a) Yes (b) No

20. If any, what are the issues the migrant population faces?
   - Housing
   - Wages
   - Sanitation
   - Medical facilities
   - Approach roads

21. What are the traditional livelihood options?

22. Are there any Co-operatives in the village? (a) Yes (b) No

23. Are there any Self-help Groups currently running in the village? (a) Yes (b) No

24. What are the activities the members engage in the SHGs?

25. Which are the different credit systems available for the villagers?

26. What are the modalities to avail credit?

27. Do people work under MGNREGS? (a) Yes (b) No

28. What are the wages given under MGNREGS?
29. What are the traditional festivals/activities that the community pursues in the village?
30. In your opinion what are the problems in education?
31. Mention if any epidemic occurred in the last one year:
32. Mention if any natural calamity occurred in the last five years:
33. What are the two most important health problems in the village?
   1. __________________________
   2. __________________________
34. What are the two most important health problems faced by women and children in this village?
   1. __________________________
   2. __________________________
35. What are the two most important problems/needs in this village?
   1. __________________________
   2. __________________________
**Education Profile**

State: 
District: 
Tehsil/Taluka: 
Village: 

**Introduction**

1. Name of the School:
2. Other Schools in the Village/ Vicinity:
3. Name of the Board:
4. Run by:
5. What are the funding sources?
6. When was the school established?
7. What is the medium of instruction?
8. Up to which standard does your school provide education?
9. What subjects are taught in the school?
10. How many students are in school?
11. How many girls and boys are studying in school?
12. Where are the children coming from?
13. What is the mode of transport they use to reach the school?
14. What is the number of SC/ST/OBC/GC students?
15. How many teachers are in school?
16. What is the student: teacher ratio?
17. How many non-teachings staff is available in school?
18. Out of the total percentage of children in this village, what is the percentage of school-going children in the school?

**Infrastructure**

19. How many rooms are available in school?
20. What kind of seating arrangement is available in the classrooms?
21. List the facilities available? (Library/Computer centre/ playground/ water/ toilet)
22. Are the toilets cleaned everyday?

**Services/ Facilities**

23. What is the fee of your school? (Use different sheet)
24. Are the children provided with any books, uniforms, material, transport?
25. What kind of support does your school provide to the students from backward section?
26. Are there any differently abled children in the school? What provisions are available for them in the school?

**Teachers’ Profile**

27. Do the teachers live in the village or outside?
28. How many male/ female teachers are there in the school?
29. What are the educational qualifications of teachers teaching in your school? (Use a different paper)
30. How many years of work experience do teachers and principal have?
31. What is his/her vision for development of the school and education situation in this village?

Curriculum
32. What textbooks do you follow in the school? Are there any extra reading texts?
33. Are there any visual methods like Charts, posters, craft, activities, etc. to teach the curriculum?
34. Are the children given any sessions on reproductive health? If yes, can you tell more about the content?

Government Schemes
35. What is the status of Mid-Day Meal (MDM) in your school?
36. Is there a Gaon Shikshan Samiti?
37. Is there a Shiksha Karmi?

Track Record
38. What is the highest and lowest percentage your students achieve?
39. What is the passing percentage of your school?
40. What is the dropout rate of your school?
41. What are the reasons behind the dropouts of your students?
42. Have any girls dropped out of the school? What are the reasons behind it?
43. What do you do when dropout cases occur?
44. What are the challenges of retention/absentism of students in the school?

Other details (optional)
45. Is there any P.T.A. present in your school?
46. How often do you interact with the parents of students?
47. What are the major problems with schools in the village?
48. What kind of problems do you face, being a teacher of this school?
49. How do you deal with the problem(s)?
50. What are the changes in the past five years in the school?

Observations of the Researcher (To be noted by the researcher based on the observations)
✓ Condition of the school building
✓ Condition of the toilets
✓ Condition of the water facility
✓ Environment and locality around the school
✓ Photographs put up in the Principal’s room and other places in the school
✓ Classrooms – write about spaciousness, airy, light, seating arrangement
✓ Facilities seen in the school like garden, playground, games, sports equipments
✓ Other relevant observations
Health Profile

1. State:
2. District:
3. Tehsil/Taluka:
4. Village:
5. Do people visit the PHC or go to a private hospital? Why?
6. What is the rate of maternal mortality in the surrounding village(s)?
7. What is the rate of Neonatal Mortality, Infant Mortality and Child Mortality? (If high)
8. What are the reasons for high mortality rates, if any?
9. Are all women and children in the village immunized?
10. What is the level of awareness about HIV/AIDS and other RTIs/STIs?
11. What is the level of awareness about family planning and contraception?
12. Please tell us more about what kind of diseases do people largely, suffer from in the nearby villages?
13. What do you think are the reasons for it?
14. What is the attitude of the community towards immunization, health check-up etc?
15. Have they availed these benefits under ICDS and NRHM?
16. Who are the different kinds of health professionals who work at the PHC?
17. Are their services available everyday? (look for gynaecologist/obstetrician, ANM, AYUSH practitioners, paramedical staff)
18. What kinds of facilities are available in this health center, in terms of essential medicines, beds, and specialized care?
19. Is the supply of medicine is regular & sufficient?
20. How is the supply of electricity in the PHC?
21. Does the PHC have a generator?
22. How is the supply of water in the PHC? (in the answer given, look for what is the source of water, how regular it is)
23. Are there any water purifiers in the PHC?
24. What kind of waste disposal system exists in the hospital?
25. Does the PHC have any emergency vehicles?
26. Are they sufficient to serve the needs of all the villages around?
27. In case medicines are unavailable in the PHC, where do people go to buy medicines? (This question can be further probed in terms of rates of medicines available at the other source, how far is it etc)
28. Where do people go in a serious medical condition?
29. What kinds of difficulties do you face working here?
30. What do you think are the social problems of this village that could have an effect on the health of the community or some sections of the community?
Anganwadi Profile

1. State : 
2. District : 
3. Tehsil/Taluka : 
4. Village : 
5. How many children are enrolled in your AWC?  
   a. Infants (0 to 3 years) - 
   b. Toddlers (3 to 6 years) - 
6. How many attend on an average day in both age groups? 
7. How many AWW are there to handle the children? 
8. In your perception, what are the main reasons for irregular attendance of some children? 
9. How many pregnant women and nursing mothers come to the center currently? 
10. What are the facilities related to clean water and sanitation available here? 
11. What is the major illness that affects the women and children in the village? 
12. Is the process of vaccination of children, pregnant women and nursing mothers facilitated in the AWC or in the PHC? 
13. Does the ANM visit this center on a regular basis? 
14. How much fund does the Panchayat get for ICDS? 
15. Is this adequate to ensure normal functioning of the AWC? 
16. If NO, please explain the main consequences of financial shortage. 
17. Under the SNP, what kind of food is given to children in the age group of 0 to 3 years and 3 to 6 years? 
18. What is the attitude of women towards health education, health check-ups and immunization? 
19. What is taught in PSE (Pre-School Education)? 
20. Are there any infrastructural deficiencies that AWWs have to face? 
21. What are some other issues that you face? 
22. How do you think the AWC would function better? 
23. Among the services that you are supposed to provide at the AWC, which one do you find most difficult to provide? Why? 
24. What are the other problems that you face in your work? Please explain in detail. 
25. In your view, what are the main achievements of the AWC in this village?