Report of Need Assessment Survey

Phase Two: Sonbhadra, Uttar 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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Director,
NCSR Hub, TISS

B. Venkatesh Kumar
<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>CSR</td>
<td>Corporate Social Responsibility</td>
</tr>
<tr>
<td>CPSEs</td>
<td>Central Public Sector Enterprises</td>
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<tr>
<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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<td>DPE</td>
<td>Department of Public Enterprises</td>
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<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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<td>SHC</td>
<td>Sub-Health Centre</td>
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<tr>
<td>MDM</td>
<td>Mid-Day Meal</td>
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<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>
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<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
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<tr>
<td>AWWW</td>
<td>Anganwadi Worker</td>
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</tbody>
</table>
Table of Contents

Research Team at NCSR Hub ................................................................. 2

Acknowledgements ............................................................................. 3

List of Abbreviations ........................................................................... 4

Table of Contents ................................................................................ 5

Introduction ........................................................................................ 6

Corporate Social Responsibility ............................................................ 6

About Sonbhadra District .................................................................. 7

Area of the Study .............................................................................. 7

Research Dynamics ........................................................................... 8

Methodology of the Study ................................................................ 8

Data Collection Process .................................................................. 8

Villages under Bina Project ................................................................. 10

Barmani .......................................................................................... 10

Chanduar ...................................................................................... 10

Gharsadi ...................................................................................... 15

Jawaharnagar ............................................................................... 15

Basi ............................................................................................. 19

Jamshila ....................................................................................... 22

Villages under Krishnashila Project ...................................................... 23

Koharauliya ................................................................................... 23

Marrak ......................................................................................... 23

Mishra ......................................................................................... 23

Villages under Kakri Project ............................................................... 28

Ranhore ........................................................................................ 28

Jogendra ....................................................................................... 28

Gharbanda ................................................................................... 34

Villages not surveyed under Kakri and Khadia Projects (Rehta, Parasi, Ambedkarnagar, Khadia, Chilkatand) ....................................................... 36

Possible Areas for Intervention .......................................................... 37

Annexures ...................................................................................... 42-54
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 15 villages of Sonbhadra District, Uttar Pradesh as provided by Northern Coalfields Limited (NCL). The data collection process in the field was undertaken from February 15-March 01, 2012 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 Sonbhadra District

Sonbhadra or Sonebhadra is the largest district of Uttar Pradesh. It lies to the extreme southeastern part of the state, and is bounded by Mirzapur district in the northwest, Chandoli district in the north, Bihar state to the northeast, Jharkhand state to the east, Chhattisgarh state to the south, and Madhya Pradesh state to the west. The district headquarters is in the town of Robertsganj. It is the only district in India which borders four states namely Madhya Pradesh, Chhattisgarh, Jharkhand, and Bihar. It is currently a part of the Red Corridor.

<table>
<thead>
<tr>
<th>Description</th>
<th>2001</th>
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<tbody>
<tr>
<td>Actual Population</td>
<td>1,463,519</td>
</tr>
<tr>
<td>Male</td>
<td>770,897</td>
</tr>
<tr>
<td>Female</td>
<td>692,622</td>
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<td>Sex Ratio (Per 1000)</td>
<td>898</td>
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<td>Child Sex Ratio (0-6 Age)</td>
<td>956</td>
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<tr>
<td>Average Literacy</td>
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</tr>
<tr>
<td>Female Literates</td>
<td>183,510</td>
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http://www.census2011.co.in/census/district/571-sonbhadra.html

Area of the Study: Villages under mining projects of NCL

This is the Second Phase of Baseline Survey for NCL. NCL selected 15 villages across 4 locations for the Baseline Survey in Sonbhadra district of U.P. in its Phase II. These villages are selected by different mining projects of NCL – Bina, Krishnashila, Kakri and Khadia.

**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 underdeveloped tolas of the village**

The data collection was done by the team rigorously to cover the best possible data from every location. A team of two Programme Officers and three Research Investigators 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. There were pockets in most villages which were underdeveloped and in greater need than the rest and the focus was maintained on such tolas of the village.

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.
BINA PROJECT

BARMANI PANCHAYAT (BARMANI & CHANDUAR)

Demographic Profile

Villages: Barmani; Chanduar
Population: Barmani – 769; Chanduar – 885
Households: Barmani – 122; Chanduar – 150
Religions: Barmani – 94.7% Hindu, 5.3% Christian; Chanduar – 73.3% Hindu, 26.7% Muslim
Categories: Barmani – 89.5% SC, 10.5% OBC; Chanduar – 53.3% SC, 20% OBC, 26.7% General
Caste groups: Barmani – Chamar, Biyar, Kevat, Nai, Brahmin; Chanduar – Chamar, Biyar, Brahmin
Tribal groups: Barmani – None; Chanduar – None
Nearest Town: Bina, 1 km away
Nearest Railway station: Krishnashila, 3 kms away
Post-office: Bina, 1 km away (Barmani); Yogichauraha, 1 km away (Chanduar)

Barmani Panchayat comprises Barmani and Chanduar villages which are close to Bina project of NCL.

Housing and Sanitation

In Barmani, the construction of houses was found to be a mix of kutcha, pucca and semi-pucca houses. Out of the total studied population, 42.1% of the houses are kutcha, 36.8% were semi-pucca and 21.1% were pucca houses. 47.4% own the land they live on and 42.1% live on government land. The village being close to the mines, the kuchha houses face the effects of the blasting that takes place twice a day.

Majority of the population practices Open Defecation System (ODS) that is 89.5%. Only 2 respondents out of the total studied population was found to have private pit toilets in their respective houses. Rest of the population takes atleast 25 minutes to 1 hour to walk for ODS. During monsoon it takes upto 2 hours to walk to and fro. The difficulties entailed by the people

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2 According to Census 2001 Online Data; and Baseline Survey Data Collection 2012 by Research Team
related to ODS are distance, problem for women to go in the open, seasonal difficulties, and lack of space. Evidently, ODS causes them several inconveniences as only due to the absence of toilets they are compelled to go out for defecation. The village has no legal supply of electricity and more than 50% of the population studied is dependent on kerosene lamps for illumination.

In Chanduar 46.7% each stay in kutcha and semi-pucca houses. 60% stay on government lands and the rest own their houses. 76.3% of the people use kerosene lamps, candle and petro max. All the people interviewed use ODS and take 20 minutes to 1 hour to walk for ODS. They face the same problems as in Barmani.

**Water Facilities**

The sources of water are hand pumps and wells in Barmani. 30% of the studied population was found to have private wells dug in their premises for drinking water and water for domestic use. 25% have private hand pumps, while 20% each use government and NCL hand pumps. One family out of the sample accesses public wells as a source of water. People using public utilities for water take 10 to 30 minutes to walk for water to and fro and they have to make 4 to 10 trips in a day. In Chanduar 43.8% use private wells, 31.3% use government hand pumps, 18.8% use public wells and rest use private hand pumps. They take 10 to 30 minutes to collect water from public sources. They make 3 to 15 trips in a day for the same.

**Education**

There is one common government primary school for Barmani and Chanduar in Barmani Panchayat and one private school in Barmani. For middle school the children have to go to Kohrul 500 meters to 1 km away. Class 8th onwards they have to go out of the village. In Chanduar a primary school building has been constructed by NCL. This is not yet functional as the Panchayat is in the process of getting approval from the Government for the starting the school and getting teachers and other staff. A significant number of the population, that is, 38.4% of the total population studied, is students and 89.5% children in all are going to school. 26.4% of the population was illiterate. Only 2 were found to have reached graduation level. There are no seating arrangements in the primary school in Barmani and the toilets remain locked and are not given to the students to use. However, dropouts was a phenomenon observed in 11 children of the total population studied, with reasons such as too much cost, transport unavailable,
required for work outside for payment in cash, no proper school facilities for girls, not interested in studies, and others. 60.9% children are enrolled in private schools, while around 30% are enrolled in government schools. The two children from government school were getting Mid-day meal on all 6 days of the week in the school.

In Chanduar 28.9% are illiterate and 28.9% are student population, while 19.9% had studied after middle school. There were a few dropouts for mainly financial reasons as the cost of private schooling was unaffordable. School being too far away and lack of interest in studies were other reasons for dropouts. There are 23.5% students going to private schools. The children going to government school get mid-day meals but this is not regular.

**Livelihood**

The major occupation is contract labour and there are NCL employees as well. 23.2% are contract labourers. 5.6% of the sample is doing government service, private service, and small-scale business. Agriculture is not an option in this village. People had to give up their lands for the Rihand dam that was built several years ago. However, some people are farming on this land but they do not own the land. Two persons were found to be having agricultural land which was less than 1 acre in area. There are no other livelihood options for the majority population in Barmani. In Chanduar around 21% of the population is doing labour work. They get Rs. 100 per day as wages for labour work. There were 3 respondents who were farming but only for domestic purposes and they were also working as labourers for daily livelihood. Although some people have job cards in both these villages, the MGNREG scheme is not functional in Sonbhadra district of U.P. So there are barely any job opportunities for the people.

**Income levels**

In Barmani, half of the population is earning in the range of Rs. 2501 to 3000 per month as daily-wage labourers in nearby companies or towns. Only one respondent was found to be earning between Rs. 4501 to 5000 p.m. Due to low income levels and high expenditure, people take loans in times of crisis. 47.4% of the studied population takes personal loans from neighbours, friends, or relatives. One or two were found to be borrowing loans from money lenders and banks. The reasons stated were health, marriage and other personal reasons. Agricultural assets also figured as one reason to take loans.
In Chanduar, majority of the population that is 28% is earning in the range of Rs. 2501 to 3000 p.m. as daily-wage labourers in nearby companies or towns. People take personal loans health and marriage reasons mainly. Others take loans due to work and personal reasons. Thus, the lack of livelihood options is affecting their standard of living in terms of healthcare and other amenities as well as quality of life.

**Healthcare Facilities**

There are no healthcare facilities in either Barmani or Chanduar village. For minor illnesses, 45% of the villagers go to unqualified doctors/‘jholachaap’ and 45% of them go to private clinics outside the village. One or two go to private hospitals or take traditional treatment. They spend around Rs. 100-300 for the treatment. NCL camp is conducted twice in a year.

Bina Hospital of NCL has free treatment under CSR for the villages, but the villagers are unaware about the same and the respondents said that they are asked to pay Rs. 50-100 when they visit this hospital for minor illnesses. They are not given any payment receipt of the same even on asking for it.

For major illnesses, 78.9% go to private hospitals while 4 were found to be going to government hospitals and unqualified doctors even for major illnesses. They spend anything from Rs. 300 to Rs. 15000 depending on the nature and seriousness of the disease and the facility availed. 75% of the people have home-based deliveries, while the rest go to private hospitals. 42.1% of the people who go to hospitals for deliveries, are not aware about the Janani Suraksha Yojana. Tuberculosis is a common problem amongst men and women in Barmani. There is a functional aanganwadi for the young children and mothers, but only 10.5% send their children to aanganwadi and 52.6% don’t send their children. The facilities that people avail there are immunization and supplementary nutrition. Pre-school education and nutrition is not given to the children and mothers respectively.

In Chanduar, for minor illnesses, a whopping 81.3% go to unqualified doctors/‘jholachaap’ doctors while the rest go to private facilities. They incur anything between Rs. 15 to Rs. 500 per visit depending on the ailment and treatment. For major illnesses, the entire population studied goes to private hospitals of NTPC or NCL for treatment and they incur between Rs. 100 to Rs. 10000 for the treatment. Most deliveries take place at home and 2-3
deliveries which were institutional were mostly done in private hospitals. The one delivery that took place in a govt. hospital got the benefit of the JSY scheme. About aanganwadi facilities 64.3% were aware about the functional centre and AWW in the village but only one out of them were sending their children for immunization and supplementary nutrition.

**Major Problems**

*Sanitation and health* were the two major problems as narrated by the villagers. ODS is a common practice due to lack of toilets and they face lot of inconvenience. There are no *health* facilities in the panchayat. The villagers access private healthcare and thus spend exorbitant amounts and have to take loans for the same. As per the Village Profile, Tuberculosis is a common problem amongst men and women in Barmani and Chanduar. So there is a need for regular monthly camps on specific health check-ups and supply of medicines. The Pradhan also pointed out the need for a dispensary with doctors on daily-basis.

*Livelihood* is a concern for the people and the panchayat in Barmani and Chanduar. They require more options as currently there are no options for men, women or youth. The Pradhan mentioned that options like SHGs to work in groups, take loans, start a small business and return loans through earnings need to be explored.

*Education* is a concern so far as the quality of education in the government primary school and a need for middle and high school as well. The cases of dropouts are due to this reason that children and especially girl-children have to travel out of the village. The school in Chanduar, once started, needs to focus on this issue.

*Drinking water* was the third area pointed out by the people as they require more sources of water as the existing sources are not enough. *Electricity* is also a concern as they do not have any source of illumination except kerosene lamps. Those having electricity is not through legitimate means.
GHARSADI PANCHAYAT (GHARSADI & JAWAHARNAGAR)

Demographic Profile

Village : Gharsadi; Jawaharnagar
Tola : Pahadi tola, Azadnagar, Gharsadi (main village), Jawaharnagar
Population : 4000
Religions : Hindu
Categories : SC, ST, OBC, General
Caste groups : Chamar, Biyar, Kevat, Gupta, Rawat, Bharti, Vishwakarma, Brahmin
Tribal groups : Kol, Gond, Panika
Nearest Town : Bina, 1 km away
Nearest Railway station : Krishnashila, 2 kms away
Post-office : Yogichauraha, 5 kms away

The major problems were seen by the research team in Pahadi tola and Azadnagar tola which are located beyond the three railway tracks in Gharsadi. These tolas have not been rehabilitated so far by the company. The issues are mainly related to these two tolas as they were needy in terms of basic amenities also. The tolas adjacent to the main road, that is, Gharsadi main village and Jawaharnagar are comparatively developed and needs of healthcare came out from there.

Housing and Sanitation

All the houses in Pahadi and Azadnagar tola are kutcha houses. They are close to mines and live on NCL land as the issue of their rehabilitation is pending as explained by the Gram Pradhan. Therefore 71.8% do not own the land. They do not have any electricity and kerosene lamp is the source of illumination for 75.5% of the people along with candle and petro max. 23.1% of the population living in Gharsadi main and Jawaharnagar own their houses. The houses in these two localities were found to be semi-pucca or pucca. They have electricity in these better developed tolas of Gharsadi panchayat.

The entire population goes for ODS in the absence of toilets. They take minimum 15 mins to walk and a maximum of 90 mins. Around 48% take 30 mins to walk for ODS and this is a considerable amount of time spent. The difficulties they face are common problems of ODS like around 40% stated it is a problem for women to go into the open. This also restricts them from
going to defecate anytime in the day causing stomachs. Distance and seasonal difficulties are significant issues related to ODS. Lack of space and difficulties in forest were also reasons stated. One reason was also the risk factor to go out to the railway tracks particular to Pahadi and Azadnagar tola.

**Water Facilities**

The major sources of water are government hand pumps and private wells with 69% and 16.7% respectively using these resources. NCL, private hand pumps, public wells, and private taps are also in use but by a countable population. They take upto 10 mins to 1 hour to fetch water depending for the public sources depending on the distance and the crowd to fill water at one hand pump. This is a real problem in the case of Pahadi and Azadnagar tola where there are hardly any hand pumps. Many women and children were found to be crowding around one hand pump to fill water and carrying the heavy load several meters to their homes.

**Education**

A significant population is illiterate in Gharsadi i.e. 37.8% of the total studied population. 19.8% of the population has studied upto primary level. After Class 8\(^{th}\) and 10\(^{th}\) the numbers drop. Only 3.6% of the population studied had studied upto Graduation and Post Graduation and one had completed diploma. Only 38.5% of the population had school going children. 33.3% are not enrolled in school. Dropouts are also a phenomenon in 42.5% of the children who used to go to school. The reasons for non-enrollment and dropouts were distance of the school from home, transport unavailable, unaffordable costs, and health problems. However, the major reason stated by all the parents in Pahadi and Azadnagar tola was difficulties in crossing the railway track. The school is located beyond the three railway tracks in Gharsadi and parents do not send their children as they fear their safety. Moreover, as the parents are daily wage labourers there is no one to pick up and drop the children. Out of those going to school almost half go to government school and half to private school.

As far as the infrastructure for school is concerned, there is no school in Gharsadi. Kohrul village has a primary and middle school and they go to Jawaharnagar for secondary school. After Class 10\(^{th}\) they have to go to Audimode or Shaktinagar.
Livelihood

The major occupation of the people is labour work. Agriculture is only done in Gharsadi village and not in the Pahadi or Azadnagar tola. Few are engaged in government/private service, business, etc. 5 persons of the studied population own agricultural land and they use the crop produce for domestic purpose only. There is 15% of the population that migrates to rural/urban areas for work. People are aware about the MGNREGS but the scheme is not working this year in the district. Thus, there are not any livelihood options for the people of Pahadi and Azadnagar tolas. They are dependent on daily wages for livelihood.

Income levels

Majority people are contract labourers hence they earn Rs.50 to 120 per day. Around 34% of the population earns in the range of Rs. 2501 to 3000 per month. Around 18% earn only Rs. 1000 to 1500 monthly. Only around 7% out of those interviewed are earning more than Rs. 5000. People are compelled to take loans and around 53% take personal loans in times of marriage or hospitalization.

Healthcare Facilities

There are no healthcare facilities in the village and so 82% of the villagers go to unqualified doctors in the village for minor illnesses. 12.8% of the people go to private clinics for treatment while the rest few go to private hospitals. They end up spending Rs. 50-100 for the same. For major illnesses, 84.6% of the people interviewed go to private hospitals like NCL (25 kms away) and NTPC (10 kms away). Around 15.4% still go to unqualified doctors and private clinics. They spend Rs. 500 to upto Rs. 10,000 for treatment in the hospitals for major illnesses. For a person earning Rs.50-100 per day and no guaranteed income on all days of the month, this expenditure on healthcare is a huge burden.

Majority of the deliveries take place at home. One reason is lack of awareness about institutional deliveries and the other more crucial one is the lack of means like finances, transport, distances to reach the hospitals on time for deliveries. The failure of state machinery in terms of infrastructure and implementation of government schemes like Janani Suraksha Yojana
effectively. Not surprisingly those going for institutional deliveries are going to mainly private hospitals as they find the services better after paying for them.

There is a functional aanganwadi centre in Gharsadi village, but none in Pahadi and Azadnagar tolas. So these people are unable to take their children there for the nutritional services.

**Major Problems**

In Pahadi and Azadnagar tolas everything from road to drinking water to educational facilities are problems. These tolas are completely neglected by the Panchayat. The company has not intervened due to the issue of rehabilitation. However, until the issue is resolved, people are in dire need of certain basic amenities. Roads are a crucial need here as observed and felt by the research team and responded by the villagers and Pradhan. There is a shortage of drinking water and this causes the people major inconvenience. Housing is also a major problem as the houses here are kuchha and the blasting and dumping dust causes them serious trouble. There is no electricity and illumination sources are needed in this tola. ODS is a problem as sanitation facilities are absent. People are scared to go to the tracks or near the hills as the stones from the dumping hills fall down anytime.

Apart from these basic amenities, these two tolas face the grave problems of livelihood, healthcare and education. There are no livelihood options and these need to be explored to improve their standard of living. There is lack of any healthcare infrastructure or transport to take the patients to the hospitals. In terms of education there is neither a school nor any mode to reach the school due to the railway tracks. So there should either be a school in these two tolas or transport facility to the nearest schools from primary to higher secondary.
BASI PANCHAYAT

Demographic Profile

Village : Basi
Tolas : Saati, Yadav tola, Khairwari, Panika, Khokri tola
Population : 1,749
Households : 313
Religions : Hindu
Categories : SC, ST, OBC, General
Caste groups : Saket, Vishwakarma, Yadav
Tribal groups : Kol
Nearest Town : Bina, 1 km away
Nearest Railway station : Krishnashila, 2 kms away
Post-office : Yogichauraha, 5 kms away

This section will entail the situation and problems related to Saati tola and Yadav tola in Basi village which comprises migrant population which works in NCL and Hindalco as labourers and they have hardly any basic amenities. They belong to SC (Saket), ST (Kol) and OBC (Yadav) category. The other tolas near the main road, that is, Khairwari, Panika and Khokri are comparatively developed and there were no issues that came out on the preliminary observations and interactions of the researchers with the residents of these tolas and the through the Village Profile.

Housing and Sanitation

Half of the population in Basi lives in kutcha houses. 40% live in semi-pucca houses and rest has pucca houses. The situation is worse in Saati tola which had kuchha houses. 80% of the population does not own the land they live on, particularly from Saati tola. Around 58% of the population does not have any electricity as they have not been provided with a connection from the state authorities. The situation of sanitation is same as in most rural areas where people are going for ODS. They have to spend 15 mins to 1 hour to and fro for ODS. The difficulties they face are common problems related to ODS like distance to walk, problem for women to go out in the open, seasonal issues, etc. Particular to Saati tola there is a risk factor involved due to going for ODS on railway tracks and in forest areas. There are no waste water and garbage disposal systems in the area.
**Water facilities**

People have access to hand pumps and wells as sources of water. 50% has access to government hand pumps fitted by the Panchayat. People also access public wells depending on the needs. Around 33.4% of the population has private sources like private hand pumps and private wells. The wells, however, dry up in summers and they resort to hand pumps with ground water. They take around 15 to 30 minutes in fetching water. Most of the people make more than 5 trips a day at a minimum.

**Education**

The government school in Basi is upto Middle school but the people in Saati tola find it difficult to send their children their due to the railway lines and the highway on the other side. This increases the problem of non-enrollment and dropouts in these tolas. There are no schools in this side of the village and no transport facility for the children. Around 57% children are enrolled in the school while others are not enrolled eventhough they are of school-going age. The major problem for 25% is the fear of crossing the railway tracks and also the distance of the school. Around 18% children have dropped out due to the same reason of risk of railway lines, yet others dropped out due to the financial burden and distance of the school. Children still pursuing their education are being sent to private schools more than the government schools primarily due to the quality of education. One person sending children to the government school reported of getting MDM regularly on all 6 days of the week.

**Livelihood**

The population is mainly dependent on daily wage labour and a minor percentage is working in NCL as employees. Two persons were found to be in private service. There is 29% of the population that is dependent like elderly people or unemployed persons. There is a migrant population from nearby states like M.P. staying in Saati tola of Basi. Countable number of people had agricultural land and only with 2 families migration from the village to rural/urban areas for work takes place. MGNREGS was functional last year but this year it is not working in this district like other villages. Majority of the people earn between Rs. 2000-3000 per month as they are daily wage labourers getting Rs. 100 per day. Around 60% of the population takes loans
from personal sources for health, marriage, work and other personal reasons. The livelihood options are not many and this is affecting their income levels, health, food habits, education and general quality of life.

**Healthcare facilities**

There are absolutely no healthcare facilities in the village that may be present on a regular basis for the ailing population. 100% population studied is compelled to go to unqualified doctors for treatment and they spend minimum Rs. 70 to even Rs. 200 for medication of minor illnesses. For major illnesses, all the people go to private hospitals like NTPC, Nehru of NCL, where they incur around Rs. 100 to 500 for consultation and Rs. 1000 to 4000 as admitting charges for one day. They are unaware about the CSR facility at Bina Hosital of NCL and those who have gone there said to have spent Rs. 50-100 for consultation without any receipt. There are monthly medical camps conducted on specific issues like asthama, deliveries, family planning etc. done by nearby companies like NCL, Hindalco, etc. They lacking in regular facility on a permanent basis over and above this. Further, 71% of the population is having home-based deliveries. Two respondents who went to hospital for delivery went to government and private hospital. In the former they got no benefits of JSY and assistance of ASHA workers.

**Major Problems**

The major problem of the people of Saati tola in Basi is related to healthcare facilities. They are either going to *jholachaap* doctors or private hospitals. They have no reasonable options between these two available facilities and they end up spending exorbitant amounts of treatment and even take loans as they have no choice during medical problems.

This apart, education is a serious issue as there is a problem of the railway tracks for the people of Saati tola. Sending young children daily across the tracks or the highway is a risk that the parents are not willing to take for educating their wards. The solution that the Gram Pradhan had was to have a primary to middle school here. So once the children pass out of Class 8th, they can walk or cycle upto the high schools nearby.

Further livelihood options are not present and this is a problem for the people as they have to struggle for their daily bread through manual labour.
Roads and Sanitation were found to be other pressing issues. There is no road connectivity to Saati tola and the available roads are kutcha. The distance from Saati tola to main Khairwari and Panika tola is considerable and tedious as it is not puca. ODS is a common practice and people expressed the need for toilets in Saati tola. There is a need for drinking water in every household as they spend considerable time on fetching water. Community hall was also mentioned as a need for marriages and other festivities by one respondent.

**JAMSHILA VILLAGE**

There are 25 households in Jamshila village and the people are mainly engaged in labour work. There is NCL employees colony in one part of the village. There is no separate school and the children go to the school in Barwani. For sanitation, ample number of private toilets are constructed in the homes of the people but they use it as storehouses as they do not feel comfortable to go to toilet in the premises of their house itself. So go for ODS. There are open naalas as drainage system through the houses of each person in the village. For healthcare people go to unqualified doctors in the village for minor illnesses and for major illnesses they go to private hospitals. They end up spending huge amounts on healthcare.

Thus, their major problem is healthcare facility that is required in or near the village at reasonable costs. They also need to be explained the importance of using toilets as the issue of sanitation can be tackled by this hygienic practice.
KRISHNASHILA PROJECT

KOHRAULIYA PANCHAYAT

Villages: Kohrauliya, Mishra and Marrak
Population: Kohrauliya- 193; Mishra- 63; Marrak- 34
Households: Kohrauliya- 1041; Mishra- 423; Marrak- 216
Religion: Kohrauliya- Hindu & Muslims; Mishra, Marrak- Hindu.
Category: SC, ST, OBC
Caste Groups: Chamar, Gupta, Bharti, Biyar, Nai, Kahar, Patel, Kherwar
Tribe Groups: Kol

The research team under the Krishnashila project has conducted survey in three villages which are Kohrauliya, Mishra and Marrak. These villages come under Kohrayliya Panchayat and are located very nearby to each other. The data collection in Mishra and Marrak were concentrated on the other side of the railway tracks. In Kohrauliya, the data was gathered from the kuchha houses and the houses which were away from the roads. These locations come under Krishnashila Project. The demographic profiles of these areas are as follows:

Housing and Sanitation

Kohrauliya has 60% of the kuchha houses and these houses are located in different pockets and away from the main road. The houses on main road are semi-pucca and pucca. The kuchha houses are basically owned by the daily wage earners. The houses are present on the NCL land as this land has been taken up by the company years back for the mining. But the company has not taken the possession till now. The electricity is available for around 30% of the total studied population and these are mainly on road. Those who are staying away from road illuminate their houses with kerosene lamp and they are somewhere around 70%. Except one household who has private pit toilet, everybody practices ODS and spend up to 60mins in one trip of going, defecating and coming back. The maximum difficulties are faced by women to go into open spaces and other contrary problem is related to unavailability of open spaces. People face distance problem and seasonal difficulties also.

Mishra has all the kuchha houses and these houses are accessed after crossing the railway track. These houses are just behind the Krishnashila mines so they face blasting effects also which damage their kuchha houses; they face the risk of dump sites as the stones falls from the
dumping sites which is dangerous for lives. The data shows that around 67% of the total studied population has electricity in their houses and rest use kerosene lamp. The fact is that people have illegal connections from the available electricity lines which are on road and from other sources. Here in Mishra village, all practice ODS and the women face maximum problems in this practice. Secondly, they face problems because of risk factors involved because of railway tracks, roads and mines. People have reported that there had been cases of accidents because of the mentions risk factors. The people, here, spend up to 30mins. In the whole process of ODS with the dangerous circumstances.

In Marrak also, the only practice is ODS and they spend around 20-60mins in that. The problems are same with women here also. This village also faces problems because of unavailability of space and the risk factors because of railway track, roads and mines.

**Water facilities**

In Kohrauliya, the major water sources are Government hand pumps, private and public and around 55% of the studied population fetches water from government hand pumps. After that around 27% of the population has private wells and rest use public wells. After wells dries up in summer, people use hand pumps. They spend something between 10-60mins. to go, fill and get water and the time spent depends on their location from the sources available. They make minimum 4 trips to maximum 15 trips every day to get water from different sources.

In Mishra and Marrak, people are dependent on public and private wells only. Half of the respondents reported to get water from public well and rest of the half fetch water from private well. Those who fetch water from public wells spend something between 10-30mins for one trip and it is maximum 60mins for the residents of Marrak. The villagers make up to 10 trips per day to get water. The problem here is that people face issues in summers when the wells dry up. They do not have any water source except the wells.

**Education**

Kohrauliya and Mishra have 37% of the illiterate population whereas in Marrak the illiterate population constitutes 60% of the total studied population. The children of Kohrauliya are reaching up to middle education as the data shows that 36% of the studied population has completed middle education. There were 6 people each have passed 10th and 12th class but there
was nobody who has reached graduation level from the collected data. With proper probing, the reasons which came out were financial reasons and marriages in context of girls because of which 12th class is the highest educational attainment in this area. Except two school going age children, others were found to be going to schools. Those who have not enrolled their children in schools stated the cost as a problematic factor which shows their financial disability. The dropouts take place in Kohrauliya and the main reason behind this is financial disability which leads children to work to earn money for the household. There are other reasons than that which are distance and disinterest. People of Kohrauliya have an option available to choose between private and public schools. The interviewed population has come out with the data that 7 out of 13 children are going to private schools and 6 are going to government schools. Those who are going to government schools have reported of getting MDM regularly. Only one household reported that children do not get food under MDM.

In Mishra, nobody was found to go beyond 10th class. The dropout is massive after 10th class and this is common for those staying on the other side of the railway tracks. All the children in school going age go to schools. This is mainly concerned with children who have studied up to primary level. Children beyond 5th class leave the school because of household work, financial disability and disinterest in education. The risk factor also plays a big role as the parents have fear to send children to the schools. The reason is that they have to cross railway track and roads to reach schools which are very dangerous for small students. Incidents have occurred in the past in which children had lost their lives. Private and public schools are the options accessed by the villagers. Those who go to public schools get food under MDM scheme regularly.

Marrak has very disappointing figures in education. An enormous 60% of the studied population belongs to illiterate category that never went to school. Apart from that, people have found to have studied up to 10th class at the most. There are very few people, that is, 2-3 who went for graduation. Children are dropping out phenomenally after 5th class and the cases of dropout occurs after 1st and 2nd class also because of the risk factors involved in sending children to schools for which they have to cross roads with heavy vehicles and railway tracks. Not all the children in school going age go to schools because of the high risk to life involved. Other reason is disinterest in studies which plays a very crucial role in keeping them non-enrolled.
Livelihood

The villagers of Kohrauliya are mainly engaged as daily-wage labourers to earn their livelihood. Around 2-3 persons are in private and government jobs and as farmers out of the total studied population. The dependent population is around 73% which is around ¾ of the total studied population so the burden is huge on the bread earners. A bread earner of the family earns somewhere between Rs. 1000 to Rs. 3000 per month to run their households. Only 2 persons out of the total studied population reported to have lands which are also less than 2 acres. The production is used by people for self-consumption.

There are no farmers in Mishra as this village is located on Hill and people are somehow managing their lives in difficult circumstances by doing labour work and taking each day as it comes. The dependent population here also is like Kohrauliya where 75% of the studied population is depending on 25% of the earning members. People do not have agricultural lands here.

In Marrak, around 16% of the studied population earns livelihood by doing labour work. There are farmers and government servants in this village. Those who own agricultural lands own less than 0.5 acres and the production is used for self-consumption.

The options with the villagers of Mishra and Marrak, those who are living on the other side of railway tracks, are very less. They are totally dependent on labour work which is not even regular. They work as unskilled labourers and earn livelihood daily. The uncertainty to get work makes it much difficult for people to have two meals a day regularly.

Healthcare Facilities

Except one respondent in Kohrauliya and Marrak, all go to unqualified doctors for the treatment of their minor illnesses. Whereas, in Mishra, studied population visits only unqualified doctors which is a serious concern. The unqualified doctors charge any irrational amount from the villagers taking the advantage of their lack of awareness and helplessness due to no other options. When they give injection and medicine for a day to any patient, they charge anything between Rs. 150-250 per visit. For major illnesses, people go to private hospitals except one respondent who responded that they go to unqualified doctors during the time of major illnesses because they cannot afford the charges of private hospitals. This reason is always there with
every villager and most of them took loans to afford healthcare facilities during medical emergencies. In major illness, villagers from the 3 villages pay between Rs. 1000 to 5000.

The deliveries are all home based. There was a respondent from Kohrauliya reported that they took the pregnant women to the hospital during the time of delivery and there was a reason for that. The reason was that the delivery was complicated and they did not want to take risk of that woman’s life so they took her to the hospital. The trend has not changed here and the women are delivering at homes only with the help of tradition birth attendants, not with the help of ANMs because the ANMs are not available. These people cannot take the pregnant women to the hospitals because of unavailability of the facilities and financial disabilities.

**Major Problems**

Kohrauliya has showed sanitation as one of the biggest problems. This problem is basically related to the people who have kuccha houses. The absence of toilets is no doubt a problem but behavior modification needs to be worked upon simultaneously. Other than this, people have rated healthcare facilities and drinking water as their urgent needs. People spend exorbitant amounts on the treatments of minor and major illness and that too on unqualified doctors which may be dangerous for their lives. Drinking water is a need as people have wells and they dry up in summers so there is no scope of water. People have also mentioned livelihood, education, community hall, and support in agriculture to strengthen their economic level which can be worked upon.

Marrak and Mishra gave equal importance to drinking water, health and sanitation. Equal number of people has showed these needs as very basic and urgent. Other than these, livelihood and pucca houses are the major needs as they live just next to the mines and their houses are more prone to getting affected. Livelihood opportunities are non-existent and so this is also a major concern for them. Education has not been mentioned by much people but this is a very urgent need as children are staying at home at the time of schooling because of risk factors like roads and railway tracks. Parents need to be sensitized on these issues and about the importance of education.
KAKRI PROJECT

RANHORE PANCHAYAT

Demographic Profile

<table>
<thead>
<tr>
<th>Villages</th>
<th>Ranhore, Jogendra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Ranhore – 3,823; Jogendra – 1,315</td>
</tr>
<tr>
<td>Households</td>
<td>Ranhore – 610; Jogendra – 184</td>
</tr>
<tr>
<td>Tolas</td>
<td>12 in all</td>
</tr>
<tr>
<td>Religions</td>
<td>Hindu</td>
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<tr>
<td>Categories</td>
<td>33% SC and ST, 67% OBC and General</td>
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<tr>
<td>Caste groups</td>
<td>Chamar, Brahmin, Nai, Bharti, Gupta, Vishwakarma</td>
</tr>
<tr>
<td>Tribal groups</td>
<td>Kol, Panika, Agariya, Gond, Khairwar, Baiga</td>
</tr>
<tr>
<td>Nearest Town</td>
<td>Anpara, 9 kms away</td>
</tr>
<tr>
<td>Nearest Railway station</td>
<td>Mirchadhuri, 3 kms away</td>
</tr>
<tr>
<td>Post-office</td>
<td>Ranhor</td>
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</tbody>
</table>

Rannore Panchayat is the biggest panchayat from the list of the villages given by NCL for Baseline survey. It is spread out in 17km with 12 tolas (parts). Villages like Jogendra and Mirchadhuri come under this panchayat. Chamar is a dominant caste in this village with the majority of population. In context of Tribal population, Kol comprises the biggest group with majority of the population. They have their habitations in the outskirts of the village at the remote tolas.

Housing and Sanitation

In Rannore, almost all the houses are kuchha and owned by the residents. There are 2-3 houses which are pucca in nature and 2-3 houses are on government land. The pucca houses are just next to the road and all the kuccha houses are far away from the road and on the hill tops. For illumination, people have no option of electricity as they are very far from main road and the government is yet to reach there to provide electricity. Most of them are dependent on kerosene to illuminate their houses in the night. There is around 37% of the total interviewed population who has the facility of solar lights. Only one family reported to have electricity at their house.

Except one family, all are practicing Open Defecation and the schemes for toilets are not yet implemented from the Panchayat to work towards removing this practice. One household has
private pit toilet which is used by that family but they also go for ODS sometimes as reported by them. Villagers are spending considerable time in this as they walk to the fields and comeback. They spend up to 80 minutes maximum and around 36% of the total interviewed reported that they spend 60 minutes in the whole process which is a noticeable figure. The difficulties also play very big role as women face the maximum problem in going to defecate in the open. The distance, seasonal difficulties during winters and rains, darkness, and unavailability of space are also major factors felt by people.

The context of Jogendra is almost like Ranhore or may be worse than Ranhore. All the houses studied in Jogendra are kuchha. 90% of them have land ownership whereas 2 households are on government land. There is no electricity at all in Ranhore and people use kerosene and solar lights for illumination in the night. Only 2 families have solar lights and other 18 are dependent on Kerosene oil which they get from PDS shop. The quantity, as reported by the villagers is 3 litres which they get for a month from PDS. According to them, it is very less as per the consumption of a month. They have to use this quantity for every task as there is no other option available. Their children have to study in the kerosene light only and when they do not have kerosene then they do not study so it affects the education of these areas also.

Villagers of Jogendra are practicing ODS and they have to walk from 15 minutes to 1 hour for that. Here also women are facing maximum problem in going to open spaces to defecate. It gives them diseases also related to stomach when they force themselves to stop pressure in the day light. In the day time people have to walk more and spend more time to search a proper place for ODS as there are people all around.

**Water facilities**

In Ranhore, the major water source is government hand pumps which is accessed by 45% of the total studied population for drinking as well as for other purposes. Other than this, public well, river stream, private wells and ponds are used by people as per the availability and their location. People use that source which is near to their house. They make up to 20 trips in a day to get water in which they spend something like 20 minutes to 1.2 hours for a trip. The trips and the time they spend make it a painful exercise for them as the region is hilly.

Jogendra has also got government hand pumps for the water purposes where around 70% of the total population uses this source for their daily use. Other sources like private hand pumps and
wells, public wells and river stream are available for people of Jogendra also. People have reported that they make upto 10 trips in a day to get water and they spend anything like 20 minutes to 1 hour to fetch water from these sources. Mostly, people use multiple resources as the water dries up in summer season and those people who use river or ponds have to go to hand pumps to get water for daily use.

**Education**

The education level of both the villages is in miserable situation. The fact to prove it is that the illiterate population of Ranhore is around 47% and 55% is for Jogendra which is huge and this is only from the sample studied. Almost 50% of the total population never went to school. In Ranhore, around 20% of the total studied population has studied up to primary level and there are countable number of people who went up to graduation and post-graduation. There is only one person each in graduation and post-graduation from this village and both the persons are from same family and working as government employees in postal department and school.

Out of the total number of school going age children, around 90%, that is 18 children, are going to schools whereas 10% are not going to school. The reasons found for non-enrollment refer to distance which children have to cover to go to school, the cost they have to put up even in government schools and unavailability of proper schooling facilities for girls. Villagers have mentioned the problem of dropout of children from the schools and the reasons stated by them are somewhere similar to non-enrollment. These are distance, financial disability which indirectly forces children to earn livelihood by being in the labour market. A family also mentioned that their children dropped out of school because of unavailability of transport facility. It is a problem for Ranhore because it is 10km away from the main road and there is no facility except walk to commute.

Around 90% of the total student goes to government school and only 2 children are going to private schools as their parents can afford that. Those who are going to government schools are getting mid-day meal but not regularly. There is around 35% of the total studied population which reported that their children are getting Mid-day meal regularly. Otherwise, the frequency of mid-day meal is two, three and four days.

Jogendra has 55% illiterate population and around 29% of the total studied population has studied up to primary level. Out of the total studied population, only one has found done
graduation. Around 76% of the total school age going children is going to schools and others have not enrolled in schools because of the financial disability. The phenomena of dropout is also taking place and the reasons behind this are the cost of school they are unable to put in, disinterest in the studies, distance of school and unavailability of transport facility to connect people with the services. These reasons are repetitive for every location.

The financial burden to educate is visible as the most common reason even when we have free education in India according to Article 21 A of our Indian constitution. Schools are providing books and uniforms to the students according to the laws but the reality is far from the written word. People have showed inability in buying books and buying any smallest stationary as this adds an extra burden on them. The reason is that they are wage earners and earn around Rs. 80-100 per day. In Jogendra, majority of the population is accessing government schools as people cannot afford the cost of private schools. All those who are going to government schools get MDM but the regular distribution does not take place. There are people who have reported that their children get MDM for 3 or 4 days in a week.

**Livelihood**

People have labour option as the major source of livelihood and majority are engaged in unskilled labour work. The income levels ranges from Rs. 50-100/- per day, if they work. The work is also not available on regular basis. There are 3 people in Ranhore who reported to have government service. The dependent population out of the studied population is around 25% which comprises the largest section out of all the sections. Students, housewives and other sections comprise a much lesser percentage. Around 60% of the total studied population is earning something between Rs. 2000-3000 per month. There is only one person from the total studied population who earns more than Rs. 5000 per month.

There are around 93% out of the total studied population who owns land. People own lands in decimal which ranges from 10 to 90 decimals. There are 2-3 people who own land more than one acre. People cultivate their lands and use the production majorly for self-consumption purposes. The major available sources for irrigation are canal, ponds, wells, river, motor pumps and rain water and these are used by people. There are 2 families who are also selling the produce. There is no work under MGNREGA this year from the District Collectorate. So, people are totally dependent on labour work which they get in the market whenever they go for work, not regular.
In Jogendra also, people are dependent mainly on labour work as 24.2% of the total studied population is engaged in unskilled labour work. The percentage of dependent population is very high and much more than the earning population. They are around 70% of the total studied population and it includes housewives, children, students, and elderly population. There is a significant gap which is visible here between the productive and dependent population. The productive population is also unskilled and earning lesser amount than their actual needs. People of Jogendra have lands which range from 0.2 to 5 acres and they cultivate it and use the production for self-consumption. There are 3 households who reported that they sell crops and earn between Rs. 10000 to 12000 per year from that. The major sources of irrigation in Jogendra are river water and motor pumps and these are accessed by 3-4 families. The motor pumps are private so the majority of population cannot afford it because of its high cost.

**Healthcare Facilities**

Healthcare is one of the biggest issues of rural India. Here also, in Ranhore, it is found to be as the most important issues because 80% of the total studied population visits unqualified doctors for the treatment of their minor illnesses. They spend something around Rs. 100-200 per visit. This is taking place because of the distance to the main road and unavailability of facilities. There is only one unqualified doctor available for Ranhore, Mirchadhuri, and Jogendra. This doctor charges any random amount as his fees according to the situation. The qualified doctors are available but after a distance of 12km and people do not have any facility to access them. They have to walk till there if they want treatment from them.

Majority of the population visits private hospital at the time of major illnesses and on average basis they spend up to Rs. 5000. On the basis of previous experiences, people have reported that they have spent up to Rs. 15000 for various treatments. There is no facility available for the pregnant women also. This is substantiated with the fact that out of the 30 interviews, 29 has experienced home based deliveries. Those who are try to go out for deliveries have to go to private hospitals and spend huge amounts on the deliveries. In context of Anganwadi, which is supposed to provide nutritional supplement to the children, immunization and pre-school education, 60% people of Ranhore are aware of this system. The surprising shortcoming is that only 20% send their children to Anganwadi. They do not get the services which should be given by anganwadi workers. The reason is that the AWW and AWS do not come regularly to the
Anganwadi centre. They are supposed to come regularly but they come once in a week and distribute supplementary nutrition to those who are present.

Jogendra is nowhere an exception. 90% of the studied population visits quacks for the treatment of minor illnesses and they spend anything between Rs. 100-500 depend on the disease and treatment. People visit private hospitals and private clinics during major illnesses and they spend something between Rs. 1000-5000 for that. There are people who visit unqualified doctors during major illnesses because of financial problems. Only on household reported that they go to government hospitals but they were not satisfied with the treatment available there. This is one of the main reasons that people are visiting private hospitals even after having financial problems. All the deliveries reported in Jogendra took place at home only. Only 15% of the studied population has reported of sending their children to Anganwadi when 45% is aware of it. There are people who do not have any information about Anganwadi. Those who go to Anganwadi get Immunization facility and supplementary nutrition.

**Major Problems**

Jogendra and Ranhore shares the common problems with the same percentage. They have reported health as one of the major issues for which they want a solution. The reason being is that they do not have access to qualified doctors and they pay exorbitant amounts for the treatment to unqualified doctors during minor illnesses and to private hospitals during major illnesses. Other than this, drinking water, sanitation and illumination were reported as the major problems by 17%, 16% and 15% of the studied population. There are people who have reported that there is a need of better education facilities as children are dropping out after 8th class because of unavailability of schools and transport facility to go out. There are no irrigation facilities because of which people are unable to cultivate their lands with full potential and end up cultivating it once in a year. There are 3 households in Ranhore who mentioned that transport should be available which can make the way easy for the villagers to commute with the outside world. There are no roads in the interiors of the village which is a problem because the village is widespread up to 10km and there is no scope to take any vehicle inside.
GHARBANDA PANCHAYAT

Demographic Profile

Villages: Gharbanda
Total Population: 1,366
Households: 277
Tolas: Maina Basti and Pravasi Tola
Religion: Hindu
Categories: SC, OBC
Caste: Chamar, Bais
Nearest Town: Anpara, 3 kms away
Nearest Railway station: Krishnashila

Gharbandha panchayat is surrounded by Rihand Dam and Hindalco Industries Limited. It is divided into two categories which are main basti and pravasi basti. Pravasi basti is mainly comprised of people who have migrated to these areas some years back to work in the companies located nearby which are Hindalco, NCL and Anpara power plant of U.P. Government.

Housing and Sanitation

Out of the total studied households, 60% are kuccha houses and the same percentage is owned by people. People have semi-pucca and kuchha houses and 20% of the houses are on rent and on government land. Illumination is surprisingly not an issue here as 71% of the total studied population has electricity because the village is located just next to the Hindalco and Dam. There are families who do not have electricity connection and that is because of less income in which they cannot afford Rs. 1400 as a bill of electricity for two months. Except one, all the respondents have reported of practicing ODS and they have to walk for 30 minutes to find appropriate space. Major problems are related to women to go in open. Other than this, the distance and seasonal difficulties like rains and winters were reported by people in practicing ODS. The practice of ODS gives birth of diseases and the awareness for the same is not there in the community.

Water Facilities

The water sources in the village are mainly divided into 3 categories which are private and public wells and government hand pumps. The majority of the population which is around 67% is dependent on the government hand pumps as the source of water. The time people have to spend
in a trip is not like other villages as the houses are located densely. They spend somewhere around 10-15mins and make around 10 trips every day to fetch water.

**Education**

Around 30% of the studied population is illiterate and around 40% of the total population has studied up to primary level. There were no persons reported of having studied beyond 10th class. All the school going age children have been reported to go to school. There are two schools available in the village itself. One is primary and one middle school and people visit these schools upto 8th class. But 40% of the total studied population is found to have studied in these government schools and 50% are going to private schools which are available in Parasi and other nearby areas. After 8th class, children go outside the village but there are no facilities available in terms of finance and transport. There are around 5 children who go further after 8th class. Other than this, children are dropping out because of unavailability of schools, transport and financial disability. Only one household reported that their child get MDM regularly.

**Livelihood**

Around 75% of the total studied population comprised the dependent population. They are children, elderly, students and housewives. They are not the earning members of the household. Those who earn livelihood are mainly in labour work and then equally in agriculture and private jobs in the company. Most of the villagers work as contract labours as Hindalco is just next to the village. There are families who cultivate the empty land which in under the possession of Rihand dam. So, they get agriculture produce from there and use it for domestic purposes. The people earnings range from Rs. 500-5000 and there are equal numbers of respondents for this.

**Healthcare Facilities**

People access unqualified doctors at the time of minor illnesses and they spend something between Rs. 50-200. The common option for the treatment of major illnesses is private hospital where around 60% of the total studied population goes. There was one respondent who reported that they go to government hospitals at the time of major illness. They spend anything between Rs. 1500-2000 for the treatment of major illnesses and they gave this figure on the basis of assumption. The fact is that they take major loans which are above Rs. 5000 for healthcare and when there is medical emergency. All the deliveries have taken place at home. There are two
reasons for this. One is the traditional trend which is available since years in which the women deliver at home with the help of traditional birth attendant. Second is that people cannot afford transport as well as the private hospital charges; while the government hospitals according to the people are not effective in giving services. There were 3 respondents aware of anaganwadi but the villagers are not getting any benefits from anaganwadi as there is nobody to provide services. The AWW and AWS do not come to the centre so those children who are enrolled in anganwadi do not get anything from the supposed facilities which they are entitled for.

**Major Problems**

Gharbanda also faces absence of healthcare facilities as one of the biggest problem. This is because there are no government services available and people are totally dependent on the unqualified doctors. This is also because they do not have money to pay to the private doctors which are available outside in other developed villages like Parasi. Other than this, sanitation and roads were mentioned by 18% of the population studied. The roads are not available for the main basti and the way is completely kuccha. Drinking water facility was also mentioned by 12.5% of the studied population. The facilities are available in Gharbanda but some households have to walk for 15-20mins to fetch water.

*The villages Ambedkarnagar, Khadia and Chilkatand under KHADIA project and Rehta under KAKRI project were not considered for Baseline Survey as they were rehabilitated villages by NCL, so the DPE Guidelines for CSR would not permit CSR initiatives to be done in these villages. Parasi in KAKRI project has been rejected on the basis of lack of needs after primary observations of the Research team and Project Co-ordinators.*
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, healthcare, sanitation and drinking water are the common issues that need to be worked upon. 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>Barmani and Chanduar</td>
<td>Healthcare facilities</td>
<td>Healthcare facility like a permanent and regular dispensary with doctors and nurses for common ailments and deliveries is a requirement. It can be common to all the nearby villages i.e. Barmani, Chanduar and Jamshila.</td>
</tr>
<tr>
<td></td>
<td>Sanitation</td>
<td>Proper toilet facilities are required but common toilets will not work due to responsibility issues. Also, behaviour modification and awareness regarding hygiene is a must.</td>
</tr>
<tr>
<td></td>
<td>Livelihood options</td>
<td>People need livelihood options to raise income levels. This can be explored through SHGs and training programmes through proper market linkages.</td>
</tr>
<tr>
<td></td>
<td>Drinking water</td>
<td>Water facility for each household will help the people during summers and reduce the inconvenience caused to them as they put in considerable time in fetching water.</td>
</tr>
<tr>
<td>Jamshila</td>
<td></td>
<td>As mentioned above, healthcare common to these villages is proposed. In Jamshila, ample number of private toilets are available but they are not in use. So behaviour modification and awareness regarding hygiene is a must.</td>
</tr>
<tr>
<td>Gharsadi (Pahadi Tola &amp; Azadnagar Tola only)</td>
<td>Structural needs</td>
<td>All the basic needs are required in these two tolas across the railway lines.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Pucca roads</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Pucca houses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Drinking water facility for each household</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Private toilets with water facility &amp; sensitization about their use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Transport to take patients to hospitals and students to school</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>Non-enrollment and dropouts is a serious issue due the risk of crossing the railway lines. So this needs to be tackled through a primary and middle school in these two tolas as an urgent need.</td>
</tr>
<tr>
<td></td>
<td>Healthcare facilities</td>
<td>There is no healthcare facility in the vicinity and so a regular practicing doctor is needed alongwith a dispensary for minor illnesses and deliveries.</td>
</tr>
<tr>
<td></td>
<td>Livelihood</td>
<td>They have no option but to look for work each day. This is affecting</td>
</tr>
<tr>
<td>Basi Panchayat (Saati Tola only)</td>
<td>Healthcare facilities</td>
<td>There is no healthcare facility in the entire village and so a regular practicing doctor is needed along with a dispensary for minor illnesses and deliveries.</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Education</td>
<td>Parents are unable to send their children to school due to the railway tracks that they have to cross. Non-enrollment and dropouts is a serious issue due this risk. So this needs to be tackled through a primary and middle school in this tola as an urgent need.</td>
<td></td>
</tr>
<tr>
<td>Infrastructural needs</td>
<td>Roads, toilets and water are common issues in Saati tola which are a major need of the people for their better living.</td>
<td></td>
</tr>
<tr>
<td>Livelihood options</td>
<td>They have no option but to look for work each day. This is affecting their life in every possible way. SHGs, technical training are options that need to be explored to raise their income levels.</td>
<td></td>
</tr>
</tbody>
</table>

| Kohrauliya, Marrak & Mishra      | Healthcare            | Healthcare facility like a permanent and regular dispensary with doctors and nurses for common ailments and deliveries is a requirement. It can be common to all the nearby villages in Kohrauliya panchayat like Kohrauliya, Marrak and Mishra. |
| Sanitation                       | Toilets facility is required in these three villages but for people with kuchha houses as ODS is mainly their concern. In Marrak and Mishra the focus of intervention should be mainly for the people living on other side of the railway tracks. This should be coupled with awareness and behaviour modification exercise for health and hygiene to remove the practice of ODS. |
| Water facility                  | Water supply in each household is a requirement as they spend considerable time and energy in fetching water each day in all three villages. Also water for irrigation is required to improve the production in agriculture in Kohrauliya. |
| Education                       | In Marrak and Mishra the people beyond the railway tracks face this problem of sending their children to school as the young ones have to cross the risk zone to reach the school in Kohrul. So school or safe transport facility is a requirement here. |
| Ranhore and Jogendra             | Healthcare facilities | People spend huge amounts on treatment of ailments and there are no facilities in these villages. Healthcare facility like a permanent and regular dispensary with doctors and nurses for common ailments and deliveries is a requirement. It can be common to all the nearby villages. Ambulances can be run in the village on a regular basis so patients can be taken in emergencies. |
| Infrastructural needs           | Roads, toilets and water are common issues which are a major need of the people for their better living. There are no pucca or semi-pucca roads which creates difficulties to even have any transport during medical emergencies. Construction and sensitization of |
Toilets is required for better health and hygiene. Water supply to each household will improve their situation as they have to walk long distances with heavy pots of water several times a day. This is also required for drinking as well as irrigation purposes. Transport facility for the villagers is required so they can travel to market and other places of work.

| Education | After class 8th a trend of dropouts is seen. Transport and financial inability are the major reasons behind non-enrollment and dropouts. So to curb this scholarships and cycles are an option so children are incentivized to study and parents to send their children. |
| Livelihood options | The dependent population is high here. So more livelihood or income generation options are required. Moreover old age pension schemes will give some financial support to the bread-earners as well. |
| Gharbanda | Healthcare facilities | People are completely dependent on unqualified doctors. These are basically quacks and so a regular practicing doctor is needed along with a dispensary for minor illnesses and deliveries. |

*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. Educated youth of the village or nearby villages could be an option as teachers.

**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. This is the only way to reduce the burden and improve the situation.

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 smoother 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: 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) Kutch
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>
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<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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<tr>
<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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</tbody>
</table>

Livelelihood

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>
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</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>
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</tr>
<tr>
<td>5.</td>
<td>Bullock</td>
<td></td>
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</tr>
<tr>
<td>6.</td>
<td>Pig</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7.</td>
<td>Others, Specify:</td>
<td></td>
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</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 (tika) (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, diarhoea, 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>
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<tr>
<td>b) SHC</td>
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<td></td>
<td></td>
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<tr>
<td>c) Government dispensary</td>
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<td></td>
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<tr>
<td>d) Government Hospital</td>
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<td></td>
<td></td>
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<tr>
<td>e) Private Clinic</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>f) Private Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Chemist shop</td>
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<tr>
<td>h) Traditional Treatment</td>
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<td></td>
</tr>
<tr>
<td>i) Quacks</td>
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<tr>
<td>j) Others, specify:</td>
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</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>
</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><strong>TOTAL</strong></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:

    | Facility                             | Distance |
    |--------------------------------------|----------|
    | Sub Centre                           |          |
    | Primary Health Centre                |          |
    | Community Health Centre/Rural Hospital |      |
    | Government Dispensary                |          |
    | Private Clinic                       |          |
    | Private Hospital                     |          |
    | Quacks                               |          |
    | Traditional Doctors                  |          |
    | Mobile Health Unit/ Visit            |          |

11. Other Facilities

<table>
<thead>
<tr>
<th>Facility</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Office</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?