



Annual Report

2015-16

Daang Vikas Sansthan

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Daang Vikas Sansthan (DVS), Karauli is a registered society under Rajasthan Society Act 1958, 12A, 80G and FCRA. From 2008 DVS is working for empowering poor stone worker widows and families working under stone mine. The organizational outreach has been expanding last year from Karauli to Dholpur, Dausa, Bhartpur and Alwar district of Rajasthan. DVS is currently working with over 1,00,000 occupational hazard affected families. DVS main focus on occupational health issues of Mine workers, livelihoods of the ultra poor and entitlement based programming for marginalized families.

Major activities of the year are as follows:

- Formation and strengthening of mine and stone workers institutions.
- Promotion of Khan Majdoor Suraksha Sangtahn (KMSS), comprises over 45000 stone worker membership.
- Facilitate silicosis diagnosis process in four districts
- Advocacy with Government of Rajasthan for timely disbursement of relief amount for silicosis affected mine works.
- Advocacy for strengthening of district level silicosis diagnosis facilities.
- Developing IEC for increasing awareness about occupational hazards among stone workers.
- Pilot of micro goat model with over 300 mine labor widow headed families.

Dang Area is part of eastern Rajasthan comprising of 9 districts. Out of these nine districts Karauli and Dholpur are the most backward districts in eastern part of state. Majority of the inhabitants of the districts are Scheduled Caste and Scheduled Tribe. The economy of these two districts depends on mining of Red Sand Stone which is abundantly available across the geographical area of the districts. Livelihood of majority of the population depends on unregulated and unauthorized mining activities.



- Undertake study to understand the effect of occupational issues on the life and livelihoods of stone worker families
- Partnership with various state, national and international organizations

In the year 2015-16 the unionization process of mine workers has spread project outreach base from Karauli district to three more districts of eastern Rajasthan and is presently operational in 320 Gram Panchayats of 9 blocks of four districts of Kaurali, Dhaulpur, Dausa and Bharatpur working with stone mine workers and building construction workers especially on the issues related to occupational hazards and help workers find alternate livelihood options.

1. Strengthening of Khan Mazdoor Suraksha Sangthan (KMSS):

DVS organized meeting of stone workers in four districts, where large scale stone mining activities area going on. Based on the discussion held in different level on all four districts, DVS shared the benefits of unionization process for different category of stone worker. The purpose of this intuitional process was to a) identify alternative livelihood source for silicosis affected families, b) support stone workers in diagnosis of occupational illness, c) advocacy for mainstreaming of stone workers families. This year over 20000 stone works are liked with KMSS as members. DVS with





technical support of State Forum on Natural Stone also introduce *Shramik Diary* (labor Pass book). To facilitates worker for documenting their workdays and work done.

Convergence with government schemes and entitlements was one of the major work area of DVS and promoted institutions. Bhamasha Yojan and Pradhan Mantri Jan Dhan Yojan are in focus among all the community activities.

- DVS also facilitate Silicosis diagnosis camps in Karauli, Dausa, Bhartpur and Dholpur districts of Rajasthan with support of labor department Government of Rajasthan.
- Developed occupational health awareness program show in local dialects and local folk
- Promotion of Khanik Khan Pathshla in 15 villages of Karauli district
- DVS also organized linkage workshop to address issue like addiction of alcohol, low retaliation of children in schools, first aid facilities at worksite, labor rights, etc
- Facilitating silicosis potential stone workers to the pneumoconiosis board (established for certification of occupational health problem) was a regular and one of the important activities of DVS programming.
- DVS also preparing data base of stone workers working in Karauli, Dholpur, Bhartpur and Dausa.

Major Achievements of DVS at a glance

S.No.	Name of the Activity	Level of achievement
Income Augmentation		
1.	livelihood Engagement	115
2.	Nonfarm activity support – Flourmill, vegetable cultivation, <i>Kirana</i> shop, Tea Stall	13 Families
3.	Goat rearing; purchase of animals, insurance, vaccination and tracking:	62 Families
4.	Capacity building for alternative livelihoods:	115 families
5.	Families start goat rearing by using victim compensation money	140 families
Engagement		
6.	Engagement with families – project outreach	115
7.	Capacity building of Miner Mines School facilitators	25
8.	Number of Miner Mines School facilitated	50
9.	To impart knowledge about safe mining procedures from 101 families	5000
Leveraging governmental schemes		
10	Registration with the labour department	270 Shramik Pass book
11	Registration with the mining department	19821 mine works
12	Identification of potential silicosis patients among sand stone workers	4960
13	Number of person diagnosed as silicosis patients by Pneumoconiosis Board	1067
14	Rehabilitation of silicosis patients and arranging financial help for them	747 (71 after death)
15	Total financial help received	8.89 Cr INR
16	Number of applications awaiting for financial help (to be clear before March 31,2016)	220
Engagement with families		
17	Families shall be counseled to reduce expenditure	676
18	Leveraging governmental welfare plans / schemes	87
Health		
19	Regular medical examination for silicosis and its treatment	5467
Social Wealth Creation		
20	Creating mining labor organization and ensuring that they meet regularly (KMSS)	19821 members
21	Organizing awareness camps regarding occupational risk	10,000 sand stone workers covered
Governmental Programs, Schemes and entitlements		
22	Engagement with families	567
23	Appeal for enrollment of families under BPL entitlements	195
24	Families got BPL status	70

DVS is now recognized as a Resource Center to address issues of occupational Hazard in stone mines, especially silicosis. DVS was active in demanding and ensuring setting up of 'Rajasthan Health and Environment Advancement Fund 2008' under which State Government has approved funds for identification, medication and rehabilitation of Silicosis patients found in mining work.

District and state authorities have appreciated the work on silicosis issue. DVS is a member of District Task Force set up by State under the Chairmanship of Collector. DVS also part of the committee constituted by State Human Right Commission-Rajasthan. In the National Consultation on Silicosis DVS was invited as National Resource Organization for Occupational Health.

2. Promotion of goat husbandry as alternative livelihood activities for widow headed households:

Goats are renowned for their resilience in harsh environments and their relatively low investment for maintenance. Goat husbandry is thought to be a tool for poverty alleviation. Empirical evidence of this is scant. The present evaluation process analyzed the role of goat husbandry in supporting the livelihoods of the families. DVS found that the families deploy a range of assets, natural, physical, social, human and financial, in goat husbandry. Their goat husbandry is enterprise-oriented; it is a source of weekly income and insurance and therefore an alternative to the family's income source. Although livelihood diversification is an important strategy by which rural people may work to achieve sustainable livelihoods, it is one that generally operates in conjunction with other strategies which also contribute to the formation of sustainable livelihoods. Two of the strategies which complement livelihood diversification, and which are being addressed through this project, are 5 migration (often in itself a part of livelihood diversification) and agricultural intensification.

This year 62 stone worker widows were initiating goat rearing as main source of income. DVS has adopted a micro goat rearing model for poorest of the poor families. Two goats were provided to all 62 families and in two years time these families are increasing the number of goat up to 5-8 in number. Average yearly income from goat rearing activity is in range of 10000-13000 Rs. More than the monetary benefits these families are regularly getting milk for their children and old age members.

The positive waves of goat husbandry motivate other mine worker families to start goat rearing activity. 140 Families start goat rearing by using victim compensation money. Mine worker families are adopting goat rearing as alternative livelihood option.

Economics of goat rearing in Daang area as follows:

Number of goat starting	Number of goat after one year	Number of goat after two year	Income from sale of bucks yearly	Income from sale of other produce	Average yearly income after completion of two years
2	5-6	10	8000-10000	500-1000	25000
4	8-10	20	15000-17000	2000-5000	40000

Case study:

Geeta Devi of Vinega village of Kote Chhabar, Karauli

Geeta Devi Jatav aged 56 years, is illiterate and lives in Vinega village of Karauli district. There are 4 members in her family; two sons and 1 daughter. Her husband was sick for long time.

Doctors treated him for Tuberculosis.

He took TB treatment under DOTS from the government hospital Karauli for continuous 6 months; however there



was no improvement in his health condition. He was counseled to get his medical examination done for Silicosis by the DVS workers. Before he could go for Silicosis

diagnosis he died. Her family conditions were in bad shape since there was no source of income. Moreover, her children were minors. She had sole responsibility to run her family.

Considering all the indicators of selectiong poorest of the poor, she was selected for goat intervention. The income and expenditure pattern and other indicators of the family were analysed in great detail.It came of the analysis that family was in loan burden since family had borrowed money for his treatment. Family do not had any sources of income as well. Family do not had agriculatural land and they had to buy basic food ingredients from the market. DVS provided the family 4 goats. They family is rearing these goats very well and that is how this livelihood option was identified as an alternate for the poor family. Geeta and her family is happy. Today she had 20 goats. The help and guidance of the DVS has gone a long way in making this family self reliant. She is making around Rs 20,000.00 every year. Geeta is very happy and supporting her family comfortably .



3. Public Health System Strengthening:

“Accelerate immunization coverage in 10 villages of Lakhri of Bundi district of Rajasthan”

To accelerated the immunization coverage in 10 villages this pilot project was supported by Alliance for Immunization and Health and CHAI in following villages of Lakhri area. This project is implemented by DVS Karauli with partnership of Mahatma Gandhi Integrated Education and Development Institute (MG-IEDI), Lakhri, Bundi.

S.N.	Name of Village	Name of Gram Panchatat	No. of total Households	Total Population	School/ College	Govt. Health institutions	AWW
1	Chamawali	Utrana	190	1350	VIII	NO	1
2	Utrana	Utrana	215	1540	XII	NO	1
3	Kankara Doonger	Utrana	205	1380	VIII	Sub center	1
4	Budhool	Utrana	82	750	V	NO	1
5	Bhavpura Nadi	Sakhawada	115	870	V	No	1
6	Sakhawada	Sakhawada	93	670	X	Sub center	1
7	Balapura	Sakhawada	79	550	V	No	1
8	Papri	Papdi	282	1535	XII	Sub ceneter	1
9	Nayagaon	Papdi	98	705	V	NO	1
10	Lakhri	Lakhri Nagar Palika	5540	36500	College	CHC	25
	Total		6899	45850			34

Objectives:

1. To ensure timely enrollment of 100% children and pregnant mothers at Health & ICDS institutions in proposed area of 10 villages of Lakhri in Bundi District.
2. To ensure > 90% complete immunization of children and pregnant women of in proposed area of 10 villages of Lakhri in Bundi District

Activities are conducted are as follows:

- a) Pre-drive -planning and coordination meeting with District and block Level Officials:** To initiate this pilot project, MGIDEI tram member were visited the CMHO office at Bundi and share about the project and its objectives.
- b) Village meetings for community mobilization and development list of eligible children:**

As the proposed project area, maximum numbers of targeted households are engaged in brick making, Bidi-making and mining work. Organization is conducted following activities for mobilizing each household to take participates in immunization drive:

- Listed out all the stakeholders
- Meeting with SHG group members
- Sharing about economics of immunization
- Visited all the Anganwadi centers and informed about drive
- Meeting with PHC staff
- Meeting with PRI members
- Meeting with ACC company officials
- Meeting with CMHO, Bundi for issue directions
- Sharing information of immunization drive in Farmers club meeting

c) Capacity building of local *Anganwadi* staff on using “My village My Home” tool:

This training is conducted at Lakheri total 43 participants were participated in this training program. All 30 *Anganwadi* workers along with ANM , PHC staff under chairmanship of CMHO, Bundi. My Village my Home tool were displayed and filled in front of ANW workers. The tool was filled up by bottom -up method. CMHO



Bundi also appreciated the tool.



This training program was useful for *Anganwadi* workers as they are not get many opportunity to understand tool for tracking of children at centre and how these tool are vary effective to demonstrate their performance. By using this tool the other family members also aware about immunization status of their child. Using this

tool enhancing community awareness about immunization schedule. As the name of child displayed on chart, so that neighbor family also motivated the eligible one for immunization.

d) Immunization drive in 10 villages of Bundi district :



Organization has facilitated that the ANM should reached at Anganwadi as per the schedule. One day before immunization drive ANW workers has been visited all the eligible

households and informed about the drive. As this is mining area, DVS and its partner along with local health workers also visited places where migrant population setup their camp.





Staff capacity building activities

S N	Capacity building program	Period	Organizer	Name of team member participated
1.	Orientation on Child labour Act	One day	State Human Right Commission and Labour Department G o R	Mr. Rajesh Sharma
2.	Occupational health hazards among stone workers	Two days	Ethical Trading Initiative-UK and ARAVALI, Jaipur	Mr. Rajesh Sharma
3.	State Forum On Natural Stone quarterly meeting	One day	ARAVALI, Jaipur	Mr Vikas Bhardwaj
4.	Consultation on "Promoting Rights of Children focusing on Natural Stone Sector"	One day	ARAVALI, Jaipur	Mr Vikram Singh Jatav
5.	District task force on Silicosis	One day	District Collector, Karauli	Mr Vikas Bhardwaj
6.	Financial Management	Three days	PHF-UK	Mr Vikas Bhardwaj, Mr. Rajesh Sharma and Mr Monu Jindal
7.	Sustainable Development Goal	Two days	CECOEDECON, Jaipur	Mr. Brajbhushan sharma



Institutional partners

- ARAVALI, Jaipur
- District Collector office, Karauli
- Global Green Grant Fund-USA
- Health Department, GoR
- Labour Department, GoR
- Mines Department, GoR
- National Institute for Miners Health, Nagpur
- Paul Hamlin Foundation, UK
- Rajasthan State Human Right Commission
- State Forum on Natural Stone-Rajasthan
- National Human Right Commission
- Tata Social Welfare Trust
- Catholic Health Association of India (CHAI)
- Khan Majdoor Suraksha Sangthan(Union), Karauli
- Envioranic Trust- New Delhi
- Pathar Tarashi Evem Bhawan Nitman Sangh (Union),Karauli

List of DVS Executive Board Members

S N	Name	Education qualification	Occupation	Designation
1.	Mr. Gopilal Sharma	Graduation	Farmer and social work	President
2.	Mr. Chakrpani Vashisth	Post Graduate	Academician	Vice-president
3.	Dr. Vikas Bhardwaj	BAMS	Social work	Secretary
4.	Dr. Rajkumar Singh	BAMS,MIMS	Medical Practitioner	Treasurer
5.	Ms. Rachna Dadhich	Post Graduate	Educationist	Member
6.	Mr. Durga Lal Saini	BE	Engineer -PHED	Member
7.	Mr. Chandra Sheker Gupta	Graduation	Entrepreneur	Member
8.	Ms. Sugar Bai		Sand Stone Worker	Member



Glimpse of activities of 2015-16



Registration of mine workers at project village



Registration of worker in Labour Department



ग्राउंड रिपोर्ट : जानलेवा सिलिकोसिस

19 जिलों में सिलिकोसिस 30 लाख आने, सैकड़ों विधवाएं, बीमारी लड़कतक मौत से बचाव के इंतजाम तक नहीं

उफ़! मौत है जिंदगी यहाँ

एयरर की खदानों में काम करने वाले जख्मुर सिलिकोसिस वैली खदानक बीमारों की राहत के ले आ रहे हैं। यह वैली बीमारों ने जो मौत के बाद ही पैदा होती है। युवाओं की मौत का अंकाइ बढ़ता आ रहा है। जो बीमार है वो उठ नहीं सकते। कुछ जगहों में सिलिकोसिस जैत कर ले लेते हैं। पीछर, एंबेस के खदान क्षेत्रों के जख्मुर किनेड, शर्ल की लखव रिपोर्ट...

दैनिक भास्कर जख्मुर, 13 नवंबर, 2014



सिलिकोसिस जांच जिला स्तर पर भी

जख्मुर | सिलिकोसिस के मरीजों के लिए अब जिला स्तर पर ही न्यूमोकोनोसिस बोर्ड बनेगा। चिकित्सा मंत्री राजेन्द्र राठौड़ ने बुधवार को समीक्षा बैठक में यह निर्देश दिए। अभी न्यूमोकोनोसिस बोर्ड मेडिकल कॉलेजों में ही होते थे।

भास्कर इम्पैक्ट

इससे 30 किलो के लह गए स्वस्थ आदमी के गांव में 150 विधवाएं, बच्चे भी बीमार

जख्मुर के सिलिकोसिस पीड़ितों के रवई को 33 लखव रवई उपर ने पहुंचाया से उदरव आ।



Silicosis deaths in Rajasthan mines leave behind a trail of young widows

- THE HINDU



खान विभाग

सिलिकोसिस पीड़ितों पर सीएम को सौंपी रिपोर्ट

जख्मुर खानों में काम करके सिलिकोसिस बीमारी से पीड़ित हुए मजदूरों की स्थिति पर खान विभाग ने मुख्यमंत्री वसुंधरा राजे को रिपोर्ट सौंपी है। इस बीमारी से पीड़ित लोगों को आर्थिक मुआवजा देने के लिए सरकार की ओर से राजस्थान एनवायरमेंट एंड हेल्थ एडमिनिस्ट्रेशन बोर्ड बनाया हुआ है। बोर्ड की तरफ से जोधपुर तथा करीली जिले के सिलिकोसिस पीड़ितों को मुआवजे के लिए 1.5 करोड़ रुपए स्वीकृत किए जा चुके हैं। विभाग का कहना है कि सिलिकोसिस पीड़ित अथवा मृतकों के आश्रितों को आर्थिक सहायता देने के प्रस्ताव प्राप्त होते हैं तो उन्हें सहायता देने पर नियमानुसार विचार किया जाएगा। खान विभाग की रिपोर्ट के मुताबिक 2010 से अब तक प्रदेश में इस बीमारी से 33 लोगों की मौत हो चुकी है। इनके परिवारों को मुख्यमंत्री सहायता कोष तथा राजस्थान एनवायरमेंट एंड हेल्थ फंड से 1 लाख रुपए नकद तथा 2 लाख की एकडी के रूप में आर्थिक सहायता दी गई थी।

THE HINDU

Sandstone- where dust brings DEATH

भास्कर ग्राउंड रिपोर्ट 19 जिलों में सिलिकोसिस 30 लाख आने, सैकड़ों विधवाएं, बीमारी लड़कतक मौत से बचाव के इंतजाम तक नहीं

सूखकर 30 किलो के रह गए स्वस्थ आदमी हर गांव में 150 विधवाएं, बच्चे भी बीमार

जख्मुर के सिलिकोसिस पीड़ितों के रवई को 33 लखव रवई उपर ने पहुंचाया से उदरव आ।

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बीमारी सिलिकोसिस, जख्मुर के खानों में काम करके सिलिकोसिस बीमारी से पीड़ित हुए मजदूरों की स्थिति पर खान विभाग ने मुख्यमंत्री वसुंधरा राजे को रिपोर्ट सौंपी है। इस बीमारी से पीड़ित लोगों को आर्थिक मुआवजा देने के लिए सरकार की ओर से राजस्थान एनवायरमेंट एंड हेल्थ एडमिनिस्ट्रेशन बोर्ड बनाया हुआ है। बोर्ड की तरफ से जोधपुर तथा करीली जिले के सिलिकोसिस पीड़ितों को मुआवजे के लिए 1.5 करोड़ रुपए स्वीकृत किए जा चुके हैं। विभाग का कहना है कि सिलिकोसिस पीड़ित अथवा मृतकों के आश्रितों को आर्थिक सहायता देने के प्रस्ताव प्राप्त होते हैं तो उन्हें सहायता देने पर नियमानुसार विचार किया जाएगा। खान विभाग की रिपोर्ट के मुताबिक 2010 से अब तक प्रदेश में इस बीमारी से 33 लोगों की मौत हो चुकी है। इनके परिवारों को मुख्यमंत्री सहायता कोष तथा राजस्थान एनवायरमेंट एंड हेल्थ फंड से 1 लाख रुपए नकद तथा 2 लाख की एकडी के रूप में आर्थिक सहायता दी गई थी।

उत्तर 20 की उम्र में शिक्षा होती महिलाएं, फिर बच्चे भी उन्हीं खानों के अंदर

लखव न नियमों की पालना, न करवाई करते हैं अफसर


