

# DAANG VIKAS SANSTHAN

## **Annual Reflection of Project**

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To address occupational vulnerabilities of sandstone mineworkers of Karauli and Dholpur districts of Rajasthan through building local capacities and strengthening of livelihoods

## **Supported by:**

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The Tata Social Welfare Trust, Mumbai

**2016 - 2017**

Engage  
Develop  
Sustain



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## FOREWORD

*Many times in our lives, we are called upon to be champion and conqueror. Contrary, I experienced helplessness very often when I had to meet widows of demised workers living in destitute.*

The stoneworkers around mining rich areas are forced to live an undignified and unhealthy life in destitute. Occupational health issues are rapidly rising and death of stoneworkers too due to occupational disease- Silicosis. Shocking number of workers are being exposed to unhealthy and unregulated work environment, provoking a basic human right crisis for stoneworkers. The poor and marginalized are still always the first to be forgotten and often left to shoulder the burden of risk, exploitation and debt.

In the face of all this, Daang Vikas Sansthan (DVS) along with Tata Welfare Trust (Mumbai) are giving hope and options to make a change. We are standing in solidarity with workers to claim their rights and shape their future to enjoy a health and dignified life. The momentum behind our ambitious agenda is gathering space.

2016 was a year filled with progress for the DVS, with a big strides in our efforts to embark

upon a journey with stoneworkers from invisible and silent to a visible and loudly heard workforce. As I look back on the year and the several learning lessons that will continue to serve as well, I would like to share some highlights of the year 2016. Working with thousands of workers, widows, young children; partners and diverse stakeholders and by adapting development programme and approach in new environment, we persistently strive to refine our development approach for wider-based adoptability with a sustainable change to reach poorest of the poor. Promotion & Protection of stoneworkers' rights, health and livelihood took the form of a partnership with Tata Welfare Trust, Mumbai where more than 3500 workers are being benefited in 2016. Under health camps 953 workers were benefited through 19 health camps at different locations. One of the most significant milestone for 2016 in journey with Tata welfare trust has been the rehabilitation, the

key domain of DVS. This majorly entails the raising workers' awareness and capacities to understand safe working practices, occupational hazards and risks; and linking them with existing health facilities for appropriate diagnosis and rehabilitation. 1672 workers have attended various training and awareness programmes, 937 workers have gone through the health screening process and 171 silicosis affected workers were rehabilitated in a year with substantive financial assistance along with an option to start an alternative livelihood which is the highest in the history of Rajasthan.

Our progress in steering various programs for social change would not have been possible without the generous support of our partner Tata Welfare Trust. We look forward to sharing our stories with you. Thank you for collaborating with us to create an ecosystem where every stoneworker is empowered to enjoy a healthy and dignified life. As we tackle injustice and increasingly operate within spaces that would rather deny workers their voice – I know that we need to be political,

and our journey will not be easy. But we have momentum, we have more allies from unexpected places, and we have more people powerfully exercising their rights.

Join us!



DR. VIKAS BHARDWAJ

CHIEF EXECUTIVE OFFICER  
DAANG VIKAS SANSTHAN

19 Health Camps attended by 937 mineworkers

330 minworkers out of 937 attended the camps were found Silicosis positive (36%)

171 silicosis affected workers have received the financial assistance amounting 2.25 crore Indian rupees

19 awareness raising meeting attended by 1672 mineworkers

40 Silicosis affected workers have undergone an encouraging nutritional supplement trial after an extensive research

A set of innovative tools were developed to facilitate linkage and build capacity of mineowrkers



## SECTION 2

# ABOUT DVS

## ABOUT DVS

Daang Vikas Sansthan is working in Karauli, Dholpur, Dausa and Bharatpur districts of Eastern Rajasthan since 2008. Largely we are aiming to improve the living and working conditions of stoneworkers and we are concerned with poorest of the poor.

Advocacy, rehabilitation, protection and promotion of workers' rights are the core objectives of DVS. Daang Vikas Sansthan (DVS) is working for betterment of mining labours and stone labours.

In the region, where we work is largely abundant with sandstone. Due to the large number of sandstone quarries agricultural area is very limited. Therefore livelihood of most of poor families depends upon the mining activities. The continuous exposure in the mining operations has led these poor workers in the trap of incurable lung disease called **silicosis** due to high silica contents in the mining dust. Due to lack of awareness and poor response from service provider (Government agencies) most of these affected workers are wrongly diagnosed and awfully linked to

tuberculosis treatment for a longer period. Due to this wrong diagnosis most of the affected workers are not getting any symptomatic relief from the occupational disease even after a long treatment. A lack of faith on government health facilities further push them to avail private facilities to get cured. They take hefty loans from their contractors or local money lenders on high interest rate to meet this medical need. But due to misdiagnosis they never get cured because most of the time it is Silicosis or Silico-tuberculosis but not the tuberculosis. Due to heavy loan taken by them many times it is very difficult for them to repay it on time and thus got trapped in the vicious cycle of debt and bondage labour.

Since last few years, DVS is largely doing advocacy with National and State human right commission to protect the right of such workers demanding justice for them. DVS has advocated with state government to establish pneumoconiosis board in 19 mining prone districts to ensure that affected workers get diagnosed properly. We have done extensive work with National Institute of Miner's health

(NIMH)-Nagpur to establish the prevalence of silicosis in the region. We have organized more than 20000 mineworkers in the region under trade union banner to strengthen the voice of these vulnerable workers. We are exclusively working with the widows of mine workers to rehabilitate

Have reached above 50,000 mineworkers in last five years

More than 7 crore Indian rupee has reached to 700 silicosis affected workers

More than 15000 workers were organized under the trade union membership

the kin of deceased workers by exploring alternative livelihood opportunity for them; that primarily includes micro level entrepreneurship. We strongly believe that with ongoing advocacy, expending partnership and grass root connections we would be able to bring justice for these unheard workers.



## SECTION 3

# DVS-TATA WELFARE TRUST PROJECT

## About DVS-TATA WELFARE TRUST PROJECT

In general, mine workers are highly vulnerable to occupational diseases & other health and safety risks. As per the report of National Institute of Miners

This project is focused on mine workers especially the sandstone workers. The central beneficiary unit under this project is the mineworkers' family. Under this project DVS is applying a multi-dimensional work approach to reach out the remote mine workers community through a process of engagement, and simultaneously keeping a track of the individual mine workers families for effective implementation and also to ensure better sustainability of the project. Daang Vikas Sansthan after a three years intensive hands on experience with the "Family Livelihood Resource Centre" (FLRC) project in Karauli have learned and realized that a family based intervention approach for mine workers is must rather than

reaching them individually to attain sustainable results more efficiently and effectively for the overall development and rehabilitation of mine workers and their families. With this unique family engagement approach we had been able to develop a data base of most of the mine workers families in the region. This data base reveal the summary of each mine workers' family along with a customize solution for each family.

A new three way working approach is required to address the occupational issues of these mineworkers that is not only focusing on diagnosis and rehabilitation, but should also emphasis on preventive measures too. This would help mine workers to enhance their knowledge to mitigate the occupational risk through a better knowledge, capacities and promoting uses of protective equipment at work place. This project also aiming to bring opportunity for technical experts to interact with mine labour and other stakeholders to identify collaborative solutions to address the occupational issues in district Karauli and Dholpur.

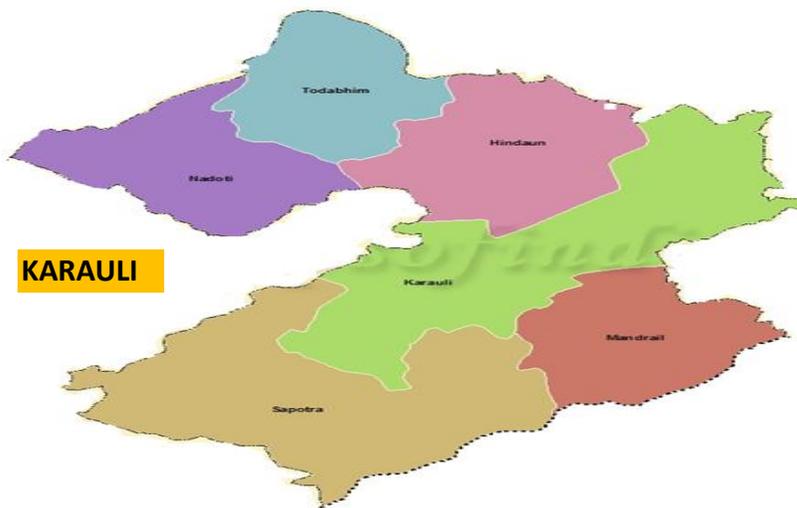
Livelihoods and entitlement support packages for widows of mine workers have also demonstrated a very positive outcome in strengthening livelihoods of the deceased family. We are also aiming to establish miners' mines schools to promote and adopt safe mining practices to mitigate the health risks.

The **Tata Social Welfare Trust, Mumbai** is supporting DVS, Karauli for undertaking specific action towards addressing the occupational health issues of mine workers. The four major objective of the project includes;

- Advocate to organize diagnosis camps on occupational illness.
- Linking silicosis suspected cases with pneumoconiosis board.
- Explore alternative nutritional support for silicosis affected workers to bring improve health.
- Assist silicosis affected workers to receive financial support from government

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Target Village and Beneficiaries 2016-2017			
Village	District	No. of Households Targeted	
DOMPURA	DHOLPUR	160	
HARLALPURA	DHOLPUR	135	
KONESA	DHOLPUR	225	
BHINDIPURA	DHOLPUR	125	
SURARI KALA	DHOLPUR	180	
MAMCHARI	KARAULI	350	
KARSAI	KARAULI	400	
RAJOR	KARAULI	540	
MADANPUR	KARAULI	225	
LAKHNIPUR	KARAULI	340	
TOTAL	10	2	2680



# RESULTS AND OUTCOME

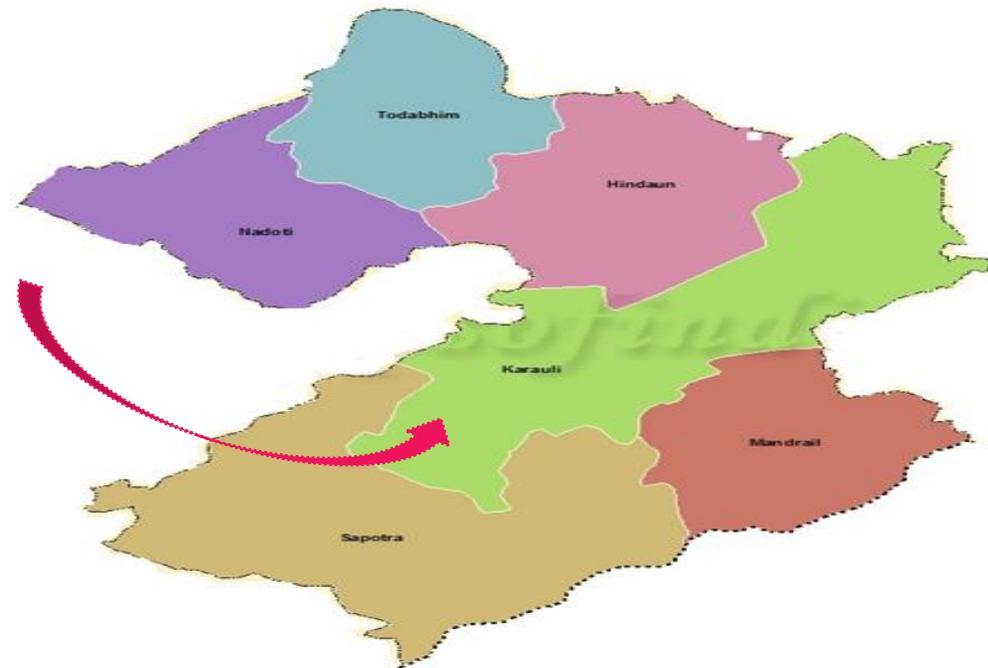
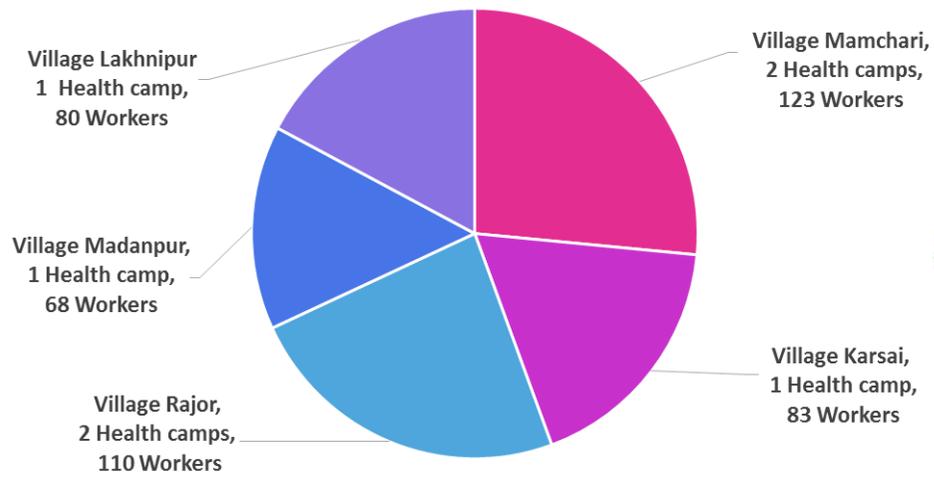


## SECTION 4

# HEALTH CAMPS

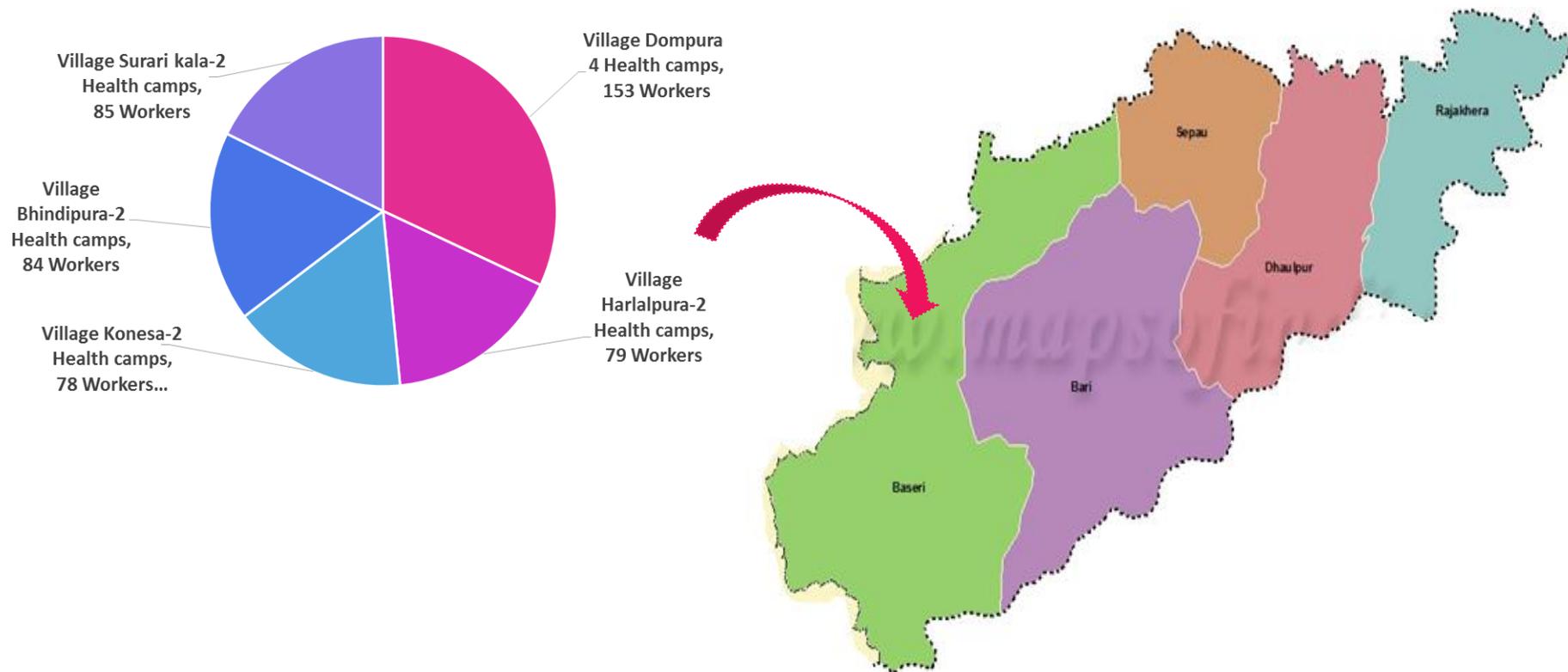
## KARAULI

### AREAWISE HELATH CAMPS & ATTENDANCE



## DHOULPUR

### AREAWISE HELATH CAMPS & ATTENDANCE

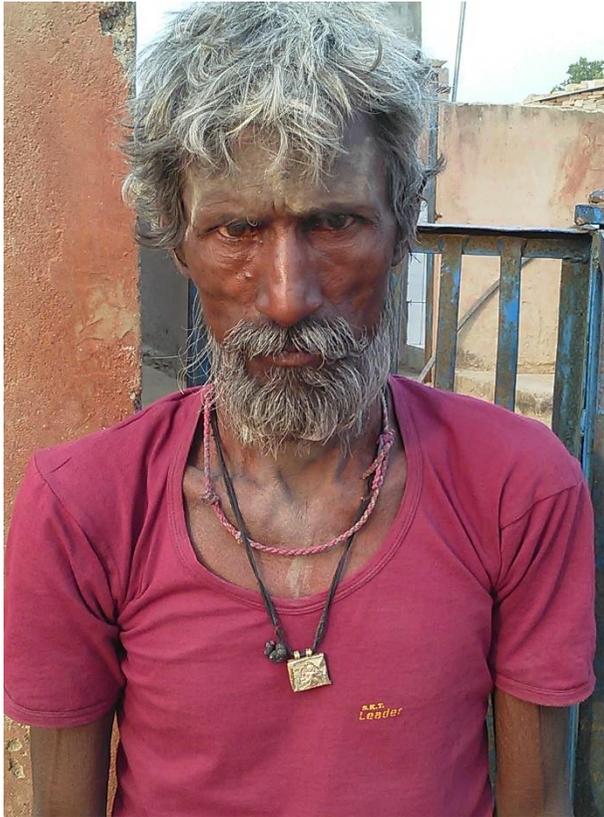




## SECTION 5

# OCCUPATIONAL ILLNESS

## OCCUPATIONAL ILLNESS- BACKGROUND



Due to globalization and automation in mining companies in India has augmented the need of Occupational Health and Safety policy. Mining is a hazardous operation and

consist of considerable environmental, health and safety risk to mine workers. Occupational Health and Safety to miners in mines in India is of a great concern in India. Safety is predominant in mining companies. It has been observed from the statistics on accidents and fatalities in mines that mine owner has not emphasized on the occupational health and there were no safety measures for mine workers and there is eminent need of an effective OHS policy.

According to DVS, in Rajasthan, Silicosis is common in mineworkers, it develops when dust containing silica is inhaled into the lungs. It is the most fatal and main cause of death among mineworkers. The internal surveys have been conducted in the district of Karauli in Rajasthan with the collaboration of National Institute of Miner's Health (NIMH). In 2011 NIMH has examined and confirmed the high rate of silicosis among mineworkers i.e 78%.

For this occupational disease Silicosis, under the Workmen Compensation Act 1923, The Rajasthan Silicosis Rules 1955 were established to compensate the workers affected with silicosis. Daang Vikas

Sansthan (DVS) has taken the responsibility to the cause of mineworkers working in mines and do not get the basic facilities such as first-aid boxes, safety provisions, toilets, rehabilitation support and other workers' rights. Pathetically, mineworkers have to work in unsafe working conditions with lack of protection and dangerous mineral dust and risky working conditions. The inhalation of silica dust for longer period that is abundant at the mining areas causes many lung diseases such as silicosis, tuberculosis (TB), silicotuberculosis and asthma. The prominent places where mining is carried out for sand stone, marble and slate are Karauli, Dhoulpur, Bundi; Bijoliya, Jodhpur, Makrana and Udaipur.

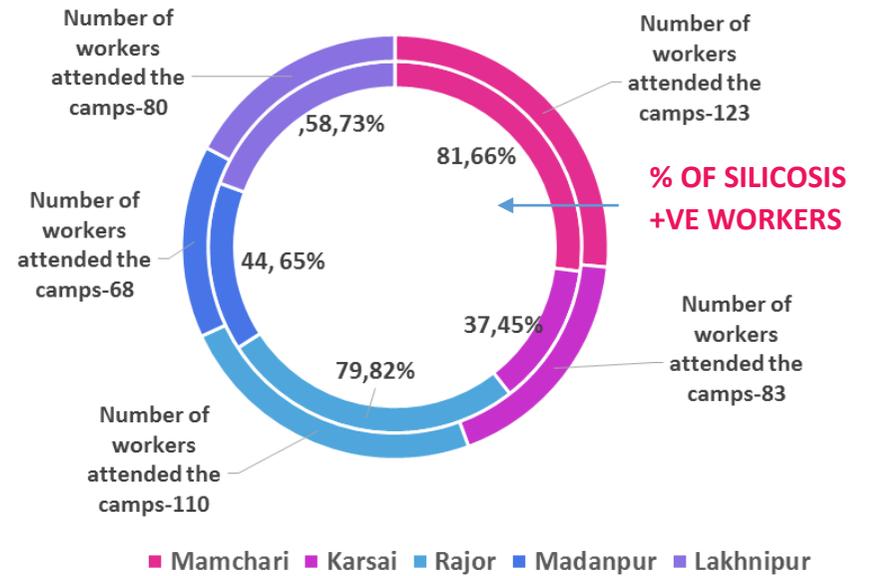
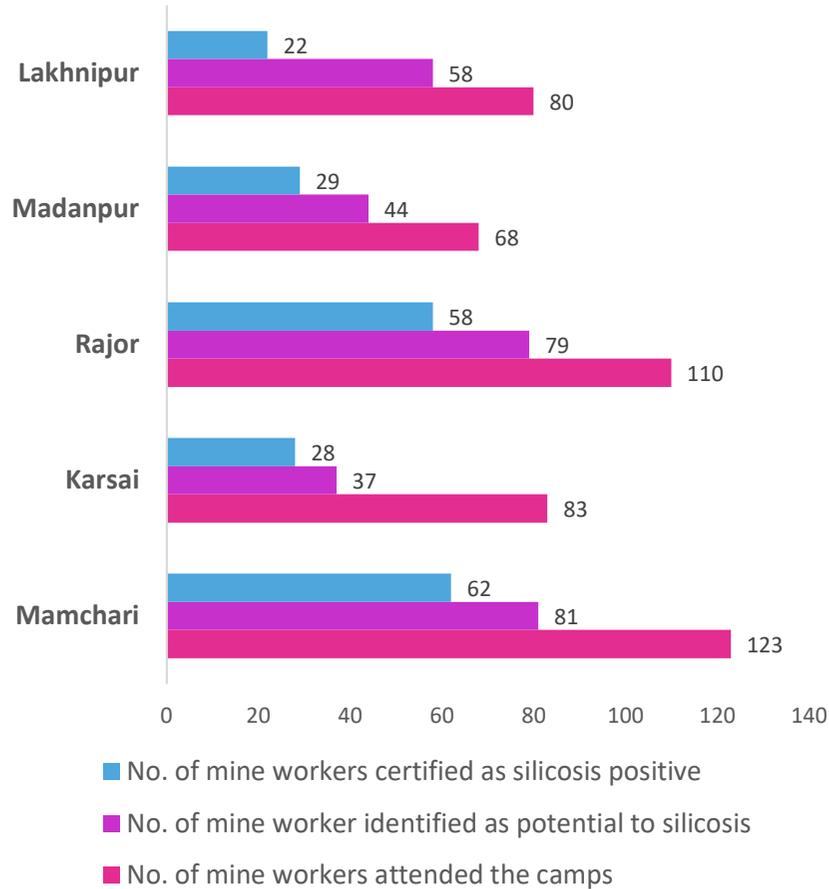
In July 2012, DVS has filed the petition with state human right commission (SHRC) on behalf of victims demanding justice for workers affected by Silicosis. And finally, the Rajasthan government seems to have woken up to an occupational health hazard that has taken a toll on the lives of many mine workers in the state. The state labour department initiated dialogues to discuss silicosis. The labour department has taken cognisance of the problem with certain

recommendations to improve work conditions and prevent silicosis. These include wet drilling in mines to contain dust and following International Labour Organisation (ILO) guidelines for diagnosing silicosis among mine workers, recommendations include compensating mine workers who have died of or are suffering from silicosis and displaying data of all mine leases on website of the department of mines and geology Rajasthan State Pneumoconiosis Board—meant to conduct medical examination, submit medical reports, and grant medical certificates to workmen employed in mines.



## KARAULI

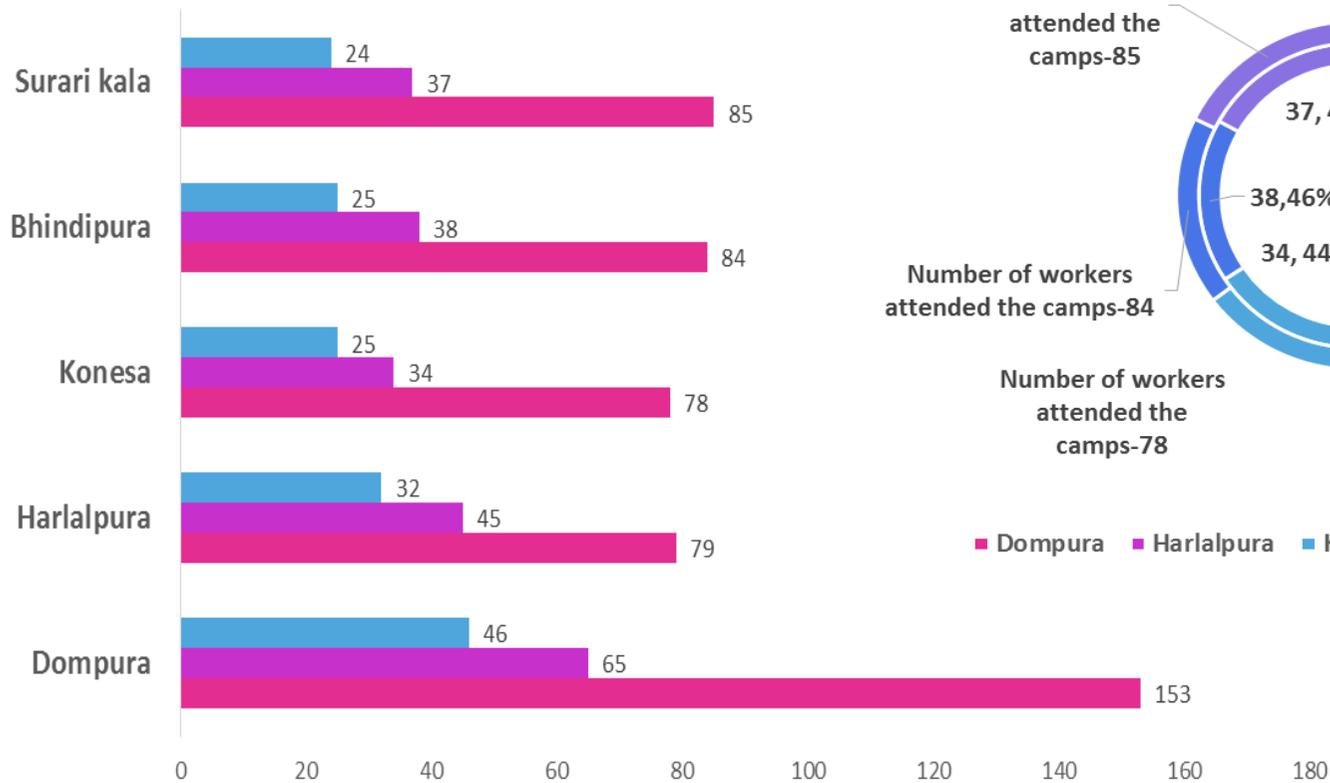
### AREAWISE PREVALENCE OF OCCUPATIONAL DISEASE-SILICOSIS



**SILICOSIS PREVALENCE RATE**

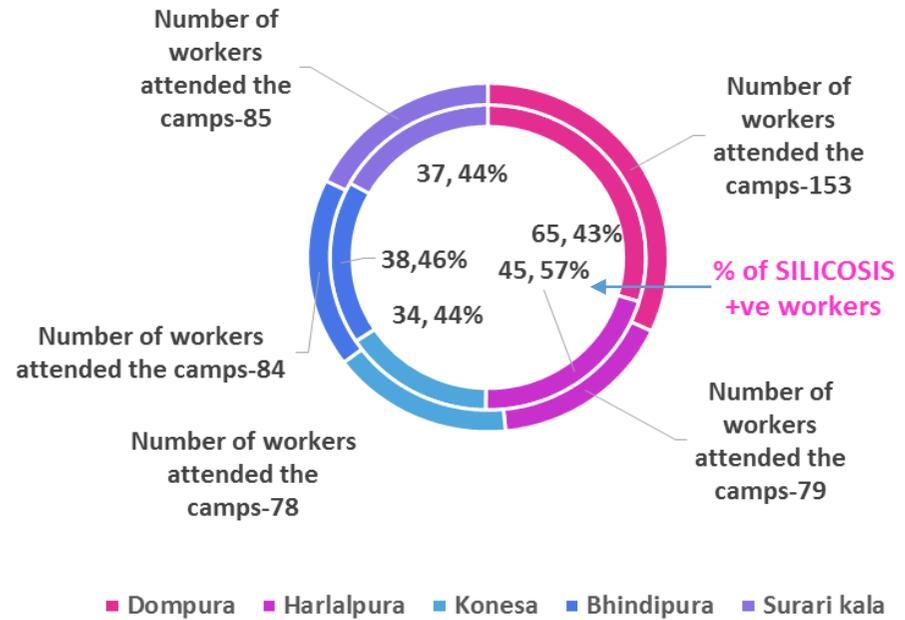
### DHOULPUR

#### AREAWISE PREVALENCE OF OCCUPATIONAL DISEASE-SILICOSIS



- No. of mine workers certified as silicosis positive
- No. of mine worker identified as potential to silicosis
- No. of mine workers attended the camps

#### SILICOSIS PREVALENCE RATE





## SECTION 6

# REHABILITATION OF WORKERS

## REHABILITATION OF SILICOSIS AFFECTED WORKERS



**A compensation of Rs 1 lakh to surviving victims of silicosis and Rs 3 lakh to kin of those who die of the disease were paid by REHAB.**

After long advocacy with state government and at national level a multi-level system of diagnosis and compensation under the National Human Right Commission's directives was set up. In this, a high level inter-departmental committee under the chairmanship of the chief secretary was constituted to specifically look into mineworkers' health, prevention and diagnosis of occupation-related diseases. The committee then constituted an administrative board called Rajasthan Environmental Health Administration Board (REHAB), under Section 17 of the Rajasthan Finance Act 2008 and Rule 15 of the Rajasthan Environment and Health Cess Rules 2008, with principal secretary finance as chairperson and secretaries from mining, health and environment departments as well as non-government representatives including DVS as members for overseeing environmental and health aspects in mining areas.

The board, to be funded by money from mine owners collected for closure of the mines, is mandated to meet at least once in six months and keep a close watch over the

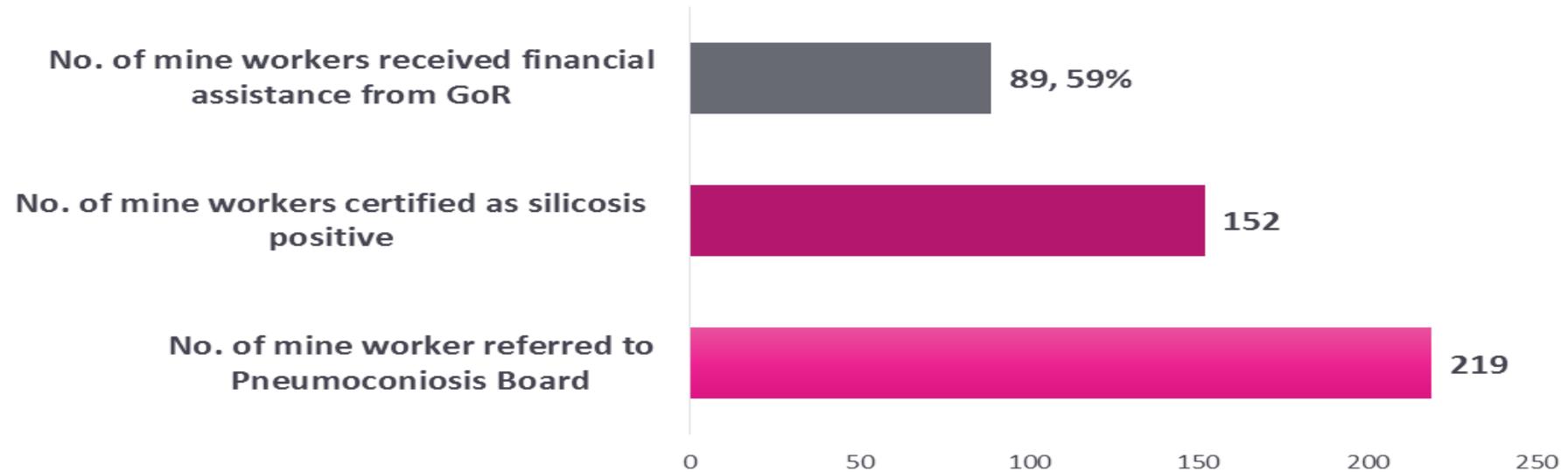
progress of decisions taken by it. Later, with the efforts of the National and State Human Rights Commissions, state government, the REHAB and ground-level NGO DVS working in mining areas, a smooth system of diagnosis, certification and compensation for silicosis victims was devised.

Regular health check-ups were held in mining areas for which money for mobile medical units were sanctioned by board, potentially affected mineworkers identified and referred to the state pneumoconiosis board, that were reconstituted by amending the Rajasthan Workmen's Compensation Rules, 1965, for certification and a compensation of Rs 1 lakh to surviving victims of silicosis and Rs 3 lakh to kin of those who die of the disease were paid by REHAB.

The funds for compensation to silicosis victims are allocated by the REHAB periodically to the districts and the concerned district collector was assigned the responsibility of distributing the compensation amount.

## DHOULPUR

### REHABILITATION PROGRESS

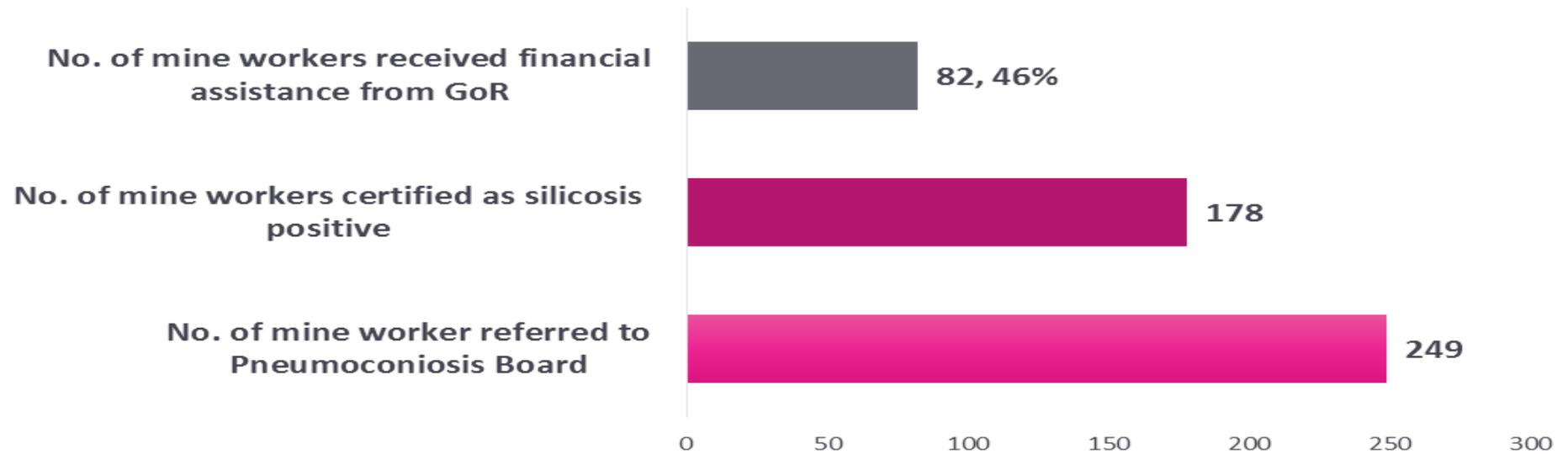


152 out of 219 (70%) of workers were found silicosis positive at final stage of diagnosis

89 Silicosis affected workers have received a financial assistance of 93.30 lacks

**KARAULI**

**REHABILITATION PROGRESS**



178 out of 249 (72%) of workers were found silicosis positive at final stage of diagnosis

82 Silicosis affected workers have received a financial assistance of 100.89 lacks



## SECTION 7

# NUTRITIONAL SUPPORT

## KARALI AND DHOULPUR

### RESULTS OF NUTRITIONAL SUPPORT

Total Respondent	Avg. Age	Sex	Avg. weight before Nutritional supplement	Avg. weight after Nutritional supplement	Avg. Haemoglobin before Nutritional supplement	Avg. Haemoglobin after Nutritional supplement	Avg. pulse rate before Nutritional supplement	Avg. pulse rate after Nutritional supplement	Avg. respiration rate before Nutritional supplement	Avg. respiration rate after Nutritional supplement
34	56.18	Male	47.68	49.36	9.51	10.08	77	77.45	20.18	18.68

RESULT SUMMARY AFTER USING NUTRITIONAL SUPPLEMENT FOR 2 MONTHS		
Avg. weight gain	Towards Normal	1.68 Kg
Avg. increase in haemoglobin	Towards Normal	0.57 g/dL
Avg. improvement in Pulse rate	Normal	+0.45 bpm
Avg. improvement in Respiration rate	Towards Normal	-1.50 bpm

*“Khanik Prash is a combination of 53 rare herbal medicines prescribed in Charak Sanhita- An authentic compendium of traditional Ayurvedic medicines. After consuming nutritional supplement (Khanik- Prash) for 60 days; that was researched and developed especially for the silicosis affected workers. The therapeutic results established afterwards were found very encouraging”*

**Dr. Vikas Bhardwaj**  
Expert-Alternative medicines

An average increase in body weight by  
**1.68 kg**

An average increase in Haemoglobin by  
**0.57 g/dL**



## SECTION 8

# TOOL DEVELOPMENT

- A compodium of various social welfare scheme was developed in Hindi Language in the form of calander and was distributed to workers aiming to raise awarenss on social linkages
- A puppet show was developed and showcased at various locations to raise awareness among mine workers on occupational health issues and social security schemes
- A step by step guide to rehabilitate silicosis affected workers was developed to build capacities of NGOS and trade union members





## SECTION 9

# PROGRAMME IMPACT 'CASE STUDIES'

## Transforming lives of Mineworkers

### Chetram

District Karauli, Rajasthan

**Chetram** - son of Shamliya, a 55 years old mineworker living in village Madanpur, post Siloti, tehsil-Maasalpur in district-Karauli of Rajasthan. He has worked as mineworker for more than forty years in different sandstone quarries around Karauli. He used to earn eight to ten thousand rupees a month as daily wage worker splitting and cutting stone slabs locally known as '*Farsi karigar*'. Chetram

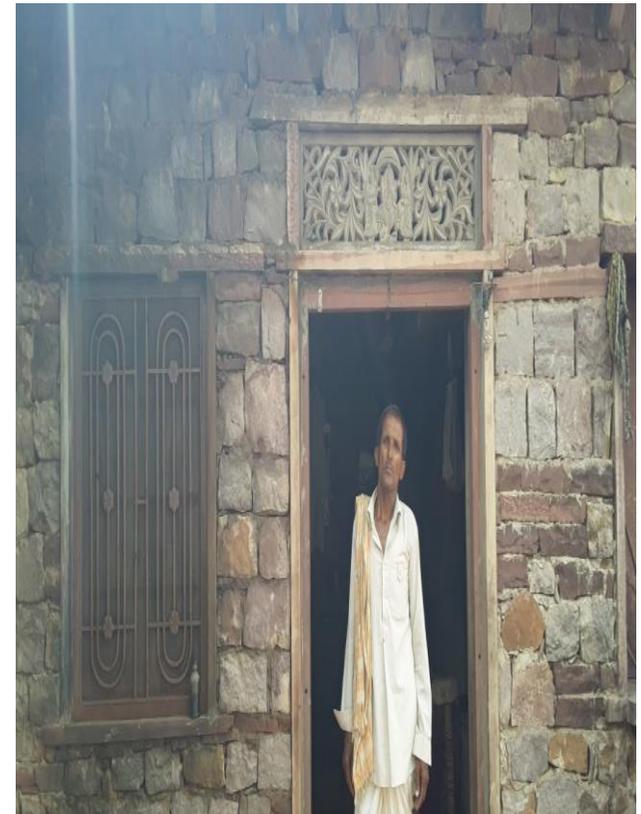
used to work hard for more than 10 hours a day in remote quarries to earn his livelihood to sustain his family.

Chetram has nine members in his family, includes his wife Resham, three daughters Rajni, Mithlesh and Prati and four sons Rajesh, Sumanm, Sudama and Pusp Mohan. He has married all his daughters in the nearby villages and all four sons are leaving separately as a separate household. Chetram is having a small mud house in the village and also possess a small piece of unfertile land, with no other means to earn any alternative livelihood to support his family.

Three years back in 2013, he was down with high fever for a longer period and when consulted in government hospital he was diagnosed tuberculosis positive. To his disbelief, he did not recovered from his illness even after a long treatment with Anti-TB drugs for more than six months. Initially, his family members including him were of the belief that he could not attain any health improvement that is very highly due to spurious quality of medicines that was provided free to him in the

government hospital. They decided to consult a private doctor in Gwalior and also opted for paid medicines with a hope to get quality medicines for early recovery.

**Chetram –A Mineworker**



However, the new treatment also did not worked for him and increasingly he debilitated and found totally helpless to

move from one place to other. Gradually he has left with no money to support his family with no other option of any alternative income.

Resham, his wife who never moved out of the home alone, after realizing the circumstances decided to move out of home and enrolled herself under Mahatma Gandhi National Rural Guarantee Scheme (MNREGA) to earn little money to sustain her family to some extent.

In 2016, Daang Vikas sansthan (DVS) in support from Tata social welfare trust reached many workers like Chetram in remote village of Madanpur of district Karuli. DVS in support from district TB hospital have organized series of health camps in remote villages of Karauli including village Rajour to identify the silicosis affected workers those were misdiagnosed as tuberculosis positive due to lack of awareness on occupational disease among workers and public health practitioner.

Chetram was diagnosed as Silicosis positive (an incurable occupational lung disease). DVS helped him to get referred to

pneumoconiosis board Jaipur for further diagnosis and also to get him a certificate



from pneumoconiosis medical board to certify his occupational illness. After intensive advocacy of DVS with district administration, Chetram was provided an interim relief of rupees 1 lack as ex-gratia.

With this financial support from district administration Chetram has bought a buffalo to generate an additional income for his family by selling milk. He has also utilized fifty thousand rupees in repairing his mud house and building an additional

concrete room to protect his family from rainy season.

Many such workers like Chetram who has devoted 60 % of their precious life span in extracting stones in mines are living under very deprived conditions, socially disconnected and ignored, without even a hope for a better tomorrow. A collective and collaborative initiative of different agencies is the only way to ignite a hope for millions of sandstone worker like Chetram to redesign a life with dignity.

*Chetram says "I had never been told by any mine owner in last 30 years about any health & safety risks involved in mining work".*



*"Majority of workers like me was never given any personal protective equipment to minimize the risk."*

*"I did not had any single medical health check-up at mines in my 30 years of working in mines by any owner or government agencies".*

*"Presently no workers want to engage their children to this deadly work."*

*"Where should I go to demand justice? No one listen to us"*

*"Mine owners and government needs to be more sensitive. Workers should be given more priority; poor stones are becoming more precious than our lives."*

## Transforming lives of Mineworkers

**Devi Singh**

District Dhaulpur, Rajasthan



**D**evi Singh - son of Bheekaram lives in village Dompura, post Mandasil, tehsil-Sarmatura in district-Dhaulpur of Rajasthan. He initiated his journey in mines when he was just 16 years old. He says "when I was young, I used to visit mines very often along with other childhood friends to deliver tiffin to my father who was a mine worker in the remote mines of the Dhaulpur. We all used to play in mines, running from one corner of mine to other, competing childhood friends by lifting the heavy stones to get praise on our masculinity." Gradually, I started

supporting my father in minor work at mine like cleaning the work area by collecting the stone waste, lifting and removing it from the working area. Slowly, I also learned the art of synchronising the beat of chisel and hammer to cut and bring down the deeply bedded stone in desirable size and shape. With this evolvment, when I reached in my twenty- I established myself as an independent mine workers and started earning 70-80 rupees per day to support my parents.

After thirty years of his journey in mines when Devi Sing looked back to what he has achieved, he says "hardship, ignorance, an insecure life -full of risk, dearth of basic facilities and diseased life are something that has made the journey of my life entirely gloomy and miserable.

He further added, "Few years back I realized that I am under the influence of some disease due to which my health had been seriously debilitated and I was coughing so much. Subsequently, I visited the government health facilities near to my residence and was diagnosed tuberculosis positive. I had long treatment for

*"Labour like me wants a pride and joy in doing good work, a sense of making or doing something beautiful or useful - to be treated with dignity and respect"* says Devi Singh - a fifty years old -fatigue, exhausted and in feeble health with an awful sad stare of hopelessness.

tuberculosis almost for three years from the government hospital but nothing worked for me. With a hope for improvement, I also visited private doctors in Dhoulpur, Gwalior, Jaipur and Vrindawan hoping for a better treatment from a private hospital and will get cure as services from government hospital are very often not satisfactory. And during all these pernicious days I was not only losing my work but had also exhausted all my little savings that was kept secured to sustain my family from any odd event in the life. My family includes my wife Vidhya Devi, two daughters Suman (14) and Gudiya (12), elder son Bakelal (18) and younger son Sewa singh (16). Strangely, nothing worked



for me and things were deteriorated further.”

During those unpleasant days, my elder son Bakelal was half-heartedly forced to take up the responsibilities to take care of his siblings and ourselves. *Bake* was a young adolescent boy in his thirteen when he first started earning by working as daily wage worker in nearby town Sarmathura, earning 250 rupees for each working day. Later, my wife Vidhya also found some work under MGNREGA scheme and was able to manage another 1000-1500 rupees a month. All we were earning was completely insufficient to sustain the family. A high medicinal cost on my treatment and a social responsibility to timely get my daughter married had ruined my life completely. To fulfil my responsibilities I took a loan of 7,00,00 rupees from a local quarry owner on high interest rate by handing over my land of 10 Biswa (*less than a beegha*) as collateral. Somehow, with this money I managed to marry both my daughters in nearby village. But gradually, I realized that I am not in a position to repay the loan I have taken. I was forced by quarry owner to send my

younger child Sewa for work to repay his loan. Sorely, Sewa was also dropped from the school when he was perusing his education in class 10<sup>th</sup> to repay this loan and work for my quarry owner.



**Quarry worker awareness camp  
Sarmathura, District-Dhoulpur**

In 2016, Daang Vikas Sansthan (DVS) in support from Tata social welfare trust reached many workers like Devi Singh in remote village of Dompura of district Dhoulpur. DVS in support from district TB hospital have organized series of health camps and awareness camps in remote villages of Dhoulpur including village Dompura to identify the silicosis affected workers those were misdiagnosed as tuberculosis positive due to lack of awareness on occupational disease among workers and public health practitioner. Devi Singh was diagnosed as Silicosis positive (an incurable occupational lung disease). DVS took him to the district hospital again and was referred to pneumoconiosis board Jaipur for further diagnosis. After due process Devi Singh was presented a certificate from pneumoconiosis medical board to certify his occupational illness. After an exhausting advocacy of DVS with district administration, Devi Singh was provided an interim relief of rupees 1 lakh as ex-gratia by the district administration.

With this financial support and handholding by DVS- Devi Singh invested

around 15000 rupees to open a small grocery shop in the village. Presently he is earning 100 -125 rupees daily from this shop. He has also started repaying the loan to recover his collateral. He happily says “thankfully, I got connected to DVS and now at least living a dignified life otherwise it could have spoiled my family.

When asked about few changes that he has seen in this journey he says “earlier all work was done manually including cleaning and extraction. Presently most of the work are mechanised like mechanical drilling, blasting etc. Earlier there was hardly any decent provision for drinking water- we and animal used to drink water from the same pit in the quarries that are being filled with water during the rainy season. For small illness we used to travel 20-25 km from work area to get some basic treatment. Very often we were threatened and beaten by dacoits to pay them a share of our earnings to allow us to work safely in the quarries. But presently this has changed remarkably; more mechanised process, little improved provision for

drinking water and lack of threat from dacoits.

However he emphatically added *“earlier also workers were dying in the mines and presently also they are dying, and there is hardly any change in response from owner attitude and government administration. But only change is that death of such workers are somehow little visible due to efforts of organization like DVS “*

Thousands of such ignored workers like Devi Singh in the remote areas of eastern Rajasthan are finding new ways to live life with dignity due to the reach and handholding of DVS. Connecting with such remotely settled quarry workers has brought a hope to thousands of such exploited workers to find new ways to live life with dignity, and feel happy about whatever they do to sustain their family.

## Transforming lives of Mineworkers

### Phool Singh

District Dhaulpur, Rajasthan



Phool Singh- A mineworker

**Phool Singh**- son of Fattu Singh- 50 years old belongs to village Rajour, tehsil & district-Karauli of Rajasthan. He has

worked as mineworker for more than thirty years in different sandstone quarries in the region to earn his livelihood to sustain his family. He used to earn eight to ten thousand rupees a month as daily wage worker working for 10-11 hours each working day in sandstone quarries.

His family comprise of six members that includes his wife Mukti, one eleven year's old daughter Laxmi and three adolescent sons Pintoo, Prem singh and the youngest Om Prakash.

Phool singh and his family were living the usual hardship of a mineworker family but two years back in the year 2014, he seriously fell sick with respiratory problem and gradually he realized that his working capability has been reduced very significantly. His family consulted a doctor in the nearby government hospital and came to know that Phool singh is suffering from tuberculosis. As recommended, he started Anti TB drugs as prescribed by the doctors but even after six months of

treatment nothing improved for Phool Singh.

As his health was deteriorating and worsening further, his family decided to consult a private doctor in Agra seeking better and effective treatment for him. Unfortunately, this decision further forced his family to owe some money from local money lenders at high interest with a believe that they will be able to repay this loan once Phool Singh become healthy and return to his normal working life. The private hospital in Agra after several diagnosis restarted the tuberculosis treatment with an anticipation that better quality medicines will bring a new hope for him and his family. However, even after receiving another seven months treatment from a private hospital nothing improved for him and things became worsen. Due to long intake of Anti-TB drugs for years, Phool Singh's body immunity weakened further and he was seriously down with weakness and other secondary infections. And at last, nothing improved for Phool

singh and ultimately his family was also caught in vicious debt cycle with a loan amounting more than fifty thousand Indian rupees.

Nevertheless, at this stage sustaining the family with four small children became a harsh challenge for him. Mukti the Phool Singh's wife stepped out of home with courage and enrolled her with MGNREGA work in the village to sustain her family in this hardship. Regrettably, Phool Singh was also not having any livestock and farming land to generate any additional income to support his family.

In 2016, Daang Vikas sansthan (DVS) in support from Tata social welfare trust has increased its outreach and reached many workers like Phool Singh in remote village of Rajour of district Karuli. DVS in support from district TB hospital have organized series of health camps in village Rajour to identify the silicosis affected workers those were misdiagnosed as tuberculosis positive due to lack of awareness on occupational disease among workers and public health practitioner.

Phool Singh was diagnosed as Silicosis positive (an incurable occupational lung disease). DVS helped him to get referred to pneumoconiosis board Jaipur for further diagnosis and also to get him a certificate from pneumoconiosis medical board to certify his occupational illness. After intensive advocacy of DVS with district administration, Phool Singh was provided an interim relief of rupees 1 lack as ex-gratia. With this financial support from district administration Phool Singh has bought a cow to generate an additional income for his family. He has also returned a loan of rupees thirty two thousand to the money lender and remaining he is utilizing to support education for his children.

Presently, Pintoo and Prem Singh are preparing themselves to get a job as teacher in the primary school and the other one with police department. The youngest son Om Prakash is perusing his studies in eleventh standard and daughter Laxmi regrettably decided to give up her studies as she find herself unable to continue school due to other increased household responsibilities. Mukti, the courageous

mother of four children and wife of helpless Phool singh continuing working as casual worker in the village to protect and support his family.

Phool singh is hardly able to find any job suitable to her health to support his family. But still hopeful that one day district administration will come ahead with additional support for the rehabilitation for him and his family.

Many such workers like Phool singh who are working as casual workers in the sandstone mines and quarries, whose employers are invisible, are forced to live life with such hardship and ignorance. A collective and collaborative initiative of different agencies is the only hope for millions of sandstone worker whose plight is same as of Phool singh.

## Transforming lives of Mineworkers

**Ramji**

District Dhaulpur, Rajasthan

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*“Hardship, uncertainty, unfair & inhumane treatment and a diseased life- full of risk are something that I have gained after investing 32 years of my precious life in these quarries”* says **Ramji**- son of Karni lives in village Dompura, post Mandasil, tehsil-Sarmatura in district-Dhoulpur of Rajasthan.

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Since last 8 years he was suffering from chronic respiratory infection and very recently he has been identified as Silicosis positive- *a deadly, irreversible and incurable occupational lung disease.*

The destiny of Ramji’s family changed around eighteen years back when he was just forty and working as a mineworker. During those days, whilst working he found himself caught with some acute respiratory problem that gradually got aggravated and become a serious health issue for him. He found himself incapable of doing any work due to his debilitating health and ultimately one day his contractor told him not to visit the mine further as he found Ramji completely useless as mineworker.

*“Ill health of any worker always worries contractors – not because the contractor has concerned for workers- but there real worries are advances that poor workers may demand from them to get treated. Also contractors do not want any legal obligation on them in case something goes wrong with workers”* says Ramji with a sarcastic smile on his face.

Despite this poor and inhumane response of his contractor, Ramji decided to get cured of his illness to re-join some work at other mines. He visited his nearby government hospital and was diagnosed affected with tuberculosis. He had long treatment for tuberculosis almost for six months years from the government hospital but nothing worked for him.

Meanwhile, due to long absence from work and without any alternative earning he found it very challenging to sustain his family. Whatever little savings were secured in the past were also drained that made his life a complete havoc.

This was a real tough time for his entire family. Unwantedly his both the sons Rattiram and Satish then studying in class 7<sup>th</sup> and class 8<sup>th</sup> were dropped from school and started working as casual labour in village to sustain the family. Few years later the elder son Rattiram migrated to Kerla (south India) in search of a good job along with his friends when he was just 16. Presently, Rattiram earn around 250-300 rupees a day and able to secure work for around 20-22 days in a month. The younger son Satish

also works as a casual labour locally earning 100 -150 rupees day and both add 3-4 thousand rupees a month jointly to sustain our family.

This family income was not sufficient to sustain the family of eight members. Therefore, I decided to get a speedy recovery by getting best health treatment from some private hospitals assuming that the medicines provided by government hospital is not working for him. His family supported him to get a private treatment from doctors in Dhoulpur and Gwalior as suggested by his neighbour. He arranged a hefty loan of fifty-thousand rupees from local money lender on high interest rate expecting that he would be able to return it easily once he get cured and back to work.

Surprisingly, nothing worked for him and his health deteriorated further. With further debilitated health, he found myself completely helpless to move out of my home to fulfil even small household’s needs.

Helplessly, under the pressure of the money lender he was forced to drop his 14 year old son Kuwar singh then studying in class 6<sup>th</sup> from school and was asked to work under local contractor to get work from him and repay the money lender’s loan from his earning. Under these poor circumstances the youngest son Ajay Devgan then studying in class 4<sup>th</sup> was also dropped from school due to poor economic condition and increased work pressure in the family.

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*“After thirty two years of work- exhausting all my labour and life in mines- I could not even provide basic food and education to my children” Says Ramji with wetted eyes.*

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In 2016, Daang Vikas Sansthan (DVS) in support from Tata social welfare trust has reached many workers like Ramji in remote village of Dompura of district Dhoulpur.

DVS in support from district TB hospital have organized series of health camps and awareness camps in remote villages of Dhoulpur including village Dompura to



**Field meeting of DVS with mine workers**

identify the silicosis affected workers those were misdiagnosed as tuberculosis positive due to lack of awareness on occupational disease among workers and public health practitioner.

Ramji was diagnosed as Silicosis positive (an incurable occupational lung disease). DVS took him to the district hospital again and was referred to pneumoconiosis board Jaipur for further diagnosis. After due process Ramji was presented a certificate from pneumoconiosis medical board to certify his occupational illness. After an extensive advocacy of DVS with district administration, Ramji was provided an

interim relief of rupees 1 lack as ex-gratia by the district administration.

With this financial support and handholding of DVS- the first thing that Ram Singh did was the repayment of the remaining loan amount to the money lender. DVS also supported Ramji to bought 6 goats to add an alternative income for his family. Presently Ramji has 35 goats that adds a substantial income to his family to live a dignified life. DVS also support Ramji to get his goats dewormed and vaccinated periodically to mitigate the risk associated with goat farming to secure his alternative livelihood. Ramji do not have enough shade to keep his goats safely, therefore DVS also initiated a process to link him with the government supported cattle-shed scheme to protect and promote his livelihood.

DVS also helped Ramji to remove both his children Satish and Soneram from work and were re-enrolled to nearby government school in Dompura.

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*Ramji happily says “fortunately I got connected with DVS and now living a normal life. I am happy that both my children are back to school and now at least living a gracious life. I feel free from pressure of money lander too. I enjoy spending time with my family and going out to graze my goats.*

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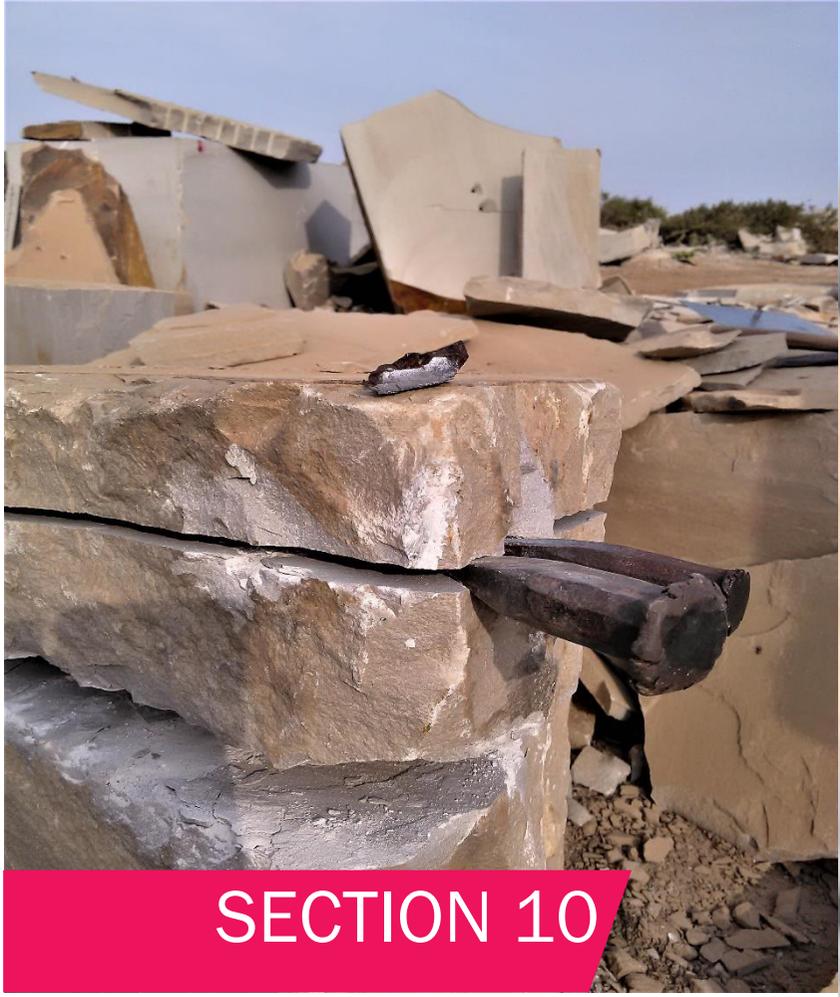
Thousands of such ignored workers like Ramji in the remote areas of eastern Rajasthan are finding new ways to re-initiate a meaningful life for themselves and their families.

Presently Ramji also works as an active volunteer of Khan Mazdoor Suraksha Sangathan (KMSS- a workers’ union promoted by DVS) to raise awareness among other mine workers on occupational disease, benefits of getting being organized and also help workers to

get enrolled with different government social security schemes.



**Ramji grazing his goats**



SECTION 10

# FUTURE SCOPE AND WAY FORWARD

## FUTURE SCOPE AND WAY FORWARD

Based on learning and outcome of the project the following scope and way forward for future can be considered to improve programme's' impact and its outreach.

1. Preventive measures is must to mitigate the risk of occupation disease silicosis in the region. To attain this there is a great need to run an intensive focus programme on preventive measures aiming to raise awareness among mineworkers and business community.
2. To create a greater impact of the current programme, the present learning of the project must be roll out

in other areas to benefit thousands of other workers not yet connected. Therefore, an increased outreach programme shall create a better impact to change live of mineworkers.

3. An alternative livelihood support is must for the proper rehabilitation of the silicosis affected workers. A mere one time financial support id not adequate to sustain their lives. A livelihood focus programme for silicosis affected workers shall bring sustainable solution to this issue.
4. A robust rehabilitation and transparency in existing health & safety policy is must to bring sustainable

change in the lives of mineworkers to enable them to live safe, decent and dignified life. Therefore, a focus programme to strengthen advocacy at state and national level is must that can bring policy level changes for long term impact.

5. There is a need to create group of facilitators in remote mining areas to support mineworkers to enjoy their rights. To achieve there is need to design fellowship support for individual to work on various issues affecting mine workers and strengthening their alternative livelihoods. A new fellowship component could be developed and used as tool for

disseminating the project learning to other area.

6. A programme that can link vulnerable mine workers with various workers' entitlement and social security schemes (convergence approach) can

bring a better social security to these vulnerable mineworkers.

7. DVS team is gradually building their capacities to advocate complex issues around mine workers' rights. State government and other agencies are looking at them to act as resource organization at state level. DVS team

must equip them with appropriate and advance knowledge and capacitate themselves to deliver such expectations for the larger benefits of workers.



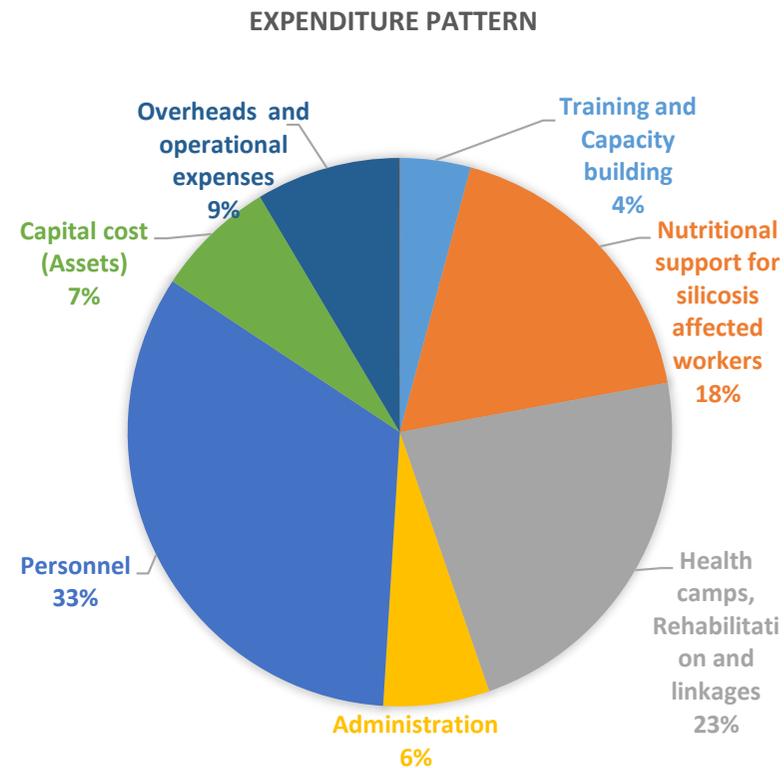
## SECTION 11

# FINANCIAL OVERVIEW

# PROJECT'S FINANCIAL STATEMENT

INCOME AND EXPENDITURE ACCOUNT FOR THE PROJECT YEAR ENDED  
15<sup>th</sup> MARCH 2017

Particulars	Current Year 2016-2017	Previous Year 2015-2016
<b>INCOME</b>		
Sponsorship of programme –Tata Welfare Trust	10,00,000.00	0.00
Membership Fees	0.00	0.00
Training Fees	0.00	0.00
Miscellaneous receipts	0.00	0.00
<b>Total (A)</b>	<b>10,00,000.00</b>	<b>0.00</b>
<b>EXPENDITURE</b>		
Training and Capacity building	41910.00	0.00
Nutritional support for silicosis affected workers	179189.00	0.00
Health camps, Rehabilitation and linkages	225693.00	0.00
Administration	63000.00	0.00
Personnel	332900.00	0.00
Capital cost (Assets)	71400.00	0.00
Overheads and operational expenses	85565.00	0.00
Surplus	343.00	0.00
<b>Total (B)</b>	<b>10,00,000.00</b>	<b>0.00</b>





## SECTION 12

# CONTACT

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## DVS VISION 20-22- JOIN US!

1. Establishment of stoneworkers' welfare board in Rajasthan to bring millions of stoneworkers under social security net; those are not covered under any worker welfare scheme
2. Ensure easy access of stone workers to government supported health diagnosis facilities- having a robust infrastructure, process and rehabilitation package in place- to facilitate their treatment, to increase the rehabilitation package by triple (10Lacks) and to reduce the delivery of rehabilitation package time by half
3. Engage 15,000 stone workers across Rajasthan to make them aware about their rights, entitlement, safe working practices and build their capacities to raise their voice to influence the decision makers





