Child Labour in Mica Mines of Koderma & Giridih District of Jharkhand
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List of Abbreviations

AWC    Angan wadi center
AWW    Angan wadi worker
ANM    Auxiliary nurse midwife
ADPO   Additional District program Officer
ANC    Ante Natal Check up
BSMDC  Bihar state minerals Development Corporation
BDO    Block development officer
BEO    Block education officer
CDPO   Child development project officer
CSO    Civil society organization
CS    Civil Surgeon
DC    District Collector
DPO    District program officer
DEO    District education officer
FGD    Focus group discussion
ICDS   Integrated Child Development Scheme
JSMDC  Jharkhand State Minerals Development Corporation
KGBV   Kasturba Gandhi Balika Vidyalaya
MOIC   Medical Officer In-charge
MCH    Maternal and Child health
NRHM   National Rural health Mission
NPEGEL National program for education of girls at elementary level
NRBC   National Residential bridge Course
NREGA  National Rural Employment Guarantee Act
PHC    Primary health center
PNC    Post Natal Care
RBC    Residential Bridge Course
RCH    Reproductive and Child health
RMP    Rural Medical Practioners
SHC    Sub health center
SGSY   Swarn Gayanti Swarojgar Yojna
Executive Summary

Koderma and Giridih district of Jharkhand have rich deposits of mica. Mica picking is one of the main occupations of the people in both the districts. The poor economic condition and insufficient availability of livelihood of the communities leads them to mica picking. Additionally, mica picking being the easiest occupation available in the region draws the communities towards it. Government’s livelihood schemes are either not being implemented effectively or have no outreach to these communities at all. Interestingly, the communities are not aware about alternative livelihood opportunities and are almost cut off with the outside world. Hence they are not interested in working for the government schemes meant for them like NREGA and they also have no faith in such schemes.

The communities earn around Rs 50 – 100 per family per day and thus employ their children in mica picking to supplement the families’ income where an average family consists of at least six members. One of the precursors of low awareness and being secluded is that these communities do not attach much importance to education and hence illiteracy is rampant. The government infrastructure for education is not any encouraging either. The schools in the villages do not function properly and quality of education imparted is poor which is add on to demotivate the communities against education.

The ICDS which is the supposedly the first step to education is also very poorly functional. The parents are not left with any other option besides taking their children for mica picking.

Coming to government apathy towards such rampant child labour it should be noted that the labour department cannot intervene because according to the Child Labour (Prevention and regulation) Act 1988 these children do not come under the category of child labour as they are not employed by any industry but by their own families. The other government departments are also not enthusiastic on addressing the issue probably due to inaccessibility of these areas and because of the fact that these settlements are illegal.

In such a setting, a child friendly environment can be envisaged by strengthening and creating awareness of community based organizations on child labour issues and other issues affecting the child friendly environment. Awareness and sensitization of Parents, communities, key stakeholders and government have to be done on the importance of education for their children. Strengthening of the government schemes and better execution of the schemes and services will help in addressing the issue of child labour. The mobilization of the communities and capacity building and sensitization of front line workers shall play a vital role in this context.
CHAPTER I: Introduction

i. **Area Profile – the state of Jharkhand**

Jharkhand came into existence on 15th November 2000 and became the 28th state of Indian Republic. Ranchi – the capital of the state is Situated on the Chotanagpur plateau.

The state population is 2,69,000 according to the 2001 Census with a decennial growth rate (1991-2001) of is 23.19%. The density of population is 338 people per square kilometer. The ratio of female to male is 941 female per 1000 male. Though the overall literacy rate of the state is 54.1%, only about 39% of the females are literate. There are some districts in the state where the percentage of female literacy is around 25. 82.4% of children in the age – group of 6 – 35 months in 1998-99 were anemic of which 56.2% were from moderate / severe. Of the urban children, 73.7% were anemic.

About 28% of the state population is tribal with several linguistic zones though official language is Hindi; the local dialects/languages spoken are Santhali, Mundari, Nagpuri and Ho. The state has 23% forest cover. The quantum of mineral production in Jharkhand accounts for 46% of the total production in India. The hilly region of Jharkhand is a vast undulating plateau stubbed with hills, which were once covered with dense forests. With influx of population, rapid industrialization and extensive mining, the forest cover has decreased. Urbanization has been growing at a rapid speed in Jharkhand.

Owing to lack of irrigational facilities and suitable other alternatives, people are now giving up their dependency on agriculture and migrating towards the urban centers of Ranchi, Jamshedpur, Dhanbad and Bokaro in search of livelihood. The pattern of rural to urban migration consists of families rather than single males.

Whenever a family is migrating from rural areas to any of the urban agglomerations, the chances of the children remaining out of school increased and this creates a large number of child laborers in any of the urban centers in Jharkhand. The children belong to these families live in conditions of extreme poverty. They live in an utterly degraded environment without proper health services, sanitation
facilities etc and as a result are exposed to a large number of diseases. For various reasons these children are often deprived of the advantages of education which many urban children can take for granted.

I.ii. Koderma & Giridih districts of Jharkhand

Koderma district was created on 10 April 1994, after being carved out of the original Hazaribagh district. Koderma and Jhumri Tilaiya are the only two towns of the district. Koderma district is richly endowed with natural resources. At one time, Koderma was considered as the mica capital of India. Due to the rich reserves of mica Koderma is also called as the “ABRAK NAGARI.” Koderma has all together six blocks.

Koderma district is rich in minerals. The Koderma district and the Lokai-Indarwa area cover the southern part of Great Mica-Belt of Jharkhand and Bihar. Previously the Mica belt was known as Bihar mica belt which extends for a distance of 160 km having an average width of 25 kms. The mica belt stretches from Gurpa in Gaya district in the west through Nawada, Koderma, and Hazaribagh, Giridih in Jharkhand and Jamui as well as Bhagalpur district of the Bihar state in the east. Its maximum width is about 40 km at Koderma-Hazaribagh-Nawada area. The whole belt encompasses roughly 4,000 sq. km. around area and lies on the north fringe of Chotanagpur plateau and runs in an east-north east to west-southwest direction. Once upon a time Koderma district was famous for its mica production worldwide and the district is known as “Abrak Nagari”. But gradually excavation of low quality of mica ore and high cost of production results in closure of mica related industry.

Giridih district was also carved out of Hazaribagh. The Giridih district is spread over an area of 4853.56sq km. The district is famous as a place of
ruby mica and coal field. Grand trunk road and national highway number 23 passes through the district. The extensive deposited of mica in this district are of importance not only to Jharkhand but to India and other countries also. It is mostly found near the Tisri and Gawan blocks.

I.ii. **Child labor in mica mines of Jharkhand**

Child labour in the informal mining industry is a serious problem. **Jharkhand**’s mica working children are invisible to the public eye. Here a different form of child labour in mica extraction is presented. Their problems in collection of mica, their occupational health issue and the implication of the agent system on child labor are detailed here. The low income derived from this employment for the family forced them to engage their children in work. Their silent suffering continues. In India most of the mica mines are located in Jharkhand. The other mica producing regions in India are Gudur in Andhra Pradesh and Bhilwara in Rajasthan. In Jharkhand Giridih and Koderma districts are popular for mica. It is estimated that at least about 18000 children are involved in mica picking in this 2 districts in Jharkhand.¹

The existence of child labour in mica industry is not known as the children are mostly working in interior tribal region in the forest. Engaging children in mica cutting and splitting is categorized as hazardous occupation under the Child labor [Prevention and Regulation] Act. However child labor in this region is part of their life and culture of the people. In Tisri block in Giridih district alone, 3018
working children in mica related work was detected. Child labor in mica mining and scrap mica collection is the worst form of child labor. Many children including girls have been engaged in mining operations. They even go below the ground of more than 20 feet to dig and search for mica. Working in loose soil is part of the operation.

Many instances of deaths as a result of collapse of ground while mining and caving in of soil were found. In the last five years, more than 45 known deaths were recorded. Accidents and snake bites were other occupational health hazards of mica mining and scrap mica collection. Occupational diseases such as silicosis, asthma and bronchitis were common among children and adults. Other poverty related diseases such as T.B., malaria, dehydration and malnutrition was very high.

I.iii. Vulnerable Children: Status in Jharkhand

In Jharkhand around 56 per cent of children suffer from severe anemia and over 20 per cent suffer from diarrhea and acute respiratory disorders. The prevalence of these diseases is due to malnutrition caused by poverty and lack of safe drinking water. Only 11.3 per cent of the villages have health care facilities. The total number of children between 0-6 years in the state is 47, 96,188. Only 10 per cent of the children between 12 months and 23 months are fully immunized while around 30 per cent have
not been immunized at all. Less than 10 per cent are breast-fed in the first hour of birth. Around 7,13,088 live births take place each year in Jharkhand of which 49,916 children die before their first birthday. Even the birth registration of the children is poor, as low as 2-5 per cent.

Rampant unemployment coupled with poverty and dreams of a better life prompt several ignorant families to send their children off to the big cities where they are vulnerable to exploitation, violence and abuse. Most of the children trafficked are tribal girls who work as domestic helps.

While availability of data on the extent of child abuse, child labour, trafficking and other related crimes against children and the degree of their vulnerability is scanty it is well acknowledged at various forums and through media reports that the situation is alarming the state. Even the infrastructure in place is in the need of a lot of revamping and strengthening in terms of the numbers of the juvenile justice boards, child welfare committees, observation and special homes, special juvenile police units and advisory boards.

| CURRENT INFRASTRUCTURE FOR CHILDREN WITHIN THE STATE |
|---------------------------------|---------|---------|---------|
|                                 | 2005-06 | 2006-07 | 2007-08 |
| Number of Juvenile Justice Board | 7       | 7       | 21      |
| Number of Child Welfare Committees | 2       | 2       | 11      |
| Number of districts having special police for dealing with Juveniles | 22      | 22      | 22      |
Chapter II: Overview and problem statement

I.i. History / Overview of Mica Industry

Koderma and Jhumri Tilaiya towns of Koderma district have been the major mining centres of India since ages. The British invasion led to the discovery of the vast mica deposits in this region long back in the 1890s. In 1974 the mica mines were brought under the government jurisdiction and then managed by the Bihar State Mineral Development Corporation (BSMDC) which is now Jharkhand State Mineral Development Corporation (JSMDC).

Most of the mica was exported to the USSR for space and military equipment production. The mining industry of erstwhile Bihar received a setback in the 1990s when the Soviet Union was divided and it stopped buying mica from India. To add to this during Mr. Atal Bihari Vajpayee’s second tenure as Prime Minister of India it was decided to import Mica rather than export it from our own mines. The other reason for the abandoning of mines is that the mines came under the reserve forest area after the implementation of the forest conservation act in 1980. This resulted in rampant unemployment in these mining communities whose primary occupation is mining. According to sources from the forest department and mining officials, when the business was booming almost every household from Koderma to Giridih were involved in mica picking and they would even pick the mica scraps at

1 Source: Systematic observation report based on interaction with key people and literature review
their houses. After the mines have been abandoned the mica laborer and their families have been living at the same locality and picking up mica from the heaps which were dumped during the mining of mica. Mica picking has become the main source of income for the communities though it is illegal as the mines are located inside the reserve forest. Some families are involved in gum making and wood cutting additionally. Alternate employment opportunities are not easily available in the area even though NREGA is being implemented. Thus almost all members from the households are involved in mica picking.

I.ii. Problem Statement
In India most of the Mica mines are found in the forests of Jharkhand. These mines located in the interior tribal regions are now closed and have been abandoned. Mica scraps and flakes are in high demand (India produces one of the best quality of Mica in the world- source mining office and mica traders) especially in China, Japan, Europe and some places in America as well. The main use of mica is in the pigmentation industry in for automotive paints and cosmetics, as well as it is used for various industries such as the well drilling industry, heat conduction, rubber industry, plastic industry, and the cosmetic industry. It has been observed that several abandoned mines are still being scoured for mica scraps by communities residing in these settlements since ages. A visit to the area reveals the entire household involved in this means of livelihood which included even the children whose childhood and education is compromised. Hence it was felt necessary to assess the magnitude of child labour and health, education, nutrition and protection accessibility to them. This analysis can suggest ways to further intervene among these communities and build concrete strategies to abate the problem.

I.iii. Flow of Mica
The mica picking communities scour through the heaps of feldspar around the abandoned mines in search of Mica. These families then sell the mica to local dealers (licensed dealers) who in turn sell them to the various mica traders (exporters) as per the demand. In some communities, there is another middle man, the local collector in the village (can be the RMP, resident of the area etc) who collects it from the community and he sells it to the local dealers. Most of these families engage their children to do this job. It is estimated that in Tisri block in Giridih district alone, 3018 children are working in mica related work. It has been said that child labor in mica mining and scrap mica collection
is the worst form of child labor. Many children including girls have been engaged in mining operations. They are made to even go below the ground of more than 20 feet to dig and search for mica as working in loose soil is part of the operation.

**Business Chain & Key Players**

Picking mica scraps from the heaps is the most important daily chore for the communities and the entire families including children are involved in picking mica scraps all day. Each family is able to gather mica weighing around 40-80 kgs per day depending on the number of members involved. They then sell it to the local agent at the rate varying from Rs. 3-20 per kg depending on the quality of the mica picked (The mica that is picked up is not of very good quality which is one reason for the low exchange rate), who in turn sells it to the licensed dealers. The local dealer refines it (it is a small scale industry) and sells it to the exporters at a varied rate of Rs 50-100 per kg (No dealer was willing to give an accurate answer). The exporters have well established factories and export the mica to China, Japan, Korea, Europe and America as well. The returns of mica to the licensed industries vary from Rs
300 per kg to Rs 5000 per kg depending on the quality of mica. According to the forest department, in Giridih, last year there was a 300 crore turnover of this business.

Each member of the family is involved in mica picking, even the school going children get on the job after school hours.

**THE FLOW OF MICA**

- Mica Scrap picking communities
- Local agent Price Varies depending on Quality of Mica Flakes/Scraps (Rs 3 to Rs 20 /kg)
- Licensed dealers-Small scale industries (Rs 50-100/kg depending on quality)
- Licensed Exporters/Trade rs (Rs 100/kg upwards depending on quality)
- Exported to foreign countries
Chapter III: Situational Analysis – An assessment of the status of child labour in Koderma and Giridih Districts of Jharkhand

III.i. Study Design

Sample:
Universe – Around 4 scattered and abandoned mines in Giridih and in Koderma
Sample: 8 settlements near mining areas from Koderma and Giridih

Study Methodology:

A total of 2 settlements each around 4 mine sites in Koderma and Giridih were chosen for the purpose of the survey. It was a qualitative exercise which involved Focus Group Discussions (FGDs) with the community. Purposive sampling would be carried out and the number of FGDs conducted would be based on the population of the settlements.

Before initiation of data collection a systematic observation of child workers and the workplaces in the survey area was carried out and visual information was sought about relevant activities and conditions. Following this a mapping exercise which involved making approximate drawings, or “maps”, of the area to be surveyed, showing its physical layout and the relative locations of working sites. The process was to “walk the area” in the company of knowledgeable local individuals, mapping the locations — showing various features and resources, including mining areas and the neighborhoods where their households tend to be concentrated. Social mapping was done to show the arrangement and composition of households within the different localities; this can provide a good introduction to prevailing social inequalities and differences.
4 Mines: 2 settlements each (See Annexure for detailed tools)

- Systematic observation
-IDI with parents for child case study
- IDI with traders
- IDI with AWW and ANM
- IDI with Government officials (Dist level – DC, CS, DPO, DEO, Labour Dept., Block level – BDO, CDPO, MOIC, Police, BEO)
- IDI with JSMDC Official/ Employer
- IDI with RMP
- IDI with teachers
- Social mapping
- FGD with community

Data Collection:
The data collection plan has been specified below-

- Systematic observation- 2 day exercise to be carried out by 2 investigators
- Mapping- 2 day exercise to be carried out by 2 teams of 3 investigators each
- Data collection- 3 teams of 3 investigators each along with 2 supervisors would carry out the data collection

Quality Assurance Mechanisms: CINI’s technical assistance team would be constituted. This team will constantly monitor and supervise the sequence of activities and provide necessary inputs where ever required.

Ethical considerations: the ethical considerations would encompass -

- That researchers explain to their respondents, regardless of youth or gender, who the researchers are, where they come from, and why they are conducting the research.
- All respondents, whether girls and boys or women and men, must understand what risks may be associated with being interviewed, and they must give their informed consent (even if verbally) before interviews begin.
- Assurances of confidentiality being given and observed.
III.ii. Systematic observation:
Before the initiation of data collection a systematic observation of the mining area and the community was carried out and visual information of relevance to this study were sought before finalising the study tools and beginning the data collection.

A pilot study in one mining area (2 settlements) followed this exercise and was completed by the final data collection. Before going for the systematic observation, a theoretical framework was designed based on the assumptions of the mining areas from previous studies and data (See Annexure for theoretical framework).

**Tools for Systematic Observation**

**KEY INFORMANT INTERVIEW:** The Key informants (KI) were involved in an in depth discussion on the scenario and extent of mining of mica in the nearby settlements. The KIs included Mr. Ramesh Prajapati, Secretary, CPI Koderma and working with a local NGO called Gram Praudyogik Vikas Sansthan. Mr. Rajesh Jain, from Eckhardt was also interacted with. Some community members from Khalak thambi mines of Koderma Block were also roped in to seek information.

**TRANSECT WALK:** Suggi and Khalak thambi mines of Koderma Block were walked through by the researchers. Some key information was noted like how mining is being done, what facilities are available in terms of health and education, what are the drinking water facilities and the general issues that the communities in these settlements have.

**Mines visited for systematic observation**
The mines visited were Suggi mines and Khalak Thambi Mines of Koderma Block.

**Suggi mine** is situated at the Taragati village of Koderma Block. In Suggi mines the people pick mica from the heaps of feldspar that had surfaced at the time when mining was being done. This site is around 1 kilometer inside the reserve forest from Taragati populated by a small settlement of about 20 households. The houses in this settlement are all kacha and there is neither any facility of electricity nor sanitation and people go for open defecation as well as bathing. For the drinking water the communities fetch water from a nearby well.
The community digs up the rivers beds to obtain drinking water. There is a primary school near the settlement the space for which has been taken on lease. There is no angan wadi centre at the settlement and for availing the health facilities they have to travel down to Koderma Sadar hospital. Due to the long distance travel most of the time the people do not prefer going to the doctor but prefer to visit the local quack. As these mines fall under the reserve forest there are no facilities available as even staying in the area is an illegal activity.

Findings from systematic observation

Pull factors to the mines

- Insufficient reach of alternative means of employment
- Lack of skill among the community for other works
- Easiest occupation available
- Provide employment to the whole family while through NERGA only one member of the family will get employment.
- Independent source of income don’t need to work under any body

The other mining site Khalak Thambi is situated around 20 kilometers from Koderma inside the reserve forest. In Khalak thambi the community digs up the nearby area of the mines and go down to get mica unlike Sugi where the community just picks up mica. There is no accessibility of vehicle in this site as the terrain does not allow it. Similar to Suggi, this area also does not have basic facilities like electricity, sanitation or drinking water facilities.
Push factors

- Resettlement of the communities and provision of facilities like BPL, PDS and Job cards
- Generating awareness on the availability of alternative means of employment
- Increasing accessibility to government schemes and educational facilities
- Strengthening the implementation of NREGA and ensuring timely payment
- Sensitization and generating awareness on improved way of living

Background of Mica Picking Communities

The communities involved in mica picking have primarily migrated from Bihar and some of them are also tribal. These communities are mostly of scheduled caste category mainly Turi, Rajwar and Birhor communities (Primitive Tribal Group from Jharkhand). These schedule caste communities have migrated way back from Bihar in search of employment and have settled in the mica mines area and started working in the mines.

These communities have been living here since more than fifty years; generations of the community have been engaged in the mica mines. The male population and the youth are engaged in digging out mica while the women and children pick and sort the mica scrap. There are no safety measures at the mining sites where these communities work. Each member of the family is involved in mica picking, even the school going children join their families after the school. Most mothers take their infants with them as most AWC’s are hardly functional.
Few villages like Phulwaria are resettlement village and are situated in notified area. The communities residing in the village were earlier at Khalak Thambi mines and they have been resettled here. The community comprises of Birhor and Schedule caste group. Houses have been provided for the Birhor community under Birsa Awas Yojna.

There used to be a hospital specifically for the mine laborers in Koderma district called “Karma Hospital” with proper health facilities. The hospital was run on the royalty received by the government on mica products and the mine laborers were entitled for free health services at the hospital. But after the closing of mines the hospital has become non functional. There was also a regional branch of karma hospital at Chirkhundi village of Meghatari Panchayat but that is now in the state of ruin. There is a Sadar hospital at Koderma the facilities of which are also availed by the mine worker after the closing of mines as the Karma hospital is not in a very good functioning state. There are all together six blocks in Koderma of which four blocks have PHCs and all the six blocks of Koderma has Additional PHCs.

There are around 321 government schools in the whole of Koderma district of which only 10% are properly functional as stated by Mr. Ramesh Prajapati, Secretary CPI(M). There is provision of Kasturba Gandhi...
Balika Vidyalaya through the government. In the Megatari Panchayat there are total of 10 schools of which 5-6 are totally in a non functional state. Most of the schools have Para teachers teaching the students. Interestingly most of the government schools have children enrolled in the schools but they are studying in private schools and availing the government facilities.

**Key Implications of systematic review:** This review has helped to identify key factors for designing and implementation of a situation analysis in the mining sites. The same have been enlisted below:

- **All mining settlements within Koderma are similar in topography, type of population and infrastructure. Hence settlements may be randomly selected for the assessment.**
- **The respondents could be decided through a bottoms-up approach starting from children, parents, community in general, some key players in the mica flow, local organizations, front line workers and key government officials from mining, education, health and ICDS departments.**
- **Specific tools need to be administered to different groups of respondents**
- **Data triangulation can be done through interaction with community, service providers and the key people involved in facilitating mica flow.**
- **Social mapping of sites reviewed shall be undertaken to capture visually the accessibility to basic services of health, education, protection and nutrition.**

### III.iii. Team Building and piloting of tools

The piloting of study tools included both orientation and review of the tools. This method also served as means to verify the conclusions drawn from the systematic observation.

Hence the precise objectives of tools piloting were:

- Orientation on tools and team building
- Review of the tools
- Verification of conclusions drawn from the systematic observation undertaken before the commencement of the study

**Methodology**

A pilot study was carried out after the systematic observation to verify the conclusions drawn from the systematic observation and also to review the tools.
Pilot study was conducted at one of the four mines chosen and two settlements of the mines were covered during the study.

The pilot study involved:

- Social mapping of the study area, along with FGD’s with the community and parents of children working in the mines
- And IDI’s with the various stakeholders related to the study like the teacher, Angan wadi worker, ANM and the Traders.
- It also involved case studies of the children working in the mica mines.

After the review of the pilot study, the tools were being reviewed and data collection for the three mines was started (See Session Plan for further details on orientation of the study team).
STUDY DESIGN

- **Study Process**: Systematic Observation
  - Pilot Study
  - Data Collection

- **Output**: First hand information date on the nature and process of involvement of children in Mica Picking collected and accordingly tools for study was developed
  - Effectiveness and relevance of the developed study tools tested and Study Tools finalized

- **Area Covered**: Khalak Thambi, Suggi Mines and meghatari Panchayat in Koderma District
  - Khalak Thambi Mines
  - Mundari mines Meghatari Panchayat Koderma, Panchrukhi Mines Giridih, and Sirsiya Girdih, Dolia and Turia Tola Giridih

Field level information collected and report generation on the status of Children in Mica Picking

Child Labour in Mica Mines of Jharkhand- A situation analysis report
Socio Demographic Profile of the Villages

The settlements both in Koderma and Giridih are marked by difficult terrains surrounded by dense forests, poor connectivity and isolation and lacks basic amenities, like schooling, electricity, road, potable water etc. The implementation of the government schemes are also lacking as these areas are under the protected forest or wild life sanctuary area, it limits the people to act and live according to the laws of the forest conservation act.

Thus according to the forest officials in both Koderma and Giridih, they are not allowed to be using wood or any resources from the forest for business purposes. They can use forest resources only for local consumption. Thus scavenging for mica and selling wood are all illegal activities.

More importantly the area is under extreme threat of Naxal activity, because of which government officials and development agency don’t prefer to go and execute the programs and schemes.

Profile of the Khalak Thambi settlements

Khalak Thambi mines is one of the twelve mines which comes under the government undertaking in the Koderma Region. Khalak Thambi mines is situated inside the forest around 15 kilometres from the Koderma town. The geography of the place is mountainous. The settlement at the Khalak Thambi mines is more than hundred years old and is divided into 3 hamlets (tolas) out of which the bigger tola has 35 households and the other two has 6 and 7 households respectively. In totality the locality has 48
households around the mining area. The population of the village is around 500. The people living in this settlement do not have any ownership of land as the area comes under the reserve forest land.

The people living at the settlement are all from the schedule caste group and had migrated from Bihar during the 1966 famine and settled in the mines for Livelihood. The present community are the descendents of the people who were earlier employed at the Mines working for BSMDC. The people from the community pick mica from the waste heaps surrounding the mining site. Some amount of mining is also done in the surrounding area and it is very risky in nature.

The economic condition of the people is very poor and Mica picking is major source of livelihood for this community. They also collect wood from the forest and sell it at the local market. The villagers own some cattle and goats the milk of which is meant for self consumption.

The area is surrounded by forests from all sides and there is no facility of transportation, as the topography does not permit accessibility of vehicles. The nearest motor able road passes Taragati which is 6 km. away from the village and connected through a ‘kacha road’ to the village. The people walk down to Taragati and take some transport to reach Koderma to get their groceries and other household items and also to avail health care and other facilities. There is a river called “Jamsoti” which flows through the locality, the river is generally dry and is only filled during the rainy season. There are no agricultural lands available at the locality as it is inside the reserve forest land. The settlement have four hand pumps and one well which are non functional. The people dig up the river beds to obtain drinking water and also for washing clothes and utensils. There is
no provision of the electricity at the settlement. There are no toilets in the village and people go in open for defecation.

The Mukhaiya and his family have a lot of influence in the settlement. He is the one who addresses all the issue and everything is done according to him. His son is the para teacher in the village school and his daughter-in-law is the angan wadi worker for the new angan wadi that has just started in the village.

**Profile of the Phulwaria settlement of Khalak Thambi mine**

Phulwaria village is situated around two kilometres inside the reserve forest. This village is a resettlement village, the residents of this village were earlier at the Khalak Thambi mining sites and they have resettled here. The village has three tolas. The total population of the village is around seven hundred and there are around 90-95 households in the village. The village is easily accessible by two wheeler and walking.

The people residing in this village belong to Birhor, Ghatwar, bhuiya, and loham and rajwar caste groups. Majority of the people belongs to the schedule caste group. There are around 65 households of Schedule caste, 15 of Ghatwar and 36 households of the Birhor community. The chief of the village was a Birhor who has passed away twelve years ago and the village does not have a chief at present.
Phulwaria village has many pucka houses provided under the “Indra Awas Yojna”. The village has a school building (though was under construction) and angan wadi centre. There are eight hand pumps in the village out of which only four hand pumps are functional. There is one well at the forest area but that is also not functional. During the summer season the villagers face acute drinking water shortage.

There are 15 families in the village who have houses in Phulwaria but lives at Khalak thambi mining area throughout the week and work at the mines and then return to their village on weekends. There is no sanitation facility available at the village. There are two cases registered against the village by the forest authority against their stay and activities in the village.

A school and angan wadi centre is located inside the village. The village also has a 13 member women group which contributes Rs 5 per person every Sunday the group has been able to deposit a sum of Rs 1500 in the bank. The women group meet on 26th of every month and discuss issues related to cleanliness, birth control and other rising issue that need to be discussed. The village community is not a homogenous community but they live harmoniously with each other and celebrate all festivals as one community.
Profile of Meghatari Panchayat- Mundariya Pahadh

Chirkhundi tola or settlement comes under the Meghatari Panchayat is located beside the national highway number 33 and is well connected with Koderma town. Chirkhundi is around 20 – 25 km from the Koderma town. Chirkhundi is located little inside to the national highway where as Vishnutikra is located just besides the highway and is well connected through road. However during the rainy season, Chirkhundi gets disconnected from the main road due to a river which flows in between Chirkhundi and Vishnutikra. There is a bridge which is under construction to help solve this issue.

The villagers have to walk around 5 kms from Chirkhundi and 10kms from Vishnutikra to reach the mines. The village has around 5 tolas primarily of schedule caste group. Mica picking is the main occupation of people here. The total population of Chirkhundi is around 350 and Vishnutikra has total population of around 760. Both the tolas have kacha as well as pucka houses. The tolas have hand pumps and well for drinking water and other use of water. There is no sanitation facility available at the settlement.

Chirkhundi has a primary school and Vishnutikra has a middle school. The girls of the tola study at the primary school and the most of the boys study at the private schools which are located nearby. There are no health facilities available at the tolas. The people generally depend on the RMP for minor treatments and in case of major sickness or illness the people go to Koderma or Tilaiya for availing...
health facilities. The ANM only comes for immunization and does not provide any medical help to the people. Chirkhundi has an angan wadi centre but has very poor attendance at the centre. Only very small children visit the angan wadi centre.

Almost all the children work at the heaps picking mica. Though the children says that they go to school but the school is not in the functional state. The school does not have any furniture or even black board for the children to study. In Chirkhundi the nature of work is very organised the male member of the family dig out mica and women and adolescent girls stand outside the digging place forming a line till the upper area and the men give the basket of mica to one women and they pass it to one another and finally it reaches the children who pick and separate mica flacks.

Profile of Tisri Block in Giridih
As the number of households in each village is less, four villages were studied in this block. A brief profile of each is given below.

Panchrukhi Village
The Panchrukhi village of Tisri block in Giridih comes under Khatponk Panchayat. The village has two tolas. The village is more than 50 years old; it was established before India’s Independence. It is around 8 km from Tisri block. The village has around 40 household and the total population is about 350. It has 25-30 houses constructed through Indra Awas Yojna. The tribal are dominant population in the village. The chief’s name is Dukhi Tudu. The source of water is both hand pumps and well. There is no Toilet facility in the village. People go to open space for defecation. The common prevalent disease in the region is malaria. T.B is also found in the area. There is no health facility at the village. People visit Tisri to avail health facilities. There is Jhola chap doctor in the village whom people visit during emergency. The village has an Angan wadi which was established 5 years ago and Iron tablets are provided to pregnant women through it.

The village has two schools at the two tolas. Only half of the village children go to school. Since Past two months mid day meal have not been provided to the children.
Sirsiya Village

The village’s name is Sirsiya and it comes under the Belbana Panchayat of Tisri Block. It has been established before Independence. The village has a total 35 household and the total population is approximately 300. There are around 25 Ghatwar household and 10 Tribal household. Mr. Dhami Rai is the chief of the village.

The main market is around 8 kms from the village. The people use bicycle to commute to the market. The people visit market once a week usually on Sunday. The main sources of water are hand pumps and well but the people also use river water for drinking purpose. There is no toilet facility at the village. The village road has been constructed through NREGA.

The common disease found in the village is TB. People have to travel to Tisri or Chandoli to avail health facilities. The village does not have any Anganwadi centre. The ANM comes only to give polio drops. Since the village does not have an Angan Wadi the pregnant women does not get IFA tablets or any other facilities. There is school in the village which is upto standard 8th and after that they go Tisri for higher studies.

Turia Tola

Turia tola has been established before Independence. Tola is situated around 1 Km from the main road. The nearest bus stand is Chandori. It has total 30 household and the population is more than 200. The Tola has 8 – 10 Houses constructed under Indra Awas Yojna. The population is mainly Turia community a schedule caste group.
The source of water is hand pumps and well. There is no toilet facility at the village, people use open space especially near the river for defecation.

The common diseases found in the village are Malaria and T.B. There is no health facility at the village. People go to private doctor at Giridih to avail the health facility. The health sub centre is in Nayanpur where mostly the doctor is not available so the people go to Tisri Giridih for availing health facilities. The village’s angan wadi centre is situated at Lokai, but the people are not getting any facility from the angan wadi centre.

**Dolia village**

Dolia village was established around 50 years ago. The people have moved from Nayanpur and settled there. It is 1 Km away from the main road. The village has total 26 households and the population is around 250. The caste groups residing in the village are schedule caste, Rai (Ghatwar) and tribal. Tribals are the dominant population in the village. There are total 18 tribal households.

The main source of drinking water is Nala water and during summer they have to travel 1 km to a river to fetch water.

The sub health centre is at Nayanpur but health workers are hardly available at the sub centre. The common diseases found in the area are malaria and tuberculosis. The people visit private doctors for availing health facilities. Dolia village Angan wadi centre is at Nayanpur which is 1 km from the village. The village has a school which is till 5th standard. The other nearest school is at Nayanpur. A pond is being constructed through the NREGA.

One difference observed in the mica picking areas in Koderma and Giridih were, while in Koderma, the communities picked the mica scraps from the heaps near the mines itself, in Giridih however they picked mica scraps from the heaps of mica that had been deposited from the factories. Most of the
communities in Giridih didn’t have to travel far to pick mica. Whereas in Koderma families had to travel as far as 10-12 kms into the jungles to reach the mines and pick mica.

**The Mica Picking Community in Koderma and Giridih**

Mica Picking is mainly performed by Scheduled Caste and Scheduled Tribe people, besides that general community or other caste group is also involved but they are involved as small village level traders or munshi (agent). These people are not directly involved in the Mica Picking but actually buy Mica from the villagers or collect it to sell or send it to bigger buyers/local traders in the town.

These Traders are also the people who provide loan to the laborers in time of need at around 10% interest.

These people live in extremely vulnerable conditions, with limited livelihood option and poor accessibility to basic services like; education, health etc. They work in a risky condition. Women and young girls in particular have to take the multiple responsibilities of looking after the young children, cooking and supporting in the Mica Picking.

The main entertainment for the whole community is the weekly markets in the town area. This is where the families receive their weekly earnings from the traders, as well as buy things of their daily use, like food, vegetables etc. The young girls buy cosmetics/clothes and boys watch movies. They also buy their alcohol and cards for gambling from these markets.
Alcoholism is very common among the youth and the older people and it’s a daily routine that the men take liquor in the evening after coming from mica Picking. It was also found in Khalaktambi, Phulwaria and some places in Giridih, that adolescent boys are addicted to liquor, and the use of gutka, tobacco is very common among them. In fact one boy in Phulwaria settlement mentioned that his father used to force him to drink and keep him company and now he too has become addicted to it. It was observed that most of their earnings are spent in Alcohol.

The societies are male dominated. They are the decision makers in the family, even though the women supplement the income in the family. The women are allowed to get out of the village only on Sundays to the market. In Phulwaria, there was a case of a woman who even complained that her husband would come home drunk every night and abuse her physically and sexually.

Most girls and women spend their money to buy jewellery and clothes from the Sunday market, or from vendors who may come to the village.

A prevalence of casteisism has been observed in most of the areas. The mica pickers all belong to the lower castes (SC/ST) and thus do not have as much say in various matters and are mostly exploited. The local traders who buy the mica from them belong to a higher caste. In meghatari there was a boy’s club which even though all the villages were a part of, the club was managed by members from the upper caste, thus all financial decisions were taken by them.

In some of the villages in Giridih the Tribals are the dominant community and are the decision makers at the village level.
Migration

It was observed both in Koderma and Giridih, the young boys move out to Gujarat, Delhi and Bombay in search of jobs. They predominantly join industries as laborers or work in hotels. In Meghatari many boys had migrated to Calcutta to work as drivers.

The girls migrate when they get married to places where their husbands are located. There were many cases reported of girls in both Koderma and Giridih who had got married and had moved to the main town of Koderma from Giridih or gone to Gujarat with their husbands.

It was observed around 25 – 30 unemployed youth from Panchrukhi in Girdih, have migrated in search of work. Some unemployed youth from Sirsiya have migrated to Delhi. In Dolia it was observed that the children who have migrated are in the age group of 13 – 15 years.

Livelihood Options

Main source of livelihood is Mica Picking for the communities. However it was observed that there were some alternative sources of livelihood- wood selling was the most common in both Koderma and Giridih. Apart from these in Phulwaria there honey collection and gum collection, some young boys were also involved in alcohol making factories.

In Giridih there was some amount of agriculture which was done mainly of wheat and Dal. Some families were also involved in coal mining.
Most families in Koderma possessed cattle and goats, as well as in Phulwaria they even raised wild boars. However in Giridih only 2 out of the 4 villages studied, families had cattle and goat

Commonly, this Mica Picking is performed by the whole family. In which from a small child to women of the family, each one has a specific task within their family members to perform during the Mica Picking work, like the men usually is engaged in the earth digging work, women and adolescent girls in collection and bringing it to one place and the children generally are the ones who picks mica along with the mother. So, children in almost every family are involved in Mica Picking and supplementing the family income.

As stated by a trader in his village a minimum of 10 lakhs Mica is collected and sold every month and each day a person is earning not less than Rs.150/- to Rs. 200/-.

**Accessibility to Safe Water Sources**

The main source of drinking water in almost all the settlements in the villages are tube wells except some villages where the people have to use water from the rivers and chuwan (small well). During the study it was found that for most of the villages, half of the tube wells were non functional due to one or another reason.

In Khalaktambi, the river used to be dry for most part of the year, thus the villagers would dig holes and extract water from the river bed. In Dolia (Giridih) they have to travel around 2-3 kms to get water from the river.

**Health & Sanitation Scenario**

All villages studied, had very poor health and sanitation facilities. People’s main source of health service is the Rural Medical Practitioners (RMPs) and the traditional dais (helps in conducting delivery at the household level). There is also a lot of prevalence of families visiting individuals performing Jhar Phook (quacks) to cure diseases and their belief is very strong. They travel to the nearest government
hospitals when required, however not very often. In Giridih it was seen that they even go to private hospitals.

There were no AWCs in many villages, like Khalaktambi in Koderma and Sirsiya and Panchrukhi in Giridih. In fact in Panchrukhi the villagers were not aware about an AWC or its facilities. Even in the villages where there was an AWC, it wasn’t functioning effectively and the AWW did not visit the centre regularly.

The villagers mentioned that “the AWC is not opening regularly; no services are provided to us” However on the contrary the AWWs and the ICDS supervisors mentioned that “The villagers take their children along with them for mica picking and thus no one comes to the centre. Also the Government has not increased the amount sanctioned for food etc even though prices have gone up thus many provisions are not available”

The villagers have mentioned that the ANM visit villages only for Immunization. Status or immunization and ANC, PNC services etc to the community are almost negligible. It was seen in all most all the villages the villagers visit the local RMP for immediate medical need. Villages like Khalakthambi which is in the interiors of the reserve forest the ANM does not visit. People also mentioned that there is no doctor in the PHC or SHC so they are not left with no other option but to go to the district hospital.

Under the provision of NRHM, Sahhiya has been selected from every village. But as the village tolas are too scattered and distantly placed, these Sahiyyas are not able to reach out to all the beneficiaries and they are also not very well versed in their roles and responsibilities. But during our visit to the PHC, it was found that with the execution of Janani Suraksha Yojna, Sahiyyas have started referring the pregnant women to the PHC for institutional deliveries and they are also helping in referring the women to ANM for any service of vaccination.
Most villages did not have any toilets and villagers defecate in the open. They were not aware of the importance of staying clean and good hygiene habits. The Rural Sanitation program has not at all reached to these people. Even the schools don't have toilets and the ones which do are in an extremely pathetic condition and cannot be used especially by girls.

**Educational Status**

It was found that in almost in every villages there is a primary school (up to 5\textsuperscript{th} slandered), and as mentioned by the teachers almost all the children of that village are enrolled in that school. But in reality even less than half of the children were in school and most came only during the time of mid day meals.

The school buildings were also dilapidated and in Khalaktambi they were using an old office space as there was no school building there. Most of the schools were dirty and did not have enough tables and chairs or proper teaching learning materials. All the children from standard 1- 5 were sitting together in one classroom and learning the same things.
Even though teachers insisted that there was differential teaching/learning going on. While interacting with the children, a child from 1\textsuperscript{st} std and 5\textsuperscript{th} mentioned that they were learning the Hindi alphabets and math. The teachers in Panchrukhi also claimed to be teaching the children English. Though the students mentioned they hadn’t learnt much.

Thus it was observed that a child in 5\textsuperscript{th} std was unable to read 3\textsuperscript{rd} standard books fluently. Most of the boys continued their higher secondary education at either schools in the block or district level. Most of the schools have para-teachers and only one or two permanent teachers. The permanent teachers have to do a lot of administrative work, thus they are not involved in teaching most of the times.

The teachers mentioned that the parents are not sensitized to the importance of education; they take their children for Mica Picking. However the parents mentioned that if we don’t take our children for picking mica how will we feed our family as they help in supplementing the family’s income. They also added that teachers don’t come regularly and even the quality of education is very poor so they don’t send their children to school. Adding to it, they said that mid day meal is not served regularly and also the quality of the food is very poor. In some of the villages like Panchrukhi, Sirsiya and Turia in Giridih it was observed that mid day meals have not been provided since the past 2-3 months due to the lack of funds.

The education department does not concern about the monitoring of schools and availability of facilities at the school. According to them schools are available at each and every village and the
children should make use of the facility. They are not very keen on addressing the issue and pretend as not being aware about the issue. The officials do not think themselves responsible for the community.

Access to govt. schemes & programs

• Primary schools buildings are not there at every village and infrastructure is very poor.
• Required numbers of teachers are not recruited.
• The Mid day meal scheme is not being effectively implemented and in some schools are not even
• Scholarship is one of the luring factors for children from the communities especially SC and St Group to get enrolled in the school.
• Government Schemes like NREGS are not being effective, as people don’t prefer to work under it, due to less earning and also only one member of the family get employment etc. The same was also confirmed by the forest Ranger of Koderma and Giridih that they don’t get any application for work under NREGS.
• Also people’s awareness on other schemes like AWCs, SHCs & PHCs, Pension, Insurance, and the like and provisions is very limited

Children in mica mines

The main factor driving the children into mica mines is poor availability of alternative livelihood for the parents. The poverty is leading the children to work in the mica mines to supplement the families’ income. The age group of children engage in mica picking varies from 5 years to adolescents.
Also as the communities feels that working at the mines is an independent source of income generation and each and every member of the family can work thus the children are also engaged into the mines by their family to earn extra living. The poor economic status of the family forces the children to get engaged in the mica mines.

The quality of education at the village schools are very poor this factor also plays a major role in children getting engaged in the mica mines. Because of the poor quality of education the children does not have interest in studies and thus they get involved in the mines. The parents of the children are also not very aware about the importance of education and are least interested in the studies of their children.

Most of the children go into the forest with their parents as they don’t have any other source of entertainment and like playing at the mines area this gradually leads them into mica scavenging. As the children work in the mines neglect their studies are being neglected. The children does not get proper education as they are totally engaged into mica scavenging and thus develop no skills for their further life which again confines them into the mining work.

The children get some incentives from the money they earn as pocket money and they get involved into ill habits like alcoholism, gutka and smoking etc. The children starts drinking at the early age of twelve and this will in turn have bad effects on their health condition.

No measures are taken to stop the children from working at the mica mines. The government though aware about the situation of the families and the children have not taken any measures to address it. They are not at all bothered about the whole situation. Both the district does not have any child protection committee which will address the issue.
Giridih does not have any CSO addressing the issue of child labour. In Koderma Bachpan bachao Andolan is working but not very actively to address child labour. There domain is only restricted to few children and rest of the mica picking communities at the interior region are not covered.

The communities are not aware about the issue of child labour, education and health and do not take any measures to stop children working at the mines. In fact the communities themselves involve their children into the business for extra income. There are no community based organizations to take up the issue.

The labour department does not intervene in the issue of child labour as the mining communities are not directly working for the mica industry, and the employee – employer relationship does not exist and also because according to the government record all the mines are abandoned and officially closed. Thus there is not intervention from the labour department on the issue of child labour.

According to the Additional collector of Koderma District there are around 281 licensed mica dealers and 46 out of them are exporter. The renewing process of license does not involve much checking and thus can’t be traced from where the mica is coming as the dealers say that they are getting mica from south and refining and exporting from Koderma so it becomes hard to take any action against them.
Network Analysis

The mica flow chain works in the manner that children are at the lowest strata with the family selling the collected mica to the local agent who buys the mica for the trader and the trader in turn gives the mica to the cottage industries for refining it or sells it to the bigger industries who then refine and export the mica to the outside world.

Key Stakeholders and Children of Mica Industry

- All the mining operations started closing from 1990 and in 1999 it started illegally as there was a demand from China for cheap quality of mica flakes..
- Due to loss the Mica Mining has been closed
- Koderma has 300 mines which are now closed- 2-3 are operational private mines
- Giridih has 100 mines which have closed- 2 private mines are functional
- Currently number of licensed dealers and exporters- Koderma 225 traders; Giridih-281(46 are exporters)
- Licenses are renewed every year in the month
Forest Department Officials

- Forest Conservation Act was implemented in 1980.
- According to the Act no activities should be carried out for business purpose- thus mica picking is illegal.
- Raids are carried out but difficult to shut down such a large operation.
- The mica heaps are causing the PH level to rise in the soil thereby making the land not suitable for agriculture
- Community members either run away or refuse to talk when caught, especially the women.
- The communities do not want to work in any other jobs even though there are opportunities

Community

- We have no other livelihood except Mica Picking, what we will do?
- We can do this work according to our convenience
- We are regularly harassed by local administration and forest department
- We work for whole day with our family and earn Rs. 250/- per day only
- Our children don’t get quality education and teacher don’t come
- Our children supplement our earnings

Teachers & Education Dept.

- Parents take their children along for mica picking
- In spite of our repeated mobilization children don’t come to school because they develop a lust for money and now many children are using the money for consuming alcohol or gambling
Local Traders

- No children is involved in the Mica Picking, we are planning to publish this in newspaper to make our stand clear on child labour in mica
- All these are media hype; just think what will happen, if the buyers stopped buying mica from us.

AWWs

- We serve supplementary food to all children very regularly, only when we do not have the supply we do not distribute food to children
- Besides this we have number of services, like ANC, PNC, Immunization, Polio Drops, Condoms, Pills and other medicines
- The Sahhiya and ANM helps me regularly

ANMs

- The distance is too much and the village is surrounded with dense forest so we cannot go there as there is number of occasions when some incident happen, the area is not safe.
- We try to visit all the villages, as per the roasters, and give all services for MCH

Mica Exporter

- Business has been going on for the past 70 years
- Many well established factories and exporters - the best quality mica is available in Jharkhand.
- It is ironic that even though we are so rich in minerals, we still are backward economically while South the mica business is doing very well.
Interaction between players of Mica Industry and Children

(Descriptive and explains the interaction between various players)

The involvement of children in the Mica Picking is very common and almost every family engaged in Mica Picking involves their children to Mica Picking. It becomes a family enterprise, where the family engages their children in lust of more earning within their limited livelihood options in terms or opportunity and skill.

These children are actually supports in the family work and supplement their families’ income and their parents actually get in touch with the traders and Mica Industry Players.

<table>
<thead>
<tr>
<th>Key Players</th>
<th>Role / Influence</th>
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<tbody>
<tr>
<td>Children</td>
<td>Supports in the family work and supplement in the family income. They work with their parents.</td>
</tr>
<tr>
<td>Parents</td>
<td>The children work as a team member in the whole Mica Picking process adding to the parent’s income.</td>
</tr>
<tr>
<td>Mica Industry</td>
<td><strong>Local Traders</strong> – these local traders actually buy Mica from the Mica Pickers (the parents or head of the family) and then sell / take it to the big exporters or Mica Cutting and Processing Unit</td>
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<tr>
<td></td>
<td><strong>Mica Cutting and Processing Unit</strong> - these unit based</td>
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on the quality of the Mica refined sale or send it to the Mica exporters

**Mica Exporters** – these exporters buy mica from their agents or local traders or mica cutting and small processing unit and do refining work in their industry and sell the final product to the foreign industry.

**Government / Department**

The whole Mica Mining is being looked by the Bihar Mica Development Corporation (BMDC) and now Jharkhand Mining Office after the division of the state.

In their record all the mica mining work is being closed legally in Koderma and Giridih, as these areas are coming under wild life sanctuary area or protected area. So, as per the forest law, the habitat can only use forest produce for their own use only and not for business purpose.

**CSO**

No CSO was found to be working with this community, in particular on Mica and Child Labour issue

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**Push and Pull factors for children in safe places (AWW, School etc)**

<table>
<thead>
<tr>
<th>Push Factors</th>
<th>Pull Factors</th>
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<tbody>
<tr>
<td><strong>Schools</strong></td>
<td><strong>Schools</strong></td>
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<tr>
<td>• Community is less sensitized to send their children to school / don’t understand the importance</td>
<td>• Better quality of education at the school</td>
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<td></td>
<td>• Availability of Mid Day Meal Scheme</td>
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<tr>
<td>Weaknesses</td>
<td>Solutions</td>
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<td>------------------------------------------------</td>
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<tr>
<td>• High absenteeism of teacher</td>
<td>• Primary school within reach of the community</td>
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<tr>
<td>• Irregularity in Mid Day Meal</td>
<td>• Better infrastructure and teaching facility at the school</td>
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<tr>
<td>• Poor Infrastructure</td>
<td>• Special provisions for girls education, like NPEGEL, KGBV RBC or NRBC etc</td>
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<tr>
<td>• No or toilets in very bad shape</td>
<td>• Rural Sanitation Program to construct toilets and aware on personal health and hygiene</td>
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<td>• Poor Infrastructure</td>
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<td>• Poor Infrastructure</td>
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<td>• No or toilets in very bad shape</td>
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<tr>
<td>• Very less number of women teacher</td>
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<td>• Distance of the higher secondary school and no roads</td>
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<td>• Supplements in family income through mica picking</td>
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<tr>
<td>• Indulgence in to gambling and addiction / alcoholism</td>
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Child Labour in Mica Mines of Jharkhand- A situation analysis report

<table>
<thead>
<tr>
<th>AWCs</th>
<th>AWCs</th>
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<tbody>
<tr>
<td>• Many of the places AWCs don’t exist</td>
<td>• It works as a crèche</td>
</tr>
<tr>
<td>• No or very poor services available at the AWCs</td>
<td>• Availability of supplementary food</td>
</tr>
<tr>
<td>• No child friendly environment at the AWCs</td>
<td>• Early childhood care and education</td>
</tr>
<tr>
<td>• AWCs not trained on Child</td>
<td>• Better functioning of AWCs</td>
</tr>
<tr>
<td>• The whole family goes for Mica picking so after the AWCs time no</td>
<td>• Availability of AWCs at each village</td>
</tr>
<tr>
<td>one to look after the kid / children in the home. So the family</td>
<td>level</td>
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<tr>
<td>takes their children along.</td>
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Vulnerability Mapping

**Protection**
- ✓ Children works with their parents on Mica Picking in an extremely hazardous environment
- ✓ Children are exposed to alcoholism, and other forms of addictions
- ✓ Gambling is the most preferred means of entertainment
- ✓ No child protection committees to look after the matter

**Nutrition**
- • Mid day meal served in the school and Supplementary food supplementation in the AWCs in very irregular and not at all as per the slandered
Strategy for creating a child friendly environment

- Strengthening and awareness of Community Based Organization on Child Labour Issues and other issues affecting the Child Friendly Environment in the locality.
- Sensitization of parents, community & government and key stake holders on the importance of education for their children
- Ensuring every child is at school

Education

- Poor infrastructure, poor quality of education, absenteeism, distance of schools etc are key factors leading to poor quality of education
- Engagement in mica picking along with parents results in high dropout rates, which is further aggravated due to gender differentials

Health

- Health services is mainly dependent on RMPs or Dais
- Very irregular visit by ANM
- Non availability of doctors and related services in the SHC & PHCs
• Ensuring quality education and alternative schooling that suits the time of the working children and also within their convenient reach, especially for girls.
• Better execution of various schemes and programs, like NREGA, SGSY and the like so that community explore and access other livelihood option for respectful and dignified living
• Strengthening services at AWC/SHC/PHC and other government bodies
• Strengthening the child protection measures at the district level
• Identifying Livelihood opportunities with Forest NREGA and providing new opportunity for communities
### ANNEXURE

#### THEORITICAL FRAMEWORK ON ASSUMPTIONS

Push and pull factors through community:

<table>
<thead>
<tr>
<th>Factors</th>
<th>Education</th>
<th>Protection</th>
<th>Health</th>
<th>Nutrition</th>
<th>Livelihood</th>
</tr>
</thead>
</table>
| Push    | - Availability of Schools  
   - Level of school  
   - Quality of education  
   - Infrastructure and quality of faculty  
   - Accessibility of school in terms of physical, social and gender  
   - Lack of availability of non formal education system (bridge course, NEPGE, KGBV)  
   - Affordability (economic status)  
| - Lack of organization working for child labour  
   - Low level of awareness among community regarding abuse and trafficking  
   - Low level of awareness among govt officials about child labour  
   - Aware but lack of initiative to change the situation  
   - Minimal police intervention to stop child labour  
   - Functionality of social welfare department, labour department  
   - Availability of government provisions  
| - Availability of health facilities (PHC)  
   - Lack of quality health services  
   - Prolonged treatment and recovery time for accident cases  
   - Lack of accessibility of health facilities  
   - Lack of Aagan wadi centers  
| - Availability of ICDS  
   - Availability and functioning of PDS  
| - Lack of other livelihood opportunities  
   - Availability specific Govt schemes for the mica mine workers  
| Pull    | - Quality Educational facilities and infrastructure  
   - Improved accessibility and affordability  
| - Strong implementation of protection laws  
   - Strengthening of legal forums  
   - Sensitization and improved communication of welfare department  
| - Better accessibility of health services  
   - Sensitization of health providers  
   - Improved quality of health services  
| - Availability and proper functioning of ICDS and PDS  
| - Successful Implementation of employment and livelihood schemes  
   - Provision of alternative employment  |
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Push and Pull Factors through Mica Industry perspective:

<table>
<thead>
<tr>
<th></th>
<th>Economic Factors</th>
<th>Lack of competencies</th>
<th>Labour(trafficked/)</th>
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<tbody>
<tr>
<td>Push</td>
<td>Lack of awareness of better opportunity</td>
<td>Unskilled laborers</td>
<td>Whether forced by circumstances</td>
</tr>
<tr>
<td></td>
<td>Easiest occupation available(temporary)</td>
<td>No skill building opportunities</td>
<td>Tricked/fooled into labour</td>
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<tr>
<td></td>
<td>Additional source of income for the family</td>
<td>Lack of education facilities</td>
<td>Means of repaying debts</td>
</tr>
<tr>
<td>Pull</td>
<td>Legal-Awareness amongst police, govt officials about current situation</td>
<td>Strengthening schemes and infrastructure</td>
<td>Building awareness about child labour</td>
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<tr>
<td></td>
<td>Specific actions taken</td>
<td></td>
<td>Labour Laws/rights/child protection act</td>
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<tr>
<td></td>
<td>Role of labour department</td>
<td></td>
<td>Awareness about seeking legal help</td>
</tr>
<tr>
<td></td>
<td>Alternative source of income provided</td>
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</table>

Case Studies of Children

Case Study one

Karu Kumar is a four years old boy. His father is late Khilavan Rajvanshi. He has four siblings. His elder brother is fourteen years old and works in a textile mill at Surat. His brother who is seven years old, daily goes to the forest for picking mica, whereas his six years old sister goes with parents for picking it. Two years before, his father passed away in an accident and he is the only child in his
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family who goes to school. After coming from the school, he babysits his younger sister who is one and a half year old, till his mother come back from the forest. His school runs in the old building and there is no other facility other than books. This school has not its own building and only one teacher works here. Students are served khichadi daily as MDM. Students have to purchase copies and other stationary items from the market. Running on the bank of nearby river and playing of tradional games like climbing on trees etc. are the only entertainment corners for kids. Picking mica is the main source of income of these villagers. Despite of these adverse circumstances, Karu wants to become a Police Officer.
Case Study two

Maya is a 12 year old girl who works at the Mundariya Pahadh mica mines. She stays in the village which is at the foothills of Mundariya Pahadh. She stays with her mother and six siblings, four sisters and 2 brothers. Her father is a driver who works at Kolkata and come home once at two months or four months. One of her elder sister is married and stays with her in-laws.

Maya has studied only till class two and then left studies to nurse her ailing mother and look after the household. Since then she has not been to school. Her two elder brothers and one younger sister also work at the mine. Her mother does household work and does not work at the mine.

Maya’s day start with doing household work and then going to the mines at around 8 am in the morning and then returning at 5pm in the evening. She helps her mother in preparing lunch for her siblings who goes to work in the mines. After returning from work she again does cooking and cleaning in the evening.

She does not go out to play she says “is this age for playing smaller children plays not girls we have to work”. When asked about why she works in the mine she says “this is work we have to do if we don’t work than what we will do”. Maya has been working in the mines for past two years. Whatever money she earn from mica picking she gives it to her mother for household work and keeps some for herself if she has to buy something.

Maya does not like working at the mines but she does not have anything else to do so goes for mica picking. She is clueless about her future she says she will be married off like her elder sister and then looks after her family. The girls are married off at the age of 18-19 years.
Case study three

Anil is a ten year old boy also working at the Mundariya Pahadh mine. Anil stays with his mother and his siblings at the Chirkhundi village of Meghatari Panchayat. His elder sister is married off. Anil’s father had passed away 5 years back. Earlier his families were in Rajasthan where his father used to work in the cloth mill. After his father left the job at cloth mill they had moved back to Koderma. Anil has to work in the mica mine to supplement the family’s income.

He has been working in the mines since last five years. Anil and his sister are involved in mica picking along with his mother. His younger brother Sunil goes to a private school named little public school. Anil is studying in 4th standard at the village school.

During the holidays they come to work every day at 8 am in the morning and return around 5 pm in the evening. During his school he goes to the mines after school and work for one hour and return back. In the evening he plays with his brother and sister and also studies for some time.

Anil says he has to work in the mine because his family’s economic condition is poor and he has to support his mother to run the house. He along with his mother and sister earns around Rs 800 per week. His mother gives him some pocket money which he spends on buying Luddo and something to eat. During Diwali He spends his pocket money on gambling. He does not indulge into alcoholism or any such ill habits. He says “Loafer boys do such thing we don’t do such things. We just work and earn money for our family”.

He dreams of becoming a doctor but also says “that only saying that I want to become doctor won’t make me one, I don’t know whether I will be able to do that”.

Case Study four
Sita Kumari is a 10 years old lives with her parents and siblings in the Turia tola. She studies in 4th standard at the Nayanpur School. Sita has a younger brother and one older and younger sister. Her elder sister is married and all her younger sibling goes to school. Her elder sister was married at a very early age of 12 years.

Sita’s parents like all the other parent of the village pick mica. She goes for mica picking at 8 in the morning and comes back at 5 in the evening. During school days she comes back at 1pm from school and then goes for mica picking. She picks around 40 kg mica per day and sells the mica flacks for Rs 3.5 per kg and bigger ones for Rs 12 a kg.

There is provision of mid day meal at the school where Sita Studies. Class room and toilet construction are going on at the school.

Sita started picking mica at the age of 3. Every day after school she goes for mica picking and comes back in the evening and helps her mother in household work. At night she studies and she says she does get time for play. Whatever money she earns she gives it to her parents and they give her pocket money which she spends on buying sweets.

She says “she wants to complete her studies and want to do some job”.
Case study five

Name: Soni Kumari and Kamli Kumari

Age: 15 years and 14 years

These two girls were sisters and were scavenging for mica at the heaps. They have 2 more sisters and 4 brothers. The oldest sister is married and the youngest goes to school. The youngest brother also goes to school and the other 3 are married. They were married off when they were quite young and now they live with their wives at the parent’s house. The family has around 15 members. The father does mica picking and their mother looks after the house.

Their marriage has been fixed for the month of May. They were giving a dowry of 20,000 each and had not seen their to be husbands as yet. They were not keen to get married at all but were afraid and shy to tell their parents about it. Also if they delayed it, the dowry would go up to 50,000. There was another girl in their village who had got married last year, she was 12, and now she is pregnant and is only 13 years old. These 2 sisters had no idea about what to expect after marriage or any idea about contraceptives. They would have to move to Koderma with their husbands as they work in a hotel.

The elder sister has gone to school till class 1 and the other sister has never gone to school. Neither were interested in continuing their education as they mentioned that if they don’t work they would not be able to eat. Thus it was important for them to work and earn for the family. They came to work by 8 and finished at 4 in the evening.

There was no one who told them about their health or anything related to their menstrual cycle. They did not have a very good relationship with their bhabi and thus were afraid to discuss anything with her either.

They go to the market sometimes on Sundays to purchase jewellery, clothes etc.

Their cousin was also a part of a family of 8 members. Her younger brother and sister went to school. She was 11 years old. All her sisters were married at an early age and had moved out of the village. Her mother worked at home and father worked wherever he got work. Thus if she did not work it would be
difficult to run the family. However she went to school, but worked as and when required. As it was festival time, she was working to earn extra money.

**Case Study Parents**

Geeta Devi has four children three boys and one girl. Two of her children go to school. She picks mica along with her children and earn about RS 40 – 5- per day. Whatever money is earned is spend on the same day for food. She is not able to save any money.

The people do not have any agriculture to depend upon so the situation is hand to mouth. When it is very urgent she takes loan on interest from the traders whom she sells her mica.

She says she wants her children to study and get good job but because her economic situation is such that she can’t help her children get good education.

“*She says the government should do something to help us to make our life better.*”

**Case Study 2**

Suresh Rai is a 30 years old and has been living in this village for last 15 years. His wife is around 25 years old and he has three sons Aged 8, 5 and 3 years respectively. His elder son Mahindra is studying in standard 5, the middle one is in 3rd standard and the youngest son is in 1st standard.

The main source of income for the family is mica scavenging. Suresh earns around Rs 70 - 100 per day. Agent comes to the village to buy their collected mica. They sell mica in week or sometimes every day. Sometimes they take their collected mica and sell it at Tisri or Jamua.

During the weekends on Sunday they go to Tisri market for buying their household commodities. During the weekends when he goes to market he also drinks alcohol. He said this is our only source of entertainment.
His said children go to school in the morning and when they have holidays they get up and go to mines for picking mica. His children are able to earn Rs 50 a day. He gives them pocket money of Rs 3 – 10 which the children spend on buying “Samosa” and “Pakhodi”.

He thinks that mica scavenging is always injuries but also said that we don’t have any other option so we go and work at mica mines. He says that he wants his children to study and become something in their life but because of poor economic status they are unable to give their children a better future.

Case Study three

Name of the Respondent – Lalwa Devi

Age- 25 years Old.

Lalwa Devi is a 25 year old married woman. She is married to a person named Ranjeet Birhor who is 32 years old. She is the mother of four children of which two are boys and two are girls. The elder son Vijay is five years old and second daughter is 3 years old and the third son is 2 years old and fourth daughter is 1 ½ month old. Lalwa Devi’s maternal home is chauparan Block Hazaribagh district. She is staying with her In-laws and her family consists of eight members. Their house is provided through the Indra Avas scheme.

The main occupation of the family is Mica picking and collecting Glue or Gum from the tree barks. Her husband and the two older children go for mica picking and collecting Gum. Her two year old son goes to Angan wadi centre. Lalwa Devi’s husband is very dominating in nature and does allow her wife to work outside or go anywhere. She is not allowed to talk to anyone in the village. Even if she talks with any woman of the village her husband beats her up. Every day the in the evening her husband comes home drunk and rapes her repeatedly. Her last child was born at home while she was swabbing the
floor. Her sister-in-law helped her during the delivery and cut her cord with a blade and tied the cord with thread.

Once the Angan Wadi worker has visited her and given her contraceptive pills. She started taking the pills, hiding it from her husband. But after 5 days or so her husband found it and asked her about it. He refused to believe her when she said it was for fever and took it to the AWW for details. When he found out it was contraceptives, he came home and beat her. He also threatened her that thereafter she would have to comply to his needs and have sex with him whenever he demanded. Everyday after that he would come home and have intercourse at least 2-3 times in the night. He would invariably be drunk and rape her every night. Especially during festivals it would be worse as he would be even drunk. She complained of being sore and not even being able to walk properly. He wants her to have as many kids as possible.

He earns money and gives all of it to his father. His parents support all of his doings. He gives her only 20-25 Rs to buy bangles and bindi from the seller who comes once in a while. She is not allowed to roam around and has not seen the entire village as yet.

She has a lot of hope that someone will intervene and speak to her husband to stop this torture, as there is no support she will get from the village. She is also scared to share any of this with the AWW as she can’t trust her.
Case study four

Smt. Kalwa Devi has been living in the village since 1966 and had migrated from Pahadhpur (Fatehpur, Bihar) due to a famine at that time. She has three daughters, one of them has passed school (fifth standard) and one is in second class. The other daughter is too young to go to school. The only source of income for her family is through Mica picking; they collect Mica six days of the week and sell it off to the traders on Sunday to get money. According to her there are 40 to 50 families in the village and almost all of them are involved in mica picking. Her day starts by getting up early in the morning and then to the forest for defection, after that she returns and performs the daily household chores such as cleaning and cooking. After taking food they leave for picking mica and return around four in the evening. After returning they take food and go to sleep. On Sundays their routine changes as they go to market for selling food and getting other daily requirements. She says her children usually go to school but sometimes come with them for picking mica. They also play traditional games and sometimes cricket also. She told they face general health problems due to lack of proper medical facilities. People of the village often get affected by diseases such as malaria, diarrhea and seasonal fever. On the name of entertainment some three to four houses of the village have radio to which they all listen. Since the children pick mica with the parents so they also get some money of the selling, which they spent on themselves. She said the people in the village have great hopes for their children but due to lack of opportunities and other alternatives they are forced to pick mica in the forests.
Transcripts of interviews

Interview No 1

Giridih- Health dept- ICDS supervisor

Name- Sangeeta Sinha

Major points discussed:

- There are 87 AWC’s in Giridih out of which she claimed 86 were functional.
- She said that the blocks were divided between 2 of them
- Any points of observation that we brought up- she claimed it was not under her purview and the other persons AWC
- In tisri block there are mini AWC’s and 6-12 are functional
- The major activities undertaken are – for 0-3 immunization, THR and nutrition- 3-6 years- they give them khichdi and play games
- She claimed that the sevika and sahiya went regularly
- Malnutrition is very high among the kids as the mothers don’t get time to look after their children
- They send referrals but no facilities are given
- There is high infant mortality of children between 1-3 years as mothers are not able to provide the required nutrition.
- Both pregnant women and adolescents are receiving iron tablets.
- Pregnant women are also given dal and rice but they have had to reduce the quantity as the prices have gone up but allocated money has remained the same.
• 80% deliveries take place in the institutions.
• There are 67 kishori mandals however not all are functional.
• There are few children who are also mentally challenged.
• There is a poshan mela in July/Aug, and there is breast feeding and poshan for mother and child.

However whenever we stated our field observation and the status in reality that there was no AWC in one village, and the lack of awareness, she stated that that was under the supervision of another lady.

Interview no 2

Name of school – Government School
Number of teachers- 2
Date- 8th January

The school was upgraded a year back. There are 160 students enrolled and only around 60% students come to school. There are around 300 students in 3 tolas and only half are enrolled. Around 50% complete each year and move to the next level. However there most drop outs are within girls as they get married at an early age. Maximum number of kids was from class 1- 5. Standard 6-8 has a lower number of kids.

There are 5 teachers in school, however only 2 come regularly. The school starts at 10 am and finishes at 4 pm. The kids have not been getting their MDM since the past 2 months. Even though there is an elaborate menu mentioned on the board (includes egg, biryani etc) the kids got food alternating between Khichdi and Dal and rice. They got Kheer on one of the days which did not have any milk in it. The toilet is extremely dirty and the girls do not like going to it.

There are 2 groups of kids- one group comprising of kids from class 6-8 and the other kids from 3 years old to class 5. Kids were sitting and studying on their own.

While speaking to the teachers, they said that the kids come on their own and there are 180 children enrolled and 60 – 70% comes to school. However there were hardly 60 kids present on that day. There is one lady teacher but she wasn’t present on the day. The teachers who were present said that they
even taught English to the children and alternated between them. The kids were all studying on their own and were very well mannered. None of them wore uniforms. They mentioned that the kids were not getting MDM for the past 2 weeks.

We spoke to 3 girls aged between 11-13 years. They mentioned that they liked studying and came to school quite regularly, but many of their friends went to pick mica. They too went sometimes if their parents asked them to. They mentioned that they were not receiving MDM for the past 2 months. They spoke about a girl in their village who got married last year at the age of 12 and this year is pregnant. She is not keeping too well. Though she works now as a tailor in the village. They mentioned that most girls get married early. They didn’t have ANM or anyone telling them about their health, menstrual cycle, early pregnancy etc.

**Interview no 3**

**RMP –GIRIDIH**

- Visits everyday around 10 am
- Is also the local collector- collects mica from the communities and sells it to the local trader.
- Says most common disease is malaria- esp. brain malaria. It gets detected late and sometimes can cause death.
- Tb and fever are also common.
- Tries to deal with as many diseases, but if cannot, then refers them to a hospital.
- Most ppl drink a lot and thus alcoholism related problems are also common. They drink cheap todi made from khajur which costs 5-10 bucks a liters. Thus they drink a lot.

He tries to provide medication for diseases as far as possible but encouraged them to go to the hospital when not possible.

**Interview no 4**

**IDI with teacher: Sirsiya, Giridih**
Q1: **Do you know when this school was started?**  
A1: The school was started in 2003.

Q2: **How many students are enrolled here?**  
A2: There are 120 children enrolled in the school. Class 1-5 have 70 children.

Q3: **How many teachers are there in this school?**  
A3: There are four teachers in the school. Out of which three are para teacher and one is Government teacher.

Q4: **What is the rate of completion of those who are enrolled here?**  
A4: mostly the children complete their school and go to Tisri for high school.

Q5: **What do you think are reasons for children to drop out?**  
A5: There is very low rate of dropout in this school.

Q6: **How far is the school from the community? Do you think most children are Enrolled? (Probe on why children don’t get enrolled)**  
A6: The school is in the village itself and around 120 children are enrolled. The girls get Stay form in the school.

Q7: **What facilities are there for the children in the school?**  
A7: The school has required study material and provision of mid-day meal. The school does not have furniture the children sit on the floor.

Q8: **Are there any other schools in the vicinity?**  
A8: There is no other school in the village in the nearby areas.

Q9: **What do you think is the main occupation of the people in the village?**  
A9: The main occupation of the village people is mica picking. They also practice some amount of agriculture.

Q10: **What facilities are available for the children?**  
A10: Other then study material and mid-day meal no facility is available.

Q11: **How do you think they spend there time?**  
A11: Most of their time is spent in picking Mica.

Q12: **Are you aware if children are involved in Mica picking in the mines? (probe**
On whether feels it is legal or illegal)
A12: They are aware of the children involved in picking Mica and also that the practice is illegal.

Q13: Has there been any intervention from the police or the labour department?
A13: Yes the forest department raids the sites where the people pick mica.

Interview No 5

IDI- AWW
Nayanpur

Name: Babita Devi
Educational Qualification: 9th pass

Q1: How long you have been in this place? What do you think about the Aagan wadi Centre?
Ans: I have been living here since long back.

Q2: How many children come to this centre? What is the mode of transport? (Probe the distance they have to travel, no. of children and caste group)
Ans: There are 40 children enrolled at the centre. 30 – 40 children come at the centre daily. Mostly the Tribal children don’t come to the centre.

Q3: What are the major invents in Angan Wadi Centre? (Probe time-table of a typical day/month plan)
Ans: During 15th August and 26th January we organize some events for the children.

Q4: What are the facilities available for the children? (Probe food schedules and type of food, sport materials and teaching aids, infrastructure etc. if any)
Ans: children are given Kheer on Thursday and Khichdi rest of the days. I provide health information to adolescent girls and pregnant women. There are no toys or playing material for the children.

Q5: What do you think about the children? What kind of response you get from the community? (Probe enrollment and dropout)
Ans: 30 – 40 children come that is a good response.

Q6: What are the major challenges you have to face while running an Angan wadi Centre?
Ans: There is not very much support from the government the funds come late and is also less.

Q7: From where do you buy the food materials? How far you have to travel? Do you take any children with you for marketing?
Ans: No Answer

Q8: How children assist you in Angan wadi activities? Are children involved in cooking?
And:

Q9: Whether these children are involved in Mica scavenging? If yes, what do you do with those children?
Ans:
Q10: Have you seen any serious problem in these children? What types of problem they have?
Ans: The people in this area suffer from malaria and chicken pox.

Interview No 6

IDI with teacher: Nayanpur

Name of the Teacher: Balmukandan Prasad
Age: 45 years
Education: B.A.

Q1: Do you know when this school was started?
A1: The school was established in the year 1996 at Nayanpur and children from Lokai village comes to Nayanpur for Schooling.

Q2: How many students are enrolled here?
A2: There are 421 children enrolled at the school of which around 250 comes to School daily. Children come to school of their own will nobody forces them to come to school.

Q3: How many teachers are there in this school?
A3: There are 3 teachers.

Q4: What is the rate of completion of those who are enrolled here?
A4: Around 20% children complete their education.

Q5: What do you think are reasons for children to drop out?
A5: The main reason for dropout is mica picking.

Q6: How far is the school from the community? Do you think most children are Enrolled? (Probe on why children don’t get enrolled)
A6: The school is 1 Km from the village. There are 421 children enrolled. Children do get enrolled but they dropout because they have to work.

Q7: What facilities are there for the children in the school?
A7: The school has required study material and provision of mid-day meal. The school
Have toilets for the children and also there is a hand pump at the vicinity of school drinking water.

Q8: Are there any other schools in the vicinity?
A8: There is no other school in the village in the nearby areas.

Q9: What do you think is the main occupation of the people in the village?
A9: The main occupation of the village people is mica picking.

Q10: What facilities are available for the children?
A10: Other than study material and mid-day meal no facility is available.

Q11: How do you think they spend their time?
A11: Most of their time is spent in picking Mica. Also they play for entertainment.

Q12: Are you aware if children are involved in Mica picking in the mines? (Probe On whether feels it is legal or illegal)
A12: They are aware of the children involved in picking Mica and also that the practice is illegal.

Q13: Has there been any intervention from the police or the labour department?
A13: Yes the forest department raids the sites where the people pick mica.

Note

- There has been four training at the block level for the teachers on methods of teaching.
- 50% children continue their higher education. For keeping the discipline the teachers sometimes beat the children.
- Children are not engaged in any kind of Abuse.

Interview no 7

IDI with teacher: Dolia

Name of the Teacher: Suresh kr. Yadav
Age: 26 years
Education: 12\textsuperscript{th}

Q1: Do you know when this school was started?
A1: The school was established in the year 2002

Q2: How many students are enrolled here?
A2: There are 55 children enrolled in the school.

Q3: How many teachers are there in this school?
A3: There are 2 teachers.

Q4: What is the rate of completion of those who are enrolled here?
A4: After 5\textsuperscript{th} some students do continue their studies.

Q5: What do you think are reasons for children to drop out?
A5: The main reason for dropout is mica picking.

Q6: How far is the school from the community? Do you think most children are enrolled? (Probe on why children don’t get enrolled)
A6: The school is located at the village. Yes most of them are in school.

Q7: What facilities are there for the children in the school?
A7: The school has required study material and provision of mid-day meal. The school does not have toilets.

Q8: Are there any other schools in the vicinity?
A8: There are other schools in 2 km radius of the village.

Q9: What do you think is the main occupation of the people in the village?
A9: The main occupation of the village people is mica picking.

Q10: What facilities are available for the children?
A10: The children get scholarship and study materials.

Q11: How do you think they spend their time?
A11: Most of their time is spent in picking Mica. Also they play for entertainment.

Q12: Are you aware if children are involved in Mica picking in the mines? (Probe On whether feels it is legal or illegal)
A12: They are aware of the children involved in picking Mica and also that the practice is illegal.
Q13: Has there been any intervention from the police or the labour department?  
A13: Yes the forest department raids the sites where the people pick mica.

Interview No 8

IDI –ANM
Khalak thambi division
Name: Nirmala Sinha

Q1: How long have you been working here? Can you tell us something about this locality?
Ans: I have been here since June .I got transferred from Hazaribagh Division in December. But due to
Achar Shita in the state I didn’t joined here. The area under which Khalak thambi is Meghatari
Panchayat which has about 5 AWW centre and one Main medical centre. There are many tolas here.

Q2: What are the major health problems in this locality?
Ans:

Q3: How many mother and child are enrolled for MCH services? (Probe no. of women and child and their caste composition)
Ans: I don’t have any exact figure relating to it. The mother and children don’t come here for the services relating to the medicinal facilities.

Q4: Is there any common disease found in the children? What is the disease and why is it common in the children?
Ans: Malaria and diarrhea are the common diseases.

Q5: What intervention has been done for this disease?
Ans: No intervention has been provided by the government bodies of the area.

Q6: What do you think about the vaccination? Is it done in a regular basis? From where do you bring vaccine?
Ans: There is no immunization provided by us in the division of Khalak thambi. The distance of the Khalak thambi is nearly about 6 kilometers from Meghatari. The place is too far away from here to reach there (distance about 6 km walking from the main road).

Q7: Who maintain the inventory? Is it sufficient for the community? (Probe quality and stock management)

Ans:

Q8: How do you carry vaccine while village visit? (Probe whether they make village visit or not)
Ans: We don’t provide any vaccination to the people.

Q9: What are the health facilities available in the PHC? Is it sufficient for the community?
Ans:

Q10: Where does the community go for pathological test, X-ray etc? (Probe distance and name of the place)
Ans: The community people go to the district hospital in the Koderma for all type the medicinal facilities. And also the koderma district hopital is nearer to the village as compared to the sadar hospital.

Q11: What is your opinion about the children those who involved in mica scavenging? Is there any complain of health hazards?
Ans:

Q12: What are the common diseases found in these children? Are there any facilities available for these children?
Ans: Malaria and Diarrhea are the common diseases in this area as there are no proper clean water facilities available there.

Q13: What are the ill effects of child labour and how it affects their health? (Probe child right act)
Ans:

Q14: Do you have any special facility for the children? Is there any counseling facility for these children?
Ans:
Q15: What is the basic health difference in mica picking children and other children? (Probe physical and mental growth, HB level, weight and immune system etc)
Ans:

Q16: What is the common problem found among the women in this locality?
Ans:

Q17: Where do they go for delivery? How do you ensure safe delivery in this locality? What are the facilities available for the institutional delivery?
Ans: They don’t go for the delivery in the hospital and perform delivery in the village itself. Now some people have started to go to koderma district hospital to the delivery but they don’t go the Sadar hospital for the delivery. The coupons are provided to the 7 month pregnant women and they have to show it to the hospital to get financial assistance under the government runned schemes.

Q18: Is there any case of maternal mortality? (Probe no. of maternal mortality and reason)
Ans:

Q19: What are the health facilities available for the mother and child? What kinds of government schemes are functional in this locality?
Ans:

Q20: What do think about the local community? Are they aware about these health schemes?
Ans:

Q21: What type of initiative has been taken for health awareness?
Ans:

Q22: What intervention is required in this locality to ensure quality child health care?
Ans:

Interview no 9

IDI- AWW
Phulwaria Division
Introduction:
Name: Shanti Bhurni
Age: 45
Q1: How long you have been in this place? What do you think about the Aganwadi Centre?
Ans: I have been here since 2008 as an AWW.

Q2: How many children come to this centre? What is the mode of transport? (Probe the distance they have to travel, no. of children and caste group)
Ans: Around 40 children come to Aanganwadi. Children who come here are in the age group of 3 years to 5 years.

Q3: What are the major invents in Angan Wadi Centre? (Probe time-table of a typical day/month plan)
Ans: The children go for the picnic on 1st January. CDPO comes twice in a month to visit the centre. ANM comes on the last Thursday of the month to the centre. The name of the ANM is Latita Devi. ANM comes here to give the medicines to the children and pregnant women. At the end of the month we give nutritional food and Garbh Nirodhak Tablets to the pregnant women. On the 26th of every month we organize meeting with the women of the society and discuss about the matters relating to cleanliness, birth control and many other rising issues. We have a 13 women member divided into 6 groups in which they contribute about Rs 1000 -1500 per month and deposit it in the bank. And each woman contributes about 5/- on every Sunday. This group was started in the month of October of this year.

Q4: What are the facilities available for the children? (Probe food schedules and type of food, sport materials and teaching aids, infrastructure etc. if any)
Ans: For breakfast, we give biscuits to the children. In the lunch we serve Khichdi between 11:00 to 11:30 am. Then from 1:00 pm the children are given toys to play. They go for the picnic on 1st January. We have to go to each home to provide food. Children are given pencils and Slate for studying. Additionally there are 4 pregnant and 5 lactating mothers who receive 3 kg of rice and half kg of dal.

Q5: What do you think about the children? What kind of response you get from the community? (Probe enrollment and dropout)
Ans: The child belongs to the Birhor, Harijan and Gharbar castes. At the age of seven years child chooses to go to Dibra. The parents of the child don’t allow him to go to the centre.

Q6: What are the major challenges you have to face while running an Angan wadi Centre?

Q7: From where do you buy the food materials? How far you have to travel? Do you take any children with you for marketing?
Ans: We buy food material from Koderma market. No we don’t take any of the children for the marketing. And it is about 2 km from here. We require about 3 kg of rice and half kg of Dal daily.

Q8: How children assist you in Angan wadi activities? Are children involved in cooking?
And: Children assist in the bringing in the water from hand pump for cooking the food. No children are involved in the cooking of the food.
Q9: Whether these children are involved in Mica scavenging? If yes, what do you do with those children?
Ans: No the children of our centre don’t go to mines.

Q10: Have you seen any serious problem in these children? What types of problem they have?
Ans: The children of this division basically suffer from cold and cough and Fever. In case of any problem in AWW we take our children to the Sadar Hospital.

Q11: What do you think about child labour in this locality? What type of intervention can be done?
Ans:

Interview No 10

Virendra Kumar Das is the Rural Medicinal Practitioner of the village Chirkhundi under Meghatari Panchayat. He has been working in this village since 1994. According to him, there are total 120 houses and population is comprises of around 700. The observation of virendraji has been checked.......

1) Which are the common diseases in this locality? Which age group or occupation group is mostly affected by these diseases?
Ans. According to him, seasonal diseases like cough and cold in winter, diarrhea in summer and dehydration in spring etc are very common to all age group. But the people who are involved in mines for picking mica for many years are generally suffered from TB.

2) Are water born diseases common to this area?
Ans. According to him, malaria is frequent occurring disease occur due to worthless accumulation of water.

3) Are there any specific months in which health problems or occurrence of disease increases? Which are these months and what are those diseases?
Ans.

4) What common diseases do children suffer from? What do you feel are the causes of these diseases?
Ans. Cough cold, malaria and dehydration

5) Are there any major illnesses prevalent among children? Like TB etc?
Ans. No
(6) What types of Govt. health services are available here? Please ask the number as well?
Ans. According to him, there is only one health sub center in which ANM comes to the center in every two days, where she immunizes small children with polio, DPT, BCG and provides tablets of fever and IFA tablets to pregnant women.

(7) What types of Private health services available here? Please ask the number as well?
Ans. According to him, there are six or seven RMP often visit the village but they only provide medicine to seasonal disease. If any critical condition comes, they refer the case to Tilaiya for pathology test and Sadar hospital in Koderma for further checkup.

(8) Where do patients go to avail facility like pathological test, ultrasound, X-ray etc.?
Ans. Patients get facilities like pathology test, ultrasound, x-rays etc in Tilaiya hospitals and Sadar hospitals in Koderma.

(9) Are these health services adequate and useful to the community?
Ans. No the services are not adequate.

10) How many patients do you get in a typical day (average number)? (Probe to see if there are many children)
Ans. According to him, in winter 5-6 patients often come to him daily because of cough and cold, whereas in spring and summer only 2-3 patients come daily.

11) What would the different occupation category of your patients? (Probe to find out if most are mine workers)?
Ans. Mostly mica pickers often visit to him..................

12) How do you handle emergency cases? Do you have a referral contact to other doctors?
Ans. In case of emergency I send the patients to Sadar hospital.

Interview no 11
IDI with teacher:
In the village Barakura, we talked to a ‘para’ teacher Naveen Prasad. He is 12th passed. he works in the middle school which is one and a half km. far away from Barakura Village. In this school, there is total 78 students enrolled from nursery to class V. There are total 90 houses and it comprises total
population of around 400 people. This School was started in 2002 and he works here from the starting. The observation of Naven Prasad has been checked.......

Questions

1. **Since when have you been working here?**
   Ans. He is working in the school since 2002 which is situated in Kushana.

2. **When was the school started? Has it been functioning regularly? (if there is no school building, probe to find out why)**
   Ans. School was started in 2002. School is running regularly but school building is not constructed well.

3. **What are the facilities available for the children? Do they receive books?**
   Ans. Other than book, there is no facility available for children.

4. **Do the children get scholarships? How do you give them the scholarship?**
   Ans. Children get scholarship according to the category. SC, ST, OBC children get 90 rupees but they get it in every six month.

5. **What are the school timings?**
   Ans. School timing is from 10.00 am to 3.00 pm.

6. **Do you teach 1st to 5th standard together?**
   Ans. He teaches students of all standard but due to lack of classrooms, sometimes he takes combined classes dependent upon the topic.

7. **Can you tell me briefly what you teach a child in 1st standard in the entire year? What do you teach a child in 5th standard?**
   Ans. He teaches vowels and consonants in Hindi and alphabets in English to 1st standard and environmental science and Hindi poems, idiom, short stories to 5th standard.

8. **Could you tell me how many children are enrolled here? (find out how many girls and how many boys)?**
   Ans. At the time of admission, 95 children has been enrolled out of which only 78 of them come to school daily.

9. **How do you ensure that the children come to school? Do the parents send them willingly?**
   Ans. Children do not come to school by their own. He often goes to village and force every enrolled children to come to school.
10. How do you discipline the children?
Ans.

11. How many teachers are there in the school?
Ans. There are only two teachers working in the school.

12. How many children who enroll in class 1 complete till class 5?
Ans.

13. What do you think are the reasons for children to drop out?
Ans. Here, mica is found in abundance and Barukura village people livelihood is totally dependent on it. In order to earn more money, children are also involved with their parents in picking mica and this is the only reason for children to drop out from school.

14. How far is the school from the community? Do you think most children are enrolled?(probe on why children don’t get enrolled)?
Ans. school is one and a half km far away from the village barukura. mostly all children are enrolled in the school but some children would get drop out after one or two years in order to pick mica.

15. Are there any other schools in the vicinity? How many children continue their education in schools in Koderma?(probe to check on how many girls and boys continue?)
Ans. There are two private schools in the vicinity from nursery to class tenth. According to him, last year there were eight children in class fifth in Middle school and now they all are studying at Koderma in class sixth.

16. Does anyone from the education department visit this school? How often do you receive trainings?
Ans. No one from the education department ever visit this school. He has gotten six training but from last last one year, he doesn’t get any one of it. In the training, he qualified ZAT-1, ZAT-2 level.

17. What do you think is the main occupation of the people in the village?
Ans. Due to the abundance of mica, people of this village are mainly dependent on it. villagers used to pick mica from the mines whole day and in the evening they sell all mica to the brokers and earn around Rs 150 daily.

18. How do you think children spend their time? what are the sources of entertainment for them? Are you aware if children drink, gamble etc?
Ans. In the school time, most of the children after coming from the school go to mines and pick mica and in the evening, they pass their time in watching television and playing ludo with their friends and family members ,Whereas in holidays, they spend full days in mica mines. In the occasion, they play cards, gambling etc.

19. Are you aware if children are involved in mica picking in the mines?(probe on whether feels its legal or illegal)?
Ans. He knows that all children of the village Barakura are somehow involve in mica picking. But according to him, mica picking is illegal when children go to mines in school time.

20. Has there been any intervention from the police or the labour department?
Ans. No, there is no intervention from the police and labour department.