



**PATTERN OF HOUSEHOLD  
INCOME-EXPENDITURE & COVERAGE  
OF SOCIAL PROTECTION SCHEMES**

**A GLIMPSE FROM WEST SINGHBHUM  
JHARKHAND, INDIA**

## ACKNOWLEDGMENTS

The Study “*Pattern of Household Income-Expenditure & Coverage of Social Protection Schemes: A Glimpse from West Singhbhum, Jharkhand, India*” was led by Dr. Sharmistha Das, Manager – Programme Impact (East Hub) under the technical guidance of Pranab Kumar Chanda, Head – Child Poverty at Save the Children India. Additionally, Dr. Antaryami Dash, Head – Nutrition, Neha Santwani, Assistant Manager – Nutrition, Dr. Jatinder Bir Singh, Head – Monitoring Evaluation Accountability Learning (MEAL) and Surendra Mehta, Coordinator – Data Analysis, at Save the Children India also provided technical support for the completion of the Study. The study was funded by Save the Children India.

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## SUGGESTED CITATION

Save the Children, ‘Pattern of Household Income-Expenditure & Coverage of Social Protection Schemes: A glimpse from West Singhbhum, Jharkhand, India’, June 2020.

# EXECUTIVE SUMMARY

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Save the Children has been developing a proof of concept for Nutrition-Sensitive Social Protection Plus package to improve household level dietary pattern, quality of complementary feeding contextualized to local needs and considering social protection schemes, thereby contributing in improving the status of malnutrition in India. The organisation has identified West Singhbhum district in Jharkhand for this proof of concept, which is one of the aspirational districts of Niti Aayog with higher burden of malnutrition among the districts of the country. The outcome of this proof of concept is focused on a) Improving access to nutritional social protection; b) Enhancing child sensitivity to ensure investment on children, adolescents and their mothers' food practices; c) Improving the quality, quantity and timeliness of allied service delivery; and d) Generate evidence to inform policy and programs. To contribute to the outcome of evidence generation and primary data requirements for Cost of the Diet Study (Affordability) and Public Expenditure Review on Nutrition (Status of coverage of DNIs and NSIs), the present study, **“Pattern of Household Income-Expenditure & Coverage of Social Protection Schemes: A glimpse from West Singhbhum, Jharkhand, India”** was conceptualised focussing on household level income and expenditure (food and non-food consumption) and uptake of direct nutrition interventions (DNIs) and nutrition-sensitive interventions (NSIs) in the intervention district.

The key objectives of this study were to assess the pattern of Income and Expenditure and to assess the status of coverage of Social Protection Schemes. The key areas of enquiry were -

- a) To understand member wise income and its sources in each household
- b) To understand expenditure and its pattern in broad categories-food and non-food expenditure
- c) To understand the knowledge, awareness and access status of a few key direct Nutrition Initiative and Nutrition-Sensitive Social Protection Schemes

The study was conducted in Chaibasa and Tonto Block of West Singhbhum district of Jharkhand, which were purposively selected to capture representative data from urban and rural livelihood zones. A sample of 434 households were selected using systematic random sampling from 16 villages that were spread across the study blocks to represent the status of Chaibasa and Tonto of West Singhbhum. The sample households represented primarily those households with 0 to 2 years old children. These were then overlaid with households with a) pregnant / lactating women; and/or b) adolescent girl / boy of 10 to 19 years. If such combination of household members were not found, then only those households with 0 to 2 years old children were considered.

## KEY FINDINGS

- The **coverage and continuity** of the government initiated DNIs and NSIs are **not adequate** and are much below, to yield the expected results that they aim to.
- Uptake of supplementary nutrition (SNP), IFA and Calcium supplements are much **lower during PNC than ANC**, thereby depicting that care of lactating mothers gets neglected.
- **Awareness and coverage** of various provisions of Adolescent programs like SABLA and WIFS are **very low**.
- The uptake of the DNIs and NSIs are **more** in case of people belonging to the **upper quartile (Q4) than those of the lowest quartile (Q1)** who are the **ultra-poor**, for whom these are targeted.
- More than **85%** of the population are **not able to afford nutritious food** of their own choice (FHAB diet).
- MNREGA, Pensions, Livelihood programme, PDS, SNP/THR/MDM, IFA and Eggs, cumulatively can **reduce the affordability gap of FHAB diet by 60%** in a poorest of poor family.

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## CONCLUSION AND RECOMMENDATIONS

- One of the key recommendations is to **improve the implementation of key Nutritional Sensitive Schemes (NSSs) and Direct Nutrition Interventions (DNIs)** in the target district, focussing on the **knowledge, coverage and continuity**.
- The second recommendation is to **strengthen the implementation of Adolescents' scheme like SABLA and WIFS**. The State Government may think to converge SABLA with Tejaswini programme, presently being implemented by an independent society in the state, and bring **synergy in Adolescent Programme** in the state.
- To address the issue related to malnutrition, multi-dimensional efforts must be required in the state. Therefore, the third key recommendation is to build **an integrated system to advance the benefits of Social Protection** to a family. The need of the hour is **to ensure that a household receive a Social Protection Package rather than an isolated scheme – a shift from Scheme-base to Integrated Social Protection system to counter malnutrition**. Therefore, it is important as per the guidance of Poshan Abhiyan, the effort for converging the implementation of NSIs and DNIs needs to be strengthened. It would not only help to monitor the implementation but also help in tracking the progress. Besides, a marginalized household would receive holistic and comprehensive support.
- It is also recommended to bring about **improvement in the design of some of the key NSSs**, which have the potential to improve the household income. There is a need to revisit the benefit size of schemes like MNREGA, Pension, to augment affordability of the marginalized family. The coverage of Pradhan Mantri Matryva Vandana Yojana, which is cash compensation for pregnant and lactating women to improve its dietary practices, can be improved by reaching out to all pregnant and lactating women belonging to marginalized community, instead of targeting few as per the present criteria; and also a more regular and timely release of payment, instead of present mode of payment in three installments, would improve security and continuity at the household level food security. The Public Distribution System can also be universalized to reach out to more marginalized households to ensure their food security.
- To provide income base support especially to most marginalized families and to address their poor economic status, it is pertinent to provide **New or Additional Child Cash Grant Scheme to support Nutrition**. In the beginning, the scheme should be given to ULTRA Poor families; however, the attempt should be made to universalize the same.
- The final recommendation is **to ensure continuous and sustained livelihood support to ULTRA Poor families**. Government's Livelihood Programmes are required to provide adequate support to Ultra poor. In this regards, not only the design of these projects need to be reviewed but also approach for reaching to this group need to be revisited. The State Government and District Administration need to strengthen implementation and outreach of these initiatives to the ULTRA poor families. This group requires a separate approach than people who are slightly better off than this group but still they are lower than BPL thresholds.

# ACRONYMS

AAY	Antyodaya Anna Yojana
AGYW	Adolescent Girls and Young Women
APL	Above Poverty Line
ARSH	Adolescent Reproductive and Sexual Health
AWC	Anganwadi Centre
AY	Annapurna Yojana
BPL	Below Poverty Line
BRAC	Bangladesh Rural Advancement Committee
CBGA	Centre for Budget and Governance Accountability
CotD	Cost of the Diet
COVID-19	Coronavirus Disease of 2019
DNI	Direct Nutrition Interventions
FHAB	Food Habit (Nutritious Diet)
HH	Household
ICDS	Integrated Child Development Services
IFA	Iron and Folic Acid
IFPRI	International Food Policy Research Institute
IIPS	International Institute for Population Sciences
INR	Indian Rupee
JHIMDI	Jharkhand Horticulture Intensification by Micro Drip Irrigation
JSLPS	Jharkhand State Livelihood Promotion Society
JSY	Janani Suraksha Yojana
KG	Kilogram
MDM	Mid-Day Meal
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Scheme
MNCHN	Maternal New-born Child Health and Nutrition
NEC	Not Elsewhere Classified
NFE	Non-Food Expenditure
NFHS	National Family Health Survey
NHE	Nutrition & Health Education
NSDP	National Skill Development Program
NSI	Nutrition Sensitive Interventions
NSS	Nutritional Sensitive Scheme
OBC	Other Backward Class
PDS	Public Distribution Scheme
PMMVY	Pradhan Mantri Matru Vandana Yojana
POC	Proof of Concept
PPS	Probability proportional to size
Q1, Q2, Q3, Q4	Quartile 1, Quartile 2, Quartile 3, Quartile 4
RGI	Registrar General of India
RGSEAG	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
SC	Scheduled Caste
SNP	Supplementary Nutritious Program
SP	Social Protection
SPSS	Statistical Package for the Social Sciences
SRLM	State Rural Livelihood Mission
ST	Scheduled Tribe
TDPL	Tribal Development Programme (Liveihood)
THR	Take Home Ration
TV	Television
UNICEF	United Nations Children's Fund
USA	United States of America
VIP	Ventilated improved pit latrine
WIFS	Weekly Iron and Folic Acid Supplementation

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# INTRODUCTION

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## BACKGROUND, OBJECTIVE AND RATIONALE

Save the Children has been developing a proof of concept for Nutrition-Sensitive Social Protection Plus package to improve the status of malnutrition in India by improving the quality of complementary feeding contextualized to local needs and considering social protection schemes. The proposed intervention aims to contribute to a reduction in the burden of malnutrition in India. The organisation has identified West Singhbhum District in Jharkhand for this proof of concept. West Singhbhum is one of the districts in the country where the burden of malnutrition is highest, one of the reasons for featuring the district in Niti Aayog's<sup>1</sup> aspiration district list<sup>2</sup>.

The Proof of Concept (POC) will be developed in next two years with a broad outcome to improve households' level of dietary pattern. To achieve this outcome, the POC is working on four broad areas. These are -Improving access to nutritional social protection; Enhancing child sensitivity to ensure investment on children, adolescents and their mothers' food practices; Improving the quality, quantity and timeliness of allied service delivery and Generate evidence to inform policy and programs. For this POC, two different research were designed- Cost of Diet Study<sup>3</sup> and Public Expenditure Review on Nutrition in Jharkhand<sup>4</sup>. Both studies were of the need of a primary set of recent data of income & expenditure (food and non-food consumption) data from the district; and uptake of direct nutrition interventions (DNIs) and nutrition-sensitive interventions (NSIs) in the project district. To fulfil primary data requirements for Cost of the Diet Study (Affordability) and CBGA's Public Expenditure Review on Nutrition (Status of coverage of DNIs and NSIs), a study was designed on **“Pattern of Household Income-Expenditure & Coverage of Social Protection Schemes: A glimpse from West Singhbhum, Jharkhand, India.”**

1. The National Institution for Transforming India, also called NITI Aayog, was formed via a resolution of the Union Cabinet on January 1, 2015. NITI Aayog is the premier policy 'Think Tank' of the Government of India, providing both directional and policy inputs. While designing strategic and long-term policies and programmes for the Government of India, NITI Aayog also provides relevant technical advice to the Centre and States.

2. The 'Transformation of Aspirational Districts' programme aims to quickly and effectively transform these districts. This program will focus on the strength of each district, identify low-hanging fruits for immediate improvement, measure progress, and rank districts.

3. The study was designed to estimate at the lowest cost, the quantity and combination of local foods that are needed to provide a typical family with foods that meet their average needs for energy and their recommended intakes of protein, fat and micronutrients. It was also conducted to estimate the potential contribution of some of the existing nutrition specific and nutrition sensitive interventions on household food affordability.

4. To understand the status- the assignment will look into outlays and extent of expenditure of the Nutrition led intervention and assess the how the allocation and /expenditure affecting the delivery of the Social Protection schemes and services. The study was conducted by Centre for Budget Governance Accountability (CBGA).

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The key objectives of this study were to assess the pattern of Income and Expenditure and to assess the status of coverage of Social Protection Schemes. The key areas of enquiry were-

- a) To understand member wise income and its sources in each household.
- b) To understand expenditure and its pattern in broad categories-food and non-food expenditure.
- c) To understand the knowledge, awareness and access status of a few key direct Nutrition Initiative and Nutrition-Sensitive Social Protection Schemes.

Excluding this brief introductory section, the report comprises four other sections. Chronologically, these sections are discussing the methodology adopted in the study (Section-2 Methodology); representation of key data, findings and their brief analysis (Section-3 Study Findings); discussion on how findings of this study are interlinked and connected to Cost of Diet and Public Expenditure Review Study (Section-4 Discussion on Findings); and few recommendations as a way forward (Section 5- Recommendation).



# METHODOLOGY

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This section of the report describes the methodology, which encompasses profile of study area, sample size estimation, location of the study, selection of villages and the data collection process for gathering the information on the Income, Expenditure and access/utilization of social protection schemes and services of the population in the assessment area.

## 2.1 STUDY GEOGRAPHY AND PROFILE OF THE AREA

West Singhbhum district forms the southern part of the newly created Jharkhand State and is the largest district in the State. West Singhbhum district came into existence when the old Singhbhum District bifurcated in 1990. With nine Community Development blocks, eastern part became the East Singhbhum with Jamshedpur as its district headquarters and remaining 23 blocks formed West Singhbhum with Chaibasa as its district headquarters. At present West Singhbhum comprises of 15 blocks and 2 administrative Sub-divisions<sup>5</sup>.

West Singhbhum has a population of 1502338 in total, around 86% of which residing in rural areas. The Sex Ratio was 1005 female / 1000 male population, which was quite high compared to the national average; the Child Sex Ratio stands at 983 female / 1000 male population. Almost 67% comprises of ST population and around 4% is SC population.<sup>6</sup> The effective literacy state for the district was 58.6% and the gender gap in literacy rate was around 25% (Male Literacy Rate is 71.1% and Female Literacy Rate is 46.3%)<sup>7</sup>. The total work force comprised of only 46.3%; contributed by 56.5% male and 43.5% female<sup>8</sup>. As per NITI Aayogs’s “Transformation of Aspirational Districts: Baseline Ranking and Real Time Monitoring



Figure 1. Map of the study area – Sample villages are highlighted in green

5. [www.chaibasa.nic.in](http://www.chaibasa.nic.in) viewed on 05-06-2020.

6. Ibid

7. Census 2011

8. Ibid

Data, 2018” West Singhbhum ranks 70th out of 117 targeted backward districts based on 49 key performance indicators in sectors like Health & Nutrition, Education, Agriculture & Water Resources, Financial Inclusion & Skill Development, and Basic Infrastructure<sup>9</sup>.

As this study was designed to supplement the requirements of Cost of the Diet (CoTD) assessment, the study area overlay the geographies of CoTD study. The villages were selected randomly and they were spread across the study blocks to represent the status of Chaibasa and Tonto of West Singhbhum.

## 2.2 SAMPLE ESTIMATION

For this study, based on the population size of the district, the sample size was worked out for the prevalence rate of 50%, to give the most conservative sample size covering all indicators; 95% confidence level and 5% confidence interval. Further, a 5% margin of error and design effect of 1.5 help to account for human errors arising during sample selection and data collection. In accordance with the above mentioned formula, the sample size to be covered in each district works out to 385 respondents per category. After inflating the sample size by 10% to account to any non-response bias and rounding it off to the nearest integer, the total sample size works out to 430 respondents. For quantitative HH survey, the sample size was around 430 to statistically represent the universe (district). The sample of 430 is distributed across 2 selected blocks (Chaibasa and Tonto, where CoTD survey was carried out) based on the Probability proportional to size (PPS) (in proportion of total population) i.e. 254 for Chaibasa (59%) and 176 for Tonto (41%).

District	West Singhbhum	
	Chaibasa	Tonto
Blocks		
Total Households	17,032	12,129
Total Population	86,389	59,918
Estimated Sample Size	254	176
Actual Sample Size	244	190

Source: Census of India, 2011, RGI

Table 1. Sample Estimation

## 2.3 SELECTION OF HOUSEHOLD

In each sample village, the list of households with 0 to 2 years old children was obtained from the AWC. From this list, the households are identified with HH member combination of a) pregnant / lactating women; and/or b) adolescent girl / boy of 10 to 19 years. If such combination of HH members were not found, then only those households with 0 to 2 years old children are considered. From this segregated list, the requisite number of households were selected using systematic random sampling. Out of them, in 434 households there were children below 2 years, in 138 households there were adolescent girls and boys of 10 to 19 years of age and in 64 households there were pregnant women and lactating mothers.

Sample Frame (No. of HHs)

Block	Census Village	Children below 2 years	Adolescent girls and boys (10 – 19 years)	Pregnant women and lactating mothers	Total (Exclusive)
Chaibasa	9	244	70	14	244
Tonto	7	190	68	50	190
<b>Total</b>	<b>16</b>	<b>434</b>	<b>138</b>	<b>64</b>	<b>434</b>

Table 2. Sample frame – Households

9. <https://niti.gov.in/about-aspirational-districts-programme>

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## 2.4 METHODS OF DATA COLLECTION

Data collection took place between 1<sup>st</sup> and 12 February 2020 following a three days long training including field practice. A total of six field investigators and two supervisors were trained on household survey questionnaire. All data collectors were selected from the local area (i.e. the assessment location) with the previous experience of data collection with a range of qualitative and quantitative tools. The data was collected on tablets using KOBO. Data verification and cleaning was followed by data analysis to arrive at the desired results.

## 2.5 CONCEPTUAL FRAMEWORK – ATTRIBUTES OF INCOME & EXPENDITURE AND SOCIAL PROTECTION SCHEMES

The areas of enquiry for the study were as follows:

- Income and its sources (member wise)
- Expenditure and its pattern (Food and Non-Food)
- Knowledge and Access to Direct Nutrition Interventions (DNIs) - Children, Mothers (Pregnant and Lactating) and Adolescents
- Knowledge and Access to Nutrition Sensitive interventions

Accordingly, the detailed questionnaire was framed to cater to the areas of queries along with some questions related to basic socio-demographic and household characteristics. The conceptual framework of the study encompassing the attributes of Income and Expenditure and that of Social Protection Schemes (DNIs and NSIs) is represented in the following section.

### 2.5.1 INCOME AND EXPENDITURE FRAMEWORK

Income for a household comprises of various sources and more than one member of the household can be engaged in income generating work. This is especially applicable in rural areas wherein the family members can be simultaneously involved in agricultural works during the peak

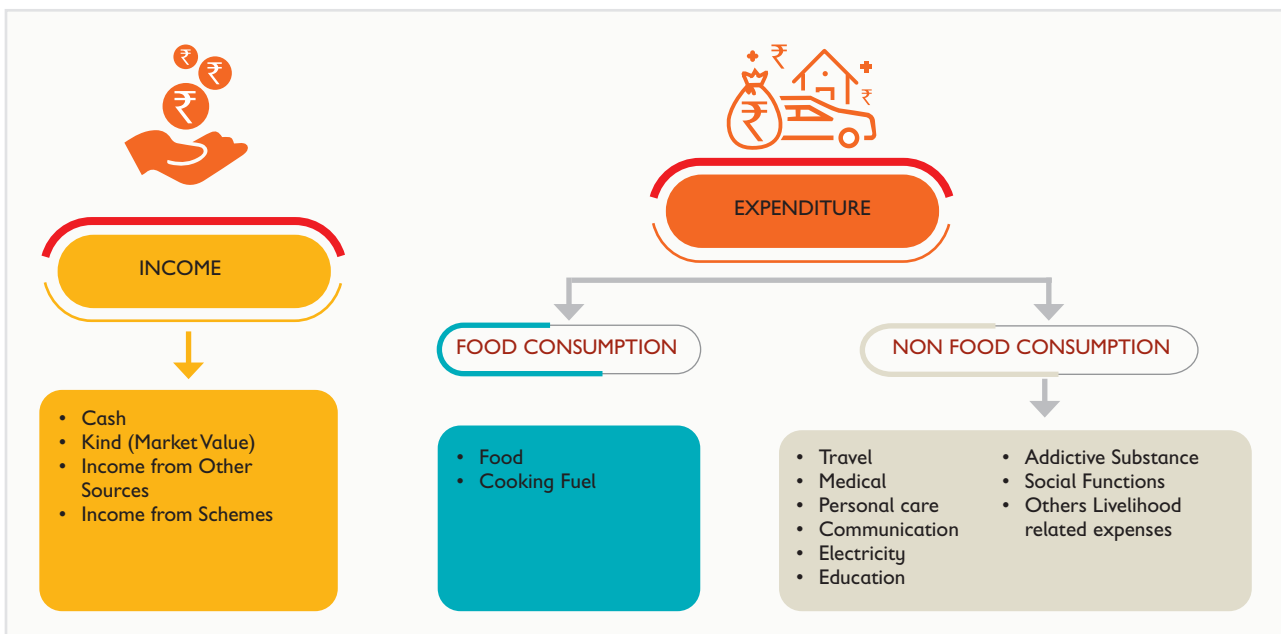


Figure 2. Conceptual Framework – Income and Expenditure

sowing and harvesting seasons and in other odd jobs during the lean seasons. Contextualising these factors, the components of the income that were considered for this study are:

- **Income in Cash** – this includes cash-based income from any form of labour
- **Income in Kind** – this includes kind based income from any form of labour
- **Income in Cash from other sources** – this includes income from rent, interest from the bank, private insurance scheme, sale of the property, sale of livestock, others, etc.,
- **Income in Cash from Social Protection Schemes** – like old age and widow pension, maternity benefit schemes, disability, scholarships, uniform, other cash assistance schemes, government insurance schemes, government disaster-relief schemes, etc.

Broadly, the components of expenditure comprises of two basic categories – a) Food consumption expenditure and b) Non-food consumption expenditure. Under Food consumption expenditure, two factors were considered for the study, viz. expenditure on food items and cooking fuel. For non-food consumption expenditure, travel, education, medical expenses (daily and emergency), personal care, communication, electricity, entertainment, addictive substances, social functions, other household expenses and livelihood related expenses (loan repayment, household farm expenses, expenses on livestock, expenses on self-employment / business / entrepreneurship) were considered.

## 2.5.2 SOCIAL PROTECTION SCHEMES FRAMEWORK

There were various Social Protection Schemes in the state, however, for this study only those were considered which have the potential to reduce malnutrition and provide direct support to the family. The Social Protection Schemes have been broadly divided into two categories: a) Direct Nutrition Interventions (DNIs) and b) Nutrition-Sensitive Interventions (NSIs).

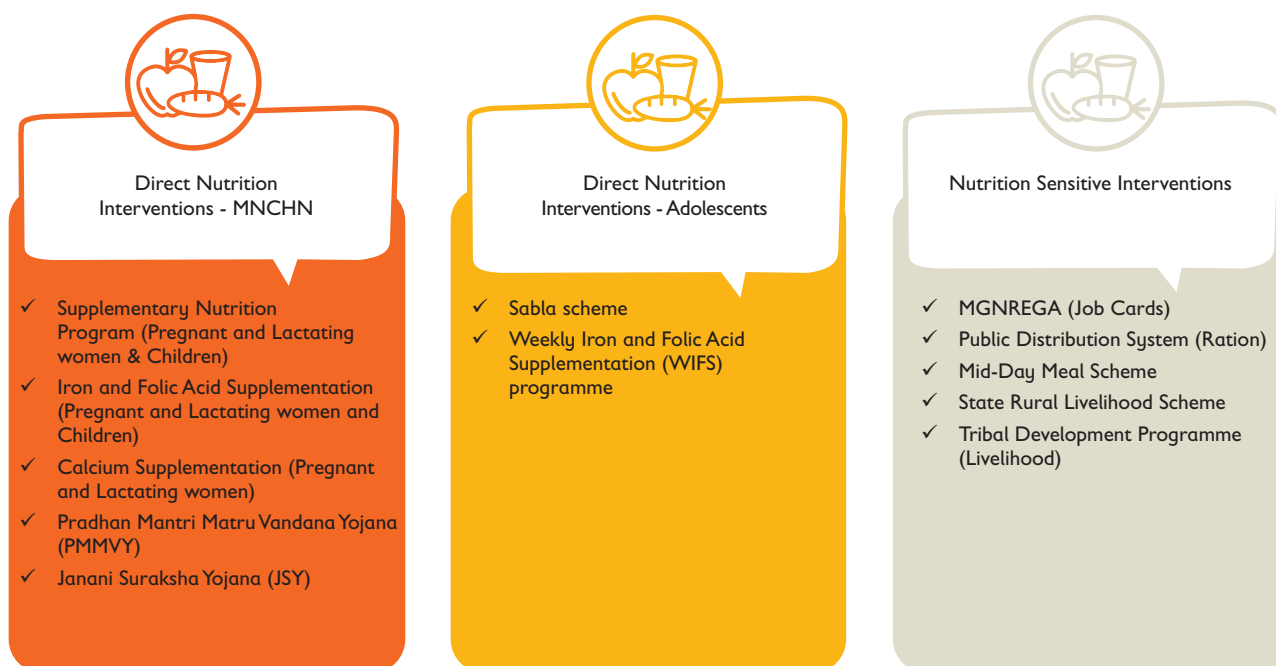


Figure 3. Conceptual Framework – Social Protection Schemes

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Identification of these frameworks is based on the studies done by IFPRI and CBGA (Menon et al 2016) (Acharya et al. (2017)). In the case of DNIs, schemes for maternal and new-born child health and nutrition (MNCHN) and adolescent health and nutrition were looked into separately. As per the UNICEF's conceptual framework for determinants of child nutrition and development<sup>10</sup>, these interventions address the immediate causes of undernutrition, about increasing nutrient intake and disease prevention (or direct or nutrition-specific interventions), as well as the underlying and basic causes of undernutrition, such as household food insecurity and literacy (or nutrition-sensitive interventions).

Under DNIs for MNCHN, Supplementary Nutrition Program (SNP) for pregnant and lactating women and children, IFA Supplementation for pregnant and lactating women and children, Calcium Supplementation for pregnant and lactating women and maternity benefit schemes like Pradhan Mantri Matru Vandana Yojana (PMMVY) and Janani Suraksha Yojana (JSY) were considered for the study.

For adolescent DNIs, SABLA and Weekly Iron and Folic Acid Supplementation (WIFS) programmes were taken into consideration for the study. For SABLA – aspect related to nutrition provision, Iron and Folic Acid (IFA) supplementation, health check-up and referral services, Nutrition & Health Education (NHE), counselling/guidance on family welfare, Adolescent Reproductive and Sexual Health (ARSH), child care practices and home management, life skill education and accessing public services, vocational training for girls were measured.

For NSIs the schemes that were considered are Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGA), Public Distribution Scheme (PDS) and Mid-day Meal Scheme in schools. Apart from these, the other NSIs comprised of location specific livelihood schemes under State Rural Livelihood Mission (SRLM) and Tribal Development Programme related to livelihood (as this district is tribal-dominated).

### 2.5.3 DATA ANALYSIS

The data was analysed in SPSS software (25<sup>th</sup> version) using relevant statistical tools for analysis. Both descriptive statistics (frequency distribution, mean, median, coefficient of variation and standard deviation) and bivariate analysis (cross tabulations) were applied to illustrate the analysed data in tabular and graphical representation. To depict the association between two categorical variables, Chi-square test of significance was conducted to assess the nature of association between the two.

## 2.6 LIMITATION OF THE STUDY

The limitations of the study were as follows:

- The study methodology did not include any qualitative data collection techniques to supplement the quantitative study findings.
- There have been certain outliers in the data related to expenditure (like loan repayment, household farm expenses, expenses on livestock, expenses on self-employment/business/entrepreneur) which needed to be excluded from the data analysis.
- In case of income, interest from lending money has not been included in the attributes of income.



# STUDY FINDINGS

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### 3.1 HOUSEHOLD AND SOCIO-ECONOMIC PROFILE

The study findings revealed that the average household size of the study area were 5.4. In the study population, children below 5 years comprised of around 29.6% and that between 6 to 18 years comprised of 22.5%. Remaining 48% comprised of the adult population. The Sex Ratio of the study population was around 1150 female / 1000 male population while the Child Sex Ratio stands at 1129 female / 1000 male population. 77.6% belongs to ST community, 27.9% were Hindu and 71.9% were of other religious categories mainly of tribal nature. Around 50.9% of the population were illiterate, thereby depicting a low effective literacy rate of 49.1%. Out of the literate population, 18.7% of the population had completed primary level (standard 1 to 5) of education and around 23.5% had completed secondary level (standard 6 to 10) of education. The gender gap in illiteracy was around 10% while that of primary education level was around 3% and secondary education level was around 5%.

The household characteristics revealed that 81.1% comprise of the nuclear family. 90.3% live in kutchra houses and 96.1% live in their own house. 96.8% of households had ownership of land. 91.2% use improved drinking water

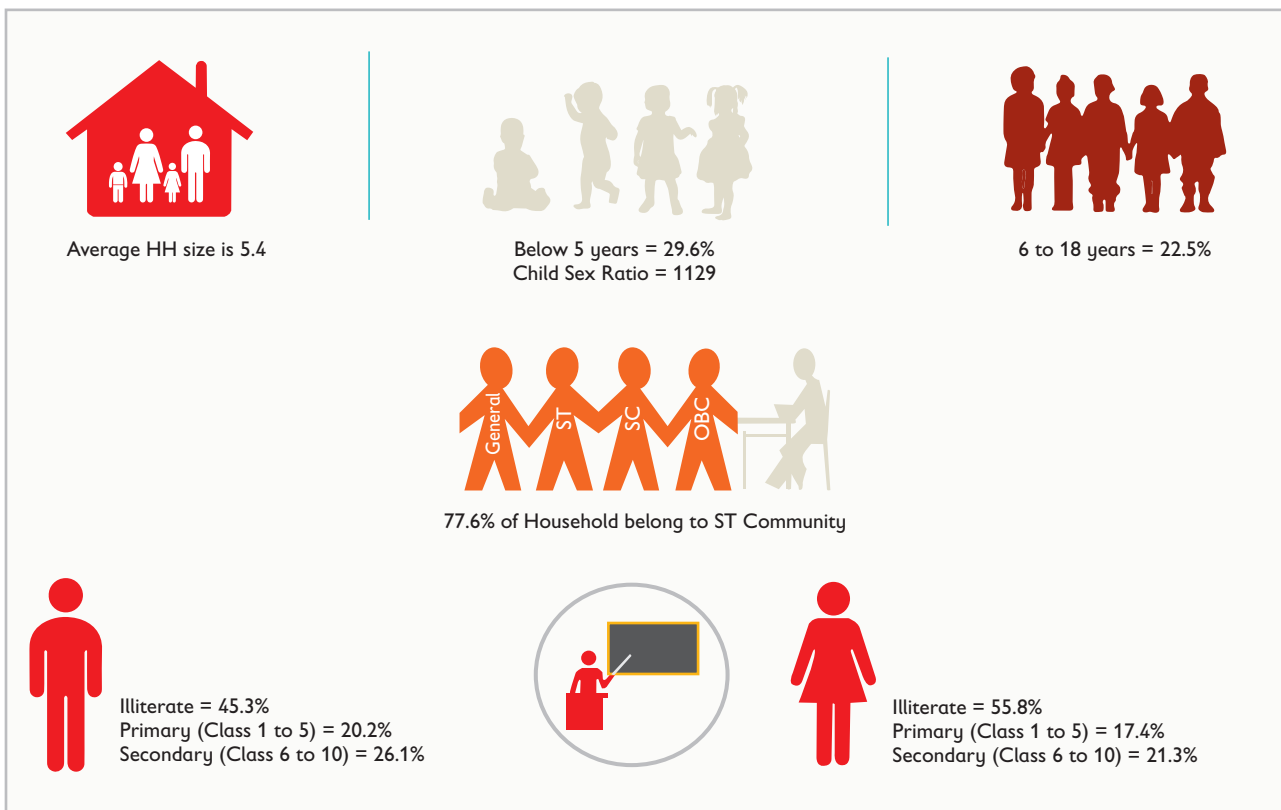


Figure 4. Basic Profile of the sample population

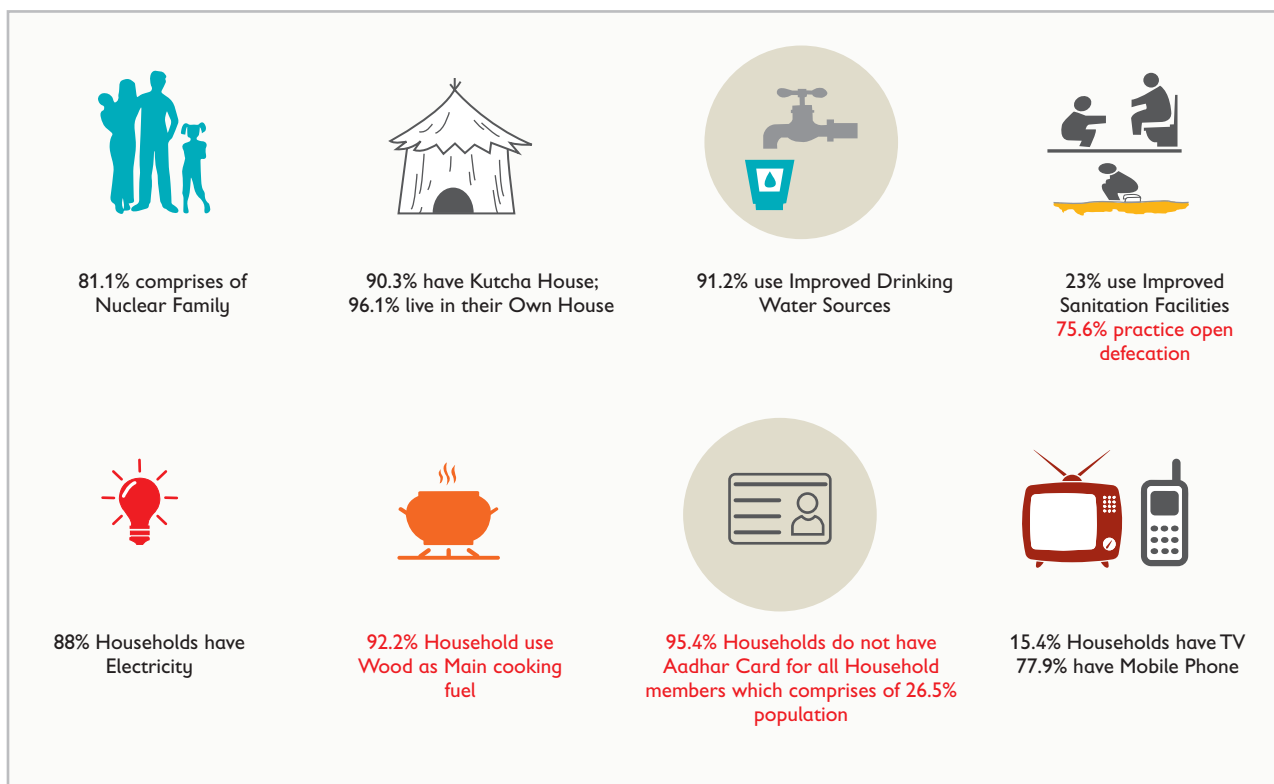


Figure 5. Basic Household Characteristics of the sample population

sources (like tube well/borehole, public tap/standpipe). 23% use improved sanitation facilities (like pit latrine with slab, flush/pour flush to piped sewer system / septic tank, pit latrine, ventilated improved pit latrine). An alarming 75.6% practice open defecation. 88% of the households had electricity. 92.2% of the households use wood as main cooking fuel. 95.4% of the households did not have Aadhar Card for all household members, which comprised of 26.5% of the population. Around 15.4% of the households had TV and 77.9% had mobile phones.

In the study, the respondents were asked about their work engagements, which was considered in terms of primary and secondary activity/occupation. By primary activity, it was considered the engagement of a person by most of its time and major earning source and secondary to be that of other activities that the respondents are engaged in available time to supplement their income or household needs. The occupation profile depicts the adult population to be engaged primarily into cultivation and allied agriculture (28.6%), non-agricultural wage labour (26.1%), household work (31.8%) and others (8.4%). As a secondary occupation, adults were engaged in cultivation and agricultural work (45.1%), non-agricultural wage labour (11.7%), household work (34.1%) and others (7.7%). If we consider the gender segregation, around 48.3% male workers were engaged in non-agricultural wage labour as primary occupation and 51.7% as cultivation and agricultural works as a secondary occupation; while around 60% females were engaged in household work and around 30% in cultivation and agricultural works both as a primary and secondary occupation. Around a quarter of males were engaged in household work as a secondary activity. 3.5% of the population are seasonal migrants and 1.3% were of permanent. Around 82% of the migrants both in case of seasonal and permanent have migrated to urban cities of different states. The average duration of seasonal migration is around 5.5 months and that of permanent was around 1.8 years.



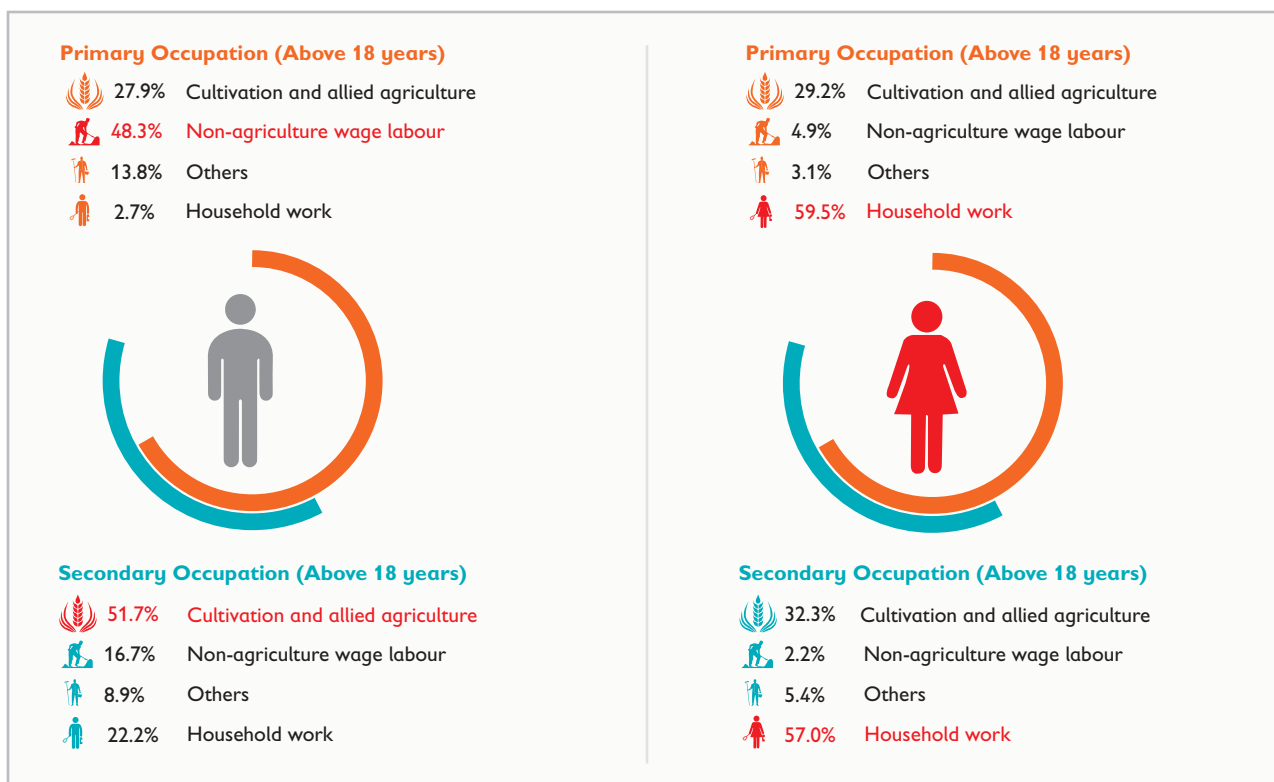


Figure 6. Occupational Characteristics of the sample population

## 3.2 INCOME & EXPENDITURE PATTERN IN THE STUDY AREA

The mean (average) and median household income are the prime statistics used to compare income values reported in different domains over time. Mean household income is the value obtained by dividing the total aggregated household income by a total number of households in a domain or an area. The median income is the income value at which the income distribution is divided into two equal-size groups. This middle point or the median is important as always the income of one half of the population falls either above or below that value and the median household income is a better indicator than the mean (average) household income as the median is not dramatically affected by extreme or unusually high or low values. However, both the mean and median are based on all the households in the population.

As outlined in the methodology section, for measuring income, following four types of sources were taken: A) all form of work from which each member of the household had earned cash. B) All form of work from which each member of the household gets income in the form of Kind – effort was also made to estimate the value of kind into the nearby market cash value. C) Cash income from other sources, which include rent, interest from the bank, public/private insurance, sale of the property, sale of livestock and others. D) And the fourth sources of cash income from all social protection schemes.

For estimating expenditure, two types of expenditures data were collected – Consumption and Non-Consumption. Under consumption expenditure, expenditure on food and cooking fuel was taken. Rest all form of expenditures, which include – travel, education, medical, other household expenses, personal care, communication, electricity, entertainment,

addictive substance, social functions, loan repayment, household farm expenses, expenses on livestock, expenses on self-employment / business / entrepreneur and others, were taken under non-consumption expenditures.

### 3.2.1 INCOME PATTERN

In the study area, the average household annual income was INR 82272, with data range from minimum INR 1200 to INR 874500. The standard deviation was 83360.6. The average annual income in each quartile varied from INR 22541.5 to INR 181524.6. The income analysis highlights almost 50% of total household were living under extreme poverty (\$1.9<sup>11</sup> per day) or on the edge of the same.

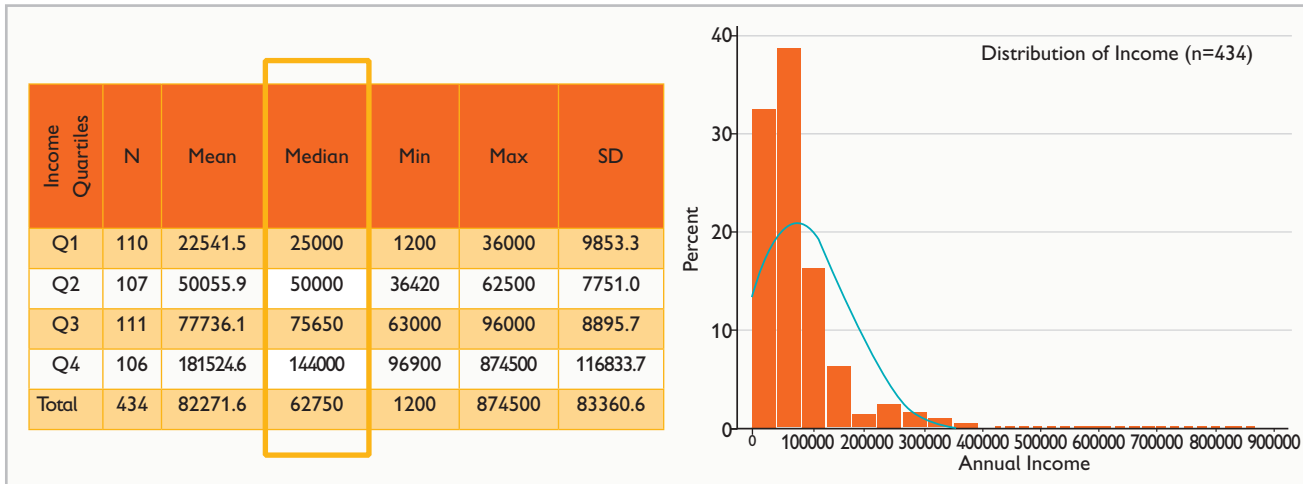


Figure 7. Income Distribution in the study area

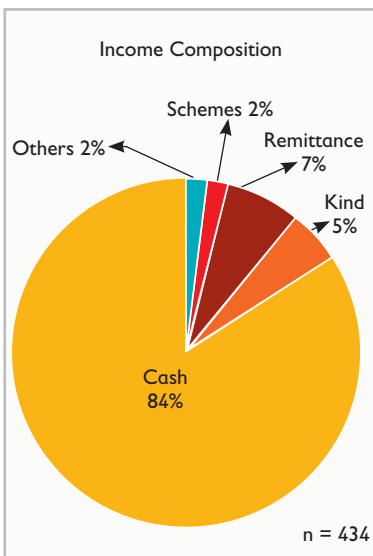


Figure 8. Income composition in the study area.

A large part of total income were coming from the wage, salaries, and profit (84%), whereas income from kind (5%) and social protection scheme (2%) were very minimalistic. Around 7% of the average households' income was coming from the remittance that migrated family members were sending.

### 3.2.2 PER CAPITA INCOME

The average HH size was 5.4 and the per capita annual income was INR 15233. Almost 60% of HHs had one earning member, which led to the average dependency ratio of 5.04. Around 40% of households had more than one earning members; in these cases the average dependency ratio varied from 2.21 to 2.86. With the increase in the family size, the per capita income was getting decreased (Figure-10). However, it seemed that per capita annual income was independent of the dependency ratio (Table-3). The variance between per-capita income families with more number of income member seemed marginal. It was also because in a large number of families considered where income earner has been shown as one is in farming or farm labours. However, even if other family members work in agriculture, they consider that as one earning. Therefore, in the given survey result, the per-capita income seemed independent of a number of household members working in the households and it means that the family size and composition were important parameters in order determine the vulnerable families.

11. \$1.9 per day means INR133 per day. Annual income = INR 48545.

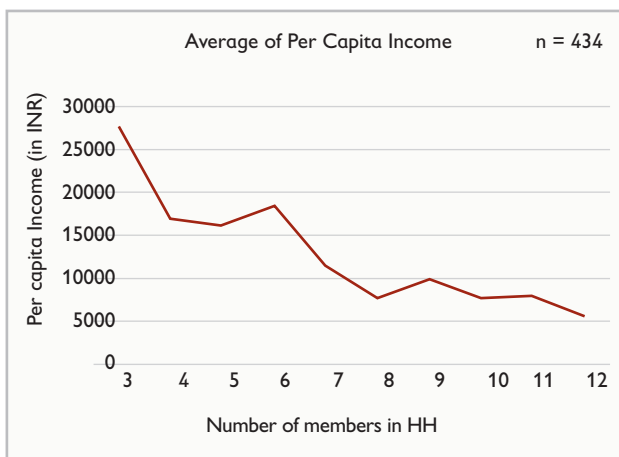


Figure 9. Average per capita income in the study area

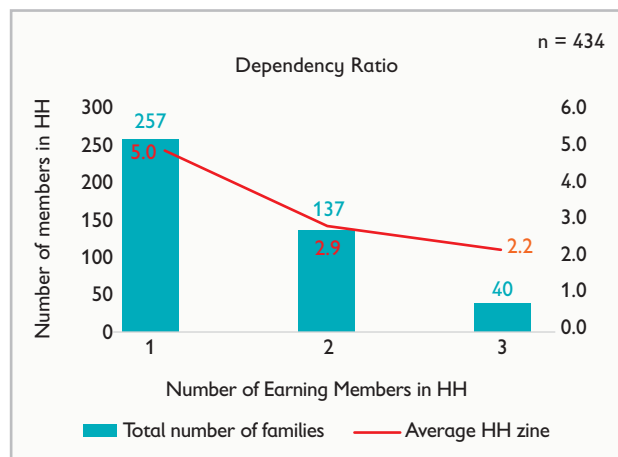


Figure 10. Dependency ratio in the study area

Number of earning member/s per HH	Total number of members	Total number of HHs	Average HH size	Average Annual Income (in INR)
1	1296	257	5.04	78461.20
2	783	137	5.72	80777.77
3	265	40	6.63	111869.73
Grand Total	2344	434	5.40	82271.59

Table 3. Average HH size vis-a-vis Average Annual Income

### 3.2.3 EXPENDITURE PATTERN

The average annual expenditure was INR 50552. Out of this, 54% of the total average annual expenditure was in non-consumption and 46% were on food and cooking fuel (consumption expenditure). Out of the consumption expenditure, the ratio of expenses on food to cooking fuel was 4:1.

In non-consumption expenditures, around 19% expenditure was on health and medical-related expenditures, which also included health emergencies. Around 22% of the total non-food expenses was household expenses (10%) and personal care (12%). Around 16% of the total non-consumption expenditure were on social function and addiction. Around 13% of the total non-consumption expenses were livestock, small & petty business and repayment of loans and 14% of the total non-expenditure expenses was on travel.

The quartile wise distribution between consumption and non-consumption expenditure was also not so wide.

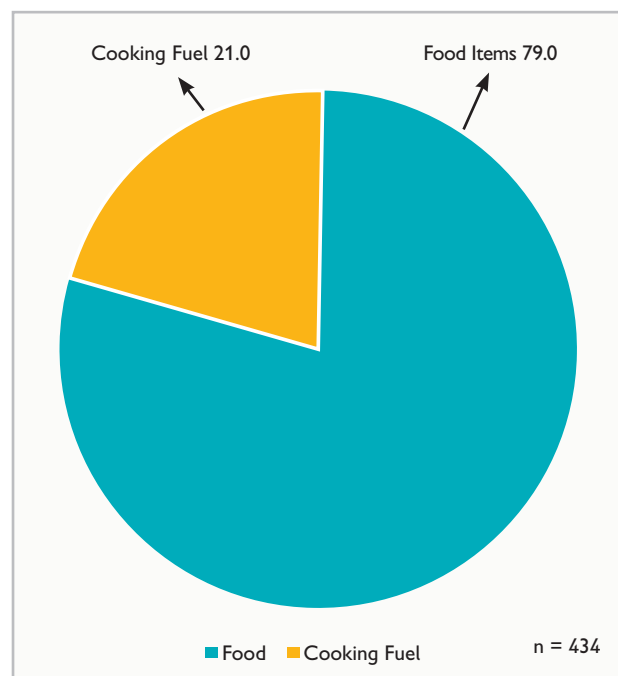


Figure 11. Distribution of Food Consumption Expenditure in the study area

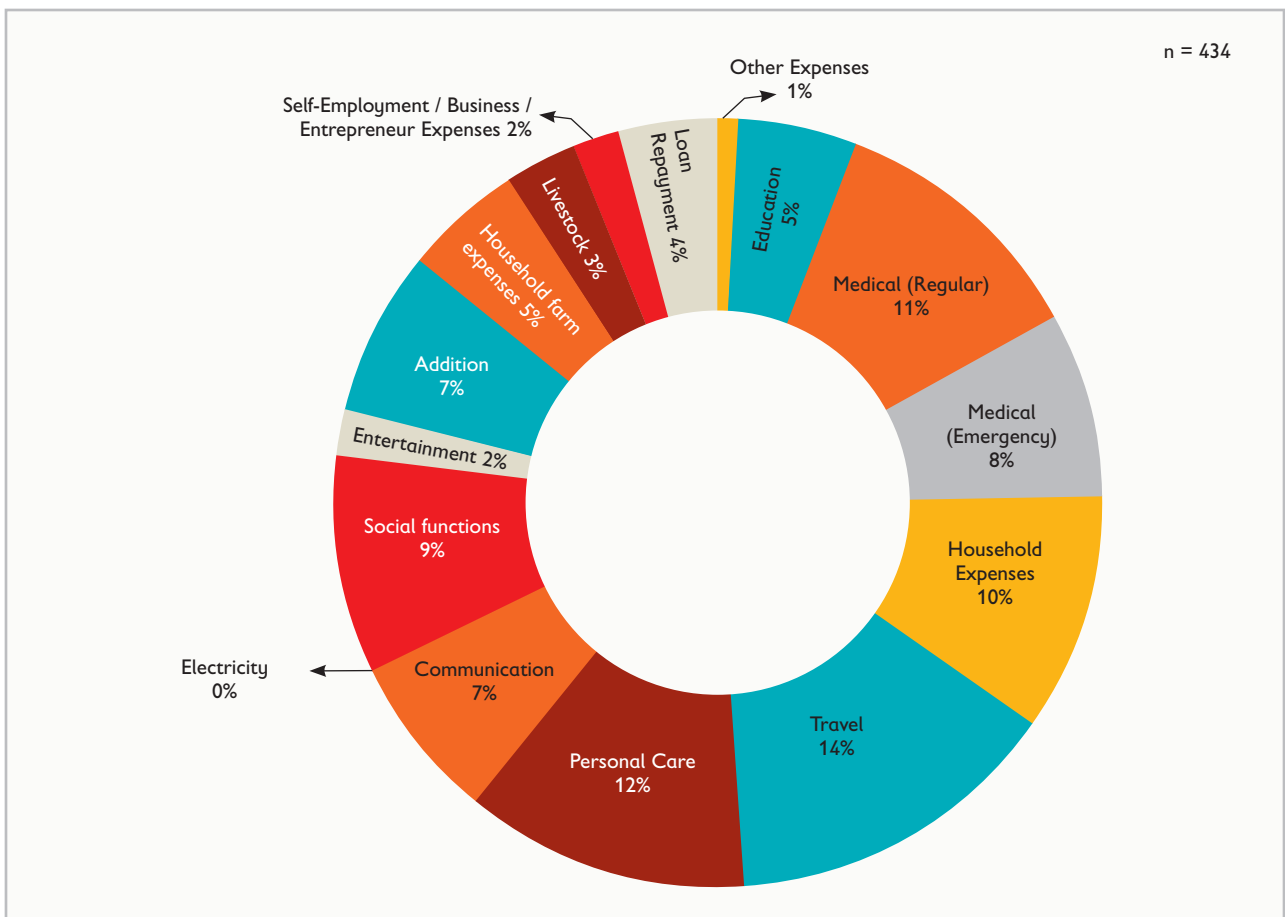


Figure 12. Distribution of Non Food Consumption Expenditure in the study area

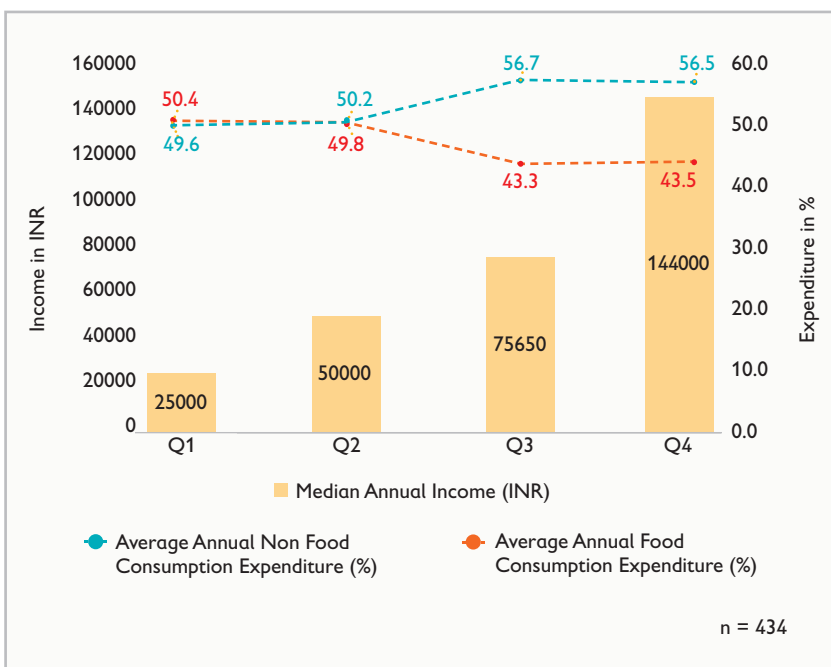


Figure 13. Quartile wise Food consumption and Non Food consumption expenditures in the study area

Figure -13 shows that the poorest 50% of the total population was spending almost equal percentage on consumption and non-consumption expenditures, while the richest half of the population spend around 44% of their total expenditures on food and around 56% on non-food expenditures. Increased spending on education, health needs, productive business and on entertainment has been observed in the upper fifty per cent of the population.

### 3.2.4 INCOME – EXPENDITURE AND ADEQUACY OF FOOD: RESPONDENTS’ PERSPECTIVE

To understand the perspective of the respondent on the adequacy of foods, three key questions were asked to them. The first question

#### STUDY REPORT

Pattern of Household Income Expenditure & Coverage of Social Protection Schemes: A Glimpse from West Singhbhum, Jharkhand, India

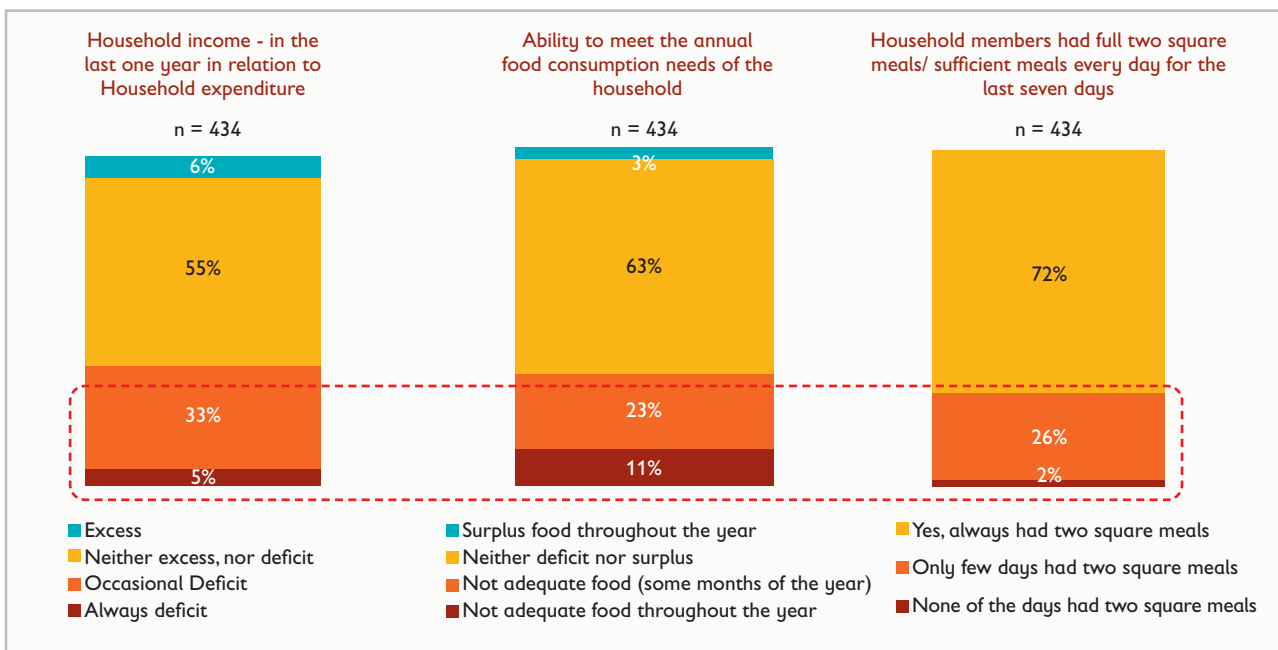


Figure 14. Perceptions on Income – Expenditure and Adequacy of Food in the study area

was framed to understand their viewpoint on the adequacy of their income. The second question was framed to understand their perception on their own ability to meet the annual food consumptions and the third question was whether the household member had two square sufficient meals in the last seven days. As per the respondents’ replies, around 38% of the total respondents felt that they face a deficit of income in comparison to their expenditures, while more than half of the respondents shared, they had neither excess of income nor they faced a deficit of income. A similar type of replies was also received on the perception of ability to meet the annual food consumption needs of the household. Around one third said they never had adequate food last year; while almost 63% of the total household said that they neither had a surplus of food nor they faced a deficit. Similarly, around 72%, shared that they always had two square meals, however, around one-fourth of the population had only a few days of two square meals, while 2% respondents said none of the days they had two square meals.

### 3.3 STATUS OF DIRECT NUTRITION INITIATIVE AND NUTRITION SENSITIVE INITIATIVES

There are a large number of social protection schemes that are implemented in West Singhbhum, however, the study has looked into those schemes, which have the potential to reduce malnutrition from the district. For the purpose of the study, we studied the uptake of three key Nutrition-Sensitive Schemes namely – Mahatma Gandhi National Rural Employment Guarantee Scheme, Public Distribution Scheme and Mid-day Meal Scheme. Moreover, the study also tried to learn the kind of benefits availed locale from various state level livelihood programmes. Similarly, for the purpose of Direct Nutrition Interventions for Maternal & Child Health & Nutrition programme Supplementary Nutrition Program, Iron & Folic Acid Supplementation programme, Calcium Supplementation, Pradhan Mantri Matru Vandana Yojana and Janani Suraksha Yojana were studied. SABLA and Weekly Iron and Folic Acid Supplementation (WIFS) programme for adolescents programme were also studied.

### 3.3.1 COVERAGE OF DIRECT NUTRITIONS SCHEME FOR PREGNANT WOMEN, LACTATING MOTHER AND CHILDREN

In case of the Direct Nutrition interventions, complete knowledge about DNIs was very less among women in the study area. Only 10.6% of eligible were aware of all DNIs. The know-how of Supplementary Nutrition Programme and IFA supplementation for pregnant and lactating women and children were relatively high in the study area in comparison to Calcium supplementation for pregnant and lactating women, Pradhan Mantri Matru Yojana and Janani Suraksha Yojana. In the data collection process, it was also observed that there was a huge confusion between JSY and PMMVY and their tranches' value. Most of the women were not able to clarify the distinction and similarity between these schemes. Confusion in relation to the eligibility criteria and conditions for PMMVY were also observed.

*Uptake of supplementary nutrition (SNP), IFA and Calcium supplements are much lower during PNC than ANC, thereby depicting that care of lactating mothers gets neglected.*

A strong correlation can be observed between access of these DNIs and knowledge on these schemes, which imply access of SNPs were quite high in comparison to other DNIs. However, access to all schemes during the lactation period had reduced significantly. Around 14% point reduction has been noticed in terms of access to SNP during pregnancy and lactation period. Likewise, a significant reduction has been noticed in access to IFA supplementation. More than 50 percentage point reduction has been found in the access of IFA between these periods. Access to calcium supplementation during pregnancy and lactation was quite low. Less than 40% of pregnant women reported that they accessed Calcium tablets whereas only 14.1% of total lactating women received calcium tablets. Around 75% of women received one or more tranches of PMMVY and around 56.8% received money for JSY (Cumulatively, 64.4% of total eligible received benefit of any one of the scheme).

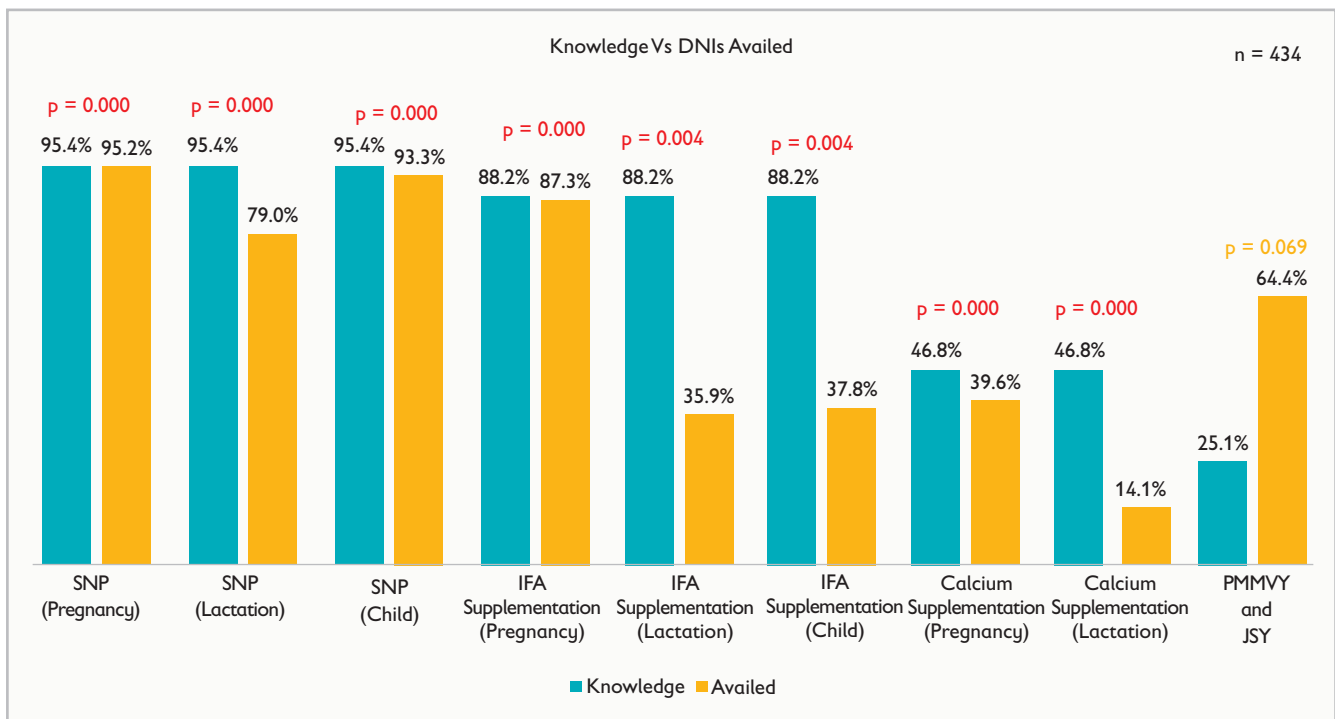


Figure 15 Uptake Status of Key DNIs in the study area



To understand the relation between improved knowledge and access to DNI, the Chi-square Test of significance for association was applied between care giver's knowledge and access to schemes. Over here the p-values with less than 0.05 (alpha value of test of significance) are revealing significant association between knowledge level and access of schemes. Apart from the maternity benefits schemes, all the other MNCHN schemes show significant association.

The analysis shows significant relationship between women's knowledge and access. In case to SNP during pregnancy, if the women have knowledge on importance of SNP during pregnancy, then the women have 67.5 times more likelihood of accessing SNP during pregnancy. Similarly, if the women have knowledge on importance of SNP during lactation, then the women have 6.4 times more likelihood of accessing SNP during lactation. Likewise, a statistically significant association between care giver's knowledge and child's access to SNP was found. If the caregiver has knowledge on importance of SNP for children, the respective child has 26.9 times more likelihood of accessing SNP. Similar associations were also noticed in the case of IFA supplementation and calcium supplementation during pregnancy, lactation period and for children.

In case of PMMVY and JSY, such association were not noticed. In fact, a lot of confusion were noted between these schemes (PMMVY and JSY). First of all, beneficiaries were not clear about of the objectives of both schemes, their difference and linkages. Secondly, the guidelines and conditions of PMMVY were not known to most of people, though they availed the schemes. The Central Government's push led to increase in the uptake of the scheme, however, the knowledge base of the scheme remained low.

Figure-16 shows that only 15.4% of the eligible received seven DNI schemes. Almost, one-third of the total eligible population accessed six number of DNI schemes. Similarly, not a single respondent in the study area accessed all DNI schemes.

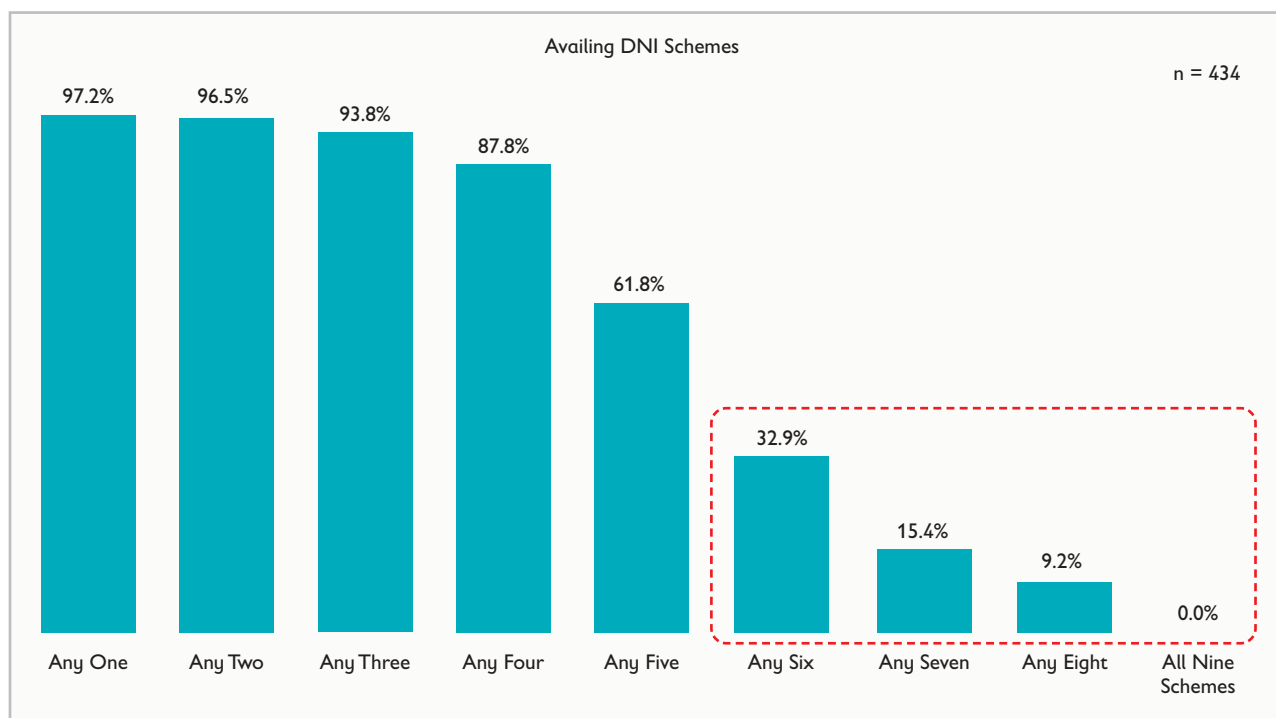


Figure 16. Uptake Status of Key DNIs in the study area

### 3.3.2 COVERAGE OF DIRECT NUTRITIONS SCHEME FOR ADOLESCENT GIRLS

There was no dearth of evidence on the need and importance to tackle malnutrition and anaemia among adolescent girls. Two key programmes were implemented in the district – SABLA and WIFS to tackle this issue. The knowledge, awareness and coverage of these two schemes are very low. Less than 20% of the total interviewed respondents have ever heard about the SABLA scheme and its provisions. Nutrition provision, Iron and Folic Acid (IFA) supplementation, Health check-up and Referral services, Nutrition & Health Education (NHE), Counselling/Guidance on family welfare, Life Skill Education and accessing public services and Vocational training for girls were the main provisions of the scheme. Less than 19% of adolescent were aware of IFA provision under the scheme. Likewise, the knowledge and awareness of other provisions were even low. Similarly, access to these provisions was far low. Around 8% of adolescent girls have accessed IFA tablets. Access to other provisions was even low (Figure- 17).

Further, Figure-18, showed about 80% of adolescents are not aware of any one of the services under SABLA scheme, and almost 92% of the total population were not availing anyone of the same. Similarly, less than 4% of total population were aware of all services and none of the adolescent and young girls are accessing all services in the target geography.

*Awareness and coverage of various provisions of Adolescent programs like SABLA and WIFS are very low.*

In case of Weekly Iron and Folic Acid Supplementation programme, the school-going boys and girls were targeted. The awareness and access of the scheme is abysmally low. Less than 8% of adolescent girls were informed about the scheme and slightly more than 7% of the adolescents said they received a benefit from the scheme.

There was a statistically significant association between adolescent girls’ knowledge and access to IFA supplementation through WIFS programme. If the adolescent girls had knowledge on importance of

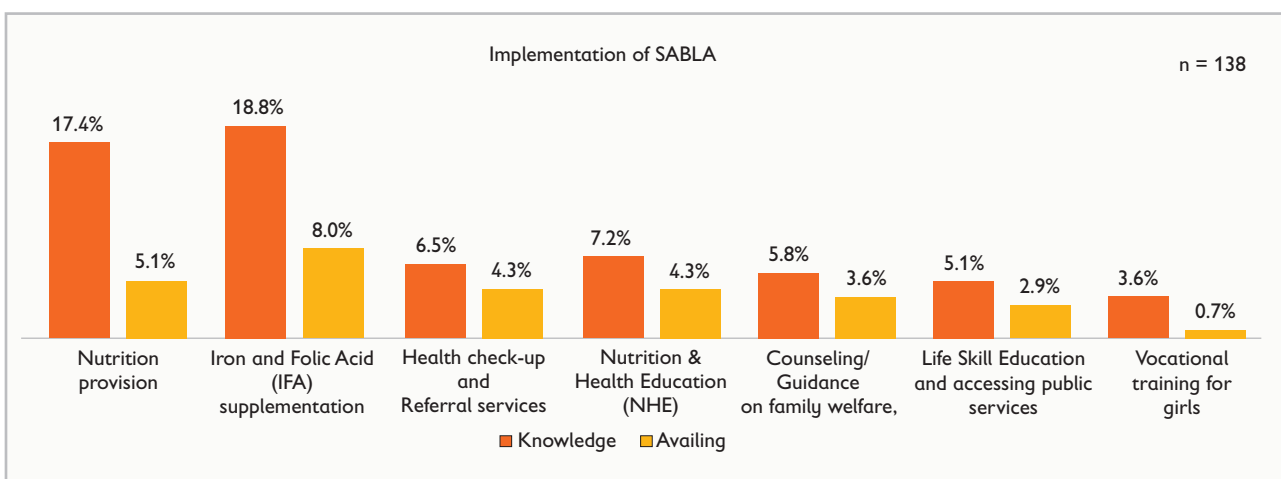


Figure 17 Coverage of SABLA scheme in the study area

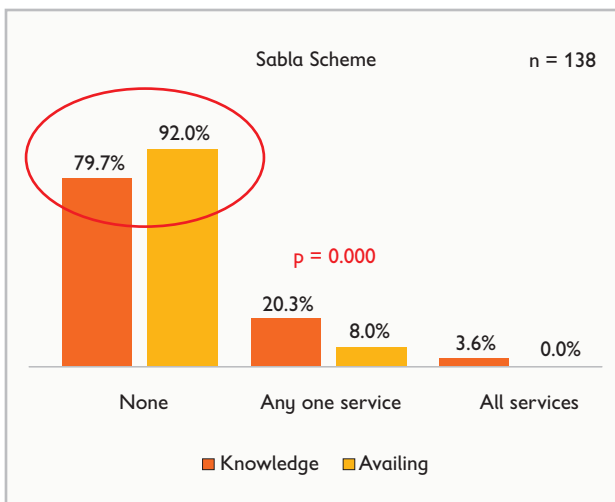


Figure 18. Knowledge vs Access of SABLA scheme among adolescents in the study area

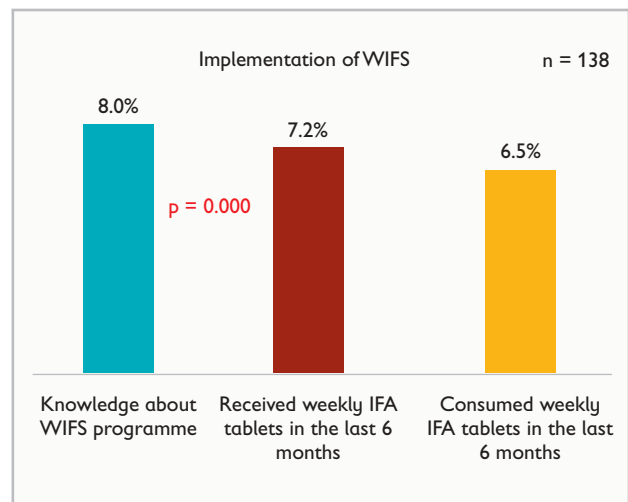


Figure 19. Knowledge vs Access of WIFS scheme among adolescents in the study area

IFA during adolescent phase, then the adolescent girls have 567.0 times more likelihood of receiving IFA supplementation. Similarly, there was a statistically significant association between adolescent girls' knowledge and access to SABLA scheme. (Table-7 in Annexure).

### 3.3.3 COVERAGE OF NUTRITION SENSITIVE SCHEME

Two of the most critical nutrition social protection scheme, which had a huge potential to contribute to improving the status of nutrition are the Public Distribution System and the Mahatma Gandhi Rural Employment Guarantee Scheme (MNREGA). In the former case, the marginalised and poor people get dry food ration in subsidised rate, whereas the latter scheme guarantee 100 days minimum work for everyone who lived in the rural area. MNREGA ensures minimum income support through cash for work provision in the rural area. These two schemes along with few other schemes like Social Pension, Mid-day meal, Livelihood programme and direct nutrition schemes had huge potential to improve the status of nutrition by increasing household income and food availability at household level.

The uptake of these schemes in the study area was quite low. For MNREGA, only 10.1% of respondents had accessed the scheme. Likewise, almost one-third of the total eligible population did not have ration card to claim food ration in the district. In the case of PDS, most of the people (92%) with ration card reported that they had used the card to purchase ration in subsidised rate in the last three months. However, most of them reported irregularities in case of delivery of rations.

Likewise, the access to Mid-Day Meal (MDM) was also quite low in the targeted location. Around 60% of the eligible household reported that their children are receiving adequate Mid-day meal in the school.

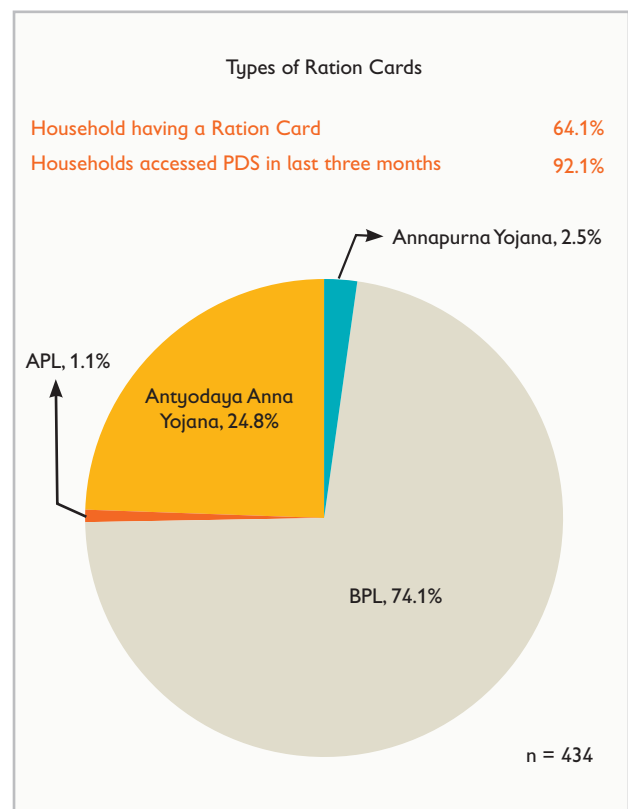


Figure 20. Types of ration card and status of uptake in the study area

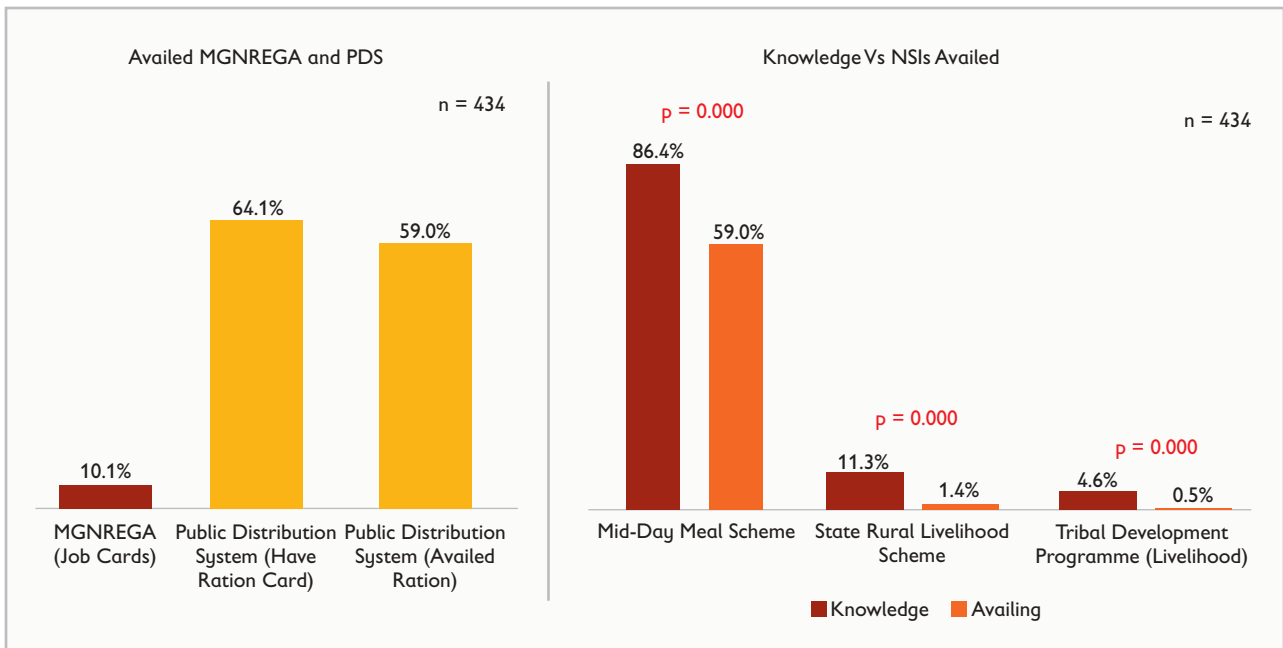


Figure 21. Knowledge vs Access of key NSIs in the study area

*The coverage and continuity of the government initiated DNIs and NSIs are not adequate and are much below, to yield the expected results that they aim to.*

A large proportion of the household, though, they were aware about state's livelihood programme, they did not receive any tangible benefit from the State Livelihood Programme. About 95% of sample population didn't receive any benefits from these programmes.

Figure-22 shows, 18% of the total population was not receiving any of the NSI schemes (PDS, MNREGA, Benefit from JSLPS and MDM). A little more than 80% of the total population were availing any one of the NSI schemes. Around 46% of the total population was availing two schemes. The data says, that a large proportion of the eligible population were not availing the benefits of all schemes. Very few less than 10% of the families were availing benefits of three schemes, which means a large number of families were deprived of the cumulative benefits of the Nutrition sensitive social protection in the district.

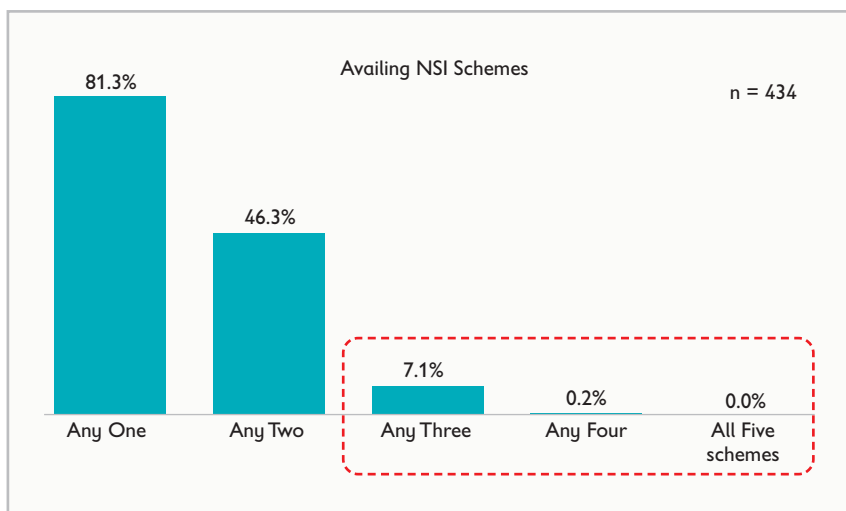
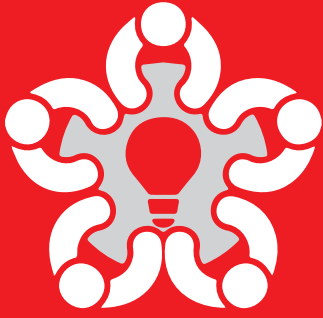


Figure 22. Status of Access of NSI in totality



# DISCUSSION ON FINDINGS

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## 4.1 PEOPLE LIVING BELOW POVERTY LINE VERSUS INCOME DISTRIBUTION IN THE STUDY AREA

Analysing further to understand the implication of income distribution implied that a large population's annual income was much lower than BPL thresholds in India. If we look deep down Figure -7 and 13 of this report, we would be able to understand, the per annum HH median income in the quartile-1 was around INR 25000 (varying between INR 1200 to INR 36000). Considering, the average per capita annual income was standing around INR 4630, which is 53 % lower than the poverty line threshold as per Tendulkar committee's<sup>12</sup> estimation (INR 9792). If we consider, Rangarajan Committee's<sup>13</sup> estimation, then the average per capita annual income is 60% lower than the BPL threshold of the country.

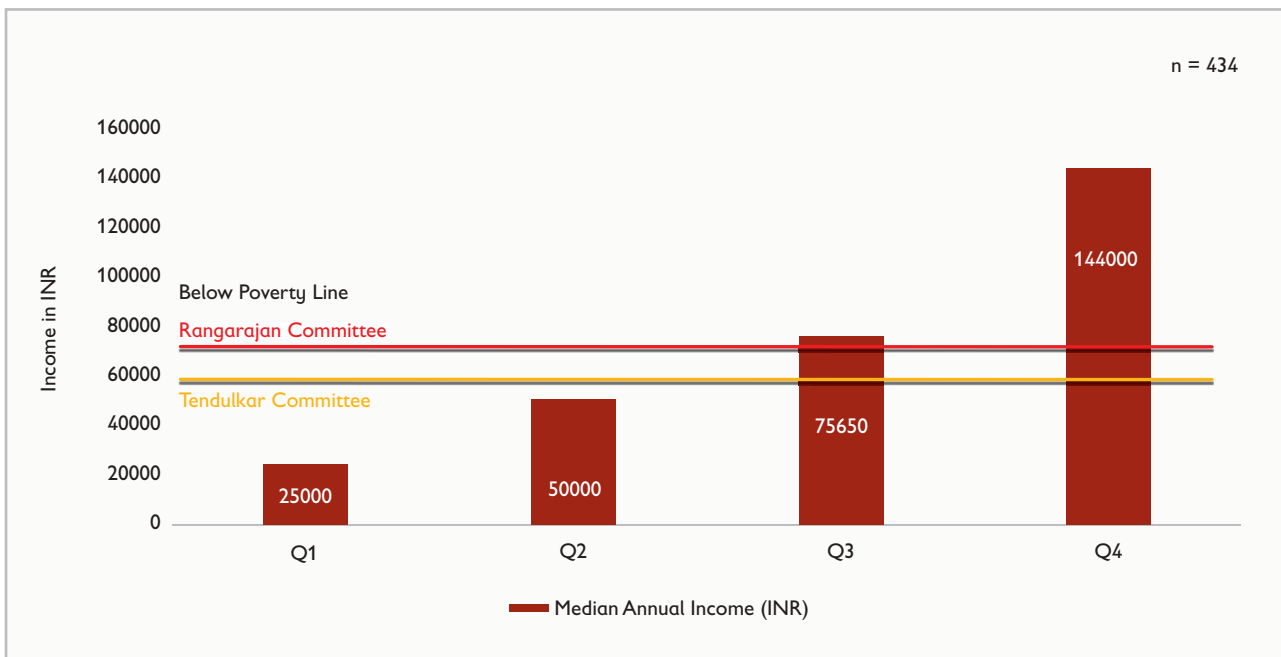


Figure 23. BPL thresholds vs Income distribution

12. The Tendulkar national rural poverty line from INR. 816 at 2011-12 prices

13. Based on the Rangarajan Committee Report, monthly per capita consumption expenditure of INR 972 in rural areas

14.. <http://www.brac.net/sites/default/files/BRAC%20Briefing%20-%20TUP.pdf>

The question arises who are these people in the quartile-1. This group of population are living in extreme poverty and per day income per household is around \$1 (per capita income is less than 20 cents). As per the World Bank's and BRAC definition this set of populations are ULTRA Poor-whose income is far lower than the national poverty line and Global poverty line thresholds. Besides, even if they spend their entire income on food, they are not able to meet their energy needs. Likewise, 70% of the total population in quartile-2 (refer Figure-7) fall under national poverty as per Tendulkar Committee, wherein as per Rangarajan committee threshold, the entire in the quartile-2 is under poverty estimation. The difference between these two arbitrary income profiling line is marginal, therefore, in this COVID-19 situation, where most people are losing their income and livelihood, it is more likely a lot of people can fall further down from their existing income group, which will further lead to deprivation, hunger and starvation.

## 4.2 ACCESS OF NSI AND DNI BY ULTRA POOR

The *uptake* of the DNIs and NSIs are *more* in case of people belonging to the *upper quartile (Q4)* than those of the *lowest quartile (Q1)* who are the *ultra poor*, for whom these are targeted.

Knowledge and income poverty play a critical role when this information lead to access to social protection and opportunities. Researches and evidence show that poorest of poor, who are most needy for the Government's supports are mostly not able to access. In this study, we also found similar findings. In most of the key DNI for pregnant and lactating women, children and adolescents, the uptake in Q-1 is lesser than the uptake in Q4 except SNP and IFA during lactation and JSY. Knowledge about the scheme, opportunity cost associated with uptake and fulfilling the conditionalities are few among the key reasons for their deprivation. The design and implementation of these schemes are also responsible for their deprivation. These marginal ultra-poor often live at the outskirts of the village boundary; get excluded from their availing the benefits.

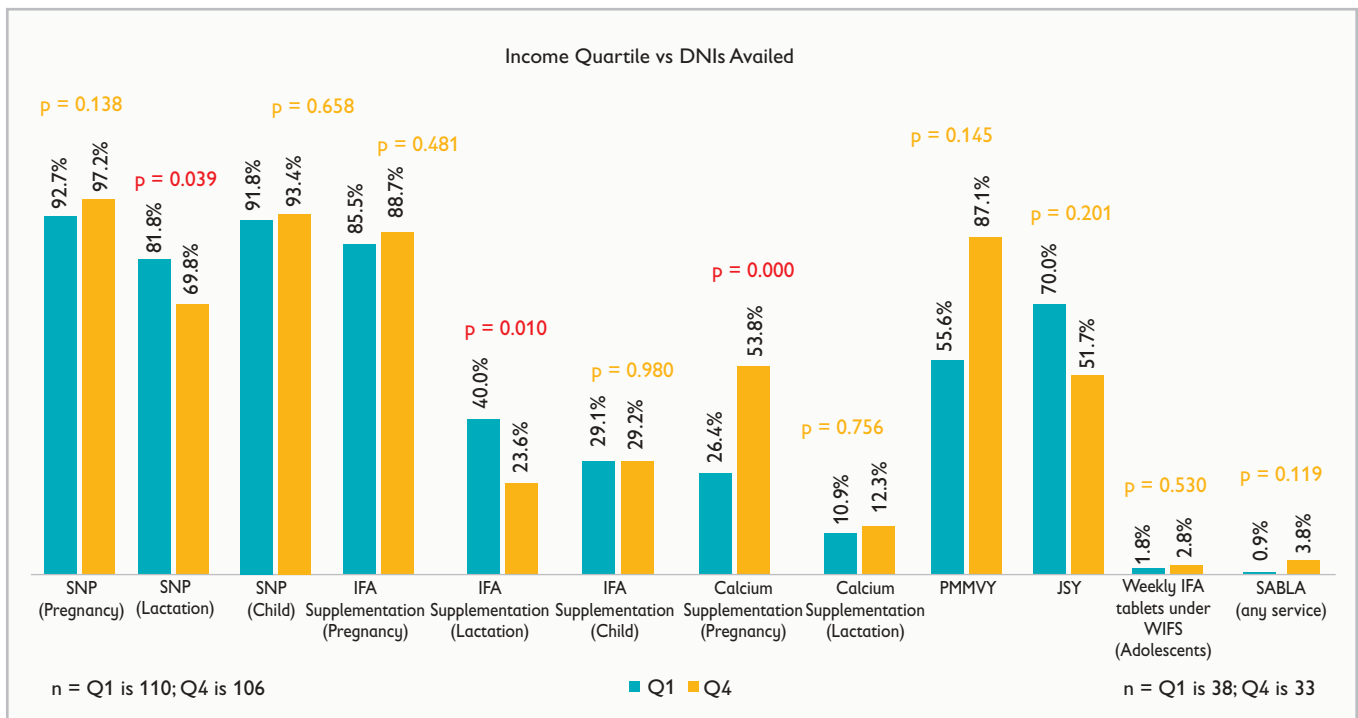


Figure 24. Access of DNIs by Q1 and Q4 in the study area

14. <http://www.brac.net/sites/default/files/BRAC%20Briefing%20-%20TUP.pdf>



Figure 25. Access of NSI- Q1 and Q4 in the study area

In the case of NSIs – similar findings have been noted in all key schemes. The findings with MGNREGA referred that coverage and continuity was an issue in the geography; however, for PDS – there might be other issues – like Aadhaar and ration seeding and knowledge of distribution date and timing. Availability of cash to buy subsidised ration was also an issue at times in the Q1 family, whose income base is too less. Powerlessness due to lack of income was also one of the possible reasons for Q1 not to access DNIs and NSI.

The interpretation of the results of Chi-square test of significance for association of access of schemes between Q1 and Q4 shows that there is significant association for SNP and IFA supplementation during lactation period and calcium supplementation during pregnancy (Table-8 in Annexure). The table shows that household belonging to the poorest quartile (Q1) are less likely to avail the benefits of various NSIs in comparison to population in the rich quartile. This shows that those who need this scheme the most were not able to access it due to existing societal construct where the poorest are marginalised and have limited access to welfare schemes. Awareness and need for multiple and different documentation also restrict population to avail these schemes.



## 4.3 FOOD HABIT NUTRITIOUS DIET AND INCOME DISTRIBUTION

The Cost of Diet Study estimated that a family of six in West Singhbhum require INR 70627 annually for food expenses of their own choice, which means considering their food habits. However, the current study found that 75% of the total population's (Q1, Q2, Q3) annual income ranges from INR 1200 to INR 96000. (Figure-7). For this group of people, affordability of nutritious food of their own choice was out of the question as their annual income was not enough. For the first two quartiles, the estimation was straight; the total annual income was lesser than the requirement. For the third quartile (Q3), when we consider the expenditure related to NFE, then we found that total population in this group also are not able to afford nutritious diet in the geography (Table-5). Further, when we deep down in Q-4, we found that around 40% of the total population of this quartile (which is around 11% of the total sample population) were not able to afford. This implied that more than 85% of the total population in West Singhbhum might not be able to afford a nutritious diet of their own choice due to lack of income.

More than 85% of the population are not able to afford nutritious food of their own choice (FHAB diet).

Quartile	Min range income	Max range income	Median Income	Cost of Diet-FHAB Diet	Remarks on affordability
Q1	1200	36000	25000	70627	100% of people in this quartile are not able to afford
Q2	36420	62500	50000	70627	100% of people in this quartile are not able to afford
Q3	63000	96000	75650	70627	Considering NFE percentage, (56% refer Figure -13); the total share of annual income available for food is around INR 53760. To afford this type of diet, the family with a maximum range of income in the quartile has to spend around 75% of total income on food. This makes that 100% population in this quartile won't be able to afford the NFHAB diet
Q4	96900	874500	144000	70627	Similar to Q3 estimation and calculation, around 40% of the total population of this quartile (which is around 11% of the total sample population) are not able to afford. This implies that more than 85% of the total population are not able to afford this FHAB diet

Table 4. Estimating Affordability of FHAB diet as per the Income Distribution

## 4.4 CoTD ANALYTICAL MODELS VS STATUS OF SOCIAL PROTECTION UPTAKE

The Cost of Diet analytical models have shown the importance of Social Protection Uptake for ensuring FHAB diet by the targeted population in the project geography. The models have shown that if the uptake is up to 90% and as per the guideline and project design, then these social protection schemes contribute significantly to reducing the cost of the diet. MNREGA, PDS, Old age pension and Livelihood programme have significant contribution in reduction of this cost. Figure-26 shows effect of these schemes on afford-ability. MNREGA, Livelihood and Old age pension have the largest contribution in reducing the food cost.

MNREGA, Pensions, Livelihood programme, PDS, SNP/THR/MDM, IFA and Eggs, cumulatively can reduce the **affordability gap of FHAB diet by 60%** in a poorest of poor family.

Likewise, the effect of social protection package on affordability was also quite significant. Figure-27 highlights the effect of different packages on affordability. In Q1 and Q2 quartile, the social protection package, which includes MNREGA, Pensions, and Livelihood programme support, PDS, SNP/THR/MDM, IFA and Eggs, has reduced the cost of diet 60% and 37% respectively. Additionally, the study also estimated that if beneficiaries access all cash and kind schemes, in that the cost of diet in Q1 would further reduce by 67% and in Q2 it would have a reduced effect of 50.3%. This analysis makes a case that the implementation – coverage and continuity – of existing schemes were quite important for the reduction of Cost of Diet; however, the social protection study highlights the current scenario of uptake. The current coverage of NSIs and DNIs showed a lot of work was required to improve the coverage of these schemes. The coverage of NSIs and DNIs were abysmally low in the district. Overall, only one scheme's coverage Supplementary Nutrition Coverage for pregnant women was more than 90%, otherwise, no other schemes have covered more than 65%. The second best coverage was of PDS, which stand around 64%; however, many irregularities were reported in the delivery of the services. Likewise, coverage of MNREGA and Calcium supplementation programmes were much lower. When we see the holistic access of all critical schemes by a household, the finding was very dismayed. Less than 1% of families accessed three or more Nutrition-Sensitive Schemes. Likewise, around 9 % of the families accessed eight key direct nutrition intervention scheme. The poor performance of these schemes implied the contribution of these schemes to availing a nutritious diet was also low.

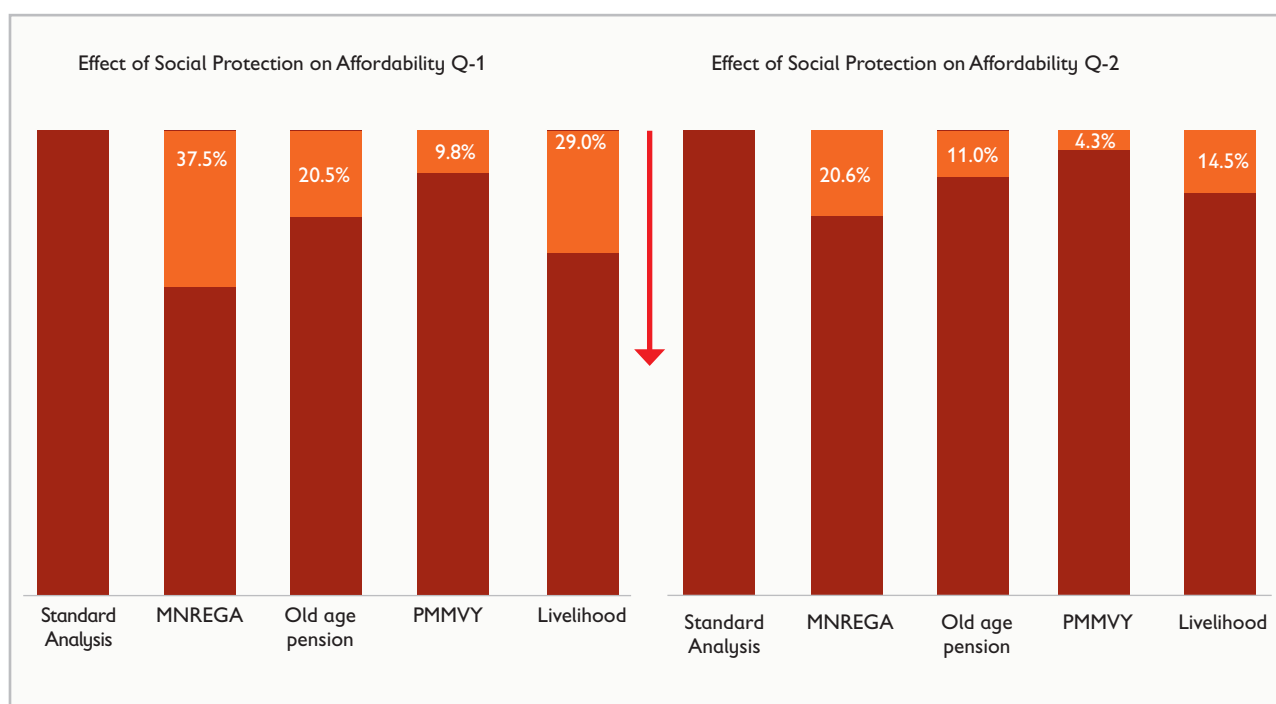


Figure 26. Effect of Social Protection Uptake on Affordability in the study area

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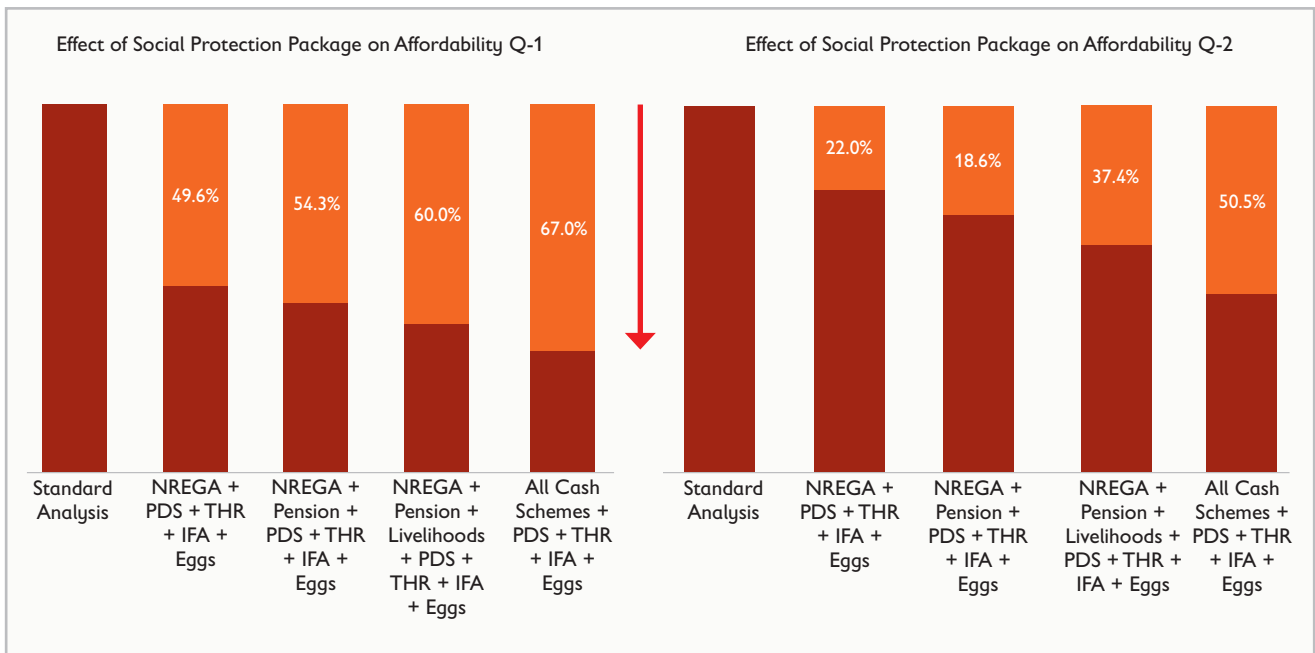


Figure 27 Effect of Social Protection Package on Affordability in the study area

## 4.5 AFFORDABILITY FHAB FOR ULTRA POOR

For the Ultra poor cohort, whose median income was INR 25000 per annum; the implication of access to all schemes as per assumption made in CoTD of Diet model was also not enough. When we deep down in terms of affordability of FHAB diet for ULTRA poor family, their food requirement was almost 2.8 times more than their median income. While taking the NFE cost into consideration, the affordability model for Q1, as shown in Figure-28, highlights that households in this group were not able to access

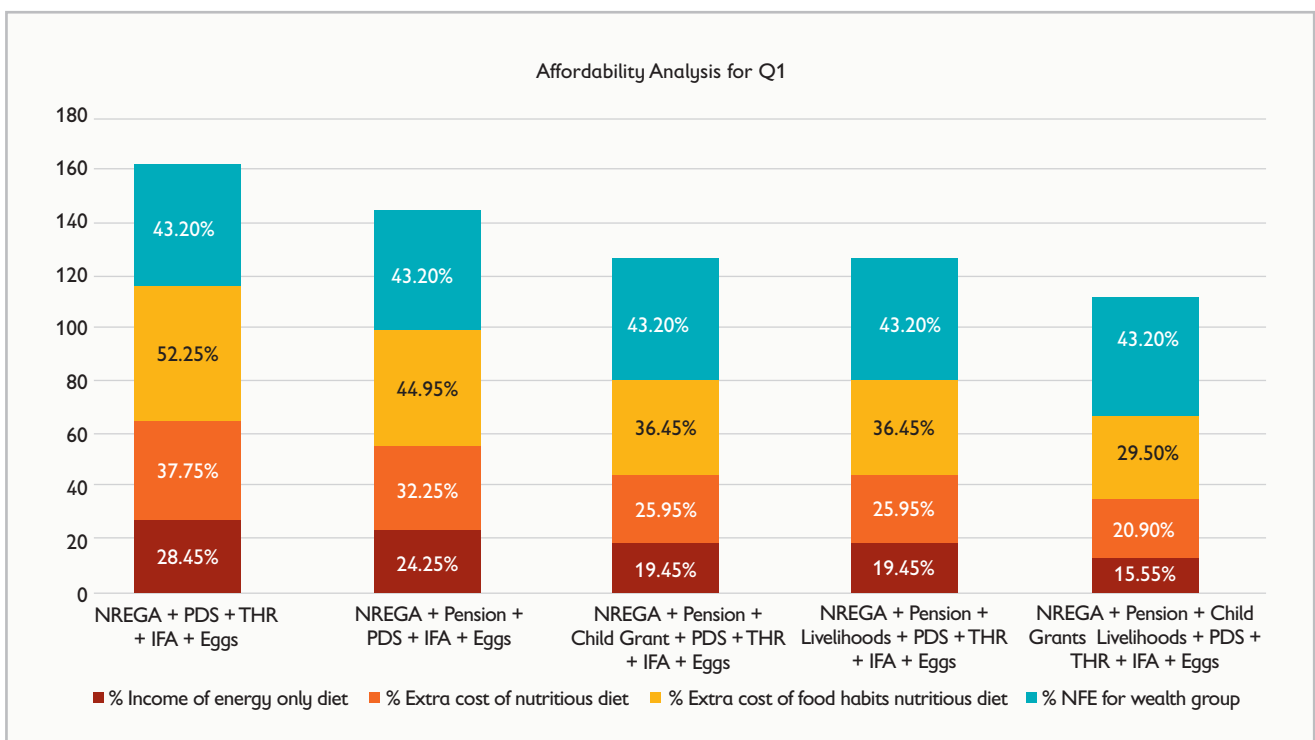


Figure 28. Affordability Analysis for Quartile-1 in the study area

FHAB diet even we would ensure the access of key NSIs and DNIs as per the holistic assumptions made for CoTD model. These schemes had huge potential to influence households' nutrition requirements. The model had assumed that if a household in this household receive INR 500 per month as Child Grant then also the household were not able to afford FHAB diet. This implied that benefit size of existing schemes, like PDS, MNREGA per day wage rate, Pensions and provisioning of eggs to children in school & ICDS, need to be revisited. Increase in the benefit size of these key schemes would have a significant and holistic effect in improving the nutrition status of the family. Besides, the government should also think to design a social protection programme to income support to these families, ideally, it should be designed to support the nutrition requirement of children.

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# RECOMMENDATIONS

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## **IMPROVE - KNOWLEDGE, COVERAGE AND CONTINUITY- KEY NUTRITIONAL SENSITIVE SCHEME AND DNI IN THE TARGET DISTRICTS**

One of the key recommendations is to improve the implementation of key NSS and DNI in the target district. Both studies – the Cost of Diet and Income-Expenditure & Status of Social Protection Schemes Uptake – have highlighted the importance of these schemes in combating malnutrition in the state. However, the later study found the coverage and continuity are abysmally low in the study district. The knowledge and awareness of the schemes' objective and processes are also very poor. The study analysis has shown that with the improvement in knowledge base the uptake of the scheme would increase significantly. Overall, the State Government and District Administration needs to identify the glitches that are leading to poor implementation of these key scheme and need to ensure that the coverage and continuity would be improved.

## **IMPLEMENTATION OF ADOLESCENTS' SCHEME LIKE SABLA AND WIFS NEED TO BE IMPROVED –NEED FOR INTEGRATION OR ADVOCATE TO BRING COMPONENT IN LINE WITH TEJASWINI**

On one hand, the Government of Jharkhand is showing a huge commitment to improving the situation of adolescents in the state, on the other hand, the key schemes for adolescents like SABLA and WIFS, are not reaching to most marginalized in one of the most backward districts of the state. In this direction, the second recommendation is to strengthen the implementation of these schemes. Both SABLA and WIFS have huge potential to improve the ground situation. The SABLA programme has aspects of bringing convergence of skill development and life skills. Therefore, it is important, the state government in consultation with Civil Society review the implementation of these schemes, identify the bottleneck and hurdles in the implementation and work towards implementation of the scheme. The other alternative, the State Government may think to converge SABLA with Tejaswini and bring synergy in Adolescent Programme in the state. Tejaswini programme is being implemented by an independent society in the State.

## **ENSURE THAT A HOUSEHOLD RECEIVE A SOCIAL PROTECTION PACKAGE – SHIFT FROM SCHEME-BASE TO INTEGRATED SP SYSTEM TO COUNTER MALNUTRITION**

To address the issue related to malnutrition, multi-dimensional efforts must be required in the State. Though the state has all major scheme, however, their implementation is not only poor but they are also not coherent. In other words, we have found that very few, almost zero, households have received all schemes that are necessary to address malnutrition. Therefore, it is important as per the guidance of Poshan Abhiyan, the effort for converging the implementation of NSS and DNIs needs to be strengthened. People are not able to avail the holistic benefits of all schemes, and therefore the cumulative advancement to address malnutrition has not been noticed. Therefore, the third key recommendation is to build an integrated system to advance the benefits of Social Protection to a family. It would not only help to monitor the implementation but also help in tracking the progress. Besides, a marginalized household would receive holistic and comprehensive support.

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## IMPROVEMENT IN THE DESIGN OF KEY SCHEME- PMMVY - TO REACH MORE, MNREGA & PENSION (BENEFIT SIZE) AND PDS (UNIVERSALISE)

Some of the key NSIs, which have the potential to improve the household income (like MNREGA, Pension), need to revisit its benefit size. Increase in 20% of current daily wages in MNREGA has the potential to improve the affordability of the lowest quintile. Likewise, there is a need to double the benefits of social pensions to improve affordability.

Pradhan Mantri Matrya Vandana Yojana, which is cash compensation for pregnant and lactating women to improve its dietary practices is lacking due to two reasons. a) This is only for first child; if there is miscarriage or still birth then also the pregnant and lactating women do not receive the full benefit; b) Besides and more importantly, for receiving the full payment, which is INR 5000 (excluding the JSY component), one has to wait for almost 15 months. More importantly, this money is received in three instalments. Monthly or Bi-monthly release of payment would improve security and continuity at the household level food security. Moreover, INR 5000 in 15 months means per month wage compensation is around INR 333.33, which is very less to ensure nutrition.

## NEW CHILD CASH GRANT SCHEME TO SUPPORT NUTRITION (ULTRA POOR)

To provide income base support especially to most marginalized families and to address their poor economic status, it is pertinent to provide new cash grant scheme. In the beginning, the scheme should be given to ULTRA POOR families; however, the attempt should be made to universalize the same. The study found that even if all scheme is being implemented as per the government's guideline, the group at the lowest quartile are not able to afford nutritious food. Besides, the current COVID-19 has also revealed that if these groups will not get continuous and unconditional income support, they fall in the trap of hunger and starvation. If this grant is provided in the name of children, it contributes in reducing the poverty inflicts irreversible damage to children's physical and cognitive development – leading to substantial social and economic costs later in life resulting in lower incomes and reduced economic growth in the long term. The provision of regular income support, especially if linked to other services, can support all our breakthroughs. There is evidence that regular cash payments can help reduce child mortality, prevent chronic malnutrition, increase access to education, and reduce various forms of harm to children – including early marriage and child labour.

## LIVELIHOOD-INCOME SECURITY

Government's Livelihood Programmes are required to provide adequate support to Ultra poor. The study found that the benefit of the current livelihood initiatives were not reaching most marginalized in the remotest areas of the State. At present, three to four key livelihood projects are being implemented in the state, however, it was found that the situation of these ULTRA Poor did not improve the way it was envisaged during the conceptualization of these big-ticket programmes. In this regard, the final recommendation is to ensure continuous and sustained livelihood support to ULTRA Poor families. In this regards, not only the design of these projects need to be reviewed but also approach for reaching to this group need to be revisited. The State Government and District Administration need to strengthen implementation and outreach of these initiatives to the ULTRA poor families. This group requires a separate approach than people who are slightly better off than this group but still they are lower than BPL thresholds.

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# ANNEXURE

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Profile of Selected Villages							
Chaibasa				Tonto			
Name of Villages	No. of Households	Total Population	Total Population 0 to 6 years	Name of Villages	No. of Households	Total Population	Total Population 0 to 6 years
Narsanda	1039	4841	777	Purnapani	481	2546	515
Tonto	685	3399	558	Siringsia	450	2017	367
Guira	444	2551	425	Dokata	384	1882	402
Tuibir	361	1900	305	Pertol	314	1653	290
Kamarhatu	348	1742	276	Baralisia	334	1649	316
Kaparsai	370	1713	261	Gundi Pusi	226	1183	241
Barkundia	331	1683	317	Sundisurniya	198	1001	159
Amita	203	1091	104				
Nakahasa	153	773	109				
Charai	106	473	70				

Source: Census of India, 2011, RGI

Table 5. Profile of Selected Villages

Sample Frame (No. of HHs)							
Block	Census Village	Children below 2 years	Adolescent girls and boys (10 – 19 years)	Pregnant women and lactating mothers	All Three Categories	Total (exclusive)	
Chaibasa	Amita	33	5	1	0	33	244
	Barkundia	22	13	0	0	22	
	Charai and Nakahasa	27	6	8	0	27	
	Guira	14	4	1	0	14	
	Kamarhatu	18	6	0	0	18	
	Kaparsai	36	11	0	0	36	
	Narsanda	17	6	3	0	17	
	Tonto	37	14	0	0	37	
	Tuibir	40	5	1	0	40	
Tonto	Baralisia	27	10	8	2	27	190
	Dokata	27	12	7	2	27	
	Gundi Pusi	27	10	7	2	27	
	Pertol	27	11	6	2	27	
	Purnapani	28	9	5	1	28	
	Siringsia	27	9	9	4	27	
	Sundisurniya	27	7	8	0	27	
<b>Total</b>	<b>16 Villages</b>	<b>434</b>	<b>138</b>	<b>64</b>	<b>13</b>	<b>434</b>	<b>434</b>

Table 6. Sample Frame

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### Relation between awareness and access - result of Chi-Square-Test of Significance

Association between Variables (DNIs and NSIs)	p value	Cochran's Chi-Square	Mantel-Haenszel Odds Ratio (Estimate)	Mantel-Haenszel Common Odds Ratio (95% CI)	
				Lower Bound	Upper Bound
Knowledge on SNP and Aailed SNP (Pregnant)	0.000	138.547	67.500	22.200	205.236
Knowledge on SNP and Aailed SNP (Lactating)	0.000	19.276	6.361	2.516	16.082
Knowledge on SNP and Aailed SNP (Child)	0.000	78.499	26.889	9.896	73.061
Knowledge on IFA and Aailed IFA (Pregnant)	0.000	120.875	23.185	11.540	46.581
Knowledge on IFA and Aailed IFA (Lactating)	0.004	8.404	2.907	1.375	6.146
Knowledge on IFA and Aailed IFA (Child)	0.004	8.125	2.757	1.341	5.669
Knowledge on Calcium and Aailed Calcium (Pregnant)	0.000	270.027	117.218	53.360	257.498
Knowledge on Calcium and Aailed Calcium (Lactating)	0.000	62.091	22.156	7.871	62.364
Knowledge on PMMVY and Aailed PMMVY	0.069	3.308	2.591	0.910	7.380
Knowledge on JSY and Aailed JSY	0.639	0.220	1.231	0.516	2.941
Knowledge on WIFS and Aailed WIFS	0.000	98.893	567.000	46.827	6865.422
Knowledge on SABLA and Aailed SABLA	0.000	46.957	∞	∞	∞
Knowledge on MDM and Aailed MDM	0.000	98.204	∞	∞	∞
Knowledge on SRLS and Aailed SRLS	0.000	45.690	∞	∞	∞
Knowledge on TDPL and Aailed TDPL	0.000	41.592	∞	∞	∞

Table 7 Relation between awareness and access – Result of Chi-Square-Test of Significance

### Relation between income quartile and access - result of Chi-Square-Test of Significance

Association between Variables (DNIs and NSIs)	p value	Cochran's Chi-Square	Mantel-Haenszel Odds Ratio (Estimate)	Mantel-Haenszel Common Odds Ratio (95% CI)	
				Lower Bound	Upper Bound
Aailed SNP (Pregnant) and Income Quartiles (Q1 and Q4)	0.138	2.204	0.371	0.96	1.439
Aailed SNP (Lactating) and Income Quartiles (Q1 and Q4)	0.039	4.258	1.946	1.028	3.682
Aailed SNP (Child) and Income Quartiles (Q1 and Q4)	0.658	0.196	0.793	0.284	2.213
Aailed IFA (Pregnant) and Income Quartiles (Q1 and Q4)	0.481	0.498	0.750	0.337	1.671
Aailed IFA (Lactating) and Income Quartiles (Q1 and Q4)	0.010	6.691	2.160	1.199	3.892
Aailed IFA (Child) and Income Quartiles (Q1 and Q4)	0.980	0.001	0.993	0.552	1.785
Aailed Calcium (Pregnant) and Income Quartiles (Q1 and Q4)	0.000	16.925	0.308	0.174	0.545
Aailed Calcium (Lactating) and Income Quartiles (Q1 and Q4)	0.756	0.097	0.876	0.380	2.018

### Relation between income quartile and access - result of Chi-Square-Test of Significance

Association between Variables (DNIs and NSIs)	p value	Cochran's Chi-Square	Mantel-Haenszel Odds Ratio (Estimate)	Mantel-Haenszel Common Odds Ratio (95% CI)	
				Lower Bound	Upper Bound
Availed PMMVY and Income Quartiles (Q1 and Q4)	0.145	2.127	0.324	0.068	1.535
Availed JSY and Income Quartiles (Q1 and Q4)	0.201	1.637	2.178	0.655	7.246
Availed WIFS and Income Quartiles (Q1 and Q4)	0.530	0.395	0.556	0.087	3.546
Availed SABLA and Income Quartiles (Q1 and Q4)	0.119	2.430	5.103	0.541	48.158
Availed MDM and Income Quartiles (Q1 and Q4)	0.031	4.680	0.542	0.311	0.947
Availed SRLS and Income Quartiles (Q1 and Q4)	0.040	4.229	∞	∞	∞
Availed TDPL and Income Quartiles (Q1 and Q4)	0.325	0.968	∞	∞	∞
Availed MGNREGA and Income Quartiles (Q1 and Q4)	0.935	0.007	1.041	0.397	2.733
Availed PDS and Income Quartiles (Q1 and Q4)	0.001	10.153	0.411	0.237	0.713

Table 8. Relation between income quartile and access - result of Chi-Square-Test of Significance

## QUESTIONNAIRE

Study on “Pattern of Household Income-Expenditure & Coverage of Social Protection Schemes: A glimpse from West Singhbhum, Jharkhand, India.”

### CONSENT FORM

Namaste! I am \_\_\_\_\_ from Save the Children, Bal Raksha Bharat. We are conducting a research study in Tonto and Chaibasa blocks of West Singhbhum. Through this study we aim to assess the pattern of Income-Expenditure among the households of the targeted block. We will also try to gauge the pattern of access to Social Protection Schemes by the households of the targeted block.

As a part of this study we are conducting a survey of members of the households in this village. In this survey we will ask for the following details a) socio demographic profile of the respondents and his/her family members, b) Family Income of each earning members of the household, b) Family Expenditure, and c) Family access to Social Protection Schemes.

As a part of this study, households with children below 2 years, adolescent girls and boys and pregnant women and lactating mothers, will be interviewed. You are invited to participate because you are one of the sampled households in this village. If you accept to participate, you will be asked questions in the above areas. The process will take around 45 to 50 minutes of your time. Participation in the survey is voluntary. Even if you agree to participate now, you may change your mind later and refuse to participate if you do not wish to answer any part of the survey. But given the importance of this survey we hope you will extend your participation. We request your honest response, as this study will help us understand the nature of income and expenditure and also access to social protection schemes and we will be able to learn about the wellbeing of the people of West Singhbhum, Jharkhand. We will ensure that nobody will know your identity. All information gathered through the survey is confidential and will be used for research purposes only. There is no specific harm from participation in this study and no specific incentive will be provided for participation. The results from this study will be presented before different governmental and non-governmental organizations working for the people of the West Singhbhum, Jharkhand. If you have any questions, you can ask now. [Clarify doubts or queries from the participants]

Are you willing to participate in the study YES [1] / NO [2]

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Name of the respondent / participant					
Date of Survey (DD/MM/YYYY)					
Category of Household with (Multiple response – Please ✓ the applicable)		Children below 2 years		Adolescent girls and boys (10 – 19 years)	
Name of Block		Name of Gram Panchayat		Gram Panchayat Code	
Name of Revenue Village		Revenue Village Code		Household Identification Number	
Location Coordinates		Latitude		Longitude	

## SECTION 1: SOCIO – DEMOGRAPHIC PROFILE OF HOUSEHOLD

### SECTION 1A: HOUSEHOLD ROSTER – DETAILS OF THE HOUSEHOLD MEMBERS

Household = all those who live under the same roof and share the same kitchen for 6+ months

Household members are those who are staying at present in the Household and members who migrated for at least six months or more

Instructions to the Investigator: Administer the questions in the section to the head of the household. In absence of the head of the household gather this information from any other senior member in the household who can respond to the questions.

ID No.	1a.1	1a.2	1a.3	1a.4	1a.5	1a.6	1a.7	1a.8	1a.9
	Name of Family members	Relationship with the head of the HH	Age (in completed years)	Sex Male = 1 Female = 2	Marital Status	Education	Occupation (Primary activity)	Occupation (Secondary activity)	Migration* Status Not a migrant = 1 Seasonal migrant = 2 Permanent migrant = 3

ID No.	1a.1 Name of Family members	1a.2 Relationship with the head of the HH	1a.3 Age (in completed years)	1a.4 Sex Male = 1 Female = 2	1a.5 Marital Status	1a.6 Education	1a.7 Occupation (Primary activity)	1a.8 Occupation (Secondary activity)	1a.9 Migration* Status Not a migrant = 1 Seasonal migrant = 2 Permanent migrant = 3

\* **Migrant:** A member of the household will be treated as a **seasonal migrant** if he/she had stayed **for less than six months or more in a place (village/town) other than the village/town where his/her household resides**.  
A member of the household will be treated as a **permanent migrant** if he/she had stayed continuously **for at least six months or more in a place (village/town) other than the village/town where his/her household resides**.  
Shifting of residence within village/town was not considered as an event of migration.

Relationship with the Head of HH Code list		Marital Status Code list		Education Code list		Primary Occupation Code List		Secondary Occupation Code List	
Head	01	Currently Married	01	Illiterate	01	Cultivation	01	Cultivation	01
Wife/Husband	02	Never Married	02	Can read only	02	Allied agriculture	02	Allied agriculture	02
Son/Daughter	03	Widowed	03	Can read and write	03	Agricultural wage labour	03	Agricultural wage labour	03
Daughter-in-law or Son-in law	04	Separated/ Divorced	04	Can read, write and count	04	Non-agricultural wage labour	04	Non-agricultural wage labour	04
Grandchild	05	Married no gauna	05	Primary (Class 1 to 5)	05	Artisan/Independent	05	Artisan/Independent	05
Father/Mother	06			Secondary (Class 6 to 10)	06	Petty shop/Small business	06	Petty shop/Small business	06
Brother/Sister	07			Higher Secondary	07	Organized Trade/Business	07	Organized Trade/Business	07
Father-in-law or Mother-in-law	08			Graduate	08	Salaried employment	08	Salaried employment	08
Nephew/niece	09			Post-graduate	09	Profession Not Elsewhere Classified (NEC)	09	Profession Not Elsewhere Classified (NEC)	09
Brother-in-law or Sister-in-law	10			Technical/ diploma	10	Retired	10	Retired	10
Other relatives	11			Others	88	Household work	11	Household work	11
Servant/other	12					Student	12	Student	12
						Looking for work/ unemployed	13	Looking for work/ unemployed	13
						Too young for work	14	Too young for work	14
						Unfit for work	15	Unfit for work	15
						Others	16	Others	16

## SECTION 1B: HOUSEHOLD CHARACTERISTICS

Instructions to the Investigator: Ask these questions to the head of the household. In absence of the head of the household gather this information from any other senior member in the household who can respond to the questions.

	Question	Codes	Responses
1b.1	What is your caste?	General = 1 OBC = 2 SC = 3 ST = 4 Others (Specify) = 89 Don't Know / Can't Say = 99	
1b.2	What is your religion?	Hindu = 1 Muslim = 2 Others (Specify) = 89 Don't Know / Can't Say = 99	
1b.3	What is your family type?	Nuclear = 1 Joint = 2 Extended = 3	
1b.4	Type of house?	Kutcha = 1 Semi Pucca = 2 Pucca = 3	
	Houses made from mud, thatch, or other low-quality materials are called <b>kutcha houses</b> . A <b>semi pucca house</b> is one of which either the roof or the walls but not both is made of <b>pucca</b> materials like burnt bricks, stone, cement, concrete or timber. Houses made with high quality materials throughout, including the floor, roof, and exterior walls, are called <b>pucca houses</b> .		
1b.5	Do you own the house?	Yes = 1 No = 2	
1b.6	Do you own any land?	Yes = 1 No = 2	
1b.7	What is the main source of drinking-water for members of your household? <b>Read out responses</b>	<b>Improved Drinking Water Sources</b> Piped water into dwelling, plot or yard = 1 Public tap/standpipe = 2 Tubewell/borehole = 3 Protected dug well = 4 Protected spring = 5 Rainwater collection = 6 <b>Unimproved Drinking Water Sources</b> Unprotected dug well = 7 Unprotected spring = 8	



	<b>Question</b>	<b>Codes</b>	<b>Responses</b>
1b.8	What kind of toilet facility do members of your household usually use? <b>Read out responses</b>	Bottled water = 9 Cart with small tank/drum = 10 Tanker-truck = 11 Surface water (river, dam, lake, pond, stream, canal, irrigation channels) = 12 Others (Specify) = 89 Don't Know / Can't Say = 99	
1b.9	In terms of the ability to meet the annual food consumption needs of the household, where would you place your household? <b>Read out responses</b>	<b>Improved Sanitation Facilities</b> Flush/pour flush to piped sewer system / septic tank, pit latrine = 1 Pit latrine with slab = 2 Ventilated improved pit latrine (VIP) = 3 Composting toilet = 4 <b>Unimproved Sanitation Facilities</b> Flush/pour flush to elsewhere = 5 Pit latrine without slab/open pit = 6 Bucket = 7 Hanging toilet/hanging latrine = 8 No facilities or bush or field (Open Defecation) = 9 Others (Specify) = 89 Don't Know / Can't Say = 99	
1b.10	Have all of your household members including you had full two square meals/sufficient meals every day for the last seven days? <b>Read out responses</b>	Not adequate food throughout the year = 1 Not adequate food (some months of the year) = 2 Neither deficit nor surplus = 3 Surplus food throughout the year = 4 Yes, always had two square meals = 1 Only few days had two square meals = 2 None of the days had two square meals = 3 Don't Know / Can't Say = 99	
1b.11	How do you compare your household income- in the last one year in relation to your Household expenditure? <b>Read out responses</b>	Always deficit = 1 Occasional Deficit = 2 Neither excess, nor deficit = 3 Excess = 4 Don't Know / Can't Say = 99	
1b.12	Does your household have electricity?	Yes = 1 No = 2 Don't Know / Can't Say = 99	

	<b>Question</b>	<b>Codes</b>	<b>Responses</b>
1b.13	What is the main cooking fuel used? <b>Read out responses</b>	Wood = 1 Crop residues = 2 Cow dung cakes = 3 Coal/coke/lignite = 4 Electricity = 5 Liquid petroleum gas = 6 Bio-Gas = 7 Others (Specify) = 89 Don't Know / Can't Say = 99	
1b.14a	Do you have these items?	Television (TV)	Yes = 1 No = 2
1b.14b		Radio	Yes = 1 No = 2
1b.14c		Mobile Phone	Yes = 1 No = 2
1b.15	Does everyone in your household have Aadhar card?		Yes = 1 No = 2
1b.16	If no. how person don't have Aadhar card?		

## SECTION 2: HOUSEHOLD INCOME

Household = all those who live under the same roof and share the same kitchen for 6+ months  
 Household members are those who are staying at present in the Household and members who migrated for at least six months or more  
 Instructions to the Investigator: Administer the questions in the section to the head of the household or principal earner. In absence of the head of the household or principal earner gather this information from any other senior member in the household who can respond to the questions.

Sl. No.	Questions	Codes	Responses
2.1	What is the principal source of income of the household? (Head of the household's / principal earner's income)	Cultivation = 01 Allied agriculture = 02 Agricultural wage labour = 03 Non-agricultural wage labour = 04 Artisan/Independent = 05 Petty shop/Small business = 06 Organized Trade/Business = 07 Salaried employment = 08 Profession Not Elsewhere Classified (NEC) = 09 Pension/Rent/Dividend, etc.=10 Others (specify) = 11	
2.2	What are the secondary source (s) of family income? (Multiple responses)	Cultivation = 01 Allied agriculture = 02 Agricultural wage labour = 03 Non-agricultural wage labour = 04 Artisan/Independent = 05 Petty shop/Small business = 06 Organized Trade/Business = 07 Salaried employment = 08 Profession Not Elsewhere Classified (NEC) = 09 Pension/Rent/Dividend, etc.=10 Others (specify) = 11	
2.3	Total Earning Members in the Family	A. Staying in the Household presently	Male
			Female
		B. Migrated Family members of the Household	Male
			Female
		C. Total	Male
			Female

## 2.4 INCOME FROM NON-RESIDENT MEMBERS / MIGRANT HOUSEHOLD MEMBERS (WHO ARE NOT STAYING PRESENTLY; STAY SOMEWHERE ELSE FOR THE PURPOSE OF WORK)

Instructions to the Investigator: Administer the questions in the section to the head of the household or principal earner. In absence of the head of the household or principal earner gather this information from any other senior member in the household who can respond to the questions.

ID No.	Name of Family members	2.4.1	2.4.2	2.4.5
		Place of Migration Same state = 1 Different state = 2 Abroad = 3	Place of Migration Rural = 1 Urban = 2	

## 2.5 INCOME FROM SOURCES OF EACH RESIDENT HOUSEHOLD MEMBER

Instructions to the Investigator: Administer the questions in the section to the respective earning members of the household. In absence of the respective earning members of the household gather this information from the head of the household or principal earner or any other senior member in the household who can respond to the questions.

### a. Member ID -

Primary/Secondary Occupation	2.5.1	2.5.2	2.5.3	2.5.4	2.5.5	2.5.6
	Kind of income Cash = 1 Kind = 2 Both = 3	If cash, how much did you earn in last 12 months? (in INR)	If kind, What did you receive in kind in last 12 months?	Did you sell/ consumed the received kind? Consumed = 1 Sold Total = 2 Partially Sold = 3	Quantity of the Received Kind (in KG)	Market value of received kind (in INR)
Cultivation			a. b. c.	a. b. c.	a. b. c.	a. b. c.

	2.5.1 Kind of income Cash = 1 Kind = 2 Both = 3	2.5.2 If cash, how much did you earn in last 12 months? (in INR)	2.5.3 If kind, What did you receive in kind in last 12 months?	2.5.4 Did you sell/ consumed the received kind? Consumed = 1 Sold Total = 2 Partially Sold = 3	2.5.5 Quantity of the Received Kind (in KG)	2.5.6 Market value of received kind (in INR)
<b>Primary/Secondary Occupation</b>						
Allied agriculture			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Agricultural wage labour			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Non-agricultural wage labour (including MNREGA)			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Artisan/Independent			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Petty shop/Small business			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Organized Trade/Business			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Salaried employment			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Profession Not Elsewhere Classified (NEC)			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Pension			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Livestock			a. b. c.	a. b. c.	a. b. c.	a. b. c.
<b>Total</b>			a. b. c.	a. b. c.	a. b. c.	a. b. c.

**b. Member ID -**

Primary/Secondary Occupation	2.5.1 Kind of income Cash = 1 Kind = 2 Both = 3	2.5.2 If cash, how much did you earn in last 12 months? (in INR)	2.5.3 If kind, What did you receive in kind in last 12 months?	2.5.4 Did you sell/consumed the received kind? Consumed = 1 Sold Total = 2 Partially Sold = 3	2.5.5 Quantity of the Received Kind (in KG)	2.5.6 Market value of received kind (in INR)
Cultivation			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Allied agriculture			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Agricultural wage labour			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Non-agricultural wage labour (including MNREGA)			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Artisan/Independent			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Petty shop/Small business			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Organized Trade/Business			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Salaried employment			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Profession Not Elsewhere Classified (NEC)			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Pension			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Livestock			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Total			a. b. c.	a. b. c.	a. b. c.	a. b. c.

**c. Member ID -**

Primary/Secondary Occupation	2.5.1 Kind of income Cash = 1 Kind = 2 Both = 3	2.5.2 If cash, how much did you earn in last 12 months? (in INR)	2.5.3 If kind, What did you receive in kind in last 12 months?	2.5.4 Did you sell/ consumed the received kind? Consumed = 1 Sold Total = 2 Partially Sold = 3	2.5.5 Quantity of the Received Kind (in KG)	2.5.6 Market value of received kind (in INR)
Cultivation			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Allied agriculture			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Agricultural wage labour			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Non-agricultural wage labour (including MNREGA)			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Artisan/Independent			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Petty shop/Small business			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Organized Trade/Business			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Salaried employment			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Profession Not Elsewhere Classified (NEC)			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Pension			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Livestock			a. b. c.	a. b. c.	a. b. c.	a. b. c.
Total			a. b. c.	a. b. c.	a. b. c.	a. b. c.

## 2.6 INCOME FROM OTHER SOURCES AND SOCIAL PROTECTION SCHEMES FOR ALL THE HOUSEHOLD MEMBERS (IN LAST 12 MONTHS – JAN TO DEC 2019)

Instructions to the Investigator: Administer the questions in the section to the head of the household or principal earner. In absence of the head of the household or principal earner gather this information from any other senior member in the household who can respond to the questions.

Sl. No.	Sources	Income (INR)	Sl. No.	Social Protection Schemes	Income (INR)
2.6.1a	Rent		2.6.2a	Old age pension	
2.6.1b	Interest (Bank)		2.6.2b	Widow pension	
2.6.1c	Any insurance scheme (private)		2.6.2c	Maternity scheme	
2.6.1d	Sale of property		2.6.2d	Disability	
2.6.1e	Sale of livestock		2.6.2e	Scholarships	
2.6.1f	Others		2.6.2f	Uniform	
	Total		2.6.2g	Others cash assistance scheme	
			2.6.2h	Any government disaster schemes	
			2.6.2i	Any insurance scheme (government)	
				Total	

## SECTION 3: HOUSEHOLD EXPENDITURE

Instructions to the Investigator: Administer the questions in the section to the head of the household or principal earner. In absence of the head of the household or principal earner gather this information from any other senior member in the household who can respond to the questions.

Reference period of last 30 days is Dec 2019 and last 365 days is Jan to Dec 2019

Sl. No.	Total expenditure on		Responses (in INR)
3.1	Food	Consumption of food items	in last 30 days
3.2	Cooking Fuel	Consumption of energy for cooking fuel	in last 30 days
3.3	Travel	Expenditure on daily commute	in last 30 days



Sl. No.	Total expenditure on		Responses (in INR)
3.4	Education	School / Private Tuition fees, School books & other educational articles	in last 30 days in last 365 days
3.5	Medical (Daily)	Daily medicines	in last 30 days
3.6	Medical (Emergency / In-patient treatment)	Emergency, In-patient treatment	in last 30 days in last 365 days
3.7	Other household expenses	Consumption of clothing, bedding, rent, tax, durable goods for domestic use, construction & repair and other miscellaneous services	in last 30 days in last 365 days
3.8	Personal care	Hygiene & Personal Use	in last 30 days
3.9	Communication	Telephone, Cable, Internet, Mobile	in last 30 days
3.10	Electricity / Lighting	Consumption of energy for lighting	in last 30 days
3.11	Entertainment	Includes cinema, picnic, sports, vacation, etc.	in last 30 days in last 365 days
3.12	Addictive Substances	Paan, tobacco, intoxicants, etc.	in last 30 days
3.13	Social functions	Marriage, funerals gifts, etc.	in last 365 days
3.14	Loan Repayment	Payment to be done against the loans taken	in last 30 days
3.15	Household Farm	Expenses, such as seeds, labour, fertilizer and manures, pesticides and herbicides, water for irrigation, tractors or equipment or hire any animals for working on farm, maintaining machines, transporting crops, on diesel, electricity, etc.	in last 365 days
3.16	Livestock (such as cows, buffalo, goats, or chickens)	Expenses, such as cost of buying, feeding, maintaining, and grazing the animals	in last 365 days
3.17	Self-Employment / Business / Entrepreneur	Expenses, such as the costs of materials, rent, interest on loans, etc.	in last 365 days
3.18	Others	Any other expenses made, apart from the listed categories	in last 30 days in last 365 days

## SECTION 4: SOCIAL PROTECTION SCHEMES AND SERVICES

### 4.1 MAHATMA GANDHI NATIONAL RURAL EMPLOYMENT GUARANTEE ACT / SCHEME MGNREGA(S)

Instructions to the Investigator: Administer the questions in the section to the head of the household or principal earner. In absence of the head of the household or principal earner gather this information from any other senior member in the household who can respond to the questions.

Sl. No.	Questions	Codes	Responses
4.1.1	How many MGNREGA (NREGA) job cards does your household have?		
4.1.2	Did anyone above age 18 in your household apply for a card but did not get it?	Yes = 1 No = 2	

Details of work under MNREGA (in last 12 months)							
Id No.	4.1.3 Card No.	4.1.4 Name of members on card	4.1.5 Eligible days	4.1.6 No. of days worked	4.1.7 Why not work all of the eligible days? Not interested = 1 Work not available = 2 Payment problems / Irregular payments = 3 Low wage rate = 4 Received payment instead of work = 5 Others = 6	4.1.8 Is there any delay in payment? Yes = 1 No = 2	4.1.9 If Yes, then what is the average extent of delay? Average number of Days Average number of months

## 4.2 PUBLIC DISTRIBUTION SYSTEM (RATION)

Instructions to the Investigator: Administer the questions in the section to the head of the household or principal earner. In absence of the head of the household or principal earner gather this information from any other senior member in the household who can respond to the questions.

Sl. No.	Questions	Codes	Responses	Skip
4.2.1	Does the household have a ration card?	Yes = 1 No = 2		If No, then skip to Q 4.10
4.2.2a	Type of Card Household has		BPL <sup>1</sup> (Red Card)	
4.2.2b			APL (White Card)	
4.2.2c			Antyodaya Anna Yojana (AAY) <sup>2</sup> (Yellow Card)	
4.2.2d			Annapurna Yojana (AY) <sup>3</sup> (Light Yellow Card)	
4.2.3	How many members are listed on ration cards?			
4.2.4	For how many months did you get ration from the ration shop in the last one year (Jan-Dec 2019)?			
4.2.5	In the last three months, have you used ration card to get anything from the ration shop?	Yes = 1 No = 2	Yes = 1 No = 2	If No, then skip to Q 4.2.9
4.2.6	If yes, what did you receive?			

1. BPL: Every person belonging to priority households, is entitled to receive 5 kg of food-grains per person per month at subsidized prices from the ration shops not exceeding Rs3 per kg of rice, Rs2 per kg of wheat and Rs.1 per kg for coarse grains.

2. Antyodaya Anna Yojana: This scheme is available for the "poorest of the poor" to purchase up to 35 kg of rice and wheat at a highly subsidized cost of Rs.3 per kg of rice and Rs.2 per kg of wheat.

3. Annapurna Yojana: Under this scheme, 10 kg of food grains is distributed per month free of cost to destitute above the age of 65 years with no or meager subsistence.

Sl. No.	Questions	Codes	Responses	Skip
4.2.6a	Rice (BPL = 5 Kg/Person/Month or 3Kg/Person/Month @ Rs.1/Kg AAY = 35Kg/HH/Month or 21Kg/HH/Month @ Rs.1/Kg AY = 10 Kg/Elderly person/Month @ Free)	Total Quantity (Mention Unit) Total Price (In INR)		
4.2.6b	Wheat (BPL = 5 Kg/Person/Month or 2Kg/Person/Month @ Rs.1/Kg AAY = 35Kg/HH/Month or 14Kg/HH/Month @ Rs.1/Kg AY = 10 Kg/Elderly person/Month @ Free)	Total Quantity (Mention Unit) Total Price (In INR)		
4.2.6c	Kerosene (BPL = 1.5 Lt/HH/Month @ Rs.41.64/Lt AAY = 1.5 Lt/HH/Month @ Rs.41.64/Lt APL = 1.5 Lt/HH/Month @ Rs.41.64/Lt)	Total Quantity (Mention Unit) Total Price (In INR)		
4.2.6d	Salt (BPL = 1 Kg/HH/Month @ Rs.1/Kg AAY = 1 Kg/HH/Month @ Rs.1/Kg)	Total Quantity (Mention Unit) Total Price (In INR)		
4.2.6e	Sugar (AAY = 3Kg/HH/Month @ Rs.24/Kg)	Total Quantity (Mention Unit) Total Price (In INR)		
4.2.6f	Any Other (Specify)	Total Quantity (Mention Unit) Total Price (In INR)		
4.2.7	Is there any irregularity in supply of ration items from the ration shop in your locality?	Total Price (In INR) Yes, for one item only = 1 Yes, for 2 to 4 items = 2 Yes, for all the items = 3 No = 4		If No, Skip to Q 4.3
4.2.8	If Yes, what is the extent of irregularity of supply in months / years?	Non-availability for average number of months Non-availability for average number of years		Skip to Q 4.3 Skip to Q 4.3
4.2.9	If not, what are the reasons for not using the ration card to receive ration? (Multiple response)	Too far = 1 No time = 2 Financial constraints = 3 Irregular Supply = 4		Skip to Q 4.3

Sl. No.	Questions	Codes	Responses	Skip
4.2.10	If no ration card, what is the main reason for not having a ration card?		Poor quality = 5 No need = 6 Insufficient quantities = 7 Others = 8  Not needed = 1 Lost = 2 Bureaucratic difficulties = 3 Moved but not transferred = 4 Others = 5	

### 4.3 MATERNAL AND CHILD HEALTH RELATED SCHEMES (THIS SECTION IS ONLY FOR PREGNANT AND LACTATING WOMEN AND MOTHERS OF CHILDREN OF AGE 0 TO 2 YEARS)

Instructions to the Investigator: Administer the questions in the section to the pregnant/lactating women/mother of child of age 0 to 2 years. In absence of the pregnant/lactating women/mother of child of 0 to 2 years, gather this information from any other care giver or senior member in the household who can respond to the questions.

Sl. No.	Questions	Codes	Responses	Skip
4.3.1	Do you know about the Supplementary Nutrition Program (food from AWCs) for pregnant-lactating women, and children?	Yes = 1 No = 2		
4.3.2	Did you receive any supplementary food from the Anganwadi centre during your pregnancy?	Yes = 1 No = 2 Did not visit AWC during pregnancy = 3 Don't Know / Can't Say = 99		If No or Did not visit AWC or Don't Know / Can't Say, Skip to Q 4.3.4
4.3.3	If Yes, how frequently you were able to get the supplementary food from the Anganwadi centre?	All the 6 days of week = 1 Some days of week = 2 One day in a week = 3 Some days in a month = 4 Others (specify) = 89		
4.3.4	Did you receive any supplementary food from the Anganwadi centre up to 6 months after the delivery of your child (during lactating period)?	Yes = 1 No = 2 Did not visit AWC during lactation period = 3 Don't Know / Can't Say = 99		If No or Did not visit AWC or Don't Know / Can't Say, Skip to Q 4.3.6

Sl. No.	Questions	Codes	Responses	Skip
4.3.5	If Yes, how frequently you were able to get the supplementary food from the Anganwadi centre?	All the 6 days of week = 1 Some days of week = 2 One day in a week = 3 Some days in a month = 4 Others (specify) = 89		
4.3.6	During the last 3 months how frequently your child (of age 6 months to 2 years) visited the Anganwadi Centre?	Regularly = 1 Irregular = 2 Rarely = 3 Never = 4 Don't Know / Can't Say = 99		If No, Skip to Q 4.3.9
4.3.7	Did your child receive supplementary food from the Anganwadi Centre?	Yes = 1 No = 2		
4.3.8	If Yes, for how many days your child has received this supplementary food in the last one month?	No. of Days _____ Don't Know / Can't Say = 99 Not Applicable = 77		
4.3.9	For how many days the Anganwadi Centre provides the supplementary food in a month on an average?	No. of Days _____ Don't Know / Can't Say = 99		
4.3.10	Is there any irregularity in providing the supplementary food from the Anganwadi Centre?	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.3.11	Do you know about the Iron and Folic Acid Supplementation for pregnant-lactating women, and children?	Yes = 1 No = 2		
4.3.12	During your pregnancy, did you receive IFA tablets/syrups?	Yes = 1 No = 2 Don't Know / Can't Say = 99		If No or Don't Know / Can't Say, Skip to Q 4.3.14
4.3.13	If yes, how many IFA tablets did you receive during your pregnancy?	Number of IFA Tablets		
4.3.14	During your lactation period (up to 6 months after the delivery of your child), did you receive IFA tablets/syrups?	Yes = 1 No = 2 Don't Know / Can't Say = 99		If No or Don't Know / Can't Say, Skip to Q 4.3.16
4.3.15	If yes, how many IFA tablets did you receive during your lactation period?	Number of IFA Tablets		
4.3.16	Did your child ever receive IFA syrup/tablet?	Yes = 1 No = 2		

Sl. No.	Questions	Codes	Responses	Skip
4.3.17	Did your child receive IFA in last one month?	Yes = 1 No = 2		
4.3.18	Is there any irregularity in the supply of IFA syrup/tablet from Anganwadi Centre or Sub centre?	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.3.19	Do you know about the Calcium Supplementation for pregnant-lactating women?	Yes = 1 No = 2		
4.3.20	During your pregnancy, did you receive Calcium tablets?	Yes = 1 No = 2 Don't Know / Can't Say = 99		If No or Don't Know / Can't Say, Skip to Q 4.3.22
4.3.21	If yes, how many Calcium tablets did you receive during your pregnancy?	Number of Calcium tablets		
4.3.22	During your lactation period (up to 6 months after the delivery of your child), did you receive Calcium tablets?	Yes = 1 No = 2 Don't Know / Can't Say = 99		If No or Don't Know / Can't Say, Skip to Q 4.3.24
4.3.23	If yes, how many Calcium tablets did you receive during your lactation period?	Number of Calcium tablets		
4.3.24	Is there any irregularity in the supply of Calcium tablet from Anganwadi Centre or Sub centre?	Yes = 1 No = 2 Don't Know / Can't Say = 99		

Name of the Scheme	4.3.25 Do you know about the scheme?	4.3.26 Are you eligible for the scheme?	4.3.27 Did you register for the scheme?	4.3.28 Did you receive the money for the scheme?	4.3.29 Is there any delay in cash transfer?	4.3.30 If Yes, then what is the average extent of delay?
Pradhan Mantri Matru Vandana Yojana (PMMVY)	Yes = 1 No = 2 Don't Know / Can't Say = 99	Yes = 1 No = 2 Don't Know / Can't Say = 99	Yes = 1 No = 2 Don't Know / Can't Say = 99	Yes, Full = 1 Yes, Partial = 2 No = 3 Don't Know / Can't Say = 99	Yes = 1 No = 2	Number of Days Number of Months
Janani Suraksha Yojana (JSY)						

#### 4.4 SCHEMES RELATED TO ADOLESCENT GIRLS (THIS SECTION IS ONLY FOR ADOLESCENT GIRLS OF AGE 10 TO 19 YEARS)

Instructions to the Investigator: Administer the questions in the section to the adolescent girls. In absence of the adolescent girls, gather this information from mother of adolescent girls or any other care giver or senior member in the household who can respond to the questions.

Sl. No.	Questions	Codes	Responses	Skip
4.4.1	Do you know about the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) Sabla Scheme for adolescent girls?	Yes = 1 No = 2		
4.4.2a	Can you tell me what are the services that are available under this Sabla scheme?	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.2b		Iron and Folic Acid (IFA) supplementation	Yes = 1 No = 2 Don't Know / Can't Say = 99	
4.4.2c		Health check-up and Referral services	Yes = 1 No = 2 Don't Know / Can't Say = 99	
4.4.2d		Nutrition & Health Education (NHE)	Yes = 1 No = 2 Don't Know / Can't Say = 99	
4.4.2e		Counseling/Guidance on family welfare, Adolescent Reproductive and Sexual Health (ARSH), child care practices and home management	Yes = 1 No = 2 Don't Know / Can't Say = 99	
4.4.2f		Life Skill Education and accessing public services	Yes = 1 No = 2 Don't Know / Can't Say = 99	
4.4.2g	Vocational training for girls aged 16 and above under National Skill Development Program (NSDP)	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.3a	What are the services that you have availed under this Sabla scheme during the last 6 months?	Yes = 1 No = 2 Don't Know / Can't Say = 99 Not Applicable = 77		



Sl. No.	Questions		Codes	Responses	Skip
4.4.3b		Iron and Folic Acid (IFA) supplementation	Yes = 1 No = 2 Don't Know / Can't Say = 99 Not Applicable = 77		
4.4.3c	What are the services that you have availed under this Sabla scheme during the last 6 months?	Health check-up and Referral services	Yes = 1 No = 2 Don't Know / Can't Say = 99 Not Applicable = 77		
4.4.3d		Nutrition & Health Education (NHE)	Yes = 1 No = 2 Don't Know / Can't Say = 99 Not Applicable = 77		
4.4.3e		Counseling/Guidance on family welfare, Adolescent Reproductive and Sexual Health (ARSH), child care practices and home management	Yes = 1 No = 2 Don't Know / Can't Say = 99 Not Applicable = 77		
4.4.3f		Life Skill Education and accessing public services	Yes = 1 No = 2 Don't Know / Can't Say = 99 Not Applicable = 77		
4.4.3g		Vocational training for girls aged 16 and above under National Skill Development Program (NSDP)	Yes = 1 No = 2 Don't Know / Can't Say = 99 Not Applicable = 77		
4.4.4a	Are there any irregularity in providing the services under the Sabla scheme?	Nutrition provision	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.4b		Iron and Folic Acid (IFA) supplementation	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.4c		Health check-up and Referral services	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.4d		Nutrition & Health Education (NHE)	Yes = 1 No = 2 Don't Know / Can't Say = 99		

Sl. No.	Questions	Codes	Responses	Skip
4.4.4e	Counseling/Guidance on family welfare, Adolescent Reproductive and Sexual Health (ARSH), child care practices and home management	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.4f	Are there any irregularity in providing the services under the Sabla scheme?	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.4g	Life Skill Education and accessing public services	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.5	Vocational training for girls aged 16 and above under National Skill Development Program (NSDP)	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.6	Do you know about the Weekly Iron and Folic Acid Supplementation (WIFS) programme for adolescents?	Yes = 1 No = 2		
4.4.6	Did you receive the weekly IFA tablets for the last 6 months from Schools / Anganwadi Centres / Sub centres?	Yes = 1 No = 2		
4.4.7	Did you consume the weekly IFA tablets for the last 6 months that you received from Schools / Anganwadi Centres / Sub centres?	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.8	Is there any irregularity in supply of IFA tablet from Schools / Anganwadi Centres / Sub centres?	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.9	Do you know about the Tejaswini Socio-Economic Empowerment of Adolescent Girls and Young Women (AGYW) programme for adolescents?	Yes = 1 No = 2		
4.4.10a	Did you receive the Life skills education under Tejaswini programme?	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.10b	Resilience and soft skills	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.10b	Rights and protections	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.10c	Health and nutrition	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.4.10d	Financial literacy	Yes = 1 No = 2 Don't Know / Can't Say = 99		

#### 4.5 OTHER SCHEMES MID-DAY MEAL AND LIVELIHOOD PROGRAMMES

Instructions to the Investigator: Ask these questions to the head of the household. In absence of the head of the household gather this information from any other senior member in the household who can respond to the questions.

Sl. No.	Questions	Codes	Responses	Skip
4.5.1	Do you know about the Mid-Day Meal (MDM) for school children?	Yes = 1 No = 2		
4.5.2	Do the school going children in your household receive the Mid-Day Meal from school?	Yes = 1 No = 2 Don't Know / Can't Say = 99		
4.5.3	Is there any irregularity in the distribution of Mid-Day Meal in school?	Yes = 1 No = 2 Don't Know / Can't Say = 99		

Name of the Scheme	4.5.4 Do you know about the scheme?	4.5.5 Did you receive the skills training under the programme?	4.5.6 Did you receive the stipend during the training period under the programme?	4.5.7 Is there any delay in cash transfer?	4.5.8 If Yes, then what is the average extent of delay?		4.5.9 Did you receive the placement assistance / entrepreneurial assistance under the programme?	4.5.10 Did you receive the assistance in linkage with the financial institutions (banks, credit institutes, etc.) for entrepreneurship under this programme?
					Number of Days	Number of Months		
	Yes = 1 No = 2 Don't Know / Can't Say = 99	Yes = 1 No = 2 Don't Know / Can't Say = 99	Yes, Full = 1 Yes, Partial = 2 No = 3 Don't Know / Can't Say = 99	Yes = 1 No = 2			Yes, placement assistance = 1 Yes, entrepreneurial assistance = 2 No = 3 Don't Know / Can't Say = 99	Yes = 1 No = 2 Don't Know / Can't Say = 99
State Rural Livelihood Scheme								
Tribal Development Programme (Livelihood)								

#### 4.6 OTHER SCHEME (KIND ASSISTANCE SCHEME)

Instructions to the Investigator: Administer the questions in the section to the head of the household or principal earner. In absence of the head of the household or principal earner gather this information from any other senior member in the household who can respond to the questions.

Sl. No.	4.6.1 Name of Scheme	4.6.2 Specify kind What did you receive in kind in last 12 months?	4.6.3 Did you sell/consumed the received kind? Consumed = 1 Sold Total = 2 Partially Sold = 3	4.6.4 What is the unit of quantity of the item / assistance received in kind?	4.6.5 If kind, what is the amount (quantity) you receive in kind in last 12 months? (in specified units as in Col. 4.6.4)

Thank you for your participation

Status of completion of Questionnaire				
Name of Investigator			Contact Number of Investigator	
Name of Supervisor			Contact Number of Supervisor	





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