

# Group - 08

Dubbacherla Village,  
Maheshwaram Mandal,  
Ranga Reddy district

## Participants

GL – Ms. Bhavna Gupta

AGL – Nityanand Jha

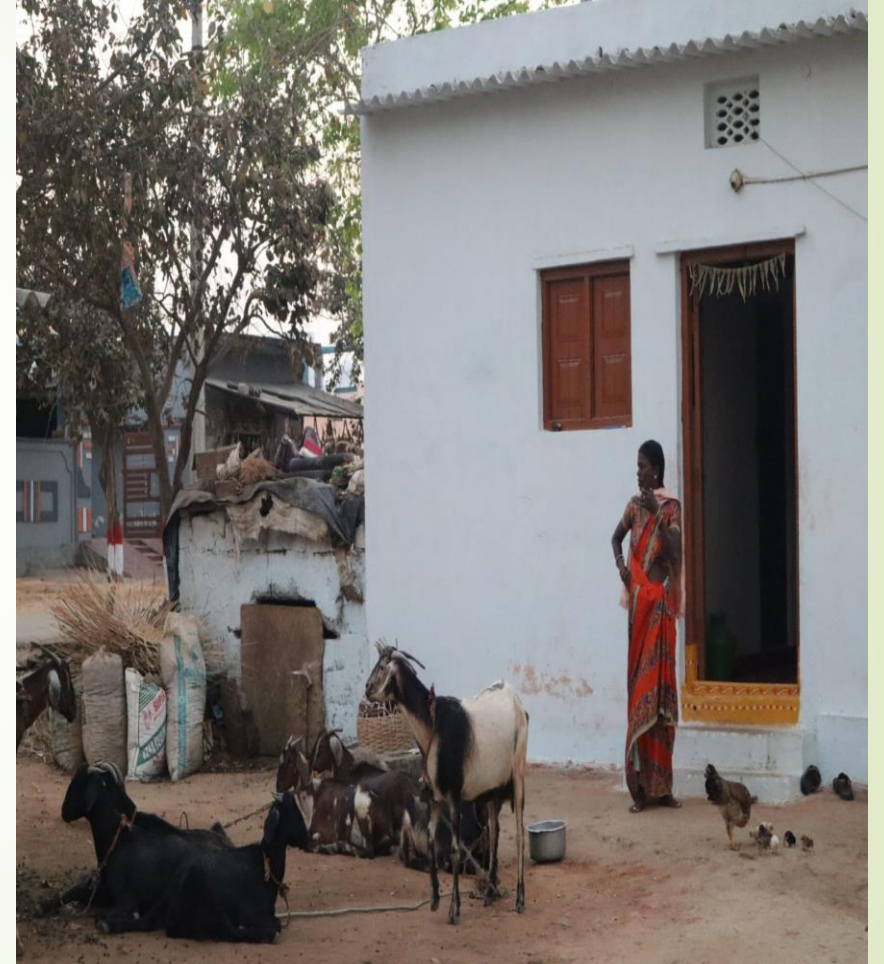
Alok Verma

Ashish Sharma

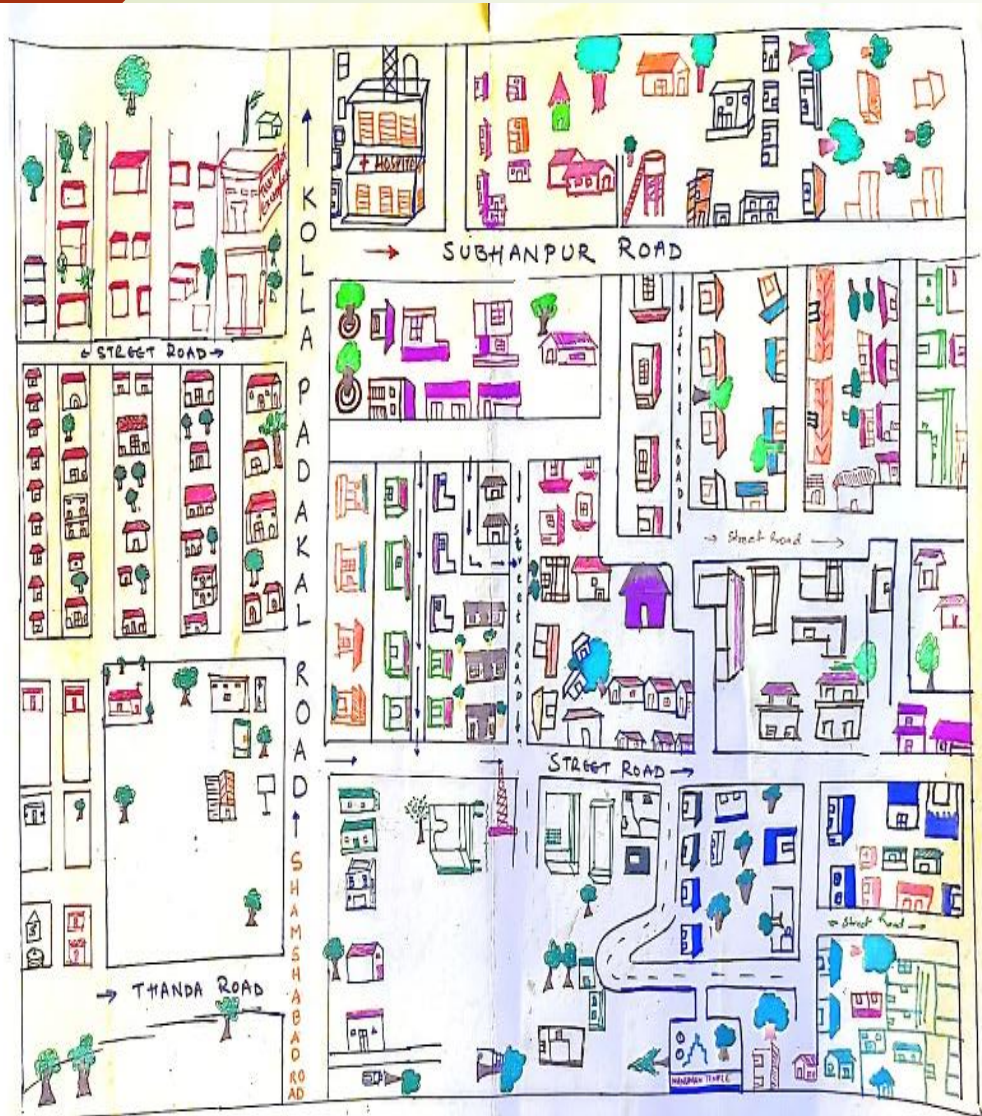
Ali Aboobacker

# Village basics

- Geographical area: 8.2 sq. km (2028 Acres)
- Forest area nil
- Revenue Division: 1 Grampanchayat, 1 revenue village and 2 hamlets
- A total of 506 households, 1678 population (858 Men, 820 women).
- Sex Ratio 956/1000 males.
- SC population 374(21%)
- ST population 221 (13%).
- Literates 881 (59%) including 65% males and women 52%.

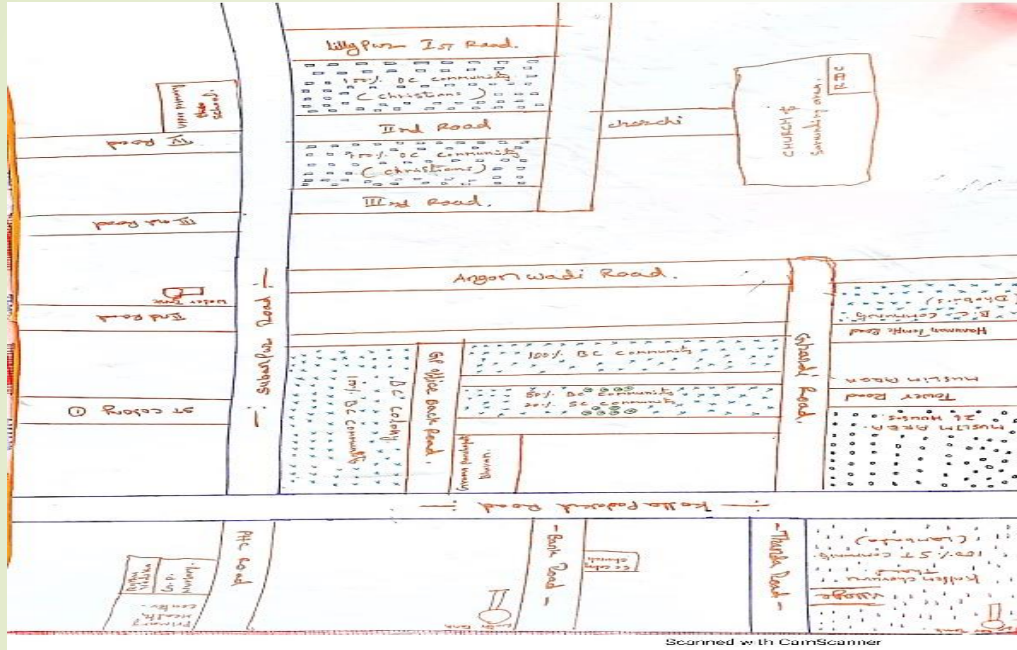


# Transact walk



- **Mushrooming new constructions**
- **Unchanging gender roles:** Most women engaged in household works or unpaid farm labour. Most households upon gaining degree of prosperity were sending their male children to private schools, the girls continued in govt school and withdrawn after 10th standard.
- **Intergenerational mobility visible:** In terms of dressing of older and young women was starkly visible.
- **Caste based social segregation**
- **Tapped water supply and electricity**
- **Wide concrete roads**

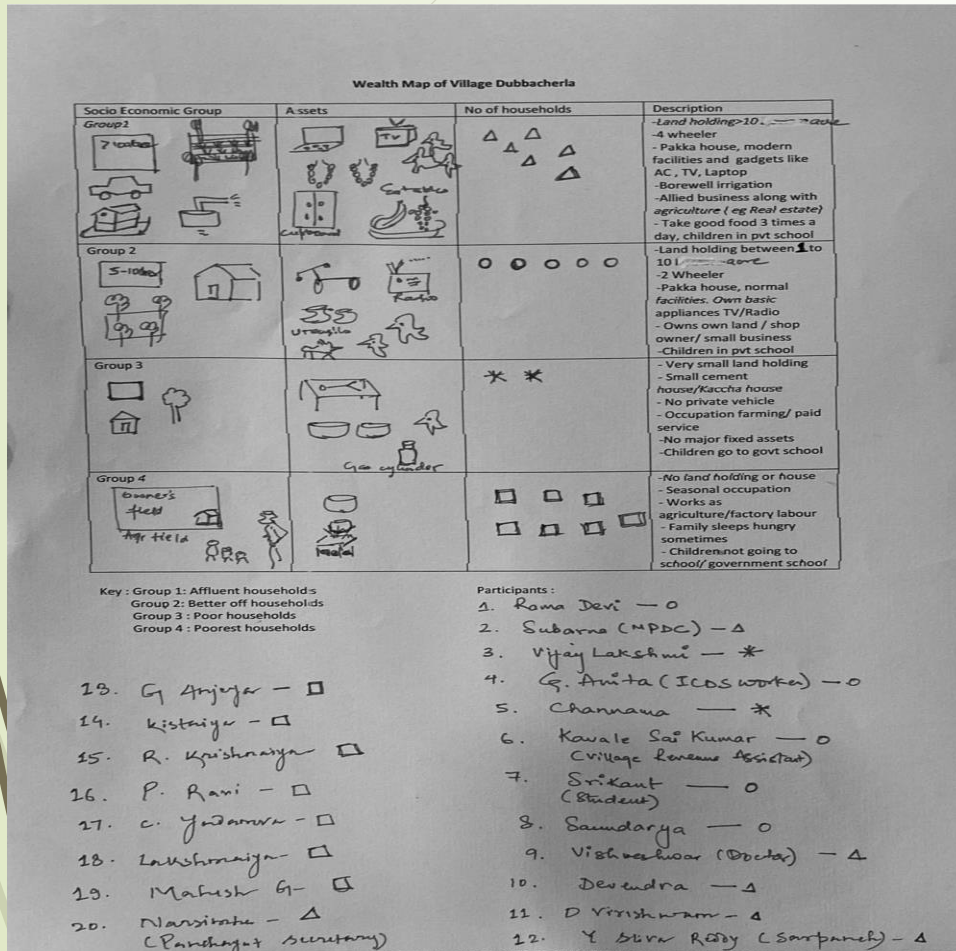
# Social and Resource Map



- Segregated neighbourhoods based on caste
- The dominant caste Reddys and OBCs, SCs, STs broadly reside in different areas
- The houses of dominant caste are located in the centre of the village close to pond and village temple
- Most affluent castes also have independent land holdings ranging from 1 to 10 acres and more



# Socio Economic Profiling : Wealth Map



The affluent households were mostly of office-holders like MPDC, Sarpanch, Panchayat Secretary etc

Agriculturalists belonged to better of category, with pucca houses , 2 wheeler and electric appliances and beneficiaries of government schemes

The poor of the poorest included sanitation workers, migrant labourers with no ownership of resources – land or house and not covered under any targeted welfare scheme.

# Education



# Observations from Primary School Visit

- Absent teachers
- Absent students
- Classrooms under lock and key
- MDM storage issue
- Sanitation and Drinking Water
- Uniform issues



# PRA Exercise

Most important reasons include lack of supervision by local administration, preference for private schools and bad sanitation specially for girls .

## Results

Reasons	Narsimlok	Sridhar	Srikant	Veeresham	P. Rammaya	Saishree	Ramesh	Venkat Sai	Raju	Total
Indifference of principal	1	2	5	8	6	8	6	8	7	51
Absenteeism of teachers	5	6	3	7	5	7	5	7	8	53
Illiteracy of parents	3	9	9	6	4	4	9	4	9	57
Absenteeism of students	6	8	8	9	9	3	8	3	6	60
Lack of supervision by local administration	8	1	1	2	1	6	1	6	1	27

( Sarpanch, MEO)										
Lack of infrastructure	4	7	7	5	8	1	4	1	5	42
Poor quality of education / teaching	9	5	4	3	7	5	2	5	3	43
Bad sanitation specially for girls	7	4	2	1	2	9	3	9	2	39
Preference for private school	2	3	6	4	3	2	7	2	4	33





# Suggestions/Recommendations

- Social audit of the functioning of school by parents of the students
- Biometric attendance of teachers, principal
- School building renovation, including toilet for girls
- Focusing on learning outcomes
- **A 360 degree review of man power** : Augmentation and accountability of teachers by rewards and punishment

# Health





# Observations

- A laboratory, an 8 bedded inpatient unit and an Operation theatre for emergencies.
- Offered basic diagnostic tests for Malaria, Dengue, PP blood sugar, Hb, Urine albumin and HIV
- KCR Kits made available to the mother post-delivery
- Routine immunisation and special drives under Mission Indradhanush

# PRA Exercise

- ❖ **Personal Interview:** A survey was conducted by our team by posing questions to about 20 outdoor and indoor patients
- ❑ Medical staff was regular and satisfying the patients
- ❑ Issue : Knowledge about citizen charter and help by ASHAs and ANMs upon referral was less.

Question	Maximum response
Did anyone charge any fee for consultation	No
Is the doctor available for check ups	Yes
Does the staff behave cordially	Yes
Does ANM come to your village regularly	Yes
Did you get free of cost medicines from hospital	Yes, iron and vitamin tablets.
Do you know about citizen charter of Hospital	No
Do you recognise ASHA worker by face	50% responded they knew ASHA worker
Has ASHA worker accompanied you while referral to CHC or District Hospital	No

# Seasonality Analysis of diseases

## Observation:

Cases of malaria, cold and diarrhoea were highest pointing to need of better sanitation drive, chlorination of water and fogging.

JANUARY 2021 TO DECEMBER 2021		PHC DUBBACHERLA												
SL.NO	Diseases/Month	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1	Malaria cases	116	118	114	102	113	132	132	114	132	113	112	102	1514
2	Diarrhoea Cases	9	7	11	13	17	15	21	19	13	17	15	10	167
3	Typhoid cases	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Dengue cases	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Cold & Whooping cough	27	31	25	35	41	39	42	29	31	27	19	21	367
6	Skin Diseases	15	13	9	11	8	13	15	10	7	11	15	17	144

# Aanganwadi

## Observations-

- The premise was clean and well-kept and staff was available.
- The ICDS timetable for children, height and weight matrix was displayed prominently.
- Registers were well maintained
- No of inmates were 10 children and 1 caretaker
- Under the ICDS scheme, the children were being given preschool education and supplementary nutrition.

## Concern-

- ❖ the space for children was too less and the building was old. One more room could have been provided for the children

# Suggestions

- More & Better equipment & medicines in sub-centre
- Weekly visits by specialised doctor
- Health and hygiene awareness campaigns by ASHA, ANM with SHG's
- Anganwadi should be shifted to more spacious building

# Agriculture







# Statistics

- Around **75 % of population** of the village is dependent on agriculture.
- The farmers are quite affluent here in this village
- The major crops grown include Rice, Cotton, Maize and Vegetables
- Annual rainfall is around 73.5 cm.
- **Scientific farming practices** : Crop rotation, mixed cropping and agro forestry
- **Mechanised Agriculture** : The farmers were using tractors for harvesting and nowhere bullock cart was used
- **Source of irrigation** : The main source of the irrigation is underground water which is used by bore machines

# Flagship programmes of the Government

Scheme	Details	Farmers Covered
<b>Rythu Beema</b>	Farmer life insurance, with upto 5 lakh cover	248
<b>Rythu Bandhu</b>	Per farmer/Season /Acre 556 Rs 5000 income support	
<b>PM KISAN</b>	Rs 6000 per year in 3 instalments	309

# Observations

- **Shifting of Cropping**- Earlier Villagers were growing Chilli, coarse grains but now people have shifted to cultivation of Maize, Rice and Cotton due higher prices
- **Water scarcity**- Water level fell below 600 feet and most of the wells got dried up. Condition was worsened by continuous droughts.
- **Asymmetrical pattern of land holding** - A miniscule minority had huge land holding of size **> 4 hac**, most of them holding < 1 hac and some had no land ownership or holding government pattas.
- Farming as economic activity is on decline in village due to real estate boom since 2006
- **Large scale plantation of eucalyptus** for commercial farming



# Suggestions

- ▶ Rain Water Harvesting using roof tops, community ponds with community participation to increase water level
- ▶ Land ceiling under Rythu Bandhu can be looked at

# Sanitation – Waste Management

Swachch Bharat Abhiyaan



# Observations

- ▶ The village had **modern sanitation mechanism**. During the transact walk, we could find that cleanliness was given paramount importance in the village.
- ▶ **Dump yard** to manage the garbage and convert them into **compost**. Here, the wet and dry garbage were being separated and processed using modern technique. The dump yard was constructed under MGNREGA.
- ▶ Every home had toilets and there was **no open defection**.
- ▶ Toilets were constructed **under the flagship scheme Swachch Bharat Mission**. In the last one year, 83 toilets were constructed. For each toilet, Rs 12,000/- were given

# SHGs



# Observations

- ▶ **40 SHGs** in total with membership of **450 individuals**.
- ▶ Most SHGs were women led, organised under the NRLM scheme
- ▶ Most members indulged in individual businesses like micro enterprise, business, lending among the members, selling vegetables, fruits etc and thus **service SHGs instead of manufacturing SHGs**.
- ▶ Members of SHG were **socially well knit** and participated in social activities like celebration of festivals etc. together.
- ▶ The women of SHGs were **more confident and outspoken compared to other women of the village**.
- ▶ **Heterogeneous** included members from different castes and thus bringing social solidarity
- ▶ Caused financial inclusion of women and gave them say in financial matters in the family as it was women who mostly saved money and deposited in SHGs.
- ▶ They got timely loan from the bank. Recovery rate was ~95% from the bank.



# Issues

- ▶ The rate of interest on loans was **high 12%** which SHGS found very high and they wanted parity with farmer's loan rates.
- ▶ Most SHGs **lacked market linkage and sold products at village level only** fetching low returns.
- ▶ **No: of manufacturing SHGs was very low** and no marketable brands or potential products existed.
- ▶ In many of the instances where they wanted loans for any activity banks used to instruct to first invest own money and then after sometime bank will lend money
- ▶ **Interest subvention was not getting implemented.** The interest rate of loan was on the higher side, thus putting pressure on the SHG members.



# Suggestions

**NRLM Capacity Building : SHGS** need to trained to undertake manufacturing activities .

**Local Manufacturing** : Local organics products like Imli, Corn , Bamboo can be used as raw material to build local manufacturing brands.Eg Successful egs of States like Chattisgarh, who have earned GI on Kathal Aata, Mahua products can be adopted

**SHG-Brand linkage** : Options to tie up with local brands like **Vijaya Milk can be explored**

# PDS/FPS Shop

## Observations

- Nearly 350 PDS cards were issued
- People belonging to SC/ST and BC were among the beneficiaries
- Shop was established in center of village thus increasing accessibility of food grains

## Issues

- Denial of food rations- due to not recognition of fingerprints by machine.
- No alternative method to allocate food grains , in case of finger print failure
- Only rice was being distributed

# MGNREGA WORKS

## Observations

- Projects of social relevance were built (i.e. Crematorium)
- Quality of roads constructed were of satisfactory level
- MGNREGA Works provided jobs to migrant labours
- Sanitation was given priority (i.e. construction of Dump yard with solid liquid waste separation facility)

## Issues

- Quality and quantity of works were not satisfactory with regard to money allocated (i.e. In case of Crematorium)
- Majority of projects were concentrated in affluent locality
- Contracts were allocated to relatives of members of gram panchayat

# Works under MGNREGA



Crematorium constructed under MGNREGA



Dump yard constructed under MGNREGA



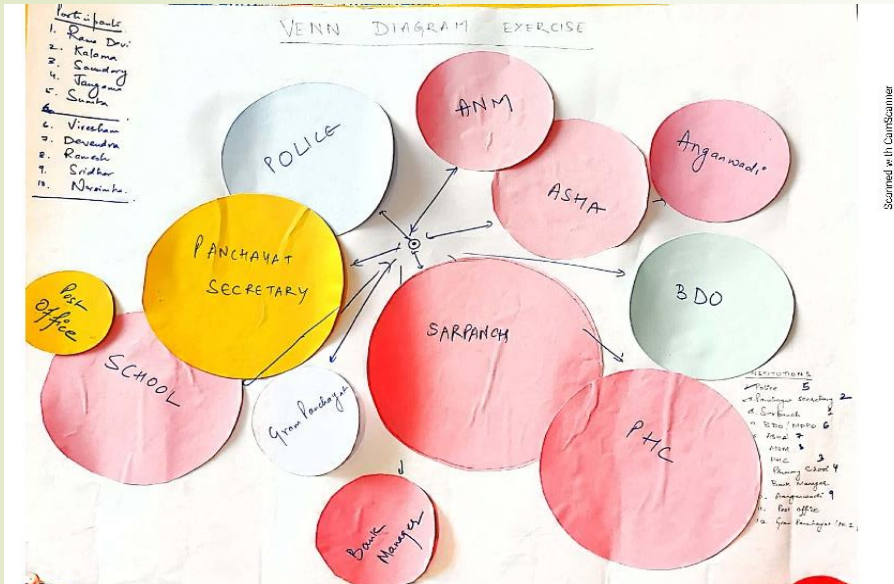
Road constructed under MGNREGA



# Suggestions

- ▶ Compulsory and effective social audit of MGNREGA projects
- ▶ Geospatial system can be used for monitoring in time and space (i.e. google earth)
- ▶ Contract should be awarded to people from outside the village , having no conflict of interest.
- ▶ Use of QR Code/Bar code linked with Aadhar card for job card holder verification

# Access to institutions



Sarpanch, Panchayat Secretary and the PRI institution was found to be most important and approachable institution

The **Primary Health Centre** is considered significantly important and relatively accessible as the doctors and staff were available at most times. However, they faced difficulties during night hours and requirement of emergency care

**Angadwadi centre** – ANM, ASHA workers and PHC was considered very important and also accessible.

School principal and bank manager were important but both were less approachable

The **Police** are considered important as well as accessible due to good local liaisoning with beat constables and responsive 100 dial and presence of She teams.

The **MPDO** was considered less important by the villagers as primacy was taken by Panchayat secretary and also less accessible for them as mandal HQ was far

The **Post Office** is considered less important by the and there was lack of awareness regarding the Postal Department Savings schemes.



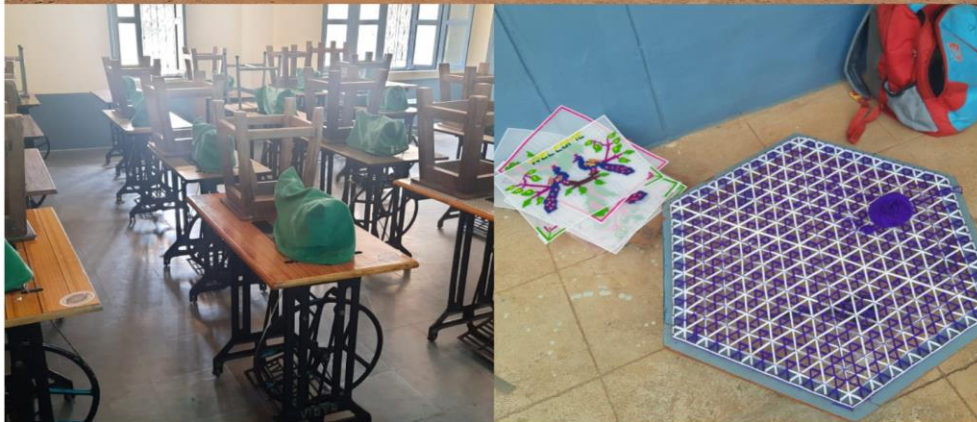
# Misc

- ❑ Timeline reflected early growth of infrastructure and penetration of governments schemes
- ❑ **Transact Walk- reflected** Intergenerational mobility in Attire and Mushrooming new constructions: Real Estate Boom.
- ❑ **Women's day celebration with PHC Doctors and Staff** reflected self motivated human resource
- ❑ **Solid Waste Management and SBM**
  - ✓ In the last one year, 83 toilets were constructed
  - ✓ cleanliness was given paramount importance in the village



## Best Practices in Village – RDC

- ❑ A successful community led development model
- ❑ Enriching the life of girls of all sections of society by skill development
- ❑ Serving human kind with health facility
- ❑ Caring for kids- Excellent kindergarten facility



# ACTION PLAN

**Social Audit :** All government schemes should be systematically socially audited by the gram panchayats with active participation of gram sabhs.

**Citizen Charter** should be mandatorily installed at all public offices including Schools, PHCs , Panchayat Office etc.

**Scheme implementation with focus on individual beneficiary :** A list needs to be prepared of all social inclusion schemes keeping each individual into consideration eg a woman may be entitled under Sukanya samridhi, Ujwala, MDM, JSY etc and door to door survey may be conducted if every household is deriving benefits of all schemes

**Accountability of local officers to locals :** A monthly general body meeting with block officers like MEO, MPDO , RMMO etc should be held to ensure maximum participation where the local officers should give monthly reports on respective fields

**Grievance redressal Helpline/ Call centre :** A helpline number at village level where complaints can be raised directly instead of routing through Sarpanch. Going forward a 24 \*7 call centre can be set up at district head quarter.

THANK YOU

DURBANCHERLA

