



# **Reports: 2020-2021**

- **Anantpura Village Survey**
- **Dhirpur Village Survey**

# UNNAT BHARAT ABHIYAN

## *ANANTPURA, RAJASTHAN*

---

### INTRODUCTION

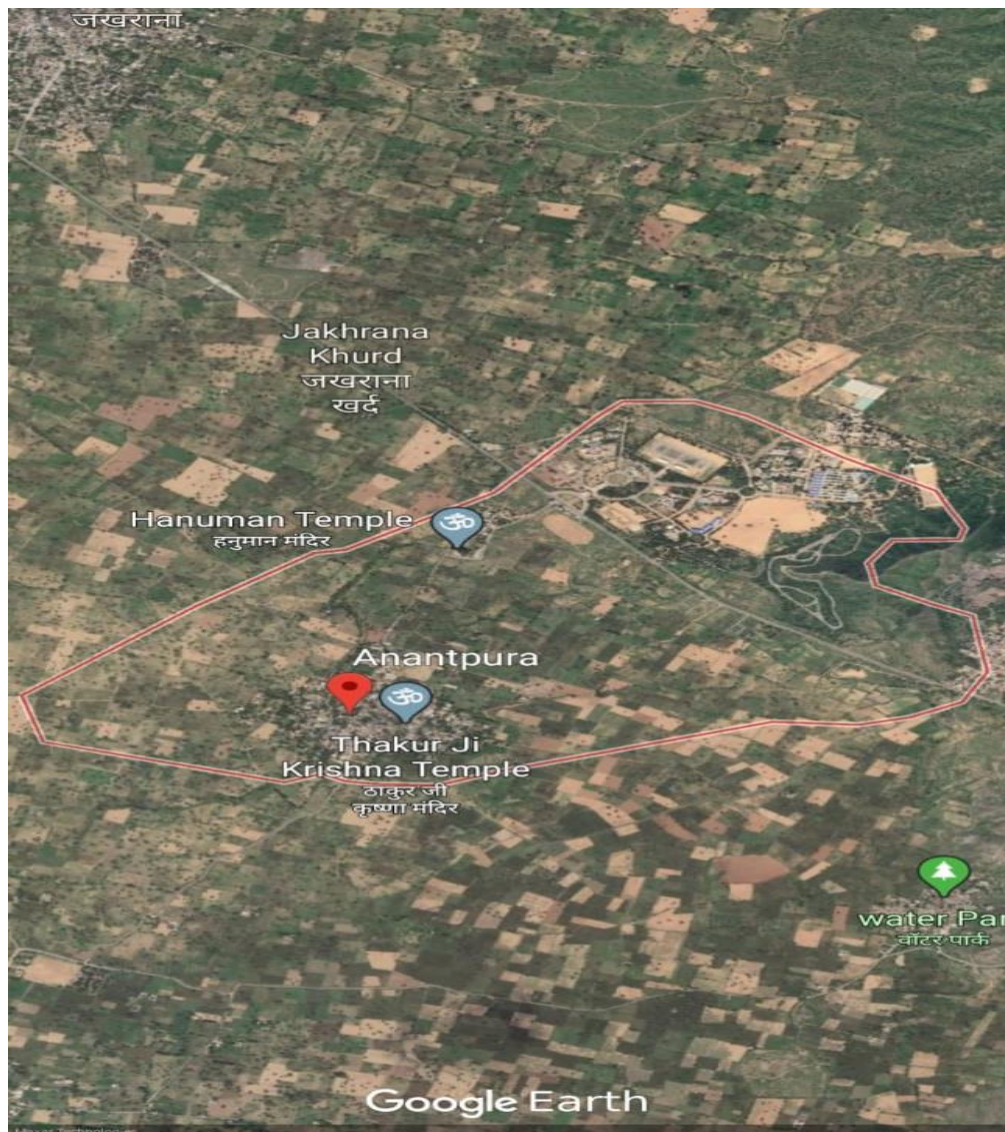
Anant Pura is a Village in Behror Tehsil in Alwar District of Rajasthan, India. Many communities coexist together such as Banjaras and others. People from different castes live in Anantpura such as Yadavs, Harijans, sharmas. There is no mosque within the village. Hinduism is the dominant religion practiced in Anantpura. Young people are well-connected with social media and have started sporting western clothes, including young girls. However, older women and men still prefer traditional wear.



It is located in the eastern part of Rajasthan. It belongs to Jaipur Division . It is located 72.8 Km towards North from District head quarters Alwar. 10 Km from Behror and 153.9 Km from State capital Jaipur.This Place is in the border of the Alwar District and Mahendragarh District.

## TOPOGRAPHY

The village lies 330m above the sea level. The topography of the area is undulating.It is surrounded by Aravali Hills.





## Soil

The type of soil available in this region is repository of alluvial, clay and loamy soil.

The Groundwater level is very low due to overexploitaton and limited and erratic rainfall averaging 360 mm per year.



## Climate

The climate can be divided into 4 distinct seasons.

They are - Pre-monsoon, which is the hot season preceding the monsoon and extends from April to June, the Monsoon that occurs in the month of June to mid July, the Post-monsoon that commences from mid-September and continues till November and the Winter that extends from December to March, January being the coldest month of the year. The average temperature in winter ranges from 8° to 28° C (46° to 82° F) and



in summer the average temperature ranges from 25° to 46° C (77° to 115° F).

# Health

The village has no primary healthcare facility within it. Villagers have to travel to nearest urban centres such as Behror and Narnaul to get medical attention.

Even small injuries that villagers sustain such as minor lacerations entail them to travel many kilometers to get medical attention. Anantpura village does not have sufficient number of doctors who can provide people with medical treatment. Villagers have claimed the presence of a single private doctor who frequent the village occasionally.

The village lacks chemist shops for inhabitants to purchase medicines. Women have expressed grievances during the time of delivery and childbirth. There is a pervasive problem of Alcoholism in the village.

The liquor shops are nearer to the village than the hospital. This is an issue expressed by many villagers, especially women who have complained about consequent domestic violence by their family males.







## Village infrastructure and services

The village is well connected with roads, though they are single lane. Banking facility is provided by a branch of Bank of Baroda. A veterinary hospital is situated, but not a primary health care center. Irrigation facilities and water pipeline connections are very poor. An Anganbari is functional, but it's services are below satisfactory level. Pucca and semi pucca houses can be found. There is one senior secondary government school.



## Livestock

Every household has animal livestock, mostly buffaloes and cows. People don't own sheep, goats or chicken. They rely on milk production for earning income.



Many households have tied up with Saras milk cooperative to sell their milk produce. Villagers have the complaint that Saras being the only cooperative in the region exploits them to some extent. They would prefer more options to be available for them. A camel rearer, along with his camel was also sported.





# Agriculture



Most households own land. Agricultural product is dependent highly on monsoon, as there is water scarcity in the region. Some landholders make use of borewells, particularly those growing wheat. The agricultural produce includes Bajra, Jowar, Mustard and Chana.



## Education:



Literacy rate of the town is above the total average than that of Rajasthan (73.9%). Villagers are conscious about the girl child education, and that's why those who can afford, send their girls to other nearby towns for higher studies.

One senior secondary government school is functional, but it has very few students. Many kids are going to private school.

School going kids have expressed their willingness to have access to computer lab.

## **Migration:**

No large scale migration is taking place from the village.

Men who are employed in Behror, Narnual or Neemrana which nearby return by the evening or during the weekend. Thus, there is no permanent migration in this village. People commute for jobs rather than shifting.

## **Power/Energy**

Village has electric supply of 8-10 hours a day. Supply fluctuates depending on the season. But more or less, villagers are satisfied with electricity supply.



LPG, wood, cow dung e.t.c are used .



## ***VILLAGE DEVELOPMENT PLAN***

### ***PROBLEM: LACK OF WATER RESOURCE MANAGEMENT***

The Village of Anantpura, in the recent years, has witnessed an acute dearth of water due to insufficient and irregular pattern of rainfall. The inhabitants of Anantpura depend upon a filling monsoon season for their bumper produce. The lack of rainfall has severely impacted the Ground Water Table of Anantpura which has made the shortage of water as the most lamented grievance of the region. There also remains an evident lack of Water Resource Management mechanisms created and utilised by the people. The shortage of water has emerged as the most lamented grievance for the inhabitants of this region.

Some have claimed that water can be found 1500 ft below the ground level, but the govt. has only provided sanction for 600 ft. Below the ground level.

### ***INDIGENOUS SOLUTION:***

The local residents have used Borewells to meet their water requirements which is often owned by one or two families in the village. Some basic measures of Water Harvesting have taken place but to no avail. People have spent a significant sum of money in re-digging borewells to continue sustaining themselves. A villager named Vijay Singh had stated during our interaction with him, and I quote “manne 6 lakh paye lagao se borewell dobara khudwana vaaste “.

### ***PROPOSED SOLUTION:***

After interacting with the villagers, it has been felt that there exists a dire need of an organised, well-executed Water Harvesting machinery which should be

supported properly by government agencies in the region. A rise in the Water Table would help the “reverse-migration” of villagers who had gone to town in search of work, as agriculture would become beneficial for villagers.





## 2) **LACK OF HEALTHCARE & MEDICINAL FACILITIES**

पर नैपकिनसतादरपरमिलते

उप केन्द्र एकतनर	जनसंख्या	योग्य दम्पति 2010
कुल गाँव :- अनन्तपरा :-	1637	292
1 लक्सीवास :-	601	108
2 मिभोर :-	1324	198
योग	3562	598
वार्षिक लक्ष्य :- (1) गर्भवती महिला :-	86	
2. 0 से 1 वर्ष तक बच्चे :-	74	
3. नशबन्दी :-	31	
4. कॉपर :-	16	
5. ओरल पिल :-	52	
6. निरोध :-	61	
कार्यकर्ता :- S.Y. व P.Y.		

The nearest government hospital with full medical facilities for the villagers is in Behror which is 10.2 kms away from the village. People experience a sheer absence of chemist shops and other medicinal operators in their vicinity. This



has compelled the villagers to undertake hour long journeys to reach the nearest hospital for medical treatment.

### ***PROPOSED SOLUTION:***

The CISF-MPRTC which stands 1.6 km away from the Anantpura village houses medical officials which can organize routine medical camps for the villagers to subsume the long-distance journey for the hospitals. Moreover, a mobile vehicle carrying necessary generic medicines for the villagers could be organized by contracting private sector and non-govt organisations. The intervention of government for the availability of medicines for the villagers, continues to exist as a necessary requirement for maintaining the health standard in the region.

### **NEED FOR VOCATIONAL TRAINING:**

The villagers, especially the young married women, wish to learn vocational training of parlour, stitching, computer and other technologies. Students have to travel a lot to attend their coaching classes as there are no supplementary educational facilities within or near the village for helping them in competitive exams. Some students expressed the wish to have a small-scale library in the village to help them with their education.

### **LACK OF INFORMATION OF GOVT SCHEMES:**

Villagers have lamented about the absence of an Information board which can inform them about latest govt. Schemes. They wish it to be regulated and maintained by the Sarpanch of the village. Villagers, especially belonging to lower economic background have severe lack of awareness about beneficial schemes. Some have not been able to avail the benefits of Swachh Bharat Abhiyan, while many have claimed to receive the money for the construction of toilets.

However on a brighter note, young people have actively expressed their political demands, so much so, that the elections in the village are being fought on issue of water scarcity. Boys of the age group 10-15 years are also aware about the problems plaguing the village and engage in political discourse.

## **Conclusion:**

Miranda House, as the knowledge partner can intervene into healthcare sector and water resource availability . This will act as a pull factor towards the village, and will initiate a chain effect of improvement in other areas as well.

Along with this, our intervention should also take care of the just distribution of resources and services amongst villagers to make Anantpura a better place to live in.





## Report on visit to Dhirpur Village, Model Town, Delhi 110009

Date: 18 February 2020

Dhirpur village is situated in North Delhi near Model Town comprising with population of 30,000 with 7000 voters, 4000 houses and its net density is 500 pph. The village occupied an area of 20 Hectare.

31 baseline household survey and discussion with ex-pradhan. We can conclude an overall problem with the village as follows:

### **I. Education**

1. Average Education upto 8<sup>th</sup> standard
2. 5 Anganwadi is in working condition but in very small spaces with 10-15 students capacity
3. Unemployment
4. No public library
5. No Govt. middle and secondary school
6. Only One ITI, Dhirpur for technical education
7. No vocational training centre for women
8. No Self Help Groups
9. No registered NGOs
10. Non registered local organization ‘ Jan Jagriti Mission’ made by local students for education of villagers
11. Non registered local organization ‘ Matra Shakti Mahila Mandal’ working for women education by wife of ex pradhan

### **II. Health**

1. Highly congested houses due to this no sunlight inside the house
2. Bigger family size
3. House carpet area is very small
4. Unhygienic conditions
5. Overflowing drainage
6. Tuberculosis (about 60-70 % population as discussed with ex pradhan)
7. No Government health centre
8. No public toilet
9. Only vaccination centre (At Anganwadi)
10. No waste dumping site

### III. Village Society

1. 4 dominating communities living in 4 different pockets (Pal, Sisodia, Jat and Harijan)
2. 3 chaupaals for 3 different communities
3. The village streets are so narrow only 2 wheelers can move inside the village ( at high risk during fire or earthquake)
4. No Jhods (earlier there was one but now converted to a non maintain park)
5. Street light inside the village is not functional
6. Mostly males are unemployed, alcoholic and small time criminal
7. Mostly women are involved in maid jobs
8. Populations are very congested with average 5-8 members per family.
9. Young population are involved in drinking, pick pocketing and playing cards whole day
10. Young population in groups practice eve teasing during school hours (no safety for women and girls)
11. Young women were forced into prostitution
12. Malnutrition in women
13. No public awareness of any government schemes

### IV. Suggestions

1. Centre for vocational training for women
2. Set up for Self Help Groups for women
3. Awareness program for alcohol consumption
4. Safety program for natural calamities
5. Awareness for public policy
6. Set up for primary health centre.



# **Neighbourhood Initiative**

## **Case Studies**

### **MH UBA Villages**

**Presented by**

**MH UBA Faculty Team**



Dhirpur Village, Model Town, Delhi 110009



Dr. Saloni Bahri

Dr. Elangbam Geetanjali

Dr. Deepali

Dr. Yasha Yadav

+45 Students

# Introduction

- Dhirpur village is situated in North Delhi near Model Town comprising:
  - population of 30,000 with 7000 voters
  - 4000 houses and its net density is 500 pph
  - Village occupies an area of 20 Hectare.



Interaction with Dhirpur village councilor Mr. Naveen Kumar Tyagi





Students engaged in survey

# Problems/Issues discovered as a result of surveys:



## I. Education

- Average Education upto 8<sup>th</sup> standard
- 5 Anganwadis are in working condition but the space given to them are very small
- No public library
- No Govt. middle and secondary school (Only one ITI, Dhirpur for technical education, No vocational training centre for women)
- No Self Help Groups (SHGs), No registered NGOs
- Non registered local organization 'Jan Jagriti Mission' formed by local students for education of villagers





Anganwadis in Dhirpur village



## II. Health



- Highly congested houses with no sunlight inside the house
- Big family size, House carpet area is very small
- Unhygienic conditions, Overflowing drainage
- Tuberculosis (about 60-70 % population as told by ex-pradhan)
- No Government health centre, No public toilet
- Malnutrition in women
- Only vaccination centre (at Anganwadi)
- No waste dumping site

### III. Village Society



- 4 dominating communities live in 4 different pockets (Pal, Sisodia, Jat and Harijan)
- 3 chaupaals for 3 different communities
- The village streets are very narrow, only 2 wheelers can move inside the village street (high risk during fire or earthquake)
- Street lights inside the village are not functional
- Most of the women work as maids in the nearby areas

## IV. Unemployment



- Most men are unemployed, alcoholic and involved in petty crimes
- Young teenagers (esp. boys) are into alcohol, drugs, pick pocketing
- Most men spend their days in playing cards.
- Young women are forced into prostitution
- No public awareness of any government schemes



## V. Suggestions/ future plans

- Centre for vocational training for women
- Set up for Self Help Groups for women
- Awareness program for side effects related to alcohol consumption
- Safety program for natural calamities
- Awareness for public policies
- To set up for primary health centre

