



## Transformation of Dalits in Ambedkar Villages in UP

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Six decades ago, Dr. Ambedkar recognised that “...**What is the village but a sink of localism, a den of ignorance, narrow mindedness, and communalism?**”( Kapur et. al,2010). Being born in the family of dalits, Dr. Ambedkar’s speeches and writings on **social justice** for mass have revealed the facts that influence the thoughts of Indian academia in the post-independent era. Contemporary writings and academic insights of the current era highlight casteism as a well sheltered factor being gradually growing in many forms within the lap of Indian villages. Casteism—the traditional belief that persists in the society has become significant stumbling block. It is primarily a socio-cultural belief (prominent at rural level) which is at the core of labelling a group of individual or community as dalits. Epistemologically, casteism has kinship with the social perception and recognition toward the vocations in which the dalit communities are involved in. Truly speaking, dalits in rural contexts are at the farthest distance from the mainstream and are in jeopardy—poor mental and physical health, lack of traditional jobs, failing to meet the minimum levels of living, lack of awareness, casteism, rural contexts, illiteracy.

Dalits including underprivileged are considered to be majority (huge) in

number taking into account the entire dalit population in rural as well as urban. But ironically, the concept of their majority within the ambit of “underprivileged” becomes structurally minority since they live in scattered form. For example, traditional vocation based castes such as barber, scavengers, sweepers, and wood cutters etc. live in isolation in villages and form separate communities having minimum population within and thus become minority in terms of their population. Such scattered form of living invites external threats and makes life of dalits further miserable.

Uttar Pradesh out rank all states in the country being listed on the top among three states with high rural population. As per the provisional data relating to the Census of India—2011, rural population in Uttar Pradesh is 155.11 million and accountable for 18.6% share to Rural Population in the country (Registrar General & Census Commissioner of India, 2011). Uttar Pradesh followed a similar trend with the whole nation; with rural regions shrinking from 79.22% (in 2001) to 77.72% (in 2011). But the urban exhibited a reverse trend as compared to rural U.P, since urban has expanded from 20.78% in 2001 to 22.28% in 2011. Rural Uttar Pradesh though exhibiting shrinking trends in its population; still 77.78% of total population live within the lap of

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villages. Rural population in general depict similar pictures across the state and are socially and economically backward, but the worst affected are the dalits- the discriminated and the marginalized lot. These people have remained neglected, victimised and exploited and eventually became socially, educationally and economically backward. Majority of them are still below the poverty line, with negligible assets and are exclusively dependent upon wage labour, subsistence farming, leather work or similar low income generating occupation. They are the victims of untouchability, bonded labour, child labour and other social or civil disabilities. No nation can progress leaving aside a major chunk of the population struggling hard for its existence under the stress of economic, educational and social discrimination. Thus for achieving balanced socio-economic development of the socially excluded people living in rural areas especially the dalits who due to age old in amicable social system has been denied the opportunities of utilizing their natural potential and capabilities.

In synch with the vision of father of the Indian Constitution and the mission of welfare and development of dalits, the idea of Ambedkar villages was originated in 1991— villages having significant dalit population were named as Ambedkar Villages under the banner of a scheme popularly known as Ambedkar Gram Vikas Yojana . This mission was translated into action (in 1995) by the Government of Uttar Pradesh led by Ms.

Mayawati. The reality behind the development in Ambedkar Villages that includes Scheduled Caste and tribal dominated villages is gradually being revealed. Dalit population as a major criterion of labelling villages as Ambedkar Villages was scrolled down to 30% (1996-97) from 50% (1995) of population either from SC or ST or both. The scheme titled as Ambedkar Gram Vikas Yojana was initially launched by the Rural Development Department of the UP government. In order for the absolute inclusion of significantly excluded (socially) dalit population and enabling such underprivileged communities to participate in the mainstream of national development, Ambedkar villages were designed to ensure to supply safe drinking water, education, provision of shelter through Indira Awas, constructed roads and drains, free boring, old age pension, widow pension, rural electrifications etc. (Govt.Order,UP)

Being implemented in 1995 in Uttar Pradesh, Ambedkar villages have brought laudable transformations in the life of underprivileged including dalits. Time of India (2012) reported that Ambedkar village scheme in UP has improved lives where work was done. Alike other developmental and social welfare schemes, Ambedkar Villages (being run under the **Dr. Ambedkar Grameen Samgra Vikas Yojana( AGSVY)**] are bringing transformations in desired direction. In this regard, contribution of Ambedkar villages towards national development and uniformity and sustainability of the scheme in terms of uplifting socially excluded communities across

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all Ambedkar villages are to be ascertained to draw scientific inferences and conclusions. Though the scheme is in practice since 1995, empirical evidences are scant to justify the salutary effects of the scheme on community development in Ambedkar villages. Therefore, the Center for Study on Social Exclusion and Inclusive Policy (CSSEIP) of the B.R. Ambedkar Central University (Lucknow) conducted a study on five Ambedkar villages (such as Dalona, Harkansh Garhi, Kallipurab, Tikira, and Thakur kheda) located in two Gram Panchayats (namely Kallipurab and Dalona) of Lucknow districts of Uttar Pradesh. The major objective of the study was to evaluate the overall development being taken place by the above cited scheme. The assessment on overall development of above cited five Ambedkar villages were made in relation to four major components—education, employment, health and rural development. The sample (N=700) of the study includes primary school children, primary school teachers and principals, sarpanch, village level govt. officials, villagers, health workers, and NREGA workers. Descriptive survey method was employed to conduct the present study. The study included the primary data being collected from five Ambedkar villages.

### Demographic Profile

The study conducted in Lucknow district where two Gram Panchayats namely Dalona and Kalipurab are taken into consideration. Both the Gram panchayats are constituted of five villages namely, Dalona, Harikanshgarhi, Kallipurab, Tikira, and Thakur Kheda. The total selected sample size is comprised of **471**

respondents out of which **356** are Male and **115** are Female. So far religion is concerned the sample comprises 463 Hindus and **8** Muslims. The caste configuration of the villages reflects that there are **337** scheduled castes (SC) and **94** Other Backward caste (OBC) and **32** General and **8** Muslims. This shows that the Ambedkar village demographic profile consists of both Dalits and Non-dalits

### Education and the AGSVY

The educational status of the selected Ambedkar villages is disheartening. As many as 75% population of selected villages are found to be illiterate. Approximately 5% of the population of the age group 15-35 years have middle school education while rest of population (20%) have completed primary schooling. About 50% of households having the Preschool children of age group (3-6 years) are attending the Anganwadi Centres. However, 90% of the households have taken their school going children (6-10 years) to the government primary school located within a distance of 1 Km. Where as the age group of 11-15 years, approximately 20% of children are continuing their education and rest (80%) have given up their education after primary school and helping their parents in house chores. Access to high school education has become dreams for many of them since schools are located within 8-10 kilometers distance from the villages. A meagre number of only 5% of population from high socio economic group within the age bracket of 16-20 years are continuing their high school education. The gender disparity in education can be seen at primary, middle and secondary

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school levels and even more at higher education level. In order to maximise the enrolment rate, the UP Govt. has taken initiative in the form of Scholarship scheme as one of the motivational factors for children and parents particularly for disadvantaged groups.

**Scholarship Scheme:** On the scholarship component, the study revealed a number of significant findings. A majority of scholarship holder children (72%) are found to be from the Scheduled Caste category while 73% of them are found to be girls. So far as drawing the benefits out of the education component is concerned, 81% primary school children are benefitted by the scheme. Though all types of schools irrespective of govt., public, private, aided are getting the benefits of scholarship scheme, highest percentage of children (96%) being benefitted by the scheme are from government schools. Almost all respondents (99%) have relatively fair knowledge about the scholarship scheme. The status of scholarship scheme reflected that 81% of the respondents are found to be aware about the eligibility criteria and amount of scholarship scheme. Whereas 42% of the sample has the idea about the department from which the scholarship money is being released. With regard to the effects of scholarship scheme, 64% of the children are found to be coming regularly to attend school and thus reflecting the salutary effects of scheme on enrolment. Scholarship being a motivating factor for retaining children within education framework, 66% of respondents have favourably opined while the effects of

scholarship continues to disappear with its effects on the achievement level of children. In order to examine the effect of scholarship scheme on academic achievement level of the children, various staff of the schools were interviewed and children were also tested. Their opinion was that scholarship scheme can not improve the achieve level of the children rather it needs proper individual instruction, home environment, school environment and creation of educational interest among children as well as parents. The study revealed bare facts in relation to the utilization of scholarship funds. It is ironical to report that 41% of respondents (parents) are found to be utilizing funds in household expenditures, 31% of respondents in savings while 23% respondents found to be utilizing funds in education of children and 5% of scholarship money is spend by the children as pocket money.

While the data of two panchayats were compared, it was found that a majority of respondents of Dalona are aware of eligibility criteria to get scholarship and amount of scholarship (69%) in comparison to respondents of Kalipurab(63%). Secondly, Dalona respondents (67%) are more favour towards continuation of education of their children than Kalipurab respondents (65). Thirdly, Dalona parents are more keen to utilize their scholarship money (50%) on their children than Kali purab (40%).

#### **Employment and the AGSVY**

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Providing vocation based employment is found to be one of the major thrust areas of Dr. Ambedkar Grameen Samgra Vikas Yojana. It is only because; vocation promotes economic stability which is central to development of dalits.

**NREGA Scheme:** The survey reported that almost all inhabitants of Ambedkar Villages are having NREGA Job holders' card and are aware of the basic information related to NREGA Scheme. Data on Caste wise break up of NREGA job card holders revealed that 78% of Scheduled Caste and the rest (22%) from OBC and General Caste Categories. Sex wise distribution of studied sample on job employment exhibited the fact that males (75%) outrank females (25%) in terms of participation in NREGA scheme. About half of the total participating population in NREGA are within the age bracket of 18-35 years and found to be well in touch with Pradhan, Secretary and Rojgar Sewaks. It is interesting to note that the not a single unit of population under study of five Ambedkar Villages is getting unemployment stipend indicating that all inhabitants are engaged in some form of wage based vocations. But the success of the NREGA scheme largely depends upon the perception of the communities towards the scheme. Only 10% of respondents have beliefs that NERGA provides jobs across the whole year. Though the distance between the NREGA sites and villages is within walk able distance of 1-2 kilo meters only, yet participation in NREGA scheme by female population is found to be one of the major concern. Because data

pertaining more male participation than female.

### **Health and the AGSVY**

The scenario pertaining to access to health infra-structure in rural areas, is not very encouraging. While basic healthcare facilities like an Integrated Child Development Centres (Anganwadi or Balwadi) exists within the village in around 55% of the villages in the country (Khan & Vivek:2007), higher order health care facilities are not accessible to a vast majority of villages. Data pertaining to the health aspects of both the gram panchayats revealed that for minor illnesses 90 per cent of the inhabitants prefer to utilize available local sources like taking medicines from the medical stores according to its symptoms or visit to traditional healers or quacks usually and only in the case of major illness they prefer going to district government or private health centres or both, depending on the situation.

**Health services:** Health services are not properly developed in the area. The number of both PHCs are much below the prescribed number and norm. Although there is a provision for Health Sub-Centre in the village but only Dalona Gram Panchayat has one (01) Health sub-centre where as Kallipurab does not have such facility, therefore, 98.81% of the respondents wanted hospitals or medical centres in the Kallipurab. The need for and benefits of having health centres in the village got reflected in the response as 39.58% of respondents of Kallipurab talked of benefits in all respects like saving of

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time and money, loss of wages and easy access, where as for 40.78% respondents it would be easy and accessible and for 19.64% it would be a economic benefit.

It appears that going out of the village for treatment in the private or government hospitals is an expensive, time-consuming , involves transportation costs and loss of daily wages for them. The Dalona villagers have the advantage of having one sub health centres so they realized its importance and its benefits. According to 55.56 % respondents all types benefits were possible like first aid treatment, easy access, time and money saving etc. 22.22% reported of economic benefits where as the rest 22.22% talked of advantages like saving of time, saving of wages so on and so forth. They would be saved from going far away in the city for even smaller treatment and some first aid treatment could be provided in times of emergencies and lives would be saved. Because of absence of health centres in a few villages the sick have to either go far off to government or private hospitals. However, the overwhelming response of the respondents was that even those who can barely afford private healthcare prefer it over the indifferent government services. It appears that most respondents preferred visiting private hospitals which is easier accessible in terms of the proper and prompt treatment although some respondents reported of being expensive and unaffordable. From the survey it is revealed 23.70% respondents in Dalona go to government hospital for health care support in comparison to 6.55% in Kallipurab . In Dalona 18.52% opted for both govt. and

private hospital in comparison to 50.89% respondents of Kallipurab. This implies that villagers in Kallipurab either have better level of health awareness who for their illness visit hospitals or absence of any health centres compels them to go outside the village for treatment if situation is out of the control of local service providers like quacks, symptomatic medicines from shops etc. However, in comparison to Kallipurab, Dalona people visits nearly three times more in ratio, to government hospitals. The physical health infrastructure in the both the gram sabhas is below average. Further, even when accessed, there is no guarantee of sustained and proper care. Several other deterrents such as bad roads, unreliability of finding the health provider, costs for transport, loss of wages, and financial constraints etc. make it cheaper for a villager to get some treatment from local untrained persons like '*jhola chap*' doctors or the '*quacks*' in the villages or *faith healers*, the so called '*ojhas*' instead of visiting the private and government hospital in most cases, which got substantiated by the findings of our field survey.

Usually free health check-up camps are organized in villages but in the case of our sample villages 98.21% and 91.11% of respondents of Kallipurabi and Dalona respectively reported of having no health check ups by Government. As it has been mentioned that only Dalona has one health centre hence they seemed quite aware about it. About the regularity of the health sub centre 80.74% respondents reported of its being regular where as 7.40% for irregular and 11.85% had no idea about its opening

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time. It can be observed that health services in the villages are equally poor. Of the two gram Panchayats only Dalona has a health centre and Kallipurab, with no health services within their village, locals said, 'They are compelled to go to, Mohanlalganj one of the blocks of Lucknow, for treatment and emergencies'.

In spite of the provision that all villages and hamlets of gramsabha shall be covered with the services of Health sub center constructed as per departmental standards. Non-availability of health centres in many times villages have caused several problems to the villagers. This was noted by the previous gram Pradhan who could not meet the demand for PHC when he was Pradhan due to inner resistance of his men. He even took the number allotted to that particular land of the land with its map after taking its information from Lekhpal had discussion with 07 Panch out of 13 Panchs, had their signature on the proposal and sent it. For any proposal you need to have discussion on the issue in the meeting of Gram Sabha.

It is therefore, a matter of top priority that the PHCs and CHCs should be in adequate numbers and properly manned and the facilities, which they are supposed to offer, should be available all the year round in general and specifically during period when seasonal ailments are common. In this connection it is equally important to ensure the availability of safe drinking water and ensure proper drainage facilities.

**Immunization:** Overall more than 65% awareness about immunization is available among villagers. Among women and children the immunization against polio is

highest followed by other diseases like BCG, small pox/chicken pox DPT/Diphtheria . It appeared from the response although 65% are aware of immunization but almost 50% don't know about the uses, doses and the duration of vaccination in the absence of proper awareness and mobilization by the health functionaries. Health awareness like immunization, different vaccines to be given to women and children, to some extent in Dalona panchayat is better than Kallipurab. It may be due to availability of health centre and mobilization of some awareness by Asha Bahus and ANMs, in course of their discussion with the villagers during immunization programme. The villagers were found very indifferent towards their general health. Even the health functionaries appointed by the government do not seem to be actively and efficiently performing their duties since it was found there had been no Village Health and Sanitation Committee<sup>2</sup>(VH&SC) in these villages. As it is known that the VHSC is responsible for the overall health development of the village , create public awareness about the essentials of health programmes, discuss every maternal or neonatal death that occurs in their village, analyze it and suggest necessary action to prevent such deaths with focus on people's knowledge of entitlements to enable their involvement in the monitoring. develop a village health plan based on an assessment of the village situation and priorities identified by the village community. It is supposed to monitor all the health activities that are conducted in the village such as Village Health & Nutrition Day, mothers meeting etc. But on the contrary qualitative

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research findings by our survey team reflected that women and their family members' in these villages had very limited knowledge of vaccinations its doses and duration. For example, a woman said: *"I don't know how many doses and in which month vaccinations are to be given. I go on my own for vaccination. There nobody tells us when to return for the next dose."*

There have been no such efforts like organizing of health camps by the government in the villages as 96.17% reported of having no health camps. More than 50% are aware of birth registration, though they may not have gone for such registration of their family members. Approximately 60% are aware of the death registration as 56.48% were found to have gone for registering death in their families. 90% cases people have gone for registration after cremation. Comparatively Dalona has much better overall health status.

### **Rural Development and the AGSVY**

A village can be a smart/ model when rural development programme is active. Rural development programme includes housing, road, electricity, water, communication, irrigation, school, primary health centres and basic facilities like latrines, drinking water etc.

**Housing:** Providing shelter is one of the fundamental responsibilities of the government. It is found that in Dalona 75.56% have been the beneficiaries of the Indira Awas in contrast to Kallipurab where the number of non-beneficiaries exceeds in Kallipurab to 73.51%. Dalona

panchayat have more number of beneficiaries of Indira Awas. The awareness level about the source of housing schemes seems quite low as 33.63% in Kallipurab and 46.67% in Dalona were not aware about the department which got it constructed. So far allotment of Indira Awas is concerned almost 60% have not got it .Since 40.55% of people have been the beneficiaries of the Indira Awas and 59.45% were the non-beneficiaries.

**Agriculture & Irrigation:** Agriculture has been the main stay of livelihood for a few villagers, because most of the lands have been leased to Kiln-brick –Bhatta factories in Kallipurab and was left fallow after soil was dug out. There is little agriculture land left for cultivation. However, what ever land remains, 80.06% respondents in Kallipurab and 86.67% in Dalona reported of irrigating their fields through engines and the remaining other mediums like boring, canal and ponds . The villages having lands for agricultural purposes irrigated their land through Engine and boring either through their own or having hired on rents on hourly basis . There have been provision of free boring to be provide by Minor Irrigation department in Ambedkar villages but in Kallipurab 43.45% and in Dalona 68.15 stated of getting boring facility from government where as people are unable to take benefits of micro irrigation scheme in all villages in both the gram Panchayats, source of irrigation is found to be either engine, boring, ponds or canals. 62.85% said that they irrigated their land through engine and

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boring, 1.70 % irrigated after hiring engine on rent basis by Paying Rs. 120-130 per hour, 35.45% irrigated through other mediums like canals and ponds and rainwater.

**Road:** The status of roads which includes RCC(Roller Compacted Concrete) , CC(Cement Concrete) roads seemed to be reported by more than seventy percent having satisfactory except the Khandjas which were problematic during rainy seasons. Dalona had 91.11% respondents stating that they have Pucca and RCC roads in comparison to 65.77% respondents in Kallipurab gram sabhas The better status of roads in Dalona in comparison to Kallipurab got substantiated by the field survey of these village. So far the drainage system is concerned 83.86% reported of having proper drainage system, and where as 16.14% were found saying that they don't have drainage system. The actual reality is that drainage system is made but not maintained properly and is unhygienic and stinks as well.

**Electricity:** In both the gram Panchayats 27.81% reported of getting electricity connection through Camp organised by the government for the said purpose and 26.11% through Ration Card,44.81% managed on their own where as 1.27% had no idea about the procedure of getting electricity. Despite more than 80 % of the respondents statement about availability of electricity in the villages there have been reports of theft of electricity as 58.81% of respondents have agreed that in their village, they have been such cases of theft, despite the awareness among 94.69 % that electricity theft or illegal use of electricity is a crime .Only 5.31% of people are of the

view that there has been no cases. It seems true also because all over villages it appeared that electrification of the areas was done through covered electric wires which leaves no scope of electric stealing. Cases of electricity sharing was found among a few families who took connection through extension from one house to the other house having the connection. According to them since they are sharing connection with their neighbours and sharing bills with them hence its not a crime for them because bills are being paid indirectly if not directly.

**Toilet:** In both the gram panchayats more than 60% were found going to the field for toilets. As per the respondents 73.04% go to fields for toilets and only 26.96 % of people use toilets despite 34.39% people having toilets in their houses. It would be worth mentioning here that in comparison to Kallipurab, in almost all houses in Dalona sanitary latrines were constructed under Total Sanitation Campaign. Regarding facility of drinking water 83.86% respondents stated that they have drinking water facility whereas16.13% stated that they do not have drinking water facility.

### Conclusion

The present study is designed to yield evidence based data on four major components of Ambedkar villages located in Lucknow. One of the components was examining the overall status of Ambedkar Villages, second component was relating to assess the impact of the scheme on education, employment, health and rural

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development components respectively. Education component based on the major aspect—the benefits drawn by the scholarship.

Data collected from beneficiaries and their parents, irrespective of their castes revealed the facts to justify laudable claims in favour of the AGSVY scheme. Views of respondents were sought on three major questions—awareness on scholarship, its effectiveness in terms of fuelling the desire for continuing and further education, and utilization of scholarship funds. Except the utilization of scholarship funds, on other two questions, beneficiaries are found to be strikingly benefitted. A majority of them are not only aware of the funds; they perceive the scholarship fund as a significant motivational factor fuelling the desire for further education among children. Though the scholarship funds are meant for meeting the educational expenditures of children, it is disheartening to mention that about half of the total beneficiaries are under utilizing the scholarship funds in the form of meeting house hold expenditure.

Effect of the AGSVY scheme on the employment status (or employability) of residents of Ambedkar Villages is exhibiting a different trend in comparison to the scholarship component. Opinions and views from the beneficiaries were sought on major four aspects—employment related basic information, government provisions relating to employment, problems and benefits of NREGA. On the first, second, and the

fourth aspects, respondents have answered significantly favourable. But on the third component, the trend is found to be reverse. Majority of respondents found the employment provided by the NREGA is merely a means for exploitation. Lack of facilities and payment related issues are prominent that hinders their participation.

Inferences may be drawn from the above cited evidence based perspectives; the AGSVY scheme is transforming the education and employability status of inhabitants (irrespective of the castes and socio-economic status). Desire for further and continuing education fuelled by scholarship funds, and universal participation in NREGA scheme ensuring financial stability are the striking outcomes of the AGSVY scheme, for which the scheme needs further expansion in Uttar Pradesh and in India at large.

Considerable changes in their lifestyle and the quality of food consumed have led them to be socially mobile and avoid consumers aspiring for branded products thereby obliterating the rural-urban divide. Rural communities are rapidly moving towards consumerism, a marked shift from being the backbone and producers contributing to the nation's granary. The fact that they have moved towards rice diet can be attributed to the availability of subsidized rice from the PDS, from a predominantly millet-based diet reflects their hopes to move towards urbanity and sophistication as they move up the social ladder and get educated and seek jobs in semi-urban and urban areas. As their

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purchasing power has gone up with the augmented income from the NREGS work, they have come to be indulgent 'spenders' on the day of the village fair, a definite move towards better living.

An objective of the NREGS is to help the beneficiaries to generate productive assets which are being realized as seen in this study where a few of them have acquired cattle and some a small piece of land while majority of others have spent mostly on household goods.

Yet another picture of NREGS is the fact that the women are being paid equal wages on par with the men in this programme has been instilling a great sense of empowerment among the young women beneficiaries. A new found economic independence within the ambit of her household has given her a sense of pride that she can meet the expenses of not only her household but also spend for her children's education. One hopes that this newly acquired status of women as active contributors to family income will also accord her a status of mutual respect, fostering social equity, and give her a sense of accomplishment and fulfillment, both as spouse and mother.

However, the overwhelming response of the respondents was that even those who can barely afford private healthcare prefer it over the indifferent government services. In the absence of Village Health and Sanitation Committee (VH&SC) the overall health development of villages have been lacking which needs to be formed. Overall, one finds little attempt at integrating rural housing programmes with other existing schemes for

providing drainage, drinking water, internal roads and electricity. One possible reason could be the absence of proper planning and development authorities in the rural areas.

Even though government policy aims at directing basic public amenities such as public hand pumps, drainage, schools and health facilities towards the poor, the results in the state show that the location and/or utilization of these facilities is often skewed towards better-off households.

However, Dalona and Harikansh garhi under Dalona gram panchayat could be termed as a model village in comparison to the villages KalliPurab, Tikra and Thakurkheda. But that is because it has been accorded Ambedkar village status. It has concrete link roads connected with brick-by-lanes or the Khandja built under Panchayati Raj and public Works Department which were to execute plans/schemes pertaining to roads. Most households have proper toilets, though in many cases not operational; the village has Primary school, a Panchayat Bhawan, India Mark- II hand pumps have been installed for providing drinking water facility by Rural Development Department and Free Boring Schemes have been provided by Minor Irrigation Departments. Only 10% of the total latrines made under TSC are in use. As per the villagers report proper electric supply, toilets. A rural settlements with majority dalit population, both the villages is one of the many selected under Ambedkar Gram Yojana by the State government for all round development. In addition to the infra-structure development, if a village scores good on 11 parameters, also giving pensions to widows and the elderly as per our discussions with the

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villagers and the Gram Pradhan, it was declared an Ambedkar village.

However, every villages have not similar stories to tell. All the three villages of Kalli Purab gram panchayat has strikingly different features and characteristics. Even on the development parameters they have very few similarities like one more developed, the second on a medium and the third and the last on the lesser developed scale.

The villages Tikra and Thakur Kheda under Kallipurab Gram Panchayats/ Gram sabhas, have mixed responses to share so far the implementation of the Ambedkar Gram Vikas schemes is concerned. It was found that in Tikra and Thakurkheda there were mud-filled roads and where the drainage system was still defunct. In Thakurkheda absence of proper khandjas, school, toilets, Poor drainage construction except in a few core areas like in front of the houses of the then and existing Gram Pradhans and their acquaintances has only added to their woes and the villagers including men and women showed their anger on the Safai karamcharis who despite not having attending to their duty of cleanliness, were being paid their salaries. Apart from that the people were very critical on the distribution of schemes meant for their villagers. *'None of what an Ambedkar village should have got has come to us instead the people close to Pradhan and Secretaries reaped the benefits.'*

Thakur kheda village is another Ambedkar village waiting for a development –oriented makeover. If Ambedkar villages can claim neglect of development, development

schemes have nearly failed to permeate into most of the ordinary villages in Uttar Pradesh.

In midst of marked difference both the gram panchayats have some common similarities pertaining to functioning of PRIs and the proper implementation of schemes and policies of the government. The democratic functioning of the PRIs, which is the fulcrum of their activity, is still quite weak in both of the study gram panchayats although there are some variations from panchayat to panchayat. Gram Sabha and panchayat meetings are irregular, minutes are not properly recorded, and participation of the panchayat members are low and irregular as it came out from discussions with the former and the existing gram pradhans, the panchayat members and the villagers. And the weakness in the democratic process provides room for the Pradhan and the bureaucracy to manipulate the names of beneficiaries and to select schemes of their choice. In some of the study villages an initial list of beneficiaries was prepared in gram sabha meetings. In all other cases, lists were prepared by the Pradhan and in almost all the study villages, the Pradhan, the village-level government functionaries and other bureaucrats at the block level, and various other middlemen were the ultimate arbiters of who the beneficiaries would be. It came out in construction of roads and preparation of the list of beneficiaries for allotting housing schemes when the Pradhan had to face the resistance from the villagers. But this resistance was stiffer in the case of dalit leadership. It appeared that how

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sometimes a dalit leadership gets ignored and overlooked. Even after his refusal to sign on the report register by the contractor since the work was not up to the mark, it was tried to resolve at the block without his information. The Caste dynamics seemed to quite instrumental in the rural areas so far workings of local governance is concerned, strengthening the views that caste works as dis-incentive in the rural areas. Where as in the case of Dalona, the work was done on an urgent basis, even after refusal to sign on the register, for the work not being satisfactory, by a women Pradhan coming from a non-dalit background.

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