

*Nagaraj*  
DEV 4:5

EVALUATION OF M.C.H. SERVICES  
BASED ON URBAN HEALTH CENTRE,  
CHETLA, CALCUTTA - 700 027.

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BY

DR. S.P. MUKHOPADHYAY  
Head, Department of Preventive & Social Medicine and  
Associate Professor of Preventive & Social Medicine  
All India Institute of Hygiene and Public Health, 110,  
Chittaranjan Avenue, Calcutta-700 073

&

Officer-in-Charge,  
Urban Health Centre, Chetla.

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I. Programme Perspective

The area Chetla occupying Ward 82, 83, 84 and 85 of district-IV of Calcutta Corporation. It used to have the highest population of slums in Calcutta and was confronted with health problem like high infant mortality and maternal morbidity rate, epidemic of diarrhoeal diseases, tuberculosis malaria and nutritional disorder particularly under 5 age groups.

The environmental condition was awful having not adequate provision of safe water to drink and no provision of safe disposal of waste.

The slum had particularly no shelter to live in and used the pavements for sleep, cooking and other necessary things in life. It was indeed strongly felt that this community needed help, in relation to health care and advise in the principles of healthy living. It was envisaged that this effort of achieving health of these people, should be integrated with over all development of human being i.e. linking the development in socio-cultural and economic advancement.

economic advancement.

With this view in mind, Government of India in collaboration with Govt. of West Bengal and Calcutta Corporation with help from WHO and UNICEF established a health centre named as Urban Health Centre, Chetla. Presently, this health centre, is responsible health care with special emphasison preventive and promotive services for the community which consists approximately 69 thousands population.

Urban Health Centre which is a field practice area of All India Institute of Hygiene and Public Health was founded in the year 1955 with the following service objectives :-

- i) To organise and delivery of community based comprehensive services to the slums living in the catchment area of the centre.
- ii) To give special emphasis on health care of the mother and children living in subsistence level.
- iii) To improve the nutritional status of the community specially to vulnerable sections.
- iv) To support activities relating to improvement of socio-economic and educational standard of the community.

For effective and optimal delivery of the service, it is essential that the services are evaluated from time to time with regard to quantity and quality of health care provided. The results would serve as feed back process which will be useful in decision making process.

## II. Method of Approach in Evaluating MCH Services

For evaluation of the services the following methodologies

were adopted:-

1. Scrutinising the services record (Family Folder Register) card maintained with MCH & FP Section to cull out information on different aspects of services provided.
2. To conduct a sample survey to obtain information from the community about the quantity and quality of services provided.
3. To work out the different health indices and examine the trend with these indices which reflect the long term changes in health status of the community.

### III. FINDINGS:-

The service area of Urban Health Centre (UHC) comprises of 3 administrative decisions viz. A, B and C, spread over 2.2.sq.Km. Total population (estimate) of the service area is 69,000 of which about 29,000 are living in slums and the rest i.e. 40,000 belonged to non-slum area. About 54 percent of the population are males. About 40 percent of males are illiterate and 23 percent females are illiterate. About 30 percent of the non slum families are having family percapit-income below Rs.75/-.

About 65 percent of the families are utilising the services of the Urban Health Centre either exclusively or supplemented by services rendered by other Government or Non-Government Agencies. Most of the beneficiaries are urban poor.

### IV.

#### a) Antenatal Care

The programme for antenatal are adapted at the centre is:-

1. To register pregnant mothers as early as possible;
2. To protect mother by giving Tetanus Toxoid Immunization;

3. 3. To undertake routine V.D.R.L. Test to detect positive cases of STD for treatment;
4. To follow up the mother during pregnancy period and to examine and ascertain faetal growth;
5. To treat anaemic mothers by diatetic advises and by distributing folifer tabs;
6. To refer cases to Institution for Institutional delivery.

b) Out come of activities

1. Registration of Antenatal mothers

- i) Out of the expected 1,300 antenatal cases among the potential beneficiaries about 80 percent were registered and cared for;
- ii) 75 percent of the registered antenatal mother got protected against Tetanus;
- iii) V.D.R.L. Test of registered mother was undertaken (57%) of which 9 percent was + Ve cases. These cases were referred to STD Clinic of the Centre for Treatment.
- iv) Follow-up of the mothers was done both at clinics and at home. About 70 percent of the registered mother was paid 4 or more number of visits during antenatal period.
- v) 15 percent of registered mothers were examined for anemia and these mothers were treated. 69 percent of registered mothers were given to Folifer Tablets as a routine measure.

V. Job Functions and Out come of Activities of Post-natal Care:

This includes follow-up of post-natal mother after the delivery upto six months to detect complication if any for necessary treatment, for acceptance of family planning for spacing and sterilization. Out of the total Post-natal mothers were paid only one visit during 1st 6 weeks after delivery. However, 20 percent of these mothers paid more than 3 visits from 6th week to 6 months time.

VI. Family Planning Service

a) The Programme for F.P. Service Includes -

1. Registration of eligible couple
2. Follow-up for motivation
3. Distribution of Contraceptives
4. Arrangement for referral of willing cases for IUD, sterilisation to Hospital.
5. Follow-up for acceptors for detecting of complication for treatment.

b) Out Come:

1. Out of about 6,800 eligible couples among the potential beneficiaries 57 percent were registered.
2. 53 percent of the eligible couple accepted F.P. Method as detailed below:-

IUD	= 5.1%	Condom	= 16.9%
Ligation	= 10.1%	Other conventional device	= 10.7%
Oral Pill	= 10.2%		

Among the Non-acceptors about 60 percent aged 30 years of age and above. and about 50 percent were having 4 or more no. of children.

VII. Job Functions :

a) Child Care:

1. Registration of the children
2. Follow-up of recording growth and development
3. Immunization according to EPI Programme
4. Referral under nutrition cases to nutrition clinic of the centre.
5. Administration of Vit.A in Oil to children.

b) Out Come

1. About 5,000 children of the potential beneficiaries have to be cared for
2. Out of which 70 percent were registered
3. Regarding follow-up of these children about 78 percent were paid 6 or more visit and 27 percent were paid 10 or more visits within 1-5 years of age. More than 50 percent of the children were paid more than 3 visites.
4. 65 percent and 66 percent of the children were given complete doses of DPT and Polio vaccination respectively. Only 34 percent of the children were given BCG vaccination.
5. 65 cases were referred to nutritional clinic.

VIII. HEALTH INDICES (RATES ARE EXPRESSED PER THOUSAND)

YEAR	BIRTH RATE	DEATH RATE	IMR	MMR
1957	40.7	11.9	77.9	3.5
1961	35.6	9.0	73.7	2.7
1966	25.7	7.9	73.0	4.0
1971	24.1	8.8	75.1	1.4
1976	22.7	9.6	88.2	2.8
1981	20.0	7.0	48.9	0.7
1982	19.4	6.8	46.9	0.0
1983	18.9	7.9	56.0	0.0
1984	18.2	7.4	46.2	0.0

IX RESPONSES OF COMMUNITY FOR REASONS OF UTILISING THE SERVICES  
GENERATED BY URBAN HEALTH CENTRE, CHETLA.

1. Near to house	33%
2. Free Treatment	40%
3. On Staff Advise	4%
4. Good and Better Treatment	22%
5. Others	1%

X. Remarks

The figures and facts as depicted here tend to suggest that services utilised by the community are less than optimal level. It is evident that there are gaps particularly in immunisation services where improvement is a must to keep up the health status of the children. It is also imperative that service coverage should be ideally 100 percent to the community but have percentage of population that left out of the coverage belong to the better economic class who do not available services of U.H.C. for obvious reason. Still periodic visits to check families are essential to see that they are maintaining Public Health discipline. The Health para-meters in this area indicate better average than National Level.(Annexure-3) The fact that have services are integrated and also emphasis is given to each component service and thereby not diluting anyone of them for the sake of integration has been proved to be the key to the success of this programme Each health worker is trained and guided appropriately to give the services in meaningful wag so that the impact of such exercise in felt in Maternal and Child Health. Nevertheless, the fact ve mains that the service standard as set has not been accomplished (annexure 1&2). Though the quality of service has been in-proved, yet the quality of service is to be increased in order to optimise the impact of the services on health condition of the mother and children.

MCH EVALUATION

ANNEXURE - I  
(Service Standard)

<u>Services (Activities)</u>	<u>Standard</u>
1. Antenatal Visits (at home or at clinic)	5 per case
2. Post-natal Visits (at home or clinic) up to 1 year.	8 per case
3. Family Planning Work (Eligible Couple Contraceptive Practice)	75% Registration 65% Acceptance (by 1985) (National Level=37%)
4. Child Health Care Visits ( 0-5 Years)	10 per child

MCH EVALUATION

ANNEXURE - 2

EVALUATION OF MEASUREMENT OF PERFORMANCE AGAINST THE SET  
STANDARD

<u>Services</u>	<u>Achievement</u>	<u>Impact</u>
A. <u>Ante-Natal</u>		
a) Contact coverage	Not 100%	MMR = 0.0
b) Quantity (No. of Visits)	Not fully Achieved	
B. <u>Post-natal</u>		
a) Contact coverage	Not 100%	MMR = 0.0
b) Quantity (No. of Visit)	Not fully achieved	
C. <u>Family Planning</u>		
a) Contact coverage	Not 100%	Birth Rate=18.9
b) Quantity (No. of visit)	Not fully Achieved	
c) Quality	Not achieved	
D. <u>Child Health Care</u>		
a) Contact coverage	Not achieved	IMR = 56.0
b) Quantity (No. of Visits)	Not fully achieved	
c) Quality	Not achieved	

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ANNEXURE - 3

URBAN HEALTH CENTRE

MCH

EVALUATION

YEAR	INDICATOR	U.H.C. Chetla	YEAR	NATIONAL TARGET	
1983	a) Birth Rate	18.9	1985	31	BY 2000 AD 21.0
	b) Death Rate	7.3		12	9.0
	c) IMR	56.0		Urban 60.0	60
	d) MMR	0.0		2-3	2
	e) Elegendible couple Protection	53%		37%	60%
	f) Practice Immunisation DPT	65%		70%	85%
	g) Polio	66%		50%	85%
	h) T. Toxoid antenatel mother Protected	75%		60%	100%

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES

No. FWO : 24 : 80-81

Bangalore,  
1st July, '81.

DEV 4:6

~~CONFIDENTIAL~~

Sub: Maintenance of Urban Family Welfare Centres under the assistance of the Government of India on Grant-In-Aid basis - regulating extra strength of staff in such Urban F.W. Centres - regarding.

Ref: 1. Communication No. N 19011/2/75 - PLV; G.O. No. XXIV - I/76 (4), dated 23.2.76 of the Government of India in the Ministry of Health and Family Welfare.

2. Communication No. M 12012/1/80 - FWB, dated 14.7.80 of the Government of India, in the Ministry of Health and F.W., addressed to all State Governments.

3. Communication No. M 12012/1/80 - FWB, dated 15.9.80 of the Government of India, in the Ministry of Health and F.W., addressed to all State Governments.

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It has been observed that variegated staff not admissible according to the staffing pattern laid down by the Government of India are being entertained in respect of a few Urban Family Welfare Centres now being run by a few of the voluntary organisations. Engaging staff to the Urban Family Welfare Centres outside the staffing pattern is highly irregular and attracts serious objections from the audit, resulting in recovery of excess expenditure incurred outside the staffing pattern. Such expenditures are, therefore, not admitted in the audit and neither should they be included in the budget estimates which the voluntary organisations are furnishing to this Directorate every year for the release of grants for the maintenance of the Urban Family Welfare Centres being run by them on Grant-In-Aid basis.

2. Copies of the references of the Government of India cited above, together with the enclosures thereon are herewith enclosed once again for information and ready reference of all concerned. Excess staff now being maintained outside the staffing pattern prescribed by the Government of India may please be retrenched. Or else, they may please be funded by the concerned voluntary organisations.

3. It is once again reiterated that all voluntary organisations maintaining Urban Family Welfare Centres on Grant-In-Aid basis regulate the maintenance of staff strictly in accordance with the pattern laid down by the Government of India. It may please be noted that excess expenditure over and above the

pattern of assistance stipulated by the Government of India will not be admitted while releasing grants from this Directorate.

4. The receipt of this communication may please be acknowledged.

*[Handwritten signature and initials]*  
81626

Encl: as above. for Director of Health and FW Services.

To:

All the Voluntary Organisations in the State maintaining Urban Family Welfare Centres.

1. Copy to the Urban Family Welfare Centres, for information, guidance, immediate necessary action.
2. Copy to the Health Officer, Corporation of the City of Bangalore, Bangalore/City Corporation, Belgaum/Hubli-Dharwar/Mysore, for information, guidance and immediate similar necessary action.
3. Copy to the District Health & FW Officers of all districts for information and guidance.
4. Copy to the Divisional Joint Director of Health & FW Services, Bangalore/Belgaum/Gulbarga/Mysore for information and immediate necessary action.
5. Copy to all the Officers of the State FW Bureau, Bangalore.
6. Copy to the Regional Director (Health & FW), 101, "Sree Sannidhi", Railway Parallel Road, Kumara Park West, Bangalore-560 020, for favour of information.
7. Copy to the Secretary to Government of Karnataka, Health & Family Welfare Department, Multistoreyed Buildings, Dr. Ambedkar Vaidhi, Bangalore-560 001, for favour of kind information.
8. Copy to the Additional Secretary and Commissioner (FW), Ministry of Health and Family Welfare, "Nirman Bhavan", New Delhi-110 011, for favour of kind information.
9. Copy to the Deputy Commissioner (SS), Ministry of Health & Family Welfare, 'Nirman Bhavan', New Delhi-110 011, for favour of information.

Copy of Government of India letter No. N.19011/2/75-PLY, dated 23.2.76 (G.O. No. XXVI-I/76(4)) from the Deputy Secretary to Govt. of India, Ministry of Health & FW, (Department of F.W.), New Delhi, addressed to all State Governments/Union Territories.

Sub: Family Planning Programme- Urban FW Planning Centres - review and re-organisation of -

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I am directed to say that the working of the Urban Family Welfare Planning Centres including those under the Post-Partum Programme, and City Family Planning Bureaux, has been reviewed in the light of the recommendations made in the report of the Group set up for the purpose and the comments of the State Governments thereon. It has been decided that the Urban Family Welfare Planning Centres may be re-organised on the following lines:-

1. Instead of the existing four, there will be only three types of Urban FW Planning Centres, catering to the size of population as given below:-

EXISTING		REVISED	
Type - I	for a population of 10,000	Type - I	10,000 to 25,000 population
Type - II	10,000 to 25,000 population	Type - II	25,000 to 50,000 population
Type - III	25,000 to 50,000 population	Type - III	Above 50,000 population.
Type - IV	50,000 and above population.		

There will be no Urban Centre for a population of 10,000 or less. Family Planning services in such areas will be provided by the Urban Centres attached to the nearby hospital, dispensary or MCH centre.

- 2 (i) In keeping with the general policy of providing family planning, health and MCH services in an integrated manner, Urban Family Welfare Planning Centres will, as a rule, be attached to a Hospital, MCH centre or dispensary functioning in the area.
- (ii) Where no hospital, dispensary or MCH centre is available within the area in which the Urban Centre is located, it may be shifted to the nearest such institution.
- (iii) In case of Urban Centres run by the Local Bodies or Voluntary Organisations, the concerned Organisations will take similar action. Where such an organisation has no Hospital/MCH Centre/Dispensary of its own, possibility of attaching such a centre in the State Government institutions may be considered.
- (iv) Type-III Centres, as per revised pattern, run by voluntary organisations which cannot be attached to a Hospital/MCH Centre or Dispensary may be allowed to function independently, in relaxation of the general conditions stipulated at (i) above, provided the performance of such centres is considered to be satisfactory.

(v) Medical officers in-charge of the institutions to which the Urban Family Welfare Planning Centre is attached, should be made fully responsible for the provision of family planning services in the area. H. will ensure full involvement of all the staff in this work. No special pay will be paid to the Medical Officer in-charge for this work.

3. (i) The staff in the Urban Family Welfare Planning Centres will be provided in accordance with the pattern shown in the statement enclosed, which also indicates the existing staffing pattern.
- (ii) The Urban Centres which function as a part of the Post Partum Programme will be provided with one additional Medical Officer, over and above the staffing pattern approved for Type-III Urban Centres.
- (iii) The staff provided for the Urban Family Welfare Planning Centres will, on their attachment to the hospitals, MCH Centres and Dispensary, be given specific job descriptions so that their performance could be closely supervised and assessed.
4. With the implementation of the revised pattern for the Urban Family Welfare Planning Centres as proposed, some staff may be rendered surplus. They may be absorbed in suitable alternative posts with some training, if necessary.
5. The re-organisation of Urban Centres on the lines proposed may be implemented with effect from 1.4.1976. The central assistance for these centres will be provided in accordance with the revised pattern after that date.

All the State Governments/Union Territory Administrators are requested to re-organise the Urban Family Welfare Planning Centres, whether run by the Government institutions or voluntary organisations/local bodies in accordance with the revised set up and staffing pattern as indicated above and send a report to this effect to this Ministry by 1st May, 1976.

sd/-

S.C. Kumar, Deputy Secretary  
to Government of India.

copy  
81.6.26

for DIRECTOR OF HEALTH & FW SERVICES.

Statement showing the exist.

EXISTING PATTERN

Type	Population covered.	Staffing
1	2	3
Type I	upto 10,000	Medical Offi (part-time) E.W. Field C
Type II	10,000 to 25,000	Part-time dc FP field Wor (Male) A.N.M.
Type III	25,000 to 50,000	Part-time dc FP Extension tor F.P. Field W A.N.M. Attendant
Type IV	50,000 and above.	Full-time/p Medical Off FP Extn. El PH Nurse/LH FP Welfare Worker (mal ANY Store-keepe Accountant Attendant Sweeper (p

Copy of letter No. M.12012/4/80 - FWB, dated 14th July, 1980  
from the Under Secretary to Government of India, Ministry of  
Health and FW (Deptt. of Family Welfare), New Delhi, addressed  
to the Health Secretaries of all the States and Union Territories.

Sub: Family Welfare Programme - setting up of  
additional Urban FW Centres (Type I to  
III) on the basis of 1971 Urban Population  
during, 1980-81

I am directed to say that the question of bringing on  
grounds the basic infrastructure needed under the Family  
Welfare Programme in rural as well as in urban areas as per  
norms already laid down was discussed during the Annual  
Plan discussions for 1980-81 held in the Planning Commission,  
where the representative from the States/Union Territories,  
Department of Family Welfare and Planning Commission were  
present. On the basis of the discussions held, it has been  
decided to take up establishment of additional 385 Urban  
Family Welfare Centres as detailed below in the States and  
Union Territories on the basis of 1971 Urban population.

Type I (10,000 to 25,000 population)	185
Type II (25,000 to 50,000 population)	100
Type III ( 50,000 and above )	100

2. The State-wise distribution of additional Urban Centres  
to be opened during 1980-81 is given in Appendix I and the  
details of the staff to be sanctioned and appointed and  
other expenditure admissible in each of the centre is given  
in Appendix-II.

3. While sanctioning the opening of additional urban  
family welfare centres, the instructions given in para 2 (i) to  
(v) and 3 (i) to (iii) in this Ministry's letter No. N.19011/2/  
75-PLY, dated 23.2.76 (copy enclosed for ready reference) may  
be kept in view and the instructions given below may be  
strictly adhered to:-

- i) Urban Family Welfare Centres should be attached  
to Hospital, MCH centre or a dispensary already  
functioning in the area so that the centre could  
provide services in Health, Family Welfare and  
MCH in the integrated manner.
- ii) All the sub-divisional hospitals covered by  
the U.K. Aid Scheme be provided with an Urban  
Family Welfare Centre of the type entitled in  
case one Urban Centre is not already functioning;
- iii) Priority may be given in setting up of Urban  
Family Welfare Centres now sanctioned to those  
areas which do not have an urban family welfare  
centre/post partum centres already functioning  
in the vicinity and in urban slums.

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iv) Type III Urban Family Welfare Centres may also be allocated to voluntary organisations, who have already asked for the same. For greater involvement of voluntary organisations, due publicity may also be given among the organisations who are already in the field.

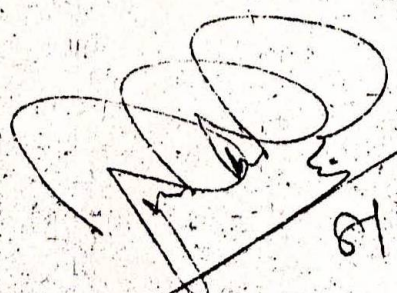
4. The expenditure involved on the establishment of the urban family welfare centres may be met from the allocations that may be intimated during 1980-81 under the sub-head 'Urban Family Welfare Services' and reported to the Department of Family Welfare through quarterly reports.

5. I am accordingly to request that the Government of Andhra Pradesh etc., may sanction the establishment of the Urban Family Welfare Centres and creation of the posts admissible for them. A copy of the order issued may please be endorsed to this Department.

6. This issues with the concurrence of Finance Division vide Dy. No. 2192/80 - FIN.I, dated 5.7.80.

7. Receipt of this letter may please be acknowledged and the date on which the centres are established together with the location may please be intimated to this Department in due course.

/ copy /

  
81.6.76

for Director of Health and FW Services.

M.R.R.

There is a greater need for popularising IUD especially among the younger couples as a method of spacing. As such, it is essential that facilities for IUD insertions are made available at all the sub-centres. The new Sub-centres now being sanctioned are being equipped to provide these facilities.

XII. No grant under Family Welfare Programme is admissible for construction of buildings for sub-centres.

XIII. The pattern of inputs given in Annexure II provide for a voluntary worker at an honorarium of Rs.50/- per month. All out efforts should be made to appoint trained Dais, as a voluntary worker who are available in the villages.

XIV. It is necessary that proper reservation of posts for scheduled caste/scheduled tribes may be made and the reserved posts filled up only from among these categories.

ANNEXURE - IV

(Annexure to letter No. P18019/4/85-RHD)  
LIST OF EQUIPMENT TO BE SUPPLIED TO SUB-CENTRES TO BE OPENED UNDER FAMILY WELFARE PROGRAMME DURING THE 6TH PLAN.

(A) FURNITURE

<u>Sl.No.</u>	<u>Item</u>	<u>No.</u>
1.	Examination Table (teak wood)	1
2.	Writing Table (Teak Wood)	1
3.	Armless Chairs (Teak Wood)	3
4.	Almirah Steel	1
5.	Benches (T.W.) or Steel	2
6.	Basin Stand (Steel)	1
7.	Stools (T.W.)	2
8.	Side Racks (T.W.)	2
9.	Medicine Chest	1
10.	Wooden Screen	1
11.	Foot Step	1
12.	Coat Rack	1
13.	Cot Wooden	1
14.	Bed side Table	1

(B) SUNDRY ARTICLES

1.	Buckets	2
2.	Mugs	2
3.	Kerosene Stove	1
4.	Sauce Pan with lid	1
5.	Water recepticle	1
6.	Rubber/Plastic shutting	2 meters
7.	Shakire Strip (for measuring midarm circumference)	1
8.	Talquist Hie Scale	1
9.	Drum with tap for storing water	1

*K.R. Yeshoda*  
(K.R. YESHODA)

Under Secretary to Government,  
Health & Family Welfare Department.

18/3/85

**Corporation of the City of Bangalore**  
**An appeal to the Public from the Health Dept.**  
**to eradicate Mosquito menace by**  
**observing the following points.**

1. Clean the water tanks and other points where water is stored, atleast once in a week.
2. Ditches, unused wells and such other places in your neighbourhood where water stagnates should be closed.
3. Take steps to see that no water stagnates at any point.
4. Water coming out from the kitchen or from the washing of clothing should be properly connected to underground without letting out into the open drain.
5. Keep the surroundings clean from broken jars, bottles, tyres, barrels etc., where normally the water stagnates.
6. Water in buckets for extinguishing fire should be cleaned and changed every week at Cinema Theatres, Factories, and such other Public places.
7. Garbage and such other domestic wastages should not be put into the gutters, obstructing the flow of Sewerage Water.
8. Please introduce "Gambusia Fishes" into the wells, if there are any in your house.
9. Co-operate with the staff of the Corporation when they come to your place for spraying disinfectant medicines.
10. By devoting two or three hours every Sunday by observing the above steps, you can eradicate the menace of the mosquitos in your area.
11. When fogging operation machine (smoke machine) works in your area once or twice in a month to kill the mosquitos, please ensure to keep the shutters open & eatables covered.

**Health Officer.**  
**B'lore City Corporation.**

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LIST OF URBAN FAMILY WELFARE CENTRES FUNCTIONING IN KARNATAKA  
AS ON 31-3-85.

District	Urban Family Welfare Centre located at	Run by whom Government/ Local Body/ Voluntary organisation	Category
1	2	3	4
BANGALORE (CITY)	1) Challaram M.H.	Local Body	III
	2) Dasappa M.H.	"	"
	3) Manvarthpet M.H.	"	"
	4) N.R.Colony M.H.	"	"
	5) Pobhathi M.H.	"	"
	6) Ulsoor M.H.	"	"
	7) Shantinagar M.H.	"	"
	8) Bore Bank M.H.	"	"
	9) Munireddiyapalya M.H.	"	"
	10) Rajajingar M.H.	"	"
	11) Azad Nagar M.H.	"	"
	12) Goripalya M.H.	"	"
	13) Ramachandrapura M.H.	"	"
	14) Magadi Road M.H.	"	"
	15) Ashok Nagar M.H.	"	"
	16) Austin Town M.H.	"	"
	17) Jayangar M.H.	"	"
	18) Hanumanthanagar M.H.	"	"
	19) West of Chord Road M.H.	"	"
	20) Seshadripura M.H.	Vol. Organisation	"
	21) M.L.T. Clinic M.H.	"	"
	22) Wilson Garden M.H.	"	"
	23) Banasankari M.H.	"	"
	24) Srirampura M.H.	"	"
	25) Subramanyanagar M.H.	"	"
	26) P.G.Halli M.H.	"	"
	27) Indian Red Cross Society	"	"
	28) Lions Club	"	"
	29) Sampangirama Nagar	"	"
	30) Yeshvanthapura	"	"
	31) Cox Town	"	"
	32) Health & F.W.Trng. Centre	Government	"
	33) H.Siddaiah Road	"	"
	34) H.A.L.	Public sector undertaking	"
	35) B.E.L.	"	"
	36) I.T.I.	"	"
BANGALORE (DIST.)	1) Ramanagar	Government	VI
	2) Kanakapura	"	I
	3) Channapatna	"	VI
	4) Doddaballapura	"	II

1	2	3	4
CHETRADURGA	1) Davanagere	Government	III
KOLAR	2) Kolar Gold Field	Government	III
	3) Chintamani	"	II
	4) Chickballapura	"	II
SHIMOGA	5) FPAI Shimoga	Vol. Organisation	III
	6) UFWC Bhadravathi I	Government	III
	7) UFWC Bhadravathi-II	"	III
	8) UFWC Bhadravathi-III	"	III
	9) UFWC Shikaripura	"	I
TUMKUR	10) Tumkur	Government	III
	11) Shira	"	I
	12) Tiptur	"	II
BELGAUM	13) Konnur	Government	I
	14) Gokak	"	II
	15) Soundatti	"	I
	16) Kashag	"	III
	17) Cantonment	"	III
	18) Shivajinagar	"	III
	19) FPAI Belgaum-I	Vol. Organisation	III
	20) FIAP Belgaum-II	"	III
	21) Sakeshwar	Government	I
BIJAPUR	22) Bagalkot	Government	III
	23) Bijapur	"	III
	24) FIAP Bijapur	Vol. Organisation	III
	25) Talikot	Government	I
	26) Terdal	"	I
DHARWAD	27) HFWTC Hubli	Government	III
	28) Municipal MH Old Hubli	Local Body	III
	29) Municipal MH Dharwad	"	III
	30) Ganeshpet Hubli	"	III
	31) FPAI Torvigalli Hubli	Vol. Organisation	III
	32) Ranebennur	Government	II
	33) Gajenaragad	"	I
	34) Naragund	"	I
	35) Gadag	"	III
	36) Betageri	"	III
	37) Laxmeshwar	"	I
UTTARA KANNADA	38) FPAI Kumta	Vol. Organisation	I
	39) Honnavar	Government	I
	40) Bhatkal	"	I
	41) Sirsi	"	II
BELLARY	42) D.H. Bellary	Government	III
	43) C.B. Bellary	"	III
	44) FIAP Bellary	Vol. Organisation	III
	45) G.H. Hospet	Government	III
	46) Chit. Hospet	"	III
	47) Kampli	"	I
Bidar	48) FPAI Bidar	Vol. org	III.3

Training ProgramonPlanning, Programming and Evaluation of Health Services.

( New Delhi - August 5 to 11, 1985)

Work Paper submitted By	Mr R K Paul Program Officer CARE - Uttar Pradesh
Name of the Project	- Health Education in Primary Schools
Duration	- 1980 - 82
Location	- Tirunelveli, Tamil Nadu State.
Project Sponsors	- CARE Tamil Nadu, G.O.T.N Education Deptt.

In 1980, CARE Tamil Nadu and Government of Tamil Nadu jointly sponsored a Project in Tirunelveli district of Tamil Nadu to cover the 3200 Primary Schools' students for achieving the following objectives:-

- 1 To create health awareness in the pupils of the selected Primary School and the teachers as well.
- 2 To create awareness in Primary School Teachers and enable them to identify and promote proper treatment of common diseases which afflict primary school-age children.

Process Followed :-

One teacher each from all the primary schools of Tirunelveli District was trained by Health Education Training Unit, CARE and SCERT, in two batches. First batch of 40 Deputy Inspectors of Schools and 30 B.T. assistants were trained as Key Resource Personal and

contd...2

they, inturn, trained the other teachers comprising the second batch.

Two Health Education related materials were developed by CARE & SCERT:-

- 1 Hand-book on Health Education for Primary School Teachers.
- 2 Five different Health Education Booklets for Ist to 5th standard.
- 3 To assess the level of course assimilation, Pre, Mid and Post tests were conducted for the Key Resource Personnel & Teachers.

Health Education was introduced as a curriculam of Tirunelveli district and three periods for each class were allotted for Health Education in a week thru a Government Order.

The respect i.e. Policy formulation, administrative decisions and operational control all were with CARE - Tamil Nadu and Department of Education G.O.T.N.

SCERT was assigned the task of evaluating the impact of the Project. This evaluation was conducted in 120 schools where 3600 school children, belonging to Ist to 5th standard were given a test. A control group was selected near Madras to compare the results with the experimental group. The results of this evaluation (attachements I & II) amply proved the success of this project.

The only constraint faced while evaluating the program was with respect to non-availability of another control group to compare the level of awareness in the children, covered under the program, with another group, not covered in the program, in the same district. To circumvent this a similar group was selected from another district a little far off from the Project area which did not have exactly the same conditions as the project area.

The booklet prepared for class IV & V should have been more exhaustive on environmental pollution. It was also felt this program should be continuously implemented and should be part of the regular syllabus. It was also felt that the Project should cover the entire State.

The format used for presentation of Program evaluation results was both graphic and figurine ( attachements I & II) Government of Tamilnadu and CARE Tamil Nadu reviewed the evaluation results and Government of Tamil Nadu was requested to continue and expand the program.

Due to change in priorities and funding constraints of both CARE and Government of Tamil Nadu, no further follow up action was taken.

Attachement - I

Percentage of Correct Scores  
on Evaluation Questionnaire

	<u>Tirunelveli</u> <u>Primary School</u> <u>Students</u> (No. 1650)	<u>Control</u> <u>Group</u> (No.150)
Standard 1	91%	44%
Standard 2	82%	41%
Standard 3	77%	48%
Standard 4	76%	48%
Standard 5	77%	41%

~~NOZAAAT~~

DEV4: 9

GUIDELINES FOR WRITING THE PROJECT PROPOSAL on Urban Health.

Part 1

1. Profile of the City

a. Geographic

b. Demographic

- . Population : 1981 census, mid 1986 estimated  
1993 (mid year) projected population  
(Projection period , 1991-1995)

- . Decadal growth rate :
- . Birth rate :
- . Area : Rural Urban
- . Density of population :

- . Age distribution  
(in years)      Male   Female   Total  
0-1  
1-4  
5-14  
15-44  
45+

c. Socio-economic

- Education (Overall and female literacy)
- Occupation
- Income

d. Environment

- Water supply
- conservancy system (sanitation)
- Sewage
- Solid waste disposal
- liquid waste disposal
- Other pollution control measures

e. Slums

- Population : 1981 census mid-1986 estimated  
1993 (mid-year) projected  
(projection period 1991-1995)

. Birth rate

Location of slums (show on map)

socio-economic conditions (as given in 'c' above)

Environment (as given in 'd' above)

2. Health Situation

(i) Morbidity (Give prevalence rate wherever available/ applicable)

Communicable diseases  
EPI diseases  
Non-communicable diseases

(ii) Mortality (overall for the city)

1986 1987

Total deaths

CDR

Infant deaths

IMR

Maternal deaths

MMR

Still births

(iii) Mortality Rate

Death Rate 1983 1984 1985 1986 1987

CDR

City (Urban)

Suburbs

Slums

Overall

IMR

City (Urban)

Suburbs

Slums

Overall

MMR

City (Urban)

Suburbs

Slums

Overall

(iv) Sex wise age-specific distribution of deaths (1987 or latest available)

Age Group (In years)	Male	Female	Total	Percentage dist.
Under 1 year				
1-4				
5-14				
15- 44				
45-64				
65+				

(v) Major Causes of deaths(1987 or latest available)

Causes of deaths	Male	Female	Total
1.			
2.			
3.			
4.			
5.			

(vi) Fertility

No. of births	1986			1987		
	Male	Female	Total	Male	Female	Total
City(Urban)						
Suburbs						
Slums						
Overall						

3. Health Care Facilities and services:

- (i) Dispensaries:
  - Govt.
  - Private
  - Charitable
- (ii) Hospitals
  - (Govt. & private)
  - General
  - special
  - Teaching
- (iii) M.C.H. centres
- (iv) Urban Family Welfare centres.
- (v) Institutions/practitioners of I.S.M.
- (vi) Private practitioners: Qualified/unqualified/  
registered
- (vii) Units established under National disease  
control programmes
- (viii) Mobile Units

#### 4. Family Planning acceptors and couple Protection Rate

Characteristics	1983	1984	1985	1986	1987
City(Urban)					
- Sterilisation					
- IUD					
- C.C.					
- CPR					
Suburbs					
- Sterilisation					
- IUD					
- C.C.					
- CPR					
Slums					
- Sterilisation					
- IUD					
- C.C.					
- CPR					
Overall					
- Sterilisation					
- IUD					
- C.C.					
- CPR					

## Part II

### Chapter-I : Objectives, Targets and Strategy

#### Objectives

To identify the <sup>local</sup> ~~local~~ problems and to strengthen the delivery of family welfare/ Primary Health Care Services to urban poor consistent with the objectives of the National Health Policy which aims at taking the services nearest to the door step of the people and ensuring fuller participation of the community in the Health Development Process.

#### Targets

Use targets set by Govt. of India for HFA by 2000 AD

National targets by 2000 AD	1990	Present status of the city	Targets to be achieved by 1995
--------------------------------	------	-------------------------------	-----------------------------------

## Strategy

The strategy for improving the delivery of FM/PH Care services to urban poor could be the following:

1. Strengthening of infrastructural facilities;
2. Development of effective outreach services;
3. Involvement of private medical practitioners and NGOs; and
4. Intensive IEC campaign

Give details of strategy in separate sections/chapters.

### Chapter-II : Strengthening of Infrastructural facilities and Service Delivery Units

- 1) New facilities to be created/set up/expansion desired.
  - \* new urban health posts with location
  - \* staff requirements
  - \* Increase in number of beds and their locations
  - \* for referral services.
  - \* Mobile units, if any.
- ii) Training of various categories of staff.

### Chapter-III : Involvement of Private Medical Practitioners(PMP) and NGOs.

- 1) Type of involvement envisaged in providing PH care/ FM services
  - ii) Details of the method of involvement
  - iii) monitoring the work of NGOs given certain area and private medical practitioners
  - iv) Any orientation training to be given
  - v) Supply logistics for contraceptives and other items to be supplied to NGOs/PMPs.

### Chapter-IV : IEC activities

- \* Give details of IEC activities
- \* Persons responsible
- \* Method of conduction etc.

### Chapter-V : Organisation and Management

- i) Organisation structure for project implementation.
  - ii) Job responsibilities/functions of various sub components of the project organisation and their inter-relationships.
  - iii) Records and returns
  - iv) Monitoring and supervision system (give details)
  - v) Setting up of computerized M.I.S (for large cities only)
  - vi) Time schedule (give Gantt chart)

(Please see Ann Page)

Chapter-VI : Budget - Give details of items separately and financial plan in tabular form shown below:

Items	Years					TOTAL
	I	II	III	IV	V	

Non-recurring

1. Buildings
2. Equipments
3. Vehicle
4. Others

Recurring

1. Salary
2. POL and transportation
3. Medicines
4. Consumables (other than stationery items)
5. Stationery and printing
6. Training (Stipends, Honorarium, training material, TA/DA etc.)
7. Others (give details)
  - . Rent of Building
  - . Water/Electricity/telephone
  - . Maintenance of Building
  - . Postage

P.T.O

GANTT CHART FOR MONITORING THE PROGRESS OF IMPLEMENTATION

Sub: Improving the delivery of Family Welfare/Primary Health Care services to the Urban poor (1991 - 1995)

Sl. No.	Activity.	Procedure	Who is responsible.	Level of organisation.	Period		Resources needed		Support needed		Remarks
					From	To	Type	Quantity	From	Type	
1.	Location of Health post & Sub-centre.	1.Spot visit,survey. 2.Local leader discussions. 3.	1)Health Officer City Municipality. 2)Commissioner, City Municipality.	City Municipality.	April 1991	June 1991	Finance	3.00lakhs	Municipal Council.	Personal discussion.	Readily <del>ax</del> available building rental basis approval needed.
2.	Purchase of vehicle and equipment.	Inviting quotations & tenders. Placement of orders with the firms approved by Govt.	City Municipality Commissioner.	-do-	April 1991	June 1991	Finance Vehicle equipment	3.00lakhs 1.00 lakhs	Municipal council/ Firms to supply materials	Personal discussions. letter correspondence.	
3.	Drugs.	by inviting quotations & tenders by the firms approved by the Govt.	City Municipality Commissioner.	-do-	April 1991	July 1991	Finance	3.00lakhs	Municipal council Firms	Personal discussions. Letter corres-pondence.	
4.	Recruitment of staff.										
a).	A,B&C group.	Requesting Directorate	City Municipality Commissioner/ Health Officer.	-do-	May 1991	July 1991	Doctors - 2 HealthAsst-4 Pharmacist-2 Health workers (FW&MCH) Male&Female -24.	Directorate of Health/ Addl.Director (FW&MCH)	Deputation.		
b).	Driver & D group	Appointment through Employment Exchange.	-do-	-do-	-do-		Driver - 2 Group-D 4	Employment exchange.	Providing list.		
5.	Health Care.	Institutional.	MO/LMO	Health Unit	Continous activity.		Drugs, equipments vehicles.	Required quantity.	Self		prescrib ed timings.
		Outreach by home visits	Health Workers (Male &Female)	Sub-centres (1 for 5000)	-do-		Records apparatus.	To be arrived.	Health units.		-do-
		Supervision.	MO/LMO, Health Asst.Male/Female.	Sub-centre Health Units.	-do-		Vehicle		Municipal authorities.		

1	2	3	4	5	6	7	8	9
6. I.E.C. Activity.	1) Health Education materials. 2) Mass meeting. 3) Group discussion. 4) Mass Media.	1) MO/LMO. 2) Health workers Health Assts. 3) Dist. Health Organ., 4) Directorate of Health.	1) Sub-centres. 2) Health Units. 3) DH&FWO. 4) DH&FWS. 5) City Municipality.	Continuous activity.	1) Publicity officer. 2) Pamphlets. 3) Public address support. 4) Video/TA 5) Film show & Radio.	1) D.C. 2) DH&FWO. 3) Municipality. 4) Community.	Needs reputation.	
7. Records & reports maintenance.	By recording relevant entry in the registers forms, records and reports.	1) Municipal Health Officer. 2) Health Workers. 3) Health Assistants.	-do-	-do-	Regd. registers & records, forms will be assessed.	Insisting of regular system of building of records & forms.	Strict compliance with fixed dates.	
8. Monitoring.	Obtaining monitoring reports in prescribed formats/MES.	Municipality Health Officer.	Municipality.	Regular & continuous.	Forms & registers calculators & if possible computers.	1) From the lower category 2) Municipal council.	progress will be assessed and corrective measures will be instated.	

<u>Sl.No.</u>	<u>Category.</u>	<u>No. of post.</u>
1.	Medical Officer(MO/LMO)	1
2.	Pharmacist.	1
3.	Lab. Technician.	1
4.	Clerk-cum-Typist.	1
5.	Health Worker(Female)	6
6.	Health Worker(Male).	6
7.	Health Assistant(Female)	1
8.	Medical Social Worker.	1
9.	Driver.	1
10.	Attenders.	2

Expenditure:

Recurring:

Staff salary.	3.5 lakhs.
Drugs.	0.30 lakhs.
P.O.L.	0.12 lakhs.
O.E.	0.05 lakhs.
	-----

Total. 3.97 lakhs.

Non-recurring:

Equipments.	0.25 lakhs.
Vehic.e.	1.50 lakhs.
Others.	3.00 lakhs.
(Rent for building including Sub-centre & PHC), Electricity, water, phone etc.	-----
	4.75 lakhs.

Grand total. Rs. 8.82 lakhs.

Approximately Rs.9.00 lakhs.

From the above calculation it is observed that each health post requires 9.00 lakhs per annum and two health post of this prop sal requires 18.00 lakhs per annum.

Taking into consideration only recurring expenditure the cost involved for 5 years is as follows:

Per annum for ~~5 years~~.

<u>Recurring:</u>	<u>For two units.</u>	<u>For 5 years</u>
Salary.	7.00 lakhs.	35.00 lakhs.
Drugs.	0.60 lakhs.	3.00 lakhs.
POL	0;24 lakhs.	1.20 lakhs.
OE	0.10 lakhs.	0.50 lakhs.
Others.	6.00 lakhs.	30.00 lakhs.
	-----	-----
Total.	13.94 lakhs.	69.70 lakhs.

One time non-recurring expenditure for two units.

Equipment	Rs.1.00 lakhs.
Vehicle.	Rs.2.50 lakhs.
	-----
Total.	3.50 lakhs.

Grand Total for 5 years for two health post=Rs73.20lakhs

2. Since the slums have been more or less have come up in two different parts of the city it is planned to establish the health post separately one for each congregation of slums. Since it is not desirable to bring up new building for health post which takes lot of time, it is proposed to hire the building on rental basis which has also been provided under the budget.

It is proposed to recruit the staff who have already been trained in the Government institutions and therefore no separate training is required except for orientation which will done with the coordination of State health Directorate.

All the <sup>outreach</sup> services will be delivered through home visits.

The building which is to be hired for health post is also visualising the minimum bed of 6 required for emergencies purposes. Apart from this there is no need to have more inpatient facilities.

...6/-

A good referral support will be built up by means of providing referral <sup>Centres</sup> ~~centres~~ to avail services from Medical College Hospitals. In this connection special coordination efforts will be brought in through Directorate of Medical Education. A strong referral support will also be built with U.F.W.Cs by coordinated efforts with the Additional Director (FW&MCH).

Since health ~~units~~ are closely kept with slum population, there is no necessity of functioning of mobile units.

The NIMHANS is implementing the Mental Health project in Bellary district. Therefore all the staff to be recruited for these health post will be trained in batches to implement the same <sup>in</sup> ~~at~~ slum areas and necessary records and reports will be brought in.

3. The delivery of comprehensive health care services in urban slums is unique and is being implemented for the first time. Therefore all the private Medical practitioners and NGOs will be actively involved for extending better cooperation and coordination. All the medical practitioners will be provided with referral cards for referring needy cases to the health post/Medical College hospitals. Necessary vaccines will be made available for the voluntary organisation coming forward. Some of the practitioners will be made as Depot holders for CC<sub>5</sub> and chloroquine tablets. It will be explored also to provide some of the medical practitioners with anti TB drugs with strict supervision over them in maintaining proper case cards.

...7/-

4. I.E.C. activities:

As a regular activity the field worker like Health Assistant Male and female, health worker Male and female are carrying out health educational activities under different programmes regularly which is more or less in line with the IEC activity. In this connection the Directorate of Health & Family Welfare Services and District health organisation will be required to plan their activities, so as to cover these health post for extending IEC activities in a better manner like video film shows, mass meetings involving local leaders. The help of voluntary organisation and other local bodies will also be enlisted for IEC activities.

The time schedule, the methods and the frequencies will be decided later.

5. Organisations and Management:

Since the Bellary Municipality is envisaged to have only two health post, the necessity of separate project officer for implementation and monitoring does not arise. The present health officer of the municipality is capable of looking after the working of these health post who is already working under overall control of Commissioner of City Municipality.

Regarding the job responsibilities it is already well defined category wise by Government of India and the same will be considered with modifications wherever necessary.

Regarding the maintenance of records and returns a separate meeting for one or two days will be held in each health post and the importance of recording, reporting

...8/-

will be brought to the notice of all the staff and will be insisted to maintain the same as per the time schedule. When once the staff becomes familiar with building up of records, the reports and records will be streamlined as per MIES pattern.

Every month the Health Officer will get the progress reports from these health post and review meeting will be held for one day in a month at each health unit. During the review meeting different programmes, the targets and the achievements will be discussed in detail through monitoring forms which will be devised. It is also proposed to take up surprise visits, inspection, spot checks in the usual course of supervision.

...

Dr. P. Nagaraj  
Health Officer City Municipal  
Bellary Dt.

*Nagaraj*  
Dr. G. V. Nagaraj  
Deputy Director (H&P)  
D.H. & F.W.S. Bellary

15th & 16th Nov 1988

A ssessment of Family Welfare/Primary Health Care needs in Urban areas (specially in slums) for the cities with population over two lakhs.

DEV 4:11

### Introduction:

One of the salient features of Primary Health Care emphasise on the equitable distribution of health resources, At present the population in the Urban areas are devoid of comprehensive health care services, because of lack of organised health infrastructure, the rich and the middle class people will be in a better paying capacity to get services from private clinics and Nursing Homes but the population belonging to low socio-economic group and specially of slums are facing acute scarcity of health infracture facilities within their reach.

Objectives: Taking into consideration of this difficulty it is desirable to put up a project proposal for improving the delivery of FW/P.H.C. services to the Urban poor. In this connection the Bellary City has been selected for taking up this project during the period from 1991 to 1995.

Targets: A ll though the goals of National Health and Family Welfare programmes by 2000 AD as spelled out under National Health Policy 1983 are available, the targets and goals to be achieved by Bellary City/District is to be worked out.

Bellary District is one of the 20 Districts of Karnataka situated in the northern part having population of 1.5 million. *as per 1981 Census.*

The Bellary city as per 1981 census has a population of 2,01,579 and by 1995 the projected population will be 5,21,000 lakhs.

p.t.o.

The Bellary City administration is looked after by the City Municipality having one elected President, one Vice President and 35 Councillors. Regarding the health activities there is one Health Officer of Asst. Surgeon cadre with 7 Sanitary Inspectors and two Malarial inspectors looking after the jurisdiction of City Municipality. The City Municipality Bellary is not running any hospitals of its own and the people of the City are availing the services from Medical College Hospitals and Urban Family Welfare centres run by the State Government. Therefore because of the lack of outreach services in the City the people of the city especially of slum areas/low socio-economic groups are not at all having either the basic health services which is very important to achieve the health for all by 2000 AD by slum population.

The Bellary City is having water supply through pipes and the availability of water is not sufficient and also not constant.

Regarding the sewerage system it is not meeting the demand of the people. Therefore majority of the people use open air for defaecation which is providing ample opportunity for contamination of water which is made available at low levels in the form of pits.

Along with the other municipalities of the State, the Bellary city Municipality is under the overall Municipal administration of the State.

The present set up of health administration at the Bellary Municipality is very small as brought out earlier, looking at the personnel involved it is observed that except for sanitation and malaria control programme, no other personnel is working so as to provide comprehensive health care services to the City population including the health education.

Strategy: All though ~~some~~ form of health services are available through UFWCs and Medical College it is desirable to have the following stragey to improve the delivery of FW/PHC services for slum population.

1. Creation of infractural facilities.
2. Development of effective outreach services.
3. Involvement of private medical practitioners and NGOs.
4. Intensive IEC campaign.
5. Organisation and management.

The budget required for implementation of the various components brought <sup>in</sup> above strategy has been workedout separately (see appendix I).

Creation of infracture facility:

The Bellary City has at present 19 declared slums having a population about 20,000 and seven yet to be declared as slums having population of about 5,000 and the projected population of slums by 1995 will be about 60,000.

A s per the National pattern regarding the creation of health infracture it is observed that one Sub-centre for every 5000 population having one Male and one Female Health worker and one Primary Health Centre for every 30,000 population with prescribed pattern of staff covering recurring and non-recurring expenditure. It can be said from all standard the same norms hold good for the creation of infracture in the urban slums also with little difference in the staff pattern and non-recurring expenditure.

The projected population of 60,000 by 1995 call for establishment of atleast two Urban health post (equivalent to the present Primary Health Centre) of the National pattern), with the following pattern of staff and expenditure.

SOLVING PROBLEMS AND MAKING DECISIONS

When a group (or an individual) is faced with solving a problem or making a decision, there are five steps which can be followed. These steps will make for greater clarity and effectiveness while considering the problem or the decision, and they will also lead to a better final decision.

1. Define the problem

Ask yourselves "What is the real problem before us?" If you cannot agree on what the problem is, you certainly will not agree on the solution! A clearly-defined problem is already a great help towards a solution.

What appears to be the problem may be only a superficial symptom. Underneath there may be larger and deeper issues.

Express the problem in "How to..." terms. Do not say, 'the problem is moderating discussion', but, "The problem is how to learn to moderate discussions effectively".

2. COLLECT POSSIBLE SOLUTIONS

Ask yourselves, "What are the possible solutions to this problem?" Make a list of all the ideas, possible solutions and suggestions without evaluating any of them. (The process is similar to 'brain-storming').

It is important to separate the collecting of ideas in this step from evaluation: The evaluation should come only in the third step. If you evaluate ideas in this second step, it will inhibit the contribution of further ideas.

Make the list of possible solutions as long and complete as possible. Some people believe that the quality of the final decision depends on the number of possible solutions collected during this second step.

3. Evaluate the possible solutions and choose the best

Ask yourselves, "Of all the alternatives we have listed, which is the best solution?"

Weigh the pros and cons of each possible solution.

Encourage dissent and disagreement among the members of the group. This will help in the completed examination of every possibility. Beware of easy agreements—they probably have not been thought through completely. At the same time, avoid being defensive or making others feel defensive. Try to separate the ideas and solutions from the individuals who contributed them.

There are two important aspects to an effective decision. One is the quality of the decision. Ask yourselves, "Does this decision accomplish our purpose? Will it effectively solve the problem?" The second aspect is the acceptability of the decision to those who have to carry it out.

If you find that you now need further information or an expert opinion, get it before the decision is made, not afterwards!

Consider whether the group itself is ready to make a decision. Sometimes groups (like individuals) need time to 'think over' a decision before finally making it.

#### 4. Implement the decision

Decide on the steps for implementing the decisions. Ask yourselves, "who is going to do what? When? How? Be specific put names against actions.

A decision which does not include details of how the decision is to be implemented may be ineffective and even useless. Lots of good ideas are never translated into action because their implementation is not taken care of.

As well as deciding who will do what, when and how, there may be other questions, such as, "who else should be informed of this decision?."

#### 5. Follow-up

Ask yourselves, "How will we check on how this decision is working in action?" It is important that the group decides at the time they make the decision how they are going to arrange for follow-up and feedback.

Source: McGrath, E.H., Basic Managerial Skills for All, XLRI, Jamshedpur, 1978.

PEOPLE IN DEVELOPMENT - A Trainer's Manual for groups John Staley.

Training Paper VII

# PAVEMENT DWELLERS: IF STONES COULD SPEAK

DEV

DEV 4:13



Srilatha Batliwala

ONE NIGHT in July 1981, the pathetic shelters of thousands of pavement dwellers in Bombay were demolished in the midst of one of the worst monsoon downpours. The hapless victims were loaded onto buses and trucks and dumped either at the outskirts of the city or at various points along the Maharashtra border, with the unspoken message: "Go back to where you came from!"

Thus began one of the most symbolic sagas of the lack of even a semblance of social justice for the poor in our country. The wholesale and illegal deportation of thousands of Indian citizens from a city of their union also characterised the growing desperation of city authorities in their attempts to "clean up" the city, and their total lack of awareness of the continued rural-urban differentials which render all such measures futile.

Ironically, this inhumane and ill-considered step brought its victims to national prominence as nothing else had ever done. These residents of the city's footpaths, who could never command the slightest attention in the countless years when they formed as one journalist put it, "the vast legion of bais, mochis, dhobis, milkmen and newspaper boys who toil to make (our) lives more liveable", shot into the limelight only when they were cast away like so much chaff.

The demolitions did not last long.irate journalists and civil rights groups promptly obtained stay orders, and thus launched

one of the most historic cases in the annals of social litigation. The case reached the Supreme Court in no time and was *sub judice* for nearly four years. The central arguments were around the issue of the "right to life" as guaranteed in Article 21 of the Indian Constitution. But on 11 July 1985, after years of arguments and counter-arguments by both sides, the court delivered a judgement remarkable mainly for its ambivalence. While acknowledging all the factors which led inexorably to the rural poor ending up living on the city's footpaths, it gave the municipal authorities permission to evict them from the pathetic abodes they had set up. The only sop to their conscience is that "prior notice" had to be given to the victims, and no demolitions were to be carried out before 31 October — the end of the monsoon.

Voluntary agencies like the Society for Promotion of Area Resource Centres (SPARC) which were working almost exclusively with this section of Bombay's poor, were shocked. Where were the pavement dwellers to go? And how many would be affected? We decided to find out, and after an exhaustive search, concluded that nobody knew how many pavement dwellers lived in Bombay city. Perhaps this was one of the main reasons why demolitions were being considered as an entirely feasible proposition, at least from a logistical viewpoint.

This data search also made us realise

that pavement dwellers are highly visible on the one hand — as "eyesores" on the supposedly "fair" city of Bombay — but entirely *invisible* as human beings with a history, a role in the urban economy and the right to build a future like the rest of us. This very invisibility was depriving them of the right to participate in any decision about their own future in the city.

Experience had also taught us that in the absence of hard statistical evidence, any attempt to present the pavement dwellers' case was discarded; one was invariably dismissed as a bleeding heart do-gooder who was not "objective" on this issue. Some concrete evidence of their role in the city's life would have to be generated if we wished to confront the popular attitude which regarded them as expendable parasites.

Since it is a small organisation of only 5 people, SPARC decided to census only one city ward (E Ward, or the Byculla-Mazagaon area) and the major arterial roads of the island city, which the Bombay Municipal Corporation had announced would be major targets for demolitions: namely, P D'Mello Road, Reay Road, Sewree Road, Senapati Bapat Marg, Tulsi Pipe Road, and E Moses Road.

A questionnaire designed to elicit basic individual and family data including income, occupation and migration history was administered by a dozen hired investigators who were constantly supervised by SPARC staff, and with the continuous

support and involvement of the pavement families themselves, the census was completed in four weeks between 30 August and 30 September 1985. At the very outset, when the census was planned, we had discussed the issue of the people's "invisibility" with them. They readily perceived this and regarded the census as an activity of vital importance to them. This was the chief factor which enabled us to complete the exercise so quickly — people saw it as their own need and made it succeed.

Thanks to electronic data processing, the final results were made available by the second week of October, and the report, "We the Invisible" was released on 14 October 1985.

The census yielded a total population of 26,583 from 6054 households living on the pavements of just one ward and the major arterial roads of the city. Forty-three per cent of the total population were gainfully employed in some 90 different occupations, almost all in the informal sector. The single largest occupational group (some 33 per cent) are the unskilled manual labourers — the construction workers, hamals, coolies, handcart pullers, dockworkers and headloaders without whom much of the economic and commercial activity in the city would grind to a halt. Small traders come next (nearly 22 per cent) — the vast legion of bhajiwallas, fruitwallas, macchiwallas, paan-bidiwallas, pavement hawkers and vendors who bring myriad daily necessities to the doorstep or the street corner for thousands of middle-class consumers at a cost well below any shop. These are followed by the self-employed (14 per cent) — the barbers, cobblers, tailors, carpenters, electricians, plumbers; not to mention the purse- and wallet-makers, rakhi-makers, the scrap-collectors and re-cyclers.

Domestic servants account for the next largest occupational group with 12 per

cent; and of course an overwhelming majority of 94 per cent of this category are women. Not surprisingly, skilled workers like motor mechanics, metal workers and powerloom workers account for a mere 12 per cent, virtually none of them being in the organised sector. About 7 per cent of wage-earners are in various other occupations, including a good number who are municipal workers.

As far as per capita daily income is concerned, the census showed that the vast majority, or 74 per cent of all earners, were earning less than Rs 18 per day which is the minimum wage for Bombay. So while they provide the city with labour for the essential tasks which organised labour does not like to do, they do so at wages so low as to put the possibility of anything but pavement housing beyond their reach.

What is more, the census showed that pavement dwellers subsidise their own labour not only through low overheads on housing, but also on transport. A stagger-

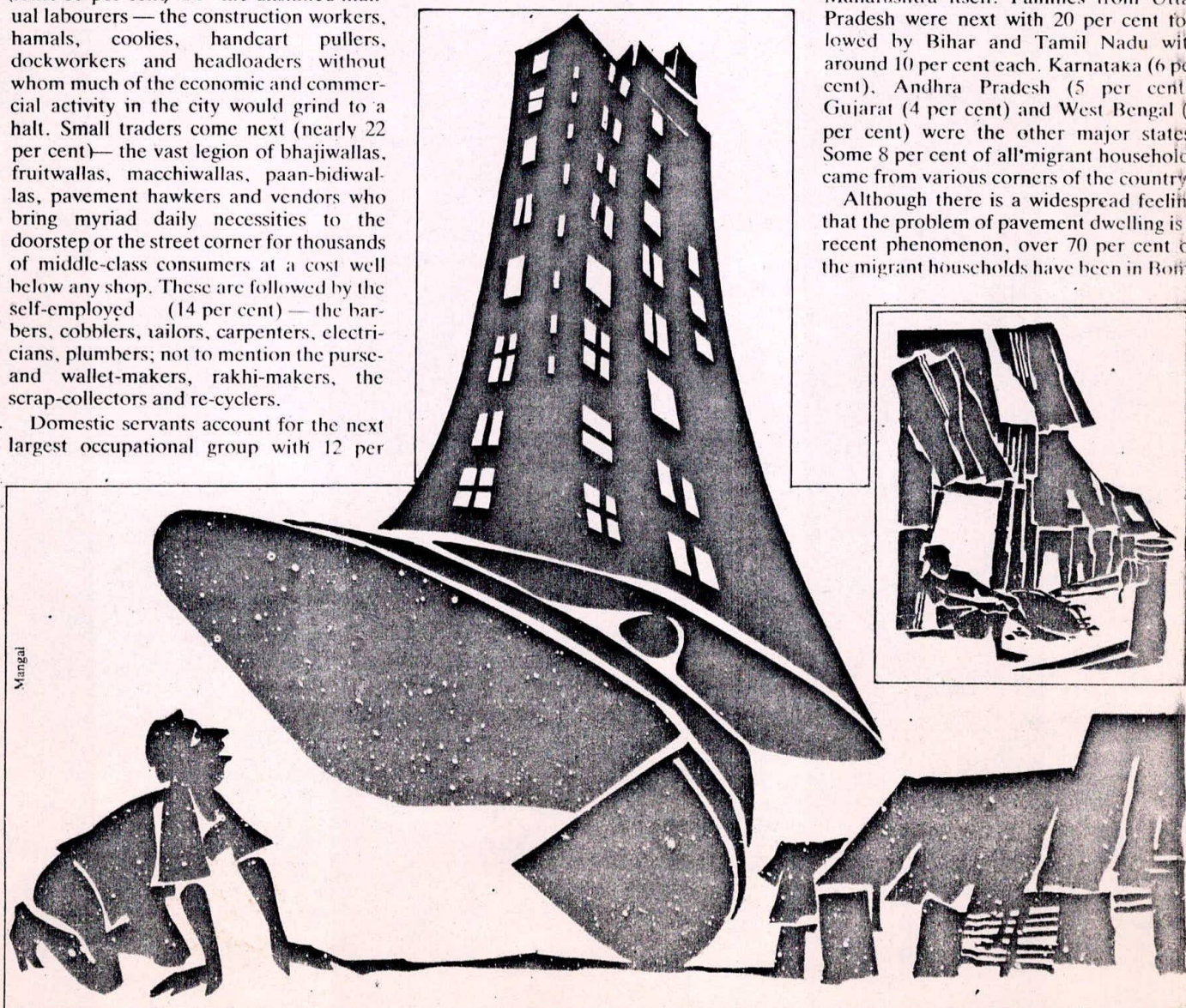
ing 85 per cent of all workers walk to work or walk as part of their work (like the vendors, scrap-collectors and handcart-pullers) and do not even enter a single form of public transport in the city. A mere 15 per cent use buses or trains.

All these statistics combined seem to show quite clearly that while pavement dwellers are contributing to the city's economy, they do not make any demands on civic services either for housing, electricity, water, sanitation or transport. Food for thought — for those who can still think objectively on this issue.

The migration history of the pavement dwellers is a pathetic tale, the never-ending search for survival which is the lot of the poor and dispossessed in any society.

First of all, an amazing 14 per cent of families said that the head of the household was born in Bombay, and so were not really migrants in any sense. Of those who had migrated, and contrary to popular belief, 34 per cent, or the single largest group had migrated from various parts of Maharashtra itself. Families from Uttar Pradesh were next with 20 per cent followed by Bihar and Tamil Nadu with around 10 per cent each. Karnataka (6 per cent), Andhra Pradesh (5 per cent), Gujarat (4 per cent) and West Bengal (3 per cent) were the other major states. Some 8 per cent of all migrant households came from various corners of the country.

Although there is a widespread feeling that the problem of pavement dwelling is a recent phenomenon, over 70 per cent of the migrant households have been in Bom-



Mangal

bay for more than a decade. Of these, 17 per cent have been in the city for over 25 years, and 6 per cent have been here for nearly four decades! Only 17 per cent have migrated in the last 6 years, a mere 6 per cent having arrived in the last year. Moreover, the majority of these households has been living on a pavement (either the present one or another one) ever since they came to the city. One unanimous response was that they all saw pavement dwelling as a temporary measure, to be endured only until they could save enough to acquire better shelter. But they soon discovered that even slum huts are exorbitantly expensive in Bombay (anywhere from Rs 10,000 to Rs 25,000) and even these are difficult to find.

What kind of persons or families decide to leave their own habitat and gamble on survival in the city? Our census figures indicate that it is the poorest of the rural poor: Fifty-two per cent of migrant pavement households had owned no assets whatsoever in their native place — not even a tool or implement. Another 27 per cent had owned only the hut in which they lived, but no land, animals or other assets. This is substantiated by the data related to pre-migration occupation, which revealed that some 61 per cent had been landless labourers and unskilled manual labourers prior to migration.

Finally, we come to the reasons for migration. It should surprise no one that 62 per cent of the reasons stated were related to unemployment, poverty and hunger — “bookhe mar rahe the”, “kuch kam nahi milta tha”, “kamayi bahut kam thi”, “pet

nahin bharta tha”. Another 10 per cent were due to loss of parents, widowhood, or family disputes where their land was seized and they could no longer make a living in the village. A large number of these were women who were either abandoned or widowed, or dispossessed after the husband's death. Interestingly, the major findings of this census have been very closely paralleled by the preliminary results of an all-Bombay census conducted by the College of Social Work in September-October 1985.

It is clear therefore that pavement dwellers supply the city with a vast pool of cheap labour and also provide it with goods and services which would cost much more in the organised sector. Far from being a burden to the city's economy, they are a self-supporting group, with a higher than usual ratio of workers to non-workers. They clean our homes and garbage, move goods from one place to the other and make available a whole spectrum of goods and services at a price which is the result of their own undervalued labour. They live on the pavement because no other alternative is affordable or available to them — not even the slums. They have fled from the unemployment, landlessness and poverty of their rural homes. However affronted we may be by the dirt and indignity of their wretched living conditions on the pavements, to them the lack of dignity on a full stomach is far better than the spurious dignity of hunger and starvation.

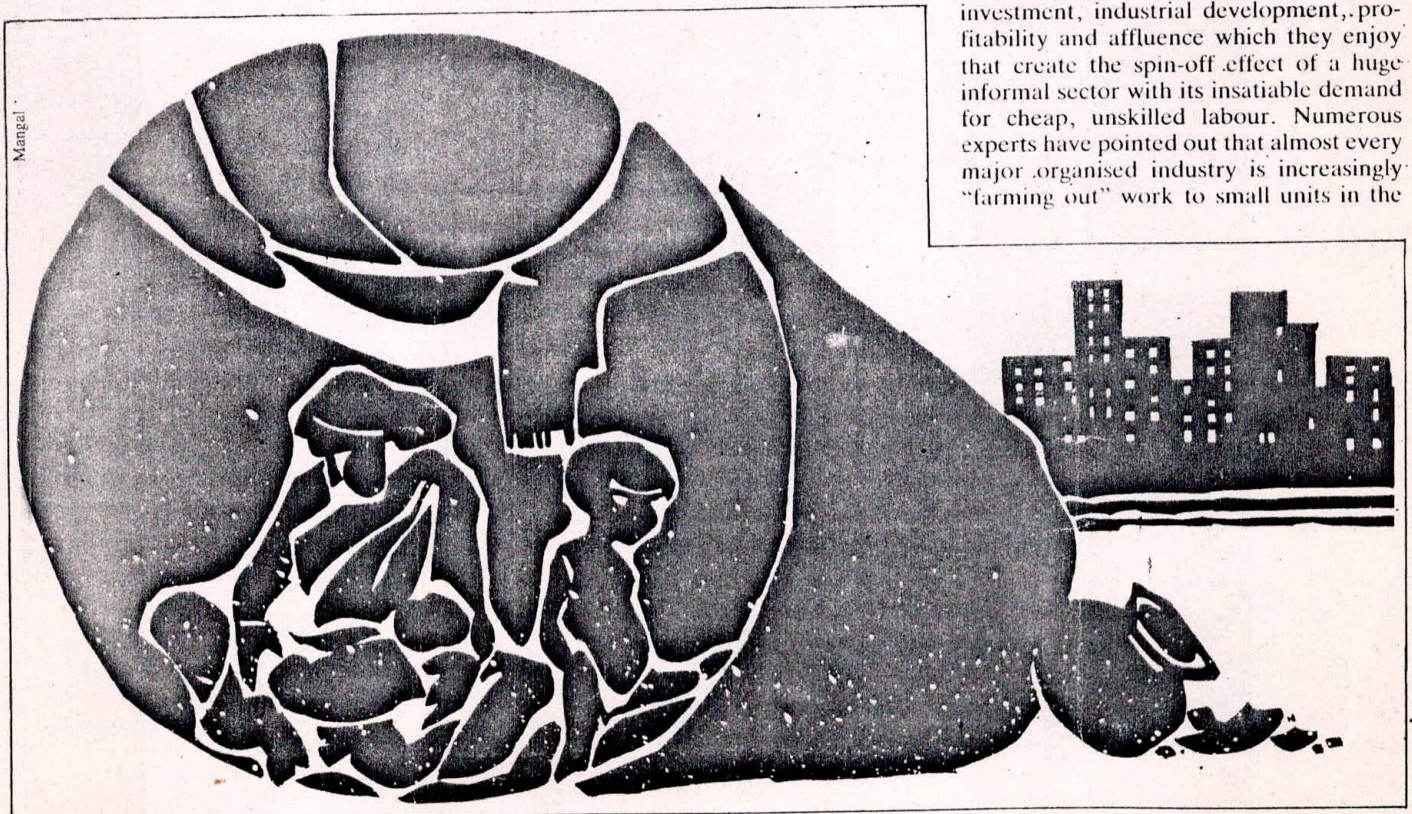
The champions of the “clean city” movements, the strident advocates of

demolition and eviction of all “unauthorised” dwellings would do well to consider the following implications of the census:

First and foremost, the heart of the problem of pavement dwelling — not only for Bombay but every growing industrial area of the country, including Bangalore, Madras, Ahmedabad and Hyderabad — lies in the continuing disparity in the development of rural and urban areas. As long as the bulk of investment continues to flow to the cities (notwithstanding the “rural development” rhetoric), the influx of poor rural job-seekers cannot be stopped, let alone reversed — demolitions or no demolitions. Those who contest the right of these people to live on the pavements must ask themselves what they are doing to defend their right to survival in their native areas.

This means that the only long-term solution to the problem of urban congestion and slum and pavement dwelling is the rapid and equitable development of rural areas and small towns. To wish away current migration trends without addressing this issue is to live in a fool's paradise. We have to face the reality that these trends are not going to change in the near future.

Consequently, urban planners, city authorities and the affluent sections must stop living in their world of make-believe and make further in-migration the basis of their planning exercises — particularly for housing and land-use. It is time to understand that the petulance at having their “fair” cities “fouled” by slums and pavement dwellers is both illogical and ill-informed: it is the very levels of financial investment, industrial development, profitability and affluence which they enjoy that create the spin-off effect of a huge informal sector with its insatiable demand for cheap, unskilled labour. Numerous experts have pointed out that almost every major organised industry is increasingly “farming out” work to small units in the



informal sector because it is *cheaper* for them to do so. Of course it is, because these small units employ labour at well below minimum wages and do not have to provide any of the benefits which organised labour takes for granted. It should not be beyond anyone's powers of comprehension that those who provide this cheap labour are — indeed have to be — slum and pavement dwellers. There is no other way they can work for such wages. Thus the city generates a demand for the labour provided by the poor, but does not deem it necessary to house them or provide a space for their shelter.

This argument is always countered with the plea that there is no land and no funds for such housing. Unfortunately, neither of these statements is true: studies have pointed out that there is adequate land in Bombay, should the government wish to acquire it; and if World Bank aid can be sought for traffic flyovers and bus fleets, why not for housing?

City authorities often ask why they should be responsible for providing for people whom they did not invite to the city in the first place.

The answer is that they may not have issued a direct invitation, but the level of industrial development which otherwise benefits the city is a *de facto* invitation. However, it is certainly true that the sole responsibility should not rest on urban authorities. Urban migration is a national problem and both central and state governments have to participate in — and pay for — its resolution. But as long as the onus falls on city administrators, it is vital that they recognise the nature of the phenomenon and ally themselves with the poor in demanding assistance. They must see that as more of the rural poor march to the cities for survival (and as long as they do, indeed, find it here), affordable housing has to be made available to them; and for this city planners must aggressively seek aid from central, state and even international funds. Moreover, they must themselves take on the role of drawing attention to the factors contributing to urban migration and demand change: if city administrators feel ill-used at having to tackle the culmination of present economic trends, then they have as much stake in demanding change as the poorest landless labourer.

Finally, the unjustness of quietly accepting the cheap labour of the urban poor but not wishing to see or hear them must be honestly faced. A society which permits and in fact depends on this large mass of unskilled and underpaid labour must also live with slums and pavement dwellers. And if we don't want the latter, we must find the land and resources to house them properly. The time has come to question the middle-class utopia that wants clean, beautiful, orderly cities but also its maid-servants, bhajiwallas and cheap manual



labour.

The crisis awaiting the pavement dwellers is the result of this kind of utopian thinking. The tragedy is that even the proposed demolitions are not going to create that utopia. How can they, when the deep, complex dynamics which have created the problem will not be touched, let alone changed, by the physical removal of their outward manifestation?

Let us accept once and for all that pavement dwellers are being made the scapegoats for urban ills of which they are the *symptom, not the cause*. Among other things, they are blamed for dirtying the streets. But what of the garbage-strewn streets where no pavement dwellings exist? They are blamed for causing traffic blocks and hazards to pedestrians, but it is never mentioned that a major cause of traffic congestion is the increasing number of vehicles on the road. Why do the worst traffic jams in the city occur at points where no pavement dwellers live? Why is it that the time-worn suggestion of experts to move offices and wholesale markets out of the southern end of the city — which is the real cause of congestion — has been repeatedly shelved? And even if demolitions are “successfully” carried out, how will it be ensured that these and similar others do not eventually return to the pavements? Will a police force be created to patrol every city street from now till eternity?

The human instinct for survival is indestructible. So is the right of every man and woman to better the quality of their lives.

Just as the sons and daughters of the affluent are leaving their country for the material advantages of the developed world, so are the impoverished abandoning their precarious rural existence for the security of a full stomach in the city. Why do we deny the one and not the other?

Let no one imagine that we hold a brief for pavement dwelling. No human being should be forced to such an existence. But no solution to such a major and multifaceted problem is justifiable unless it is based on the needs and aspirations of all those affected. Today, the proposed eviction of “illegal” slum and pavement dwellers reflects the aspirations (that too the naive aspirations) of the better-off, but not of the poor. If the survival of these sections is not served by any proposed action, is it a solution at all? And if it is, how can it be effective or permanent, much less just?

## SRILATHA BATLIWALA

*Ms Batliwala graduated in literature from the Central College, Bangalore and did her MA in social work from the Tata Institute of Social Sciences, Bombay. She worked for the Foundation for Research in Community Health, Bombay, for eight years and is the founder of the Society for Promotion of Area Resource Centres (SPARC), an organisation working with poor migrant women.*

Bharat Jhunjhunwala

B7/64 Safdarjung Enclave  
New Delhi 110029  
Tel 605142

17 Apr 86

DEV 4:14

My dear Sam,

Hope your work is going well. Pl do write.

I write to you to explore a strategy for breaking the fetter of political parties on our system.

My limited work in the slums and trade unionism while I was at the Indian Institute of Management, Bangalore and subsequently in an afforestation programme at my village in Jhunjhunu have convinced me that we are able to make only very nominal advances in non-party mass work because of the opposition of political parties. Similarly, my experience in managing my strawboard factory was that positive labour policies were misused in narrow political interests.

Nevertheless, the non-party mass work movement has grown and today it encompasses ecological, civil liberties, rural development, science education, community health, eye camps, trade unions and farmers organisations. Yet, this movement is unable to decisively influence the national policies.

Secondly, the Janata experience has shown that all political parties have a tendency to degenerate. After all, the persons who join political parties do so because they have some ambitions to come to power.

It is my submission that a possible solution is for the non-party movement to consciously exercise a check on the political power. There already exist a large number of individuals who have a history of shunning power. Such persons do not see a role for themselves in today's dirty politics. The non-party mass movement has to consider supporting such clean persons to contest elections. These independent legislators, unrestricted by party diktats, could keep the government in check and also support mass workers. While this movement must stay away from power it cannot afford to stay away from politics.

I have recently made limited surveys in Bihar, Bengal, Orissa and Haryana and found that everywhere there already exist both politically conscious individuals and mass work organisations who are amenable to such political intervention. What seems to be wanting is a clear conception of the complementarity of each other.

The experience of independents in the elections so far is inadequate to draw conclusions because there has been no movement of independents, nor have they been backed by non-party mass organisations. We have to consider making a concerted effort to make such political intervention without wanting to come to power and without "organising" ourselves. We can establish communication between the individuals and the mass organisations locally with an understanding that we are part of a larger movement.

I seek your suggestions in this direction:

1. Whether it is realistic to conceive of a non-party movement on the basis of ideas alone?
2. Would you advise that we concentrate our energies on a small state like Haryana which is due for elections in 1987?
3. Can you suggest names of any people's candidates, non-party individuals, and mass workers with whom a dialogue could be started?

I hope you shall give me the benefit of your experience on the issues.

I am ~~now~~ considering making a serious attempt at Haryana. If you have any contacts there, pl do write.

Regards to Thelma

Yours Bharat

Sent PC 6/5

Arguments logical

Will send comments after vacation + Haryana contacts limited. Can send list of individuals elsewhere. RN

# Voluntary Work as Countervailing Power

Bharat Jhunjhunwala

## I

### The Framework

ONE common feature of the series of the three articles that appeared in the *EPW* in February 1984 by Rajni Kothari, D L Sheth and Harsh Sethi was their perception that although the voluntary work movement was significant, it lacked a theoretical framework in which to understand its role. Kothari calls it a "theoretical lag"<sup>1</sup> and Sheth mentions that they "suffer from the absence of a relevant theory of transformation".<sup>2</sup> This note is an attempt to make some suggestions towards such a theoretical framework.

As the name suggests the basic feature of voluntary work is that it is undertaken voluntarily and it is free from state control. There exists today a growing body of individuals who do not aspire to state power and yet want to contribute to the society meaningfully while preserving their independence. Their inspirations are varied—religious, ecological, science education, health, civil liberties, peasant organisation, relief and charity. They also have varied ideological orientations—religious, Gandhian or Marxist. Yet they are all in agreement that our system needs change.

In our increasingly integrated society social change requires direct interaction with the government at the national level. Such interaction requires organisation which, in turn leads to the loss of the independence of these voluntary workers. This is the basic duality that they confront—their independence and their commitment to social change. If they strive to preserve their independence then they have to, by definition, eschew organisation and that reduces their efforts to magnificent small experiments without being able to bring forth social change. Some method has to be found so that such individuals can be effective in social change without the loss of their independence. It is our submission that such a strategy may be that of a diffused countervailing power. These individuals and groups on the strength of their work already constitute a countervailing power structure. What is required is that they become conscious of their power.

Social change requires interaction with the national government. The government itself changes its colour. Thus this countervailing power structure has to be such that it can respond effectively to changes in the government. The government may be categorised as positive, intransigent or decadent. A positive government may be considered one that treats such voluntarism with due respect, solicits their suggestions regarding policies and also seeks their assistance in implementation of the various programmes,

particularly to overcome bureaucratic tyranny. An intransigent government may be considered one which ignores such voluntarism as irrelevant but is willing to make concessions under pressure. A decadent government may be considered one which is outright antagonistic to any suggestions or criticism from such voluntary workers and adopts a repressive policy towards them. The countervailing power must be such that can respond to any of these governments—it should be able to change its own form in response to change of government. The countervailing power must be able to guide the positive, pressurise the intransigent and displace the decadent government.<sup>3</sup> And it has to be able to achieve this without itself assuming power or losing its independence.

In order to achieve this objective, we submit that voluntary work has to have three dimensions: (i) relief and development; (ii) organisation of the masses; and (iii) interaction with the government.

The primary concern of voluntary work is the well being of the common man. It would, therefore, be futile to argue that relief and development acts against social transformation, for, what is the purpose of social transformation if not relief and development? It is a different question altogether if a decadent government obstructs such relief and development, in that case, these activities have to take the back seat and the emphasis has to shift on displacing such a decadent government. The relief and development work has value in all situations. It provides policy suggestions where the government is positive, it indicates the programme for pressurisation where the government is intransigent; and it leads to an alternate policy framework to be implemented upon the displacement of a decadent government.

The organisation of the masses is qualitatively different from relief and development in that the Voluntary Agency does organise development itself but organises the masses to demand development from the government. The difference between the two can perhaps be illustrated by an example. In relief and development work one would organise the distribution of fodder in famines and establish centres for artificial insemination for improvement of milk yields in the cattle. In contrast, in organising the masses one would organise mass protests against the Block Development Officers and the Primary Health Centres to make available the facilities that are reserved for them. The organisational dimension helps overcome the administrative trap. In undertaking large-scale relief and development work the Voluntary Agencies tend to get entrapped in administration and finance and also

corruption in their own ranks and the quality and credibility of their work suffers. By organising the masses the Voluntary Agency can cover a much larger area without falling into this administrative trap. Thus the limitation of size can partly be overcome by an organisational approach. Needless to add that organisation of the masses is the only method to raise mass consciousness. The masses are both the end and the means of social change. Thus the organisational work has to be undertaken in its own right.

Organisation of the masses also change its colour depending upon the government. It helps combat bureaucratic tyranny where the government is positive; it acts as a pressure where the government is intransigent; and it takes a revolutionary form where the government is decadent. The importance of the organisational dimension remains unchanged in all situations.

The third dimension of voluntary work is interaction with the government. Only by interaction can they overcome localisation and assume a national dimension. Our submission is that they must contest elections as independents without forming any party or federation. The objective is to reach a critical minority of volunteers to the assemblies and the parliament such that the ruling party is ideally reduced to a minority. Let us say that out of 500 seats in the parliament the ruling party has 200, the opposition 150 and independents 150. The ruling party will need the support of at least 50 independents to get any legislation through. This would mean that the thought of these 150 independents would become decisive although they are not in power. These independents could easily stop the passage of any bill or secure the removal of a corrupt minister. In this way the independents would require a national force without assuming power themselves.

It is not necessary or even desirable for the independents to form any organisation to either get elected or to coordinate their efforts in the parliament. There are inherent problems of corruption and degeneration if these independents were organised. Organisation would be inherently counterproductive to free debate and articulation. The debate among these independents would hold the key to legislation. Therefore, the less organised the better.

The second set of questions emerge on how do we anticipate to get independents in such large numbers elected? The masses have elected upto 10-12 per cent independents even when they had no conception of their role in the parliament. Most independents elected presently are not backed by mass work of the type mentioned above. Our masses have lately demonstrated great acumen in exercising their voting rights. It is our responsibility to explain to them the futility of merely changing the party in power and the necessity of electing in-

dependents to exercise check on a continuing basis on the party in power. There is no reason why, with a proper understanding of the decisive role of this critical minority, the masses would not elect 30-40 per cent independents. And we must also rely upon the masses to weed out the corrupt amongst the independents as well. Many power-hungry individuals and disgruntled elements desirous of power will surely try to pose as committed to such thinking. Any organisation of the independents to weed them out would itself stand the danger of corruption and decadence. Thus let us rely on the masses to decide upon the 'true' independent.<sup>4</sup>

In such a scenario the independents in the assemblies and parliaments would play the role of guiding a positive government, pressurising an intransigent government and exposing or replacing a decadent government. Without themselves assuming power they would act as a strong corrective. More importantly, in our era when all ideologies have been reduced historically outdated half-truths the debates among these independents would help arrive at correct policies. Thus, without starting from ideological positions we could start evolving a correct theoretical framework by a dialogue. In this context, the participation of independents from different ideological inspirations—Marxist, Gandhian, religious, nationalist, liberal and capitalist—is to be welcomed. What is essential is that those individuals eschew power and be engaged in developmental and organisational activity among the masses. Conscious of inadequacy of all ideologies we must invite dialogue to arrive at appropriate policies for our situations. This dialogue will essentially take place within these independent legislators backed by voluntary agencies and the government would have to be guided, pressurised or forced into following those policies. It is not the task of the government to evolve correct policies. The government's task is to execute them and that is all that we may expect from it.

## II

### The Motivation

For our suggestion to be meaningful we have to establish that there exist a large number of persons who do not want power. We invoke psychology to establish this proposition. The human psyche is largely formed during childhood. The childhood impressions become the unconscious desires or predispositions on being covered by the subsequent impressions of adult life. But they do not die out and continue to exert a powerful influence on the individuals' life. As adults some individuals become aware of their unconscious predispositions and by living according they achieve harmony within themselves; others do not become aware of their predispositions and continue to live a dichotomised life between their un-

conscious and conscious desires. Once a person does become conscious of his unconscious nature he begins to realise that other activities, however tempting they may appear, do not satisfy his self and thereby develops a capacity to resist those influences which distract him from his self.<sup>5</sup>

The unconscious predispositions may be towards science, arts, knowledge, money, power, ascetism, adventure, social esteem, etc. A person who realises that his self-affirmation lies in adventure would not be easily distracted by temptations of money or vice-versa. It would therefore be false to assume that every individual would inevitably desire to wield power if given an opportunity. It is of course correct to assume that those who seek self-realisation in power or money would tend to wield their power and money for their own enhancement rather than that of the society, because their own self-affirmation lies in more power and more money and not in the betterment of the society. In other words, while it is natural that those whose unconscious predispositions are those of money and power are likely to pursue their desires unscrupulously, it would be incorrect to assume that every individual would use money and power in his personal interest. It follows that the political parties aspiring to capture power are primarily constituted of such individuals who seek power and it must be accepted that they would pursue power *per se* irrespective of its implications for society. They are fundamentally not interested in society. They will pursue their own interests, i.e. power. For them 'corruption' would merely be a tactics to achieve their objectives. This would apply, it seems to me, to all political parties irrespective of their 'ideology'. We are deducing this proposition from the psychology of individuals who constitute these parties. To the individual, ideology too is but a means to satisfy his desires. Thus apparent 'ideological' convictions must be watched cautiously for they are more often than not likely to be means for capturing power. It is for this reason that voluntary workers have been ambivalent towards all parties in power whether it be BJP, Janata or CPM.

Psychoanalyst Eric Fromm submits that one of the deepest desires of all human beings is to overcome their separation from other human beings. In other words, Fromm feels that in each one of us is a deep longing to "unite himself in some form or other with men, with the world outside".<sup>6</sup> It is my submission that in many persons this desire is both pronounced and conscious. Such individuals seek to unite themselves with others positively (non-antagonistically) and consciously. Among them are also those who also realise that their nature is not to wield power and money because power and money inherently separate one from another. Among them are also those who have actually held power and money not found that satisfying and thenceforth shunned it. In a

sense, they have held, enjoyed, found inadequate, and transcended power and money. Thus we propose that there do exist such individuals who have understood their unconscious predispositions and the desire to be one with their fellow human beings harmoniously. Persons like Gandhi and Jayaprakash Narayan may be said to be more notable examples of this phenomenon. The same motivations surely exist in lesser mortals as well, but being 'lesser', they lack the ability to influence events individually and see no clear role for themselves in the present political context. It is our submission that a mere consciousness amongst such persons that as a diffused group they have a critical role to play in the national scene is sufficient to make them active. Such consciousness would enable them to perceive themselves as a part of a movement which is bound together by a common thought rather than a common organisation.

A problem arises in that the realisation of one's unconscious predispositions is an eminently personal affair. Thus they cannot serve as a criterion for public identification of such individuals. The solution to this riddle must be left to the masses. They must be the final judge as to who is not after power and money.

Thus we base our strategy upon the persons who realise their unconscious predispositions; preferably those who have transcended power and money; who are actively involved with the masses and who can stand their final scrutiny.

These things being so much in the domain of the individual are never definitive. It is inevitable that a good many persons apparently satisfying these criteria will themselves find that they still desire power and money and they may 'degenerate'. Such degeneration must be considered a part of the process and we may only rely on the masses to weed out such persons.

What is fundamental is to generate the consciousness that such individuals as a diffused group could form a countervailing power and force the government to work without requiring their own organisation. Such consciousness in itself would prompt such persons to intervene in the political processes on their own, a task that they presently disown because they see no role for themselves as isolated individuals.

In essence, by distinguishing between the predispositions of those who seek power and money and those who seek harmony with the people, we can create a countervailing force which is near power yet outside it, and which being rooted in the masses guides, pressurises or displaces the government without itself assuming power.

There are many tactical questions that would follow. These relate to finance, the question of purity of means, tactical electoral alliances, ideological and religious motivations, means of creating a national consciousness, etc, which have to be dealt

with as they arise. What can be asserted is that it is the independent individual himself and his involvement with the masses that are the central considerations. Ample scope for experimentation all secondary questions is to be encouraged so as to help clarify the issues themselves. Once the individual stands scrutiny we must leave the rest to him.

### III

#### Ideological Inspirations

We have already mentioned that ideology has been but one weapon in the hands of power-seekers to achieve their objective. We now briefly review the Gandhian, the Marxist and the Hindu ideologies in this reference.

Barely a few months after India achieved independence Gandhi realised that the Congress had outlived its use. The Congressmen in power were becoming corrupt. Power, Gandhi emphasised, inevitably corrupts. Thus Gandhi advocated that the Congress must be disbanded as a political party and must convert itself into an organisation of constructive workers: "By abjuring power and by devoting ourselves to pure and selfless service of the voters, we can guide and influence them. It would give us far more real power than we shall have by going into the government... There are about half a dozen constructive work organisations. I do not send them to the parliament. I want them to keep parliament under check by educating and guiding the voters."<sup>7</sup> Gandhian solution to the problem of controlling power was to establish a second foci of power in the constructive workers who without assuming power themselves would nevertheless be powerful and would be able to keep a check on the power of the politician.

The constructive workers did eschew power and devoted themselves to mass work. They may even have been in a position to decisively influence the voters if they had been more conscious of their own 'power'. But they confronted an altogether different problem. All the political parties were 'corrupt'. Where then was the choice? It mattered little whom they sent to the parliament. Thus the constructive worker could not play the role of keeping the parliament in check by being able to influence the voter. Since power inevitably corrupted the elections provided only a choice to the voter to choose from amongst the corrupt and the constructive worker could only influence that choice. This, Gandhi, had apparently not anticipated.

The solution to this riddle emerges if we realise that parliament cannot be kept in check by merely influencing the voters although that is absolutely necessary. The 'check' has to be exercised not only at the elections but within the parliament itself on a continuing basis by a group of constructive workers who abjure power. It is this critical minority of constructive worker parliamentarians that was lacking in

Gandhi's formulation.

Lenin confronted a similar problem after the Communist party had captured power in Russia. The task before the party had hitherto been to capture power. Now the task became to organise the economy. Lenin said that in this work the party must on the one hand check the administrative machinery of the state and on the other hand it must direct the whole peoples. Lenin emphasised the importance of the party and party leaders in evoking the creative work and participation of the peoples and he was opposed to any dilution of the role of the party *via-a-vis* the workers.<sup>8</sup> Thus Lenin was conscious of the two roles of the party—organisation of the masses and interaction with the government.

This would indeed be an ideal formula if (i) the party were to exercise control over the highest echelons of the government and the state; and (ii) the differences within the party could be resolved by an appeal to the verdict of the masses.

In Lenin's formula, however, the highest authorities in the government were those of the party and the party leadership could not be expected to exercise a check on itself. The party was only to exercise control over the bureaucrats, self-seekers, landlords, capitalists and opportunists who had sneaked into the party, the government, the Soviets or the working class movement. Thus the party could not be an effective check on a degeneration of the higher echelons of the government because they were party bosses as well. Secondly, in Lenin's formula, all factionalism (or dissent?) within the party was to be suppressed, if necessary by force, because once in power the "ideological and organisational unity of the party is no longer an inner party affair but a national requirement".<sup>9</sup> Thus when the Left Social Revolu-

tionaries attempted to take their issues to the masses, Lenin had them suppressed by force.<sup>10</sup> Thus the party could neither exercise a check on the government nor take an issue to the masses. The party was an unchecked entity in which all power of the state and all venues of appeal to the masses were concentrated.

In this way Lenin himself laid the foundations of degeneration of the CPSU: "Comrade Stalin, having become General Secretary, has unlimited authority concentrated in his hands, and I am not sure whether he will always be capable of using that authority with sufficient caution... Stalin is too rude... I suggest that comrades think about a way of removing Stalin from that post and appointing someone else... being more tolerant, more loyal, more polite and more considerate to the comrades, less capricious, etc".<sup>11</sup> Note that Lenin writes of "thinking about a way of removing Stalin", i.e., there was no internal machinery to check such capriciousness!

The only solution is for the party to disown power fundamentally and undertake the role of organising the masses and checking the government on a permanent basis. And to check degeneration within even such a party the less organised and the more diffused the better. When confronted with a decadent regime like that of the Czar, such a party, however diffused, may well put its might behind a more progressive leadership. But once the party assumed power itself all checks in the system vanished.

The Indus Valley civilisation far excelled its contemporary Egypt, and the Gupta Golden Age prospered in India when the Roman Empire was destroyed by barbarian invaders. It is our submission that such unparalleled achievement has its roots in two

#### THE INDIAN ASSOCIATION FOR WOMEN'S STUDIES

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checks upon the king that were built into our political system. The first check, common perhaps to most civilised world, was of one king upon the other. Conquest was supposed to be the chief ambition of a king and success was considered to be contingent upon a prosperous and lightly taxed populace. Thus the king was advised to strive for mass prosperity and avoid acts of popular fury. In this way the fear of other kings served as a protection against over exploitation of the masses.<sup>12</sup>

This, however, was not sufficient. The king was advised to appoint councillors on the basis of merit, to listen to these Brahmins and to stand by their decisions. These Brahmins were powerful and even stronger than the king himself.<sup>13</sup> The king was advised not to touch the high born people as they could cause trouble not to punish an assembly of influential men as it could backfire.<sup>14</sup> These Brahmins, although not wielding power directly and primarily engaged in study and teaching could be expected to be more objective in their perception of the reality and therefore could guide the king properly.

A king who did not abide by these dictums incurred the wrath of the Brahmins who might have even organised a mass revolt against such an impious king. Likewise *Arthashastra* advocates that the people must march against a wicked king and Kosambi mentions that the peasants oppressed by heavy taxes would go on a strike by refusing to cultivate their lands. *Manu Smriti* also recommends the boycott of a bad king.<sup>15</sup> The Brahmins were on the other hand engaged in winning over people by their open and disseminated teaching and by acting as technological innovators and pioneers in undeveloped areas by improving agriculture and cattle-breeding.<sup>16</sup>

In this manner the Brahmin-councillor, rooted in the masses, was a powerful check on the king although not himself in power. He would guide a wise king as his councillor and organise intrigues or mass revolts against a bad king.

There was a difference between the Brahmin and the Kshatriyas. The duty of the Brahmin was to study and teach and he was advised to "ever shrink from honour and should always be desirous of disrespect because he thus sleeps with comfort". He was supposed to live by his intelligence and his main weapon was his speech.<sup>17</sup> In contrast the duty of the Kshatriya was to undertake protection of the people and to achieve conquest of other lands.<sup>18</sup> He had to administer punishment to the errants as prosperity was supposed to exist where punishment was meted out correctly.<sup>19</sup> Although he occupied the chair he incurred the displeasure of many and was continually subject to intrigues, assassinations, defeats, etc. In this manner the temperamental requirements of the Brahmin and the Kshatriya were very different which made one abjure

the role of the other while continuing to exercise a check upon the other.<sup>20</sup>

It is, therefore, our submission that the central issue is that of controlling the government. This control can be effectively exercised by independent persons who are both rooted in the masses and close to power although not wielding power themselves. These independent persons are the Gandhian constructive worker, the Marxist Party comrade and the Hindu Brahmin. In specific circumstances where a government is decadent these independents may focus upon their mass organisations and lead a mass revolt for the replacement of the decadent leadership. But thereafter they must not assume power themselves but again act as a guide and a check upon the new leadership. If they were to assume power they would themselves be subject to all the degenerations that are attendant to the exercise of power. This diffused countervailing power already exists. We have to become conscious of it. Ideas become a material force once they grip the masses. It is the idea that we must clarify.

### Notes

- 1 Rajni Kothari, 'The Non-Party Political Process', *EPW*, February 4, 1984, p 222.
- 2 D L Sheth, 'Grassroots Initiatives in India', *EPW*, February 11, 1984.
- 3 Marx writes, "At a certain stage of development, the material productive forces of society come into conflict with the existing relations of production... From forms of development of productive forces these relations turn into their fetters. Then begins an era of social revolution". "Preface to a Contribution to the Critique of Political Economy", Progress, Moscow 1970, p 23. In Marx's paradigm a positive government is one which acts in favour of development of productive forces, an intransigent government is one which allows productive forces to grow under pressure, and a decadent government is one which positively thwarts the growth of productive forces by preserving those relations of production which have become fetters on the growth of production and thus begins an era of social revolution, i.e. displacement of a decadent leadership.
- 4 Harsh Sethi, 'Groups in a New Politics of Transformation', *EPW*, February 1984, p 310, mentions the dislike for authority and hierarchy among the voluntary workers. This dislike is well founded.
- 5 The conflict between conscious and the unconscious is the central contribution of Freud. See Richard Wollheim, "Freud", Fontana, London 1971, for a concise exposition. R D Laing has emphasised the importance of early childhood impressions. See his "The Facts of Life", Penguin, 1977. The importance of knowing one's inner nature has also been emphasised by humanist psychologists like Abraham H Maslow, "Towards a Psychology of Being", Van Nostrand Reinhold, New York, 1968. The

same thought is expressed in *The Gita* III. 33: "the man of knowledge acts in accordance with his own nature".

- 6 Eric Fromm, "The Art of Loving", Bantam, New York, 1963, p 6.
- 7 D G Jendulkar, "Mahatma", Vol 8, Publications Division, 1969, pp 227, 283.
- 8 "V I Lenin: A Biography", Progress, Moscow, 1966, pp 420, 430, 460, 470.
- 9 N K Krupskaya, "Reminiscences of Lenin", New World, New York, 1970, pp 533-6; "V I Lenin: A Biography", op cit, p 462.
- 10 Krupskaya, op cit, pp 476-7.
- 11 "V I Lenin: A Biography", op cit, pp 549-50.
- 12 A L Basham, "The Wonder That Was India", Rupa 1982, pp 90, 126; R Shama Sastry, "Kautilya's Arthashastra", Mysore Printing and Publishing House, Mysore, 1967, pp 287, 296, 308.
- 13 A C Burnell, "The Ordinances of Manu" (*Manu Smriti*), Kalyani, Ludhiana, 1922, p 328; Basham, op cit, p 101.
- 14 Sastry, op cit, pp 364, 385.
- 15 Basham, op cit, pp 28-30; D D Kosambi, "Ancient India", Maridian, New York, 1969, p 52; Sastry, op cit, p 300; Burnell, op cit, p 89.
- 16 Kosambi, op cit, pp 121, 172.
- 17 Burnell, op cit, pp 13, 35, 329.
- 18 Sastry, op cit, p 6; Basham, op cit, p 126.
- 19 Sastry, op cit, p 8; Burnell, op cit, p 152; Basham, op cit, p 115.
- 20 Basham, op cit, pp 126, 142; Burnell, op cit, p 301.

### Japanese Foreign Investment

JAPAN's foreign investments ranked third in the world in 1984, up from fourth place and surpassing West Germany, according to a white paper just released by the Japan External Trade Organisation. Japan's outstanding investments amounted to \$ 37.92 billion, a 6.9 per cent share of the world's total \$ 549 billion in investments. Japan lagged far behind the United States \$ 233.4 billion (42.5 per cent) and Britain's \$ 85.3 billion (15.5 per cent), but was just ahead of West Germany's \$ 36.6 billion (6.7 per cent). At the end of 1983, West German investments abroad had stood at \$ 38.9 billion or 7.19 per cent of the world estimate of \$ 540.8 billion, compared to Japan's \$ 32.2 billion or 5.95 per cent.

The 17.7 per cent increase in Japanese investment abroad in 1984 was due partly to sharp increases in investments in North America and Europe. Japan's direct investments in the US in 1984 totalled \$ 3.4 billion, almost double the figure for the previous year.

Of the total world foreign investment of \$ 549 billion, which represented a 1.5 per cent increase over the earlier year, \$ 455.7 billion, or 93 per cent, was shared by six major industrialised countries, including Canada \$ 31.3 billion and Netherlands \$ 31.2 billion, in addition to the four countries already mentioned.

# **USAID - PVOH - II**

## **WORKSHOP ON PARTICIPATORY DEVELOPMENT**

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## 2. What is Participatory Evaluation?

Participatory evaluation is a process of collaborative problem-solving through the generation and use of knowledge. It is a process that leads to corrective action by involving all levels of users in shared decisionmaking.

The most important principle guiding participatory evaluation is the utilization of findings at different levels and in different ways. When stakeholders are involved in the process that leads to the findings, the likelihood increases that they will use the findings to take corrective action.

The partnership approach to problem-solving differs from the usual process of project evaluation. The users became actively involved in the development of the evaluation framework, in data collection and assessment, and in the planning of follow-up activities. As a result, corrective actions can often be taken directly and promptly, and the evaluation process itself contributes to the building of local capacity for decisionmaking and community-centered development. Participatory evaluation is thus crucial when the overall goal of development efforts includes local capacity building.

Fully involving users means reaching out to anyone affected by decisions that are made: local community members; government and community officials; project and program staff. As the primary users of improved water and sanitation services, women are particularly encouraged to play a pivotal role.

Participatory evaluation does not preclude the involvement of external experts, or hiring people for different aspects of data collection. However, the expert plays a facilitating role in partnership with the community or program staff, rather than being the "expert supreme" who decides in isolation how the evaluation will be conducted.

Results from participatory evaluation procedures can usefully feed into conventional evaluation exercises required by most agencies at midterm and upon completion of a project. However, since the essential nature and purpose of the two processes is different, their respective methodologies are distinct and should not be confused. These differences are summarized in the box on page 12.



## Characteristics of participatory evaluation

Among the distinguishing characteristics of participatory evaluation are:

- Collaboration
- Problem-solving orientation
- Generating knowledge
- Releasing creativity
- Using multiple methods
- Involving experts as facilitators

### Collaboration

The process of building local capacity through collaboration is more important than the methods used or the output. Usually the collaborative process improves the quality of the output and the relevance and interpretation of findings.

Collaborative decisionmaking among all those affected by project decisions includes "beneficiaries" as well as program and project staff. Special efforts are made to ensure meaningful

participation of those traditionally overlooked—women, children, the poor and junior project staff such as extension workers.

Project staff are closely involved with the users in collecting data and responding to requests for technical advice. However, simply asking community people to respond to questionnaires does not qualify as meaningful participation. Similarly, merely including women on household survey teams does not equate to women's involvement or collaboration.

### **Problem-solving orientation**

Participatory evaluation is oriented toward developing an understanding of a problem or situation in a way that can lead to timely action and resolution.

The driving force is not accountability to outsiders, but rather human growth and development at the local level. Community participation taps into the creative potential and knowledge of people and further builds their capacity to direct their own development. Thus, participatory evaluation becomes a process whereby the participants in a development project are empowered to learn and take effective action in solving problems.

### **Generating knowledge**

Participatory evaluation aims to generate knowledge among local people, at the community and at the project level. When users are actively involved in data collection processes, information becomes transformed into knowledge and leads to self-sustained action. Consistent with the goal of capacity building, knowledge generation can be distinguished from information collection in several key ways:

- Information is bound up with reports or machines; knowledge with people
- Information often consists of discrete, unrelated units; knowledge consists of a network of interrelated units comprising a whole system
- Information can be collected easily through multiple choice questionnaires and surveys; systems of knowledge cannot
- Information can be controlled by a few; knowledge resides in all
- Information without context has little value; knowledge involves interpretation and attaching meaning to information.

### **Releasing creativity**

An interviewer arriving in a village with questionnaires in hand knows just how difficult it can be to get people to sit down long enough to give frank answers to questions.



### Box 2-1. Differences Between Conventional Evaluation and Participatory Evaluation

<b>Who</b>	External experts	Community members, project staff, facilitator
<b>What</b>	Predetermined indicators of success, principally cost and production outputs	People identify their own indicators of success, which may include production outputs
<b>How</b>	Focus on "scientific objectivity"; distancing of evaluators from other participants; uniform, complex procedures; delayed, limited access to results	Self-evaluation; simple methods adapted to local culture; open, immediate sharing of results through local involvement in evaluation processes
<b>When</b>	Usually upon completion; sometimes also midterm	Merging of monitoring and evaluation, hence frequent small evaluations
<b>Why</b>	Accountability, usually summative, to determine if funding continues	To empower local people to initiate, control and take corrective action

Participatory methods are creative and fun, and learning in this environment builds self-esteem and confidence essential for initiating action. People become involved in defining and carrying out the work. Through the participatory process, tasks like mapping, drawing and sorting pictures release such energy and enthusiasm that the challenge often becomes bringing the process to a close rather than struggling to keep it going.

### Using multiple methods

Participatory methods are eclectic, borrow from many disciplines, and are adapted to meet the specific jobs at hand. If available tools are considered inappropriate, new tools are created.

Validity and reliability are achieved through the use of multiple methods and by including different users and stakeholders in consensus building. Because those affected by a project are included in the decisionmaking, with consensus governing the process, large sample surveys are unnecessary. Since community members have many demands on their time, shortcut simple methods of sampling, data collection, and analysis are preferred.

With emphasis placed on the use to which findings are put, results are disseminated in a variety of ways adapted to user preferences—slides, videos, pictures, stories, role plays, discussion groups, workshops, and written reports of different lengths and different formats.



### Involving experts as facilitators

The role of the external expert, if any, is to facilitate shared decisionmaking throughout the entire process of participatory evaluation, including identifying the purpose of the evaluation and selecting methods of data collection and analysis, field implementation, and disseminating and acting upon findings. If experts are involved, their role is to merge specialized expertise with local experience and indigenous knowledge and learning systems.

The task of the facilitator is to share ideas, help people consider options, and let the process be taken over as far as possible by users, community people, and project staff.

In addition to the technical skills they bring, participatory evaluators must also have strong skills in facilitation, as well as humility, respect for others, and the ability to listen. They must also have a strong belief in human potential and a high tolerance for ambiguity. When many people are involved in decisions and tools have to be adapted or developed to fit the local situation, decisionmaking naturally takes longer and is less clear-cut initially than when one person or a small group is in control.



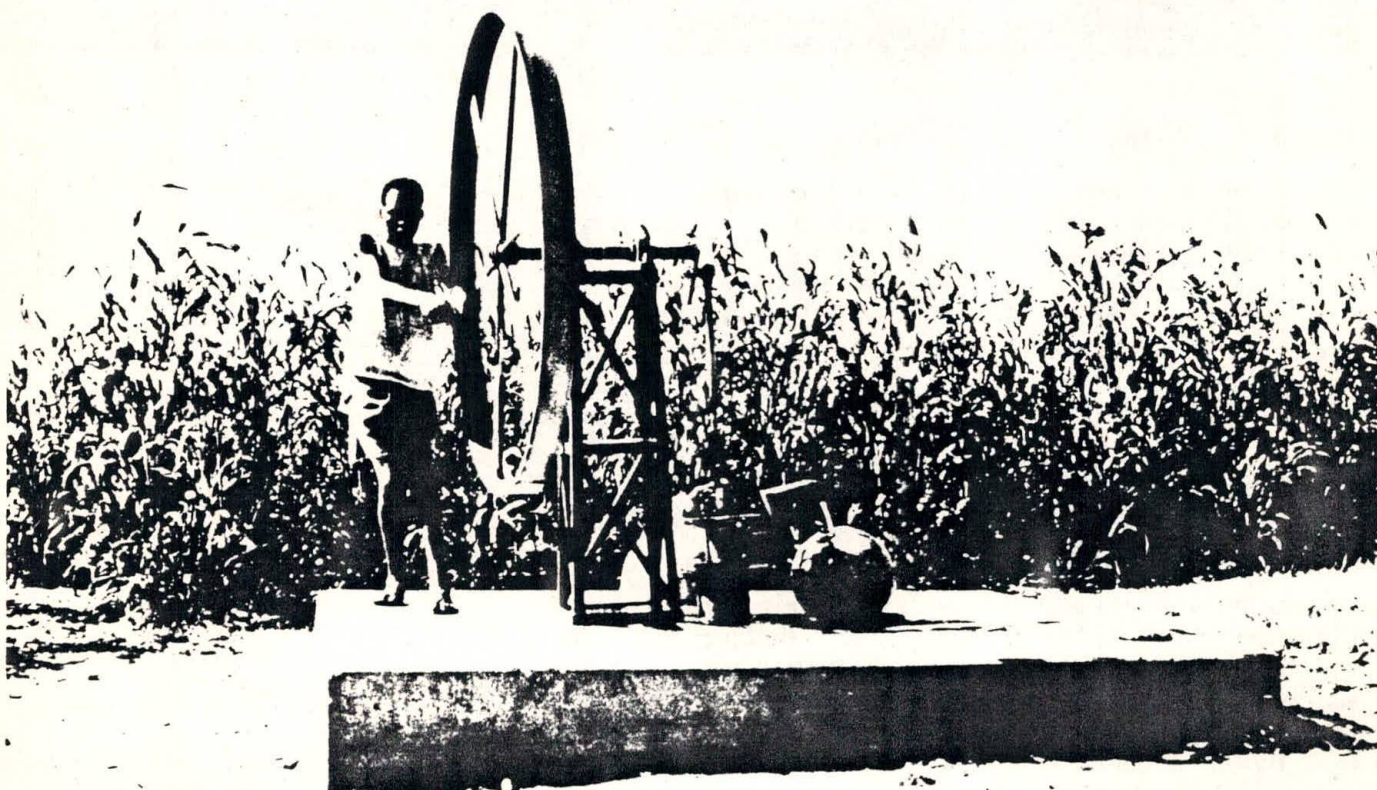
However, because participatory evaluations use simpler, shortcut methods, the overall process is usually quicker than conventional evaluation.

## The participatory evaluation cycle

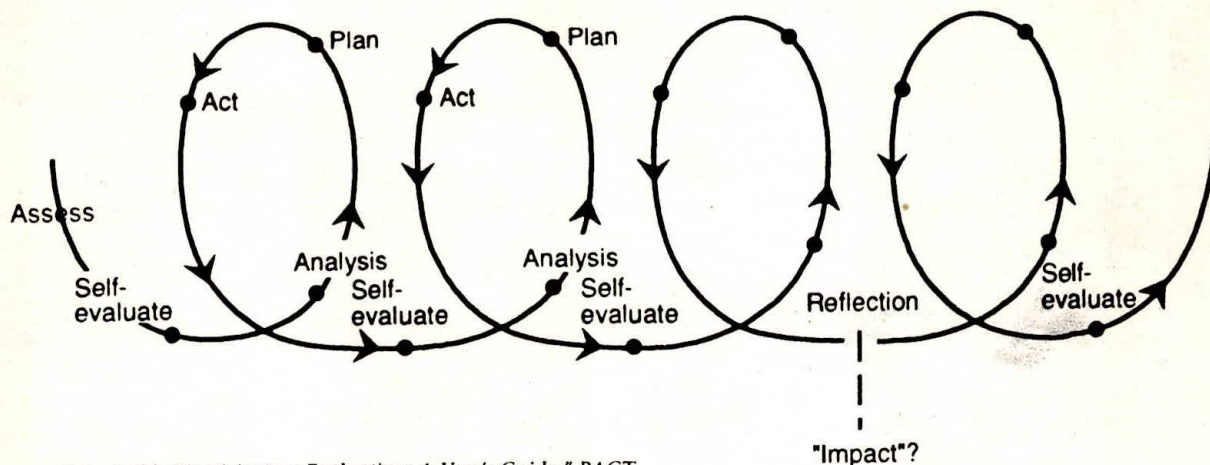
Agencies committed to supporting community self-evaluation processes invariably find that they must adopt similar approaches themselves. More than a technique, participatory evaluation is a framework from which to operate.

Hence, it is important for project agency staff not only to be familiar with the methodology of supporting community involvement in evaluation, but also to utilize similar approaches in their own work at the agency project level.

At the project level, self-evaluation takes place frequently and at any stage in the project cycle. The distinction between monitoring and evaluation then becomes blurred, as information steadily flows through the project, to be analyzed and used to shape plans, and bring about corrective action.



**Figure 2-1. The Participatory Evaluation Cycle**



Source: Jake Pfohl, "Participatory Evaluation: A User's Guide," PACT.

Whether at the community or the project level, the following questions must be answered to create this information flow and conduct an evaluation:

- What are the objectives of the evaluation?
- What are the issues and problem areas that must be addressed, and what information is needed to do so?
- How should the information be collected?
- Who should collect the information, and from whom?
- How will the data be analyzed?
- What does the information mean?
- Given the meaning of the information, what actions are appropriate and who will take them?

Local stakeholders—those who will be affected by a project and must have the capacity to sustain and make it effective—are involved in asking and answering these questions. Local people participate in deciding whether an evaluation should be undertaken, defining the purpose of the evaluation and determining how the information is collected and used in follow-up actions.

Many books and guidelines on conducting evaluations already exist, and such readily available information does not need to be reproduced here. Some examples of workshops that have focused on differing evaluation objectives, and changing *conventional* evaluation to *participatory* evaluation are included in the appendixes. The following guidelines, however, are important to keep in mind when adopting participatory evaluation methods.

### Keep your methods simple

While the methods used depend upon the purpose of the evaluation, in general, participatory evaluation calls for simple, shortcut methods throughout the entire evaluation cycle.

### Field Insight—Sri Lanka

In a village in Sri Lanka, the village water committee requested the assistance of an external evaluator to determine why the level of community interest in and financial contribution to a water project was so low. Working with the committee, the evaluator developed a very brief questionnaire and then probed in depth one or two issues of particular interest to the committee. Since the community was small, every adult was interviewed.

The data were analyzed and a meeting was held with the village women to discuss the findings. What emerged was a perception among the women that the burdens and benefits from the planned piped water system would be unequal. Specifically, the higher castes and those that were better off were thought to be contributing less and benefiting more because of the proximity of the water to their houses.

Meetings were held with all the stakeholders and solutions negotiated. The layout of the piped system was changed to ensure a more equitable distribution of the network.

Source: Adapted from Taherunessa Abdullah and Marieke Boot, IRC, 1990.



For example, use informal sampling methods where possible, and sample from different parts of a settlement: the rich and the poor, the users and the non-users, men and women, and so forth.

Checklists can be extremely useful, especially when developed in collaboration with project staff and community people. These can be used for interviews, group discussions, observations and to direct household surveys.

### **Make a special effort to include women**

Participatory methods are very useful in reaching those who are often excluded in decisionmaking, particularly women. However, unless special efforts are made to involve women and build their confidence, they will usually be bypassed in participatory evaluation activities, as well. Commitment and sensitivity to this issue are essential throughout the evaluation cycle to ensure inclusion of women and improvement in the quality of their lives.

### **Involve the users in analyzing data**

Data analysis techniques that involve users in discussing findings and formulating recommendations and follow-up actions are more effective than meetings in which final reports and recommendations are presented.

Involving community members in activities such as drawing or making a three-dimensional map can become the basis for participatory planning, monitoring change and for data analysis and evaluation.

Supplement brief written reports with alternative methods for disseminating findings, such as community and project staff workshops, photographs, slides, videotapes, open-ended stories, or role plays. All have proven useful in increasing the likelihood of follow-up action.

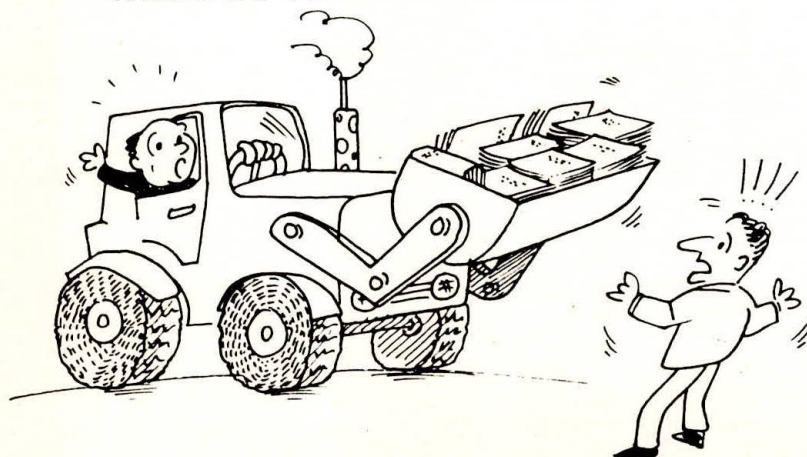
### **Don't sacrifice effectiveness for "accuracy"**

The purpose of self-evaluation is to enable the users to undertake new or corrective action. The issue of the accuracy and detail of the information collected must be viewed within this context. In most situations, the margin of error or lack of precision that can be tolerated is much higher than that for scientific, academic, rigorous research.

For example, traditional household surveys devote much time and effort to accumulating detailed information on family size, household composition, income and wealth. However, whether household size is 6.7 or 6.1 has little implication for the community in designing water and sanitation systems. The same is true in trying to assess income by rigorously counting chickens and land plot size.

For the purpose of participatory monitoring and evaluation, ranking households into three categories may be all that is needed. Since rural communities usually have intimate knowl-

### **Where Do You Want This Evaluation?**



Source: "Evaluating AIDS Health Promotion," WHO Report, Issue II.



edge about themselves, they can quickly rank families by size, wealth (rich, average, poor), presence of children under five years of age, female-headed households and so on.

On occasion, greater accuracy may be desired, such as when the number of diarrhea episodes is being tracked. Here too, experience indicates that village women, using a calendar and simple drawings, can keep track of the number of diarrhea episodes of their children.

### **Get only the information you need**

The biggest temptation in any evaluation is to try to find out everything at the same time. Resist the temptation, and help other people resist it! The guiding principle should be "optimal ignorance." Generating information that is unnecessary to the purpose of the evaluation is a misuse of time and vital resources. If information needs are varied, use a phased approach; evaluate a few issues in depth and get a general sense of the other issues.

### **There is no formula**

There is no formula for participatory evaluation. The only way to learn is through action. The question to keep always in mind is: "Does this process help users generate information to solve problems they have identified, using methods that increase their capacity to solve similar problems in the future?"

Any tool or technique can be participatory or not depending on how it is used. The key is who makes the decision and who is in control. Project staff and evaluators often find that one of the most difficult challenges in participatory evaluation is giving up total control, or "letting go" of their notion of the right way, the right question, the right wording, the right order, the right answer.

While there are as yet very few documented examples of "pure" participatory evaluation in the water and sanitation sector, there is gradual movement toward participatory applications of conventional techniques, as well as the creation of new tools and techniques that can be put in the hands of local people.



### Box 2-2. Start, Stumble, Self-Correct, Share

Participatory Rapid Appraisal (PRA) is one among a family of approaches for reversing centralization, standardization, and top-down development. PRA enables and empowers the poor to do more of their own analysis, to take command of their lives and resources and to improve their well-being as they define it.

The core of good PRA is our own behavior and attitudes. It involves:

- being self-aware and self-critical
- embracing error
- handing over the stick
- sitting, listening and learning
- improvising, inventing, adapting
- using our own best judgment at all times.

So we can ask who lectures, who holds the stick, whose finger wags? Whose knowledge, analysis and priorities count?

Ours? Theirs, as we assume them to be? Or theirs as they freely express them?

Good PRA is empowering, not extractive.

Good PRA makes mistakes, learns from them, and so is self-improving.

Good PRA spreads and improves on its own.

So start. Do not wait. Get on with it. Relax. Try things. Learn by doing. Experiment. Ask: what went well?; what went badly?; what can we learn?; how can we do better?; how can we help others to do better?

PRA is what we make of it. It is a potential, not a panacea. If you do not like it, leave it. No one will mind. It is not for everyone. But if you like it, and use it, share and help others to share. Have a go. Why not?

Source: Condensed from Robert Chambers, 1992.



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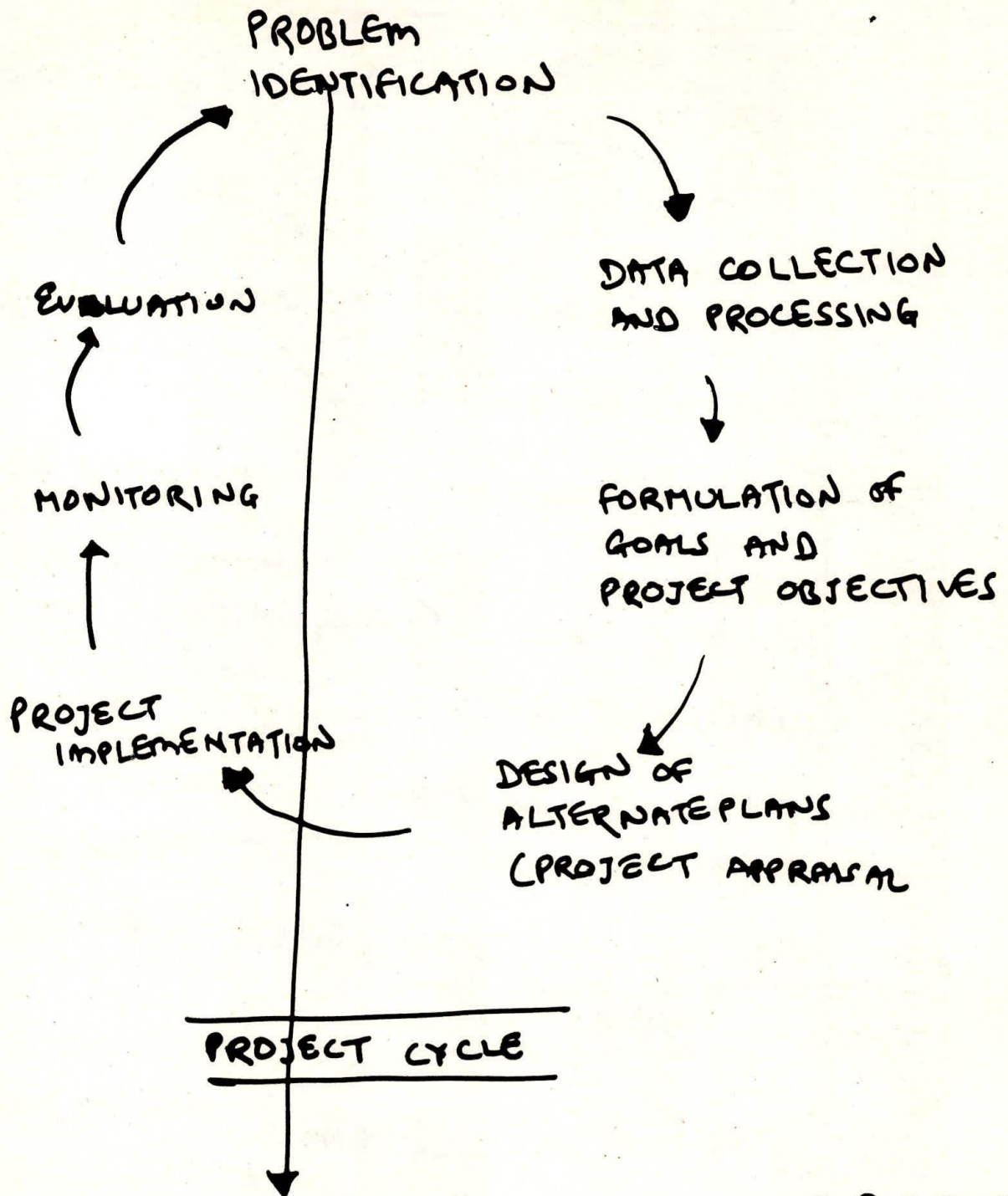
## **WORKSHOP ON PARTICIPATORY DEVELOPMENT**

**May 6 - 10, 1996**

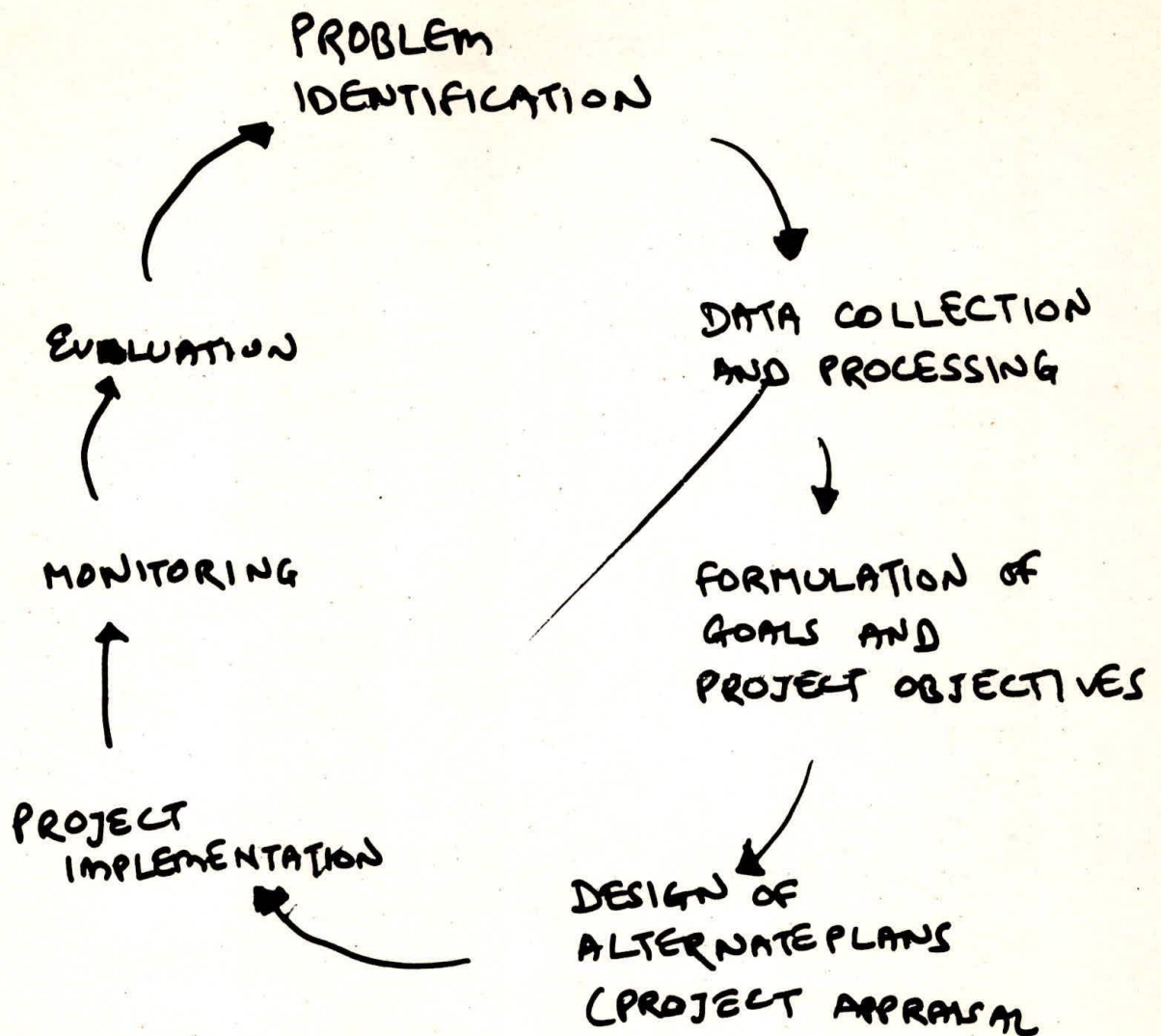
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# PARTICIPATORY DEVELOPMENT

- AS CREATING ACCESS TO RESOURCES AND SERVICES
  - AS ENABLING TO ARTICULATE THE CAUSE OF NON-ACCESS AND CONTROL OVER SERVICES AND RESOURCES
  - AS DEVELOPING ORGANISED FORMS/ COLLECTIVE STRENGTH TO EXERCISE ACCESS AND CONTROL
  - AS ADDRESSING BOTH BASIC NEEDS AND STRATEGIC NEEDS
  - LIBERATING FROM EXTERNAL DEPENDENCY EXERCISING SELF-SOCIAL CONTROL
  - AS ESTABLISHING SELF RELIANCE
- FOR THE DISADVANTAGED/ MARGINALISED/ POOR/ WOMEN
- KEY VALUES :
- \* VALUING PEOPLE'S KNOWLEDGE
  - \* FAITH ON PEOPLE'S CAPACITY TO LEARN & CHANGE
  - \* MUTUALITY OF LEARNING AND RESPECT

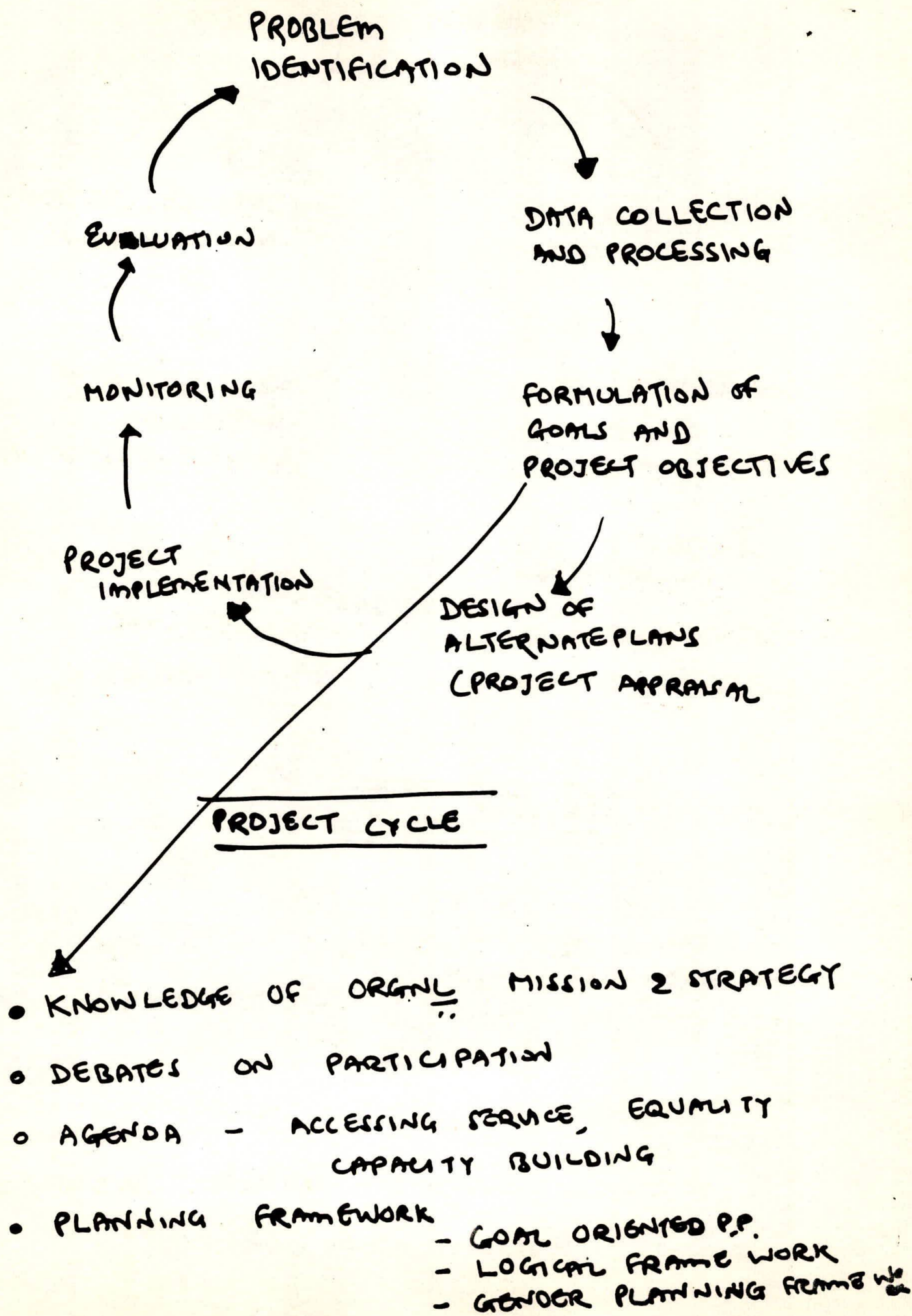


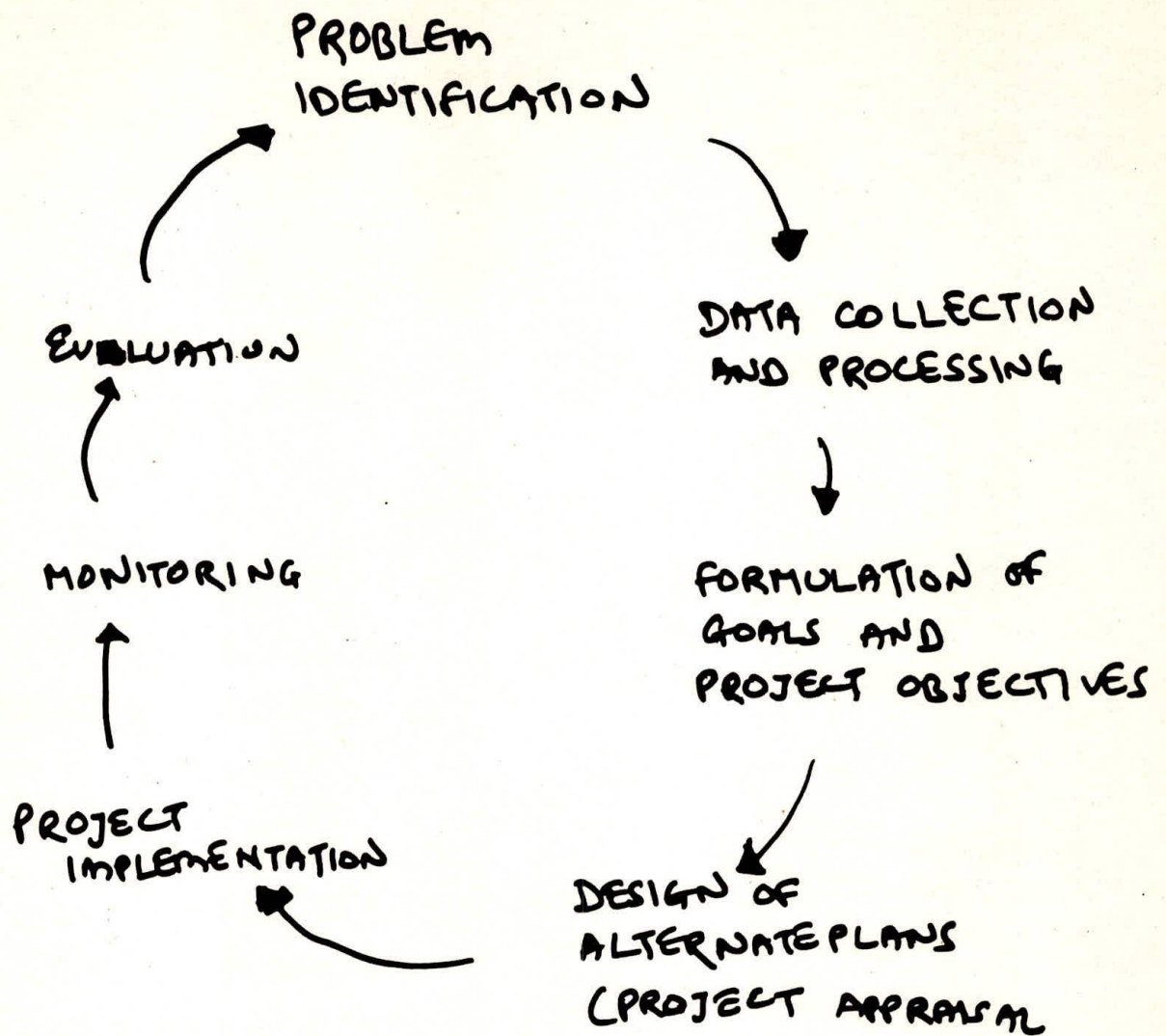
- DEGREE OF DEPRIVATION - RELATIVE POSITION NOT CONDITIONS
- ACCESS AND CONTROL Qs
- BASIC NEEDS , STRATEGIC NEEDS
- TIME AND ENERGY SPENT
- DECISION MAKING PROCESS AT FAMILY, COMMUNITY LEVEL



### PROJECT CYCLE

- USE MICRO DATA - HOWEVER INSIGNIFICANT IT MIGHT BE
- RECORD ALL ACTIVITIES
- DO NOT ASK MEN ABOUT THE PROBLEMS OF ♀♀  
UPPER CASTE " " " DALITS
- USE PARTICIPATORY METHODS FOR DATA COLLECTION AND ANALYSIS
- ADOPT HOLISTIC APPROACH





### PROJECT CYCLE

• EXAMINING CONGRUENCE WITH MISSION

• WITH INT. CAPACITY

• RESOURCES AVAILABLE

• MEETING EXTERNAL DEMANDS  
& EXPECTATIONS

# ACCESS AND CONTROL PROFILE

<del>Resource</del> <del>Access</del> <del>Control</del>	ACCESS		CONTROL	
	M	F	M	F
RESOURCE ACCESS AND CONTROL				
BENEFITS ACCESS AND CONTROL				

# HARVARD METHOD ANALYSIS

## ACTIVITY PROFILE

### ACTIVITY

A. PRODUCTION OF GOODS AND SERVICES	FA	HA	FC	MC	FE	ME	LOCATION
	TIME	TIME	TIME	TIME	TIME	TIME	
1							
2							
3							
4							
5							
...							

### B. REPRODUCTION AND MAINTENANCE OF HUMAN RESOURCES

1							
2							
3							
4							
5							
6							
...							

PLAN

NEED

1. WHAT IS THE RATIONALE OF THE PROJECT? WHAT NEED ATTEMPTING TO ADDRESS?

2. WHAT THE PROJECT HOPES TO ACHIEVE?

3. WHAT THE PROJECT GOING TO DO

4. RESOURCES, STAFF, TRAINING, SKILLS REQUIRED

DEVELOPMENT  
HYPOTHESIS  
8. IF THE PROJECT OBJECTIVES WERE ACHIEVED HAS IT CONTRIBUTED TO SOLVING THE NEED? REDESIGN

PROJECT

ASSUMPTIONS

7. HAS THE ACTIVITIES HELPED IN ACHIEVING THE OBJECTIVES? REDESIGN

IMPLEMENTATION

ASSUMPTIONS

6. ARE THE RESOURCES AND ASSUMPTIONS OUTSIDE THE CONTROL OF THE PROJECT HELP IN CARRYING OUT THE PROJECT? REDESIGN

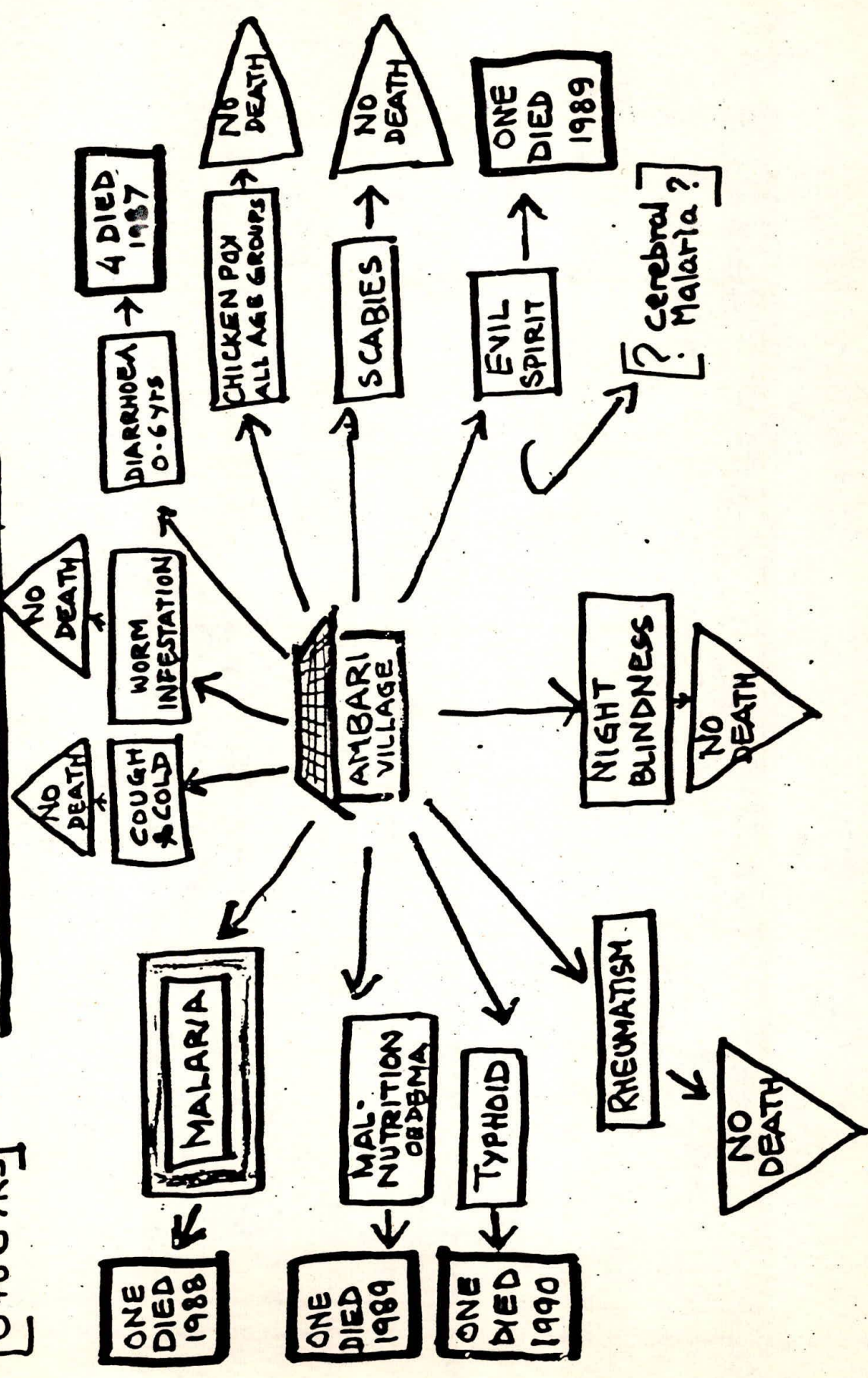
CRITICAL CONDITIONS

5. ANYTHING MUST HAPPEN BEFORE THE PROJECT COMMENCES

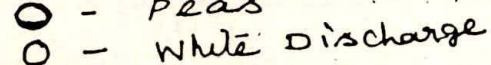
	PROJECT STRUCTURE	PROGRESS INDICATORS	MEAN. OF VERIFICATION	CRITICAL ASSUMPTIONS RISKS
WIDER OBJE- CTIVES				
PROJECT OBJEC- TIVE.				
ACTIVI- TIES/ OUTPUT				
RESOUR- CES/ INPUT				

# CHILD MORTALITY

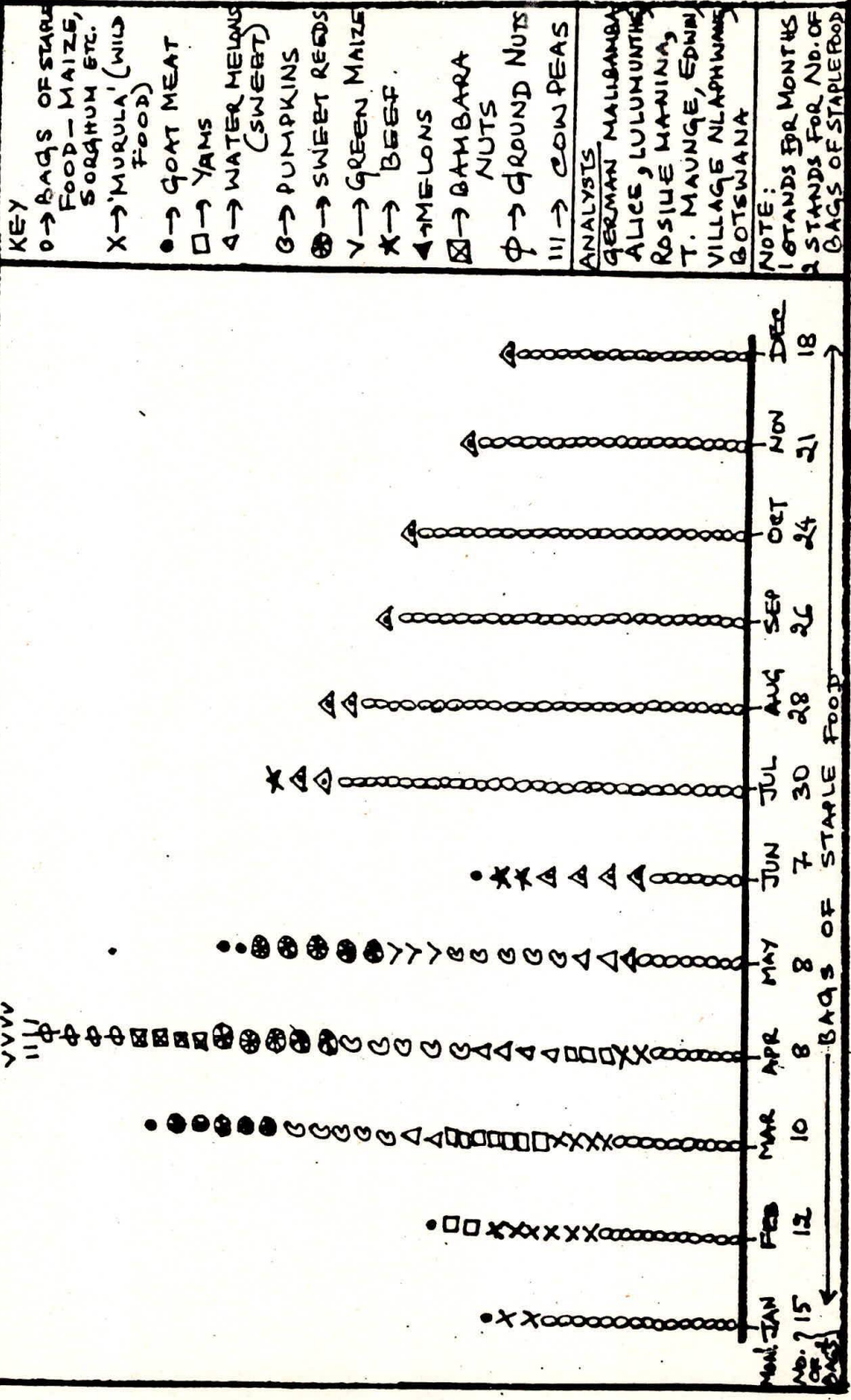
[AGE GROUP  
0 to 6 YRS]



VILLAGE MODEL  
(TRANSFERRED IN TO CHART)



# - FOOD CALENDAR, VILLAGE NLAPHWANE, BOTSWANA



# **USAID - PVOH - II**

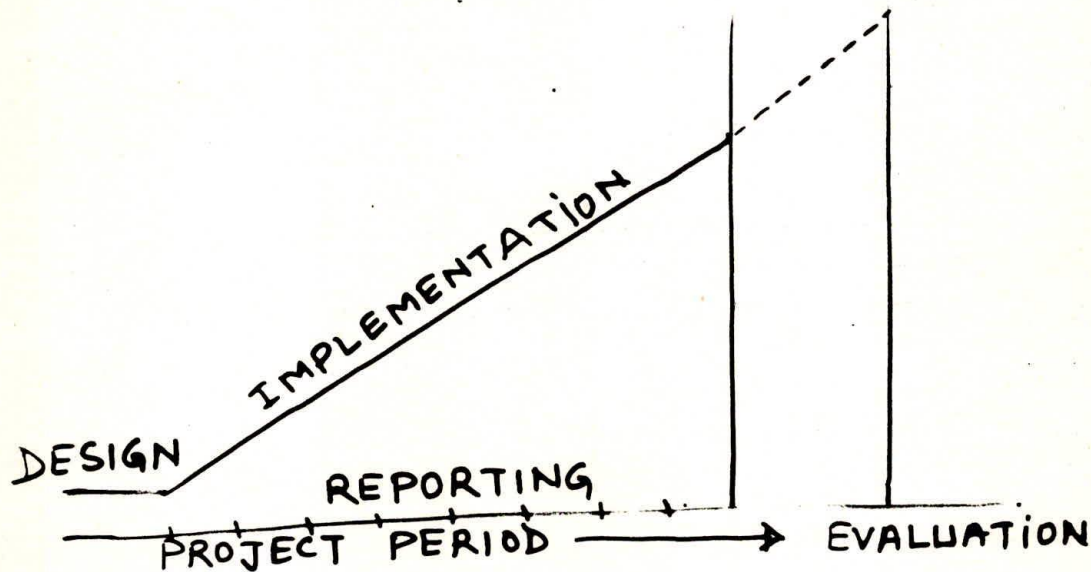
## **WORKSHOP ON PARTICIPATORY DEVELOPMENT**

**May 6 - 10, 1996**

*Society For Participatory Research In Asia*  
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# MEANING OF MONITORING AND EVALUATION IN OUR PROJECT CYCLE

## TRADITIONAL METHOD



## KEY CHARACTERISTICS :

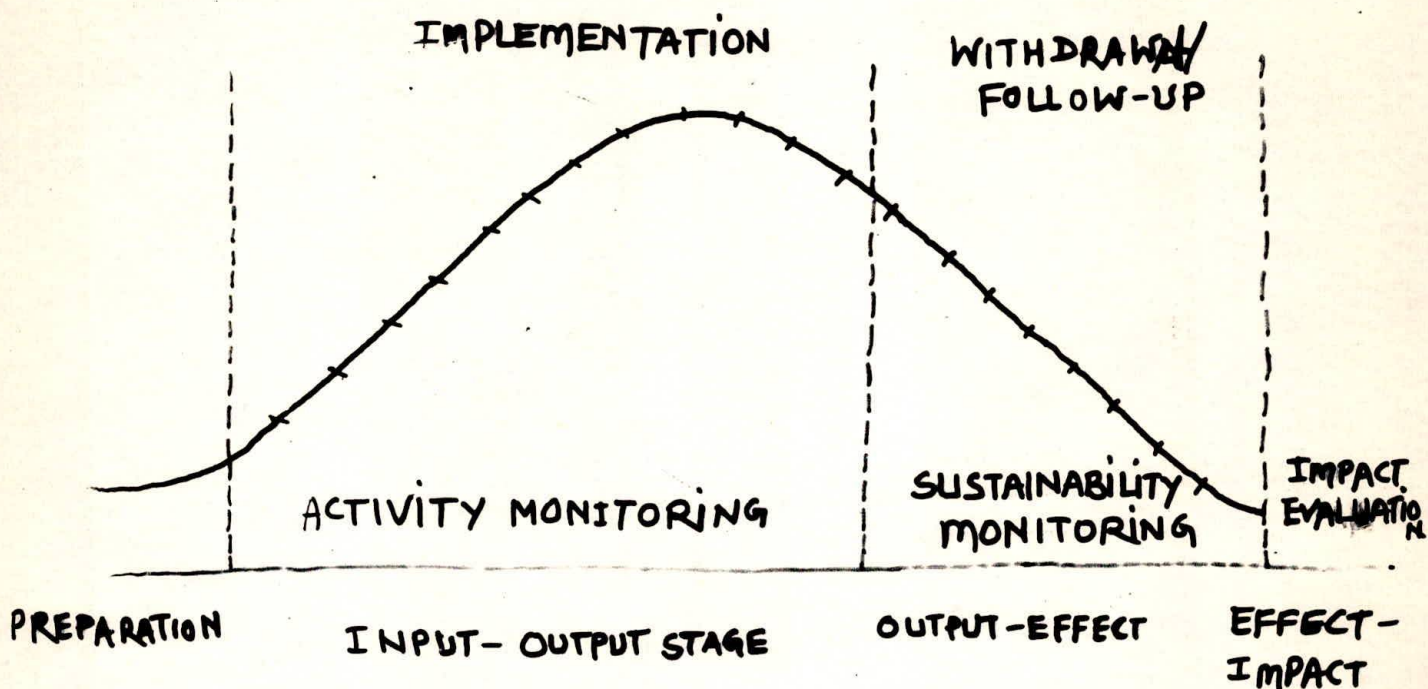
- PROJECT WILL BE AUTOMATICALLY IMPLEMENTED
- THERE IS NO REALISATION OF UNPLANNED

EVENTS —

- SOCIAL REALITIES
- FUND FLOW
- CO-ORDINATION
- EMPHASIS IS ON PROJECT COMPLETION
- ASSESSMENT OF INPUTS / OUTPUTS

METHODS = PERT / LOG FRAME

## PRAGMATIC METHOD



- MONITORING IS AIMED AT IMPROVING PLANNING AND IMPLEMENTATION
- SUSTAINABILITY MONITORING IS PLANNED WHICH IS CLOSER TO EVALUATION.
- IMPACT EVALUATION IS IMPORTANT.

## INDICATORS FOR M & E

### CHARACTERISTICS OF AN INDICATOR

- ☆ AN INDICATOR MEASURES CHANGE
- ☆ INDICATOR IS USED AS A TOOL TO MEASURE CHANGE : IT IS A VARIABLE
- ☆ MEASURES PROGRESS AGAINST PLANNED OBJECTIVES
- ☆ SHOULD BE VALID, RELIABLE, RELEVANT
- ☆ SHOULD BE COST EFFECTIVE

ANALYSIS OF INDICATORS IS BASED ON THE PURPOSE AND ANALYSER'S PERSPECTIVE

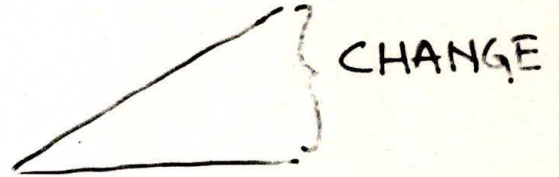
SECTORAL KEY ISSUES AND INDICATORS Health and Population Sector				
KEY ISSUES	KEY INDICATORS	VALUE OF INDICATORS (WHERE APPLICABLE)		
		PRE-PROJECT	POST-PROJECT	APPRAISAL TARGET
Capacity	<ul style="list-style-type: none"> <li>• Number and type of facilities created/ service deliveries planned (hospital, health care centers, logistics, medicine; equipments, etc.</li> <li>• Support systems established (doctors, nurses, para-medics, mid-wives, family planning workers etc.)</li> <li>• Pre - natal and post - natal facilities for women</li> <li>• Child care and family planning facilities</li> </ul>			
Output	<ul style="list-style-type: none"> <li>• Number and types of facilities planned and actually created</li> <li>• Number and types of facilities created and actually maintained and operational</li> <li>• Doctors, nurses, and other health workers required and actual number of visits by health practitioners</li> <li>• Information management, record keeping, etc.</li> </ul>			
Costs and Prices	<ul style="list-style-type: none"> <li>• Operation and maintenance budget, planned and actual</li> <li>• Cost per unit of service delivery</li> <li>• Pricing of facilities</li> <li>• cost recovery as proportion of actual cost incurred</li> </ul>			

<b>Effect/ Impact</b>	<p><b>Family Planning</b></p> <ul style="list-style-type: none"> <li>• Number and actual users of family planning methods</li> <li>• Referral cases and follow - up</li> <li>Prevalency rate</li> <li>• Fertility rate/ Ave. family size</li> <li>• Mortality rate</li> <li>• Crude birth rate</li> <li>• National mortality rate</li> <li>• Neo - natal mortality rate</li> <li>• Infant mortality rate</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Incidence of epidemics</li> <li>• Incidence of diseases by sex</li> <li>• Incidence of infections and dhiarrheal diseases</li> <li>• Life expectancy at birth</li> <li>• Percentage of new births having birth weights of at least 2500 gms</li> <li>• Proportions of infants covered through MCH clinics</li> <li>• Proportion of women receiving ante-natal care at hospital health centers</li> <li>• Percentage of deliveries in institutions</li> <li>• Infant/Child immunization</li> </ul>			
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## TYPES OF EVALUATION

- MID-TERM / TERMINAL EVALUATION
- IMPACT EVALUATION
- THEMATIC EVALUATION
- STRATEGIC EVALUATION / REVIEW
- CONCURRENT EVALUATION
- SUSTAINABILITY MONITORING.

DEVELOPMENT  $\Rightarrow$  CHANGE THROUGH  
INTERVENTIONS



MONITORING AND EVALUATION  
IS A TOOL TO MEASURE  
CHANGE

WHAT IS MONITORING?

PERIODIC INSPECTION OF  
ONGOING ACTIVITIES  
TO SEE WHETHER  
INPUTS ARE GOING IN THE  
RIGHT DIRECTION.

WHAT IS EVALUATION?

SYSTEMATIC OBJECTIVE OBSERVATION  
OF A PROJECT/PROGRAMME AGAINST  
ITS OBJECTIVES TO ASSESS EFFICIENCY  
AND IMPACT.

# **USAID - PVOH - II**

## **WORKSHOP ON PARTICIPATORY DEVELOPMENT**

**May 6 - 10, 1996**

*Society For Participatory Research In Asia*  
*42, Tughlakabad Institutional Area, New Delhi - 110 062*

# PRADAN's Community Banking Experience, Madurai and Ramnad Districts of Tamil Nadu

## Purpose:

- making credit accessible to rural poor women
- facilitating them to control and enjoy benefits of financial resources .

We translate this aim into reality in the following phases:

- Harnessing internal financial resources of the women in small but viable groups
- Interacting with local commercial branches and district level government departments
- Establishing a member - managed banking institution at the cluster level; and
- Enhancing the members' credit absorption capacity by introducing and establishing viable micro enterprises.

## Localised Financial Institutions for Women,

S.No	Features	First Generation	Second Generation	Third Generation
1.	Focus	<ol style="list-style-type: none"> <li>1. Mobilising savings to meet consumption lending on their own.</li> <li>2. Financial linkage with bankers to finance existing income generating activities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Evolving savings products to meet non-productive (essential) purposes of members.</li> <li>2. Collective effort to redeem the debts with their own savings.</li> <li>3. Sustained finance linkages through cash credit facility with bankers to finance productive activities.</li> <li>4. Becomes a single window for lending by linking with multiple financial sources.</li> </ol>	<ol style="list-style-type: none"> <li>1. Acquiring the legitimate status as a financial intermediary in lending to poor women.</li> <li>2. Creates support institutions to share the financial functions eg: Cluster bank or Federation.</li> <li>3. Financier to new business initiatives with a tie-up with business support institution.</li> <li>4. Promoters of Civic programmes with financial investment.</li> <li>5. Promotes similar initiatives in new locations.</li> </ol>
2.	Time	First two to three years.	Fourth year to sixth year of initiation.	Seventh year onwards
3.	Terminal Year transactions	<ol style="list-style-type: none"> <li>1. Savings to the tune of Rs. 15000 to 20000 per village level group.</li> <li>2. Lending to the members to the tune of Rs. 30000 to 50000.</li> </ol>	<ol style="list-style-type: none"> <li>1. Multiple savings to the tune of Rs. 1 lakh per group.</li> <li>2. Lending to the tune of Rs. 2 to 4 lakhs per group.</li> </ol>	<ol style="list-style-type: none"> <li>1. Each year savings and disbursement to the tune of Rs. 50000 per group, and the long term savings of Rs. 1 lakh for group lending.</li> <li>2. Lending to the tune of 4 lakhs per group annually.</li> </ol>
4.	Thrust	Community Organisation	Technology of Credit - Financial area	Credit absorption - business support (credit plus).

## **1. GROUP DEVELOPMENT**

### **1.1 SHORTLISTING BLOCKS**

### **1.2 SELECTING POTENTIAL VILLAGES**

### **1.3 "SEEDING THE IDEA"**

### **1.4 GROUP FORMATION**

- IDENTIFICATION OF THE POOR

\*\*\*

## **WEALTH RANKING PROCESS DEVELOPED**

### **PURPOSE:**

IDENTIFICATION OF POOR FAMILIES TO FORM A HOMOGENEOUS SELF HELP GROUP IN A VILLAGE/HAMLET

### **STEPS:**

1. - PREPARE CASTE-WISE LIST OF HOUSEHOLDS  
- PREPARE SMALL SLIPS FOR EACH FAMILY
2. - SIT WITH 3-4 VILLAGE ELDERS  
- THEY CATEGORISE SLIPS INTO 3/4 GROUPS  
- THEY SHARE THEIR CRITERIA FOR SEPARATION
3. - REPEAT STEP 2 WITH DIFFERENT GROUPS / CROSSSECTION OF HAMLET POPULATION
4. - PREPARE LIST OF FAMILIES IN CATEGORIES 3-4  
- COMBINE ALL LISTS

\*\*\*

- GROUP FORMATION AND SAVINGS MOBILISATION
- GROUP DEVELOPMENT
- EXPOSURE VISITS
- LEADERS AS RESOURCE PERSONS
- ANNUAL FUNCTION
- APPOINTMENT OF A LOCAL CADRE
- DEVELOPING NEW PROCESSES
- INTERACTION WITH VETERANS
- LEADERSHIP TRAINING, MEMBER EDUCATION
- SYSTEMS
- EXPANSION BY THE PEOPLE

\*\*\*

## **2. ESTABLISHING A MEMBER-MANAGED BANKING SYSTEM AT THE CLUSTER LEVEL**

### **2.1 STAGES OF DEVELOPING A CLUSTER ASSOCIATION**

- CLUSTER INTERACTION
- FOCUS OF INTERACTION
  - \* PROMOTE EXCHANGE OF IDEAS
  - \* COLLECTIVE LEARNING
  - \* DEVELOP RAPPORT ACROSS KS
  - \* BREAK INITIAL INHIBITIONS ABOUT KS
  - \* CLARIFICATION SEEKING, CONFRONTATION, DISCUSSION, DEBATE
  - \* FORUM FOR US TO TRAIN THEM

\*\*\*

### **CLUSTER ASSOCIATION**

- FUNCTIONS
  - \* PROBLEM SOLVING (E.G. CONFLICTS)
  - \* GROUP DEVELOPMENT (ENSURING PROPER CONDUCT OF MEETINGS, ENABLING RESOLVE CONFLICTS)
  - \* PROMOTION OF NEW GROUPS
  - \* ASSET CREATION AND MONITORING
  - \* PROMOTION OF NIDHI
  - \* EACH FUNCTION COORDINATED BY ONE COMMITTEE LEADER AND SUPPORTED BY 2-3 MEMBERS

### **ROUTINE FUNCTIONS**

- REVIEW OF GROUP ON MONTHLY BASIS AT CLUSTER MEETING
- APPOINTMENT AND SUPERVISION OF CLUSTER ASSOCIATES (WHO EXTENDS SUPPORT IN ADMN AND ACCOUNTS)
- RENT OF CA BORNE BY KS ON EQUAL SHARING BASIS

### **CLUSTER NIDHI**

- AFTER 8-10 MONTHS OF CA INITIATE FINANCIAL FUNCTIONS THROUGH CN

### **FUNCTIONS**

- GROUP RAISES APPLICATION FOR LOAN
- INITIAL DETAILS DISCUSSED IN GROUP MEETING
- ON THE GROUP'S APPROVAL IT IS PRESENTED TO CLUSTER
- BOD SCRUTINISE AND INITIATE DISCUSSION TO SANCTION
- AFTER CONVINCED ABOUT NEED FOR AND PERFORMANCE OF K, LOAN SANCTIONED
- UTILISATION AND FOLLOW UP MONITORED BY MANAGER AND 1-2 MEMBERS OF BOD

Women Managed Financial Institutions (WOMFI)				
Institution	Level	membership	Function	Why
SCWG (Saving and credit by women in groups)	Hamlet	15-20 poor women (Individual)	<ul style="list-style-type: none"> <li>Managing of savings and credit transactions</li> <li>Smaller credit needs through own savings</li> <li>Leveraging money from other institutions</li> </ul>	<ul style="list-style-type: none"> <li>To enable the members to manage the S&amp;C activities independently at a hamlet level.</li> <li>Primary unit for handling transactions directly with members.</li> </ul>
Cluster association				
a). Promotional	At 3-5 villages	10-15 primary groups of a homogenous socio-economic context (Institutional)	<ul style="list-style-type: none"> <li>Promotion &amp; strengthening of W S&amp;C groups in neighbouring villages within the vicinity of 5-10 kms</li> <li>Long term sustainability for the primary groups through mutual support and cooperation.</li> </ul>	<ul style="list-style-type: none"> <li>To provide promotional support on a continuous basis at local level for long term continuity and growth of primary groups in a particular geographical area.</li> </ul>
b). Financial	'NIDHI' A financial wing of cluster association		<ul style="list-style-type: none"> <li>Creating greater access to credit for primary group.</li> <li>Leveraging funds and onlend to primary groups</li> <li>Strengthen the financial systems and managerial capability of primary groups</li> </ul>	<ul style="list-style-type: none"> <li>To increase the access of primary groups for meeting various 'non conventional' credit needs of higher order and fill the gaps in credit demand at local level (3-5 villages)</li> <li>To channelise funds to primary groups mobilised directly and through federation.</li> </ul>
Federation				
a). Promotional	Block level	100-200 primary groups (Institutional)	<ul style="list-style-type: none"> <li>Building solidarity for groups at block level.</li> <li>Relating with block level development administration.</li> <li>Promotional activities for development of primary groups.</li> </ul>	<ul style="list-style-type: none"> <li>To provide a block level integration for community banking effort.</li> <li>To promote continuity for the programme by women</li> </ul>
b). Financial			<ul style="list-style-type: none"> <li>Greater access for credit to primary groups. Leveraging loan funds from apex financial institutions HUDCO, (NABARD, SIDBI)</li> </ul>	<ul style="list-style-type: none"> <li>To fill the credits gap not met and managed by cluster NIDHIs.</li> <li>To manage and relate the collaboration with apex organisations which are focussed on specific activity (Housing, Business) and the quantum of support is huge.</li> </ul>

The inter-dependence between these institutions and their roles are shown below:

Phase of development during each generation	PRADAN	Women managed Institutions	Bankers
Pre-formation	Explorer & initiator	Observer	On looker
Formation	Promoter & Facilitator	Passive Participant	Observer
Stabilization I	Coach	Passive Owner	Experimenter
Stabilization II	Resource person	Active Owner	Financier
Growth	Advisor & IGP Initiator	Manager	Collaborator
Diversification	Business support	Self-propellant	Collaborator & financial advisor

- DETAILS SHARED AT SUBSEQUENT MEETINGS

- NO COLLATERAL BUT PROMISSORY NOTE FOR ALL LOANS EXCEEDING RS 100 PER INDIVIDUAL

PRESENT STATUS: 20 cluster Associations in Madurai and Ramnad

- 6 HAVE INITIATED CLUSTER NIDHIS
- 11 IN ASSOCIATION STAGE
- 3 IN INITIAL INTERACTION STAGE

FEDERATION - A BLOCK LEVEL FEDERAL BODY OF KALANJAMS

- IMPLEMENTATION OF GOVERNMENT SPONSORED SCHEMES
- PROMOTION OF NEW GROUPS.
- CONFLICT RESOLUTION
- TRAINING
- CONSULTANCY TO GROUPS IN OTHER BLOCKS
- FINANCE TO PRIMARY GROUPS FOR HOUSING, DEBT REDEMPTION ETC.

- PHASES: INITIATION, CONSOLIDATION AND GROWTH.

- PRESENT STATUS: 3 FEDERATIONS: ONE IN GROWTH STAGE AND TWO IN INITIATION STAGE.

# USAID - PVOH - II

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*prahlado.4*

May 6 - 10, 1996

*Society For Participatory Research In Asia  
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0305-750X(94)00050-6

# Participatory Rural Appraisal (PRA): Analysis of Experience\*

ROBERT CHAMBERS†

*Institute of Development Studies, Brighton*

**Summary.** — The more significant principles of Participatory Rural Appraisal (PRA) concern the behavior and attitudes of outsider facilitators, including not rushing, "handing over the stick," and being self-critically aware. The power and popularity of PRA are partly explained by the unexpected analytical abilities of local people when catalyzed by relaxed rapport, and expressed through sequences of participatory and especially visual methods. Evidence to date shows high validity and reliability of information shared by local people through PRA compared with data from more traditional methods. Explanations include reversals and shifts of emphasis, from etic to emic, closed to open, individual to group, verbal to visual, and measuring to comparing, and from extracting information to empowering local analysts.

## 1. INTRODUCTION

Participation is now widely advocated and documented as philosophy and mode in development (e.g., Cernea, 1985), but the gap remains wide between fashionable rhetoric and field reality. One practical set of approaches which has coalesced, evolved and spread in the early 1990s bears the label Participatory Rural Appraisal (PRA). This has been described as a growing family of approaches and methods to enable local (rural or urban) people to express, enhance, share and analyze their knowledge of life and conditions, to plan and to act.

PRA has many sources. The most direct is rapid rural appraisal (RRA) from which it has evolved. RRA itself began as a response in the late 1970s and early 1980s to the biased perceptions derived from rural development tourism (the brief rural visit by the urban-based professional) and the many defects and high costs of large-scale questionnaire surveys (Chambers, 1980; Carruthers and Chambers, 1981; Longhurst, 1981). PRA has much in common with RRA but differs basically in the ownership of information, and the nature of the process: in RRA information is more elicited and extracted by outsiders as part of a process of data gathering; in PRA it is more generated, analyzed, owned and shared by local people as part of a process of their empowerment.

PRA also flows from and shares much with other approaches and traditions. These commonalities and debts include the idea that local people can and should conduct their own appraisal and analysis, found in activist participatory research (e.g., Freire, 1968);

many forms of diagramming, derived from agro-ecosystem analysis (Gymnantisiri *et al.*, 1980; Conway, 1985, 1986, 1987); the importance of rapport and of the emic-etic distinction, from applied social anthropology; and an understanding of the complexity, diversity and riskiness of farming systems and poor people's livelihoods, from farming systems research (e.g., Gilbert, Norman and Winch, 1980; Shaner, Philipp and Schmehl, 1982). PRA draws on these traditions and shares much with them.

The more developed and tested methods of PRA include participatory mapping and modeling, transect walks, matrix scoring, well-being grouping and ranking, seasonal calendars, institutional diagramming, trend and change analysis, and analytical diagramming, all undertaken by local people. Among many applications, PRA has been used in natural resources management (soil and water conservation, forestry, fisheries, wildlife, village planning, etc.), agriculture, health, nutrition, food security and programs for the poor (RRA Notes, 1988-; IDS, 1993).

By early 1994 activities labeled as PRA have, in various forms, evolved in or spread to at least 40 countries in the South, including Bangladesh, Bolivia, Botswana, Brazil, Burkina Faso, Cambodia, Cameroon, Chile, Colombia, Costa Rica, Ecuador, Egypt, Ethiopia, the Gambia, Ghana, Guatemala, Honduras, India, Indonesia, Jordan, Kenya, Mali,

\*This paper is the second in a three-part series examining participatory rural appraisal. The first paper appeared in the July 1994 issue of *World Development* (Vol. 22, No. 7).

†Final revision accepted February 23, 1994.

Mauritania, Mexico, Namibia, Nepal, Nigeria, Pakistan, the Philippines, Senegal, Sierra Leone, South Africa, Sri Lanka, Sudan, Tanzania, Uganda, Vietnam, Zambia, and Zimbabwe. PRA has also been spreading from the South to Australia, Canada, Germany, Norway, Switzerland and the United Kingdom. Much of the innovation has been in the non-government organization (NGO) sector, especially in India and Kenya, but increasingly government agencies have been adopting and adapting PRA approaches and methods. Increasingly, too, graduate students are conducting their research in a PRA mode, and university faculty have shown interest in over 20 countries.<sup>1</sup>

Empirically, much PRA has proved powerful and popular. This article sets out to present and analyze the principles, insights, validity, reliability, and modes of PRA, and to understand the nature of its power and popularity.<sup>2</sup>

## 2. THE PRINCIPLES OF PRA

Effective RRA and PRA have been found to require practitioners and facilitators to follow basic principles. Some are shared by RRA and PRA, and some have been additionally evolved and emphasized in PRA.

The principles of RRA and PRA have been induced rather than deduced: they have been elicited by trying out practices, finding what works and what does not, and then asking why. Although different practitioners would list different principles underlying RRA and PRA (see e.g., Grandstaff, Grandstaff and Lovelace, 1987, pp. 9–13; Grandstaff and Grandstaff, 1987a; McCracken, Pretty and Conway, 1988, pp. 12–13; Gueye and Freudenberg, 1990, pp. 10–19) and these have been evolving over time, most might include and accept the following:

### (a) Principles shared by RRA and PRA

- *A reversal of learning*, to learn from local people, directly, on the site, and face-to-face, gaining insight from their local physical, technical and social knowledge.
- *Learning rapidly and progressively*, with conscious exploration, flexible use of methods, opportunism, improvisation, iteration and crosschecking, not following a blueprint program but being adaptable in a learning process.
- *Offsetting biases*, especially those of rural development tourism, by being relaxed and not rushing, listening not lecturing, probing instead of passing on to the next topic, being unimposing instead of important, and seeking out the poorer people and women, and learning their concerns and priorities.

— *Optimising tradeoffs*, relating the costs of learning to the usefulness of information, with tradeoffs between quantity, relevance, accuracy and timeliness. This includes the principles of optimal ignorance — knowing what it is not worth knowing, and then not trying to find it out, and of appropriate imprecision — not measuring what need not be measured, or more accurately than needed, following the dictum attributed to Keynes that it is better to be approximately right than precisely wrong.

— *Triangulating* (Grandstaff, Grandstaff and Lovelace, 1987, pp. 9–10, Gueye and Freudenberg, 1991, pp. 14–16) meaning cross-checking and progressive learning and approximation through plural investigation. This variously involves assessing and comparing findings from several, often three:

- methods
  - types of item or sets of conditions
  - points in a range or distribution
  - individuals or groups of analysts
  - places
  - times
  - disciplines
  - investigators or inquirers
- and combinations of these.

— *Seeking diversity*, meaning looking for and learning from exceptions, oddities, dissenters, and outliers in any distribution. This has been expressed in terms of seeking variability rather than averages (Beebe, 1987, pp. 53–54), and has been described in Australia as the principle of maximum diversity, or "maximising the diversity and richness of information" (Dunn and McMillan, 1991, pp. 5, 8). This can involve purposive sampling in a nonstatistical sense. It goes beyond triangulation; for it deliberately looks for, notices and investigates contradictions, anomalies, and differences, and includes negative case analysis.

### (b) Principles additionally stressed in PRA

Of these shared principles, PRA puts special stress on offsetting biases, and the associated changes in outsiders' behavior. In addition, PRA in practice manifests four further principles:

- *They do it*: facilitating investigation, analysis, presentation and learning by local people themselves, so that they generate and own the outcomes, and also learn. This has been expressed as "handing over the stick" (or pen or chalk). It requires confidence that "they can do it." Often the facilitator initiates a process of participatory analysis and then sits back or walks away, taking care not to interview or interrupt.
- *Self-critical awareness*: meaning that facilitators continuously and critically examine their own

behavior. This includes embracing error — welcoming error as an opportunity to learn; facing failure positively — “failing forwards”; and correcting dominant behavior.

— *Personal responsibility*: PRA practitioners tend to take personal responsibility for what is done rather than relying on the authority of manuals or of a rigid set of rules. This is in the spirit of the words of the one-sentence manual (Peters, 1989, p. 378; KGVK, 1991) “Use your own best judgement at all times”.

— *Sharing* of information and ideas between local people, between them and outsider facilitators, and between different practitioners (encouraging photocopying and non-attribution), and sharing field camps, training and experiences between different organizations, regions and countries.

Interestingly, the principles shared by RRA and PRA are mainly epistemological, to do with obtaining information and gaining knowledge, while those special to PRA are mainly personal, to do with outsiders’ behavior and attitudes. This contrast indicates the emphasis in PRA on how outsiders interact with local people.

### 3. “DISCOVERIES” OF PRA

Practitioners of PRA have a sense that they have broken new ground. But every historian knows that little is new under the sun, and what appear to be methodological “discoveries” are often only rediscoveries (as pointed out in Rhoades, 1992). What is not disputed, however, is that PRA practitioners are often surprised at first by what happens, and experience a sense of personal discovery of the unexpected. To understand this requires a closer look at the contrast between traditional research and RRA on the one hand, and PRA on the other.

Major differences between the more extractive data gathering of traditional research and RRA and the more participatory data sharing, presentation and analysis of PRA, are found in behavior, attitudes and roles. In data gathering the outsiders dominate. They determine the agenda, obtain and take possession of information, remove it, organize and analyze it, and plan and write papers and reports. Outsiders appropriate and come to own the information. They hunt, gather, amass, compile, and process, and produce outputs. In PRA, in contrast, these are largely reversed. Outsiders encourage and allow local people to dominate, to determine much of the agenda, to gather, express and analyze information, and to plan. Outsiders are facilitators, learners and consultants. Their activities are to establish rapport, to convene and catalyze, to enquire, to help in the use of methods, and to encourage local people to choose and improvise methods for themselves. Outsiders watch, listen

and learn. Metaphorically, and sometimes actually, they “hand over the stick” of authority.

Local people then do many of the things outsiders formerly did (and believed, often enough, that only they could do). Local people make maps and models, they walk transects and observe, they investigate and interview, they diagram and analyze, they present information, they plan. In consequence, they are more in command of the investigation, they own and retain more of the information, and they are strongly placed to identify their priorities for action, and then to determine and control that action.

The participatory orientation of PRA has given new impetus to the development of methods. Some of the more gifted facilitators of PRA have delighted in the lack of blueprint. Participation then generates diversity; local people play a part in interpreting, applying, and sometimes inventing methods themselves. Local people and outsiders alike are encouraged to improvise in a spirit of play. What is done is different each time, the outcome of a creative interaction. In consequence, the four years 1990–1993 have witnessed inventions and generated insights, at first especially in India. Reviewing the participatory innovation of these years, four salient findings stand out which explain some of what appears different and new about PRA: local people’s capabilities; the value of relaxed rapport; diagramming and visual sharing; and the power of sequences of methods.

#### (a) Local people’s capabilities

The first discovery has been that villagers have a greater capacity to map, model, observe, quantify, estimate, compare, rank, score and diagram than outsiders have generally supposed them capable of.

Participatory mapping and modeling (Mascarenhas and Kumar, 1991) has been a striking finding. An earlier work on mental maps (Gould and White, 1974) did not fully reveal the richness of detail and discrimination expressed recently by villagers in India and elsewhere through participatory mapping, and which has been known at least since the early 1980s (Kenyon, 1983). A working hypothesis is that in general rural people in the South have more extensive and detailed mental maps than the urban people in the North who earlier were the main source of insight; and that given the right conditions and materials, they can express this visibly on the ground or on paper, either as maps or as three-dimensional models (for example, of watersheds). These have shown the huts, houses and people in a village (social, census and health maps), the surrounding village area (resource maps and models), or specialized information (theme or topic maps). By early 1994, thousands of such maps and models had been created in over 30 countries.

As with mapping, so with quantification, estimat-

ing, comparing, ranking, scoring and diagramming, local people have shown themselves capable of generating and analyzing information far beyond normal professional expectations. For example, when facilitators have provided local people with the occasion and methods to reflect on and rank problems and opportunities as they perceive them, they have analyzed and presented their preferences — for improving their farming systems, for managing and using common property resources, for better livelihoods, for health interventions, for species mixes in tree nurseries, for the qualities of new varieties of crop, for amenities and their location, for development actions in their communities, and so on. To enable these capabilities to be expressed, the practical principle has been to assume that people can do something until proved otherwise. Participatory mapping and modeling, Venn diagramming, matrix ranking and scoring, and other methods have then turned out to be not one-off exceptions but near-universals and largely independent of culture or literacy.

A further discovery has been that local people who are already familiar with a PRA approach and methods are themselves good facilitators (Shah, Bharadwaj and Ambastha, 1991), and often better than outsiders. The Aga Khan Rural Support Programme (AKRSP) (India) has found its trained village volunteers being invited by other villages to come as facilitator/consultants to help them (personal communication, Parmesh Shah). It has even been known for a village volunteer to write to AKRSP staff and state that they are going to carry out a PRA but that "you do not need to come" (personal communication, Apoorva Oza).

In all this, both the participatory methods and familiar local materials have helped in enabling local people to express and analyze their knowledge and preferences.

#### (b) *Behavior and rapport*

The second discovery is the importance of outsiders' behavior and establishing relaxed rapport early in the process.

Rapport is a key to facilitating participation. Relaxed rapport between outsider and villager, and some measure of trust, are minimum predisposing conditions for PRA. In the past, two extreme types of interaction between outsiders and rural people have missed major opportunities: the rushed and unself-critical rural development tourist has had neither the time and nor the sensitivity to get far beyond formal mutual misunderstanding; and some fastidious social anthropologists have allowed so much time and shown such sensitivity that they have come to believe that only through prolonged residence can good rapport and good insights be gained. The two contrasting "cultures" — of rushed visitor, and of resident par-

ticipant-observer — have concealed the potential for gaining rapport early and well, and early enough and well enough for the honest and accurate sharing of detailed knowledge and values. To a hardened "old hand" at rural development tourism (the senior official: "I was born and brought up in a village," "I am a farmer myself," "You can't pull the wool over my eyes") this might seem unnecessary, he (most are men) or she knows it all and assumes he has an automatic good rapport with all rural people. To a seasoned social anthropologist (the university professor: "It took a year before they would tell me that...") this might seem an affront: it would be unfair if others in a short time could achieve what had taken her (relatively more are women) or him so long. For anyone who has endured and struggled through months of residence and participant-observation to achieve rapport and insight, learning a new language and living a new life, it could seem unlikely and even unwelcome, that other outsiders should find ways to establish rapport and gain good insights more quickly and with pleasure, participation and fun.

Empirically, though, the finding again and again with PRA has been that if the initial behavior and attitudes of outsiders are relaxed and right, and if the process can start, the methods of PRA themselves foster further rapport. Early actions by outsiders can include transparent honesty about who they are and what they are doing, and participation in local activities, especially being taught and performing local tasks. Personal demeanor counts, showing humility, respect, patience, and interest in what people have to say and show; wandering around and not rushing; and paying attention, listening, watching and not interrupting. Then local people quickly lose themselves in activities such as participatory mapping and modeling and matrix scoring. In contrast with questionnaires, they are not simply providing information to be handed over and taken away. The information is theirs. They own it, but share it. They often enjoy the creativity of what they are doing, and what they themselves see and learn through their presentation and analysis. The pleasure, fun and utility of what they have been helped to start doing express themselves in rapport. By reinforcing rapport, PRA methods thus sustain and strengthen the participatory process of which they are a part.

#### (c) *Diagramming and visual sharing*

The third discovery is the popularity and power of participatory diagramming and visual sharing.

Diagramming and visual sharing are common elements in much PRA. With a questionnaire survey, information is appropriated by the outsider. It is transferred from the words of the person interviewed to the paper of the questionnaire schedule. The learning is

one-off. The information becomes personal and private, unverified, and owned by the interviewer. In contrast, with visual sharing of a map, model, diagram, or units (stones, seeds, small fruits, etc.) used for ranking, scoring, counting or quantification, all who are present can see, point to, discuss, manipulate and alter physical objects or representations. Triangulation takes place with people crosschecking and correcting each other. The learning is progressive. The information is visible, semi-permanent, and public, and is checked, verified, amended, added to, and owned, by the participants.

For example, in participatory mapping and modeling, villagers draw and model their villages and resources, deciding what to include, and debating, adding and modifying detail. Everyone can see what is being "said" because it is being "shown." In shared diagramming, information is diagrammed to represent, for example, seasonal changes in dimensions such as rainfall, agricultural labor, income, indebtedness, food supply and migration. Paper can be used for diagrams, but the ground and other local materials have the advantage of being "theirs," media which villagers, whether literate or nonliterate, can command and alter with confidence. The diagram also presents a visible checklist or agenda which is theirs.

#### (d) Sequences

The fourth discovery is the power and popularity of sequences of participatory methods.

Some of the participatory methods have been known and used in the past (Rhoades, 1992). There are now some new ones, but perhaps more striking is the power which has been revealed of combinations and sequences (Shah, 1991). To take some examples:

- with participatory mapping, villagers draw not one, but several maps, which become successively more detailed and useful or which present new and complementary information. The map is then used as a reference for other planning, and is retained by villagers for their own monitoring and evaluation;
- social mapping provides a basis for household listings, and for indicating population, social group, health and other household characteristics. This can lead to identification of key informants, and then to discussions with them;
- a participatory resource map leads to planning transect walks in which villagers who made the map act as guides for outsiders. The transects in turn lead to the identification and discussion of problems and opportunities, which then lead to listing and ranking options or "best bets";
- a participatory resource map of an area of degraded forest, and a rootstock census of quadrats in the forest carried out by villagers, leads to a calculation of numbers of trees to be planted; and

debate and analysis lead to people's decisions about the proportions of different species to be planted, and the numbers of each required in tree nurseries (Meera Shah, personal communication);

- a village social map provides an up-to-date household listing which is then used for well-being or wealth ranking of households which leads in turn to focus groups with different categories of people who then express their different preferences, leading to discussion, negotiation and reconciliation of priorities (Swift and Umar, 1991; Mukherjee, 1992);

- matrix scoring or ranking elicits villagers' criteria of value of a class of items (trees, vegetables, fodder grasses, varieties of a crop or animal, sources of credit, market outlets, fuel types, ...) which leads into discussion of preferences and actions.

Longer sequences have been devised and used in full PRAs. In Kenya these have been part of a stepwise sequence (PID and NES, 1989). In India, for example with the AKRSP, the sequences have been less codified and more in a style of systematic improvisation, though with specialized sequences, for example for appraisal, planning and action with degraded forests, or with identifying and working with the poorest.

The power of such sequences is fourfold. First, the commitment of participants increases, making further action more likely, more spontaneous, and more sustainable. Second, sequences triangulate, and reveal errors or omissions in earlier presentations (see e.g., Pretty *et al.*, 1992). Third, the different activities interact cumulatively, each activity adding a dimension and details which qualify and enrich others, so that taken together the whole becomes more than the sum of the parts. Fourth, all concerned learn through the process, through local people sharing what they know, through observation and through analysis. In such ways as these, participatory methods fit well with a flexible learning process approach which is even more open-ended and adaptable than much of the earlier RRA; and they have the advantage that they usually enable local people to use their own categories and criteria, to generate their own agenda, and to assess and indicate their own priorities.

#### 4. VALIDITY AND RELIABILITY

Some facilitators of PRA have been exhilarated by a sense of liberation and discovery. The presentation and analysis of detailed knowledge in maps, models, matrices, diagrams and the like by local people has impressed them deeply in a personal way which has challenged preconceptions, and affected beliefs and behavior. See Table I for remarks of NGO staff.

The experience behind these and similar statements is a fact. For those who make them, the evidence of personal experience convinces.

Table 1. NGO staff remarks

After participatory social mapping	"I have been working for eight years in this village, but I never saw it like this before"
After PRA experience	"I shall never go back to questionnaires"
After PRA training	"I have been trying to get this information in this village for six months, and now we have it in two afternoons"

Validity and reliability can also be assessed in more conventional ways. Validity here refers to the closeness of a finding to the reality, and reliability refers to the constancy of findings. Highly valid findings are also highly reliable, but where there is a systematic bias, reliability can be high but validity low. Validity and reliability are not absolute values. There can be tradeoffs, through optimal ignorance and appropriate imprecision, where lower validity and reliability can be more cost-effective, and can enhance utility through less cost or greater relevance or timeliness.

Most large questionnaire surveys present any assessment of RRA and PRA with low standards of comparison. (Certain routinized and repeated surveys like the National Sample Survey in India, and some national census surveys, may be at least partial exceptions.) Critiques of rural questionnaire surveys have found them often badly designed, badly implemented, and badly analyzed (see, e.g., Monis, 1970; Campbell, Shrestha and Stone, 1979; Daane, 1987; Gill, 1993). Even so, it is rare for a survey to be subjected to full critical scrutiny, for results to be tested for investigator or enumerator bias, treating the questioner as an independent variable, or for methodological problems to be discussed in reports of survey findings.

This is, however, no reason for anything less than critical rigor in assessing the validity and reliability of RRA and PRA approaches and methods. The conventional tests most readily applied concern measurements and numbers. Let us therefore examine the four main areas where RRA and PRA have generated numerical data or insights which can be compared with those from questionnaire surveys or other standard sources. These are farm and household surveys; wealth and well-being ranking; village censuses; and rainfall data.

#### (a) Farm and household surveys

In five cases comparisons have been made between the findings of an RRA approach and a conventional questionnaire survey.

Collinson's (1981) Exploratory Survey of a farming system, involving some 20 professional person-days, was never contradicted in any major way by the

subsequent longer, drawn out and more expensive Verification Survey which represented the major commitment of professional time and funds.

Franzel and Crawford (1987) systematically compared a quick and light survey with a longer and heavier conventional survey in Kenya and found no significant differences attributable to the methods.

Rocheleau and her team (Rocheleau *et al.*, 1989) working on agroforestry in Kenya used a chain of informal in-depth interviews, and group interviews, and compared the results with a survey of a formal randomized sample of 63 households. They found that "the formal survey took three times as long and reproduced the same main results as the group interviews and chain of interviews, with less detail and coherence" (Rocheleau *et al.*, 1989, p. 21).

Inglis (1990, 1991) led a team which used a repertoire of RRA techniques to gather local forestry knowledge in Sierra Leone in an area where a lengthy questionnaire with 278 questions had already been applied. The RRA results were presented four days after the last location was surveyed, but the questionnaire report was still not available six months after the completion of fieldwork. Comparisons of the questionnaire survey and RRA data showed sharp discrepancies in two localities where the questionnaire survey's findings were implausible and its validity suspect. As Inglis points out

... if information is wrong to begin with, no amount of statistical manipulation will enable it to help the project staff make good decisions. In contrast, the RRA survey was completed in a much shorter time, the results have been produced in specific locational reports that can be individually used as discussion papers in the field in follow up surveys. As research biases, mistakes and omissions are admitted and not lost in a mass of questionnaire codes, the decision maker can see how the information was generated, how important factors were revealed, and how the best bets were arrived at (Inglis, 1990, p. 107).

Bernadas (1991) reports that in Eastern Visayas in the Philippines, highly structured questionnaire interviews identified declining soil fertility as the most pressing problem of farmers. Bernadas explains that "The staff themselves had formulated the questions on the basis of what they felt to be priorities. The problem areas considered were predetermined based on the outsiders' point of view." Two years of research based on the questionnaire survey findings did not match farmers needs and circumstances, and the developed technologies were not adopted by them. An RRA approach was then used, with informal discussions and dialogues and open-ended interviews with guide topics. This led to the discovery that the most pressing problem facing farmers was the long fallow due to the growth of a weed cogon (*Imperata cylindrica*). Relevant research could then begin.

In these five cases, then, the outcomes of the RRA approach, compared with the more formal questionnaire, were variously more valid, less costly, more timely, and more useful.

A cautionary counterexample is a case of the worst of both worlds. Pottier (1992) has analyzed a one-week survey through interviews of 30 farmers conducted by a researcher in Northern Zambia, and described as an RRA. Pottier argues that in such hurried interviews an insensitivity to the context, to who is being met, to what is being said, and why, can lead to misleading conclusions, in this case that food security had been enhanced by growing maize. The investigation was, it seems, rushed and wrong. The lessons are many, and include that hurried one-off individual interviews are liable to mislead whatever the label attached to them, and that respondents can react by giving responses which, for reasons such as prudence, politeness and favorable presentation of the self, are reliable but invalid, and thereby convincingly generate and sustain erroneous myths.

#### (b) Ranking

Ranking and scoring have long been part of the repertoire of social anthropologists. People in communities rank other individuals or households for characteristics as varied as aggressiveness, drunkenness, industriousness, or more commonly some concept of respect, honor, wealth or well-being (Pelto and Pelto, 1978, pp. 82-87; *RRA Notes*, No. 15, 1992).

The most common method is sorting cards into piles, carried out either by local individuals in private, or by groups. Different informants often use different numbers of piles for the same community, but evidence is consistent in finding close correlations in rank orders between different informants. Silverman (1966, p. 905) found that "there was high agreement in the relative rank of most persons" when three informants in an Italian community card-sorted households according to their criterion of *rispetto* (approximately prestige). Hill (1986, pp. 41, 75) suggests that to villagers, relative household living standards can be a matter of passionate concern. On the basis of fieldwork in West Africa and India, she concluded that rural people (unless themselves too poor and disabled) are able to assess the relative wealth or well-being of members of their community far more accurately than are townspeople. This has been borne out by much subsequent wealth or well-being ranking. Grandin (1988) found that correlations (Spearman's Rho) across informants in 12 instances of wealth ranking (using a total of 41 informants) averaged 0.77 (range 0.59-0.96). The correlations of each informant with the final score averaged 0.91 (range 0.84-0.98).

Silverman, Hill and Grandin are all social anthropologists and so might be expected to have developed

good rapport before the exercise. The test is whether without a social anthropological training and relationship, the method can also be reliable and valid. Those who have facilitated such ranking exercises have usually found them easier than expected (see *RRA Notes*, No. 15) and usually report high correlations between the rankings given by different informants or groups.

Some triangulate rankings through discussion. Hill's three informants in Nigeria thrashed out discrepancies between themselves (Hill, 1972, p. 59). In a PRA mode, on similar lines, MYRADA in South India has evolved a method of successive approximation in which separate groups rank households, and then meet to reconcile differences (personal communication, Vidya Ramachandran), a procedure which is used in selecting households for anti-poverty programs.

A comparison of a formal survey with wealth ranking for identifying the rural poor was conducted in 1992 by the RUHSA Department of the Christian Medical College, Vellore, South India. A survey with a pretested structured schedule was administered to 412 households by five very experienced investigators, collecting data on type of house, caste, education, occupation, ownership of assets, number of dresses per person, and yearly income. A "professionals' classification" was then compiled, based on a composite index calculated for each household. A separate community classification through wealth ranking was facilitated, and conducted by groups of knowledgeable local women and men. In making their classifications, those local analysts took into account a wider and more nuanced range of considerations, such as types of ownership of land and of livestock, types and amounts of debt and repaying capacity, types of job, whether permanent or temporary, bad habits, and capacity to give children education. The two classifications coincided for 62% of households. About half of the 38% which were discrepancies were investigated by senior researchers in careful detail, including home visits. They found the community classification correct in 92% of the discrepancies they examined. This confirms that community classification by wealth ranking is accurate. Also it highlights the limitation of the professional classification specially when it deals with economic level (RUHSA, 1993, p. 20, and personal communication Rajaratnam Abel).

Health and physical condition are a complicating factor. Again and again, analysts who rank for some concept of well-being include health as well as economic condition. A study in Bangladesh which sought to separate wealth and health into two exercises, found a remarkable degree of consistency between male and female groups' rankings for wealth but classifications for health which were similar in only about 40% of cases (Adams, Roy and Mahbub, 1993), a discrepancy important to investigate.

Another example is the ranking of the value of 30

browse plants as feed to their cattle by pastoralists in Nigeria (Bayer, 1987, 1988). Rankings for the most important plants were found to correspond closely between different groups of pastoralists.

Ranking exercises have limitations. In a group, one person may dominate and overrule others. With well-being ranking some analysts have been reluctant or unreliable in ranking themselves, their near relatives or their close friends. Shared concepts are needed for consistent rankings. In general though, as the examples cited suggest, there tend to be close correlations between the rankings given by different local analysts. This appears to be where four conditions obtain: where information is common knowledge; where criteria are commonly held and well understood; where what is ranked is a matter of intense interest; and where analysts do not perceive advantages in giving false or misleading judgements. These conditions have, to date, quite commonly prevailed.

#### (c) Participatory village censuses

In participatory social mapping, villagers show the location of households. In India in 1991 this was extended by Sheelu Francis and others into participatory censuses. Census maps have shown social details, representing people and household characteristics with local materials such as different seeds, stones and vegetables, or markers such as *bindis* (the small spots Indian women place on their foreheads). A practice developed by Anusuda and Perumal Naicker of Kethanayakanpatty village near Madurai in Tamil Nadu, is to have a card for each household and mark details with symbols on the card. These have been placed on cards or on the ground on the maps or models to indicate for each household the numbers of men, women, and children, assets owned, wealth/poverty, the handicapped, immunisation status, education, and other information. With an informed group or person, a participatory census of a small village has been conducted in less than an hour, and then other information added by "interviewing the map."

Four examples can illustrate:

— In May 1991, in Ramasampatti village, near Tiruchuli, in Tamil Nadu, a triangulation of censuses took place. In a PRA training organized by SPEECH, an NGO, four groups of between approximately five and 15 villagers used different methods of analysis and presentation: two did social mapping direct onto paper, one made a ground model of the village with a card for each household, and one did a seed census onto a map drawn on a floor. Each group independently generated a figure for the total population of the village. All four processes generated the same figure — 355. The few discrepancies concerning occupations were quickly resolved in a village meeting.

— In February 1992, in Kabripathar village, Bharuch District, Gujarat, Raiben, a woman from a neighboring village, and who was not literate, facilitated census mapping by women onto cards, leading to a full village census of 87 families, giving numbers of women, men, girls, boys, bullocks, cows, buffaloes, goats, donkeys and other information, completed and checked in about four hours.

— Also in 1992, the National Council for Applied Economic Research undertook research to compare the costs, accuracy and reliability of a sample survey using questionnaires and RRA/PRA methods. In an evaluation of the national improved *chulah* (stove) program in Maharashtra State, an NCAER team compared results from a sample survey covering 120 villages in 15 districts, with RRA/PRA methods in 10 villages in five districts, carefully chosen after stratifying the state in homogeneous regions. In these 10 villages participatory mapping and other methods were used. The demographic data derived from the participatory mapping were much closer to the recent 1991 census than that derived from the normal survey methods. The study (NCAER, 1993, p. 91) reported: "The overall conclusion . . . supports the claim of RRA/PRA adherents that it provides a highly reliable village level data base on quantitative as well as qualitative variables."

— In August 1993, in the village of San Mauricio, Samar Island, the Philippines, about 20 villagers took part in census mapping (including information on education, land size and tenurial status of land as well as people) for their village of over 60 households. The Barangay Captain and Secretary said this was unnecessary as they had data on numbers of males and females and their ages from their own 1992 census and partially completed 1993 census. But as the participatory mapping proceeded, they noticed discrepancies and corrected what they found to be errors in their own data, in the end taking all their census data from the participatory process (personal communication, Didiit Pelegrina, 1993).

#### (d) Rainfall data

It has been found that farmers will often readily estimate days and amount of rainfall by month. In 1988 two farmers in Wollo in Ethiopia estimated numbers of days of rainfall by month for the previous five years, and also indicated the pattern they remembered from their childhood (Conway, 1988, ERCS, 1988, pp. 50–52). A common method now is for local analysts to arrange a line of 12 stones for the months of the local calendar and then estimate rainfall using either seeds for numbers of days of rain by month or

broken sticks for relative volume, or both. Some farmers in India have preferred to indicate depth of soil moisture by month as being more relevant for agricultural purposes (personal communication, J. Mascarenhas for Karnataka and Sam Joseph for Rajasthan). A refinement, invented by women in Galkada village, Badulla District, Sri Lanka in January 1992, is to space the seeds to indicate the distribution of days of rain within each month.

The question is how valid such data are. Farmers' data on rainfall have several times been found to differ from those of nearby rainfall stations. At Nugu Dam in H. D. Kote, Karnataka, in August 1990, a discrepancy was found but not further analyzed. In rapid catchment analysis in Kenya (Pretty, 1990) when farmers' patterns of rainfall differed in six different catchments and also differed from the "real" data from a nearby rainfall station, this was judged to reflect spatial heterogeneity, without ruling out the possibility that the farmers were wrong (personal communication, J. Pretty). The only detailed analysis of comparisons to date comes from Nepal. It was there in May 1990 near Lumle that farmers for the first time indicated volume and numbers of days of rainfall per month using seeds for days and sticks for volume. In 45 minutes, they presented first a normal year and then a pattern which they said occurred one year in five. Gill's (1991) painstaking analysis of their perceptions compared with 20 years of daily rainfall data at the nearby rainfall station shows that what initially appeared as discrepancies where the farmers were "wrong" turned out on closer examination to show respects in which the farmers' judgements were superior to the averaged met station data. Gill's title "But how does it compare with the *real* data?" captures the irony of the assumption that scientifically measured data are necessarily superior. More balanced conclusions are that there are different realities, that farmers' realities are likely to be linked to agricultural utility and weighted by recent experience, and that the issue is whose reality counts, in what contexts, and for what purposes.

#### (e) *A rigor of trustworthiness*

Much rigor in the social and natural sciences is linked with measurements, statistical tests, and replicability. These are reductionist, since most realities, other than discrete units (such as people) which can be counted, have to be separated into or examined as parts if they are to be measured. The simplifications which result, even if the measurements are accurate, miss or misrepresent much of the complexity and diversity of system interrelationships. This leads to a condition in which:

Unfortunately, there appears to be an inverse relationship between rigor and relevance in most social science work

This may be because rigor always requires some reductionism, since certain aspects of phenomena are necessarily excluded by any classification and measurement. Moreover, their changing nature tends to be ignored because taking this into account greatly complicates analysis (Uphoff, 1992, p. 295).

The purpose of rigor is trustworthiness (Pretty, 1993). Reductionist rigor is an attempt to minimize the element of personal judgement in establishing trustworthiness. That it does not work well in the social sciences is only too evident from the widespread mistrust of the findings of questionnaire surveys. If such forms of reductionist rigor do not carry conviction, the challenge is to find ways of enhancing both relevance and trustworthiness at the same time.

The experience with RRA and PRA contributes here. Relevance is enhanced through local specificity: local people define relevance and present, analyze and enhance their local knowledge. Trustworthiness is sought through the principles which have been induced from effective practice (see section 2 above). In pursuit of a rigor of trustworthiness, these can be applied by outsiders in a combination of three ways, through active intervention; through management and observation of process; and through the exercise of critical judgement.

The active intervention of outsiders can be illustrated from Nepal. Two groups of outsiders found discrepancies in the information on seasonality and trends in agriculture which villagers had shared with them:

The response was for both groups to back to their village the next day and reconcile the information, with their respective groups of informants forming one combined group, and with the statement "We got the information from you yesterday and there seems to be some difference. Can you help us?" And of course they did. Information flowed, arguments and discussions took place among the villagers, among the outsiders and between both villagers and outsiders. . . . Explanations were given, corrections made, and it was a much more satisfied group of researchers that returned to the base camp that night (personal communication, James Mascarenhas).

Discrepancies were thus recognized by the outsiders and taken as opportunities to get closer to a consensus reality.

Second, there is the rigor of observed process. Outsiders initiate, facilitate and then critically observe the process of analysis, especially with visual (mapping, diagramming, etc.) analysis by groups. In contrast with most questionnaire surveys, this group-visual analysis gives the observer time and freedom to watch interactions, to see how much crosschecking and correction take place, to assess the commitment of analysts, and to judge whether information is being distorted or withheld. A group-visual synergy often

develops (Figure 1) with cumulative group enthusiasm, adding and amending detail in order to create a complete and accurate picture.

Third, there is the rigor of personal and peer judgement informed by self-critical scepticism and awareness applied throughout. Two of the cases described above provide a salutary caveat. When the four groups at Ramasampatti all came up with 355 as the population of the village, I was excited. I collected the reporting maps and diagrams, and labeled, arranged and photographed them. This positive evidence has since been disseminated through copies of the slides. Only later did I think to ask whether there had been any exchanges of information or of figures between the groups. In fact I believe there was none. But had the groups come up with figures which differed, the question is whether my reaction too would have differed, whether I would have collected and photographed the maps and diagrams. The danger is selective recording and dissemination of the positive. Similarly with rainfall, the Nepal case has been meticulously analyzed by Gill and published. But this was not done in the Kenya and Karnataka cases. Had those discrepancies been investigated further, they might, as in the Nepal case, have revealed a validity in the farmers' judgements; or they might not. We do not know. Rigor requires consistency in probing inquiry into the whole range of types of case. To ensure this, sharing with peers, and inviting critical review, is perhaps the strongest safeguard.

These foundations of rigor merit further exploration, analysis and application. Pretty (1993) has proposed complementary foundations for analysis of trustworthiness which include prolonged and/or intense engagement, persistent and parallel observation, triangulation of sources, methods and investigators, peer debriefing, negative case analysis, and checking by participants. Of these, checking and correcting by participants stands out as a strong test, in practice often carried out through presentations by local analysts to a larger local group. Rigor through new tests of trustworthiness presents a frontier for

PRA, and can be expected to have applications for much other inquiry and research.

### 5. REVERSALS AND REALITY

Most of those who have innovated in developing PRA have been practitioners, concerned with what works, and what will work better, not academic theorists concerned with why it works. They have been searching not for new theories or principles but for new and better ways of learning and doing. For them, the power and utility of RRA and PRA, undertaken with rapport and self-critical rigor, are empirical facts of common experience: they know that they work, and that done well they can lead to better local development. But the why? Questions remain, leaving further issues of explanation. There is now enough experience to suggest some answers.

Elaborating and crosscutting some of the principles of RRA and PRA (see section 2 above), further explanations can be posited under the rubric of "reversals," meaning directions away from normal professional practices and toward their opposites. Four clusters of reversal intertwine, and are mutually reinforcing: reversals of frames; reversals of modes; reversals of relations; and reversals of power.

#### (a) Reversals of frames: From etic to emic

An overarching reversal is from etic to emic, from the knowledge, categories and values of outsider professionals to those of insider local people.

Conventional investigations are preset. Almost all questionnaire surveys are designed by outsiders with outsiders' concerns and categories. They seek to elicit responses to fill fixed boxes. Whatever the intentions that investigators shall probe under the category "other" which lies at the end of the list of precoded responses on the sheet, they rarely do, and where they do it presents problems later in coding and analysis. To be convenient, reality is forced to fit the professionals' familiar frame.

The frame of local people is, however, usually not knowable in advance. The reversal from etic to emic has, then, to be from closed to open. In contrast with questionnaire interviews, semi-structured interviews (Grandstaff and Grandstaff, 1987b) are more open, conversations (Scrimshaw and Hurtado, 1987) more so, and PRA mapping and diagramming perhaps most of all. In a semi-structured interview there can be a checklist for reference, but not a preset sequence of questions, and a value can be set on probing, on pursuing leads, on serendipity. In conversations, there can be greater freedom and equality. In PRA methods such as participatory mapping and modeling, matrix ranking and scoring, Venn or *chapatti* diagramming and well-being ranking, insiders can be even more in charge of the agenda and detail, not only free to

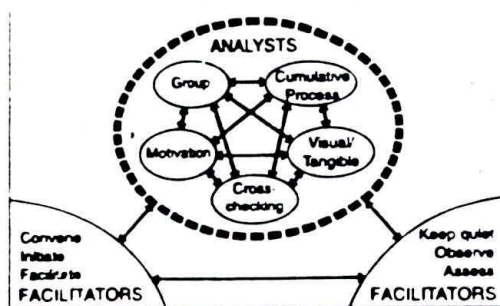


Figure 1. Group-visual synergy in PRA

express their knowledge and values, but encouraged and enabled to do so. The shift is from preset and closed to participatory and open.

#### (b) *Reversals of modes*

Modes of interaction and analysis are reversed from their normal directions in three ways: from individual to group, from verbal to visual, and from measuring to comparing.

##### (i) *From individual to group*

Normal investigations stress individual interviews. Professionals need numbers. Questionnaire surveys with individuals or households generate commensurable numbers convenient for statistical analysis. In RRA, semi-structured interviewing can be with an individual or group, but still with somewhat more emphasis on the individual "interviewee" (see e.g., Grandstaff and Grandstaff, 1987b, pp. 135-137). In PRA, discussions with individuals can and do take place, but there is more attention to groups and participatory analysis by groups.

Groups can have disadvantages, such as dominance by one person or a vocal minority. But their advantages have been undervalued. Typically, they have an overlapping spread of knowledge which covers a wider field than that of any one member. Paradoxically, and contrary to common belief, sensitive subjects are sometimes more freely discussed in groups, when individuals would not wish to discuss them alone with a stranger. Groups can also generate numbers with observable mutual checking through self-surveys, whether verbal or visual. With visual modes, such as mapping and modeling, experience in PRA has been that groups often build up collective and creative enthusiasm, fill in gaps left by others, and add, crosscheck and correct detail. Triangulation is then both instant and observable.

##### (ii) *From verbal to visual*

With traditional questionnaire surveys and semi-structured interviewing, most of the transfer or exchange of information is verbal. This contrasts with the visual mode of participatory diagramming. This includes social and census mapping, resource mapping and modeling, seasonal analysis, Venn and *chapatti* diagramming, trend diagramming, matrix ranking and scoring, and time use analysis, and is often a group activity.

With visual analysis, relationships change. The topic may be determined, or at least suggested, by the outsider, but the role is not to extract through questions but to initiate a process of presentations and analysis. The outsiders are convenors and facilitators, the insiders actors and analysts. The outsiders hand over control, and insiders determine the agenda, cate-

gories and details. The media and materials are often those of insiders: the ground, stones, sand, seeds as counters, sticks as measures, and so on. Eye contact, and insider's awareness of the outsider, are low. Information is built up cumulatively, and crosschecking is automatic. Often, several or many people are involved. Knowledge overlaps. If half a dozen women diagram a census map of their village, showing women, men, children, handicapped persons, and so on, not everything may be known by each, but two or more may know each item. Debate can be lively because everyone can see what is being said. It can then be the diagrams rather than the people who are interviewed.

Visual methods can also empower the weak and disadvantaged. Visual literacy (Bradley, 1992) is independent of alphabetical literacy, and appears to be near-universal. Visual diagramming is thus an equalizer, especially when it is done using the accessible and familiar medium of the ground. On paper, too, the non-literate can diagram. In Kiteto District in Tanzania, in June 1992, a nonliterate Maasai young man, though mocked as incapable by his literate colleagues, took a sheet of paper, and went off and quietly drew a detailed map of a large village area and its settlements. In Pakistan, in March 1992, several nonliterate women drew complex systems diagrams of their farms and households with internal and external flows and linkages (personal communication, Jules Pretty). Describing the experience of the Neighbourhood Initiatives Foundation (NIF) in the UK, Gibson (1991) has pointed out that "the talkers nearly always win." But with a physical model of their neighbourhood to play with, timid people can physically put down their ideas. Often "people who put down an idea wait for others to talk first about it, and then say themselves: 'I agree with you'" (Gibson, 1991). Similarly participatory mapping and matrices can enable marginalized women to express their preferences and priorities in a physical form which does not entail personal confrontation with otherwise dominating men.

Some contrasts between verbal and visual modes are presented in Table 2.

The shift from verbal to visual is one of emphasis in PRA. Diagrams are part of the repertoire. They can be facilitated on their own early in interactions. They can also be part of semistructured interviews or conversations. Diagrams then present an agenda for discussion. "Interviewing the map," "interviewing the matrix," and "interviewing the diagram" have proved often the most fruitful, but also the most neglected, stages of a discussion and diagramming process. With the visual, "a whole new set of questions and discussion arises which does not in the verbal" (personal communication, James Mascarenhas). The verbal, as shown for example with oral histories (Slim and Thompson, 1993), will always remain important. But combinations of visual and verbal are stronger than either on its own.

Table 2. *Contrasts between visual and verbal modes*

	Verbal (interview, conversation)	Visual (diagram)
Outsider's roles	Investigator	Initiator and catalyst
Outsider's mode	Probing	Facilitating
Outsider's interventions	Continuous and maintained	Initial and then reduced
Insider's roles	Respondent	Presenter and analyst
Insider's mode	Reactive	Creative
Insider's awareness of outsider	High	Low
Eye contact	High	Low
The medium and material are those of	Outsider	Insider
The poorer, weaker, and women can be	Marginalised	Empowered
Detail influenced by	Etic categories	Emic perceptions
Information flow	Sequential	Cumulative
Accessibility of information to others	Low and transient	High and semi-permanent
Initiative for checking lies with	Outsider	Insider
Utility for spatial, temporal and causal analysis, planning and monitoring	Low	Higher
Ownership of information	Appropriated by outsider	Owned and shared by insider

(iii) *From measuring to comparing*

Normal professional training is to make absolute measurements. So if trends or changes are to be identified, or conditions compared between households or between places, this is through measurements made either at different times, or of different things, or in different places. Our preoccupation with numbers drives us to ask "how much?" For sensitive subjects such as income, such questions can sow suspicion, wreck rapport, and generate misleading data.

For practical purposes, comparisons without measurements are often enough. They have advantages. Involving reflection and judgement, they are easier and quicker to express than measurements. They can be elicited for trends and changes without formal baseline data. They are less sensitive, as has been shown by wealth and well-being ranking, and by seasonal analysis: asking how income compares between months is easier to estimate and less threatening to reveal than are absolute figures. In addition, comparisons, as with matrix ranking and scoring, can in a short time elicit complex and detailed information and judgements of value inaccessible by other methods unless with great labor. Moreover, trends, comparisons and weightings lend themselves to visual sharing, with all its potential gains in participation, triangulation, progressive approximation, and learning. Comparing can be quicker and cheaper, and often more credible, than measuring.

(c) *Reversals of relations: From reserve to rapport, from frustration to fun*

These reversals of frame and mode follow from, generate and reinforce a reversal of relations, from suspicion and reserve to confidence and rapport.

With outsider-insider interactions, there is a scale of formality-informality, from the structured interview with questionnaire, through the semi-structured interview with checklist of subtopics to the conversation. With interviews, and sometimes also conversations, outsiders ask questions and probe. The outsider usually maintains control and largely determines the agenda and the categories. Eye contact is common. The interviewee responds, conscious of an interaction with a person who is seeking information.

An initial reserve of local people toward outsiders is a commonplace. Their responses are often prudent to avoid loss and hopeful to gain benefits. RRA and more so PRA stress the process of gaining rapport. Some social anthropologists have expressed scepticism about the relative speed with which rapport can be established. For their deeper and more fully emic understanding, there is a case for more lengthy immersion. But the experience with both RRA and PRA is that when outsiders behave well and methods are participatory, good rapport usually comes quickly. This is through outsiders being unhurried, showing respect, explaining who they are, answering questions, being honest, and being interested, and asking to be taught, being taught, and learning.

In the classical view, much good fieldwork is painful. It entails long hours of collecting and checking data. Moser and Kalton (1971, p. 296) observe of questionnaire surveys "An interviewer's interest is bound to flag after a time..." Pelto and Pelto (1978, pp. 194-195) cite the case of an anthropologist, Kobben, who had to make "a great sacrifice of time, during a year of field work, to collect... quantified data on a mere 176 persons" and even then he felt rather unsure of the validity of some of his data. The same authors go on to consider how extensive survey

data from questionnaires needs to be checked and qualified by other methods and conclude.

Clearly, the quantified data of survey research or other standardized interviewing require close support from participant observation and general informal interviewing. But the converse is equally true. The lesson in all this, as Kobben made clear, is that field research entails a great amount of tedious, time-consuming work — both qualitative and numerical (Pelo and Pelo, 1978, pp. 194, 195).

Some earlier participatory research also suffered from being long and drawn out. The pilot project in appropriate technology for grain storage in Bwakira Chini village in Tanzania involved an outside team residing in the village for eight weeks. This was considered a "short period of dialogue," but even so the application of the dialogical methodology was "time consuming and tiresome" (Mduma, 1982, pp. 203, 213).

This contrasts with RRA. Professional conversations are mutually stimulating and interesting. Of cattlekeepers in Nigeria who ranked browse plants, Bayer (1988, p. 8) wrote that "Pastoralists were very willing to share their knowledge about browse plants with us and appeared to enjoy the interviews as much as we did." Reflecting on the comparison between a topic RRA and a questionnaire survey on forestry and fuelwood in Sierra Leone, Inglis (1991, p. 40) wrote that the RRA approach enabled respondents "to enjoy a professional chat about their livelihood or kitchen habits, instead of being subjected to an intrusive 278 question questionnaire by bored enumerators."

With PRA the contrast has usually been even stronger. Data are not collected by outsiders, but expressed and analyzed by insiders. A common experience is group-visual synergy as illustrated in Figure 1. Outsiders convene, provide an occasion, and initiate. Local people as analysts become engaged in tangible visual diagramming, a cumulative process of presenting, sharing, adding and correcting information which generates interest and takes off with its own momentum. The role of outsiders then is to keep quiet, observe, assess, and support, and often not to interrupt (see Figure 1).

For outsiders, in Devavaram's words (*RRA Notes*, No. 13, p. 10), "One doesn't get bored repeating field work. It is always interesting." What is shared is often unexpected and at times fascinating. For insiders, the creative act of presentation and analysis is usually a pleasure, and also a process of thinking through, learning and expressing what they know and want. In matrix scoring for trees or crop varieties, using the ground and seeds, it is a common experience for the outsider to become redundant as the process takes off, as villagers debate and score on their own. After village participants had made and analyzed models (*maquettes*) of their environment in Burkina Faso,

all the participants expressed a strong desire to continue the work and to go into it more deeply (Hahn, 1991, p. 3). Quite often dissatisfied with their first attempt at a map, villagers scrub it out and start again with concentrated enthusiasm. Again and again, villagers in India have lost themselves in mapping and modeling, and outsiders have had to learn not to inter-view, not to interrupt, not to disturb their creativity. There is pride in what has been made, and pleasure in presenting it to others. In the words of a postcard from Pakistan, received as this is written "When PRA works well it seems to be a good experience for everyone" (personal communication, J. Pointing). The experience of PRA is often fun.

#### (d) *Reversals of power: From extracting to empowering*

Reversals of frames, modes and relations contribute to reversals of power. In the forms which have spread, PRA has stressed abdication of power and passing much of the initiative and control to local people, using the metaphor (and sometimes reality) of "handing over the stick" (or chalk, or pen). From the perspective of power, PRA contrasts with the more extractive data-collecting nature of traditional methods of inquiry.

In questionnaire interviewing, power and initiative lie with the interviewer. The questionnaire is "administered to" the person interviewed. The interviewee is a "respondent," a person who replies or reacts. The Latin *respondere* means to return like with like. The questions and categories are those of the interviewer, who also records the "response." The professional concern is less with people — the respondents, and more with what they provide — the responses. In their textbook *Survey Methods in Social Investigation* (1971) Moser and Kalton have only two index entries for "respondent," but 32 for "response." The responses matter more, for they are the raw material to be mined, packaged, transported and processed, the commensurable output to be collected, categorized, coded, counted and correlated.

In classical social anthropological investigation, too, the ultimate aim has been to obtain data which are then analyzed and written up away from the field. Participant observation demands and creates sharply different relationships to questionnaire surveys but the basic objective remains similar. Development anthropologists aim to be useful through their work in a more direct manner, and many anthropologists intervene in their field for ethical reasons. But the basic objective often remains that of a researcher, leading to the crowning consummation of data and insights processed into a Ph.D. thesis, articles or a book.

In contrast, the thrust of PRA is to reverse dominance, to empower more than extract. The objective

sought by many practitioners is less to gather data, and more to start a process. Approaches and methods tend to be what Scoones and Thompson (1993, p. 22) call "performative" (as also with folk theater, stories, rbs, songs and the like) through visualizations ... break down the distinction between data and analysis. The initiative is passed to "them." The stick is handed over. The prime actors are the people. The outsider is less extractor, and more convenor, facilitator and catalyst. Even so, two practical and ethical issues stand out.

The first issue is who is empowered. The easy, normal tendency is for those who participate and who are empowered to be those who are already more powerful or less weak — the better-off, elites, officials, local leaders, men, adults and the healthy, rather than the worse-off, the underclasses, the vulnerable, lay people, women, children and the sick. When this occurs, the weak and poor may end up even worse off. With women, the problem is compounded by their many tasks which make it hard for them to find blocks of undisturbed time enough for some of the participatory modes of analysis. Deliberate steps have been repeatedly needed to offset such biases, identifying different groups in a community, and encouraging and enabling women to conduct their own analysis and express their own priorities (Welbourn, 1991).

The second practical and ethical issue is what the shared information is used for. The unselfconscious sharing of information by local people through participatory methods is open to abuse by outsiders. PRA methods could be used as a trick to lure unsuspecting people into parting with their knowledge. Examples are not yet known but can be expected.

A legitimate and sensitive PRA process can seek to enable outsiders to learn, but through the sharing of information in a manner which enhances people's

analysis and knowledge and leaves them owning it. The actual and the ideal, here as elsewhere, will rarely correspond exactly. But an ideal sought by some PRA practitioners is a process in which people, and especially the weaker and poorer, are enabled to collate, present and analyze information, making explicit and adding to what they already know. This happens, for example, through participatory mapping of a watershed where the map is used by villagers to plot current conditions and plan actions, and is retained by them for monitoring action taken and changes, or through mapping and surveying degraded forest, deciding how to protect it and what to plant, and then managing the resource; or through matrix scoring for varieties of a crop which enables them to specify the characteristics of a "wish" variety they would like. The aim is to enable people to present, share, analyze and augment their knowledge as the start of a process. The ultimate output is enhanced knowledge and competence, an ability to make demands, and to sustain action. Instead of imposing and extracting, PRA is then designed to empower.

The popularity and power of PRA are linked. PRA is not always well done. But when it is well done, local people, and especially the poorer, enjoy the creative learning that comes from presenting their knowledge and their reality. They say that they see things differently. It is not just that they share knowledge with outsiders. They themselves learn more of what they know, and together present and build up more than any one knew alone. The process is then empowering, enabling them to analyze their world and can lead into their planning and action. It is not the reality of the outsider which is transferred and imposed, but theirs which is expressed, shared, and strengthened. In this final reversal, it is more the reality of local people than that of outsider professionals that counts.

## NOTES

1. An illustrative, but certainly incomplete listing is Australia, Bangladesh, Canada, China, Colombia, Denmark, Eire, Germany, India, Kenya, Nepal, Nigeria, Norway, Pakistan, the Philippines, South Africa, Sweden, Tanzania, Thailand, Uganda, the United Kingdom, the United States,

Vietnam, Zambia and Zimbabwe.

2. This article is based on the work of many people, too numerous to name, but I thank them all. For comments on earlier versions I am grateful to Tony Dunn, James Mascarenhas, Jules Pretty and two anonymous referees. Responsibility for errors, omissions and opinions is mine alone.

## REFERENCES

- ms. Alayne, Rita Das Roy and Amina Mahhub. Participatory methods to assess change in health and women's lives. An exploratory study for the BRAC-ICDDR, B joint project in Matlab" (Cambridge, MA: Harvard Center for Population and Development Studies, September 1993).
- Bayer, V. "Ranking of browse species by cattlekeepers in Nigeria." *RRA Notes*, No. 3 (December 1988), pp. 4-10.
- Bayer, W. *Browse Quality and Availability in a Farming Area and a Grazing Reserve in the Nigerian Subhumid Zone*. Report to the ILCA Subhumid Zone Programme (Kaduna, Nigeria and Göttingen, May 1987).
- Beebe, J. "Rapid appraisal: The evolution of the concept and the definition of issues," in KKU, *Proceedings of the 1985 International Conference on Rapid Rural Appraisal*. Systems Research and Farming Systems Research Projects (Khon Kaen, Thailand: University of Khon Kaen, 1987), pp. 47-68.

- Bernadas, C. N. Jr., "Lesson in upland farmer participation: The case of enriched fallow technology in Jaro, Leyte, Philippines," *Forests, Trees and People Newsletter*, No. 14 (October 1991), pp. 10-11.
- Bradley, Sarah Murray, "Visual literacy: A review with an annotated bibliography," Mimco (London: IIED, 1992).
- Campbell, G. J., R. Shrestha and I. Stone, *The Use and Misuse of Social Science Research in Nepal* (Kirtipur, Kathmandu: Research Centre for Nepal and Asian Studies, Tribhuvan University, 1979).
- Carruthers, Ian and Robert Chambers, "Rapid appraisal for rural development," *Agricultural Administration*, Vol. 8, No. 6 (1981), pp. 407-422.
- Cernea, Michael, (ed.) *Putting People First: Sociological Variables in Rural Development*, Second Edition, revised and expanded (New York: Oxford University Press for the World Bank, 1991).
- Chambers, Robert, *Challenging the Professions Frontiers for Rural Development* (London: Intermediate Technology Publications, 1993).
- Chambers, Robert, "Rapid rural appraisal: Rationale and repertoire," *IDS Discussion Paper*, No. 155 Brighton: IDS, University of Sussex, September 1980).
- Chambers, Robert, Arnold Pacey and Lori Ann Thrupp (Ed.), *Farmer First: Farmer Innovation and Agricultural Research* (London: Intermediate Technology Publications, 1989).
- Collinson, M., "A low cost approach to understanding small farmers," *Agricultural Administration*, Vol. 8, No. 6 (1981), pp. 433-450.
- Conway, G., "Rainbow over Wollo," *New Scientist* (May 5, 1988).
- Conway, G., "Rapid rural appraisal and agroecosystem analysis: A case study from Northern Pakistan," in KKKU, *Proceedings of the 1985 International Conference on Rapid Rural Appraisal, Systems Research and Farming Systems Research Projects* (Khon Kaen, Thailand: University of Khon Kaen, 1987), pp. 228-254.
- Conway, G., *Agroecosystem Analysis for Research and Development* (India: Winrock International Institute for Agricultural Development 1986).
- Conway, G., "Agroecosystem analysis," *Agricultural Administration*, Vol. 20 (1985), pp. 31-55.
- Daane, J. R. V., *Quelle méthode pour l'analyse de systèmes de production en zone rurale tropicale: Le dilemme entre démarche quantitative peu fiable et démarche qualitative peu généralisable*, contribution au 8ème Séminaire d'Economie Rurale (France: CIRAD, Montpellier, 1987).
- Dunn, Tony, and Allan McMillan, "Action research: The application of rapid rural appraisal to learn about issues of concern in landcare areas near Wagga Wagga," NSW, Paper presented to a Conference on Agriculture, Education and Information Transfer, Murrumbidgee College of Agriculture (New South Wales, September 30 to October 2, 1991).
- ERCS, *Rapid Rural Appraisal: A Closer Look at Rural Life in Wollo* (Addis Ababa: Ethiopian Red Cross Society and London: IIED, 1988).
- Franzel, Steven, and Eric Crawford, "Comparing formal and informal survey techniques for farming systems research: A case study from Kenya," *Agricultural Administration*, Vol. 27 (1987), pp. 13-33.
- Freire, Paulo, *Pedagogy of the Oppressed* (New York: The Seabury Press, 1968).
- Gibson, Tony, "Planning for real: The approach of the Neighbourhood Initiatives Foundation in the UK," *RRA Notes*, No. 11 (1991), pp. 29-30.
- Gilbert, I. H., D. W. Norman and I. E. Winch, *Farming Systems Research: A Critical Appraisal*, MSU Rural Development Paper No. 6 (East Lansing: Department of Agricultural Economics, Michigan State University, 1980).
- Gill, Gerard J., *OK, the Data's Lousy, But It's All We've Got: Being a Critique of Conventional Methods*, Gatekeeper Series No. 38 (London: IIED, 1993).
- Gill, Gerard J., "But how does it compare with the real data?" *RRA Notes*, No. 14 (1991), pp. 5-14.
- Gould, P., and R. White, *Mental Maps* (Harmondsworth, UK: Penguin Books, 1974).
- Grandin, Barbara, *Wealth Ranking in Smallholder Communities: A Field Manual* (London: Intermediate Technology Publications, 1988).
- Grandstaff, Terry B., and Somluckrat W., Grandstaff, "A conceptual basis for methodological development in rapid rural appraisal," in KKKU, *Proceedings of the 1985 International Conference on Rapid Rural Appraisal, Systems Research and Farming Systems Research Projects* (Khon Kaen, Thailand: University of Khon Kaen, 1987), pp. 69-88.
- Grandstaff, Somluckrat W., and Terry B. Grandstaff, "Semi-structured interviewing by multidisciplinary teams in RRA," in KKKU, *Proceedings of the 1985 International Conference on Rapid Rural Appraisal, Systems Research and Farming Systems Research Projects* (Khon Kaen, Thailand: University of Khon Kaen, 1987), pp. 69-88.
- Grandstaff, Somluckrat W., Terry B. Grandstaff and George W. Lovelace, "Summary report," in KKKU, *Proceedings of the 1985 International Conference on Rapid Rural Appraisal, Systems Research and Farming Systems Research Projects* (Khon Kaen, Thailand: University of Khon Kaen, 1987), pp. 3-30.
- Gueye, Bara, and Karen Schoonmaker Freudenberger, *Méthode Accélérée de Recherche Participative* (London: IIED, August 1991).
- Gueye, Bara, and Karen Schoonmaker Freudenberger, *Introduction à la Méthode Accélérée de Recherche Participative (MARPI)* (Senegal, Dhaka: Centre de Recherches pour le Développement International, October 1990).
- Gypmantasiri et al. and Gordon Conway, *An Interdisciplinary Perspective of Cropping Systems in the Chiang Mai Valley: Key Questions for Research* (Thailand: Multiple-Cropping Project, Faculty of Agriculture, University of Chiang Mai, June 1980).
- Hahn, H., *Apprendre avec les yeux, s'exprimer avec les mains des paysans se forment à la gestion du terroir* (Switzerland: AGRECOL, Oekozentrum, Langenbruck, 1991).
- Hill, Polly, *Development Economics on Trial: The Anthropological Case for a Prosecution* (Cambridge: Cambridge University Press, 1986).
- Hill, Polly, *Rural Hausa: A Village and a Setting* (Cambridge: Cambridge University Press, 1972).
- IDS, "Some sources on participatory rural appraisal" (Brighton: Institute of Development Studies, University of Sussex, various issues).
- Inglis, Andrew Stewart, "Harvesting local forestry knowledge: A comparison of RRA and conventional surveys," *RRA Notes*, No. 12 (1991), pp. 32-40.

- Inglis, Andrew Stewart. "Harvesting local forestry knowledge: A field test and evaluation of rapid rural appraisal techniques for social forestry project analysis." Dissertation presented for the degree of Master of Science (Edinburgh University of Edinburgh, 1990).
- Kenyon, John. "When a community describes itself." *Together* (October-December 1983), pp. 21-26.
- KGVK. *Management Training Manual* (Bihar India: Krishi Gram Vikas Kendra, Ranchi, Bihar, 1991).
- KKU. *Proceedings of the 1985 International Conference on Rapid Rural Appraisal, Rural Systems Research and Farming Systems Research Projects* (Thailand: University of Khon Kaen, 1987).
- Lonhurst, R. (Ed.). *Rapid Rural Appraisal, IDS Bulletin*, Vol. 12, No. 4 (1981).
- McCracken, J. A., Jules N. Pretty and Gordon R. Conway. *An Introduction to Rapid Rural Appraisal for Agricultural Development* (London: IIED, 1988).
- Mascarenhas, J. and P. D. Prem Kumar. "Participatory mapping and modelling: User's notes." *RRA Notes*, No. 12 (1991), pp. 9-20.
- Miduma, E. K. "Appropriate technology for grain storage in Bwakira Chini village." in Y. Kassam and K. Mustafa. *Participatory Research* (New Delhi: Society for Participatory Research in Asia, 1982), pp. 198-213.
- Morris, Jon R. "Multi-subject farm surveys reconsidered: Some methodological lessons." Paper for the East African Agricultural Economics Society Conference (Dar es Salaam, March 31 to April 4, 1970).
- Moser, C. A., and G. Kalton. *Survey Methods in Social Investigation*, Second Edition (London: Heinemann Educational Books Ltd, 1971).
- Mukherjee, Neela. "Villagers' perceptions of rural poverty through the mapping methods of PRA." *RRA Notes*, No. 15 (1992), pp. 21-26.
- NCAER. *Comparative Study of Sample Survey and Participatory Rural Appraisal Methodologies* (New Delhi: National Council for Applied Economic Research, 11 Indraprastha Estate, November 1993).
- Pelto, Pentti J., and Gretel H. Pelto. *Anthropological Research: The Structure of Inquiry*, Second Edition (Cambridge: Cambridge University Press, 1978).
- Peters, Tom. *Thriving on Chaos: Handbook for a Management Revolution* (London: Pan Books, 1989).
- PID and NES. *An Introduction to Participatory Rural Appraisal for Rural Resources Management*, Program for International Development, Clark University, Worcester, Mass and National Environment Secretariat (Nairobi: Ministry of Environment and Natural Resources, November 1989).
- Potter, Johan. "Agrarian change at the household level: A note on investigative styles in research on Mambwe Agriculture (Northern Zambia)." in Preben Kaarsholm (Ed.). *Institutions, Culture and Change at Local Community Level*, International Development Studies Occasional Paper (Roskilde, Denmark), No. 3, (1992), pp. 61-74.
- Pretty, Jules N. "Participatory inquiry and agricultural research" (London: IIED, 1993).
- Pretty, Jules N. *Rapid Catchment Analysis for Extension Agents: Notes on the 1990 Kericho Training Workshop for the Ministry of Agriculture, Kenya*, Sustainable Agriculture Programme (London: IIED, November 1990).
- Pretty, Jules N., S. Subramanian, D. Ananthakrishnan, C. Jayanthi, S. Muralikrishnasamy and K. Renganayaki. "Finding the poorest in a Tamil Nadu village: A sequence of mapping and wealth ranking." *RRA Notes*, No. 15 (1992), pp. 39-42.
- Rajaratnam, Jolly C., Gamesan Helen Thasian, Navamoni Babu and Abel Rajaratnam. *Validating the Wealth Ranking of PRA and Formal Survey in Identifying the Rural Poor* (Tamil Nadu: RUHSA Department, Christian Medical College and Hospital, Vellore, 1993).
- Rocheleau, Diane, Kamopi Wachira, Luis Malaret and Bernard Muchiri Wanjohi. "Local knowledge for agro-forestry and native plants." in Robert Chambers, Arnold Pacey and Lori Ann Thrupp (Eds.), *Farmer First: Farmer Innovation and Agricultural Research* (London: Intermediate Technology Publications, 1989), pp. 14-24.
- Rhoades, Robert. "The coming revolution in methods for rural development research." in Nevin S. Scrimshaw and Gary R. Gleason (Eds.), *RAP: Rapid Assessment Procedures: Qualitative Methodologies for Planning and Evaluation of Health Related Programmes* (Boston: International Nutrition Foundation for Developing Countries, 1992).
- RRA Notes* 1-18 and continuing, Sustainable Agriculture Programme, International Institute for Environment and Development, London.
- Scrimshaw, Nevin S., and Gary R. Gleason (Eds.), *RAP: Rapid Assessment Procedures: Qualitative Methodologies for Planning and Evaluation of Health Related Programmes* (Boston MA: International Nutrition Foundation for Developing Countries, 1992).
- Scrimshaw, S., and E. Hurtado. *Rapid Assessment Procedures for Nutrition and Primary Health Care: Anthropological Approaches for Improving Programme Effectiveness* (Tokyo: United Nations University, Los Angeles: UNICEF/UN Children's Fund and UCLA Latin American Center, 1987).
- Scoones, Ian, and John Thompson. "Challenging the Populist Perspective: Rural People's Knowledge, Agricultural Research and Extension Practice." Discussion Paper 332 (Brighton: IDS, University of Sussex, December 1993).
- Shah, Parmesh, Girish Bharadwaj and Ranjit Ambastha. "Farmers as analysts and facilitators in participatory rural appraisal and planning." *RRA Notes*, No. 13 (1991), pp. 84-94.
- Shaner, W. W., P. F. Philipp and W. R. Schmehl. *Farming Systems Research and Development Guidelines for Developing Countries* (Boulder, CO: Westview Press, 1982).
- Silverman, Sydel E. "An ethnographic approach to social stratification: Prestige in a central Italian community." *American Anthropologist*, Vol. 68, No. 4 (1966), pp. 899-921 (cited in Pelto and Pelto, 1978, pp. 82-84).
- Slim, Hugo, and Paul Thompson. *Listening for a Change: Oral Testimony and Development* (London: Panos Publications, 1993).
- Swift, Jeremy, and Abdi Noor Umar. *Participatory Pastoral Development in Isiolo District: Socio-economic Research in the Isiolo Livestock Development Project* (Isiolo, Kenya: Isiolo Livestock Development Project, EMI/ASAL Programme, 1991).
- Uphoff, Norman. *Learning from Gal Oya: Possibilities for Participatory Development and Post-Newtonian Social Science* (Ithaca: Cornell University Press, 1992).
- Welbourn, Alice. "RRA and the analysis of difference." *RRA Notes*, No. 14 (December 1991), pp. 14-23.



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## Participatory Rural Appraisal (PRA): Challenges, Potentials and Paradigm\*

ROBERT CHAMBERS†

*Institute of Development Studies, Brighton, U.K.*

**Summary.** — Much of the spread of participatory rural appraisal (PRA) as an emerging family of approaches and methods has been lateral, South-South, through experiential learning and changes in behavior, with different local applications. Rapid spread has made quality assurance a concern, with dangers from "instant fashion", rushing, formalism and ruts. Promising potentials include farmers' own farming systems research, alternatives to questionnaire surveys, monitoring, evaluation and lateral spread by local people, empowerment of the poorer and weaker, and policy review. Changes in personal behavior and attitudes, and in organizational cultures, are implied. PRA parallels and resonates with paradigm shifts in the social and natural sciences, business management, and development thinking, supporting decentralization, local diversity, and personal responsibility.

### 1. INTRODUCTION

The term Participatory Rural Appraisal (PRA) (Mascarenhas *et al.*, 1991) is being used to describe a growing family of approaches and methods to enable local people to share, enhance and analyze their knowledge of life and conditions, to plan and to act. PRA flows from and owes much to the traditions and methods of participatory research (e.g., Freire, 1968), applied anthropology, and field research on farming systems (Gilbert, Norman and Winch, 1980; Shaner, Philipp and Schmeihl, 1982), and has evolved most directly from a synthesis of agroecosystem analysis (Gymantasin *et al.*, 1980; Conway, 1985, 1986, 1987) and rapid rural appraisal (RRA) (Agricultural Administration, 1981; Longhurst, 1981; KKU, 1987).

PRA shares some of its principles with RRA: direct learning from local people, offsetting biases, optimizing tradeoffs, triangulating, and seeking diversity. To these it adds its own principles which concern the behavior of outsiders: facilitating analysis by local people, practicing critical self-awareness and responsibility; and sharing. RRA and PRA are compared in Table 1. A major contrast is that in RRA information is more elicited and extracted by outsiders, while in PRA it is more owned and shared by local people.

Some of the more developed and tested methods of PRA are participatory mapping and modeling, transect walks, matrix scoring, well-being grouping and ranking, institutional diagramming, seasonal calendars, trend and change analysis, and analytical diagramming, all undertaken by local people. Modes of

investigation, sharing and analysis are open-ended, and often visual, by groups of people, and through companions. Among many applications (*RRA Notes passim*) PRA has been used in natural resources management (soil and water conservation, forestry, fisheries, wildlife, community planning, etc.), programs for women and the poor, agriculture, health and food security.

PRA has evolved and spread from beginnings in Ethiopia, India, Kenya, Sudan and elsewhere, and in early 1994 is known to be being quite widely practiced in parts of Bangladesh, Botswana, Ethiopia, francophone West Africa, India, Indonesia, Kenya, Nepal, Nigeria, Pakistan, the Philippines, Sri Lanka, Sudan, Uganda, Vietnam, and Zimbabwe, while starts have been made in at least a score of other countries in Latin America, Africa and Asia. Hundreds of nongovernment organizations (NGOs) have adopted PRA and developed applications, as have a number of government departments. The use of PRA methods is being increasingly explored by students and faculty in universities for research, and by training institutes for fieldwork. Spread appears to be accelerating.

This article reviews practical and theoretical questions raised as this spread occurs both internationally, within countries and within organizations. While this

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Table 1. *RRA and PRA compared*

	RRA	PRA
Period of major development	Late 1970s, 1980s	Late 1980s, 1990s
Major innovators based in	Universities	NGOs
Main users	Aid agencies	NGOs
	Universities	Government field organizations
Key resource earlier overlooked	Local people's knowledge	Local people's capabilities
Main innovation	Methods	Behavior
Predominant mode	Extractive-elicitive	Facilitating-participatory
Ideal objectives	Learning by outsiders	Empowerment of local people
Outcomes sought	Useful information, reports, plans, projects	Sustainable local action and institutions

may be timely, it has also to be tentative and to rely on the writer's personal experience and judgement. PRA approaches and methods will be examined in terms of how they have spread, quality assurance, dangers, potentials and strategies, and finally paradigmatic significance.<sup>1</sup>

## 2. HOW PRA HAS SPREAD

The way PRA has spread can be analyzed in terms of three basic components and in terms of modes and media

### (a) *Spread stressing basic components of PRA*

The three basic components of PRA (Mascarenhas *et al.*, 1991, p. 35a) have been identified as methods, behavior and attitudes, and sharing. Their significance has been recognized and stressed in that sequence.

The first basic to be recognized was *participatory methods* to facilitate analysis by rural people. Some methods were adaptations of those already widely used in RRA, such as semi-structured interviewing and focus groups. Others such as participatory mapping and matrix scoring were new: local people now did what before outsiders had done, and had often believed that only they could do.

In RRA and initially in PRA, training stressed the correct performance of the methods. Manuals, guides and sourcebooks (e.g., McCracken, Pretty and Conway, 1988; PID and NES, 1989; Gueye and Freudenberg, 1990, 1991; Theis and Grady, 1991; Campbell and Gill, 1991) covered approaches from a more extractive-elicitive RRA style to a more participatory-empowering PRA style. They also varied in the degree of formality or flexibility implied, from a set stepwise sequence specialized for the preparation of a Village Resource Management Plan (PID and NES, 1991) to the open-ended listing of a menu with commentary (Campbell and Gill, 1991).

Methods have provided a professionally acceptable point of entry for the spread of PRA. PRA meth-

ods which generate figures, matrices and tables can be immediately attractive. Meams *et al.* (1992) found in Mongolia that wealth ranking was useful in this context as part of a "hidden agenda" by giving "every appearance of being the kind of 'hard' statistical method that Mongolian researchers and bureaucrats, like their counterparts in many parts of the world, have been professionally socialised to use and expect" (p. 37). Similarly, matrix scoring for varieties of a crop provides not only fascinating and useful information and insights (see e.g., The Women of Sangams, Pastapur and Pimbert, 1991; Drinkwater, 1993) but also good-looking tables with figures. Scientists and others, can be so impressed by farmers' criteria, judgements and abilities as demonstrated in matrix scoring that they go on from this method to others, and progressively become more participatory in their approach.

Increasingly in PRA, a second basic came to be seen as the *behavior and attitudes* of outsiders. For local people confidently and capably to express their own knowledge, to conduct their own analysis, and to assert their own priorities, outsiders had to step off their pedestals, sit down, "hand over the stick," and listen and learn. Such behavior conflicts with much normal professional conditioning and self-esteem. In the field, most outsiders find it difficult to keep quiet, to avoid interrupting, to abstain from criticism, to refrain from putting forward their own ideas. In line with this recognition, field experience training came to stress changes in how outsiders behave. Kumar (1991), a leading trainer in the Indian Government service, placed his main emphasis on behavior and attitudes. He made the counterintuitive discovery that outsiders with less briefing about the methods were more successful as facilitators than those who were more fully briefed. To tackle the problem of behavior in the field, Anil Shah, of the Aga Khan Rural Support Programme (India) invented "shoulder tapping" (Shah, 1991) as a corrective. This is a contract between outsiders to tap the shoulder of any colleague who criticizes, asks a leading question, or puts forward his or her own ideas.

The most powerful and immediate change in

behavior and attitudes has been through DIY (do it yourself). This entails requesting local people to be teachers, while the outsiders are students who are taught to do a local task such as winnowing grain, mudding a wall, thatching, spreading manure, weeding, transplanting, washing clothes, cooking, or fetching wood or water. In a refinement developed by Kamal Kar in India, the outsiders are videoed with subsequent viewing and discussion of a playback both to them and to villagers. The impact can be strong, both personally for outsiders, and in establishing rapport between outsiders and villagers.

These shifts of emphasis have found expression in the content and style of training (Table 2). Didactic training has taken longer, and has been mainly in the classroom; experiential learning has taken less time, and has been mainly in the field, and especially staying or camping in villages. As behavior and attitudes have come to be recognized as crucial, so field experiential learning has become more prominent.

The third basic in the philosophy and practice of PRA came to be recognized as *sharing*. For practitioners and trainers this has become increasingly a conscious strategy and mode of spread. It has two dimensions: sharing knowledge and sharing experience.

Sharing knowledge takes three main forms:

- Local people share knowledge among themselves, especially through analysis in groups and visual presentations.
- Local people share that knowledge with outsiders. As a condition for facilitating this process, outsiders restrain themselves from putting forward their own ideas, at least at first, or imposing their own reality.
- Outsiders themselves share what they learn with each other and with local people.

In this spirit, the emerging philosophy of PRA has stressed open access to information and avoiding professional possessiveness. *RRA Notes*, which disseminates recent experience in PRA, has been free on request, and has invited readers to photocopy and dis-

tribute photocopies. Outsiders have been encouraged not to own ideas or methods but to make them open access common property. Putting local people first has been stressed: local mappers and analysts have been given professional recognition through recording their names on their maps and diagrams, and through their contributions to professional work (see e.g., *The Women of Sangams*, Pastrapur and Michel Pimbert, 1991; Chidhan *et al.*, 1992).

The sharing of PRA experience has been between individuals, organizations, countries and continents. Some of this has flowed from NGOs in India such as ActionAid, AKRSP, MYRADA, OUTREACH, Seva Bharati, and SPEECH which have established, maintained and disseminated this culture of sharing. Village camps have been made open to people from other organizations. Quite often, a training camp organized by an NGO has included not just its own staff but also people from other NGOs, from government and from other local communities. Sharing of experience has then been part of the rationale and culture of the camp: beyond the sharing of information by villagers, presenting it to each other and to outsiders, the aim has been sharing among outsiders and between them and villagers of daily experience, food, and sometimes celebration, and sharing among outsiders of learning through self-critical appraisal of process.

Some international sharing South-South has been in the same spirit. In early 1992, three Indian NGOs — ActionAid, AKRSP and MYRADA — hosted the first international PRA field workshop to which participants came from 11 other countries of the South. Starting in 1990, trainer/facilitators from the South have traveled to other countries and conducted field learning workshops. By early 1994 trainer/facilitators had gone from at least five countries in the South — India, Kenya, Senegal, Sri Lanka and Zimbabwe — to conduct PRA workshops in other countries both in the South including Bangladesh, Botswana, Ethiopia, Ghana, Indonesia, Lesotho, Malaysia, the Philippines, South Africa, Tanzania, Uganda, Vietnam, Zambia

Table 2 *RRA and PRA Contrasts in training*

	Didactic (more RRA)	Experiential (more PRA)
Aim	Learn methods	Change behavior and attitudes
Duration	Longer (weeks)	Shorter (days)
Style	Classroom then practice	Practice then reflection
Source of learning	Manuals, lectures	Trials, experiences
Location	More in the classroom	More in the field
Learning experience	Intermittent Intellectual	Continuous Experiential
Good performance seen to be through	Stepwise and correct application of rules	Flexible choice, adaptation and improvisation of methods

Source: Chambers (1993a), p. 99

and Zimbabwe, and also in the North, including Bulgaria, Canada, Denmark, Finland, Norway, Sweden, Switzerland and the United Kingdom.

#### (b) *Modes of spread*

Most programs in government, and many in large NGOs, are spread vertically, from the top-down, through central decision-making, official instructions, and formal training. In government, obvious examples include programs in health, water, irrigation, forestry, soil and water conservation, credit, and integrated rural development. In agriculture an example is the Training and Visit system for agricultural extension.

The spread of PRA, in contrast, has been lateral more than vertical, personal more than official, and experiential more than didactic. Unlike Farming Systems Research, it has not required substantial special funding for special units or departments. It appears to have been adopted, adapted and developed because it has been seen to fulfill a need. High-level support in large organizations has been a predisposing condition for adoption, but not in itself enough: where staff have been instructed from above to use PRA, performance has been patchy. Classroom teaching has also not worked well. PRA has been internalized much more through personal choice and field experience than through official requirement or formal teaching.

Empirically, the manner in which PRA has spread can be described under four headings:

— *Through field learning experience:* Field learning experiences, camping or staying in villages, or very close by, have proved powerful and popular. The Sustainable Agriculture Programme of the International Institute for Environment and Development (IIED), London, has facilitated over 30 such workshops in at least 15 countries. The World Resources Institute has been active in Latin America. In India at least a dozen NGOs had by early 1994 provided such experience. Not uncommonly, after three to 10 days of a field learning experience with villagers, a participant has left and started to train and spread PRA in his own organization and area.

— *Through a light touch:* A short workshop, from as brief as an hour or two to as long as a day or two, has familiarized participants with some basics. A few people have then started using PRA methods, learning as they went. In one instance, two senior staff of Samakhya, a large NGO in Andhra Pradesh in India, saw slides of participatory mapping and of "handing over the stick" (symbolically passing authority and initiative to others), and immediately adopted these in their procedure for forming new cooperatives. In other cases, after a brief work-

shop, senior officials have decided to permit, encourage and support PRA in their organizations, enabling members of their staff who were so inclined to adopt PRA approaches and methods.

— *By villagers — lateral and bottom-up:* In the lateral mode, villagers who have gained experience with PRA have themselves become trainer/facilitators. Such lateral transfer to other villages and villagers is documented for AKRSP in Gujarat (Shah *et al.*, 1991a). Village volunteers familiar with PRA approaches and methods have become consultants to facilitate PRA in other villages.

In the bottom-up mode, villagers train outsiders or present their analysis to them. With the AKRSP in India, villagers have become trainers for NGO staff (Parmesh Shah, personal communication). With MYRADA in India, farmers presented slides of their technology to a high-ranking committee in Bangalore and to a workshop in ICRISAT (the International Crops Research Institute for the Semi-Arid Tropics). In other countries, such reverse transfer of PRA experience and analyses has been from village to capital city. In Sri Lanka in January 1992, in Botswana in June 1992, and in Bangladesh in January 1993, villagers first conducted and presented their own analyses in their villages. They were then invited as consultants to present their maps, models, matrices, institutional diagrams, well-being rankings, seasonal calendars and other analyses to senior people in, respectively, Colombo, Gaborone and Dhaka. In Colombo and Dhaka, a video of the village process contributed to the impact on capital city skeptics. In Dhaka, the villagers, women and men, formed a panel and answered searching questions with confidence and conviction.

— *Through dissemination materials:* Dissemination materials have played a big part, especially *RRA Notes* (1–18 continuing) distributed free by IIED, and a handful of videos, among which MYRADA's *Garuda-Kempanahalli: A Participant's Diary of a PRA Exercise* (1990), Michel Pimbert's *Participatory Research with Women Farmers* (1991), and the Sri Lanka Self-Help Support Programme's *We Could Do What We Never Thought We Could* have been influential. The multiplication and distribution of slides has also been significant. The visual nature of much PRA analysis has lent itself to visual forms of dissemination.

There remains the question why PRA, despite the changes in behavior and attitudes entailed, has developed and spread so fast. Among many factors, some stand out. As communications have improved in much of the world, new ways of doing things have been learned about more quickly. The sort of open institutional culture in which PRA has evolved and thrived has become commoner among NGOs. Open-ended-

ness has encouraged rapid innovation. The practicality of applications has contributed to the momentum. PRA, has, moreover, usually proved enjoyable and generated rapport. The information and insights which flow from it have often been diverse, detailed, complex, accurate, interesting and useful, and shared in a short time. Again and again, PRA has proved both powerful and popular. With all these factors operating, it is less surprising that its spread has been rapid.

### 3 DEALING WITH DANGERS

Rapid spread has brought dangers. Like any other newly labeled approach to development, PRA faces dangers and is vulnerable.

In an earlier draft of this article, the first danger was listed as rejection, especially by academics. But professional attitudes are changing rapidly. Social anthropologists, for example, have been increasingly open to adopting and adapting PRA methods. Perhaps some academics who are firmly wedded to conventional questionnaire surveys will not wish to change horses in the midstream of their teaching and research careers, but, to mix the metaphors, the student tail may wag the teacher dog, as students demand to use RRA and PRA methods for their research.

Four dangers remain as concerns expressed by practitioners and trainers.<sup>2</sup> They stem not from rejection but from rapid or rigid adoption.

The first is "instant fashion." As happened at one stage with farming systems research, RRA and PRA are vulnerable to discrediting by overrapid promotion and adoption, followed by misuse, and by sticking on labels without substance. The hardened development professional who knows how to vary vocabulary to fit fashion will replace questionnaires or "RRA" in project documents with "PRA," but may not know or care about what it entails. "PRA" may be used to legitimate the very approaches and methods PRA practitioners have sought to replace. The PRA label has been stuck on questionnaires: a recent publication on rapid urban environmental assessment (Leitman, 1993) opens its section on methodology with the words: "In the same spirit as rapid and participatory rural appraisal... an urban environmental indicators questionnaire was designed..." Yet conventional questionnaires are one of the methods which RRA and PRA have sought to avoid and improve on. In early 1994, the warning signs of instant fashion are evident: demand for training which exceeds the small cadre of competent trainers; requirements that consultants who were once to "use RRA" now "use PRA"; consultants who say they will do so, when they lack the experience and orientation; the belief that good RRA or PRA are simple and easy, quick fixes, which they are not; and a failure to recognize that most of the experienced and skilled practitioners are from the South and in the South, not

from the North or in the North. The practical implication is a caveat to donors and policy makers to proceed in a measured manner, not to request or require PRA immediately and everywhere, and to recruit expertise in the South.

A second danger is rushing. The word "rapid" was needed in the late 1970s and early 1980s to offset the long drawn-out learning of traditional social anthropology and counter that of large-scale questionnaire surveys. But by the late 1980s "rapid" had become a liability. It has been used to legitimize brash and biased rural development tourism (the brief rural visit by the urban-based professional). Hurried rural visits, insensitivity to social context, and lack of commitment compound errors, and can mean that the poorest are, once again, neither seen, listened to, nor learnt from. Misleading findings then follow. Pottier's critique (1992) of hurried farmer interviews conducted in Northern Zambia warns of such error. Van Steijn's review (1991) of RRAs conducted by NGOs in the Philippines similarly points to quite widespread practices of low quality. Rapid often means wrong.

To offset this danger has been found to require care, patience and planning to have plenty of time. Much of the rationale for RRA/PRA has been to make time to find the poorest, to learn from them, and to empower them. Sensitive behavior and treating time as plentiful have proved to be crucial. It has been suggested that the first R of RRA and the middle R of PRA would better be "relaxed" than "rapid."

A third danger is formalism. In the long term, this may prove the most difficult problem. With any innovation, there is an urge to standardize and codify, often in the name of quality. Manuals are called for and composed. They can indeed be useful as compilations of ideas and experience, as handbooks that widen choice of methods and applications, and as sources of tips and techniques, both for field practitioners and for trainers. But manuals also inhibit and intimidate. With any new approach or method, they are short to start with but grow fast. Paragraphs proliferate as intelligent authors seek to cater for every condition and contingency. Some farming systems research gave rise to manuals the weights and volume of which was itself a problem. The four volumes of Farming Systems Support Project Manuals (FSSP, 1987) weigh approximately 3.6 kg. The dangers are evident. As the text lengthens, training is prolonged. More time is spent in the classroom teaching the theory and less in the field learning the practice. Spontaneity is lost and spread slowed, stopped or reversed.

The lesson has been for practitioners to learn in the field, through experience, feeling free to start taking responsibility for what they do, making mistakes, and learning on the run. It has been not books of instructions, but personal commitment, critical awareness, and informed improvisation, which have best assured quality and creativity.

A final danger is routinisation and ruts. With scaling up and spread, repetition leads practitioners and trainers into regular habits. There are many different ways of doing participatory mapping and modeling, transects, walks, seasonal analysis, group interviews, ranking and scoring, identifying special groups of people, and the like. But practitioners in any organization, or even region, have shown signs of slipping into unvarying standard practices, overlooking other options.

Some routinization and repetition are inevitable, even desirable. For example, there is a logic in certain sequences of methods for specific purposes. But experimenting, inventing, testing, adapting and constantly trying to improve have been part of the strength of PRA. That spirit has been nurtured through exchanges of trainers and practitioners between organizations, countries and continents, and through open sharing of methods, experiences, and ideas, especially in the field.

Together, these four dangers threaten the quality of PRA as it spreads. As PRA becomes more widespread, so it may degenerate. In strategic discussions about PRA the question has been raised whether quality can be assured by stressing changes in behavior, "handing over the stick" (passing the initiative to villagers), "they can do it" (having confidence that villagers can map, model, rank, score and so on), "embracing error" (welcoming and sharing mistakes as opportunities for learning), and "using your own best judgement at all times" (stressing personal responsibility). The working hypothesis has been that if these are part of the "genes" of PRA as it spreads, then where it is adopted, practice should improve. Good performance would come then not from external quality control but from internal quality assurance, and through personal critical awareness, trying to do better.

#### 4. POTENTIALS AND CHALLENGES

Potentials and challenges presented by PRA can be considered under seven heads.

##### (a) Beyond farming systems research (FSR)

Farming systems research faces problems because of the diversity, complexity and uncontrollability of many farming systems, especially rainfed farming in the South. Participatory approaches known variously as farmer-back-to-farmer (Rhoades and Booth, 1982), farmer participatory research (Farrington, 1988; Farrington and Martin, 1988), participatory technology development (ILEIA, 1991) and farmer first (Chambers, Pacey and Thrupp, 1989) have moved toward involving farmers to undertake their own analysis. This is potentially parsimonious in the use of

scientists' time (Chambers and Jiggins, 1986) but its methods are still in an early stage of development.

Pioneering work by many of those working in India (see e.g., Mascarenhas *et al.*, 1991), and by Jacqueline Ashby of CIAT, Clive Lightfoot of ICLARM, the Sustainable Agriculture Programme Team at IIED, and others has shown that farmers have greater capabilities for diagramming and analysis than has been normal professional belief (see e.g., Ashby, Quiros and Rivers, 1989; Lightfoot *et al.*, 1989; Mascarenhas *et al.*, 1991; Guijt and Pretty, 1992; Palaniswamy *et al.*, 1992; Vijayraghavan *et al.*, 1992; Cornwall, Guijt and Welbourn, 1993). In Bangladesh, Ghana, India, Malawi, and Pakistan farmers have presented and analyzed nutrient flows and other linkages in their farming systems by diagramming on the ground and on paper (Lightfoot and Minnick, 1991; Guijt and Pretty, 1992; Lightfoot and Noble, 1993; Ofori *et al.*, 1993). In Zambia in 1991, matrix scoring for varieties of millet was the core of a process in which "by the end of the session, all present, farmers and researchers, had learned a great deal more about finger millet than they knew at the beginning" (Drinkwater, 1993, p. 24). In Pakistan in early 1992 in a field training exercise, women and men, non-literate as well as literate, drew flow and linkage diagrams for their farms and livelihoods (Guijt and Pretty, 1992). In Tamil Nadu, India, in 1992 PRA methods, including matrix scoring, led scientists to learn farmers' preference for red over white rice, and to change their research priorities (Manoharan, Velayudham and Shunmugavalli, 1993). In India and Botswana in 1992, matrix scoring for varieties of a crop was developed by asking analysts to add a "wish" variety in which farmers specified the characteristics they would like extension and scientists to provide for them (Chambers, 1993b, p. 95). Participatory mapping and modeling, seasonal calendars, and trend and change diagramming have also been facilitated to enable farmers to conduct their own analysis. The rate of innovation has been rapid, and much that has taken place has probably remained unreported.

The challenge now is to further develop and disseminate such approaches and methods to help farmers do their own analysis and make their own needs and priorities known to scientists. If such efforts continue to be successful, the implications for activities, procedures, training, rewards and institutional cultures in agricultural education, research and extension will be little short of revolutionary (Pretty and Chambers, 1993).

##### (b) Participatory alternatives to questionnaire surveys

Despite repeated exposure and criticism of their often high costs, errors, delays and other defects (see

e.g., Morris, 1970, Campbell, Shrestha and Stone, 1979, Hill, 1986, Bleck, 1987, Daane, 1987, Inglis, 1991, 1992, Gill, 1993), large-scale questionnaire surveys, whether for one-off *ad hoc* investigations or for longitudinal studies, remain one of the most widespread and sustainable of rural industries. Among the largest customers have been donor agencies requiring baseline surveys for projects, in the hope that later progress can be monitored and evaluated. Evidence is scarce that such baseline surveys have been useful or worth the cost. The reasons include the difficulties, often unforeseen or underestimated at the time of the baseline, of quality control, of ensuring comparability in subsequent surveys, of assessing the counterfactual (what would have happened without the project), of finding comparable control areas, and of disentangling and weighing multiple causality (Chambers, 1978). Nevertheless, such surveys persist. Moreover, for some professionals still, rural research is questionnaire surveys.

The sustainability of large questionnaire surveys as mode of investigation is not difficult to explain. Academics, officials, researchers, consultants and donors find in them a common language and understanding. They reliably feed commensurable numbers to central computers. They protect those senior staff for whom too intimate exposure to the field would be less than congenial. They provide continuing work and salaries for the field investigators who have been employed for years on temporary terms by research institutes. Above all, until recently, they have lacked serious competition.

The evidence is accumulating that participatory methods now present alternatives in two dimensions.

The first dimension is in depth, richness and realism of information and analysis. Questionnaires are only a single, peculiarly fallible, method; in their application, both local people and enumerators tend to be poorly motivated, and complex causality can be but dimly discerned, if at all. PRA approaches and methods, in contrast, present a plurality of methods, with triangulation and crosschecking; and local analysts are usually committed to getting detail complete and accurate, and can from their personal experience interpret change and causality.

The second dimension has been the generation of numbers. From India, Nepal, Bangladesh, Pakistan and Nigeria come evidence and examples of censuses and surveys based upon PRA methods such as participatory mapping and well-being ranking.

In India, a leading PRA practitioner and trainer, Sam Joseph of ActionAid, Bangalore, was able when challenged to specify an alternative PRA method for obtaining all the items of data in a standard baseline survey. In practice, participatory maps made on the ground have been used to present demographic data, using different seeds, colours, stones, vegetables or other symbols to present different sorts of people and

conditions.<sup>1</sup> Local people, nonliterate as well as literate, have used cards to record household information, including assets. The National Council of Applied Economic Research, probably the largest survey organization in India apart from the National Sample Survey, has undertaken a research project to test RRA/PRA methods as an alternative or complement to a conventional sample survey using questionnaires (Chaudhari, 1993, NCAER, 1993). NCAER staff were trained by Joseph in RRA/PRA methods. These were then found to generate valid and reliable quantitative as well as qualitative data at the village level, and also some fairly good ratio estimates for the state (Maharashtra) level for some, but not all, variables. The sample survey with questionnaires covered 120 villages as against only 10 with the RRA/PRA methods. The report concluded (NCAER, 1993, p. 92):

It is perhaps conceivable that an appreciable increase in the number of RRA/PRA villages can provide a data set for generation of regional/state level parameters with relatively smaller sample than normally required in the (sample survey) approach.

Participatory methods have been used increasingly instead of questionnaires to identify target groups; well-being ranking has been used for this purpose by MYRADA and ActionAid in India to identify the poorer with whom they seek to work; in Pakistan, ActionAid staff have facilitated well-being ranking of 38,000 people for this purpose (Humera Malik, personal communication). In Bangladesh, BRAC has tested participatory mapping as an alternative way to identify target groups for a nonformal education program (Khan, 1993). In India again, IFPRI and ICRISAT have been developing and testing procedures, schedules and routines for facilitating and recording visual analyses by villagers, using mapping, charts for food and women's activities (time use, and energy use), and seasonal calendars, as part of a project on alternative approaches to locating the food and nutrition insecure (Haddad, Chung and Devi, 1993).

Participatory methods have also been used as alternatives to questionnaires in monitoring and evaluation. In some AKRSP villages in Gujarat, village volunteers have retained the maps made by villagers and used them for monitoring soil and water conservation measures and yields (Shah, Bhardwaj and Ambastha, 1991b, Shah, 1993a). In Nepal, in September 1991, ActionAid staff (ActionAid, 1992) facilitated participatory mapping as a basic method for a utilization survey for services. Problems were encountered but maps were reported made in about 130 villages, giving information covering the whole population of each village. This presented a differentiated census, and information including utilization of services for education and health, the use of pit latrines, adoption of various agricultural practices, and participation in group activities. The information was collated by the

ActionAid teams and presented in conventional tables. In Bangladesh, participatory mapping has been facilitated similarly by CARE to enable women to present and assess changes resulting from a Women's Development Project (Vigoda, 1993). Also in Bangladesh, trials were conducted in 1993 as part of a joint project of BRAC and the International Centre for Diarrhoeal Disease Research to test and develop participatory methods to assess change in health and women's lives in Matlab Thana (Adams, Roy and Mahbub, 1993).

In Nigeria, the late Selina Adjepong-Asem of Obafemi Awolowo University, Ife-Ife, reported (personal communication, July 1992) on the application of PRA methods in monitoring a soyabean project:

I trained the Soyabean project group in the use of PRA for monitoring of the project impact in five states of the Federation i.e. Kaduna, Niger, Enugu, Anambra and Oyo States of Nigeria. The group of 16 researchers were amazed about how much easier it is to obtain indepth information through participatory mapping in addition to other RRA techniques they have already known. We were able through mapping to obtain all relevant socio-demographic information we required for the project, for example, the number of households in a village, households involved in soyabean production, gender issues in soyabean production, utilization of soyabean, and preference rankings of various soyabean diets. We gathered an incredible amount of information within an hour and a half visit to the village. The researchers have been begging me to give more training in PRA.

In cases such as this, PRA methods, used well, have proved not only more cost-effective than questionnaire surveys; they have also proved more popular with all concerned, researchers and local people alike; and repeatedly villagers have said that they had not realized they could make such maps, that they have learned from the process, and that they now see things differently.

There remains the problem of comparability. The central need for commensurability can conflict with local diversity: this was faced by the ActionAid teams in Nepal, who had to invest time and effort in "gap filling" after central analysis had taken place, concluding that analysis itself would be better decentralized. Comparability of information shared in different contexts may become a big question in the 1990s. Decentralized and democratic processes tend to generate disparate data which central planners cannot then easily add up or compare. More remains to be learned about how and how well PRA methods can generate commensurable data (for example demographic, health and agricultural information) from different places; and to what extent central planners and officials can tolerate and manage incommensurability, and variability in the form of locally shared information and locally generated plans.

Conventional questionnaire surveys are then not

the only means of generating quantified social data. In many contexts, for the data-gathering purposes of outsiders, participatory methods now provide substitutes or complements to them, using various protocols or schedules for recording and standardization. Participatory mapping, seasonal calendars, trend and change analysis, well-being ranking, matrix scoring, impact diagramming, and innovations such as visual interactive questionnaires (Shah, 1993b) present alternatives to questionnaires. On the evidence available by early 1994, such participatory methods have shown advantages. When well facilitated, they have so far proved cheaper and quicker in their comparison of a questionnaire survey approach to identifying economic status in a community of 412 households with a participatory wealth ranking approach, a team in South India found the questionnaire cost seven times as much (7,111 rupees against 1,011 rupees) and took eight times as much staff time (776 hours to 96 hours), besides giving less valid results (Rajaratnam *et al.*, 1993, pp. 20, 36). Participatory mapping can also eliminate laborious household and respondent sampling and sampling errors by covering the whole population of a community. Participatory methods have improved accuracy through cumulative presentation, crosschecking and analysis. They have entailed sharing rather than straight extraction of data, and to varying degrees fun, interest, learning and empowerment. Given the precondition of trained and suitable facilitators, PRA methods have proved so far to be generally cheaper, quicker, more accurate and more insightful.

To what extent PRA methods can and should replace questionnaire surveys requires further investigation. Issues include the feasibility and cost of training fieldworkers in PRA methods and the validity of data for generalization at higher levels. It is also practical now for local people to use PRA methods to generate and use their own numbers, conducting their own censuses, appraisal, baseline surveys, monitoring and evaluation.

#### (c) Empowerment and equity

In practice, much PRA has been found to empower. Those who, through a PRA process express and share what they already know, also learn through that expression and sharing. Those who investigate and observe add to their knowledge. Those who analyze become yet more aware and reach new understanding. Those who plan and then implement what they have planned take command, and further learn through the experience of action.

Whether empowerment is equitable depends on who is empowered. There is a danger (stressed by Scoones and Thompson, 1993) of a naive populism in which participation is regarded as good regardless of who participates or who gains. If those who partici-

pate and gain are only a local male elite, the poor and disadvantaged may end up worse off. The "natural" tendency is for those who are empowered to be men rather than women, the better off rather than the worse off, and those of higher status groups rather than those of lower status. The challenge is then so to introduce and use PRA that the weaker are identified and empowered and equity is served.

Fortunately, the tools available suit this task. Sequences, such as participatory mapping leading to household listing to well-being ranking and then to livelihood analysis, can identify groups distinguished according to local values. Focus group discussions can then be convened to enable different categories of people, including and especially the disadvantaged, to identify their priorities and interests. The contrasts can be sharp. Drawing on applications of PRA techniques in Sierra Leone, Ghana, Malawi and Bangladesh, Welbourn (1991) has shown significant differences by ethnic group, age, gender and economic status, and combinations of these. With pastoralists in Kenya, Swift and Umar (1991, p. 56) found marked and striking differences in the identification of priority problems: out of a possible maximum of 100, livestock management was scored 87 by focus groups of the rich, but only seven by those of the poor, and lack of livestock zero by the rich but 49 by the poor.

Differentiating by groups, interests and gender can empower the poorer and women in several ways. It can give them collective awareness and confidence to confront others and argue their case. Youth for Action, an NGO based in South India, worked at first in some villages only with Harijans (Untouchables) so that they gain in confidence and capability first, before later extending their work to the rest of the village. AKRSP (India) convenes separate groups of women and of men to choose the numbers of trees of different sorts they want in their nursery, and then helps them negotiate a consensus. Differentiation through wealth or well-being ranking can help an outside organization select and deselect those with whom it will work: ActionAid and MYRADA, both in South India, and ActionAid in Pakistan, have used PRA methods to identify the poorer people with whom they then work.

PRA methods such as diagramming can also be brought into play to clarify and resolve conflicts. Agroecosystem diagramming was used in the Philippines to make explicit the differences of interests between groups after the construction of a small dam at Lake Buhí and to achieve consensus about priorities (Conway, Sajise and Knowland, 1989; Conway, 1989). In the approach of the Neighbourhood Initiatives Foundation in the United Kingdom, a large model of a neighborhood allows people to address conflicts by putting down suggestions, and using markers to agree or disagree without needing to identify themselves. This "depersonalises

conflicts and introduces informality where consensus is more easily reached" (Gibson, 1991).

The identification, expression and resolution of conflicts of interest remain a frontier for participatory methods. Diagrams are promising as a means to defuse tension by making agreed fact visible and differences explicit, focusing public debate on physical things rather than on individual people. There remain both potential and need for new and better participatory methods for negotiation and equitable conflict resolution.

#### (d) Local people as facilitators and trainers

A commonplace of PRA experience is that rural people can do much that outsiders have thought they could not do, and often that they themselves have not known they could do. One by one the dominoes have fallen as they have shown that they can map, model, rank, score, estimate, diagram and analyze more and better than expected. Often, too, they have done these better than outsiders. The working rule has become to assume that local people are capable of something until it is proved otherwise.

One challenge then becomes the development and spread of participatory approaches and methods by local people themselves. Farmers' own extension has a long history. Deliberate training of farmers as extensionists may be more recent. As one example, in the 1980s in Central America, World Neighbours trained volunteer extensionists and gradually handed over responsibilities for experiments and extension to them (Bunch, 1985). In India, both MYRADA and SPEECH have invited villagers who had already gained experience of PRA to take part in PRA activities in other villages.

The Aga Khan Rural Support Programme (AKRSP) (India) has taken this further, through the training of village volunteers as PRA facilitators (Shah and Shah, 1994). In the late 1980s, it developed village extension volunteers as an approach in which villagers were trained in PRA both for their own and for other villages. These village volunteers were not just extensionists, but facilitators of the PRA approach and methods (Shah, Bharadwaj and Ambastha, 1991a). They formed teams to conduct PRA exercises in other villages "... involving mapping, transect diagramming, interviewing, group discussions, prioritisation and preparation of a village natural resources management plan. It is observed that they enjoy the process ..." (pp. 87-88). In February 1992, a team of village volunteers from other villagers demonstrated their skills as facilitators to an international group of visitors in Kabripathar village, Bharuch District, Gujarat. In one day, the village volunteers enabled villages to map their degraded forest, count and measure

rootstock in five quadrats on the ground, and assess numbers of nursery plants needed

One question is whether spread through village volunteers can become self-sustaining and self-improving. Villagers experienced in PRA may facilitate appraisal and analysis in neighboring villages on a voluntary basis. AKRSP has incentive systems for volunteers with payment by results, rewarding good performance. Some new villages have also been prepared to pay for the services of village volunteers as consultants. Were this to become common, with market incentives for good performance, what began as a program initiated from outside, might become self-spreading, self-sustaining and self-improving. Organizations such as AKRSP could then foster spread with a light touch by training volunteers and encouraging them to form teams that provide services, whether voluntarily or for a fee.

Finally, AKRSP has trained and enabled village volunteers to be trainers for NGO staff. The latest domino to fall then, is the reversal of villagers becoming PRA trainers for outsider professionals, with the potential that they will develop and invent their own training approaches and methods. The challenge is to accept that through such reversals there are new relative competences and roles, and that outsiders become not just facilitators but learners and trainees.

#### (c) Policy research and change

Policy insights have been gained through RRA and PRA as specific examples from Zimbabwe, Tanzania, Chad and Nepal illustrate.

In Zimbabwe in November 1991, RRA and PRA methods were used to investigate the effects on agriculture of structural adjustment policies. RRAs were conducted by a team of researchers over two weeks in two Communal Areas. Their findings and recommendations, in a report (FSRU, 1991) completed immediately after the fieldwork, provided immediate feedback from the field concerning marketing, transport, input supply, prices, food security, and farmers' attitudes toward agricultural structural adjustment policies, and provided policy makers with insight into the farmers' viewpoint and their intentions.

In 1991 a survey was undertaken in Chad on a national scale using RRA techniques to try and understand how people perceived their food security problems, and what solutions they proposed (Buchanan-Smith *et al.*, 1993). Thirteen survey enumerators worked in 55 representative villages, spending about a day in each village. A group interview with a checklist as guide was followed by household interviews, particularly oriented toward women (who were rarely represented in the group interview). Three years of different weather conditions were used as reference points. Organizing and analyzing the mass of data was

achieved despite difficulties, and lessons were learnt for improving this sort of survey. Three categories of administrative areas were found, each with a distinctive household food security strategy. The results challenged the conventional thinking in N'djamena which held that the key to raising production was promoting free market systems for agricultural produce. The survey showed that more was needed than marketing alone, local people knew methods and technologies to increase production but were constrained by lack of credit for ploughs, oxen, improved seeds, and more efficient irrigation.

Another example is provided by land policy in Tanzania (Idris Kikula, personal communication; Johansson and Hoben, 1992). As a contribution to a government reassessment of land policies, the Institute of Resource Assessment at the University of Dar es Salaam organized four RRAs for mid-level policy makers. Four villages were chosen to represent a range of conditions. Four teams were formed, and each spent five days in one of the villages. Through the direct learning of the RRAs they concluded that the government's top-down approach was wrong, that communities and people were already doing land use planning, that imposing a land use map was misguided, and that new participatory approaches were needed. They presented their findings to a seminar with high-level policy makers. The resulting recommendations from the seminar implied major changes of policy, and seemed "to indicate just how great an impression such a short visit to a rural area can have and how effective an RRA can be in providing relevant insights for policy makers and planners" (Johansson and Hoben, 1992, p. 30).

These three examples were one-off efforts. A prototype for a more permanent facility has been being tested in Nepal. There, eight small Rapid Deployment Teams have been trained in basic PRA methods and are in place at different locations in the *terai* (low-land). They have simultaneously used PRA methods to investigate and report on aspects of policy and conditions, providing comparative insight for policy makers (Gerard Gill, personal communication), demonstrating a model which might be applied in other countries. The evidence to date suggests that policy makers could now, through improved RRA and PRA approaches and methods, receive information and insights which were more up-to-date, reliable and credible, than those through official channels (Chambers, 1992).

A more general application of PRA methods for policy purposes is in the Country Poverty Assessments sponsored by the World Bank. Most of these have been conducted in a conventional manner, using poverty line and similar criteria. In 1993 Participatory Poverty Assessments using PRA methods were pilot tested in Ghana, Guatemala and Zambia. National teams of facilitators were first trained in PRA. They

then facilitated local people's own appraisal and analysis of their life, conditions, and livelihood strategies, eliciting their concepts of well-being and wealth, their needs, their distinctions between types and degrees of deprivation, and their differences of perception by gender. The resulting insights into poor people's conditions, values and priorities were already in early 1994 being used in policy analysis.

(f) *Personal behavior, attitudes and learning*

Senior officials, scientists and academics who pronounce and prescribe on rural development often lack recent direct knowledge, and base their analysis and action on ignorance or on personal experience from earlier decades. Top-down, center-outward prescription follows.

It is not a new idea that rural development would gain if senior officials and policy makers were able to spend time unofficially living and learning in rural conditions, but little appears to have been done. An exception is the Exposure and Dialogue Programme of the German Commission of Justice and Peace which for some years has been enabling senior outsiders to learn the life stories of village people (Kochendorfer-Lucius and Osner, 1991; Osner *et al.*, 1992). In a less structured manner, senior officials in India have appreciated the opportunities to spend time incognito in villages, with their interactions unconstrained by official protocol. At a personal level, the methods of PRA offer new scope, and make mini-sabbaticals easier to envisage. PRA approaches and methods have provided ways in which officials, scientists and academics have come face-to-face with local people in an informal and nonthreatening mode which both sides have found rewarding, providing experience and learning which have been intellectually exciting, practically relevant, and often enjoyable.

Much needs to be learned about how, in the local and especially rural context, to facilitate changes in outsiders' behavior and attitudes. Some methods have already been devised, such as Anil Shah's "shoulder tapping." He has written that, taking District Officers in Gujarat on a transect walk to see the problems of soil erosion:

I told them in advance that a transect in Participatory Rural Appraisal (PRA) is for observation and to understand the knowledge and perception of the farmers. We do not advise, but ask — ask open-ended questions without implied advice. I told them that this was very difficult for educated people, more so for those in authority. Therefore, when I heard anyone giving advice or asking questions with implicit advice, I would tap his shoulder and if necessary offer my services to rephrase the advice or query into an open-ended question.

By the end of half a day, and several taps, a lot had been learned that would otherwise have been missed

(Shah, 1991). Scope and need remain for more such methods.

The policy and personal potentials of RRA/PRA interlock. Their scope has scarcely begun to be tapped. The frontier here is to see how to scale up, how to enable many more policy makers, as well as others at the local level, personally to gain direct learning experience in the field from and with rural people, enabling them to fit policy and action more to local conditions and priorities and to the needs of the poor.

(g) *PRA in organizations*

Perhaps the biggest challenge is the establishment of PRA as a way of operating, affecting the culture of organizations. Normal bureaucratic tendencies to standardize, centralize, and impose top-down targets impede or prevent the open-endedness, flexibility, creativity and diversity of good PRA. To establish PRA as the norm in an organization usually therefore requires reversals and a change of culture. More resistance to its adoption and spread has been found in organizations with strong top-down authority and hierarchy, evaluative and punitive styles, and repetitive routines and actions. Conversely, the most rapid and effective adoption and development of PRA has been in organizations with democratic management, lateral communication, and flexible and adaptive modes of operation. This is shown by the experience with the three main types of organization which have been involved with PRA: NGOs, government field organizations and universities and training institutes.

Initially, PRA has been evolved and spread largely by NGOs. This is not surprising, since their organizational cultures are quite often more participatory than most. Some have simply adopted PRA without attempting to disseminate it. Others have defined or redefined their roles to include training for others in PRA. These include the Sustainable Agriculture Programme of IIED in the United Kingdom; Action Aid, AKRSP, MYRADA, OUTREACH, Seva Bharati, and SPEECH in India; the Self-Help Support Programme in Sri Lanka, and Support Participatory Organisations in Pakistan. Those international NGOs and foundations which have taken up PRA support and training on a wider scale in several countries include ActionAid, CARE, the Ford Foundation, Inter-cooperation, the Near East Foundation and OXFAM.

Adoption and use in government field organizations has been more difficult. Given the scale of government operations, it is also potentially more important. In India, several state forestry departments have adopted PRA, and the movement for Joint Forest Management is designed to be implemented in a PRA mode (SPWD, 1992). MYRADA has undertaken PRA training on a large scale for government organizations and staff. Behavior and attitudes have proved

a key problem, and attempts to achieve change have included mandatory overnights in villages, with senior officials expected to set an example by refusing special comforts (Fernandez and Mascarenhas, 1993). The introduction of PRA into the work of the State Watershed Development Cell of the Government of Karnataka, facilitated by MYRADA, raised problems of conflict between community-level PRA and professional norms and government procedures (Bhat and Satish, 1993). In Kenya, the Soil and Water Conservation Branch of the Ministry of Agriculture, following training workshops conducted with IIED (Pretty, 1990) adopted PRA as policy in over 40 districts, and some initial successes have been revealed through participatory monitoring and evaluation (Pretty and Thompson, 1993). The problems and opportunities for PRA in government field organizations require sensitive research to add to understanding of reasons for resistance and distortion, and to provide the basis for a realistic assessment of potentials.

Universities and training institutes were at first slow to notice or adopt PRA. Given that PRA is concerned with learning rather than teaching, and with the field rather than the classroom, this is perhaps not surprising. From modest beginnings in the early 1990s, however, interest in PRA approaches and applications on the part of individuals and groups in universities and training institutes has grown quickly, and by early 1994 included at least 25 countries. The Indian experience is instructive. In some cases PRA was adopted quickly for the fieldwork of students, as with probationers at the Lal Bahadur Shastri National Academy of Administration. In other cases, sequences of workshops, field experiences, and training have been part of a patient process facilitated by an NGO or NGOs which have led to gradual incorporation of PRA approaches and methods into curricula, fieldwork and research, as with the Gujarat Agricultural University (Shah and Mane, 1993), the Tamil Nadu Agricultural University (Palinistwamy *et al.*, 1992; Vijayraghavan *et al.*, 1992; Manoharan *et al.*, 1993), and several other agricultural universities. In other universities, the culture of learning (as opposed to the more usual teaching) resonates with PRA, as in Australia (Bawden *et al.*, 1984; Ampt and Ison, 1988, 1989; Dunn, 1991; Dunn and McMillan, 1991; PRA Team, 1991) especially but not only Hawkesbury Agricultural College (now the University of Western Sydney). The challenge presented by PRA modes to traditional university teaching remains largely unrecognized.

To summarize experience to early 1994, those organizations which have embraced and developed PRA have shared four characteristics. The leadership has been stable and committed to participatory approaches, a substantial proportion of staff have personally wished to use PRA, there has been little rent-seeking activity by staff, and there has been recurrent reinforcement. Commitment of a director or principal

of an institution has not on its own proved enough, nor, on its own, has repeated training. Training at lower field levels without higher level understanding and commitment has proved ineffective. It appears critical for adoption that the middle-level managerial staff in any organization genuinely, and not just verbally, wishes to use or support PRA. If the staff does not, there are many ways in which its lack of support can undermine and finally eliminate the participatory spirit and practices of PRA.

The bottom line in organizations has been, however, individual choice and freedom. Much has depended on facilitators who were both committed and free of line responsibilities. The organizational challenge and opportunity for PRA can then be seen as enabling such people to be identified and then protected from line duties, freeing them to devote time to the spread of participatory approaches and methods, and contribute to cultural change in their own and other organizations.

## 5. THE PARADIGMATIC SIGNIFICANCE OF PRA

One contribution to be sought from universities is a better understanding of underlying theory. In Australia, RRA has been linked with soft systems theory (Checkland, 1981) and contextual science (Russell and Ison, 1991). In making these links, Australian researchers have begun to explore further the paradigmatic significance of RRA and PRA. The word "paradigm" is used here to mean a coherent and mutually supporting pattern of concepts, values, methods and action, amenable to wide application.

In his paper (Jamieson, 1987) "The paradigmatic significance of RRA," delivered at the International Conference on Rapid Rural Appraisal at Khon Kaen in 1985, Neil Jamieson argued that RRA, with its rapid learning, fitted and supported a new and emerging paradigm of development. Despite ideological conflicts, Marxists, socialists and capitalists had shared evolutionary, unilinear, universalistic, positivistic and utilitarian assumptions, and a fervent belief in progress. Another view of development, he wrote, was of human evolution as problem solving under pressure, as adaptive change. This fitted better with a cybernetic systems approach, which included the concepts of feedback, of lead time (the time between receipt of information and when it is too late to use it), and of lag time (the time between receipt of information and the completion of action based on it) (see also Joseph, 1991). Jamieson presented the case that change had accelerated and unpredictability had increased, making accurate and timely feedback more than ever vital for effective adaptive change.

Much that Jamieson wrote applies with even more force in 1994 than it did in 1985. At a theoretical level,

chaos theory has led to a clearer understanding that patterns and directions of change can be sensitive to small differences in starting conditions (Gleick, 1987), stressing the importance of quick, accurate learning and action. At the empirical level, changes in global and local conditions — ecological, social and political — appear to be accelerating. In conditions of faster change and of increasing unpredictability, it is even more important than before to have timely feedback, prompt learning, and rapid adaptive responses which will differ to fit local contexts. This learning and need is encapsulated in the title — "More diversity for more certainty" — of the last chapter of *Development in Practice* (Porter, Allen and Thompson, 1991, pp. 197–213), which analyses and describes a development project in Kenya. PRA approaches and methods, through local analysis, improvisation and action, appear suited to the understanding and expression of local diversity, and to enabling local people to assess, analyze, cope with, adapt to, and exploit accelerating change.

Beyond these aspects, PRA as it is emerging is experiential, not metaphysical. Theory has been induced from practice, from what is found to work, not deduced from propositions. Good performance has been sought through empiricism, diversity, improvisation and personal responsibility.

It is striking that parallel shifts of paradigm can be noted in four other major domains of human experience: in the social sciences; in the natural sciences; in business management; and in developing thinking itself.

In the social sciences, postmodernism (e.g. Harvey, 1990; Rosenau, 1992) asserts philosophical relativism and multiple realities. Interpreting the view of affirmative postmodernists, Rosenau writes,

The absence of truth... yields intellectual humility and tolerance. They see truth as personal and community-specific although it may be relative, it is not arbitrary.

Some of them substitute a substantive focus on the local on daily life, and on traditional narrative for the hegemonic theory of mainstream social science (Rosenau 1992, p. 22).

Uphoff's (1992) study of participation in Sri Lanka and his "post-Newtonian social science" combine to challenge reductionism and mechanistic models, to recognize and rehabilitate altruism and cooperation, and to stress positive sums and the potentials of "social energy" which is manifest when individuals and groups work for some common purpose. Postmodernism, Uphoff's analysis, and PRA have different starting points: postmodernism tends to start with a certain theoretical pluralism. Uphoff starts with empirical experience which then informs and interlinks with theory, and PRA is found to stick largely with the action, with dispersed practitioners subject to the discipline of what works, reflecting more on how to do bet-

ter than on the theoretical implications of their experience. But postmodern theory, post-Newtonian social science, and the experience of PRA are mutually reinforcing on common ground: for all affirm and celebrate multiple realities and local diversity.

In the natural sciences, conventional approaches, using hard systems and reductionist assumptions and methods, are in crisis when faced with many of our important problems (Mearns, 1991; Appleyard, 1992). Scientific method is not competent to predict or prescribe for the complex open systems which matter most. Global environmental issues involve huge uncertainties and demand what Funtowicz and Ravetz (1990) call a "second order science" in which judgement plays a more recognized part. Precise understanding, prediction and prescription for local agro-eco-social systems can be similarly elusive. This is not a new discovery. Jeremy Swift wrote in 1981:

a major World Bank livestock development project in Malawi based, for crucial calculations of sustainable grazing pressure, on the report of a highly competent ecologist in 1972, the calculations were redone in 1977/78 by a different, equally well-qualified ecologist, who halved the earlier carrying capacity. Nobody is to blame, the science is inexact. But the consequences could be disastrous for the project, and more so for the pastoralists involved (Swift, 1981, p. 487).

Perhaps no one was to blame then. But now we know more about what is not knowable using the standard methods of professional disciplines. When so much is so unknowable and so unpredictable, it seems right to seek solutions through methodological pluralism, through flexible and continuous learning and adaptation, and through the exercise of judgement, again all elements in the practice of PRA.

In business management, the parallel shift has been from the values and strategies of mass production to those of flexible specialization (see e.g., Harvey, 1990, pp. 125–188; Kaplinsky, 1991, p. 7). Standardization has been replaced by variety and rapid response, hierarchical supervision by trust, and punitive quality control by personal quality assurance at source. A highly successful Brazilian manager, when he took over a company, abolished norms, manuals, rules and regulations, and put the company's employees "in the demanding position of using their own judgement" (Semler, 1989, p. 79). Much in Tom Peters's book of advice to US business managers, *Thriving on Chaos: Handbook for a Management Revolution* (1987), is found equally in PRA. He advocates, for example, achieving flexibility by empowering people, learning to love change, becoming obsessed with listening, and deferring to the front line. The theme of local knowledge and action is also strong. In *The Fifth Discipline: The Art and Practice of the Learning Organization* (1990, p. 228), Senge writes

Localness is especially vital in times of rapid change. Local actors often have more current information on customer preferences, competitor actions, and market trends; they are in a better position to manage the continuous adaptation that change demands (Senge, 1992, p. 228).

Strikingly, writers on management stress paradox, reversals, and what to a linear reductionist thinker must appear irrationality. Charles Handy writes of *The Age of Unreason* (1990) with the "Un" emphasized in the original, and "An Upside-down Society." In *Thriving on Chaos*, Peters wrote about "building systems for a world turned upside down." His best-seller *Liberation Management* (1993) is subtitled *Necessary Disorganization for the Nanosecond Nineties* (my emphasis).

It has been the discipline of the market and opportunities from new technology which have driven and drawn business management to decentralized flexibility, to diversification, and to finding and exploiting transient niche markets. For PRA and related approaches, it has been the discipline of what works with people and communities, and the opportunities opened up by the new approaches and methods, which have driven and drawn. In both business management and PRA, value has been placed on decentralization, open communications and sharing knowledge, empowerment, diversity, and rapid change. So it is that the philosophy and approaches of PRA can be seen as one expression of a wider paradigm for effective action in the contemporary world.

In development thinking, normative theories of universal economic growth as the main means to a better life are no longer tenable (see e.g., Ekins, 1992; Sachs, 1992). As economic growth ceases to be a simple, universal objective, as it is recognized as environmentally harmful among the richer, and as economic resources are recognized as finite, so there is a search for alternative normative paradigms, for more sustainable ways to enhance the quality of life. For the rich, the question is how to be better off with less; for the poor, it is how to gain more and be better off without repeating the errors of the rich. One way to serve these objectives is to enable local people to identify, express and achieve more of their own priorities. In line with this, the emergent paradigm for living on and with the Earth brings together decentralization, democracy and diversity. What is local, and what is different, is valued. The trends toward centralization, authoritarianism, and homogenization are opposed. Reductionism, linear thinking, and standard solutions give way to an

inclusive holism, open systems thinking, and diverse options and actions.

RRA and more so PRA can, then, be recognized as part of a more general paradigm shift in the social and natural sciences, in business management, and in development thinking, and as part of a new professionalism (Pretty and Chambers, 1993). PRA, as articulated by its practitioners, has an emerging normative theory-and-practice. This includes practical engagement with local communities and people, openness to complexity and diversity, a principle of decentralization and empowerment — "handing over the stick," and sharing and lateral learning and spread. It manifests and supports methodological pluralism, rapid adaptive change, the analysis and expression of local people's priorities, and democratic local diversity. Much of its distinctive, if modest, contribution to this shift of paradigm lies in evolving ways to change professionals' behavior and to enhance and support analysis and action by local people, empowering those who are peripheral and weak.

The most striking insight from the experience of PRA is the primacy of the personal. This is easy to overlook. Responsibility rests not in written rules, regulations and procedures but in individual judgement. The one-sentence manual for PRA "Use your own best judgement at all times" (KGVK, 1991) originates in North American business management (Peters, 1987, p. 378). In this mode, every PRA experience can be seen to be different, the outcome of local conditions and improvised personal performance by local people and facilitators. Authority and responsibility reside then not in a bible or manual, nor in a sequence of observances or procedures, but in personal interactions, judgement and choice.

The future of the philosophy, approaches and methods known as PRA cannot be foreseen. Dangers and promise coexist. What happens depends on decisions and actions by individuals, especially professionals in NGOs, government services, training and research institutes, universities, and donor agencies. To describe these decisions and actions as polarized between closed and open, conservative and radical, reductionist and pluralist, and timid and bold, as in an earlier version of this article, is to load the antitheses as if of bad against good. Pluralism itself demands a balance. A more securely empirical conclusion is that PRA approaches and methods have opened up a new range of practical choices for local research and action which seem increasingly to fit the priorities of the 1990s.

#### NOTES

1. For comments on earlier versions of this paper I am grateful to many people, including Tony Dunn, James Mascarenhas, Jules Pretty and two anonymous referees.

Responsibility for errors, omissions and opinions is mine alone.

2. These points were stressed in the South-South PRA Exchange Workshop hosted in India in September 1993, in which participants were trainer/practitioners from 12 countries in the South.

3. In an all women's PRA in South India, yellow circles were placed around households where husbands were drunkards, and chillies were used to represent two marriages (Sheela Francis, personal communication).

## REFERENCES

- ActionAid. *Participatory Rural Appraisal: Utilization Survey Report Part I: Rural Development Area (Singhapalchowk). Monitoring and Evaluation Unit* (Kathmandu: ActionAid Nepal, 1992).
- Agricultural Administration, Vol. 8, No. 6 (1981).
- Adams, Alayne, Rita Das Roy, and Amina Mahbub. "Participatory methods to assess change in health and women's lives: An exploratory study for the BRAC-ICDDR, B Joint Project in Matlab" (Dhaka and Cambridge, MA: Research and Evaluation Division, Bangladesh Rural Advancement Committee and Harvard Center for Population and Development Studies, September 1993).
- Ampt, P. R., and R. I. Ison. "Rapid rural appraisal for the identification of grassland research problems." *Proceedings of the XVI International Grassland Congress* (Nice, France, 1989), pp. 1291-1292.
- Ampt, P., and R. Ison. "Report of Rapid Rural Appraisal to identify problems and opportunities for agronomic research and development in the Forbes Shire, NSW" (Australia: School of Crop Sciences, University of Sydney, December 1988).
- Appelard, B. *Understanding the Present: Science and the Soul of Modern Man* (London: Picador, published by Pan Books, 1992).
- Ashty, Jacqueline A., Carlos A. Quiros, and Yoland M. Rivers. "Farmer participation in technology development: Work with crop varieties," in R. Chambers, A. Pacey, and L. Thrupp (Eds.), *Farmer First: Farmer Innovation and Agricultural Research* (London: Intermediate Technology Pub., 1989), pp. 115-122.
- Bauden, R. J., R. D. Macadam, R. J. Packham, and I. Valentine. "Systems thinking and practice in agricultural education." *Agricultural Systems*, Vol. 13 (1984), pp. 205-225.
- Bhat, K. V., and S. Satish. "NGO links with the Karnataka State watershed development cell MYRADA and the PIDOW Project," in J. Farmington and D. Lewis (Eds.), *Non-Governmental Organisations and the State in Asia* (London: Routledge, 1993), pp. 213-226.
- Bleck, W. "Lying informants: A fieldwork experience from Ghana." *Population and Development Review*, Vol. 13, No. 2 (1987), pp. 314-322.
- Buchanan-Smith, M. et al. "Finding out how people prioritize their food security problems in Chad: The Challenges of RRA at National Level." *RRA Notes*, No. 18 (June 1993), pp. 33-43.
- Bunch, R. *Two Ears of Corn: A Guide to People-centered Agricultural Improvement* (Oklahoma City: World Neighbors, 1985).
- Campbell, Lorna, and Gerard J. Gill. *Participatory Rural Appraisal for Nepal: Concepts and Methods*, Research Support Series Number 4 (Kathmandu: HMG Ministry of Agriculture-Winrock International, February 1991).
- Campbell, J. Gabriel, Ramesh Shrestha, and Linda Stone. *The Use and Misuse of Social Science Research in Nepal* (Kathmandu: Research Centre for Nepal and Asian Studies, Tribhuvan University, 1979).
- Chambers, Robert. "Methods for analysis by farmers: The professional challenge." *Journal for Farming Systems Research/Extension*, Vol. 4, No. 1 (1993a), pp. 87-101.
- Chambers, Robert. *Challenging the Professions: Frontiers for Rural Development* (London: Intermediate Technology Publications, 1993b).
- Chambers, Robert. "The self-deceiving state." *IDS Bulletin*, Vol. 23, No. 4 (1992), pp. 31-42.
- Chambers, Robert, and Janice Jiggins. "Agricultural research with resource-poor farmers: A parsimonious paradigm." *IDS Discussion Paper*, No. 220 (1986).
- Chambers, Robert, Arnold Pacey, and Lori Ann Thrupp (Eds.). *Farmer First: Farmer Innovation and Agricultural Research* (London: Intermediate Technology Publications, 1989).
- Chambers, Robert. *Rural Poverty-Oriented Monitoring and Evaluation: Simple is Optimal?* (Rome: FAO, 1978).
- Chaudhari, S. K. "Studies on efficacy of RRAs/PRAs as a complement/substitute to sample surveys." Mimeo (New Delhi: National Council of Applied Economic Research, 1993).
- Checkland, Peter. *Systems Thinking: Systems Practice* (Chichester: John Wiley, 1981).
- Chidhan, Gift, Francisca Chirambaguwa, Patricia Matsvimbo, Anna Mhiripiri, Paul Kamanya, Wisdom Muza, Tambudza Muyombo, Hilda Chanakira, James Chanakira, Xavier Mutsvangwa, Angeline Mvumbe, Petinas Nyamadzawo, Louise Fortmann, R. B. Drummond, and Nontokozo Nabaric. "The use of indigenous trees in Mhondoro District" (Harare: Centre for Applied Social Sciences, June 1992).
- Conway, G. "Diagrams for farmers," in R. Chambers, A. Pacey, and L. Thrupp (Eds.), *Farmer First: Farmer Innovation and Agricultural Research* (London: Intermediate Technology Pub., 1989), pp. 77-86.
- Conway, G. "Rapid rural appraisal and agroecosystem analysis: A case study from Northern Pakistan," in K.K.U. *Proceedings of the 1985 International Conference on Rapid Rural Appraisal, Rural Systems Research and Farming Systems Research Projects* (Khon Kaen, Thailand: University of Khon Kaen, 1987).
- Conway, G. *Agroecosystem Analysis for Research and Development*, Winrock International Institute for Agricultural Development, 1986).
- Conway, G. "Agroecosystem analysis." *Agricultural Administration*, Vol. 20 (1985), pp. 31-55.
- Conway, G., P. Sajise, and W. Knowland. "Lake Buh: Resolving conflicts in a Philippines development project." *Ambio*, Vol. 18, No. 2 (1989), pp. 128-135.
- Cornwall, Andrea, Irene Guijt, and Alice Welbourn. *Acknowledging Process: Challenges for Agricultural*

- Research and Extension Methodology*. IDS Discussion Paper 333 (Brighton: Institute of Development Studies, University of Sussex, December 1993).
- Daane, J. R. V. "Quelle méthode pour l'analyse de systèmes de production en zone rurale tropicale. Le dilemme entre démarche quantitative peu fiable et démarche qualitative peu généralisable, contribution au 8ème Séminaire d'Economie Rurale (France: CIRAD, Montpellier, 1987).
- Drinkwater, Michael. "Sorting fact from opinion: The use of a direct matrix to evaluate finger millet varieties." *RRA Notes* No. 17 (1993), pp. 24-28.
- Dunn, A. M. "New challenges for extensionists: Targeting complex problems and issues." Paper for the 10th European Seminar on Extension Education, Universidade de Trás-os-Montes Alto Douro (Vila Real, Portugal, September 1991).
- Dunn, Tony, and Allan McMillan. "Action research: The application of rapid rural appraisal to learn about issues of concern in landcare areas near Wagga Wagga, NSW." Paper presented to a Conference on Agriculture, Education and Information Transfer, Murrumbidgee College of Agriculture (Murrumbidgee, NSW, September 30-October 2, 1991).
- Ekins, P. *Wealth Beyond Measure: An Atlas of New Economics* (London: Gaia Books, 1992).
- Farrington, John and David J. Lewis with S. Satish and Aurea Miclat Teves (Eds.). *Non-Governmental Organisations and the State in Asia: Rethinking Roles in Sustainable Agricultural Development* (London and New York: Routledge, 1993).
- Farrington, John (Ed.). *Experimental Agriculture*, Vol. 24, Part 3 (1988).
- Farrington, John, and Adrienne Martin. "Farmer participation in agricultural research: A review of concepts and practices." *Agricultural Administration Occasional Paper*, No. 9 (London: ODI, 1988).
- Fernandez, Aloysius P., and James Mascarenhas. "MYRADA Participatory rural appraisal and participatory learning methods," in J. Farrington and O. Lewis (Eds.), *Non-Governmental Organisations and the State in Asia* (London: Routledge, 1993), pp. 201-212.
- Freire, Paulo. *Pedagogy of the Oppressed* (New York: The Seabury Press, 1968).
- FSRU. *Structural Adjustment and Communal Area Agriculture in Zimbabwe: Case Studies from Mangochi and Chivi Communal Areas: A Report of a Rapid Rural Appraisal Exercise*. Farming Systems Research Unit, Department of Research and Specialist Services, Ministry of Lands, Agriculture and Rural Settlement (Harare, Zimbabwe: FSRU, November 1991).
- FSSP. *Diagnosis, Design and Analysis in Farming Systems Research and Extension*, Volumes I, II and III, and *Trainer's Manual*. Farming Systems Support Project, Institute of Food and Agricultural Sciences, University of Florida (Gainesville, FL: FSSP, December 1987).
- Funtowicz, S. O., and J. R. Ravetz. *Global Environmental Issues and the Emergence of Second Order Science*. Luxembourg: Commission of the European Communities, 1990).
- Gibson, Tony. "Planning for real: The approach of the Neighbourhood Initiatives Foundation in the UK." *RRA Notes*, No. 11 (1991), pp. 29-30.
- Gilbert, I. H., D. W. Norman, and I. I. Winch. *Farming Systems Research: A Critical Appraisal*. MSU Rural Development Paper No. 6 (East Lansing, MI: Department of Agricultural Economics, Michigan State University, 1980).
- Gill, Gerard J. *OK, The Data's Lousy, But It's All We've Got (Being a Critique of Conventional Methods)*. Gatekeeper Series No. 38 (London: IIED, 1993).
- Gleick, J. *Chaos: Making a New Science* (London: Heinemann, 1987).
- Grandin, Barbara. *Wealth Ranking in Smallholder Communities: A Field Manual* (London: Intermediate Technology Publications, 1988).
- Gueye, Bara, and Karen Schoonmaker Freudenberger. *Méthode Accélérée de Recherche Participative* (London: IIED, August 1991).
- Gueye, Bara, and Karen Schoonmaker Freudenberger. *Introduction à la Méthode Accélérée de Recherche Participative (MARP)* (Dakar, Senegal: Centre de Recherches pour le Développement International, October 1990).
- Guji, Irene, and Jules N. Pretty. *Participatory Rural Appraisal for Farmer Participatory Research in Punjab, Pakistan* (London: Sustainable Agriculture Programme, International Institute for Environment and Development, September 1992).
- Gymnastasi, P. et al., and Gordon Conway. *An Inter-disciplinary Perspective of Cropping Systems in the Chiang Mai Valley: Key Questions for Research* (Thailand: Multiple Cropping Project, Faculty of Agriculture, University of Chiang Mai, June 1980).
- Haddad, Lawrence, Kimberley Chung, and P. Yasoda Devi. "Alternative approaches to locating the food and nutrition insecure, and participatory rural appraisal protocol" (Washington, DC: International Food Policy Research Institute, February 1993).
- Handy, Charles. *The Age of Unreason* (London: Arrow Books, 1990).
- Harvey, David. *The Condition of Postmodernity: An Enquiry into the Origins of Cultural Change* (Oxford: Blackwell, 1990).
- KGVK. *Management Training Manual* (Ranchi, Bihar, India: Krishi Gram Vikas Kendra, 1991).
- Khan, Mahmuda Rahman. "The Sharshi village of Bansal: A survey for NFPE through RRA/PRA" (Dhaka: Research and Evaluation Division, Bangladesh Rural Advancement Committee, April 1993).
- KKU. *Proceedings of the 1985 International Conference on Rapid Rural Appraisal*. Rural Systems Research and Farming Systems Research Projects (Khon Kaen, Thailand: University of Khon Kaen, 1987).
- Kochendorfer-Lucius, G., and K. Osner. *Development Has Got a Face: Lifestories of Thirteen Women in Bangladesh on People's Economy*. Results of the International Exposure and Dialogue Programme of the German Commission of Justice and Peace and Grameen Bank, Bangladesh, October 14-22, 1989. *Gerechtigkeit und Frieden Series* (Bonn: Deutsche Kommission Justitia et Pax, 1991).
- Kumar, Somesh. "Anantapur experiment in 'PRA' training." *RRA Notes*, No. 13 (August 1991).
- Leitman, J. "Rapid urban environmental assessment: A first step towards environmental management in cities of the developing world." *Forum Valutazione*, No. 4 (1992), pp. 47-69.

- Lightfoot, Clive, and Roy Noble. "A participatory experiment in sustainable agriculture." *Journal for Farming Systems Research/Extension*, Vol. 4, No. 1 (1993), pp. 11-34.
- Lightfoot, C., and D. Minnick. "Farmer first qualitative methods: Farmers' diagrams for improving methods of experimental design in integrated farming systems." *Journal for Farming Systems Research/Extension*, Vol. 2, No. 1 (1991), pp. 57-71.
- Lightfoot, C., O. de Guia Jr., A. Ahman, and I. Okado. "Systems diagrams to help farmers decide in on farm research," in R. Chambers, A. Pacey and I. Thrupp (Eds.), *Farmer First: Farmer Innovation and Agricultural Research* (London: Intermediate Technology Pub., 1989), pp. 93-100.
- Longhurst, R. (Ed.) *Rapid Rural Appraisal*, IDS Bulletin, Vol. 12, No. 4 (1981).
- Hill, Polly. *Development Economics on Trial: The Anthropological case for a Provocation* (Cambridge: Cambridge University Press, 1986).
- IIED. *Participatory Technology Development in Sustainable Agriculture* (Leusden, The Netherlands: Information Centre for Low-External-Input and Sustainable Agriculture, 1991).
- Inglis, Andrew. *A Tale of Two Approaches: Conventional Questionnaire Surveys vs. PRA*, Rural Development Forestry Network Paper 14c (London: Overseas Development Institute, Winter 1992).
- Inglis, Andy. "Harvesting local forestry knowledge: A comparison of RRA and conventional surveys." *RRA Notes*, No. 12 (1991), pp. 32-40.
- Ison, Raymond L. "Rapid Rural Appraisal: A participatory problem identification method relevant to Australian agriculture" (Sydney: School of Crop Sciences, University of Sydney, 1990).
- Jamieson, N. "The paradigmatic significance of RRA," in *AKU: Proceedings of the 1985 International Conference on Rapid Rural Appraisal, Rural Systems Research and Farming Systems Research Projects* (Khon Kaen, Thailand: University of Khon Kaen, 1987).
- Johansson, Lars, and Allan Hoben. "RRA's for land policy formulation in Tanzania." *Forests, Trees and People Newsletter*, No. 14/15 (February 1992), pp. 26-31.
- Joseph, S. "Participatory rural appraisal in identifying major illness, healthcare providers and costs." *RRA Notes*, No. 16 (1992), pp. 53-56.
- Joseph, S. "Lead time, lag time: RRA/PRA in ActionAid" (Bangalore: ActionAid, 1991).
- Kaplinsky, R. "From mass production to flexible specialisation: A case study from a semi-industrialised economy." *IDS Discussion Paper* 295 (Brighton: IDS, University of Sussex, November 1991).
- McCracken, J. A., Jules N. Pretty, and Gordon R. Conway. *An Introduction to Rapid Rural Appraisal for Agricultural Development* (London: IIED, 1988).
- Manoharan, M., K. Velayudham, and N. Shunmugavalli. "PRA: An approach to find felt needs of crop varieties." *RRA Notes*, No. 18 (June 1993), pp. 66-68.
- Mascarenhas, J., et al. *Participatory Rural Appraisal: Proceedings of the February 1991 Bangalore PRA Trainers Workshop*, *RRA Notes*, No. 13 (London: IIED and Bangalore: MYRADA, August 1991).
- Meams, R. et al. "Direct and indirect uses of wealth ranking in Mongolia." *RRA Notes*, No. 15 (1992), pp. 29-38.
- Meams, R. "Environmental Implications of Structural Adjustment: Reflections on Scientific Methods." *IDS Discussion Paper* 284 (Brighton: IDS, University of Sussex, February 1991).
- Moris, Jon R. "Multi subject farm surveys reconsidered: Some methodological lessons." *Papers for the East African Agricultural Economics Society Conference* (Dares Salaam: March 31-April 4, 1970).
- NCAER. *Comparative Study of Sample Surveys and Participatory Rural Appraisal Methodologies* (New Delhi: National Council of Applied Economic Research, November 1993).
- Ofori, Joseph, Mark Prein, Frank Fermin, David Owusu, and Clive Lightfoot. "Farmers picture new activities." *IIED Newsletter*, Vol. 9, No. 1 (1993), pp. 6-7.
- Osner, Karl, Gudrun Kochendorfer Lucius, Ulrike Muller, Glodde and Claudia Warming. *Exposure und Dialogprogramme: Eine Handreichung für Teilnehmer und Organisatoren* (Bonn: Deutsche Kommission Justitia et Pax, 1992).
- Palniswamy, A., S. R. Subramanian, Jules N. Pretty, and K. C. John (Eds.), *Participatory Rural Appraisal for Agricultural Research at Paivur, Tamil Nadu* (Coimbatore: Department of Agricultural Economics, Centre for Agricultural and Rural Development Studies, Tamil Nadu Agricultural University and London: International Institute for Environment and Development, 1992).
- Peters, Tom. *Thriving on Chaos: Handbook for a Management Revolution* (New York: Alfred A. Knopf, 1987).
- PID and NES. *An Introduction to Participatory Rural Appraisal for Rural Resources Management* (Worcester, MA: Program for International Development, Clark University and Nairobi: National Environment Secretariat, Ministry of Environment and Natural Resources, November 1989).
- Porter, Doug, Bryant Allen, and Gaye Thompson. *Development in Practice: Paved with Good Intentions* (London: Routledge, 1991).
- Pottier, Johan. "Agrarian change at the household level: A note on investigative styles in research on Mambwe Agriculture (Northern Zambia)," in Preben Kaarsholm (Ed.), *Institutions, Culture and Change at Local Community Level*, International Development Studies, Occasional Paper No. 3 (Roskilde, Denmark: Roskilde University Centre, 1992), pp. 61-74.
- PRA Team. *The Kveamba Valley: Issues of Concern to Landholders and Their Families identified in a Participatory Rural Appraisal by Members of the Kveamba Valley Community, September 1991*, compiled by a PRA Team with the following connections: Landcare, Department of Conservation and Land Management New South Wales Agriculture, School of Agriculture, CSU-R, Centre for Conservation Farming, CSU-R, School of Crop Sciences, The University of Sydney and Wagga Wagga City Council (1991).
- Pretty, J. N., and J. Thompson. "Soil and Water Conservation Branch, Ministry of Agriculture, Kenya: Trip report, April 17-May 5, Mimeo (1993).
- Pretty, Jules N. *Rapid Catchment Analysis for Extension Agents: Notes on the 1990 Kericho Training Workshop for the Ministry of Agriculture, Kenya*, Sustainable Agriculture Programme (London: IIED, November 1990).

- Pretty, Jules, and Robert Chambers. *Towards a Learning Paradigm: New Professionalism and Institutions for Agriculture*. IDS Discussion Paper No. 334 (Brighton: Institute of Development Studies, University of Sussex, December 1993).
- Rajaratnam, Jolly, C. Ganesan, Helen Thasian, Navamoni Babu, and Abel Rajaratnam. *Validating the Wealth Ranking of PRA and Formal Surveys in Identifying the Rural Poor* (Tamil Nadu: RUHSA Department, Christian Medical College and Hospital, 1993).
- Rhoades, R. E., and R. Booth. "Farmer-back-to-farmer: A model for generating acceptable agricultural technology." *Agricultural Administration*, Vol. 11 (1982), pp. 127-137.
- Rosenau, Pauline Marie. *Post-Modernism and the Social Sciences: Insights, Intrusions, and Intrusions* (Princeton, NJ: Princeton University Press, 1992).
- RRA Notes 1-18 and continuing (London: Sustainable Agriculture Programme, International Institute for Environment and Development).
- Russell, David B., and Raymond L. Ison. "The research development relationship in rangelands: An opportunity for contextual science." *Plenary Paper for Fourth International Rangelands Congress* (France: Montpellier, April 22-26, 1991).
- Sachs, W. *The Development Dictionary: A Guide to Knowledge as Power* (London: Zed Books, 1992).
- Scoones, Ian, and John Thompson. *Challenging the Populist Perspective: Rural People's Knowledge, Agricultural Research and Extension Practice*. IDS Discussion Paper 332 (Brighton: Institute of Development Studies, University of Sussex, December 1993).
- Semler, R. "Managing without managers." *Harvard Business Review* (September-October 1989), pp. 76-84.
- Senaratne, S. P. F. "A program of micro-level studies in rural Sri Lanka." Mimeo (1976).
- Senge, Peter M. *The Fifth Discipline: The Art and Practice of the Learning Organisation* (London: Century Business, 1992).
- Shah, Anil C. "Shoulder tapping: A technique of training in participatory rural appraisal." *Forests, Trees and People Newsletter*, No. 14 (October 1991), pp. 14-15.
- Shah, Parmesh. "Participatory watershed management programmes in India: reversing our roles and revising our theories." in *Rural People's Knowledge, Agricultural Research and Extension Practice, Asia Papers*. IIED Research Series, Vol. 1, No. 3 (1993a).
- Shah, Parmesh. "Questionnaires: participatory, reliable and interesting?" Note prepared for the IIED/IDS workshop on 'Alternatives to questionnaire surveys' (Brighton: Institute of Development Studies, University of Sussex, October 1993b).
- Shah, Parmesh. "Concept of people's participation in the watershed development - extension volunteer approach" (Ahmedabad India: Aga Khan Rural Support Programme, June 1989).
- Shah, Parmesh, and Meera Shah. "Training of village analysts: From PRA methods to process." *RRA Notes* (forthcoming).
- Shah, Parmesh, and P. M. Mane. "The Aga Khan rural support programme and participatory approaches to agricultural training" in J. Farrington and D. Lewis (Eds.), *Non-Governmental Organisations and the State in Asia* (London: Routledge, 1993), pp. 169-177.
- Shah, Parmesh, Girish Bharadwaj, and Ranjit Ambasth. "Farmers as analysts and facilitators in participatory rural appraisal and planning." *RRA Notes*, No. 13 (1991a), p. 84-94.
- Shah, Parmesh, Girish Bharadwaj, and Ranjit Ambasth. "Participatory impact monitoring of a soil and water conservation programme by farmers, extension volunteer and AKRSP." *RRA Notes*, No. 13 (1991b), pp. 127-133.
- Shaner, W. W., P. I. Philipp, and W. R. Schmehl. *Farmers Systems Research and Development: Guidelines for Developing Countries* (Boulder, CO: Westview Press, 1982).
- Sheelu and Devaraj. *Participatory Rural Appraisal (PRA, An Initiation in Tamil Nadu Experience Sharing)* (Tamil Nadu, India: Activists for Social Alternatives, 1992).
- Slim, Hugo, and Paul Thompson. *Listening for a Change: Oral Testimony and Development* (London: Pano Publications, 1993).
- SPWD. *Joint Forest Management Field Methods Manual: Vol. 1 Diagnostic Tools for Supporting Joint Forest Management Systems, and Vol. 2 Community Forest Economy and Use Patterns: Participatory Rural Appraisal (PRA) Methods in South Gujarat India* (New Delhi: Society for the Promotion of Wastelands Development, 1992).
- Swift, J. "Rapid appraisal and cost-effective research in West Africa." *Agricultural Administration*, Vol. 8 (November 6, 1981), pp. 485-492.
- Swift, Jeremy, and Abdi Noor Umar. *Participatory Pastoral Development in Isiolo District: Socio-economic Research in the Isiolo Livestock Development Project* (Isiolo: Kenya: Isiolo Livestock Development Project, 1991).
- Theis, J., and H. Grady. *Participatory Rapid Appraisal for Community Development: A Training Manual Based on Experiences in the Middle East and North Africa* (London: Save the Children and IIED, 1991).
- Uphoff, Norman. *Learning from Gal Oxa: Possibilities for Participatory Development and Post-Newtonian Social Science* (Ithaca: Cornell University Press, 1992).
- van Steijn, T. "Rapid rural appraisal in the Philippines: Report of a study on the application of RRA by Philippines NGOs, GOs and university institutes" (Quezon City, The Philippines: Council for People's Development, July 1991).
- Vigoda, Marcy. "Participatory rural appraisal in a women's health education project in Bangladesh (Dhaka: CARE-Bangladesh, January 1993).
- Vijayraghavan, R., S. R. Subramanian, Jules N. Pretty and K. C. John (Eds.). *Participatory Rural Appraisal for Agricultural Research at Aruppukottai Tamil Nadu* (Tamil Nadu: Department of Agricultural Economics, Centre for Agricultural and Rural Development Studies, Tamil Nadu Agricultural University, Coimbatore, and London: International Institute for Environment and Development (1992).
- Welbourn, Alice. "RRA and the analysis of difference." *RRA Notes*, No. 14 (December 1991), pp. 14-23.
- The Women of Sangams Pastapur, Medak, Andhra Pradesh and Michel Pimbert. "Farmer participation in on-farm varietal trials: Multilocational testing under resource-poor conditions." *RRA Notes*, No. 10 (February 1991), pp. 3-8.

These are some of the challenges of participatory research and evaluation in our country. By their very nature they are macro-challenges. But we need to deal with them both at the macro and micro-level through a combination of research and action aimed at empowering the marginalised sections of our society.

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# 1

## *Participatory Evaluation and Research: Main Concepts and Issues'*

*Rajesh Tandon*

From the days in the 1930s when the University of Bombay first introduced a post-graduate course in sociology, to our days, there has been a gradual change to professionalisation of the social sciences. With professionalisation came specialisation and its acceptance as a science that can be considered objective by creating a distance between the researcher and the 'object' of study i.e., the people studied—actors in the social setting.

What is forgotten in this classical mode of research is that this cry for objectivity is a result of the post-renaissance developments in the West, the evolutionary thinking of the late nineteenth and the rationalist schools of the early twentieth centuries, when 'modernist' thought considered the world as chaos. The work of the social scientist was to create order out of this 'chaos' by remaining outside the system and taking an observer stance. His work was to analyse the behaviour of man and understand the system in a 'scientific' way.

Looking at the world as chaos led further to the model of man where subsistence and survival were hypothesised as

<sup>1</sup>This paper has borrowed extensively from two other papers of the same author, the first presented at the Adult Education Research Seminar held at Kungälv, Sweden, June 25-27, 1979 and the second presented at the Participatory Research Meeting held in New Delhi, India, February 7-9, 1979.

the prime driving forces. In order further to gain some control over the chaos it was necessary to generate a construct of social order demanding compliance.<sup>2</sup>

The classical research approach in social settings has, therefore, implicitly borrowed the method of inquiry used in the natural sciences. This has led to a distorted emphasis on 'objectivity' and researcher-object differentiation. This approach in social settings has placed primacy on developing research designs (both in the laboratory and in the field) that attempt to maintain the separation between the researcher and individuals in the social system under study. Such an emphasis will seem misdirected if we examine the three distinctive characteristics of inquiry in social settings.

- (i) Social research means a study of individuals, groups and organisations in a social setting;
- (ii) The researcher shares his essential humanity with the individuals in the social setting under study;
- (iii) The very act of inquiry tends to have some impact on the social system under study.

One can clearly notice the differences that emanate from these distinctive characteristics of social research and inquiry in the natural sciences. To that extent, it is doubtful if social research can utilise a methodology that is implicitly based on the assumptions of natural science inquiry.

Another major influence of natural sciences on social inquiry is in terms of the acceptable purpose of research. In the natural sciences it is solely aimed at increased understanding of, and knowledge about, natural phenomena. The utilisation of this new knowledge has been the task of the technologist. Social science researchers have assigned similar roles to themselves. Social change based on the enhanced understanding of the social system and phenomena is not seen as an integral part of their role. In the absence of social technologists, the utilisation of new knowledge has been neglected.

#### *The Historical Context*

One may ask why social technologists have not 'arrived' in spite

<sup>2</sup>Sushanta Banerjee, 'Participatory Research: Ethic or Logic,' in Rajesh Tandon (ed.), *Participatory Research in Asia* (Canberra, Centre for Continuing Education—Australian National University, 1980), p. 26.

of this effort at 'objectivity'. The reasons should probably be found in the historical context in which the social sciences grew. The search for objectivity that finds its best example in Durkheim is the result of the interaction of the early twentieth century social thinkers with the natural scientists. Their pre-occupation was to show that sociology and anthropology were sciences i.e., objective like the natural sciences.<sup>3</sup> They had thus to be shown as studying an object that was outside man. Durkheim declared that the object of study was a social fact which is external to man 'every way of acting which is general through a given society, while at the same time existing in its own right independent of its individual manifestations.'<sup>4</sup>

If Durkheim's pre-occupation was to show that sociology was different from psychology and philosophy, Weber had to show its psychological linkages which were essentially individualistic.

The main intellectual influences in which Weber's work is steeped are as predominantly German as those which shaped Durkheim's writings are French. Moreover, Durkheim's early studies are rather abstract and philosophical in character...Weber's first works on the other hand, are detailed historical studies, and it was from within the context of specific problems brought to light primarily by the German historical school that Weber went on to expand the range of his writings to embrace questions of a general theoretical nature.<sup>5</sup>

Moreover, in all the classics including Marx, an evolutionistic trend is clear. In the nineteenth and early twentieth centuries this was also a colonial context since it made a distinction between 'primitive' and 'advanced' societies—the former belonging to the colonies and the latter to the colonising countries. Though Indian sociologists gave it a 'national' interpretation by making the anthropologists study the 'primitive' tribes of India

<sup>3</sup>David Walsh, 'Sociology and the Social World,' in Paul Filmer, *New Directions in Sociological Theory* (London: Collier-Macmillan Publishers, 1972), pp. 16-18.

<sup>4</sup>Emile Durkheim, *The Rules of Sociological Method* (New York: The Free Press, 1964), p. 13.

<sup>5</sup>Anthony Giddens, *Capitalism and Modern Social Theory—An Analysis of the Writings of Marx, Durkheim and Max Weber* (London: Cambridge University Press, Reprint 1974), pp. 119-120.

and the sociologists studying India's 'advanced' societies,<sup>6</sup> the original intention of the colonialist trying to understand his own society by going back to the origin of 'primitive civilisations', or trying to know more about the colonies in order to better control them, has to be borne in mind.

It is in this context of evolutionism and its colonial past that the present should be examined. This is especially important if one bears in mind that in spite of thirty years of independence, our intellectuals are, by and large, dependent for their status and acceptance on their links with the West.

From among the members of the second generation and of the third generation (of sociologists) some went to the United States and some to Britain after independence...All these persons formed a category and did influence sociological tradition in India, by introducing the new trends. For academic position a foreign degree, or even a stay abroad without any degree, was considered more acceptable by the universities and they filled up many positions in the university departments. This new trend was reinforced by the visit of the foreigners to India, again a very large number from the United States and a smaller number from Britain.<sup>7</sup>

#### *Classical Methodology*

This methodology was more and more quantitative in character and assumed the universality of social principles. In other words, methodologies developed in the West under a totally different social, cultural, economic and political situation were absolutised and transferred to India and other Third World countries. These methodologies that took the principles of natural sciences for granted, did not make allowance for the distinctive nature of social science inquiry. If we assume that it is impossible to control all the spurious interferences in social research (and this is an increasingly doubtful assumption), then it might be difficult to talk about 'reproducibility' and consequent generalisation. We only develop a partial understanding of a social phenomenon and this seriously limits our ability to generalise. Therefore, a major argument against the utilisation of

<sup>6</sup> I. P. Desai, 'Craft of Sociology in India—An Autobiographical Perspective,' *Economic and Political Weekly*, 16 (n. 8 February 14, 1981), pp. 247-248.

<sup>7</sup> *Ibid.* p. 246

knowledge generated by social research is its lack of applicability in particular settings. As the director of the Amul cooperative said recently,

Technocratic approaches to improve productivity in our villages cannot put the tools of improved productivity into the hands of our poor, rural majority. Thus, increasingly, in our search for a key to rural development, we leave aside the conventional economists and technocrats and we turn to the sociologists. Then we encounter a paradox: the professional sociologist is very good at describing a social structure, at measuring attitudes to change, at diagnosing male/female roles and so on...But all these sociological exercises do not seem to be of much help, when it comes to putting some equality into the power structure, or modernising attitudes to change, or freeing women from the bondage of traditional ideas about men's and women's roles.<sup>8</sup>

To that extent, those interested in social change in a particular setting need to move away from this type of professionalism and initiate their own research process in that setting. It is because classical social research has neglected the issue of change of social systems except as one more subject of study. It has not only been indifferent to this issue but also actively punished those who attempted to combine the two purposes of understanding and change by labelling their efforts 'unscientific'.

Another argument against researchers' involvement in social change is premised on the misconception that research is value-free. Since all change, especially social change, is based on a normative vision of the 'desired' and since the researcher's task is to be objective and value-free in pursuit of his inquiry, how can one expect him to combine the process of inquiry with the process of change?

The underlying fallacy in this argument is the naive assumption that inquiry is value-free. Neither social research, nor even inquiry in the natural sciences is value-free. The researcher not only believes that the natural phenomena are orderly and therefore can be researched, but he also adopts a framework in order

<sup>8</sup> V. Kurien, *Productivity and Rural Development—Some Economic, Technical and Social Considerations* (New Delhi: National Productivity Council, 22nd Foundation Day Lecture, February 1980)

to collect observations. These frameworks are as much normative as those held by social researchers.

Moreover, the myths of value-free inquiry and the non-normative role of the researcher have led to the dehumanising and catastrophic utilisation of knowledge. The overwhelming obsession of researchers with 'objectivity' and 'neutrality' has resulted in the development of nuclear missiles, biological poisons and psychological brainwashing. Other studies have shown how the standards of professionalism in the social sciences set by foreigners, have in fact led to a colonial control of institutions and knowledge.<sup>9</sup>

Finally, there is an ethical issue that has been largely neglected in classical social research. The practice of classical social research resulted in complete and exclusive control of the process and outcome of research by professional researchers. The researcher develops knowledge based on data collected from individuals, groups and organisations in a social setting. Those individuals, groups and organisations do not have any control over the knowledge generated from the data obtained from them. They are only the 'objects' of research.

And the researcher is neither accountable to them nor responsible for the use of knowledge thus generated. A researcher can do that in the natural sciences without any ethical considerations because the subject-matter is natural phenomena. Can we follow the same argument for inquiry in social phenomena?

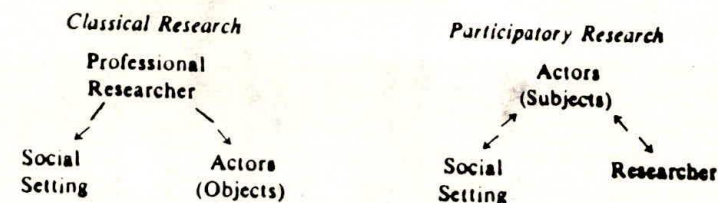
### Participatory Research

In the light of the above frustrations with classical research, it may be valuable to analyse the issue of control a little more in depth. In various types of research approaches, what is chosen and who chooses? Figure I can give us some idea. (see next page)

As Figure I shows, classical research emphasises professional control over the generation, utilisation and elaboration of knowledge—hence the need for new approaches. Participatory research and evaluation maintain that the actors in the situation are not merely objects of someone else's study but are actively

<sup>9</sup>Zafarullah Chowdhury, 'Research—A Method of Colonisation,' in Rajab Tandon, *op cit.*, pp. 16-25.

Figure I: Control over Knowledge-Generation and Elaboration Process



influencing the process of knowledge-generation and elaboration. To that extent, the participatory approach is an effort to check the present trends of (a) professionalisation and centralisation of knowledge in its generation and utilisation since it can be used to manipulate the actors of a social setting without their having any control over it; (b) the neglect of the actors in the situation not only as sources of knowledge but also as its legitimate owners.

Is this an ethical issue or ideological confusion? Probably it is a combination of both. Whatever be the case, it is obvious that if the actors in the social setting become the owners of knowledge they generate, the process of this elaboration can itself become an important step in awareness-building and social change among the oppressed.

If we broadly classify research types into the three categories shown in figure II (see next page), then it is easy to understand how participatory research approach differs in some very fundamental ways. Academic research is what most professional researchers are engaged in and what most research institutes reward and encourage. Policy/evaluation research has become increasingly popular over the last two decades. An administrator, policy-maker or government agency commissions a research study in order to satisfy some of the administrative needs. This client is, by and large, outside the problem or area he wants researched by a professional researcher.

Participatory research has been set against these two types on the three key steps in a research act: choice of the problem, choice of the methodology and choice of the outcome. Figure II highlights, somewhat dramatically, this issue of control in research. Academic research has emphasised unilateral control by the professional researcher on all steps of a research act.

Figure II: Distinctions between three types of Research Process

Steps In Research	Academic Research	Policy/Evaluation Research (Commissioned)	Participatory Research
<b>1. CHOICE OF PROBLEM</b>			
What?	Choice based on the interest and discipline of the professional researcher	Choice based on client's administrative needs	Choice based on immediate problem situation
Who?	Professional researcher	Client (who is outside the problem area)	Jointly by the actors in the problem situation and professional researcher
<b>2. CHOICE OF METHODOLOGY</b>			
What?	Experimental research designs, use of reliable instruments, statistical analysis	Quasi-experimental field research designs, use of reliable instruments, statistical analysis	Consensual-validity-based research designs, use of empathic instruments, multiple analysis methods
Who?	Professional researcher	Professional researcher	Jointly by the actors and the professional researcher
<b>3. CHOICE OF OUTCOME</b>			
What?	Publications (Presentations in 'learned' seminars)	<ul style="list-style-type: none"> <li>— Report (to the Client)</li> <li>— Publication (if the researcher negotiates)</li> </ul>	<ul style="list-style-type: none"> <li>— Changes in the situation</li> <li>— Increased knowledge base</li> <li>— Increased capacity among actors to inquire into and change their situations</li> </ul>
Who?	Professional researcher	Client (primarily)	Jointly by the actors and the professional researcher

Participatory research and evaluation is an approach where this control is jointly shared by the researcher and the actors in the problem situation. While the former gives an absolute value to the minority of theorists in a society, the latter begins with trust in the knowledge which the common man possesses. What has been said by some authors about the sociology of knowledge can equally well be applied to participatory research:

Theoretical thought, 'ideas', *Weltanschauungen* are not that important in society. Although every society contains these phenomena, they are only part of the sum of what passes for 'knowledge'. Only a very limited group of people in any society engages in theorizing, in the business of 'ideas' and the construction of *Weltanschauungen*. But everyone in society participates in its 'knowledge' in one way or another. Put differently, only a few are concerned with the theoretical interpretation of the world, but everybody lives in a world of some sort... To exaggerate the importance of theoretical thought in society and history is a natural failing of theorists. It is then all the more necessary to correct this intellectualistic misapprehension. The theoretical formulations of reality, whether they be scientific or philosophical or even mythological, do not exhaust what is 'real' for the members of a society. In other words, commonsense 'knowledge' rather than 'ideas' must be the central focus for the sociology of knowledge. It is precisely this 'knowledge' that constitutes the fabric of meanings without which no society could exist.<sup>10</sup>

#### *The Main Issues*

Before going into the details of some of the implications of this fundamental emphasis in participatory research and evaluation, it might be worthwhile to enumerate what a participatory approach might entail concretely. First of all, in its broad and loose meaning, it has been an ongoing process in India. As mentioned in the above quotation, the label may be given by theoreticians, but its practice is quite common in groups engaged in the process of re-awakening the weakest sections of our society. As examples of such efforts one may mention the organisation of landless labourers in Dhule district of Maharashtra that has used a similar

<sup>10</sup>Peter L. Berger and Thomas Luckmann, *The Social Construction of Reality: A Treatise in the Sociology of Knowledge* (London: Penguin Books, Reprint 1973), pp. 26-27.

methodology in identifying the records of people whose land was illegally alienated from them.<sup>11</sup> Another well-known case is the Chipko movement in Uttar Pradesh where, as a result of the people's reflection on the causes of the 1970 floods, deforestation caused by some industrialists, the forest department's refusal to let the local poor use the Ash trees for their needs and the permission they granted to commercial contractors and industrialists, the people organised themselves into a resistance group. A community forestry scheme based on the right of the local people to the forest produce and the maintenance of its environment was born out of it.<sup>12</sup>

The relevance of this characteristic of a participatory approach is not merely to recognise that, while the label is new, the approach has existed over the years, but also to accept the fact that while labelling of concepts is an activity of professional researchers, ordinary people somehow do not see their approaches in similar conceptual frameworks. Participatory research is, therefore, a new approach for professionals and a pragmatic one for those in the field.

This poses significant questions for the development of a participatory method. For example, do we have a single, well-defined and well-articulated approach? Are we clear that the range represented by those engaged in participatory research and evaluation (from professional researchers located in universities to semi-literate field workers in the village) necessarily implies tensions which need to be addressed in an inclusive manner?

We do not as yet have clear-cut answers to all these questions but can only think of tentative steps. Figure III is an attempt to chart the steps of an 'ideal' participatory approach.

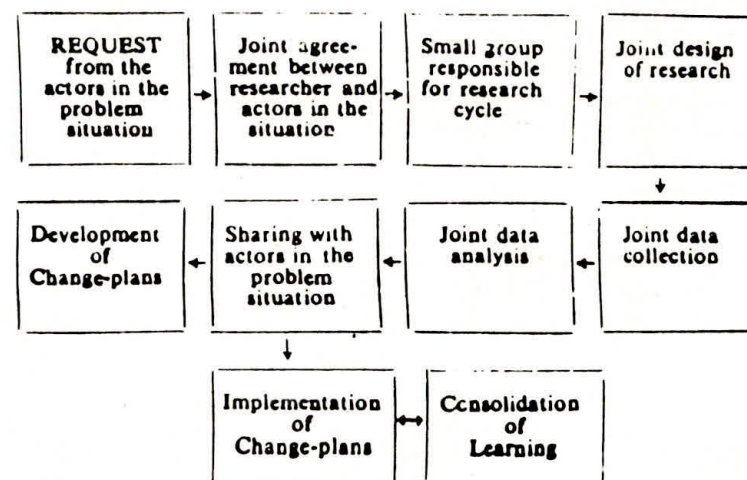
One major element missing in this 'ideal' model is the ideological/normative stance. To the extent that participatory approach is an attempt to break away from unidirectional control of the professional researcher, it has to be consistent in its definition of 'actors in the problem situation'. Therefore, participatory approach is solely in response to and for the fulfilment of the needs of the less powerful, weaker segments of a social setting and is part of a process of their growth into consciousness.

<sup>11</sup>The Story of *Shramik Sangathan* How (n. 1 June, 1978), pp. 24-28.

<sup>12</sup>Gopa Joshi, 'Afforestation of Deforested Himalayas,' *How*, 4 (n. 4, 1981) pp. 11-14.

At all stages of their liberation, the oppressed must see themselves as men engaged in the ontological and historical vocation of becoming more fully human. Reflection and action become imperative when one does not erroneously attempt to create a dichotomy between the content of humanity and its historical forms. The insistence that the oppressed engage in reflection on their concrete situation is not a call to armchair revolution. On the contrary, reflection—true reflection—leads to action. On the other hand, when the situation calls for action, that action will constitute an authentic praxis only if its consequences become the object of critical reflection.<sup>13</sup>

Figure III: Steps in an 'Ideal' Participatory Research Approach



Some comments related to Figure III are needed here:

(i) The initial request in an ideal participatory process may come from the powerful actors in the situation. But in reality, this may not be so. The request may come from someone powerful within the situation, or outside it. Yet, the researcher can transform it into a participatory process by following some later steps, provided his ideological stance is explicit.

<sup>13</sup>Paulo Freire, *Pedagogy of the Oppressed* (London: Penguin Books, Reprint 1980), p. 41.

(ii) Various steps outlined in Figure III appear to be one-shot, fixed ones. In reality, a participatory process has to be cyclical and iterative. For example, joint agreement may need to be worked and re-worked many times, over the entire cycle.

(iii) As presented here, various steps in the participatory process assume the involvement of an outside researcher. In reality, groups of actors in a particular setting may go through the entire process without any assistance from the outsider. In fact, effective participatory process must have the increased capacity of the actors in the situation to inquire into and change their situation as a valued outcome. To that extent, an outside researcher will become redundant soon.<sup>14</sup>

(iv) As presented in figure III, the participatory process may appear identical to Action Research. However, there are two significant ways in which participatory research is different. First, the ideological stance and emphasis on making the researcher's value-premises explicit are generally not mentioned in the action research approach. Second, action research can be, and is being, undertaken without the participation and control of the actors in the situation. In essence, then, action research becomes another method in the exclusive control of the professional researcher.

#### *The Participants*

A related characteristic that deserves mention here is the range of people and their diverse motivations to enter into the participatory process. We can see the participants at two levels i.e. professionals and the common man, especially the oppressed.

At the professional level, in the Indian context, there are at least three sets of people and motivations. One set comprises those who have been trained professionally in the empiricist paradigm of traditional social science research. They have moved into participatory research due to frustration with the existing forms of research. For this set, the reality has remained untouched and unchanged despite tremendous development in research technology. They notice that despite the increased volume

<sup>14</sup>For more on it see, 'The Activist's Credo' (Excerpts from the Report of the Workshop on 'The Training and Methodology of Training for Activists' prepared by Kamla Bhasin and Vasant Palshikar Lakshmi Rao), *February Action*, 23 (n. 5, December 1980), pp. 249-251.

of printed material, the life of ordinary people has remained unchanged. Moreover, the institutionalisation of research in the universities and other such institutes has led to a monopolistic control over research, on the one hand, and a distance of research from ordinary people on the other. For this set of researchers, such irrelevance of social science research is intolerable in the context of a poor society like ours.

For the second set, motivation is related to the need to redirect the processes of development in the country. The failure of existing programmes and models of development is being well established. These are the activists and field workers who have experienced frustration and anger over the misdirection of our developmental strategies. For them, participatory research is a possible alternative to provide momentum to decentralised alternative models of development—development of the people with their active participation. They are engaged in localised experiments in a participatory process to try out these alternative models of development.

Education as a means of social transformation is the underlying motivation of the third set. For this set of people, research is a learning and educational experience and therefore, should be attempted in a manner that facilitates societal level change. Unless research contributes to learning and unless that learning is widespread enough to include those who are part of that setting, it is a meaningless activity. To that extent, participatory research has been found to be a relevant approach to education and learning.

At the level of the oppressed sections, the participants are predominantly rural. The size of the rural population in India and in other Asian countries, as well as the complexities of developmental dynamics, have contributed to the overwhelming rural context of participatory research in this country, or for that matter, in the Third World as a whole. The best examples of this process are, in fact, from rural areas. As examples we may mention the Joint Irrigation System among tribals in Southern Rajasthan, *Gram Vikas* in the Ganjam district of Orissa or *Bhumi Sena* in the Thane district of Maharashtra.

This rural context has contributed to a much better understanding of the processes involved than would have been possible in an urban professional atmosphere. Moreover, Indian activists

and researchers have been able to learn from similar experiments in other countries of Asia, Africa and Latin America and have been able to contribute to learning in these continents. In that sense, it is considerably different from similar experiments in Europe and North America and can at best compliment them since they are, by and large, urban in character.

#### SOME IMPLICATIONS

It should be clear from what has been said above that the participatory approach is not value-neutral but is ideologically committed to the weakest sections. It has a necessary relationship with social transformation and action while classical social science research has conspicuously avoided any active involvement. It is this close linkage between social action and its political implications that has scared many professional researchers from adopting a participatory approach. These professionals work on the assumption that research should be value-neutral.

However, one can question the validity of such an assumption. Though scholars may consider themselves objective, the system within which they work cannot be politically neutral. Research in social settings has always been political and either maintains, explains or justifies the *status quo* or provides data to those who want to question, examine or transform it. Moreover, studies have shown that many apparently Charitable Foundations such as Ford, Carnegie and Rockefeller have in fact been used as tools of American foreign policy though the scholars concerned may not have been aware of it. The decision-making process, the nature of funding and the type of institutions they helped to build up all indicate a definite policy.<sup>15</sup> What has been said about the above foundations can be said also about many national institutions and the funding policies of many other countries.

On the other hand, participatory research and evaluation cannot be considered merely one more mode of community development. In the Indian context and in the Third World as

<sup>15</sup>Robert F. Arnove, 'Foundations and the Transfer of Knowledge—Implications for India,' *Social Action*, 31 (n 2 April-June, 1981), pp. 144-173.

a whole, the participatory approach is increasingly becoming synonymous with the processes of liberation of people. The involvement of poor, marginal farmers and landless agricultural labourers in the twin processes of participatory evaluation and social action have resulted in enhancing their self-confidence and ability to take collective initiatives in their common interest.

While it is different from the classical community development approach, participatory evaluation can contribute towards the liberation of people only if it is associated with some form of participatory social action. The challenge to researchers as well as activists is 'are we prepared to accept this as an operational definition of the participatory approach?' The researcher who accepts this definition has to commit himself to an approach that is closely linked with action. One cannot demarcate separate identities of participatory research and community development without asserting the elements of participatory social action.

To the extent that participatory research is invariably associated with some form of social action, it has very clear political implications. To use the participatory approach in identifying land alienation with the organisation of landless tribal labourers is to link inquiry with the political dynamics of the setting. To join with the farmers to engage in the social analysis of their existing situation is to raise political pressures about the existing structure. To develop an alternative health care system which favours the rural poor is to enter into direct conflict with those whose interests are challenged. It is so because the process of social control is a political process.

Differences in the ability to make rules and apply them to other people are essentially power differentials (either legal or extra-legal). Those groups whose social position gives them weapons and power are best able to enforce their rules. Distinctions of age, sex, ethnicity and class are all related to differences in power, which accounts for differences in the degree to which groups so distinguished can make rules for others.<sup>16</sup>

The participatory approach, therefore, by its commitment to the underprivileged as well as to social action, enters into a

<sup>16</sup>Howard S. Becker, *Outsiders—Studies in the Sociology of Deviance* (New York: The Free Press, 1973), pp. 17-18.

political arena where questions of method and validity become nplistic. It is because the rural Indian, for that matter the in and Third World context, is primarily unorganised. The underprivileged, whether landless labourers or urban slum-dwellers or women, are primarily unorganised. In a large measure, their state of poverty, exploitation and helplessness are related to this non-organisation.

To initiate a participatory process with such underprivileged groups means to initiate the process of organisation-building. Unless this process leads to genuine organisation, one cannot think of a genuine participatory approach. In fact, in the absence of an organisation, the participatory research efforts can become tools of unilateral manipulation by an outsider. To that extent, initiating participatory research efforts with unorganised groups requires an initial effort in developing a rudimentary form of their organisation.

If there is this initial effort, many instances have shown that the participatory research effort itself contributes to the building of an organisation of the people with whom this process is started. By the sheer process of attempting to bring a group of small marginal farmers to analyse their own situation, temporary organisations of farmers developed in the tribal areas of Southern Rajasthan. In other words, this poses some questions about the methodology of the participatory approach. To the extent that Indian and Third World societies are unorganised in comparison with more developed countries of the West, any participatory research effort in the poor nations has to be simultaneously an effort at building organisations. This is not necessarily the situation in the rich countries.

#### *Development of Knowledge*

Another question that arises from the above discussion is: how to develop authentic, valid knowledge? The participatory process tends to lay emphasis on authenticity as opposed to validity. The concept of validity as defined by the classical research paradigm is inappropriate for several reasons. First of all, knowledge about a social setting is not equivalent to information obtained from it. The meaning attached to that information is more important. Any representation of social reality is contingent upon such meanings that actors attach to their reality.

Secondly, the impact of historical contingency on knowledge derived from social settings is too critical to apply to universal constructs of validity. Existing criteria of validity are concerned with the generalisability of the outcome of research.

Participatory research, on the contrary, is potentially an attempt to generalise a *process* of research, instead of its outcome. To that extent, the criteria of validity need to focus on the external generalisability and internal consistency of the research process itself. What can be some initial elements of such a concept of validity? One can enumerate the following among many other possibilities:

- (i) *Relevance*: Historical, temporal and spatial.
- (ii) *Researcher calibration*: Sensitivity of the researcher; emphasis on the calibration and reliability of the researcher as opposed to an instrument or a method.
- (iii) *Convergence*: Emphasis on consensus of issues, multiplicity of methods and congruence between processes and outcome.
- (iv) *Inclusion*: Context, actors and researcher. Emphasis on looking at the research approach as a social process and managing the confluence between the aspects of the setting, actors in the setting and the researcher.

How can we build an alternative concept of validity based on the stance that participatory research and evaluation emphasise generalisability of the research process itself? This is one question that still needs to be studied, because though many groups in the field are involved in the participatory process, not sufficient work has been done at the macro-level.

Moreover, if the generalisability of the research process is emphasised in the participatory approach, what is the outcome of research itself? It can be at different levels:

- (i) Immediate social action and change is one such outcome. The actors in the research process engage in a common effort to transform their situation since they become aware of the causes of the present state and their own potential to be agents of change.
- (ii) Increased knowledge about the particular social setting is another outcome. Unlike in the classical system where the outside researcher has the monopoly of knowledge, in the participatory approach it is available both with the researcher and the

actors of the social setting. This enables the actors to begin a new decision-making process based on this knowledge.

(iii) Increased capacity among the actors in the situation to inquire into and change their situation is another important outcome. This is the result of the new self-confidence they gain as a result of the initial common search for knowledge and combined effort at action. Persons who were till then considered incapable of being anything more than servants and implementers of the orders of the powerful (and at the research level, objects of an outsider's study), are now considered capable of analysing and understanding their own reality. This leads to a new self-image and increased potential to learn and act.<sup>17</sup> This is the educational aspect of the participatory approach where the actors in the situation learn how to learn; deuterio-learning occurs in the process.

If these are the potential outcomes of a participatory approach, what happens to enhancement of knowledge? Viewed from a classical researcher's point of view, there may not be increased knowledge since in this system the end-product is a professional report. But the participatory approach leads to a different kind

of knowledge. Through a participatory approach, the actors in the situation learn how to learn; deuterio-learning occurs in the process. This leads to a new self-image and increased potential to learn and act. This is the educational aspect of the participatory approach where the actors in the situation learn how to learn; deuterio-learning occurs in the process.

#### CONCLUSION

This paper has tried to study the frustrations experienced by professional researchers from various points of view. There are the ideological issues of the use made of the knowledge generated, the ethical issues of using the actors as objects of study and leaving the control of knowledge in the hands of the professionals, and the political issues of the use that is made of this knowledge by those who fund the research programme. It

<sup>17</sup> J.M. Heredero, *Rural Development and Social Change: An Experiment in Non-Formal Education* (New Delhi: Manohar Book Service, 1977), pp. 32-35.

is the realisation that the present professional approach to research is in fact a reproduction of our unjust society in which a few decision-makers control the rest of the population that has led many to move away from the classical methods and experiment with alternative approaches.

Many others have shied away from participatory research since they consider it a political process. If the researcher really wants to find an alternative to the present system which has not led to any social change in spite of increase in printed material, he makes his ideological stand explicit. If we get involved in research efforts that assist the less powerful and the weak, the so-called research process becomes a political one.

However, those who shy away from the participatory approach because of its political implications do not seem to realise that research in social settings has always been political. It either maintains, explains or justifies the *status quo* or questioning it. We may not be aware of the political aspects of our research efforts because we never believed that our inquiry was normative or we never made our ideological stance explicit.

A transition to the participatory approach requires some basic attitudes on the part of the researcher. If the researcher or the activist, as the case may be, practises participation in his own work, it is much more likely that he will be able to facilitate participation of the people in various research efforts. On the other hand, it is doubtful how an authoritarian personality of the researcher can encourage a participatory approach with the underprivileged.

In other words, the values of the researchers have to be in congruence with the values of the participatory approach. He has to believe in the basic strengths of the people and has to cherish democratic values in the proper sense of the term. The behavioural skills required to encourage and sustain participation of people must be possessed by the researchers. These behavioural skills become critical in the context of the focus on the underprivileged sections of our population. Since a dominant characteristic of the underprivileged is their inability to and fear of participation, greater effort is required to facilitate the participation of such sections.

Report of the Working Group on Reorganisation of  
Family Welfare & Primary Health care services in  
Urban Areas (1982)

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(popularly known as  
KRISHNAN Committee  
Report).

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CHAPTER - I

INTRODUCTION

1.1. According to the 1981 census, 28% of India's population of 684 millions live in urban areas. This comes to over 197 million people. The health delivery system in an urban area, particularly in large cities, consists of hospital/dispensary/clinics/centres run by:

- a) Government, State or Central;
- b) Municipal Corporation/Town Committees;
- c) Organisations such as Central Government Health Scheme, Employees' State Insurance Corporation, Industrial Undertakings and Voluntary Organisations; and
- d) Private individuals/bodies (nursing homes/clinics, etc.)

1.2 The Urban Family Welfare Centres are usually attached to institutions run by the Government/Municipal Bodies/Voluntary Organisations. As most of these institutions are predominantly located in areas of high density of poor and lower middle class families in slums and the institutions do not have proper outreach services, the people most needing family planning advice/services and primary health care services tend to get left out.

1.3 All urban areas have certain classic symptoms. Poor and lower middle class people are crowded in highly unhygienic environmental conditions, in slum areas or other crowded areas. In these places, the environmental sanitation is poor and in the case of slums, totally lacking. ~~People are poor and unable to afford costly medical care/health facilities are mostly inadequate, if not totally absent. These conditions provide a fertile ground for spread of diseases.~~

1.4 In regard to Family Welfare and Primary Health Care the present structure in urban areas is more or less entirely hospital/clinic oriented. For administrative purposes in larger cities, there is a City Family Welfare Bureau somewhat on the same lines as a District Family Welfare Bureau. Depending on the size of the city, Urban Family Welfare Centres have been established mostly as an adjunct to existing clinics/hospitals. In large cities, there is more than one Urban Family Welfare Centre to cover the population. Most Urban Family Welfare Centres are equipped only to provide supplies, MCH services and sometimes IUD insertions. For sterilisation operations, services have to be availed of from clinics/hospitals for which the Urban Family Welfare Centres are expected to maintain eligible couples registers and provide door-to-door motivation which is widespread.

\* 1.5 Primary Health Care facilities in urban areas especially in thickly populated pockets, slums or areas inhabited by vulnerable section of society are, thus, almost absent and Health Services in a city tend to be largely cure-oriented through hospitals and clinics.

1.6 The need to remedy the existing situation and to improve the out-reach of the family welfare and primary health care services in the urban slums was discussed at the Conference of Chief Executive Officers of Municipal Corporations held in New Delhi, on 7th April, 1982. The Conference inter-alia recommended setting up of a working group to go into the various aspects relating to improving the out-reach services in urban areas, including review of the existing norms for establishing Urban Family Welfare Centres, setting up of Family Welfare Bureaus, etc. Accordingly the Ministry of Health and Family Welfare set up a group to go into this question vide letter No. H. 19011/1/82-Py. dated 22.4.82 (Annexure I) consisting of ..

1. Health Secretary, Government of West Bengal.
2. Health Secretary, Government of Tamil Nadu.
3. Health Secretary, Government of Maharashtra.
4. Health Secretary, Government of Uttar Pradesh.
5. Health Secretary, Government of Gujarat.
6. Shri R. Natarajan, Joint Secretary, Ministry of Health & Family Welfare, Government of India.

The Health Secretaries of the above States were also requested to associate one or two representatives of the Municipal Corporations of their States.

The terms of reference of the above Group were to go into various suggestions relating to improving the out-reach and quality of Family Welfare and Primary Health services in the urban areas including review of the existing norms for establishing urban Family Welfare Centres, City Family Welfare Bureaus, etc. The pattern of provision of urban Family Welfare Centres and facilities presently available in them is shown in Annexure II.

CHAPTER - II

DELIBERATIONS OF THE WORKING GROUP

2. The Group had its first meeting in New Delhi on 6th May, 1982. Shri J.S. Baijal, Addl. Secretary & Commissioner (F.W.), Ministry of Health & F.W., briefly described the reasons for setting up the Working Group and emphasised that the Group might go into all aspects of the problems and make concrete recommendations which would form the basis of the health coverage in urban areas in the next 20 years. Shri S.V. Krishnan, the then Addl. Chief Secretary & Secretary, Health & F.W., West Bengal, was unanimously requested to be the Chairman of the Group. Shri Baijal requested the Group to complete its report by the end of July, 1982. The Chairman, Shri Krishnan, suggested that, in order to have an indepth study of the problems, the Group might meet in the different States.

2.1 A copy of the minutes of the first meeting is at Annexure III. After discussing the problems of the States represented in the Group, it was decided to evolve a format seeking detailed information on the existing facilities in respect of health structure in the cities/towns in the States represented in the Group. After detailed discussions, a format appended to Annexure III was drafted and circulated to the Member-States alongwith the minutes of the meeting and the members were requested to send the information well before the next meeting of the Group. The particular information asked for in the proforma related to urban population (particularly in slums), existing programmes for providing F.W. Schemes, EPI, Malaria, Filariasis, Leprosy, T.B., School Health, Health Statistics, Intensity of coverage, Health education, Availability of beds, etc.

2.2 On the recommendation of the Chairman that there should be a Senior Statistician in the Group, Shri S.S. Nair, Director (Evaluation) Ministry of Health & F.W., Deptt. of Family Welfare, was co-opted as Member of the Group.

2.3 The Group had its second meeting in Madras on 26.5.82. The list of officers who attended the meeting and the minutes of the meeting is at Annexure IV.

2.4 The discussions at the Madras meeting were mainly on the material supplied by certain State Govts. on the proforma circulated to them. The participants dwelt at length on the question of providing the minimum needed primary health care services, water supply, disposal of night soil, as well as family welfare services, supplies and advice at the door-steps of the people. The consensus emerging might provide the basic health services (preventive, promotive and curative) and the F.W. services at a place within a walking distance of about 15 minutes from the slum area. The various aspects of creating awareness

Out of these discussions was that a scheme should be so devised as

amongst the people living in slum areas of the concept of "small family norm" and availability of F.P. and M.T.P. services were also discussed in great detail. Various motivational strategies, audio-visual techniques and incentives to the staff and beneficiaries were also discussed.

The Group then discussed the suggestions made by the Ministry of Health & Family Welfare in the Agenda notes for the Conference of Chief Executive Officers of the Municipal Corporations on 7th April, 1982 (Annexure V). The suggestion of the Ministry was for creation of a MUH centre-sur-health post to cover a population not exceeding 5,000 or 10,000 persons each in the slum areas and to appoint voluntary workers (women) on the lines of Village Health Guides in rural areas. In order to give due consideration to this suggestion and to define the norms for areas to be covered the staff required and the range of services needed through out-reach services, it was decided that Dr. M.D. Saigal and Dr. A.A. Contractor and the Secretary, Government of Tamil Nadu, should prepare papers giving specific suggestions regarding the out-reach services and organisational set up for the consideration at the next meeting.

2.5 The Third meeting of the group was held at Bombay on 21st June, 1982. The minutes of the meeting are at Annexure VI. In this meeting Smt. Avabai B. Wadia, President, Family Planning Association of India and Dr. Indumati Parikh were also invited to obtain their views on how voluntary organisations could participate in this programme. The meeting discussed the paper entitled "out-reach services with suggested infrastructure" prepared by Dr. M.D. Saigal.

The discussions revolved mainly on the definition of slums and areas inhabited by weaker section of society and on the infra-structure proposed in the paper. The payment to the voluntary worker and the basic services required to be provided at the health posts and in referral centres were also discussed at length.

\* Another important aspect discussed was about the agency whether Government or local body or voluntary organisation which should primarily be responsible for organising these services. It was decided that the entire matter should be discussed in more detail in the next meeting on the basis of views expressed in this meeting.

2.6 The fourth meeting of the group was held in New Delhi on 12th July, 1982. The minutes of the meeting are at Annexure VII. In this meeting, concrete shape was given to the paper on "out-reach services in urban slums" which was redrafted on the basis of suggestions made at the Bombay meeting. The group discussed in specific terms the status of proposed health workers (including salaries/honorarium) and range of services to be provided at each level. As it was difficult to identify the actual slums, it was decided that the proposed 'Health Post' should cover an area whose population had at least 40% living in 'slum' or slum like areas with pre-dominantly weaker sections. Operational aspects of the scheme were also discussed in this meeting.

2.7 There was a considerable discussion on the question of creation of supervisory and coordinating levels and agencies to be entrusted with the task of implementing the programme.

2.8 The recommendations of the group are given in chapter III. The tentative recommendations made by the group were placed before the 8th Joint Conference of Central Councils of Health & F.W. held from 16th to 20th August, 1982. The Conference made the following recommendations :-

✓ "The Government have already recognised the need for revamping and restructuring the Primary Health Care and Family Planning out-reach services for urban areas, particularly urban slums and congested localities inhabited by under privileged sections of the people. The recommendations of the Task Force constituted for this purpose were generally accepted. It was urged that these recommendations may be processed urgently and given effect to as speedily as possible, with provision of additional funds made part of the family welfare programme and, therefore, 100% centrally funded."

1. Preventive & Promotive healthcare
2. Curative services of minor ailments
3. Referral services
4. Linkage with health facilities  
existing services & facilities

CHAPTER - III

FINDINGS OF THE WORKING GROUP

FAMILY PLANNING AND PRIMARY HEALTH SERVICES IN URBAN SLUMS

Considering the need of Family Planning, M.C.H. and Health Care in Urban Slums, the following out-reach services are considered necessary:-

1. Out-reach services

- i) Population Education.
- ii) Information, motivation about Family Planning methods and M.T.P.

iii) Health Education.

- a) Environmental sanitation.
- b) Personal Hygiene.
- c) Communicable diseases.
- d) Nutrition.
- e) M.C.H. and E.P.I.

2.

Preventive Services

- i) Immunisation.
- ii) Ante-natal, post-natal and infant care.
- iii) Prophylaxis against anaemia.
- iv) Prophylaxis against Vit. 'A' deficiency.
- v) Presumptive treatment of malaria.
- vi) Identification of suspected cases of tuberculosis and leprosy.
- vii) Filariasis.
- viii) Infant feeding.

3.

Family Planning Services.

- i) Nirodh, other conventional contraceptives and oral pills.
- ii) I.U.D. Insertion.
- iii) Sterilisation and M.T.P. services either through referral hospital or mobile vans provided under ROME Scheme or through identified institutions nearby existing or created.

4.

Curative

- i) First aid during accidents and emergencies
- ii) Treatment of simple ailments.

5. Supportive services (Referral)

All the out-reach services must be backedup by institutional services particularly in respect of :

- ✓i) High risk maternity cases.
- ✓ii) Sterilisation and M.T.P.
- ✓iii) Diagnosis and treatment of tuberculosis and leprosy.
- ✱iv) Laboratory services for diagnosis of malaria matter requiring doctors services/hospitalisation.

6. Reports and Records -Particularly in respect of -

- ✓i) Preventive Services. ←
- ✓ii) Family Planning Acceptors.
- ✓iii) Vital events. *Numbering*
- ✓iv) Morbidity and Mortality particularly in respect of (a) Malaria (b) Tuberculosis (c) Leprosy (d) Diarrhoeal diseases.
- ✓v) Maintenance of Family cards or register for population covered.

✓ II. Present facilities

- ✱ 1. At present there is no standard staffing pattern for the delivery of out-reach services in urban areas except the urban family welfare centres. The staffing pattern of these Urban Family Welfare Centres was so revised as to ensure out-reach and clinic services for family planning and MCH. However, experience has shown that these centres have not succeeded in either of these functions. Staff of these centres hardly visit the field and clinical services (sterilisation & MTP) are provided mostly by the attached or nearby hospital.
- ✱ I.C.D.C. Programme wherever implemented in urban areas provided one medical officer, one LHV and 4-6 ANMs and one Anganwadi worker for every 1000 population for MCH Services to cover about one lakh population.

2. The other out-reach services are provided by the local body staff depending on their availability. The quality and quantity of such services vary from area to area and generally are considered inadequate to meet the requirements. In most of these areas some workers to look after environmental sanitation, D.P.I and Malaria programmes are also available.

### III. Structure suggested for slum areas

1. No doubt many of the health problems of rural areas and urban slums are similar. Yet there are many differences between the two areas which need to be taken into consideration, while suggesting the health infra-structure for urban slums. Some of the major differences are :-

- i) While rural areas have a mixed population of upper middle class, middle class and poor people, urban slum population mostly belongs to poor and middle class class and as such have comparatively higher morbidity and mortality.
- ii) Environmental conditions are much the worst in urban slums compared to rural areas and as such slum population is more exposed to illness.
- iii) Rural population is mostly farmers and can be contacted any time either at their houses or farms, while urban population mostly belongs to labour and services class and as such only certain percentage of adults can be contacted at any particular given time.

vi) In most of the cases, the whole family i.e. men, women and grown-up children, do some work and contribute to the income of the family. Under these circumstances, it may often be difficult to get a purely voluntary health worker in the slum areas from the residents of the areas. However, such workers may be available on payment of some honorarium.

v) Unlike the rural population, the slum population is concentrated in certain localities of the town and are, therefore, easily approachable. \*

2. Keeping all these considerations in view, it is suggested that there should be a Health Post for every slum area located in the slum area itself. In the infra-structure suggested below, the nurse/ midwife forms the back-bone of the out-reach services and must be a full time employee. can be appointed by paying certain fixed amount as retainers fee and the other payments can be made according to the services rendered. The number of such part-time staff and the retainers fee to be paid would depend on the number of hours such staff is prepared to devote to the work. However, the total expenditure on appointment of part-time workers should not exceed the expenditure which otherwise would have been incurred on providing full time staff. \*\*

In case of other fulltime staff suggested part-time staff

Considering the needs of urban slums, they should be given the highest priority in re-organisation of the services as suggested below. For the purposes of determining the infra-structure to be provided (according to the types of unit given below) the population to be covered should have atleast 40% population living in the slums including

slum like areas or have predominantly weaker sections. In course of time, the above percentage requirement may be progressively lowered, and the organisational pattern extended in a phased manner to cover the whole urban population.

✓ a) For area with population below 5,000

i) Nurse -midwife

... One

ii) Voluntary Women Health Workers

... Two

iii) The health post would be an extension of services of the appropriate hospital selected for the purpose. It would provide all the back-up (referral services and supervision).

b) For area with population between 5000 -10,000

✓ i) Nurse-midwife

... One

ii) A basically trained male M.P.W. Worker

... One

✓ iii) Voluntary women health workers one for every 2000 population. As it is difficult to get such workers from the residents of the slum area without any payment, it is suggested that they may be paid an honorarium of Rs 100/- per month. The volunteers would be local residents.

iv) The Health Post would be an extension of services of the appropriate hospital selected for the purpose. It would provide all the 'back-up' (referral) services and supervision.

c) For areas covering a population between 10,000-25,000

The same organisational set-up as recommended for 5000-10,000 population with the following additions:-

i) Nurse -midwife

... One

ii) Male M.P.W.

... One

iii) Supervision and supportive services to be provided as in the case of category (c).

iv) Voluntary women health workers - one for every 2,000 population. *1400 families*

a) For area covering a population between 25,000 - 50,000

- |       |  |     |                               |
|-------|--|-----|-------------------------------|
| i)    | Lady Doctor  | ... | One                           |
| ii)   | Public Health Nurse  | ... | One                           |
| iii)  | Nurse Mid-wives  | ... | 3-4                           |
| iv)   | Male M.P. Workers  | ... | 3-4                           |
| v)    | Class IV (Woman)   | ... | One                           |
| vi)   | Computer-cum-clerk   | ... | One                           |
| vii)  | Voluntary women health workers   | ... | One for every 2000 population |
| viii) | Laboratory   |     |                               |
| ix)   | Sterilisation and MTP services to be provided by the mobile van provided under ROME or any other programme. Other services like I.U.D., Vasectomy etc. would be provided at the centre itself. |     |                               |

a) For area covering population of more than 50,000

Areas should be divided into sectors of 50,000 and provided facilities given under (a), (b) and (c) above, according to the population to be covered.

In order to ensure that prompt services are provided to all cases referred for tubectomy and M.T.P., the post partum programme/Sterilisation Beds Scheme would be strengthened in the referral institutions wherever needed.

#### ✓IV. Relationship with the existing facilities

1. The available personnel at present serving the slum areas, including the staff provided in Urban F.W. Centres should be re-distributed amongst the Health Posts.
2. Wherever there are dispensaries near the slum areas, they should continue to function for providing curative services. As Health Posts would be mainly providing preventive

and promotive services, it would not be desirable to convert these dispensaries into Health Posts, as it would be difficult to change their existing pattern of functioning, with the high demand for curative services. Any such efforts are more likely to adversely affect the preventive and promotive health and F.P. functions, which are proposed for the Health Posts. Separate Programmes for opening more dispensaries should, therefore, be implemented, wherever needed.

V. Building for the Health Posts.

For the effective functioning of the Health Posts, it is essential that they are located in the slum area itself. As suitable buildings are not likely to be available in slum areas, it is desirable to construct functional buildings of these Health Posts.

\*\*\*  
VI. Coordination with other health related programmes.

The Sixth Five Year Plan has fixed up the target for improvement of slums covering a population of ten million. The Programme covered under this scheme includes water supply, drainage of waste water, paving of streets, construction of community latrines and street lighting. An expenditure of Rs 150/- per capita has been provided for this purpose. It is suggested that the facilities for health and family planning and primary health care should be coordinated with this programme wherever it is being implemented.

It should be further desirable if the schemes of ICDS and GEP run by the Department of Social Welfare and the scheme of non-formal education for adults implemented by the Deptt. of Education are also implemented in these areas so that a coordinated package of services can be rendered.

VII. Total number of units of different categories in cities with population of one lakh and above.

The setting up of a revised type of health infra-structure structure has been visualised for the following population groups, in urban areas.

<u>Category -a</u>	( less than 5000 population)
<u>Category -B</u>	( 5000 to 10,000 population )
<u>Category - c</u>	( 10,000 to 25, 000 population)
<u>Category -d</u>	(25,000 to 50,000 population )

<u>Total no. of Units required</u>		<u>Unit cost</u>		
<u>A.</u>	<u>Category</u>	<u>No.</u>	<u>N.R.</u>	<u>Recurring</u>
1.	Category -d (25,000-50,000)	1878	Rs 35,000	Rs 1,50,000
2.	Category -c (10,000-25,000)	73	Rs 15,000	Rs 65,000
3.	Category -b (5,000,10,000)	28	Rs 8,000	Rs 30,000
4.	Category -a (less than 5000)	32	Rs 5,000	Rs 16,000 ✓
<u>Total</u>		<u>2011</u>		

VIII. Financial Implications (Total )

This does not take into account the existing facilities and man-power. The actual additional cost should be worked after taking into account existing man-power as available.

		<u>Non-recurring (in Rs.lakhs)</u>	<u>Recurring (in Rs.lakhs)</u>
Category-d	1878	657.3	2817.0
Category-c	73	10.95	47.45
Category-b	28	2.24	8.4
Category-a	32	1.60	5.28
		<u>672.09</u>	<u>2878.13</u>

The above cost does not include the cost of hiring/ construction of the suitable accommodation for the health units, which have to be located either in the slum areas or at their peripheries.

The cost requirement according to the present pattern comes to Rs 1548.14 lakhs per annum. But as all the Urban F.W. Centres required have not yet been established, the present expenditure on infra-structure in urban areas is Rs. 650.00 lakhs.

#### IX. City Family Planning Bureaux

In view of the suggested changes in the organisation in urban areas for the delivery of Family Planning, MCH and Primary Health Care services, it would be necessary to modify the pattern of city family welfare bureau, as follows:

##### i) For towns having less than 5 lakhs population

The towns having population of less than 5 lakhs need not be provided any separate set up for coordination and supervision. The existing district level organisations should be able to look after the activities of the health posts in urban areas.

##### ii) For towns having population between 5-10 lakhs population

- a) For towns having population of between 5 to 10 lakhs and located in the districts having total population of less than 20 lakhs, no separate City Family Welfare Bureau would be required. The existing district level organisation should be able to coordinate the activities and provide the requisite supervision.

b) For towns having population between 5 to 10 lakhs located in the districts having population over 20 lakhs, the following additional staff should be provided to the organisation of the local body or the District Chief Medical Officer for coordination and supervision of the urban area organisation.

1. Coordinator (equivalent to Deputy District Extension Media Officer)
2. Senior Public Health Nurse.
3. Statistical Assistant.
4. L.D.C.-cum-typist.
5. Attendant
6. Contingencies - Rs 10,000 P.A.

iii) For towns with population between 10 to 15 lakhs

1. Coordinator
2. Extension Educator
3. Public Health Nurse
4. Statistical Assistant
5. Computer
6. U.D.C.-cum-Store keeper
7. L.D.C.-cum-typist
8. Attendant
- Contingencies - Rs 15,000 P.A.

iv) For towns between 15 to 25 lakhs

Same as for (iii) above with the following additions/modifications.

1. Deputy Chief Medical Officer ... 1
2. Computer - 1 (additional)
3. L.D.C. - 1 (additional)
4. Attendant - 1 (additional)

Two wheel vehicle

P.O.L Rs 5,000/- P.A.

Contingencies Rs 20,000/- P.A.

v) For towns above 25 lakhs population

The number of towns above 25 lakhs population are only seven. Their population varies from 25.15 lakhs in Ahmedabad to over 91 lakhs in Calcutta. Their requirements should be worked out separately. It is further suggested that for Bombay and Calcutta, there should be 3-4 area organisations on the pattern of (iv) above and an overall cell for higher level coordination.

Total number of City Bureaux  
required

Category (ii)	24 (population 5-10 lakhs )
Category (iii)	2 (population 10-15 lakhs )
Category (iv)	2 (population 15-25 lakhs )
✓ Category (v)	7 (population above 25 lakhs)

## CHAPTER - IV

### RECOMMENDATIONS

The broad recommendations of the group are as follows:-

1. An integrated area sub-centre approach, with suitable out-reach service is essential in the urban areas to provide for promotive and preventive health care, rudimentary antidiarrhoeal treatment and for advice as well as supplies to family planning acceptors. There will be referral from these centres to the nearest hospital for clinical and specialist services.
2. The modules of service delivery as presented in the recommendations are considered suitable to achieve that objective.
3. This module service should be achieved by integration and re-organisation where necessary of the existing services and staff strength. To the extent possible additional staff should be avoided as existing staff available for providing the services should be fully deployed without duplication. The staff requested in the model is the nucleus core staff to discharge the minimum workload. As more services are progressively taken up by these centres, the staffing pattern as admissible for the several schemes so taken up by them should also be made available to these centres.
4. The centres may be operated by the State directly or the municipal bodies or by voluntary agencies, as the case may be. For effective implementation of the programme, a system of payment by

results and use of part-time functionaries paid according to performance, is suggested.

5. While the module is applicable to all urban areas, to start with priority attention needs to be paid to slum areas or areas inhabited by under-privileged sections of the society. For this purpose, areas which have at least 40% people living in slum areas or in congested areas would be taken up for coverage during the current plan period, the percentage being progressively lowered until all urban areas are covered in due course.

6. There is need for a special approach to the urban slum population by evolving a suitable institutional and mass publicity strategy in order to mobilise peoples' participation for full utilisation of the facilities offered under the programme. Similarly, there should be a scheme of incentives for the beneficiaries as well as for the staff engaged in family welfare, so that payment by results is encouraged.

7. Difficult financial implications of the proposals are difficult to work out precisely at this stage. Only the broad financial implications for the different types of modules to cover the various urban areas have been indicated. The programme has to be 100% centrally financed.

8. City Family Welfare Bureau :- In view of the suggested changes in the organisation in urban areas for the delivery of Family Planning, MCH and Primary

Health Care services, it would be necessary to modify the pattern of City Family Welfare Bureau. The Group has recommended additional staff for towns on the basis of their population size, as in Chapter III.

Letter of Addl. Secy. & Commissioner (FW)  
Ministry of Health & FW, New Delhi  
consulting the Working Group

Copy of D.O. letter No. 19011/1/82-FW, dated April 22, 1982 from Addl. Secretary & Commissioner (FW) Ministry of Health & Family Welfare, New Delhi, addressed to the Health Secretaries of Maharashtra, Tamil Nadu, West Bengal, Gujarat and Uttar Pradesh.

In the Conference of Chief Executive Officers of Municipal Corporations held in New Delhi on the 7th April, 1982, in which your Government was also represented, there was a good deal of discussion on drawing of strategies to improve the out-reach of Family Welfare services in the urban slums and to re-organise the existing infra-structure if necessary. As announced in the Conference, a Working Group comprising of the following has been set up to go into various suggestions relating to improving the out-reach and quality of Family Welfare services in the urban areas, including review of the existing norms for establishing Urban Family Welfare Centres, City Family Welfare Bureaux etc.

- 1) Health Secretary, Govt. of Tamil Nadu
- 2) Health Secretary, Govt. of Maharashtra
- 3) Health Secretary, Govt. of West Bengal
- 4) Health Secretary, Govt. of Uttar Pradesh
- 5) Health Secretary, Govt. of Gujarat
- 6) Shri R. Natarajan, Joint Secretary,  
Ministry of Health and  
Family Welfare

2. If you desire, you may also select one Municipal Commissioner (Chief Executive of a Municipal Corporation) from your State to be a member of the Group. Respective State Governments and Municipal Corporations will bear the expenditure towards T.A./D.A.

3. The meeting of the Working Group will be held on 6th May, 1982 at 11.30 A.M. in Room No.249-A, Nirman Bhavan, New Delhi (Committee Room). I will be grateful if you can make it convenient to attend the meeting and also inform the Municipal Commissioner selected by you about the meeting.

4. I will be grateful for a line in confirmation.

With regards,

Sd/- J.S.BAIJAL.

Annexure - II

PRESENT PATTERN & SCALE OF SERVICES  
IN FAMILY WELFARE CENTRES.

	<u>Present Rates.(Rs)</u>	<u>Revised Rates (Rs.)</u>
<b>I. State Family Welfare Bureau</b>		
a) Replacement of furniture and equipment.	-	2000 per annum
<b>II. District F.W. Bureau</b>		
a) Replacement of furniture and equipment.	-	2000 per annum
b) Furniture & Equipment.	48,000	20,000 **
c) Sterilisation & IUD sets for mobile units.		
<b>III. Urban F.W. Centres</b>		
a) <u>Type I (10,000 to 25,000 population)</u>		
1) Equipment & Furniture (non-recurring)	2000	5000
ii) Contingencies.	500	2000 per annum
b) <u>Type-II (25000 to 50000 population)</u>		
1) Equipment & Furniture (non-recurring)	3000	7500
ii) Contingencies.	1000	4000 per annum
c) <u>Type-III (50000 and above)</u>		
i) Equipment, Furniture, Educational Aids and Surgical equipment (non-recurring)	6500	15000
ii) Contingencies.	1000	4000
iii) Replacement of surgical equipment & appliances.	200	500
iv) Service advance for compensation.	1500	On as required basis.
v) Cash Award.	1500	

	<u>Present Rates(Rs).</u>	<u>Revised Rates(Rs)</u>
<b>IV. <u>City Family Welfare Bureau</u></b>		
a) <u>Type I (Between 2 lakhs to 5 lakhs population)</u>		
1) Furniture, Equipment and Educational Aids.	10,000	10,000
ii) Contingencies (per annum)	3,790	6,000
b) <u>Type II (Between 5 lakhs to 7.5 lakhs population)</u>		
1) Equipment, Furniture & Educational Aids.		25,000
ii) Jeep and Tractor.	35,000	@
iii) Contingencies (per annum)	5,690	8,000
c) <u>Type III (Between 7.5 lakhs to 10 lakhs population)</u>		
1) Equipment, Furniture, Building repairs & Educational Aids.		30,000
ii) Station Wagon-1	50,000	@
iii) Contingencies (per annum)	7,000	10,000
<b>V. <u>Rural F.W. Centres at PHCs.</u></b>		
1) Cycle allowance for Computer and Health Assistant.	Rs.4 P.M.	T.A. & D.A. as per State Rules.
ii) Conveyance allowance for ANM		
<b>VI. <u>Rural Sub-centres</u></b>		
1) Equipment & Furniture	2,900	3,500
ii) Rent for the Building.	1,000	1,000
iii) Maintenance cost of transistorised sets.	Rs.25/- per annum.	-
iv) Fixed conveyance allowance to A.N.M.	Rs.4/- per month.	As per State Govt. Rules.

\*\* No provision is needed, as these units have been abolished.

@ Actual cost of vehicle to be provided.

ANNEXURE-III

Minutes of the First Meeting  
and Questionnaire issued.

WORKING GROUP ON RE-ORGANISATION OF FAMILY  
WELFARE AND PRIMARY HEALTH SERVICES IN URBAN  
AREAS - MINUTES OF THE MEETING HELD IN NEW  
DELHI ON 6TH MAY, 1982.

The Working Group set up by the Ministry of Health and Family Welfare to go into the question of improving out-reach and quality of Family Welfare and Primary Health Services coverage in the urban areas including review of the existing norms etc., met in the chamber of Shri J.S.Baijal, Additional Secretary and Commissioner (FW) in New Delhi on 6th May, 1982. The list of participants is given at the end.

2. In his inaugural address, Shri Baijal stated that even though in cities and towns there is more of literacy, awareness and facilities for Family Welfare services, still such services are not within the reach of the masses especially in slum areas and areas inhabited by weaker sections of society. He, therefore, emphasised that the Group may go into all aspects of the problem and make concrete recommendations which will form the basis of health coverage in this regard in urban areas in the next 20 years. He further desired that the Group might finalise its report by the end of July, 1982. It could hold its meetings in the different States. The Ministry of Health & Family Welfare will give the Committee the requisite secretarial assistance.

3. Shri Baijal also suggested that Shri S.V.Krishnan, Adcl. Chief Secretary and Health Secretary to Government of West Bengal should be the Chairman of the Group. This was unanimously agreed.

4. The Chairman suggested that the Group should in the first instance have the basic data collected relating to the infrastructure available and programmes as now implemented in respect of Family Welfare, M.C.H., E.P.I., Malaria, T.B. and Leprosy as all these problems are to be tackled in an intensive manner in the more backward urban areas. He suggested that a questionnaire may first be prepared, detailing the relevant points on which information would be needed, which may be circulated to the participating State Governments for compilation of the data which will be considered in the coming meetings of the Committee and form the basis for its recommendations.

5. As per the above suggestion of the Chairman and on the basis of the detailed discussion in the meeting, it was decided to include the following items in the proposed questionnaire :-

- i) Urban population - City/Town-wise showing the population in slum areas, separately within each city/town.
- ii) Details of existing programmes for providing health services for Family Welfare, M.C.H., E.P.I., Malaria, Filariasis, Leprosy, T.B., School Health (upto Primary School level). This should be classified by the sponsoring agency viz. (a) Government (including Railways, Defence, E.S.I.C., P & T Deptt., Public Sector Bodies etc.), (b) Local Authorities and (c) Voluntary Organisations.
- iii) Intensity of coverage of the above programmes - Statistics about population covered and percentage of coverage to the total population in the urban area (separate figures for slum areas wherever available).
- iv) O.P.D. services classified under the broad Heads : Allopathic, Ayurvedic, Homeopathic - the number of Dispensaries etc. and the total patients treated in a year.
- v) Details of health statistics mortality and morbidity.
- vi) Provision of health education facilities.
- vii) Man-power in position for the different programmes.
- viii) Availability of beds/doctors/nurses at all levels and their ratio to the urban population.
- ix) Details about availability of Family Welfare and other service centres within a walking distance of 10 to 15 minutes from the slum areas, the population in the slums benefitted and the pattern of man-power sanctioned in these service facilities.
- x) Provision of safe drinking water and the percentage of population in the urban area covered by such sources, and gallons per capita per day.

6. Based on the above points, it was decided that a questionnaire may be prepared and sent along with the minutes of the meeting to the participating States for immediate follow-up action. It was also decided that the next meeting of the Working Group will be held in Madras at 10.30 A.M. on the 26th May, 1982.

RE-ORGANISATION OF FAMILY WELFARE AND PRIMARY HEALTH SERVICES IN URBAN AREAS - QUESTIONNAIRE ON DETAILS OF EXISTING INFRA-STRUCTURE AND PROGRAMMES.

- I. Name of State
- II. Total population according to 1981 census.

- (a) Rural
- (b) Urban

- III. Distribution of cities/towns by the size of urban population :

No. of cities/towns

- (a) Less than 25,000
- (b) 25,000 to 50,000
- (c) 50,000 to One lakh
- (d) 1 lakh to 3 lakhs
- (e) 3 lakhs to 5 lakhs
- (f) 5 lakhs to 10 lakhs
- (g) over 10 lakhs population.

- IV. Number of Health and medical service centres with beds and indoor facilities available showing them separately under the following heads :-

State Govt.	Local Autho-rities.	Vol. Agen-cies.	Private
-------------	---------------------	-----------------	---------

- (a) General Hospitals
- (b) Maternity Homes
- (c) Specialised Hospitals.
- (d) Family Welfare Centres (particularly those where facilities for sterilisation, abortion & complicated maternity cases are available).

- V. Position of out-patient facilities already available (including dispensaries, M.C.H. Centres and O.P.s. in hospitals and the number of patients treated in the last year)

State Govt.	Local Author- ities.	Vol. Organi- sations.	Private
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- (a) Allopathic  
(b) Ayurvedic/Unani  
(c) Homoeopathic

- VI. Coverage of Family Welfare and M.C.H. Centres available in/or near the slum areas :

- (a) Population of the slum  
(b) Number of Family Welfare/MCH Centres functioning in/or near the slum.  
(c) Details of staff sanctioned/in position.

<u>No. of posts sanctioned / filled</u>	
<u>Sanctioned</u>	<u>Filled on</u>
<u>on 31.12.81.</u>	<u>31.12.81</u>

- i) Medical Officer  
ii) Lady Health Visitor  
iii) Auxiliary Nurse  
Midwife.  
iv) Family Welfare  
Worker (male)  
v) Any other post.

- VII. Percentage of population covered in each urban area under the following health programmes :-

By Government Institutions (including Railways, Defence, E.S.I., Public Sector etc. )	By Local Authorities.	By Voluntary Organisations/ Private Institution
--	--------------------------	---

- (a) Family Welfare  
(all modes)  
(b) M.C.H.  
(c) E.S.I.

- (d) Malaria
- (e) Filaria
- (f) Leprosy
- (g) T.B.
- (h) School Health  
(upto Primary School level)
- (i) Any other major health programme.

VIII. Intensity of the coverage of the above programme in slum areas :

By Govt. Instts. (including Rail- ways, Defence, ESI, Public Sector etc. )	By Local Authori- ties.	By Voluntary Organisations/ Private Institutions.
--	-------------------------------	--

- (a) Family Welfare  
(all modes)
- (b) M.C.H.
- (c) E.P.I.
- (d) Malaria
- (e) Filaria
- (f) T.B.
- (g) Leprosy
- (h) School Health  
(upto primary  
school level)
- (i) Any other major  
health programme

IX. Health Statistics

Mortality and morbidity figures in the last year for each urban area relating to major communicable diseases.

X. Health Education

Mention existing extent of population covered by health education programme.

XI. Ratio of beds/doctors/nurses to the

- (a) Total urban population
- (b) Same ratio to the total population under the slum area ( wherever available).

XII. Any other medical or health facilities available exclusively in the slum areas.

XIII. Safe drinking water

- (a) Percentage of the population in each urban area having access to safe drinking water showing spot or piped source of water available.

- (b) Percentage of above covered by chlorinated water supply.

- (c) Availability of drinking water (gallons per capita per day in each municipal area ).

XIV. Night soil (collection & disposal)

Facilities in each urban area having access to such facilities (including mechanical; manual, soak pits etc.)

LIST OF PARTICIPANTS IN THE MEETING OF WORKING GROUP ON  
" RE-ORGANISATION OF FAMILY WELFARE AND PRIMARY HEALTH  
SERVICES IN URBAN AREAS " HELD IN NEW DELHI ON 6TH MAY, 1982.

<u>Name</u>	<u>Designation</u>
1. Shri J.S.Baijal	Additional Secretary and Commissioner(FW), Ministry of Health & Family Welfare.
2. Shri S.V.Krishnan	Additional Chief Secretary & Health Secretary, Government of West Bengal.
3. Shri R.Natarajan	Joint Secretary, Ministry of Health and Family Welfare.
4. Shri K.Lakshmi- kanthan Bharati.	Commissioner & Secretary, Health & Family Welfare, Govt.of Tamil Nadu.

<u>Name</u>	<u>Designation</u>
5. Smt. Lata Sing	Health Secretary, Govt. of Uttar Pradesh.
6. Dr. O.P.Gupta	Director, Health, Medical Services and Medical Education, Government of Gujarat.
7. Dr. S.K.Deb	Joint Director of Health & FW and State Family Welfare Officer, Govt. of West Bengal.
8. Dr. (Mrs.) H. Balachandran.	Distt. Family Welfare Medical Officer, Corporation of Madras
9. Dr. N.R. Chaudhury	Special Officer, Health Project, Corporation of Calcutta.
10. Dr. D.N. Pai	Special Officer Incharge, Family Welfare, Bombay Municipal Corporation.
11. Shri N.S. Chopra	Administrator, Municipal Corporation, Agra.
12. Dr. K.K. Sharma	Health Officer, Agra Municipal Corporation.

CENTRAL GOVERNMENT OFFICERS

13. Dr. H.D. Saigal	Deputy Director General (RHS).
14. Shri H.W.T. Syiem	Deputy Secretary (Policy)
15. Shri Vijay Bhushan	Deputy Secretary (RHS).
16. Shri S. Jha	Under Secretary (RHS).
17. Shri O.P. Khatri	Research Officer.
18. Shri R.S. Mathur	Desk Officer (Policy).

ANNEXURE - IV

Minutes of the First Meeting

MINUTES OF DISCUSSIONS OF WORKING GROUP ON FAMILY  
PLANNING HELD AT MADRAS ON THE 26TH MAY, 1982.

Present

1. Shri S.V.Krishnan,  
Addl. Chief Secretary and  
Secretary, Health & FW,  
Government of West Bengal. .... Chairman
2. Shri R.Ramapalan,  
Joint Secretary,  
Ministry of Health & FW.
3. Shri V.Srinivasan,  
Secretary, Health & FW,  
Maharashtra.
4. Smt. Lata Singh,  
Secretary, Health & FW,  
Uttar Pradesh.
5. Shri K.Lakshmikanthan Bharti,  
Secretary, Health & FW,  
Tamil Nadu.
6. Dr. A.A.Contractor,  
Government of Gujarat.
7. Shri H.W.T. Syiem,  
Deputy Secretary,  
Ministry of Health & FW.
8. Dr.M.D.Saigal, D.D.G (RHS),  
Dte. General of Health Services.
9. Shri S.S.Nair, Director (Evaluation),  
Ministry of Health & FW.
10. Senior Official of Madras Corporation.
11. Dr. D.N.Pai,  
Special Officer Incharge FW,  
Bombay Municipal Corporation.
12. Shri N.S.Chopra, Administrator,  
Agra Municipal Corporation.

The Chairman welcomed the members at the meeting of the second session of the Working Group. He stated that some materials asked for in the proforma have been furnished and these require to be examined. In the present meeting he sought the views of the other members whether it should be confined to information concerning water supply, disposal of night soil, treatment facilities for Malaria, Filariasis and coverage for T.B. He also requested the views of the Group as to whether information given was sufficient or whether more should be asked for.

2. Shri K. Natarajan stated the main purpose for setting up the Working Group were :-

- i) To look at public health care and family welfare care in slum areas, or areas inhabited by economically vulnerable sections of the population in urban areas. The affluent category had been left out because they have adequate knowledge and facilities to avail themselves of the services provided under the whole gamut of health schemes available including those from private nursing home, doctors etc.
- ii) To review the existing structure for family welfare services for necessary changes, if any. The services should be taken closer to the people rather than confined to hospitals. The services provided by voluntary agencies like Rotary Clubs, Lions Clubs etc. should be better co-ordinated for better effect. Voluntary organisations should be encouraged to adopt whole areas. He suggested that these ideas should be kept in focus in the discussions of the Working Group.
- iii) The Chairman, while endorsing the suggestions of Shri Natarajan, requested the views of the other members of the Group as to whether the questionnaire should be more wide-based to obtain more information as suggested by him earlier.
- iv) Shri Srinivasan, Health Secretary, Maharashtra, stated that the questionnaire was quite comprehensive. The genesis of the Working Group was to consider out-reach facilities vis-a-vis slum areas which were at a disadvantage in comparison to the services available in the rural areas. The Task Force should examine what are the missing links in providing out-reach facilities through urban health care centres to cover these slum areas.

Perhaps it may be worthwhile to obtain information on corporations which perform these out-reach work. The data available on the following would be helpful :-

- (a) Number of workers actually doing out-reach services ; and
- (b) Number of workers formally deployed in out-reach services.
- v) The Chairman stated that such information is probably not available in most cases. In view of the shortage of time since the Working Group has to submit its report by July, 1982, it will not be possible to wait for this information.
- vi) Shri Natarajan stated that what is equally important is the availability of primary health care near slum areas. Hence col.8 may be amended since in the earlier meeting it had been mentioned that hospital facilities which may be available within a walking distance of about 15 minutes from the slum area would be a sufficient facility for such areas.
- vii) The Chairman agreed and suggested that in view of the shortage of time, the information in this regard for the two biggest corporations in each State may be furnished. The State Health Secretaries were asked to make a note of this and furnish the information to the Ministry of Health and Family Welfare.
- viii) Shri Srinivasan, Secretary, Maharashtra, raised the question as to whether actual assessment can be made of people who go from door to door in big city corporations for immunisation etc. He felt that if this cannot be done, the information would not be accurate. The Chairman replied that this may be furnished if it is available.
- ix) Smt. Lata Singh, Health Secretary, Uttar Pradesh stated that information as asked for in the preforma is not available for slums specifically. Such information can be furnished for the Corporation as a whole which cover all areas within the jurisdiction of the Corporation including elite areas.

She also mentioned that services rendered in Primary Health Centres in the area should be linked to the requirements of the people, if they are to be meaningful. In other words, such services should be available at the required time. This has to be assessed according to the routine habits of the inhabitants of the area. Simply providing health care facilities during day time, will not achieve the purpose it is meant for if the people are busy with other work and cannot avail such facilities.  
\*\*  
\* It was also necessary to monitor the programme closely.

- x) On the question of water supply, she stated that the information given is for the corporation as a whole. She also raised the question whether the supply of safe drinking water was the criterion for water supply or whether water needed for these purposes may also be taken into account.
- xi) The Chairman replied that the information sought is for safe drinking water only, as this was a norm fixed as a basic minimum need. Other data on water for washing etc. can be given if the information is available.
- xii) Shri Natarajan then stressed that the basic question is:
  - (a) What is the basic minimum water supply needed per capita in a slum and
  - (b) How much is actually available to the slum dwellers through street taps, etc.
- xiii) The Chairman replied that these norms vary from State to State. It would perhaps be useful to have information on norms fixed by the States for the consideration of the Working Group.
- xiv) Shri Srinivasan then mentioned about the budget of the Municipal Corporations as an indicator of services provided under the Health Care Programme. While the stress is more towards preventive health care, it is a most common feature to see that the bulk of the budget is provided for curative health care. As an example, he cited the case of Bombay Municipal Corporation which has a budget of Rs.65 crores on health care and of which only Rs.20 crores was provided for the preventive side.

- xv) The Health Secretary, Tamil Nadu, stated that the budget will not reflect service out-reach for urban slums because the budget covers the city as a whole. Secondly, he stated that any increase in expenditure does not necessarily mean that more facilities have been provided since much of the increase goes to meeting rising cost of salaries, drugs, etc. As such, figures do not lead to any conclusion. Dr. Contractor (Gujarat) observed that as per the proforma only family welfare out-reach services have been asked for and not other services. This may lead to under estimating out-reach services in other areas like Malaria etc.
- xvi) The Chairman felt that the following issues are also to be looked into :-
- ✓(a) Motivation aspects - use of mass media etc.
  - ✓(b) Incentives aspects - to motivate adoption of a small family.
- xvii) The strategy so far had been confined to mass media techniques and publicity for methods of Family Planning. The approach now should be to sell the concept of the size of the family to be decided by the parents themselves. Thus we should concentrate on educating the people especially the semi-literate and slum families, so that they can think for themselves as to the size of the family they want, keeping in mind their own resources. Workers and acceptors alike should also be motivated and persuaded through incentives etc.
- xviii) Use of audio-visual techniques, like films, T.V., cartoons, etc, should be resorted to. He was of the view that such films and cartoons may be of 5 minutes length. Some State like Maharashtra have done something in this line. It will be of advantage for the Working Group to share the experiences of Maharashtra and other States as a pioneer of these methods. He suggested that at the next meeting the Health Secretary, Maharashtra may give a short paper on his experiences.

xix) Shri Srinivasan, Health Secretary, Maharashtra, then mentioned that though motivation was an extremely important part of the family planning programme, the Task Force may be expanding its area of action if it deals with motivation. The Chairman replied that in so far as the slum programme is concerned, motivation cannot be avoided.

xx) Shri Natarajan, Joint Secretary, intervened and stated that motivation could be viewed from two aspects :-

(a) Flow of information and knowledge ; and

(b) Rate of incentives and disincentives - the Government of India was examining the whole question of incentives and disincentives. Hence he stated that the Working Group should confine its recommendation only to the flow of information and knowledge to the target groups.

\*\*\*  
xxi) Shri Srinivasan then raised a question of type of staffing in the slum areas. He stated that a cadre of staff for the slums should be created to function in the same manner as the Multi-purpose Workers in the Rural Areas. The Multi-purpose Worker functions as (a) an Educator and (b) a Salesman on the Family Welfare Programme. He also stated that a cadre of staff so created should not be paid salaries but be paid honorarium which should be linked with results. A system of checks should also be devised to prevent fraud.

✓xxii) The Health Secretary, Tamil Nadu, stated that in slum areas primary health care facilities are practically non-existent. These should first be started.

- xxiii) The Health Secretary, Uttar Pradesh, stated that from the information given, the infra-structure for services in the slums was poor. When the Working Group recommends the infra-structure, it should examine carefully as to the type that would be suitable. She supported the suggestion of the Health Secretary, Maharashtra.
- xxiv) The Chairman agreed and requested Health Secretary, Maharashtra, to prepare a paper for the next meeting.

Institutional set-up

- xxv) The Chairman stated that in the Working paper prepared by the Ministry of Health & Family Welfare some good suggestions had been made. Certain issues, however, have to be examined closely :-
- (a) Recruitment and training of honorary workers. In this connection whether the norm of one Health Guide for every 1000 should be followed for the slum areas or whether this should be changed.
  - (b) Difference of range of services between health centres in rural areas and urban areas.
  - (c) Can the pattern as existing in the rural areas should be followed in the slums.
- xxvi) Shri Srinivasan stated that as a starting point the note from the Union Health Ministry prepared for the meeting of Municipal Corporations may be circulated.
- xxvii) Dr. Saigal, D.D.G(RHS), observed that the Health Guide in the rural areas cover all strata of society. In the urban slums, the conditions were vastly different. He, therefore, doubted whether Health Guides with the same level of education could be obtained.

xxviii) Dr. Contractor of Gujarat felt the need of an integrated approach to look into the existing staff and structure of the primary health services. It will also be necessary to look into the working of the existing staff and the institutions in the urban areas.

xxix) The Health Secretary, Uttar Pradesh, while supporting this observed that the out-reach in urban slums has to be assessed. From a sample survey done by the Agra Municipal Corporation, only 17% of the people in the slum areas have been sterilised. She suggested that the approach should also include the following :-

- (a) Optimum services should be made available to slums;
- (b) The motivation scheme should be made quite attractive particularly to win women; and
- (c) The payment of salary/honorarium to the Health Guides should be re-examined. The present remuneration of Rs.50/- per month may not be attractive in the slum areas. As per the pattern, the Health Guide services are supposed to be voluntary and part-time. It may not be possible to obtain suitable persons under these parameters.

xxx) The Health Secretary, Tamil Nadu, observed that it is clear by and large what type of basic services should be made available to the urban slums. What is more important is the organisation of the programme. As part of this, the basic question was who is going to fund the programme. As regards the organisation, he suggested that each State may give its own view.

xxxi) It was agreed that the range of services needed in urban slums through out-reach services require to be spelt out carefully. Dr. Saigal, D.D.G(RHS) and Dr. Contractor were requested to list these out in consultation with the Secretary, Tamil Nadu.

xxxii) In regard to female sterilisation operation, Shri Natarajan suggested that the Orissa pattern should be looked into carefully, where the necessity of hospitalisation is avoided. Operations in Orissa are performed in camps and patients are discharged the same day. This technique could be applied more suitably in the urban areas. The Chairman replied that from his experience in Calcutta, the surgeons are hesitant to adopt the Orissa technique because of :-

- (a) Inherent caution ;
- (b) Unhygienic conditions prevailing in the homes of the patients if they have to return to their homes immediately after the operation and suffer infection ; and
- (c) Complications from the operation.

\* \* Shri Natarajan replied that from results so far achieved the performance in Orissa has been very good and cases of infection/complications have hardly occurred. Moreover, with an effective follow-up system through Health Guides, M.P.Ws. effective monitoring of the patients is achieved. It was felt that each State should consult its Director of Health Services in this matter.

- xxxiii) Voluntary organisations like F.P.A.I. may also be consulted before the recommendations of the Working Group are submitted.
- xxxiv) A meeting may be held with Ministry of Finance and Planning Commission before the report is finalised.
- xxxv) Before the next meeting Dr. Saigal and Shri Srinivasan Health Secretary, Maharashtra would prepare a paper setting out issues to be included in the final report.
- xxxvi) The next meeting of the Working Group has been fixed on 21st June, 1982 at 10.30 AM at Bombay. All participants were requested to communicate their programme to Shri Srinivasan, Secretary, Health, Maharashtra, separately.

- 1 40 -

FAMILY PLANNING AND PRIMARY  
HEALTH SERVICES IN URBAN SLUMS

Considering the need of Family Planning, MCH and Primary Health Care in urban slums, the following out-reach services are considered necessary :

1. Out-reach Services

- i) Information, motivation about Family Planning methods and M.T.P.
- ii) Health Education
  - a) ☒ Environmental sanitation
  - b) ☒ Personal Hygiene
  - c) ☒ Communicable diseases.
  - d) Nutrition.
  - e) M.C.H and E.P.I.

2. Preventive services

- (a) Immunisation
- (b) Ante-natal, post-natal and infant care
- (c) Prophylaxis against anaemia
- (d) Prophylaxis against Vit.A deficiency.
- (e) Presumptive treatment of Malaria
- (f) Identification of suspected cases of T.B. and Leprosy.
- (g) Filariasis.
- (h) Infant feeding.

3. Family Planning Services

- (a) Nirodh, other conventional contraceptives and Oral Pills.
- (b) I.U.D. Insertion.
- (c) Sterilisation and MTP services either through referral hospitals or mobile vans provided under ROME Scheme.

4. Curative

- (a) First Aid during accidents and emergencies.
- (b) Treatment of simple ailments.

5. Supportive services (Referral)

All the out-reach services must be backed up by institutional services particularly in respect of

- |   |   |
|---|---|
| i) Maternity cases  |   |
| ii) Sterilisation and M.T.P.s                             |   |
| iii) Diagnosis and treatment of tuberculosis and leprosy. | Only in slum-living population of less than 25,000. |
| iv) Laboratory services for diagnosis of Malaria.         |   |
| v) Illness requiring doctors services/hospitalisation.    |   |

6. Reports and records - particularly in respect of

- a) Preventive services
- b) Family Planning Acceptors.
- c) Vital events
- d) Morbidity and mortality particularly in respect of :
  - (i) Malaria
  - (ii) Tuberculosis
  - (iii) Leprosy
  - (iv) Diarrhoeal diseases.

II. Present Facilities

1. At present there is no standard staffing pattern for the delivery of out-reach services in urban areas except the urban family welfare centres. The staffing pattern of the U.F.W. centres was so devised as to ensure out-reach and clinic services for family planning and Mat. However, experience has shown that these centres have failed in both these functions. Staff of these centres hardly visit the field and clinical services (sterilisation and M.T.P.) are provided mostly by the attached or nearby hospital. ICDS programme wherever implemented in urban areas provides one medical officer, one LHV and 4-6 ANMs for MCH services to cover about one lakh population.

2. The other out-reach services are provided by the local body staff depending on their availability. The quality and quantity of such services vary from area to area and generally are considered inadequate to meet the requirement. In most of these areas some workers to look after environmental sanitation, E.P.L. and malaria programmes are also available.

### III. Recommended Norms.

1. The committee on 'Multi-purpose Workers' (Kartar Singh Committee) considering the extent of out-reach services to be rendered in rural areas had recommended one male and one female worker for every 3000-3500 population and has further stated that as it would be difficult to have so many trained workers for the present, one male and one female multi-purpose worker may be provided for every 3000 rural population. These recommendations were accepted by the Government. During the Sixth Plan formulation these norms have been revised for tribal and hilly areas, where one male and one female worker has been recommended for every 3000 population.

2. ~~XXX~~ No recommendation regarding the health infra-structure in urban areas were made by the Committee on MPWs or by any other Committee. However, Ministry of Health and Family Welfare and Planning Commission has observed on many occasions that for providing health, Family Planning and MCH facilities, urban slums should be treated at par with the rural areas.

### IV. Infra-structure suggested for slum areas :

1. No doubt many of the health problems of rural areas and urban slums are common, yet there are many differences between the two areas which need to be taken into consideration, while suggesting the health infra-structure for urban slums. Some of the major differences are :

- (a) While rural areas have a mixed population of upper middle class, middle class and poor people, urban slum population mostly belongs to poor class and as such have comparatively higher morbidity and mortality.
- (b) Environmental conditions are much worse in urban slums than in rural areas, and as such slum population more exposed to illnesses.
- (c) Rural population is mostly farmers and can be contacted any time either at their houses or farms, while urban population mostly belongs to labourers and service class and as such can be contacted in the mornings and evenings only.

iv) In most of the cases, whole family, man, women and grown up children do some work and contribute to the income of the family. Under these circumstances, it is difficult to get a voluntary health worker in the slum areas from the residents of the areas.

v) Unlike the rural population, the slum population is concentrated in certain localities of the town and are easily approachable.

2. Keeping all these, considerations in view, it is suggested that there should be a Health Post for every slum area located in the slum area itself with the following staff:

a) For slum area with population between 5000-10000

i) Nurse-midwife - one

ii) A basically trained male M.P.W. worker - one

iii) Voluntary women health workers - two. As it is difficult to get such workers from the residents of the slum area without any payment, it is suggested that they may be paid an honorarium of Rs. 5/- per day. The volunteers would be changed every month. It is felt that while working in the health post, these volunteers will pick up knowledge about environmental sanitation, personal hygiene, F.P., care of the mothers and children<sup>and other</sup> preventive and promotive aspects of health. This would help them in improving their own living conditions and to act as Health and Family Planning guide for others. Changing voluntary workers every month will help in spreading this educational processes to a large number of persons living in slum areas.

iv) The Health post would be an extension of services of the nearest hospital and under its administrative & technical control. It would provide all the 'break up' (referral) services & supervision.

b) For slum areas covering a population between 10,000 - 25,000

The same organisational set up as recommended for 5-10 thousand population with the following additions:

- i) Nurse mid-wife - One
- ii) Male M.P.W. - One
- iii) Supervisional and Supportive services to be provided as in the case of category (a)

c) For slum areas covering a population between 25,000 -50,000.

- i) Lady doctor - one
- ii) Public Health Nurse - one
- iii) Nurse midwives -3-4
- iv) Male M.P.Ws - three to four
- v) Class IV - one (woman)
- vi) One computer-cum-clerk
- vii) Women Health Volunteers - three to four
- viii) Immediate supervision to be provided by the Lady Doctor and Public Health Nurse.
- ✓ ix) Sterilisation and M.T.P. services to be provided by the mobile van provided under ROME Scheme and the staff provided either by the referral hospital or by the Post partum centre attached to the nearest medical college.

d) For slums covering population of more than 50,000.

Area should be divided into sectors of 50,000 and provided facilities given under (a), (b) and (c) above, according to the population to be covered.

V. Overall Supervision

1. Overall supervision of the Health posts would be the responsibility of the Health Officer of the Corporation, who would be assisted in this work by the Asstt. Dy. Health Officer (FP)) and other staff provided under the city F.W. Bureau.
2. One or more (depending on the slum population to be covered) mobile van provided under the ROME Scheme would be placed at the disposal of Health of the Corporation for providing supportive and surgical F.P. Services on the spot to the slum population.

Contd.....

VI. Relationship with the existing facilities

1. The available personnel at present serving the slum areas, including the staff provided in Urban F.W. Centres should be redistributed amongst the Health Posts.
2. There may be some dispensaries near the slum areas, they should continue to function for providing curative services. As health posts would be mainly providing preventive and promotive services, it would not be desirable to convert these dispensaries into Health Posts, as it would be difficult to change their existing pattern of functioning, with the high demand and for curative services. Any such efforts are more likely to adversely affect the preventive and promotive health and FP functions, which are proposed for the Health Posts.

✓VII. Building for the Health Posts

For the effective functioning of the Health Posts, it is essential that they are located in the slum areas itself. As such buildings are not likely to be available in slum areas, it is desirable to construct functional buildings of these Health Posts.

VIII. Coordination with other Health related Programme

The Sixth Five Year Plan has fixed up the target for improving of slums covering a population of ten million. The programme covered under this scheme include water supply, drainage of waste water, paving of streets,

construction of community latrines and street lighting. An expenditure of Rs. 150 per capita has been provided for this purpose. It is suggested that the facilities for health and family planning and primary health care may be extended during this plan period only to these 10 million population which is being covered under the improvement of urban slum scheme.

It would be further desirable, if the scheme of supplementary SNP run by the Department of Social Welfare and the scheme of non-formal education for adult which is implemented by the Department of Education are also implemented in these areas, so that an overall package of services can be rendered.

#### IX. Financing the Scheme

In general it is suggested that the various components of the scheme should have more or less the same pattern of financing, as under the Rural Health Services. This would mean all three, Government of India, State Governments and Municipal Corporations would have to share the expenditure, though not in equal proportions.

Agenda Note for the Conference of Chief Executive Officers  
of Municipal Corporations.

Ministry of Health & Family Welfare

Meeting of Chief Executive Officers of Municipal Corporations-  
New Delhi.

7th April, 1982.

FAMILY WELFARE AND PRIMARY HEALTH CARE

According to the 1981 Census, 23% of India's population of 684 millions live in urban areas. This is over 157 million people. Granting that in urban areas, there is a higher floating population consisting of single men and therefore, the number of eligible couples will be somewhat less per 1000 population, such couples may be at least 23 millions (at 15% of the population).

2. The Health delivery system of an urban area particularly in large cities, consists of hospital/dispensaries/MCH centres run by;

- a) Government, State or Central;
- b) Municipal Corporations/Town Committees;
- c) Organisations such as Central Government Health Scheme, Employees' State Insurance Corporation, Industrial undertakings and voluntary organisations; and
- d) Private individuals/bodies (nursing homes/clinics; etc).

Urban Family Welfare Centres are usually attached to institutions run by the Government/Municipal Bodies/Voluntary Organisations. As most of these institutions are predominantly located in areas where density of lower middle class and poor families is somewhat low, and as such institutions do not have proper outreach services, the people most needing family planning advice /services or Primary Health care services seem to be somewhat left out.

Contd...48/-

3. All urban areas have certain classic symptoms. Poor and lower middle class people are crowded in highly unhygienic environmental conditions, in slum areas or other crowded areas. In these places, the environmental sanitation is poor or in the case of slums, totally lacking; water supply is inadequate or absent; waste disposal is improper; people are poor and unable to afford costly medical care; health facilities are either few or not available. These conditions provide a fertile ground for spread of diseases. The need of the hour is to ensure that health and family welfare education as well as services and supplies are made available to these people in a well organised manner as close to their homes as possible.

4. In regard to Family Welfare and Primary Health Care the present structure in urban areas is more or less entirely hospital/clinic oriented. For administrative purpose, in larger cities, there is a City Family Welfare Bureau somewhat on the same lines as a District Family Welfare Bureau. Depending on the size of the city, Urban Family Welfare Centres have been established mostly as an adjunct to existing clinics/hospitals. In larger cities, there would be more than one Urban Family Welfare Centre to cover the population. The pattern of provision of Urban Family Welfare Centres and facilities available in them are shown at Appendix I. Most Urban Family Welfare Centres are equipped only to provide supplies MCH services and sometimes IUD insertions. For sterilisation operations, services have to be availed of from clinics/hospitals to which the Urban Family Welfare Centre is attached. The urban Family Welfare Centres are to maintain couples registers & provide door to door motivation which is self done.

contd....49.

5. It has already been stated that primary health care facilities are almost absent and that Health Services in a city tend to be largely cure oriented through hospitals and clinics.

6. In order to remedy the existing situation and to improve the outreach of primary health care and family welfare services in the urban slums, and places inhabited by poor people, the following strategies can be thought of in future:-

- i) greater attention needs to be given for provision of outreach and 'institute' services to lower income/poorer sections of the society. (Other people have adequate facilities accessible to them for this purpose and are usually known to practice family planning methods).
- ii) In this context, areas or sections predominantly inhabited in each urban area and mapped out.
- iii) Enumeration of all eligible couples and listing them in family registers should be carried out.
- iv) Services to these areas should be made available in the matter of education, information and motivation, provision of supplies, MCH services and rudimentary medicines for common ailments. IUD insertion/sterilisation services should also be made available in an acceptable and accessible manner.

7. The following suggestions may be considered in this regard:-

- a) An MCH centre-cum-Health Post may be established to cover a population not exceeding 5,000 or 10,000 persons each. These centres will be manned by

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One Auxiliary Nurse Midwife or an equivalent category as well as a male motivator. In addition, not exceeding two volunteers, preferably females, may be selected in each area to provide support in the same manner a Village Health Guide provides support in rural areas. These persons should either live in the area or in a place closely and must attend to work in the area during regular hours.

- b) These centres will be responsible for ante-natal, natal, post-natal, infant and child care; immunisation of mothers and children; nutrition education and supplementary feeding of children; provision of prophylaxis against anaemia and Vit. 'A' deficiencies; carrying out certain basic environmental sanitation work; treatment for common ailments; maintenance of eligible couples' registers; listing of births deaths and marriages; family planning advice and motivation, predominantly to men and women through group gatherings; supply of conventional contraceptives, such as oral pills NIRODH, etc. arrange for services of IUD insertion, vasectomy and tubectomy, in designated clinics, etc.
- ✓ c) Slums can also have suitable Health Committees.
- dd) Every 1,00,000 population could be covered by a service delivery point essentially for IUD insertion, vasectomy and tubectomy. Such points can be either located on a 'Camp' basis such as in a temporary shed or a tent, etc., in the area or any existing service delivery outpost (dispensary/clinic) near the area may be allocated or designated for delivering services to the area concerned. As distances in cities are much shorter than in rural areas, and better transportation facilities are available,

Contd...51/-

a service delivery point, 4 or 5 kms. away would not pose problems. In these service delivery points, additional staff and facilities may be added as may be necessary. If it is a camp approach, an existing dispensary/clinic should be given extra staff to do the camp work.

- e) In the case of tubectomy operations, especially other than laparoscopic operations, the women are usually kept in an institution for more than two or three days after the operation. However, a 'minilap' operation does not require prolonged stay in the hospital, especially if the woman can be easily reached by, or can easily reach medical facilities quickly, in the even of complications developing. It should, therefore, be possible to release the woman even after a minilap operation on the same day to go to her home in the city/ town area. Proper follow up can be done in such cases by the MCH centres as distances are very short and population is usually confined to a very small area. This way, the existing service delivery points can do more out turn of work.

\*\*\* f) For attending to this work, a machinery by way of a 'cell' in each 'corporation' or 'municipality' may be set up to coordinate the activities of all organisations, covering the target groups.

- g) The areas to be covered may be earmarked for coverage according to geographical jurisdiction by voluntary organisations who may be willing to undertake and carry on this work. No pattern need be developed for such voluntary organisations, but a lumpsum provision may be made to make them do the work which may be specified.

h) As an alternative to (g) above and/or to facilitate the same, Corporations may be asked to redistribute the existing Urban Family Welfare Centres (including those amalgamated with Post-partum centres), both in regard to their jurisdiction and location, so as to cover the new target groups and they may also be allowed to marginally add on to these numbers, as may be necessary, taking into account the growth in population since 1971 on the basis of which the existing centres have been sanctioned.

1) In smaller towns, either voluntary organisations or existing dispensaries or medical facilities may be allotted the task.

8. These matters may be considered and commented upon in regard to the following issues:-

- a) What is the present status of outreach services for health and family welfare to proper sections of society in the urban areas?
- b) What approaches can be followed in the future without creating any new infrastructure, but by utilising the existing machinery and reorienting or reorganising the same to do these tasks?
- c) Is there any need for any pilot study to be conducted on certain models ?.

Annexure to Agenda Item No. I.

STAFF SANCTIONED AT VARIOUS LEVELS UNDER FAMILY WELFARE PROGRAMME

I. URBAN FAMILY WELFARE CENTRES

- A. Type I (for a population of 10,000 to 25,000)
- |  |   |
|--|---|
| 1. Auxiliary Nurse Midwife             | 1 |
| 2. Family Planning Field Worker (Male) | 1 |
- B. Type II (for a population of 25,000 to 50,000)
- |   |   |
|---|---|
| 1. Family Planning Extension Educator/<br>Lady Health Visitor | 1 |
| 2. Auxiliary Nurse Midwife                                    | 1 |
| 3. Family Planning Field Worker (Male)                        | 1 |
- C. Type III (for a population of 50,000 and above)
- |  |   |
|--|---|
| 1. Medical Officer                     | 1 |
| 2. Lady Health Visitor                 | 1 |
| 3. Auxiliary Nurse Midwife             | 2 |
| 4. Family Planning Field Worker (Male) | 1 |
| 5. Store keeper-cum-Acctt.-cum-Clerk   | 1 |

II CITY FAMILY WELFARE BUREAU

- A. Type I (for a population between 2 to 5 lakhs)
- |                                    |   |
|------------------------------------|---|
| 1. Family Planning Medical Officer | 1 |
| 2. Clerk-cum-typist                | 1 |
| 3. Peon-cum-Chowkidar              | 1 |
- B. Type II (for a population between 5 to 7.5 lakhs)
- |                                    |   |
|------------------------------------|---|
| 1. Family Planning Medical Officer | 1 |
| 2. Extension Educator              | 1 |
| 3. Clerk-cum-Typist                | 1 |
| 4. Projectionist                   | 1 |
| 5. Peon-cum-Chowkidar              | 1 |

Contd....54.

c. Type III. (for a population between 7.5 lakhs to 10 lakhs)

1. Family Planning Medical Officer	1
2. Extension Educator (1 male and 1 female)	2
3. Statistical Assistant	1
4. U.D.C. -cum- Store Keeper-cum-Typist	1
5. Projectionist	1
6. Driver-cum-Mechanic-cum-cleaner	1
7. Peon-cum-Chowkidar.	1

d. Type IV (for a population of more than 10 lakhs)

The pattern is the same as per the District Family Welfare Bureau.

Minutes of the Third Meeting

MINUTES OF THE MEETING OF THE WORKING GROUP ON REORGANISATION OF FAMILY WELFARE AND PRIMARY HEALTH CARE SERVICES IN URBAN AREAS HELD AT BOMBAY ON 21st JUNE, 1982.

The third meeting of the Working Group was held at Bombay on 21.6.82. The following officers were present:

1. Shri S.V. Krishnan, Addl. Chief Secretary & Health Secretary, West Bengal, Calcutta.
2. Mr. R. Natarajan, Joint Secretary, Health & Family Welfare Government of India, New Delhi.
3. Mrs. Lata Singh, Health Secretary, Uttar Pradesh, Lucknow.
4. Mr. N.S. Chopra, Administrator, Municipal Corporation, Agra(UP).
5. Mr. K.L.K. Bharati, Commissioner & Secretary, Health & Family Welfare, Tamil Nadu.
6. Mr. N.C. Matarwala, A.C. and C.B., Govt. of Gujarat.
7. Dr. A.M. Barot, Medical Officer of Health Municipal Corporation, Ahmedabad.
8. Dr. S.S. Sabnis, Deputy Executive Health Officer, Bombay Municipal Corporation, Bombay.
9. Dr. S.S. Nair, Director (Evaluation), Ministry of Health & FW. Govt. of India, New Delhi.
10. Dr. (Mrs) Hema Balchandran, District Family Welfare Medical Officer, Corporation of Madras.
11. Dr. Indira Kapoor, Officer-in-charge, Family Welfare, T & R.C. , Bombay.
12. Dr. A.A. Contractor, State Family Welfare Officer, Ahmedabad.
13. Dr. M.D. Saigal, DDG(RHS), Govt. of India, New Delhi. M/o H&FW
14. Shri V. Srinivasan, Secretary (Public Health) Maharashtra, Government, Bombay.
15. Dr. G.A. Panse, Joint Director of Health Services, Bombay.
16. Dr. D.N. Pai, Special Officer, F.W., Municipal Corporation, Bombay.
17. Mr. Pravin Kandar, Dy. Municipal Commissioner, Bombay, Municipal Corporation, Bombay.

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The Chairman welcomed the members to the meeting and stated that in the last meeting it was decided that background papers on the following subjects will be prepared and submitted for discussion:-

- i) Motivational aspects, Media Approach and communication strategy.
- ii) Out-reach services to be provided in urban slums and suggested infrastructure.

2. As the paper on motivational strategy was not available, the Chairman decided that the paper may be discussed in the next meeting to be held in Delhi on 12th July, 1982. The paper on 'Out-reach' services with suggested infrastructure' prepared by Dr. M.D. Saigal, Deputy Director General of Health Services, Govt. of India, in consultation with Dr. A.A. Contractor, Dy. Director of Health Services, Gujarat, had been made available to the members and should be discussed in this meeting.

3. The Chairman desired that while discussing this paper he would like to have the views of the participants particularly with regard to:-

- i) whether the infrastructure suggested should cover the whole urban area or only urban slums.
- ii) In case it is felt that initially only the urban slums should be covered then how the urban slums should be defined. Whether urban slums would mean areas where total population is in slums or the areas which have a mixed population but majority of the population is in urban slums.
- iii. What role can be played by the voluntary organisations in implementation of this type of programme. It is necessary to discuss the voluntary organisations role in detail. This is important particularly in view of the fact that most of the voluntary organisations today are working only for some component of the package.

4. During the discussion the following comments/suggestions were given on the background paper on family Planning and Primary Health Care Services in urban slums:-

- i) Among the out-reach services under family planning information, and motivation, population education should also be included.
- ii) It has been suggested that the sterilisation/MCH services would be provided through referral hospitals or mobile vans provided under the ROME Scheme. The provision to provide these services through identified institutions nearby, existing or created, may be added.
- iii) It may not be possible for the referral institutions to provide facilities for the institutional delivery of all maternity cases. However, the institutional facilities should be made available for all high risk maternity cases.
- iv) Participants suggested that besides the reports and records indicated in the background paper, the family cards or registers should also be maintained for each household.

5. There was lot of discussion on the basis of which the infra-structure has been suggested & the following points were brought out.

- a) It is not always correct to say that population of urban slums is invariably poor. There are two types of population residing in the slums, one who are not really poor but cannot afford to have a better accommodation due to either non-availability or high cost. In this regard example of Dharwi said to be the biggest slum in Asia with a population of 8 lakhs was given.

Contd....58.

and it was stated that under no definition of poverty all the population living in Dharwi can be said to be poor.

b) While the presumption that most of the population in urban slums are either labourers or in service and cannot be contacted in day time, is to a certain extent correct, nearly 25% of the adult population in the slum areas is always available and can be contacted any time.

c) The presumption made in the background paper that pure voluntary workers cannot be available from the residence of the slums is not wholly correct. The experience of the organisations working in slum areas of Bombay indicates that such volunteers can be available provided they are paid an honorarium of about Rs. 75/- per month.

6. The Chairman desired that in the light of these observations, the background paper should be suitably modified.

7. Other views expressed were:-

a) The background paper suggested the smallest unit with a minimum 5,000 population, with the stipulation that slum areas with a population below 5,000 can be taken care of with the existing infrastructure. However, the consensus was that the existing facilities cannot provide the out-reach services suggested and as such the structure should also be suggested for the units covering the population of less than 5,000.

An area inhabited by low income groups, including a slum covering a population of 5,000 people of which at least 40% live in slums could be covered by a unit meant for 5,000 people.

Contd....

- b) Some of the participants were of the view that the infrastructure suggested for the urban slums should be on the same lines as approved for rural areas. While the other participants were of the view that in view of the fact that the urban population is concentrated and can be approached easily and as such the population staff norms should be difficult for urban slums.
- c) Participants were of the view that units covering population more than 25,000 should also have laboratory facilities for simple routine examination for the urine examination of pregnant women and simple investigation required for diagnosing the cases of malaria, leprosy and tuberculosis.

8. \* The group devoted considerable time in discussing the merits and demerits of having full time workers. It was felt that as the circumstances would be varying from place to place there should be enough flexibility in the infrastructure recommended to have either full time workers or to have number of part time workers with a token retainers fee and remaining payment is made on the basis of identifiable services rendered. In this regard, it was suggested that the additional payment to these workers may be made on motivating cases for acceptance of various contraceptive services, number of cases provided with ante-natal, post-natal services, number of children getting immunised and so on. However, it was also felt that the number of part time workers can vary depending on the time a part time worker can devote for health and family planning work. However, the total expenditure on providing retainers fees for these part time workers should not exceed the expenditure which would have been incurred other-wise on employing whole time workers.

9. The Chairman had also invited Dr. Awabai B. Wadia of Family Planning Association of India and Dr. Indumati Parikh to know their views on how voluntary organisations can participate in this programme. Dr. Awabai B. Wadia was of the view that if it is desirable that the package of health, family planning and MCH services are to be delivered, it must be ensured that while doing so, the emphasis on family planning work is not reduced. She also emphasised that for the delivery of package services, part of the funds should come from the other programmes and the limited funds available for the family planning programme should not be utilised for the delivery of health services. She was of the view that it would not be difficult for the voluntary organisations to take up these types of projects on area specific basis, provided adequate assistance is provided by the Government. *maternal?* Dr. Indumati Parikh informed the participants that her organisation is working in a slum area of Bombay covering a population of 65,000. Though they are not providing all the out-reach services as suggested, they have been able to cover 65% of the eligible couples with one or the other type of contraceptive methods. The organisation has only one doctor, one nurse and four social workers as whole time employees. Remaining specialist doctors and other work on honorarium basis. The main structure for educational and field work consists of 25 women volunteers who are paid Rs 75/- per month as honorarium and one group leader for every 3 to 4 volunteer workers who is paid an honorarium of Rs 150/- per month. Dr. Parikh was of the view that it would be possible for her organisation to provide package of services on an area specific basis, provided the financial support from the Government for this purpose is available. She was of the view that it would be easier

for the voluntary organisations for rendering this type of service, as even in her present programme, no services are free and nominal charges are taken from the individual beneficiaries for the services rendered. \* \* \*

10. During discussion, it was also felt that while primarily the responsibility to organise the services in urban slums should be of the local body, there should be no rigid conditions about it. The responsibility of organising, supervising and administering such services can also be entrusted to the State Government or voluntary organisations depending on the local circumstances. The Chairman desired that Dr. M.D. Saigal should revise the background paper on the lines of discussions. He further requested Shri Srinivasan, Health Commissioner, Maharashtra to prepare the paper on 'Motivational aspects and media approachon' which may be taken up for discussion in the next meeting of the group.

11. The Chairman thanked the Commissioner and Deputy Commissioner of Bombay Corporation for arranging the meeting and for their hospitality on behalf of the participants and adjourned the meeting. It was decided that the next meeting would be held on the 12th July, 1982, in Nirman Bhavan, New Delhi.

Family  
FAMILY PLANNING AND PRIMARY HEALTH SERVICES  
IN URBAN SLUMS (Revised -28th June, 1982)

Considering the need of Family Planning, MCH and Primary Health Care in urban slums, the following out-reach services are considered necessary :-

1. Out -reach Services

- i) Population Education
- ii) Information, Motivation about Family Planning Methods and M.T.P.
- iii) Health Education
  - a) Environmental sanitation.
  - b) Personal Hygiene.
  - c) Communicable diseases.
  - d) Nutrition
  - e) MCH & EPI.

2. Preventive Services

- i) Immunisation.
- ii) Ante-natal, post-natal and infant care
- iii) Prophylaxis against anaemia
- iv) Prophylaxis against Vit. 'A' deficiency.
- v) Presumptive treatment of malaria.
- vi) Identification of suspected cases of tuberculosis and leprosy.
- vii) Filariasis.
- viii) Infant feeding.

3. Family Planning Services

- i) Nirodh, other conventional contraceptives and Oral Pills.
- ii) IUD Insertion.
- iii) Sterilisation & MTP services either through referral hospital or mobile vans provided under ROME Scheme or through identified institutions nearby existing or created.

4. Curative

- i) First aid during accidents and emergencies.
- ii) treatment of simple ailments.

5. Supportive Services (Referral)

All the out-reach services must be backed up by institutional services particularly in respect of :

- i) High risk maternity cases.
- ii) Sterilisation & M.T.P.
- iii) Diagnosis and treatment of tuberculosis and leprosy.
- iv) Laboratory services for diagnosis of malaria matters requiring doctors services/hospitalisation.

6. Reports and Records - Particularly in respect of :

- i) Preventive services.
- ii) Family Planning acceptors.
- iii) Vital events.
- iv) Morbidity and mortality particularly in respect of
  - (a) Malaria (b) tuberculosis (c) leprosy
  - (d) diarrhoeal diseases.
- v) Maintenance of family cards or registers for population covered.

II. Present Facilities

1. At present, there is no standard staffing pattern for the delivery of out-reach services in urban areas except in the urban family welfare centres. The staffing pattern of these U.F.W. Centres was so devised as to ensure out-reach and clinical services for family planning and MCH. However, experience has shown that these centres have failed in both these functions. Staff of these centres hardly visit the field and clinical services (sterilisation and M.T.P.) are provided mostly by the attached or nearby hospital. I.C.D.S. Programme wherever implemented in urban areas provides one medical officer, one LHV and 4-6 ANMs and one Anganwadi worker for every 1000 population for MCH services to cover about one lakh population.

2. The other out-reach services are provided by the local body staff depending on their availability. The quality and quantity of such services vary from area to area and generally are considered inadequate to meet the requirement. In most of these areas some workers to look after environmental sanitation, E.P.I and Malaria programme are also available.

III. Recommended Norms

1. The Committee on 'Multi-purpose Workers' (Kartar Singh Committee) considering the extent of out-reach services to be rendered in rural areas had recommended one male and one female worker for every 3,000 -3,5000 population and has further

stated that as it would be difficult to have so many trained workers for the present one male and one female multi-purpose workers may be provided for every 5,000 rural population. These recommendations were accepted by the Government. During the 6th Plan formulation, these norms have been revised for tribal and hilly areas, where one male and one female worker has been recommended for every 3,000 population.

2. No recommendation regarding the health infrastructure in urban areas was made by the Committee on MPWs or by any other Committee. However, Ministry of Health and Family Welfare and Planning Commission have observed on many occasions that for providing health family planning and M.C.H. facilities, urban slums should be treated at par with the rural areas.

#### IV. Structure suggested for slum areas

1. No doubt many of the health problems of rural areas and urban slums are common, yet there are many differences between the two areas which need to be taken into consideration, which suggesting the health infrastructure for urban slums. Some of the major differences are:-

i) While rural areas have a mixed population of upper middle class, middle class and poor people, urban slum population mostly belongs to poor and middle class and as such have comparatively higher morbidity and mortality.

ii) Environmental conditions are much worse in urban slums than in rural areas and as such slum population is more exposed to illnesses.

iii) Rural population is mostly farmers and can be contacted any time either at their houses or farms, while urban population mostly belongs to labourers and service class and as such only certain percentage of adults can be contacted at any particular given time.

iv) In most of the cases, whole family, men, women and grown-up children do some work and contribute to the income of the family. Under these circumstances, it is difficult to get a purely voluntary health worker in the slum areas from the residents of the areas. However, such workers can be available on payment of some honorarium.

v) Unlike the rural population, the slum population is concentrated in certain localities of the town and are easily approachable.

2. Keeping all these considerations in view, it is suggested that there should be a Health Post for every slum area located in the slum areas itself. In the infra-structure suggested below the nurse-midwife forms the back-bone of the out-reach services and must be a full time employee. In case of other full time staff suggested, part-time staff can be appointed by paying certain fixed amount as retainers fee and the other payments can be made according to the services rendered. The number of such part-time staff and the retainers fee to be paid would depend on the number of hours such staff is prepared to devote to the work. However, the total expenditure on appointment of part-time workers should not exceed the expenditure, which otherwise would have been incurred on providing full time staff.

Considering the needs of urban slums, they should be given the highest priority in re-organisation of the services as suggested below. For the purposes of determining the infra-structure to be provided (according to the types of unit given below) the population to be covered should draw at least 40% population living in the slums. Subsequently, the organisation, as per pattern, may be extended in phased manner to cover the whole urban population.

a) For population below 5,000

- i) Nurse-midwife -one
- ii) Voluntary Health Workers one to two.
- iii) The Health post would be an extension of services of the appropriate hospital selected by the local body. It would provide all the back up (referral) services and supervision.

b) For slum area with population between 5000-10000

- i) Nurse-midwife - one
- ii) A basically trained male M.P.W. worker - one.
- iii) Voluntary women health workers one for every 2000 population. As it is difficult to get such workers from the residents of the slum area without any payment, it is suggested that they may be paid an honorarium of Rs 5/- per day. The volunteers would be changed every month. It is felt that while working in the health post, these volunteers will pick up knowledge about environmental sanitation, personal hygiene, F.P. care of the mothers and children and other preventive and promotive aspects of health. This would help them in improving their own living conditions and to act as health and family planning guide for others. Changing voluntary worker every month will help in spreading this educational processes to large number of workers living in the slum areas.

- iv) The Health post would be an extension of services of the appropriate hospital selected by the local body. It would provide all the back-up (referral) services and supervision.

c) For slum areas covering a population between 10,000 to

25,000:- The same organisational set up as recommended for 5-10 thousand population with the following additions :-

- i) Nurse -midwife -One
- ii) Male M.P.W. -One
- iii) Supervision and supporting services to be provided as in the case of category (a)

iv) Women health volunteer - One for every 2000 population

d) For slum areas covering a population between 25,000 to 50,000

- |       |  |                             |
|-------|--|-----------------------------|
| i)    | Lady Doctor  | 1                           |
| ii)   | Public Health Nurse  | 1                           |
| iii)  | Nurse Midwives   | 3-4                         |
| iv)   | Male Multi-purpose Workers   | 3-4                         |
| v)    | Class-IV   | 1 (woman)                   |
| vi)   | Computer-cum-clerk   | 1                           |
| vii)  | Women Health Volunteers  | 1 for every 2000 population |
| viii) | Laboratory   |                             |
| ix)   | Lady Doctor and P.H.N.   |                             |
| x)    | Sterilisation and MTP services to be provided by the mobile van provided under ROME scheme and the staff provided either by the referral hospital or by the Post Partum Centre attached to the nearest Medical Colleges. |                             |

e) For slums covering population more than 50,000

Areas should be divided into sectors of 50,000 and provided facilities given under (a), (b) and (c) above, according to the population to be covered.

#### V. OVERALL SUPERVISION

1. Overall supervision of the health posts would be the responsibility of the Health Officers of the Corporation, who would be assisted in this work by the Assistant/Deputy Health Officer (FP) and other staff provided under the City Family Welfare Bureau.

2. One or more (depending on the slum population to be covered) mobile van provided under the ROME scheme would be placed at the disposal of Health Officers of the Corporation for providing supprotive and surgical Family Planning Services on the spot to the slum population.

#### VI. RELATIONSHIP WITH THE EXISTING FACILITIES.

The available personnel at present serving the slum areas including the staff provided in urban family welfare centres should be re-distributed amongst the Health Posts.

2. There may be some dispensaries near the slum areas, they should continue to function for providing curative services. As Health Posts would be mainly providing preventive and promotive services, it would not be desirable to convert these dispensaries into Health Posts, as it would be difficult to change their existing pattern of functioning, with the high demand and for curative services. Any such efforts are more likely to adversely affect the preventive and promotive health and family planning functions which are proposed for the Health Posts.

#### VII. BUILDING FOR THE HEALTH POSTS

For the effective functioning of the Health Posts, it is essential that they are located in the slum areas itself. As such buildings are not likely to be available in slum areas, it is desirable to construct functional buildings of these Health Posts.

#### VIII. CO-ORDINATION WITH OTHER HEALTH RELATED PROGRAMMES.

The Sixth Five Year Plan has fixed up the target for improving of slums covering a population of ten million. The programme covered under this scheme includes water supply, drainage of waste water paving of streets, construction of community latrines and street lighting. An expenditure of Rs.150/- per capita has been provided for this purpose. It is suggested that the facilities for health and family planning and primary health care should be co-ordinated with this programme, wherever it is being implemented.

It would be further desirable, if the schemes of I.C.D.S and S.N.P. run by the Department of Social Welfare and the scheme of non-formal education for adults which is implemented by the Department of Education are also implemented in these areas, so that an overall package of services can be rendered.

ANNEXURE - VII

Minutes of the Fourth Meeting

MINUTES OF THE MEETING OF THE WORKING GROUP ON " REORGANISATION  
OF FAMILY WELFARE AND PRIMARY HEALTH CARE SERVICES IN URBAN AREAS"  
HELD IN NEW DELHI ON 12.7.82.

The fourth meeting of the Working Group was held in New Delhi on 12th July, 1982. The following officers were present :-

1. Shri S.V.Krishanan, Addl.Chief Secretary & Health Secretary, Govt. of West Bengal, Calcutta.
2. Shri J.S.Bajjal, Addl.Secretary and Commissioner (FW) Ministry of Health and FW, New Delhi.
3. Shri R.Natarajan, Joint Secretary, Ministry of Health and Family Welfare, New Delhi.
4. Smt. Lata Singh, Health Secretary, Govt. of Uttar Pradesh, Lucknow.
5. Dr. A.A.Contractor, State Family Welfare Officer, Govt. of Gujarat, Ahmedabad.
6. Shri N.C.Matarwala, Under Secretary, Govt. of Gujarat.
7. Shri P.V.Bhatt, Municipal Commissioner, Ahmedabad.
8. Dr.D.N.Pai, Special Officer (FW), Bombay Municipal Corporation, Bombay.
9. Shri N.S.Chopra, Administrator, Municipal Corporation Agra.
10. Dr.M.D.Saigal, Dy.Director General (RHS), Ministry of Health & FW, New Delhi.
11. Shri S.Shair, Director, Evaluation, Ministry of Health & FW, New Delhi.
12. Shri H.W.T.Syiem, Dy. Secretary (Ply), Ministry of Health & FW, New Delhi.
13. Shri P.Khatri, Research Officer (FWB); Ministry of Health & FW, New Delhi.
14. Shri R.S.Rathur, Desk Officer (Ply.), Ministry of Health & FW, New Delhi.

Shri S.V.Krishnan, Chairman of the Group welcomed the members to the meeting and stated that the Committee would discuss in this meeting the revised note on 'Out-reach Services to be provided in Urban Slums' prepared by Dr.Saigal. The Chairman also stated that the paper on 'Motivational aspects, Media approaches and Communications strategy' which was to be submitted by Shri V.Srinivasan, Health Secretary, Govt. of Maharashtra may be discussed in the next meeting. He desired that this paper may be circulated well in advance by Shri Srinivasan.

2. The first item discussed related to the staffing pattern suggested in the revised note on 'Out-reach Services in Urban Slums'. The Chairman desired that the range of the staff suggested needs to be spelt out. It is also to be examined whether the staff has to be positioned in the 'Health Posts' by re-distribution of the existing personnel from the existing F.W. Centres or they are to be recruited afresh. In the latter even, their service benefits will have to be kept in mind. The needs for construction of buildings should be examined by the State Govts., as per the availability position in each town/city. The Central Govt. would, however, provide funds, whenever construction is inescapable.

3. The Chairman pointed out that the support for supervision of the proposed 'Health Posts' which was left out in the minutes of the last meeting needs careful consideration. It was the consensus that a 'Supervisory Cell' should be located at the Directorate or Government level. This Cell should consist of staff for supervision and collection of statistical data. It was decided that Shri S.S.Nair, Director (Evaluation) and Dr.Saigal, DDG (RHS) should work out the financial implications on the various inputs proposed for 'Health Posts and the Supervisory Cell'.

4. The Chairman suggested that the criteria as mentioned in para-2 on page 3 of the revised note should be amended to read as 'The population to be covered should draw at least 40% population living in the slum or including slum-like areas or predominantly weaker sections' instead of '40% population living in the slums'. Accordingly, the headings appearing on page 4 of the 'note' should read as 'areas with population between .....'. The wards for 'slums' should be deleted. These suggestions were agreed.

5. On the question of payment of honorarium of Rs.5/- per day to the Voluntary Woman Health Workers, there was a considerable discussion. It was the general feeling that it may not be practicable to appoint women volunteers on daily basis and it would be only appropriate to appoint them on a monthly honorarium of Rs.100/-.

The amount of Rs.100/- was suggested on the analogy that in rural areas Rs.50/- is paid to the Village Health Guide who covers a population of 1000 and the Volunteer in the urban areas will cover 2000 population.

The following further decisions were taken in this regard:-

- (a) The voluntary women health workers must be local residents.
- (b) The volunteers should not be changed unless their performance is found to be unsatisfactory.
- (c) The following sentence may be substituted in Item (X) of para 2(a) on page 4 of the note: "Sterilisation and MTP Services to be provided by the Mobile Van under ROME Scheme or any other Programme. Stress may be laid on the camps based approach and augmentation of the Post Partum Programme".

6. Shri R.Natarajan, Joint Secretary, Ministry of Health and Family Welfare, suggested that the staff available under I.C.D.S. Programme should be absorbed in the new set up. This suggestion was appreciated and it was decided that even other Programmes aimed at improving the out-reach services in slums could be fitted in this nucleus.

7. Smt. Lata Singh, Health Secretary, Uttar Pradesh, suggested that the trained Dais should be duly involved in the scheme for ante-natal/post-natal care services. She also suggested that the proposed units should be termed as 'Maternity Homes' instead of 'Health Posts' as the purpose is to provide not only Family Welfare advice and services but also M.T.P. and basic maternity services.

There was a detailed discussion on both the above points.

On the suggestion relating to 'trained dais' Shri S.Baijal, AC&C(TW), was of the view that because of more awareness amongst the urban people, only a few cases are handled by traditional Dais in urban areas (including slums). As such, there appears to be no need to have a separate training programme for this purpose. However, the scope of the existing orders can be extended to provide for training of the practicing Dais in urban areas.

On the suggestion regarding 'Maternity Homes' it was the feeling that the present 'Health Posts' should cater to only urgent services and all high risk cases should be referred to regular Hospitals/Dispensaries which could be made referral centres.

Shri Baijal suggested that the existing Post Partum Centres both in the Institutions and Hospitals could be expanded to provide for F.P., M.T.P., Maternity and MCH services to the referral cases of Health Posts. In other words, these could be utilised as referral centre for health posts.

8. Dr.D.N.Pai suggested that for bigger slums (over 1 lakh population), there should be a higher level set up. The Chairman clarified that bigger slums can have 2 or 3 posts as per the proposed pattern. However, if there are special problems of a particular city like Bombay, the State Govt. can make a specific proposal.

9. There was a suggestion that there should be co-ordination in the activities to be carried out by the various agencies. Such a supervisory unit can be either under the State Govt./Local Body depending upon the conditions. The set up provided under the present City FW Bureaux which are functioning in certain States under the Local Bodies may also be revised keeping in view the job functions of this Unit.

10. Preparation of Family Card : It was considered that for full coverage of the area the health posts should have a Family Card for all the families living under the jurisdiction of the 'Post' which will include information in regard to educational/economic status, past medical record/utilisation of FW services. Funds may also be provided in the pattern for getting the Family Card printed.

11. Training of personnel : It was decided that a separate Chapter on 'training needs' as well as mode for training and cost of training needed for the Scheme may also be prepared for discussion in the next meeting.

DDC(RHS) and Director(E) were requested to work out the details in this regard.

12. Financial Implications : The overall financial implications of the revised set up may be worked out and during the Sixth Plan, only 1/3 rd of the total coverage needed may be committed.

DDC(RHS) and Director (E) were requested to prepare a paper on this aspect.

13. It was decided that the next meeting may be held soon after the meeting of the Joint Council of Health & FW, which is scheduled to be held on 18th to 20th August, 1982. It was also decided that in the next meeting, Adviser Planning Commission and Financial Adviser, Ministry of Health & FW may also be invited.

A.H./10.9.85/

# Choices on the streets

For many of Delhi's homeless people, the city's night shelters are their only stable anchor. Closing them down leaves the destitute with no home and no protection.

HARSH MANDER

FOR the greater part of two decades, the only home that Vijay Singh has known in Delhi has been the dusty pavements near the Old Delhi railway station. Most nights he has spent under a starless grey sky dulled by smog and harsh city lights. It is this profoundly lonely public space around which he has built his life these many years, a space he shares with more than a hundred thousand anonymous homeless men and women, boys and girls who live their lives out on the streets of India's capital city.

The congested medieval walled city of Delhi, spanned by six historical gates, accommodates within its aging alleys, crumbling footpaths and overgrown parks, more than 30 per cent of Delhi's homeless people. It is a vibrant economic hub of the city, which never sleeps. For homeless workers like Vijay, wage work as *hammaals* – porters – is available mainly at night, when the dense and feverish daytime throng of

haws and cars, travellers and shoppers give way after darkness settles, to trucks and hand-carts for loading and unloading merchandise in its burgeoning wholesale markets. The railway station handles 188 passenger trains through day and night – a larger number than any other railway station in the world. Night is therefore the time for work, but also the only time available for a few hours of sleep, when small stretches of the footpath or the central verge of the highway are silently occupied by legions of tired bodies stretched out precariously, to steal a few hours of

unsteady and tenuous rest, amidst the unrelenting glare of the street lights, the diesel fumes, the dust raised by trucks and the constant danger of speeding drunken car drivers.

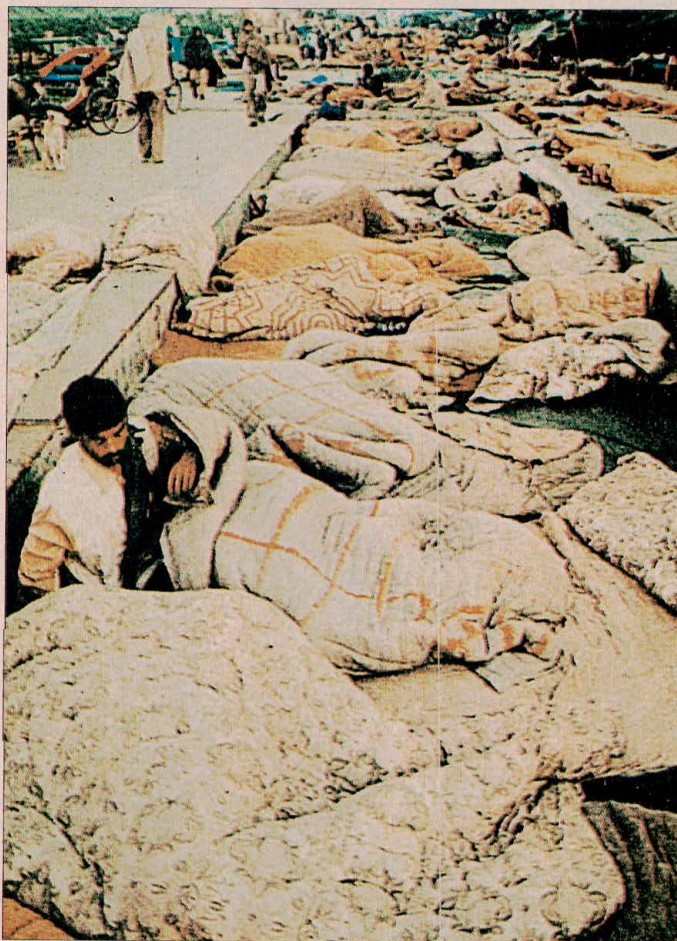
It is on these pavements that Vijay has grown from a runaway teenager to a middle-aged man, with a wiry, strong frame, intelligent and alert eyes, black, close-cropped hair and a ready smile. Resolutely without self-pity, as he talks about his life, he returns over and over again to his dreams and ambitions, which he describes

endearingly using the English word 'choice': "Yeh mera choice tha".

Vijay Singh grew up in a village close to Gwalior city. His 'choice' was above all to educate himself, but circumstances did not allow him to study beyond the second standard. His father was murdered under mysterious circumstances, when Vijay was a boy of 12, his sister five years younger and his brother an infant in his mother's arms. Their agricultural land was acquired to build the Gwalior airport. He looked for work, at the airport construction site, and at factories, but he was turned away as being too young. His widowed mother struggled to bring up her children by cleaning the dishes and sweeping homes in Gwalior city.

Young Vijay abandoned forever his dreams of books and reading. He replaced them with another 'choice' – to go to the big city of Delhi, to earn money, to establish a business, and to provide for his impoverished family in Gwalior. His mother should not have to slave, his sister should marry well, his brother should have the chance to study that Vijay himself had missed. These were Vijay Singh's 'new choices', which led him to the streets of Delhi.

But this journey was to begin first in Bombay. One day, some two years after his father's death, Vijay without taking leave of his family left with a friend for Bombay. His companion was a couple of years older than Vijay, and had travelled to Bombay earlier. They had money only for railway tickets to Vadodara (Baroda), and there they emerged at the railway sta-



**Life on the road.** More than a hundred thousand men and women, boys and girls, live their lives out on the streets of Delhi. The 14 night shelters run by the government house just 3 per cent of the city's homeless people.

tion. They were sleeping in a public park, when a policeman caught them and locked them up for three days. It was the first time both had seen the inside of a police station. When they were released, Vijay's shaken companion decided to return to the village. But Vijay was determined to go on to Bombay. He begged a small hotel owner to buy his watch, and with some seventy five rupees that he paid Vijay, he set out for Bombay.

For two days, he scoured the city, on foot or ticketless on a local train, in search of work and a place to live. In the end, desperate with loneliness, he spotted two young boys sleeping on the pavement outside Dadar station. He told them his story, and asked for their help to find work. "We clean the windscreens of cars and taxis at road crossings," they told him, "and ask the drivers for money." They gave him a piece of yellow cloth and invited him to join them. He began work the next day, and money started coming in.

He rarely stayed in one place or with one group of boys. Instead he moved compulsively around the metropolis, and when he had extra money, he visited Film City, saw movies, and explored all the tourist locations and markets of the city. "The days were fine," Vijay recalls, "but at night as I lay on the pavements, a pain would grow within my chest. Is this any kind of life? To wash cars, eat, sleep on the streets? There are days when the rain does not stop in Bombay for three days in a row, four days, even a week. I recall sitting once in an abandoned tempo vehicle for four days, soaked, cold, alone, miserable without food. From time to time, the police would catch us and lock us up in the police station. The lock-up would be closed from all sides, so many of us crowded in a tiny space, no windows, beaten by police sticks, released after several days."

TWO years passed, and Vijay decided that Bombay was not the city for him. He took a train to Delhi, to begin life all over again. Within days of his arrival in Delhi, he found work in a *dhaba*, a modest roadside eatery for railway passengers near the Old Delhi station. He worked through the day, and slept at night in the *dhaba* itself, on the floor below the wooden tables.

He saved money, about five thousand rupees gathered over a period of six months, and decided to visit, after more than three years, his family in Gwalior. It was a sentimental moment, the memories of which he still treasures. His mother was overjoyed to see him again, and the entire

village gathered to meet him. His mother begged him to stay back, but he reasoned with her. What would they eat? How would they live? He was earning enough now to send money home regularly. She would have enough money to bring up his brother and sister. He did not want her to struggle any more.

His mother let him go.

Back in Delhi, the owner of the *dhaba* where he worked died, and his family sold the shop to a transport company. A whole string of transport and travel companies sprang up alongside, replacing the food stalls. Vijay found work as a porter, loading merchandise on the trucks and baggage on to passenger buses. He continues this work until today, earns well enough to eat, and regularly saves money to send home – a few thousand rupees every six months.

But following the sale of the *dhaba* he was once again on the streets. If he hired a room to live in, he would have to spend money on rent and travel to work. There would be nothing left for him to send to his mother in Gwalior. So it was to be the pavements outside the Old Delhi station instead that he would make his only home in Delhi.

VIJAY'S 'choice' of a dwelling on the streets for the sake of his family in the village, resonates with the choices of thousands of others who sleep on the pavements of Delhi each night. A survey of homeless people in Delhi in 2000 by Ashray Adhikar Abhiyan, a dedicated group of young people working for the rights of homeless people, confirmed that contrary to what many people assume, no more than 4 per cent of the homeless adults in Delhi are destitute and unemployed. More than 70 per cent of them migrate to the city from the countryside in search of work because of desperate poverty. About 26 per cent find casual wage work as loaders and porters, 33 per cent ply rickshaws and handcarts, and 7 per cent work in food stalls. Three out of every four homeless persons in Delhi maintain links, like Vijay, with their families in the villages and towns, and almost 60 per cent save money and send it home. So, like Vijay, they choose homelessness, in order that their families survive in the lands of their birth.

Close to where Vijay loads merchandise and baggage on to trucks and buses, is a night shelter run by the government. For over a hundred thousand homeless people, the Delhi government runs over 14 night shelters, with a maximum capacity of 2,937 people. In other words, night shelters provide a roof for not more than

3 per cent of all homeless people in the city. There are none for women, or migrant families. Of the government shelters, the largest is the one near the Old Delhi railway station, in the vicinity of which Vijay works. Started in 1964, it was the first night shelter to be opened by the government. In winter and during the rains, its four large halls are crowded well beyond its official capacity of 514 persons. The facilities are rudimentary. For a fee of six rupees a night, bare common mats are spread out on the floors, on which men sleep, body against body. Blankets are provided for the winter, and there are common toilets and bathing places, erratically cleaned but always in demand.

Vijay uses the toilets and baths, but otherwise prefers the independence of sleeping under the open sky. Outside the shelters, private contractors, called *thi-jawalahs*, rent out quilts and plastic sheets for five rupees a night. Iron cots are lined up in the corridors outside shops, for a rent of fifteen rupees a night.

However, the blaze of the street lights, and the clamour of traffic and loaders working through the night, are unremitting. It is ganja that gives Vijay the peace he needs for a few hours of sleep. But this is often disturbed by policemen, who routinely beat on their feet and shins the men, women and children sleeping on the streets.

Even as we spoke together for many hours, Vijay admitted that he was intoxicated with ganja. "I have smoked ganja for so many years, the time has come when I do not know whether I am sober or high," he says. "I need the ganja because it alone brings me solitude. There is no place I can go to in order to escape the din, the hordes, where I can be by myself. Where I can think, be at peace, be at 1. Only when I smoke my ganja, I can be alone even in a crowd."

The Old Delhi night shelter remained for several years the one stable anchor in Vijay's life in Delhi. When winter was vengeful with bleak and icy winds, or the streets were awash with the monsoon sludge and garbage, he always had the night shelter to return to. Besides, he used the shelter's bathrooms and toilets throughout the year. And many men, who worked as truck-loaders, rickshaw-pullers, casual workers, or railway porters, had lived in the shelter for several years. Street boys whom Vijay would take under his wing from time to time always had the assurance of a roof over their heads at the night shelter. One hall was reserved for street boys. The shelter, decrepit, unclean, basic, crowded, dirty, still became to Vijay

and so many who lived in and around it, the closest they had in Delhi to a home.

Then suddenly, without warning or notice, in July 2000, exactly 36 years after it was opened, the night shelter was closed down. It was converted into a detention centre for 'illegal' Bangladeshi refugees. For the 500 to 1,000 men and boys who had slept every night on a few square feet each of its floors, as their only defence against the cold and rain, it was like being rendered more profoundly homeless all over again. They spilled back on to the surrounding overflowing pavements, where they passed a bitterly cold winter in 2000.

This was not the only night shelter to be closed down. In May 2001, a night shelter at Turkman Gate was closed down. A few months later, in September 2001, a shelter at Meena Bazaar near Jama Masjid was also shut, as part of what was described by the authorities as a 'beautification' drive.

The activists of Aashray Adhikar Abhiyan slowly galvanised Vijay Singh and his friends to fight this injustice. They came together on a platform for the first time, which they called the Beghar Sangharsh Samiti (Homeless People's Struggle Committee). Another group that gave itself the name Yuva Ekta Manch (Homeless Youth Group) came up at Jama Masjid. These motley groups of dispossessed men met to discuss how to deal

with the closure of even the new legal spaces that the government had conferred on homeless people. On September 19, 2001, they decided to organise a demonstration. A group of 70 homeless people marched to Rajghat, and took a pledge of non-violent resistance. Among them was Vijay. The group then proceeded to the office of the Municipal Corporation of Delhi where they sat in a dharna. In terms of scale and participation, it was a modest protest. But for the homeless people who joined in it, it was the first time they felt able to demand their rights from the state.

Less than a week after the agitation, but months after its abrupt closure, the government relented and the night shelter was restored. In the winter of 2001, the doors of the night shelter at the Old Delhi railway station were reopened, and once again teems with several hundred slum-

bering men and boys on any given night. For Vijay and the Beghar Sangharsh Samiti there is a quiet sense of triumph. They are determined to keep it alive to secure a better life for the homeless workers and street children who live within the walled city. They now propose to ask the government to hand over the management of the night shelter to the homeless people themselves, so that they can convert it into a place of dignity and rest.

Vijay pays the policemen a daily bribe of Rs.20 in order to run a small cigarette stall under a tree close to the night shelter,



**No more than 4 per cent of the homeless adults in Delhi are destitute and unemployed. However, thousands of them choose to sleep on the pavements at night to save money on rent.**

which he operates in addition to casual wage work, the staple of his income. Over the years he has run through many trades, sometimes selling tea or snacks or chapatis, but each time, despite his daily allurements to the men in khaki, and the municipal staff at least two or three times a month, it invariably comes to pass that his wares are confiscated by the municipal office. He has befriended a lawyer, who is uncompromising about his fees (Rs. 200 a hearing) but is otherwise supportive and effective. The last time, in June 2001, Vijay had to pay Rs. 950 as fine to the municipal authorities after the exertions of the lawyer, to get his cigarette stall released. But by the time he regained possession of it, the money from sales had disappeared and the materials had been partly destroyed.

On the night that we spoke together, the cigarette stall, under the tree, was doing good business, even though it was almost dawn. Instead of Vijay, a young boy sat at the stall. "He has come from Bengal," Vijay told me. He has no one to take care of him, so I asked him to sit at the stall. Whatever he earns he can keep,

and he can stay as long as he likes. It is often that Vijay takes care of young boys who start life on the streets in the way that he himself had two decades earlier.

**D**ESPITE his 'choice' for his brother Raju, and the money that he sent home regularly, Raju grew up unschooled in Gwalior. Afraid that Raju too would end up like him on the footpaths, Vijay brought him to Delhi. He arranged for him to learn work at a garage at Kingsway Camp. Raju has learnt the trade of a car mechanic and Vijay hopes to set up a garage for him. His sister was married a few years ago. They found decent people, who agreed to take no dowry. He is still able to send money home regularly for his aging mother.

Vijay remains virtually unlettered, yet he has emerged as a reluctant leader of other homeless men. He speaks like a philosopher of the streets, acutely observant, analytical, caring but carefully unsentimental. He has views that are entirely his own about everything – politics, the state of the city and the country, the Prime Minister's performance, ethics, religion. Vijay refuses to complain about his life, and says that he has no grievance against God.

"He has given me a healthy body, two eyes, two hands, two feet, a good mind, what more can I ask for?" he says.

But he is uncompromising on the resolve that he will never marry or raise a family. "I cannot let my child have a life like the one that I have led," he says quietly. "I cannot. I am content instead to see my brother have a family, and a home. This is enough for me," he adds.

Does he think that he will continue to live the same way that he does now on the streets of Delhi? "Twenty years have passed," he says. "Who knows what the next 20 years have in store for me? My father left a small piece of land in my name in the village. It was the only part of our property that was not acquired for the Gwalior airport. Maybe I will be able to return to it one day. Maybe I will be able to build on it my home. Maybe that is where, with my mother, I will spend my last days. Under a roof, within walls that I can call my own. May be." ■

*Harsh Mander is the country director of Action Aid India.*

# Protecting Indian exports

The new Exim policy attempts to mitigate the problems of Indian exporters by improving the infrastructural endowments in certain export enclaves.

SUKUMAR MURALIDHARAN

**M**ARCH 31 has in the last two years been a day in the international limelight for the Union Commerce Ministry. March 31, 2000, represented a crucial threshold in India's decade-long process of integration into the global economy, when the process of dismantling quantitative restrictions (QRs) on imports in line with World Trade Organisation (WTO) norms was sharply accelerated. The process was concluded on March 31, 2001, with the announcement of a series of amendments to the 1997 Export-Import Policy.

Alongside this, on March 31 last year Commerce Minister Murasoli Maran inaugurated a new phase of export promotion with the announcement of a scheme to set up a number of Special Economic Zones (SEZs) which would function under a different set of regulatory norms and laws than the rest of the country. With all these foregoing developments, when the time came to review and renew the Exim Policy norms on March 31 this year, there must have been a serious shortage of practically useful measures that could be conceived of.

One half of the regulatory agenda effectively vanished with the removal of QRs on imports, which meant that tariffs fixed by the Finance Ministry would be the only measure of control. As a practically useful set of measures, the Exim Policy was saved from obsolescence by the specific conditions that prevail in the world economy today. After a period of fairly buoyant growth through much of the last decade, the world economy lurched into a recession as

the last fiscal year wore on. India's dollar rate of export growth tumbled from a robust 19.6 per cent in 2000-01 to a paltry 0.6 per cent in the first six months of 2001-02. In framing his Exim Policy proposals, Maran was guided by the understanding that the modest growth persisted well beyond the first six months of the year.

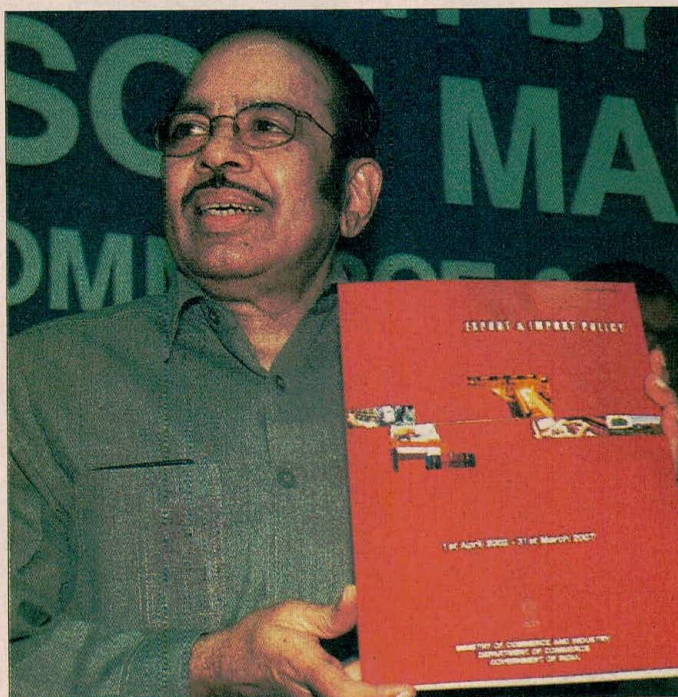
His response has been to provide a further impetus to the concept of the SEZs, and to try and extend the principles involved to other sectors of the economy. Although Tirupur, Panipat and Ludhiana may not feature in the list of SEZs, the Commerce Minister has now designated them as "towns of export excellence", focussing respectively on their traditional capabilities in cotton hosiery, woollen blankets and woollen knitwear. Recognised associations of exporting units in these towns would be

eligible for official assistance under a newly announced Market Access Initiative (MAI), which could enable them to set up common showrooms, conduct surveys and promote their brands in prospective markets. Common service providers in these industrial clusters would be entitled to import equipment under the Export Promotion Capital Goods (EPCG) scheme, which will conceivably give them – and derivatively, the exporting units – better economies of operation.

This is one among the Commerce Ministry's initiatives to address an endemic problem of the Indian export effort. Poor infrastructure normally entails higher costs of operation for exporters. Estimates by industry associations put the magnitude of the cost disadvantage that Indian exporters suffer on account of higher power, transportation,

finance and other infrastructural costs, at between 10 and 15 per cent. The new Exim Policy seeks to mitigate this problem by focussing its attention on improving the infrastructural endowments in certain export enclaves.

One of the proposals to initiate a programme known by the rather attractive acronym of ASIDE, or assistance to States for infrastructure development for exports. This programme builds upon certain schemes that were announced in 2000 to encourage the participation of States in the export effort. Of the Rs.330 crores that has been allocated for ASIDE in 2002-03, as much as 80 per cent will be divided in accordance with the two criteria of the total quantum and the rate of growth of exports originating in the respective States.



**Commerce Minister Murasoli Maran releasing the Exim Policy document in New Delhi on March 31. By his own admission, here he is disinclined to risk any policy changes that might unsettle the export sector at a time of acute uncertainty.**

# Shelters for slum dwellers

The Global Campaign for Secure Tenure aimed at providing houses to slum dwellers, which has been launched in Mumbai, highlights the long-term sustainability of such a programme as opposed to the temporary measure of eviction of illegal dwellings.

LYLA BAVADAM  
*in Mumbai*

ON July 16, the United Nations Centre for Human Settlements (UNCHS) launched in Mumbai the Global Campaign for Secure Tenure in partnership with the National Slum dwellers Federation (NSDF), the

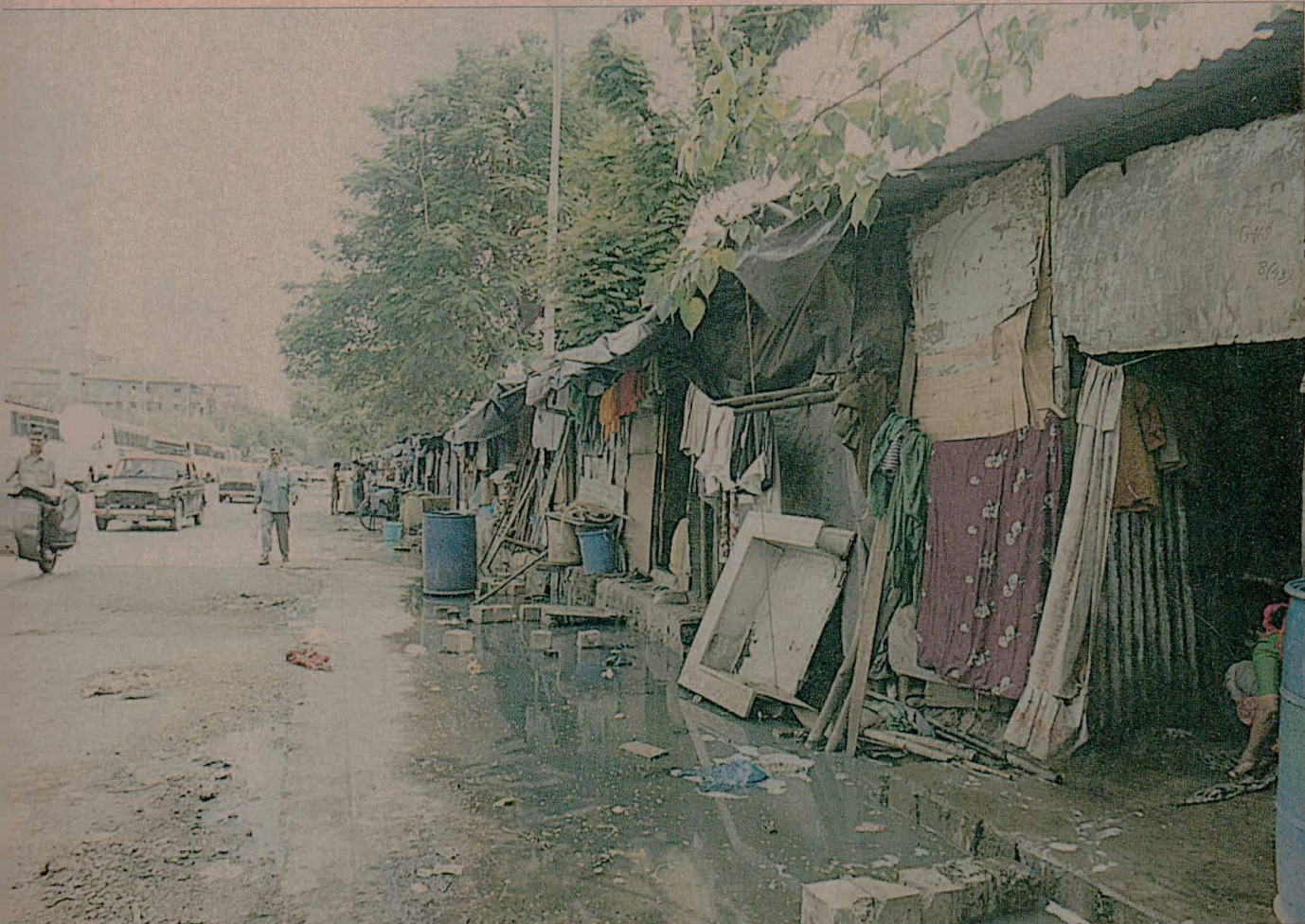
Brihanmumbai Municipal Corporation (BMC), the Government of Maharashtra and the Government of India. The campaign comes in the context of the growing realisation around the world that a solution needs to be found to the problem of homelessness among the poor. Governments, international agencies, non-governmental organisations

(NGOs) and community-based organisations representing the urban poor have been engaged in the search for solutions. Absence of secure tenure, particularly in the urban areas, has been identified as one of the key areas of concern.

At the UNCHS' Habitat-II conference in Istanbul in 1996, formal recognition was accorded to the necessity of

**Along P. D'Mello Road, one of the busiest roads in Mumbai. These families are due to be resettled soon. (Facing page) Slum colonies along Central Railway tracks. The resettlement and rehabilitation of these dwellers is an integral part of Mumbai Urban Transport Project-II.**

PUNIT PARANJPE



# Lessons from a survey

al and economic parameters.

The survey was conducted and the data scrutinised and analysed in accordance with rigorous statistical principles. An advisory committee of sociologists, economists and statisticians was consulted in designing the schedules to make it as objective as possible. As caste is a sensitive issue, the respondents were assured that the primary data would not be given to the government and that they would not be forced to respond (statistical techniques were used to deal with non-response). Although Rs.40 lakhs was budgeted, only Rs.30.42 lakhs was spent.

A pilot survey was done in November 1994 and the formal survey was launched in January 1995. The report was submitted to the BC Commission in April 1998. It is, however, yet to see the light of day.

## ► *What was the survey design?*

The survey was done scientifically. I adopted a stratified random sampling method. We adopted the sample survey (and not the Census) method because of its advantage as, apart from saving on time and cost, it has been proved that a rigorous and scientific survey is much better than even a Census. This was established by the late P.C. Mahalanobis more than 60 years ago, after which was set up the Central Statistical Organisation (CSO), the National Sample Survey Organisation (NSSO) and the State Statistical Bureaux.

The survey covered all the 23 districts from which 3,600 urban enumerator blocks and 2,000 villages were statistically chosen. Out of these, 50,000 rural households and 25,000 urban households were statistically shortlisted. The choice of even the ultimate sampling unit, that is, a household, was made, and not left to field personnel. Care was taken to include, as far as possible, castes with small numbers.

Nearly 90 parameters on housing, education, occupation, income, expenditure, assets, family size and so on, were collected and scrutinised, and an Index of Forwardness (or Backwardness) worked out.

A novel concept to measure the coefficient of friendship (between castes) was also included. Both qualitative and quantitative data were collected. Each of

the qualitative classification was graded. For instance, 'structure of the house' had five classifications, each superior to its successor; 'location of the house', four and so on. All the qualitative variables were then indexed using well-proven statistical techniques with coefficients ranging from 0 (most backward) to 1 (most forward).

Broadly, four basic indices (of social, education and economic status and of political empowerment) were worked out to calculate the Index of Forwardness.

The Index of Social Status is a weighted average of such indices as quality of housing, ownership of agricultural land and equipment and gender-specific job security and job levels. The relative status of women measures the progress towards gender equality.

Each of these components has sub-components. For instance, the 'quality of housing' has nine components, eight qualitative, with 10 per cent weight each, and a quantitative parameter (structure of the house) with a weight of 20 per cent.

Finally, each component index is normalised over castes to make it comparable and then assigned weights to obtain the weighted average. This is the Index of Social Status, which gives the relative rank of each caste in the overall social status.

Similar is the calculation of the Index of Education Status (computed from six components, including adult male and female literacy and indices of school-going children). An Index of Economic Status was computed from five components including ownership of assets, per capita income, value of consumer durables and proportion of expenditure on non-food items. An Index of Political Empowerment was computed from an 'auxiliary sample' of households of members of randomly chosen elected bodies, such as gram panchayats, municipalities and corporations, mandal praja parishads and zilla parishads, and the district cooperative central banks. A statistical measure using grades of elected bodies and designations gives the index.

## ► *What were the results of the survey?*

The Index of Forwardness was calculated with 40 per cent weight for social

status, 30 per cent for education status, 20 per cent for economic status and 10 per cent for political empowerment. This value, normalised for various castes, gives the composite Index of Forwardness, 'F', which like other indices, falls between 0 and 1. For each of the five indices, the castes are ranked in the descending order. Ranks are given bypassing the non-Telugu population.

The 'F' distribution is divided into five: Central 25 per cent average castes; 25 per cent on either side, forward and backward; and 12.5 per cent on either end, most forward and most backward castes. This is only a guide and if need be the scale can be divided into seven.

There were 369 castes listed in the households. In the sample there were no households for 63 castes, 104 had less than 10 households; and 30 castes had non-Telugu households. Ultimately, 172 castes/caste-groups were identified and studied in detail. The tables were prepared in alphabetical order and the castes ranked according to the index and population percentage. The index ranged between 0 and 1.

This index apart, we also worked out the coefficient of friendship. At the end of the schedule, we asked each respondent to name their five closest friends. Castes were grouped into 25 broad categories of single caste or homogeneous groups of castes and a 25x25 matrix was worked out, which was used to obtain the index coefficient which, if closer to 1 denotes high inter-caste friendship. Interestingly, the lower and higher castes were found to mix well.

## ► *Why is the report not being discussed or used?*

The report, in all probability, has some embarrassing and difficult results for the Andhra Pradesh government. It may have to derecognise some castes that are now in the B.C. list. For instance, converted Christians are ranked 34th (out of 172) and have 81 per cent of the population below them. How can they be called backward? Similarly, the Kappu community, which has 77 per cent of the population below them, cannot be called backward. The B.C. Commission wants me to provide the primary data. I will not give them as I have made a commitment to my respondents. ■

providing people secure tenure. India, a participant at the conference, was a signatory to the final document, which included recommendations for the grant of land tenure to the poor.

At the function on July 16, the BMC, the Slum Rehabilitation Authority of the State government, a private developer and the NSDF/SPARC signed a memorandum of understanding (MoU) to relocate 3,000 pavement families. Chief Minister Vilasarao Deshmukh symbolically handed over the keys of their new homes to some pavement families. The recipients, like several others, will soon receive houses measuring 250 square feet and consisting of a room, kitchen and toilet and the facilities of running water and electricity. Each family will make a deposit of Rs.5,000 towards a maintenance fund and also bear the monthly outgo for their water and electricity charges. The new buildings are located in areas that are well connected by road and rail. The idea is to put the people on their own feet, remove their insecurities about displacement and

then let them contribute to the development of the city like any other citizen.

The programme is not just about providing shelter but integrating and building the self-respect of the poor. William Cobbett, who heads Shelter at the UNCHS (Habitat), said: "The message we want to send out is that only by recognising the permanence of the urban poor do we have a chance for sustainable urban development."

The launch of the campaign was timely. Every monsoon Mumbai witnesses two phenomena—one, of landslips caused by poorly constructed houses on the hilly areas, and two, eviction of slum dwellers who live alongside the railway tracks of the Western Railway and Central Railway lines. In the northern suburb of Ghatkopar more than 50 people living in hillside slums were killed in a landslide recently. The BMC and the railway authorities carried out a series of demolitions of trackside slums ahead of the monsoon.

The authorities have always respond-

ed to encroachers of the city's pavements and squatters on public or private land with demolitions and evictions. Recognising the futility of such an approach, the NGOs convinced the authorities about the need to evolve a more balanced and long-term solution to the problem.

(Moreover, the demolitions of houses and evictions have come to be recognised as significant violations of human rights when these are not accompanied by resettlement and rehabilitation.)

Habitat and the UNCHS are addressing the problem of shelter for the homeless at a global level. To address the issue of a secure shelter and infrastructure, slum-dwellers from 12 countries have formed a network of their national federations called the Shack Dwellers International. They work out ways to negotiate with their respective governments on the issue of homelessness. In the process, they have created powerful examples that show that partnerships between the state and communities are viable.

PUNIT PARANJPE



Countries involved with the Shack Dwellers International use savings and credit apart from creating information as a basis to organise poor communities. The belief is that money and information are powerful tools.

In India, the NSDF, which was formed in 1975, has along with Mahila Milan mobilised communities through an extensive savings and credit programme and through a community information-gathering process of mapping settlements. These processes have created an authentic and popular knowledge base and are powerful tools in the hands of the communities. The NSDF, which has a membership of 2.3 lakh families living in 32 cities, has successfully negotiated with various State governments and city authorities to achieve solutions to the issues of land and housing and have sought to prove that the poor are an asset, a resource that the city can bank upon, and not a liability.

The Society for the Promotion of Area Resource Centers (SPARC), an NGO that plays a supporting role to the NSDF and the Mahila Milan, was started in 1984 to bridge the gap between governments, professionals and poor communities. These organisations are committed to work towards security of land tenure and infrastructure for poor communities.

During the last two decades, there has also been the realisation that the role of state agencies as providers of housing for the poor is limited as they are constrained by limited budgets and less than perfect delivery systems. Consequently, a consensus has emerged that the role of the state should be that of an enabler and a facilitator. Legislation making land available for the poor, the provision of land tenure and housing finance have been identified as key areas for state action. The actual task of building houses should be left to the poor; they can do this through their own organisations by mobilising communities and developing their capacity to deal with the various aspects of this challenge.

William Cobbett emphasised the role of women in urban development and shelter issues saying "their involvement is a key to the success of the programme". (A major initiative that will be undertaken

## On secure tenure

**S**ECURE tenure describes an agreement involving an individual or group to land and residential property, which is governed and regulated by a legal and administrative framework. The security derives from the fact that the right of access to and use of the land is underwritten by a known set of rules and that this right is justiciable. The tenure can be effected in a variety of ways. People can be said to have secure tenure when they are protected from involuntary removal from their land or residence except in exceptional circumstances and then only by a legal procedure.

The rationale behind secure tenure does not presume to resolving the world's housing crisis. Granting of secure tenure is a step in the right direction of acknowledging the permanence of the urban poor and of creating the right conditions for them to exercise their rights and discharge their obligations as urban citizens. The urban poor are already providing for themselves albeit often in illegal ways. The Campaign for Secure Tenure believes that, at a minimal cost, the same facilities can be provided legally. ■

en by the Campaign will be a programme to remove all discriminatory legislation against women in respect of access to property title as well as inheritance rights.)

**T**HE State government plans to table a Bill in the current session of the Vidhan Sabha providing a cut-off date of January 1, 1995 for resettlement. Slum dwellers who entered the city after this date will not be eligible for housing and other facilities. Explaining the rationale of the proposed Bill, the Chief Minister said: "There are 12 million people in Mumbai. Those who have settled here before January 1, 1995 will get full protection, civic amenities and housing. We take no responsibility for those who have come after this date. In another two months photo passes will have been issued to all the pre-1995 settlers. We realise that people have come to the city with hope and it is our duty to help them but it must also be understood that Mumbai is an island city and there is a limit to what the land can offer."

The major concern, however, is about re-encroachment. Sheela Patel, director of SPARC and A. Jockin, president of the NSDF (see separate story) are confident that pavements will not be occupied again, but at the same time admit that citizens groups and the local municipal ward officer should be "vigilant and not allow encroachments to resume."

Sheela Patel said: "Land security and

infrastructure are key to the security of the urban poor. We do not believe any more that solutions will be handled by the state. There is a need for the participation of the citizens. Pavement dwellers and railway track-side dwellers have devised their own solutions. These are the starting points for exploring further sustainable solutions. In the next 20 years, urbanisation will go from the current 30 per cent to 55 per cent. So there is no questioning the need for new community partnerships. There should be a rethink on the myths impeding the development of cities."

Jockin said: "The days of the 1970s when we said 'We will not move from the land we have squatted on' are gone. We no longer want to live on pavements. We want decent housing. Now, 80 per cent of the pavement dwellers save money to buy houses. We have also changed

our attitudes. We want to organise ourselves. We do not want to beg for anything. The plan is to rehouse 14,000 families in two years from their present location along the Central and Western railway tracks. The urban poor have the seeds of a solution. They just need the correct framework."

**U**SING the salt land available in and around the city is seen as a possible solution to the issue of identifying land for resettlement. According to Jockin, there are more than 70,000 acres of salt land in the Mumbai Metropolitan Region. But the Centre and the State locked in a debate over the rights to the lands. The Centre has claimed rights over these tracts of land, whereas the State has suggested a compromise solution in which 50 per cent of the land is given to the State for resettling slum dwellers. Bandaru Dattatreya, Union Minister of State for Urban Development and Poverty Alleviation, is non-committal on the issue. What neither side is discussing is the matter of the Coastal Regulation Zone (CRZ). Salt land comes under the CRZ and no construction is allowed 500 metres inland from the high tide line.

The response to the campaign so far has been encouraging. Christopher Williams of UNCHS (Habitat) sums up the project saying, "By U.N. standards the response (to the launch ceremony) was tremendous. To have about 80 per

# Award for a fighter

LYLA BAVADAM

*"We know how to steal electricity. We know how to steal water. But we've put all that behind us now. The days of the 1970s are over when we used to say 'We will not move (from the land we have squatted on)'. Now we say 'We don't want our children to grow up on the pavements. We want decent homes and we're willing to pay for them.'"*

**I**N characteristic style Arputham Jockin, this year's winner of the Magsaysay Award, sums up the past and the future of Mumbai's 5.7 million slum-dwellers, of whom he is one and whose rights he has been fighting for 30 years.

A sprightly man with bright eyes and a smiling face, 53-year-old Jockin was born and brought up in Kolar Gold Fields, Karnataka, where his father worked. Poverty made him leave for Bangalore, where he trained as a carpenter.

In 1963 Jockin came to Mumbai. He rented a room in the Mankhurd Janata Colony and earned a living as a carpenter. "I love children and used to play with them. I started a small coaching class. On Sundays, I'd get the kids together and we'd whitewash the toilets. There was no ideology, no formed ideas of giving back to the community... it was all just spontaneous, but I suppose it made me into something of a local leader."

His natural leadership qualities actually made him the focal point of the community. "My social work slowly became radical," he says, explaining his tactics while demanding regular water supply for the colony. He would write a letter listing the demands of the 70,000 residents of the colony, wait for 45 days, and if no response was forth-

coming, break the municipal pipe and take an illegal connection. This would catch the attention of the authorities. The retribution would invariably be met by an audacious response from Jockin: he would tell them that if they had responded to his letter this drama could have been averted. "My contention was that we paid rent. Janata Colony was a legal settlement of the BMC (now the Brihanmumbai Municipal Corporation) and yet we never got water."

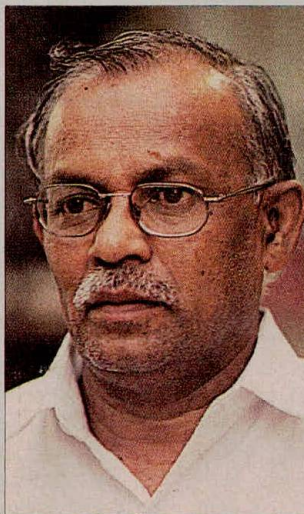
His informal leadership of the community was strengthened in 1964 when the Bhabha Atomic Research Centre (BARC) was established in Trombay, near the colony. Citing security reasons, a determined effort was made by the Central and State governments to evict its residents. They responded by forming a committee, which carried out an action plan of organising morchas and bombarding the government with petitions. "I became so powerful," recalls Jockin, "that I was only arrested on paper. The police would come to my house with the bail papers." However, backed by Indira Gandhi's government at the Centre, the State removed the residents in 1976 to their present location of Cheetah Camp. "I still observe that day in May as Black Day. It was like Turkman Gate," he said, referring to the demolition drive in Delhi during the Emergency. "Around 13,000 policemen came to demolish 7,000

homes." Jockin rallied slum dwellers from all over Mumbai to form a united front. His efforts crystallised in 1975 in the form of the National Slum Dwellers Federation.

Jockin has weathered many storms since. He has been called a "slum lord". He says: "There was a lot of talking and doing on my part... I got things done... maybe they mean slum lord in that sense... someone who has the respect of others." He is accused of unconventional measures, such as luring municipal officers to the slum on the pretext of showing them around and then pushing them into overflowing toilets just "to give them a first hand experience" of life in a slum. But more important is the fact that Jockin has initiated a path of action that is truly revolutionary.

Jockin believes that without the involvement of women, poverty and slums cannot be eradicated. Men drink, sleep and are easily politicised. Women have a knowledge of reality and the desire to change their lives," he explains. Whether to organise a demonstration to demand water supply, a gherao to demand educational facilities or a campaign to expose unscrupulous slum lords, Jockin has always believed in and motivated women. He has announced that the \$50,000 (about Rs.22.5 lakhs) award will go to Mahila Milan, the women's organisation he helped form.

Largely unaffected by the latest changes in his life, Jockin continues to live in Cheetah Camp. He says it is impossible for him to live elsewhere. "This is my university, this is my motherland. I have learnt everything here." ■



VIVEK BENDRE

cent of the audience as slum dwellers is unprecedented. This level of interaction with grassroots NGOs is still only a sub-culture within the U.N. Programmes like this are proving the efficiency and the success of interacting with groups who are in direct touch with the government and the people."

Williams' view raises an issue that has been hanging fire for decades. While pro-

grammes like this are commendable and required, they need to be more integrated and have a holistic approach and tackle the root of the problem simultaneously. In the case of urban housing for the poor, the need of the hour is as much to improve rural opportunities as it is to house those who migrate to the cities because of a dearth of livelihood opportunities. There is no known holistic approach in operation.

The other fly in the ointment is the matter of the cut-off date which extends no security to other illegal settlers. While the campaign strongly opposes forced evictions, the government has stated in no uncertain terms that it will "severely deal with" illegal settlements after that date. The resolution of this problem will determine the future of the campaign in Mumbai. ■

# Lessons from the Kursk catastrophe

The submarine disaster underscores both appalling lack of safety in Russia's military, and generic problems with nuclear submarines everywhere. To avert disaster, India must abandon its nuclear weapons and submarine development programmes altogether.

THE world public will find it hard to overcome the sheer horror of the last moments of the 118 men who died gasping and choking inside the Kursk submarine. If death could ever be totally cruel and merciless, undignified and sordid, wanton and preventable, then this was that death. And yet, the accident was in some ways only waiting to happen – in line with the 120-plus “incidents” involving Soviet/Russian submarines since 1956. The Kursk disaster holds many lessons for the world, in particular for India.

To start with, the catastrophe is far from over. Indeed, the radiation danger may only be beginning to unfold. According to the Bellona Foundation, a highly regarded Norwegian environmental group which has for years monitored Russian submarines, the Kursk is powered by two OK-650b reactors with an output of 380 MW. Their cores contain an estimated 1,200 kg of highly enriched uranium, most of it U-235. This has a half-life of a *mind-boggling* 710 million years. This means that even with radioactive decay, 600 kg of the material will still be present 710 *million years from now*, and nearly 500 kg one billion years later! The inventory of radioactivity is likely to be 2.2 million terrabecquerels – an awesome magnitude.

Even the short-run environmental hazard is grave: the reactors probably shut down without adequate cooling (due to lack of power) and retain significant amounts of heat. It is also likely that they were damaged in the explosions that sank the Kursk. To haul the submarine to the surface or otherwise remove the reactors from its twin hulls will necessarily entail huge radioactive exposure of personnel. The enormous difficulty is underscored

by comparison with the far, far simpler task of getting divers to break down the hatches – itself a complex operation which demanded the forging of special tools.

Abandoning the submarine where it lies would be even more dangerous. Its body will decay, releasing huge amounts of potent toxins, contaminating marine life and eventually endangering human beings. Nuclear-powered submarines contain a cocktail of poisons: highly enriched (usually 90 per cent-plus) uranium, hundreds of radioisotopes and fission products, including plutonium, and high chemical explosives to boot. Nuclear submarine operators follow patently unsafe practices which would be totally impermissible in civilian facilities: for example, storage of high explosives next to a nuclear reactor.

The Kursk is only one of 125 Russian submarines which are still to be dismantled. (About 180 have been taken out of service since the end of the Cold War.) Two-thirds of these are in the north of Russia. In fact, Russia's Northern Fleet operates a fifth of the world's nuclear reactors – in an unsafe and increasingly sloppy fashion. It also stores some 21,000 nuclear fuel-assemblies and has a unique inventory of hazardous materials. Any day, any month, one or more of the 200-plus nuclear reactors in this unsafe, poorly guarded fleet was liable to experience a catastrophic accident. That has now happened. It can happen again – so long as the subs exist.

Since 1994, Alexander Nikitin, then a 44-year former submarine captain, has been doing some whistle-blowing, documenting the Northern Fleet's poor operational and maintenance practices and warning of disaster. For this, Nikitin was

arrested in February 1995 by the security police and accused of grave charges, including espionage, which carry a death sentence, although he had obtained all his information from *open sources*. Nikitin spent nine months in jail before trial. He was prevented even from choosing his lawyer. Recently, however, he was totally acquitted of all charges.

I interviewed Nikitin two months ago in Stockholm. All his fears expressed since 1995 – when I started following his case – have come true. Nikitin, at one level, was glad to be exonerated of the trumped-up charges. But at another, he was full of apprehension that under further, massive, budget cuts, the Russian forces' safety standards would fall precipitously. Today, Russia's military runs on a budget \$5 billion (compared to the U.S.' \$300 billion). (This is even lower than India's current \$13 billion-plus defence budget.) More than 70 per cent of Russian warships are in a state of disrepair. Most soldiers earn the equivalent of less than \$100 a month. Some do not get paid at all.

“Vast numbers of soldiers and sailors moonlight,” Nikitin said. “This means they pay little attention to their job. Their skills and qualifications have eroded. The armed forces are in a state of turm quarter of them homeless, and most acutely demoralised and depressed.” Two years ago, a young sailor went berserk on a submarine and held eight of his colleagues hostage at gunpoint. Some of the generals who prosecuted the Chechnya war would routinely get drunk by 9 a.m. These men are sitting on the world's biggest nuclear arsenal, with 22,000 deployed weapons.

Even before the USSR's collapse in 1991, there were 121 accidents and “incidents” on board the country's nuclear submarines. According to Greenpeace, at least 10 of the incidents involved serious damage to nuclear reactors. Meltdowns – the worst possible reactor accident – occurred in 1979 and 1989. Since 1991, under economic near-collapse, safety

## BEYOND THE OBVIOUS



PRAFUL BIDWAI

government in the past 10 years. Laloo Prasad is desperate to get rid of this image and restore the people's confidence in the government. He has threatened to launch an agitation against the Centre which, according to him, is responsible for Bihar's backwardness. Laloo Prasad told *Frontline* that the Centre's economic policy had caused serious damage to Bihar. "The Centre enjoys control over the forest and mineral resources of Bihar but refuses to extend any support for its development. The Centre has not revised the royalty for Bihar ever since 1966. Had it been revised, the State would have got Rs.4,000 crores more, which would have helped improve its economy," he said.

A delegation of leaders from Bihar, led by Rabri Devi, met Prime Minister J. B. Jaisankar on September 2 and demanded a special aid of Rs.3,262 crores for the State, which is ravaged by drought and floods. According to Laloo Prasad, Bihar, after it lost its mineral and forest resources to the newly created Jharkhand, is a fit case for being accorded special status. "There will be no option left to us other than taking to the streets if the Centre fails to accord special status to the State," he said.

Laloo Prasad's frustration in this regard, which is shared by many people in Bihar, is understandable. Of all the States, Bihar has benefited the least from developmental activities since Independence. Even since the Third Five-Year Plan, it has been getting the lowest per capita outlay. Today it has the dubious distinction of being the State with the lowest per capita income. The treasury is depleted and the State government has no substantive resources to replenish it. It is in this context that Bihar feels aggrieved that the Centre transfers the State's mineral wealth to other parts of the country without adequate compensation.

Laloo Prasad pointed out that Prime Minister Rajiv Gandhi had announced a Rs.5,000-crore development plan for Bihar just before the Lok Sabha elections of 1989. The package included an allocation of Rs.1,500 crores for the Nabinagar Super Thermal Power Station and Rs.1,100 crores for a mini steel plant. Laloo Prasad said that the State had not received any funds for these projects and that projects planned for Bihar had been shifted to other States. For instance, the project to build an integral coach factory at Jamalpur had been shifted to a site in Punjab. ■

## ■ THE STATES

# Pie in the sky

**The S.S. Tinaikar Committee report exposes the truths about the Shiv Sena-BJP government's scheme for the resettlement of Mumbai's slum-dwellers.**

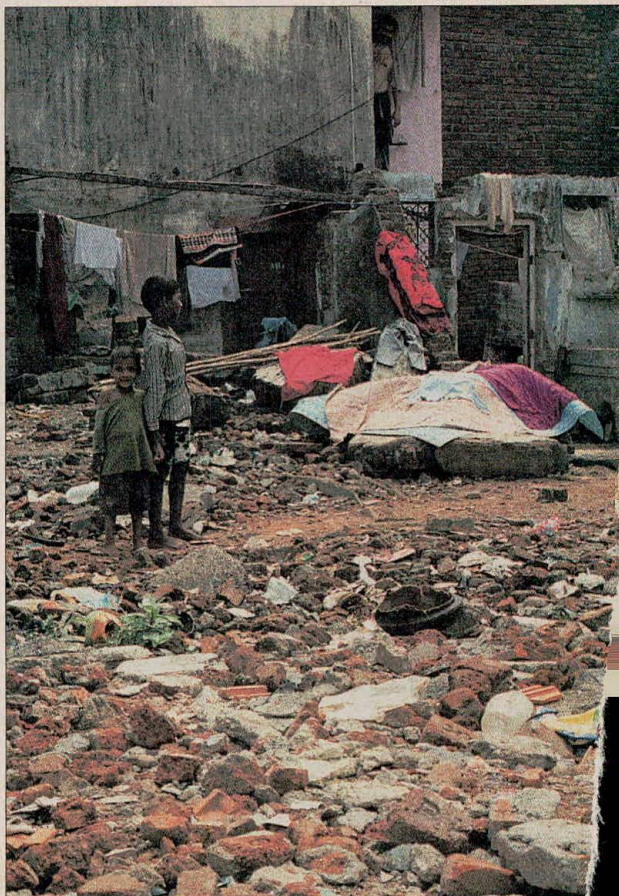
PRAVEEN SWAMI

**A** DAY before Deepavali last year, bulldozers knocked down Anjana Pandurang Nalawade's slum home in the upmarket Mumbai suburb of West Andheri. The demolition was, officials claimed, for her own good. Nalawade, like the 700-odd families who live in the D.N. Nagar slum, would be relocated into spanking new one-room apartments. The Shivshahi Purnasvasan Prakalp (SPP), an ambitious slum rehabilitation project launched by the Shiv Sena-Bharatiya Janata Party alliance government in December 1997, was to have built 200,000 homes by the end of 1999. Now a year later, Nalawade and her neighbours live in makeshift shelters put together with tarpaulin and sack-cloth. And most of the slum residents have lost their means of livelihood. Worst of all, the new homes they were promised are nowhere near completion.

In August 2001, the report of the S.S. Tinaikar Committee on slum rehabilitation exposed the SPP as nothing but a fraud, designed to enrich Mumbai's powerful construction lobby by robbing both public assets and the urban poor. The Committee, headed by the highly-regarded bureaucrat S.S. Tinaikar, who retired as Mumbai's Municipal Commissioner a decade ago, found that by the end of March 2001, only 7,461 rehabilitation tenements

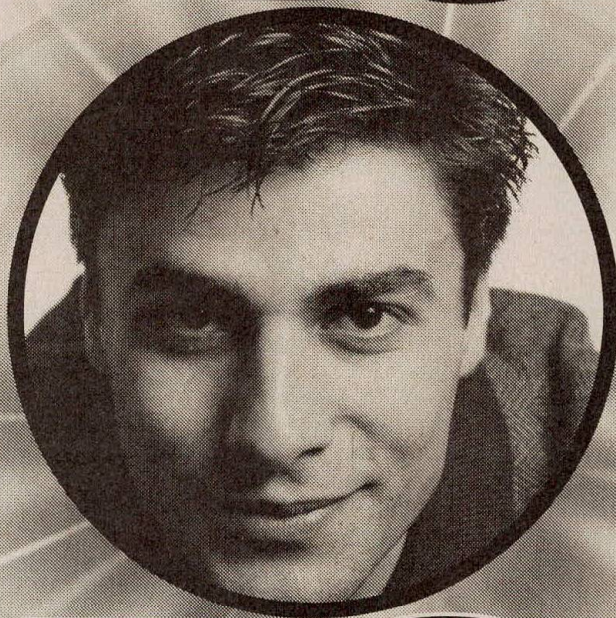
were ready for occupation, and another 39,146 units were in various stages of construction. The Committee found that several projects had simply been abandoned by builders. Of the Rs.73 crores that the SPP handed over to construction firms in the first two months of its existence, over Rs.50 crores is yet to be repaid. Also, building regulations were routinely violated. "Relaxation of guidelines were made," the Tinaikar report asserts. "Funds in excess of the actual need were disbursed. Special favours to a few

PICTURES: PRAVEEN SWAMI



**Part of the D.N. Nagar slum in West Andheri, where the houses were demolished on the eve of last year's Deepavali.**

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**The building that would house the slum's residents, which is yet to be completed, and makeshift shelters outside it.**

developers were made," the report points out.

The conceptual basis of the SPP was simple. In return for building public housing for the displaced, private developers would be allowed to undertake commercial development on slum lands.

Where there was no land available for commercial construction, builders would be granted an instrument called "development rights", which would allow them to construct an equivalent amount of floor space elsewhere. In this case with Shiv Sena chief Bal Thackeray personally committed to the project, the most basic regulations governing slum rehabilitation were waived. For example, Mumbai slum rehabilitation rules mandated that 70 per cent of a slum's residents had to agree to a project before it could be initiated. But the SPP was exempted from such democratic niceties. A new Slum Rehabilitation Authority (SRA) was given the right to exercise all legal powers related to land issues.

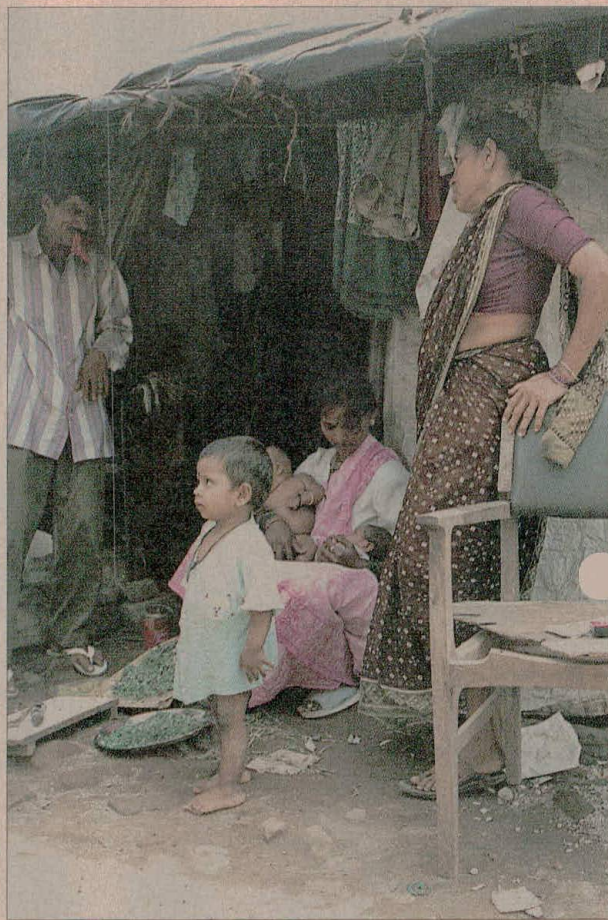
But from the outset, the Tinaikar Committee report makes clear, the project had all the makings of a huge scam. For one, the bulk of the lands on which

private builders were allowed to start projects were public lands, handed over at a pittance of between Rs.1,000 to Rs.4,000 per square metre. "The private builders," the report records on page 213, "picked up premium lands of public authorities, which had been grabbed by encroaching slums, and got a quick clearance from (the) SRA. Clearance from the land-owning government departments – the Maharashtra Housing and Area Development Authority (MHADA) or the Municipal Corporation of Greater Mumbai (MCGM) – was not a precondition. It was to follow within 30 days of the SRA approving the project of redevelopment. Lease or similar authority in respect of land was not insisted (on) by (the) SRA from the developer". Of the 270 hectares of land covered by the SPP, 62 per cent was state-owned.

**H**AVING taken control of public land at rock-bottom prices – the Tinaikar report says that prices were charged "almost free" – developers moved on to the next stage of the SPP fraud. Until March 1999, SPP officials tried to raise funds from the Housing and

Urban Development Corporation (HUDCO) and the Housing Development Finance Corporation (HDFC). However, both organisations flatly refused to lend money to private developers for slum rehabilitation projects. In the case of HUDCO, after appraising 16 projects that were submitted, it refused to go through any more. Without passing any judgment on the financial credibility of the projects it had assessed, HUDCO suggested that they be passed on to the Investment and Credit Rating Agency (ICRA). The SPP board agreed. But then, suddenly it changed its mind and allowed the SPP Managing Director to choose any credit rating organisation he wished.

At this time, Maharashtra's new Housing Secretary, Govind Swaroop, had taken charge as Managing Director of the SPP. Instead of ICRA, he appointed two obscure New Delhi-based organisations as appraisers. Within two months, 51 projects were approved, and Rs.73 crores released to 30 projects, controlled by just 11 builders. The Tinaikar Committee found that the appraisers' reports were not subject to scrutiny by the



**Anjana Nalawade with her destroyed masala-grinding unit, and (right) with her family outside her hut. Most of the residents have lost their means of livelihood.**

SPP, and rules obliging builders to contribute start-up funds were waived. The Finance Secretary and SPP Director R.B. Buddhiraja mounted a stoic rear-guard action to block these flagrant violations, but to little avail. Owing to such unplanned disbursement of money, a cash-starved SPP began to default on payments to contractors and incur penalties. Of the Rs.408 crores that the MHADA and the Maharashtra Metropolitan Region Development Authority had given to the State government to be invested as share capital in the SPP, Rs.105 crores had already been committed when the Democratic Front government took power in October 1999 and stopped further spending.

Who were the beneficiaries of Swaroop's conduct? Consider the case of Akruti Nirman, a construction company which the Tinaikar report describes as "the worst of all the cases this Committee has observed". Akruti's owners, Vimal Shah and Hemant Shah, were both officially associated with the setting up of the SPP. Despite the objections that the SPP

General Manager in charge of Finance raised that very large loans to developers were risky, Swaroop made over a Rs.30-crore first instalment to Akruti Nirman, claiming to have the support of then Chief Minister Narayan Rane. Similarly, another construction company, S.D. Corporation, was granted over Rs.18 crores overruling earlier demands that its project – the largest single SPP enterprise – be audited by ICRA. Thus, three of the 30 builders who received loans, alone accounted for over 66 per cent of the total funds disbursed. While Akruti and S.D. Corporation paid up, others did not. Builder Kiran Hemani, for example, has so far returned just Rs.2 crores out of Rs.13 crores due.

Since the SPP did not provide either for a deadline for the completion of the buildings or for any penalties, construction was delayed. With real estate prices at low levels in Mumbai, developers have an obvious interest in delaying construction, so that they can sell the commercial portion of projects at a higher price. "The fate of buildings under construction,

many of which have been left abandoned or are showing very little progress," the report notes, "is at the mercy of developers." More important, slum residents who are the intended beneficiaries of rehabilitation projects, have no rights over the tenements they have been allotted. Although government organisations like the MHADA and the MCGM had been ordered to lease lands to private developers, in fact they did not do so. As a result, the Tinaikar report says, "occupants have no title or rights of any type in respect of property on which they are settled or which they claim to have purchased."

**W**HAT is most appalling about the SPP story is that the project had no real chance of working in the first place. As the Tinaikar report notes on page 236, "it is well established, after 10 years' experience, that utilising the agency of private property developers for construction of formal houses for slum dwellers in replacement of hutments has failed miserably." "The size of problem," the report continues, "is of a magnitude with refer-

ence to which the achievement over the last ten years of the slum rehabilitation scheme is so minuscule; the gains derived by some developers by grabbing premium plots of public authorities for a song, so high; and excessively liberal development control rules to 'facilitate' the developers to make unlimited profit at the cost of integrated development of (this) metro city so brazen; that the continuation of this policy... is bound to be disastrous."

Consider the case of the D.N. Nagar slum. In September 1999, just before the Democratic Front government took office, bulldozers moved in and demolished at least 300 of the slum's 905 homes. While an estimated 200 families moved to a transit camp, the rest held out. Their reasons were simple. "First, we were given no guarantees on when our houses would be complete, and what would be done if the construction took too long," says car repair mechanic Dileep Nalavade. "But more important," he continues, "they will, at best, give us only a one-room tenement. In the slum, I used to run a workshop. That has been demolished, but I will be given no space for business in the building. How will I survive?" Out of work since the company he

worked for closed down five years ago, Nalavade understands that the SPP will, in effect, strip him of his last economic asset.

Several others agree. Dileep's mother, Anjana Nalavade, used to earn upwards of Rs.100 a day from her spice and dal grinding machines, run from the space outside her slum hut. "The building they are constructing," she says, "is like a *chawl* (worker tenement). The corridor is very narrow, and there is no space to do any work there. How will I make a living?"

Others are resisting the project on even more practical grounds. Sunita More has lived in the D.N. Nagar slum for over 15 years. Although her family has a welter of legal documents testifying to their residence, the SPP authorities claim she is not entitled to a new home. "What proof do they want," she asks, "aren't my two children proof of how long I have lived here?" she asks. Hard hit by unemployment, some slum residents say they just cannot afford the Rs.40,000 they will have to pay for the new one-room flats, whenever they are complete.

But holding out is proving tougher than most people thought. Electricity

connections have been cut off, and efforts by residents to "rent" lines from neighbouring shops and homes have been blocked by authorities. Anjana Nalavade lost her grinding machines when bulldozers, backed by policemen, moved in for the second time before Deepavali. Residents of the ten homes demolished have moved court, but feel that this is an expensive option. "My sons have to go at least twice a week," says Nalavade, "what with the lawyer's fees and so on, we've spent thousands so far." Although some slum residents have made several rounds of top politicians' homes, including the home of Deputy Chief Minister Chhagan Bhujbal, others have stayed out of political activity, fearing reprisals from the police and builders. Sooner or later, most people will accept the patently bad deal that the SPP has to offer. The Tinaikar report's findings should have encouraged the Democratic Front government to initiate action and put an end to people's suffering. Unfortunately, the State Cabinet has showed a strange reluctance to discuss, let alone act, on the report. Whoever might be in office, it seems, Mumbai's poor will continue to pay for its rich to get even richer. ■

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# Hunger and democracy

The political economy of food in Adivasi societies of the Koraput-Bolangir-Kalahandi region of Orissa.

ARCHANA PRASAD

**A** STARK image, reflecting little glory on Indian democracy, was that of Orissa Chief Minister Navin Patnaik asserting that the tribal people of the State were dying not because of starvation, but because of their ignorant and backward habit of eating poisonous mango kernels; that it was not the lack of food, but ignorance that was killing them. This attitude of Patnaik and his ministerial colleagues brings into sharp focus the callousness of the rulers. But they have been unable to shift public attention away from the grossly flawed food policies, whose worst effects are now being felt in Orissa. The media gave voice to this by advertising the fact that 40,000 tonnes of paddy was rotting in the godowns of the Food Corporation of India (FCI) while poor farmers and Adivasis in western Orissa were starving.

While growing public outrage may compel the government to introduce some short-term relief measures for the Adivasis, the problem of a dysfunctional food distribution system is only the tip of the iceberg. It does not touch the core of the problem that lies in the structural changes in Adivasi society and economy in the last 50 years that have destroyed the food and livelihood security of these regions. More recently, the crisis of Adivasi survival has been further deepened by the policies of structural adjustment adopted by the Union government with the endorsement and support of a large part of the political and business elite. Perhaps, that is why the media do not seek the answer for inconvenient questions. For instance, why does a rice surplus district like Kalahandi have one of the highest mortality rates (140 per thousand) in the country and the most frequent instances of starvation? Or why are predominantly tribal districts, such as Sarguja in Chattisgarh or Mandla in Madhya Pradesh, vulnerable to chronic disease and malnutrition despite their rich forest, mineral and agricultural resources? The answers to these questions are disturbing for the

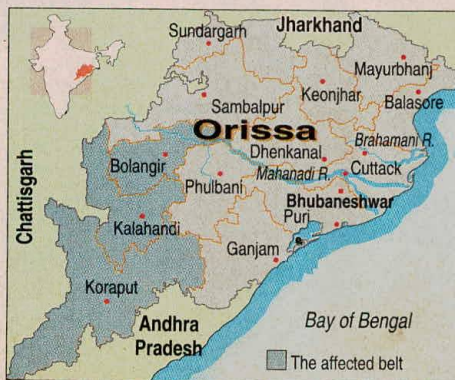
sections that dominate Indian democracy. This is because any long-term remedy for the situation would require the reversal of the policies impacting on natural resource management and agriculture, particularly the policies initiated since the liberalisation process. In this sense, the hunger of the Adivasi areas is a phenomenon that has a systemic link with the suicides of small farmers in Maharashtra, Andhra Pradesh and recently Karnataka.

**T**HE spectre of starvation in western Orissa has its roots in the rising inequalities within the agrarian regime. Fundamental changes have plagued the Kalahandi-Bolangir-Koraput (KBK) belt since the late colonial and early post-colonial period. The first scarcity conditions were seen as early as 1954-55 and thereafter there was hardly any decade without a scarcity, the worst one being in 1965-66. But despite these conditions a report on paddy production in Orissa recorded that Kalahandi had 118,731 tonnes and Bolangir 66,036 tonnes of surplus paddy. Between this period and the 1990s, rice production in the KBK area suffered while the production of oilseeds, along with pulses, reached a new high. These are points made in Bob Currie's *The Politics of Hunger in India*, which also shows that paddy may have been replaced by ragi, a subsistence crop of Adivasis and other small farmers.

Changes in the cropping pattern within Adivasi areas are evident in Chattisgarh also. In the post-1991 period, an area, which has over 10,000

indigenous varieties of rice, has been busily engaged in the promotion of soyabean as a crop with major potential for rise in productivity. These changes have been prompted by the sharp rise in the price of soyabean in the world market. Facts such as these bear out Utsa Patnaik's thesis that liberalisation will lead to a shift to commercial crops and therefore a contraction of the area under subsistence and food crops.

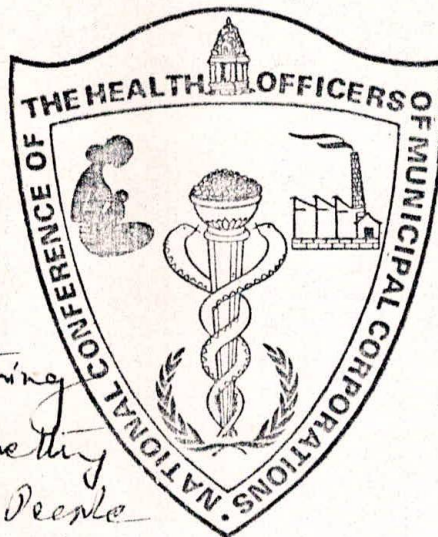
These phenomena are not merely result of the liberalisation process, but also an impact of the Green Revolution on Adivasi areas. Because these areas provided cheap land and labour, the shift to cash crops also implied that big farmers came from outside, bought tribal land and made the Adivasis work on their farms as cheap labour. For instance, there was an influx of Punjabi landholders into the heavily forested area of Shivpuri in western Madhya Pradesh. Some of these farms (owned by prominent bureaucrats and freedom fighters) were built on land bought from the Adivasis at throwaway prices in the late 1960s, which then put the same Adivasis to work as landless labourers. Such a differentiation is also evident in the KBK area where there was a sharp increase in the number of landless labourers and small and marginal farmers. Between 1971 and 1991 the number of marginal farmers with landholdings of less than one acre increased from approximately 17 per cent to 39 per cent of the total agricultural workforce, whereas the number of large farmers (owning above 10 acres, or four hectares) declined in the same period from 4.7 per cent to 0.9 per cent. However, the most stark trend was the decrease in the importance of the middle peasant (four to 10 acres of land) from 30.4 per cent to 9.9 per cent during the period. Since the number of small peasants (owning one to four acres of land) did not increase in the same proportion as the decline of the large and middle peasantry, it can safely be assumed that many of the medium farmers may have been reduced to landless peasants or marginal farmers. In this context, the work of Currie as well as the fieldwork



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20th February 1987

Key note address by :

**DR. V. RAMAKRISHNA,**  
REGIONAL DIRECTOR SOUTH EAST ASIA  
REGIONAL BUREAU OF  
INTERNATIONAL UNION FOR HEALTH EDUCATION

**T H E M E**

**ROLE OF URBAN HEALTH ORGANISATION  
IN  
ACHIEVING HEALTH FOR ALL**

# ROLE OF URBAN HEALTH ORGANISATIONS

IN

## ACHIEVING HEALTH FOR ALL

DR. V. RAMAKRISHNA

### I. INTRODUCTION:

#### 1. CITIES OF PEACE AND PROSPERITY:

In the ancient past, India at its zenith of civilization had many cities and towns inhabited by most people in the Country. They were renowned world over as centres of excellence in Art, Science, Philosophy, culture and education. These cities provided latest civic amenities, healthy places for work and recreation and an environment of peace and harmony conducive for enjoying health, high quality of life and longevity. Their houses and neighbourhoods were models of beauty, cleanliness and orderliness. The way of life they led reflected high standard of physical, mental, social and spiritual health resulting from the practice of principles and regimens prescribed by the science of longevity and holistic health.

#### 2. CITIES IN DECLINE:

Even in the recent past, before the onslaught invaders, India, had many rich and prosperous cities and towns. As early as the 6th century A.D., a quarter of the population of the Country lived in urban areas. But, their very affluence, exquisite merchandise and trustworthiness attracted waves of invading barbarian hordes to plunder, defile and destroy cities and towns. Those who came to trade not only stayed to conquer, subjugate and govern, but also to impose their culture, values, language and system of medicine. Cities and towns became centres of exploitation, channels for exporting wealth and raw materials and for supplying manpower to serve of masters. People moved away from cities and towns to places of safety and peace.

#### 3. INHERITS POOR HEALTH:

In 1901, the Urban Population sank to 10.8% of the total population and did not rise till the dawn of independence. Similarly, status of health, quality of life and productivity of people reached the lowest levels. The expectation of life at birth was as low as 22.6 years for male and 23.3 years for female during 1901-1911 and the birth and death rates were as high as 49.2 and 42.6 per 1000 population respectively. The infant mortality rate was more than 220 per 1000 live births.

## II. EXPLOSIVE URBAN POPULATION:

1) Independence ushered in rapid changes, many favourable and some unfavourable. Urban population gradually increased, but in the recent years, migration to cities and town became explosive 159 millions people (23.3%) lived in urban areas in 1981 and 60% of them were in 218 cities with a population of more than a lakh. Twelve cities with a population of more than ten lakhs contributed 26.7% of the Urban Population. Significant percentage of the urban population lived in slums—about 10% in Bangalore, 38% in Calcutta and 42% in Bombay. By 2000 A.D., the population is likely to be 312 million and slum dwellers in major cities will constitute 50% or more of their population. This forecasts serious health hazards that will have to be faced by Municipal/Corporation health administrations. The Civic Bodies will be required not only to provide basic facilities like safe water supply, drainage, sanitation, shelter and other serves of primary health care, but also to solve emerging health problems of urbanisation, industrialisation and modernisation.

2) In 1971 itself Karnataka State had 24.31% Urban Population when India had only 19.9%. There were 17 cities and town having more than One lakh population in 1981 and Bangalore City Urban Agglomeration alone had 29 lakhs. During the past few years, Bangalore City became the fastest growing city in India. At present, it has a population of about 35 lakhs with 64 slums. This explosive growth of population has created serious shortage of essential civic services, pollution of air, water and soil and demoralization of civic services.

## III. NATIONAL HEALTH IMPROVES:

1) During the past four decades, since independence, India has made tremendous progress in agriculture, health, science and technology and in many other fields. The expectation of life at birth has increased from 32 years in 1951 to 55 years in 1982. The birth and death rates have come down from 39.9 and 27.4 per 1000 population in 1951 to 32 and 11.8 in 1982 to 115 in the same period. The scourge of Small pox is no more. Incidence of many communicable diseases has come down. All indices of present health status are more favourable in Urban areas than in rural and urban slums.

2. The baby born in Urban Karnataka during 1981-85 could expect to live for 61.4 years i.e., 6.4 years more than an average Indian baby. Those born in urban slums and rural Karnataka live for shorter periods. Birth and Death rates were 24.0 (27.2 rural) and 7.8 (12.5 rural) per 1000 population and infant mortality rate 60.1 (91.1 rural) per 1000 live births in 1977. Rates for urban slums will not be much different from those of rural areas.

3. By the end of March 1984 61 millions births ~~am~~ had been averted and total marital fertility rate had declined. India expects to have about 950 million people by the year 2000 A.D., and is confident of achieving the goal of "HEALTH FOR ALL" through effective implementation of the National Health Policy as an integral part of the total development plans ensuring "equality, social justice, selfreliance, improved efficiency and productivity".

#### IV. NATIONAL HEALTH POLICY:

1. Equality, freedom, justice and the dignity of the individual are the foundations of Indian Constitution. It directs the state to regard "the raising of the level of nutrition and standard of living of its people and the improvement of public health as among its primary duties". But, till 1982, India had no integrated, comprehensive and acceptable National Health Policy (NHP). Such a policy document discussed and approved by the Parliament, ~~am~~ is now under implementation at various levels of National, State and local administrations.

2. The policy reiterates Indias commitment to attain the aim of "Health for All" by the year 2000 A.D. (HFA) through provision of universal comprehensive primary health care services. It will cover the entire population either urban or rural and emphasise on all aspects of total health care viz., promotion of health, prevention and treatment of diseases and rehabilitation. In order to achieve this goal it proposes to:

- a) meet the actual health needs and priorities of the community at a cost which the people can afford;
- b) involve community and voluntary organizations in a fully integrated planning frame work;
- c) integrate all plans for health, human development and socio-economic development with stress on co-ordination and collaboration of all health related sectors;
- d) re-organise health services infrastructure; and
- e) overhaul education and training of medical, health and allied personnel.

3. The National Health Policy also lays down twelve guidelines or broad approaches to be followed "to put an end to the existing alround unsatisfactory situation by restructuring current health services urgently". It wants priority attention for eight problems - Nutrition, Prevention of food adulteration and maintenance of the quality of drugs, water supply and sanitation, environmental protection, immunization, MCH services, school health programme and occupational health services, school health programme and occupational health services and has selected seventeen indicators fixing targets to be achieved for the years 1985, 1990 and 2000 A.D. (Annexure I-a/b). Though these are applicable for the entire country. States like Karnataka and especially its urban areas should be able to reach much higher levels of performance and attainment. It is hoped that all the cities and towns in India have formulated their strategies with defined objectives and targets for the priority health programmes and have set up monitoring mechanism. Have they?

#### V. IMPLEMENTATION OF NATIONAL HEALTH POLICY IN URBAN HEALTH:

##### 1. CITIES LEAD:

Health administrations of cities and towns have a major and significant role in accelerating the progress towards the targets set in the National Health Policy. Cities set the space for modernisation and occupy a position of influence and change. Generally, innovations spread from cities to villages. Urban way of life is infectious.

##### 2. REVIEW CURRENT SYSTEM:

The on going health programmes need to be examined immediately in the light of National Health Policy and the WHO/SEARO "Common Frame Work and Format" suitably modified to monitor the progress of implementation of the HFA strategies (Annexure II). One of the important question to be answered is reviewing and adjustment of existing health system including its infrastructure and programmes to reflect the essential characteristics of primary health care. Similarly, answers to questions about - involving communities, intersectoral action for health development and orienting and training health workers in planning and carrying out the strategy will have to be found. Apart from possessing the latest knowledge and adjustment will required a thorough understanding of the concepts, approaches and components of primary health care in addition to HFA. Though India signed Alma Ata Declaration a decade ago and had subsequently several exercises on HFA/PHC resulting in the National Health Policy for the first time in 1982, there appears to be an urgent need for clear understanding

of HFA/PHC at the operational levels and confidence in moving towards the goal. The urban health organisations have facilities to give a lead and demonstrate that with determination and dedicated hard work, primary health care could be a reality.

### 3. PRESENT URBAN HEALTH ORGANIZATIONS:

Most urban Health organisations like Bangalore City Corporation still function to provide traditional services like conservancy, sanitation, abatement of nuisances, regulation of dangerous and offensive trades, prevention and suppression of epidemic and dangerous diseases, preventing the sale of unwholesome and adulterated food and drinks, registration of births and deaths etc. Maternity Homes, MCH clinics, Dispensaries and health centres are also run by them. The entire structure and personnel are geared to undertake routine regulatory activities as required by the Act and Byelaws. Perhaps, there is no encouragement and sufficient incentives for initiating and doing creative professional work. The health organization may not have key components like planning and evaluation, epidemiology and health intelligence, training and continuing education, school health etc. Even some of the National Health Programmes may not find place in the annual programme of the Municipality/Corporation.

### 4. BANGALORE CITY HEALTH ADMINISTRATION:

The Health Services in Bangalore City Corporation area were provided by 88 Officers and Supervisory staff besides 8347 executive and ministerial staff at an expenditure of Rs. 858 lakhs (out of Rs. 4113 lakhs in 1984-85) i.e., about Rs. 25/- per capita excluding Rs. 402 lakhs spent on water supply.

Licensing of trades was and is a major activity. In 1984-85 as many as 18420 licences were renewed and 2696 new ones issued. 1854 samples of food articles were analysed, 98 found adulterated, but the court did not convict anyone in the past three years.

It is heartening to note that the City with 3.5 million inhabitants had in 1984-85 birth and death rates of 26.8 and 7.6 per 1000 people; infant mortality rate of 36.4 per 1000 live births and still birth rate of 26.7 per 1000 births. Forty percent of the total births 74924 (1984-85) occurred in 29 Corporation Maternity Hospitals. Nearly half of the total deaths 21334 (1984-85) were caused by respiratory diseases including tuberculosis, fevers, dysentery and diarrhoea and accidents in that order.

5. TASK FORCE FOR REVIEW:

Bangalore City Corporation seem to have already achieved many of the targets fixed in the National Health Policy statement for the years 1990 and 2000 A.D. While this should be a matter for great satisfaction, it is necessary to review the progress critically with a view to att. in higher levels of health and quality of life with greater speed. The best way to initiate the review process is to find answers to the questions posed in the WHO "a common frame work and format" (Annexure VII) and to examine current achievements in the light of the global and national indicators proposed for monitoring the implementation of HFA strategies (Annexure Ia and b). A multidisciplinary task force of the health and development departments of the Corporation could undertake this critical examination in the first instance. The out come of the review and recommendations thereon should be considered by the Standing Committee (Public Health) and the Corporation Council for decisions and implementation.

6. EXPERT COMMITTEE FOR HFA STRATEGY:

The City Corporation and the State Government should set up an intersectoral multidisciplinary Expert Committee to formulate urban health strategy and the plan of action for "Health for All" in the light of the findings of the review by the task force. The strategy will involve development of an urban health system model for the primary health care appropriate to different sections of the populations and their environments. The Expert Committee may also recommend additional and higher targets not only for physical health, but also for human developments, quality of life and productivity.

7. CONTINUING EDUCATION:

Recent studies have clearly indicated the urgent need for re-orientation, training and continuing education for the entire health development and allied personnel in city and town Municipal Organisations. Major city Corporations like Bangalore should have its own human resources development and involvement set up or centre which continuously prepares all categories of personnel and community leaders to understand power concepts, acquire newer skills and imbibe desirable attitudes. The existing training institutions and centres in the States may not be able to take up this heavy training and education load. In order to practice "learning by doing" there should be three field practice, study and demonstration areas of high, middle

and low socio-economic sections of the City. These areas should serve as ~~field~~ laboratory for applying and testing the principles of primary health care like community involvement, intersectoral co-ordination, appropriate health technology, self-reliance, use of local cultural and traditional resources etc.

#### 8. COMPREHENSIVE SCHOOL HEALTH PROGRAMME:

The National Health Policy emphasises that School Health-Programme should receive urgent priority attention. Unfortunately, there is no organised comprehensive school health programme in the City Corporation of Bangalore. One third of the population belong to the important school age group and they do not get due care. Even the 2229 students and their 751 teachers of the 89 Corporation Schools do not have primary health care. These students belong to the low socio-economic sections of the population which are prone to many health problems.

Students of primary schools (5,45,000) run by the Delhi Municipal Corporation received school health services. It was found (1985) that as many as 50% and 35% of the children had dental and eye defects respectively. Suffering from nutrition problems like anaemia, and avitaminosis was found in 20% of the children while 10% had intestinal worm infestations and another 10% ENT diseases. Early detection and treatment of proper growth and development of our future citizens. this is an important and legitimate responsibility of all urban organisations.

The Renuka Ray Committee on School Health, Government of India, made valuable recommendations in the sixties to initiate realistic teacher centred comprehensive school health programme with minimum additional cost. It is high time that Bangalore City Corporation and other urban health organisations initiate appropriate school health programme as a part of primary health care.

#### 9. HEALTH EDUCATION IS INVOLVEMENT OF PEOPLE:

Traditionally, Corporation health services function as providers of sanitation, medical care for communicable diseases etc., and passive recipients of the services. It is similar to doctor-patient relationship in the bio-medical model of allopathy. The trial of primary health care is community involvement, intersectoral co-ordination and appropriate health technology. Community involvement/participation is the basis for the entire planning process of primary

health care wherein, the providers and people are equal partners. Practicing equal partnership calls for a radical change in the values and attitudes of doctors, nurses and other health care providers. This is the most difficult part of the re-orientation programme which requires unlearning of the previous concepts and feelings before developing new behavior.

Research has shown that involvement/participation of people is the effective method of adult education. Therefore, health education is equated with community involvement/participation for better health. Planning, implementation and evaluation of health education requires knowledge, experience and skills of behavioural sciences, health sciences, communication and media. The City Corporation of Bangalore and most Urban health organisations have no set-up to undertake this important and complex services scientifically. The National Health Policy states "the recommended efforts on various fronts, would bear only marginal results unless nation wide health education programmes, backed by appropriate communication strategies are launched to provide health information in easily understandable form, to motivate the development of attitude for healthy living". The Corporation should establish an appropriate scientific and technical organisation to provide leadership in information, communication and education aspects of health, family-welfare and allied programmes.

#### 10. UTILISATION OF LOCAL RESOURCES:

Community involvement is the first step of mobilisation of local community resources. The success of primary health care in urban areas largely depends in identifying available human resources, materials, money, culture, experiences, talent etc., and channel them for the benefit of realising its objectives. The local resources will include not only what people have and could give, but also those of the Governmental and non-Governmental Agencies functioning in the community. This is the only way that Health for All could be achieved by all through the development of health technologies which could prove effective in the local environment.

The Municipal Corporation of Bangalore is fortunate to have an array of various local resources of experts and leaders of Government and of non-Governmental Organisations. It has National Institutions like, National Institute of Mental Health and Neuro Sciences, National Tuberculosis Institute, Kidwai Memorial Institute of Oncology, five Medical Colleges and other professional institutions like, College of Nursing, College of Home Science and College of Social Work, which should be involved in planning, implementation and evaluation of urban primary health care. Similar institutions may be functioning in major city Municipal Corporations in the country and they should be mobilised for providing Health for All. These institutions should be made responsible for the Urban Primary Health Care in an area of about one Kilometre radius from the location of the institute. The Corporation and the Institutes jointly provide the services, which will also include the specialised services of the institute concerned. The area will also serve as teaching and research resource material utilising the problems, needs and resources of the people living in the area. Similarly, the non-Governmental Organisations functioning in the Corporation should also be involved along with the professional institutions. A seminar or a workshop may be held involving all these agencies functioning in the Corporation area to orient them selves with the basic of National Health Policy and to formulate an action strategy for working together to realise HFA 2000.

#### 11. ENVIRONMENTAL HEALTH:

Sanitation is a way of life. It has to grow from within the individuals, as a part of the educational process going on in the families, schools, work places and municipal facilities. Provision and maintenance of sanitary facilities and clean environment both physical and biological requires expertise in Public Health and Environmental engineering. Doctors and Nurses are ill equipped to shoulder these responsibilities and provide technical guidance and directions. It is a pity that Municipal Corporations like Bangalore have no Public Health and Environmental Engineering Organisation to plan, provide and maintain Urban Sanitary facilities and clean environment for the citizens. A separate Department with all the required expertise should be established and all the Health Department to devote its full time for the tasks related to seven important components of primary health care. Dignitaries of SAARC Conference paid high tributes to the cleanliness, beauty and serenity of Bangalore - this should apply to all areas and all people of Bangalore and then only Corporation could achieve HFA.

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# R E F E R E N C E S

- |     |   |       |
|-----|---|-------|
| 1.  | "National Health Policy", Ministry of Health & Family Welfare, Government of India, New Delhi - 1983.   | Sl.No |
| 2.  | "Annual Report 1984-85", Ministry of Health & Family Welfare, Government of India, New Delhi.   | 1     |
| 3.  | "Health for All" an Alternative Strategy" - Report of a study group set up jointly by the Indian Council of Social Science Research and the Indian Council of Medical Research, New Delhi - 1980. | 1.    |
| 4.  | "Annual Report 1984-85" of Health & Family Welfare Department, Government of Karnataka, Bangalore.  | 2.    |
| 5.  | "Administration Report 1984-85" - Corporation of the City of Bangalore, B'lore.   | 3.    |
| 6.  | "Hand Book" of the Mysore State Department of Health by Dr.J.V.Karve, Director of Health, Government Press, Bangalore, 1933.  | 4.    |
| 7.  | "Year Book 1980-81" - Health and Family Welfare Services, Karnataka, Offset Press, Directorate of Health & Family Welfare Services, Bangalore-1982.   | 5.    |
| 8.  | "Monthly Bulletin of Health", Vol.17, No.11, November 1985 - Bureau of Health Intelligence, Municipal Corporation of Delhi, Town Hall, Delhi.   | 6.    |
| 9.  | "Health for All" Series Nos. 1 to 8 - World Health Organisation, Geneva 1978 - 1982.  | 7.    |
| 10. | "Strategies for Health for All by the Year 2008" - Regional and National Strategies, SHC, South East Asia Regional Office, New Delhi 1980.  | 8.    |
| 11. | "Monitoring Progress in implementing Strategies for Health for All by the year 2000" - W.H.O. South East Asia Regional Office, New Delhi, 1983.   | 9.    |
| 12. | "Intersectoral linkages and Health Development" Case Studies in India, Jamaica, Norway, Srilanka & Thailand - W.H.O., Geneva 1984.  | 10.   |
| 13. | "Primary Health Care in Industrialised Nations" - Edited by Craig D. Burrell and Cecil G. Sheps, the New York Academy of Sciences, New York 1978.   | 11.   |
| 14. | "Health Sector Policy Paper" Feb. 1980, World Bank, Washington, D.C. 20433, USA.  | 12.   |
| 15. | "Alternative Approached (to meeting basic health needs) in developing Countries - A joint UNICEF/WHO Study - WHO Geneva 1975.   | 13.   |
|     |   | 14.   |

## NATIONAL HEALTH POLICY

## Indicators and Targets to be achieved

Sl.No.	Indicator	Current level	T A R G E T S		
			1985	1990	2000
1	2	3	4	5	6
1.	Infant mortality rate	Rural 136 (1978) Urban 70 (1978) Total 125 (1978)	122 60 106	87	Below 60
	Perinatal mortality	67 (1975)			30.35
2.	Crude death rate	Around 14	12	10.4	9.0
3.	Pre-school child (1-5 yrs) mortality	24 (1976-77)	20-24	15-20	10
4.	Maternal mortality rate	4-5 (1976)	3-4	2-3	Below 2
5.	Life expectancy of birth (yrs)	Male 52.6 (1976-81) Female 51.6 (1976-81)	55.1 54.3	57.6 57.1	64 64
6.	Babies with birth weight below 2500 gms(% age)	50	25	18	10
7.	Crude birth rate	Around 35	31	27.0	21.0
8.	Effective couple protection(percentage)	23.6 (March '82)	27.0	42.0	60.0
9.	Net Reproduction Rate (NRR)	1.48 (1981)	1.34	1.17	1.0
10.	Growth rate (annual)	2.24 (1971-81)	1.90	1.66	1.20
11.	Family size	4.4 (1975)	3.8		2.3
12.	Pregnant mothers receiving ante-natal care(%)	40.50	50.60	60-75	100
13.	Deliveries by trained birth attendants(%)	30-35	50	80	100
14.	Immunisation status (% coverage)				
	TT (for pregnant women)	20	60	100	100
	TT (for school children)				
	10 Years		40	100	100
		20	60	100	100

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1	2	3	4	5	6
DPT (children below 3 years)		25	70	85	85
Polio (infants)		5	50	70	85
BCG (infants)		65	70	80	85
DT (new school entrants 5-6 years)		20	80	85	85
Typhoid (new school entrants 5-6 yrs)	2	70	85	85	
15. Leprosy - percentage of disease arrested cases out of those detected	20	40	60	80	
16. TB - percentage of diseases arrested cases out of those detected	50	60	75	90	
17. Blindness - Incidence of (%)	1.4	1	0.7	0.3	

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H.F.A. STRATEGIES

A short list of Indicators to Monitor Progress at the  
(Global level (modified for Corporation/ Municipalities))

- Indicator 1. Health for All has received endorsement as Policy at the Corporation/Municipal level.
- Indicator 2. Mechanism for involving people in the implementation of strategies have been formed or strengthened and are actually functioning.
- Indicator 3. Percentage of the total Corporation/Municipality budget spent on health.
- Indicator 4. The percentage of the total health expenditure devoted to urban Primary Health Care.
- Indicator 5. Resources are equitably distributed.
- Indicator 6. The Strategy for Health for All has been accompanied by explicit resources allocation and in receiving sustained resources support from the State, Centre and other Supporting Agencies.
- Indicator 7. The proportion of the population for whom Urban Primary Health Care is available.
- Indicator 8. The Nutrition status of children is adequate.
- Indicator 9. The infant mortality rates for all identifiable sub-groups.
- Indicator 10. Life expectancy at birth.
- Indicator 11. The Adult literacy rate for both men & women.
- Indicator 12. The gross national product per head.

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H.F.A. STRATEGIESMONITORING THE PROGRESS IMPLEMENTATION  
WHO COMMON FRAME WORK & FORMAT (MODIFIED FOR CORPORATION/MUNICIPALITIES).QUESTIONS TO BE ANSWERED:

- Question: 1. Are the existing Corporation/Municipality Health policies relevant to the attainment of the goal of Health for All by the year 2000?
2. Has a Corporation/Municipality strategy for Health for All and a plan of action for implementation being formulated?
3. Does the Corporation/Municipality Health strategy form an integral part of the Corporation/Municipality development plan?
4. Has the existing health system being reviewed and adjustments made to reflect the essential characteristics of such a system based on primary health care, including the necessary health programmes and infrastructure?
5. Has progress been achieved in implementing the strategy and the plan of action?
6. Has progress been made in involving communities in planning and carrying out the Corporation/Municipal Health strategy?
7. Has progress been made in orienting and training health worker to fulfill their role in planning and carrying out the strategy?
8. Have all possible material and financial resources been mobilised?
9. Has progress been made in ensuring better co-ordination within the health Sector?
10. Has the necessary intersectoral action for health development been initiated among those sectors concerned?
11. Has progress been achieved in incorporating a health component in the development projects?
12. Has your Corporation/Municipality co-operated with other Corporations/Municipalities in connection with the implementation of the strategy for Health for all, and/or the Co-operation been offered to other Corporations/Municipalities?
13. Have you requested the WHO to provide you with the necessary support that you required in relation to the preparation and implementation of your strategy and have you received such support?



No.P. 13019/4/85-RHD  
Government of India  
Ministry of Health and Family Welfare,  
Rural Health Division, New Delhi, dt: 9th/17th May 85

To

Health secretaries  
of all states and Union Territories.

SUBJECT:- Family Welfare Programme-setting up of Additional  
Sub-Centres for the year 1985-86 according to the  
norm of 1 sub-centre for 5000 population ( 3000 in  
Tribal and hilly areas).

+++++++XXXX+++++++

I am directed to convey the sanction of the Government of India to the establishment of 5634 additional sub-centres as per pattern at Annexure-III. The sub-centres should be established in accordance with the guidelines mentioned in Annexure-III. A list of equipment and furniture to be purchased out of the funds provided or non-recurring/at annexure IV. is

II. Before establishing the additional sub-centres following guidelines may please be strictly followed.

- (a) Filling up the vacant posts of A.N.Ms in sub-centres located in P.H.Cs covered under Area Projects, I.C.D.S Blocks, Tribal and Hilly areas.
- (b) Filling up the vacant posts of A.N.Ms in existing sub-centres in other areas .
- (c) Proportionate number of new sub-centres in P.H.Cs in areas project, I.C.D.S Blocks, tribal and hilly areas.

(III) One of the Female MPWs posted at PHCs is supposed to cover the population equal to a sub-centre, as such this fact should be taken into account, while indicating the number of subcentres functioning. For example if there are 3,000 sub-centres and 325 PHCs, the total number of sub-centres functioning would be 3325, for this purpose only number of Primary Health Centres functioning as on 1.4.1980 should be taken into account, as pattern of new PHCs opened after 1.4.1980 do not provide a post of female MPW for this purpose.

IV. In the revised pattern of inputs sanctioned for sub-centres (appendix II), an amount of Rs. 2000/- per sub-centre per annum has been provided for drugs. In order to eliminate the difficulties faced by the states/UTs government in timely procurement and supply of medicines to sub-centres, it has now been decided that instead of providing cash grant to the states/UTs, the Government of India would supply the medicines in kind every quarter. It is further decided that the medicine for sub-centres to be supplied would be mainly those required for MCH services and would be supplied to all sub-centres ( the list of medicines is enclosed) including those to whom

the medicines are to be provided by the state/UT Governments. The state/UTs are requested to draw out another list of medicines for the common ailments, they would like to provide at the sub-centres and the funds available with the states for providing medicines at the rate of Rs.2000/- per annum per sub-centre opened before 1.4.1981 should be utilised for providing these medicines to all the sub-centres.

V. In the revised pattern of inputs, a non-recurring assistance of Rs.3200/- per sub-centre for per annum has been provided for furniture equipment, etc., This is in addition to the equipment/in that will be supplied by UNICEF. A tentative list of equipments and furniture, that may be provided at the sub-centre has been drawn and is placed at Annexure-IV. The state Government may arrange to supply those of equipment, furniture mentioned in Annexure-IV which can be procured within the non-recurring assistance of Rs.3200/-.

VI. I am accordingly to request you to initiate necessary action for the establishment of these additional sub-centres to be established during 1984-85. The achievement made during 1984-85 in the establishment of sub-centres, sanctioned vide this office letter No. P.18019/2/84-RHD, dated 11-1-1984 may also kindly be reviewed and this Ministry informed about the progress made and in case subcentres sanctioned during 1984-85 could not be established before 1.4.1985, steps may be taken to establish them also during 1985-86.

VII. From the year 1985-86, it has been decided that one Post of Female Health Assistant (L.H.V) to supervise the work of 6 (six) sub-centres instead of 4 subcentres as at present. Therefore additional Female Health Assistant (L.H.V) Posts have not been sanctioned for the year. It is requested that to work out the Female Health Assistant (L.H.V) required @1:6 and the Head quarter of F.H.A. may be at PHC which covers 30,000 population. In case additional posts of Female Health Assistants, are required on the basis of revised norms a detailed proposal may be sent to this Ministry for Sanctioning additional Post of Female Health Assistants.

VIII. It is suggested that at least 10% of sub-centres should be opened in Scheduled Caste Basties. High Priority should be given for construction of building for sub-centres in tribal areas and scheduled caste basties.

# APPENDIX II

(Enclosures to letter No. M 12012/4/80 - FWB, dated 14.7.80)

Details of staff and other expenditure to be incurred on establishment of Urban Family Welfare Centres during 1980-81 on 1971 Census population.

25,000

## TYPE I (10,000 to 25,000 population):

### Non-recurring:

Equipment and furniture ... Rs.2000

### Recurring:

1. ANM ... 1 } As per States scale  
2. Family Welfare Worker ... 1 } of pay and allowances.

Contingencies ... Rs.500 per annum.

## TYPE II (25,000 to 50,000 population):

### Non-recurring:

Equipment and furniture ... Rs.3,000

### Recurring:

1. L.H.V. ... 1 } As per States  
2. A.N.M. ... 1 } scale of pay and  
3. Family Welfare Worker (Male) ... 1 } allowances.

Contingencies ... Rs.1,000 per annum.

## TYPE III (50,000 and above):

### Non-recurring:

1. Furniture and equipment ... Rs.3000  
2. Surgical equipment ... Rs.3500

### Recurring:

1. Medical Officer (preferably female) ... 1 } As per States  
2. Lady Health Visitors ... 1 } scale of pay  
3. Auxiliary Nurse Midwives ... 2 } and allowances.  
4. Family Welfare Worker (Male) ... 1  
5. Store-keeper-cum-Clerk ... 1

### Contingencies:

1. General contingent expenditure Rs.1000 per annum  
2. Replacement of Surgical instruments and appliances ... Rs. 200 per annum  
3. Rent for the building admissible if the centre is located in a rented building (Maximum ceiling) ... Rs.3000 per annum

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for DIRECTOR OF HEALTH & FAMILY SERVICES

# APPENDIX II

(enclosures to letter No. M 12012/4/80 - FWB, dated 14.7.80)

Details of staff and other expenditure to be incurred on establishment of Urban Family Welfare Centres during 1980-81 on 1971 Census population.

## 25,000 TYPE I (10,000 to 25,000 population):

### Non-recurring:

Equipment and furniture ... Rs.2000

### Recurring:

1. ANM ... 1 } As per States scale  
2. Family Welfare Worker ... 1 } of pay and allowances.

Contingencies ... Rs.500 per annum.

## TYPE II (25,000 to 50,000 population):

### Non-recurring:

Equipment and furniture ... Rs.3,000

### Recurring:

1. L.H.V. ... 1 } As per States  
2. A.N.M. ... 1 } scale of pay and  
3. Family Welfare Worker (Male) ... 1 } allowances.

Contingencies: ... Rs.1,000 per annum.

## TYPE III (50,000 and above):

### Non-recurring:

1. Furniture and equipment ... Rs.3000  
2. Surgical equipment ... Rs.3500

### Recurring:

1. Medical Officer (preferably female) ... 1 } As per States  
2. Lady Health Visitors ... 1 } scale of pay  
3. Auxiliary Nurse Midwives ... 2 } and allowances.  
4. Family Welfare Worker (Male) ... 1  
5. Store-keeper-cum-Clerk ... 1

### Contingencies:

1. General contingent expenditure Rs.1000 per annum  
2. Replacement of Surgical instruments and appliances ... Rs. 200 per annum  
3. Rent for the building admissible if the centre is located in a rented building (Maximum ceiling) ... Rs.3000 per annum

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for DIRECTOR OF HEALTH & FAMILY WELFARE

After the above relaxation, the ban at the Distt. Family Welfare Bureaux exists in respect of the following categories of posts:-

1. U.D. Clerk.
2. Asstt. Accountant.
3. Cashier.
4. U.D. Clerks (Store)
5. L.D. Clerk-cum-typist.
6. Steno-typist.
7. Auditor.
8. Artist-cum-photographer.
9. Cleaner/peon/Chowkidar.

No vacant post of the above category be filled. in case it is lying vacant for more than 12 months as envisaged in para 7 of this Ministry's letter No.M.120/22/8/78 FWB dated 15-5-1980.

#### IV. STATE FAMILY WELFARE BUREAUX

1. Deputy Director (Mass Education and Information Officer)
2. Administrative Officer.
3. Store Officer.
4. Accounts Officer.
5. Demographer.
6. Investigator (Statistics)
7. Editor/Assistant Editor.
8. Statistician.
9. Statistical Asstt/Family Welfare Field and Evaluation Worker.
10. Driver.

The relaxation of ban in respect of Posts mentioned against item 7 to 10 viz, Editor/Assistant Editor, Statistician, Statistical Assistant/Family Welfare Field and Evaluation Worker and Drivers is subject to the following conditions.

##### 1) Editor/Assistant Editor.

According to the pattern, one post of Editor and one post of Assistant Editor has been sanctioned for each state Family Welfare Bureau. In view of need for economy due to financial constraints it has been decided that the ban may be relaxed only in respect of those states where both the posts are vacant and State Government may fill up only one of the two posts. On the basis of information received from the State Governments for Annual Plan 1980-81, it is seen that both the posts are lying vacant in Orissa and Uttar Pradesh. As such, the State Governments of Orissa and Uttar Pradesh only are permitted to fill one of these two posts.

ii) Statistician:

The pattern provide for two posts of Statistician at D&E Cell in the State Family Welfare Bureau. In view of financial constraints, it has been decided that the ban may be relaxed only for those states where both the posts are lying vacant so that there may be atleast one statistician available at each D&E Cell. On the basis of information available, both the posts are lying vacant in the States of Jammu and Kashmir and Orissa. As such the State Governments of J&K and Orissa are allowed to fill one post of Statistician for the D&E Cell.

Statistical Assistant/F.P. Field & Evaluation Worker:

The pattern of staff approved for the D&E Cell Provide for one post of Statistical Assistant and posts of Field and Evaluation Workers one per two districts in the State. Keeping in view the need for economy, it has been decided that the ban may be relaxed in such a manner that there should be one statistical Assistant in each D&E Cell and there should be Field and Evaluation Worker at one for 3 Districts instead of one for two districts. On the basis of the detailed information received from the States for Annual Plan 1980-81, it is found that the undermentioned additional statistical Assistant/Family Planning Field and Evaluation Workers are needed to be appointed on the basis of revised norm.

	<u>No. of Posts to be filled.</u>
Assam:	6
Haryana:-	1
Himachal Pradesh.	5
K & K.	4
Karnataka	6
Madhya Pradesh.	14
Maharashtra.	5
Orissa.	1
Punjab	3
Rajasthan	2
Uttar Pradesh.	18
West Bengal.	5

The State Governments of the above states may fill up the above mentioned posts.

iv. Drivers.

To the extent needed to keep the available road-worthy vehicles moving a certificate to this effect will be given while filling up this post that a vehicle is on the road.

2. The relaxation given in respect of District Family Welfare Bureau and State Family Welfare Bureau are only in respect of those States where full fledged Bureaus have been sanctioned and will not be applicable to the State where selected staff for the State Family Welfare Bureau or the Mini District Family Welfare Bureaux have been sanctioned. The State Governments of these states are requested to examine their requirements of additional posts needed in the light of above relaxation and send detailed proposals to this Department for examination and sanction.

3. In some of the States, the posts mentioned above have not yet been created in the existing units. As such, sanctioned is also accorded to the State Governments concerned to create the posts, wherever necessary, and then fill them up.

In order that the persons appointed to these posts possess the requisite qualification and experience and there may be avenues for promotion for persons working at the lower levels under Family Welfare Programme. Qualifications and job functions have already been laid down. It is therefore, requested that the posts may be filled up by duly qualified and competent persons, as per recruitment rules already laid down by the State Governments, so that they are able to deliver the goods and push up the programme. The instructions in para 3 & 4 of this Ministry's letter No. M.12012/8/78-FWB dated, 15th May 1979, may also be kept in view while filling up the posts of Deputy Mass Education and Media Officer at the District Family Welfare Bureau and Deputy Director (Mass Education and Information) at the State Family Welfare Bureau.

5. The expenditure involved on creation of new posts, wherever necessary and filling up of vacant posts may be met from the allocation intimated for 1980-81 vide this Ministry's letter No. M.12015/29/80-FWB dated 5-9-1980 and reported to the Department through the quarterly report of expenditure under the appropriate head.

6. As the relaxation now given has been approved after keeping in view the urgent requirements of programme and also keeping in view the need for economy in expenditure, it is requested that full utilisation of the staff already available and additional to be appointed as a result of above relaxation may be planned and requested for further relaxation may be avoided as it may not be possible to agree for any other further relaxation during the current year.

7. This sanction issues with the concurrence of Planning Commission vide their O.M.No. HLH/3(10)/80-FW dated, 19-8-80 and Finance Division vide their Dy.No.2641-FIN.I/80 dated 30-8-80.

8. It may please be ensured that the staff appointed out of Family Welfare Fund is utilised for the implementation of this programme only and not diverted for some other programme. The State Accountant Generals are being informed so that when the amounts are reimbursed this fact is kept in mind.

9. The receipt of this letter may please be acknowledged and early steps may be taken to fill up the vacant posts.

Yours faithfully,

SD/-

(J.S.SANDHU)

Under Secretary to the Government  
of India.

/copy/

for Director of Health & F.W. Services.

Copy of the Government of India letter No. M 12012/1/80-FWB, dated 15th September, 1980, from the Under Secretary to Govt. of India, Ministry of Health & FW (Deptt. of FW), New Delhi, addressed to Health Secretaries of all the States and Union Territories.

Sub: Family Welfare Programme - ban on filling up of vacant posts imposed in view of financial constraints under Family Welfare Programme - relaxation thereof -

Sir, I am directed to refer to this Ministry's letter No. 3-89/72-PB (Vol. II) dated 26th May, 1973, on the subject mentioned above and to say that the ban on filling up of the vacant posts imposed during 1973 was relaxed in respect of Auxiliary Nurse Midwives and Lady Health Visitors in rural areas during 1974 (vide letter No. M 12015/2/74-PB, dated 10th May, 1974) and State Family Welfare Officer and District Family Welfare Officer in June, 1974 (vide letter No. M 12015/2/74-PB, dated 4th June 1974) and Block Extension Educator at the Rural Family Welfare Centres at P.H.Cs. and District Extension and Media Officer (Distt. Mass Education and Information Officer at the District Family Welfare Bureaux) in May, 1979 (vide letter No. M 12012/8/78-FWB, dated 15th May, 1979). The question of its further relaxation in respect of certain other essential posts had been considered by this Department from time to time but in view of financial constraints and need for economy, it had not been possible to relax the ban any further even though in new units approved during 1978-79, 1979-80, the State Governments were allowed to create some of these posts. In order to avoid this anomaly and in view of greater need for person to person approach and proper monitoring of the programme at all levels, the question of relaxation of ban was further taken up with the Planning Commission at the time of Plan discussion for 1980-81 and with the approval of the Planning Commission and Finance Division, it has been decided to relax the ban on filling up of the undermentioned categories of posts with effect from 1.9.1980.

I. RURAL FAMILY WELFARE CENTRES AT PHCs: - 1 COMPUTER

With the relaxation now approved the ban at Rural Family Welfare Centres level now exists only in respect of following categories of posts:-

- i) Family Welfare Health Assistant
- ii) Store-Keeper-cum-Clerk.

II. URBAN FAMILY WELFARE CENTRES:

- a) Type I Centre (10,000 to 25,000 population)

1. A.N.M.
2. Family Welfare Worker (male)

- b) Type II Centre (25,000 to 50,000 population.)

1. LHV/Extension Educator
2. A.N.M.
3. F.W. Worker (Male)

and in respect of Medical Officers at the Rural FW Centres in 1975 (vide letter No. M.12015/2/74-PB, dated 13th May, 1974)

...2/

c) Type III Centre: (50,000 and above population)

1. Medical Officer
2. Extension Educator
3. Lady Health Visitor
4. A.N.M.
5. Family Welfare Worker (Male)

With the above relaxation, the ban at the Urban Family Welfare Centres, ~~the following~~ exist only in respect of store-keeper-cum-clerk.

Before filling up of the vacant posts at the Urban Family Welfare Centres, the following stipulations may be kept in view.

- i. The pattern of the Urban Family Welfare Centre (Type III) was revised in February, 1976 (vide this Ministry's letter No N19011/2 75-Ply, dated 23.2.1976) and according to revised pattern, the post of Extension Educator was replaced by ANM. As such, before filling up the vacant posts of Extension Educators, all the posts may be converted into those of ANMs and the same should be filled up duly qualified ANMs.
- ii) The details of the staff in position as on 30.6.79, received from the State Governments along with annual plan proposals for 1980-81 indicated that in some of the States, the Auxiliary Nurse Midwives and Family Welfare Workers (Male) taken together were more than the workers admissible at the Urban Level, as 100% ~~were more than the workers~~ assistance under Family Welfare programme, is admissible as per pattern only, it may be ensured that only those posts which are admissible as per pattern be filled up and excess personnel available should either be adjusted against the new centres to be opened during the current year or the expenditure on them be met by the State Government from their own sources. We will be endorsing to this letter to State A.G's to ensure in non-billing of post in Government of India budget.
- iii) The relaxation of ban give at Urban Family Welfare Centres will also be admissible for the Urban Centres run by Local Bodies and Voluntary Organisations but it may be ensured that duly qualified and competent persons are appointed by them.

### III. Dist Family Welfare Bureau

1. Administrative Officer
2. Deputy Miss Education and Information Officer (Dist Extension Educators)
3. Investigators
4. FP Field and Evaluation Workers.
5. Projectionists
6. Drivers.

The relaxation of ban given in respect of projectionist and Drivers is subject to the condition of availability of road worthy mobile A.V. Unit and vehicle. In case, these are not available the vacant posts should not be filled till these become available.

A certificate will have to be given by the State Government that the A.V. Unit and vehicle for which drivers are being appointed area on the road.

3. In some of the States, the posts mentioned above have not yet been created in the existing units. As such, sanctioned is also accorded to the State Governments concerned to create the posts, wherever necessary, and then fill them up.

In order that the persons appointed to these posts possess the requisite qualification and experience and there may be avenues for promotion for persons working at the lower levels under Family Welfare Programme. Qualifications and job functions have already been laid down. It is therefore, requested that the posts may be filled up by duly qualified and competent persons, as per recruitment rules already laid down by the State Governments, so that they are able to deliver the goods and push up the programme. The instructions in para 3 & 4 of this Ministry's letter No.M.12012/8/78-FWB dated 15th May 1979, may also be kept in view while filling up the posts of Deputy Mass Education and Media Officer at the District Family Welfare Bureau and Deputy Director (Mass Education and Information) at the State Family Welfare Bureau.

5. The expenditure involved on creation of new posts, wherever necessary and filling up of vacant posts may be met from the allocation intimated for 1980-81 vide this Ministry's letter No.M.12015/29/80-FWB dated 5-9-1980 and reported to the Department through the quarterly report of expenditure under the appropriate head.

6. As the relaxation now given has been approved after keeping in view the urgent requirements of programme and also keeping in view the need for economy in expenditure, it is requested that full utilisation of the staff already available and additional to be appointed as a result of above relaxation may be planned and requested for further relaxation may be avoided as it may not be possible to agree for any other further relaxation during the current year.

7. This sanction issues with the concurrence of Planning Commission vide their O.M.No.HLH/3(10)/80-FW dated 19-8-80 and Finance Division vide their Dy.No.2641-FIN.I/80 dated 30-8-80.

8. It may please be ensured that the staff appointed out of Family Welfare Fund is utilised for the implementation of this programme only and not diverted for some other programme. The State Accountant Generals are being informed so that when the amounts are reimbursed this fact is kept in mind.

9. The receipt of this letter may please be acknowledged and early steps may be taken to fill up the vacant posts.

Yours faithfully,

SD/-

(J.S.SANDHU)

Under Secretary to the Government  
of India.

/copy/

for Director of Health & F.W.Services.

3. In some of the States, the posts mentioned above have not yet been created in the existing units. As such, sanctioned is also accorded to the State Governments concerned to create the posts, wherever necessary, and then fill them up.

In order that the persons appointed to these posts possess the requisite qualification and experience and there may be avenues for promotion for persons working at the lower levels under Family Welfare Programme. Qualifications and job functions have already been laid down. It is therefore, requested that the posts may be filled up by duly qualified and competent persons, as per recruitment rules already laid down by the State Governments, so that they are able to deliver the goods and push up the programme. The instructions in para 3 & 4 of this Ministry's letter No.M.12012/8/78-FWB dated, 15th May 1979, may also be kept in view while filling up the posts of Deputy Mass Education and Media Officer at the District Family Welfare Bureau and Deputy Director (Mass Education and Information) at the State Family Welfare Bureau.

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2. Asstt. Accountant.
3. Cashier.
4. U.D. Clerks (Store)
5. L.D. Clerk-cum-typist.
6. Steno-typist.
7. Auditor.
8. Artist-cum-photographer.
9. Cleaner/peon/Chowekidar.

No vacant post of the above category be filled. in case it is lying vacant for more than 12 months as envisaged in para 7 of this Ministry's letter No.M.120/22/8/78 FWB dated 15-5-1980.

#### IV. STATE FAMILY WELFARE BUREAU

1. Deputy Director (Mass Education and Information Officer)
2. Administrative Officer.
3. Store Officer.
4. Accounts Officer.
5. Demographer.
6. Investigator (Statistics)
7. Editor/Assistant Editor.
8. Statistician.
9. Statistical Asstt/Family Welfare Field and Evaluation Worker.
10. Driver.

The relaxation of ban in respect of Posts mentioned against item 7 to 10 Viz, Editor/Assistant, Editor, Statistician, Statistical Assistant/Family Welfare Field and Evaluation Worker and Drivers is subject to the following conditions.

##### i) Editor/Assistant Editor.

According to the pattern, one post of Editor and one post of Assistant Editor has been sanctioned for each state Family Welfare Bureau. In view of need for economy due to financial constraints it has been decided that the ban may be relaxed only in respect of those states where both the posts are vacant and State Government may filled up only one of the two posts. On the basis of information received from the State Governments for Annual Plan 1980-81, it is seen that both the posts are lying vacant in Orissa and Uttar Pradesh. As such, the State Governments of Orissa and Uttar Pradesh only are permitted to fill one of these two posts.

ii). Statistician:

The pattern provide for two posts of Statistician at D&E Cell in the State Family Welfare Bureau. In view of financial constraints, it has been decided that the ban may be relaxed only for those states where both the posts are lying vacant so that there may be atleast one statistician available at each D&E Cell. On the basis of information available, both the posts are lying vacant in the States of Jammu and Kashmir and Orissa. As such the State Governments of J&K and Orissa are allowed to fill one post of Statistician for the D&E Cell.

Statistical Assistant/F.P. Field & Evaluation Worker:

The pattern of staff approved for the D&E Cell Provide for one post of Statistical Assistant and posts of Field and Evaluation Workers one per two districts in the State. Keeping in view the need for economy, it has been decided that the ban may be relaxed in such a manner that there should be one statistical Assistant in each D&E Cell and there should be Field and Evaluation Worker at one for 3 Districts instead of one for two districts. On the basis of the detailed information received from the States for Annual Plan 1980-81, it is found that the undermentioned additional statistical Assistant/Family Planning Field and Evaluation Workers are needed to be appointed on the basis of revised norm.

	<u>No. of Posts to be filled.</u>
Assam:	6
Haryana:-	1
Himachal Pradesh.	5
K & K.	4
Karnataka	6
Madhya Pradesh.	14
Maharashtra.	5
Orissa.	1
Punjab	3
Rajasthan	2
Uttar Pradesh.	18
West Bengal.	5

The State Governments of the above states may fill up the above mentioned posts.

iv. Drivers.

To the extent needed to keep the available road-worthy vehicles moving a certificate to this effect will be given while filling up this post that a vehicle is on the road.

2. The relaxation given in respect of District Family Welfare Bureau and State Family Welfare Bureau are only in respect of those States where full fledged Bureaus have been sanctioned and will not be applicable to the State where selected staff for the State Family Welfare Bureau or the Mini District Family Welfare Bureaux have been sanctioned. The State Governments of these states are requested to examine their requirements of additional posts needed in the light of above relaxation and send detailed proposals to this Department for examination and sanction.

Copy of the Government of India letter No. M 12012/1/80-FWB, dated 15th September, 1980, from the Under Secretary to Govt. of India, Ministry of Health & FW (Deptt. of FW), New Delhi, addressed to Health Secretaries of all the States and Union Territories.

Sub: Family Welfare Programme - ban on filling up of vacant posts imposed in view of financial constraints under Family Welfare Programme - relaxation thereof -

Sir,

I am directed to refer to this Ministry's letter No. 3-89/72-PB (Vol. II) dated 26th May, 1973, on the subject mentioned above and to say that the ban on filling up of the vacant posts imposed during 1973 was relaxed in respect of Auxiliary Nurse Midwives and Lady Health Visitors in rural areas during 1974 (vide letter No. M12015/2/74-PB, dated 10th May, 1974) and State Family Welfare Officer and District Family Welfare Officer in June, 1974 (vide letter No. M 12015/2/74-PB, dated 4th June 1974) and Block Extension Educator at the Rural Family Welfare Centres at P.H.Cs. and District Extension and Media Officer (Distt. Mass Education and Information Officer at the District Family Welfare Bureau) in May, 1979 (vide letter No. M12012/8/78-FWB, dated 15th May, 1979). The question of its further relaxation in respect of certain other essential posts had been considered by this Department from time to time but in view of financial constraints and need for economy, it had not been possible to relax the ban any further even though in new units approved during 1978-79, 1979-80, the State Governments were allowed to create some of these posts. In order to avoid this anomaly and in view of greater need for person to person approach and proper monitoring of the programme at all levels, the question of relaxation of ban was further taken up with the Planning Commission at the time of Plan discussion for 1980-81 and with the approval of the Planning Commission and Finance Division, it has been decided to relax the ban on filling up of the undermentioned categories of posts with effect from 1.9.1980.

I. RURAL FAMILY WELFARE CENTRES AT PHCS: - 1 COMPUTER

With the relaxation now approved the ban at Rural Family Welfare Centres level now exists only in respect of following categories of posts:-

- i) Family Welfare Health Assistant
- ii) Store-Keeper-cum-Clerk.

II. URBAN FAMILY WELFARE CENTRES:

- a) Type I Centre (10,000 to 25,000 population)

1. A.N.M.
2. Family Welfare Worker (male)

- b) Type II Centre (25,000 to 50,000 population.)

1. LHV/Extension Educator
2. A.N.M.
3. F.W. Worker (Male)

and in respect of Medical Officers at the Rural FW Centres in 1975 (vide letter No. M.12015/2/74-PB, dated 13th May, 1974)

...2/

c) Type III Centre: (50,000 and above population)

1. Medical Officer
2. Extension Educator
3. Lady Health Visitor
4. A.N.M.
5. Family Welfare Worker (Male)

With the above relaxation, the ban at the Urban Family Welfare Centres, ~~the following~~ exist only in respect of store-keeper-cum-clerk.

Before filling up of the vacant posts at the Urban Family Welfare Centres, the following stipulations may be kept in view.

- i. The pattern of the Urban Family Welfare Centre (Type III) was revised in February, 1976 (vide this Ministry's letter No M19011/2 75-Ply, dated 23.2.1976) and according to revised pattern, the post of Extension Educator was replaced by ANM. As such, before filling up the vacant posts of Extension Educators, all the posts may be converted into those of ANMs and the same should be filled up duly qualified ANMs.
- ii) The details of the staff in position as on 30.6.79, received from the State Governments along with annual plan proposals for 1980-81 indicated that in some of the States, the Auxiliary Nurse Midwives and Family Welfare Workers (Male) taken together were more than the workers admissible at the Urban Level, as 100% ~~were more than the workers~~ assistance under Family Welfare programme, is admissible as per pattern only, it may be ensured that only those posts which are admissible as per pattern be filled up and excess personnel available should either be adjusted against the new centres to be opened during the current year or the expenditure on them be met by the State Government from their own sources. We will be endorsing to this letter to State A.G's to ensure in non-billing of post in Government of India budget.
- iii) The relaxation of ban given at Urban Family Welfare Centres will also be admissible for the Urban Centres run by Local Bodies and Voluntary Organisations but it may be ensured that duly qualified and competent persons are appointed by them.

### III. Dist Family Welfare Bureau

1. Administrative Officer
2. Deputy Miss Education and Information Officer (Dist Extension Educators)
3. Investigators
4. FP Field and Evaluation Workers.
5. Projectionists
6. Drivers.

The relaxation of ban given in respect of projectionist and Drivers is subject to the condition of availability of road worthy mobile A.V. Unit and vehicle. In case, these are not available the vacant posts should not be filled till these become available.

A certificate will have to be given by the State Government that the A.V. Unit and vehicle for which drivers are being appointed are on the road.

# APPENDIX II

(enclosures to letter No. M 12012/4/80 - FWB, dated 14.7.80)

Details of staff and other expenditure to be incurred on establishment of Urban Family Welfare Centres during 1980-81 on 1971 Census population.

25,000

## TYPE I (10,000 to 25,000 population):

### Non-recurring:

Equipment and furniture ... Rs.2000

### Recurring:

1. ANM ... 1 } As per States scale  
2. Family Welfare Worker ... 1 } of pay and allowances.

Contingencies ... Rs.500 per annum.

## TYPE II (25,000 to 50,000 population):

### Non-recurring:

Equipment and furniture ... Rs.3,000

### Recurring:

1. L.H.V. 1 } As per States  
2. A.N.M. 1 } scale of pay and  
3. Family Welfare Worker (Male) 1 } allowances.

Contingencies: ... Rs.1,000 per annum.

## TYPE III (50,000 and above):

### Non-recurring:

1. Furniture and equipment ... Rs.3000  
2. Surgical equipment ... Rs.3500

### Recurring:

1. Medical Officer (preferably female) 1 } As per States  
2. Lady Health Visitors 1 } scale of pay  
3. Auxiliary Nurse Midwives 2 } and allowances.  
4. Family Welfare Worker (Male) 1  
5. Store-keeper-cum-Clerk 1

### Contingencies:

1. General contingent expenditure Rs.1000 per annum  
2. Replacement of Surgical instruments and appliances ... Rs. 200 per annum  
3. Rent for the building admissible if the centre is located in a rented building (Maximum ceiling) ... Rs.3000 per annum

/ copy /

for DIRECTOR OF HEALTH & F.W.S.

After the above relaxation, the ban at the Distt. Family Welfare Bureaux exists in respect of the following categories of posts:-

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A certificate will have to be given by the State Government that the A.V. Unit and vehicle for which drivers are being appointed are on the road.

# **SLUM DEMOLITION:IT'S EFFECT ON CHILDREN**

**CASE STUDY : AMBEDKAR NAGAR, COLABA, MUMBAL**

**Mani Mistry**  
**Dr. Lalitha D'Souza**

**Centre for Enquiry into Health and Allied Themes**

**519, Prabhu Darshan**  
**Swatantra Sainik Nagar**  
**Amboli**

**Andheri West**  
**Mumbai 400 058**

**Tel 625 0363 FAX 620 9203 email [admin@cehat.ilbom.ernet.in](mailto:admin@cehat.ilbom.ernet.in)**

## **Acknowledgements**

The investigation team was invited to conduct an appraisal of the health situation of the residents of Ambedkar Nagar by Ms. Mahrook Adenwalla, a lawyer and housing rights activist who has been involved with the legal aspects of demolitions in Ambedkar Nagar over the past decade.

We would like to express our thanks to the children of Ambedkar Nagar who left their play willingly to line up for having their weights and heights measured on two separate occasions. Their enthusiasm and queries about their own future raised several interesting issues which we hope to deal with in our future research on evictions.

The women and men of Ambedkar Nagar gave their time to share their experiences and respond to their queries. They came out and spoke with a great deal of honesty. We are deeply grateful to them.

We wish to express our thanks and appreciation to Dr. Nick Emmel who has actively helped in the formulation of the study, data collection, analysis and writing.

# 1. A HEALTH SURVEY OF EVICTED SLUM-DWELLERS IN AMBEDKAR NAGAR

## **Introduction**

This chapter reports on a study of the health condition of children in the slum of Ambedkar Nagar in Colaba, Mumbai. It notes that the health of the children living in this slum is appalling. Over three quarters are malnourished. Infection in this impoverished environment is rife. It is reported that this slum has been demolished no less than 45 times to date. Repeated evictions mean that these slum-dwellers slowly lose their capability to absorb the impact of further demolitions. The consequences of this are reflected in the health of the children.

## **The Context**

On the 18th May 1998 approximately 5,000 people living in 1,500 huts were forcefully evicted from their homes in Ambedkar Nagar slum. This slum was situated in Cuffe Parade near the Southern tip of Mumbai. Within a few days a slum in which many people had lived for over ten years had been flattened and finally cleared with bulldozers and earth-moving machinery. A ten foot high wall had been built and topped with razor wire around the 8,000 square metre site. All that remained after the eviction was a single temple to the Hindu deity, Ganesh.

The successful eviction of the 18th May 1998 was not the first time that an attempt had been made to evict the residents from Ambedkar Nagar. The residents of the slum have claimed that there were forty five previous attempts to evict them from their homes; the Collector of Mumbai, Shri Sanjay Chahande, confirmed these facts. Each time the slum-dwellers homes were destroyed and they had to rebuild them. An eviction attempt in April 1997 demonstrates how devastating these evictions are. On this occasion the Collector had issued notices of the eviction in advance. A list was prepared of 106 families who would be given alternate pitches in the resettlement area because they could show acceptable proof of residence prior to 1 January 1995. Among the slum-dwellers there was considerable confusion as no one was sure of whose names were on the list and whose names were not on the list. The demolition squad moved in at 11.00 in the morning to start the eviction, accompanied by armed police. Shortly after the start of the demolition a fire broke out. The fire brigade arrived one hour later and hosed the area for about ten minutes before they ran out of water. This fire destroyed 600 hutments and it stopped the eviction.

For many of the slum-dwellers, their huts had been destroyed either by fire or by demolition over and over again. In addition, the residents also report that on several other occasions the demolition squad came to the slum and demolished huts which were considered to be illegal. These summary demolitions did not constitute full-scale eviction, nonetheless, they left many families temporarily homeless. The materials from which their

homes were built were loaded into trucks and driven away. The residents could pay the BMC a fine and retrieve the plastic, tin sheeting and bamboo from which their huts were made, or, as was reported by the residents, they went out and bought new materials to rebuild their homes.

The history given by the residents, corroborated on at least two occasions by newspaper reports, is of regular and systematic eviction attempts by the BMC over about ten years. On each occasion the slum-dwellers were made homeless they were obliged to spend approximately Rs. 500, a large amount of money relative to their meagre income, to rebuild a shelter for themselves and their families.

On the 18<sup>th</sup> May the eviction was total. The Collector managed to evict and exclude the slum-dwellers from the site. Their homes, water tanks and shops were all destroyed. In addition, the bulldozing of the slum-dwellers' huts was carried out with such haste that no transit shelter was made for them at all. An imposing ten-foot-high wall topped with razor wire was hastily erected around the site.

No alternative shelters were provided. The slum-dwellers were forced to live out in the open in the searing heat of a Mumbai summer. It was not long before the children started to fall ill. By the evening of the eviction many children were suffering from sunburn and sunstroke. The Asian Age newspaper reported that by the next day ten children had been admitted to the nearby Albless and Cama Hospital with acute sunstroke and dehydration<sup>ii</sup>. The residents in the slum confirmed this report.

By the time this investigation was carried out three months after the eviction the slum-dwellers had resettled onto a much smaller boggy area to the West of the original site. The slum-dwellers fear that another demolition is imminent. The Collector has allocated new plots to those residents of the original slum who could prove according to the 'legal' requirements that they were residents of Ambedkar Nagar on or before 1st January 1995<sup>iii</sup>. However, the majority of the inhabitants of the original slum have been unable to demonstrate their right of tenure either because they did not hold the appropriate papers, or, as was evident from our investigation and a survey carried out by Navara Hakk, prior to the eviction, because many of the households were inadequately surveyed prior to the eviction. These slum-dwellers have been obliged to make do with whatever space they can find in the resettlement site.

Many residents showed this team of researchers ration cards dated prior to 1.1.95, asking why they were not allotted alternative pitches. Community leaders among these group took on the task of 'allocating' space to households. Thus, in addition to the expenditure these people have had to make in rebuilding their homes they are also forced to pay bribes to slum-landlords. Their problem is compounded now as rumours abound in the slum of another survey of the slum. Associated with this rumour is the widespread belief that a further eviction will follow. Even the letters issued by the Collector's office to the

households with legal proof of residence include a statement to the effect that the arrangement is a temporary one. The residents of Ambedkar Nagar have lost their homes many times over the years. They are now unsure as to whether they will have their huts demolished again. They are reluctant or afraid to invest in adequate shelter for themselves and their children. In addition they do not have the resources to invest in service infrastructure like water supply, nor do they have the organisations to demand services like toilets or paving, guttering and garbage disposal facilities. It is in a context of a slum population who have had to constantly re-invest in providing themselves with adequate shelter and services and are now unsure as to their future, that this investigation was conducted.

#### **The health condition of the residents of Ambedkar Nagar**

This investigation of the health condition of the residents of Ambedkar Nagar was carried out over three months between August and November 1998. The investigating team selected a sample of 100 children aged 0-10 years in order to understand the health condition of the population. The sample children were selected using a stratified random sampling technique which relied on a survey of the slum conducted by the research team along with residents. This survey enumerated the number of children living in each hut. The sample was stratified into four areas which were mapped by the residents in the slum in general meetings and reflected their perceived right of tenure. These four areas are shown in Table 1.1.

**Table 1.1: The four areas of the slum defined by the residents of the slum with reference to right of tenure.**

<b>Area</b>	<b>No. of huts</b>	<b>Children 0-10 yrs</b>	<b>Resettlement sites allotted by</b>	<b>Perception of tenure</b>
<b>I</b>	227	794	Collector	Names on the electoral roll and existing ration card.
<b>II</b>	50	147	Local leaders and slum lords	Households not having names on the electoral rolls, but having other proof of residence prior to 1.1.95 (example: ration cards)
<b>III</b>	150	480	Local leaders and slum lords	No proof of residence prior to 01.01.95 but resident in demolished slum
<b>IV</b>	60	216	Self	-Unclear-

The sample was selected to reflect the proportion of children in each area. Therefore 48 children were selected from Area I; 10 from Area II; 29 from Area III and 13 from Area IV.

Each child was given a non-invasive clinical examination by an experienced paediatrician, the intention of which was to identify signs of infection and malnutrition. In addition, the

height (or length in children <1yr) and weight of each child was recorded. Accurate birth dates were only available for 23 of the children so Body Mass Index (BMI) was used to calculate nutritional status, as this is an age-independent index.

A second examination of children was conducted three months after the first. It was hoped that the same children would again be examined and measured. Unfortunately, only 19 per cent of the children from the first sample were available in the slum from the first survey. Most had been returned to their village of origin as there were rumours that another eviction attempt was likely. One child was reported to have died. The children who were still in the slum from the first survey were examined and in addition a further 81 were selected. The same method of selection was used as in the first survey.

In addition to the evaluation of health status amongst the children qualitative research was conducted in the slum. This approach can be conveniently divided into three stages. The first was general meetings with residents in the slum in which the researchers sought to understand the events following the eviction, the settlement patterns and re-building activities in the aftermath of the eviction. These also allowed the researchers to understand the employment activities and histories of the slum-dwellers. These general meetings, which were an open forum, also facilitated the mapping of the slum into the four areas discussed in Table 1.1. The general meetings were followed by focus group meetings in each of the four areas involving women from the areas. Each meeting examined the effects of the eviction, the process of re-building the huts, impediments on building, service provision and concerns about their health and that of their families. The focus groups were followed by open ended interviews which allowed for much more detailed case studies to be developed. Two women were selected from each of the focus group meetings. The criteria for selection was that they had expressed views and experiences which were similar to those discussed in less detail in the focus group meetings<sup>iv</sup>.

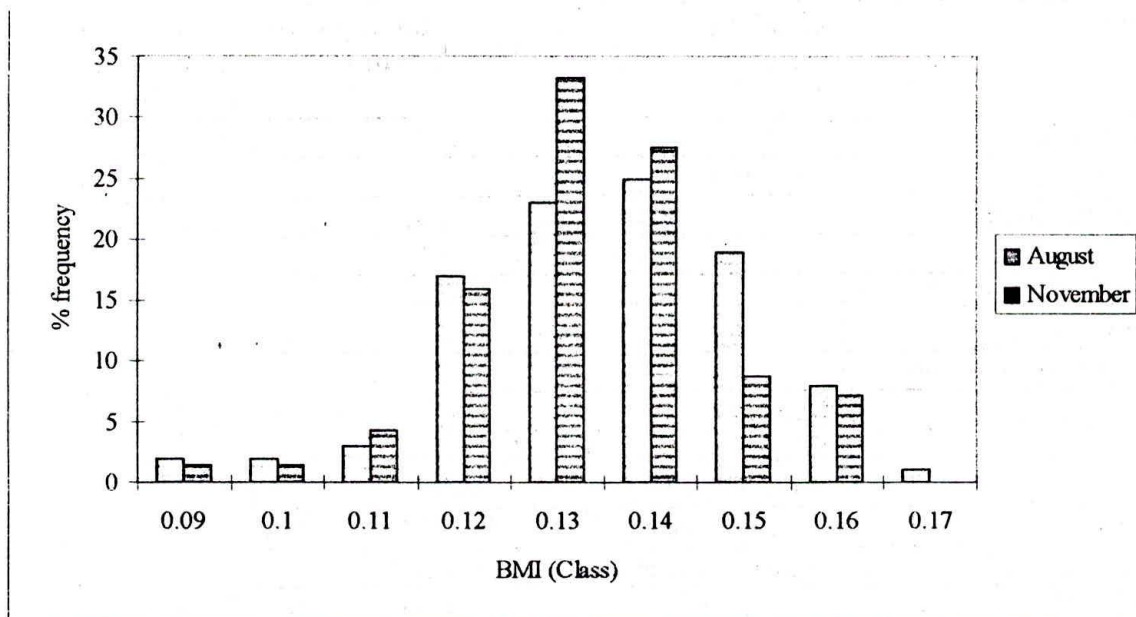
**The results from the health survey:**

The observations made in clinical examination are detailed in Table 1.2. Figure 1.1 shows a histogram for the BMI in both August and November.

**Table 1.2: Proportion of children with symptoms**

Symptom	Grading	Survey One n=100	Survey Two n=100
Vitamin A deficiency	Mild	24	25
	Moderate	8	9
Vitamin D deficiency		4	2
Clinical anaemia		72	87
Clinical signs of Kwashiorkor		3	2
Clinical signs of Marasmus		3	3
Fever	Infection	7	6
	Suspected Malaria ( blood smear not taken)	-	1
Diarrhoea	History from child	17	9
	History from mother	5	4
Skin infection	Fungal	12	15
	Scabies	6	6
Worm Infestation	History from mother	13	19
Lice infestation		11	16
Injuries	New and old	9	8
	Burns	1	0
Middle ear infection		5	8
Upper Respiratory Tract Infection		54	33

**Figure 1.1: A histogram for Body Mass Index (BMI) in Ambedkar Nagar for children aged 0-10 years in August (n=100) and November (n=100)**



### Discussion

The children in this slum are suffering. The clinical manifestations of malnutrition and infection are alarming. The children's nutritional status is a cause for considerable concern. An accepted normal range for the BMI is 0.15–0.16<sup>v</sup>. In August only 28 per cent of the children had a normal, or slightly higher than normal BMI. In November the number of children in this range was 16 per cent. The remainder, 72 per cent in August and a staggering 84 per cent in November, fell below the accepted normal range for BMI. Part of the difference in the number of children in the normal range or above can be accounted for by the lack of breast-fed babies in the second survey. In the first survey one child with a BMI 0.174 and two of the babies with a BMI which fell in the range 0.16–0.17 were breast fed. At the other end of the scale 8 per cent of the children had a BMI below 0.12 in August. In November, 6 per cent had a BMI of less than 0.12. The only child that the researchers know had died in the intervening three months had a BMI of 0.092 in August, he also displayed florid signs of kwashiorkor and xerophthalmia at the time of this survey. His mother reported that he fell sick one evening with a fever and was taken to a private practitioner who dispensed a packet of medicines. The next morning the child died. He was eight years old.

The other signs of malnourishment in this population are disturbing as well. Vitamin A and D deficiency are both high in this population. It is now widely recognised that children displaying signs of mild vitamin A deficiency have a greater chance of dying in the next three months<sup>vi</sup>, 32 per cent of the children displayed florid signs of vitamin A deficiency in

August, 34 per cent in November. Clinical anaemia affected over three quarters of the children in both cohorts. It is evident that even if the child's BMI is nearing the normal range (the modal BMI in August was 0.146; in November 0.139) many of these children are receiving a diet which does not contain adequate quantities of essential nutrients.

There is only one other survey of nutritional status amongst children in the slums of Mumbai that the researchers are aware of. This survey, using different indices from those used in the survey conducted here, reported that approximately half the children in their survey were moderately to severely malnourished<sup>vii</sup>. The indications from the surveys conducted in both August and November in Ambedkar Nagar indicate that the children are more malnourished in this slum. The qualitative research undertaken as part of this research provides evidence as to why this may be the case. The survey mentioned above was conducted by Geetha and Swaminathan<sup>viii</sup> in a slum in Dindoshi, a suburb of Mumbai. It was a resettlement camp provided by the BMC for slum-dwellers who were moved from a site in Cloaba which was near Ambedkar Nagar, the subject of this study. These slum-dwellers, although poor, have not faced eviction from the new site in the last ten years. But, in Ambedkar Nagar the slum population has repeatedly faced eviction. As was reported above, many of the slum-dwellers had lost their homes as many as forty five times. Each time they had to rebuild the structures at considerable expense.

The slum-dwellers in the focus groups described a series of 'coping mechanisms'<sup>ix</sup> they have developed, like many poor households in Mumbai, to absorb the impact of disaster. These include small savings, often held in the community, which they were able to draw upon to finance the rebuilding of their homes and to maintain their food intake. Once depleted after multiple eviction attempts, the slum-dwellers are obliged to turn to another form of household saving, that of household possessions including jewellery and brass vessels. These too have long been sold to rebuild homes and feed the household. In subsequent demolitions they have been obliged to take out loans from loan sharks each time their homes were destroyed. The interest rates on these loans were reported to be very high, at times in excess of 100 per cent. They do not get a chance to gain economic stability and food security. On each occasion the household economy has become more imperilled. '*Less food*' one respondent noted, '*is available in our house each time our hut is destroyed*'. This was an experience that was repeated often by respondents in the research.

**Repeated demolitions** also mean that people just do not get enough time and opportunity to establish their homes and environments. They are always having to cope with the filth and confusion of a new area. Nor do not get an opportunity to establish their proof of residence for the minimum duration required. And thus they are always a step behind.

With the threat of eviction the slum-dwellers have been forced to flee the city for the village. It is impossible to comment on the conditions these people face in their home village, but what is certain is that they have had to relinquish the possibility of their paid

employment in Mumbai. Many of the slum-dwellers work as either labourers carrying mud at construction sites or in cleaning fish at Sasson Docks which is two kilometres from Ambedkar Nagar.

The slum-dwellers who remain in Ambedkar Nagar are unwilling to make large investments in re-building their homes because of the threat of eviction. Many of the huts above the high-tide line have mud floors, only a small number have been able to commit themselves to the expense of concreting them.

In the areas of the slum where there is a regular inundation of sea-water the condition of the huts remains appalling. Much of these people's lives are spent living on flimsy platforms as the water washes through their homes.

There are no water taps in the slum. During the first round of this investigation water was only available from a tanker which parked about 500 meters from the slum entrance or it could be bought for Rs. 2 for a twenty litre *handa* (water vessel) from the nearby MHADA transit camp. The malnutrition of the children undoubtedly means that they are more likely to pick up any opportunistic infection. The limited quantity of water for hygiene needs makes the situation much worse. Skin infections are widespread among the children. The probability of faeco-oral transmission and diarrhoeal disease is noted to be high due to the lack of water and the poor sanitary conditions. Most of the residents have no access to a latrine. They use an area adjacent to the new settlement for open defaecation. When the tide comes in the contaminated water is washed into the huts and lanes. Children were seen to be playing in deep pools of filthy water in which faecal matter was seen floating. Inside the huts dampness prevails. The poor environmental conditions lend themselves to upper respiratory tract infection and possible pneumonia. This is a population at severe risk of disability and premature death.

### Conclusion

The evicted slum-dwellers of Ambedkar Nagar have faced multiple evictions and summary demolitions over the last ten years. This has had a profound effect on their ability to withstand these repeated disasters. The successful demolition of the 18th May left these slum-dwellers homeless for a considerable period of time before alternative accommodation was built by them. Even now the threat of further eviction hangs over their heads. The children's health is appalling. Over three-quarters of the children are malnourished. The expenses incurred through repeated eviction means that the households no longer have the resources to adequately feed their children. Their health condition is also a reflection of an environment which is not fit for living and in which even the most basic service provision is unavailable. This site was provided by the BMC and State Government. It is clear that repeated eviction by the BMC and the action of its officials have compounded the health problems of these people.

## 2.

## AMBEDKAR NAGAR, GOVERNMENT AND OTHER AGENCIES

**Introduction**

In the last chapter a report of the health of the children in Ambedkar Nagar was reported. Malnutrition and infection are rife in this very sick population. Poverty and an impoverished environment, both a result of repeated demolition, were identified as compounding the health crisis in Ambedkar Nagar. In this chapter the relocation site will be described in more detail, as will the activities of government and outside agencies in the eviction and its aftermath. A short discussion also presents the reasons as to why the BMC and State Government are so intent on the eviction of slum-dwellers from Ambedkar Nagar.

**The site**

Ambedkar Nagar is situated on Cuffe Parade, one of the most prestigious addresses in Mumbai. North of Ambedkar Nagar is the World Trade Centre and beyond this are rows of apartment blocks for the upper-middle class. There is a five star hotel less than a kilometre from the slum.

The entrance to the Ambedkar Nagar, is through a narrow lane about one hundred meters from the Cuffe Parade bus depot. To the right of the lane is a Dhobi Ghat. Lines of pristine white bed-sheets from some of the most expensive hotels in Mumbai billow in the wind on washing lines along the side of the path. The residents of Dhobi Ghat have obtained a stay order from the courts. For the moment their well built huts are safe. To the left is a ten foot high breeze block wall topped with razor wire. Beyond this wall lies the well drained site of the old Ambedkar Nagar.

Beyond the Dhobi Ghat the path takes a twist and narrows. It is now far too narrow for an emergency vehicle such as a fire engine to get into the slum. Where the path narrows trucks are forced to stop to unload building rubble. Early in the research, in August, this was a site of intense activity. All day long men, women and little children scraped stone and mud into containers which had been unloaded from trucks and carried it into the slum. Even the smallest of children were seen contributing their labour by carrying containers no bigger than a tiffin box of rubble to reclaim their new homes from the sea.

The path continues along the side of the boundary wall for about fifty yards. To the right are three straight lanes about five feet wide. Each is about seventy yards long. They stop abruptly at a stream. The stream is fetid and filled with rubbish and human excrement. Beyond the stream is the imposing wall of the MHADA (Maharashtra Housing and Area Development Authority) resettlement camp. The stream is the residents garbage dump. Paths connect the three lanes at several places. The striking feature of this area, Area I in Table 1.1, is the regimented surveyed accuracy in which the huts are laid out. Each of the

227 plots in this area is ten to twelve feet by ten feet. This is the site for those who have been officially allocated plots in the new Ambedkar Nagar.

The character of the slum changes dramatically as one reaches the Sai Baba temple which marks the end of the reallocation plot area. Beyond it the path becomes narrow and uneven. The huts are noticeably less well built. The area is less well ordered. There are fifty huts in this area, they are Area II in Table 1.1. Each is about twelve square feet. This is the site of people who were resident in the old Ambedkar Nagar but who were not officially allocated plots at the new site. They had evidence of tenure prior to 1st January 1991 but were not registered in the survey carried out by the Collector's office. They community tried to divide the area amongst themselves but the slum-landlords moved in quickly. One resident, a South Indian, was found dead under mysterious circumstances one morning shortly after the eviction, his family reported that as a community leader he organised and resisted the overtures of the slum-landlords.

Surrounding this area is a confusion of lanes, many are no more than two feet wide. The huts are noticeably smaller. They are also very poorly built. Many have no flooring but each has a ledge about three feet of the floor which is perhaps eight feet by three. All the households' meagre possessions are on the ledge. At high tide the water floods into these houses. Often, the respondents reported, the water comes up to knee height. Twice a day, when the tide comes in, these slum-dwellers are forced to sit on the ledge and watch the sea water, polluted with faeces and garbage, wash into their homes. This is Area III in Table 1.1.

The area of the slum nearest to the sea is the site of an Ambedkar Mandir and is Area IV in Table 1.1. Here the design of the huts changes. The huts are on stilts of bamboo. The sea can flood this area to chest height. This is the most impoverished area of the slum. The residents who live in this area also stayed here before the eviction. Although their homes were not part of the site the Maharashtra Industrial Development Corporation wanted for development their huts were demolished anyway. Now the residents are rebuilding their huts with sheets of plastic, hessian sack and cardboard. There are twenty four huts here; impoverished man-made islands in the Arabian Sea.

As was noted in Chapter One, the area is effectively divided into four areas. The residents define these areas with reference to their perceived security of tenure. This security is reflected in the sites that households are able to colonise. Those who have been relocated have the better drained sites and their huts, however crude in their construction, have been clearly marked out by the Collector's office. Those who have not been able to prove their residence prior to the 1st January 1995 have fared far worse. With increasing lack of security the condition of the people's huts and the marginal environment in which they are forced to live becomes ever more inhuman. Their problems are increased because the failure of any one authority, like the Collector, to organise and

control the inevitable development of the area means that slum-landlords are able to move in and profit from these slum-dwellers' misery.

### **The actions of government officials in the eviction of 1998**

In April 1995 the Collector of Mumbai attempted to conduct an eviction in Ambedkar Nagar. In accordance with the procedure which must be followed prior to an eviction (see next Chapter) a survey was conducted. In this survey 106 residents were registered as being eligible for alternative sites under the rules laid down by the State Government of Maharashtra; that is they had evidence of living in Ambedkar Nagar prior to 1st January 1995 such as voters identity cards, photopasses and ration cards or were on the electoral role.

In the second week of May 1998 moves were afoot to attempt another demolition of the slum. An NGO, Nivarak Hakk Sangharsh Samiti, has a long association with the slum. Their activists were convinced that there were considerably more than 106 households eligible for resettlement in the slum. They visited the Collector and arranged to conduct a survey of the area. This they did this over a period of three days. They established that there were in fact 283 households resident in the slum prior to 1st January 1995; nearly three times the number of people the Collector had counted.

The Collector, Sanjay Chahande, promised to meet with the activists on the following Tuesday to review the new survey. But on Monday the 18th May the demolition squad moved into Ambedkar Nagar and demolished the slum. This was a cynical manoeuvre which meant that lawyers who were preparing a petition for the High Court were unable to apply for a further stay order on the eviction. A game of cat and mouse in which the authority of the Courts was once again snubbed by the BMC. The eviction was conducted before the Collector had acquired the necessary accurate information to ensure that those who were eligible for resettlement were provided with plots. The slum-dwellers were denied their fundamental human rights of appeal and re-housing.

What is more, the failure of the Collector to ensure that the necessary legal groundwork had been undertaken prior to the eviction and his failure to ensure that the reallocation was planned allowed for slum-landlords to step in and profit from the forced eviction of the people of Ambedkar Nagar. The Collector amended his list of eligible slum-dwellers. It still fell short of the survey estimates prepared by the social activist by 56 households. The Collectors Office started issuing tokens to those who they thought were eligible. They failed to survey the new site on which the slum-dwellers were to be relocated; a much smaller boggy area to the right of the original site. No allocation letters were issued. This confusion allowed for a land-grab to take place and for new authorities to emerge who acted in their own self interest and not in the interest of the slum-dwellers.

The Collector has admitted that the rehabilitation programme has “gone out of control. I have received several complaints of local politicians and slumlords interfering in the work of allotment of plots”<sup>x</sup>. But the officers from the Collector’s Office still do not seem to be taking an active role in assigning plots. They have ordered yet another survey of the slum-dwellers. As has already been noted this has increased the insecurity of the residents of the slum. The failure of the Collector’s office to conduct accurate surveys and control the reallocation of slum-dwellers before and after the eviction has increased the suffering of the slum-dwellers. It has given slum-landlords an opportunity to profit from these people’s vulnerability.

In Chapter One it was noted that children were admitted to hospital because of sunstroke following the eviction. The Collector’s office failed to provide adequate protection for the evictees in the aftermath of the eviction. The Collector has claimed that this was because the new site could not be allocated until the old site was demolished as it formed part of the original site<sup>xi</sup>. But it is also apparent that little has been done to ensure the safety of these slum-dwellers in the aftermath of the eviction. Water has not been provided at the site, there is no sanitation, paving and drainage are absent as is any form of garbage control. As was noted in Chapter One these environmental shortfalls have compounded the slum-dwellers problems.

The Collector, it must be accepted, has followed the rules laid down for the his actions in an eviction. His office is under no obligation to provide services to evicted slum-dwellers; his role is merely to allocate space for the slum-dwellers relocation. But the failure to ensure that the slum-dwellers are adequately provided for, an issue which will be dealt with in more detail in the next chapter, means that these slum-dwellers have suffered intolerably and the eviction has, as was discussed in Chapter One, led to a considerable burden of disease, disability and death. It must also be noted that the Collector’s survey was certainly inadequate. This has compounded the health problems of these slum-dwellers.

### **Outside agencies and the eviction**

It has already been noted that an NGO, Nivarak Hakk Sangharsh Samiti, has had a long association with the slum-dwellers of Ambedkar Nagar. They have mounted petitions to the High Court to stay eviction. In April 1996 they were successful. As has already been noted, in May 1998 their efforts to ensure that a correct survey was undertaken was accepted by the Collector. But they were out-manoeuvred in their attempts to petition the High Court for a further stay order to stop eviction. This organisation has also ensured that the media are aware of the condition of the slum-dwellers and have, through their work in many slums in Mumbai, raised public awareness of the activities of the BMC in their eviction activities. They have organised demonstrations and represented many slum-dwellers who have been treated unfairly in eviction attempts. This has particularly been the

case in Sanjay Gandhi National Park where there has been eviction of slum-dwellers over the last two years.

One of the areas of concern to Nivarak Hakk Sangharsh Samiti has been the activities of politicians in slums and the undoubted connection between the activities of slum-landlords and politicians. In Ambedkar Nagar their concern has been the activities of the Youth Congress Office and, in particular, two politicians who have taken an active interest in Ambedkar Nagar over a number of years, Ashoka Dhatriak and Dinesh Mishra. The social activists from Nivarak Hakk are concerned that these politicians are profiting from the slum-dwellers misery. This may be the case. Certainly there were slum-dwellers in Ambedkar Nagar who claimed that several of the pitches in Area I of the slum were in Dhatriak's control. The investigating team was unable to confirm this charge. But, there were also other stories about who these sites belonged to. Stories such as these which were told to the researchers by slum-dwellers must always be treated with considerable caution. There are many political interests at work in a slum and there is little hope of unravelling the complex political networks which exist, even if research is carried out over a considerable period of time. Slum-dwellers may represent one interest or another and will provide researchers with the story that best fits their agenda.

Ashok Dhatriak, a Congress (I) Member of the Legislative Assembly, has maintained a long standing interest in the welfare of the slum-dwellers. For instance, in 1997 he expressed concern about the slum-dwellers loss of livelihood in Sasoon Dock if they were forcefully evicted to the suburbs. In doing so he contradicted the housing minister, Chandrakant Khaire, who accused him of creating political propaganda<sup>xii</sup>. In the slum he and his representatives appear to enjoy popular support from many of the slum-dwellers in the resettled area of the slum.

He, alongside Mishra, have been active in the slum after the eviction. They recognised the failure of the Collector to adequately survey the slum after the eviction and set about conducting their own survey. Ashoka Dhatriak, when interviewed, insisted that the survey was conducted because they identified a pressing need in the light of the failure of the Collector to carry out his role correctly. But, many of the slum-dwellers are of the impression that the slips which were handed out as part of the survey are official documents and can be used to claim relocation. Many of the households where the researchers were shown identification papers - ration cards, photopasses and election cards - also showed us the slips of paper issued by the Congress officials. They are simple pieces of paper torn from an exercise book which bear the name of the household, a code number and the stamp of the Youth Congress Office. Several of the slum-dwellers are of the opinion that Dhatriak and Mishra are in charge of the reallocation. One woman who lives in the slum reported that "*Mishra has given us chits saying that it will get us plots*". This slum dweller has proof of residence in the old slum. Mishra claims that the slips were handed out to help officials identify the legitimate residents. But the message conveyed to

the slum-dwellers was quite different. They think they are allotment letters because they bear the stamp of the Congress Office.

The survey by the Youth Congress was a response to pressing need in the slum. It appears to have sent the wrong signal to slum-dwellers. Ashoka Dhatriak has also been involved in organising other service provision in the slum which is less controversial. He has petitioned successfully for the allocation of a site for another NGO, Door Steps Schools, to run a school in the slum. In addition, just as the survey was coming to an end a water supply was finally being built in the slum. This is a series of water tanks fed by a pipe which is supplied by tanker from the main road. It is apparent that for the first time in the new slum water will be available to the slum-dwellers. A committee has been formed, of which Dhatriak is a member, which intends to petition service providers in the BMC and bodies of the State Government for other services like toilets and paving. These will inevitably improve the condition of the slum-dwellers.

Undoubtedly, as an elected politician Dhatriak will hope to make electoral mileage out of his association with the slum. This relationship between politicians and slum-dwellers is a long established and accepted way in which development happens in slums<sup>xiii</sup>. But, the researchers can find no evidence that Dhatriak or the Youth Congress Office are profiting financially from the slum-dwellers. There appears to be considerable verisimilitude in Dhatriak's emphatic assertion during an interview that he was not making money from the slum-dwellers when this accusation was put to him. He was so insistent that he stated that *'if the researchers could find evidence against him of financial gain he would commit suicide'*.

There have been newspaper articles which have presented a thesis that Dhatriak is only working in the slum for monetary gain<sup>xiv</sup>. There is considerable danger in this approach. There are few dissenting voices in the politics of Mumbai when the issue of eviction of slum-dwellers is discussed in either the BMC or State Legislature. Accusing one of the few politicians who does appear to be championing the cause of slum-dwellers in these forum provides those who do intend to profit from the eviction of slum-dwellers with an opportunity to discredit politicians who are representing slum-dwellers interests. It is to the issue of who does profit from the eviction of groups like the 5000 slum-dwellers in Ambedkar Nagar that this Chapter now turns.

### **Profiting from eviction**

Why was the BMC and State Government of Maharashtra so intent upon evicting 5000 people from Ambedkar Nagar? The simple answer is that the land is worth a fortune. The first residents of Ambedkar Nagar colonised the site in about 1988. At this time the site was a mangrove swamp. In this area of Mumbai, where real-estate is amongst the most expensive in the world, the land was effectively worthless. Over a number of years the slum-dwellers built up the land. They invested in truck loads of building rubble and

reclaimed it from the sea through their own labour. This, of course, was in direct contravention of the Coastal Regulation Zone (CRZ) notification of the Environment (Protection) Act<sup>xv</sup>. The slum-dwellers were breaking the law. But no-one seemed overly concerned about this. Neither the BMC or the State Government (both of whom do not seem to be unduly concerned about the CRZ in their developments in Bandra, Versova and Virar) tried to stop the slum-dwellers. In fact, what the slum-dwellers were doing was to create a very valuable piece of real-estate and they were giving their labour for free.

The slum-dwellers created an area of well drained land measuring 8000 square meters. The value of this land is many cores of Rupees. The Maharashtra Industrial Development Corporation (MIDC) identified this piece of land as an ideal site upon which to build a helicopter landing pad. They have handed over the site almost free of cost to Akruti Nirman Private Limited, whose chairman is the industrialist Dhirubhai Ambani<sup>xvi</sup>. The one problem was that the site was home to 5000 people who the State Government labelled as encroachers. To be sure, the residents of Ambedkar Nagar were encroachers, but it must be remembered that they encroached on a piece of worthless mangrove swamp out of necessity because they had no-where to live. In 1997 they were tenants on a piece of land which was ripe for development, which they had built, and which, if the minor inconvenience of 1500 homes could be swiftly destroyed, could make a fortune for a private entrepreneur like Ambani. The deal struck between the state government needs further investigation. If the government is selling out prime property to big business houses cannot the same business people be made to contribute to the cost of re-settlement and take responsibility for the health and safety of the children about whom we express our concern?

The proposed development of a heliport is not mentioned in the Mumbai Metropolitan Regional Plan of 1991<sup>xvii</sup>. The planners obviously did not see that a helicopter service plying between Mumbai Airport and the south of the city carrying VVIPs (very very important persons - politicians and the like), businessmen and foreign tourists for a reputed Rs. 2500 a ride (much more than a months household earnings for many of the slum-dwellers), as part of an integrated transport policy plan for the city. Nonetheless the planned heliport appears to have some powerful advocates in the Maharashtra State Legislature. The Housing Minister, Chandrakant Khaire, has suggested that *"the heliport will be a public amenity and will be available to those who do not wish to spend long hours travelling between the city airport and its commercial hub"*<sup>xviii</sup>.

The other residents of Cuffe Parade, the upper middle class, are not too keen on the idea of having a heliport on their doorstep. They are concerned about the noise and congestion such a development will cause. But it seems that the building of a heliport might not be the intention of the MIDC and its private collaborators after all. There is now talk of the heliport being put on the recently de-commissioned Indian Navy aircraft carrier, INS Vinaut, and the land, which is now cleared of slum-dwellers, being used for much more lucrative projects like five star hotels and offices<sup>xix</sup>. The residents of Cuffe Parade should

not worry too much. Their neighbours, the slum-dwellers of Ambedkar Nagar, on the other hand, have now been evicted. They can peek through the razor wire at the land which they built from the site that has been provided for them by the State Government and the BMC. A site which can aptly be named Ambedkar Nagar in-the-sea.

### **Conclusion**

The condition of the relocation site in Ambedkar Nagar is appalling. The slum-dwellers, unsure about their future are unwilling to invest in building their huts. service provision is lacking. The Collector has failed to adequately survey these slum-dwellers prior to eviction and has also failed to provide adequate space for relocation. This has led to slum-landlords having a free hand in organising housing allocation and profiting from the eviction. Outside agencies, including politicians are trying to minimise the activities of slum-landlords through re-surveying the site. But in doing so are sending the wrong message to the slum-dwellers. They are also involved in trying to develop the site in the absence of any humanitarian assistance from the government. Meanwhile it is apparent that the government, and probably individual politicians, alongside already rich entrepreneurs are benefiting directly from the slum-dwellers free labour in reclaiming the land upon which Ambedkar Nagar once stood to build their own projects. This is being done at the expense of considerable human suffering. In the final chapter the report investigates forced eviction throughout Mumbai in detail.

## 3.

**FORCED EVICTION IN MUMBAI****Introduction**

Forced eviction is an evocative term. It is also a tautology. For, people do not give up their homes to the bulldozer willingly. But it is a useful term because it describes the violence of the act and it provides a starting point in the understanding of pain and human suffering caused by displacement by force. The eviction in Ambedkar Nagar and the evictions which will be discussed below cannot be wholly described as *illegal* evictions - a term which has been suggested by some observers as a replacement for *forced* evictions<sup>xx</sup>. An illegal eviction assumes that there is a framework of enforceable laws which protect the citizens' rights to adequate shelter and security of tenure. This is not the case in India even though its leaders have signed Conventions at the United Nations protecting the right of its citizens to adequate and secure shelter.

A third term has been used for the removal of people against their will from their homes and communities. This is *unfair* eviction. This term does not take into account any legal framework.

This report has dealt with one unfair eviction in detail, that of Ambedkar Nagar in Cuffe Parade. Several more examples will support a case that the Brihan Mumbai Municipal Corporation and the State of Maharashtra are guilty of gross violation of human rights in their programme of unfair, illegal and forced evictions of the poor in the city of Mumbai.

In Chapter one the disastrous effects of demolition's on the health of people was amply demonstrated. Repeated displacement and demolition prevents the normal growth and development of children who are born and brought up in these settlements. This report will deal with two further topics in addition to a general discussion about forced eviction in the city of Mumbai. It will show how the campaign of eviction of the poor in the city is not carried out in the interest of development, as is so often claimed. Instead the forced eviction of people from their homes in this city are carried out, first and foremost, to enrich politicians, builders and speculators pockets at the expense of so much human suffering. Already this report has dealt with the issue of human suffering in a very tangible way in a discussion of the health of children who have been forcefully evicted from their homes in Ambedkar Nagar to make way for a development project dreamt up by the State Government of Maharashtra, a heliport.

**The politicians, the builders and the speculators**

The decision makers in this city, the politicians and their generals at Azad Maidan, Mantralaya and Kalanagar, have a very limited view of the problems of the city of Mumbai. Essentially, they claim that Mumbai has three problems. The first is that the

population is growing too quickly through migration of immigrants to the city. There is a belief among them that many of these migrants are illegal<sup>xxi</sup>. Second, it is claimed that there is not enough land in the city to house all of the twelve million or so people who live in Mumbai. The third myth is an assumption the poor in the city are a break on its development. There is another misconception that harassment of the poor by repeated demolitions will force people back to their native places.

The first untruth can be quickly dispelled. Mumbai is now growing more quickly through children born in the city - true Mumbaikers - than through in-migration from rural Maharashtra and other states. The 1991 Census<sup>xxii</sup> recorded that in the previous decade migration accounted for only 16.8 per cent of the growth of Mumbai. The remainder was through natural growth. New-borns accounted for the addition of 14,00,000 people to the population between 1981 and 1991.

The second myth is that there is not enough land in the city for everyone to live on. One need only travel through Mumbai to see that there are large tracts of land which are fenced off and unused. Again the figures are compelling evidence against the myth. Gonsalves calculated that there were 8094 hectares of free land in Mumbai in 1982<sup>xxiii</sup>. Much of this land was left in the hand of its original owners if they could demonstrate that they would use the land for a 'public purpose' under the Urban Land Ceiling and Regulation Act (ULCR). The ambiguity of this term in the act has provided a loophole through which the development of huge tracts of excess land for public use has been stopped with the connivance of politicians and bureaucrats<sup>xxiv</sup>.

The third belief is that the poor do not play an important role in the economy of the city. Employment rates in the slums of the city are considerably higher than they are in middle class areas. Madhura Swaminathan has shown this to be the case in two slums<sup>xxv</sup>. Her figures compare favourably with the figures published in the Census of India. It is well recognised that the middle class depend on the over-employed poor in low wage jobs, to maintain their standard of living. Sweepers, manual workers, tradesmen vendors, auto-rickshaw and taxi drivers, domestic servants all live in the slums.

In Ambedkar Nagar the women clean prawns and fish at Sassoon Docks, or they work as domestic servants in upper-middle class households of Cuffe Parade. The men work as watchmen, or they clean and carry fish at Sassoon Dock for less than Rs. 70/- for a whole day's work. Many of the residents of Ambedkar Nagar first came to Mumbai as construction workers, lured into the city by contractors; cheap labour to build the ostentatious skyline of the modern city. Once their work was finished they were abandoned. Now, the same builders, in collusion with the politicians of the city, have forced them out of their homes and grabbed a valuable piece of land for their profit to build a helipad for the rich.

The politicians do appear to offer concessions to those who they order to be evicted. The State Government has ruled that anyone evicted who can prove their residence prior to the 1 January 1995 in the electoral lists will be resettled. But this generous gesture can be quickly forgotten or circumvented, as we shall see, when the poor are evicted from their homes. The reality is that the politicians' aim is to clear the city of the poor - they have a vision of a clean Mumbai, a beautiful Mumbai. The politicians, in league with builders and speculators, are profiting from human misery.

### **Forced eviction**

It is estimated that over ten million people a year are forcefully displaced to make way for development projects around the world. The two most common reasons for forced eviction are the building of dams and the development of urban areas and their transportation systems<sup>xxvi</sup>. As Sainath recognises<sup>xxvii</sup> forced evictions and displacements for development projects make more people homeless than armed conflict. The human torrent of refugee misery streaming across international borders, the hundreds of thousands who fled from Rwanda to Zaire for instance, touch us because the media chooses to show us their suffering on the television and in our newspapers. Rarely, if ever, can we grasp the enormity of the other refugee problem, the diffuse rivulets of forced eviction - households and communities who make way for development projects. Around the world the equivalent of the population of Mumbai are forcefully evicted from their homes every year. Their plight is unnoticed and the media, invariably, silent.

The Brihanmumbai Municipal Corporation and the State Government of Maharashtra are actively involved in perpetuating the human suffering caused by demolition orders. In 1985 the Supreme Court<sup>xxviii</sup> ruled that the BMC and State Government were entitled to evict pavement and slum dwellers from government owned land and from public roads. The only concession that the slum dwellers were given in this ruling was that they should not be evicted during the monsoon. In this judgement the issue as to whether pavement and slum dwellers should be given notice of eviction, mentioned in Section 314 of the Municipal Corporation Act, hinged on an interpretation of the phrase "the Commissioner may, without notice, cause an encroachment to be removed"<sup>xxix</sup>. The judges decided that this decision should be left to the discretion of the Commissioner.

The petitioner's main argument was that forced eviction contravened Article 21 of the Indian Constitution:

...that no person be deprived of his life except according to the procedure of law.

The learned judges' approach was to accept the status-quo. They accepted that little could be done about the massive scale of poverty in India and, having commented on this sad state of affairs, moved swiftly on to the issues of the notice of eviction and the torts of trespass. In short, the now infamous Supreme Court Judgement of 1985 provided the BMC and Maharashtra State Government with the green light to step up forced evictions of slum dwellers and those living on the pavement. Subsequently, the ruling on 'notice'

has since been changed in favour of the evictees. But, as will be shown below, the notice given prior to a demolition is often inadequate and does not take into account the working hours of slum dwellers or the and harsh weather conditions into which those living in slums are forced to survive without habitation.

The BMC and State of Maharashtra has been only too willing to demolish slums. Slum and pavement dwellers can, after all, be blamed for every failure of services in the city. The trains do not run on time because of slum dwellers. The city floods because of slum dwellers. The bio-diversity of its coast and national park are being lost ... because of slum dwellers. Demolition squads are working in the city, razing people's homes and bringing upon these people untold misery. The newspapers report only a small part of their activities. In general the reporting of evictions happens only when a NGO becomes concerned about the slum dwellers' plight and brings the forced eviction to the attention of the local and national press. One of the most significant problems slum dwellers have is that they are not articulate like the middle class. They rarely have voice. Their plight is invariably a silent one. Even so, and assuming the reported cases are only the tip of the iceberg, a review of reported evictions for one year makes exceedingly grim reading.

**Table 3.1. Reported forced evictions in Brihan Mumbai June 1997 - June 1998<sup>xxx</sup>**

Date	Site
15 June 1997	Babrekar Nagar and Kharodi Nagar, Kandivili (E)
3 October 1997	P. D'Mello Road
8 November 1997	Pimpripada
?	Ambujwadi, Malad
?	Ganesh Nagar, Malad
19 November 1997	Mahakali Nagar, Worli
28 November 1997	New Kharodi Nagar, Malad (W)
4 - 29 December 1997	Gautam Nagar, Kandivili (E)
17 December 1997	Deepak wadi Santa Cruz (W)
8 January 1998	Samarthnagar, Chembur
19 March 1998	Duttapada, Borivali (W)
17 May 1998	Ambedkar Nagar, Cuffe Parade
25 May 1998	Garib Nagar, Bharmapada, Bandra (E)
26 May 1998	Rajiv Gandhi Nagar
22 June 1998	Shimpal Cross Road, Borivali (W)

The BMC and the State of Maharashtra are on a demolition drive. In November 1997 Girish Gokhale, Municipal Commissioner in charge of demolition, and his lieutenant, A.N. Dube, Deputy Municipal Commissioner in charge of demolition, could proudly announce that they had demolished 11,500 structures. They had made 55,000 people in the city

homeless. Their political masters were not content with this achievement. They called on the demolition squads to raze another 35,000 illegal structures and make another 167,000 people homeless. This orgy of demolition was only slowed down, but did not stop, when an unexpected General Election was called in early 1998. As soon as the election was over the drive quickly regained its earlier momentum. The only peace many slum dwellers can hope for in the city of Mumbai, it would appear, is when the politicians are canvassing for votes.

Even though the newspapers report only a very small sample of the evictions in the city, the stories of gross violations of human rights shine through. Two of the reported evictions were a mistake. The Mayor of Mumbai, R. T. Kadam, ordered the rebuilding of Shimpal Cross Road settlement because the slum dwellers had already proved their right to the land in a previous forced eviction a few years earlier. Suresh Jain, the State Housing Minister, had to admit that the demolition of Duttapada in Borivali was also a mistake. This must have been of little consolation to the slum dwellers who had lost their homes.

The demolition squads are cavalier in their approach. They care little for the rights of the slum dwellers whose lives are ripped apart through their activities. In Gautam Nagar, New Kharodi Nagar and Pimpripada, even those slum dwellers have been evicted who had substantial proof of residence prior to 1 January 1995. This is the cut off point for rehabilitation by the State announced as part of the now defunct Slum Rehabilitation Scheme. Samarthnagar in Chembur was demolished despite the slum dwellers having obtained a stay order from the High Court. In Garib Nagar the BMC was ordered to conduct a detailed survey before they started the eviction. Many of the residents reported that their huts had not been surveyed and they had not received notice of the eviction. Indeed, one resident was shocked to return home from work to find that his hut had been flattened by the bulldozer.

For those who do have proof of residence prior to 1 January 1995 the BMC and State Government are obliged to provide alternative sites for these people to live. Many of the 65,000 people evicted from Bhabrekar Nagar were shipped to Akashwani area in Malvani on the outer edge of Mumbai. This site had no service provision. There was no accessible water supply, no electricity and no sanitation. The nearest bus to the city and to these slum dwellers' work places is a half hour walk away. Sections of the site are too slippery and mucky to walk safely. It is true that R B. Lad, the Deputy Collector, worked hard to issue reallocation notices to many of the slum dwellers who were evicted from the slums of Kandivali, Malad and Worli. Serving re-allocation notices is not enough. Where are they being re-settled? How far is the resettlement site from the demolished site? How far is it from the place of work? Is it the site fit for human dwelling? Are basic amenities being provided in time?

Forced eviction is a violent and disruptive activity. The demolition squad is invariably accompanied by a phalanx of armed, *lathi* wielding policemen. In Gautam Nagar forty

slum dwellers required hospital treatment during the eviction. Three of the slum dwellers were so badly injured that they had to be kept in hospital. In Pimpripada the police *lathi* charged the slum dwellers. The officials claimed afterwards that there had been stone throwing but witnesses denied that this was the case. The violence of eviction can often lead to tragic consequences. On the 26 May the demolition squad moved into Rajiv Gandhi Nagar. They gave no notice that they were to start an eviction. This blitzkrieg approach left one eight month old baby dead.

Why then is the BMC and the State Government so hell-bent on destroying so many peoples lives? We return to the points made in the final section of Chapter Two. The slum dwellers in Bhabrekar Nagar first colonised the area of their slum over ten years ago. It was a creek to the Arabian Sea. They have worked hard to make the area liveable. They have invested large amounts of their labour, time and money reclaiming the land and draining it. When they moved to the creek the land was worthless, now it is valuable real estate. These slum dwellers were evicted so that builders can take over the land and make a fortune erecting sky-scraper flats, offices and shopping centres for the rich.

The second reason is political. Bhabrekar Nagar was razed in a violent maelstrom of demolition on the 15 June 1997. The monsoon had just started. The claim in the previous day's editorial of *Saamna* that this slum was home to illegal Bangladeshi infiltrators contributed to the hasty demolition.<sup>xxxi</sup> The demolition squad's knee jerk reaction was to bulldoze the slum. An act of planned ethnic cleansing. The facts were wrongly reported. Retired judge V R Krishna Iyer<sup>xxxi</sup> established that ninety per cent of the residents of Babrekar Nagar were from Uttar Pradesh. This, of course, was little consolation to the homeless families of Babrekar Nagar who were forced to live out in the open during the monsoon. They were the unfortunate pawns in a game of communal politics. Defiance of the rulings of the Supreme Court of India, by demanding a forced eviction in the monsoon can only be done by a powerful few.

### **Legal or illegal?**

At high tide in Ambedkar Nagar, Cuffe parade, water laps around the crudely built mandir dedicated to Babasaheb Ambedkar. The author of the Indian Constitution looks out from the faded colours in the picture over the devastation of poverty which is the slum named after him. Propped up on the rough stone ledge of the mandir above the fetid, tidal waters one wonders what Ambedkar would think if he could see the progress India has made in fifty years of Independence. To be sure there is a stark contrast. Reflected in the filthy waters is the impressive symbol of Mumbai's present and imagined future, the World Trade Centre. But the reflection feels like the intrusion of another world. The buzz of commerce and dealing rooms soaring thirty two stories into the monsoon grey sky of Mumbai has little relevance to the people of Ambedkar Nagar. They, like the hundreds of thousands of people evicted from slums and pavements, find little solace in the structures of modern India; the proud monuments of the commercial capital or in its civil society.

Sitting beside the temple, Selvaraj, an old man before his time, expresses the bitterness and desolation the slum dwellers of Ambedkar Nagar feel:

What does the government give us? - nothing except poverty and grief. They give us nothing, they just take, take, take. First they took my labour, my youth, now they take my home. They smash my home and possessions to dust under their bulldozer. They have forced me to live on a *mala* (a platform) made of plastic and bamboo. I step off this platform into knee deep water. My government wants to kill me.

What hope is there for Selvaraj and the other slum dwellers of Ambedkar Nagar? Do they have recourse to the law? Are there representatives in the civil society of Mumbai who can provide these people with a secure life for themselves and future generations?

The very sad answer to these questions is that there is very little hope of Selvaraj being given justice before the law. For him and for future generations of slum dwellers the present situation looks exceedingly bleak. We have already seen how disinterested the Supreme Court was in the plight of slum and pavement dwellers in Mumbai. Slum dwellers are held in very low esteem by the representatives of the rich<sup>xxxiii</sup>. Here is how the learned judges of the Supreme Court characterised pavement and slum dwellers in 1985:

Their (pavement dwellers and slum dwellers) homes exist in the midst of filth and squalor, which has to be seen to be believed. Rabid dogs in search of stinking meat and cats in search of hungry rats keep them company. They cook and sleep where they please. Their daughters come of age, bathe under the nosy gaze of passers-by, unmindful of the feminine sense of bashfulness. The cooking and washing over, women pick lice from each other's hair. The boys beg. Menfolk without occupation snatch chains... (ad nauseam)<sup>xxxiv</sup>

As we have also seen, even when the courts pass orders they are wilfully ignored by those in power in Mumbai. Huts are demolished even though stay orders have been passed by the High Court of Mumbai. Officials fail to conduct adequate surveys despite an order from the Supreme Court of India. Slum dwellers continue to be evicted from their homes in the monsoon. The BMC and the State of Maharashtra are contemptuous of the authority of the Courts. In Ambedkar Nagar, Cuffe Parade and Malvani they have not even provided the essentials for life in resettling the slum dwellers.

On two separate occasions the Supreme Court of India has given rulings on basic needs. In the case of *M/s Santistar Builders vs. Narayan Khimalal Totame* the judgement ruled that:

Basic needs of man have traditionally been accepted to be three - food, clothing and shelter. The right to life is guaranteed in any civilised society. That would take within its sweep the right to food, the right to clothing, the right to decent environment and reasonable accommodation to live in. The difference between the need of an animal and a human being for shelter has to be kept in view. For an

animal it is the bare protection of the body; for a human being it has to be a suitable accommodation which will allow him to grow in every aspect - physical, mental and intellectual. The constitution aims at ensuring fuller development of every child. That would be possible only if the child is in a proper home. It is not necessary that every citizen must be ensured of living in a well-built comfortable house but a reasonable home...<sup>xxxv</sup>

In 1991 the Supreme Court returned to the issue of interpreting Article 21 of the Indian Constitution (Francis Coralie vs. Union Territory of Delhi). The learned judges again considered the issue of the right to life. "We think", they commented, "that the right to life includes the right to live with human dignity and all that goes along with it, namely the bare necessities of life such as adequate nutrition, clothing and shelter over the head..."<sup>xxxvi</sup>

The Supreme Court has established that the right to life demands certain basic needs. The learned judges are not medical doctors or, indeed, educationalists. Their basic needs list is limited. To their list must be added an adequate and clean supply of water. After all, over 1.5 million children in this country are estimated to die because of diarrhoea every year<sup>xxxvii</sup>; countless more will die prematurely because of repeated and chronic gastro-enteritis. In the same vein, sanitation must also be considered because adequate provision of faecal disposal ensures that the lethal chain of faeco-oral transmission is broken<sup>xxxviii</sup>. If children are to develop mentally and intellectually electricity to light their homework is essential. The State Government of Maharashtra accepts that electrification is a basic indicator of development.

Indeed the State Government accepts that adequate services are essential for the development of the slums. In a report they commissioned - A Programme for Rehabilitation of Hutment Dwellers in Brihanmumbai<sup>xxxix</sup> - the authors suggest that rehabilitation sites should have adequate water, sanitation and electrification. In contradiction to their own guidelines and in a contempt of the Supreme Court of India the BMC and the State Government of Maharashtra continue to evict people from their homes to flooded, un-serviced resettlement sites which do not have the basic needs required for the right to life.

What of the larger issue of forced eviction with which this report is also concerned? Indian law has very little to say about forced eviction. Uprooting people from their homes is, as Sainath<sup>xl</sup>, has recognised, an integral part of India's development process. But India is bound by International Convention. In 1976 India ratified the International Covenant on Economic, Social and Cultural Rights (1966). Article 11(1) of the Covenant is unambiguous. It expressly recognises the "right to... housing and continuous improvement in living conditions"<sup>xli</sup>. In 1993 it signed an International Resolution on Forced Eviction<sup>xlii</sup>. These UN Resolutions are binding. A recent case in the Mumbai High Court confirmed that under Article 51(c) of the Constitution of India the State shall

endeavour "to foster respect for international law and treaty obligations". Article 73(1) extends the executive power of the Union to the "exercising of rights, authority and jurisdiction as are exercisable by the Government of India by virtue of any treaty or agreement"<sup>xlili</sup>. The BMC and the State of Maharashtra are bound by the resolutions their Union Government signed. Under the Covenant the Union Government has the ultimate legal responsibility for preventing forced evictions.

## Conclusion

Resettlement is an inevitable part of the development process. Of course it would be foolish not to recognise this, at some point, people's homes will come in the way of projects to improve the infrastructure of a city like Mumbai. These homes may be in slums or, much less likely, they may even be in the rich suburbs of Malabar Hill. This report is not a call for a maintenance of the status-quo in which no resettlement can be considered. Its concern is that any resettlement should be conducted humanely and should respect the fundamental human rights of the people who are being resettled. People should have the right to live in security and dignity in affordable housing which is habitable and provided with adequate services.

An eviction is fundamentally different from a resettlement. As we have seen evictions are rarely conducted after adequate and genuine consultation with those who are affected. Rarely is sufficient notice given to the people who are to be evicted so they can gather their possessions and make plans for the future. As was seen in the examples cited earlier, officials of the demolition squad do not provide useful information to the slum dwellers about when and how the eviction will take place. Resettlement officers of the Collectors Office do not always provide liveable alternative accommodation for the slum dwellers. Often, as in Babrekar Nagar, the slum dwellers are simply left to fend for themselves.

Demolition in Mumbai is, more often than not, conducted with excessive force. The police are employed as boot-boys. We have already noted cases of hospitalisation and one death. Deaths can be caused directly or indirectly during and after a demolition by injuries, exposure to the elements, inadequate provision of safe drinking water and proper sanitation leading to gastro-enteritis and dehydration and inadequate access to medical care. It is also apparent that when an eviction is to take place the slum dwellers, many of whom are illiterate, need advice on their legal rights. Neither the BMC or the State Government of Maharashtra provide these services. In fact, despite publishing guidelines about how a resettlement should be undertaken,<sup>xliv</sup> the authorities in Mumbai choose to ignore them. Rather than resettlement the BMC and the State Government of Maharashtra are actively involved in forced eviction. They are, in the words of the International Resolution on Forced Eviction, undertaking "a gross and consistent pattern of human rights violations affecting large numbers of people"<sup>xlv</sup>.

On the 15 August, 1947, O.P. Ramaswami Reddiar, the Premier of Madras Presidency, presented a vision of how India would have to grow in its Independence. He stated that:

Unless the common man in this country is well clothed, fed and housed, our attainment of political freedom will have no meaning. The real freedom can come only when ignorance and poverty are driven out of our country. The strong should not oppose the weak but try to elevate them in all walks of life.

Fifty years later, there is ample evidence of neglect and oppression of the weaker sections of Indian society. Development is seen to cater to the needs of the powerful and the elite at the expense of the poor. As this report has shown there are many in the city of Mumbai who have inadequate food, are ill-clothed and are repeatedly evicted from their homes. xx

### **Conclusion**

This paper is the result of the first in a series of investigations that will look into the state of children living in slum settlements in the city who are evicted from their homes. We express concern for short and long term ill-effects on the growth and development and safety of children who are time and again evicted from their homes. Undernutrition, disease and emotional stress are the end result of both being evicted from their homes and watching their parents find ways of coping with repeated and violent demolitions.

This study raises a few questions. Can the Municipal Corporation of Greater Mumbai who are responsible for the health of the city remain oblivious of the devastating effect of the demolitions carried out by them on the health and safety of children. No attempt is being made by the state to study the problem. And predictably, there are no preventive measures instituted to avoid the ill-effects on the health of the children.

### **Recommendations**

Medical facilities are not provided at the site, shelters are not provided to keep children, women and the old from the exposure to harsh weather conditions.

- Identification of resettlement plots which are fit for human dwelling
- Allotment of pitches by name prior to the demolitions
- Prior provision of basic amenities such as water and sanitation at resettlement site
- After allotment of pitches, a minimum of eight days should be allowed for the change in residence
- Therefore demolition should be carried out only when homes are vacated
- Shelters to be provided for transit period
- Exposure to harsh weather conditions must be taken into consideration while deciding the time for demolition
- Medical cover to be provided at site
- Maximum efforts should be made to provide permanent rather than temporary sites

Repeated demolitions should not be seen as a means of persuading people to move back to the villages. India is a signatory to the UN Convention on Economic and Social Rights and the Covenant on Rights of the Child. It has also been party to various resolutions passed at the UN related to evictions. The way demolition's are being carried out today contradicts any of the commitments made at the UN. It is time we strengthen our campaigns to give teeth to these resolutions.

We call upon health professionals to recognise the effects of the repeated demolitions on the health, growth and development of the increasing number of children living in slum settlements. Health care providers should strongly oppose the violence that demolition's cause and actively work to help children continue to grow and develop in a safe and healthy environment.

<sup>i</sup> see Unit—5/Desk 15/Regr No. 393/95 signed by the Additional Collector

<sup>ii</sup> 'Demolition sends infants to Cama'. The Asian Age. 23 May 1998: 1&11.

<sup>iii</sup> Entitlement to reallocation is through proof of residence through Ration Card, Photopass or Election Card prior to 1<sup>st</sup> January 1995.

<sup>iv</sup> For discussion of the use of General Meetings, Focus Groups and Open ended interviews see Kruegar. R.A. (1994) 'Focus groups, second edition.' Sage. New Delhi and Patton. M.Q. (1990) Qualitative evaluation methods. Sage. London.

<sup>v</sup> Ghai. O.P. (1982) Essential paediatrics. Interprint. New Delhi.

<sup>vi</sup> Sommer. A. Tarwotjo. I. Hussaini. G and Susanto. D. (1983) Increased mortality in children with mild vitamin A deficiency. The Lancet ii:585-8.

<sup>vii</sup> Geetha. S. and Swaminathan. M. (1986) Nutritional status of slum children of Mumbai. a socio-economic survey. Economic and Political Weekly 19(14):896-900.

<sup>viii</sup> *ibid.*

<sup>ix</sup> Corbett. J. (1988) Famine and household coping strategies. World Development 16(9):1099-1112.

<sup>x</sup> Desai. D. (1998) 'Rehabilitation 'slips' on politics' Indian Express, 18 June, 1998.

<sup>xi</sup> Deshmukh. S. (1998) 'No reprieve for helipad victims' The Times of India. 29 May 1998

<sup>xii</sup> Basu. R. (1997) 'Slum dwellers, govt. battle over heliport at Cuffe Parade' The Times of India. 19 May 1997

<sup>xiii</sup> de Witt. J. (1996) 'Poverty, policy and politics in Madras slum' Sage. New Delhi. Lynch. O.M. (1974) 'Political mobilisation and ethnicity amongst Adi-Dravidas in a Bombay slum.' Economic and Political Weekly. 9(39):1657-68.

<sup>xiv</sup> Desai *op. cit.*

<sup>xv</sup> Coastal Regulation Zone (CRZ) and Regulating Activities Notification under Section 3(1) and Section 3(2)(v) of the Environment (Protection) Act, 1986.

<sup>xvi</sup> Express News Service (1998) 'Land allotment for helipad cancelled' Indian Express. 13 January, 1998.

<sup>xvii</sup> BMRP (1995) 'Regional Plan for Mumbai Metropolitan Region.' Government of Maharashtra.

<sup>xviii</sup> Basu. R. ((1997) 'Slum dwellers, govt. battle over heliport at Cuffe Parade.' Times of India 19 May, 1997

<sup>xix</sup> Express News Service *op. cit.*

<sup>xx</sup> United Nations Committee on Economic, Social and Cultural Rights. E/C.12/1997/4. General Comment no. 7 (3). May 1997.

<sup>xxi</sup> see for instance Hosbet. S. (1998) 'Forced Evictions' An Indian People's Tribunal Enquiry into the brutal demolitions of pavement and slum dwellers homes.

<sup>xxii</sup> Census of India (1991) 'Provisional results for the State of Maharashtra (IX).' Office of the Registrar General. Ministry of Home Affairs, Government of India. New Delhi.

<sup>xxiii</sup> Gonsalves. C. (1981) 'Bombay, a city under siege' Institute of Social Research and Education.

Bombay.

<sup>xxiv</sup> Desai

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- xxiv Desai
- xxv Swaminathan. M. (1995) 'Aspects of urban poverty in Bombay.' *Environment and Urbanisation*. 7(1):133-143.
- xxvi Sainath. P. (1996) 'Everybody loves a good drought.' Penguin. New Delhi.
- xxvii *ibid.*
- xxviii Olga Tellis and Ors. vs. Bombay Municipal Corporation and Ors. Writ Petition Nos. 4610 - 4612 of 1981.
- xxix *ibid.* p47
- xxx sources :The Times of India, the Economic Times, the Hindu and The Indian Express - File 10a CED
- xxxi As quoted in 'inquest of Bhabrekar Nagar'. A Report of the Fact Finding Mission constituted by Habitat International Coalition. 1997. P.
- xxxii Op. Cit.
- xxxiii Hospet *ibid.*
- xxxiv Tellis *ibid.* p 1.
- xxxv Ms Shantistar Builders vs. Narayan Kinmalal Tatame S.C. 633. (1990)
- xxxvi Francis Coralie vs. Union Territory of Delhi S.C. 753 (1991)
- xxxvii Hardoy. E. Caincross. S. and Satterthwaite. D. (1990) 'The poor die young' Earthscan. London.
- xxxviii Esray. S.A. and Habicht. J.P. (1986) 'Epidemiological evidence for health benefits from improved water and sanitation in developing countries.' *Epidemiological Review*. 8:117-128
- xxxix Tata Institute. (1994) 'A Programme for Rehabilitation of Hutment Dwellers in Brihanmumbai.' Tata Institute. Mumbai.
- xl Sainath *ibid.*
- xli quoted in Rego. S. (1997) 'The Urban Slum: exploiting the eyesore.' *Humanscape*. January: 10-13.
- xlii U.N Commission on Human Rights Resolution on Forced Evictions (1993/77)
- xliii quoted in (1995) *The Review* 3(1):11
- xliv Tata Institute *ibid.* p.18
- xlv United Nations Committee on Economic, Social and Cultural Rights *ibid.*

**India: World Bank Review Mission**  
**Family Welfare Urban Slums (Population VIII) Project. Cr. 2394 – IN**

**September 2000**

**Aide Memoire**

Key Project Data		Current Ratings & Flags	
Effectiveness Date	May 1994	Development Objectives	S
Closing Date	June 2001	Implementation Progress	S
Project Age	8 years from Board approval	Problem Flags	None
% Disbursed	47%		

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Mmes./Messers. G. N.V. Ramana (Mission leader), Sadia Chowdhury, Preeti Kudesia (Sr. Public Health Specialists), Supriya Mukherjee (IEC and Social Mobilization), Anu Bharadwaj (Training), Subhash Chakravarthy (Civil works), Mam Chand (Procurement) and Rajat Narula (Financial Management) during the period September 14 to October 4, 2000. Mr. Tawhid Nawaz (Team leader) joined the mission between September 28-October 4, 2000. The mission met with Mr. A. R. Nanda, Secretary Family Welfare, Government of India (GOI), Mr. Gautam Basu, Joint Secretary, Family Welfare, Secretaries of Health and Family Welfare of the project states, Project Directors and various officials. The mission undertook field visits to the states of Andhra Pradesh, Karnataka, West Bengal and the national capital Delhi. The mission would like to thank the officials and project staff for facilitating field visits and for their hospitality. This Aide-Memoire summarizes cross-cutting issues across all the project cities and highlights the mission's assessment on the feasibility of completing the program which was restructured during the Mid Term Review (MTR). The Aide-Memoire was discussed with GOI during the wrap-up meeting on October 3, 2000. Separate Aide-Memoires highlighting specific issues for each project state were discussed and shared with project states during the visits to the respective states. The mission objectives and list of documents/reports received during the mission are provided in the annex.

**Background:**

2. The project provides credit to support GOI's National Family Welfare Program by assisting four municipalities (Bangalore, Calcutta, Delhi and Hyderabad) to reduce fertility and improve maternal and child health in slum populations. The MTR of the project undertaken during May/June 1998 estimated savings of about US\$ 38 million mainly due to depreciation of Indian Rupee against the SDR and implementation of IDA assisted nationwide Reproductive and Child Health Project that overtook the need to utilize about US \$ 10 million for preparation of state-specific projects in additional states. The MTR mission appraised GOI's proposal to restructure the Project to:

- expand successful activities in current four metropolitan areas so as to increase coverage by additional 1.5 million beneficiaries
- expand the geographic scope of the Project to 94 additional smaller municipalities and cities in the current Project States of Andhra Pradesh, Karnataka, and West Bengal covering an additional population of about 4 million; and
- strengthen the logistics system to improve the quality of urban family welfare services in the additional States of Uttar Pradesh and Tamil Nadu.

3. The Country Portfolio Performance Review of June 1998 reviewed this proposal and concurred with the restructuring. However, several factors, including two national elections, resulted in significant delays in obtaining GOI clearance for the revised scope of the project. Cabinet clearance was finally obtained only in January 2000. The Board cleared the expanded scope of the project subsequently and the legal amendments were signed on August 21, 2000. Due to delays in obtaining GOI clearance, the May 2000 review highlighted concerns regarding the feasibility of completing the agreed additional activities before project completion. It was agreed that GOI would undertake a detailed assessment and discuss the feasibility of completing these activities during the September 2000 mission. The Aide-Memoire summarizes the main findings and recommendations.

#### **Development Objectives:**

4. The development objectives of the project are being met in four project cities. *a) Reduce fertility among slum populations in four municipalities:* More than half of the eligible couples in project cities use one or other modern family planning methods compared to a third at baseline. There has been a steady increase in use of spacing methods and 47% of the low parity couples (less than 2 children) in Calcutta and about 17% in Delhi have adopted Family Planning. *b) Improve maternal and child health:* The output indicators from the MIS suggest that more 80% of women delivered during past 6 months in all the four project cities had three antenatal check-ups during pregnancy. Except for Delhi, where less than a fifth of the beneficiaries had institutional delivery, other project cities had close to 90% safe deliveries. Nearly two-thirds of eligible children in all the project cities received measles immunization. These findings are corroborated by MTR studies and RCH rapid household surveys.

#### **Completing the Remaining Project Activities:**

5. The feasibility of completing the remaining project activities was discussed in detail with each state and GOI. The mission notes that the work program including civil works and service delivery for:

- (i) the program for the project cities can be completed in the remaining time, provided the state governments ensure the funds for this fiscal year are released in time and monitor implementation closely. The civil works in Hyderabad and Delhi need considerable acceleration but are doable;
- (ii) the program for the additional cities in all the three states can also be completed by June 2001 provided that all works are grounded by November 30, 2000; and
- (iii) the logistic support component can also be completed by June 2000, provided that all works are grounded by October 31, 2000.

6. Although this program can be accomplished within this time frame, it will require considerable acceleration. This is an optimal scenario and some delays may result which are yet unforeseen at this time. All state governments and GOI have affirmed their fullest support and committed to monitoring the program during the next nine months. The Bank team will also be continuously monitoring progress against very firm benchmarks and deadlines. Should any slippage occur, it will advise the government to cancel those parts of the program that are not meeting these deadlines. The following is the status of activities in these components.

## Activity Status:

### *Project cities Component:*

7. Overall implementation progress of the project continues to be satisfactory in Calcutta, Bangalore and Hyderabad. GOI has expeditiously addressed the funds flow problems in Delhi and Hyderabad highlighted in the May, 2000 review. Consequently, implementation progress in Delhi has improved during the past 6 months and the mission rates it as marginally satisfactory. In the case of Hyderabad, the State needs to provide Rs. 12 Crores without which the agreed commitments cannot be met.
8. More than three-fourths of the planned community based workers are in position and are acting as social mobilizers to inform and motivate the slum residents to access FP and MCH services offered in the project. Outreach and clinical services are being provided to slum residents as planned and service records indicate increased utilization of facilities. Calcutta continues to demonstrate good public-private partnerships. Staffing of maternity homes, especially staff nurses and specialists, need urgent attention in the remaining project cities. Most training programs planned in the project have been completed (see state specific Aide-Memoires). Training of trainers provided in the project cities improved the effectiveness of the medical officers as trainers of community based volunteers. All cities are implementing decentralized hands on training for the community volunteers and outreach workers. Agreements were reached with project cities regarding special training inputs required in clinical and inter-personal skills during the remainder of the project and integration of project training activities with that of RCH. All project cities continue to implement IEC activities based on agreements reached in the July 1999 workshop giving attention to improve behaviors relevant to project development objectives. Delhi continues to lead in IEC efforts with strong focus on monitoring outcomes after IEC inputs.
9. Management Information Systems (MIS) established under the project continue to function well in Delhi and Calcutta. Bangalore and Hyderabad, which lagged behind, have also started generating disaggregated data on the status of project beneficiaries. However, this data needs to be regularly validated. With 9 months remaining in the project, steps now are needed to integrate the project activities with that of the primary health care program and referral hospitals in the project cities. Specific agreements were reached with the project authorities towards this end.
10. In both Hyderabad and Delhi nearly 50% of the major works are in different stages of completion which need to be closely monitored. Both Calcutta and Bangalore have made good progress in completing most of the originally approved works. The major pending works include maternity homes approved during the MTR. Delhi has completed only 10 out of the 21 health centers and 2 out of 6 maternity homes. Hyderabad has completed half of the 62 urban family welfare centers and 3 of the 5 maternity homes. Site visits were undertaken to review progress and agreements were reached to complete all the facilities by April 2001 (Tables 1-4 Annex V). The mission is satisfied with the progress of procurement actions which are in accordance with the approved procurement plans for FY 2000-01. To fully utilize IDA funds, the project cities need to spend about Rs. 90 Crores during the next 9 months. Both GOI and the states need to ensure adequate availability of funds and closely monitor the implementation and the agreed benchmarks.

### *Additional Cities Component:*

11. As per the agreed benchmark, GOI has assessed the feasibility of completing activities approved during the MTR. All three states have made good start on both the service delivery and civil works components since May 2000. Andhra Pradesh has entered in to innovative turn-key

contracts with NGOs to provide service delivery and social mobilization. RCH services are being provided in 145 locations operating from rented premises and civil works progress is good. The project management needs to be strengthened at the state and regional levels to effectively monitor a program which is spread over 73 smaller towns. So far, 187 sites were handed over to the construction agency, six works have been completed and work is in progress in 107 facilities. It has been agreed to cancel the works for which sites will not have been identified by October 31, 2000 or for which work orders have not been issued by November 7, 2000. In West Bengal, community based volunteers have started outreach activities in 1,075 out of the 1,090 blocks and plans have been prepared to start services in 35 health posts by November 30, 2000 and 11 specialty OPDs by February 2001. Contracts for all 36 works approved under the project (25 urban health posts and 10 OPD cum maternity homes) have been awarded and specific benchmarks for operationalization of these facilities have been agreed. Karnataka has obtained state cabinet clearance for the project including the new posts. As per the agreed benchmark, consultancy services have been procured to implement the civil works program and contracts for all the 53 works (45 health centers and 8 maternity homes) will have been awarded by October 15, 2000. Recruitment of staff is currently in progress and service delivery is expected to be started by December 31, 2000. The mission strongly recommends the project authorities focus on mapping project beneficiaries and monitor utilization of services. Another important area that needs to be addressed is the establishment of referral linkages with hospitals in respective towns. Taking in to consideration the average time required for completion of each work, specific deadlines have been reached to cancel the works will not have been awarded by the dates noted above. Procurement plans have been cleared for AP and WB, while Karnataka is finalizing its plan

#### *Logistic Support Component:*

12. Both Uttar Pradesh (UP) and Tamil Nadu (TN) have made good progress with start-up of implementation. UP has constituted a sub-committee under the state RCH society to manage the program while the existing medical supplies corporation will be responsible for management in TN. UP has entered in to consultancy arrangements with 3 corporations to help in design and supervision of 13 warehouses. In TN, the corporation is directly implementing the construction of 5 warehouses. Both states will be awarding the contracts for civil works by September 30, 2000. Procurement plan for TN was cleared by the Bank and UP has submitted revised plan based on discussion with the Bank recently. Following up the agreements reached at the MTR, MOHFW had organized a meeting with USAID, Bank and UP State officials in August, 2000 where it was agreed that USAID would provide technical support for training and software development for the logistic management information system.

#### **Disbursements and Savings:**

13. There are three main reasons for the low level of disbursement to date. First is the delayed effectiveness of the project. Second is the slow start-up of civil works, especially in Delhi and Hyderabad, due to difficulties in acquiring urban metropolitan sites which were not foreseen at the time of project preparation. As a result, the procurement of goods and furniture, which needs to be synchronized with the works, was also delayed. While these two factors led to the low level of disbursement in the early phase of the project, the exchange rate decline as well as non-utilization of large amount of funds which had been earmarked for future project preparation resulted in substantial savings by the mid term. However, a decision taken early on to focus on social mobilization and service delivery from rented premises provided good outcomes and substantial justification of project objectives as noted in the MTR.

14. Out of the total credit available of US\$ 77 million, the project has disbursed US\$ 36.3 million by September 2000. Project cities so far spent about Rs. 182 Crores out of an original outlay of Rs. 223 Crores. With the restructuring, the outlay for the project cities have increased to Rs. 272 Crores (Table 1 Annex I). Based on GOI review, the revised outlay for the additional cities and logistic support components will be about Rs. 107 Crores and Rs. 25 Crores respectively (Tables 2 and 3 Annex 1). Thus, during the next 9 months the project has to spend Rs. 240 Crores -- an average of around Rs. 27 Crores per month. SOEs of about US\$ 3.3 million need to be submitted to IDA every month (Annex II) during the remaining project period. This is a tall order and the mission requested GOI to closely monitor whether this pattern of expenditure and disbursements are taking place in the coming months.

#### **Key Benchmarks:**

15. It was agreed that the following benchmarks are critical for completion of the restructured program.

- GOI should ensure release of funds to Hyderabad and provide bi-monthly feedback on availability of funds to project implementing agency
- GOI and the states should monitor the agreed civil works benchmarks (Annex IV), especially in Hyderabad and Delhi and cancel major works not awarded by October 31, 2000 and minor works by December 31, 2000
- GOI and the states should expeditiously follow-up the implementation progress, including SOE reimbursement by undertaking monthly reviews and site visits
- GOI should ensure that at least an additional disbursement of US \$ 15 million takes place by March 31, 2001.
- GOI and states should ensure that all critical positions of specialists and staff nurses are filled by October 31, 2000

Progress in achieving these benchmarks, to reviewed with the Bank by March 31, 2001, should determine the amount of cancellations of funds that may be required. The Bank team will also be continuously monitoring progress against these benchmarks and deadlines.

#### **Implementation Completion Report (ICR):**

16. The mission discussed the ICR process with GOI and states. It was agreed that by December 31, 2000 GOI would assign a senior officer familiar with operations as formal contact with the Bank for the ICR process and award contracts for the studies/reviews being planned.

Table 1 Project Cities : Revised Estimates and Expenditures (Rs. Lakh) – September 2000						
	Category	Bangalore	Calcutta	Delhi	Hyderabad	Total
Revised Estimate	Civil Works	2492.19	3290.7	2746.67	1538.91	10068.47
	Procurement	1220.27	2558.45	1149.12	1293.51	6221.35
	Consultant Training	528.48	1025.27	389.88	1106.44	3050.07
	Incremental Operating Costs	1415.6	2750.59	2440.27	1237.02	7843.48
	Total	5656.54	9625.01	6725.94	5175.88	27183.37
Expenditure	Civil Works	2038.18	2604.84	1217.69	961.77	6822.48
	Procurement	776.6	1737.72	617.35	601.1	3732.77
	Consultant Training	363.18	753.29	259.39	822.34	2198.2
	Incremental Operating Costs	876.85	1924.05	1666.67	968.5	5436.07
	Total	4054.81	7019.9	3761.1	3353.71	18189.52
Balance to be spent before Project Closure	Civil Works	454.01	685.86	1528.98	577.14	3245.99
	Procurement	443.67	820.73	531.77	692.41	2488.58
	Consultant Training	165.3	271.98	130.49	284.1	851.87
	Incremental Operating Costs	538.75	826.54	773.6	268.52	2407.41
	Total	1601.73	2605.11	2964.84	1822.17	8993.85

Table 2. Additional Cities in States of Andhra Pradesh, Karnataka and West Bengal Revised Estimates (Rs. Lakh)				
	AP	Karnataka	WB	Total
Civil Works	2900	1400	1457	5757
Procurement	551.75	799.39	1137.82	2488.96
Consultant Training	626	105.4	235.09	966.49
Incremental Operating Costs	475	270.57	787.55	1533.12
Total	4552.75	2575.36	3617.46	10745.57

Table 3. Logistic Support Projects in Uttar Pradesh and Tamil Nadu Revised Estimates (Rs. Lakh)			
	UP	TN	Total
Civil Works	914	425	1339
Procurement	560	82.5	642.5
Consultant Training	95	26.7	121.7
Incremental Operating Costs	180	234.12	414.12
Total	1749	768.32	2517.32

Annex II

Table 2.1 Family Welfare Urban Slums Project – Disbursement Status September 2000 (US \$)		
Disbursement Category	Disbursed	Undisbursed
Civil Works	12948269.69	2411844.04
Procurement	7615245.07	22313037.40
Consultants & Training	3978962.92	6582032.34
Incremental Operating Costs	7781364.90	7024505.20
Special Account	3972304.65	-3577556.83
Unallocated	0.00	5725500.00
	36296147.23	40479362.15

Table 2.2. Family Welfare Urban Slums Project: Financial Summary – September, 2000

	Balance Expenditure – Project Cities	Pipeline Expenditure- Project cities	Projected Expenditure - Addtl. Cities	Projected Expenditure - Logistic support Projects	Total Estimated Expenditure	IDA share		IDA funds available as of May 2000
	Rs. Million	Rs. Million	Rs. Million	Rs. Million	Rs. Million	Rs. Million	USD Million	USD Million
Civil Works	324.60	76.89	575.70	133.9	1111.09	999.98	21.74	2.41
Procurement	248.86	0.00	248.90	64.25	562.00	449.60	9.77	22.31
Consultants and training	85.19	57.21	96.65	12.17	251.21	251.21	5.46	6.58
Incremental Operating Costs	240.74	40.25	153.31	41.412	475.72	309.22	6.72	7.02
Special Account								-3.58
Unallocated								5.73
	899.39	174.35	1074.56	251.73	2400.03	2010.02	43.70	40.48

Annex III

KEY BENCHMARKS FOR MOHFW - OCOTBER 2000 to MARCH 2001	
Benchmark	Target date
GOI should ensure release of funds to Hyderabad and provide bi-monthly feedback on availability of funds to project implementing agency	October 31, 2000 December 31, 2000 February 28, 2001
GOI and the states should monitor the agreed civil works benchmarks (Annex IV), especially in Hyderabad, and Delhi and cancel a) major works not awarded by and b) minor works by	a) October 31, 2000 b) December 31, 2000
GOI and the states should expeditiously follow-up the implementation progress, including SOE reimbursement by undertaking monthly reviews and site visits	Till the end of the project
GOI should ensure that at least an additional disbursement of US \$ 15 million takes place by	March 31, 2001
GOI and states should ensure that all critical positions of specialists and staff nurses are filled by	October 31, 2000
GOI to assign a senior officer for ICR process and award contracts for ICR studies/review	December 31, 2000

## Status of Selected Output Indicators

Bangalore – July– Sept 2000			
Indicator	Estimated Number (Annual)	Achievement till Sept. 00	
		No.	% of estimated number
Contraceptive prevalence among eligible couples	4,16,362	226,779	54.45%
Pregnant women having 3 Antenatal visits	95,558	95,279	99.7 %
Measles Immunization	88,101	82,487	93.6 %

Calcutta July– Sept 2000			
Indicator	Estimated Number (Annual)	Achievement till Sept. 00	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,79,828	84,159	46.8
Pregnant women having 3 Antenatal visits	25,615	23,309	91.0
Institutional deliveries	23,288	22,425	92.0
Measles Immunization	22,576	17,835	79.0

Delhi July– Sept 2000			
Indicator	Estimated Number	Achievement	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	26,278	4370	16.6
Pregnant women having 3 Antenatal visits	8,153	7,890	88.3
Institutional Deliveries	8,153	1313	16.1
Measles Immunization	8,153	6,767	83.0

Hyderabad April 2000			
	Planned	Achievement	
		No.	%
Contraceptive – Permanent	4797	3472	72.4
Contraceptive use – IUD	1917	990	51.6
Pregnant women having 3 AN visits	9344	5904	63.2
Institutional deliveries	7330	4217	57.5
Measles Immunization	8383	4827	57.6
* Higher % due to Campaign			

Summary Status of Civil Works

Bangalore						
Project Activities	Project Target	Sites Identified	Work in Progress	Work Completed	Already Operationalized	Benchmark
1	2	3	4	5	6	7
1. Construction of Health Center	55	55	0	54	54	To cancel the remaining work is there is no decision is received by October 31, 2000
2. Renovation of Maternity Home	27*	25	4	24	21	1 works to be completed by October 31, 2000 and remaining 3 works to be completed by December 31, 2000
3. Renovation of IFWC	26	23	3	20	20	Balance 3 to be completed by December 31, 2000
4. Construction of Staff Quarters	7	7	1	6	6	To complete the electrical and water connections and hand over remaining 2 quarters by October 31, 2000
5. Construction of new Maternity Homes	5	5	5			Three centers to be completed by December 31, 2000 and remaining 2 centers by March 31, 2001
6. Construction of Staff Quarters attached to new Maternity Homes	5	5	5			Quarters in 3 centers to be completed by December 31, 2000 and remaining 2 centers by March 31, 2001
7. Construction of Training Center	1	1	1			Finishing and furnishing to be completed by October 31, 2000
8.. Renovation of Stores	1	1		1		

Calcutta					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit (HAU) Exclusive	97	6	91	6 Nos. to be completed by December 2000
II.	ESOPD- HAUs	7	0	7	All Completed
III.	ESOPD cum Maternity Home	17	0	17	All Completed
IV.	HAU, ESOPD and Maternity Home	1	0	1	Completed
V.	Maternity Home with Clinic	5	5	0	To Submit bid evaluation report to Bank by October 15, 2000
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers (New)	114	5	109	5 Nos. to be completed by June 2000
VIII.	Sub Centers (Repair and renovation)	159	0	159	All works completed

Delhi						
Project Activities	Project Target	Sites Identified	Work in Progress	Work Completed	Remarks, If any	Agreed Actions
1	2	3	4	5	7	
1. Construction of Health Centers	21	21	9	10	Completed- 10	
					Work under progress – 9	To complete: Three facilities by October 15, 2000 One by December 31, 2000 One by January 31, 2001 and Four by March 31, 2001
					To be grounded – 2	To issue work orders by November 30, 2000 and complete by April 30, 2001
2. Construction of UHC cum Maternity Home	6	6	4	2	Completed – 2	
					Work under progress – 4	To complete and operationalize by November 30, 2000
3. Construction of Health Post	105	105	18	67	Completed - 67	Last date for issue of work orders December 15, 2000

Hyderabad						
PROJECT ACTIVITIES	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETE	ALREADY OPERATIONALISED	REMARKS, IF ANY
1	2	3	4	5	6	7
I) Construction of new Urban Family Welfare Centers	26	26	7	19	18	<div>Completed</div> <div>19</div> <div>Basement</div> <div>1</div> <div>Brick work</div> <div>4</div> <div>Finishing</div> <div>2</div> <div>To complete and operationalize 5 facilities by 31 October, 2000 and one by November 2000</div> <div>To agree on follow-up action for the site with legal problems by October 31, 2000</div>
II) Renovation of UFWCs into 'D' type Health Posts.	36	36	18	18	16	<div>Completed</div> <div>18</div> <div>Excavation</div> <div>2</div> <div>Basement</div> <div>2</div> <div>Roof Level</div> <div>1</div> <div>Finishing</div> <div>13</div> <div>To complete and operationalize 8 facilities by October 31, 2000, 4 facilities by November 30, 2000 and 2 by March 2001.</div> <div>To agree on follow-up action for the 3 sites with problems by October 31, 2000.</div>
III) Upgradation/ Construction of Maternity Centers (with 30 beds) and Neo-natal care room.	3 (in two phases)	3	2 (Phase-II)	2 (Phase-I) 1 (Phase I & II)	3	Finishing states of Phase II
	2 (in one phase)	2	2	0	0	<div>Brick work</div> <div>1</div> <div>Finishing stage</div> <div>1</div>
IV) Construction of quarters for staff nurses of Maternity Centers.	4	4	1	3	3	Roof level
V) Augmentation of Office accommodation for City Family Welfare Bureau.	1	1	--	1	1	Completed
VI) Construction of 9 new Type D Health Posts (UHPs: 6, UFW:2, Health Centre:1)	9	9				<div>Sites not yet handed over 5 facilities. Tendering completed and work orders to be issued.</div> <div>9</div> <div>To Cancel the works for which sites are not identified</div>

AP Additional Works - September 2000							
ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
1	2	3	4	5	6	7	8
Construction of Urban Health Centers	192	187	113	6	1	Completed: 6	Immediately operationalize
						Basement: 40	Operationalize by 31, Dec, 2000
						Lintel: 9	Operationalize by Nov. 30, 2000
						Roof: 26	Operationalize by November 30, 2000
						Finishing: 32	Operationalize by October 31, 2000

	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
S. No.	1	2	3	4	5	6	7	8
I	Construction of New Urban Health Centers	45	45	0	0	0	Cancel works for which contracts are not awarded by Operaionalize	October 15, 2000 May 2001
II	Construction of New Maternity Homes	8	8	0	0	0	Cancel works for which contracts are not awarded by Operaionalize	October 15, 2000 May 2001
III	Repair of Health Centers	21					Complete by	March 2001
IV	Repair of Maternity Homes	14					Complete by	March 2001

WB Additional Works - September 2000								
S. No	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
	1	2	3	4	5	6	7	8
I	Construction of Urban Health Posts with Medical Stores	10	10	10	0	0	Roof level for First Floor: 8	Operationalize by 31, March, 2001
							Foundation: 2	Operationalize by 31, May, 2001
II	Construction of Urban Health Posts	25	25	25	0	0	Roof for 1st Floor: 24	Operationalize by 31, March, 2001
							Foundation: 1	Operationalize by 31, May, 2001
III	OPD cum Maternity Home	11	11	11	0	0	Ground Floor Roof: 9	Operationalize by 31, March, 2001
							Foundation level: 2	Operationalize by 31, May, 2001

## Mission Objectives

The objectives of the mission are to:

- a) review implementation progress in project cities and additional activities which became effective on August 21, 2000 by undertaking site visits to Delhi, Andhra Pradesh, Karnataka and West Bengal states and review meetings at MOHFW
- b) to review detailed assessment undertaken by MOHFW on feasibility of implementing the approved activities and reach agreement on cancellation of project savings that may not be spent before project closure and
- c) to discuss the ICR process and reach agreement on preparatory activities including the end line surveys.

## Documents/Reports received during the mission

The following documents/reports received during the mission are available at NDO.

*Andhra Pradesh* : a) Project Status Report – April 2000- 31 August 2000 – Municipal Corporation of Hyderabad(MCH); b) ) Report on Performance Indicators June 2000 – Hyderabad c) Status Report - Urban Slum Health Care Project Sept. 2000 – Commissioner FW, GOAP, Hyderabad d) Reference Manual – Andhra Pradesh Urban Slum Health Care Project – Sept. 2000 – Commissioner FW, GOAP, Hyderabad;

*Delhi*: a) Progress Review – August 31, 2000 – Municipal Corporation of Delhi (MCD); b) Report on MIS activities – August 31, 2000 – MCD c) Report on Rapid Assessment of critical inputs in IEC strategy of IPP-VIII Project– Disha, New Delhi;

*Karnataka* : a) Project Review Status April 2000 to August 2000 - Bangalore Mahanagar Palike (BMP) b) Status Report on Additional City Project – Sept. 2000 - Government of Karnataka;

*West Bengal*: a) Project Review Status August 2000 – Calcutta Metropolitan Development Authority (CMDA) b) Status report on IPP VIII extension to 10 Additional Cities – State Urban Development Agency, West Bengal c) Baseline Survey in 10 additional cities – Draft – Institute of Local Government and Urban Studies, GoWB d) Guidelines for implementation of

- Reproductive Health Education Program – IPP VIII Calcutta

# The World Bank and global cooperation in health: the case of Bangladesh

Kent Buse, Catherine Gwin

The final quarter of the 20th century saw a profound change in international health cooperation. The World Bank emerged and consolidated its position as the leading external financier of health-sector activities in countries of low and middle income. As a result of its resources, philosophy, and legitimacy, the World Bank leveraged fundamental reform of the health-sector agenda as well as institutional relations at global and national levels. The scope of the Bank's involvement, and the nature of its policy thrusts and investment strategy in the sector, are outlined in this paper and illustrated with specific reference to Bangladesh. This backdrop serves to raise four issues and enables us to explore their relevance to global health cooperation in the first quarter of the 21st century.

From a modest start 25 years ago, the World Bank has become the largest external financier of health activities in countries of low and middle income, a major voice in national and international health-policy debates, and a significant contributor to health-policy research.<sup>1</sup> In the process, it has altered significantly the institutional landscape of international health cooperation. Many health professionals and policy makers have welcomed the Bank's presence, since it has raised the profile of health on domestic policy agendas, injected needed financial resources into the sector, and drawn attention to critical policy issues previously largely ignored by national policy makers and international organisations. One clear message that emerged from a World Bank health-sector strategy, issued in August, 1997,<sup>2</sup> was that the health-sector activities of the Bank will continue to grow.

The Bank's expansion in health has also raised several questions—in particular, what has been, and what will be, the impact of Bank leadership and its new strategy on international health cooperation at country level? And what should the Bank's position mean for the role of other international health institutions, particularly WHO, and the interactions among them? This paper first examines the Bank's growing role in health, the type of health-sector development it has pursued, and its new strategy. The case of the Bank's involvement in health in Bangladesh illustrates the agency's growing influence at country level. We conclude by highlighting several challenges that must be faced by the Bank and the international community as the world's "pre-eminent development institution" takes a leading role in global health cooperation.

## The Bank's health role and agenda

The World Bank is a lending institution (panel 1). Whereas other bilateral and UN organisations in the health sector provide grants, the Bank gives out loans, primarily to governments, which the governments

guarantee to repay. For all borrower countries except the poorest, Bank loans are made on non-concessional terms—ie, they are long-term but at rates of interest near market rates; whereas for the world's poorest countries, the Bank provides long-term "credits" that carry only a minimal service fee. Health is part of a health, nutrition, and population (HNP) sector. Financial support in this sector began with lending for population or family-planning programmes in 1970, and was followed by financing for nutrition projects and health components of loans made in other sectors. Direct lending to free-standing health projects was introduced in 1980.<sup>3</sup>

After 1980, the Bank's involvement in health grew quickly—as part of a general increase in investments in human capital. By the end of 1996, the cumulative HNP portfolio had reached US\$13.5 billion (in 1996 dollars), encompassing 155 active projects in 82 countries and an additional 70 completed projects. In 1980, annual lending in HNP was \$500 million and accounted for 1% of the Bank's total lending; in 1996, lending reached a record high of \$2.4 billion—11% of the Bank's annual commitments. By comparison, total official development-assistance to HNP for the period 1985–93 amounted to only \$2 billion annually in 1996 prices, excluding Bank loans,<sup>4</sup> whereas WHO's regular budget was frozen during this period at roughly \$400 million per year (1996 prices), with another \$400 million provided for in extrabudgetary resources.<sup>4</sup>

The Bank magnifies the impact of its financial investments by ensuring that most of its project activities

### Panel 1: Structure—World Bank group

**International Bank for Reconstruction and Development (IBRD)**  
Lends on commercial terms for governments  
Money raised on global markets

**International Development Association**  
Makes low-cost finance available to poorest countries  
Contributions from member countries and from IBRD

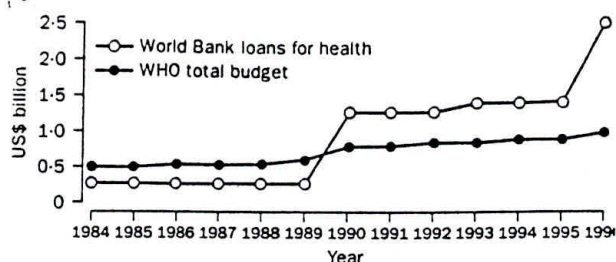
**International Finance Corporation**  
Supports private enterprise

**Multilateral Investment Guarantee Agency**  
Promotes foreign investment through guarantee

**International Centre for Settlement of Investment Disputes**  
Arbitration for disputes

*Lancet* 1998; **351**: 665–69

Health Policy Unit, London School of Hygiene and Tropical Medicine, London WC1E 7HT, UK (K Buse MSc); and Overseas Development Council, Washington DC, USA (C Gwin PhD)  
Correspondence to: K Buse  
(e-mail k.buse@lshtm.ac.uk)



Growing role of World Bank in health

receive matching funds from client governments as well as cofinancing from other donors. The Bank can thus triple or quadruple the funds going to efforts it supports. In addition to project lending, the Bank provides an expanding volume of non-lending services (ie, research, policy dialogue, and donor coordination). Increasingly, owing to the quantity and perceived quality of these services, the Bank provides intellectual leadership to the sector.

Two other significant and inter-related trends have accompanied Bank expansion in the health sector: the relative decline of other international agencies, and a shift in priorities within the sector. The Bank's growth in HNP correlates with stagnation in the level of resources available from other international institutions active in health, notably WHO (figure).<sup>5</sup> This trend can be explained, on the one hand, by the skills and resources the Bank has been able to marshal in response to new challenges, and, on the other, by developments within WHO itself; although WHO's largely biomedical expertise gave it an advantage over the Bank in relation to specific health threats—in spearheading the successful campaign to eradicate small pox, for example—it was less well positioned to take the lead on complex sector-reform initiatives. At their core, most reforms centred around the role of the State in mixed capitalist economies, and secondarily on prioritisation of resource allocation and organisational change. Leadership demanded know-how in the fields of economics and of policy and institutional analyses. In addition, and crucially, leadership required access to senior decision makers in Ministries of Planning and Finance in recipient administrations with the political clout to champion the agenda, and access to large-scale resources to finance—and, when necessary, leverage—reform (panel 2). By contrast, WHO's influence as a specialised health agency was largely confined to Ministries of Health. By the beginning of the 1990s, moreover, WHO was seen by many member governments, observers, and donor governments in

particular, as weak and over-bureaucratic—though it retained unique technical expertise in specific health areas.<sup>6</sup> As a result, overall funding for WHO stagnated, and donors have increasingly moved away from support of WHO's core budget to targeted financing of special programmes, some of which were operated outside WHO. Consequently, some analysts see the publication by the World Bank of its 1993 World Development Report, *Investing in Health*, as the watershed when leadership in international health passed from WHO to the World Bank.<sup>7</sup>

The second trend, which has accompanied the increase in Bank lending for health, has involved a shift in emphasis within the Bank's sector activities. Early Bank support in HNP focused mainly on the financing of the development of physical and human infrastructure, and provision of supplies to enable governments to deliver basic health and family-planning services. Although these efforts achieved modest success, both Bank and external assessments revealed that the approach overlooked the systemic conditions necessary for sustainment of broader health improvements over time. This observation led the Bank to place three substantive issues on the health policy agenda.

Systemic reform was the first, and included a re-examination of the appropriate role of the State in health-care financing and delivery.<sup>8</sup> The Bank advocated greater reliance on cost-recovery and on private-sector provision, together with a refocusing and reduction of public involvement in service delivery in the context of organisational and managerial reforms. The second substantive issue to which the Bank drew attention was the targeting of public-sector investments. In its 1993 *World Development Report*, the Bank provided a rationale and methodology for estimation of each country's burden of disease, based on estimates of "disability-adjusted life years" lost to various illnesses. This data, when coupled with information on the cost-effectiveness of interventions, provided a powerful, albeit imperfect,<sup>9</sup> tool for resource allocation within the sector. Consequently, Bank support is now directed mainly towards ensuring that the public sector provides a subsidised "package of essential services" with far greater involvement in the delivery of those services by the private sector.

A third dimension is currently being added to this agenda which, among other things, is intended to encourage all donors and governments to operate within the framework of reform outlined above. The mechanism entails a gradual shift from the provision of project-specific investment to a sector-wide approach. Although variously defined, within a sector approach both government and donors agree to: sector-wide policies and strategies; a prioritised public-expenditure programme incorporating domestic and foreign resources; and a common management framework for implementation of the strategy over a time-bound period. Through this sector approach, the Bank hopes to make donor assistance conditional upon the government's demonstrated commitment to the agreed reforms—and thereby to ensure that all public expenditure in the health sector is targeted to high-priority services (eg, primary and reproductive health care); that organisational and financial reforms are enacted; and that the recipient government (and donors) do not support initiatives outside the agreed reform agenda.

#### Panel 2: Governance—World Bank (IBRD)

##### Board of Governors

Meets annually

Composed of representatives of 180 member governments

##### Board of Executive Directors (in Washington DC, USA)

Meets twice weekly

Oversight of policy and lending

Individual seats held by: China, France, Germany, Japan, Russian Federation, Saudi Arabia, UK, and USA

Listed countries together have 46% of World Bank voting power

Other member countries combine into 16 groups, each with a representative Executive Director

### The new health-sector strategy

Underlying the Bank's new corporate strategy are the views that the main threats to good health are well known; that affordable solutions are frequently available; but that market imperfections, inappropriate public policies, and weak governmental capacity all impede effective and equitable delivery of health-care services. Reforms are therefore required to redefine the roles of the State and of non-State actors so that they will produce more effective public-health activities and improve regulation of an expanded private sector in health.

To respond to these challenges, the Bank strategy identifies three main objectives: improvement of the health, nutrition, and reproductive outcomes of the world's poor, and protection of other segments of the population from the impoverishing effects of illness, malnutrition, and high fertility; improvement in the performance of health-care systems; and the securing of sustainable health-care financing.

According to the Bank, its "sharpened strategic direction" means that although it will continue to attend to what the poor need most in terms of basic health services, it will concentrate more than ever on sector-wide reform efforts. The bank will stop financing "old-style, Christmas-tree projects", which provide a "shopping list" of physical inputs, and become much more focused and selective in targeting resources towards technical and other assistance to facilitate reform activities. The Bank will also supply direct budget support to Ministries of Health that agree to a sector-expenditure programme in line with the Bank's reform agenda (notwithstanding its concentration on sector-wide approaches and reform, funds will also remain available for vertical projects targeted at priority diseases, such as AIDS and malaria). Moreover, as it has explicitly stated, the Bank will do less in countries that do not meet a basic threshold of commitment to the sector.

Two changes in Bank-wide business practices have been introduced, which should facilitate implementation of the new health strategy. First, the Bank will introduce two lending instruments: mini-loans that can be rapidly allocated on approval by a regional vice-president and used for the pilot testing of activities before being expanded to major national reform efforts; and

"adjustable" lines of credit for up to 10 years in support of an agreed sector-wide reform programme, which would allow for course corrections without the need for new loan negotiations every few years. A second set of changes will "empower" staff through modifications in personnel practices and improved training, the moving of more staff to the field, and decentralised decision making. The way the Bank's presence and evolving agenda influence health-sector development is illustrated well by the case of Bangladesh.

### The World Bank in Bangladesh

Bangladesh is among the poorest of the least-developed countries, and has thus been a leading contender for official development assistance and health-sector assistance. To a large extent, donors have underwritten the Government's programme for population and health over more than two decades. At present, at least 31 bilateral and multilateral organisations support Ministry of Health activities, and account for roughly 35% of the ministry's budgeted expenditure.<sup>10</sup> Early support was directed mainly towards fertility reduction through a massive family-planning programme, to which elements of maternal and child health were added. Improvements to the infrastructure—which includes buildings, supplies, and equipment, together with staff salaries—took up the lion's share of external assistance. External support contributed to several achievements, notably sustained fertility reduction in an unfavourable socioeconomic environment, dramatic increases in Expanded Programme of Immunisation (EPI) coverage, and substantial reductions over the previous 5 years in mortality among children. However, since the early 1990s, donors, led by the Bank, have increasingly focused on systemic reforms in response to their perceptions of wide-spread inefficiency in the health sector.

One of the striking features of the health sector in Bangladesh is the nature of the Bank's involvement as leader of a consortium of donors overseeing a large cofinanced project.<sup>11</sup> The history of the Bank's work in the sector can be traced to an appraisal in 1973 for its first population project, 2 years after the country's violent war of independence. The Bank attracted cofinancing from six bilateral donors to this project. Each successive project has engaged additional donors and has more than doubled in value. The current Fourth Population and Health Project, supported by nine bilateral agencies, will have disbursed roughly US\$780 million over its 7-year lifespan. Bank lending supplied \$190 million, the other donors gave \$282 million, and the Government provided \$310 million. Through the consortium, external agencies disburse roughly \$67 million per year. By comparison, another five major donors, which are not members of the consortium, collectively commit an annual sum almost equal to that from the Ministry of Health (panel 3; consortium figures are projected disbursements by each agency divided by length of project. Other figures are commitments made by agencies for various programme periods: expenditure may be much lower).

Although the consortium arrangement has evolved over time, and currently fulfils functions relating to donor coordination and oversight of the cosponsored project, it has also become one of the most influential agents in the sector with regard to other donors and the Government itself. A project-support unit, based at the Bank but

Panel 3: Rough annual disbursement/commitment by major donors to Ministry of Health, Bangladesh, through consortium and outside consortium (US\$ millions)

Donor consortium (disbursed)		Non-consortium donors (committed)	
World Bank	27.1	American USAID	30.0
German GTZ and KfW	13.0	UNICEF	14.0
European Commission	7.6	Asian Development Bank	10.0
Canadian CIDA	5.5	UNFPA	6.0
Norwegian NORAD	4.2	WHO	5.0
UK DfID	3.9		
Dutch DGIS	3.7		
Swedish Sida	1.6		
Australian AusAid	0.8		
Total	67.4	Total	65.0

GTZ: German Agency for Technical Assistance. KfW: Kreditanstalt für Wiederaufbau. CIDA: Canadian International Development Agency. NORAD: Norwegian Agency for International Development. DfID: Department for International Development. DGIS: Directorate General for International Cooperation. Sida: Swedish International Development Cooperation Agency. USAID: United States Agency for International Development. UNICEF: United Nations Children's Fund. UNFPA: United Nations Population Fund. Although UNICEF, UNFPA, and WHO are "associate members" of consortium, they do not channel their regular budget funds through consortium arrangement.

financed jointly with the cofinanciers, has been strengthened over the years in line with the increasing size and complexity of the successive projects. The unit currently comprises three professional staff based in Washington DC, USA, and five in Dhaka, Bangladesh. Responsibilities entrusted to the Bank include the leading of regular meetings and missions of consortium members, and representation of the agreed views of the consortium to non-member donors and to the Government on issues in the sector. The consortium arrangement improves coordination among participating agencies by providing a venue for consultation, consensus building, optimisation of the comparative advantage of each contributor, and streamlining of interactions between donors and Government. Owing to the number of its members and the volume of its resources, the consortium also dominates the country's health-policy agenda.

Although the Bank and the United States Agency for International Development (USAID) are the sector's largest donors, the Bank's leadership is bolstered by its central position within the consortium, which is exemplified by recent events. Concerned about lack of progress in addressing the sectoral inefficiencies, the Bank, in 1996, in consultation with other consortium members, indicated it would not proceed with processing a further credit for health and population activities in Bangladesh until the government produced a strategy that set out an agenda for substantive reforms. With guidance from the Bank and other donors, the Ministry of Health prepared the requisite strategy document.<sup>12</sup> This strategy commits the government, among other things, to a sector-wide approach—a powerful mechanism that increases the probability of government compliance with an "agreed agenda". In the case of Bangladesh, this agenda is heavily influenced by Bank thinking, the objectives of which include the promotion of primary care, cost-effective delivery pattern, and alteration of the public-private combination in health-care delivery.

The purpose of this selective and generalised review of Bank activities in Bangladesh has been to highlight the Bank's current position at the fulcrum of sector developments. The Bank has also mobilised far greater resources for the sector than would otherwise have been obtained, and through its project-support unit enabled the government to manage a far larger health and population programme. The Bank can be credited in addition with placing legitimate and timely issues on the health-policy agenda, and with bringing greater coordination to the large number of donors active in the sector.<sup>13</sup>

### **The Bank and future global cooperation for health-sector development**

The Bangladesh case illustrates the Bank's much expanded role in the health sector. The Bank's contribution to improved public health, though indeterminate, is likely to be substantial. Owing to its scale, business practices, and agenda, the Bank has altered sector priorities and donor-recipient relations at the global and national levels. These dramatic changes raise several compelling issues that must be debated, both inside and outside the Bank, since they will have profound implications for health-sector development in low-income countries over future decades.

First, how can the Bank reduce the conflict between

advancing a central "corporate" strategy in health while also pursuing country-specific approaches to sector reform which are overwhelmingly conditioned by local issues, agents, and processes? Although these two thrusts may not be inherently incompatible, past tendencies within the Bank have favoured global prescriptions over local diagnoses and solutions—an example being the rapid, wide-spread introduction of user-fees in Bank projects in several countries after the Bank's publication of "An Agenda for Reform".<sup>14</sup> In countries where suitable institutional safeguards were not in place (most), unintended and deleterious consequences resulted until the fee policies were adapted to local conditions or dropped altogether. The Bank seems to have learned from such experience.

The current approach to the corporate-local conflict is one of selectivity, focusing Bank resources on those countries deemed able to make the greatest use of them. Bangladesh is an illustrative case. According to Bank sources, Government of Bangladesh commitment to a specific and substantive reform agenda was a precondition for further funding to the sector from the Bank and other consortium members. Consequently, preappraisal of a credit was linked to the formal adoption of a Health and Population Sector Strategy and action plan, which was prepared through a collaborative process involving the Government, Bank staff, and other consortium members.<sup>14</sup> Through this process, the Bank ascertained that there was high-level Government commitment to a set of agreed principles without which the Bank would not do business. Joint Government-consortium preparation of the strategy also ensured sufficient local ownership among key Ministry of Health staff to vest in it a reasonable chance of success. Having secured Government commitment to a set of agreed principles, the Bank will now attempt to provide the Government with flexibility to implement the reforms at its own pace and with technical assistance suited to the circumstances. The Bank's trend towards greater country selectivity will probably address the tension partially, but the Bank will continue to need to ground global conceptual thinking within local contexts. The proposal for greater field presence and decentralised authority may help, but only in so far as Bank staff are encouraged and willing, when warranted, to deviate from global dictates.

Second, the Bank strategy places increased emphasis on showing actual results on the ground—an objective which may prove double-edged. On the one hand, this strategy should lead to greater Bank and client attention to effective implementation of programmes and projects; on the other, such results may be difficult to achieve because objectives aim at long-term rather than short-term outcomes; the desired outcomes entail institutional changes that are difficult to produce, and in areas in which the Bank has not shown an advantage (of some 63 health projects assessed by the Operations Evaluation Department of the Bank, only 17% achieved institutional-development results that were "substantial");<sup>15</sup> the strategy proposes tackling problems of poverty which have not only proved insurmountable but may not be the priority of borrowing governments; and the sector-wide approach requires that all major donors and government agencies cooperate to a degree often lacking in the past. Moreover, the Bank has been self-critical of its prevailing management culture, staff policies, and incentives, which placed too much emphasis

on loan disbursement and quick, process-oriented results.<sup>16</sup> In practice, when local capacity to design and implement projects is weak, Bank staff have a strong incentive to take up responsibility to get things done, and thereby thwart the long-term development process of the country's own capacity. Bangladesh provides a case in point on both potential difficulties. The systemic-reform type subcomponents of the consortium project, such as the management-development unit, reorganisation of the Ministry, and development of a human-resources master plan, ran into the greatest difficulty (and failure) in implementation. There is also concern that the increasingly large project-support unit, which has evolved to facilitate loan disbursement and project implementation, may undermine Bangladesh's ownership, capacity-building, and the sustainability of donor investments.

Tension seems to exist, moreover, between the trend to hold down Bank research and staff costs, and what may be required for the new health strategy to succeed. The corporate-strategy paper makes several points: over the past decade, HNP staff have increased by 86% whereas lending has grown by 272%; past and future cuts in HNP budget and staff-time for analytical work are cause for concern, given that scant attention has so far been paid to the important issue of the political economy of reform, and its economic, regulatory, and institutional underpinnings; and the budget for supervision of projects has been almost halved, even as the number of projects undertaken is increasing. In Bangladesh, this tension has been partially alleviated by getting other donors to meet the costs of Bank staff. Nevertheless, the staff have concentrated on project implementation rather than the conceptual and operational issues associated with reform programmes. Analysts are particularly concerned that there is insufficient evidence to identify which reforms work, which reforms do not, and what the unintended consequences might be; they therefore argue that greater emphasis must be placed on the monitoring and analysis of reform programmes.<sup>17</sup>

Such concerns lead to one final and over-riding issue regarding the future of international cooperation for health development. Clearly, the Bank has stepped in to fill a leadership gap in health-sector reform and financing. But the Bank does not have (and is in no position to develop) technical expertise across a whole range of health matters—which, over past years, has been the mandate of WHO. But there is reason for concern that, with the ascendancy of the Bank and the decline of WHO, technical know-how is being underused, particularly at the country level, and a constructive pluralism of views on global health is being lost. As the forces of globalisation and development alter the health

status and health risks of people worldwide, more effort is needed to preserve and better employ essential technical expertise; to improve the operations and complementary interactions of the various international-health agents; and to protect the multiplicity of opinions that have a legitimate claim to health-policy development.<sup>18</sup> A sharper and improved sector strategy on the part of the World Bank is one—but not the only—constructive element in this process.

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## References

- 1 De Beyer JA, Preker AS, Feachem RGA. The role of the World Bank in international health. *Soc Sci Med* 1998; in press.
- 2 World Bank. Health, nutrition and population sector strategy paper. Human development network: Washington DC: World Bank, 1997.
- 3 World Bank. Health sector policy paper. Washington DC: World Bank, 1980.
- 4 WHO. Work of the World Health Organization, 1997.
- 5 Vaughan JP, Mogedal S, Kruse SE, Lee K, Walt G, de Wilde K. Financing the World Health Organization: global importance of extrabudgetary funds. *Health Policy* 1996; 35: 229–45.
- 6 Godlee F. WHO in crisis (series of eight articles). *BMJ* 1994–95; 309: 1424–28, 1491–95, 1560–70, 1636–39; 310: 110–12, 178–82, 389–93, 583–86.
- 7 Brown P. The WHO strikes mid-life crisis. *New Scientist* 1997; 153: 12; Australian Agency for International Development, Royal Ministry of Foreign Affairs, Norway and Overseas Development Administration, UK. Cooperation for health development: extrabudgetary funds in WHO, 1997.
- 8 World Bank. Financing health services in developing countries: an agenda for reform. World Bank policy study. Washington DC: World Bank, 1987.
- 9 Anand S, Hanson K. Disability-adjusted life years: a critical review. *J Health Econ* 1997; 16: 685–702.
- 10 Government of Bangladesh. Based on analysis of annual and 5-year development plans, 1975–97. Dhaka: Ministry of Planning.
- 11 World Bank: operations evaluation department. Population and the World Bank: implications from eight case studies. Washington DC: World Bank, 1992.
- 12 Government of Bangladesh. Health and population sector strategy. Dhaka: Ministry of Health and Family Welfare, 1997.
- 13 Buse K. Aid coordination in the health and population sector in Bangladesh: a case study and lessons learned. Prepared for the UN inter-agency task force on basic social services for all. Dhaka, 1997.
- 14 Gilson L, Russel S, Buse K. The political economy of user fees with targeting: developing equitable health financing policy. *J Internat Develop* 1995; 7: 369–401.
- 15 Stout S, Evans A, Nassim J, Raney L. Evaluating health projects: lessons from the literature. Discussion paper. Washington DC: World Bank, 1997.
- 16 Wapenhans A. Effective implementation: key to development impact. Task force report. Washington DC: World Bank, 1992.
- 17 Zwi A, Mills A. Health policy in less developed countries: past trends and future directions. *J Internat Develop* 1995; 7: 299–328.
- 18 Buse K, Walt G. Role conflict: the World Bank and the world's health. *Soc Sci Med* 1998; in press.

# DRAFT NATIONAL HEALTH POLICY 2001

## Points That Need A Critique

### Positive Features

- Direct, indirect acknowledgement of
- High levels of morbidity and mortality;
- Poor functioning of Public Health Services
- Gross under-funding of the Health Services.
- Impact of globalization has not been glorified; somewhat critical view of the role of TRIPS
- Takes note of higher public health expenditure in other countries; and its impact in health-status.
- Recommendation for doubling of central govt. health expenditure by 2010.
- Increased proportion of expenditure on primary health care. (55:35:10 formula)
- Envisages regulation of private sector.
- Envisages improvements in medical education.
- Concern about ethics, mental health, family medicine

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### Negative Features

#### General

- No mention of Alma Ata Declaration and Primary Health Care Approach.
- No intersectoral linkages seen in determination of health-status and provision of health care services. Primary role of water, food, sanitation, environment etc. has been mentioned in the passing, at the end.
- Linkage between distorted development and morbidity pattern not recognized. No mention of double burden of old and new diseases; epidemiological polarization. Hence no policy to affect determinants of health through an intersectoral approach.
- No mention of special vulnerability of women due to the triple burden (pregnancy, child care, labour in unorganized sector) and the role of patriarchy.

#### Specific Points

- In Box 1, the achievements have not been compared with the goals for the year 2000, as envisaged in the 1983 policy.
- No indicator of malnourishment has been even mentioned. No mention of continued high prevalence of undernourishment in children, anaemia in women

- In section 1.5, there is no mention of road-accident deaths(more than 50,000 deaths per year); a product of wrong policies about transportation system in India.
- No critical analysis of overwhelming domination of F.P. programme.
- No mention of medico-social issues in drug policy. This is despite the fact that in the proposed 'pharmaceutical policy 2001', there is not even mention of any of the medico social aspect of drug-policy.

No mention of the Community Health Worker for First Contact Care. No departure from doctor-centered model of medical care.

- No critique of privatization of medical colleges.
- Nothing on restricting 'cross-practice'.
- No cognizance of opposition by women's and health-groups to injectable contraceptives. No change in the current unethical policy on this issue.
- Nothing on gender sensitization of health-care personnel and on health impact of domestic violence.
- Goals set in Box IV look arbitrary. They are unrealistic in the context of the experience so far.

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# National Health Policy-2001

## A comparison with the People's Health Charter

### Sr. People's Health Charter

1. The concept of comprehensive primary health care, as envisioned in the Alma Ata Declaration should form the fundamental basis for formulation of all policies related to health care. The trend towards fragmentation of health delivery programmes through conduct of a number of vertical programmes should be reversed. National health programmes be integrated within the Primary Health Care system with decentralized planning, decision-making and implementation with the active participation of the community. Focus be shifted from bio-medical and individual based measures to social, ecological and community based measures.

2. The primary health care institutions including trained village health workers, sub-centers, and the PHCs staffed by doctors and the entire range of community health functionaries including the ICDS workers, be placed under the direct administrative and financial control of the relevant level Panchayati Raj institutions. The overall infrastructure of the primary health care institutions be under the control of Panchayats and Gram Sabhas and provision of free and accessible secondary and tertiary level care be under the control of Zilla Parishads, to be accessed primarily through

### NHP- 2001

- Alma Ata Declaration not mentioned

#### 4.3 DELIVERY OF NATIONAL PUBLIC HEALTH PROGRAMMES

4.3.1 NHP-2001, envisages a key role for the Central Government in designing national programmes with the active participation of the State Governments. Also, the Policy ensures the provisioning of financial resources, in addition to technical support, monitoring and evaluation at the national level by the Centre. However, to optimize the utilization of the public health infrastructure at the primary level, NHP-2001 envisages the gradual convergence of all health programmes under a single field administration. Vertical programmes for control of major diseases like TB, Malaria and HIV/AIDS would need to be continued till moderate levels of prevalence are reached. The integration of the programmes will bring about a desirable optimisation of outcomes through a convergence of all public health inputs. The policy also envisages that programme implementation be effected through autonomous bodies at State and district levels. State Health Departments' interventions may be limited to the overall monitoring of the achievement of programme targets and other technical aspects. The relative distancing of the programme implementation from the State Health Departments will give the project team greater operational flexibility. Also, the presence of State Government officials, social activists, private health professionals and MLAs/MPs on the management boards of the autonomous bodies will facilitate well-informed decision-making.

#### 4.6 ROLE OF LOCAL SELF-GOVERNMENT INSTITUTIONS

4.6.1 NHP-2001 lays great emphasis upon the implementation of public health programmes through local self Government institutions. The structure of the national disease control programmes will have specific components for implementation through such entities. The Policy urges all State Governments to consider decentralizing implementation of the programmes to such Institutions by 2005. In order to achieve this, financial incentives, grants and awards to

referrals from PHCs.

achieve this, financial incentives, over and above the resources allocated for disease control programmes, will be provided by the Central Government.

3. The essential components of primary care should be:

- Village level health care based on Village Health Workers selected by the community and supported by the Gram Sabha / Panchayat and the Government health services which are given regulatory powers and adequate resource support

- Primary health care approach not mentioned at all

- Primary Health Centers and sub-centers with adequate staff and supplies which provides quality curative services at the primary health center level itself with good support from referral linkages

#### **4.4 THE STATE OF PUBLIC HEALTH INFRASTRUCTURE**

4.4.1 NHP-2001 envisages the kick-starting of the revival of the Primary Health System by providing some essential drugs under Central Government funding through the decentralized health system. It is expected that the provisioning of essential drugs at the public health service centres will create a demand for other professional services from the local population, which, in turn, will boost the general revival of activities in these service centres. In sum, this initiative under NHP-2001 is launched in the belief that the creation of a beneficiary interest in the public health system, will ensure a more effective supervision of the public health personnel, through community monitoring, than has been achieved through the regular administrative line of control.

- A comprehensive structure for Primary Health Care in urban areas based on urban PHCs, health posts and Community Health Workers under the control of local self government such as ward committees and municipalities.

#### **4.9 URBAN HEALTH**

4.9.1 NHP-2001, envisages the setting up of an organised urban primary health care structure. Since the physical features of an urban setting are different from those in the rural areas, the policy envisages the adoption of appropriate population norms for the urban public health infrastructure. The structure conceived under NHP-2001 is a two-tiered one: the primary centre is seen as the first-tier, covering a population of one lakh, with a dispensary providing OPD facility and essential drugs to enable access to all the national health programmes; and a second-tier of the urban health organisation at the level of the Government general Hospital, where reference is made from the primary centre. The Policy envisages that the funding for the urban primary health system will be jointly borne by the local self-Government institutions and State and Central Governments.

4.9.2 The National Health Policy also envisages the establishment of fully-equipped 'hub-spoke' trauma care networks in large urban agglomerations to reduce accident mortality.

- Enhanced content of Primary Health Care to include all measures which can be provided at the PHC level even for less common or non-communicable diseases (e.g. epilepsy, hypertension, arthritis, pre-eclampsia, skin diseases) and integrated relevant epidemiological and preventive measures

- Surveillance centers at block level to monitor the local epidemiological situation and tertiary care with all speciality services, available in every district.

- A comprehensive medical care programme financed by the government to the extent of at least 5% of our GNP, of which at least half be disbursed to panchayati raj institutions to finance primary level care. This be accompanied by transfer of responsibilities to PRIs to run major parts of such a programme, along with measures to enhance capacities of PRIs to undertake the tasks involved.

#### 4.15 NATIONAL DISEASE SURVEILLANCE NETWORK

4.15.1 NHP-2001 envisages the full operationalization of an integrated disease control network from the lowest rung of public health administration to the Central Government, by 2005. The programme for setting up this network will include components relating to installation of data-base handling hardware; IT inter-connectivity between different tiers of the network; and, in-house training for data collection and interpretation for undertaking timely and effective response.

#### 4.1 FINANCIAL RESOURCES

The paucity of public health investment is a stark reality. Given the extremely difficult fiscal position of the State Governments, the Central Government will have to play a key role in augmenting public health investments. Taking into account the gap in health care facilities under NHP-2001 it is planned to increase health sector expenditure to 6 percent of GDP, with 2 percent of GDP being contributed as public health investment, by the year 2010. The State Governments would also need to increase the commitment to the health sector. In the first phase, by 2005, they would be expected to increase the commitment of their resources to 7 percent of the Budget; and, in the second phase, by 2010, to increase it to 8 percent of the Budget. With the stepping up of the public health investment, the Central Government's contribution would rise to 25 percent from the existing 15 percent, by 2010. The provisioning of higher public health investments will also be contingent upon the increase in absorptive capacity of the public health administration so as to gainfully utilize the funds.

#### 4.2 EQUITY

4.2.1 To meet the objective of reducing various types of inequities and imbalances – inter-regional; across the rural – urban divide; and between economic classes – the most cost effective method would be to increase the sectoral outlay in the primary health sector. Such outlets give access to a vast number of individuals, and also facilitate preventive and early stage curative initiative, which are cost effective. In recognition of this public health principle, NHP-2001 envisages an increased allocation of 55 percent of the total public health investment for the primary health sector; the secondary and tertiary health sectors being

targetted for 35 percent and 10 percent respectively. NHP-2001 projects that the increased aggregate outlays for the primary health sector will be utilized for strengthening existing facilities and opening additional public health service outlets, consistent with the norms for such facilities.

5. The policy of gradual privatisation of government medical institutions, through mechanisms such as introduction of user fees even for the poor, allowing private practice by Government Doctors, giving out PHCs on contract, etc. be abandoned forthwith. Failure to provide appropriate medical care to a citizen by public health care institutions be made punishable by law.

6. A comprehensive need-based human-power plan for the health sector be formulated that addresses the requirement for creation of a much larger pool of paramedical functionaries and basic doctors, in place of the present trend towards over-production of personnel trained in super-specialities. Major portions of undergraduate medical education, nursing as well as other paramedical training be imparted in district level medical care institutions, as a necessary complement to training provided in medical/nursing colleges and other training institutions. No more new medical colleges to be opened in the private sector. No commodification of medical education. Steps to eliminate illegal private tuition by teachers in medical colleges. At least a year of compulsory rural posting for undergraduate (medical, nursing and paramedical) education be made mandatory, without which license to practice not be issued. Similarly, three years of rural posting after post graduation be made compulsory.

#### 4.5 EXTENDING PUBLIC HEALTH SERVICES

4.5.1 NHP-2001 envisages that, in the context of the availability and spread of allopathic graduates in their jurisdiction, State Governments would consider the need for expanding the pool of medical practitioners to include a cadre of licentiates of medical practice, as also practitioners of Indian Systems of Medicine and Homoeopathy. Simple services/procedures can be provided by such practitioners even outside their disciplines, as part of the basic primary health services in under-served areas. Also, NHP-2001 envisages that the scope of use of paramedical manpower of allopathic disciplines, in a prescribed functional area adjunct to their current functions, would also be examined for meeting simple public health requirements. These extended areas of functioning of different categories of medical manpower can be permitted, after adequate training and subject to the monitoring of their performance through professional councils.

4.5.2 NHP-2001 also recognizes the need for States to simplify the recruitment procedures and rules for contract employment in order to provide trained medical manpower in under-served areas.

7. The unbridled and unchecked growth of the commercial private sector be brought to a halt. Strict observance of standard guidelines for medical and surgical intervention and use of diagnostics, standard fee structure, and periodic prescription audit to be made obligatory. Legal and social mechanisms be set up to ensure observance of minimum standards by all private hospitals, nursing/maternity homes and medical laboratories. Prevalent practice of offering commissions for referral to be made punishable by law. For this purpose a

#### 4.13 ROLE OF THE PRIVATE SECTOR

4.13.1 NHP-2001 envisages the enactment of suitable legislations for regulating minimum infrastructure and quality standards by 2003, in clinical establishments/medical institutions, also, statutory guidelines for the conduct of clinical practice and delivery of medical services are to be developed over the same period. The policy also encourages the setting up of private insurance instruments for increasing the scope of the coverage of the secondary and tertiary sector under private

body with statutory powers be constituted, which has due representation from peoples organisations and professional organisations.

health insurance packages.

4.13.2 To capitalize on the comparative cost advantage enjoyed by domestic health facilities in the secondary and tertiary sector, the policy will encourage the supply of services to patients of foreign origin on payment. The rendering of such services on payment in foreign exchange will be treated as 'deemed exports' and will be made eligible for all fiscal incentives extended to export earnings.

4.13.3 NHP-2001 envisages the co-option of the non-governmental practitioners in the national disease control programmes so as to ensure that standard treatment protocols are followed in their day-to-day practice.

4.13.4 NHP-2001 recognizes the immense potential of use of information technology applications in the area of tele-medicine in the tertiary health care sector. The use of this technical aid will greatly enhance the capacity for the professionals to pool their clinical experience.

8. A rational drug policy be formulated that ensures development and growth of a self-reliant industry for production of all essential drugs at affordable prices and of proper quality. The policy should, on a priority basis:

- Ban all irrational and hazardous drugs. Set up effective mechanisms to control the introduction of new drugs and formulations as well as periodic review of currently approved drugs.
- Introduce production quotas & price ceiling for essential drugs
- Promote compulsory use of generic names
- Regulate advertisements, promotion and marketing of all medications based on ethical criteria
- Formulate guidelines for use of old and new vaccines
- Control the activities of the multinational sector and restrict their presence only to areas where they are willing to bring in new technology
- Recommend repeal of the new patent act and bring back mechanisms that prevent creation of monopolies and promote introduction of new drugs at affordable prices
- Promotion of the public sector in production of drugs and medical supplies, moving towards complete self-reliance in these areas.

▪ No mention of rationality of drugs here or in the drug policy

#### **4.23 IMPACT OF GLOBALISATION ON THE HEALTH SECTOR**

- 4.23.1 NHP-2001 takes into account the serious apprehension expressed by several health experts, of the possible threat to the health security, in the post TRIPS era, as a result of a sharp increase in the prices of drugs and vaccines. To protect the citizens of the country from such a threat, NHP-2001 envisages a national patent regime for the future which, while being consistent with TRIPS, avails of all opportunities to secure for the country, under its patent laws, affordable access to the latest medical and other therapeutic discoveries. The Policy also sets out that the Government will bring to bear its full influence in all international fora – UN, WHO, WTO, etc. – to secure commitments on the part of the Nations of the Globe, to lighten the restrictive features of TRIPS in its application to the health

9. Medical Research priorities be based on morbidity and mortality profile of the country, and details regarding the direction, intent and focus of all research programmes be made

#### **4.12 MEDICAL RESEARCH**

4.12.1 NHP-2001 envisages the increase in Government-funded medical research to a level of 1 percent of total

entirely transparent. Adequate government funding be provided for such programmes. Ethical guidelines for research involving human subjects be drawn up and implemented after an open public debate. No further experimentation, involving human subjects, be allowed without a proper and legally tenable informed consent and appropriate legal protection. Failure to do so to be punishable by law. All unethical research, especially in the area of contraceptive research, be stopped forthwith. Women (and men) who, without their consent and knowledge, have been subjected to experimentation, especially with hazardous contraceptive technologies to be traced forthwith and appropriately compensated. Exemplary damages to be awarded against the institutions (public and private sector) involved in such anti-people, unethical and illegal practices in the past.

funded medical research to a level of 1 percent of total health spending by 2005; and thereafter, up to 2 percent by 2010. Domestic medical research would be focused on new therapeutic drugs and vaccines for tropical diseases, such as TB and Malaria, as also the Sub-types of HIV/AIDS prevalent in the country. Research programmes taken up by the Government in these priority areas would be conducted in a mission mode. Emphasis would also be paid to time-bound applied research for developing operational applications. This would ensure cost effective dissemination of existing / future therapeutic drugs/vaccines in the general population. Private entrepreneurship will be encouraged in the field of medical research for new molecules / vaccines.

10. All coercive measures including incentives and disincentives for limiting family size be abolished. The right of families and women within families in determining the number of children they want should be recognized. Concurrently, access to safe and affordable contraceptive measures be ensured which provides people, especially women, the ability to make an informed choice. All long-term, invasive, systemic hazardous contraceptive technologies such as the injectables (NET-EN, Depo-Provera, etc.), sub-dermal implants (Norplant) and anti fertility vaccines should be banned from both the public and private sector. Urgent measure be initiated to shift to onus of contraception away from women and ensure at least equal emphasis on men's responsibility for contraception. Facilities for safe abortions be provided right from the primary health center level.

- Refer to National Population Policy-2000.

11. Support be provided to traditional healing systems, including local and home-based healing traditions, for systematic research and community based evaluation with a view to developing the knowledge base and use of these systems along with modern medicine as part of a holistic healing perspective.

## **2.26 ALTERNATIVE SYSTEMS OF MEDICINE**

2.26.1 Alternative Systems of Medicine – Ayurveda, Unani, Sidha and Homoeopathy – provide a significant supplemental contribution to the health care services in the country, particularly in the underserved, remote and tribal areas. The main components of NHP-2001 apply equally to the alternative systems of medicine. However, the policy features specific to the alternative systems of medicine will be presented as a separate document.

12. Promotion of transparency and decentralization in the decision making process, related to health care, at all levels as well as adherence to the principle of right to

information. Changes in health policies to be made only after mandatory wider scientific public debate.

13. Introduction of ecological and social measures to check resurgence of communicable diseases. Such measures should include:

- Integration of health impact assessment into all development projects
- Decentralized and effective surveillance and compulsory notification of prevalent diseases like malaria, TB by all health care providers, including private practitioners
- Reorientation of measures to check STDs/AIDS through universal sex education, promoting responsible safe sex practices, questioning forced disruption and displacement and the culture of commodification of sex, generating public awareness to remove stigma and universal availability of preventive and curative services, and special attention to empowering women and availability of gender sensitive services in this regard.

14. Facilities for early detection and treatment of non-communicable diseases like diabetes, cancers, heart diseases, etc. to be available to all at appropriate levels of medical care.

15.
  - Women-centered health initiatives that include:
    - Awareness generation for social change on issues of gender and health, triple work burden, gender discrimination in upbringing and life conditions within and outside the family; preventive and curative measures to deal with health consequences of women's work and violence against women
    - Complete maternity benefits and child care facilities to be provided in all occupations employing women, be they in the organized or unorganized sector
    - Special support structures that focus on single, deserted, widowed women and minority women which will include religious, ethnic and women with a different sexual orientation and commercial sex workers; gender sensitive services to deal with all the health problems of women including reproductive health, maternal health, abortion, and infertility
    - Vigorous public campaign accompanied by legal and administrative action against sex selective abortions including female feticide, infanticide and sex pre-selection.

#### **4.17 WOMEN'S HEALTH**

4.17.1 NHP-2001 envisages the identification of specific programmes targeted at women's health. The policy notes that women, along with other under privileged groups are significantly handicapped due to a disproportionately low access to health care. The various Policy recommendations of NHP-2001, in regard to the expansion of primary health sector infrastructure, will facilitate the increased access of women to basic health care. NHP-2001 commits the highest priority of the Central Government to the funding of the identified programmes relating to woman's health. Also, the policy recognizes the need to review the staffing norms of the public health administration to more comprehensively meet the specific requirements of women.

<p>16. Child centered health initiatives that include:</p> <ul style="list-style-type: none"> <li>▪ A comprehensive child rights code, adequate budgetary allocation for universalisation of child care services</li> <li>▪ An expanded &amp; revitalized ICDS programme. Ensuring adequate support to working women to facilitate child care, especially breast feeding</li> <li>▪ Comprehensive measures to prevent child abuse, sexual abuse\ prostitution</li> <li>▪ Educational, economic and legal measures to eradicate child labour, accompanied by measures to ensure free and compulsory quality elementary education for all children.</li> </ul>	<p>9</p>
<p>17. 1. Special measures relating to occupational and environmental health which focus on:</p> <ul style="list-style-type: none"> <li>▪ Banning of hazardous technologies in industry and agriculture</li> <li>▪ Worker centered monitoring of working conditions with the onus of ensuring a safe and secure workplace on the management</li> <li>▪ Reorienting medical services for early detection of occupational disease</li> <li>▪ Measures to reduce the likelihood of accidents and injuries in different settings, such as traffic and, industrial accidents, agricultural injuries, etc.</li> </ul> <p>18. The approach to mental health problems should take into account the social structure in India which makes certain sections like women more vulnerable to mental health problems. Mental Health Measures that promote a shift away from a bio-medical model towards a holistic model of mental health. Community support &amp; community based management of mental health problems be promoted. Services for early detection &amp; integrated management of mental health problems be integrated with Primary Health Care and the rights of the mentally ill and the mentally challenged persons to be safe guarded.</p>	<p><b>4.21 <u>OCCUPATIONAL HEALTH</u></b></p> <p>4.21.1 NHP-2001 envisages the periodic screening of the health conditions of the workers, particularly for high risk health disorders associated with their occupation.</p> <p><b>4.10 <u>MENTAL HEALTH</u></b></p> <p>4.10.1 NHP – 2001 envisages a network of decentralised mental health services for ameliorating the more common categories of disorders. The programme outline for such a disease would envisage diagnosis of common disorders by general duty medical staff and prescription of common therapeutic drugs.</p> <p>4.10.2 In regard to mental health institutions for in-door treatment of patients, the policy envisages the upgrading of the physical infrastructure of such institutions at Central Government expense so as to secure the human rights of this vulnerable segment of society.</p>
<p>19. Measures to promote the health of the elderly by ensuring economic security, opportunities for appropriate employment, sensitive health care facilities and, when necessary, shelter for the elderly. Services that cater to the special needs of people in transit, the homeless, migratory workers and temporary settlement dwellers</p> <p>20. Measures to promote the health of physically and mentally disadvantaged by focussing on</p>	

the abilities rather than deficiencies. Promotion of measures to integrate them in the community with special support rather than segregating them; ensuring equitable opportunities for education, employment and special health care including rehabilitative measures.

21. Effective restriction on industries that promote addictions and an unhealthy lifestyle, like tobacco, alcohol, pan masala etc., starting with an immediate ban on advertising, sponsorship and sale of their products to the young, and provision of services for de-addiction.

**NATIONAL WORKSHOP ON POVERTY ALLEVIATION, EMPLOYMENT  
GENERATION AND RURAL DEVELOPMENT**

**[ Organised by Akhil Bharat Sarvodaya Maha Sangh ]**

**A DRAFT NATIONAL PLAN OF ACTION**

**PREAMBLE**

" It is the inalienable right of the Indian people, as of any other people, to have freedom and to enjoy the fruits of their toil and have necessities of life, so that they may have full opportunities of growth ". This was the first assertion in our Independence Pledge that was being taken on 26<sup>th</sup> January every year prior to independence for 15 years after the 1931 Lahore Congress Resolution on Purna Swaraj or Complete Independence. Now, as things stand, these hopes and aspirations of the people which were the motive force for our freedom struggle stand much belied even after 53 years of independence since over one-third of our population now live below the poverty line.

While this is the position in regard to removal of poverty, that in the other areas of development, to say the least, leaves much to be desired. Our entire developmental process is lop-sided, whatwith the glaring economic inequality and disparities between persons and between various sections and groups as well as imbalances between regions as also between urban and rural areas.

To add to these economic inadequacies, we are also witnessing the spectre of social inequalities between various groups and sections the worst of which is the age-old curse of untouchability which, through legally abolished, is still very much prevalent in various forms and degrees, particularly in rural India, as also the rigid caste barriers in Hindu society. The total effect of all these socio-economic factors coupled with the purposeless and unmeaningful educational policy of the government, wide-spread corruption and unbridled media programmes which incessantly project violence, crime, sex and alien cultural values, is the progressive erosion of our innate moral and spiritual values, our heritage and culture and the forces of communal unity and national integration. Something has got to be done to stem this tide. We have to begin somewhere and let that be in the form of a nation-wide drive for eradicating poverty dovetailed with social transformation, national regeneration and all-round development in the shape of a Sarvodaya movement.

While saying this we are not downplaying all that has been done so far by the government and by the people. What we are constrained to say is that, with the best of intentions, the means that have been adopted have proved largely self-defeating with the result that our real achievements are out of all proportion to the enormity of the cost involved and the nation now, virtually stands at the brink of economic pauperism, forcing us to beg at the doors of foreign countries for loans and grants, treaties and investments on their terms. We seem to have lost our perception to realise that, by doing all this, we are compromising our national honour, self-respect and self-reliance. The time has come for us to save the situation, save our national honour, and rebuild the foundation and edifice of our nation. The only way open is to have recourse to the Gandhian path of Swaraj, Swadeshi and Sarvodaya.

It is against this background that a National Workshop on Poverty Alleviation, Employment Generation and Rural Development was organised by the Akhil Bharat Sarvodaya Maha Sangh on behalf of the sarvodaya fraternity in Bangalore during the middle of June last. The Workshop, after laying down guidelines and a broad framework for the task, has turned itself into a continuing body and appointed a Standing

Committee to prepare an action plan and take follow-up action in furtherance of the task of the Workshop. The Standing Committee has accordingly formulated a plan of action for poverty alleviation, employment generation and rural development as follows:-

## **I. POVERTY ALLEVIATION**

### **1) AGRICULTURE**

Since the incidence of poverty is the utmost in the agricultural sector which is reported to account for over 70 per cent of the poor in India, our poverty alleviation task should begin in this sector. The object is to eradicate poverty by ensuring higher returns per capita and per unit of land and also to help agriculture absorb more people. The strategy would thus include (a) intensive farming, (b) improved tools and techniques, (c) improved inputs, (d) rational and remunerative prices, (e) marketing facilities (f) waste land development, (g) soil conservation and (h) water management

#### **(a) Intensive Farming**

In adopting intensive farming, we could benefit by experiments made by Acharya Vinobaji and by Prof. S.A. Dabholkar of Kolhapur in Maharashtra. The latter has demonstrated that one-quarter of an acres is sufficient to support an average farmer's family. Thus to begin with, we can take up intensive farming in one-half of an acres of land in selected villages where every farmer owning more than one acre of land should be asked to do intensive farming in at least half an acre and those owning less than one acre should be asked to adopt intensive farming in their entire land. Such farming should be meticulously planned, monitored and the results recorded at every stage by experts or suitably trained persons over a period of one year to study how it works.

The areas coming under intensive farming should be enlarged progressively from the second year onwards, depending on the success in the first year, so that within the course of 3 years, the entire land under cultivation in the village comes under intensive farming.

Similarly, the experiment could be enlarged so as to cover all villages in a taluka or district within a stipulated period of 5 years.

Depending upon the success of the experiment, the ceilings on land holdings of specific categories should be reduced by legislation and surplus land so obtained should be distributed among landless agricultural labourers and tenants-at-will. This task could be entrusted to Gram Sabhas assisted by impartial and respectable assessors or referees from outside in order to ensure transparency and justice to the concerned people.

#### **(b) Improved tools and techniques**

Hand tools and techniques used by Vinobaji and in Prof Dabholkar's experiments could best be adopted and improved for intensive farming under this action plan. Steps should be taken to ensure ready availability of these tools and to manufacture them in easily accessible centres.

#### **(c) Soil Testing and Crop-planning**

Soil testing laboratories-cum-crop planning centres should be set up in each taluk or block head quarters to test the soil and determine what types of

crops are most suitable for every farm or cluster of farms and also help farmers by advising them with crop planning patterns to suit their soil and availability of water.

Every block or taluk should provide for efficient, well-informed and helpful consultancy services to enlighten and guide farmers in matters concerning the soil, suitable crop planning, improved methods of cultivation, availability and use of useful inputs, improved tools and such other things calculated to bring about continuing improvements in agriculture and allied occupations.

**(d) Improved inputs**

The necessary inputs are (i) improved seeds and (ii) enriched manure

- (i) Improved seeds should naturally be high-yielding indigenous varieties with enhanced nutritional value and their production should be decentralised and should adopt natural and biological processes. Imported or hi-tech processed seeds should not be entertained.
- (ii) Use of enriched manure is a must for increasing agricultural production. But this should be done without affecting the fertility of the soil. It is an admitted fact that continuous use of chemical fertilisers impoverishes the soil. Hence it is in the interest of agriculture that the use of chemical fertilisers is gradually given up yielding place to enriched organic manure. This should be done in a planned and systematic manner by (a) composting of all available organic material like cattle dung, garbage and other organic waste, (b) by installation of biogas plants extensively so that every family having sufficient number of cattle has a biogas plant within a period of 2 to 3 years and every village has a community biogas plant connected to community latrines and household latrines and also using village garbage and (c) by extensive adoption of wormiculture in a scientific manner by having wormiculture laboratories or units in all villages for increasing agricultural production and improving fertility of the soil.

**(e) Rational, remunerative and non-fluctuating prices**

Under Market Economy it is the needs of the market that determine the prices and this is always detrimental to the interest of the farmers and it is one of the major factors that renders agriculture uneconomical, brings ruin to farmers, particularly small and marginal farmers and is largely responsible for the prevalent poverty in the farm sector. It is hence necessary that, in the interest of agriculture, this sequence is reversed so that prices of agricultural products cover the entire cost of production and reasonable margin to help the farmers enjoy a decent standard of living. The market should accept the prices so evolved. Any consequent disadvantage to the consumers has only to be offset by helping them earn more purchasing power rather than clamour for reduction in the prices of farm products.

The support prices offered by government for food grains and other commonly consumed products should hence be weighted in favour of farmers and not consumers. Such a policy of ensuring remunerative prices to farmers would also offset to a certain extent the excessive burden on the nation by the

exorbitant salaries and perks paid to government employees as a result of acceptance of the recommendations of the 5<sup>th</sup> Pay Commission, so that part of what is paid to them goes back to the farmers thereby benefiting national economy to that extent.

**(f) Crop Insurance**

Crop insurance is a must in a country like India where the vagaries of the monsoons and the resultant drought conditions play havoc with the lives of farmers particularly small and marginal farmers, tenants-at-will and agricultural labourers. The State must provide suitable facilities for crop insurance on convenient terms to help farmers in such eventualities.

**(g) Marketing facilities**

Marketing contributes largely to the success of agriculture. The most natural and convenient market for agricultural produce is the local market which involves minimum expenses for storage, transport, middlemanry and overheads. This is also an area where the producers and consumers know one another and this could also help barter or exchange of goods between producers themselves and, to that extent, reduce the evil effects of money economy. Hence it should be the first duty of village and taluk panchayats to encourage and stabilise local markets for farm products of their areas.

Facilities for marketing of agricultural produce within and outside the block should be provided in a manner advantageous to the grower. This is best done through growers co-operative marketing societies, particularly in wholesale transactions, leaving retail trade in the hands of small traders. These co-operatives should however be brought under strict vigil and control to prevent corrupt practices and concentration of authority directly or indirectly in the hands of a few.

Marketing particularly to distant places involves scientific and cheap storage facilities to facilitate long-term storage and prevention of decay or destruction from rats and pests. Suitable storage bins could be supplied to poor farmers and common storage facilities could also be provided in their villages or at common centres at reasonable charges.

**(h) Development of waste land**

Nearly 50 per cent of available land in India is reported to be waste or barren or saline land. It would be a boon to our country in general and agriculture in particular even if half of this area could be converted into cultivable land and reclaimed for agriculture. Hopefully this is within our reach, thanks to experiments in Maharashtra and Haryana.

In Satara in Maharashtra, in an experiment in intensive farming on dry land under the guidance of Prof. S.A.Dabhdekar, barren soil is converted into fertile soil. Even the colour of the soil becoming black in a few months period by treating it with certain organic and other inputs. It is well worth being adopted on an extensive scale in a systematic manner for reclamation of barren land for cultivation.

In Haryana, some ingenious farmers have converted saline land into cultivable land by the application of paddy straw, slurry from biogas plants and water continuously for certain length of time. This is another very useful operation which can help in reclamation of saline lands for cultivation.

Government can promote this waste land reclamation project on an extensive scale by distributing such land free of cost among landless agricultural labourers and tenants-at-will and finance the operation by means such as 50 per cent grant and 50 per cent loan on liberal terms since it is a multi-beneficial project as it involves adding valuable asset of cultivable land to the wealth of the nation and it could also effectively help poverty alleviation by rehabilitating the landless permanently on an occupation producing real wealth for the nation without dislocating the landed property structure in the country. Conversion of 50 million acres of waste land into cultivable land would mean a boon to at least an equal number of landless farm labourers, tenants-at-will or tribals and it means the eradication of the poverty of 50 million families which would be a great leap in poverty alleviation. A suitable organisational set-up could be devised to undertake this big nation-building task. Is it not worth being seriously attempted at ?

(i) **Soil Conservation**

About 26,000 million tons of top soil is reportedly being carried away by rain, floods or wind every year in India. It is precisely this top soil that is crucial for cultivation and its formation by nature takes thousands of years. It is a debt we owe to nature and man to conserve this soil and prevent our sacred and precious land from becoming a desert. Systematic endeavor should be undertaken to stem this soil erosion by programmes such as contour bunding, tree planting, and growing green coverage. Voluntary non-governmental organisations could be encouraged to take up this task. Incentives could also be given to individuals or groups to help them become prospective farmers on such lands.

(ii) **Water Management**

Water management is another programme which is a must for promoting cultivation on an extensive scale. This takes the form of rain water harvesting and flood water impounding apart from irrigation dams. All viable areas should be identified for purposes of water shed management and entrusted to panchayatraj institutions or non-governmental organisations for being taken care of. Economising the use of water for irrigation by preventing excessive water logging and by adopting techniques like drip irrigation and sprinkler irrigation and also by regulating the use of ground water to prevent its depletion and ensure its equitable availability to the maximum possible number of people also form part of water management.

All water from whichever source must be treated as a national asset belonging to the people of India as a whole and should not be treated as the preserve of any particular state or region. Hence an appropriate national water policy has to be formulated withstanding all regional or political pressure, ignoring all claims of riparian or prescriptive rights, in the interest of the nation as a whole.

Viewed in this context, the proposed linking of rivers Ganga, Mahanadi, Godavari, Krishna and Cauvery should be taken up as a feasible national project irrespective of its cost even at the cost of postponing other infrastructural projects like international airports or superfast highways or abandoning the controversial Bhagirathi dam project in the higher Gharwal reaches of the Himalayas, since this is wholly in the long-term interest of the nation as a whole. It would also create

immense employment opportunities during the period of construction of the project, and, to a certain extent, for its maintenance after its completion.

## **(2) OTHER CATEGORIES OF RURAL OCCUPATIONS**

Since agriculture is the principal area for poverty alleviation and since agricultural operations, particularly on dry lands are seasonal, the primary task for other categories of rural occupations is to provide employment to needy or underemployed peasants some dependable avenues of income during the period they are idle as an adjunct to agriculture.

Khadi ideally suits this purpose. Gandhiji devised the hand-spinning programme to fill this gap in the peasant's life. Hand-spinning has undergone immense improvements since his days. It needs very little training, the investment is very small and the return is immediate. It produces an article which is in common demand and forms part of one of the basic necessities of life. The present-day new model charka and its improved versions with 8 to 10 spindles can produce fine yarn and fetch an income up to Rs 40 to 50 per day. It can be operated either at home or in village workshops. The entire family can be engaged in it. It is hence one of the easiest and most convenient means of alleviating poverty among Indian peasantry.

Khadi and all other village industries coming under the purview of the Khadi and Village Industries Commission including agro-based and simple food-processing industries are thus capable of providing off-season employment to farmers and also regular full-time employment to artisans and other needy persons and they have all the advantage of low investment, easy availability of raw materials, less cumbersome training, ready market and the facility of work at or near the homes of workers.

Occupations such as dairying, poultry, sheep rearing and other animal-based rural occupations also have the double advantage of providing part-time or whole-time employment to peasants and others in villages.

Thus the aforesaid rural industries and occupations, coupled with agriculture are capable of covering the entire gamut of rural economy and ensuring rural prosperity. They are all ideally suited to carry out the Gandhian concepts of Swadeshi, Gram Swaraj and Production by the Masses. But their usefulness and success, in the midst of competitive market economy, economic liberalisation, globalisation and the organised mechanised industries which are trying to take over all remunerative rural industries, calls for unreserved support, assistance and protection from government, which it is the first duty of the latter to provide in view of the importance of these industries in eradicating poverty and unemployment in the country.

It should be remembered that it is the duty of the state to help rural industries according to Article 43 of the Constitution of India which reads as follows "

" The State shall endeavour to secure to all workers ..... work, a living wage ..... and, in particular, the State shall endeavour to promote cottage industries on an individual or co-operative basis, in rural areas ".

Cottage industries here obviously mean rural industries. The support, assistance and protection which the government is bound to give for these programmes is as follows:-

- (a) Providing adequate financial assistance on convenient terms through budgetary provision or through banks ;
- (b) Development of appropriate technology to improve productivity and quality, ensuring suitable training, supply of improved tools and suitable agencies for the programme ;
- (c) Marketing assistance and avoidance of middlemairty ;
- (d) Above all, reservation of these industries and their products exclusively for the rural sector to stabilise this important poverty alleviation programme ;
- (e) In this connection the Memorandum presented to the Prime Minister on 27-11-1998 by a delegation representing the khadi and village industries sector assumes importance and we fully support all the issues raised and demands made in the said Memorandum which is yet to be considered by government even after 1 ½ year and urge upon the government to accept and act upon them.
- (f) Since, according to the 23<sup>rd</sup> Amendment to the Constitution of India, khadi and village industries form part of the activities of panchayatraj institutions, steps should be taken immediately to work out modalities for entrusting these programmes to these local self-governing bodies which are most suited for the purpose.

Since poverty alleviation is an integral part of rural development, matters pertaining to planning, monitoring, co-ordination and those concerning the appropriate agency for the programme are all dealt with under Rural Development.

### **3) SMALL SCALE AND TINY INDUSTRIES, OTHER VOCATIONS**

Though these industries and vocations do not have much bearing on poverty alleviation among agriculturists and rural artisans, they do have plentiful potential for employment generation and poverty eradication among the educated, technically qualified, skilled, semi-skilled and enterprising persons and those who follow hereditary callings.

These industries and avocations are however better-placed when compared to village industries since they have easier accessibility to finance from banks and other financial institutions and also command better advantages in respect of marketing while, small scale industries, in particular, have a strong organisational base and support. However their impact on poverty eradication in positive and undeniable.

## **II. EMPLOYMENT GENERATION**

Employment generation in India in realistic terms means the creation of employment opportunities by the state or other agencies to help the persons so employed to earn enough purchasing power to provide himself or herself with the necessary wherewithal to meet optimum basic necessities of life and enjoy a decent standard of living in terms of food, clothing, housing, health, education, culture, domestic and community life, social relations, civic responsibilities, travel etc. It doubtless gets directly related to poverty alleviation and national development and should hence be taken up in a planned and systematic manner so that the problem of employment, under-employment or casual employment is satisfactorily solved and all able-bodied persons get employment opportunities without much waiting.

This is indeed a highly challenging task for various reasons. Employment has come to be looked upon, as the task of the government because it is the biggest employer and has the public exchequer under its control. Since the terms of government employment are quite attractive and have the added advantage of

security, adequacy, pensionability and bargainability, there is an obvious scramble for it. But there is also an obvious limitation of availability of this kind of employment. Besides, the government has also a further responsibility cast upon it for ensuring employment to the great majority of the people at large who far outnumber those who constitute the state administration who are eating up the largest slice of state funds leaving very little for improving the lot of the masses. Hence the role of the government in eradicating mass unemployment is limited financially and volume-wise, and it must be admitted and accepted by one and all.

Then what is the way out ? The way out lies in (i) the government minimising its own area of employment and its salary structure, (ii) making self-employment, individual or collective, the rule regarding employment, (iii) link employment generation to poverty alleviation and national development, (iv) persuade trade unions to keep the overall interests of the masses in their view while espousing the cause of workers and (v) create a suitable machinery or working arrangement for creating and sustaining mass employment as a national drive in which the government, private industry and trade, the banks, the entire agricultural and rural industries sector as well as small scale and tiny industries and other avocations, properly planned and assisted, play an active and effective role. This calls for a national debate and national consensus.

### **III. RURAL DEVELOPMENT**

" India lives in her villages " is an oft-repeated axiom. This is verily so because nearly 70 per cent of the people of India live in her 5.5. lakh villages and agriculture which is the primary and predominant occupation in India is wholly village - centered. That the prosperity of our country lies primarily in the prosperity of our villages was realised by Mahatma Gandhi even during the freedom struggle. His celebrated Constructive Programme was essentially a rural development programme. Rural Development should hence receive priority over all other development projects of the country. Development of the nation as a whole is bound to remain incomplete, truncated and lop-sided unless it is accompanied by effective and all-round rural development.

Rural development cannot be real and complete unless it is dovetailed with poverty alleviation and employment generation to help the poor, the unemployed and the under-employed in all sectors of life to produce enough wealth and enough purchasing power to get over their poverty, improve their economic conditions and enjoy a decent standard of living. A decent standing of living is not possible unless there is improvement in all areas of individual and social life. Rural development should therefore not be confined only to the area of rural economy. It should also include social, educational, cultural and spiritual areas in its scope. Rural

development should hence be all-round, comprehensive and with a holistic approach and should also be correlated to the development of the nation as a whole and should thus be a co-ordinated endeavour.

The latest scheme of the government, the Swarnajayanti Gram Swarozgar Yojna as the name itself indicates, is confined to the economic development of the unemployed and under-employed people in villages and takes no account of the other areas of rural development. However, it seeks to avoid some of the defects and drawbacks found in the IRDP and other such programmes and is sought to be an improvement over them. It lays down a detailed and sequential plan of self-employment in rural areas.

But the one glaring drawback that may well defeat the very purpose of the scheme is the omission to specify the principal categories of productive operations that should constitute the 'key activities' envisaged in it. The crux of the matter is that, unless the key activities are productive and are linked to the basic necessities of life, namely food, clothing and shelter, as envisaged by Mahatma Gandhi in his concept of Production by the Masses, the products of these key activities will not have an assured and ready market, local or outside, and the programme cannot sustain itself, thereby defeating the very purpose of the scheme, specially in the background of the government's policy of throwing open agro-based and food-processing industries and production of the bulk of the cloth required by villagers to the organised sector and to multinational corporations.

The government should therefore spell out its stand in the matter, provide unreserved policy support and create favourable conditions for the scheme to succeed, preferably by reserving the bulk of agro-based and food-processing industries as well as the production of coarse yarn and cloth and also house-building materials needed by villagers to the rural development sector which alone can ensure success to this self-employment scheme.

Rural development, in its real sense, envisages a co-ordinated scheme for all-round, integrated and total development of rural people and proper utilisation of natural resources to help rural development without disturbing the econological balance. It involves the maximum and balanced development of rural India. It is a process of bringing about the economic, social, educational and cultural progress and well being of all persons, families, groups and other sections. This pre-supposes the creation of an atmosphere of peace, amity and mutual helpfulness among people without which no progress is possible.

The economic part of rural development is thus an appropriate and effective medium for implementing Mahatma Gandhi's concept of "Production by the Masses" which is meant not only to eradicate poverty and unemployment, but also to help the common people to achieve self-reliance and economic freedom and develop efficiency and excellence in their occupations and thereby strengthen and stabilise rural economy. It will also ultimately help to bring about self-reliance and economic freedom at regional and national levels.

It is thus clear that the scope of the programme should be much wider and its impact much deeper than what obtains today. It is equally clear that our entire rural population and not merely those who are below the poverty line, stands in need of integrated and all-round development and cultivate the values of democratic and harmonious social life. It is therefore not fair or proper for the state to deny the benefits of integrated development to all of them. It has to be noted in this connection that the objectives and scope of Gandhiji's concept of Production by the Masses and his ideology of Sarvodaya or the Good of All, by their very nature, include and go beyond the demands of Social Justice and the legitimate interests of minorities and other weaker sections of society. The time has now come and the necessity has indeed arisen to widen the scope and impact of the programme so as to cover the entire rural population and work it out as a comprehensive and co-ordinated developmental programme for the entire nation in the light of the experience gained and the lessons learnt from its restricted implementation during the Sixth, Seventh and Eighth Plans.

## **A. Objectives**

The following are among the principal objectives of rural development.

- 1) Removal of poverty and unemployment and bringing down economic disparities through production by the masses;
- 2) The maximum utilisation of all available resources and productive capacities aimed at optimum, all-round, balanced and equitable economic growth;
- 3) Development of agriculture based on intensive cultivation as the core of rural economy with a view to getting the highest possible yield per acre and per unit of investment ;
- 4) Development of other rural occupations and subsidiary vocations to further improve production, employment opportunities and standards of living ;
- 5) Providing assured marketing facilities and ensuring remunerative prices to farmers and other producers for their products ;
- 6) Development of the necessary infrastructure for the contemplated growth of agriculture and other economic activities;
- 7) All-round and purposeful education to ensure maximum human resource development among all people, young and old ;
- 8) Rural housing, and, wherever necessary, rebuilding of villages ;
- 9) Comprehensive health and family planning services;
- 10) Utilising all available alternative sources of energy;
- 11) Environmental monitoring and maintenance of ecological balance ;
- 12) Ensuring people's participation in developmental programmes ;
- 13) Co-ordinated development of all regions and the country as a whole alongside all-round and total development of blocks so as to remove all regional imbalances ;
- 14) Eradication of corruption at all levels and regeneration of moral values;
- 15) Promotion of economic and social equality, economic and social justice and the legitimate interests of all weaker sections as integral elements of sarvodaya or the good of all ; and
- 16) Promotion of national integration in all departments of rural life and growth of national character among the people.

## **B. ORGANISATION**

An all-round and integrated rural development will remain a distant dream without an effective machinery for promoting, planning, assisting and monitoring the process. This, for achieving good and speedy results, should be a workable combination of inspiring and well-meaning leadership, enthusiastic popular participation and efficient and transparent administration.

The organisational pattern of the community development project of yester-years was indeed an extremely workable medium of rural development with its comprehensive block development administration and the association of popularly elected bodies with it. Unfortunately, the scheme was not given a fair and sustained trial. The primacy of the well-conceived community development block setup has to be re-established with suitable improvements or modifications as the instrument for all-round and integrated rural development.

There would thus be a five-fold agency for co-ordinated rural development consisting of (1) The Block Administration (2) Elected Village Panchayats, (3) Elected Block or Taluk Panchayats, (4) The District Panchayats or Parishats and (5) Non-governmental organisations.

## 1. The Block Administration

This would, as at present, be headed by the Block Development Officer with the difference that he should have the status of an Assistant Director or Assistant Commissioner in keeping with the importance of the tasks entrusted to him and the level of official and public contracts he has to maintain. He should preferably be drawn from development departments like those of agriculture, animal husbandry, industries, co-operation, education, etc. If suitable and willing persons with the required vision, ability, experience and dynamism are available from among social workers, professional classes, business community and the general public, there should be provision to appoint them as Block Development Officers for fixed periods. The Block Development Officer would be in overall charge of planning, executing, supervising and co-ordinating the rural development programmes.

The Block Development Officer would be assisted by a team of at least 12 Assistant or Junior Development Officers trained or otherwise qualified for the job for dealing with the following and allied subjects:

- 1) Agriculture and Horticulture
- 2) Animal Husbandry
- 3) Rural Industries and other rural occupations,
- 4) Minor Irrigation, and water management'
- 5) Co-operation and Marketing,
- 6) Roads, Bridges and Public Buildings,
- 7) Housing and Village re-building,
- 8) Health and family Planning,
- 9) Adult Education,
- 10) Welfare of Women, Children and other Weaker Sections,
- 11) Non conventional Energy Programme, Afforestation and Environmental Monitoring and
- 12) Other subjects.

The Block Development Officer and Assistant or Junior Development Officers should all receive the necessary orientation training prior to their appointment. Appropriate refresher courses should also be arranged for them periodically.

To complete the set-up, the block administration will have the necessary complement of ministerial and other staff to look after office work, accounts, etc. There should also be a built-in machinery for constant supervision, audit and review as well as vigilance against corruption and malpractice.

To facilitate co-ordinated rural development, it would be advantageous to have a Co-ordination Committee at the block or taluk level consisting of the Chairman of the Block or Taluk Panchayat, the Block Development Officer, the the Tahsildar and representatives of development departments, boards and corporations operating within the taluk or block, representatives of lead banks and other financing institutions, legislators and members of Parliament from the area and suitable non-officials as may be decided by government.

2) **Elected village Panchayats**

People's participation in rural development should begin at the village level where the people know each other and are personally aware of the problems and needs of one another, their families and the village community as a whole. Planning for development of the village with people's participation and the priorities of development would then be realistic. The Panchayat bodies elected by the people have to be fully and actively associated with the preparation of plans for the village and the block and in the execution of the programme within their areas. It would however be noted that harmony and amity in village life are essential for fruitful people's participation and effective panchayat administration. These would suffer a setback if communal or group rivalries or differences, which invariably accompany party politics, are allowed to vitiate village life. Hence, in the interests of rural development, political parties and trade unions should be barred from taking any part or interest in panchayat elections and in the village administration.

3) **Elected Taluk or Block Panchayats**

Another forum for people's participation in rural development is the elected Taluk or Block Panchayat. These bodies were in existence in many states in the past and are now being revived under different names. What is of importance for purposes of rural development is that these democratic bodies should be fully involved in planning and implementation of the programme in the block. The executive organ of these elected bodies should be the Block Administration as indicated earlier. These elected bodies should be clothed with the necessary legal authority by legislation or by way of delegation of powers by government. As in the case of village panchayats, so also in respect of these taluk or block-level elected bodies, the advisability of preventing participation by political parties or trade unions in the elections thereto should be seriously considered in the larger interest of harmonious functioning of these bodies which are essentially local self-governing institutions.

3) **Elected District-level Zilla Parishats or Panchayats**

The most appropriate democratic agency for overall monitoring and coordination of the village-level and taluk or block-level planning and development work at the district level is the Zilla Parishat or Panchayat which should keep in view the all-round and co-ordinated development of the district as a whole. It could also be a convenient conduit for the flow of funds for various projects and programmes in the district.

4) **Non-governmental Organisations**

It is on the non-official plane that people's participation becomes more direct, personal and varied than through elected official bodies in carrying out different items of rural development and spreading out the benefits thereof. Single-purpose or multi-purpose co-operative institutions at the village, block or intermediary levels for taking up one or more items of the programme such as agriculture, agricultural supplies, marketing, village industries, rural housing, consumers' services, etc., which constitute some of the important segments of rural development are an example of people's participation. Such activities could also be undertaken by properly constituted registered societies, trusts and other voluntary bodies.

The services of persons of talent and ability, social workers or experts could be availed of for improving the quality and effectiveness of the programme through

advisory or consultative committees in respect of particular activities or the overall implementation of the programme. Persons other than these who belong to certain specific sections or classes of people like women, youths and students, professional men or working classes could also involve themselves in the programme in their individual capacities or in groups or through their respective organisations. It is thus possible to get the bulk of rural population to take active interest in the programme in some form or other and make it a people's programme.

Yet another means of enlisting organised non-official effort in rural development which may not necessarily be from within the block, is by persuading well-known institutions to adopt particular villages or groups of villages to give fillip to the intensive implementation of specific items of the programme or the programme as a whole in the area of adoption. Institutions like the Ramakrishna Mission, Rotary or Lions Clubs, youth leagues, women's organisations, professional bodies or social service institutions, some of which are already engaged in such activities in scattered areas could be encouraged to take up the area adoption scheme in a systematic and co-ordinated manner in selected blocks in every state.

A more effective method of bringing about such involvement in a big way would be to induce big industrial or business houses or groups like the Tatas, Birlas, Bajajs, Modis, Mafatlals, Kirloskars or such other groups as also public sector or private sector industrial or business units like the Hindustan Aeronautics Limited, Hindustan Machine Tools Limited, Bharat Heavy Electrical Limited, Escorts etc., all of whom command plentiful expertise, spare personnel and surplus funds to be employed in the programme by adopting whole blocks, groups of blocks or even districts to be developed within the framework of rural development and in co-ordination with the corresponding developmental set-up.

It is quite possible to cover the whole of rural India, which consists of about 550 districts in all, by means of such adoption strategy if these organisations are approached and persuaded in the right manner. This would indeed generate immense interest, enthusiasm and sympathetic endeavour among non-governmental organisations and the industrial and business community in the all-important rural development programme, which is bound to have a far-reaching impact on the national scene. The law may have to be suitably amended, if necessary, to enable this type of participation in national building endeavour.

#### **A PLAN OF ACTION**

The general features and objectives of all-round and integrated rural development as identified earlier lead us to the next logical step of determining a plan of action for achieving the objectives in a manner consistent with the vision of all-round development of rural India.

##### **1. Economic Survey**

The programme has to begin with economic survey and planning. Planning is a universally accepted pre-requisite for systematic development and it is particularly so in respect of systematic rural development. This is naturally preceded by a comprehensive survey covering all the villages, small townships and the block as a whole on the basis of suitably formulated questionnaire. The services of university or college students and teachers, youth organisations, women's could be utilised for the survey. Its results could be scrutinised, sorted out, collated and compiled by experts. The data obtained by this composite survey would be the basis for the plan that follows.

## 2. **Preparation of Plan**

The process of planning should begin at the village level. The Block Development Officer and his staff, assisted by an appropriate committee which should include non-official experts, would first examine in detail the results of the survey in respect of every village in the block and prepare an outline of plan for the village. This is placed before the village panchayat for detailed consideration in terms of the objectives of the programme, the problems and requirements of the village and the priorities to be followed in providing employment to the unemployed and underemployed persons calculated to uplift families below the poverty line as well as other weaker sections and finally cover the entire village population in relation to the needs of individuals, families and the village community as a whole. A draft plan is thus prepared for the village and is then placed before the Grama Sabha, which is the assembly of all people having voting rights in the village to know their views and effect modifications, if any, in the light of their suggestions. The draft is finalised on the basis of consensus in the Gram Sabha and is then taken up by the Block Administrations and the Taluk or Block Panchayat for preparing a plan for the entire taluk or block.

The plan for the taluk or block is prepared by the Block Administration and the Taluk or Block Panchayat with active assistance of experts and in consultation with the chairpersons of village panchayats, representatives of lead banks and other financing institutions, representatives of relevant departments of the State or Central Government, National level or State level Boards and Corporations in charge of one or other development activities in the taluk or block, the adopting organisations, if any, the Members of Parliament and State Legislature in the taluk or block and others as may be decided by the State Government.

The Taluk or Block plan, apart from adhering to the objectives of rural development, will also be within the framework of national aims and ideologies, the priorities and guidelines laid down by the Central and State governments and, of course, the availability of finance from different sources including finance to be mobilised from within the block.

## 3. **Poverty Alleviation**

The plan of action for poverty alleviation has already been explained earlier as a major programme.

## 4. **Infrastructural Facilities**

Development of the necessary infrastructure to facilitate and sustain the contemplated economic activities is an essential pre-requisite for the success of the programme. All-weather highways and inter-village roads, quick and easy means of transport, easy availability of power, arrangements for prompt supplies of implements, seeds and the required inputs for agriculture, improved tools, equipments and raw

materials for rural industries, facilities for repair, maintenance and servicing of machinery and equipment, training and marketing facilities, etc., should all be provided in a planned and systematic manner to facilitate rural economic development.

## **5. Education**

Comprehensive educational programme which is a vital segment of rural development should provide for and include the following:

### **(i) General education aimed at an integrated physical, mental and moral growth of children and youths**

Compulsory pre-primary and primary education, preferably correlated to rural occupations should be organised in open schools and improvised buildings where there are no regular buildings, with working hours and holidays so scheduled to suit village occupations so that children who help their parents in their family callings are enabled to do so and also attend classes. The system should be a harmonious combination of formal and non-formal education. There should be a national movement to bring every child of school-going age under compulsory pre-primary and primary education within period of ten years. The services of volunteer teachers could be enlisted for fixed periods to supplement the existing teaching force to take up this task. The scheme should include the establishment of at least one fully equipped and staffed pre-primary and primary school for every 1,000 of rural population. Formal higher education above the primary state, for obvious reasons, need not come within the purview of rural development.

### **(ii) Vocational Education**

Regular vocational education pertaining to the vocation a pupil proposes to pursue in his or her life after completion of compulsory primary education could be arranged in residential schools or convenient day-schools in every block to enable the pupils to acquire the necessary technical knowledge, skill and training to help become efficient, self-reliant, self-confident and not become misfits in their occupations.

### **(iii) Community Education**

There should be provision for built-in community education in schools in the form of community work, common prayers, group songs, cultural activities, group exercises, yoga practices, practical lessons in good neighborliness, community service in villages, etc., which help youngsters to become patriotic, democratic and progressive-minded citizens, and cultivate a sense of concern for others, social sense, discipline, tolerance, helpfulness and the art of living in society.

### **(iv) Adult Education**

Adult education seeks to help adults who have not had the opportunities for literary education to become literate and self-reliant for purposes of learning and acquisition of knowledge. It also seeks to help adults, whether literate or not, to receive the benefits and blessings of useful knowledge, scientific and technical progress and general enlightenment to improve their occupations, standards of life, mental horizon and cultural levels and help them become better citizens and better human beings.

Adult education, to achieve its aims, should consist of a five-fold programme.

- (a) A countrywide drive should be launched to eradicate adult illiteracy within a period of 10 years by enlisting the services of all service-minded persons and organisations with annual targets to be reached.

- (b) General and functional education programme for adults to stabilise their literacy, widen their mental horizon and receive suitable non-formal instruction and regular training to improve their occupational efficiency may be organised by or under the auspices of village panchayats, co-operative societies, khadi and village industries institutions, educational, cultural or social service organisations, women's organisations, youth leagues, etc.,
- (c) Visual aids programme should be undertaken to supplement general or functional education for adults by means of mobile units equipped with video sets, models of improved tools and techniques, audio-records, etc., having their own commentators and demonstrators.
- (d) Revival of folk arts should be further encouraged, enlarged and brought under systematic monitoring and able leadership at various levels.
- (e) Every block should have a folk school or Janata Vidyalaya. These schools would impart advanced general education and advanced practical training in major rural occupations to rural youths who, by reason of their low formal education or continued attention towards their callings, cannot join regular educational or vocational institutions. They also provide training in citizenship, enlightened leadership and in the management of village institutions like panchayats, co-operative societies or voluntary associations that take up programmes like village industries, social services, cultural activities, etc., for enrichment of village life.

These institutions would also be training grounds for progressive-minded and efficient village leadership. They would all be largely self-supporting, with their own farms and workshops where the pupils engage in productive work. They could be run on the lines of the Danish Folk Schools or Vidya Peethas of the Adult Education Council in Karnataka with suitable improvements and modifications. The length of courses provided could be one to two years depending upon the courses chosen.

#### 6. **Housing Programme**

Rural housing which is another item of rural development, if it is confined only to providing dwelling houses to the houseless, will not by itself bring about improvements in living conditions in villages. The process should aim at rebuilding of villages from out of their squalor and unhygienic conditions. The scheme would thus consist of (i) building low cost, durable and spacious houses for all people who have no houses of their own or have houses below the minimum standards of habitability, in a phased manner by using locally available or locally fabricated materials and local labour as also labour of the beneficiaries as part of their contribution so that all rural people may have their own houses at least by the end of the 10<sup>th</sup> Plan period; (ii) providing clean, tidy and healthy conditions of living, with provision for drinking water, family latrines supplemented by well-maintained public latrines for men and women with arrangements for leading the excreta into community bio-gas plants, children's play grounds, metalled roads, clean and even-surfaced lanes and all such amenities, while taking care to see that no separate dwelling blocks are provided for any caste or community; and (3) ensuring pollution-free environment.

#### 7. **Health and Family Planning**

Health and family planning services that are to be provided should include facilities for in-patient and out-patient treatment within easy reach of villages, mobile dispensaries and periodical camps for treating specific or widespread ailments, regular

health surveys and health check-up of individuals and families, preventive health services, maternity and child welfare services, assured supply of protected and otherwise safe drinking water, village sanitation, clean environment and a concerted drive to popularise family planning.

#### 8. **Alternative Sources of Energy**

Utilisation of alternative, non-conventional or renewable sources of energy such as biogas, solar energy and wind power has become a national necessity. It helps save conventional or exhaustible sources of energy like firewood ( the use of which eats into our forest wealth ), animal dung ( which could otherwise become good organic manure), oil, coal and electricity for use in areas where they are in short supply or are in greater need. In the long run, it helps conservation of forests and natural resources which, in turn, bring in other related benefits to the country. This programme also necessitates the development of its own infrastructural facilities in the form of fabrication and supply of equipment, training, technical consultancy, repair and maintenance services, etc., which create further opportunities of employment to entrepreneurs, skilled persons and the educated unemployed.

#### 9. **Ecological Balance**

Environmental monitoring and maintenance of ecological balance about which there is happily an ever-increasing awareness in India and the world over, are to be achieved by means of planned and systematic afforestation, controlling deforestation, preventing pollution of water, soil and air, protection, preservation and, wherever possible, the growth of valuable flora and fauna and, equally or even more important, perennially educating children and youths in schools and colleges and the general public through persuasion, lectures, demonstrations, advertisements and propaganda about the vital importance of the subject for the survival of the human race and of other organic life on earth and inducing them to take active and continuous interest in the matter and willingly accept and act up to the responsibility that is cast upon them in this behalf.

### **IV PROMOTIONAL AGENCIES**

A national programme for poverty alleviation, employment generation and rural development needs suitable promotional agencies or media for motivating, monitoring, co-ordinating and periodical reviewing of the programme at various levels for ensuing effective and continuous planning and implementation. It should be admitted that the government, by itself, is unequal to the task. The failure of government in bringing about total or even a highly appreciable success in this all- important endeavour is ample testimony to this. Many of the politicians who constitute the elected set-up in the Central or State governments do not have the required vision, commitment, ability and experience for the task. The bureaucracy on whom they depend for advice as well as implementation consists of officers most of whom lack the concern for the poor or the understanding of the problems and ground realities or the necessary experience. And many of the experts who are consulted or placed in charge of various programmes are mostly guided by Western ideas, which mostly do not answer our requirements.

It is equally true that there are talented, committed, experienced and highly motivated persons working by themselves or as part of various voluntary organisations in taking up myriad categories of poverty alleviation and developmental activities all over the country and their contribution to the cause is quite valuable. Hence a suitable promotional pattern to promote the programmes should be a blend of both

governmental and non-governmental talent and effort. The following pattern is suggested to serve the purpose.

**1. National Commission for Poverty Alleviation, Employment Generation and Rural Development**

A Commission such as the above is needed to take up the task of promoting the programme on the national level. It can, motivate voluntary non-governmental effort by institutions and individuals, advise, assist, monitor and co-ordinate their activities on the one hand and, on the other, act as a link between the government and non-governmental organisations. It can organise training and such other programmes. It can also advise and assist the Central and State governments as also state-level Commissions or Boards as envisaged below, panchayatraj institutions, and such other bodies on matters concerning the programme.

The Commission should consist of a Chairman and other members who are suitable for the purpose and whose appointments are not governed by political considerations. It should be a fully autonomous body working directly under the Prime Minister and should not be attached to any other ministry or governmental body and should be free from bureaucratic control or interference. Further details concerning the Commission could be worked out, keeping in view its objectives and effectiveness.

**2. State-level Poverty Alleviation, Employment Generation and Rural Development Commissions or Boards**

Such Commissions or Boards could attend to similar matters pertaining to the concerned states. Their membership should also be similar to the membership of the National Commission. These bodies should also be fully autonomous, working directly under the Chief Ministers of the concerned States.

**3. District-level Committees for Poverty Alleviation, Employment Generation and Rural Development**

The needs for promoting the programme at the district-level could be met by appointing district-level committees which should work under the control and supervision of the State Level Commissions or Boards. Details of their constitution and functions could be worked out.

## **V. GENERAL OBSERVATIONS**

Poverty alleviation, employment generation and rural development, since they constitute certain critical or crucial areas of national development and progress, have also to conform to national goals and standards and they also call for creation of favourable atmosphere and helpful conditions.

**1. Social Justice**

Without social justice and social equality no true development of the people is ever possible. These attributes of an egalitarian society are indeed inherent in the programmes for removal of poverty and bringing down economic disparities, all-round education to youngsters and adults, health, housing and other schemes which engender self-confidence, self-reliance, economic freedom, higher standards of life, enlightenment and culture among the people in general and, in particular, among the weaker and economically vulnerable sections. This is to be further reinforced by determined and sustained endeavours directed towards eradication of untouchability

in all forms, removal of communal segregation, lessening the rigidity of caste and communal barriers, elimination of all forms of domination over or discrimination against women, children and the socially and economically backward classes and promotion of social justice generally. Besides, the values and practices of social equality and social justice should be assiduously inculcated among youngsters and adults alike in all areas of education and in all community or cultural activities and in social and family life generally. It may however be noted that the demands of social justice are included in the ideology of Sarvodaya and hence a full-fledged implementation of sarvodaya programme would naturally marginalise the demands of social justice.

However, the predominantly weaker sections of our population suffering from extreme socio-economic backwardness, namely large numbers among Scheduled Castes, Scheduled Tribes and other backward classes need special attention and hence suitable package programmes should be devised for them to bring about speedier socio-economic development.

## **2. Development of Urban Areas**

Mere all-round rural development does not bring about a comprehensive and integrated national development if urban areas namely towns and cities, which are the nerve centres of national life, are left out. Villages and urban areas are interdependent for various purposes, economic or otherwise, so that progress or a setback in one is bound to have repercussions on the other. Urban India, with its built-in exploitation of one class by another, its problem of unemployment among the educated and the uneducated, its pronounced social and economic tensions and strife, its evils of industrialisation and over-urbanisation, its slums which have become something of an inseparable necessity for the industrial and commercial life of cities with their own problems of poverty, insanitation, disease, crime and overpopulation, stands no less in need of all-round development than rural India. Just as both are inter-dependent and mutually complementary, their development should also be co-ordinated, leading to an all-round, balanced and harmonious development of the entire country. This is the special responsibility of the Government of India and all the State Governments. Appropriate plans and programme have to be drawn up and implemented for the integrated development of urban areas in co-ordination with that of rural areas as part all-round and total development of India as a whole which is the ultimate aim.

## **3. Eradication of Corruption**

Vigilance against corruption and steps to curb it are essential for unimpeded rural development. Its onset in any sphere and at any stage of rural development inevitably leads to delay, mismanagement, non-application, misapplication or misappropriation of funds, unfair distribution of benefits, enrichment of persons or groups in certain positions of authority and tends to defeat the very purpose of the

programme. While a detailed account of the wider and deeper reaches and ramifications of the all-pervasive evil of corruption may not be necessary for the immediate purpose of this note, a few steps could be suggested to control and overcome it in the administration of rural development.

- (h) One of the effective ways of controlling administrative corruption is to hold heads of offices and heads of departments responsible for corruption in their respective offices or departments as they have a moral and constructive responsibility in the matter and are expected to be in full control of, and also know how best to control, the staff working under them. Corruption in the

block or Zilla Parishat administration could similarly be contained by holding the Block Development Officer, the Deputy Commissioner and Chief Executive Officer of Zilla Parishat responsible in respect of corruption in the administration at the village, block or district under their charge and deterrent action should be taken against them, even though they themselves may not be corrupt. It is only then that they would do everything to keep a watch over the staff under their control and take effective steps for containing and preventing corruption in the administration of rural development.

- (ii) The State Governments may appoint vigilance officers for every block or group of blocks to keep constant watch over the functioning of all officials and elected office-bearers in the administration of rural development at various levels and also appoint vigilance squads to be on the move and conduct surprise checks.

The people, and particularly the youths who are prone to be above corruption and abhor the evil, could be induced to take up vigilance work by forming watchdog groups for the purpose. Small teams of volunteers could station themselves in block development offices and other centres where corrupt practices are likely to take place and keep a watch over officials and elected office-bearers and also educate people about the dangers of corruption and help them to get their work done without obstruction or delay, while exposing the guilty.

- (iii) Since elections participated by political parties are prone to introduce corrupt practices openly or surreptitiously, their being barred from contesting in elections to Village and Taluk Panchayats and Zilla Parishats coupled with strict control of election expenditure of candidates could also help contain the evil. Steps such as the above tend to contain and even eradicate the evil of corruption if pursued with seriousness and devotion by all concerned. But a lasting solution to the problem is to found in the inculcation of moral values among all sections of the people in various planes like education, family life and social and economic activities and in politics.

#### 4. **The Drink Evil**

There is however one other factor that comes in the way of people enjoying the full benefits of rural development. It is the evil of liquor addiction the havoc caused by which is too well known to require explanation. Suffice it to say that it has ruined countless of poor families, brought untold misery to millions of women and children who depend upon drink-addicts for their livelihood and damaged irreparably the health of lakhs of working men and is spreading fast. It eats into the fruits of economic development, which would otherwise accrue to its beneficiaries who are drink addicts, and denies its benefits to their families. Its impact on morality, public as well as private, is obvious. It is hence of utmost importance that this evil should at least be contained if it is not found practicable to eradicate it. The Twelve Point Programme announced by the late Prime Minister, Smt. Indira Gandhi to enforce temperance as a preparatory step towards prohibition is a salutary and workable measure and immediate steps should be taken to put it into effect as part of all-round development in rural areas.

#### 5. **The Dowry Evil and Violence on Women**

Woman who not only constitute nearly half of our population but also are the real upbringers and shapers of children also need special treatment. This being the case, the proverbial domination of men over the so-called weaker sex and the ever

increasing atrocities on women including those that are linked with the dowry evil call for special attention of the entire nation as well as the government. This necessitates suitable amendments to the concerned laws to help speedy trial, identification of the accused and deterrent punishment and also constant vigil by law-enforcing agencies and social workers to prevent the evil. Nongovernmental voluntary organisations have a special role to play in creating the necessary awareness and provide counseling service among the people in general and the concerned families in particular when the matter pertains to dowry claims and harassments.

Steps should also be taken to provide homes in all districts for destitute, dispossessed and discarded women to bring hope, succour, self-respect and an opportunity to live a life of honour to them. This is also a poverty alleviation programme.

#### **6. Child Labour**

The need for abolishing child labour is increasingly getting acceptance. But one should note that there is the other side of the picture. Children in a poor country like India are also a source of economic help to their parents. In many cases, children work outside and add to the family's meagre income. There are also instances where it is the children who work and maintain their sick, aged or disabled parents and elders. It is of course true that child labour is generally exploited by employers and should hence be abolished. But what is to be done in cases where their support is needed by their poor families? Are we to force more poverty on such families in the name of abolishing child labour? The solution lies in eradicating poverty everywhere.

A constructive way of approaching the problem would be to provide more gainful employment to the parents and other able-bodied members of the families and also to restructure our educational system so as to help children who help their parents. We should not lose sight of the fact that work is also educative and, if done within reasonable limits, does not damage the bodily and mental health of children. It is of course true that all children need education. But real education need not necessarily mean schooling and schooling of the present-day type. The way out could be found in providing non-formal education to such children during hours when they are not helping their families. In any case the problem needs a constructive and not a rule-of-thumb approach.

#### **7. Economic Extremist Movements**

Our failure to eradicate poverty, particularly in drought prone areas, has led to extremism mainly in the form of Naxalism which needs to be tackled in a constructive manner. We should not lose sight of the fact that Naxalism is primarily an economic

problem arising out of extreme poverty in the areas concerned and not purely a law-and-order problem as the government seems to think. Because of unrelieved poverty, the local people give support and protection to Naxalites. And the Naxalites themselves are mostly unemployed youths who in these disappointment, frustration and desperation, take to extremism with a revenge on the established order. It is hence necessary that the powers-that-be and political leadership wake up and hold dialogue with Naxalite leaders and help solve the underlying economic problems rather than leave the matter to be handled by the home ministries.

**8. Burden of bureaucracy on the nation**

The bureaucracy has along been a heavy burden on the nation. This was so even before independence as is pointedly brought out in the Independence Pledge.

The government's acceptance of the 5<sup>th</sup> Pay Commission's recommendations has cast an irredeemable burden on the entire nation. The return the nation gets from the bureaucracy is extremely disproportionate to what is spent on it. The entire issue concerning such an extravagant administration, its utility and ways and means of restructuring it calls for a radical rethinking and a national debate.

**9. Constitutional and legal provisions to enable for Poverty Alleviation and related matters**

"The inalienable right of the Indian people" as is set forth in the Independence Pledge is virtually a mandate that needs to be guaranteed and enforced by law. This includes their right "to enjoy the fruits of their toil" which is the foundation of economic freedom and economic equality and which involves, according to Mahatma Gandhi, the placing of all means of production, including agricultural land, in the hands of the actual producers.

It may be noted in this context that the National Committee appointed by the Government of India for reviewing the working of the Constitution has, taken a welcome decision by identifying constitutional provisions on removal of poverty as one of the core areas for being taken up for its consideration. The above issue may hence have to be referred to the said National Committee and also to Parliament for bringing in necessary constitutional and legal provisions to help poverty eradication.

**10. Need for a Forum or Lobby in Parliament**

There is a felt need for an appropriate forum or lobby in parliament to take up the cause of poverty alleviation and rural development on the basis of Swadeshi, Gram Swaraj and Production by the Masses in and outside parliament and also work as a link between parliament and the forces working for the cause among the people at large. Some dedicated persons in and outside parliament should take the initiative in the matter and the government, instead of frowning upon the move, should welcome and help it which will certainly give a fillip to the cause.

**11. The need for Political Will and National Consensus**

Any plan of action for a national drive for eradicating poverty and unemployment and bringing about all-round and integrated rural development with clear-cut national goals cannot conceivably succeed without political will on the part of the government and an unambiguous national consensus involving all the political parties and also backed by the newspaper and electronic media. Determined efforts must be made for enlisting the support and co-operation of all concerned for this great national effort.

**12. National Integration**

National Integration, which is a process of finding unity in diversity and the growth of national character, are the need of the hour for India. Promotion of national integration in some form or other runs through every item of poverty alleviation, employment generation and rural development, cutting across all barriers of religion, caste, community or social distinctions. These programmes bring together people belonging to various strata and segments of society. They encourage mutual co-

operation and common endeavour which tend to work as a cementing force that binds the people emotionally and otherwise. Further, removal of poverty, bringing down economic disparities and achieving social and economic justice are calculated to work towards economic and social equality and create a favourable climate for unity and harmony among people. The total implementation of the programmes, by its very sweep and momentum, is bound to set into motion the forces of national integration among people by fostering in them an urge to live, let live and grow together.

**S.V. Manjunath**  
Secretary, Standing Committee  
and President, Akhil Bharat  
Sarvodaya Maha Sangh

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# **THE SEVENTY-FOURTH CONSTITUTIONAL AMENDMENT AND THE EMPOWERMENT OF MUNICIPAL GOVERNMENT — A CRITIQUE**

*Gangadhar Jha\**

The Seventy-Fourth Amendment to the Constitution of India is said to be the harbinger of a new era of empowered and vigorous system of urban local self-government. The municipal authorities will henceforth derive their very existence from the Constitution itself. The expectations are high that it will refurbish the whole system of urban- local self-governance by implanting a new structure of municipal authorities with additional devolution of functions, planning responsibilities, new system of fiscal transfers and empowerment of the women and weaker sections of the society. The Amendment is supposed to provide the much needed institutional capabilities to the otherwise fragile system of urban government in dealing with the impulses of urbanisation and urban growth. Is it really so?

With a view to comprehend the various dimensions of this Amendment as also to properly appreciate its aforesaid epithets, it would be desirable to look at the environment in which it has been enacted and the specific features of provisions incorporated in it.

## **The Context of Amendment**

Though Lord Ripon, the founding father of the municipal authorities in British India, implanted the concept of municipal authorities as the units of "self-government", it has substantially declined over the years due to, among other things, undefined role which led to systematic erosion in the municipal functional domain, inadequate resource base, a weak executive system and pervasive state control.

The undefined role of municipal authorities has resulted in considerable erosion in the municipal functional domain. This is manifested in state encroachments into municipal functions and formation of para-statal and specific purpose organisations in the spheres of water supply, sewerage and drainage, slum improvement, urban planning and development on the plea that the traditional municipal authorities do not have requisite resources to effectuate these complicated and challenging tasks. On the resources front, however, despite an increasing demand for services due to urbanisation and urban growth, the local resource base has been shrinking. The share of municipal authorities in the total public sector expenditure has declined from about eight per cent in 1960-61 to about 4.5 per cent in 1977-78. There is no evidence to suggest that it has enhanced thereafter. This has adversely constrained the provision of services and their operational upkeep. A large

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\* Research Professor, National Institute of Urban Affairs, 11 Nyaya Marg, Chanakyapuri, New Delhi.

number of municipal authorities are not in a position to pay even the salary to their staff for months together. About 42 to 97% of the municipal authorities are incurring per capita expenditure on various municipal services which is much below the suggested norm of the Zakaria Committee. The executive system, especially in the municipal corporations which are the largest and the most autonomous form of municipal authorities, is highly fragmented as it is based on separation of executive powers and functions. Whereas the executive powers are vested in the Council and its executive committees, the executive functions are performed by the appointed Commissioner. Substantive executive powers enjoyed by an appointed executive rather than by the elected representative has led to bureaucratic control and hence erosion in local democracy and self rule. This is in contradiction to the institution of self- government.

An elaborate state control on the day-to-day functioning of municipal authorities is crippling them. These powers are frequently exercised through inspection, calling of records and giving directions for performing civic functions. Besides these, the state governments also possess overwhelming powers of control and supervision in matters of appointment, approval of contracts and estimates above a pre-determined amount, sanctioning of new posts and framing of bye-laws and rules. In the fiscal matters, the control relates to rates and expenditure incurred. Despite being the units of self-government, it is incredible that the municipal authorities do not have powers to approve their own budgets and decide the tax rates. Even the Municipal Corporations are required to obtain state approval of expenditures beyond certain limits. This in Kerala is Rs. one lakh, in Andhra Pradesh, Rs. 50,000 and in Himachal Pradesh, Rs. 20,000. In municipalities, the limit is still less. In Tamil Nadu, for example, it is Rs.8000 only. Obviously, with these controls, the municipal authorities could hardly be treated as embodiments of self-government.

The most drastic mechanism of control is applied by the act of supercession without reconstituting the Council through a fresh election for years together. Due to this, a large number of municipal councils are under prolonged suspension. Even the Madras Municipal Corporation which has the first municipal body to be constituted in this country, happens to be the first municipal authority with the longest spell of supersession, i.e., since 1974. As of 1989, as many as 39 out of 71 Municipal Corporations were superseded in different states. Such elaborate and comprehensive control system smacks of the French system of administrative tutelage which the French have themselves abandoned with the new wave of decentralisation under President Mitterand's regime.

These have gone a long way in weakening the institutional capability of municipal authorities. The decline in the institutions of self-government is so pervasive that it has acquired a connotation which is identified with everything that is second grade and inferior. The debate to empower them has ensued ever since Independence. The Seventy-Fourth Constitution Amendment is the culmination of this prolonged debate and has been pushed through for strengthening of municipal authorities so that they acquire the institutional capability to deal with the problems created by urbanisation and urban growth. Is this Amendment really going to enhance the institutional capability of the municipal bodies? With a view to comprehend the efficacy of this Amendment in taking care of the ills presently afflicting them, let us first have a look at the important provisions of the Constitution Amendment in terms of (i) structure, (ii) composition, (iii) powers and functions, (iv) finances and (v) planning.

# The Constitution Amendment

## Structure

Through the amendment, the Constitution of India now provides for constituting of three types of institutions of urban self-government. These are (a) **Nagar Panchayats** which are to be constituted in areas which are in transition from rural to urban. This has been conceived to properly channelise the growth impulses in such settlements as also to bring some sort of order in their growth and service conditions; (b) **Municipal Councils** in smaller urban settlements; and (c) **Municipal Corporations** in larger urban areas. Which areas are to be called "transitional", "smaller" and "larger" urban areas, has been left to the discretion of the State Governments. It also provides for decentralisation of municipal administration by constituting Ward Committees in territorial areas of such municipalities which have more than three lakh population. This has been provided to maintain a close relationship between the citizens and the units of local self-government so that the citizens do not get alienated from the units of local self-government in the wake of demographic and physical growth of cities.

The Constitution Amendment (CA) thus provides for three types of municipal authorities instead of five types existing right now and it envisages a two-tier system of municipal authorities in a local area having more than three lakh population. As a consequence of this, the Notified Area Committees and the Town Area Committees which are nominated form of local bodies, have to go. But what is curious is the complete silence in the CA about the future fate of Cantonment Boards which are important variants of municipal authorities performing similar functions constituted under a Central Act. Does the constitutional provision for three types of municipal authorities mean the demise of even the Cantonment Boards? If so, that will be injurious to the civic administration of cantonments. This is one of the gray areas of the Amendment and indicates that the Amendment was not premeditated.

Yet another gray area, in so far as the structure is concerned, relates to the discretion given to the State Governments in deciding the status of urban settlements as "transitional areas", "smaller areas" and "larger areas". Left to the State Governments, even a "smaller" area could continue to be a "transitional area". The Sixty-Fifth Amendment Bill which could not be adopted by the Parliament, did not leave room for any interpretation as it had specified that a Nagar Panchayat was to be constituted in a transitional area with a population of 10,000 to 20,000, Municipal Councils in the town with a population of 20,000 to 3 lakhs and Municipal Corporations in the cities of more than 3 lakh population. It had also provided for constitution of a three tier local self-government in cities with more than three lakh population. Municipal Corporations, Zonal Committees and the Ward Committees so that the local government institutions could be brought to the "door-steps" of the citizens. Thus, the structure as also the scheme of decentralisation do not compare even with the original Bill on the subject. The Sixty-Fifth Amendment was not approved by the Parliament chiefly on two grounds. First, the provisions were said to be a blow on the autonomy of the State Governments as it tried to thrust the provisions on them. Second, the scope and contents of the proposed Amendment Bill were said to be conceived in a great deal of hurry. As the ensued debate generated a great deal of political heat, the authors of the 74th Amendment perhaps became too conscious of the respect for "state autonomy" and diluted the provisions substantially by giving a great deal of discretion to the State Governments with respect to several critical provisions of the Constitution Amendment. As for a "great deal of hurry" in pushing through the Amendments, the issues

tried to be taken care of by the 65th Amendment have been debated since Independence and even before.

### ***Composition***

The Municipal authorities are to be constituted of (i) elected representatives to be elected from the different electoral wards; (ii) Members of the House of the People (Lok Sabha) and the Legislative Assembly of the State representing constituencies which are wholly or partly under the municipal area; (iii) Members of the Council of States (Rajya Sabha) and the Legislative Council of the States who are registered as electors within the municipal area; (iv) chairpersons of Committees of the municipal authorities and (v) persons having special knowledge or experience in municipal administration. The latter do not have the right to vote in the meetings of the Council.

Empowerment of weaker sections of society and women happens to be one of the substantive provisions of the CA. With a view to empower scheduled castes and tribes as well as women, it provides for reservation of seats in the Council, according to the proportion of these groups, in the total population of the Municipal Council. One-third of such seats is to be reserved for the women belonging to these castes. Besides such reservations, the most important provision of the CA is the empowerment of women for which one-third of the total seats are to be reserved. It also provides that the chairpersons in the municipal authorities have necessarily to belong to scheduled castes and tribes and women. The State Governments have been given discretion to have such reservation even for the backward castes.

The second tier, i.e., the Ward Committees are to be composed of the members of the Municipal Council representing the wards within the jurisdiction and one of the elected representatives from within the wards is to be appointed as its chairperson. But in addition to the elected representatives, the Ward Committee is to consist of the nominated members as the CA gives discretion to the State Governments to decide the composition, the territorial area of a Ward Committee and the manner in which the seats in Ward Committees are to be filled. Hence the type of persons who are to be on the Ward Committee, is not specified. This happens to be yet another grey area of the Amendment. It will be the prerogative of the State Governments to nominate anybody on the Ward Committees. The representative character is the hallmark of the institutions and the units of local self-governments. The provisions to nominate the members do not go with the ethos of self-government. There does not appear any need to have non-elected members on the Ward Committees. If the right type of persons are not nominated on the Ward Committees, it will open up a new problem area and internal tension built into the system.

The most conspicuous deficiency of CA, in so far as the composition of municipal authorities is concerned, is that it has not cared to install a political executive in the municipal authorities, especially in the Municipal Corporations which are constituted in large cities and require to take political decisions for solution of local problems. It has conveniently ignored the existing problem of fragmentation of executive power and functions discussed earlier. What was required was to provide for a strong Mayor system as introduced recently in Calcutta and Howrah where the appointed Commissioner acts as the Secretary to the Mayor-in-Council.

Another very important provision of the CA pertains to the municipal authorities' right to exist. It gives a term of five years to the municipalities and if they have to be dissolved, they must be given an opportunity of being heard. Even if they have to be dissolved because of any irregularity, fresh elections are to be held within a period of six months. This will

henceforth prevent the prolonged supersession for years together. By restoring the democratic process at the level of the cutting edge, this is expected to go a long way in making the municipal authorities vibrant institutions of local self-government.

### ***Powers and Functions***

The Amendment envisages to devolve to the municipal authorities functions relating to preparation of plans for economic development and social justice as well as for implementation of various development schemes. It has appended a new Twelfth Schedule to the Constitution of India which lists out functions to be performed by them. It lists out, in all, 18 functions, many of which have traditionally been local functions although some of them are unconventional and even ambitious in nature, for the municipal authorities. Urban planning, regulation of land use, construction of buildings, roads and bridges, water supply and slum improvement form part of the Twelfth Schedule and hence it suggests that the era of constituting specific purpose authorities by withdrawing such functions from the municipal arena will come to an end with the enactment of the 74th Constitution Amendment. It also gives an impression that henceforth the gradual state encroachment on municipal functional domain will stop altogether as these have been specified in the new Schedule of functions.

However, a closer look at the enabling provisions does not make it so. This is primarily because of the discretion which the CA has again given to the State Governments. Left to the State Governments, the devolution of functions may not be as complete as is supposed to be in the Twelfth Schedule. Drawing from the experience of indifferent attitude of the State Governments in the past, the CA should not have left the actual devolving of functions on the will of the State Governments who are required to push through new enactments providing for local functions, according to the new schedule. It is only a pious hope that they will actually do so. A couple of developments in this regard lead one to believe all the more that the functions listed in the Twelfth Schedule are going to be confined to the Twelfth Schedule itself; they are not going to be actually devolved to municipal bodies. Amendments recently introduced in the Bombay Provincial Municipal Corporation Act in Gujarat under the garb of "new enactment", for incorporating the spirits of the new Constitution Amendment, is atmost a patch work rather than altogether a new enactment. This being a patch work, the functional domain continues to be what it has been in the past. Parastatal organisations and specific purpose authorities like the Slum Clearance and Improvement Board, Water Authorities, and Urban Development Authorities and the like still thrive in the state and the traditional municipal functions are as fragmented as before. Second, the Indian Parliament, besides enacting the 74th Constitution Amendment, also enacted a new law for the National Capital Territory of Delhi taking away water from the Municipal Corporation of Delhi (MCD). Indications are that slum improvement is also to be taken away from the functions devolved to the MCD. It is worth recapitulating that all such functions are listed in the Twelfth Schedule and are to be devolved to the municipal authorities. What was therefore required was to provide for a local list of functions in the Constitution of India in unambiguous terms; the Twelfth Schedule ought to have been made mandatory, not discretionary.

Another area of doubt relating to the devolution of functions pertains to the nature of some of the functions which seem to be quite ambitious and even redundant and irrelevant for the municipal authorities. Planning for economic and social development, protection of the environment and promotion of ecological aspects and urban poverty alleviation are functions which belong to this category. It is not that these are not important functions.

Performance of such functions requires a much stronger financial capability and human resources which the municipal bodies are lacking miserably. With the existing funds they are not in a position to discharge even the basic functions. Even the provisions relating to strengthening of their financial base are not likely to achieve this objective in the near future, as discussed subsequently. To expect them to discharge these functions efficiently and effectively therefore seems to be a tall order indeed.

Yet another grey area of the CA pertains to the functions to be performed by the Ward Committees. It simply talks of devolving to them such functions by the State Governments which may be necessary to enable them to carry out responsibilities conferred upon them. Thus the second tier of local government has been created without specifying the functions to be performed by it.

### ***Municipal Finance***

Devolving of functions without devolution of sources of revenue does not carry any meaning. As discussed earlier, the decline in institutional capability of municipal authorities is largely due to weak fiscal capabilities. However, the CA has very conveniently ignored this critical area of municipal governance. The taxes, duties, tolls and fees to be levied by them and assigned to them as also the grants-in-aid to be given to them have been left to the discretion of the State Governments. We have seen in the past that in a large number of states, the State Governments have not only been indifferent to the need of revamping of municipal finance but have even encroached upon the legitimate sources of local revenue. Profession Tax, for example, has been taken over by the State Governments in Karnataka, Haryana, Madhya Pradesh, Meghalaya, Nagaland, Tripura and West Bengal. In Andhra Pradesh, Entry Tax is being used by the State Government. In Madhya Pradesh, even Property Tax was taken over in the past by the State Government. Left to the discretion of State Governments, the prospects for refurbishing of municipal finance systems did not seem to be very bright. It was, therefore, required to specify the sources of local revenue in the Constitution of India itself so that there could be constitutional protection and guarantee about it.

The only redeeming feature of the Seventy-Fourth Amendment in financial sphere is the mandatory constitution of the Finance Commission by the State Governments once in every five years. The Finance Commission (FC) is to make recommendations regarding principles to govern sharing of the state taxes, duties, tolls and the fees between the State Government and the municipalities as well as its distribution between the municipalities. The FC is also to suggest the principles for the determination of taxes, duties, tolls and fees to be assigned to them and the grants-in-aid to be given to the municipal authorities out of the Consolidated Fund of the state. It also has the mandate to suggest ways and means of improving the financial position of the municipal authorities. A salient feature of the CA relating to the constitution of the FC is the forthright and explicit provision about the recommendations of the FC, which in the past were generally filed. Henceforth, the Governor is required to lay before the State Legislature the recommendations made by the FC along with an explanatory memorandum containing the action to be taken on it. Thus, the suggestions and observations of the FC shall have to be taken note of by the State Governments. This is one of the most important aspects of the Seventy-Fourth Constitution Amendment.

The mechanism of the FC seems to be the only hope for refurbishing of municipal finances as the devolution of sources of revenue has been left to the state discretion. The recommendations to be given by the FC will fill this void as it also has the mandate to

suggest the taxes, duties, tolls and the fees to be devolved to the municipal authorities. If constituted well before the constitution of the Central Finance Commission (CFC), it will go a long way in integration of municipal financial need for non-plan with the state and federal finances through the mechanism of the committed expenditure of the State Governments. This is also likely to help in devolving of functions by the State Governments to the municipal authorities, as the CFC may agree to fiscal transfers to the State Governments only for such functions which are in the nature of state functions. The functions urban, in nature and being performed by the state agencies and para-statal organisations, may have to be transferred to the municipal authorities. But this again seems to be only a pious hope as this will depend on the will of the CFC. There is nothing sacrosanct about it. It is worth stressing even at the cost of repetition, however, that the exercise of the FC is based on the functions performed by the municipal bodies. If the functions are not devolved out of the Twelfth Schedule, the transfer scheme suggested by the FC will be shortsighted, limited and meaningless. Moreover, as it is to be a composite Finance Commission for the Pachayati Raj institutions as well as the municipal authorities, one has to wait and watch if it gets dominated by the rural local bodies interests.

Another provision of CA having important ramifications for strengthening the financial capabilities of the municipal authorities is the amendment of Article 280 of the Constitution by amending the Terms of Reference of the CFC. The new provision now requires the CFC to suggest measures needed to augment the Consolidated Fund of a state to supplement the resources of the municipalities in the state on the basis of the recommendations made by the FC. Thus the need for non-plan funds of the municipalities is now to be looked into by the CFC as well. Federal transfers will now be also available for the municipal authorities from the Eleventh Finance Commission onwards. This is an amendment of far-reaching importance.

### ***Urban Planning***

The CA provides for setting up of District-Planning Committees to consolidate the plans prepared by the Municipalities and the Panchayats within the district and to prepare a draft Development Plan for the district as a whole. The municipalities are to be represented on it. The draft development plan has to be prepared with respect to the matters of common interest between the Panchayats and municipalities including spatial planning, sharing of water and other physical and natural resources, integrated development of infrastructure and environmental conservation. Plans so prepared are to be forwarded by the chairperson of the Planning Committee to the State-Government. Similarly, Metropolitan Planning Committees are to be set up in the metropolitan areas on which the municipal authorities are to be represented. The Committee will be doing a similar planning exercise for the metropolitan area as is to be done by the District Planning Committee in a district.

The provisions relating to the setting up of District Planning Committees is yet another indication of a casual approach to the drafting of the Seventy-Third and the Seventy-Fourth Constitution Amendment Acts, 1992. Though elaborate provisions have been made in the Seventy-Fourth Amendment Act for initiating the planning process in the Panchayats and urban settlements and the consolidation of the plans so prepared to form a District Plan, the Seventy-Third Amendment Act which relates to constitutional provisions for the Panchayati Raj Institutions (PRIs) is silent about it. There is not even a reference in the Seventy-Third Amendment Act about such provisions laid down in the Seventy-Fourth Amendment Act. One thus keeps on guessing and wondering as to how the plans prepared by the PRIs are to be consolidated, to form the draft District Plan. As this is not provided

for in the Seventy-Third Amendment, where from the PRIs derive the powers to formulate the plan? And if the Plans are not prepared by the PRIs, how are they to be consolidated along with the municipal plans to form a District Plan?

The setting up of Metropolitan Planning Committees (MPC) is going to create further confusion about the role and relationship of the myriad Urban Development Authorities (UDAs) vis-a-vis the proposed Metropolitan Planning Committees. Does it mean the demise of the UDAs? Or are the UDAs to be merged with the municipal authorities as their planning and development agencies? These questions are not settled in the Amendment Act. If, however, the MPCs and the UDAs are to exist side by side, it will make the planning function fragmented and chaotic, adding further to the already compounded problems of co-ordination.

In sum, though the Seventy-Fourth Amendment has several infirmities, it is historic in many ways. First, it gives the right to the municipal government to exist as it provides for fresh elections within six months of dissolution of the Council. Second, it empowers the weaker sections and the women by providing for the reservation of seats. Third, it provides for creation of Ward Committees which will reduce the distance between the citizenry and the local government and will hopefully make it much more responsive to the needs of the local community and will ensure accountability. Fourth, the provision for constitution of a Finance Commission and the amendment in the terms of reference of the Central Finance Commission is expected to contribute to strengthening of fiscal capabilities of the municipal authorities.

Alongwith these brighter aspects of the Amendment, there are, however, the greyer areas as well. It has missed a valuable opportunity to specify the functions and also the sources of local revenues. This would have prevented state encroachment into these spheres. By giving a lot of discretion to the State Governments in these and other areas, the Amendment has left the problems unsettled. The experiences in the past indicate that the State Governments have not cared to make them vibrant units of local self-government at the grassroot level. But as the municipal authorities are the creatures of State Governments, the latter will "hopefully" fend for the former in the new reactivated environment of the Seventy-Fourth Constitution Amendment. "Hopefully", because in the past the State Governments have been found visibly cool in taking initiatives to strengthen the units of urban local self- government, one has to wait and watch if the required initiatives come in ample measure from the State Governments in this regard. A couple of initiatives already taken in this regard (in Gujarat and Delhi), however, do not augur well for the incorporation of the basic spirit of the Seventy-Fourth Constitutional Amendment Act.

THE CONSTITUTION (SEVENTY-FOURTH AMENDMENT)  
ACT, 1992

AN ACT

*further to amend the Constitution of India*

BE it enacted by Parliament in the Forty-third Year of the Republic of India as follows:—

1. (1) This Act may be called the Constitution (Seventy-fourth Amendment) Act, 1992.

Short title and  
commence-  
ment.

(2) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

2. After Part IX of the Constitution, the following Part shall be inserted, namely:—

Insertion of  
new Part IXA.

**'PART IXA**

**THE MUNICIPALITIES**

243P. In this Part, unless the context otherwise requires,—

Definitions.

(a) "Committee" means a Committee constituted under article 243S;

(b) "district" means a district in a State;

(c) "Metropolitan area" means an area having a population of ten lakhs or more comprised in one or more districts and consisting of two or more Municipalities or Panchayats or other contiguous areas, specified by the Governor by public notification to be a Metropolitan area for the purposes of this Part;

(d) "Municipal area" means the territorial area of a Municipality as is notified by the Governor;

(e) "Municipality" means an institution of self-government constituted under article 243Q;

(f) "Panchayat" means a Panchayat constituted under article 243B;

(g) "population" means the population as ascertained at the last preceding census of which the relevant figures have been published.

243Q. (1) There shall be constituted in every State,—

Constitution of  
Municipalities.

(a) a Nagar Panchayat (by whatever name called) for a transitional area, that is to say, an area in transition from a rural area to an urban area;

(b) a Municipal Council for a smaller urban area; and

(c) a Municipal Corporation for a larger urban area,

in accordance with the provisions of this Part:

Provided that a Municipality under this clause may not be constituted in such urban area or part thereof as the Governor may, having regard to the size of the area and the municipal services being provided or proposed to be provided by an industrial established in that area and such other factors as he may deem fit, by public notification, specify to be an industrial township.

(2) In this article, "a transitional area" "a smaller urban area" or "a larger urban area" means such area as the Governor may, having regard to the population of the area, the density of the population therein, the revenue generated for local administration, the percentage of employment in non-agricultural activities, the economic importance or such other factors as he may deem fit, specify by public notification for the purposes of this Part.

**Composition of  
Municipalities.**

243R. (1) Save as provided in clause (2), all the seats in a Municipality shall be filled by persons chosen by direct election from the territorial constituencies in the Municipal area and for this purpose each Municipal area shall be divided into territorial constituencies to be known as wards.

(2) The Legislature of a State may, by law, provide,—

(a) for the representation in a Municipality of—

(i) persons having special knowledge or experience in Municipal administration;

(ii) the members of the House of the People and the members of the Legislative Assembly of the State representing constituencies which comprise wholly or partly the Municipal area;

(iii) the members of the Council of States and the members of the Legislative Council of the State registered as electors within the Municipal area;

(iv) the Chairpersons of the Committees constituted under clause (5) of article 243S:

Provided that the persons referred to in paragraph (i) shall not have the right to vote in the meetings of the Municipality;

(b) the manner of election of the Chairperson of a Municipality.

243S. (1) There shall be constituted Wards Committees, consisting of one or more wards, within the territorial area of a Municipality having a population of three lakhs or more.

Constitution  
and composi-  
tion of Wards  
Committees,  
etc.

(2) The Legislature of a State may, by law, make provision with respect to—

(a) the composition and the territorial area of a Wards Committee;

(b) the manner in which the seats in a Wards Committee shall be filled.

(3) A member of a Municipality representing a ward within the territorial area of the Wards Committee shall be a member of that Committee.

(4) Where a Wards Committee consists of—

(a) one ward, the member representing that ward in the Municipality; or

(b) two or more wards, one of the members representing such wards in the Municipality elected by the Members of the Wards Committee,

shall be the Chairperson of that Committee.

(5) Nothing in this article shall be deemed to prevent the Legislature of a State from making any provision for the constitution of Committees in addition to the Wards Committees.

243T. (1) Seats shall be reserved for the Scheduled Castes and the Scheduled Tribes in every Municipality and the number of seats so reserved shall bear, as nearly as may be, the same proportion to the total number of seats to be filled by direct election in that Municipality as the population of the Scheduled Castes in the Municipal area or of the Scheduled Tribes in the Municipal area bears to the total population of that area and such seats may be allotted by rotation to different constituencies in a Municipality.

Reservation of  
seats.

(2) Not less than one-third of the total number of seats reserved under clause (1) shall be reserved for women belonging to the Scheduled Castes or, as the case may be, the Scheduled Tribes.

(3) Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Municipality shall be reserved for women and such seats may be allotted by rotation to different constituencies in a Municipality.

(4) The office of Chairpersons in the Municipalities shall be reserved for the Scheduled Castes, the Scheduled Tribes and women in such manner as the Legislature of a State may, by law, provide

(5) The reservation of seats under clauses (1) and (2) and the reservation of office of Chairpersons (other than the reservation for women) under clause (4) shall cease to have effect on the expiration of the period specified in article 334.

(6) Nothing in this Part shall prevent the Legislature of a State from making any provision for reservation of seats in any Municipality or office of Chairpersons in the Municipalities in favour of backward class of citizens.

**Duration of  
Municipalities,  
etc.**

243U. (1) Every Municipality, unless sooner dissolved under any law for the time being in force, shall continue for five years from the date appointed for its first meeting and no longer:

Provided that a Municipality shall be given a reasonable opportunity of being heard before its dissolution.

(2) No amendment of any law for the time being in force shall have the effect of causing dissolution of a Municipality at any level, which is functioning immediately before such amendment, till the expiration of its duration specified in clause (1).

(3) An election to constitute a Municipality shall be completed,—

(a) before the expiry of its duration specified in clause (1);

(b) before the expiration of a period of six months for the date of its dissolution:

Provided that where the remainder of the period for which the dissolved Municipality would have continued is less than six months, it shall not be necessary to hold any election under this clause for constituting the Municipality for such period.

(4) A Municipality constituted upon the dissolution of Municipality before the expiration of its duration shall continue only for the remainder of the period for which the dissolved Municipality would have continued under clause (1) had it not been so dissolved.

**Disqualification  
for member-  
ship.**

243V. (1) A person shall be disqualified for being chosen as, and for being, a member of a Municipality—

(a) if he is so disqualified by or under any law for the time being in force for the purposes of elections to the Legislature of the State concerned:

Provided that no person shall be disqualified on the ground that he is less than twenty-five years of age, if he has attained the age of twenty-one years;

(b) if he is so disqualified by or under any law made by the Legislature of the State.

(2) If any question arises as to whether a member of a Municipality has become subject to any of the disqualifications mentioned in clause (1), the question shall be referred for the decision of such authority and in such manner as the Legislature of a State may, by law, provide.

243W. Subject to the provisions of this Constitution, the Legislature of State may, by law, endow—

Powers authority and responsibilities of Municipalities, etc.

(a) The Municipalities with such powers and authority as may be necessary to enable them to function as institutions of self-government and such law may contain provision for the devolution of powers and responsibilities upon Municipalities, subject to such conditions as may be specified therein, with respect to—

(i) the preparation of plans for economic development and social justice;

(ii) the performance of functions and the implementation of schemes as may be entrusted to them including those in relation to the matter listed in the Twelfth Schedule;

(b) the Committees with such powers and authority as may be necessary to enable them to carry out the responsibilities conferred upon them including those in relation to the matters listed in the Twelfth Schedule.

243X. The Legislature of a State may, by law—

Power to impose taxes by, and Funds of, the Municipalities.

(a) authorise a Municipality to levy, collect and appropriate such taxes, duties tolls and fees in accordance with such procedure and subject to such limits;

(b) assign to a Municipality such taxes, duties, tolls and fees levied and collected by the State Government for such purposes and subject to such conditions and limits;

(c) provide for making such grants-in-aid to the Municipalities from the Consolidated Fund of the State; and

(d) provide for constitution of such Funds for crediting all moneys received, respectively, by or on behalf of the Municipalities and also for the withdrawal of such moneys therefrom,

as may be specified in the law.

Finance  
Commission.

243Y. (1) The Finance Commission constituted under article 243-I shall also review the financial position of the Municipalities and make recommendations to the Governor as to—

(a) the principles which should govern—

(i) the distribution between the State and the Municipalities of the net proceeds of the taxes, duties, tolls and fees leviable by the State, which may be divided between them under this Part and the allocation between the Municipalities at all levels of their respective shares of such proceeds;

(ii) the determination of the taxes, duties, tolls and fees which may be assigned to, or appropriated by, the Municipalities;

(iii) the grants-in-aid to the Municipalities from the Consolidated Fund of the State;

(b) the measures needed to improve the financial position of the Municipalities;

(c) any other matter referred to the Finance Commission by the Governor in the interests of sound finance of the Municipalities.

(2) The Governor shall cause every recommendation made by the Commission under this article together with an explanatory memorandum as to the action taken thereon to be laid before the Legislature of the State.

Audit of  
accounts of  
Municipalities.

243Z. The Legislature of a State may, by law, make provisions with respect to the maintenance of accounts by the Municipalities and the audit of such accounts.

Elections  
to the  
Municipalities.

243ZA. (1) The superintendence, direction and control of the preparation of electoral rolls for, and the conduct of, all elections to the Municipalities shall be vested in the State Election Commission referred to in article 243K.

(2) Subject to the provisions of this Constitution, the Legislature of a State may, by law, make provision with respect to all matters relating to or in connection with, elections to the Municipalities.

Application  
to Union  
Territories.

243ZB. The provisions of this Part shall apply to the Union territories and shall, in their application to a Union territory, have effect as if the references to the Governor of a State were

references to the Administrator of the Union territory appointed under article 239 and references to the Legislature or the Legislative Assembly of a State were references in relation to a Union territory having a Legislative Assembly, to that Legislative Assembly:

Provided that the President may, by public notification, direct that the provisions of this Part shall apply to any Union territory or part thereof subject to such exceptions and modifications as he may specify in the notification.

243ZC. (1) Nothing in this Part shall apply to the Scheduled Areas referred to in clause (1), and the tribal areas referred to in clause (2), of article 244.

Part not to apply to certain areas.

(2) Nothing in this Part shall be construed to affect the functions and powers of the Darjeeling Gorkha Hill Council constituted under any law for the time being in force for the hill areas of the district of Darjeeling in the State of West Bengal.

(3) Notwithstanding anything in this Constitution, Parliament may, by law, extend the provisions of this Part to the Scheduled Areas and the tribal areas referred to in clause (1) subject to such exceptions and modifications as may be specified in such law, and no such law shall be deemed to be an amendment of this Constitution for the purposes of article 368.

243ZD. (1) There shall be constituted in every State at the district level a District Planning Committee to consolidate the plans prepared by the Panchayats and the Municipalities in the district and to prepare a draft development plan for the district as a whole.

Committee for district planning.

(2) The Legislature of a State may, by law, make provision with respect to—

(a) the composition of the District Planning Committees;

(b) the manner in which the seats in such Committees shall be filled:

Provided that not less than four-fifths of the total number of members of such Committee shall be elected by, and from amongst, the elected members of the Panchayat at the district level and of the Municipalities in the district in proportion to the ratio between the population of the rural areas and of the urban areas in the district;

(c) the functions relating to district planning which may be assigned to such Committees;

(d) the manner in which the Chairpersons of such Committees shall be chosen.

(3) Every District Planning Committee shall, in preparing the draft development plan,—

(a) have regard to—

(i) matters of common interest between the Panchayats and the Municipalities including spatial planning, sharing of water and other physical and natural resources, the integrated development of infrastructure and environmental conservation;

(ii) the extent and type of available resources whether financial or otherwise;

(b) consult such institutions and organisations as the Governor may, by order, specify.

(4) The Chairperson of every District Planning Committee shall forward the development plan, as recommended by such Committee, to the Government of the State.

Committee for  
Metropolitan  
planning.

243ZE. (1) There shall be constituted in every Metropolitan area a Metropolitan Planning Committee to prepare a draft development plan for the Metropolitan area as a whole.

(2) The Legislature of a State may, by law, make provision with respect to—

(a) the composition of the Metropolitan Planning Committees;

(b) the manner in which the seats in such Committees shall be filled:

Provided that not less than two-thirds of the members of such Committee shall be elected by, and from amongst, the elected members of the Municipalities and Chairpersons of the Panchayats in the Metropolitan area in proportion to the ratio between the population of the Municipalities and of the Panchayats in that area;

(c) the representation in such Committees of the Government of India and the Government of the State and of such organisations and institutions as may be deemed necessary for carrying out of functions assigned to such Committees;

(d) the functions relating to planning and coordination for the Metropolitan area which may be assigned to such Committees;

(e) the manner in which the Chairpersons of such Committees shall be chosen.

(3) Every Metropolitan Planning Committee shall, in preparing the draft development plan,—

(a) have regard to—

(i) the plans prepared by the Municipalities and the Panchayats in the Metropolitan area;

(ii) matters of common interest between the Municipalities and the Panchayats, including co-ordinated spatial planning of the area, sharing of water and other physical and natural resources, the integrated development of infrastructure and environmental conservation;

(iii) the overall objectives and priorities set by the Government of India and the Government of the State;

(iv) the extent and nature of investments likely to be made in Metropolitan area by agencies of the Government of India and of the Government of the State and other available resources whether financial or otherwise;

(b) consult such institutions and organisations as the Governor may, by order, specify.

(4) The Chairperson of every Metropolitan Planning Committee shall forward the development plan, as recommended by such Committee, to the Government of the State.

243ZF. Notwithstanding anything in this Part, any provision of any law relating to Municipalities in force in a State immediately before the commencement of the Constitution (Seventy-fourth Amendment) Act, 1992, which is inconsistent with the provisions of this Part, shall continue to be in force until amended or repealed by a competent Legislature or other competent authority or until the expiration of one year from such commencement, whichever is earlier:

Continuance of existing laws and Municipalities.

Provided that all the Municipalities existing immediately such commencement shall continue till the expiration of duration, unless sooner dissolved by a resolution passed to that effect by the Legislative Assembly of that State or, in the case of a State having a Legislative Council, by each House of the Legislature of that State.

243ZG. Notwithstanding anything in this Constitution.—

(a) the validity of any law relating to the delimitation of constituencies or the allotment of seats to such constituencies, made or purporting to be made under article 243ZA shall not be called in question in any court;

(b) no election to any Municipality shall be called in question except by an election petition presented to such authority and in such manner as is provided for by or under any law made by the Legislature of a State;

Bar to interference by courts in electoral matters.

Amendment of  
article 280.

3. In clause (3) of article 280 of the Constitution, sub-clause (c) shall be lettered as sub-clause (d) and before sub-clause (d) as so relettered, the following sub-clause shall be inserted, namely:—

"(c) the measures needed to augment the Consolidated Fund of a State to supplement the resources of the Municipalities in the State on the basis of the recommendations made by the Finance Commission of the State;"

Addition of  
Twelfth  
Schedule.

4. After the Eleventh Schedule to the Constitution, the following Schedule shall be added, namely:—

#### **"TWELFTH SCHEDULE**

(Article 243W)

1. Urban planning including town planning.
2. Regulation of land-use and construction of buildings.
3. Planning for economic and social development.
4. Roads and bridges.
5. Water supply for domestic, industrial and commercial purposes.
6. Public health, sanitation conservancy and solid waste management.
7. Fire services.
8. Urban forestry, protection of the environment and promotion of ecological aspects.
9. Safeguarding the interests of weaker sections of society, including the handicapped and mentally retarded.
10. Slum improvement and upgradation.
11. Urban poverty alleviation.
12. Provision of urban amenities and facilities such as parks, gardens, playgrounds.
13. Promotion of cultural, educational and aesthetic aspects.
14. Burials and burial grounds; cremations, cremation grounds and electric crematoriums.
15. Cattle pounds; prevention of cruelty to animals.
16. Vital statistics including registration of births and deaths.
17. Public amenities including street lighting, parking lots, bus stops and public conveniences.
18. Regulation of slaughter houses and tanneries."

**EXTRACT OF ARTICLE 243 I & 243 K FROM CLAUSE 2 OF  
THE CONSTITUTION (73RD AMENDMENT) ACT, 1992  
WHICH ARE REFERRED TO IN THE CONSTITUTION  
(74TH AMENDMENT) ACT, 1992**

**243-I. (1)** The Governor of a State shall, as soon as may be within one year from the commencement of the Constitution (Seventy-third Amendment) Act, 1992, and thereafter at the expiration of every fifth year, constitute a Finance Commission to review the financial position of the Panchayats and to make recommendations to the Governor as to—

Constitution of  
Finance Com-  
mission to re-  
view financial  
position.

(a) the principles which should govern—

(i) the distribution between the State and the Panchayats of the net proceeds of the taxes, duties, tolls and fees leviable by the State, which may be divided between them under this Part and the allocation between the Panchayats at all levels of their respective shares of such proceeds;

(ii) the determination of the taxes, duties, tolls and fees which may be assigned to, or appropriated by, the Panchayats;

(iii) the grants-in-aid to the Panchayats from the Consolidated Fund of the State;

(b) the measures needed to improve the financial position of the Panchayats;

(c) any other matter referred to the Finance Commission by the Governor in the interests of sound finance of the Panchayats.

**(2)** The Legislature of a State may, by law, provide for the composition of the Commission, the qualifications which shall be requisite for appointment as members thereof and the manner in which they shall be selected.

**(3)** The Commission shall determine their procedure and shall have such powers in the performance of their functions as the Legislature of the State may, by law, confer on them.

**(4)** The Governor shall cause every recommendation made by the Commission under this article together with an explanatory memorandum as to the action taken thereon to be laid before the Legislature of the State.

**243K (1)** The Superintendence, direction and control of the preparation of electoral rolls for, and the conduct of, all elections to the Panchayats shall be vested in a State Election Commission consisting of a State Election Commissioner to be appointed by the Governor.

Elections to  
the Pan-  
chayats.

(2) Subject to the provisions of any law made by the Legislature of a State, the conditions of service and tenure of office of the State Election Commissioner shall be such as the Governor may by rule determine:

Provided that the State Election Commissioner shall not be removed from his office except in like manner and on the like grounds as Judge of a High Court and the conditions of service of the State Election Commissioner shall not be varied to his disadvantage after his appointment.

(3) The Governor of a State shall, when so requested by the State Election Commission, make available to the State Election Commission such staff as may be necessary for the discharge of the functions conferred on the State Election Commission by Clause (1).

(4) Subject to the provisions of this Constitution, the Legislature of a State may, by law, make provision with respect to all matters relating to, or in connection with elections to the Panchayats.

## **Plan for Delivery of Family Welfare Services in Slums (Bangalore City) - Based on The Need Assessment of Slum Dwellers (IPP-VIII)**

**A S Mohammad**

*Dept. of Community Health  
St. John's Medical College, Bangalore 560 034*

Bangalore is the fastest growing city of India with a total population of 41,08,013 (1991 census). This unprecedented, unplanned growth has resulted in the growth of many slums and lack of basic civic amenities. Bangalore has organised urban health services provided by the net work of hospitals, health centres, maternity homes and dispensaries but these facilities are not available to lower section of the urban community for various reasons. Out-reach services of these institutions do not exist or are inadequate to meet the Primary Health Care needs of the slum dweller.

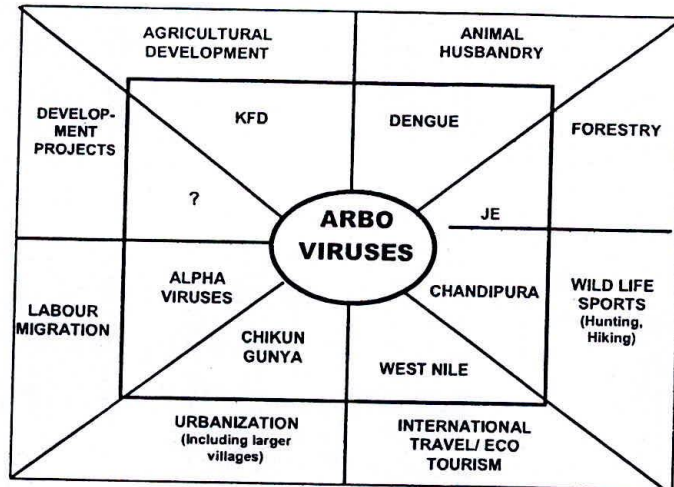
In the present proposal efforts are made to identify problems and to strengthen the delivery of family welfare/primary health care services to the urban poor. This is consistent with the objective of the national health policy which aims at taking the services nearer to the door steps of the people and ensuring full participation of the community in health development process. It is proposed to reorganise and strengthen the existing facilities as per the requirement. Strengthening of out reach services and involvement of community in taking care of its health needs are the main points of the present proposal.

Various strategies for improving the delivery of family welfare/primary health care services to urban poor could include the following :-

- a) Development of effective out-reach services
- b) Strengthening of infrastructural facilities
- c) Involvement of Private Medical Practitioners and NGOs and
- d) Intensive IEC (Information, Education & Communication) campaign.

A health centre will serve a population of 50,000. Family welfare and Primary health care services will be provided through link workers, domiciliary visits of ANM/LHV. To

Diagram - 1



Source: CHC, SOCHARA

back up the services, one out of every four health centres will be upgraded to have in-patient facilities with 25 beds. For this purpose, some of the existing maternity homes will be selected. The services will include :

1. Care of pregnant women including treatment of specific nutritional disorders.
2. Safe deliveries.
3. Post natal care including care of new born.
4. Nutritional care upto the age of five.
5. Immunization against vaccine preventable diseases.
6. Advice, supplies and facilities for Family Welfare.
7. Health and nutrition education especially the need for breast feeding and weaning practices, immunisation, nutritious diet during pregnancy and lactation, etc.
8. Treatment of minor ailments of women and children.
9. Knowledge of vaccine preventable diseases and diarrhoeal diseases.
10. Detection of suspected cases of TB and Leprosy and their referral and follow-up.

#### SETTING UP OF NEW HEALTH CENTRES AND UP GRADED HEALTH CENTRES

It has been estimated on the basis of projected population i.e. 48.78 lakh by 1995, that 97 health centres and 24 upgraded health centres will be required. The break-up of health centres and upgraded health centres is as follows :

Status	Health Centre	Upgraded Health Centre
Required	97	24
Existing	37 *	30 Maternity Homes
Addl. requirement	60	24 **

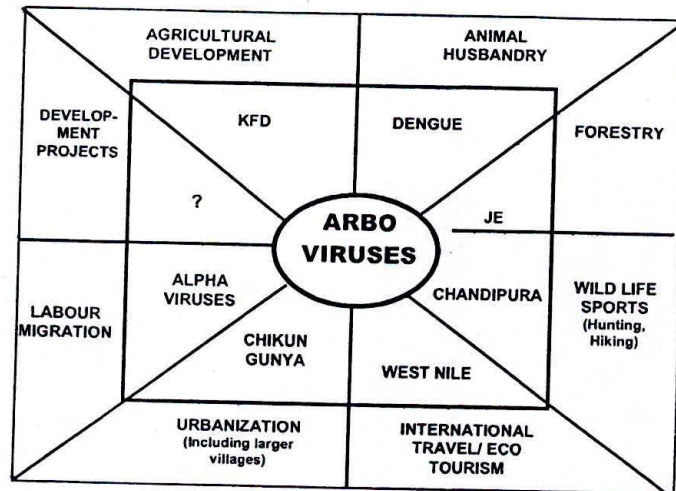
- \* Strengthening in terms of staff, equipment, drugs and contingencies
- \*\* Strengthening in terms of staff, equipment, ambulance, drugs, staff quarters (only for 6 centres) and contingencies.

Strengthening of existing centres and setting up of new centre will be taken in phased manner as follows :-

Year	I	II	III	IV	V	Total
New centres (60)	20	15	10	8	7	60
Strengthening of 37 HCs	5	5	10	12	5	37
Strengthening of 24UHCs	6	5	5	5	3	24

Strengthening of existing HCs and UPHCs and setting up of new centres will be taken up from the periphery of the city.

Diagram - 1



Source: CHC, SOCHARA

# ORGANIZATION CHART

## COMMISSIONER/ADMINISTRATOR

### HEALTH OFFICER

Additional Health Officer

Non-Government Organisations

(FW & MCH)

Private Medical Practitioners

Administration and Monitoring Unit  
- Deputy Health Officer (FW & MCH)  
- Statistician  
- U D C

Training Unit  
- Apex training team

I E C Unit  
- Extn. Education Officer  
- Extn. Educator  
- Driver cum projectionist

### Upgraded Health Centre

Sr. Medical Officer	- 1
Gynecologist cum Resd. LMO	- 1
Paediatrician	- 1
Anaesthetist (Part time)	- 1
Staff Nurse	- 4
Clerk	- 2
Pharmacist cum store keeper	- 3
Lab. Technician	- 1
O.T. attendant	- 1
Statistical assistant	- 1
Peon	- 1
Sweeperess	- 3
Chowkidar	- 1
Driver	- 1

### TASKS

Out patient services  
Specialised MCH Care  
Conduction of Normal and high risk deliveries  
M T P  
Sterilization  
Inpatient care of Gynae/Obs. cases  
Laboratory services  
Referrals  
Supervision of Health centres

Health Centre (HC) HC HC HC

Lady Medical Officer	1
LHV/PHN	2
ANM/Health worker (Female)	7
Health worker (Male)	1
Computer cum clerk	1
Peon	1
Sweeper cum chowkidar	1
Dias (link worker)	10

### TASKS

Treatment of common ailments of mother and children including diarrhoea (mild dehydration)  
Ante Natal, Natal and Post Natal care  
Immunization  
Vit. A for prevention of blindness  
ORS for diarrhoea  
Supplementary Nutrition  
Family Planning  
- IUD insertion, Condom and Oral pill distribution  
Urine (Albumin & sugar) and Blood Examination  
Referral for Sterilization, High risk & completed cases to upgraded Health centre and other Hospitals  
Surveillance of vaccine preventable diseases & Diarrhoea.

It is suggested to introduce various records and reports at various levels, right from the field staff, HC, and UPHC, to monitoring unit. So the information can flow both ways i.e. from field staff to the decision maker and vice versa,

Training is an important component of the proposal. Its major objects is to instal an out-reach/extension bias in the health functionaries. Training will be carried out a different levels for different categories of Health workers.

### TRAINING PLANT

Categories	Venue of Training	Trainers	Duration	Training Needs	Training Methodology
1. Apex training team	National Institute of Health and Family Welfare Services, NEW DELHI.	Faculty from NIHAFWS	3 working days	<ul style="list-style-type: none"> <li>a) Emerging Urban Health needs and problems of slums.</li> <li>b) Project Strategy for delivery of Family Welfare Services.</li> <li>c) Communication Technology</li> <li>d) Planning and organisation of training programmes and management techniques.</li> </ul>	Lectures/discussions and group discussions
2. Sr. Medical Officers, specialists, Gynaecologist Paediatrician	H.F.W.I.C.	Faculty from H.F.W.I.C.	2 working days	<ul style="list-style-type: none"> <li>a) Motivational technology with special reference to Family Welfare.</li> <li>b) Inter personal communications.</li> </ul>	Lecturer/discussions Demonstration and Field training
3. Extension Educator	H.F.W.I.C.	Faculty from H.F.W.I.C.	4 days	<ul style="list-style-type: none"> <li>a) Planning, organisation and evaluation of training communication techniques in health and family welfare, production and testing of training &amp; communication materials.</li> <li>b) Extension techniques, planning, organisation and testing of training/ communication centres</li> </ul>	Lecture/discussions group discussions and field training.
4 LMOs, PHNs, LHVs	H.F.W.I.C.	Faculty/ H.Officers SMOs, Extension education officer	5 Days	<ul style="list-style-type: none"> <li>a) Problems of Urban Primary Health Care, new</li> <li>b) Use of communication strategy in training</li> <li>c) Awareness creation, motivational technology.</li> <li>d) Management techniques</li> <li>e) Clinical update</li> <li>f) Monitoring and Supervision</li> </ul>	Lecture/workshop, group discussions and field experience.
5. Health worker	Health centre	SMO/MO Extension Educator	5 Days	<ul style="list-style-type: none"> <li>a) Update in prevention and promotive health care</li> <li>b) Antenatal checkups, deliveries Postnatal check-ups.</li> <li>c) Identification of high risk</li> </ul>	Lecture/workshop field experience and practical training/ demonstration

Catergories	Venue of Training	Trainers	Duration	Training Needs	Training Methodology
6. Link workers (Dai)	Health Centre	PHN/LHV, ANM Extension Educators	30 Days	<p>mothers.</p> <p>d) Care of new born &amp; infants</p> <p>e) Motivational techniques person to person communication</p> <p>f) Maintenance of various records and reports.</p> <p>a) Contacting community for awareness creating.</p> <p>b) Motivating women particularly pregnant women.</p> <p>c) Update on delivery method, aseptic delivery, care of pregnant women, postnatal care, care of infants and care of minor ailments in the community.</p>	Lectures/group discussion Demonstration, Roleplay Field observation and real situation.
7. Private practitioners, NGOs and Karnataka Slum Clearance Board(KSCB) workers.	Health Office	Health Officer consisted by extension educators	1 Day orientation /seminar.	a) Orientation to innovation approach/extension approach.	Lecture, individual presentations and discussions
8. Angawadi worker	Health centre	LHV/PHN Extension Educator	1 Day orientation	<p>a) Contacting community for awareness creating.</p> <p>b) Motivating women particularly pregnant women for ANC and T.T. Immunization.</p>	Lecture, Role play

A survey conducted in slums of Bangalore revealed that 85% of population is availing the services of Private Medical Practitioners (PMPs). It is because of fact that they are in large number and have high level of local acceptance and respect, particularly in slum areas. So, the success of implementation of the programme of strengthening of family welfare services in urban areas will also depend largely on the involvement of PMPs and NGOs providing these services.

During the interviews with PMPs, all PMPs expressed their willingness to participate in the Government Health programme. So, it is proposed in the plan to identify the PMPs and NGOs and involve them in the following activities :-

# PLAN FOR INVOLVEMENT

Area	Institution	Task	Supplies (free)	Records	Report To
Immunization (free)	Nursing Homes Polyclinics clinics/ dispensaries	Immunization of eligible children attending institution	Vaccines Cold chain equipment	List of Immunised children doese wise Mothers TT	UFWC/ area ANM
Family Planning	Nursing homes Poly clinic clinic/ Dispensaries	F P services including MTP(only) Nursing homus)	IUCDs Oral Pills Condoms	Appropriate register of services done	Area UFWC/ ANM
MCH ANC Natal PNC	Nursing homes Poly Clinic Clinic/ Dispensaries	Motivation for regis- tration & referral to appropriate institution	Iron and Folic acid and TT	Appropriate register of twork done	Area UFWC ANM
ORT	Nursing homes Poly clinics clinics/ dispensaries	Assessment of degree of dehydra- tion and treatment	ORS Pkts	Appropriate register of work done	Area UFWC/ ANM
Health Education	do	Motivation & advice on Preven- tive Measures	Leaflets Posters etc.	.....	.....

To strengthen the communication support of training activities and inter-personnel communication for attitudinal changes it is proposed to establish one IEC unit. This unit will beresponsible for planning and organisation of Health education activities in the city and coordinate with ANM/LHV and male worker in the conduction of health education activities.