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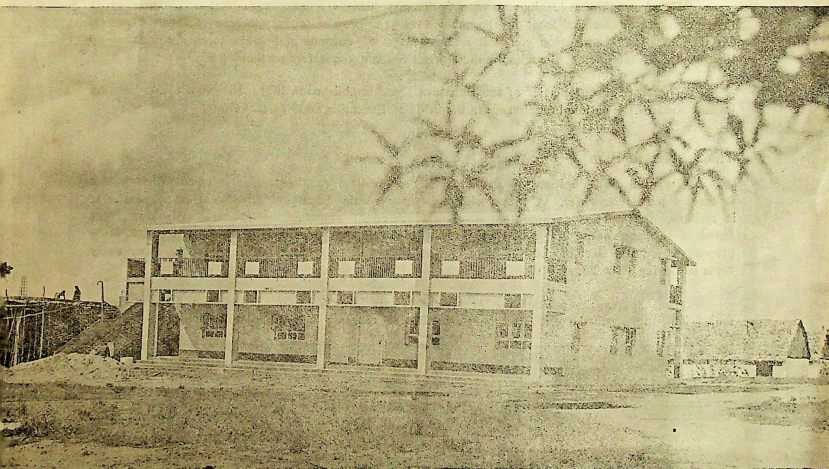
COMMUNITY HEALTH CELL  
47/1, (First Floor) St. Marks Road  
BANGALORE - 560 001

JANASEVA



VIDYAKENDRA

AN APPEAL



Janaseva Trust ★ Channenhalli Precincts ★ Near Bangalore ★ Kadabagere Post ★ Magadi Taluk ★ Bangalore District

## JANASEVA TRUST

Near the 12 th milestone, on the Magadi Road and to the west of Bangalore, a colourful nameboard in the Channarayana precincts attracts your attention. It bears the name 'Janaseva Vidyakendra'.

### Janaseva Trust - Its Support

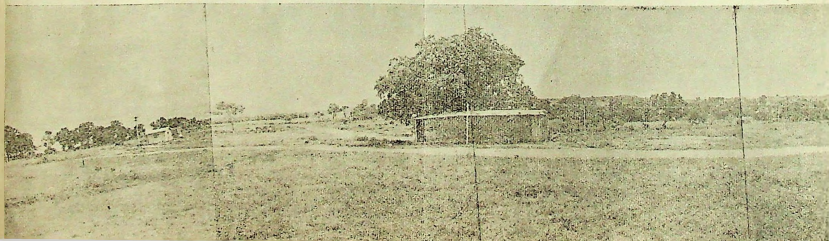
Far from the maddening crowds of the city here is a calm and quiet atmosphere under the open sky. Situated adjacent to the main road, the premises cover an area of about 40 acres. On the outskirts of this plot you will find saplings of coconut and other trees just rearing up their heads. In the middle, the school buildings and residential quarters are coming up.

These are the properties of the 'Janaseva Trust' established in 1971 with a view to contributing its mite towards the national renaissance in the fields of Education and Social Welfare.

### The Mammoth Plan

To fulfil this ambition of the Trust the immediate requirement is a centre from where it could start its activities. A place with enlivening scenic beauty is already at its disposal. It is symbolic of its good fortune that a natural source of abundant healthy and tasty water was found in the premises. As a first step towards developing its educational activities the Trust proposes to build six blocks of eight rooms each and two blocks of four rooms each, every room measuring 30' x 20'.

That apart, the preliminary arrangements are already afoot to construct a mess and a dining hall, a cow-shed, residential quarters for the teaching and other staff, a guest-house, a



well-squipped theatre, a gymnasium, a vast playground, a swimming pool, a temple for Lord Vidya Ganapati and a garden, full of fruits and flowers, giving the campus a divine atmosphere. This is a titanic plan involving an expenditure of Rs. 30 lakhs.

### Janaseva Vidyakendra

The Janaseva Vidyakendra is a registered educational institution patronised by the Janaseva Trust. This is a residential school started in 1972 and recognised by the Government.

### The Purpose

It is already a quarter of a century since we got independence. Recently we celebrated its Silver Jubilee. Still much is to be done by way of orienting the national mind in the direction of national welfare. It has now become all the more necessary that a nationalistic education should be given to our younger generation so that it learns to live with grace, self-respect and responsibility. With that end in view the Vidyakendra has these plans before it:

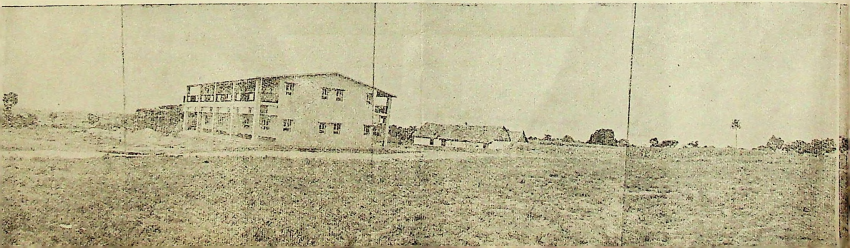
To give the most modern education in the fashion of the ancient Gurukula system.

To inculcate in the students sterling character, sweet behaviour, discipline, patriotism and a sense of service.

More than all, the Vidyakendra helps the future generation in allround development so that the youngsters would participate fully in the rebuilding of the nation. This is done by giving them a nationalistic education along with regular academic education in a chaste and ideal atmosphere.

### The First Lesson of the New Year

Last year the Vidyakendra started the 8th standard in a rented house. This year as a portion of the own building of the Janaseva Trust was about to be completed the school





was shifted to that building. The classes for 8th and 9th standards have started. Students numbering 130 and coming from 14 districts of Karnataka are receiving a good education there. On 11th June 1973, the new academic year was inaugurated. Swami Harshanandaji of Ramakrishna Ashrama, Mysore, blessed the Institution by teaching 'the first lesson'.

### The Daily Progress

The responsibility of teaching has been shouldered by a band of well-qualified teachers inspired by the ideals of the Vidyakendra. From dawn to dusk the teachers spend their entire time with the students assisting them in their progress. As there is at the moment a shortage of space, dining and prayers are conducted in temporary 'Kuteeras' (thatched cottages). Some of the classes are also being conducted in these 'Kuteeras'.

For the physical, mental and intellectual development of the students, physical exercises, self-study, group thinking, self-education, visits to places of importance and such other activities are conducted regularly. Special attention is being given towards laying a strong foundation of sterling character and morality in the young lives.

### The Urgent Need

The well-wishing visitors to the Vidyakendra have appreciated the amount of work turned out in a short span of 1½ years. The Janaseva Trust, just an infant, is left with no other alternative but approaching the public for their generous help to complete the stupendous task it has undertaken.

We have started out for the collection of funds with a very big target of Rs. 30 lakhs. Now, it is only the munificence and co-operation of the public that can help us reach the target.





It costs Rs. 1,60,000 to construct a block consisting of 8 rooms. Any block that comes up with the help of a donation of Rs. 1,00,000 or more will be named after the donor. The cost of constructing one room will be about Rs. 20,000. Any room constructed out of a donation of Rs. 15,000 or more will bear the name of the donor.

We are happy to state that the Commissioner for Income Tax has, in his circular No. PRO 718/75/71—CIT dated 1-6-73, exempted donations given to 'The Janaseva Trust' from Income Tax.

### An Estimate of the Expenditure

The Details	The Estimated Expenditure
1. For 56 rooms (At Rs. 20,000 for each room of dimensions 30'x20')	Rs. 11,20,000
2. The Mess and the Dining Hall	1,50,000
3. Residential Quarters for the teaching and other staff	2,40,000
4. The Guest Houses	1,41,000
5. The Prayer Hall	1,26,000
6. The Vidyā Ganapati Temple	1,50,000
7. The Theatre	2,30,000
8. The Gymnasium	30,000
9. The Playground	30,000
10. The Swimming Pool	60,000
11. The Water Reservoir	1,20,000
12. The Cow-shed	75,000
13. Construction of Roads	35,000
14. Initial Expenditure for the Garden	50,000
15. The Laboratory	1,50,000
16. The Library	50,000
17. Other Expenditures	2,50,000
	<b>Total</b> 30,07,000

## An Earnest Appeal

It is our humble request to you to take part in this huge task of the Janaseva Trust along with your friends and relatives and make it a successful venture.

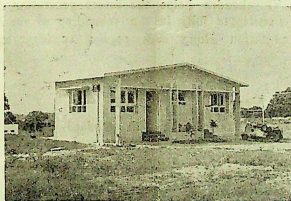
In the process of reconstruction of a nation there cannot be a better constructive contribution than 'Vidyadan' by which men are moulded.

We, once again, request you earnestly to donate liberally towards this mighty venture.

Cheques/Drafts should be written in the name of 'Janaseva Trust'.

Please write to :

**The Secretary, Janaseva Trust, 93/1, Gavipuram Road, Kempegowda Nagar,  
Bangalore-19.**



The Vidyakendra's Office

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# SUNANDA

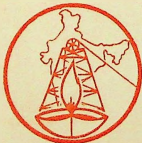
"BRINGER OF JOY"

COMMUNITY HEALTH CELL  
47/1, (First Floor) St. Marks Road  
BANGALORE - 560 001



"I will free you from all oppression and darkness"

## ANNUAL-1982



### SUNANDA SEDA

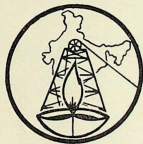
Krishnapuram, Peddapalli Post  
Via Oorgaumpet, KGF 563121 INDIA



# SUNANDA

"BRINGER OF JOY"

ANNUAL - 1982



SUNANDA SEDA

Krishnapuram, Peddapalli Post  
Via Oorgaumpet, KGF 563121 INDIA

# SUNANDA

*"I BRING YOU NEWS OF GREAT JOY,  
A JOY TO BE SHARED BY THE WHOLE PEOPLE."*

—Luke 2:10

A hundred kms east of Bangalore, the Capital of Karnataka in South India, we have KOLAR GOLD FIELDS, with the deepest mine in the world; a place golden with the sincere hearts of simple people; golden with the rich harvest of huts and hovels, dens and dungeons, yes, golden with poverty, labour and exploitation, indeed, a place where Jesus the Liberator would easily have been born.

Well, in such a golden place, in 1970, at Coromandel, SUNANDA was born.

"SUNANDA" — "THE BRINGER OF JOY"

The joy of truth  
The joy of justice  
The joy of peace  
The joy of love  
The joy of liberation  
of the whole man.

This was the mission of JESUS CHRIST our GURU.

This is the Goal of Sunanda: to continue the mission of Jesus Christ.

## **Sunanda—A Novel Organisation**

What is the special characteristic of Sunanda is that it is both person and community oriented; has both social service and social action programmes, aimed at meeting immediate as well as ultimate needs of people, starting with community organisation through self-confidence, self-reliance and self-help, creating among the despoiled and the

dispossessed a critical awareness of the subtle mechanisms of oppression, exploitation and injustice, for transforming the structures of society for a just, egalitarian, creative and humane society.

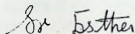
At present the involvement and activities of Sunanda are spread over two Taluks of Bangarapet and Mulbagal in Kolar District of Karnataka, covering a population of 600,000.

Sunanda offers her gratitude and thanks to all her benefactors for their care, concern, co-operation and help.

The following pages speak of the programmes/projects of Sunanda for the year 1982.

YOU ARE WELCOME, FEEL COMPLETELY FREE, to send your critical appreciation to enable Sunanda to disseminate more JOY.

Thank you



Co-ordinator



"Do you like school? a woman asked a little boy.

"Of course," he replied. "If it weren't for school, I wouldn't get any vacation."

"A CHILD IS NOT A VASE TO BE FILLED BUT A FIRE TO BE LIT."

— Rebelais

Woman's club programme chairperson to lecturer: "WE're all impressed with your sharp analysis of the economic crisis, professor. And relieved to know that you're as confused as we are."

Few of us can stand prosperity. Another man's, I mean.

— Mark Twain

A word of advice: don't give it

In three days guests, like fish, begin to stink.

— Benjamin Franklin

The chain of wedlock is so heavy that it takes two to carry it.

— Dumas





## My Growth as a Person

Being a person rather closed and different, I laboured under inferiority complex and did not venture in anything new, nor did I have the courage of doing my work with confidence. But ten years ago I was asked to be a companion of Sister Celestine in her experiment of 'insertion' among the socially and economically deprived section of our service. This gave a new orientation to my life and opened out new awareness for people.

We rented out a one room house at Ragadahalli about 12 years ago and began to share the life of the people. We had nothing with us and we felt helpless. We ceaselessly listened to the people and shared their sorrows, disappointments and insecurity. In our heart we reflected on what we heard and saw and then prayed and prayed. This was all spontaneous. Prayer became for us something natural, and more, it was communion. Union among ourselves with the people with whom we lived in Jesus. During the 24 months of our stay in Ragadahalli Jesus came alive as a person fully to us. We experienced his presence amidst us despite the uncertainties in which we lived. We were conscious that we were walking with him and that he would guide us. Unconsciously we were steeped in his presence and in moments of depression we went to the rocky hills to get ourselves even more immersed in his presence.

Sharing my life closely with Sister Celestine made me enter into her pattern of thinking and acting and slowly I began to overcome my shyness and timidity, began to see things critically, did things which I had never thought I was capable of doing and above all learnt to trust unreservedly in the Lord. Sister Celestine is always sensitive to others and her capacity to love is unlimited. She trusts others even those whom I thought were unworthy of trust and thus somehow initiates a process of transformation in the people she meets and works with. Her understanding and loving contact with me gave a new direction of love and service to my life.

It is the trusting and loving (both God and man) spirit of Sister Celestine that created in Sunanda a band of young people dedicated to the cause of the downtrodden. She has created in the two taluks of our work a small movement of 'people for others' and it is ever growing. As she herself had to face innumerable difficulties and hurdles this movement too will have its ups and downs but with Jesus with us "we shall overcome" with renewed dedication, unfailing love and unfaltering trust in the Father who has called us to continue the pilgrim with his Son amidst the people.

It is only in an atmosphere of trust and love that people can grow. My province trusted Sister Celestine and myself and we too in turn trusted in Jesus' presence amidst us and specially amidst the most deprived. The mandate the province gave us: to walk with the helpless and the despised that Jesus loves. We will continue without fear remembering the words of the Psalmist: "His rod and His staff, they are my stronghold".

*St. Jude*



A Negro preacher began his sermon by saying: "Brethern and sisters, here you is comin' to pray for rain. I'd like to ask just one question - Where is yo' umbrellas?"

Children grow by leaps and bounds - especially in the apartment overhead.

Speeches are like babies - easy to conceive, but hard to deliver.

What this country really needs is Gray Power: thinking.

— *Robert Orben*

EXPERIENCE is the stuff that when you finally get enough of,  
you're too old to qualify for the job.

— *Robert Orben*

They call nurses Angels of Mercy. They must be - you never see them.

If a three-month truce is a truce in truth, is the truth of a truce,  
in truth a three month truce?

The sixth sick sheik's sixth sheep's sick.

I always prefer to believe the best of everybody - it saves so much trouble.

— *Rudyard Kipling*

In youth we want to change the world; in old age we want to change the youth.

The Lord prefers common-looking people. That is the reason  
He makes so many of them.

— *Abraham Lincoln*

# Sunanda Nilaya

Sunanda Nilaya is a centre for training the destitute children, children from broken and very poor families, and delinquent children are admitted under court orders.

## Home: love and mutual concern

The ordinary pattern of serving the above category of children is through orphanages and boarding schools. By and large in such institutions children coming from these backgrounds have not been able to have a congenial atmosphere of warmth and love, very necessary for the normal development of the child. Sunanda Nilaya offers a homely

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"A scene of warmth at  
Sunanda Nilaya"

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atmosphere of acceptance and affection to 25 children so that they grow up with a positive image of themselves, imbibe the important lessons of self-reliance and mutual help and concern.

## Education and Training

Sunanda Nilaya helps the children to complete their high school studies in neighbouring schools and learn skills needed to manage a home, to create supplementary income (sewing, crafts, kitchen, garden, poultry etc.) and a skill or two for employment. This training is given under the guidance of a mature house mother. Thus Sunanda Nilaya, in a word, endeavours to equip the destitute children to face life with confidence and joy. The oft-repeated slogan of Indian Educationalists 'earn while you learn', which has hardly or never been implemented is becoming a reality at Sunanda Nilaya.



# Saral Niketan Institute of Commerce

Saral Niketan Institute of Commerce at K.G.F., Kolar District, is one of the first initiatives of Sunanda. Sunanda started this institute to help boys and girls from poorer families to acquire skills that could make them self reliant after the high school or college studies.



“Preparing for the future”

The two skills that the institute offers are typewriting and shorthand. Knowledge of English in this place is very poor, and this is more true about the students from weaker sections, so regular coaching classes in comprehension and correct writing are also conducted.

Students are admitted in December and June. The total strength of the institute is 130.

The outcome of our efforts has not been satisfactory and this for the following reasons :

1. Most of the students are not able to attend theory classes because of their tight college schedule.

2. The typewriting and shorthand examinations were scheduled at the same time as the University exams so the students could not pay sufficient attention to the former.

#### **Remedial Measures to Improve the Performance of Students**

1. More theory, grammar and general English classes.
2. Weekly tests and regular speed tests.
3. Individual coaching for weaker and willing students.
4. Better supervision and regular corrections of assignments.
5. Better maintenance of machines.

#### **Evaluation**

Since the poor students attend the institute they have many disabilities and hence their attendance and performance is of low category.

#### **Suggestions**

An evaluation of the Institute must be made so that the training programme is adapted to the level of the students (period of training, type of coaching, special coaching during vacation etc.).

## **“Saral Niketan Institute of Tailoring”**

SUNANDA has been giving informal training in tailoring through her SARAL NIKETAN – an institute for tailoring – from 1972-73 onwards. Poor children, needy youth

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“Striving for  
self reliance”

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and widows are trained in tailoring. During 1974 to 1975, it became partly a production centre as well, hoping to provide jobs to as many needy and trained tailors as the quantum of the orders allowed us.

### **The Target**

The aim of the institute is to train the needy youth and widows in tailoring in such a manner as to become self-supporting . . .

### **Training**

Informal training both in theory and practice, is given over a period of three years. Coming from very poor families they are unable to complete the training. A few successful candidates are employed in our production unit, depending upon their interest, efficiency and skill they show.

### **Production Unit**

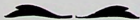
The primary purpose of the production unit is to provide jobs for a few of the unemployed and some of those who complete their training in our institute, at least in the initial stages.

To provide jobs, we have taken orders from schools, factories, hospitals etc., quoting as low rates as possible to ensure that they place their orders with us. As such we are not able to pay proper wages.

### **Reaching Out**

Our experience has taught us that from the existing institutional set-up of this tailoring centre, we reach out only to very few needy persons. There is not enough of bulk orders from the factories or schools in order to provide jobs for the trainees or unemployed.

The very few orders that we get quoting the lowest quotations do not help us to pay just wages. All this led us to reflect seriously about the relevance of our Tailoring Centre. And our decision to reach out to the women of the slums and rural areas has made our staff to move out from the centre and prepare the people for this informal training. At present, we have one centre at Muskum.



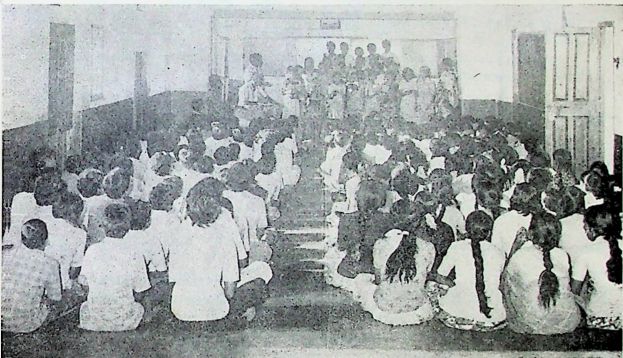
You know what's wrong with the world today? People are adding love to dog-food when it's marriages that need it.

— Robert Orben



## “Family Helper Project”

SUNANDA FHP functions with the main objective of providing the children of the needy and impoverished families facilities/opportunities to enjoy their rights for education, health care, recreation, development of individual abilities and talents and have a chance



“Developing hidden talents”

to come up in life. With this objective Sunanda FHP functions and follows the directives given by the Field Office, Bangalore.

Some of the activities which are to be carried out during the year are of recurring nature and others once a year.

### House Visiting

All the FHP beneficiary families were visited during the last year atleast five times. These areas covered by our FHP are divided into 5 groups and each group is given to the care of one Social Worker.

Through our house visits we come in contact with people in their day to day life of misery, agony, pain and anguish. During these visits our attention is focused on

- family counselling
- Instructions on Hygiene and Health
- Importance of Saving
- Children's education
- Craft and part time occupation
- Religious and moral instructions

As far as possible, we adopt a listening attitude during these house visits and try our best to the empathetic and understanding.

### **Subsidy and Gifts**

Subsidy is paid through the banks. Some of the beneficiaries receive special gifts (DFC). The receipt of this special gift is an occasion for us to exhort our beneficiaries to practice thrift and to save for the future. Thus many of them have become members of Sunanda Saving Scheme.

### **Sessions for Children and Parents**

Conducting group sessions for the beneficiary children and their parents is one of the essential features of our project. During the last year various sessions were conducted successfully and fruitfully. Our aim was not only to educate and inform the children but also their parents and others at home on development and progress.

The themes of our sessions for the parents last year were centered around :

- |                             |                  |
|-----------------------------|------------------|
| — Hygiene                   | — Thrift         |
| — Nutrition                 | — Planned Living |
| — Cleanliness               | — Human Dignity  |
| — Social awareness          | — Development    |
| — Co-operative efforts etc. |                  |

The children were given sessions on

- |                       |                               |
|-----------------------|-------------------------------|
| — Cleanliness         | — The Importance of Education |
| — Morality            | — Social awareness etc.       |
| — Planning for future |                               |

Sessions for children along with parents were conducted intensively during October 1981-1982. During these sessions we provide not only the instructions and



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"Our hope"—They will  
make a New India

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exhortations on the above said topics but also opportunities for games and recreation team work etc.

### **Weekly Planning**

During the last year, the Sunanda FHP Staff met once a week, to chart out the plan for the forthcoming week and to share the difficulties faced in the course of various activities, in order to seek common and viable solutions.

### **Official Correspondence with the Field Office**

Every now and then enquiries regarding the beneficiary children, material for re-assignment and other data were requested by the field office. These were duly attended to.

### **Child Sponsor Communications**

On an average 40 communications between the child and the sponsor took place every month last year. Sometimes sponsors write to children enquiring about their studies, interests, hobbies, their families etc and these are replied by the children.

### **Benefits extended through Sunanda FHP Services**

The main thrust of Sunanda FHP has been providing a chance for education to the children from the marginalised and needy families. There were 393 beneficiaries under

our project last year. Our children study at various levels ranging from the lower primary right upto graduate studies.

Impoverishment due to meagre income and the resultant underfeeding, starvation, insufficient clothing, want of medical care, denial of recreation opportunities etc., were ameliorated to a great extent, through our FHP services.

### **New Adoptions**

Inclusion of a 100 more new beneficiaries granted by the field office last year. In selecting the new beneficiaries, priority was given to handicapped children (10%) orphans and fatherless children (9%). Out of the total, about 80% was constituted by orphans and fatherless children, 5% handicapped children and the rest, deserving children from needy families.

## **Health Care Programme**

What is true of health in India as a whole is very much true of Kolar District, one of the most drought-prone districts of Karnataka and backward socio-economically and educationally. In India the tragedy of children below 5 years of age is gruesome. Out of the total number of deaths per year 40% are those of children below 5. About 60% of the children below 5 suffer from acute shortage of proteins and vitamins so very necessary at this crucial stage of their growth and so their growth is stunted for the rest of their lives. The growth of the brain especially is the first casualty at this stage of development of the child. The unhealthy development of the child affects its capacity to attend school and continue studies. Many of the diseases a child is prey to are caused by

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“The Child—  
our Prime Concern”

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unhygienic environment, lack of immunization, lack of first aid and elementary medical treatment, malnutrition etc.

Hence one of the focal points of Sunanda is the health care of children below the age of 5 and their mothers. The clientele of Sunanda is further restricted, if not exclusively, to 70% of the poorer sections of Kolar District. At present 'Sunanda Health Care' tries to serve three Taluks of Kolar District:

Kolar Taluk : 1,50,000    Bangarapet Taluk : 2,73,272    Mulbagal Taluk : 1,36,665.

### **Its Aims**

1. To develop a comprehensive health care system in collaboration with the Government health services and other voluntary organisations.
2. To awaken the village community to the stark reality of ill-health amidst them and to give them hope and the means to solve their health problems—Self-reliant Community Health.
3. To help the villagers to select their own community health worker (Dais) and to help in her/his training and continuing education and motivation.
4. To educate rural people to claim, from the Government health services, the facilities that are already available and to claim more when needed.
5. To educate the community through cultural programmes, group meetings etc., especially the mothers, the need of preventive medicines and evolve with them the ways and means of meeting it.
6. To educate the mothers about basic health care of children : ante-natal care, nutrition, immunisation, spacing of children and family planning, common diseases, hygiene etc., and thus reduce the infant mortality and foster the healthy growth of children.
7. To make sure that the underprivileged children have pre-school training through Balwadis.

### **Strategy**

1. Eliciting the participation and co-operation of the community, specially of mothers, in every health care programme of Sunanda.
2. Using the demonstrative method of preventive and curative child care.
3. Using the cultural media (slide shows, film strips, posters, songs, plays, etc.) to elicit co-operation and to impart information on health care.
4. To co-operate fully with the Government medical efforts in the area.
5. Careful selection and training of village-level health workers (dais).



6. To evolve low cost medical care for prevention and cure of diseases and for promotion of health of children.
7. Medical check-up of children at regular intervals.

#### **An Evaluation**

- a) The medical team is continually being updated by short courses, lectures etc.
- b) They visit the villages regularly and the response of the people has been very positive. People have begun to understand that prevention of illness is better than



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"I was a leper  
and you nursed me"

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cure and are actively taking the means necessary for preventing diseases. Eg. immunization, ante-natal check-up, medical check-up of children etc.

- c) The people have begun to realise that they have a right to Government Health facilities and have begun to avail themselves of them and even to claim them.
- d) The training of village health workers (dais) is bearing good results in the village communities.
- e) The regular meetings, sharing and reflection of the medical health team help to critically examine the approach of the team, its motivation, its activities and its impact on the village people, specially the 25% Harijans and tribals in Kolar District.
- f) The health care team positively co-operates with the NFE team both at the field level and at the planning and evaluation levels.

#### **Suggestions**

1. Better systematic training of health team is necessary. Attention should be paid to make them understand the linkage of health care with other systems of society.

2. More relevant materials for imparting health education should be evolved.
3. A scientific study of health situation in the three taluks where the health team is operated is desirable so that their programmes may be more effective and the policy decisions of the Government regarding health care be effected.

## Non-formal Education

### Field of operation

Sunanda's field of operation is situated in the District of Kolar in Karnataka. A drought prone District experiencing drought seven times every ten years. It has an area of 8,223,000 sq. kms. divided into 11 Taluks with the district headquarters at Kolar. The lowest administrative in it being a village, Kolar consists of 28,23,000 villages and 14 towns. The total population of the District is ..... lakhs, out of which 25% are scheduled castes and scheduled tribes. The two Taluks Bangarapet and Mulbagal, adjacent to the Taluk of Kolar is the field of activity of N.F.E. of Sunanda. The population of these two Taluks is 2,73,272 and 1,36,665 respectively and the literacy level is 38% and 23%. The Kolar Gold Fields are located in Bangarapet (Town and Gold Taluks).

### Community Organisation

Sunanda has been serving the people through institutions, development programmes. Its approach in the past was of social welfare and community development. But

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"A Street Play"

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since over the years it has adopted the approach of N.F.E. viz, that of mobilising and organising the deprived and the dispossessed masses so that they are able to assert their rights obtain justice and decide their own future destiny. Therefore Sunanda through N.F.E. aims at structural change in society so that the power (socio-economic, political and cultural) of the masses is enhanced and they cease more and more to be objects of history (i.e. constantly manipulated and cheated) and increasingly become subjects of history. Though literacy is an essential component of N.F.E. to raise the consciousness of the masses and change their self image, N.F.E. uses other cultural, economic and social programmes to forge unity among the weaker sections and to organise them to take collective action for their own liberation and development. The two teams of N.F.E. in Bangarapet and Mulbagal Taluk are organised by two project co-ordinators along with their teams of volunteers and village level animators.

### **AIMS of N.F.E.**

1. To help the downtrodden masses to perceive critically their situation of exploitation and alienation and so to build up their self image and moral fibre as to be capable of rising from the age old culture of silence, fear and apathy.
2. To train, especially the younger generation, in perceiving the contradictions in society and the exploiting and deceptive role of their own traditional local leaders in suppressing and thwarting the action for freedom and progress of the deprived sections.
3. To impart literacy to illiterate youth to hold remedial classes for the school drop outs, to see that children are enrolled in schools and the children from weaker sections prepare for school enrolment by balwadies and other motivational programmes.
4. To organise people to solve their own local programmes in a community perspective.

### **Initiation of N.F.E. Programme**

Our Team lives in villages trying to contact the people, discovering their problems, frustrations, struggles, aspirations and hopes. Two things struck us most in most of the villages we stayed in :

- extensive and intensive poverty
- the helplessness of their situation and the possibility of tapping dormant human power for their own progress.

We then divided the area in the following manner :

- Mining Industrial Area and
- Non Mining Rural Area.

These two areas are very different from a socio-economic and cultural point of view. With the co-operation of the villages, we then set up modest N.F.E. centres in 36 villages.

From the beginning of the programme we began to lay special emphasis on training of village animators. Animators of the mining areas meet fortnightly. The following points were covered during the meetings :

- Report reading by each animator
- Critical reflections on the reports
- A case study
- Curriculum preparation for the following week/fortnight.

Sunanda teams of youth, community organisation and health care join with N.F.E. team in training animators and initiating in cultural and other educational activities in the villages. The health team was of particular service to us since they could help our animators in raising the consciousness of the people about their deplorable health situations, malnutrition, unhygienic conditions, common diseases and their prevention, careless Government health services, etc. The many Government programmes and services were brought for the first time to the notice of the poor people through Government functionaries. The co-operation of the block development office was earnestly sought and obtained.

#### **Sunanda Strategy of N.F.E.**

1. Motivation of target growth for literacy through cultural programmes in Kannada, Telugu and Tamil—e.g. street plays, songs, posters etc.
2. To make the literacy programmes a tool for conscientization of the weaker sections of society. The curriculum is drawn from the problems, issues, tensions and aspirations of the people according to their environment.
3. Involvement of people in planning execution and evaluation of the programmes, so that it becomes the programme so that the right type of community oriented leadership emerges and the people learn the art of reflection and organisation and action.
4. Preparation of pre-school children of the poor for primary education, enrolment of all the children in primary schools improvement and proper running of primary schools through the pressure exerted by the community and remedy education of drop outs to be paid special attention.
5. Systematic training of animators through field experience, record keeping, sharing and reflection, acquisition of relevant information and skills through seminars. The training is intended to give them insights into the function of villages, the various institutions and systems (economic, social, political and cultural) and their linkage

with the wider Karnataka and national realities. Further they require skills of human relations, organisation, decision making, problem solving, motivating people and evaluation.

### **Future Action**

- a) Follow up action in the villages where N.F.E. programme has been implemented through pamphlets, handbills, newspapers and community activities, through the senior animators.
- b) Further linkage among villages so that the leadership in a even wider area emerges, a leadership which will be from the people and which will work with and for the people.

### **Part II—An Evaluation**

1. A bird's eye view of the programme brings out the following positive and negative aspects of the programme.

*Positive:*

- a. Peoples participation at all stages of the programme even upto the stage of evaluation.
- b. Enthusiastic youth organisations and the sense of unity they show both in and inter groups.
- c. Organisation of womens group and their constructive activities.
- d. Integration of the health programme team with N.F.E. Team, thus giving mutual support and helping concerted action. The amalgamated group is now called rural development team.
- e. Follow up activities at 38 centres are being carried out.
- f. The collaboration of 20 Ex-animators who are making a significant contribution to the programme.
- g. Development of some of the animators, who could be advantageously appointed as full time workers.

*Negative:*

- a. The programme tends to be a place of asylum to the unemployed.
- b. Lack of facilities for legal aids.
- c. The difficulty of travel from village to village for the organiser.
- d. Defective selection of villages which aggravated the problem of communication.
- e. Deficiency of systematic training of volunteers and animators.



2. Some of the concrete achievements are listed below :

1. In three villages community centres were constructed with full co-operation (land and labour) of the villagers.
2. In 6 villages mahila mandals (womens associations) were organised.
3. The action committee of Nakkannahally has succeeded in getting sites.
4. A serious land problem was resolved at Cinsarahally.
5. In most of the villages where we have evolved the old age pension scheme from the Government was checked and implemented.
6. A minor land problem was solved at Potharajanahally.
7. A borewell problem was solved at Hosahally.
8. Contract coolies problem was solved at Kohilari.
9. Three village cultural teams were formed in villages of Potharajanahally, Vaddahally and Konumgunta.
10. Three more youth associations were initiated.
11. In Mulbagal Taluk the childrens education programme was progressively implemented by our efforts and our association for a follow up action was formed. The latter has been recognised by the Government authorities.
12. From among the members of Sunanda who possess musical and histrionic talents, a cultural troupe has been formed. The troupe gives performances once a week and caters to the training needs of village level cultural groups.
13. Animators association in two Taluks of Bangarapet and Mulbagal has been formed. This is in view of continuity of mutual sharing and support between ex-animators and animators and the emergency of team leadership at the local level.

### Meeting and Training Programmes

Meetings are held in every village once a month and the work of N.F.E. centre in the village is evaluated. Problems of the village are identified, discussed and action programme is drawn up.

Usually animators meet twice a month but when there is a special need they come together more often. The ex-animators too join them in planning and at times local leaders too join the meetings. These meetings, besides evolving the village level leadership, help in the formation of action committees in the villages.

- |  |         |
|--|---------|
| 1. Local leaders meeting at Kolar Gold Fields              | 1-11-81 |
| 2. Orientation Course for animators along with the leaders | 5-2-82  |

3. Womens Association meeting		10-2-82
4. All animators meeting at Gollahalli		1-1-82
5. 2 days leaders meeting at Mulbagal	April	1982
6. Animators Orientation training Programme	April	1982
7. Youth Association trip to Mysore	Aprii	1982
8. Cultural campaign	January	1982
9. Refreshers course for animators	March	1982
10. Old animators meeting in both areas was conducted in this they formed their own association instructors	August	1982

Experience certificates were issued to all.

The Community organisers besides taking up small issues meet for a planning, evaluation, drama practice, curriculum preparation production for aids and documentation.

#### **IV. Follow up Activities**

The animators made the following suggestions for the follow up programme :

1. Regular monthly meetings for ex-animators to be held in view of action programmes.
2. A mobile library to be started for the villages.
3. Health worker training for the members of the association.
4. Formation of drama troupe
5. Starting of a monthly magazine
6. It was suggested that Sunanda should encourage the initiative of the ex-animators and support them financially in so far as it is possible.

#### **V. Co-operation with other Organisations**

In some places we have healthy co-operation with Dalith Sangarsha Samithi (DSS) which stands against exploitation and casteism. There are a number of areas where we co-operate e.g. Publications, celebration of national festivals like Independence day, training of members etc.

#### **VI. Education**

We have devised a way of inbuilt evaluation into the programme so that not only the organisers and animators but also ex-animators and village leaders are involved in it. This has helped us to elicit the co-operation of the villages in the literary and health programmes and we can attribute to it. The market increase in the literacy level as well as the better attendance of the children in former schools, thus reducing the incidents of the

dropouts. This is also a powerful means of arising the consciousness of the people, as well as local leaders in democratic and participative methods.

## VII. Suggestions

1. The area of operation must be better studied selecting centres of N.F.E.
2. The follow up activities of animators association should be fostered and positively helped by Sunanda.
3. Dynamic and committed animators could be appointed as full time workers for a definite period of time. This will help to extend the work rapidly.
4. External evaluation of the N.F.E. Programme is desirable.
5. More systematic training of animators should be seriously planned.
6. The N.F.E. Programme should not be a refuge for the unemployed.
7. Full timers should not be increased in discriminating but only in the measure the territory is extended.
8. Creating a cell for legal aid is necessary.
9. Documentation with special emphasis on the Kolar District is a must.

## Group Media

One of the most powerful means to raise the consciousness of the people about themselves and their situations is through the use of media. Group media also creates a dynamics in community/s and helps to evolve a new community self-image and effects change of values and attitudes. Further group media supplements the efforts of Non

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"A Village Satrang"

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Formal Education, literacy, medical, self-help, self-reliance and other programmes. For voluntary bodies the media that is within their reach is only low-cost and group media.

By group media we envisage the following categories :

- 1) Screen Projections — Slide-shows, documentaries, picture projections, etc.
- 2) Cultural Shows — Dramas, singing performances, street plays, puppet shows and other folk media (Katha Kalatchebam, folk song recitals, etc.)
- 3) Publications — Pamphlets, handbills, magazines, charts, posters, etc.
- 4) Library Facilities — Community libraries and moving libraries.

### Activities

- 1) Screen Projections — We feel that this media is very important component of conscientization because it serves all types of groups irrespective of age, caste, religion and literacy. It is easy to bring together people of different status and persuasions to witness projection shows because of its appeal to all. Till now we have succeeded in having shows in key places : movies and slide shows on problems of social import.
  - What is worthy of note is that people join together and collect funds to defray the travel and food expenses of the team.
  - The films and slide shows on health care and remedies (promotive, preventive and curative) which are more easily available have imparted real health education to thousands of people. From here it is easier to help the people understand health problems and their solutions.
  - For the future we intend to
    - 1) Contact more Voluntary and Government agencies to procure film strips and slide shows.
    - 2) Produce our own film strips and slide shows so that a contextual presentation which is naturally more appealing and relevant to the audience may be obtained. For this purpose we have planned a modest studio-cum-documentation centre as an annex to our main office at Krishnapuram, in Kolar Gold Fields.

- 2) Cultural Shows — These elicit the participation of people and so create a general enthusiasm in the programmes. Dramas, songs, street plays etc. have roped in many talented people from all communities and have brought out hidden talents of histrionics, music and organisation.

### Training

- Care has been taken to train talented people by sending them to Madras and other places.
- The trained people carry their skills to the grass-roots and already four training courses have been held at the village at Gollahalli (our centre of animation).
- Animators too are regularly exposed during the meetings to the skills needed for cultural activities and those among them who have an aptitude for some media acquire them and the others are equipped to foster talents in their respective areas of operation. This strategy has encouraged the formation of village level cultural teams in four villages: Nadumpally, Veddahalli, Ragadahalli and Konengunte. These teams are now at a stage of composing their own problem-oriented songs, dramas, etc. Sunanda has helped them to purchase musical instruments. These teams were given training in Gollahalli.

### Details

Sl. No.	Month	Subject	Place	Participants
1.	April 1982	Cultural Camp	Mulbagal TK.	Organizers & Villagers
2.	—Do—	—Do—	Bangarapet TK.	—Do—
3.	May 1982	Popular Theatre (Training Course)	Mallampally	Animators
4.	June 1982	—Do—	Gollahalli	—Do—
5.	July 1982	Street Plays (training)	Mulbagal	Organizers & Villagers
6.	August 1982	Creative Dramatics (training)	Gollahalli	Mining Area Youths
7.	September 1982	Cultural Camp	Mulbagal	Organizers & Villagers

- 3) Publications — Occasional handbills have been published. The themes were: Independence, human rights.
- We are planning to publish an occasional magazine which we hope will be a regular feature in the future. It will be published by the animators association so that the initiative of thought and action may rest with the people.



- A book of case-studies is also planned by Sunanda to glean the experiences of its various departments and activities. This will hopefully serve the training of its own newly recruited animators, as well as the other organisations in the area and outside.
- 4) Library facilities
- These are provided in both the industrial mining area and the rural area.
  - In the mining area Youth Association has taken the responsibility of running the library and the leaders of this association have been given the knowhow of running this library. In the rural area we are still trying to motivate groups to take up the responsibility of running a library. A Barbers' Association has already come forward to offer their office as a reading room. A novel idea has emerged from our animators association to create a 'Cycle Library' to circulate books and other literature to nearby villages; where the villages are willing to offer reading room facilities, we have purchased books on Government Acts, Schemes etc., laws, health, religion, politics, economics and sociology.

### **Future Programmes**

1. Wall Posters in villages.
2. Regular News Boards in villages.
3. Exhibition showing the situation, causes and remedies of village problems.

### **Suggestions**

1. The studio should be well planned and equipped and the personnel be well trained making use of the existing centres of group media in the country.
2. The talented people in various areas of group media should be trained more scientifically.
3. Material of the various fields of group media should be documented and periodically published to serve Sunanda and other organisations in the State and Country.
4. Since in Kolar District many languages are spoken visual media should be emphasised without, however, neglecting the spoken media in the State language.
5. Group media must be a common component of all departments of Sunanda so that all benefit from this effort, a common ideology is forged and all march towards the same goal of total liberation and human growth and progress of all.

# Training Programmes

## The Organisation

Sunanda, an organisation involved among the poor and the dispossessed in the District of Kolar in Karnataka has been gradually growing over the years and is spread in the Taluks of Bangarapet and Mulbagal, both in the rural and urban sectors. Sunanda was started 10 years ago to keep the restless youth occupied and help the unemployed to acquire skill. Thus the first projects were a sewing centre, typing and shorthand Institute and a lending library. By and by responding to the felt needs of the poor, Sunanda initiated the following projects :

- Saving Scheme
- Tailoring & Typewriting
- Youth Organisation
- Mother and Child Welfare Scheme
- Family Helper Project
- Community Organisation in Slums
- Preventive, Promotive and Curative Health Project
- Sunanda Nilaya
- Model Farm Project
- Non Formal Education
- Women's Organisation

## Work and Training

Thus Sunanda involves itself in relief work, social service and social action. But if Sunanda has to be effective and not merely efficient it has to have an over reaching vision, clear long-range and short-range objectives, well articulated strategy and relevant programmes. To achieve this the personnel involved in the various projects have to go through a process of training so that the co-ordinators, volunteers and animators are able to understand, articulate and interiorise the vision, objectives and strategy of Sunanda and learn to design feasible and relevant programmes.

Thus the various projects are linked together by a common orientation, motivation and purpose, and co-operation between the personnel of the different projects becomes possible. This also creates an inner dynamism of continuous reflection, action and evaluation in the projects and a common thrust is forged.

## The Staff

Sunanda gives priority for the formation of the staff and village/slum leaders. This is an ongoing process. The training of village level animators creates a new type of

leadership in the villages/slums and a few well trained persons in the village/slum can be powerful catalysts in changing the values and attitudes of the entire village; can offer a new type of leadership to unite the villagers/slum dwellers so that they can begin to shape their own destiny. No Community can be formed and helped to grow

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“Discussing the  
present situation”

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without training in social, technical and artistic skills. To this need Sunanda tries to respond. Sunanda has on its staff both Christians and non-Christians. Since all have a firm belief in God, Sunanda tries to purify and strengthen their faith in God and make it a force for greater motivation and dedication for service. For Christians seminars on Scriptures and their implications for personal and social life are conducted. Non-Christians have prayer and sharing sessions.

A write up for each of the projects is being prepared, objectives, strategy, programmes, training of personnel, etc. We shall send a copy of these reports to you some time later.

## Saving Scheme

The Sunanda Saving Scheme (SSS) was started a year ago in the area of Kolar Gold Fields in keeping with the Sunanda approach of making the weaker sections of the society economically self-reliant. Sunanda has planned to introduce this scheme to the slums and rural areas of K.G.F. This organisation is based in Coromandel, K.G.F., situated in Bangarapet Taluk of Kolar District.

The majority of the working class in K.G.F. is employed in the Gold Mines. They eke out of miserable living due to the following reasons :

- a) Their salary is inadequate to maintain usually large families of 7-9 members.
- b) Chronic indebtedness owing to poverty and high level of interest on borrowings (120%) per annum which lands them into greater misery and helplessness. At least 60% of them are always in debt to money lenders and marwadies.
- c) 50% of the workers belong to scheduled caste and 25% to backward classes and so their socio-cultural backwardness, too, adds to their inability to improve their lot.

There is much hope for building the economic backbone of the people by raising their consciousness vis-a-vis their situation and organising them for co-operative efforts to liberate themselves from the clutches of the money lenders, cultivating saving habits, generating supplementary income through handicrafts and cottage industries and motivating the young to acquire technical skills and avail themselves of remedial education. The efforts of Sunanda are bound to meet with fair success since the literacy rate among them is 56% and the mining workers are assured of a fixed income.

#### **Preparatory Steps taken by SSS**

With the help of Sunanda Core Staff, objectives for SSS were tentatively fixed.

1. To create awareness among the minors about their situation.
2. To motivate them to be thrifty and to save.
3. To create a source of credit for provident and productive purposes.
4. To create conditions to improve the quality of their lives.

#### **Implementation of the Scheme**

Through personal contacts with the adults and youth they were made to be aware of the situation and helped to understand the advantages of co-operative efforts. Interested persons were invited to discuss S.S.S. and to motivate them to be its members. Those who were willing to be members were registered, after a registration fee of Re. 1 was collected. A pass book was also provided for the cost of Re. 1. For units of Rs. 10/- capital shares are issued and interest is given according to the rules of the Co-operative. For the first six months no withdrawal is allowed but a loan is given only after a year, upto the tune of double the share capital, with a nominal interest of 20% per month, to be returned in two instalments along with the regular monthly savings.

Till March 1982, 243 members were saving regularly and the savings amounted to Rs. 16,083-18. A few members withdrew an amount of Rs. 183/- without however cancelling their membership. Besides the personal contacts with the members, 20 group meetings were held for the purpose of awareness building.

In about a months time 12 members will be selected to form a working committee, to dispense withdrawals and loans. The working committee will be given intensive training in the concept and functioning of a Credit-Co-operative. It will be split to form two wings:

1. Credit Committee
2. Education Committee.

The methodology of personal contacts, group meetings and workshops will be continued for building the motivation of members, raising the consciousness of their situation and for acquiring skills in participating and running a credit co-operative.

### **An Evaluation of SSS**

The Scheme has caught the imagination of the mine workers and promises success in the future.

A systematic survey of socio-economic, political and cultural situation of the mine workers, slum dwellers and villagers will have to be done in order to redefine the over-all vision, goals, strategy and activities of SSS.

## **Community Organisation**

Sunanda has gone on starting new projects during the last ten years according to the felt needs of the people. Thus it has been involved in relief work, social service and social action. Organisation of communities in the slum areas includes all the three areas of Sunanda's involvement, though the final involvement is social action, through which the people in the slums will be able to assert their rights, gain their dignity, improve their conditions of living and will be able to form communities that are united by a common purpose and acting unitedly to achieve their goals. Self-reliance and common decision making are stressed and conditions are created so that the children get at least basic education, the youth helped to acquire skills for gainful employment and families and groups are able to create supplementary income by crafts and other non-formal trades.

The Health and Women's Organisation projects work to educate the slum people in hygiene, preventive and curative medicine. The Women's Organisation is also closely linked with this project because we feel that women can be the most powerful agents of social change in the slums.

At the moment we are actively involved in 13 slums adjacent to the mining town of Kolar Gold Fields. The slum dwellers are casual labourers or derive income by collecting quartz from the mining area and then selling it to some dealer or the other.



Many of them are used by local politicians and the powerful of the area for their own ends. The Government takes little interest in the slums and basic difficulties like water, drainage and electricity are not given to them, and even those available are not maintained by the municipality.

### **Involvement**

Involving ourselves in these slums was initially a difficult task. The people had grown to suspect any outsider because of the sad experience people had of the Government and other social agencies. They were now prejudiced and were afraid that we were ultimately interested in converting them to Christianity. Their fear vanished as they slowly came in contact with our group. Now they meet regularly to discuss, plan and



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A Youth meeting  
in a slum —  
"We grow together"

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act. They have learnt to take responsibility themselves in approaching the Government authorities to obtain their rights viz. drinking water, repair of drainage pipes etc.

### **ROSI**

To bring about unity among all the slum dwellers an organisation called ROSI (Responsible Organisation for Slum Improvement) has been started. This Association was soon being influenced by political parties for their own interests. We have partly succeeded in making it free from party politics so that its objectives of people's welfare be achieved.

### **Strategy**

In our work in the slums, personal contact with individuals, informal discussions and formal meetings with groups and concerted action by the people themselves are

emphasised. Hence participation of the people is assured and their perception of their problems and situation continuously grows. Leadership among them is being evolved by informal and formal training of potential leaders. We find that cultural programmes have a good influence in conscientizing the slum people, in bringing about unity among them and in motivating them to be selfless and work for the good of the community.

## Mythri Sagar

As the years have rolled by and the projects and pressure of work has increased and intensified, Sunanda felt the need for re-creation, orientation, planning and evaluation of her objects, retreats, seminars etc.; the need for a home of friendship and fellowship. And so Mythri Sagar came into existence.

MYTHRI SAGAR (an ocean of friendship) is an ashram-type centre for sharing of life and experience, of insights and inspiration; for training and social skills in an atmosphere of quiet beauty, fellowship and prayer. A centre where the dynamics of prayer-permeated programmes would help discover self and community and motivate people to be liberated from personal and social obstacles to integrated growth.

MYTHRI SAGAR is a milieu of welcome where people, especially the suffering, the down-trodden and exploited will be able to discover the image of the Absolute in the 'cave of their hearts' and be motivated to strive to unveil the presence of the Absolute in their despised and oppressed brethren.

1. Most of the groups involved in peoples movements are faced with a variety of problems especially of personal interiority, clarification of proximate and remote objectives and integration of efforts into a harmonious change and growth process. As the project grows, there arises the need for training, planning and evaluating of volunteers and animators and for setting an ongoing process of formation of the various categories of people.
2. Hence there arises the need for having a training centre. So it is with Sunanda. It has over a hundred volunteers and animators and the number of people it touches are constantly on the increase. It is not enough to conscientise the people but proper leadership has to be organised and social skills mastered. Then only does mobilisation of people take an organised form for co-operative effort and action for human-rights, justice and development. Mythri Sagar is expected to offer a milieu for such activities for the surrounding 200 villages.
3. It is an atmosphere of acceptance and love that values can be critically examined and evolved so that action leading to a just and loving social transformation may be the outcome. This is the purpose of Mythri Sagar, a place of personal and collective reflection, planning, evaluation and learning of social skills in an atmosphere of prayer and friendship.

# Sunanda Scholarship Scheme

SUNANDA has helped a number of young men and women to get training in community development and community organisation, mass mobilisation courses, apart from job-oriented courses like graduate training, teachers' training and training in different trades.

Over the years Sunanda has helped over 50. It hopes to build up a REVOLVING FUND by 1985 with the repayment, partly or fully, from the beneficiaries.

## Experimental Agricultural Farm

As over the last ten years Sunanda has been trying to reach out to different categories of the exploited and the dispossessed, it was felt necessary to have a modest experimental Agricultural Farm for the following reasons :

1. To demonstrate to the marginal and small farmers the possibilities of new methods of cultivation.
2. To have a place where information about the Government Schemes for the same category of farmers could be readily made available and ways and means of obtaining Government facilities could be taught.
3. To generate a modest profit to maintain some of the activities of Sunanda, specially for the benefit of agricultural labourers, marginal and small farmers.
4. To help the poor who have a few cents of land around their huts to begin kitchen gardens.
5. To encourage planting of trees in the villages and in the common village lands.
6. At a later date to think of animal husbandry, common cattle/sheep rearing, etc.

### Co-ordination of Sunanda Farm with other activities of Sunanda

The farm is not an isolated project without a linkage with the other efforts of Sunanda. Its objectives, organisation and activities have to be integrated in the overall objective of Sunanda. To mobilise and organise the poor so that they can gain self-confidence, knowledge and skills to tackle their problems of deprivation at all levels of life.

About 90% of the population of Kolar District are rural based and mostly engaged in agricultural operations. Hence the Farm personnel together with the NFE and the

Health Teams of Sunanda and with the help of other knowledgeable persons strive to identify the problem of agricultural labourers, marginal and small farmers and try to find



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“Visible demonstration—  
a controlled experiment”

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solutions for them together with the people. Thus the farm team will be able to make a definite contribution towards the overall objectives of Sunanda.

### **Achievements**

- a) The farm has helped the farmers in the vicinity to use hybrid seeds of ragi, red gram, beans etc. This was done by demonstration fields in the farm and motivational charts with farmers. The farmers were also introduced to the Government Department where seeds are available and guidance is offered.
- b) New implements like the seed drill, sprayers etc., have been introduced with effective saving and avoids wasting of seeds, fertilizers and pesticides.
- c) There are Government Schemes for giving loans to the marginal and small farmers. But most of these loans are covered by rich farmers. We have succeeded to some extent in motivating and helping the poor farmers to avail themselves of these facilities.
- d) The labourers are not given the minimum wages and we have succeeded in surfacing this problem in their consciousness. The landlords are also getting threatened by this and have raised the wages a little bit. By raising the wages for labourers on our farm we have highlighted the problem of wages in the area.
- e) We are trying to organise landless labour so that they could claim the bank loans for various Government Schemes (eg. goats, cattle etc.)

## Suggestions

1. The working of the farm must be rationalised so that it becomes self-sufficient.
2. It should be a model farm generating new ideas and indicating new experiences and thus a source of inspiration to the poor farmers. Emphasis must be laid on dry cultivation for, almost all the marginal farmers have only dry lands.
3. Though the work in the farm is appreciable, efforts must be made to cultivate for demonstration varieties of spinach and vegetables which can easily be cultivated by marginal and small farmers and even by landless labourers throughout the year for home consumption. These demonstration plots will serve to make viable ways of growing plants and vegetables to the farmer trainees.
4. By keeping a small poultry, rearing rabbits, goats, etc., the farm personnel could gradually acquire the skills required for rearing animals and birds. These skills will come handy for extension work and training.
5. A documentation on agriculture and animal husbandry problems, skills, Government Schemes etc., could be systematically involved.
6. A thought could be given to creating a herbal garden.

## Organisation of Women

### The Situation

In any society women play a key role and so Sunanda felt the need of creating a special project exclusively for women. Among the poorer sections in India women not only take care of the children and home but also supplement the income of their husbands through their work outside their house. In their jobs, which are often seasonal, they are discriminated against and exploited in terms of work conditions and salary. Usually they suffer from malnutrition (the majority of them live below the poverty line) and have to keep on the drudgery of work every waking hour.



## Mahila Mandals

This work of organising women was started in 1982 under the direction of a trained social worker and she has been trying to understand their needs, problems and aspirations, customs, traditions and beliefs. To begin with she has initiated a few mahila mandals



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"Women—emerging force in India"

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(women's associations) and these groups meet regularly to discuss their problems, to understand their situation and to work out concrete programmes for bettering their lot. In organising women, their active participation, co-operation and self reliance are given top priority.

## Education

The main impact of the Sunanda personnel is in terms of education informal, non-formal and training in skills. A modest handicraft programme has just been initiated. With the educational input it is hoped that they would be more conscious of their rights, dignity and capability and will be able to work in the direction of liberation and self-reliance.

## Co-ordination

The O W P team will also try to tap the resources of other projects of Sunanda in favour of the women so that there is a real impact on their lives for change. Work among women will also have an impact on the family, especially the children. Up to now we have obtained a very positive response from the oppressed women and our systematic and sympathetic involvement in their lives is definitely going to bear fruit in the near future.



## Our Prayer

Lord Jesus Christ, our Guru and our God!  
the Victorious Revolutionary of love!  
Fill us our minds and our hearts—  
with high ideals and help us  
to reduce them into concrete actions.

Grant us, Lord, the grace, the strength  
and the spirit of self-sacrifice to build up  
a just and fair society and  
with your Victorious banner in our hands,  
to live always depending on you.      *Amen*

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**Development  
is a passage  
from  
less human  
to  
more human**

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स्वास्थ्य सेवा !

राष्ट्र सेवा !!

# NATIONAL MEDICOS ORGANISATION

A Nationalist Movement

An Introduction



Estd 1977

Registered under Societies Registration Act 21, 1860

R.N. 21/1987-1988

**1987**

## *About the Insignia*

The medical insignia adopted throughout the world has been derived from the Greek mythology — The snake/s encircling the staff (rod) of Aesculapeus or Caduceus.

NMO searched for an Indian legend to symbolise Indian heritage to its true sense. Rishi (Saint) Dhanvantari, the first physician treated as the mythological figure, who rejuvenated his patients by his treatment naturally represents the golden era of Indian Medical Sciences.

The insignia visualises Rishi Dhanvantari stepping to the land of India after emerging from Samudra Manthan (Sea-Churning) said to be held between Sura (gods) and Asura (demons) with 'Kalash' (pot) filled with 'Amrita' (the elixir of life) which was dispensed to the patients, which is also symbolising the assimilation of all living creatures and thus divinity. The manuscript in left hand denotes 'Aayurvedigyan' (the knowledge of the medical sciences) which is a part of 'Atharva Veda' (one of the four holy books of this land).

'प्राणिनाम् आर्तिनाशनम्' (PRANINAM ARTINASHNAM) is the part of a Sanskrit shloka which has been source of inspiration for the people of this country from time immemorial. The full shloka is:

“ न त्वहं कामये राज्यम्, न स्वर्गं नापुनर्भवम् ।  
कामये दुःखतप्तानां प्राणिनाम् आर्तिनाशनम् ॥ ”

(One should not desire for a kingdom nor the Heaven or freedom from rebirth, let one desire for total freedom of the ailing living creatures from suffering and disease.)

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Contribution Rs. 5.00



## INTRODUCTION

'National Medicos Organisation' (NMO) aims at the re-organisation of medical education and health services in the comprehensive context of national reconstruction. Role of medicos in this context has been felt since long, but a group which draws its strength and inspiration from the inner desire of its members to strive to solve the health problems of the countrymen and thus contributing in all round development of mother India could emerge only after 3 decades of our independence.

A group which thinks over its own professional problems, a group which consists of all the segments of medical fraternity, viz. students, teachers, practising doctors, a group which has progressive outlook along with the love for the cultural heritage, a group which can adopt appropriate technology to use medicine as an entry point even for social and economic reconstruction, is envisaged in 'National Medicos Organisation'.

This group of medicos feels that whatever the medical education and amenities could be provided it will be sheer wastage if nationalism could not be imbibed during formative period and would be resulting in more 'brain drain' and commercialisation of this divine profession.

Therefore this ORGANISATION of MEDICOS have named themselves NATIONAL.

The spirit of 'स्वास्थ्य सेवा! राष्ट्र सेवा!' and the insignia Dhanavantari with "प्राणिनाम् प्रातिनाशनम्" distinguishes NMO's ideological identity and motto as unique in the scenerio of the medical horizon of the country.

## HISTORY

NMO was founded in the holy city of Varanasi on 5th November 1977 by 41 medicos who were involved in the historical student movement of 1974. The meeting held under the presidentship of Dr. Kripa Shankar (Varanasi) had delegates from Darbhanga, Gaya, Dhanbad, Muzaaffarpur, Nalanda, Patna, Ranchi, Bankura, Guahati, Rohtak, Amritsar, Bhopal, Gwalior, Ahmedabad, Jamnagar, Nagpur, Hyderabad, Bangalore medical colleges and dental college of Hyderabad.

After some initial pilot works (1977-1980) in different parts of the country NMO concentrated in Bihar (1980-1985) and did many commendable works in fields of medical education and social service. The general body meeting on 30.9.1985 reviewed the situation and took decision to re-extend the organisation nationwide. Since then NMO has established its units in medical colleges and peripheral towns in different parts of the country.

NMO is a registered body under the Societies Registration Act, 21, 1860 (R.N. 21/1987-1988).

## ACTIVITIES

NMO has been working in the following directions to achieve its aims and objects:

### A. Social Welfare

1. *One College, One Village Programme* — It is operating in 5 medical colleges for the total integral development of the villages which includes survey, weekly free clinics, immunisation, family welfare, dietary and other hygienic advices for promoting health. Besides these, efforts are made for uplifting social consciousness, life style, mode of thinking in all spheres including agriculture, education and cultural values.

Continuous work for years has stood up with the expectations and has taken the shape of a 'project'. It has also provided golden opportunity for participating medicos and their orientation to work in rural areas.

2. *Service Camps* — Different units of NMO are organising survey, health service, immunisation camps during vacations in distant villages. The camps are also organised in far-flung areas of tribal community, which are attended by different workers from different medical colleges. Though this novel method of spending Holi, Summur, Puja, and Christmas vacations has not yet attracted feature magazines but it is hoped that in coming years youths of the country will rejoice such adventurous and educative excursions to know the land and the people.

3. *School Health Services* — NMO believes 'children's health is tomorrow's wealth' and 'prevention is always better than cure'. With this idea NMO has gone into school campuses for complete

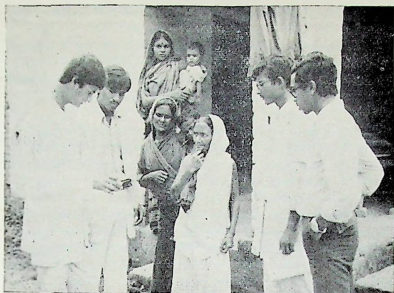


Fig. 1 — Rural orientation of medical services. Medicos of Bhagalpur active in 'one college, one village' programme



Fig. 2 — Medicos on the path of reconstruction. Members of Ranchi unit making their way in deep forest of Manatu block (District Palamau)

health examination and follow-up of children and referring the cases for treatment in early stages. Teachers and parents are made acquainted with common health problems by arranging lectures for them.

4. *Blood Donation* — Blood can only be replaced by blood and the society has misconceptions about this noblest gift of life one can give to some known or unknown person.

Medicos have proved as moving blood banks in institutions where NMO has its stronghold. Donations by medicos is eradicating fears from the public. We arrange blood donation camps on auspicious days and also provide on emergency demands as continuous blood donation scheme.

5. *Public Relations* — To promote healthy medico-public relationship we frequently organise group discussions, lectures, seminars etc. on common health problems and community participation in our social welfare schemes. We also invite other social organisations for extending their co-operation in different projects.

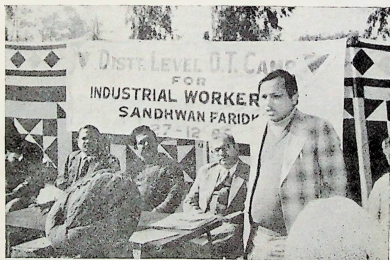


Fig. 3 — Dr. S. K. Oberoy, Faridkot, National Joint-Secretary, NMO, addressing industrial workers on 'Primary Health Care Organisation'

6. *Relief Work* — Whenever natural calamities have struck our nation NMO has come forward with its humble mite, be it cyclone in Andhra (1977), relief for refugees of Tripura, floods in Assam and Bihar or MIC gas tragedy of Bhopal.

## B. Academic Activities

1. *Seminars* — NMO organises from time to time seminars, symposia, debates, quiz contests etc. on scientific and social topics to keep pace with the rapidly advancing knowledge and to promote academic atmosphere in the campus.

2. *Freshers' Welcome* — The heinous practice of 'ragging' in technical institutions has a very bad impact on the delicate minds of the freshers.

NMO has explored constructive alternative by arranging 'Freshers' Welcome' in medical colleges with full participation of seniors and teachers. Freshers are welcomed by Indian tradition of 'Tika', garland and sweets. This has been universally appreciated.



Fig. 4—No more ragging ... Dr. R. Prasad, eminent neurosurgeon, Ranchi, inaugurating by lighting 'Deep' the 'Freshers' Welcome'. Prof. C. J. K. Singh, Principal, RMC, Ranchi, expresses his happiness.

3. *Aayurvigyan Pragati* — It is the quarterly bilingual (English and Hindi) medical journal, the official organ of NMO, published since 1981.



Under the editorship of the noted medical educationist Dr. B. N. Das Gupta, ex-Emeritus Professor of Paediatrics, D.M.C., Laheriasarai, it has now acquired an important place in the scenario of medical journalism. This fulfils the need for medical journal for medical students and young graduates. It promises the hope for future medical education in Indian languages and has provided an opportunity of medical journalism to even a preclinical medical student.

Exposure of ancient Indian medical history has been its glorious documentation.

'Aayurvigyan Pragati' is a synthesis of youth and experience, a synthesis of philosophy and science, a synthesis of the east and the west. The medical dignitaries like Dr. B. N. Sinha, ex-President, MCI, Sir Frazier (UK) and many other eminent personalities have praised its unique approach.

Now with the executive editor, Dr. N. P. Mishra, ex-Professor of Medicine, D.M.C., Laheriasarai, the Editorial Board consists of Dr. B. B. Tripathy, Cuttack (ex-President, API), Dr. M. Sambasivan, Trivandrum (Secretary, NSI), Dr. R. P. Sapru, Cardiologist, PGI, Chandigarh, Prof. N. N. Khanna, IMS, BHU, Varanasi etc.

#### **Annual Subscription Rates:**

Students Rs. 20/-, Doctors Rs. 30/-, Libraries Rs. 50/-.

**Address:** C/o Mishra Polyclinic, Laheriasarai, Darbhanga 846001.

#### **C. Medicos Welfare**

With its unique composition and structure NMO has tried to expose and resolve many problems of the student community and the medical profession from one platform. Like health care, carer of the health has also been neglected and there are many discrepancies in this regard in different parts of our country.

The problems relate to irregularities and lack of uniformity in admission into medical colleges, lack of teaching staff, college and hospital buildings, adequate and proper hostel facilities, audio-visual aids, photographic units, extra-mural and guest lectures etc. NMO has highlighted these problems before the Medical Council of India and other authorities.

NMO is of the view that stipends of interns, housemen and postgraduate students should be enhanced and should be uniform throughout the country and job opportunities be provided to every willing doctor. NMO has supported the ongoing struggle of junior doctors.

NMO has demanded that academic calendars should be detailed and examination results should be published within the prescribed period. MCI's recommendations should be strictly implemented if private practice of doctors is to be banned.

There are many more areas of medicos welfare which are being studied by our workers at different levels.

#### **D. Conferences**

NMO conferences are more than a meeting of medicos in a place and exchange of ideas among them. They are distinct from other medical conferences being simple, disciplined, educative, thematic and thought-provoking.

NMO invites learned and patriotic personalities for guidance and eminent academicians for scientific lectures. The collective life is experienced through different programmes. We also give final shape to our policies and review our programmes.

So far we have successfully organised four conferences. Some of the thought-provoking subjects discussed in past conferences include—'Role of Medicos in National Reconstruction', 'Role of Medicos in Rural and Tribal Health Services', 'Health For all by 2000 A.D.', 'Role of Applied Sciences in Social Reconstruction', 'National Drug Policy', 'Reorientation of Medical Education—What We Want?', 'Social Sicknesses of Medical Colleges'.

In the scientific sessions, apart from lectures on medical topics, one regular feature is '*Dr. Atam Prakash Oration*' in the memory of late Dr. Atam Prakash (ex-Professor and Head, Surgery, AIIMS, New Delhi) who was an admirer of NMO and 'Aayurvigyan Pragati'. First oration was delivered by Prof. P. C. Dubey, Professor and Head, Surgery, KGMC, Lucknow, on "Progress in Biliary Surgery". Second oration was delivered by Prof. N. N. Khanna, Professor of Surgery, IMS, BHU, Varanasi on "Newer Trends in Cancer Treatment" (back cover photograph).



Fig. 5 — Padma Bhushan Dr. Dukhan Ram (Hony eye-surgeon to First President Dr. Rajendra Prasad) inaugurating First Conference of NMO at Patna on 30.3.1980.

IVth National Conference was held at MGM Medical College, Jamshedpur, on 6-7th December 1986, which was attended by 278 delegates from different parts of the country. The conference was inaugurated by Mrs. Radha Singh, Com-

missioner, South Chotanagpur and Chief Guest was Dr. B. B. Tripathy, Cuttack (ex-President, API) who also delivered a lecture on "Diabetes in Indian Context".

To promote better teacher-student relationship and in appreciation of the services to medical education, the distinguished teacher and academician, Dr. B. N. Das Gupta, ex-Professor Emeritus of Paediatrics, D.M.C., Laheriasarai (also Editor, 'Aayurvigyan Pragati') was conferred with the 'Honorary Membership' of NMO as a part of his felicitation.



Fig. 6— Felicitation to a great teacher Dr. B. N. Das Gupta at IVth National Conference of NMO, Jamshedpur on 6.12.1986. (From L to R) Mrs. B. N. Das Gupta, Dr. B. N. Das Gupta, Dr. S. Das Gupta (Director, Medical Research Centre, TMH, Jamshedpur), Prof. S. J. Kale, National President, NMO

## POLICIES OF NMO

NMO feels that our medical education, health service and drug policy have failed to fulfil the national requirements.

'Hospital oriented' health set-up has masked the reports of Bhare, Mudaliar, Shrivastava committees etc. and 'Health for all

by 2000 A.D.' seems to be an illusory slogan for rural, tribal and slum-dwellers of the country. Budget for health should have been deemed an investment and not an expenditure since healthy nation is the denominator of any development process. The meagre fund percolating to primary health centres fails to fulfil even the minimum needs of items like cotton-wool, life saving drugs, vaccines etc. Urban-oriented medical education produces a medical graduate, who though enthusiastic, fails to compete with unqualified persons due to lack of minimum facilities and interference of the governmental bureaucracy. At the same time urban set-up promotes him for even 'brain drain', particularly in the face of grave unemployment all over the country, resulting in a colossal loss.

NMO feels that the central and state governments should give priority to health and thus not only budget allocation should be enhanced to at least 10% of the national budget but also the political interference should be stopped. Prevention of diseases should be the goal and not the treatment of the sick, if 'Health for all by 2000 A.D.' is really to be achieved.

Medical education should be suitably amended. Mushroom growth of medical colleges in various parts of country should be curbed, particularly based on capitation fee diluting the merit of the young students. Medical education should be imparted with a clinical orientation, not on the modern investigative and therapeutic gadgets which may not be available to large section of the society being too expensive for our country. Continuing Medical Education (CME) in far-flung areas, in towns and distant places should be provided with clinical workshops on common problems with the help of medical institutions and even retired teachers. Lending libraries for tapes, slides, video-cassettes should be established. Medical Council of India should be vested with more powers to execute these formidable tasks.

NMO also feels that gradually Indian languages should be promoted as medium of medical education and examinations to nullify present international passport like medical degrees for the brain drain to English speaking parts of the world.

NMO also feels after experience of several years that medicos have lion's share in providing rural and tribal medicare, immunisation and health service camps not only as a novel method to spend vacations but also as a part of regular curriculum to promote greater emotional bondage with the common men of the country.



'National Drug Policy' should be formulated as per the changing national requirements and 'ceiling' should be imposed on the profits of various national and multi-national pharmaceutical houses. Selling of drugs without valid prescriptions should be strictly prohibited which endanger human lives.

NMO feels that medical education is a very specialized education which is sandwiched between health department and general universities. Every state should have its own medical university and a Medical Grants Commission should be formed on the same line as University Grants Commission. The creation of medical university will promote uniformity in education, examinations and also in orienting medical education to national aspirations.

NMO also feels that various sicknesses of medical colleges like casteism, sine-die closures, ragging, drug addictions etc. should be removed to produce a socially as well as physically healthy doctor. The roles of medical students, teachers, administrators and society are equally important.



Fig. 7 — Moments of deep discussion. Central Executive Committee Meeting, July 11-12, 1987. (From L to R) Dr. M. Pradhan (Jamshedpur), Sri Shri-shankar Tiwary (Ranchi), Dr. Abaji Thatte (Nagpur), Dr. Sujit Dhar, National President, NMO (Calcutta), Dr. K. K. Sharma, National Secretary, NMO (Ranchi)

## EPILOGUE

The foregoing brief account of the decade-long journey of NMO on the path of reconstruction of the nation tells the story of the untiring efforts of young medicos, of course with the blessings of the elders and encouragement from all sections of the society and the government that one can perceive the rays of hope amidst darkness prevailing around. NMO has proved that 'service is to be done for the service and the service only and not as an act of kindness', and the duties of the medicos are probably more than merely of medicare and as an organisation NMO has acquired the creditability to be quoted as an example to all those who believe in constructive movement, particularly to all sections of youth.

We call for participation and encouragement of society in general and medicos in particular to translate the cherished dreams in reality.

LONG LIVE NMO !

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आज दरभंगा आने पर ज्ञात हुआ कि मेडिकल कॉलेज में 'नेशनल मेडिकोज ऑरगेनाइजेशन' की प्रथम बैठक का आयोजन है। नाम बड़ा सार्थक है। आप 'मेडिकोज' हैं, इसमें तो कोई शंका नहीं क्योंकि इस जीवन विज्ञान, जरीर विज्ञान का जो भी नाम आप दें, उस विज्ञान का आप अध्ययन करते हैं।

एक-एक मेडिकल विद्यार्थी के ऊपर एक लाख रुपये खर्च होते हैं, हमारा स्वयं का परिवार शायद १५-२० हजार रुपया इसमें कन्ट्रिब्यूट करता है। हम अपने परिवार के प्रति तो अधिक चिन्ता करते हैं, परन्तु जिस समाज ने हमको यह एक लाख रुपया देकर शिक्षित किया, उसका ध्यान कम रहता है। बहुत से विद्यार्थी तो शायद अमेरिका चले जाते हैं, कहते हैं, वहाँ सुविधाएँ ज्यादा हैं, संसार की सेवा वहाँ से भी कर सकते हैं। संसार की, समाज की, सेवा करने का नाम रहता है, परन्तु पीछे उद्देश्य अपनी सेवा का अधिक रहता है। हमने कितनी भी मेडिकल शिक्षा एवं सुविधाएँ यहाँ पर बढ़ाईं परन्तु उसके साथ-साथ हमारे मेडिकोज के अन्दर 'नेशनलिज्म' निर्माण न कर पाये तो हमारा यह सारा पैसा, परिश्रम और योग्यता बेकार हो जायेगी? 'ब्रेन ड्रेन' इसलिए हो रहा है कि अन्य योग्यताओं के साथ-साथ हमने राष्ट्र के प्रति ममता का, अतन्त्रत्व का भाव निर्माण नहीं किया है और इसलिए 'मेडिकोज' के साथ-साथ जो दूसरा शब्द जोड़ा है, 'नेशन' का, यह बहुत महत्व का शब्द है। मैं समझता हूँ हममें से प्रत्येक के अन्दर यह 'ऑरगेनाइजेशन' एक राष्ट्र की भावना निर्माण करेगा कि ये मेरे समाज के बन्धु-बान्धव जो कि आज गरीबी की जिन्दगी, दुःख की जिन्दगी, अस्वास्थ्यकर स्थिति में रह रहे हैं, इनकी सेवा करने का मुझे सौभाग्य मिले। यह भावना 'नेशनल' शब्द से जागृत होती है और मैं समझता हूँ कि 'नेशनल मेडिकोज ऑरगेनाइजेशन' इस बात की चिन्ता करेगा।

फिर आता है 'ऑरगेनाइजेशन'। व्यक्ति अकेला-अकेला बातें सोचता रहता है तो कुछ काम करने की हिम्मत नहीं पड़ती। वह भावना उठती और नष्ट हो जाती है। कहा गया है, "संघे शक्ति कलौयुगे"। एक ऐसी एडवेंचर की भावना अपने देश की सेवा के लिए जो भी कष्ट होगा, जो भी जोखिम होगा उसे उठाने के लिए तैयार हैं, जागृत रखने की आवश्यकता है और यह 'ऑरगेनाइजेशन' होने से जागृत होती है। इस 'ऑरगेनाइजेशन' के होने से ऐसी मनोवृत्ति के, ऐसी भावना के जो बन्धु-भगिनो होंगी, उनको बल मिलेगा, उनके अन्दर जो सुप्त भावनाएँ होंगी, वे जागृत होंगी। इस प्रकार की मनोवृत्ति से युक्त लोग, हमारा 'नेशनल मेडिकोज ऑरगेनाइजेशन' खड़ा करेगा, और ऐसे विद्यार्थी, ऐसे डाक्टर, जब हमारे देश में तैयार होंगे तब देश का rural reconstruction होगा।

First surgeon of the world में सुश्रुत का नाम आता है। पचीस सौ वर्ष पूर्व चरक ने एक बड़ा Materia Medica तैयार किया। Hippocratic Oath से भी अच्छी शपथ हमारे देश में जो medical profession में जाता था, उसे लेनी पड़ती थी कि, "मैं पैसे के लिए नहीं, मैं धन प्राप्ति के लिए नहीं, मैं सेवा की भावना से यह profession स्वीकार कर रहा हूँ।" उन शब्दों के लिए वास्तव में सही, सच्चे बनकर और राष्ट्र के उन क्षेत्रों में जहाँ कोई पहुँचने के लिए तैयार नहीं है, वहाँ सेवा के लिए जाने को लोगों को यदि हमारा 'नेशनल मेडिकोज ऑरगेनाइजेशन' प्रेरित कर सका तो यह उसका बहुत बड़ा काम होगा और मैं उनको उसी प्रकार की एक अपेक्षा करते हुए, उन्हें यह जो कार्य आरम्भ किया, उसके लिए बढ़ाई देता हूँ और साथ-साथ अपेक्षा करता हूँ कि वे इस कार्य में यशस्वी और सफल बनें।

— Prof. Rajendra Singh, first public function of NMO on 14.1.1987.

## Thoughts about Medical Education

In the last decade, seminars, discussions and writings have been voluminous on how to improve medical education. Selection of students have seen change for the better, quantum and quality of courses of study have been scrutinised. But not much change in text-books and in methodology of teaching. The hierarchy of medical educationists have failed to realise that medical teachers have to be selected — not only on their academic career but on aptitude and once selected they should be trained in being effective in imparting knowledge to the students. Learning in mother-tongue is the best way of education has been lost sight of. Except for some attempts at translation of medical scientific words little efforts has been there to encourage in writing text-books in vernaculars. It is noted with regret that big and august bodies like A.P.I. and similar bodies have published text-books but in English. Books on clinical aspect of topics need more encouragement.

So the field in which radical changes have been effected, has been in matters of assessment of teaching or in other words "*MONITORING*". Here the craze is of *OBJECTIVE* questions. It appears it is not so much with the idea of improving medical education but with an idea of fighting "*CORRUPTION*" in examinations. While admitting that there are some advantages like: 1. Tests intensive knowledge. 2. Easy to mark. 3. Difficult to get help in answers. 4. Tests a wide range of topics in a short time. But certain disadvantages are: 1. For the paper-setters, it is a difficult job unless he devotes real time and thoughts. Usually has to depend on professional's booklets many of which may not be what is desired 2. Computers judge the quantity of answers but not the "fineness" and beauty in answers.

It is not asserted that objective craze be dispensed with but a good mixture of say 15-20% with last questions having short answers may be introduced.

Medical education continues even after passing university examinations and very intensive training in practical procedures needs to be introduced. Monitoring during 2 years of intern and housemanship have not yet been introduced which is needed.

This flows into post-graduate medical education plans and then all through the career — be it a teacher or a private medical practitioner or government medical officer.

This compact and all embarrassing problem should be tackled by a team of medical men, educationists and others interested in this aspect — which should be a permanent body — with some powers.

— B. N. DAS GUPTA

Editorial, *Aayurvigyan Pragati*, Vol. 3, No. 1, Jan.-Apr. 1984

Dr. B. N. Sinha

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D.O. No. P/MCI/52-Bihar/83-113

Dated 15-1-1983

Subject : Reference your Aayurvigyan Pragati, a quarterly  
medical Journal, Vol. 2, No. 1-2, July-Oct. 1982,  
received here on 13.1.1983

Dear Dr. B. N. Das Gupta,

Many thanks for your so kindly sending to me the medical  
Journal under reference.

I appreciate the concept of expression of the various aspects  
of medical science in keeping with the realisations and their utility  
from the valuable literature of the History of Medicine, which  
is such an important document for our study and research.

The merit of these observations mentioned in your journal  
demonstrate that whenever man sees things for himself, and has  
not been content with vicarious observations, he has taken a de-  
cided step towards the emancipation of the human being from the  
trammels of traditional doctrine. This is essential for research  
work and the modern scientific observation. I convey to you  
and your colleagues in your professional advancement and in your  
step forward on the path of knowledge. These deliberations  
may prove of value, which I shall keenly await and convey to you  
my very best wishes with kind regards.

Yours sincerely  
(Sd) B. N. Sinha

Dr. B. N. Das Gupta

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MCI/P/41/87  
22nd January 1987

My dear Dr. Thakur,

Many thanks for sending me a copy of report of the IVth National Conference of National Medicos Organisation held on 6th & 7th December '86 at M.G.M. Medical College, Jamshedpur. I am sorry that I was not been able to come and I do hope that you will realise my difficulties.

The recommendations of your conference are really thought provoking and progressive. You are probably aware that I have been crusading for some of them for nearly two decades — Medical University, better pay-scale for teachers and junior doctors, mushroom growth of medical colleges and eradication of capitation fee, quackery etc.

I am really surprised as to why you did not pass a resolution regarding a Medical Grants Commission on the same line as University Grants Commission.

Please look me up when you come to Patna as it will be a great plasesure to see you.

With my blessings and good wishes.

Yours sincerely

(Sd) A.K.N. SINHA

Dr. Dhanakar Thakur  
National Organising Secretary, NMO  
C/o Dr. K. K. Sinha  
Mansarovar, Booty Road  
Bariatu, Ranchi 834009



## *AIMS AND OBJECTS OF NMO*

- a. To create a nationwide organisation of the medicos on a democratic basis, irrespective of caste, colour, creed and sex for positive health of the nation.
- b. To work for the all-round welfare and development of the medical profession.
- c. To utilise their energy and dissemination of the medical knowledge for solving the various health problems of the down-trodden people of the nation particularly for the rural and tribal people with the help of central and state governments, educational, professional and voluntary organisations.
- d. To work for satisfying the basic needs of the medicos and to guide and help them in solving their various problems arising from time to time.
- e. To develop national character and discipline among the medicos.
- f. To promote constructive activities in social and cultural spheres and utilise medicos' energies in the various nation-building activities.
- g. To promote progressive outlook among them along with love for the cultural heritage of the land.
- h. To develop harmony and homogeneity among the various components of the society by reviving a sense of tolerance and brotherhood.
- i. To seek the co-operation and goodwill of doctors, educationists, educational and health authorities in the work of the NMO.
- j. To promote better teacher-student relationship in medical colleges and institutes.
- k. To promote the academic environment in medical colleges and institutes.
- l. To form a common platform on the basis of a common mode of work for all the members of the medical community, viz. students, doctors and educationists for the reorganisation of medical education in the comprehensive context of national reconstruction.

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Acknowledgement: We are grateful to Dr. K. K. Sinha, Ranchi for donating paper for the printing of this booklet.

*In the academic field too...*



Prof: N. N. Khanna, IMS, BHU, Varanasi delivering 2nd Dr. Atam Prakash Oration on "Newer Trends in Cancer Treatment" on the occasion of IV National Conference of NMO at MGM Medical College, Jamshedpur on 7th Dec. 1986.

★

*Divine Blessings of (Late) Vinoba Bhave:*

आप जो अच्छे काम करेंगे  
उन के लिये  
 ३३ वा १ } बाबा की शुभ कामना  
 २३.१.१९८१ } ११ म हरि

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***Karnatak Health Institute***

**Ghataprabha**

(Dist. Belgaum)

Health Bulletin

1975

**"Man is an intelligent animal" is said of man**

*But intelligence alone is not sufficient. There has to be "Wisdom" and its "application."*

*We are taught of the highest mountains and the biggest rivers, the knowledge of the past, present and future of the world and the universe. Machines, Engines, Telephone, Television and what not. All for progress of man but nothing about the man himself.*

*We never know how to live and why to live. What to eat and how much to eat. How many teeth we have and why. How to take a bath and why. What clothes to wear, what routine to follow and the wonders of heart, lungs, brain, etc., of our own and innumerable other things that we must know and practice to make our lives on this planet worth living - happy and smooth.*

*Following pages are a beginning in that direction - to lay before the man some of his daily needs and how and why of them.*

*They may prove helpful and useful.*

1-1-1975

**Dr. M. K. Vaidya**  
*Chief Medical Officer,  
K. H. I., Ghataprabha*

**COMMUNITY HEALTH CELL**  
**326, V Main, I Block**  
**Koramangala**  
**Bangalore-560034**  
India

# KARNATAK HEALTH INSTITUTE

## GHATAPRABHA

*Some important tips for good health, to live long and live healthy.*

---

1. **Habits formed in childhood stay firm,** so choose them in time.

Modern science has proved that habits formed in first six years form final shape of human beings. Later, they only grow and cannot be changed. *It is a waste to try to modify characters later in age.* They will not. So, adults and children should plan their methods on that basis.

2. **Follow the good rule:** Early to bed and early to rise. You are tired by evening if you work well. You are fresh after a good sleep early morning. So morning is the best time to do concentrated work. That is also the time no one disturbs you. And so the results of work done at that time are gratifying.

For routine and the common, a sleep of 8 hours.....from 9 p. m. to 5 a. m. may be considered enough. For others, sleep can be controlled to required periods. Ultimately it depends on the habit built up by man.

3. **The first in the morning:** Clean your body.

Body functions well if it is kept clean. Cleaning means removing the excreta not wanted by body. They are the stools, urine, perspiration through the skin, and all those parts which function and throw away the unwanted products of body activity.

- (a) Always keep your latrine clean and flushed well. It is easier for you to do it. Then wash your hands

with soap and water. Clean nails particularly with special attention. Nails catch dirt and stool. Dirt and stools carry germs that cause diseases. So that is the first health precaution.

- (b) Clean your mouth and teeth, in the morning, at bed time, and *after each feed*, however simple. *Rinsing and gargling* is the best method, easy, economical and simplest. Brush should be used only if you could afford to buy one for each feed in 24 hours and only if you have the time and patience to clean, wash and dry each brush scientifically. Otherwise it is a harmful weapon.

#### 4. Bath must be scientific :

The purpose of bath is to clean and open the pores of skin which are blocked frequently by our own discharges, and other secretions. They are very important part of our cleansing apparatuses that keep body healthy.

Good water, warm or cold. Cold water is better if it is clean and you have no illness. Soap or soapseeds or a rough cloth to rub the skin clean are preferable and economical.

Give particular attention to folds where dirt accumulates :— behind the ears, head and other hairy parts, groins, webs of fingers and toe nails and genitals, are the parts usually neglected.

If you have long hairs purposely kept, cover them from dust with cap, hat, turban etc., most of the time. They are difficult to clean.

#### 5. Exercise is a must for the body :

Exercise is a measured, systematic, movement of contraction and relaxation of every muscle in the body,



minimum 10 times each muscle and increased as per age, strength, and purpose in mind.

Understand the difference between an "exercise" and an "exersion".

Games, gymnastics, walks, etc. are not real exercises. They are some type of exersions. They are meant for professionals. Their effects and purpose are also different.

**6. Cut your nails short, cut your hair short :**

Weekly trimming should be ideal. Roots and edges of nails and roots of hair should be kept specially clean. If you want long hair, or nails, you should know and practice their care and cleanliness, with correct knowledge and care.

**7. Keep your dress neat and tidy :**

Use minimum clothing in tropical climates. It should be reasonably loose and should be *washed daily*, and *changed daily*

From that point of view *an underwear is not a good garment*. Worse, if it is not properly washed daily and changed. It takes in the bad products thrown out by the pores of skin, stores them, and then makes it impossible for the skin to breathe free air, and purify its tissues. So do not use them when you understand.

**8. Do not use materials belonging to others :**

It is always a safe, clean, and healthy habit to have your own comb, razor, soap cake, clothes, bedding, spoons, cups, or dishes, unless you are sure that the unknown ones are properly sterilised and safe.

Interchange of these could be a source of various diseases which endanger your sound health. Once the habit becomes social, then you will not have the inconveniences and insults etc., coming in your way.

**9. Do not eat sweets too often :**

Sweets, peppermints, candies, fruits etc., start decay in the teeth the moment they get caught in. So you should gargle and clean your teeth immediately you have eaten them.

**10. Never clean your ears with sharp objects :**

Ear is a very important part of our body and existence. It is extremely sensitive and delicate. So, the Nature has constructed it in a very safe and inaccessible place. So we should also guard it from injuries and outside meddling. If ear drum gets hurt, it could start a chain of disasters for you. It is so close to brain also.

**11. Keep away from your nose also :**

Picking the nose is a dangerous habit one may develop. Besides being unclean and unsocial, it carries the danger of taking infections to body and nearer brain. Lining of nose is also very delicate. It gets torn or injured very easily, by your fingers and nails.

**12. Cover your cough, sneeze, or loud talk :**

Even a low talk brings out sprays of sputum from mouth. Each droplet carries innumerable germs out in air and transfers to others in our vicinity. T. B., Diphtheria, common cold, flu, and several such diseases are thus transferred from breath to breath. It is, therefore, a good culture and habit to cover your mouth during such acts. Otherwise, the next best is to keep a distance of about 6 feet between the two conversationists.

**13. Breathe through the nose and not mouth :**

Reversal of this will cause serious defects of nose, face, teeth and body. Teeth fan out, nose narrows, face

lengthens, palate rises, and constitutional diseases like colds, cough, and various consequences that lead to lung diseases, etc., come in. Brain does not get proper oxygen supply and controlled air, and so dullness and weakness and poor cerebration due to insufficient oxygen supply to brain, result. If there be mechanical obstructions like tonsil and adenoids, they must be removed surgically. There should be no second thoughts or delays. It is best to start breathing exercise from early childhood as a very useful precaution.

**14. Never smoke tobacco or any substitutes :**

They affect lungs, heart, digestion, reproduction, brain, and almost every part of the human body.

**15. Chewing tobacco or pan are equally bad**

Cancer is known to be the result in many persons habituated to smoking and chewing. Several dangerous diseases like tobacco blindness, impotence, heart diseases, lung cancers, cancers of mouth and throat and tongue, etc., etc., are now traced to this habit. Therefore, to keep away from this is a wise precaution.

**16. Do not rub your eyes when they irritate :**

Eye is priceless. Eye is very very delicate. So everyone must know its care. If we neglect this we invite disasters. Eye is also a priceless indicator for many diseases of body. So, if you have any trouble with your eye, consult a reliable eye specialist for advice. Never, never, go to a footpath vaidu in any case.

**17. Do not read in moving bus or flickering lights :**

Do not also read in inadequate light or light against face. Reading in bed is also harmful. The delicate lense system of the eye is a marvel of precision and it

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has to be properly serviced and utilised if it has to give you life long company.

**18. Wash your hands thoroughly always :**

Wash them particularly well before each feed, after ablution, and after any work you do. Give special attention to creases and folds on palm and fingers, webs of fingers and nails. They are the places which carry germs that could cause diseases.

**19. Eat food that is fresh and prepared with clean methods :**

The basis of cleanliness for health is *germlessness*. Heat kills germs. That food is therefore, safe which is hot and served in hot boiled utensils. If not properly preserved, germs grow fast in cooked food. Flies bring germs on their feet and deposit on food. If this is understood, one can choose.

**20. EAT for Healthy and robust life :**

Have a balanced Diet and eat it regularly in three sessions. This means every day you should have some (i) "body-building" food, some (ii) "energy foods", and some (iii) "protective" foods.

- (i) Good "body-building" foods are chemicals known as proteins. Dried beans, nuts, peas, skimmed milk, cheese, lean meat and eggs are some of the innumerable substances in this category.
- (ii) Good "energy" foods are chemicals known as carbohydrates and fat. Milk, food grains, sugars, potatoes and its kind, butter and margarine, fatty meat and fish, yolk of an egg, etc., are some of this variety.
- (iii) Good "protective" foods are vitamins and mineral salts. Fresh vegetables, fresh fruits, animal fat and whole meal bread come under this category.

*N B.* The best of all food is milk. It is balanced, it contains protein, fats and carbohydrates, vitamins and minerals. It is also suitable for all ages and even weakened health. So drink up all the milk you can get.

**21. Never eat in a hurry :**

You eat for good health. So you must fully concentrate on eating when you are at it. It is wrong habit to divert attention of brain from this work. Then you waste lot of what you eat.

Eat slow, masticate well. It is necessary to mix food with adequate amount of saliva before it goes down the throat. Your teeth also remain strong when they are put to hard chewing. They then serve till the end of your life.

**22. Drink water sparingly with meals; generously between meals :**

The proportion of digestive juices to food has to be maintained for optimum utilisation of both. Water dilutes the juices and then food passes the stomach semidigested and wasted.

Water drunk otherwise, becomes a good flushing agent.

**23. Always drink water from clean sources :**

Usually, piped water is treated and safe. Wells, improved and covered and drawn by pumps, are also safe. But make sure before you drink.

**24. Whenever in doubt or travelling, drink boiled water only :**

Boiling kills the germs, and makes water safe.

**25. Avoid aerated waters :**

They have no particular advantage over clean waters. Particularly in India we know, there is no cleanliness in preparing them.

You must learn this cleanliness only by habit, positively cultured. Cold drinks harbour germs safe for years and so ice cream, soda, lemon, icefruit, etc., are potentially dangerous.

These professions in our country are usually in the hands of the uneducated and the unconcerned. Even when educated run the show the actual workers are the same. So it is safer not to invite trouble by patronising them.

- 26. Sliced fruits, uncovered sweets, and drinking utensils are best avoided :**

Flies like dirt as well as food, and they bring dirt and transfer it to food. Dirt contains germs and germs carry diseases. This sequence must be understood. Dust also settles on open fruits, utensils and drinks. So always keep away from hawkers on streets or outside schools.

- 27. Sit straight, stand erect, walk erect always :**

That is the best posture. If it is not developed from early childhood, it can never be developed later. Correct posture gives grace to personality, raises height, keeps muscles alert, and improves circulation. It also adds to personality and alertness.

- 28. Do not bite your finger nails :**

They get coated with saliva. Then they gather germs and dust and besides, it is an unsocial habit, and unclean.

- 29. When travelling carry your own water and food :**

It is a good habit that is not so difficult or inconvenient if cultivated from childhood.



Tinned food is the best substitute. By force of circumstances, and training, hotels and restaurants are less clean. The food they serve is based on profit motives. So often, it is of inferior quality and often unfit for human consumption. Therefore, there is always the way out to *garb it in colours, condiments, and dressings* to make it attractive and sell it. Utensils also are not properly treated and thus uncleanness is easily spread. That is why, it is better habit to carry ones own food and water or make suitable arrangements for homely food at every stop, in travelling.

India has a huge number of people suffering from dysentery, worms etc., and that is due to the unclean persons handling the food in kitchens.

30. The love for cleanliness is within you. But traditions often spoil this good tendency. So it should be our endeavour to build our habits *form early childhood on basis of scientific thought*. It is better to do this right from the beginning, otherwise, *customs make it impossible for us to change, afterwards*. And we get tied down to them despite full awareness of their harmfulness.
31. Once you get into the habit of practicing neatness and cleanliness, it will become a rare pleasure to keep your body clean, your clothes clean, your room, your house, your surroundings and even your work neat and clean. You will also find it easy, pleasing, and extremely engrossing.

“Mans sano en corpori sano” is very truly said. But nothing is true if it is not practiced and enjoyed. We wish you to experience it, enjoy it, and then find the key to happiness and long healthy life in a nutshell.

13.11

**KARNATAK  
HEALTH  
INSTITUTE  
GHATAPRABHA**



**K.H.I.  
A UNIQUE RURAL  
HEALTH CENTRE**

**WHERE**

**PATIENT IS THE GOD**

**MEDICINE THE RELIGION**

**AND NURSING IS WORSHIP**



**Late Dr. G. R. KOKATNUR**

founder

Karnataka Health Institute  
Ghataprabha



Service of the sick is service to the God. Inspired by this ideal, young, brilliant and very well (foreign) qualified Doctor G. R. Kokatnur decided in 1929 to set up a well established Hospital at Ghataprabha (Belgaum District) to serve the sick who are poor and uneducated and who are residing in remote rural areas.

## THE KARNATAKA HEALTH INSTITUTE

The spirit of service and sacrifice of Dr. Kokatnur attracted a band of like-minded friends and doctors who joined hands with him and brick by brick the present Institute was built. Since the service of the sick was nearest and dearest to God unseen Helping Hand came in the form of innumerable friends, rich and poor and the required assistance from State and Central Government.

### SERVICES RENDERED

The Karnatak Health Institute spread over an area of 179 acres consists of (1) General Hospital with medical, surgical eye, ENT and Dental sections (2) Maternity Hospital with 55 beds and village extension in six centres (3) Chest Hospital with 165 beds including 30 cottages and 6 General Wards.

The Institute also consists of Nurses' Training School with a strength of 100 trainees. (2) a vocational Training School (3) and a mobile medical unit reaching villages within a radius of 30 miles.

### TRIBUTE

"In Cleanliness and orderliness the K.H.I. is second to none. It can be compared with world famous Moscow Hospital. And in India no hospital however much it is pampered, can be compared with the K.H.I. in the matter of service orderliness and cleanliness."

*Basavaraj Kattlmani*

### GOVERNING COUNCIL

There are many other friends who have and have been helping in the Institute in various ways. Mention may be made of Sriyuts V. L. Patil, Shri D.P. Karmarkar, Dr. R. V. Sathe, Sir M. V. Harwadkar, Shri M. S. Kirloskar, Dr. N. B. Kabbur, Shri T. Siddalingaiah, Shri B. N. Kanguri, Shri Haridas Gopaldas, Shri V. A. Adya, Dr. A. P. Potnis M. H. Kaujalgi, and some others who have been assisting Dr. Hardiker and Dr. Vaidya in managing the Institute.

### WHERE

**ALL WORKERS WORK WITHOUT RULES OF  
SERVICE AND SCALES OF PAY**

## Late Shri S. V. KIRLOSKAR

Late Shri Shankarrao Kirloskar, the senior-most member of the House of Kirloskars, did yeoman service since the very inception of the Institute. Apart from securing lot of financial assistance through his influence, he chose the Institute Campus for his stay after he retired from active life and guided the activities of the Institute with his rich and long experience, till he breathed his last on 1-1-1975. His stay and august personality brought not only the Kirloskars but many other philanthropic industrialists and business friends closer to the Institute.

## BENEFICIARIES

- (i) The K.H.I. caters to over 25,000 out-patients and 5,000 in-patients every year.
- (ii) Performs over 3,000 operations on lungs, chest, eyes, E.N.T., Brain, Bones, Maternity and Gynaecology. It has the modern X-Ray, Equipment and the expert and efficient service of doctors.
- (iii) Over 1,500 Maternity cases are attended every year, entirely free, and
- (iv) over 1,000 cases are given even to and fro transport service free or at very nominal cost.

Due to persistent and persuasive efforts of over 40 years K.H.I. has brought about awakening in surrounding villages to cast off ignorance and superstition, and helped people to take to healthy living.

It has made it easy for several doctors to settle in the rural areas where none was available.

Dr. HITSCHMANOVA



AMBULANCE SERVICE



Dr. LOTTA HITSCHMANOVA

Dr. Lotta Hitschmanova is a great social worker serving the miserables all over the world since last 25 years. In India alone she conducted over 40 projects of social and humanitarian work. She guided and helped the rural complex of K.H.I. from 1955 to 1975. Unassuming, simple and full of sympathy for the suffering she is a great source of inspiration.

## WHERE

THE AIM WAS TO BRING THE LATEST IN  
MEDICINE TO THE DOOR OF VILLAGER  
AND WITHIN HIS REACH

## Shri V. NIMBKAR

Shri V. Nimbkar, well known Industrialist and social worker of Bombay has been actively associated with the development of the Institute for over 35 years and he has been guiding its work as President since several years.

## Dr. N. S. HARDIKAR

Dr. N. S. Hardikar, the founder of Hindustani Seva Dal and the great freedom fighter, has been the real architect of the Institute. After the achievement of National Independence, he dedicated his great will, energy, skill and influence and his all, to the building up of this Institute despite his 85 years of age and consequential physical ailments.



## WELFARE ACTIVITIES

The K.H.I. is mainly an Institute with a rural bias. As a corollary to its rendering medical services to the villagers, social welfare programmes in the surrounding villages as well as in the Institute have been initiated. Holiday Homes for children, Nutrition programmes, Balwadis, Mahila Mandals, Educational Tours, Cultural and spare-time occupational training especially to

women, are being conducted by devoted trained staff. Thousands of children and women are directly and indirectly receiving the benefit under various schemes every year. An allied Institute devoted mainly to village Industries intended to improve the economy and efficiency of the people residing in the surrounding villages is now being contemplated.

### CRAFT SCHOOL



### BALWADI



## VISITING DOCTORS

Being impressed by the work of the Institute several specialists, in the medical field have been rendering valuable service to the Institute by regularly visiting the Institute and giving the benefit of their knowledge and experience. Their cooperation has been able to enhance the prestige and good-will of the Institute.

## WHERE

ATTEMPTS ARE TO USE MEDICINE AS A  
SPEARHEAD TO PROMOTE VILLAGE UPLIFT  
MORAL AND MATERIAL

### Dr. M. K. VAIDYA

If Dr. Hardikar is the Heart, Dr. M. K. Vaidya is the Soul of the Institute. He has been shouldering the main burden of the Institute both medical and administrative. His spirit of sacrifice and service is an example to all workers. He is the very symbol of peace and contentment prevailing in the Campus. His ability both professional and administrative which is a rare combination, is an invaluable asset to the Institution.

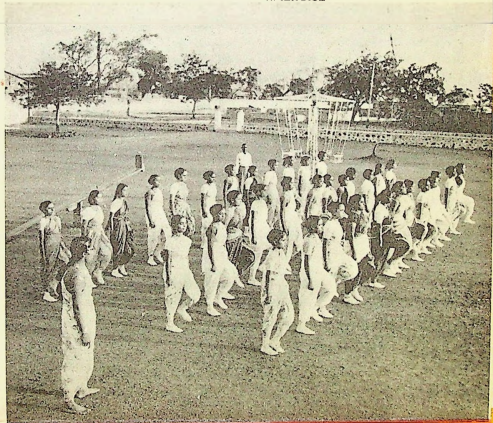
## OUR DREAM

*I can envisage a bright future for K.H.I. only if the institution succeeds in setting up the much-needed Cancer and Leprosy departments. I know the project is an ambitious one, but I also know it is not impossible. If there is the will and the effort, it may not be much difficult to raise the required funds.*

*Another important adjunct the institute will have to think of and establish is a research wing. It is an aspect of medicine which has not received its due importance in a majority of hospitals in India. Without it no hospital is complete.*

Dr. N. S. Hardiker

## NURSES AT EXERCISE



## STAFF

The K.H.I. is proud of its staff members. The success and growth of the Institute is mainly due to the love and labour of all its staff members. It must be gratefully acknowledged that for the interest of the Institute, they have ignored many personal comforts.

## WHERE

MEDICINE IS UNDERSTOOD IN A  
WIDER SENSE AS THE "SCIENCE OF LIFE"  
AND NOT MERELY AS  
"SCIENCE OF HEALING"

## Shri N. G. GANPULAY

Shri N. G. Ganpulay is another great friend and associate of the Institute. Having spent major part of his active life in Germany where, he worked as a link to many Indian industrialists and business people and also served the cause of Independence as one of the associates of Shri Subhash Chandra Bose and the I.N.A., he returned back to his mother country and chose K.H.I. as one nearest and dearest to him and dedicated his all for its development. His life and work is an example to those who desire to help a good cause.

## UNIQUE INSTITUTE

K. H. I. has many unique specialities of its own. Here accent is on cleanliness, orderliness, punctuality, fellow-feeling, and service before self. That is why there is peace and contentment here.

## AMENITIES

The Institute has been able to provide simple yet spacious and comfortable residential facilities to most of its staff members. Amenities like water supply, drainage, flush latrines, electricity, good roads, post, telegraph and telephone facilities, canteen, flour mill, power laundry, libraries & reading rooms, a Meeting Hall for cultural programmes, Projector for exhibiting educational films, temple, garden and playground and a Primary School for the inmates are provided in the Campus. The Physical Training and Drill and morning and evening prayers for all are a daily routine.

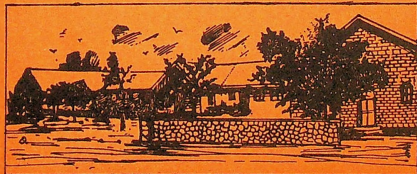


Shri. N. G. GANPULAY

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India

"We have never seen such an impressive centre working so well for such good ends. We have learnt very much about how the ideal Health Institute should function."

Deborrah Richards  
James Richards  
Peace Cops Volunteer



**COMMUNITY HEALTH CELL**  
326, V Main, 1 Block  
Koramangala  
Bangalore-560034  
India

### **BEST MEDICAL SERVICE AT LOWEST COST**

The main object of K.H.I. is to provide the best medical aid at the lowest cost to poor and ignorant people residing in villages away from city hospitals. The charges of operations, beds or special rooms, canteen food and facilities for attendants of patients or the convalescent homes are fixed at the lowest.

### **EQUIPMENT**

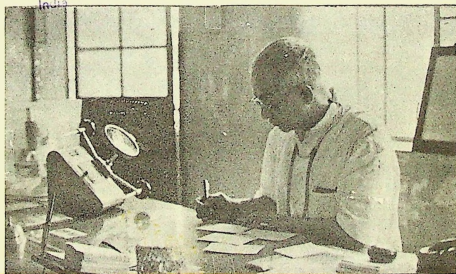
Thanks to the efforts of its self-sacrificing yet far-sighted organisers, benevolent and donors, the K.H.I. has been able to secure all the necessary modern surgical and testing equipment some of which are of very rare type. The hospital has diagnostic X-Ray machine including X-Ray television, advanced equipment for brain, heart and lung surgery. Micro surgery of the ear and telescopic equipments of all types for various surgical procedures. It is therefore possible to render most efficient service and save many lives.

"I had heard a great deal about it (K.H.I.) but my visit has shown me that it is even greater than what I had envisaged"

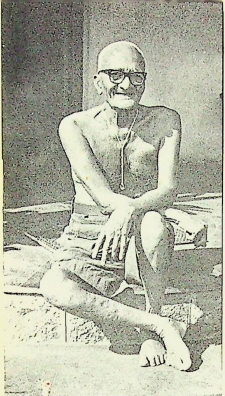
*Late Shri Jayachamaraja Wadeyar*

**COMMUNITY HEALTH CELL**  
326, V Main, 1 Block  
Koramangala  
Bangalore-560034  
India

**Dr. M. K. VAIDYA**







**Dr. N. S. HARDIKAR**

## MAY I APPEAL TO YOU!

Dear friend,

May I appeal for your Co-operation!

The K.H.I. has achieved distinction in the field of Rural Health and Medical Services. But its achievement dwindles into insignificance when compared to the magnitude of the task yet to be done. The man-power resources of the Institute have to be increased many times over, to do these jobs. So far the Institute has drawn heavily on the spirit of understanding and hard work of its workers. But that alone is not enough to tackle the problem ahead.

**The following is our immediate need**

	Estimated Cost Rs.
(1) Rural Health Service ambulances, Staff and other expenses	2,00,000
(2) Quarters for Doctors and Staff	1,50,000
(3) A ward for New Eye Department	1,60,000
(4) Expansion of Chest Hospital	1,00,000
(5) Intensive Care Unit	2,50,000
(6) Scheme for other facilities & services to Patients & inmates	2,00,000
(7) Transport facilities	2,00,000

There is no end to these needs as the motto of K.H.I. is to render more and better service to the poor and the sick. So also there is no limit to the kindness, sympathy followed by generosity of those who have a mind to help a good cause irrespective of the size of their purse. You can help K.H.I. in many ways, to achieve its object, and you alone can decide it in what way you can do so.

Please Co-operate and oblige.

Yours,

*N.S. Hardikar*

43-9

79

**C. W. L.**

# Rural Project Charities

NIRMALA HEALTH CENTRE

SILVIPURA



Kindly donate every month through Sacrifice  
for the Village poor to give them  
relief from pain & suffering

## CONTRIBUTIONS FROM MEMBERS

[illegible]

# THE KARNATAK HEALTH INSTITUTE

GHATAPRABHA

(Dist. Belgaum)

**41st Annual Report**  
**1976**

**1977**

*K. H. I. was registered in 1929*

It started functioning on 5th May 1935

Help since

Office since

Founded by Dr. G. R. Kokatnur of Athani & his friends.

The Governing Council in 1976

1945	President : Shri V. Nimbkar, <i>Khar, Bombay-22</i>	1949
1936	Vice-President and Chairman of the G. C. : Shri V. L. Patil, M. L. A. (Ex-Minister (19-1-75))	1965
1948	Hon. <i>Secretary</i> : Shri B. N. Kanguri, <i>Landlord, Halkarni</i>	1949
1948	Hon. <i>Treasurer</i> : Dr. M. K. Vaidya, M. S., <i>C. M. O. Ex-Officio</i>	1949

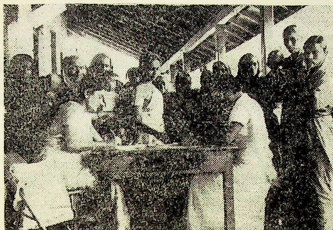
Members -

1939	Dr. N. B. Kabbur, M. B. S., <i>Dharwar</i>	1939
1951	Dr S. D. Vaidya, <i>Pathologist, Belgaum</i> (from 4-5-75)	1975
1957	Shri T. Siddalingayya, <i>Ex. Minister, Bangalore</i>	1959
1959	Dr. A. P. Potnis, L. C. P. S., <i>Chikodi</i>	1971
1960	Shri D. P. Karmarkar, <i>Ex Minister, Dharwar</i>	1965
1968	Shri M. V. Hervadkar, <i>Industrialist, Belgaum</i>	1971
1975	Shri Varadaraj Adya, <i>Bombay</i> (from 2-3-75)	1975
1959	Shri Mukundrao Kirloskar, <i>Poona</i>	1975
1970	Shri M. H. Kaujalgi, <i>Bangalore</i>	1972

Advisory Medical Council

1939	Dr. R. V. Sathe, M. D, F. R. C. P., <i>Bombay</i>	1949
1948	Dr. R. H. Karmarkar, F. R. C. S., <i>Bombay</i>	1949
1939	Dr. N. B Kabbur, M. B. S., <i>Dharwar</i>	1949
1948	Dr. M. K. Vaidya, M. S., <i>C. M O. Convener</i>	1949

## NEW SCHEME



Mrs. Sujatha de Magry training the village workers.

## OXFAM AT K. H. I.



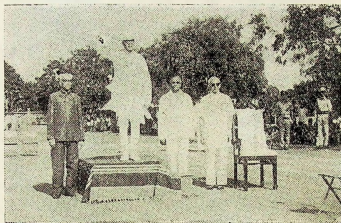
OXFAM office bearers in K. H. I. Nick Gardener, R. Shrikanth, Russel Richards, Leslie Durham, Russel Thompson, John Wallace and Mrs. Sujatha de Magry. Also with them are Dr. M. K. Valdia, Mrs. V. M. Valdia and Mr. V. A. Jambe



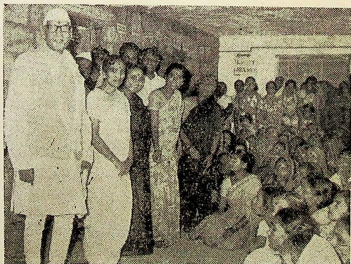
## STILL AN INSPIRATION



H. E. The Governor at Dr. Hardiker's Samadhi with Shri V. Nimbker, Shri T. Siddalingayya, Shri V. L. Patil and Shri V. Molly



H. E. The Governor with President, Chairman and C. M. O., takes salute from Nurses, students and Seva Dal Volunteers



H. E. Uma Shankar Dixit and Hon. Shri Molly with Mahila Mandals, Smt. Vaidya and Shri V. L. Patil.



Shri Rajani Patel and Smt. Bakul Patel with Shri V. L. Patil, Dr. Vaidya and Dr. Usha Savalker, after naming Smt. Kunda B. Datar Memorial Blood Bank



Shri & Smt. Patel with members of G. C. after they had performed the Bhoomi Pooja for the mini museum of education



Shri & Smt. Patel with members of G. C. and Shri Ganpuley

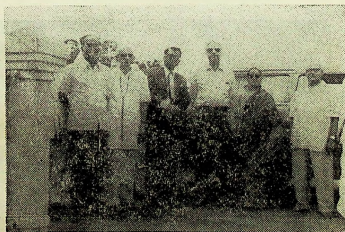
## DEVOTION AND REVERENCE



Hon. V. L. Patil and Smt. Arunadevi. First act after he was sworn in as welfare minister

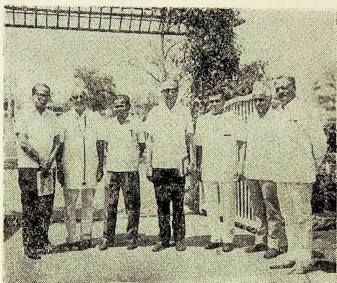


A generous donation, Ambulance from Shri Arvind Mafatalal, for village services.

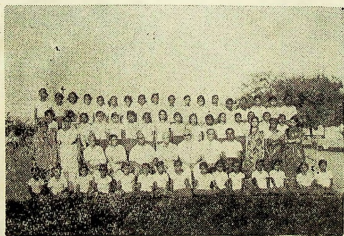


Shri G. V. K. Rao, Chief Secretary of Govt. of Karnatak, visits K. H. I. Seen with him are Chief Engineer Shri Angadi, Divisional Commissioner Shri Dubhashi, C. M. O., Smt. Rao and Shri Ganpuley



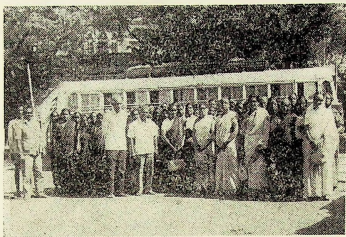


Commissioner for Health, Shri Narsinha Rao visits K. H. I.

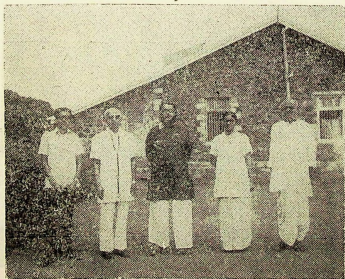


Shri B. N. Datar with Holiday Home girls and K. H. I. staff

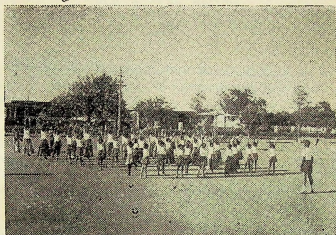




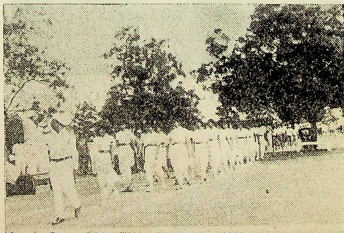
Village women on a tour in Sholapur with their bus and hosts.  
This was their fourth venture this time through Maharashtra



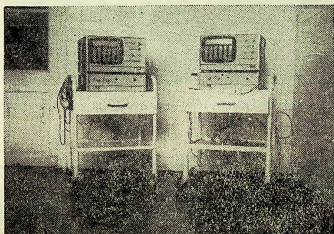
The great thinker and preacher Shri Datta Bal came, stayed and blessed  
the work & liked it.



Holiday Home girls at the drill



H. E. The Governor taking salute from Nurses



The two Intensive Care units donated by Shri B. N. Gupta

## 41 st ANNUAL REPORT

1976

We are pleased to place this brief annual report of the activities of KHI during the eventful year 1976 progressive as usual despite many difficulties.....

The year has actually proved full of eventful happenings thanks to increasing sympathy, support, and attention drawn to it from various quarters as an Institution which needed all help when great pillars who nurtured it as an ideal for the country of poor people had passed away in such a short period and left it to juniors in the line.

Loss of Dr. N. S. Hardiker, Shri S. V. Kirloskar, Shri B. N. Gupta, Dr. N. B. Kabbur and with the new year coming in Shri N. G. Ganpuley followed in quick succession and were really irreplaceable. But they had all played their parts well and had also created a second line of workers who could grow in their stature to similar heights of performance by the time they matured to the ages of these stalwarts.

Loss of active support and advice of personalities like Dr. R. V. Sathe and Unitarian Service Committee and its able founder director, Dr. Lotta Hitschmanova, were also bound to be felt.

And yet, all their goodwill and backing on even moral levels was no small power as shown by the events.....

COMMUNITY HEALTH CELL  
326, V Main, 1 Block  
Koramangla  
Bangalore-560034  
India

## REPORT OF ACTIVITIES

Despite difficulties and losses in manpower during the year, K. H. I. continued on its journey unabated during this year also, thanks to many new factors which came in to support the deficiencies created.

### The Governing Council

Governing Council has been meeting most regularly as usual and all the members have been taking keener interest in daily working of the Institution with a feeling that due to losses of great stalwarts during the year, and those who actually stayed put in the campus and gave active support, guidance and help to the Institution, had to be replaced by special effort and attention.

A new loss was the death of Dr. N. B. Kabbur after a protracted illness. He was also one of those who always took deep interest in K. H. I., was one of the first few actively interested since 1938, and the oldest member of the Governing Council who had taken part in every phase of the Institution as a man relied upon for useful developments requiring experienced guidance.

The rest of the members of the G. C. have done considerable hard work during the year which has resulted in unusual push to the Institution towards its ideals, stability, and increasing friendships and supporters. Particularly, Shri V. L. Patil, Dr. S. D. Vaidya, Shri M. V. Herwadkar, Shri Varadaraj Adya, Shri M. H. Kaujalgi, Shri Mukundrao Kirloskar and Shri B. N. Kanguri etc., have shouldered lot of burden.

### General Body

The General Body met as usual to pass annual budget, approve annual report, and audited accounts and to elect the office bearers.

Following were elected unanimously:

Shri V. Nimbkar	Hon. President of General Body
Shri V. L. Patil	„ Vice President and Chairman G. C.
Shri B. N. Kanguri	„ Secretary
Dr. M. K. Vaidya	„ Treasurer
Messrs D. B. Kulkarni	„ Auditors

### Medical Staff

All the Doctors continued to work hard as before. Dr. V. P. Kanakaraddi left to start his private practice. Dr. Bhaskar Rao was appointed as a trainee

### Medical Work

1. Important statistics of various sections are given in the appendix and indicate the rate of progress during the year under report.

2. Maternity, sterilisation, and immunisation programmes have shown more progress.

3. Services to Postal, South Central Railway and E. S. I. patients were continued as in the past.

### Educational Work

1. Nurses training schools have also been working satisfactorily.

2. Primary school and Balawadi have continued their work well and have indicated confidence of the parents.

3. The craft school is further expanded and improved after the two new trainees returned after completing their training satisfactorily. Bamboo craft and laquer work have been started by them. Hard toys, Soft toys, fret work, Tailoring and painting works go on as before.

### Social Work

1. All the village schemes except the intensive medical work have been maintained with enthusiasm of the villagers. The new Health scheme introduced with help from OXFAM uses local idle talent to enhance the advancement of the villagers. This is a very promising new start and we are watching the results keenly. The old Mahila Mandals have already adopted 4 new Mahila Mandals in neighbouring villages making the total now equal to 12 centres.

2. The Holiday Home was conducted this year also. It was decided to have two camps of 50 children each and twice a year. A camp of 50 girls was then taken, conducted for 15 days, and results of smaller group were being studied.

3. A camp of school teachers was conducted in K. H. I. at the beginning of the year. In all 72 female school teachers were accepted for the 10 day camp.

4. "News Letters" in Kannada and Marathi have continued to come out most regularly as before on the 5th of every month.

5. Due to difficulties of management once again an experiment was tried by handing over the canteen to a contractor who professed great



National feeling and attachment and reverence to Dr. Hardiker etc. But the experiment proved a failure and it had to be taken back in hand.

6. Struggle to improve water supply still continues. The problem still remains unsolved. Government is now trying to help at least to give a potable water supply to the Institute. The work is in progress.

7. Government Dairy at Belgaum has continued its supply but with one great and unfortunate difference that the quantity of milk fat is reduced officially and prices have been raised for the watery milk. Which is not very happy when needy patients are concerned. Representations to the authorities have not been of use.

#### K. H. I. Hospitals complex in the year 1976

1. Rajyapal Shri Dixitji and Minister Shri Moily paid a visit on the occasion of observation of first anniversary of Dr. Hardiker's death. They eulogised the work of Dr. Hardiker and K. H. I. and offered all help. A life size photo of Dr. Hardiker was unveiled. A souvenir was Published, Exhibitions of i) Photographs of Dr. Hardiker, ii) autobiography of T. B. germ, iii) Pictures of village services of K. H. I. and iv) of a rally of 100 school children around, were opened by them.
2. Shri Rajni Patel and Smt. Bakul Patel paid a visit, studied the Institution in great detail and offered all their help to carry on its work.
3. O X F A M Officers paid visits many times and helped to start a rural programme of uplift of village women and children particularly through education, maternal and child care, health surveys, family planning, medical aid, T B detection programme etc., step by step and through the local village trainee as a new experiment added to the already existing K. H. I. programmes. This work is promising good results in several directions.
4. Shri B. N. Datar, Ex Labour Secretary, Govt. of India, and Director, Ambker Institute for Labour Studies, Bombay, gave a generous donation in the name of his wife which has made it possible for K. H. I. to give free blood transfusions to the needy patients in K. H. I. always and in her name.
5. The Historic man.. Shri N. G. Ganpuley, who helped Subhas Babu in starting the I N A in Germany came to stay in K. H. I. to help it. He gave all he had to the Institution and now even himself.

For, at 82, he was still very active and had already planned to build a health education centre in K. H. I. and was working hard on it.

6. Govt. of Karnataka gifted a drinking water supply scheme to K. H. I. and it is now being implemented. It will be, in the first phase costing about Rs. 90,000/- extensions will be later considered to make it complete.
7. Two intensive care units were donated to the Institution by Late Shri B. N. Gupta thus elevating further the standards of service and life-security to the patients in rural areas around.
8. A Bakery unit and a rural dairy scheme were aided by C. S. W. Board, New Delhi, and have been making good progress.
9. Workers were sent to Bangalore for training in Bakery, Lacquerwork, and Bamboo craft and they have come back and started the sections.
10. Mahila Mandals were raised from 8 to 12 this year and all work done by them is spread to newer villages with confidence and enthusiasm of experience.
11. U. S. C. of Canada has left India after 22 years of work for rural uplift. They have, however, given an endowment trust from which the work of the rural uplift through women will be perpetuated and spread year after year.
12. Mahila Mandals had a long educational trip through Maharashtra conducted as in the past years, entirely by themselves.. economically, and successfully,
13. Family Planning work has shown an intensive rise this year. This was in the K. H. I. way only, without any compulsions and fear of punishments.
14. Shri Arvind Mafatlal gave a great support to the closing village medical service by donating a badly needed mobile unit and running expenses for the same. This has given a new life to these vital services which cover several aspects of rural uplift work.
15. Immunisation programmes, TB detection and treatment scheme, have also grown with above measures and facilities. More villages are being taken up.

16. Visits of Chief Secretary G. V. K. Rao, Commissioner for Health, Chief Engineers, and several Ministers has given additional phillip to the works on hand or new. Saint Datta Bal stayed here and blessed the Institute in several ways. Smt. Sarojini Iyer of U S C of Canada, Chairman, K. S. Khadi and V. I. Board, OXFAM Office bearers of England, came with plans to make K. H. I. more stable and more progressive with their own help and plans. They are already working, and showing results.
17. National Holidays and Holydays were observed with all seriousness. Geeta week was conducted by Brahmachaitanya Maharaj, Pravachans by Shri Datta Bal and classes of Transidental Meditation by representative of Maharshi Mahesh Yogi. Daily thrice, prayers were broadcast to all campers as usual.
18. New bulletins, water, electricity, roads, boundaries, primary school, Balwadi, libraries, craft school, nurses schools for A N M and full training, were all continued as before with improvements wherever possible
19. Bhuvaneshwari Art Productions artists and producers visited K. H. I. and liked the Institution, its atmosphere etc, so much that they decided to produce and have now produced a feature film on KHI and its activities. It will be presented to KHI when finally ready.
20. OXFAM of England who helped KHI to start new ideas in rural development, have appreciated the effort and result so much that they have been sending various social worker groups seeking aid from them to KHI to study its approaches to the problems of rural uplift. Several such missions have come, stayed, studied, and gone in recent months and more are coming.
21. Idea of a new Society to aid KHI in its services without raising their charges and without depending on any outside agency for its stability, is being planned. Khadi Board, and Small Scale Industries Institute etc., have taken considerable interest in this idea and soon fruits of their co-operation are expected to show.
22. Lady Teachers' training camp was held this year also besides the Holiday Home for children of villagers for 15 days. "Well living week" and regular bimonthly "women leader training scheme" were continued as before and its results have been more and more fruitful from our as well as their point of view.

23. Specialist camps in eye diseases, dental disease and children's diseases were also held during the year as opportunities provided.
24. During the year, our chairman was called upon by the Government to join the Ministry and he finally agreed to become the Welfare Minister and minister for scheduled casts and tribes, which was his pet subject.
25. Several articles were written in Kannada press, Marathi press, and a special mention of silent work of Smt. V. M. Vaidya was made in the "Congress organ" the Socialist India and the "Agriculture and Agro Industries journal."

#### Diary of important occasions in the year 1976

##### January:

- 5-1-1976 Lady teachers training camp by Shri Ingale 72 teachers.
- 13-1-1976 Felicitation to Smt. Vaidya at Belgaum on behalf of Belgaum. Sahitya Sangh. Similar felicitations were held at the village and Taluka level earlier. For her 20 years of hard work for rural women and villagers.
- Visitors: Hon. K. T. Rathod, minister for Fisheries and Horticulture  
Shri Mohanrao Deshpande, M. L. C.  
Shri K. Govindarao Asst. Dir. of Industries,  
Supt. and Dist Surgeon, Belgaum
- Donors: Rs. 10,000/- from Shri Arvind Mafatlal for village health work, Govt. of India, Ministry of Health, for ambulance van.

Concession: 222 patients Rs. 7559-87.

##### February:

- 10-2-1976 Shri Chakravarti of Maharshi Institute spent one week at the call of Shri Gupta to introduce the method of Transidental meditation to workers of K. H. I. Lectures with slides practicals and introduction to the system for many.
- 22-2-1976 Maharashtra Darshan trip by 50 village women under guidance of Smt. Vaidya assisted by Dr. V. G. Kulkarni and others.

**Visitors :** Dr. R. R. Divakar, Shri Jyothi Santhan, Dy. Commissioner, M. L. A. s from Bangalore to meet Shri B. N. Gupta, and Smt. Sujatha de Magry of OXFAM, Smt. Bimba Raiker, member of K. S. S. W. Ad. Board, Bangalore.

**Donors :** Intensive Care unit, first of its kind by Shri B. N. Gupta  
Central Social Welfare Board .... a bakery unit.  
a rural dairy unit.  
Khadi and V. I. Commission .... part of a Gobar plant.  
Sadgru Seva Sangha, Bombay An ambulance  
(Seth Arvind Mafatlal)

**Concessions :** 233 patients Rs. 6,942-49.

#### March 1976

**Donations :** A very generous donation by Shri Bhagwantrao N. Datar to name the Blood Bank as Smt. Kunda B. Datar Memorial Blood Bank and to use the interest for free blood transfusion to K. H. I. patients about 150 every year.

Maintenance grant for 10 sterilisation beds: Govt. of India  
T. D. B., Gokak for water supply scheme.  
K. S. S. W. Ad. Board for welfare work and for nutrition programme  
Shri P. M. Mane .... consulting engineer, Bombay, who has been most regularly donating his might generously for the past 6 years.

**Concessions :** 193 patients Rs. 6,481-77

#### April 1976

**New Schemes :** Separate Implimenting Committees formed for the Bakery and the Dairy units and work started.

23-4-1976 Holiday Home for girls started as usual 50 girls

28-4-1976 Shri Datta Bal of Kolhapur, a mystic and social reformer stayed at K. H. I. and gave address to inmates

**Concessions :** 214 patients Rs. 8,816-55.

#### May 1976

2-5-1976 New Mahila Mandal inaugurated at Uparatti through Maldinni Mahila Mandal.

5-5-1976 Second village women's conference at Yadwad 94 members came.

Concessions : 270 patients Rs. 9,676-27.

7-5-1976 Closing ceremony of 16th Holiday Home. Shri B. N. Datar was present.

"50 years History of Seva Dal" by Shri S. V. Inamdar released at the hands of Shri N. G. Ganpuley.

"Parag" handwritten magazine by girls released by Shri T. Siddalingaiyya.

Late Dr. Hardiker's birth anniversary observed with full respect.

New Scheme : New addition to rural Health work with OXFAM help and guidance.

June 1976 :

2-6-1976 "Better Living Week" 24 ladies from 7 villages

6-6-1976 Shri K. C. Narayan, Dir. S. I. S Instt., Hubli, came to help work of KHI Bakery.

8-6-1976 Smt. Sushila Padiyam of "island of peace" Tamil Nadu, came to see KHI rural work.

11-6-1976 Shri Datta Bal spoke on functions of inhabitants of this earth.

28-6-1976 Third V. W. conference 94 ladies from 12 villages

Donations K. S. S. W. Ad. Board for welfare activities & Nutrition

Concession : 225 patients — Rs. 7, 162-14

July 1976 :

13-7-1976 Smt. Sujatha de Magry of OXFAM came specially to train the village level workers already selected for the new schemes. She spent 12 very valuable days at our request and gave intensive training to our workers and initiated them into the main stream of work very well indeed.



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July 1976:

13-7-1976 Smt. Sujatha de Magry of OXFAM came specially to train the village level workers already selected for the new schemes. She spent 12 very valuable days at our request and gave intensive training to our workers and initiated them into the main stream of work very well indeed.

28-7-1976 Hon. Eva Vaz paid a visit to KHI and her homage to departed elder Dr. Hardiker. She was kind enough to enquire about the needs of KHI and its welfare.

New plans: A Dr. Hardiker Memorial Health Education Centre and Museum and library is under conception.

Donors: Shri B. N. Gupta for the second I. C. Unit.  
Gokak Mills Charitable Trust  
Hind Seva Trust and Shri R. Shrinivas Rao.

Concessions : 248 patients — Rs. 9, 452.04

August : 1976

4-8-1976 Shri Rajani Patel and Smt Bakul Patel visited K. H. I. at the instance of Shri V. A. Adya and others. He was visiting after nearly 25 years. With great interest they both saw every part of KHI, and also the surrounding areas and sceneries.

Shri. Patel named the Blood Bank after Smt. Kunda B. Datar as desired by us and his friend Shri B. N. Datar and inaugurated her portrait, kindly presented by her husband. Smt. Patel obliged by helping the Bhoomi Pooja of the Mini Museum of Health.

They both appreciated the progress and work of KHI and also the climate, arrangements in the Institution for patients, attendants, visitors etc.

15-8-1976 30th Independence Day was celebrated as usual with programmes during the day and performances by students in the night.

20-8-76 Scientific films shown by mobile unit of Sir Vishveshvaraiyya museum

25-8-76 4th Village Women's Conference 107 members from 12 Villages decided to pay more attention to health scheme now started for children, pregnant women and patients with cough.

They halted to meet H. E. the Governor and to take part in the celebration of 28th .... the first death anniversary of

Dr. Hardiker, and put up an exhibition of their work of 20 years.

25-8-75 The first death anniversary of Dr. Hardiker was observed with all solemnity from very morning. H. E. the Governor was specially present.

He saw the working of KHI with great personal interest and in all detail....

He opened exhibitions of .....

- a. Photographs of Dr. Hardiker
- b. Autobiography of T. B. and evolution of fight against T. B.
- c. Rural schemes of KHI evolved through past 20 years
- d. Ralley.
- e. He also unveiled a life-size painting of Dr. Hardiker in his Seva Dal uniform.

The Governor paid glowing tributes to the great man and his outstanding work for the Nation and the youth. He wished well to the Institution and suggested that this Institution should be run mainly on methods of K. H. I and should also be preserved with help from the Central and State Governments. They should supply the know-how and the finance wherever necessary while KHI should continue to run it in its own idealistic style.

#### Visitors:

10-8-1976 Shri G. V. K Rao, Chief Secretary to Government of Karnatak, paid a hurried visit to enquire about the needs of K. H. I. and its working.

26-8-1976 Innumerable distinguished guests, friends and admirers and colleagues of Doctorsaheb visited K. H. I. particularly on 26th to participate in the observation of the anniversary of their departed patriot and friend and Guru. Among the rest, Government officers, Minister Moily, Minister C. N. Patil.

Donors :        Shri B. N. Gupta                                for the I. C. Unit  
                      Shri Rajani Patel                                for H. E. Centre,  
                      Mangal Metal Works, Belgaum    for Bakery unit.

Concessions : 299 patients Rs. 9,871-81.

#### September 1976

- 5-9-1976        The G. C. met with a felicitation resolution for Hon. V. L. Patil for his having been chosen to be the Minister of Cabinet rank in the Karnataka Ministry and for his having accepted the position.
- 13-9-1976        A new and 10th Balawadi was opened at the village Tokaratti under the village activities programme of K. H. I.
- 17-9-1976        A drama on 20 point programme was staged by Mahila-Mandal of Gokak under the leadership of Smt. Mandakini K. Kulkarni for the K. H. I. workers.
- 19-9-1976        Shri K. T. Rathod, minister for fisheries, visited again to pay his respects to the memory of Dr. Hardikar.
- 24-9-1976        Shri Mohanrao Hubliker, a great admirer of K. H. I. and Dr. Hardiker, Shri. Ingle and other directors and staff of Bhuvaneshwari Art Productions came here specially to produce a documentary in colour on the work of Karnatak Health Institute, and completed a full feature film.
- 25-9-1976        Geeta Jayanti week was solemnly observed from this date as usual. This year, however, an advance feature was the time given by Shri Brahmachaitanya of Chinmaya Mission from Bangalore who gave excellent lectures and conducted prayers daily morning and evening which were also broadcast for the benefit of those of the workers and patients who could not join them in the prayer hall.

#### Donors :

H. E Shri Uma Shanker Dixitji, Governor.  
 Shri B. N. Kanguri  
 Shri B. N. Medhe Powar of Kolhapur.  
 K. S. S. W. Ad. Board                                for nutrition programme.

Concessions : 228 patients Rs. 9,754-50

## October 1976

- 11-10-1976 Seven representatives of OXFAM, four from England and three from Bangalore paid a specially arranged visit to K.H.I. to study the Institution and progress of the new scheme of Health development and services started this year with their help. They were pleased that it was going according to expectations and having a good impact on the beneficiary villagers.
- 16-10-1976 Shri C. Y. V. Rao, Regional Manager of I. O. C. Madras, along with others visited to study the Institution and its work in villages particularly.
- 29-10-1976 Shri Bodh Priya and his family again visied and stayed here for three days to work out scheme for implementation in the villages with the collaboration of the I. O. C.
- 30-10-1976 Fifth Village Women Workers' Conference. 102 members 12 villages. Sister Concepta of Tumarikop and her assistants were specially deputed with OXFAM help to study the new scheme and to make a detailed report to OXFAM in Bangalore.

## Donors :

Shri N. G. Ganpuley	for Dr. Haradiker
Shri Prataprao Patil, Byakud	Memorial Health
Dr. R. K. Start Canada	Education Centre

Concession : 320 Patients Rs. 11,429-97.

## November 1976 :

- 26-11-1976 " Geeta Jayanti Week " was observed by K.H. I. inmates. Shri Brahmachari Brahmchaitanya of Chinmaya Mission, Bangalore, conducted the entire programme this year by teaching Hymns to the attendants, in the mornings and by giving discourses in the evenings. These were broadcast for the inmates who could not gather in the hall for the same.
- 30.11.1976 Bhoomi Pooja of new water supply scheme for drinking water was perfromred at the hands of Hon. Subhash Asture, Minister for Major Irrigation. The function was arranged



by P. W. D. through Hon. V. L. Patil, Hon. Minister for Social Welfare and was attended by many dignitaries.

**Donors :**

Hind Seva Trust, Hubli  
Smt. Ratnabai Mirji, Belgaum.

Concession : 270 patients Rs. 11,358-40

December 1976

- 1-12-1976 " Better Living Week " for village women  
19 ladies attended
- 3.12.1976 " Ya, Ghar Tumchench ahe " ( Come, the house is yours only ) was the title of the Marathi Drama presented by the Kirloskarwadi club as a gesture of goodwill and hospitality to workers of K. H. I. Smt. Shashikala Kirloskar took all the initiative and arranged though it did mean so much inconvenience to the amateur artists and the club members. Smt. Sindhutai Gune gave all help they needed, and also her permission.
- 8-12-1976 An All India Handicraft Week was observed in Gokak. Udyoga Kendra of K. H. I. was asked to take one stall. This was adjudged the best and received the first prize, a plaque and a Certificate.
- 16-12-1976 Smt. P. Ghei, Inspector, Indian Nursing Council, New Delhi, Smt. P. Ghose, senior tutor, L. H. Medical College Hospital, came to inspect K. H. I. nursing school for the first time since 1955. They were very pleased and suggested a number of improvements in which they could help.
- 26-12-1976 Major Nijananda Bal from Poona specially visited to study the village women's work in and around K. H. I. He attended the bimonthly conference too.
- 27-12-1976. Sixth Village Women's Conference was held this time by invitation, at the Somaiyya Sugar works, Sameerwadi.  
106 members from 12 villages attended. The Sameerwadi Mahila Mandal hosted the crowd and had made extensive arrangements under the patronage of

Shri and Smt. Ananda, Chiefs of the factory and Mahila Mandal respectively

The women also enjoyed the new place and the arrangements made for them.

Donor. :

Hind Seva Trust, Hubli.

Dr. Hadikar Memorial

Shri. M. G. Bhat, Bombay

" "

Concession: 277 patients Rs. 10,237-85

Thanks to our benefactors ....

One of the most pleasant tasks of our annual report is to report the obligations from innumerable people who voluntarily come forward to help the maintenance and growth of the Institute and its various activities with a personal feeling and an unusual desire to contribute to its activities.

This growing family of benefactors is a rare fortune. It is impossible to mention all that we feel for them or to mention everyone of them. And hardly any of them actually demand public recognition. Their satisfaction lies in observing that the Institution they help is doing useful and honest work and nothing more.

No one goes however, without our expression of thanks on personal level. A few, particularly organisations, may be mentioned here.....

1.....Government of India, Ministry of Health, has given an ambulance so badly needed and help to conduct the F. Pl. programmes in K. H. I. way.

2.....Seth Arvind Mafatlalji has also gifted one ambulance and running expense for continuation of the Village Medical Services which had to be stopped last year.

3.....The paying class of patients have always been the backbone of the Institutional running expenses. It is left to us to make judicious use of their payments so that the Institution runs well and also grows well.

4.....During this year particularly almost all the Ministers of Govt. of Karnataka from Chief Minister downwards, their various departmental heads and the Chief Secretary, Shri G. V. K. Rao, Commissioner for Health, and Muni. Admi, Shri Narasinha Rao, and Chief Engineer, Shri Angadi, Divisional Commissioner and District Officers have paid additional attention to the K.H.I. needs and blessed it with so much assurance and help. Free supply of B.C.G. and smallpox vaccins has made immunisation work grow fast.

5.....H. E. Shri Umashanker Dixitji has graced it with his presence, careful study of its various sections and work and final advice that the Institution must be run with the same ideas by the K. H. I. authorities and should be helped by the State and Central Government with know-how and finance wherever necessary. It is a high tribute coming from an old disciple of Dr. Hardiker and an ex-Health Minister of Govt. of India, claiming at the same time that he has seen number of Institutions in India and abroad but found K.H.I. unique in his experience, and deserved to be preserved well.

6.....Unitarian Service Committee of Canada and its Executive Director and also a precious patron of K. H. I. whose final gift has made it possible to continue forever, the village services for women children, and others in a unique way.

7.... ..Central Social Welfare Board and its State Advisory Board who have given an additional responsibility of developing the Bakery and the rural Dairy units besides their previous schemes of women's and children's welfare in villages.

8.....Editors and donors of following newspapers whose kindly gestures have made it possible to have world news at the campus through various channels for the benefit of the Institutional population.....

Kirloskar, Stree, Tarun Bharat, Belgaum Samachar, Gomantak, News from Israel, German News, Soviet Desh, Bulgaria, France, Sandesh, Centre Calling, Dal Samachar, Rashtra Seva Dal Patrika, Bharat Wani, Kurukshetra, Women on the March, Kalyan Yatra, World Health, Nav

Elind, Samyukta Karnatak, Karmaveer, Sakal, Pudhari, Poona Daily News, Prabhat, Simha Vani.

9.....Syndicate Bank for its various services

10.....Dr. R. K. Start. Canada, for his continued subscription for "Chest" magazine and deep interest in K. H. I. and various gifts he has been sending for the hospitals.

11.....Shri M. B. Kher, Shri K. D. Kulkarni, Shri Shamrao Kulkarni, Dr. V. G. Kulkarni, who have been carrying on so much of the day-to-day work of the Institute rendering the family ties stronger and meaningful, and reducing considerable burden from the shoulders of the patients who ultimately, are our real supporters.

12.....Visiting Doctors Sudhir Joshi, S. D. Vaidya, and M. K. Deshpande who have been doing valuable bit to maintain and raise service standards of K. H. I.

13.....Shri K. Govindarao, Dy. Asst. Dir. of Industries, and Shri K. C. Narayan Rao of I. S. I. and Vet. Surgeons of Gokak, for having agreed to work on our implementing Committees for Bakery and Dairy and given valuable status and advice when needed.

14.....Mr. and Mrs. Skillen who have continued to be the President and Vice-President of the Blood Bank and also helped us in several ways.

15.....Shri. Rajani Patel and Smt. Patel who paid a detailed visit to K. H. I. and vowed themselves members of the K. H. I. family, appreciated the work and gave generous donation for its progress.

16.....Shri B. N. Datar, Director, Ambekar Institute for Labour Studies, Bombay, who joined the family wholeheartedly and with his very generous donation has made it possible for us to name the Blood Bank after his wife Smt. Kunda B. Datar and give free blood donations in her memory and name to the needy patients in the K. H. I.

17.....Smt. Ratnabai Mirji whose donation to K.H.I. in memory of her husband and the sentiments she expressed about the Institution and Dr. Vaidya despite the calamity have indebted us all for the height of her feelings and as a character of Indian womanhood.

18.....OXFAM of England, their local office bearers Shri Srikanth, Shri Gardener and Mrs. Sujatha de Magry have done a yeoman service to our village uplift work. Their keen interest in our work was further demonstrated by a special team of their office bearers of England paying a visit and studying the work so soon after it was started. We are thankful to them all for the troubles they took and the help they have extended.

19 .....To Shri Manjunath, Chairman of Khadi and V. I. Board, for kind visit he paid to get acquainted with K. H. I., to pay his respects to the memory of Dr. Hardiker, and to see how he could help development of the rural areas around with his might. Subsequently he has planned some industries to be introduced and it promises to be a good beginning in memory of Dr. Hardiker.

20..... Shri M.G Bhat of Automatic Electric, Bombay, for his very generous donation for the development of the Health Education Centre, and considerable help for securing important surgical equipment with great ease.

21..... Shri N. G. Ganpuley...who has paid considerable amounts from his savings etc., for the Akshayya Nidhi and also for the Health Education Centre which he had made his first cause and for which he was working hard to make it take good shape before he left this world. It was his trait never to seek any benefits for himself not even a name or fame. Even this centre, he was keen to make it a memorial to Dr. Hardiker whom he admired for all his qualities and achievements of outstanding nature.

22.....Late Shri B. N.Gupta, another of the devout followers of Dr. Hardiker who had decided to come and stay and work for K. H. I. despite his growing cancer and miserable condition of health. He tried his best to the last. He also offered and gave generous amounts for

buying two intensive care units which would make K. H. I. richer in treatment facilities to patients in rural areas.

23. He was also responsible to secure services of Shri Chakravarty of Maharshi Maheshyogi for the inmates of KHI and arrange to introduce many to the concept and practice of Transindental Meditation.

24. The TDB, Gokak, through the good offices of Shri P. R. Dubhashi, IAS, Divl. Commissioner, gave generous donation for purchase of a pumpset for the water supply problem of the Institute. Shri Dubhashi also moved Government impressing the need of potable water supply to the Institute and was instrumental in getting a scheme for permanent supply solution initiated.

25. Shri Mohanrao Hublikar and his partners in the Bhuvaneshwari Art Productions, Hubli, have done a rare service to the KHI and memory of Dr. Hardiker by producing a documentary in colour on the activities of KHI. A unique idea which came out of inspiration due to attachment and reverence to the Great man.

26. Gokak Mills Charitable Trust and Shri D. J. Madan its Director, have always kept an appreciating eye on the Institute and helped it generously whenever opportunity presented. Shri Madan has also been giving personal help and consideration to KHI.

27. Shri P. M. Mane, Consulting Engineer, Bombay, has also been extending his helping hand every year to the cause of KHI with feelings of personal attachment.

28. Smt. Vimal Kulkarni has borne the expenses of training Shri Jathal, Matron Smt. Tinaiker and Smt. Shanta Samant have been contributing to Dr. Hardiker Memorial Fund every month. Dr. Smt. Bhagwat has been also donating to KHI generously every month. Shri R. Srinivas Rao has made it a point to give all his pension to KHI for its welfare and growth, and continues to donate it this year also.

29. Last but not the least... the most devoted workers of KHI; a large number of them, working with satisfaction and devotion without being influenced by any temptation and attraction, some without remuneration.

ration, others with whatever the Institution can pay, but with a satisfaction that is rare for the solid backbone of the Institution and have shown themselves more solidly during a crisis tried to be precipitated by fewer and unconcerned workers this year.

Mahila Mandals in the eight villages have brought credit to themselves and also to the Institution thanks to ceaseless efforts of Smt. V. M. Vaidya for the past 20 years and a patient work among a class that neither understood her language nor had the education to follow modern thinking.

This silent evolution from the stage of fear of the newcomers to the stage of being bold enough to rise and raise buildings for social works like balwadis, mahila mandals, maternity centres, Holiday Home clubs, preventive work, family planning work, etc., raising their own funds and changing their outlook and boldness is something that is now being highly appreciated by many organisations and individuals of understanding as outstanding.

Each of the Mahila Mandals have now taken up the work of awakening another village and have already formed four additional mahila mandals which are following the path of their leaders and benefactors.



## Appendix

## Medical Statistics 1976 and also of various other services

		1975	1976
Outdoor :	New Cases	19,811	20,460
	Total attendance	35,760	34,435
	Daily average	97.9	94.3
	Village Outdoors	4,615	15,010
	General Total	40,375	49,445
	Total average daily attendance	110	135.4
	Outdoor visits by staff also P. W. D. colony	196	184
Indoor :	New Cases	5,560	5,907
	Total Cases	5,863	6,196
	Daily average	302.1	301
Female :	Total attendance	8,149	8,311
	Obstetrics & Gynaec	4,420	5,034
	Gynaec only	1,368	1,816
	Obstetrics only	3,052	3,218
	Deliveries: i) Institutional	1,392	1,428
	ii) Domiciliary	423	438
	iii) Tubectomies	660	913
Children :	Outdoor	1,391	1,533
	Indoor	361	356
Total patients treated free or at concession		3,295	3,257
		Rs.	
costs of treatment		1,09,756.21	1,12,291.15
Operations :			
	Total	4,035	4,049
	Major	613	596
	Medium	1,200	1,404
	Minor	2,222	2,049
X-Rays :	Screening	1,923	2,388
	X-Rays	9,517	9,810
Physiotherapy:	With use of machine	1,246	1,735
	Massage & Exercise etc.	1,670	1,465
	Total cases	359	376

		1975	1976
Pathology :	Total	44,379	43,743
	Blood	16,511	18,955
	Urine	14,587	11,771
	Stools	5,456	6,460
	Sputum	4,250	3,037
	Special tests	3,575	3,570
Dentistry :	Total cases	2,313	2,460
	Extractions	3,007	2,986
	Scalings	79	50
	Fillings	127	89
	Dentures-Full	33	36
	-Partial	52	78
	Others	207	158
Nandanvan : (Sanatorium)	Outdoor	2,351	2,340
	Indoor-New	424	372
	„ -Total	568	524
	Screening	215	543
	Operations	23	36
	Laboratory	10,754	9,157
Blood Bank :	Bottles - Total Blood collected	152	183
	„ - Blood issued for K. H. I.	126	173
	„ - „ „ for outside	17	8
	„ - „ donated by Relations	3	9
Dental Clinics 12 Visits :		51	48
at Gokak Falls :			
	Total cases	376	344
	Extractions	387	472
	Sealing	18	—
	Others	92	51
Eye Camp :		1	
	Total cases	76	
Dental camp :		5	
	Total cases	276	
	Extractions	121	

	1975	1976
Immunisation : B. C. G.	2,182	4,456
Small Pox	1,481	1,498
Polio	1,402	2,966
Triple antigen	1,147	2,925
Other Departments		
Nurses School : ( Passes )		
Full Course I, II, III	12	18
A. N. M.	14	8
Balwadi & Primary		
School :		
Balwadi	65	56
Primary School	133	129
V. Final Exam.	9	9
Hindi Exams. 1st, 2nd	17	11
Craft School : Trained	29	19
Articles :		
Soft Toys	492	369
Hard Toys	1,137	863
Tailoring articles	3,061	3,321
Polythene bags	55,891	2,146
Surgical appliances	39	21
Canteen :		
Total services :		
Meals & breakfasts	2,44,910	3,13,950
Reserved beds :		
E. S. I. Patients treated	1,193	1,507
P. & T. „	9	11
S. C. Rly. „	13	12
Rural Health Service :		
Mahila Mandals	8	12
Children in Balawadis 12 centres	497	655
„ for Nasta 8 centres	379	361
„ Medical check up 6 centres	236	255
„ Milk for 6 months	544	580
Ladies for craft	80	122
Maternity cases 5 centres	311	438
Tubectomies	24	111
Leadership conferences	6	6
Better living weeks	2	2
Field workers	18	18
„ „ for QXFAM Scheme	—	27

1974

### Resident Medical Staff

1. Dr. M. K. Vaidya, M. S., <i>Chief Medical Officer</i>	1948
2. Dr. Smt. M. Athalye, L. C. P. & S., L. G. O., <i>Asstt. C. M. O.</i>	1957
3. Dr. N. R. Dhawale, M. B. B. S., <i>Anaesthetist and Pathology</i>	1964
4. Dr. Smt. S. A. Bhagwat, L. C. P. & S. <i>Dental &amp; Maternity</i>	1955
5. Dr. V. G. Kuikarni, M. B. B. S., <i>In-Charge, Nandanvan (Sanatorium)</i>	1968
6. Dr. K. N. Datar, M. B. B. S., D. P. H.	1974
7. Dr. Miss S. B. Pattanshetti, G. C. I. M.	1968
8. Dr. Miss U. B. Sawaikar, M. B. B. S.	1972
9. Miss Y. R. Tinaikar, Matron (Mataji)	1955

### Village Project

1. Smt. Vatsala M. Vaidya, B. A. (Hon.), <i>Sanchalika, Samaj Kalyan Kendra</i>	1954
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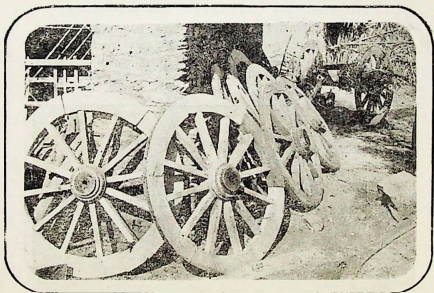
### Visiting Medical Specialists

1. Dr. R. V. Sathe, M. D., F. R. C. P., <i>Bombay</i>	1948
2. Dr. S. D. Vaidya, <i>Pathologist, Belegaum</i>	1951
3. Dr. Sudhir S. Joshi, M. S. (ENT) D. O. R. L., <i>Bombay</i>	1969
4. Dr. S. G. Vaidya, M. S., <i>Neurosurgeon, Goa</i>	1970
5. Dr. M. K. Deshpande, M. B., B. S., D. O. M. S., <i>Karad</i>	1974

# INDIA DEVELOPMENT SERVICE

INTERNATIONAL

*an action group  
committed to  
economic and social development*



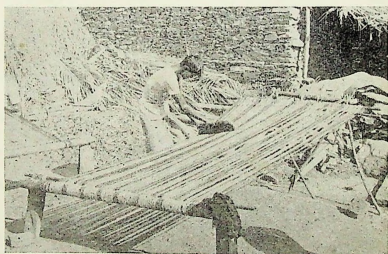
98/2 KELGERI ROAD DHARWAD 580008  
KARNATAKA INDIA



## WHAT IS IDS (I) ?

India Development Service International [IDS(I)] is a non-profit, non-political and non-sectarian organisation committed to the economic and social development of India. IDS(I) believes that development refers primarily to the development of people and not merely of goods and things. It aims to facilitate this process by working with villagers, as a catalyst, in the establishment of institutions and technologies which are comprehensive, future-oriented and appropriate to an existing economic and social situation.

The underprivileged and the poor, naturally, occupy a place of priority in the IDS(I) scheme. The projected lines of service include agricultural development, water-resources development and management, improvement in agronomical practices; dairy, poultry and other animal husbandry development and subsidiary occupations; development of rural industries and appropriate technologies for rural artisans; curative as well as preventive medical services and health education; rehabilitation of the old and the chronically ill; non-formal education and promotion of literacy.



*Wool yarn processing, Medleri*

India Development Service International is registered under Karnataka Societies Registration Act (Reg. No. 79/1979-80 dated 3rd September 1979) with the registered office at 98/2, Kelgeri Road, Dharwad-580 008, Karnataka. It is administered by a duly constituted Board of Management, and also has a panel of advisers possessing expertise in various fields. Several sub-committees consisting of engineers, doctors, etc. have also been formed to guide and evaluate IDS(I) activities.

# INTEGRATED RURAL DEVELOPMENT PROGRAMME

After intensive study visits to various parts during July-December 1979, Ranibennur Taluka in Dharwad District of Northern Karnataka has been selected for the I.R.D. Programme. Ranibennur Taluka is one of the most drought-prone talukas in the district. Rainfall in the entire taluka is scanty and uncertain; the land now under irrigation is very low - some 4,432 hectares against the net sown area of 66,427 hectares. There is thus vast scope and need for developmental activities.

The centre of the project is a village called MEDLERI (population 5,071; area 8,532 acres). IDS(I) will initially restrict its activities to a cluster of 21 villages with a total population of 20,000 to 25,000. Immediate activities envisaged for 1980 are: (i) identification of needs of the area and assessment of available resources; (ii) familiarising ourselves with the local customs, traditions, etc.; (iii) collaborating with existing local bodies in developmental activities; and (iv) introducing a comprehensive health programme covering both curative and preventive aspects, with emphasis on the latter. Immunization and health education will be an integral part of the health programme.

A dispensary with adequate staff has already been set up. In addition, some specialist medicare camps are also planned for 1980. The type of camp (eye camp, gynaecology camp, dental camp, etc.) will depend upon the health conditions in the area.

As an adjunct to the developmental activities of IDS(I), periodical meetings and workshops have been held. A training programme in group dynamics with reference to rural development was held at Dharwad from 18 to 20 January 1980, in collaboration with the Institution of Engineers, Rural Family Planning and MCH Programme and Gandhi-JP Institute. The training facilitators were Mr. George and Mrs. Lillian Willoughby of the Movement for a New Society in Philadelphia. There were 30 participants.

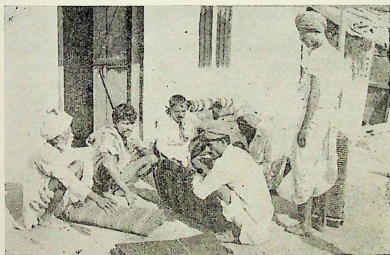
A two-day workshop on Integrated Rural Development was arranged by IDS(I) at Ranibennur on 23-24 February 1980. There were over 50 participants from Dharwad, Hubli, Bombay, Bangalore and other places. Mr. B. Rudramoorthy, IDS(I) Chairman, guided the sessions.



## IDS (I) RURAL ARTISANS PROJECT

This is one of the first projects undertaken by IDS(I). The aim is to promote (i) improvement in tools and techniques for village artisans (carpenters, cobblers, blacksmiths, etc.); (ii) improvement in their skills through training programmes; (iii) diversification of products; and (iv) norms for quality control of products. The Artisan Programme in the Dharwad Taluka has been undertaken in collaboration with Dharwad Taluka Seva Sangh, a pioneering service organisation.

The above programme is closely linked to work in the Ranibennur area. A Social Action Camp was held at Medleri from 5 to 8 March 1980 by the Nettur Technical Training Foundation, under the guidance of Mr. P. M. Kuruvilla of the NTTF Technical Training Centre of Dharwad. IDS(I) has been exploring possibilities of long-term partnership with NTTF. 20 NTTF trainees conducted an in-depth survey of the state of blanket-making, pottery, blacksmithy, carpentry, etc. in Medleri. NTTF has since selected a few youngsters from Medleri for imparting training in smithy, welding, borewell repair etc. to meet local needs.



*Monday bazaar, Medleri*

### ORGANISATIONAL

IDS (I) has been set up with initial support from India Development Service, Chicago. Over the years, IDS in the US has been in contact with many individuals and organisations in India including many grass-roots development groups. IDS collaborated with Gandhi Peace Foundation, New Delhi, Appropriate Technology Development Association, Lucknow,

and various other agencies in some programmes. The visits of Mr. S. R. Hiremath and Mr. Rakesh Popli (both of whom have been closely associated with IDS parent body) during 1978 were utilized to plan the establishment of a broad-based organisation in India. In June 1979 Mr. and Mrs. Hiremath permanently moved to India and are now working with IDS(I) on a whole-time basis.

The Board of Management sets the IDS(I) policy. The Board for 1979-81 is made up of the following :



*Village blacksmith, Medleri*

*Chairman:* B. Rudramoorthy, Bombay. *President:* S. R. Hiremath, Medleri. *Vice-Presidents :* G. D. Jinagouda, Bombay; A. S. Lakshmanan, Bangalore; P. Basavaiah, Dharwad. *Secretary :* Shyamala Hiremath Medleri. *Treasurer :* M. N. Tavargeri, Dharwad. *Editor, IDS(I) Newsletter :* S. R. Ramaswamy, Bangalore. *Board Members :* B. C. Ananthpur, Mahalingpur (Bijapur Dt.); I. H. Keshwani, Bombay; Ashok Kulkarni, Dharwad; Ramu Pandit, Bombay; M. A. Parthasarathy, Bangalore; S. B. Polisgowdar, Dharwad; Sarojini Shintri, Dharwad; Anand N. Kabbur, Dharwad, P. M. Kuruvilla, Dharwad; and H. M. Marulasiddaiah, Bangalore.

## HOW CAN YOU HELP ?

- ★ Become a member of IDS(I) [Please write for terms]
- ★ Contribute and raise funds for IDS(I) projects
- ★ Participate in IDS(I) activities [Please intimate area of interest]
- ★ Organise seminars devoted to rural development
- ★ Provide technical expertise and literature relevant to rural development
- ★ Disseminate information about IDS(I) activities

## CONTACT ADDRESSES

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98/2, Kelgeri Road  
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India Development Service (International)

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DHARWAD-580 001      Grams : 'INDSERVE'

S. R. Hiremath, President

India Development Service (International)

MEDLERI-581 211 (Ranibennur Tk., Dharwad Dt.)

Dr. M. C. Punit

Chairman, Ranibennur Working Group of IDS (I)

Saraswati Sadan, Behind Bus Stand

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C. N. N. Raju

IDS(I) Co-ordinator in Bangalore

(Hon. State Secretary, Youth Hostels Assn. of India)

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Village Potter, Medleri

Photos by : SAIL, Dharwad

Designed by : KAMALESH Printed by : SHALIVAHAN PRINTERS, Bangalore-560053

# JANA VIKAS

(People's Development) 435



COMMUNITY HEALTH CELL  
47/1, (First Floor) St. Marks Road

BIRUR - 577 001



A Project of:

**Christa Sharan Social  
Development Society (Regd.)**

BIRUR-577 116.

Chikmagalur District.

Karnataka State

South India.

**The Project Area:** Jana Vikas at present covers work in five villages around Birur within a radius of 15 kms. It has plans to extend to other needy areas. Birur is a little town 210 kms. away from Bangalore, the Karnataka State Capital, and is on the metre gauge railway line to Bombay and motor road (via Shimoga) to Bombay. The area is dry and drought prone.

**The People:** Jana Vikas works for all the poor people especially with the scheduled caste, schedule tribe and very specially the nomadic tribe called the Lambanis. This tribe is migratory in nature, this being reduced now to sedentary levels due to necessity and lack of opportunities due to migration. The lambani population in the existing project area is in a state of cultural chaos - having almost lost their original culture and skills (which are hunting and fruit gathering) and unable to learn new skills due to lack of opportunities. Though classified as a backward tribe by the Government of India and schedule caste by the Govt. of Karnataka, very little practical benefit is available through this concession due to lack of collective strength and lack of awareness and organisation.

**The Social Scene:** THE Lambanis provide cheap and, to a certain extent, even a covertly bonded labour, (though bonded labour is forbidden by law). Land ownership is restricted and unproductive - due to the fact that all the available sources for water and irrigation are in the possession of the landlords. Due to the insecurity of the landed and rich gentry because of possible development and liberation of the lambanis, even animal ownership is restricted-income through animal husbandry being the second best option for the Lambanis next to agriculture. Anxiety of the many higher ups and a deeply caste conscious and rich section of people about the socio-economic and socio-political consciousness of the Lambanis and other local schedule caste and schedule tribe, has resulted in the Lambani community being branded suspect and stealth prone.

Literacy was hardly known to the community. Health, Sanitation and personal hygiene were in a state of precarious condition. Malnutrition was common and hardly a square meal a day, was a day to day phenomenon.

**Inputs by Jana Vikas:** Jana Vikas started work with the Lambani community six years ago. Initial resistance from the power groups and pressure groups were direct and hostile. The target community was pressurised to keep Jana Vikas away. The hostility was in various socio political and administrative levels. But Jana Vikas continued its efforts through a systematic community organisation process of:

- \* Awareness building through Education.
- \* Training in areas of social and economic inputs.
- \* Organisation through collectivity (formation of Sanghas People's Committees)
- \* Mobilisation for action through the Sanghas.

Experience over the past six years has proved that any development input to the Lambani community should necessarily be through women. Consequently, women are the primary focus at the mobilisation level.

**Jana Vikas - the Approach:** Village girls (age group 18-23) were trained by Christa Sharan Social Development Society in various skills required for community organisation. Confidence and rapport were built through these community workers called 'Social Development Aides (SDA's)'. Collectivity was motivated through non-controversial areas of work such as celebration of festivals, camps for children and women, Health education, cultural programmes, sports and 'skill melas' (Meets). The constant and persistent inputs provided by Jana Vikas over the past six years have resulted in 'Sanghas' (Clubs) functioning effectively in the villages. The Sanghas meet periodically and function on a totally democratic system with elected panel of Office bearers - consisting of a President, Secretary and Treasurer - each office bearer being accountable and responsible to the community.

The main approach of education is 'WOMAN TO WOMAN APPROACH'.

**Jana Vikas - Phase II:** The six years exercise on awareness building, training and organisation has brought Jana Vikas to the second phase of work - Economic Activity for the Communities. Following are the highlights in this direction:

- \* 52 women from the communities have been trained in Dairying and Animal Husbandry at the government agricultural Sciences University, in Dharwad. Three more groups of women and also some men are being locally trained and preapred to be sent for more intensive training in Animal Husbandry.
- \* With assistance from the local Banks and Govt. departments concerned, a dairying programme has been launched for 12 families during September '86.
- \* 60 acres of land has been brought together for experimental collective farming. A scheme on water shed management, Irrigation and social forestry has been taken up.
- \* An Integrated skills training programme on Agriculture, Animal Husbandry, Rabbit Rearing, Sheep & Goat Rearing, Fodder Development, Poultry, Social Forestry, appropriate technology in Housing and indigenous medical systems is being worked out. This prospective plan is proposed to cover a three year plan period - extending coverage of work over 20-25 villages in three phases as per an organisational activity coverage chart. The plan includes subsidiary inbuilt components such as, documentation and communication, Action plan review, monitoring and evaluation, and in service training for the staff.

**Partnership in Progress:** Jana Vikas has been helped to achieve what it has so far - through time bound financial partnership of agencies such as (Canadian Catholic Organisation for Development and Peace) CCOOP, OXFAM, APHD, CDF (Coop. Development Foundation of Canada), AFPRO and ICRA. These financial & technical assistances were more in specific areas of training and community organisation. The administrative budget is met mostly through local contributions and indigenous attempts to raise funds. Jana Vikas, in its second phase of expansion, plans activities in greater Geographical area and would appreciate offers for financial resource partnership for the various areas of work.



## CHRISTA SHARAN

The Christa Sharan Social Development Society is purely a Socio-Developmental Organisation helping the marginalised people to think, plan, decide and act independently for themselves. Its members belong to different religions, ages and sexes. It is non-sectarian and non-political.

All the Christa Sharan projects are routed through 'JANA VIKAS'.

**Philosophy:** Christa Sharan emphasises the fact that **no development can be complete or lasting unless women, who form more than 50% of the world's population, are involved in & at every level of development.** Its main emphasis is on **development of women through women** and on the development of children. Through this, it aims at development of the whole rural community. At present, its main thrust is working with the Lambani and other schedule castes and tribes.

### Some Information which you may like to know about the Lambanis:

Lambanis are a very colourful, fair complexioned, handsome and pretty tribal race. They are nomads forced out of the forests due to legislation that forbids hunting and collecting forest produce and are forced to roam about from place to place in search of food, work and shelter.

**Food:** The staple food in this area is ragi, a very nutritious grain that looks like mustard.

**Dress:** Very colourful, long, pleated skirt and blouse interlaid with glasswork, beads and hand embroidered. Each bride is expected to stitch her own bridal dress in the traditional way. Unfortunately, this tradition and their traditional dress are fast dying.

**Culture:** Lambanis love song and dance. They are a strongly knit community. For any of their gatherings, social or religious, song and dance are a must.

**Habits:** Originally hunters and fruit gatherers, now moving out into towns and villages, they have contacted the evil habits of excessive alcohol drinking and betel and tobacco chewing.

**Present and Future:** Organising, motivating and training them will bring them liberation and all round progress. This is what Christa Sharan is trying to do through **JANA VIKAS**.



*Happy Christmas & New Year! Jary*

**FR. INF. MAY 11, 1990**

*For any further information, please write to:*

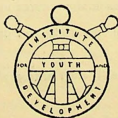
**The Director OR The Coordinator,  
'Jana Vikas'  
Christa Sharan,  
Birur-577 116, Chikmagalur Dt.  
Karnataka, INDIA  
Phone: 23.**

Would you help us to help them to help themselves?

13-8

COMMUNITY HEALTH CELL  
47/1, (First Floor) S. Marks Road  
BANGALORE - 560 001

# INSTITUTE FOR YOUTH AND DEVELOPMENT



Action  
Transformation  
and Development

The Institute for Youth and Development is a Voluntary Organisation registered as a Trust in the year 1978, with a small batch of dedicated workers, it believes in the strength of youth and strives to instill confidence and build attitudes, to impart necessary skill with a view to help them participate effectively in the process of social change,

### **MAJOR OBJECTIVES OF IYD :**

1. To organise and conduct training courses, Seminars and study groups.
2. To help youth acquire, knowledge and skills with social consciousness and responsibility.
3. To evolve and develop the concept and methodology of youth work and community work.
4. To initiate and organise need based rural development programmes.
5. To enable people participate effectively in the process of development.
6. To co-ordinate and co-operate with youth organisations, welfare agencies and govt. departments.
7. To subscribe to the process of human dignity and social justice.
8. To study and publish relevant matters in social and economic development.

### **SPECIFIC ACTIVITIES OF IYD :**

#### **A. TRAINING :**

1. Social awareness and leadership course in youth work.
2. Specialized courses in methods and practices in youth work, community work.
3. Need based vocational skill with entrepreneurship development programmes.
4. Issue based seminars and workshops.
5. Conferences and consultative meets.



**TRAINING : YOUTH-ON THEIR WAY TO REBUILD**

## **B. FIELD ACTION : RURAL DEVELOPMENT.**

### **Area of Operation :**

- a) Nelamangala Taluk. Bangalore District.
- b) T. Andipatty, Madurai District.

1. Non-formal education and organising people, based on specific issues.
2. Initiating and rejuvenating dormant youth clubs and Mahila Mandals.
3. Rural Artisans Association.



**RURAL ARTISANS ; NOT MASS PRODUCTION BUT PRODUCTION BY  
MASSES.**

4. Demonstration on dry crops for farmers.
5. Small and marginal farmers association and Agro-Service-Centre.



SMALL AND MARGINAL FARMERS ; NOT ONLY PLENTIFUL : BUT JO3,  
FOOD AND SHELTER FOR ALL.

6. De-siltation of minor irrigation Tanks,
7. Social Forestry; raising saplings of trees and plants of local utility.



MINOR IRRIGATION : DESILTATION-A VOLUNTARY EFFORT

8. Sheep rearing and wool development Association.
9. Dairy Project; Fodder and concentrated feed preparatio
10. Veterinary Services.
11. Small savings scheme for children, labourers an members of various associations.
12. Co-operative societies, formation and revitalising defunc societies.
13. Adult Education.
14. Promotion of Inland fish-culture.
15. Primary health centre; Health and Nutrition Extension.
16. Balwadi; Children's science Centre.



CHILDRENS PROGRAMME : VISION OF YOUNG IS BLOOMING.

**C. COLLABORATION AND CO-ORDINATION.**

**D. DOCUMENTATION AND LIBRARY.**

### **TARGET GROUPS/COMMUNITIES :**

They are rural/tribal, urban slum communities, socially and economically backward, the overall aim being an integrated development of youth and community. While the training programmes are spread all over Karnataka and a few districts in Tamil Nadu, its field activities are concentrated in Nelamangala Taluk comprising of about 316 villages in Karnataka State, also parts of Vadipatti and Usilampatti taluks have been taken up in Tamil Nadu.



## FOUNDER TRUSTEES :

1. Sri S. R. Prabhu – Retired General Manager-Canara Bank.
2. Rev. Fr. P. Ceyrac – Loyola College-Madras.
3. Mr. P. T. Kuriakose – Project Manager-UNDP-COLOMBO.
4. Mr. T. Pandia Rajan – Director-IYD.

## ADVISORY COMMITTEE :

1. Dr. T. P. Gopalaswamy – Prof. Indian Institute of Management, B'lore.
2. Prof. R. Kanakasabhapathi – Senate Member, Madurai University, Principal-Aditnar College of Arts and Science, Tamil Nadu.
3. Mr. V. C. Joseph – Advocate-Bangalore.
4. Dr. H. S. Hanumanthappa – University of Agricultural Sciences-Hebbal-Bangalore.
5. Dr. O. R. Krishnaswamy – Prof. Head Dept. of Commerce, Bangalore University.
6. Mr. C. N. N. Raju. – Hon. Secretary-Youth Hostels Association of India-Karnataka Branch-Bangalore.
7. Mr. T. Pandia Rajan – Convenor of the Advisory Committee.



A Long journey day in, day out. IYD staff.

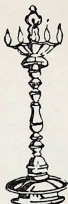
## INSTITUTE FOR YOUTH AND DEVELOPMENT

126/2, Brigade Road  
Bangalore-25,  
Phone : 54976

# DEENA SEVA SANGHA

(REGD.)

Bangalore-560 020



*Stands for*

**Practical Help**

**Improved Health**

**Education**

**Self-Support**

**And Hope**

## Deena Seva Sangha

The Deena Seva Sangha is one of the largest welfare bodies in Bangalore and was started in 1930. In the three welfare centres run by, us we cater to the needs of the economically weaker and socially handicapped sections of the community.

The Sangha provides a variety of programmes which cover important needs of the community. All welfare programmes aim at enriching the life of the slum-dwellers and widen their out-look, thus gradually making them good citizens and better human beings.

Lack of adequate space and accommodation hampers our work. We need good buildings to house our activities and this will cost us about Rupees 20 lakhs.

The work of the Sangha is constantly expanding and we need Rupees 5 lakhs annually to carry on our welfare activities.

We appeal to our Friends, Voluntary Welfare Organisations, Charitable Trusts and Foundations to help us in this scheme.

**L. Shivalingaiah**  
*President*

**N. S. Srimantharajan**  
*General Secretary*

## Welfare Activities

<i>Description of Activity</i>	<i>No.</i>	<i>No. Served</i>
St. Andal Girls' Home	One	25
Children's Home	Two	59
Student's Hostel	One	65
Dispensaries	Two	125 patients daily
Reading Rooms	Two	225 persons daily
Library	Four centres	300 Monthly
Women's Sewing Classes	Two	123 women daily
High School (Boys)	One	609 students
High School (Girls)	One	439 Students
Middle School	One	974 Students
Primary School	Four	3304 Students
Nursery School	Two	209 Students
Energy food for Children	Two centres	2000 children
Nutritious Breakfast	Two centres	200 children
School Health Programme	One centre	2000 children
Children's Dairy	One	5 cows
Scouting	Three centres	445 scouts & guides

*Our Centres are :*

**Seva Ashram**

Srirampuram

**Labourers' Fellowship Settlement**

Seshadripuram

**Seva Samaj Community Centre**

Rajajinagar

## Educational Programmes

TOURS to places of scenic, cultural, religious, archaeological and historical importance.

— — —

CELEBRATION of National, International and religious days of importance.

— — —

DRAMAS and other entertainment programmes,

— — —

GAMES and Sports.

— — —

CAMPS and excursions.

— — —

HEALTH adult education and family planning through film shows, exhibitions, contacts and meetings.

STUDY CLASSES Group discussions, lectures and fellowship meetings.

---

## Will you help ?

I want to share in your work.

My donation of Rs./\$. . . . . is enclosed

Mr.

Mrs. . . . .

Miss                      Please print

Address. . . . .

.....

.....

A Receipt will be sent for income tax purposes.  
Audited financial statement available upon request.

## Board of Management

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## Appeal

- It costs Rs. 135/- a month to maintain a child in the Children's Home.
- Rs. 150/- will provide a cosy bedding for a needy child.
- Rs. 150/- will provide 2 sets of school uniform to a needy student.
- Rs. 150/- will see a needy child through High School.
- Rs. 50/- will help buy text-books for a student in our Primary and Middle School.
- Rs. 25/- a month will provide a mid-day meal to an under-nourished child.
- Rs. 250/- will help train a woman in Tailoring Vocation.
- Rs. 5/- will help a needy patient to get medical treatment.
- You can also contribute generously for Children's play equipment, Library books, clothing and medicines.

**DONATIONS** may be sent by Crossed Cheque along with the "Will you help" form to :

**DEENA SEVA SANGHA (Regd.)**

22, Risaldar Street,  
Seshadripuram,  
Bangalore-560 020