XAVIER INSTITUTE OF SOCIAL SERVICE

The Xavier Institute of Social Service, St. Xavier's College, P.B.No. 9, Ranchi 834001, Bihar started as an extension wing of the college, has in 1956 grown into a full-fledged autonomous institution and registered as a society. It offers post-graduate/programmes in personnel management, business management and integrated rural development. It also provides training for barefoot managers and entrepreneurs, consultancy, and study and research on the problems of the people of Chhotanagpur (6 tribal districts of Bihar).

Objectives :

The objectives of the Institute are :-

1. To provide training facilities at post-graduate level and through extension courses in the field of labour welfare and industrial relations, business management, entrepreneurship, trade unions and related fields, keeping in view the promotion of the people of Chhotanagpur area irrespective of caste, race or religion.

2. To engage in research on topics of industrial development, labour management etc. social problems in cooperation with other agencies or without such cooperation;

3. To enter into relations with social and professional organisations and to engage in training programmes, consultancy services etc. and

4. To provide social service in the form of guidance, vocational orientation, case work, coaching classes etc.

Programmes :

The programmes, some of which are run by sister organisations, are :-

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1. Village and cottage industries in 30 villages covering 30 families approximately;

2. Education and training in 35 villages covering 35 families;

3. Family welfare and community health in 1 village covering 50 families, including a balwadi in one village in cooperation with Holy Cross Convent, Ranchi;

4. Appropriate Technology in 5 villages covering 250 families, in cooperation with the engineers of the Steel Authority of India;

5. Five camps were organised covering 10 villages and 500 families for conscientiation for rural population.

Workers :

The Institute has a paid staff of 10 workers and 12 faculty persons. Besides them, there are 10 voluntary workers.

- - -

GRAM BHARATI, SARVODAYA ASHRAM

The Gram Bharati, Sarvodaya Ashram, P.O. Simultala 811316, District Monghyr, Bihar, is a centre of experiment in Gram Swarajya, started by Acharya Ramamurti in 1962 and it was registered as a Society in 1977. The area of its operation consists of three blocks of Jhajha, Chakai and Sono which are among the most backward areas of Monghyr district in Bihar. The population has a good proportion of Adivasis, Harijans, and other backward communities with the problems peculiar to such communities. About 85% of the population is that of marginal farmers and landless labourers. The area is sub-mountane where agriculture is a hard proposition because of scarcity of water. Majority of people live at starvation level, and the level of literacy and enlightenment is very low.

Objectives :

The object of the institution is, therefore, to make the people conscious of their problems and mobilise them for their socio-economic development. When the area offered a good number of Grandans, it was decided to make an experiment in Gram Swarajya that is, a system of self-reliant village communities.

Programmes :

The institution was first started as a training centre in Gram Swarajya, sponsored by Sarva Seva Sangh and supported by Khadi and Village Industries Commission under the guidance of Acharya Ramamurti. This was followed by a Grandan development scheme supported by OXFAM, and its emphasis was on agricultural development and creation of employment. Along with these pre-dominantly economic programmes, the institution introduced children's education and improved health and hygiene programmes. Other agencies that supported its programmes were CASA and CRA. Recently 'Bread for the World' has come forward to finance some of its programmes.

Development of agriculture and creation of irrigation facilities were the first programmes introduced in 1969. At present its programmes of agricultural nature, that is, supply of improved seeds, fertilisers and posticides, demonstration farm, construction 'ahars' and wells cover 6,580 families spread over 300 villages in the three blocks. Fishery was introduced in 1970 in 6 villages which benefits 150 families. This was followed by carpentry and house-making in 1971. These cover 20 families in 5 villages. In subsequent years, more economic programmes were launched: they include a workshop-cum-servicing centre (1973) , livestock development, industries like clay-pipe making, lime work, dairying (1975), and bone-meal making and ambar charkha (1976).

Among other programmes are child care and education (1958), family planning and welfare (1971), literacy drive (1962), youth organisation (1975), and recreation and cultural programmes (1963). One of the most significant social programmes is the settlement of disputes out of court which has established a tradition of People's Court. Another important work the institution has promoted is the organisation of Prakhand Swarajya Sabha - a block-level body of Gramdan villages of Jhajha block. Efforts are in progress to organise such bodies in the other two blocks.

Workers:

The institution has 37 full-time workers. As regards voluntary work, there are 300 active gram sabhas in Gramdan villages where presidents and secretaries give voluntary service for various programmes in the village initiated by the Institution.

Beneficiaries :

Although it is difficult to quantify the number of beneficiaries of the work of the institution the physical numbers may

.....

be given. The work is concentrated in all the 300 Gramdan villages where irrigation facilities like construction of 'ahars', wells, dams and canals have been created. This is a collective figure. Individually there are about 155 persons who have been allotted bullocks and cows and who have the benefit of the use of power-pumps, ahars, wells etc.

For those who are landless and do not get direct development benefit, a labour-cooperative has been started for their benefit. It is this body which negotiates with employers on the question of wages and has , thereby, been able to raise the wage structure to be remunerative to them. So is the emphasis on social programmes for Adivasis and Harijans. There were a few erst-while criminal villages where Gramdan special projects have been undertaken for their socio-economic rehabilitation. This work has been done in 17 villages.

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GRAM NIRMAN MANDAL

One of the earliest experiments in post-Bhoodan development was started by Jayaprakash Narayan. This was the beginning of the Gram Nirman Mandal, Sarvodaya Ashram, P.O. Sokhodeora, Dt. Nawadah, Bihar, established in 1954.

Objectives :

The main objectives of the Mandal ... to establish a new social order by nonviolent means. As most of its clientele consists of Harijans and tribals, many of them rehabilitated in new settlements on Bhoodan lands, the Mandal makes all efforts for the welfare and development of the weaker sections.

Programmes :

The Mandal began its work by taking up distribution of Bhoodan land among the landless Harijans and tribal people. The Ashram distributed 1,607 acres of Bhoodan land among 625 landless families in Kawakole block where the Ashram is located. Since most of the lands were wastelands, the Ashram had to initiate programmes of reclamation, contour-bunding and provide irrigation facilities, supply inputs to enable the people to start cultivation. As most of them had also no dwelling houses, a housing programme was also launched.

Gandhidham is the first such settlement where 28 landless families have been settled. In the earlier years, most of these people tried to run away from the inhospitable place where they had been sent and where houses for them were built. But now they are proud possessers of 15 irrigation wells and fields of multiple crops and the sense of belonging to the soil is as strong in them as in anybody else.

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Gramdan Programme :

Gramdan extended the programme beyond the Kawakole block and covers 148 villages out of which 116 have active Gram Swarajya Sabhas, land redistribution work was completed in 26 villages and 13 villages have been formally declared under the State Gramdan Act.

Capital formation in the form of Gram Kosh has taken place in 40 villages and a number of check dams and irrigation wells have been constructed.

Agriculture :

The Ashram has a 60 acre plot, housing its various buildings and having its extensive agricultural farm of food grains, vegetables and orchard. It gets a revenue of over Rs. 1,60,000 annually from this farm with which it supports a large number of workers.

In a bid to acquaint the people of the villages with modern methods of cultivation, a training programme has been undertaken for 25 farming families in 21 villages. The very first course of training yielded most encouraging results. In the villages where production of rice per acre hovered around six to ten quintals, these farmers harvested a bumper crop of 15 to 22 quintals. The farmers' expeience is that with a meagre investment of Rs. 200 they could get a return of Rs. 1,000 in terms of crop yields.

Rural Industries :

Impressive though the development of agriculture has been, it is in the development of rural industries including khadi and village industries that the area can have a real break-through to solve rural unemployment problem. This is because there is a limit beyond which agriculture cannot go but rural industries have unlimited scope.

The Ashram has been responsible for the sponsoring of the rural industrialisation project in the district. It includes about

.....

50 assorted rural industries and crafts, both traditional and modern, for increased opportunities in the self-employment sector.

The project was introduced in 1962 and initially 1,500 artisans and others were selected for promotion of rural crafts. They were given training and provided with capital assistance, technical guidance and marketing of their products. These small entrepreneurs were later brought under three independent units which together dealt with a working capital of Rs. 22,18,412.29, mostly in the form of loans from various banks and public finance corporations, the Khadi Commission and Khadi Board.

The above figures exclude those about Khadi and village industries the progress of which is spectacular. While other activities of the institution are limited to Nawadah district, in Khadi and village industries it has branched out to the neighbouring districts of Gaya, Aurangabad and Hazaribagh. This expansion was made when 10 khadi production units originally run by the Bihar Khadi Gramodyog Sangh, in its decision to decentralise its activities, were transferred to the control of the institution. Since then, the Khadi Committee of the institution increased its turn-over from Rs. 5,45,000 to Rs. 11,40,538 in a decade.

Workshop :

The Ashram has a workshop for training of youth in various skills. Although the Ashram provides training in farming, dairying, fishery and animal husbandry, it is the training in the workshop which is most impressive. It has now another workshop at Nawadah run on commercial basis.

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SAMANVAYA ASHRAM

Samanvaya Ashram, Bodh Gaya, Bihar, is an institution founded in 1954 by Acharya Vinoba Bhave. At the All India Sarvodaya conference that was held at Bodh Gaya in that year, Kakasaheb Kalelkar, fresh from a visit to Japan, spoke of the necessity of religious harmony. Vinoba had also been thinking of harmny of all religions and of establishing a centre where the subject couldbe studied and practised. Accordingly, the decision was made to establish such a centre at Bodh Gaya which was appropriately named "Samanvaya Ashram" on April 18, 1954.

The Ashram was inaugurated by Dr. Rajendra Prasad and a small purse was presented by Pandit Jawaharlal Nehru for the renovation of an old well at the site where the Ashram was established.

Objectives and Programmes:

The objective of the Ashram is the promotion of harmonious life of mankind. The harmony of life is total-physical, emotional, intellectual and spiritual. As the people around are very poor and mostly illiterate, the Ashram took interest in their socio-economic development.

Through the Ashram, 5000 acres of Bhoodan land was distributed among 2000 families and their socio-economic rehabilitation programme was undertaken. Fifteen new settlements on these lands were established for this purpose and programmes, for land improvement, irrigation, agriculture, animal husbandry and social education and health and hygiene were undertaken by the Ashram.

The programmes introduced bythe Ashram are agriculture in 64 villages covering 2000 families, livestock development in 4 villages covering 60 families, education and training 50 villages covering 300 families, community health in 150 villages covering 5000 families

.....

and recreational and cultural programmes in 50 villages covering 300 families.

Workers :

The Ashram has 35 workers, of whom 25 are full-time paid workers.

- - -

BIHAR – 4 ~~56-18~~ 56-5

No. 201
S.R.D.
Bihar/MP

Agricultural Community Development Project - "Krishi" Samudayik Vikas Yojna, Palamau (Bhandaria Block) Bihar and Surguja, M.P.

1. Started in 1968

2. Coverage. Rural population of 50,000 in 100 villages.

3. Activities. Rural Health, Agricultural Extension Work, Subsidized seed, Fertilizer, Education, Trucking, Irrigation, Relief Agency.

   a. Started with leprosy work - now has 500 plus patients all over Surguja and Palamau. Provides monthly clinics in various locations in Palamau three mobile clinics.

   b. Has "clinic" with in-patient facilities.

   c. Serves as agency to co-ordinate relief work.

   d. Makes local roads - provides truck for outside markets.

   e. Flour mill - oil mill (small)

   f. Pump rental - tractor rental.

   g. Workshop service - repairs.

   h. Small agricultural school.

   i. Mobile cinema.

6. Community & Other Participation. Run entirely by "local" tribal population.

7. Sponsorship/Funds. Received some outside capital - but now runs from profits made on two "Farms" owned by the project - no outside funding. Secular - non-profit.

12. Reference. UIO Unicef note.

Note: Information on items 4, 5, 8 - 11 not available

BIHAR - 1

No. 202
Health
Bihar

Brothers to All Men International
P.O. Buniadganj, Gaya 823003

1. Started before 1974

2. Coverage 20,000

3. Activities. Health; Literacy; Agricultural Extension.

4. Personnel & Training. Resident ANMs; overall charge; a doctor.

11. Contact. Dr A. Pais.

12. Reference. VHAI

Note. Items 5, 6, 7, 8, 9, 10 -- information not available.

BIHAR - 9.

Achievement Motivation In Community Health: MANDAR PROJECT - RANCHI.

A VILLAGE EXPERIENCE

Sr. GERMAINE ALPHONSO

WE in Mandar, a rural and mostly tribal area in Ranchi recognised that health problems of any community are inter-related with the economic, political and cultural problems of society. We saw health, as only one component of the over-all development of the community. Hence is our search to discover a means of how to use concern for health as a way to motivate people to improve their standard of living and their quality of life.

In October of 1975, an advertisement to a seminar on how to get a village to be economically stable and self-sufficient without any outside financial aid—something that seemed unbelievable caught our curiosity and interest.

For this we are indebted to Prof. P.T. Contractor and Prof. B.B. Siddiqqui who team up with Fr. J.M. Heredero of St. Xavier's College, Ahmedabad. They were invited by XISS Ranchi, to give a course in Achievement-Motivation techniques for Rural Development.

Before the 10 day seminar our idea of development was synonymous with "aid"-that is more economic growth, land, material wealth, food, clothing and shelter which may or may not assist people to become better. For us now development does mean an improvement of all the material things but primarily "the development of people"; the liberation of people, taking control of their own lives, people participating in the decisions they shape, people being free to love and build trustful genuine relationships free of manipulations.

With this as a take off, we too formed a team: Junas Lakra—our Agricultural Supervisor, who has done a 2-year course in Agriculture, Clara Kujur his wife who is an ANM working with us and Sukra Paul Xalxo our driver, who has integrated well in our team.

The Achievement-Motivation method should be very appealing to people of all ages and sections of the community-both literate and illiterate as it is an experience-based method, using games for action-reflection and an awareness of oneself in the group. It helps build the community and promote unity, trust, co-operation, listening, equality, decision making, problem solving and village organization.

When people are motivated thus, they start to see that their health problems are related to nutrition, water supply, housing, education, income and its distribution, employment, communication, transportation, political decisions etc.

Our health programmes are based on these and, therefore, vary from village to village as we encourage each community to take genuine responsibility, initiative and self-reliance in the planning and implementation of their own health programmes.

The role of the team is to inspire, motivate and demonstrate but refrain from making decisions for community as they conduct their own health programmes, at their own pace and quite a bit in their own style.

Every village determines their needs and work out their plan of action with the available resources within and outside their community. One village decided that feeding their children was their most urgent need and, therefore, they planned for co-operative farming through which they set up their children's feeding programme. Then followed the training of the local *dais* (midwives) as health worker—and the whole chain of preventive programmme. Another village decided that irrigation was their most urgent need—and worked out their own means of fulfilling this need by working together first on digging *Kutcha* wells with their own resources—and then of beginning a

savings account in the Bank so that within a year they would be able to take loans for cementing wells, and for water pumps. We could go on relating about each village but it would suffice if we give ordinarily what their activities are :

(1) Formation of organizations
   (a) men, women and youth
   (b) division of the entire village into sectors with leaders in each section.

(2) Conduct meetings—taking leadership, keeping simple accounts, etc.

(3) Mother and child and immunization programmes.

(4) Setting up supplementary feeding programmes through better food production.

(5) Village sanitation programmes.

(6) Village sports and celebrations together.

(7) T.B., leprosy and malaria eradication.

(8) Savings—Banking, budgeting.

(9) Eradication of alcoholism.

(10) Setting up people's court to settle disputes.

Since 1975 we have helped develop four villages in the area along these lines. It is rather a slow process but the results are overwhelming when the awareness of their own potential takes hold in the minds and hearts of the people. The first village we worked with in 1975, today stands out as a village, which has become self-sufficient as to their basic needs, runs an adult education programme to eradicate illiteracy and continuously search and plan for ways and means to help themselves. □

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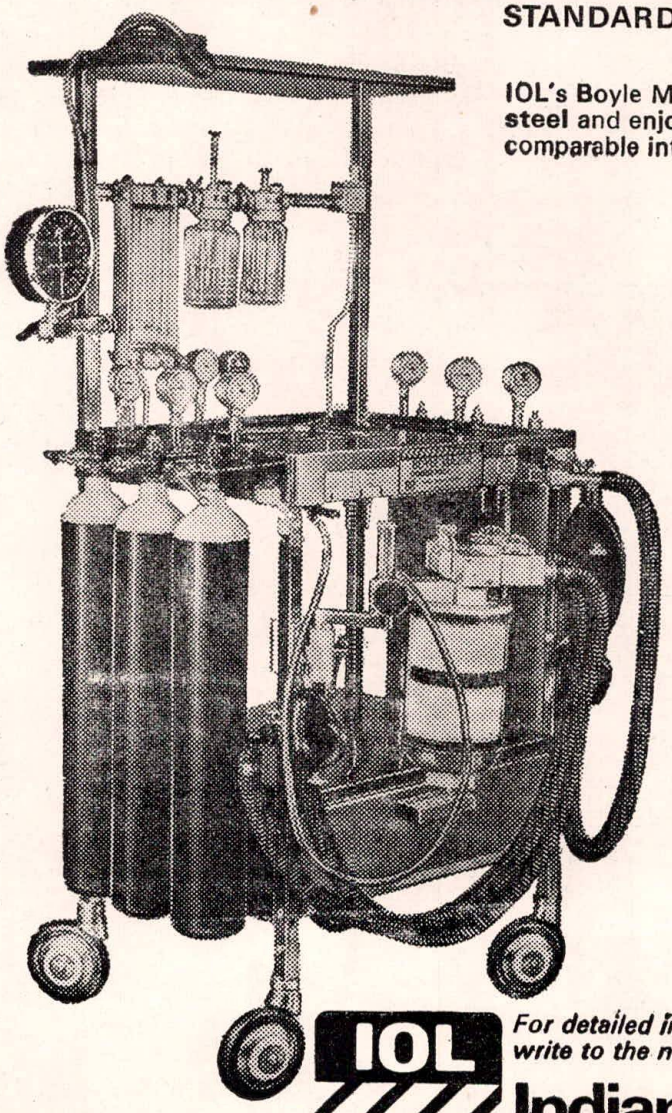

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IOX/CAS-18/79/I

OF SERVICE

Bihar Water Development Society

The origin of the Bihar Water Development Society (BWDS) can be traced way back to 1967, the time when Bihar was hit by a terrible famine. The acute shortage of water, the life giving fluid and total crop failure then, threatened the lives of millions.

The Government mounted a massive relief programme to help those affected. Help poured in form of cash, food and clothing from all corners of the country. These were but temporary measures..something had to be done on more permanent basis.

Droughts, whatever their magnitude, make agriculture their prime target. Keeping these and other factors in view, an organisation called the Bihar Water Development Society was set up to assist poor and marginal farmers, by investigating ground-water potential and developing of both, surface and tubewells in the arid areas of Rohtas district in Bihar.

The Bihar Water Development Society is an Voluntary Organization. It has its registered office at Bishop's House, Bankipore, Patna. The organization specialises in water development projects such as drilling of tubewells, construction of surface wells and other development projects related to agriculture and irrigation.

The BWDS is funded by donor agencies like Food For India Foundation (FFIF) Netherlands, and Central Agency, West Germany. The funds are channeled through the People's Action For Development India (PADI) under the Ministry of Agriculture, New Delhi.

The BWDS is also a member of the Bihar Association of Voluntary Agencies (BAVA).

A thirteen member Governing Body formulates Policies which are executed by the Executive Officer and the field staff whose office and workshop are based at Kudra in Rohtas District.

Helping small and marginal farmers to achieve their felt needs has been the guiding principle of the BWDS. To achieve this, the Society implements the following programmes :

1. The Open Well Programme: This programme is specifically designed to help small and marginal farmers. The beneficiaries of this programme is required to produce a certificate to this effect from the local Government authorities.

The average depth of a well is 45′ and it has a diameter of 8′. Most of the farmers use Persian Wheels to draw out the water from these wells. On an average, the farmer owning such a well cultivates three to four acres of land and is thus able to raise atleast two crops annually. Furthermore, the well provides adequate drinking water for the farmer and his village throughout the year.

During the past 10 years the BWDS has constructed 605 such wells in Rohtas District.

The entire cost of this surface percolation well is given to the farmer in the form of an interest free loan. The beneficiary is required to repay this loan in small instalments over the years. The amount due is collected from time to time by the field workers of the society. To cut down costs on such wells, the society makes use of the Food For Work Scheme of the Catholic Relief Services (CRS) which subsidises 70 percent of the labor cost.

The Tube-well Programme : Knowing the value of guaranteed irrigation, and seeing it augmenting production many times, even poor farmers strain all their resources to get a tubewell drilled on their land.

To implement its tubewell programme, the BWDS maintains two Direct Rotary German Rigs. These are direct mud rotary rigs and very effective in water alluvial formation soil.

The average depth of a tubewell is 257′ and the diameter is 4″ or 6″ as required by individual farmers. The water discharge from such a well is approximately 10,000 gallons per hour. With proper irrigation channels the farmer can easily irrigate 10 to 15 acres of land and thus is able to raise two to three crops a year.

There are two ways to get the service of the BWDS to drill a tubewell. In the direct method, the farmer simply has to deposit an advance of Rs. 10,000/- with the society. This is followed by a formal agreement between the farmer and BWDS, and then the society takes command of the drilling operation. The above method usually is not feasible for small farmers as drilling operations require substantial investment. To ease out this problem, the BWDS has evolved a Credit Scheme in co-operation with the State Bank of India. Under an agreement with the State Bank of India, Sasaram and the Agriculture Development Bank, Bhabua, a sum of Rs. two lakhs each

has been deposited in these banks as Fixed Deposits. This enables the farmer to get a loan for his tubewell against the mortgage of 10 acres of land.

In case of possible defaulters, BWDS has underwritten 25 percent of the advance money. In this scheme the farmer who pays his instalments regularly gets a two percent subsidy on the interest payable to the bank. This subsidy comes out of the interest on the Fixed Deposits.

The Main attraction for the farmer in this scheme, is that, if the drilling does not bring out water bearing strata, the entire cost of drilling is borne by the BWDS.

3. The Agriculture Extension Programme: The BWDS Extension Programme has been set up to advise and instruct farmers on modern farming techniques. To facilitate this programme, a seven acre plot adjacent to the workshop and Office complex of BWDS in Kudra, Rohtas District, has been developed into a demonstration plot and model farm. Joining hands with the National Seeds Corporation (NSC) at this farm, BWDS multiplies and distributes seed of high yielding varieties to local farmers at very moderate rates.

The extension programmes of the BWDS are designed to motivate and educate farmers so as to enable them to visualise future benefits through organised endeavour.

Farmers tied down to traditional methods of agriculture and irrigation have been motivated to switch on to a modern and scientific mode of farming; thus their crop yields in the recent years have gone up to the extent of 5 to 6 times.

The programmes of the Bihar Water Development Society have been commercialised with stress on 'service' which enjoins it to work on a no porift—no loss basis,

The Bihar Water Development Society which came into existence during the bleak years of the famine, 10 years ago, has now grown steadily as an instrument of service to a sizeable segment of population and its impact on the local development front is as established fact.

For Further Information write to :
JOHN MALAYIL
Executive Officer
BWDS
KUDRA P. O.
ROHTAS DIST.
Bihar-821 108

Holy Cross Polytechnic, Hazaribagh. BIHAR-12.

INTEGRATED RURAL DEVELOPMENT

SYLLABUS

56 – 15

1st Semester: June to December:

S U B J E C T S :-

1. Social Problems and Social Justice
2. Social Work and Rural welfare
3. Behavioural Science
4. Rural Sociology and Tribal Culture
5. Women Leadership and Rural Extension
6. Adult Education and Punctional Literacy
7. Rural Communication
8. Home Science, Cobking, Handicrafts (Both semester)
9. Gardening
10. Music (Optional) -Both semesters.
11. Seminer/Group discussion/ Field work

11nd Semester January to May

11. Basic Accountancy
12. Rural Health and Hygiene
13. Project planning add project administration.
14. Basic Managerial Skills
15. Principles of co-operation
16. Integrated Rural Development
17. Income Generating schemes for Rural Women
18. Rural Credit and financing agencies

SYLLABUS :

INTEGRATED RURAL DEVELOPMENT

*1st Semester:-

1st. Social Problems and Social Justice :-

- Indian Situation, Poverty and inequality
- Tools of social and economic analysis
- Social Justice and Development
- People's Organisation
- Approaches of Social change
- Code of behaviour for agents of change.
- Life ~~sy~~ style of change agents
  (case analysis and group discussion)

IV. RURAL SOCIOLOGY AND TRIBAL CULTURES :-

- Sociology :- Definitions, branches and its importance.
- History of Rural Sociology.
- Concept- Culture, customs , norms, folkways, taboos, culturation, Cultural assimilation cultural lag. Cultural change.
- Society- Definition and main features
- Characterstics of urban and rural population
- Social Institutions and Rural society
- Definitions of organisations and associations,group social group, ecological entities, collectivities, institutions, Families religion.
- Concept-Rituals,beliefs, probibitions,faith productive, protective.
- Social stratification- ~~xxxxxxxxxx~~ Definitions land and land holding Geographical agencies and mean grographical condition and economic life and organisations. stages of civilization and agriculture. Type of ownership in land.
- leadership- Definition, Leadership and power distribution in the villages, xtypes of leaders, theories of leadership factors to evolve leaders, Nature and qualities of leaders, Techniques to identify leaders (formal and informal)

TRIBAL CULTURE:-

- Place of tribal culture in the science of anthropology
- Anthropology its definition, branches, importance.
- Social organisation of tribes family, community, village and village panchayatas.
- Clans and totemism
- A tribal house.
- Trubal village- its social set up
- Persons of consequence in a tribal village
- Persons connected with tribes
- Tribel customs- marriage, married persons, birth ,death and after death.

V.ADULT EDUCATION AND FUNCTIONAL LITERACY:-

ADULT EDUCATION:-

- Concept and meaning
- Importance of adult education in India.
- Education as a continuous process.
- Formal, informal and non-formal education
- Principles of adult learning.
- Techniqurs of adult education

5. Introduction identification ans prepagation of annuals pereodical and climbing ornaments.
6. Propagation and care of quick growing fruits.

B. ANIMAL HUSBANDRY.

1. General management of cattle , poultry, piggery and goats.
2. Housing for cattle and sanitation.
3. Signs of health and sickness, impottand contagious and infectious diseases, their prevention, First- aid .
4. Cattle nutrition and feeding.
5. Signs of Heat, Breeding methods (Natural & A. I.) care dring pregnancy, during after parturition , care of calf.

11 nd SEMESTER

1. BASIC ACCOUNTANCY.

- Accounting and Indian rural economy.
- Accountancy Definition and importance.
- Different types of records (Registers).
- Maintenance of journal, cash book, ledger, and balance sheet.
- Simple balance sheets, trial and net balance sheet.
- Cash memo's and Vouchers.
- Dealing with banks, post office.

11. RURAL HEALTH AND HYGINE? CHILD CARE AND WOMEN WELFARE.

RURAL HEALTH AND HYGINE

How to start a public Health Centre- purpose.
Who is a Health worker- who can become a health worder.
Concept- Health and diseases.
Diseases its nature and causation.
Man environment and health, community health.
Social customs and health.
Personal hygine and sanitation.
Mocrpbs and hosts parasites relationship.
Irradication of house pests.
Common and communicable diseases.
Common disease carrying insects and their control.

Control of infectiousdiseases.
Insect- born diseases.
Diet in common diseases.
Family planning.
First aid or emergency. care.

Child care and women welfare.

Chils care- Its meaning.
Common ailments of children.
Care of mouth, eyes, ear, nose, throat, teeth etc.
Home nursing.
when to call or consult a dictor.
community health and resources
preparing for your baby.
care during pregnancy and maternal health-
A) Stages of Development
B) Problem behaviour
when children quqrrel- preventing quarrel
problem of rural women.

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111 . INTEGRATED RURAL DEVELOPMENT

History of rural development in India.
Concept of Rural development - old and modern
Methods of rural community development
Community organisation and extension programme.
Human factors in community development .
Panchayat Raj- Three tier system
Women representation in panchayat.
Antodaya D. P. APP. SFDA. MFALDA? BHALCO and others programmes.

1v. Income Generating - Schemes.

Women's position in Indian society
Indian econimic situation-past and present
Role of women in economic overall development if India
Economic activities in rural India
Governmental and non- Governmental economic schemes for rural wmen.
Possible occupation (Schmes) for rural women.
Garment making, rope knotting, doll making, tailoring, massala grinding, hand weaving, vegetables growing fruit cultivation, wood cutting, goat rearing poultru, pig rearing, rabbit rearing.

2. SOCIAL WORK AND RURAL WELFARE:-

SOCIAL WORK:-

- Basic Philosophy of social work, Definition and scope of Social work, Principles Historical practices. In Social work- Indian & Western
- Training in Social work
- Planning for social work organisation
- Case work, group work, (Methods of Social work)

RURAL WELFARE:-

- Definition, Scope, Minimum needs
- Welfare for inderprivilleged group- Tribal, other weaker sections, Provisions in Indian Constitution.
- Role of non- Governmental agencies in Rural welfare.
- Rehabilitation of disabled and Beggars
- Special legislations for the vulenerable groups
- Organistional structure of social welfare.

111. BEHAVIOURAL SCIENCES:-

Understandinf of human behaviour
Needs , Goal, Habits, learning aptitudes and abilities.
Personality, Main determinants of individual difference.
Tools of appraising human behaviours.
Interview schedule , Questionnair, Intelligence test,
Personality test.
Groups at work
Formal and informal group
Origin of groups
Group interaction
Theory X and Y
Individual motives and group goals - case studies.

Suitable projects for chotanagpur region.
Governmental and non- Governmental facilities for economic schemes for rural w omen.

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V. FORESTRY.
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Forest- concept and types types.
Importances of forest
Benefits from forest
Management of forest
Enemies of forest
social resoures and their processing
forest visit.

VI. Project PlanningAnd Project Admnistration.

Rural project- Definition
Project in terms of system
Management of rural projects- management cycle
Idintifivation of projects , Industrial people's approach .
Project cycle
Parameter of development
Project appraisal, financial appraisal- net work appraisal
Net work analysis.
Project administration concept and menaing
Monitoring and evaluation.
Approaches used in evaluation I. E. methodology
Project formulation
Planning a rural development project(Practical work)
VII Basic Managerical skill
Management and Manager- DEfinition, meaning
Types of managers (Managerial grid.)
How to read, wrote, learn, speak, listem, run a meeting.
How to manage leadership, changes, cecision making motivation conflict and co- operation
Principles of management
Universality of managenent.

V111.

Principles of co- operation .

Genesis and definitions and abjectives
essential features
co- operation, joint stock company and trade unions
Basic characterstics of co-operation
Evolution of co-operatives in India
Raiffesian socisty- objective and chief features
Main provisions of co- operative society act 1904
Provisions of 1912 Act.
All India Rural Credit Survey committee 1951
Farmer service society and its organisation
co- operative marketin gand its organisation
primaty agricultural credit society
Lamps

1 X. Rural credit and financing agencies

Introduction, meaning and importance
Ageiculture as a separate industry and its characterstics
Need for credit in rural sector
Classification of agricultutal credit
Rural indebtedness at a hlance
All India Rural survey committee 1951 and 1971.
Need of credit from farmers point of view
Purpose of loan in rural areas.
Procedures and methods of financing by banks
Role of commercial banks in rural development
Agricultural labouter , definition and types
Facilities available from banks
Financing of lift Irrigation schemes
Financing of Dairy schemes

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VIII. WOMEN LEADERSHIP AND RURAL EXTENSION:-

- Rural leadership its imputs and putputs
- Rural women and their problems in the field of representation.
- Rural women- Field of leadership
- Inportance of women leadership in the rural life.
- Role of women leaders in the development of rural society.
- House wife as a leader.
- Women leaders and movements (case studies)
- Role of extention in rural development
- Extension- Meaning, practices, agencies and characteristics.
- Historical background of rural extension agencies in India.
- Systems of rural extension
- Rural extension and small farmers
- Extension functions
- Phases of rural extension
- Methods / techniques of rural extension
- N.D.P. Motivation, Farm information and communication support.
- Farmers education and training programme

TRYSEM.

- Role of various agencies in rural extension
- How to plan an extension programme
-

GARDENING.

1. What is garden? Difference between garden and Kitchen Garden ? Importance of Garden. Types of Gardens. Classification of Garden .
2. KITCHEN GARDEN

   Types of kitchen Garden. Inportance of Kitchem garden for a family life.
3. Gropping plan , crop rotation, classification of vegetables with reference to season
4. LAYOUT OF A KITCHEN GARDEN:-

   Planning, Steps in establishing K.G.use of suitable vegtables accorging to region.

- Various methods of sowing, calculation of seed rate.
- Use of fertilizees, calcuiation of fertilizer mixture rate.
- Use of Insecticides, Fungicidws , Seed treatment ,weed control rate control.
- Interculturing, Irrigation , Top dressing
- Harvesting, Processing, Storage and their problems.

- Organising adult literacy programme.
- Conssientisation according to Paulo Freire.
- NAEP- Financing, sturcture, functioning problems,solutions.

FUNCTIONAL LITERACY.

- Concept and meaning ,importance, and scope
- Functional literacy and rural India.
- Practical work in craft - weacing, tailoring, paper and cloth bag making, Bbiri making, chair weaving,embroidary, knitting , mat making, basket making.

VI. RURAL COMMUNICATION :

- concept difinition and meaning
- What happens , does not haopens in communication
- Communication process and channel
- Principles of rural communication
- Role of communication in Rural development
- Comminication media and methods -seminar, group discussion, lecture, village fair, demonstration.
- Audio - visual aid (Theory and practical)

VII. HOME SCIENCE.

NUTRATION :-

- Importance of food in our life
- Food groups
- Nutrients
- Balanced diet
- Methods of cooking
- Food preservation.

PRACTICAL: -Simple cooking, Pickle making, Jam making , simple baking, food for sick people.

HANDICRAFTS:- Paper work, drawing, painting,

- Flower making with different materials paper,cloth etc.
- Knotting,thread work, plastic work.
- Simple drafting and cutting
- Simple garment making baby garments (sweeter, Bonet,Socks)

BIHAR.

BODH GAYA REPORT

Report of the Committee set up by the Government of Bihar to inquire into the land holdings of the Bodh Gaya Math.

This is an abridged version of the Committee's Report which was submitted to the Bihar Government on October 10, 1980. The factual background regarding the land holdings of the Bodh Gaya Math have been set out in earlier reports published in "Voluntary Action" is omitted here. The recommendations of the Committee are given in full. (Translated from the Original Hindi text).

Recommendations:

1. There is no complete or separate record of the land holdings of the Mahant in the whole State. In addition to his possessions in Gaya he owns land in several other districts - Aurangabad, Navada, Hazaribagh, Muzaffarpur, Patna, Bhojpur, Monghyr, Palamau, Champaran, Rohtas and Nalanda.

The district Collector's office at Gaya has detailed information about his land only in 138 out of the 488 villages listed.

A special clause in the Land Ceiling Act provides for necessary action to be taken on land possessions as a whole within the State to prevent any landholder from taking advantage of the size of his holding in each individual district.

Under these circumstances the Committee specifically recommended that immediate and time-bound measures should be taken to get a clear and true assessment of land owned by Mahant and Math. For this purpose revenue officials of concerned districts may be appointed, and to guide and monitor their work a senior official of the Revenue Department at the Secretariat level may be deputed.

When necessary information has been collected under the time-bound programme, quick steps should be taken to acquire all land above the land ceiling. It is possible that a time-bound programme may be required for this purpose also. The Committee believes that such action will release much of the land claimed by Matt/Mahant for distribution by Government among landless Harijans.

2. Immediate steps should be taken to take up the case under the Land Ceiling Act and to confiscate all land above the ceiling belonging to the Mahant independently as per the report of the Collector, Gaya.

3. Available information on-the-spot inquiry and the statement of the Bodh Gaya Mahant dated July 29, 1980, prove beyond doubt that the land transfers effected by the Mahant and his associates are all bogus and benami. Therefore in such matters notice should be served on the Mahant alone and the process of appropriation of surplus land be initiated without delay.

4. From the statement made by the Bodh Gaya Mahant to the Committee on July 29, 1980 it is clear that he is not interested in the case pending in the Supreme Court concerning the 17 Trusts, because, according to his statement, all the land under the jurisdiction of the Bodh Gaya Math but registered in the names of the Bodh Gaya Mahant, his disciples, his workers and his followers, belongs to the Math. In the light of this statement, the Government could seek the cooperation of the Supreme Court to expedite matters, so that the surplus land could be acquired without delay.

5. On the authority of facts published the District Collector's office, notice has been served on 680 fictitious holders by the Collector (Land Ceilings) under the Land Ceiling Special Act. 427 persons have registered objections among whom are 122 people to whom land had actually been transferred by the Bodh Gaya Mahant himself. No objections have been admitted by the remaining 253 holders.

According to the available information, final hearings had been concluded by December 1979 on the objections raised by 246 out of the 427 fictitious land holders.

The Committee recommends that:

a) the land held by the 253 non-objectors be declared 'Farzi' and confiscated without delay;

b) decisions be taken and suitable action quickly initiated in those cases where hearing has been concluded; and

c) action be taken first in those cases where transfer has been done by the Mahant himself to various people, and the remaining be attended to later.

6. The Trust Deed of 1932 clearly states that the Trust was being formed to manage, supervise and take care of the Math's property. The Deed also denies right to sell, transfer or alienate the peroperty to any trustee or board of trustees.

In the light of the aims and conditions of the Trust, the Committee considers that any change affecting the Math's land would be illegal and unauthorised. Therefore, all the land belonging to the Math should be considered as one composite whole and the Land Ceiling Act be applied to it.

7. The gift of 1300 acres of land surrendered to the Government in 1976 by the Mahant on behalf of bogus, benami holders and gods and goddesses should be legally looked into. Steps should be taken to exempt such cases in which the Math or Mahant is involved.

8. A task force of specialists be set up to study in detail the benami, bogus and other transfers effected by the Math and to consider ways and means of proceeding legally. In the light of these findings steps should be taken to bring into force the Land Ceiling Act. As there are many cases concerning the Bodh Gaya Math pending in various courts, it would be necessary to appoint a special Government lawyer to look into them.

9. Specially selected assistants be appointed for helping the Collector (Land Ceiling) to conduct area investigations and proceed with other matters.

10. The land released through action taken based on the Committee's recommendations should be distributed according to the Government rules among Harijans and the distribution be entrusted to the Bihar Bhoodan Yagna Committee.

11. The Committee feels that the land that has been transferred to benami and bogus holders can be declared illegal and the land confiscated. But in case there are any legal obstacles or other reasons

preventing such confiscation, the Committee feels that the Government should enact a special law to expedite the process.

12. The Committee fears that the Math may again try to appropriate the crops grown on its land by landless Harijans who have by cooperative effort been able to establish themselves on such land. The Government should in consideration of the welfare of these Harijans direct the district authorities to immediately arrange for such security measures as necessary and to give these landless labourers the status of ryots.

13. The Committee has in its report spelt out many important recommendations concerning various matters. The Committee considers it necessary for the Government to take early action on these recommendations.

Other recommendations

1. The Government should put an end to the Math's use of bonded labour as workers of the Math.

2. The Governemtn should see that minimum wages are paid to forced labour employed by the Math.

3. The Math has involved the non-violent satyagrahis against its tyranny in false cases in an attempt to intimidate them. The Committee recommends that an impartial inquiry should be instituted about these cases and false cases cancelled.

4. The Bihar Religious Trust Board is empowered to scrutinise the property, income and expenditure of any religious trust under its jurisdiction and judge whether the aims and conditions of the trust have been adhered to. The Body Gaya Math Trust is one of the most powerful religious trusts in Bihar. How far the Board has been true to its responsibility concerning the Bodh Gaya Trust has to be examined. If it is found to have been lax in the matter, the Board should be awakened to its responsibilities and its duties by the Government.

Setting up of the Committee: Appendix - I

Keeping in mind the consequences of the struggle initiated by the Chhatra Yuva Sangharsh Vahini against the bogus and benami land transfers effected by the Bodh Gaya Mahant with the aim of circumventing the land ceiling Act, the Revenue Department set up a Committee (Resolution 40801 dated October 13, 1979) to inquire into the real situation with regard to all bogus and benami and other holdings of the Bodh Gaya Mahant and to recommend suitable measures for speedy enforcement of the land ceiling law. This Resolution was published in the Extraordinary Gazette No. 958 dated October 13, 1979 of the Bihar Government. The aims of the Committee were to:

a) find out the details about the ownership, extent of benami and other land holdings of the Bodh Gaya Mahant;

b) suggest measures required to be taken by Government to acquire land above the land ceiling Act.

The following persons were appointed members of the Committee:- Shri Narsingh Narayan Singh, (Chairman, Bihar Bhoodan Samiti), Chairman; Smt. Sushila Sahay, MLC; Jagdish Sinha, MLC; S. Sahabuddin, MLA; Vasishat Narayan Sinha, MLA; Keshav Mishra (Member, Gram Nirman Mandal Khadi Samiti, Gaya); Radharaman; Gita Prasad Sinha; (Member, Bihar State Khadi Gramudyug Board); and K.B. Saxena (Tribal Welfare Commissioner, Ranchi) Member-Secretary.

Later the Chhatra Yuva leader, Vashisht Narayan Sinha, was also appointed a Member of the Committee. In its meeting on January 21, 1980, the Committee resolved to invite two young workers, Shri Surya Narayan and Shri Anil Prakash, closely connected with the Chhatra Yuva Sangharsh Vahini, to take part in its future proceedings so that it could get through them relevant and important information about the land holdings of the Bodh Gaya Math and the Mahant.

The Committee was set up after Shri Jaya Prakash Narayan had written following the firing at Mastipur resulting in three deaths on August 8, 1979, to the then Chief Minister, Shri Ram Sunder Das, requesting that a Committee sponsored by the Government be set up to inquire into the land holdings of the Bodh Gaya Math.

ADULT EDUCATION IN CHOTANAGPUR

1978 - 1983

A TWO-DAY WORKSHOP FOR NON-GOVERNMENTAL AGENCIES

at

Xavier Institute of Social Service,
Purulia Road, Ranchi 834 001

8 - 9th April 1978
on the occasion of the
Inauguration of the new premises of
the Institute.

XISS/
Fr. M.V.d.B.

PURPOSE OF THE WORKSHOP

Last year a successful seminar was organized at Ramakrishna Mission Ashram, Ranchi on the role of voluntary agencies in tribal and rural development, in which dialogue was initiated between Government and non-Governmental agencies, Xavier Institute intends to celebrate the inauguration of its new premises, taking place on 7th April, with a two-day Workshop on a topic of vital importance; Adult Education in the Chotanagpur region and the role of Non-Governmental Agencies therein. The Workshop will be on 8th and 9th of April.

The Government of India has taken up the challenge of making within 5 years, that is by 1983-84, a total population of 100 million people literate. Towards the end of the current year, the Government is launching a National Adult Education Programme, (NAEP), and it expects the non-governmental agencies to play a role in mobilizing all available resources towards achieving that goal.

Shri Anil Bordia, Joint Secretary, Ministry of Education and Social Welfare, who is responsible for the NAEP, has agreed to Personally come and preside at the workshop.

The purpose of the workshop is three-fold.

a. To hear from Government, what it intends to achieve by the NAEP, and how it hopes to reach its objective.

b. To take stock of different forms of adult education already being undertaken by Non-Governmental organizations in the Chotanagpur region.

c. To draw up practical guidelines for a more effective commitment towards the NAEP and better cooperation between Governmental and Non-Governmental organizations.

PARTICIPANTS

The Workshop is meant for Non-Governmental Organizations which are already engaging in adult education, under one form or other, or which intend to take up adult education in the near future. Each organization can depute a maximum number of two representatives to the Workshop.

The number of participants will be limited to approximately 100 persons, (the outer limit being 125), so as to

ensure maximum participation by everybody.

Governmental organizations, responsible for the promotion of adult education, will also be welcome to send one delegate to the Workshop.

VENUE

The Workshop will be held in the new premises of Xavier Institute of Social Service, Purulia Road, RANCHI 834001, next to St.John's High School, and close to the bus-stand on the Main Road.

For delegates coming from outside town a limited number of lodging facilities are available in the Institute. Guests will have to share accomodation with others in four-bed rooms, at the cost of Rs6/- per night, excluding breakfast.

REGISTRATION

Organizations keen to depute one or two delegates, are adviced to fill in the registration form, found herewith, as soon as possible and to send it back along with the necessary registration money, in the form of a cheque or bankdraft in favour of Xavier Institute of Social Service.

The registration fee will be Rs 20/- per person, and will cover the cost of course material, food, and registration, but not of lodging.

LANGUAGES USED

Both Hindi and English will be used at the Workshop.

TENTATIVE PROGRAMME

Saturday, 8th April 1978.

9.00 Arrival and Registration

10.00 INAUGURATION

Welcome

Keynote Address by Shri A.Bordia: Adult Education, The Challenge as viewed by the Government.

Inauguration of Book Exhibition of British Books on Adult Education.

Vote of Thanks

11.00	Tea break
11.30	Adult Education in Bihar and Chotanagpur Adult Education for What ? Questions, clarifications, answers
1.00	Lunch
2.30	Workshop I : Adult Education for Literacy and further Education. - Literacy Programme of the YMCA.Ranchi - Adult Education in urban villages, Irgutoli & Nagratoli - Helping drop-outs to re-enter the educational stream .
4.00	Tea break
4.30	Workshop II : Adult Education for Employment and Skills - Krishi Vigyan Kendra for training farmers - Training for skills and self-employment - Training for village entrepreneurship
6.00	Free
7.00	Supper
8.00	Cultural Function and Role Playing by Volunteers of Vikas Maitri and students of Xavier Institute.

Sunday, 9th April 1978

9.30	Workshop III : Adult Education for Life and Social Akills - Grihini Schools for tribal women in Chotanagpur - Trsining Village Level Volunteers - Training Barefoot Doctors
11.00	Tea break
11.30	WorkshopIV: How to make schools into centres of Adult Education (in groups)

1.00	Lunch
2.30	Workshop V : Practical Guidelines for Non-Governmental Organizations engaged in Adult Education (in groups)
4.00	Tea break
4.30	Closing Function: Plenary Session- conclusion, and recommendations
6.00	Dispersal

REGISTRATION FORM

To the Director,
Xavier Institute of Social Service,
Post Box 9, RANCHI 834 001

Dear Father,

Our organization likes to depute the following delegate (s) to the Two-day Workshop on Adult Education, to be held on 8th and 9th of April 1978.

Name (in Blockletters)	Designation	Veg/Non-Veg.
1.		
2.		

These delegates will / will not require, sleeping accomodation in the Institute . (Please strike out what is not relevant).

We are sending you by cheque/ Bank draft/ Cash, the sum of Rs _____ (No of Cheque/Draft _____ Date_____) as registration fee for our delegate (s).

Yours sincerely,

Seal:

_____
Signature

Place: _____ Name: _____

Date: _____ Designation: _____

Name of Organization: _____

Address of Organization : _____

_____ Tel: _____

BIHAR - II

Nuclear bulletin No. 1

The Worldwide Threat Of Nuclear Technology.

HEALTH AND SOCIETY GROUP

Introduction

In the West, particularly within the last few years, a fresh awareness is steadily growing of the dangers posed by nuclear technology. The seed of awareness has yet to germinate in India. At first glance it may seem that India is so overwhelmed by the basic and immediate problems of poverty that these issues are of secondary importance, Also, some will try to justify the existence of the Indian atomic bomb in reference to the conceived threat from Pakistan and the development of nuclear reactors in reference to pressing power shortages such as Calcutta is experiencing every day.

This article is the first of a series. Our aim is to bring the question of nuclear technology to the forefront. It is in fact extremely relevant to India today for the following reasons :

1. Expenditure on nuclear technology both military and for power, represent huge sums of money which could be positively used to promote economic and social development.

2. The nature of nuclear technology is such that it poses a threat to the whole of mankind and not simply to certain people or places.

3. In possessing both nuclear weapons and power stations India has a responsibility along with other nuclear nations to find a way out of the nuclear nightmare.

4. The nuclear business is controlled by the highly indnstrialised states and their multinational corporations and therefore in following the nuclear path, India is enhancing her neo-colonial status.

We hope that the information given will be widely read and distributed.

September, 1981

The Worldwide Threat of Nuclear Technology.

"The atom bomb has changed everything except our mode of thinking." —Einstein.

When America tested an atomic bomb on the population of Japan on the morning of 6th August 1945 the Atomic Era began. It could be the last era of civilization. What happened on that day could be repeated on a much vaster scale threatening the lives of men, women and children everywhere.

Hiroshima.

The atomic bomb which fell on Hiroshima weighed about two kilograms and was little larger than a cricket ball. It killed approximately 50% of the population ; 140, 000 people died instantly. There was first a searing flash of light brighter and hotter than a thousand suns. At 1,000 yards the surface of granite melted and all life was incinerated.

"Suddenly a glaring whitish, pinkish light appeared in the sky accompanied by an unnatural tremor which was followed almost immediately by a wave of suffocating heat and a wind which swept away everything in its path. Within a few seconds the thousands of people in the streets in the centre of the town were scorched by a wave of searing heat. Many were killed instantly others lay writhing on the ground screaming in agony from the intolerable pain of their burns. Everything standing upright in the way of the blast—walls, houses, factories and other buildings, was annihilated...Hiroshima had ceased to exist."

—Japanese journalist.

Fires sprang up in all directions and were swept by tornado winds into a single firestorm which raged for six hours burning everything combustible within two kilometres. Survivors overcome by the intolerable heat and raging thirst ran in panic to the rivers and drank the poisoned water. Within a month they too died. Apart from their gruesome and repulsive injuries the total and absolute destruction disorientated even active survivors and destroyed their will and capacity for living . Not only human lives on an unprecedented scale but all services, hospitals, fire stations, factories, transport and every environmental factor that makes life liveable were gone in seconds.

Beyond the area of total destruction, radiation sickness from the radioactive fallout leading to vomiting, bleeding and convulsions killed many more within days. Today they are still dying at the rate of two thousand a year from leukaemia and other forms of cancer. The incidence of abortion and malformed offspring as a result of genetic damage from the fallout increased.

Nuclear Weapons today.

The Hiroshima bomb had a destructive force of 20,000 tons of TNT. Today bombs are commonly 1 megaton or 11,000,000 tons of TNT, that is fifty times the size of the Hiroshima bomb. Fusion bombs of up to 65 megatons have been produced.

The explosion of a megaton bomb will cause the buildings to collapse in an area of about 100 square miles when the blast arrives. Within 300 square miles firestorms will develop. Soon after the explosion an area of 50 miles by 10 miles wide will be contaminated with enough radiation to give a quickly lethal dose to anyone in the open. Eventually an area of over 4500 square miles will be contaminated.

The nuclear arms race

"As a military man who has given half a century of active service I say in all sincerity that the nuclear arms race has no military purpose. Wars cannot be fought with nuclear weapons Their existence only adds to our perils because of the illusions which they have generated."—Mountbatten, 6 weeks before his death.

In their efforts to produce more and more lethal weapons the two superpowers have amassed enough nuclear weapons to destroy every city in the world several times over. They number over 50,000.

If the Americans loose 40% of their present stock every man, woman, animal and insect in the U. S. S. R. would be dead. The country would be a radioactive desert. And the other 60% would do no Russian enemy harm ; you cannot hurt a Russian who is already dead. The fallout from the 40% would go up to 40,000 ft. and, caught by the upper winds would go, if the wind was from the west to China and Japan, and if the wind was from the east to Britain, the U.S and Canada. In all probability the Russians would have retaliated in kind and a war would escalate in which the country initiating the action would be destroyed along with the enemy and the whole of human civilization would be put in jeopardy within a matter of minutes.

"Hundreds of thousands of burned and otherwise wounded people would not have any medical care as we now conceive of it ; no morphine for pain, no emergency surgecy, no antibiotics, no dressings, no skilled nursing, and little or no food or water.

Delayed radioactive fallout would render large areas of land uninhabitable for prolonged periods of time, making it impossible to produce the food upon which the survival of whole populations would depend.

The earth will be seared, the skies heavy with lethal concentrations of radioactive particles, and no response to medical needs can be expected from medicine."

—from the proceedings of the First Congress of the International Physicians for the prevention of Nuclear war.

Inspite of the horror of nuclear war, there is constant readiness to launch an attack. One nearly did occur during the Cuba Crisis in 1962. The instability and unreliability of the policy of 'deterrence", of possessing nuclear weapons in order to deter an enemy from attacking, was shown then when we came within a hair's breadth of nuclear war all over a single Soviet ship crossing an arbitary line America had drawn around Cuba. Bomber fleets are on 24 hour alert, some are always airbourne with armed nuclear war heads, and tens of thousands of nuclear missiles are poised to strike. Each member of a missile crew is provided with a pistol and given instructions to shoot anyone who appears likely either to fire the missiles without authorisation or not to fire them if authorised.

Accidents

On November 9, 1979 all the American early warning systems around the world went on alert for six minutes. Three squadrons of planes took off armed with nuclear weapons. Twice again on June 3 and 6, 1980 two computer errors nearly led us into a nuclear war. The false alerts were traced to a defective component worth 46 cents. Over 100 near accidents have been recorded in the past 30 years.

There is a proposal to by-pass radar operators, the President and launching personnel by a piece of wire. Within two years the technologists at the Pentagon will have finished developing a

system called 'Launch-On-Warning.' That means that when the reconnaissance Satellite detects something in Russia—maybe its a missile going off, may be it's an accident, may be it's nothing-it sends a message back to a computer and then to all the missiles in America which go off within three minutes. Then the e will be no chance to check for false alerts. There is no human input or intervention.

Accidental war has, so far, been avoided but accidents involving nuclear weapons have not.

On 23 January 1961 a B-52 bomber carrying two 24 megaton nuclear bombs crashed near Goldsboro, North Carolina, U. S. According to Dr. Ralph Lapp, former head of the U. S Office of Naval Research, one bomb was removed from the wreckage, the other from a field near by where it had fallen without exploding. When the recovery team examined this second bomb, however, they discovered that five of the six safety interlocks had been triggered by the crash. Only one single switch had prevented the explosion of a 24-megaton nuclear bomb. On 17 January 1961 another B-52 this time carrying four 20-25 megaton hydrogen bombs crashed near Palomares, Spain. One landed undamaged but the conventional detonating devices on two others exploded scattering plutonium over a wide area. This necessitated the removal of 1, 750 tons of radioactive soil and vegetation. (It was buried in Barnwell, S. Carolina where the rain will leach the plutonium into the Savannah River. The fourth bomb fell over the Mediterranean and was only recovered after an intensive three month long underwater search.

Many more accidents are covered up in secrecy.

Apart from accidents there have been losses of nuclear materials. In 1978 the Nuclear Regulatory Committee in the U. S. announced that over a ton of plutonium was "missing". Plutonium is used to make bombs. Even 99·9% control of American nuclear weapons inventory, which is far greater than in fact exists, would still leave fifteen warheads unaccounted for. One of these is enough to kill hundreds of thousands of people.

Fallout from tests.

There have been over 1, 200 nuclear tests since 1945. It is reasonable to believe that already as many people have been killed from the fallout around the globe from the testing of nuclear weapons as were killed by the two bombs dropped on Japan. In 1954 a radioactive cloud drifted over some Pacific islands and a Japanese fishing trawler well outside the testing area. Many islanders sustained burns and permanent abnormalities and all the crew came down with radiation sickness. One of them died.

In 1969 Dr. Sternglass, Professor of Radiation Physics at the University of Pittsburgh, delivered a paper stating that according to his studies some 400, 000 infants less than one year old had probably died as a result of nuclear fallout between 1950 and 1965.

The most lethal radioactive element plutonium-239 according to Dr. John Gofman former Assistant Director of the AEC (Atomic Energy Commission) Lawrence Radiation Laboratory, is so deadly that between 116,000 to 1, 000, 000 cancer deaths will occur from its fallout in the U. S. alone.

Thinking the unthinkable.

As the stocks of weapons have grown to exceed by far the number that could be justified as a deterrent, new concepts of nuclear war have had to be developed to warrant further expansion of nuclear forces. The competition has moved towards the production of smaller size with more punch for the pound and much greater accuracy.

Missiles can carry strategic nuclear weapons 6, 000 miles in less than 30 minutes. Fired from the other side of the world, they can hit within a few hundred feet of the target.

Now the idea that nuclear war could be deterred by the horror of it is giving way to a different official concept that these weapons can be perfected to fight against the enemy's weapons and destroy them. Instead of "deterrence" and "assured destruction", nuclear war is to have a more thinkable image, "counter force." It is highly inprobable that all the enemy's forces could be wiped out ; even one submarine left after destroying all other weapons simultaneously would be enough to inflict completely unacceptable damage on the attacker. And yet this concept, more dangerous still, provides rationale for the actual use of these weapons in war.

Governments in the West are preparing the public to accept the possibility of nuclear war and creating the cruel illusion that it may be possible to survive it by promoting laughable civil defence publicity. Around the country in Britain, and other countries, secret Government bunkers are hidden, "regional seats of Government" in the event of nuclear war.

Proliferation and the arms trade.

Six nations are known to possess nuclear weapons : U. S., U. S. S. R, Britain, France, China and India. Eighteen other countries have them stationned on their soil or provide bases for ships or planes that transport them. South Africa and Israel almost certainly have the capacity to produce nuclear weapons also.

In the shadow of the U. S.—U. S. S. R. arms race local rivals are engaged in contests of their own. The nuclear arms spiral has had consequences for beyond the boundaries of the U. S, Europe and the Soviet Union. For the nuclear arms spiral has been accompanied by an equally spiralling conventional arms race. Both the U.S. and the U.S.S.R. have sought to arm other countries to the same degree as they continue to arm themselves. Between 1968 and 1975 arms exports of the U. S. rose over 1, 200% and have climbed even faster since then.

The cost.

The money required to provide adequate, food, water, education, health and housing for everyone in the world has been estimated at 17 billion dollars a year. It is a huge sum of money... about as much as the world spends on arms every two weeks.

The amount of money spent on arms and armies throughout the world is difficult to conceive of. It is :

Ten thousand million rupees per day.

In today's world :

* 500 million people are starving to death. 2 billion people do not have clean water to drink. Water-related diseases kill approximately 10 million people every year.

Yet two governments in three spend more on the military than on health.

* The training of military personnel in the U.S. alone costs twice as much per year as the education budget for the 300,000,000 schoolage children in S. Asia.

* Research on new weapons receives eight times as much public money as research on new sources of energy.

* Close to 50% of all the world's scientists are in some way involved in military research and development.

* In two days the world spends on arms the equivalent of a year's budget for the United Nations and its specialised agencies.

* The world's military expenditures are today greater than the gross national product of all Africa and South Asia combined.

The developed countries have been very successful in creating markets for their arms in the developing world. The percentage of the national budget of developing countries spent on arms has risen steeply over the last few years. Military expenditure exceeds expenditure on health in developed countries ; it is often three times as much in developing countries. Developing countries totalled 9% of world military expenses in 1960, in 1977 it was 18%.

Inflation and unemployment.

The diversion of resources away from economic development and urgent social needs is all too glaringly obvious. This "permanent war economy" has also effects in hidden ways, not easily reducible to numbers and therefore often ignored. Military spending is an important cause of inflation and unemployment. Military spending overheats the civilian economy by generating

more spendable income than goods and services to absorb it. It depresses investment which in turn thwarts economic growth and prolongs inflationnary pressures. Comparison of military expenditure of the developed countries and their manufacturing productivity shows an inverse relation between the two. The highest rates of military spending are associated with relatively low growth of productivity, the lowest rates of military spending with high gains in productivity.

Official calculations for the U. S. economy indicate that for the same expenditure of funds up to twice as many people can be employed in schools, health services, building homes and transport systems as through military budgets.

The road to destruction.

Between 1960 and 1980 there have been 83 wars and interventions. With the superpowers often supplying the weaponry for these conflicts the chance of their involvement escalating to direct confrontation increases. And, as the countries involved in conflict seek more and more lethal weapons, this leads ultimately to the desire for nuclear weapons for themselves. The superpowers wish to retain a monopoly in their nuclear arsenals but the means for other countries to make their own bombs are not hard to come by. Wherever there are nuclear power stations operating there is both the material and the technology to construct nuclear bombs.

Both technologies for nuclear bombs or the production of power are based on the fissioning of uranium, the splitting of uranium atoms into sub-atomic particles releasing energy. Nuclear power reactors produce fairly large quantities of a by-product, plutonium, from which nuclear weapons are pro uced.

A power plant may produce 500 pounds of plutonium in a year. A bomb requires only 10-20 pounds. Therefore any nation possessing a reactor could theoretically make 20-40 atomic bombs annually. It is not by chance that the entire U. S. nuclear weapons programme is run by the Department of Energy.

India very effectively demonstrated the link between nuclear power and nuclear bombs in May 1974. Using plutonium extracted from an experimental reactor bought from Canada "for peaceful purposes", India built and detonated the subcontinent's first homemade nuclear bomb.

College students have succeeded in designing functional bombs from documents available publicly. The designs call for metal fixtures bought at local hardware stores and an amount of plutonium that can easily be concealed in a shopping bag.

Today there are 565 nuclear power stations in 39 countries. By the year 1985, it has been calculated, 40 countries will be in a position to manufacture atomic bombs given the political will to do so.

The possibility of making nuclear weapons from nuclear power is by no means its only danger. Even taken on their own terms nuclear reactors, indeed all aspects of the nuclear fuel cycle, are seen to be as devastating as the nuclear weapons used against Japan. The only difference between nuclear weapons and nuclear reactors is that one goes off with a huge blast while the other releases its radioactivity slowly, quietly, over time. But the effects are the same.: environmental damage and human death and mutation.

Information compiled by Janet Aitken from :

1. "From Hiroshima to Harrisburg" by Jim Garrison.
2. "Nuclear Madness" by Dr. Helen Caldicott.
3. "World Military and Social Expenditures 1980" by Ruth Leger Sivard.
4. "Atomic bombs and human beings" by Arthur Booth,
5. "The effects of a nuclear explosion " by Andrew Utting.
6. "What nuclear war would mean" Speech by Philip Noel-Baker in March 1980.
7. Speech made on 11 th May 1979 on presentation of Louise Weisse Foundation Peace Prize by Earl Mountbatten.
8. Proceedings of the First Congress of the International Physicians for the Prevention of Nuclear War, March 1981.

* * * *

In preparation :

Nuclear bulletin 2 : "Radiation—the greatest public health threat of all time."

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BIHAR.

Radical Catholics' movement in Bihar

By ARUN SINHA

PATNA, Oct 27

Groups of young and radical clergymen, much to the resistance of the heirarchy, are propelling the Catholic Churchdom to associate itself with the 'human rights movement' in rural Bihar.

Shocked by the realities of the physical and mental serfdom of mass of villagers like Harijans & Adivasis, these groups are urging that the Church give up its traditional 'relief and charity orientation' and take up the causes of freedom and justice for the common man.

The Church must re-define its role for, they argue, 'Christianity means nothing but upholding of the human dignity.'

In fact, the radical priest groups have already started working among the oppressed people in certain villages of Monghyr, West Champaran, Palamau, Singhbhum and Patna districts. Among the leaders of such groups are Fr Philip Manthara and Fr Gonsalves, both teachers of high schools in Bihar.

'What was our old role?' poses Fr Manthara and answers himself: 'Homes for the aged, homes for the destitutes, relief after calamities. By doing so did the Church create a new man, a free man, no. It brought about no change in the common man's psyche. He remains a man who was dependant, a man who could not stand on his legs for the Church was always a ready with its doles.'

Fr Manthara says in the new role they are working among the poor and the illiterate in the villages to 'conscientize' them to make them aware of what is good and just for them. They are trying to help the voiceless people organise themselves and start a non-violent struggle for their basic human rights in the society.

Talks with radical campaigners show that although they have derived their doctrinal inspiration from the Vatican's decade-old shift from orthodox role, they are formulating a native concept on the basis of Gandhi's ideal of 'Swaraj' and JP's 'total revolution.' They also appear to have been decisively influenced by Paulo Friere's new education methodology for the oppressed.

'Our new ideal is very akin to the ideal of total revolution — fundamental change without class struggle and physical violence,' they say.

The radical Catholics are of course not the first to endeavour ushering in a 'peaceful revolution.' Many political and non-political organisations have been making similar efforts in Bihar and elsewhere. Their general experience is that the socially superior and propertied classes in the village do not tolerate even a single pebble in the still water.

'Yes, yes, we are fully aware of that,' the radicals emphasise. Says Fr Joseph: 'The opposition, the confrontation is bound to come. But our commitment to the cause is definite. There is no going back.'

Fr P.A. Augustine, who is also a journalist, says that the radical Catholics will be marching forward along the course they have chosen 'come what may'. He adds, 'What maximum the Government can do, for example? We are Indian citizens and not foreign missionaries who can be expelled. The worst the Government can do is give us jail and we are prepared for that.'

Fr Manthara cites the example of a radical priest who was recently jailed for several weeks in Maharastra for 'conscientizing' the poor.

Inside Bihar, the radical Catholics had their first taste of ruling class resistance three years ago at Kharagpur Haveli in Manghyr district were Francis Mattathilani had to immensely suffer for helping poor Santals against the landlords, who incloded a Sorialist politician, now a minister.

Fr Francis, to whom many Santals came to narrate their sufferings, slowly started engaging himself in the work of awakening. He exhorted them to fight for their basic human and economic rights, and till the land, which physically belonged to the landlords but legally to them.

Surely that was not the work of a "Christian padre", the landlords said. But Fr Francis did not withdraw himself and he helped the Santals file petitions in the courts and the government offices. About 150 bonded labourers were freed through this campaign. Fr Francis also convened a camp of radical Catholics to work in a cluster of villages in Kharagpur Haveli to awaken the poor.

One day-and it was emergency —the landlords let loose a gang of 200 men to loot and destroy the mission properties and assault Fr Francis and leave him half-dead on the road.

The Fr Francis case is considered as a landmark by the pro-changers within the Church. It stirred up the mission structure and the pro-chargers resolved to go ahead from isolated ventures to conscious and organised work. "It is a change from below. The Church is not changing from the top", reminds Fr Augustine.

Fr Augustine, however, says that there is no "ideological difference" between the Church authority and the radical groups like Jesuits. But Fr Manthara opines that, "if this ferment within the Church goes on,' the maximum authority can do is tolerate us". The authority is not ready to "go out into the open".

It is not that the radical priests do not have any "Avant Garde" within the authority. There are a few bishops who are raising the issues like atrocities on Harijans, as they have recently done at the all-India Catholic bishops' conference at Ranchi. In Bihar, the radical priests are backed by Bishop Saupin of Daltongani. Bishop Saupin was the one who wrote a strong protest during emergency to Mrs Indira Gandhi over the forced mass sterilisation of the Adivasis.

The radical clergymen, in their "conscientization" campaign, are first attacking the formal education system. The present system of education, they say, probably taking a leaf from Paulo Friere, is static and does not allow any "dialogue" between the educator and the people.

They are experimenting their concept through the national adult literacy programme (NAEP) under which they are currently running hundreds of centres in different districts of Bihar. The idea, they say, is not merely to make the people nominally read and write but also to wake them up: to make them realise that they are oppressed and that there is a way to re-humanization.

Fr Manthara takes this correspondent to Sikandarpur village, 12 kms west of here, to show how through the NAEP the Harijans are being enthused to organise themselves to avail of the benefits accruing from Government agencies. The Harijans, earlier resigned and disorganised, are coming to believe that only "Sangathan" can solve their problems. Only recently they on their own went to the block office to ask the officials to repair the only handpump in their ghetto which had stopped working six years ago. They organised Lakshmi Puja for the first time in their ghetto this year so as to consolidate th unity.

Certain landowners of the village are reacting that "the Harijans are going cracy". Slowly and slowly when the Harijans get conscious of their basic rights a tough resistance from the entrenched classes is bound to come.

The style of the educators, Fr Manthara says, is to make the people think about their problems as well as their solutions. "We are not approaching them with any formula or ideology", he clarifies.

As a part of radicalization, which has most prominently influenced the Jesuits, the schools and hospitals run by the Catholics too are changing their policies. The Jesuit schools have reserved a certain percentage of seats for the economically weaker sections and are slowly but decisively switching over to the Hindi medium for "English medium serves only the elite children".

The mission health care, which was centred on a "curative policy" earlier, is now stressing upon "preventive policy". The health programme is made to cover poor people like slum-dwellers.

In short, the radical groups say, the whole education and health structure is trying to cast off its "elitist image". So far, it has benefited only the rich and the powerful. It has made an "epochal departure" by changing its policies in favour of the poor and the oppressed.

HEALTH, MEDICINE AND PAKUR

- **Dr. Prabir Chatterjee***

Pakur district is in the Santal Parganas. It is the southern half of the old Sahebganj district and is quite close to Farakha and Rampurlat in (in West Bengal). It has a population of 500,000. Of this, between 150 and 200,000 are Santals.

Santals are the largest ethnic groups. They constitute over 50% of the population in 4 of the blocks at least. Other communities also speak Santali – for instance, the Mahalis (basket-makers). And there are communities who speak other languages but usually live alongside the Santals such as the Maraya

The original inhabitants of the interior part of this district are the Malts (also called the Sauria Paharia). They call themselves Maler. Their language is related to Kurukh, the language spoken by the Oraons of Ranchi district. The Malto are only 5 to 10% of the population now (around 50,000 live in Pakur district. The total Malto population is only around 100,000). 18,000 Malto live in Litipara block alone making up 25% of the population there. They are related to the Mal Paharia community.

Other communities of the district include Bagdi, Mal, Rajak, Rabidas who are all scheduled castes. Some of the (eg., Rajak) are found only around market towns. Jolaha (Muslim weavers) are found in the same areas. Somewhat better off, and occasionally quite rich are the Teli (Saha) and Moira (sweet makers) communities. All of these communities usually speaks Bengali or local "Dehali" / "khotla" dialect.

The big money lenders are usually Bhagats, who are originally from Bhojpur, but have been settled here for over a century now. Many individuals are involved in professions like medicine and education or law. The stone quarries are owned mostly by Sindhi families from Pakur town. The town also has a sizeable number of Hindi speakers.

There is officially a district hospital. It still has only the facilities of a sub-divisional one. This means that caesareans for instance, cannot be done at Pakur town. There are also PHCs in each of the six blocks. However, the government doctors even those present at the PHC are usually involved in private practice during working hours as well as afterwards. A couple of years ago, a surgeon born in the district, who works in Bhagalpur had come down and done some operations at Hiranpur (a PHC).

The health sub-centres often do not exist even on paper. No staff actually stay at any sub-centre. Quite often, if a building exists, it is used for storing hay. The staff posted there occasionally appear during winter and the dry season. More commonly, they are seen in February when they need to complete their family planning targets, and on the days of the pulse polio programme.

**Dr. Prabir Chatterjee has worked for several years in voluntary sector mission hospitals in South Bihar. He is presently completing his post-graduate in Community Medicine at Christian Medical College, Vellore, Tamil Nadu.*

The mission sector has two big hospitals. One is the CNI run St. Luke's with a bed capacity of 150. Occupancy has been around 40 beds. Since the British doctor couple left in 1990. However, caesareans, hysterectomies, prolapse repairs, gastrojejunostomy, repair of intestinal perforation, cholecystectomy, hernia repairs and internal fixation (pinning) of fractures are being done regularly even now. One disease which is very rarely seen is appendicitis. The theatre uses an EMO, anaesthesia apparatus (ether).

The other hospital is Methodist run. Theodori has smaller capacity but again bed occupancy is around 50. There is a qualified surgeon here – so even more surgical cases are seen. Has two peripheral weekly clinics.

St. Luke's sees around 400 deliveries a year (down from the 800 in the past). Of these, nearly 100 are eclampsia cases (certainly more than 50), some of whom comes from over 100 kms. Away. There are a few cases of ruptured uterus caused by intramuscular use of *OXYTOCIN* by nurses or doctors in the neighbouring districts. The medical superintendent is a paediatrician. He has 3-5 MBBS graduates, around 6 ANMs, 3 laboratory technicians, and one X-ray technician and a pharmacist to help him. There are also around 20 staff who have been trained in St. Luke's (auxiliaries, laboratory assistants, a medical records assistant, accountant and a theatre assistant) but who have no formal qualification. There are nearly 50 other staff (those who look after driving, cooking, sweeping, gardening) – all of whom were necessary when the hospital was running to full capacity.

Around 100 Kala Azar cases are treated here every year and similar numbers of TB cases. It is quite impossible to get National TB drugs for this however. Large numbers of malaria cases are seen. Some of these need to be tested and over 200 slides are found to be MP positive every year. The majority of these are *falciparum* . In December, every year, there are around 10 deaths among the numerous cerebral malaria cases admitted. Between May and July, come the gastroenteritis epidemics. There are large numbers of amoebiasis cases, some probable cholera cases and some bacillary dysentry cases alongside the viral diarrhoeas. In summer, a lot of fractures especially of the shaft of the humerus (treated by a Steinman pin and traction) in children who climb mango trees. In winter, there are a lot of burns cases. There are also non-tribal women, young and recently married who come with burns from kerosene stoves.

The laboratory can do urine culture but no other cultures. Other than that, it is quite well equipped. HIV testing is not done however. There is a fixed X-ray machine and a portable one. Some facilities which are not available are ECG, ultrasound, "Ambu" – bags for resuscitation. Sterilization is by autoclave. Needles are cleaned and kept in serial dilutions – of carbolic acid. The theatre depends more on antiseptic technique than 'aseptic'. There is no air conditioning. Interestingly, the rates of wound infection are not exceptionally high. There is a major generator which can cover all the staff houses as well as the entire hospital. There is also an ambulance-jeep. This also used to take a small team to a local community health project once a week in the past.

Other centres in the same district are:

a) **COMMUNITY REHABILITATION PROJECT FOR CHILDREN, PAKUR:**

In a Methodist campus – with Catholic collaboration

Involved in:

1. making ALIMCO prostheses
2. sending children to Calcutta for corrective operations
3. providing a halfway home for children after their operations (which involve a year in Calcutta often)
4. gait training
5. helping place the severely disabled children in schools
6. monthly clinics at various mission stations
7. following up patients at home.

Has a trained physiotherapist, prosthetic engineer, social worker, nurse-pharmacist. Sometimes, has a resident doctor (author of this note).

b) **JISU JAHER DISPENSARY, SOHORGHATI**

Specializes in treating Kala Azar. Up to 1,000 cases a year. Uses the aldehyde test. They also treat TB. Most patients of course are fever cases and are treated as malaria. Referrals go to St. Luke's (20 kms. away). There is one trained assistant and one nun in the dispensary (trained nurse).

c) **MISSIONARIES OF CHARITY, SOHORPUR**

Specializes in in-patient care of TB patients. Uses the services of a PHC doctor from Hiranpur. He charges them private rates. One brother looks after the dispensary.

d) **PAHARIA SEVA SAMAJ, SATIA.**

Specializes in herbal medicine. Known among NGOs throughout Bihar for its October course in herbal medicine. Has developed a herbal medicine for Kala Azar. Now, developing *LOK SWASTHYA SEVA KENDRA* in Litipara with a microscope and basic laboratory facilities. Is famous for their proprietary preparation SANJEEVANI OIL, and the SANJEEVANI BALM. Has a herbal doctor (Dr. P.P. Hembrom). Involved in Kala Azar surveys in 1994.

e) **SANTHAL PAHARIA SEVA MANDAL, AMRAPARA.**

Founded by a Gandhian group many years ago. Produces herbal medicines.

f) **TRDP, CHANDRAPURA.**

A Methodist agricultural project. Does immunization in 50 villages of Maheshpur Block. Has 4 MPHWs and has trained village health workers. Runs 2 peripheral weekly clinics (one at Pokhoria). Assisted by the nurse-pharmacist from CRPC and the doctor.

g) HATHIMADA MISSION DISPENSARY

Specializes in infertility. Has 3 days a week OPD. One trained assistant and one nurse.

h) DEBPUR CLINIC

Has three trained health workers (one an MPHW). Has a biweekly clinic. Every fortnight, the nurse-pharmacist visits. Has a solar fridge. Linked to TRDP system, though it is a Catholic centre. Buys drugs from CDMU Calcutta.

i) MUKRI PAHAR (*10 kms from LITIPARA*)

Clinic run once a week by EHA. Two doctors are based in Barharwa and will soon move closer to Barhart (both in the current Sahebgunj District).

PROBLEMS/ISSUES of PUBLIC HEALTH IMPORTANCE IN PAKUR DISTRICT

INFECTIONS	*ACCIDENTS*	*HEALTH SYSTEM*
Malaria	Fractures	Private Practice by Govt. Doctors
Cholera	Snake bites	
Kala Azar	Burns	Lack of Medicines
Tuberculosis		

SOCIAL
CULTURAL - Dain ⟶ "witches"

- Ona ho Monj, Noa ho Monj ge! ⟶ Gap between collective decision-making by consensus (tribal system) and hurried/forced decisions of outsiders. This can cause a lot of heartburn in professionals. For example, a child who didn't want a blood transfusion. The parent agreed to the doctor, but refused to force the child to accept the blood. The child died (doctor's perception). The child died happy (parent's perception)!

ECONOMIC

- No industries – except stone quarries and crushers
- Rainfed agriculture – Droughts, Pests – Mostly Rice.
- No proper veterinary facilities – Livestock disease common
- Sale of alcohol in weekly markets
- Extensive deforestation (but some fruit trees remain)

PHYSICAL

Non-accessibility especially during rainy season.

Lack of petrol, electricity – often for two or three months at a stretch

About some Indicators of MCH Care

- Among Maltos, the IMR in an EHA survey done in 1996 was around 200/1000 live births.
- MMR likely to be very high (esp. due Eclampsia)
- Post-delivery morbidity is high (e.g. Prolapse Uterus in later years).

In the last few pages, I have described to the best of my knowledge (there maybe quite a few inaccuracies and I apologize for them), the background that would be needed to plan a health intervention or improve the medical care system in Pakur district.

There must be at least 20 other regions in South Bihar that could be described by readers of this note. These areas may have substantial similarities – but there will also be differences. For instance, kala azar is not common except in Sahebgunj. My hope is that the discussion about what is common to the whole of South Bihar and where flexibility for local differences is needed will help in planning for better standards of care in medical and health institutions there.

IH-1.

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA

(Networking of Voluntary organisations working in the field of Health & Development)
(Registered Under Karnataka Societies Act, 1960 No. 185 of 1974-75)
ವಾಲೆಂಟರಿ ಹೆಲ್ತ್ ಅಸೋಸಿಯೇಷನ್ ಆಫ್ ಕರ್ನಾಟಕ

VHAK/2004-05/AGBM-C-2

28th June 2004

To
Community Health Cell
Koramangala
Bangalore

Dear Sir/Madam

We are sure you are in receipt of the AGBM circular sent earlier and blocked the date to participate in the same.

We are pleased to enclose the following for your reference.

A) 2003 AGBM Minutes B) Registration Form C) Rational T B care
D) Public hearing on Right to Health Care.

We are hereby enclosing a letter by National Commission on Macro Economics & Health which in self-explanatory and a schedule to be filled in and directly sent to Ms. K. Sujatha Rao by post or e-mail marking a copy to VHAK. Please do take some time and do the needful. Hope you would oblige.

Please fill in the enclosed AGBM registration form and send it back to us by 20th July 2004.

We look forward for your participation in good number in the ensuring AGBM.

Thanking you with kind regards.

Yours Sincerely

T.NEERAJAKSHI
Executive Secretary.

Encl: as above

No. 60, Rajani Nilaya, 2nd Cross, Gurumurthy Street, Ramakrishna Mutt Road, Ulsoor
Bangalore - 560 008. INDIA Tel. : +91-80-5546606, E-mail : vhak@bgl.vsnl.net.in

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA

Sub: Rational TB Care.

Dear Friends,

As you are aware TB is a major killer and more women die of TB than due to pregnancy and child birth related causes.

The diagnosis of TB is delayed specially in women and in areas where health facilities are scarce. Even if diagnosed, if medicines have to be bought – due to their cost and long duration, regular treatment often does not take place specially in women.

The Government had offered 4 schemes for NGOs on TB. The availability of medicines to those Institutions who become part of the programme is ensured. Others who would prefer awareness related work, providing guidance to those people who could be TB suspects to improve case finding for sputum testing and for accessing medicines, preventing drug default.

The summary of the 4 schemes is being sent to you. Please see if you are interested. This has to be communicated at Dist TB Society and State TB Society level.

Thanking you,

Yours sincerely,

T.NEERAJAKSHI
Executive Secretary

SUMMARY OF SCHEMES

Scheme	Title	General Description	Role of the NGO	Role of the DTCS/DTC	Commodity Assistance		Requirements/Eligibility Criteria	Approval and Registration
					In Kind	Grant-in -Aid		
1	Health Education and Community Outreach	NGO staff and volunteers provide advocacy, information, education and communication. Another important area could be retrieval of defaulters.	Train volunteers, disseminate information, counsel patients and families and if agreed, retrieval defaulters in their area of operation.	Orient and train trainers from the NGO who will in turn NGO volunteers.	Literature for training and orientation as available and appropriate.	Rs. 5000/- for covering 10 lakh population.	The NGO must be registered under the Societies Registration Act, should have a minimum of one year experience with IEC or training in health or related field. Letter from the NGO, with specific plan for activities.	The DTCS establishes collaboration with a higher authority, then inform the State TB Cell of the Collaboration established.
2	Provision of Directly Observed Therapy	Staff or volunteers of the NGO provide directly observed therapy (DOT) to patients on RNTCP treatment.	Identify, train and supervise volunteers engaged in provision of DOT. The NGO ensures continuous services delivery and treatment observation as per policy. Records must be maintained as per RNTCP policy. The policy of free diagnostic and treatment services must be strictly adhered to. The DOT provider is also responsible for ensuring collection of sputum during treatment and for defaulter retrieval.	Orient and train volunteers who provide DOT. TB programme Staff (including Senior Treatment Supervisors, TB Health Visitors, etc.) supervises volunteers providing DOT. In case of any adverse reactions to medications, the DOTS provider will refer the patient to the treating medical facility.	Literature for training and orientation is given as available and appropriate. Medications are provided for the patients placed on treatment. Sputum containers are provided for follow-up examination s. Formats as required.	Rs. 10000/- for every 1 lakh population for its proportionate amount. If required, Rs. 175/- to the individual volunteer for each patient cured, to be disbursed after the patient is cured Alternatively, the District TB Control Society may pay an agreed-upon amount to the NGO based on Rs 175/ patient.	The NGO must be registered under the Societies Registration Act, should have a minimum of one year experience in outreach work in health or in related fields and have the necessary infrastructure. The NGO must provide a plan of action and should preferably have volunteers who live or work in the area.	The District TB Control Society can approve collaboration at its level. A copy of the relevant application, including formats, will be sent to the Central TB Division for information.

SUMMARY OF SCHEMES (Contd.)

Scheme	Title	General Description	Role of the NGO	Role of the DTCS/DTC	Commodity Assistance		Requirements/Eligibility Criteria	Approval and Registration
					In Kind	Grant-in – Aid		
3	In-Hospital Care for Tuberculosis Diseases	The NGO provides in-hospital care to tuberculosis patients. The hospital performs AFB smears and participates in quality control of the District TB Centre. The hospital may also be a microscopy centre (see scheme 4) and /or DOT provider (See scheme 2) for patients on outpatient.	The NGO must strictly adhere to diagnostic and treatment policies as laid down in the RNTCP guidelines. Treatment is to be given as per the RNTCP policy the hospital must ensure proper follow-up sputum examination as well as record keeping as per the RNTCP policy RNTCP treatment should be given only to those patients who live in areas covered by the RNTCP	The TB programmme will provide orientation, training, technical assistance, referral of patients with active tuberculosis who require hospitalisation, quality assurance of laboratory services and supervision and monitoring activities.	Literature for training and orientation is given as available and appropriate. Medication for RNTCP treatment are provided for patients who live in an RNTCP area and who will continue RNTCP treatment after discharge from the hospital. Required formats are provided as required.	Rs 20,000	The NGO must be registered under the society registration act, should have a minimum 3 years experience in the area of operation, and must have availability of the infrastructure, staff/volunteers required. They must have functioning microscopy laboratory as well as trained medical staff.	For provision of drugs from the national supply, recommendation must be obtained from the District TB Centre and State TB Cell. This must be approved of by the Central TB Division. The Central TB Division will maintain registration of all such hospitals.

SUMMARY OF SCHEMES (Contd.)

Scheme	Title	General Description	Role of the NGO	Role of the DTCS/DTC	Commodity Assistance		Requirements/Eligibility Criteria	Approval and Registration
					In Kind	Grant-in-Aid		
4	Microscopy and Treatment Centre	The NGO serves as a microscopy and treatment centre and is designated as such by the RNTCP	Provided AFB microscopy and TB treatment services free of charge. Technical policy for diagnosis, treatment, and record keeping strictly per RNTCP policy. The NGO is respoonsible for ensuring treatment or referral of all patients found to have a positive smear. The NGO must ensure referral for treatment of patients found to be smear-positive but who live outside the NGO's catchment area.	The TB Programme will provide training and technical guidance and perform laboratory quality control. In addition, the programme will assist the NGO in ensuring evaluation of smear-positive patients who live outside the catchment area of the NGO and who the NGO reffered for treatment. The TB Programme will monitor diagnostic qulaity and will list the facility as an approved RNTCP microscopy centre, as long as performance is satisfactory.	Laboratory materials and reagents as well as Laboratory forms and TB Laboratory register. Anti-TB drugs will be provided for the patients who live in the NGO catchment area. If needed and available, the TB programme may provide a microscope.	Rs. 50,000	The NGO must be registered under the Societies Registration Act, should have a minimum of 3 years experience in the area of operation and must have avalablity of necessary infrastrcture. It must have a trained microscopiest, a room for the Laboratory, and regular services of an MO.	After completion of the application including formats and upon recommendation by the District TB Control Society, approval is made by the State TB Cell. A copy of the relevant application, including formats, will be sent to the Central TB Division for information.

SUMMARY OF SCHEMES (Contd.)

Scheme	Title	General Description	Role of the NGO	Role of the DTCS/DTC	Commodity Assistance		Requirements/Eligibility Criteria	Approval and Registration
					In Kind	Grant-in-Aid		
5	Tuberculosis Unit Model	NGO provides all RNTCP services for a Tuberculosis Unit (approximately 5 lakh population). Strict compliance with the Technical and the Operational Guidelines of the RNTCP is mandatory. In general, this should only be considered in areas where the governmental infrastructure is not sufficient to ensure effective RNTCP implementation, and/or where an effective NGO is currently working in the health field in this area.	The NGO ensures full services for microscopy, treatment, direct observation, defaulter retrieval, recording and registration, supervision, etc. The NGO must also coordinate closely with all public and other health facilities in the area. The NGO must ensure the fulfillment of all roles delineated in Scheme 2 and Scheme 4, as well as the more general functions of the Tuberculosis Unit. Accurate and timely quarterly reporting is essential.	Provides technical orientation, guidance, and supervision. Ensures good integration of the Tuberculosis Unit operated by the NGO with other Tuberculosis Units in the District. Includes the staff of the Tuberculosis Unit in all regular meetings of nodal RNTCP implementation staff.	Materials for training and implementation, anti-TB drugs and microscopes. Upgradation of microscopy facilities may be done as commodity assistance by the District TB Control Society. Provision of a 2-wheeler for mobility of STS/STLS, if required. Laboratory consumables may be in kind.	The available budget is given in the text (see p.11)	Must be registered under the Societies Registration Act, have a minimum of 3 years experience in the area of operation, and have available infrastructure and staff. Must qualify for Schemes 2 and 4 also. Must have an established health facility with a proven track record.	After completion of the application including formats and upon recommendation by the District TB Control Society as well as the State TB Cell, approval is made by the Central TB Division. A copy of the signed Memorandum of Understanding is to be sent to the State TB Cell and the Central TB Division.

Note: The normal period of agreement will be three years, to be renewed only on the basis of satisfactory annual reports of activities, evaluation of performance by the DTCS and recommendation for extension. In case of poor performance and non-diligence, the contract can be terminated at any time without prior notice.

VOLUNTARY HEALTH ASSOCIATION OF KARNATKA

VHAK/2004-05/AGBM-C-1

Office At: **No.60, Rajini Nilaya**
2nd Cross, Gurumurthy Street,
Ramakrishna Mutt Road
Ulsoor, Bangalore – 560 008

4th June 2004

Dear Sir/Madam,

Season's Greetings to you from the Executive Committee of VHAK.

We are pleased to inform you that the Annual General Body Meeting of VHAK is scheduled for Sunday 25th July 2004. It will be held at St.Martha's Hospital, Nrupathunga Road, Bangalore, preceded by a workshop scheduled for the forenoon and the post lunch session. The theme of the workshop is "**Lifestyle Related Diseases**".

Inview of the above programme, we request you to kindly note the above mentioned date in your dairy/calendar. Other details will be intimated as soon as the programme is finalized.

We take this opportunity to request all our member institutions to update their Annual Membership subscription fee, if due. Hope you would oblige.

We solicit your indulgence and contributions to strengthen VHAK.

Thanking you,

Yours sincerely,

Dr.H.V.RAMPRAKASH
Hon. Secretary

To PK – Could you pl. attend this on behalf of CDHC
Jw 16/6

29c
14/6

National Commission on Macroeconomics & Health

(Ministry of Health & Family Welfare, Govt. of India)

Co-Chairs :
Union Minister for Finance
Union Minister for Health

CGHS Building
3rd Floor
Sector 12, R.K. Puram,
New Delhi-110022

Ms. Sujatha Rao, *IAS*
Secretary

Ref. No. NCMH/S/6/16/04

Date: 23/6/2004

Dear Ms Neerajakshi,

The Ministry of Health and Family Welfare, Government of India has recently constituted a **National Commission on Macroeconomics and Health** to be chaired jointly by the Ministers of Finance and Health.

The main objective of the NCMH is to make evidence based argument for investing in health by underscoring its centrality to the process of development. It is also expected to critically analyze and focus upon the profound linkages that globalization and macroeconomic policies may entail in influencing the health status of the country in the future years and their implications on growth and poverty alleviation.

In order to collect the information, collate the data and analyze the evidence for writing the Report, a Sub Commission under the Chairpersonship of Dr. Ranjit Roy Chaudhury has also been established. The Sub Commission has its own office located on the 3rd Floor of CGHS Complex, Sector 12, R. K. Puram, New Delhi.

In this connection we are attempting to gather evidence on the nature and spread of charitable and non-profit health facilities providing health care and medical treatment. Subsequently, we would like to know where such facilities are located (states/ in which rural or urban etc); what types of services do they provide (these services could range from reproductive and child health care; eye care; or care and treatment for leprosy patient, general medical services of all kinds to secondary and tertiary level of care), the number of beds; the number of medical and non-medical personnel employed etc; and the mode of mobilizing resources for new investment and maintaining existing services.

I would be grateful if you could help us obtain information as per the enclosed format. I would also be grateful if you could let me know names and addresses of such NGO, non-profit hospitals and health facilities being run by persons not affiliated to your association, in which case I could write to them.

Your help and assistance is deeply appreciated.

With kind regards

Yours sincerely

(Ms. K. Sujatha Rao)
ksujatharao@hotmail.com

Ms. T. Neerajakshi
Executive Secretary, Karnataka VHA
No. 60, Rajini Nilaya, 2nd Cross
Gurumurthy Street
Ramakrishna Mutt Road, Ulsoor
Bangalore 560 008
Karnataka

23/06/04

GOVERNMENT OF INDIA
NATIONAL COMMISSION ON MACROECONOMICS AND HEALTH
NEW DELHI

NON-GOVERNMENTAL ORGANISATION (NGO) SCHEDULE

The information provided will be treated with strict confidentiality
(If your organisation has more than one facility spread across the country, please provide separate information for each state and for the latest year)

1. Name of the NGO:
2. Address of the NGO:
3. Location of the NGO:
4. Premises where hospital is located: Own Building ☐ Rented ☐
5. Number of rooms:

6. Nature of services

Item	Response
Inpatient Services (Average no. during a week)	
Outpatient Services (Average no. during a week)	
No. of Beds	
Is there a rate card for (if so kindly enclose): • Diagnostic Tests	
• Consultation	
Are drugs supplied to patients or do patients purchase?	Yes, they are supplied ☐ No, give prescription ☐
What are the types of services you provide?	• General ☐ • Specialist (if yes name area of specialisation e.g. obst.gynae, ophthalmology etc.)

7. Medical Personnel

	Number of personnel	Number of personnel
How many doctors do you have?	Full time	Part time
How many nurses do you have?	Full time	Part time
If you have any paramedical staff please indicate the numbers?		

8. What is the main source of income (i.e. accounting for more than 50 percent of total expenditure in a given year)?

Government ☐ Private donors ☐ Foreign charity ☐ User fees ☐

TECHNICAL SESSION

10.30 – 11.00	"Heart diseases – in relation to Lifestyle" by Dr.K.S.S.Bhat Consultant, Manipal Heart Foundation, Bangalore Chair Person: Dr. H.V. Ramprakash Hon.Secretary, VHAK, Bangalore
11.00 – 11.10	Discussion
11.10– 11.40	"Pranic Healing in relation to Stress relief-Lifestyle induced Stress" by Ms. Sumi Lazar Administrative Manager,Pranic Healing Foundation of Karnataka,
11.40– 11.50	Discussion
11.50 – 12.20	"Food related maladies - in relation to Lifestyle with special reference to Diabetes" by Dr.Rangesh Paramesh, Sr.Medical Advisor The Himalaya Drug Co., Bangalore Chairperson Dr.S.M. Subramanya Setty President, VHAK
12.20 – 12.30	Discussion
12.30 – 1.00	"Importance of Yoga & the right Posture in disease related to new Lifestyles" by Dr.Mallikarjuna, Yoga Therapist & Consultant Vivekananda Yoga Research Foundation, Bangalore.
1.00 – 1.30	Yoga Demonstration
1.30 – 2.30	LUNCH
2.30 onwards	Annual General Body Meeting

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA

Date: Sunday 25th July 2004

Venue: Conference Hall
St.Martha's Hospital
Bangalore – 560 001

WORKSHOP ON "LIFE STYLE RELATED DISEASES"

PROGRAMME

9.00 – 9.30	Registration
9.30 – 10.15	**Inauguration:**
	Welcome: Fr. William Menezes Vice-president, VHAK.
	Inauguration of the workshop Dr.B.S.Nataraj Director, ISM&H, Govt. of Karnataka
	Keynote address Dr.V.Kumaraiah Professor of Clinical Psychology Dean, NIMHANS, Bangalore.
	"Role of Media in Promoting Voluntarism" By A.P. Frank Naronha Director, Public Relations Press Information Bureau, Govt. of India
	Presidential Address Dr. S.M.Subramanya Setty President, VHAK
	Vote of Thanks: Sr. Esther, Joint-Secretary, VHAK
10.15 – 10.30	Tea

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA

Minutes of the 28th Annual General Body Meeting held on Sunday 27th July 2003 at Conference Hall, St.Martha's Hospital, Nrupatunga Road, Bangalore – 560 001.

The Annual General Body Meeting started at 2.30 p.m. with the following agenda items:

1. Assembly, signing of Register, welcome
2. Approval of the minutes of the AGBM held on 21st July 2002
3. Matters arising out of the minutes
4. Approval of Annual report 2002-03
5. Approval of Auditor's statement of accounts 2002-03
6. Appointment of auditors
7. RCH/ISM&H
8. Future programmes
9. Interim budget – Bread for the World
10. VHAI support
11. Fund raising
12. Elections'
13. Any other matters with the permission of the chair

1.Dr.S.N.Simha, Hon. Secretary of VHAK welcomed the General Body members and requested Dr.S.M.Subramanya Setty, Vice-President of VHAK, in the absence of the President, to chair the session.

The Vice-President, on behalf of VHAK, welcomed the representatives of the member organizations.

2. The Vice-President requested Hon. Secretary to presented the minutes of the previous General Body Meeting held on 21st July 2002. The copies of the same were circulated to all the members present.

3. The following questions were raised by Mr.Nanjappa of Bharat Charitable Cancer Hospital and Institute, Mysore and Guruji Joe Mary Lobo of Christa Sharan Ashram, Birur.

a. Owning office premises
b. Organising VHAK AGBM outside Bangalore
c. Audited statement of accounts should be sent to member organizations 15 days before the AGBM
d. Implementation of enhancing the membership fee
e. Donation of Rs.1,000/- from member organizations to VHAK
f. Life membership
g. Policy changes

Dr.S.N.Simha, Hon. Secretary replied as below

Due to financial constraints, it was not possible to buy a building or land. An application had been made to the BDA for allotment of civic amenities site.

b. Similarly, it was not possible to hold VHAK AGBM out side Bangalore. However it could be kept in mind by the next Executive Committee.

c. Dr.Simha agreed that it was certainly desirable to send the accounts in advance. However, due to certain unforeseen circumstances, the Audited statement of accounts were received from Auditors only in the 2nd week of July. He offered apologies of the Executive Committee to the members of the General Body.

While accepting the apologies and understanding the reason for the delay, the General Body requested that the new Executive Committee make all efforts to ensure that the accounts were sent in advance.

d & e. Regarding collecting Rs.1,000/- from member organizations as donation and implementation of increased membership fee of Rs.150/-, Dr.Simha replied that due to various reasons the same was not implemented and none of the member organizations came forward to donate the funds after the previous AGBM.

f. Regarding proposal of life membership, Dr.Simha told that the constitution of VHAK had not created a category "Life Membership". A special General Body Meeting is required to bring amendments to the constitution and said that the New Executive Committee could look into the same. Guruji Joe Mary Lobo suggested forming a constitution study/review committee.

g. To the suggestion for policy changes, the Hon.Secretary said that it was proper to hold a special AGBM in the middle of the New Year to consider amendments. This could be combined with a workshop on a suitable subject.

The minutes were proposed for approval by Guruji Joe Mary Lobo, Director of Shri Christa Sharan Social Development Society Ashrama and S.D.Centre, Birur and seconded by Dr.Shekar Doddamani, Hon. Secretary, Family Planning Association of India, Bangalore Branch. The General Body unanimously accepted the minutes.

4. Dr.S.N.Simha presented the Annual report for the year 2002-03 Mr.Santhosh Kumar, CSI Holds worth Memorial Mission Hospital, Mysore raised the question of the circumstances in which VHAK had evaluated a proposal to fund Shaktidhama, an organisation in Mysore, for a programme on titled 'Rural Women's Empowerment' under 'Support to Gender issues' project. The Executive Secretary clarified that this was done at the instructions of the Government of India, by VHAK, in its capacity as a mother NGO for RCH. While technically it was not a RCH Programme, it had been mentioned thus as VHAK was involved because of being a mother NGO under the RCH programme.

Mr.Nanjappa, Project Co-ordinator, Bharat Charitable Cancer Hospital and Institute, Mysore pointed out that under the membership promotion 'World Vision' Gundlupet, Chamarajanagar District is missing, Executive Secretary clarified that World Vision was approved in the year 2002 and the same was reflected in the previous Annual Report 2001-02.

The Annual report was proposed for approval by Smt.Subadra Venkatappa, President, Family Planning Association of India, Bangalore Branch and seconded by Mr. Nanjappa, Project Co-ordinator, Bharat Charitable Cancer Hospital and Institution, Mysore. The General Body unanimously accepted the Annual Report for 2002-2003.

5. In the absence of the Treasurer, Fr.Patrick Rodrigues, The Executive Secretary was requested to present the auditors statement of accounts for the period 2002-03. Copies of the audited statements were distributed to the members present. Mr.G.S.Bhatt President, Family Planning Association of India, Mysore Branch pointed out that the signature of the President, Dharmadarshi N.C.Nanaiah was missing. Dr.S.N.Simha, Hon. Secretary mentioned that, Dharmadarshi N.C.Nanaiah, President could not attend the AGBM due to personal reasons and requested the General body to authorize the Vice-President to sign instead of the President. Mr.Arvind Kumar, Grama Bharathi, Bidar proposed that Dr.S.M.Subramanya Setty, Vice-President of VHAK sign the Audited statement of accounts in the absence of President and this was seconded by Mr.Nanjappa, Bharath Charitable Cancer Hospital and Institution, Mysore. The General Body Authorized Dr.S.M.Subramanya Setty, Vice-President to sign on behalf of President of the VHAK. After discussion the Accounts were proposed by Mr.Nanjappa, Project Co-ordinator, Bharat Cancer Charitable Hospital & Institute, Mysore and seconded by Mrs.Amli, Director, GASS, Doddaballapur.

6. Dr.Simha mentioned that while the Auditors were very cooperative, we have some difficulties in completing the job in time. Fr.William Menezes, Fr.Mullers Charitable Institutions, Mangalore opined that it would be worthwhile for the new Executive Committee to discuss with the current auditors of their willingness to continue. If they expressed any difficulty, and as no new names were suggested the General Body may authorize the Executive Committee to renew the same or appoint a new auditor, as the need may be. The General Body accepted this suggestion.

7.Regarding Reproductive and Child Health (RCH) and Indian System of Medicine & Homoeopathy (ISM&H) the chair requested Ms.T.Neerajaksm to present the same. Ms.T.Neerajakshi briefed about the RCH& ISM&H projects. Mr.Santhosh Kumar, Holds worth Memorial Mission Hospital, Mysore wanted to know the reasons for delay of sanction of projects for 2003-04 year. Dr.S.N.Simha, Hon. Secretary, answering this, mentioned the constrains faced by the VHAK in convening the Sanction Committee Meeting, which includes representatives from Government of India and Government of Karnataka, besides that the delay in receiving the funds from the Government of India.

8. Regarding future programmes of VHAK, Ms.T.Neerajakshi explained that the future programme of VHAK will be based on the needs of the member organizations, for which, a team from VHAK will visit the member organizations. She also requested the member organisation to identify needs and inform to VHAK, so that future activities may be planned.

9. The General Body was informed that the Interim Budget submitted to Bread for the World has been accepted. A sanction letter mentioning that an amount of Rs.5,95,000/- approved was received in the office recently and this had been suitably acknowledged.

10. Dr.S.N.Simha, Hon. Secretary informed that VHAI has agreed to support VHAK for a period of one year and sanctioned the salary of the Executive Secretary, building rent and office expenses for a period of one year, and had released an amount of Rs.1,38,000/- as the first instatement.

11. Fund raising: The General Body recalled the discussion held during the last AGBM and reiterated that various strategies be worked out by the new Board to raise funds for VHAK and offered all possible cooperation.

12. Dr.S.N.Simha, Hon. Secretary explained the elections procedure and announced the names of the current members of the Executive Committee who had completed two consecutive terms, and hence not eligible to be reelected. He said that only one person from each member organisation was eligible to vote. RCH partners were not eligible to be on the VHAK Board.

The following members were elected for the Executive Board for 2003-2005:

Sl.No.	Names	Designation	
1.	Dr.S.M.Subramanya Setty S E V A, Gauribidanur	President	- Proposed by Dr.S.N.Simha Rotary Club of Indiranagar, B'lore -Seconded by Mr.G.S.Bhatt F.P.A.I., Mysore
2.	Fr.William Menezes Fr.Muller's Charitable Institutions, Mangalore	Vice-President	-Proposed by Fr.Joe Mary Lobo Christa Sharana, Birur - Seconded by Sr.Martha Navajeevana Health Centre Carmelaram, Bangalore
3.	Dr.H.V.Ramaprakash Arogya Vikasa Resource Centre, Bangalore	Hon.Secretary	-Proposed by Dr.G.S.Bhatt F.P.A.I, Mysore -Seconded by Ms.Tara Serrao Christa Sharana, Birur
4.	Sr.Esther Nava Jeevana, Cluny Convent Bellary	Joint Secretary	-Proposed by Fr.William Menezes Fr.Muller's Charitable Institutions, Mangalore -Seconded by Ms.Tara Serrao Christa Sharana, Birur
5.	Mr.James sequeira St.Martha's Hospital Bangalore	Treasurer	-Proposed by Fr.Joe Mary Lobo Christa Sharana, Birur -Seconded by Mr.Sharanappa Barasi Sadhana, Sindhanur, Raichur
6.	Mr.C.M.Mahoorkar Swamy Ramanand Tirtha Institute of Socio-Economic Research & National Integration , Gulbarga	Member	-Proposed by Mr. Sharanappa Barasi Sadhana, Sindhanur, Raichur -Seconded by Mr.Aravind Kumar Kulkarni Grama Bharathi, Bidar
7.	Fr.Sebastian St.John's Medical College Hospital, Bangalore.	Member	-Proposed by Mr.James Sequiera St.Martha's Hospital, Bangalore - Seconded by Fr.William Menezes Fr.Muller's Charitable Institutions, Mangalore
8.	Ms.Tara Serrao Christa Sharan, Birur	Member	- Proposed by Fr.Sebastian St.John's Medical College Hospital, Bangalore. -Seconded by Mrs.Subadhra Venkatappa F P A I, Bangalore
9.	Mr.Aravind Kumar Kulkarni Grama Bharathi, Bidar	Member	- Proposed by Mr.C.M.Mahoorkar Swamy Ramanand Tirtha Institute of Socio -Economic Research & National Integra- tion, Gulbarga. -Seconded by Fr.Sebastian St.John's Medical College Hospital, Bangalore.

13. As there were no other matters to discuss, the Hon.Secretary Dr.Simha proposed a vote of thanks. He placed on record the appreciation of the Executive Committee and General Body for the outstanding leadership of the retiring President, Dharmadarshi N.C.Nanaiah. Guruji Joe Mary Lobo joined in this appreciation and the General Body enthusiastically responded to this with a sound of loud applause. He placed on record thanks to all the members of the General Body for attending the meeting.

Dr.(Sr) Teresita, Medical Superintendent, Sr.Mercy and the authorities of St.Martha's Hospital were thanked profusely for making available the premises.

Dr.Simha lauded the outstanding work done by the staff of VHAK under the able leadership of the Executive Secretary. The General Body lustily cheered the staff, Dr.Simha thanked Dr.Setty for presiding over the meeting.

The meeting was adjourned at 4.30 p.m. by the presiding officer.

DR.S.N.SIMHA
Hon.Secretary

All India Institute of Local Self - Government

(A Govt. Recognized education Institute)

1/1, 2nd Main Road, Gandhinagar, Bangalore – 560 009

Telephone: 080 22261876 / 56703323

DIPLOMA COURSES 2004-05

Name of the Course	Minimum Education Qualification	Upper Age Limit	Duration of the course	Teaching Hours	Practicals	Fees	Job opportunities
Sanitary Inspectors Diploma Course	SSLC Pass	NA	i. 18 Months ii. For 12th Std. passed with Science subjects or Graduates in any faculty the duration in 12 month	Daily 4 hours	Base line Survey /Family Adoption / Institution visits / Practicals – Journals – Projects etc.	10,500/= for 18 Month course (SSLC Passed) payable in 2 installments or Rs. 8,500/- for others	Sub-Managerial position / in Municipal corporations, C.M.Cs, Directorate of Health Services, Public Health Deptt., Hospitals Railways, Airports, Oil Refineries, Pest Control Deptt. Etc
Diploma in Food Safety & Inspection	12th Std Pass in Science	NA	12 Months	Daily 4 hours	R & D Centre K.C. Das (Central Govt. recognized) R-FRAC (NABL Accredited) Field visits to CFTRI, DFRL, NDRI, KMF, UAS, BIS, Juggat Parma etc.	Rs.15,000/= (Payable in 2 installments)	As Quality controller in Food Mfg. Units, Hotels, Factories etc. Food Analysts in Research centers & Laboratories, Food Inspectors by Local bodies, Setting up one's own Lab/Research Centre under Self employment Scheme
Post Graduate Diploma in Hospital Administration	Graduate in any faculty including Nursing	45	12 Months (2 Semester)	10 hours per week	Internships in 3 Public & 3 Private Hospitals	Rs.10,000/= (Payable in 2 Installments)	As Hospital Administrator / Manager in Public / Private Hospitals, Nursing Homes etc.
Local Self Government Diploma Course	SSLC Pass	NA	6 Months	Daily 2 Hours	-	Rs. 3000/=	Sub Managerial Position in CMCs/TMCs/Municipal Corporation etc.

Note:

1. Last Date for Receipt of Application : 31.7.2004
2. Medium of Instruction : English
3. Selection : On Merit & Experience
4. Intake : 50
5. Minimum Attendance : 75%
6. Reservation for SC / ST : As per State Govt. Rules
7. Hostel Facility : Will be arranged on Request

For further details, please visit us at our web

www.aiilsg.net

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA

29th Annual General Body Meeting

Date: Sunday 25th July 2004
Time: 2.30 p.m.

Venue: Conference Hall
St.Martha's Hospital
Nurpathunga Road
Bangalore – 560 001

AGENDA

1. Assembly, signing of Register, welcome, Invocation
2. Approval of the minutes of the AGBM held on 27th July 2003
3. Matters arising out of the minutes
4. Approval of Annual Report – 2003-2004
5. Approval of Audited statement of accounts 2003-04
6. Appointment of Auditors
7. RCH & ISM&H
8. Future programmes
9. Sales promotion of VHAI publication
10. Fund mobilizing efforts
11. Any other matter with the permission of the chair

S. SANKAR
Chartered Accountant
AR/050A/JULY/2004

FORM 10 B

Audit Report under Section 12A (b) of the Income Tax Act, 1961, in the case of charitable or religious trust or institutions.

We have examined the Balance Sheet of **VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA,** as at 31st March, 2004 and Income and Expenditure Account for the year ended on that date which are in agreement with the books of accounts maintained by the Association.

We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of the Audit, in our opinion, proper books of accounts have been kept by the Association, as far as appears from the examination of the books.

These financial statements are the responsibility of the Voluntary Health Association of Karnataka's management. Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with generally accepted auditing standards in India. These Standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are prepared, in all material respects, in accordance with an identified financial reporting framework and are free of material misstatements. An audit includes, examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statements. We believe that our audit provides a reasonable basis for our opinion.

1. In our opinion and to the best of our information and according to the explanations given to us the said accounts give a true and fair view of the state of affairs: -

    a) In the case of the Balance sheet of the state of Affairs of the above said Association as at 31st March 2004.

    b) In the case of Income and Expenditure Account, the **Excess of Income over Expenditure** for the year ended on that date.

2. We have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purpose of our audit.

3. In our opinion proper books of accounts have been maintained by Association, so far as it appears from our examination of those books and;

4. The Balance Sheet, Income and Expenditure Account and Receipts and payments Accounts dealt with by this report are in agreement with the books of accounts.

S. SANKAR
CHARTERED ACCOUNTANT
Bangalore, the 10th day of July 2004

S - 6 & 7, Shalimar Galaxy, # 139, 1st Main Road, Seshadripuram, Bangalore - 560 020 Tel.: 91-80-346 1442
Email : svsandcompany@vsnl.com

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA , BANGALORE

BALANCE SHEET AS AT 31ST MARCH, 2004

LIABILITIES	As on 31-03-2004 Amount Rs	As on 31-03-2004 Amount Rs	ASSETS	As on 31-03-2004 Amount Rs	As on 31-03-2004 Amount Rs
GENERAL FUND	398,069.71		FIXED ASSETS		
Add : Excess of Income over Expenditure	133,181.86		(As Per Schedule I)		150,492.07
Add : Adjustment pertaining to earlier years	295,191.95	826,443.52			
Grants From Government of India-RCH Programme			INVESTMENTS		
Opening Balance	2,396,181.10		Fixed Deposits (Opening Balance)	2,889,411.00	
Add:Interest on Fixed Deposit	186,071.00		Less : Matured during the period	2,244,309.00	
Add: Interest on SB	895.00			645,102.00	
	2,583,147.10		Indira Vikas Patra	1,000.00	646,102.00
Less: Disbursed to Field NGO'S	(2,047,140.00)				
Less: Administrative expenses	(167,669.80)	368,337.30	RECEIVABLES		
			Subscriptions	32,575.00	
Grants received from Ministry of			Less : Received during the year	6,800.00	
Family Welfare	174,029.00			25,775.00	
Add: Interest on SB	2,940.00		Add : Dues for the year	12,350.00	38,125.00
Less: Administrative Expenses - ISM & H	(71,123.25)	105,845.75			
Project Grants - Bread for World	400,000.00		ADVANCES		
Less: Expenses	(208,035.00)	191,965.00	Rental Deposit		20,000.00
			BDA Registration		123,490.00
Project Grants - Admin Expenses - VHAI	217,924.00				
Less: Expenses	(111,696.50)	106,227.50			
			CURRENT ASSETS		
PROJECT GRANT - HCAN			Closing Stock - Books	69,013.00	
Opening Balance	6,950.74		- Nutrition Kits	1,844.20	70,857.20
Received during the year	9,550.00				
Total	16,500.74				
Less: Utilised during the year	(12,996.00)	3,504.74			
			CLOSING BALANCES		
PROJECT GRANT - Home Alliance		2,025.95	- Cash on Hand	6,273.11	
			- Cash at Bank	557,060.38	563,333.49
CURRENT LIABILITIES:					
Catholic Health Association		2,500.00			
Audit fees payable		5,250.00			
Advance for Membership Subscription		300.00			
Total		1,612,399.76	Total		1,612,399.76

As per my report of even date attached

S.Sankar
Chartered Accountant
Bangalore, the 10th day of July, 2004

S. SANKAR ★ (Bangalore) ★ Chartered Accountant

For Voluntary Health Association of karnataka

President **Honorary Secretary** **Treasurer**

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA, BANGALORE

Consolidated Income And Expenditure Account For The Period Ended 31st March, 2004

EXPENDITURE	As on 31-03-2004 Amount Rs	As on 31-03-2004 Amount Rs	INCOME	As on 31-03-2004 Amount Rs	As on 31-03-2004 Amount Rs
To Opening Stock					
Books	53,300.00		By New Membership Regn. Fee	1,300.00	
Nutrition Kits	1,844.20	55,144.20	By AGBM Regn. Fee	2,450.00	
			By Annual Membership subscription	14,300.00	
			By Distribution of Education Materials	35,831.00	
			By Distribution of Samaja Arogyada Kaipidi	540.00	
No Tobacco Workshop Exps	36,194.75	36,194.75	By Distribution of nutrition kits	475.00	
			By Bank Interest on Savings Bank Account	597.00	
To Administrative Expenses			By Distribution of heart disease	120.00	
Conveyance	1,032.00		By Donations	39,624.75	
Postage	840.00		By Distribution of walk along with me (Aids)	450.00	
News paper & periodicals	335.00		By Fund from Dept. of Health & Family Welfare		
Purchase of Edu material	10,000.00		towards Safe Motherhood Programme	20,500.00	
Printing & Stationery	1,508.00		By Distribution of vanasanjini and hasim aroyga	2,850.00	
Legal Advice Fee	3,500.00		By Fund from Dept. of Health & Family Welfare		
Membership Subscription	680.00		towards PNDT Act Seminar	20,000.00	
Bank Charges	340.00		By Bank Interest - SB A/C	6,655.00	
Home remedies	967.00		By Accrued Interest	37,284.00	
Workshop Expenses	975.00		By Receipt from VHAI for No Tobacco Day	60,000.00	242,976.75
Registration fee	700.00				
Telephone	3,019.00				
Rent	6,000.00		Closing Stock - Books	69,013.00	
Salaries	19,380.00		- Nutrition Kits	1,844.20	70,857.20
Catering Charges	20,000.00	69,276.00			
Depreciation		20,037.14			
Excess of Income over Expenditure		**133,181.86**			
Total		**313,833.95**	**Total**		**313,833.95**

As per my report of even date attached

S.Sankar
Chartered Accountant
Bangalore, the 10th day of July, 2004

S. SANKAR ★ Bangalore ★ Chartered Accountant

For Voluntary Health Association of karnataka

President **Honorary Secretary** **Treasurer**

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA, BANGALORE

Receipts and Payments Account for the Period from 1st April, 2003 to 31st March, 2004

Foreign Contribution

Receipts	As on 31.03.2004 Amount Rs	As on 31.03.2004 Amount Rs	Payments	As on 31.03.2004 Amount Rs	As on 31.03.2004 Amount Rs
To Opening Balance			**By Programme Expenses**		
Cash on Hand	1,156.33		Namma patra Nimage	**12,996.00**	
Cash at Bank	3,513.93	4,670.26	Bank Charges	**110.00**	13,106.00
			Tobacco Workshop Exps		36,194.75
To Grants					
Project Grants - VHAI (Southern Regional Tobacco Works	60,000.00		**By Bread for the world**		
Project Grants - HCAN	9,550.00		Need Assessment	4,448.00	
Project Grants - Admin Expenses - VHAI	217,924.00		Networking & Co-ordination	4,389.00	
Project Grants - Bread for the World	400,000.00	687,474.00	Information & Documentation Storage	940.00	
			Production of Health Education Materials	365.00	
			By Personnel Cost	159,000.00	169,142.00
To Bank Interest - SB A/C		5,909.00			
			By Administrative Cost		
			Rentals & Establishmet	16,452.00	
			Printing & Stationery &computer accessories	3,784.00	
			Postage,telephone,telegrames,etc.	5,903.00	
			Travel expenses	389.00	
			Vehicle running & maintenance	8,142.50	
			Audit fee	3,675.00	
			Contingencies	547.50	38,893.00
			By Administrative Expenses		
			AGBM Expenses	5,515.00	
			Office Maintenance & Electricity Charges	1,711.00	
			VHAI -AGBM expenses	12,783.00	
			Postage	752.00	
			Telephone chharges	5,961.00	
			Travel &Conveyance	5,423.00	
			Administrative Staff Salaries	62,484.00	
			Office Building Rent	15,000.00	
			News paper & Periodicals	1,600.00	
			Meeting and Networking	210.00	
			Miscellaneous	257.50	111,696.50
			By Capital Expenses		
			For BDA Intial Ammount towards Site		123,490.00
			By Closing Balance		
			Cash on Hand	310.08	
			Cash at Bank	205,220.93	205,531.01
Total		**698,053.26**	**Total**		**698,053.26**

As per my report of even date attached

S.Sankar
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Bangalore, the 10th day of July, 2004

For Voluntary Health Association of karnataka

President **Honorary Secretary** **Treasurer**

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA, BANGALORE

Receipts and Payment Accounts for the period from 01.04.2003 to 31.03.2004
RCH Programme

Receipts	As on 31.03.2004 Amount Rs	As on 31.03.2004 Amount Rs	Payments	As on 31.03.2004 Amount Rs	As on 31.03.2004 Amount Rs
To Opening Balance			**By Administration Expences**		
			Disbursed to Field NGOs	2,047,140.00	
			Field NGOs Capacity Building(Training)	44,435.00	
- Cash in Hand	335.30		Conveyence/TA	16,020.00	
- SB Account	33,415.80	33,751.10	Service charges	1,650.00	
			Sanction committee meeting exps	1,000.00	
			Postage	1,468.00	
To Fixed Deposits matured		2,281,593.00	Printing & Stationary	15,958.00	
			Salaries To Program & Administrative Staff	48,250.00	
To Bank Interest			Telephone Charges	3,530.00	
Interest from SB Account		895.00	RCH Orientation Workshop	5,673.00	
Interest from Fixed Deposit		83,873.00	Electricity Charges	109.00	
			Office Maintenance	3,067.00	
			Educational Materials	6,000.00	
			Bank Charges	0.80	
			Audit Fees	6,534.00	
			Vehicle Maintenance	12,250.00	
			Miscellaneous Expenses	1,725.00	2,214,809.80
			By Cash & Bank Balances		
			Cash In Hand	383.30	
			SB Account	184,919.00	185,302.30
Total		**2,400,112.10**	**Total**		**2,400,112.10**

As per my report of even date attached

For Voluntary Health Association of karnataka

S. SANKAR ★ Bangalore ★ Chartered Accountant

S.Sankar
Chartered Accountant
Bangalore, the 10th day of July, 2004

President **Honorary Secretary** **Treasurer**

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA, BANGALORE
Receipts and Payment Accounts for the period from 01.04.2003 to 31.03.2004
ISM & H Programme

Receipts	Amount Rs.	Amount Rs.	Payments	Amount Rs.	Amount Rs.
			By Administration Expences		
			Disbursed to Small NGOs	55,905.25	
Grants received from Ministry of Family Welfare	174,029.00	174,029.00	Conveyence/ Travelling	3,031.00	
			Exhibition & Mela	3,754.00	
To Bank Interest on SB A/c		2,940.00	Postage / Telephone charges	51.00	
			Printing & Stationary	382.00	
			Hanororium	8,000.00	71,123.25
			By Cash & Bank Balances		
			Cash In Hand	1,782.00	
			SB Account	104,063.75	105,845.75
Total		**176,969.00**	**Total**		**176,969.00**

As per my report of even date attached

S Sankar
Chartered Accountant
Bangalore, the 10th day of July, 2004

For Voluntary Health Association of karnataka

President **Honorary Secretary** **Treasurer**

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA, BANGALORE

Receipts and Payments Account for the Period Ended 31st March, 2004

Local Contribution

Receipts	As on 31-03-2004 Amount Rs	As on 31-03-2004 Amount Rs	Payments	As on 31-03-2004 Amount Rs	As on 31-03-2004 Amount Rs
To Opening Balance			By Conveyance	1,032.00	
Cash on Hand	169.98		By Postage	840.00	
Cash at Bank	3,812.70	3,982.68	By News paper & periodicals	335.00	
			By Purchase of Edu material	10,000.00	
To New Membership Regn. Fee	1,300.00		By Printing & Stationery	1,508.00	
To AGBM Regn. Fee	2,450.00		By Legal Advice Fee	3,500.00	
To Annual Membership subscription	7,100.00		By VHAI - Membership Subscription	680.00	
To Distribution of Education Materials	35,831.00		By Bank Charges	230.00	
To Distribution of Samaja Arogyada Kaipidi	540.00		By Home remedies	967.00	
To Distribution of nutrition kits	475.00		By Workshop Expenses	975.00	
To Bank Interest on Savings Bank Account	597.00		By Registration fee	700.00	
To Distribution on heart disease	120.00		By Telephone	3,019.00	
To Donations	39,624.75		By Rent	6,000.00	
To Distribution of walk along with me (Aids)	450.00		By Salaries	19,380.00	
To Fund from Dept. of Health & Family Welfare			By Safe Montherhood programme	20,000.00	69,166.00
towards Safe Motherhood Programme	20,500.00				
To Distribution of vanasanjini and hasim aroyga	2,850.00		**By Closing Balance**		
To Fund from Dept. of Health & Family Welfare	20,000.00	131,837.75	Cash on Hand	3,797.73	
towards PNDT Act Seminar			Cash at Bank	62,856.70	66,654.43
Total		**135,820.43**	**Total**		**135,820.43**

As per my report of even date attached

S.Sankar
Chartered Accountant
Bangalore, the 10th day of July, 2004

For Voluntary Health Association of karnataka

President **Honorary Secretary** **Treasurer**

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA, BANGALORE

FIXED ASSETS SCHEDULE - I
CONSOLIDATION

DESCRIPTION	WDV AS ON 01.04.2003	ADDITIONS	TOTAL	DEPRECIATION		WDV AS ON 31.03.2004
				RATE	AMOUNT	
TYPEWRITER	9,490.98	-	9,490.98	10%	949.10	8,541.88
FURNITURE	45,430.64	-	45,430.64	5%	2,271.53	43,159.11
OFFICE EQUIPMENTS	2,472.04	-	2,472.04	15%	370.81	2,101.23
PHOTO COPYING MACHINE	16,732.55	-	16,732.55	15%	2,509.88	14,222.67
SLIDE PROJECTOR	2,439.74	-	2,439.74	15%	365.96	2,073.78
TAPE RECORDER	268.44	-	268.44	20%	53.69	214.75
COMPUTER AND ACCESSORIES	51,815.50	-	51,815.50	10%	5,181.55	46,633.95
CYCLE	412.40	-	412.40	10%	41.24	371.16
KINETIC HONDA	2,285.90	-	2,285.90	20%	457.18	1,828.72
MARUTHI VAN	39,181.02	-	39,181.02	20%	7,836.20	31,344.82
TOTAL	**170,529.21**	**-**	**170,529.21**		**20,037.14**	**150,492.07**

S. SANKAR Bangalore Chartered Accountant

VOLUNTARY HEALTH ASSOCIATION OF KARNATAKA

Lifestyle Related Diseases

The term lifestyle is used very broadly to describe how people live. It includes their regular patterns of behaviour such as what they eat and drink, their work and their social and leisure activity. When it is used in public health context the term usually refers to the habits and customs of groups of people within a population.

The lifestyle in question are not always freely chosen by individuals, but may be forced on them by the pressures of their environment and their place in their society. With rapid changes in social structure and order, traditional lifestyles are undergoing a marked change under the influence of urbanization, modernization and other economic changes. These changes have brought about a significant change in the diet, working hours, attitudes during work, inter-personal relations, sleep & rest patterns. This has disrupted long standing traditional patterns, which influenced personal and social health. This has resulted in a marked change in the life style of the individuals. So the health changes that are related to the changing LIFESTYLES of individuals get classified under LIFESTYLE DISEASES.

Since there are differences in culture, LIFESTYLE diseases are different for different cultures & income groups. However, there are some common lifestyle characteristics, which are common, for the present era; such as changes in diet and in the ingredients that go into the preparation of the diets consumed. Smoking, tobacco, alcohol, and physically inactive are newer intrusions, which affect the lifestyle of individuals. Stress is becoming a very important ingredient responsible for mental & physical lifestyle changes.

The effect of the above lifestyle changes are becoming evident on a wide scale in society in the form of an increase in weight leading to overweight and high blood pressure, high blood cholesterol, elevated blood glucose level lead to the development of cardio-vascular diseases, blood pressure, diabetes and some forms of cancer. It is the lifestyle characteristics, which contribute to the development of these diseases.

In some particular diseases, lifestyle characteristics seem to interact with a genetic or familial predisposition, making the risk of developing diseases even greater than it otherwise would be.

While genetic or familial predisposition must be considered a risk factor, it however cannot be altered. However, the risk factors associated with lifestyle changes such as smoking or cholesterol-laden diet, misuse of alcohol, inadequate physical activity, can be controlled and modified. For this to happen, it is necessary for people to change their habits in the first place. It has been shown that such changes can lead to a reduction of high blood cholesterol, high BP, diabetes, risk of cardio vascular diseases and some forms of cancer.

Good health is more than just the absence of physical & mental disease. The achievement of good health in a population needs both social and economic objectives to reach the desired goal. It needs the active involvement of parents, social leaders, spiritual heads and other voluntary agencies to reach the desired goal for a nation wanting the best for its citizens.

The basic ground rules for health include several important aspects, which are of particular relevance and these are intricately related to the lifestyle of individuals.

- a healthy diet
- adequate exercise
- a healthy body weight
- abstinence from smoking
- Moderation in the drinking of alcohol
- A stress free mind

The need to adopt healthy lifestyles varies greatly from society to society. Some of the factors influencing the lifestyle changes in society are:

- cultural influences
- economic considerations
- knowledge and awareness
- political or structural factors
- Moral attitudes
- values

Efforts to get any population to adopt healthy lifestyles have to take into account the above factors. This requires action on a number of fronts and framework for planning and implementation. It is in the fields of Knowledge & awareness and advise to political policy makers that Voluntary Organisations play a dominant role. The Voluntary Health Association of Karnataka has taken up this as its prime objective and the present conference is in this direction.

Dr.MALLIKARJUNA
Yoga Therapy Consultant
Project Officer
Vivekananda Yoga Research Foundation
19 Ekanath Bhavan, Gavipuram circle
Kempegowda Nagar
Bangalore-19
Ph: 98801 25257

www.vyasa.org **murendramalli9@rediffmail.com**

Importance of Yoga & The right Posture in disease related to new life styles

Contents

Introduction

Yoga is becoming popular in all parts of the world. For the restless mind it gives solace. For the sick, it is a boon. For the common man it is the fashion of the day to keep him fit and beautiful. Some use it for developing memory, intelligence and creativity. With its multifold deeper layers of consciousness in their move towards perfection.

Definition of Yoga

Yoga-Mastery over the mind

Patanjali defines in his second Patanjali s aphorism-"*Yoga Citta Vrtti Nirodha*"
Yoga is a process of gaining control over the mind.

"*Manah Prasamanopayah Yoga Ityabhidhyiyate*"-Yoga Vasistha
Yoga is called a skilful trick to calm down the mind.

"*Yoga Karmasu Kausalam*"-(Gita 2.50)
Yoga is dexterity in action. The dexterity is in maintaining relaxation and awareness in action.

a. **The Four Streams of Yoga**

1. The path of work involves doing action with an attitude of detachment to fruits of action– **karma Yoga**
2. The control of emotions is the key in the path of worship-**Bhakti Yoga**
3. The path of philosophy **- Jnana Yoga**
4. The Yoga of mind culture or psychic control **- Raja Yoga**

Astanga Yoga-Eight limbed Yoga-***Patanjali Yoga Sutras***

This gives a comprehensive and systematic approach for developing the mind. The eight limbs are:

1. Yama-The disciplines, 'DONT'S
2. Niyama-The injunctions,DO'S
3. *Ā*sana-The posture of body
4. Pranāyama-The control of prana ,the life force
5. *Pratyāhāra-Restraint of senses from their objects*
6. *Dhārana-Focussind of mind*
7. *Dhyāna-Deconcentration*
8. *Samadhi (super consciousness)*

III. Concept of Yoga.

Concept of Health and Yoga.

According to WHO the state of health is defined as a state of complete physical, mental, social and spiritual well being and not merely an absence of disease or infirmity. It is clear from this definition that health and ill-health are not two discrete entities as commonly understood but health should be conceived as a continuous function indicating the state of well being.

a. The Science of Illnesses.

The Ādhis (primary disease) are two fold Sāmānya (ordinary) and Sāra(essential). The former includes the diseases incidental to the body while the later is responsible for rebirth which all men are subject.

The Sāmānya are normally produced during the interactions with the world.

The secondary category of ailments are Anādhijāh Vy*ādha*yah those not originated by mind. These would probably include the infectious and contagious diseases. The text says that Anādhijā Vyādhis can be handled through conventional medicines.

b. New Life Style Diseases – Psychosomatic

Among the two types of Ādhis described the Sāmānya (ordinary) type corresponds to the modern psychosomatic ailments. When the mind is agitated during our interactions with the world at large, the physical body also follows in its wake.

c. Integrated approach of Yoga Therapy (IAYT)

The disturbance in the manomaya kosa percolates into the physical layer (Annamaya Kosa) through the pranayama Kosa. Hence in the treatment of these psychosomatic ailments it becomes mandatory to work at all these levels of our existence to bring about the quickest results. The IAYT thus consists in not only in dealing with the physical sheath, the relief of which could at best be temporary as is happening with the drugs used in modern medicine. The large number of yoga practices available in the texts of yoga and Upanishads are adopted to balance and harmonise the disturbance at each of the five kosas and tackle this type of complex psychosomatic ailments.

Integrated Approach of Yoga Therapy		
Kosas		**Practices**
1. Anamaya Kosa	:	Loosening, Asanas, Kriyas, Diet.
2. Pranayama Kosa	:	Kriyas, Breathing, Pranayama.
3. Manomaya Kosa	:	Dhyana, Bhakti Devotional Songs.
4. Vijnanmaya Kosa	:	Jnana, Lecture and yogic counseling.
5. Anandamaya Kosa	:	Working in blissful awareness.

The role of ASANAS (POSTURES)

Yogasanas are physical postures often imitating the natural positions of the animals meant to he mind tranquil. Through these postures, the physical revitalization and deep relaxation and mental calmness are achieved.

Prayathna shythilyya ananthsamapathi.
Maintain in final posture is important.

I. Starting with loosening of joints, harmonizing body and mind
Ii.Asanas-Complementary postures, Cultural / Meditative
Iii.Prana balance
iv. Deep rest to the part stretched, Principle of stretch – deep rest

For diseases- Local rest to sick organs through specific Asanas.

** Tranquility of mind and clarity of thought, i.e., harmony of body and mind.
These characteristics can be achieved with the persistent and regular practice of **Yogasanas.**

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ಕರ್ನಾಟಕ ಆರೋಗ್ಯ ಸ್ವಯಂ ಸೇವಾ ಸಂಸ್ಥೆ

ಜೀವನ ಶೈಲಿಗೆ ಸಂಬಂಧಿಸಿದ ರೋಗಗಳು

ಪ್ರಶ್ನಾರ್ಥಕ ಜೀವನ ಶೈಲಿ ಎಂಬ ಪದವನ್ನು ಜನರು ಹೇಗೆ ಜೀವಿಸುತ್ತಾರೆ ಎಂಬ ಆಧಾರದ ಮೇಲೆ ವ್ಯಾಪಕವಾಗಿ ಬಳಸಲಾಗಿದೆ. ಅವರ ಕ್ರಮಬದ್ಧ ಆದರ್ಶ ವರ್ತನೆಗಳಾದ - ತಿನ್ನುವುದು, ಕುಡಿಯುವುದು, ಅವರ ಕೆಲಸ, ಅವರ ಸಾಮಾಜಿಕ ಮತ್ತು ವಿರಾಮ ವೇಳೆಯಲ್ಲಿನ ಚಟುವಟಿಕೆಗಳನ್ನು ಒಳಗೊಂಡಿದೆ. ಇದನ್ನು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಪರಿವಿಡಿಯಲ್ಲಿ ನೋಡಿದಾಗ ಈ ಪದವು ಸಾಮಾನ್ಯವಾಗಿ ಸಮುದಾಯದಲ್ಲಿರುವ ಜನರ ಗುಂಪುಗಳ ಅಭ್ಯಾಸ ಮತ್ತು ಸಂಪ್ರದಾಯಗಳಿಗೆ ಅನ್ವಯಿಸುತ್ತದೆ.

ಪ್ರಶ್ನಾರ್ಥಕವಾಗಿರುವ ಜೀವನ ಶೈಲಿಯನ್ನು ವ್ಯಕ್ತಿಯು ಯಾವಾಗಲೂ ಮುಕ್ತವಾಗಿ ಆಯ್ಕೆ ಮಾಡಿಕೊಂಡಿದ್ದಿಲ್ಲ, ಆದರೆ ಪರಿಸರ ಹಾಗೂ ಸಮಾಜದಲ್ಲಿನ ಸ್ಥಾನಮಾನದಿಂದಾಗ ಬಲವಂತದಿಂದ ಹೇರಿಕೊಂಡಂತಹ ಒತ್ತಡವಾಗಿರಬಹುದು. ಸಮಾಜದ ರಚನೆಯ ಮತ್ತು ಪಂಕ್ತಿಯಲ್ಲಿನ ತೀವ್ರವಾದ ಬದಲಾವಣೆಗಳಿಂದಾಗಿ ನಗರೀಕರಣ, ಆಧುನೀಕರಣ ಮತ್ತು ಇತರ ಆರ್ಥಿಕ ಬದಲಾವಣೆಗಳ ಪ್ರಭಾವದಿಂದಾಗಿ ಸಾಂಪ್ರದಾಯಿಕ ಜೀವನ ಶೈಲಿಯಲ್ಲಿ ತೀವ್ರ ಬದಲಾವಣೆಗಳಾಗುತ್ತಿದೆ. ಈ ಬದಲಾವಣೆಗಳು ಜನರ ಆಹಾರ, ಕೆಲಸದ ಸಮಯ, ಕಾರ್ಯ ಸಮಯದಲ್ಲಿನ ಮನೋವೃತ್ತಿ, ವ್ಯಕ್ತಿ - ವ್ಯಕ್ತಿಗಳ ನಡುವಿನ ಸಂಬಂಧ, ನಿದ್ರೆ ಮತ್ತು ವಿರಾಮಗಳಲ್ಲಿ ಮಹತ್ವವಾದ ಬದಲಾವಣೆಗಳನ್ನು ತರುತ್ತಿದೆ.

ಮನುಷ್ಯನ ವಯಕ್ತಿಕ ಮತ್ತು ಸಾಮಾಜಿಕ ಆರೋಗ್ಯದ ಮೇಲೆ ತಲತಲಾಂತರದಿಂದ ಪ್ರಭಾವ ಬೀರಿದಂತಹ ಸಾಂಪ್ರದಾಯಿಕ ಪದ್ಧತಿಯನ್ನು ಛಿದ್ರಗೊಳಿಸಿದೆ. ಇದು ವ್ಯಕ್ತಿಗಳ ಜೀವನ ಶೈಲಿಯಲ್ಲಿ ಮಹತ್ವದ ಬದಲಾವಣೆಯನ್ನು ಉಂಟು ಮಾಡಿದೆ. ಆದ್ದರಿಂದ ವ್ಯಕ್ತಿಯ ಜೀವನ ಶೈಲಿಗೆ ಸಂಬಂಧಪಟ್ಟ ಆರೋಗ್ಯ ಬದಲಾವಣೆಗಳನ್ನು ಜೀವನ ಶೈಲಿಯ ರೋಗಗಳೆಂದು ವಿಂಗಡಿಸಲ್ಪಡುತ್ತದೆ.

ಸಂಸ್ಕೃತಿಯಲ್ಲಿ ವಿಭಿನ್ನತೆಗಳಿರುವುದರಿಂದ, ವಿವಿಧ ಸಂಸ್ಕೃತಿಗಳು ಮತ್ತು ಆರ್ಥಿಕ ಗುಂಪುಗಳಲ್ಲಿನ ಜೀವನ ಶೈಲಿಯ ರೋಗಗಳು ಬೇರೆ ಬೇರೆ ಆಗಿರುತ್ತದೆ. ಅದಾಗಿಯೂ, ಪ್ರಸ್ತುತ ಯುಗದಲ್ಲಿಕೆಲವೊಂದು ಸಾಮಾನ್ಯ ಜೀವನಶೈಲಿಯ ವೈಶಿಷ್ಟ್ಯಗಳೆಂದರೆ - ಆಹಾರದಲ್ಲಿ ಬದಲಾವಣೆ ಮತ್ತು ಆಹಾರವನ್ನು ತಯಾರಿಸಲು ಬಳಸುವ ಆಹಾರ ಪದಾರ್ಥಗಳ ಸೇವನೆ, ದೂಮಪಾನ, ತಂಬಾಕು, ಮದ್ಯಪಾನ ಹಾಗೂ ಶಾರೀರಿಕ ಚಟುವಟಿಕೆ ಇಲ್ಲದಿರುವುದು ಹೊಸ ಕಾಯಿಲೆಗಳಿಗೆ ಎಡೆಮಾಡಿ ಕೊಟ್ಟಿರುವುದು ಸಾಮಾನ್ಯವಾಗಿದ್ದು ಇವುಗಳು ವ್ಯಕ್ತಿಯ ಜೀವನ ಶೈಲಿಯ ಮೇಲೆ ಪ್ರಭಾವ ಬೀರಿವೆ. ಒತ್ತಡವು ವ್ಯಕ್ತಿಯ ಮಾನಸಿಕ ಮತ್ತು ಶಾರೀರಿಕ ಜೀವನ ಶೈಲಿಯ ಬದಲಾವಣೆಯಲ್ಲಿ ಮಹತ್ತರವಾದ ಅಂಶವಾಗುತ್ತಿದೆ.

ಈ ಮೇಲ್ಕಂಡ ಜೀವನ ಶೈಲಿಯ ಬದಲಾವಣೆಯ ಪ್ರಭಾವವು ಸಮಾಜದಲ್ಲಿ ವ್ಯಾಪಕವಾಗಿರುವುದಕ್ಕೆ ಸಾಕ್ಷಿಯಾಗಿ ನಾನಾ ರೀತಿಯ ತೊಂದರೆಗಳಾದ - ತೂಕದ ಹೆಚ್ಚಳದಿಂದ ಬೊಜ್ಜುತನ, ಅಧಿಕ ರಕ್ತದ ಒತ್ತಡ, ರಕ್ತದಲ್ಲಿ ಅಧಿಕ ಕೊಬ್ಬಿನಾಂಶ, ರಕ್ತದಲ್ಲಿನ ಗ್ಲೂಕೋಸ್ ಮಟ್ಟವು ಹೆಚ್ಚಾಗಿ ಹೃದ್ರೋಗಗಳ ಬೆಳವಣಿಗೆ, ರಕ್ತದ ಒತ್ತಡ, ಸಕ್ಕರೆ ಕಾಯಿಲೆ ಹಾಗೂ ಕೆಲವು ರೀತಿಯ ಕ್ಯಾನ್ಸರ್‌ಗಳಿಗೆ ಎಡೆಮಾಡಿಕೊಡುತ್ತದೆ. ಜೀವನ ಶೈಲಿಯ ವೈಶಿಷ್ಟ್ಯವು ನಾನಾ ರೋಗಗಳ ವೃದ್ಧಿಗೆ ಕೊಡುಗೆಯಾಗಿದೆ.

ಕೆಲವು ನಿಗದಿತ ರೋಗಗಳು ಅನುವಂಶಿಕ ಅಥವಾ ವಂಶಪಾರಂಪರಿಕ ವೈಶಿಷ್ಟ್ಯಗಳೊಂದಿಗೆ ಸೇರಿಕೊಂಡು ಜೀವನ ಶೈಲಿಯ ವೈಶಿಷ್ಟ್ಯದ ರೋಗಗಳನ್ನು ಉಂಟು ಮಾಡುವಲ್ಲಿ ಹೆಚ್ಚಿನ ಪಾತ್ರ ವಹಿಸುತ್ತದೆ.

ವಂಶವಾಹಿನಿಯಲ್ಲಿ ಅಥವಾ ವಂಶಪಾರಂಪರಿಕವಾಗಿ ಬಂದಂತಹ ಅಂಶಗಳೂ ಸಹ ಅಪಾಯಕಾರಿ ಅಂಶವಾಗಿದ್ದು, ಅವುಗಳನ್ನು ಸರಿಪಡಿಸಲು ಸಾಧ್ಯವಿಲ್ಲ. ಹೀಗಿದ್ದರೂ ಸಹ ಜೀವನ ಶೈಲಿಗೆ ಸಂಬಂಧಿಸಿದ ಅಪಾಯಕಾರಿ ಅಂಶಗಳಾದಂತಹ ಸಿಗರೇಟು ಸೇವನೆ, ಕೊಬ್ಬಿನಿಂದ ಕೂಡಿದ ಆಹಾರ, ಅತಿಯಾದ ಮದ್ಯಪಾನ, ಸಾಕಷ್ಟು ಶಾರೀರಿಕ ಚಟುವಟಿಕೆ ಇಲ್ಲದಿರುವುದು ಇವುಗಳನ್ನು ನಿಯಂತ್ರಿಸಬಹುದು ಹಾಗೂ ಬದಲಿಸಲೂಬಹುದು. ಇದು ನೆರವೇರಬೇಕಾದರೆ ಜನರು ತಮ್ಮ ಹವ್ಯಾಸಗಳನ್ನು ಬದಲಿಸುವ ಅಗತ್ಯವೇ ಪ್ರಮುಖವಾಗುತ್ತದೆ. ಇದರಿಂದ ತಿಳಿದು ಬಂದದ್ದೇನೆಂದರೆ ಇಂತಹ ಬದಲಾವಣೆಯಿಂದ ರಕ್ತದಲ್ಲಿ ಕೊಬ್ಬಿನ ಅಂಶವು, ರಕ್ತದೊತ್ತಡ, ಸಕ್ಕರೆ ಕಾಯಿಲೆ ಹೃದಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ರೋಗಗಳು ಮತ್ತು ಕೆಲವು ರೀತಿಯ ಕ್ಯಾನ್ಸರ್‌ಗಳು ಕಡಿಮೆಯಾಗಿರುವುದು ಕಂಡುಬಂದಿದೆ.

ಜನರಿಗೆ ಬೇಕಾದಂತಹ ಉತ್ತಮ ಆರೋಗ್ಯದ ಗುರಿಯನ್ನು ಮುಟ್ಟಲು ಸಾಮಾಜಿಕ ಹಾಗೂ ಆರ್ಥಿಕ ಉದ್ದೇಶಗಳೆರಡೂ ಅವಶ್ಯಕ. ಇದಕ್ಕೆ ಪೋಷಕರ, ಸಾಮಾಜಿಕ ನಾಯಕರುಗಳ, ಆಧ್ಯಾತ್ಮಕ ಗುರುಗಳ ಮತ್ತು ಇತರೇ ಸ್ವಯಂ ಸೇವಾ ಸಂಸ್ಥೆಗಳ ಕ್ರಿಯಾತ್ಮಕ ಸಹಭಾಗಿತ್ವದ ಅಗತ್ಯವಿದ್ದು ರಾಷ್ಟ್ರಕ್ಕೆ ಅಗತ್ಯವಿರುವ ಉತ್ತಮ ಪ್ರಜೆಯನ್ನು ನೀಡುವಂತಹ ಆಕಾಂಕ್ಷಿತ ಗುರಿಯನ್ನು ತಲುಪುವುದಾಗಿದೆ.

ಉತ್ತಮ ಆರೋಗ್ಯದ ಅವಶ್ಯಕ ನಿಯಮವು ಹಲವಾರು ಮುಖ್ಯ ಅಂಶಗಳನ್ನು ಒಳಗೊಂಡಿದ್ದು ಅವುಗಳು ವ್ಯಕ್ತಿಗಳ ಜೀವನ ಶೈಲಿಗೆ ನಿಖರವಾಗಿ ಸಂಬಂಧಿಸಿದ್ದು ಸೂಕ್ತವಾದವುಗಳಾಗಿವೆ. ಅವೆಂದರೆ

★ ಆರೋಗ್ಯಕರ ಆಹಾರ

★ ಸಾಕಷ್ಟು ವ್ಯಾಯಾಮ

★ ಆರೋಗ್ಯಕರ ದೇಹದ ತೂಕ

★ ದೂಮಪಾನದಿಂದ ದೂರವಿರುವುದು

★ ಮದ್ಯಪಾನ ಸೇವನೆಯಲ್ಲಿ ಸಂಯಮ

★ ಮಾನಸಿಕ ಒತ್ತಡದಿಂದ ಮುಕ್ತವಾದ ಮನಸ್ಸು

ಉತ್ತಮ ಜೀವನ ಶೈಲಿಯನ್ನು ಅಳವಡಿಸಿಕೊಳ್ಳುವಲ್ಲಿ ಸಮಾಜಗಳ ನಡುವೆ ಬಹಳ ವ್ಯತ್ಯಾಸವಿರುತ್ತದೆ. ಸಮಾಜದಲ್ಲಿ ಜೀವನ ಶೈಲಿಯನ್ನು ಬದಲಿಸಲು ಈ ಕೆಳಗಿನ ಅಂಶಗಳು ಪ್ರಭಾವ ಬೀರುತ್ತದೆ.

★ ಸಂಸ್ಕೃತಿಯ ಪ್ರಭಾವ

★ ಆರ್ಥಿಕ ಸ್ಥಿತಿ ಪರಿಗಣನೆ

★ ಜ್ಞಾನ ಮತ್ತು ಅರಿವು

★ ರಾಜಕೀಯ ಅಥವಾ ರಚನಾತ್ಮಕ ಅಂಶಗಳು

★ ನೈತಿಕ ಮನೋವೃತ್ತಿ

★ ಮೌಲ್ಯಗಳು

ಯಾವುದೇ ಜನ ಸಮುದಾಯವು ಆರೋಗ್ಯಕರ ಜೀವನ ಶೈಲಿಯನ್ನು ಅಳವಡಿಸಿಕೊಳ್ಳಲು ಮಾಡುವಂತಹ ಪ್ರಯತ್ನಗಳು ಈ ಮೇಲ್ಕಂಡ ಅಂಶಗಳನ್ನು ಗಣನೆಗೆ ತೆಗೆದುಕೊಳ್ಳಬೇಕು. ಇದನ್ನು ಯೋಜಿಸಿ ಅನುಷ್ಠಾನಗೊಳಿಸುವ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಹಲವಾರು ಮುಂಚೂಣಿ ಮತ್ತು ಚೌಕಟ್ಟುಗಳ ಅಗತ್ಯವಿದೆ. ರಾಜಕೀಯ ನೀತಿ ರೂಪಿಸುವವರಿಗೆ ಜ್ಞಾನ ಮತ್ತು ಅರಿವು ಹಾಗೂ ಸಲಹೆ ಕೊಡುವಲ್ಲಿ ಸ್ವಯಂ ಸೇವಾ ಸಂಸ್ಥೆಗಳು ಪ್ರಮುಖ ಪಾತ್ರವಹಿಸುತ್ತವೆ. ಈ ನಿಟ್ಟಿನಲ್ಲಿ ಕರ್ನಾಟಕ ಆರೋಗ್ಯ ಸ್ವಯಂ ಸೇವಾ ಸಂಸ್ಥೆಯು ಪ್ರಮುಖ ಉದ್ದೇಶವನ್ನು ಕೈಗೆತ್ತಿಕೊಂಡಿದ್ದು ಸದರಿ ಕಮ್ಮಟವನ್ನು ಹಮ್ಮಿಕೊಂಡಿರುವುದು ಇದಕ್ಕೆ ನಿದರ್ಶನವಾಗಿದೆ.